

<b>Meeting</b>	<b>26<sup>th</sup> March 2024</b>	<b>Board of Directors</b>					
<b>Report</b>	<b>Agenda item 17.</b>	<b>Serious Incidents Report - 1<sup>st</sup> January 2024 - 31<sup>st</sup> January 2024</b>					
<b>Purpose of the Report</b>	Decision		Ratification		Assurance		Information <b>X</b>
<b>Accountable Executive</b>	Dr Nigel Scawn				Executive Medical Director		
<b>Author(s)</b>	Ana Sanderson Bev Hunt				Quality Governance Business Partners, Planned Care and Women and Childrens Divisions		
<b>Board Assurance Framework</b>	BAF 14	Failure to deliver Quality & Safety agenda					
<b>Strategic Aims</b>	Create a Positive Patient and Family Experience						
<b>CQC Domains</b>	Safe, Well Led, Effective, Caring, Responsive						
<b>Previous Considerations</b>	Quality & Safety Committee – 7 <sup>th</sup> March 2024						
<b>Executive Summary</b>	The purpose of this report is to inform the Board of Directors of the serious incident position across the organisation for the period of 1 <sup>st</sup> to 31 <sup>st</sup> January 2024, supporting transparency and enabling scrutiny and challenge.						
<b>Highlights</b>	<ul style="list-style-type: none"> <li>• No Serious Incidents reported January 2024 - continued reduction in Serious Incident reporting sustained</li> <li>• Change to Serious Incident Panel meeting to executive led Patient Safety Learning meeting occurred during January. This has oversight of open serious incident investigations and also learning arising from all moderate (or greater) harm incidents as a minimum.</li> <li>• The Serious Incident investigations that are open have required extensions for reasons related to the complexity and process through which investigation oversight and sign off occurs.</li> <li>• Learning arising from Serious Incidents has led to organisational and local improvement actions, inclusive of working with cancer system partners</li> </ul>						
<b>Recommendation(s)</b>	<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> <li>• Note the status of Serious incident investigations open to the Trust and progress sustained to close historical cases</li> <li>• Note the strengthening of mechanisms through which learning and sharing of learning occurs</li> </ul>						

	<ul style="list-style-type: none"> <li>Note the ongoing monitoring mechanism of ongoing investigations.</li> </ul>
<b>Corporate Impact Assessment</b>	
<b>Statutory Requirements</b>	To meet the requirements of the Health and Social Care Act 2008.
<b>Quality &amp; Safety</b>	To achieve compliance with the statutory requirements of the Health and Social Care 2008 and the associated CQC standards.
<b>NHS Constitution</b>	The patient will be at the heart of everything the NHS does.
<b>Patient Involvement</b>	Patient feedback identified in CQC reports and other national and local reports and forums.
<b>Risk</b>	Identified on the Board Assurance Framework (BAF).
<b>Financial impact</b>	Will be identified via relevant business case as required
<b>Equality &amp; Diversity</b>	Meets Equality Act 2010 duties & PSED 2 aims and does not directly discriminate against protected characteristics
<b>Communication</b>	Via Trust governance processes, including committees and groups.

## **SERIOUS INCIDENTS REPORTED BETWEEN 1<sup>st</sup> AND 31<sup>st</sup> JANUARY 2024**

### **BACKGROUND**

The Trust is required to report serious incidents to the Strategic Executive Information System (StEIS) that meet the specified criteria and share investigation reports with our commissioners. The Trust recognises that some events that do not meet the criteria of a StEIS serious incident can also benefit from comprehensive investigations. Therefore, as part of our commitment to improving patient safety, the Trust undertakes detailed investigations of these incidents using the same methodology and with the same oversight as incidents reported on StEIS. The Trust is not mandated to report these events on StEIS or share the reports with our commissioners.

Since October 2023, the Health and Safety Investigation Branch (HSIB) has been superseded by the Maternity and Newborn Safety Investigations (MNSI) programme. This is hosted by the CQC. This programme investigates under a strict criterion; incidents occurring at the Trust involving babies and mothers. The Trust will refer these incidents following identification, acknowledge the findings put forward by the MNSI investigation and develop responsive action plans based on MNSI recommendations. It is possible that following an MNSI investigation that there are no recommendations for the Trust.

Outcomes from all serious incidents are expected to be considered at divisional governance meetings, Quality Governance Group meetings, and by exception at Quality and Safety Committee so that learning can be shared, and improvements enacted.

Moderate harm incidents that do not meet the StEIS criteria are discussed at the weekly serious incident meeting and, where appropriate, a level 1 or level 2 investigation is instigated.

### **PURPOSE**

The purpose of this report is to enable the Board to scrutinise the current serious incident management position. The data is drawn from the Datix electronic risk management system and is accurate as of 14 February 2024.

### **CURRENT POSITION**

The Trust monthly reporting of serious incidents on StEIS over this financial year is as follows:

**Table 1. Serious Incident Reporting**

	Total number of incidents reported to StEIS	Never Event	MNSI
<b>April</b>	5	0	0
<b>May</b>	1	0	0
<b>June</b>	3	0	0
<b>July</b>	3	0	0
<b>August</b>	3	0	1
<b>September</b>	6	0	0
<b>October</b>	2	0	0
<b>November</b>	2	0	0
<b>December</b>	2	0	0
<b>January</b>	0	0	0

The Trust declared no StEIS reportable incidents during this reporting period. This is a decrease compared to the previous two-month reporting period and sustained reduction in Serious Incidents during this financial year. This financial year to date, there has been 1 incident reported to MNSI August 2023 and nil Never Events reported.

In the absence of any Serious Incidents reported during this period, the system-based learning arising from serious incidents and investigations concluded January 2024 is detailed in the table below.

**Table 2. Learning from serious incidents**

<b>Date Reported on StEIS</b>	<b>Incident ID and Description</b>	<b>Harm</b>	<b>Identified Immediate Learning</b>	<b>Planned Learning Response</b>	<b>Patient Engagement</b>	<b>Organisational Learning</b>
6.11.23	237155 Patient lost to urology follow up in 2019 as was removed from waiting list in error. On surveillance for raised PSA. Delay in treatment.	Severe	Validation of the unlisted follow up cohort.  Laboratory report/extract to identify patients that have a raised PSA to cross check the queue	Cluster review commissioned for urology incidents of moderate or greater harm	Verbal apology and DOC  Formal DOC completed	PAS migration  Audit of 'validated off list' cases monthly to assure appropriate removal from lists on this pathway is occurring
18.12.23	239589 Patient lost to follow up. Patient under hepatology for cirrhosis and HCC surveillance. Delay in treatment.	Severe	Risk of missing Cirrhotic surveillance added to the risk register.  Database pertaining to USS going forwards as an	Rapid review and action plan	Verbal DOC and apology given.  Formal DOC completed	Benchmarking of the service is being undertaken with C&M Cancer Alliance

			<p>additional back up to monitor surveillance scans are performed.</p> <p>Backlog of surveillance patients reviewed to confirm appointments in place.</p> <p>Process for follow up scans has been revised so appointments are made in real time</p> <p>Recruitment for roles to support early diagnosis pathway commenced</p>			
16/08/2023	236174 Follow up appointment on glaucoma pathway not made. Advanced visual field loss developed in both one eye and moderate loss in the other. Both conditions permanent	Severe	<p>Options appraisal is being undertaken for failsafe officer as part of wider business case</p> <p>Business case developed and submitted for</p>	Level 1 investigation completed	Formal duty of candour and final duty of contact with patient and family to share final report	Overdue follow up entries are being validated clinically and administratively so that list can be prioritised clinically as well as based on time waited

			ophthalmic EPR system			
18/09/2023	237625 A TLSO brace removed from a patient and a 7cm by 3cm unstageable pressure ulcer with deep tissue injury was found to the spine.	Moderate	Through the PDN team, management of medical devices process awareness raised within MDT as these devices require regular checks and a checklist developed  Orthotists fitting devices are able to document in EPR and highlight risks associated with medical devices, inclusive of if they can be removed.	Level 1 report	Formal duty of candour has been met and included an apology to the patient and their family.	Contract of orthotics provider is under review with new provider planned

## StEIS investigation activity

The number and status of open StEIS reported incidents is discussed on a weekly basis with the executive team. As noted above, the number of new investigations has significantly reduced during 2023/24. Work remains ongoing to manage new serious incidents within the 60 working day timeframe. Divisions have confirmed that they are progressing the necessary processes to support achievement of timescales.

The table below presents the status of all open StEIS reported incidents as at 12.2.24.

**Table 3 StEIS incident investigation status**

Open Trust Investigation	Open MNSI investigation	Investigation report with ICB	Pending C&M Maternity Panel
4	1	63	25

As of 14 February 2024, there were 4 open serious incident investigations that the Trust are undertaking, a reduction from 10 as at January 3 2024. One investigation is being undertaken by MNSI which is due to conclude 28 June 2024. 88 investigations are with the ICB for review, assurance and closure. This is an increase of 5 since January 2024. Of those with the ICB, 25 are pending approval at Cheshire and Mersey Maternity Panel.

## StEIS reported incidents completed within 60 days

The expected standard is that StEIS reported investigations will be completed within 60 working days of being reported on StEIS, unless the complexity of the case requires an extension, which is expected to be agreed with both the patient and/or family and the ICB, in line with the Serious Incident Framework. The status of open investigations is presented in Table 4 below. All have exceeded the 60-day target, the reasons for each extension for the ongoing investigations are stated. The status of open investigations is monitored on a weekly basis through the Trust-wide patient safety learning meeting to ensure barriers are understood from divisions and mitigations assured.



**Table 4. Open StEIS investigations**

<b>DATIX ID</b>	<b>Division</b>	<b>Reported to StEIS</b>	<b>Due date</b>	<b>Narrative</b>
237511	Women and Children - Obstetrics	21/09/2023	16/02/2024	Submitted to ICB on 14/02/2024
237851	Women and Children - Paediatrics	28/09/2023	16/02/2024	Submitted to ICB on 16/02/2024
237225	Urgent Care - ED	11/09/2023	07/03/2024	Extension approved based on complexity of incident, joint investigation with CWP and to fully respond to family concerns
240309	Women and Children - Neonatology	24/11/2023	21/02/2024	Due to annual leave of author, Director of Midwifery and AMD, report not had author and divisional sign off. Extension approved to 1 March.

### **Duty of candour**

No Serious Incidents were reported within the review period therefore no updated Duty of Candour performance is presented here. The Trust has demonstrated variable performance year to date against the standards set out within this legislation.

### **Serious Incident action plans**

Improvement actions arising after an incident are entered on Datix and monitored until closed via divisional governance meetings. The Quality Governance Group monitors status of any overdue actions through trust-wide reporting to assure progress. Any challenges are escalated by exception through to Quality and Safety Committee.

Divisions continue to review and re-evaluate action plans related to backlog cases against current relevant improvement workstreams, to ensure improvement actions remain relevant to current ways of working that may have changed since the incident occurred.

The implementation of the Trust-wide executive led Patient Safety Learning Meeting reviews learning responses and actions arising. This group is in the development stage and will be working to ensure its scope aligns to the oversight requirements set out with the Patient Safety Incident Response Framework.



## Learning from all incidents

The learning arising from the incidents reported within this paper are presented in Table 2.

Learning is extracted and shared in the following forums within the Trust:

- Daily divisional patient safety incident review meetings retain logs of actions arising
- Daily Trust-wide safety huddle provides opportunity to share risks and concerns, an action log is retained for key items
  
- Weekly executive led Patient Safety Learning Meeting has superseded the Serious Incident Panel meeting since January 11<sup>th</sup> 2024. This meeting collates a learning log arising from incidents reported in the preceding week that have moderate or greater harm, or any incidents where there has been significant organisational learning.
  
- Key organisational learning elements are collated and published by the Quality Team. This is retained on the Trust intranet and also within the Patient Safety Learning Meeting Learning Log.
  
- Mechanisms through which learning is shared include:
  - Newsletters
  - Noticeboards
  - Screen savers
  - Safety Brief
  - Safety Summit

## RECOMMENDATIONS

The Board of Directors is asked to:

- Note the status of Serious incident investigations open to the Trust and progress sustained to close historical cases
- Note the strengthening of mechanisms through which learning and sharing of learning occurs
- Note the ongoing monitoring mechanism of ongoing investigations.



## Committee Chair's Report

<b>Committee:</b>	Quality & Safety Committee
<b>Date of meeting:</b>	7 <sup>th</sup> March 2024
<b>Chair:</b>	Non-Executive Director, Professor Andrew Hassell

### Key discussion points and matters to be escalated from the discussion at the meeting:

<b>ALERT</b>
<p><b>Clinical Audit Report – Quarter 3 2023/24</b> – Concerns were raised that of the 109 national and local audits in Quarter 3 2023/24, only 28 are on track, there is no assurance against 13 and 58 are yet started or are awaiting approval.</p> <p><b>Resuscitation Report</b> – Concerns were raised in relation to the compliance level for basic life support remaining under target at 82.31% and the compliance with trolley compliance has reduced overall from 88.82% to 80.02%. It was noted that a recovery plan is required to address the issues with compliance this is to be submitted to the Quality Governance Group in April 2024.</p> <p><b>PLACE Action Plan</b> - The poor building estate is a risk to the PLACE outcome score for all areas on the Countess site. However, it was noted that a PLACE report &amp; action plan would be presented to the Board of Directors to be held on the 26th March 2024.</p> <p><b>E-Discharge Update</b> - The Trust has a high number of outstanding E-Discharge correspondences that are overdue which are spread across several specialties with the highest proportion being within Planned Care. It was noted that this had been discussed at the Executive Directors Group the held on the 6<sup>th</sup> March 2024 with instruction for this backlog to be clear by the end of April 2024.</p>
<b>ASSURE</b>
<p><b>Cheshire &amp; Mersey Critical Care Network Service Specification Peer Review</b> – The Committee was advised of the several concerns the Cheshire &amp; Mersey Critical Care Network identified during the peer review which took place June 2023 and the update report. An assurance update was provided against each standard.</p> <p><b>EDI (Patients) Annual Report</b> – The Committee noted the assurances provided within the report.</p>
<b>ADVISE</b>
<p>The Committee noted the following updates and reports:</p>

- Patient story.
- Performance Dashboard and the System Oversight Framework, noting that the Dashboard is evolving.
- An update of the Radiology Events and Learning Meetings (REALM) was provided.
- Ward Accreditation - It was noted that the current programme is paused whilst under review and that a plan is in place to progress the new framework and supporting Standard Operating Procedure (SOP). A trial is to be undertaken on one ward and it is planned for this to be implemented trust wide by the end of April 2024.
- 6 Steps to Patient Safety Assurance Report - Of the 4 steps of focus to date in the programme (started in September 2023), none are performing at the required level, with marginal or no improvement seen. It was noted that a full review of 6 steps programme is required.
- Healthwatch – Accident & Emergency Enter and View Report (7<sup>th</sup> – 9<sup>th</sup> September 2023) & Action Plan and Same Day Emergency Care (SDEC) Enter & View Report (7<sup>th</sup> & 11<sup>th</sup> September 2023) – It was noted that all actions are on track to be completed by the end of March 2024.
- National Early Inflammatory Arthritis Audit – Audit Outlier – It was noted that actions are in place to bring compliance back to pre-covid levels by the end of Quarter 1 2024/25.
- SIB Revised Exit Criteria CoCH / ICB Assurance Update – December 2023 Trust Improvement Priorities – Quarter 3 2023/24 – It was noted that 8 out of 9 quality priorities are on target to deliver by year end 2024.
- It was noted the draft Quality Account would be presented to the next Committee to be held in April 2024.
- Infection Prevention & Control (IPC) Report (including Enhanced IPC Audit Compliance) - C.difficile: Improvement programme has been established with the first 2 meetings held in 2024. It was noted that this will be built into the wider harm improvement programme and progress against actions and Key Performance Indicators (KPIs) will be included in the governance arrangements for the programme. With regards to E.coli and Klebsiella, it was noted that compliance to catheter care and IV line standards have been a focus at ward level with a re-audit of compliance due to be completed by the end of March 2024.
- A six monthly update was provided in relation to the Stroke Sentinel Audit.
- National In-Patient Survey Action Plan – It was noted that 15 actions have been completed in full, 10 are within timeframe and on track to deliver and 6 are expected to be delivered but not within timeframe.
- Friends and Family Report & Plan for roll-out – It was noted that the Patient and Family Experience Strategy and Delivery Plan is due to be launched in April 2024.
- Transfusion Training Compliance Report – Quarter 2 2023/24 – It was noted that overall training compliance remains significantly below expected standard. However, this is being monitored bi-monthly at the Quality Governance Group, Quality & Safety Committee and monitored quarterly via the Hospital Transfusion Committee.
- NEWS2 Compliance Report & Action Plan – Quarter 3 2023/24 – It was noted that a review of audit processes has been undertaken to further strengthen assurance and it is planned for the new audit process to be implemented by the end of April 2024.

- Complaints Handling Report - Risk remains to closure of complaints within the policy timeframes. However, improvement noted in acknowledgement timeframes and quality of responses.
- Safeguarding & Complex Care Report - Quarter 3 2023/24 - Assessment of Trusts position against the ICB Safeguarding Commissioning Standards (adult and children combined) was provided. Strong assurance against most standards, those that are new or require strengthened assurance include.
- Fasting Compliance - Action Plan/Tracker – It was noted that the 5 step action plan is to be completed by the end of May 2024.
- Central Alerting Service (CAS) - It was noted there are 2 open alerts, however, both are within timeframe for responding.
- WHO Surgical Safety Checklist Compliance (Theatres) - Current Position – Quarter 3 2023/24 results shows that the department is achieving the minimum standard of 90%, however audit process needs to be reviewed following NatSSIPs2 publication. It was noted that a review of the audit process will form part of the NatSSIPs2 work programme.
- Hospital acquired Covid-19: Review & investigation summary – The Committee was advised of the process undertaken to ensure that all patients who contracted COVID have been reviewed in relation to care received and harm grading.
- Oxygen Prescribing Compliance – Progress update – It was noted that compliance with oxygen prescribing within the scope of the British Thoracic Society Guidelines has increased to 94%.
- Fridge Temperature Monitoring – Progress update - Revised timeframes as roll out was delayed due to operational pressures. Phase 1 roll out – January 2024.
- Consent to Treatment Assurance Report - Corporate consent audit to be undertaken to provide assurance for 2023/24.
- Patient Experience Strategy - It was noted this has been shared with QGG and EDG and the draft will be presented to the Board of Directors to be held on the 26<sup>th</sup> March 2024.
- Point of Care Testing Assurance Report - Full action plan to address areas of concern is to be presented to the next Quality Governance Group.
- Results Endorsement SBAR – It was highlighted there is a large volume of unendorsed results (57,917), with some dating back to July 2021. However, actions are being taken to address this via a Task & Finish Group. It was agreed that the monitoring and oversight is to be presented to the next Quality Governance Group.
- Cheshire & Mersey Critical Care Network - Service Specification Peer Review - Of the 17 standards concerned not met, assurance has been provided. 7 standards have now been met; 7 standards have clear action plans to meet the standards. The remaining 3 unmet standards are actively being investigated by the relevant Divisions and are within the agreed timeframe.
- Harms Summit Reporting – High Level Summary- Emergency Department –
- An update was provided relating to the implementation of PSIRF across the Trust and the positive progress to date
- Maternity Survey 2023: Management Report – The Committee noted the key findings, response rates, and areas of performance compared to other NHS trusts across England. The trust's response rate was 43.6%.
- Maternity Service Quarterly Update – The Committee received and acknowledged the update report together with the supporting documents provided.

- The Committee noted the serious incidents reported Between 1<sup>st</sup> January 2024 and 31st January 2024.
- Cancer Harm Reviews – An update was provided of the Quarter 3 2023/24 position and it was noted that a new process will be implemented for completing breach reports and CHRs reviews.

**RISKS DISCUSSED AND NEW RISKS IDENTIFIED**

No new risks discussed or identified.

<b>Meeting</b>	<b>26<sup>th</sup> March 2024</b>	<b>Board of Directors</b>					
<b>Report</b>	<b>Agenda item 20.</b>	<b>Patient-Led Assessment of the Care Environment (PLACE) Results – 12<sup>th</sup> &amp; 13<sup>th</sup> October 2023</b>					
<b>Purpose of the Report</b>	Decision		Ratification		Assurance		Information <b>X</b>
<b>Accountable Executive</b>	Sue Pemberton Cathy Chadwick			Director of Nursing & Quality / Deputy Chief Executive Chief Operating Officer			
<b>Author(s)</b>	Russ Morrow Clair Smith			Head of Facilities Business Performance Manager			
<b>Board Assurance Framework</b>	BAF 14	Failure to maintain safety and quality and avoid harm would result in a poorer patient and family experience					
<b>Strategic Aims</b>	Create a positive Patient and Family Experience						
<b>CQC Domains</b>	Safe, Effective & Well Led						
<b>Previous Considerations</b>	Not applicable.						
<b>Executive Summary</b>	<p>The purpose of this report is to provide the results of the annual PLACE assessment conducted on the 12<sup>th</sup> &amp; 13<sup>th</sup> October 2023 at both Trust Hospital sites.</p> <p>The assessment is conducted by a team of patient representatives and healthcare staff, inspecting the cleanliness, food, privacy &amp; dignity, maintenance of the environment and the dementia &amp; disability arrangements in place. The criteria included are not mandated standards, but they do represent those aspects of health care which patients and the public have identified as important.</p>						
<b>Highlights</b>	This paper provides the Board of Directors with the recent 2023 assessment results, demonstrating evidence of progress being made against the assessment criteria.						
<b>Recommendation(s)</b>	<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> <li>• Note the results provided within the report</li> <li>• Note the ongoing work to progress the action plan, which will continue to be monitored by the PLACE Committee and the 'Patient Experience Operational Group' (PEOG).</li> </ul>						
<b>Corporate Impact Assessment</b>							
<b>Statutory Requirements</b>	Meets the Trust compliance with Foundation Trust Status						
<b>Quality &amp; Safety</b>	Not applicable						
<b>NHS Constitution</b>	Not applicable						
<b>Patient Involvement</b>	Not applicable						
<b>Risk</b>	Not applicable						
<b>Financial impact</b>	Not applicable						
<b>Equality &amp; Diversity</b>	Not applicable						
<b>Communication</b>	Document to be published on website						



## PLACE RESULTS 2023

### 1. BACKGROUND

Quality standards for patient services are clearly set out in the NHS Constitution and in the CQC quality and safety standards. The aim of the Patient-Led Assessment of the Care Environment (PLACE) Programme (that replaced Patient Environment Action Team 'PEAT' inspections in 2013) is to provide a snapshot of how an organisation is performing against a range of non-clinical activities, all of which impact the patient experience including, but not limited to:

- Cleanliness
- Condition, Appearance and Maintenance
- Food and Hydration
- Privacy, Dignity and Wellbeing – supportive environments
- Dementia – friendly environments
- Disability – supportive environments

The criteria included within the PLACE Assessment are not regarded as mandated standards, but they do represent both those aspects of care which patients and the public have identified as important. The criteria all encompass good practice, as identified by professional organisations whose members are responsible for the delivery of these services, e.g.; the Healthcare Estates and Facilities Managers Association (HeFMA), the Association of Healthcare Cleaning Professionals (AHCP) and the Hospital Caterers Association (HCA).

PLACE assessments are an annual appraisal of the non-clinical aspects of NHS and independent/private healthcare settings, undertaken by teams made up of staff and members of the public (known as patient assessors). The team must include a minimum of 2 patient assessors, making up at least 50 per cent of the group.

PLACE assessments provide a framework for assessing quality against common guidelines and standards in order to quantify the facility's cleanliness, food and hydration provision, the extent to which the provision of care with privacy and dignity is supported, and whether the premises are equipped to meet the needs of people with dementia or with a disability.

Due to the changes made to the inspection criteria in 2018, the 2019 & 2022 results are not comparable with previous years. In addition, the impact of Covid resulted in the last 'full' PLACE inspections being undertaken in 2019. Informal inspections had taken place and further support was led by colleagues from Liverpool Heart & Chest Hospital NHS FT.

### **The PLACE Assessment**

#### **12<sup>th</sup> October 2023 at the Countess of Chester Hospital NHS Foundation Trust (COCH)**

The three assessment teams were made up of two patient assessors and two Trust personnel both clinical and non-clinical. The COCH PLACE facilitator gave on oversight of the assessment prior to the inspection to make all assessors aware of the requirement of the assessment.

The areas of inspection covered were:

- Emergency Department (ED)
- Same Day Emergency Care (SDEC)



- Coronary Care Unit (CCU)
- Ward 50/51
- Respiratory Support Unit (RSU)
- Neonatal Unit (NNU)
- Ward 45
- Ward 54

### 13<sup>th</sup> October 2023 at Ellesmere Post Hospital

The two assessment teams were made up of two patient assessors and two Trust personnel both clinical and non-clinical. The COCH PLACE facilitator gave on oversight of the assessment prior to the inspection to make all assessors aware of the requirement of the assessment.

The areas of inspection covered were:

- Bluebell Ward
- Poppy Ward
- Communal Areas
- External Areas
- Food

#### 1.1 INTERIM RESULTS

Both hospital sites scored well with very positive comments from patient assessors.

First Impressions question: “Based on your first impressions on entering the ward, how confident are you that the environment in this ward supports good care?”

**The majority of areas assessed resulted in a score of:**

**Very confident = A Or Confident = B**

Only 3 wards/areas assessed as part of the ‘initial impression’ question found the score recording **‘not very confident’** (Ward 30; Ward 54 & Therapies).

Ward Area	Key areas for improvement
Ward 30	<p>Reception desk too high and entrance too busy with clinical staff working on mobile desks</p> <p>Shower room without shower curtain</p> <p>High and low levels of dust</p> <p>Window blind soiled</p> <p>Not all curtains ran smoothly</p>

	<p>Dusty Fan</p> <p>Main corridor was cluttered</p> <p>Décor tired and out of date</p> <p>Patient safety concern re airway stored in 'pump bag' style bags hung up on cords</p> <p>Access to toy storage (from female bay) was not locked. This room contains clinical wipes and unlabeled chemicals and open access to outside space which appeared unkempt</p> <p>Meal service poor – served on paper plates</p> <p>The team were disappointed that meals were only provided to nursing mothers and not other family/carers</p>
Ward 54	<p>Damaged/uneven flooring on entrance to ward</p> <p>Cluttered ward area</p> <p>Bodily fluids on floor</p> <p>Large bays connected to each other – potential for mixed sex bays</p> <p>Contaminated ceiling tiles</p> <p>Soiled floors</p>
Therapies	<p>Chaotic waiting room</p> <p>High level of noise</p> <p>Several departments using same waiting room</p> <p>'I wouldn't be confident that my appointment would be on time'</p>

**Nb:** However, it is worth noting that following the full ward(s) visit in much greater detail, the assessment found the 'lasting impression' improved for Therapies to that of 'confident'.

The summary statements completed by the Patient Representatives as part of the Patient Assessment Summary Sheet read as follows:

Key strengths	Key areas for improvement
Patient privacy & dignity well maintained to a high standard	Décor tired and out of date
Respiratory support Unit was excellent	Didn't like mixed sex toilets
Very good standards of cleanliness	Some specific areas of poor cleanliness (low level dust)
Food well prepared, good standard, looks appealing and tasted good	Food service on wards poor at both sites with EPH not making use of separate dining area within ward
	Windows in some areas are dirty
	Main car park COCH requires resurfacing
	Patient Parking difficult at EPH

## 2. CURRENT POSITION

### National Results

Results were published nationally on the 22<sup>nd</sup> February 2024 and were as follows:

### Countess of Chester Hospital

Assessed Areas	Cleanliness	Combined Food	Privacy Dignity & Wellbeing	Condition Appearance & Maintenance	Dementia	Disability
National	98.10%	90.86%	87.49%	95.91%	82.54%	84.25%
<b>Coch 2023</b>	<b>95.16%</b>	<b>85.77%</b>	<b>80.84%</b>	<b>94.76%</b>	<b>83.31%</b>	<b>85.22%</b>

### Ellesmere Port Hospital

Assessed Areas	Cleanliness	Combined Food	Privacy Dignity & Wellbeing	Condition Appearance &	Dementia	Disability
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				Maintenance		
National	98.10%	90.86%	87.49%	95.91%	82.54%	84.25%
<b>EPH 2019</b>	<b>96.79%</b>	<b>87.07%</b>	<b>87.30%</b>	<b>93.26%</b>	<b>82.60%</b>	<b>77.60%</b>

**How we compare to the ‘Average National Score’**

With exception to the Disability and Dementia aspects of the assessment, the Countess of Chester was slightly below the national average in all other assessed target criteria.

At EPH, only the dementia element of the PLACE criteria scored above the national average however, all other domains were only slightly below the national domain scores apart from disability which came in at 77.60%.

When the scores are brought together to give us an overall organizational score, the assessed area results are as follows:

Assessed Areas	Cleanliness	Combined Food	Privacy Dignity & Wellbeing	Condition Appearance & Maintenance	Dementia	Disability
National	98.10%	90.86%	87.49%	95.91%	82.54%	84.25%
<b>Both sites combined</b>	<b>95.37%</b>	<b>85.94%</b>	<b>81.68%</b>	<b>94.57%</b>	<b>83.22%</b>	<b>84.23%</b>

As an organisation, we can be pleased that our Dementia exceeds the national average at both sites, with Disability only slightly lower.

As a Trust, it is clear we have some work and focus on the remaining assessed areas of the PLACE assessment.

An action plan to help us mitigate and challenge our current status is underway and will be proposed and discussed at the March PLACE Group Meeting. The Director for Nursing & Quality is the Exec Lead for PLACE and has recently presented an opportunity for PLACE Committee members/Facilities Managers to integrate within the ‘Patient Experience Operational Group’ (PEOG).

The opportunity is intended to create a wider platform for the PLACE Committee to seek further subject matter experts as part of the wider PLACE criteria and share learning and experience between the two groups and their common objectives.

The remainder of 2024 leading up to PLACE 2024 will focus efforts in the areas where the scores show some work is still required. The efforts will see a revived action plan that aims to tackle the areas of PLACE that require more focus and attention, as detailed in the following sections.

**CLEANLINESS**

The cleaning level/results achieved within the areas inspected was just below the national average, however given other intelligence we acknowledge there is work to do here. An Acute Hospital Trust



that has an aging estate is a challenging environment to both clean and maintain the level of cleanliness required as part of delivering safe & effective healthcare.

Work has already begun on a Domestic Services continual improvement programme which includes the following:

- Review of cleaning equipment and finishes
- Remapping of entire hospital cleaning schedules
- Recruitment strategy ( 33 shift vacancy rate)
- Audit Standards
- National cleaning audits to be undertaken by MDT
- Bi-monthly Place Group Meetings to review action log and ensure resolution of issues in timely manner
- Bi-monthly Place-Lite inspections to maintain standards

## **COMBINED FOOD SCORE**

The food domain includes a range of organisational questions relating to the catering service e.g. choice of food, 24-hour availability, mealtimes, and access to menus. It also includes an assessment of food at ward level including the taste, texture, and appropriateness of serving temperature.

Unfortunately the ward service of food received negative comments due to the way the food is served at ward level, the patient is not prepared, has not had opportunity to wash their hands and there is not a separate area to eat. EPH does have a separate dining area but these have not been in use for some time.

Work is already underway from the interim action plan and includes the following actions being undertaken:

- Food and Drink Strategy Group
- Patient satisfaction survey undertaken.
- Week 2 menu development
- Week 1 menu review
- Red Trays for those at risk and adaptive cutlery
- Meal-time coordinators
- Hot and drink rounds
- Snack Rounds

## **Privacy Dignity and Wellbeing**

The assessment of Privacy Dignity and Wellbeing includes infrastructural/organisational aspects such as the provision of outdoor/recreation areas, changing and waiting facilities, access to television, radio, computers and telephones. It also includes the practicality of male and female services such as sleeping and bathroom/toilet facilities, bedside curtains sufficient in size to create a private space around beds and ensuring patients are appropriately dressed to protect & maintain individual dignity.

The majority of wards in a modern 'acute' Trust (CoCH) do not have separate treatment or days rooms within the ward environment; as a consequence, final scores were impacted when applying



the PLACE criteria to the assessed environment. Ellesmere Port Hospital, as a direct consequence of its age and the 'then' design of hospitals, does have 'day room/areas' within the ward environment, however these are not being used at the moment but had they been would have resulted in a much different set of scores when assessed against this specific PLACE criteria.

In ward environment, PLACE criteria also looks at provision for patients having access to their own secure facility that enables the security of personal effects with the patient holding the key or access code during their stay in hospital.

The PLACE criteria looks at seating provision in outpatient departments, and whilst it was assessed there was adequate seating at the time of assessment, in the Therapies Department, it was viewed/assessed that our seating provision did not cater for clients and patients of different sizes and ages.

In addition, we received a negative response regarding clients/patients seated in the waiting areas being able to hear other clients/patients conversations being conducted at the main reception desks in Outpatient clinics at both of our sites.

Other negative responses were as follows:

- Privacy curtains in shower rooms
- Crowding noted in some waiting areas
- No appropriate provision to ensure privacy when checking in
- Some patient lockers missing
- Some toilets and bathrooms not available for single-sex use

## **CONDITION APPEARANCE & MAINTENANCE**

Age of the buildings and lack of investment has led to areas becoming shabby. In comparison to some of the new builds that were assessed ie. SDEC, makes the difference starker. Some of the comments were as follows:

- Lack of seating areas
- Damaged seating/flooring
- Smoking issue outside entrances etc
- Clutter in clinical areas

## **DEMENTIA**

The criteria within the Dementia area of the PLACE assessment focuses on flooring (type, style and colour), general and specific décor and signage, but also includes such criteria availability of handrails and appropriate seating, and to a lesser extent, the food being made available.

All questions as part of this criteria required a **yes/no** response.

The items included in the assessment do not constitute the full range of issues requiring assessment which, in total, are too numerous to include. However, they do include a number of key issues and all Health Care organisations are encouraged to undertake more comprehensive assessments using one of the recognised environmental assessment tools available.



During the assessment it was observed that not all toilets at our Countess site had both text and picture signs and that toilet doors were not painted in a single colour to distinguish them from other doors.

There are handrails in the majority of toilets that are of a colour that contrasts with the floor and walls, but no toilet seats were of a contrasting colour. A negative response was noted regarding the lack of handrails in the Ward areas.

A further area where marks were lost was the lack of prominent signs displaying the ward and hospital name, the lack of a large face clock visible in all areas, the day and date not being visible and doors and handles to staff areas not being painted the same colour as the walls. Further negatives were as a result of our inability to remove or cover mirrors in the bathrooms.

Additional positive scoring was impacted as a result of some fitted flooring surfaces are not noise absorbent/reducing and may appear shiny. It is noted that Ellesmere Port Hospital has such floor surfaces in some of its wards.

## **Disability**

Whilst the organisation scored well on Disability the following comments were noted and need to be addressed:

- Faulty hand rails or missing handrails
- Clutter
- Signage
- No system to support patients with visual or hearing disabilities

Externally, there is a lot of work to be done to improve the accessibility around the site and in the car parks.

## **3. PLACE ACTION PLANS (COCH/EPH)**

The action plans for both the Countess of Chester and Ellesmere Port Hospital are being completed and will see renewed energy in the areas where progress can be made.

It is our intention to capitalise on our recent joining of the Patient Experience forum and utilise clinical colleagues, their experience and their areas of focus in addressing our 'joint' areas for action to the benefit of our patients and clients.

The action plans will be discussed in detail at the PLACE Committee and the PEOG forums and include key deliverables for close down and completion in a realistic and timely manner.

It is our expectation, that both of our sites will be much better prepared, briefed and looking forward to the 2024 PLACE process.

## **4. RECOMMENDATIONS**

The Board of Directors is asked to:

- Note the results provided within the report





- Note the ongoing work to progress the action plan, which will continue to be monitored by the PLACE Committee and the 'Patient Experience Operational Group' (PEOG).
- Note that 'PLACE lite' inspections are being undertaken each month led by the Matron team.





## Committee Chair's Report

<b>Committee:</b>	Finance and Performance Committee
<b>Date of meeting:</b>	27 <sup>th</sup> February 2024
<b>Chair:</b>	Non-Executive Director, Mrs Pam Williams

### Key discussion points and matters to be escalated from the discussion at the meeting:

<b>ALERT</b>
<ul style="list-style-type: none"> <li>• The Committee received an update on EPRR progress to achieve compliance with the standards, with a target date of September 2024. Committee requested further assurance on progress to come to the June meeting so that any risks can be highlighted.</li> <li>• The Committee received an update on the Women and Childrens new build. £2 million additional funding has been received for re-providing Ward 34, although there will be fewer beds. Work is in progress regarding the rephasing of capital spend and any risks will be identified. There is a potential financial risk in relation to expenditure on RAAC work undertaken which may not be recoverable</li> <li>• Non RTT follow up waiting list (Noting that work is being progressed to review the size of the list).</li> </ul>
<b>ASSURE</b>
<ul style="list-style-type: none"> <li>• SIB – The Trust continues to deliver at pace against the exit criteria with a view to full exit in September 2024 – However, the SIB are changing exit criteria so the Trust is seeking details regarding this.</li> <li>• The Committee noted the updates to the Board Assurance Framework for Quarter 3, with the agreement for the closure of 1 area and the reduction in scores for 2 areas.</li> <li>• The Committee received a report on performance relating to relevant elements of the SOF for January 2024.</li> </ul>
<b>ADVISE</b>
<ul style="list-style-type: none"> <li>• EPRR - Following change in thresholds for compliance within the EPRR Core Standards framework, COCH's compliance had significantly reduced.               <ul style="list-style-type: none"> <li>- An action plan has been developed for full compliance by next Core Standards submission date (30/09/24)</li> <li>- Actions focussing on developing and rolling out training and live exercises for all EPRR major incident and business continuity plans.</li> <li>- Business Continuity Plans to be tested to ensure robustness</li> <li>- Testing and training on CRBN policy (relating to chemical and biochemical hazards)</li> <li>- Major incident planning policy to be completed and ratified</li> </ul> </li> </ul>

- The Trust has received accreditation following the Commercial Procurement National Accreditation process.
- The Committee noted the updates provided in relation to progress with MIAA recommendations relating to Finance, Performance and Digital.

The Committee noted the following items:

- Radiology Services Trust Board Oversight Report
- Electronic Patient Record (EPR) Update
- Action Plan - Independent Digital Review
- Finance Report – Month 10 2023/24
- Clinical Waste update
- Women’s and Children’s New Building Project Board Update
- Capital Award - LED Lighting Scheme Trust Wide
- 2022/23 National Cost Collection (NCC) Post-submission Update
- The Committee received an update relating to Cyber Security and noted measures being rolled out across the Trust to mitigate risks identified.
- The Committee noted the Month 10 (Jan 2024) financial update and received a presentation on the annual planning position which was continuing to be developed pending the receipt of national guidance. It was also reported that duplicate payments had been made to suppliers of £300k. However, assurance was provided that all of this money has been recovered and systems and processes are being reviewed.

#### **RISKS DISCUSSED AND NEW RISKS IDENTIFIED**

No new risks discussed or identified.



## Committee Chair’s Report

<b>Committee:</b>	Audit Committee
<b>Date of meeting:</b>	21 <sup>st</sup> February 2024
<b>Chair:</b>	Non-Executive Director, Mr Mick Guymer

**Key discussion points and matters to be escalated from the discussion at the meeting:**

<b>ALERT</b>
<ul style="list-style-type: none"> <li>• The Committee noted the report provided relating to the investigations into Duplicate Supplier Payments, however concerns were raised relating to the current procedures in place.</li> <li>• The Committee received the High Level Risks report, however, concerns were raised regarding the lack of assurance of the timeliness of the progression of the review of risks.</li> <li>• The Committee received a verbal update relating to the Policy Recovery Programme and noted the lack of progress since the last Committee held in October 2023.</li> <li>• The Committee acknowledged the low compliance rate with Conflicts of Interest declarations. However, it was noted that this would be raised with the Executive Directors Group and individual Executive Leads to progress and improvement compliance at pace. It was agreed a further update report would be provided back to the next Committee to be held in April 2024.</li> <li>• The Committee noted the 'limited assurance' rating of the Bank &amp; Agency Staffing MIAA review. It was agreed that the Executive Lead would be invited to the next Committee to be held in April 2024 to discuss this further.</li> <li>• The Committee discussed the compliance rate for Fraud Training and it was noted that this would be raised with the Executive Directors Group in the first instance to determine which staff members this should be mandatory for.</li> </ul>
<b>ASSURE</b>
No items noted.
<b>ADVISE</b>
<ul style="list-style-type: none"> <li>• The previous Chair of the Finance &amp; Performance Committee provided an overview of the progress of the Committee from the last 12 months and key themes were also identified.</li> <li>• The Committee reviewed and approved the Draft Anti-Fraud Workplan 2024/25.</li> <li>• The Committee noted the Anti-Fraud Progress Report for the period of October 2023 to February 2024.</li> </ul>

- The Committee noted the External Audit Technical Update for the period of December 2023.
- The Committee received the External Audit Draft Indicative Audit Plan and Strategy for year ending 31<sup>st</sup> March 2024 noting that the final version would be presented back to the next Committee to be held in April 2024.
- The Committee noted the Board Assurance Framework Quarter 3 2023/24 update report.
- The Committee approved the Policy for Engagement of External Auditors for Non-Audit work.
- The Committee noted the Bad Debt Write Off 2023/24 report and acknowledged that overall debt collection remains challenging particularly the overpayments of salary.
- The Committee noted the changes to Trust Standing Financial Instructions (SFI's), as agreed at the Board of Directors held on 30<sup>th</sup> January 2024.
- The Committee received the draft Internal Audit Plan 2024/25 and requested clarification relating to the specific focus of the Workforce/Safe Staffing Audit to be clarified by the Executive Directors Group. It was agreed that the final version would be presented to the next Committee to be held in April 2024.
- The Committee noted the Internal Audit Progress Report and the following MIAA reports which had been issued since the last Committee. It was also agreed that Executive Leads would be invited to attend future Committees to discuss any reports which receive 'limited' assurance:
  - Bank & Agency Staffing
  - Waiting List Initiatives
  - Ockenden
  - Key Financial Transactional Processing Controls
- The Committee received the Internal Audit Follow Up Report and the Audit Tracker update, noting the good progress made.
- The Committee received an update relating to the production of the Annual Report (including Annual Governance Statement & Accounts) 2023/24, noting that the draft documents would be shared with Committee members at various stages throughout the process.
- The Committee reviewed the updated draft Terms of Reference for this Committee and it was agreed a workshop session would be arranged outside of the meeting to review the content and format further, to ensure alignment with the HFMA template Terms of Reference.

The Committee received and noted the agendas & Chair's reports of the following Committees:

- Finance & Performance Committee – 22<sup>nd</sup> November 2023 and 20<sup>th</sup> December 2023
- People & Organisation Development Committee – 13<sup>th</sup> December 2023 and 13<sup>th</sup> February 2024
- Quality & Safety Committee – 15<sup>th</sup> January 2024

The Committee received and noted the following items and it was agreed that noting items would be reviewed in further detail prior the future Committees to determine which items the Committee would benefit from further assurance:

- Draft Business Cycle 2024/25

- TIAN NHS Monthly Insight Report – October 2023, November 2023 , December 2023 and January 2024
- TIAN Insight How good is your BAF? – October 2023
- HFMA - An introductory guide to costing in the NHS 2023 update – October 2023
- MIAA 2023/2024 Insight Series Digital Systems Fraud Prevention through Transactional Monitoring – October 2023
- MIAA Audit Committee Insight Technology Risk Update – October 2023
- MIAA Through the Audit Committee Lens – Data Quality Board Performance Reporting January 2024
- MIAA 2023/2024 Checklist Series – Consultant Job Planning – January 2024
- MIAA Assurance Framework Review Assignment Report 2023/24 (Draft)
- TIAN News updates (MIAA)

#### **RISKS DISCUSSED AND NEW RISKS IDENTIFIED**

No new risks were discussed or identified.



<b>Meeting</b>	<b>26<sup>th</sup> March 2024</b>	<b>Board of Directors</b>				
<b>Report</b>	<b>Agenda item 24.</b>	<b>Electronic Patient Record (EPR) Update</b>				
<b>Purpose of the report</b>	Decision	Information	<b>X</b>	Assurance	Ratification	
<b>Accountable Executive</b>	Dr Nigel Scawn			Executive Medical Director		
<b>Author(s)</b>	Helen Brislen Jason Bradley			Associate Director Clinical Solutions Digital Strategic Advisor		
<b>Board Assurance Framework</b>	BAF 9 BAF10 BAF11	EPR Programme Optimisation Data Quality EPR upgrade				
<b>Strategic Aims</b>	Adding Value					
<b>CQC Domains</b>	Safe/Effective/Well Led					
<b>Previously Considerations</b>	EPR Programme Board - 29 <sup>th</sup> February 2024					
<b>Summary</b>	<p>This report provides an update on the progress of planned EPR improvements including optimisation and upgrades.</p> <p>A detailed programme plan has been created which outlines both development and optimisation work due to take place over the next two years. The first phase of optimisation will focus on the optimisation of the PAS (Patient Administration System) this is the area where the Trust has the most issues and drives a large proportion of clinical and administrative workflows.</p> <p>The first major upgrade will start in May 2024 and take around 12 weeks. The majority of the changes, and the biggest benefits, will come with the upgrade to the PAS. Further optimisation will start from September 2024 for twelve months, alongside the second upgrade. Plans will then be developed for the period from October 2025 onwards to include two further upgrades.</p>					



	<p>BAF 9 on EPR optimisation has previously reduced from 15 to 12 with the target of reducing to 9 or below by September 2024. BAF 11 has reduced from 16 to 12, now that contracts have been signed, and also has the target of reducing to 9 or below by September 2024.</p> <p>Training resource has been increased and a coaching service from Oracle Cerner is in progress, which will migrate to an internal service from March 2024. The training service will be undertaking accreditation from the North West Informatics Skills Development Network.</p> <p>Resourcing is a risk as we are predominantly recruiting from internal sources, but areas such as apprenticeships are being explored as a mitigation option.</p> <p>Building on the current stakeholder engagement processes, January 2024 saw the commencement of Service Partnership meetings. This means that each Service Manager will meet with one of the Senior Systems Managers to talk about priorities for the service.</p> <p>The wider approach to communications and engagement is being reviewed with the Trust communications Team.</p> <p>MIAA are completing a review of previous EPR lessons learned reports, due to complete in March 2024. NHS England have been engaged from their Digital Support Services (DSS) EPR assurance support and will work with us during the upgrade process.</p>
<p><b>Recommendation(s)</b></p>	<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> <li>Note the progress being made on the EPR work programme including optimisation and upgrade</li> </ul>



	plans, and the associated assurance mechanisms via MIAA and NHS England.
<b>Corporate Impact Assessment</b>	
<b>Statutory Requirements</b>	CQC regulatory compliance – section 29a
<b>Quality &amp; Safety</b>	Ensuring that EPR supports the Q&S agenda for effective processes and data analysis
<b>NHS Constitution</b>	Supports compliance with NHS standards
<b>Patient Involvement</b>	To be reviewed.
<b>Risk</b>	Response to internal audit report on EPR implementation Response to CQC improvement Plan
<b>Financial impact:</b>	Productivity as reflected through the EPR will have a financial impact under a Payment By Results regime
<b>Communication:</b>	Communication plan to be developed to ensure staff are informed and engaged.





## Electronic Patient Record update

### 1.0 PURPOSE

The purpose of this report is to provide an update on the progress being made on the EPR programme which includes both optimisation of the system and system code upgrade.

The report describes the current status of EPR programme and outlines the timeline to the first upgrade, details what is included in optimisation plan, how this benefits the Trust, and how this plan will be phased.

### 2.0 CURRENT STATUS

#### Programme Plan

The Associate Director of Clinical Solutions has created a detailed programme plan which outlines both development and optimisation work due to take place over the next 2 years. As new guidance is issued, and upon receipt of additional requests for priority work to be completed, this plan will be continually reviewed and updated.

#### Approach

The EPR team are now looking to a programme of multi-disciplinary optimisation which will be interwoven with EPR upgrades to support development and expansion of functionality. The first phase of optimisation will focus on the optimisation of the Patient Administration System (PAS) system (known as Revenue Cycle) this is the area where the Trust has the most issues and drives a large position of clinical and administrative workflows. This area also has a significant impact on data quality and activity recording, therefore potentially impacting Trust income.

The first phase of Optimisation is continuing and Highlights since the last paper are included below:

- **ERS Integration** -this will enable direct links between the national Electronic Referral system (ERS) and the Cerner EPR. This in turn will allow sub-specialty reporting for referrals, a current challenge for services, and will remove the need for some referrals to be



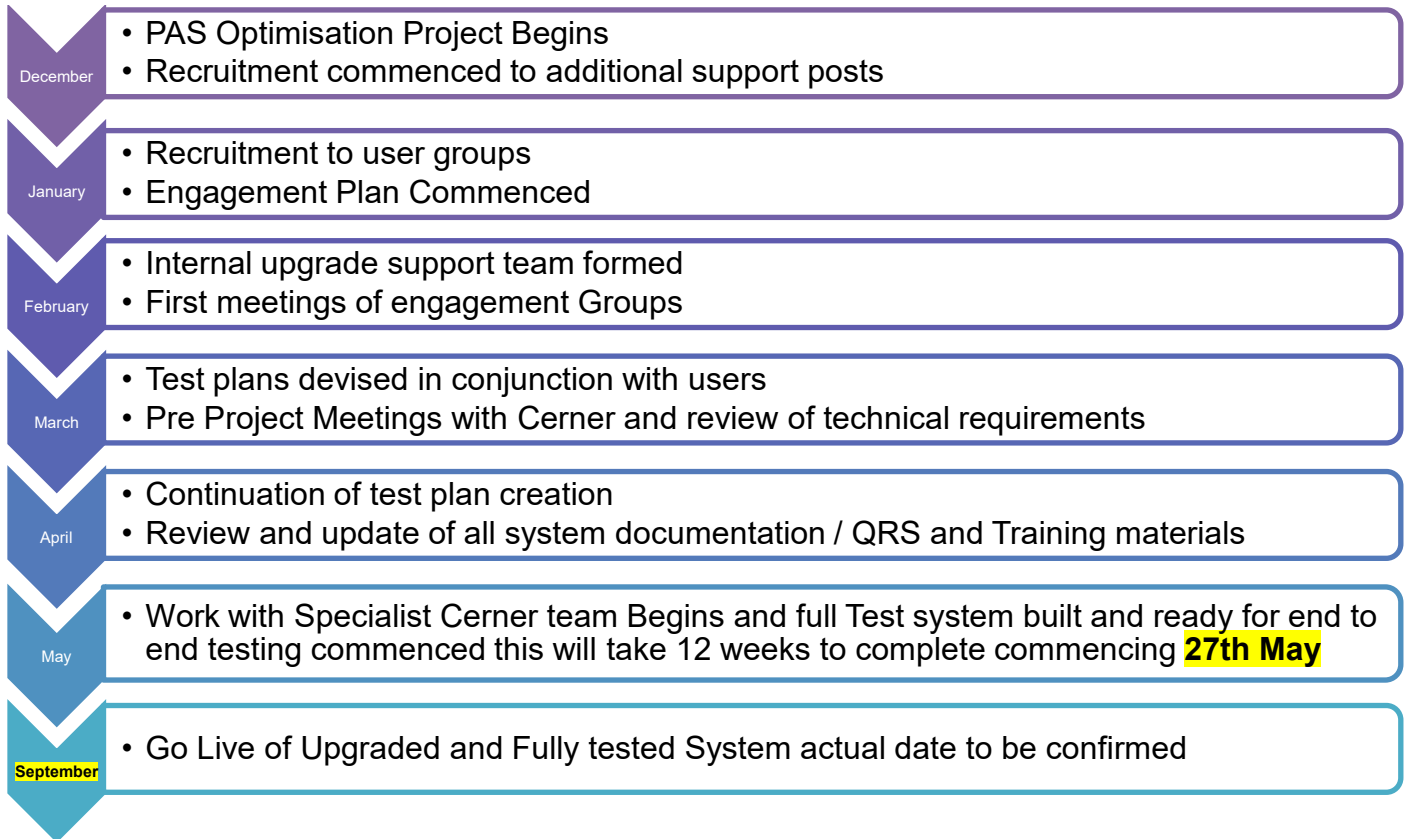
manually booked as it will initiate an automated workflow to register the patient, create the encounter and book the first appointment. At test system has been set up and testing is underway with the Chemical Pathology Service.

- **Creation of Checkout Forms for Outpatient Consultations-** This is now fully live with the Orthopedic Team after a successful pilot, work has now commenced with the ENT and Urology services to bring them on board with this new process. The team now have embedded documents standard operating procedures for creation of these forms going forward so that the wider team can assist with roll out across the trust.
- **Accessible Information Standards-** A full review will be undertaken of the current functionality and use of the accessible information standards, and we will also work to understand how this functionality will be enhanced post upgrade. The Associate Director of Clinical Solutions will be attending the Inclusive Services Improvement Group to understand the patient voice in how we development the system in line with these standards, recognising that new standards are soon to be produced.
- **Interfacing Work for Patient Engagement Portal-** Work is continuing to set up associated services and scripting to integrate the Dr Doctor Patient engagement portal with the EPR system this will concentrate on text reminders and electronic patient letters.

As previously outlined the Patient Administration System (PAS), known as Revenue Cycle, element of the system is the area of the system which is most underdeveloped the Associate Director of Clinical Solutions is working on a user-friendly presentation for EPR programme Boards and DTG to illustrate fixes and benefits form the system upgrade.

### **1<sup>st</sup> Major Upgrade from May 27<sup>th</sup> 2024 - Expecting to take around 12 weeks**

The majority of the changes and the biggest benefits will come with the upgrade to the PAS (Revenue Cycle element). Timeline outlined below.



Further phases of optimisation and upgrade are planned and are as follows:

- **September 2024 – August 2025** Full workflow review of inpatient and outpatient workflows including a 'paper light' element which will transition documents still currently on paper to being recorded in EPR.
- **September 2025 - For Around 12 weeks** Second EPR code upgrade
- **October 2025 -** For a length of time still to be determined the project will focus on review and rationalisation of additional clinical systems to see if efficiency and monetary savings can be leverage by utilising functionality with the EPR system. Initial systems to be included in the scope of this review would be Medisec, Evolve, Teletracking.

This will leave two further upgrades still to be planned for our current upgrade contract. More detail will be provided on additional phases as time progresses.



## Data Quality

The Data Quality Working Group meets fortnightly and feeds activity through the technical change requests to Informatics where required. Significant progress has been made on applying fixes and understanding and implementing workflow to improve this position further. This work will be significantly accelerated once the upgrade has taken place later on this year.

## 3.0 RISK

There are currently two risks on the BAF directly related to EPR programme.

**BAF 9-** Relates to Optimisation of the system, at last review in September 2023 the risk score was 12, this paper outlines the plans in place in order to meet the target of 9 or less by September 2024.

**BAF 11-** Relates to the EPR Upgrade at last review with Trust Board was reduced from 16 to 12. This was reduced on the basis that the Trust has now signed upgrade contracts to support delivery of upgrades for the next 5 years, with the ambition of building capacity in the team to be able to conduct these ourselves in the future. The Target for this risk is also 9 and could possibly reduce further upon a successful first upgrade.

Data quality is also included in BAF 10.

## 4.0 TRAINING AND SKILLS

The Associate Director of Clinical Solutions has reviewed the current structure and operations within the training team and made adjustments to maximise training capacity and efficiency, the key points to note are.

- An additional Band 5 trainer has been appointed through skill mix of vacancies.
- Account creation has moved from Training to the Core Workstream who look after the access profiles freeing up training time.
- Cerner are delivering optimisation coaching sessions this will end at the end of March.



- Optimisation coaching will then be offered by the COCH team from March 2024 onwards.
- Training team walk around will be implemented from 1<sup>st</sup> of April to operational and clinical areas to offer support.

The team will also be working towards the North West Informatics Skills Development Network Training service accreditation. The accreditation consists of three levels, Bronze, Silver and Gold and will take up to 3 years to complete. By applying these standards, the Trust can be assured that training is following best practice. The standards have been designed to encourage continuous improvement and allow training services to assess their current activities and plan appropriate development where necessary.

Further work the training team will undertake over the next 12 months is,

- Review and update of all current lesson plans
- Review and update of all eLearning materials
- Development of refresher training modules
- Further development of e-coach
- Integration of training compliance records with ESR (Electronic staff Record)

## **5.0 RESOURCING**

Recruitment is an ongoing challenge for the Clinical Solutions team due to vacancies caused by internal promotions/moves and a scarcity of skilled/appropriately experienced external candidates applying for roles. Work has been undertaken to review recruitment strategies and structures within the team, and adjustments have been to the structure, and these will remain under review. The Associate Director of Clinical Solutions has worked with Cambridge Spark to identify appropriate apprenticeships to enable recruitment into development posts.

## **6.0 Engagement**

The Senior Informatics Team meet on a monthly basis with key divisional stakeholders to discuss digital prioritisation and issues. The aim of these meetings is to determine priority of workload. A



number of factors are included when making these decisions, such as patient safety, useability of the system, Trust income, Trust reputation and capacity to deliver. The Digital Transformation Group meets monthly to discuss the digital delivery plan to resolve prioritisation conflict where appropriate. This ensures that there is a continual focus on the most urgent and higher priority projects.

January 2024 saw the commencement of Service Partnership meetings, this means that each Service Manager will meet with one of the Senior Systems Managers to talk about priorities for the service, any upcoming changes and an opportunity to work together to strengthen uptake and usage of the system whilst also driving efficiency and user satisfaction.

## **7.0 ASSURANCE APPROACH**

MIAA are undertaking a review of lessons learned from the original EPR deployment. The overall objective of this review is to provide an opinion on the effectiveness and appropriateness of the control framework established to identify and progress the key lessons learnt highlighted within the four independent reviews, and embed within the programme prior to the upgrade starting in May 2024, and therefore enable the system to continue to mature and deliver upon the fundamental clinical benefits / objectives for this programme of enhanced patient safety and quality of care. This is expected to report in March 2024.

NHS England have been engaged from their Digital Support Services (DSS) EPR assurance support and will work with us during the upgrade process. This will provide assurance of the programme plans and preparations for the planned upgrade of the trusts Oracle Health EPR. It is a focused independent and impartial peer-to-peer assessment of the programme to provide the trust with advice, guidance and recommendations aimed at aiding the trust to achieve the maximum success from the upgrade to the EPR and the change programme supporting it.

The scope of the assessment will consist of:

- Clinical Engagement
- Clinical Safety



- Data Quality
- Data Security
- Operational Readiness
- Organisational Readiness
- Service Management
- Test Assurance

## **8.0 RECOMMENDATIONS**

The Board of Directors is asked to note the progress on the EPR programme including optimisation and upgrade plans and the associated assurance mechanisms via MIAA and NHS England.

<b>Meeting</b>	<b>26<sup>th</sup> March 2024</b>	<b>Board of Directors</b>						
<b>Report</b>	<b>Agenda item 25.</b>	<b>National Staff Survey 2023 National Benchmark Report (including Employee Engagement Plan)</b>						
<b>Purpose of the Report</b>	Decision		Ratification		Assurance		Information	<b>X</b>
<b>Accountable Executive</b>	Mark Dale				Acting Chief People Officer			
<b>Author(s)</b>	Fleur Jones				Head of Organisation Development			
<b>Board Assurance Framework</b>	BAF1	Recruitment						
	BAF2	Retention						
	BAF3	Staff Engagement						
	BAF4	Education & Training						
<b>Strategic Aims</b>	Purposeful leadership Developing a strong Team Countess culture							
<b>CQC Domains</b>	Well Led							
<b>Previous Considerations</b>	Executive Directors Group – 6 <sup>th</sup> March 2024							
<b>Executive Summary</b>	<p>This paper provides a summary of the Trust 2023 Staff Survey outcomes, including national benchmark data. It analyses data via People Promise theme as well as the measures of engagement and morale and sets out recommendations for action made by our survey provider.</p> <p>Whilst there have been improvements in the Trust survey scores since 2022, the national and regional benchmark data shows that staff experience in the Trust in 2023 compares less favourably than that in other organisations of a similar type. The Countess is the worst performing Trust of its type for engagement and morale in the North West.</p> <p>Action planning at Trust and Divisional level, discussions with Staff Networks and Staff Side and trade unions and integrating the work of several projects will utilise our resources in the best way to implement improvement work in response to the survey.</p>							



	<p>The initial Employee Engagement Plan is attached, with the response to the Staff Survey being an important element of this plan. This Engagement Plan shows an overview of activities within the scope of the People and OD function, highlighting the schedule of structured and linked engagement activity. The scope of the employee engagement workstream is summarised in a driver diagram.</p>
<b>Highlights</b>	<ul style="list-style-type: none"> <li>• Four of the nine People Promise themes have scored significantly higher than the previous year, there are in the areas of Reward &amp; Recognition, Safe &amp; Healthy, Always Learning and Morale.</li> <li>• The Promise themes of 'We Each have a Voice that Counts' and 'Compassion &amp; Inclusion' provide the biggest concerns and focus for action.</li> <li>• Data in this report is provided for the engagement and morale scores, People Promise scores by Trust, Division and Occupational Group, Equality Standards analysis and response rate demographics.</li> </ul>
<b>Recommendation(s)</b>	<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> <li>• Note the analysis of the benchmarking data against Trust data and the recommendations regarding how to prioritise our response to our survey data.</li> <li>• Note that the work to respond to the survey outcomes is a primary driver of the Trust Employee Engagement Plan, and activity to respond to this data at every level is being explored and is fundamental in preparing to implement NHS Staff Survey 2024.</li> <li>• Note that the Staff Survey Action Plan and Employee Engagement Plan will be monitored for assurance by EDG, Divisional Committees, EEWG, OMB and the People &amp; OD Committee as appropriate.</li> </ul>
<b>Corporate Impact Assessment</b>	
<b>Statutory Requirements</b>	Meets the Trust compliance with Foundation Trust Status
<b>Quality &amp; Safety</b>	Not applicable
<b>NHS Constitution</b>	NHS People Promises to staff
<b>Patient Involvement</b>	Not applicable



<b>Risk</b>	Results may impact on CQC Rating for the Trust
<b>Financial impact</b>	Not applicable
<b>Equality &amp; Diversity</b>	Considers staff feedback in relation to the Equality Act 2010 duties
<b>Communication</b>	Final Results of the staff survey to be published on Trust website

## 1. PURPOSE

The purpose of this paper is to highlight key observations from analysis of the National NHS Staff survey benchmark data when compared against our Trust data. The analysis draws conclusions about actions the Trust must take before the Divisional action planning discussions have concluded and work in response to survey outcomes begins.

The paper also includes the first draft of the Employee Engagement Plan at Appendix 2 which outlines actions to be taken in response to the 2023 NHS Staff Survey; these are part of an annual cycle of interventions aimed at building engagement capacity and improving the employee experience, in preparation for the next Staff Survey which will launch in October 2024.

## 2. BACKGROUND – IQVIA results

Data provided by IQVIA our survey provider shared comparator data from 63 Acute organisations that also use IQVIA as their survey provider. An analysis at question level identified the following:

- Trust-level outcomes by question section for 2023 in comparison with 2022, showed improvement overall in every section, as follows:

Questionnaire Section	Organisation 2022	Organisation 2023	Organisational Shift
YOUR JOB	50.9%	55.3%	4.4% ↑
YOUR TEAM	63.5%	67.5%	4.0% ↑
PEOPLE IN YOUR ORGANISATION	60.4%	62.0%	1.7% ↑
YOUR MANAGERS	62.3%	66.1%	3.8% ↑
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	62.4%	64.2%	1.8% ↑
YOUR PERSONAL DEVELOPMENT	47.2%	49.4%	2.1% ↑
YOUR ORGANISATION	48.9%	49.0%	0.1% ↑
OVERALL	56.5%	59.1%	2.6% ↑

Trust outcomes by Division showing the degree of positive or negative shift in satisfaction across all survey domains from 2022 to 2023, demonstrated an overall a positive shift in the results from 2022 of 2.6%, as follows:

	2022 Overall	2023 Overall	% Change
<b>COCH &amp; WUTH Collaboration Division</b>	Null	60.74%	N/A
<b>Corporate Non Clinical Division<sup>1</sup></b>	63.74%	59.17%	-4.58%
<b>Diagnostics &amp; Pharmacy Division</b>	55.69%	57.53%	1.84%
<b>Estates &amp; Facilities Division</b>	50.32%	50.70%	0.38%
<b>Finance &amp; Performance Division</b>	56.80%	59.89%	3.09%
<b>Human Resources Division</b>	65.77%	67.44%	1.68%
<b>IMT Division</b>	59.74%	64.39%	4.65%
<b>Nurse Management Division</b>	58.60%	53.78%	-4.83%
<b>Planned Care Division</b>	53.48%	55.80%	2.33%
<b>Therapies and Integrated Community Care Division</b>	54.32%	61.98%	7.66%
<b>Urgent Care Division</b>	55.85%	54.06%	-1.79%
<b>Womens &amp; Childrens Division</b>	59.59%	62.16%	2.57%
<b>Trust</b>	<b>56.5%</b>	<b>59.1%</b>	<b>2.60%</b>

<sup>1</sup> Note that Corporate Non-Clinical services includes: Research & Development, Emergency Planning, Legal & Patient Services, Medical Examiner, General Management, Planning Partnership & Development, Medical Director's Office, Trust Secretary Members, Communications, Fundraising.



- A divisional breakdown of scores by each question section showing whether the score was above the Trust average for 2023 and allowing comparison with Trust 2022 score (all scores are out of 10). Each of the divisions showed a range of responses, with People and OD (HR) demonstrating the highest levels of satisfaction amongst corporate areas at 67.4% and Women’s & Children’s and TICC with the highest rates for clinical divisions (62.2% and 62% respectively).

Questionnaire Section	Organisation 2022	Organisation 2023	Organisational Shift	COCH & WUTH Collaboration Division	Corporate Non Clinical Division	Diagnostics & Pharmacy Division	Estates & Facilities Division	Finance & Performance Division	Human Resources Division	IMT Division	Nurse Management Division	Planned Care Division	Therapies and Integrated Community Care Division	Urgent Care Division	Womens & Childrens Division
YOUR JOB	50.9%	55.3%	4.4% ↑	56.0%	59.6%	52.6%	51.1%	57.7%	65.7%	59.9%	53.2%	49.2%	55.7%	48.6%	54.3%
YOUR TEAM	63.5%	67.5%	4.0% ↑	74.6%	70.4%	64.3%	57.0%	63.5%	78.8%	71.0%	65.2%	63.5%	71.1%	61.9%	68.2%
PEOPLE IN YOUR ORGANISATION	60.4%	62.0%	1.7% ↑	76.2%	62.3%	60.6%	46.3%	49.2%	70.2%	66.2%	54.3%	61.8%	68.4%	58.8%	70.3%
YOUR MANAGERS	62.3%	66.1%	3.8% ↑	66.7%	63.9%	61.7%	53.5%	76.0%	81.7%	77.2%	60.9%	61.0%	69.3%	55.3%	66.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	62.4%	64.2%	1.8% ↑	65.4%	65.9%	64.1%	64.3%	66.3%	65.6%	66.1%	59.0%	61.6%	66.3%	59.8%	66.2%
YOUR PERSONAL DEVELOPMENT	47.2%	49.4%	2.1% ↑	51.0%	44.1%	49.4%	34.2%	59.8%	59.2%	55.1%	41.9%	47.1%	50.8%	48.3%	51.3%
YOUR ORGANISATION	48.9%	49.0%	0.1% ↑	35.4%	47.9%	50.1%	48.5%	46.6%	50.7%	55.1%	41.9%	46.4%	52.2%	46.0%	58.5%
OVERALL	56.5%	59.1%	2.6% ↑	60.7%	59.2%	57.5%	50.7%	59.9%	67.4%	64.4%	53.8%	55.8%	62.0%	54.1%	62.2%

- Whilst the overall shift in satisfaction by individual question scores was positive for 2023 in comparison with 2022 at +2.6%, a breakdown of responses for each question by domain in comparison with IQVIA benchmark scores shows that the Trust generally scores low against external comparators; areas where Trust scores were better were for question sections of ‘Your Team’ and ‘Your Health, Safety and Wellbeing at Work’ (both +0.6% improvement on IQVIA benchmark scores).
- Trust outcomes for each of the seven People Promise themes as well as scores for engagement and morale, and the areas that contribute to each theme’s overall score for 2023 in comparison with 2022, showed a general positive shift across 25 of the 30 areas. The five sections where scores have declined are:
  - We are compassionate and inclusive – diversity and equality questions
  - We each have a voice that counts – average across all questions
  - We each have a voice that counts – raising concerns questions
  - We each have a voice that counts – autonomy and control questions
  - Staff engagement – involvement questions



PP / Theme			2022	2023	Up/Down on previous Year Green = Up Red = Down	
			value	value		
PP1	We are compassionate and inclusive	<b>Average across questions</b>	6.86	6.89	Green	
PP1	We are compassionate and inclusive	Compassionate culture	6.29	6.42		
PP1	We are compassionate and inclusive	Compassionate leadership	6.62	6.65		
PP1	We are compassionate and inclusive	Diversity and equality	7.85	7.78		Red
PP1	We are compassionate and inclusive	Inclusion	6.70	6.73	Green	
PP2	We are recognised and rewarded	<b>Average across questions</b>	5.27	5.51	Red	
PP3	We each have a voice that counts	<b>Average across questions</b>	6.32	6.23		
PP3	We each have a voice that counts	Autonomy and control	6.72	6.70		
PP3	We each have a voice that counts	Raising concerns	5.90	5.76		
PP4	We are safe and healthy	<b>Average across questions</b>	5.67	5.82	Green	
PP4	We are safe and healthy	Health and safety climate	4.79	5.02		
PP4	We are safe and healthy	Burnout	4.62	4.71		
PP4	We are safe and healthy	Negative experiences	7.60	7.73		
PP5	We are always learning	<b>Average across questions</b>	4.76	5.07	Green	
PP5	We are always learning	Development	6.00	6.14		
PP5	We are always learning	Appraisals	3.50	4.00		
PP6	We work flexibly	<b>Average across questions</b>	5.57	5.62		
PP6	We work flexibly	Support for work-life balance	5.61	5.68	Green	
PP6	We work flexibly	Flexible working	5.53	5.56		
PP7	We are a team	<b>Average across questions</b>	6.33	6.45		
PP7	We are a team	Team working	6.30	6.45		
PP7	We are a team	Line management	6.35	6.45	Green	
theme_engagement	Staff engagement	<b>Average across questions</b>	6.35	6.44	Green	
theme_engagement	Staff engagement	Motivation	6.65	6.82		
theme_engagement	Staff engagement	Involvement	6.61	6.54		Red
theme_engagement	Staff engagement	Advocacy	5.78	5.96		
theme_morale	Morale	<b>Average across questions</b>	5.36	5.54	Green	
theme_morale	Morale	Thinking about leaving	5.53	5.70		
theme_morale	Morale	Work pressure	4.45	4.79		
theme_morale	Morale	Stressors	6.10	6.14		

### 3. CURRENT POSITION

The data in this report provides the high-level overview of outcomes with a focus on the areas of the People Promise. The national benchmark data provides an opportunity to consider the Trust results with a larger benchmarking group of 122 Trusts. Relevant data will be explored in more depth with each Trust Divisional Management Team. For most Divisions, departmental data will also be available but the detail will be dependent on team size and response numbers, so as to preserve anonymity in responses. The detail around the process to support the response to the survey data is included in the Trust Employee Engagement Plan; the survey response will also be closely aligned to responding to the outcomes and actions as a result of the recent Culture and Civility Roadshows held across the Trust.

The data shared in this paper is for substantive staff only as Bank comparator data is not due until 1 April 2024. It is proposed that Bank comparator reports are shared with the Nursing Management team for discussion when they become available (note that Bank employees are used across number of other disciplines).

This analysis focuses on feedback by People Promise theme and the areas of engagement and morale for the Trust, in comparison with this data from last year as well as national benchmark results. Since the data embargo was lifted on 7 March, regional benchmarking data has become available. Out of the 16 Cheshire and Merseyside ICB NHS organisations who completed the survey, COCH scores are the lowest for engagement and morale.



### Important notes on the data:

The Survey Coordination Centre does not advise comparing results for organisations in different benchmarking groups since this may reflect differences in the profiles of the staff employed with each organisation. Instead of comparing across organisations, it is advised to compare results against the national benchmark figures/groups. COCH benchmarking group is 'Acute and Acute and Community Trusts'.

Please also note, at the time of writing this report, the Survey Coordination Centre are unable to report the results of the data category 'We are Safe and Healthy'. This relates to an issue with the quality of the data that was identified close to the publication date, following the early release of reports under embargo. This is currently being investigated by the Survey Coordination Centre and NHS England. The original data for this category shared with the Trust is reproduced here, but with this caveat.

### 3.1 Trust People Promise Theme Scores, as well as Engagement and Morale scores

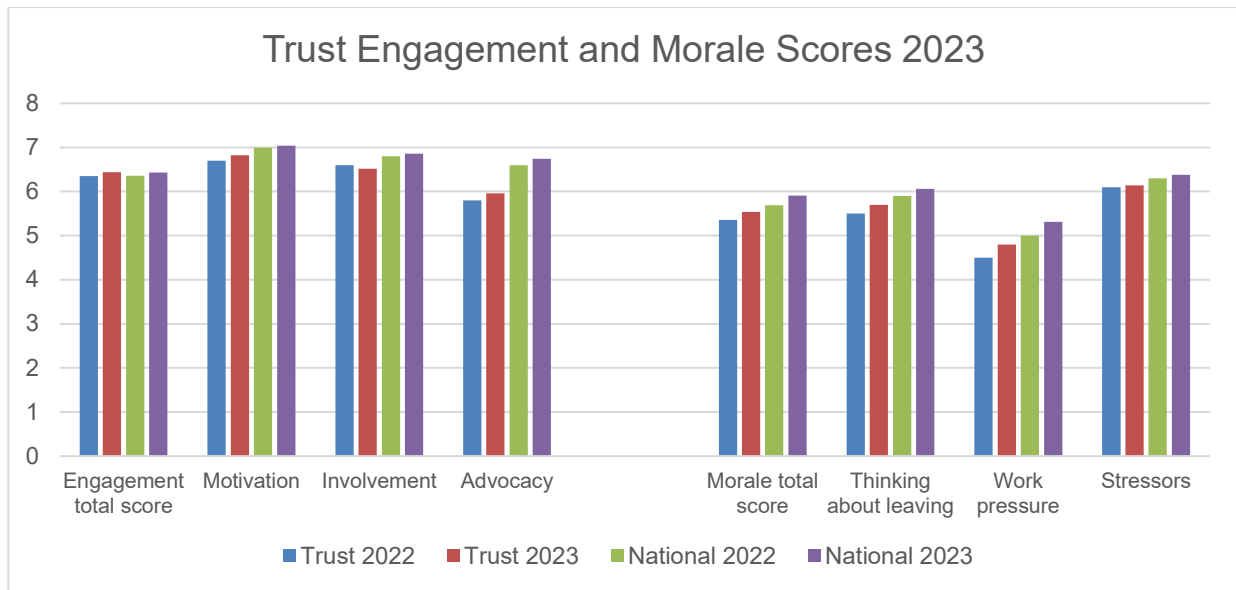
The People Promise is the promise all staff make to each other to work together to improve the experience of working in the NHS for everyone. There are seven themes to the People Promise, more information on the People Promise is included at Appendix 1.



Analysing the results by People Promise themes allows teams of various sizes (including organisations as a whole) to identify and group priorities for improving experience in a meaningful way.

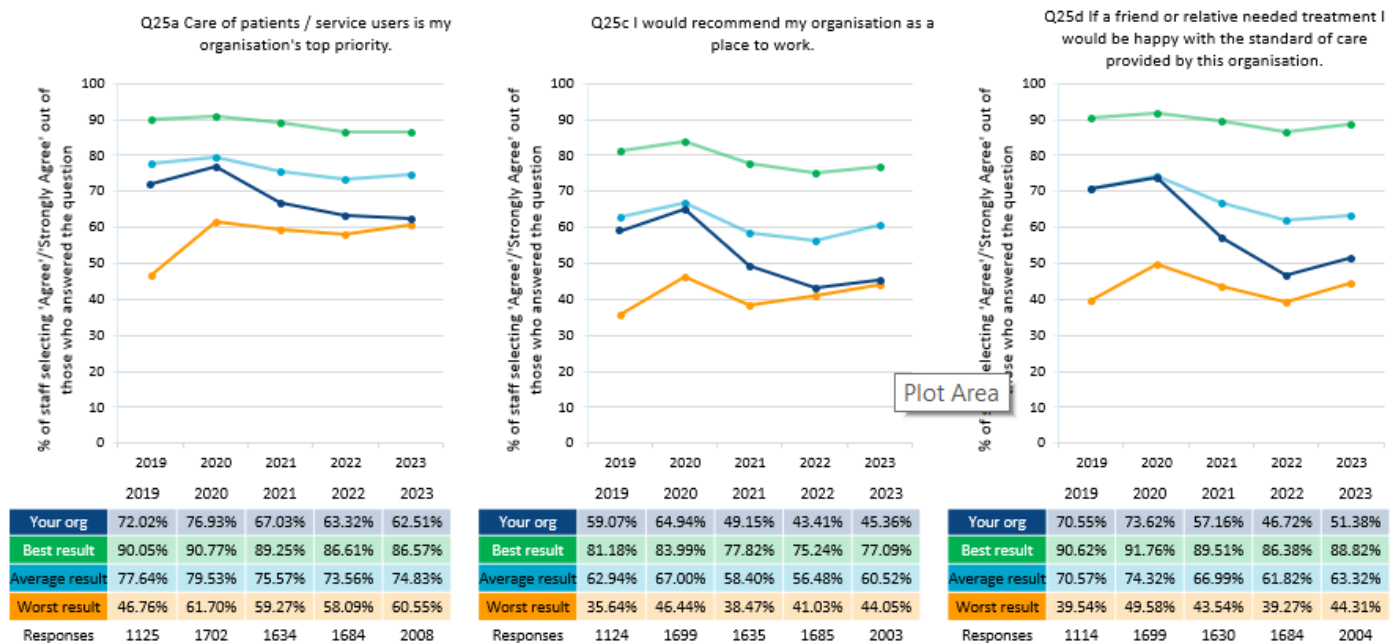
Engagement and morale are highlighted as summary indicators as they summarise the results of several questions in one metric each to allow for easier comparisons to be made. Both of these metrics feature as quantifiable aims for improvement within the Employee Engagement Plan, and survey outcomes are summarised in the chart below:





The trend in improving scores on both a Trust and a national basis is visible, except for the Trust score for involvement this year, which has decreased to 6.52.

Advocacy is a key measure as it reports whether the staff would recommend the Trust, either as a place to work or as a place to receive treatment. Whilst there are trends to show engagement and morale are improving, advocacy rates are low and the staff percentage in agreement that care of patients is the Trust's top priority is at 62.51%



### 3.2 Trust People Promise Scores

In terms of an internal high-level overview, Table 1 shows that four of the nine themes have scored significantly higher than the previous year. A comparison of Promise themes across the national averages including by subscores is also included here.

**Table 1**

People Promise Theme and subscore a)	2022 Trust b)	2023 Trust c)	2023 Trust comparison d)	2022 National average e)	2023 National average f)	2023 Trust position compared with national average g)
We are compassionate & inclusive.	6.86	6.89	Higher score	7.2	7.24	Lower
Compassionate culture.	6.29	6.42	Higher score	7.0	7.06	Lower
Compassionate leadership.	6.62	6.65	Higher score	6.8	6.96	Lower
Diversity and equality.	7.85	7.78	Lower score	8.1	8.12	Lower
Inclusion.	6.70	6.73	Higher score	6.8	6.86	Lower
We are recognised & rewarded.	5.27	5.51	Significantly higher score	5.7	5.94	Lower
We each have a voice that counts.	6.32	6.23	Lower score	6.6	6.70	Lower
Autonomy and control.	6.72	6.70	Lower score	6.9	6.99	Lower
Raising concerns	5.90	5.76	Lower score	6.4	6.41	Lower
We are safe & healthy <sup>2</sup> .	5.67	5.82	Significantly higher score	5.9	6.06	Lower
Health and safety Climate.	4.79	5.02	Higher score	5.2	5.45	Lower
Burnout.	4.62	4.71	Higher score	4.8	5.00	Lower
Negative experiences.	7.60	7.73	Higher score	7.7	7.75	Lower
We are always learning.	4.76	5.07	Significantly higher score	5.4	5.61	Lower
Development.	6.00	6.14	Higher score	6.3	6.44	Lower
Appraisals.	3.50	4.00	Higher score	4.4	4.74	Lower
We work flexibly.	5.57	5.62	Higher score	6.0	6.20	Lower
Support for work life balance.	5.61	5.68	Higher score	6.1	6.25	Lower
Flexible working.	5.53	5.56	Higher score	6.0	6.15	Lower
We are a team.	6.33	6.45	Higher score	6.6	6.75	Lower
Team working	6.30	6.45	Higher score	6.6	6.68	Lower
Line management.	6.35	6.45	Higher score	6.7	6.80	Lower
Staff Engagement.	6.35	6.44	Higher score	6.8	6.91	Lower
Motivation.	6.65	6.82	Higher score	7.0	7.04	Lower
Involvement.	6.61	6.54	Lower score	6.8	6.86	Lower
Advocacy.	5.78	5.96	Higher score	6.6	6.74	Lower
Morale.	5.36	5.54	Significantly higher score	5.7	5.91	Lower
Thinking about leaving	5.53	5.70	Higher score	5.9	6.06	Lower

<sup>2</sup> Trust data is reproduced here, but with the caveat around data quality as indicated in this report.



Work pressure.	4.45	4.79	Higher score	5.0	5.31	Lower
Stressors	6.10	6.14	Higher score	6.3	6.38	Lower

Table 1 shows themes and subscores where the Trust 2023 scores have both improved and worsened in comparison with 2022 (column d). Nationally we are below the average for every People Promise score.

### **Significantly Improved scores**

Some scores are identified as statistically significant and this is important because when a data finding is identified as 'significant' it means there is confidence that what is being reported is real, and not that there was luck in the sample of survey respondents.

Points to note by People Promise theme scores include:

#### **We are Recognised and Rewarded**

- Q4a How satisfied are you with each of the following aspects of your job? The recognition I get for good work. Increase in score from 43.77% to 46.07%
- Q4b How satisfied are you with each of the following aspects of your job? The extent to which my organisation values my work. Increase from 29.53% to 31.72% (although this higher score mirrors the lowest national score)
- Q4c How satisfied are you with each of the following aspects of your job? My level of pay. Increase in score from 18.41% to 25.85%
- Q8d The people I work with show appreciation to one another. Increase in score from 62.69% to 63.99%
- Q9e My immediate manager values my work Increase in score from 67.06% to 67.12%

#### **We are Safe and Healthy<sup>3</sup>**

Questions where the Trust scores higher than the national average are:

- Q13b In the last 12 months how many times have you personally experienced physical violence at work from...? Managers. Trust scores 0.55% compared to average of 0.67%
- Q13c In the last 12 months how many times have you personally experienced physical violence at work from...? Other colleagues. Trust scores 1.55% compared to average of 1.75%

Several question scores are on an upward trajectory, including:

- Q3h I have adequate materials, supplies and equipment to do my work.
- Q3i There are enough staff at this organisation for me to do my job properly.
- Q11b In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities? Score improved from 27.05% to 26.28% (lower score is better)
- Q11c During the last 12 months have you felt unwell as a result of work-related stress? Score improved from 49.24% to 45.93% (lower score is better)

<sup>3</sup> Trust data is reproduced here, but with the caveat around data quality as indicated in the report.

- Q11d In the last three months have you ever come to work despite not feeling well enough to perform your duties? Score improved from 58.93% to 58.07% (lower score is better)
- 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. Score improved from 16.75% to 15.50% (lower score is better)
- Q13d The last time you experienced physical violence at work, did you or a colleague report it? (answer yes). Increase in scores from 66.63% to 69.55%
- Q14d The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it? (answer yes) At 50.16% this score is higher than the previous year of 46.71% and higher the national average of 49.96%

*Conversely, some question scores are low:*

- *Q11a My organisation takes positive action on health and well-being. At 44.63% our score - whilst improving - equals the lowest national score*
- *Q12b How often, if at all, do you feel burnt out because of your work? (lower score is better) Trust score has improved from 38.36% in 2022 to 36.29%, however is higher than the average score of 31.12%*
- *Q12d How often, if at all, are you exhausted at the thought of another day/shift at work? The Trust score of 34.55% is lower than the previous year 35.35% (lower score is better) but equals the lowest national score.*

### We are Always Learning

In this section, scores on an upward trajectory from 2022 include:

- Q24c I have opportunities to improve my knowledge and skills.
- Q24d I feel supported to develop my potential.
- Q24e I am able to access the right learning and development opportunities when I need to.
- Q23a In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review? (answer yes)
- Q23b [My appraisal] helped me to improve how I do my job. (answer yes definitely)
- Q23c [My appraisal] helped me agree clear objectives for my work. (answer yes definitely)
- Q23d [My appraisal] left me feeling that my work is valued by my organisation. (answer yes definitely)

*Questions where the Trust score equals the lowest national score are:*

- *Q24b There are opportunities for me to develop my career in this organisation (46.92%)*
- *Q24e I am able to access the right learning and development opportunities when I need to (52.38%)*

Q23d [My appraisal] left me feeling that my work is valued by my organisation (27.66%).

### Morale

In this section, improved scores are as follows:

- Q26a I often think about leaving this organisation. Decrease from 39.76% to 36.31%
- Q26b I will probably look for a job at a new organisation in the next 12 months. Decrease from 26.37% to 25.46%
- Q26c As soon as I can find another job, I will leave this organisation. Decrease from 21.06% to 18.28%
- Q3g I am able to meet all the conflicting demands on my time at work. Increase from 36.53% to 38.00%
- Q3h I have adequate materials, supplies and equipment to do my work. Increase from 47.25% to 52.70%
- Q3i There are enough staff at this organisation for me to do my job properly. Increase from 19.48% to 24.53%
- Q3a I always know what my work responsibilities are. Increase from 82.15% to 84.06%
- Q3e I am involved in deciding on changes introduced that affect my work area / team / department. Increase from 46.37% to 46.80%

### **Lower scores**

The areas where staff experience is impacted negatively is evidenced in the response trend for the following survey questions:

#### **Equality and Diversity:**

- Q15 Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age? The Trust score is 47.84%, dropping from 48.12% in 2022. The national average score is 55.89%
- 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? The Trust score is up by almost 2% to 8.15%, average scores are 7.99% with the lowest score 15.02%
- Q16b In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues? The Trust score at 9.97% is up almost 2% on last year. The average score is 9.2%
- Q21 I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc). The Trust score of 57.6% equals the lowest national score, with the national average score being 70.33%

#### **Autonomy and Control**

- Q3b I am trusted to do my job. Trust score has decreased from 89.44% to 88.98%. National average score is 90.58%
- Q3c There are frequent opportunities for me to show initiative in my role. Whilst the Trust response has decreased from 71.51% to 69.77%, scores for this question nationally have increased across all averages, including for the lowest performing Trust
- Q3d I am able to make suggestions to improve the work of my team / department. Trust scores have declined by over 2%, whilst scores for this question nationally have increased across all averages, including for the lowest performing Trust

- Q3f I am able to make improvements happen in my area of work. Whilst the Trust response has decreased from 50.31% to 49.89%, scores for this question nationally have increased across all averages, including for the lowest performing Trust
- Q5b I have a choice in deciding how to do my work. Reduction in score from 49.4% to 48.4%, where national average is 52.55%

### Raising Concerns

Each question in this set has been on a downward trajectory in the Trust since 2020.

- Q20a I would feel secure raising concerns about unsafe clinical practice. This score has reduced last year from 68.43% to 63.23%.
- Q20b I am confident that my organisation would address my concern. With a drop in score of almost 4% to 43.62% this response is equal to the lowest-performing Trust score.
- Q25e I feel safe to speak up about anything that concerns me in this organisation. This score has reduced from 53.56% to 50.82%
- Q25f If I spoke up about something that concerned me I am confident my organisation would address my concern. With a drop in score over 3% to 35.26% this response is equal to the lowest-performing Trust score.

### Involvement

- Q3c There are frequent opportunities for me to show initiative in my role. This score has reduced from 71.51% to 69.77%, scores for this question nationally have increased across all averages, including for the lowest performing Trust.
- Q3d I am able to make suggestions to improve the work of my team / department. This score has reduced from 69.64% to 67.22%
- Q3f I am able to make improvements happen in my area of work. This score has reduced from 50.31% to 49.89%, scores for this question nationally have increased across all averages, including for the lowest performing Trust.

### **3.3 Divisional People Promise Scores**

Table 2 shows divisional People Promise scores by the summary score. Promise sub score data will be shared with divisions to aid with their action planning. The table highlights in orange all divisional Promise themes for which scores in 2023 improved upon the score in 2022.

The number of themes per division that scores above the Trust score for that Promise theme have been counted. By this measure the highest rates of satisfaction in the Trust are for People & OD (HR), IMT and Therapies and Integrated Care, which have all nine theme scores above the Trust average. The lowest rates are in Urgent Care and Planned Care that have no Promise scores above the average Trust score. The table is ranked to show this.

The divisional scores that are most improved if counting number of Promise themes with increased scores compared to 2022, in order are:

- Nurse Management (showing improvement across all nine themes)
- Therapies & Integrated Care
- IMT
- People & OD (HR)
- Women & Children's
- Diagnostic & Pharmacy
- Finance & Performance
- Planned Care
- Estates & Facilities
- Urgent Care
- Corporate Non-Clinical

### 3.4 Occupational Group Promise Scores

Table 3 shows Occupational group People Promise scores by the summary score. The table highlights in yellow all Occupational group Promise themes for which scores in 2023 improved upon the score in 2022<sup>4</sup>.

The number of themes per Occupational group that score above the Trust score for that Promise theme have been assessed and by this last measure the highest rates of satisfaction in the Trust are for Admin and Clerical staff. The lowest rates are in Medical & Dental and Nursing and Midwifery that both have one Promise score above the average Trust score. The Occupational group scores that are most improved if counting number of Promise themes with increased scores since 2022 are Nursing & Midwifery and Healthcare Scientists. The group showing lowest number of themes with improvement are Prof, Sci and Tech. National benchmark data is not yet available for Occupational group. It would be beneficial to undertake discussion with nominated Occupational leads in certain groups about responses to the survey results, particularly with Nursing and Medical staff.

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<sup>4</sup> Data for 2022 is from online data which aggregates occupational groupings differently to the Trust report parameters requested in 2023

**Table 2**

Division / Promise pledge	Compassion 2022	Compassion 2023	Recognition 2022	Recognition 2023	Voice 2022	Voice 2023	Safe & Healthy 2022	Safe & Healthy 2023	Learning 2022	Learning 2023	Flexible Working 2022	Flexible Working 2023	Team Working 2022	Team Working 2023	Staff engagement 2022	Staff engagement 2023	Morale 2022	Morale 2023	Number of themes above Trust average in 2023	Number of themes showing improvement since 2022
Therapies and Integrated CC	7.2	7.35	5.4	5.89	6.6	6.56	5.8	6.03	4.8	5.2	5.6	5.83	6.7	6.81	6.5	6.81	5.4	5.78	9	8
IMT	7	7.35	5.8	6.07	6.4	6.57	6	6.3	5	5.28	6.5	6.52	6.5	6.9	6.5	6.87	5.4	5.77	9	7
People & OD (HR)	7.2	7.33	6.1	6.38	6.7	6.71	6.3	6.52	5.7	5.92	6.7	6.63	7.4	7.44	6.8	7.11	5.8	6.08	9	6
Womens and Children's	7.2	7.28	5.5	5.92	6.7	6.75	5.5	5.83	4.7	5.4	5.2	5.34	6.6	6.61	6.6	6.76	5.3	5.67	8	6
Corporate Non-Clinical	7.3	7.03	6.2	5.99	6.8	6.55	6.6	6.44	4.9	4.45	7.5	5.9	6.8	6.65	6.8	6.91	6	5.78	8	1
Finance and Performance	6.7	6.89	5.5	5.65	6.4	6.42	6.4	6.44	4.7	5.84	7	6.45	6.1	6.75	6.7	6.44	5.6	5.71	7	5
Diagnostics and Pharmacy	6.9	6.9	5.3	5.56	6.3	6.09	5.7	5.96	4.7	5.1	5.4	5.67	6.3	6.4	6.4	6.3	5.5	5.65	6	6
COCH & WUTH Collab	n/a	7.28	n/a	5.31	n/a	6.06	n/a	6.23	n/a	5.58	n/a	7.16	n/a	6.78	n/a	6.26	n/a	5.62	6	n/a
Estates and Facilities	6.6	6.67	5.2	5.19	6.1	6.15	6.3	6.15	4.1	3.9	5.6	5.72	5.9	5.98	6.3	6.58	5.7	5.61	4	2
Nurse Management	6.4	6.7	4.8	5.62	6.1	6.2	5.4	5.74	4.2	4.32	5.4	5.63	6.2	6.46	6	6.16	4.8	5.02	3	9
Urgent Care	6.8	6.62	5.2	5.2	6.3	6.04	5.3	5.37	4.9	5.02	5.4	5.18	6.2	6.17	6.3	6.24	5.3	5.29	0	1
Planned Care	6.7	6.68	5	5.2	6.1	5.98	5.6	5.63	4.7	4.96	5.2	5.5	6.2	6.31	6.2	6.24	5.3	5.43	0	5

**Table 3**

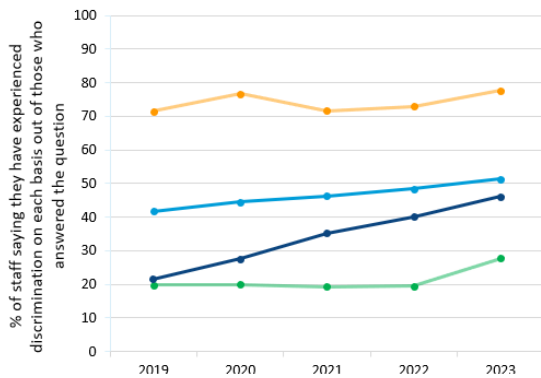
Occ Group / Promise pledge	Compassion 2022	Compassion 2023	Recognition 2022	Recognition 2023	Voice 2022	Voice 2023	Safe & Healthy 2022	Safe & Healthy 2023	Learning 2022	Learning 2023	Flexible Working 2022	Flexible Working 2023	Team Working 2022	Team Working 2023	Staff engagement 2022	Staff engagement 2023	Morale 2022	Morale 2023	Number of themes above Trust average in 2023	Number of themes showing improvement since 2022
Prof, Sci and Tech*	7	6.61	5.6	5.31	6.5	5.82	6.3	5.43	4.4	5.09	6.2	6.02	6.5	5.98	6.5	6.06	5.7	5.11	5	1
Additional Clinical Services*	7	7.05	5.6	5.44	6.5	6.38	6.3	5.94	4.4	5.01	6.2	5.79	6.5	6.43	6.5	6.58	5.7	6.88	5	3
Administrative and Clerical	7.1	7.12	5.5	5.84	6.6	6.41	6.4	6.36	4.2	4.96	6.1	6.09	6.7	6.75	6.6	6.63	5.9	5.86	8	2
Allied Health Professionals	7.1	6.98	5.4	5.51	6.5	6.25	5.7	5.69	5	5.17	5.6	5.48	6.5	6.65	6.5	6.39	5.4	5.48	4	3
Estates and Ancillary	6.7	6.65	5.1	5.06	6.2	5.98	6.4	6.15	3.9	4.26	5.6	5.41	5.9	5.76	6.3	6.44	5.7	5.8	2	3
Healthcare Scientists*	7	7.02	5.6	5.81	6.5	6.35	6.3	5.9	4.4	5.24	6.2	5.65	6.5	6.73	6.5	6.66	5.7	5.72	5	5
Medical and Dental	6.6	6.72	5.4	5.36	6	5.8	5.4	5.4	5.2	5.23	5.2	5.03	6.1	6.09	6.1	6.09	5.1	5.2	1	2
Nursing & Midwifery (registered)	6.7	6.67	5	5.33	6.3	6.18	5.2	5.38	4.9	5.21	5.1	5.25	6.2	6.34	6.2	6.33	5	5.19	1	7



### 3.5 Questions not linked to People Promise Themes

There are 24 questions in the survey not linked to People Promise scores. The most notable responses in these questions includes:

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



	2019	2020	2021	2022	2023
Your org	21.41%	27.60%	35.19%	40.18%	46.12%
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	96	166	195	193	284

Staff report working both more paid and unpaid hours in the Trust than the national average: Paid – 41.71% to 38.45% Unpaid 54.04% to 52%.

There has been an increase in staff experiencing discrimination based on ethnicity (Q16c). Whilst the trend is increasing for each benchmark, over time the trend at the Trust is steeper, albeit lower than the national average.

Colleagues also report increases in discrimination based on sexual orientation and disability (this is over 3% higher than the national average). Discrimination in age, gender and religion is reported to have decreased.

Three questions in this section relate to errors, near misses and incidents. For all three questions Trust scores have lowered, and benchmark trends have improved:

- Q19b My organisation encourages us to report errors, near misses or incidents. Score reduced from 86.79% to 82.93%
- Q19c When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again. Score reduced from 62.26% to 59.21%
- Q19d We are given feedback about changes made in response to reported errors, near misses and incidents. Score reduced from 53.73 to 49.81%

In addition, Q31b Has your employer made reasonable adjustment(s) to enable you to carry out your work? There is a decline of over 5% for this Trust response, for other benchmarks the trend is improvement.

New questions this year (not impacting People Promise scores) include:

- 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? Trust score 9.89%, average score 7.73%
- 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? Trust score 3.10%, average score 3.82%
- Q 22 I can eat nutritious and affordable food whilst I'm working. Trust score 52.15%, average score 53.77%

### 3.6 Equality Standards – Race

These standards are assessed through four questions in the survey that compares the experiences of white staff with those of all other ethnic groups combined. Our 2023 performance in comparison with 2022 is variable.

Some points of note include:

- Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months: the trend is up by 0.1 for all other ethnic groups, whilst the other benchmarks are on a downward trajectory.
- Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months. The trend is in decline across all benchmarks however the experience for white staff is almost 10% better than staff of other ethnic groups, with other ethnic groups at the Trust comparing less favourably to the national average by 6%
- Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion. The experience for staff of all other ethnic groups at the Trust is improving, and by over 4% in the last year; this contrasts with a reduction in the percentage of white staff at the Trust from 50.47% to 49.85% who say this is the case. Percentages for both groups at the Trust are lower than the national benchmarks.
- Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months: This data is trending upwards at the Trust for all other ethnic groups to 27.52% this year, whilst nationally the average has decreased to 16.17%. Experiences for white staff at the Trust are a similar percentage to the national average for this group and are lower at around 7%

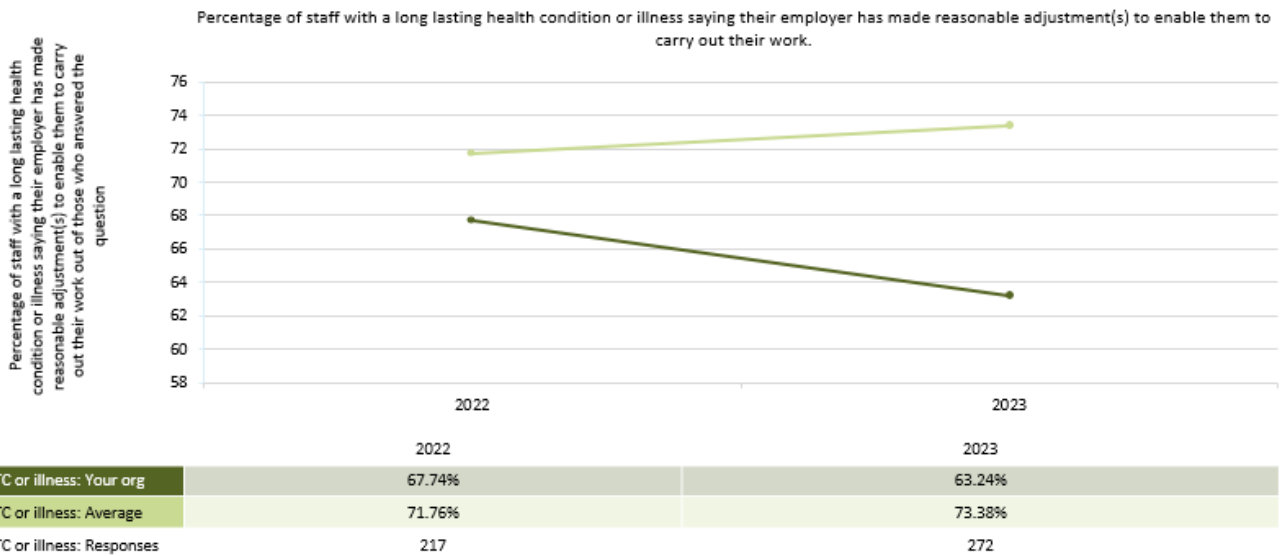
In summary staff who are white experience less harassment from the public and from other staff; they also experience less discrimination from their colleagues or their manager. The response from staff all of all ethnic origins suggests opportunities for career progression at the Trust are lower than the national average.

### 3.7 Equality Standards – Disability

These standards are assessed through nine questions in the survey that compares the experiences of staff with a long-term condition (LTC) or illness and those without. Our 2023 performance in comparison with 2022 is variable. Some points to note include:

- Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months. The Trust scores lower than the national average by almost 1% at 31.33%
- Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months. We score lower than the national average by over 2% at 17.78%
- Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion. Almost 8% less staff with a LTC believe this to be the case (41.76%) in comparison to with staff without a LTC; almost 10% less than the national average (51.54%)





Numbers reporting support with reasonable adjustments in 2023 have decreased in comparison to 2022, whilst the benchmarking trend is a slight increase.

Data for both the WRES and WDES indicators will be shared with the relevant Staff Networks, as well as divisions for discussion and input into our annual Equality and Diversity action planning process. The reported experience around race discrimination is concerning and work to implement our recently approved Anti-Racism Framework will specifically highlight this data as incentive for action; data will be explored at a more granular level where possible to understand this feedback in action planning processes with the Divisions.

In summary, whilst we have low numbers of staff disclosing a LTC, those who do and complete the survey experience less harassment than staff at other Trusts. Staff with a LTC here believe career progression is less likely than their non-LTC colleagues. Numbers with a LTC have reduced who say support has been put in place for their reasonable adjustments.

### 3.8 Survey Response rate & Response Demographics

The benchmark data shows our response rate of 42% is lower than the national median average of 45%. Our benchmark group is made up of 122 acute and acute and community trusts across the country.

Highlights in respect of the workforce demographic data feedback includes:

- In terms of gender our response rate is similar to the national average split (77.03% female, 19.13% male). A higher percentage of staff at the Trust prefer not to disclose their gender in the survey response compared to national figures.
- Survey respondents by age are generally younger than the national average. The Trust has a higher percentage of staff responding in the following age ranges: 21-30, 31-40, 41-50 with 28.80% response of staff aged 51-65, in comparison with the national average of 31.50%
- Almost 9% more survey respondents are white at the Trust in comparison with other Trust response rates, in addition the Trust has higher numbers of respondents that declare they have no religion and identifying as Christian in comparison with other Trusts.

- Higher proportions of respondents at the Trust declare having caring responsibilities than the national average, with 42.64% who have children under 17 and 32.49% supporting other adults with their needs.
- The proportion of survey respondents who work from home “often” is 8.90% for the Trust in comparison with 10.73% nationally.
- Length of service for survey respondents at the Trust is more weighted towards staff with less than two years’ service. Less staff at the Trust complete the survey with over two years’ service than the national averages
- Survey respondent breakdown by Occupational group broadly mirrors national averages and is as follows:

Occ Group+ <sup>5</sup>	N&M	HCA	M&D	AHP	Sci & Tech	A&C	Central Functions	Maint.	Gen Mgt	Other
Survey Response rate %	30.4	8.81	8.66	12.87	7.35	14.89	8.05	3.04	2.84	2.99

This data can be compared to the Trust workforce profile data to understand how we can better encourage representation in survey responses.

### 3.9 Staff Survey comments

IQVIA provided the Trust with over 500 anonymous staff comments in support of their Staff Survey responses. The Trust has undertaken an initial analysis of these and identified a range of themes. Staff shared positive experiences of the Trust in approximately 18% of the comments. Less positive feedback was themed as follows: Culture and behaviour, Estate / facilities / environment, People development, IT / technical / kit, Staffing (numbers / pay / benefits), Process / policy.

#### 3.10 IQVIA recommendations for Action:

Our survey provider has suggested our main areas for action are as follows:

1. Staff engagement / We are compassionate and inclusive.	Work directly with staff groups to understand why some would not recommend the organisation as a place to work, as this is often linked to other areas of engagement, Prioritise action plans that address any factors related to health and safety. Explore staff data and comments to identify whether this view is held across the organisation or limited to a particular area staff group.
2. Staff engagement / We are	Work directly with staff groups to understand why some would not recommend the organisation to a friend or relative if they needed treatment. Prioritise action plans that address any factors related to health and safety. Explore staff data and comments to identify whether this view is held across the organisation or limited to a particular area/staff group.

<sup>5</sup> Approximate groupings according to national survey definitions

compassionate and inclusive.	
3. We are compassionate and inclusive.	Ensure that feedback from patients is reviewed on a regular basis and is used to identify ways to improve patient / service user care. Record actions and decisions as well as monitoring any interventions or changes over time. It is important to make sure staff know patient concerns are being addressed and the feedback is shared with staff on actions that have been taken.
4. We each have a voice that counts.	Ensure leaders clarify how concerns are handled and demonstrate that they will be treated seriously. With all concerns, ensure staff are directly informed of the actions the organisation has taken to address this concern.
5. We work flexibly.	Encourage both managers and staff to have open and honest conversations about home and work life balance. Direct leaders to show active interest in the work life balance of their direct reports and include these topics in regular meetings. Ensure staff are regularly reminded that they may approach their immediate manager about flexible working patterns. Consider implementing self-rostering, flexibility and autonomy over rotas which has been seen to increase staff satisfaction and morale.

### 3.11 Action taken in response to 2022 survey

- Seven Staff Networks established, acting to provide support for staff to promote discussion and increase safety at work, particularly amongst diverse employee groups.
- Several HR policies revised to be more responsive and effective.
- Reinstated our Celebration of Achievement Awards in Autumn 2023, with a planned relaunch of a wider recognition scheme in the Spring.
- Patient Safety Incident Response Framework (PSIRF) implementation – this new framework supports a more effective and less blame-focused approach to understanding how errors are made and how to better manage them when they occur.
- Refreshed communications cascade including monthly Team Brief.
- Development of Freedom to Speak Up Champions, to support the work of the Freedom to Speak Up Guardian and to provide an alternative route to raising concerns.
- Appointment of our Wellbeing Manager and growing the wellbeing service that we have on offer including our Wellbeing Hub which is still being built and hoping for an April 2024 opening.
- New leadership and management programme developed to invest in and develop our staff

### 3.12 Employee Engagement Plan

The Employee Engagement Plan has identified some themes at a Trust level that we need to address in the coming months in advance of launching the staff survey in Autumn 2024. At the

time of writing work is ongoing with Divisions to discuss the data at a local level to inform divisional plans.

Areas identified for potential action Trust wide include:

- A zero-tolerance framework approach, that links to our developing Trust Civility Charter. Zero tolerance is typically focused on eliminating harassment, bullying, abuse, violence and all forms discrimination. This framework should be staff and patient-facing in order to ensure the safety of our employees at every level.
- Implementation of a new Trust appraisal framework
- Amplifying employee voice through:
  - additional structured Roadshow events that link to delivery of Trust strategy and objectives
  - relaunched People Pulse moving to a quarterly survey to achieved improved engagement, working closely with Communications Team
- Support to embed effective flexible working conversations
- Support to further embed our Patient Safety Incident Response Framework (PSIRF)
- Refreshed staff recognition scheme planned for the Spring
- Increase work with trade unions and staff networks
- Recognition that the engagement plan is a living document

#### **4. NEXT STEPS**

Divisional leads are being asked to identify how best to extend consultation with their division to help identify their local action plans based on their local data. These plans will form part of the Employee Engagement Plan. Divisions will also contribute to the delivery of the corporate action plan priorities once they are confirmed.

Assurance mechanisms to monitor delivery of any plans at Divisional level are being devised to ensure robust reporting.

Where work is happening across various projects, e.g. SIB, CQC actions, survey response and others, it is prudent to align the requirements and drivers for all improvement activity to avoid duplication of effort, particularly at divisional level. Assurance will be through EDG, POD, OMB and the Employee Engagement Working Group.

#### **5. CONCLUSIONS**

5.1 Whilst the Trust has seen some internal improvements this year, we know that the staff experience in the Trust compares less favourably than that in other organisations of a similar type.

5.2 The survey analysis suggests that whilst all areas of the People Promise need further work, prioritising how we listen and respond to what our employees tell us that the employee voice and compassionate & inclusive approaches are a priority. This is evidenced in our staff survey

comments and advocacy scores, with the survey responses suggesting ways of communicating and Trust feedback loops require improvement. Outcomes from our recent Culture and Civility Roadshows show the need to develop a Civility Charter as part of our values and behaviours refresh work which will underpin our Employee Engagement Plan.

5.3 Alongside identified Trust priorities, further conclusions will be drawn from data and the survey comments when we consult with divisions about actions to take, and this work will be captured in our Engagement Plan

5.4 Newly established work programmes such as the Leadership and Management Strategy, Wellbeing Strategy, Equality, Diversity and Inclusion Strategy and Patient Experience Strategy will help to deliver and prioritise the actions to take in response to survey outcomes. We will also discuss the priority actions to take with our Trade Union Colleagues and our Staff Networks.

## 6. **RECOMMENDATIONS**

The Board of Directors is asked to:

- Note the analysis of the National Benchmarking data against Trust data and the recommendations made regarding how to prioritise our response to our survey data.
- Note that the work to respond to the survey outcomes is a primary driver of the Trust Employee Engagement Plan, and activity to respond to this data at every level is being explored and is fundamental in preparing to implement NHS Staff Survey 2024.
- Note that the Employee Engagement Plan will be monitored for assurance by EEWG, OMB and the People & OD Committee.

## Appendix 1

The People Promise is the promise all staff make to each other to work together to improve the experience of working in the NHS for everyone. There are seven themes to the People Promise:



- a. We are compassionate and inclusive:
  - We do not tolerate any form of discrimination, bullying or violence.
  - We are open and inclusive.
  - We make the NHS a place where we all feel we belong.
  - Together, WE make the NHS the best place to work.
  - We are the NHS
- b. We are recognised and rewarded:
  - A simple thank you for our day-to-day work, formal recognition for our dedication, and fair salary for our contribution
- c. We each have a voice that counts:
  - We all feel safe and confident to speak up.
  - And we take the time to really listen to understand the hopes and fears that lie behind the words.
- d. We are safe and healthy
  - We look after ourselves and each other.
  - Wellbeing is our business and our priority – and if we are unwell, we are supported to get the help we need.
  - We have what we need to deliver the best possible care – from clean safe spaces to rest in, to the right technology.
- e. We are always learning:
  - Opportunities to learn and develop are plentiful, and we are all supported to reach our potential.
  - We have equal access to opportunities.
  - We attract, develop and retain talented people from all backgrounds.
- f. We work flexibly
  - We do not have to sacrifice our family, our friends or our interests for work.
  - We have predictable and flexible working patterns – and, if we do need to take time off, we are supported to do so.





g. We are a team

- First and foremost, we are one huge, diverse and growing team, united by a desire to provide the very best care.
- We learn from each other, support each other and take time to celebrate successes.

## APPENDIX 2

### Employee Engagement Plan

#### 1. PURPOSE

This Employee Engagement Plan considers the drivers, actions, projects and assurance processes that are required for the plan to be delivered. It recognises that well-engaged employees are crucial to our organisational success, particularly with respect to high-quality patient outcomes and staff experience.

#### 2. BACKGROUND AND DRIVERS

2.1 The evidence base for proactive engagement with employees is well-established including within the *Engage for Success*<sup>6</sup> model of engagement. The model highlights the four organisation enablers (see image below) as the crucial elements to support organisations and their people to thrive.



Strategic Narrative



Engaging Managers



Employee Voice



Integrity

2.2 The NHS People Promise commits organisations to pledge to the principle of ‘We each have a voice that counts’, and evidence of this is tested through questions asked within the NHS Staff Survey.

2.3 The NHS England guidance document *Listening Well*<sup>7</sup> details the current landscape for listening to our people in the NHS and outlines how each vehicle for listening provides a complementary view of employee experience.

2.4 ‘Curating a positive employee experience’ is a key pillar in the Trust’s People Strategy and this plan must link with and support other strategic approaches and plans to address organisational improvement. The Engage for Success model is indicative of a need to collaborate and grow open communication; engagement works alongside and does not replace the more formalised approach of consultation with our Trade Union colleagues which is a valuable part of our working relationship with our staff.

<sup>6</sup> [About Us - Engage for Success](#)

<sup>7</sup> [NHS England » Listening well guidance – A blueprint for organisations to develop a local listening strategy](#)



2.5 Whilst this paper summarises plans re: engagement activities led by the P&OD team it must acknowledge the connection between both the employee and patient experience agenda, in particular work to deliver improvements according to CQC assessment and ratings, implementation of PSIRF and Freedom To Speak Up approaches as well as feedback obtained directly from patients via the PALS service. The consistent monitoring around the quality of care and services provided to patients does provide insights into the employee experience as well as the impact of staff engagement on patient outcomes; with changes in Care measure ratings likely indicating the position with levels of staff engagement.

### **3. AIMS AND OBJECTIVES**

The aim of the Employee Engagement Plan is to improve staff experience and satisfaction which is primarily measured through staff survey responses (National Staff Survey and People Pulse survey). The draft engagement action plan to address NHS Staff Survey response is included. The plan is front-ended with the NHS Staff Survey outcomes data sharing exercise with Divisions, which follows the release of the 2023 Staff Survey results, with the embargo on the data lifting on 7 March. Our survey provider IQVIA have recommended 5 priority areas for action and these will form the basis of divisional planning along with insights gained within the Trust.

The NHS Bank Staff Survey (NSSB) benchmark comparison data is due to be released on 1 April. In advance of this, a plan to communicate outcomes with bank staff will be identified with the senior nursing team and a focus groups held to discuss survey outcomes and identify actions to be taken, in line with the five recommendations made by IQVIA.

Of the range of data available, the following measures have been highlighted which summarise our aspirations for better employee engagement and experience.

Our objectives are to:

- Increase our annual staff survey response rate to 55% in 2024/25, and to 70% in 2025/26; the purpose of this is to demonstrate we have built trust in our ability to respond to staff feedback and are addressing all pledges that make up the NHS People Promise.
- Increase our annual staff survey engagement score from 6.48 to 7.00 in 2024/25
- Increase our annual staff survey morale score from 5.59 to 6.00 in 2024/25
- Increase our People Pulse response rate to 15+% on a quarterly basis

## 4. CURRENT POSITION

A driver diagram attached at Appendix 3 outlines the current key considerations for employee engagement from a People & OD perspective. Further information is set out below.

### 4.1 Employee voice - Staff Surveys: mandated employee feedback mechanisms

Surveys are our most established way of capturing feedback about the staff experience and we rely on the annual NHS Staff Survey and a monthly People Pulse temperature check.

National NHS Staff Survey: Outcomes for the 2023 NHS Staff Survey are now available, and work is underway share data with divisions to enable discussion about survey outcomes and next steps. This work will be planned and supported by the Head of OD. It is also proposed that separate conversations take place regarding the survey results for nursing and medics with nominated professional leads for each group.

Alongside work to develop local action plans in response to the staff survey, the Employee Experience Working Group (EEWG) will be relaunched with an increased scope to enable fuller discussion on a range of staff experience data (see driver diagram). Outcomes from discussion at this group will be collated and fed back to EDG, OMB and POD to increase assurance and grow a continuous staff experience debate, allowing for the escalation of issues, as well as course correction on any plans to improve staff experience.

People Pulse Survey: People Pulse response rates are consistently low (under 10%) and there may be some survey fatigue in the recent challenging organisational climate. The Trust will revert to quarterly Pulse checking so as to give time to make changes between surveys, as well as to agree useful ways via EEWG to support staff to complete the survey and communicate any plans or changes locally. In preparation for People Pulse in April 2024 improvement targets will be set around the data, e.g. 'Colleague Mood' which could be considered a proxy for a morale measure, to enable the ability to demonstrate improvement.

Another way of gathering anonymous feedback is to site Staff Suggestion boxes in various locations across the Trust. The contents can be shared at EEWG and reported further as required.

### 4.2 Diversity and Inclusion - Staff Networks

Proper attention to the diversity and inclusion agenda is crucial in ensuring a fair and equitable working environment where all staff feel valued. Staff Networks are an effective way to gather feedback from diverse groups of employees who identify similarly and as a group this can allow for a more collective or representative voice to advocate for their needs. 7 Trust Staff Networks have been established with a Terms of Reference each and a calendar of events. The network activities will be supported by an annual budget of £1,000 each, however at the time of writing some of the Networks still require an Executive

sponsor. The effectiveness and progress of the Networks workstream reports via EDISG to POD.

- 4.3 Employee Recognition - It is best practice (and self-explanatory) for good engagement purposes to implement recognition and reward programs to acknowledge staff members who demonstrate exceptional performance, dedication, successes and commitment to the organisation's goals, and to acknowledge and reward staff for their contributions to the organisation. A Celebration of Achievement event was held in October last year and this year a similar event will take place again. A programme to refresh the recognition offer at the Trust is currently in progress with a paper due to be submitted to EDG for discussion and agreement in Spring; this paper will be informed by the recent Culture and Civility roadshow outcomes.
- 4.4 Workforce Data - Certain key metrics are already routinely monitored and reported in corporate forums, e.g. sickness absence, turnover, exit interviews (in particular with reference to departments or staff groups). The data can be shared with EEWG for discussion in line with engagement plans. Qualitative data outputs from training interventions (other than mandatory compliance) are not currently reported and it is proposed that this is addressed going forward and will help inform EEWG.
- 4.5 Leadership & Management, Talent Management, Learning and Development Support - The primary enabler for engagement according to Engage for Success is to ensure a clear strategic narrative in the organisation. This links with the principle of providing organisational integrity, in that there is no gap between what the organisation says it is going to do and what it actually does. Leaders are crucial in role modelling behaviours and attitudes or “showing staff the way it works here”, setting expectations and taking the lead in maintaining accountability, but also with compassion. The Trust must ensure through its management development programmes and other opportunities that organisational leaders actively support and participate in the engagement plan, and in so doing are visibly demonstrating their commitment to creating a positive and supportive work environment. This need has also been highlighted in our Culture and Civility Roadshow outcomes.

It is crucial that our workforce is offered training and development opportunities to help them improve their skills and job performance, develop their careers and enhance their job satisfaction. Our learning and development offer provides a mutual benefit; firstly, it provides opportunities to hear staff issues in the learning environment and be informed about the challenges they are facing. This data which can be collected at programme level will be useful information to report back to EEWG. Secondly our L&D offer aims to give managers skills to help them develop their own approach to engagement, especially at leadership and management level which is an important enabler linked to Engage for Success. It is particularly important to engage managers who are able to focus their people and give them scope, who will treat their people as individuals and coach and stretch their

people. It would be particularly helpful to develop coaching skills and capacity in the organisation in the near future.

- 4.6 Health and Wellbeing - The Trust has invested in its wellbeing support offer in the last two years and alongside 2.00 WTE staff to run this service it is scheduled to open a wellbeing hub on the Countess site in the Spring of 2024. The hub will be helpful and a longed-for space that will facilitate wellbeing programmes as well as support engagement activity in general. A programme of work and events has been developed and it will be essential for the role of the hub to continue to evolve to meet staff needs by responding to their feedback. Wellbeing (People Promise pledge - We are Safe and Healthy) is an area which has seen one of the higher improvement scores in the 2023 staff survey results<sup>8</sup>. The effectiveness and progress of the Wellbeing workstream reports via Wellbeing Steering Group to POD.

There are other aspects of wellbeing managed in other areas of the Trust such as health and safety, incident reporting, FTSU etc. Activity that takes place in this area may also be considered opportunities for engagement and should be capitalised upon (and linked to the communications plan for the Employee Engagement Plan and development of Trust strategic narrative).

#### 4.7 Other considerations

- Workplace Environment - An important part of engagement is to create a positive and supportive workplace environment that values diversity and inclusion, promotes teamwork, and encourages collaboration. Whilst this includes all people aspects, it is also impacted by the physical environment and logistics of working at the Trust on all three of its sites, from a policy and a practicality perspective. These issues would extend from matters such as car parking, to hybrid working opportunities, and from general improvement in environmental surroundings to health and safety issues. There must be transparency around any plans to improve physical workspaces and where possible to engage with the staff in respect of these improvements.
- Continuous Improvement - In line with the culture of continuous improvement which is encouraged at the Trust, this Employee Engagement Plan must remain flexible and adapt to changing organisational needs. It is important to maintain a consistent message about the opportunities staff have to influence change and to feedback their views, alongside an assurance that all issues will be considered and feedback given. This is also a key part of the leadership message around engagement and EEWG is a forum that given consistent attendance and engagement can provide a regular opportunity for discussion on all employee engagement work and priorities.

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<sup>8</sup> Trust data is reproduced here, but with the caveat around data quality as indicated in this report.

## **5. NEXT STEPS**

- 5.1 Implementation of the draft Employee Engagement action plan at Appendix 4 will be supported in large part by the communication plan that underpins it, alongside activity of the EEWG which will meet monthly. The communications plan aims to inform staff members about the employee engagement plan, its objectives, and how they can participate utilising various channels, such as intranet, emails, meetings, and social media.

The appointment to the People Promise Manager role will also give the P&OD team scope to publicise the People Promise pledges in a more consistent manner, and developments in engagement can be linked through the work of this postholder.

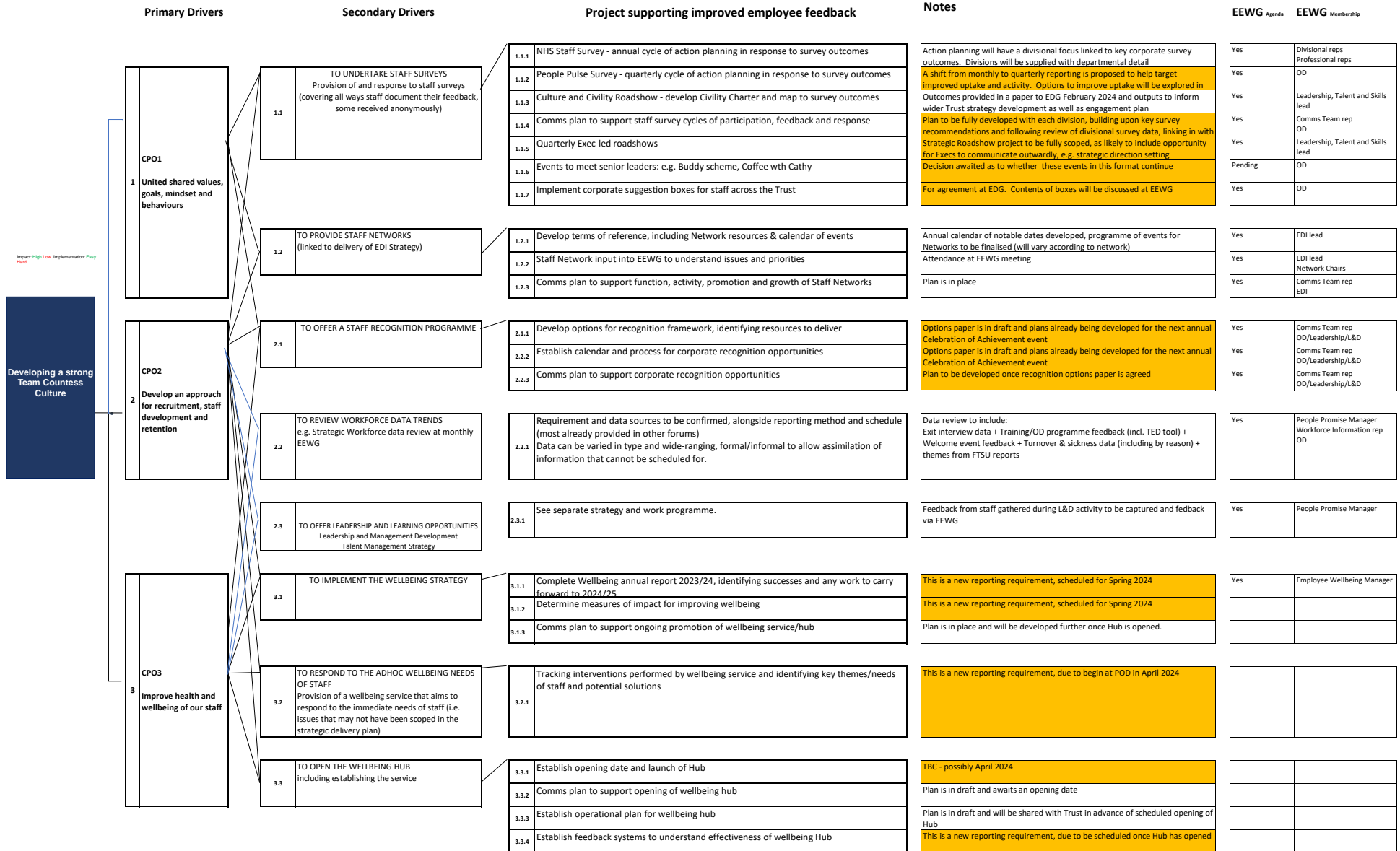
## **6. MONITORING AND EVALUATION**

The Engagement Plan will be actioned and developed via the Employee Engagement Working Group and the Divisional Management Teams, and progress will be monitored via POD and OMB. Plans are also reportable to SIB and supported by the Improvement Team.

APPENDIX 4 Plan as at March 2024					
Reference	Action	Lead	Due or Target Date	Meeting date	Considerations
	NSS results paper to EDG - Corporate benchmark/Divisional data focus	FJ	23/02/2024	28/02/2024	
	Free text comments for substantive staff released	FJ	29/02/2024	29/02/2024	Add to analysis already completed
	NSS results slide deck/briefing for E/OTB & Team Brief	FJ	04/03/2024	06/03/2024	
	<b>Embargo lifted</b>		<b>07/03/2024</b>		<b>09:30am</b>
	NSS results paper for EDISG and Wellbeing Steering Group	FJ	11/03/2024	19/03/2024	
	NSS results paper to Trust Board of Directors	FJ	12/03/2024	26/03/2024	
	NSS results paper to POD	FJ	24/03/2024	09/04/2024	
	NSS results paper to Governors	FJ	28/03/2024	11/04/2024	
	NSSBank benchmark data due	FJ	01/04/2024	TBC	
	NSS results paper to Partnership Forum/JLNC	FJ	02/04/2024	16/04/2024	
	Schedule meetings with Divisions to discuss survey data	FJ/DLs	March/April	TBC	Arrange follow up sessions and focus groups, link in with comms plan
	Schedule meetings with professional leads to discuss data	FJ	March/April	TBC	Leads to be identified
	Schedule meetings with network leads to discuss data (WRES and WDES)	FJ	March/April	TBC	
	Schedule meeting to prep for Bank data sharing and action planning	FJ	March/April	TBC	
	Re establish EEWG monthly meetings with refreshed TOR	FJ	March/April	Ongoing	
	NSS results paper to OMB - Corporate benchmark/Divisional data focus	FJ	Mid Mar 24	Mar-24	Meetings to have taken place with as many areas as possible
	Attend meetings with Divisional leads, discuss data and schedule action planning events	FJ	March - early April		
	Prep for April People Pulse survey	FJ/Comms	w/c 18/03/24		
	Monthly attendance at Divisional forums to be scheduled	P&OD	April	Ongoing	
	Assurance reporting according to Trust Governance framework to be confirmed	FJ	April	Ongoing	
	2024 NSS launch	FJ	October	August onwards	Plan to be sequenced beginning August/Sept regarding progress with 2023 response and messaging for 2024 survey



STAFF ENGAGEMENT DRIVER DIAGRAM





## Committee Chair’s Report

<b>Committee:</b>	People & Organisation Development Committee
<b>Date of meeting:</b>	13 <sup>th</sup> February 2024
<b>Chair:</b>	Non-Executive Director, Pam Williams

### Key discussion points and matters to be escalated from the discussion at the meeting:

<b>ALERT</b>
No items noted.
<b>ASSURE</b>
<ul style="list-style-type: none"> <li>The Committee received and noted the Board Assurance Framework (BAF) Quarter 3 2023/24 update provided for areas specifically relating to people and organisation development.</li> </ul>
<b>ADVISE</b>
<ul style="list-style-type: none"> <li>The Committee noted the Chief People Officer report and the key updates provided.</li> <li>The Committee received a staff story from the Trust’s Wellbeing Practitioner</li> <li>The Committee received a deep dive presentation relating Historic Workforce Expansion / Strategic Workforce Planning Position</li> <li>The Committee noted the System Improvement Board (SIB) - Exit Criteria (December 2023) and the positive position against the agreed exit criteria.</li> <li>The Committee noted the assurance provided from the Workforce Dashboard including the Workforce Key Performance Indicator (KPI) Benchmarking Dashboard for Cheshire &amp; Merseyside Trusts.</li> <li>The Committee received the themes from the Exit Interview Infographic report noting that this provides data on Exit Interviews completed via ESR since April 2023</li> <li>The Committee noted the Learning from Disciplinary Cases, noting no key themes were identified within the reporting period.</li> <li>The Committee received the High Risks Report (detailing risks specifically related to people and organisation development). It was noted that further information is required within future reports with regards to the risk management process and for further details to be included relating to mitigations and actions.</li> <li>The Committee received a verbal update of the Staff Survey Interim results report, noting that the complete results are due to be issued on the 7<sup>th</sup> March 2024.</li> </ul>



- The Committee noted the Midwifery and Maternity Safer Staffing Report for the period of 1<sup>st</sup> July 2023 to 31<sup>st</sup> December 2023. It was also noted that the Nurse Safer Staffing Report would be circulated following the Committee, ahead of both reports being presented to the next Board of Directors to be held on the 26<sup>th</sup> March 2024.
- The Committee noted the Trust's response to the MIAA 2023/2024 Checklist Series – Consultant Job Planning – January 2024. It was noted that this would also be reported to the Audit Committee to be held on the 21st February 2024.
- The Committee noted the update provided around Employee Wellbeing activity at the Trust since the Wellbeing Deep Dive in December 2023.
- The Committee noted the Trusts Anti-Racism Framework Communication and Engagement Plan and endorsed its implementation.
- The Committee noted the Strategic Workforce Group Chair's Report from the meeting held on the 23<sup>rd</sup> January 2024.
- The Committee noted the Equality, Diversity, and Inclusion Strategy Group Chair's Report from the meeting held on the 25<sup>th</sup> January 2024.
- The Committee noted the following items:
  - Strategic Workforce Group Minutes – 24<sup>th</sup> October 2023
  - Health & Safety Committee Minutes –31<sup>st</sup> October 2023
  - Partnership Forum Minutes – 3<sup>rd</sup> October 2023
  - Wellbeing Steering Group Minutes – 16<sup>th</sup> November 2023
  - Equality, Diversity & Inclusion Steering Group Minutes 21<sup>st</sup> September 2024
  - MIAA – Bank and Agency Review Final Assignment Report 2023/24
  - Draft People & Organisation Development Workplan 2024/25

#### **RISKS DISCUSSED AND NEW RISKS IDENTIFIED**

There were no new risks discussed or identified by the Committee.



<b>Meeting</b>	<b>26<sup>th</sup> March 2024</b>	<b>Board of Directors</b>					
<b>Report</b>	<b>Agenda Item: 27.</b>	<b>Freedom to Speak Up Update Report</b>					
<b>Purpose of the Report</b>	Decision		Ratification		Assurance	<b>X</b>	Information
<b>Accountable Lead</b>	Cathy Chadwick			Chief Operating Officer			
<b>Author</b>	Helen Ellis			Freedom to Speak Up Guardian			
<b>Board Assurance Framework</b>	BAF 3 BAF 20	Staff Engagement Failure to progress implementation of the governance improvement plan					
<b>Strategic Aims</b>	Purposeful Leadership Developing a strong Team Countess Culture						
<b>CQC Domains</b>	Safe Care, Effective, Caring, Responsive and Well Led						
<b>Previous Considerations</b>	Not applicable						
<b>Summary</b>	This report is intended to provide: <ul style="list-style-type: none"> <li>• Comparative data outlining on the number of concerns raised and by whom, themes and trends, status, and learning.</li> <li>• An update on the development of a Freedom To Speak Up (FTSU) Champions Network</li> <li>• Governance assurance</li> <li>• National Updates</li> </ul>						
<b>Recommendation(s)</b>	The Board of Directors is asked to note the report and receive assurance that local FTSU arrangements are in place and continue to meet best practice.						
<b>Corporate Impact Assessment</b>							
<b>Statutory Requirements</b>	To ensure everyone working within the NHS feels safe and confident to speak up.						
<b>Quality &amp; Safety</b>	To aim to improve the quality of speaking up arrangements across the NHS.						
<b>NHS Constitution</b>	Promoting equality and addressing health inequalities.						
<b>Patient Involvement</b>	Not applicable.						
<b>Risk</b>	Not applicable.						
<b>Financial impact</b>	Not applicable.						
<b>Equality &amp; Diversity</b>	Promoting equality and addressing health inequalities.						
<b>Communication</b>	Once approved, this Policy will be shared with all Trust staff.						

# Freedom to Speak Up

Freedom to Speak Up Report – March 2024

## 1.0 Executive Summary

The purpose of this paper is to provide the Board of Directors with an update of the work of the Freedom to Speak Up (FTSU) Guardian and Champions in supporting the safety culture within the Trust. Reflecting on the progress made by the FTSU Network in empowering staff to speak up freely and to encourage ongoing positive cultural change.

The paper provides an overview of issues and concerns raised in Q2 and Q3 with comparison of figures for previous quarters.

Updates from the National Guardians Office for Freedom to Speak Up are provided, with the aim of providing assurance that the local arrangements in place continue to meet best practice and support staff to raise concerns. This is done in the context of an evolving and maturing national agenda, that is learning from the collective experiences of FTSU Guardians, their champion networks and those at the National Guardian Office.

The Board of Directors is asked to review the report and receive assurance that the FTSU arrangements in place continue to meet best practice.

## 2.0 Background

The FTSU policy continues to be integrated at The Countess of Chester Hospital. In line with the national guidelines, the trust has appointed a Freedom to Speak Up Guardian, whose role is to provide of an alternative channel for workers to raise concerns, ensuring that concerns received are escalated, investigated, and followed up to enhance patient safety and worker experiences.

The FTSU Guardian continues to engage and communicate with the National Guardian's Office and the Northwest Regional Network of FTSU Guardians to remain current and support continued learning and development. The FTSU Guardian continues to work closely with the FTSU Executive Director, champions, and senior leaders to enable effective escalation, review and triangulation of safety and welfare concerns.

Through a personal speak-up safety pledge, the Trust's Chief Executive encourages all staff to speak up and gives assurance that any concerns raised will be investigated, and the staff will be protected from detriment because of speaking up.

The FTSU network at COCH comprises of the FTSU Executive Director, Non-Executive Director Leads, a Freedom to Speak Up Guardian and a network of multi-disciplinary FTSU Champions.

## 3.0 Assessment of FTSU Concerns Quarters 2 and 3, 2023/24

The Trust has several safety reporting channels such as speaking directly to line managers, incident reporting and team and trust safety huddles.

Issues raised in other channels are not logged as FTSU unless referred to or raised directly to the FTSU Guardian or champions. A total of 41 and 30 concerns respectively were raised through FTSU in Q2 and Q3 of which only two were raised anonymously. This is a significant increase over any period during the last five years.

It is difficult to determine the reason for this however some factors may have contributed:

- a. Increased visibility of FTSU through regular staff communications
- b. Board pledges to staff on zero tolerance of detriment.
- c. Strengthening of the FTSU champions' network.
- d. Media publicity /CQC presence.

Into Q4 the same pattern in the numbers of concerns raised continues.

The themes of the FTSU concerns raised are categorised in line with the NGO guidelines and detailed in the table below with comparative data from the previous year.

**Table 3.1: Comparative Themes**

Themes of concerns as categorised by the NGO	Q1 2022/23	Q2	Q3	Q4	Q1 2023/24	Q2	Q3
Total Number of concerns raised.	10	22	12	16	11	41	30
Number of cases raised anonymously.	0	1	0	1	0	0	2
Element of patient safety or quality	5	3	2	4	4	2	10
Element of worker safety or wellbeing	4	4	4	4	9	19	20
Element of bullying or harassment	2	13	18	6	5	19	10
Element of poor attitudes and behaviours	9	18	9	12	10	28	21
Number of cases where detriment from speaking up is indicated	0	2	3	1	0	1	2

In line with the NGO guidance, concerns raised are categorised by staff group.

**Table 3.2: Comparative data: staff groups raising concerns:**

Concerns Raised by Staff Grades	Worker	Manager	Senior Leader	Unknown/ Undisclosed	Total
Q3	23	5	0	2	30
Q2	36	5	0	0	41
Q1 2023/24	10	1	0	0	11
Q4	15	0	0	1	16
Q3	11	1	0	0	12
Q2	22	0	0	0	22
Q1 2022/23	10	0	0	0	10

The table below reflects comparative data of concerns raised by professional groups, as per the National Guardian Office guidelines.

**Table 3.3: Comparison of concerns raised by different professional groups:**

Concerns Raised Defined by Professional Group	Q1 2022/23	Q2	Q3	Q4	Q1 2023/24	Q2	Q3
Ancillary Staff/Porters/Catering/Security/Maintenance	2	0	0	1	1	5	1
Registered Nurses/ Midwives/ Advanced Nurse Practitioners	4	10	2	6	3	13	13
Nursing Assistants & Support Staff	0	0	1	2	0	7	5
Corporate Service Staff	2	2	5	3	0	1	1
Administrative/ Clerical	1	4	2	3	0	11	2
Doctors/Dentists	0	1	2	0	2	0	1
Allied Health Practitioners	1	5	0	0	2	4	7
Other	0	1	0	1	3	0	0
<b>Total number of concerns</b>	10	22	12	16	11	41	30

### 3.4 Analysis of FTSU Concerns, Actions, Status and Learning:

Of the 71 concerns raised during Q2 & Q3 18 remain open:

- 15 relate to one area of concern. A formal investigation is currently in progress.
- An IT system error has been identified for 1 concern. This is being addressed.
- The remaining two form part of a further investigation

The Chief Operating Officer has full knowledge of these concerns and involves other relevant Executive Directors as and when required.

Of the 53 cases that have been concluded the main opportunities for learning were:

- Improved communication between colleagues
- Civility and respect
- Consistency in the implementation of policies, using policies to offer support as opposed to being viewed as a punitive measure.
- Removing the perception that staff will suffer detriment because of speaking up.
- Transparent and open recruitment of staff.
- Willingness of managers to follow up when concerns are raised.

Asked if the staff member would contact the guardian in the future if they had a concern to raise 43 replied 'yes'. Of the remaining 10, 1 was unsure, 2 were anonymous referrals and 7 were unable to contact.

## 5. Progress on Internal Assessments and Governance

Cathy Chadwick, Chief Operating Officer and Paul Jones Non-Executive Director continue to have Board leadership for FTSU. The Executive lead (COO), Chief People Officer and the Guardian attend monthly triangulation meetings, with monthly support and service review meetings between the Executive lead and Guardian on the same frequency. The action plan developed following a review of the service in May 2023 continues to provide focus to these meetings with all actions completed. However, it is recognized that this document will continue to evolve over time.

The FTSU Policy has been independently reviewed by the NGO and accepted as good practice. The National Case Review Action Plan developed in line with NGO recommendations has been completed. Governance of this document sits with the People and Organisation Development Committee to which the Guardian reports quarterly.

FTSU reports are also submitted to the Audit Committee and Quality and Safety Committee annually.

## 6. Updates from the National Guardian Office

In February 2024 the NGO announced that it would be undertaking a Speak Up Review to understand the speaking up experiences of overseas-trained workers. They are seeking to identify the challenges and barriers to speaking up for these workers and highlight examples of good and innovative practices. Data held by the NGO gathered from stakeholders raises concerns about the extent to which these workers feel free to speak up.

The review aims to develop actionable recommendations to improve policies and practices, fostering a more inclusive and supportive Speak Up culture throughout healthcare.

In the latest NGO bulletin, the National Guardian referenced the recently published report by 'brap' 'Too Hot to Handle: why concerns about racism are not heard or acted upon'.

It is suggested that conversations about racism are interlinked with Freedom to Speak Up because there remain barriers for these workers in that speaking up is not worth it, because nothing changes, and the potential repercussions are not worth the risk.

This report includes the recommendation for better use of Freedom to Speak Up Guardians, who as part of their role have a focus on encouraging their organisations to remove the barriers which workers face in speaking up – particularly Black and minoritized workers. Further guardian training to support knowledge and understanding will be included in the annual refresher training for guardians later in the year. [Too Hot to Handle? \(brap.org.uk\)](https://brap.org.uk)

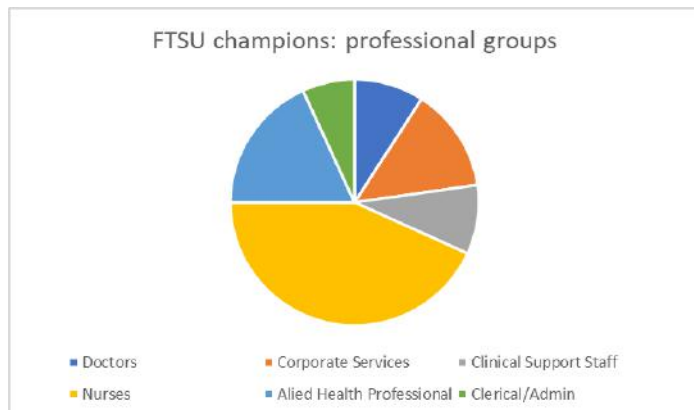
In November 2023 the NGO published its latest annual report. It highlighted the main priorities for the coming year:

- Improving our systems to better support our offer to Freedom to Speak Up guardians
- Ensuring all workers have a voice wherever they work, including in primary medical services
- Exploring how we can support the knowledge and skills of Non-Executive Directors and those with organisational oversight.
- Building on insights from our first Speak Up review, initiating our next review and establishing the framework for future assessments.

[NGO\\_AR\\_2023\\_Digital.pdf \(nationalguardian.org.uk\)](https://nationalguardian.org.uk)

## 7. Freedom to Speak Champions Network

The network currently has 44 members supporting the FTSU agenda across the organization representing a range of professional groups.



Champions have raised the profile of speaking up by sharing information with their colleagues at team meetings, new staff inductions, away day presentations and local newsletters. They have been instrumental in ensuring new information is disseminated throughout their teams particularly with those staff members that do not have ease of access to a computer. They have attended bi-monthly group meetings and one to one support catch ups facilitated by the guardian and have proactively engaged in activities to improve the service.



**171**  
colleagues have reached out to a champion.

**38%**  
of champions have completed the Mental Health First Aid training with more due to attend over the coming months.

More training is scheduled for April.

## 8.0 'Listen Up' FTSU Mandatory Training

This module previously only for managers is now mandatory for all staff.

Ineffective communication and poor attitudes and behaviours from colleagues have been cited in over 80% of the concerns raised to the FTSU guardian over the last three years.

Providing staff with the skills to be effective communicators that supports an open, transparent, and safe culture requires the ability for all staff to be active listeners helping to build trust and strong relationships, resolve conflict, prevent misunderstanding, promote learning, identify, and anticipate difficulties and better understand things as they occur. This training can support this change. Compliance will be reviewed in 6 months.



## **9.0 Conclusion**

The FTSU compliments existing speak-up safely policies and processes within the trust, providing an alternative channel for staff to speak confidentially or anonymously. The policy provides assurance that concerns will be escalated, and workers are supported during the process and investigations.

The FTSU Guardian, supported by the network of champions continue to maintain engagement with the staff to raise the FTSU profile, support staff who have raised concerns, record and follow-up cases raised and wherever possible identify and disseminate learning.

Following a review of the FTSU Communication Strategy there has been greater visibility of FTSU amongst staff supported by regular bulletins/blogs/screensavers/posters and drop in stands and walkabouts.

The champion's network has significantly increased over the last six months with colleagues from both clinical and non-clinical departments actively participating in activities that promote speaking up.

The FTSU Guardian will continue to provide quarterly and annual reports on the number of concerns raised through the FTSU Network and any common themes to the Board of Directors and the National Guardian's Office. Learning from cases will continue to be reviewed and shared appropriately. The FTSU guardian will continue to maintain engagement with the National Office and regional networks to ensure that national updates are cascaded and implemented.