



Board of Directors (Public session) Further reading Pack

Thursday 14 March 2024

Winning entry chosen for first ever Dudley Group NHS Charity mascot!

The Dudley Group NHS Charity is getting ready to welcome its newest member to their team, their new charity mascot, Aati!

Designed by eleven-year-old, Laila Adams-Flash, who entered a competition ran by the charity for local children was thrilled to receive the news that her creation had been chosen as the winning design. After receiving over fifty entries for the competition, the winning design of a friendly fox called Aati (which means the one who is generous in Arabic) caught the imagination of the judges. Wearing a Black Country inspired t-shirt, a chain and holding the charity flag in his paw, Aati's friendly and fun personality shone through!



Review of Winter Planning 23/24

Debbie Pook

Deputy Chief Operating Officer

All data taken on 26th Feb 2024



Winter 23/24

- Structured plan in place every day
- Agreed escalations throughout the day
- Trust escalation plans changed daily. (Agreed at Capacity meetings)
- Plan for overnight actions agreed with day teams and on call teams
 - Learning taken daily
- Additional transport capacity put in place
- Social Care funding issues raised at CEO levels
- Internal Delay improvements put in place
- Built up learning for Winter 24/25

Plans implemented for Winter 23/24



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- The implementation of the Falls Response Team in the Dudley Clinical Hub supporting admission avoidance working in partnership with West Midlands Ambulance Service (WMAS), in reaching into patients' home to avoid conveyance to hospital.
- The implementation of the enhanced care home team supporting care homes with high conveyances rates to ED with additional training and education.
- The implementation of the Medical Consultant role, which continues at the front door to work alongside the existing medical complement 08:00 – 21:00, 7 days a week. This role provides a senior review resulting in utilising virtual wards, HOT clinics, and support admission avoidance. This has been worked into the existing consultant establishment.
- The development and implementation of four Deputy Matron posts to support education and development of nursing teams to improve patient safety, WMAS offload and overall improved experience across ED.
- Near Patient Testing situated in ED to identify COVID and Flu positive patients to ensure Infection, Prevention and Control (IPC) provisions are put into place and reduce hospital acquired infections, reducing outbreaks across ward areas.



Plans implemented for Winter 23/24



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- Capacity escalation process identified, using Surge Action Plans which have been implemented across the divisions to reduce bottle necks on wards and improve patient flow.
- The successful implementation of the medical Same Day Emergency Care (SDEC) unit, with an aim of achieving a daily 85% discharge rate from the unit.
- Implementation of daily meeting to discuss patients who do Not meet Criteria to Reside (NCTR) happens five times per week with complex discharge team, external partners are also in attendance once weekly to support complex cases. This creates a multi-disciplinary approach (MDT) with external partners to support timely discharge of increased complexity of patients. This does not replace the twice daily calls with System partners and the complex discharge team – otherwise known as the Rag calls.
- Implementation of a 16 bedded Discharge Lounge with dedicated staff to enable pull model from wards for early flow. This is funded for daytime hours only.
- The development of the Discharge to Assess (D2A) pathway which has guaranteed 5x pathway 1 Dudley discharges daily 7 days a week.



10 High-Impact Interventions Action



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- Frailty: reducing variation in acute frailty service provision. Improving recognition of cases that could benefit from specific frailty services and ensuring referrals to avoid admission. In place, needs optimisation
- Same Day Emergency Care: reducing variation in SDEC provision by providing guidance about operating a variety of SDEC services for at least 12 hours per day, 7 days per week. In Place
- Inpatient flow and length of stay (acute): reducing variation in inpatient care (including mental health) and length of stay for key iUEC pathways/conditions/cohorts by implementing in-hospital efficiencies and bringing forward discharge processes for pathway 0 patients. Work in progress
- Community bed productivity and flow: reducing variation in inpatient care and length of stay, including mental health, by implementing in-hospital efficiencies and bringing forward discharge processes. DGFT has no community beds
- Care transfer hubs: implementing a standard operating procedure and minimum standards for care transfer hubs to reduce variation and maximise access to community rehabilitation and prevent re-admission to a hospital bed. In place - needs optimising in partners



10 High-Impact Interventions Action

Cont'd

- Intermediate care demand and capacity: supporting the operationalisation of ongoing demand and capacity planning, including through improved use of data to improve access to and quality of intermediate care including community rehab. DIHC
- Virtual wards: standardising and improving care across all virtual ward services to improve the level of care to prevent admission to hospital and help with discharge. In place but needs optimisation & data improvement work.
- Urgent Community Response: increasing volume and consistency of referrals to improve patient care and ease pressure on ambulance services and avoid admission. In place but needs optimisation
- Single point of access: driving standardisation of urgent integrated care co-ordination which will facilitate whole system management of patients into the right care setting, with the right clinician or team, at the right time. This should include mental health crisis pathways and alternatives to admission, eg home treatment Have Dudley clinical hub but needs optimisation
- Acute Respiratory Infection Hubs: support consistent roll out of services, prioritising acute respiratory infection, to provide same day urgent assessment with the benefit of releasing capacity in ED and general practice to support system pressures. DIHC – In place



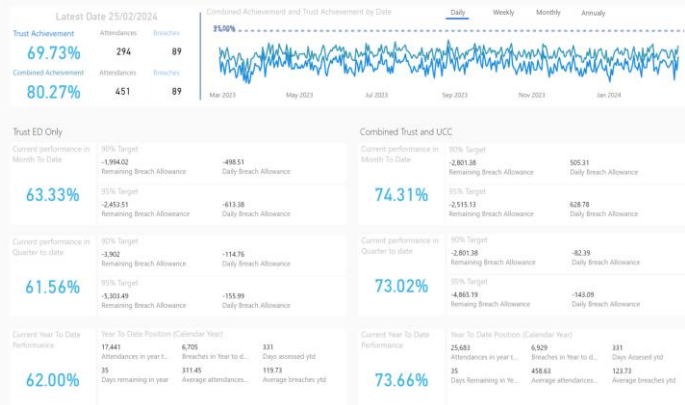
Emergency Department (ED) 26th Feb 24

- Although 4th in ranking in the West Midlands ED performance has struggled through winter with a year to date (YTD) position of 73.66% against a target of 76%.

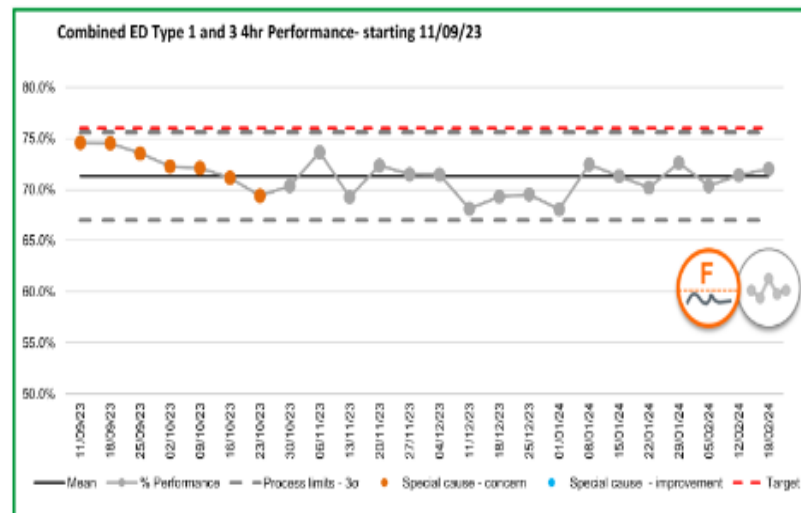
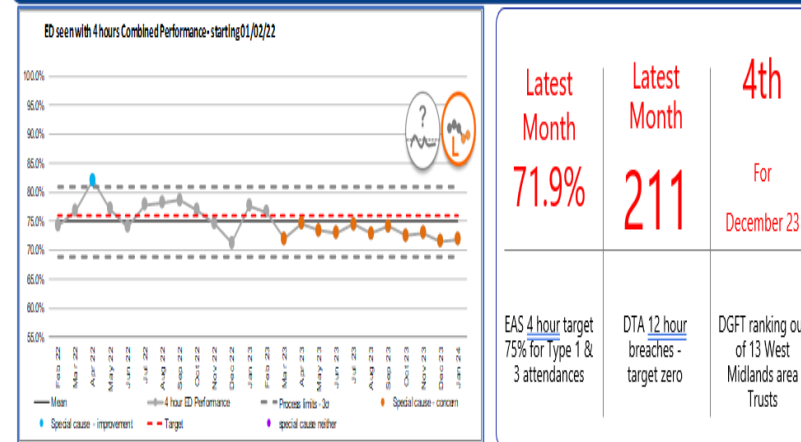
- The main areas of delays are bed capacity, late clinical decisions and capacity in ED to see the patients.

- This has also caused ambulance handover delays. Ed have introduced a Rapid Assessment & Treat model to improve these delays.

Daily EAS Report



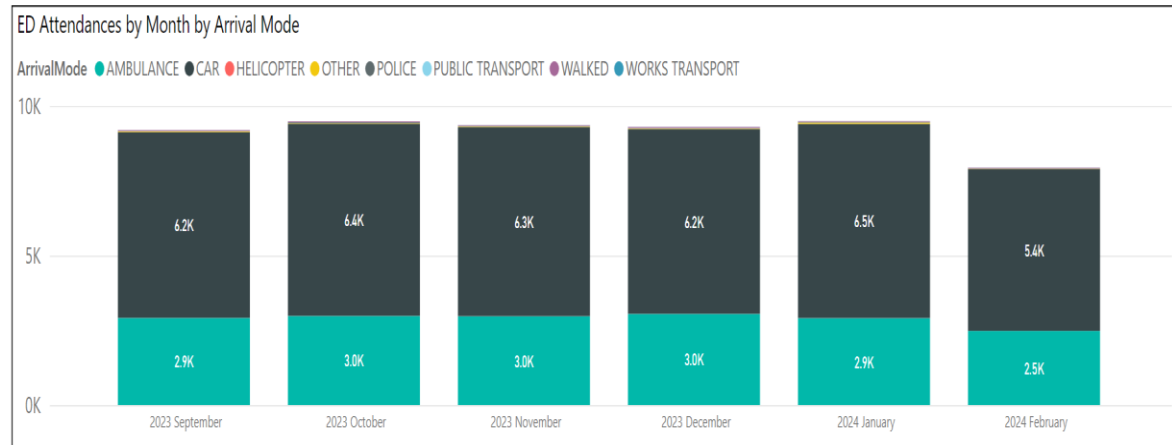
ED Performance



Winter 23/24 - Attendances

Demand at DGFT

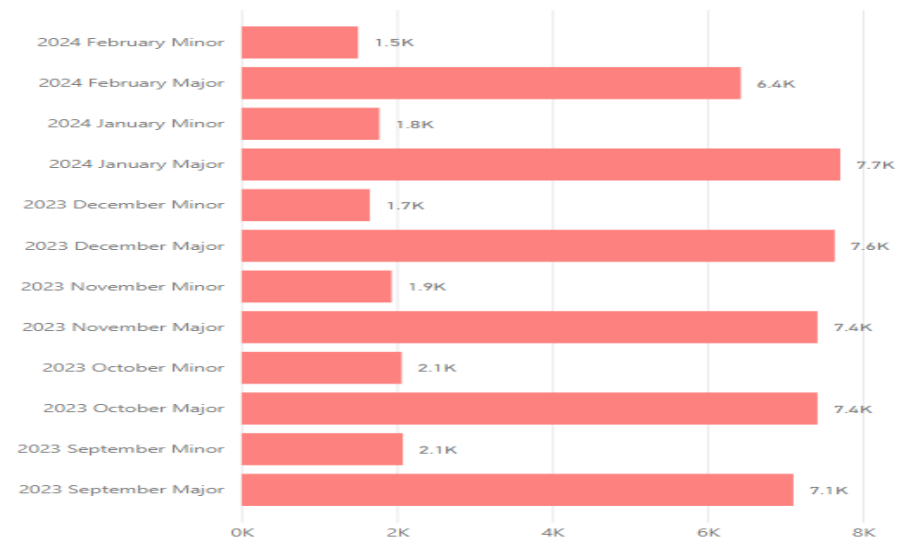
- Type 1 ED Attendances:
- Sept 23 – 9190
- Oct 23 - 9485
- Oct 23 - 9485
- Nov 23 - 9356
- Dec 23 - 9296
- Jan 24 – 9490
- Feb 24 – 7936
(not complete month)



(Feb not a full month at time of data extraction)

- Although there has been no significant increase in WMAS attendances during Dec and Jan data suggests that acuity has risen due to Majors attendances increased and Minors attendances decreased.

Patient Count by Category

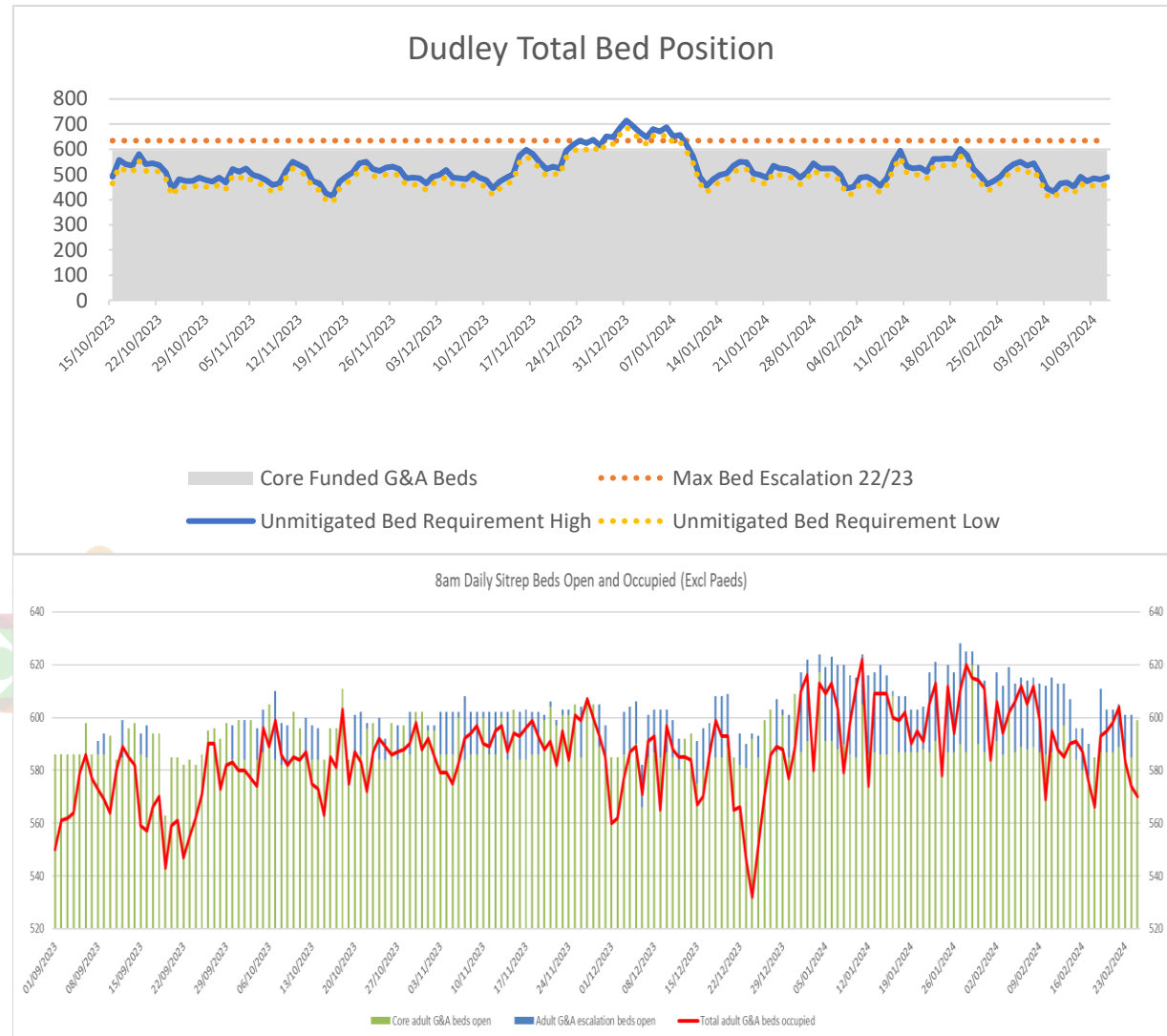


General & Acute Bed Forecast v Actual

- At the peak of winter, we forecasted a requirement between 654 – 681 beds. An unmitigated bed deficit between 58 and 85 beds.

- Mitigations were put in place but 648 beds (60 extra beds) were opened during the Peak demand.

- G&A occupancy has remained above funded capacity since mid-September 23.



Virtual Ward 26th Feb 24

- Virtual ward usage has steady increased September 23 – February 24.

- Many of the services have run above 100% capacity at peak times.

*Respiratory

*Frailty

*Complex Nutrition

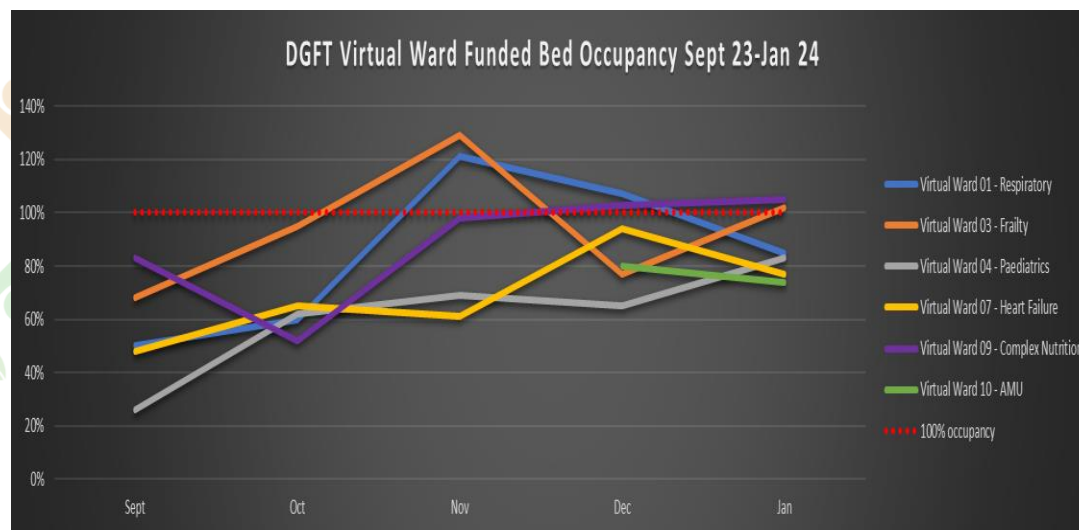
- The introduction of Acute Virtual ward pilot has been a success with 193 patients going through the service. The pilot runs to the end of March 24. This service is currently unfunded.

*Through Feb / March peaking over 100% of capacity.

This means over 1293 bed days have been saved Sept 23 – Feb 24!

Number of patients

Year	2023				2024		Total
Ward	September	October	November	December	January	February	
Virtual Ward 01 - Respiratory	48	59	69	82	67	61	386
Virtual Ward 03 - Frailty	30	34	35	33	58	39	229
Virtual Ward 04 - Paediatrics	21	67	75	58	49	36	306
Virtual Ward 07 - Heart Failure	12	12	13	13	15	11	76
Virtual Ward 09 - Complex Nutrition	10	13	17	19	22	22	103
Virtual Ward 10 - AMU			6	54	73	60	193
Total	121	185	215	259	284	229	1293

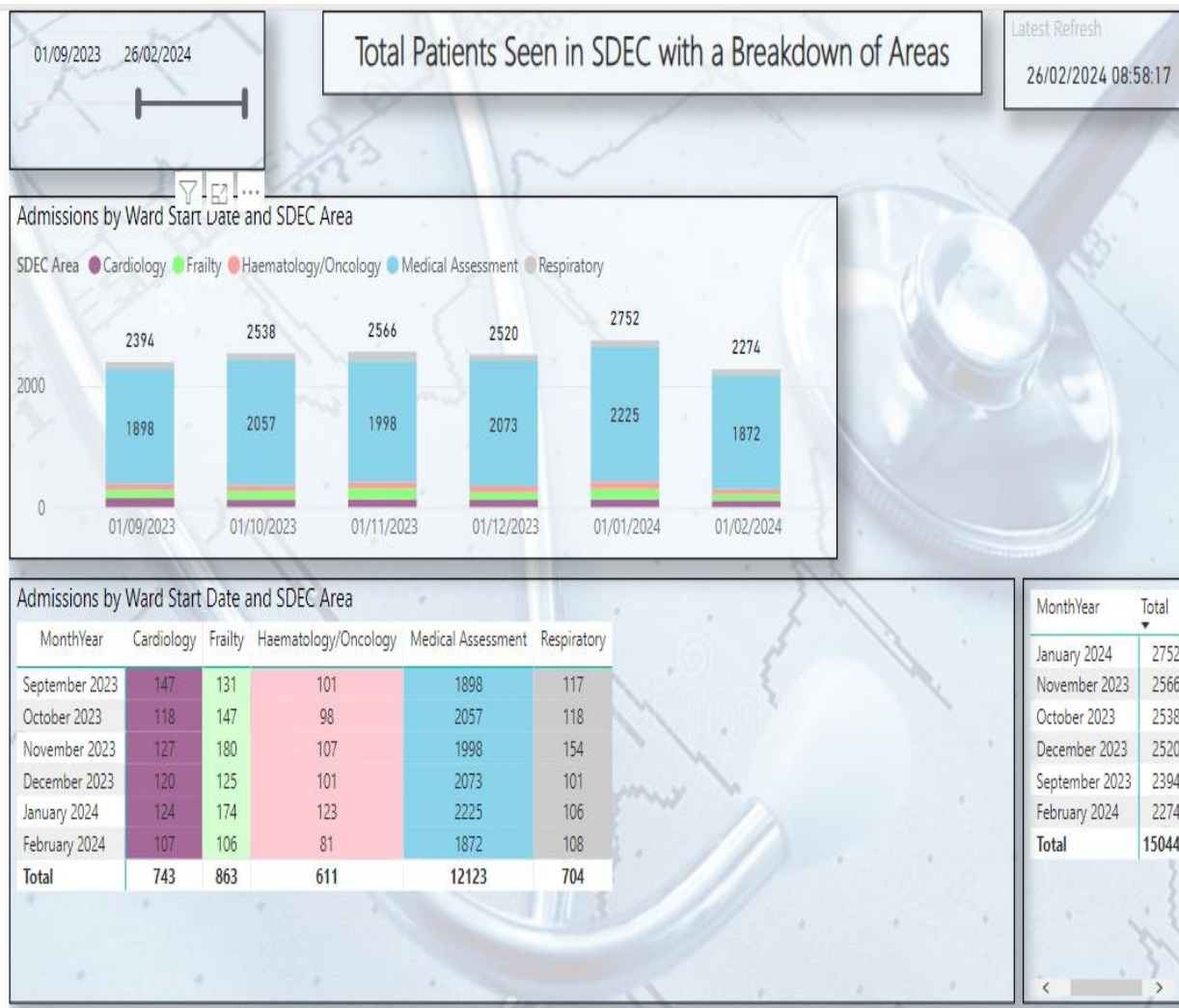


Same Day Emergency Care (SDEC) 26th Feb 24

- Patients seen in SDEC continue to be high number.

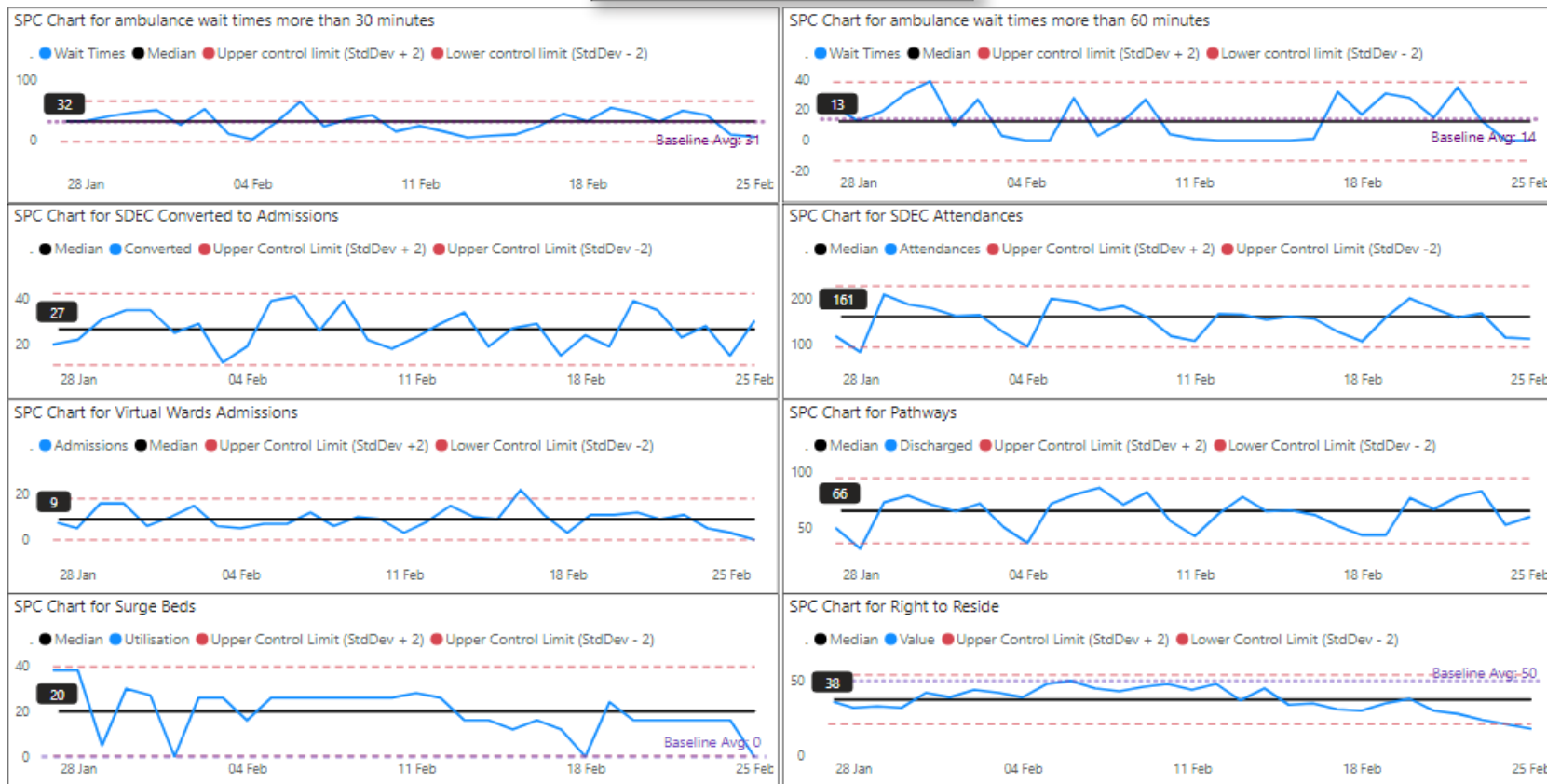
- During peak times, the capacity in SDEC has been reduced to accommodate the super surge beds. This has impacted of the number of patient able to be seen through the areas.

- From March 24 patient who attend the ED with a GP letter will be streamed straight through to SDEC (clinical condition allowing).



26th February 2024

SPC Run Charts

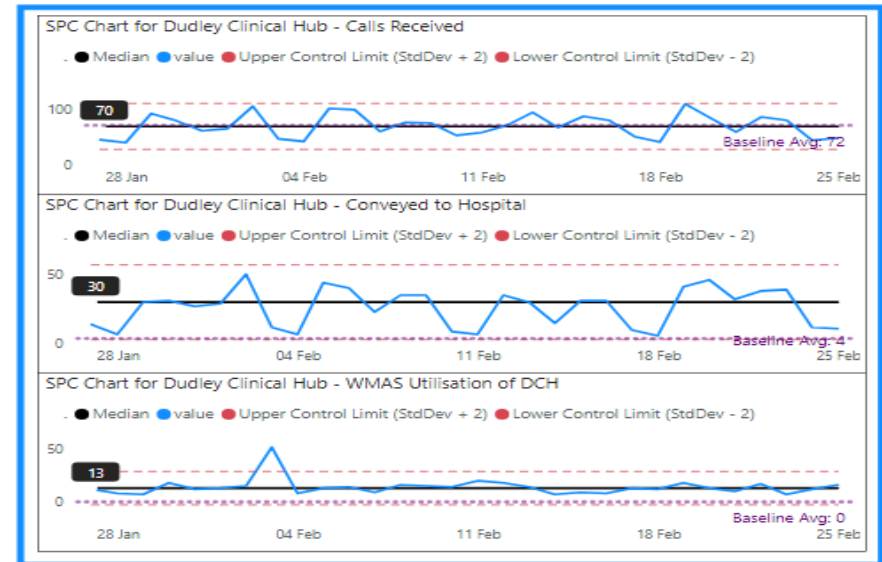
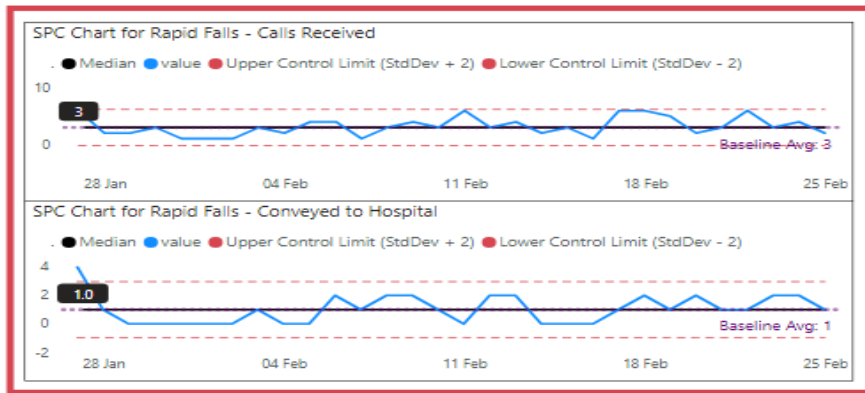


- Winter metric monitoring has supported the teams to make decisions across the day through the operational capacity meetings.
- Allowed mitigating actions to be taken live and conversations to be had with partners for support.



Mitigations 26th Feb 24

SPC Run Charts



- The Rapid Falls team have continued to take calls, but the data shows that there has been no marked increase in the numbers of patients seen or conveyed to hospital.

- The Clinical Hub again continues to take calls but the data suggests that there has been no marked increase in calls received or patients conveyed to hospital.

- The data also suggests that WMAS although using the clinical hub there may be more work to do with teams to make them more aware of the service.

The Clinical Hub has prevented on average 40 patients being conveyed to hospital daily!



Next Year 24/25

- 12th April – Winter Review
 - Learning
 - Actions for 24/25
- Further development of the Winter Dashboard & monitoring
- Wider Engagement earlier in year
- Engage in Annual Business Planning Process for winter
- Occupancy Reporting accuracy
- Trust escalation plans updated and new Standard operating procedure (SOP) being updated
- Look to review and strengthen out of hours cover
- Additional transport capacity (needs to be agreed and financed)
- Budget for winter (beds, staffing, transport)
- Social Care funding
- Internal Delay improvements to be further developed
- Virtual Utilisation and potential expansion
- Escalation areas / alternative plans for services displaced
- More work to do on Red 2 Green / active treatment days for non-medically fit?



Performance KPIs

February 2024 Report (January 2024 Data)

Karen Kelly, Chief Operating Officer













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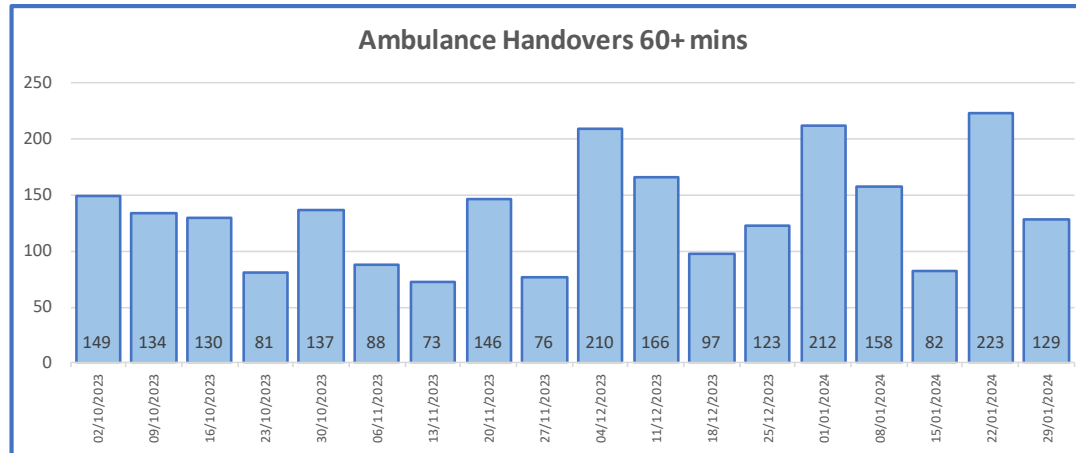
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Constitutional Performance

Constitutional Standard and KPI		Target	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Status	
Emergency Access Standard (EAS)	Combined 4hr Performance	76.0%	77.6%	76.5%	72.0%	74.5%	73.4%	72.9%	74.5%	72.8%	74.1%	72.5%	72.9%	71.5%	71.9%		
Triage	Triage - All	95.0%	84.3%	83.8%	80.7%	74.2%	79.5%	80.2%	73.3%	71.0%	74.0%	78.0%	84.3%	80.6%	80.6%		
Referral to Treatment (RTT)	RTT Incomplete	92%	59.9%	58.9%	58.2%	57.4%	58.0%	58.3%	56.7%	55.6%	55.6%	55.5%	55.0%	55.2%	55.8%		
Diagnostics	DM01 - Diagnostics achieved within 6 weeks	85%	70.4%	74.0%	72.1%	68.5%	68.7%	68.7%	67.4%	64.4%	66.6%	68.9%	70.3%	71.5%	79.7%		
VTE	% Assessed on Admission	95%	93.7%	94.3%	94.3%	94.8%	95.1%	97.4%	98.3%	99.1%	99.0%	98.9%	98.9%	99.1%	N/A		





Performance

Utilisation of pathways remains negligible with most days recording single figures of calls to Hub from WMAS and the proposed call before convey scheme did not start as planned.

Call before you convey is having little difference on the number of ambulances arriving at ED and this has been flagged to the wider ICS & WMAS.

Initial RAT Data shows significant falls in LoS in RAT cubicles and quicker access to antibiotics, fluids and analgesia. RAT is continuing through to March before a decision is made at F&P about long term funding.

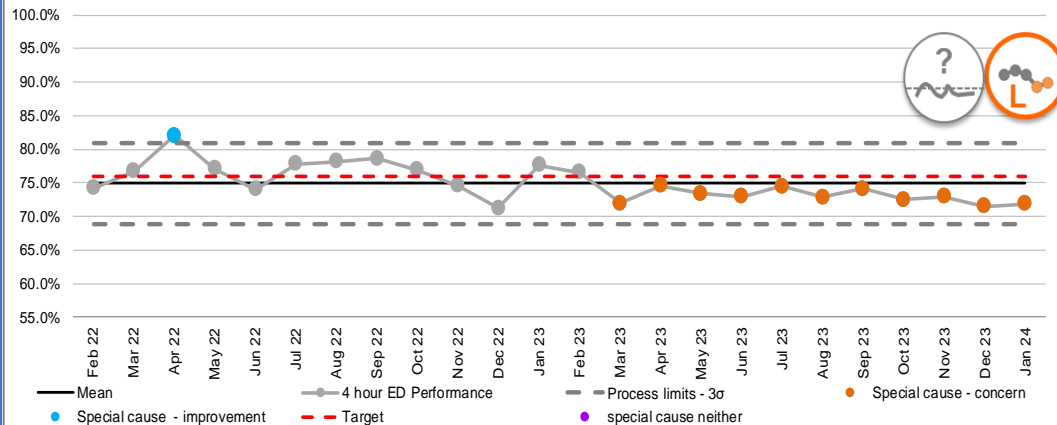
Action

- RAT agreed to continue through to March to help with early decision making.
- Escalation of ambulances without a plan to offload at 30mins to Site Team with additional role cards to link AMU & Site teams based on the Kings College Model.
- Additional trolley capacity now in place to ensure offloads can happen promptly at the ambulance entrance.
- Streamers and triage nurses continue to utilise pathways as early as possible and sit out suitable patients to free up ambulance.

ED Performance



ED seen with 4 hours Combined Performance- starting 01/02/22



Latest
Month
71.9%

Latest
Month
211

4th

For
December 23

EAS 4 hour target
75% for Type 1 &
3 attendances

DTA 12 hour
breaches -
target zero

DGFT ranking out
of 13 West
Midlands area
Trusts

Performance

4hour performance split into the following:

Non-Admitted: 232mins Average LoS.

Admitted: 557mins Average LoS.

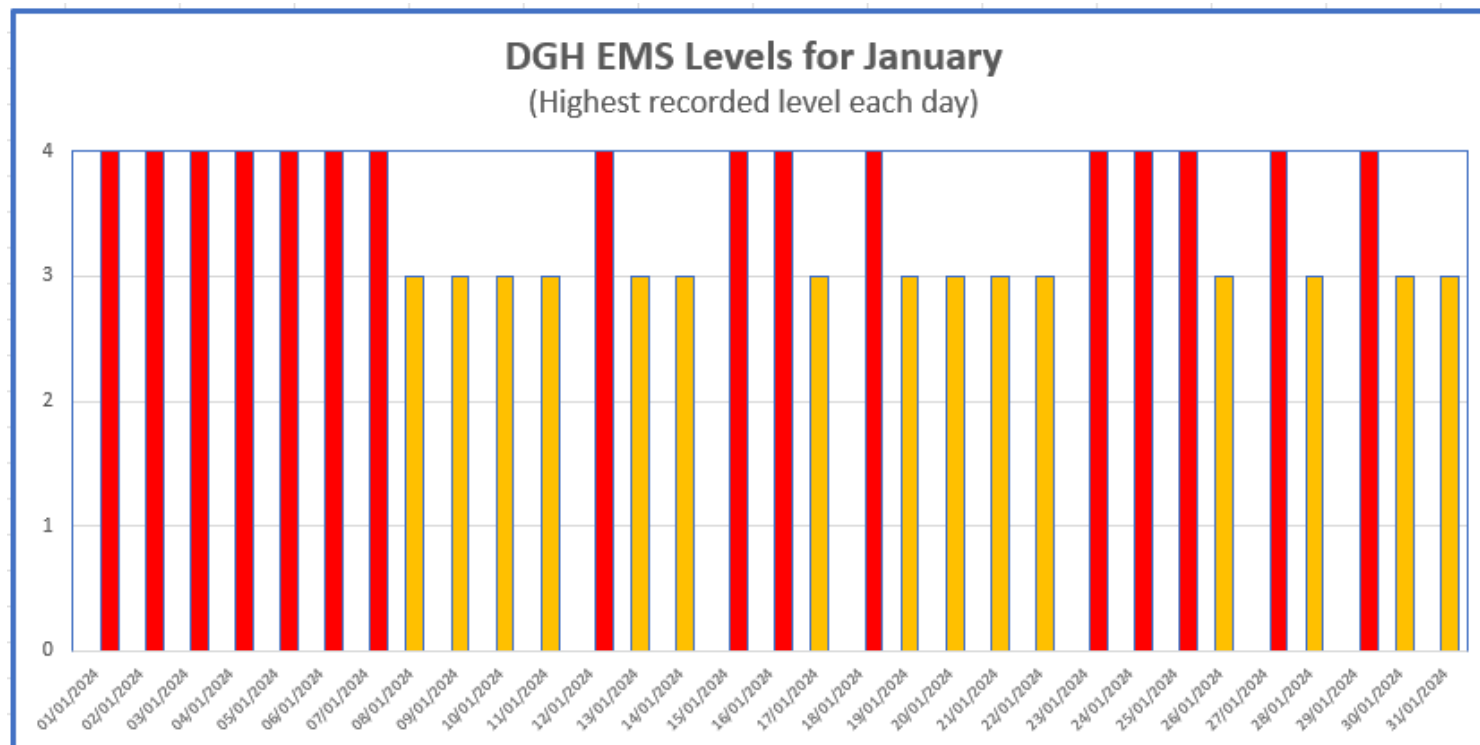
This is an increase in Admitted LoS of 38mins

Delays are occurring with patients waiting an extended period in ED after referral and post-take by speciality waiting for bed capacity in the wider hospital.

In January 1,369 patients were delayed in ED over 12hours, 1,253 (91%) of these patients were either waiting for a bed to made available to them on a ward or were treated and discharged from ED by their speciality team before a bed became available.

Action

- New flow working group has been started with Karen Hanson as chair with the purpose of designing new pathways and ensuring optimisation of existing patient flow, both prehospital and via discharges.
- RAT has been agreed through to March with a decision on future funding to go to F&P later in the year.
- Focus now on NHSE's 5 priority ED improvement initiatives
 - Streaming & Redirection
 - Rapid Assessment & Treatment
 - Maximising UTC use
 - Improving Ambulance Handover process
 - Reducing the time in department

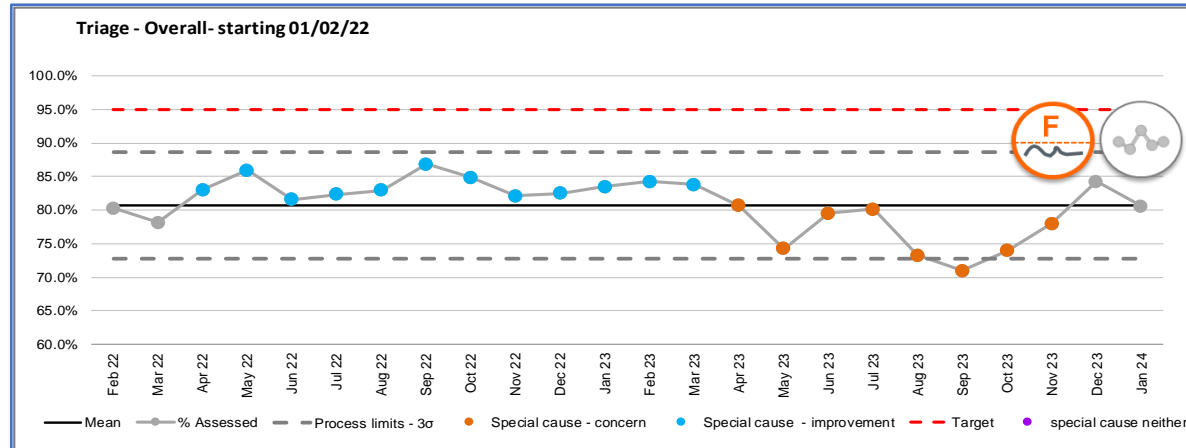


Performance

Winter pressures reflect January EMS levels. This coincides with the number of ICs from Sandwell since the reduction of the bed base to meet the footprint of the new facility at The Midland Met Hospital. This has been independently modelled by the ICB and it is currently adding 9% of ambulance conveyancing and 12% increase in walk-ins, which is not evenly distributed throughout the day. In terms of capacity the trust continues to be impacted by medically optimised for discharge patients, which is further exacerbating flow issues and leading to pressure at both the front and back door.

Action

- To continue to utilise non-admitted pathways wherever possible.
- Maintain step downs from acute areas to ensure provision available for the highest acuity patients.
- Focus now on NHSE's 5 priority ED improvement initiatives
 - Streaming & Redirection
 - Rapid Assessment & Treatment
 - Maximising UTC use
 - Improving Ambulance Handover process
 - Reducing the time in department



Latest
Month
80.6%

Triage – target 95%

Performance

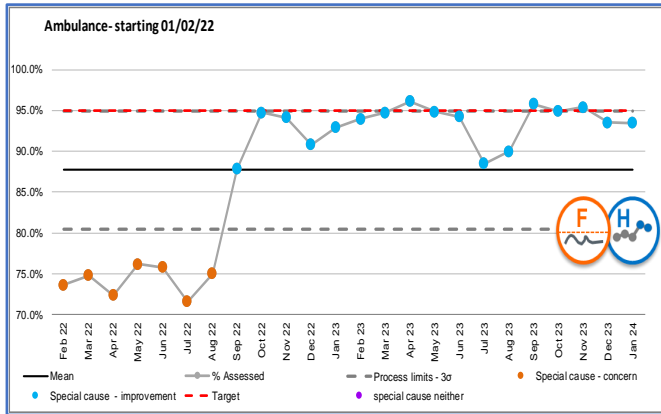
January's Overall Triage position 80.6% vs 95% national target.

High number of patient arrivals at the front door have contributed to the lower performance. January saw our highest attendance of 401 patients in a single day

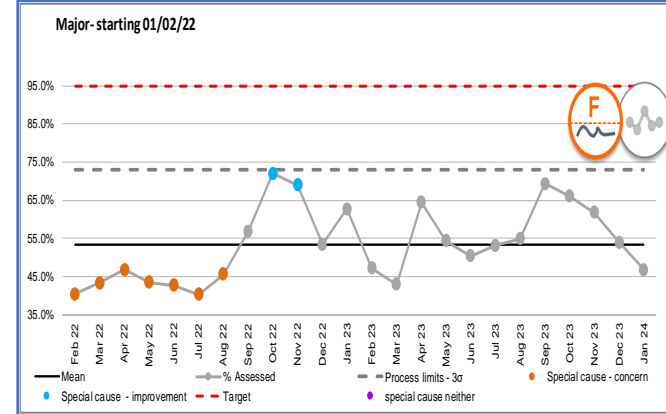
The wider ICS have seen a similar drop, and we remain best in the region for our Triage performance.

Action

- Deputy Matron now leading on Triage improvement from October.
- Triage project has completed, and assurance report was submitted and presented to the execs with positive feedback.
- Daily triage continues to be monitored by the Deputy Matron.
- Front door triage demand continues to be higher than the available capacity of area and staff.



Latest Month
93.5%



Latest Month
46.7%

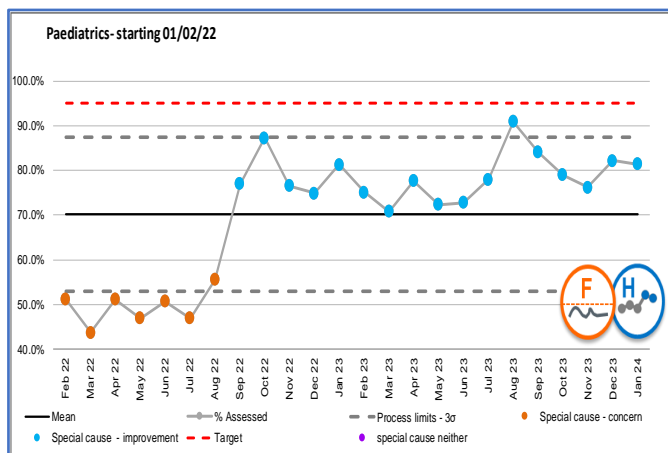
Performance

Majors saw a decline this month, primarily due to activity and staffing shortages at the front door.

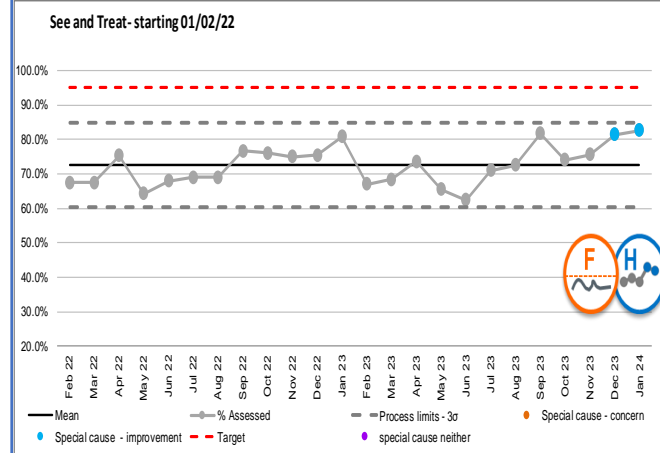
Both are still showing as special cause improvement and are being actively monitored by NIC & Deputy Matrons.

Action

- ED tri team presented back to the Board on the results of the Triage Project mid-November. Assurance report has since been presented to the execs with positive feedback surrounding the changes which have been made to improve triage performance.



Latest
Month
81.4%



Latest
Month
82.5%

Performance

Paediatrics remained stable this month despite the challenges around increased attendances and workforce shortages.

Minors has stayed similar, and the new workforce are due to start in the next two weeks which we think should impact the minor's performance.

Action

- Paeds daily huddles have restarted to good effect and triage performance and escalations are discussed.
- Develop process for quickly monitoring and altering when minor's patients need to begin having early "eyes on" assessments rather than just seeing and treating patients all in one go – this is being developed and supported by Nurse/ENP/Medical teams.
- New minors Nursing role (band 6) focused on triage and treatments has been advertised and recruited to and are starting in the next 2 weeks



	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
28 Day Combined (75%)	75.2%	73.2%	76.5%	83.6%	80.1%	76.9%	81.9%	87.2%	82.4%
31 Day Combined (96%)	88.5%	84.9%	85.2%	84.6%	86.9%	85.0%	86.9%	81.4%	87.6%
62 Day Combined (85%)	66.7%	71.4%	61.3%	69.5%	70.5%	67.1%	67.1%	68.8%	68.0%

Latest Month	Latest Month	Latest Month
82.4%	87.6%	68.0%
All cancer 28 Day FDS waits – target 75%	31 day Combined Target 96%	62 Day Combined Target 85%

Performance

*All cancer data reports two months behind. Data included is up to and including December 2023:

28-day Faster Diagnosis Standard (FDS)

- Performance achieved 82.4% which is above the constitutional target standard of 75%.

31 day combined

- Performance has improved to 87.6% from 81.4% the previous month and is below the required operational standard of 96%. This is mainly driven by surgical capacity.

62 day combined

- Performance achieved 68% against the national target of 85% and the NHSE target of 70% by the end of March 2024. **(This target does not supersede the 85% constitutional standard but set to support tiering measures for cancer performance)**
- Currently we are ahead of the ICB 62-day trajectory at 98 patients.

Action

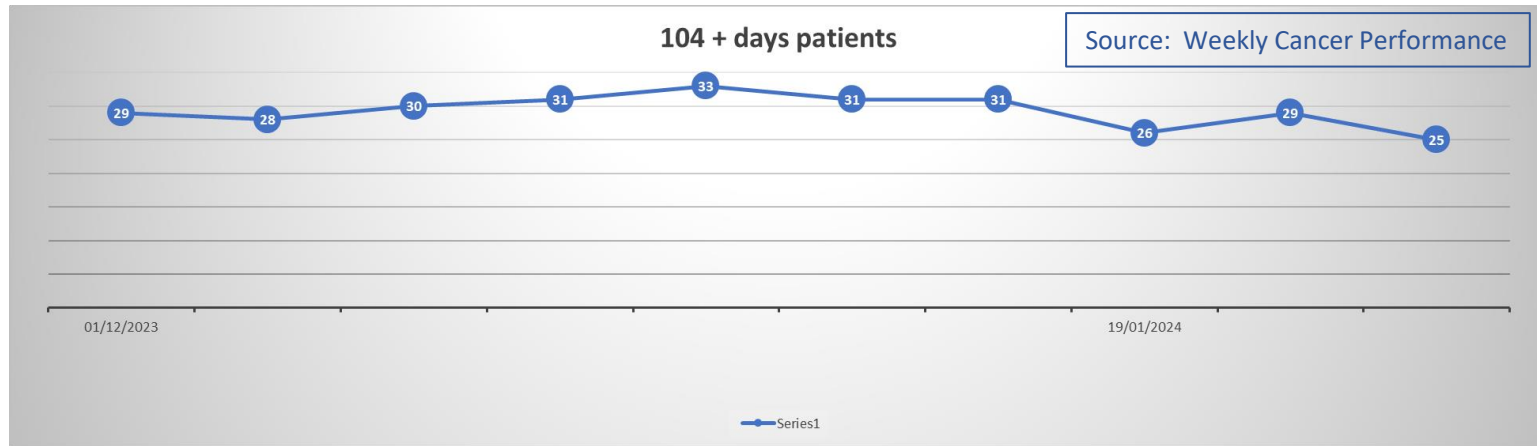
28-day FDS

- To sustain performance

31 day combined & 62 combined

- Increased focus on the 31-day target when escalating for treatments going forward and ensuring that data validation is undertaken monthly.
- Weekly PTL meetings to incorporate 31-day decision to treat date in addition to 62-day decision to treat date.
- CDC Dermoscopy service has commenced, this is to support dermatology referrals for suspected cancers. Patients to receive imaging in the community setting to support robust triage of referrals to ensure that we utilise rapid access capacity appropriately.
- Urology rapid access one stop clinics at Corbett commenced in December 2023 to add ultrasound investigation in the haematuria clinic to support faster diagnosis.
- Increased capacity in Endoscopy to support the improvements in the faster diagnosis standards for colorectal.
- Weekend TCI's being added to support surgical capacity.
- Service improvement lead carrying audit of urgent requests made within a 6-week period to identify areas of concerns raised by the BCPS. - **Completed**

Cancer Performance – 104 Day – Harm Review



Latest
Week

(05/01/24)

25

All 104 week waits,
target 10 Patients

Performance

Of the 25 over 104 days patients, urology remains the most challenged pathway with 7 patients waiting over 104 days.

4 of the 25 104+ day patients are tertiary referrals from other Trusts for Urology (Robotic Renal work).

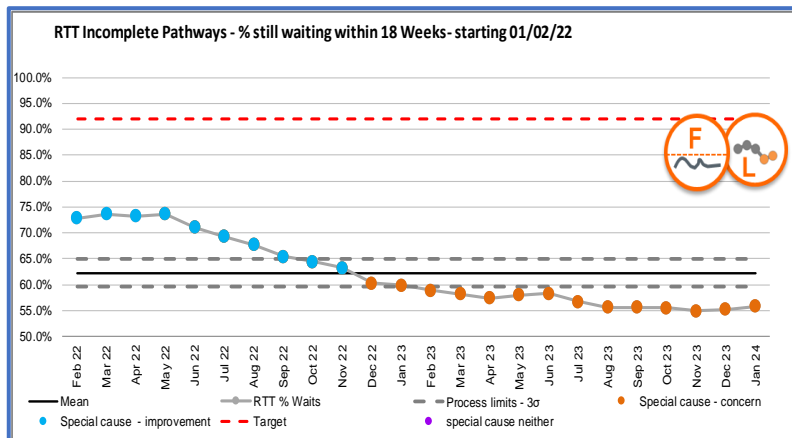
15 of 25 breaches have treatment plans / treatment dates. Those without treatment plans were awaiting surgery dates, best interest meetings or further investigations.

Following harm review, there were 0 patients for January (reported 2 months in arrears).

January 104 day position – 25 patients

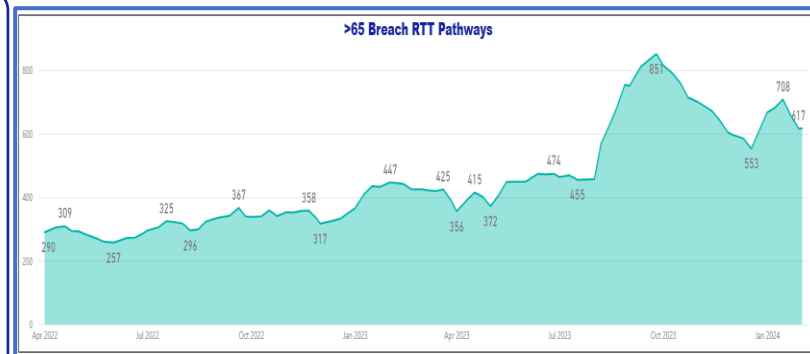
Action

- Monthly harm review undertaken for patients waiting over 104 days on the cancer pathway.
- Focus on reducing the backlog of 104 day waits to release treatment capacity for 31 day and 62-day targets continues. Improve patient engagement earlier in the pathway.
- It is anticipated that actions taken to improve combined 62-day performance will support the reduction of patients waiting over 104 days.



Latest
Month
55.8%

RTT Incomplete
pathways target
92%



Taken from: [RTT Incompletes - Post Validation Analysis - Power BI Report Server](#)

Performance

Performance against the RTT standard is not routinely monitored nationally with the focus instead being on reducing the backlog of elective patients awaiting treatment.

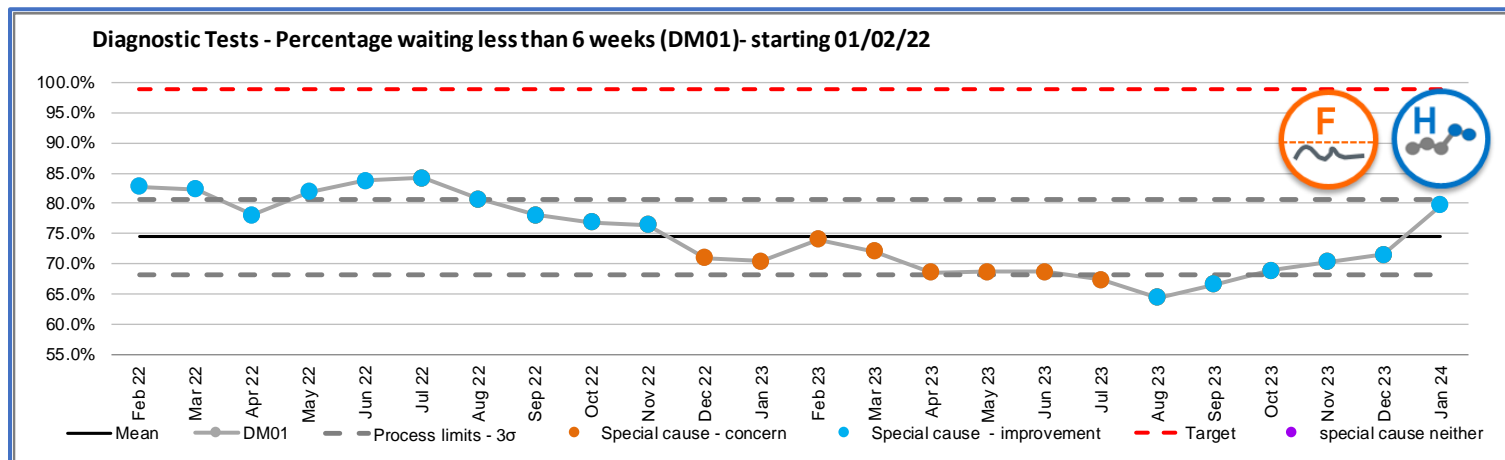
The trust continues to perform well against both the 78- and 65-week targets for both elective and outpatient procedures, acknowledging challenges in Neurology, Dermatology and Gynaecology.

The trust is participating in the GIRFT led Further Faster Programme with all specialities having been issued with the national handbook on how to improve productivity in the outpatient setting.

January RTT position 55.8% vs 92% national target.

Action

- Outsourcing to support Neurology, Dermatology & Gynaecology long waiters which is now proving effective.
- The Trust is not on track to deliver 65 weeks by the end of March in Neurology, General Surgery and Gynaecology but are aiming to achieve as per the new NHSE target of the end of Q1 24/25.
- Continue to engage with the Further Faster Programme.
- Productivity gains within theatre continue to be a focus.
- Increase PIFU and reduce the DNA rate to improve the outpatient throughput.
- Significant impact of most recent industrial action on elective activity and income.



Latest
Month

79.7%

DM01 combining
15 modalities -
target 85%

Performance

DM01 performance shows overachievement at 79.69% against a system trajectory of 76.34%. January performance has improved significantly compared to December (71.53%).

Non-obstetric Ultrasound (NOUS) achieved 95.54% for January compared to 98.68% in December. Patients waiting over 6 weeks for NOUS has increased from 22 in December to 118 in January. This was due to challenges with resources for ENT, paediatric and specialist consultant scans. Additional list put in place to address backlog.

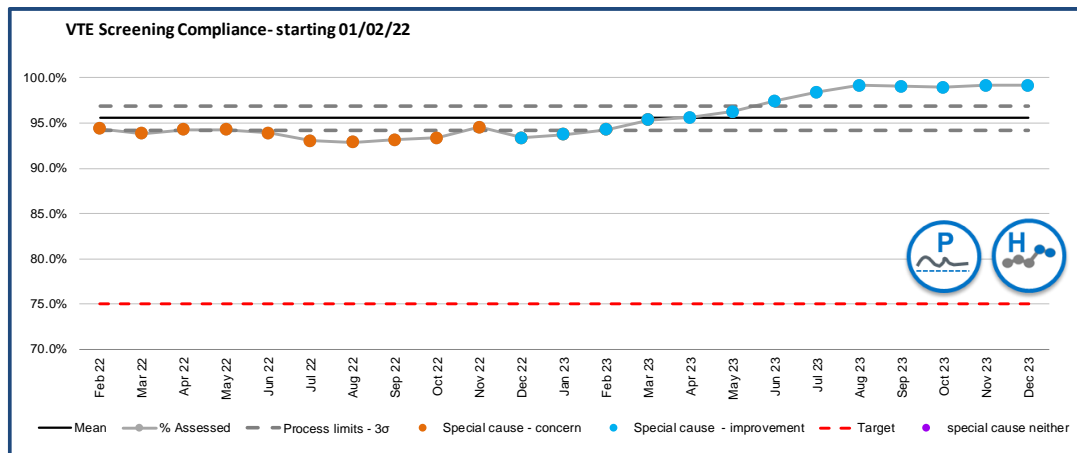
Overall Endoscopy performance continues to show steady improvement from 73.35% in December to 76.25% in January. Cardiology has improved from 31.27% in December to 46.68% in January due to increased CDC ECHO capacity.

Cardiac MRI (MRI in general) is facing continued pressures due to capacity constraints. Radiographer led list put in place when cardiologists are not available. All areas of MRI are facing capacity constraints. Additional weekend list being implemented.

December DM01 position 79.69% vs 76.34% system trajectory.

Action

- CDC Ultrasound to commence on the 4th of March at Brierley Hill to support ultrasound wait times. Staffing has improved and this has helped reduce backlog. NOUS mutual aid has increased to 150 patients per week to SWBH and additional list put in place to address backlog.
- MRI capacity will still remain challenged due to increased referrals causing capacity shortfall. Options to address include mutual aid and SW allies.



Latest Month
99.1%

Latest Month
99.2%

Latest Month
99.1%

**Trust
overall
Position**

**Medicine
& IC**

**Surgery,
W & C**

Performance

VTE performance sustained above the standard of compliance in consecutive months since March 2023.

Action

Ward level reporting is available, and this is being monitored as part of the ward performance reviews.

Screening Programmes

Screening Programme Performance for IPR (F&P)

Description	Comments	Reference	Target	Q1	Q2
NHS Abdominal Aortic Aneurysm Screening Programme (AAA) 2023/24 (@ ICB level)	Percentage of abnormal screens reviewed ≤ 21 days of the initial screen date within the reporting period.	AAA-S12	Acceptable: ≥60.0% Achievable : ≥95.0%	16.67%	29.41%
NHS Breast Screening Programme 2023/24 (@ ICB level)	The proportion of eligible women who have a technically adequate screen less than or equal to 6 months from date of first offered appointment	BSP-S03a	Acceptable: ≥70.0% Achievable : ≥80.0%	69.00%	77.00%
NHS Colposcopy Intervention/treatment 6 week appointment 2023/24	Proportion of women who are offered a colposcopy within 6 weeks of referral due to a positive HR-HPV test and negative cytology OR borderline changes or low-grade dyskaryosis.	CSP-S11	≥99% Green <99% Red	87.00%	100.00%
NHS FASP Trisomy screening 2023/24	Indequate samples for Downs/Edwards/Patau screening a) Combined samples	FA4	To be Set	0.70%	1.20%
NHS FASP Trisomy screening 2023/25	Indequate samples for Downs/Edwards/Patau screening a) Quadruple samples	FA4	To be Set	0.70%	2.00%
NHS Infectious Diseases in Pregnancy Screening 2023/24	The proportion of pregnant women eligible for human immunodeficiency virus (HIV) screening for whom a confirmed screening result is available at the day of report	ID1(IDPS-S01)	≥99% Green 95%-99% Amber <95% Red	99.80%	99.90%
NHS Infectious Diseases in Pregnancy Screening 2023/24	The proportion of pregnant women eligible for hepatitis B screening for whom a confirmed screening result is available at the day of report	ID3(IDPS-S02)	≥99% Green 95%-99% Amber <95% Red	99.80%	99.90%
NHS Infectious Diseases in Pregnancy Screening 2023/24	The proportion of pregnant women eligible for syphilis screening for whom a confirmed screening result is available at the day of report	ID4(IDPS-S03)	≥99% Green 95%-99% Amber <95% Red	99.80%	99.90%
NHS FASP Fetal Anomaly scan 2023/24	The proportion of pregnant women eligible for NIPT screening for whom a conclusive screening result is available at the day of report.	FASP NIPT-S01	Thresholds are not set for this metric	81.00%	80.00%
NHS Sickle Cell and Thalassaemia screening 2023/24	The proportion of pregnant women having antenatal sickle cell and thalassaemia screening for whom a screening result is available ≤10 weeks + 0 days gestation	ST2	≥75% Green 50%-75% Amber <50% Red	43.20%	50.10%
NHS Newborn Blood Spot screening 2023/24	The proportion of first blood spot samples that require repeating due to an avoidable failure in the sampling process	NB2 (NBS-S06)	≤1% 1%-2% Amber ≥2% Red	0.80%	1.00%
NHS Newborn Hearing Screening 2023/24	Coverage	NHSP-S01 & KPI NH1	≥99.5% Green 98%-99.5% Amber <98% Red	98.50%	Not Yet Available
NHS Newborn and Infant Physical Examination screening 2023/24	Coverage	ANNB NIPE NP1	≥97.5% Green 95%-97.5% Amber <95% Red	96.60%	95.90%
NHS Newborn and Infant Physical Examination screening 2023/24	Timeliness	ANNB NIPE NP3	≥95% Green 90%-95% Amber <90% Red	85.20%	91.40%
Child Vision screening commenced in September				Not Yet Available	

Kitemark Explanation

Element	Definition
Timeliness	<p>The time taken between the end of the data period and when the information can be produced and reviewed.</p> <p>The acceptable data lag will be different for different performance indicators.</p> <p>Data should be captured as quickly as possible after the event or activity and must be available for the intended use within a reasonable time period.</p> <p>Data must be available quickly and frequently enough to support information needs and to influence the appropriate level of service or management decisions.</p>
Monitoring	<p>The degree to which the trust can drill down into data in order to review and understand operational performance.</p> <p>The level to which the trust needs to drill down into the data will vary for different performance indicators. Some information should always be available at patient level for performance monitoring purposes. Whereas some information may be sufficient if it is available at speciality level for all specialties or even trust level for performance monitoring purposes</p>
Completeness	<p>The extent to which all of the expected attributes of the data are populated but also the extent to which all of the records for the relevant population are provided.</p>
Validation	<p>The extent to which the data has been validated to ensure it is accurate and in compliance with relevant requirements. For example, correct application of rules and definitions. The level of validation required will vary from indicator-to-indicator and will depend on the level of data quality risk.</p> <p>Final validation is classified as sufficient where validation has been completed and where the indicator has received final approval from responsible individuals.</p>
Audit	<p>The extent to which the integrity of data (completeness, accuracy, validity, reliability, relevance, and timeliness) has been audited by someone independent of the KPI owner (for example, Internal Audit, External Audit, Clinical Audit or Peer Review) and the extent to which the assurance provided from the audit is positive.</p>

Element	Definition
Reliability	<p>The extent to which the data is generated by a computerised system, with automated IT controls, or a manual process. It also relates to the degree of documentation outlining the data flow, i.e. documented process with controls and data flows mapped.</p> <p>Data should reflect stable and consistent data collection processes across collection points and over time, whether using manual or computer-based systems or a combination. Managers and stakeholders should be confident that progress toward performance targets reflects real changes rather than variations in data collection approaches or methods.</p>
Relevance	<p>The extent to which the data is captured for the purposes for which it is used. This entails periodic review of the selection of key performance indicators to reflect changing needs, such as new strategic objectives. For example, is this indicator the right indicator by which to measure performance against a strategic objective. Strategic objectives will be defined within the scoping document for proposed new measures.</p>



	Insufficient
	Insufficient, but under active review/management
	Sufficient
	Not Yet Assessed

Click [HERE](#) for full kitemark explanation & policy

Workforce KPI Report

Alan Duffell

January 2024



The Dudley Group
NHS Foundation Trust



Summary



The Dudley Group
NHS Foundation Trust

Metric	Rate	Target	Trend	
Absence – In Month	5.52%	<=5%	↑	<u>Sickness Absence</u> In month sickness absence for January 2024 is 5.52%, an increase from 5.18% in December 2023.
Absence - 12m Rolling	5.01%	<=5%	=	
Turnover	8.38%	<=8%	↓	<u>Turnover</u> Turnover (all terminations) has decreased from 8.59% in December 2023 to 8.38% in January 2024.
Normalised Turnover	3.96%	<=5%	↓	
Retention (12 month)	91%	>=80%	=	<u>Retention</u> The 12-month retention rate remained static at 91.0% in January 2024
Vacancy Rate	5%	<=7%	=	<u>Vacancy Rate</u> The vacancy rate remains stable at 5% in January 2024 with total vacancies of 312.68 WTE.
Mandatory Training	92.85%	>=90%	↑	<u>Mandatory Training</u> Statutory Training has seen a monthly increase - overall it has remained above 90% target for a sustained period.

Exceptions/Improvement/Actions



The Dudley Group
NHS Foundation Trust

METRIC

SUMMARY

Mandatory Training

Overall compliance is above target and this is a sustained position since April 2023. Monthly increases and decreases are small deviations and remain above target overall. However, there has been an increase in monthly compliance since December. A seasonal decline is expected, which should increase from February onwards and usually increases significantly during March in preparation for annual reviews.

There are nine areas that are below target (eight are amber rated between 80 and 90%) and one (Safeguarding Children Level 3) which is red rated. For Safeguarding, this is attributable to the change in 2022 to an annual requirement. Additional training has been undertaken in January and early February to address this declining position, alongside prompts to teams with lower compliance.

Leadership and Culture

Manager's Essentials courses continue to be the main focus of training. Courses for January and February are booked to capacity with around 40 managers per month planned to complete. DNA rates remain high – with feedback provided to Divisions and participants contacted. All Divisions are being supported to plan for all line managers to complete during 2024.

Leading People at Dudley – the induction for newly appointed managers commenced in January and will be held monthly this includes the requirement to complete Manager's Essentials alongside a wider support package of training, peer coaching and support.

Plans are underway for the annual Leadership Conference in April focused on Leadership every day.

Being a Brilliant Place to work

The Culture Statement and revised Behaviour Framework have been approved and are ready to launch. This will be embedded within existing workstreams (Recruitment, Induction and Leadership Training) and a detailed divisional engagement plan is being prepared.

Divisional Action Plans are being developed from the national Staff Survey with a focus on a smaller number of targeted actions for 2024. Corporately this will be around bullying and harassment, colleague behaviours and speaking up.

The national benchmarking will be on 7th March 2024.

#makeithappen in January has been completed with feedback on the Trust Strategy and how to reduce waste. This ran alongside the online quarterly People Pulse questionnaire using the same question set. The online People Pulse received 417 responses in January which is around 7% response rate. 50.1% of staff would recommend as a place to work (slight increase from July 2023) and 53% would recommend as a place for care (3% decrease from July 2023). Both are increases on the position at the same time last year (Jan 23).

CARE

RESPECT

RESPONSIBILITY

Exceptions/Improvement/Actions



The Dudley Group
NHS Foundation Trust

METRIC	SUMMARY																													
Vacancies/ Turnover and performance against plan	<p>It is important to triangulate turnover, vacancies and retention to evidence our performance in recruiting and retaining our workforce. Turnover (all terminations) increased in January 2024 but continues to perform under the national average for the NHS between 10-12%. Normalised Turnover (Voluntary resignations) reduced slightly in January 2024. Retention has remained stable at 91% in January 2024. The normalised vacancy rate for January 2024 is 3.96% with a vacancy factor of 312.68 WTE (5%).</p> <p>As demonstrated in the table below, the overall workforce growth year to date (April 23 and January 24) in 23/24 (inclusive of bank and agency staffing) is 1.76%, specifically for substantive staff this is 2% growth (112.08 WTE), bank staff 0.76% and agency staff -34.70%.</p>																													
	<table><tr><td></td><td>Apr-23</td><td>Jan-24</td><td>Difference</td><td>Variance</td></tr><tr><td>Total Workforce (WTE)</td><td>6271.1</td><td>6381.33</td><td>110.23</td><td>1.76%</td></tr><tr><td>Total Substantive</td><td>5595.15</td><td>5707.23</td><td>112.08</td><td>2.00%</td></tr><tr><td>Total Bank</td><td>656.21</td><td>661.21</td><td>5</td><td>0.76%</td></tr><tr><td>Total Agency</td><td>19.74</td><td>12.89</td><td>-6.85</td><td>-34.70%</td></tr></table>		Apr-23	Jan-24	Difference	Variance	Total Workforce (WTE)	6271.1	6381.33	110.23	1.76%	Total Substantive	5595.15	5707.23	112.08	2.00%	Total Bank	656.21	661.21	5	0.76%	Total Agency	19.74	12.89	-6.85	-34.70%				
		Apr-23	Jan-24	Difference	Variance																									
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Total Agency	19.74	12.89	-6.85	-34.70%																										
<p>Principal areas of growth within substantive staff have been seen in Registered Scientific, Therapeutic and Technical staff (10%), Registered Nursing, Midwifery and Health Visiting Staff (5%) and Medical and Dental Staff (4%).</p>																														
<table><tr><td></td><td>Apr-23</td><td>Jan-24</td><td>Difference</td><td>Variance</td></tr><tr><td>Registered Nursing, Midwifery and Health Visiting Staff (substantive total)</td><td>1799.52</td><td>1885.36</td><td>85.84</td><td>5%</td></tr><tr><td>Registered Scientific, therapeutic and technical staff (substantive total)</td><td>628.72</td><td>691.37</td><td>62.65</td><td>10%</td></tr><tr><td>Support to Clinical Staff (substantive total)</td><td>1,370.22</td><td>1279.65</td><td>-90.57</td><td>-7%</td></tr><tr><td>Total NHS Infrastructure support (substantive total)</td><td>1006.38</td><td>1,025.96</td><td>19.58</td><td>2%</td></tr><tr><td>Medical and Dental (substantive total)</td><td>790.31</td><td>824.89</td><td>34.58</td><td>4%</td></tr></table>		Apr-23	Jan-24	Difference	Variance	Registered Nursing, Midwifery and Health Visiting Staff (substantive total)	1799.52	1885.36	85.84	5%	Registered Scientific, therapeutic and technical staff (substantive total)	628.72	691.37	62.65	10%	Support to Clinical Staff (substantive total)	1,370.22	1279.65	-90.57	-7%	Total NHS Infrastructure support (substantive total)	1006.38	1,025.96	19.58	2%	Medical and Dental (substantive total)	790.31	824.89	34.58	4%
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Exceptions/Improvement/Actions

METRIC

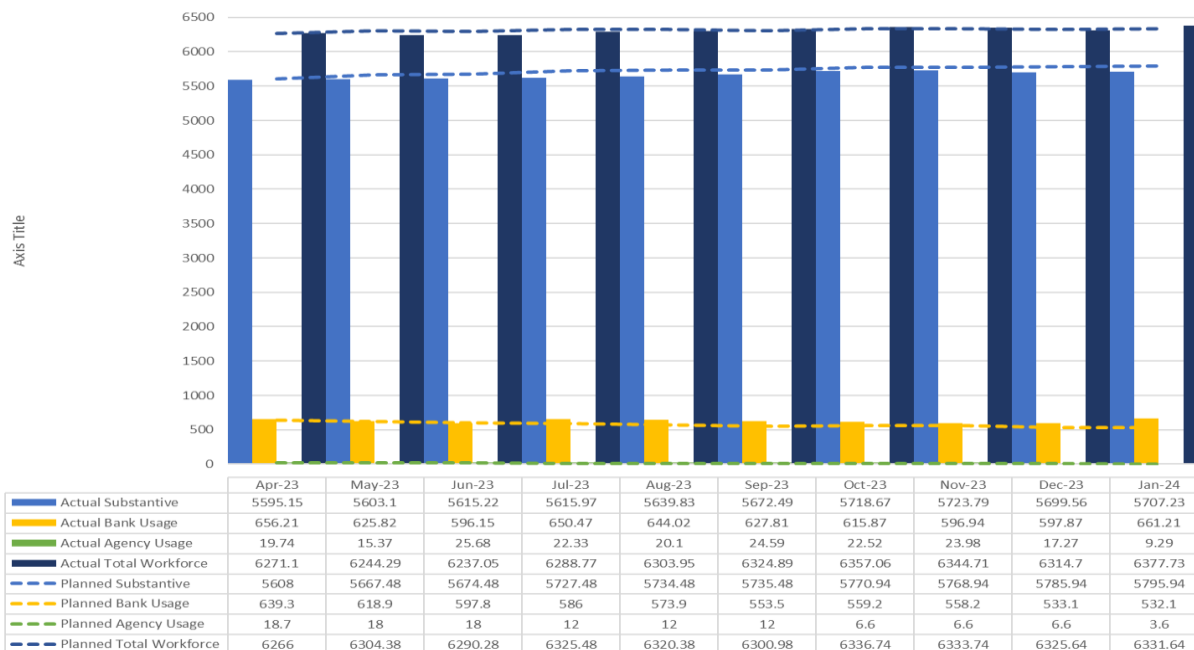
Vacancies/
Turnover and
performance
against plan

SUMMARY

For 2023/24 performance at month 10 (January 2024) overall workforce is on plan (1% variance – 49.69 WTE over plan) with less substantive staff but more bank and agency usage than planned.

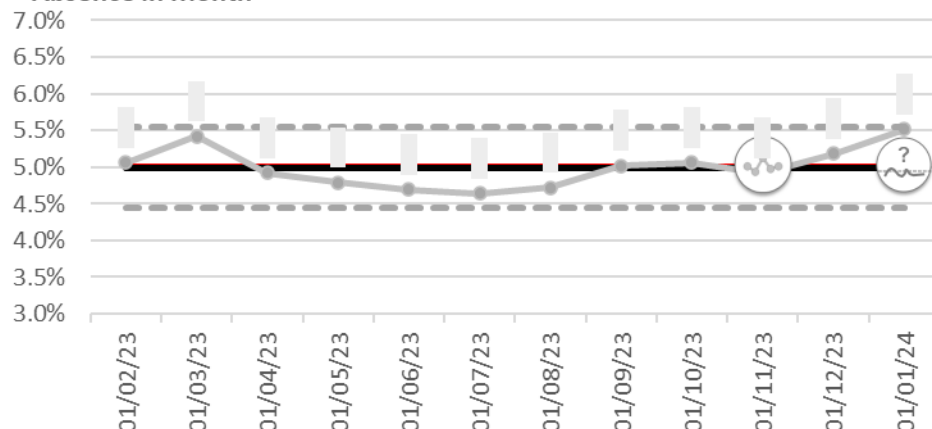
	Substantive			Bank			Agency			Total		
	Plan	Actual	Variance	Planned Bank Usage	Actual Bank Usage	Variance	Planned Agency Usage	Actual Agency Usage	Variance	Planned Total Workforce	Actual Total Workforce	Variance
Apr-23	5608	5595.15	-12.85	639.3	656.21	16.91	18.7	19.74	1.04	6266.00	6271.1	0%
May-23	5667.48	5603.1	-64.38	618.9	625.82	6.92	18	15.37	-2.63	6304.38	6244.29	-1%
Jun-23	5674.48	5615.22	-59.26	597.8	596.15	-1.65	18	25.68	7.68	6290.28	6237.05	-1%
Jul-23	5727.48	5615.97	-111.51	586	650.47	64.47	12	22.33	10.33	6325.48	6288.77	-1%
Aug-23	5734.48	5639.83	-94.65	573.9	644.02	70.12	12	20.1	8.1	6320.38	6303.95	0%
Sep-23	5735.48	5672.49	-62.99	553.5	627.81	74.31	12	24.59	12.59	6300.98	6324.89	0%
Oct-23	5770.94	5718.67	-52.27	559.2	615.87	56.67	6.6	22.52	15.92	6336.74	6357.06	0%
Nov-23	5768.94	5723.79	-45.15	558.2	596.94	38.74	6.6	23.98	17.38	6333.74	6344.71	0%
Dec-23	5785.94	5699.56	-86.38	533.1	597.87	64.77	6.6	17.27	10.67	6325.64	6314.7	0%
Jan-24	5795.94	5707.23	-88.71	532.1	661.21	129.11	3.6	12.89	9.29	6331.64	6381.33	1%

Workforce plan (Actual vs Planned)



Sickness Absence

Absence in Month



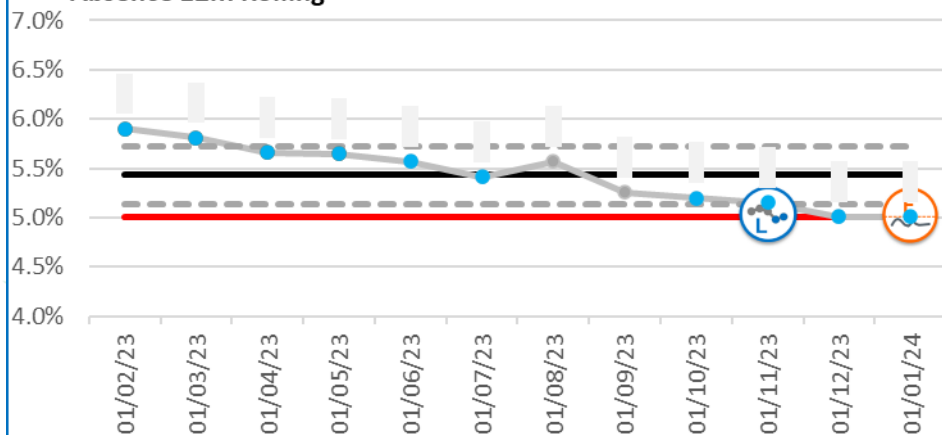
In-Month Sickness Absence

In-month sickness absence for January 2024 is 5.52% in January 2024, an increase from 5.18% in December 2023. This is the first time the in-month absence has been RAG rated as red in over 12 months.

Rolling 12 M Sickness Absence

The rolling 12-month absence has remained the same at 5.01% for both December 2023 and January 2024. This remains above target, but demonstrates that across the year sickness has been reducing, but is now levelling out.

Absence 12m Rolling



Assurance

Reducing the length of absence is key, to support this we are reviewing how we can support overall wellbeing for our staff members, including the development of a wellbeing strategy.

The main objective is to avoid absences and, where absences do occur, reduce their length, so early intervention is key and is supported by the following discrete pieces of work:

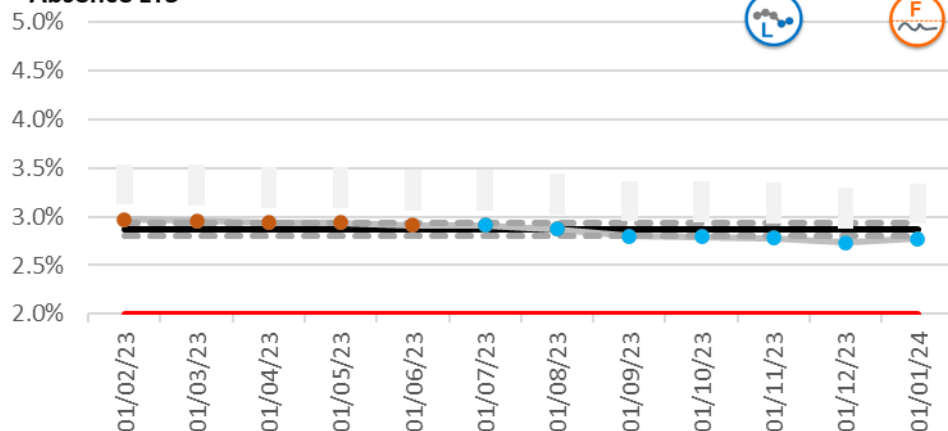


	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
Absence in Month	5.06%	5.42%	4.92%	4.79%	4.69%	4.64%	4.72%	5.02%	5.06%	4.92%	5.18%	5.52%
Absence 12m Rolling	5.90%	5.81%	5.66%	5.65%	5.57%	5.41%	5.57%	5.26%	5.20%	5.15%	5.01%	5.01%



Long-Term and Short-Term Absence

Absence LTS



Long-Term and Short-Term Sickness Absence

In January 2024 long-term absence has marginally increased to 2.77% from 2.73% and in December 2023. There has been a small decrease in short-term absence from 2.28% in December 2023 to 2.24% in January 2024.

The graphs evidence an overall reducing trajectory in both short and long-term absence.

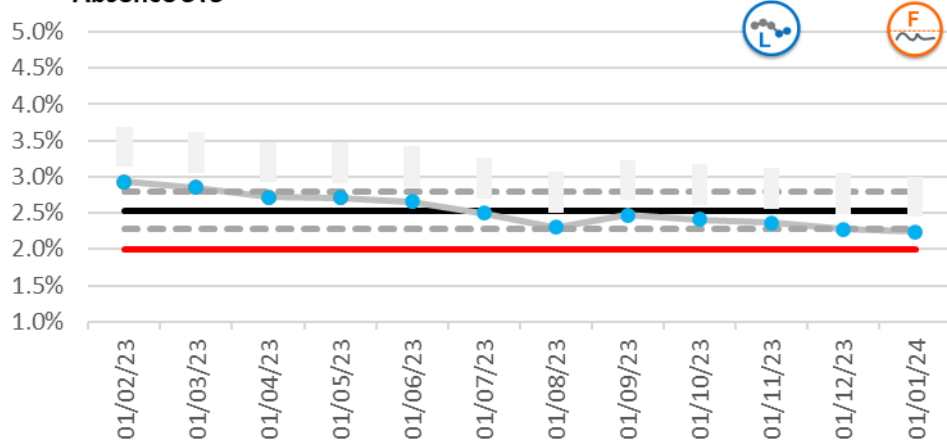
In January 2024 short-term absence accounted for 86% of all sickness absence episodes, with long-term absence (28 days +) accounting for 14% of absence episodes. Long-term absence accounted for 47% of all days lost, compared to 53% for short term absence.

Assurance

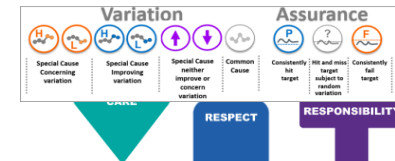
The HR Business Partners will support divisions to review both short-term absence and long-term absence and to review the plans in place to ensure that all long-term sickness at six months+ and for all short-term persistent absence is being managed robustly.

Short-term absence is currently the key focus.

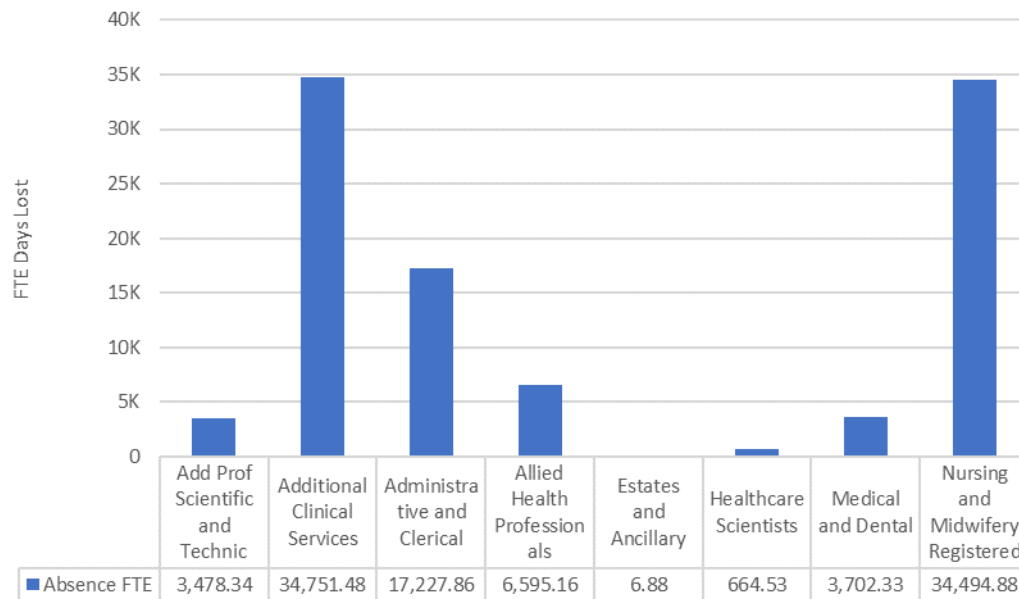
Absence STS



	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
Absence LTS	2.97%	2.96%	2.94%	2.94%	2.91%	2.91%	2.87%	2.80%	2.79%	2.78%	2.73%	2.77%
Absence STS	2.93%	2.85%	2.72%	2.71%	2.66%	2.50%	2.30%	2.47%	2.41%	2.36%	2.28%	2.24%



Sickness Absence- Staff Groups



Year to date Nursing and Midwifery and Additional Clinical Services have lost the most FTE days as a result of sickness absence.

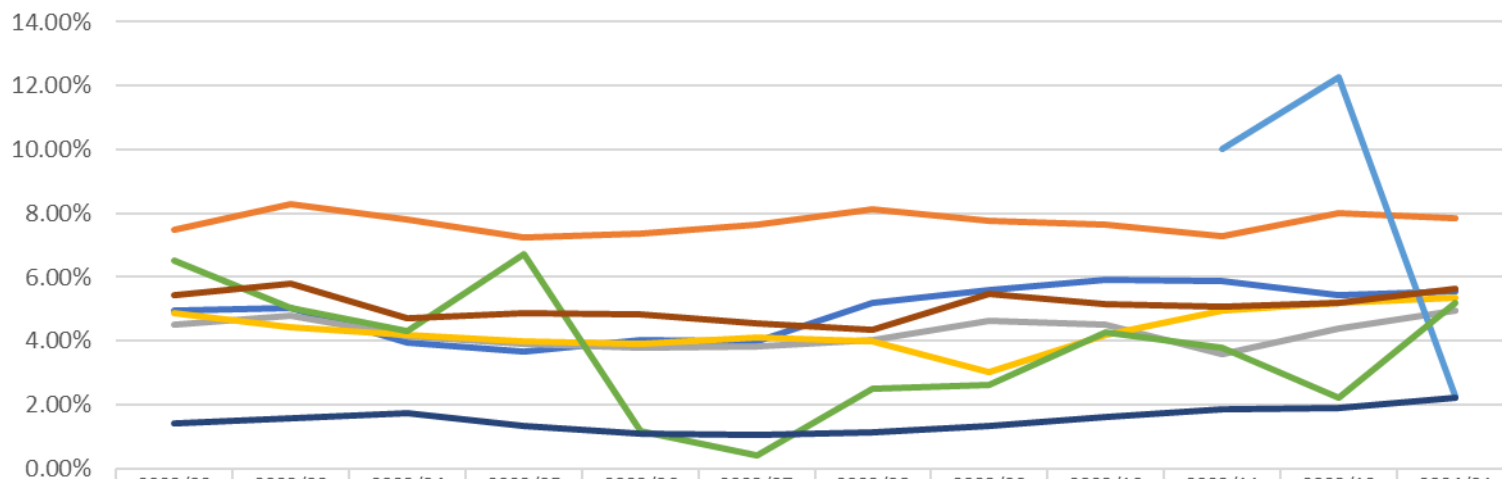
In terms of short-term versus long-term the table below shows that Nursing and Midwifery, Additional Clinical Services and Admin and Clerical have higher levels of both short-term and long-term sickness absence

	Add Prof Scientific & Technic	Additional Clinical	Admin and Clerical	AHP	Healthcare scientists	Medical and Dental	Nursing and Midwifery
Less than 28 days	391	3610	1675	1045	102	914	4242
28 days - 6 months	31	342	192	57	8	26	335
6 months - 12 months	3	20	9	2	0	0	13
12 months plus	0	15	5	1	0	1	6



Sickness Absence- Staff Groups

Staff Groups Absence Rate Trend



	2023/02	2023/03	2023/04	2023/05	2023/06	2023/07	2023/08	2023/09	2023/10	2023/11	2023/12	2024/01
Add Prof Scientific and Technic	4.96%	5.02%	3.93%	3.68%	4.03%	3.99%	5.19%	5.59%	5.91%	5.90%	5.44%	5.55%
Additional Clinical Services	7.50%	8.28%	7.82%	7.23%	7.38%	7.66%	8.13%	7.78%	7.65%	7.29%	8.01%	7.85%
Administrative and Clerical	4.49%	4.79%	4.14%	3.91%	3.80%	3.81%	4.03%	4.63%	4.52%	3.60%	4.39%	4.96%
Allied Health Professionals	4.88%	4.42%	4.21%	4.00%	3.91%	4.13%	3.98%	3.01%	4.20%	4.96%	5.21%	5.36%
Estates and Ancillary										10.00%	12.28%	2.28%
Healthcare Scientists	6.52%	5.03%	4.30%	6.71%	1.17%	0.42%	2.51%	2.62%	4.27%	3.78%	2.24%	5.19%
Medical and Dental	1.41%	1.57%	1.75%	1.35%	1.09%	1.07%	1.13%	1.35%	1.62%	1.86%	1.91%	2.21%
Nursing and Midwifery Registered	5.43%	5.80%	4.72%	4.89%	4.85%	4.53%	4.37%	5.47%	5.15%	5.09%	5.20%	5.63%

Additional Clinical has maintained as the staff group with the highest rate of absence with limited evidence of any downwards trajectory.

Medical and Dental have the lowest sickness rate but a trajectory showing a worsening position.



Sickness Absence



The Dudley Group
NHS Foundation Trust

Top 10 Departments By Time Lost (January)

Department	Absence FTE	Available FTE	Absence FTE %
253 Maternity Unit Serv	383.07	6,315.66	6.07%
253 Pharmacy Department Serv	365.00	5,013.03	7.28%
253 Critical Care Serv	303.49	4,195.57	7.23%
253 Emergency Dept Nursing Serv	292.48	3,798.91	7.70%
253 Pathology - Phlebotomy Serv	210.55	1,907.23	11.04%
253 Therapy Department Serv	203.84	4,475.53	4.55%
253 Ward B4 Serv	203.16	2,367.52	8.58%
253 Ward C2 Serv	176.12	1,780.40	9.89%
253 Ward AMU 1 Serv	176.00	2,404.36	7.32%
253 Ward C8 Serv	172.80	2,356.20	7.33%

Top 10 Departments By Absence Rate (January)

Department	Absence FTE	Available FTE	Absence FTE %
253 Ambulatory Neurology CNS Serv	24.00	62.00	38.71%
253 Medics - Clinical Oncology Serv	10.00	31.00	32.26%
253 IBD Nurses Serv	25.60	80.60	31.76%
253 Community OPAT Service Serv	58.40	281.48	20.75%
253 Eye Dept Serv	140.04	698.12	20.06%
253 Mgt Team Specialist Surgery Serv	17.00	86.00	19.77%
253 HR Occupational Health Serv	49.60	265.36	18.69%
253 Med Secs - Older People Serv	34.93	199.64	17.50%
253 Charitable Funds Fundraising Serv	18.80	111.60	16.85%
253 Med Secs - Plastics Serv	28.04	166.57	16.83%

Top 10 Absence Reasons By FTE Days Lost (12m)

Absence Reason	Headcount	Abs Occurrences	FTE Days Lost	%
S10 Anxiety/stress/depression/other psychiatric illnesses	733	966	23,187.99	23.0
S12 Other musculoskeletal problems	520	625	9,382.15	9.3
S13 Cold, Cough, Flu - Influenza	2137	2,784	9,346.29	9.3
S25 Gastrointestinal problems	2026	2,748	9,085.88	9.0
S28 Injury, fracture	219	238	5,029.44	5.0
S30 Pregnancy related disorders	258	662	4,971.64	4.9
S99 Unknown causes / Not specified	555	661	4,945.77	4.9
S26 Genitourinary & gynaecological disorders	331	426	4,447.25	4.4
S27 Infectious diseases	596	633	3,795.40	3.8
S11 Back Problems	285	323	3,768.51	3.7

Top 10 Absence Reasons By Absence Days Lost (12m)

Absence Reason	Headcount	Abs Occurrences	Abs Days	Abs Estimated Cost	%
S10 Anxiety/stress/depression/other psychiatric illnesses	733	966	28,132	£2,241,648.60	23.7
S12 Other musculoskeletal problems	520	625	11,170	£786,465.21	9.4
S13 Cold, Cough, Flu - Influenza	2137	2,784	10,509	£1,007,072.14	8.9
S25 Gastrointestinal problems	2026	2,748	10,385	£873,326.46	8.8
S28 Injury, fracture	219	238	5,937	£557,337.90	5.0
S99 Unknown causes / Not specified	555	661	5,798	£524,531.48	4.9
S30 Pregnancy related disorders	258	662	5,654	£490,745.72	4.8
S26 Genitourinary & gynaecological disorders	331	426	5,312	£393,641.83	4.5
S11 Back Problems	285	323	4,531	£349,702.38	3.8
S27 Infectious diseases	596	633	4,452	£374,973.76	3.8

Absence Reasons

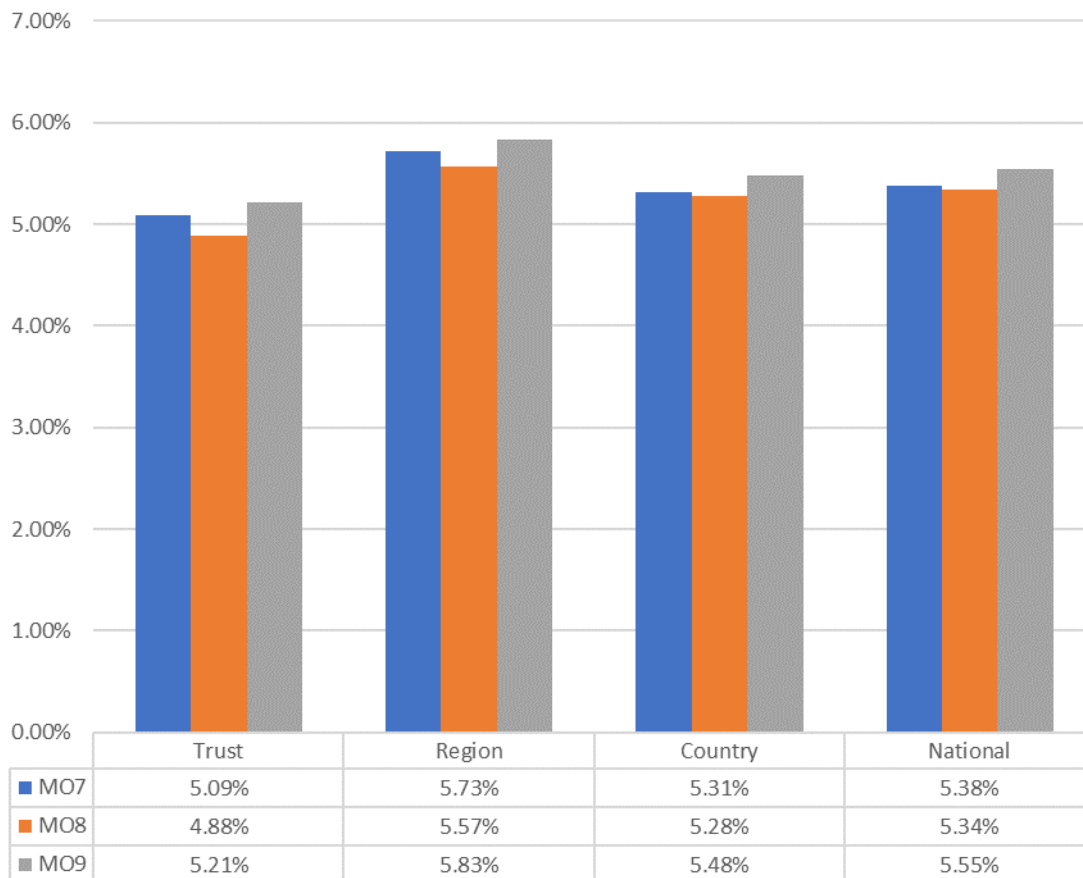
- The most common reasons for absence are Anxiety, Stress, and Depression (ASD), musculoskeletal and cough, cold and flu.
- The departments ranked absence by time lost will be the focus for the HR Business Partners.



Absence Benchmarking



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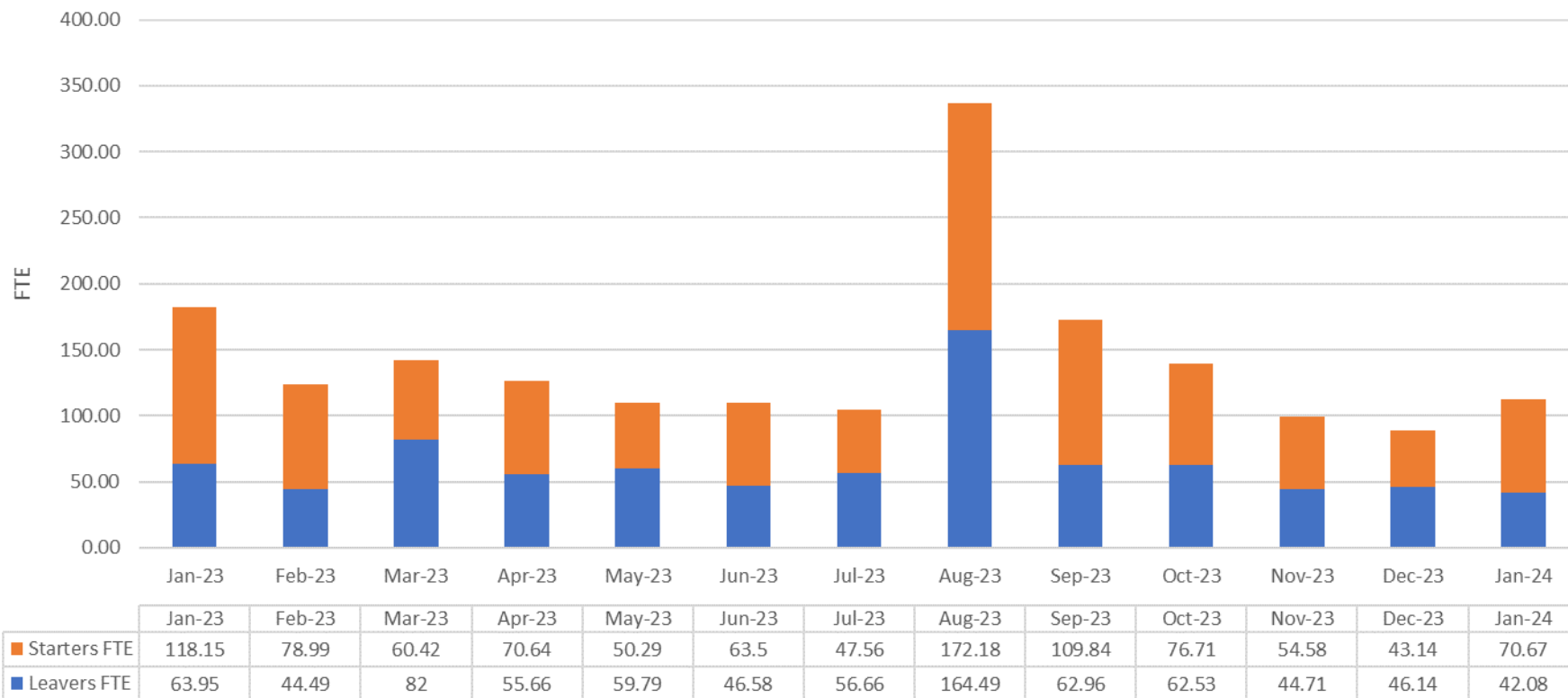


Benchmarking

- National and Regional benchmarking data is only available until end of December (M09).
- Due to local differences in timeframes and methods used for recording sickness absences, national and regional comparative data is subject to change. DGFT absence includes COVID related absences and is refreshed each month twelve months in arrears.
- In December 2023 (M09), the Trust's sickness absence rate was lower than the regional and National and England (Country) Sickness Absence rates.



Starters and Leavers



Starters vs Leavers

- This month we have seen more leavers than starters, in January 2024.

Assurance

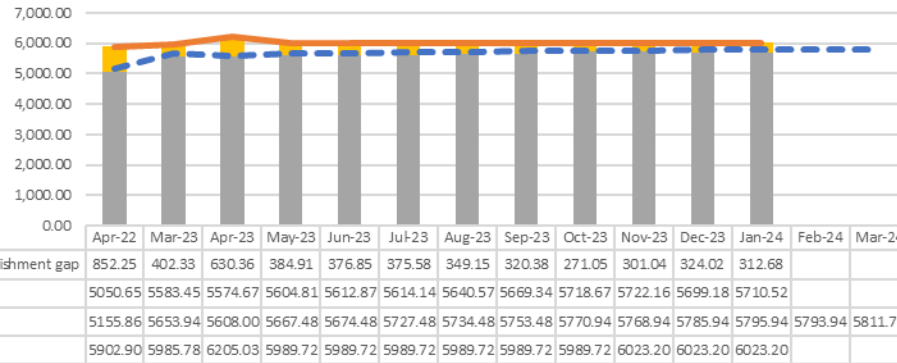
- Work is continuing on both recruitment and retention and this forms part of NHSE's Long-Term Workforce Plan.

Recruitment/Vacancies/Turnover - TRUST



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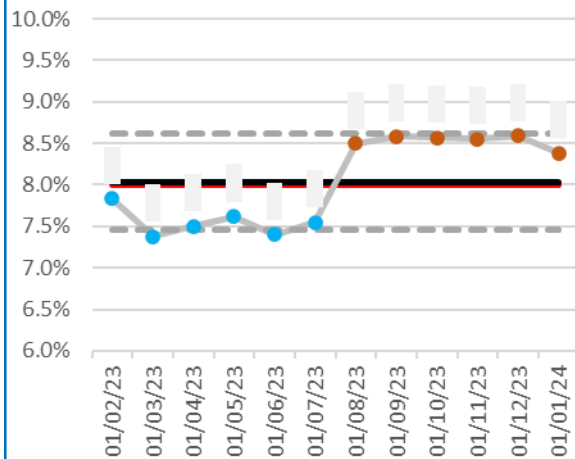
TRUST Vacancies
Budget v Contracted
Plan vs Contracted



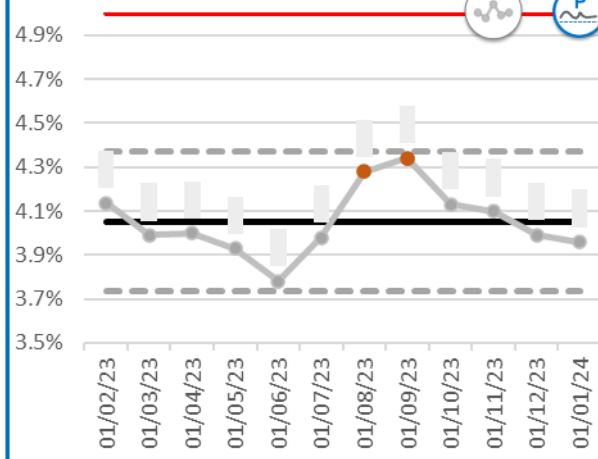
Vacancy Rate (Budget Vs SIP)



Turnover Trust



Normalised Turnover Trust



Contracted WTE staff has increased from 5699.18 WTE in December to 5710.52 in January 2024.

For substantive staff this is 85.42 WTE under the workforce plan.

The total vacancies stands at 312.68 WTE in January 2024. This equates to a vacancy factor of 5%.

Overall staff turnover (rolling twelve months average) is at 8.38%, with normalised turnover at 3.96% in January 2024.

Trust Turnover
Trust Normalised
Turnover

Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
7.84%	7.38%	7.50%	7.62%	7.40%	7.55%	8.50%	8.58%	8.57%	8.55%	8.59%	8.38%
4.14%	3.99%	4.00%	3.93%	3.78%	3.98%	4.28%	4.34%	4.13%	4.10%	3.99%	3.96%



Recruitment/Vacancies/Turnover - Registered Nursing & Midwifery

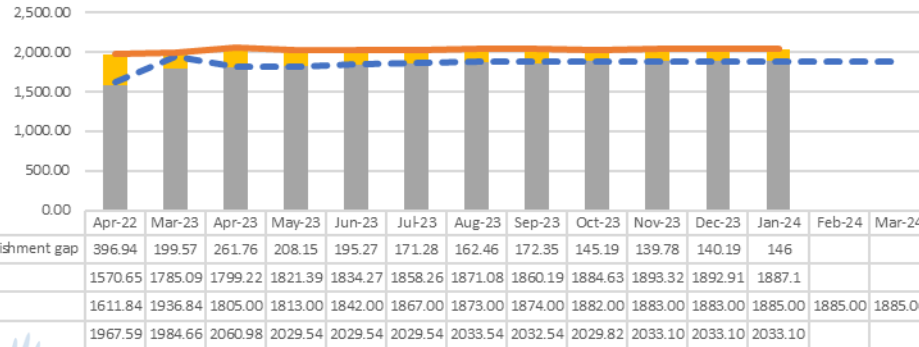


The Dudley Group NHS Foundation Trust

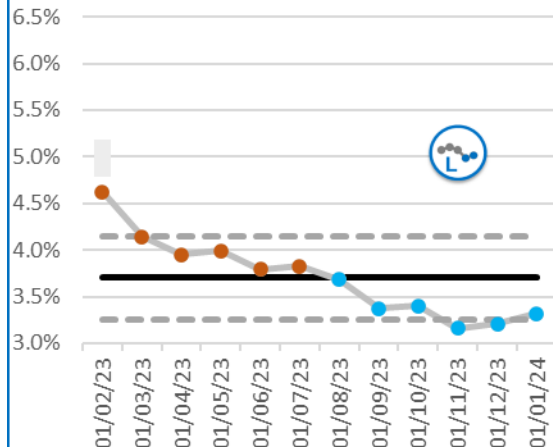
NURSING Vacancy Rate (Budget Vs SIP)



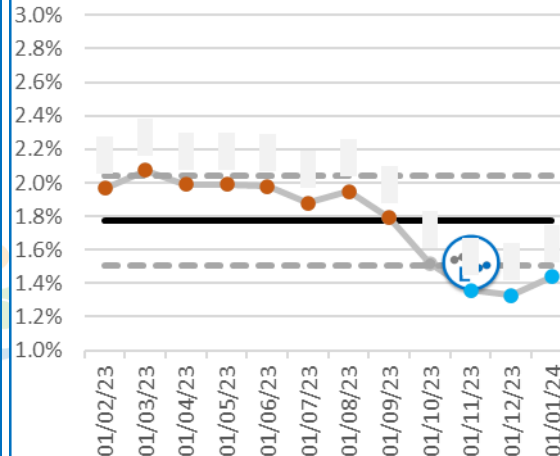
NURSING Vacancies
Budget v Contracted
Plan vs Contracted



Turnover Nursing



Normalised Turnover Nursing



Contracted WTE for nursing and midwifery staff has decreased from 1892.91 WTE in December 2023 to 1887.1 WTE in January 2024.

This is 2.1 WTE above the workforce plan.

The total nursing and midwifery vacancies reported stands at 146 WTE, which equates to a vacancy rate of 7%.

Staff turnover for nursing (rolling 12 months average) is at 3.32%, with normalised turnover at 1.44%, a slight increase in January 2024 compared with December 2023.

Nursing Turnover
Nursing Normalised
Turnover

Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
4.62%	4.14%	3.95%	3.99%	3.79%	3.83%	3.68%	3.37%	3.40%	3.16%	3.21%	3.32%
1.97%	2.07%	1.99%	1.99%	1.98%	1.88%	1.95%	1.79%	1.52%	1.36%	1.33%	1.44%

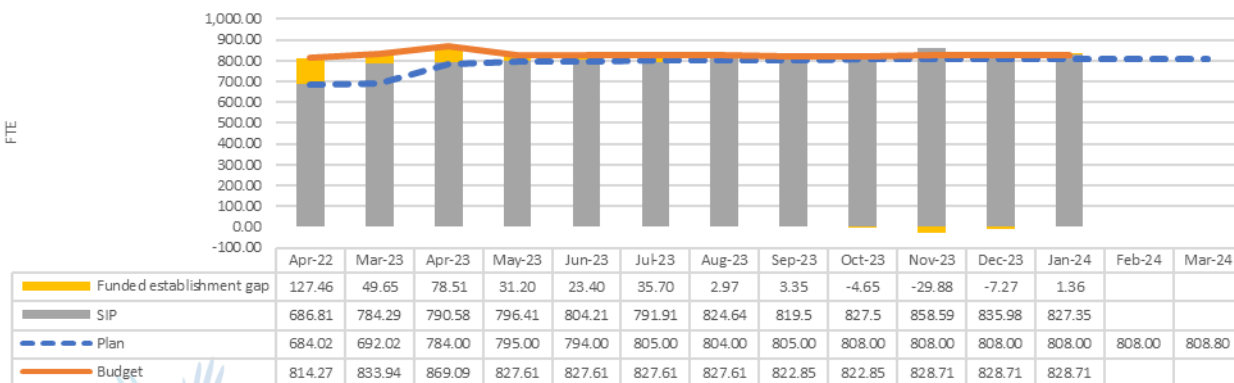


Recruitment/Vacancies/Turnover - Medical & Dental

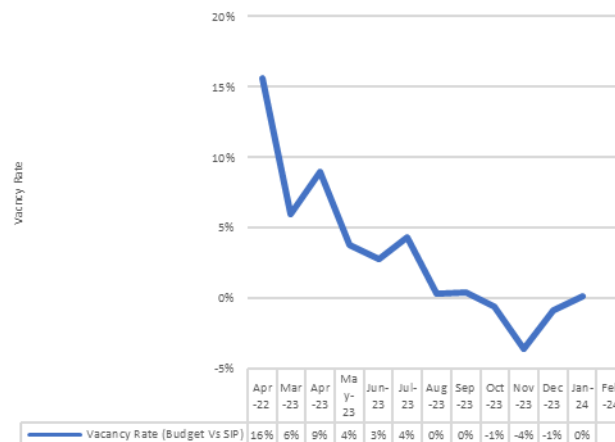


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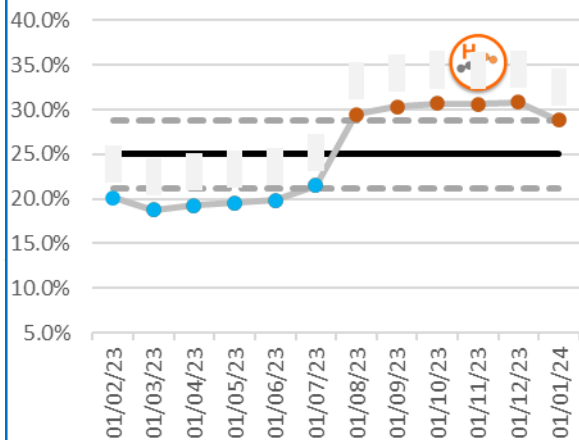
MEDICAL Vacancies
Budget v Contracted
Plan vs Contracted



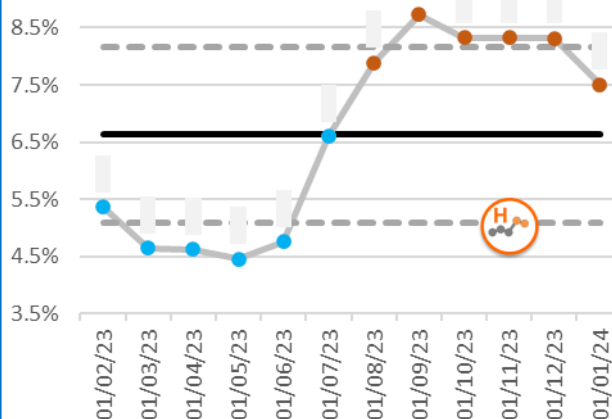
MEDICAL Vacancy Rate (Budget Vs SIP)



Turnover Medical



Normalised Turnover Medical



Contracted WTE for medical and dental staff has decreased from 835.98 WTE in December to 827.35 in January 2024.

The total medical and dental vacancies stands at 1.36 WTE. The vacancy rate is 0.16%.

Staff turnover for medical and dental (rolling 12 months average) has decreased to 28.79% (mainly due to rotation), with normalised turnover remaining at 7.51%.

M&D Turnover
M&D Normalised
Turnover

	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
M&D Turnover	20.10%	18.75%	19.28%	19.52%	19.82%	21.45%	29.45%	30.34%	30.71%	30.63%	30.82%	28.79%
M&D Normalised Turnover	5.36%	4.65%	4.62%	4.46%	4.76%	6.60%	7.89%	8.73%	8.32%	8.32%	8.31%	7.51%

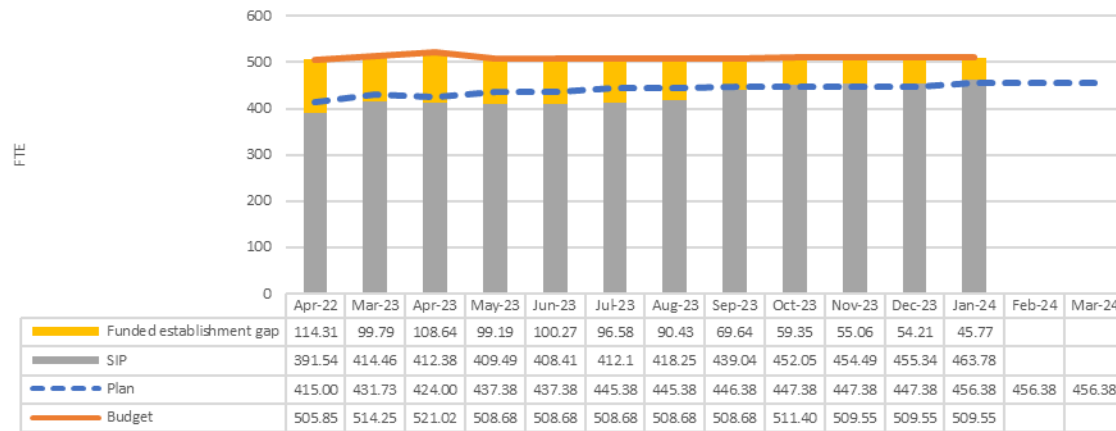


Recruitment/Vacancies/Turnover - Allied Health Professional

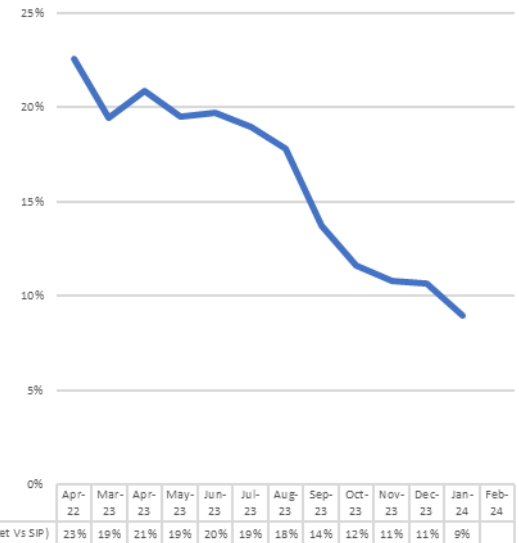


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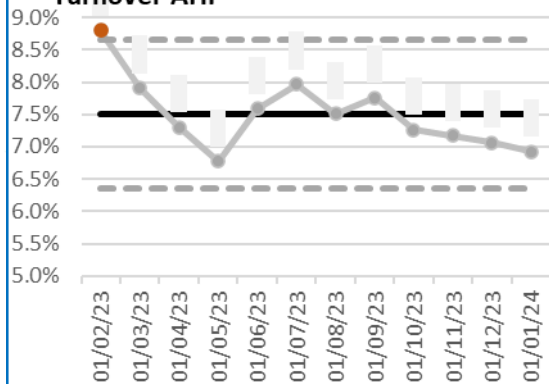
AHP Vacancies
Budget v Contracted
Plan vs Contracted



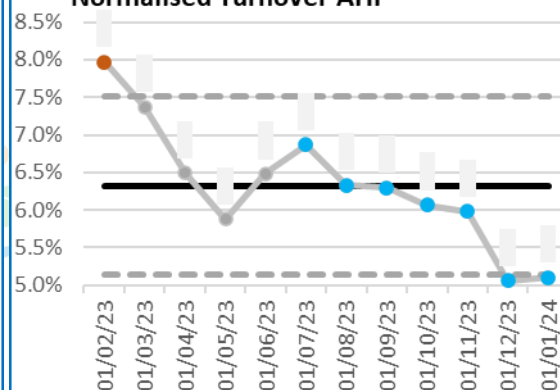
AHP Vacancy Rate (Budget Vs SIP)



Turnover AHP



Normalised Turnover AHP



Contracted WTE for AHP's has increased from 455.34 WTE in December 2023 to 463.78 in January 2024.

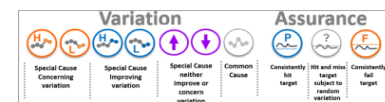
This is 7.4 WTE above the workforce plan.

The total AHP vacancies in November 2023 are 45.77 WTE, this equates to a vacancy factor of 9%.

Staff turnover for AHP's (rolling 12 months average) is at 6.92%, with normalised turnover at 5.10%.

AHP Turnover
AHP Normalised
Turnover

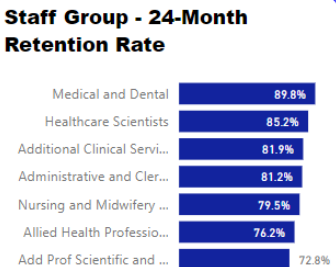
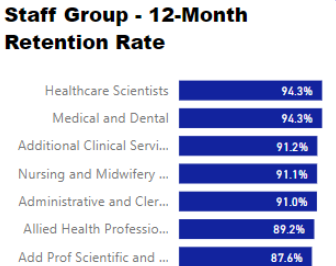
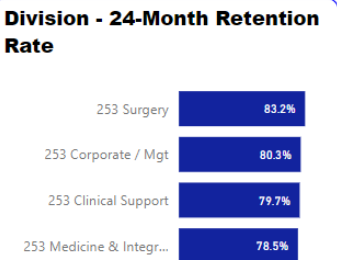
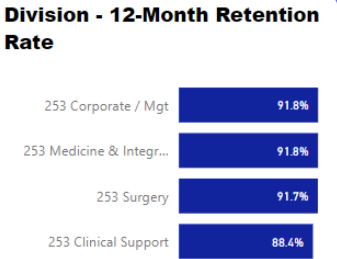
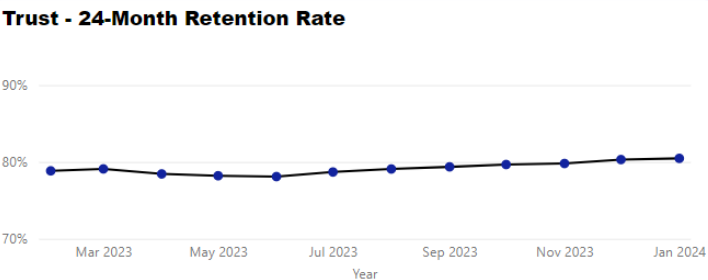
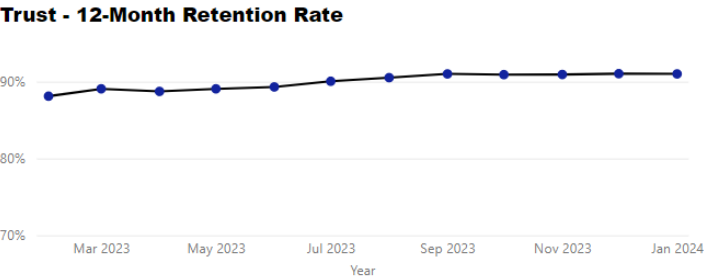
	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
AHP Turnover	8.80%	7.91%	7.30%	6.77%	7.59%	7.97%	7.51%	7.76%	7.26%	7.17%	7.06%	6.92%
AHP Normalised Turnover	7.97%	7.37%	6.49%	5.88%	6.48%	6.87%	6.33%	6.30%	6.07%	5.98%	5.06%	5.10%



Retention



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NHS Foundation Trust



January 2024

12-Month

Trust
91.0%

24-Month

Trust
80.5%

Workforce have developed a retention metric to ensure we are able to retain our workforce. Employee retention improves stability and promotes a better patient experience. In addition, by improving retention we can address employee turnover costs, low staff engagement, poor quality of care with a view to increasing efficiency and developing a positive organisational culture.

The 12-month retention rate is relatively stable and increasing, the 24-month rate was showing a steady decline since March 2023 but is now showing an increasing trajectory.

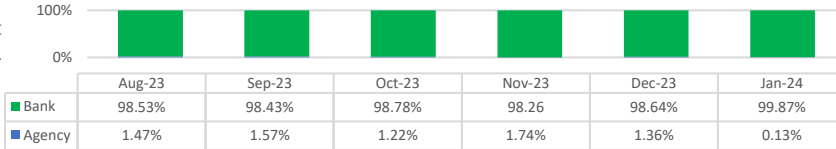
The division with the lowest retention rate is Medicine and Integrated Care at 78.5% over 24 months; both Additional Professional, Scientific and Technical staff and Allied Health Professionals are two staff groups that show as areas for concern.



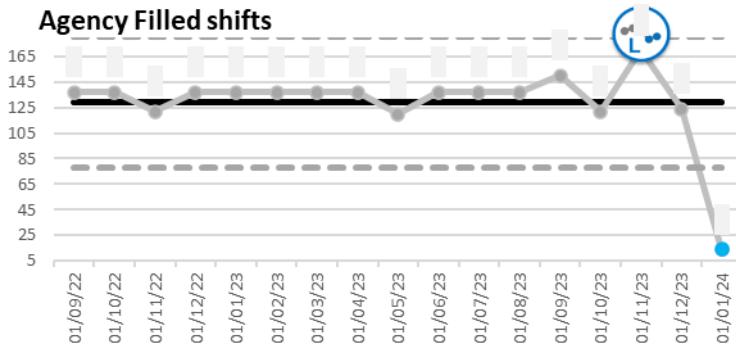
Bank and Agency Usage

% of use by Supplier Type

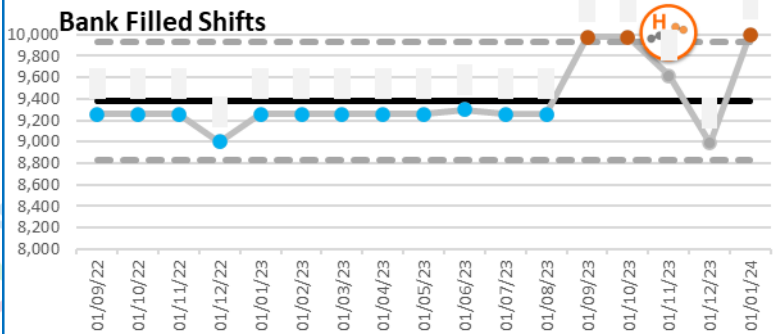
Bank v Agency (actual use) by Supplier Type



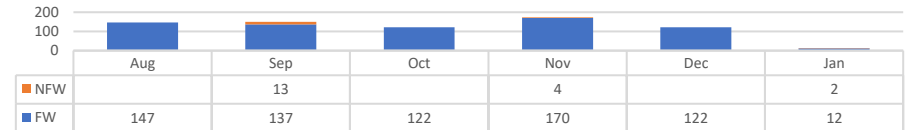
Agency Filled shifts



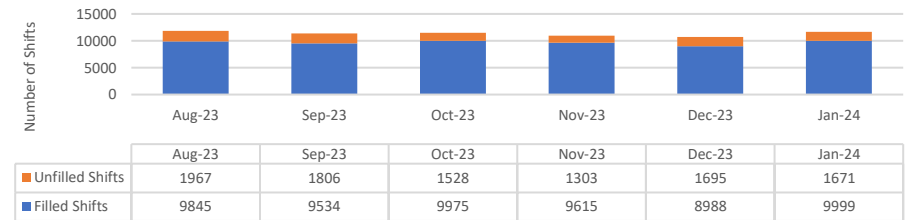
Bank Filled Shifts



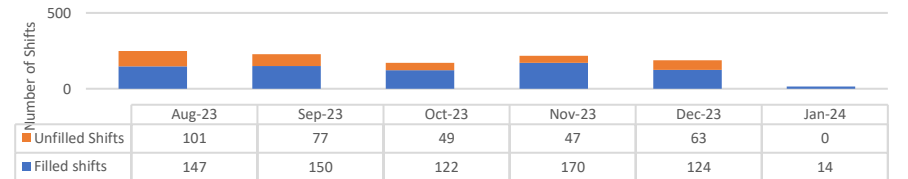
Agency use by Framework / Non-Framework Supply



Bank - Filled / Unfilled



Agency - Filled / Unfilled

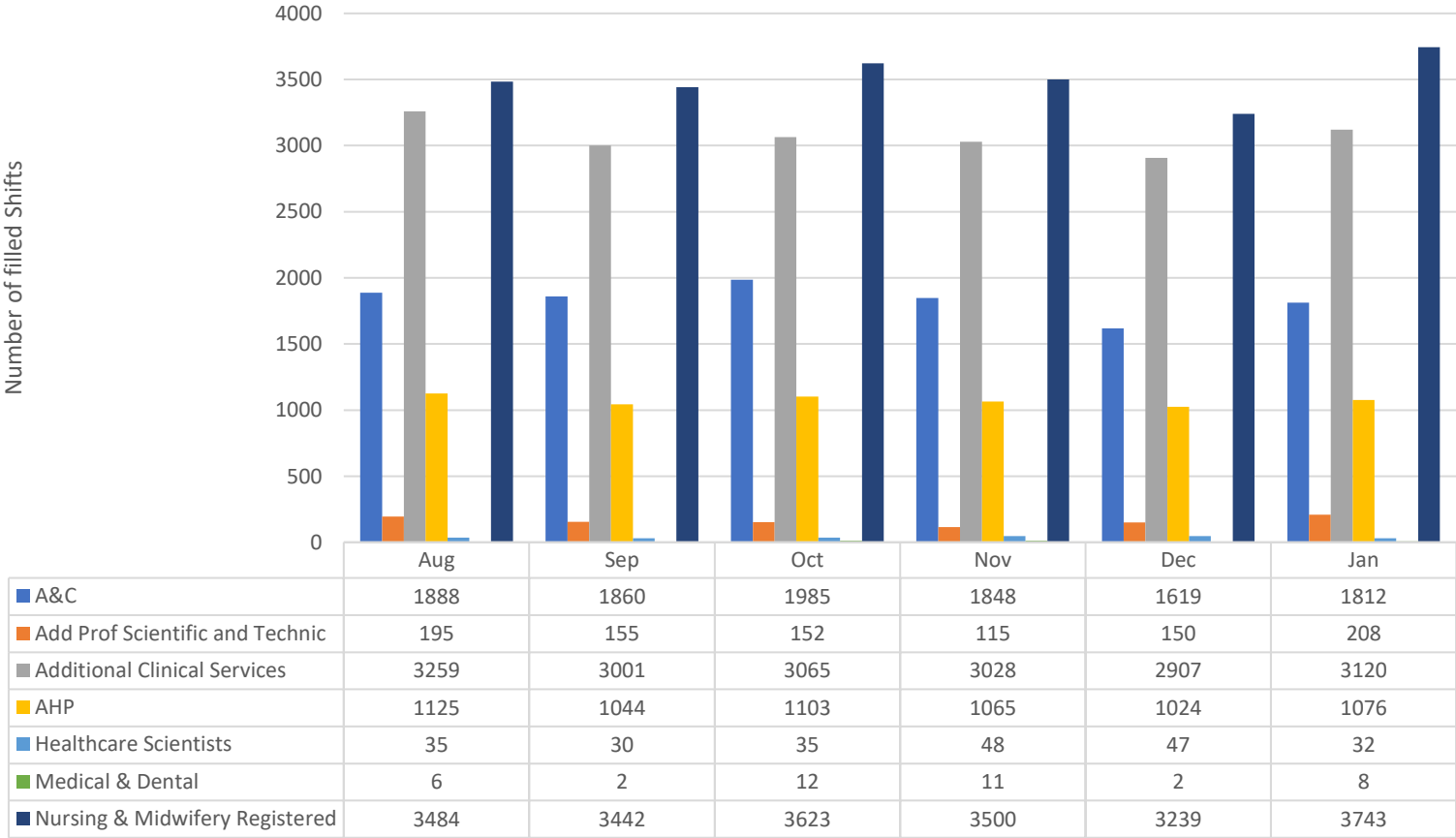


January 2024 provides a positive picture in terms of agency use. There was a total of 14 agency shifts filled (excluding medical) in January 2024, with only two off framework agencies used throughout the month. However, there was a significant increase in the number of bank shifts during January 2024.



Bank Usage by Staff Group

Actual Bank use by Staff Group



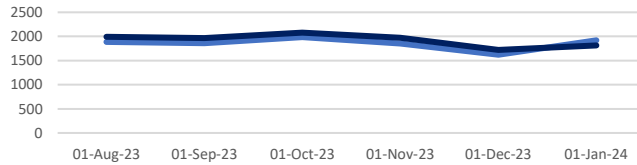
January bank usage increased across all staff groups in January 2024 compared with December 2023, with the exception of Healthcare Scientists.

Bank Fill Rates



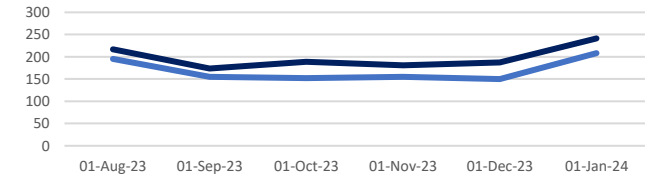
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Bank A&C Filled / Requested



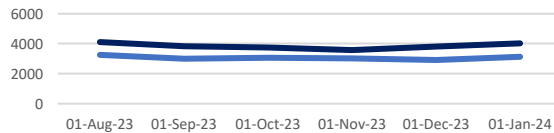
	01-Aug-23	01-Sep-23	01-Oct-23	01-Nov-23	01-Dec-23	01-Jan-24
A&C Filled	1888	1860	1985	1852	1619	1919
Total Request	1994	1965	2074	1971	1717	1812

Bank Add Prof Scientific and Technic Filled / Requested



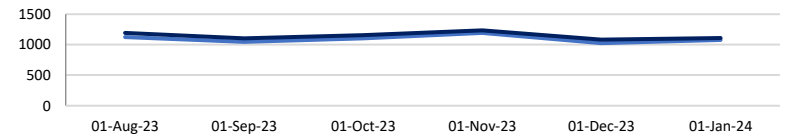
	01-Aug-23	01-Sep-23	01-Oct-23	01-Nov-23	01-Dec-23	01-Jan-24
Add Prof Scientific and Technic Filled	195	155	152	155	150	208
Total Request	217	174	189	181	187	241

Additional Clinical Services Filled / Requested



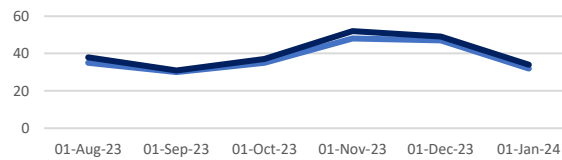
	01-Aug-23	01-Sep-23	01-Oct-23	01-Nov-23	01-Dec-23	01-Jan-24
Additional Clinical Services Filled	3259	3001	3065	3028	2907	3120
Total Request	4116	3831	3733	3581	3812	4027

AHP - Filled / Requested



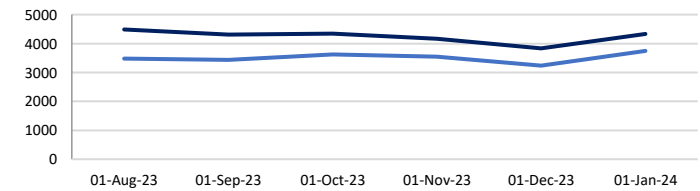
	01-Aug-23	01-Sep-23	01-Oct-23	01-Nov-23	01-Dec-23	01-Jan-24
AHP Filled	1125	1044	1103	1193	1024	1076
Total Request	1193	1100	1155	1231	1083	1109

Healthcare Scientists Filled / Requested



	01-Aug-23	01-Sep-23	01-Oct-23	01-Nov-23	01-Dec-23	01-Jan-24
Healthcare Scientists Filled	35	30	35	48	47	32
Total Request	38	31	37	52	49	34

Registered Filled / Requested

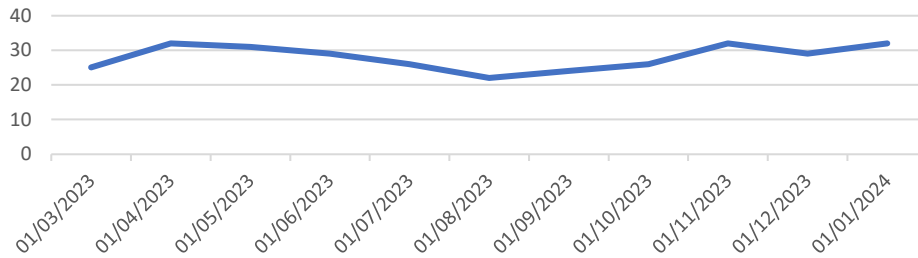


	01-Aug-23	01-Sep-23	01-Oct-23	01-Nov-23	01-Dec-23	01-Jan-24
Nursing & Midwifery Registered Filled	3484	3442	3623	3550	3239	3743
Total Request	4493	4311	4349	4163	3832	4330



Rostering KPI

Average Additional (Unbudgeted) Duties



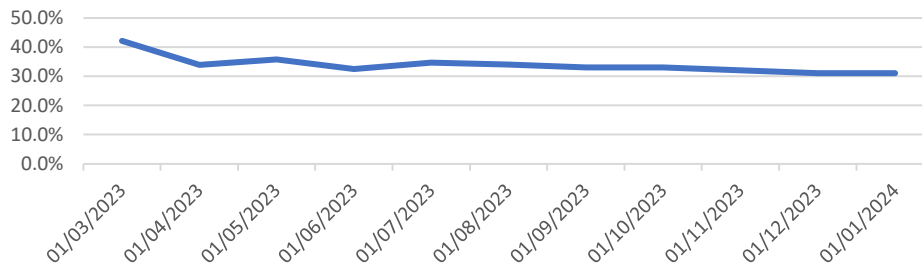
Average number of assigned unbudgeted shifts per department. These are in addition to the agreed budgeted establishment.

Registered 54%, Unregistered 46%

Top departments are Discharge Lounge, Neonatal, B3 & C3

Top reasons are 'Increase in capacity', '1:1' & 'WLI'

Total Unavailability %

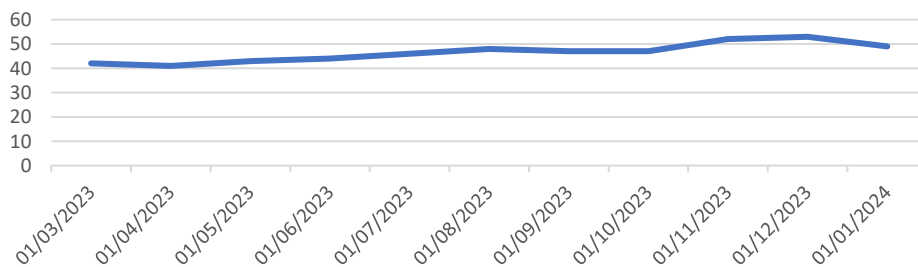


The percentage of staff hours marked as unavailable.

Made up of Annual Leave 13%, Sickness 8%, Parenting 4%, Other Leave 1%, Study Day 2% & Working Day 3%.

Headroom percentage built into budgets is 22%.

Average Roster Approval (Full) Lead Time Days



The average amount of days the 4 week roster has been visible for staff to view before the first day of the roster period.

Trust target is 55 days. NHSE minimum is 41 days.

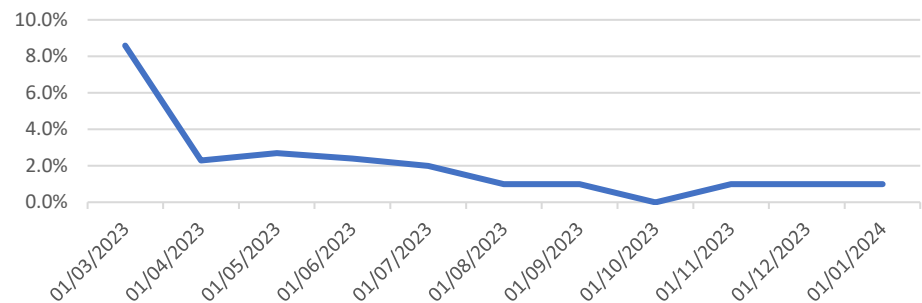
This is trending in the right direction. Confirm & Challenge meetings along with frequent e-mail notifications now being used to improve compliance.

Rostering KPI



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Net Hours (Unused Hrs) Balance %

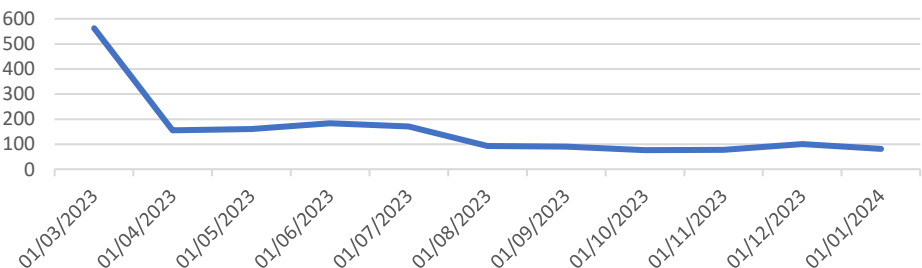


Percentage of unused hours at the end of the roster period.

Target – Below 2%

Outreach work by the rostering team helped departments tidy up their rosters so we could report more accurately from April 2023. This metric is monitored during confirm & challenge meetings to ensure departments keep on top of time owing and make up shifts.

Average Net Hours

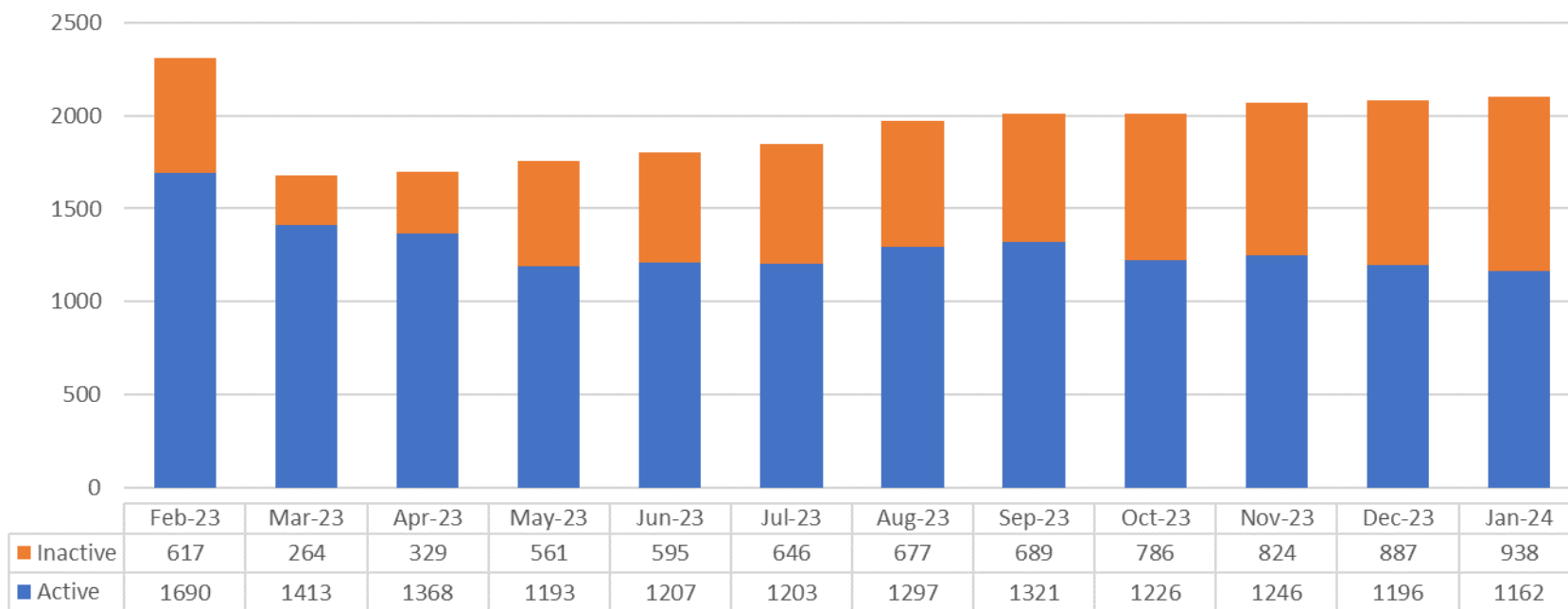


Average number of Divisional unused hours at the end of the roster period.



Active / Inactive Assignments

Active/Inactive Assignments
(Primary Assignment Only, Bank Only)



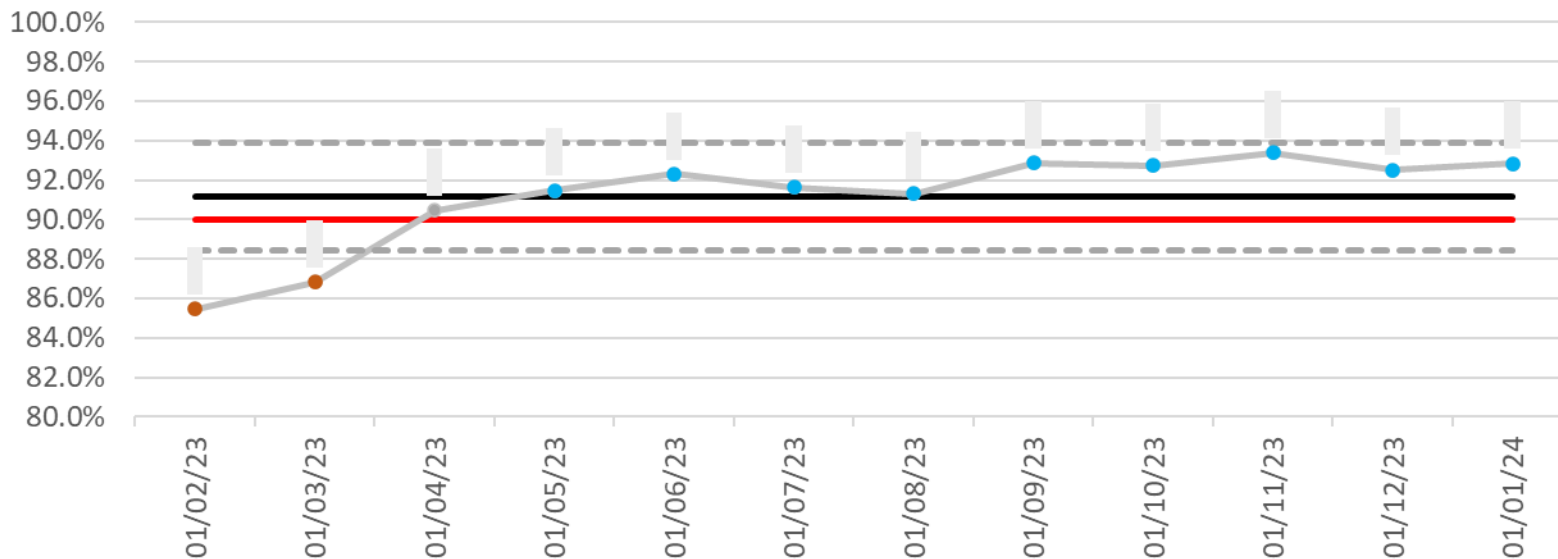
There are 2100 bank assignments registered on the Trust's Staff Bank in January 2024 which is slightly lower than December 2023.

We now have 938 inactive records as opposed to the 887 previously recorded as inactive (not worked in 17-week period).



Mandatory Training

Mandatory Training (Stat)



Performance against target for mandatory training overall remains above 90%. This is an ongoing sustained performance at above target since Q2. There is some limited monthly variation with minor decreases and then increases - with the latest month showing a decrease from last reported figures. This is largely due to priority on delivery of operational services and impact of industrial action on staff working arrangements.

	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
Mandatory Training (Stat)	85.45%	86.82%	90.48%	91.48%	92.30%	91.63%	91.32%	92.86%	92.74%	93.38%	92.52%	92.85%



Mandatory Training – Priority 1



The Dudley Group
NHS Foundation Trust

Month:
January 2024

Trust
92.85%

CS
94.73%

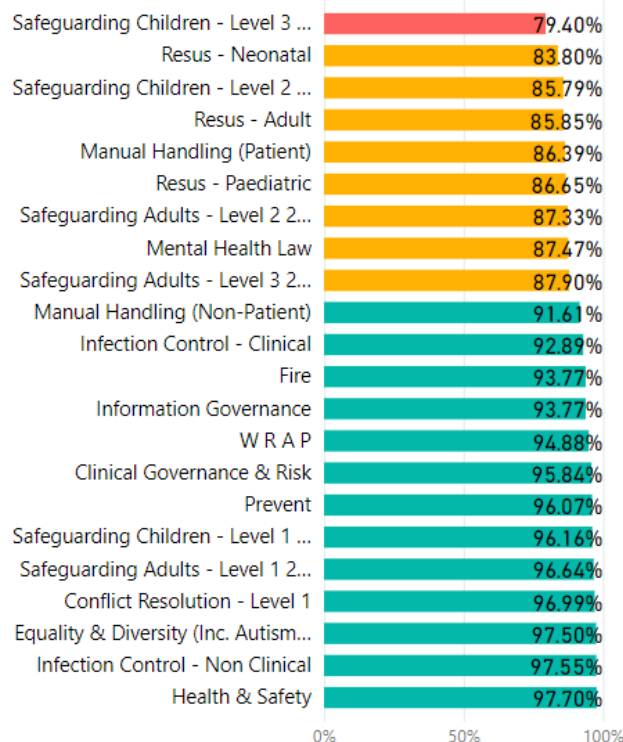
Corporate
95.25%

MIC
92.14%

Surgery
91.80%

Course Compliance

Course Compliance (based on selections)



Depts by no. required to achieve 90%

Ward/Service (based selections)

Group5Description	Actual	No. >90%	%' tage
253 General Surgery Medical Staff Serv	536	105	75.28%
253 Medical Staff - GI Serv	174	65	65.66%
253 Medical Staff Cardiology Serv	214	51	72.78%
253 Medical Staff - Acute Medicine Serv	1,047	48	86.10%
253 MOC Medical Staff Serv	470	43	82.60%
253 Med Staff (Clin Haematology) Serv	165	37	73.66%
253 Obs. and Gynae. Medical Staff Serv	435	36	83.17%
253 Maxillofacial Surgery Medical Staff Serv	66	35	58.92%
253 Ward C8 Serv	953	34	86.95%
253 Medical Staff (Older People) Serv	260	30	80.74%
253 Paediatric Medical Staff Serv	376	29	83.55%
253 Urology Medical Staff Serv	172	29	77.13%
253 Medical Staff (Vascular) Serv	135	28	74.58%
253 ENT Medical Staff Serv	185	22	80.78%
253 Medical Staff Renal Serv	94	20	74.60%
253 Medicine Division Management Serv	153	18	80.52%
253 Psychiatry Medics Rechg PCT Serv	97	17	76.98%
253 Locality Wide Continence Serv	87	16	76.31%
253 Emergency Minor Injuries Area Serv	229	14	84.81%
253 West Midlands Imaging Network Serv	26	14	59.09%
Total	71,965	-2215	92.85%

Statutory Training remains above target but with a declining position over the last three months.

All divisions are above the organisation target of 90% - with the Surgery Division at the lowest position.

The five subjects requiring most improvement are Resuscitation Adult and Neonatal, Safeguarding Children Level 2 and Level 3 and Patient Handling.

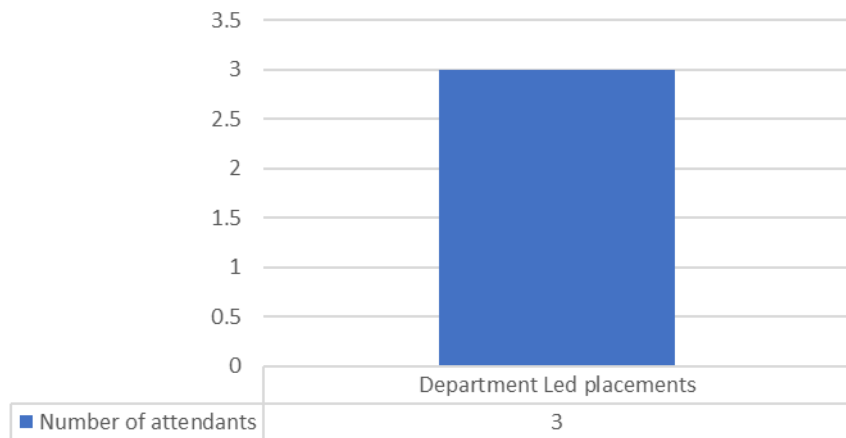


Work Experience and Widening Participation



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NHS Foundation Trust

Work Experience Jan 24



Work Experience

There have been three face to face department-led placements. Two of which were clinical, and one was non-clinical – of these one was to gain access to higher education, and two were as part of organised college work experience.

There is a new Centralised WEx programme commencing in May 2024 for College Students in Year 12 & 13. This is specifically for those interested in careers in Nursing, Midwifery, and AHPs. The advertisement for this has gone live at the start of Feb 24 (via TRAC for the first time), with the programme running roll out during May (2x1 week).

Careers Education Information Advice and Guidance (CEIAG)

Ambassador activity: 21 contacts were recorded during January (including a pre-employment workshop).

Meet the expert - No Sessions during January.

Ambassadors - January

Breakdown	Total number of active ambassadors on record	New active (following In the Know)	Number requested to be removed due to time commitments, retirement and leaving the trust
Q4	79	0	0

Ambassadors

We currently have **79** Ambassadors in total.

Employability Programmes

'I CAN Get Started' pre-employment programme recruitment commenced in Jan and first five candidates due to start their six-month paid placements during Feb 24.

In partnership with Economic growth and Skills Team for Dudley, we have created 'Into Employment Programme'. This is a 4-week programme which leads to guaranteed interviews for available entry level roles here at The Dudley Group. The programme aims to raise aspirations and knowledge of opportunities within the NHS. As part of this staff from various departments including nursing, AHPs, and wider NHS careers are attending the sessions to showcase personal stories, career pathways and talk about working for the Dudley Group.

Work Related Learning

Behind the Scenes – No Behind the Scenes events took place during Jan 2024. The next event is scheduled for 7th March 2024.

Springpod – 2nd year virtual programme (went live 3rd July 2023).

There have been 14 more student enrolments during Jan 2024. Total of 210 enrolments at the end of Jan 2024 since July 2023. Full report will be given at the end of Q4 (figures come directly from Springpod).



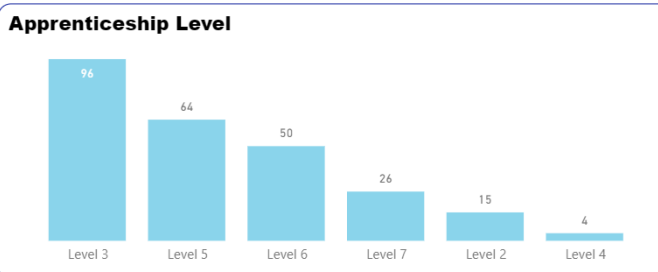
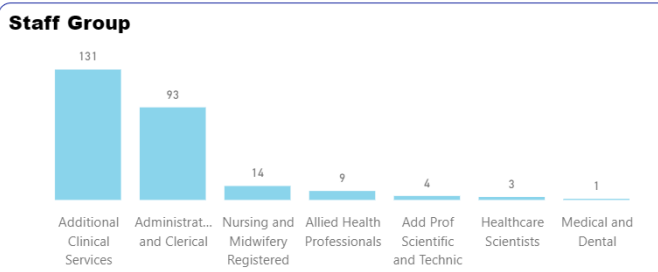
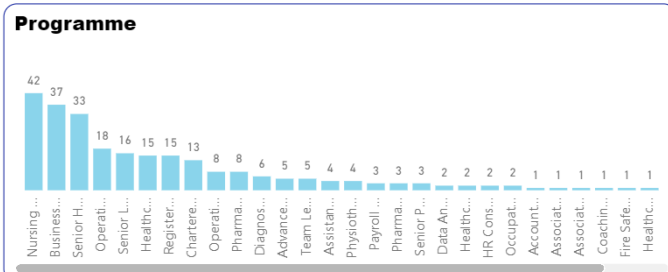
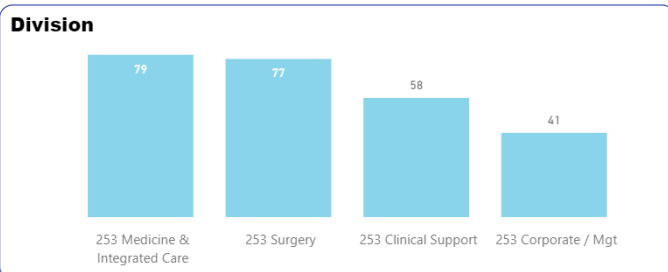
Apprenticeships

Apprenticeships - as of Jan 24

Number of Signups against year plan (142)



Active Apprenticeships breakdown



Total Active Apprenticeships 255	
Apprenticeship Levy	£
Expired Levy April 23	£0
Expired Levy May 23	£0
Expired Levy June 23	£1,134.04
Expired Levy July 23	£14,555
Expired Levy Aug 23	£10,052.31
Expired Levy Sep 23	£6,478.73
Expired Levy Oct 23	£26,522.63
Expired Levy Nov 23	£16,922.89
Expired Levy Dec 23	£0
Expired Levy Jan 24	£0



The Dudley Group NHS Foundation Trust

Work continues to promote access to apprenticeships for existing staff with current focus being largely on AHP and Support Worker development. We are continuing to recruit to cohorts of management apprenticeships at Level 5 and 7. Cohort 4 of the CMI level 5 Operations / Department Manager programme will be starting in March along with a cohort of Senior Leader Master's Level 7.

A significant increase in the number of Level 3 Senior Healthcare Support Worker apprenticeships is expected over the coming year, with a mixed cohort of CSW's, MSW's and AHP Support worker pathways planned to start in March.

There have been fewer new apprenticeship posts recruited so far this year due to limitations on recruitment.

Work is ongoing to understand the expiry of levy as this is an area of previous strength. Some is connected to lower levels of recruitment combined with higher levels of levy contribution due to increased head-count. None expired in January and none is expected to expire in March.

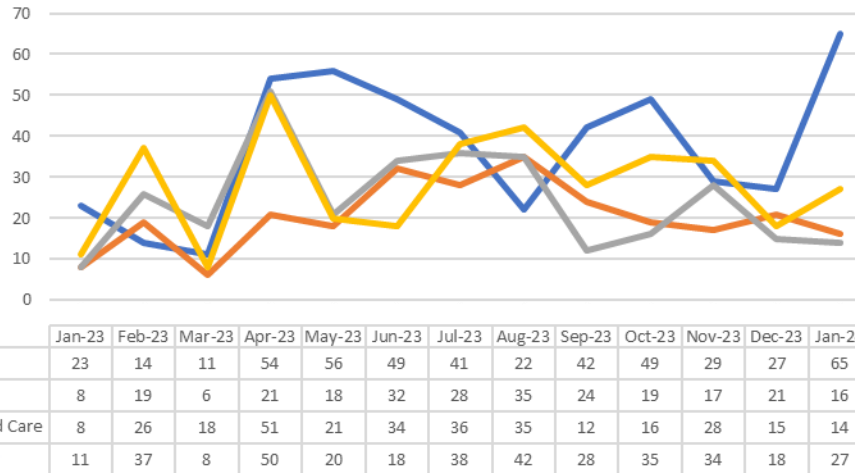


Organisational Development

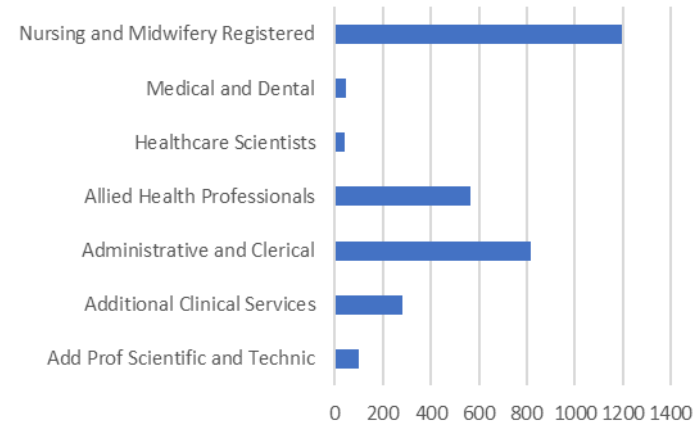


The Dudley Group
NHS Foundation Trust

Training Activity By Division and Month



Training By Staff Group



Course	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Grand total
253 Admin Essentials												8		8
253 Annual Review Training		4	7	6	83	67	34	1						202
253 Bespoke Training						16								16
253 Coaching						2	7			2				11
253 Communications 1					5	3	13	12	8	13	20	24		98
253 Communications 2													10	10
253 Developing Leaders		8							6					14
253 Leading People at Dudley													5	5
253 Living The Values			6	15	3	3	22	12	5	10	37	13	32	158
253 Local Induction Training							30	12	7	8	2		6	65
253 Managers Essentials		25	20	15	20	9	22	20	18	25	30	36	27	287
253 Welcome 2 Dudley Induction		7	3	2		2	10	11	12	11	19	10	9	117
253 Wellbeing		6	60	5	70	11	12	67	80	38	18	27	20	435
Grand Total	50	96	43	176	115	133	143	134	106	119	108	81	122	1426

Training activity remains steady – with a continuing focus on ensuring that Manager's Essentials courses are delivered to capacity and reach all managers. Leading People at Dudley is the name of our induction for new managers and this commenced in January. This is a focused session, a guide to other training required and includes the requirement to attend Manager's Essentials within the first three months in role. Data from recruitment is used to identify the target audience.

Work is underway to develop further information for the KPI framework to support evidence of quality of training and impact on participants. This is expected to be in place by April 2024.

Paper for submission to the Trust Board on 14th March 2024

Report title	National Staff Survey 2023
Sponsoring executive	Alan Duffell, Chief People Officer
Report author /presenter	Rachel Andrew, Head of OD, Culture and Learning

1. Suggested discussion points

The national Staff Survey takes place annually during October and November with results published on 7th March 2023.

The national benchmark report provides the opportunity to compare organisational performance against peers and to review our historical performance on key staff engagement indicators measured through the People Promises and Staff Engagement and Morale themes.

The benchmark report highlights continued benchmark average performance at Dudley. There are improvements in most areas when compared with our own performance over time. There remains work to do to improve against peer performance.






Organisational and Divisional action plans – linked to delivery of the People Plan and Journeys will continue to focus on challenge areas.

The benchmark report is contained within the reading pack alongside a more detailed report.

Key discussion areas:

- Where has progress been made and what impact can be measured?
- What areas require ongoing action and what plans are in place?

2. Alignment to our Vision

Deliver right care every time 	Be a brilliant place to work and thrive 	X	Drive sustainability (financial and environmental) 	Build innovative partnerships in Dudley and beyond 	Improve health and wellbeing 
--	--	---	---	---	---

3. Report journey

National benchmarking: Executive Committee March 24. People Committee March 24
Ongoing review of action plans and performance monitored at People Committee quarterly (Jan/April/July/Sept)

4. Recommendation(s)

The Board are asked to:

- a.** The Board is asked to note the improving position of the staff survey in terms of trust historic performance and positive comparisons with benchmark peers. They are asked to also be aware that there are remain areas for improvement and these will continue to be supported by clear organisational and divisional action plans.

5. Impact

Board Assurance Framework Risk 3.0	X	Improve and sustain staff satisfaction and morale				
Corporate Risk Register		1303 Staff Engagement; 1538 Workforce for now and the future				
Equality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed

Quality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	
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REPORTS FOR ASSURANCE

National Staff Survey 2023

Report to Board – 14th March 2024

1 EXECUTIVE SUMMARY

- 1.1 The national annual Staff Survey took place during October and November 2023.
- 1.2 The purpose of this paper is to:
 - Provide a summary of the survey results and enable a comparison between benchmark peers and historical scores.
 - Identify areas of progress and areas for further improvement
 - Summarise key actions at an organisation and division level.
- 1.3 The Staff Survey provides an annual report on how staff experience working within the organisation. It is a core metric in measuring the impact of our People Plan and supporting management of risks around staff engagement, recruitment, and retention as well as inclusion and wellbeing.
- 1.4 The purpose of this paper is to outline performance in the survey and share plans at an organisational and divisional level – with clearly identified People Promises or questions for improvement.

2. BACKGROUND INFORMATION

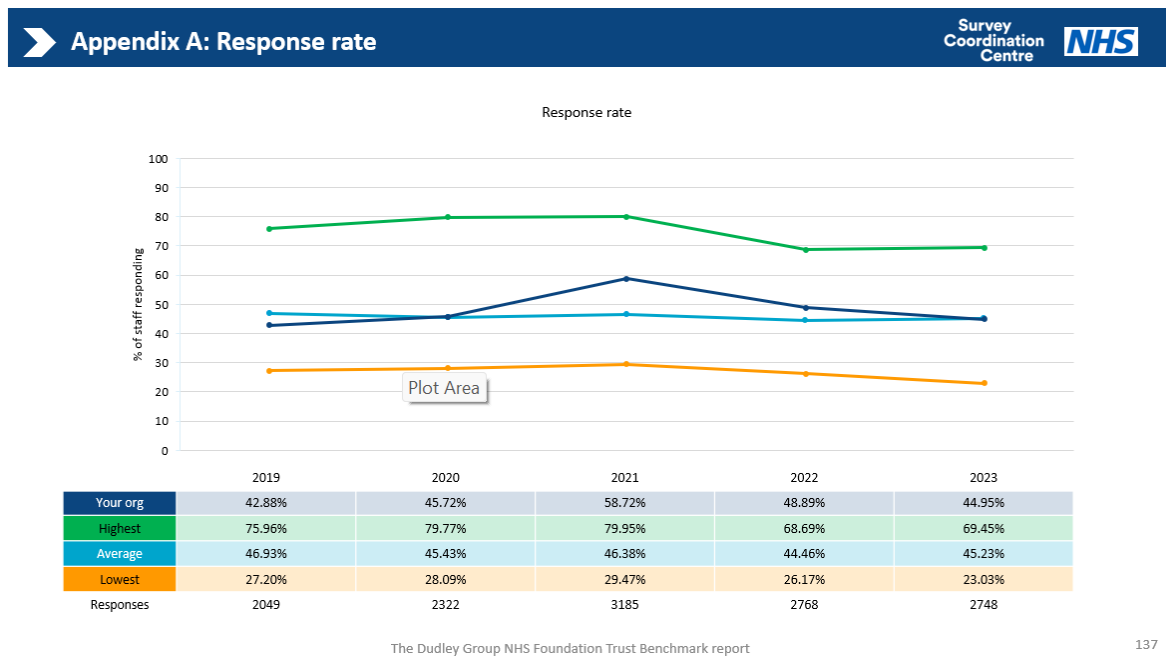
- 2.1 The national Staff Survey was held between 2nd October and 26th November 2023. All staff employed on 1st September 2023 (6113 staff members) were invited to complete the survey via an online survey. The Trust has run an online only survey for the last nine years.
- 2.2 In addition, for 2023 the trust was required to undertake a survey of Bank staff alongside the survey for substantive staff. This report refers only to the substantive staff results.
- 2.3 The national survey question set has remained the same for the last two years following major changes undertaken in 2021. This means we will begin to establish historical comparisons for all datasets and are now able to review trend data on the seven people promises plus Engagement and Morale:
 - We are compassionate and inclusive.
 - We are recognised and rewarded.
 - We have a voice that counts.
 - We are safe and healthy.
 - We are always learning.
 - We work flexibly.
 - We are a team.
- 2.4 The national benchmark report provides an opportunity to compare organisational results with peers in comparator organisations at a national level. However, Dudley has historically been below the national benchmark position and local improvements in performance over time are more readily visible when comparing our own data over time.

2.5 Response Rate

The final response rate for 2022 is 45% (2748 members of staff). Although disappointing that this is 3% lower than the previous year, it is benchmark average for similar organisations (Acute and Acute & Community Trusts) for 2023 which is 45%.

Achieving higher response rates is related to promotional activity. This is led by the Communications team who should be credited for their work – especially around digital assets. This element of the campaign is well developed. We continue to experience challenges in response rates for Medical Staff and Nursing/Midwifery/Support Workers.

Table 1 – Response rate



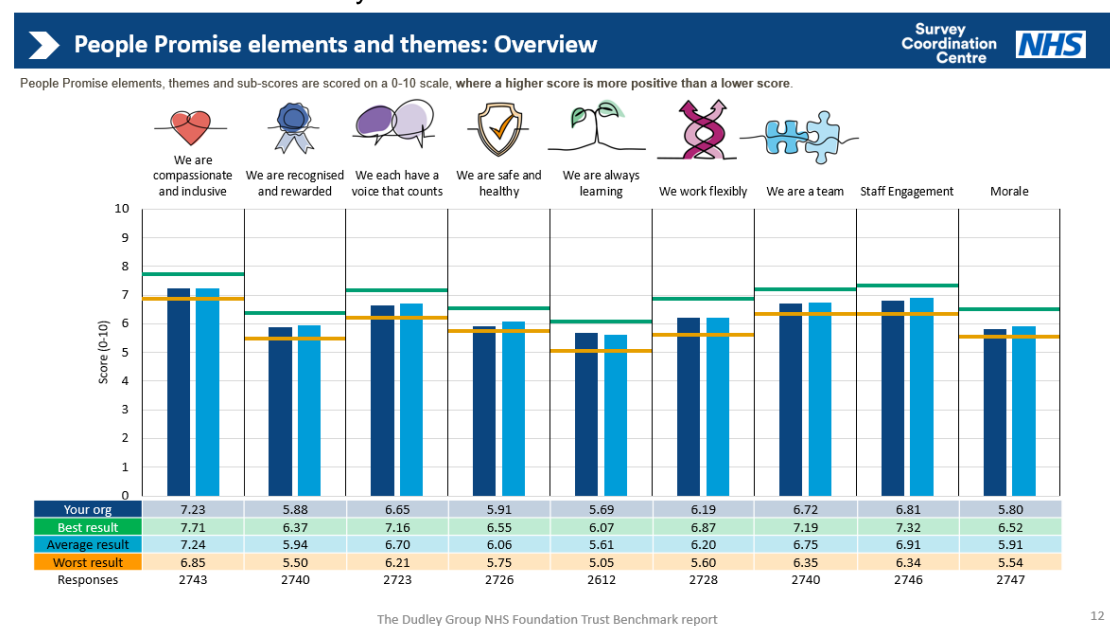
The Dudley Group NHS Foundation Trust Benchmark report

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2.6 Results Summary

The table below is an extract from the full benchmark report, showing the overall position of Dudley rated against the people promise and theme results.

Table 2 – Results summary



The Dudley Group NHS Foundation Trust Benchmark report

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For 2023, the Trust remains at benchmark average performance across all themes and promises. There are slight differences with 4 promises almost the same as benchmark, 4 slightly lower than benchmark (by 0.1) and one slightly above. Between 2022 and 2023, performance across the nine promises and themes has remained the same for three out of the nine indicators. We have improved in six out of the nine. In terms of scores, these are small changes (0.1-0.2).

As below, this improvement is significant in four areas: we are recognised and rewarded, we are always learning, we work flexibly, and morale.

Table 3 – Significance testing of Promise results.

Appendix B: Significance testing – 2022 vs 2023					
Survey Coordination Centre NHS					
Statistical significance helps quantify whether a result is likely due to chance or to some factor of interest. The table below presents the results of significance testing conducted on the theme scores calculated in both 2022 and 2023*. For more details please see the technical document .					
People Promise elements	2022 score	2022 respondents	2023 score	2023 respondents	Statistically significant change?
We are compassionate and inclusive	7.23	2760	7.23	2743	Not significant
We are recognised and rewarded	5.74	2762	5.88	2740	Significantly higher
We each have a voice that counts	6.66	2754	6.65	2723	Not significant
We are safe and healthy	5.84	2754	5.91	2726	Not significant
We are always learning	5.21	2648	5.69	2612	Significantly higher
We work flexibly	6.02	2759	6.19	2728	Significantly higher
We are a team	6.68	2763	6.72	2740	Not significant
Themes					
Staff Engagement	6.74	2766	6.81	2746	Not significant
Morale	5.64	2765	5.80	2747	Significantly higher

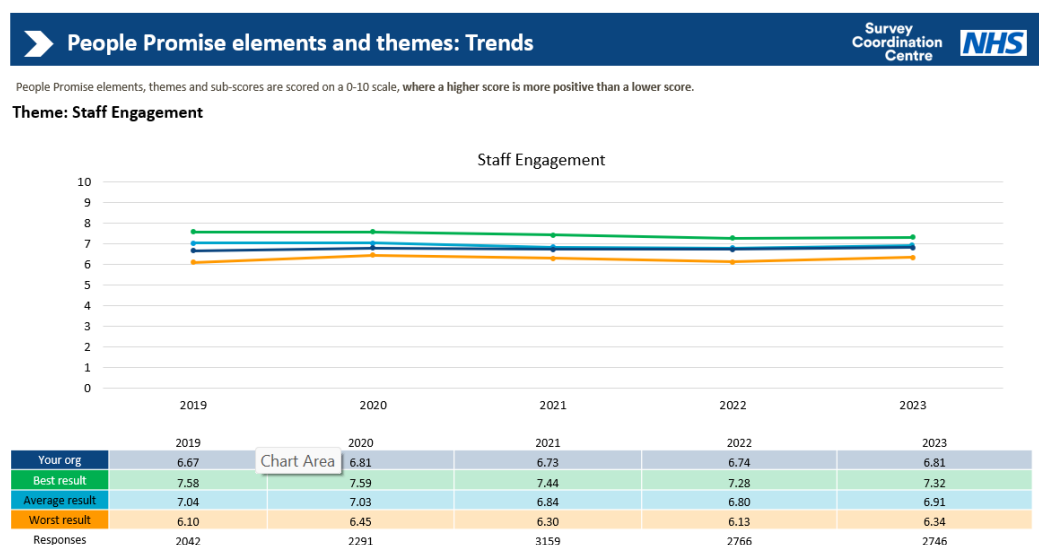
* Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.

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2.7 Engagement and Morale

Scores on Staff Engagement have remained consistent at the same level for the last 5 years. This has increased in 2023 to 6.8 (a score last recorded in 2020).

Table 4 - Staff Engagement



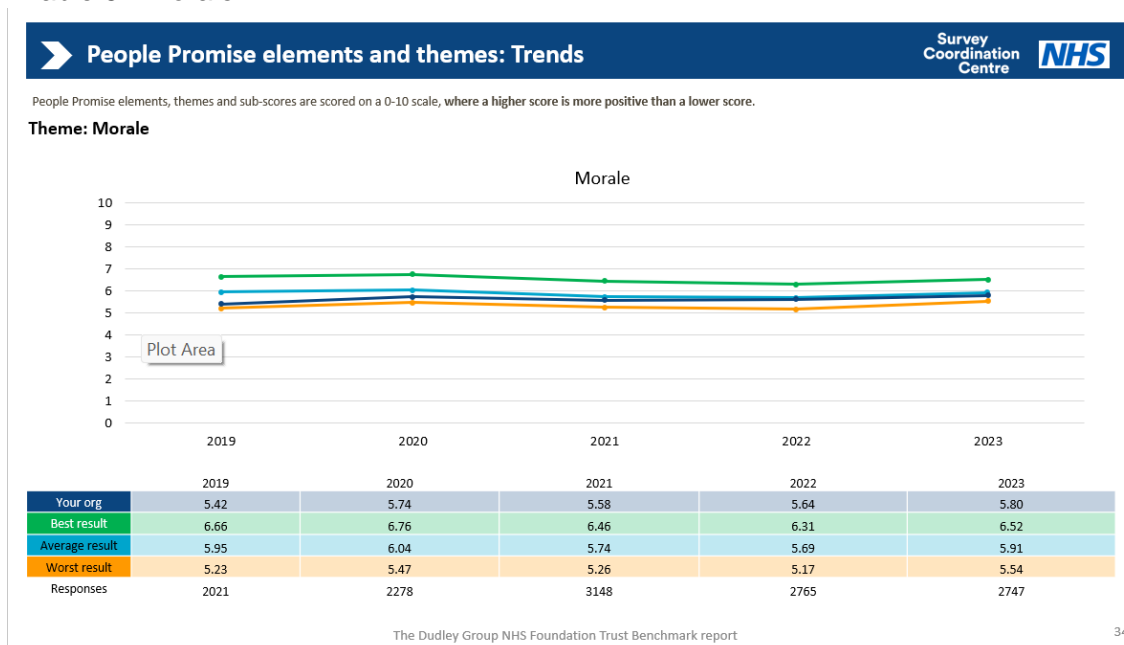
There are three sub scores within the engagement theme: with each sub score having three questions. As for 2022, there are improving trends for Dudley responses across all questions within the involvement theme. This includes improvements again in 2023 on the question: Would recommend as a place to work.

We continue to be challenged within the engagement theme on question 23d: Would recommend as a place for care. This is likely to be related to continuing operational pressures around flow which are most acutely experienced in the Autumn/Winter period when the survey is undertaken. Further information on what influences this has been gathered through the People Pulse and will be used to inform actions to improve this.

2.8 Staff Morale

Staff Morale is measured through three sub scores of thinking about leaving, work pressure and stressors with a total of 13 questions feeding into those sub scores. Overall, performance in this area has gradually improved remained and is now at the highest point since the theme was introduced. We're slightly below benchmark average (0.1)

Table 5 - Morale



There are improvements in all sub-themes and we remain at benchmark average. This includes improvements in staff intention to leave or look for alternative employment.

2.9 Questions Higher than Benchmark

When reviewing performance for 2023, overall, the Trust position remains in line with benchmark average across People Promises and Themes. This position is also reflected in the question comparison, where there are improvements across a questions when compared historically to our own performance but overall performance remains either the same as or slightly below benchmark position.

There are two questions where we are significantly better than benchmark average:

- Q15 – Organisation acts fairly on career progression: 59.53% at Dudley vs benchmark average of 55.89%

- Q23a – Had an appraisal in the last 12 months: 91.41% at Dudley vs benchmark average of 83.12%.

This is only 3% below the top result for this question.

It is also important to note that across the whole survey the trust has seen improved performance across most promises and individual questions when compared with our own data for 2022 with performance significantly better in 21 questions and the same (between 1-2% different, which is not considered significant) in 73 questions.

2.10 Questions Lower than Benchmark

Although there has been progress against our own performance, the trust remains on or below benchmark average performance for each question. There are three questions where the trust performance is significantly below benchmark average:

- Q25d – Would recommend for care: 58.16% at Dudley vs benchmark average of 63.32%
This score has remained the same as 2022.
- Q3h – I have adequate materials and resources to do my job: 49.29% at Dudley vs benchmark average of 56.88%.
This does not relate to staffing which has improved by 8% in 2023 and which is at benchmark average.
- Q7f – My team has enough freedom on how to do its work: 56.13% at Dudley vs benchmark average of 60.06%
This question has improved by 3% since 2022.

2.11 Areas for Targeted Improvement

Overall, the results for 2023 when compared with peers illustrate a stable position at benchmark average. There are some improvements when compared with trust performance – including some areas of significant improvement.

This should be seen as a positive position although there is still significant improvement required across all areas in order to achieve above benchmark average and towards top quartile performance.

Continued organisational focus will be given to the delivery of the People Plan and associated Journeys to embed the foundations of a positive employee experience. These include continuing focus on:

- Wellbeing
- Equality, Diversity, and Inclusion
- Manager performance and leadership
- Culture and Behaviours
- Continuous Improvement

Although there are some areas highlighted as lower than peer performance above, the key areas selected for targeted improvement are those areas that have declined when compared to trust performance in 2022. In addition, learning from 2023/24 that where significant effort is applied to one area, this can yield a significant change to results (appraisals).

- **We are safe and healthy.**
Performance in this area is at benchmark average. There are some areas within this Promise where performance has declined – this is specifically around the experience of bullying and harassment – from patients, managers and colleagues. This was an

area raised in 2022 and there has been some action undertaken including the anti-racist statement. Further work is required to understand the issue in detail and establish relevant actions and a task group has commenced planning this.

- **We each have a voice**

Although performance in this area is at benchmark average, there was a 2% decline in respondents feeling safe to speak up about concerns when compared to 2022. This has previously been an area of strength and may be linked to a change in Freedom to Speak Up Guardian which meant a gap in cover for the role. Plans are underway to relaunch work and raise awareness across the organisation.

- **We are compassionate and inclusive**

Although performance in this area is at benchmark average, at theme level, there are some questions that have declined or are static in performance in 2023. These are Q7i: feel a strong personal attachment to my team, Q8b The people I work with are understanding and kind to one another and Q8c the people I work with are polite and treat each other with respect. These have declined since 2022. It also includes 25d: would recommend as a place to receive care which has remained static.

Action is planned for these three areas to address the specific challenges identified and will support targeted improvement in the specific promises and questions highlighted. Some of this work has already commenced and commitment to significant action in this area should yield an improvement to scores measured in the 2024 Staff Survey.

The broader strategic actions set out in the People Plan and Journeys will deliver improvements across the employee experience and range of People Promises for 2024.

2.12 Divisional Results

The divisional overview Appendix 1 provides a summary against people promises and compares to organisational and national benchmark performance. This highlights variation across the Divisions in People Promises. They have received detailed information to highlight where they need to focus on improving.

For 2023 the Corporate Division is performing at or above both the organisation average and benchmark average.

Core Clinical and Community Services has one area that is worse than organisation and benchmark average – morale. The remainder are at trust average and/or benchmark average.

Medicine has four areas – recognised and rewarded, voice that counts, we are safe and healthy and we are a team - below organisation and benchmark average.

The Surgery, Women and Children's Division has six People Promises that are below organisation and benchmark average. This is the same position as 2022 – and variances are in small amounts and reflects historic lower performance. Although scores are below average, they have seen improvements in 2023.

2.13 Divisional Plans and Challenge Areas

In the previous surveys, we have highlighted those teams/services across Divisions that have the lowest proportion of positive scores separately to Divisional Action plans. From 2023 onwards, areas of concern are included in Divisional Actions plans rather than a separate stream of work.

Divisional leadership teams are in the process of developing planned actions tailored to their divisions in response to the key people promises requiring improvement across each division.

These are planned for submission to People Committee in April. Progress is continuing on actions identified from the 2022 survey and which have been monitored at People Committee quarterly. The intention is to update existing plans rather than creating new, annual plans to recognise that many actions take longer than the staff survey period to deliver impact.

Divisional plans will also support delivery of the 3 focus areas outlined above.

Divisions will also highlight any departments of concern within the division that require tailored support to improve results. These areas continue to have dedicated support provided from the Workforce Teams (HR, Organisational Development and Improvement) alongside specific focussed actions which focus on the key aspects of underperformance.

However, there are some standard interventions which include ensuring all managers attend Managers Essentials training, recruitment and deployment of Improvement, inclusion and Wellbeing Champions, and Living the Values sessions with teams.

2.14 WRES and WDES

A detailed review of the WRES and WDES indicators to enable a review of the Trust performance on equality, diversity and inclusion will be provided through the Equality, Diversity, and Inclusion (EDI) Steering Group and then reported to Workforce Committee. These will focus on flagging areas of concern and areas of improvement – making links with the existing Equality, Diversity and Inclusion Action Plans and activity outlined in the Equality, Diversity and Inclusion Journey. These will focus on bullying and harassment for 2024.

2.15 Sharing Results

Results have been initially shared with senior leaders to support Divisional Action planning. Once published, results will be shared more widely to enable a review of action and ongoing improvement. Specifically, this will be via:

- Equality, Diversity, and Inclusion and Wellbeing Steering Groups
- Being a Brilliant Place to Work Task Group
- Freedom to Speak Up Guardians
- People Committee – March (results) and April (action planning) 2024
- Divisional Performance meetings

The planned communication focuses on:

- Sharing findings across the whole of the organisation through the Staff Survey microsite
- Briefings through In the Know and cascade to managers/teams.
- Divisional Briefings
- Staff Networks

Actions outlined will continue to be monitored through quarterly reporting to People Committee.

3 RISKS AND MITIGATIONS

- 3.1 Staff engagement, recruitment and retention, Equality, Diversity and Inclusion and Wellbeing are all identified as Corporate Risks and on the Board Assurance Framework (BAF 3). The

Staff Survey provides the opportunity to review progress to date and identify any further risks as a result.

- 3.2 The results described above, and actions taken to mitigate known risks, are unlikely to significantly change in risk 1303 score or BAF 3 as a result of the Staff Survey results in 2023 as the overall position reported is average benchmark performance with improvement compared to trust performance in 4 Promises/Themes. There is positive assurance that plans are in place – measures of success will relate to ongoing data collection through quarterly people pulse and national staff survey results.

4. RECOMMENDATION(S)

- 4.1 The Board is asked to note the improving position of the staff survey in terms of trust historic performance and positive comparisons with benchmark peers. They are asked to also be aware that there are remain areas for improvement and these will continue to be supported by clear organisational and divisional action plans.

Rachel Andrew
Head of OD, Leadership and Culture
29th February 2023

APPENDICES:

Appendix 1 – Divisional Comparison of Promises and Themes

Appendix 1 – Divisional Comparison of Promises and Themes

2023 Benchmark position by People Promise/Theme and Division					
	Dudley	National Avg	Lowest benchmark	Highest Benchmark	
Response rate	45.0%	45.2%	23.0%	69.5%	
People Promise					
We are compassionate and inclusive	7.2	7.2	6.8	7.7	
We are recognised and rewarded	5.9	5.9	5.5	6.4	
We each have a voice that counts	6.7	6.7	6.2	7.2	
We are safe and healthy	5.9	6.1	5.8	6.6	
We are always learning	5.7	5.6	5.1	6.1	
We work flexibly	6.2	6.2	5.6	6.9	
We are a team	6.7	6.8	6.4	7.2	
Staff engagement	6.8	6.9	6.3	7.3	
Morale	5.8	5.9	5.5	6.5	
Number worse than national average and worse than organisation average					
Worse than national avg/worse than Dudley					
Better or same as national/worse than Dudley					
Worse than national/better or same as Dudley					
Better than national/better or same as Dudley					

The Dudley Group NHS Foundation Trust

NHS Staff Survey Benchmark report 2023



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We each have a voice that counts	48
We are safe and healthy	54
We are always learning	66
We work flexibly	71
We are a team	74
Staff Engagement	80
Morale	84

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Introduction

About this report

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

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

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

How results are reported

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



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

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

People Promise elements, themes and sub-scores

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



Report structure

Introduction

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

Organisation details

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

People Promise elements, themes and sub-scores: Overview

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

People Promise elements, themes and sub-scores: Trends

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

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



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

People Promise elements, themes and sub-scores: Questions

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

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

Questions not linked to People Promise

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

Workforce Equality Standards

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

About your respondents

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

Appendices

Here you will find:

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

Key features

Note this is example data

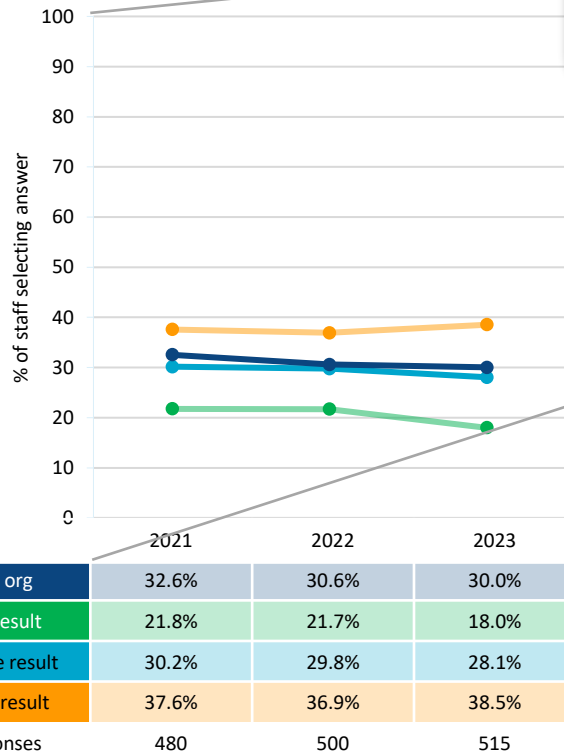
Question number and text (or summary measure) specified at the top of each slide.

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.

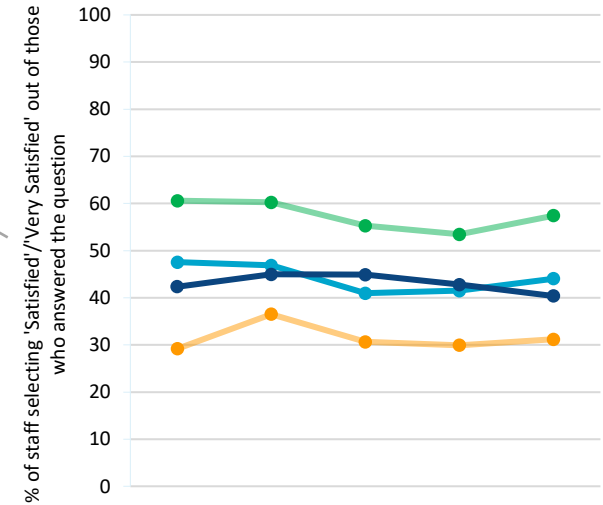
Colour coding highlights best / worst results, making it easy to spot questions where a lower percentage is a better or worse result.

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

Number of responses for the organisation for the given question.



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



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

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

Organisation details

The Dudley Group NHS Foundation Trust

Organisation details

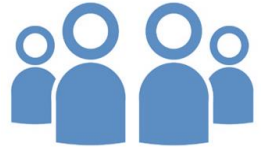
Completed questionnaires **2748**

2023 response rate **45%**

Survey details

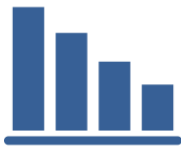
Survey mode **Online**

2023 NHS Staff Survey



This organisation is benchmarked against:

Acute and Acute & Community Trusts



2023 benchmarking group details

Organisations in group: 122

Median response rate: 45%

No. of completed questionnaires: 477643



People Promise elements, themes and sub-score results

People Promise elements, themes and sub-scores: Overview

People Promise elements and themes: Overview

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



We are
compassionate
and inclusive



We are recognised
and rewarded



We each have a
voice that counts



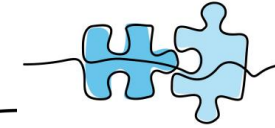
We are safe and
healthy



We are always
learning



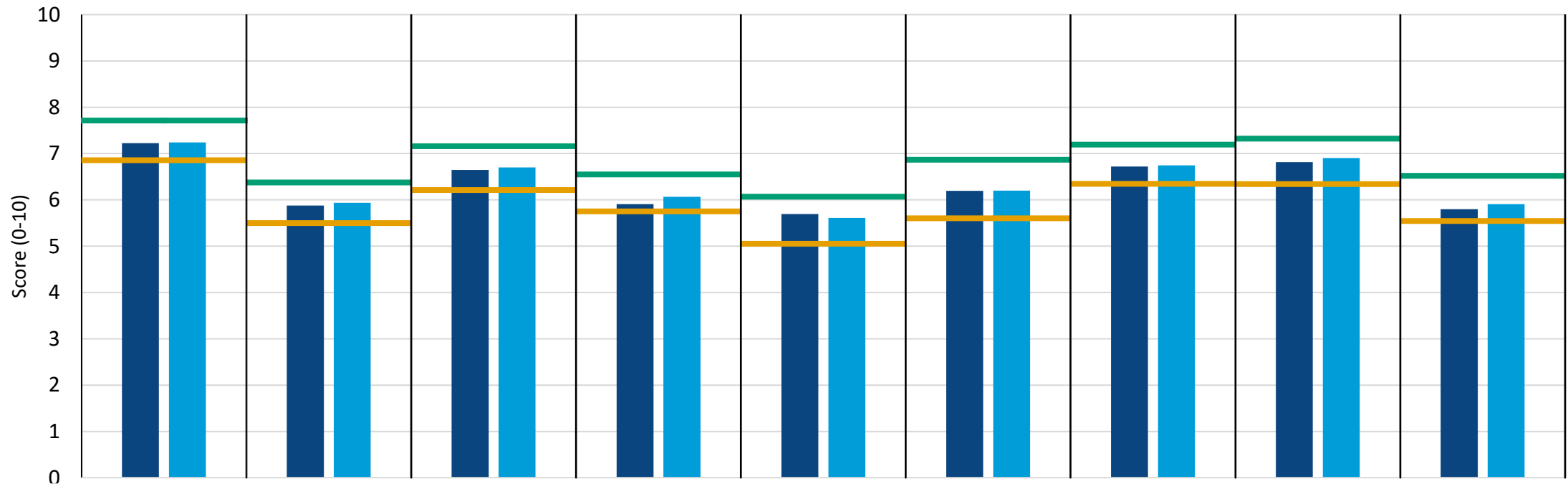
We work flexibly



We are a team

Staff Engagement

Morale



Your org	7.23	5.88	6.65	5.91	5.69	6.19	6.72	6.81	5.80
Best result	7.71	6.37	7.16	6.55	6.07	6.87	7.19	7.32	6.52
Average result	7.24	5.94	6.70	6.06	5.61	6.20	6.75	6.91	5.91
Worst result	6.85	5.50	6.21	5.75	5.05	5.60	6.35	6.34	5.54
Responses	2743	2740	2723	2726	2612	2728	2740	2746	2747

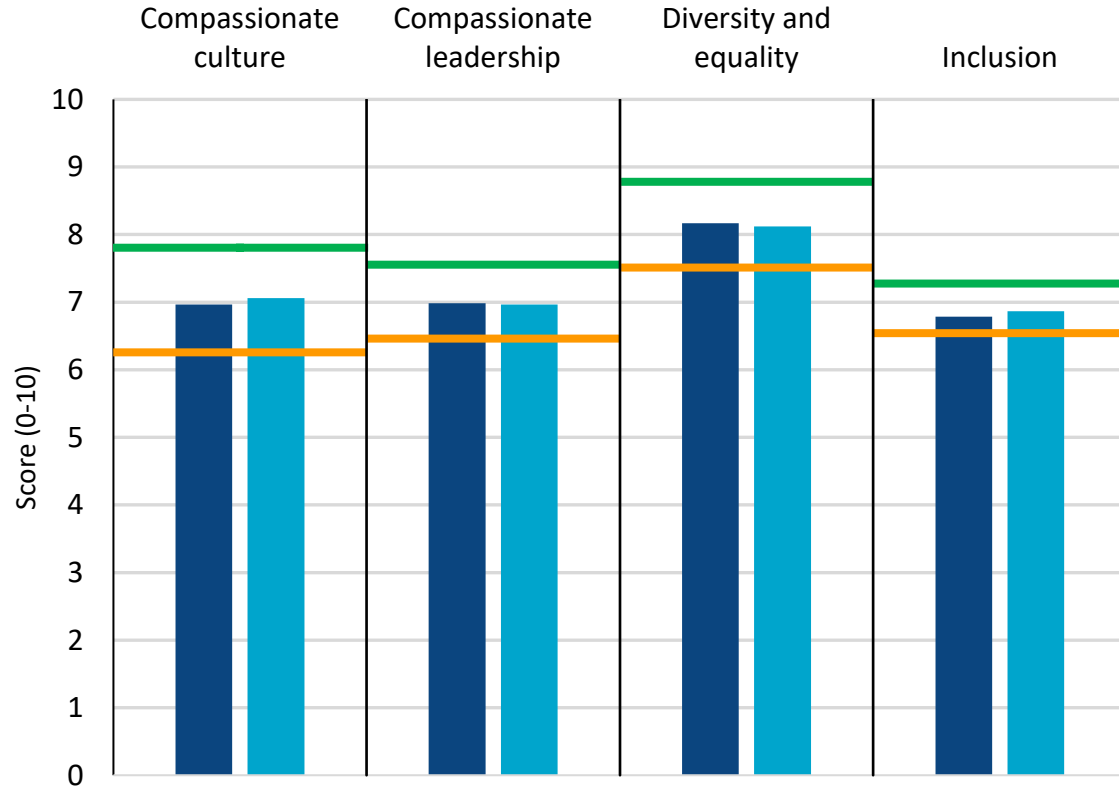


People Promise elements, themes and sub-scores: Sub-score overview

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



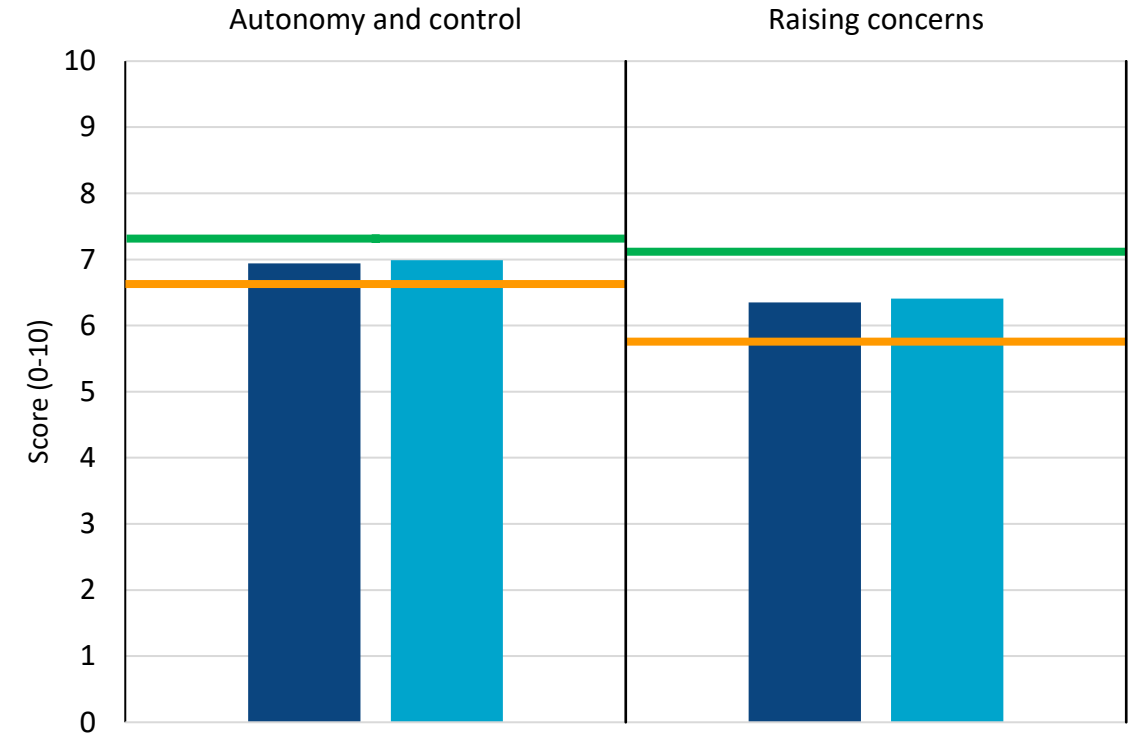
Promise element 1: We are compassionate and inclusive



Your org	6.97	6.99	8.17	6.79
Best result	7.81	7.55	8.78	7.27
Average result	7.06	6.96	8.12	6.86
Worst result	6.26	6.46	7.51	6.54
Responses	2732	2745	2738	2739



Promise element 3: We each have a voice that counts



Your org	6.94	6.35
Best result	7.31	7.12
Average result	6.99	6.41
Worst result	6.63	5.76
Responses	2746	2724

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.

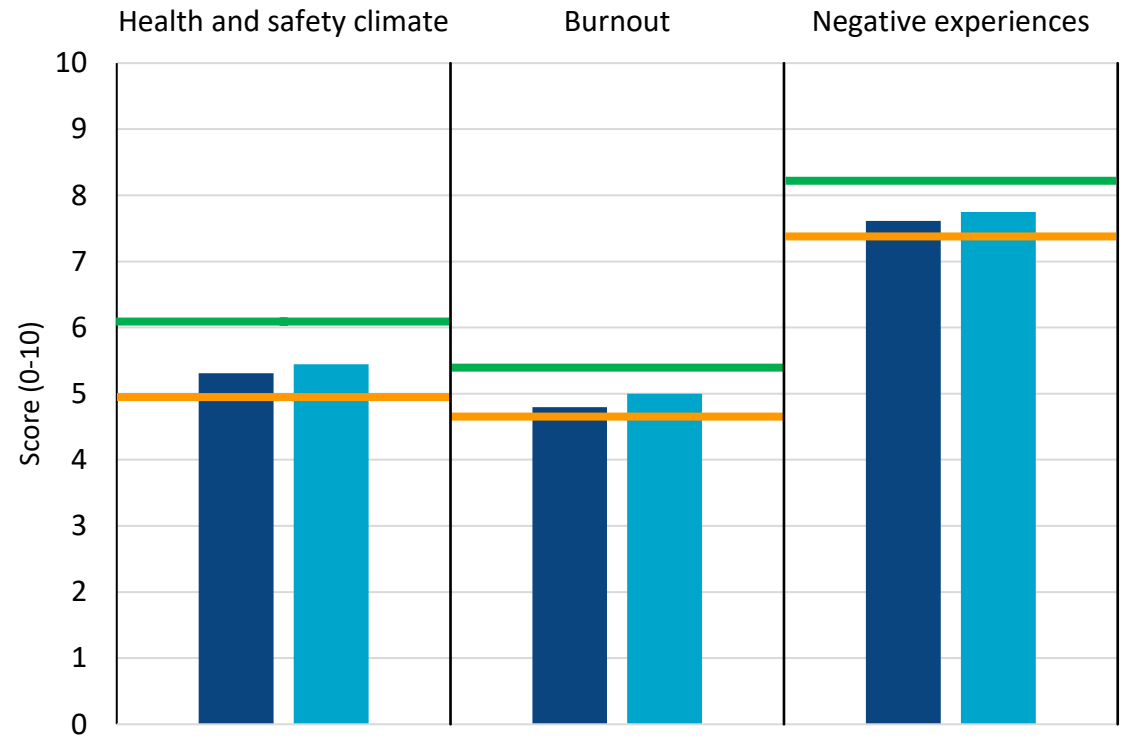


People Promise elements, themes and sub-scores: Sub-score overview

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



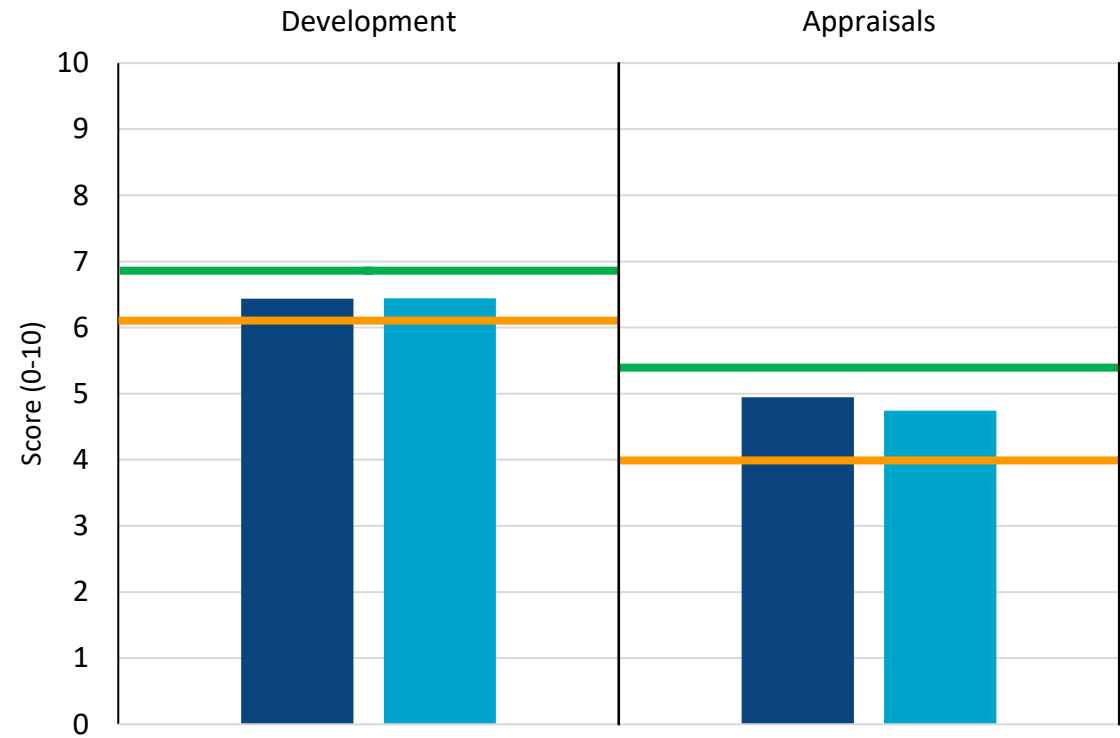
Promise element 4: We are safe and healthy



Your org	5.31	4.80	7.61
Best result	6.09	5.39	8.22
Average result	5.45	5.00	7.75
Worst result	4.95	4.65	7.38
Responses	2745	2743	2729



Promise element 5: We are always learning



Your org	6.43	4.94
Best result	6.86	5.39
Average result	6.44	4.74
Worst result	6.10	3.99
Responses	2736	2612

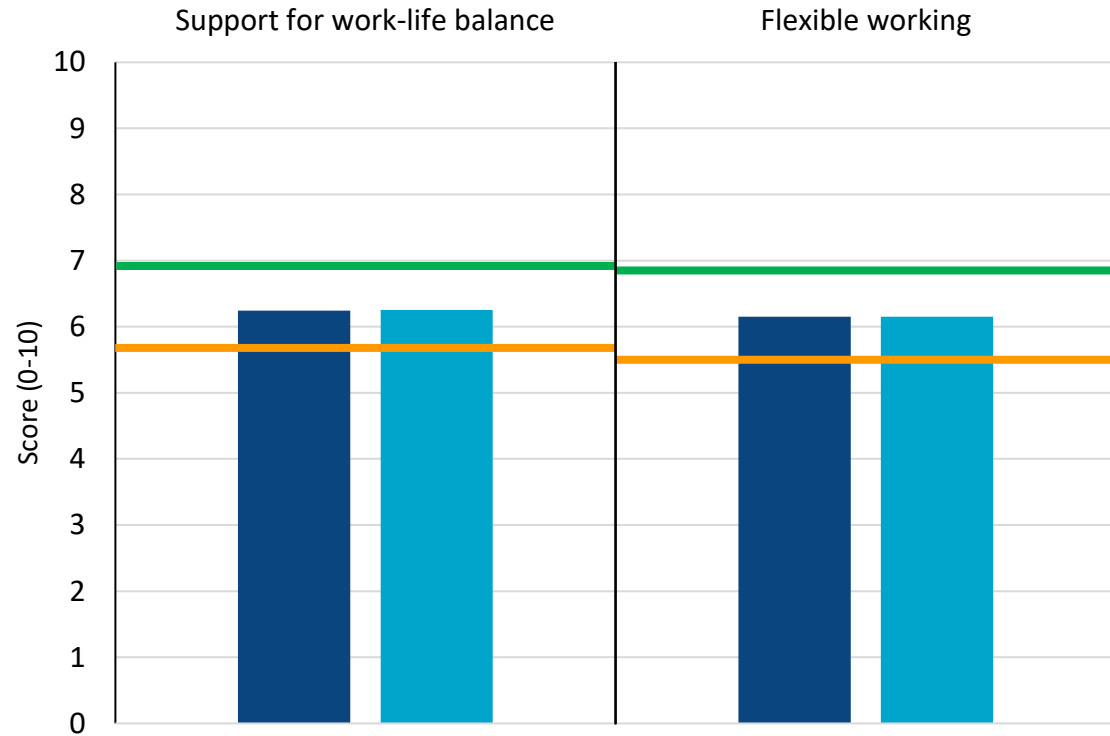


People Promise elements, themes and sub-scores: Sub-score overview

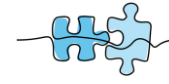
People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 6: We work flexibly



Your org	6.24	6.15
Best result	6.92	6.85
Average result	6.25	6.15
Worst result	5.68	5.50
Responses	2742	2733



Promise element 7: We are a team



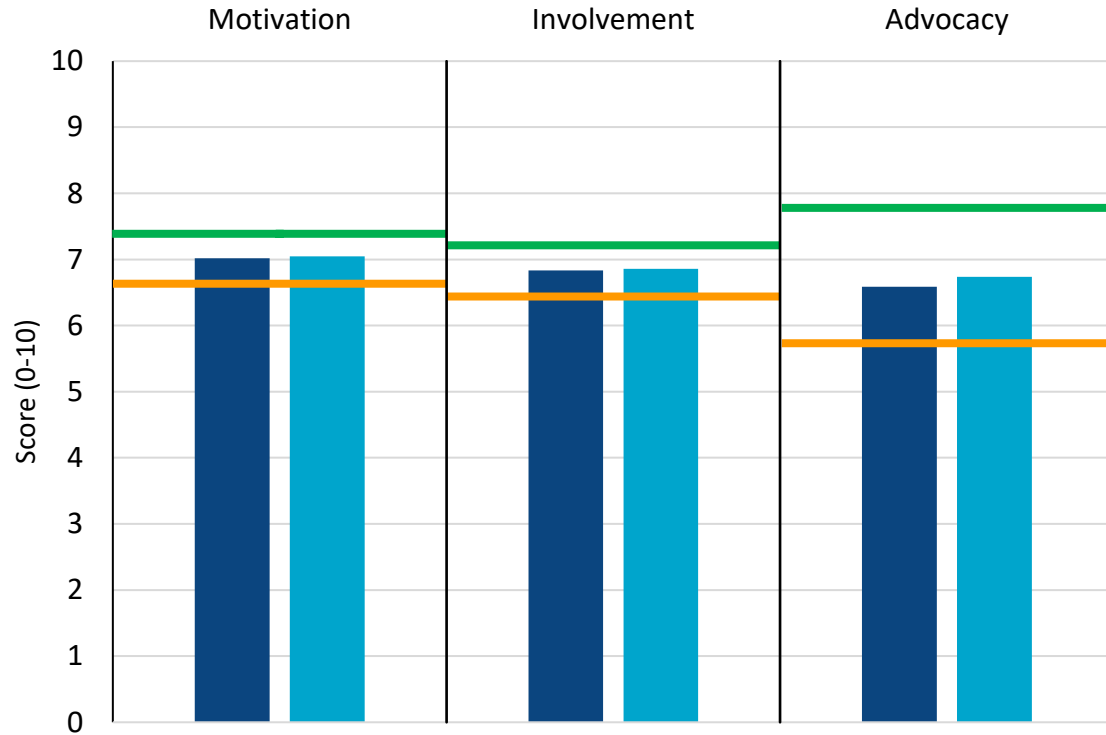
Your org	6.63	6.80
Best result	7.03	7.35
Average result	6.68	6.80
Worst result	6.29	6.30
Responses	2745	2741



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

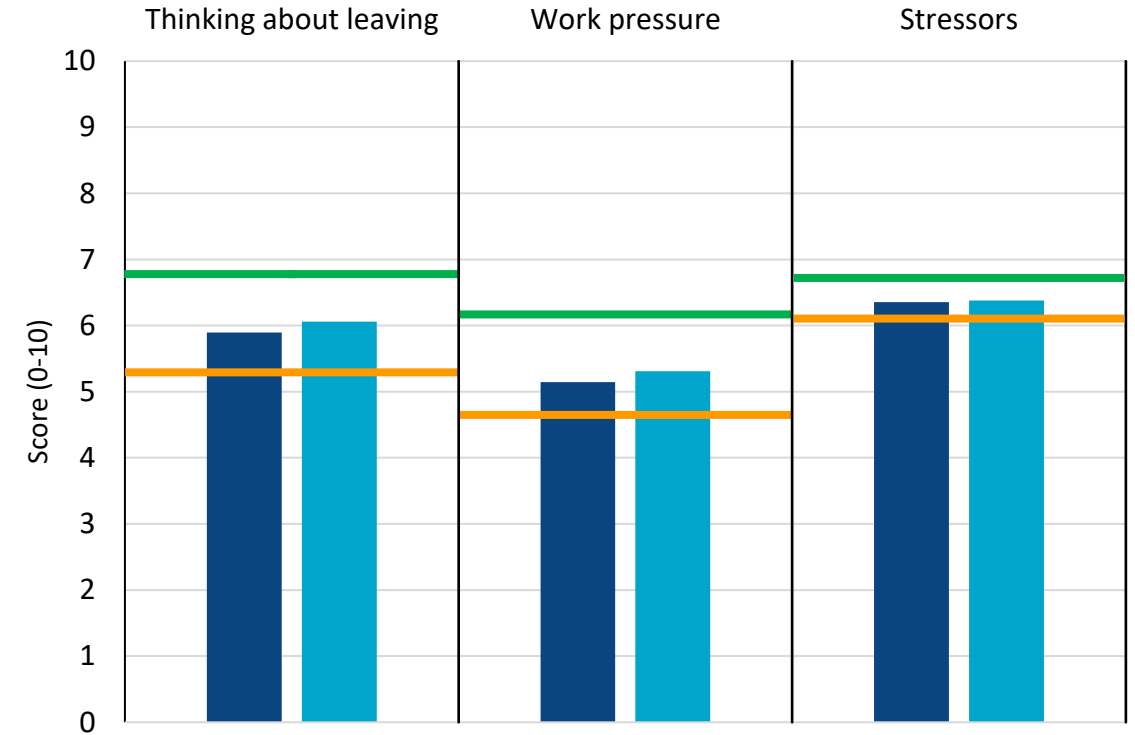
People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

Theme: Staff engagement



Your org	7.02	6.84	6.59
Best result	7.39	7.21	7.78
Average result	7.04	6.86	6.74
Worst result	6.63	6.44	5.73
Responses	2721	2746	2732

Theme: Morale



Your org	5.90	5.15	6.35
Best result	6.78	6.17	6.72
Average result	6.06	5.31	6.38
Worst result	5.29	4.65	6.11
Responses	2735	2745	2742

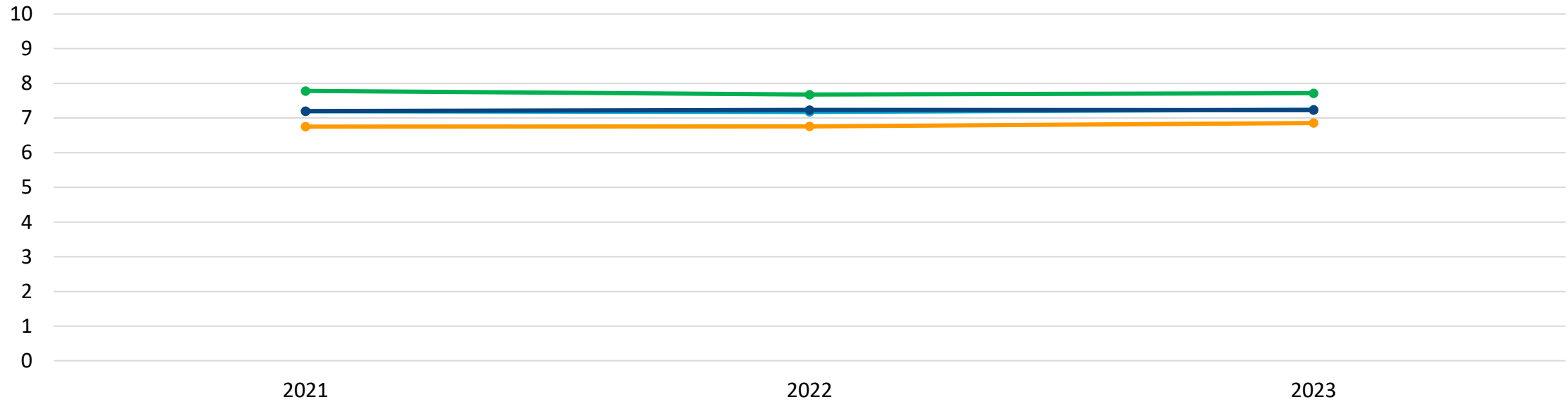
People Promise elements, themes and sub-scores: Trends

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



Promise element 1: We are compassionate and inclusive

We are compassionate and inclusive



	2021	2022	2023
Your org	7.20	7.23	7.23
Best result	7.78	7.67	7.71
Average result	7.20	7.18	7.24
Worst result	6.75	6.76	6.85
Responses	3119	2760	2743



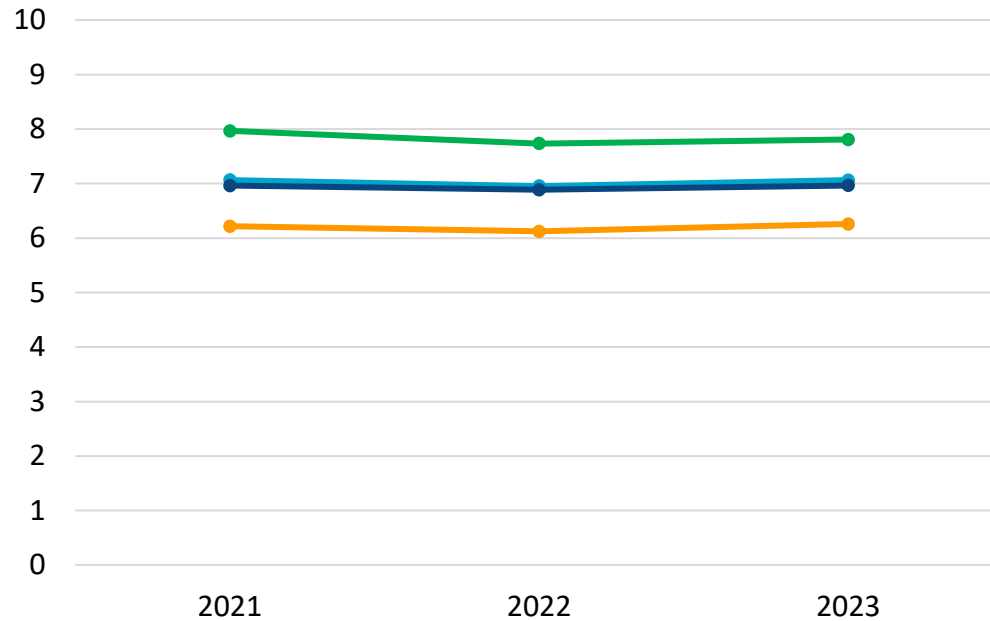
People Promise elements, themes and sub-scores: Sub-score trends

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



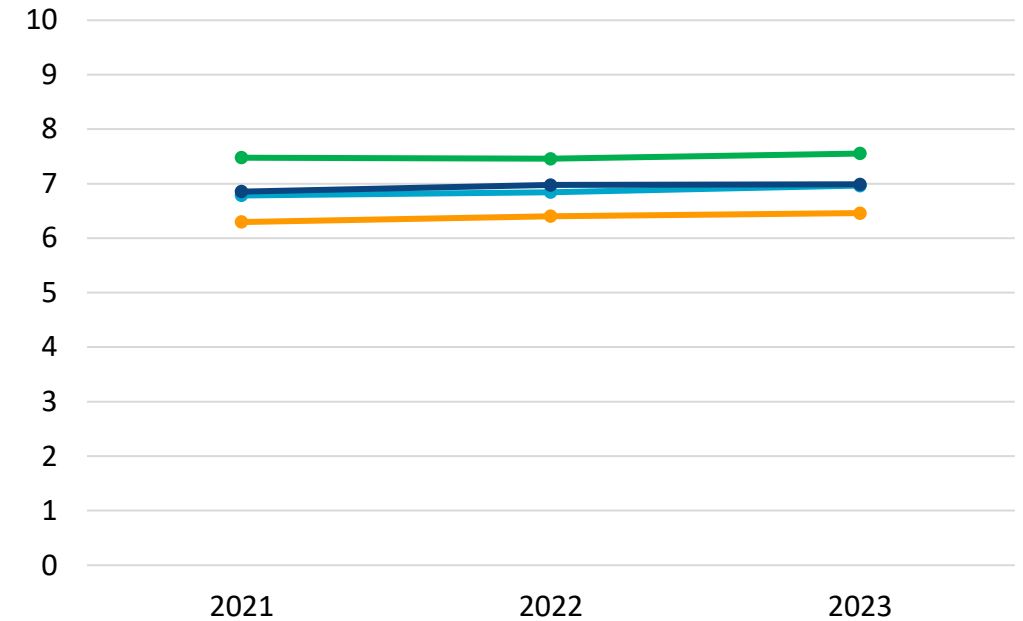
Promise element 1: We are compassionate and inclusive (1)

Compassionate culture



	2021	2022	2023
Your org	6.96	6.88	6.97
Best result	7.97	7.74	7.81
Average result	7.06	6.95	7.06
Worst result	6.22	6.12	6.26
Responses	3097	2759	2732

Compassionate leadership



	2021	2022	2023
Your org	6.85	6.98	6.99
Best result	7.48	7.46	7.55
Average result	6.78	6.84	6.96
Worst result	6.30	6.40	6.46
Responses	3119	2758	2745



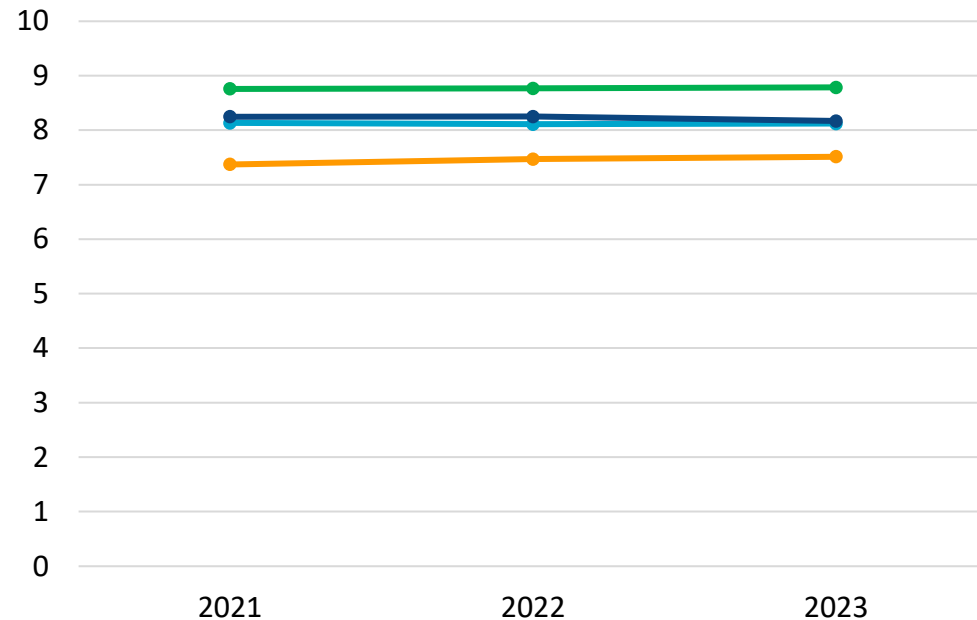
People Promise elements, themes and sub-scores: Sub-score trends

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



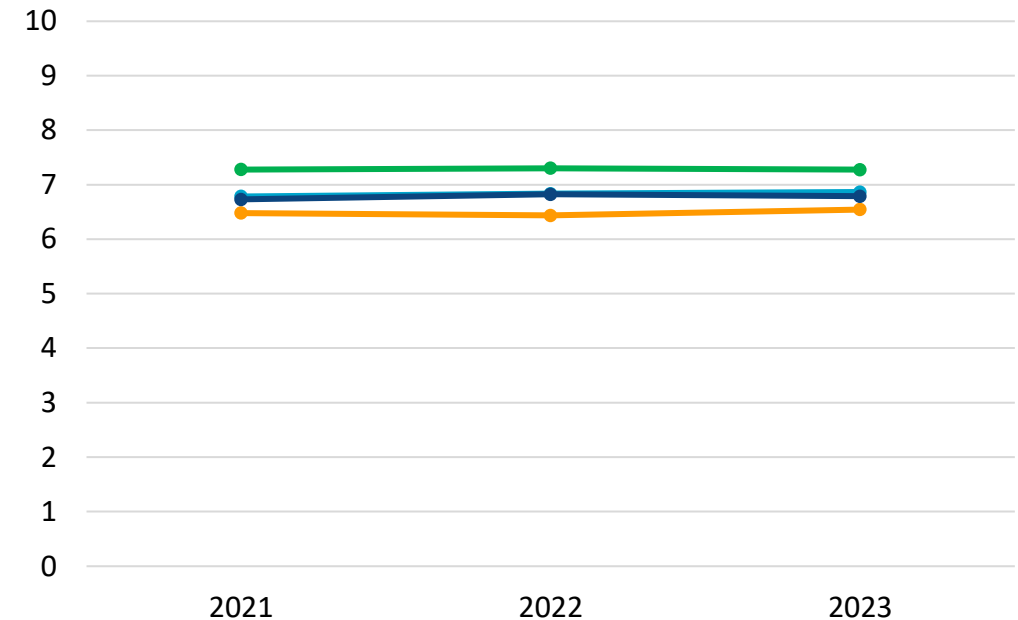
Promise element 1: We are compassionate and inclusive (2)

Diversity and equality



	2021	2022	2023
Your org	8.25	8.25	8.17
Best result	8.76	8.77	8.78
Average result	8.13	8.11	8.12
Worst result	7.37	7.47	7.51
Responses	3117	2762	2738

Inclusion



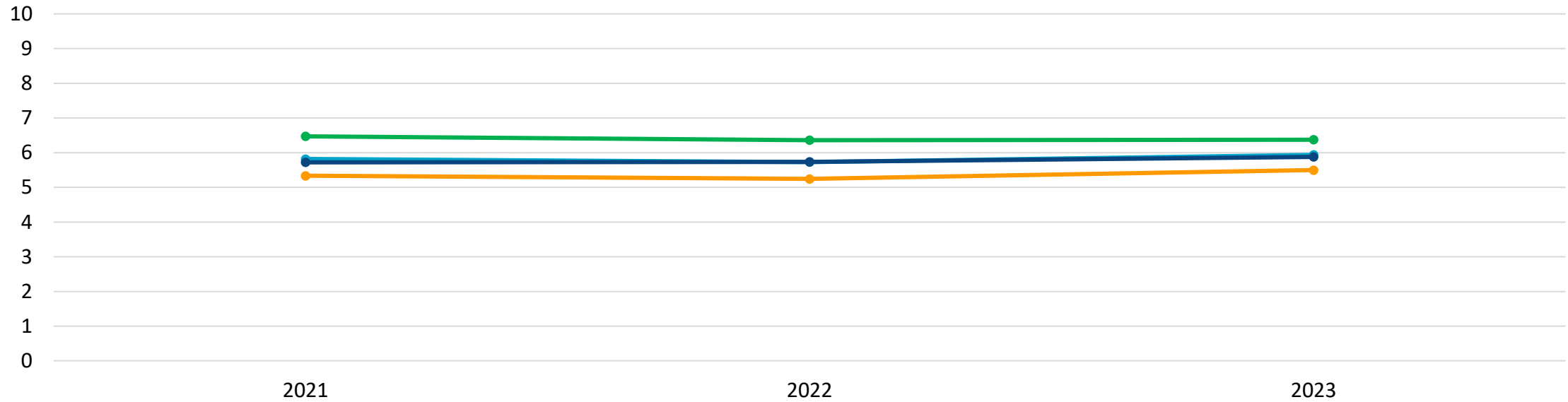
	2021	2022	2023
Your org	6.73	6.82	6.79
Best result	7.28	7.30	7.27
Average result	6.78	6.83	6.86
Worst result	6.48	6.44	6.54
Responses	3131	2760	2739

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



Promise element 2: We are recognised and rewarded

We are recognised and rewarded



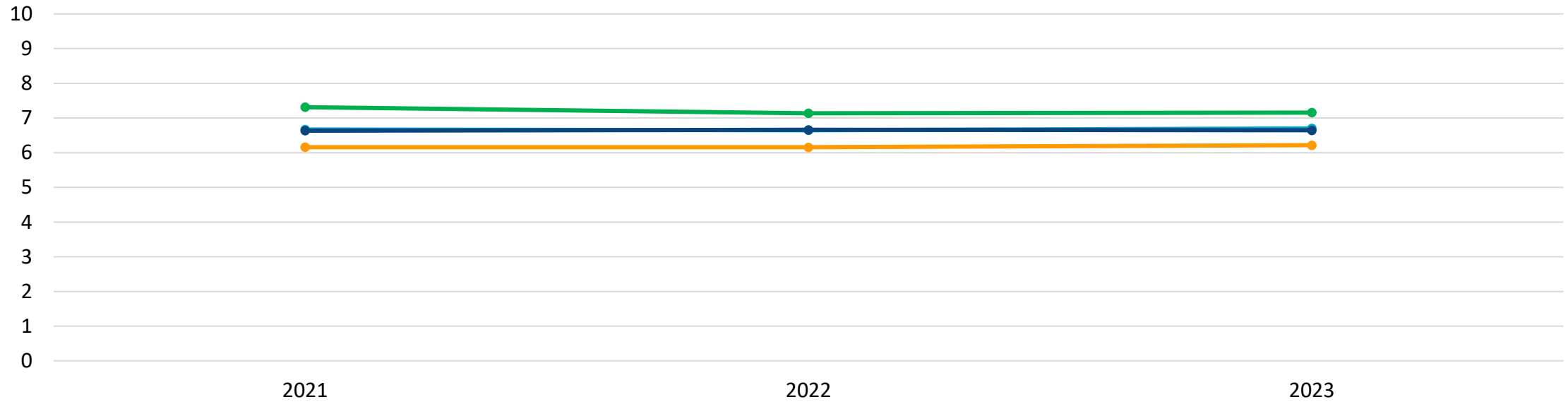
	2021	2022	2023
Your org	5.72	5.74	5.88
Best result	6.47	6.36	6.37
Average result	5.82	5.73	5.94
Worst result	5.34	5.24	5.50
Responses	3155	2762	2740

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



Promise element 3: We each have a voice that counts

We each have a voice that counts



	2021	2022	2023
Your org	6.64	6.66	6.65
Best result	7.31	7.14	7.16
Average result	6.67	6.65	6.70
Worst result	6.16	6.16	6.21
Responses	3085	2754	2723

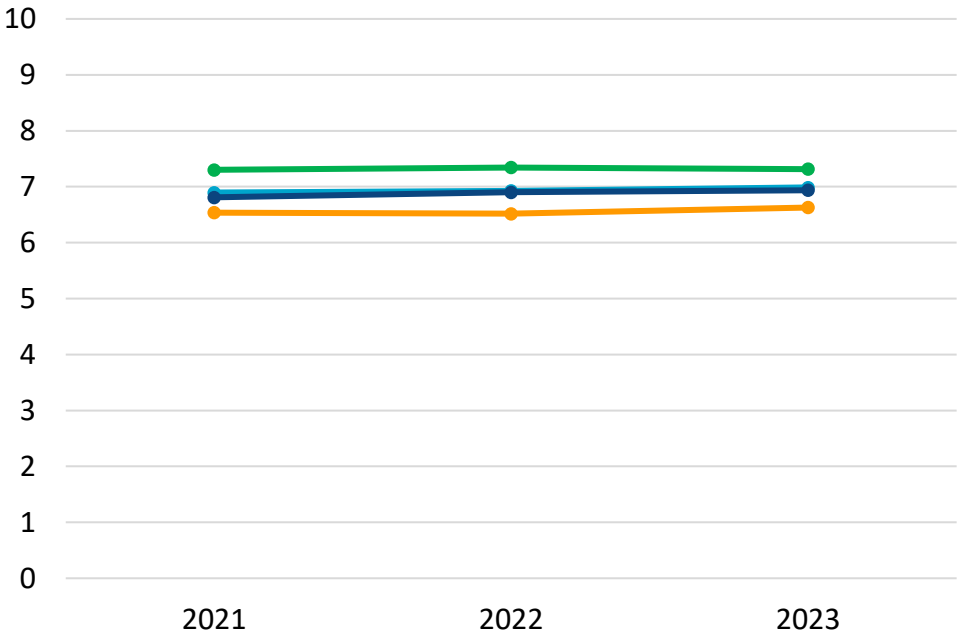


People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

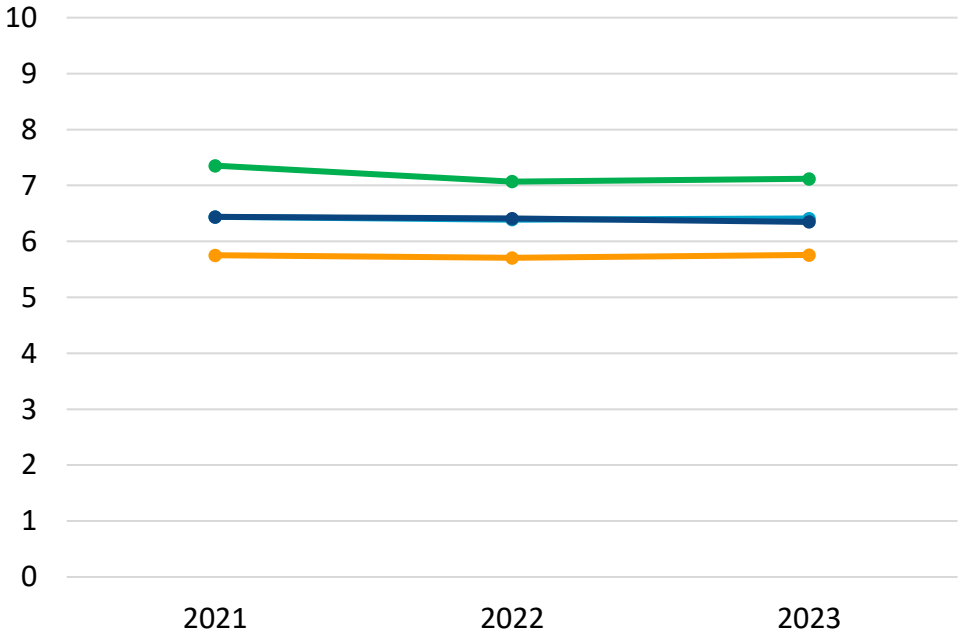


Promise element 3: We each have a voice that counts

Autonomy and control



Raising concerns



	2021	2022	2023
Your org	6.81	6.90	6.94
Best result	7.30	7.35	7.31
Average result	6.90	6.93	6.99
Worst result	6.54	6.52	6.63
Responses	3159	2765	2746

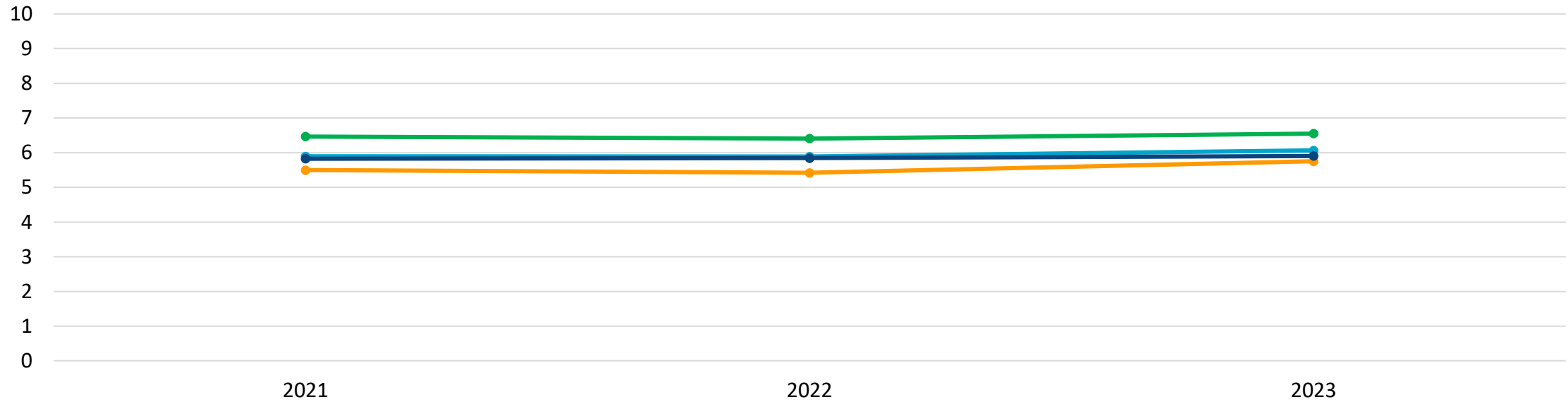
	2021	2022	2023
Your org	6.44	6.41	6.35
Best result	7.35	7.07	7.12
Average result	6.44	6.39	6.41
Worst result	5.75	5.71	5.76
Responses	3085	2756	2724

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



Promise element 4: We are safe and healthy

We are safe and healthy



	2021	2022	2023
Your org	5.83	5.84	5.91
Best result	6.47	6.41	6.55
Average result	5.90	5.89	6.06
Worst result	5.50	5.42	5.75
Responses	3109	2754	2726



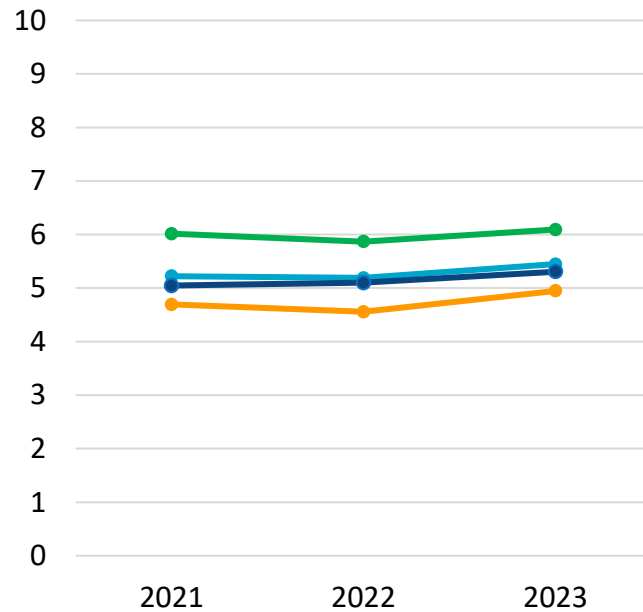
People Promise elements, themes and sub-scores: Sub-score trends

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



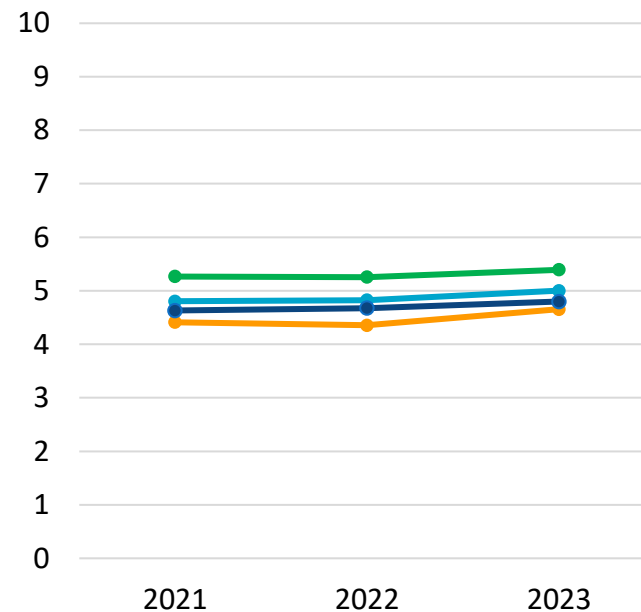
Promise element 4: We are safe and healthy

Health and safety climate



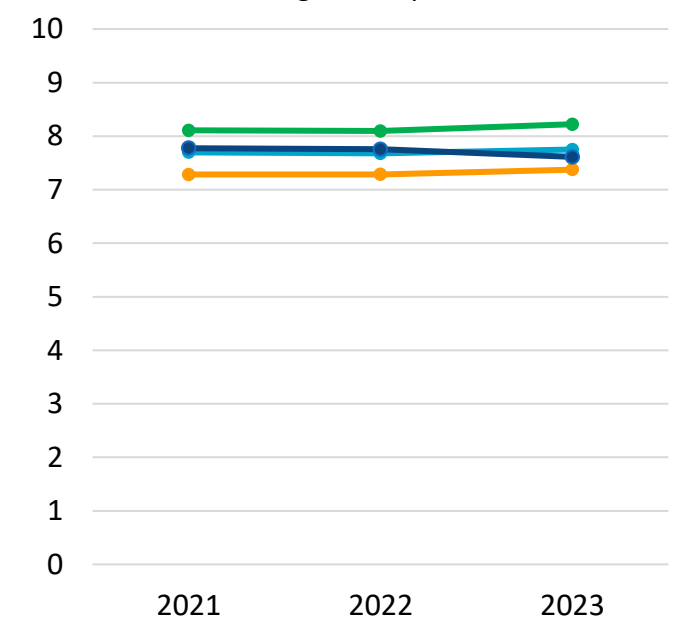
	2021	2022	2023
Your org	5.05	5.10	5.31
Best result	6.01	5.87	6.09
Average result	5.22	5.19	5.45
Worst result	4.69	4.56	4.95
Responses	3158	2764	2745

Burnout



	2021	2022	2023
Your org	4.63	4.67	4.80
Best result	5.27	5.25	5.39
Average result	4.80	4.82	5.00
Worst result	4.41	4.35	4.65
Responses	3120	2763	2743

Negative experiences



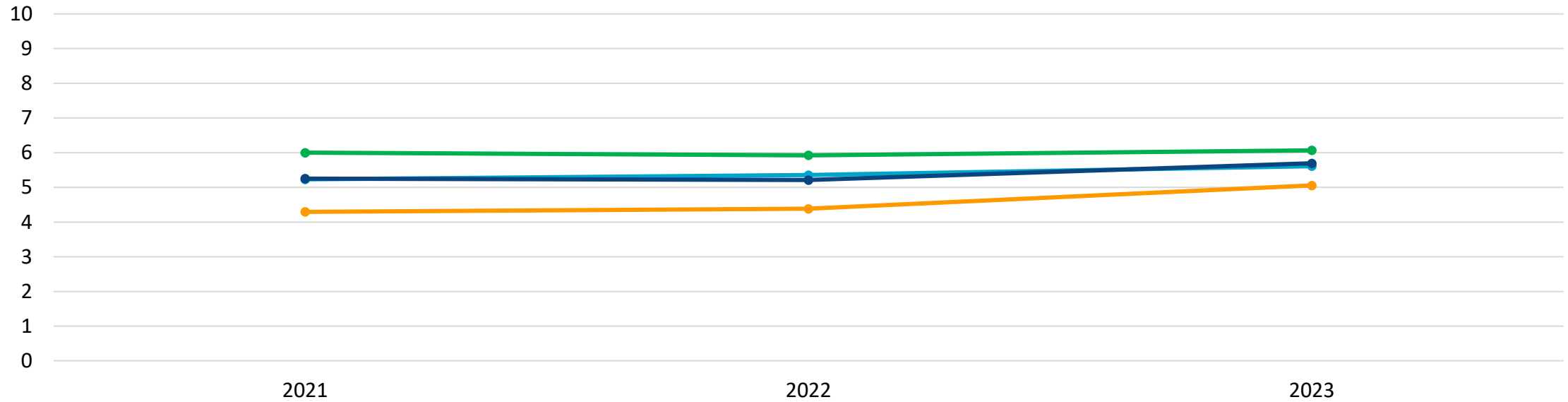
	2021	2022	2023
Your org	7.78	7.76	7.61
Best result	8.11	8.10	8.22
Average result	7.70	7.68	7.75
Worst result	7.28	7.29	7.38
Responses	3115	2759	2729

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



Promise element 5: We are always learning

We are always learning



	2021	2022	2023
Your org	5.25	5.21	5.69
Best result	6.00	5.92	6.07
Average result	5.23	5.35	5.61
Worst result	4.30	4.38	5.05
Responses	3011	2648	2612



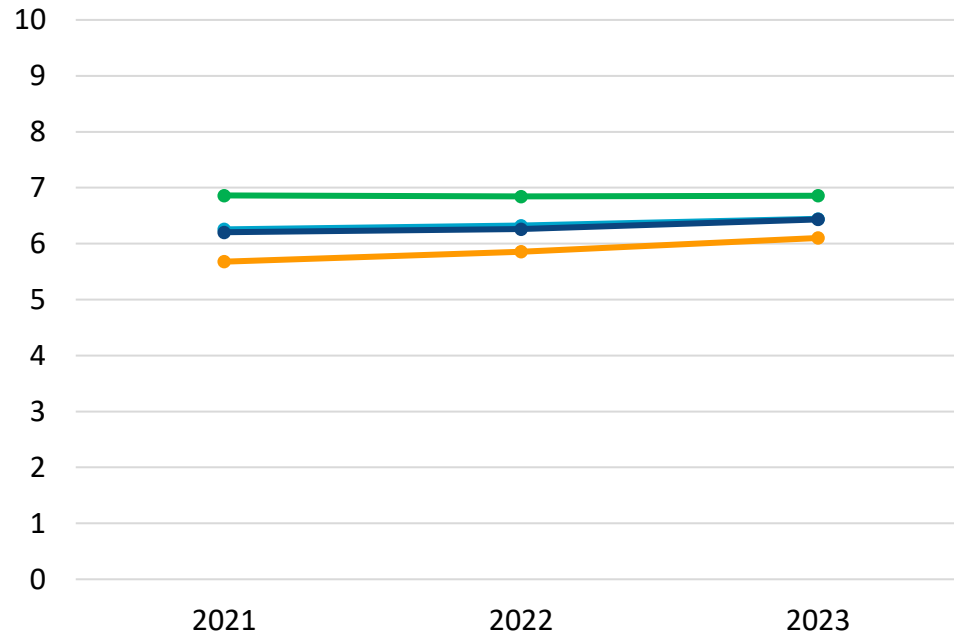
People Promise elements, themes and sub-scores: Sub-score trends

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



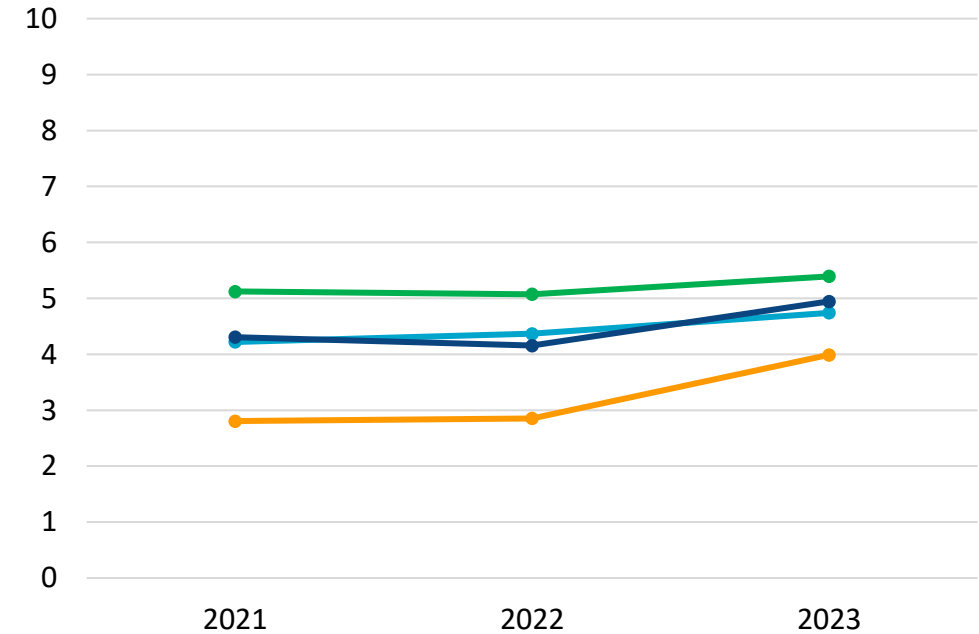
Promise element 5: We are always learning

Development



	2021	2022	2023
Your org	6.20	6.26	6.43
Best result	6.86	6.84	6.86
Average result	6.26	6.32	6.44
Worst result	5.68	5.86	6.10
Responses	3109	2759	2736

Appraisals



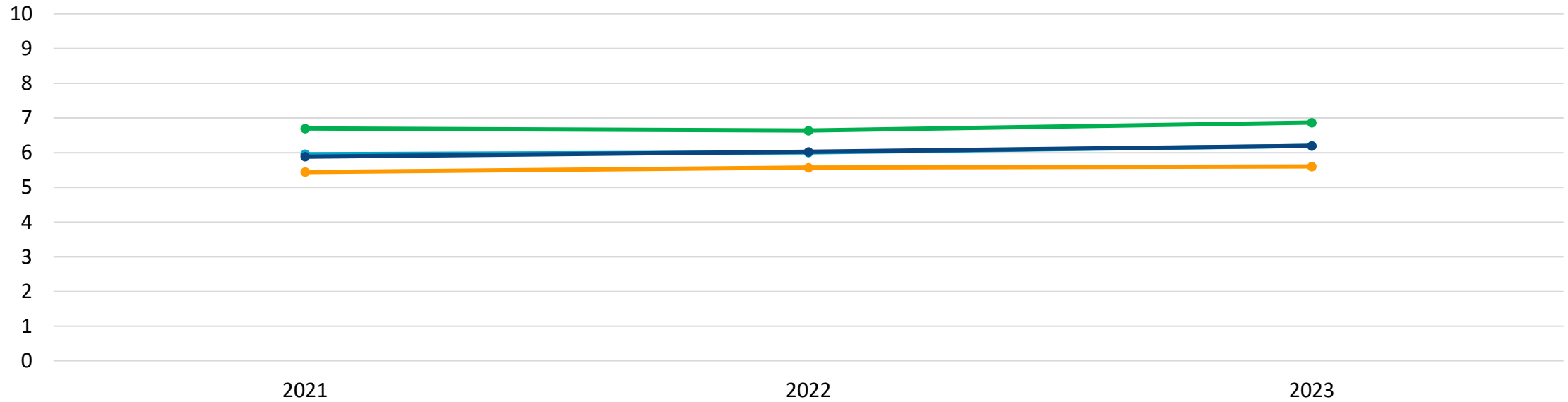
	2021	2022	2023
Your org	4.31	4.15	4.94
Best result	5.12	5.07	5.39
Average result	4.22	4.37	4.74
Worst result	2.81	2.85	3.99
Responses	3019	2652	2612

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



Promise element 6: We work flexibly

We work flexibly



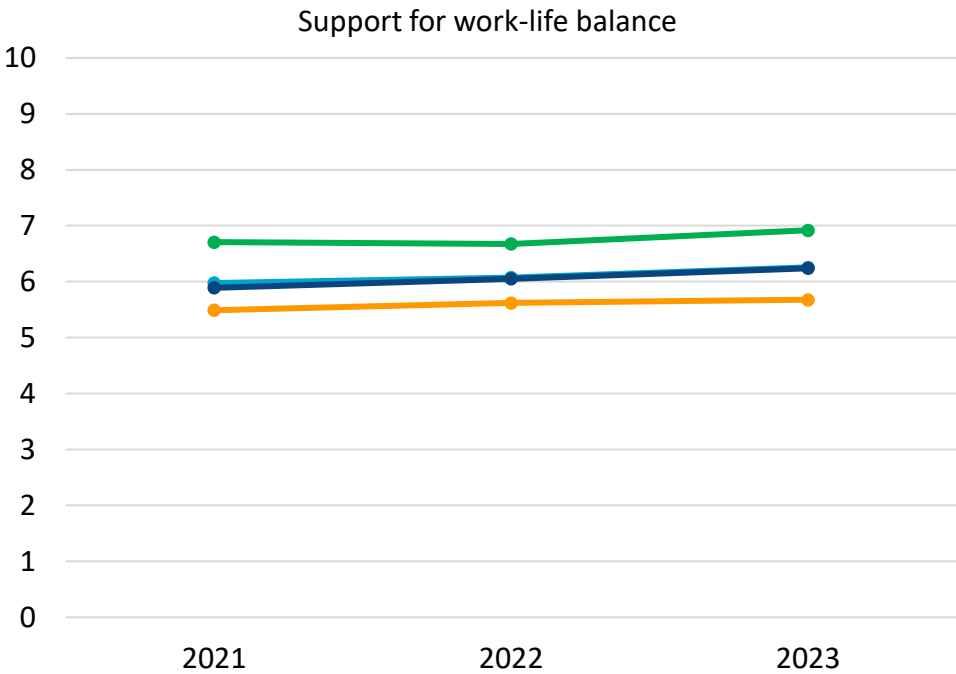
	2021	2022	2023
Your org	5.89	6.02	6.19
Best result	6.70	6.64	6.87
Average result	5.96	6.01	6.20
Worst result	5.44	5.57	5.60
Responses	3143	2759	2728



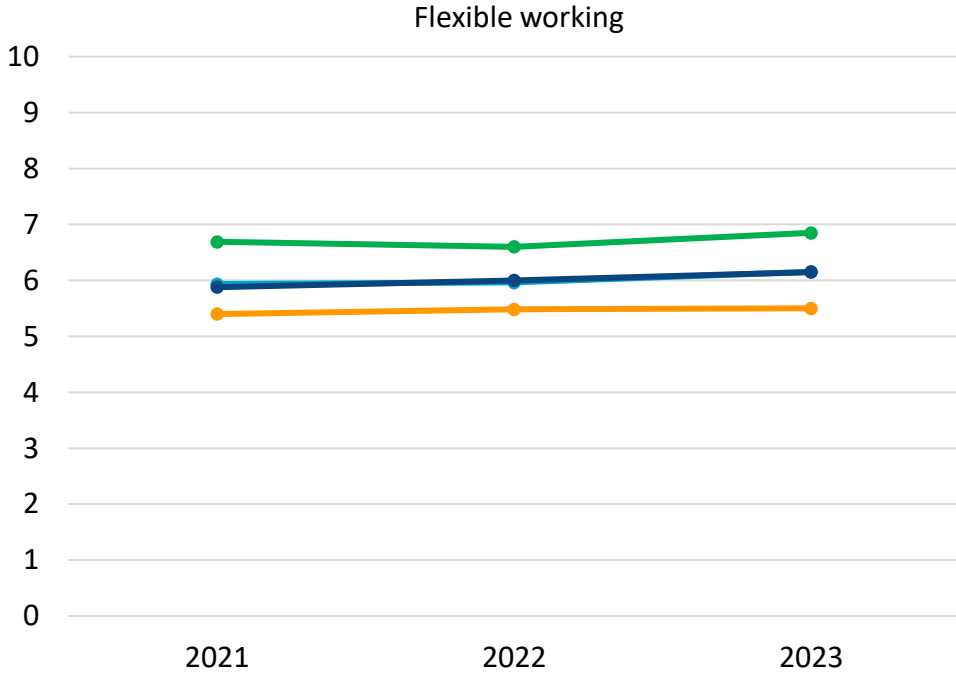
People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 6: We work flexibly



	2021	2022	2023
Your org	5.89	6.05	6.24
Best result	6.71	6.68	6.92
Average result	5.98	6.08	6.25
Worst result	5.49	5.62	5.68
Responses	3147	2761	2742



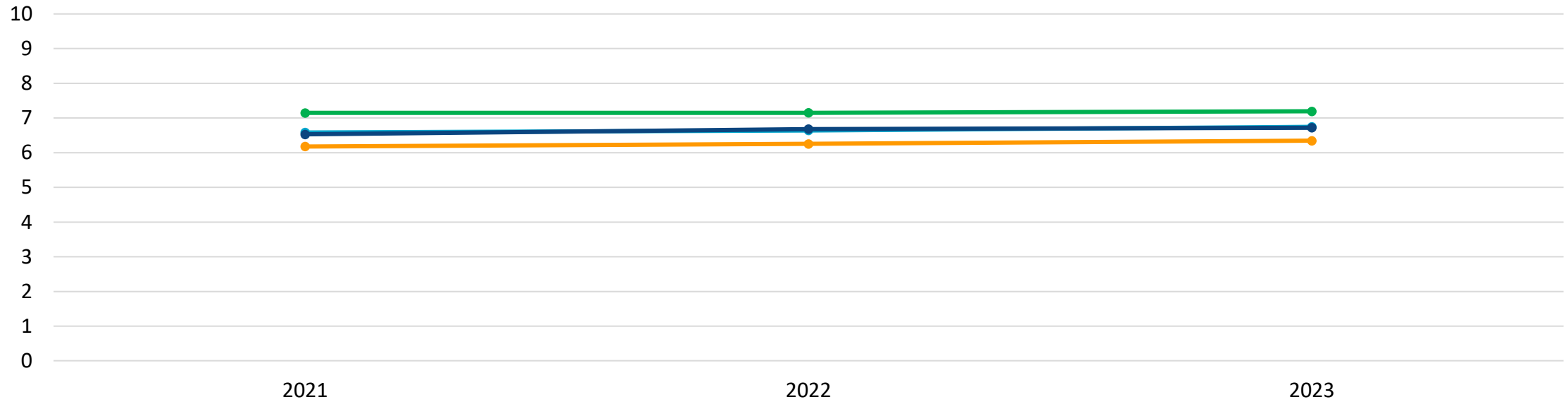
	2021	2022	2023
Your org	5.88	6.00	6.15
Best result	6.69	6.60	6.85
Average result	5.93	5.96	6.15
Worst result	5.40	5.48	5.50
Responses	3153	2762	2733

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



Promise element 7: We are a team

We are a team



	2021	2022	2023
Your org	6.53	6.68	6.72
Best result	7.15	7.15	7.19
Average result	6.58	6.64	6.75
Worst result	6.18	6.25	6.35
Responses	3124	2763	2740



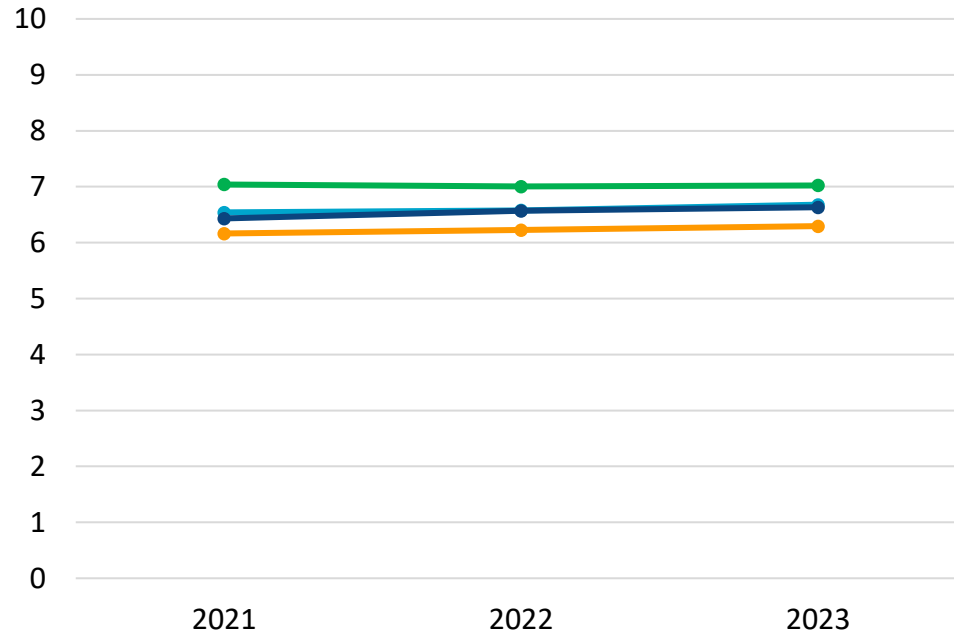
People Promise elements, themes and sub-scores: Sub-score trends

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



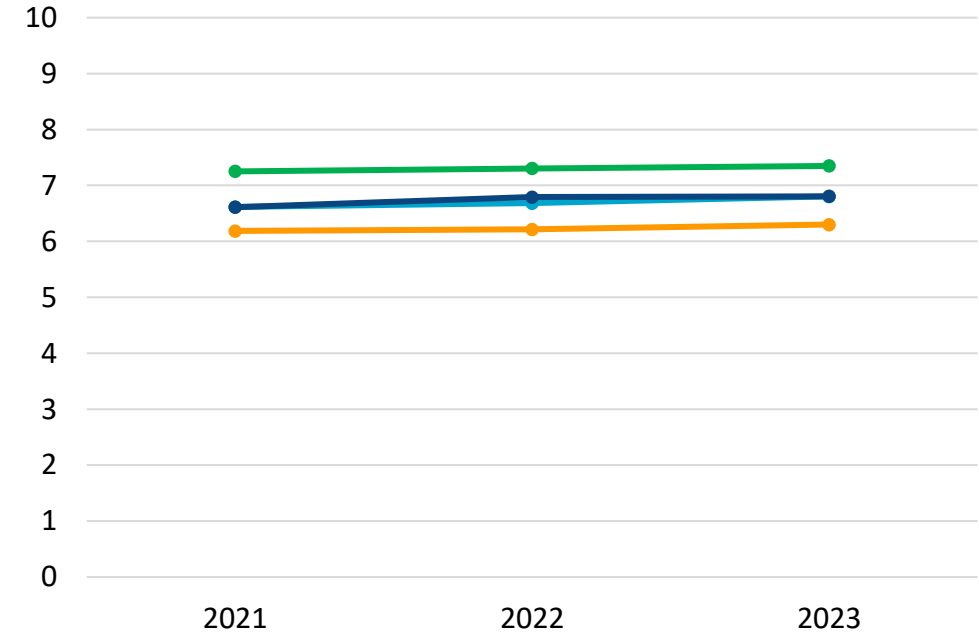
Promise element 7: We are a team

Team working



	2021	2022	2023
Your org	6.43	6.57	6.63
Best result	7.04	7.00	7.03
Average result	6.54	6.58	6.68
Worst result	6.16	6.23	6.29
Responses	3141	2765	2745

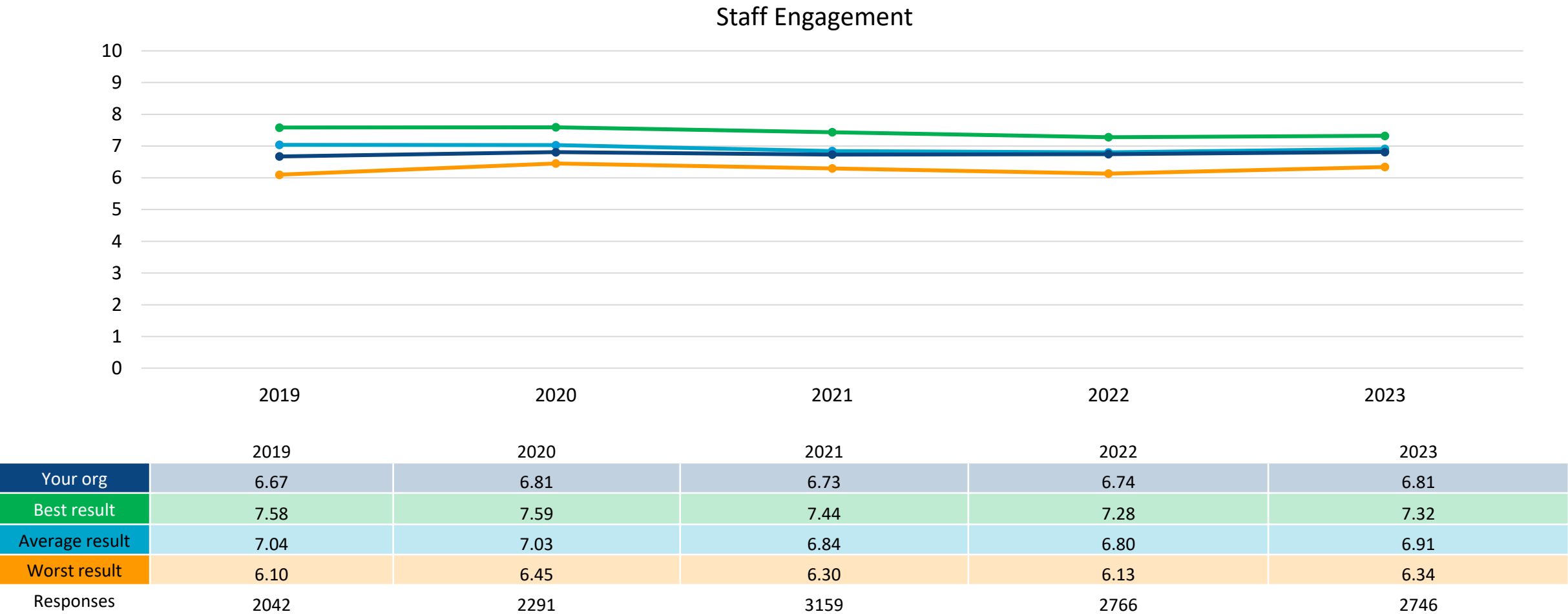
Line management



	2021	2022	2023
Your org	6.61	6.79	6.80
Best result	7.25	7.30	7.35
Average result	6.61	6.68	6.80
Worst result	6.19	6.21	6.30
Responses	3124	2763	2741

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



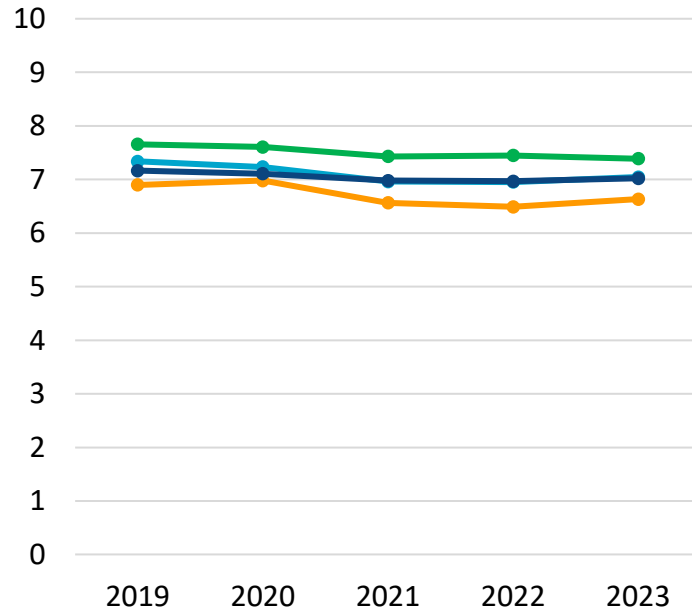


People Promise elements, themes and sub-scores: Sub-score trends

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

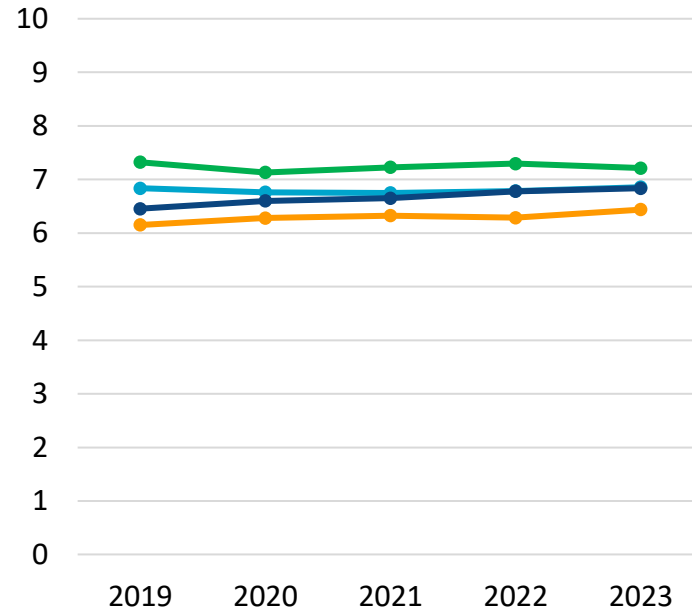
Theme: Staff Engagement

Motivation



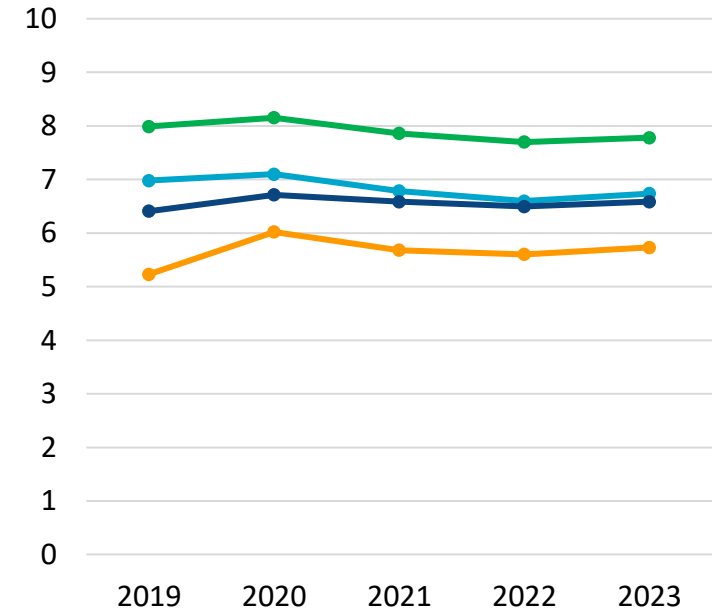
	2019	2020	2021	2022	2023
Your org	7.16	7.11	6.98	6.97	7.02
Best result	7.66	7.61	7.43	7.45	7.39
Average result	7.34	7.23	6.96	6.95	7.04
Worst result	6.90	6.98	6.56	6.49	6.63
Responses	2023	2307	3156	2746	2721

Involvement



	2019	2020	2021	2022	2023
Your org	6.45	6.60	6.65	6.78	6.84
Best result	7.32	7.13	7.22	7.29	7.21
Average result	6.83	6.76	6.75	6.79	6.86
Worst result	6.15	6.28	6.32	6.29	6.44
Responses	2043	2291	3161	2764	2746

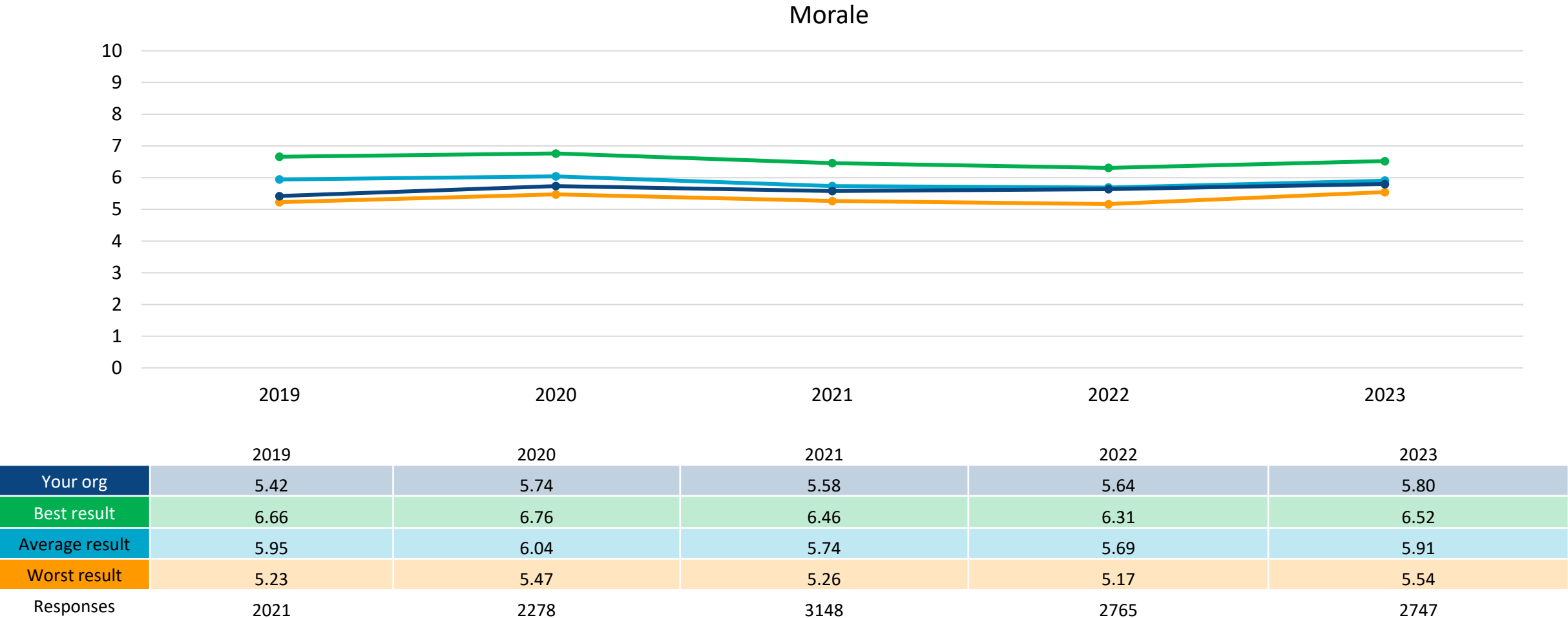
Advocacy



	2019	2020	2021	2022	2023
Your org	6.41	6.71	6.58	6.50	6.59
Best result	7.99	8.15	7.86	7.70	7.78
Average result	6.98	7.10	6.78	6.60	6.74
Worst result	5.23	6.02	5.68	5.60	5.73
Responses	1963	2240	3095	2759	2732

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



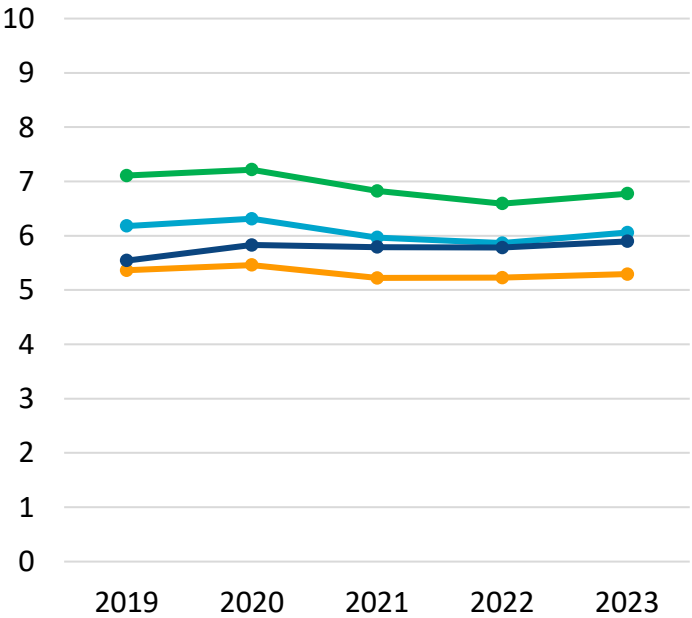


People Promise elements, themes and sub-scores: Sub-score trends

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

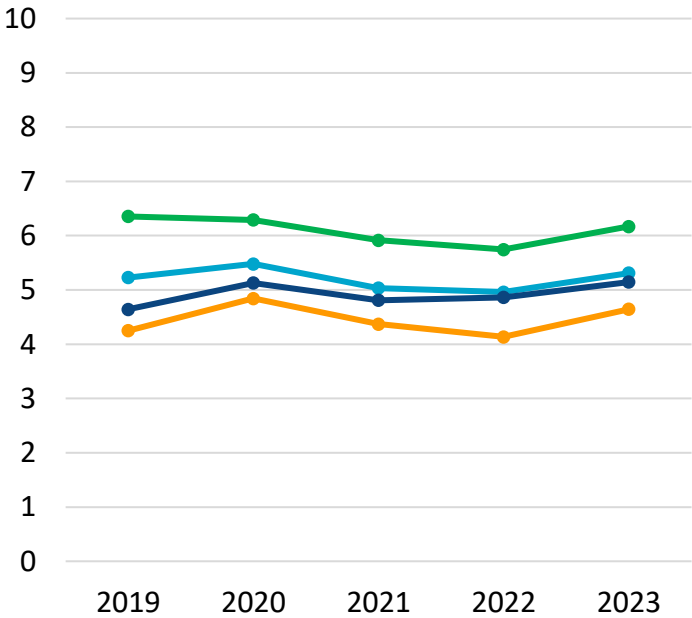
Theme: Morale

Thinking about leaving



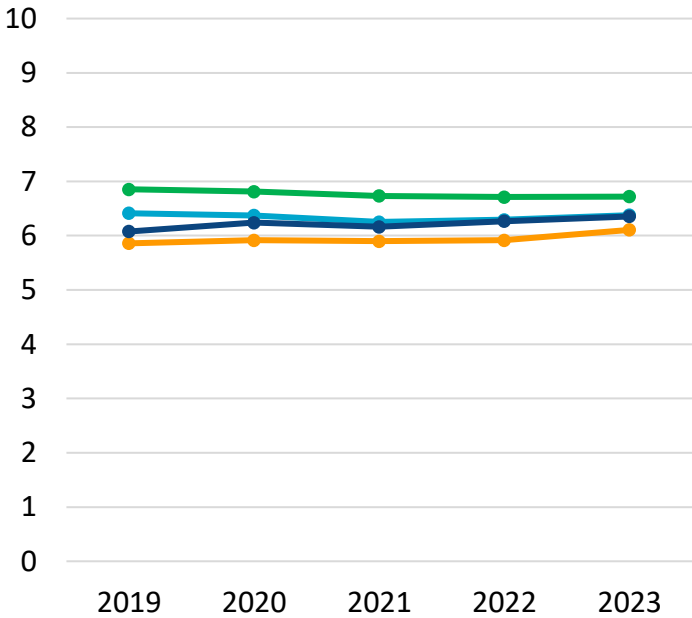
	2019	2020	2021	2022	2023
Your org	5.54	5.83	5.79	5.78	5.90
Best result	7.11	7.22	6.83	6.59	6.78
Average result	6.18	6.31	5.97	5.86	6.06
Worst result	5.36	5.46	5.22	5.23	5.29
Responses	1959	2239	3083	2744	2735

Work pressure



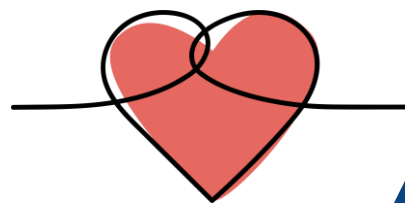
	2019	2020	2021	2022	2023
Your org	4.64	5.13	4.81	4.86	5.15
Best result	6.35	6.29	5.91	5.75	6.17
Average result	5.23	5.48	5.03	4.96	5.31
Worst result	4.25	4.84	4.37	4.14	4.65
Responses	2043	2289	3158	2763	2745

Stressors



	2019	2020	2021	2022	2023
Your org	6.08	6.24	6.16	6.27	6.35
Best result	6.85	6.81	6.73	6.71	6.72
Average result	6.41	6.37	6.25	6.29	6.38
Worst result	5.86	5.91	5.90	5.92	6.11
Responses	2015	2278	3144	2761	2742

People Promise element – We are compassionate and inclusive



Questions included:

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

Compassionate leadership – Q9f, Q9g, Q9h, Q9i

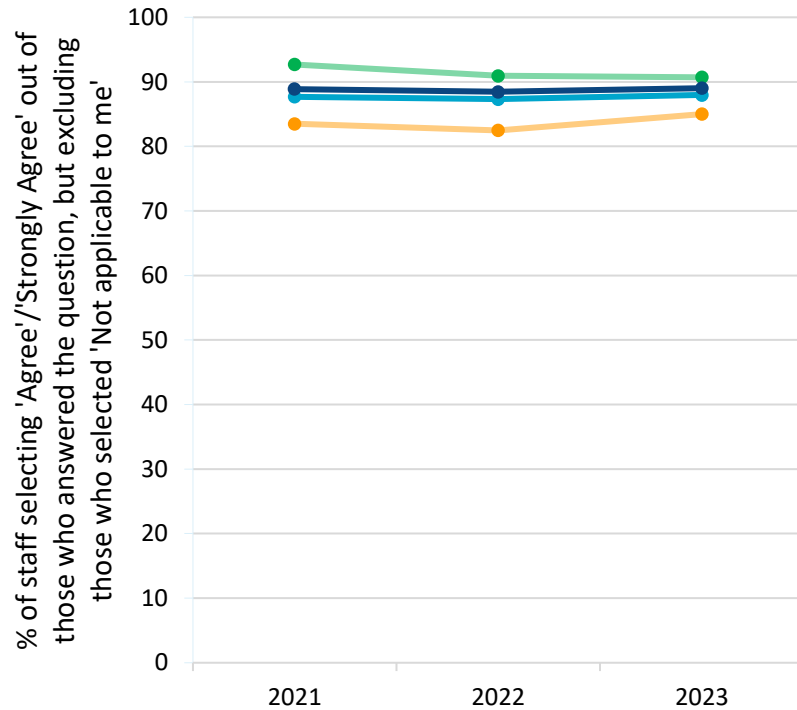
Diversity and equality – Q15, Q16a, Q16b, Q21

Inclusion – Q7h, Q7i, Q8b, Q8c

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

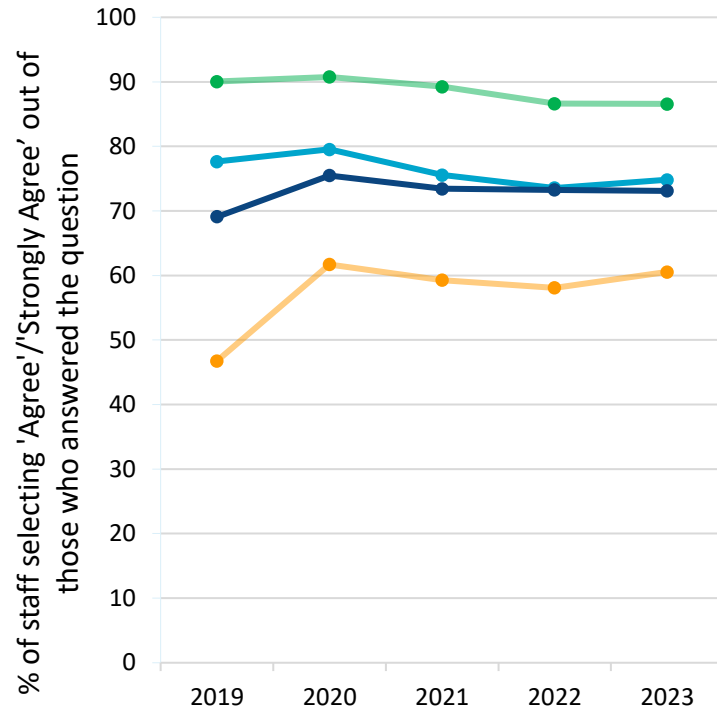


Q6a I feel that my role makes a difference to patients / service users.



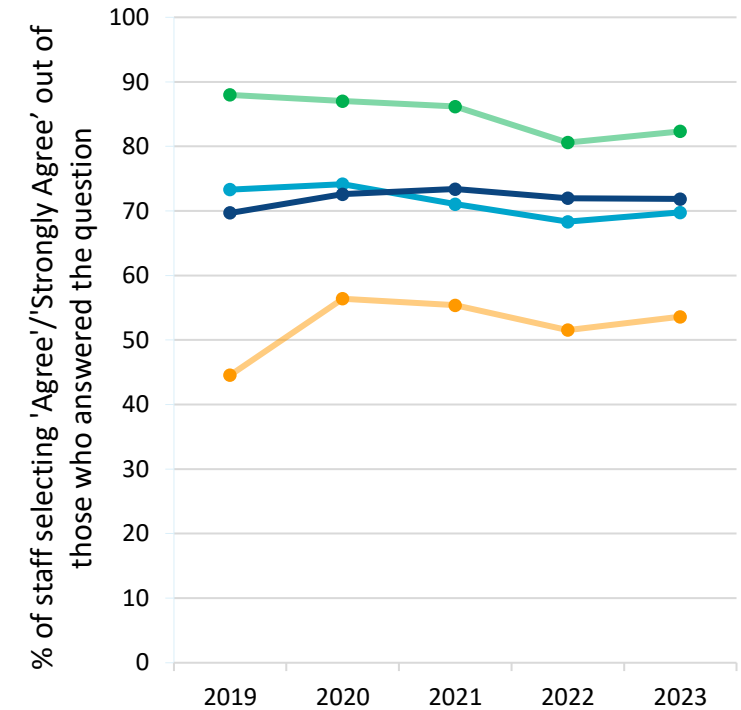
	2021	2022	2023
Your org	88.88%	88.46%	89.04%
Best result	92.70%	90.93%	90.71%
Average result	87.70%	87.31%	87.96%
Worst result	83.51%	82.48%	85.01%
Responses	3059	2667	2659

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



	2019	2020	2021	2022	2023
Your org	69.07%	75.50%	73.43%	73.26%	73.12%
Best result	90.05%	90.77%	89.25%	86.61%	86.57%
Average result	77.64%	79.53%	75.57%	73.56%	74.83%
Worst result	46.76%	61.70%	59.27%	58.09%	60.55%
Responses	1962	2239	3093	2756	2730

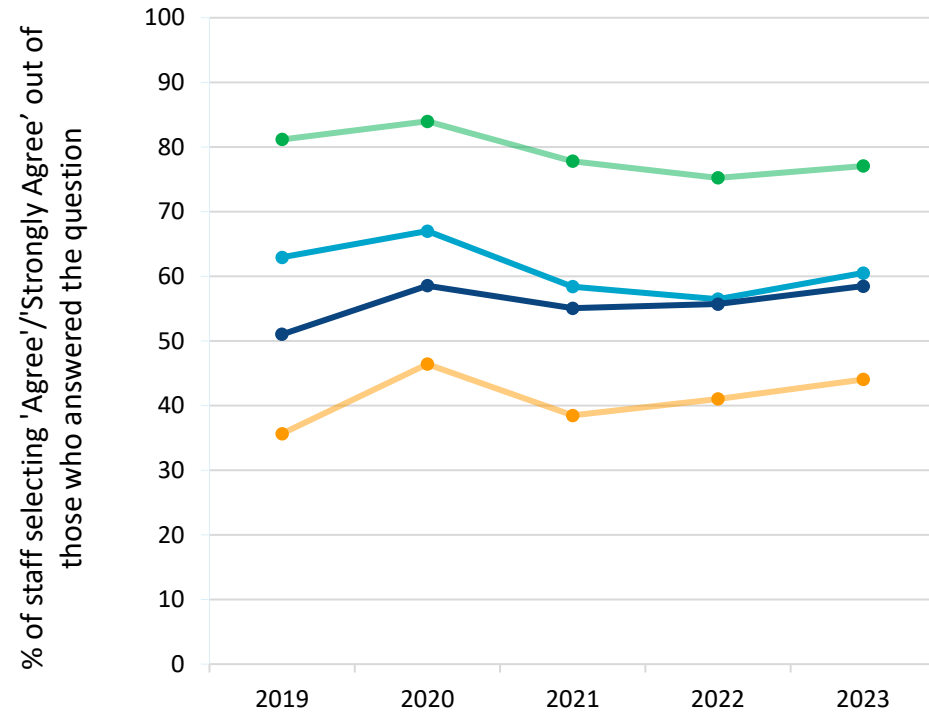
Q25b My organisation acts on concerns raised by patients / service users.



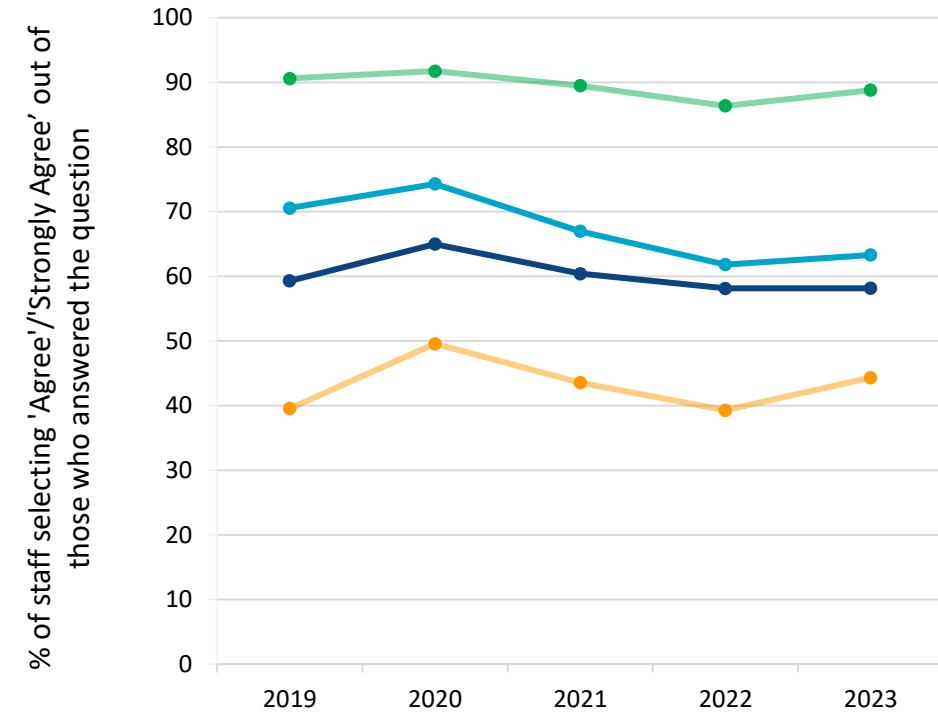
	2019	2020	2021	2022	2023
Your org	69.70%	72.58%	73.38%	71.97%	71.85%
Best result	87.98%	87.02%	86.18%	80.61%	82.34%
Average result	73.32%	74.14%	71.07%	68.32%	69.78%
Worst result	44.56%	56.41%	55.39%	51.54%	53.59%
Responses	1962	2239	3092	2758	2725



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



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

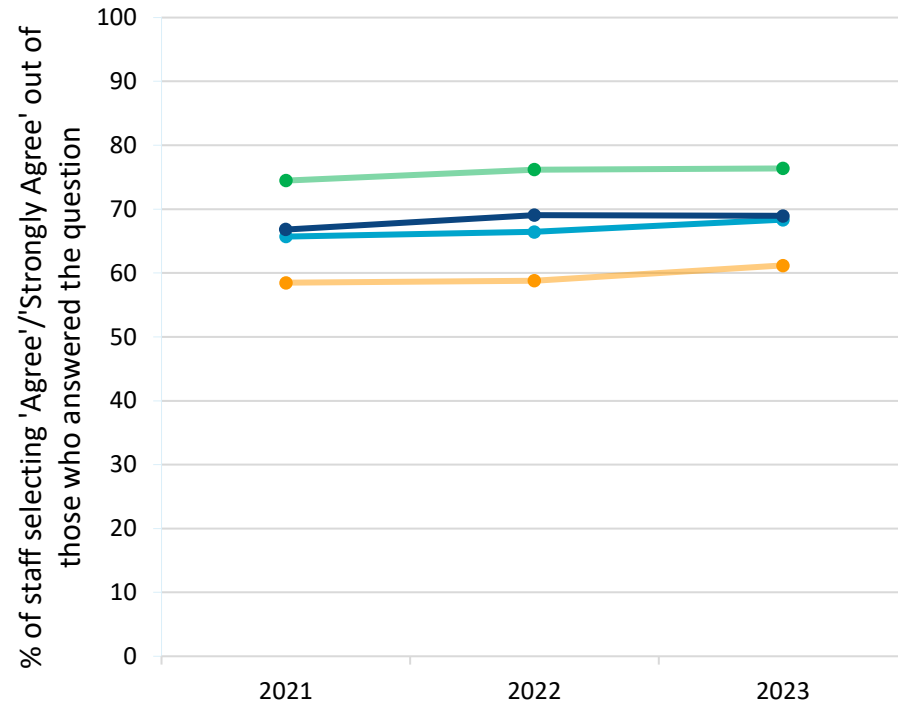


	2019	2020	2021	2022	2023
Your org	51.04%	58.55%	55.07%	55.71%	58.48%
Best result	81.18%	83.99%	77.82%	75.24%	77.09%
Average result	62.94%	67.00%	58.40%	56.48%	60.52%
Worst result	35.64%	46.44%	38.47%	41.03%	44.05%
Responses	1962	2239	3089	2758	2731

	2019	2020	2021	2022	2023
Your org	59.28%	64.99%	60.42%	58.13%	58.16%
Best result	90.62%	91.76%	89.51%	86.38%	88.82%
Average result	70.57%	74.32%	66.99%	61.82%	63.32%
Worst result	39.54%	49.58%	43.54%	39.27%	44.31%
Responses	1962	2239	3095	2756	2725

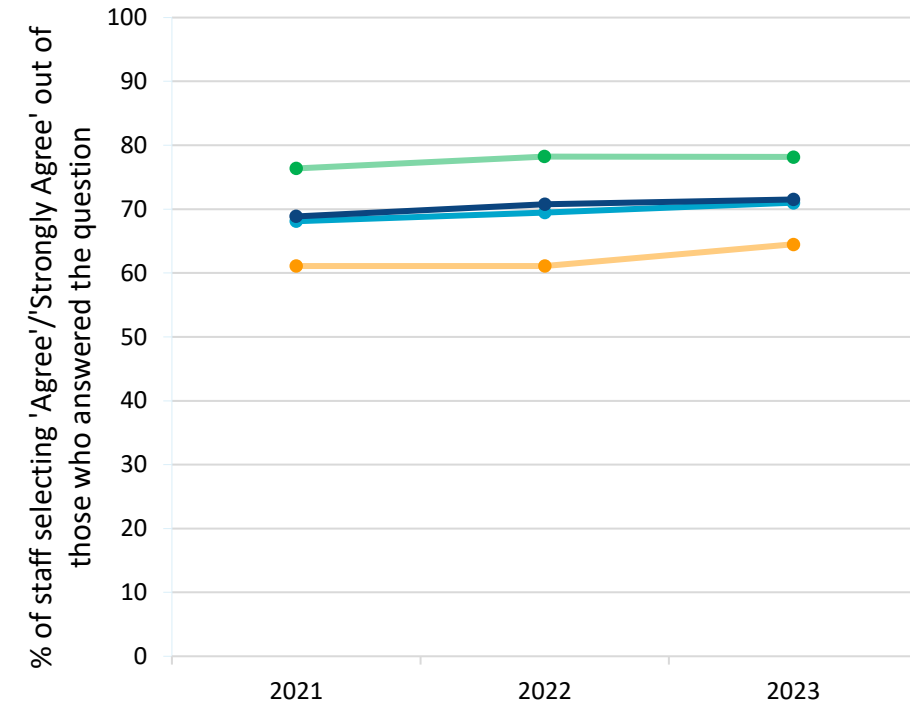


Q9f My immediate manager works together with me to come to an understanding of problems.



	2021	2022	2023
Your org	66.82%	69.07%	68.94%
Best result	74.49%	76.16%	76.38%
Average result	65.70%	66.44%	68.35%
Worst result	58.47%	58.79%	61.17%
Responses	3120	2757	2737

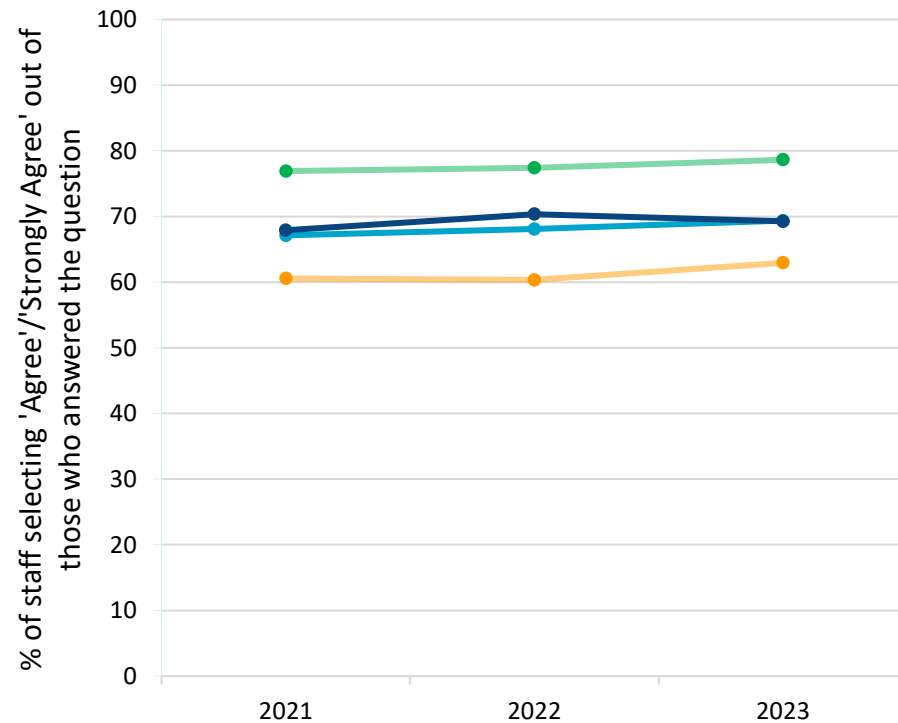
Q9g My immediate manager is interested in listening to me when I describe challenges I face.



	2021	2022	2023
Your org	68.86%	70.77%	71.52%
Best result	76.39%	78.22%	78.17%
Average result	68.12%	69.47%	70.99%
Worst result	61.09%	61.11%	64.48%
Responses	3119	2760	2739

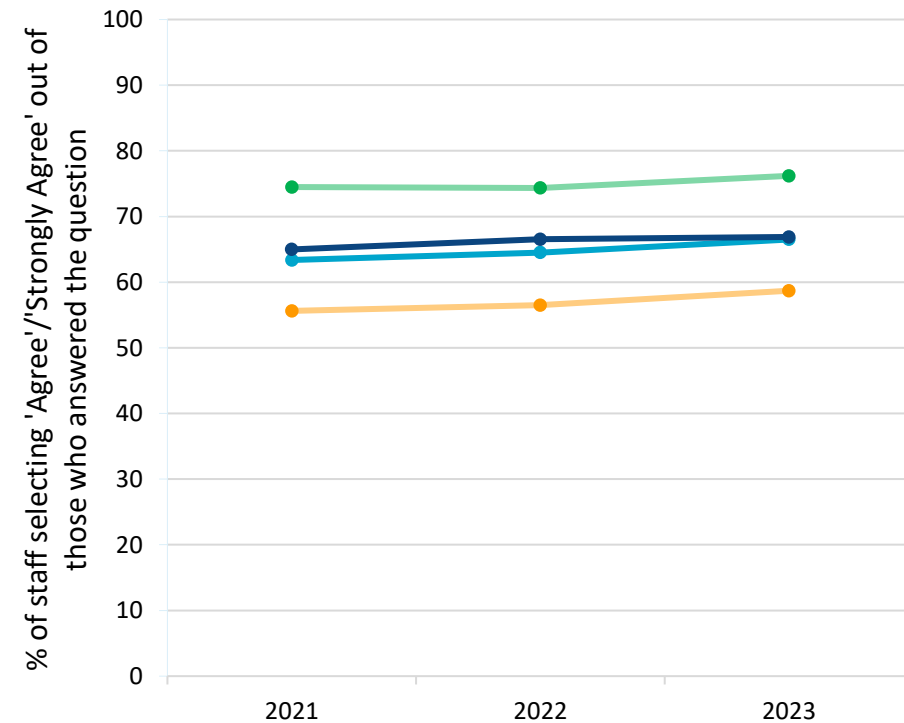


Q9h My immediate manager cares about my concerns.



	2021	2022	2023
Your org	67.90%	70.37%	69.26%
Best result	76.92%	77.43%	78.65%
Average result	67.12%	68.10%	69.37%
Worst result	60.55%	60.34%	62.95%
Responses	3117	2755	2741

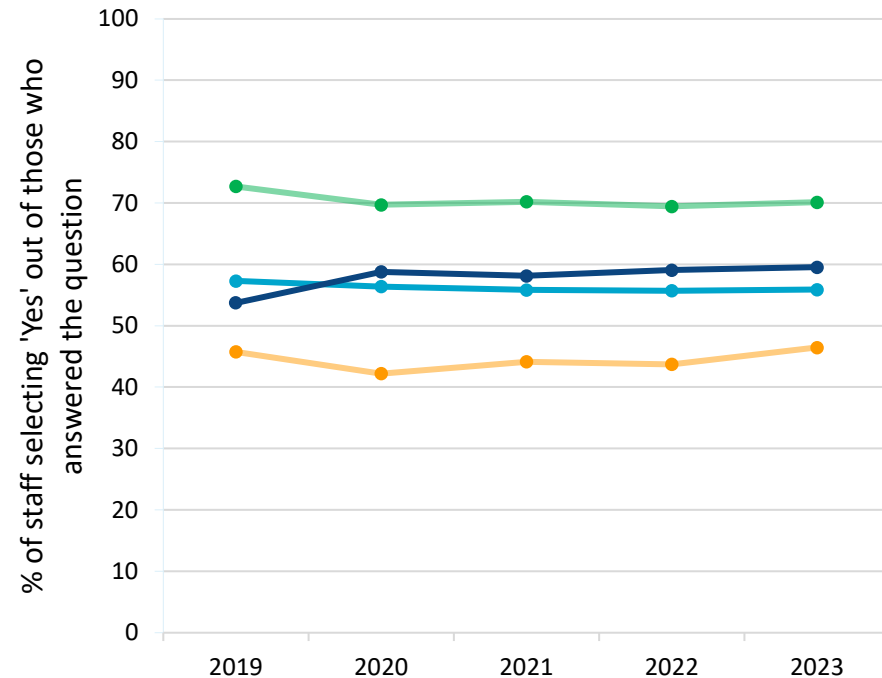
Q9i My immediate manager takes effective action to help me with any problems I face.



	2021	2022	2023
Your org	64.98%	66.54%	66.88%
Best result	74.49%	74.35%	76.19%
Average result	63.37%	64.50%	66.50%
Worst result	55.62%	56.50%	58.68%
Responses	3116	2759	2739

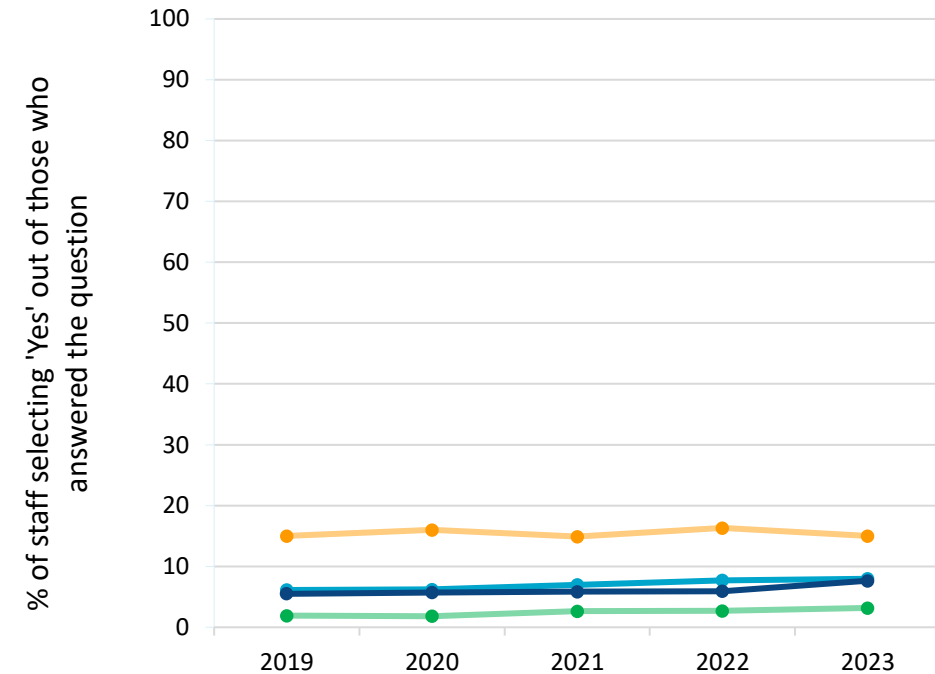


Q15 Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?



	2019	2020	2021	2022	2023
Your org	53.72%	58.78%	58.12%	59.06%	59.53%
Best result	72.70%	69.70%	70.19%	69.43%	70.11%
Average result	57.31%	56.38%	55.83%	55.69%	55.89%
Worst result	45.74%	42.19%	44.12%	43.72%	46.44%
Responses	1985	2233	3092	2742	2716

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

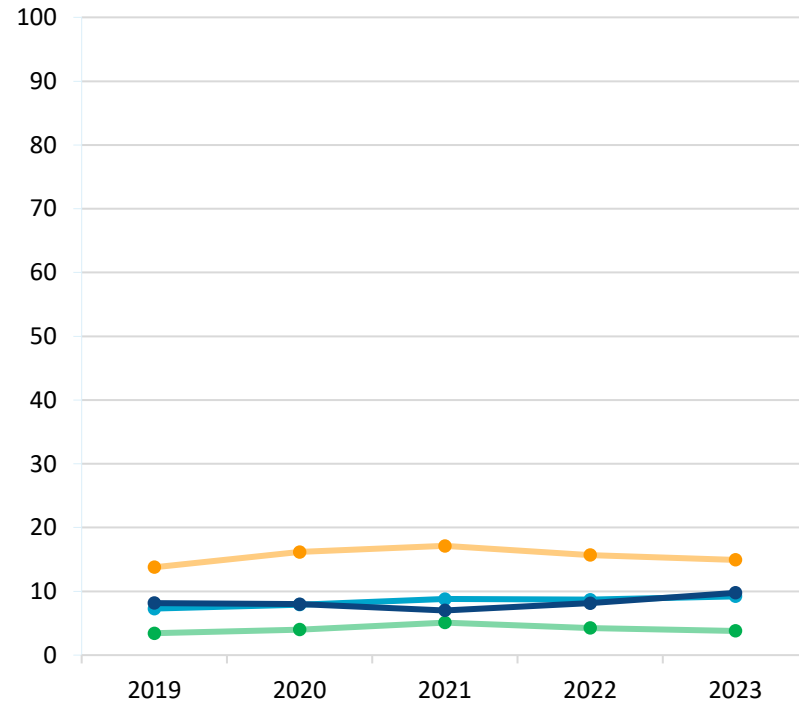


	2019	2020	2021	2022	2023
Your org	5.49%	5.71%	5.85%	5.93%	7.64%
Best result	1.91%	1.83%	2.64%	2.69%	3.17%
Average result	6.15%	6.21%	6.98%	7.71%	7.99%
Worst result	14.99%	15.99%	14.91%	16.33%	15.02%
Responses	1991	2252	3102	2754	2731



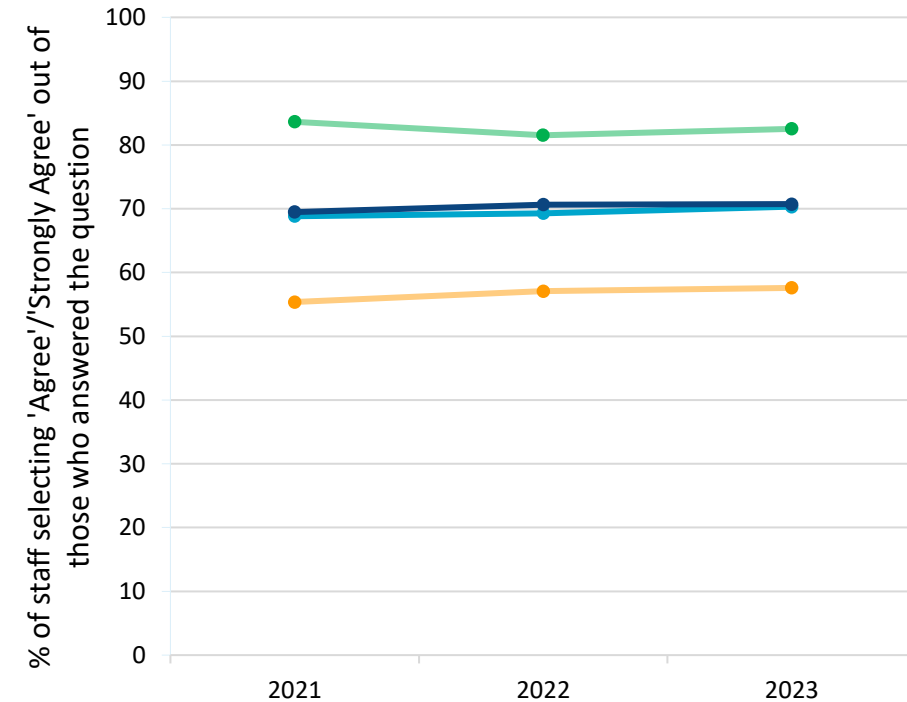
Q16b In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?

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



	2019	2020	2021	2022	2023
Your org	8.14%	7.99%	7.00%	8.14%	9.77%
Best result	3.41%	3.99%	5.09%	4.24%	3.79%
Average result	7.29%	7.90%	8.78%	8.69%	9.20%
Worst result	13.78%	16.17%	17.12%	15.70%	14.93%
Responses	1981	2250	3111	2753	2718

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

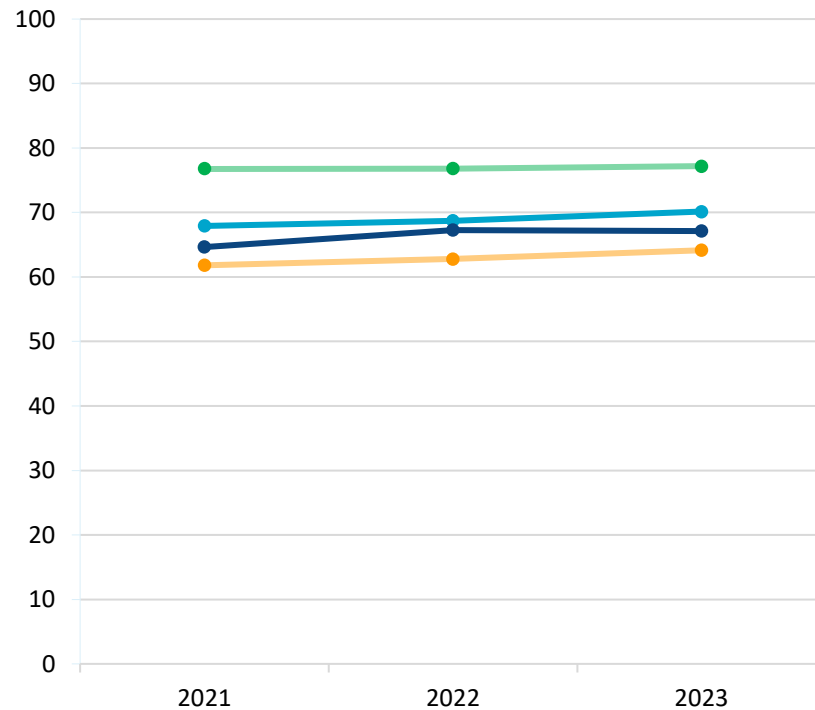


	2021	2022	2023
Your org	69.46%	70.66%	70.73%
Best result	83.66%	81.52%	82.55%
Average result	68.83%	69.29%	70.33%
Worst result	55.37%	57.06%	57.60%
Responses	3109	2750	2736



Q7h I feel valued by my team.

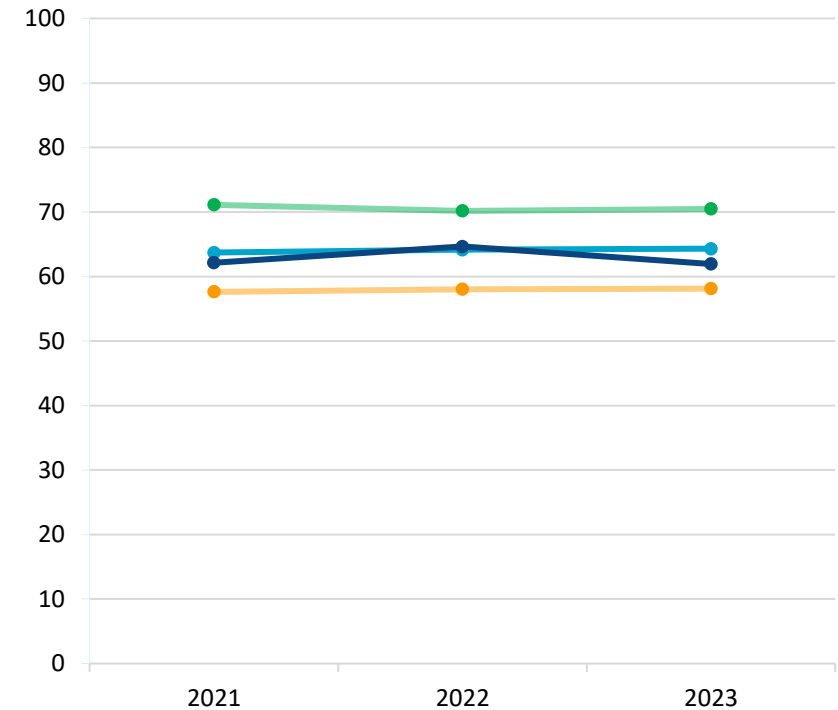
% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question



	2021	2022	2023
Your org	64.65%	67.28%	67.13%
Best result	76.79%	76.81%	77.16%
Average result	67.92%	68.70%	70.12%
Worst result	61.81%	62.78%	64.16%
Responses	3135	2763	2741

Q7i I feel a strong personal attachment to my team.

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

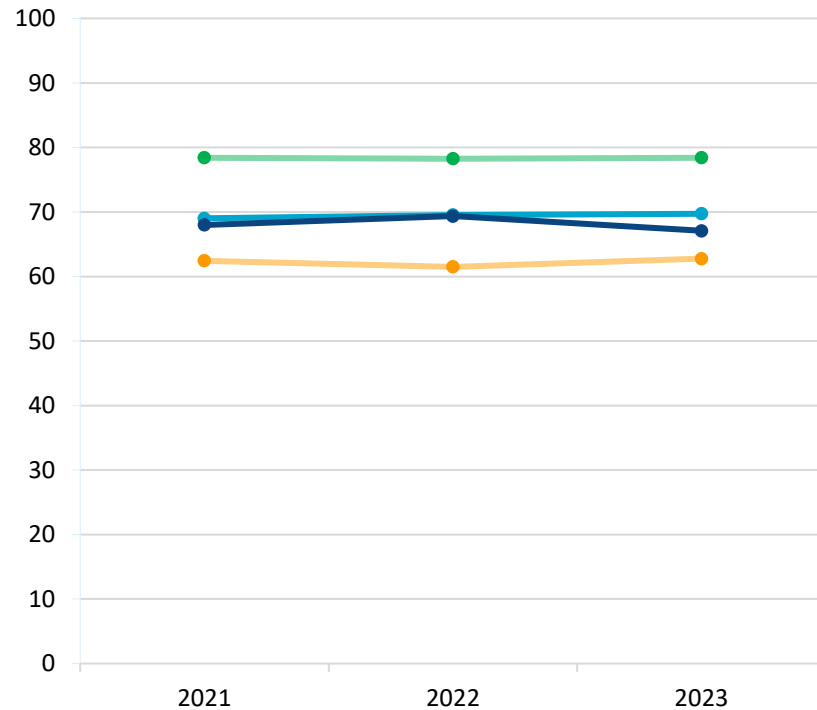


	2021	2022	2023
Your org	62.16%	64.66%	61.96%
Best result	71.13%	70.17%	70.48%
Average result	63.71%	64.17%	64.32%
Worst result	57.63%	58.03%	58.14%
Responses	3138	2763	2736



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

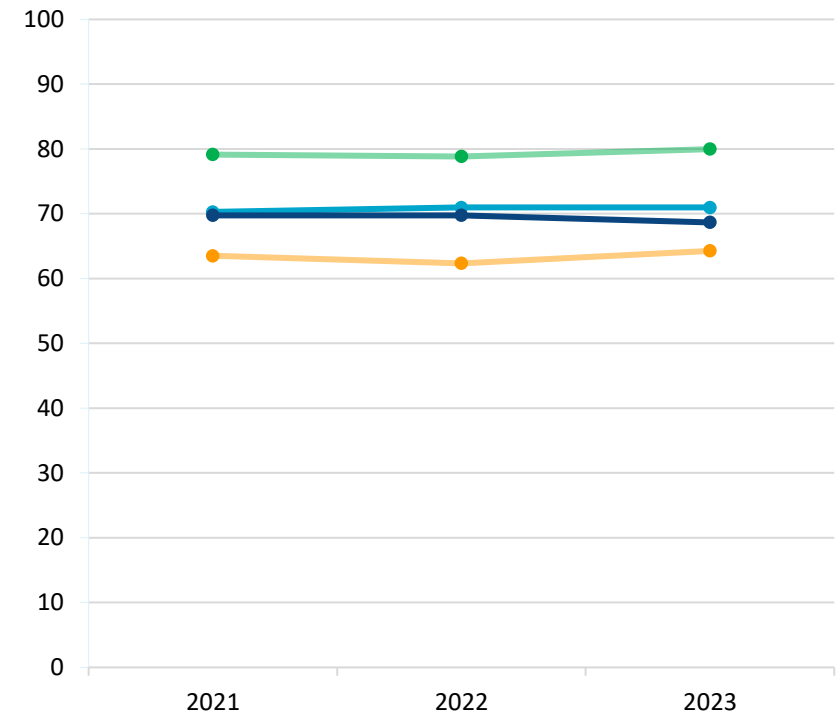
% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question



	2021	2022	2023
Your org	67.99%	69.38%	67.08%
Best result	78.43%	78.25%	78.42%
Average result	69.01%	69.54%	69.73%
Worst result	62.44%	61.50%	62.78%
Responses	3131	2760	2736

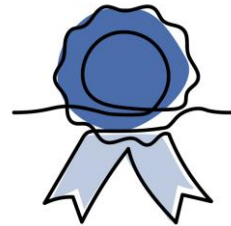
Q8c The people I work with are polite and treat each other with respect.

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



	2021	2022	2023
Your org	69.72%	69.75%	68.67%
Best result	79.13%	78.83%	79.99%
Average result	70.27%	70.96%	70.95%
Worst result	63.50%	62.35%	64.27%
Responses	3129	2760	2737

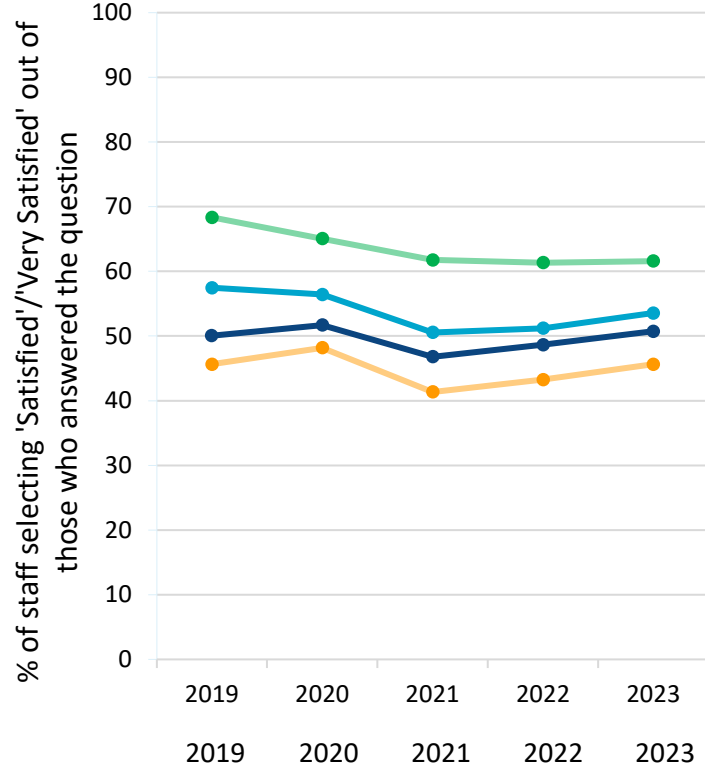
People Promise element – We are recognised and rewarded



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

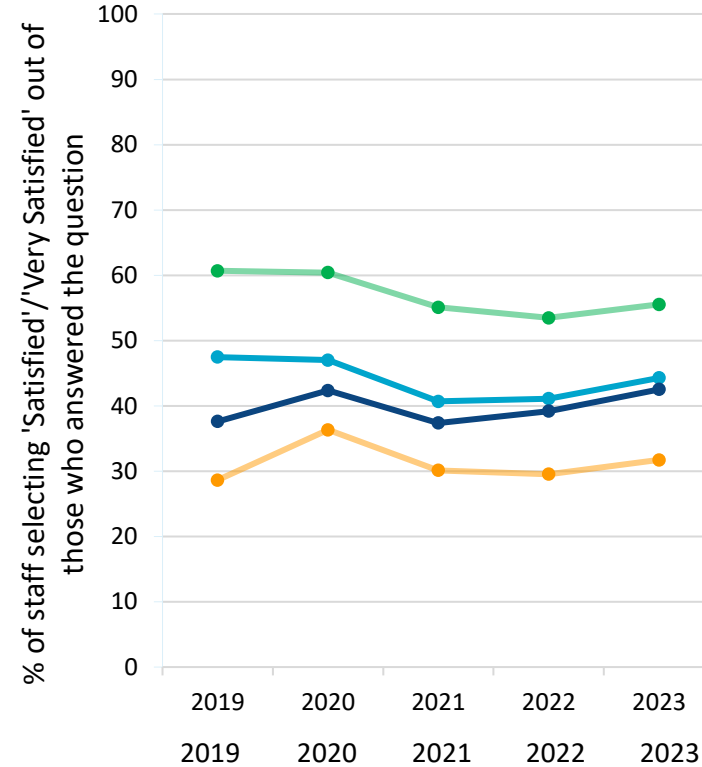


Q4a How satisfied are you with each of the following aspects of your job? The recognition I get for good work.



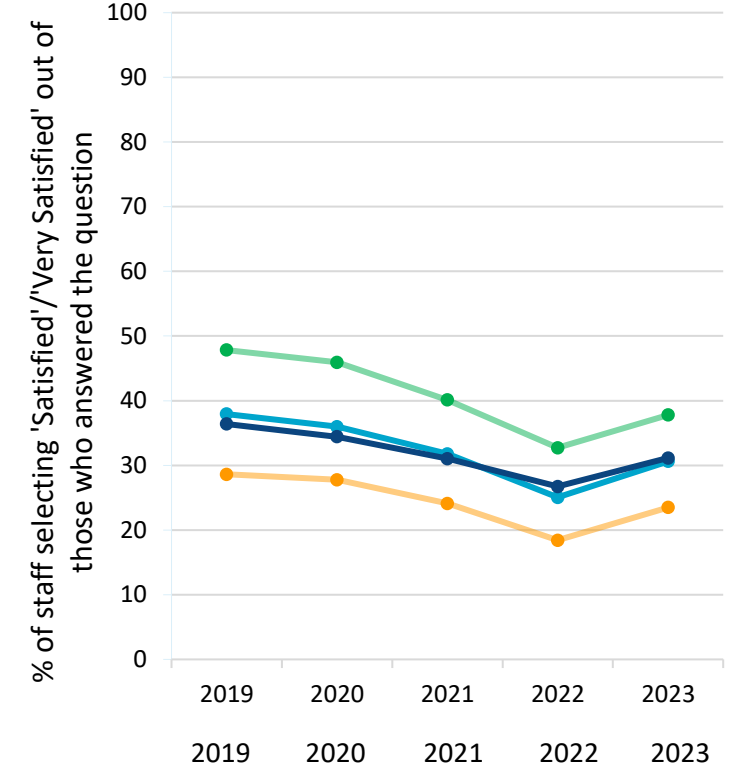
Your org	2019	2020	2021	2022	2023
Best result	68.34%	65.04%	61.75%	61.35%	61.58%
Average result	57.46%	56.42%	50.55%	51.18%	53.55%
Worst result	45.63%	48.18%	41.36%	43.25%	45.64%
Responses	2023	2277	3151	2757	2736

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



Your org	2019	2020	2021	2022	2023
Best result	60.68%	60.41%	55.10%	53.47%	55.53%
Average result	47.48%	47.00%	40.68%	41.11%	44.28%
Worst result	28.63%	36.32%	30.11%	29.53%	31.72%
Responses	2018	2278	3151	2757	2731

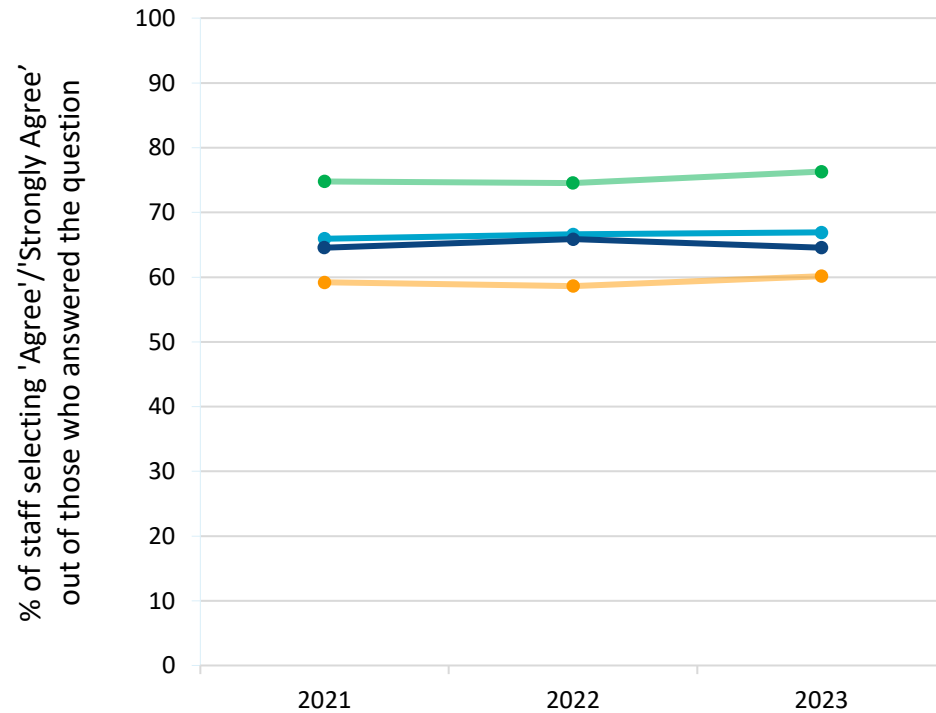
Q4c How satisfied are you with each of the following aspects of your job? My level of pay.



Your org	2019	2020	2021	2022	2023
Best result	47.83%	45.94%	40.11%	32.72%	37.78%
Average result	37.95%	35.97%	31.78%	25.05%	30.61%
Worst result	28.62%	27.76%	24.12%	18.41%	23.49%
Responses	2015	2278	3148	2760	2733

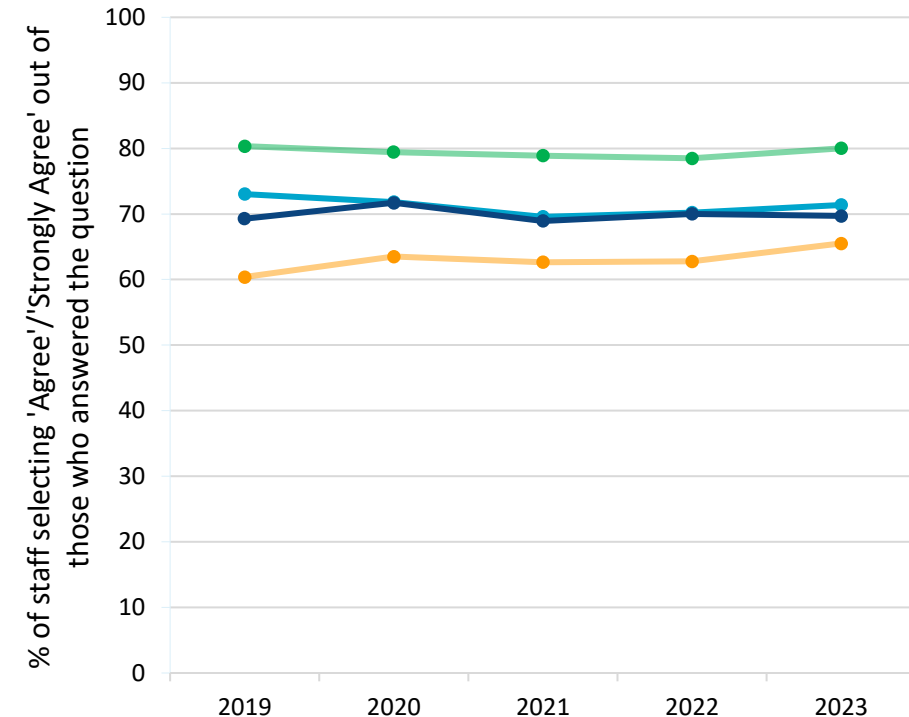


Q8d The people I work with show appreciation to one another.



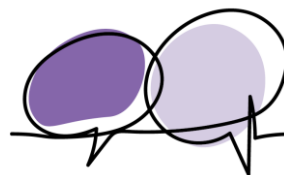
	2021	2022	2023
Your org	64.57%	65.86%	64.56%
Best result	74.80%	74.54%	76.31%
Average result	65.94%	66.61%	66.91%
Worst result	59.19%	58.63%	60.16%
Responses	3129	2759	2738

Q9e My immediate manager values my work.



	2019	2020	2021	2022	2023
Your org	69.28%	71.69%	68.93%	70.01%	69.70%
Best result	80.34%	79.41%	78.91%	78.48%	80.03%
Average result	73.03%	71.81%	69.57%	70.22%	71.39%
Worst result	60.37%	63.50%	62.64%	62.77%	65.51%
Responses	2003	2265	3114	2761	2739

People Promise element – We each have a voice that counts



Questions included:

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

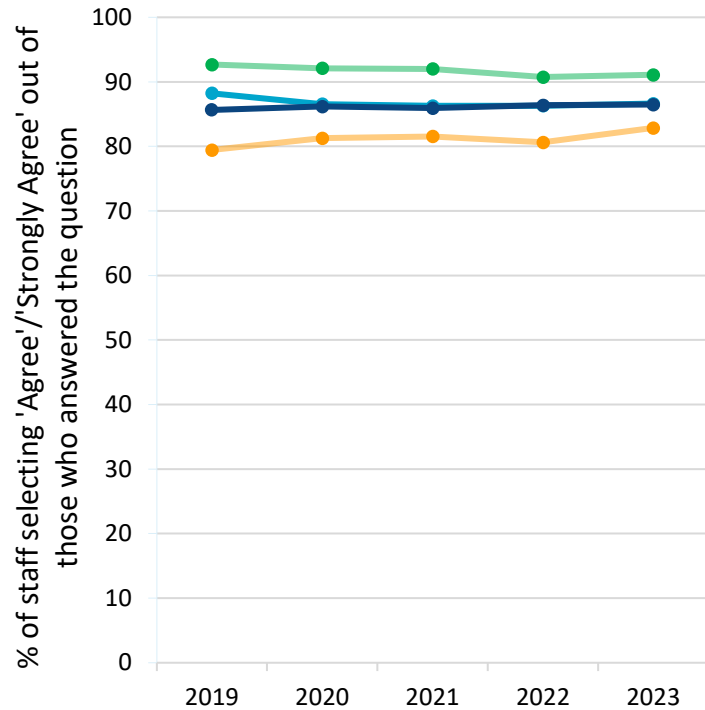
Raising concerns – Q20a, Q20b, Q25e, Q25f



People Promise elements and theme results – We each have a voice that counts: Autonomy and control

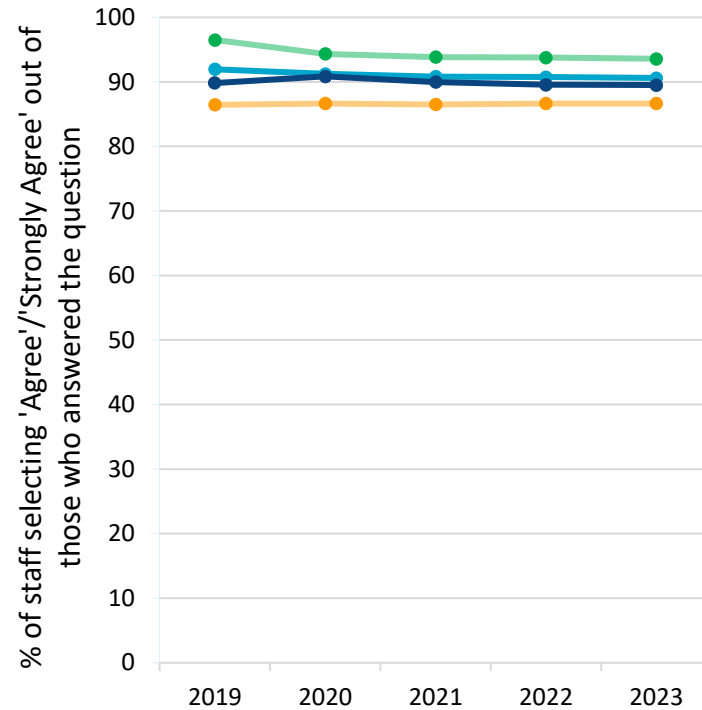


Q3a I always know what my work responsibilities are.



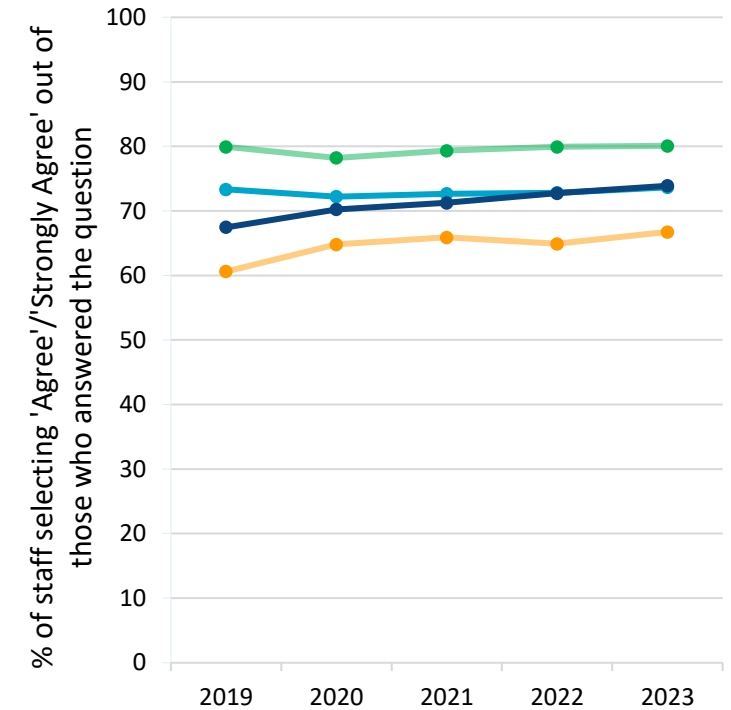
	2019	2020	2021	2022	2023
Your org	85.63%	86.17%	85.92%	86.39%	86.47%
Best result	92.66%	92.10%	92.01%	90.74%	91.10%
Average result	88.24%	86.55%	86.28%	86.30%	86.63%
Worst result	79.44%	81.28%	81.54%	80.62%	82.84%
Responses	2043	2310	3150	2759	2744

Q3b I am trusted to do my job.



	2019	2020	2021	2022	2023
Your org	89.79%	90.85%	89.97%	89.55%	89.51%
Best result	96.50%	94.35%	93.84%	93.78%	93.56%
Average result	91.97%	91.23%	90.82%	90.74%	90.58%
Worst result	86.45%	86.64%	86.51%	86.64%	86.64%
Responses	2039	2312	3157	2762	2740

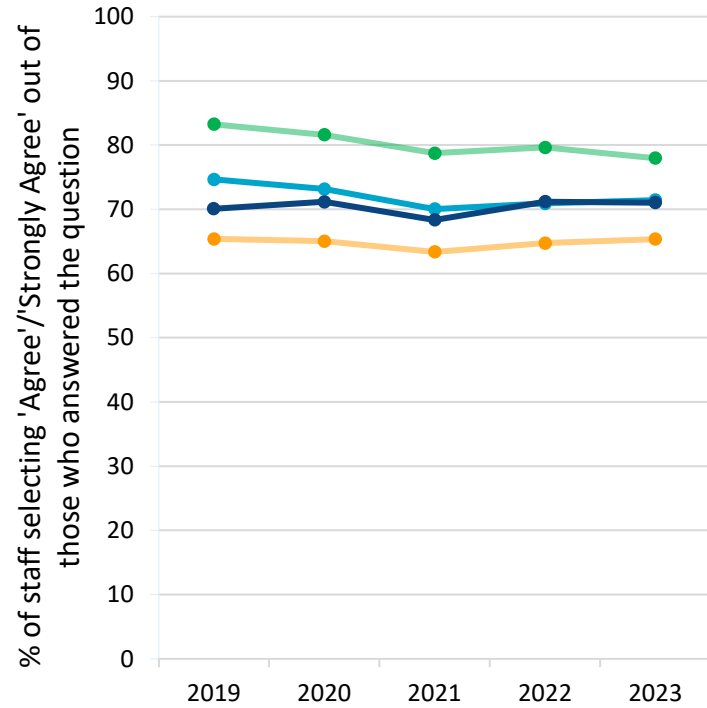
Q3c There are frequent opportunities for me to show initiative in my role.



	2019	2020	2021	2022	2023
Your org	67.44%	70.24%	71.26%	72.74%	73.91%
Best result	79.93%	78.22%	79.35%	79.92%	80.07%
Average result	73.35%	72.23%	72.68%	72.83%	73.66%
Worst result	60.61%	64.80%	65.90%	64.90%	66.74%
Responses	2044	2285	3158	2759	2740



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

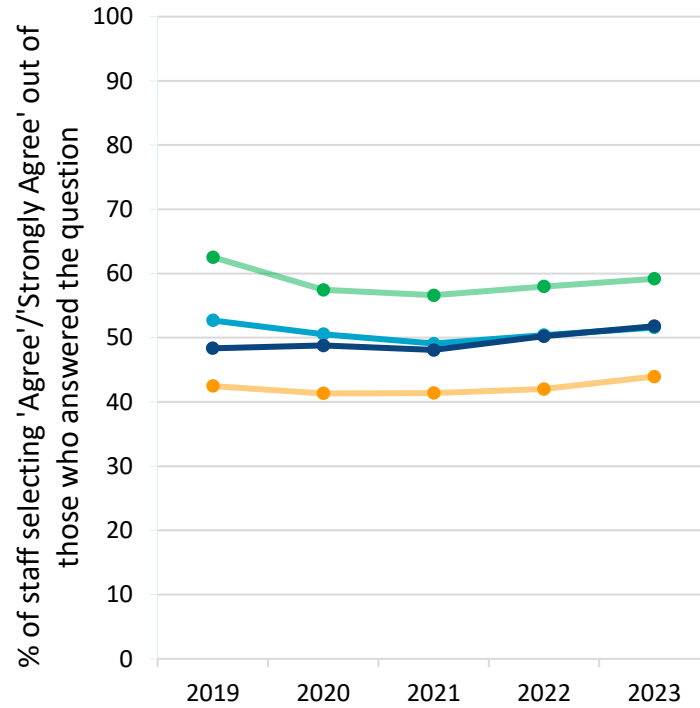


2019 2020 2021 2022 2023

Your org	70.07%	71.16%	68.35%	71.19%	71.03%
Best result	83.24%	81.60%	78.73%	79.63%	77.96%
Average result	74.65%	73.16%	70.05%	70.92%	71.43%
Worst result	65.38%	65.04%	63.37%	64.73%	65.35%

Responses 2042 2290 3160 2762 2745

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

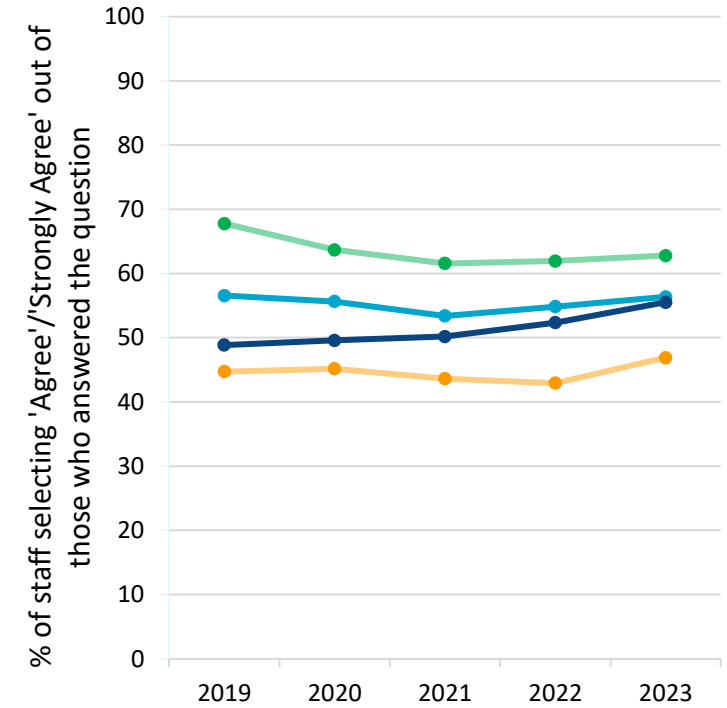


2019 2020 2021 2022 2023

Your org	48.32%	48.79%	48.08%	50.22%	51.81%
Best result	62.53%	57.46%	56.61%	57.98%	59.18%
Average result	52.69%	50.55%	49.07%	50.41%	51.60%
Worst result	42.49%	41.33%	41.38%	41.99%	43.95%

Responses 2040 2290 3156 2764 2745

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



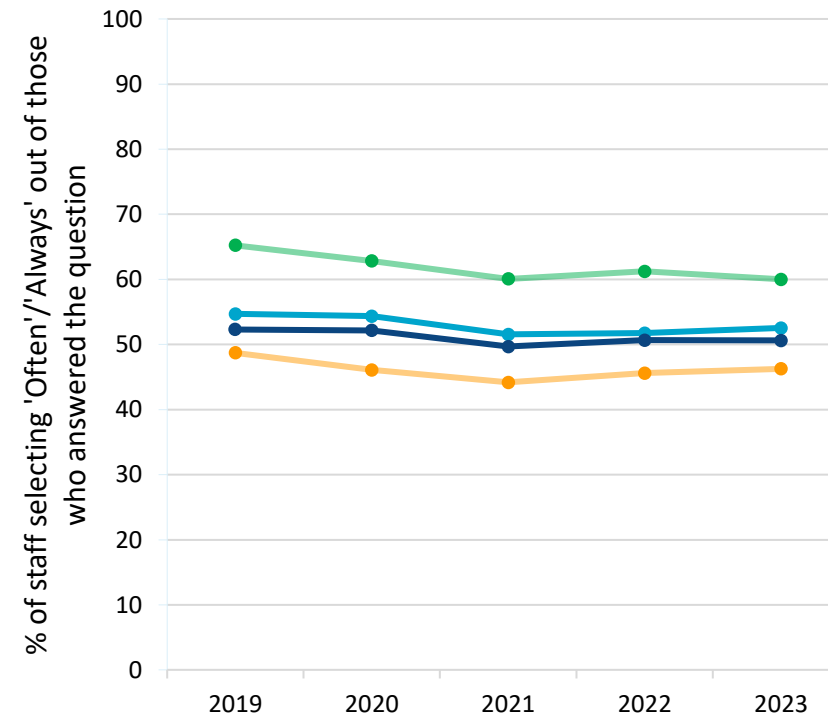
2019 2020 2021 2022 2023

Your org	48.83%	49.59%	50.17%	52.35%	55.51%
Best result	67.76%	63.68%	61.57%	61.93%	62.79%
Average result	56.56%	55.62%	53.39%	54.84%	56.35%
Worst result	44.73%	45.18%	43.63%	42.93%	46.89%

Responses 2039 2289 3156 2763 2741



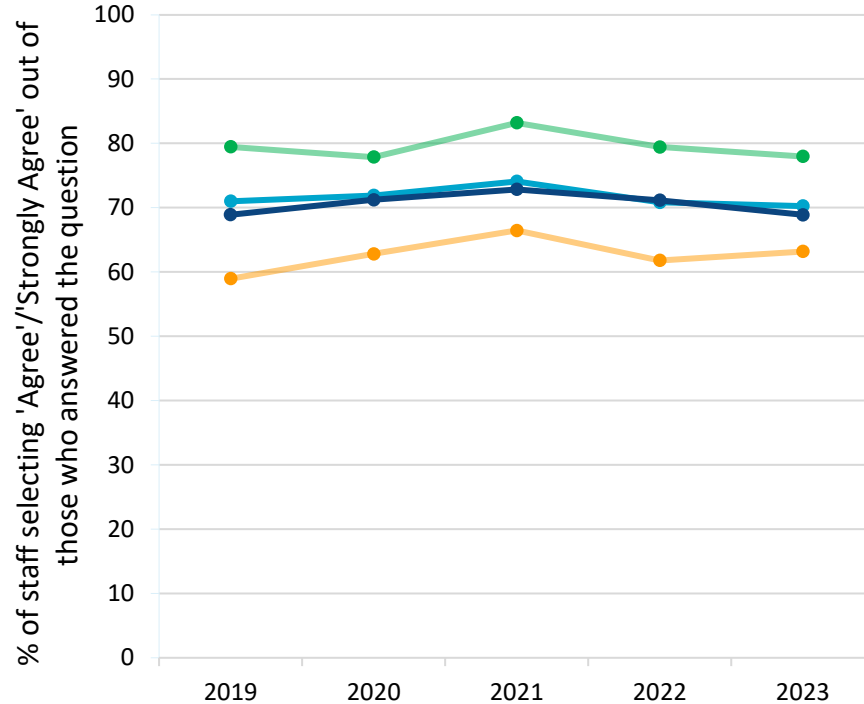
Q5b I have a choice in deciding how to do my work.



	2019	2020	2021	2022	2023
Your org	52.31%	52.17%	49.68%	50.68%	50.62%
Best result	65.25%	62.83%	60.08%	61.24%	60.00%
Average result	54.70%	54.35%	51.55%	51.76%	52.55%
Worst result	48.73%	46.10%	44.18%	45.59%	46.27%
Responses	2015	2276	3141	2760	2738



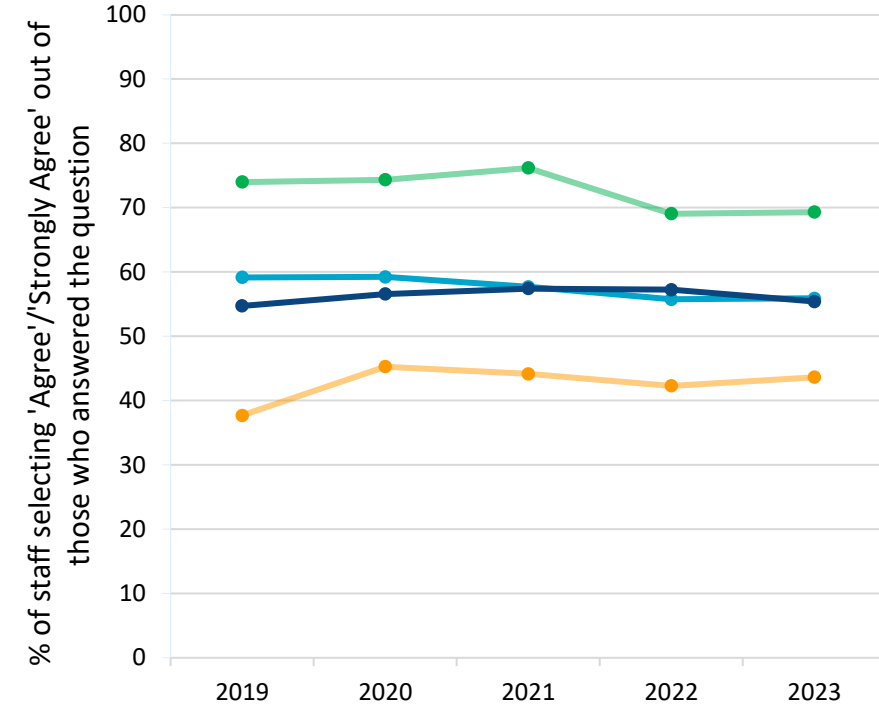
Q20a I would feel secure raising concerns about unsafe clinical practice.



	2019	2020	2021	2022	2023
Your org	68.88%	71.23%	72.85%	71.15%	68.88%
Best result	79.47%	77.87%	83.19%	79.44%	77.96%
Average result	71.00%	71.89%	74.07%	70.82%	70.24%
Worst result	58.96%	62.81%	66.44%	61.78%	63.19%

Responses 1985 2244 3108 2761 2731

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

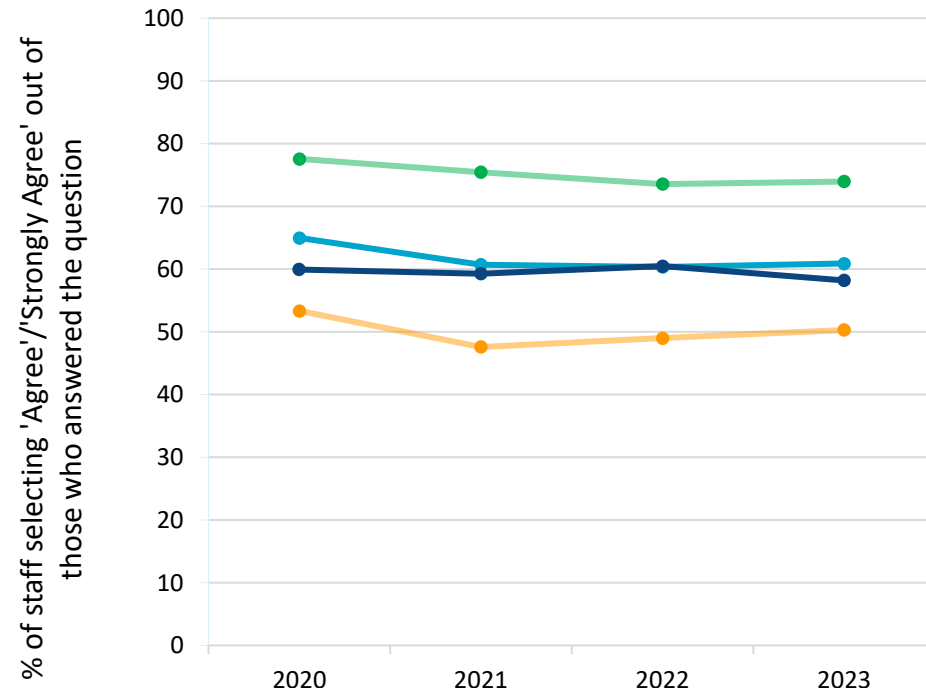


	2019	2020	2021	2022	2023
Your org	54.69%	56.57%	57.40%	57.23%	55.40%
Best result	73.99%	74.33%	76.17%	69.05%	69.29%
Average result	59.15%	59.22%	57.69%	55.75%	55.90%
Worst result	37.69%	45.27%	44.13%	42.27%	43.62%

Responses 1984 2243 3106 2757 2726

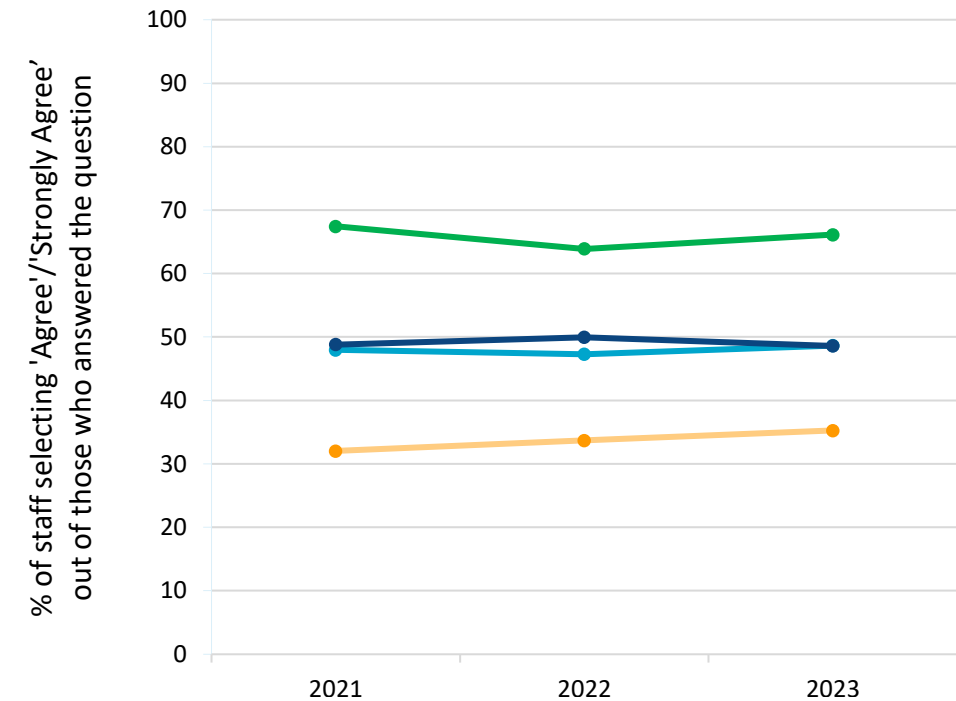


Q25e I feel safe to speak up about anything that concerns me in this organisation.



	2020	2021	2022	2023
Your org	59.93%	59.30%	60.50%	58.22%
Best result	77.58%	75.47%	73.58%	73.98%
Average result	64.99%	60.71%	60.36%	60.89%
Worst result	53.35%	47.60%	49.01%	50.32%
Responses	2237	3092	2758	2728

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



	2021	2022	2023
Your org	48.80%	49.97%	48.61%
Best result	67.43%	63.87%	66.13%
Average result	47.97%	47.28%	48.65%
Worst result	32.02%	33.68%	35.26%
Responses	3092	2755	2727

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.

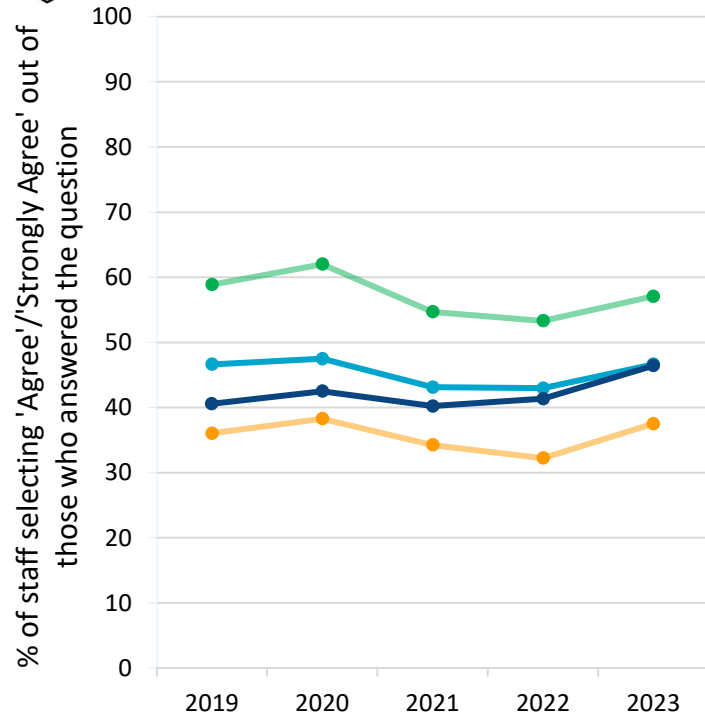


People Promise elements and theme results – We are safe and healthy: Health and safety climate

Survey
Coordination
Centre

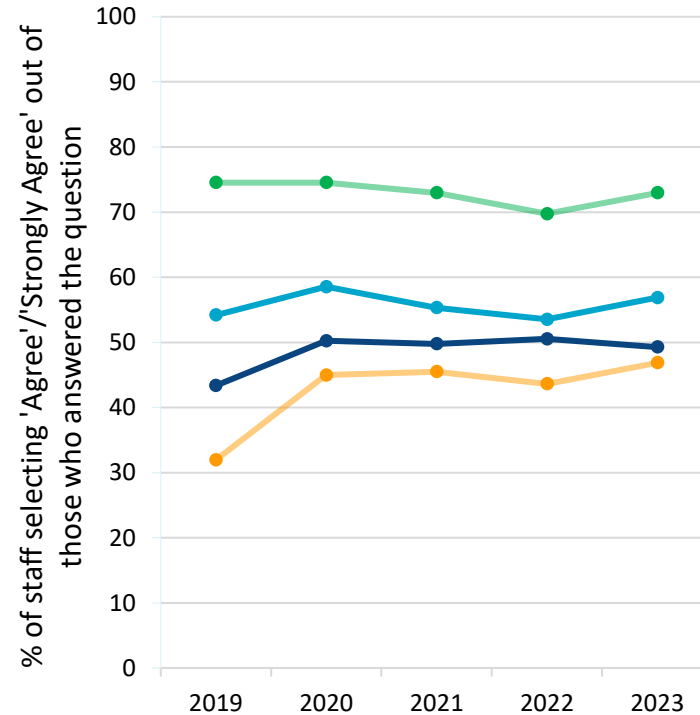


Q3g I am able to meet all the conflicting demands on my time at work.



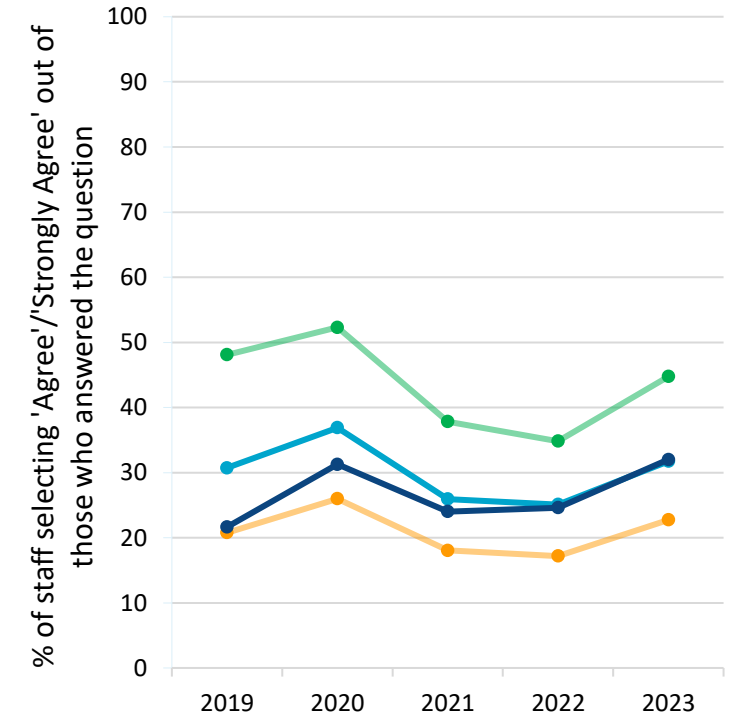
	2019	2020	2021	2022	2023
Your org	40.58%	42.50%	40.23%	41.34%	46.44%
Best result	58.86%	61.99%	54.69%	53.31%	57.08%
Average result	46.63%	47.50%	43.12%	42.96%	46.63%
Worst result	36.05%	38.27%	34.26%	32.24%	37.52%
Responses	2037	2284	3152	2761	2737

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



	2019	2020	2021	2022	2023
Your org	43.36%	50.24%	49.77%	50.53%	49.29%
Best result	74.53%	74.54%	72.96%	69.73%	72.97%
Average result	54.19%	58.54%	55.33%	53.52%	56.88%
Worst result	31.96%	44.99%	45.51%	43.63%	46.87%
Responses	2038	2283	3154	2762	2740

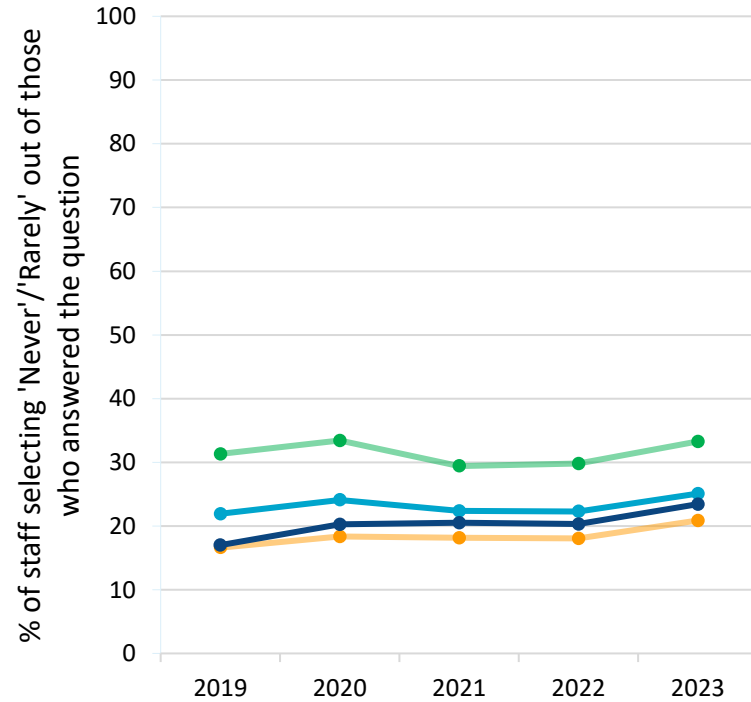
Q3i There are enough staff at this organisation for me to do my job properly.



	2019	2020	2021	2022	2023
Your org	21.65%	31.28%	24.02%	24.62%	32.01%
Best result	48.09%	52.30%	37.83%	34.84%	44.76%
Average result	30.74%	36.89%	25.94%	25.11%	31.75%
Worst result	20.78%	25.99%	18.06%	17.19%	22.75%
Responses	2039	2282	3155	2762	2744



Q5a I have unrealistic time pressures.

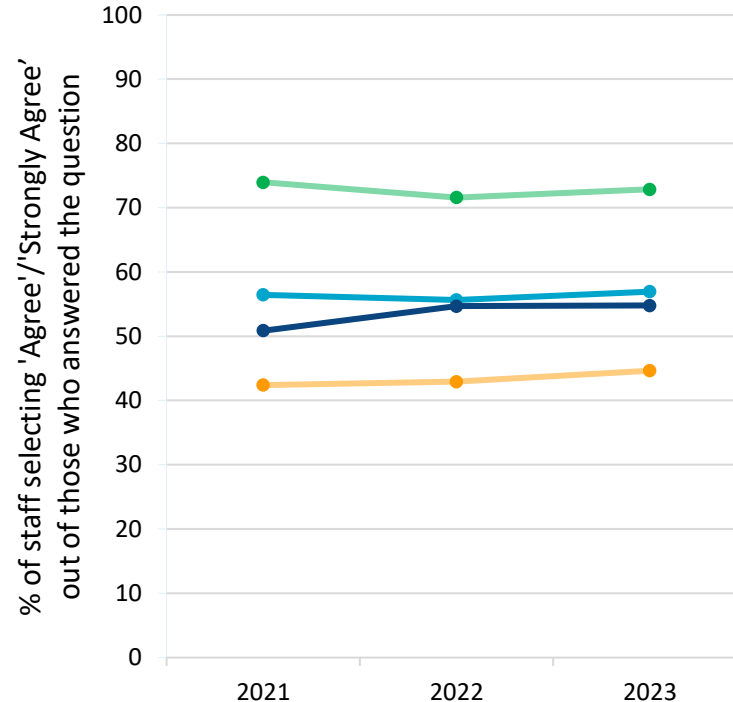


2019 2020 2021 2022 2023

Your org	17.01%	20.26%	20.52%	20.31%	23.44%
Best result	31.33%	33.42%	29.43%	29.80%	33.29%
Average result	21.94%	24.12%	22.39%	22.31%	25.08%
Worst result	16.62%	18.37%	18.16%	18.05%	20.88%

Responses 2016 2275 3140 2758 2738

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

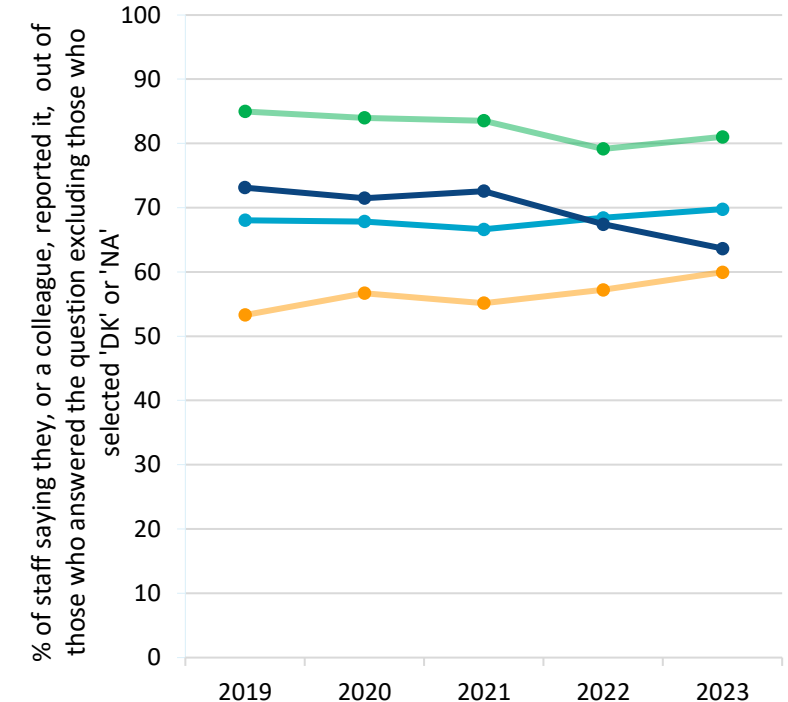


2021 2022 2023

Your org	50.87%	54.66%	54.77%
Best result	73.93%	71.57%	72.85%
Average result	56.44%	55.65%	56.95%
Worst result	42.41%	42.92%	44.63%

Responses 3065 2720 2736

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



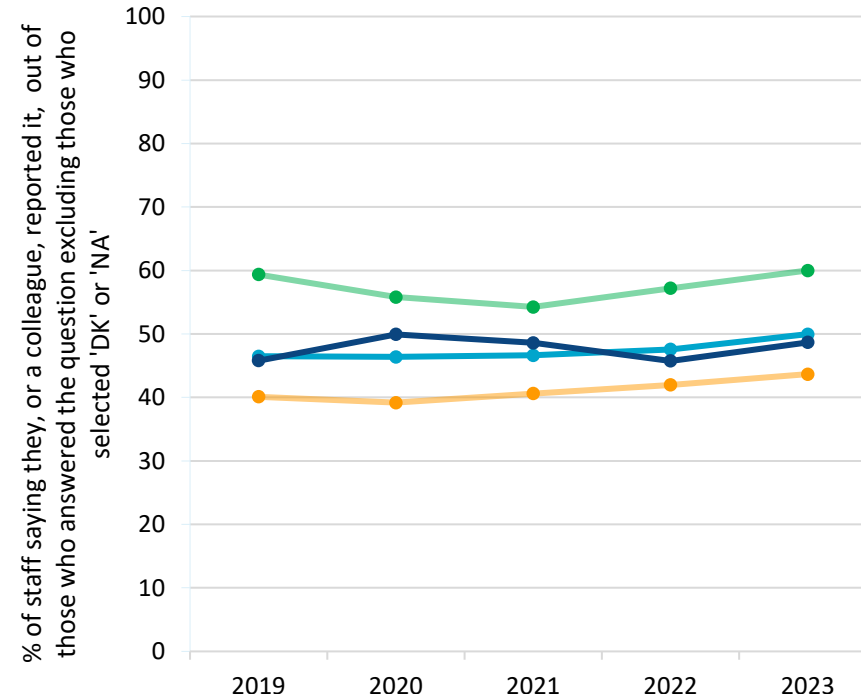
2019 2020 2021 2022 2023

Your org	73.11%	71.47%	72.57%	67.41%	63.64%
Best result	84.97%	83.98%	83.53%	79.14%	81.01%
Average result	68.03%	67.86%	66.62%	68.43%	69.76%
Worst result	53.29%	56.69%	55.14%	57.21%	59.96%

Responses 259 280 387 311 261



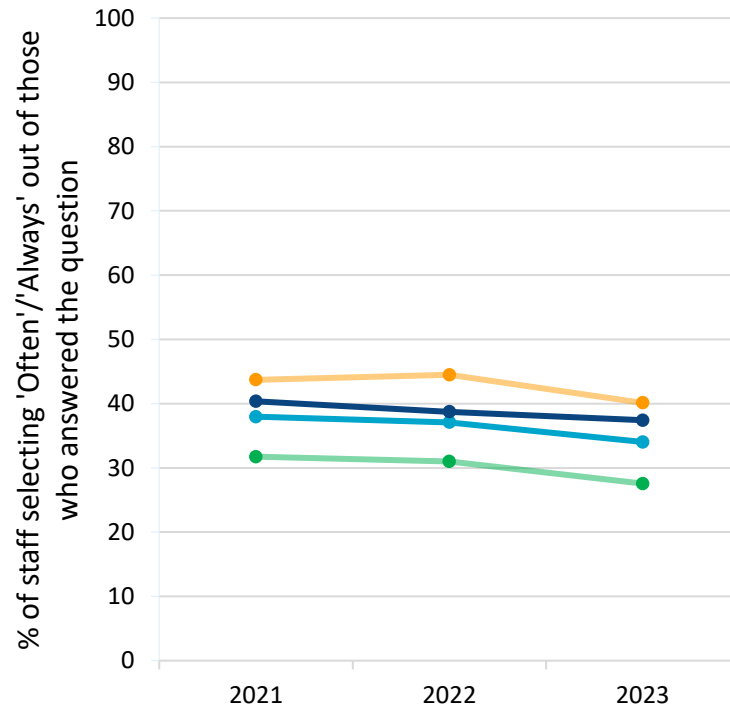
Q14d The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?



	2019	2020	2021	2022	2023
Your org	45.77%	49.94%	48.61%	45.75%	48.68%
Best result	59.36%	55.82%	54.24%	57.20%	60.00%
Average result	46.49%	46.39%	46.64%	47.58%	49.96%
Worst result	40.11%	39.16%	40.62%	41.97%	43.66%
Responses	838	808	975	875	902

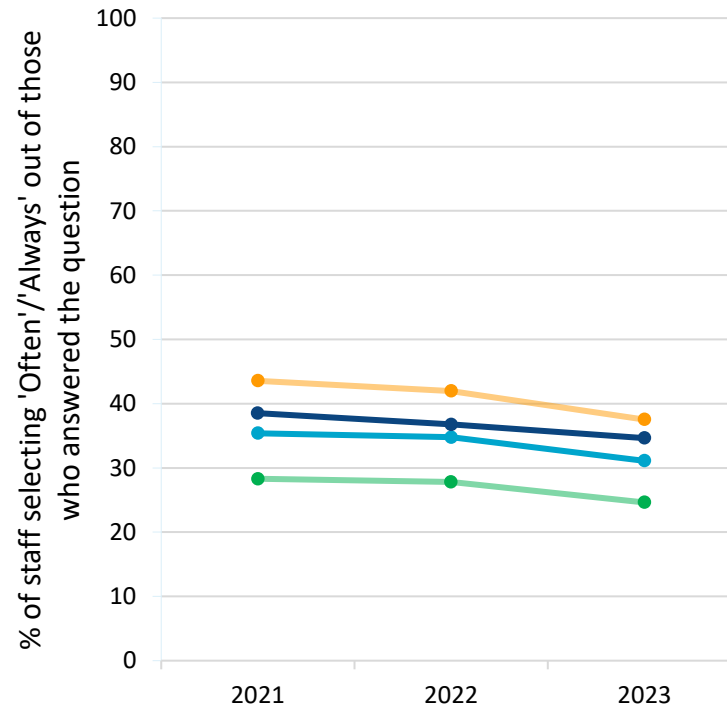


Q12a How often, if at all, do you find your work emotionally exhausting?



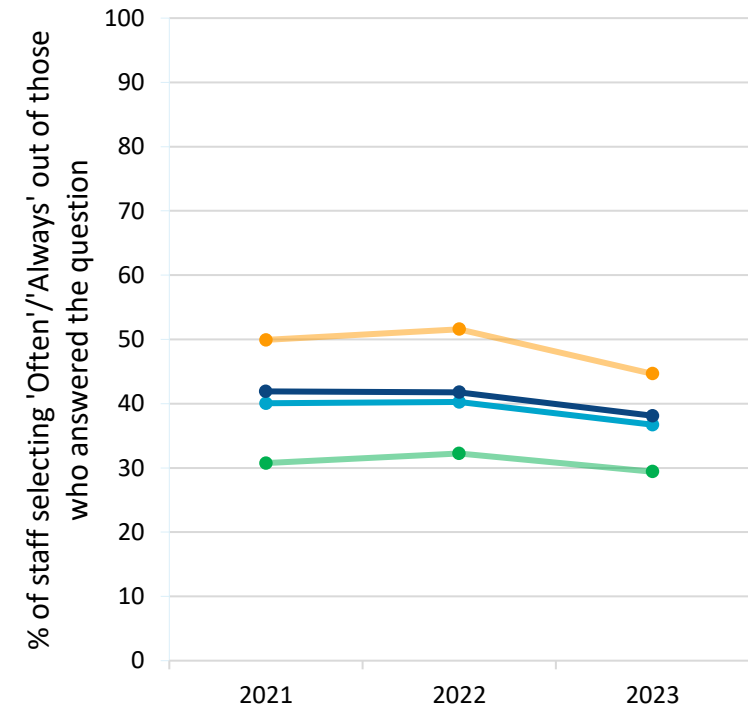
	2021	2022	2023
Your org	40.39%	38.74%	37.42%
Best result	31.73%	30.99%	27.56%
Average result	37.97%	37.10%	34.03%
Worst result	43.72%	44.49%	40.14%
Responses	3111	2760	2743

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



	2021	2022	2023
Your org	38.53%	36.77%	34.66%
Best result	28.30%	27.84%	24.64%
Average result	35.39%	34.77%	31.12%
Worst result	43.56%	41.98%	37.54%
Responses	3117	2763	2740

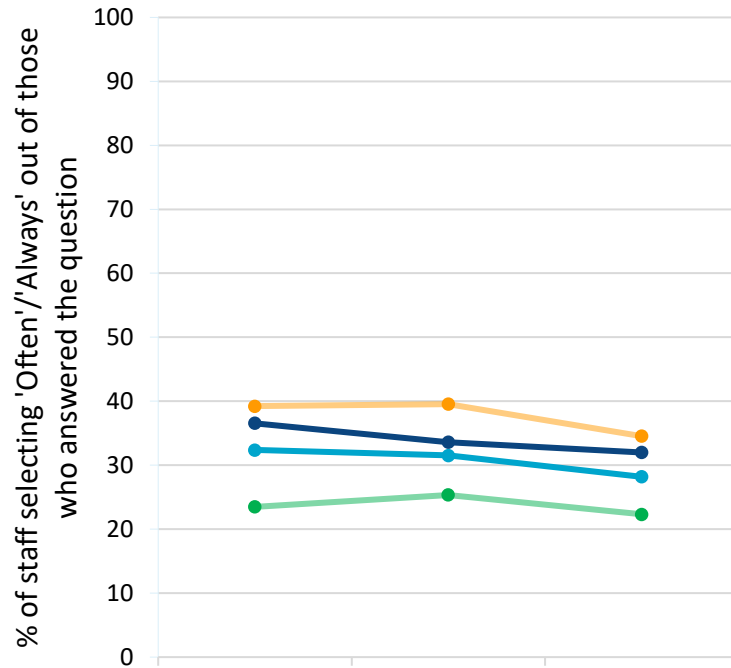
Q12c How often, if at all, does your work frustrate you?



	2021	2022	2023
Your org	41.93%	41.78%	38.10%
Best result	30.75%	32.24%	29.42%
Average result	40.06%	40.25%	36.71%
Worst result	49.91%	51.58%	44.65%
Responses	3116	2758	2737

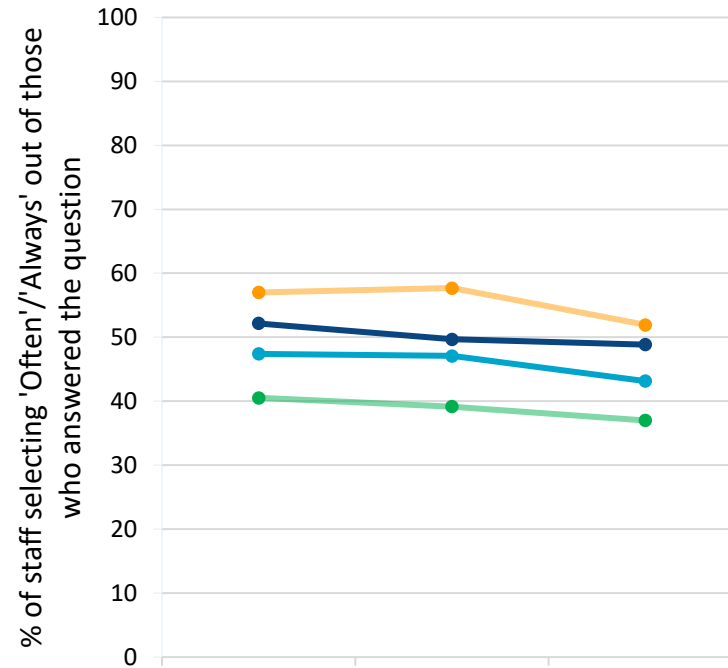


Q12d How often, if at all, are you exhausted at the thought of another day/shift at work?



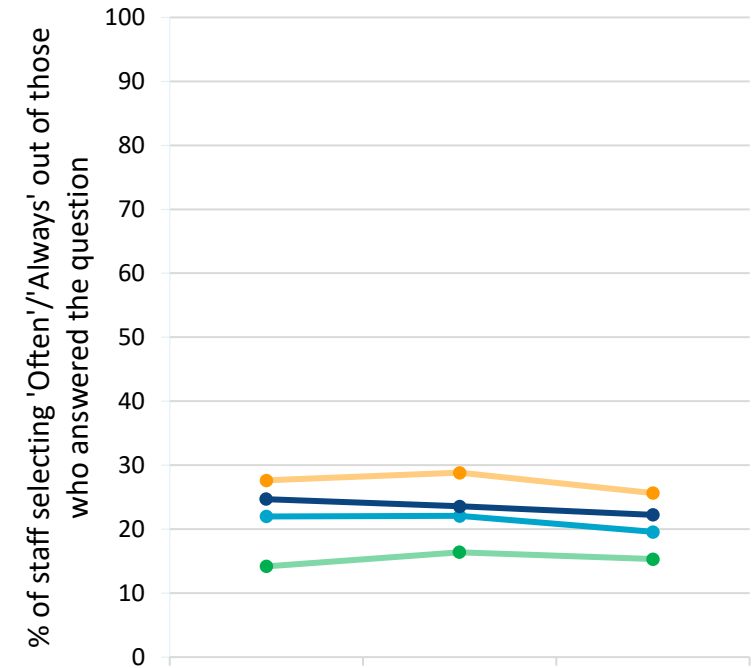
	2021	2022	2023
2021			
2022			
2023			
Your org	36.55%	33.61%	32.01%
Best result	23.50%	25.32%	22.32%
Average result	32.39%	31.53%	28.22%
Worst result	39.23%	39.56%	34.55%
Responses	3117	2761	2739

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



	2021	2022	2023
2021			
2022			
2023			
Your org	52.13%	49.67%	48.86%
Best result	40.53%	39.15%	37.02%
Average result	47.40%	47.08%	43.17%
Worst result	57.02%	57.69%	51.94%
Responses	3116	2758	2739

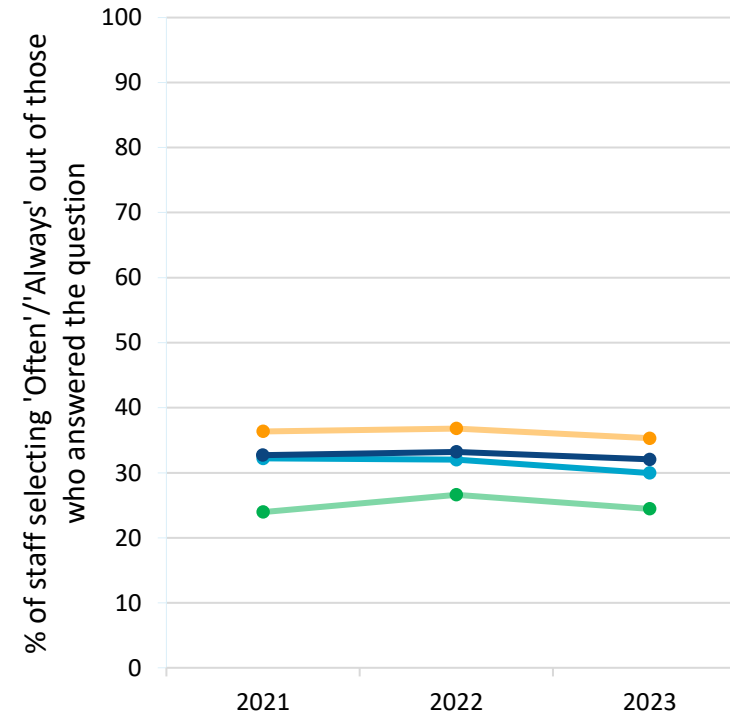
Q12f How often, if at all, do you feel that every working hour is tiring for you?



	2021	2022	2023
2021			
2022			
2023			
Your org	24.70%	23.59%	22.25%
Best result	14.19%	16.40%	15.32%
Average result	21.99%	22.07%	19.59%
Worst result	27.62%	28.83%	25.65%
Responses	3116	2759	2740



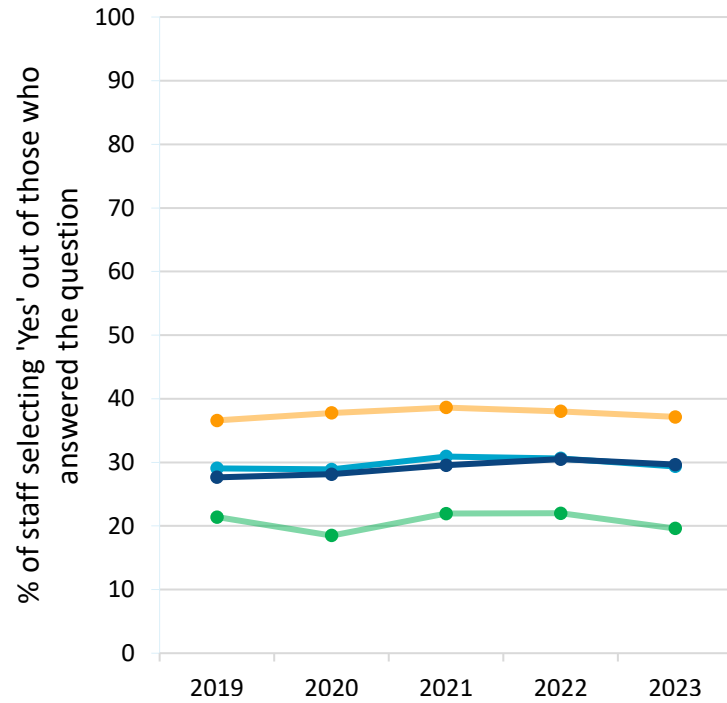
Q12g How often, if at all, do you not have enough energy for family and friends during leisure time?



	2021	2022	2023
Your org	32.73%	33.22%	32.06%
Best result	23.96%	26.60%	24.45%
Average result	32.21%	32.01%	29.98%
Worst result	36.37%	36.81%	35.30%
Responses	3119	2755	2740

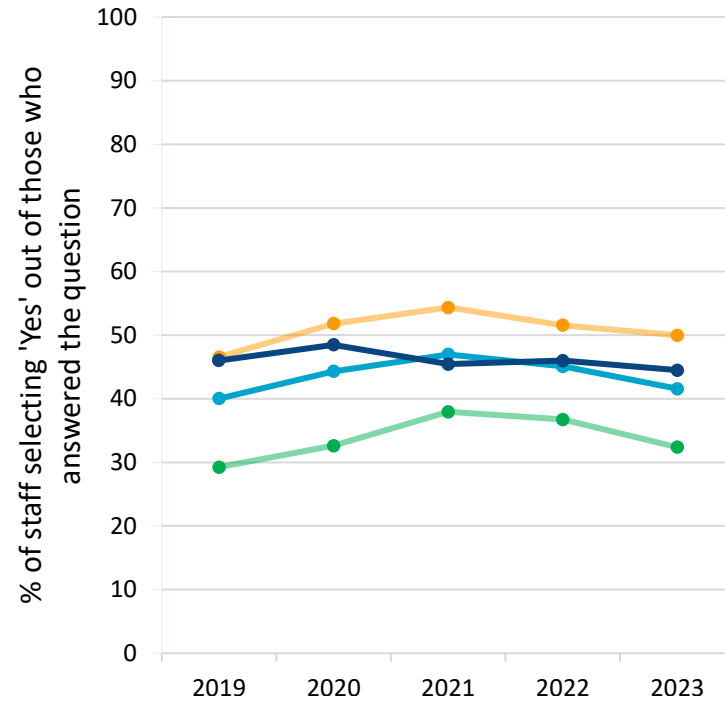


Q11b In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?



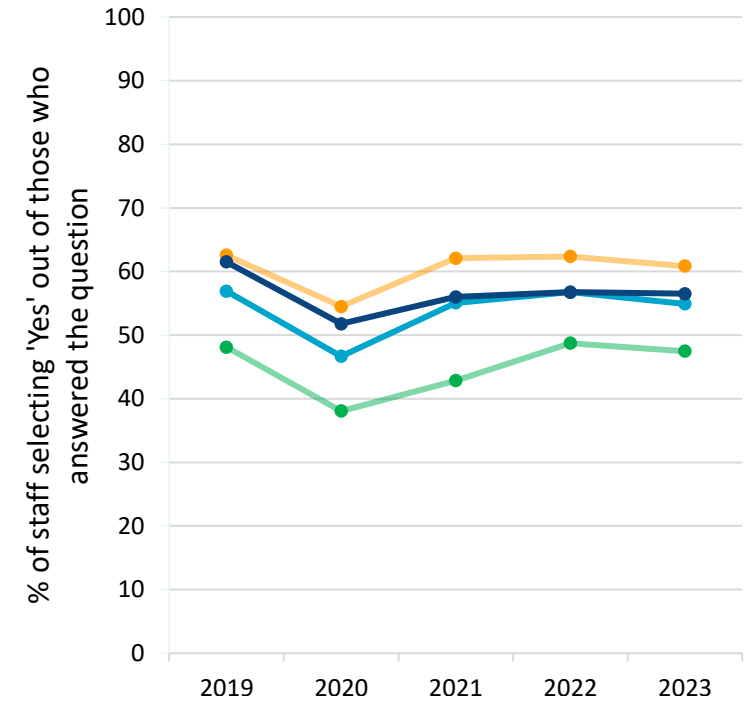
	2019	2020	2021	2022	2023
Responses	2003	2263	3120	2759	2735

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



	2019	2020	2021	2022	2023
Responses	2002	2265	3120	2756	2736

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



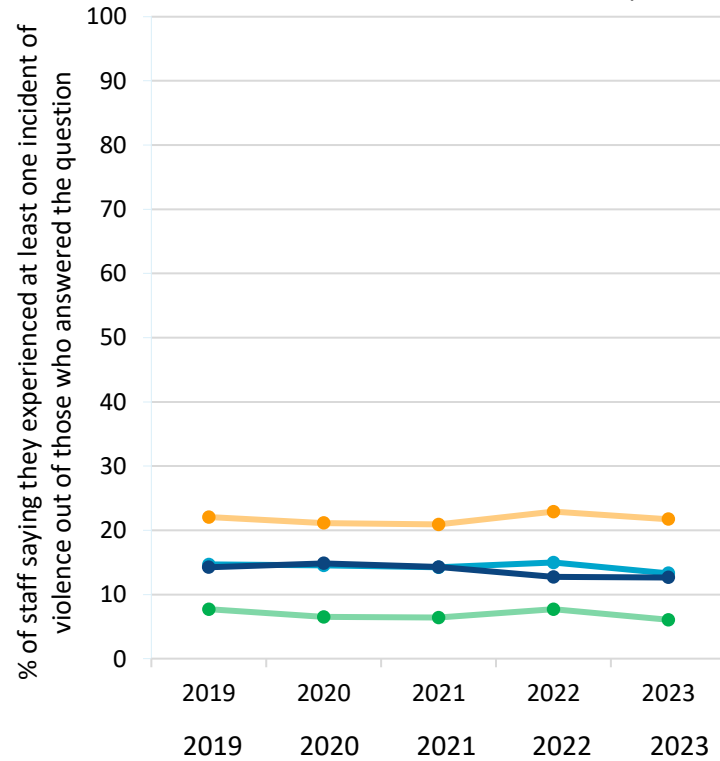
	2019	2020	2021	2022	2023
Responses	2005	2265	3121	2761	2739



People Promise elements and theme results – We are safe and healthy: Negative experiences

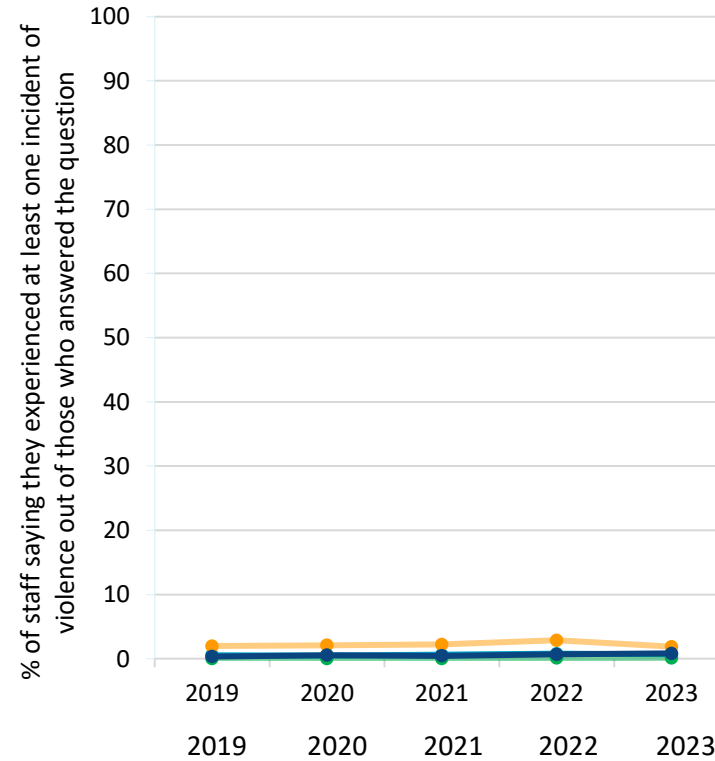


Q13a In the last 12 months how many times have you personally experienced physical violence at work from...? Patients / service users, their relatives or other members of the public.



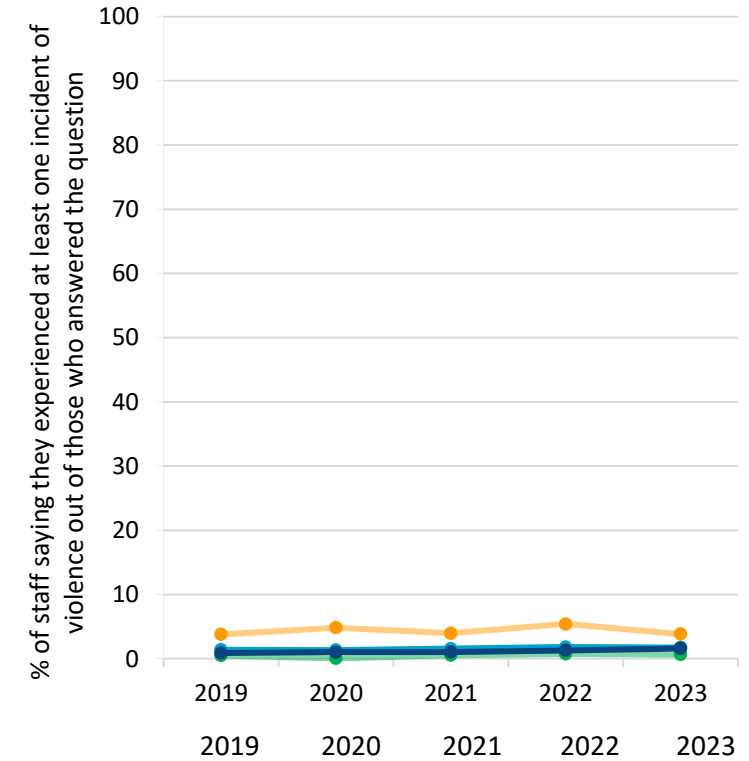
Your org	14.27%	14.87%	14.28%	12.75%	12.65%
Best result	7.71%	6.51%	6.42%	7.71%	6.06%
Average result	14.67%	14.54%	14.22%	14.98%	13.32%
Worst result	22.06%	21.14%	20.92%	22.90%	21.74%
Responses	1997	2267	3119	2758	2503

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



Your org	0.32%	0.55%	0.45%	0.68%	0.82%
Best result	0.00%	0.00%	0.00%	0.11%	0.14%
Average result	0.54%	0.51%	0.63%	0.79%	0.67%
Worst result	1.98%	2.11%	2.23%	2.87%	1.87%
Responses	1987	2259	3092	2741	2480

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



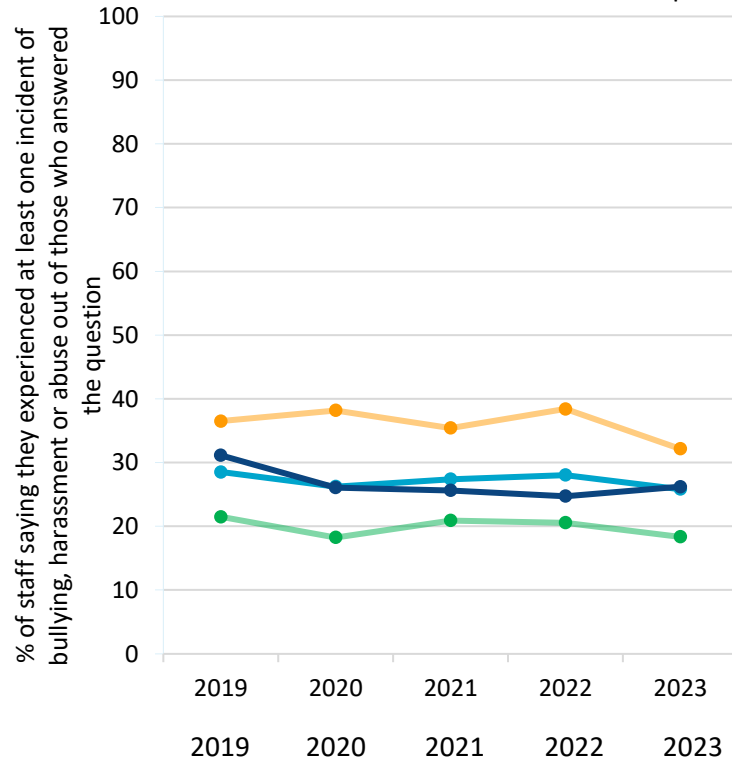
Your org	0.90%	1.02%	1.05%	1.31%	1.60%
Best result	0.52%	0.06%	0.56%	0.76%	0.66%
Average result	1.41%	1.36%	1.58%	1.82%	1.75%
Worst result	3.79%	4.85%	3.97%	5.40%	3.85%
Responses	1986	2257	3083	2734	2449



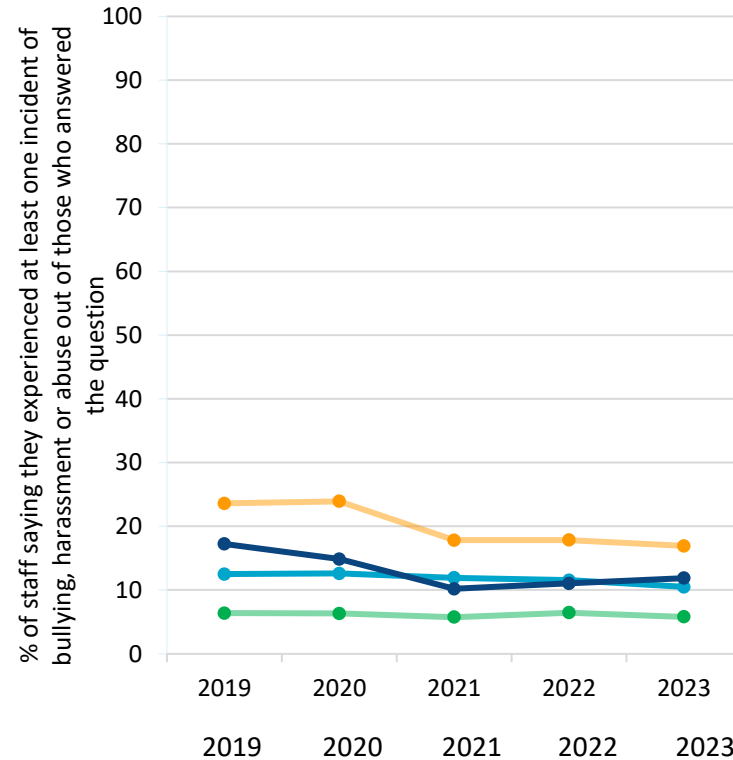
People Promise elements and theme results – We are safe and healthy: Negative experiences



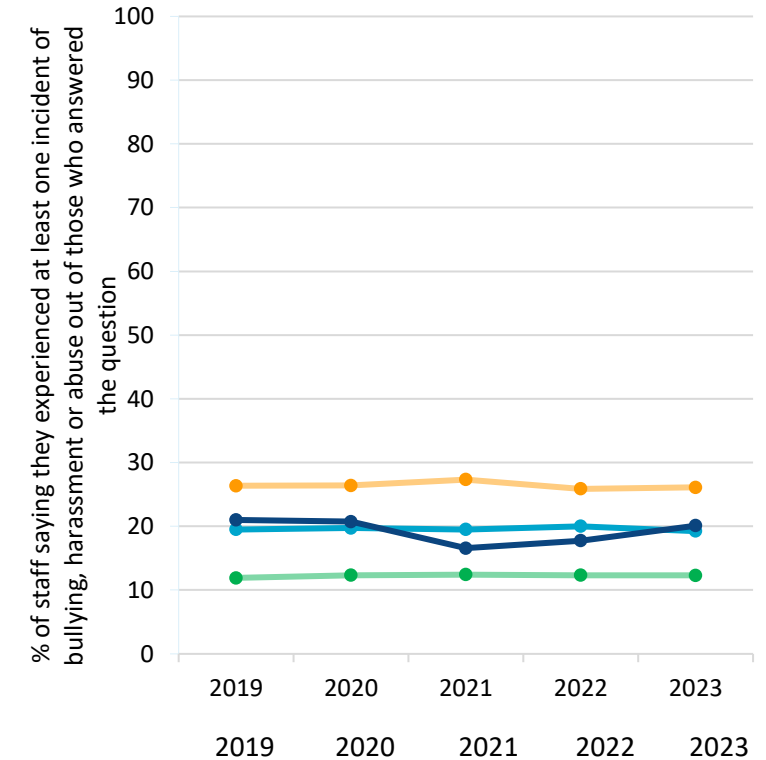
Q14a In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Patients / service users, their relatives or other members of the public.



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

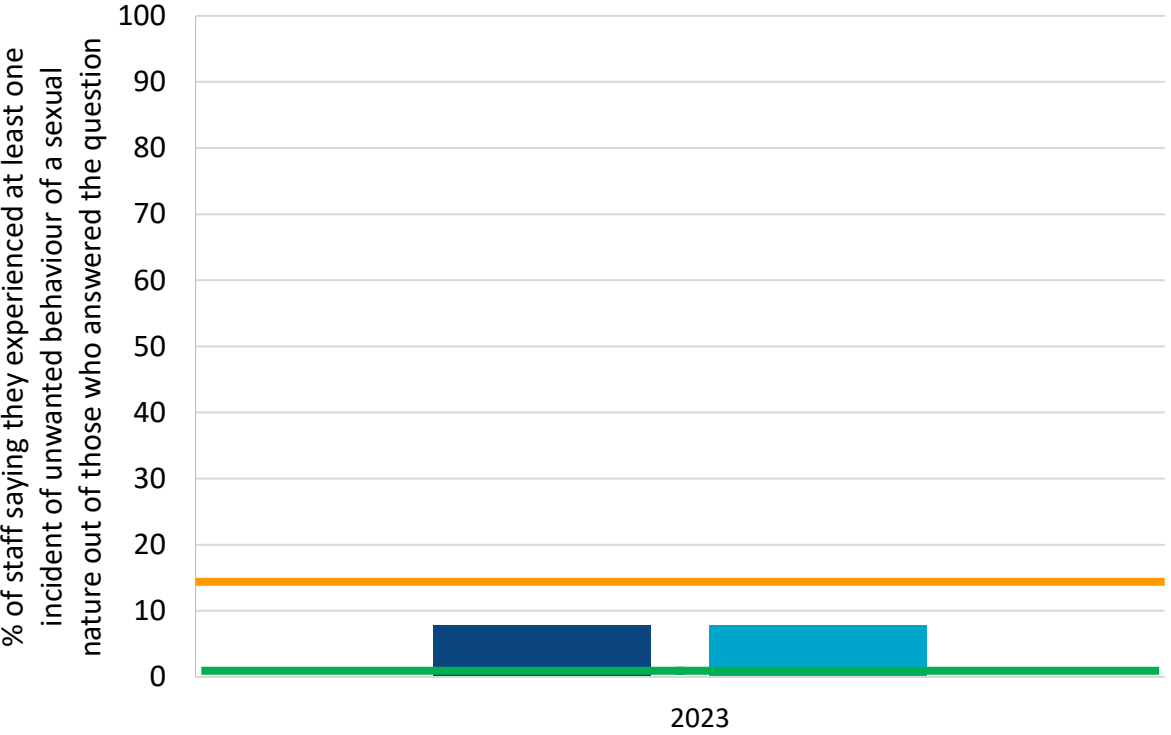


Q14c In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Other colleagues.





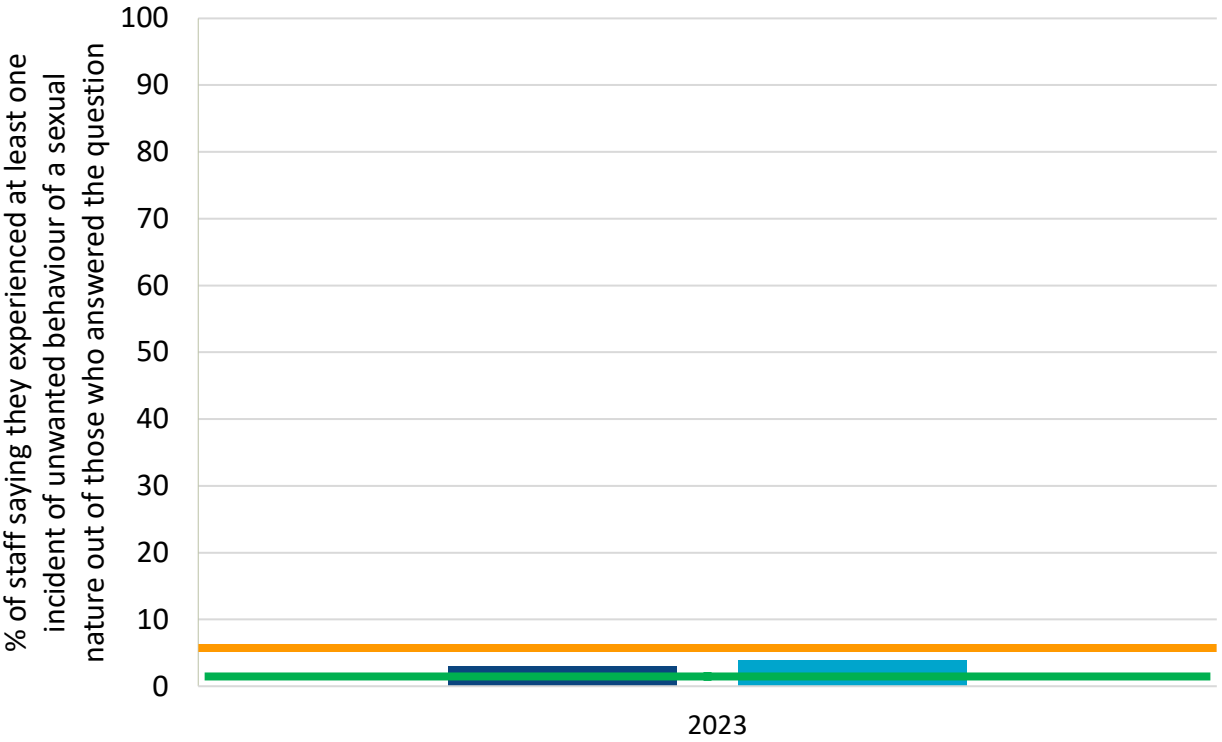
Q17a In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? From patients / service users, their relatives or other members of the public



Your org	7.82%
Best result	0.93%
Average result	7.73%
Worst result	14.39%

Responses 2738

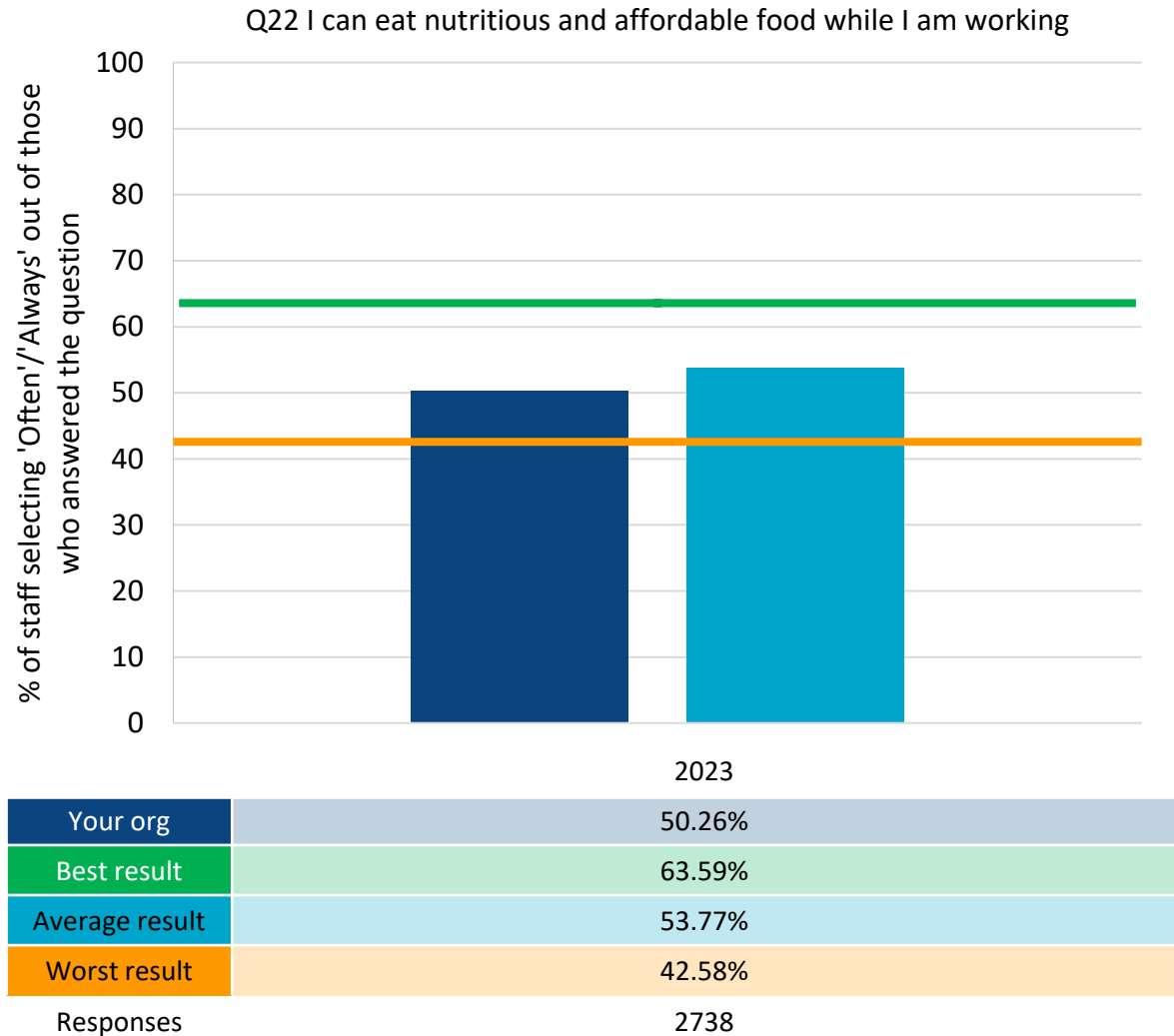
Q17b In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? From staff / colleagues



Your org	2.96%
Best result	1.44%
Average result	3.82%
Worst result	5.73%

Responses 2719

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



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

People Promise element – We are always learning



Questions included:

Development – Q24a, Q24b, Q24c, Q24d, Q24e

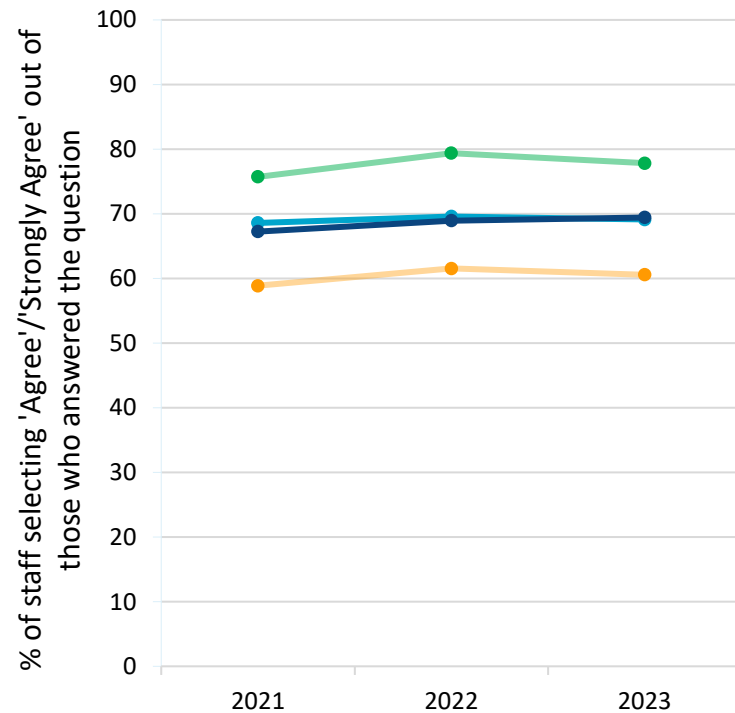
Appraisals – Q23a*, Q23b, Q23c, Q23d

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

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

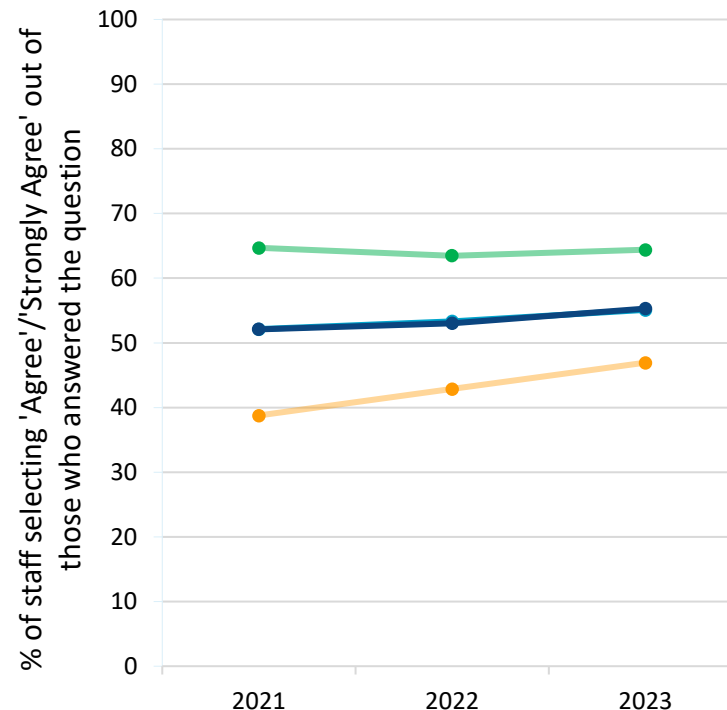


Q24a This organisation offers me challenging work.



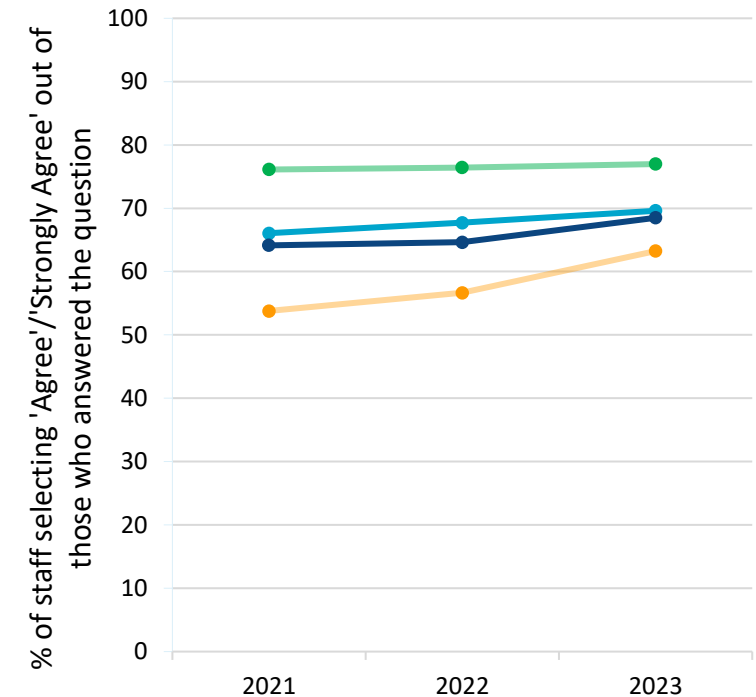
	2021	2022	2023
Your org	67.26%	68.95%	69.43%
Best result	75.71%	79.35%	77.83%
Average result	68.60%	69.57%	69.12%
Worst result	58.88%	61.55%	60.58%
Responses	3108	2759	2734

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



	2021	2022	2023
Your org	52.08%	53.04%	55.31%
Best result	64.69%	63.48%	64.38%
Average result	52.12%	53.34%	55.07%
Worst result	38.74%	42.85%	46.92%
Responses	3102	2758	2735

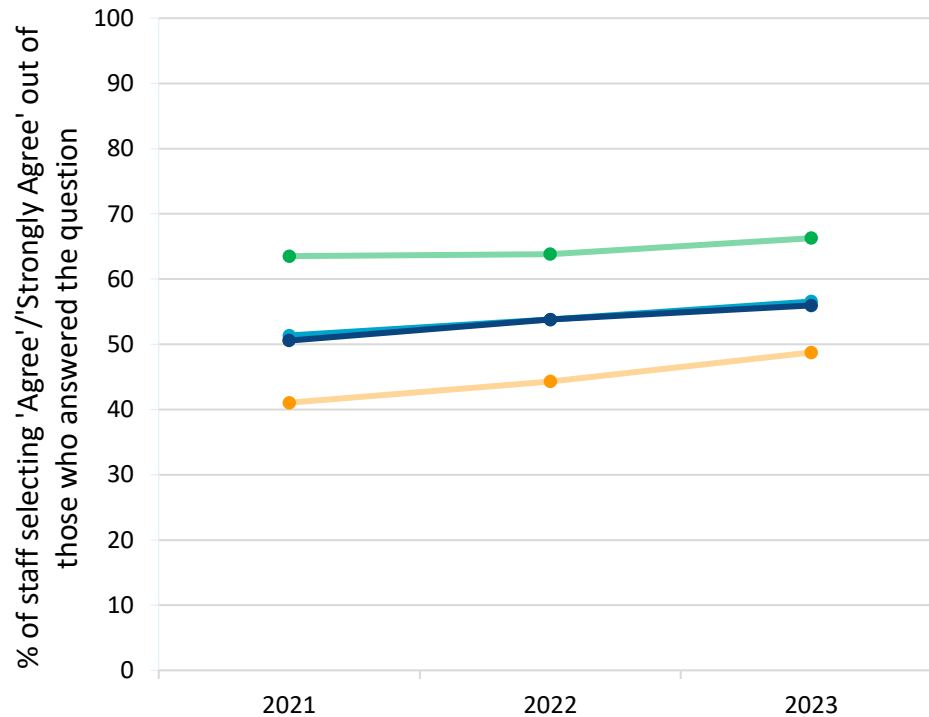
Q24c I have opportunities to improve my knowledge and skills.



	2021	2022	2023
Your org	64.15%	64.62%	68.50%
Best result	76.13%	76.43%	76.99%
Average result	66.04%	67.72%	69.61%
Worst result	53.76%	56.66%	63.25%
Responses	3106	2757	2733

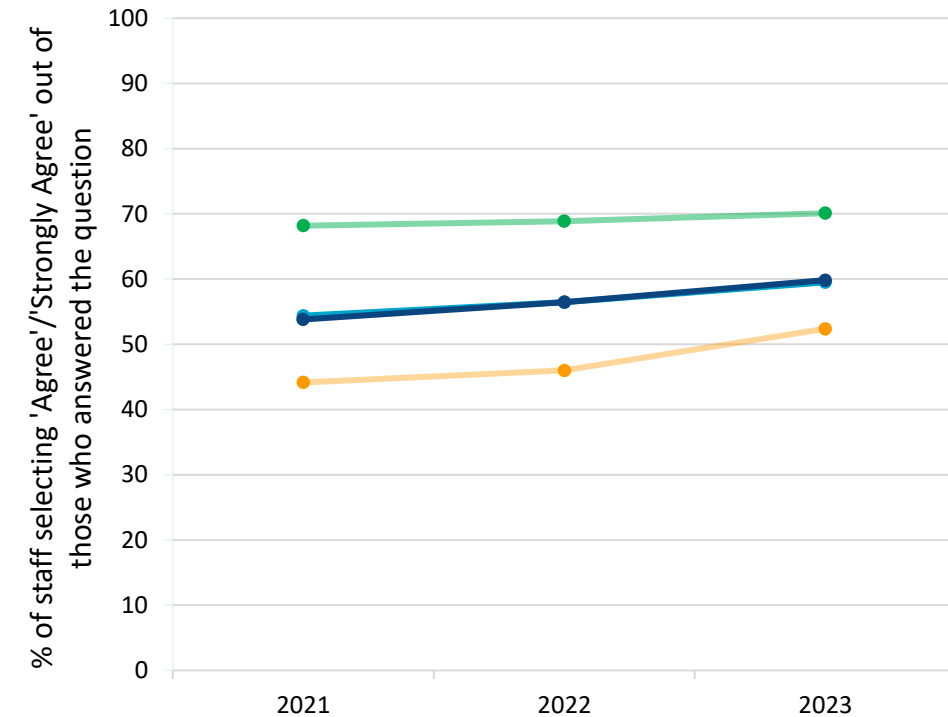


Q24d I feel supported to develop my potential.



	2021	2022	2023
Your org	50.59%	53.80%	55.94%
Best result	63.51%	63.83%	66.27%
Average result	51.34%	53.79%	56.56%
Worst result	41.04%	44.30%	48.75%
Responses	3107	2757	2732

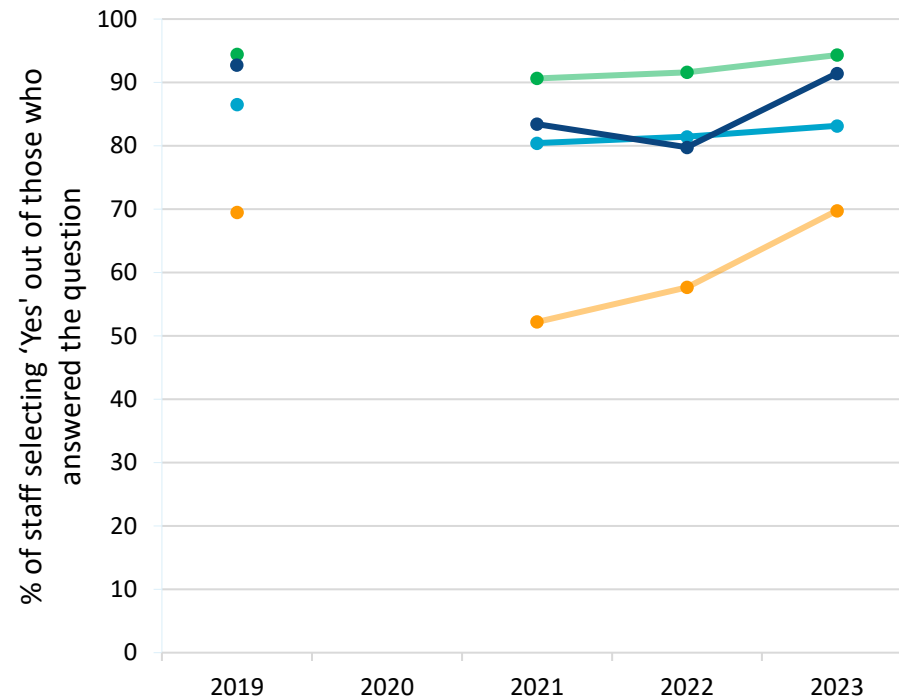
Q24e I am able to access the right learning and development opportunities when I need to.



	2021	2022	2023
Your org	53.82%	56.47%	59.82%
Best result	68.20%	68.89%	70.11%
Average result	54.38%	56.44%	59.52%
Worst result	44.16%	45.98%	52.38%
Responses	3104	2757	2729

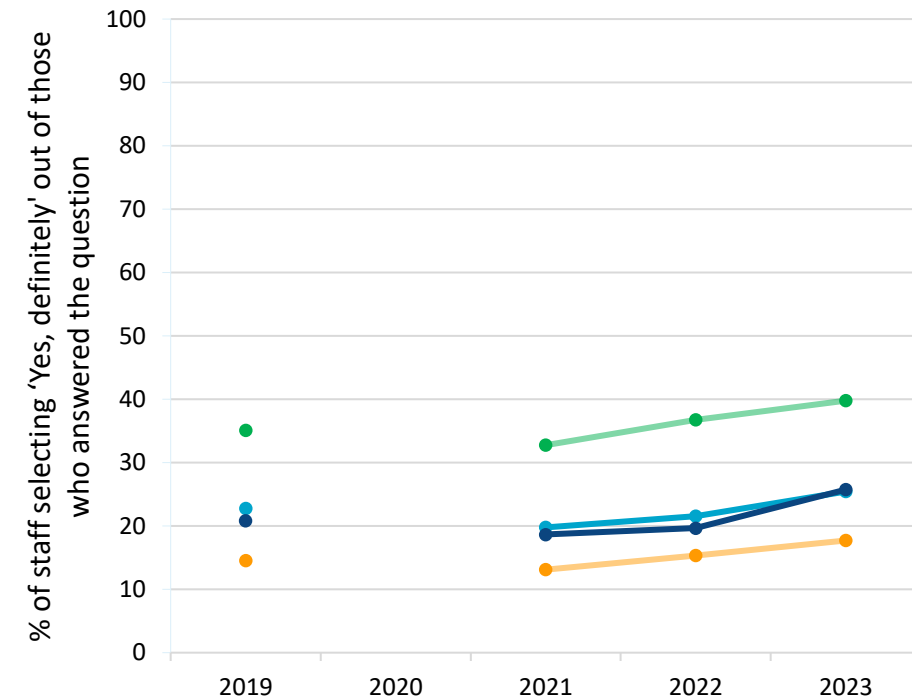


Q23a* In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?



	2019	2020	2021	2022	2023
Your org	92.68%	-	83.41%	79.76%	91.41%
Best result	94.45%	-	90.63%	91.59%	94.32%
Average result	86.53%	-	80.40%	81.41%	83.12%
Worst result	69.48%	-	52.20%	57.65%	69.76%
Responses	1974	-	3110	2754	2670

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

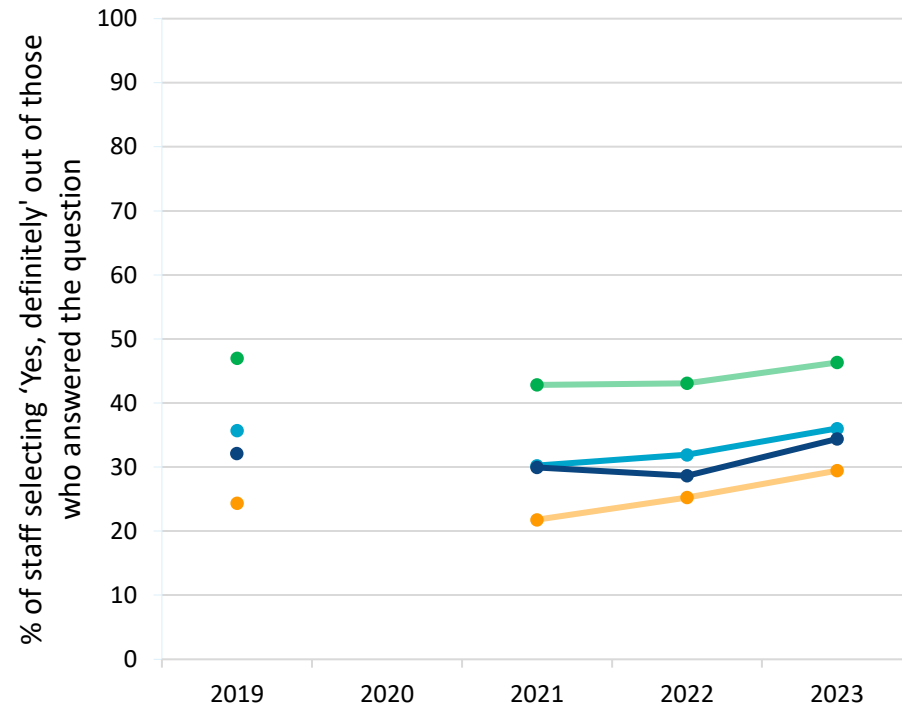


	2019	2020	2021	2022	2023
Your org	20.79%	-	18.65%	19.65%	25.75%
Best result	35.12%	-	32.75%	36.74%	39.78%
Average result	22.76%	-	19.79%	21.56%	25.44%
Worst result	14.56%	-	13.13%	15.33%	17.71%
Responses	1831	-	2593	2209	2425

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

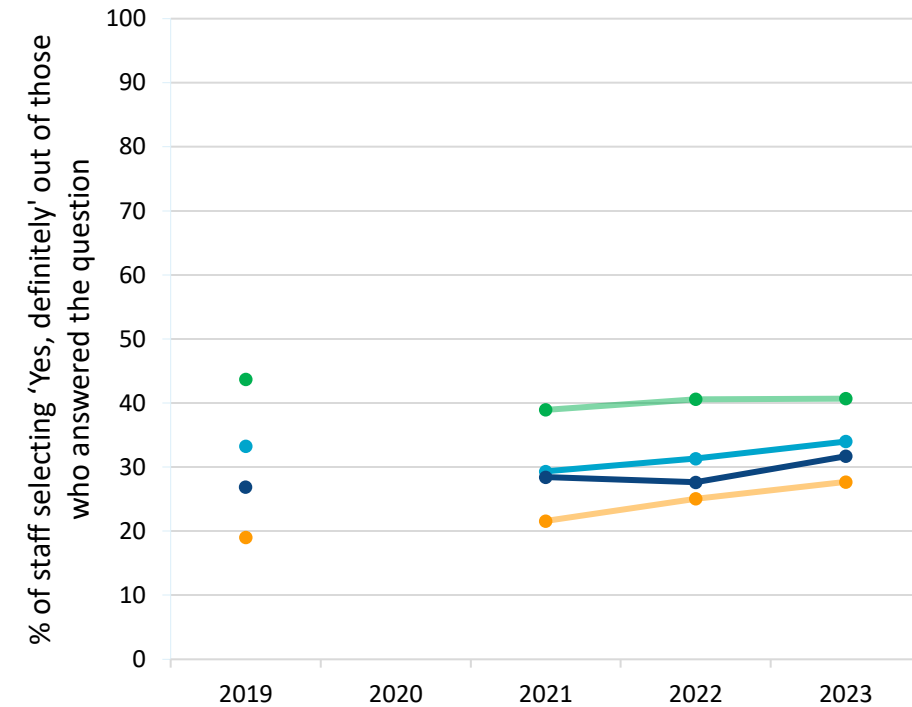


Q23c It helped me agree clear objectives for my work.



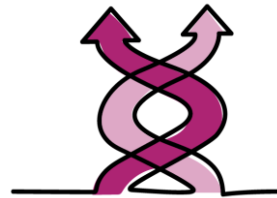
	2019	2020	2021	2022	2023
Your org	32.08%	-	29.94%	28.63%	34.39%
Best result	47.00%	-	42.85%	43.07%	46.33%
Average result	35.71%	-	30.21%	31.92%	36.02%
Worst result	24.35%	-	21.78%	25.24%	29.43%
Responses	1830	-	2590	2212	2423

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



	2019	2020	2021	2022	2023
Your org	26.85%	-	28.42%	27.62%	31.70%
Best result	43.71%	-	38.94%	40.60%	40.68%
Average result	33.25%	-	29.33%	31.33%	34.00%
Worst result	18.99%	-	21.57%	25.05%	27.66%
Responses	1829	-	2591	2212	2427

People Promise element – We work flexibly



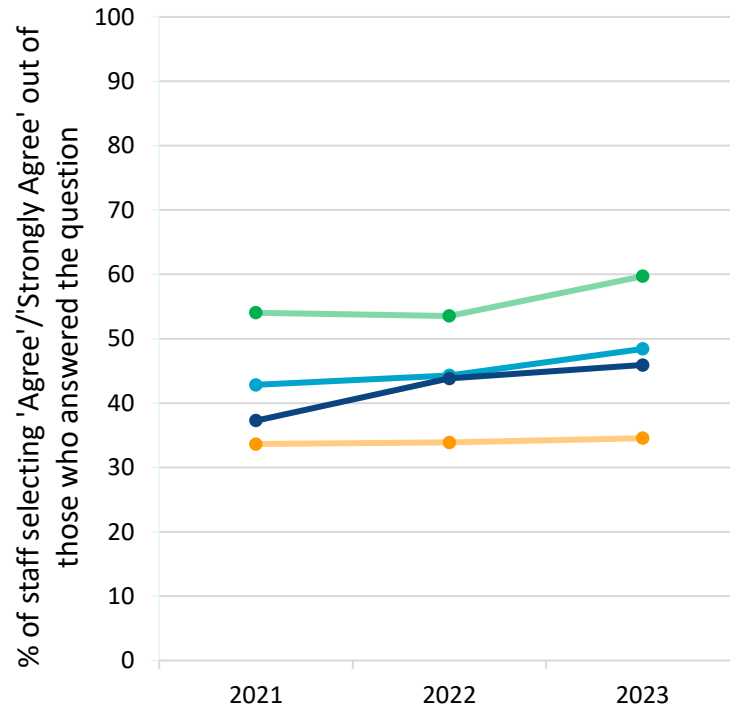
Questions included:

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

Flexible working – Q4d

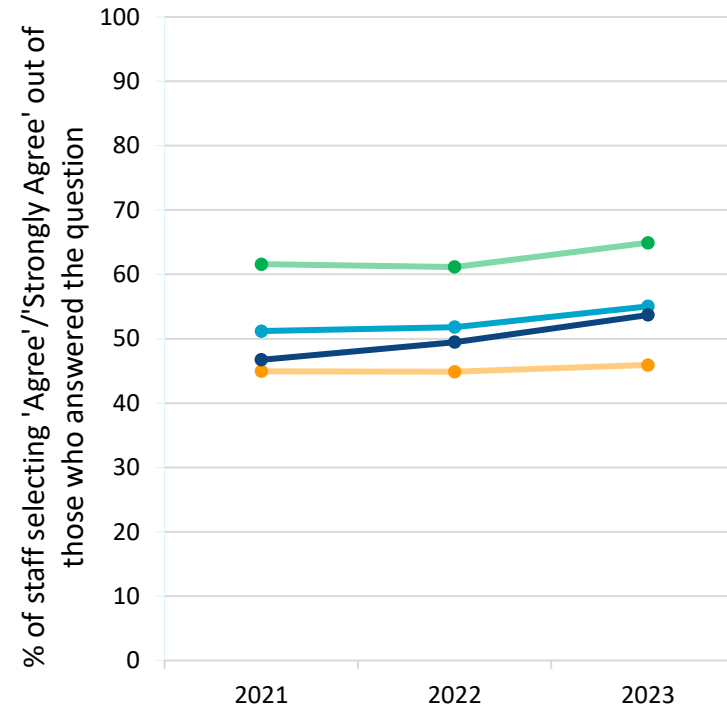


Q6b My organisation is committed to helping me balance my work and home life.



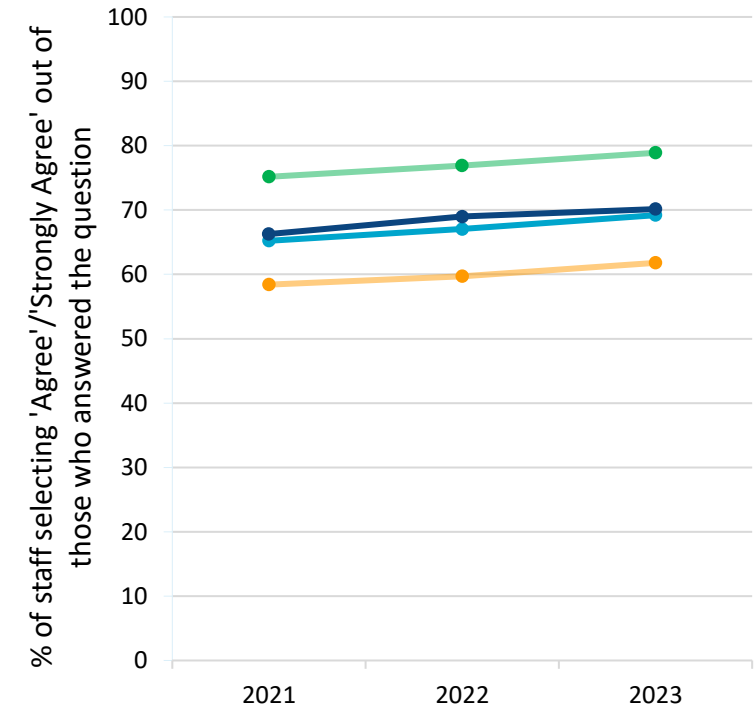
	2021	2022	2023
Your org	37.26%	43.82%	45.90%
Best result	54.04%	53.54%	59.70%
Average result	42.83%	44.29%	48.43%
Worst result	33.62%	33.88%	34.55%
Responses	3147	2761	2740

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



	2021	2022	2023
Your org	46.70%	49.47%	53.69%
Best result	61.58%	61.15%	64.91%
Average result	51.19%	51.81%	55.04%
Worst result	44.93%	44.86%	45.92%
Responses	3145	2762	2739

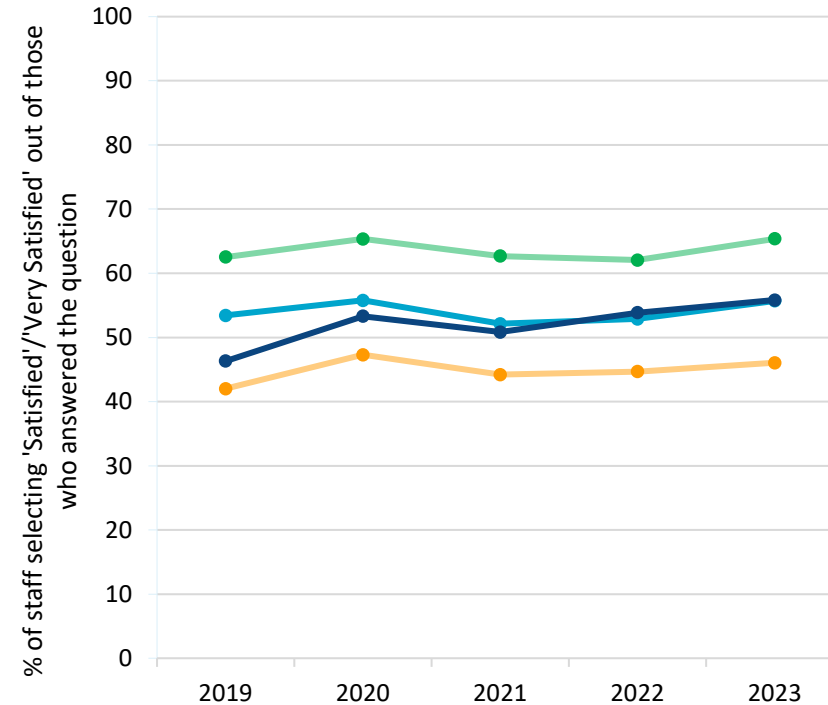
Q6d I can approach my immediate manager to talk openly about flexible working.



	2021	2022	2023
Your org	66.26%	68.98%	70.15%
Best result	75.18%	76.88%	78.91%
Average result	65.22%	67.05%	69.22%
Worst result	58.41%	59.70%	61.81%
Responses	3145	2758	2739

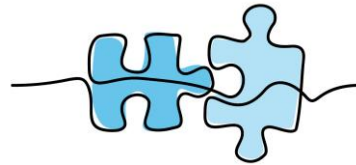


Q4d How satisfied are you with each of the following aspects of your job? The opportunities for flexible working patterns.



	2019	2020	2021	2022	2023
Your org	46.32%	53.30%	50.84%	53.85%	55.82%
Best result	62.54%	65.35%	62.69%	62.05%	65.39%
Average result	53.43%	55.77%	52.13%	52.89%	55.70%
Worst result	42.02%	47.31%	44.22%	44.69%	46.05%
Responses	2018	2278	3153	2762	2733

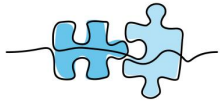
People Promise element – We are a team



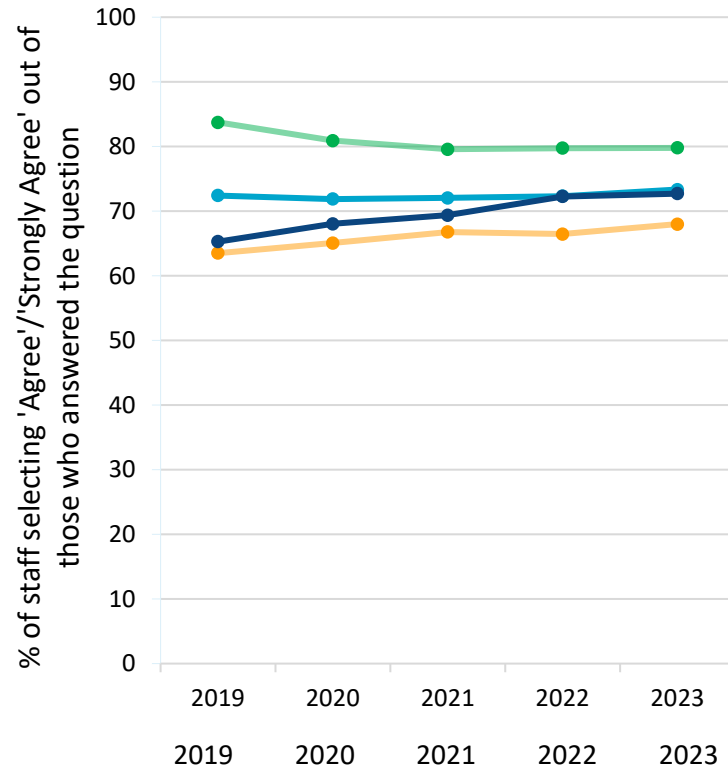
Questions included:

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

Line management – Q9a, Q9b, Q9c, Q9d

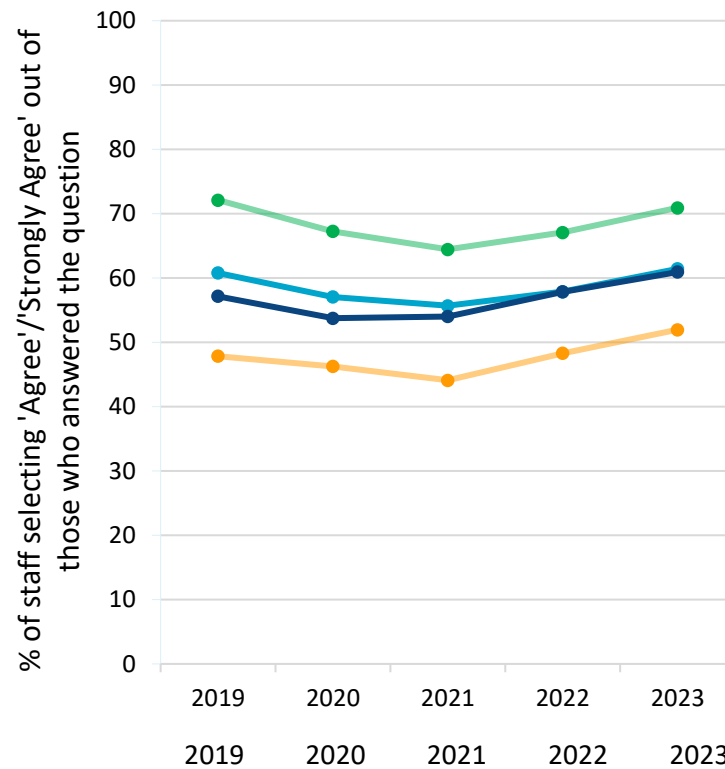


Q7a The team I work in has a set of shared objectives.



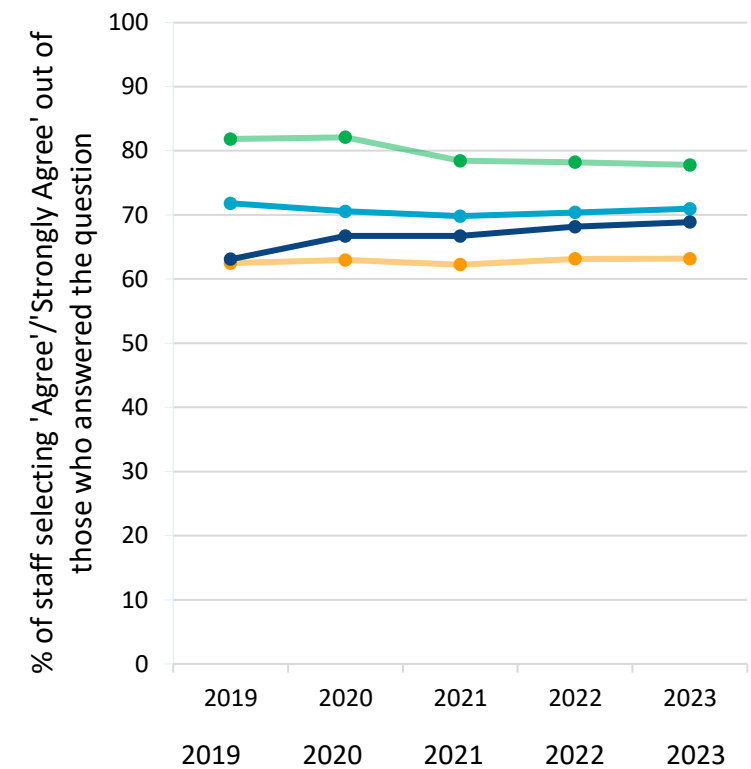
Your org	65.31%	68.05%	69.37%	72.28%	72.73%
Best result	83.74%	80.91%	79.58%	79.76%	79.81%
Average result	72.42%	71.88%	72.05%	72.32%	73.34%
Worst result	63.51%	65.07%	66.78%	66.46%	68.00%
Responses	2031	2277	3140	2762	2739

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

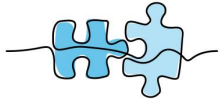


Your org	57.12%	53.74%	54.01%	57.85%	60.94%
Best result	72.10%	67.26%	64.44%	67.09%	70.92%
Average result	60.78%	57.06%	55.69%	57.87%	61.43%
Worst result	47.86%	46.25%	44.09%	48.30%	51.95%
Responses	2038	2282	3135	2761	2739

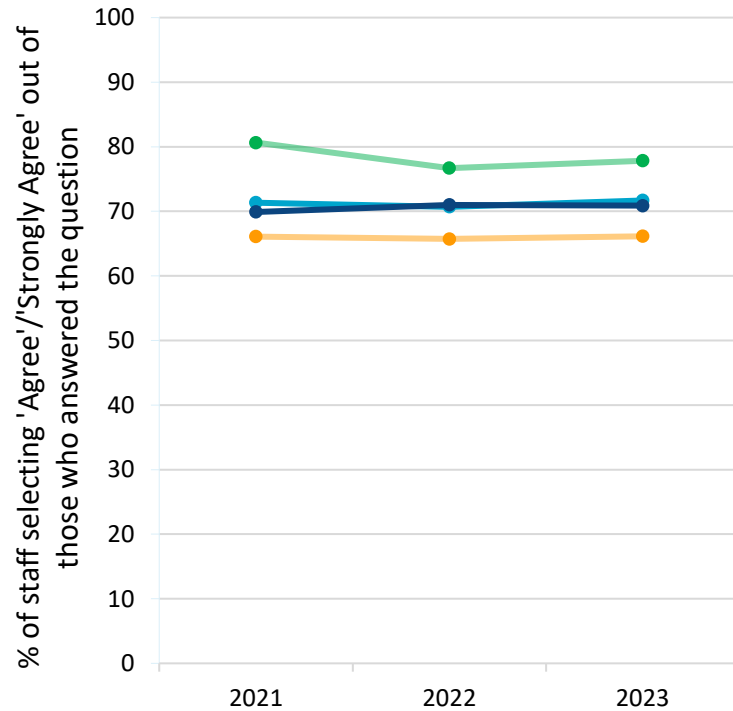
Q7c I receive the respect I deserve from my colleagues at work.



Your org	63.08%	66.72%	66.71%	68.15%	68.89%
Best result	81.82%	82.10%	78.44%	78.22%	77.78%
Average result	71.82%	70.56%	69.80%	70.37%	70.96%
Worst result	62.48%	62.97%	62.26%	63.16%	63.16%
Responses	2041	2286	3140	2763	2743

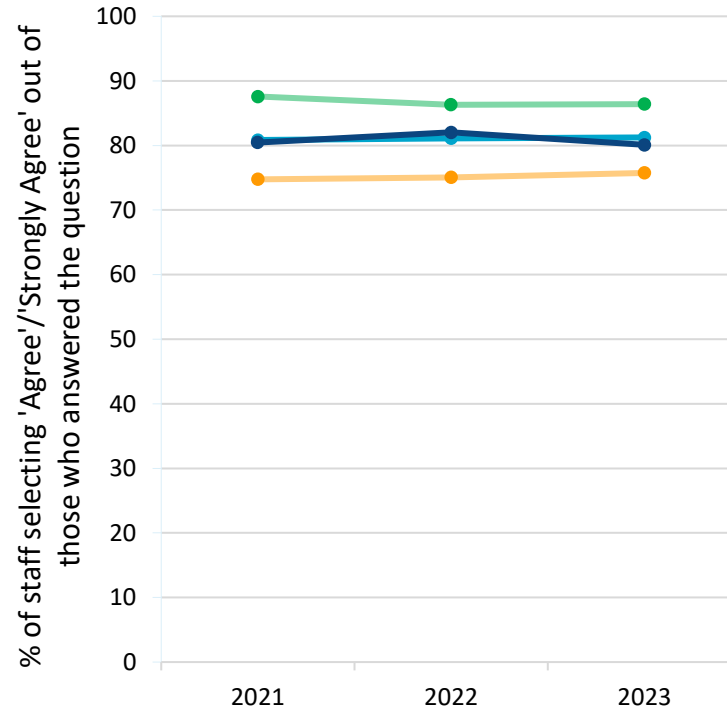


Q7d Team members understand each other's roles.



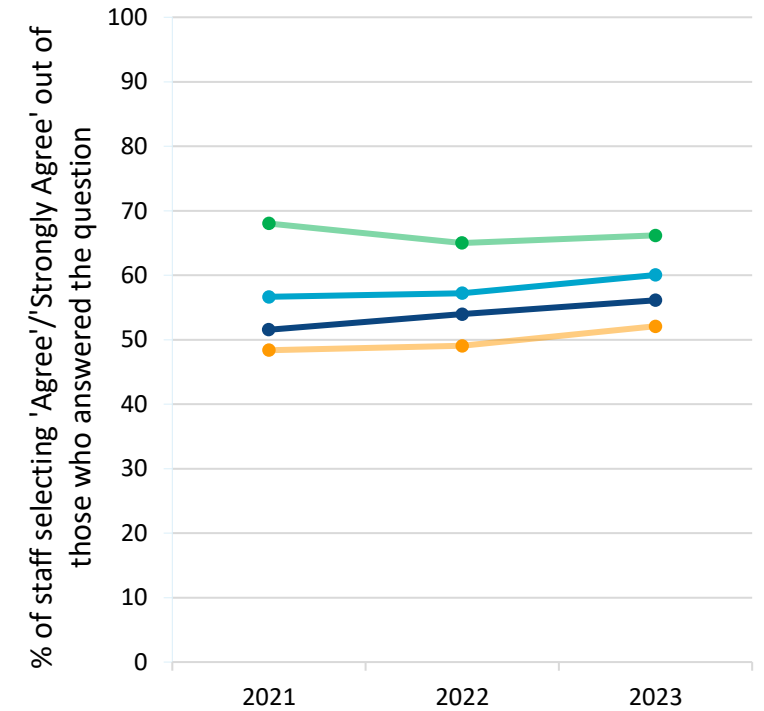
	2021	2022	2023
Your org	69.88%	71.01%	70.87%
Best result	80.62%	76.69%	77.83%
Average result	71.35%	70.69%	71.68%
Worst result	66.09%	65.73%	66.13%
Responses	3142	2763	2743

Q7e I enjoy working with the colleagues in my team.

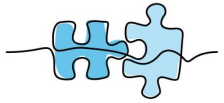


	2021	2022	2023
Your org	80.43%	82.02%	80.10%
Best result	87.58%	86.31%	86.41%
Average result	80.85%	81.10%	81.23%
Worst result	74.77%	75.07%	75.77%
Responses	3139	2762	2737

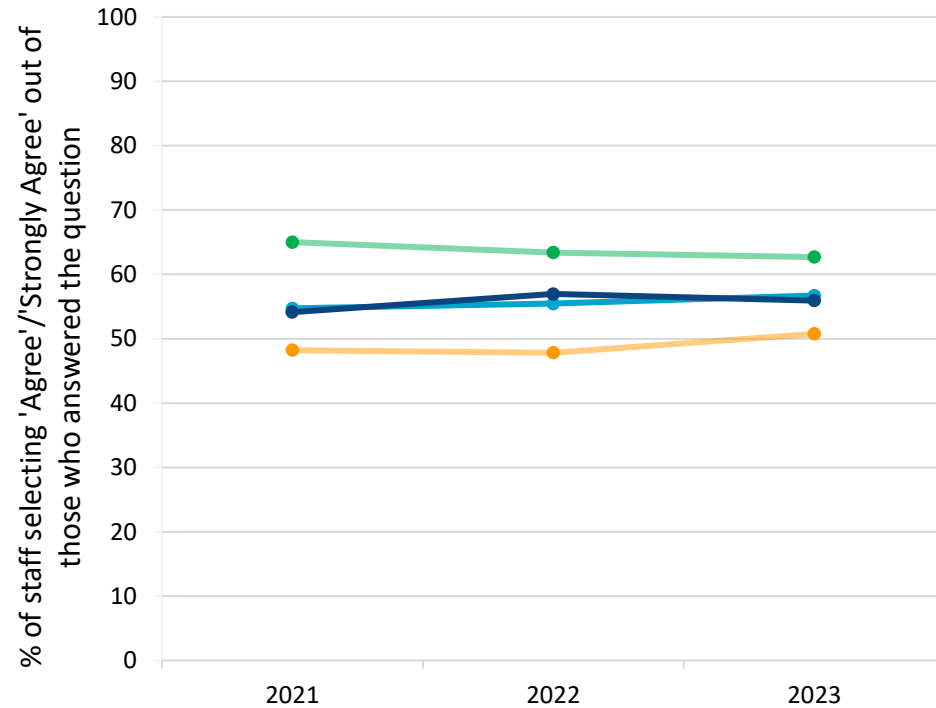
Q7f My team has enough freedom in how to do its work.



	2021	2022	2023
Your org	51.55%	53.98%	56.13%
Best result	68.05%	64.98%	66.18%
Average result	56.64%	57.22%	60.06%
Worst result	48.40%	49.06%	52.08%
Responses	3137	2760	2739

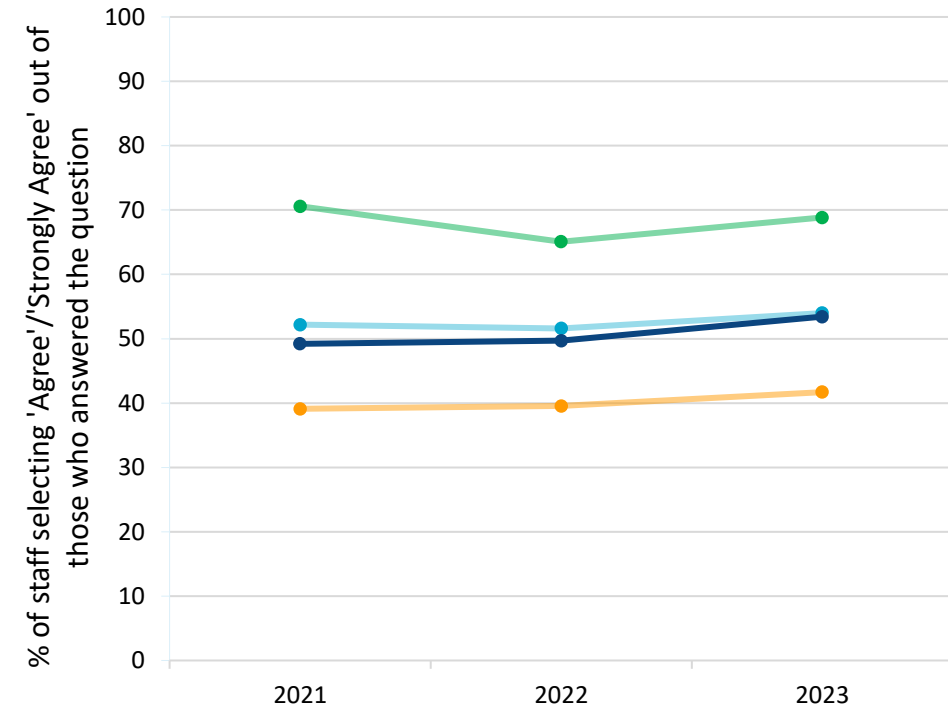


Q7g In my team disagreements are dealt with constructively.

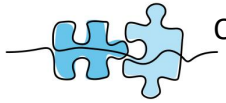


	2021	2022	2023
Your org	54.10%	56.94%	55.93%
Best result	65.00%	63.36%	62.70%
Average result	54.72%	55.46%	56.71%
Worst result	48.24%	47.83%	50.76%
Responses	3135	2759	2741

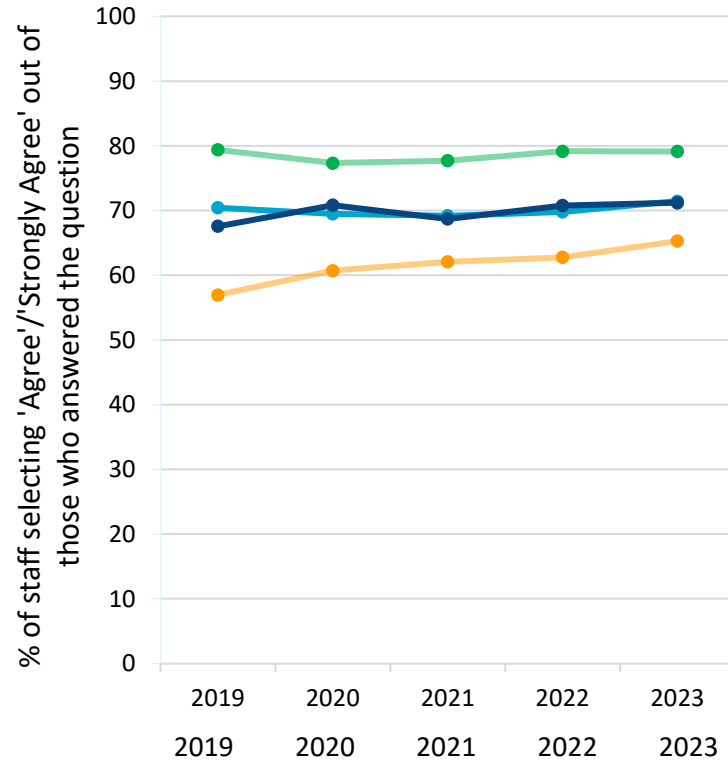
Q8a Teams within this organisation work well together to achieve their objectives.



	2021	2022	2023
Your org	49.21%	49.68%	53.41%
Best result	70.58%	65.06%	68.83%
Average result	52.17%	51.61%	54.00%
Worst result	39.09%	39.54%	41.71%
Responses	3129	2760	2742

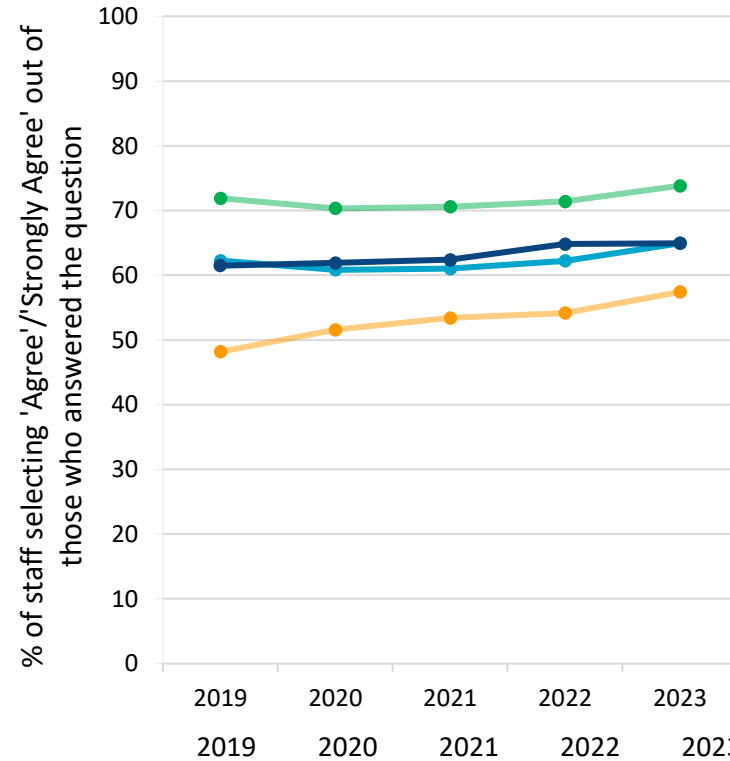


Q9a My immediate manager encourages me at work.



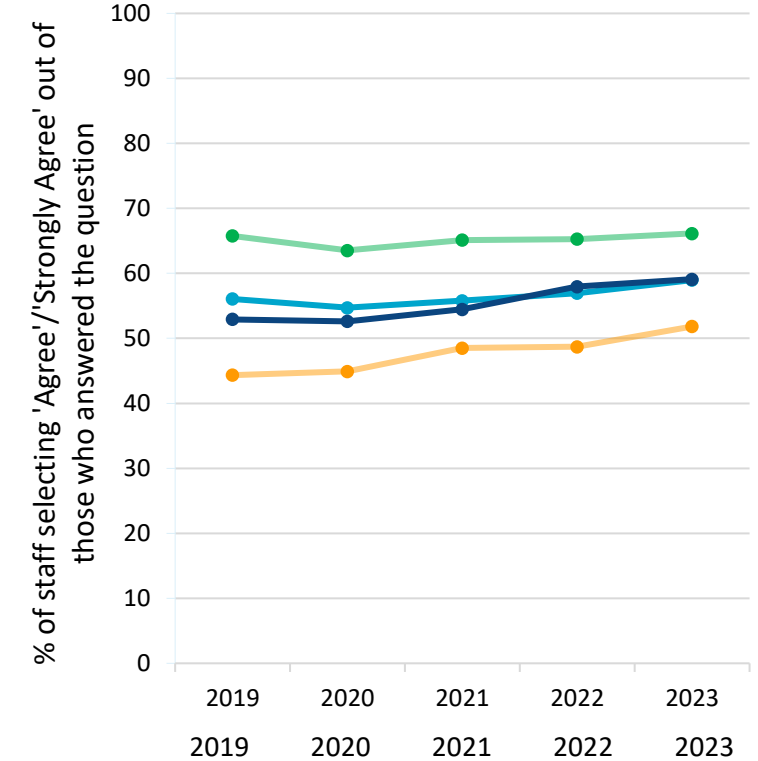
Your org	67.58%	70.82%	68.71%	70.78%	71.19%
Best result	79.38%	77.33%	77.69%	79.17%	79.13%
Average result	70.43%	69.49%	69.21%	69.78%	71.45%
Worst result	56.97%	60.71%	62.07%	62.76%	65.29%
Responses	2013	2267	3122	2763	2742

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

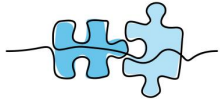


Your org	61.45%	61.90%	62.40%	64.81%	64.95%
Best result	71.89%	70.33%	70.57%	71.39%	73.81%
Average result	62.26%	60.85%	61.01%	62.21%	64.96%
Worst result	48.18%	51.57%	53.40%	54.16%	57.43%
Responses	2010	2268	3122	2756	2735

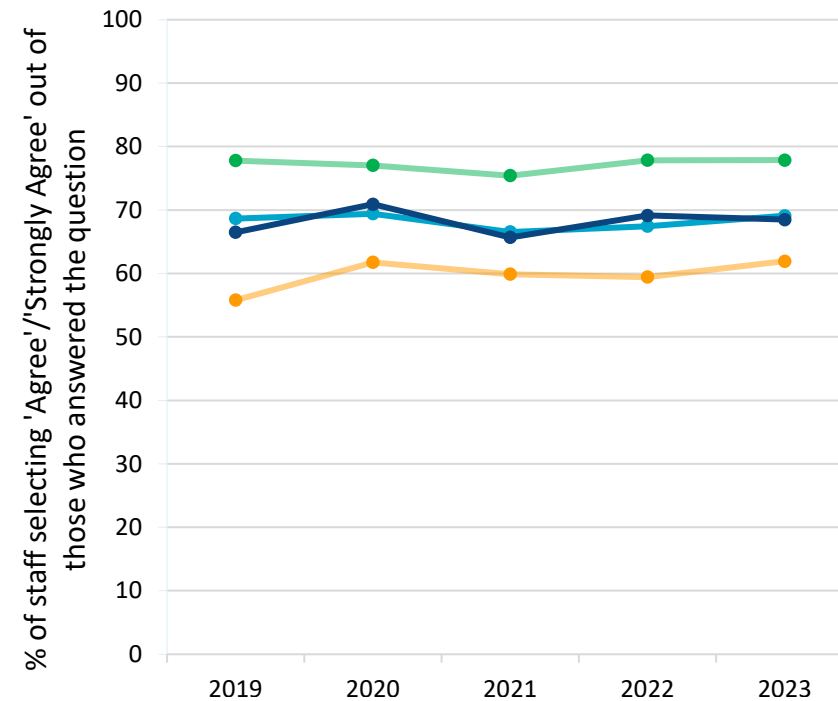
Q9c My immediate manager asks for my opinion before making decisions that affect my work.



Your org	52.91%	52.61%	54.46%	57.96%	59.10%
Best result	65.77%	63.52%	65.12%	65.27%	66.13%
Average result	56.07%	54.71%	55.78%	56.95%	58.97%
Worst result	44.34%	44.91%	48.51%	48.70%	51.84%
Responses	2011	2266	3121	2760	2738



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



	2019	2020	2021	2022	2023
Your org	66.50%	70.91%	65.68%	69.15%	68.48%
Best result	77.80%	77.02%	75.43%	77.84%	77.87%
Average result	68.65%	69.43%	66.55%	67.45%	69.10%
Worst result	55.79%	61.76%	59.90%	59.42%	61.93%
Responses	2010	2267	3122	2762	2739

Theme – Staff engagement

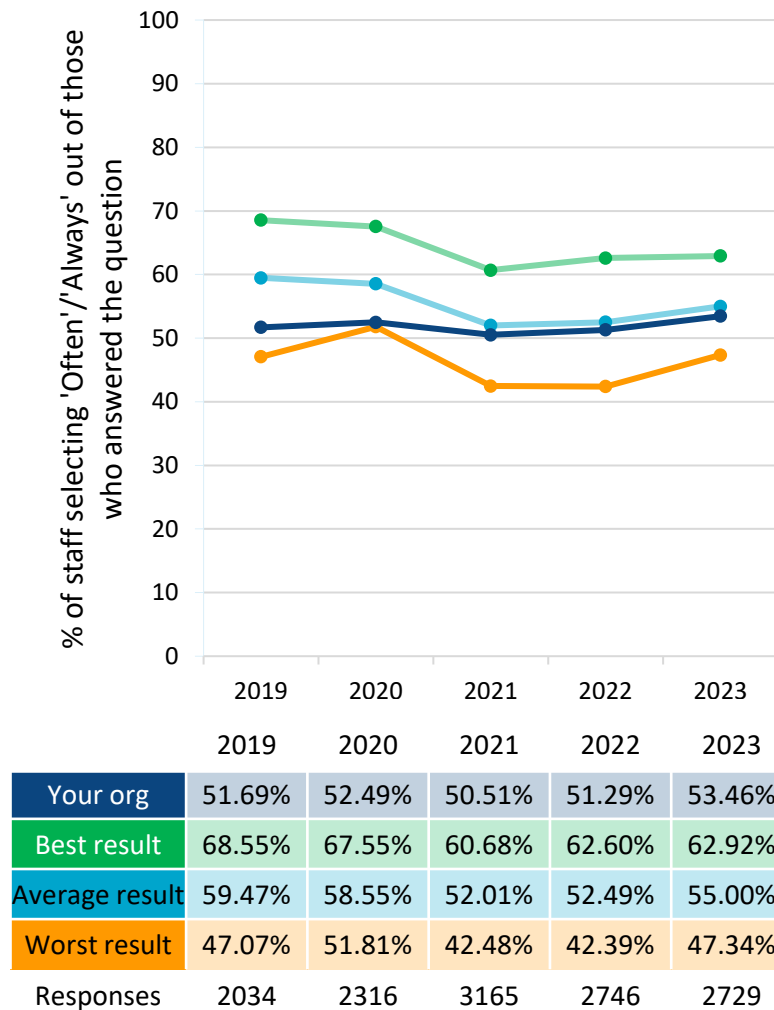
Questions included:

Motivation – Q2a, Q2b, Q2c

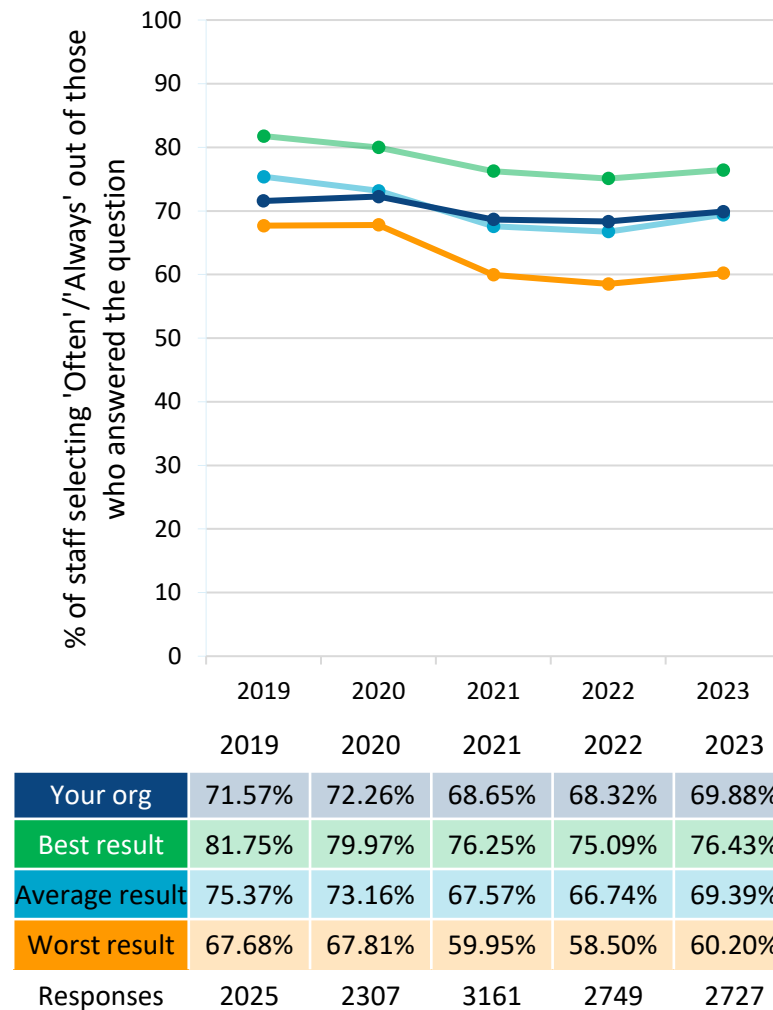
Involvement – Q3c, Q3d, Q3f

Advocacy – Q25a, Q25c, Q25d

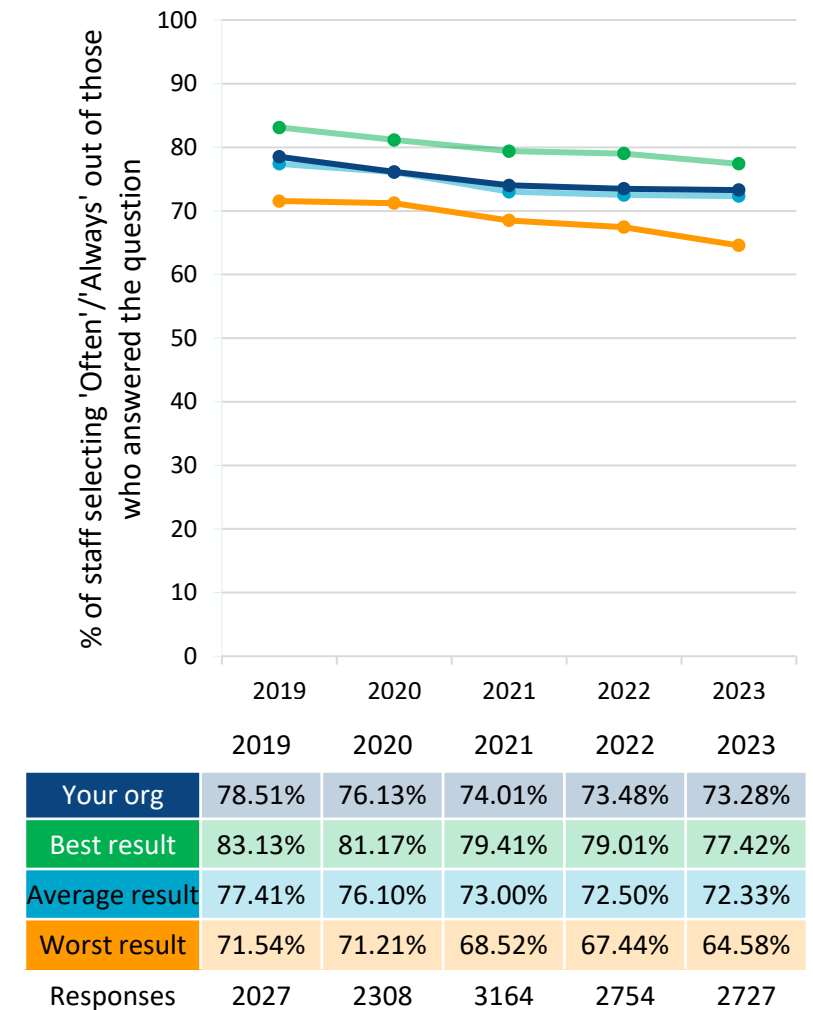
Q2a I look forward to going to work.



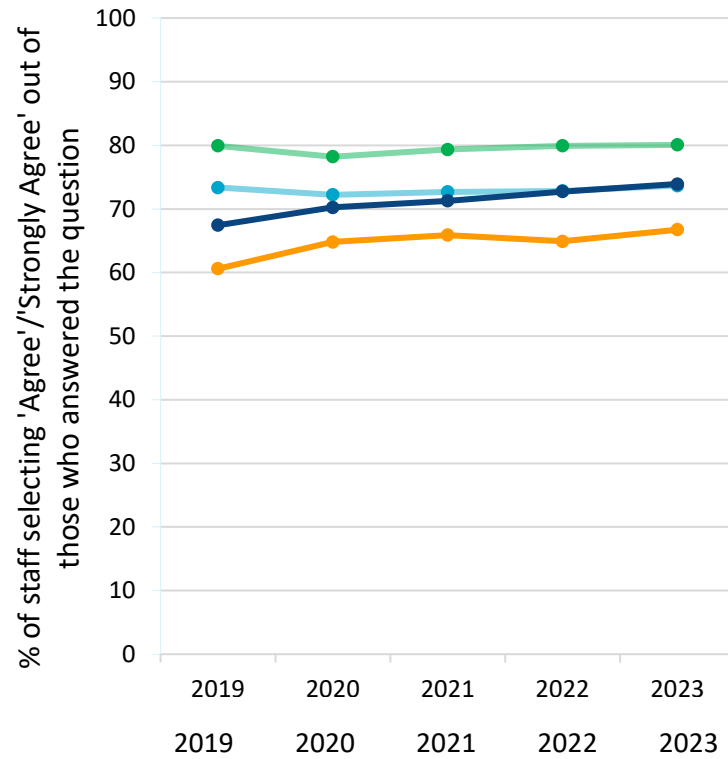
Q2b I am enthusiastic about my job.



Q2c Time passes quickly when I am working.

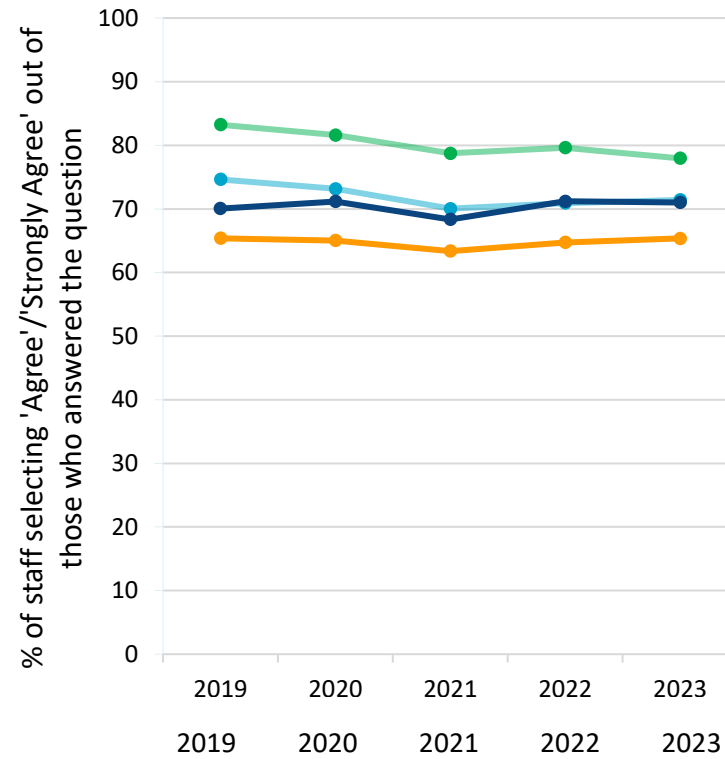


Q3c There are frequent opportunities for me to show initiative in my role.



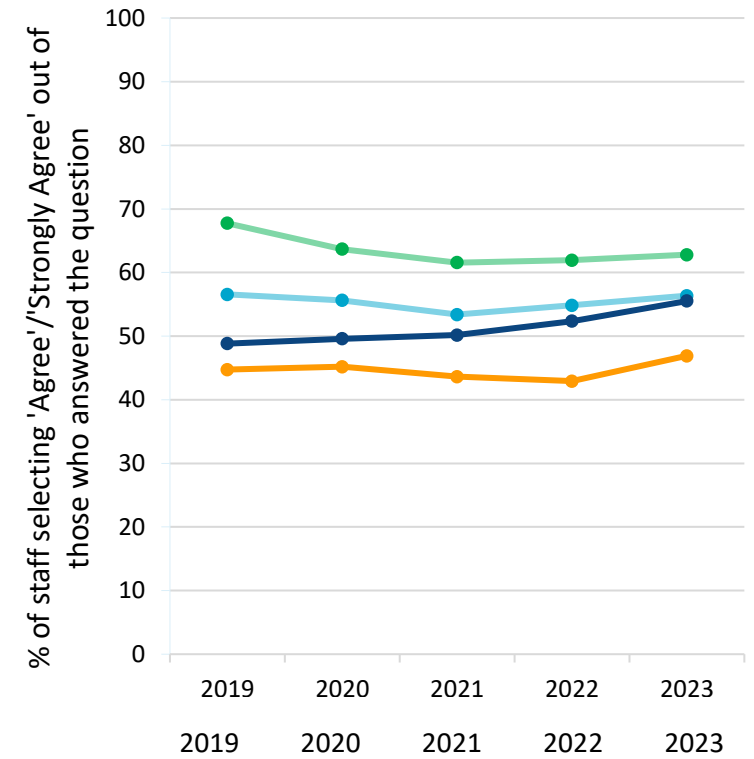
Your org	2019	2020	2021	2022	2023
Best result	79.93%	78.22%	79.35%	79.92%	80.07%
Average result	73.35%	72.23%	72.68%	72.83%	73.66%
Worst result	60.61%	64.80%	65.90%	64.90%	66.74%
Responses	2044	2285	3158	2759	2740

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



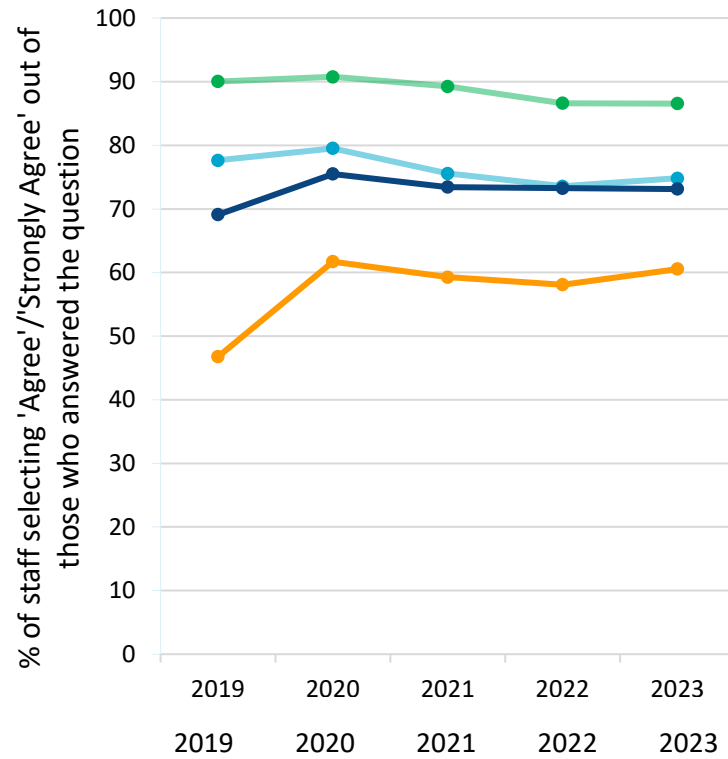
Your org	2019	2020	2021	2022	2023
Best result	83.24%	81.60%	78.73%	79.63%	77.96%
Average result	74.65%	73.16%	70.05%	70.92%	71.43%
Worst result	65.38%	65.04%	63.37%	64.73%	65.35%
Responses	2042	2290	3160	2762	2745

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



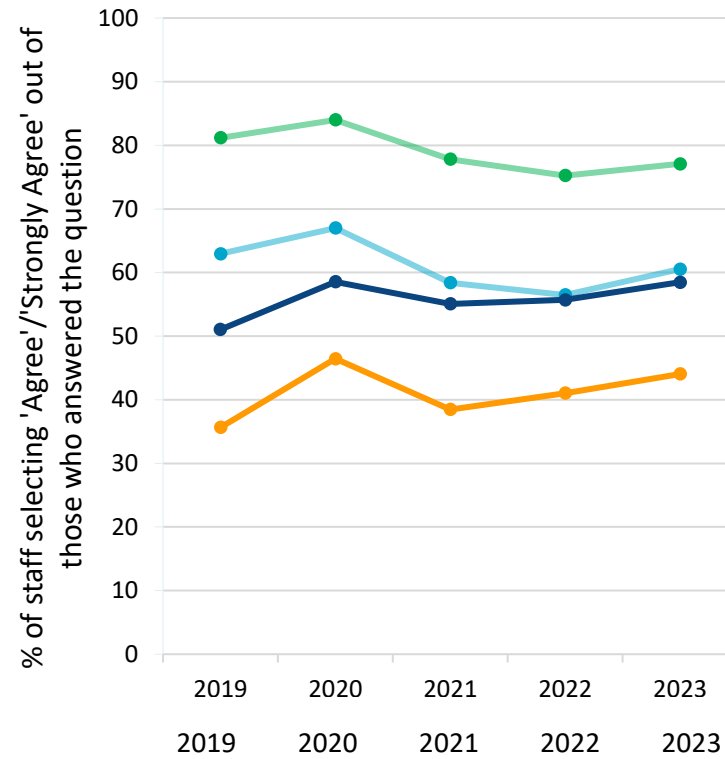
Your org	2019	2020	2021	2022	2023
Best result	67.76%	63.68%	61.57%	61.93%	62.79%
Average result	56.56%	55.62%	53.39%	54.84%	56.35%
Worst result	44.73%	45.18%	43.63%	42.93%	46.89%
Responses	2039	2289	3156	2763	2741

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



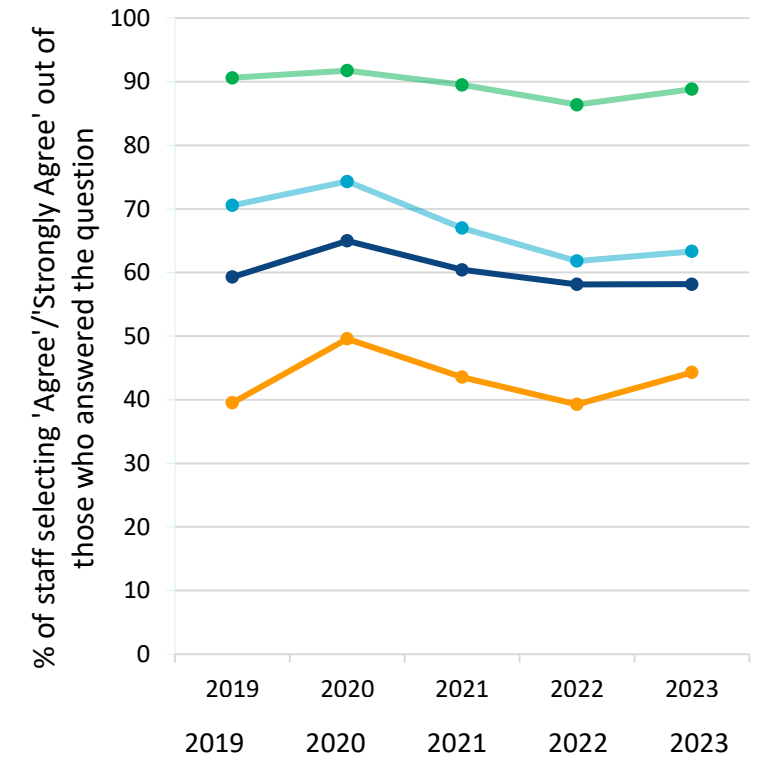
Your org	69.07%	75.50%	73.43%	73.26%	73.12%
Best result	90.05%	90.77%	89.25%	86.61%	86.57%
Average result	77.64%	79.53%	75.57%	73.56%	74.83%
Worst result	46.76%	61.70%	59.27%	58.09%	60.55%
Responses	1962	2239	3093	2756	2730

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



Your org	51.04%	58.55%	55.07%	55.71%	58.48%
Best result	81.18%	83.99%	77.82%	75.24%	77.09%
Average result	62.94%	67.00%	58.40%	56.48%	60.52%
Worst result	35.64%	46.44%	38.47%	41.03%	44.05%
Responses	1962	2239	3089	2758	2731

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



Your org	59.28%	64.99%	60.42%	58.13%	58.16%
Best result	90.62%	91.76%	89.51%	86.38%	88.82%
Average result	70.57%	74.32%	66.99%	61.82%	63.32%
Worst result	39.54%	49.58%	43.54%	39.27%	44.31%
Responses	1962	2239	3095	2756	2725

Theme - Morale

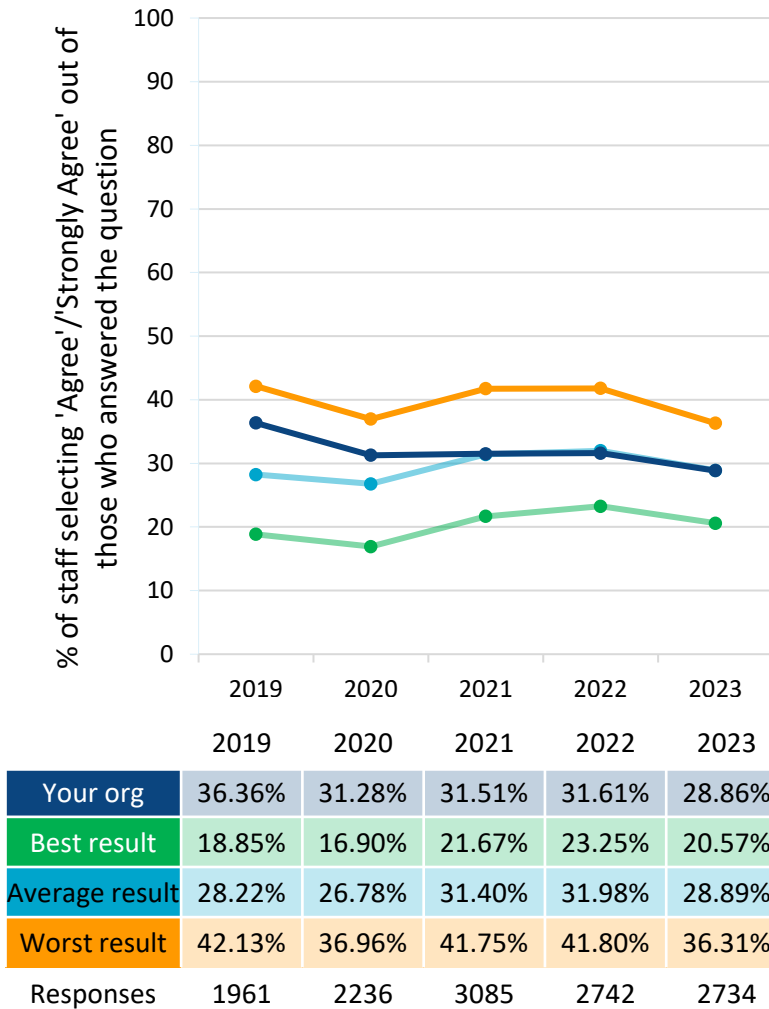
Questions included:

Thinking about leaving – Q26a, Q26b, Q26c

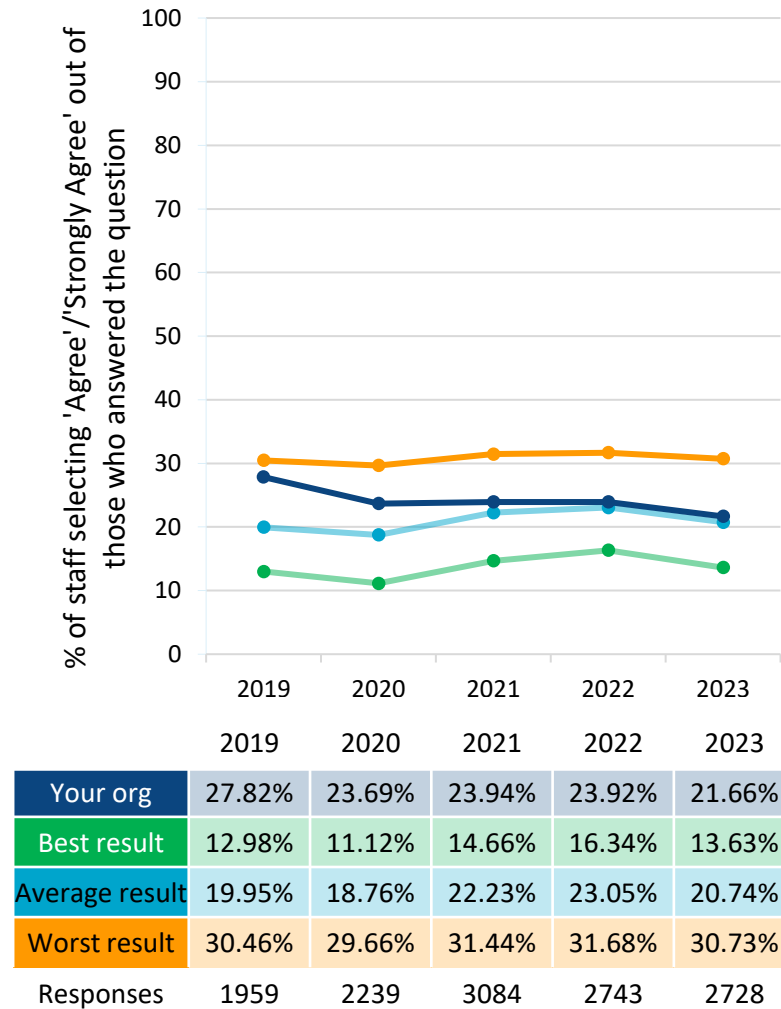
Work pressure – Q3g, Q3h, Q3i

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

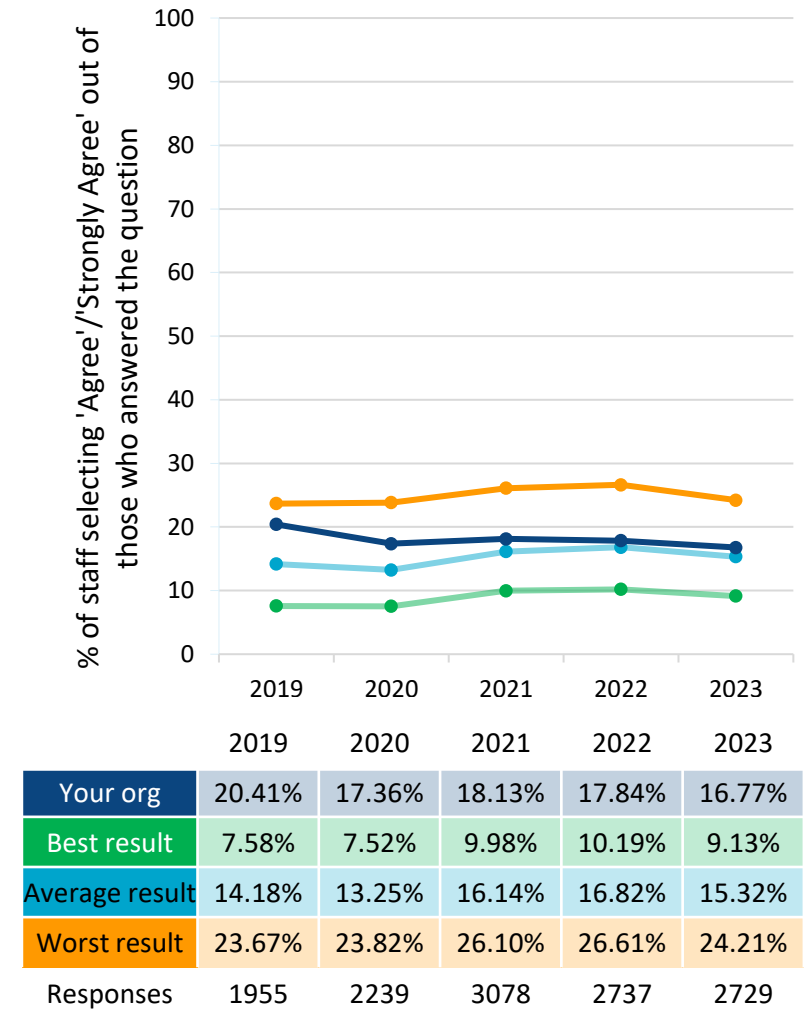
Q26a I often think about leaving this organisation.



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

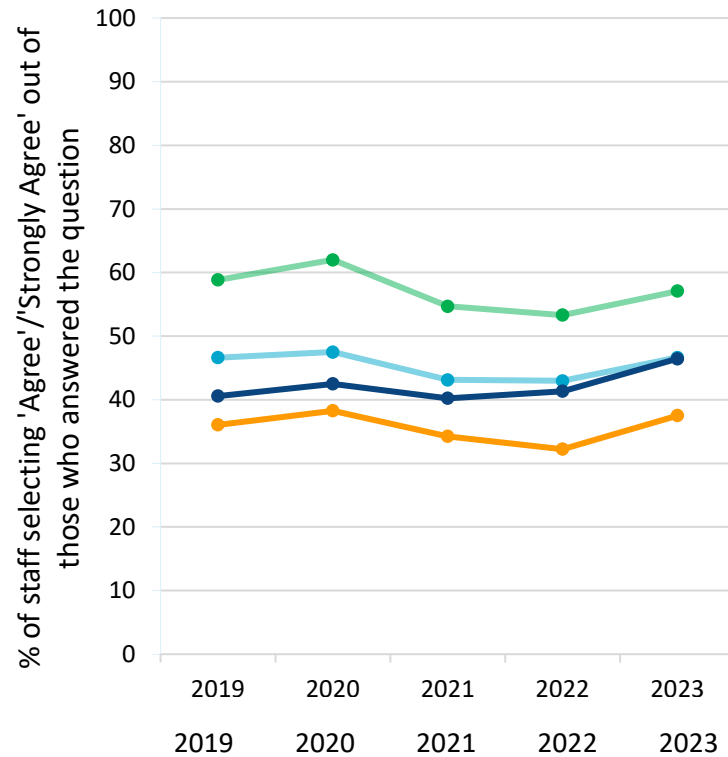


Q26c As soon as I can find another job, I will leave this organisation.



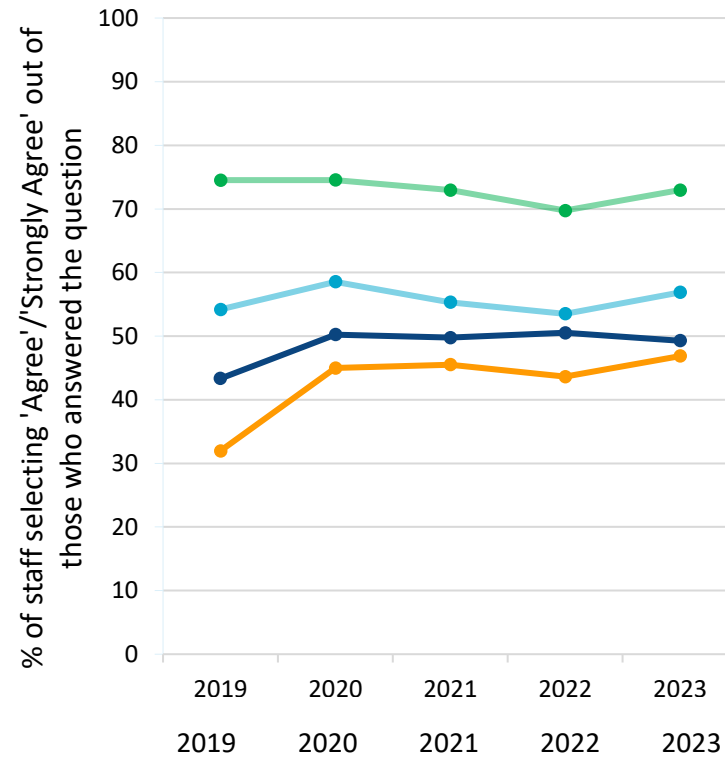


Q3g I am able to meet all the conflicting demands on my time at work.



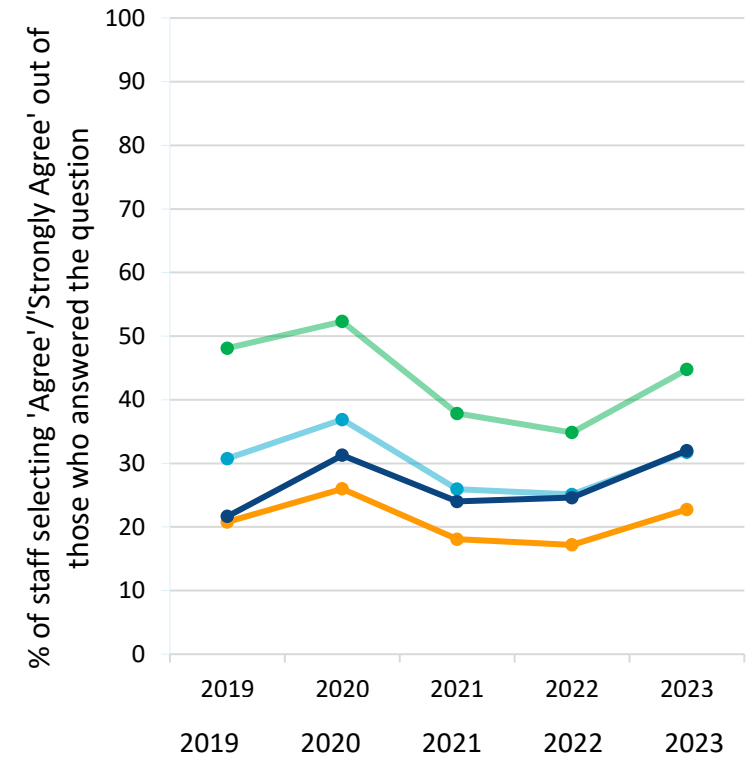
Your org	40.58%	42.50%	40.23%	41.34%	46.44%
Best result	58.86%	61.99%	54.69%	53.31%	57.08%
Average result	46.63%	47.50%	43.12%	42.96%	46.63%
Worst result	36.05%	38.27%	34.26%	32.24%	37.52%
Responses	2037	2284	3152	2761	2737

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



Your org	43.36%	50.24%	49.77%	50.53%	49.29%
Best result	74.53%	74.54%	72.96%	69.73%	72.97%
Average result	54.19%	58.54%	55.33%	53.52%	56.88%
Worst result	31.96%	44.99%	45.51%	43.63%	46.87%
Responses	2038	2283	3154	2762	2740

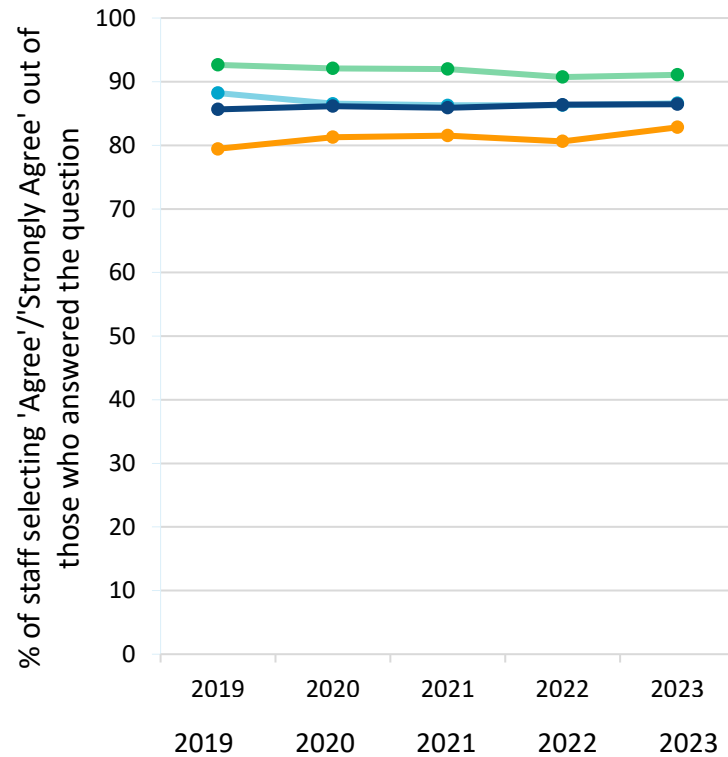
Q3i There are enough staff at this organisation for me to do my job properly.



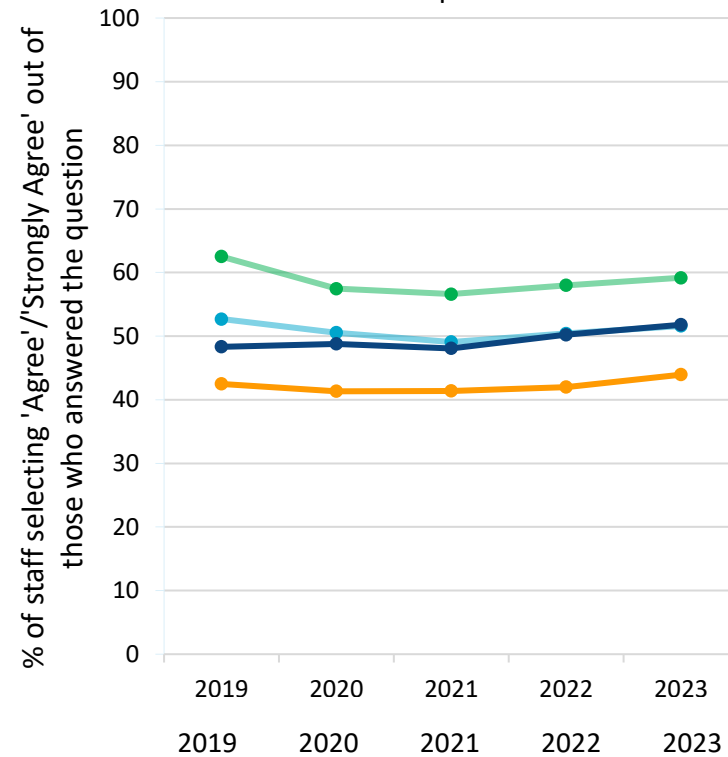
Your org	21.65%	31.28%	24.02%	24.62%	32.01%
Best result	48.09%	52.30%	37.83%	34.84%	44.76%
Average result	30.74%	36.89%	25.94%	25.11%	31.75%
Worst result	20.78%	25.99%	18.06%	17.19%	22.75%
Responses	2039	2282	3155	2762	2744



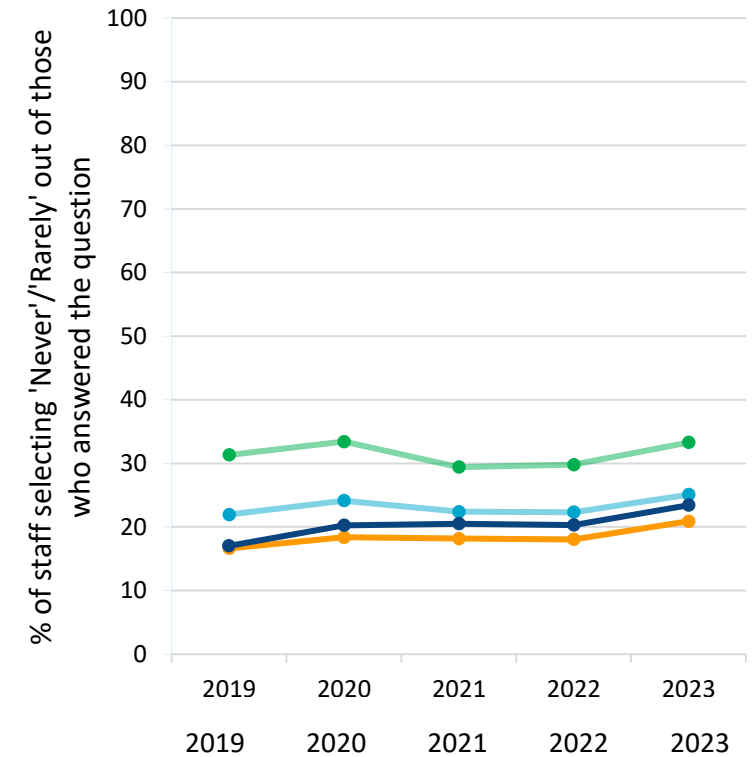
Q3a I always know what my work responsibilities are.



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

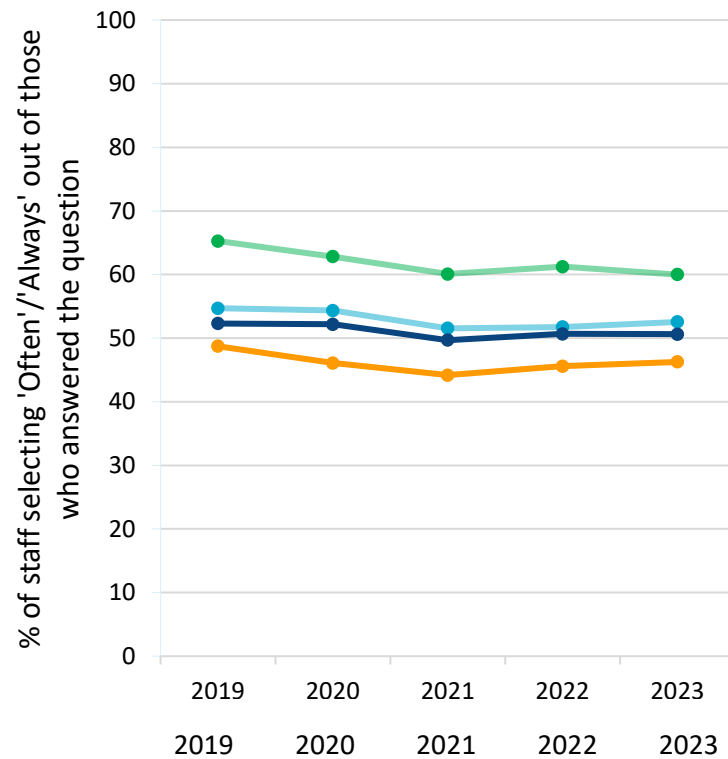


Q5a I have unrealistic time pressures.

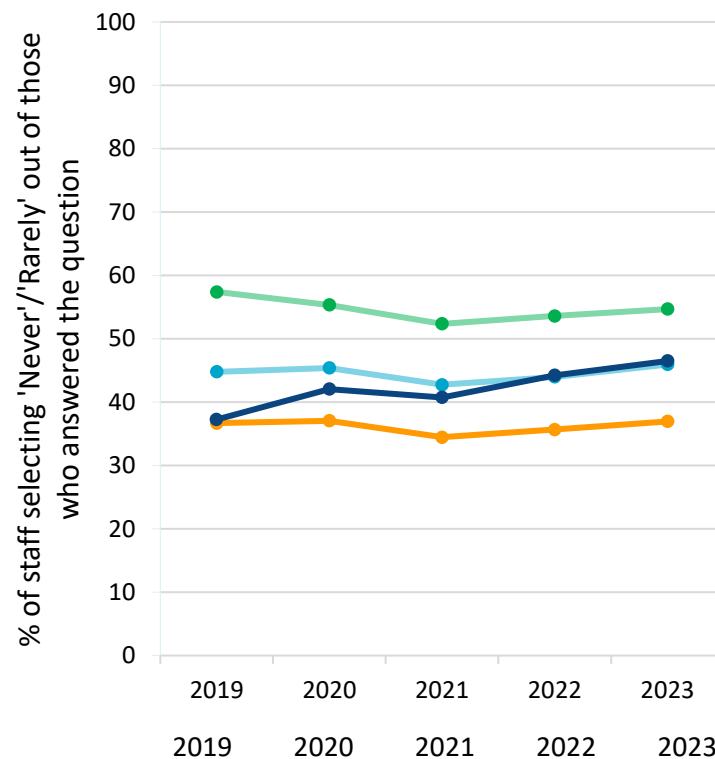




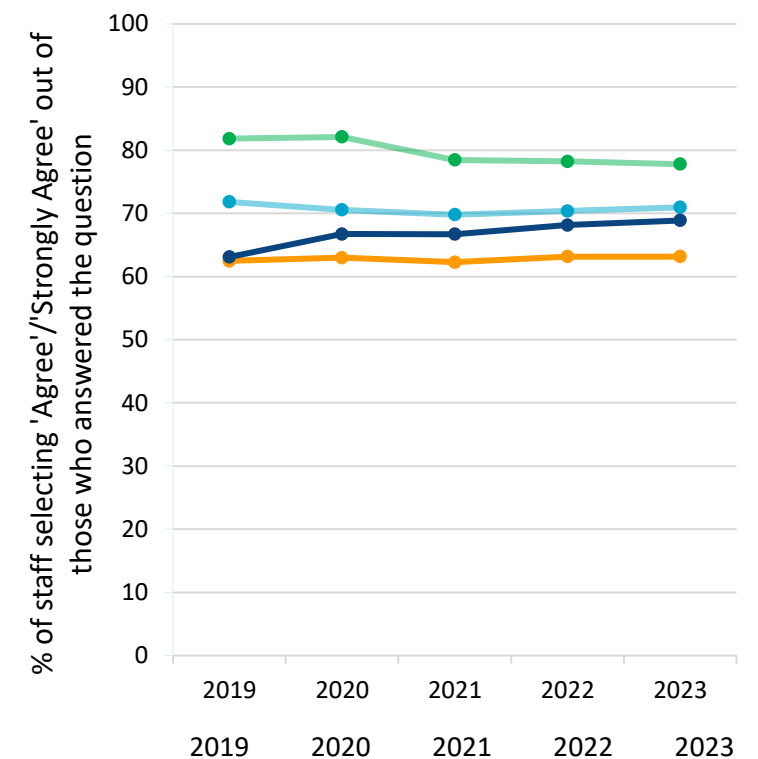
Q5b I have a choice in deciding how to do my work.



Q5c Relationships at work are strained.

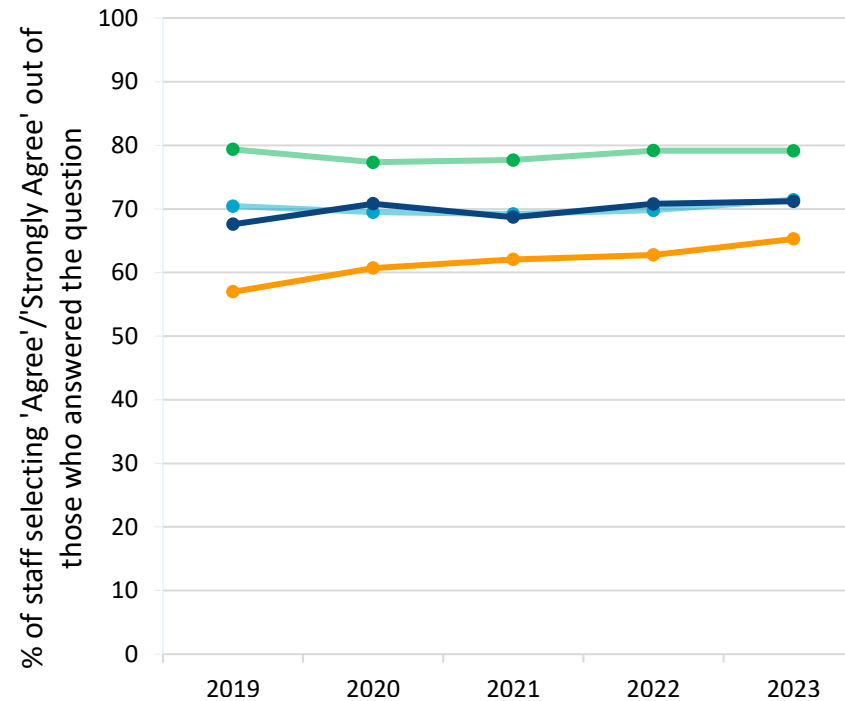


Q7c I receive the respect I deserve from my colleagues at work.





Q9a My immediate manager encourages me at work.



	2019	2020	2021	2022	2023
Your org	67.58%	70.82%	68.71%	70.78%	71.19%
Best result	79.38%	77.33%	77.69%	79.17%	79.13%
Average result	70.43%	69.49%	69.21%	69.78%	71.45%
Worst result	56.97%	60.71%	62.07%	62.76%	65.29%
Responses	2013	2267	3122	2763	2742

Question not linked to People Promise elements or themes

Questions included:*

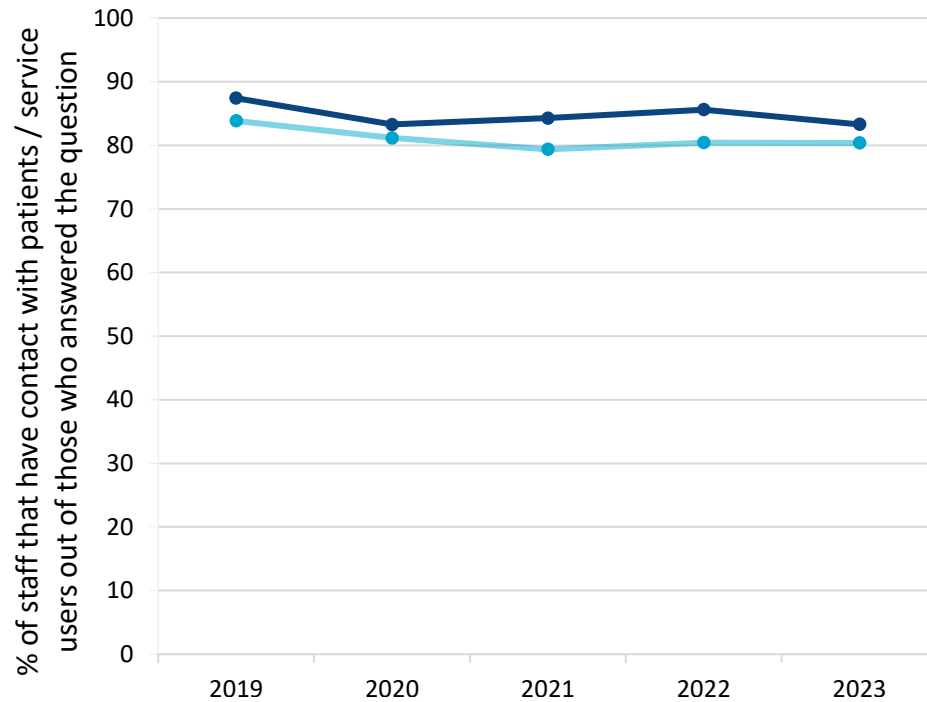
Q1, Q10a, Q10b, Q10c, Q11e, Q16c, Q18, Q19a, Q19b, Q19c, Q19d, Q31b, Q26d

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

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

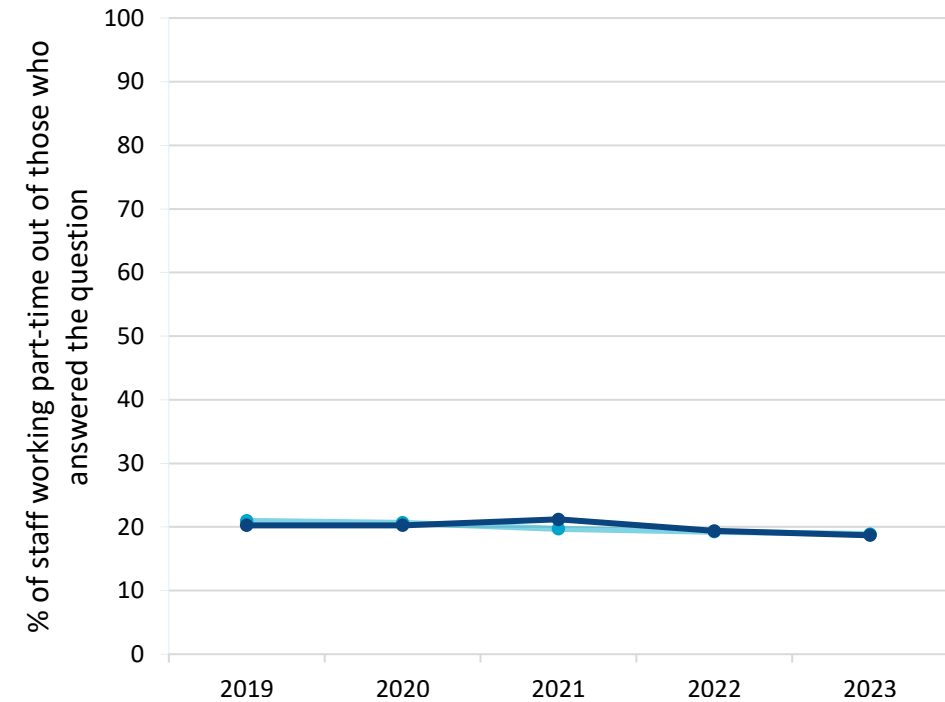


Q1 Do you have face-to-face, video or telephone contact with patients / service users as part of your job?



	2019	2020	2021	2022	2023
Your org	87.38%	83.26%	84.27%	85.61%	83.28%
Average	83.86%	81.16%	79.36%	80.42%	80.37%
Responses	2045	2318	3172	2751	2734

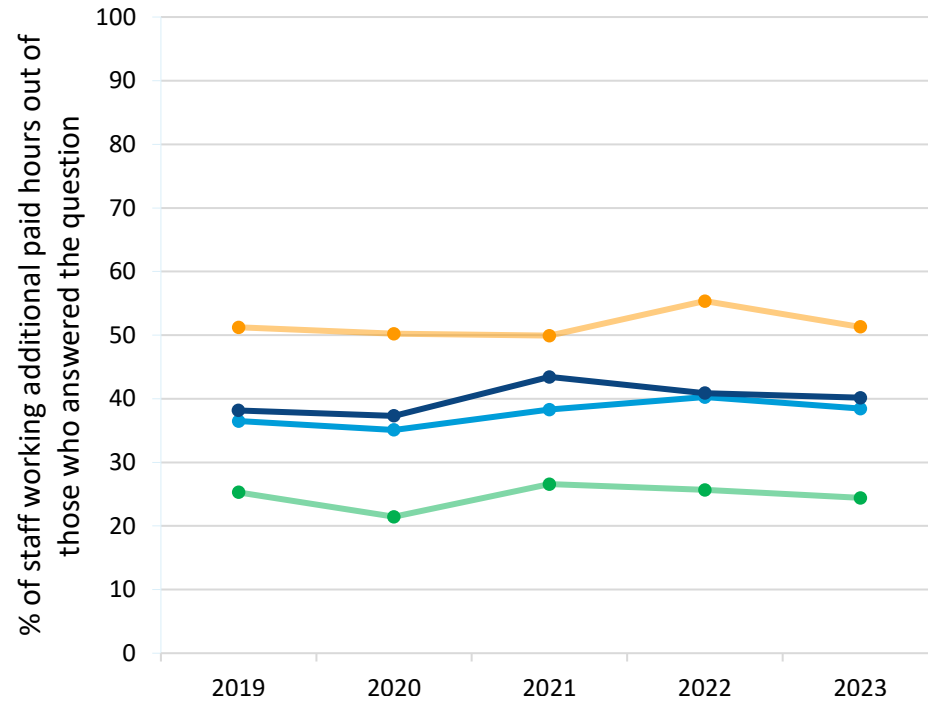
Q10a How many hours a week are you contracted to work?



	2019	2020	2021	2022	2023
Your org	20.23%	20.27%	21.18%	19.38%	18.71%
Average	20.97%	20.66%	19.69%	19.24%	18.88%
Responses	1992	2245	3083	2709	2694



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

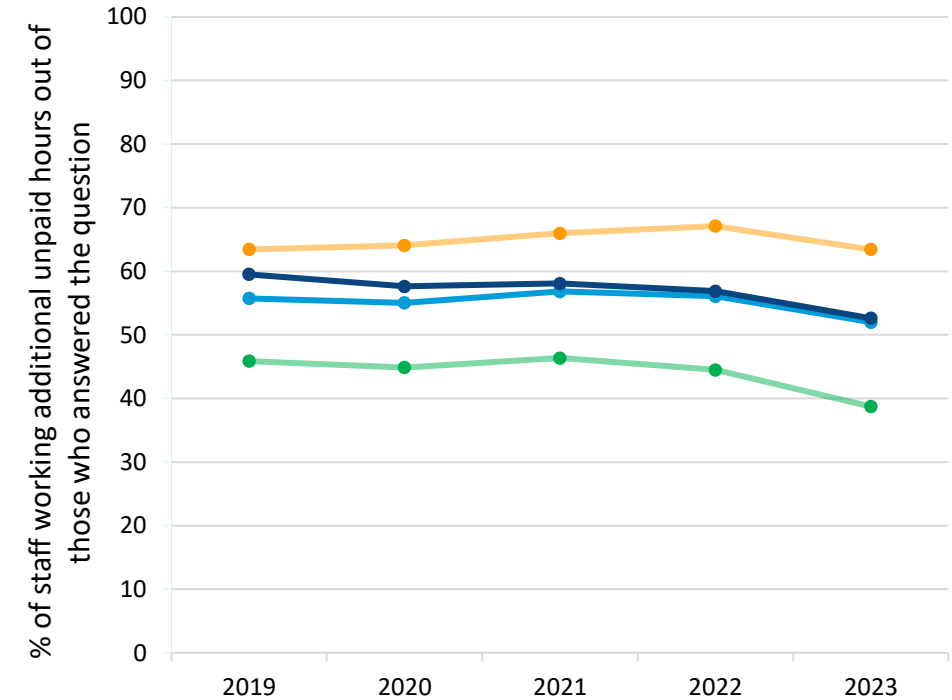


2019 2020 2021 2022 2023

Your org	38.15%	37.31%	43.43%	40.87%	40.16%
Lowest	25.29%	21.45%	26.56%	25.66%	24.41%
Average	36.47%	35.09%	38.29%	40.25%	38.45%
Highest	51.23%	50.22%	49.92%	55.35%	51.29%

Responses 1998 2257 3112 2758 2722

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



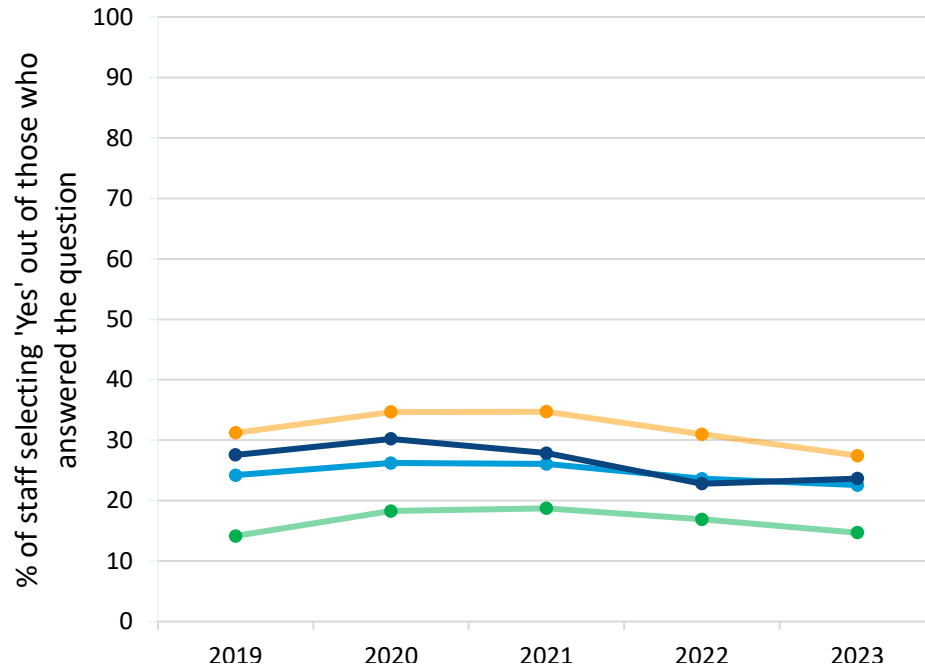
2019 2020 2021 2022 2023

Your org	59.50%	57.62%	58.07%	56.88%	52.63%
Lowest	45.87%	44.88%	46.37%	44.50%	38.73%
Average	55.74%	55.02%	56.83%	56.06%	52.00%
Highest	63.43%	64.06%	65.99%	67.12%	63.45%

Responses 1996 2259 3116 2758 2719

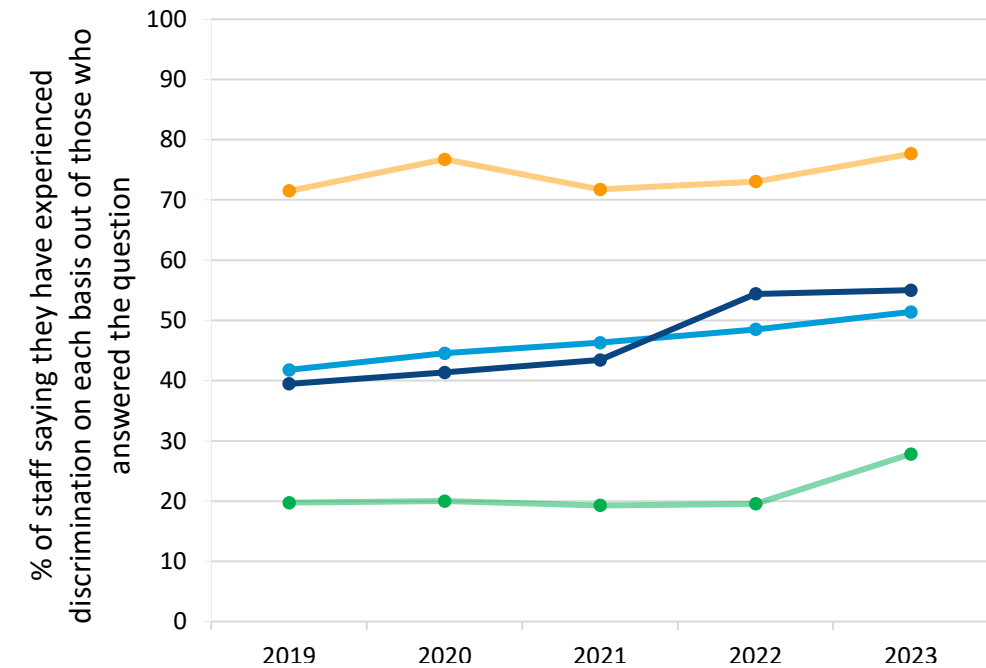


Q11e* Have you felt pressure from your manager to come to work?



	2019	2020	2021	2022	2023
Your org	27.54%	30.22%	27.87%	22.81%	23.65%
Best result	14.16%	18.27%	18.73%	16.91%	14.70%
Average result	24.21%	26.23%	26.05%	23.64%	22.57%
Worst result	31.23%	34.66%	34.72%	30.98%	27.44%
Responses	1230	1170	1753	1565	1500

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

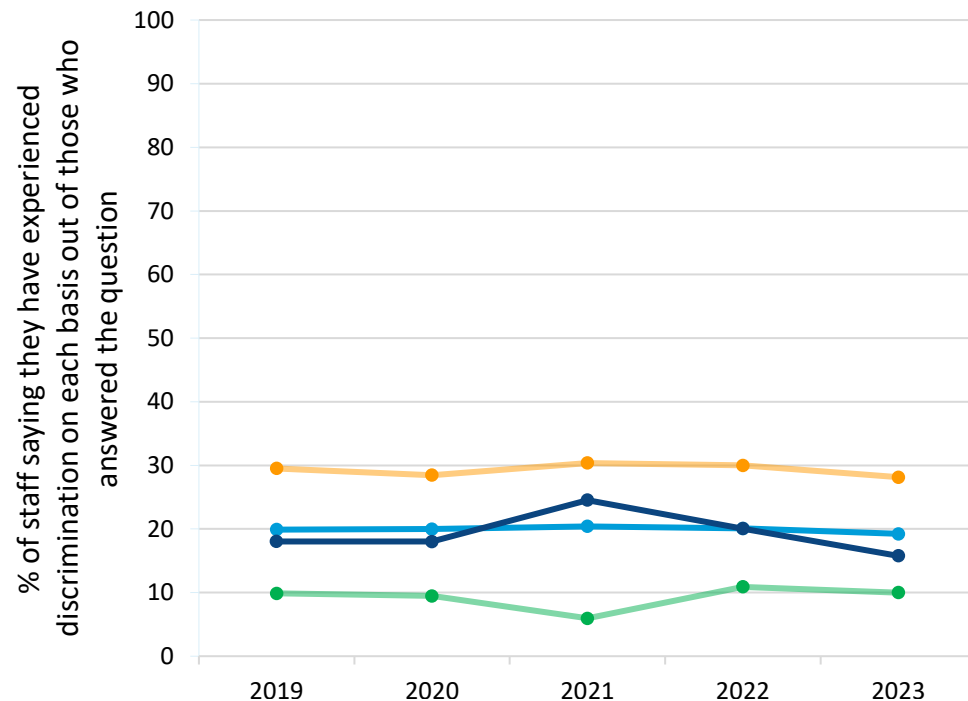


	2019	2020	2021	2022	2023
Your org	39.44%	41.35%	43.43%	54.40%	55.02%
Best result	19.75%	20.01%	19.29%	19.55%	27.81%
Average result	41.77%	44.53%	46.29%	48.50%	51.38%
Worst result	71.50%	76.72%	71.74%	73.03%	77.66%
Responses	219	245	334	310	373

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



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

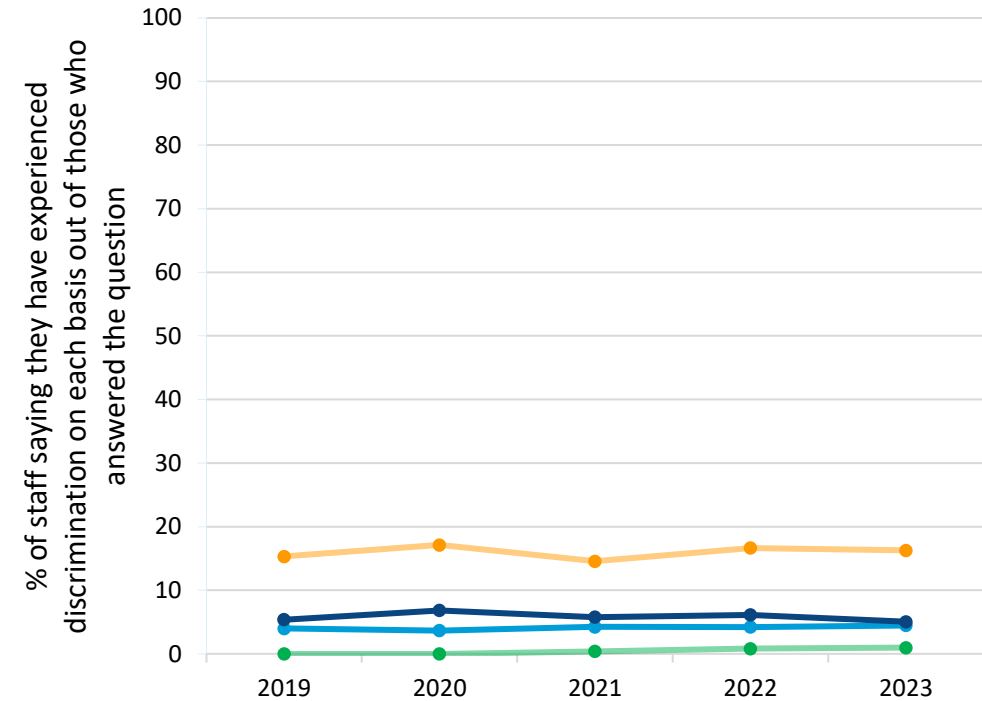


2019 2020 2021 2022 2023

Your org	18.05%	18.01%	24.54%	20.04%	15.77%
Best result	9.88%	9.46%	5.94%	10.90%	9.99%
Average result	19.91%	19.98%	20.41%	20.09%	19.22%
Worst result	29.51%	28.46%	30.36%	29.99%	28.12%

Responses 219 245 334 310 373

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



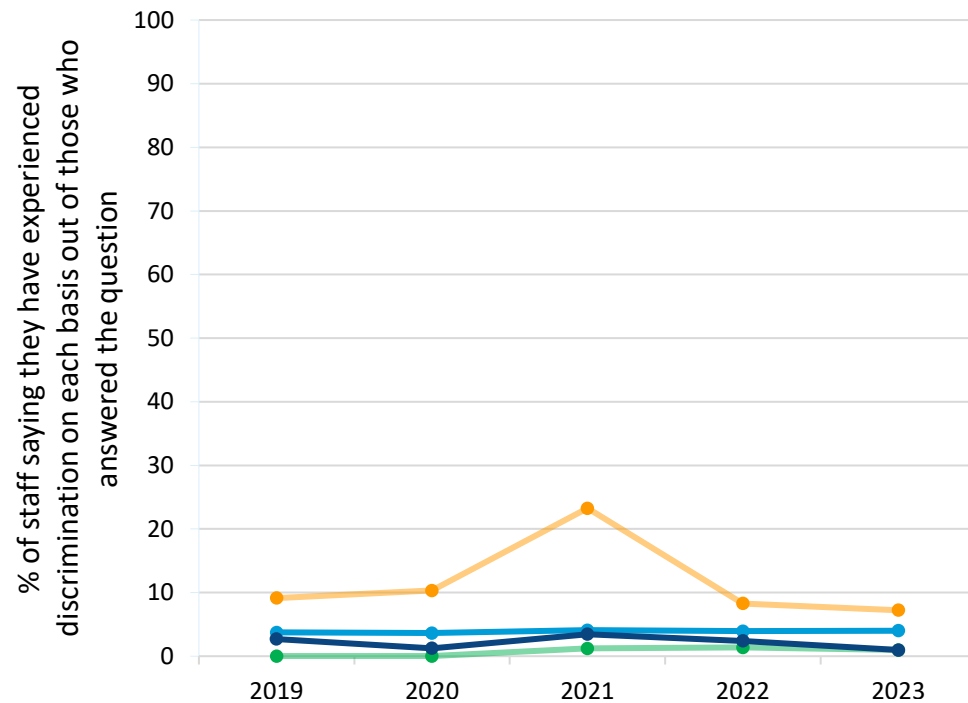
2019 2020 2021 2022 2023

Your org	5.37%	6.84%	5.78%	6.15%	5.06%
Best result	0.00%	0.00%	0.41%	0.83%	0.98%
Average result	4.01%	3.68%	4.25%	4.23%	4.47%
Worst result	15.33%	17.13%	14.56%	16.66%	16.27%

Responses 219 245 334 310 373



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

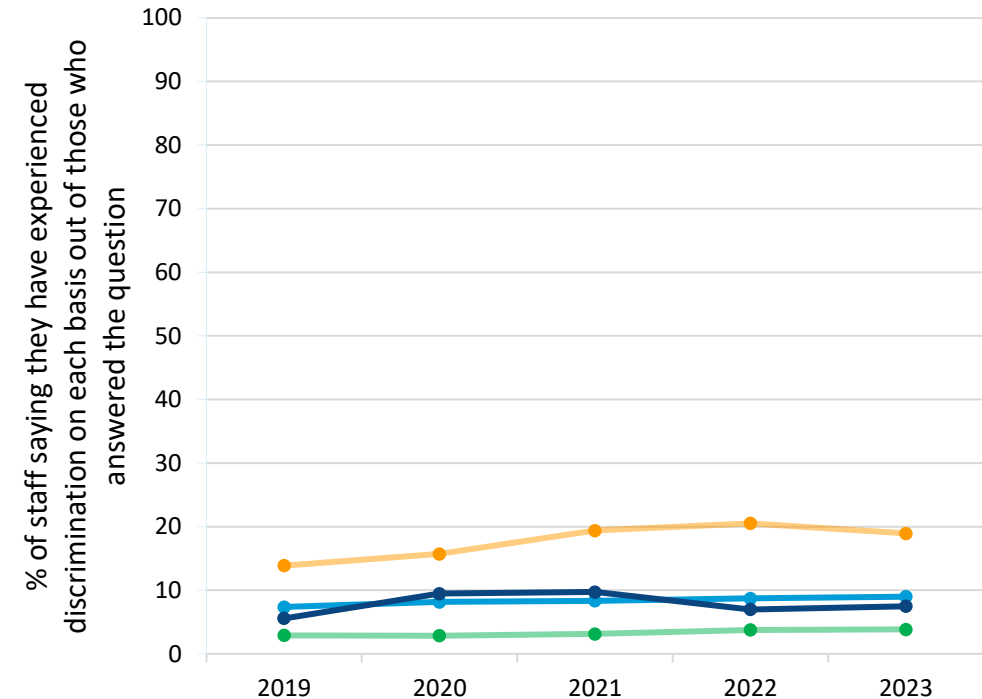


2019 2020 2021 2022 2023

Your org	2.70%	1.25%	3.44%	2.40%	0.97%
Best result	0.00%	0.00%	1.21%	1.38%	0.97%
Average result	3.74%	3.63%	4.09%	3.93%	4.00%
Worst result	9.14%	10.33%	23.26%	8.28%	7.22%

Responses 219 245 334 310 373

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



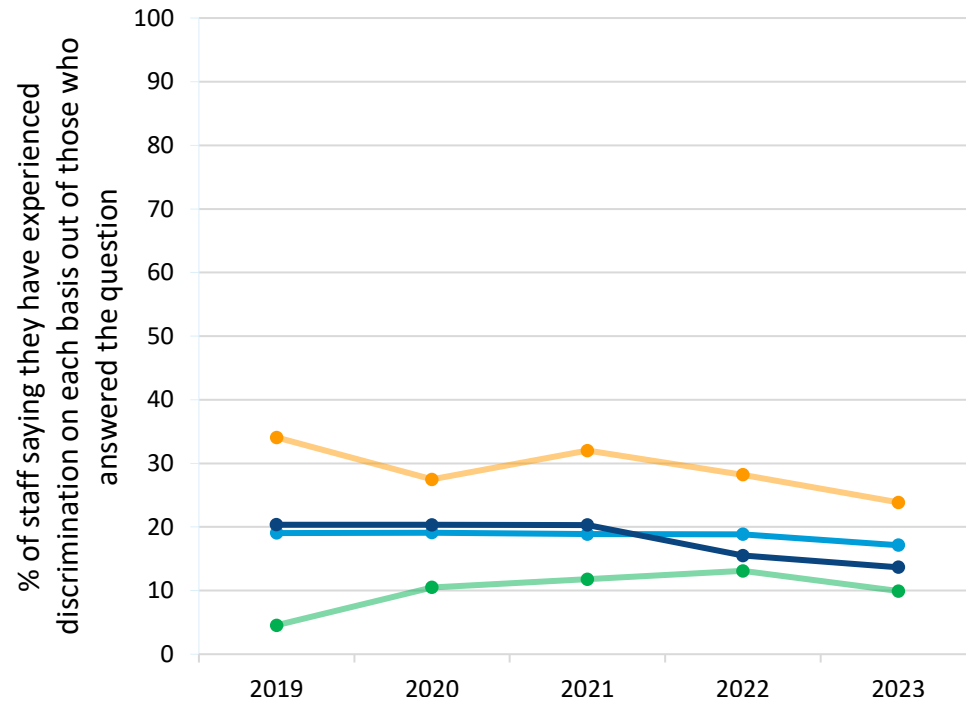
2019 2020 2021 2022 2023

Your org	5.56%	9.48%	9.72%	6.99%	7.48%
Best result	2.91%	2.86%	3.14%	3.77%	3.86%
Average result	7.37%	8.17%	8.36%	8.74%	9.01%
Worst result	13.87%	15.73%	19.39%	20.53%	18.93%

Responses 219 245 334 310 373

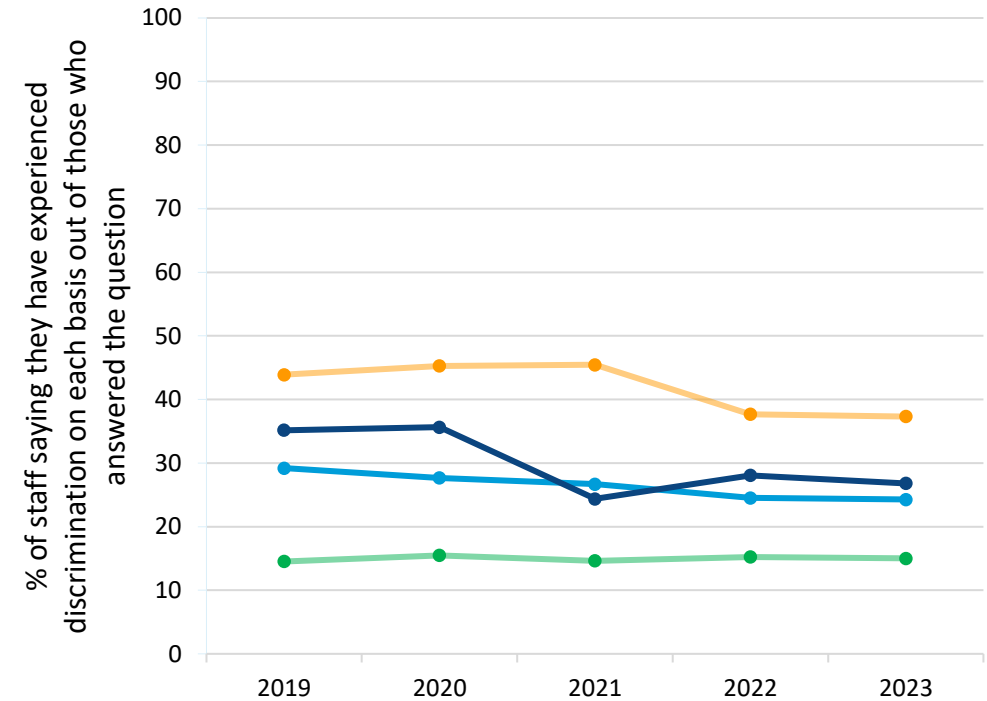


Q16c.6 On what grounds have you experienced discrimination?
– Age.



	2019	2020	2021	2022	2023
Worst result	34.06%	27.49%	32.01%	28.20%	23.85%
Average result	19.05%	19.09%	18.89%	18.84%	17.15%
Best result	4.55%	10.50%	11.78%	13.08%	9.92%
Your org	20.37%	20.34%	20.31%	15.51%	13.67%
Responses	219	245	334	310	373

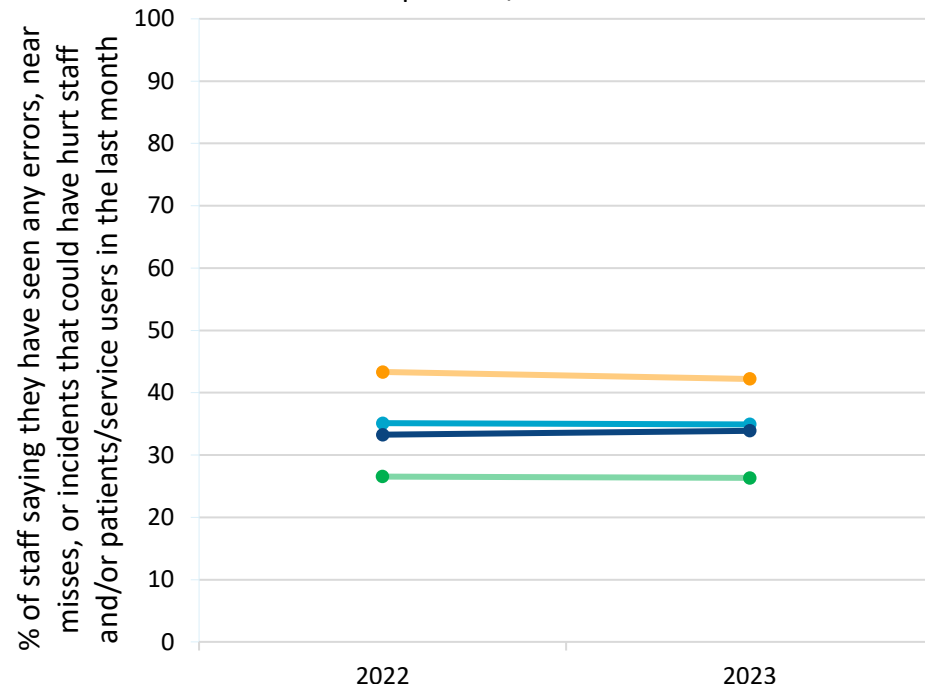
Q16c.7 On what grounds have you experienced discrimination?
– Other.



	2019	2020	2021	2022	2023
Worst result	43.90%	45.27%	45.46%	37.68%	37.34%
Average result	29.20%	27.66%	26.69%	24.52%	24.27%
Best result	14.53%	15.51%	14.64%	15.24%	15.03%
Your org	35.14%	35.64%	24.37%	28.08%	26.81%
Responses	219	245	334	310	373

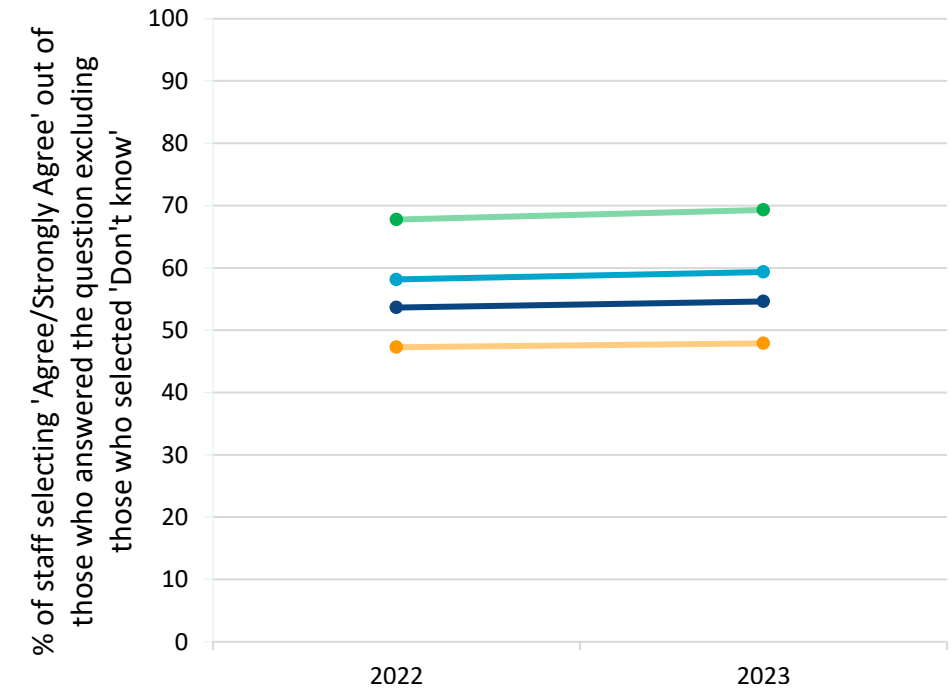


Q18 In the last month have you seen any errors, near misses, or incidents that could have hurt staff and/or patients/service users?



	2022	2023
Your org	33.24%	33.88%
Best result	26.54%	26.31%
Average result	35.09%	34.92%
Worst result	43.33%	42.20%
Responses	2722	2700

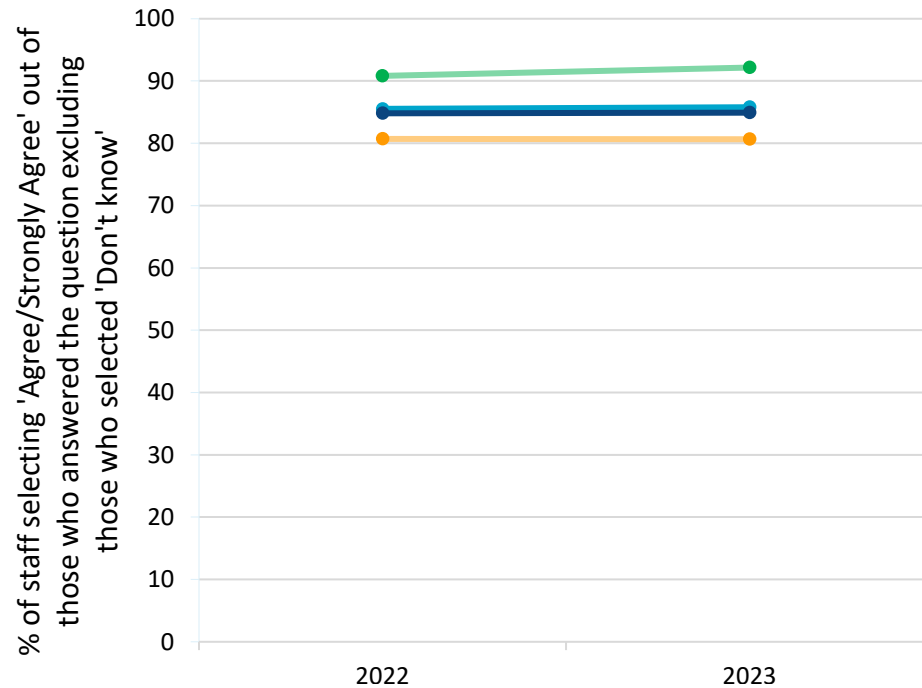
Q19a My organisation treats staff who are involved in an error, near miss or incident fairly.



	2022	2023
Your org	53.65%	54.63%
Best result	67.74%	69.31%
Average result	58.15%	59.36%
Worst result	47.28%	47.88%
Responses	2071	2038

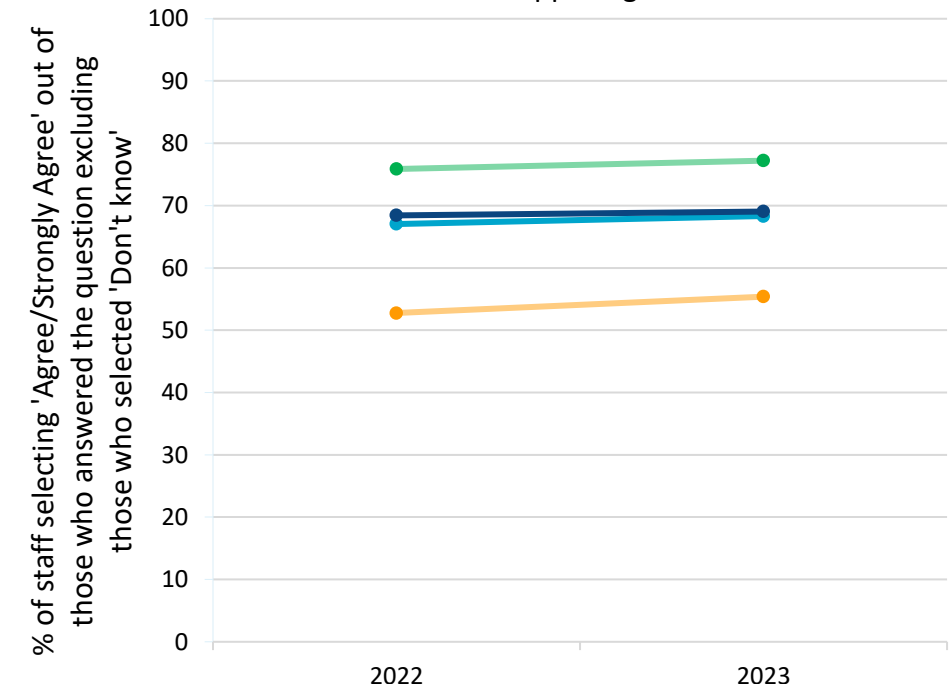


Q19b My organisation encourages us to report errors, near misses or incidents.



	2022	2023
Your org	84.82%	84.92%
Best result	90.82%	92.17%
Average result	85.51%	85.79%
Worst result	80.70%	80.69%
Responses	2638	2622

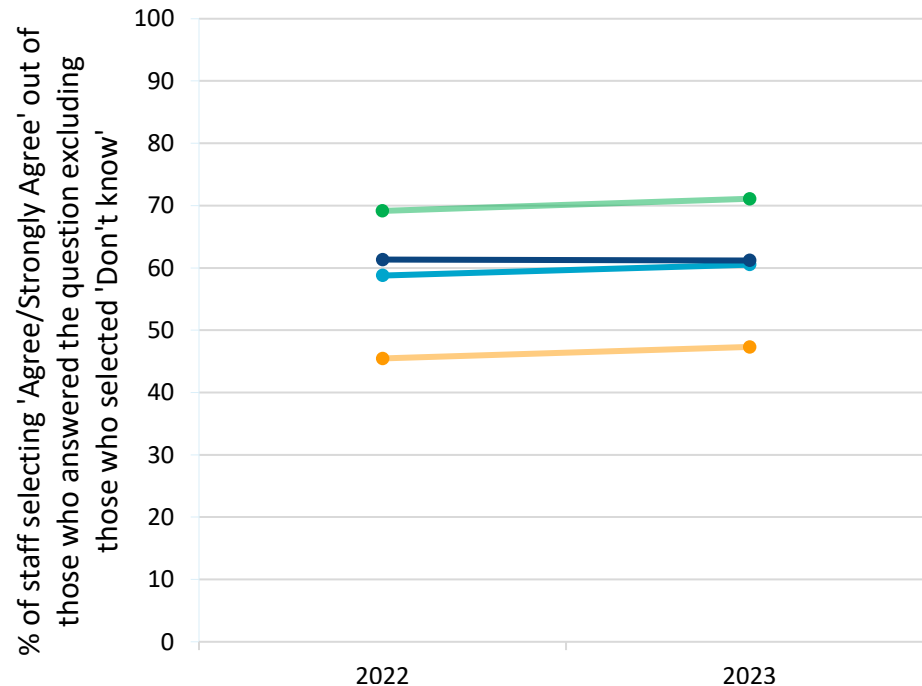
Q19c When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.



	2022	2023
Your org	68.43%	69.06%
Best result	75.89%	77.22%
Average result	67.04%	68.30%
Worst result	52.76%	55.39%
Responses	2430	2413

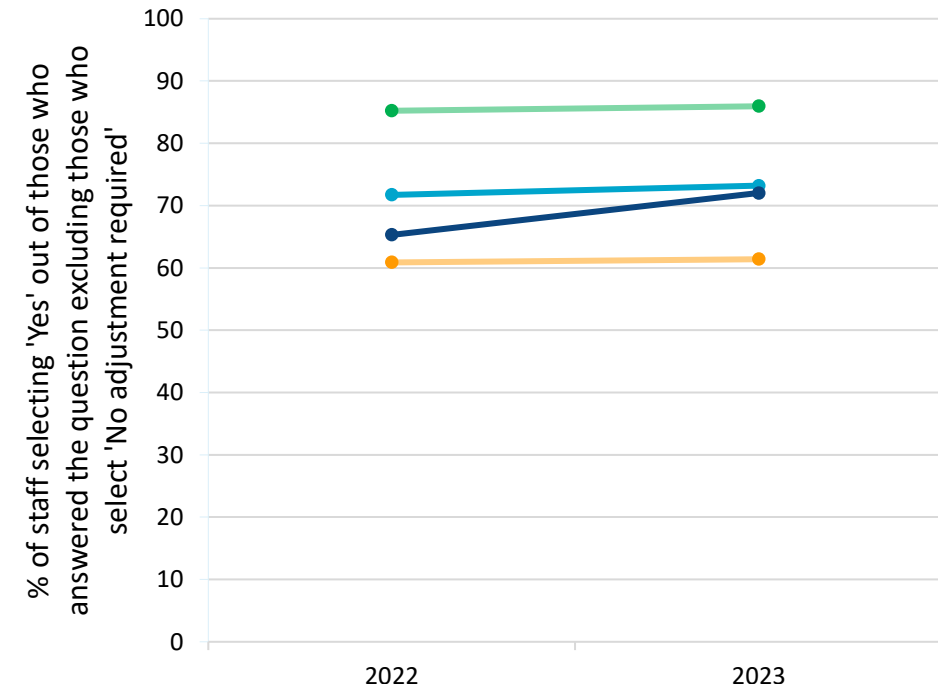


Q19d We are given feedback about changes made in response to reported errors, near misses and incidents.



	2022	2023
Your org	61.32%	61.20%
Best result	69.13%	71.09%
Average result	58.78%	60.53%
Worst result	45.47%	47.31%
Responses	2454	2448

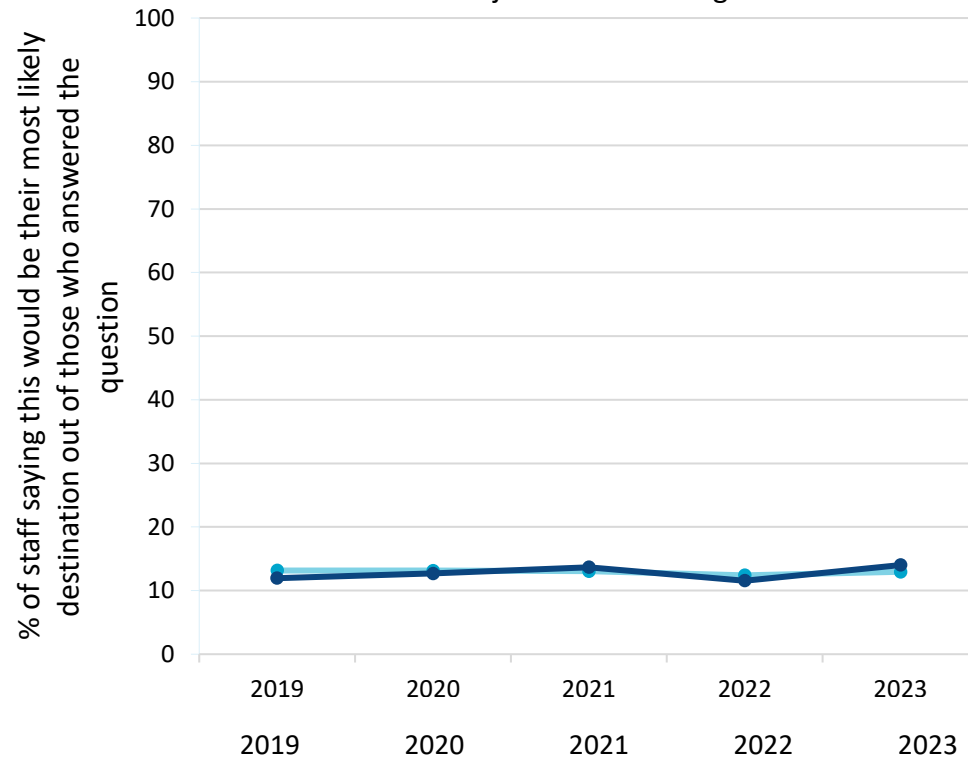
Q31b Has your employer made reasonable adjustment(s) to enable you to carry out your work?



	2022	2023
Your org	65.30%	72.01%
Best result	85.20%	85.95%
Average result	71.72%	73.19%
Worst result	60.88%	61.41%
Responses	381	442

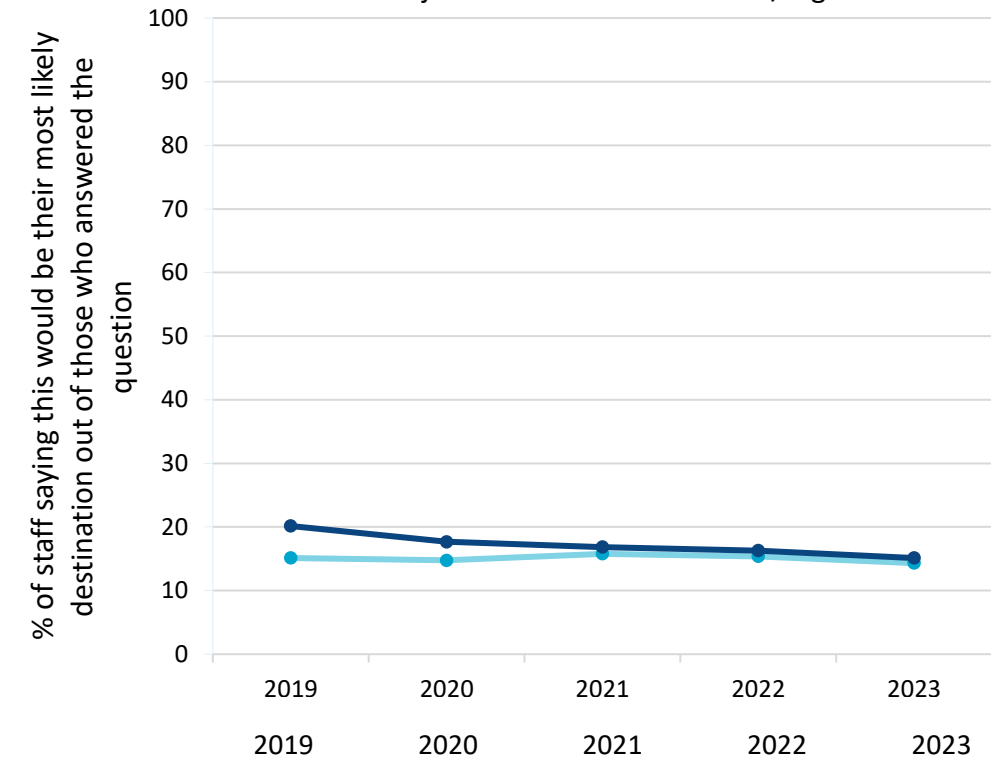


Q26d.1 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to another job within this organisation.



	2019	2020	2021	2022	2023
Your org	11.94%	12.69%	13.68%	11.56%	14.03%
Average	13.18%	13.13%	13.04%	12.40%	12.94%
Responses	1909	2206	2939	2647	2645

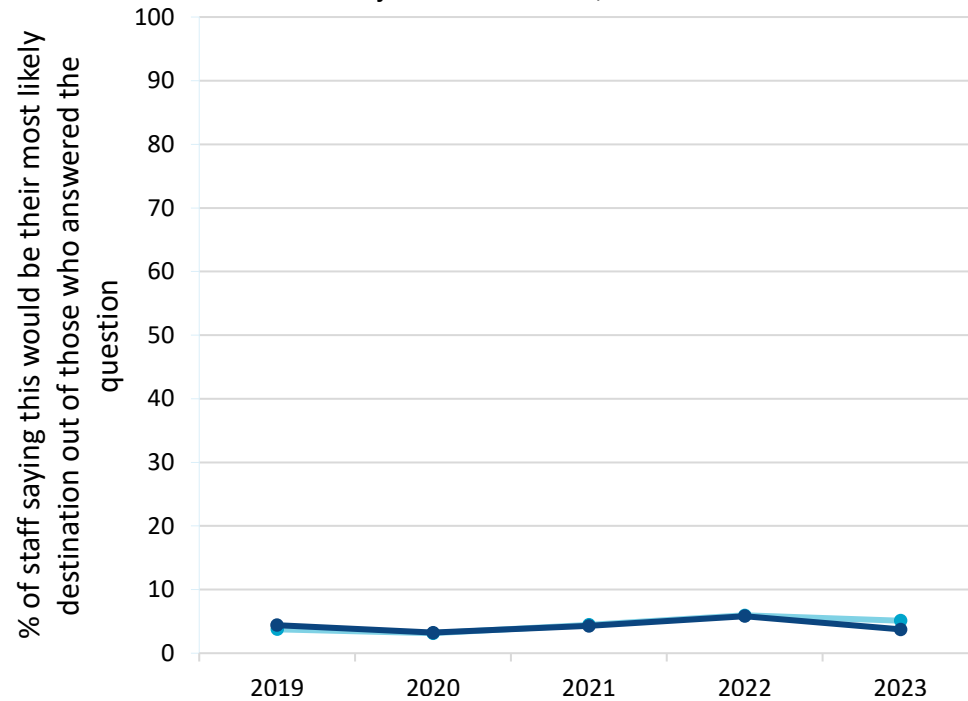
Q26d.2 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to another job in a different NHS Trust/organisation.



	2019	2020	2021	2022	2023
Your org	20.17%	17.68%	16.84%	16.28%	15.12%
Average	15.12%	14.76%	15.78%	15.37%	14.32%
Responses	1909	2206	2939	2647	2645

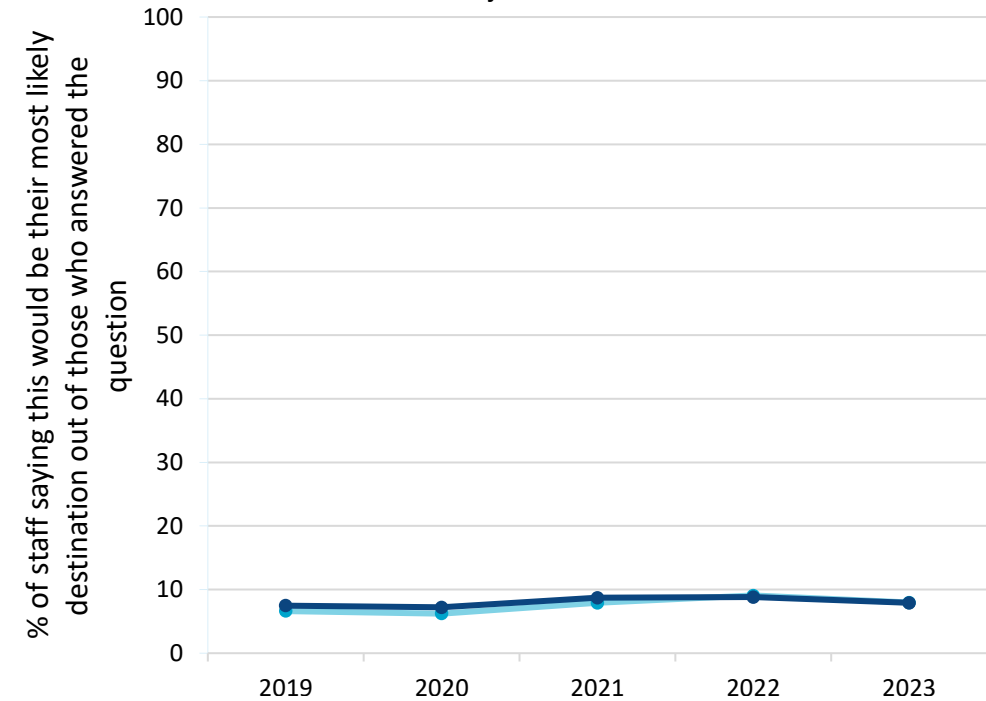


Q26d.3 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to a job in healthcare, but outside the NHS.



	2019	2020	2021	2022	2023
Your org	4.40%	3.22%	4.29%	5.82%	3.74%
Average	3.76%	3.12%	4.47%	5.95%	5.12%
Responses	1909	2206	2939	2647	2645

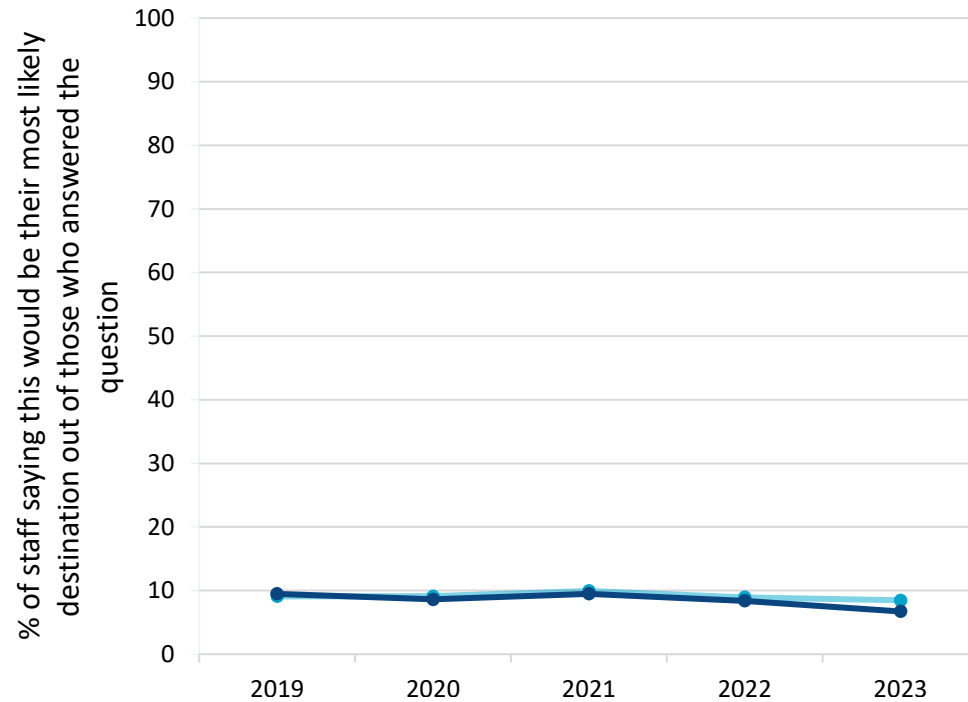
Q26d.4 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to a job outside healthcare.



	2019	2020	2021	2022	2023
Your org	7.49%	7.21%	8.71%	8.80%	7.90%
Average	6.63%	6.23%	7.91%	9.06%	7.96%
Responses	1909	2206	2939	2647	2645



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

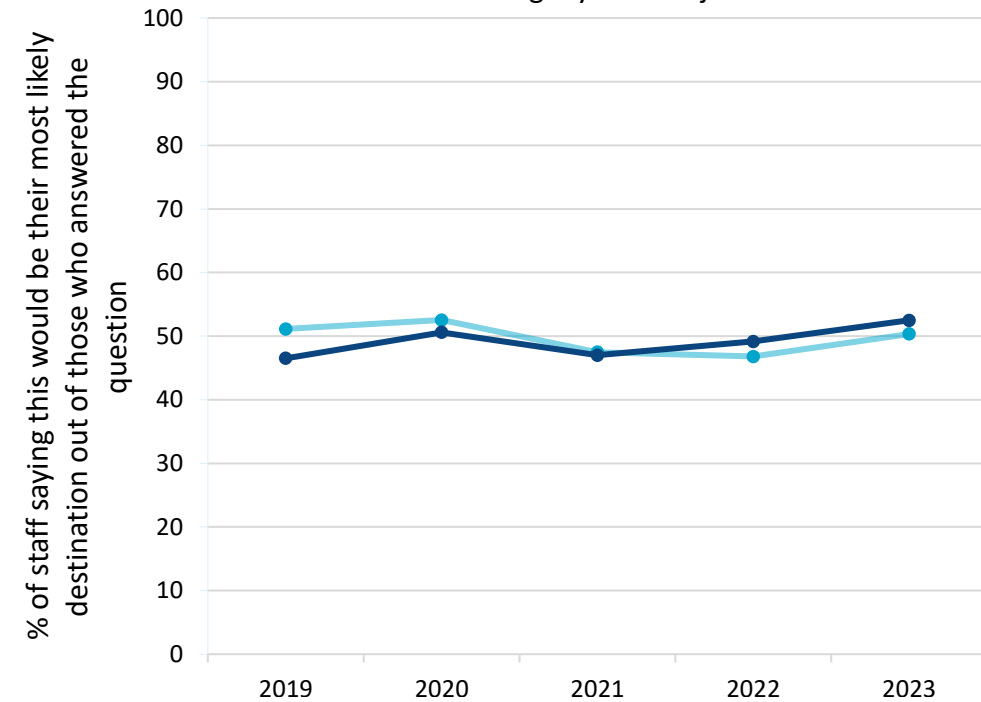


2019 2020 2021 2022 2023

Your org	9.48%	8.61%	9.49%	8.39%	6.73%
Average	9.09%	9.13%	9.95%	8.94%	8.45%

Responses 1909 2206 2939 2647 2645

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



2019 2020 2021 2022 2023

Your org	46.52%	50.59%	46.99%	49.15%	52.48%
Average	51.12%	52.53%	47.46%	46.79%	50.34%

Responses 1909 2206 2939 2647 2645

Workforce Equality Standards

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

Workforce Race Equality Standards (WRES)

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

Workforce Disability Equality Standards (WDES)

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

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

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

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)

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

*Staff with a long term condition

Workforce Race Equality Standards (WRES)

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

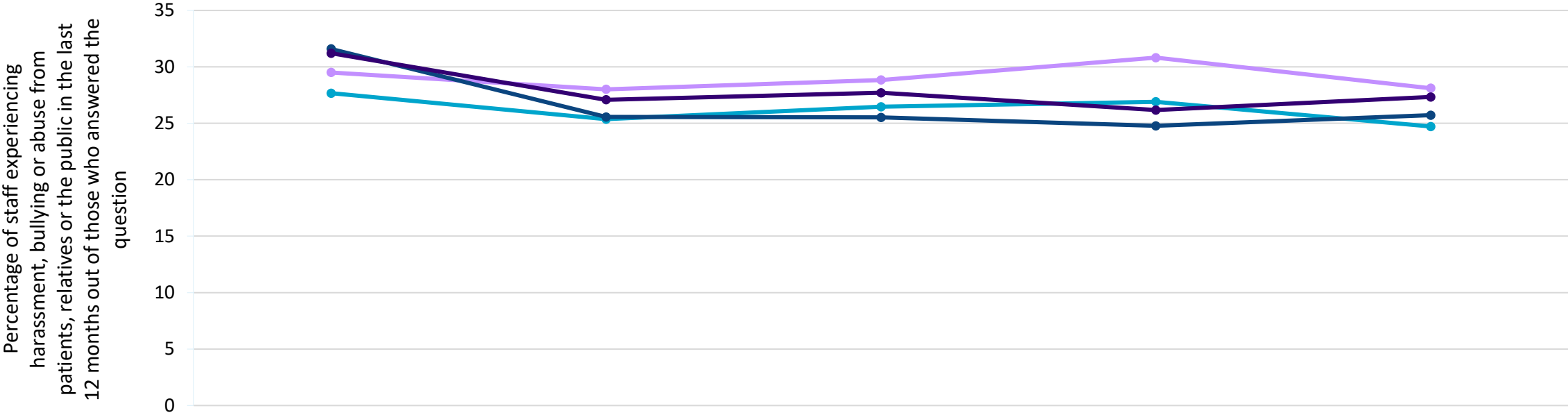
Data shown in the WRES charts are unweighted.

Averages are calculated as the median for the benchmark group.

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



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

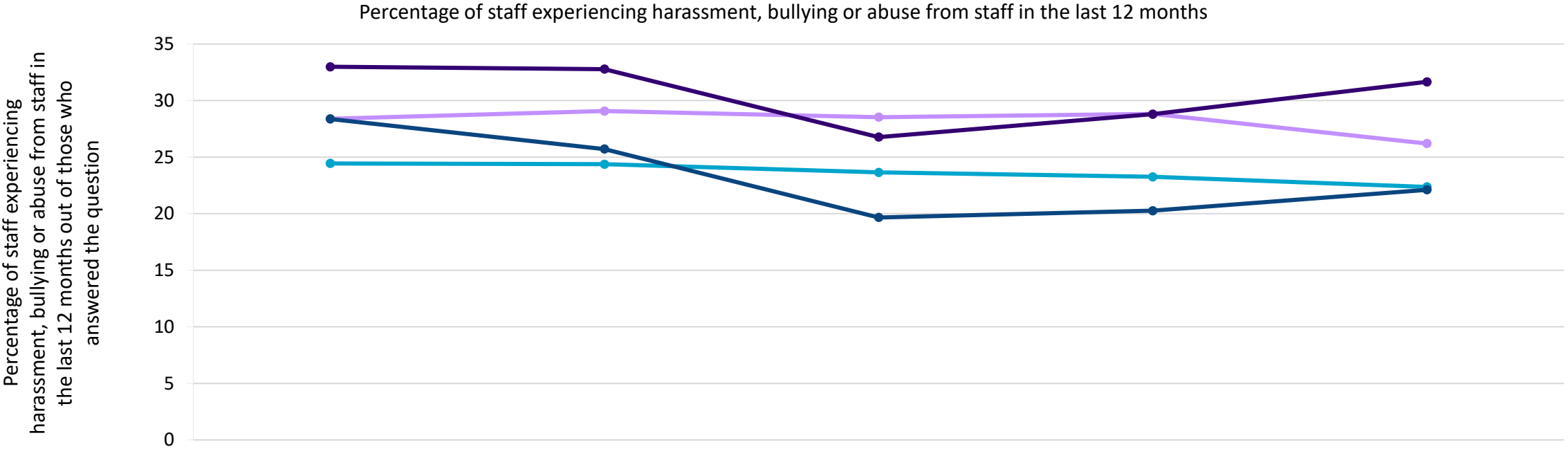


	2019	2020	2021	2022	2023
White staff: Your org	31.60%	25.56%	25.52%	24.78%	25.72%
All other ethnic groups*: Your org	31.21%	27.09%	27.71%	26.17%	27.33%
White staff: Average	27.67%	25.36%	26.47%	26.91%	24.72%
All other ethnic groups*: Average	29.51%	28.01%	28.84%	30.82%	28.11%
White staff: Responses	1630	1796	2449	2147	2049
All other ethnic groups*: Responses	282	299	480	577	655

*Staff from all other ethnic groups combined



Workforce Race Equality Standard (WRES)

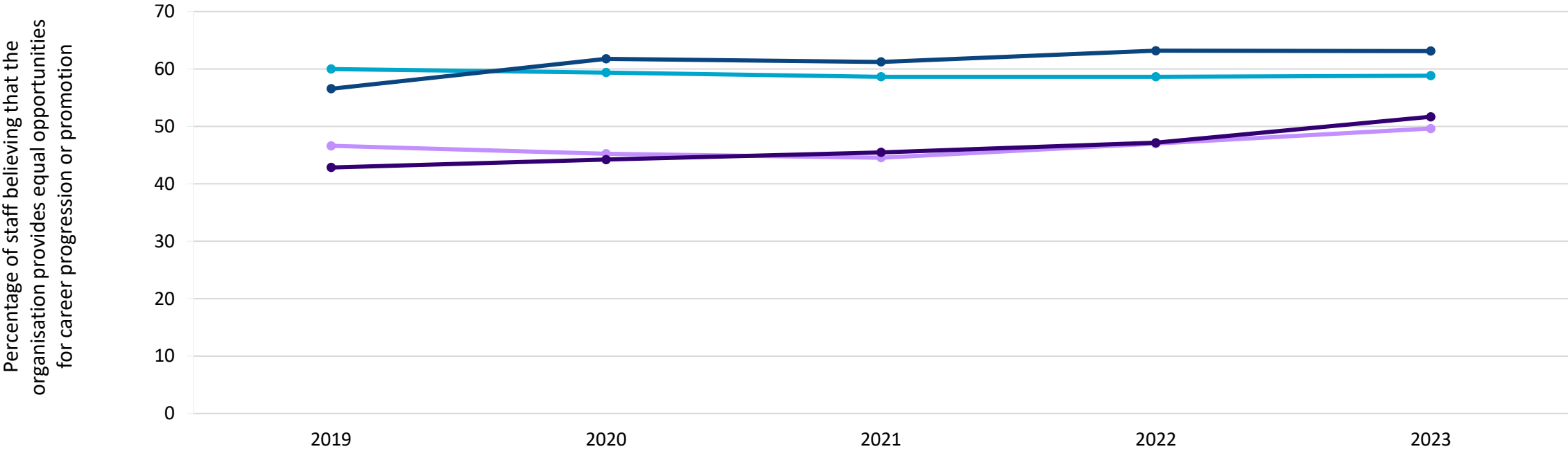


	2019	2020	2021	2022	2023
White staff: Your org	28.37%	25.71%	19.67%	20.26%	22.11%
All other ethnic groups*: Your org	32.98%	32.78%	26.76%	28.79%	31.65%
White staff: Average	24.44%	24.37%	23.65%	23.25%	22.37%
All other ethnic groups*: Average	28.39%	29.07%	28.53%	28.81%	26.20%
White staff: Responses	1632	1797	2451	2152	2040
All other ethnic groups*: Responses	282	299	482	580	654

*Staff from all other ethnic groups combined



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



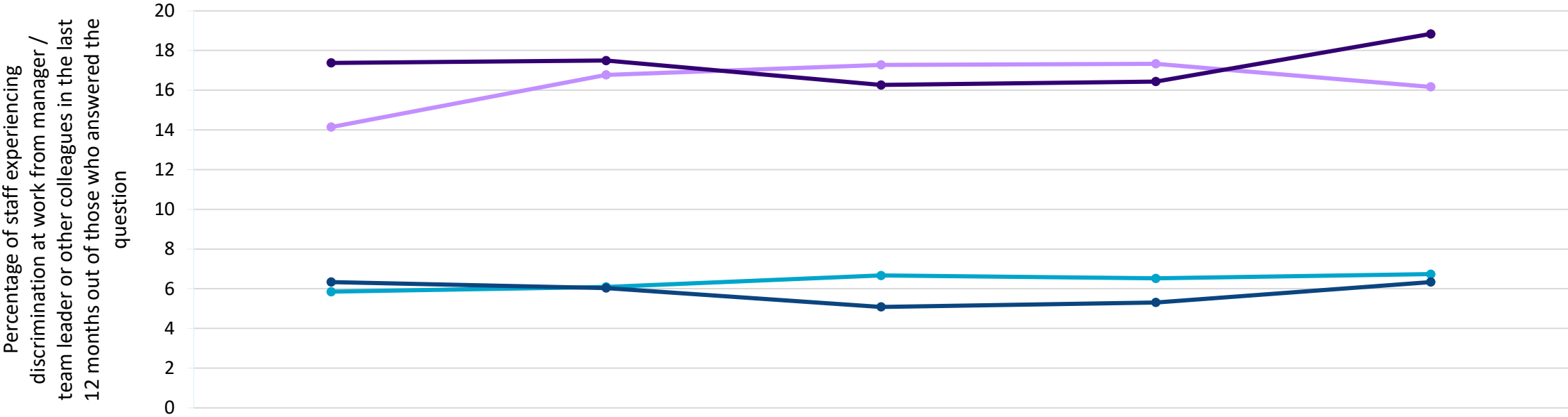
	2019	2020	2021	2022	2023
White staff: Your org	56.56%	61.77%	61.24%	63.19%	63.13%
All other ethnic groups*: Your org	42.86%	44.22%	45.47%	47.15%	51.69%
White staff: Average	60.00%	59.39%	58.64%	58.65%	58.84%
All other ethnic groups*: Average	46.62%	45.24%	44.56%	47.00%	49.64%
White staff: Responses	1630	1839	2518	2141	2034
All other ethnic groups*: Responses	280	303	497	579	652

*Staff from all other ethnic groups combined



Workforce Race Equality Standard (WRES)

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



	2019	2020	2021	2022	2023
White staff: Your org	6.34%	6.03%	5.08%	5.31%	6.34%
All other ethnic groups*: Your org	17.38%	17.49%	16.27%	16.44%	18.84%
White staff: Average	5.85%	6.09%	6.67%	6.52%	6.73%
All other ethnic groups*: Average	14.14%	16.77%	17.28%	17.33%	16.17%
White staff: Responses	1625	1856	2537	2147	2036
All other ethnic groups*: Responses	282	303	498	584	653

*Staff from all other ethnic groups combined

Workforce Disability Equality Standards (WDES)

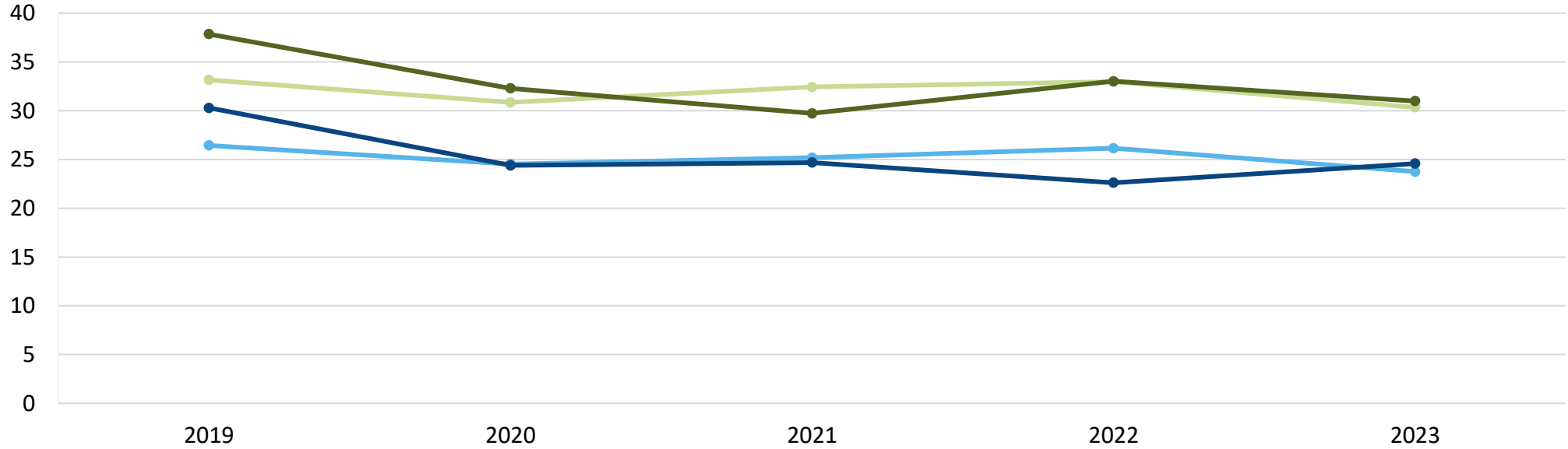
Vertical scales on the following charts vary from slide to slide and this effects how results are displayed. This allows incremental changes and small differences between results for subgroups to be more easily interpreted.
Data shown in the WDES charts are unweighted.

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



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

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

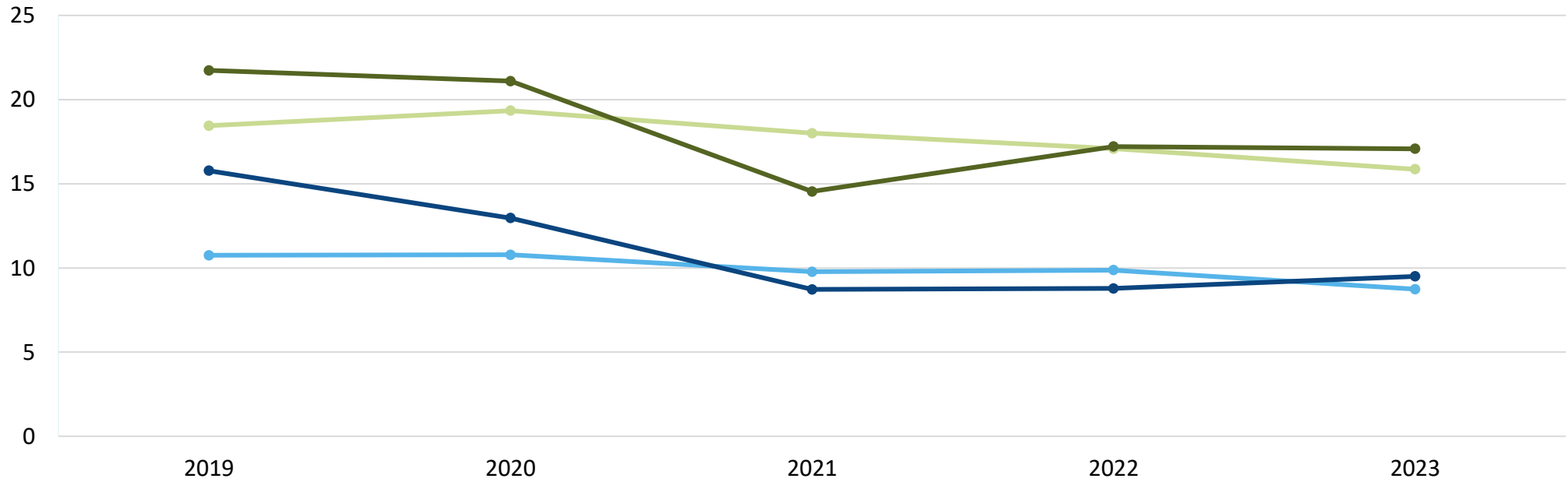


	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	37.86%	32.30%	29.73%	33.02%	30.99%
Staff without a LTC or illness: Your org	30.29%	24.39%	24.68%	22.62%	24.58%
Staff with a LTC or illness: Average	33.17%	30.86%	32.43%	32.98%	30.35%
Staff without a LTC or illness: Average	26.45%	24.53%	25.19%	26.16%	23.76%
Staff with a LTC or illness: Responses	346	418	676	639	726
Staff without a LTC or illness: Responses	1598	1722	2285	2078	1924



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

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

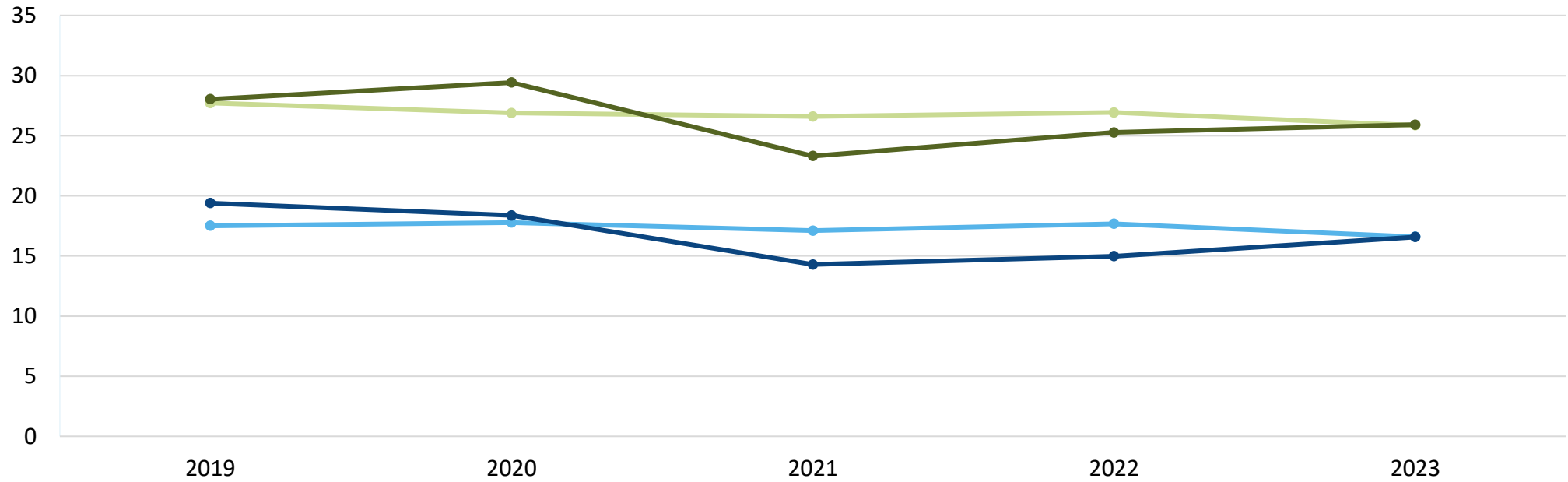


	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	21.74%	21.10%	14.54%	17.21%	17.08%
Staff without a LTC or illness: Your org	15.78%	12.97%	8.72%	8.79%	9.50%
Staff with a LTC or illness: Average	18.45%	19.35%	18.00%	17.09%	15.87%
Staff without a LTC or illness: Average	10.76%	10.78%	9.77%	9.88%	8.74%
Staff with a LTC or illness: Responses	345	417	674	639	720
Staff without a LTC or illness: Responses	1591	1720	2281	2071	1905



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

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

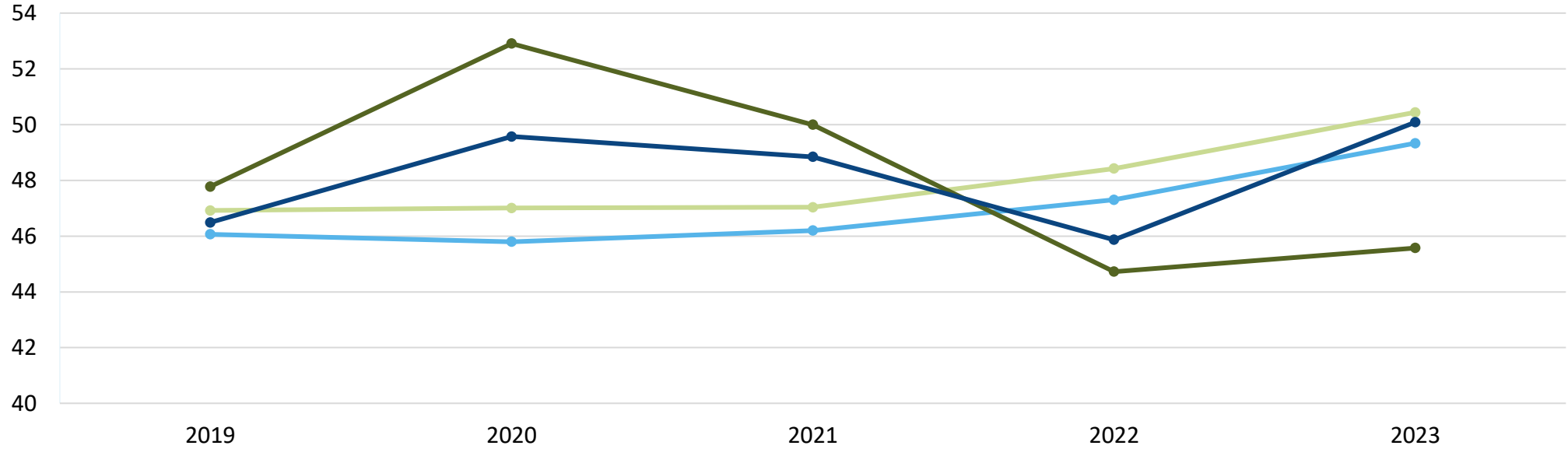


	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	28.03%	29.43%	23.32%	25.28%	25.91%
Staff without a LTC or illness: Your org	19.40%	18.37%	14.29%	14.98%	16.58%
Staff with a LTC or illness: Average	27.71%	26.89%	26.60%	26.93%	25.86%
Staff without a LTC or illness: Average	17.51%	17.79%	17.11%	17.67%	16.60%
Staff with a LTC or illness: Responses	346	418	669	633	714
Staff without a LTC or illness: Responses	1593	1720	2267	2063	1894



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

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

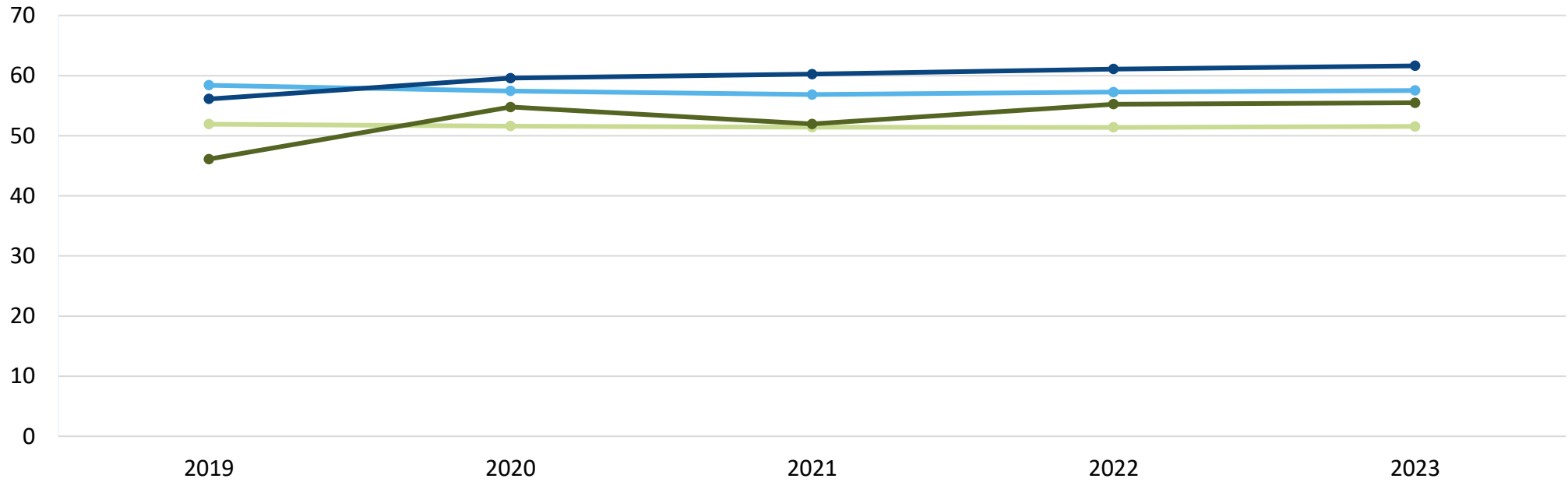


	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	47.78%	52.91%	50.00%	44.73%	45.57%
Staff without a LTC or illness: Your org	46.49%	49.57%	48.84%	45.87%	50.09%
Staff with a LTC or illness: Average	46.92%	47.01%	47.03%	48.43%	50.44%
Staff without a LTC or illness: Average	46.07%	45.80%	46.20%	47.30%	49.33%
Staff with a LTC or illness: Responses	180	206	274	275	305
Staff without a LTC or illness: Responses	641	587	692	593	569



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

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

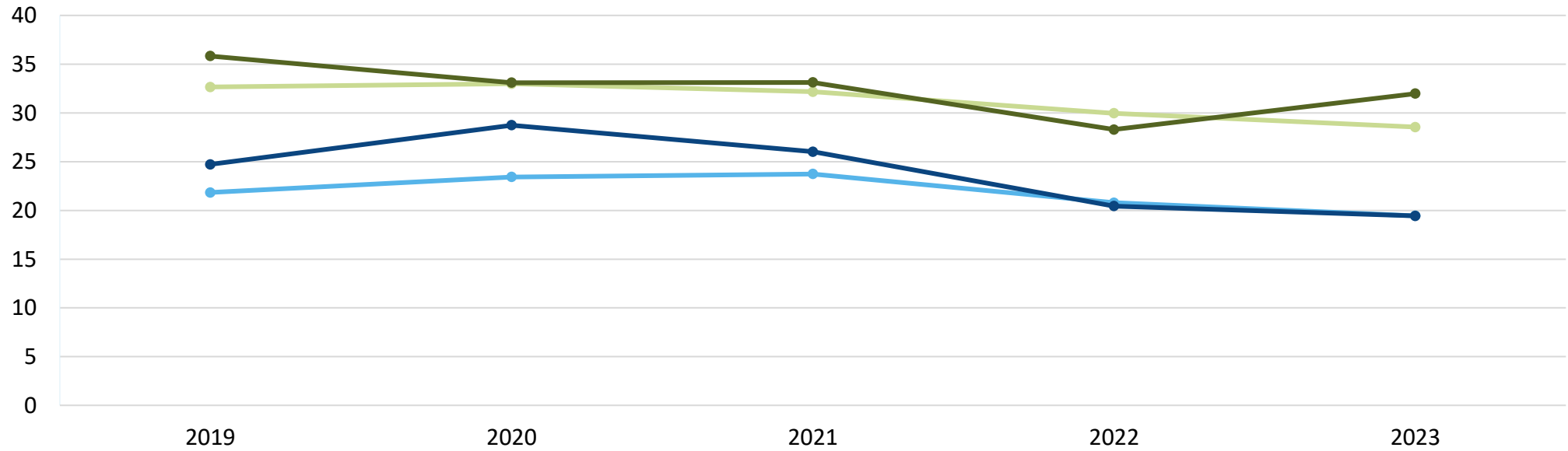


	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	46.11%	54.78%	51.95%	55.26%	55.48%
Staff without a LTC or illness: Your org	56.11%	59.59%	60.25%	61.10%	61.62%
Staff with a LTC or illness: Average	51.93%	51.61%	51.41%	51.39%	51.54%
Staff without a LTC or illness: Average	58.39%	57.45%	56.84%	57.25%	57.52%
Staff with a LTC or illness: Responses	347	429	693	637	721
Staff without a LTC or illness: Responses	1595	1762	2355	2077	1910



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

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

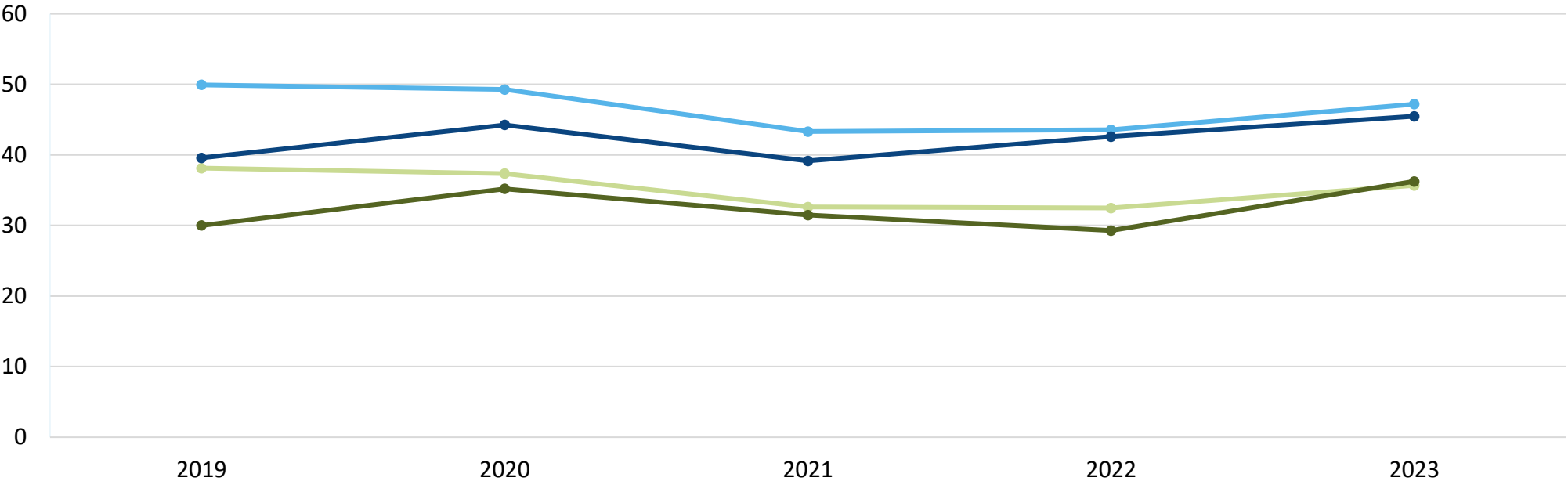


	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	35.84%	33.11%	33.13%	28.30%	31.98%
Staff without a LTC or illness: Your org	24.73%	28.74%	26.03%	20.45%	19.44%
Staff with a LTC or illness: Average	32.66%	33.00%	32.18%	29.97%	28.55%
Staff without a LTC or illness: Average	21.84%	23.44%	23.74%	20.80%	19.46%
Staff with a LTC or illness: Responses	279	305	504	470	494
Staff without a LTC or illness: Responses	914	842	1218	1076	962



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

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

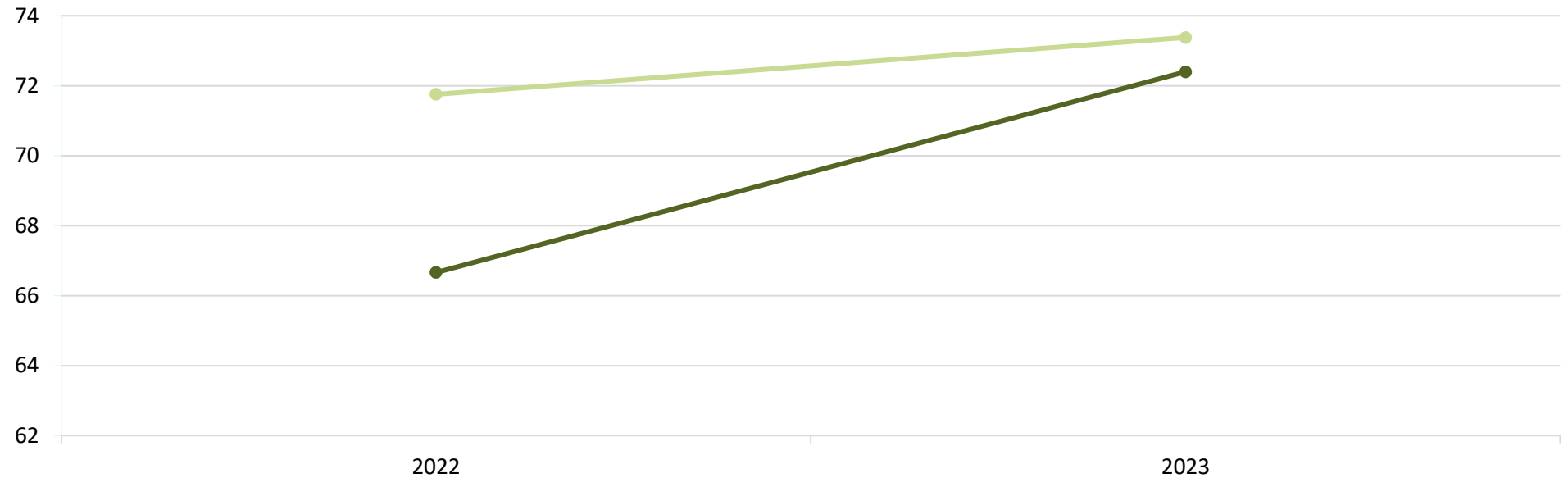


	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	30.00%	35.19%	31.47%	29.26%	36.24%
Staff without a LTC or illness: Your org	39.58%	44.24%	39.15%	42.60%	45.47%
Staff with a LTC or illness: Average	38.11%	37.36%	32.62%	32.46%	35.66%
Staff without a LTC or illness: Average	49.92%	49.27%	43.30%	43.56%	47.19%
Staff with a LTC or illness: Responses	350	432	699	639	723
Staff without a LTC or illness: Responses	1602	1781	2373	2087	1920



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

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



Staff with a LTC or illness: Your org

2022

66.67%

2023

72.40%

Staff with a LTC or illness: Average

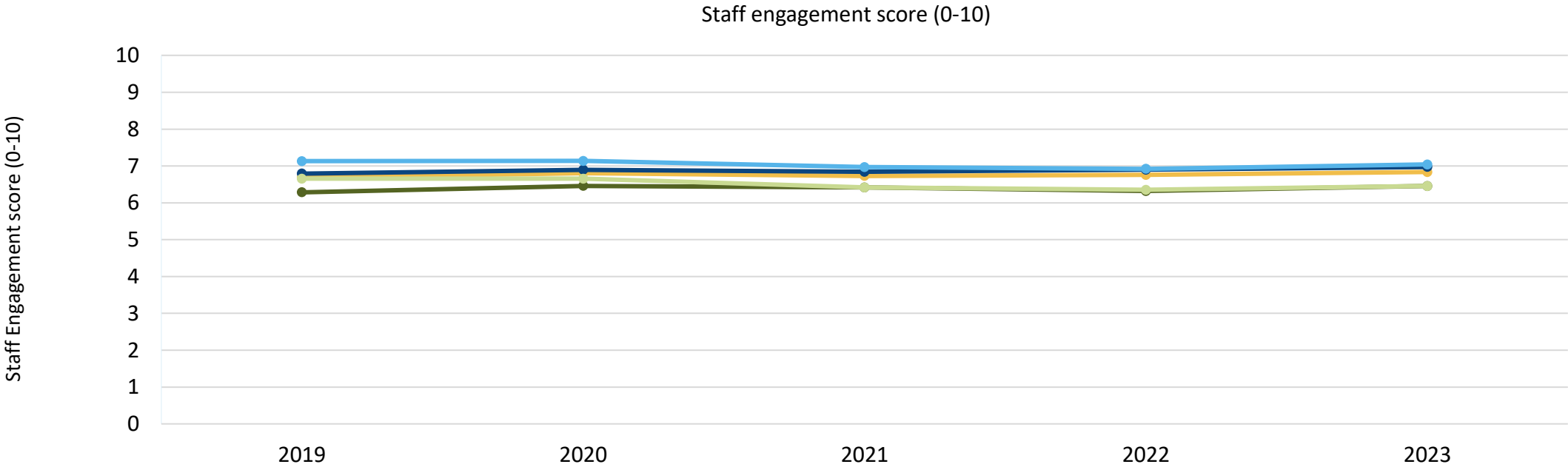
71.76%

73.38%

Staff with a LTC or illness: Responses

381

442

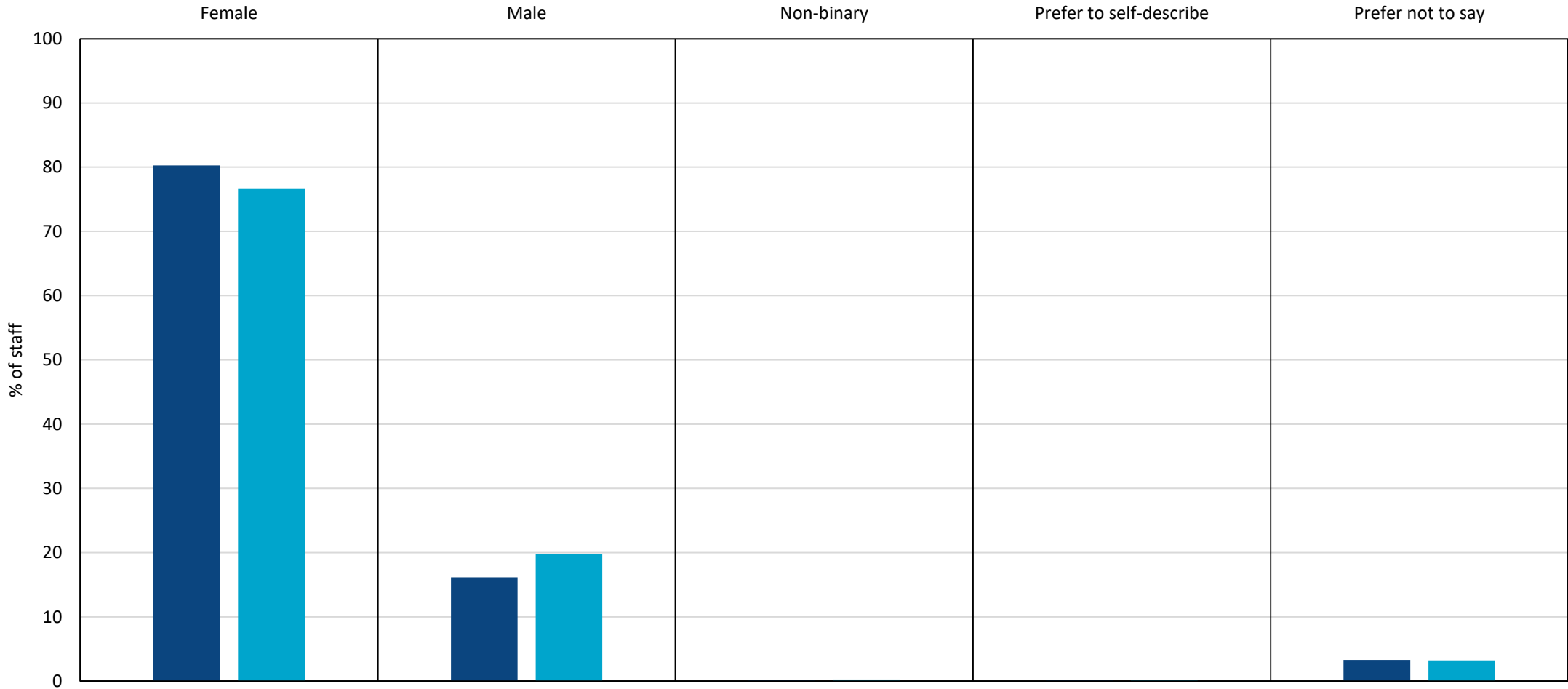


	2019	2020	2021	2022	2023
Organisation average	6.68	6.81	6.73	6.76	6.83
Staff with a LTC or illness: Your org	6.29	6.46	6.42	6.32	6.46
Staff without a LTC or illness: Your org	6.79	6.90	6.84	6.90	6.97
Staff with a LTC or illness: Average	6.65	6.65	6.42	6.35	6.46
Staff without a LTC or illness: Average	7.13	7.14	6.97	6.92	7.04
Staff with a LTC or illness: Responses	350	432	699	641	726
Staff without a LTC or illness: Responses	1605	1785	2378	2094	1932

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

About your respondents

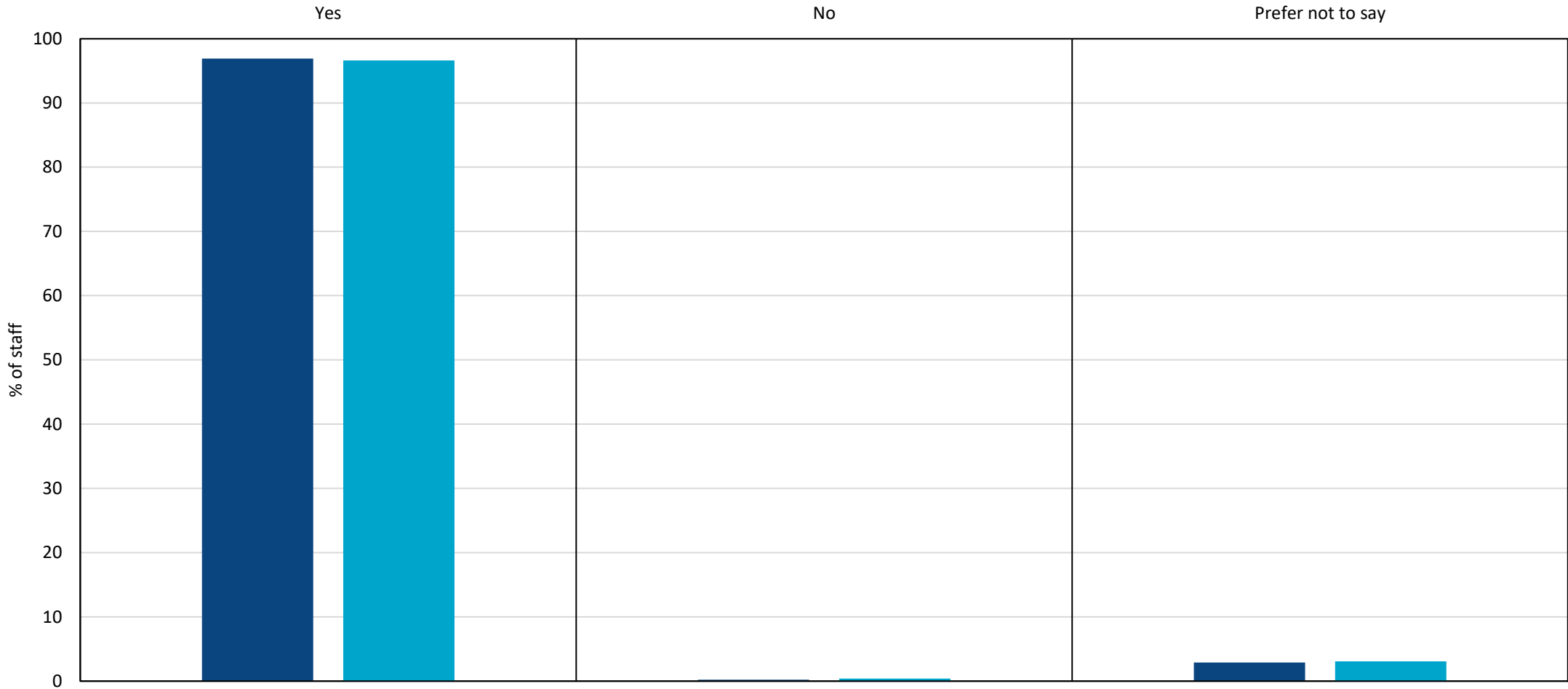
This section shows demographic and other background information for 2023.



Your org	80.26%	16.13%	0.15%	0.18%	3.28%
Average	76.60%	19.78%	0.24%	0.18%	3.22%
Responses	2715	2715	2715	2715	2715



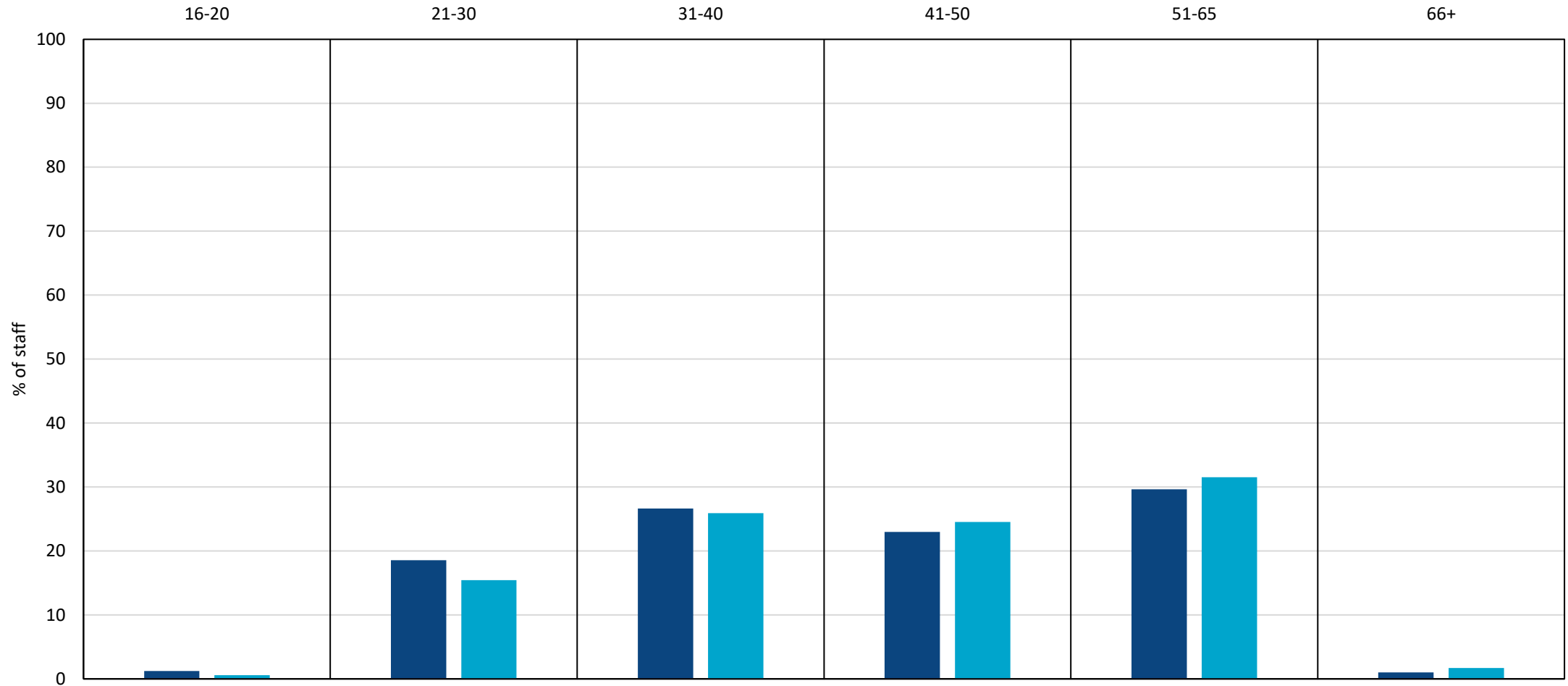
Background details – Is your gender identity the same as the sex you were registered at birth?



Your org	96.92%	0.19%	2.90%
Average	96.62%	0.37%	3.08%
Responses	2694	2694	2694



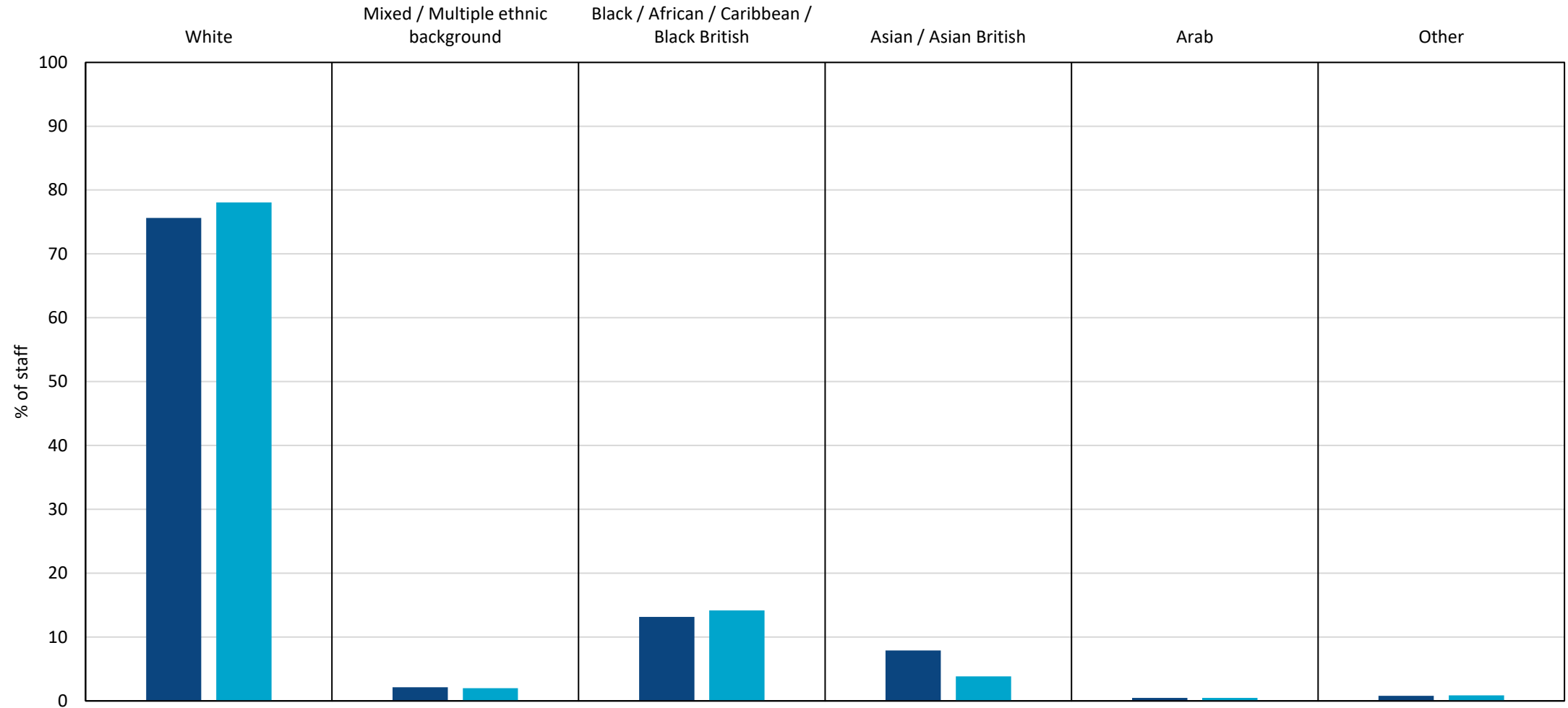
Background details - Age



Your org	1.21%	18.55%	26.63%	22.96%	29.65%	0.99%
Average	0.55%	15.42%	25.91%	24.51%	31.50%	1.70%
Responses	2722	2722	2722	2722	2722	2722



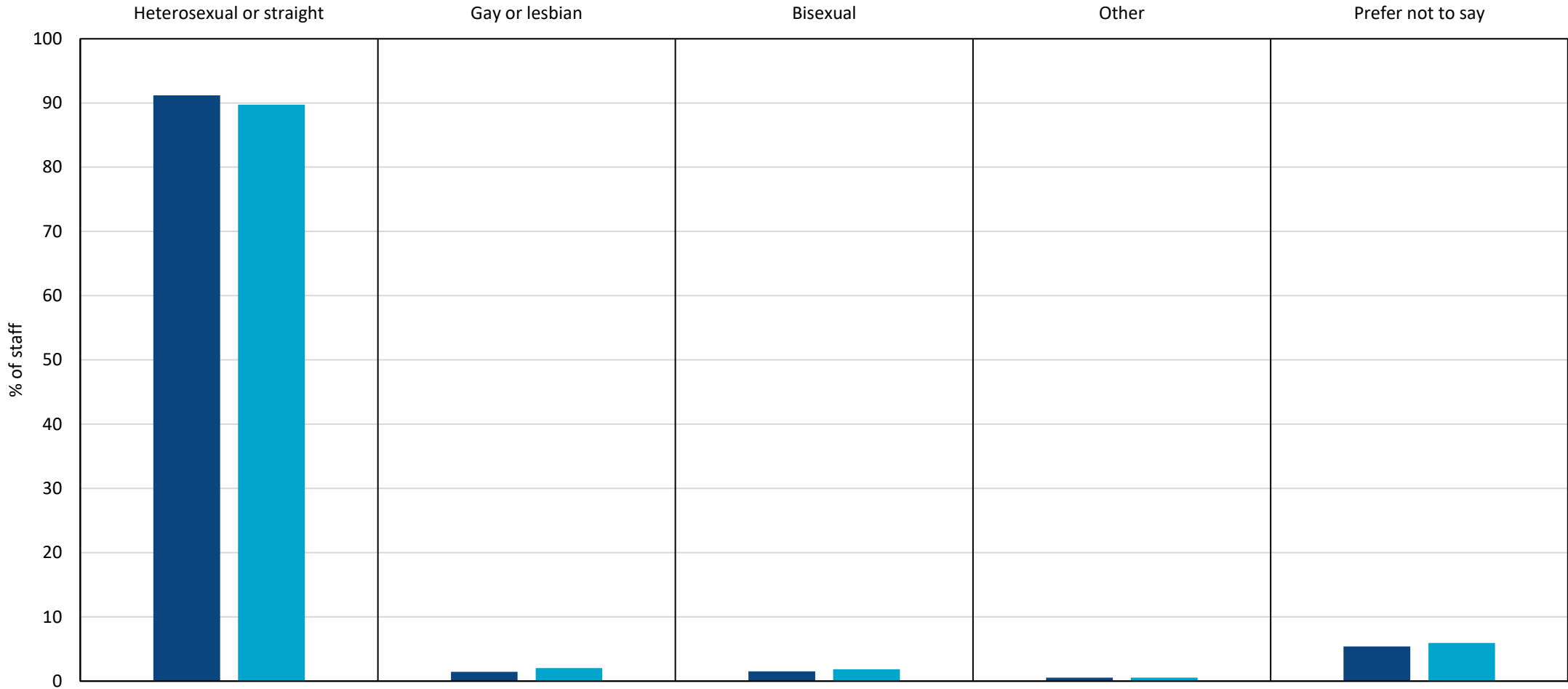
Background details - Ethnicity



Your org	75.63%	2.14%	13.14%	7.88%	0.44%	0.77%
Average	78.07%	1.97%	14.15%	3.83%	0.44%	0.84%
Responses	2716	2716	2716	2716	2716	2716



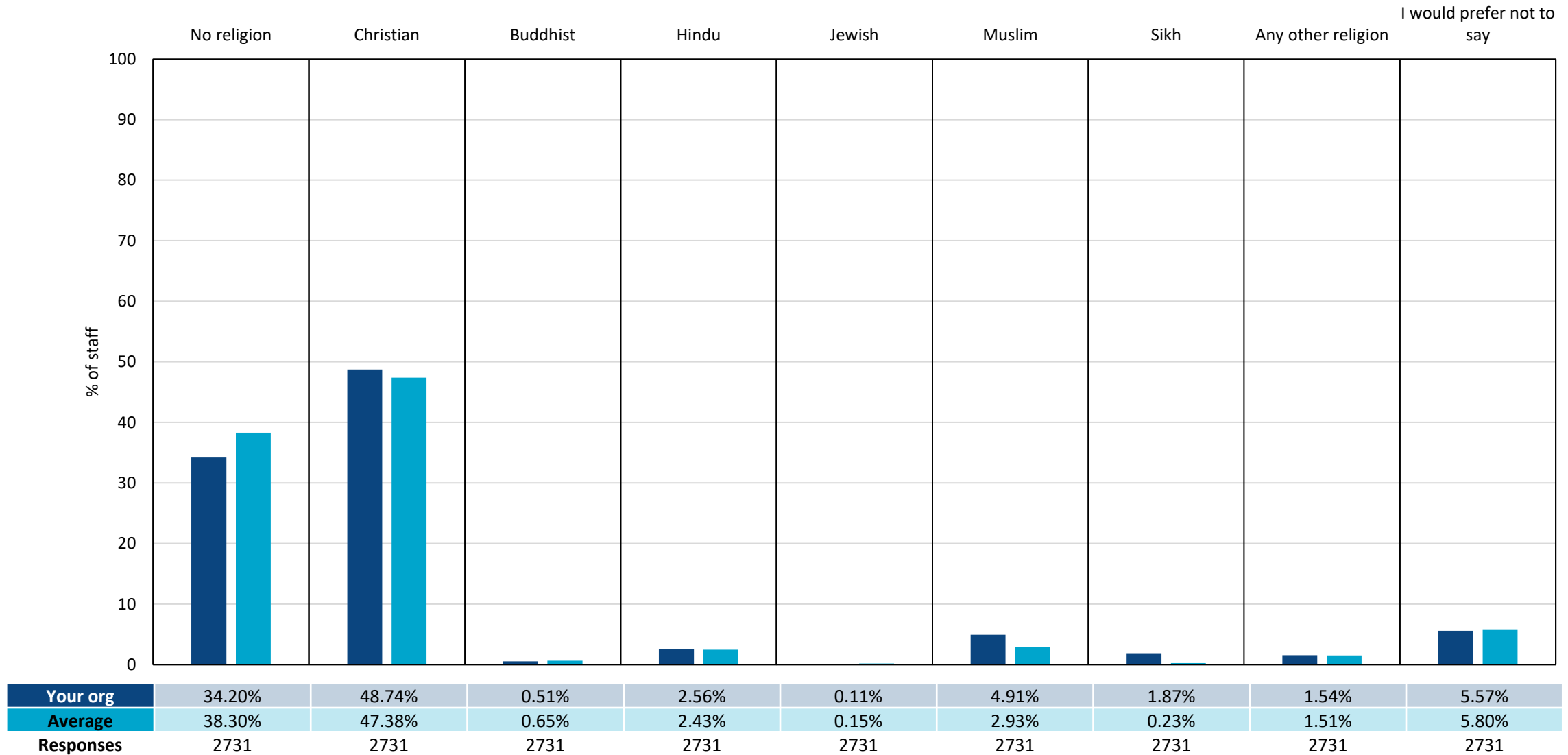
Background details – Sexual orientation



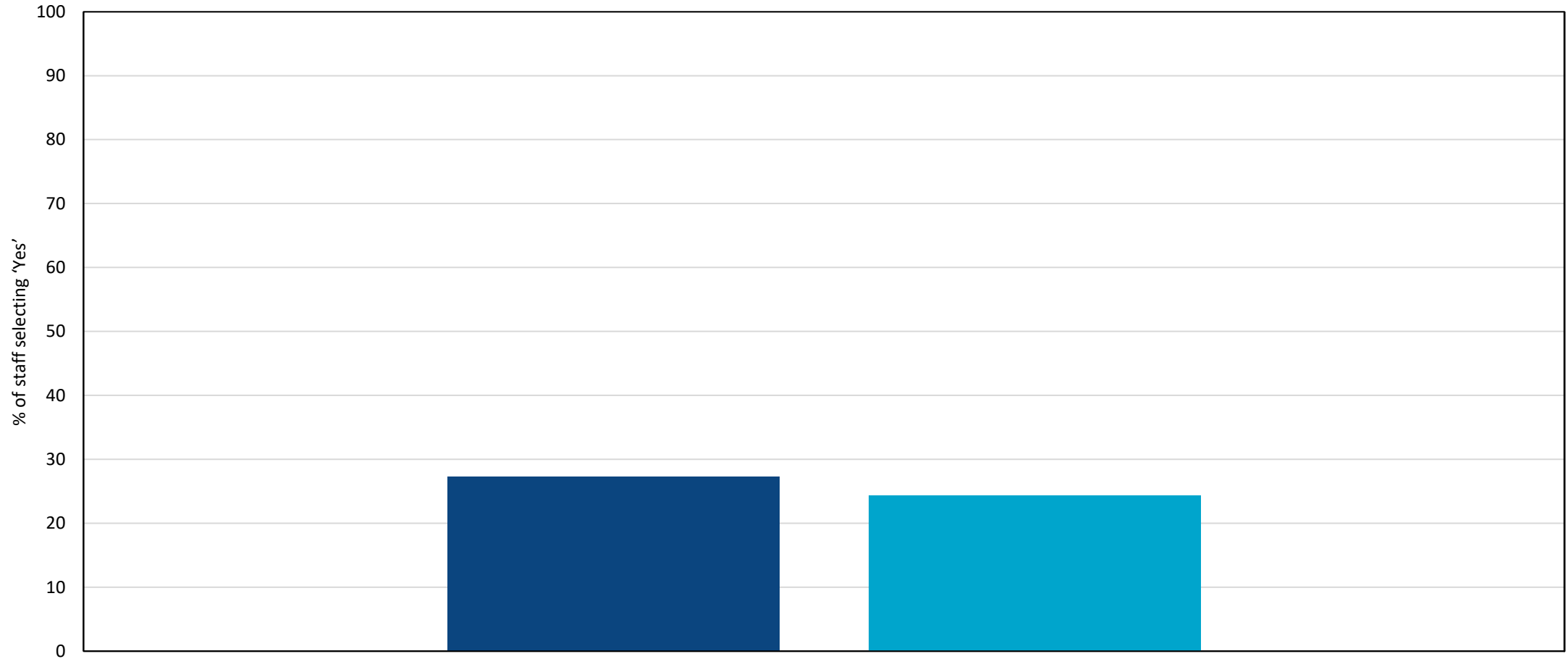
Your org	91.18%	1.43%	1.50%	0.51%	5.38%
Average	89.71%	2.00%	1.84%	0.52%	5.94%
Responses	2731	2731	2731	2731	2731



Background details - Religion



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

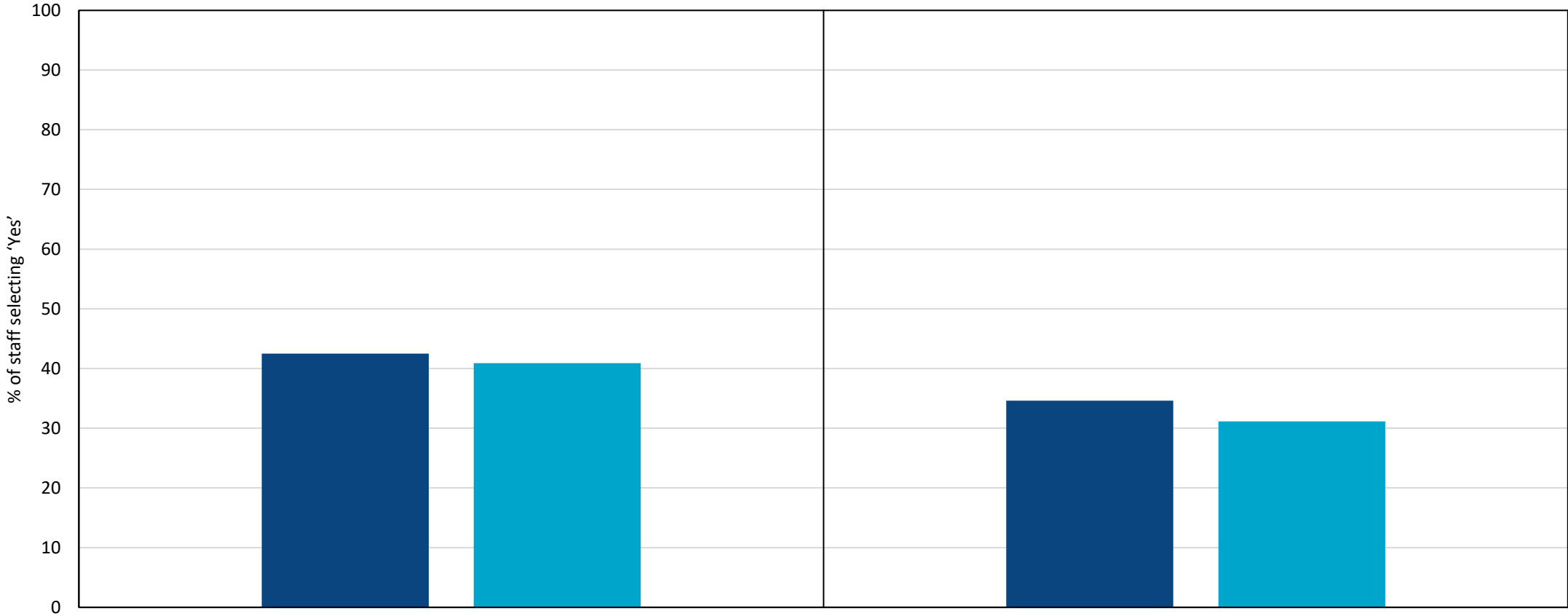


Your org	27.30%
Average	24.33%
Responses	2659



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

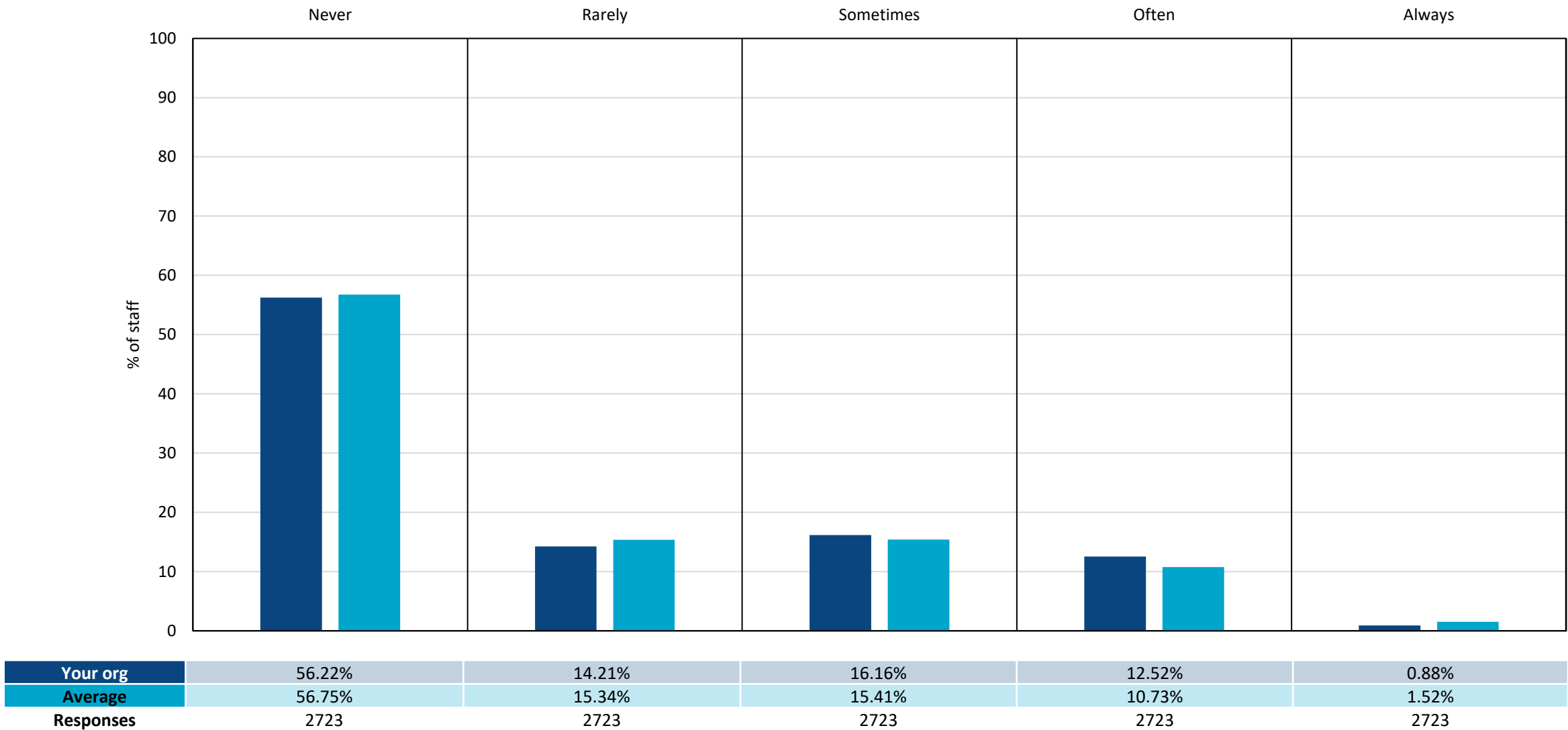
Do you look after or give any help or support to family members, friends, neighbours or others because of either: long term physical or mental ill health / disability, or problems related to old age.



Your org	42.51%	34.63%
Average	40.90%	31.16%
Responses	2731	2723

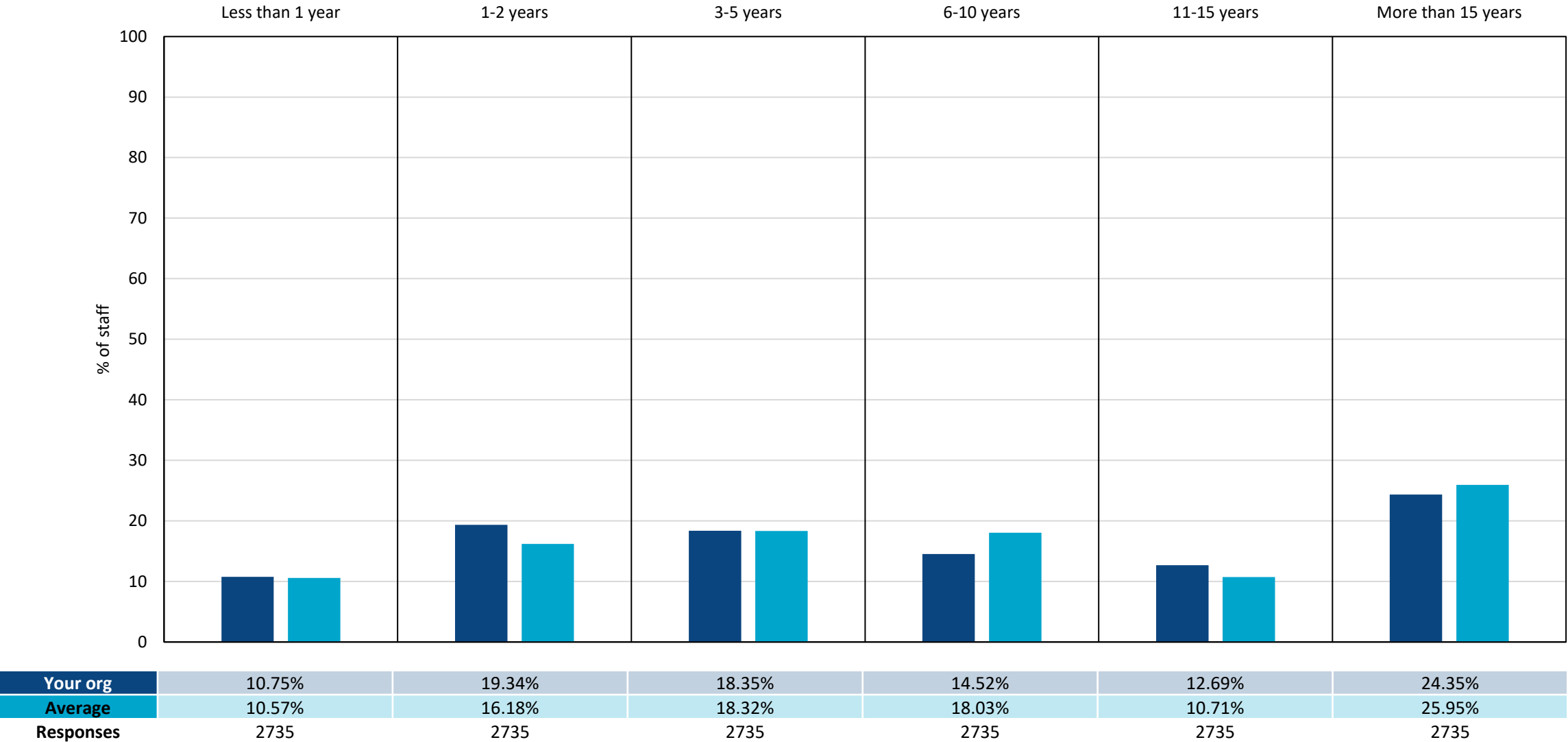


Background details – How often do you work at/from home?



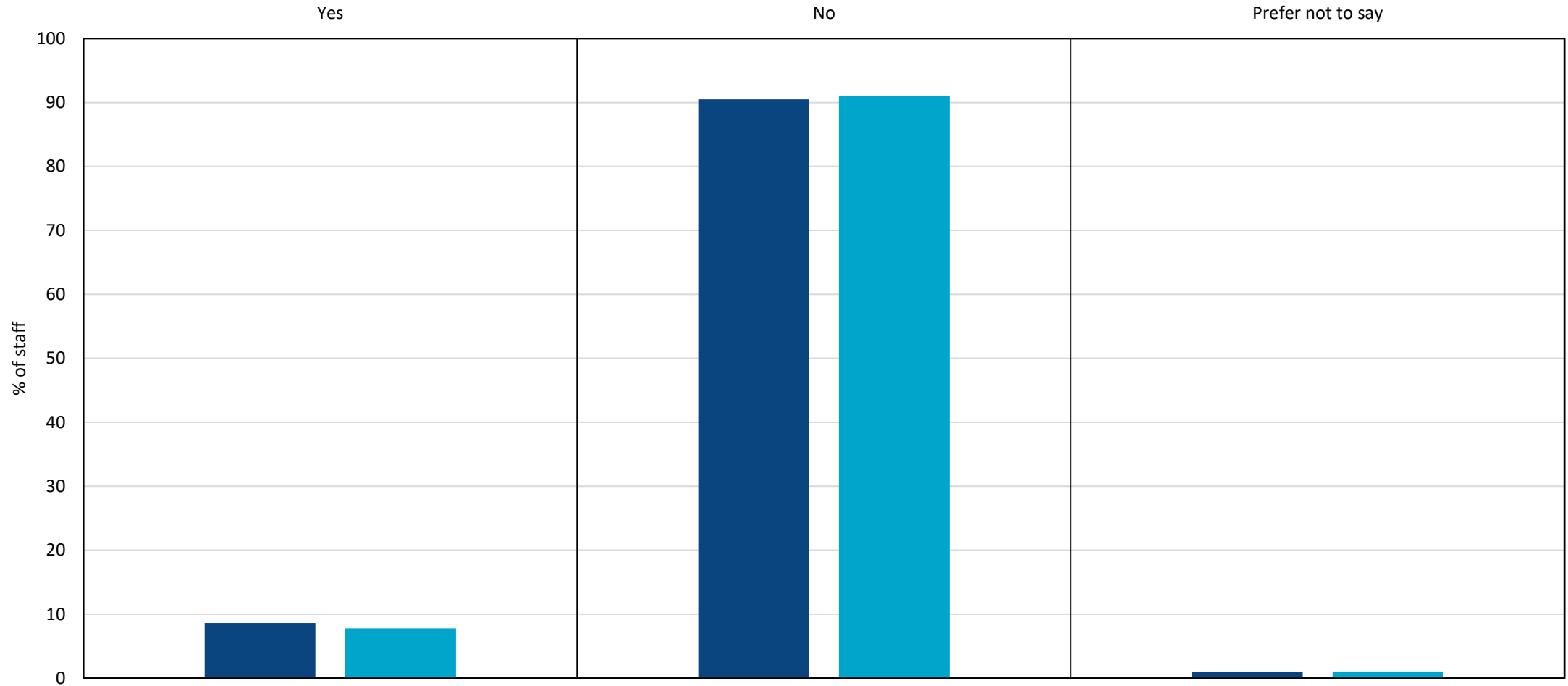


Background details – Length of service





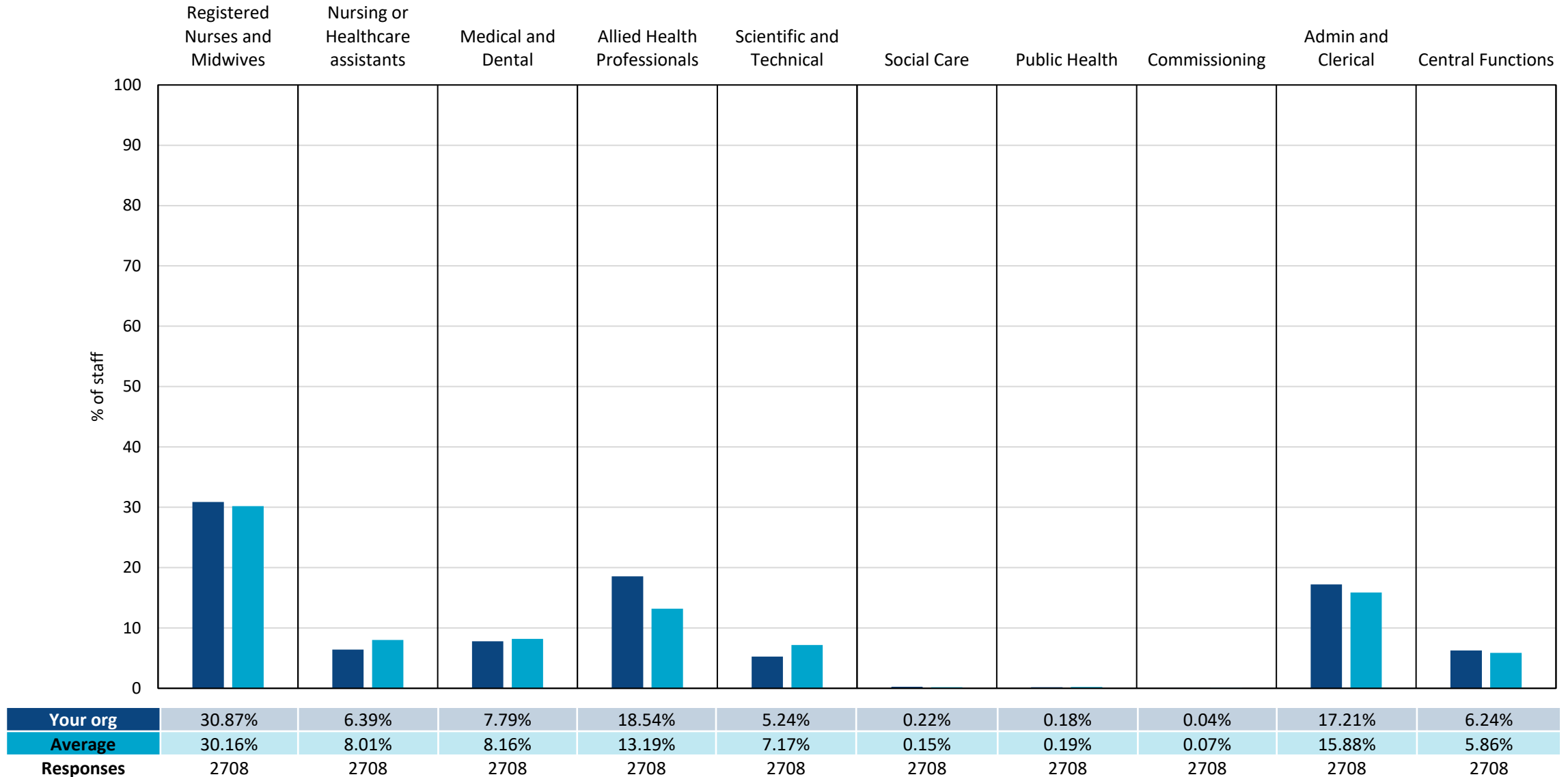
Background details — When you joined this organisation were you recruited from outside of the UK?



Your org	8.59%	90.48%	0.92%
Average	7.79%	90.98%	1.04%
Responses	2711	2711	2711

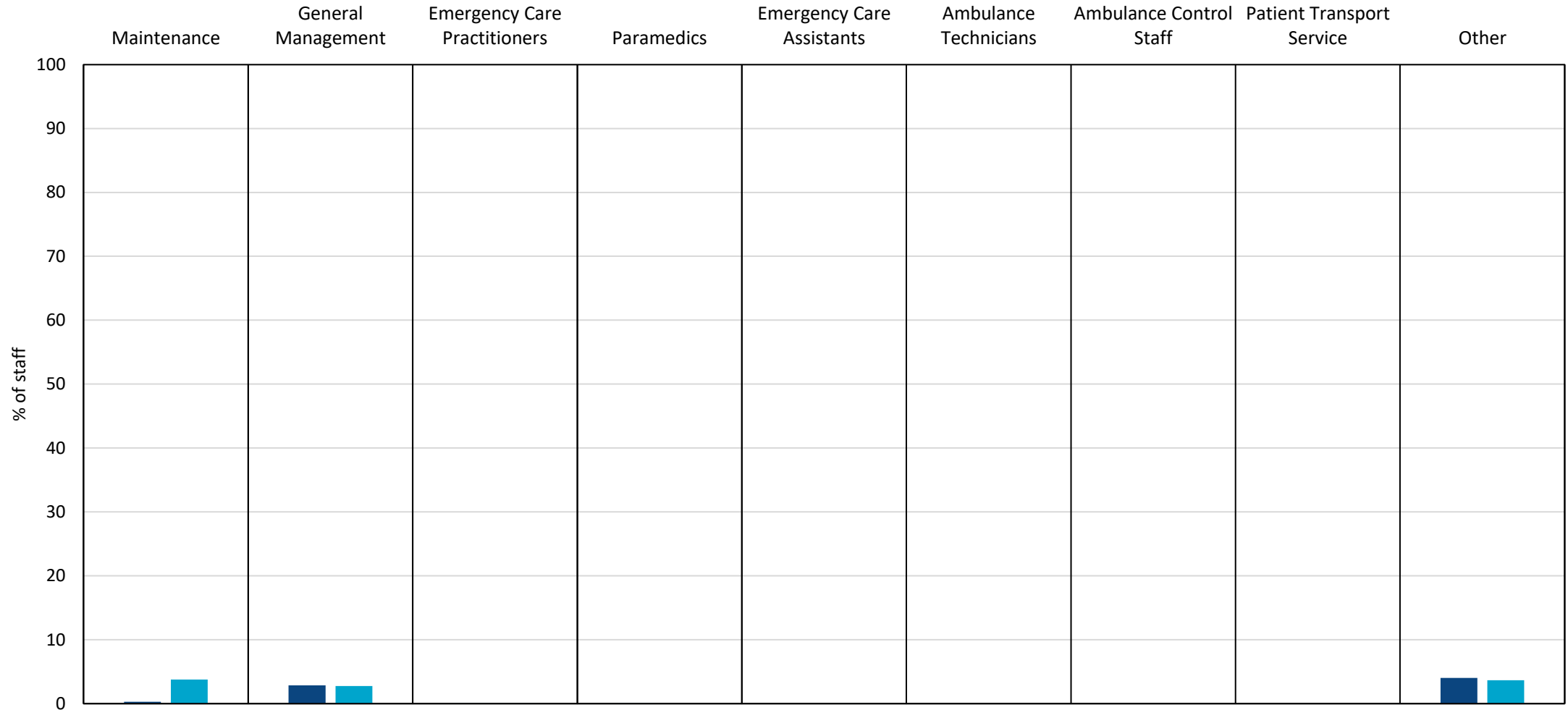


Background details – Occupational group





Background details – Occupational group



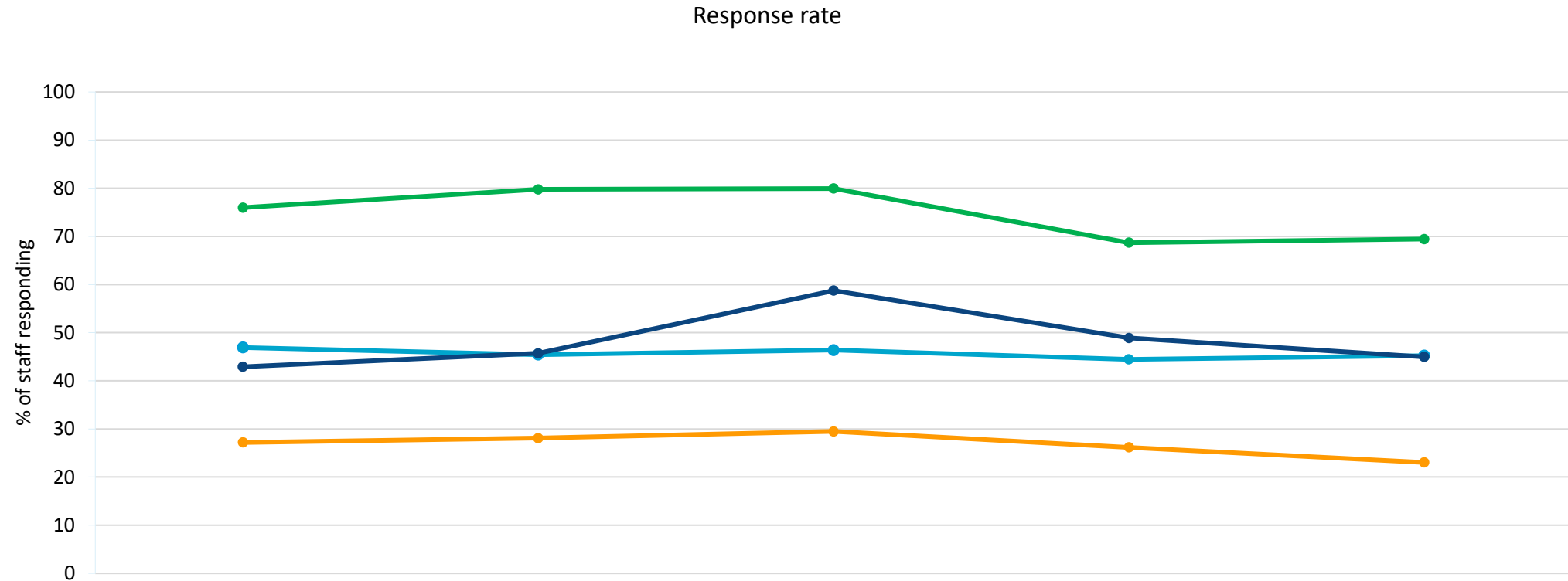
Your org	0.26%	2.84%	0.07%	0.07%	0.00%	0.00%	0.00%	0.00%	4.03%
Average	3.76%	2.74%	0.02%	0.00%	0.03%	0.00%	0.00%	0.00%	3.63%
Responses	2708	2708	2708	2708	2708	2708	2708	2708	2708

Appendices

Appendix A: Response rate



Appendix A: Response rate



	2019	2020	2021	2022	2023
Your org	42.88%	45.72%	58.72%	48.89%	44.95%
Highest	75.96%	79.77%	79.95%	68.69%	69.45%
Average	46.93%	45.43%	46.38%	44.46%	45.23%
Lowest	27.20%	28.09%	29.47%	26.17%	23.03%
Responses	2049	2322	3185	2768	2748

Appendix B: Significance testing 2022 vs 2023

➤ Appendix B: Significance testing – 2022 vs 2023

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

People Promise elements	2022 score	2022 respondents	2023 score	2023 respondents	Statistically significant change?
We are compassionate and inclusive	7.23	2760	7.23	2743	Not significant
We are recognised and rewarded	5.74	2762	5.88	2740	Significantly higher
We each have a voice that counts	6.66	2754	6.65	2723	Not significant
We are safe and healthy	5.84	2754	5.91	2726	Not significant
We are always learning	5.21	2648	5.69	2612	Significantly higher
We work flexibly	6.02	2759	6.19	2728	Significantly higher
We are a team	6.68	2763	6.72	2740	Not significant
Themes					
Staff Engagement	6.74	2766	6.81	2746	Not significant
Morale	5.64	2765	5.80	2747	Significantly higher

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

Appendix C: Tips on using your benchmark report

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

Key points to note



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



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



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

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

Appendix C: 1. Reviewing People Promise and theme results

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

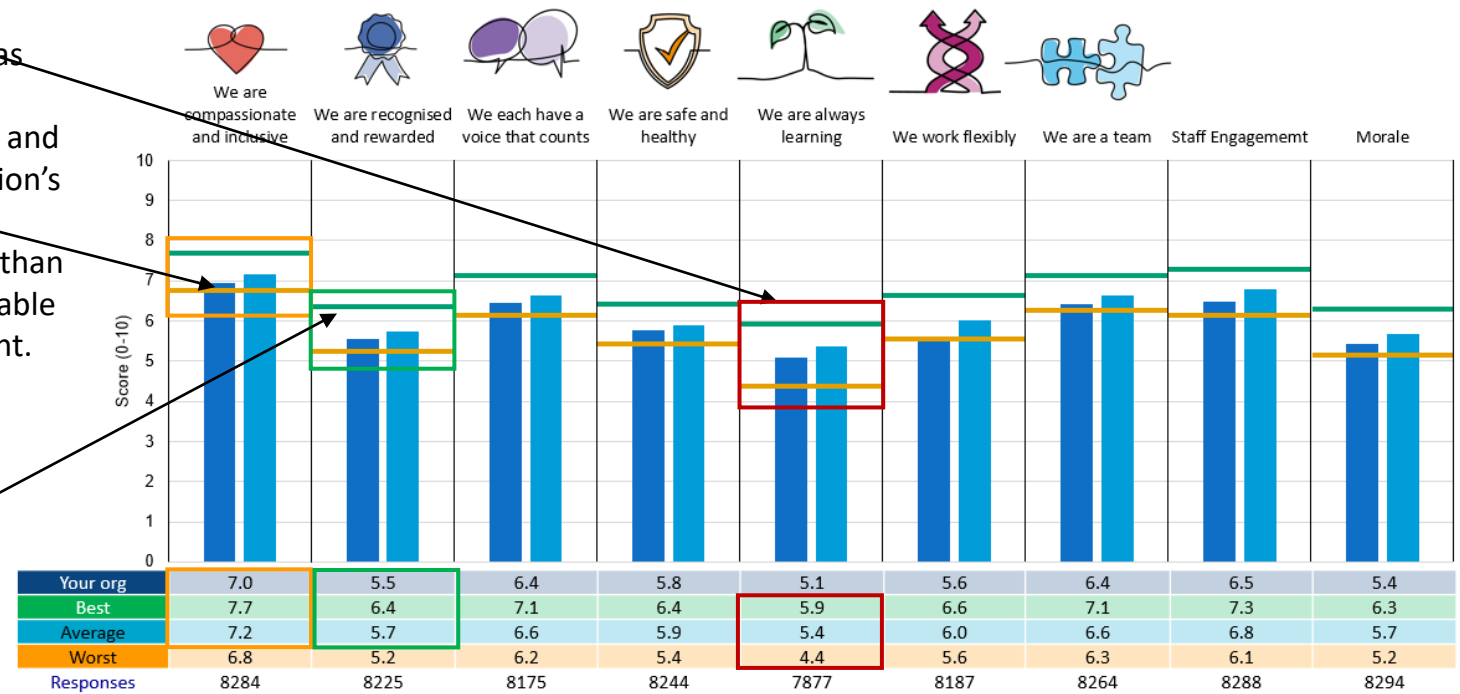
It is important to **consider each result within the range of its benchmarking group 'Best result' and 'Worst result'**, rather than comparing People Promise element and theme results to one another. Comparing organisation results to the benchmarking group average is another important point of reference.

Areas to improve

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

Positive outcomes

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

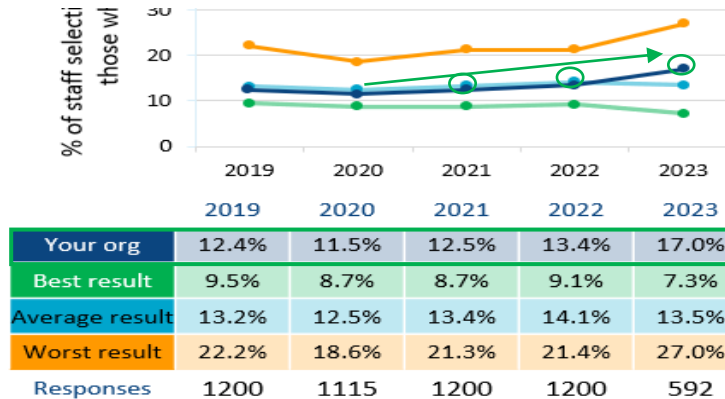


Only one example is highlighted for each point

Appendix C: 2. Reviewing results in more detail

Review trend data

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

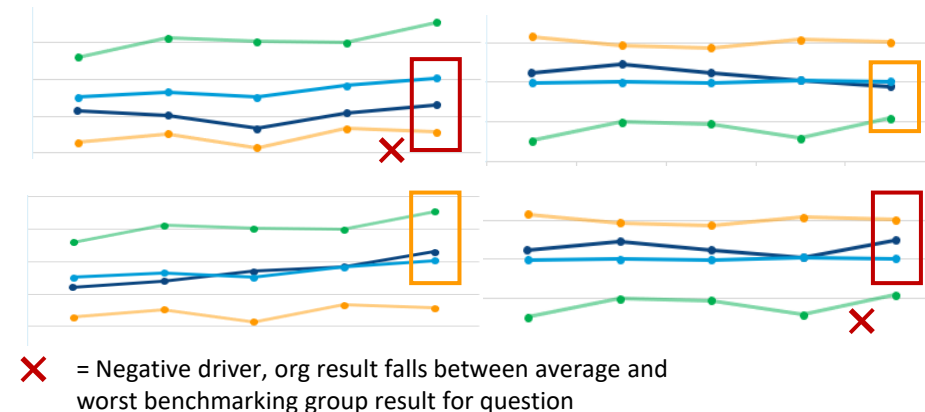


Benchmarked trend data also allows you to review local changes and benchmark comparisons at the same time, allowing for various types of questions to be considered: e.g. how have the results for my organisation changed over time? Is my organisation improving faster than our peers?

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

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

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



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

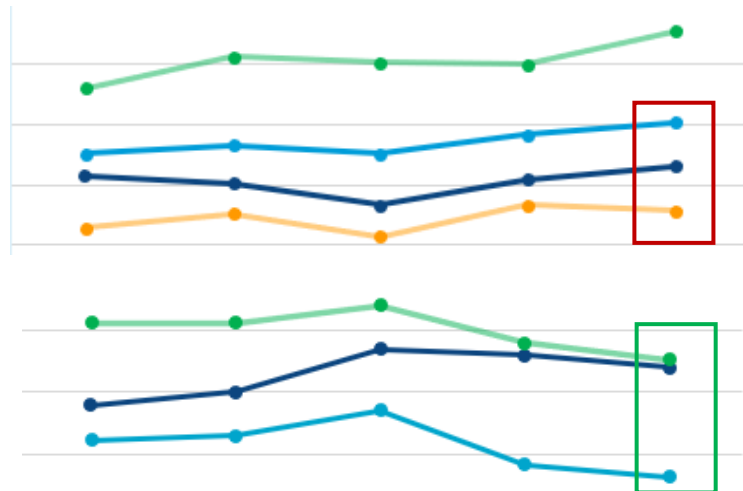
Identifying questions of interest

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

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

➤ Identifying questions of interest based on the results in this report

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



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

Appendix D: Additional reporting outputs

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

Supporting documents



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



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

Other reporting outputs



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



Breakdown reports: Reports containing People Promise and theme results split by breakdown (locality) for The Dudley Group 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.

Implementing our strategic plan Shaping #OurFuture

Quarterly Report October – December 2023



This report provides an update on implementation of the strategic plan 2021 – 2024 in two parts:

Part 1 – a summary of the status of each of the measures of success

Part 2 – progress against each of the five goals with updates on the measures of success

Part 3 – progress against each of the three transformation programmes that will help make progress against the goals

Part 4 – a matrix summarising the level of maturity of partnership by service.

Progress has been RAG rated where:

	Actions are on track
	Actions started but not yet completed
	Actions not started or at risk of not achieving

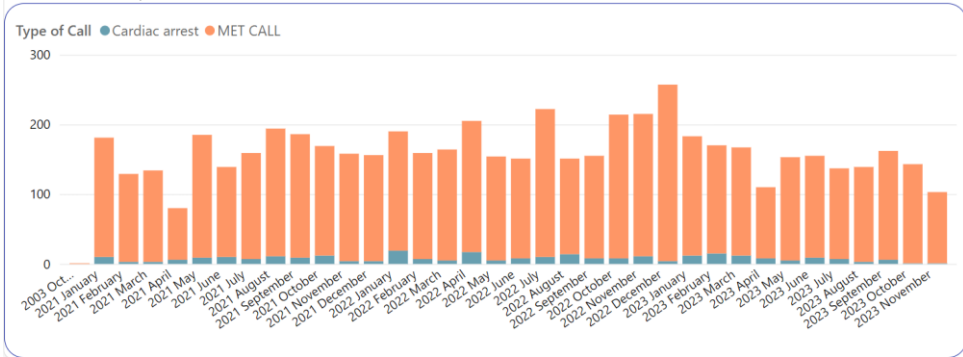
Part 1 – Summary of status for measures of success

Goal	Measure of Success	Target and timescale	Current status	RAG rating	
				This quarter	Last quarter
Deliver right care every time	CQC good or outstanding	Target: good or outstanding	<p>The CQC undertook an unannounced full inspection of ED in May 2023. Initial feedback was positive, and the final report has been published. There was one breach/must do requirement and 4 should do actions from the inspection. The overall rating of the service remained the same (Requires Improvement) but improvement in the well-led and effective domain were seen (Good).</p> <p>The CQC undertook an unannounced full inspection of Children and Young People Services in June 2023. The final report has been published. There were two breaches/must do requirements and eight should do actions from the inspection. The overall rating for the service has improved to Good, with all domains rated as Good except for Safe which remains as requires improvement.</p>		
	Improve the patient experience results	Target: top quartile performance (England) by 2025	Family and Friends Test (FFT) results are below the national average for all divisions		
Be a brilliant place to work and thrive	Reduce the vacancy rate	Target: achieve 7% by Jun-2023 and sustain	Current vacancy rate is 5% and has been stable since May 2023		
	Improve the staff survey results	Target: better than England average by 2024/25	Action plans from last survey being implemented. #makeithappen events took place and more planned for next quarter. Appraisal rates are above target		
Drive sustainability	Reduce cost per weighted activity	Target: better than England average for overall, medical, and nursing costs by 2024/25	Schemes to cover the cost improvement target for current year identified but need more recurrent schemes		
	Reduce carbon emissions	Target: year-on-year decrease achieving net zero by 2040 (NHS carbon footprint) and 2045 (NHS Carbon footprint plus)	Currently over the projected annual carbon targets. Estate emissions in 2023/23 totalled 18,991 tCO ₂ e, a 188 tCO ₂ e reduction from the baseline year (2019/20), equating to –1%. Trust emissions need to be reduced to 7,282 tCO ₂ e by 2031/32, to meet NHSE targets, requiring an annual reduction of 1,322 tCO ₂ e.		

Build innovative partnerships in Dudley and beyond	Increase the proportion of local people employed	Target: 70% by Mar-2025	Currently at 67%; recruitment into the 'ICan Dudley' pre-employment programme has started and placements being designed		
	Increase the number of services jointly delivered across the Black Country	Target: increase maturity of collaboration as measured by maturity matrix	Leadership and active participation in Black Country provider collaborative; implementation of integrated model of care in Dudley being progressed		
Improve health & wellbeing	Improve rate of early detection of cancers	Target: 75% of cancers diagnosed at stages I & II by 2028 (NHS Long Term Plan)	Latest available data for Q2 showed 26% of patients diagnosed at stages I & II; manager for lung health check programme appointed and decision to pursue procurement of service from external supplier		
	Increased planned care and screening for the most disadvantaged groups	Target: Breast screening uptake - Acceptable level: greater than or equal to 70.0% - Achievable level: greater than or equal to 80.0%	Latest uptake 77% for Q2 (unvalidated) so meets acceptable level; proactive actions being taken by breast screening service in collaboration with Dudley public health		

Part 2 – Goals and measures of success

Goal: Deliver right care every time		Executive lead: Medical Director / Chief Nurse/ Director of Governance	
Metric: CQC good or outstanding			
Target: good or outstanding			
Workstreams	Current status	Summary of progress this quarter	Actions planned for next quarter
Compliance	Following the publication of the CQC's unannounced inspections of the Urgent and Emergency Services in May and Children, the Trust's overall rating remains the same. There were no new CQC inspections in Q3	<p>Importantly improvements have been reported by the CQC in the rating for Childrens service; the overall rating for the service has improved to Good, with all domains rated as Good except for Safe which remains as requires improvement.</p> <p>The overall rating of the Urgent Care and Emergency Service remained the same (Requires Improvement) but improvement in the well-led and effective domain were seen (Good).</p> <p>Action plans in response to these inspections have been formulated and submitted to the CQC</p> <p>Engagement meetings with the CQC and timely responses to their enquiries continue without significant concern/exceptions.</p> <p>Progress with post inspection action plans continues to be monitored; breaches in the completion timeframes for the maternity inspection were discussed at the December Quality and Safety Group meeting and the Head of Midwifery is following this up.</p>	<p>Post inspection action completion, monitoring and effectiveness testing continues. Quality and Safety Reviews continue to help prepare the Trust for further inspection.</p> <p>During next quarter Ward to Board walkabouts, quality summits and self-assessment work to commence</p>
Quality & Safety Reviews	There were 3 quality and safety reviews during Q3 (General Surgery, Cardiology and Stroke). In all 3 cases action plans are either in development or underway One action plan was closed during this period; Imaging review undertaken in Q2.	<p>Maternity Q&S Review action plan – limited progress which has been escalated via the Quality and Safety Group</p> <p>Paediatrics & Neonatology action plan – action plan in progress</p> <p>Renal – action plan in progress</p>	Programme of work for 2024/25 to be devised during January. Ongoing reviews to be finalised and completed in order to commence new year workplan.
Patient safety	The increase in overall incident reporting has plateaued during this	During this period there has been a significant system changes related to a shift in external reporting to LfPSE (Learning from Patient safety	Overall incident reporting levels to be closely monitored.

	<p>period however remained within standard deviation range. Harm levels during this period remain proportionally low. There were no 'Never Events' reported in Q3</p>	<p>Events). This has led to several period of downtime for Datix which may have impacted on reporting numbers.</p> <p>On the 1st November the Trust transitioned to managing incidents under PSIRF (Patient Safety Incident Response Framework). New ways of working are being tested. Good progress is being made in working through the serious incidents and yellow investigations already in the system.</p>	<p>PSIRF response tools to be tested and reported on. Staff and Patient engagement monitoring to be trialled and strengthened.</p>
Deteriorating patient		<p>There has been a significant effort to improve the management of the deteriorating patient with the introduction of a deteriorating patient pathway and associated dashboard(Resuscitation, Deterioration & Sepsis - Deteriorating Patient Pathway) to improve oversight. This work is supported by an education programme accessible to all staff. (Deteriorating Patient Education Program - Home)</p> <p>There has been a noted decrease in the number of Medical Emergency Team (MET) calls and cardiac arrests as highlighted below with the significant decline in the most recent months compared to previous years. November 2023 saw 102 MET calls made compared to 204 in November 2022.</p>  <p>Advancing Quality pathways showing clear correlation between bundle compliance and decreased SHMI in Decompensated Liver Disease and Pneumonia.</p> <p>Summary Hospital-level Mortality Indicator (SHMI) and Hospital Standardised Mortality Ratio (HSMR) continue to fall. Current value of 104 and 90.54 respectively.</p>	<p>Working groups established for sepsis, stroke, chest pain and fracture neck of femur #NOF to report via Mortality Surveillance Group.</p> <p>Appointment of Clinical Director for Patient Safety</p>
<p>Metric: Improve the patient experience survey results</p> <p>Target: top quartile performance (England) by 2025</p>			

National CQC Patient Experience Surveys	There are no national surveys to report in Q3.		
Friends and Family Test	Percentage 'very good/good' scores have seen a small decrease in Q3.	<p>A total of 4625 responses were received in December 2023 in comparison to 4846 in November 2023. Overall, 83% of respondents have rated their experience of Trust services as 'very good/good' in December 2023, a small decrease since November 2023 (84%). A total of 6% of patients rated their experience of Trust services as 'very poor/poor' in December 2023, an increase from the previous month (5%).</p> <p>The A&E Department received the highest percentage negative score with 15% of patients rating their overall experience as very poor/poor in December 2023. This score as seen a decline of 1% since December 2023.</p> <p>Community services received the highest positive scores which remained at 90% and above throughout the quarter.</p> <p>Percentage positive FFT scores remain below the national average for all divisions.</p>	FFT activity and action taken to improve scores and response rates are presented through divisional updates at the quarterly Patient Experience Group.

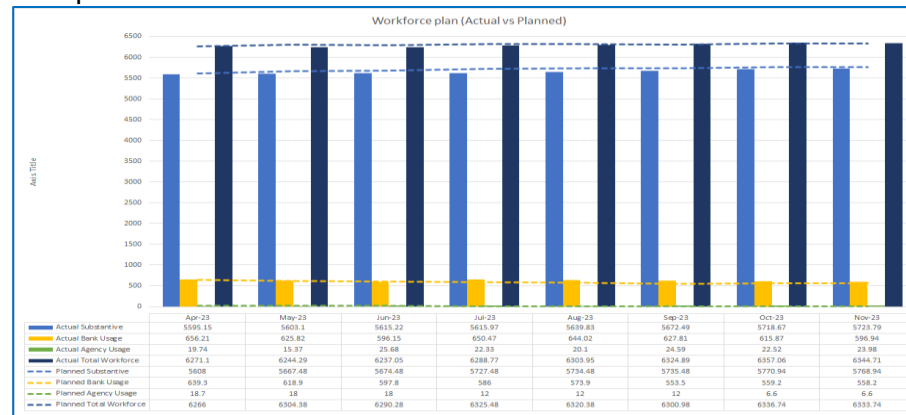
Goal: Be a brilliant place to work and thrive		Executive lead: Chief People Officer	
Metric: Reduce the vacancy rate			
Target: achieve 7% by Jun-2023 and sustain			
Workstreams	Current status	Summary of progress this quarter	Actions planned for next quarter
Reduce the vacancy rate	<p>Contracted WTE staff has increased from 5669.34 WTE at the end of quarter 2 to 5722.16 WTE in November 2023.</p> <p>In November overall workforce is on plan (0% variance – 10.97 WTE over plan) with less substantive staff but more bank usage than planned.</p> <p>The total vacancies stand at 301.04 WTE in November 2023.</p>	<p>It is important to triangulate turnover, vacancies and retention to evidence our performance in recruiting and retaining our workforce. Turnover (all terminations) and Normalised Turnover have reduced marginally in November and continue to perform under the national average for the NHS between 10-12%. Retention has remained stable at 90.9% in November, as has the vacancy rate at 5%.</p> <p>As demonstrated in the table below, the overall workforce growth year to date (April 23 and November 23) in 23/24 (inclusive of bank and agency staffing) is 1.17%, specifically for substantive staff this is 2.30% growth (128.64 WTE), bank staff -9.03% and agency staff 21.48%.</p>	<p>Work is now focused on retention; this includes embedding grip and control through the Vacancy Approval Process and visibility of vacancies to maintain our current position through actions on turnover and retention.</p>

This equates to a vacancy factor of 5%.

	Apr-23	Nov-23	Difference	Variance
Total Workforce (WTE)	6271.1	6344.71	73.61	1.17%
Total Substantive	5595.15	5723.79	128.64	2.30%
Total Bank	656.21	596.94	-59.27	-9.03%
Total Agency	19.74	23.98	4.24	21.48%

Principal areas of growth within substantive staff have been seen in Registered Scientific, Therapeutic and Technical staff (8%), Registered Nursing, Midwifery and Health Visiting Staff (5%) and Medical and Dental Staff (8%).

For 2023/24 performance overall workforce is on plan (0% variance – 10.97 WTE over plan) with less substantive staff but more bank usage than planned.



Metric: Improve the staff survey results

Target: better than England average by 2024/25

Improve and sustain staff satisfaction & morale

Staff Survey fieldwork completed on 24/12/23. Embargoed results available for limited internal use and action planning. Publication of national benchmarking and results due to be confirmed. Estimate March 2024

Survey fieldwork conducted between October and November 2023. Response rate at end of fieldwork 45% (compared to 49% in 2022). Peer benchmarking from survey contractor is 46% for 2023. Results are being analysed and reporting through internal governance planned for Q4. Action planning scheduled with Divisions for Q4.

Detailed reports on results through Executive Directors, People Committee and Board between February and April. Action planning scheduled with Divisions for January 2024. Publication of results March 2024.

Goal: Drive sustainability		Executive lead: Director of Finance	
Metric: Reduce the cost per weighted activity			
Target: better than England average for overall, medical and nursing costs			
Workstreams	Current status	Summary of progress this quarter	Actions planned for next quarter
Cost Improvement Programme	The CIP target for 2023/24 is £26.23m	The previously unidentified CIP gap has been closed and it is now forecasted there will be an over performance at year end of £194,766.	Work will continue to find recurrent CIP as currently only half is recurrent.
Improving productivity	<p>Productivity metrics from Model Hospital for 2021/22 were published in June 2023</p> <p>The Trust is in the highest quartile for overall cost per weighted activity unit (WAU), medical and nurse staffing costs per WAU</p>	<p><u>Outpatient Transformation</u> Key objectives for continuous OPD efficiencies & productivity, monitored through the OPD Transformation Group, Divisional Forums, Trust Finance & Improvement Group & Black Country Integrated Care Systems: -</p> <p>The National GIRFT Further Faster Trust & Specialty Meetings continue into 2024 across SWC & MIC Specialty Areas to monitor progress against the below metrics, reduction of waiting list backlog and share Specialty specific practice.</p> <p>Continue to embed and monitor against the GIRFT Further Faster Checklists / Metrics across all Divisions:- Pre-appointment Advice & Guidance / Referral Assessment Service / Cinapsis – Reducing & Managing DNAs – Remote Appointments – Outpatient Activity & Capacity – PIFU – Specialty Specific actions.</p> <p>OPD 642 Scheduling Meetings – Trust commenced across all Divisions from November 23 – to drive clinic utilisation & improve productivity.</p> <p>OPD Clinic Efficiency Tool – commenced across all Divisions to support deep dives: - clinic utilisation / DNAs / New:FU ratio / inactive clinic sessions.</p> <p>Data Quality – Continue to undertake PIFU/Partial Booking validation.</p> <p>Continue to embed OPD transformation workstreams through:- Divisions, Specialty Tri teams / Chiefs of Service / Divisional Medical Huddles / Medical Directors Office.</p> <p><u>Work Underway:</u> Pilot Digital PIFU / eForms from January 24 – Empower patients to manage their care from anywhere with the convenience of their smartphone or tablet. In return, PIFU is proven to lead to better outcomes</p>	Ongoing OPD transformations workstreams into 2024 to improve efficiencies & productivity through the National GIRFT Further Faster Programme.

		<p>and less hospital visits, whilst releasing capacity for patients that need face to face appointments.</p> <p>Patient Initiated Follow Ups Healthcare Communications (healthcare-communications.com)</p> <p>Patient Pathway eForms Healthcare Communications (healthcare-communications.com)</p> <p><u>Acute & Primary Care Collaboration</u> – collaborative working to support referral pathways / discharge pathways.</p> <p>On the day DNAs – DNA Access Policy - convert to Virtual appt – move to PIFU DNA pathway – understand Specialty plans to address on the day DNAs – monitored through the weekly OPD 642 Mtgs to understand trends. Trust Public Social Media Campaign Launched November 23.</p> <p>Digital IT Programmes – prep work during 2024 for Digital Referral integration to Sunrise / Digital Outcome Forms / Digital OPD Procedure Forms / Voice Recognition.</p> <p><u>Theatre Improvement Group</u></p> <p>Since August 23, the latest model hospital data for capped theatre utilisation has improved from 74.4% to 81.3%. As a result, we have moved from the lowest quartile to the upper quartile within the region and are now the second highest performer in the system.</p> <p>Theatre Utilisation is monitored internally on a weekly basis at Specialty level. The 12-week rolling average shows that there are a number of specialties that are consistently achieving the 85% target – General Surgery, Gynaecology, Urology and Vascular Surgery.</p> <p>The problem remains with those specialties running high volume lists, i.e., Pain Management, Oral Surgery and Ophthalmology. Plastic Surgery has improved again to 85.5%</p> <p>The GIRFT Team have undertaken an initial visit to provide some feedback ahead of an application for Elective Hub status early next year. Excellent feedback received on all aspects of the elective journey, with support for an application for the whole elective pathway.</p> <p><u>Ongoing Actions 2024:-</u></p> <p>To address late starts – ‘great start’ initiative – Relaunching SOP, which clarifies roles and responsibilities at the beginning of the day. Progress Elective Hub application.</p> <p>Implementation of best practice Theatre List Planning Process.</p> <p>To address utilisation of high-volume lists – overlap model trialled in Plastics and Pain, with good initial results seen.</p>	<p>Ongoing drive theatre utilisation. Progress Elective Hub application. Address utilisation of high-volume lists. Estates project to expand recovery area to improve flow and throughput.</p>
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	<p>Estates project in Minor Procedure area to increase recovery space to aid higher levels of throughput.</p> <p>Visiting Nottingham to look at model for increasing moderate complexity cataracts.</p> <p>Ongoing monitoring of theatre utilisation for WLI activity – weekly feedback to specialties.</p> <p><u>Discharge Improvement Group</u></p> <p>Discharge Improvement Group relaunched 19th October 2023, includes the following workstreams to support timely hospital discharge and admission avoidance, allowing patients who are well enough to return to their place of residence or a community setting safely and as soon as they are medically optimised for discharge.</p> <p>There are currently significant numbers of people who are in hospital who could be cared for elsewhere, but discharge is delayed due to several reasons, including a need for reviewing internal processes and greater social care support. Our priority is to ensure people can be discharged from hospital in a safe & timely way by working with our partners across the health and care sectors.</p> <p>The group will also focus on admission avoidance at the front door by the implementation of Integrated Front Door Team (IFDT) (soft launch 19/10/23)</p> <p>Workstreams:</p> <ul style="list-style-type: none"> - Discharge to Assess. - Home for Lunch. - Perfect Discharge Lounge - this workstream will be progressed after winter. - Discharge Planning on Admission. - Dudley System Place. <p>KPI's and project overviews have been reviewed with monthly actions to be challenged in this group. To support the data a new 'Discharge Dashboard' is being created to show where the delays in internal discharges are, allowing any themes to be reviewed and actions taken.</p>	<p>On going Discharge workstreams to support timely hospital discharge at the point of medially optimised for discharge.</p>
Metric: Reduce carbon emissions		

Target: year-on-year decrease achieving net zero by 2040 (NHS carbon footprint) and 2045 (NHS Carbon footprint plus)

Workstreams	Current status	Summary of progress this quarter	Actions planned for next quarter
Governance	Green Plan Working Group has been scheduled for 2024/25	Presented to various staff groups to discuss opportunities for them to be more involved with green projects. Changes to BAF5 reporting frequency to F&P Committee, now twice a year rather than monthly. ICS Engagement and Training Workstream led by Sustainability Lead.	Presentation and discussion at trust Management Group in January. Implement changes to Green Team role and responsibilities. Discuss requirements for clinical leadership. Review online training with Learning and Development.
Estates and Facilities	Further reduction is required to meet NHSE net zero carbon targets.	Currently over the projected annual carbon targets. Estate emissions in 2023/23 totalled 18,991 tCO ₂ e, a 188 tCO ₂ e reduction from the baseline year (2019/20), equating to –1%. Trust emissions need to be reduced to 7,282 tCO ₂ e by 2031/32, to meet NHSE targets, requiring an annual reduction of 1,322 tCO ₂ e. Collating more data on medicine emissions and Trust's activity to provide insight on carbon emissions per patient/staff.	Meet with PFI Stakeholders to review NHSE targets and how we will work together to achieve these. Publish updated carbon report.
Travel and transport	Staff salary sacrifice scheme for vehicles now includes vehicles with emissions up to 135g/km; now out of line with NHSE targets. Free bus travel for new starters. Patient 25% off day savers. Kinto Join (car-sharing) at 70 members.	F&P Committee approved the changes to the staff salary sacrifice scheme – increasing the emissions threshold of vehicles from 75g/km to 135g/km. This does not align with the NHSE Net-Zero Travel and Transport Strategy, however, change made due to staff concerns over cost. The cheapest car remains EV at £264.84 whilst the cheapest petrol is £304.84. The impact of the changes will be reviewed after 12 months. (Portal was updated on 27th Dec 23) All vehicles offered through NHS vehicle salary sacrifice schemes are to be electric by 2026 (NHSE). Travel pages on the Hub have been updated to include additional EV charge points – addressing EV myths, and local rapid chargers.	Launch a free bus pilot for staff who drive to work. Charity Fund application to secure funding to incentivise modal shift, i.e. prizes for Kinto Join.
Supply chain and procurement	The theatre cap project was delayed due to multiple factors. Aim to have these resolved and ordered in the next quarter. Other projects are progressing. More clinical leadership is required to be embedded.	Vanguard remanufactured devices implemented saving -£17,946.87 and reduced carbon impact by 25% with around 104kgCO ₂ e saved. Vanguard collections started in October, data to follow GBUK pre-filled saline syringe savings made which will also reduce waste from packaging and drawing up moving from 3 products with 3 packets, to 1 product with 1 packet.	Theatre Cap purchase order will be completed in January 2024. Consider reusable tourniquet following success at Sandwell. Review procurement requirements and reporting on CRP and net-zero

		Sustainable medicines project group are awaiting more bins to roll out returns across RHH. Implemented reusable bags replacing SUP bags, awaiting data to calculate impact.	commitment, inline with recent changes. Order medicine return bins. Calculate impact of replacing SUP bags with reusables.
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Goal: Build innovative partnerships in Dudley and beyond		Executive lead: Director of Strategy & Integration	
Metric: Increase the proportion of local people employed			
Target: 70% by Mar-2025			
Workstreams	Current status	Summary of progress this quarter	Actions planned for next quarter
Anchor Network Development	Partnership opportunities with Dudley College and local schools being developed	<p>The workforce pilot is underway with 2 posts funded by the Commonwealth Legacy Fund commencing in December/January. Both the Local Authority and DGFT will host a post which will focus on recruitment culture, community partnerships and supporting local employers and advocate for health and social care employment inequalities.</p> <p>In December the ICB agreed to establish a Black Country wide Procurement Group in addition to anchors procuring locally the group is looking to operationalising social value in procurement processes with a common social value portal for tracking benefits to be agreed.</p> <p>An update on the Retrofit project will be provided by Local Authority Colleagues in March.</p>	<p>Workplan for new roles has been agreed.</p> <p>DGFT and the LA will offer placement opportunities, as part of the "ICan" Get Started element of the project, for a targeted group of people who are Care Experienced and /or those with Special Educational Needs and Disabilities (SEND). The BC Procurement Group will be established.</p>
Apprenticeships and work experience	Proportion of substantive staff who live in Dudley and Rowley/Tipton is 67% (census taken Jan-24) with 4159 people employed. This is 621 higher than the baseline of 3538 in September 2021	<p>Apprenticeships The Target number of signups for 2023/2024 is 142. The total to date is 86.</p> <p>Sign-ups for Q3 include a cohort of Senior leader Level 7 as well as level 6-degree programmes, re-introduction of the Payroll Administrator Level 3, as well as the continuation of Business Administration, Medical Administration apprenticeships. Work plans and activity during Q3 will see an expected increase in sign-ups for Q4.</p> <p>Work Experience, Pre-employment & Widening Participation 'Behind the scenes' event with 6 local schools took place on 30th November. Six trust departments invited students in for interactive tours.</p>	<p>Apprenticeships</p> <p>Developments to increase sign-ups for Q4 include:</p> <ul style="list-style-type: none"> - work is underway to establish new programmes into IT for staff development - continue to expand on the higher-level management programmes

		<p>Attended by 75 students with positive feedback. 17 students completed feedback forms – 16 out of these stated they had learnt something new about NHS Careers. 11 out of these stated ‘yes’ they would consider a career in the NHS as a direct result of this event, with 6 stating ‘maybe’. The average rating for the event that students gave was 4 out of 5.</p> <p>Work Experience 10 department-led face to face placements have taken place during the quarter (8 being clinical, and 2 non-clinical).</p> <p>New Centralised work experience programme commencing in May 2024 for College Students – specific programme for those interested in careers in Nursing, Midwifery, and AHPs. This will be advertised to all local colleges and sixth forms at the end of January with applications being taken via trac for the first time.</p> <p>Ambassadors There are currently 76 active ambassadors (5 new in the quarter, and 1 left the trust).</p> <p>Careers, Education, Information Advice and Guidance A total of 410 contacts were recorded for the quarter from a range of careers events, Behind the Scenes and ‘Meet the Expert’ events. The Meet the Expert live virtual event in December was delivered to Windsor High School. 290 students across Year 8 listened in to the session to learn about Radiology and feedback was really positive. Feedback quote from the careers lead at Windsor High School. “I think the session was excellent, it was pitched and timed perfectly. The students now know about this job and the majority did not before so it has opened their eyes. 129 students completed a survey to say 55.8% of them had not heard about this job before and 24.8% only partially knew about this job before the session. The students said they loved having their questions answered and felt a lot was covered”.</p> <p>Springpod – 2nd year virtual NHS Careers Programme (went live 3rd July 2023). 196 students are enrolled on the programme. Average rating is 9 out of 10. 12 students have completed over 70% of the programme, 5 students have completed between 35-7% of the programme, and 38 students have complete upto 35 %. Student demographics: 26 of the students enrolled have declared they are eligible for free school meals with a further 25 preferred not to say. Gender -12 male, 84 female and 10 prefer not to say. Ethnicity - 23 White heritage, 46 Asian heritage, 13 Black heritage, 12 other, and 12 prefer not to say</p>	<ul style="list-style-type: none"> - plans to introduce support worker pathways within AHP professions and maternity - a significant increase in the number of level 3 Senior Healthcare Support Worker apprenticeships is expected - a cohort of novice level 2 and nursing associates is also expected in Q4 <p>A further ‘Behind the scenes’ event for March 24 is being arranged</p> <p>New centralised work experience programme commencing in May</p> <p>Continued promotion</p>
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Metric: Increase the number of services jointly delivered across the Black Country			
Target: increase maturity of collaboration as measured by maturity matrix			
Black Country Provider Collaborative (BCPC)	<p>Services already provided via formal collaboration across Black Country Trusts are: vascular surgery, ENT, cardiology, oncology, pathology. Urology delivered via the emerging Urology Area Network (UAN). Programme Director and Clinical leads in post for 9 services appointed including 2 from the Trust (Ophthalmology and Orthopaedics). PMO established to support this. Permanent Chair of BCPC Board in place with Executive Chaired by the SRO and Clinical Leads Group chaired by PC Medical Director.</p>	<p>The following are the key messages from the BC Provider Collaborative activities during December 2023.</p> <p>‘Extended’ Collaborative Executive – 4th December 2023</p> <p>1) Clinical Improvement Programme</p> <p>The following were key performance highlights:</p> <ul style="list-style-type: none"> ▪ Paper on proposed Renal Cancer Surgery Centre presented to Collaborative Executive (CE), Clinical Leads Group (CLG) and Cancer Board. Black Country Integrated Care Board service change ‘screening document’ activated and response has confirmed that the proposal triggers the service change process. ▪ Proposal for a BC Pelvic Urology Centre and BC PCNL (percutaneous nephrolithotomy) service in development and to be reviewed in December, prior to completion of ICB ‘screening document.’ ▪ ENT strategic plan presented at last Collaborative with the ‘east & west’ model now being developed for review and subsequent service change process being activated. ▪ ‘Cold site’ Elective Care Hub needs analysis and Options Appraisal commissioned and will report in in early January 2024. ▪ Bariatric and Breast proposals now underway and will present papers early in the New Year. ▪ Urology & ENT (Ear, Nose & Throat) HVLC (High Volume Low Complexity) plans being reviewed to ensure that the system can support delivery of the 65-week targets. ▪ Closure reports being written for some SKIN (Dermatology) and Critical Care priorities, which will be presented to the CLG shortly. ▪ Ophthalmology plans remain a challenge and are being revisited. ▪ NSS priorities for Neurology and Renal Medicine services have yet to commence due to capacity and illness, thus may be deferred until the next Work Plan. BCPC MD (Managing Director) and CMO (Chief Medical Officer) to review shortly. <p>2) Corporate Improvement programme</p> <p>An update was presented on the Corporate Improvement Programme with some support from PA Consulting Colleagues. The Collaborative Executive heard about the progress being made on the three key priority areas of Payroll, Procurement and Mandatory Training, in addition to emerging opportunities identified by PA Consulting as part of the work on the Financial Recovery Plan, and some suggested BCPC Principles for consideration on any next steps.</p>	<p>Discussions will continue with ICB colleagues to discuss options for future delegation to the BCPC.</p> <p>Continue to progress the clinical improvement programme and the corporate improvement programme.</p> <p>Development of the BCPC priorities and workplan for 2024/2025.</p> <p>Establish how the BCPC will support the delivery of the ICS financial recovery plan.</p>

3) Financial Recovery Plan

Colleagues from PA Consulting attended to present an overview of their 'brief', progress in identifying possible service solutions, and set the scene for the forthcoming Joint Board Workshop on the Financial Recovery Plan where the opportunity to explore the proposed service solutions in more detail would be afforded.

4) Strategic Business Planning for 24/25

The BCPC MD and Directors of Strategy led a session on Strategic Business Planning for 2024/25, building on the previous work initiated on the 4th September 2023. An emergent framework was shared, and populated with draft priorities by each partner organisation to illustrate how this may be utilised.

The BCPC MD also took the opportunity to 'take stock' of progress against the 23/24 BCPC work plan, in addition to projecting an out-turn position, and the identification of key residual / continued work that will form the foundations of the 24/25 work plan. It was noted that this was still a journey for the system with some variables yet to be revealed (e.g. NHS Operating Framework, and output of the BC Financial Recovery Plan), and thus would be continuously reviewed between now and the end of the financial year, with all partner organisations encouraged to continue their planning processes and populate their Strategic Business Plans.

The following are the key messages from the **BC Provider Collaborative Executive meeting of the 6th November.**

1) Clinical Improvement Programme

BCPC CMO outlined a diverse range of progress being made across the Clinical Network areas, of which the following particularly notable:

- **Vascular Services** – an update on progress was presented with some further work identified. Timelines and the signoff process between the two partner organisations were agreed with a view to presenting a final proposal in early 2024 for the repatriation of SWBH vascular activity back into the Black Country from UHB.
- **ENT** – Mr. John Murphy, the BCPC Clinical Lead for ENT presented the ENT strategic plan, focusing on the pursuit of a new model of care between WHT and SWBH which would mirror arrangements currently in place between DGFT and RWT, and provide much needed resilience to the system, with CE endorsing and supporting the identified direction of travel.

- Good progress has been made in some Clinical Networks (Critical Care / SKIN) who have completed most of their identified priorities enabling the BCPC CMO and MD to review and potentially redistribute capacity / support to other future priorities.
- **Clinical Summit** was very well attended and well received. Feedback on the 'Spotlight video's', and Annual Reports was very positive, and the format of the programme seemed to work well with positive engagement and interaction.

2) **Mandatory Training**

The Collaborative Executive received an update from Cat Lisseman and Dr. Brian McKaig detailing progress to date on the scoping exercise. All partner organisations are engaged in the work, with commitment key to ensuring a robust output. A PID and project GANNT chart were shared outlining key tasks and timelines to deliver the requested business case for review by the CE in Dec 23 / Jan 24.

3) **Digital Workstream update**

A proposal paper outlining the possibility for convergence on a system wide approach to PACs was presented to the Collaborative Executive with support and agreement to progress system wide work across the four partners in developing an options appraisal and proposed next steps paper to be submitted for review at the earliest possible time.

4) **Establishing a robotic Renal Surgery Centre of Excellence at DGFT**

Following the receipt of Surgical Robots at DGFT and SWBH earlier this year, the Urology Network is now progressing its plans to transform specialist elements of the Urology service and establish a robotic renal surgery (for nephrectomies and partial nephrectomies) at DGFT. BCPC MD to coordinate the way forward over the remainder of this financial year, engaging with all stakeholders and managing any 'service change' processes in conjunction with ICB colleagues.

The following are the key messages from the **BC Provider Collaborative Executive meeting of the 9th October and the JPC on the 13th October 2023.**

1) **Clinical Improvement Programme**

BCPC CMO outlined a diverse range of progress being made across the Clinical Network areas, of which the following particularly notable:

- Mohs surgery is now up and running with first patient seen in late September 2023.
- There has been a positive impact in the roll-out of Tele-dermatology with up to 45% of referrals received being returned with 'advice & guidance' creating capacity for managing the Cancer two week waits and the elective backlog.
- Have recently appointed joint leads for Colorectal to continue the good work previously undertaken by Dr. Andy Torrance. Dr. Ben Liu (RWT) and Dr. Shantanu Rout (SWBH) have accepted the opportunity to drive forward improvements in the Colorectal space.
- Positive plans being progressed to harness and make best use of the new surgical robots. Full-service transition of renal surgery to commence from DGFT shortly.
- Partnership working commenced with the Primary Care Collaborative and we hope to explore opportunities for closer working at the forthcoming Clinical Summit.

2) **Mandatory Training**

The Collaborative Executive received an update and outline of the work being undertaken to progress the Mandatory & Statutory Training priority. A PID is being finalised, and in parallel a scoping exercise has commenced with a view to developing and establishing a business case for review by the CE in Dec 23 / Jan 24.

3) **Digital Workstream update**

Two key issues were highlighted:

- An assessment of Digital Maturity undertaken a little while ago indicates that the Black country self-reported a position as the joint second digitally mature system in the Midlands. This seems to contrast with the local experience on this issue and it will be intriguing to understand if there has been any significant change when re-assessment occurs shortly.
- Progress against the identified DDaT priorities has been slow, with some noticeable exceptions, and it is hoped that some recent ICB led review will be an impetus and motivation for greater alignment and convergence, even if over a slightly longer period of time.

4) **Communications & Engagement**

The BCPC Annual report has now been published and is available on the BCPC website at the following link:

<https://blackcountryprovidercollaborative.nhs.uk/about-us/publications/>

5) Governance

- **Governance Group** – A progress update was received from the Governance task group. Further discussions between the three CEO's will be held to clarify the proposals for establishing two further task and finish groups and better understand how they align with the BCPC work plan.
- **CE refresh** – Now that the JPC has been established a refresh of the Collaborative Executive will be progressed inviting EOI's for key system leadership roles. It is anticipated that the EOI will commence shortly.
- **Collaboration Agreement development** – The JPC agreed to a proposal for six further identified areas which should be developed as additional schedules for consideration by the JPC at the six-month review point (March 2024). The BCPC Managing Director to manage and coordinate their development and review by the JPC.
- **Board development sessions** – There was positive feedback on the Joint Board Development session in September 2023, and agreement to pursue a programme of three Board Development sessions (as outlined at d(iv) of enc.2). JPC Governance lead to coordinate with BCPC Managing Director. Possible use (and extension) of December JPC slot for a focus on the outcome of the PA work. BCPC CEO to work with BCPC Managing Director to review and arrange if possible.

6) North Hub update

The CE welcomed the paper recently presented to the EC&DB and agreed on the need for additional elective capacity within the Black Country to support elective recovery. It was thought that the 'North Hub' business case may be the more advanced at this time but recognised the need for due process to be undertaken by the Elective Care & Diagnostic Board. The CE will be engaged on the selected preferred solution and the subsequent work to determine how it is proposed to be financed.

7) MMUH Revenue Implications

The CE was provided an update from SWBH CEO on the outstanding MMUH Revenue implications. Plans are being pursued to address

		<p>the current gap, and it was agreed that the issue should be viewed as a collaborative system issue rather than solely a Provider Trust issue. CE were supportive of the clinical model and are to be kept apprised of outcomes of plans being progressed and any subsequent required system actions</p> <p>8) Strategic Annual Planning – output and next steps The output from the strategic planning exercise undertaken at the 4th September ‘extended’ Collaborative Executive was presented together with a draft framework for future use. This work will be built on at the forthcoming Clinical Summit through key workshops looking at similar issues from a different lens, whilst engaging a clinical and medical stakeholder group. Furthermore, individual partner Trusts will shortly be commencing strategic planning activities at a local level, and we hope to triangulate this range of work in developing our priorities at multiple levels across the system over the remainder of the financial year.</p> <p>9) Clinical Summit The next Clinical Summit will be held on Friday 27th October at the GTG Training & Conference Centre in Wolverhampton. The programme for the day is being finalised and will be circulated a week in advance of the Clinical Summit. It will have a range of short presentations from key system speakers, together with ‘spotlight’ videos on some of our key achievements, Clinical Network time, and an opportunity for clinical input into the planning for 24/25 work plan priorities. Registration is currently ‘open’, with 185 registered so far on a maximum capacity of 200 delegates. Registration is now closed.</p>	
Dudley Health & Care Partnership	<p>Dudley Health and Care Partnership Board in place. Full Time Programme Director in post to support the development of the Partnership.</p> <p>Partnership has agreed an Integrated Model of care which is being worked to.</p>	<p>Partners across Dudley contributed to the development of the ICB Operating Model which includes setting a timescale and ambition for The Dudley Group NHS Foundation Trust to become the host of the Dudley Place-based Partnership.</p> <p>Over 5 organisations participated in a Dudley Improvement Practice Event focusing on external pathways for the Clinical Hub.</p> <p>A shared Partnership risk register has been developed with shared responsibility and partnership mitigations.</p> <p>The first partnership Newsletter was shared in December.</p>	<p>A small group will review and finalise the proposed metrics for the intermediate priorities agreed for 2024/25:</p> <ol style="list-style-type: none"> 1. Community 2. Prevention 3. Workforce <p>The Dudley Health Outcomes Framework will be combined</p>

	<p>5 workstreams delivered via 8 work programmes support the implementation and development of the integrated model of care.</p> <p>Black Country Place Action Learn Set meets monthly.</p> <p>Ambitions for Dudley Place were presented to the ICB.</p> <p>Priority setting for 2024/25 is underway.</p> <p>5 Family Hubs are operational.</p> <p>Partnership agreed that DGFT will be the host of the partnership and that we work towards DGFT been the lead provider.</p>	<p>Dudley's "ICan" workforce project was launched at a NHSE Conference in Birmingham and Board received a presentation in December.</p> <p>Partners have worked with PA Consulting to identify out of hospital opportunities as part of the financial recovery plan.</p> <p>A 6-month outturn of the Joint Forward Plan has been produced identifying that 81% of metric are on track with only 3 behind expectations on October 31st, 2023. The next step is for the DHCPB Executive Team to review the individual reports to allow for scrutiny and challenge from partners and for a further report to be presented to Board in January.</p> <p>Dudley's 4th People Panel took place in Halesowen. Residents and students took part in several discussions to include urgent and emergency care, out of hospital services, access to service and support for carers.</p>	<p>with the ICB Framework which will become the main solution – in terms of functionality and providing a platform for data – with Dudley additions where appropriate. 3-5 initiatives will be used to test the tool during January / February.</p> <p>Partners will continue to work on the ICB Operating Model with a view to agreeing the scope of services and shadow lead provider arrangements in January/February.</p> <p>During the February People Panel residents will be consulted on plans to transform Primary Care.</p>
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Goal: Improve health and wellbeing		Executive lead: Chief Operating Officer	
Metric: Improve rate of early detection of cancers			
Target: 75% of cancers diagnosed at stages I,II by 2028 (NHS Long Term Plan)			
Workstreams	Current status	Summary of progress this quarter	Actions planned for next quarter
Understanding the data	<p>Data held by Cancer Outcomes and Services (COSD) for Q2 23/24 shows a staging completeness of 87.3% against 58 diagnosed patients.</p> <p>26% of patients in Q1 were Stage I or II (15 out of 58)</p>	<p>Data completeness has improved for the last 12 months, there are still patients who have not been staged at multi-disciplinary team (MDT) but this may be down to factors such as patient has passed away before full diagnosis or referred straight for best supportive care etc.</p> <p>Staging has increased for lung and there has been a decrease of missing staging. Data for 2019/20 was updated retrospectively and</p>	<p>Cancer services working with local implementation team (LIT) to review staging data and the completeness of data. LIT are interested in looking at GP data and the staging of patients they have referred.</p>

		<p>submitted to ensure that there is baseline data for the Targeted Lung Health Check programme.</p> <p>We continue to monitor patients where data is incomplete using missing data reports</p>	
Lung cancer	<p>Preparations continue to start the Targeted Lung Health Check Programme</p> <p>The Local Implementation Team for lung cancer continues to meet to improve pathways</p>	<p>A programme manager has been recruited with a confirmed start date of 1st Jan 2024</p> <p>Exec directors considered options for managing the programme in Dudley on 10th October and confirmed decision to proceed with an external supplier initially as Sandwell have done and to appoint to the clinical roles required. Role requirements have been drafted and are ready to go out to recruitment</p> <p>1st Delivery group met on 20th December</p>	<p>Recruitment to clinical roles</p> <p>Presentation of business case for approval</p> <p>Detailed implementation planning with external supplier and contract signing</p>
Metric: Increased planned care and screening for the most disadvantaged groups			
Target: BSP 03- Uptake - Acceptable level: greater than or equal to 70.0% - Achievable level: greater than or equal to 80.0%			
Breast screening	<p>Uptake across the service has increased with updated figures for Q1 and unvalidated for Q2, Q3 figures would not be extracted for validation until 6 weeks post quarter end. (Figures taken from KC62)</p> <p>Q1 updated figures – 69% Denominator 7183 – Numerator 4962</p> <p>Q2 figures (not validated) 77% Denominator 7685 – Numerator 5889</p>	<p>The service continues to work with the Dudley Health and Wellbeing board and has identified a new site in central Dudley to use for the next round of screening (Mar-Jun 24) where uptake at practices has been historically low. This will be evaluated post screening which will be at the end of Q2 24/25.</p> <p>We continue to work across Wolverhampton locally with GP practices and primary care with DNA projects calling women who do not attend their first offered appointments.</p>	<p>Due to sickness absence of the health equity lead, projects along with community gatherings and events reported in Q1 at local level are on hold and will be re-instated.</p> <p>Plans to re-commence second timed appointments from Feb 24 across the service. Monitoring will be available in Q3.</p>
Planned care	<p>Trust continues to monitor key performance metrics such as total elective list, long waiters and DNA rates by ethnicity and deprivation</p>	<p>Health Inequalities Core Group reviewed available metrics and looking at ways to make specialty level information available to services</p> <p>Having reviewed different tools that have been used by other trusts to address health inequalities in elective waiting lists, the Trust is exploring ways of reducing DNAs amongst populations that consistently have poor attendance</p>	<p>Explore options to provide support to families who struggle to bring children to appointments by offering free bus passes and other targeted support</p>

Part 3 – Transformation Programmes

Programme: Black Country system service transformation		Executive lead: Chief Operating Officer / Director of Strategy & Integration	
Workstream	RAG	Summary of progress this quarter	Actions planned for next quarter
Urgent and Emergency Care		<p>Urgent and Emergency Care continues to be a challenging area of focus. Emergency Department 4 hour performance showed a marginal improvement in November's position at 72.9% vs 72.5% in October. Overall Triage performance equally remains a challenge with November's position deteriorated at 80.6% vs 84.3% in October, despite the hard work which the Dudley Improvement Practice team have put in during a focused 6 week stint aimed at improving the triage process, however, this is still an upward improvement since June 2023.</p> <p>Ambulance handover delays of over 60 minutes increased markedly during the month of November; a function of higher demand and a higher level of medically optimised for discharge patients within the trust, as occupancy is the key contributory factor to ambulance delays. However, again, the position across the Black Country deteriorated, with DGH reporting the smallest deterioration of all.</p> <p>During November we had a sustained number of patients when compared with October bringing us back to our summer peak. We continue to see >300 patients a day. This coincides with the number of ICs from Sandwell since the reduction of the bed base to meet the footprint of the new facility at The Midland Met Hospital. This has been independently modelled by the ICB and it is currently adding 5% of ambulance conveyancing, which is not evenly distributed throughout the day. In terms of capacity the trust continues to be impacted by medically optimised for discharge patients, which is further exacerbating flow issues and leading to pressure at both the front and back door.</p>	

Restoration of Elective services		Update has been provided under 'Drive sustainability' above	Update has been provided under 'Drive sustainability' above
Cancer services redesign		<p>From October 2023 National Cancer Constitutional standards now monitor against 28 day Faster Diagnostic Standard (FDS), 31 day combined decision to treat, and 62 days combined referral to treatment.</p> <p>The 28 day Faster Diagnostic Standards (FDS) achieved 81.9% (October validated) against the constitutional standard of 75%.</p> <p>31-day combined decision to treat target is 96%, October's performance reported at 86.9%. This is driven by workforce capacity challenges in breast, high demand for urology and skin over the last few months.</p> <p>Performance against the 62 Day combined target achieved 67.1% in October against a national target of 85%. NHSE have revised this target to 70% by March 2024 pending further review. However, the total number of patients waiting over 62 days is meeting the ICB/NHSE trajectory that has been submitted earlier this year; there are total of 96 patients in the backlog currently.</p> <p>There is also robust monitoring of patients over 104 days, reported externally for any potential harm reviews. The total number of patients over 104 remain in the region of 29, of these 12 have treatment plans. Several of the patients waiting over 104 days are late tertiary referrals.</p>	
Black Country Provider Collaborative (BCPC)		Update has been provided under goal 'Build innovative partnerships' above	Update has been provided under goal 'Build innovative partnerships' above

Programme: Local Leadership to address health inequalities		Executive lead: Medical Director / Director of Strategy & Integration	
Workstream	RAG	Summary of progress this quarter	Actions planned for next quarter
Leading as an anchor institution in Dudley		<p>As a Trust we have submitted data to the University of Manchester research study on Anchor Institutions which will analyse the costs and benefits of anchor institutes to their local economies and in reducing inequalities.</p> <p>The Trust has held more 'Behind the scenes' events for six local schools (with 75 students) to promote NHS career opportunities and the options available to young people who are currently in the process of picking their career paths. The students were taken to a variety of locations such as pharmacy and therapies. Alongside this, they had the chance to meet with staff at the market 'stalls' set up for them, this included representatives from the Staff Networks and the volunteers.</p> <p>The Dudley 'ICAN' scheme is also underway with departments signing up to take on apprentices which supports pre-employment pathways into The Dudley Group. Placements will be offered to those leaving school and those who have been the Social Care System. The aim of these placements is to provide apprentices who don't have formal qualifications or skills these through the workplace, whilst being supported in what will most likely be their first job.</p>	<p>We will await the outcome of the study and consider recommendations that are made.</p> <p>Another 'Behind the scenes' event has been planned for the next quarter with the aim of increasing the number of schools these visits are offered to.</p> <p>Interviews for the ICAN scheme will take place from January 24, with the aim for placements to begin in February 24.</p>
Addressing health inequalities		<p>A Health Inequalities Core Group has been established and work has begun into dashboards available to the Trust or which will be required to be created in order to understand where specific deprivation is occurring in our communities. This will allow targeted work to be undertaken.</p> <p>Research into the case studies from other Trusts of good practice has begun and learning is shared with the members of the Health Inequalities Core Group. The Health Inequalities Steering Group in Dudley place has been attended by representatives of the</p>	<p>Deep dives with Divisions will be conducted, and operational staff invited to the Health Inequalities Core Group; to provide the group with patient information, be given actions and provide support for operational aspects of projects, with the aim to reduce Health Inequalities for patients.</p> <p>Work will begin with National Express and the Paediatric Specialties into issuing free bus passes for Children and Young People and their families for attending appointments, with the hope this will reduce 'Was Not Brought' rates due to the costs of transports to attend appointments.</p>

		trust. Funding of £159,000 has been allocated to voluntary organisations to support projects addressing health inequalities in the current year.	
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Programme: Research & Development, Education and innovation		Executive lead: Medical Director	
Workstream	RAG	Summary of progress this quarter	Actions planned for next quarter
Research & Development		<p>Research and Innovation Support group lunch time support forum – Nurses and Advanced care practitioners – attendance between 5-10. Champions meeting (5-15 attendees)</p> <p>3 studies in progress for RFPB applications. Colorectal submission 8/11/23; collaboration with University of Wolverhampton (Breast Screening project, DGH to host the grant if successful, March 2024 submission) and orthopaedic/community specialities March, 2024 submission.</p> <p>Showcase research, innovation, and education. The video development is well under way in collaboration with communication department to showcase achievements to date. Video clips 20 completed/being edited. 1 further filming date to be arranged for cardiology team.</p> <p>Maternity event in Nov 2023, promoting R&I involvement and career opportunities</p> <p>Parkinsons disease research opportunity – Dr Tina Smith, Biomechanist, Dr.Shams Duja – opportunity for Grant application – meeting in Jan 2024.</p> <p>University hospital status collaboration meeting with Sandwell and Birmingham 9/11/2023 - very positive meeting – terms of reference, gap analysis.</p> <p>Rheumatology meeting – proposal for Professorial chair / contract with Aston University/ clinical academic role, Dudley/City.</p> <p>Study audit activity to provide assurances around consent processes.</p> <p>Input into AHP Preceptorship Video for the 4 Black Country Trusts.</p>	<ul style="list-style-type: none"> • Develop research proposals for peer review and grant applications. • Host site for Grants – process and costings to be established and formalised • Promotion of Research & Innovation Seminar Event in Feb 2024 –include video filming launch details • Collate results from study audit activity to provide report on consent process. • Update on 50/50 matched studentship (with Aston University)- progress so far • Re-commence non-medical student placements in R&I, Jan 2024

		<p>IT accounts for study monitors to have Sunrise access (view only) for monitoring purposes, as highlighted in MHRA feedback session.</p> <p>New specialities to become research active: Geriatrics, Urology and ENT</p> <p>Cardiology team successful at Clinical Research Network (CRN) West Midlands awards - Research Contribution of the Year category (awards Nov 23)</p> <p>Notified of additional CRN funding available to support Clinical Trials Pharmacy refurb on clinical research area and lab equipment – formal letter pending, approx. £47,500)</p>	
Education		<p>Nursing, Midwifery & AHP</p> <p>We have successfully secured funding in developing our AHP workforce, this funding is to improve practice education within AHP's and to invest particularly in podiatry and apprenticeships.</p> <p>November launched the new national AHP preceptorship standards, so we are ensuring these are included in our preceptorship programme and our system lead programme</p> <p>Training needs analysis have been completed by divisions to ensure CPD funds from NHSE is being utilised effectively for our registered Nurses, midwives and AHP's relating to professional development.</p> <p>Other</p> <p>A new education forum has been set up within the Black Country to develop system working</p> <p>New student Nurses/Physiotherapists started from our new HEI partner Newman University in September with a new multi professional approach to training</p> <p>Itchy feet conversations have started within the organisation as part of a retention measure for staff</p> <p>Second cohort of RCN Cadets undertook their placement with us and successfully moved onto university courses in a health related field</p> <p>Hidden talent programme (cohort 1) for professional registration commenced and is underway way.</p> <p>Medical</p> <p>Chief Registrars – 2 appointments made – Dr Sarah Mulholland & Dr Asad Saleem</p>	<p>NETs survey results expected Jan 24</p> <p>Education estate review to commence</p> <p>Ongoing discussions with Worcester and St Marys to review medical student placement offer</p> <p>Launch of Real Eyes and Clinical Compass</p>

		<p>Aston University Visit was hosted on 1.8.23 to view our educational and research facilities.</p> <p>St Mary's University Visit – 9.8.23 – very positive visit with ambitious plans to build a local university campus and develop a partnership with the Dudley Group to take their international medical students.</p> <p>Deputy DME Dr Haroon Siddique has been appointed. Start date 1.11.23.</p> <ul style="list-style-type: none"> • Careers Fair for Female Trainee Doctors – ran week beginning 16.10.23 • ATLS Course ran very successfully on 2.11.23 & 3.11.23 • Interprofessional Education Plenary Day – 7.11.23 • World Teachers' Day – 5.10.23 – session held during the Grand Round to celebrate our educational supervisors • Health Innovation Dudley – Engagement Event held on 8.11.23 to discuss collaborative educational requirements for the future • Train the Trainers Course – 13.11.23 – fully booked/attended • Behind the Scenes Event – 30.11.23 - Simulation took part – showed BLS training and Virtual Reality headsets 	
Innovation		<p>We have established a central database to collate all innovations across the Trust. Currently there are 15 innovations listed which consist of digital and device innovations with majority being patient pathway innovations.</p> <p>We have developed links with Health Innovation Network (previously known as AHSN) and MidTECH (provide advice and support regarding Intellectual Property, Copyright and trademarks). Confirmed attendance to deliver sessions at our Research and Evidence Based Practice Seminar 22.02.24.</p> <p>The process for supporting staff with innovation ideas and developing these, has been promoted at recent Trust promotion days (Staff Retention Day, Maternity MOT day and included in Staff Induction Booklet) and is also available on Trust Hub pages. We continue to</p>	Lead on Research Related Improvement and Innovation Regional Group – actions/implementation from this group to support DGH.

		hold our Research & Innovation Support Meetings every month. Successful in 3-year funding stream to support the roll-out to other Trusts, of one of the digital app innovation idea.	
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Part 4 – Increase the number of services jointly delivered across the Black Country (Maturity matrix of level of collaboration)

Key:

None or minimal	
Moderate	
Considerable	
Extensive	
No applicable / out of scope	

Level of collaboration assessed from perspective of The Dudley Group NHS FT.

Factors to be considered when assigning scores:

- Established clinical network in the Black Country, either as part of the ICS or provider collaborative
- Plans for changing pathways have been developed by teams from different organisations
- Plans for changing pathways are implemented by teams from different organisations
- Clinical staff provide care across more than one location under an agreement between organisations
- Joint staff appointments

Service	Provider collaborative		Place-based partnership	
	Score	Comment	Score	Comment
Clinical Services				
General Surgery including colorectal		Colorectal clinical network has inputted to development of robotic business case and is developing plans to move work around the system		
Urology		UAN well established, surgeons practice at different hospitals under SLA, discussions to move work around system at advanced stage		
Vascular Surgery		Network well established, some consultants have moved to DGFT as host, SLA between RWT & DGFT		
ENT		Long standing shared consultants between RWT & DGFT, participation in provider collaborative clinical network		Not aware of any discussions with primary care about pathways e.g. audiology
Ophthalmology		Provider collaborative clinical network lead from DGFT, not yet led to pathway changes		Discussions about transforming pathways with local optometrists just started
Oral Surgery		Not aware of any formal collaboration		Not aware of any formal collaboration
Plastic Surgery		Mohs surgery has now launched with participation from Dudley, Wolverhampton and Walsall trusts; participation in provider collaborative clinical network for skin		

Service	Provider collaborative		Place-based partnership	
	Score	Comment	Score	Comment
Trauma & Orthopaedics		Provider collaborative clinical network from DGFT, plans for pathway changes at an early stage		MSK pathways being considered as one of the clinical pathways as part of implementation of model of care in Dudley
Obstetrics and maternity		Participation in LMNS		Participation in LMNS
Gynaecology		Participation in provide collaborative clinical network, not yet led to any pathway changes		Relationship with primary care being considered as part of clinical network discussions but no plans yet
Paediatrics		Not aware of any formal collaboration		Children's services is one of the workstreams for the Implementation of Model of Care in Dudley
Critical Care		Participation in provider collaborative clinical network and WM network		
Emergency Medicine		Not aware of any formal collaboration		Department works closely with partners in place via the A&E Delivery Board, Urgent Care Centre is co-located. Development of the Clinical Hub is one of the workstreams for the Implementation of Model of Care in Dudley
Acute & General Medicine		Not aware of any formal collaboration		See above. SDEC takes referrals from primary care via the clinical hub
Gastroenterology		Not aware of any formal collaboration although informal networking between Alcohol Care Teams within the Black Country as part of the national roll-out		
Respiratory Medicine		Not aware of any formal collaboration		COPD and other respiratory illnesses being considered as one of the clinical pathways as part of implementation of model of care in Dudley Lung Cancer Local Improvement Team established to improve Dudley lung cancer survival rates
Cardiology		Long standing arrangement of DGFT consultants practicing at RWT, Black Country Cardiovascular Network being re-established		Not aware of anything specific going on with primary care
Oncology		Long standing arrangement of RWT consultants practicing at DGFT		

Service	Provider collaborative		Place-based partnership	
	Score	Comment	Score	Comment
Diabetes & endocrine		Not aware of any formal collaboration		Department contributes to diabetes MDTs in primary care.
Renal medicine		Not aware of any formal collaboration		
Dermatology		Participation in provider collaborative clinical network for skin		Agreement to implement system-wide tele-dermatology solution across ICS including primary care
Rheumatology		Not aware of any formal collaboration		MSK pathways being considered as one of the clinical pathways as part of implementation of model of care in Dudley
Neurology		Not aware of any collaboration between trusts in BC ICS, DGFT trying to establish relationship with UHB		
Community Services				Integrated care teams is one of the workstreams for the Implementation of Model of Care in Dudley
Imaging		Participation in WM Imaging Network, potential to link Sandwell CDC implementation to existing CDC in Corbett		
Cancer screening		DGFT provides breast screening service to both Dudley and Wolverhampton; RWT provides bowel screening (FIT) for Dudley		
Pathology		BCPS fully established, workforce hosted by RWT		
Pharmacy		Participation in provider collaborative clinical network		Shared formulary for Dudley place?
Corporate Services				
Finance		DoF shared across 3 trust and regular meetings with finance teams well-established		Not aware of any formal collaboration
Workforce		Apart from CPO shared with RWT, not aware of any formal collaboration		Not aware of any formal collaboration
Digital and IT		Participation in ICS digital forums		Terafirma provide digital services to other local NHS organisations under SLA
Procurement		SWBH and DGFT share this function		Does not cover procurement in other local NHS organisations
Estates & facilities		Development of shared strategy		Dudley Local Estates Forum meets quarterly with all stakeholders including local authority