NHS
Lancashire Teaching Hospitals
NHS Foundation Trust

BOARD OF DIRECTORS MEETING - 3 APRIL 2025

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3 April 2025

09:15 GMT+1 Europe/London

Lecture Room 3, Education Centre 1, Royal Preston Hospital, Sharoe Green Lane, Fulwood, Preston, Lancashire, PR2 9HT

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PATIENT STORY : SURGERY

Information Item | TBC | 09.15

AGENDA

REFERENCES

Only PDFs are attached

Agenda - Board (part I) - 3 April 25 .pdf

Board of Directors

3 April 2025 | 09.15am | Lecture Room 3, Education Centre 1,
Royal Preston Hospital, Sharoe Green Lane, Fulwood, Preston, Lancashire, PR2 9HT

Agenda

At 09.15am, there will be a **Patient Story** presented by Surgery

№	Item	Time	Encl.	Purpose	Presenter
1.	Chair and quorum	9:30am	Verbal	Information	M Thomas
2.	Apologies for absence	9:31am	Verbal	Information	M Thomas
3.	Declaration of interests	9:32am	Verbal	Information	M Thomas
4.	Minutes of the meeting held on 6 February 2025	9:33am	✓	Decision	M Thomas
5.	Matters arising and action log update	9:34am	✓	Decision	M Thomas
6.	Chair's opening remarks and report	9:35am	✓	Information	M Thomas
7.	Chief Executive's report	9:40am	✓	Information	S Nicholls
8.	Board Assurance Framework	9:50am	✓	Assurance	S Regan
9.	**FIT FOR THE FUTURE** (STRATEGY & PLANNING)				
9.1	2025/2026 Planning Submission	10.00am	✓	Decision	A Brotherton
9.2	Financial Planning 2025/26	10.10am	✓	Assurance	D Stonehouse
9.3	Corporate Objectives 2025/26	10.30am	✓	Decision	A Brotherton
10.	**GREAT PLACE TO WORK (WORKFORCE, EDUCATION AND RESEARCH)**				
10.1	Workforce Committee Chair's Report	10.40am	✓	Assurance	A Leather
10.2	Staff Survey Report	10.50am	✓	Assurance	L Graham
10.3	Ethnicity Pay Gap Report	11.00am	✓	Decision	L Graham
10.4	Education, Training and Research Committee Chair's Report	11.10am	✓	Assurance	A Brotherton
11.	**CONSISTENTLY DELIVER EXCELLENT CARE** (SAFETY AND QUALITY)				
11.1	Safety and Quality Committee Chair's Report	11.20am	✓	Assurance	T Ballard
11.2	Nursing Safe Staffing Review	11.30am	✓	Assurance	S Morrison

№	Item	Time	Encl.	Purpose	Presenter
12.	**DELIVER VALUE FOR MONEY** (FINANCE AND PERFORMANCE)				
12.1	Integrated Performance Report as at 31 March 2025 including Finance update and Single Improvement Plan *(considered by appropriate Committees of the Board)*	11.40am	✓	Assurance	K Foster-Greenwood/ S Morrison/ L Graham/ D Stonehouse
12.2	Finance and Performance Committee Chair's Report	12.10pm	✓	Assurance	J Schorah
12.3	Charitable Funds Committee Chair's Report	12.20pm	✓	Assurance	T Ballard
13.	**RISK, GOVERNANCE AND COMPLIANCE**				
13.1	Appointment of Directors to LHS Ltd	12.30pm	✓	Decision	J Foote
13.2	LTH Board: appointment to internal positions and membership of committees	12:35pm	✓	Decision	J Foote
14.	**ITEMS FOR INFORMATION**				
14.1	Midwifery Safe Staffing Review		✓		
14.2	Data Quality Assurance Report		✓		
14.3	Use of Common Seal		✓		
14.4	Governor Election Report		✓		
14.5	Cycle of Business 2025/6		✓		
14.6	Use of Delegated Authority – Public Sector Decarbonisation Grant Funding		✓		
14.7	Date, time and venue of next meeting: *3 June 2025, 9:15am, Lecture Hall, Education Centre 3, Chorley & South Ribble Hospital*	12:40pm	Verbal	Information	M Thomas

1. CHAIR AND QUORUM

Information Item | M Thomas | 09.30

2. APOLOGIES FOR ABSENCE

Information Item | M Thomas | 09.31

3. DECLARATION OF INTERESTS

Information Item | M Thomas | 09.32

4. MINUTES OF THE PREVIOUS MEETING HELD ON 6 FEBRUARY 2025

Decision Item | M Thomas | 09.33

REFERENCES

Only PDFs are attached

04.0 - Minutes - Board (Part I) - 6 Feb 2025 - approved.pdf

Board of Directors

6 February 2025 | 1:00pm

Lecture Room 1, Education Centre 1, Royal Preston Hospital

Part I

Present:

Mr M Thomas	Chair
Dr T Ballard	Non-Executive Director
Mrs A Brotherton	Director of Continuous Improvement
Ms K Foster-Greenwood	Chief Operating Officer
Mrs S Morrison	Chief Nursing Officer
Professor S Nicholls	Chief Executive
Mr P O'Neill	Non-Executive Director
Mr U Patel	Non-Executive Director
Ms K Smyth	Non-Executive Director
Mr D Stonehouse	Interim Chief Finance Officer
Mr T Watkinson	Non-Executive Director
Mrs T Whiteside	Non-Executive Director

In attendance:

Mrs A Brotherton	Director of Continuous Improvement
Dr S Canty	Divisional Medical Director (Surgery), in attendance for Dr G Skailes
Mrs N Duggan	Director of Communications and Engagement
Mrs J Foote	Director of Corporate Affairs
Dr N Pease	Chief People Officer
Mrs N Compton	Corporate Affairs Officer
Mrs K Lawrenson	Corporate Affairs Officer (minutes)
Ms J Lambert	Interim Divisional Nursing and Midwifery Director (minute 13/25)
Mr S Regan	Associate Director of Risk and Assurance (minute 8/25)
Ms E Romano	CD Obstetrics (minute 13/25)

Governors observing: Steve Heywood, Janet Miller, Frank Robinson, Graham Singleton, Margaret France

Other Observers: Five members of the public.

Prior to the meeting the Board received ta presentation from Harley Walsh MDT Coordinator Spinal Services on the difficulties faced by staff requiring reasonable adjustments when joining the Trust, including work undertaken by the EDI Team on manager awareness and skill programs, including conversations around disability within appraisals and return-to-work processes.
The Board recognised the insights provided and Harley's commitment was acknowledged by the Board.

7/25 Chair and quorum

Having noted that due notice of the meeting had been given to each member and that a quorum was present the meeting was declared duly convened and constituted.

8/25 Apologies for absence

Apologies for absence were received from Ms V Crorken and Dr G Skailes.

9/25 Declaration of interests

There were no conflicts of interest declared by the Board in respect of the business to be transacted during the meeting

10/25 Minutes of the previous meeting

The minutes of the meeting held on 5 December 2024 were approved as a true and accurate record.

11/25 Matters arising and action log

There were no matters arising and the updated action log was received.

Further clarification was provided to the Board that as part of the transition to Principal Risks, risk reviews were scheduled twice a year to allow for broader strategic objectives through workshops.

12/25 Chair's Report

The report provided a summary of work and activities undertaken during January 2025 by the Trust Chair including a summary of Board Part II meeting on 5 December 2024.

The Chair advised that the Trust had been put into NHS Oversight Framework (NOF) Segment 4 due to the current financial position, with the Board focusing on the outstanding deficit and plans moving forward through workshops and development sessions.

Reference was made to the proposed closure of Cuerden at CDH as a ward. The position of Chorley and South Ribble Hospital as an integral part of the Trust's service provision was re-iterated. The strategy remained focused on the Trust's aspirations for Chorley to achieve a rating of good to outstanding in the next five years. Royal Preston Hospital aimed to be brought back to providing exceptional tertiary services for the population.

The vision would be shared with stakeholders, and meetings were being requested to outline the vision and the response so far had been positive.

13/25 Chief Executive's Report

The report provided an overview on matters of interest since the previous meeting. In addition, the Chief Executive highlighted the following:

New Chair – The Chair was welcomed to his first board meeting since joining the Trust Board on 1 January.

New Hospitals Programme – On 20 January, the Secretary of State for Health and Social Care, announced the results of the Government's review of the New Hospital Programme. The review aimed to ensure the programme could be realistically and cost-effectively delivered. The review confirmed plans to build a new hospital to replace Royal Preston (RPH). However, the construction timeline had been delayed, with work now scheduled for 2037 and 2039. The Trust would continue to work with partners and stakeholders to retain focus on the need for new facilities for communities. Given the delays, the Trust was reviewing its estate strategy and efforts to access alternative capital funding to support the renovation works required at the current RPH site would continue. Commitment was reaffirmed to Chorley and South Ribble Hospital, which had received several recent investments.

Financial Pressures – Further detail on the Trust's financial position, including the implications of designation under the National Oversight Framework (NOF 4) and the additional Undertakings in the form of a s. 111 notice, was set out for the information and understanding of the Board. Measures had been put in place to ensure the delivery of a series actions during the last quarter of the year, including a focus on reducing variable pay and the overall run rate.

Operational Pressures – Acknowledgment was given to the hard work and dedication of all staff over the winter period during which the Trust experienced significant operational pressures with 2024 being the busiest year to date for A&E and ambulance services in England. It was further highlighted that as a result of performance in cancer and diagnostics, all tiering had now been exited. This demonstrated that the services were performing well and performance was continuing to improve.

Ward Capacity – Clarity was provided on operational practices with regards to adjusting ward capacity to account for seasonal demand in addition to patient need and available funding. At the end of January, proposals were shared for the closure of Cuerden as a 24-bed general medical ward by the beginning of March. All colleagues on the ward would receive offers of suitable alternative employment and it was further confirmed that Cuerden would continue to be utilised as part of the Trust estate. Preston patients were now being referred through the new Acute Medical Unit at Preston which would reduce demand at Chorley, whilst Chorley residents would still be directed to Chorley and South Ribble Hospital for their care. The Diabetes Ward would remain at Chorley.

Community Diagnostic Centre - The Preston Healthport Community Diagnostic Centre (CDC) in Fulwood had officially opened earlier in the month. The centre would deliver additional lifesaving tests, checks and scans in the heart of the community, ensuring that patients across Lancashire and South Cumbria would get quicker diagnoses, care and treatment.

National, Regional and Local Recognition – Commendation was given to the achievements of Trust colleagues whose work was recognised on local and national level. Additional thanks were given to former Chair Peter White and Director of Strategy, Gary Doherty, who had both left the Trust at the end of 2024. The Board was asked to note that the size of the Executive Team in the Trust had been reduced by two posts during the year through not recruiting to vacancies.

14/25 Board Assurance Framework

Simon Regan attended for this item

The paper provided an update on the historic strategic risks which may compromise the achievement of the Trust's high level strategic objectives prior to December 2024 along with update on principal risks under the new Board Assurance Framework from December 2024.

The current score for Principal Risk 4 (Timely access to planned and cancer care) had reduced from 20 to 16 in January 2025 due to sustained improvements in elective and cancer performance leading to the reduction in likelihood score from 5 (Almost Certain) to 4 (Likely). However, it was recognised the risk remained high.

Reference was made to the delayed timescales for the New Hospitals Programme and its impact on the delivery of the Corporate Objective 'to develop and deliver our plans for the New Hospital Programme'. The risk had been reviewed, and there would be further consideration of the impact and next steps in response to the announcement on the programme delays.

There were no operational high risks escalated to the Board within the BAF this month.

The updated Risk Management Policy required further additional changes in relation to the process to monitor cultural risks. As a result, following consultation the revised policy would be submitted to Audit Committee in April 2025 for scrutiny prior to approval at the Board of Directors meeting in June 2025.

The Board acknowledged the comprehensiveness of the risk summary, emphasising the need to acknowledge and focus on Principal Risks, especially high risks within the summary. The challenge was for committees to identify actions, assess whether they would achieve targets, monitor delivery, and implement new actions if necessary to drive change. It was reflected that committees were having broader discussions around risks, the exit strategy, and how they noted challenges and actions. Controls and mechanisms were acknowledged as being at the forefront of decision-making around risks. The impact of financial decisions was considered, with a focus on not hitting a target at the expense of patient experience. Continued actions on C-Difficile rates were part of the planning for the next year, with improvements noted over the past year. Estates and cleaning standards were to be improved, with investment into domestic services dependent on NHSE.

It was recognised that the financial landscape had changed, and the implications of this for the Trust would be significant. Workshops would be planned to look at corporate objectives and take a broader view of risks. It was noted that new direction on the requirement to manage spend within set limits would inevitably require difficult decisions to be made on how financial resource was allocated.

The Board RESOLVED to

i. Approve the updates to the BAF.

ii. Approve the updates to the ongoing action plans for the historic Strategic Risks.

iii. Approve the recommendation to control Principal Risk 14 related to the New Hospital Programme following the Government announcement of the delay in the programme for Royal Preston Hospital.

15/25 2025/2026 Planning Guidance

The Board received a presentation on the NHS Planning Guidance for 2025/2026. The guidance detailed contracting and payment principles, payment mechanisms, payment limits for elective and activity-based services and reviewed fixed payments to identify efficiency savings. Base growth had been set at 4.4% reflecting cost uplift factors and efficiency requirement with an emphasis on reducing costs and improving productivity. National priorities included reduced waiting times for elective care and A&E, improved access to primary, dental and mental health care, development of Neighbourhood Health Service Models and addressing inequalities and focusing on secondary prevention.

Providers would need to develop affordable plans within set allocations, reducing cost bases and achieving productivity improvements. ICBs and providers would need to demonstrate all productivity and efficiency opportunities had been exhausted before considering whether to reduce or stop services. There would be a continued focus on reducing spending on temporary staffing and achieving reductions in agency and bank staff expenditure. Addressing activity gaps and avoiding low-value activities would be key, along with implementing the People Promise to improve staff retention and productivity. Balancing financial constraints with service improvements was a significant challenge, along with operational complexities in implementing neighbourhood health and achieving workforce flexibility.

The Board was advised that rapid improvement weeks had been undertaken together with workforce modelling to enhance productivity and efficiency. Financial challenges necessitated improvements in productivity and performance objectives. Concerns were raised about areas without key operational targets, emphasising the need to focus on clinical consequences to maintain safety.

The final commissioning intention from the ICB was awaited. Discussions with the ICB were planned to explore the impact of the loss of services not in receipt of commissioned funding.

A more focused approach to continuous improvement had been adopted, aligning with key organisational objectives and priorities. This approach aimed to create time for teams to address issues and support local teams in improving services and utilising ideas for enhancement.

16/25 Health Improvement Plan 2024-2026

The Board received the finalised version of the first Lancashire Teaching Hospitals Health Improvement Plan: A plan to reduce health inequalities 2024-2026. The plan had

been developed through an extensive consultation exercise to ensure appropriate engagement with key internal and external stakeholders and reflected the shared ambition of partners who were crucial to its success and aligned to the priorities of both the Integrated Care Partnership, Integrated Care Board and Lancashire County Council.

The plan would be converted into a short, summarised version which could be translated into other languages, an easy read version, a read aloud British Sign Language version, and a single page visual summary which would be installed across the organisation.

The Board was informed that the waiting time for prisoners had been halved. Collaboration with the health observatory was focused on women from ethnic backgrounds. Weight gain services were showing early signs of promise, along with smoking and alcohol cessation teams. However, the Board observed that only a minority of health inequalities could be addressed solely within the health system. Members reflected that at times of financial stress organisations were inclined to focus on internal matters. For this plan to be successful it would be important to retain a degree of focus on partnership working.

A bi-annual update report would continue to be provided to the Safety and Quality Committee and would report on the outcomes of the plan. This programme was operationally led through the health inequalities group and the Trust and would sit within the sider Social Value Strategy. The Board explored whether monitoring by the SQC twice a year would be robust enough however, it was advised that milestones were tracked as part of the Single Improvement Plan. Community hubs and some health inequality groups were well-placed within that plan. It was acknowledged that health inequalities had wider causes and links, and a broad view was needed to understand how to influence them.

The Board RESOLVED to adopt the plan, noting the intent to publish and promote across the organisation and to integrate health improvement further throughout the organisation.

17/25 Safety and Quality Committee Chair's Report

The Chair's report from the Safety and Quality Committee provided an overview of items discussed at the meetings on 29 November 2024 and 3 January 2025 based on the 3As methodology (Alert, Advise, Assure) including, where appropriate, items recommended for approval by the Board.

The Board was alerted in respect of a report from the Care Quality Commission regarding paediatric audiology.

The Board was further alerted in respect of a Regulation 28 notice issued to the Trust by HM Coroner for Lancashire and Blackburn with Darwen, following the conclusion of an inquest held on 27 September 2024. The report outlined the specifics of the case, the concerns raised, and the action plan formulated in response. The Committee confirmed it was assured regarding the actions taken to address the Regulation 28 notice and the lessons learned from the incident.

The Committee advised the Board that it continued to have concerns on the position regarding the boarding of patients. Mitigations were in place to reduce the likelihood of

harm but recognised the adverse experience this was contributing to. The challenges faced in diagnostics was noted by the Committee and it was agreed that further information regarding the modality of diagnostic would be included in diagnostics update via the FPC report. Any harms would be reported through the PSIRF quarterly report.

The Committee had received assurance reports on Clinical Audit Effectiveness, Quarterly PSIRF Thematic Review, Outsourced Contracts, Sepsis Update and Serious, Incident Cases Review, Health Improvement Plan 2024-26, Health and Safety, Bi-annual Update of Mortality, PMRT and LEDER and Bi-annual Medicines Management. The reports provided an overview of areas of strength and areas that required continued focus.

The new Lancashire Teaching Hospitals Health Improvement Plan 2024-26, the Adult, Children and Young People Safe Staffing report and the Maternity Safe Staffing report had been endorsed by the Committee.

The Committee endorsed the review of the Health and Safety Improvement Plan and the development of a Health and Safety dashboard as key initiatives to enhance governance arrangements within the Trust. Due to the ageing estate and financial constraints, the Committee agreed that the use of the risk register to escalate any immediate risks outside of the annual report cycle would provide effective oversight.

The Sub-contract Monitoring Assurance report provided the Committee with assurance of the contract management of the Trust's outsourced material subcontracts for clinical healthcare.

The Bi-annual Medicines Governance report provided a summary of key performance metrics and improvement actions related to medicines management undertaken by pharmacy working with the multidisciplinary team medicines management had contributed to reducing and maintaining the proportion of medication incidents causing harm to an average of 4% against a Model Hospital national benchmark of 12%.

The Bi-annual update of Mortality, Perinatal Mortality Review Tool (PMRT) and Learning Disability Mortality Review (LeDeR) provided assurance that the Trust had robust governance arrangements in place to review, report and learn from patient deaths.

18/25 Adult and Paediatric Audiology – Trust Response to CQC

With reference to Safety and Quality Committee Minute No. 12/25, and as requested by the CQC, the Board received the report outlining the response to a letter received from the CQC regarding paediatric audiology services. The report provided the response and action plans following an independent review of paediatric audiology services in Fulwood (in the women's and children's division) and Preston (in the surgery division).

The Trust was not currently Improving Quality in Physiological Services (IQIP's) accredited or registered. In line with the CQC request, this was registered as a risk on the division's risk register. At the current time, the Trust would not progress with IQIP's accreditation unless the ICB select to fund that, instead the areas of risk identified within the review would be managed as part of divisional governance arrangements.

In response to the request, the Trust had participated in a Paediatric Audiology Quality Assessment Tool (PASQAT) which fulfilled the requirement of an external evidence-based assessment of the service. There had been no safety issues identified as part of the benchmarking exercise.

Work was currently in progress to assess which standards could be achieved without accreditation, with a further report to be provided to the Safety and Quality Committee in six months. In response to a query, it was clarified that accreditation that carried an associated financial cost would need to evidence some impact or benefit on patient safety, rather than being accreditation for its own sake.

The Board RESOLVED to approve the approach as set out in the report, including the proposed response to the CQC.

19/25 Maternity and Neonatal Services Report

Jo Lambert, Interim Divisional Nursing and Midwifery Director and Emma Romana, Clinical Director, Obstetrics attended for this item.

With reference to Safety and Quality Committee Minute No. 25/25, the Board of Directors received the update on safe staffing and the safety, quality, assurance, and oversight programmes of work, including the Clinical Negligence for Trust (CNST) Maternity Incentive Scheme (MIS) final position at the end of the year 6 reporting period. Quarterly validation and assurance visits were undertaken throughout the year 6 MIS reporting period with the Local Maternity and Neonatal System (LMNS) on behalf of the ICB. The purpose of the visits was to review the evidence of compliance against each of the ten standards. As of 13 December 2024, the service confirmed that all the evidence had been reviewed and signed off by the LMNS and that all ten CNST standards had been met.

The perinatal quality surveillance dashboard (PQSD) supplementary information pack highlighted that areas of increased pressure were demonstrated in the trends associated with the red flag reporting. However, analysis of triage performance was overall positive, with performance of triage within 30 minutes achieving 97.6% and within 15 minutes 95.9%. Areas where this was not occurring had been analysed within the report together with identified remedial action.

Clinical indicators showing positive performance related to antenatal booking and interventions to improve performance in these areas showed signs of being effective. Although there had been an increase in stillbirths in December 2024, this was not statistically significant, and 2024 had the most improved rate overall since 2008.

The service confirmed a stable position overall, resulting from the improved midwifery staff in post and the stable leadership from the substantive obstetric workforce. Work continued in relation to monitoring and oversight of obstetric safe staffing models, induction of labour, and maternity triage workstreams. A CQC investigation into a maternity case continued, and the Board would receive an update on this in due course.

Advice was provided to the Board that several mechanisms were in place to review incidents through governance and oversight, particularly in maternity. Incidents were

reviewed as part of learning approaches, and where deeper investigation was needed, support from obstetrics was sought. All incidents were visible on Datix for complete oversight. Confidence was expressed in understanding the risks. The Non-Executive Director designated as the Maternity Champion confirmed that he continued to be closely engaged with the service, including 'walking the wards' for triangulation, visibility and to provide assurance directly to the Board.

Acknowledgment was given to the work undertaken, particularly how nursing and medical teams worked together in the complex and high-pressure environment. Investment in obstetrics leadership and stability had positively impacted key workstreams. Continued collaboration was emphasised, with leadership days and core members working together on collaborative efforts.

The Board RESOLVED to approve and endorse the presentation of the evidence, as validated by the LMNS on the 13 December 2024, and to authorise the CEO to declare compliance with 10 CNST MIS standards as required.

20/25 Integrated Performance Report as of 31 January 2025 including Finance update and Single Improvement Plan

The integrated performance report as of 31 January 2025 provided an overview of key performance indicators.

(a) **Operational Performance Summary** – The Urgent and Emergency Care performance against the national 4-hour access standard had remained below the required target in December 2024, however performance had shown improvement compared to November 2024. A fluctuating position was seen in the over 60/30 minute and over 15 minute ambulance handovers, remaining markedly below national target. The percentage of patients with an ED LOS of 12 hours or more remained a key area of focus within the Urgent and Emergency Care Improvement Plan. Actions to mitigate the number of boarded patients in non-bed spaces focused on improving ward and board round processes, increasing the use of the Same Day Emergency Care facilities, roll out of continuous flow, improved discharge processes and mobilisation of the new AMU model of care.

From an elective recovery perspective, there was a continued reduction in long waits for elective treatment with further reductions seen in the over 52 week waits and was the eighth month of reduction demonstrating a statistically significant change. Similar trends had been delivered in patients waiting 65 weeks with a December position showing a consistent level of 65-week month end breaches due to capacity shortfalls. Comparison to the latest NW region position indicated that the Trust was currently 10th out of all acute and specialist trusts and 4th out of acute Trusts in terms of the overall number of 65-week waiters with ongoing reductions each week.

The cancer 62 day compliance for December 2024 was slightly below trajectory but remained an unvalidated position. November performance was 67.2% and marginally below the monthly trajectory. The unvalidated Faster Diagnosis Standard (FDS) performance was 4.4% above trajectory for December. Tier 1 update demonstrated improvement in this regard.

The diagnostic access standard (DM01) had deteriorated slightly in December and was under trajectory for the month. The Trust remained significantly below the national

standard and a review of the last published data indicated that the Trust was the worst performing NHS Trust in the NW region. Key drivers of under-performance related to Non-Obstetric Ultrasound (NOUS), endoscopy and echocardiology modalities. Mutual aid support had been requested from Lancashire and South Cumbria providers for echocardiography and additional administrative capacity was due to commence mid-January 2025 which would aid improved utilisation of the available capacity in endoscopy. A rapid improvement week was planned for mid-January 2025 to look at process issues within endoscopy.

(b) **Safety and Quality** – In respect of safe staffing requirements, Nurse and Midwifery safe staffing reporting continued on a monthly basis through the Safety and Quality Committee. Adult inpatient areas remained in a positive position with RN staff fill rates achieving greater than 98%, despite the current HCA vacancy rate ranging between 14-16%, bank HCAs enabled the fill rates to meet the required standard. The maternity fill rate position for registered midwives (RM) achieved 87% in month. The maternity support worker fill rate had reduced in month to 80% due to sickness and vacancy.

From a patient experience and involvement perspective, the number of complaints per 1000 bed days continued to demonstrate a reduced rate as a result of increased focus on local resolution for patients and families. Specific focus was being given to Urgent and Emergency improvement plans and inpatient pathways however it had been recognised that the Urgent and Emergency Care pathway in totality had a significant impact on overall experience of patients, family and staff and was a key priority.

STAR accreditation standards continued to exceed the internally set target with the process having been refreshed to introduce mandatory standards which mirrored areas which were consistently not achieved with predicted negative impact initially with an aim to lead to improvement. The disaggregation of the whole Trust position from that of the higher risk ward, ED and theatre areas were now included to ensure additional oversight of areas which presented increased risk.

With regards to HSMR, mortality metrics remained stable and within expected parameters. LTHTR stillbirth rate was 2.8 per 1000 births. It was noted a data quality error had been observed in the internal reporting of still births due to a coding issue however, the data reported externally to MBRACE was accurate and showed performance in line with peers.

Pressure ulcer data had shown an increase in December, likely as a result of increase in delays through the Urgent and Emergency Care pathway. Care bundle best practice interventions and focus continued through divisional always safety first forums. An improvement plan was aimed at minimising overall numbers and the category severity of pressure ulcers.

The Board was advised that boarding continued in response to supporting safety within the Emergency Department. It was recognised this was a consequence of the Urgent and Emergency Care system had not been working effectively and was a short-term measure until the Urgent and Emergency Care plan was delivered and suitable capacity was created to meet demand.

The Care Quality Commission had provided 44 recommendations in the form of Must Do's or Should Do's (allowing for the duplication of some recommendations across different core services). The Quality Improvement Plan in response to these

recommendations formed part of the Single Improvement Plan. From the 18 'Must Do' recommendations, 11 had been assessed as delivered. From the 36 'Should Do' recommendations, 29 had been assessed as delivered. Delivery dates had been set for outstanding Must Do's and Should Do's.

(c) **People and Culture** – Sickness absence rates remained above 6% throughout Quarter 3 and rose above 7% in Month 9, leaving the Trust off plan with the target of an annualised reduction by 1% by the end of the financial year. Increased mental health related absence was a concern and drove long term absences. Reported violent and aggressive incidents decreased in Month 9 although remained above 100 for the sixth month running. Turnover rate had returned to levels in line with organisational trends with vacancy rate increased to over 7% in Month 9 due to increased vacancy control measures. There was an increased focus on mandatory training with more stringent level of reporting.

(d) **Financial Sustainability –** At Month 9 the Trust had a deficit of £26.3, an adverse position of £17.4m against a planned deficit of £8.9m. The main variances to plan include £10.7m variance to Financial Recovery Plan Target, £5.2m shortfall on income from Urgent and Emergency Care capacity and investment funding to support frailty and intermediate care, and £1.1m fixed over-performance and impact of Industrial Action and IT outage. Operational pressures were reported in acute medical pathways reflected in overspends in medication and nursing pay budgets, and capacity issues resulting in elective, day care and outpatient income under performance. The Trust was reviewing its forecast recognising the high risk plan with a number of efficiency schemes not yet delivering to plan, risks which materialised since the plan was set and continued operational pressures.

Capital expenditure in year to date at £42.9m was circa £10.5m more than plan. However, this included £18m for New Hospital Programme land purchase. The Trust had reduced the capital plan by £3.2m to contribute to the system reduction of £10m. The reduction had been worked through the Capital Planning Forum however it was noted that the £3.2m reduction required the Trust to defer expenditure on backlog maintenance and equipment replacement would consequently increase risks to operational areas.

The Trust had received £10m revenue support from NHS England in addition to £21m additional income. Continuing operational pressures associated with revenue deficit added to the cash burden in the plan and the Trust would require further cash support from DHSC in Quarter 4.

In order to reach financial balance on a recurrent basis by the end of the three year period (2026-27) required delivery of an ambitious and challenging financial plan. In 2024-25 a gap of £58m would need to be mitigated, of that £8.3m would be closed through income/productivity contribution, £8.3m through system optimisation/risk and £41.4m delivered through core cost improvement. In Month 9 the Trust had delivered £17.9m year to date, which was 66% of the plan of £27.3m however 53% of that was non-concurrent. Annually £21.7m had been delivered towards the £58m target.

Agency spend to Month 9 was £8.2m, 1.9% of pay expenditure, which compared favourably to the agency cap of 3.2% of pay expenditure.

The Board acknowledged the broadly positive reports but reflected that more productivity was needed to maintain momentum in addition to the establishment of mechanisms to manage staffing and available resources to drive performance.

The Board reflected on workforce issues with sickness rates and low staff vaccination rates. In response to a query, it was advised that there was a plan to re-visit the vaccine programme. Whilst significant work had been undertaken during extremely challenging times the Board agreed that some additional scrutiny by Board committees to review timelines of delivery (and for these to be front-loaded where possible), using dates as markers of progress, and to have clear signposts and achievements would help to maintain momentum. Thanks were extended to the Executive Team for engaging with colleagues on the wards and maintaining visibility for staff.

21/25 Finance and Performance Committee Chair's Report

The Chair's report from the Finance and Performance Committee provided an overview of items discussed at the meeting on 17 December 2024 and 22 November 2024 based on the 3As methodology (Alert, Advise, Assure) including, where appropriate, items recommended for approval by the Board.

The Board was alerted to the precarious cash position with further variances against the Financial Recovery Plan emerging and risks from the discrepancy between Commissioners intentions and Trust's affordability requirements however noted that actions were in progress to broker a resolution with the Integrated Care Board.

The Committee alerted the Board that the financial plan remained off trajectory with concerns over in-year and knock on effect into next year. Weekly Executive oversight had been instigated around planning processes with further assurance sought on the adequacy of emerging plans to address required performance improvements including closing the financial gap. Continued concern was raised regarding the pace of improvement in the DM01 diagnostic performance together with the absence of an established framework for selecting and evaluation new organisational models to optimise resource utilisation against strategic goals. The Committee recommended further consideration of elevating cyber security as a Principal Risk due to increased cyber security threats.

Advice was provided regarding the level of scrutiny applied to the 'Fit for the Future' risk exposure, with limited assurance on the adequacy of captured mitigations and work to strengthen would be included in the Principal Risks. Limited assurance had been received regarding clinical and non-clinical workforce arrangements including understanding benchmark performance and associated cost effectiveness. It was reported there were significant risks and dependencies associated with the current change agenda and transformation programmes linked to the Single Improvement Plan. The Committee was assured that while operational performance challenges remained, actions taken were expected to yield improvements and bolster confidence in plans, together with enhanced scrutiny and control over high value contracts. Partial assurance had been provided regarding current cyber security position however, the assurance was caveated with recommendation to re-evaluate risk scoring and enhance financial clarity on planned upgrades. Positive note was taken on the improved trajectory in Urgent and Emergency Care metrics despite winter pressures which signalled improved resilience in managing patient flow and capacity.

22/25 Audit Committee Chair's Report

The Chair's report from the Audit Committee provided an overview of items discussed at the meeting on 17 January 2025 based on the 3As methodology (Alert, Advise, Assure) including, where appropriate, items recommended for approval by the Board.

The Committee alerted the Board to the Sickness Absence Internal Audit Report however noted proactive response from Executives and Management to address the issues. Significant concerns were raised in the Insourcing LLPs Audit Report however constructive management response and actions to address gaps in governance and compliance was noted. The Board was alerted of a lack of progress in reducing waivers and underlying issues linked to the continued use of those as a process workaround. It was also highlighted the Committee noted a theme of poor adherence to policies and procedures which was evident in several areas including sickness management and procurement.

The Committee advised that preparations for year-end accounts were progressing constructively with critical accounting decisions being careful managed. The Audit Plan had been adjusted to account for deferral of the Financial Recovery Plan audit due to overlapping external scrutiny.

The Committee noted improved oversight and management of outstanding audit recommendations which were supported by increased Executive scrutiny and monthly review.

23/25 Charitable Funds Committee Chair's Report

The Chair's report from the Charitable Funds Committee provided an overview of items discussed at the meeting on 10 December 2024 based on the 3As methodology (Alert, Advise, Assure) including, where appropriate, items recommended for approval by the Board.

The Board were alerted to continued financial implications of the Trust's vacancy freeze, with specific impact on the charities' operations which required ongoing attention. Delays in the procurement process affecting the investment management review had created challenges for compliance with the investment policy.

The Committee advised the Board that the conditional approval of the digital innovation project, subject to assurance on technology integration, governance, and procurement compliance demonstrated the Committee's commitment to due diligence. The Committee would explore investment management benchmarking as an interim measure while procurement delays persisted, ensuring informed decision-making regarding investment fees and value.

The Committee noted that the Charitable Funds demonstrated strong financial performance, exceeding income targets and operating under budget reflecting a robust post-Covid recovery in fundraising efforts. Previous blockages in estates-related charitable projects had been resolved to allow all pending projects to progress. An updated policy on the use of Trust sites by external charities, prohibiting external

fundraising, had been approved to strengthen governance measures with clear processes for managing external engagements and ensuring alignment with Trust health and safety policies.

Acknowledgement was given by the Board to staff and the community being hugely supportive of charities and raising funds.

24/25 Workforce Committee Chair's Report

The Chair's report from the Workforce Committee provided an overview of items discussed at the meeting on 14 January 2025 based on the 3As methodology (Alert, Advise, Assure) including, where appropriate, items recommended for approval by the Board.

The Committee advised that improvements in terms of rostering were ongoing however investment was required to ensure programmes were implemented properly and in order for those programmes to be successful. Discussions had been held around the Staff Survey ahead of national results being published.

The Committee noted the social value report recognised work around health inequalities and efforts to work with communities to assist them into employment.

25/25 Gender Pay Report

The report presented findings and recommended actions based on the Gender Pay Gap report for 2024. It was found that 75% of the workforce was female, with women occupying 75% of the lowest paid jobs and 67% of the highest paid jobs. The median gender pay gap was found to be at 3.20% which had remained static as reported in 2023. The Equality and Human Rights Commission set out in their criteria that where a pay gap is greater than 3% but less than 5% difference, the position should be regularly monitored.

The ability as an organisation to take targeted action was limited due to being bound by NHS terms and conditions, the fact that colleagues were encouraged to take up flexible working opportunities which then reduced salary levels and the pipeline of newly qualified individuals who were seeking to obtain posts such as higher proportion of females wanting a consultant position, higher proportion of males seeking employment in agenda for change caring professions.

CEA was noted as the only variability in annual pay. Talent management programmes were offered, focusing on Band 8a and above, including the Rising Star campaign. The organisation was recognised as a menopause-aware and endometriosis-friendly employer, with improved flexible and agile working arrangements to retain staff.

The Board RESOLVED to approve the report for publishing on the Trust internet site by 30 March 2025

26/25 Equality, Diversity and Inclusion Annual Report

The report provided an annual update against the principles and aims of the Equality, Diversity and Inclusion (EDI) Strategy 2021-2024 and formed part of the Trust's public sector duties as set out in the Public Sector Equality Duty and the Equality Act (2010).

The report highlighted positive results in an increase in colleagues sharing long-term conditions or disabilities on ESR, with sustained growth reported of implemented workplace adjustments. Progress was noted in an increase in outreach activities to support marginalised groups across local communities. The report outlined an increased focus on the use of patient stories as a means of learning and development of service provision.

The report detailed future focus on intersectional reporting of the workforce-centred data, and development of more robust data collection from patient groups, together with increased opportunities to support staff to understand their role in enabling equality, diversity and inclusion to bring about improvements in health inequalities. Processes would be reviewed to develop more inclusive practices to support recruitment, staff satisfaction and career progression of colleagues with protected characteristics.

The Board RESOLVED to approve the report for external publication.

27/25 Scheme of Reservation and Delegation (SoRD)

The Board received the report of the Director of Corporate Affairs detailing proposed revisions to the SoRD to reflect its purpose as a document detailing those matters either reserved by the Board or delegated by the Board elsewhere, rather than as an instrument of financial governance. The revision included the re-alignment of the schedule of authority limits as an annex of the Standing Financial Instructions (SFI). No changes were suggested to any financial limit, but some references found to be in duplication of statements elsewhere had been removed.

In addition, the revised SoRD now made it explicitly clear that delegated authority could not generally be delegated onwards and must instead revert upwards. This complied with a recommendation from a recent internal audit report.

Specific reference was made to the powers vested in the NHP Assurance Committee and it was agreed that the SoRD should be updated to reflect the disestablishment of this Committee. In addition, it was advised that up-to-date terminology of 'auditors' annual report' should be used instead of 'management letter'.

In response to a query, it was confirmed that compliance with the SoRD would be monitored through the Audit Committee.

The Board RESOLVED that, subject to the amendments as set out above, the SORD be approved and the authority limits document, as set out as an appendix to the report, the relocation of as an annex to the SFIs.

28/25 Items for information

The following reports were received and noted for information:
(a) Register of Interests
(b) Membership Strategy 2025-26

29/25 Date, time and venue of next meeting

The Chair closed the meeting by formally thanking Peter White who acted as past Chair and the dedication and commitment to the role.

The next meeting of the Board of Directors will be held on 3 April 2025, 9.15am, Lecture Room 3, Education Centre 1, Royal Preston Hospital

The meeting closed at 3:21pm

5. MATTERS ARISING AND ACTION LOG UPDATE

Decision Item | M Thomas | 09.34

REFERENCES

Only PDFs are attached

05.0 - Action log - Board (part I) - 6 Feb 25.pdf

Action log: Board of Directors (part I) – 6 February 2025

No outstanding items

COMPLETED ACTIONS *(for information)*

№	Min. ref.	Meeting date	Action and narrative	Owner	Deadline	Update
1.	29/25	6 Feb 2025	Formal thank you to be sent to Peter White	Director of Corporate Affairs/CAT	3 April 2025	**Completed** **Update for 3 April 2025** – Letter issued.
2.	18/25	6 Feb 2025	***Adult and Paediatric Audiology – Trust Response to CQC –*** CQC letter to be circulated as omitted from paper	Chief Nursing Officer	3 April 2025	**Completed** **Update for 3 April 2025** – Letter uploaded to Team Engine and final record of papers.

6. CHAIR'S OPENING REMARKS AND REPORT

Information Item | M Thomas | 09.35

REFERENCES

Only PDFs are attached

06.0 - Chairs Report - 03.04.25.pdf

Board of Directors Report

Chair's Report			
Report to:	Board Of Directors – Part 1	**Date:**	03.04.2025
Report of:	Chair	**Prepared by:**	Mike Thomas, Chair
Part I	√	**Part II**	

Purpose of Report					
For assurance	☐	**For decision**	☐	**For information**	☒

Executive Summary:

The purpose of this report is to provide a summary of work and activities undertaken during February and March by the Trust Chair.

It is recommended that the Board receives the report and notes the contents for information.

Trust Strategic Aims and Ambitions supported by this Paper:

Aims		Ambitions	
To provide outstanding and sustainable healthcare to our local communities	☒	Consistently Deliver Excellent Care	☒
To offer a range of high quality specialised services to patients in Lancashire and South Cumbria	☒	Great Place To Work	☒
To drive health innovation through world class education, teaching and research	☒	Deliver Value for Money	☒
		Fit For The Future	☒

Previous consideration

Chair's Report

1. **Introduction**
   The purpose of this report is to provide an overview of the work and activities undertaken during February and March 2025.

2. **Internal Visits**
   Over the last few months, I have been able to meet teams to hear of the work that they are doing for patients and their families across the Trust. These have included visits to Chorley Dialysis, Haematology, Portering and support services and a wider visit at Chorley with our Lead Governor. I have adopted good assurance practices by tracking patients chosen at random as part of triangulation of quality. I look forward to doing more visits over the coming months.

3. **External Visitors**
   I met with Mr Hadcock, Deputy Lord Lieutenant who visited Ward 14 in February to convey his appreciation of staff in relation to the hard work and support that they and all teams do for patients and their families.

4. **Summary of Board Part II Meeting - 5 December 2024**

   The Board convened and confirmed a quorum. The minutes of the previous meetings were approved, and all actions from previous meetings were completed.

   1. **Chief Executive Update:**

      - The Trust had been placed into NHS Oversight Framework Segment 4 and would receive support from the National Recovery Support Programme.
      - Financial challenges and staffing clarity were discussed.
      - Plans for developing a health hub in Preston were mentioned.

   2. **Financial Recovery Plan:**

      - The Trust faced a significant financial deficit and worked on a recovery plan.
      - Additional support from PWC was commissioned to improve financial performance.
      - The Trust prepared for potential cash flow issues and explored options to manage supplier payments and capital projects.

   3. **Clinical Waste Tender:**

      - Approval was given for a new clinical waste contract to ensure continued compliant service and cost savings.

   4. **NHS Energy Efficient Fund – LED Lighting:**

      - Approval was given to replace old lighting with energy-efficient LED lighting, funded by a grant from NHS England.

7. **Finney House:**

    - Discussions were held regarding the future of the Community Healthcare Hub at Finney House, with a decision to close the facility due to financial constraints.

8. **Confidential Risk Report:**

    - An update was provided on the Trust's confidential risk process, noting a decrease in active confidential risks.

5. Chair's attendance at meetings

Details below are the meetings attended and activities undertaken during February and March 2025.

Date	Activity
February 2025	
4th	1:1 – Chief Executive
4th	Induction Meeting – Non-Executive Director
5th	1:1 meetings with Non-Executive colleagues
6th	Board Meeting – Pre-meeting
6th	Board of Directors meeting
11th	PCB Agenda Setting
11th	1:1 Director of Corporate Services
11th	Provider Chairs Meeting
11th	1:1 Chief Executive
12th	Chorley ED – visit to Dialysis Department
12th	1:1 Non-Executive Director
13th	1:1 Director of Communications and Engagement
13th	Nominations Committee
13th	Special Council of Governors meeting
13th	Provider Chairs Meeting
13th	Provider Collaboration Board
13th	1:1 Lead CEO, Provider Collaborative
25th	Board Agenda Setting
25th	1:1 Induction meeting with Non-Executive Director
25th	Nominations Committee Meeting

25th February	Special Council of Governors
25th	1:1 PWC
26th	1:1 Associate Director of Patient Experience
26th	Meeting with Non-Executive Directors and Director of Corporate Services
27th	PWC Learning Event – LSC NEDs
27th	Visit from Deputy Lord Lieutenant
27th	1:1 Director of Corporate Services
27th	NHS England meeting
March 2025	
4th	Improvement & Assurance Group (IAG)
5th	1:1 Lead Governor
5th	1:1 Chair, East Lancashire Hospital
11th	1:1 Non-Executive Director
11th	1:1 Chief Executive
12th	1:1 Director of Corporate Services
12th	NHP meeting
13th	Provider Chairs Meeting
13th	Provider Collaborative Formal Board
13th	Book Launch, University of Central Lancashire
18th	1:1 Cllr Bradley
18th	Special Board
19th	1:1 Lead Governor
19th	Regional Workforce Strategic Assembly
19th	1:1 Chair, LSC ICB

20th	1:1 Deputy Chief Executive
20th	1:1 Chief Executive
20th	1:1 Director of Corporate Services

6. Financial implications

There are no financial implications associated with the recommendations in this report.

7. Legal implications

There are no legal implications associated with the recommendations in this report.

8. Risks

There are no risks associated with the recommendations in this report.

9. Impact on stakeholders

There is no impact on stakeholders associated with the recommendations in this report.

10. Recommendations

It is recommended that the Board received the report and notes the contents for information.

7. CHIEF EXECUTIVE'S REPORT

Information Item | S Nicholls | 09.40

REFERENCES

Only PDFs are attached

07.0 - CEO Board Report - April 25.pdf

Board of Directors Report

Chief Executive's Report			
Report to:	Board of Directors	**Date:**	3 April 2025
Report of:	Chief Executive	**Prepared by:**	N Duggan
Part I	✓	**Part II**	

Purpose of Report					
For assurance	☐	**For decision**	☐	**For information**	☒

Executive Summary:

The purpose of this report is to update the Trust Board on matters of interest since the previous meeting.

The Board is requested to receive the report and note its contents for information.

Trust Strategic Aims and Ambitions supported by this Paper:

Aims		Ambitions	
To provide outstanding and sustainable healthcare to our local communities	☒	Consistently Deliver Excellent Care	☒
To offer a range of high quality specialised services to patients in Lancashire and South Cumbria	☒	Great Place To Work	☒
To drive health innovation through world class education, teaching and research	☒	Deliver Value for Money	☒
		Fit For The Future	☒

Previous consideration

Not applicable

1. CHIEF EXECUTIVE'S REPORT

NHS England to be formally abolished

Sir Keir Starmer has announced NHS England (NHSE) is be abolished in a bid to reduce duplication whilst, over the next two years, fully integrating it into the Department of Health and Social Care (DHSC).

According to the Prime Minister, this move will put the NHS "back at the heart of government" and free the service to 'reduce bureaucracy, make savings and empower NHS staff to deliver better care for patients.'

It comes after a number of senior NHSE executives announced their intention to step down, including; Chief Executive Officer - Amanda Pritchard, Chief Financial Officer - Julian Kelly, Chief Operating Officer - Emily Lawson and Chief Delivery Officer - Steve Russell.

The decision to abolish NHSE forms part of the government's plan to make savings across the service and across all government departments. It has been reported that over 9,000 jobs are expected to go representing about 50% of the joint NHSE/DHSC workforce.

NHS England Transition Team confirmed

Following the above announcement, NHSE interim CEO, Sir Jim Mackey, confirmed a number of appointments to the NHS transformation executive team to work on business as usual matters as well as the merger.

This includes a number of current NHSE Directors:

- Chief Nursing Officer – Duncan Barton
- Clinical Transformation Director – Vin Diwakar
- Co-Medical Director (primary care) – Claire Fuller
- National Director of Primary Care and Community Services – Dr Amanda Doyle
- Urgent and Emergency Care Director – Sarah-Jane Marsh

There are also a number of new appointments as follows:

- Deputy Chief Executive – David Probert
- Chief Financial Officer - Elizabeth O'Mahony
- Co-Medical Director (secondary care) – Professor Meghana Pandit
- Financial Reset Director and Accountability Director – Glen Burley
- Elective Care, Cancer and Diagnostics Director – Mark Cubbon

There will also be seven Regional Directors who will report into the CEO and maintain their existing responsibilities with Louise Shepherd remaining in the role for the North West following her appointment in September 2024.

It is understood that a new Chief Digital Officer is to also be appointed. Dr Penny Dash, the recently appointed new Chair of NHSE will continue in the role.

Operational and Financial pressures

It has been an exceptionally difficult year from a financial perspective both at Lancashire Teaching Hospitals and across the wider Lancashire and South Cumbria healthcare system.

Whilst we have ended the year in a position that NHSE and the ICB are satisfied with, there is still a long way to go and we need to find well over £50 million of savings in 2025/26 which will undoubtedly mean some difficult decisions will need to be made.

We are now receiving additional support with a number of colleagues from PWC assigned to different projects – they are a really experienced who will not get distracted by the day-to-day operational issues that the rest of us need to focus on and that will be a great help.

We've also now got a new Turnaround Director, Keith Pringle, who will be working with us over the next six months to ensure that we retain our grip and control as we work through what is a very complex programme.

We are working closely as a system and with the full involvement of our staff side colleagues to ensure that changes do not compromise patient safety, and that colleagues are kept in the loop and treated fairly.

A system-wide programme of work called 'Finance - the One LSC Way' is also taking place over the next six months to get the basic financial management processes in L&SC from where they are now to best in class which, in turn, will help the financial position of all organisations.

The programme is composed of four workstreams: Programme arrangements, Service and financial recovery, Financial Governance Improvements and Finance Skills Development; and the areas being looked at include:

- System collaboration
- Clinical leadership
- Financial accountability
- Staff engagement
- Assurance
- Budgets and costs

We have seen positive examples taking shape which are having real impact and improving services for patients. We need to celebrate these and work together to spread learning and good practice across L&SC.

Improving our financial situation is everyone's business. Every single colleague - clinical or non-clinical, at all levels - is responsible for our finances and we will continue to share regular updates as the programme progresses.

Finney House closure

In January, the Trust was formally placed into the NHS Oversight Framework (NOF) Level 4 due to the size of our financial deficit and have been clear that some difficult decisions are needed to help get our finances back on track.

One such decision is the phased closure of the Finney House Community Healthcare Hub. The gap between operating Finney House and the income received by the Trust is £5m per annum and despite extensive discussions with our partners in the Integrated Care Board (ICB) and Lancashire County Council (LCC) we have not been able to agree a financially viable way of funding the service. Ultimately the responsibility for providing the intermediate and residential care on offer within the hub sits with LCC and the ICB who are confident that there are suitable alternative arrangements within the system.

The floors will close one at a time with the residential floor closing last to allow the maximum time for alternative proposals to be put in place for residents. The middle floor, Meadow, is expected to close at the end of April, followed by the bottom floor, Buttercup, at the end of May, and the top residential floor, Orchard, in early June 2025. These are traditionally slightly less pressurised months for the NHS, allowing us time to prepare for winter 2025/26.

Finney House has had many successful quality driven outcomes including reductions in lengths of stay and waiting times within Royal Preston Hospital, and reductions in pressure sores, falls and complaints. We are exceptionally proud of the care that our staff have provided to patients there and understand how very disappointed they are at this news. We took over the lease at a time when there was a national drive to clear the elective backlog that had built up over the pandemic and when we regularly had over 400 patients who did not meet the criteria to reside. Having this facility helped us to free up the space to do this which greatly benefitted

those who had been waiting a long time for their procedures. Our colleagues have also provided a really good service to the residents, something we had never been responsible for before.

In addition to this the multi-disciplinary team have provided outstanding rehabilitation to a large number of our patients. 80% of these were able to return home, which is higher than average for intermediate care facilities.

Unfortunately, three years on, the climate within the NHS has changed and sadly it is simply not affordable or sustainable to keep this facility open – stepping in to provide services we are not commissioned for is one of the reasons that our deficit is so extensive.

We will be using the time between now and the closure of the first floor of Finney House to discuss the situation in more details with front line teams and will keep all colleagues updated. We expect to be able to redeploy the majority of the 160 staff who work there.

Read more on the Trust website.

Results of the Election to the Council of Governors

On 27 March I was delighted to meet and welcome many of our new and returning Governors to the Trust following the recent election to the Council of Governors 2025 in both the public and staff categories. The results of the recent election is noted below but a more in depth review is within the Board papers:

Public: Re-elected

- Takhsin Akhtar; Sheila Brennan.

Public: Newly elected

- Enid Povey; Darrell Brooks; Paul Brooks; George Bailey; Carole Oldcorn; Tim Young.

Staff: Newly elected (Nurses and Midwives)

- Sonia Connell

Our Governors play a vital role in acting as a voice for our community, representing the interests and views of our members, both colleagues and the public, as well as the wider general public. They are essential in making sure that their views and opinions are considered in providing and developing our hospital services, making a huge difference to the lives of those we help.

Non-Executive Directors update

I am pleased to confirm that since February's Board meeting, the Trust has welcomed five new Non-Executive Directors (NEDs) to the Trust who each bring with them a wealth of experience to the roles.

I would like to welcome Professor StJohn Crean, Dr Karen Deeny, Adrian Leather, John Schorah and Tim Wheeler who will each serve a one-year term of office with the exception of Professor Crean who will serve three years. More detailed bios for our NEDs can be found on the Trust website.

I would also like to put on record my thanks to our former NEDs Professor Paul O'Neill, Kate Smyth, Tim Watkinson and Tricia Whiteside for their valued contributions and support for Lancashire Teaching Hospitals over many years.

LSC Pathology Services to scope plans for a pathology single service

The Lancashire and South Cumbria Pathology Service Network has been asked to scope out plans to develop a pathology single service for the system, including the development of a new Target Operating Model (TOM) and commercial structure.

The LSC Integrated Care Board (ICB) and Provider Collaborative Board (PCB) have mandated that the system develops a more unified pathology system to address network priorities and improve diagnostic services. The proposals were formally endorsed by the Pathology Network Board on 25 October 2024 and the Provider Collaborative Board on 14 November 2024. Work will now take place to develop and scope proposals for how a single system and new Target Operating Model might work.

Nationally, the NHS is moving towards the consolidation of services. Several pathology networks across the country have successfully established a single service. Networks that have already consolidated their services have found that the move resulted in reduced variation of service across their region, it offered better value for money and resulted in an improved diagnostic service for patients.

The network has made great progress in recent months, with wider plans to transform services including investment in new equipment and technology for laboratories, a new Laboratory Information Management System (LIMS) and digital pathology, all of which will enable fantastic advances in how the network operates.

2. National, Regional and Local Recognition

While it is important to highlight our key challenges, we must not lose sight of the incredible work and achievements of our colleagues which are being recognised on both a local and national level.

- **Trust at forefront of initiative which could transform nursing practice and patient care**

Lancashire Teaching Hospitals is at the forefront of a significant initiative with the potential to transform nursing practice and patient care through research and innovation.

Working for the Trust, Nichola Verstraelen, Lancashire and South Cumbria Integrated Care Board's (ICB) Senior Research Programme Manager, and Dr Philippa Olive, Independent Health and Social Care Research and Innovation Consultant and Honorary Professor of Nursing (University of Central Lancashire), have helped create an NHS England Research toolkit for matrons and other health and care leaders.

The strategic plan by the Chief Nursing Officer (CNO) for England emphasises a transformative vision for research, where nurses are not just participants but leaders, empowering them to shape evidence-based practice and decision-making, with the overarching goal of delivering high-quality, patient-focused care.

A project three years in the making, commissioned by and developed in partnership with NHS England, with funding from the National Institute for Health and Care Research (NIHR), Nichola - research matron for the Trust on secondment with the ICB – and colleague Philippa – academic lead with LTH – conducted a national survey of 205 matrons, looking to find out how to improve the culture of research in their departments, integrate research into their everyday nursing practice and foster innovation. Read more on our website.

- **Trust Renal Biopsy course puts Preston on the map**

The Trust recently hosted its tenth Preston Renal Biopsy Course - the only course in the world allowing delegates to train on a purpose-built renal biopsy simulator.

Since 2012, the event has put Preston on the map, drawing nephrologists and nephrology trainees to Lancashire from 48 different countries across four continents to learn techniques of performing ultrasound guided kidney biopsies.

This most recent two-day weekend course at Royal Preston Hospital provided training and teaching, incorporating practical sessions and lectures, with 20 delegates from Ireland, Romania, the Caribbean and across the UK.

The course is the brainchild of Trust Consultant Nephrologist Dr Aimun Ahmed, who sits on the UK Renal Association International Committee and helps educate and train on kidney disease in developing countries across the world, in his role as an International Society of Nephrology (ISN) Renal Ambassador.

One of the ISN's aims is to promote nephrology and kidney disease by training young nephrologists or sending experts out to educate, teach and exchange experiences – with Dr Ahmed having visited many countries over the past 14 years, including Egypt, Bosnia and Herzegovina, Croatia, Jordan, UAE, Kazakhstan and Uzbekistan.

The society also allows sponsored fellows to come to well-known centres for excellence around the world – of which Royal Preston Hospital is one – to be trained, before returning to their countries to apply the knowledge they have gained. Fellows from approximately 15 nations have come to the Trust to train and observe, spending time in Preston for up to a year. Read more on the Trust website.

- **Research facility recruits and treats first patient outside the US to lung cancer trial**

The NIHR Lancashire Clinical Research Facility (LCRF) at Royal Preston Hospital has been successful in recruiting and treating the first patient outside the USA to a complex lung cancer trial to evaluate an investigational antibody therapy.

Lancashire Teaching Hospitals is one of a small number of NHS Trusts to be included in the commercially sponsored experimental antibody trial, with the patient receiving their treatment at the facility in combination with chemotherapy.

The study of the investigational immunotherapy is to understand if it can help the body create an immune response to fight and control the cancer. This antibody has a two-pronged approach, to starve the cancer by blocking its blood supply, as well as stimulating the immune system to fight the cancer.

Professor Dennis Hadjiyiannakis, LCRF Medical Director, Consultant Clinical Oncologist and Principal Investigator of trial describes this as an innovative, promising trial which will hopefully lead to prolonged remission in our patients with small cell lung cancer.

- **Lancashire Teaching Hospitals introduce Stoma Friendly accessible toilets**

Lancashire Teaching Hospitals has introduced accessible 'stoma friendly' toilets across Royal Preston and Chorley and South Ribble Hospitals, thanks to funding from Rosemere Cancer Foundation and guidance from Colostomy UK.

27 accessible toilets over both sites now have hooks to hang personal belongings, shelves to provide a sanitary surface, a full-length mirror to make changing stoma bags easier, a sanitary bin for the disposal of used stoma bags positioned, and signage for doors – "Not all disabilities are visible" – as the British Standard recommends.

The changes, costing £7,558.76, have been made to aid those with a stoma - a small opening in the abdomen used to remove body waste into a collection bag.

In 2024, the Trust performed 120 stomas for cancer and 93 for Inflammatory Bowel Disease / Diverticular disease. Read more on the Trust website.

- **Successful return of MRCP-PACES examinations at LTHTR after a decade**

After a ten-year hiatus, Lancashire Teaching Hospitals enjoyed a successful initiation of the MRCP(UK) (Membership of the Royal Colleges of Physicians of the United Kingdom) – PACES (Practical Assessment of Clinical Examination Skills) international higher medical examinations for physicians in February, at the Chorley and South Ribble Hospital outpatient facility.

Over the course of two days, 20 doctors took part in the PACES - a bedside examination where doctors in training are evaluated as they examine and counsel real patients. This rigorous assessment is conducted by ten specialist examiners from across the country at five different stations.

Examinations had not been held at the Trust for a decade, so it was a huge achievement to resume hosting, under the mentorship and guidance of Professor Satyan Rajbhandari, the RCPE regional advisor and Diabetes Consultant with LTH, and Dr Harish Shetty, the senior international PACES examiner of RCP London, and Renal Consultant with the Trust.

LTH is unique in having more than 20 PACES examiners among its staff, including Diabates Consultant Pappachan Joseph, Professor at Manchester Metropolitan University and Manipal University India.

Dr Imran Aziz, head of the examination from the Federation of Royal Colleges of Physicians of the UK, praised the event, feeling it was conducted exceptionally well, with excellent hospitality from the local team.

Thanks go to Dr. Gerry Skailes for her support and motivation in restoring the examinations, as well as Dr Mark Brady, Professor Mohammed Munavvar and Dr Syed Mehdi, Dr Munish Batra, Dr Sharmila Bandyopadhyay, Dr Chandini Rao, Dr Salem Madi, Dr Cosmas Anazodo, and Dr Paladugu Madhavi. Read more on the Trust website.

- **NHS Race and Health Observatory**

The Trust recently hosted a celebration event for the NHS Race & Health Observatory (RHO) & Institute for Healthcare Improvement (IHI) Learning Action Network (LAN) and I was very pleased to be invited open this.

The project teams from the ten Trusts who form this innovative network came together with colleagues from the RHO & IHI as well as national NHS leaders, Kate Brintworth and Donald Peebles, to share learning and celebrate all that has been achieved over the past year.

Service users shared their journeys with us and we also had a session where colleagues from across LTH showcased various focused improvement work based upon reducing health inequalities including the utilising of digital technology.

One of the things we are doing is applying an anti-racism lens to quality improvement methodology to reduce post-partum haemorrhage (PPH) for all women and birthing people with a specific focus upon those from black and ethnic minority groups. Baseline data demonstrated that 12% of women from the focus population experience PPH ≥1000mL per week compared to 5% of white women.

- **NIHR Director of Nursing and Midwifery visits Royal Preston Hospital**

Professor Ruth Endacott, NIHR Director of Nursing and Midwifery, was invited to visit Royal Preston Hospital, spending time in the Sharoe Green Maternity Unit with the Women and Children's Research Team, having conversations with Deputy Divisional Midwifery and Nursing Director, Jo Lambert, Consultant Midwife, Jo Goss and Gynaecology Research Champion, Denise Halliwell.

Professor Endacott enjoyed hearing about how the team have embedded, and continue to embed, research into clinical settings within their areas.

She also enjoyed visiting the Lancashire Clinical Research Facility, the Research and Innovation Department, and meeting with Sarah Morrison – Deputy Chief Executive and Chief Nursing Officer – and other chief nurses and AHPs from neighbouring Trusts, as well as the research teams to gain further insight and understanding regarding the set up and systems, including challenges with research delivery in the current climate.

Discussions were held around achievements and awards gained by research staff, and through local communities being receptive to participate in research studies and clinical trials.

Professor Endacott also met with senior staff across Lancashire and South Cumbria, talking about topics such as clinical academia and available awards through the National Institute for Health and Care Research.

- **Trust Consultant appointed as new Cancer Prevention and Early Detection Co-Theme Lead**

Huge congratulations to Dr Pierre Martin-Hirsch, Consultant Gynaecological Oncologist and Research Director at the Trust, who has been appointed as the National Institute for Health and Care Research (NIHR) Manchester Biomedical Research Centre (BRC)'s new Cancer Prevention and Early Detection (PED) Co-Theme Lead.

With an extensive track record in research around cervical screening and colposcopy and novel biomarkers for early cancer detection, Dr Martin-Hirsch is involved in many national cervical screening and colposcopy committees, driving implementation of human papillomaviru (HPV) screening and professional standards. He has also been the President of the British Society of Colposcopy and Cervical Pathology Society.

As Research Director, Dr Martin-Hirsch gained funding for an NIHR Clinical Research Facility for early phase experimental studies at the Trust.

- **Six nurses celebrate 40 years of service and friendship**

On 14 January 1985, Deborah Gibbons, Sandra Murray, Sanchia Baines, Jill Dixon, Jennifer Hardman and Joanne Godkin started their Registered General Nurse (RGN) training, with what was then Preston District Health Authority. Remarkably, all six are still with Lancashire Teaching Hospitals in various capacities and are celebrating four fabulous decades of service.

When they began their nursing journey, the training school was based on Watling Street Road at Sharoe Green Hospital, at what had been the workhouse - now Preston Business Centre, which now houses the Trust's Specialist Mobility Rehabilitation Centre (SMRC).

Once qualified as nurses, the group went their separate ways into different specialties.

Joanne went to work on ward 22 - a respiratory ward - while Jill went to ENT, and Jennifer to urology. Sanchia went into medicine, Sandra to gynae – where she has worked ever since, and Deborah started on Ward 9 at Royal Preston Hospital in mixed surgical and later went to maternity – where she had to do another 18 months' training to become a midwife.

All stayed within the Trust – Joanne is a Staff Nurse in acute stroke, Jill a Staff Nurse in ophthalmology, Sanchia a clinical educator for surgery, while Sandra is a Gynae Oncology Specialist nurse, Deborah the Lead Midwife for Safeguarding, and Jennifer a Urology Specialist Nurse.

Congratulations on this impressive milestone. Read more on the Trust website.

- **Stroke patients pedalling their way to recovery**

Patients on the stroke rehabilitation ward at Chorley and South Ribble Hospital are now pedalling their way to recovery after members of its stroke therapy team joined forces with the trust's charity team to buy a therapeutic recumbent exercise bike for the ward's gym space.

The new RECK MOTO-Med bike cost £3,594 with therapy team members having taken part in a sponsored abseil and a walk across Morecambe Bay last year to help pay for it.

Already in daily use, the bike is helping patients regain their independence and return home sooner by helping to improve their cardiovascular health.

Read the full story on the Trust website.

3. RECOMMENDATIONS

i. It is recommended that the Board receive the report and note its contents for information.

8. BOARD ASSURANCE FRAMEWORK

Other S Regan 09.50

for Assurance

REFERENCES

Only PDFs are attached

08.0 - Board Assurance Framework Risk Paper - April 2025 - Final.pdf

Board of Directors Report

Board Assurance Framework (BAF) Risk Report

Report to:	Board of Directors	**Date:**	3rd April 2025
Report of:	Associate Director of Risk and Assurance	**Prepared by:**	K Clay
Part I	✓	**Part II**	

Purpose of Report					
For assurance	☐	**For decision**	☒	**For information**	☐

Executive Summary:

The Well Led Framework by NHS England and the Care Quality Commission (CQC) requires Boards of all provider organisations to ensure there is an effective and comprehensive process in place to identify, understand, monitor and address current and future risks. This includes a Board Assurance Framework (BAF) which provides a structure and process to enable organisations to identify those strategic and operational risks that may compromise the achievement of the Trust's objectives.

This paper provides the Board of Directors with an update on the historic strategic risks that may compromise the achievement of the Trust's high level strategic objectives prior to December 2024, along with updates on the principal risks under the new Board Assurance Framework from December 2024.

Principal Risks

The BAF in Appendix 1 identifies the Principal Risks that threaten the delivery of the corporate objectives. Due to scheduling of committees, the Principal Risks detailed in Appendix 1 are those that have been presented to Committees of the Board, or reviewed in preparation for the next Committee at the time of writing this paper. Updates since the last Board of Directors meeting:

- The current score for principal risk 1 (PR1) related to 'Patient experience within the urgent and emergency care pathway' was reviewed and the score increased to 15 in February 2025 based on the increased likelihood of a negative patient experience within the urgent and emergency care pathway to a likelihood of 5 (almost certain). The increase in likelihood took account of the increase in operational pressure, the reduced number of escalation areas available to support patients, and the closure of wards.
- A discussion regarding the safety elements of this Principal Risk took place at Safety and Quality Committee in February 2025 and it was confirmed that the this was considered as part of the Urgent and Emergency care pathway risk ID PR5 (24/25) which reports into the Finance and Performance Committee.
- There has been no other changes in scores for the remaining Principal Risks since the last update to the Board of Directors.

Historic Strategic Risks

Following the transition to the new Board Assurance Framework in December 2024, it was agreed that the actions from the previous strategic risks would be monitored until their conclusion. Appendix 2 provides the ongoing action plans against the historic Strategic Risks.

The majority of actions have transitioned into the new BAF to support the mitigation of Principal Risks, or have been completed. One action related to research remains open and will be monitored at the Education, Training and Research Committee, and reported to the Board of Directors until completion.

Operational High Risks for Escalation/De-escalation

There are currently no operational high risks of concern escalated to the Board within the BAF this month.

Updates to the BAF for 2025/26

Corporate Objectives for 2025/26 are due to be considered in separate item by the Board of Directors at this meeting. Following approval, these will be reviewed and potential new risks and revisions to the Board Assurance Framework will be discussed at a Board Workshop in May 2025 alongside the annual review of Risk Appetite and Tolerance.

Any proposed changes will be shared with the Board of Directors for approval in June 2025.

It is recommended that Board of Directors:

- Note and approve the updates to the BAF.
- Note and approve the updates to the ongoing action plans for the historic Strategic Risks

Appendix 1 – Board Assurance Framework
Appendix 2 – Ongoing Action Plan against Historic Strategic Risks

Trust Strategic Aims and Ambitions supported by this Paper:

Aims		Ambitions	
To provide outstanding and sustainable healthcare to our local communities	☒	Consistently Deliver Excellent Care	☒
To offer a range of high quality specialised services to patients in Lancashire and South Cumbria	☒	Great Place To Work	☒
To drive health innovation through world class education, teaching and research	☒	Deliver Value for Money	☒
		Fit For The Future	☒

Previous consideration

Committees of the Board in line with cycles of business

1. Background

1.1 The Well Led Framework by NHS England and the Care Quality Commission (CQC) requires Boards of all provider organisations to ensure there is an effective and comprehensive process in place to identify, understand, monitor and address current and future risks. This includes a Board Assurance Framework (BAF) which provides a structure and process to enable organisations to identify those strategic and operational risks that may compromise the achievement of the Trust's objectives.

1.2 This paper provides the Board of Directors with an update on the historic strategic risks that may compromise the achievement of the Trust's high level strategic objectives prior to December 2024, along with updates on the principal risks under the new Board Assurance Framework from December 2024.

2. Current Board Assurance Framework

2.1 The BAF in Appendix 1 identifies the Principal Risks that threaten the delivery of the corporate objectives.

2.2 It should be noted due to scheduling of Committees, the Principal Risks detailed in Appendix 1 are those that have been presented to Committees of the Board or reviewed in preparation for the next Committee at the time of writing this paper.

2.3 The current score for principal risk 1 (PR1) related to 'Patient experience within the urgent and emergency care pathway' was reviewed and the score increased to 15 in February 2025 based on the increased likelihood of a negative patient experience within the urgent and emergency care pathway to a likelihood of 5 (almost certain). The increase in likelihood took account of the increase in operational pressure, the reduced number of escalation areas available to support patients, and the closure of wards.

2.4 A discussion regarding the safety elements of this Principal Risk took place at Safety and Quality Committee in February 2025 and it was confirmed that the this was considered as part of the Urgent and Emergency care pathway risk ID PR5 (24/25) which reports into the Finance and Performance Committee.

2.5 There has been no other changes in scores for the remaining Principal Risks since the last update to the Board of Directors.

3. Ongoing Action Plans against Historic Strategic Risks

3.1 Following the transition to the new Board Assurance Framework in December 2024, it was agreed that the actions from the previous strategic risks would be monitored until their conclusion. Appendix 2 provides the ongoing action plans against the historic Strategic Risks.

3.2 The majority of actions have transitioned into the new BAF to support the mitigation of Principal Risks, or have been completed. One action related to research remains open and will be monitored at the Education, Training and Research Committee, and reported to the Board of Directors until completion.

4. Operational High Risks for Escalation/De-escalation

4.1 There are currently no operational high risks escalated to the Board within the BAF this month.

5. Updates to the BAF for 2025/26

5.1 Corporate Objectives for 2025/26 are due to be considered in separate item by the Board of Directors at this meeting. Following approval, these will be reviewed and potential new risks and revisions to the Board Assurance Framework will be discussed at a Board Workshop in May 2025 alongside the annual review of Risk Appetite and Tolerance.

5.2 Any proposed changes will be shared with the Board of Directors for approval in June 2025.

6. Financial implications

6.1 Any financial implications are captured within the Risk Register records and managed accordingly.

7. Legal implications

7.1 Any legal implications are captured within the Risk Register records and managed accordingly.

8. Risks

8.1 The paper identifies Strategic and Operational Risks that may compromise the achievement of the Trust's high level strategic objectives and therefore, the entirety of the paper is risk focused.

9. Impact on stakeholders

9.1 A robust and well managed BAF reduces the negative impact on patients and staff and the reputation of the organisation. Its purpose is to mitigate and reduce, as far as is reasonably practicable, the level of risk to that identified in the Trust risk appetite statement.

9.2 All risks can impact upon patient experience, staff experience, the Integrated Care System and cross divisional work. This is captured within individual risk register entries on Datix.

10. Recommendations

10.1 It is recommended that Board of Directors:

i. Note and approve the updates to the BAF.
ii. Note and approve the updates to the ongoing action plans for the historic Strategic Risks

Lancashire Teaching Hospitals
NHS Foundation Trust

Board Assurance Framework

2024/25

Board of Directors – April 2025

How the Board Assurance Framework fits in

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

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

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

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

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

Reporting: To make the Board Assurance Framework as easy to read as possible, we use visual scales based on a traffic light system to highlight overall assurance. Red indicates items with low assurance, amber shows items with medium assurance and green shows items with high assurance. It is recognised that elements of this document may not support accessibility standards, but this can be re-produced in an accessible form if required. Should this be required, please contact company.secretary@lthtr.nhs.uk.

Understanding the Board Assurance Framework

Risk Rating Matrix (Likelihood x Consequence)

Likelihood ↑						
	5 Almost Certain	5 Moderate	10 Significant	[illegible]	[illegible]	[illegible]
	4 Likely	4 Moderate	8 Significant	12 Significant	[illegible]	[illegible]
	3 Possible	3 Low	6 Moderate	9 Significant	12 Significant	[illegible]
	2 Unlikely	2 Low	4 Moderate	6 Moderate	8 Significant	10 Significant
	1 Rare	1 Low	2 Low	3 Low	4 Moderate	5 Moderate
		1 Neglible	2 Minor	3 Moderate	4 Major	5 Catastrophic
		Consequence →				

DIRECTOR LEADS	
CEO	Chief Executive Officer
COO	Chief Operating Officer
CFO	Chief Finance Officer
CNO	Chief Nursing Officer
CPO	Chief People Officer
CMO	Chief Medical Officer
DCE	Director of Communications & Engagement
DSP	Director of Strategy and Planning
DIRI	Director of Improvement, Research & Innovation
CIO	Chief Information Officer

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

Our strategic approach at a glance

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

Our purpose
- To provide the best specialist and local health and care services

Strategic priorities
- Advanced Diagnostics
- Anchor Institution
- New Models of Care & Population Health
- Pioneering Specialist Services
- Stronger links with Academic Partners

Lancashire & South Cumbria New Hospitals Programme

Our values

Caring & Compassionate · Building Team Spirit · Recognising Individuality · Seeking to Involve · Taking Personal Responsibility

Strategic framework
- Patients
- People
- Partnership
- Productivity
- Performance

Enabling strategies

Always Safety First • Digital • Estates & Facilities • Finance • Workforce

Strategic Objectives

Patients – deliver excellent care
Treating patients with respect and dignity to deliver personalised care and a patient experience of the highest quality.

Performance – deliver timely, effective care
Delivering on key workstreams to achieve standards.

People – be a great place to work
Creating an inclusive environment where people can reach their potential.

Productivity – deliver value for money
Delivering on key workstreams to maximise resources.

Partnerships - be fit for the future
Transforming services and making a positive contribution to our local communities.

2024/25 Corporate Objectives

Patients
- Improve outcomes and prevent harm
- Deliver a positive patient experience
- Develop new ways of working across the system that lead to more effective patient interventions and pathways.

Performance
- To minimise the risk of harm to patients through the delivery of our cancer recovery plan
- To minimise the risk of harm to patients through the delivery of our elective recovery plan
- To improve the responsiveness of urgent and emergency care

People
- To enable better access to care by having the right people, in the right place, in the right number at the right time
- To ensure we improve experience at work by actively listening to our people, and turning understanding into positive action
- To be consciously inclusive in everything we do.

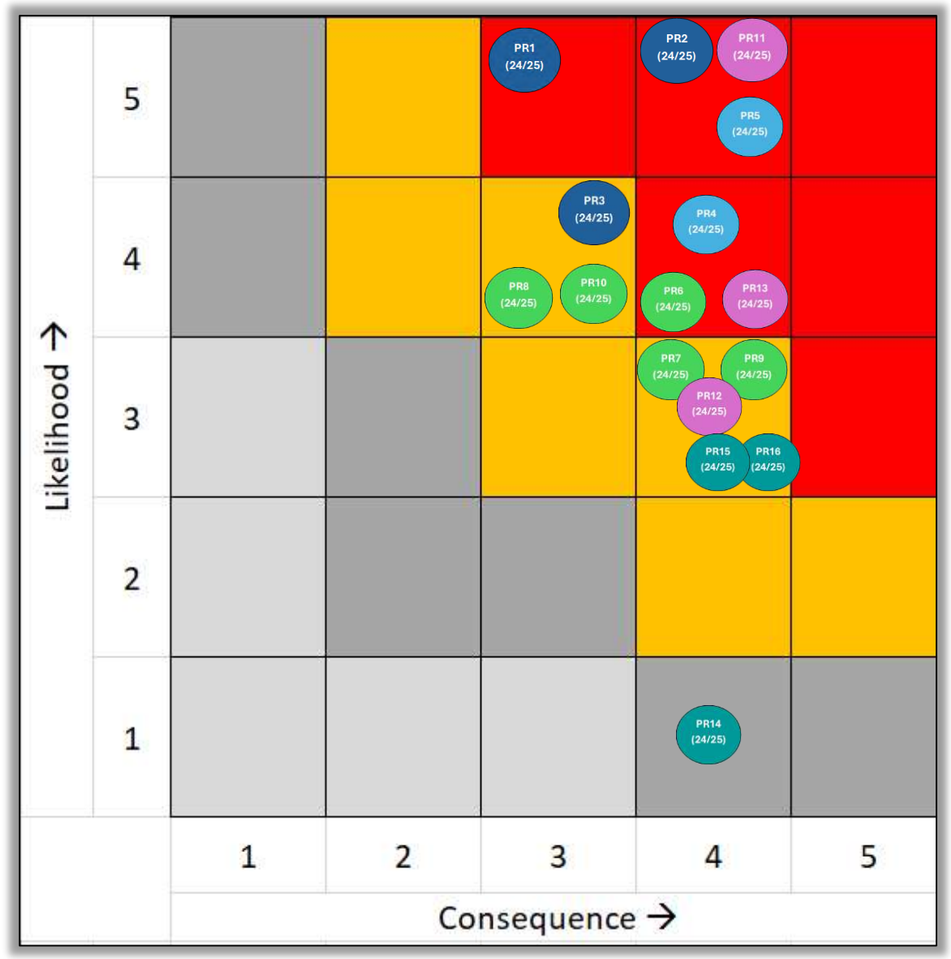
Productivity
- To provide value for money services by spending less, spending well and spending wisely
- To deliver sustained improvement evidenced through the single improvement plan
- Improve our underlying productivity and efficiency

Partnership
- To develop and deliver our plans for the New Hospitals Programme
- To develop effective partnerships across L&SC which maximise population health and support services that are clinically and financially sustainable
- To make progress towards our ambition to be a University Teaching Hospital

Principal Risk Management

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

Ref	Principal Risk	Exec Lead	5Ps	Reporting Committee	Risk Appetite	Risk Tolerance	Current score	Direction of score since last report
PR1 (24/25)	Patient experience within the urgent and emergency care pathway	CNO	Patients	SQC	Cautious	1-6	15	↑
PR2 (24/25)	Higher than trajectory rates of clostridioides difficile (C.*difficile*) Infection	CNO	Patients	SQC	Cautious	1-6	20	→
PR3 (24/25)	People experiencing Health inequalities	CNO	Patients	SQC	Cautious	1-6	12	→
PR4 (24/25)	Timely access to planned and cancer care	COO	Performance	FPC	Cautious	1-6	16	→
PR5 (24/25)	Timely access to urgent and emergency care	COO	Performance	FPC	Cautious	1-6	20	→
PR6 (24/25)	Reliance on temporary medical workforce	CMO	People	WFC	Open	4-8	16	→
PR7 (24/25)	Experience of under-represented staff groups	CPO	People	WFC	Open	4-8	12	→
PR8 (24/25)	Sub-optimal experience of Resident Doctors	CPO	People	ETR	Open	4-8	12	→
PR9 (24/25)	Failure to effectively manage staff absence and achieve Trust and National target rates	CPO	People	WFC	Open	4-8	12	→
PR10 (24/25)	Compliance with Core Skills Training & Appraisals	CPO	People	ETR	Open	4-8	12	→
PR11 (24/25)	Failure to meet the financial plan 2024/25	CFO	Productivity	FPC	Open	8-12	20	→
PR12 (24/25)	Cash consequences of the Trust's underlying financial position	CFO	Productivity	FPC	Open	8-12	12	→
PR13 (24/25)	Ability to access required Capital	CFO	Productivity	FPC	Open	8-12	16	→
PR14 (24/25)	Readiness for the New Hospital Programme	CFO	Partnership	NHP	Seek	8-12	4	CONTROLLED
PR15 (24/25)	Research capacity and capability to enable progress towards University Hospital status	DIRI & CMO	Partnership	ETR	Seek	8-12	12	→
PR16 (24/25)	Implementing the long term strategy for the Trust	DIRI & CMO	Partnership	FPC	Seek	8-12	12	→



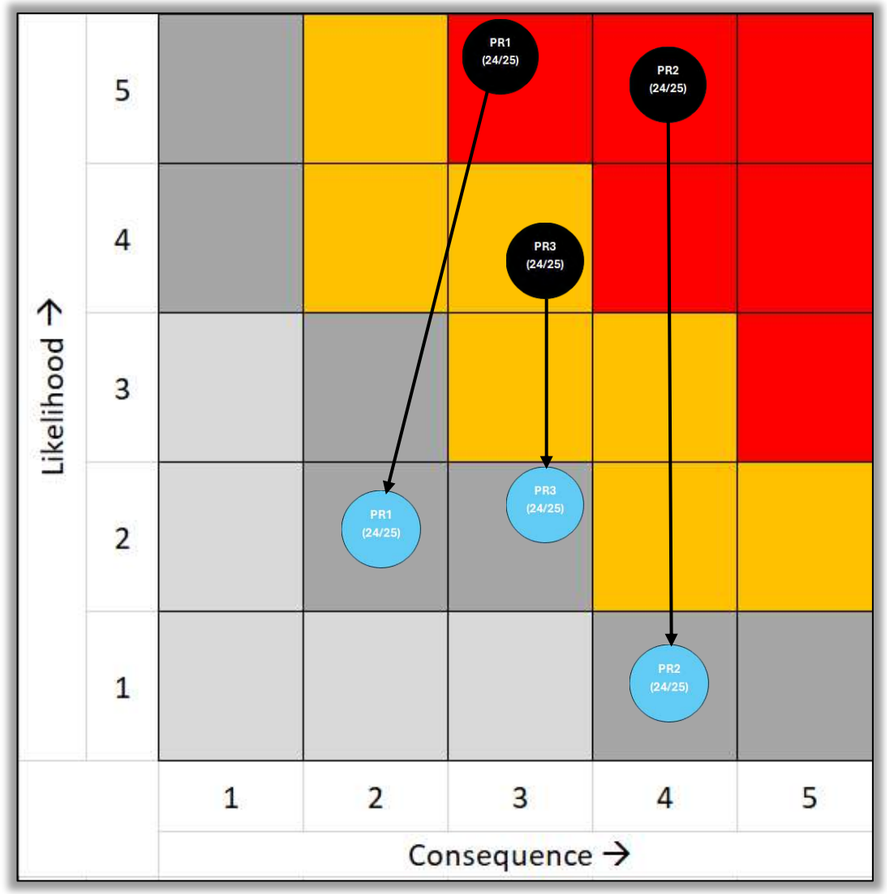
Key- Dark Blue = Patients, Light Blue = Performance, Green = People, Pink = Productivity, Turquoise - Partnership

Patients: Deliver excellent care

Monitored through Safety & Quality Committee

The following 2024/25 corporate objectives are aligned to the **Patients** strategic objective:

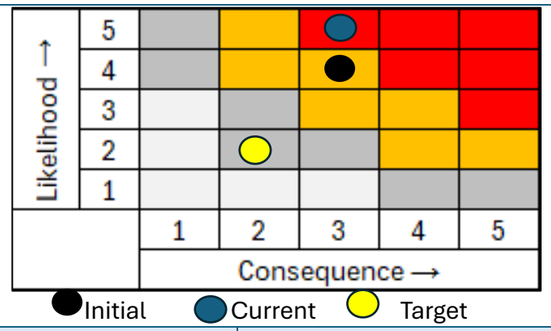
Ref.	Purpose of the objective	Scope and Focus of the Objective	Status
CO1	Improve outcomes and prevent harm	• Review and improve the UEC pathway medical model. • Improvement in average time to see a clinician in ED • Progress in peer review compliance for specialist services. • Develop approach to medical staffing assurance. • Deliver medicines safety and optimisation programme • Lead delivery of CQC action plan • Implement PSIRF & demonstrate maturity in the approach to learning. • Conclude year 3 of the ASF strategy, develop the new ASF and learning strategy, • Deliver agreed C.difficile profile • Deliver 10 CNST safety actions • Deliver annual safe staffing requirements	Risk identified
CO2	Deliver a positive patient experience	• Improve the experience of inpatients, maintain position in ED, cancer and maternity	Risk identified
CO3	To develop new ways of working across the system that lead to more effective patient interventions and pathways.	To deliver more services to patients outside of hospital: • Lead the approach to community transformation • Develop & deliver the community transformation plan • Change model of care at Finney House • Establish new ways of working with primary care to promote partnership approach to transformation • Clinically lead the transformation of patient pathways	Risk identified



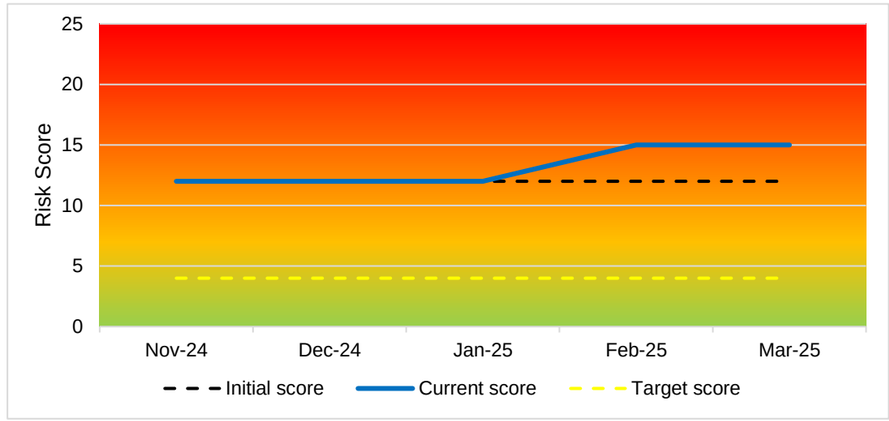
Heat map key: Black = current score, Blue = target score

Strategic Objective: Patients	**Corporate Objective:** Deliver a positive patient experience	Overall Assurance Level	Medium

Principal risk 1 (24/25) (ID 2102)	Risk Title:	Patient experience within the urgent and emergency care pathway		
	Risk Description:	There is a risk that patient experience within the urgent and emergency care pathway may be negatively impacted due to high service demand, long waiting times and overcrowding, affecting the ability to deliver care and communication in line with expectations. This could result in reduced patient satisfaction, increased complaints, poor staff experience, regulatory intervention, and potential reputational damage to the Trust.		
Committee	Safety & Quality	Risk Appetite and Tolerance	Cautious 1-6	
Director	Chief Nursing Officer	5Ts status	Treat	
Date risk opened	05/12/24	Date of last review	21/03/25	



Risk Score Tracker



Risk Appetite key: Red = Outside of tolerance, Orange = Tolerable, Green = Optimal

(Note: Initial score is same as current score and so not showing on graph)

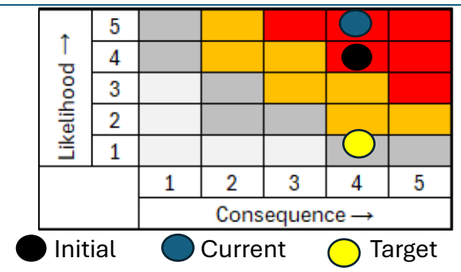
Controls	Gaps in Controls	Assurances	Gaps in Assurances
• Patient experience and Involvement Strategy. • Patient Experience & Involvement Group. • Single Improvement Plan related to patient experience. • National OPEL Framework. • L&SC daily Gold Command meetings. • Escalation Plan (including Full Capacity Protocol, Bed Escalation and Extreme Escalation). • Urgent & Emergency Care Delivery Board. • Urgent & Emergency Care Picker Survey Action Plan. • Discharge Improvement Plan.	• Community demand for primary and UEC services. • Alternatives to Emergency Care. • Ageing estate and environment. • Sub-optimal escalation areas. • Being cared for in areas that are waiting areas / not traditional bed spaces. • Financial constraints. • Unpredictability of patient acuity. • Gap in the required number of beds. • Patients cared for outside of designated bed spaces.	• Friends & Family Test – some areas of positive assurance. • Complaints and concerns – approx. less than 1% versus attendances. • Patient Experience & Involvement Group reports to Safety & Quality Committee • STAR patient experience has some areas of positive performance. • Urgent and Emergency Care Picker Survey reported to Safety & Quality Committee. • ED dashboard provides monthly overview of safety, quality and performance metrics in ED. • Improved position at CDH in relation to time to triage, average time to see a clinician.	• Friends and Family Test – gaps related to communication, waiting times and overall experience. • Urgent and Emergency Care Picker Survey identified areas for improvement. • Time to see a clinician at RPH consistently exceeds the 60 min average target.

Risk Treatment

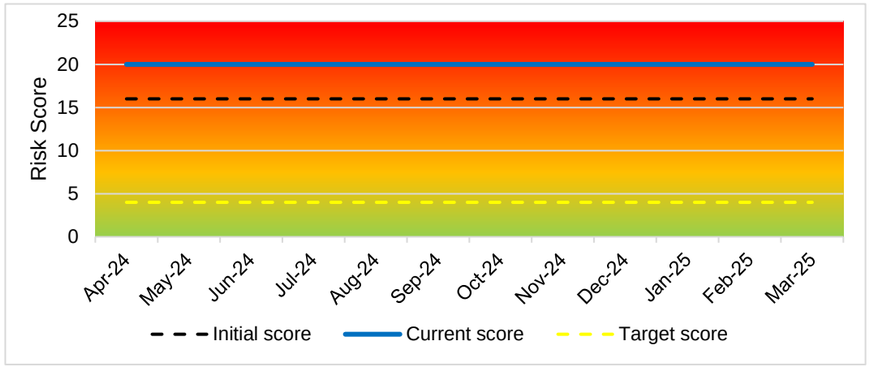
Action	Action Owner	Due Date	Done Date	Action Progress Update
Review the medical staffing rota requirements for next phase of Consultant and middle grade recruitment in ED.	G. Skailes	31.03.25	21.03.25	Mar 2025: Recruited to five Consultant posts in ED, three of which have started and two due to start. Progress has also been made with middle grade recruitment. Action now closed.
Specialist review of models of care in Emergency and acute medicine requested through NHS England to ensure models in place reflect best practice.	G. Skailes	~~31.03.25~~ 30.04.25		Mar 2025: Specialist identified and engaged with scope of work agreed. Proposal for next steps expected by 31.4.25.
Delivery of Urgent & Emergency Care Picker Survey Action Plan	A. Booth	~~30.03.25~~ 31.08.25		Mar 2025: Refreshed approach to patient experience in ED underway. Recognising over occupied levels within the department are presenting limitations in how patients experience extended waits. Patient experience plan in development for 2025/26.

Strategic Objective: Patients	**Corporate Objective:** Improve outcomes and prevent harm	Overall Assurance Level	Medium

Principal risk 2 (24/25) (ID 1157)	Risk Title:	Higher than trajectory rates of Clostridioides difficile (C.*difficile*) Infection	
	Risk Description:	There is a risk that there will be higher than trajectory rates of patients contracting C.*difficile* infection. The reasons for this are multifactorial and present a risk of increased mortality and morbidity, longer length of stay, poor patient experience, regulatory action, and reputational impact.	
Committee	Safety & Quality	Risk Appetite and Tolerance	Cautious 1-6
Director	Chief Nursing Officer	5Ts status	Treat
Date risk opened	09/06/21	Date of last review	21/03/25



Risk Score Tracker



Risk Appetite key: Red = Outside of tolerance, Orange = Tolerable, Green = Optimal

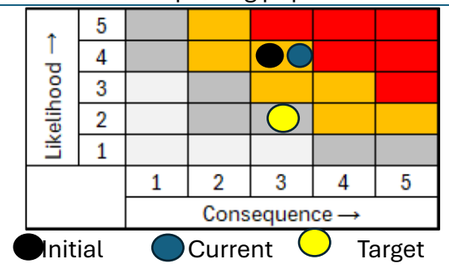
Controls	Gaps in Controls	Assurances	Gaps in Assurances
• Annual IPC Plan in place approved by IPCC and Trust Board. • Updated IPC Policy approved at January IPC committee. • Director for IPC and Matron for IPC in place. • Mandatory annual IPC e-learning core skills for all staff. • Antimicrobial pharmacist in post to drive improvements in antimicrobial usage and stewardship. • National cleaning standards in place on 15 wards, with remaining wards completing IPC audits and ward daily cleaning check lists. • Enhanced cleaning/fogging in place as required. • Sporicidal cleaning product (capable of killing C. difficile spores) is in place for general ward environmental cleaning • Ward whiteboard provides visibility of patients who present an infection risk to prompt timely action. • Isolation Room Dashboard ensures visibility of infection status in single rooms, ensuring rooms are used correctly and efficiently. • A rapid gastrointestinal test is available for exclusion of infection in diarrhoeal patients to aid rapid diagnosis. • Operational IPC meetings across Divisions. • Weekly virtual C.*difficile* ward round to support review and prevention, predominantly with relapses.	• Patient non-concordance with medical advice. • High prevalence nationally and community onset cases identified upon attendance at the hospital which creates an increased risk to others. • Non-adherence to antimicrobial guidelines in some cases. • Some staff demonstrate non-compliance with IPC advice and policy. • Isolation facilities insufficient to meet IPC needs across all infections, exacerbated by operational pressures in ED. • Ageing estate impacting upon IPC controls. • Lack of funding to support improvements to ageing estate. • A high number of blockages in the single stack sewage system leading to backflow of infectious waste into clinical areas. • A high frequency of macerator blockages and down-time leading to higher risk disposal methods of infectious waste • Lack of decant facilities to allow for thorough environmental decontamination. • Insufficient space for appropriate separation and storage of clean and dirty items on clinical areas • Lack of funding for the implementation of the domestic services elements of the National Cleaning Standards 2021 beyond the 15 high risk areas where this has been implemented. • Delays in recruiting to domestic services vacancies due to vacancy controls in place.	• Monthly IPC committee includes internal stakeholders and system partners from the ICB, UKHSA and LCC. • IPC BAF report reviewed and shared at IPCC for assurance. • IPC Dashboard triangulating process measures with outcome data. • IPC monthly revalidation audits including hand hygiene, commodes, environmental checks and mattress checks. • Monthly reporting into S&Q Committee, IPCC and Divisional IPC meetings, along with bi-monthly reporting into H&S Committee. • STAR includes IPC audits and cleaning checklist compliance. compliance is mandatory to achieve a silver and above star accreditation. • ICB & NHSE IPC Collaborative meetings. • Fogging compliance data available • Hospital acquired infection are reported on Datix. Themes and trends are monitored to identify learning. • Incident oversight in PSIRF triage meetings and regular MDT reviews under PSIRF for high prevalence wards.	• Inconsistent audits on National Cleaning Standards – only 15 wards compliant. • Trust / NHS England Review of wards that do not have national cleaning standards in place show that this gap could be contributing to an increase in infection rates. • Awaiting final report from NHS England review undertaken at the Trust.

Risk Treatment

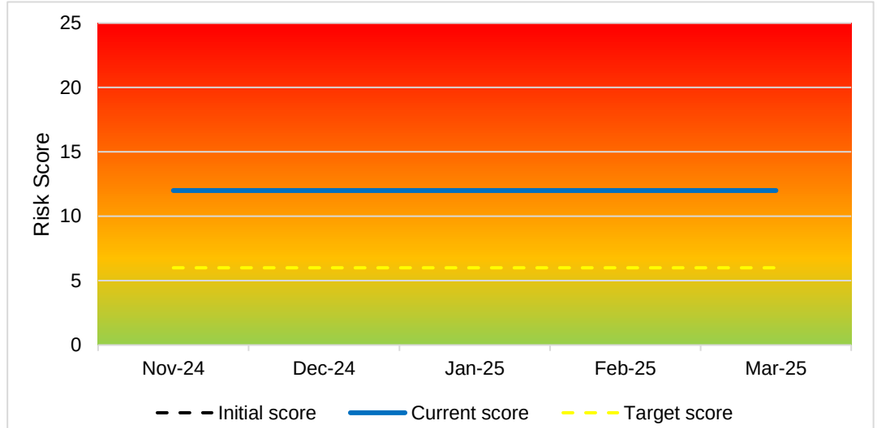
Action	Action Owner	Due Date	Done Date	Action Progress Update
Write a business case to implement the roll out of National Cleaning Standards in all ward areas.	C Gregory	31.03.25	31.03.25	Mar 2025: The business case has been approved at Trust Management Board in March 2025 and will be considered at Board in April 2025 as part of budget setting.
Continue to implement the C.difficile improvement plan monitoring effectiveness through infection prevention and control committee	C Gregory	31.03.26		Mar 2025: Focus on cleaning standard implementation has commenced. Increase assurance reporting implementing with divisions focused on areas that contribute to C.difficile prevention.

Strategic Objective: Patients	**Corporate Objective:** Develop new ways of working across the system that lead to more effective patient interventions and pathways	Overall Assurance Level	Medium

Principal risk 3 (24/25) (ID 2103)	Risk Title:	People experiencing Health inequalities		
	Risk Description:	There is a risk that the Trust will be unable to effectively address health inequalities because of disparities in access to healthcare services, social determinants of health (such as socioeconomic status, education, and housing conditions), commissioning arrangements, and unequal distribution of resources across communities. This could result in poorer health outcomes for disadvantaged groups, increased pressure on acute and emergency services, reduced patient satisfaction, potential reputational damage for the Trust, non-compliance with regulatory standards and missed opportunities for improving population health.		
Committee	Safety & Quality	Risk Appetite and Tolerance	Cautious 1-6	
Director	Chief Nursing Officer	5Ts status	Treat	
Date risk opened	05/12/24	Date of last review	21/03/25	



Risk Score Tracker



Risk Appetite key: Red = Outside of tolerance, Orange = Tolerable, Green = Optimal
(Note: Initial score is same as current score and so not showing on graph)

Controls	Gaps in Controls	Assurances	Gaps in Assurances
• Lancashire & South Cumbria Integrated Care Partnership Health and Wellbeing Strategy. • LTH Health Improvement Plan, developed in conjunction with L&SC system partners. • Health Inequalities Group. • Health Inequalities Patient Tracking List (PTL) Group. • Health literacy group relating to communication with patients. • Specific improvement programmes for adults and children (e.g. High intensity user service, prisoner referral to treatment and ED navigator role in partnership with Lancashire Violence Reduction Network).	• Commissioning arrangements are led by the ICB. • The Trust has no Public Health Consultant. • Anchor institute plan is under review to link to other plans. • Anchor institute group to be established.	• Annual compliance NHS statement on information on Health Inequalities – data does not suggest there are barriers for patients from areas of lower deprivation to accessing elective care services. • Quarterly Report to ICB on Health Inequalities. • Monthly chairs reporting to Safety & Quality Committee • Bi-annual update on Health inequalities to Safety & Quality Committee.	• Annual compliance NHS statement on information on Health Inequalities – challenges around the completeness and accuracy of ethnicity data captured, with around 7% of patient's ethnicity either unknown or not stated for Central Lancashire. • Inability to access primary care data that would allow improved data quality on high risk groups such as patients with a learning disability, serious mental health and/or physical disability.

Risk Treatment

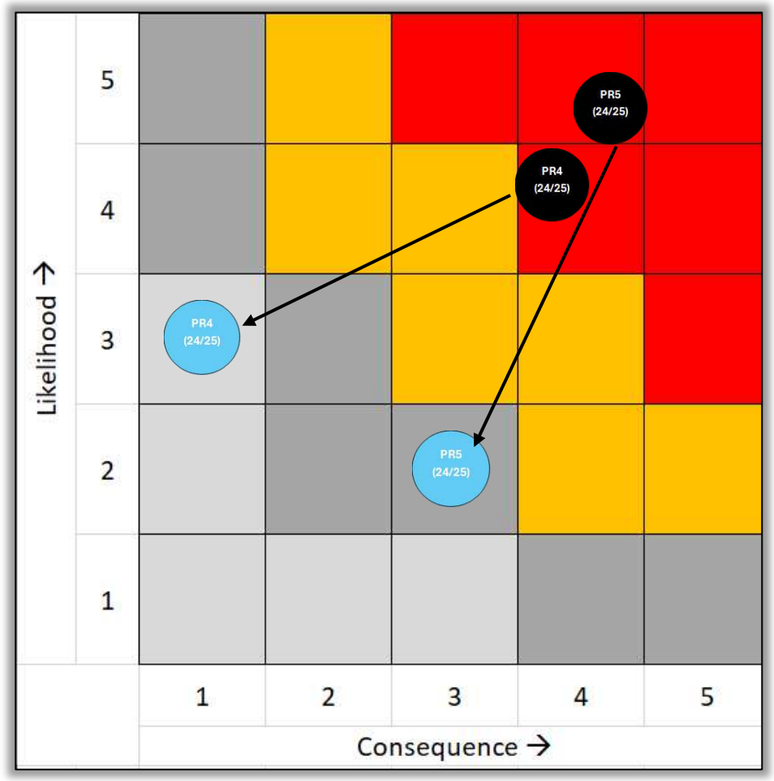
Action	Action Owner	Due Date	Done Date	Action Progress Update
Finalise Anchor Institute Plan	N. Pease	~~31.03.25~~ 30.06.25		Mar 2025: The drafting of the plan has been delayed due to vacancies and absence and the date has been extended
Reviewing options for gap in Public Health Consultant	S. Morrison	31.03.25	21.03.25	Mar 2025: This has been fully explored and is not possible given the financial position of the organisation. Mitigations for this include access to ICS public health consultants. Skill development within the organisation through population health programme and the implementation of the health improvement plan.
Support case to approve the data sharing agreements between primary and secondary care.	S. Dobson	30.06.25		Mar 2025: The intention to enable this remains. The digital team are progressing plans to enable this.
Identify approach to driving health inequalities reduction through each portfolio of the single improvement plan	S. Morrison	30.06.25		Mar 2025: New action reflecting the need to build into business as usual the understanding and tracking
Delivery of the Trust's Health Improvement Plan	S. Morrison	31.03.26		Mar 2025: Plan on a page approved through health inequalities group to enable communications plan to commence.

Performance: Deliver timely, effective care

Monitored through Finance & Performance Committee

The following 2024/25 corporate objectives are aligned to the **Performance** strategic objective:

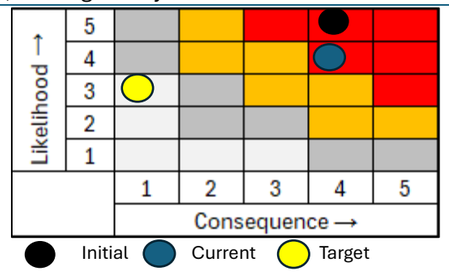
Ref.	Purpose of the objective	Scope and Focus of the Objective	Status
CO4	To minimise the risk of harm to patients through the delivery of our cancer recovery plan	• Delivery of additional elective activity to improve performance against cancer waiting times standards, working in partnership with providers across L&SC to maximise our collective assets and ensure equity of access and working with locality partners to manage demand effectively.	Risk identified
CO5	To minimise the risk of harm to patients through the delivery of our elective recovery plan	• Delivery of additional elective activity to improve performance against elective waiting times standards, working in partnership with providers across L&SC to maximise our collective assets and ensure equity of access and working with locality partners to manage demand effectively.	Risk identified
CO6	To improve the responsiveness of urgent and emergency care	• Working with our partners we will continue to transform urgent and emergency care to deliver safe, high-quality care by preventing inappropriate attendance at EDs, improving timely admission to hospital for ED patients and reducing length of stay.	Risk identified



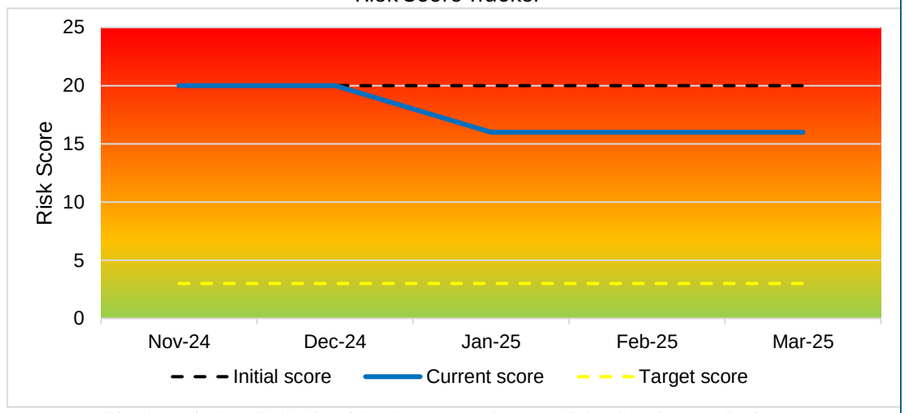
Heat map key: Black = current score, Blue = target score

Strategic Objective: Performance	**Corporate Objective:** Minimise the risk of harm to patients through the delivery of our cancer/elective recovery plan	Overall Assurance Level	Medium

Principal risk 4 (24/25) (ID 1125)	Risk Title:	Timely access to planned and cancer care		
	Risk Description:	There is a risk that there will be insufficient capacity to ensure timely access to planned and cancer care. This is because of backlogs that continue to be seen from the COVID period, surges in demand, shortfalls in capacity, the impact of industrial action, and financial restrictions limiting the ability to utilise external capacity. This could result in patient harms associated with a delay in timely access to planned and cancer care, poorer patient outcomes, inability to meet national constitutional standards, claims, poor patient experience, reputational damage, and regulatory action.		
Committee	Finance & Performance	Risk Appetite and Tolerance	Cautious 1-6	
Director	Chief Operating Officer	5Ts status	Treat	
Date risk opened	19/05/21	Date of last review	17/03/25	



Risk Score Tracker



Risk Appetite key: Red = Outside of tolerance, Orange = Tolerable, Green = Optimal
(Note: Initial score is same as current score and so not showing on graph)

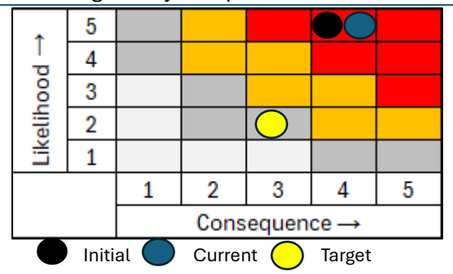
Controls	Gaps in Controls	Assurances	Gaps in Assurances
• Elective Restoration Plans seek to deliver the revised long waiting RTT targets. Plans include monthly trajectories and associated action plans. • Clear identification of clinical priorities via the use of national clinical prioritisation codes. This enables the trust to understand the clinical priority (P2 – P6) of those patients to support scheduling the most clinically urgent. • ChatBot to support validation of the waiting list and digital letters to support the process. The frequency of validation is monitored via Divisional and organisational performance forums. • Weekly monitoring of cancer patient tracking lists (PTLs) to reduce any delays with tumour specific action plans in place. • A report for P2 patients waiting over 5 weeks is in place for Divisions to plan their elective capacity. • Non-recurrent funding acquired for Winter plans to support and offer resilience for Medicine flow/capacity and thus elective surgery capacity is ringfenced and protected in times of winter/non-elective pressure. • 6-4-2 protocols in place to drive optimal use of theatre capacity. • Forecasting of potential breaches for Divisions to proactively focus on patients for review and listing, focusing on month-end 65 week risks as part of the performance recovery group. • Theatre efficiency programme in place, monitored through the Elective Transformation Programme and up to the Elective Transformation Board and some parts already implemented • Mutual aid process in place with the ICB. • Sherwood Endoscopy Unit opened and additional SGU Theatre in use.	• Lack of triangulation between capacity and demand gaps, benchmarking data and job planning processes • Inability to fully validate waiting lists regularly. • Lack of standardised SOPs for validation. • Shortfalls in funding to support the required capacity to deliver the elective restoration plan • Inability to eliminate extended waits for patients. • National medical employment & terms and conditions, restricting staff working additional hours. • Restricted admin capacity to backfill short notice procedure cancellations.	• Oversight in Divisional Improvement Forums, Performance Review Group and F&P Committee. • Live PTL performance report and Validation reports. • Harm reviews process in place for >65 week and cancer pathway patients. The number of >65 week patients has reduced further in February 2025. • Benchmarking data analysis – model hospital, GIRFT, etc. • Performance monitoring for Cancer waiting times is delivered via the Tier 1 performance framework and meetings are held fortnightly. • DMO1 improvement plan and trajectory in place monitored through NHS England oversight arrangements.	• Delays in concluding some harm reviews. • Data sets lack inequalities data visibility to assess the risk to poorer outcomes between patient groups on PTLs. • Inability to assess the risk for patients on surveillance pathways.

Risk Treatment

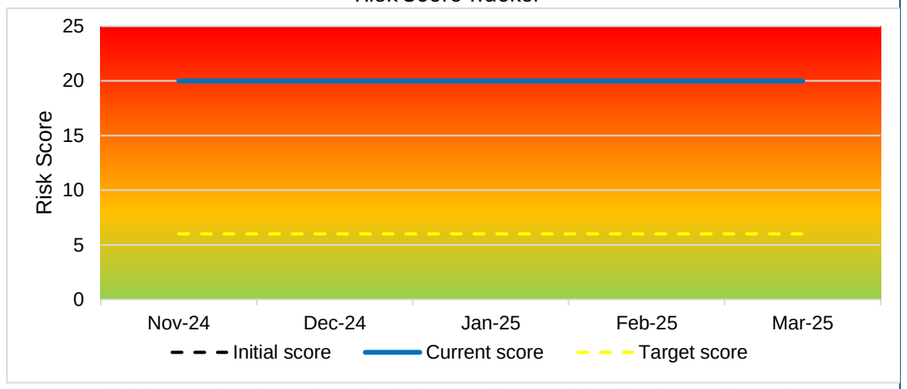
Action	Action Owner	Due Date	Done Date	Action Progress Update
Did Not Attend management plan to be scoped and agreed for top 10 specialties	K Foster- Greenwood	31.03.25	17.03.25	Mar 2025: All specialities have been reviewed for DNA opportunities. Actions identified and will be tracked through Outpatient Board.
Agree process and timetable for Model Service reviews to triangulate capacity and demand (C&D), benchmarking data and job planning	A Brotherton	~~31.03.25~~ 31.05.25		Mar 2025: The Model Service programme is an L&SC wide initiative and work has commenced on Trauma & Orthopaedics. Update on confirmed deadline is awaited from L&SC. In the meantime, a review of the opportunities for financial improvement has commenced with a review of the greatest opportunities identified through Service Line reporting. Design of the programme anticipated before end of May so action date extended.
Strengthen the data quality of opera reporting.	D Hudson	30.04.25		Mar 2025 - Part of the DQ assurance work identified that when generating a pended visit via Opera, the visit was being generated on the incorrect site, necessitating a transfer from one site to the other post admission. Roll out of the long term fix by Harris Flex was expected in February 2025. The roll carries has the phase 1 & 2 improvements for the Interfacility transfer process, this does include the ability to schedule on a pending visit. The roll has been delayed twice due to a significant issue with a function within the EPMA, this delay has had a further impact on the Interfacility Transfer roll out. Work continues by Harris Flex, who provide weekly updates to the Trust via IT team governance calls.

Strategic Objective: Performance	**Corporate Objective:** Improve the responsiveness of urgent and emergency care	Overall Assurance Level	Low

Principal risk 5 (24/25) (ID 2104)	Risk Title:	Timely access to urgent and emergency care		
	Risk Description:	There is a risk that patients may experience delays in timely access to urgent and emergency care because of high demand, insufficient out of hospital provision for patients who do not meet the criteria to reside in hospital, limited bed availability, workforce shortages, and delays in patient flow throughout the hospital and community. This could result in longer waiting times, compromised patient safety and experience, increased clinical risk, poorer health outcomes, and potential breaches of national performance targets, impacting the Trust's reputation and regulatory compliance.		
Committee	Finance & Performance	Risk Appetite and Tolerance	Cautious 1-6	
Director	Chief Operating Officer	5Ts status	Treat	
Date risk opened	05/12/24	Date of last review	17/03/25	



Risk Score Tracker



Risk Appetite key: Red = Outside of tolerance, Orange = Tolerable, Green = Optimal
(Note: Initial score is same as current score and so not showing on graph)

Controls	Gaps in Controls	Assurances	Gaps in Assurances
• Clinical triage process • OPEL Framework. • L&SC daily Gold Command meetings. • Escalation Plan (including Full Capacity Protocol, Bed Escalation and Extreme Escalation). • Winter plan. • Ambulatory and admission avoidance pathways. • Same Day Emergency Care facilities. • Urgent care service provided by a third party co-located on both CDH and RPH sites. • Single Improvement Plan. • Discharge Improvement Plan. • Bed meetings and associated action cards • Clinical discharge team management of all patients with no criteria to reside. • Community Healthcare Hub provides a facility for discharge to create capacity in the hospital. • Virtual Ward capacity to support admission avoidance and early step down from hospital. • Care connections for social care access to prevent avoidable attendances and admissions.	• Insufficient flow within the hospital bed base to prevent ED overcrowding. • Out of hospital provision is insufficient to meet the demand. • The community healthcare hub medium to long term funding model is yet to be agreed. • The winter plan has identified an unmitigated bed gap. • The environment and estate is sub-optimal.	• Urgent & Emergency Care Board provides monthly monitoring of all improvement actions across the system. • LTH UEC Improvement Board meets monthly and tracks all actions and outcome delivery. • Emergency Department Dashboard to Safety & Quality Committee • Finance and Performance Committee. • ED Safety Surveillance dashboard monitors live metrics to assess risks of patient harm.	• High bed occupancy levels (above 92%). • Ambulance turnaround times are not meeting the Trust targets. • Time to triage and first senior review are not meeting Trust targets. • Performance for the 4 hour wait times and 12 hour total wait time in the department, are not meeting the Trust targets.

Risk Treatment

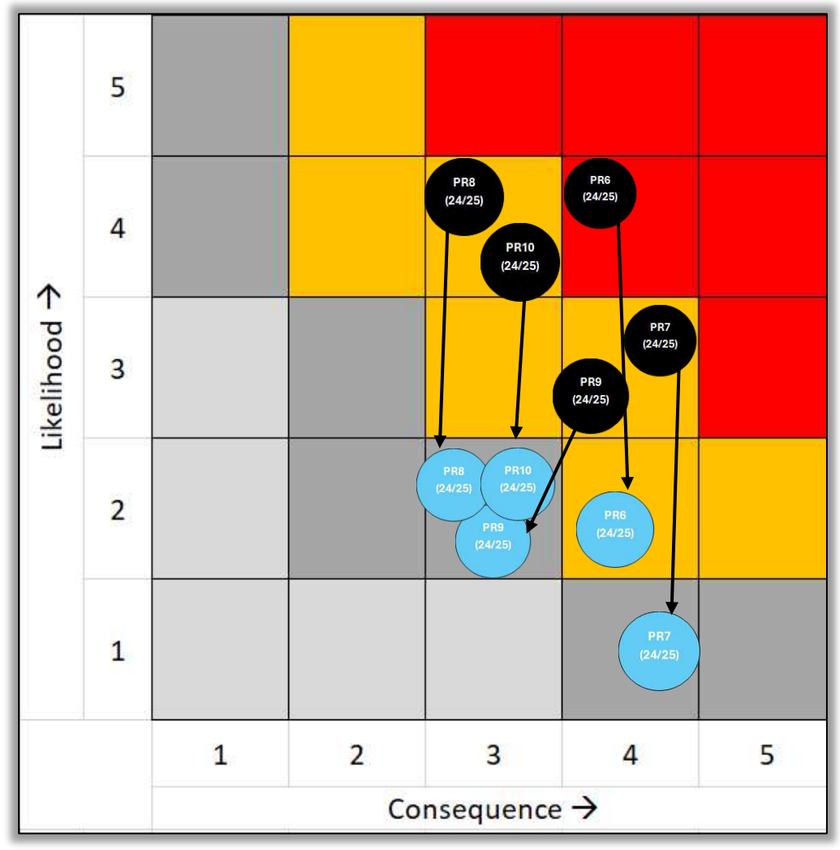
Action	Action Owner	Due Date	Done Date	Action Progress Update
Finalise funding approach to Finney House.	S. Morrison	31.03.25	17.03.25	Mar 2025: Approach agreed with ICB and Lancashire County Council. Discussions held with staff, patients, residents and their families. Finney House will close by 5 June 2025.
Scope and trial the Dr@Door process.	K Challen	31.03.25	Stood down	Mar 2025: Undertaken two pilots which have shown this is not to be successful and the action has therefore been stood down.
Expand the volume of Same Day Emergency Care (SDEC) activity.	G Skailes	31.03.25		Mar 2025: Achieved the target in February and this will be reviewed again when March figures available. Increases in SDEC pathways have been tested in Nov and early Dec – evidence of increases can be seen in data packs. Further clinical pathways are under development. External support has been secured and a review has commenced. The outcome will determine any further actions.
Implement a Continuous Flow Model.	S. Morrison	31.03.25		Mar 2025: CFM policy agreed 7.2.25. Testing continuous. Boarding position has prevented further enactment. Multi-Agency Discharge Event (MADE) event held week commencing 24th February 2025 with a Medicine Divisional improvement plan in development. Plans to re-commence continuous flow model in Medicine week commencing 17th March 2025.
Roll out testing of revised Board and Ward round standards	S. Morrison	31.03.25		Mar 2025: Ward and Board round re-set programme launched week commencing 24th February 2025
Completion of planned expansion of the surgical assessment unit (SAU).	K. Foster-Greenwood	31.07.25		Mar 2025: Due for completion July 2025. Due date extended due to delays in the DOSA build.
Review and analyse 24/25 winter plan effectiveness in preparation for 25/26 plan development	K Foster-Greenwood	30.06.25		
External support to ensure acute medical model is in line with best practice.	S. Morrison	31.05.25		Mar 2025: New action - Executive oversight arrangements in medicine focus on right sizing the acute medical rota and configuration of available assessment and bed capacity.

People: Be a Great Place to Work

Monitored through Workforce Committee & Education, Training & Research Committee

The following 2024/25 corporate objectives are aligned to the **People** strategic objective:

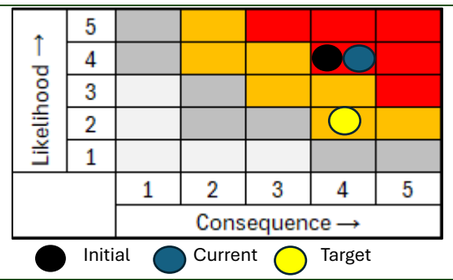
Ref.	Purpose of the objective	Scope and Focus of the Objective	Status
CO7	To enable better access to care by having the right people, in the right place, in the right number at the right time	• To deliver a workforce plan that meets the needs of the community	Risks identified
CO8	To ensure we improve colleagues wellbeing and experience at work by actively listening to our people, and turning understanding into positive action	• To ensure staff choose to stay and work in Lancashire Teaching Hospitals and they are healthy and happy at work	Risks identified
CO9	To be consciously inclusive in everything we do	• To ensure staff are equipped with the skills to create inclusive cultures that deliver inclusive care	Risks identified

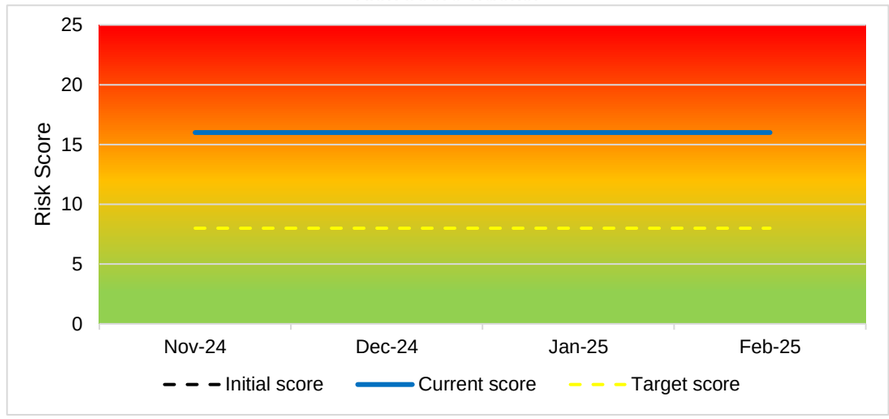


Heat map key: Black = current score, Blue = target score

Strategic Objective: People	**Corporate Objective:** To enable better access to care by having the right people, in the right place, in the right number at the right time	Overall Assurance Level	Medium

Principal risk 6 (24/25) (ID 2105)	Risk Title:	Reliance on temporary medical workforce	
	Risk Description:	There is a risk that there may be insufficient numbers of medical staff across the Trust. This is due to increasing capacity and demand, and an inability to recruit to vacancies in some specialities. This could result in a reliance on temporary medical staff, lack of continuity of care, patients not receiving treatment in a timely way, poor outcomes, patient harm, lack of detailed organisational knowledge of processes, poor patient and staff experience, staff working extra hours and an impact on wellbeing, financial impact of enhanced payment rates, regulatory enforcement, legal action and reputational impact.	
Committee	Workforce Committee	Risk Appetite and Tolerance	Open 4-8
Director	Chief Medical Officer	5Ts status	Treat
Date risk opened	05/12/2024	Date of last review	03/03/25





Risk Appetite key: Red = Outside of tolerance, Orange = Tolerable, Green = Optimal
(Note: Initial score is same as current score and so not showing on graph)

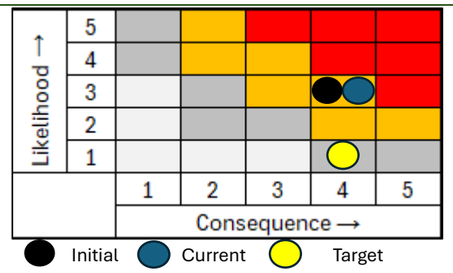
Controls	Gaps in Controls	Assurances	Gaps in Assurances
• Medical and Dental Job Planning Policy. • Job plans in place for Consultants and Speciality Doctors. Agreed annually as a prospective plan. • Processes for changes in job plans where this occurs in-year. • Healthroster system used to manage rotas. • Medical bank in place. • On-call system in place outside of normal working hours (built into job plans). • Non-medical roles for certain specialities to reduce the need for medical input (i.e. Advanced Nurse Practitioners, Consultant AHP roles, physician associates). • Enhanced grip and control measures for the use of temporary medical and agency staff.	• Inconsistent capacity and demand modelling across specialities. • Healthroster not fully aligned to job plans and when job plans are changed. • Operational capacity and technical ability to monitor 42-week productivity against job plans. • Vacancies in hard to recruit specialities can cause long gaps. • Understanding of speciality-by-speciality minimum safe staffing levels. • Sufficient resource to deliver transformational medical staffing projects.	• Annual Job plan report to Workforce Committee. • Monthly processes in place to review opportunities based on pay activity. • Monitoring of patients seen by a clinician within 14 hours of admission. • Monitoring of patients seen by a clinician following initial assessment.	• Inability to articulate the required medical staffing model. • Inability to report on safe staffing levels in relation to medical staffing in response to CQC must do. • Delays in patients accessing senior medical reviews consistently in all specialties. • Absence of robust 42-week monitoring of activity between Healthroster and L2P job plan software. • Requirement to strengthen consistency between ledger and vacancies.

Risk Treatment

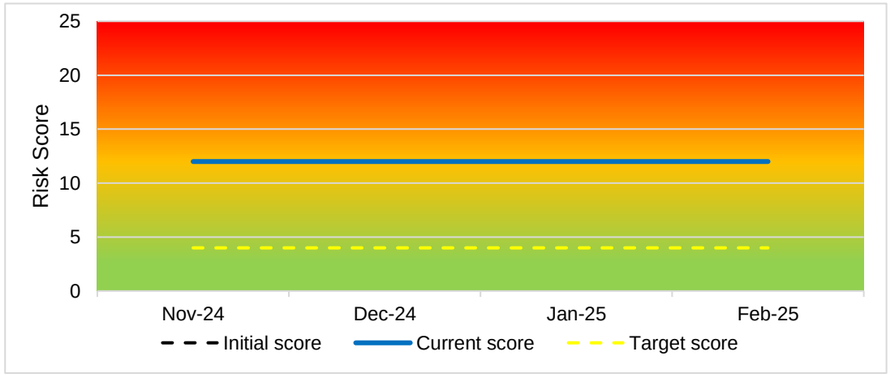
Action	Action Owner	Due Date	Done Date	Action Progress Update
Review Job Plan Internal Audit outcome when finalised	G. Skailes	~~31.01.25~~ 31.03.25		Audit report due to be finalised in March 2025.
To determine priorities and number of service reviews that will be completed in the Model Service Programme for 25/26	~~K. Foster-Greenwood~~ A. Brotherton	31.03.25		
Agree an approach to determining minimum safe staffing levels	G. Skailes	31.03.25		
Implement actions following ICB Job Plan Programme	G. Skailes	31.03.25		
Development of 42-week productivity tool	G. Skailes	~~31.01.25~~ 30.04.25		Discussions are ongoing to look at how this can be delivered within the systems currently used and action date extended.

Strategic Objective: People	**Corporate Objective:** To be consciously inclusive in everything we do	Overall Assurance Level	Medium

Principal risk 7 (24/25) (ID 2110)	Risk Title:	Experience of under-represented staff groups	
	Risk Description:	There is a risk that the Trust may not be considered a great place to work for colleagues, or prospective employees from under-represented groups. This could result in negative experience for staff, inability to retain a skilled & valued workforce, staff absence, regulatory intervention, and legal action.	
Committee	Workforce Committee	Risk Appetite and Tolerance	Open 4-8
Director	Chief People Officer	5Ts status	Treat
Date risk opened	05/12/2024	Date of last review	03/03/25



Risk Score Tracker



Risk Appetite key: Red = Outside of tolerance, Orange = Tolerable, Green = Optimal
(Note: Initial score is same as current score and so not showing on graph)

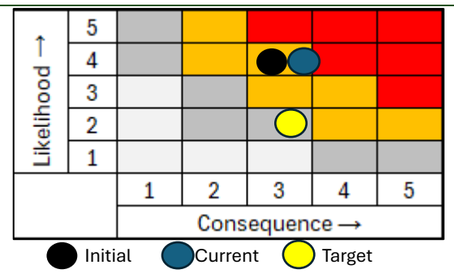
Controls	Gaps in Controls	Assurances	Gaps in Assurances
• Equality, Diversity and Inclusion Policy. • Equality, Diversity and Inclusion Strategy. • Single Improvement Plan. • Equality, Diversity and Inclusion mandatory training. • Supporting Disability in the Workplace policy and agreement. • Trans and non-binary policy. • Equality Impact Assessment policy. • NHSE 8 High Impact Actions. • NHS People Promise. • Culture programme, including Zero Tolerance campaigns. • Freedom to Speak Up Policy, Process and Champions. • Employee Relations policies and processes. • Trust Values/Best Version of Us/Leadership in Lancs frameworks. • Core People Management Skills programme. • EDI resources/education/toolkits • Leaders/All Colleague briefings • Staff ambassador forums for colleagues with protected characteristics.	• No equivalent national Workforce Equality Standard for LGBTQ+ colleagues. • ESR Declaration rates for colleagues with a long-term condition or disability. • EQIA process/lack of challenge in respect of EIA findings. • Gaps in localised application of inclusive management practices and in addressing poor behaviours which are not inclusive.	• Equality, Diversity and Inclusion Strategy Group. • L&SC ICS ED&I Group. • Equality, Diversity and Inclusion Strategy monitoring. • Internal Audit review of ED&I in 2023/24 – Substantial Assurance. • Workforce Committee. • Some positive areas identified in the Workforce Race Equality Standards (WRES). • Some positive areas identified in the Workforce Disability Equality Standards (WDES). • North West Anti-Racist Framework. • EDS2022 • North West ED&I Assurance template • Equality Diversity and Inclusion Annual Report	• Areas for improvement identified in the Workforce Race Equality Standards (WRES). • Areas for improvement identified in the Workforce Disability Equality Standards (WDES). • WRES/WDES report only completed on an annual basis • Challenges in ability to drill down into the data from a minority group/divisional basis due to low numbers and confidentiality • Ethnicity Pay Gap/Disability Pay Gap • Ability to take meaningful actions which impact the Gender Pay Gap with Agenda for Change (AfC) • EDS2022 – areas for improvement identified

Risk Treatment

Action	Action Owner	Due Date	Done Date	Action Progress Update
Reducing the % of colleagues who have not declared disability status on ESR (annual measure)	M. Davis / R. Smith	31.03.25		
Increase level of satisfaction for NHS Staff Survey People Promise element “We are compassionate and inclusive”	M. Davis	31.03.25		
Reducing variation in experience around bullying and harassment for disabled vs non-disabled colleagues	M. Davis / R. Smith	31.03.25		
Reducing variation in experience around discrimination for minority ethnic vs white colleagues	M. Davis / E. Hickman	31.03.25		
Increasing the diversity of colleagues in band 8a and above as per WRES/WDES annual report	M. Davis	31.07.25		

Strategic Objective: People	**Corporate Objective:** To ensure we improve colleagues wellbeing and experience at work by actively listening to our people, and turning understanding into positive action	Overall Assurance Level	Medium

Principal risk 8 (24/25)	Risk Title:	Sub-optimal experience of Resident Doctors		
	Risk Description:	There is a risk that resident doctors experience of working at the Trust may not always be positive. This is because of operational pressures and working practices. This could result in poor staff experience, grievances, absence, a reduced level of medical staff, inability to recruit, patient safety incidents, regulatory intervention and reputational damage.		
Committee	Education, Training and Research Committee	Risk Appetite and Tolerance	Open 4-8	
Director	Chief People Officer	5Ts status	Treat	
Date risk opened	05/12/2024	Date of last review	26/03/2025	



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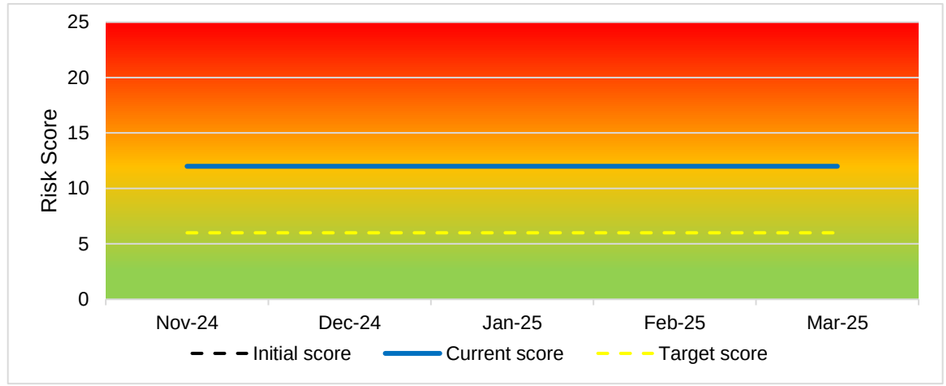


Risk Appetite key: Red = Outside of tolerance, Orange = Tolerable, Green = Optimal
(Note: Initial score is same as current score and so not showing on graph)

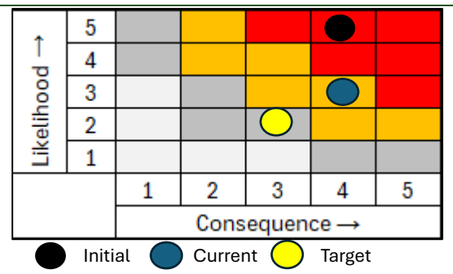
Controls	Gaps in Controls	Assurances	Gaps in Assurances
• Resident doctor Single Improvement Plan. • Workforce and OD Strategy. • Education and Training Strategy. • Divisional education contracts. • NHS Education Contract. • Medical Workforce team.	• Lack of national guidance on "Improving the working lives of doctors in training". • National requirement to take an NHS Staff Survey approach to the GMC National Training Survey. • StatMand training currently under review for all staff groups including resident doctors. • Requirement to work with Lead Employer who holds employment responsibilities for resident doctors. • Time restriction of Lead Medical Education officer to progress the resident doctor agenda. There is a need to identify an accountable officer for responsibility of improving the working lives of doctors	• Education, Training and Research Committee. • Workforce Committee. • Divisional Workforce Committee. • Resident doctor forum. • Raising Concerns. • NHSE Monitoring the Learning Environment quarterly meetings. • GMC National Training Survey (NTS). • National Education and Training Survey. • Annual Internal Placement Experience. • During a Monitoring the Learning Environment Meeting with NHSE NW Quality team on 10 March 25, a number of areas that have previously been monitored via the Intensive Support Framework (category ISF 1), were closed. This included the immediate mandatory requirements that were raised following the NHSE Quality visit to Chorley in November 2024. Concerns that were closed include: Clinical Oversight of the Rota, Location of breastfeeding rooms for resident doctors returning to the workplace, Medical staffing communication and notice to consultants when moving resident doctors to cover rota gaps, GMC NTS 2024 Results, Acute Internal Medicine Chorley, Gastroenterology (RPH), Neonatal Medicine (RPH), Cardiology (RPH).	• Gap in triangulation of GMC National Training Survey into Raising Concerns, Exception Reporting and NHS Staff Survey Reporting • GMC National Training Survey 2024 results indicated that Trust performance is marginally below the national average in 14 out of 18 themes. • A number of areas of Post Graduate Medical Education are currently being monitored within the NHSE Intensive Support Framework, these include: 1) Senior Support for Foundation Doctors and Acting Beyond Competencies at CDH (ISF 1) 2) Efficient handover with clear allocation of roles (ISF 1) 3) GMC NTS 2024 Results showed Neurology RPH, Radiology RPH, Clinical Oncology RPH, and Obstetrics and Gynaecology RPH in ISF 1. • Lack of NHS Staff Survey level of analysis and corporate level action plan for GMC national training survey and National Education and Training Survey for resident doctors, with insufficient triangulation of themes and organisational and specialty level.

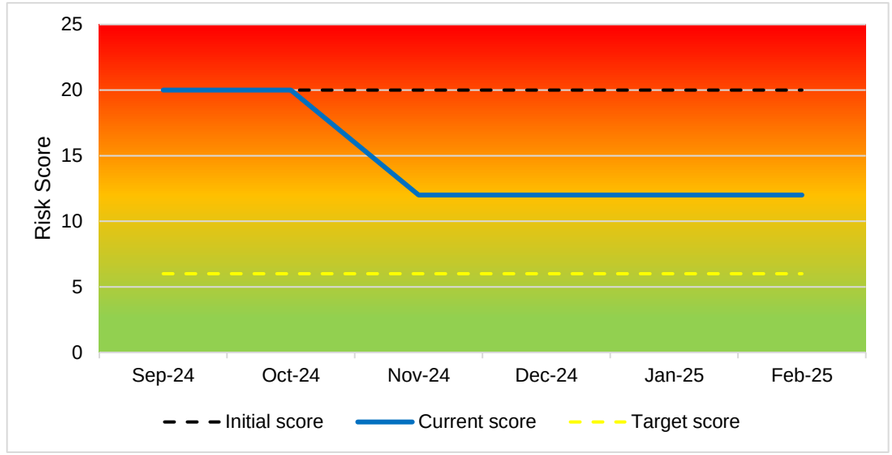
Risk Treatment

Action	Action Owner	Due Date	Done Date	Action Progress Update
Review educational governance processes to determine where resources relating to the design and delivery of corporate and specialty level interventions sit	L. O'Brien	31.01.25	28.02.25	March 2025: The sub-committee effectiveness review was reported to ETR in February 2025. A new sub-committee structure with strengthened reporting through relevant Divisional workforce committees will commence in April 2025. This will be presented to ETR in April 2025.
Review Education and Training Strategy	L. O'Brien	~~31.03.25~~ 30.06.25		March 2025: A strategy update will be presented to ETR in June 2025, with delays due to Trust Strategy delays and the expectation of a 10-year plan from NHSE being published in the coming months which will impact on Trust Education and Training Strategy.
Implement education portfolio changes to provide dedicated support to Medical Education	L. O'Brien	30.06.25		March 2025: In light of feedback received during the 30-day consultation period regarding the wider impact to education structures, this has been paused. Preparation is currently underway for a wider consultation period with all potentially impacted staff, that will commence in April 2025.
Implement 2025/26 education and training sub-committee structure	L. O'Brien	30.06.25		March 2025: The new sub-committee structure with strengthened reporting through relevant Divisional workforce committees will commence in April 2025. This will be presented to ETR in April 2025.
Develop escalation protocols and guidance to provide senior support for foundation doctors and residents acting beyond competencies	A Sykes	31.07.25		
Undertake review of the handover template from RPH to test utility at CDH	A Sykes	31.07.25		
Receipt and review of GMC Survey results to understand assurance around controls in place – expected end of July 2025	L. O'Brien	31.08.25		

Strategic Objective: People	**Corporate Objective:** To ensure we improve colleagues wellbeing and experience at work by actively listening to our people, and turning understanding into positive action	Overall Assurance Level	Medium

Principal risk 9 (24/25) (ID 499)	Risk Title:	Failure to effectively manage staff absence and achieve Trust and National target rates	
	Risk Description:	There is a risk that failure to effectively manage staff absence due to ineffective systems or processes, or managerial capability will compromise our ability to deliver safe staffing levels and continuity of care. It could also result in increased costs associated with temporary staffing, the Trust being unable to achieve Trust or National targets and could impact on staff morale.	
Committee	Workforce Committee	Risk Appetite and Tolerance	Open 4-8
Director	Chief People Officer	5Ts status	Treat
Date risk opened	10/02/14	Date of last review	28/02/25





Risk Appetite key: Red = Outside of tolerance, Orange = Tolerable, Green = Optimal

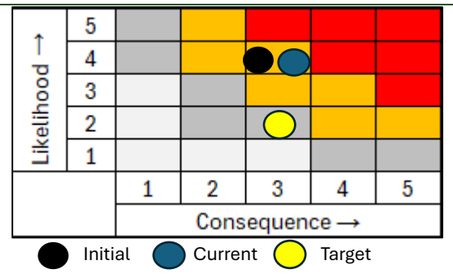
Controls	Gaps in Controls	Assurances	Gaps in Assurances
• Sickness Absence Policy in place. • Core People Management Skills training in place. • Monthly reports to Divisions - check & challenge. • Accountability Framework in place which has recently been refreshed. • Toolkits and templates for Managers. • "What Good Looks Like" for Managers. • Live data & reports in Health Roster. • Workforce Advisor Support in place (although at an insufficient level) • Health & Wellbeing Strategy in place. • Workforce & Organisational Development Strategy in place. • Operational processes in place Divisionally to look at staffing levels. • Dashboards in rosters to see safe staffing levels. • Rostering guidance and support in place.	• Gaps in localised management practices. • Lack of one complete absence record affecting ability to demonstrate policy compliance. • Insufficient capacity within the Workforce team to support absence management as proactively as possible. • Lack of localised risk assessments/stress risk assessments/moving & handling risk assessments. • Lack of triangulated data to support prediction/notice of warning signs for sickness absence. • Insufficient capacity within the psychological wellbeing service.	• Workforce Committee. • Divisional Workforce Committees. • Divisional Improvement Forums review absence levels. • Sickness absence reports are produced on a monthly basis which enables trend analysis of absence rates at cost centre level. These are reported through divisional workforce committees. • The Workforce team have undertaken local audits of absence management practice e.g. Return To Work Interview compliance.	• Inability to achieve the 4% target. • Internal audit of sickness absence management practices, (October 2024) provided limited assurance. • Currently a manual process to monitor compliance with absence management policy and processes.

Risk Treatment

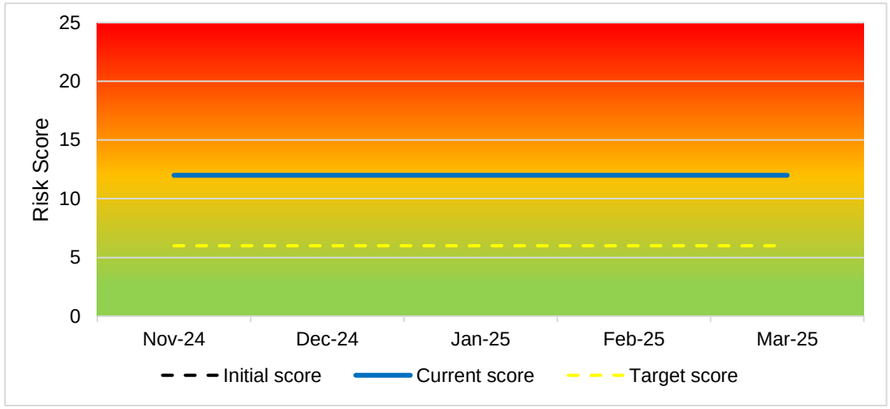
Action	Action Owner	Due Date	Done Date	Action Progress Update
Progress and evaluate outreach calling	R O'Brien	31.01.25	31.01.25	Jan 2025: Action completed by the end of January 2025.
Develop business case for additional psychologist	R. O'Brien	~~28.02.25~~ 31.03.25		Feb 2025: Business case went to PAG 20.02.2025 and will go to March Trust Management Board (TMB). Outcome pending
Review of the Sickness Absence Policy	R. O'Brien	~~28.02.25~~ 31.03.25		Feb 2025: Revised policy under discussion with staff side colleagues and hoping to finalise in March 2025.
Pilot Empactis as a digital absence management system	R. O'Brien	~~28.02.25~~ 30.04.25		Feb 2025: Retrospective business case required. This went to PAG 06.02.2025 and will go to March TMB. Implementation group established in the meantime.
Deliver absence reduction 'plan on a page' against 4 key workstreams	R. O'Brien	30.06.25		

Strategic Objective: People	**Corporate Objective:** To enable better access to care by having the right people, in the right place, in the right number at the right time	Overall Assurance Level	Medium

Principal risk 10 (24/25) (ID 2041)	Risk Title:	Compliance with Core Skills Training & Appraisals		
	Risk Description:	There is a risk that staff may not have received the core skills training required for their role or had an appraisal in the Trust-defined timeframes. This is due to unavailability of staff, time and capacity. This could result in staff not having up to competencies, patient safety incidents, poor patient experience, poor staff experience, regulatory action, claims and complaints.		
Committee	Education, Training & Research Committee	Risk Appetite and Tolerance	Open 4-8	
Director	Chief People Officer	5Ts status	Treat	
Date risk opened	05/12/2024	Date of last review	26/03/2025	



Risk Score Tracker



Risk Appetite key: Red = Outside of tolerance, Orange = Tolerable, Green = Optimal
(Note: Initial score is same as current score and so not showing on graph)

Controls	Gaps in Controls	Assurances	Gaps in Assurances
• Core skills training framework (CSTF). • Training needs analysis. • Corporate Induction process. • Local Induction process. • Appraisal Policy. • Appraisal Policy for Medical and Dental colleagues. • Accountability Framework. • Self-service e-learning and appraisal platform. • Regular review of target audiences with Clinical Educators and Divisional leadership. • Training Compliance and Assurance Sub-Committee govern any proposed changes to Core Skills topics. • Monthly emails to staff to show compliance with training and appraisals and any areas that are due to expire. • Weekly reminder to staff who are out of date with Core Skills training. • 'Super red' tool produced to support the divisions in identifying staff who have more than 1 super red topic. • Monthly meetings take place between Training Performance and Compliance and Divisional Nursing Directors to review target audiences and complete approval for sign off of any changes.	• Gaps in localised application of appraisal policy and processes. • Nationally set Core Skills training framework. • National review of Core Skills Training Framework (CSTF), which is reviewing statutory and mandatory training across all Trusts, with a plan to produce a national StatMand framework in 2025. This could increase / change the requirements for delivery of training nationally and the governance processes.	• Training & Appraisal Compliance report - produced monthly and sent to divisional and corporate leaders. • Regular provisions and/or presentation of compliance including Core Skills training report to Divisional Workforce Committees. • Reports to Training, Compliance and Assurance sub-committee. • Training and Appraisal reports to Divisional Improvement Forums. • Bi-monthly Education Training and Research committee reports to escalate gaps and assurances in plans to rectify. • Annual Appraisal Strategic Update report to Workforce Committee. • Integrated Board Performance Report. • NHS Staff Survey Results	• The Trust is currently non-compliant with specific mandatory (core skills training framework) & essential training subjects as reported to ETR Committee. • The Trust are not meeting the target for appraisal rates. • The training reports currently provided do not map directly to CQC core services, or by professional group.

Risk Treatment

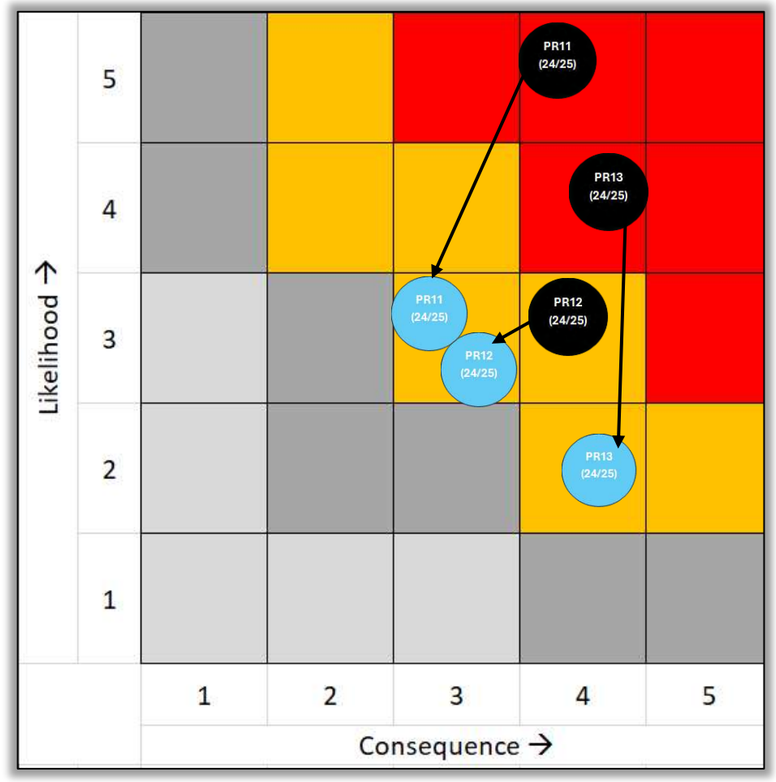
Action	Action Owner	Due Date	Done Date	Action Progress Update
Detailed reporting to Divisional Improvement Forums for colleagues that have not attended training	L. O'Brien	~~13.12.24~~ 31.01.25	28.02.25	Mar 2025: Training dashboard included within Divisional Improvement Forums from February 2025.
Reviewing and updating appraiser training	L. Graham	31.03.25	31.03.25	Mar 2025: Training session design will be completed by end of March 2025. New style session will be delivered from 1st May 2025.
Divisional Mandatory Training compliance action plan – for each Division	Divisional Leads	~~28.02.25~~ 31.05.25		Mar 2025: Surgery complete and being monitored. All Divisional actions yet to be finalised, due date extended
Review Mandatory Training Policy	L. O'Brien	~~31.03.25~~ 30.06.25		Mar 2025: There is currently no policy in place, however there is a plan with the national StatMand team to publish a standardised policy for all NHS Trusts which can be localised. There is no date yet confirmed for when this will be published. Meeting toward the end of March 2025 for discussion around National Core Skills Training Framework, which impacts on Trust policy updates, due date extended.
Reviewing processes including guidance provided on how to complete appraisals, reviewing appraisal forms, monitoring and QA processes and developing intranet information hub.	L. Graham	~~31.03.25~~ 30.06.25		Mar 2025: The appraisal templates have now been reviewed and new guidance drafted for the team members bands 2- 6 appraisal process. The next stage by end of April 2025 will be to follow the same process for Leaders appraisals. A new 'centralised close' standard operating procedure has been developed and has been implemented for the last 3 months. This process is now deployed as standard on a monthly basis. The quality assurance process has been reviewed and decision made to cease as it delivered limited impact. In its place will be increased appraisal data analysis provided to Divisional Workforce Committees on a bi-annual basis, this will include assessments of overall appraisal compliance, appraisal ratings, talent management ratings, number of objectives and objective completion, personal development themes and completion this will enable richer discussions and targeted action to be taken. This action has not yet been implemented, work has stalled due to vacancies in Organisational Development team. Due date extended to allow for remaining sub-actions to be completed.

Productivity: Deliver value for money

Monitored through Finance & Performance Committee

The following 2024/25 corporate objectives are aligned to the **Productivity** strategic objective

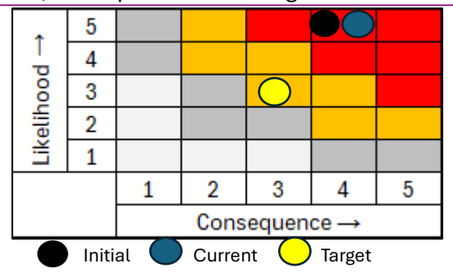
Ref.	Purpose of the objective	Scope and Focus of the Objective	Status
CO10	To provide value for money services by spending less, spending well and spending wisely	• To evidence improved value for money and delivery of the financial recovery programme.	Risks identified
CO11	To deliver sustained improvement evidenced through the single improvement plan	• To deliver against the plan and demonstrate this as improved outcomes for the organisation.	No risks identified
CO12	Improve our underlying productivity and efficiency	• To maximise our productivity through the delivery of our FRP, SIP and other transformation plans.	No risks identified



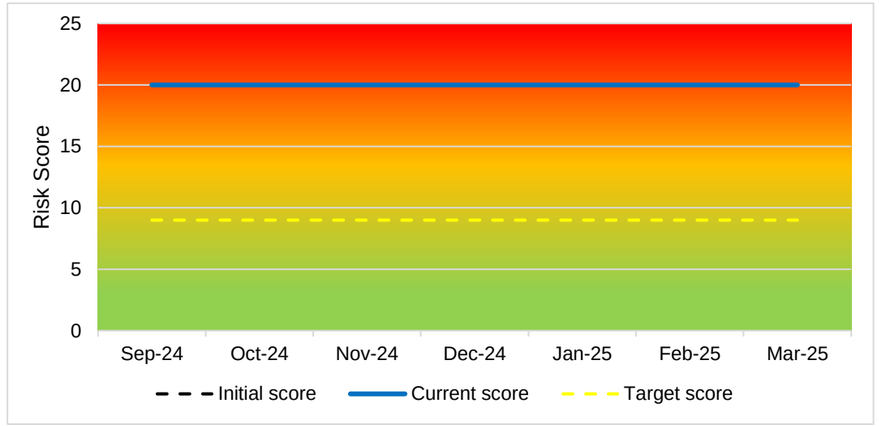
Heat map key: Black = current score, Blue = target score

Strategic Objective: Productivity	**Corporate Objective:** Provide value for money services by spending less, spending well and spending wisely	Overall Assurance Level	Low

Principal risk 11 (24/25) (ID 1557)	Risk Title:	Failure to meet the financial plan in 2024/25		
	Risk Description:	There is a risk that the Trust may not deliver the financial plan for 2024/25. This is because of factors such as under-delivery of planned efficiency savings, inability to reduce some operational costs, rising operational demand, and insufficient external funding for some services. This could result in a significant financial deficit, reduced resources for patient care, challenges in maintaining service delivery, further regulatory intervention, impact on staff experience, and reputational damage.		
Committee	Finance & Performance	Risk Appetite and Tolerance	Open 8-12	
Director	Chief Finance Officer	5Ts status	Treat	
Date risk opened	03/06/24	Date of last review	07/03/25	



Risk Score Tracker



Risk Appetite key: Red = Outside of tolerance, Orange = Tolerable, Green = Optimal
(Note: Initial score is same as current score and so not showing on graph)

Controls	Gaps in Controls	Assurances	Gaps in Assurances
• Financial plan set at the start of the year - common assumptions and principles agreed collaboratively within the ICS. • Financial plan triangulated with activity and workforce plans. • The Standing Orders, Standing Financial Instructions and Scheme of Reservation and Delegation are in place to support controlling expenditure. • Budgets set at the start of the financial year and agreed with budget holders, risks identified and rated to enable the Board of Directors to approve the budgets. • There are a suite of pay controls for filling vacancies and using agencies. • Processes are in place to ensure financial recovery plan (FRP) schemes that are delivered are transacted through the ledger. • There are a range of grip and control measures in place for managing discretionary expenditure. • There is a no PO no pay system in place for managing non pay expenditure.	• Inability to fully develop and manage services within commissioned resources and in line with commissioning processes due to increasing demand and evolving complexity of patient needs. • The savings programme alongside additional control measures is currently failing to deliver the required level of financial improvement. NHSE are supportive of using additional advisory support to maximise delivery in the current financial year and develop plans for 25/26. • PMO to support the divisions to deliver the waste reduction programme (WRP) is being finalised with external support. • Operational pressures limiting management capacity.	• Financial plan monitored monthly to; budget holders, DIF, F&P committee, externally through provider finance returns (PFR) monthly returns and system improvement board assurance meetings. • Risks identified monthly to Finance and Performance committee. • Internal Audit - on the integrity of financial systems - through Audit Committee. • External Audit - on the financial accounts - through Audit Committee. • Ledger reconciliations - on the integrity of the financial data. • Variance and trend analysis - on the integrity of the financial data. • Collaborative working in ICS - integrity of financial data.	• The Trust is reporting a significant forecast year end variance to financial plan driven principally by under delivery of our savings programme. The deterioration of our forecast has resulted in escalated scrutiny from NHSE and the I&I improvement lead and the Trust being escalated to national oversight framework (NOF) level 4. • Development of the transformation agenda is required to support delivery of the WRP. • There is insufficient understanding of the plan to address productivity shortfalls. • External grip and control review identified some areas to strengthen. • External financial governance review identified some areas to strengthen.

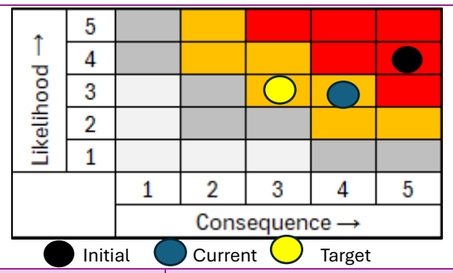
Risk Treatment

Action	Action Owner	Due Date	Done Date	Action Progress Update
Finance Governance review to be undertaken	D. Stonehouse	14.02.25	14.02.25	Mar 2025: Report finalised and will be provided to Finance and Performance Committee in March 2025.
Implementation of grip and control activities from Investigate and Intervene system review	D. Stonehouse / C. McGourty	28.02.25	28.02.25	Mar 2025: Enhanced vacancy firebreak put into place with oversight from CEO. Rapid improvement weeks rolled out to all clinical divisions with further programme to be developed. External grip and control review completed and will be provided to Finance and Performance Committee in March 2025.
New Turnaround Director and external capacity in place to give assurance on key controls and support maximising delivery of current year savings programme and 2025/26 scheme development.	D. Stonehouse	31.03.25	07.03.25	Mar 2025: External support in place and progress update to be provided to Finance and Performance Committee within the finance and budget setting report for 25/26.
Robust development of the Waste Recovery Programme for 25/26	D. Stonehouse/ A. Brotherton	31.03.25		New action: Plan being developed with external support and an update will be provided to Finance and Performance Committee in March 2025.
Business Case to review/finalise the recurring resources needed for Trust project management office.	A. Brotherton	~~28.02.25~~ 31.05.25		Mar 2025: Revised structure developed and approved by the CEO with external input. Staff consultation planned and action date extended.

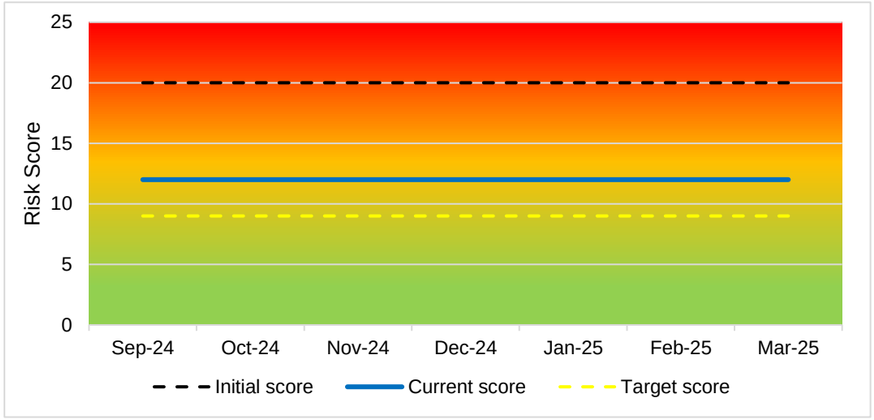
Strategic Objective: Productivity	**Corporate Objective:** To provide value for money services by spending less, spending well and spending wisely	Overall Assurance Level	Low

Principal risk 12 (24/25) (ID 802)	Risk Title:	Cash consequences of the Trust's underlying financial position
	Risk Description:	There is a risk that the Trust may face cash flow challenges because of its underlying financial position, including recurring deficits, delayed delivery of financial recovery savings, or insufficient income to cover operational costs. This could result in a cash shortfall and therefore, an inability to meet financial obligations, impact on service delivery, delays in payments to suppliers, restricted investment in essential services and infrastructure, and potential further regulatory intervention or reputational damage.

Committee	Finance & Performance	Risk Appetite and Tolerance	Open 8-12
Director	Chief Finance Officer	5Ts status	Treat
Date risk opened	06/06/24	Date of last review	18/03/25



Risk Score Tracker



Risk Appetite key: Red = Outside of tolerance, Orange = Tolerable, Green = Optimal

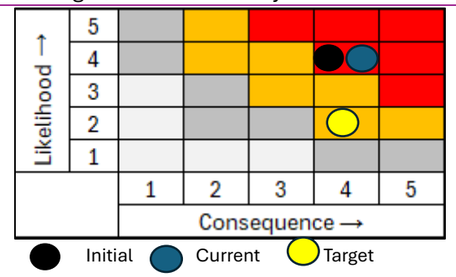
Controls	Gaps in Controls	Assurances	Gaps in Assurances
• Cash Management committee in place. • Annual cash plan in place. • Committee approved cash management policy on prioritisation of supplier payments. • Monthly cash flow forecasting. • Management of working capital balances. • Review of capital programme and timing of expenditure. • Engaging with affected suppliers. • Internal escalation process for urgent cash issues. • NHSE process for requesting cash support. • Additional NHSE process to draw down emergency cash if necessary. • Regular review of cash position and forecasts. • Financial services team resourced for cash management and forecasts.	• Levels of understanding of the cash consequences of not using the established ordering processes. • Access to cash support is subject to external approval.	• Internal Audit reporting through Audit Committee. • Monthly reporting of position including KPIs to Finance & Performance Committee. • Monitoring and reporting performance against 30-day deadline for payments.	• Forecasting generally highlights potential shortfalls in cash availability. However, some invoices can be delayed in being received. • Drop in performance against 30-day deadline for payments.

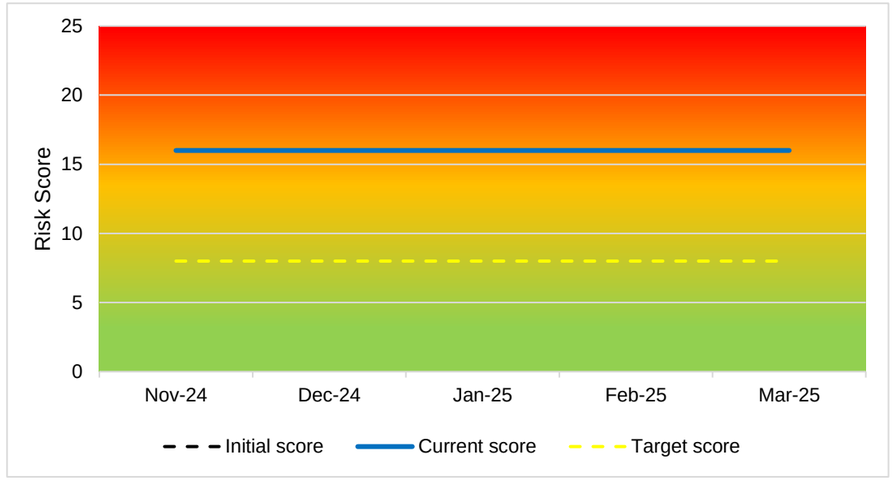
Risk Treatment

Action	Action Owner	Due Date	Done Date	Action Progress Update
Timely submissions to NHSE for cash support with Board of Director approval	C. McGourty	~~31.03.25~~ 30.06.25		Mar 2025 Update: Support from the Board of Directors to make a cash request based on a number of risk scenarios was requested and approved at the December Board. Department of Health have so far made available an additional £1.5m in February 2025. Commissioners have paid their full over contract performance in cash. In addition, in L&SC we have received income and cash for winter surge funding circa £4m and this has supported the Trust's cash flow in the short term.

Strategic Objective: Productivity	**Corporate Objective:** To provide value for money services by spending less, spending well and spending wisely	Overall Assurance Level	Medium

Principal risk 13 (24/25) (ID 2106)	Risk Title:	Ability to access required Capital	
	Risk Description:	There is a risk that there may be insufficient internally generated capital to support all priority areas. This is because of valuation decisions which determine capital funding allocations, the Trust's underlying financial position, competing priorities across the healthcare system, and delays in approvals for capital investment projects. This could result in an inability to progress critical infrastructure maintenance, inability to renew essential existing equipment, potentially impacting service delivery, patient safety, and long-term sustainability.	
Committee	Finance & Performance	Risk Appetite and Tolerance	Open 8-12
Director	Chief Finance Officer	5Ts status	Treat
Date risk opened	05/12/24	Date of last review	07/03/25





Risk Appetite key: Red = Outside of tolerance, Orange = Tolerable, Green = Optimal
(Note: Initial score is same as current score and so not showing on graph)

Controls	Gaps in Controls	Assurances	Gaps in Assurances
• Trust planning framework. • Capital Planning Forum review and determine risk-based approach and recommendations. • Capital Plan agreed by Executive Team & Trust Board. • Backlog maintenance programme developed from 6 facet survey outcome, undertaken annually. • Medical Equipment Group with clinical input to support risk assessment and prioritisation. • IT provided with a budget from Capital Planning forum. • Contingency budget identified at the start of the financial year. • Emergency capital funding process for extreme situations. • Identification of national funding 'bid opportunities'. • Standing financial instructions. • Standing Orders. • Scheme of Reservation and Delegation.	• Externally set capital allocation. • External capital bid opportunities have short timeframes and ability to fully cost this is limited by operational capacity. • Impact of inflation in terms of project costs and timescales. • Ageing estate and inability to comply with latest statutory guidance. • Estates Strategy not finalised. • Approach to IT allocations requires review. • Inability to replace medical equipment as required.	• 6 facet survey and independent annual report which details the scope and level of the situation. • Estates Returns Information Collection (ERIC) returns to support benchmarking. • Asset register in place to support oversight of medical equipment. • Medical Device report to Safety & Quality Committee. • Capital update to Finance & Performance Committee.	• Significant backlog maintenance. • Data for ERIC returns is delayed in being released via Model Hospital (2 financial years behind). • Tracking of project overruns and underspend. • Governance around contract change notices. • Contingency budget is at risk of being exhausted at month 8 of the financial year indicating a potential risk should contingency be required.

Risk Treatment

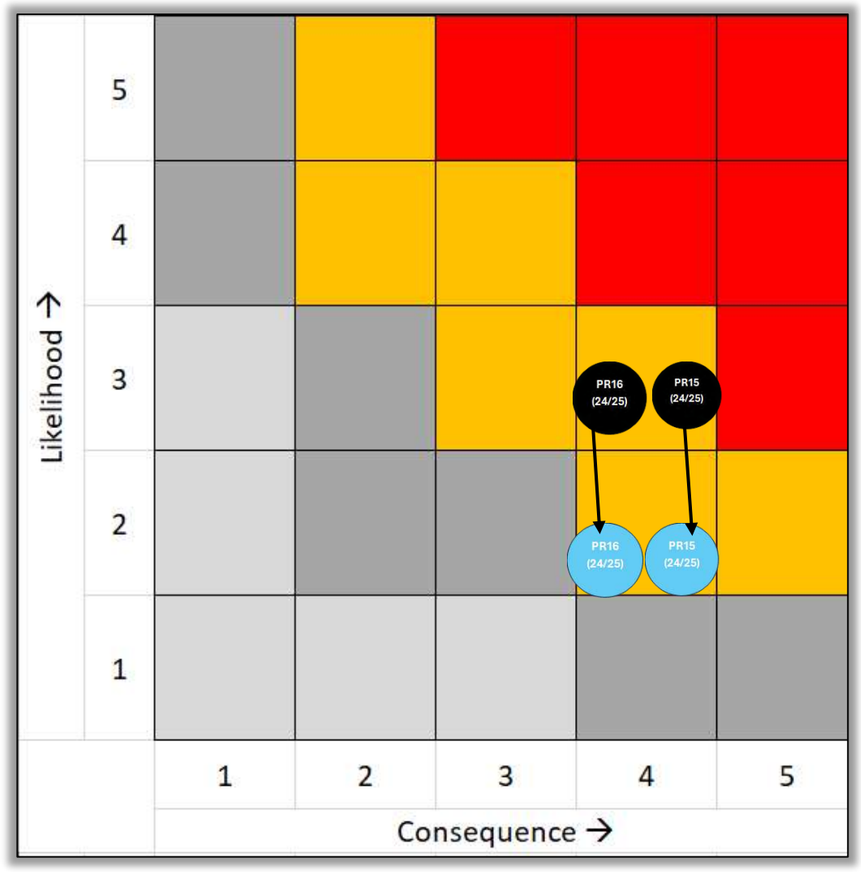
Action	Action Owner	Due Date	Done Date	Action Progress Update
Develop Estates Strategy	C. Howell	30.04.25		Feb 2025: There has been a pause to this to reflect on next steps following the NHP delay, which was announced on 20.01.25. Clinical Strategy will require some re-writing alongside the Estates Strategy. Current estimated timeframe for review of Trust position following the NHP delay announcement is April 2025, with estimated re-write of the Estates Strategy by Autumn 2025, but nothing yet confirmed. Deadline adjusted to end of April 2025 with a view for further update at that time.
Review and improve governance of contract change notices	~~B. Patel / C. Howell~~ S. Ashworth	~~31.03.25~~ 13.06.25		Mar 2025: Head of Estates Buildings & Contracts has developed a change control form which will be completed on each scheme if any significant change is required to a capital scheme, which be presented at the Capital Planning Forum.
Review approach to management and reporting of project spend at Capital Planning Forum	D. Stonehouse	31.07.25		
Review and propose alternative options for capital funding allocations	B. Patel	31.03.26		Dec-24 update: Capital planning group had a robust conversation to best align available funding for 25/26 to known risks which is supporting a higher level of investment in medical equipment next year.

Partnership: Be Fit for the Future

Monitored as indicated through the relevant Committee of the Board

The following 2024/25 corporate objectives are aligned to the **Partnership** strategic objective:

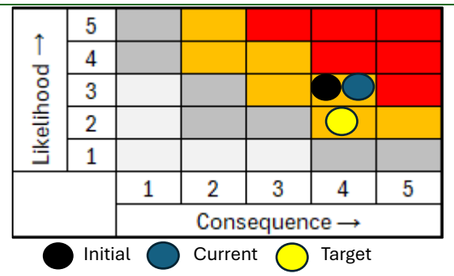
Ref.	Purpose of the objective	Scope and Focus of the Objective	Status
CO13	To develop and deliver our plans for the New Hospitals Programme	• Ensure the successful delivery of our once in a lifetime opportunity to deliver a New Hospital for the residents of Central Lancashire and Lancashire and South Cumbria	No risks identified
CO14	To develop effective partnerships across L&SC which maximise population health and support services that are clinically and financially sustainable	• Deliver plans for OneLSC and develop and implement agreed clinical service strategies/plans • As an Anchor Institution, work with partners to improve population health, supporting development of a thriving local economy and reducing health inequalities.	Risk identified
CO15	To make progress towards our ambition to be a University Teaching Hospital	• Work towards achieving University Hospital status	Risk identified



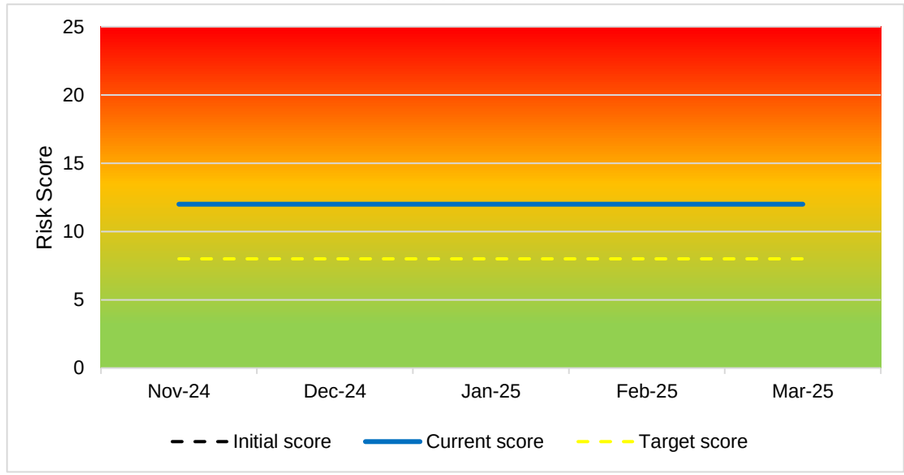
Heat map key: Black = current score, Blue = target score

Strategic Objective: Partnership	**Corporate Objective**: To make progress towards our ambition to be a University Hospital	Overall Assurance Level	Medium

Principal risk 15 (24/25)	Risk Title:	Research capacity and capability to enable progress towards University Hospital status	
	Risk Description:	There is a risk that the research capacity and capability of the Trust may be insufficient to support the longer-term objectives of becoming a University Teaching Hospital. This is because of limitations of the Trust and potential partners in relation to funding, workforce constraints, lack of dedicated research time for clinical staff, lack of established clinical academics in L&SC and the need for an enhanced infrastructure to support research activities. This could result in missed opportunities for innovation and improvement in patient care, difficulty attracting and retaining talented research staff, an inability to advance the Trust's reputation as a leader in research and clinical excellence and the income generation associated with University Hospital opportunities.	
Committee	Education, Training & Research	Risk Appetite and Tolerance	Seek 9-12
Director	Director of Improvement, Research and Innovation, and Chief Medical Officer	5Ts status	Treat
Date risk opened	05/12/2024	Date of last review	11/03/25



Risk Score Tracker



Risk Appetite key: Red = Outside of tolerance, Orange = Tolerable, Green = Optimal
(Note: Initial score is same as current score and so not showing on graph)

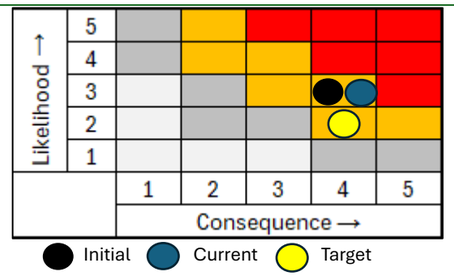
Controls	Gaps in Controls	Assurances	Gaps in Assurances
• Fixed National Institute of Health & Care Research (NIHR) Income. • Research & Innovation Strategy (2022-25). • Some protected job-planned time for clinical research activity. • Quarterly Research Collaborative meetings with the 2 main LSC universities to develop research opportunities. • Some joint appointments with university partners.	• Historical and current overspend of research budget. • Funding available to increase capacity and capability. • Ability to engage medical colleagues in in different academic specialities to support advances in research in those areas. • Strategy and appetite of universities to invest in clinical or other academic roles to be based at the Trust.	• Bi-annual Research & Innovation Strategy update. • Research & Innovation Committee. • Education, Training & Research Committee. • Integral role in ICS R&I Collaborative.	• Income generation plan for financial recovery plan is behind trajectory. • Initial project plan to develop partnerships not currently agreed and therefore progress is not able to be reported to R&I Committee and ETR Committee. • Universities are experiencing similar budget constraints and so may lack ability to invest in these areas.

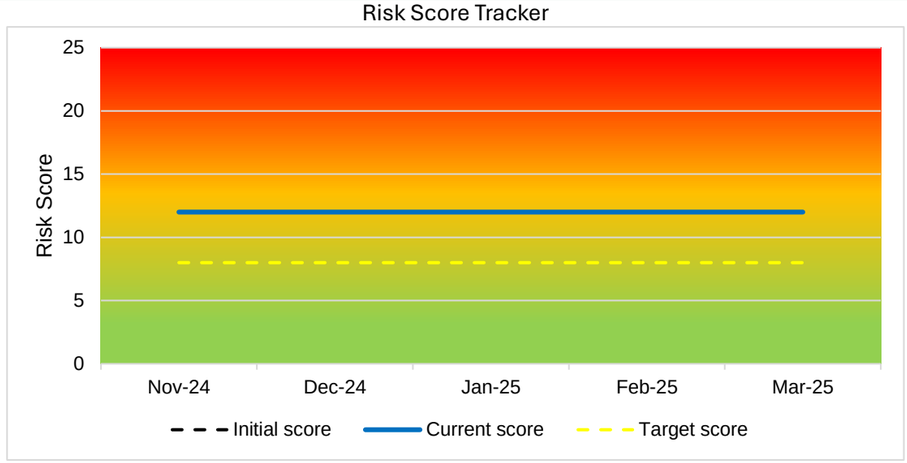
Risk Treatment

Action	Action Owner	Due Date	Done Date	Action Progress Update
Formulate a clear project plan to develop partnerships with potential University partners to explore UH status. This will include plans to engage the clinical teams in the specialities to support these to come to fruition.	P. Brown/ G. Skailes	~~28.02.25~~ 31.05.25		Mar 2025: While the T&F group recommendations have not yet been acted on, Deputy Director of Research & Innovation has been asked to move this on by writing a transformation project plan, in line with the new trust strategy format for University Hospital status, a key initial outcome will be the formation of this group
Delivery of the Income recovery plan for R&I	P. Brown	31.03.25		Mar 2025: The plan for further recovery and operating to plan for 2025/26 will be submitted by 28/3/25

Strategic Objective: Partnership	**Corporate Objective**: To develop effective partnerships across L&SC which maximise population health and support services that are clinically and financially sustainable	Overall Assurance Level	Medium

Principal risk 16 (24/25) (ID 2107)	Risk Title:	Implementing the long term strategy for the Trust		
	Risk Description:	There is a risk that the implementation of the long term strategy for the Trust may be hindered because of lack of alignment with system partners, clear commissioning intentions, insufficient clarity/strength within our processes for system governance/change, resource limitations, and potential resistance to change. This could result in delays in achieving the objectives, fragmented service delivery, reduced quality of patient care, increased costs and inefficiencies across the healthcare system, and failure to improve health outcomes for the population.		
Committee	Finance & Performance	Risk Appetite and Tolerance	Seek 9-12	
Director	Director of Improvement, Research and Innovation/Chief Medical Officer	5Ts status	Treat	
Date risk opened	05/12/24	Date of last review	18/03/25	





Risk Appetite key: Red = Outside of tolerance, Orange = Tolerable, Green = Optimal
(Note: Initial score is same as current score and so not showing on graph)

Controls	Gaps in Controls	Assurances	Gaps in Assurances
• Lancashire and South Cumbria (L&SC) Integrated Care System (ICS) joint NHS forward plan and Clinical Blueprint • System Improvement Board • Three-year Single Improvement Plan • Trust's Annual Corporate Objectives • Provider Collaborative Board Joint Committee (PCB JC) • Place based working • Trust development/integration plans with LSCFT	• L&SC Clinical Blueprint has been developed but we are not yet at the stage where we have a detailed, agreed implementation plan. • Discussions with external partners regarding greater service/pathway integration still need further development and may be impacted by the discussions/plans with respect to the L&SC Clinical Blueprint. • Trust long term strategy not yet finalised • Draft ICB Commissioning intentions have been shared but more discussion needed to agree the implications for the Trust. • The 2024 Darzi Review has given a clear indication of the issues to be addressed in the NHS, and some indication of the likely actions needed, but the new long term NHS strategy will not be released until 2025/26. • System based working is still evolving/improving e.g. the PCB Governance reset is underway but has not been fully implemented and Place based working is still developing.	• Finance & Performance Committee system updates • Trust Board discussions/papers • Trust Board workshops/seminars	• Finalised Trust long term strategy

Risk Treatment

Action	Action Owner	Due Date	Done Date	Action Progress Update
Fully implement PCB Reset	PCB JC	28.02.25	28.02.25	Mar 2025: Managing Director for PCB indicates this is complete
Finalise implementation plan for the LSC Clinical Blueprint	ICB / PCBJC	31.03.25		Mar 2025: The Trust and colleagues in L&SC have been placed into NOF 4 since the action was developed. Update requested from PCB.
Agree the implementation plan for the ICB 2025/26 Commissioning Intentions	ICFO / A. Brotherton	31.03.25		Mar 2025: Work is underway as part of the system financial enhanced oversight and the Once LSC Finance programme of work which is being led externally. The Trust is implementing the work in line with the programme development. Awaiting receipt of full commissioning intentions.
Agree final Trust long term strategy	A. Brotherton	30.06.25		Jan 2025: This has been delayed to enable the new chair to advise on the strategy development so is anticipated to be finalised in Q1 of 2025/26. Due date extended.

Appendix 2 – Ongoing Action Plans against Historic Strategic Risks

Ongoing Action Plan supporting the historic strategic risk to Consistently Deliver Excellent Care (CDEC)

Action Number	Action details	Action Owner	Due Date	Done Date	RAG	Link to Gap In	Gap
CDEC 014 B	Completion of planned expansion of SAU	Chief Operating Officer	31 March 2025	N/A	Included within Principal Risk 5	Control	• The current environment within medical and surgical assessment units does not meet demand.
CDEC 018	The national cleaning standards implementation requires delivery – Priority 1.	Chief Financial Officer	Unable to determine delivery date	N/A	Included within Principal Risk 2	Control	• The implementation of the national cleaning standards is not yet complete. 25% compliant for domestic standards, 100% compliant for nursing standards.
CDEC 019	The capital planning group will continue to assess the risks relating to backlog maintenance and determine the priorities from within the capital funding envelope provided.	Chief Financial Officer	ongoing	N/A	Included within Principal Risk 13	Control	• The capital required to address backlog maintenance is not sufficient. • The current environment within the ED requires upgrading to reduce the risk of environmental decontamination. • The age and condition of the estate places additional risk associated with the design of clinical services and the control of infection.
CDEC 020	To develop a plan in conjunction with the Director of Public Health, that aligns with the Health and Wellbeing Board's Health Inequalities Plan.	Chief Nursing Officer	30 November 2024	30 November 2024	Complete	Control	• Equitable access to health and care is disproportionately more challenging for citizens with protected characteristics and those in the CORE20PLUS5 groups.
CDEC 021	To develop a plan to improve environment within the children's ward.	Chief Nursing Officer	30 April 2025	N/A	Stood down	Control	• The environment and facilities within the children's ward require improvement.
CDEC 028	Agree funding approach to Finney House intermediate care service to secure immediate to medium term plan.	Chief Nursing Officer	31 January 2025	N/A	Included within Principal Risk 5	Control	• The current UEC plan does not address the demand and capacity deficit leading to long waits within the Emergency department and extended length of stay as an inpatient.

Updates on Actions – March 2025

- CDEC 021 – action ongoing, this will be picked up as part of the overall capital priorities and considerations.

Ongoing Action Plan for historical Strategic Risk for Delivering Value for Money (DVFM)

Action Number	Action details	Action Owner	Due Date	Done Date	RAG	Link to Gap In	Gap
DVFM 039	Robust delivery of the financial recovery plan and other financial risks which may arise during the course of 2024/25	Chief Financial Officer and Turnaround Director	31st March 2025	N/A	Included within Principal Risk 11	Control & Assurance	The savings programme alongside additional control measures is currently failing to deliver the required level of financial improvement. NHSE are supportive of using additional advisory support to maximise delivery in the current financial year and develop plans for 24/25
This action is being monitored within the new Principal Risk framework – Principal Risk 11 and therefore updates will be tracked there.							

Ongoing Action Plan for historical Strategic Risk for Fit for the Future (FFTF)

Action Number	Action details	Action Owner	Due Date	Done Date	RAG	Link to Gap In	Gap
FFTF 001	Link LTHTR strategies with Place, Provider Collaborative and ICS Strategies	Executive Leads	6th February 2025	N/A	Included within Principal Risk 16	Control	• Integration of services and pathways • Effective Place and system based working. • Fragile Services programme currently still focussed on a "deficit model" and needs to rapidly develop a robust expected benefits plan
FFTF 006	Establish new governance arrangements to support the development of the PCBC in conjunction with the programme office and the ICB	PCB	28th February 2025	28th February 2025	Complete	Control	• Integration of services and pathways
FFTF 007	Redesign our Social Value Strategy	Chief People Officer	6th February 2025	N/A	Included within Principal Risk 13 (Anchor Institute actions)	Control	• Effective Place and system based working.
FFTF 008	Strengthen the Trusts capability and capacity for strategy formulation, planning & execution and transformational change	Director of Strategy & Planning, Director of Continuous Improvement & Transformation	31st January 2025	N/A	Included within Principal Risk 11 (PMO action)	Control	• Integration of services and pathways • Effective Place and system based working. • Single Improvement Plan approach still under development
Action Updates March 2025: • Action FFTF 006 – Feedback from the PCB Managing Director indicates that as the Digital Strategy Board is fulfilling the role of the Digital Programme Board they can confirm that the actions are closed.							

Ongoing Action Plan for historical Strategic Risk for a Great Place to Work (GPTW)

Action Number	Action details	Action Owner	Due Date	Done Date	RAG	Link to Gap In	Gap
GPTW002	Identify, develop and deliver transformational schemes that support long term sustainability and workforce re-modelling as part of annual planning cycle	Chief Operating Officer	Identify & develop: 31st December 2024 Deliver: TBC as schemes developed	N/A	Stood down	Control	• Identification and Development of transformation schemes to support long term sustainability and workforce re-modelling linked to service re-design.

Update December 2024

There is a comprehensive programme of work detailed in the single improvement plan which supports the financial recovery plan and replaces the action GPTW002. As part of the strategic programmes of work there is a workforce planning action, this includes delivering the NHSE requirements as part of the national planning rounds, alongside the development of a profession specific workforce plan. The Workforce Committee receives an annual workforce planning update to provide assurance, with the operational detail considered in the single improvement plan – portfolio board meeting.
As such, the action GPTW 002 aligned to the Strategic Risk for a Great Place to Work is stood down.

Ongoing Action Plan for historical Strategic Risk for a Education, Training & Research (ETR)

Action Number	Action details	Action Owner	Due Date	Done Date	RAG	Link to Gap In	Gap
ETR 007	Have Research roles in place within 2 Divisions – Suggested Medicine and Women's and Children's Divisions	Head of Research & Innovation	~~31.03.25~~ 01.07.25		Ongoing	Control	• Lack of research leads embedded in divisions.
ETR 008	Review and consider options to support all disciplines to meet the Trust mandatory training target and ensure reporting provides the necessary assurances, to support regulatory compliance	Deputy Director of Education	31.10.24	15.01.25	Included within Principal Risk 10	Assurance	• Inability to meet Trust Mandatory Training targets across all disciplines across all divisions

Summary of Updates – March 2025

- Action ETR 007: Research & Innovation has begun a restructure to allow greater flexibility in clinical teams and in which divisional alignment is central, initially to Medicine and Surgery – this is yet to be confirmed. The restructure papers are under review and should be agreed in Q1 2025/26, thus the change to due date to 01/07/25, by which time it should be confirmed if it is realistic for Divisions to appoint a lead on one PA.

9. FIT FOR THE FUTURE (STRATEGY & PLANNING)

9.1 2025/2026 PLANNING SUBMISSION

Decision Item | A Brotherton | 10.00

Presentation

REFERENCES

Only PDFs are attached

09.1 - Planning Update - Board - 2025-04-03.pdf

Board of Directors Report

2025/2026 Planning Submission			
Report to:	Trust Board	**Date:**	3rd April 2025
Report of:	Executive Director of Improvement, Research and Innovation	**Prepared by:**	I. Ward
Part I	✓	**Part II**	

Purpose of Report					
For assurance	☐	**For decision**	☒	**For information**	☐

Executive Summary:

This purpose of this paper is to outline the latest position of the Trust's 2025/26 planning submissions. The priorities and operational planning guidance, along with revenue finance and contracting guidance, were published on 30th January 2025. These focus on improving access to timely care for patients, increasing productivity, and delivering services within allocated budgets. The key points from each are explored in this report, along with identifying the associated risks.

(i) **Performance and Activity Plans**: The Trust has committed to compliance in six of the eight indicators by March 2026. The remaining two indicators reflect significant challenges in balancing the financial envelope, increased demand, waste reduction programmes, and committing to compliance in other areas. The Trust needs to increase performance for DM01 by 15% and RTT by 5%, involving significant unfunded pressure to achieve targets.

(ii) **Finance Plans**: Please see the separate financial planning report.

(iii) **Workforce Plans**: The Trust is planning a headcount reduction of 1,056 WTE, which includes identified waste reduction programme schemes and additional reductions that are yet to be identified

Key Risks Identified:

1. **Funding Risks**: The Trust has received draft contract offers showing a net reduction of £1.8m funding due to the application of the Elective Recovery Fund (ERF) cap.
2. **Diagnostic and Referral to Treatment Risks**: The Trust needs to increase performance for DM01 by 15% and RTT by 5%, adding further pressure to achieve the targets.
3. **Bed Reduction Risks**: Ambitious bed reduction plans, including the closure of medical, surgical, intermediate care, and residential beds, require careful management.
4. **Workforce Risks**: The Trust is planning a headcount reduction of 1,056 WTE, which may impact delivery timescales and require careful management of organisational change processes

Recommendations: It is recommended that the board receives this report and;

i. ratifies the assurance statements,
ii. approves the plans outlined in this paper,

iii. supports the delivery of programmes of work associated with WRP identified in the checklist actions, and iv. recognises the risks identified in this paper			
Trust Strategic Aims and Ambitions supported by this Paper:			
Aims		**Ambitions**	
To provide outstanding and sustainable healthcare to our local communities	☒	Consistently Deliver Excellent Care	☒
To offer a range of high quality specialised services to patients in Lancashire and South Cumbria	☒	Great Place To Work	☒
To drive health innovation through world class education, teaching and research	☐	Deliver Value for Money	☒
		Fit For The Future	☒
Previous consideration			

1. Introduction

The purpose of this paper is to outline to the Trust Board the latest position in respect of the 2025/26 planning submissions.

2025/26 Priorities and Operational Planning Guidance along with Revenue Finance & Contracting Guidance, and NHS Payment Scheme consultation were published on 30th Jan 2025. These focused on a smaller number of national priorities with an emphasis on improving access to timely care for patients, increasing productivity and delivering services within allocated budgets, with the latter outlining changes to payment mechanisms for 2025/26. The key points from each are further explored in this report along with the identification of associated risks.

2. Discussion

2.1 **Planning Submissions**:

Several specific documents are required as part of our overall planning return. These are:

- Activity & Performance template
- Finance template
- Workforce template
- Full submission checklist
- Board assurance framework

Initial returns were submitted on locally developed templates, to support system-wide discussions around the development of the wider system plan.

Submissions made from 14th March and the final submission have been completed on the national templates, with key points highlighted in the following sections of this report:

Activity & Performance

The activity & performance planning approach has shifted from a granular bottom-up approach informed by speciality teams, to a top down approach adhering to the principles outlined by the system turnaround finance director approach as illustrated in Table 1 - Activity Plan, there will be further work after submissions are made to further reconcile the two within the overall affordability envelope as further work is undertaken to refine the detailed speciality level plans to meet the levels of performance the Trust has been asked to commit to deliver in 2025/26.

Table 1 - Activity Plan

POD	Opening Baseline	Adjustment 1 (Waste Reduction Plan - reduction)	Adjustment 2 (Adjustment for Productivity & Efficiency)	Adjustment 3 (Adjustment for WLIs)	Adjustment 4 (Additional In/Out sourcing)	Adjustment 5 (Demographic / Underlying Trend)	Adjustment 5 (Demo growth n=)	Adjustment 6 (ERF Cap Reduction)	Adjustment 7 (Pathway changes)	Adjustment 8 (Business Case)	Adjustment 9 (Counting and Coding Changes)	Adjustment 10 (DM01 reprofiling)	Final Plan
DC	50,448					0.00%		- 742				2,756	52,464
EL	14,568					0.00%		- 214				- 37	14,317
OPFA	166,143					0.00%		- 2,442		1,003		- 7,699	157,010
OPFUP	340,531					0.00%				5,930			346,461
OPPROC	79,668					0.00%		- 1,171		192		- 4,227	74,461
A&E	80,430					2.00%	1,609						82,039
NEL	35,305					2.00%	707						35,981
NELST	16,966					2.00%	340						17,300
NELNE	6,146					2.00%	123						6,268

The Trust has received draft contract offers from the ICB showing a net reduction of -£1.8m funding relating to the application of the Elective Recovery Fund (ERF) cap. Two trusts in LSC received additional funding of £1.0m and £1.6m relating to revenue consequence of capital bids. LTH however, did not receive any additional allocation.

A letter has been sent to NHS England from the Trust's Chief Executive urging them to address this urgently and to facilitate the necessary steps to confirm the required £3.7m revenue for these schemes into the ICB allocation so this can be passed through and included in plans for 2025/26.

This funding was expected and is required following the TIF II bid capital builds, both of which have experienced significant delays in construction and mobilisation, NHSE has been notified of this on both monthly returns and change request forms submitted.

Without this additional funding, the Trust is currently unable to fund the additional capacity that is due to be delivered and our ability to maintain our commitments to the DM01 and RTT targets will be significantly challenged.

The Trusts plan with respect to performance is summarised below in Table 2 – Performance Summary

Table 2 – Performance Summary

Measure	Target	Current performance	Mar 14 '26	Final Submission
RTT- Incomplete pathways <18 weeks	62.50%	56.70%	60.00%	62.50%
RTT- Incomplete pathways <52 weeks	1.00%	2.50%	2.50%	2.50%
Time to first appointment	69.30%	63.00%	60.00%	64.80%
Cancer 31 day				96.00%
Cancer 62 day pathway	75.00%	68.40%	75.10%	75.00%
Cancer - faster diagnosis standard	80.00%	80.70%	81.40%	80.00%
A&E within 4 hours	78.00%	70.50%	71.80%	78.00%

A&E 12hr +	14.20%	14.30%	10.00%	8.20%

The Trust has committed to compliance in six of the eight indicators by March 2026, the two remaining indicators which are non-compliant reflect the significant challenges of balancing the financial envelope, increased demand, waste reduction programmes and committing to compliance in the other areas.

In addition to the required to increase Referral to Treatment performance of 5%, we have been notified that due to the Trust's ongoing poor performance for DM01 (the proportion of patients who receive diagnostics within 6 weeks) that we need to increase performance by 15%.

Through the work being undertaken in our Elective and Outpatient programmes, the Trust is aiming to further validate the waiting lists and improve the rate of 'clock stops' to activity undertaken back to at least the rates seen in 19/20 (pre-covid). However, this leaves the Trust with a significant unfunded pressure to achieve targets described below:

DM01:

- 3,243 additional DC (Endoscopy, Cystoscopy, Sleep & Urodynamics)
- 8,372 additional DI/DA (MRI, CT, Nous, Dexa, Barium Enema, Echo & Neurophysiology)
- 769 additional Audiology assessments

RTT:

To Achieve the 5% improvement, with a 3.2% year on year increase in referrals, means that the Trust needs to effectively increase both admit and non-admit 'clock stops' by around 8.5%; this is planned to be achieved through a combination of additional activity and increasing the rate of 'clock stops' for the activity undertaken, Typically around 40% of Inpatient Elective and Day Case (admit) activity results in a 'clock stop' event, the remaining activity can be categorised as diagnostic, regular sequential and surveillance. Outpatient (non-admit) typically results in a lower percentage (circa 15%) but with significantly more volume, the Trust needs to increase the proportion / rate of 'clock stops', plus further validation of the lists to remove patients no-longer requiring treatment or identifying those referred inappropriately.

The Trust is therefore tasked with having to make some difficult decisions around the priority order in which performance is assessed and resources allocated. This has been undertaken in the following priority order:

1. DM01 (Diagnostics is key to achieving both Cancer and RTT and therefore assume primacy)
2. Cancer
3. RTT

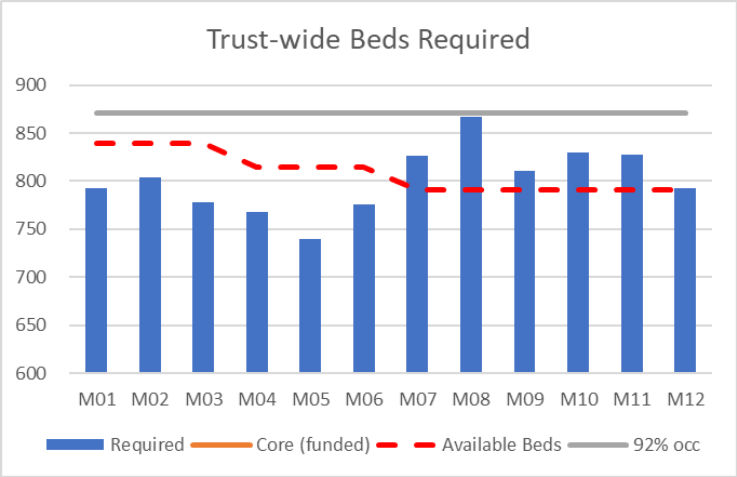
Urgent & Emergency Care activity plans include a level of growth, unlike elective patients they cannot be added to a waiting list and need to be seen on presentation.

The Trust has ambitious bed reduction plans contained within the Waste Reduction Programme (WRP). In addition to the beds already closed, a further 24 medical beds are scheduled to close by 30th June 2025 and 24 surgical beds are scheduled to close by October 2025. In addition to these specific acute bed reductions, the Finney House Healthcare Hub will also close with the loss of 64 intermediate care beds and 32 residential beds.

To enable the bed closures, several schemes have been developed, where particular focus will be applied:

- Increasing the capacity and impact of Care Connexions
- A new improvement collaborative focused on reducing days patients are kept away from home

The aim is that these schemes will support the reduction in length of stay to at least the 50th percentile benchmark rates (Dr Foster), given the activity profile. However, the leadership team is mindful of the increases in bed days and beds that occurs from October onwards every year (winter pressures).



Financial Plan

A comprehensive update on the Trusts financial plan is included under agenda item '9.2 - Financial Planning 2025/26'

Workforce Plan

Workforce and Financial planning are being closely developed to ensure that reductions in headcount are modelled through both returns consistently, further to the additional value of WRP (~£30m) that was identified at the Improvement and Assurance Group (IAG) on 25th March. The latest return (26th March 2025) shows an increased planned headcount reduction of 1,056 WTE, this is predicated on 442 WTE reduction based upon identified waste reduction programme schemes, and a further 614 WTE reductions which are as yet unidentified but are the focus of the next wave of schemes, supported by the new Turnaround Director. This will include a priority focus on reduction of long-term sickness across the Trust, in line with peer.

Risks and Responses to KLOE's

Agency usage has already significantly reduced; however, bank usage remains consist at 737.16 WTE (in the last return which is similar to previous months). Consideration needs to be given to recruitment to hard to fill roles which would further reduce temporary staffing usage and work is underway to review Nursing Safe Staffing Levels and headroom tolerances to further reduce variable pay.

Organisational change processes will impact on timescales on delivery of headcount reduction, this may be further compounded by Workforce Business Partner support and Staff Side capacity. However in early discussions with Staff Side an agreed approach to early consultation to enable planning of workloads has been achieved.

The NHS Staff Survey for 2024 indicated slightly lower than national average levels for the People Promise Element (safe and healthy), and very slightly lower than the national average for the sub theme 'burnout'. The Trust has a comprehensive corporate level action plan in place to address areas of lower satisfaction and a strategic programme of work aimed to reduce levels of sickness absence.

Headline Submission Checklist

The full submission checklist has been submitted identifying the productivity opportunities aligned to the 10 categories confirming the estimation of what can be delivered in 2025/26 (this does not yet include the additional unidentified waste reduction schemes, but these schemes are being developed, with PWC and Turnaround Director support, in line with the timescales agreed in the Trust's IAG meetings) and the proportion of the identified saving that is cash releasing as shown in Table 3 - Productivity Opportunity

Table 3 - Productivity Opportunity

#	Productivity area	Opportunity (£m) assessment [1]	Opportunity as % of cost base [1]	Estimation of how much is expected to be cash releasing (£m)
1	*Non-elective overnight*	*19.5*	*8%*	£0.0m
2	*A&E and SDEC*	*30*	*38%*	£0.0m
3	*Elective opportunity*	*2.9*	*2%*	£2.1m
4	*Outpatient opportunity*	*11.5*	*10%*	£2.4m
5	*Other acute activity*	*2.7*	*2%*	£3.6m
6	*Temp staffing*	*9.1*	*2%*	£9.3m
7	*Corp services*	*1*	*3%*	£7.7m
8	*Medicines*	*0.6*	*1%*	£1.4m
9	*Commercial*	*2.3*	*1%*	£2.7m
10	*Other local opportunities*			£1.5m
	Total	79.6		£30.7m

The submission checklist details the key areas of focus, improvement opportunities and the delivery actions being taken (Appendix 1 – 'Checklist Actions').

Assurance Statements

Draft plans were shared at the Board Development session and assurance statements agreed in principle; these are included in this report (Appendix 2 – Assurance statement covering Governance and Plan content and delivery).

Triangulation and Impact Assessment

Weekly triangulation meetings have continued to take place between functional planning leads to ensure alignment and consistency of application in relevant returns.

3. Financial implications

No direct financial implications arise from this paper; the financial implications are detailed in the separate finance paper.

4. Legal implications

No direct overall legal implications arise from this paper.

5. Risks

The following risks are identified in this paper:

- **Funding Risks**: The Trust has received draft contract offers showing a net reduction of -£1.8m funding due to the application of the Elective Recovery Fund (ERF) cap.
- **Diagnostic and Referral to Treatment Risks**: The Trust needs to increase performance for DM01 by 15% and RTT by 5%. With the funding risk identified above this adds further pressure to achieve targets, including additional diagnostic and treatment activities within existing resource. This can in part be mitigated if NHSE agree to issue the £3.7m revenue consequence of capital schemes.
- **Bed Reduction Risks**: The Trust has ambitious bed reduction plans, including the closure of medical, surgical, intermediate care, and residential beds. This requires careful management to avoid negative impacts on patient care (quality, safety and patient experience), particularly heading into the Winter months and associated pressures.
- **Workforce Risks**: The Trust is planning a headcount reduction of 1,056 WTE, which includes identified waste reduction programme schemes and additional reductions that are yet to be identified. This may impact delivery timescales and require careful management of organisational change processes.

6. Impact on stakeholders

This will require input from a wide range of internal stakeholders from clinical divisions and corporate services, as well as external stakeholders through system working and One LSC.

7. Recommendations

It is recommended that board receives this report and

i. Ratifies the assurance statements
ii. Approves the plans outlined in this paper
iii. Supports the delivery of programmes of work associated with WRP identified in the checklist actions
iv. Recognises the risks identified in this paper

Appendix 1 – Checklist Actions

Elective		
Key areas of focus to support delivery	2025/26 improvement opportunity planned	Key delivery actions
Optimise demand management initiatives, embedding specialist advice as BAU (through advice &guidance and full clinical referral triage)	Advice &Guidance is well established since its inception in 19/20, there is an opportunity to resolve funding flows for A&G / Diverted pathways and are happy to work with the ICB on demand management / referral optimisation schemes. implementation of evidence based intervention in radiology to reduce inappropriate demand. moved from paper to electronic vetting.	I-refer, Patient Engagement Portal, PIFU (BYDefault) ~60% convert by default, Advice &Guidance. Referral Optimisation and Demand Management to support clinical triage to ensure the patients get to the right clinic appointment first time with appropriate diagnostics completed in advance of the appointment Increasing appropriate utilisation of PIFU in some specialities and commencing use of PIFU in others, focussing on the specialities highlighted as part of the Further Faster Programme Patient Engagement Portal - Phase 1; switching to the PEP and delivering the NHS mandated functionality and Phase 2; delivering the full PEP+ functionality which will offer patients the ability to book and change their own appointments
Improved waiting list validation of patients on RTT waiting lists every 12 weeks	AI?/other technology?	PEP+ being rolled out although delays noted within digital capability DNA reduction - 2-percentage point reduction to that of 2019/20 baseline. formal deep dives into missed appointments at speciality level
Expand outpatient transformation initiatives to reduce within-pathway demand, including PIFU and delivery of interventions in the five specialties set out in the elective reform plan	5 key specialities ENT, Gastro, Respiratory, urology, cardiology. Further faster work?	"Themes re Productivity, Demand Management, Models of Care transformation and Digital 'Reduce DNAs via scoping of options re text reminder Maximising rooms and booking utilisation Increase PIFU utilisation - scoping PIFU by default Standardisation of clinic templates and maximising job plan delivery Validation and PEP+"

Elective		
Key areas of focus to support delivery	2025/26 improvement opportunity planned	Key delivery actions
Deliver outpatient productivity interventions by standardising clinic templates and focussed work to reduce missed appointments	Prioritisation of high level DNA specialities for focussed intervention, Automation of reminders, flexible scheduling options through PEP/other, optimise scheduling to avoid booking too far in advance, review method of delivery ie virtual/telephone, patient navigator roles, solutions for patient with transportation issues. Potential use of AI being scoped to support predictive DNAs. Specific DNA reduction targets to be set.	1. DNA Reduction 2. PIFU 3. New :Follow Up ratio 4. Template Variation To note milestones and timings are subject to the recommendations from PWC
Maximise inpatient productivity opportunities, through day-case rate and theatre utilisation improvements	?TIFF II Capital build - SGU 4th theatre will support - providing that revenue funding put in place from ICB.	Formal letter sent to NHSE requesting the £3.7m for revenue consequence of TIF II Capital bids for SGU 4th theatre and Endoscopy 5th room.
Ensure clear plans and actions are in place to identify and address existing health inequalities within elective care reform	The trust has a health improvement plan aligned to the Core20PLUS5 framework with specific plans in place across adult and childrens services with clearly identified timeframes, outcomes and measures. The Health inequalities driver diagram underpins health improvement plan in place focused on 3 primary drivers - education -prevention - promotion	Optimisation of elective patients: This involves signposting services to support modifying risk factors ahead of surgery. The goal is to ensure patients are in the best possible health before undergoing elective procedures Children's Elective Surgery Hub: Located at Chorley District General Hospital, this hub aims to reduce the number of children waiting for surgery by implementing dedicated theatre lists Optimisation of elective patients: This involves signposting services to support modifying risk factors ahead of surgery. The goal is to ensure patients are in the best possible health before undergoing elective procedures Early cancer diagnosis: Engaging with Black, Asian, and Minority Ethnic populations to co-produce solutions that increase earlier stage cancer diagnosis

Elective		
Key areas of focus to support delivery	2025/26 improvement opportunity planned	Key delivery actions
Deliver levels of diagnostic activity required to achieve the RTT performance of a minimum of 60% and a 5 percentage point improvement	The trust aims to deliver a 15% improvement in DM01 performance levels, subject to confirmation of appropriate funding around ERF caps, the additional 5th endoscopy room will contribute significantly to this (capital funded through TIFF II, revenue to be agreed with commissioners)	DMO1 BC to be revisited for 25/26 Endoscopy Once 5th room BC is approved by trust Board, staff will need to be recruited. Explore Medinet in Room 7 April-Nov 25 Radiology Recruit to vacancies Continue to use resource in budget re MR capacity and staffing Halt and reduce increasing demand from specialties for imaging
Ensure that sufficient capacity is available within wider elective growth to deliver the required cancer performance improvement and that investments in additional diagnostic and elective capacity support cancer pathways	Further investment in diagnostic capacity (though existing TIF bids) and utilisation of the capacity of community diagnostic centre (subject to appropriate funding streams), further streamlining pathways. Use data-driven decision making, reducing inappropriate demand Working with alliance to identify additional pathways that can utilise out of hospital CDC capacity. Investment being sought for surgery and oncology across all tumour sites to support ambition of meeting 62 day and 31 day standard. Alliance wide review of oncology capacity and demand awaited.	Linked to our Diagnostic Plan, we will improve pathways to all Cancer standards

Elective		
Key areas of focus to support delivery	2025/26 improvement opportunity planned	Key delivery actions
Focus on cancer pathway transformation, including alternative management of low-risk GI, gynae and breast referrals, teledermatology and expanding non-medical biopsy for prostate	We will work with ICB and Primary Care to explore and implement primary care clinical pathways to manage non-urgent GI conditions, reducing unnecessary specialist referrals. Develop standardised referral guidelines across the system and rapid access clinics for managing common conditions, further utilisation of multiparametric MRI (mpMRI) to reduce unnecessary prostate biopsies and improve cancer detection Teledermatology in place at LTH. To go live in April 2025 to fully utilise central virtual triage for suspected skin cancer referrals. Work commenced in Gynae to implement HRT pathway and Breast triage and Breast pain pathway in place. Nurse led prostate biopsy implemented and nurse workforce capacity increased to meet demand.	Implementing FIT testing, improving pathways and a rollout of an education programme across Primary Care. Working collaboratively with the cancer alliance early diagnosis steering group. Gynae - embed HRT pathway to increase capacity in Urgent suspected Cancer Clinics/Pathway Implement the Tele-Dermy pathways with the Cancer Alliance Expand the current ACP workforce to undertake Prostate Biopsy

Urgent and Emergency Care		
Key areas of focus to support delivery	2025/26 improvement opportunity planned	Key delivery actions
Guidance on completion	Please the summarise the realisable improvement opportunity for 2025/26 and how this contributes to your planned performance (with quantification / reference to relevant metrics wherever possible). Any amendments/additions to the 27th February 2025 submission should be highlighted in RED.	Describe the key actions you will take to implement each piece of best practice guidance (if not already in place). Include key milestones and timings. Rate each action as High, Medium, or Low impact depending on how much they will improve performance for your organisation.
Deliver alternatives to hospital admission including 24/7 streaming, redirection and senior decision making at the 'front door'; same day emergency care (SDEC)	We are working with commissioners on 2 significant schemes to address pressures within the system - these are expansion of the current Care Connexions hub to include consultant / gp - and focus on the	Key theme to drive alternatives to hospital - expansion of care connexions - focus on EOL and Frailty Refresh of the Virtual Ward model moving to 'Hospital @Home' with a shift to maximising 'step up' activity

Urgent and Emergency Care		
Key areas of focus to support delivery	2025/26 improvement opportunity planned	Key delivery actions
and 'criteria to admit'	days away from home programme.	
Work towards delivery of a mean handover response time of 15 minutes as the default requirement.		Key opportunity via enhanced flow out of the hospital - see Days Kept Away from Home
Ensure best practice in hospital patient flow : a consistent 7 day specialty response to ED &straight to specialty referral; 7 day board and ward rounds across key inpatient specialties.		Key initiative in development re launching a deconditioning &strengths based cultural change programme focused within the hopsital to drive down domicilary care and 24 hour care demand. (Days Kept Away from Home)
Apply 'discharge to assess' principles, aligned to the Better Care Fund objectives and goals, by: assessing people's short-term recovery needs at home where possible immediately after discharge; conducting longer-term care assessments following an initial recovery period.		Alignment of D2A principles to the wider 'days kept away from home' initiative &ward/board round standards. Key opportunity to work with system partners to ensure that patients return to their home/preferred place of residence at the earliest opportunity.
Address inequalities within the UEC pathway, ensuring parity of esteem for patients with urgent mental and physical health needs, and consider the needs of those who make high intensity use of emergency departments. Apply best practice to reduce long waits for patients presenting in ED with mental health needs, including use of UEC mental health action cards.	The trust has a health improvement plan aligned to the Core20PLUS5 framework with specific plans in place across adult and childrens services with clearly identified timeframes, outcomes and measures. The Health inequalities driver diagram underpins health improvement plan in place focused on 3 primary drivers - education -prevention - promotion	High Intensity User programme: This programme aims to reduce repeat emergency department attendances by using a psychosocial multi-disciplinary team model of intervention Emergency Department navigators: These navigators help guide patients, particularly those aged 10 to 25, away from violence and towards more positive lifestyles Postpartum Haemorrhage reduction: This initiative focuses on reducing postpartum haemorrhage experienced by Black, Asian, and Minority Ethnic women and birthing people

Appendix 2 – Assurance statements

Assurance statement	Confirmed (Yes / No)	Additional comments or qualifications (optional)
Governance		
The Board has systematically reviewed and assured the operational, workforce and financial plans for 2025/26 that form the basis of the organisation's submissions to NHS England.	Yes	The Board has reviewed and assured the planning work undertaken to date and noted that further work will be required to finalise the plan in line with the timescale that the ICB will be confirming the commissioning intentions and funding.
The Board has reviewed its quality and finance governance arrangements, and put in place a clinically led process to support prioritisation decisions.	Yes	The Board has undertaken a finance governance review and is currently implementing the recommendations. The Board has recently strengthened the quality governance arrangements in place, especially in relation to reviewing EQIAs and a new clinically led panel has been established to review the EQIA's and support prioritisation decisions
Prioritisation decisions were reviewed by the Board, including explicit consideration of the principles set out in planning guidance.	Yes	The Board has reviewed the prioritisation decisions and continues to oversee the decisions, in line with the Improvement and Assurance Group oversight arrangements in place.
Arobust quality and equality impact assessment (QEIA) informed development of the organisation's plan and has been reviewed by the Board.	Yes	Work has been undertaken to strengthen this process which is clinically led. The Board have fully considered EQIAs for the high risk schemes.
The organisation's plan was developed with appropriate input from and engagement with system partners.	Yes	The plan has been developed in partnership wit key stakeholders and collaboration across the providers in our ICB
Plan content and delivery	Yes	(Noting that further work will be required as outlined in the planning guidance)
The Board has systematically reviewed and is assured that it has plans in place address the key opportunities to meet the national priorities for the NHS in 2025/26. This includes the actions against the national delivery plan 'checklists' and the use of benchmarking to identify unwarranted variation / improvement opportunities.	Yes	The Trust has plans in place for delivery and has the support of PWC as part of the NOF4 support in place.
The Board is assured that all possible realistic in-year productivity and efficiency opportunities have	Yes	

been considered and are reflected across the organisation's operational, workforce and financial plans.		
The Board is assured that any key risks to quality linked to the organisation's plan have been identified and appropriate mitigations are in place.	Yes	The Trust has a safety surveillance system in place and the Board are tracking the quality and safety metrics.
The Board is assured of the deliverability of the organisation's operational, workforce and financial plans. This includes appropriate profiling and triangulation of plan delivery, and mitigations against key delivery challenges and risks.	Yes	Detailed plans are in place to improve delivery. Plans are triangulated as far as possible however further and ongoing triangulation will be required as things become clearer in line with published timelines, for example ICBs are not required to confirm specific POD / Speciality / Procedure caps until June.

9.2 FINANCIAL PLANNING 2025/26

Other | D Stonehouse | 10.10

For Assurance

REFERENCES

Only PDFs are attached

09.2 - 2025-26 Budget Proposal Paper for BoDds1.pdf

Excellent care with compassion

NHS Lancashire Teaching Hospitals NHS Foundation Trust

Board of Directors

Draft Financial Plan 2025-26

Report to:	Board of Directors	**Date:**	3rd April 2025
Report of:	D Stonehouse, Chief Finance Officer	**Prepared by:**	C McGourty

Purpose of Report

For assurance	☐	**For decision**	☒	**For information**	☐

Executive Summary:

The purpose of this report is to update the Board of Directors on the latest 2025-26 draft financial plan for Lancashire Teaching Hospital Foundation Trust (LTH). It sets out the expectations and assumptions reflected in the Trust's plan and highlights on going work to finalise the plan.

The paper reports a £5m plan deficit after assuming high risk mitigations can be delivered in year and including a waste reduction programme target (WRP) of £60m and deficit support funding of £30m. This plan reflects the latest expectation following our IAG meeting of the 25th of March.

This paper incorporates the draft 2024-25 capital and revenue budget.

The Board of Directors is asked to:

- Note that the Trust has not yet received a final control total and therefore budget assumptions at this stage are draft. The Board of Directors should consider and discuss the level of risk in the current assumptions particularly around the WRP target in the context of the scale of ambition and historic delivery.
- Note the key assumptions for revenue, capital and cash.
- Note the key risks and mitigations to the 2025-26 budget.
- Approve the draft revenue budget of a net deficit position of £5m, including a WRP target of £60m and deficit support funding of £30m.
- Approve the capital programme of £20.149m. This will be updated once the ICB has confirmed the Trust share from the Critical Infrastructure Risk (CIR) allocation.
- Note that control totals are yet to be finalised.

Trust Strategic Aims and Ambitions supported by this Paper:

Aims		Ambitions	
To provide outstanding and sustainable healthcare to our local communities	☒	Consistently Deliver Excellent Care	☒
To offer a range of high quality specialised services to patients in Lancashire and South Cumbria	☒	Great Place To Work	☒
	☐	Deliver Value for Money	☒

To drive health innovation through world class education, teaching and research		Fit For The Future	☒

Previous consideration

A version of this paper was considered by the Finance and Performance Committee on 25 March 2025. Whilst the paper was endorsed by the Committee it flagged concerns in relation to deliverability and the balance to safety and performance.

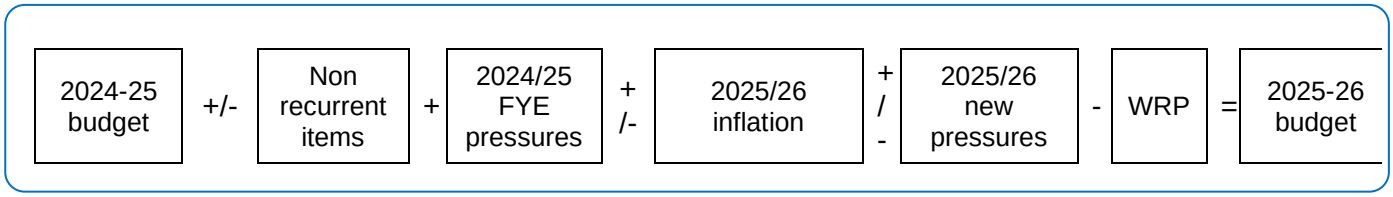
Introduction

1. The Trust's draft revenue and capital budget for 2025-26 is set out in this paper. The draft plan includes the Waste Reduction Plan (WRP) target of £60m which is an increase on the £52m target agreed in the 3 year financial sustainability plan approved in 2023/24. The draft deficit is £5m after £30m of advised level of deficit support funding.

2. In line with the Trust's Standing Financial Instructions and Scheme of Delegation it is the responsibility of the Board of Directors to approve the financial plan and associated budgets. Budget holders are then delegated the authority by the Board to spend up to the value outlined within the approved budget. A budget is set for money (£) and workforce (WTE).

3. Budgets are developed in conjunction with budget managers and are signed off by divisional and corporate leadership teams as part of the Trust's financial planning process. The budget setting conversations are clearly framed in the context of the current financial position being unaffordable.

4. In simple terms, the estimate of the 2025/26 budget is made up of the blocks below. Operational overspends within our run rate have not been funded in base budgets at divisional level unless justified as a legitimate inflationary or volume driven pressure. Central assumptions allow for overall organisation run rate improvement to be recognised within our savings target e.g. reducing sickness absence levels.



5. The WRP has £30.8m (as at 27/3/25) of identified schemes at various levels of maturity and ongoing activities to identify new schemes and mature current identified schemes to having a fully developed plan for delivery. The Trust has included an additional £21.2m of unidentified WRP in the financial plan which is in line with the targets set to divisions for year 2 of the 3-year financial sustainability plan which was developed in 2023/24 (starting in 2024/25) a additional WRP of £8m has also been included in the financial plan in order to help bridge the gap in likely deficit support funding.

2025-26 Planning Context

6. The Lancashire & South Cumbria system, based on the national funding formula, is 'over funded' and in each national planning round funding is removed in a process called 'convergence'. The Lancashire & South Cumbria system also overspent in 2023/24 and consequently is required to repay a proportion of

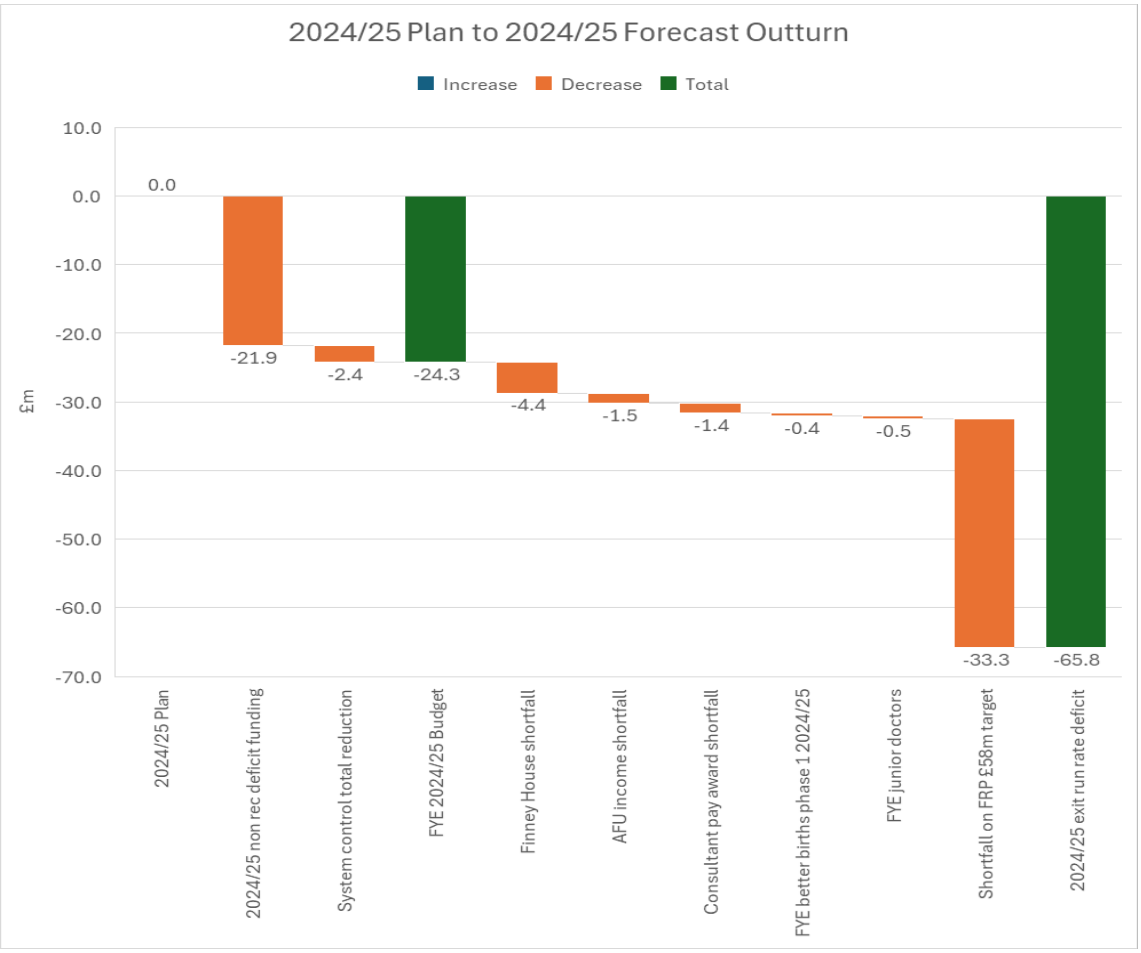
the historical deficit from 2025/26. The commissioners have reduced the 2025/26 contract offer to LTH of £2.2m and £4.1m respectively.

7. As statutory organisations, the ICBs in the Northwest each have a challenging set of financial run rates going into 2025-26 and as such they are not able to fund any form of growth for those services that come under the 'fixed' element of NHS provider contracts (e.g. Urgent and Emergency Care and Maternity). If they were to fund growth, they would have to reduce spending plans with providers resulting in a zero-sum-position. In line with the ask of NHS England, all organisations are asked to focus on transformation and change the offering for residents based on the resources that are available.

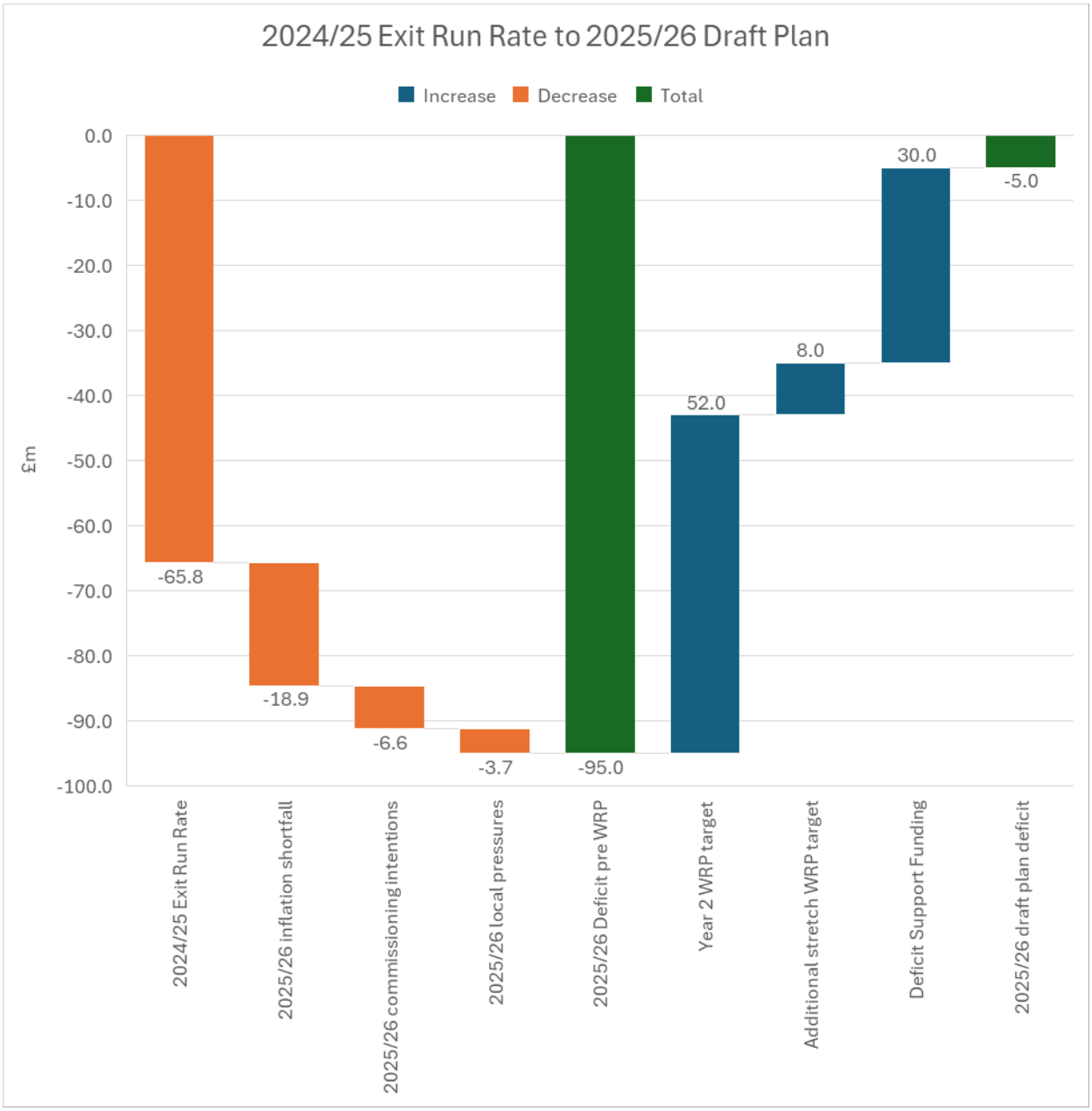
8. The national planning efficiency requirement in 2025/26 is for a 2% efficiency target, this has increased from 1.1% in 2024/25. This is driven through an expected increase to expenditure inflation of 4.15% and an increase to national prices of 2.15%. This equates to £17m for LTH see paragraph 15 below.

2025-26 Draft Budget

9. In 2024-25 the Trust set a deficit budget £24.3m. This was not accepted by NHSE, and it was revised non-recurrently to £21.9m which was then funded non-recurrently to a break-even budget. The Trust has been reporting financial pressures during 2024-25 with Divisions overspending mainly because of non-achievement of the recurrent efficiency target and increased operational pressures throughout the year. Figure 1 below provides a bridge between the 2024-25 plan to the 2024-25 exit run rate of £65.8m.



10. Appendix 1 provides key net movements of the financial position for 2025-26 which has been based on the assumptions outlined in the following sections. The chart below summarises the movement from the 2024/25 exit run rate forecast outturn to the 2025/26 draft financial plan.



Clinical Income

11. The contracting approach for 2025-26 with the ICB has been based on a flat cash roll forward position from the 2024-25 contract. Specific items to note:

a) National planning rules have currently capped elective restoration activity for 2025/26 at less than the 2024/25 forecast outturn level. Within the draft financial plan there is therefore an assumption that activity and expenditure will reduce to offset the reduction in income (£1.8m). There will be a financial risk if activity does not decrease, and the Trust commits expenditure above that afforded by the cap. There is activity paid for pass through drugs and devices and unbundled diagnostics that is not part of the national cap. The Trust has assessed the growth requirement for these services based on both historical levels and the requirement to improve on DM01 targets. This growth has been included in the income and expenditure plan but has not yet been approved by the commissioners.

b) The Trust has been receiving top up funding and is in discussion with the ICB on the level of activity that can be purchased with the current level of funding. These discussions will conclude in due course. It is not anticipated that this will give an additional in year risk to the Trust. The ICB however may seek to further reduce its financial exposure and to that end has proposed removal of the stranded costs supporting ED services, however we are finalising agreement on additional funding recognising historic underfunding of the service at Chorley.

c) There is no funding from the ICB to pay for 2025-26 growth in the fixed element of the contract. Support from the system is required to focus on the urgent care transformation to minimise the growth and demand in urgent and emergency care pathways and to enhance demand management controls in areas like direct access pathology services.

d) The commissioner has applied a reduction to the fixed element of the contract in line with convergence. This is the value that is removed to bring the ICB closer to their expected fair share funding level. The commissioner has also reduced the fixed contract value for repayment of the 2023/24 historical deficit. There are no specific service reductions associated with these reductions and the Trust is therefore mitigating this through setting an efficiency target in excess of the national efficiency target of 2%.

e) The Trust has a number of services that are invoiced outside of the contract; Community Diagnostic Centre (CDC), Ockenden funding, Virtual Wards and COVID testing. The budget setting is based on forecast outturn for all services except the CDC where budgets have been based on the business case levels of activity. There are national moves to bring CDCs into the ERF variable cap levels the current assumption is that the cap will allow for current capacity levels of activity.

f) There are a number of service developments due to be implemented in 2025-26 and these are detailed in Appendix 2. These are not included in budget setting and will be required to go through the Trust's governance processes for business cases before they are included in Division's budgets. In particular those that relied on additional activity will need to be reviewed in light of the ERF cap.

Other income

12. Budgets are largely a rollover of the 2024-25 budget amended for national planning guidance for 2025-26 inflation. Part of the Trust's efficiency programme is the review of additional income that can be earned over and above that set to cover inflationary cost increases.

Pay Expenditure

13. Recurrent pay budgets have been rolled over from 2024-25 using actual staff in post as of December 2024. Pay budgets include:

- 2024-25 pay pressures that are expected to be recurrent have been addressed in budgets e.g. 2024/25 pay award shortfall, better births phase 1 investment, medical trainee investment and non-delivery of 2024/25 efficiency targets.
- A vacancy factor of over 2% has been rolled over. Control over vacancies is expected to be continued in 2025/26. Work has started with PWC to reduce the vacancy factor and remove the vacant posts from the establishment.
- National planning assumption of 2.8% pay award.
- Local pay assessment of 0.1% incremental drift.

- Increased cost of employer's national insurance.
- Towards the latter end of 2024-25 the Trust has been delivering improvements in variable pay particularly in relation to agency and overtime payments. This is planned to continue and be improved as part of the exit run rate via the divisional rapid improvement events and specific WRP schemes e.g. closure of Cuerden Ward.
- The waste reduction target has been set on a 65/35 pay/non-pay split after taking account of income efficiencies.
- National guidance has an expectation of a 10% reduction in bank spend and a 30% reduction in agency spend when compared to the 2024/25 forecast outturn in November. Given the improvements made during the 2024/25 year this is expected to be delivered as part of the forecast outturn for agency expenditure. The bank reduction should be delivered from the reduced demand due to the closure of Cuerden Ward and what has already been identified in the WRP schemes for 2025/26 however if these don't materialise there is a risk this target may not be met.

Non-pay Expenditure

14. Recurrent non-pay budgets have been rolled over from 2024-25. Non-pay budgets include:

- 2024-25 non-pay pressures that are expected to be recurrent – mainly the increased drugs and clinical supplies costs of increases in activity in the fixed element of the contract.
- National planning assumption of 3.51% non-pay inflation (this has been increased recognising that suppliers will increase prices associated with the increased employer's national insurance rate).
- Increase to the CNST premium.
- Increases to gas prices – the Crown Commercial Services have indicated prices of just short of 30%.
- Increased costs associated with non-ERF variable activity growth.
- The efficiency target has been set on a 65/35 pay/non-pay split after taking account of income efficiencies.

Inflation

15. The national planning inflation percentage uplifts (weighted average 4.15%) have been used in the budget setting apart from the Clinical Negligence Scheme for Trust's (CNST), gas prices and incremental drift where local assessments have been made. The table below details the difference between the local and national assessment. The £35.1m cost has been offset by income inflation of £15.9m (including tariff uplift of 2.15%). The net effect of £19.2m has to be mitigated by the overall value of the efficiency target of £60m.

2025/26 expenditure inflation	National %	National estimate £m	LTH estimate £m
Pay award inflation	2.80%	15.3	15.3
Incremental Drift	0.10%	0.5	0.7
National insurance changes	1.82%	10.0	9.9
Drug cost inflation	0.83%	0.2	0.2
Capital cost inflation	2.39%	1.1	1.1
CNST cost inflation	0.31%	0.1	2.1
Other operating cost inflation	3.51%	5.2	5.8
Average expenditure inflation	4.15%	32.4	35.1

Cost Pressures

16. A number of cost pressures were identified as part of the 2025-26 budget setting process. Many of these were not supported by the executive however some were considered unavoidable. Included in the plan is £3.74m, however further review suggests that careful phasing will reduce these below £3m.

    There is also currently no budgetary provision for cost of change e.g. workforce reconfiguration.

Waste Reduction Programme Target (WRP)

17. Currently the Trust has not been given a control total by the system. The Trust's objective to reach financial balance on a recurrent basis by the end of the three-year period drove the 3-year financial sustainability plan in 2023/24. The Trust has used the year 2 target from this plan to set the WRP target for 2025/26 of £52m (6.2% of operational expenditure). This target has increased to £60m (7.2% of operational expenditure) in the context of needing to bridge the current deficit further.

    The table below gives the initial allocation of the £52m target this will be refreshed in the context of the increased target and review of areas of saving opportunities and the additional £8m target.

Division	WRP
	£m
WOMENS & CHILDRENS	£5
ESTATES & FACILITIES	£1
DCS	£7
SURGERY	£20
MEDICINE	£17
CORP SERVICES	£1
TRUST TOTAL	£52

18. As part of the system reset there is now standardisation of processes and definitions to aim for best in class for financial services. One of these is categorising WRPs into identified and unidentified schemes. Appendix 4 reflects the new principles. Currently the Trust has identified 30.8m of saving schemes with the current expectation after the last IAG meeting on the 25th of March that we have the balance of schemes to the initial £52m target will be identified by the end of April and the remaining £8m balance by the end of May. A summary of the Waste Recovery Status is included at Appendix 3.

Monthly Plan Phasing

19. Operationally the Trust recognises phasing associated with; working days for variable income, bank holidays for pay costs and winter costs for fuel. The main monthly plan phasing is how the delivery of the WRP is expected to be delivered. The Trust has thus far identified £30.8m of the £52m target and this is included as Appendix 4 along with a likely target trajectory for the balance, including the likely impact on Worked Whole Time Equivalent.

    For the purpose of the planning submission on the 27th of March the unidentified WRP was phased in twelfths in line with guidance from NHSE but clearly is this not a realistic assumption from a delivery perspective. We have been assured that there will be a resubmission of refreshed plans, likely before the end of April.

Capital

20. The ICB was provided with a 3-year capital allocation covering the financial years 2022-23 to 2024-25. This allowed the ICB and providers within the system to take a strategic approach to capital investment over a longer term than was previously possible. From 2025-26 NHSE has reverted to annual allocations. The capital programme total is £20.149m with £17.075m to be funded from internal cash generation, £2.354m from Public Dividend Capital and £0.720m from donations. The table below summarises the 2025-26 capital programme for approval. £1.036m will be held in contingency to deal with any in year issues.

21. It should be noted that the programme for 2025-26 is not fixed and could be flexed to reflect an additional allocation from the Critical Infrastructure Risk (CIR) fund. The NHSE/ICB has not made final decisions on the CIR, so it is not possible to include a sum at this stage. The plan will also be flexed as and when further funds are awarded to the Trust from various national capital allocations, or as priorities change at the national or system level. This will be reported to the Board for approval at the appropriate time.

22. There was some slippage in capital schemes during 2024-25 that will carry forward as commitments into 2025-26. Consequently, a part of the capital spend for 2025-26, is focussed on the brought forward schemes with reduced spend for IT, medical equipment and estates backlog accordingly.

Scheme	Internally Funded £'m	IFRS16 £'m	PDC Funded £'m	Funded from Donations £'m	Total £'m
New Hospital Programme	0.404				**0.404**
CDC Digital	0.211				**0.211**
LIMS Project Team	0.400				**0.400**
Helipad Refurbishment				0.720	**0.720**
Finney House lease remeasurement		0.196			**0.196**
Estates Staffing	0.562				**0.562**
Estates Backlog (general)	0.500				**0.500**
Ward Refurbs	1.500				**1.500**
Theatre Refurbs	0.500				**0.500**
Fire compliance	0.000				**0.000**
Jag accreditation	1.000				**1.000**
RPH ED Toilet Facilities	0.100				**0.100**
IT Staffing	1.000				**1.000**
IT Renewals	1.000				**1.000**
General medical equipment renewal	1.404	0.304			**1.708**
Medical Equipment - IR Rooms	0.900				**0.900**
RPH ED CT Scanner	0.273				**0.273**
Spinal navigation / lead lining	0.718				**0.718**
Philiips monitors	0.664				**0.664**
Medical Equipment - Linacs (Radiotherapy)	0.796		2.354		**3.150**
Medical Equipment - CT/MR	1.421				**1.421**
Medical Equipment - Fluoroscopy Fixed C-Arm	1.780				**1.780**
Patient trolleys/wheelchairs	0.106				**0.106**
EPR system	0.300				**0.300**
Contingency	1.036				**1.036**
Total schemes	**16.575**	**0.500**	**2.354**	**0.720**	**20.149**

23. The capital programme 2025-26 is made up of schemes that are funded using internally generated funds (depreciation and donations, less loan principal repayments). This also includes the renewal of one linear accelerator which is partly funded using capital PDC that has been confirmed. A scheme to refurbish and upgrade the helipad at RPH is funded from a grant donation from a third-party charity and this donation has also been confirmed. A pipeline of projects exists which are predicated on external support, but these will not proceed until funding has been approved, or if the Trust does proceed at risk, then the appropriate governance process will be initiated.

Cash

24. NHSE guidance requires that capital cash is ringfenced and should not be used to support revenue cash requirements. During 2024-25 the Trust was not able to adhere to this guidance as a consequence of the revenue deficit which was not fully cash backed through DHSC cash support. DHSC are expected to continue to decline or scale down cash requests in 2025-26 so it is unlikely that the Trust will be able to fully reinstate the ringfence on capital cash.

25. Based on the revenue and capital plans for 2025-26 it is expected that revenue cash support will be required from June 2025. A separate paper relating to cash will be presented to the Board of Directors regarding the requirement for cash support in Q1. The final income and expenditure plan that is agreed between the Trust and NHSE put a cap on access to deficit revenue support available in Q1, but it is highly unlikely that DHSC will allow the Trust to access the full value of the Q1 deficit.

26. In expectation that access to cash will be restricted, the Trust will continue to manage supplier payments in accordance with the supplier priority list that has previously been approved by the Board of Directors.

Risks

27. The key financial risks for 2025-26 and mitigations are detailed in the table below. The risks for 2025-26 are £41.5m of which £38.0m are high/medium risks.

Description of risk	Value of risk £m	Risk rating	Mitigations
Efficiency Target The Trust has a significant efficiency target to deliver on a recurrent basis much of this is based on reducing pay expenditure which will require reduction to headcount. The value is based on the unidentified value at 19 March	£29.00	High/Medium	To support delivery of an ambitious financial recovery programme the Trust has dedicated programme management. A turnaround director reporting to the Chief Executive will lead the PMO team and there is enhanced monitoring at corporate and divisional level. The Trust is fully engaged in the system work to maximise the opportunity from system transformation. This figure is expected to reduce as schemes are identified
Place optimisation/Risk management There is no expenditure in the plan for growth in the fixed element of the contract particularly associated with non-elective growth but also those services where GP demand management is required e.g. direct access services. The value is based on the average increase over the last few years.	£4.00	High	The Trust is in discussion with the ICB because support from the system is required to focus on the urgent care transformation to minimise the growth and demand in urgent and emergency care pathways.
Variable income for planned care Activity for planned care will be capped below current levels and if the Trust goes above the capped level it will not get paid.The tension between increased cost and waiting list targets will need to be managed. The value is based on the reduction to 2024/25 outturn levels	£2.00	High	The Trust has received productivity packs to identify areas where productivity improvements can increase activity levels with minimal expenditure consequence.
DM01 Improvement The Trust has not received an increase to the ERF cap associated with increased endoscopy activity to improve the DM01 rate	£3.00	High	The Trust has written to NHSE in relation to the increase to cap for the endoscopy and SGU 4th theatre TIF schemes
Car parking VAT backdated claim The Trust has included this in the 2024/25 accounts HMRC have appealed and this case should conclude in August 2025	£2.00	Low	The Trust will manage any consequence of this through the balance sheet
Pay Award The plan includes a 2.8% pay award. To date the 2025-26 pay award has not been agreed. The value is based on an additional 1%	£1.50	Low	It is anticipated that if the pay award finally agreed is above 2.8% there will be an increase to tariff however it is likely this will still result in a net deficit overall to the Trust.
Total	**£41.50**		

28. Crystallisation of the aforementioned will result in a significant risk to cash which will impact on payments to suppliers as the Trust is only allowed a working capital facility to the level of the plan deficit.

29. There are a number of service developments that may require support through the ICB. If these schemes are not supported this may have an impact on the wider care LSC ICB system. To fund such issues however it is likely that disinvestment will be required elsewhere. The Trust is also relying on the ICB to put in place demand management initiatives to support patient flow and to work with providers across the system.

30. Where services require decommissioning that will need to be done through the appropriate processes including completion of Equality and Quality Impact Assessments. Commissioning organisations are responsible for consultation should services be withdrawn or materially changed.

31. Trusts are asked by NHS England to confirm that their plans are credible and achievable. The plans presented are considered to be high risk and may not be delivered in full due to manifestation of risks which are presented in the financial planning paper. The Board will need to reflect its position in this regard.

Financial Implications

32. The Trust is required to deliver its element of the system agreed financial plan for 2025-26. Currently the control total value from the system is to be finalised. The draft 2025-26 plan has significant risks included. The Trust will ensure effective governance and monitoring of income and expenditure during 2025-26 to meet its legal obligations of delivering an agreed ICB plan.

Legal Implications - Undertakings

33. The ICB is required as part of its statutory duty to develop a financial plan and then deliver that plan. The Trust is also required to meet a number of licence undertakings. The key requirement includes “The Licensee will deliver the 2025-26 Financial Plan once it has been agreed with the Lancashire and South Cumbria ICB, as part of an overall ICS balanced plan for 2025-26”. It is currently assumed that the ICB will be seeking approval for a deficit plan in 2025-26 and that the undertakings will be revised.

34. It is understood that the Trust will be receiving renewed undertakings in due course.

Recommendations

35. The Board of Directors is asked to:

- Note that the Trust has not yet received a final control total and therefore budget assumptions at this stage are draft. The Board of Directors should consider and discuss the level of risk in the current assumptions particularly around the WRP target in the context of the scale of ambition and historic delivery.
- Note the key assumptions for revenue, capital and cash.
- Note the key risks and mitigations to the 2025-26 budget.
- Approve the draft revenue budget of a net deficit position of £5m to allow services to manage budgets from April.
- Approve an efficiency target of £60m in the first instance.
- Approve the capital programme of £20.149m. This will be updated once the ICB has confirmed the Trust share from the Critical Infrastructure Risk (CIR) allocation.

Appendix 1 - Recurrent 2024/25 Budget to Proposed 2025/26 Budget – Excluding Support Funding

	2024/25 Recurrent Budget	2024/25 Exit Run Rate Pressures	2024/25 FRP Recurrent Shortfall	2024/25 Exit Run Rate	2025/26 Inflationary Pressures	2025/26 Net Comissioner Intentions/ Convergence	2025/26 Local Inflationary Pressures	2025/26 Local Cost Pressures	2025/26 Gross Deficit	2025/26 Waste Recovery Programme - Identified	2025/26 Waste Recovery Programme - Unidentified	2025/26 Opening Budget
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Income from Clinical Activities	723,833	(5,900)	0	717,933	0	(8,100)	(300)	(1,700)	707,833	710	0	708,543
Education and Training	27,543	0	0	27,543	0	0	0	0	27,543	0	0	27,543
Other Income	44,085	0	0	44,085	0	0	0	0	44,085	1,000	0	45,085
TOTAL INCOME	**795,461**	**(5,900)**	**0**	**789,561**	**0**	**(8,100)**	**(300)**	**(1,700)**	**779,461**	**1,710**	**0**	**781,171**
Pay - Substantive	(537,902)	(5,660)	(19,950)	(563,512)	(11,970)	0	0	(800)	(576,282)	9,090	21,630	(545,562)
Pay - Bank	(1,232)	0	0	(1,232)	0	1,260	0	0	28	6,970	0	6,998
Pay - Agency	(2,722)	0	0	(2,722)	0	0	0	0	(2,722)	1,310	0	(1,412)
TOTAL PAY	**(541,856)**	**(5,660)**	**(19,950)**	**(567,466)**	**(11,970)**	**1,260**	**0**	**(800)**	**(578,976)**	**17,370**	**21,630**	**(539,976)**
Clinical Supplies	(71,714)	0	0	(71,714)	0	540	0	0	(71,174)	1,120	0	(70,054)
Drugs	(76,613)	0	0	(76,613)	0	0	0	0	(76,613)	1,340	0	(75,273)
Other Non Pay	(84,555)	(1,440)	(8,550)	(94,545)	(4,842)	0	(2,100)	(1,200)	(102,687)	9,230	7,590	(85,867)
TOTAL NON PAY	**(232,882)**	**(1,440)**	**(8,550)**	**(242,872)**	**(4,842)**	**540**	**(2,100)**	**(1,200)**	**(250,474)**	**11,690**	**7,590**	**(231,194)**
TOTAL EXPENDITURE	**(774,737)**	**(7,100)**	**(28,500)**	**(810,337)**	**(16,812)**	**1,800**	**(2,100)**	**(2,000)**	**(829,449)**	**29,060**	**29,220**	**(771,169)**
EBITDA - OPERATING DEFICIT	**20,724**	**(13,000)**	**(28,500)**	**(20,776)**	**(16,812)**	**(6,300)**	**(2,400)**	**(3,700)**	**(49,988)**	**30,770**	**29,220**	**10,002**
Depreciation	(33,421)	0	0	(33,421)	0	0	0	0	(33,421)	0	0	(33,421)
Interest Receivable	1,459	0	0	1,459	0	0	0	0	1,459	0	0	1,459
Interest Payable	(1,134)	0	0	(1,134)	0	0	0	0	(1,134)	0	0	(1,134)
Dividends Payable	(11,906)	0	0	(11,906)	0	0	0	0	(11,906)	0	0	(11,906)
Other Gains/(Losses) inc Disposal of Assets	0	0	0	0	0	0	0	0	0	0	0	0
NET OPERATING DEFICIT	**(24,278)**	**(13,000)**	**(28,500)**	**(65,778)**	**(16,812)**	**(6,300)**	**(2,400)**	**(3,700)**	**(94,990)**	**30,770**	**29,220**	**(35,000)**
Additional Support Funding	0	0	0	0		0	0	0	0	0	0	0
OPERATING DEFICIT AFTER SUPPORT FUNDING	**(24,278)**	**(13,000)**	**(28,500)**	**(65,778)**	**(16,812)**	**(6,300)**	**(2,400)**	**(3,700)**	**(94,990)**	**30,770**	**29,220**	**(35,000)**
Capital Donations/Grants I&E Impact	0	0	0	0		0	0	0	0	0	0	0
Impairments	0	0	0	0		0	0	0	0	0	0	0
RETAINED DEFICIT	**(24,278)**	**(13,000)**	**(28,500)**	**(65,778)**	**(16,812)**	**(6,300)**	**(2,400)**	**(3,700)**	**(94,990)**	**30,770**	**29,220**	**(35,000)**
Establishment (start point adjusted for ELFS)	**9,317**	**15**	**273**	**9,605**	**-**	**-**	**-**	**89**	**9,694**	**- 442**	**- 614**	**8,638**

** excludes Deficit Support Funding*

Appendix 2 – Service developments not included in opening budgets

Service Development	Division	Mitigation
SAU/DOSA Service Expansion	Surgery	Review of increased expenxditure in light of ERF cap
Review of increased diagnostic demand 2025/26	DCS	Business case required
Endoscopy 5th room	DCS	Written to national team to increase ERF cap
SGU 4th Theatre	W&C/Surgery	Written to national team to increase ERF cap
Maternal Medicine Business Case	W&C	Scheme cannot start without commissioner investment
Video Cystoscope	Surgery	Business case required
Xtag	W&C	Business case required

Appendix 3 – 2025-26 Waste Reduction Programme Overview (as at 27/3/25)

WRP Project Stage	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Total
Low	0.2	0.2	0.3	0.2	0.2	0.3	0.3	0.3	0.3	0.3	0.3	0.3	3.1
Medium	0.0	- 0.0	0.0	0.4	0.4	0.4	0.4	0.4	0.4	0.5	0.5	0.5	3.9
High	0.1	0.2	0.4	0.7	0.8	0.8	1.0	1.0	1.0	1.0	1.0	1.0	9.3
Hopper	0.3	0.4	0.8	1.1	1.1	1.1	1.6	1.6	1.6	1.6	1.6	1.6	14.4
Pre-pipeline	2.4	2.4	2.4	2.4	2.4	2.4	2.4	2.4	2.4	2.4	2.4	2.4	29.2
Grand Total	3.1	3.3	3.9	4.9	5.0	5.1	5.7	5.8	5.8	5.8	5.8	5.9	60.0

Appendix 4 – Waste Reduction Programme - principles

Principles set out by Simon Worthington, NHSE Regional Lead for Financial Improvement, for a scheme to qualify for the FY2025/26 programme are:

The following cannot be recorded as waste reduction:

- NHS income improvements from coding or other price changes, where the income comes from L&SC ICB or another provider within L&SCB. The opposite is also true – income changes on providers that are not backed by real and deliverable plans to take out costs are not allowable as waste reduction.
- Balance sheet adjustments – these will be recorded as mitigations.
- Savings against "counter-factual" costs i.e. costs / overspends that haven't happened yet – this is basic financial management not waste reduction.

For any idea to be recognised in the plan or forecast it must pass four tests:

- There is basic/ outline costing (not just a number from a benchmarking tool)
- There is a basic calculation of WTE impact where relevant
- There is evidence that the idea has been reviewed by relevant operational and/or clinical colleagues who agree that it is potentially feasible
- There is a target implementation date and evidence that relevant operational and/or clinical colleagues agree this is feasible.

Appendix 5 - Monthly Plan Phasing

Monthly Plan Phasing - LTH Suggested WRP Unidentified Phasing

	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-25	Feb-25	Mar-25	Total 2025/26
Monthly Deficit - Gross	- 8.4	- 9.1	- 7.8	- 6.1	- 8.9	- 6.8	- 6.3	- 8.8	- 8.4	- 8.9	- 8.2	- 7.3	- 95.0
WRP Identified (as at 27/3/25)	0.6	0.8	1.5	2.5	2.6	2.6	3.3	3.3	3.3	3.4	3.4	3.4	30.8
WRP Unidentified (suggestion phasing)	0.0	0.0	0.5	1.6	2.1	3.0	3.1	3.1	3.9	3.9	3.9	4.0	29.2
Monthly Deficit - Before Deficit Support Funding	- 7.8	- 8.3	- 5.8	- 2.0	- 4.3	- 1.2	0.1	- 2.3	- 1.1	- 1.6	- 0.9	0.0	- 35.0
Deficit Support Funding	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	30.0
Monthly Deficit - After Deficit Support Funding	- 5.3	- 5.8	- 3.3	0.5	- 1.8	1.3	2.6	0.2	1.4	0.9	1.6	2.5	- 5.0
Workforce Reduction (worked WTE)	- 65	- 157	- 280	- 618	- 671	- 819	- 879	- 890	- 1,048	- 1,048	- 1,048	- 1,056	

Monthly Plan Phasing - Guidance for WRP Unidentified Phasing

	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-25	Feb-25	Mar-25	Total 2025/26
Monthly Deficit - Gross	- 8.4	- 9.1	- 7.8	- 6.1	- 8.9	- 6.8	- 6.3	- 8.8	- 8.4	- 8.9	- 8.2	- 7.3	- 95.0
WRP Identified (as at 27/3/25)	0.6	0.8	1.5	2.5	2.6	2.6	3.3	3.3	3.3	3.4	3.4	3.4	30.8
WRP Unidentified (suggestion phasing)	2.4	2.4	2.4	2.4	2.4	2.4	2.4	2.4	2.4	2.4	2.4	2.4	29.2
Monthly Deficit - Before Deficit Support Funding	- 5.3	- 5.9	- 3.9	- 1.2	- 3.9	- 1.7	- 0.5	- 3.0	- 2.6	- 3.1	- 2.3	- 1.5	- 35.0
Deficit Support Funding	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	30.0
Monthly Deficit - After Deficit Support Funding	- 2.8	- 3.4	- 1.4	1.3	- 1.4	0.8	2.0	- 0.5	- 0.1	- 0.6	0.2	1.0	- 5.0
Workforce Reduction (worked WTE)	- 65	- 157	- 280	- 618	- 671	- 819	- 879	- 890	- 1,048	- 1,048	- 1,048	- 1,056	

9.3 CORPORATE OBJECTIVES 2025/26

Decision Item | A Brotherton | 10.30

REFERENCES

Only PDFs are attached

09.3 - Corporate Objectives 2025-26.pdf

Trust Headquarters

Lancashire Teaching Hospitals NHS Foundation Trust

Board of Directors

Corporate Objectives 2025/26			
Report to:	Board of Directors	**Date:**	3rd April 2025
Report of:	Director of Improvement, Research and Innovation	**Prepared by:**	A Brotherton

Purpose of Report					
For assurance		**For decision**	☒	**For information**	

Supplementary paper to the Financial Paper

The purpose of this paper is to present to the Board of Directors the proposed corporate objectives for 2025/26. The Trust five-year strategy is currently being updated following the announcement that the New Hospital Programme has been delayed. The draft strategy is focused on 5Ps; Patients; Performance; People; Productivity and Partnership.

The corporate objectives for 2025/26 have been aligned to the 5Ps. This paper outlines the proposed high level corporate objectives with the detailed objectives outlined in the attached Appendix. These will be set as personal objectives for members of the Executive team and used to inform the objective setting in appraisals for the senior leadership team and will be cascaded throughout the organisation. The objectives have been aligned to the organisation's risks and ambition for the Year 2 delivery of the Single Improvement Plan.

Recommendations

The Board of Directors is asked to;

i. Note the work undertaken to develop the corporate objectives and approve them for adoption in 2025/26 or advise of any amendments required.

Trust Strategic Aims and Ambitions supported by this Paper:

Aims		Ambitions	
To provide outstanding and sustainable healthcare to our local communities	☒	Consistently Deliver Excellent Care	☒
To offer a range of high-quality specialised services to patients in Lancashire and South Cumbria	☒	Great Place To Work	☒
To drive health innovation through world-class education, teaching, and research	☒	Deliver Value for Money	☒
		Fit For The Future	☒

Previous consideration

1. Background

Each year the Trust develops annual corporate objectives which are aligned to the strategic priorities and signed off by the Board. The Trust is in the process of updating the 5 year strategy following the announcement that the New Hospital Programme has been significantly delayed. The strategy will be discussed at a future Board workshop and presented to the Board.

2. Discussion

The purpose of this paper is to present to the Board of Directors the proposed corporate objectives for 2025/26. The Trust five-year strategy is currently being updated following the announcement that the New Hospital Programme has been delayed. The draft strategy is focused on 5Ps; Patients; Performance; People; Productivity and Partnership.

The proposed collective corporate objectives for the Board in 2025/26 have been aligned to the 5Ps and are presented in Table 1.

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

Table 1: Proposed Board corporate objectives for 2025/26

The detailed corporate objectives will be set as personal objectives for members of the Executive team and used to inform the objective setting in appraisals for the senior leadership team and will be cascaded throughout the organisation. The objectives have been aligned to the organisation's risks and ambition for the Year 2 delivery of the Single Improvement Plan. These are set out in the attached appendix to this report.

3. Financial implications

None related specifically to the setting of the corporate objectives, but the delivery of the objectives fundamental to the Trust achieving the progress needed to achieve financial sustainability.

4. Legal implications

None

5. Risks

The risks relate to non-delivery and will be captured through the Board Assurance Framework and the risk registers.

6. Recommendations

It is recommended that the Board of Directors notes the work undertaken to develop the corporate objectives and approves them for adoption in 2025/26 or advise of any amendments required.

NHS
Lancashire Teaching Hospitals
NHS Foundation Trust

Corporate Objectives

Our values and culture

We recognise that the programme of work needed in 2025/26 journey will be challenging so we must continue not to lose sight of our values:

Corporate Objectives

1. High Level Objectives

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

(Patients, Performance, People, Productivity, Partnerships)

2. Executive Objective

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

3. Cascade

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

Corporate Objectives

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

Corporate Objectives

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

01

Patients

Patients	Our ambition is to consistently deliver excellent care			
Purpose of the Objective	**Scope and Focus of the Objective**	**How will we know if it has been achieved?**	**Exec Lead**	**Assurance Committee**
1 Improve outcomes and prevent harm	• Design a new medical model for UEC pathways. • Improvement to meet the average time to see a clinician in ED standard • Internal professional standards will be met by each specialty • Develop approach to medical staffing assurance. • Deliver medicines safety and optimisation programme • Lead delivery of CQC action plan • Continued implementation of PSIRF & demonstrate maturity in the approach to learning. • Implement the Always Safety First and learning strategy 2025-2028 • Deliver agreed C.*difficile* improvement actions • Deliver 10 CNST maternity neonatal safety actions • Deliver annual safe staffing requirements • Deliver the Health Improvement Plan: Our plan to reduce health inequalities	• Improvement in time to see a clinician in ED • Specialty monitoring and achievement of internal professional standards • Patients will be seen by a senior decision maker in assessment areas in line with UEC guidance. Documented approach to medical staffing assurance. • Improved verification and reconciliation compliance. • CQC must and should do completion • Delivery of Always Safety First and learning strategy • Deliver within agreed C.*difficile* trajectory • Deliver 10 CNST maternity neonatal safety actions • Deliver annual safe staffing requirements • Evidence impact on minority groups through implementation of the health improvement plan in all specialties	Chief Medical Officer Chief Nursing Officer	Safety and Quality Committee
2 Deliver a positive patient experience	• Improve the experience of inpatients, improve position in ED and children and maintain positive position in cancer and maternity surveys • Implements a change in culture in UEC pathways focussing on preventing deconditioning and reducing ‘days kept away from home’ and in elective services ‘ days worrying’.	• Delivery of the Patient Experience & involvement plan • Board and ward round standards fully implemented • Implementation of Marthas rule • Evidence 90% complaints response times • Reduction in complaints associated with UEC and cancer diagnostic pathways. • Widespread understanding of the actions within each area to prevent deconditioning.	Chief Nursing Officer/Chief Medical Officer	Safety and Quality Committee

Patients		Our ambition is to consistently deliver excellent care			
Purpose of the Objective		**Scope and Focus of the Objective**	**How will we know if it has been achieved?**	**Exec Lead**	**Assurance Committee**
3	To develop new ways of working across the system that lead to more effective patient interventions and pathways.	To deliver more services to patients outside of hospital: • Lead the approach to community transformation • Develop the community transformation plan • Establish new ways of working with primary care to promote partnership approach to transformation • Clinically lead the implementation of clinical transformation of patient pathways	• Integrated leadership team and decision-making forum for Central Lancashire community • Deliver agreed community transformation actions • Delivery of pathway specific improvement trajectories • Positive feedback in relation to partnership working across organisational boundaries	Chief Nursing Officer Chief Medical Officer	Safety and Quality Committee Finance and Performance Committee
4	To deliver good tertiary services to the population of Lancashire and South Cumbria and District General Hospital Services to the population of Central Lancashire	• Progress the Integrated Care Board and Provider Collaborative Board clinical services programme for vascular, urology, haematology and head and neck. • Progress in tertiary services peer review compliance. • Develop an approach to frailty and end of life care that meets the needs of the local population.	• Progress within service delivery models. • Improved compliance with peer review recommendations. • Increase in the number of patients receiving end of life care in the community • Decrease in the time spent away from home for people with frailty.	Chief Medical Officer Chief Nursing Officer	Finance and Performance Committee

01

Performance

Our ambition is to consistently deliver excellent care

	Purpose of the Objective	Scope and Focus of the Objective	How will we know if it has been achieved?	Exec Lead	Assurance Committee
4	To minimise the risk of harm to patients through the continued delivery of our cancer recovery plan	• Delivery of more elective care to further improve performance against cancer waiting times standards. • Working in partnership with providers across L&SC to maximise our collective assets and ensure equity of access. • Work with locality partners to manage demand effectively. • Deliver specialty and divisional improvement trajectory.	• Deliver performance improvement trajectories for 62-day cancer standard with a stretch ambition of achieving 75% by March 2026. • Deliver performance improvement trajectories for the 28-day cancer Faster Diagnosis Standard with a stretch ambition of achieving 80% by March 2026.	Chief Operating Officer	Finance & Performance Committee
5	To minimise the risk of harm to patients through delivery of our elective recovery plan	• Delivery of more elective care to improve performance against elective waiting times standards. • Working in partnership with providers across L&SC to maximise our collective assets and ensure equity of access. • Work with locality partners to manage demand effectively. • Deliver specialty and divisional improvement trajectory.	• Deliver performance improvement trajectories for patients waiting no longer than 18 weeks for treatment with a stretch ambition of achieving 65% nationally by March 2026 or 5% improvement. • Deliver performance improvement trajectories for patients waiting no longer than 18 weeks for a first appointment with a stretch ambition to achieve 72% nationally by March 2026 or 5% improvement. • Deliver performance improvement trajectories to reduce the proportion of people waiting over 52 weeks with a stretch ambition of achieving 1% or less of the total waiting list by March 2026.	Chief Operating Officer	Finance & Performance Committee
6	To improve the responsiveness of urgent and emergency care	• Working with partners, we will continue reforms to urgent and emergency care to deliver safe, high-quality care. • Specific focus on preventing inappropriate	• Deliver performance improvement trajectories re 4 hour A&E waiting times with a stetch ambition of achieving 78% of patients being seen within 4 hours by March 2026.	Chief Operating Officer	Finance & Performance Committee

Performance	Our ambition is to consistently deliver excellent care			
Purpose of the Objective	**Scope and Focus of the Objective**	**How will we know if it has been achieved?**	**Exec Lead**	**Assurance Committee**
7 To minimise the risk of harm to patients through the continued delivery of our DM01 recovery plan in line with trajectory	• Delivery of the plan to improve diagnostic performance. • Working in partnership with providers across L&SC to maximise our collective assets and ensure equity of access. • Work with locality partners to manage access to diagnostics and improvement collaboratively, learning from Cheshire and Merseyside. • Deliver specialty and divisional improvement trajectory.	• Achievement of agreed performance trajectories for DM01 performance • Deliver Endoscopy utilisation of 90%	Chief Operating Officer	Finance & Performance Committee

01

People

People	Our ambition is to be a great place to work			
Purpose of the Objective		**Scope and Focus of the Objective**	**How will we know if it has been achieved?**	**Exec Lead**	**Assurance Committee**
8	To right size the workforce to support the delivery of safe, affordable and sustainable services, aligned with the Trust's strategy	• To deliver a workforce plan that responds to commissioning intentions and the communities we serve. • Achieve the headcount reduction needed to ensure successful delivery of the waste reduction workforce plan whilst maintaining safety.	• Reduction in headcount/hours worked • Reduction in vacancies • Reduction in bank and agency spend • Reduce agency spending by at least 30% Reduce bank spending by at least 10% • 20% reduction in variable pay spend	Chief People Officer	Workforce Committee
9	To strive to improve experience at work by actively listening to our people, and turning understanding into positive action	• To ensure staff choose to stay and work in Lancashire Teaching Hospitals and they are healthy at work. • Delivery of the People Plan. • To progress staff advocacy scores relating to provision of care. • To deliver the sexual safety charter within the organisation.	• To maintain an average or above position compared to peer for each people promise. • Improved staff advocacy score relating to a great place to be cared for. • The number of rest areas improved will continue to grow. • Reduction in the overall sickness rate to below 5.24% • Reduction in the overall incidents of violence and aggression within the workplace	Chief People Officer	Workforce Committee
10	To be consciously inclusive in everything we do	• To ensure staff are equipped with the skills to create inclusive cultures that deliver inclusive care. • Deliver the Equality Diversity and Inclusion strategy. • To demonstrate we are an Anti-Racist Organisation.	• Demonstrate maturing approach to EDI through improved Workforce Race Equality Standards (WRES) and Workforce Disability Equality Standards (WDES) data. • Implement the health improvement plan and demonstrate improved outcomes for staff in minority groups. • By achieving Bronze Level of the North West Anti-Racist Framework with a plan to how we will achieve Silver and Gold.	Chief People Officer/Chief Nursing Officer	Workforce Committee

People		Our ambition is to be a great place to work			
Purpose of the Objective		**Scope and Focus of the Objective**	**How will we know if it has been achieved?**	**Exec Lead**	**Assurance Committee**

11	To build a positive culture, demonstrating our values in action through increased colleague engagement across the organisation.	• Leaders at all levels recognise their contribution to creating a culture where colleagues feel,
		  • Together we are one team
		  • Together we can create your future
		  • Together we make extraordinary things happen
		• We will all strive to demonstrate our 'shared responsibilities' in the way we interact with one another.
			• Colleague feedback and experience will exceed average people promise comparators.
			• An increase in colleagues who recommend LTH as a place to work.
				Chief People Officer/Chief Nursing Officer	Workforce Committee

12	To develop leaders at every level of the organisation with the skills and behaviours that are able to provide compassionate leadership.	• To enhance the governance and leadership within the Board of Directors through the provision of a Board development programme. • To invest in the development of the senior leadership team within the organisation. • To support the development of leaders at department level through the delivery of leadership training and education.	• Completion of Board development programme. • Delivery of the senior leadership development programme. • Development of department leaders leadership programme. • Rating of 'Good' in CQC well led. • Improved staff survey outcomes linked to leadership behaviours. • Increase in the use of TED engagement tools	Director of Corporate Affairs/Chief People Officer/Chief Nursing Officer	Board

01

Productivity

Productivity

Our ambition is to deliver value for money

	Purpose of the Objective	Scope and Focus of the Objective	How will we know if it has been achieved?	Exec Lead	Assurance Committee
13	To provide value for money services by spending less, spending well and spending wisely	• To evidence improved value for money and delivery of the financial recovery programme	• Delivery of agreed Waste Reduction Plan. • Teams delivering to the forecasted plans (within 1%). • The cash balance is sufficient to fund ongoing. revenue commitments and planned capital Investments. • Deliver agreed capital programme.	Chief Finance Officer	Finance & Performance Committee
14	To deliver sustained improvement evidenced through the single improvement plan	• To deliver against the plan and demonstrate improved outcomes for the organisation • Launch the Lancs Improvement Method	• Progress in the Improvement and Assurance group (IAG) exit criteria to progress towards exiting National Oversight Framework (NOF) 4 • Participation in the North West Learning and Improvement Networks – achieving the target improvement. • Adoption of the Lancs Improvement method at all levels of the organisation.	Chief Strategy and Improvement Officer	Board and committees of the Board
15	Improve our underlying productivity and efficiency	• To maximise our productivity through the deliver of the Waste Reduction Programme, Single Improvement Plan and other transformation plans	• 85% capped theatre utilisation • Increased average cases per list • Improved New:Follow up rates • Increased diagnostic modality level utilisation (Minimum efficiency standards) • Reduced lengths of stay • Reduced escalation capacity and boarding • Reduced unit labour costs/premium rates • Reduced cost base by at least 1% and achieve 4% overall improvement in productivity before taking account of any new local pressures or dealing with non-recurrent savings from 2024/25 (IW – Planning Guidance)	Executive Triumvirate/ Chief People Officer	Finance & Performance Committee

Productivity	Our ambition is to deliver value for money			
Purpose of the Objective	**Scope and Focus of the Objective**	**How will we know if it has been achieved?**	**Exec Lead**	**Assurance Committee**

10 To develop a clinical services strategy for the organisation	• To develop safe, innovative, sustainable and affordable clinical models for the future	• We will progress the new NHS Plan by evidencing how to are supporting the move from
		  • Hospital to community
		  • Treatment to prevention
		  • Analogue to digital
		• The demand for acute care will be reduced.
		• The Health Inequalities gap will begin to close.
		• Patients will report improved shared decision making.
			Chief Strategy and Improvement Officer/Chief Medical Officer/Chief Nursing Officer	Finance & Performance Committee

01

Partnerships

Partnership	Our ambition is to be fit for the future			
Purpose of the Objective	**Scope and Focus of the Objective**	**How will we know if it has been achieved?**	**Exec Lead**	**Assurance Committee**
13 To develop and deliver our strategic plans to support the transitions outlined in the new NHS Plan:hospital to community; treatment to prevention; analogue to digital.	• Develop and launch the Trust strategy in collaboration with partners. • Develop the capital plans to support the transition. • Develop a digital programme to support the workforce reduction. • Communicate plans with internal and external stakeholders.	• Launch of the Trust strategy. • Development of the capital and estates plan to support the transition. • Delivery of the green plan. • Development and delivery of the digital programme to support analogue to digital and workforce reduction. • Colleagues will understand what our plan is and what their contribution to achieving this is.	Chief Strategy and Improvement Officer Deputy Chief Information Officer Director of Communicatiosn	Finance and Performance Committee
14 Developing a sustainable future: to develop effective partnerships across L&SC which maximise population health and support services that are clinically and financially sustainable.	• Deliver plans for OneLSC and develop and implement agreed clinical service strategies/plans. • As an Anchor Institution, work with partners to improve population health, supporting development of a thriving local economy and reducing health inequalities. • Reduction in demand through development of Neighbourhood Health with specific focus on frailty and end of life management in central Lancashire.	• Agreed metrics for OneLSC and each service strategy/plan. • Demonstrate progress against Anchor institute metrics. • Deliver our Health Improvement Plan working with our partners to improve access, experience and outcomes for patients and reduce health inequalities • Develop and agree LTH Estates strategy	Chief Finance Officer/Chief People Officer Chief Nursing Officer/Chief People Officer	Finance & Performance Committee
15 To make progress towards our ambition to be a University Teaching Hospital.	• Work towards achieving University Hospital status	• Implement the plan to deliver the requirements for University status. • Deliver the key metrics and measures within the research and innovation strategy. • Ensure the Research department continues to grow in line with its strategy	Chief Strategy and Improvement Officer	Education, Training and Research Committee
16. Working with partners, create a single pathology service	• To develop and implement the detailed plan for a single pathology service. • Work up the Capital Business Case for a	• A plan to deliver a single pathology service will be established. • Progress toward the plan will be evidenced.	Chief Medical Officer	Finance and Performance Committee

10. GREAT PLACE TO WORK (WORKFORCE, EDUCATION AND RESEARCH)

10.1 WORKFORCE COMMITTEE CHAIR'S REPORT

Other | A Leather | 10.40

For Assurance

REFERENCES

Only PDFs are attached

10.1 - Chairs Report WFC 11 March 25.pdf

Chair's Report to Board		
Chair: Victoria Crorken	**Workforce Committee**	
Date(s): 11 March 2025	**Agenda attached for information**	✓

Strategic Risks	trend	Items Recommended for approval
Being a Great Place to Work – current score 16	→	

ALERT

Areas of concern; Matters requiring urgent attention; Insufficient assurance received.

- No items to report.

ADVISE

Areas requiring on-going monitoring; Limited assurance received.

- Concerns were raised around mandatory training compliance of temporary staffing.
- Areas of concern were noted within the staff survey and triangulation of the data with National and ICB position would be undertaken.

ASSURE

Assurance received; Matters of positive note.

- The Committee commended the positive outcomes from changes within temporary staffing.
- The Committee highlighted the work around cultural leadership and TED tool and the Trust's position as a leader in that provision.

Workforce Committee

11 March 2025 | 1.00pm | Microsoft Teams

Agenda

№	Item	Time	Encl.	Purpose	Presenter
1.	a) Chair and quorum b) Temporary recording of meeting	1.00pm	Verbal	Information	Chair
2.	Apologies for absence	1.01pm	Verbal	Information	Chair
3.	Declaration of interests	1.02pm	Verbal	Information	Chair
4.	Minutes of the previous meeting held on 14 January 2025.	1.03pm	✓	Decision	Chair
5.	Matters arising and action log	1.05pm	✓	Decision	Chair
6.	Strategic Risk Register	1.10pm	✓	Assurance	S Regan
7. TO ENGAGE, RETAIN, REWARD AND RECOGNISE					
7.1	Staff Survey Report and Action Plan	1.20pm	✓	Information and Assurance	L Graham
8. PERFORMANCE					
8.1	Workforce and organisational development integrated performance report review	1.40pm	✓	Information	R O'Brien
9. TO ATTRACT, RECRUIT AND RESOURCE					
9.1	Annual Temporary Staffing Report	1.45pm	✓	Assurance	H Hall
10. TO BE INCLUSIVE AND SUPPORTIVE					
10.1	Annual Violence and Aggression report	1.55pm	✓	Assurance	R O'Brien
11. TO BE WELL LED					
11.1	Annual Talent Report	2.05pm	✓	Assurance	L Graham
12. GOVERNANCE AND COMPLIANCE					
12.1	Guardian of Safe Working Quarterly Report	2.20pm	✓	Assurance	D Kendal
12.2	Ethnicity Pay Gap Report	2.30pm	✓	Decision	L Graham

№	Item	Time	Encl.	Purpose	Presenter
12.3	Strategic Risk Register Review	2.40pm	Verbal	Decision	Chair
12.4	Reflections on the meeting	2.45pm	Verbal	Information	Chair
12.5	Items to alert, advise and assure the Board	2.50pm	Verbal	Information	Chair
13.	ITEMS FOR INFORMATION				
13.1	Exception report from the Divisional Improvement Forums Parts 1 and 2 (divisional workforce metrics)		✓		
13.2	Chairs' Reports from Feeder Groups/Workstreams a) Raising Concerns Group		✓		
13.3	Date, time, and venue of next meeting: *13 May 2025, 1.00pm via Microsoft Teams*	2.50pm	Verbal	Information	Chair

10.2 STAFF SURVEY REPORT

Other | L Graham | 10.50

For Assurance

REFERENCES

Only PDFs are attached

10.2 - National Staff Survey Benchmark .pdf

Board of Directors

National Staff Survey Benchmark Report			
Report to:	Board of Directors	**Date:**	3rd April 2025
Report of:	Chief People Officer	**Prepared by:**	S Kenny - Head of Organisational Development Programmes
Part I	X	**Part II**	

Purpose of Report				
For assurance	☒	**For decision**	☐	**For information**

Executive Summary:

This report outlines our 2024 Staff Survey results compared with the national benchmarks.

In our 2024 Staff Survey results we have fallen below the national average in a number of the People Promise Elements specifically Staff Engagement, Morale, We are always learning, We are safe and healthy and We each have a voice that counts. We have maintained a position close to the national average for We are recognised and rewarded, We work flexibly and We are compassionate and inclusive People Promise Elements (lower than national average between 0.02-0.06 points). We remained above the national average for We are a team.

Whilst it is disappointing to see a decline in our results after three years of year-on-year improvements - where we consistently met or exceeded national benchmarks - this is not unexpected. Given the significant financial challenges, increasing pressures, and the ongoing demands placed on teams across the organisation, sustaining improvements at the same pace was going to be difficult.

However, it is also notable that despite these pressures, the decline is not more severe. This suggests that the interventions and initiatives we have been implementing such as TED, leadership and people management development, increased focus on recognition, flexible working, and wellbeing support, may be helping to mitigate some of the impact, acting as a buffer against the challenges colleagues and teams are facing. While this does not remove the need for further action, it does indicate that our strategic focus remains in the right areas and should be reinforced rather than redirected.

Trust Level

When looking at the Trust level data, out of 100 comparable questions, we have shown improvements in 10 questions and seen some deterioration in 90 questions. The report provides an analysis of these trends, highlighting areas for improvement by examining the specific questions that have declined, their alignment to People Promise sub-themes, and comparisons against national benchmarks.

Additionally, colleagues were invited to provide free-text comments about their experiences working in the organisation. Analysis of these responses highlighted the most frequently reported concerns and recurring themes: Resources and Staffing, Leadership/Line manager, Advocacy/Patient Safety, Motivation/Morale and Team working/Workload.

The recommended priority areas for action are to:

- Continue to implement and embed the NHS' Sexual Safety Charter to address experiences seen through the new questions focused on unwanted sexual behaviour
- Address experiences of personal safety i.e. discrimination, bullying, harassment, aggression by further embedding our Zero Tolerance approach to support colleagues to feel safe at work.

- Address the decline in colleagues reporting confidence in raising concerns (now below national average)
- Address overall declines across the survey questions and improve the individual colleague experience by focusing on engaging People Managers and colleague conversations.
- Address the different perceptions around quality of care and the declining advocacy scores (largely driven by driven by perceptions that financial pressures are prioritised over patient care) to find ways to support and increase feelings of trust, engagement, and pride in patient care.
- Continuing to develop and embed our offer to support all colleagues to feel rewarded and recognised and further improve scores linked to team level appreciation.
- Strengthen awareness and understanding of flexible working and address the level of burn out and wellbeing concerns reported exploring how our corporate offer can further support improvements
- Address and prioritise bespoke development, targeting teams with lower staff survey results to help improve and support more positive team cultures.
- Address the decrease in this year's response rates and take action to ensure stronger representation in colleague feedback and reaching national benchmark target.

This report provides an overview of the next steps and a draft Corporate Level Action Plan for discussion ensuring alignment with the ongoing priorities outlined in our People Plan Strategy 2023–2026.

Divisional and Team-Level Focus
To drive organisation-wide improvements, team level analysis has been completed. The Divisional Workforce Committees will be been provided with this list to identify priority areas. The Organisational Development (OD) team will offer enhanced support to these teams and work collaboratively to agree on intervention priorities.

It is recommended that the Workforce Committee:

I. **Receive** the survey results and note the plans for improvement.

Trust Strategic Aims and Ambitions supported by this Paper:

Aims		Ambitions	
To provide outstanding and sustainable healthcare to our local communities	☐	Consistently Deliver Excellent Care	☐
To offer a range of high quality specialised services to patients in Lancashire and South Cumbria	☐	Great Place To Work	☒
To drive health innovation through world class education, teaching and research	☐	Deliver Value for Money	☐
		Fit For The Future	☐

Previous consideration

Workforce Committee 11th March 2025

INTRODUCTION

This report builds on the paper submitted in the January 2024 Workforce Committee report, (Appendix 1) and details the national benchmarking for our National Staff Survey results, which will be publicly available as of the 13th March 2025 when the embargo has been lifted. It also includes the analysis of the free text comments, themes identified and the key priority areas for action.

The report highlights at a Divisional Level the teams with the lowest satisfaction and may require supportive intervention and the recommended next steps.

Finally, the report includes a suggested Corporate Action Plan which identifies 10 priorities and areas of focus for the next 12 months. Many of these actions and areas are a continuation or next phases following work already completed.

OUR PERFORMANCE AGAINST THE NATIONAL BENCHMARK

Appendix 1 provides the full breakdown at an organisational level against the national benchmarks for Acute and Acute/Community Trusts. There are 122 organisations in our benchmarking group, with a mean response rate of 49%, internally our response rate was significantly lower at 39.9 this is the lowest response rate we've seen in the last 10 years. (2015 - 35.3%). In our corporate action plan, it is recommended that this is a priority area for us as a Trust to work on during September-November 2025.

Graph 1 details the national benchmarking against the People Promise elements and displays our position (navy blue bar) in relation to the national average. This year, we have fallen **below** the national average in a number of areas (Staff Engagement, Morale, We are always learning, We are safe and healthy, We each have a voice that counts) while maintaining a position **close to the national average** (We are recognised and rewarded, We work flexibly, We are compassionate and inclusive) and **above the national average** (We are a team).

Whilst it is disappointing to see a decline in our results (illustrated in graph 2) after three years of year-on-year improvements - where we consistently met or exceeded national benchmarks - this is not unexpected. Given the significant financial challenges, increasing pressures, and the ongoing demands placed on teams across the organisation, sustaining improvements at the same pace was always going to be difficult.

However, it is also notable that despite these pressures, the decline is not more severe. This suggests that the interventions and initiatives we have been implementing such as TED, Leadership and People Management development, increased focus on recognition, flexible working, and wellbeing support, may be helping to mitigate some of the impact, acting as a buffer against the challenges colleagues and teams are facing. While this does not remove the need for further action, it does indicate that our strategic focus remains in the right areas and should be reinforced rather than redirected.

Trust performance against national benchmark 'best'

Table 2 below shows the gap between our results and the national benchmark 'Best'.

In 2022 and 2023 the gaps were positive (between +0.3 to +0.5 points), meaning we were either closing in on or outperforming some national benchmarks. Our key strengths were showing steady improvements in recognition, learning, and flexible working.

Unfortunately, this year the gap between our organisation and the highest-performing Trusts has widened across every People Promise measure.

Key insights include:

- 'Staff Engagement' now has the largest gap (-0.8 points) and 'Morale' follows closely, with a -0.7 point gap, indicating potential fatigue, increased pressure, or lack of motivation.
- The gaps for 'We are always learning' (-0.6 points) and 'We work flexibly' (-0.7 points) suggest that our previous improvements in these areas have either stagnated or been reversed. This could be due to workload pressures and staffing limiting time to understand development opportunities and flexible working arrangements becoming more difficult to access.

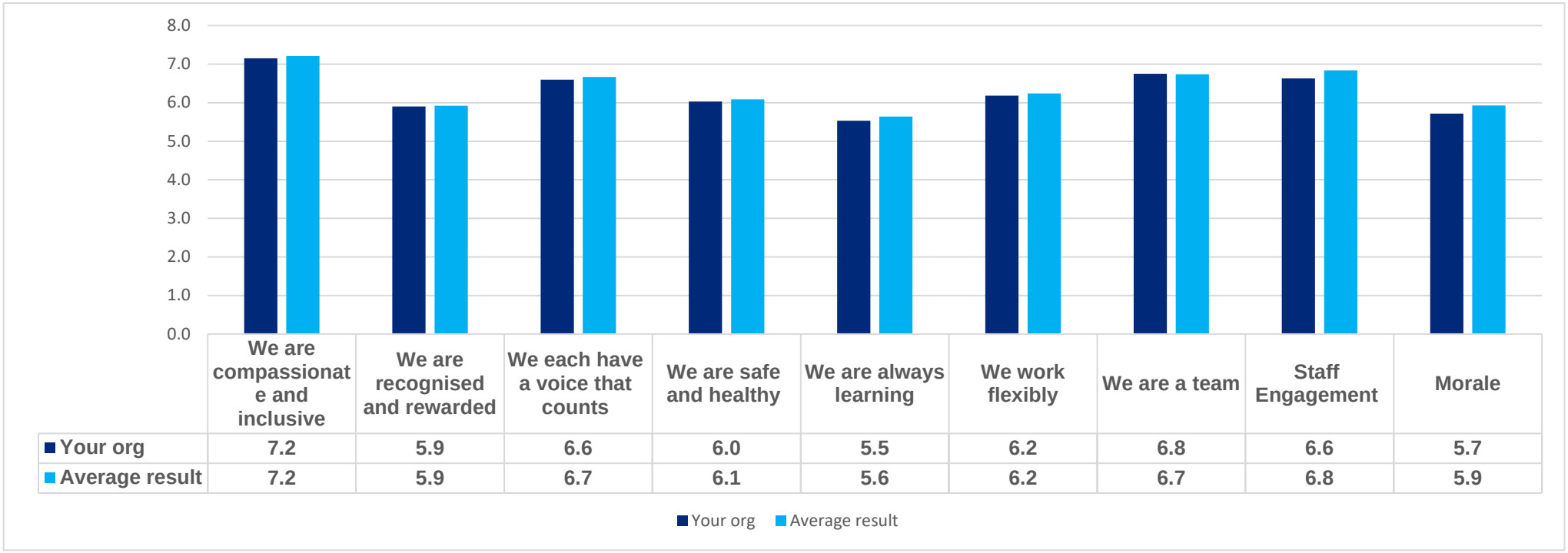
TRUST PERFORMANCE AGAINST PREVIOUS YEARS

Table 1 provides a comparison of our results across the People Promise themes between 2022 – 2024. Unlike last year, when seven out of nine People Promise themes had improved, this year represents a clear deviation from previous positive progress, and we can see a decline across all themes. We know that this likely reflects a combination of organisational factors (e.g. operational pressures, financial challenges, significant changes such as OneLSC) and external challenges and NHS-wide issues.

Key observations include:

- Many areas of decline see us returning to previous positions in 2021 or 2022 ('We are compassionate and inclusive', 'We are recognised and rewarded', 'We are safe and healthy', 'We are always learning', 'We work flexibly', 'We are a team') but three areas demonstrate more significant declines.
- 'Staff Engagement' and 'Morale' have seen the largest declines (-0.3 points each) with 'We each have a voice that counts' declining by -0.2 points and now sitting below recent year positions. Given the importance of these metrics in shaping overall employee experience, this decline is concerning as engagement, morale and employee voice are key indicators of motivation, retention, and overall workplace culture.
- The decline in perceptions around voice and speaking up aligns with risks highlighted in other committees, particularly regarding colleagues raising concerns and the lower numbers engaging with Freedom to Speak Up processes. This suggests a growing sense of apathy where staff may feel that speaking up will not lead to meaningful change or that their concerns are beyond their own control.
- A key contributing factor may be the reduction in autonomy and agency at all levels, driven by financial constraints and operational pressures. The impact of vacancy freezes, cost-saving measures, and broader organisational challenges will cause significant limits on decision-making capabilities, both at an individual and team level. Many colleagues may be experiencing a loss of control over their work environment, with decisions being dictated by financial imperatives rather than local needs or professional judgment.
- This shift not only impacts immediate morale but also has long-term cultural implications, as a culture of empowerment and shared leadership is difficult to sustain when staff feel constrained by external pressures. Should this not be addressed, a risk is that disengagement could become more deeply embedded, further widening the gap between our current position and our ambitions for a more engaged, motivated workforce.

GRAPH 1 – 2024 Staff Survey Results with National Benchmark for All People Promise Elements



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Your org	7.2	5.9	6.6	6.0	5.5	6.2	6.8	6.6	5.7
Average result	7.2	5.9	6.7	6.1	5.6	6.2	6.7	6.8	5.9

TABLE 1 – People Promise Results Comparison 2022 - 2024

People Promise Measures	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
2022 results	7.3	5.9	6.7	6.1	5.5	6.2	6.8	6.9	5.9
2023 results	7.3	6.1	6.8	6.2	5.7	6.4	6.9	6.9	6.0
2024 results	**7.2**	**5.9**	**6.6**	**6.0**	**5.5**	**6.2**	**6.8**	**6.6**	**5.7**
Difference 2023-2024	-0.1	-0.2	-0.2	-0.2	-0.2	-0.2	-0.2	-0.3	-0.3

TABLE 2 - People Promise Gap Analysis between 'Best' and Trust 2022 - 2024

People Promise Measures	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Gap between LTH and Best 2022	0.4	0.5	0.4	0.3	0.4	0.4	0.3	0.4	0.4
Gap between LTH and Best 2023	0.4	0.3	0.4	0.3	0.4	0.4	0.3	0.4	0.5
Gap between LTH and Best 2024	-0.5	-0.4	-0.5	-0.5	-0.6	-0.7	-0.4	-0.8	-0.7

GRAPH 2 - People Promise Measure Results - 2021-2023

	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
2021 results	7.2	6.0	6.7	6.0	5.4	6.1	6.7	6.8	5.8
2022 results	7.3	5.9	6.7	6.1	5.5	6.2	6.8	6.9	5.9
2023 results	7.3	6.1	6.8	6.2	5.7	6.4	6.9	6.9	6.0
2024 results	7.2	5.9	6.6	6.0	5.5	6.2	6.8	6.6	5.7

SUB SCORES AND QUESTION ANALYSIS IDENTIFYING ITEMS FOR IMPROVEMENT IN 2024

When looking at the Trust level data, out of 100 comparable questions, we have shown improvements in 10 questions and seen some deterioration in 90 questions. Appendix 3 details the full list of questions at Trust level to enable comparison to last years results. We have also included Appendix 2 – the standard Picker Results RAG table.

Table 3 below looks at both the questions which have shown a decline and presents these alongside the different facets called sub scores which make up each of the People Promise Elements. Where a question has declined, national benchmark comparison has also been included.

The purpose of this table is to help enable us, at an organisational level, to determine what actions we need to take to bring about improvements.

TABLE 3 – SUB SCORE ANALYSIS

SUB SCORE	COMPARISON TO NATIONAL AVERAGE	QUESTION ANALYSIS *Questions noted below have shown noticeable declines compared to 2023 with national benchmark (NA) indicated for reference*
PROMISE ELEMENT 1 – WE ARE COMPASSIONATE AND INCLUSIVE		
Compassionate Culture	Below National Average (-0.45)	All these questions are below NA • Care of patients/service users is organisation's top priority -6.8% • Organisation acts on concerns raised by patients/service users -5.0% • Would recommend organisation as place to work -9.9% • If friend/relative needed treatment would be happy with standard of care provided by organisation -6.4%
Compassionate Leadership	Above National Average	All sub-theme questions are above NA • Immediate manager cares about my concerns -1.3% • Immediate manager helps me with problems I face -2.4%
Diversity and Equality	Above National Average	• Organisation acts fairly: career progression -1.8% • Feel organisation respects individual differences -3.5% (Below NA)
Inclusion	On National Average	• Colleagues are understanding and kind to one another -1.5% • Colleagues are polite and treat each other with respect -1.2% (Slightly below NA)
PROMISE ELEMENT 2 – WE ARE RECOGNISED AND REWARDED		
Recognised and rewarded	On National Average	• Satisfied with recognition for good work -2.6% • Satisfied with extent organisation values my work -3.9% (Slightly below NA) • Satisfied with level of pay -1.4% • Colleagues show appreciation to one another -2.2%
PROMISE ELEMENT 3 – WE EACH HAVE A VOICE THAT COUNTS		
Autonomy and control	On National Average	• Feel trusted to do my job -1.4% • Opportunities to show initiative frequently in my role -2.8% • Able to make suggestions to improve the work of my team/dept -2.0% • Involved in deciding changes that affect work -1.8% • Able to make improvements happen in my area of work -2.8% (Below NA) • Have a choice in deciding how to do my work -1.1%
Raising concerns	Below National Average (-0.17)	• Would feel confident that org would address concerns about unsafe clinical practice -3.1% (Slightly below NA) • Feel safe to speak up about anything that concerns me in this organisation -4.3% (Below NA) • Feel organisation would address any concerns I raised -5.9% (Below NA)

PROMISE ELEMENT 4 – WE ARE SAFE AND HEALTHY		
Health and safety climate	Below National Average (-0.26)	• Able to meet conflicting demands on my time at work -5.0% (Below NA) • Have adequate materials, supplies and equipment to do my work -10.2% (Below NA) • Enough staff at organisation to do my job properly -6.5% (Below NA) • Have realistic time pressures -1.9% (Slightly below NA) • Organisation takes positive action on health and well-being -4.5% (Slightly below NA) • Last experience of physical violence reported -1.6%
Burnout	On National Average	All these sub-theme questions are on or above NA • Never/rarely find work emotionally exhausting -2.8% • Never/rarely feel burnt out because of work -3.5% • Never/rarely frustrated by work -3.7% • Never/rarely exhausted by the thought of another day/shift at work -2.5% • Never/rarely worn out at the end of work -1.2% • Never/rarely feel every working hour is tiring -1.3% • Never/rarely lack energy for family and friends -1.2%
Negative experiences	Above National Average	• In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work -2.2% (Below NA) • In last 12 months, have not felt unwell due to work related stress -2.6% (Below NA) • In last 3 months, have not come to work when not feeling well enough to perform duties -4.3% (Slightly below NA) • Not experienced physical violence from patients/service users, their relatives or other members of the public -1.5%
PROMISE ELEMENT 5 – WE ARE ALWAYS LEARNING		
Development	Below National Average (-0.13)	All these sub-theme questions are below NA • There are opportunities for me to develop my career in this organisation -8.1% • Have opportunities to improve my knowledge and skills -4.0% • Feel supported to develop my potential -3.5% • Able to access the right learning and development opportunities when I need to - 5.6%
Appraisals	Slightly Below National Average (-0.07)	• Appraisal helped me improve how I do my job -1.2% (Below NA) • Appraisal helped me agree clear objectives for my work -2.8% (Below NA) • Appraisal left me feeling organisation values my work -2.0% (Below NA)
PROMISE ELEMENT 6 – WE WORK FLEXIBLY		
Support for work-life balance	Slightly Below National Average (-0.03)	• Organisation is committed to helping balance work and home life -3.3% (Slightly below NA) • Achieve a good balance between work and home life -2.9% • Can approach immediate manager to talk openly about flexible working - 3.2%
Flexible working	Slightly Below National Average (-0.07)	• Satisfied with opportunities for flexible working patterns -4.0%

PROMISE ELEMENT 7 – WE ARE A TEAM		
Team working	Above National Average	• Team members often meet to discuss the team's effectiveness -1.6% • Team has enough freedom in how to do its work -3.5% (Below NA) • Team deals with disagreements constructively -1.7% (Slightly below NA) • Teams within the organisation work well together to achieve objectives - 3.4% (Below NA)
Line management	Above National Average	• Immediate manager encourages me at work -1.6% • Immediate manager gives clear feedback on my work -1.1% • Immediate manager asks for my opinion before making decisions that affect my work -2.5% (Slightly below NA) • Immediate manager takes a positive interest in my health & well-being -1.3%
STAFF ENGAGEMENT		
Motivation	Slightly Below National Average (-0.05)	• Often/always look forward to going to work -5.4% (Below NA) • Often/always enthusiastic about my job -4.0% (Slightly below NA) • Time often/always passes quickly when I am working -2.2% •
Involvement	On National Average	• Opportunities to show initiative frequently in my role -2.8% • Able to make suggestions to improve the work of my team/dept -2.0% • Able to make improvements happen in my area of work -2.8% (Slightly below NA)
Advocacy	Below National Average (-0.57)	All these subtheme questions show a more significant gap compared to NA this year • Care of patients/service users is organisation's top priority -6.8% (Below NA) • Would recommend organisation as place to work -9.9% (Below NA) • If friend/relative needed treatment would be happy with standard of care provided by org -6.4% (Below NA)
MORALE		
Thinking about leaving	Below National Average (-0.16)	All these sub-theme questions are above NA • I don't often think about leaving this organisation -4.7% • I am unlikely to look for a job at a new organisation in the next 12 months -5.5% • I am not planning on leaving this organisation -5.9%
Work pressure	Below National Average (-0.46)	All these sub-theme questions are below NA • Able to meet conflicting demands on my time at work -5.0% • Have adequate materials, supplies and equipment to do my work -10.2% • Enough staff at organisation to do my job properly -6.5%
Stressors	Above National Average	• Involved in deciding changes that affect work -1.8% • Have realistic time pressures -1.9% (Slightly below NA) • Have a choice in deciding how to do my work -1.1% • Relationships at work are unstrained -1.0% (Slightly below NA) • Receive the respect I deserve from my colleagues at work -1.1% (Slightly below NA) • Immediate manager encourages me at work -1.6%

FREE TEXT THEMES

Colleagues who completed the National Staff Survey were invited to provide any additional comments about working in this organisation, with a free text answer option. A total of 899 free text responses from 3996 total survey responses (=22%) were recorded. This has increased from 18% in 2023.

Overall Sentiment

Each comment was themed to identify overall sentiment and tone within the comment. Table 4 shows the overall sentiment found across the comments for this year and also a comparison with 2023. Please note some comments expressed both positive and negative sentiment within the narrative.

TABLE 4 – Free text comments overview of sentiment and tone

Overall sentiment and tone	Frequency count 2024	Frequency count 2023
Positive	**137**	145
Negative	**782**	625
Neutral	**41**	62

Comments were analysed further. Table 5 shows the high-level themes and table 6 gives a breakdown of the high-level themes split into sub themes. The sub themes have been ordered by highest count to help give an indication of where improvements are required to enhance levels of satisfaction and engagement.

TABLE 5 – High Level Themes Frequency Count

High Level Theme	Frequency Count 2024	Frequency Count 2023
Culture / Leadership/ Inclusion	**434**	379
Health, Safety and Wellbeing/Flexible working	**289**	209
Staff engagement / Morale / hygiene factors	**631**	314
Team Working (including staffing/resources)	**433**	290
Development/Career	**95**	84

TABLE 6 – Sub Theme Frequency Count

High Level Theme	Sub Theme	Frequency Count 2024	Frequency Count 2023
Team Working	**Resources and Staffing**	**326**	180
Culture / Leadership/ Inclusion	**Leadership/Line manager**	**225**	211
Staff engagement / Morale / hygiene factors	**Advocacy/Patient Safety**	**191**	62
Staff engagement / Morale / hygiene factors	**Motivation/Morale**	**155**	50

Team Working	**Team working**	**80**	76
Health, Safety and Wellbeing/Flexible working	**Workload/work pressures**	**77**	50
Staff engagement / Morale / hygiene factors	**Recognition / Valued**	**76**	49
Health, Safety and Wellbeing/Flexible working	**Health and Wellbeing**	**66**	33
Culture / Leadership/ Inclusion	**Culture**	**64**	57
Development/Career	**Progression**	**64**	46
Culture / Leadership/ Inclusion	**Raising concerns**	**58**	35
Health, Safety and Wellbeing/Flexible working	**Burnout**	**53**	20
Staff engagement / Morale / hygiene factors	**Communication**	**46**	34
Staff engagement / Morale / hygiene factors	**Thinking about leaving**	**42**	37
Staff engagement / Morale / hygiene factors	**Pay/Banding**	**42**	47
Health, Safety and Wellbeing/Flexible working	**Flexible/Agile Working**	**35**	26
Staff engagement / Morale / hygiene factors	**Car Parking**	**34**	57
Culture / Leadership/ Inclusion	**D+E**	**32**	33
Development/Career	**Development**	**31**	35
Culture / Leadership/ Inclusion	**Personal Safety i.e. Bullying/Harassment/Violence and Aggression**	**29**	28
Culture / Leadership/ Inclusion	**Inclusion**	**26**	15
Health, Safety and Wellbeing/Flexible working	**Stress/Anxiety**	**26**	27
Team Working	**Involvement**	**26**	24
Health, Safety and Wellbeing/Flexible working	**Work-Life Balance**	**23**	18
Staff engagement / Morale / hygiene factors	**Catering**	**18**	9
Staff engagement / Morale / hygiene factors	**Proud**	**17**	-
Staff engagement / Morale / hygiene factors	**Recruitment Processes**	**10**	11
Health, Safety and Wellbeing/Flexible working	**Health/ Safety**	**9**	3
Team Working	**Autonomy/Control**	**1**	0
Development/Career	**Appraisals**	**0**	3

The qualitative data helps to provide context and richer understanding of why we may have seen a deterioration in the some of the People Promise Sub Themes as described in Table 3.

When we consider the frequency counts for each sub theme and compare this with 2023 data, we can see significant increases in comments around Staffing/Resources (+146) and Advocacy/Patient safety (+129). There have also been notable jumps in questions relating to Motivation/Morale, which has seen an increase of 105 negative comments this year. Comments around Burnout and Career Progression are also more frequent. Comments around Leadership/Line Manager have increased from 211 to 225. There have been marginal differences in comments around Pay, Car Parking and Diversity/Inclusion when comparing this year's data to 2023.

Following the thematic analysis, the findings have been grouped into 5 main area of focus with regards to the most common sub themes.

THEME - Staffing and Resources

- Out of 326 comments, 319 were negative, 3 were positive and 4 were neutral. This was also an increase from 178 negative comments last year.
- Widespread recognition of the impact of the current financial challenges. This impacts on adequate resources, fit for purpose working environments and significantly around recruitment, with the current vacancy freeze. "*No equipment and resources due to budget - adding to additional work pressures and impacting on patient safety".*
- Increased staffing pressures were identified on wards especially but also in non-clinical and administrative areas. There is an emotional and physical impact of staffing levels on morale and concerns over staffing ratios and the impact of this on patient safety. *"Due to low staffing which creates strains on all staff members, currently staff morale is low and leading to sickness plus burn out. We are working on limited staff numbers plus stock is low which is hard to get hold of, making completing jobs hard".*
- There were concerns raised around the impact of reduced staffing levels due to the vacancy freeze and increased sickness, where some colleagues reported they were taking on additional duties, but felt this was not recognised in terms of pay/feeling valued. *"Currently work very frequently above my band for over 2 years with no additional pay or chance of carer progression". "Our staff feel undervalued and we are all going through our cycles of burnout , it is reflected in sickness".*
- There are feelings of unfairness with the rates of pay for HCAs and those in lower banded roles. Additionally, there were several concerns raised around the current lack of progression opportunities especially for student nurses due to the vacancy freeze.
- There were numerous comments about the lack of effective equipment and low supplies impacting on the ability to carry out roles as well as a feeling in some areas that there is waste and inefficiency. There were also comments around ineffective breakrooms and office space.
- Some colleagues feel that their basic hygiene needs are not met within their working environment which impacts on their wellbeing. This also includes issues with car parking and the impact staff feel this can have on their work life balance and retention, with some staff indicating they are thinking of leaving. *"The Theatre changing rooms in Preston are abysmal and are continually being degraded despite promises to improve them. I don't have a permanent locker which used to be the case. The heating system in the Orthopaedic clinic is not fit for purpose ... on other occasions the clinic is uncomfortably cold. There are several toilets in the hospital that are not fit for hygienic use".*
- There was a general consensus that the health and wellbeing packages on offer were useful but due to work pressures, shift patterns, they were not easily accessible for many colleagues. However, there were some positive comments around support received from the Health and

Wellbeing team. *“I have to highlight the brilliant support I 've had from the health / wellbeing team within this organisation which I've had staff counselling and helped me to get back to work.”*

THEME – Line Management and Leadership

- Out of 215 comments, 170 were negative, 32 were positive and 13 were neutral.
- Colleagues reported that they feel there is a management top heavy structure and not enough patient facing roles, which links back to comments around staffing pressures and patient care. *“Trust is far too ' top heavy ' in upper management. Always seems to be money for band 8 and above roles, exec roles however staff taking care of the patients are always affected by money saving. Patient safety seems to have gone to the bottom of the priority list”.*
- Some colleagues experience lack of involvement in decision making and feel there is sometimes a lack of understanding of the role from those in more senior roles, which colleagues feel negatively impacts on decision making and priorities. *“We have decisions being made by senior management in the way we work in teams but we are never asked for our opinion feedback or suggestions. Our line managers never come out with us to see how things work so they can see for themselves how much pressure we are under to reach goals”.*
- Colleagues would welcome more visibility from senior leaders, so they truly understand the context they are working in. *“When I listen to team meetings with managers and it makes you think they are talking about a different place. Upper management need to work shifts on the ward to see what it is like themselves before making decisions”.*
- Some colleagues reported not feeling valued or supported in their roles and if concerns were raised with management, they were not always addressed, or the feedback loop wasn’t always closed. *“My immediate manager is excellent when you start going higher you fell you are not listened too, you often feel belittled it is not a pleasant environment to go to ask for help or raise concerns”.*
- There were mixed comments in relation to support from immediate managers. Some colleagues reported good working relationships, where they had received great support from their managers. *“My line managers have been excellent in supporting me with my health and well - being in relation to my caring responsibilities, and I am grateful for this”*.
- A small number of colleagues reported concerns over their managers treating staff differently and not displaying the correct values and behaviours expected. There were also a small number of concerns around the fair application of policies such as sickness and flexible working. *“Sometimes I feel there is quite a bit of favouritism in the office to certain people. My line manager is very close to one team and I feel they get away with a lot of jovial behaviour when other teams will get told if they are becoming a bit too jovial”.*
- Several comments report that some colleagues with less clinical experience have been promoted into management and leadership roles and there is a perceived lack of depth of knowledge, skills, and experience. It is suggested they need more support in ensuring they are effective at their roles including around the basics of team management and communication.
- Colleagues reported that they felt there wasn’t enough communication or support given during the OneLSC Process. *“Currently the department is in a state of unrest with the impending forced upon change to 1LSC which has caused concern and undue stress to the whole department. there hasn't been enough communication or consultation and the decision feels un-consulted and it’s just happening”.*

THEME – Advocacy/Patient Safety

- Out of 191 comments, 180 were negative, 9 were positive and 2 were neutral. This is an increase from 56 negative comments last year.
- Colleagues describe negative perceptions of the quality of care across the Trust currently and recognise patient care and services is impacted by lack of staffing and resources due to the ongoing financial pressures. *"At the moment, it seems like the trust only cares about saving money rather than saving lives. Staffing levels are mostly unhealthy and put strain in patient care and staff health. In my opinion, low staff levels lead to high sickness rates because of burnout which then decreases staffing levels further".*
- There were some concerns over staff to patient ratios - "*The ratio does not look at the job specific, the ratio to patient per staff is less due to ward demands and different staffs roles , its not just bodies per patient ratio that is important for patient safety".*
- There are also concerns raised around boarding patients and the impact of this on staff morale and wellbeing. *"We have inappropriate patients in boarded beds when there are entire wards sat empty. Were told by bed managers and site managers it's appropriate to put confused patients in a boarded bed I mean how is this acceptable, I would not be happy if that was my relative".*
- Some comments refer to decisions made without consulting colleagues directly which is felt has a negative impact on patient care and safety.
- There is a strong link in the comments between patient safety and staff morale, relating to the current pressures. Colleagues also report they don't always feel valued. *"Border beds are disgusting, and patients shouldn't be treated like that. We had our break room taken off us and a new pt bed put in that space - increasing workload & decreasing staff morale. We are constantly told how much money the trust doesn't have which makes us feel like a number that they just can't afford to pay".*

THEME - Working in Teams

- Out of 80 comments, 43 were positive, 33 were negative, and 4 neutral (In 2023, 36 were positive and 2 were neutral).
- There were many positive comments around team dynamics and relationships, with many staff feeling valued and supported by their team. *"I'm proud to work in such a positive and proactive team".*
- There were some comments around the current pressures causing relationships within teams to be strained due to the ongoing pressures faced around staffing/resources.
- Some colleagues commented around good working relationships with their immediate teams, however working with wider teams can sometimes cause frustrations/issues. *"Really enjoy working in the theatre department, the staff are very caring and managers supportive and understanding. Some of my answers have been based on experience dealing with staff members in other locations which has unfortunately been negative.... "No support from adjoining teams especially when busy".*
- Sometimes there are challenges in team dynamics between colleagues with longer services and newer colleagues.
- Colleagues describe some experiences of favouritism within their teams. This is experienced by how shifts and leave are assigned, in recruitment and in accessing training and promotions.

- Several colleagues raised ineffective performance management, including abuse of sickness absence and flexible working.
- Some comments relate to moving staff within teams to other wards and the impact this has on colleagues feeling involved in decisions, causing low morale. "*Moving staff to other wards does not help staff morale. When we are short staffed, we get no help, when we are we get moved!"*
- Some colleagues commented that they would like to be able to contribute to decision making, especially in those changes that impact on their teams. Lack of communication can create feelings of unsettledness and anxiety.
- Opportunity to develop clarity of progression between bands, including from 2.

THEME – Culture

- Out of 64 comments, 56 were negative, 1 neutral and 7 positive. (Last year - 52 were negative and 5 were positive.)
- Some comments alluded to a lack of professionalism in some areas and issues around civility in some cases, of both staff and management.
- Some colleagues felt their concerns were dismissed and no feedback given. *"The culture at my trust is poor. There is a lack of taking personal responsibility and a lack of holding individuals to account. Management do not appear to want to have the difficult conversations required and instead say ' that's just how they behave ' or ' they 've always been like that '".*
- Some concerns were raised around some managers/colleagues treating staff differently and not adhering to the Trusts values and behaviours. *"The environment I work in can often feel toxic, some staff are treated very differently (negatively) regardless of them doing a good job, not calling in sick and following procedures in place. There is no privacy and confidentiality. (Some)Management will discuss their issues about staff members to each other with the office door open or even to members of staff it does not concern".*
- The process around raising concerns is sometimes seen as a tick box exercise only. *"I do feel that there is a culture of completing a Datix to " blame " others and then not a lot seems to happen once they have been completed*".
- The increases in work pressures and burnout are adding to poor culture in some areas as well as across different teams due to staff feeling stressed and anxious.
- Some positive comments around the culture of the Trust from colleagues *"It is pressurised working in the NHS at the moment but there is a positive and supportive culture at LTH".*
- Some concerns raised around personal safety, specifically in relation to patients behaviour*. "Patients are becoming more violent, and staff are not protected, and most clinical staff expect to be abused during their shift. We need to take a stronger stance with these patients".*

Based on the findings from the free-text comments and question data, clear priorities have emerged for us as a Trust. The next step is to develop and agree on both Divisional and Corporate-level action plans to address priority areas for improvement and continue enhancing staff satisfaction, morale, and overall engagement.

DIVISIONAL & TEAM LEVEL FINDINGS

Divisional Workforce Committees have been provided with their data set, guidance around the next steps to take and where we are recommending action and Organisational Development (OD) support to be prioritised.

Out of the 269 teams, 159 teams will receive a team report, and 110 teams (41%) will not receive a report. This is because there is a minimum threshold of 10 responses to enable the report to be available. This shows a deterioration following improvements seen last year in the number of teams eligible for reports.

To determine the teams which may require more enhanced OD support, analysis was undertaken (of all 269 Team Level results in the staff survey) to look at the teams which met these different measures.

We identified teams who had:

- the lowest average staff survey question score
- declined the most in their average staff survey question score
- the lowest 'We are a team' question scores
- declined the most in their 'We are a team' question scores
- the lowest engagement question scores
- declined the most in their engagement question scores

A total of 46 teams have been identified through this process who may be the priority for additional OD intervention and team support, with 50 teams identified as higher performing/biggest improvers.

The names of these teams will be shared across Divisional Workforce Committees to agree priority areas for support and understand if these teams are already identified as areas of concern.

The aim is for the Organisational Development team to take a proactive and direct approach by offering enhanced support and targeting teams with the low results. The goal is to drive organisation-wide improvements in staff satisfaction—measured across all nine People Promise Elements—and to support teams in enhancing their experience of work.

Reviewing Team Support Progress from 2023

50 teams were identified from the 2023 Staff Survey results and outreach activities were undertaken.

Table 7 below shows these teams results and below is a summary.

Out of the 50 teams:

- 7 teams (14%) did not receive a 2024 report and are therefore not comparable.
- 18 teams (36%) have demonstrated **improvement** in their overall engagement scores
- 27 teams (54%) have demonstrated improvement in their overall 'We are a team' scores
- 21 teams (42%) have demonstrated improvement in their overall staff survey score
- 15 teams have moved from the 2023 low performing list to the 2024 high or improved performance list
- 17 teams have remained on the low performing list

NEXT STEPS – DIVISIONAL LEVEL ACTION PLANS

Working with Divisional Workforce Committee, we will:

- Agree the priority teams for supportive intervention by Organisational Development.
- Triangulate the staff survey data against a range of other performance metrics (such as sickness absence, turnover, STAR level, Freedom to Speak Up concerns etc) to create a more detailed benchmark for each team
- Make initial contact with the team leaders to contract and agree the appropriate support and OD interventions
- Continue to communicate and provide progress updates with Divisional leadership teams
- Support Division identify and agree their own Staff Survey plans for action aligned to their Divisional People Plans.
- Celebrate and communicate with higher performing and improver teams from the staff survey results to engage and continue to learn management practices and activities these leaders undertake as part of an exercise to capture and share best practice across the Trust.
- Further work will be undertaken as part of the corporate level action plan to review the teams who have not reached the reporting threshold to understand if other data sets could provide insight as to if these teams are cause for concern. We will also prepare a targeted communication with the managers of these teams to feedback on their response rate and encourage improvement for the 2025 survey.

Table 7 - Review of 2023 lower performing team's and their progress with 2024 results

Division	Total no of teams identified 2023	No of teams moved to high or improved performing	Teams	No of teams flagging on lower performing list	Teams	Mixed progress/ No report	Teams
Corporate Services	5	1	438 22 Continuous Improvement Team	3	438 15 Hospital Capacity Management Team 438 28 Medical Records (CDH) (J37407) 438 28 Medical Records (RPH) (J37406)	1	438 29 Financial Services (J37202)
DCS	9	3	438 03 Magnetic Resonance Imaging (MRI) (J36315) 438 03 Radiology Medical (J36300) 438 05 Endoscopy Admin (J35538)	2	438 12 Clinical Biochemistry (J36224) 438 12 Preston/receipt Sample in (J36227)	4	438 01 Pain Management Nursing Team (No report to compare) 438 03 Main X-Ray (RPH) (J36301) 438 11 Call Centre (J37402) 438 11 Radiology Booking Services (J37404)
Estates & Facilities	6	2	438 25 Catering (RPH) (J36808) 438 25 Security (J36827)	4	438 25 Medical Engineering (J36830) 438 25 Portering (CDH) (J36824) 438 25 Portering (RPH) (J36820) 438 25 SSD - Decontamination (J36417)	0	
Medicine	8	1	438 05 Hazelwood Ward (CDH) (J35438)	3	438 05 Cuerden Ward (CDH) (J35583) 438 07 Neurology Management (J35763) 438 18 MAU (RPH) (J35408)	4	438 05 Elderly Ward 17 (No report to compare) 438 05 Gastroenterology Ward 24 (J35450) 438 16 Renal Tech Maint (RPH) (No report to compare) 438 16 Renal Ward 25 (RPH) (No report to compare)
Surgery	14	6	438 01 Anaesthetics Pre-Op (RPH) 438 01 Theatres - Anaesthetics (CDH) 438 06 General Surgery Ward 12 (RPH) (J35006) 438 06 Upper GI Ward 11 (RPH) 438 07 Neurosurgery Ward 2B (RPH) 438 14 Ophthalmology Unit (J35172)	4	438 01 Anaesthetics Medical (J35301) 438 01 Theatres - Scrub (CDH) (J35324) 438 01 Anaesthetics Pre-Op (RPH) (J35315) 438 14 Audiology (J35170)	5	438 01 Anaesthetics Training (J35308) 438 01 Theatres - Scrub (RPH) (J35302) 438 01 Theatres - Support Staff (No report to compare) 438 06 Vascular Ward 15 (J35031) 438 14 Ophthalmology Clinical Team (CDH) (J35178)
Women & Children	8	2	438 08 Midwifery Integrated Services 438 10 Paediatrics Audiology Fulwood Clinic (J35171)	3	438 08 Delivery Suite (RPH) (J36011) 438 08 Gynaecology Outpatients (RPH) 438 10 Paediatrics Community Admin (J36124)	3	438 08 Gynaecology Ward (RPH) (J36016) 438 08 Maternity Assessment Suite (MAS) (No report to compare) 438 08 Maternity Continuity Teams (No report to compare)
	50	**15**		**19**		**17**	

NEXT STEPS - CORPORATE LEVEL ACTION PLANS

A draft Staff Survey Corporate Level Action Plan has been developed for review and agreement, the final version will be submitted to the May Workforce Committee this will include timescales for delivery. The aim of this is to address priority areas identified above and ensure these are aligned to continue work against the strategic objectives within the People Plan 2023 – 2026.

This work follows initial presentations which have already been delivered as part of the monthly Leadership Forum and monthly Managers Update session to begin communications and establish our result narrative.

Alongside the Corporate Action Plan set out in Table 8 we will:

- Continue corporate level communications about our results, the national benchmarks, areas of success, areas for improvement and an all-workforce call to action.
- Continue to deliver manager briefing sessions to help managers use their results and engage their team throughout April-May.
- To carry out further analysis and work with teams who have scored lower in the survey providing enhanced OD support and interventions to create team improvements for which the impact will be measured in next Staff Survey results.
- To develop a corporate communication campaign to create visibility around staff survey action plans and you said we did messages, in response to findings from the staff survey throughout May 2025 and further updates in August 2025.

Table 8 – Draft Staff Survey Corporate Action Plan 2024-25

Priority /Theme	Areas for improvement	Suggested Corporate Actions/Workplan for 2024-2025
1. Colleague Wellbeing & Flexible Working	Strengthen awareness and understanding of flexible working and address the level of burn out and wellbeing concerns reported exploring how our corporate offer can further support improvements (A full list of actions are noted in the Single Improvement Plan)	• Develop a flexible working campaign to further educate/promote around this. • Continue to utilise the Managers Update Programme to further embed and re-train managers around our corporate offer, including wellbeing conversations, flexible working & the new attendance management policy/resources. • Continue to promote ongoing training opportunities for managers i.e. Workplace wellbeing and attendance management sessions • Continue to develop the psychological wellbeing service with toolkits available to support managers. • Ensure current sessions are continuously evaluated and colleague/manager feedback is included in future planning • Working closely with the Wellbeing team & our Wellbeing champions to ensure resources/upcoming events for all staff are visible and accessible i.e. Workplace wellbeing upcoming training & support programme • Continue to utilise monthly Divisional WFC meetings to further embed the wellbeing offer & promote specific events, with a focus on the top 3 priorities each month

2. Colleague Sexual Safety	Continue to implement and embed the NHS' Sexual Safety Charter to address experiences seen through the new questions focused on unwanted sexual behaviour	• Continue work and delivery around the Sexual Safety Charter and national framework • Continue to drive awareness of the dedicated Intranet Hub, Leaders Guide & Colleague Guide • Strengthening reporting linked to F2SU & DATIX • Embedding work into STAR accreditation Programme • Training Packages - Continue roll out of Zero Tolerance/Active Bystander - Review Mandatory Sexual Safety Training - All clinical directors to undergo training for Sexual Safety
3. Colleague Health, Safety & Physical Violence	Address experiences of personal safety i.e. discrimination, bullying, harassment, aggression by further embedding our Zero Tolerance approach to support colleagues to feel safe at work.	• Continue the Culture Campaign to support Civility and embed the use of new resources, toolkits and learning videos • Further embed and review attendance to zero tolerance / activity bystander masterclasses • Review and develop how we report experiences of violence • Review free text comments to further understand experiences of colleagues
4. Raising Concerns	Address the decline in colleagues reporting confidence in raising concerns (now below national average)	• Review Freedom to Speak Up Champions and identify next steps for improvements which could include refreshing the role, collaboration with EDI & Wellbeing Forums and targeted work within Divisional action plans. • Strengthen awareness and our speak-up culture through communication campaigns to ensure colleagues are well signposted and new posters are distributed across the sites. • Review and identify any areas for targeted support seen in the staff survey results and look at how improved communications can support assurance that concerns are acted upon. • Review how policy updates may be appropriate to improve and show how we protect people who raise concerns and consider if we may need to re-frame how we talk about whistleblowing internally.
5. Recognition	Continuing to develop and embed our offer to support all colleagues to feel rewarded and recognised and further improve scores linked to team level appreciation.	• Target team leader development, information and resources to areas who have demonstrated a decline in recognition questions. • Promoting new TED resources to support team level recognition and increase the opportunities for teams to discuss their achievements. • Increase visibility and celebration around existing corporate level recognition programmes and improve intranet pages. • Delivery of new 'Colleague Lottery' which aims to support funding for increased recognition activity. • Continuing to embed corporate offer of Thank you Tool, Monthly Proud Rewards, Long Service, Thank You Week and Our People Awards to maximise impact.
6. EDI	Finalising and reviewing benchmark data. TBC	
7. Advocacy in patient care and place to work	Address the different perceptions around quality of care and the declining advocacy scores (largely driven by driven by perceptions that financial pressures are prioritised over patient care) to find ways to support and increase feelings of trust,	• Develop a programme to support increased Senior Leadership visibility to enable colleagues more access to executive and divisional leadership colleagues. (This could include things such as back to floor activities and use the Staff Survey data to target areas with lowest scores.) • Continue to embed positive team stories as part of monthly All Colleague Briefing and Leadership Forums and monthly focus on recognition to provide the consistent messaging and engage colleagues using positive patient feedback.

	engagement, and pride in patient care.	• Create and share 'Moments that Matter' at Lancs Teaching using patient feedback, quotes and stories to support and increase advocacy through regular celebrations of the patient care that happens across the Trust. This could also be combined with colleagues' stories sharing how colleagues have taken small actions locally to improve patient care in, celebrating colleague ownership linked to the Trust value 'Taking personal responsibility'.
8. Support and Development for Managers (See People Manager Actions)	Address overall declines across the survey questions and improve the individual colleague experience by focusing on engaging People Managers and colleague conversations.	• Create a single and focused narrative around People Manager Priority: Improving the colleague experience, one conversation at a time which includes: - Ensuring every colleague has a quality Appraisal Conversation - Strengthen team working and communication by running a TED Team Conversation - Stay connected by holding regular 1:1 Check-in Conversations - Upholding our standards and civility through Compassionate Performance Conversations - Keeping engagement strong through Recognition and Stay Conversations • Enhancing and promoting our leadership and management development offer by - Creating a People Manager Hub to give a single point of access to all tools and guides to enable the above conversations to take place. - Relaunch various tools and training such as Stay Conversations, Appraisal Training, 1:1 guidance and training etc. - Create a single place/brochure which curates all aspects of the Leadership and Manager Development offer at LTH making it easy to find and book for leaders at all levels. - Introduce new leadership offers to further enhance and improve our offer to bespoke groups e.g. Matron's Development Programme. • Continue to embed and grow the monthly Managers Update Sessions providing up to date information and content, increase engagement and attendance, growing and enabling support through a community of practice across the Trust. • Target outreach work to areas with less engagement across the My Manager questions or less uptake with interventions such as Leavers and Probationary Conversations.
9. Bespoke OD Team Development Work	Address and prioritise bespoke development, targeting teams with lower staff survey results to help improve and support more positive team cultures.	• Further analyse team level data to identify outreach teams. • Deliver OD support for teams with culture concerns through the Staff Survey Team Support Programme 2024 • Continuing to deliver monthly Culture Masterclasses to enhance skills, confidence, and capability in leading cultural improvement. • Delivery Leadership Conference • Rollout Compassionate Performance Conversations Training across the organisation and signpost to targeted areas
10. Response Rates	Address the decrease in this year's response rates and take action to ensure stronger representation in colleague feedback and	• Further development of all staff communications, including targeted messages and focus • Develop a plan of action to collaborate with Executive and Divisional Leaders between September-November 2025 to

	reaching national benchmark target.	promote and support survey completion. (e.g. walk arounds, reminders) • Review the impact of incentives in previous years and what is possible within the financial controls/challenges • Targeting teams with historically lower response rates and offering additional support i.e. briefing sessions, ipads. • Create internal display posters to support team leaders to develop stronger ‘you said we did’ narratives. • Explore new options and ask teams to share their own ideas.

FINANCIAL IMPLICATIONS

Research shows that organisations with higher staff satisfaction and engagement tend to achieve stronger financial performance. Enhancing the overall staff experience - particularly in areas of concern - is critical for maintaining operational effectiveness and long-term sustainability.

A decline in engagement, morale, and advocacy, alongside increasing apathy, can have significant financial consequences for the Trust, including:

- **Productivity Loss and Reduced Efficiency -** Disengaged employees are less motivated to contribute beyond their basic duties, leading to inefficiencies, reduced work quality, and slower processes. This not only impacts service delivery but also increases operational costs.

- **Increased Turnover and Associated Costs -** Low morale and dissatisfaction often lead to higher turnover, resulting in:
    - Increased need for recruitment, onboarding, and training expenses
    - A heavier workload for remaining staff, increasing burnout risks
    - Loss of institutional knowledge and expertise, reducing overall effectiveness
    - Delays in service delivery due to unfilled vacancies

- **Rising Absence and Presenteeism Costs –** Disengaged employees are more likely to take increased sick leave, adding pressure on remaining staff and overall raising costs associated with sickness absence or temporary staffing. Presenteeism can also increase which can lead to reduction in productivity and increases the likelihood of mistakes, posing potential safety risks in healthcare settings.

- **Retention Costs -** If retention rates decline and absence increases, the organisation may need to revert to more costly agency use. This not only inflates workforce expenditure but also disrupts team cohesion and service continuity.

- **Increased Regulatory and Compliance Risks** - Disengaged employees are less likely to adhere to best practices, increasing the risk of compliance failures, safety incidents, and legal challenges. Poor engagement levels in healthcare settings may negatively affect CQC ratings, potentially leading to funding reductions and loss of public trust.
- **Decline in Innovation and Problem-Solving -** Highly engaged teams contribute ideas that drive efficiency and cost-saving initiatives. When apathy rises, fewer employees participate in innovation, limiting opportunities for service improvement and financial sustainability.

- **Reputational Damage and Recruitment Challenges -** A decline in advocacy can damage the organisation's external reputation, making it harder to attract top talent in the future and potential to increase recruitment costs. A poor workplace reputation can also impact external partnerships, funding opportunities, and contract renewals (e.g. Education and Placements)

- **Negative Impact on Patient and Service User Outcomes -** Disengagement among frontline staff can directly affect patient experience, safety, and overall service quality. This may result in an increase in complaints, litigation, and financial settlements. Declining service standards can also reduce patient or client satisfaction scores, impacting future funding and contractual performance measures.

- **Leadership and Management Time Costs -** A disengaged workforce demands more management attention, requiring additional interventions such as staff engagement programs, grievance resolutions, and cultural development work. Team Leaders may be forced to divert time and resources away from strategic priorities to address morale and retention challenges.

- **Further Investment -** Recurring themes in staff feedback emphasise the urgent need for greater investment in resources, equipment, supplies, and infrastructure to enable colleagues to perform their roles effectively. Addressing these issues and improving staff satisfaction will require significant investment but could support productivity improvements, workforce sustainability, and lead to long-term organisational success and financial sustainability.

RISKS

As outlined in this report, several emerging themes and trends pose potential risks at both the organisational and divisional levels, including those highlighted in the financial implications. These risks include:

- **Increased Turnover and Vacancy Pressures**: Rising levels of burnout, work-related pressures, and concerns over pay may increase the intention to leave, exacerbating already high vacancy rates. This would place additional strain on remaining colleagues and impact service delivery.
- **Team Leader/Manager Capacity and Commitment to Engagement**: The ability of managers to implement initiatives such as TED, hold meaningful engagement conversations, and support colleague satisfaction may be compromised due to workload pressures and resource limitations. Given that direct line managers have the most significant impact on colleague engagement, this could hinder the achievement of key outcome measures.
- **Leadership Development Participation**: Operational demands and competing priorities may affect leaders' and managers' ability to attend or fully engage in development programmes, reducing their effectiveness in improving workforce culture and performance.
- **Application of Learning in the Workplace**: Cultural barriers, a lack of accountability, and an underappreciation of leadership responsibilities may prevent managers from applying newly acquired skills, knowledge, and behaviours. This limits the impact of leadership development efforts on organisational performance.
- **Resource Constraints vs. Demand**: A real and perceived lack of resources in patient-facing roles is contributing to dissatisfaction among colleagues. Addressing this challenge goes beyond the remit of the Workforce and Organisational Development (OD) department and will require a coordinated response at Trust, local health economy, and potentially national/government levels to drive system-wide change.
- **Capacity Constraints in Organisational Development**: The demand for team support from the Organisational Development function is significant and growing. Managing team turnaround efforts while simultaneously delivering on commitments within Our People Plan 2023-2026 will place considerable pressure on OD resources.
- **Failure to Progress Actions**: Inability to demonstrate visible progress against our corporate level action plan may result in deepening the level of disengagement and dissatisfaction. This could lead to the organisation failing to improve and meet the national averages in next 2025 Staff Survey.

IMPACT ON STAKEHOLDERS

The primary stakeholders are our colleagues, having a highly engaged, satisfied, rewarded and motivated colleagues enables the organisation to achieve its vision. It is well publicised that highly engaged teams are more innovative, resilient, productive and able to deliver compassionate care.

As a large employer we are duty bound to continue to invest in the staff satisfaction and levels of colleague engagement, not only for our current workforce, but also for our future workforce who will want to join an organisation with a positive reputation.

RECOMMENDATIONS

It is recommended that the Board:

I. **Receive and note** the survey results.
II. **Discuss and consider** the implications of the findings.
III. **Review and agree** the proposed Corporate Level Action Plan, providing feedback or additional suggestions as required.

APPENDIX 1 – 2024 STAFF SURVEY NATIONAL BENCHMARK REPORT

Separate document included in the pack.

APPENDIX 2 - 2024 STAFF SURVEY RESULTS – PICKER RAG TABLES

Separate document included in the pack.

APPENDIX 3 - STAFF SURVEY TRUST COMPARISON 2023-2024

Trust data in this table below.

Q	Question	Trust Results 2023	Trust Results 2024	Changes 2022 v 2023
q2a	Often/always look forward to going to work	56.9%	**51.5%**	-5.4%
q2b	Often/always enthusiastic about my job	71.2%	**67.2%**	-4.0%
q2c	Time often/always passes quickly when I am working	75.4%	**73.2%**	-2.2%
q3a	Always know what work responsibilities are	89.0%	**88.2%**	-0.8%
q3b	Feel trusted to do my job	92.0%	**90.6%**	-1.4%
q3c	Opportunities to show initiative frequently in my role	76.7%	**73.9%**	-2.8%
q3d	Able to make suggestions to improve the work of my team/dept	75.1%	**73.1%**	-2.0%
q3e	Involved in deciding changes that affect work	54.2%	**52.4%**	-1.8%
q3f	Able to make improvements happen in my area of work	57.4%	**54.6%**	-2.8%
q3g	Able to meet conflicting demands on my time at work	49.7%	**44.7%**	-5.0%
q3h	Have adequate materials, supplies and equipment to do my work	56.5%	**46.3%**	-10.2%
q3i	Enough staff at organisation to do my job properly	33.6%	**27.2%**	-6.5%
q4a	Satisfied with recognition for good work	58.0%	**55.4%**	-2.6%
q4b	Satisfied with extent organisation values my work	46.3%	**42.3%**	-3.9%
q4c	Satisfied with level of pay	31.8%	**30.4%**	-1.4%
q4d	Satisfied with opportunities for flexible working patterns	60.2%	**56.2%**	-4.0%

q5a	Have realistic time pressures	27.6%	**25.7%**	-1.9%
q5b	Have a choice in deciding how to do my work	53.9%	**52.9%**	-1.1%
q5c	Relationships at work are unstrained	45.7%	**44.7%**	-1.0%
q6a	Feel my role makes a difference to patients/service users	87.1%	**87.7%**	0.6%
q6b	Organisation is committed to helping balance work and home life	52.2%	**49.0%**	-3.3%
q6c	Achieve a good balance between work and home life	59.8%	**56.9%**	-2.9%
q6d	Can approach immediate manager to talk openly about flexible working	73.5%	**70.3%**	-3.2%
q7a	Team members have a set of shared objectives	76.3%	**75.2%**	-1.1%
q7b	Team members often meet to discuss the team's effectiveness	66.9%	**65.3%**	-1.6%
q7c	Receive the respect I deserve from my colleagues at work	71.9%	**70.8%**	-1.1%
q7d	Team members understand each other's roles	72.5%	**71.4%**	-1.0%
q7e	Enjoy working with colleagues in team	81.2%	**80.3%**	-0.9%
q7f	Team has enough freedom in how to do its work	61.3%	**57.8%**	-3.5%
q7g	Team deals with disagreements constructively	57.0%	**55.2%**	-1.7%
q7h	Feel valued by my team	71.2%	**71.0%**	-0.2%
q7i	Feel a strong personal attachment to my team	64.0%	**64.2%**	0.2%
q8a	Teams within the organisation work well together to achieve objectives	56.2%	**52.8%**	-3.4%
q8b	Colleagues are understanding and kind to one another	70.2%	**68.8%**	-1.5%
q8c	Colleagues are polite and treat each other with respect	70.9%	**69.7%**	-1.2%
q8d	Colleagues show appreciation to one another	68.3%	**66.2%**	-2.2%
q9a	Immediate manager encourages me at work	74.8%	**73.1%**	-1.6%
q9b	Immediate manager gives clear feedback on my work	68.5%	**67.3%**	-1.1%

q9c	Immediate manager asks for my opinion before making decisions that affect my work	61.0%	**58.4%**	-2.5%
q9d	Immediate manager takes a positive interest in my health & well-being	72.3%	**71.0%**	-1.3%
q9e	Immediate manager values my work	73.8%	**73.0%**	-0.8%
q9f	Immediate manager works with me to understand problems	70.5%	**69.9%**	-0.6%
q9g	Immediate manager listens to challenges I face	72.8%	**72.1%**	-0.7%
q9h	Immediate manager cares about my concerns	72.1%	**70.8%**	-1.3%
q9i	Immediate manager helps me with problems I face	69.4%	**67.1%**	-2.4%
q10b	Don't work any additional paid hours per week for this organisation, over and above contracted hours	61.6%	**66.6%**	5.0%
q10c	Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	57.4%	**55.3%**	-2.1%
q11a	Organisation takes positive action on health and well-being	60.5%	**56.0%**	-4.5%
q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	73.6%	**71.4%**	-2.2%
q11c	In last 12 months, have not felt unwell due to work related stress	62.2%	**59.6%**	-2.6%
q11d	In last 3 months, have not come to work when not feeling well enough to perform duties	49.0%	**44.6%**	-4.3%
q11e	Not felt pressure from manager to come to work when not feeling well enough	81.0%	**80.2%**	-0.8%
q12a	Never/rarely find work emotionally exhausting	26.4%	**23.6%**	-2.8%
q12b	Never/rarely feel burnt out because of work	33.4%	**29.9%**	-3.5%
q12c	Never/rarely frustrated by work	23.9%	**20.2%**	-3.7%
q12d	Never/rarely exhausted by the thought of another day/shift at work	38.2%	**35.7%**	-2.5%
q12e	Never/rarely worn out at the end of work	20.6%	**19.4%**	-1.2%
q12f	Never/rarely feel every working hour is tiring	52.4%	**51.1%**	-1.3%
q12g	Never/rarely lack energy for family and friends	36.9%	**35.8%**	-1.2%
q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public	86.1%	**84.7%**	-1.5%

q13b	Not experienced physical violence from managers	99.5%	**99.3%**	-0.2%
q13c	Not experienced physical violence from other colleagues	98.3%	**98.4%**	0.1%
q13d	Last experience of physical violence reported	74.1%	**72.5%**	-1.6%
q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	78.2%	**77.8%**	-0.4%
q14b	Not experienced harassment, bullying or abuse from managers	91.9%	**92.0%**	0.1%
q14c	Not experienced harassment, bullying or abuse from other colleagues	82.2%	**82.0%**	-0.2%
q14d	Last experience of harassment/bullying/abuse reported	51.5%	**52.6%**	1.1%
q15	Organisation acts fairly: career progression	59.2%	**57.4%**	-1.8%
q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public	93.8%	**93.2%**	-0.6%
q16b	Not experienced discrimination from manager/team leader or other colleagues	92.3%	**91.9%**	-0.4%
q17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	92.3%	**91.7%**	-0.6%
q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	96.0%	**95.9%**	-0.1%
q18	Not seen any errors/near misses/incidents that could have hurt staff/patients/service users	67.4%	**63.8%**	-3.6%
q19a	Staff involved in an error/near miss/incident treated fairly	58.6%	**56.8%**	-1.8%
q19b	Encouraged to report errors/near misses/incidents	87.6%	**86.0%**	-1.6%
q19c	Organisation ensure errors/near misses/incidents do not repeat	69.9%	**66.8%**	-3.1%
q19d	Feedback given on changes made following errors/near misses/incidents	63.7%	**61.5%**	-2.2%
q20a	Would feel secure raising concerns about unsafe clinical practice	70.6%	**70.1%**	-0.4%
q20b	Would feel confident that organisation would address concerns about unsafe clinical practice	56.2%	**53.2%**	-3.1%
q21	Feel organisation respects individual differences	72.9%	**69.4%**	-3.5%
q22	I can eat nutritious and affordable food at work	55.7%	**56.7%**	1.0%
q23a	Received appraisal in the past 12 months	82.6%	**87.3%**	4.7%

q23b	Appraisal helped me improve how I do my job	26.0%	**24.7%**	-1.2%
q23c	Appraisal helped me agree clear objectives for my work	34.5%	**31.7%**	-2.8%
q23d	Appraisal left me feeling organisation values my work	37.3%	**35.3%**	-2.0%
q24a	Organisation offers me challenging work	69.7%	**68.9%**	-0.8%
q24b	There are opportunities for me to develop my career in this organisation	56.8%	**48.8%**	-8.1%
q24c	Have opportunities to improve my knowledge and skills	71.4%	**67.4%**	-4.0%
q24d	Feel supported to develop my potential	58.8%	**55.3%**	-3.5%
q24e	Able to access the right learning and development opportunities when I need to	63.4%	**57.8%**	-5.6%
q24f	NEW - Able to access clinical supervision opportunities	N/A	**52.9%**	*
q25a	Care of patients/service users is organisation's top priority	72.8%	**66.0%**	-6.8%
q25b	Organisation acts on concerns raised by patients/service users	68.0%	**63.0%**	-5.0%
q25c	Would recommend organisation as place to work	59.3%	**49.4%**	-9.9%
q25d	If friend/relative needed treatment would be happy with standard of care provided by organisation	58.3%	**51.9%**	-6.4%
q25e	Feel safe to speak up about anything that concerns me in this organisation	62.8%	**58.5%**	-4.3%
q25f	Feel organisation would address any concerns I raised	50.1%	**44.2%**	-5.9%
q26a	I don't often think about leaving this organisation	45.5%	**40.9%**	-4.7%
q26b	I am unlikely to look for a job at a new organisation in the next 12 months	54.6%	**49.1%**	-5.5%
q26c	I am not planning on leaving this organisation	59.8%	**53.9%**	-5.9%
q31b	Disability: organisation made reasonable adjustment(s) to enable me to carry out work	78.3%	**79.1%**	0.8%

Survey Coordination Centre

NHS

Lancashire Teaching Hospitals NHS Foundation Trust

NHS Staff Survey Benchmark report 2024

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Survey Coordination Centre

NHS

Introduction

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

About this report

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

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

How results are reported

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

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

People Promise elements, themes and sub-scores

Survey Coordination Centre

People Promise elements	Sub-scores	Questions
We are compassionate and inclusive	Compassionate culture	Q6a, Q25a, Q25b, Q25c, Q25d
	Compassionate leadership	Q9f, Q9g, Q9h, Q9i
	Diversity and equality	Q15, Q16a, Q16b, Q21
	Inclusion	Q7h, Q7i, Q8b, Q8c
We are recognised and rewarded	No sub-score	Q4a, Q4b, Q4c, Q8d, Q9e
We each have a voice that counts	Autonomy and control	Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q5b
	Raising concerns	Q20a, Q20b, Q25e, Q25f
We are safe and healthy	Health and safety climate	Q3g, Q3h, Q3i, Q5a, Q11a, Q13d, Q14d
	Burnout	Q12a, Q12b, Q12c, Q12d, Q12e, Q12f, Q12g
	Negative experiences	Q11b, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c
	Other questions [Not scored]	Q17a*, Q17b*, Q22* *Q17a, Q17b and Q22 do not contribute to the calculation of any scores or sub-scores.
We are always learning	Development	Q24a, Q24b, Q24c, Q24d, Q24e
	Appraisals	Q23a*, Q23b, Q23c, Q23d *Q23a is a filter question and therefore influences the sub-score without being a directly scored question.
We work flexibly	Support for work-life balance	Q6b, Q6c, Q6d
	Flexible working	Q4d
We are a team	Team working	Q7a, Q7b, Q7c, Q7d, Q7e, Q7f, Q7g, Q8a
	Line management	Q9a, Q9b, Q9c, Q9d
Themes	**Sub-scores**	**Questions**
Staff Engagement	Motivation	Q2a, Q2b, Q2c
	Involvement	Q3c, Q3d, Q3f
	Advocacy	Q25a, Q25c, Q25d
Morale	Thinking about leaving	Q26a, Q26b, Q26c
	Work pressure	Q3g, Q3h, Q3i
	Stressors	Q3a, Q3e, Q5a, Q5b, Q5c, Q7c, Q9a
Questions not linked to the People Promise elements or themes		
Q1, Q10a, Q10b, Q10c, Q11e, Q16c, Q18, Q19a, Q19b, Q19c, Q19d, Q24f, Q26d, Q31b		

Report structure

Survey Coordination Centre

Introduction

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

Organisation details

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

People Promise elements, themes and sub-scores: Overview

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

People Promise elements, themes and sub-scores: Trends

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

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

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

People Promise elements, themes and sub-scores: Questions

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

Questions not linked to People Promise

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

Workforce Equality Standards

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

About your respondents

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

Appendices

Here you will find:

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

Using the report

Survey Coordination Centre

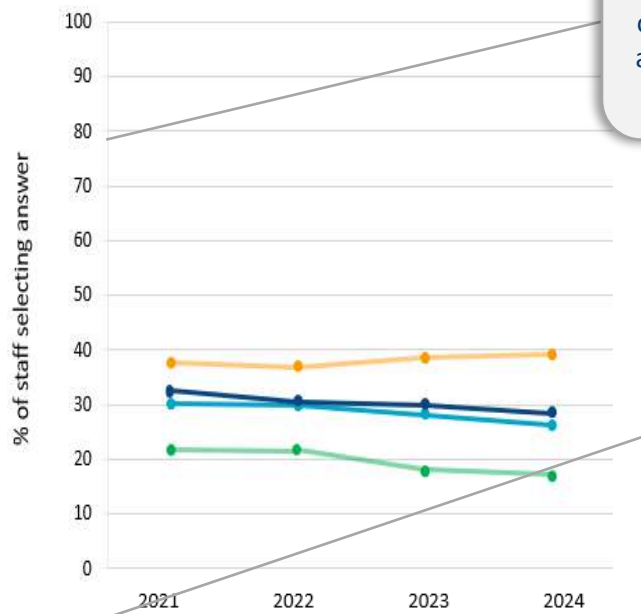
NHS

Note this is example data

Key features

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

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



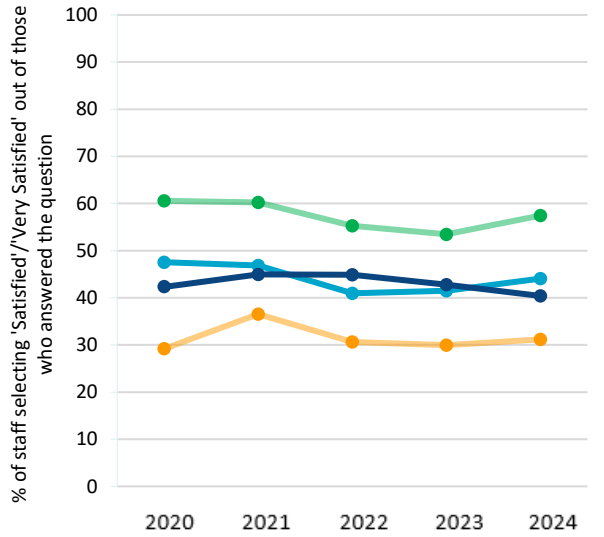
	2021	2022	2023	2024
Your org	32.6%	30.6%	30.0%	28.5%
Best result	21.8%	21.7%	18.0%	17.1%
Average result	30.2%	29.8%	28.1%	26.4%
Worst result	37.6%	36.9%	38.5%	39.2%
Responses	480	500	515	520

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

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

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

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



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

Number of responses for the organisation for the given question.

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

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NHS

Organisation details

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

Organisation details

Survey Coordination Centre NHS

Lancashire Teaching Hospitals NHS Foundation Trust

2024 NHS Staff Survey

Organisation details

Completed questionnaires	3994
2024 response rate	39%

Survey details

Survey mode	Mixed

This organisation is benchmarked against:

Acute and Acute & Community Trusts

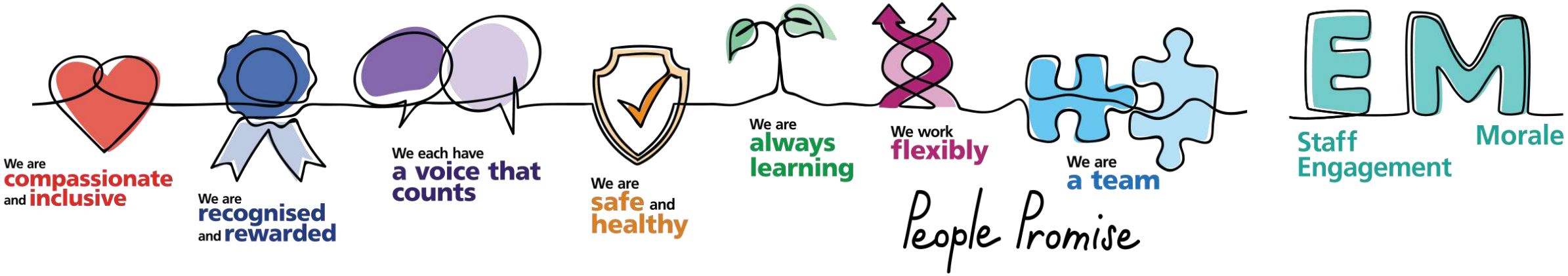
2024 benchmarking group details

Organisations in group: 122

Median response rate: 49%

No. of completed questionnaires: 532587

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



People Promise elements, themes and sub-score results

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

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People Promise elements, themes and sub-scores: Overview

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

People Promise elements and themes: Overview

Survey Coordination Centre

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

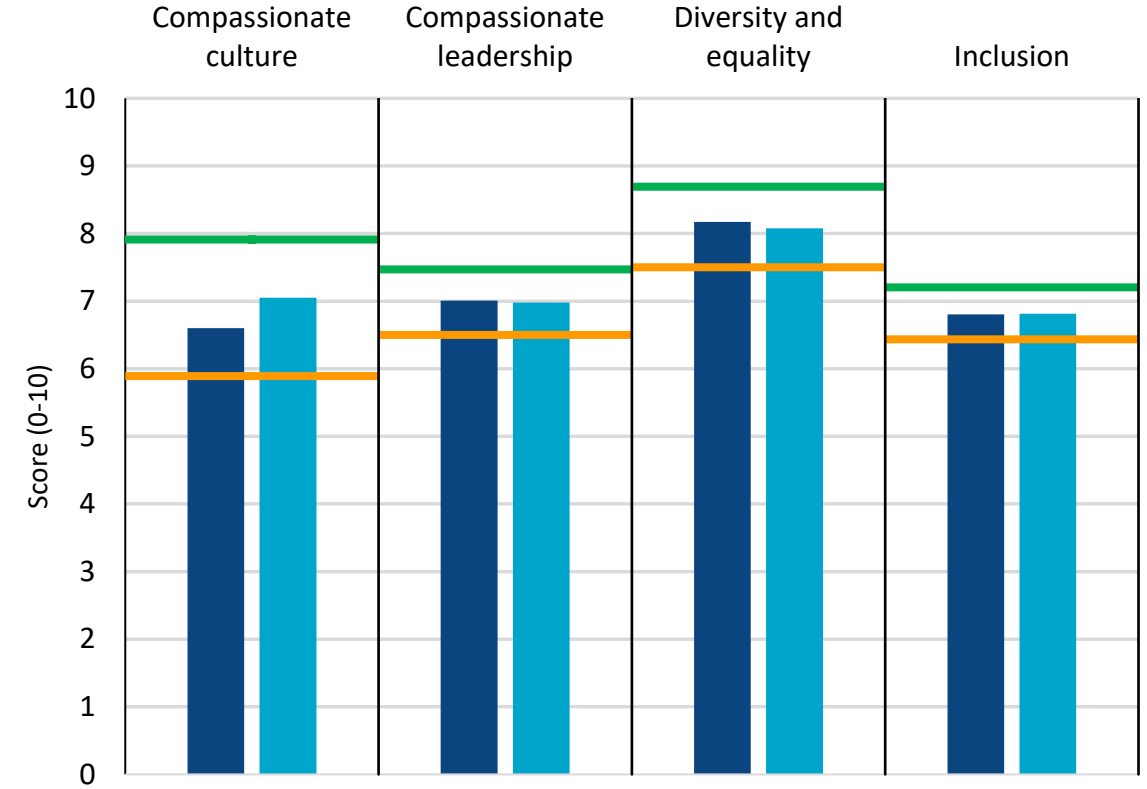
	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Your org	7.15	5.90	6.60	6.03	5.53	6.18	6.75	6.63	5.72
Best result	7.69	6.30	7.14	6.53	6.09	6.86	7.12	7.39	6.38
Average result	7.21	5.92	6.67	6.09	5.64	6.24	6.74	6.84	5.93
Worst result	6.61	5.24	5.95	5.54	4.76	5.60	6.26	5.98	5.13
Responses	3986	3986	3959	3965	3793	3965	3982	3991	3987

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

Survey Coordination Centre

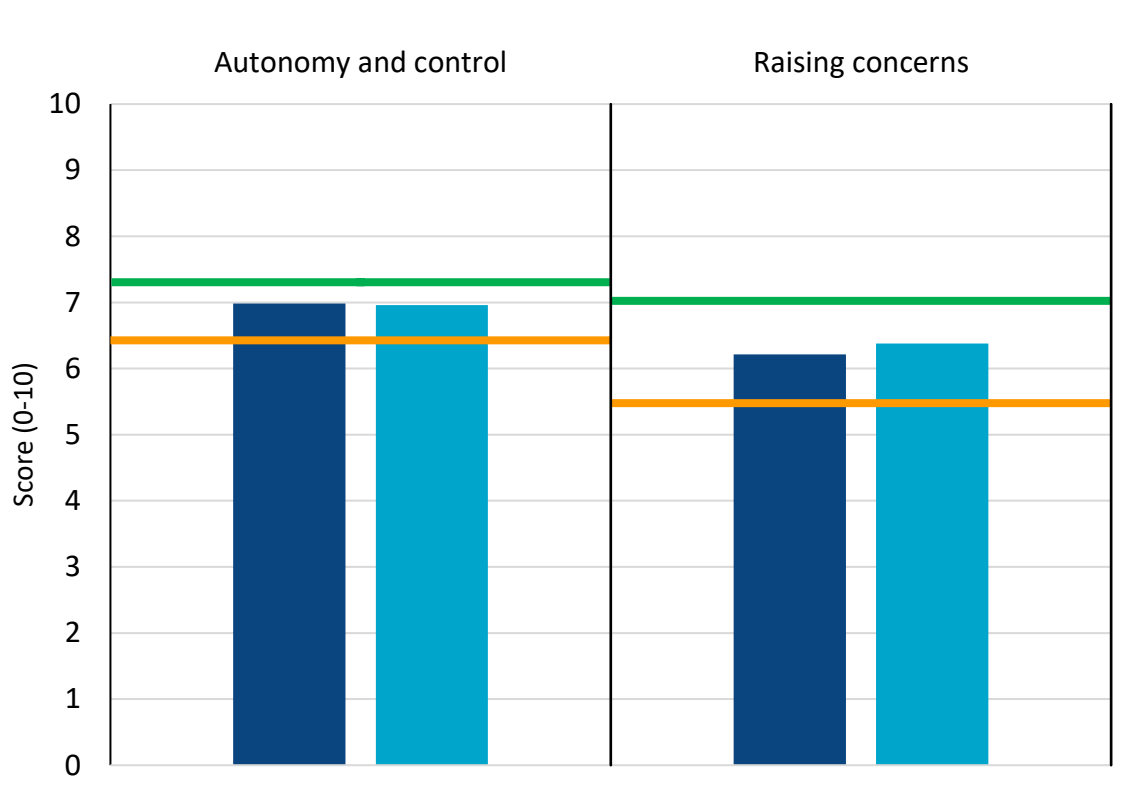
People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 1: We are compassionate and inclusive



	Compassionate culture	Compassionate leadership	Diversity and equality	Inclusion
Your org	6.60	7.01	8.17	6.80
Best result	7.91	7.47	8.69	7.20
Average result	7.05	6.98	8.08	6.81
Worst result	5.89	6.50	7.50	6.44
Responses	3969	3984	3973	3983

Promise element 3: We each have a voice that counts



	Autonomy and control	Raising concerns
Your org	6.98	6.21
Best result	7.31	7.02
Average result	6.96	6.38
Worst result	6.43	5.48
Responses	3990	3960

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

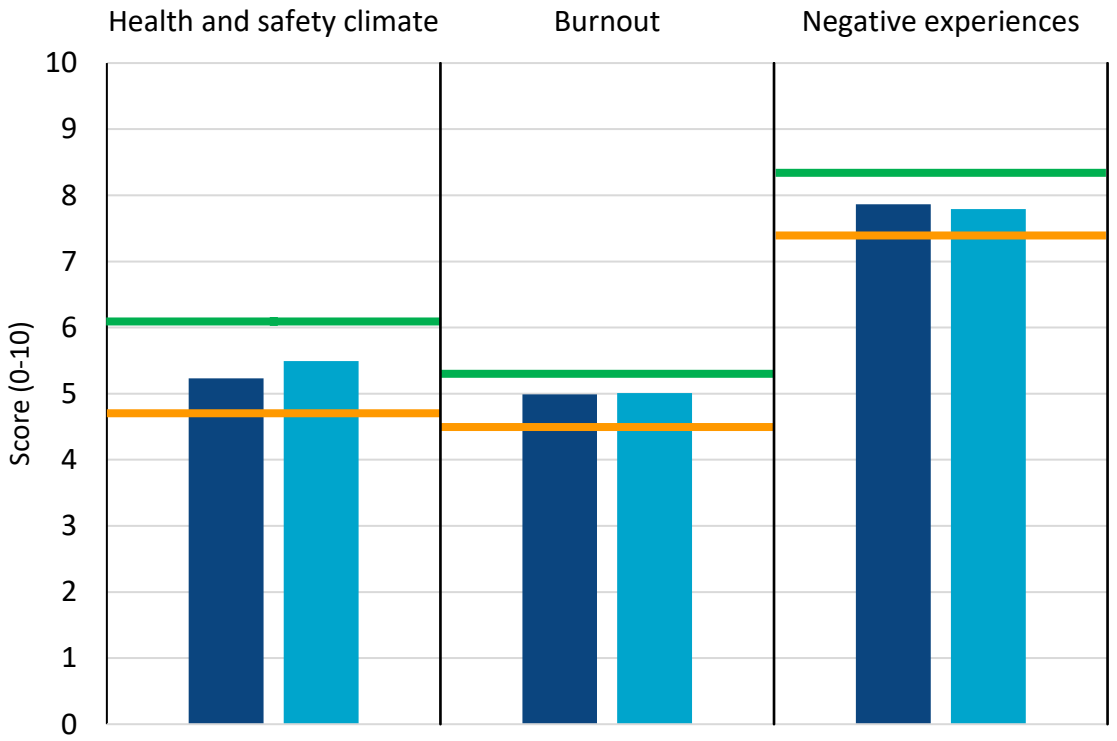
People Promise elements, themes and sub-scores: Sub-score overview

Survey Coordination Centre

NHS

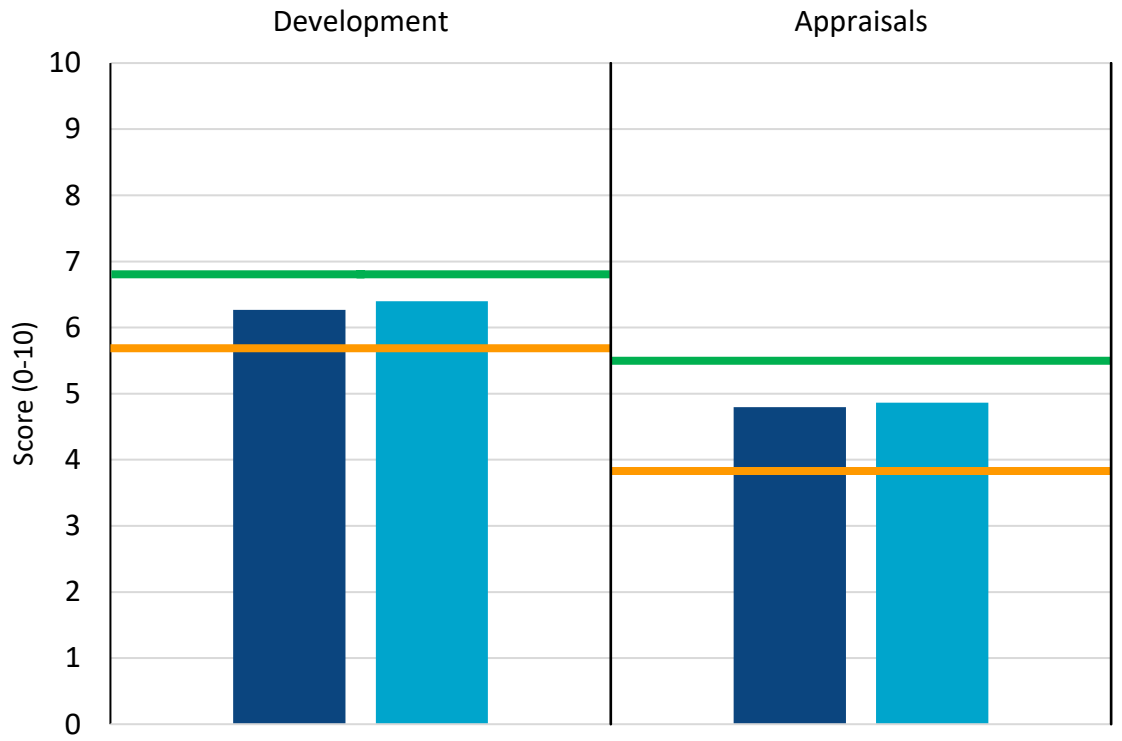
People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 4: We are safe and healthy



	Health and safety climate	Burnout	Negative experiences
Your org	5.23	4.99	7.86
Best result	6.09	5.30	8.34
Average result	5.49	5.01	7.79
Worst result	4.70	4.50	7.39
Responses	3989	3984	3968

Promise element 5: We are always learning



	Development	Appraisals
Your org	6.27	4.79
Best result	6.80	5.50
Average result	6.40	4.86
Worst result	5.69	3.83
Responses	3976	3798

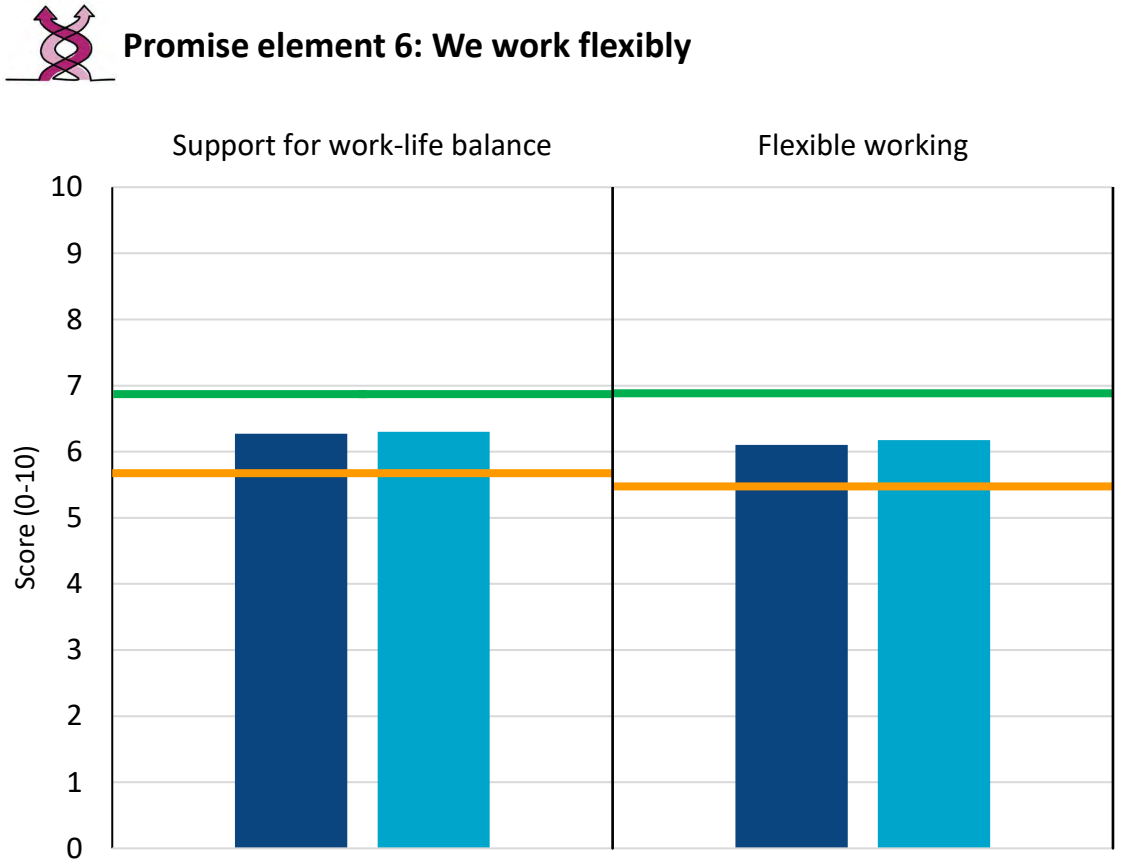
People Promise elements, themes and sub-scores: Sub-score overview

Survey Coordination Centre

NHS

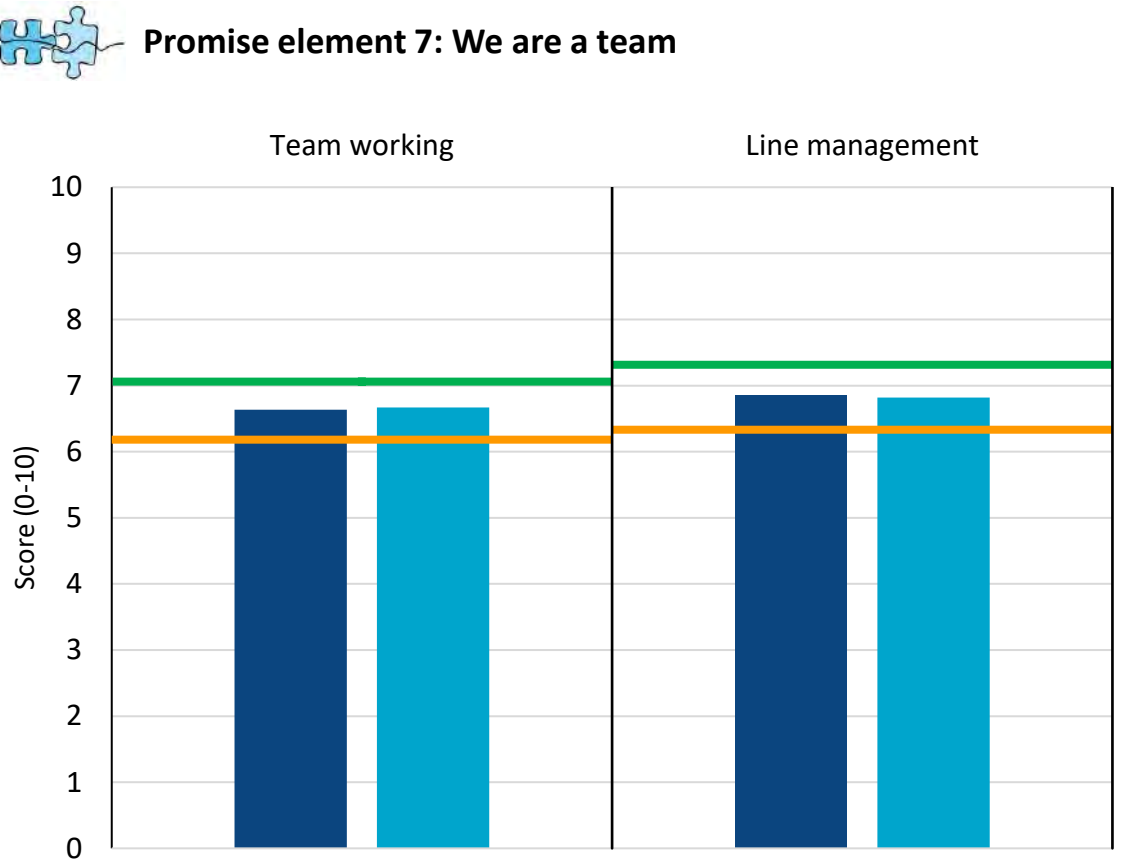
People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 6: We work flexibly



	Support for work-life balance	Flexible working
Your org	6.27	6.10
Best result	6.87	6.88
Average result	6.30	6.17
Worst result	5.67	5.47
Responses	3979	3975

Promise element 7: We are a team



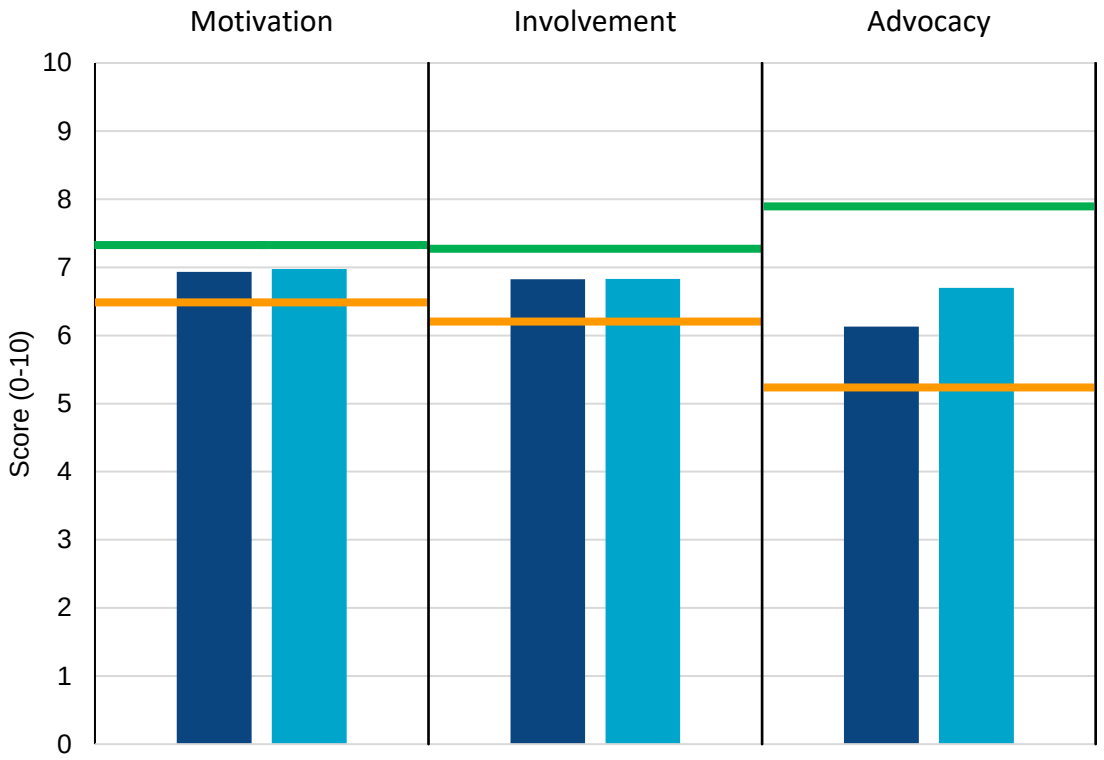
	Team working	Line management
Your org	6.64	6.86
Best result	7.06	7.31
Average result	6.67	6.82
Worst result	6.18	6.33
Responses	3986	3985

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

Survey Coordination Centre

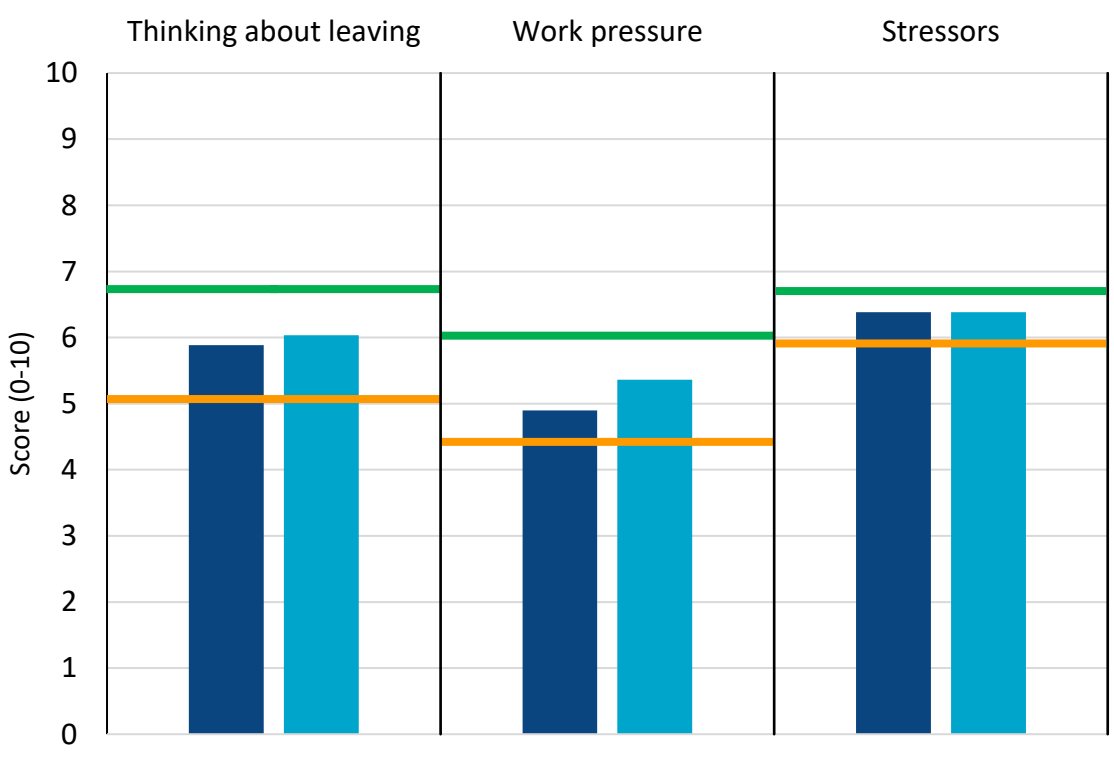
People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Theme: Staff engagement



	Motivation	Involvement	Advocacy
Your org	6.93	6.83	6.13
Best result	7.33	7.27	7.90
Average result	6.98	6.83	6.70
Worst result	6.49	6.20	5.24
Responses	3952	3990	3968

Theme: Morale



	Thinking about leaving	Work pressure	Stressors
Your org	5.88	4.90	6.38
Best result	6.73	6.03	6.70
Average result	6.04	5.36	6.38
Worst result	5.07	4.42	5.91
Responses	3967	3990	3984

Survey Coordination Centre

NHS

People Promise elements, themes and sub-scores: Trends

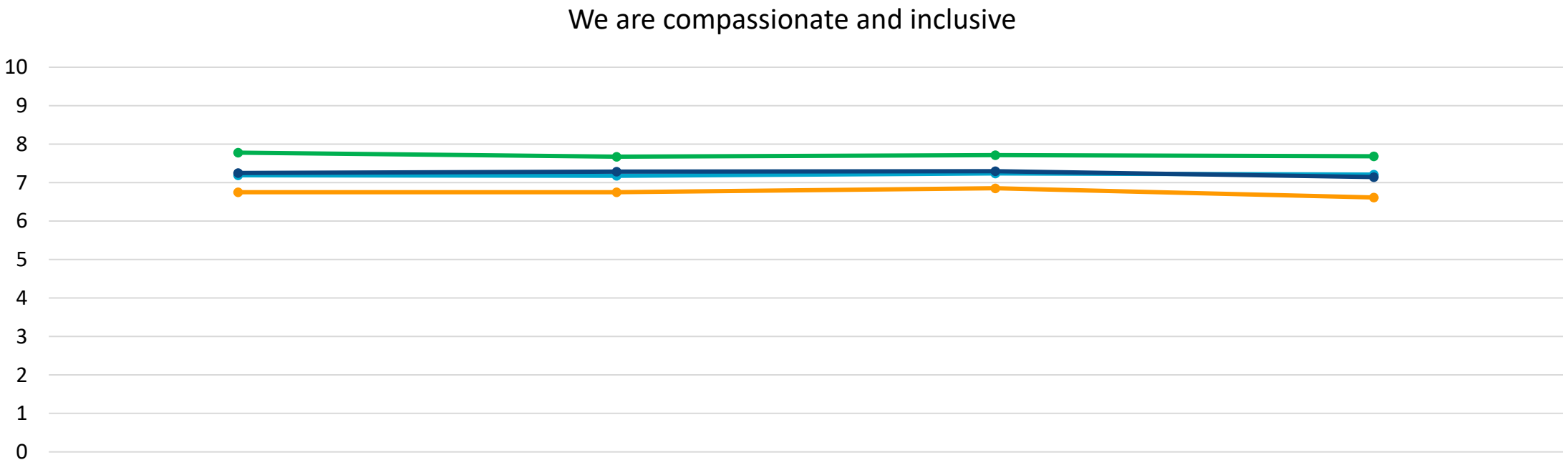
Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

People Promise elements and themes: Trends

Survey Coordination Centre

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

Promise element 1: We are compassionate and inclusive



	2021	2022	2023	2024
Your org	7.25	7.29	7.30	7.15
Best result	7.78	7.67	7.72	7.69
Average result	7.19	7.18	7.24	7.21
Worst result	6.75	6.75	6.85	6.61
Responses	3981	4362	4527	3986

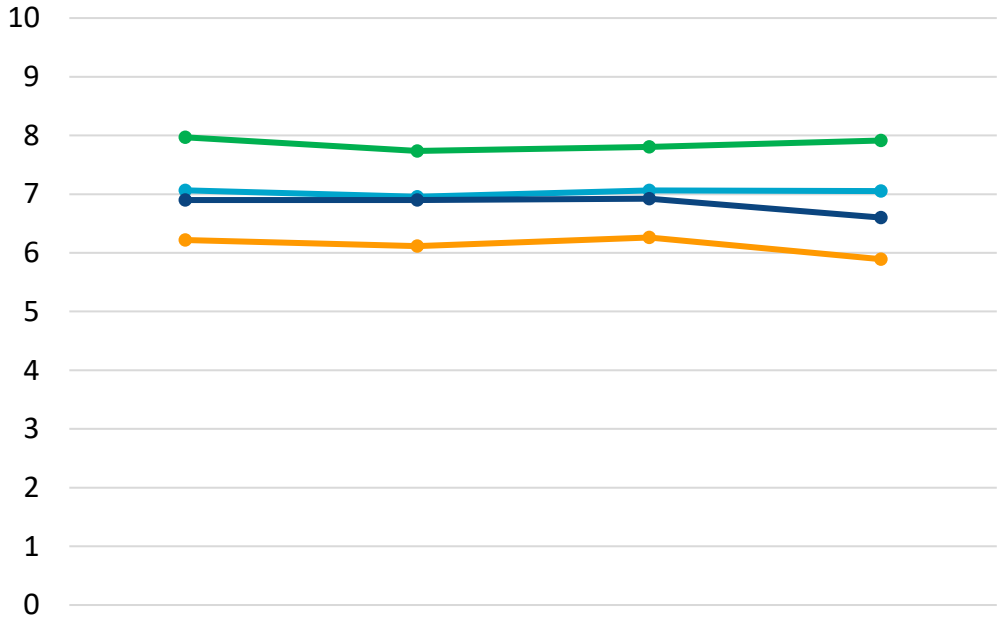
People Promise elements, themes and sub-scores: Sub-score trends

Survey Coordination Centre

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

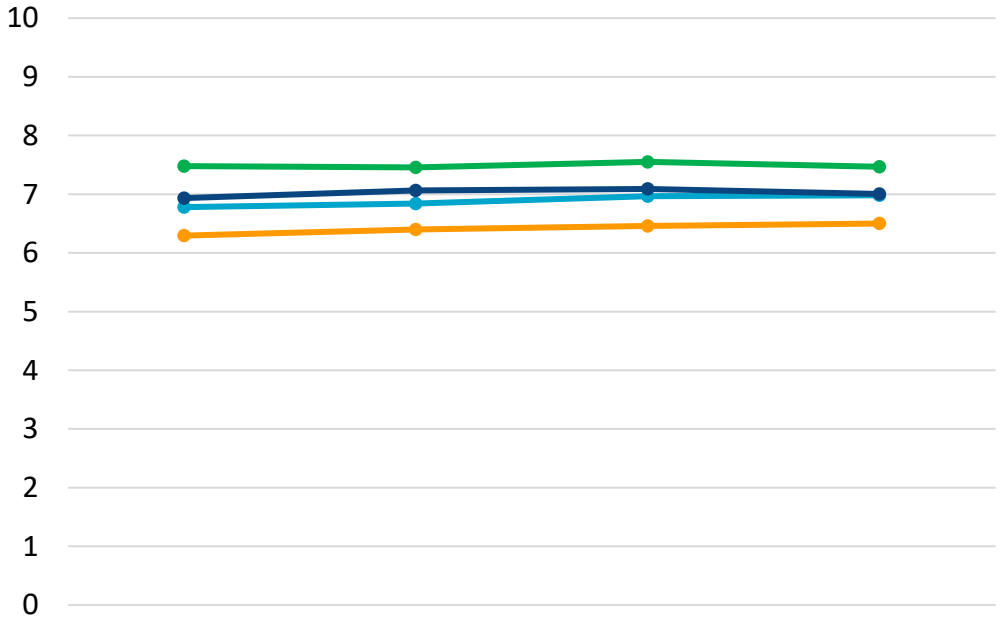
Promise element 1: We are compassionate and inclusive (1)

Compassionate culture



	2021	2022	2023	2024
Your org	6.90	6.90	6.92	6.60
Best result	7.97	7.74	7.81	7.91
Average result	7.07	6.96	7.06	7.05
Worst result	6.22	6.12	6.26	5.89
Responses	3939	4356	4515	3969

Compassionate leadership



	2021	2022	2023	2024
Your org	6.93	7.06	7.09	7.01
Best result	7.48	7.46	7.55	7.47
Average result	6.78	6.84	6.96	6.98
Worst result	6.30	6.40	6.46	6.50
Responses	3999	4356	4523	3984

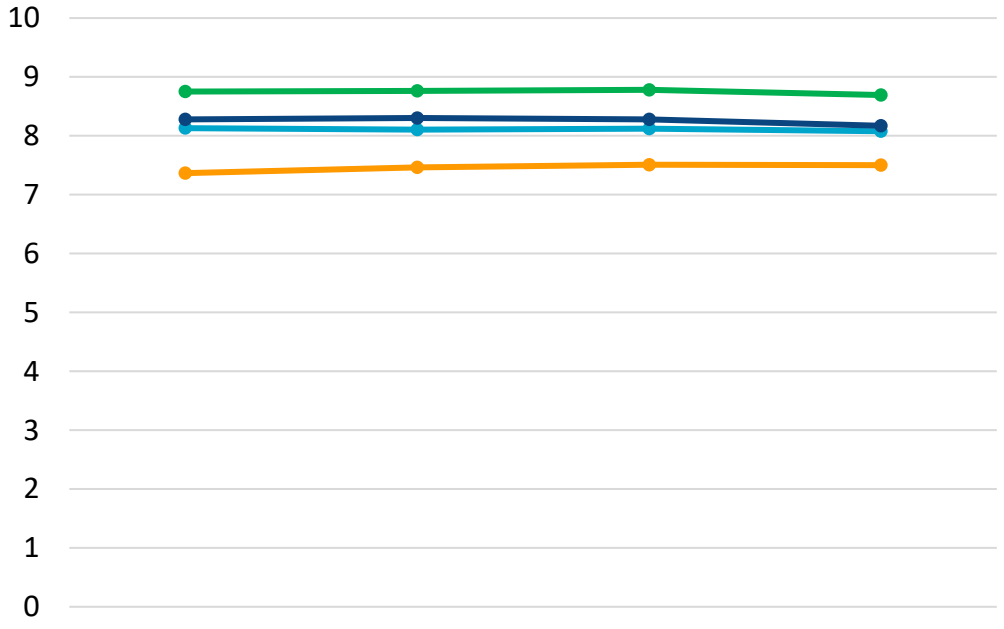
People Promise elements, themes and sub-scores: Sub-score trends

Survey Coordination Centre

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

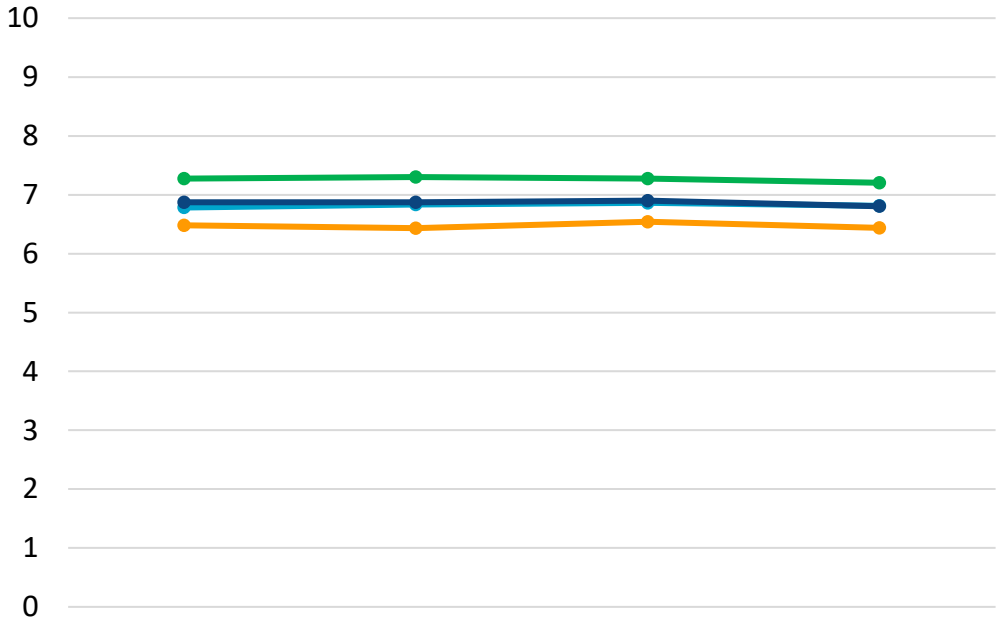
Promise element 1: We are compassionate and inclusive (2)

Diversity and equality



	2021	2022	2023	2024
Your org	8.28	8.30	8.28	8.17
Best result	8.75	8.76	8.78	8.69
Average result	8.13	8.10	8.12	8.08
Worst result	7.37	7.46	7.51	7.50
Responses	3979	4356	4524	3973

Inclusion



	2021	2022	2023	2024
Your org	6.87	6.87	6.90	6.80
Best result	7.28	7.30	7.27	7.20
Average result	6.78	6.84	6.86	6.81
Worst result	6.48	6.43	6.54	6.44
Responses	4006	4355	4521	3983

People Promise elements and themes: Trends

Survey Coordination Centre

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

Promise element 2: We are recognised and rewarded

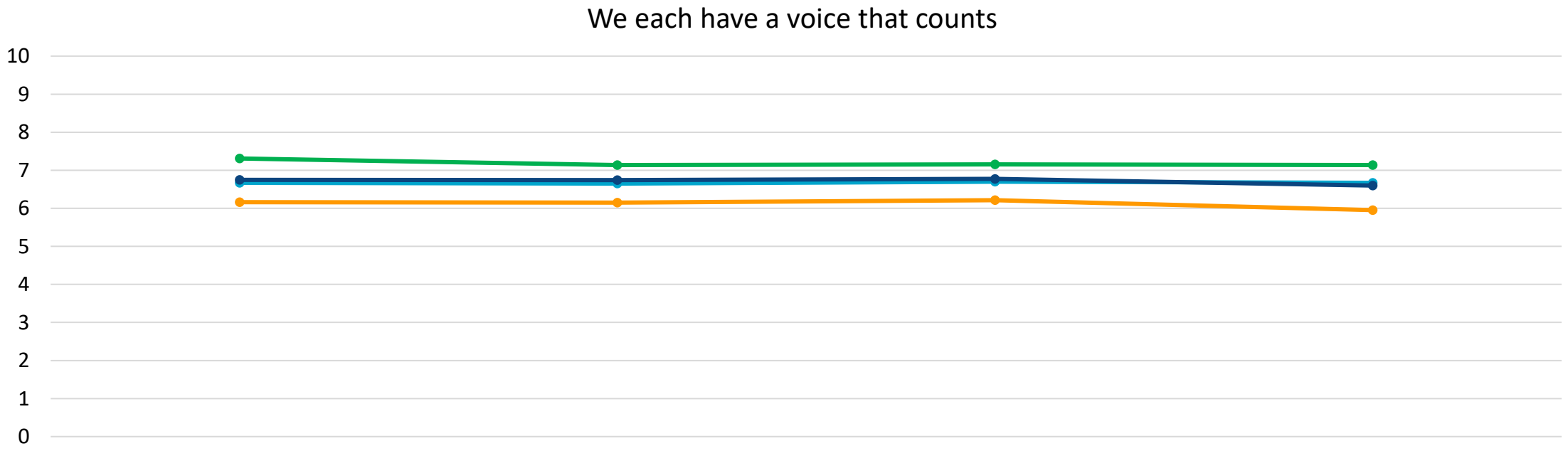
	2021	2022	2023	2024
Your org	5.95	5.88	6.06	5.90
Best result	6.47	6.36	6.37	6.30
Average result	5.81	5.72	5.94	5.92
Worst result	5.33	5.24	5.49	5.24
Responses	4052	4363	4529	3986

People Promise elements and themes: Trends

Survey Coordination Centre

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

Promise element 3: We each have a voice that counts



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

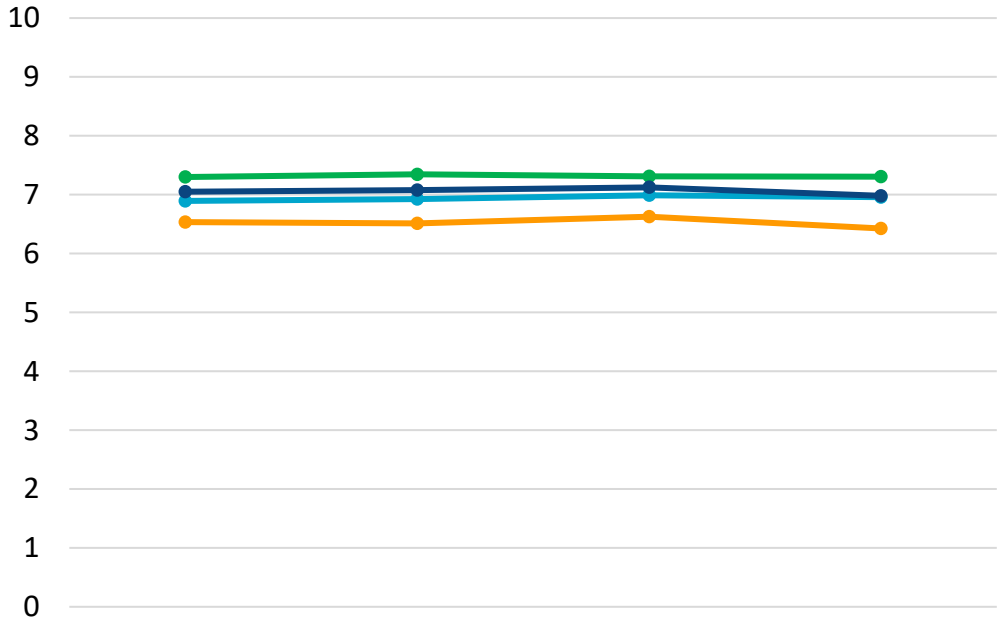
People Promise elements, themes and sub-scores: Sub-score trends

Survey Coordination Centre

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

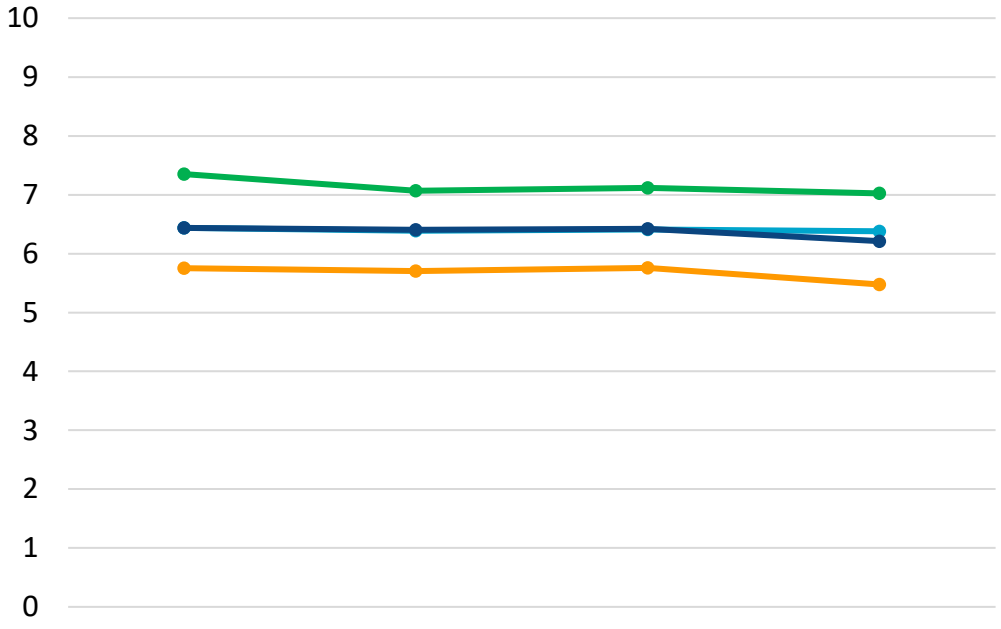
Promise element 3: We each have a voice that counts

Autonomy and control



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

Raising concerns



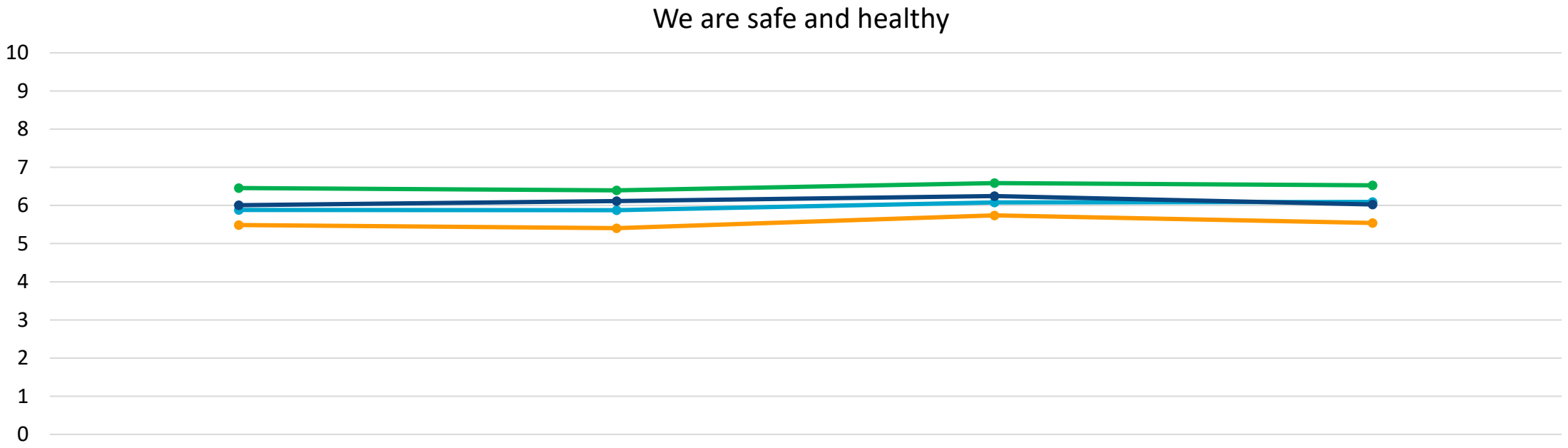
	2021	2022	2023	2024
Your org	6.44	6.40	6.42	6.21
Best result	7.35	7.07	7.12	7.02
Average result	6.44	6.39	6.41	6.38
Worst result	5.75	5.70	5.76	5.48
Responses	3930	4345	4502	3960

People Promise elements and themes: Trends

Survey Coordination Centre

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

Promise element 4: We are safe and healthy



	2021	2022	2023	2024
Your org	6.01	6.11	6.25	6.03
Best result	6.46	6.40	6.59	6.53
Average result	5.88	5.88	6.08	6.09
Worst result	5.49	5.41	5.74	5.54
Responses	3976	4343	4265	3965

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

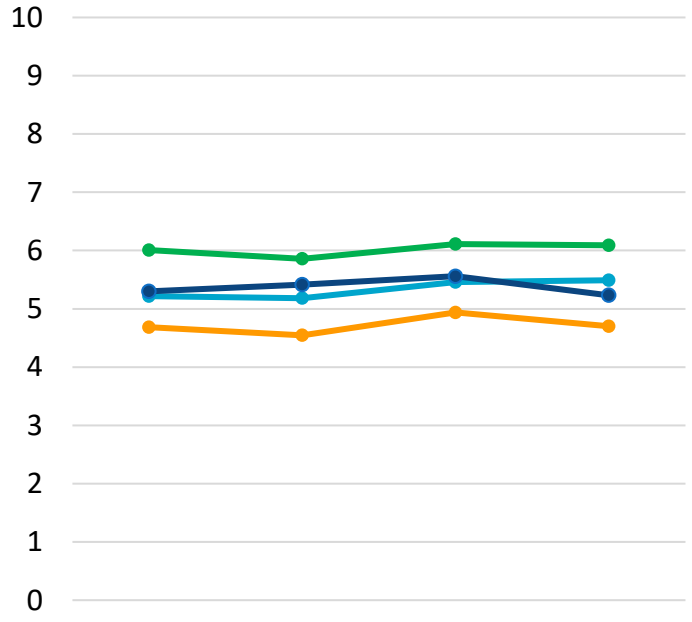
People Promise elements, themes and sub-scores: Sub-score trends

Survey Coordination Centre NHS

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

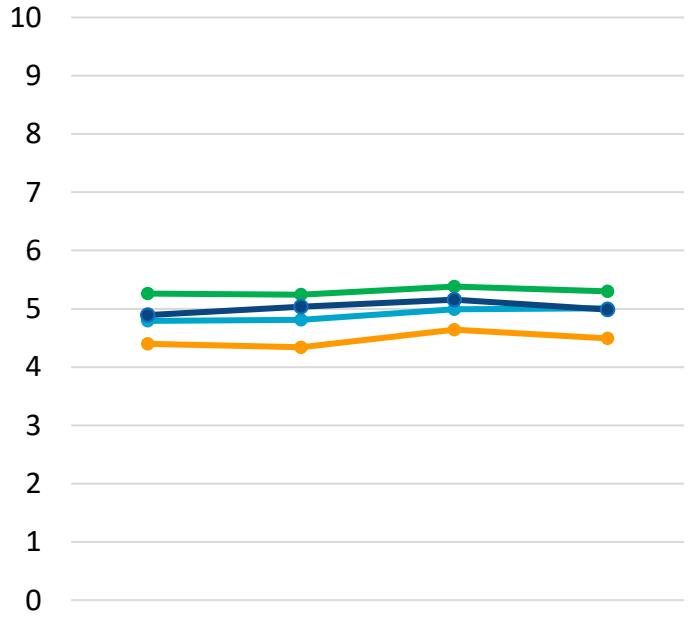
Promise element 4: We are safe and healthy

Health and safety climate



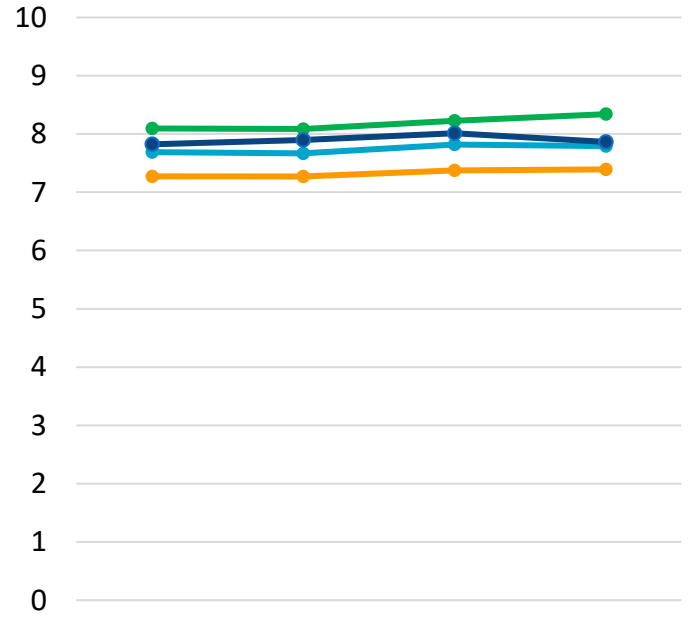
	2021	2022	2023	2024
Your org	5.30	5.41	5.56	5.23
Best result	6.01	5.86	6.11	6.09
Average result	5.21	5.18	5.46	5.49
Worst result	4.68	4.55	4.94	4.70
Responses	4057	4362	4299	3989

Burnout



	2021	2022	2023	2024
Your org	4.89	5.03	5.16	4.99
Best result	5.26	5.24	5.38	5.30
Average result	4.79	4.81	4.99	5.01
Worst result	4.40	4.34	4.64	4.50
Responses	3990	4357	4530	3984

Negative experiences



	2021	2022	2023	2024
Your org	7.82	7.90	8.01	7.86
Best result	8.10	8.09	8.23	8.34
Average result	7.69	7.67	7.82	7.79
Worst result	7.27	7.27	7.38	7.39
Responses	3980	4353	4275	3968

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

People Promise elements and themes: Trends

Survey Coordination Centre

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

Promise element 5: We are always learning

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

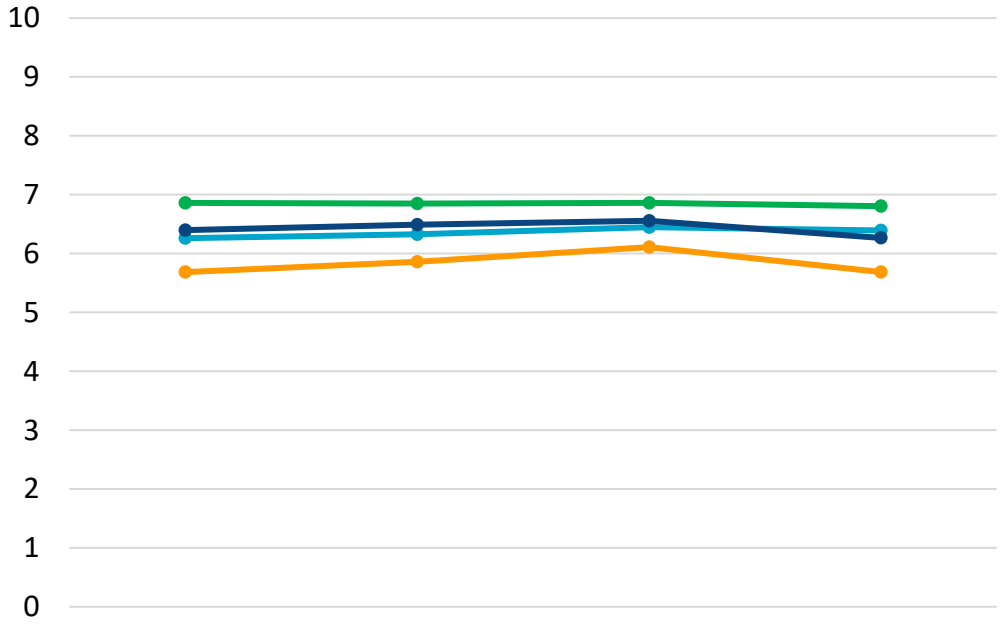
People Promise elements, themes and sub-scores: Sub-score trends

Survey Coordination Centre

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

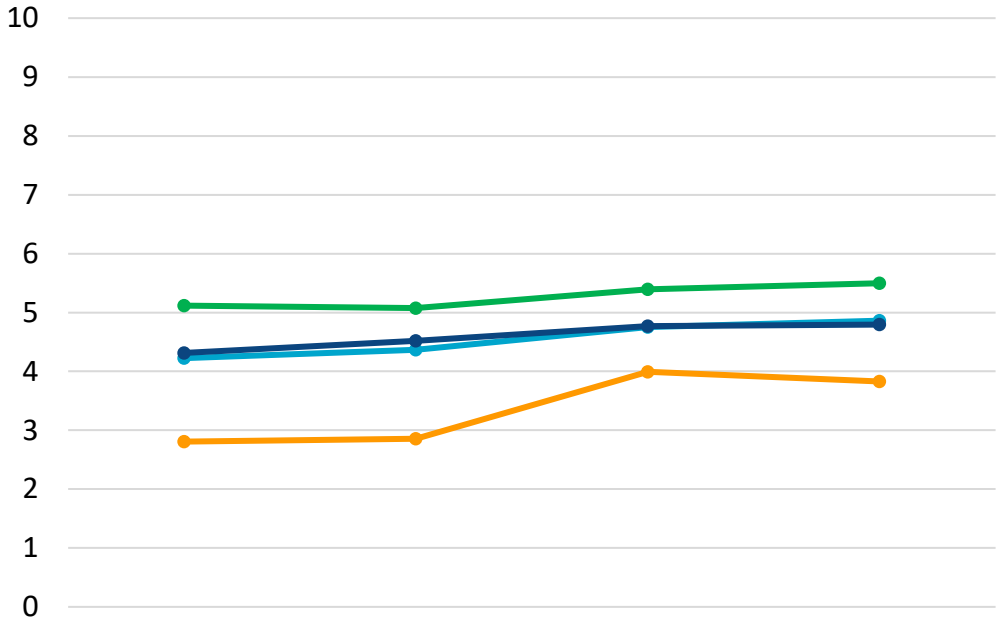
Promise element 5: We are always learning

Development



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

Appraisals



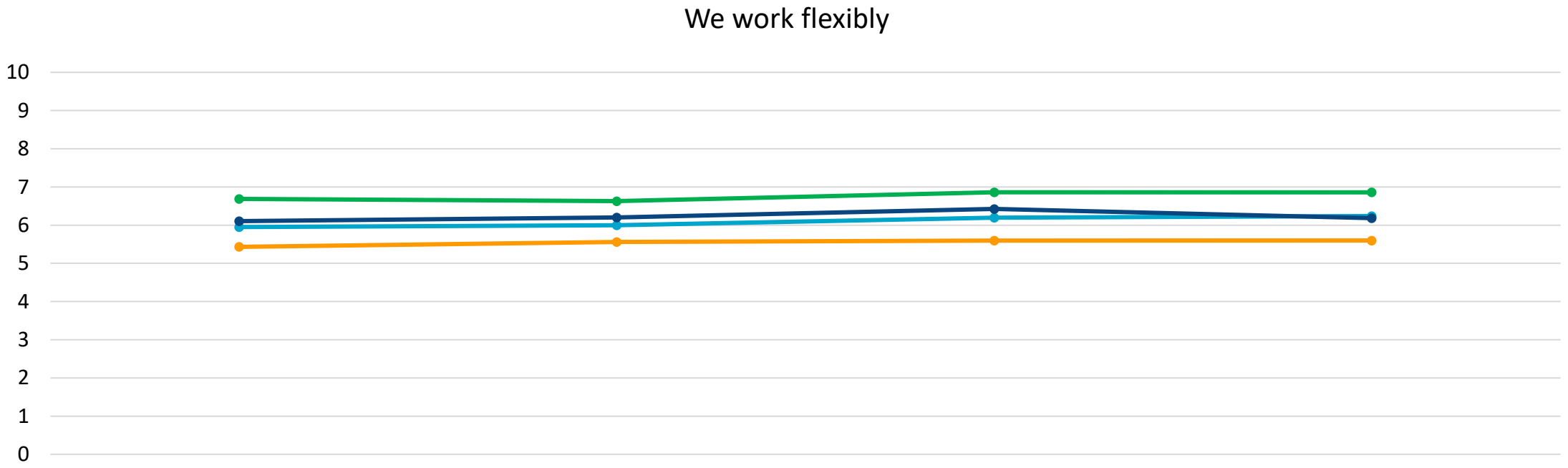
	2021	2022	2023	2024
Your org	4.31	4.52	4.77	4.79
Best result	5.12	5.08	5.40	5.50
Average result	4.23	4.37	4.75	4.86
Worst result	2.81	2.85	3.99	3.83
Responses	3841	4168	4261	3798

People Promise elements and themes: Trends

Survey Coordination Centre

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

Promise element 6: We work flexibly



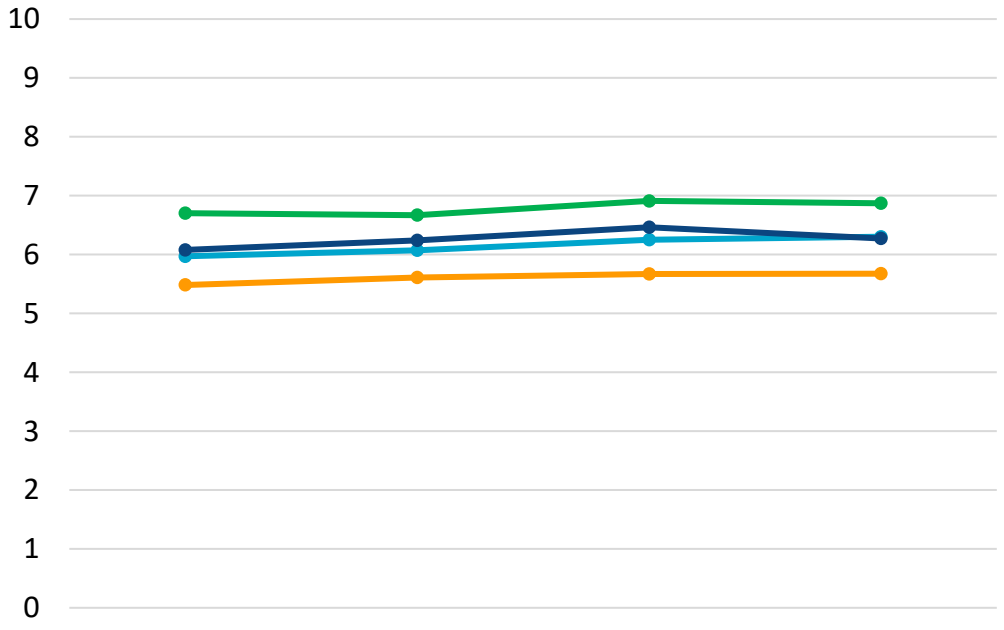
	2021	2022	2023	2024
Your org	6.10	6.20	6.42	6.18
Best result	6.69	6.63	6.86	6.86
Average result	5.95	6.00	6.20	6.24
Worst result	5.43	5.56	5.60	5.60
Responses	4029	4351	4508	3965

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

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

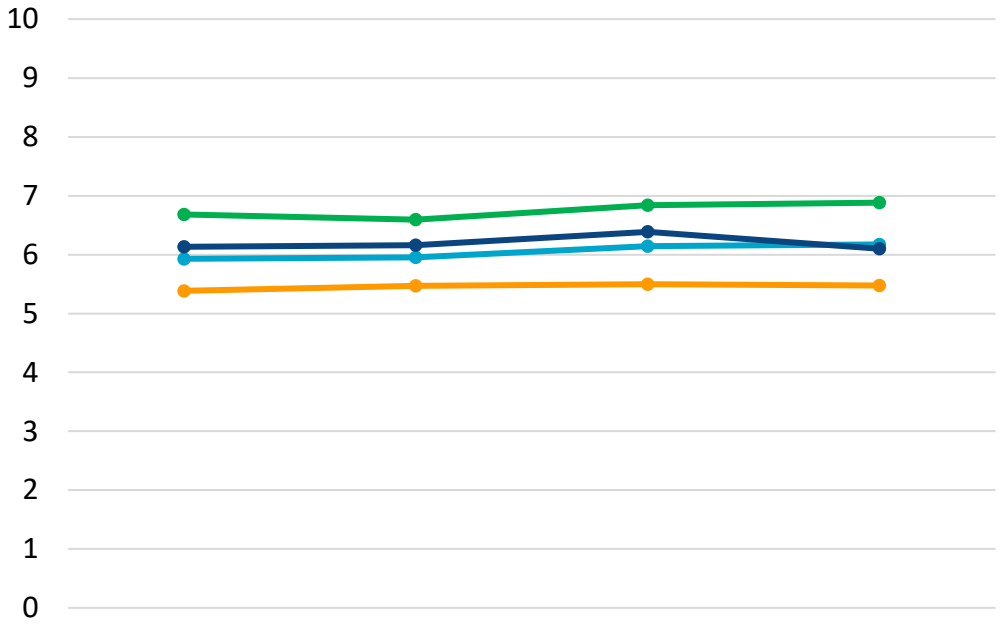
Promise element 6: We work flexibly

Support for work-life balance



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

Flexible working



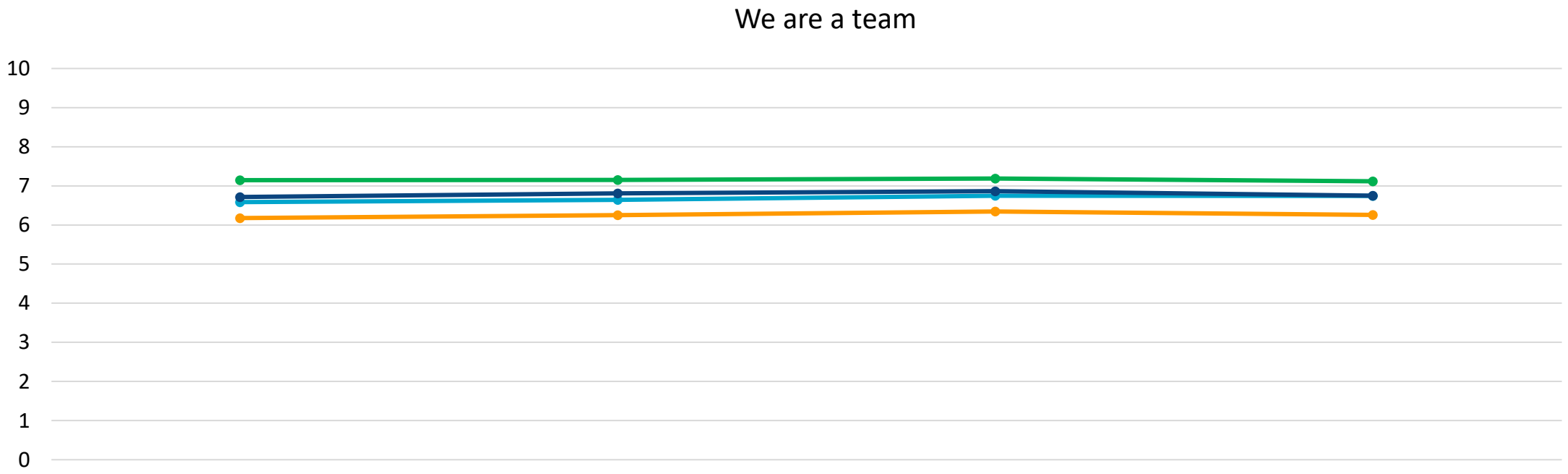
	2021	2022	2023	2024
Your org	6.13	6.16	6.39	6.10
Best result	6.68	6.59	6.84	6.88
Average result	5.93	5.95	6.15	6.17
Worst result	5.39	5.47	5.50	5.47
Responses	4047	4357	4513	3975

People Promise elements and themes: Trends

Survey Coordination Centre

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

Promise element 7: We are a team



	2021	2022	2023	2024
Your org	6.72	6.81	6.86	6.75
Best result	7.15	7.15	7.19	7.12
Average result	6.58	6.64	6.75	6.74
Worst result	6.18	6.25	6.34	6.26
Responses	3996	4357	4525	3982

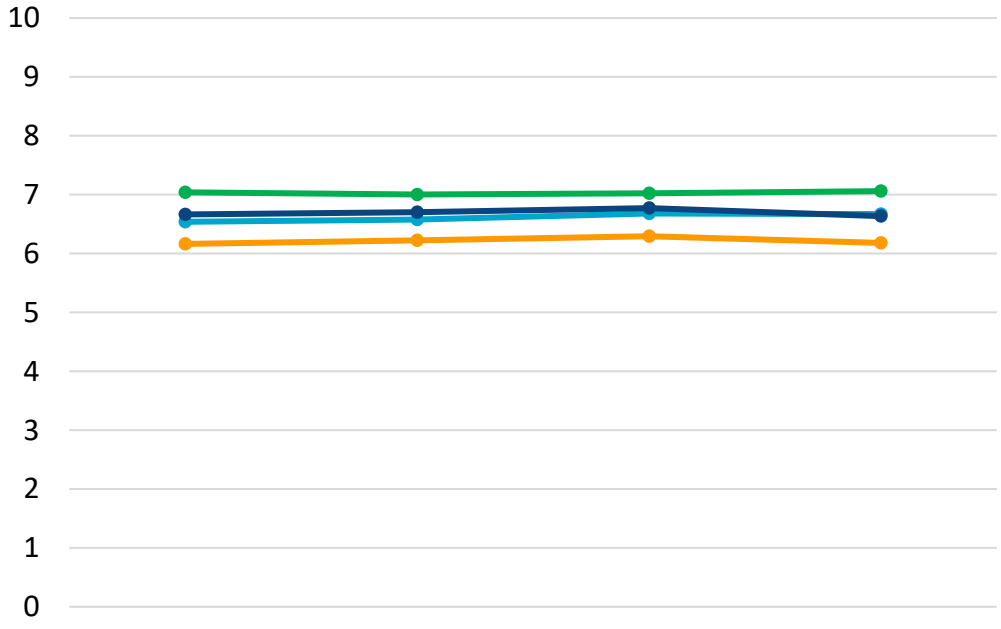
People Promise elements, themes and sub-scores: Sub-score trends

Survey Coordination Centre

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

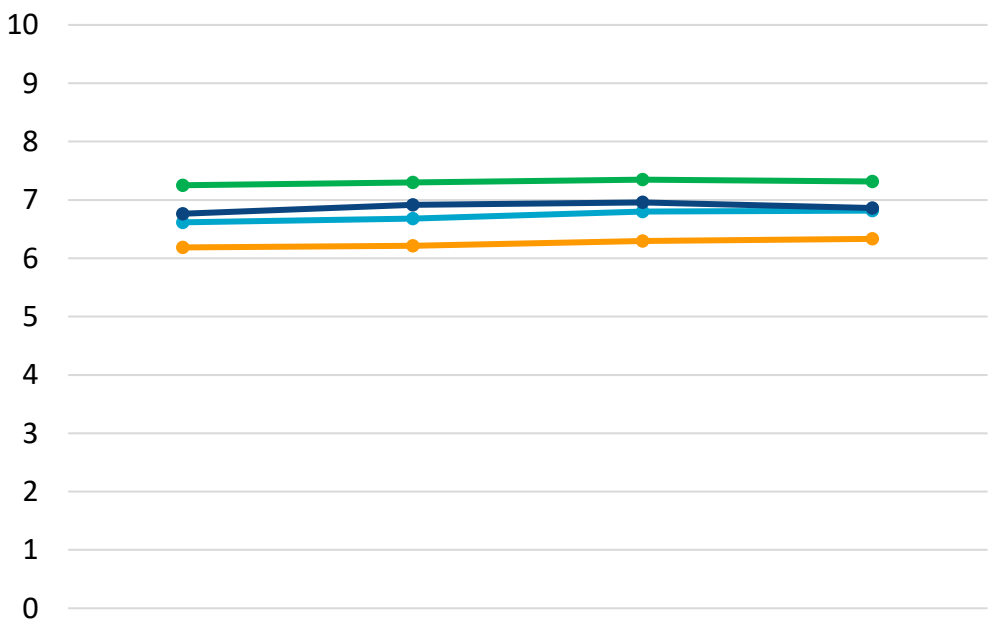
Promise element 7: We are a team

Team working



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

Line management



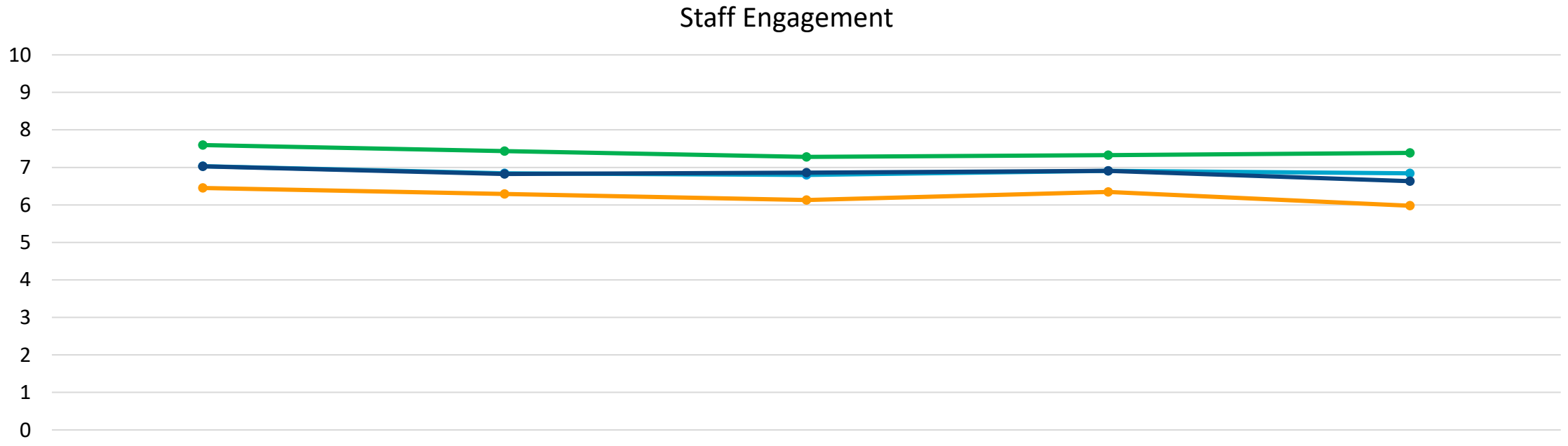
	2021	2022	2023	2024
Your org	6.76	6.92	6.96	6.86
Best result	7.25	7.30	7.35	7.31
Average result	6.62	6.68	6.80	6.82
Worst result	6.19	6.21	6.30	6.33
Responses	4000	4360	4527	3985

People Promise elements and themes: Trends

Survey Coordination Centre

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

Theme: Staff Engagement



	2020	2021	2022	2023	2024
Your org	7.03	6.82	6.86	6.91	6.63
Best result	7.60	7.44	7.28	7.32	7.39
Average result	7.03	6.84	6.80	6.91	6.84
Worst result	6.45	6.29	6.13	6.34	5.98
Responses	4069	4050	4363	4533	3991

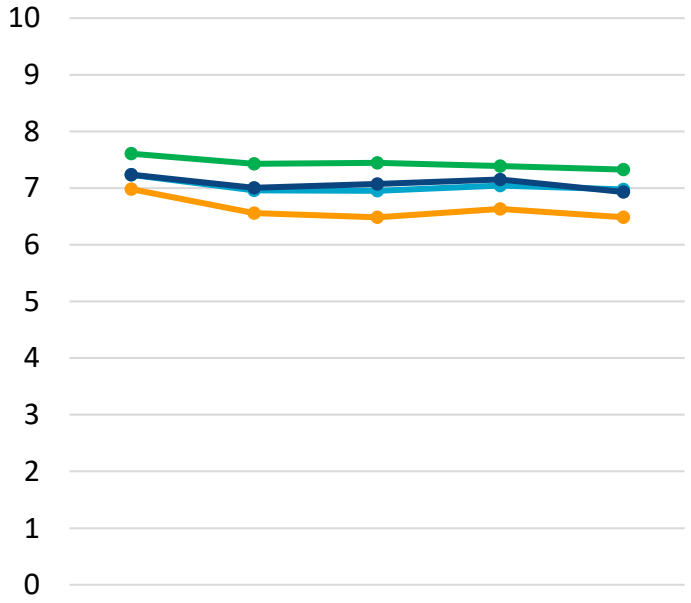
People Promise elements, themes and sub-scores: Sub-score trends

Survey Coordination Centre NHS

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

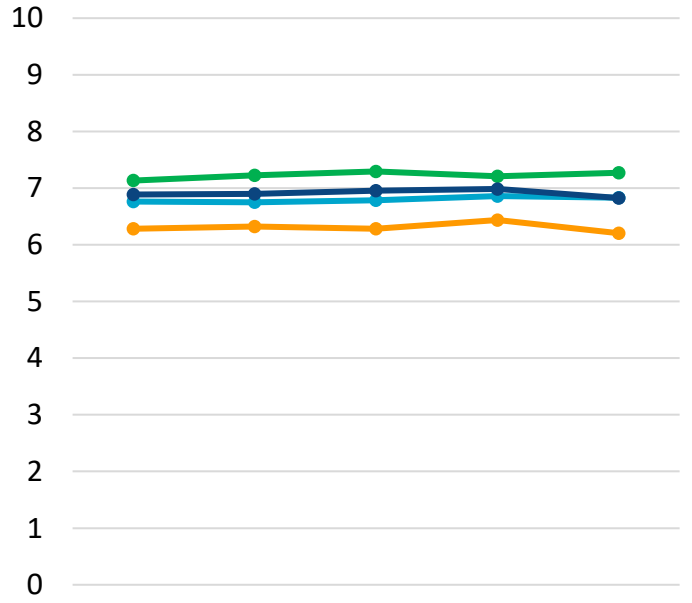
Theme: Staff Engagement

Motivation



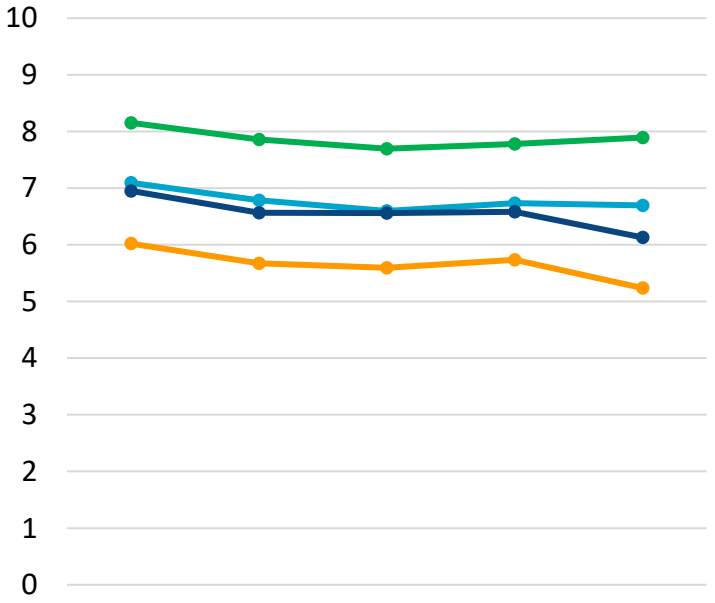
	2020	2021	2022	2023	2024
Your org	7.24	7.00	7.07	7.15	6.93
Best result	7.61	7.43	7.45	7.39	7.33
Average result	7.24	6.96	6.95	7.05	6.98
Worst result	6.98	6.56	6.49	6.63	6.49
Responses	4074	4044	4313	4499	3952

Involvement



	2020	2021	2022	2023	2024
Your org	6.89	6.90	6.95	6.99	6.83
Best result	7.13	7.23	7.29	7.21	7.27
Average result	6.76	6.75	6.78	6.86	6.83
Worst result	6.28	6.32	6.28	6.44	6.20
Responses	4071	4056	4363	4530	3990

Advocacy



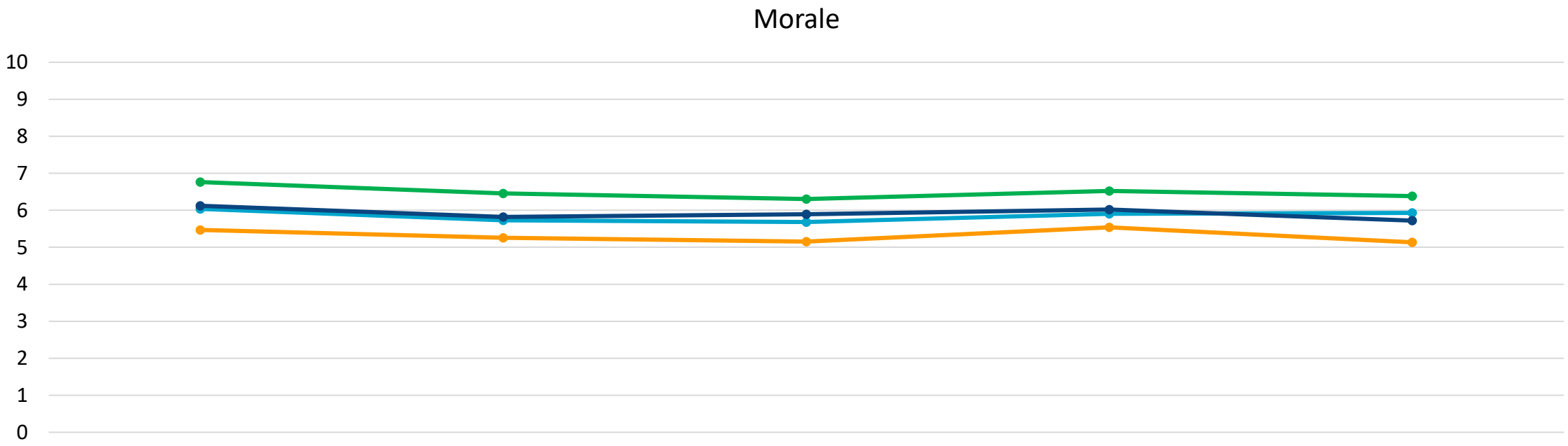
	2020	2021	2022	2023	2024
Your org	6.95	6.57	6.56	6.58	6.13
Best result	8.15	7.86	7.70	7.78	7.90
Average result	7.09	6.78	6.60	6.74	6.70
Worst result	6.02	5.68	5.60	5.73	5.24
Responses	3932	3938	4356	4515	3968

People Promise elements and themes: Trends

Survey Coordination Centre

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

Theme: Morale



	2020	2021	2022	2023	2024
Your org	6.12	5.82	5.89	6.02	5.72
Best result	6.76	6.45	6.30	6.52	6.38
Average result	6.04	5.73	5.68	5.90	5.93
Worst result	5.47	5.26	5.16	5.54	5.13
Responses	4051	4046	4361	4535	3987

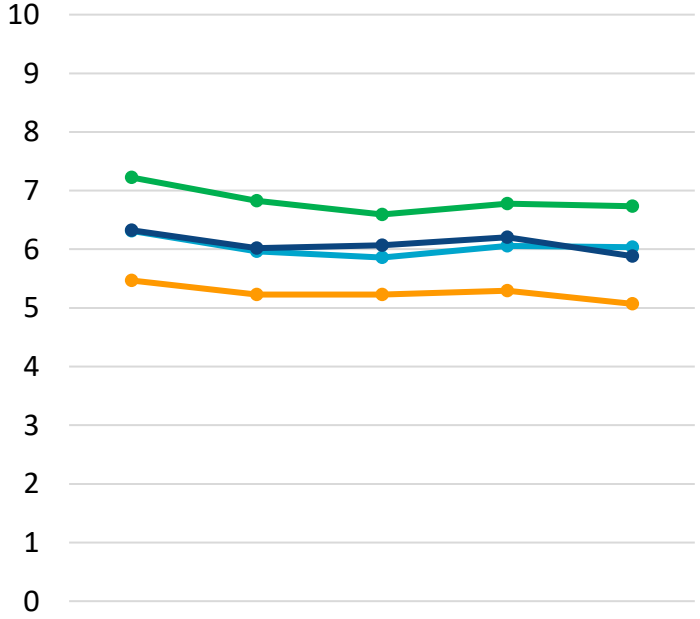
People Promise elements, themes and sub-scores: Sub-score trends

Survey Coordination Centre

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

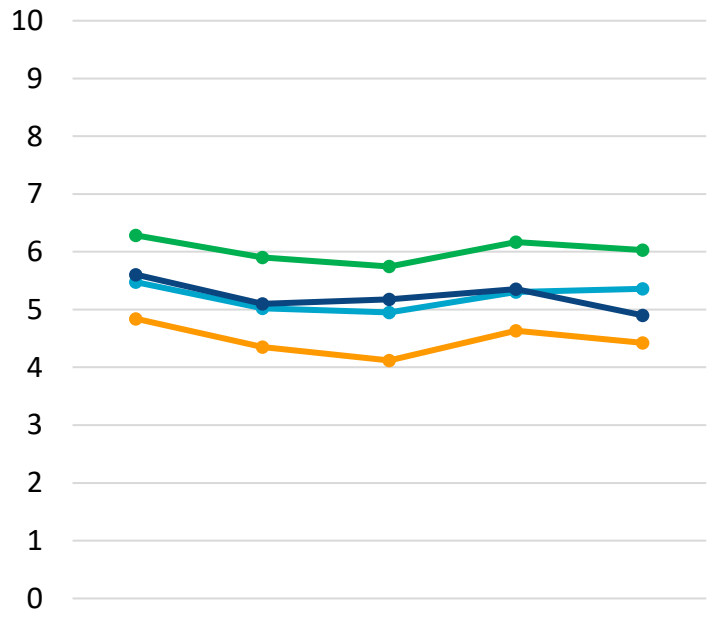
Theme: Morale

Thinking about leaving



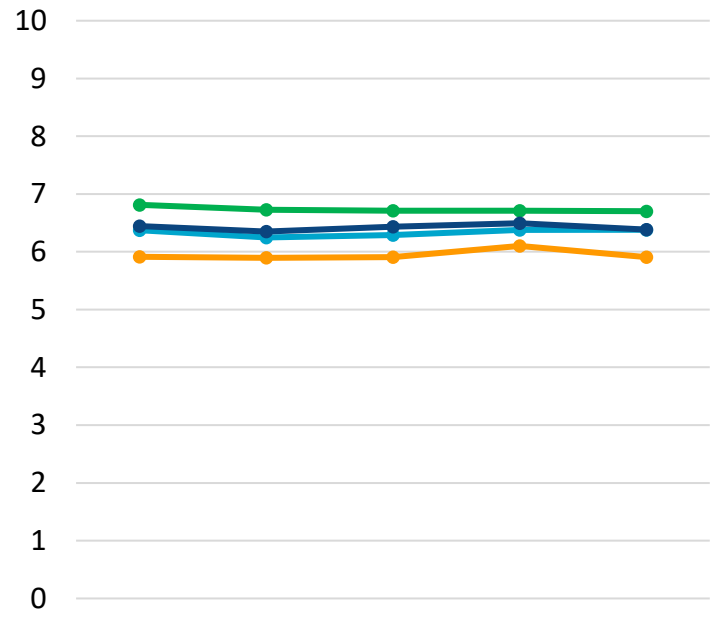
	2020	2021	2022	2023	2024
Your org	6.32	6.02	6.07	6.20	5.88
Best result	7.22	6.83	6.59	6.78	6.73
Average result	6.31	5.97	5.86	6.06	6.04
Worst result	5.47	5.23	5.23	5.29	5.07
Responses	3938	3930	4340	4522	3967

Work pressure



	2020	2021	2022	2023	2024
Your org	5.61	5.10	5.18	5.35	4.90
Best result	6.28	5.90	5.75	6.17	6.03
Average result	5.48	5.02	4.95	5.30	5.36
Worst result	4.84	4.35	4.12	4.63	4.42
Responses	4067	4056	4360	4531	3990

Stressors

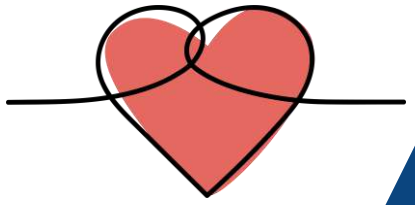


	2020	2021	2022	2023	2024
Your org	6.44	6.35	6.43	6.50	6.38
Best result	6.81	6.73	6.71	6.71	6.70
Average result	6.37	6.25	6.29	6.38	6.38
Worst result	5.91	5.90	5.91	6.10	5.91
Responses	4049	4034	4348	4528	3984

Survey Coordination Centre

NHS

People Promise element – We are compassionate and inclusive



Questions included:

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

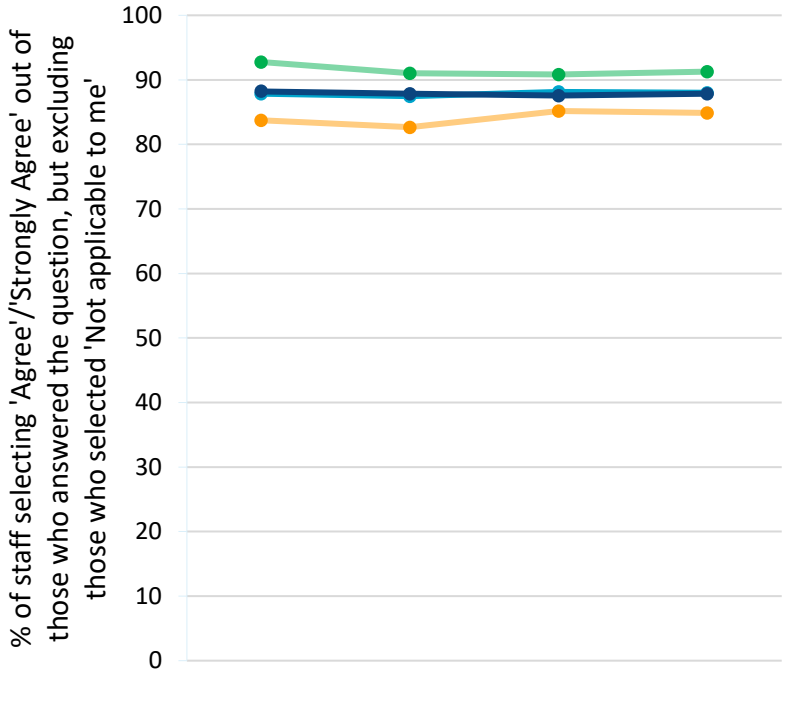
Compassionate leadership – Q9f, Q9g, Q9h, Q9i

Diversity and equality – Q15, Q16a, Q16b, Q21

Inclusion – Q7h, Q7i, Q8b, Q8c

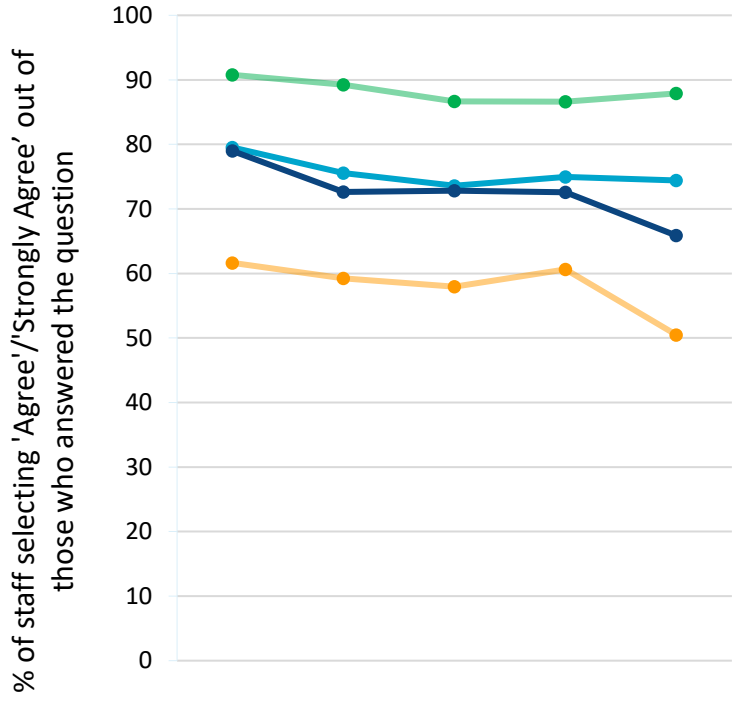
Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

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



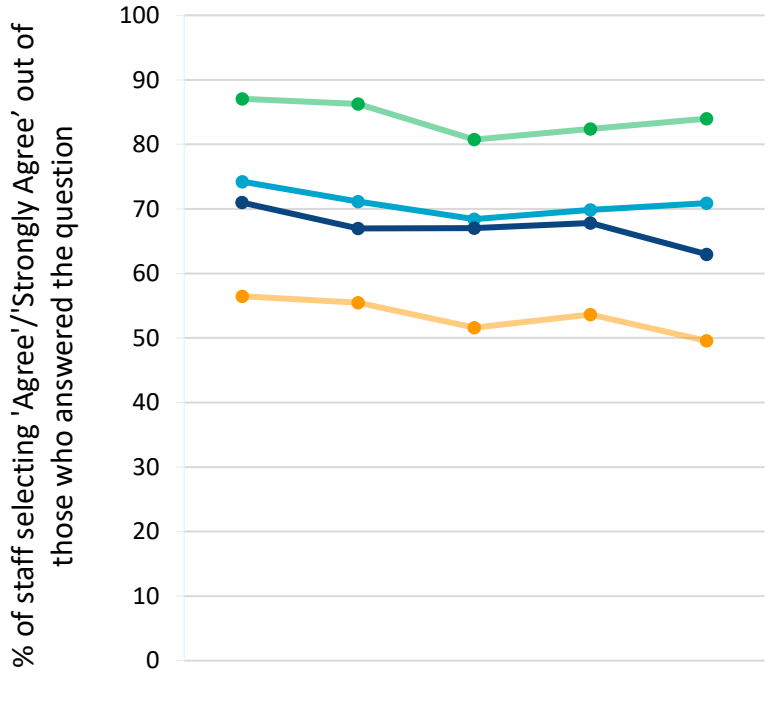
	2021	2022	2023	2024
Your org	88.20%	87.84%	87.57%	87.87%
Best result	92.76%	91.05%	90.84%	91.30%
Average result	87.85%	87.48%	88.13%	88.00%
Worst result	83.73%	82.67%	85.17%	84.88%
Responses	3897	4184	4377	3850

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



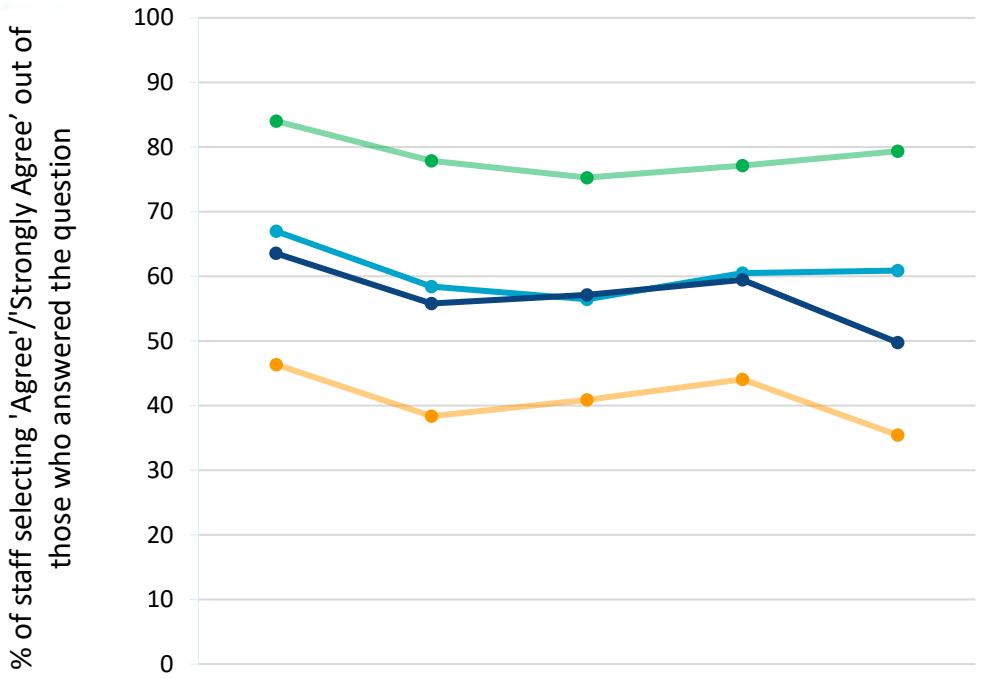
	2020	2021	2022	2023	2024
Your org	78.98%	72.62%	72.85%	72.57%	65.87%
Best result	90.78%	89.26%	86.67%	86.62%	87.89%
Average result	79.52%	75.57%	73.60%	74.95%	74.42%
Worst result	61.64%	59.23%	57.97%	60.62%	50.48%
Responses	3932	3937	4355	4513	3965

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



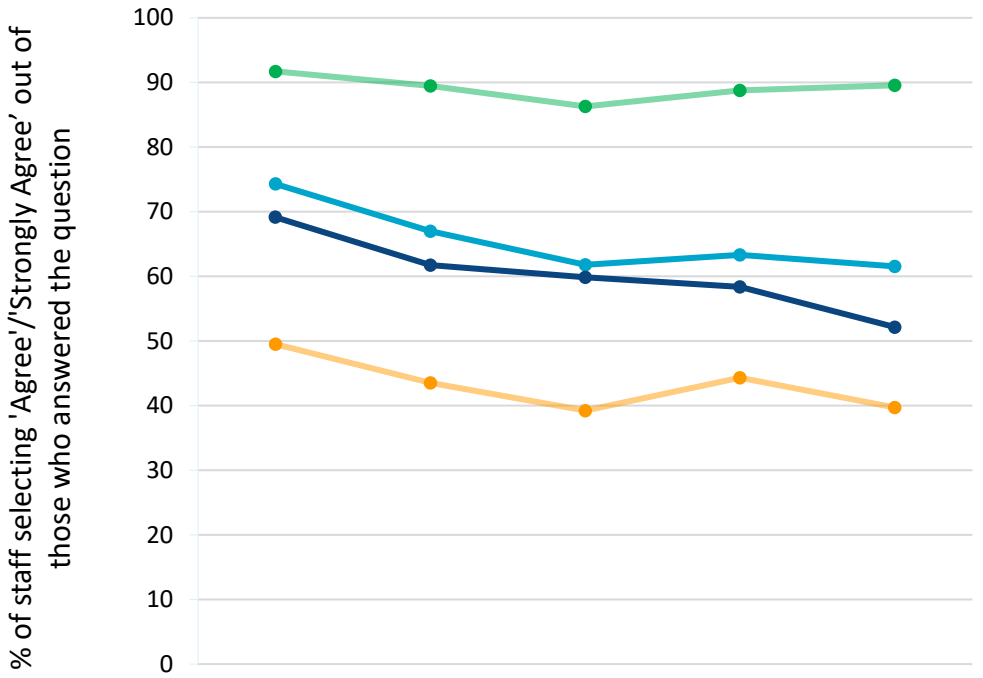
	2020	2021	2022	2023	2024
Your org	70.98%	66.97%	67.01%	67.83%	62.99%
Best result	87.06%	86.29%	80.75%	82.38%	84.00%
Average result	74.23%	71.15%	68.42%	69.86%	70.89%
Worst result	56.47%	55.47%	51.58%	53.65%	49.55%
Responses	3928	3935	4354	4504	3962

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



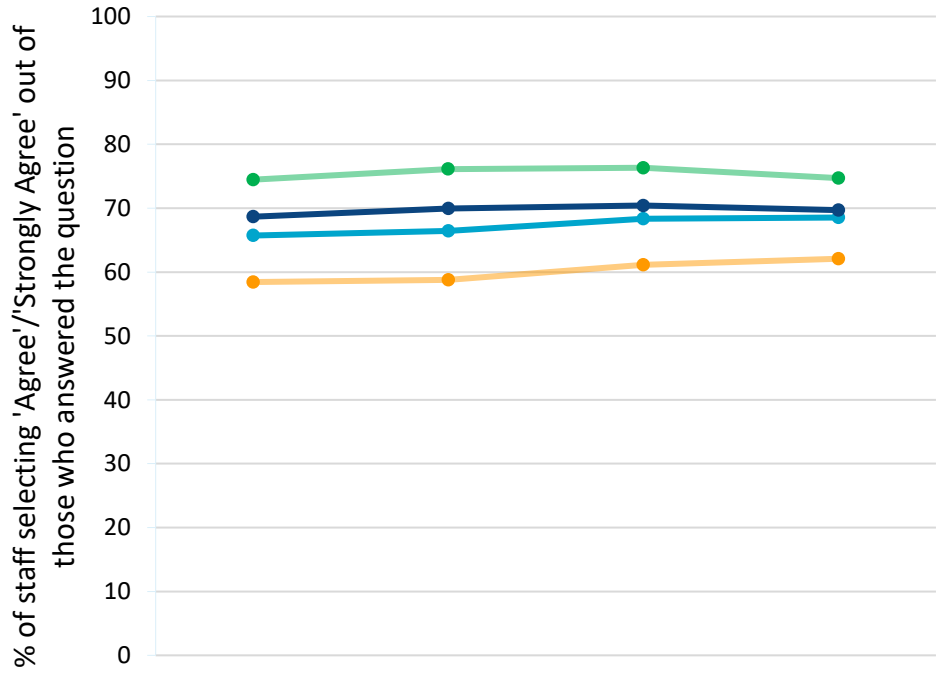
	2020	2021	2022	2023	2024
Your org	63.54%	55.78%	57.12%	59.45%	49.77%
Best result	84.01%	77.87%	75.29%	77.14%	79.38%
Average result	66.98%	58.40%	56.46%	60.53%	60.90%
Worst result	46.35%	38.38%	40.89%	44.05%	35.43%
Responses	3926	3934	4350	4511	3966

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



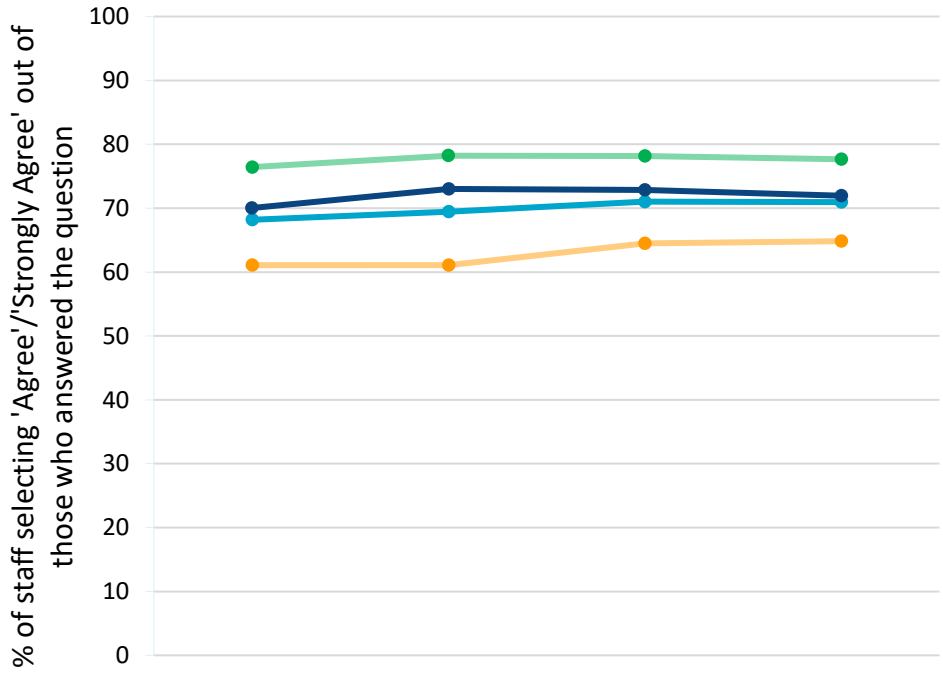
	2020	2021	2022	2023	2024
Your org	69.14%	61.75%	59.88%	58.37%	52.15%
Best result	91.73%	89.48%	86.30%	88.79%	89.59%
Average result	74.30%	67.01%	61.79%	63.34%	61.54%
Worst result	49.51%	43.50%	39.23%	44.30%	39.72%
Responses	3928	3937	4354	4507	3965

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



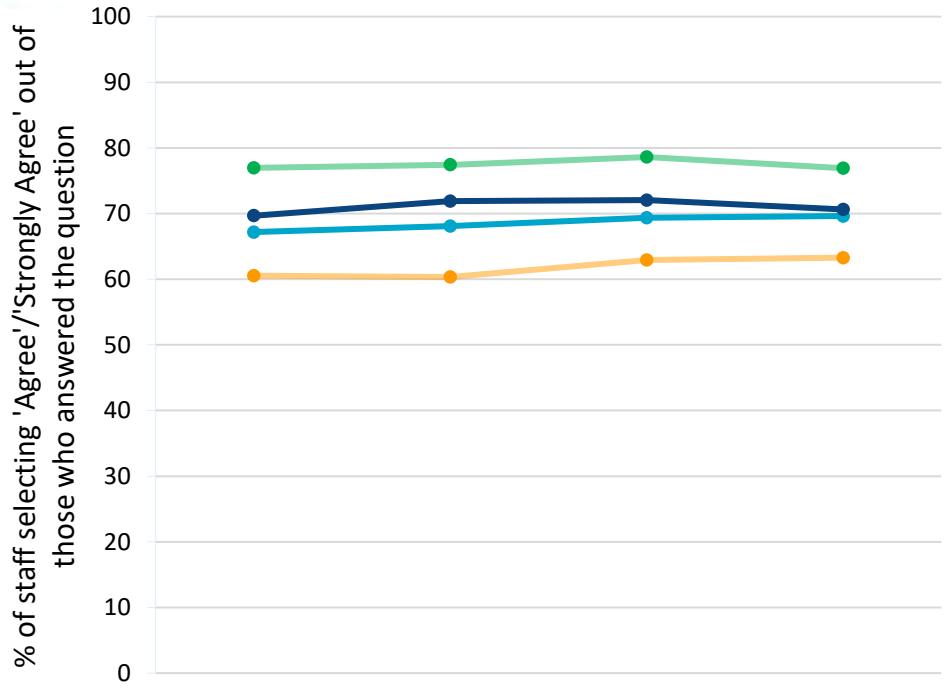
	2021	2022	2023	2024
Your org	68.66%	69.97%	70.42%	69.70%
Best result	74.46%	76.11%	76.33%	74.72%
Average result	65.72%	66.44%	68.34%	68.53%
Worst result	58.44%	58.76%	61.14%	62.08%
Responses	3993	4351	4517	3982

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



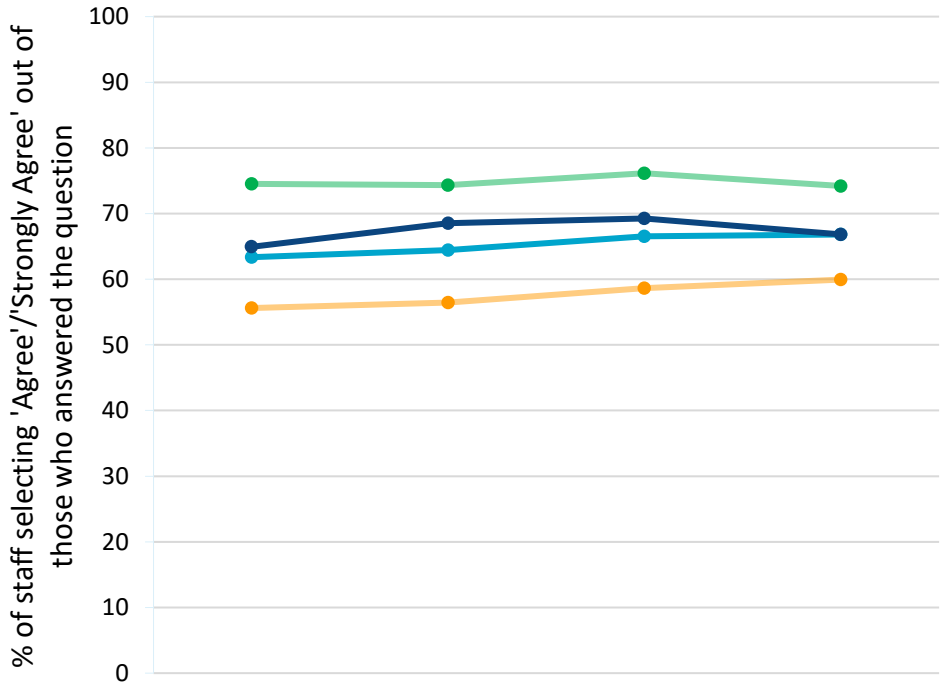
	2021	2022	2023	2024
Your org	70.03%	73.01%	72.83%	71.93%
Best result	76.43%	78.21%	78.15%	77.66%
Average result	68.18%	69.46%	71.02%	70.95%
Worst result	61.07%	61.09%	64.47%	64.83%
Responses	3998	4353	4519	3982

Q9h My immediate manager cares about my concerns.



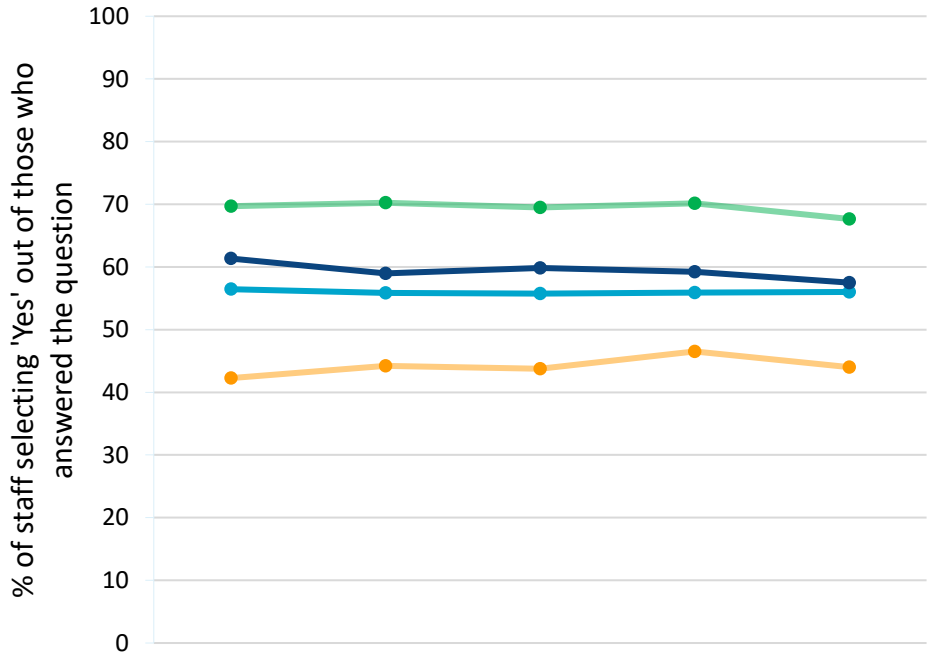
	2021	2022	2023	2024
Your org	69.67%	71.89%	72.06%	70.62%
Best result	76.96%	77.43%	78.61%	76.91%
Average result	67.18%	68.07%	69.37%	69.63%
Worst result	60.55%	60.33%	62.93%	63.29%
Responses	3994	4355	4517	3981

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



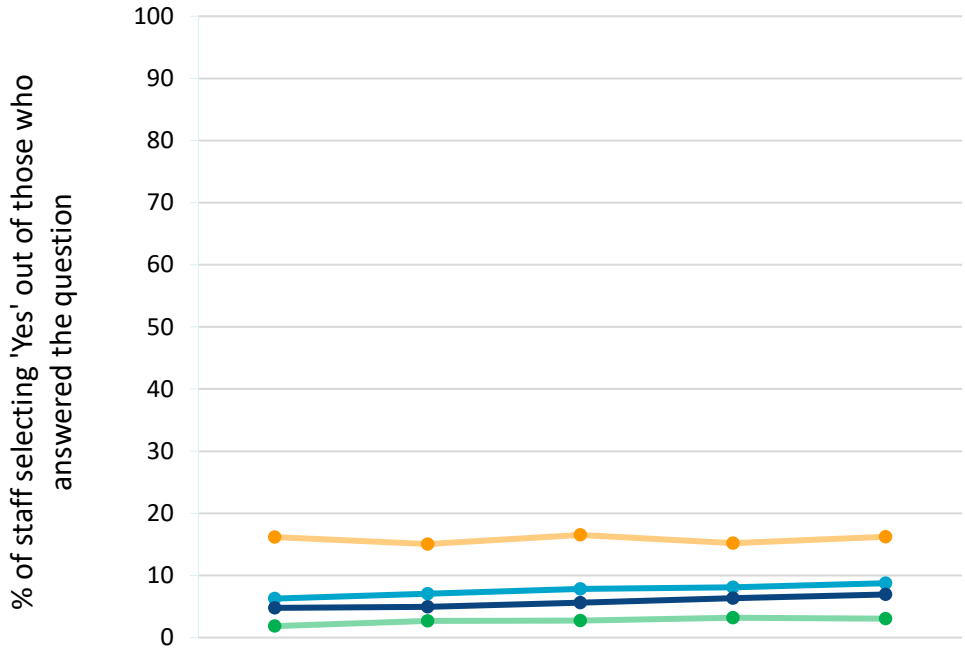
	2021	2022	2023	2024
Your org	64.94%	68.53%	69.25%	66.82%
Best result	74.52%	74.33%	76.14%	74.21%
Average result	63.36%	64.45%	66.52%	66.81%
Worst result	55.61%	56.43%	58.64%	59.94%
Responses	3993	4337	4517	3977

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



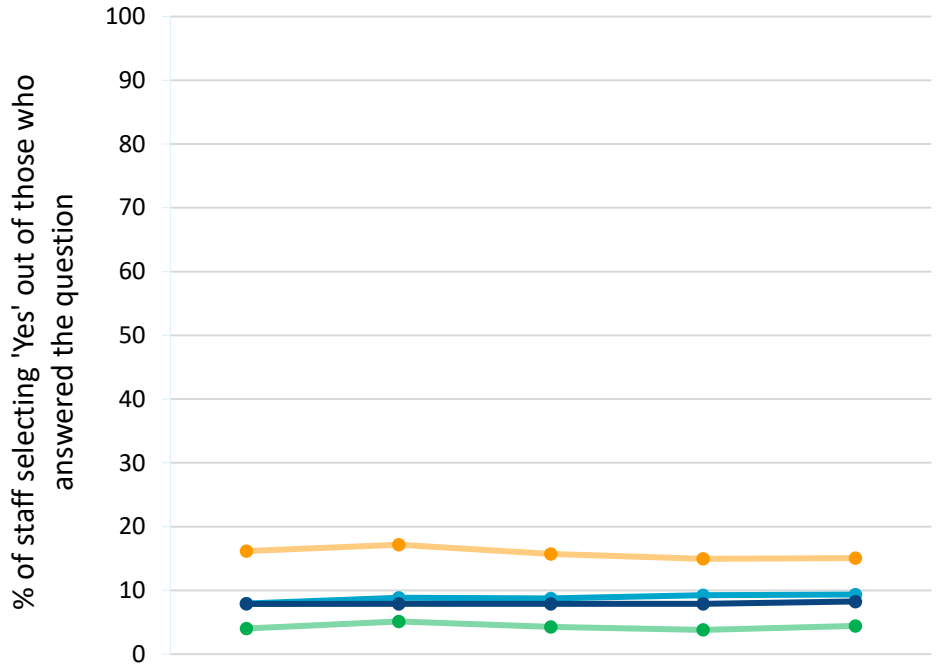
	2020	2021	2022	2023	2024
Your org	61.34%	58.95%	59.85%	59.22%	57.50%
Best result	69.72%	70.24%	69.47%	70.15%	67.66%
Average result	56.45%	55.88%	55.75%	55.91%	56.02%
Worst result	42.27%	44.21%	43.77%	46.52%	43.99%
Responses	3944	3937	4299	4488	3955

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



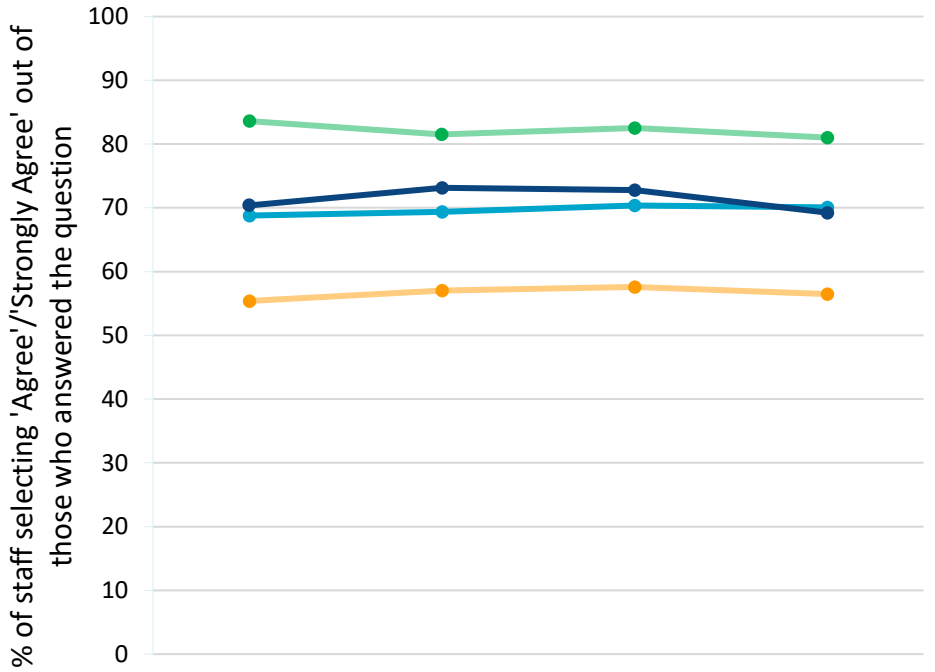
	2020	2021	2022	2023	2024
Your org	4.78%	4.93%	5.60%	6.32%	6.93%
Best result	1.84%	2.66%	2.71%	3.19%	3.03%
Average result	6.27%	7.07%	7.81%	8.09%	8.75%
Worst result	16.18%	15.05%	16.52%	15.20%	16.23%
Responses	3979	3972	4347	4518	3963

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



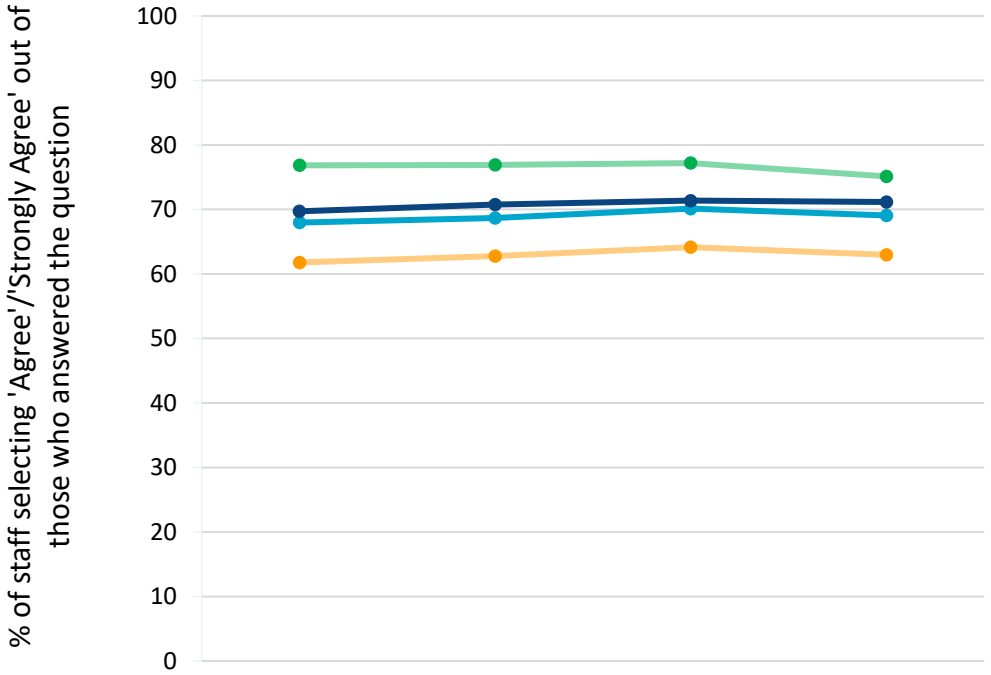
	2020	2021	2022	2023	2024
Your org	7.87%	7.88%	7.89%	7.87%	8.26%
Best result	4.04%	5.12%	4.25%	3.80%	4.44%
Average result	7.93%	8.82%	8.73%	9.24%	9.35%
Worst result	16.19%	17.16%	15.69%	14.95%	15.08%
Responses	3958	3970	4342	4481	3910

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



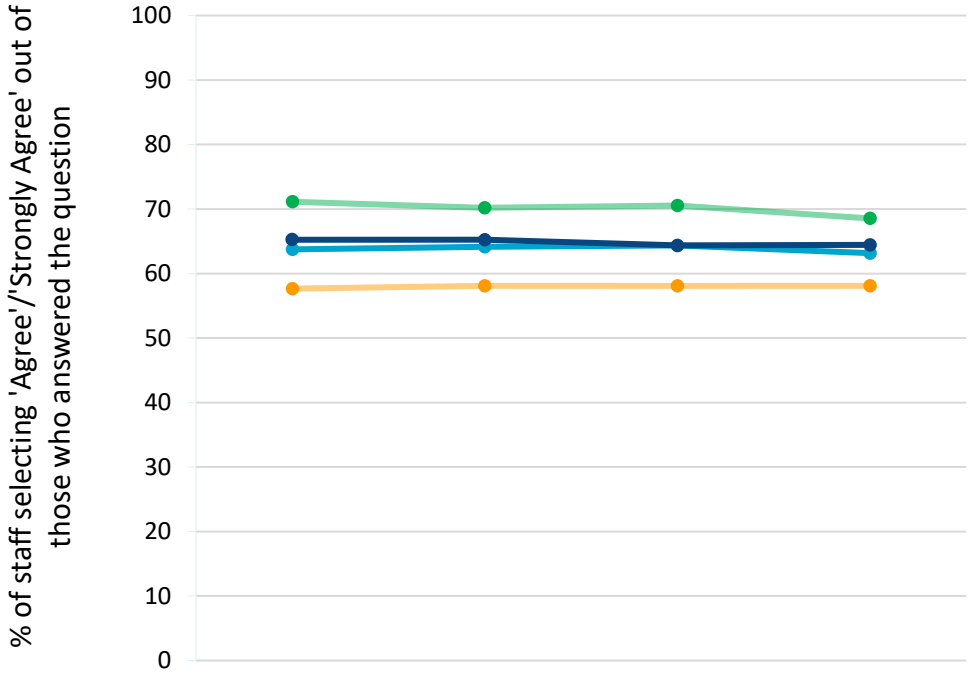
	2021	2022	2023	2024
Your org	70.39%	73.14%	72.80%	69.24%
Best result	83.61%	81.51%	82.55%	81.02%
Average result	68.79%	69.37%	70.37%	70.07%
Worst result	55.39%	57.03%	57.59%	56.47%
Responses	3964	4349	4521	3976

Q7h I feel valued by my team.



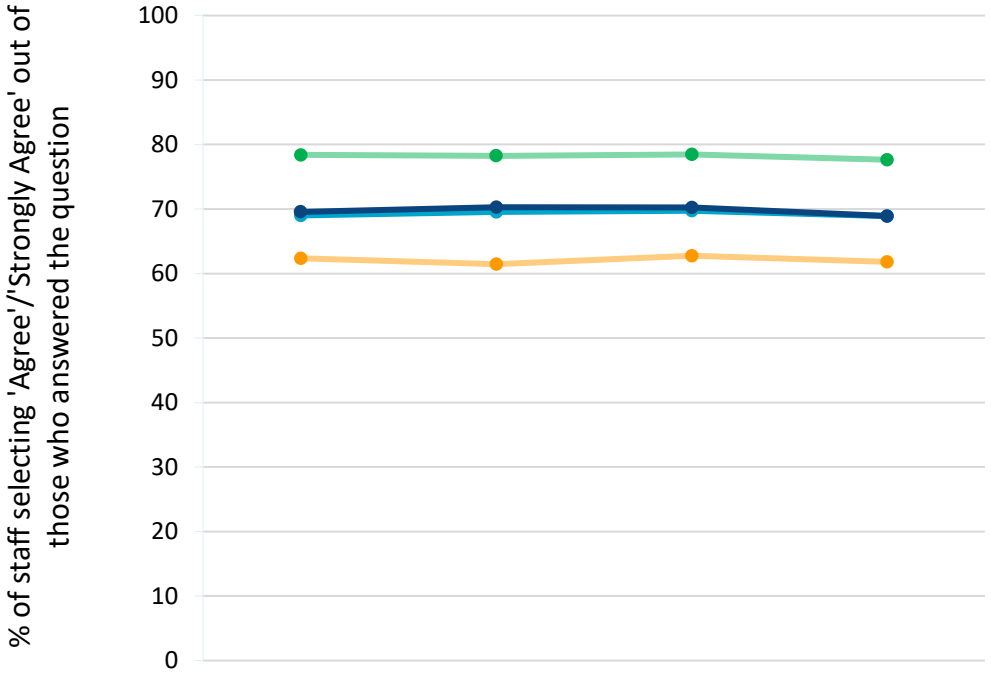
	2021	2022	2023	2024
Your org	69.71%	70.75%	71.38%	71.16%
Best result	76.84%	76.89%	77.18%	75.12%
Average result	67.97%	68.69%	70.13%	69.09%
Worst result	61.78%	62.75%	64.15%	62.98%
Responses	4006	4354	4511	3981

Q7i I feel a strong personal attachment to my team.



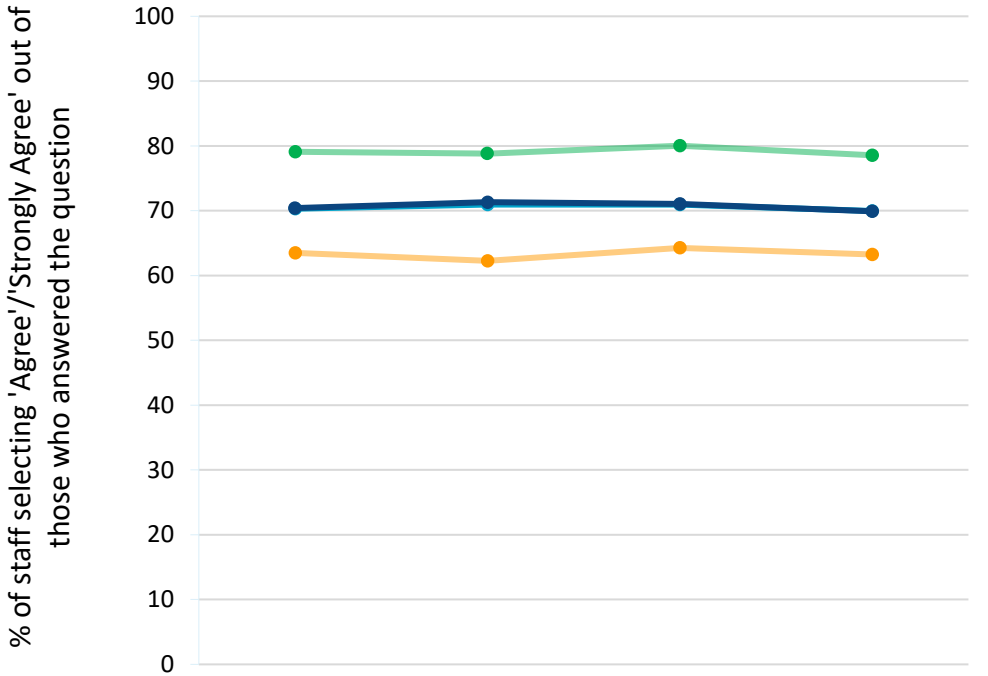
	2021	2022	2023	2024
Your org	65.24%	65.25%	64.37%	64.44%
Best result	71.13%	70.18%	70.53%	68.54%
Average result	63.74%	64.17%	64.36%	63.16%
Worst result	57.66%	58.07%	58.09%	58.08%
Responses	3999	4354	4527	3978

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



	2021	2022	2023	2024
Your org	69.56%	70.28%	70.27%	68.93%
Best result	78.40%	78.25%	78.46%	77.64%
Average result	69.03%	69.56%	69.73%	68.91%
Worst result	62.36%	61.45%	62.76%	61.80%
Responses	4008	4356	4522	3982

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



	2021	2022	2023	2024
Your org	70.39%	71.32%	71.06%	69.91%
Best result	79.10%	78.82%	80.03%	78.56%
Average result	70.29%	70.94%	70.94%	69.96%
Worst result	63.49%	62.26%	64.26%	63.26%
Responses	4007	4356	4520	3980

Survey Coordination Centre

NHS

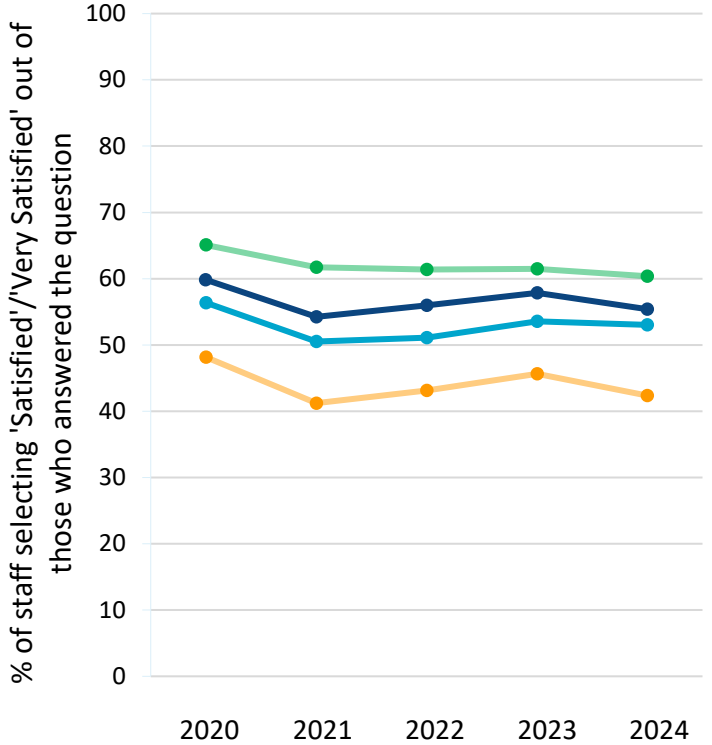
People Promise element – We are recognised and rewarded

Questions included:

Q4a, Q4b, Q4c, Q8d, Q9e

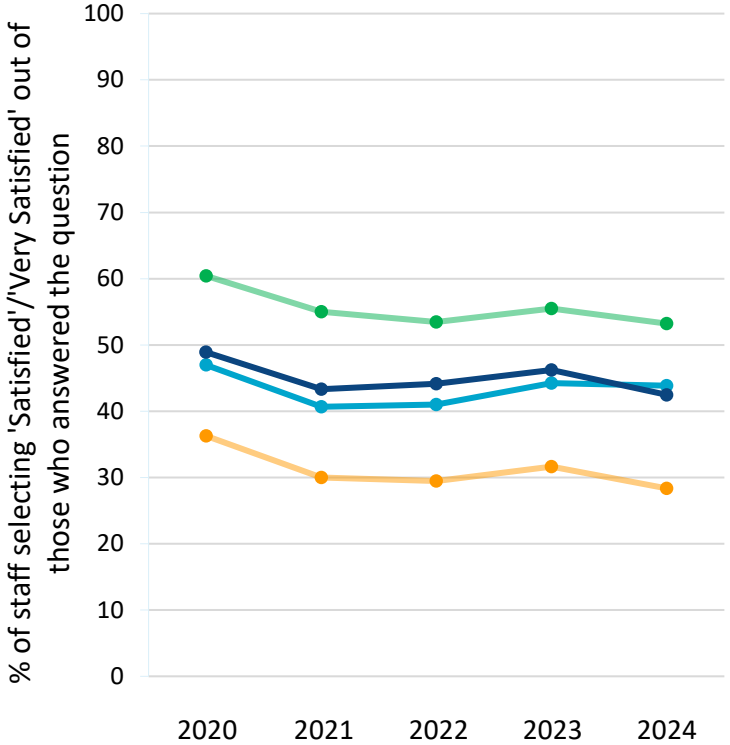
Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

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



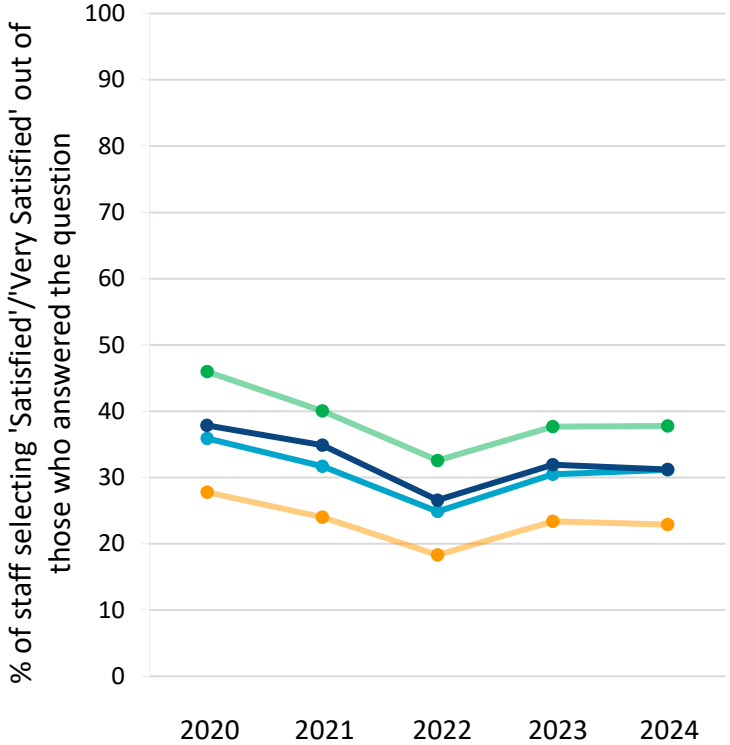
	2020	2021	2022	2023	2024
Your org	59.83%	54.24%	55.95%	57.87%	55.42%
Best result	65.08%	61.71%	61.38%	61.48%	60.37%
Average result	56.37%	50.52%	51.09%	53.56%	53.02%
Worst result	48.16%	41.22%	43.12%	45.65%	42.37%
Responses	4049	4052	4357	4528	3985

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



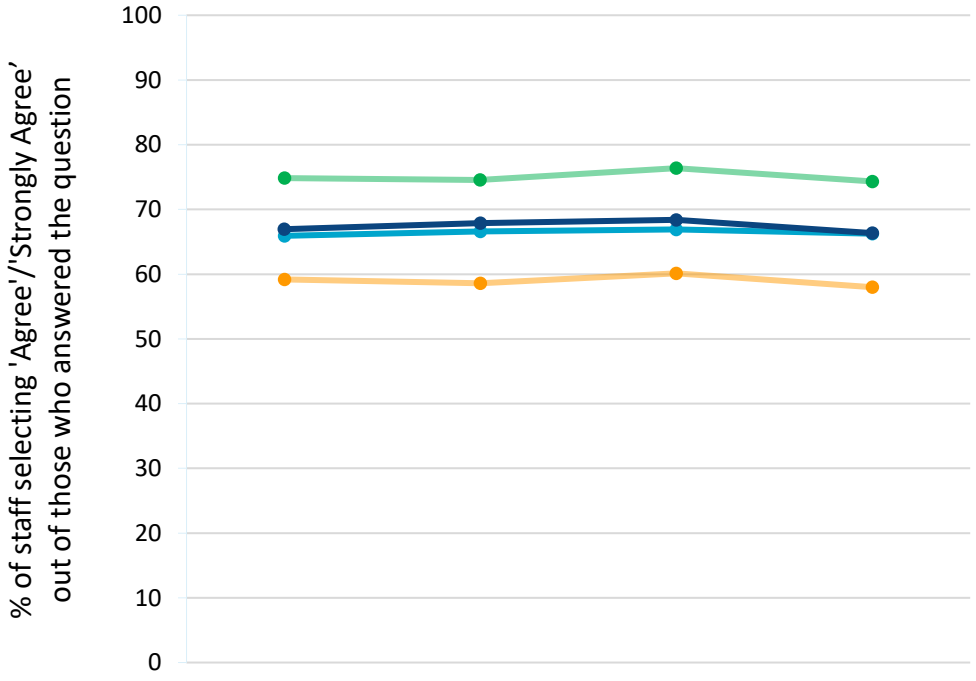
	2020	2021	2022	2023	2024
Your org	48.90%	43.34%	44.13%	46.21%	42.47%
Best result	60.42%	55.03%	53.46%	55.50%	53.22%
Average result	46.97%	40.67%	41.03%	44.23%	43.88%
Worst result	36.28%	29.99%	29.44%	31.65%	28.35%
Responses	4041	4045	4352	4515	3975

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



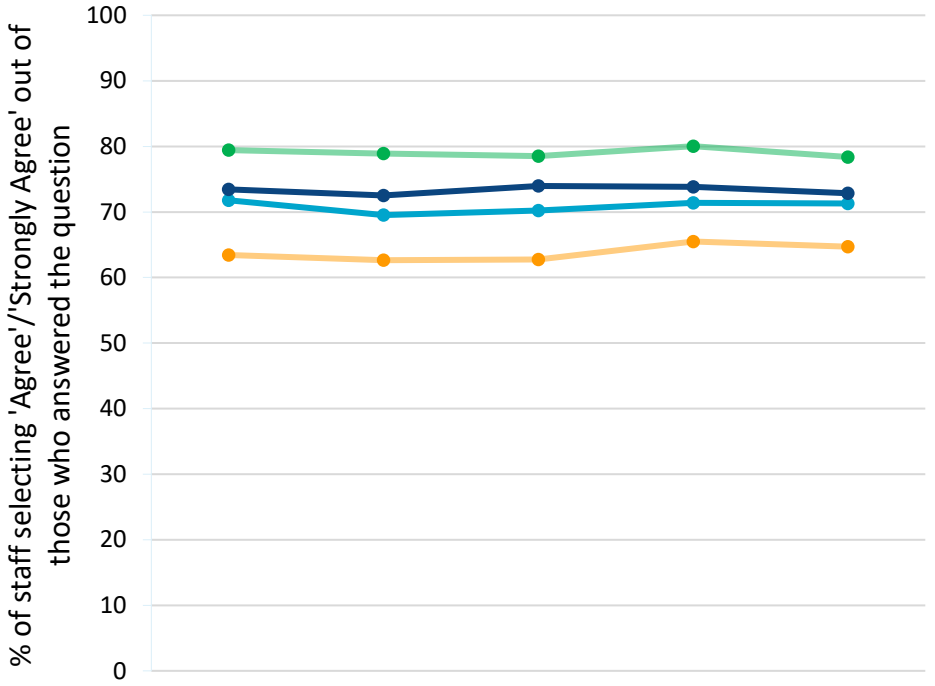
	2020	2021	2022	2023	2024
Your org	37.85%	34.88%	26.59%	31.95%	31.21%
Best result	45.96%	40.04%	32.58%	37.69%	37.76%
Average result	35.89%	31.69%	24.87%	30.49%	31.14%
Worst result	27.76%	23.99%	18.31%	23.36%	22.92%
Responses	4038	4051	4358	4522	3974

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



	2021	2022	2023	2024
Your org	66.93%	67.86%	68.39%	66.34%
Best result	74.84%	74.55%	76.37%	74.33%
Average result	65.92%	66.61%	66.91%	66.25%
Worst result	59.18%	58.59%	60.13%	57.98%
Responses	4009	4356	4521	3977

Q9e My immediate manager values my work.



	2020	2021	2022	2023	2024
Your org	73.42%	72.52%	73.96%	73.84%	72.84%
Best result	79.43%	78.89%	78.50%	80.03%	78.38%
Average result	71.78%	69.52%	70.22%	71.39%	71.30%
Worst result	63.46%	62.64%	62.76%	65.49%	64.68%
Responses	4011	3995	4357	4512	3978

Survey Coordination Centre

NHS

People Promise element – We each have a voice that counts

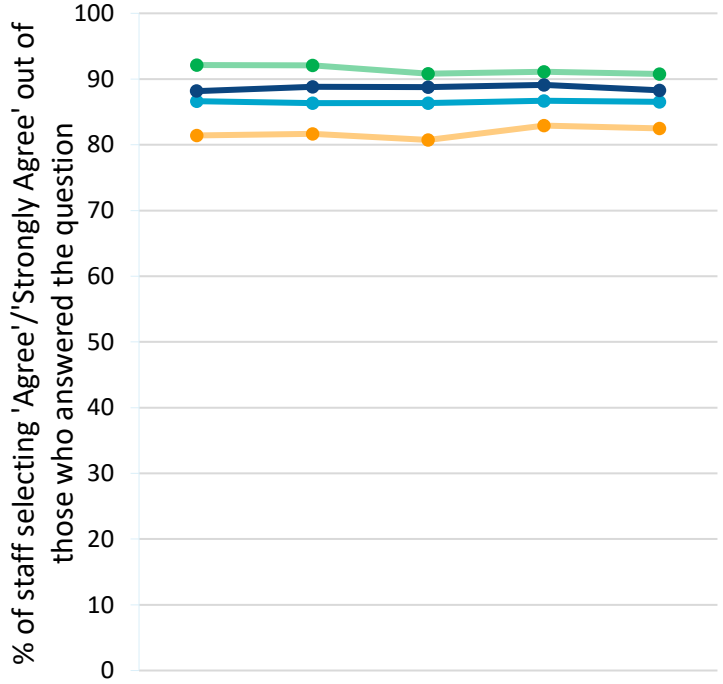
Questions included:

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

Raising concerns – Q20a, Q20b, Q25e, Q25f

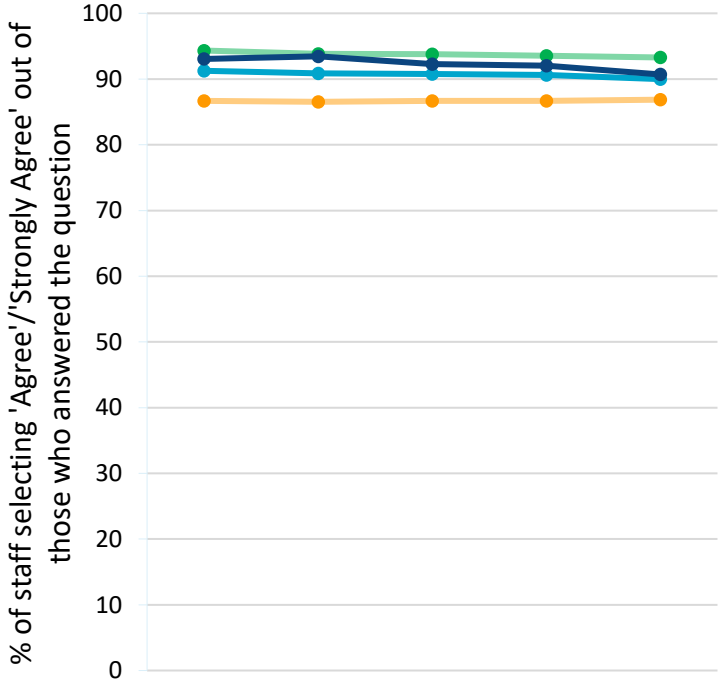
Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Q3a I always know what my work responsibilities are.



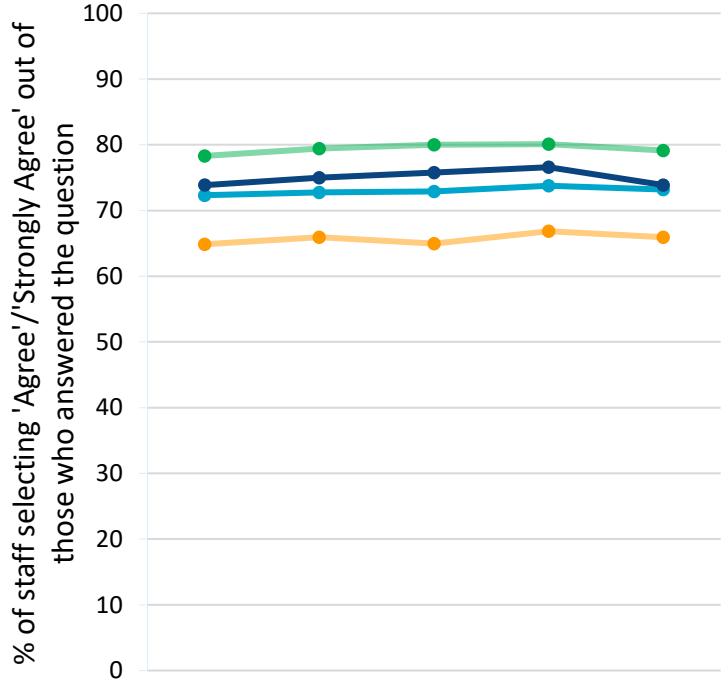
	2020	2021	2022	2023	2024
Your org	88.16%	88.82%	88.76%	89.11%	88.29%
Best result	92.13%	92.08%	90.80%	91.12%	90.77%
Average result	86.62%	86.35%	86.35%	86.70%	86.55%
Worst result	81.40%	81.65%	80.73%	82.92%	82.51%
Responses	4127	4057	4354	4534	3992

Q3b I am trusted to do my job.



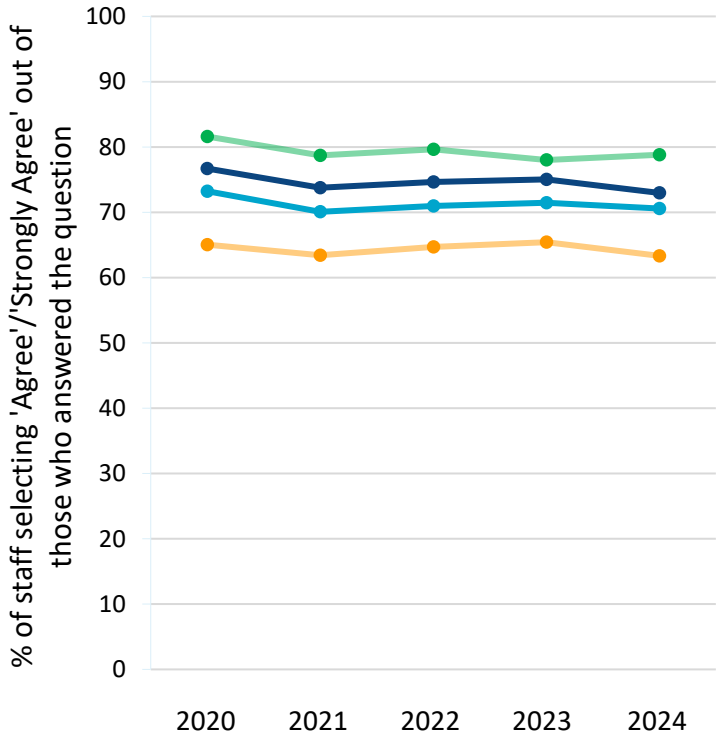
	2020	2021	2022	2023	2024
Your org	93.04%	93.46%	92.26%	92.05%	90.70%
Best result	94.34%	93.85%	93.81%	93.56%	93.28%
Average result	91.25%	90.85%	90.76%	90.62%	89.99%
Worst result	86.67%	86.54%	86.66%	86.67%	86.86%
Responses	4114	4053	4354	4527	3988

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



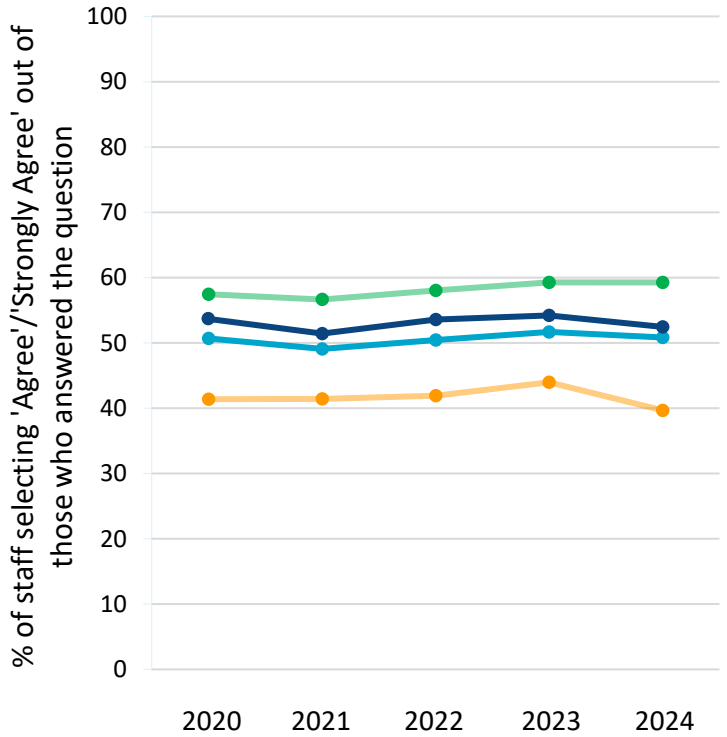
	2020	2021	2022	2023	2024
Your org	73.86%	74.98%	75.76%	76.58%	73.89%
Best result	78.30%	79.42%	80.00%	80.09%	79.13%
Average result	72.32%	72.74%	72.89%	73.76%	73.20%
Worst result	64.86%	65.95%	64.98%	66.84%	65.96%
Responses	4070	4048	4355	4523	3985

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



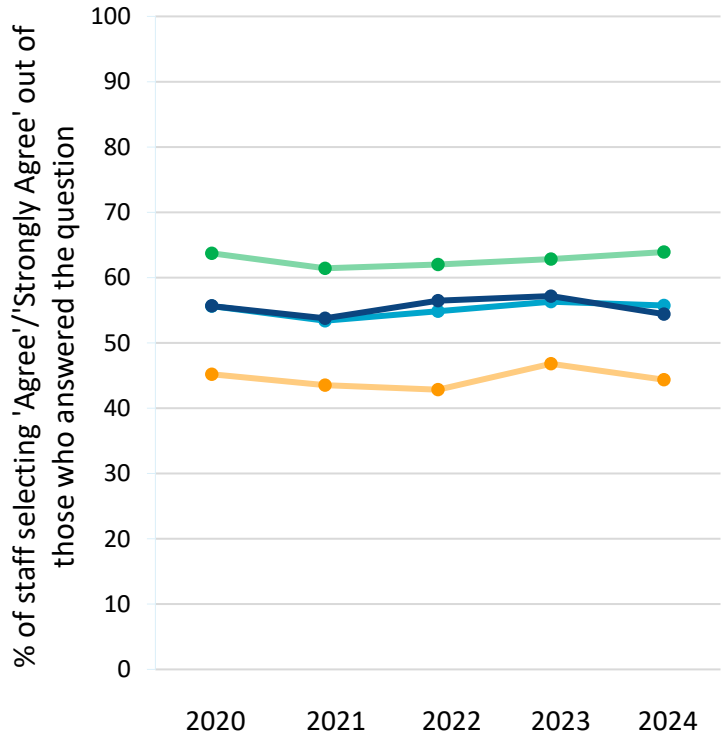
	2020	2021	2022	2023	2024
Your org	76.70%	73.77%	74.67%	75.03%	72.97%
Best result	81.61%	78.70%	79.64%	78.01%	78.83%
Average result	73.23%	70.08%	70.96%	71.46%	70.60%
Worst result	65.06%	63.41%	64.71%	65.42%	63.34%
Responses	4069	4054	4361	4524	3989

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



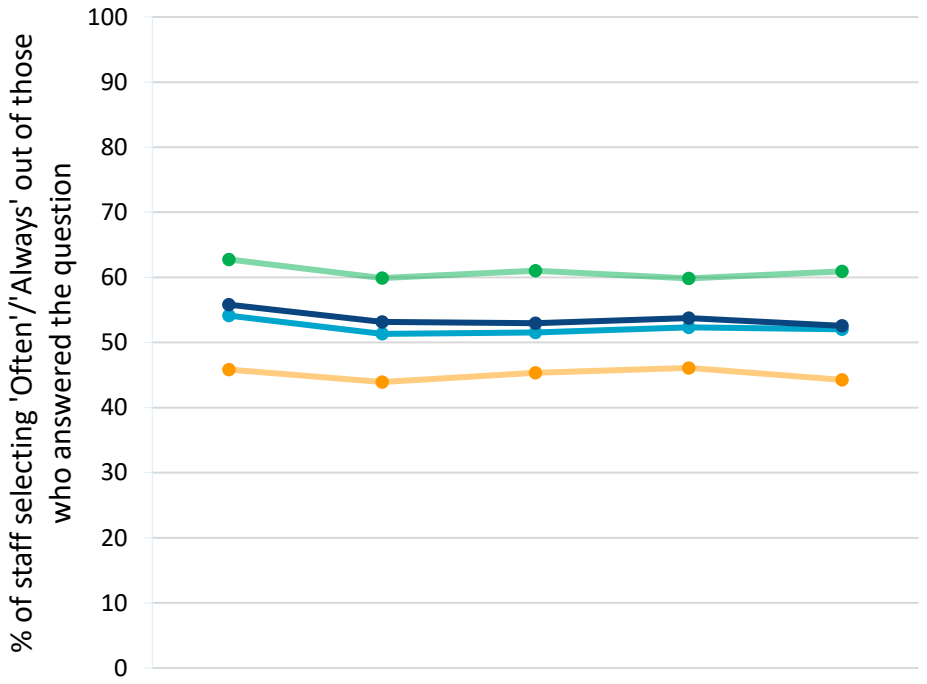
	2020	2021	2022	2023	2024
Your org	53.67%	51.43%	53.57%	54.20%	52.44%
Best result	57.43%	56.64%	58.05%	59.27%	59.25%
Average result	50.68%	49.08%	50.44%	51.68%	50.81%
Worst result	41.35%	41.40%	41.91%	43.96%	39.67%
Responses	4067	4051	4357	4524	3986

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



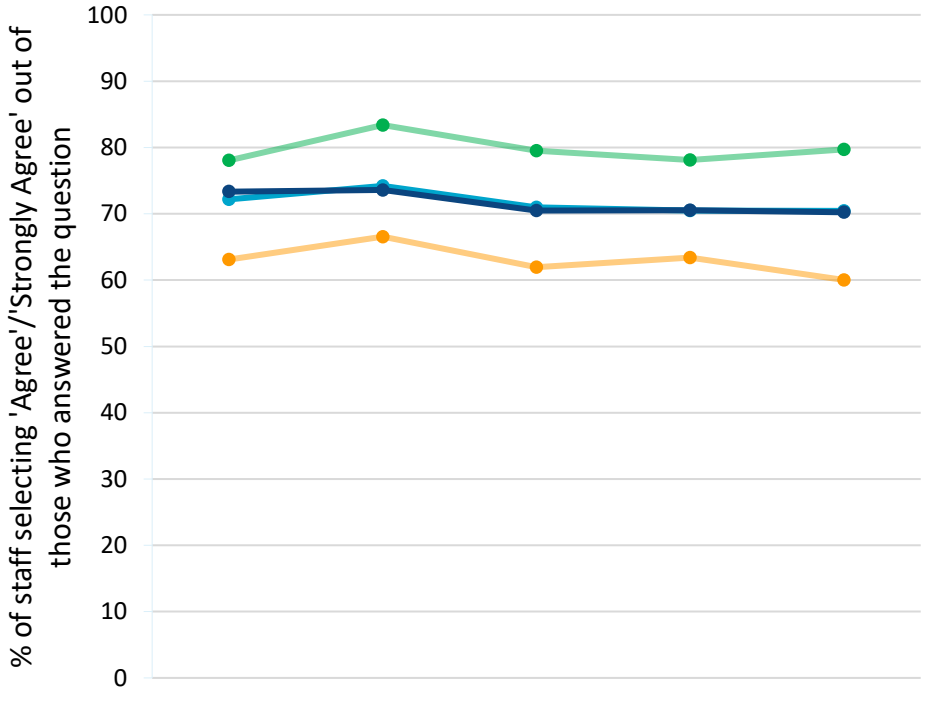
	2020	2021	2022	2023	2024
Your org	55.64%	53.77%	56.49%	57.17%	54.42%
Best result	63.70%	61.43%	61.98%	62.83%	63.91%
Average result	55.64%	53.40%	54.86%	56.31%	55.73%
Worst result	45.19%	43.51%	42.83%	46.80%	44.36%
Responses	4060	4052	4357	4524	3986

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



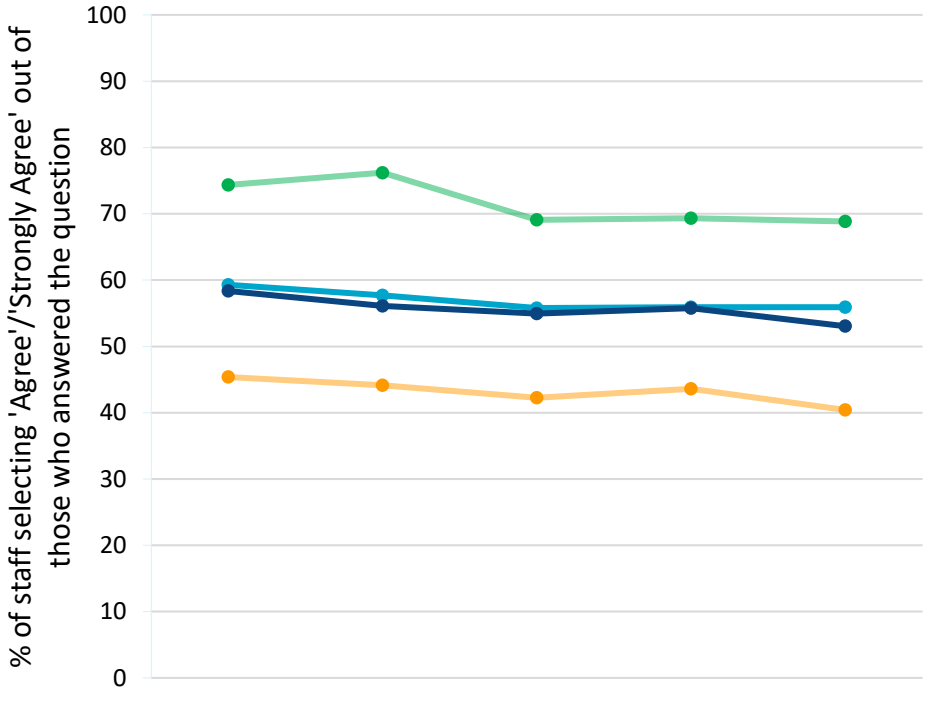
	2020	2021	2022	2023	2024
Your org	55.81%	53.18%	52.96%	53.75%	52.57%
Best result	62.76%	59.87%	61.04%	59.85%	60.94%
Average result	54.13%	51.32%	51.55%	52.31%	52.02%
Worst result	45.86%	43.93%	45.33%	46.10%	44.26%
Responses	4048	4032	4341	4518	3976

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



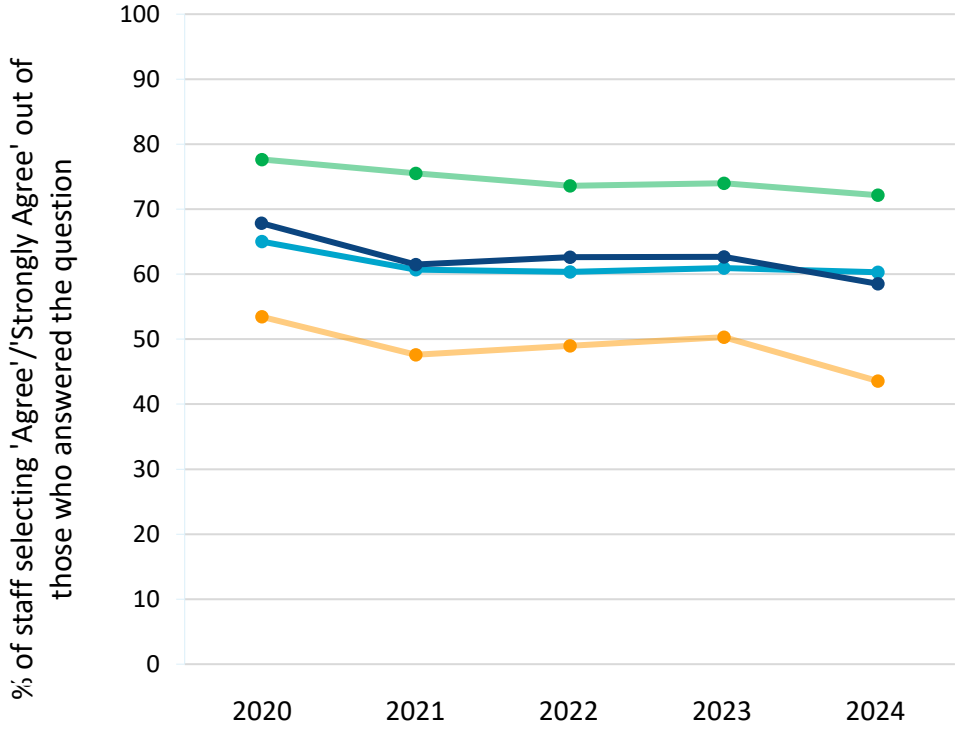
	2020	2021	2022	2023	2024
Your org	73.34%	73.60%	70.48%	70.54%	70.23%
Best result	78.06%	83.39%	79.51%	78.11%	79.71%
Average result	72.16%	74.20%	70.96%	70.47%	70.44%
Worst result	63.08%	66.55%	61.96%	63.38%	60.03%
Responses	3941	3965	4350	4514	3977

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



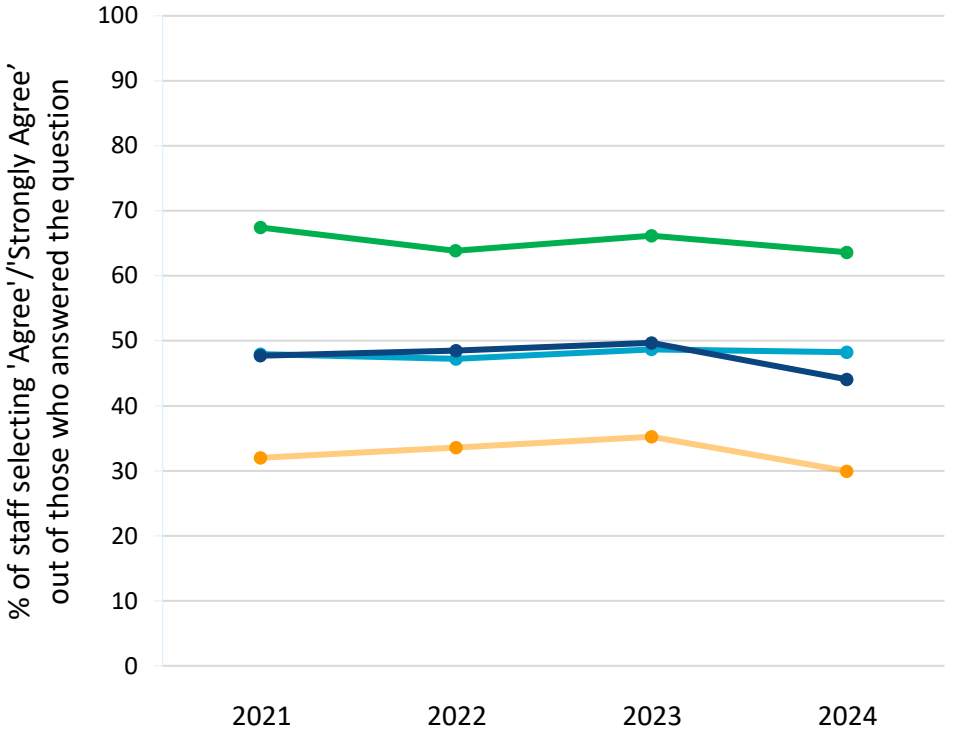
	2020	2021	2022	2023	2024
Your org	58.35%	56.11%	54.96%	55.76%	53.04%
Best result	74.37%	76.20%	69.10%	69.35%	68.85%
Average result	59.29%	57.68%	55.79%	55.93%	55.91%
Worst result	45.38%	44.13%	42.28%	43.61%	40.42%
Responses	3940	3970	4353	4505	3967

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



	2020	2021	2022	2023	2024
Your org	67.83%	61.50%	62.62%	62.67%	58.52%
Best result	77.65%	75.50%	73.58%	74.00%	72.15%
Average result	65.01%	60.68%	60.37%	60.93%	60.29%
Worst result	53.44%	47.61%	48.97%	50.33%	43.56%
Responses	3926	3940	4348	4508	3964

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



	2021	2022	2023	2024
Your org	47.70%	48.51%	49.69%	44.08%
Best result	67.43%	63.83%	66.16%	63.63%
Average result	47.94%	47.23%	48.67%	48.23%
Worst result	32.01%	33.59%	35.24%	29.95%
Responses	3937	4353	4510	3961

Survey Coordination Centre

NHS

People Promise element – We are safe and healthy

Questions included:

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

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

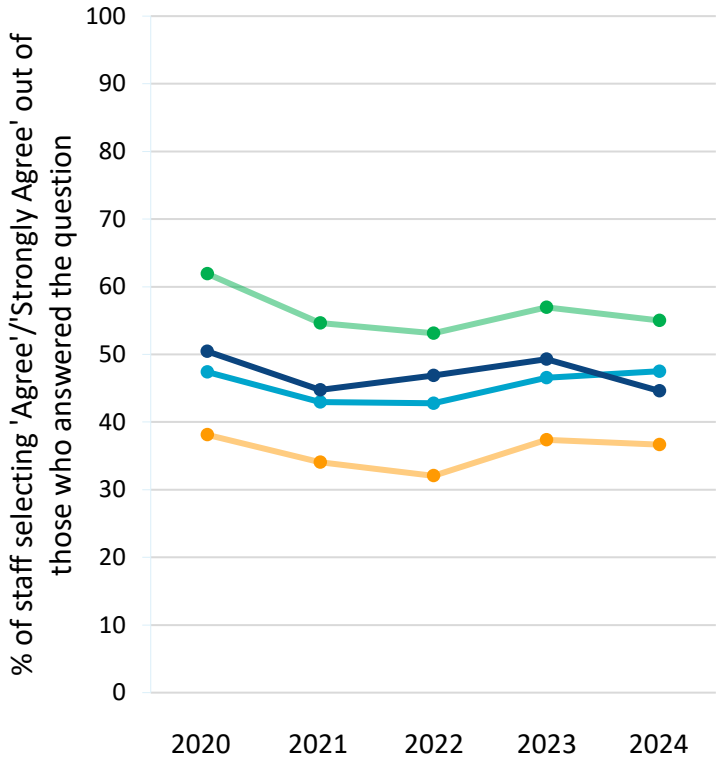
Negative experiences: Q11b, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c

Other questions:* Q17a, Q17b, Q22

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

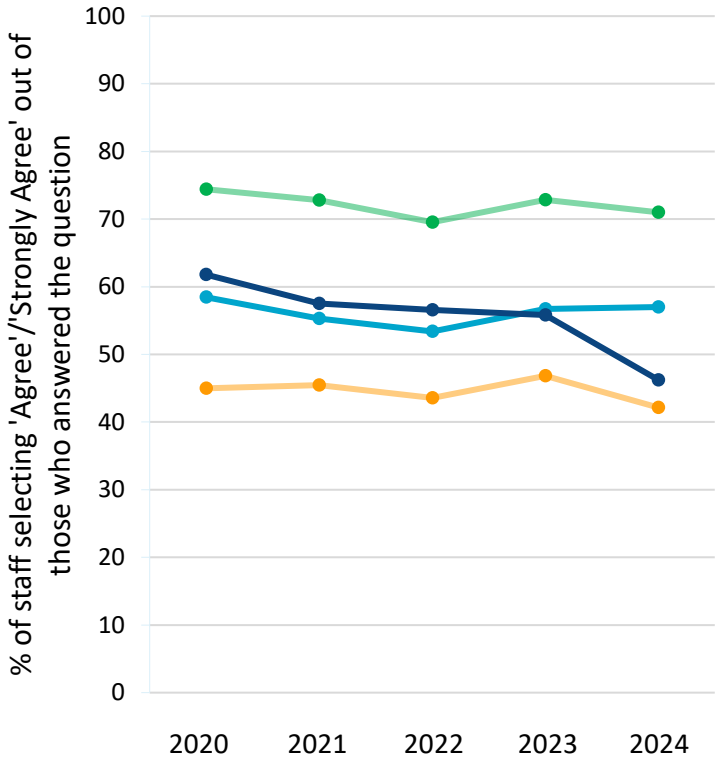
Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

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



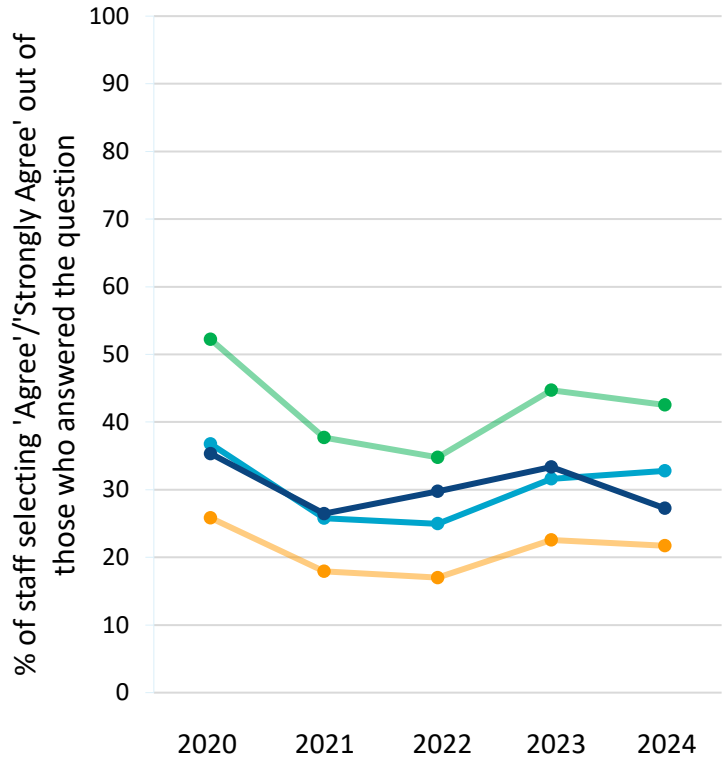
	2020	2021	2022	2023	2024
Your org	50.44%	44.74%	46.87%	49.27%	44.60%
Best result	61.92%	54.62%	53.13%	56.95%	55.01%
Average result	47.39%	42.96%	42.78%	46.56%	47.51%
Worst result	38.11%	34.06%	32.05%	37.35%	36.68%
Responses	4061	4045	4352	4518	3980

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



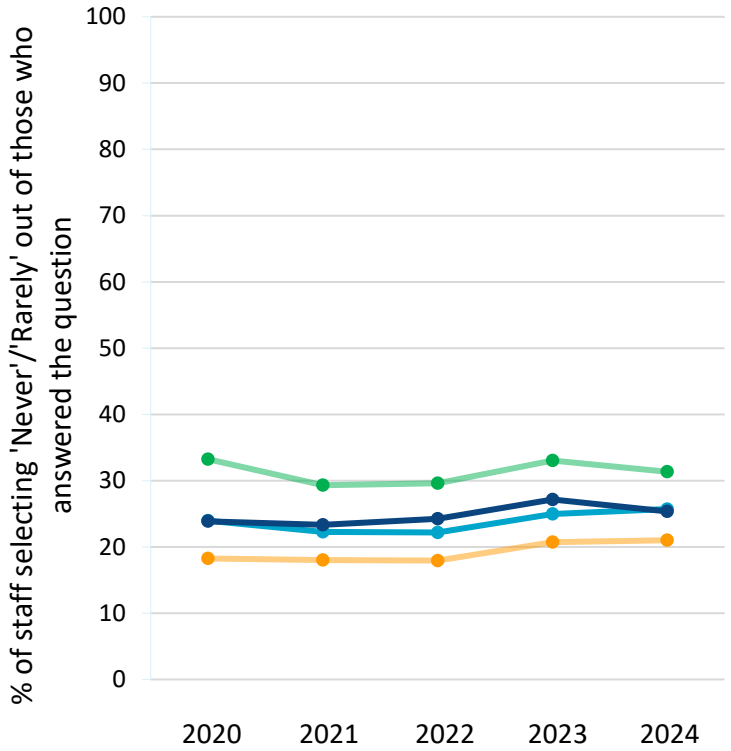
	2020	2021	2022	2023	2024
Your org	61.78%	57.54%	56.57%	55.82%	46.23%
Best result	74.41%	72.78%	69.54%	72.83%	70.99%
Average result	58.44%	55.30%	53.39%	56.69%	57.00%
Worst result	44.99%	45.47%	43.54%	46.82%	42.14%
Responses	4059	4043	4358	4522	3989

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



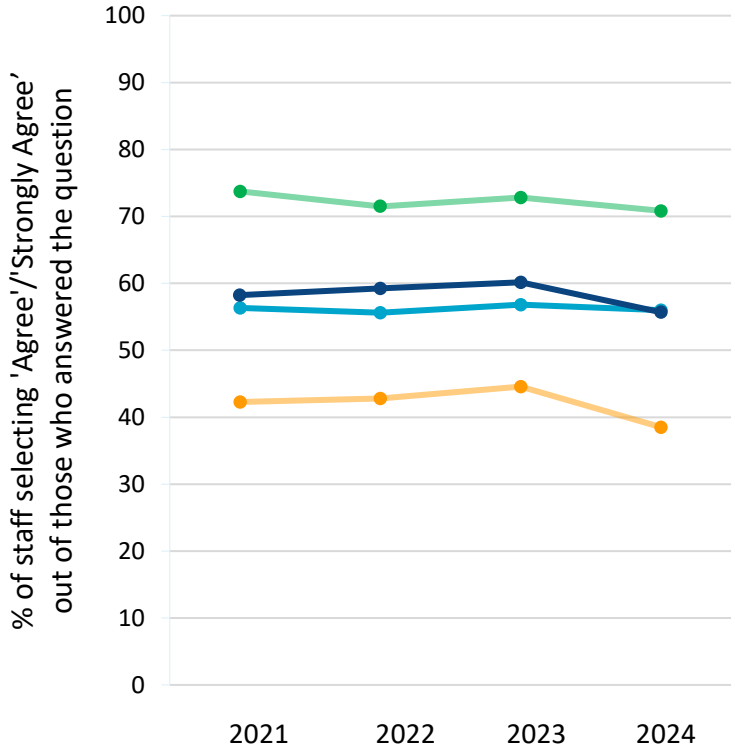
	2020	2021	2022	2023	2024
Your org	35.33%	26.46%	29.73%	33.37%	27.26%
Best result	52.21%	37.72%	34.78%	44.71%	42.52%
Average result	36.76%	25.80%	24.95%	31.62%	32.77%
Worst result	25.83%	17.92%	17.00%	22.55%	21.73%
Responses	4058	4053	4358	4527	3987

Q5a I have unrealistic time pressures.



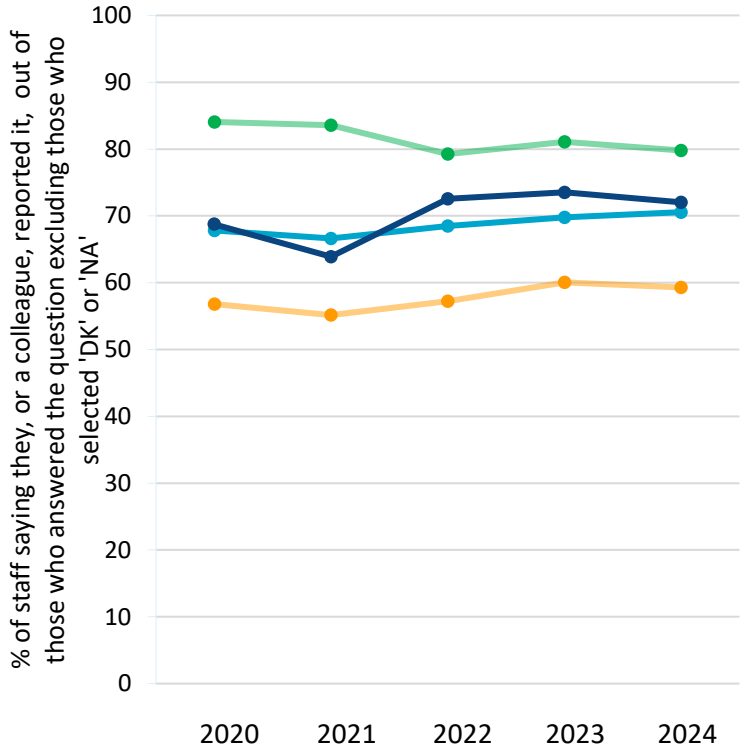
	2020	2021	2022	2023	2024
Your org	23.87%	23.34%	24.26%	27.16%	25.34%
Best result	33.24%	29.31%	29.61%	33.04%	31.37%
Average result	23.97%	22.27%	22.18%	24.95%	25.71%
Worst result	18.24%	18.00%	17.94%	20.72%	21.01%
Responses	4049	4029	4342	4525	3982

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



	2021	2022	2023	2024
Your org	58.24%	59.25%	60.16%	55.69%
Best result	73.75%	71.50%	72.81%	70.84%
Average result	56.34%	55.62%	56.82%	55.99%
Worst result	42.28%	42.82%	44.58%	38.51%
Responses	3976	4306	4527	3975

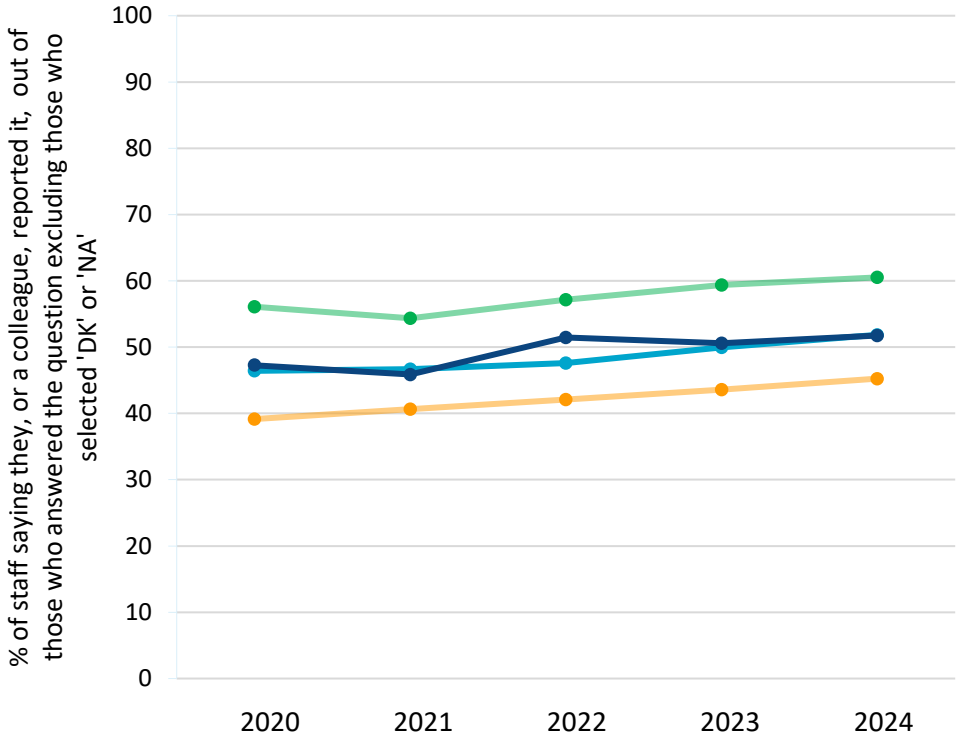
Q13d The last time you experienced physical violence at work, did you or a colleague report it?



	2020	2021	2022	2023	2024
Your org	68.74%	63.89%	72.55%	73.53%	72.03%
Best result	84.05%	83.58%	79.24%	81.08%	79.79%
Average result	67.83%	66.62%	68.47%	69.78%	70.55%
Worst result	56.80%	55.15%	57.22%	60.04%	59.28%
Responses	527	464	537	502	527

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

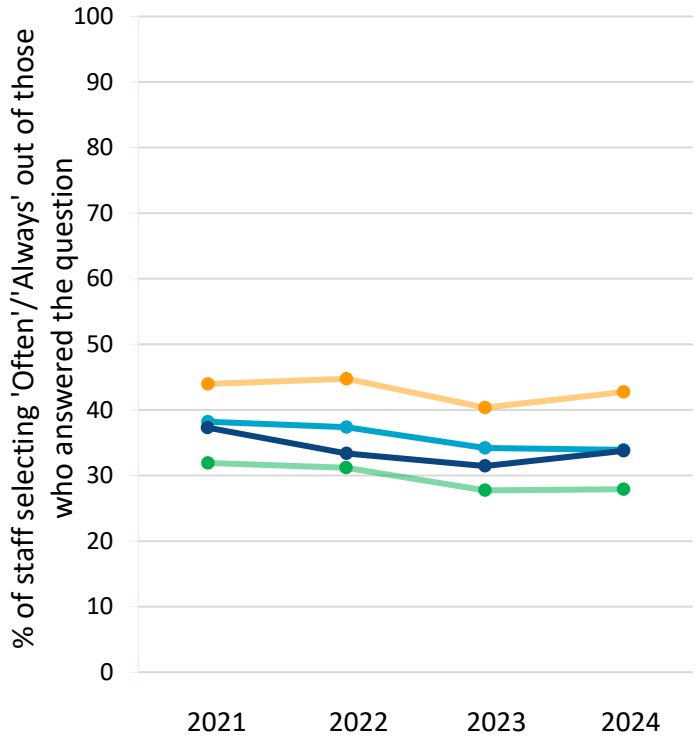
Q14d The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?



	2020	2021	2022	2023	2024
Your org	47.28%	45.88%	51.46%	50.60%	51.75%
Best result	56.07%	54.35%	57.16%	59.40%	60.52%
Average result	46.43%	46.67%	47.59%	49.96%	51.86%
Worst result	39.15%	40.63%	42.10%	43.57%	45.25%
Responses	1233	1150	1269	1228	1196

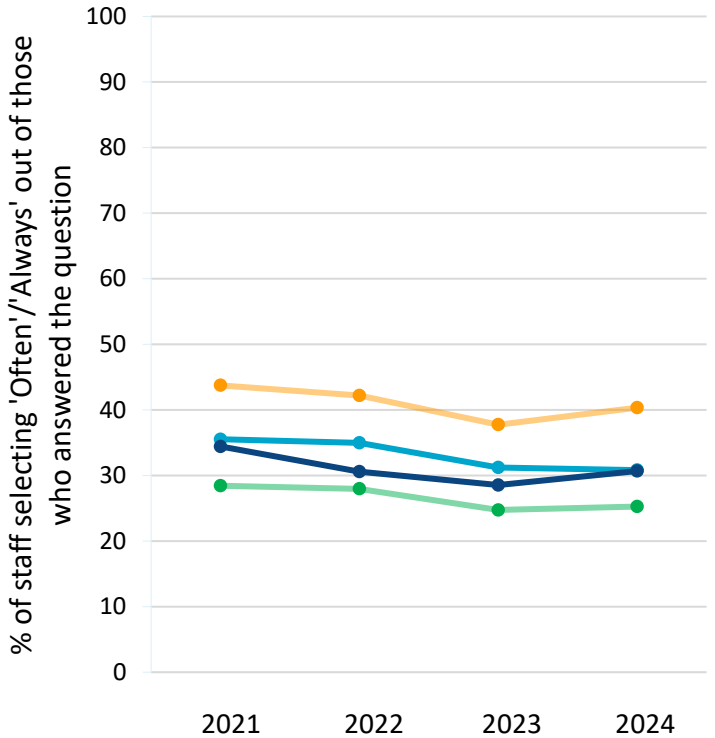
Note: 2023 results for Q14d are now reported using corrected data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

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



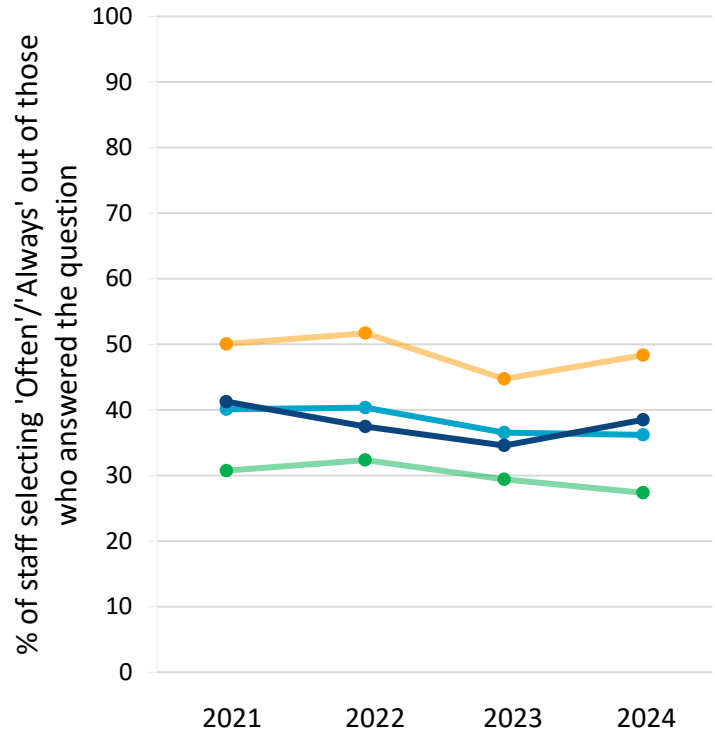
	2021	2022	2023	2024
Your org	37.29%	33.38%	31.44%	33.75%
Best result	31.92%	31.18%	27.73%	27.88%
Average result	38.20%	37.36%	34.20%	33.91%
Worst result	43.97%	44.75%	40.35%	42.73%
Responses	3992	4353	4533	3982

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



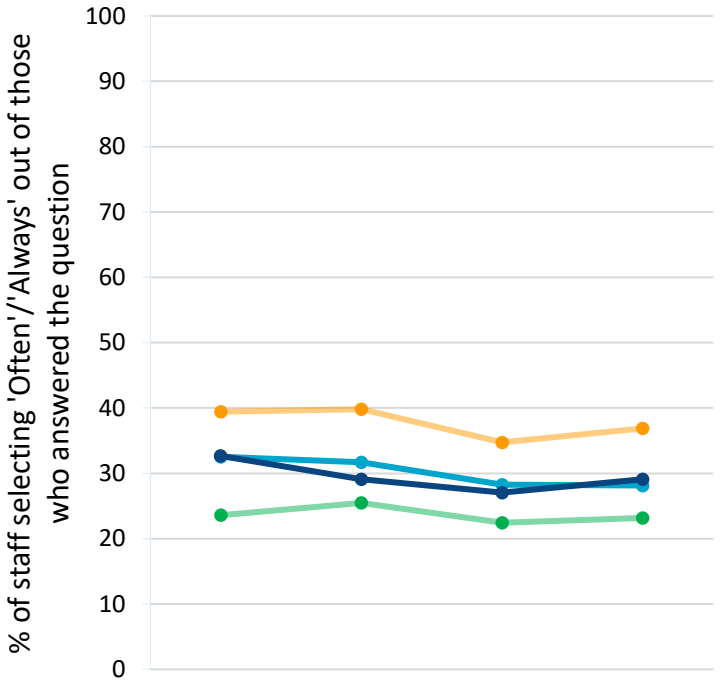
	2021	2022	2023	2024
Your org	34.43%	30.58%	28.55%	30.70%
Best result	28.44%	27.95%	24.74%	25.24%
Average result	35.52%	34.98%	31.20%	30.82%
Worst result	43.74%	42.19%	37.74%	40.36%
Responses	3987	4352	4524	3982

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



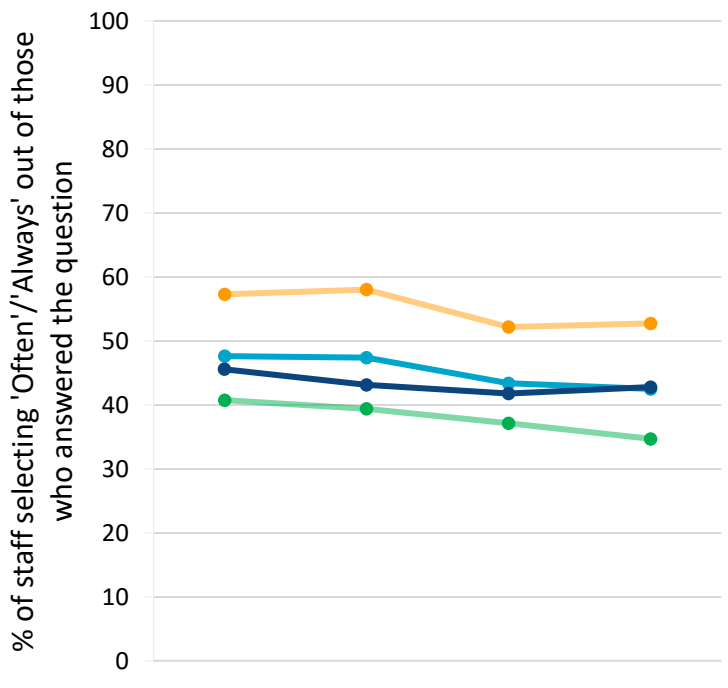
	2021	2022	2023	2024
Your org	41.26%	37.47%	34.56%	38.50%
Best result	30.74%	32.35%	29.40%	27.37%
Average result	40.11%	40.35%	36.52%	36.19%
Worst result	50.04%	51.70%	44.72%	48.33%
Responses	3981	4352	4522	3980

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



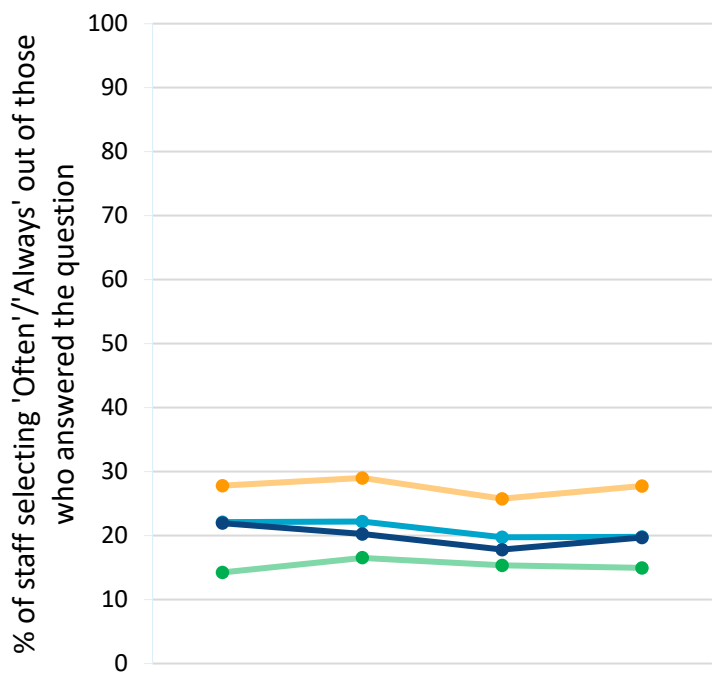
	2021	2022	2023	2024
Your org	32.66%	29.10%	27.05%	29.11%
Best result	23.59%	25.47%	22.44%	23.17%
Average result	32.54%	31.71%	28.26%	28.13%
Worst result	39.44%	39.81%	34.74%	36.90%
Responses	3983	4347	4511	3980

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



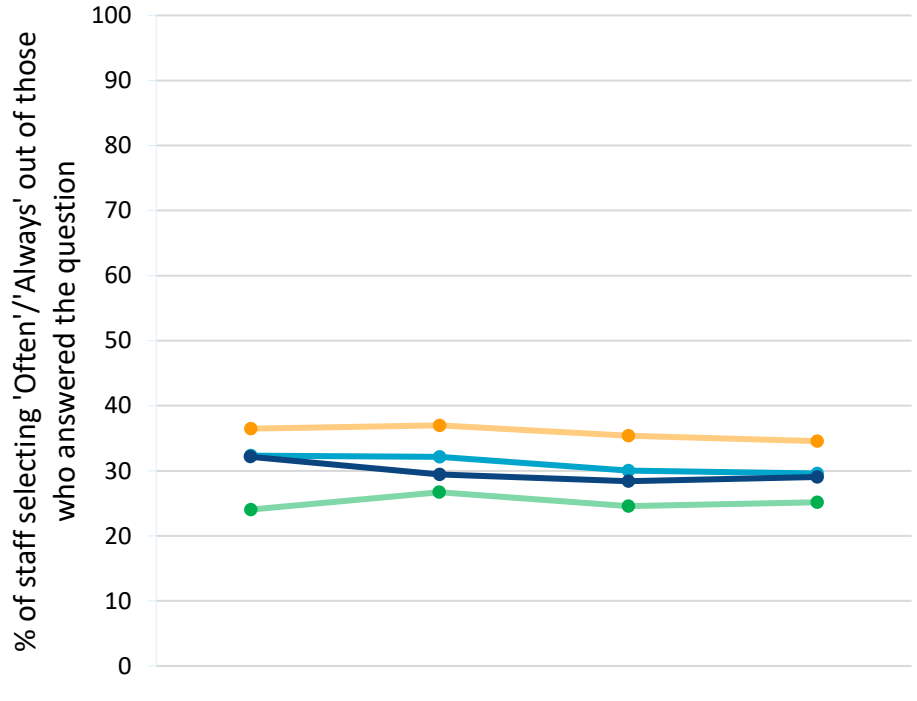
	2021	2022	2023	2024
Your org	45.56%	43.11%	41.78%	42.78%
Best result	40.75%	39.38%	37.14%	34.71%
Average result	47.62%	47.37%	43.37%	42.50%
Worst result	57.28%	58.02%	52.18%	52.73%
Responses	3988	4346	4520	3979

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



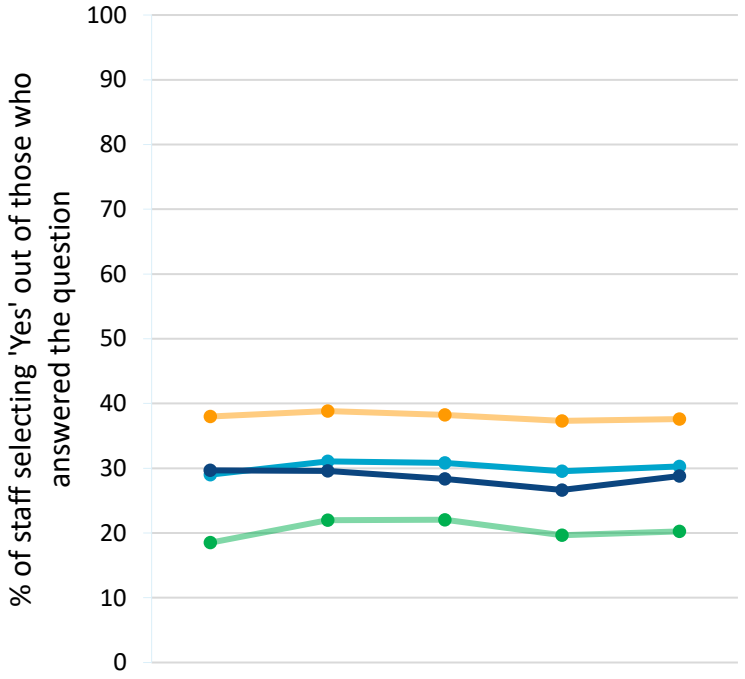
	2021	2022	2023	2024
Your org	21.94%	20.24%	17.81%	19.72%
Best result	14.24%	16.50%	15.36%	14.94%
Average result	22.12%	22.19%	19.73%	19.80%
Worst result	27.81%	29.01%	25.76%	27.74%
Responses	3987	4353	4521	3976

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



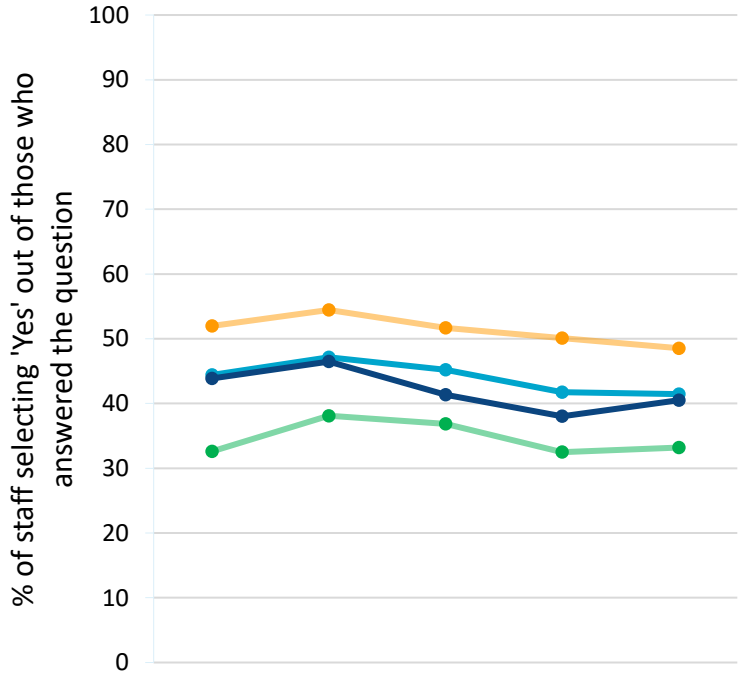
	2021	2022	2023	2024
Your org	32.15%	29.45%	28.40%	29.05%
Best result	24.04%	26.70%	24.55%	25.16%
Average result	32.33%	32.13%	30.02%	29.59%
Worst result	36.47%	36.98%	35.41%	34.56%
Responses	3989	4354	4522	3976

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



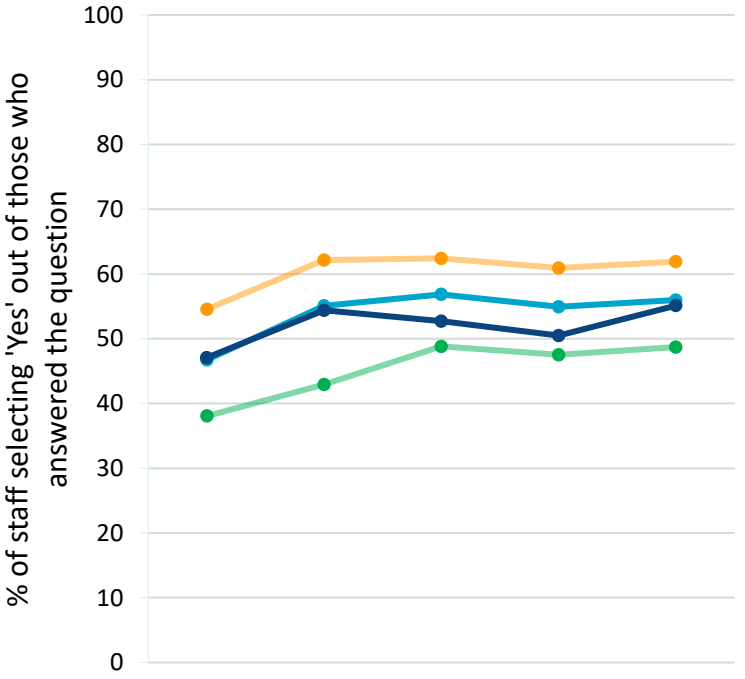
	2020	2021	2022	2023	2024
Your org	29.68%	29.57%	28.37%	26.65%	28.81%
Best result	18.50%	21.97%	22.05%	19.64%	20.23%
Average result	29.01%	31.06%	30.82%	29.54%	30.28%
Worst result	38.02%	38.84%	38.24%	37.32%	37.62%
Responses	3992	3991	4351	4529	3980

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



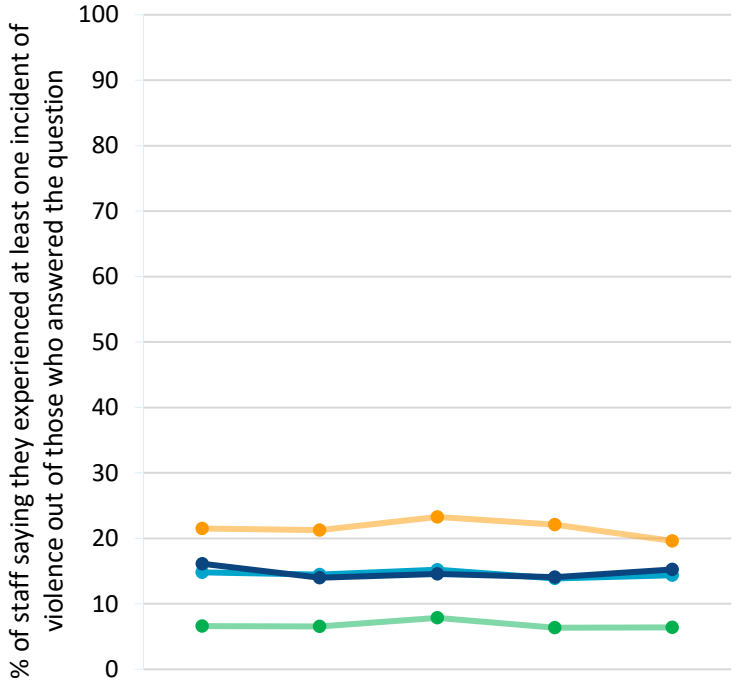
	2020	2021	2022	2023	2024
Your org	43.87%	46.47%	41.33%	38.02%	40.53%
Best result	32.61%	38.12%	36.86%	32.49%	33.18%
Average result	44.41%	47.14%	45.21%	41.73%	41.45%
Worst result	51.96%	54.45%	51.71%	50.11%	48.54%
Responses	3989	3994	4356	4527	3975

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



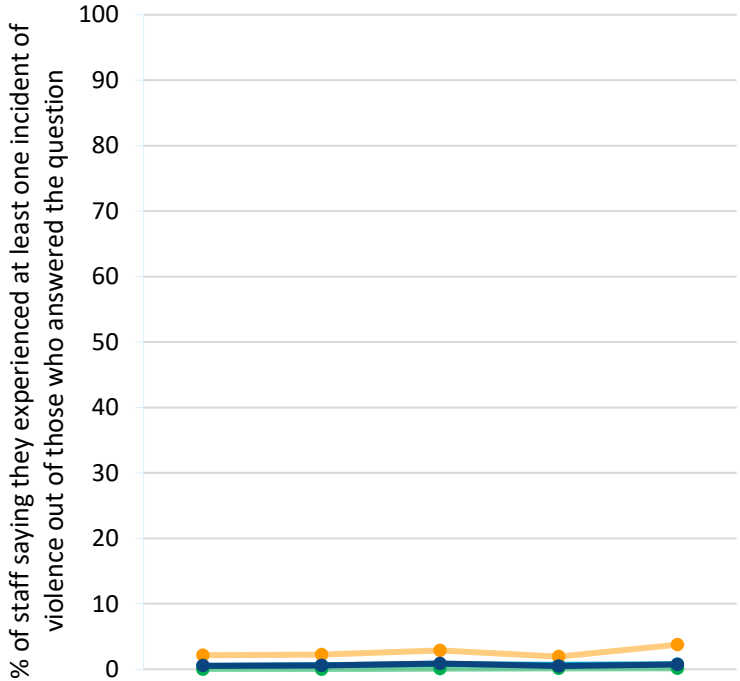
	2020	2021	2022	2023	2024
Your org	47.08%	54.42%	52.72%	50.52%	55.12%
Best result	38.07%	42.94%	48.83%	47.53%	48.72%
Average result	46.74%	55.10%	56.85%	54.96%	55.96%
Worst result	54.57%	62.18%	62.42%	60.91%	61.92%
Responses	3989	3986	4358	4525	3973

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



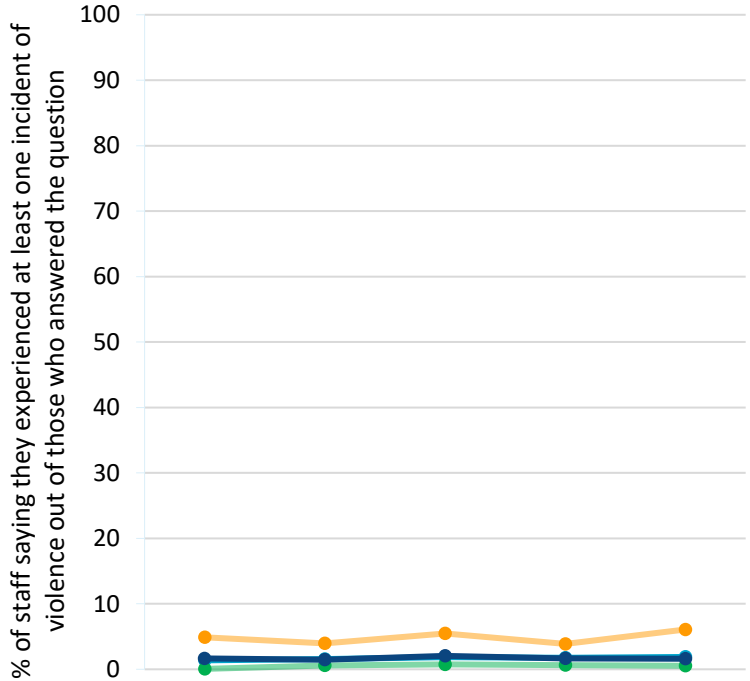
	2020	2021	2022	2023	2024
Your org	16.13%	13.99%	14.57%	14.07%	15.26%
Best result	6.62%	6.53%	7.85%	6.35%	6.38%
Average result	14.79%	14.47%	15.22%	13.88%	14.37%
Worst result	21.49%	21.27%	23.28%	22.09%	19.61%
Responses	3993	3984	4352	4279	3961

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



	2020	2021	2022	2023	2024
Your org	0.54%	0.57%	0.89%	0.50%	0.72%
Best result	0.00%	0.00%	0.10%	0.14%	0.14%
Average result	0.51%	0.63%	0.79%	0.68%	0.76%
Worst result	2.13%	2.23%	2.90%	1.94%	3.76%
Responses	3985	3964	4305	4204	3917

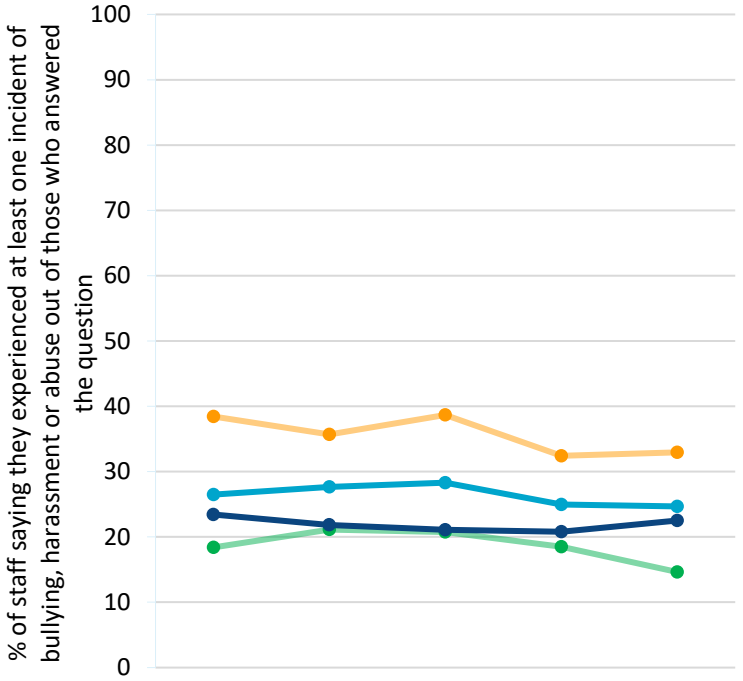
Q13c In the last 12 months how many times have you personally experienced physical violence at work from...? Other colleagues.



	2020	2021	2022	2023	2024
Your org	1.64%	1.47%	2.05%	1.65%	1.59%
Best result	0.06%	0.57%	0.75%	0.65%	0.53%
Average result	1.37%	1.59%	1.84%	1.78%	1.88%
Worst result	4.88%	3.98%	5.45%	3.88%	6.08%
Responses	3981	3950	4292	4154	3793

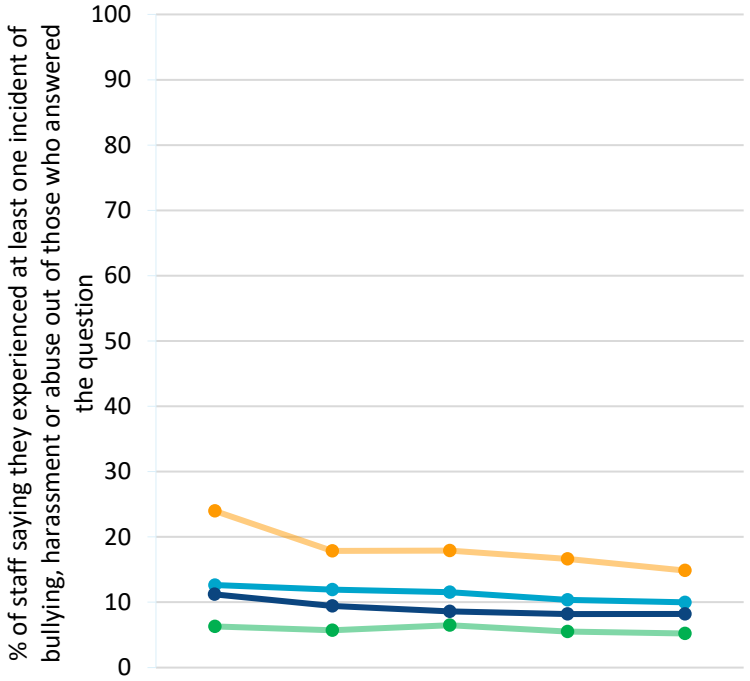
Note: 2023 results for Q13a-c are now reported using corrected data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

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



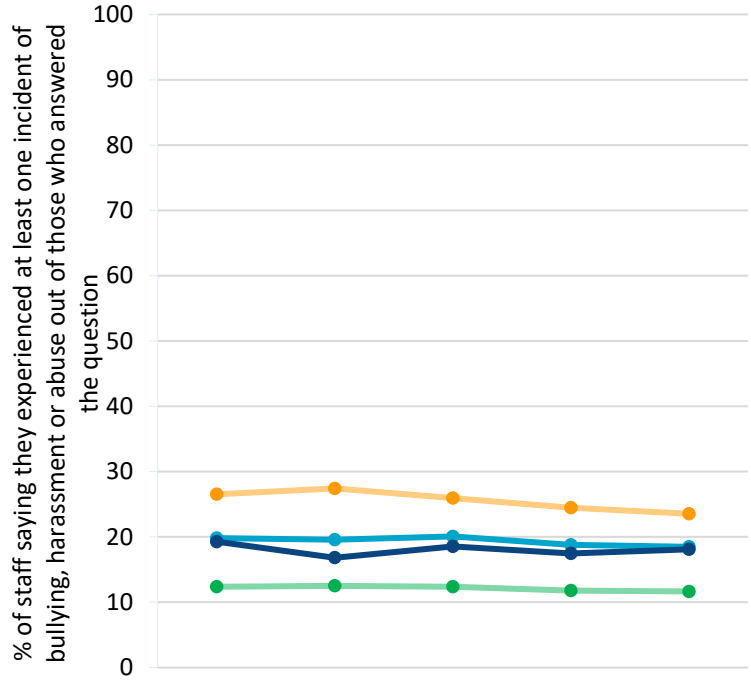
	2020	2021	2022	2023	2024
Your org	23.43%	21.85%	21.10%	20.80%	22.52%
Best result	18.42%	21.13%	20.77%	18.48%	14.63%
Average result	26.49%	27.65%	28.31%	24.99%	24.68%
Worst result	38.45%	35.69%	38.68%	32.43%	32.94%
Responses	3846	3808	4351	4283	3967

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



	2020	2021	2022	2023	2024
Your org	11.21%	9.43%	8.59%	8.19%	8.23%
Best result	6.32%	5.72%	6.48%	5.52%	5.22%
Average result	12.64%	11.95%	11.55%	10.35%	10.00%
Worst result	23.98%	17.86%	17.89%	16.64%	14.86%
Responses	3839	3796	4318	4221	3925

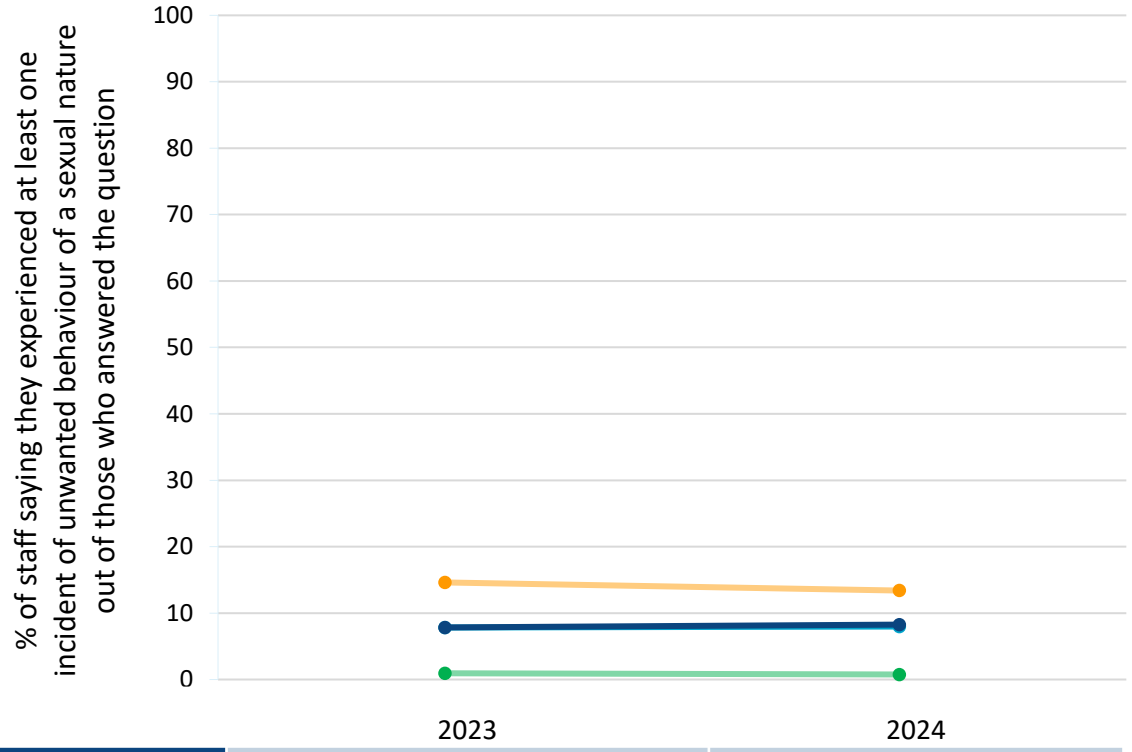
Q14c In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Other colleagues.



	2020	2021	2022	2023	2024
Your org	19.28%	16.81%	18.55%	17.48%	18.12%
Best result	12.40%	12.51%	12.37%	11.80%	11.66%
Average result	19.80%	19.56%	20.08%	18.78%	18.49%
Worst result	26.52%	27.43%	25.97%	24.45%	23.55%
Responses	3844	3784	4306	4205	3906

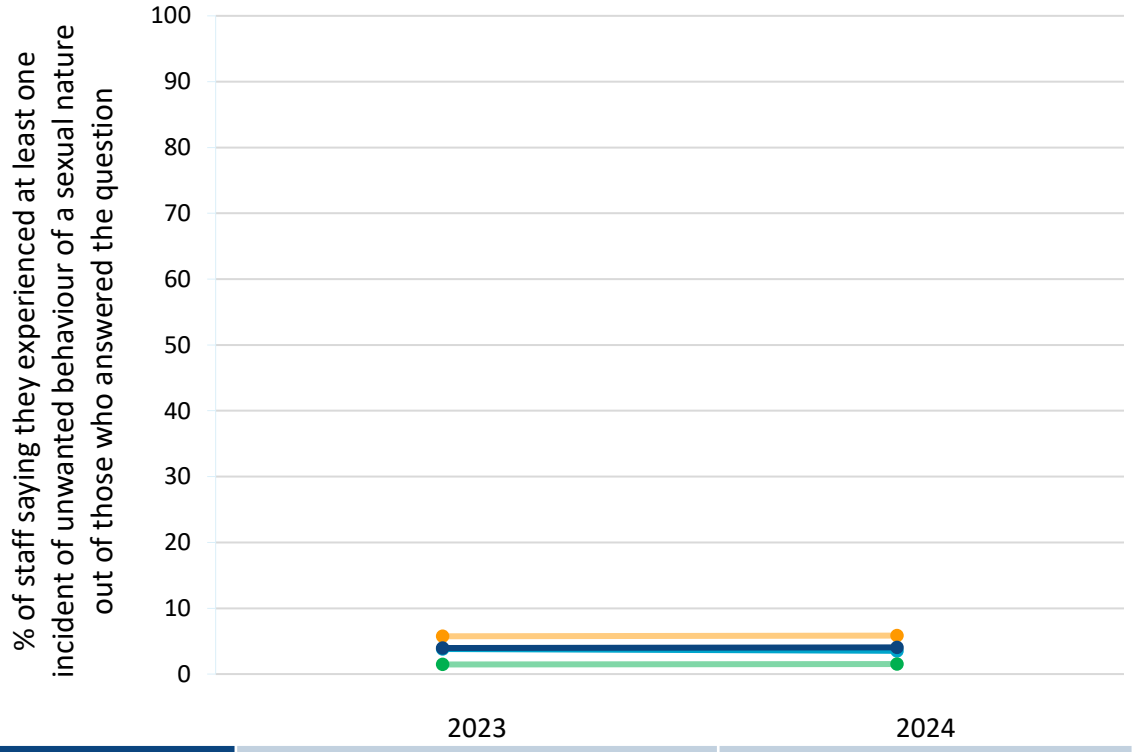
Note: 2023 results for Q14a-c are now reported using corrected data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

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



	2023	2024
Your org	7.84%	8.27%
Best result	0.94%	0.76%
Average result	7.82%	7.98%
Worst result	14.61%	13.39%
Responses	4526	3976

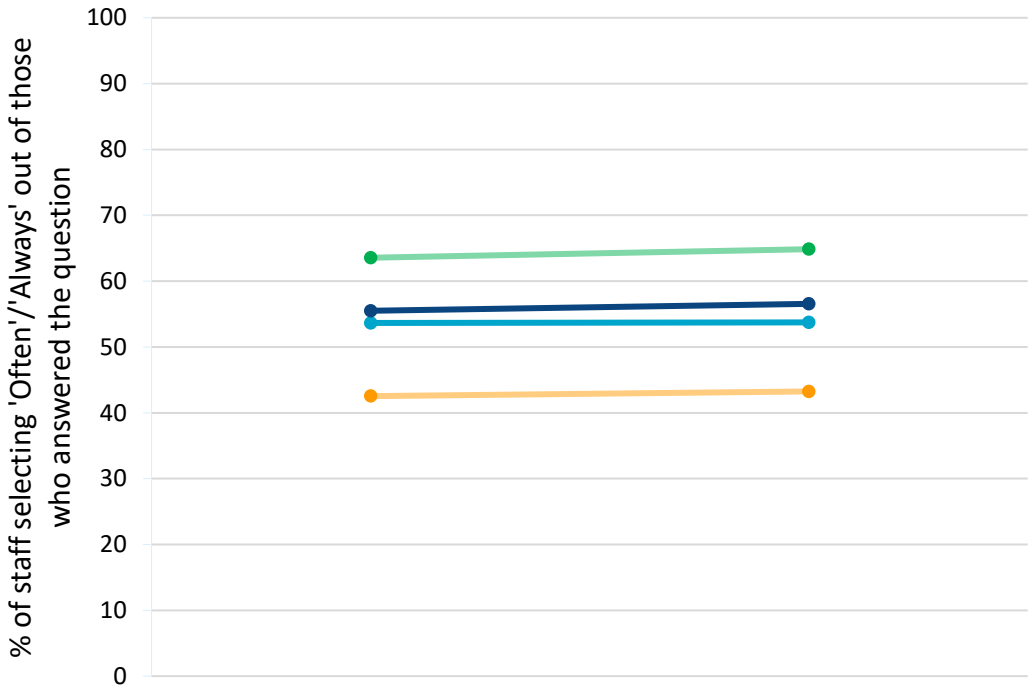
Q17b In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? From staff / colleagues



	2023	2024
Your org	3.96%	4.06%
Best result	1.46%	1.52%
Average result	3.81%	3.53%
Worst result	5.74%	5.85%
Responses	4505	3956

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

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



	2023	2024
Your org	55.50%	56.55%
Best result	63.56%	64.85%
Average result	53.65%	53.73%
Worst result	42.53%	43.25%
Responses	4522	3979

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

Survey Coordination Centre

NHS

People Promise element – We are always learning

Questions included:

Development – Q24a, Q24b, Q24c, Q24d, Q24e

Appraisals – Q23a*, Q23b, Q23c, Q23d

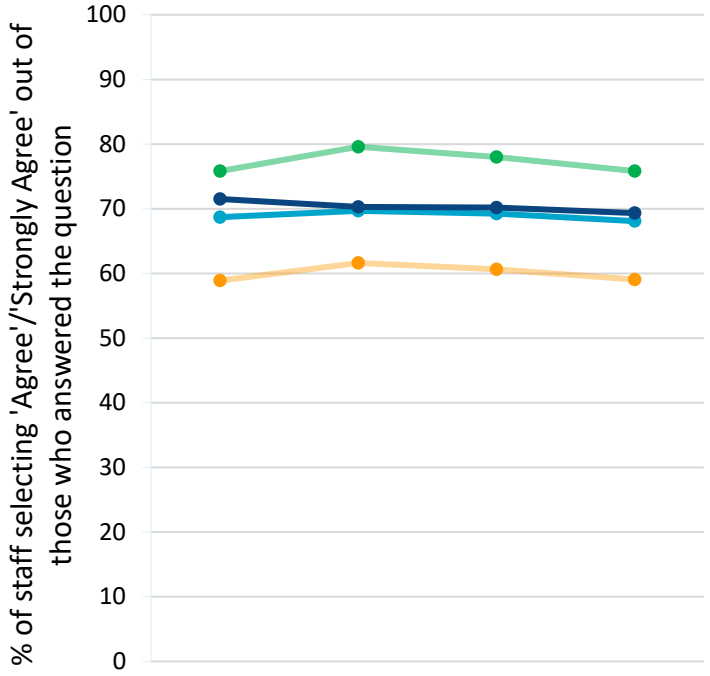
Other questions** - Q24f

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

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

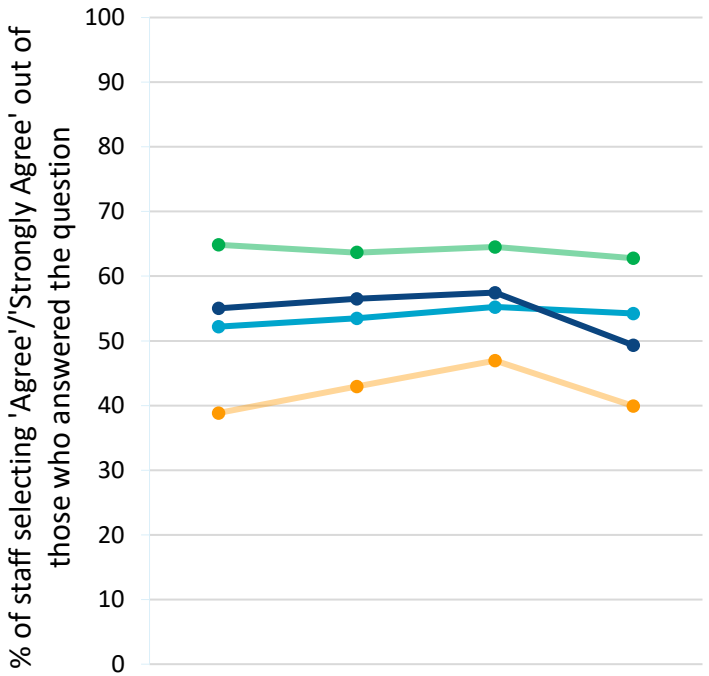
Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Q24a This organisation offers me challenging work.



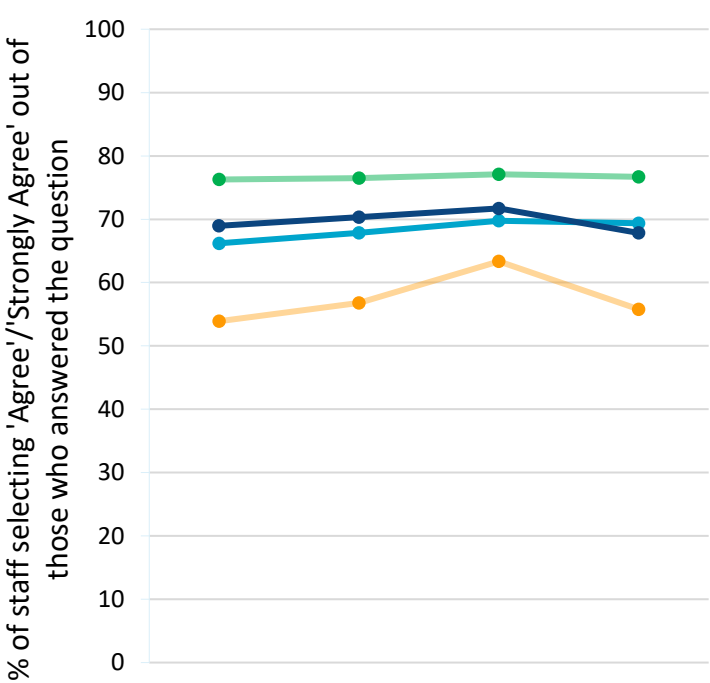
	2021	2022	2023	2024
Your org	71.51%	70.28%	70.19%	69.33%
Best result	75.83%	79.59%	78.00%	75.84%
Average result	68.68%	69.68%	69.23%	68.08%
Worst result	58.89%	61.62%	60.63%	59.05%
Responses	3953	4340	4515	3970

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



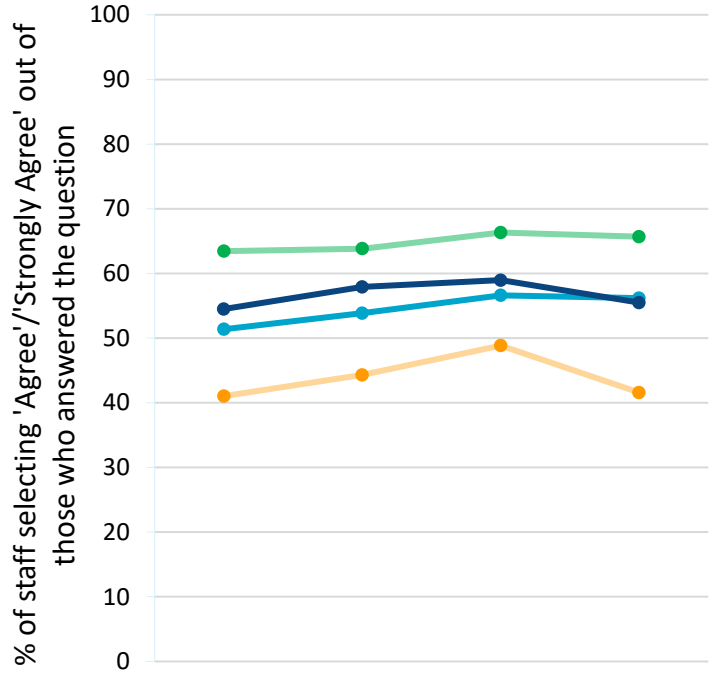
	2021	2022	2023	2024
Your org	55.00%	56.53%	57.46%	49.31%
Best result	64.85%	63.63%	64.50%	62.77%
Average result	52.19%	53.47%	55.24%	54.25%
Worst result	38.85%	42.97%	46.95%	39.91%
Responses	3958	4346	4512	3974

Q24c I have opportunities to improve my knowledge and skills.



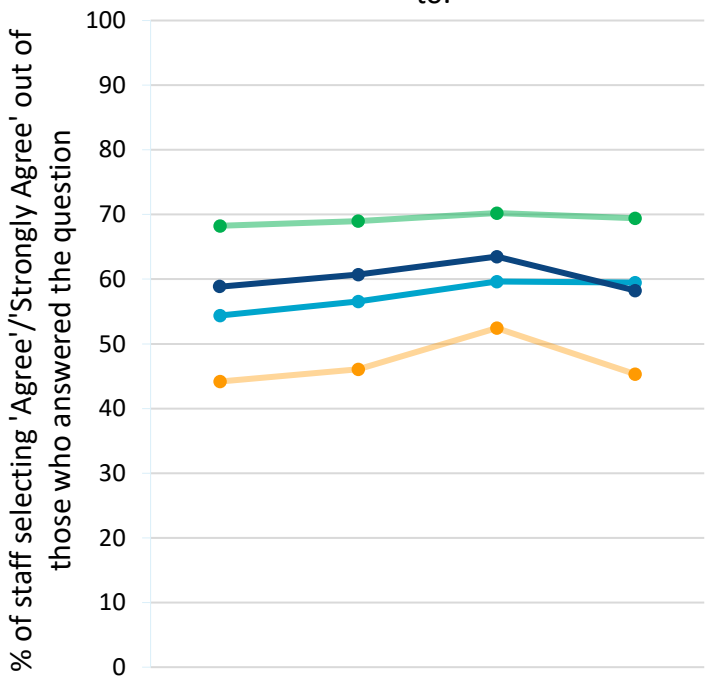
	2021	2022	2023	2024
Your org	68.95%	70.35%	71.71%	67.83%
Best result	76.28%	76.49%	77.10%	76.67%
Average result	66.20%	67.87%	69.76%	69.39%
Worst result	53.90%	56.77%	63.34%	55.79%
Responses	3952	4345	4516	3975

Q24d I feel supported to develop my potential.



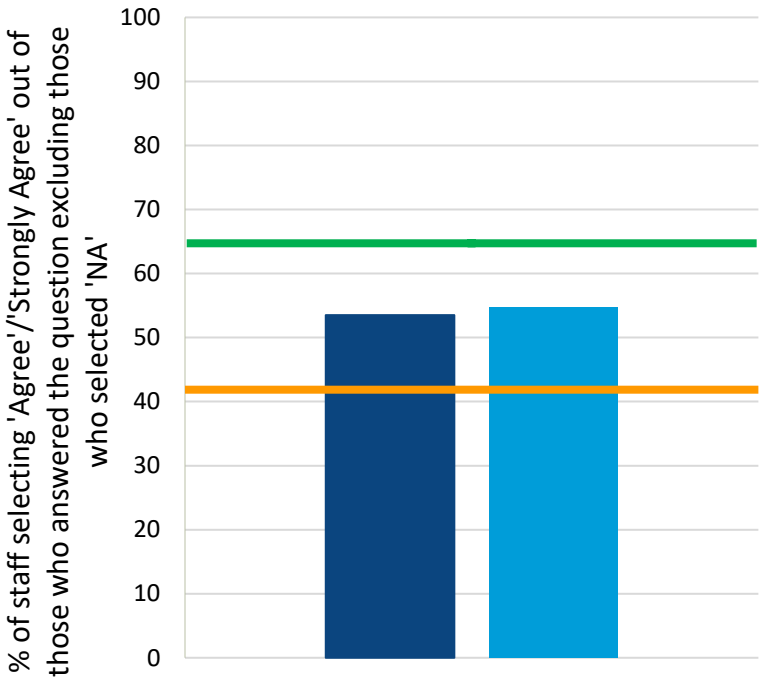
	2021	2022	2023	2024
Your org	54.50%	57.94%	58.97%	55.50%
Best result	63.45%	63.83%	66.33%	65.69%
Average result	51.37%	53.85%	56.61%	56.17%
Worst result	41.03%	44.31%	48.84%	41.60%
Responses	3951	4341	4509	3970

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



	2021	2022	2023	2024
Your org	58.84%	60.72%	63.49%	58.26%
Best result	68.26%	68.98%	70.23%	69.44%
Average result	54.38%	56.55%	59.64%	59.45%
Worst result	44.17%	46.06%	52.43%	45.31%
Responses	3952	4339	4503	3971

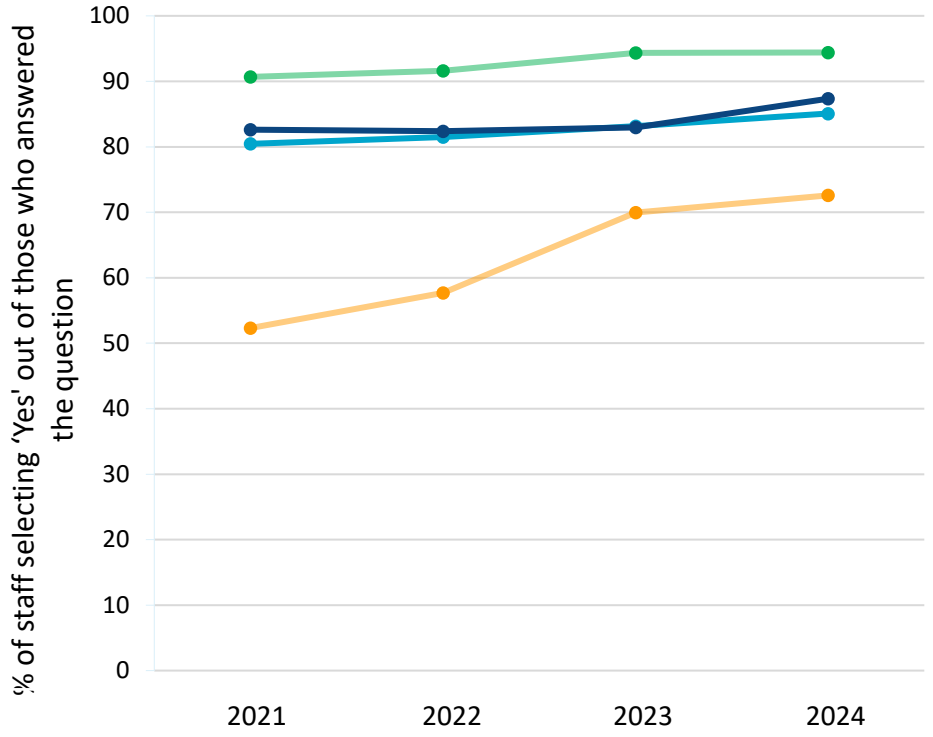
Q24f* I am able to access clinical supervision opportunities when I need to.



	2024
Your org	53.50%
Best result	64.73%
Average result	54.75%
Worst result	41.87%
Responses	3143

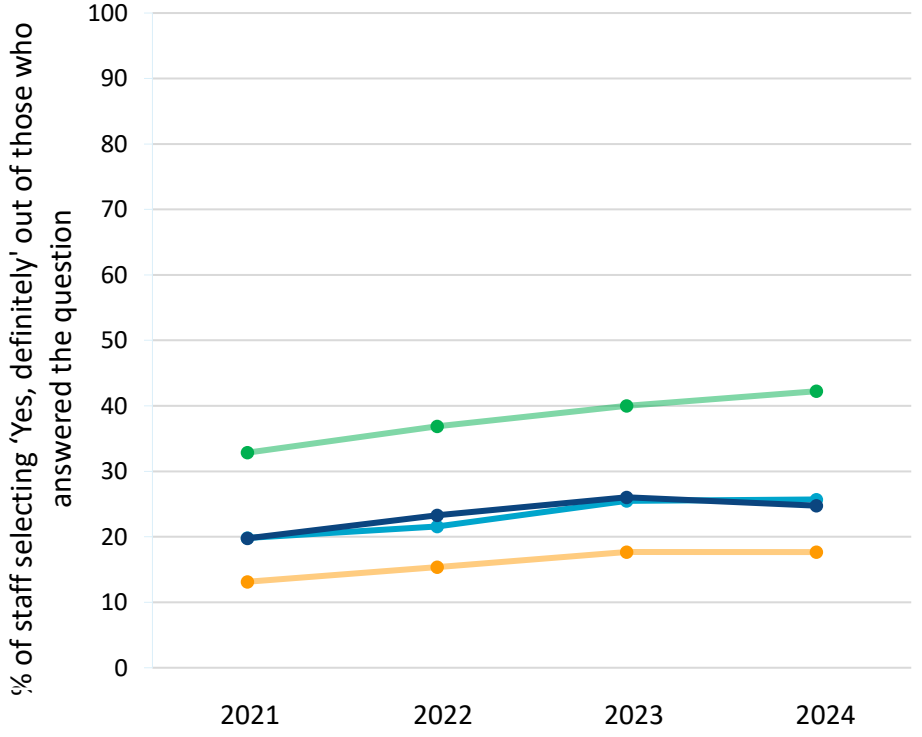
*Q24f was introduced in 2024 and does not currently contribute towards any People Promise element score, theme score or sub-score to protect trend data over five years.

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



	2021	2022	2023	2024
Your org	82.64%	82.39%	82.97%	87.34%
Best result	90.68%	91.61%	94.36%	94.41%
Average result	80.45%	81.50%	83.17%	85.08%
Worst result	52.32%	57.70%	69.95%	72.58%
Responses	3973	4335	4422	3914

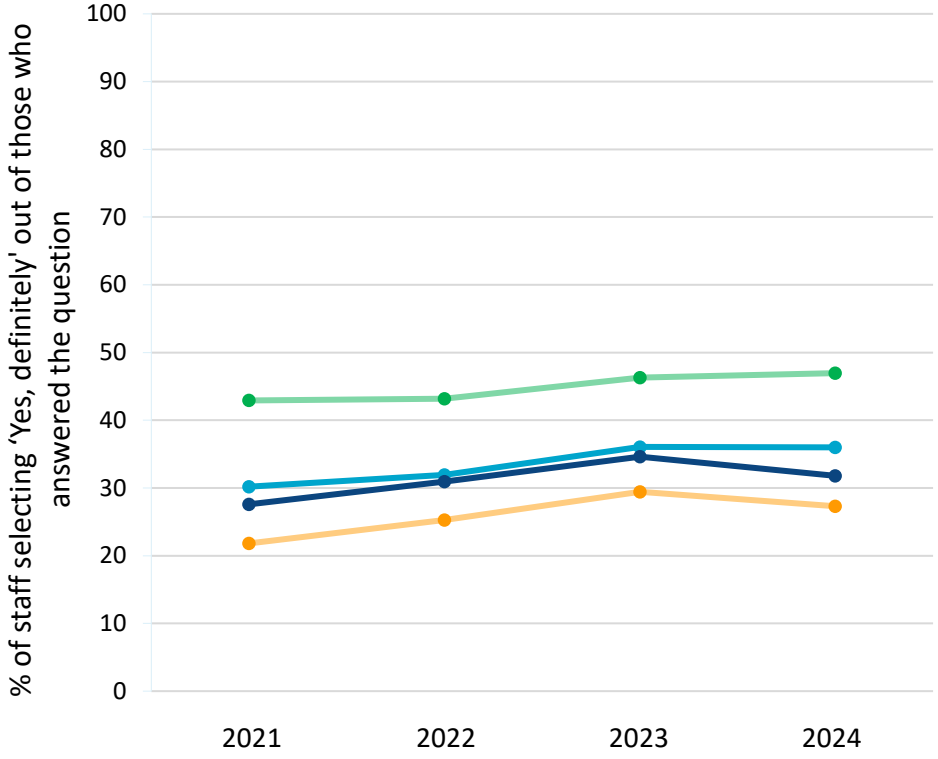
Q23b It helped me to improve how I do my job.



	2021	2022	2023	2024
Your org	19.77%	23.28%	26.04%	24.74%
Best result	32.85%	36.88%	39.99%	42.23%
Average result	19.82%	21.59%	25.50%	25.70%
Worst result	13.13%	15.35%	17.68%	17.65%
Responses	3244	3536	3639	3394

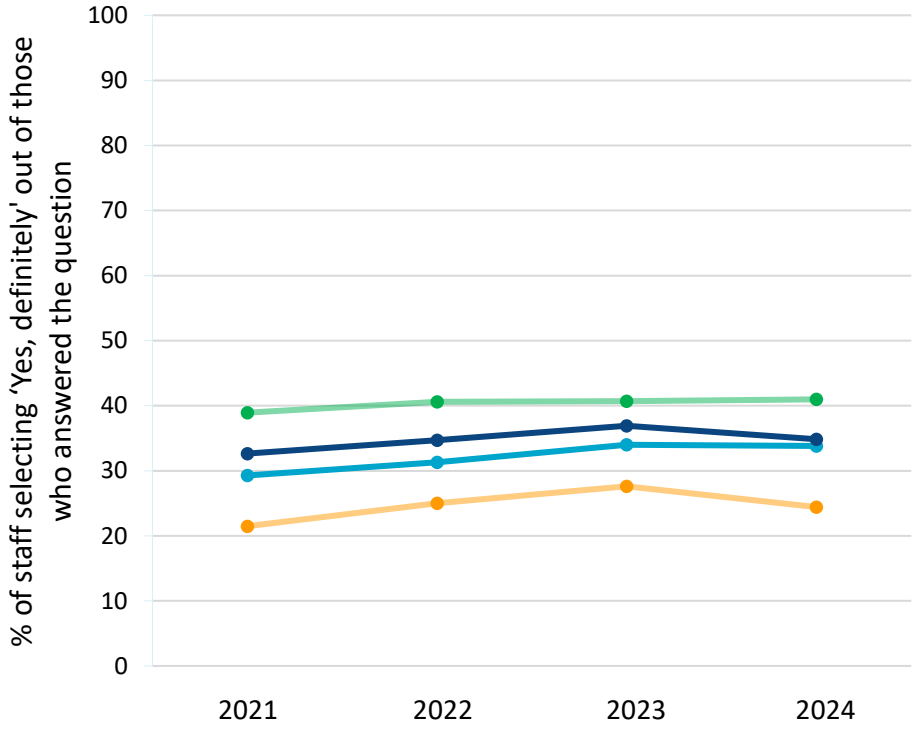
*Q23a is a filter question and therefore influences the sub-score without being a directly scored question.

Q23c It helped me agree clear objectives for my work.



	2021	2022	2023	2024
Your org	27.59%	30.94%	34.62%	31.80%
Best result	42.92%	43.18%	46.31%	46.95%
Average result	30.19%	31.93%	36.06%	36.01%
Worst result	21.81%	25.28%	29.43%	27.28%
Responses	3241	3533	3634	3389

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



	2021	2022	2023	2024
Your org	32.64%	34.67%	36.92%	34.85%
Best result	38.93%	40.59%	40.69%	40.97%
Average result	29.27%	31.30%	33.99%	33.79%
Worst result	21.48%	25.03%	27.61%	24.42%
Responses	3244	3536	3634	3390

Survey Coordination Centre

NHS

People Promise element – We work flexibly

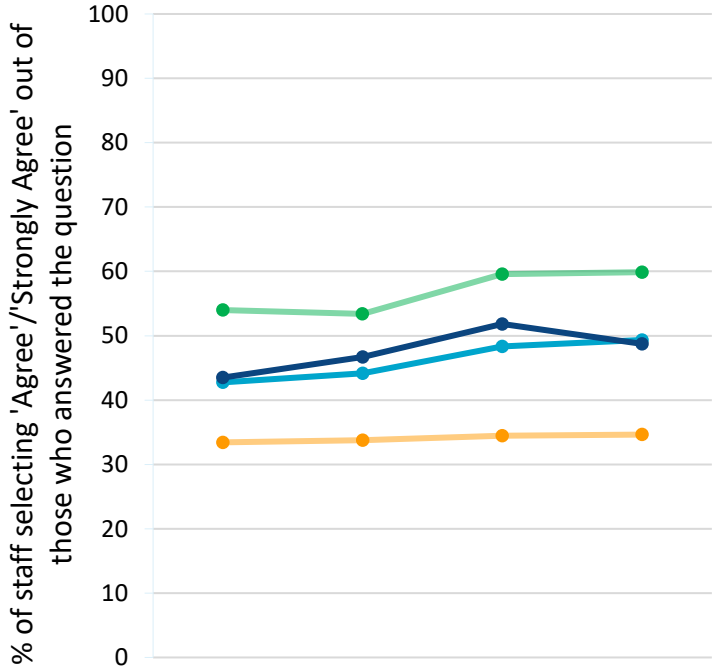
Questions included:

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

Flexible working – Q4d

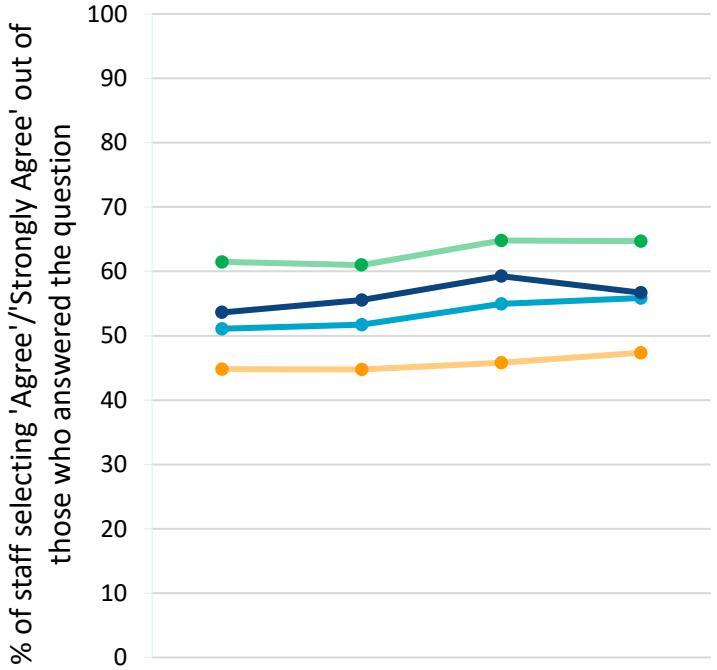
Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

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



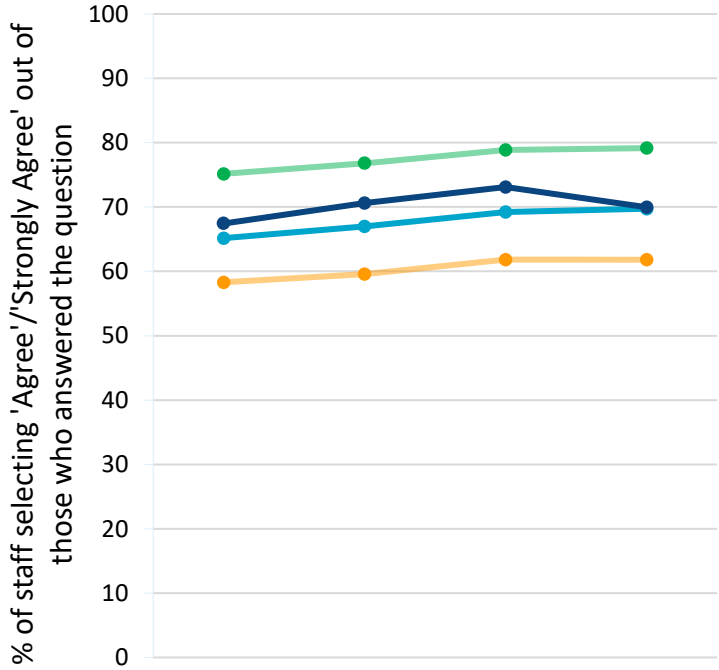
	2021	2022	2023	2024
Your org	43.50%	46.68%	51.83%	48.76%
Best result	53.99%	53.39%	59.57%	59.88%
Average result	42.75%	44.14%	48.33%	49.34%
Worst result	33.43%	33.74%	34.44%	34.64%
Responses	4033	4355	4526	3980

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



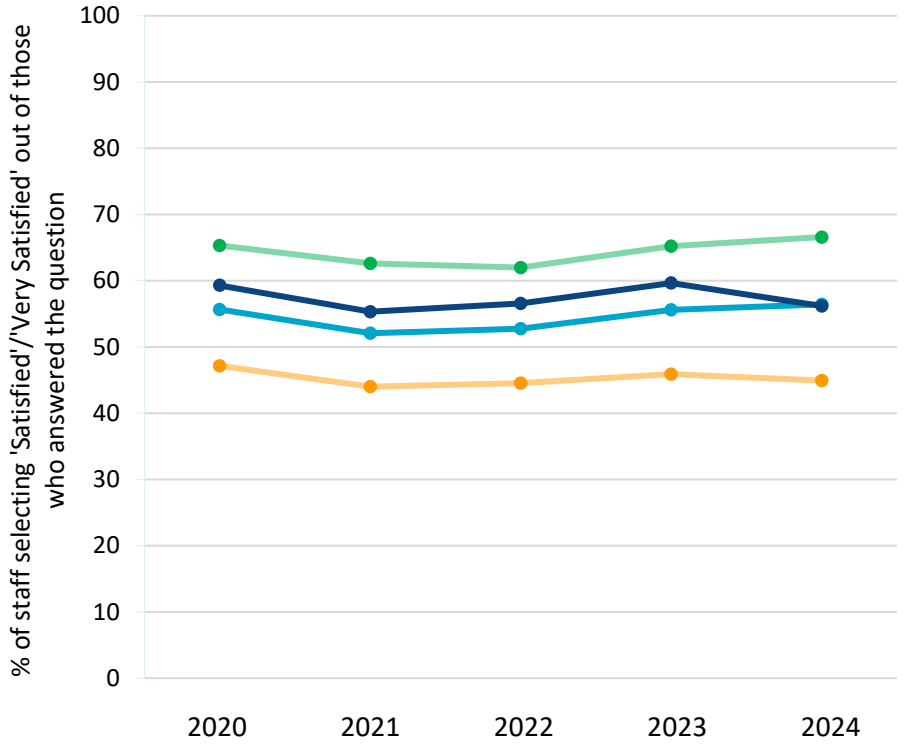
	2021	2022	2023	2024
Your org	53.61%	55.55%	59.26%	56.68%
Best result	61.48%	60.97%	64.79%	64.71%
Average result	51.09%	51.73%	54.93%	55.86%
Worst result	44.80%	44.75%	45.81%	47.36%
Responses	4033	4352	4532	3976

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



	2021	2022	2023	2024
Your org	67.43%	70.61%	73.11%	69.95%
Best result	75.16%	76.80%	78.85%	79.16%
Average result	65.17%	66.99%	69.24%	69.74%
Worst result	58.30%	59.57%	61.83%	61.80%
Responses	4031	4355	4528	3975

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

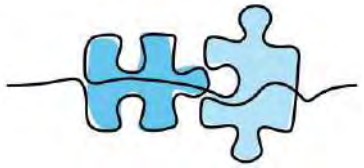


	2020	2021	2022	2023	2024
Your org	59.30%	55.33%	56.59%	59.65%	56.18%
Best result	65.32%	62.59%	61.99%	65.24%	66.60%
Average result	55.64%	52.08%	52.73%	55.59%	56.43%
Worst result	47.14%	44.00%	44.56%	45.90%	44.91%
Responses	4045	4047	4357	4513	3975

Survey Coordination Centre

NHS

People Promise element – We are a team



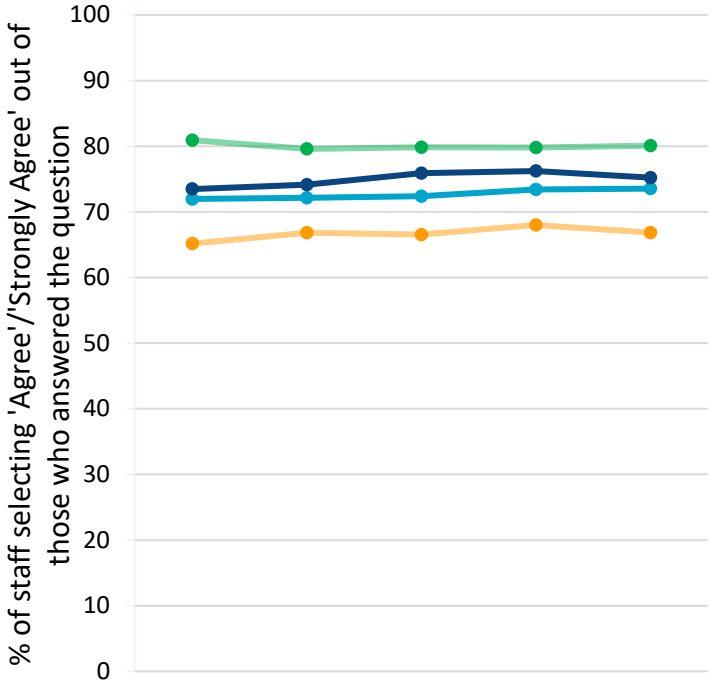
Questions included:

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

Line management – Q9a, Q9b, Q9c, Q9d

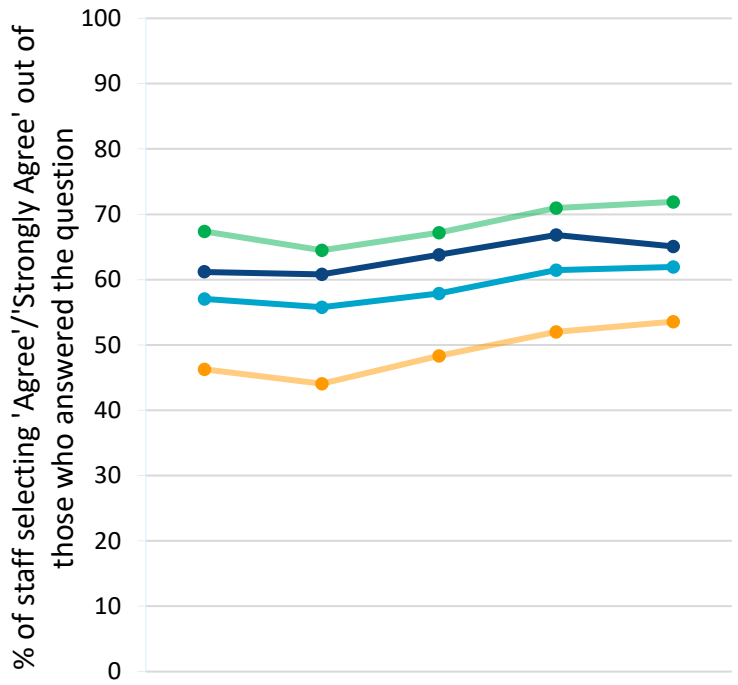
Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

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



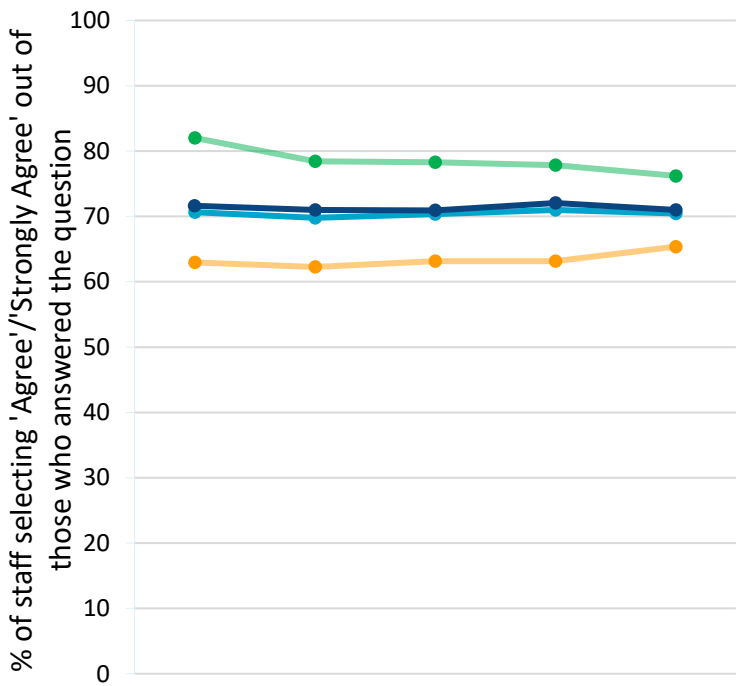
	2020	2021	2022	2023	2024
Your org	73.46%	74.16%	75.87%	76.21%	75.19%
Best result	80.92%	79.58%	79.84%	79.80%	80.07%
Average result	71.97%	72.15%	72.38%	73.42%	73.53%
Worst result	65.15%	66.83%	66.52%	68.00%	66.82%
Responses	4033	4002	4351	4528	3981

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



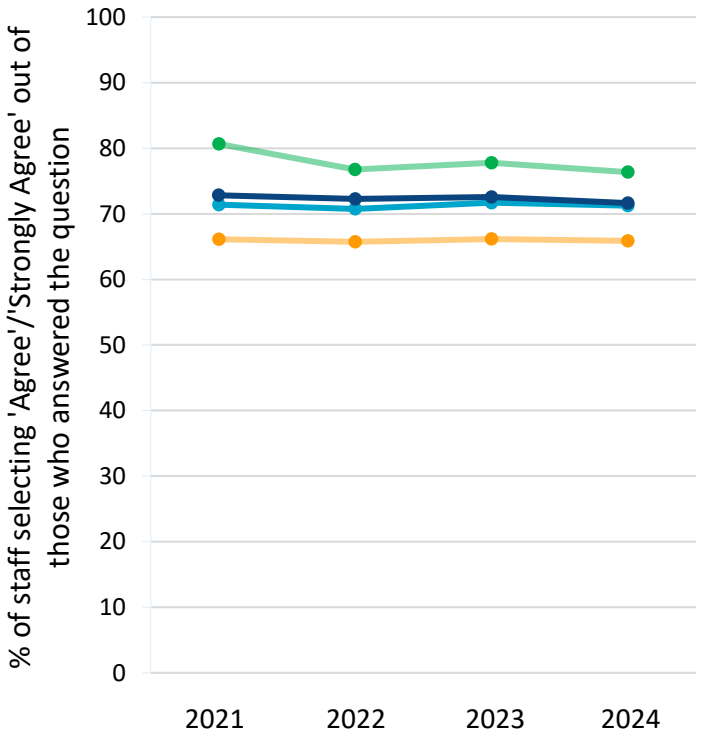
	2020	2021	2022	2023	2024
Your org	61.18%	60.80%	63.81%	66.83%	65.07%
Best result	67.38%	64.49%	67.16%	70.97%	71.90%
Average result	57.06%	55.78%	57.87%	61.46%	61.94%
Worst result	46.26%	44.06%	48.33%	52.00%	53.58%
Responses	4054	4005	4353	4523	3982

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



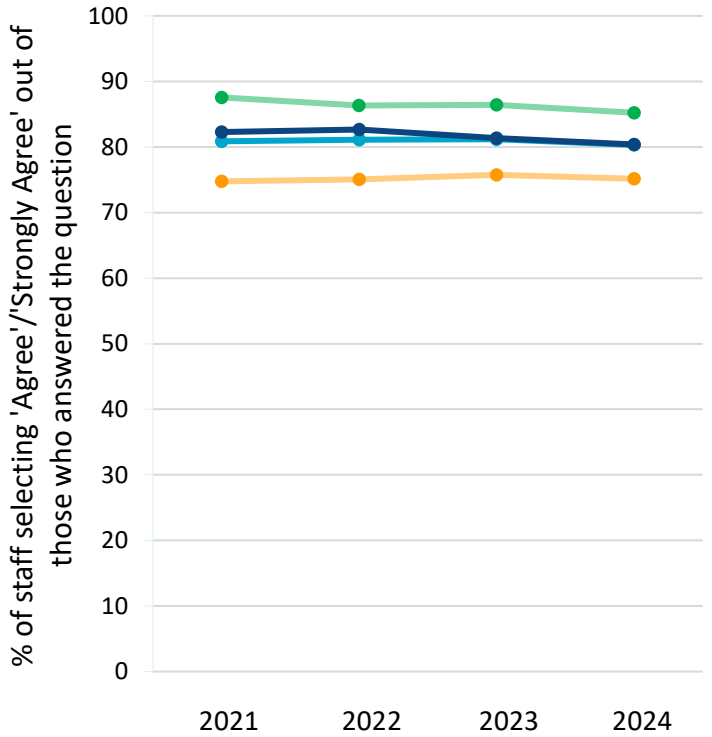
	2020	2021	2022	2023	2024
Your org	71.61%	71.02%	70.92%	72.05%	70.97%
Best result	82.02%	78.45%	78.29%	77.84%	76.21%
Average result	70.63%	69.79%	70.36%	70.99%	70.44%
Worst result	62.98%	62.27%	63.14%	63.16%	65.37%
Responses	4061	4011	4359	4526	3983

Q7d Team members understand each other's roles.



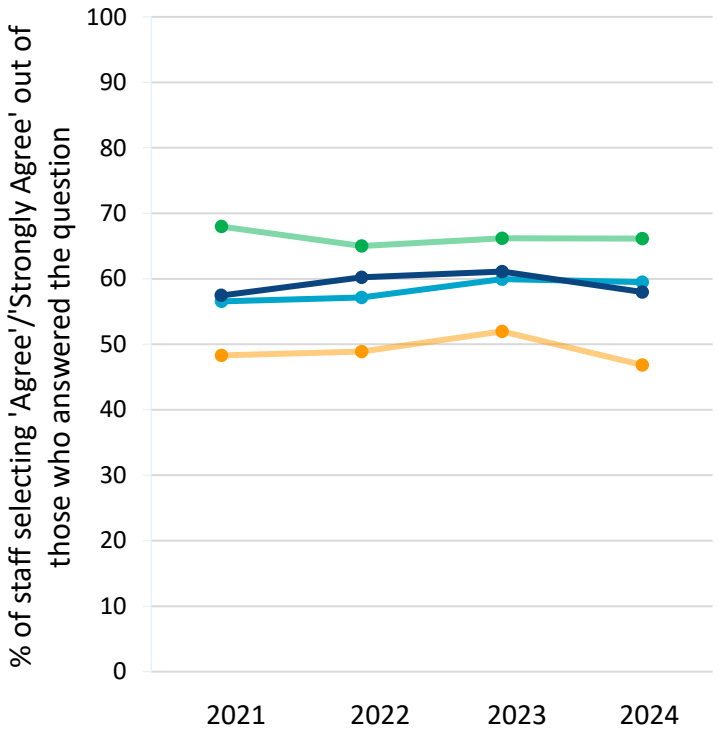
	2021	2022	2023	2024
Your org	72.82%	72.25%	72.58%	71.63%
Best result	80.65%	76.75%	77.80%	76.36%
Average result	71.41%	70.75%	71.71%	71.27%
Worst result	66.14%	65.74%	66.15%	65.89%
Responses	4010	4357	4527	3980

Q7e I enjoy working with the colleagues in my team.



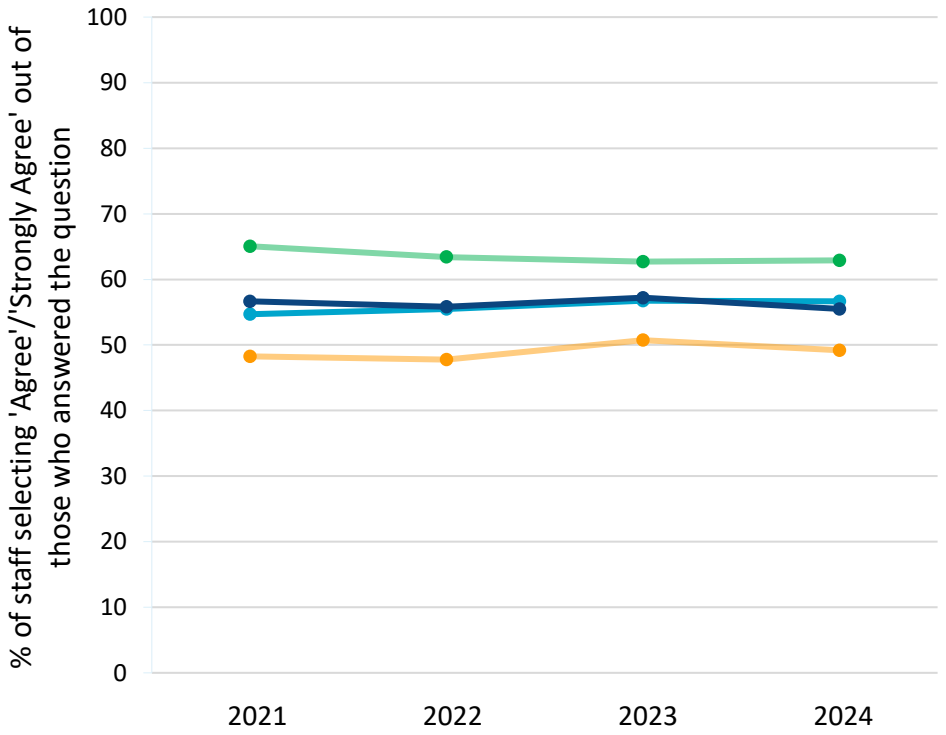
	2021	2022	2023	2024
Your org	82.27%	82.66%	81.34%	80.39%
Best result	87.56%	86.32%	86.45%	85.22%
Average result	80.88%	81.11%	81.18%	80.32%
Worst result	74.76%	75.06%	75.76%	75.15%
Responses	4010	4357	4518	3981

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



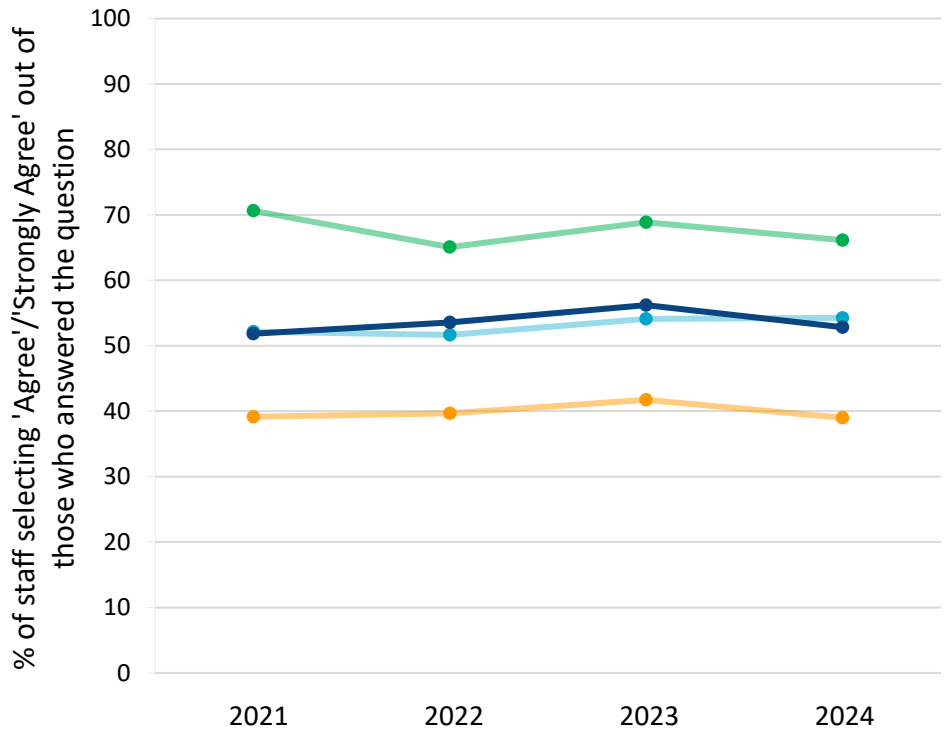
	2021	2022	2023	2024
Your org	57.45%	60.25%	61.11%	57.96%
Best result	67.97%	65.01%	66.20%	66.16%
Average result	56.55%	57.13%	59.95%	59.47%
Worst result	48.31%	48.90%	51.97%	46.83%
Responses	4004	4354	4517	3980

Q7g In my team disagreements are dealt with constructively.



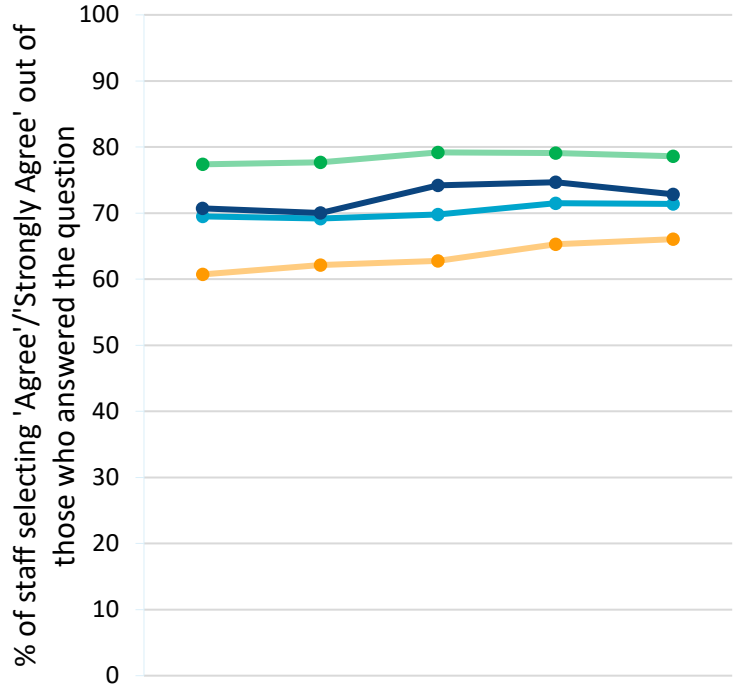
	2021	2022	2023	2024
Your org	56.65%	55.83%	57.21%	55.50%
Best result	65.06%	63.41%	62.71%	62.90%
Average result	54.69%	55.50%	56.75%	56.65%
Worst result	48.27%	47.77%	50.73%	49.19%
Responses	4006	4354	4520	3982

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



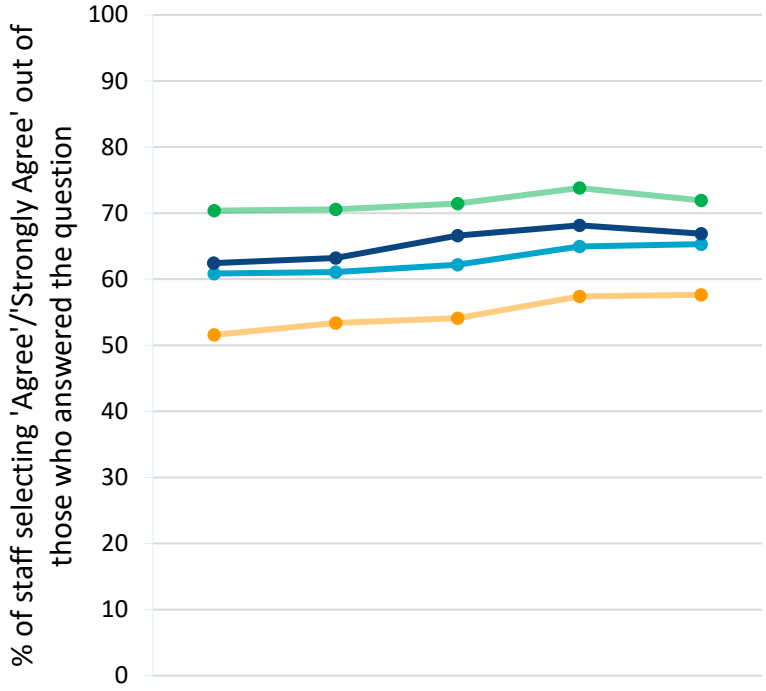
	2021	2022	2023	2024
Your org	51.84%	53.58%	56.21%	52.83%
Best result	70.62%	65.08%	68.88%	66.13%
Average result	52.14%	51.65%	54.11%	54.27%
Worst result	39.14%	39.66%	41.73%	38.98%
Responses	4006	4360	4524	3983

Q9a My immediate manager encourages me at work.



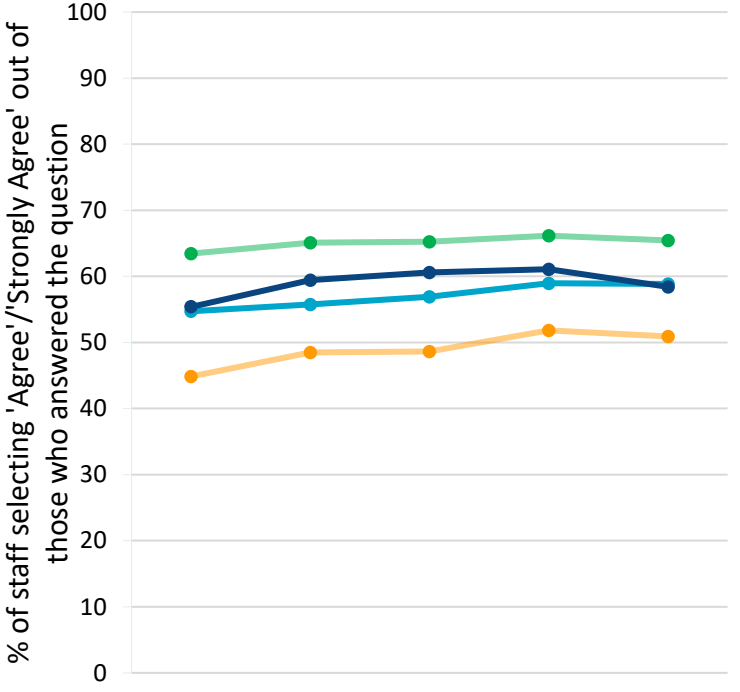
	2020	2021	2022	2023	2024
Your org	70.69%	70.02%	74.19%	74.67%	72.85%
Best result	77.39%	77.71%	79.19%	79.11%	78.63%
Average result	69.49%	69.19%	69.81%	71.50%	71.38%
Worst result	60.73%	62.13%	62.79%	65.30%	66.06%
Responses	4015	3997	4362	4528	3983

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



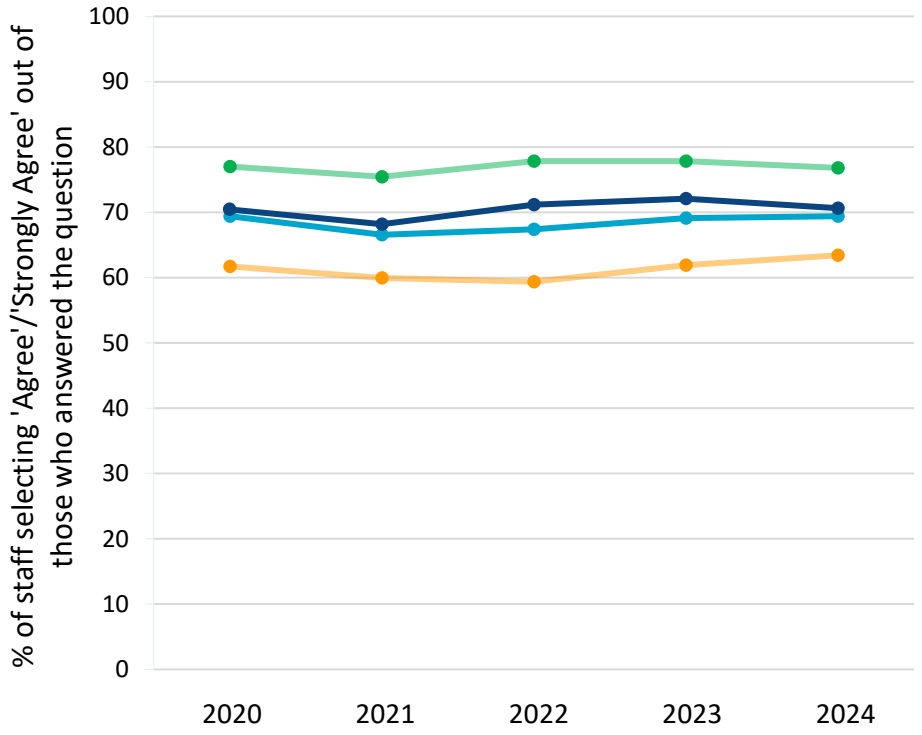
	2020	2021	2022	2023	2024
Your org	62.43%	63.20%	66.61%	68.15%	66.88%
Best result	70.38%	70.55%	71.44%	73.80%	71.93%
Average result	60.86%	61.06%	62.20%	64.95%	65.31%
Worst result	51.58%	53.40%	54.10%	57.39%	57.64%
Responses	4013	3994	4350	4520	3974

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



	2020	2021	2022	2023	2024
Your org	55.38%	59.42%	60.61%	61.09%	58.43%
Best result	63.45%	65.11%	65.23%	66.16%	65.47%
Average result	54.73%	55.75%	56.93%	58.97%	58.84%
Worst result	44.85%	48.47%	48.62%	51.84%	50.94%
Responses	4013	3996	4355	4525	3982

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



	2020	2021	2022	2023	2024
Your org	70.45%	68.18%	71.18%	72.09%	70.63%
Best result	76.99%	75.45%	77.82%	77.84%	76.82%
Average result	69.41%	66.56%	67.41%	69.10%	69.39%
Worst result	61.71%	59.97%	59.36%	61.90%	63.42%
Responses	4013	3996	4358	4527	3986

Survey Coordination Centre

NHS

Theme – Staff engagement

Questions included:

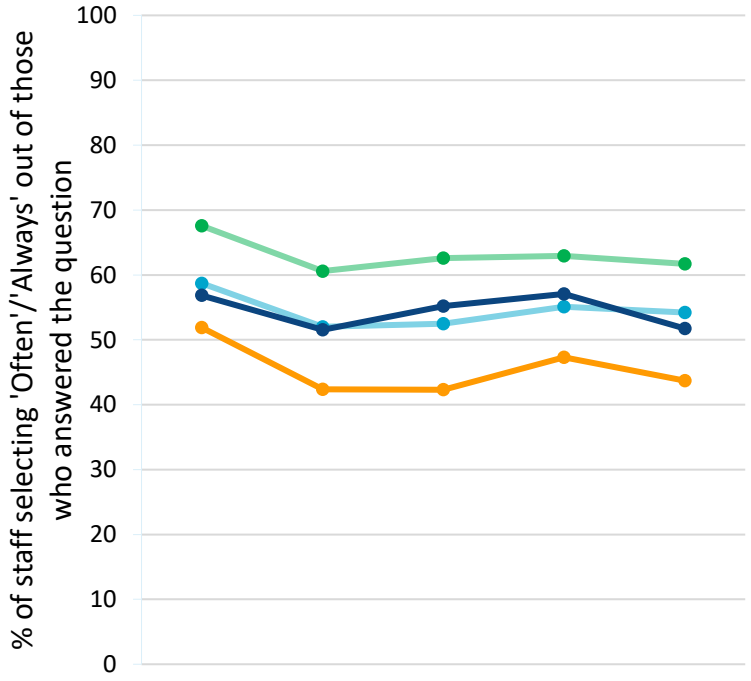
Motivation – Q2a, Q2b, Q2c

Involvement – Q3c, Q3d, Q3f

Advocacy – Q25a, Q25c, Q25d

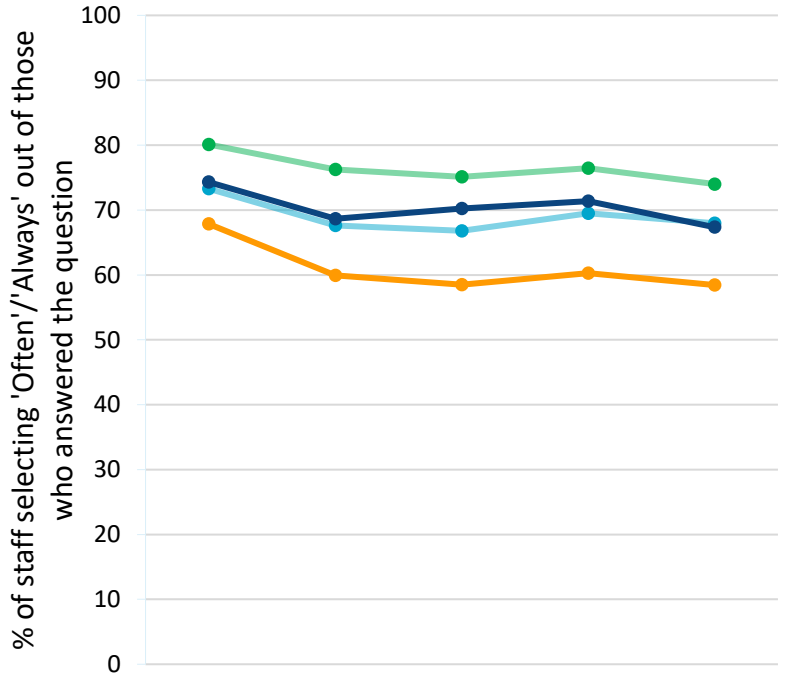
Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Q2a I look forward to going to work.



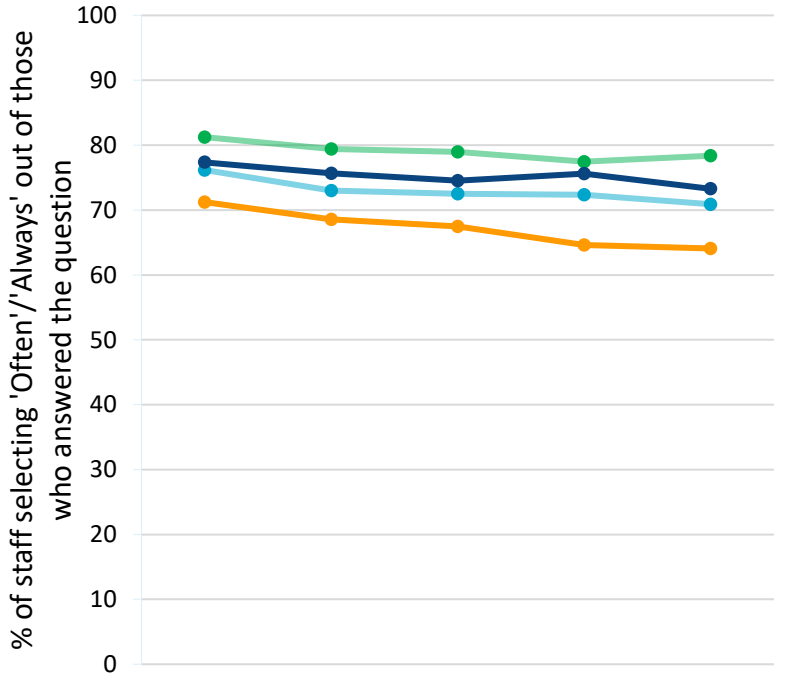
	2020	2021	2022	2023	2024
Your org	56.82%	51.54%	55.17%	57.07%	51.76%
Best result	67.56%	60.59%	62.57%	62.91%	61.70%
Average result	58.70%	52.01%	52.47%	55.07%	54.19%
Worst result	51.87%	42.39%	42.30%	47.30%	43.71%
Responses	4111	4074	4341	4513	3971

Q2b I am enthusiastic about my job.



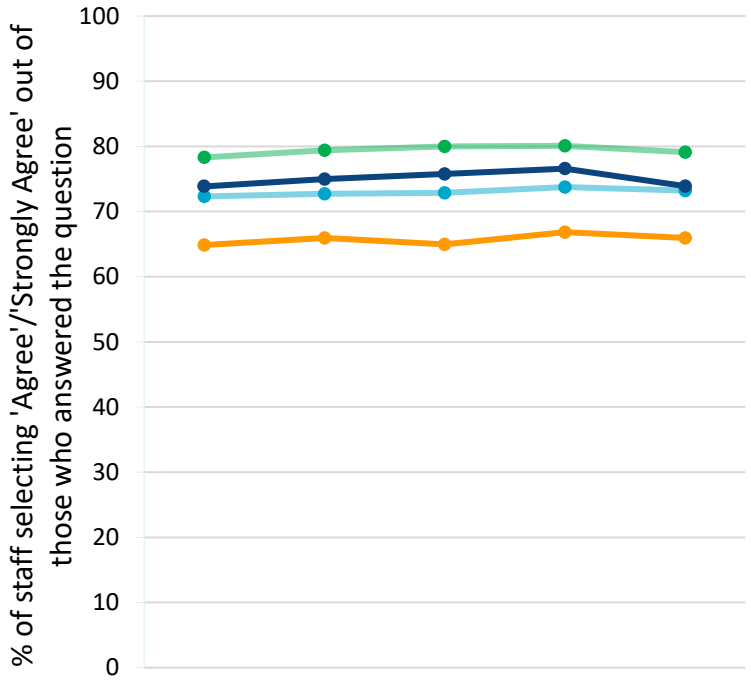
	2020	2021	2022	2023	2024
Your org	74.30%	68.66%	70.25%	71.38%	67.35%
Best result	80.10%	76.24%	75.13%	76.42%	74.01%
Average result	73.28%	67.60%	66.80%	69.49%	67.95%
Worst result	67.85%	59.92%	58.48%	60.25%	58.44%
Responses	4080	4052	4321	4501	3955

Q2c Time passes quickly when I am working.



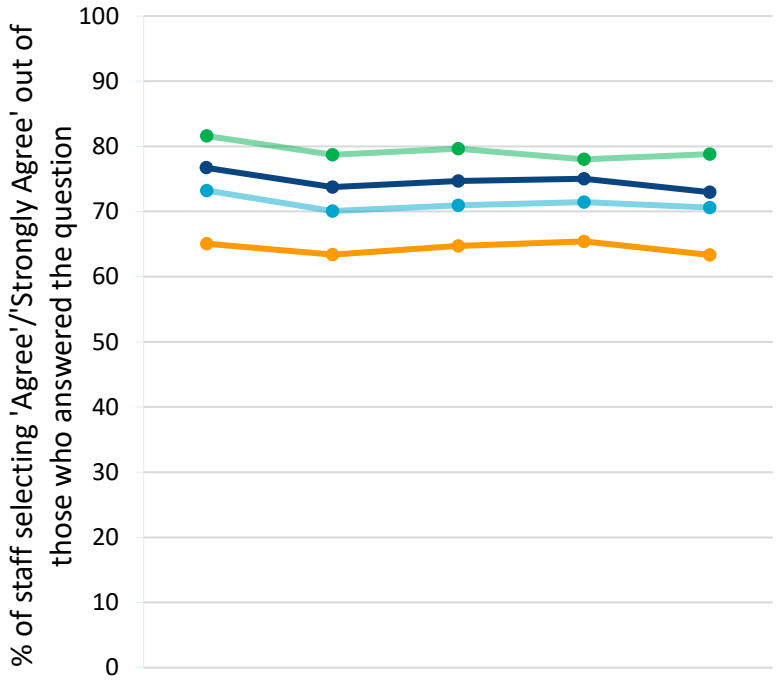
	2020	2021	2022	2023	2024
Your org	77.34%	75.64%	74.52%	75.62%	73.27%
Best result	81.23%	79.39%	78.98%	77.45%	78.37%
Average result	76.16%	72.99%	72.52%	72.36%	70.90%
Worst result	71.22%	68.54%	67.46%	64.61%	64.08%
Responses	4083	4050	4317	4506	3955

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



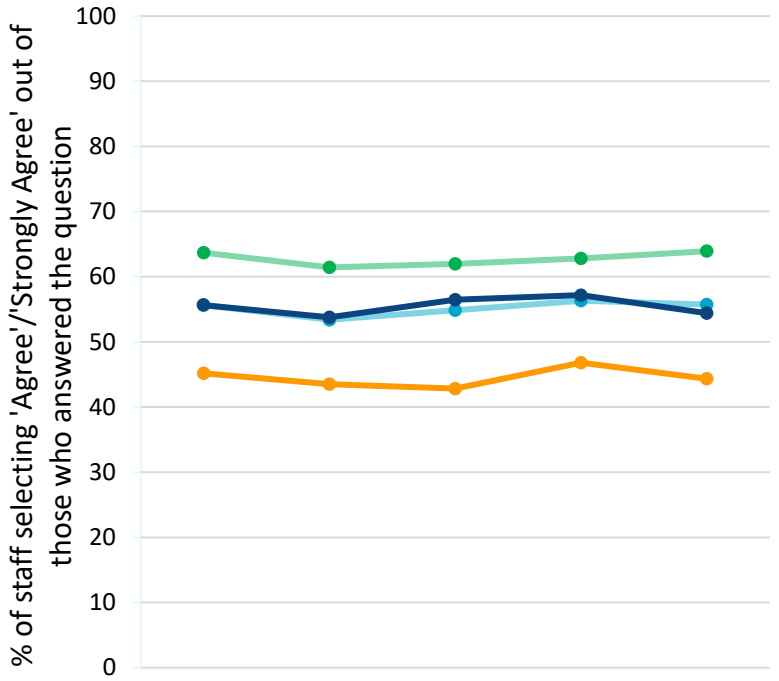
	2020	2021	2022	2023	2024
Your org	73.86%	74.98%	75.76%	76.58%	73.89%
Best result	78.30%	79.42%	80.00%	80.09%	79.13%
Average result	72.32%	72.74%	72.89%	73.76%	73.20%
Worst result	64.86%	65.95%	64.98%	66.84%	65.96%
Responses	4070	4048	4355	4523	3985

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



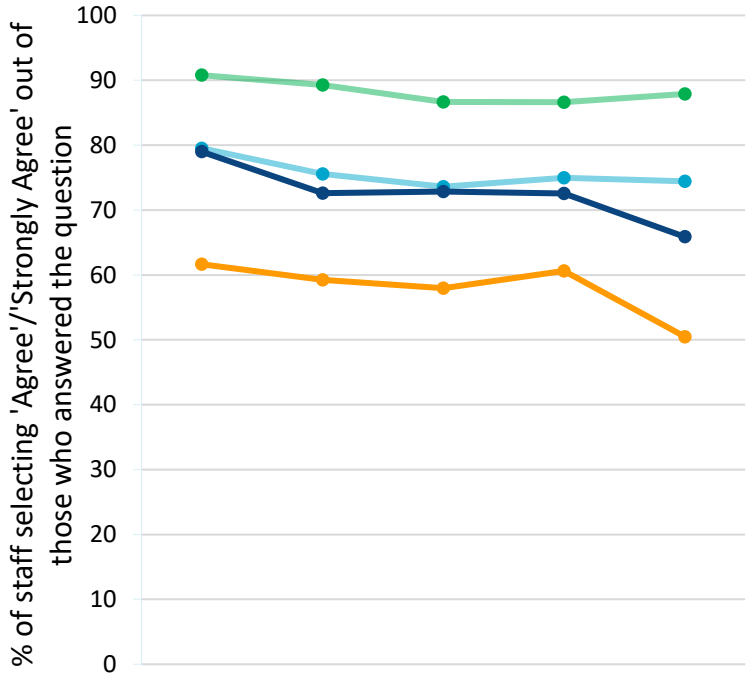
	2020	2021	2022	2023	2024
Your org	76.70%	73.77%	74.67%	75.03%	72.97%
Best result	81.61%	78.70%	79.64%	78.01%	78.83%
Average result	73.23%	70.08%	70.96%	71.46%	70.60%
Worst result	65.06%	63.41%	64.71%	65.42%	63.34%
Responses	4069	4054	4361	4524	3989

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



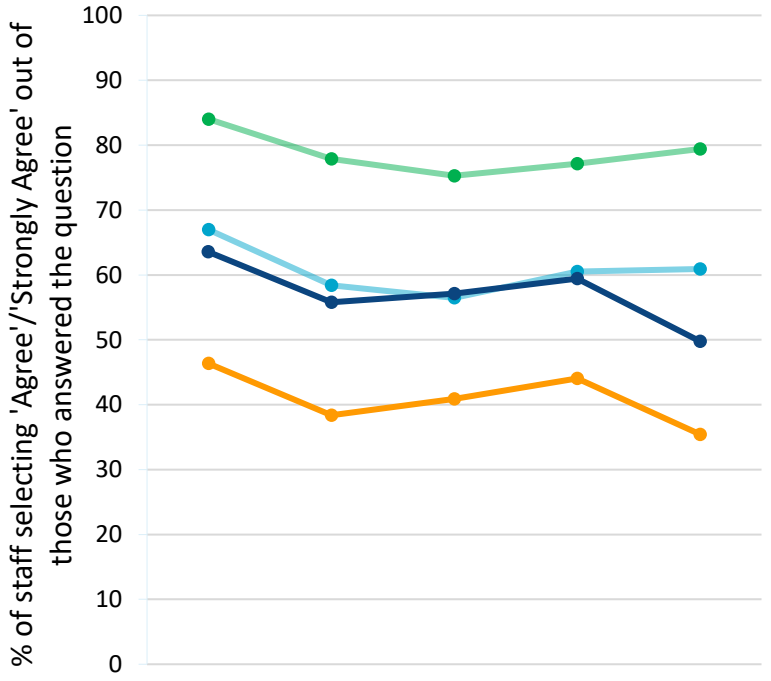
	2020	2021	2022	2023	2024
Your org	55.64%	53.77%	56.49%	57.17%	54.42%
Best result	63.70%	61.43%	61.98%	62.83%	63.91%
Average result	55.64%	53.40%	54.86%	56.31%	55.73%
Worst result	45.19%	43.51%	42.83%	46.80%	44.36%
Responses	4060	4052	4357	4524	3986

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



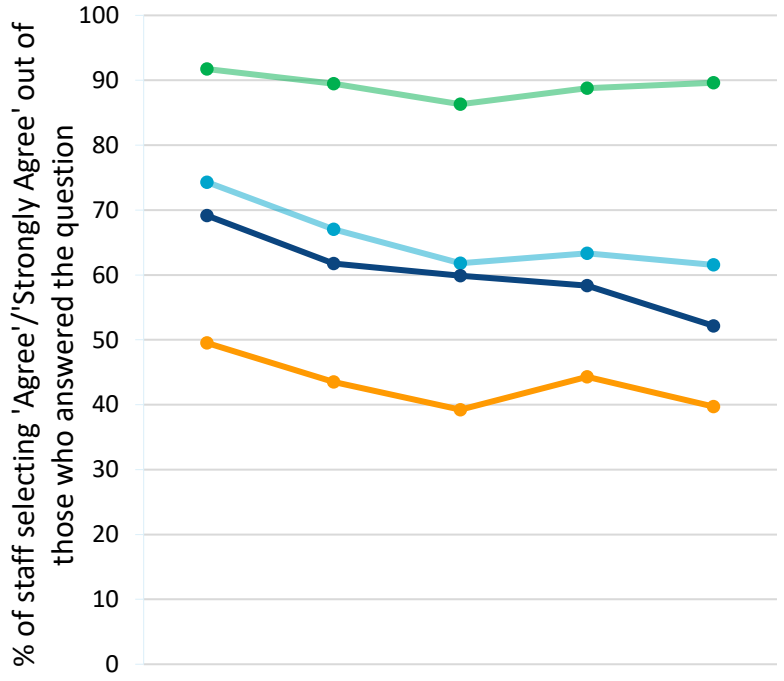
	2020	2021	2022	2023	2024
Your org	78.98%	72.62%	72.85%	72.57%	65.87%
Best result	90.78%	89.26%	86.67%	86.62%	87.89%
Average result	79.52%	75.57%	73.60%	74.95%	74.42%
Worst result	61.64%	59.23%	57.97%	60.62%	50.48%
Responses	3932	3937	4355	4513	3965

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



	2020	2021	2022	2023	2024
Your org	63.54%	55.78%	57.12%	59.45%	49.77%
Best result	84.01%	77.87%	75.29%	77.14%	79.38%
Average result	66.98%	58.40%	56.46%	60.53%	60.90%
Worst result	46.35%	38.38%	40.89%	44.05%	35.43%
Responses	3926	3934	4350	4511	3966

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



	2020	2021	2022	2023	2024
Your org	69.14%	61.75%	59.88%	58.37%	52.15%
Best result	91.73%	89.48%	86.30%	88.79%	89.59%
Average result	74.30%	67.01%	61.79%	63.34%	61.54%
Worst result	49.51%	43.50%	39.23%	44.30%	39.72%
Responses	3928	3937	4354	4507	3965

Survey Coordination Centre

NHS

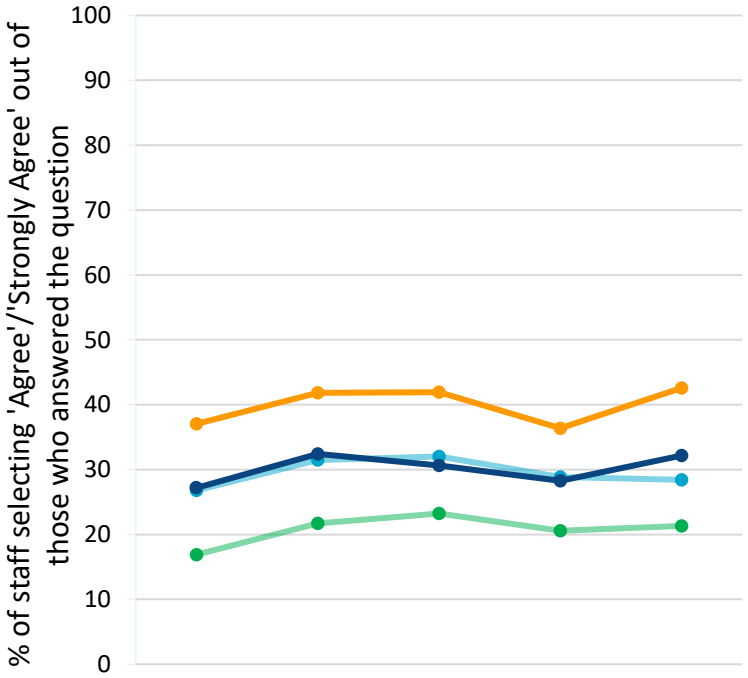
Theme - Morale

Questions included:

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

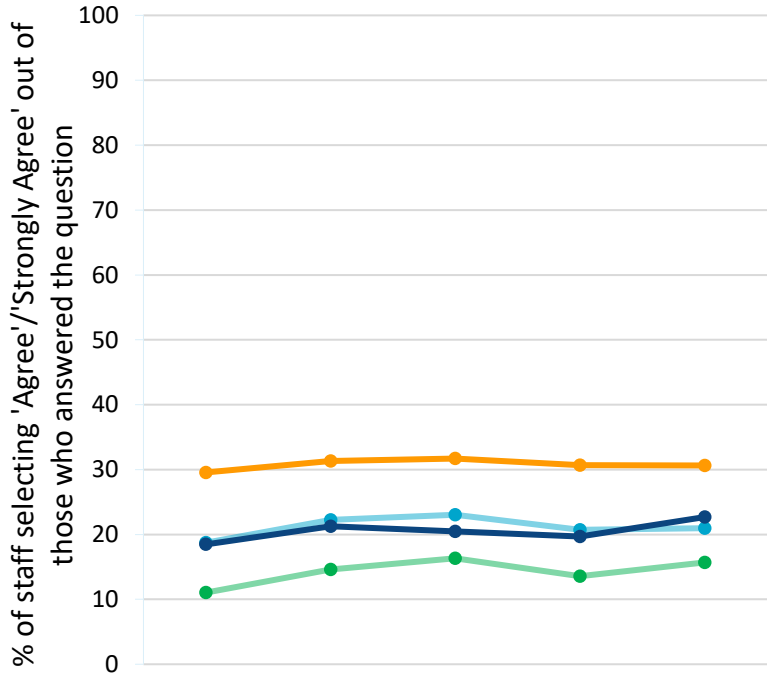
Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Q26a I often think about leaving this organisation.



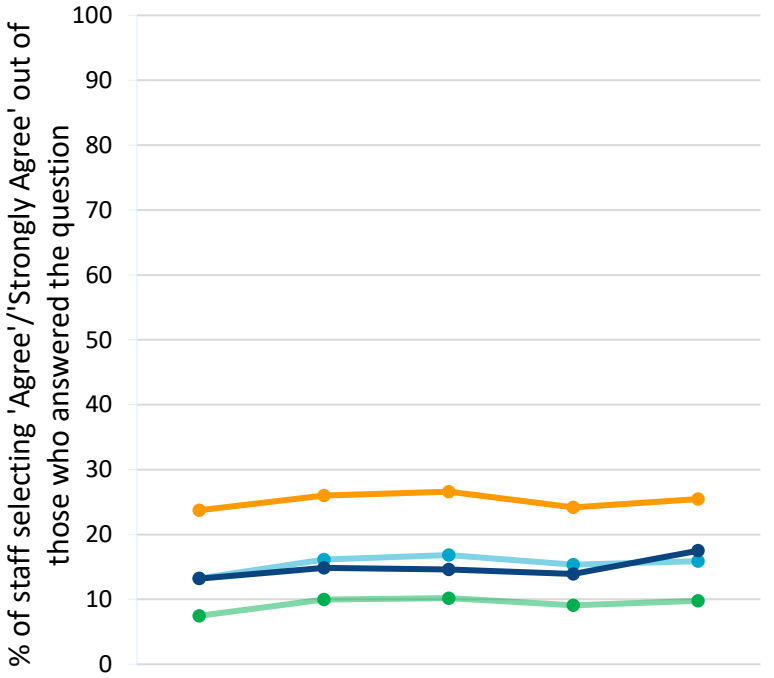
	2020	2021	2022	2023	2024
Your org	27.18%	32.42%	30.63%	28.29%	32.19%
Best result	16.88%	21.69%	23.23%	20.56%	21.30%
Average result	26.80%	31.47%	32.02%	28.87%	28.43%
Worst result	37.07%	41.84%	41.90%	36.37%	42.58%
Responses	3938	3932	4337	4524	3970

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



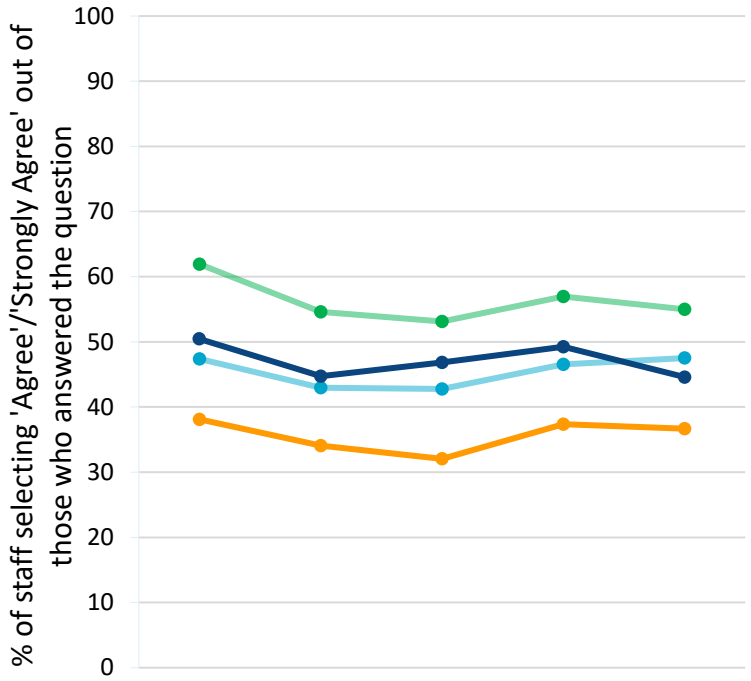
	2020	2021	2022	2023	2024
Your org	18.47%	21.26%	20.45%	19.66%	22.68%
Best result	11.04%	14.62%	16.33%	13.58%	15.68%
Average result	18.73%	22.25%	23.04%	20.73%	20.98%
Worst result	29.56%	31.32%	31.70%	30.70%	30.62%
Responses	3936	3925	4338	4518	3965

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



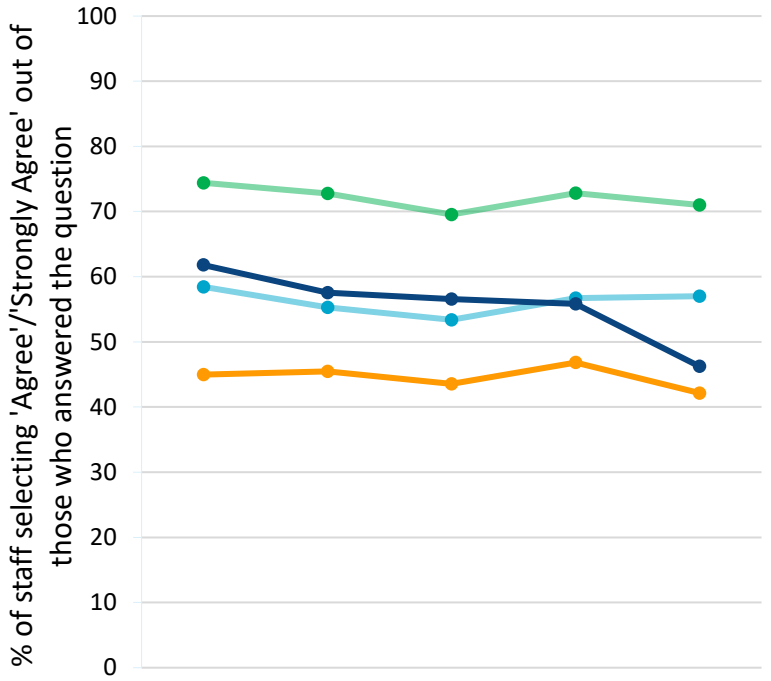
	2020	2021	2022	2023	2024
Your org	13.19%	14.86%	14.61%	13.91%	17.49%
Best result	7.47%	9.95%	10.19%	9.10%	9.76%
Average result	13.23%	16.15%	16.83%	15.32%	15.87%
Worst result	23.73%	25.99%	26.60%	24.17%	25.47%
Responses	3935	3925	4338	4510	3959

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



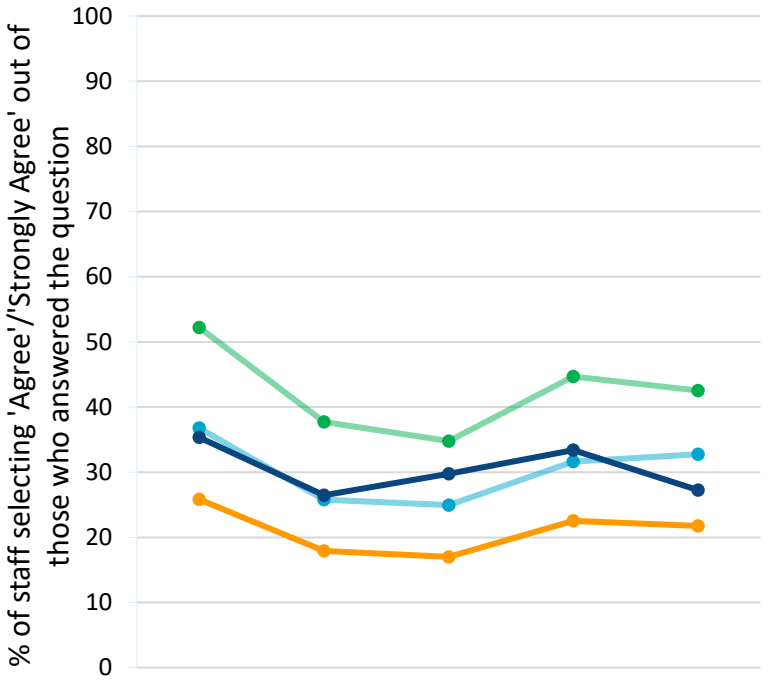
	2020	2021	2022	2023	2024
Your org	50.44%	44.74%	46.87%	49.27%	44.60%
Best result	61.92%	54.62%	53.13%	56.95%	55.01%
Average result	47.39%	42.96%	42.78%	46.56%	47.51%
Worst result	38.11%	34.06%	32.05%	37.35%	36.68%
Responses	4061	4045	4352	4518	3980

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



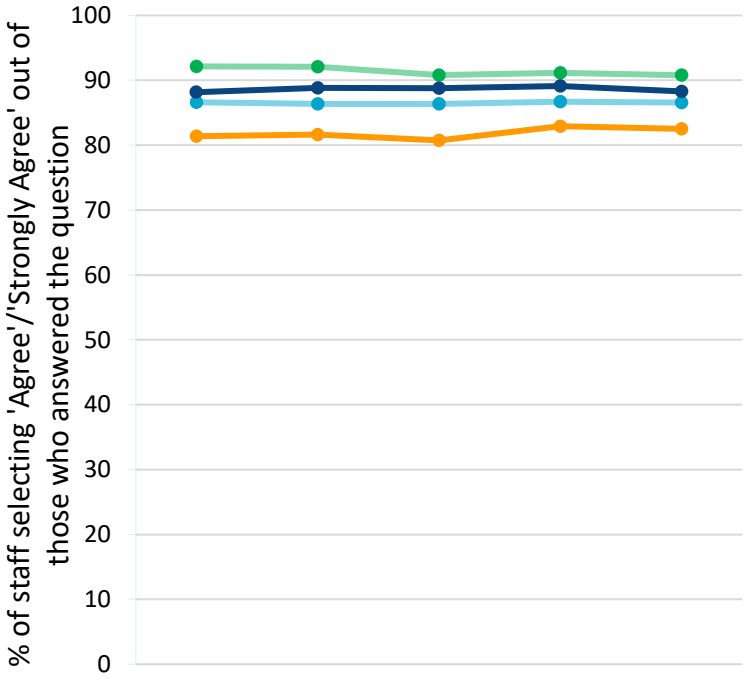
	2020	2021	2022	2023	2024
Your org	61.78%	57.54%	56.57%	55.82%	46.23%
Best result	74.41%	72.78%	69.54%	72.83%	70.99%
Average result	58.44%	55.30%	53.39%	56.69%	57.00%
Worst result	44.99%	45.47%	43.54%	46.82%	42.14%
Responses	4059	4043	4358	4522	3989

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



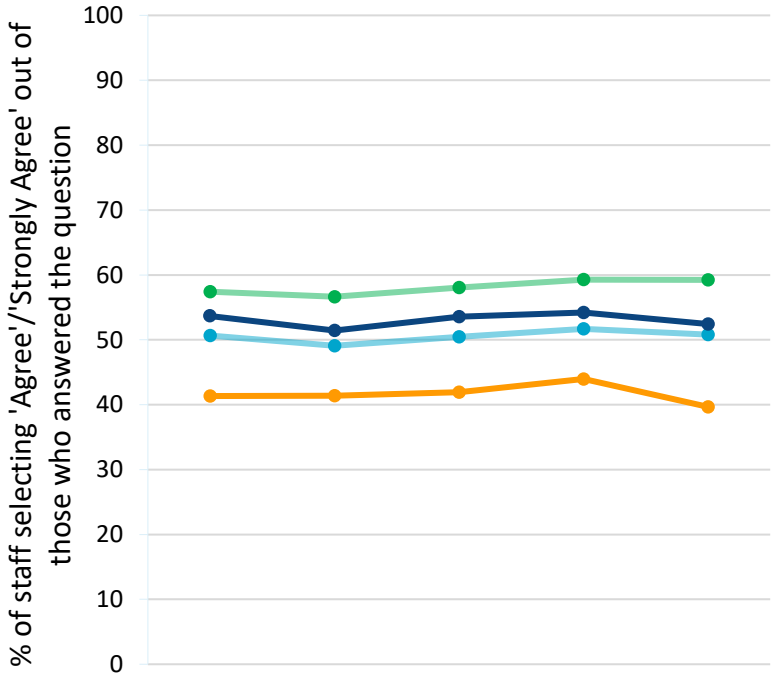
	2020	2021	2022	2023	2024
Your org	35.33%	26.46%	29.73%	33.37%	27.26%
Best result	52.21%	37.72%	34.78%	44.71%	42.52%
Average result	36.76%	25.80%	24.95%	31.62%	32.77%
Worst result	25.83%	17.92%	17.00%	22.55%	21.73%
Responses	4058	4053	4358	4527	3987

Q3a I always know what my work responsibilities are.



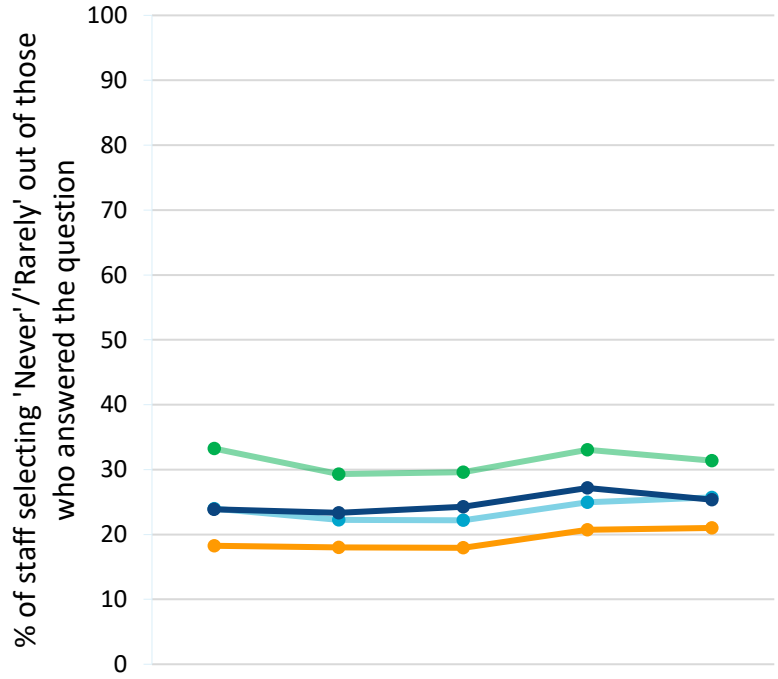
	2020	2021	2022	2023	2024
Your org	88.16%	88.82%	88.76%	89.11%	88.29%
Best result	92.13%	92.08%	90.80%	91.12%	90.77%
Average result	86.62%	86.35%	86.35%	86.70%	86.55%
Worst result	81.40%	81.65%	80.73%	82.92%	82.51%
Responses	4127	4057	4354	4534	3992

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



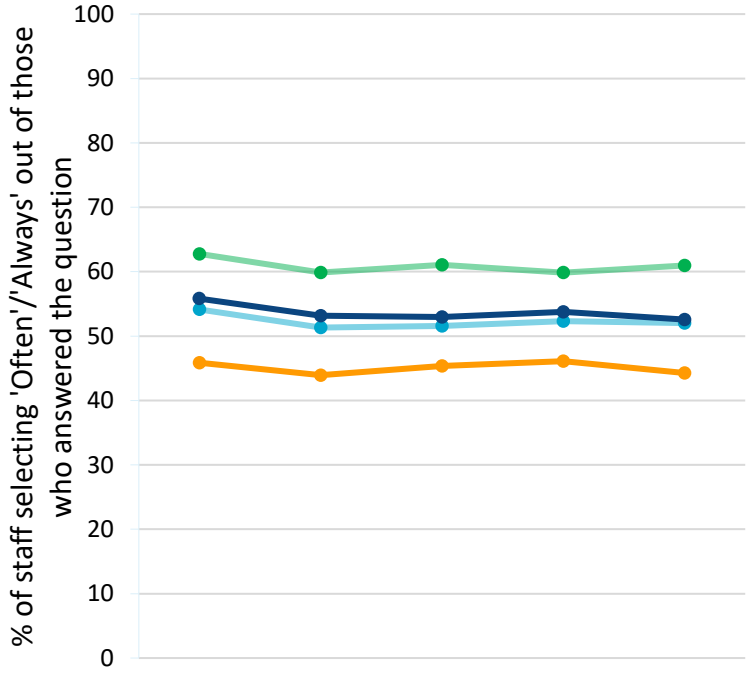
	2020	2021	2022	2023	2024
Your org	53.67%	51.43%	53.57%	54.20%	52.44%
Best result	57.43%	56.64%	58.05%	59.27%	59.25%
Average result	50.68%	49.08%	50.44%	51.68%	50.81%
Worst result	41.35%	41.40%	41.91%	43.96%	39.67%
Responses	4067	4051	4357	4524	3986

Q5a I have unrealistic time pressures.



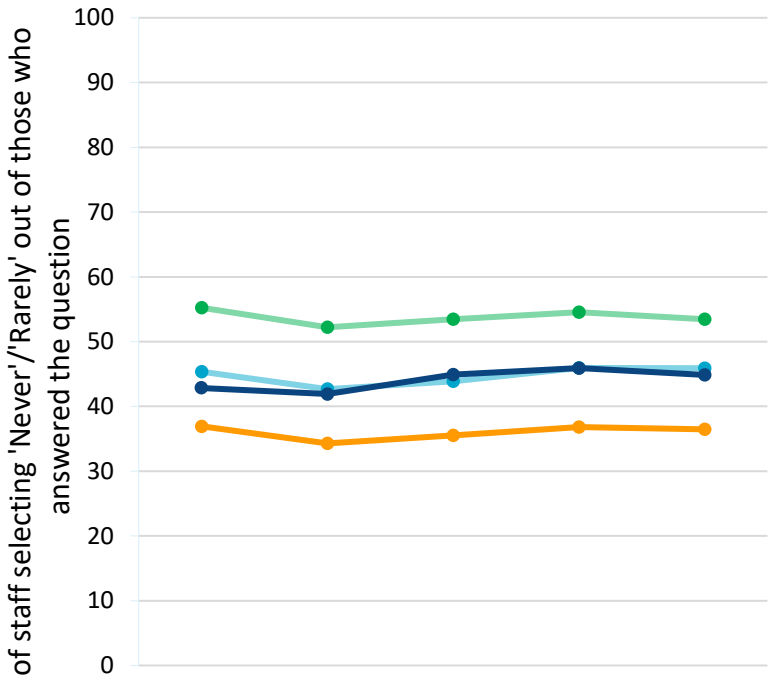
	2020	2021	2022	2023	2024
Your org	23.87%	23.34%	24.26%	27.16%	25.34%
Best result	33.24%	29.31%	29.61%	33.04%	31.37%
Average result	23.97%	22.27%	22.18%	24.95%	25.71%
Worst result	18.24%	18.00%	17.94%	20.72%	21.01%
Responses	4049	4029	4342	4525	3982

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



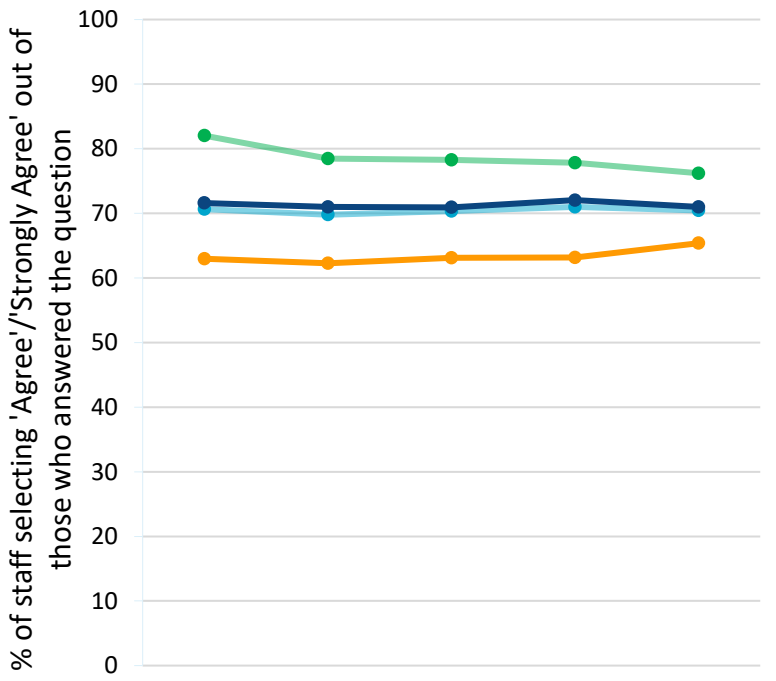
	2020	2021	2022	2023	2024
Your org	55.81%	53.18%	52.96%	53.75%	52.57%
Best result	62.76%	59.87%	61.04%	59.85%	60.94%
Average result	54.13%	51.32%	51.55%	52.31%	52.02%
Worst result	45.86%	43.93%	45.33%	46.10%	44.26%
Responses	4048	4032	4341	4518	3976

Q5c Relationships at work are strained.



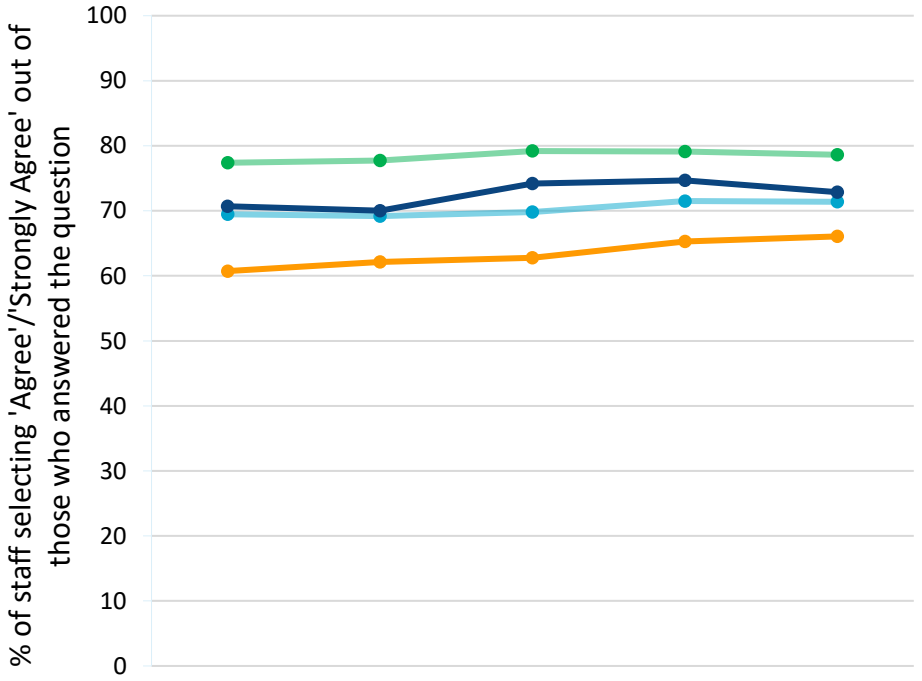
	2020	2021	2022	2023	2024
Your org	42.84%	41.92%	44.92%	45.92%	44.86%
Best result	55.23%	52.22%	53.46%	54.56%	53.48%
Average result	45.35%	42.67%	43.89%	45.94%	45.91%
Worst result	36.93%	34.28%	35.52%	36.80%	36.48%
Responses	4050	4028	4340	4517	3974

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



	2020	2021	2022	2023	2024
Your org	71.61%	71.02%	70.92%	72.05%	70.97%
Best result	82.02%	78.45%	78.29%	77.84%	76.21%
Average result	70.63%	69.79%	70.36%	70.99%	70.44%
Worst result	62.98%	62.27%	63.14%	63.16%	65.37%
Responses	4061	4011	4359	4526	3983

Q9a My immediate manager encourages me at work.



	2020	2021	2022	2023	2024
Your org	70.69%	70.02%	74.19%	74.67%	72.85%
Best result	77.39%	77.71%	79.19%	79.11%	78.63%
Average result	69.49%	69.19%	69.81%	71.50%	71.38%
Worst result	60.73%	62.13%	62.79%	65.30%	66.06%
Responses	4015	3997	4362	4528	3983

Questions not linked to People Promise elements or themes

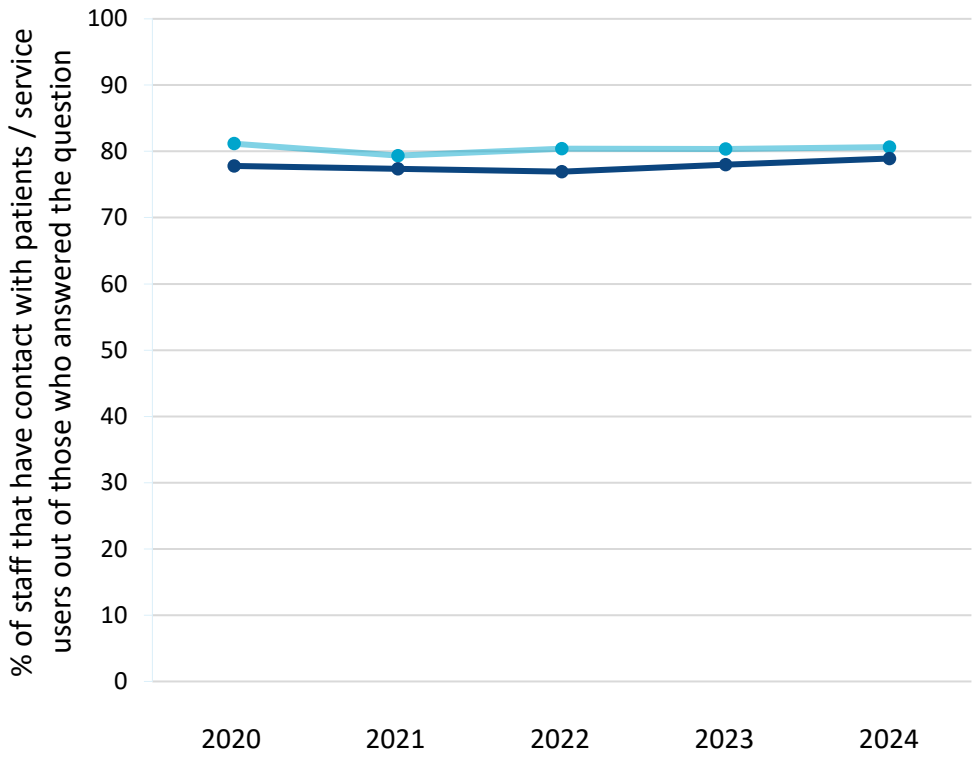
Questions included:*

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

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

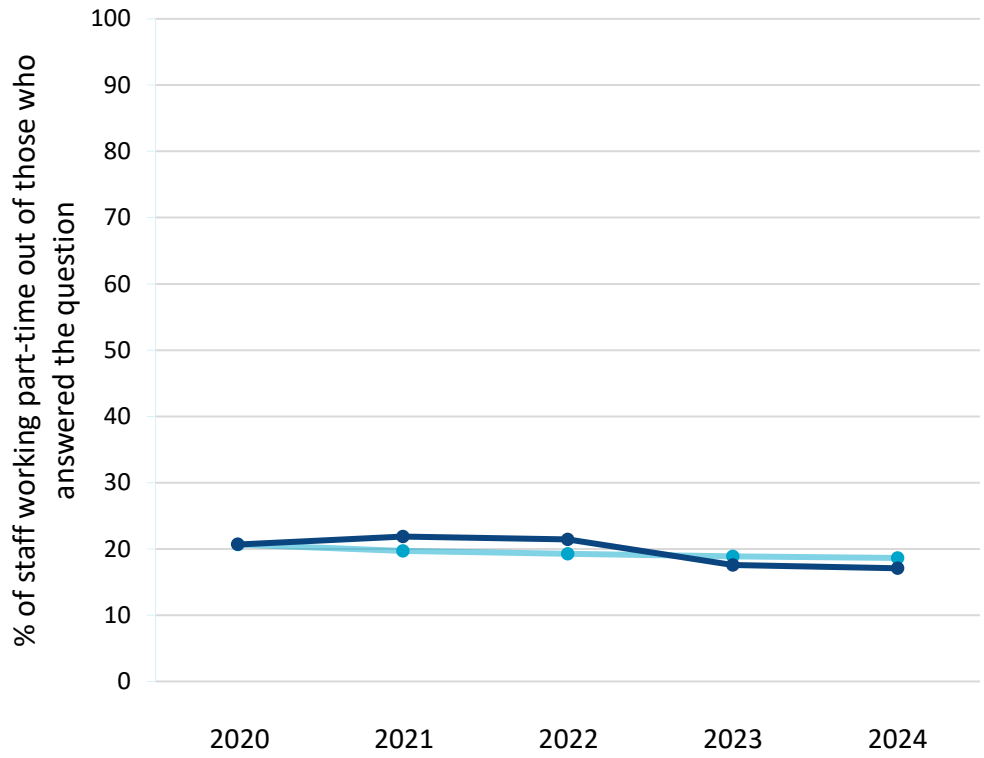
Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

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



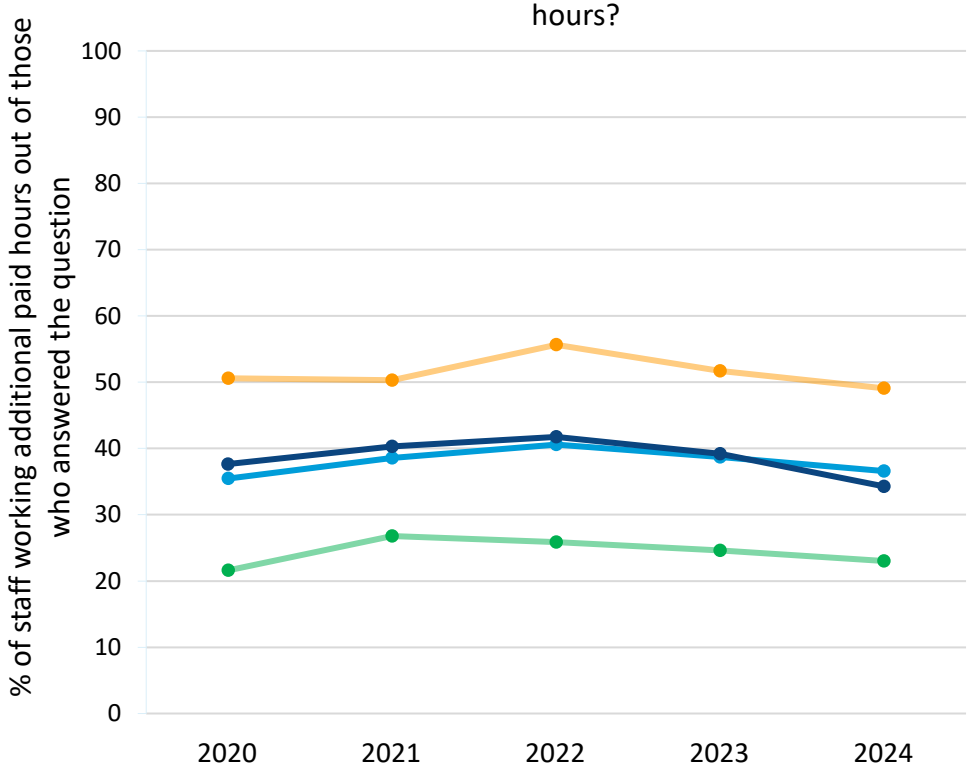
	2020	2021	2022	2023	2024
Your org	77.79%	77.38%	76.94%	77.98%	78.92%
Average	81.16%	79.36%	80.42%	80.37%	80.65%
Responses	4133	4081	4314	4518	3966

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



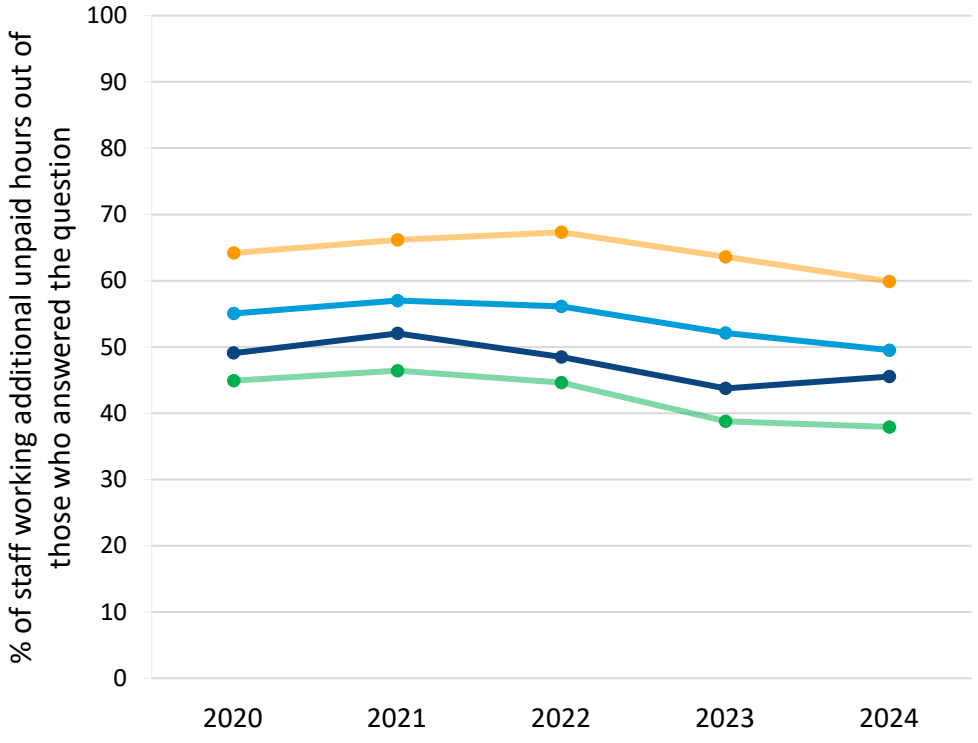
	2020	2021	2022	2023	2024
Your org	20.67%	21.86%	21.43%	17.57%	17.08%
Average	20.66%	19.69%	19.24%	18.88%	18.64%
Responses	3957	3883	4256	4410	3900

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



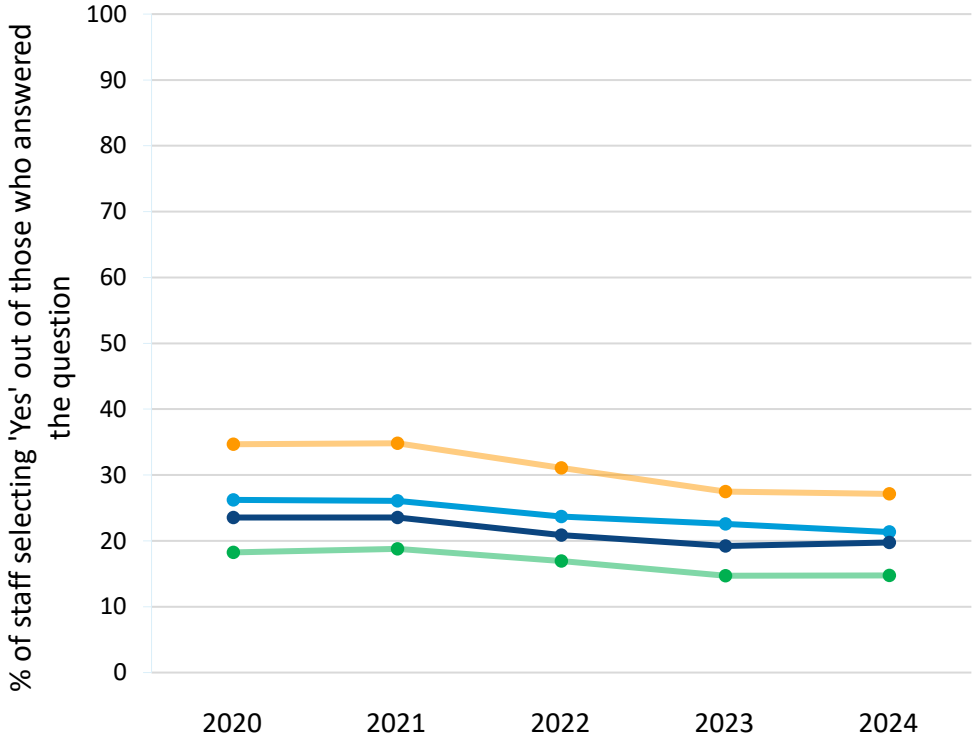
	2020	2021	2022	2023	2024
Your org	37.64%	40.31%	41.75%	39.19%	34.28%
Lowest	21.60%	26.78%	25.87%	24.60%	23.01%
Average	35.46%	38.56%	40.59%	38.71%	36.58%
Highest	50.60%	50.31%	55.65%	51.72%	49.08%
Responses	3978	3973	4335	4511	3972

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



	2020	2021	2022	2023	2024
Your org	49.08%	52.04%	48.50%	43.74%	45.56%
Lowest	44.93%	46.43%	44.60%	38.79%	37.93%
Average	55.06%	57.00%	56.10%	52.10%	49.52%
Highest	64.17%	66.15%	67.31%	63.60%	59.88%
Responses	3985	3972	4338	4503	3974

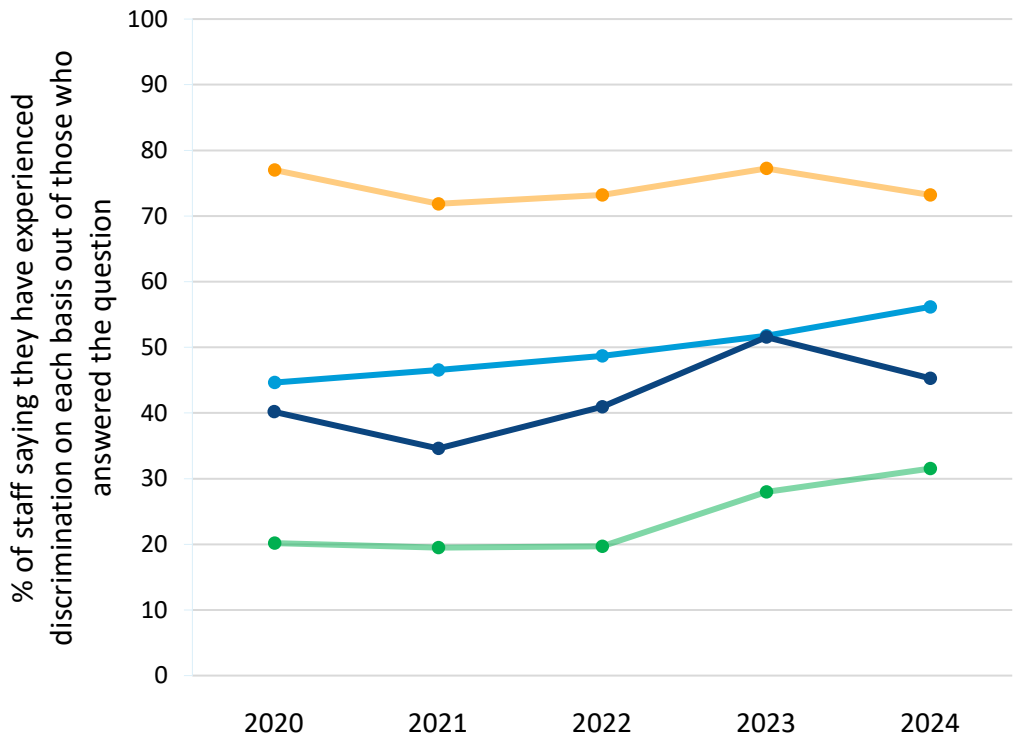
Q11e* Have you felt pressure from your manager to come to work?



	2020	2021	2022	2023	2024
Your org	23.53%	23.55%	20.86%	19.22%	19.76%
Best result	18.25%	18.78%	16.95%	14.70%	14.77%
Average result	26.22%	26.06%	23.71%	22.59%	21.34%
Worst result	34.69%	34.82%	31.07%	27.49%	27.13%
Responses	1885	2135	2276	2247	2148

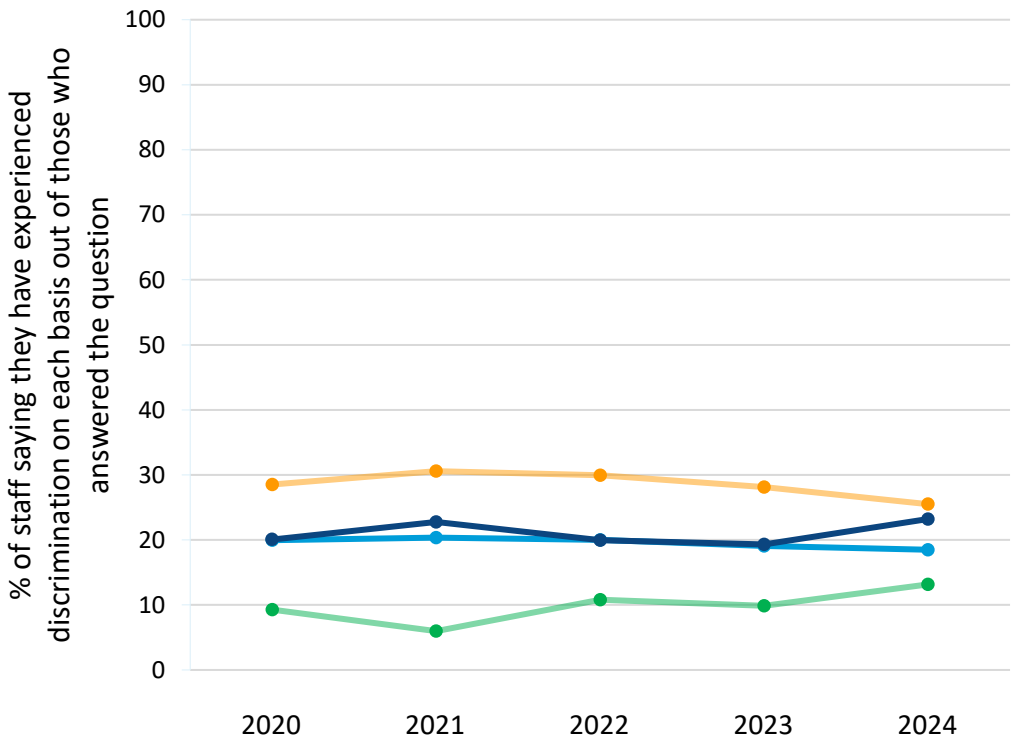
*Q11e is only answered by staff who responded 'Yes' to Q11d.

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



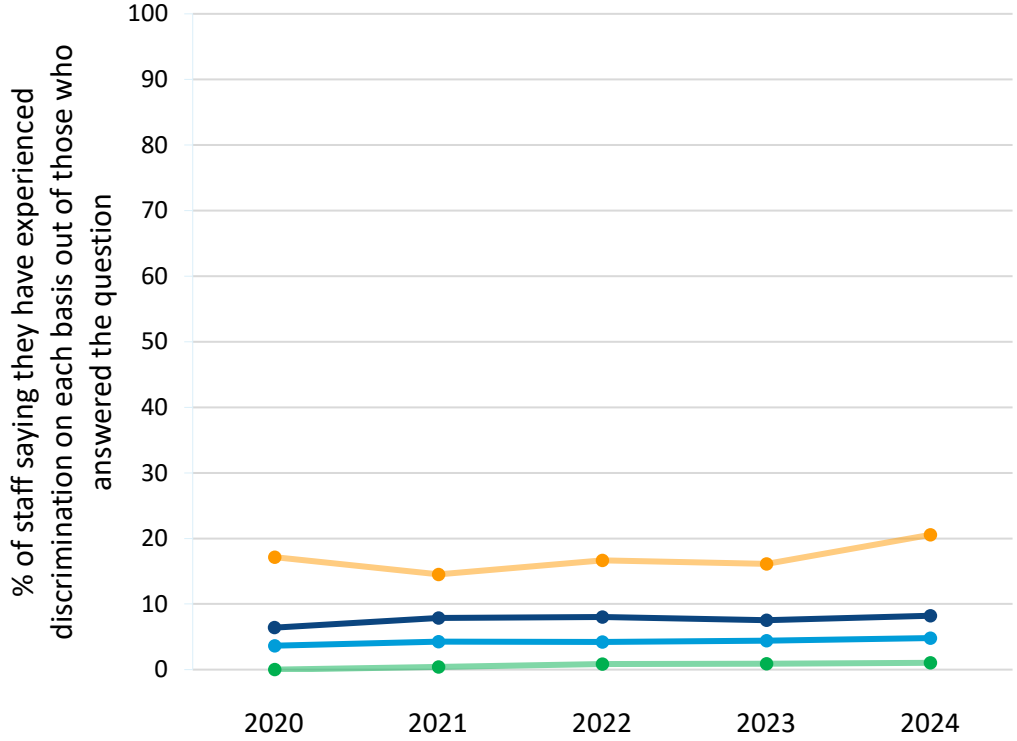
	2020	2021	2022	2023	2024
Your org	40.18%	34.60%	40.94%	51.55%	45.30%
Best result	20.18%	19.49%	19.69%	28.00%	31.53%
Average result	44.63%	46.54%	48.69%	51.77%	56.16%
Worst result	76.99%	71.86%	73.19%	77.24%	73.22%
Responses	410	414	469	513	479

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



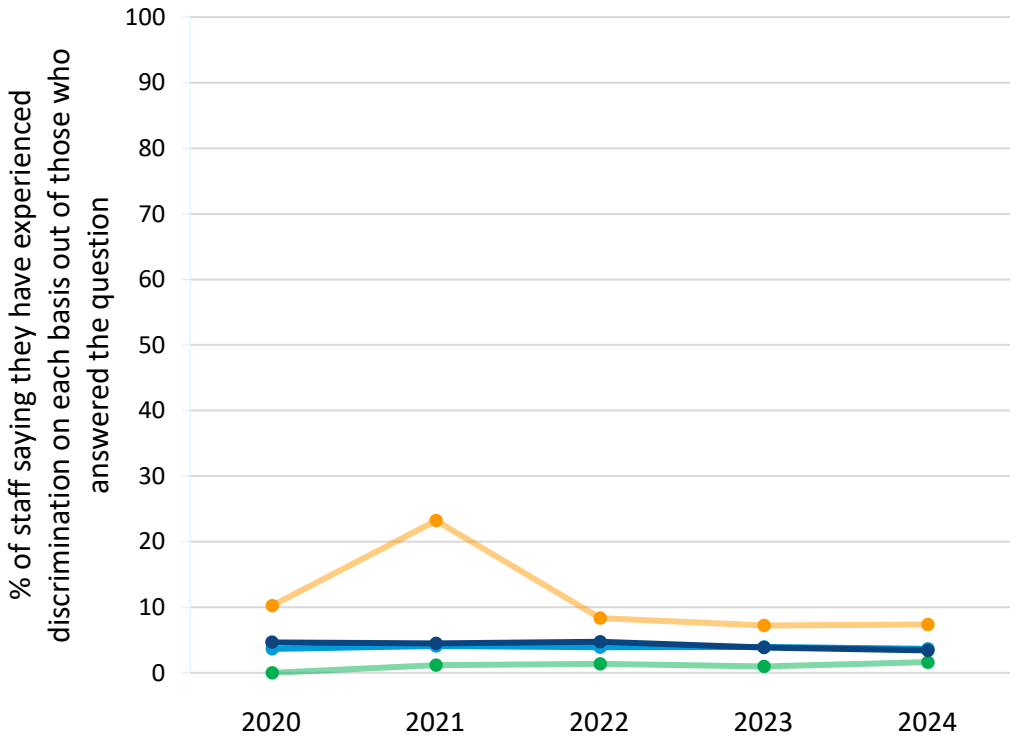
	2020	2021	2022	2023	2024
Your org	20.07%	22.76%	19.97%	19.31%	23.21%
Best result	9.30%	5.97%	10.82%	9.86%	13.16%
Average result	19.96%	20.35%	20.00%	19.07%	18.49%
Worst result	28.50%	30.58%	29.96%	28.11%	25.50%
Responses	410	414	469	513	479

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



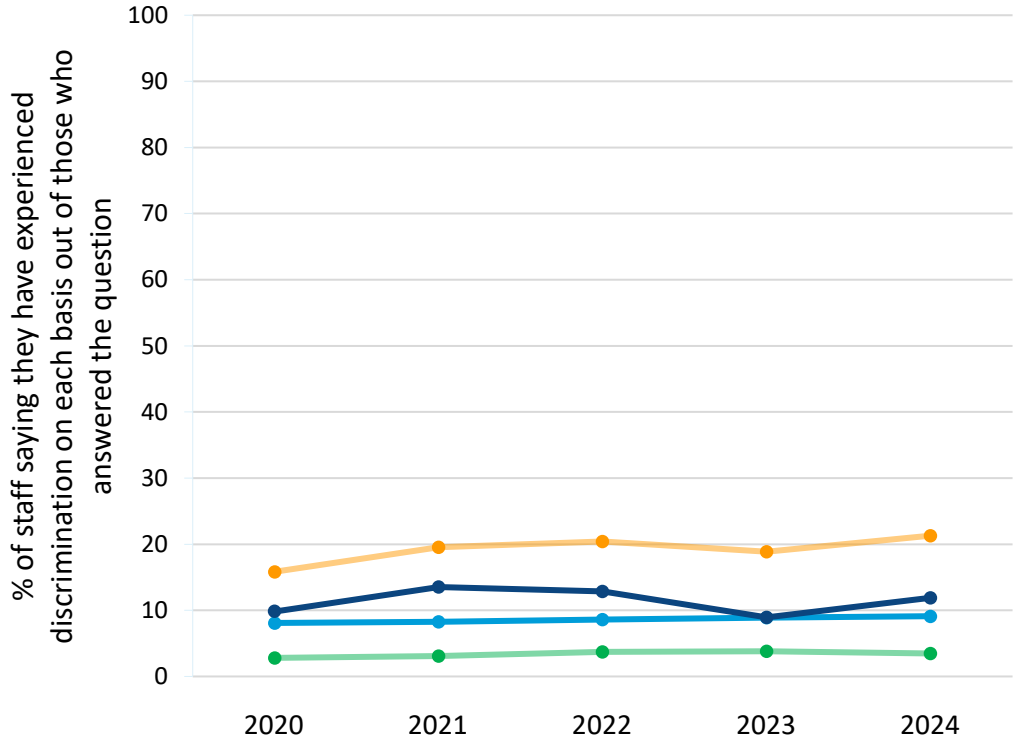
	2020	2021	2022	2023	2024
Your org	6.40%	7.86%	8.01%	7.55%	8.21%
Best result	0.00%	0.42%	0.84%	0.92%	1.04%
Average result	3.64%	4.24%	4.21%	4.43%	4.81%
Worst result	17.17%	14.52%	16.64%	16.12%	20.56%
Responses	410	414	469	513	479

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



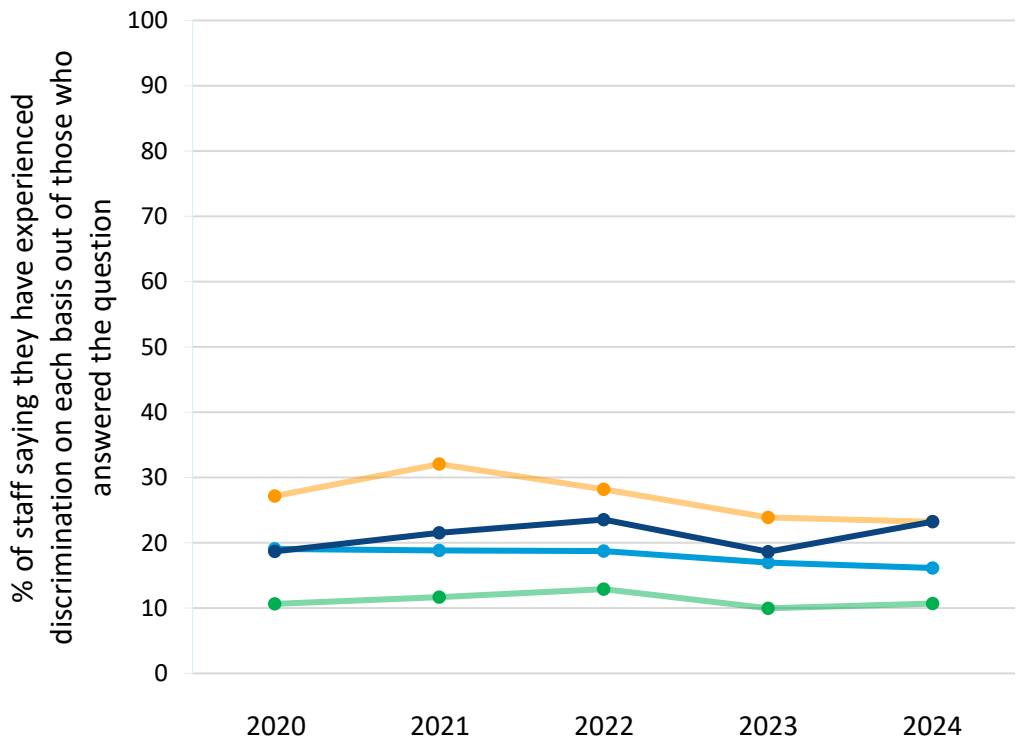
	2020	2021	2022	2023	2024
Your org	4.65%	4.49%	4.74%	3.87%	3.42%
Best result	0.00%	1.16%	1.36%	0.96%	1.63%
Average result	3.65%	4.09%	3.89%	3.96%	3.67%
Worst result	10.25%	23.21%	8.35%	7.22%	7.36%
Responses	410	414	469	513	479

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



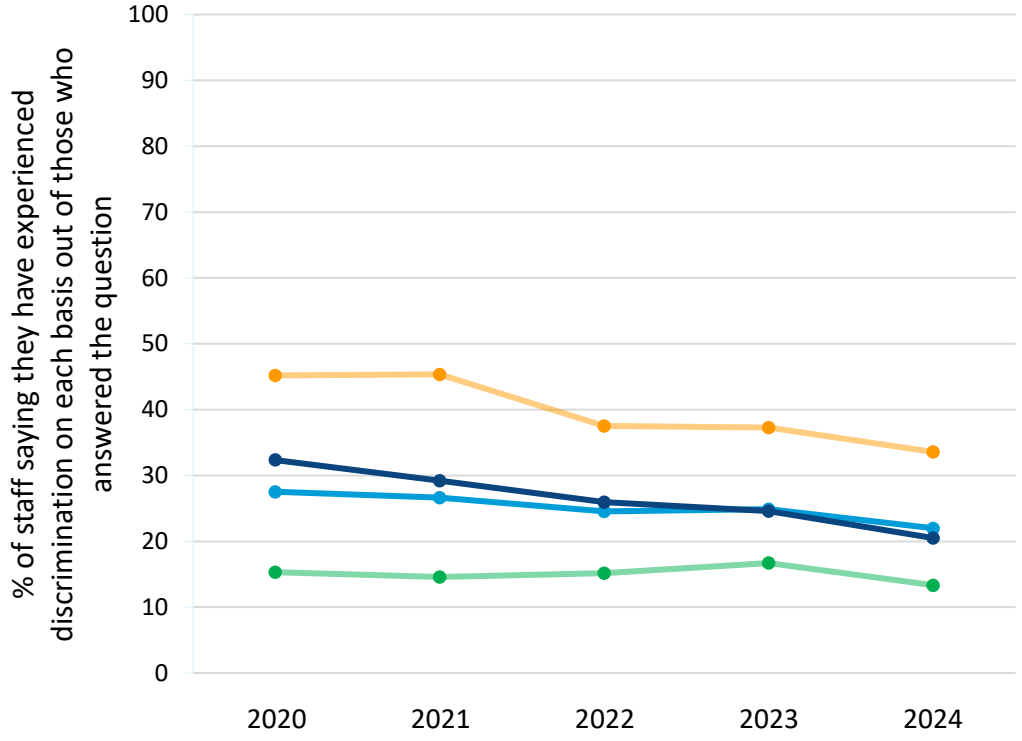
	2020	2021	2022	2023	2024
Your org	9.83%	13.52%	12.86%	8.94%	11.89%
Best result	2.81%	3.10%	3.74%	3.81%	3.48%
Average result	8.10%	8.28%	8.59%	8.91%	9.12%
Worst result	15.84%	19.54%	20.43%	18.85%	21.30%
Responses	410	414	469	513	479

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



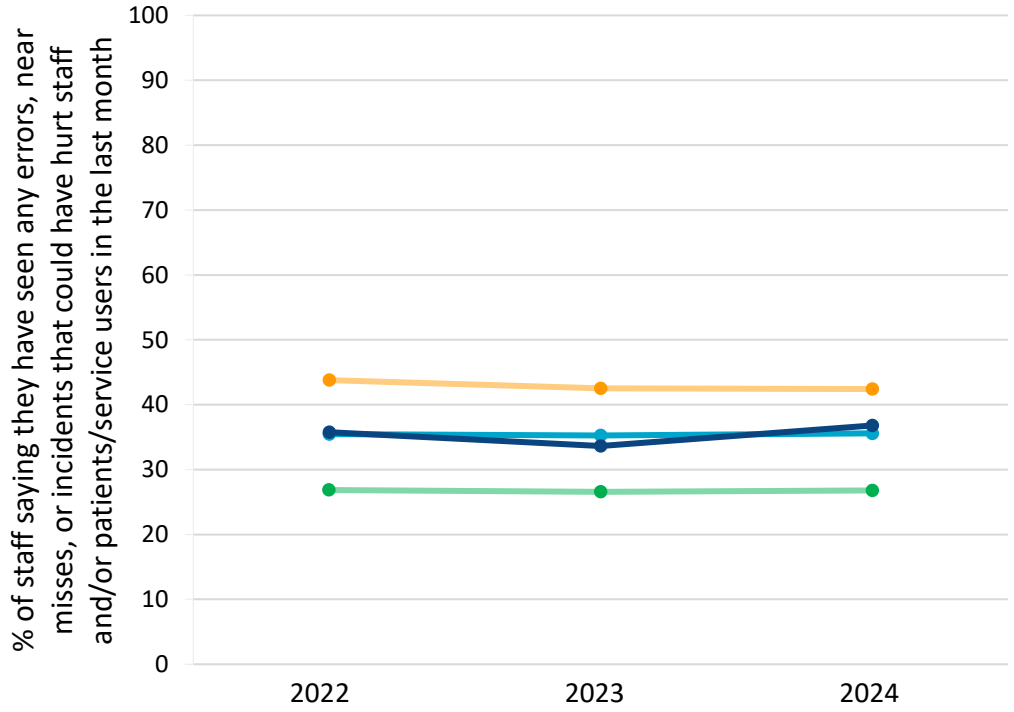
	2020	2021	2022	2023	2024
Your org	18.67%	21.53%	23.56%	18.63%	23.22%
Best result	10.65%	11.70%	12.90%	9.97%	10.71%
Average result	19.06%	18.83%	18.73%	16.99%	16.15%
Worst result	27.17%	32.05%	28.20%	23.87%	23.22%
Responses	410	414	469	513	479

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



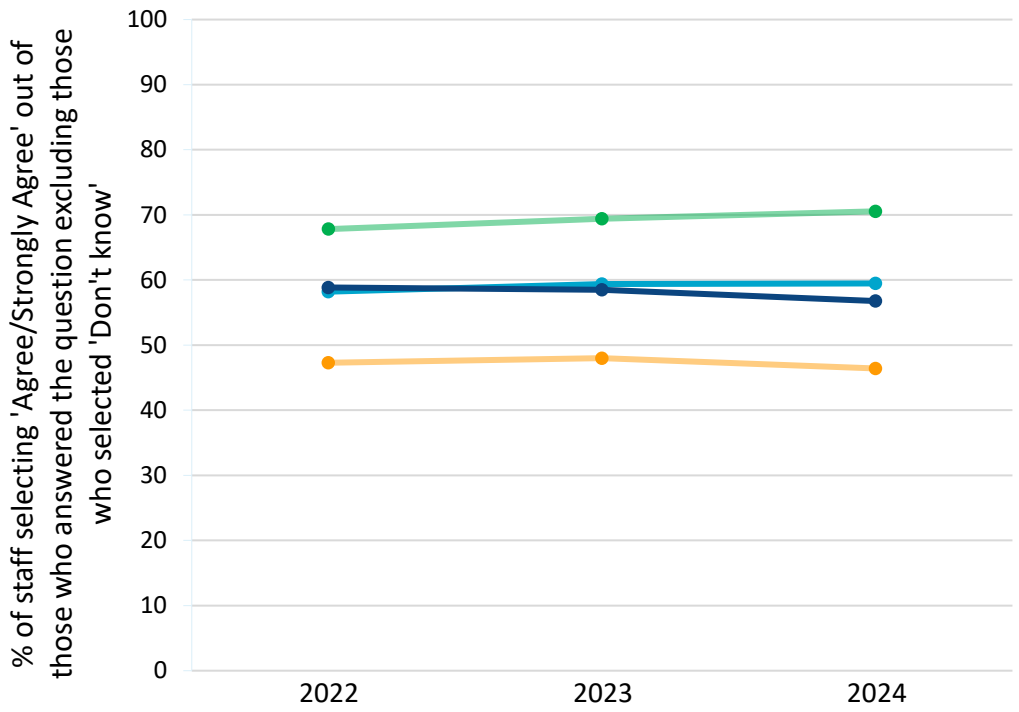
	2020	2021	2022	2023	2024
Your org	32.34%	29.21%	25.95%	24.60%	20.50%
Best result	15.33%	14.60%	15.16%	16.70%	13.34%
Average result	27.53%	26.62%	24.54%	24.88%	21.99%
Worst result	45.22%	45.35%	37.52%	37.27%	33.58%
Responses	410	414	469	513	479

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



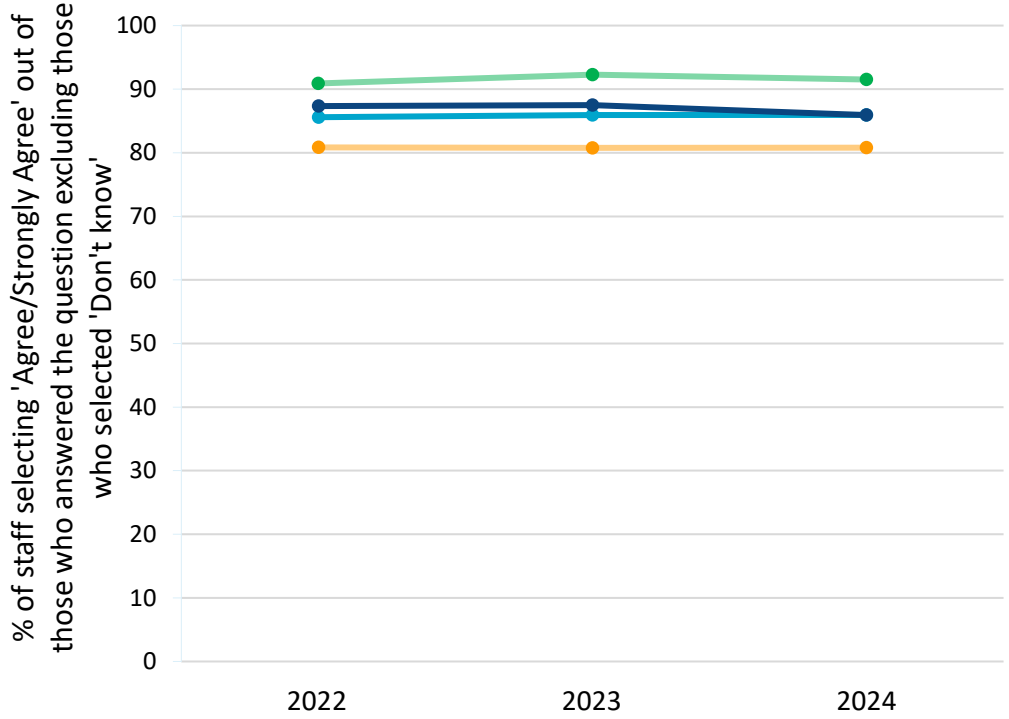
	2022	2023	2024
Your org	35.76%	33.63%	36.79%
Best result	26.85%	26.57%	26.76%
Average result	35.44%	35.26%	35.58%
Worst result	43.78%	42.54%	42.41%
Responses	4259	4432	3913

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



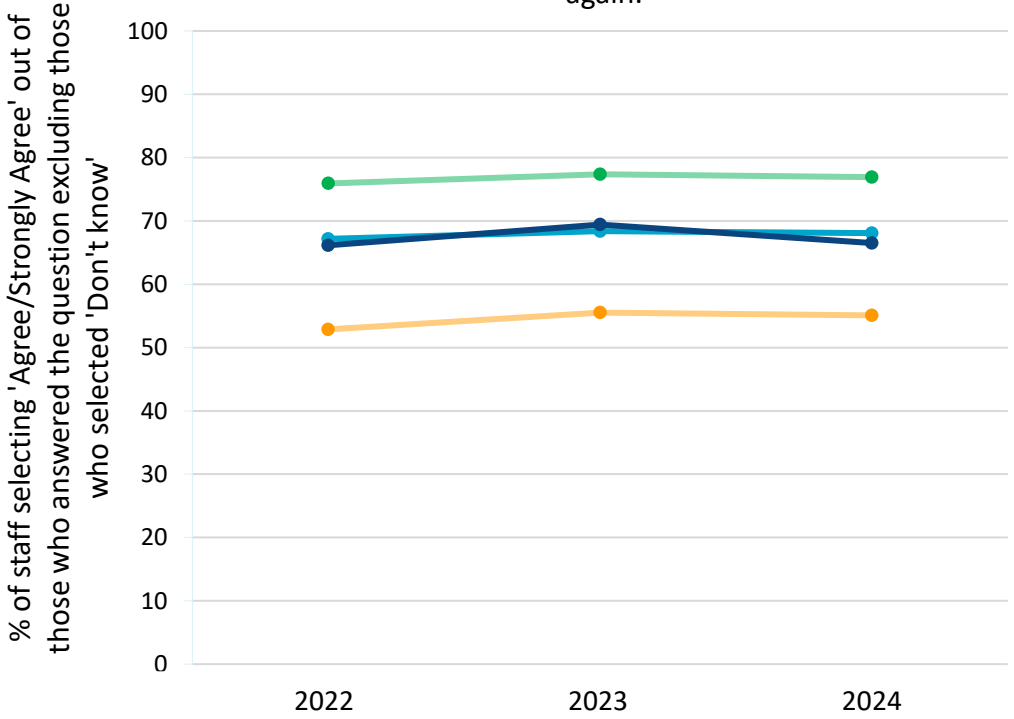
	2022	2023	2024
Your org	58.85%	58.51%	56.77%
Best result	67.82%	69.42%	70.55%
Average result	58.21%	59.40%	59.47%
Worst result	47.27%	48.00%	46.41%
Responses	3363	3383	3028

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



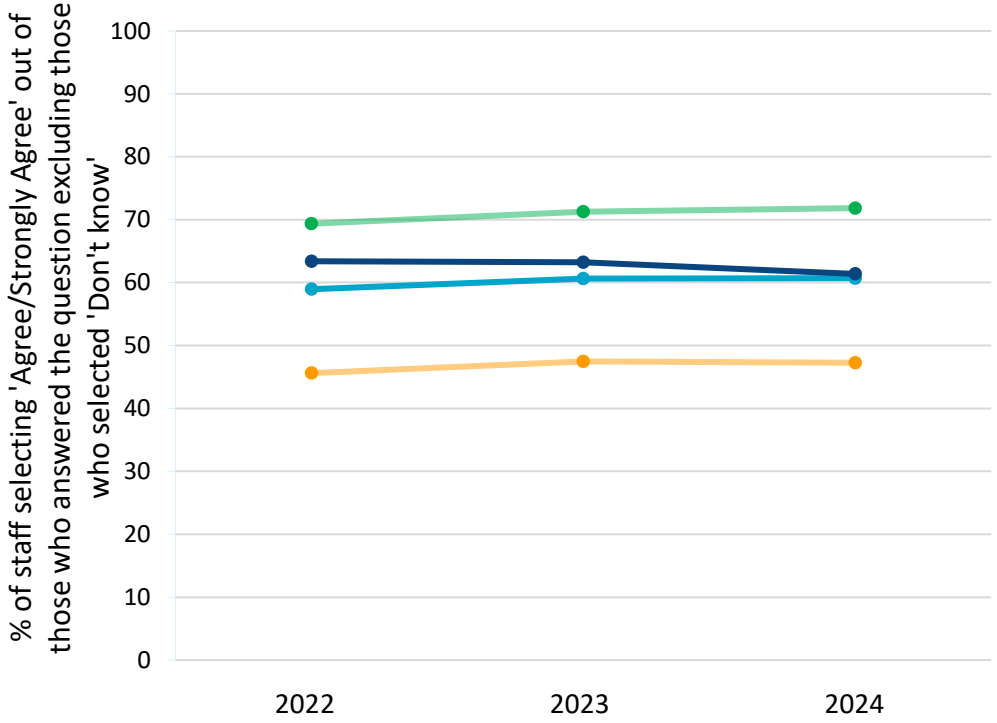
	2022	2023	2024
Your org	87.33%	87.49%	85.92%
Best result	90.90%	92.28%	91.52%
Average result	85.59%	85.95%	85.95%
Worst result	80.84%	80.77%	80.79%
Responses	4155	4302	3817

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



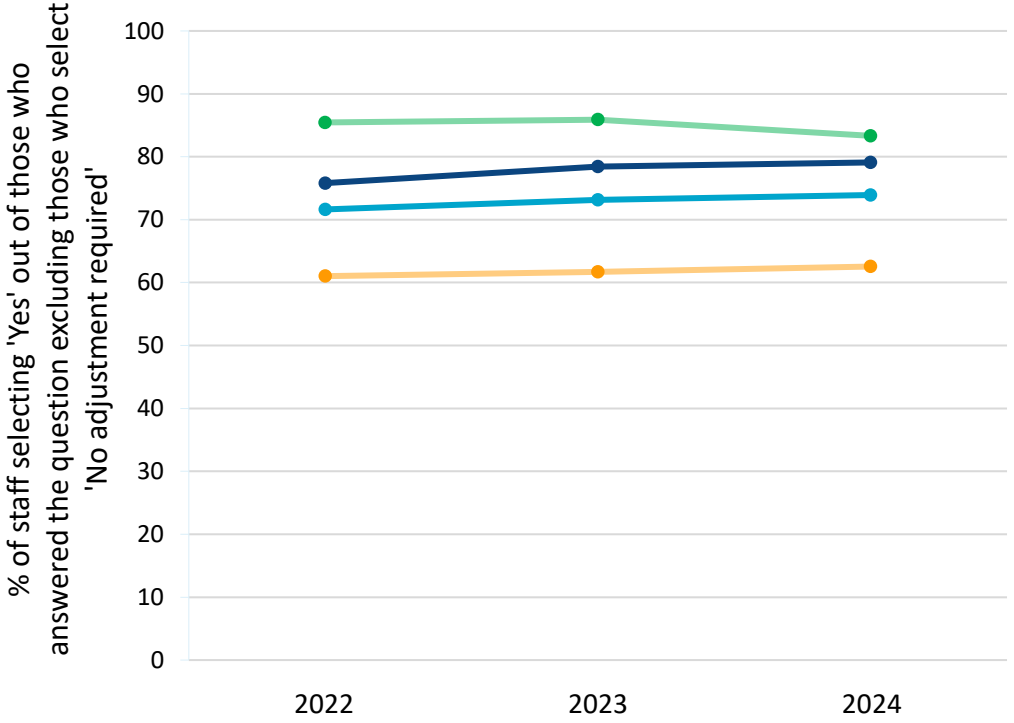
	2022	2023	2024
Your org	66.15%	69.42%	66.52%
Best result	75.92%	77.37%	76.90%
Average result	67.18%	68.39%	68.08%
Worst result	52.87%	55.52%	55.11%
Responses	3851	3952	3506

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



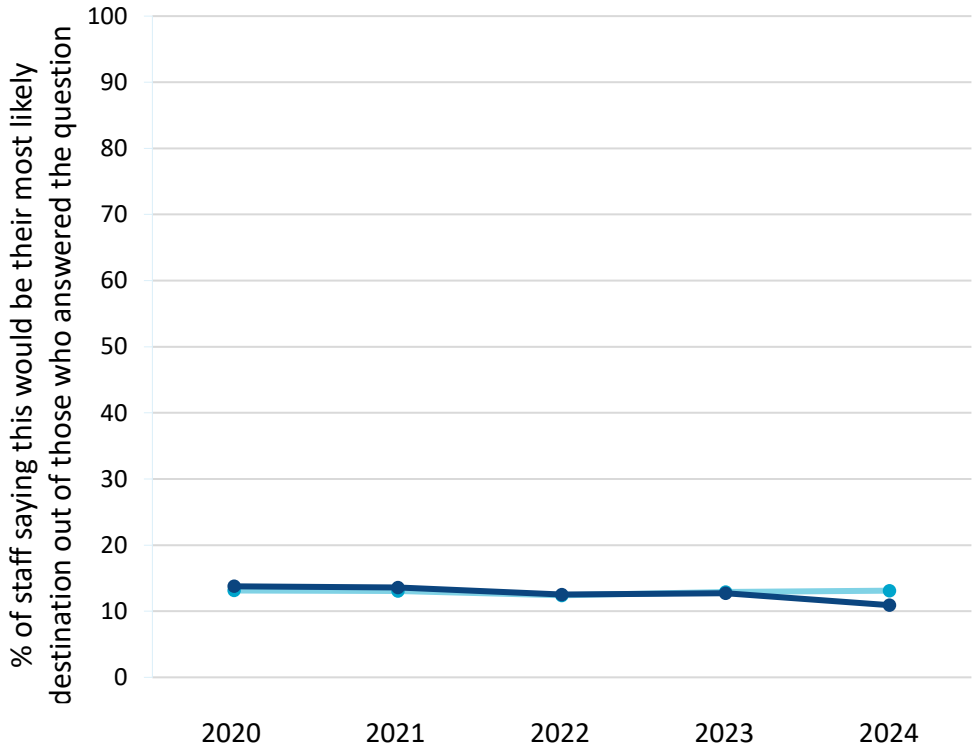
	2022	2023	2024
Your org	63.39%	63.22%	61.38%
Best result	69.36%	71.25%	71.84%
Average result	58.95%	60.66%	60.70%
Worst result	45.61%	47.47%	47.26%
Responses	3827	3984	3534

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



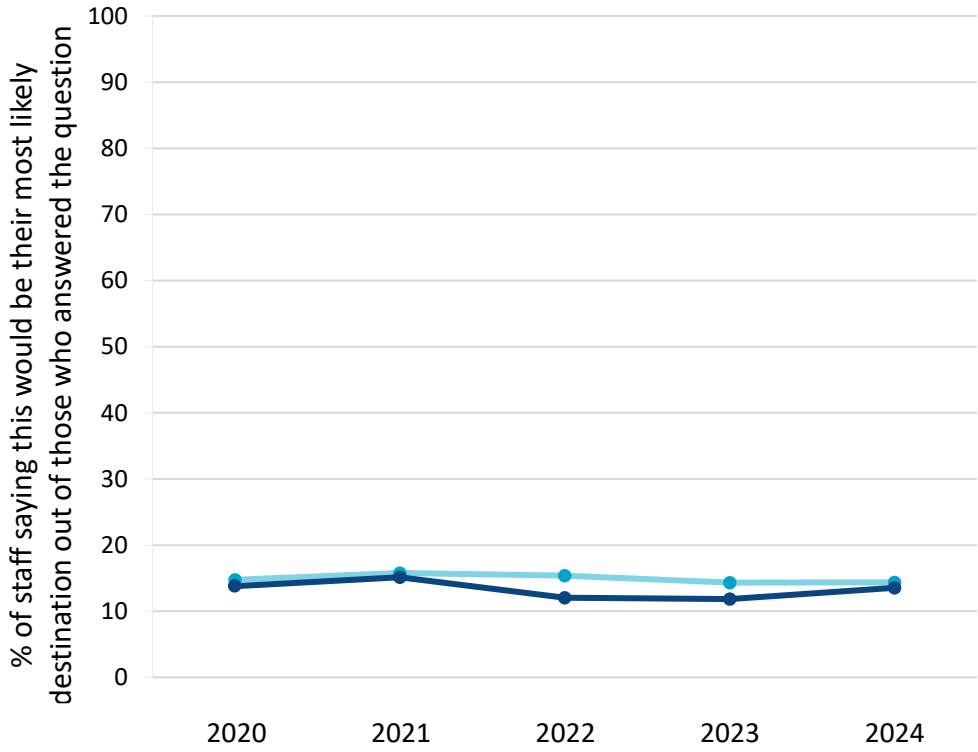
	2022	2023	2024
Your org	75.82%	78.44%	79.10%
Best result	85.45%	85.89%	83.33%
Average result	71.63%	73.13%	73.92%
Worst result	61.02%	61.72%	62.55%
Responses	603	677	679

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



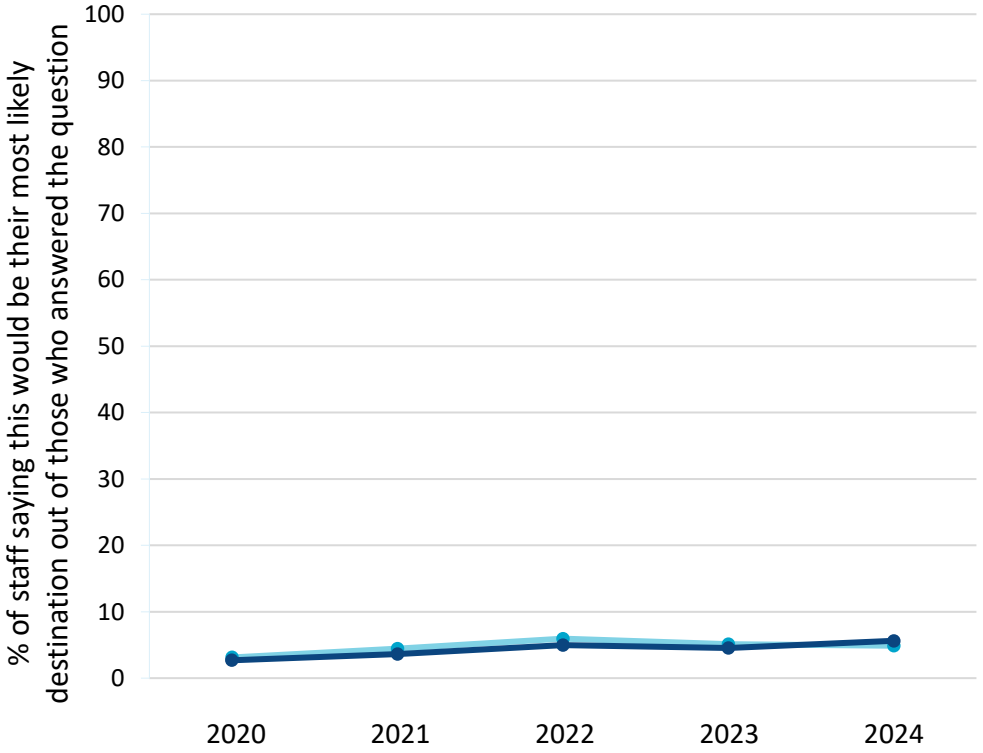
	2020	2021	2022	2023	2024
Your org	13.76%	13.57%	12.55%	12.74%	10.91%
Average	13.13%	13.04%	12.40%	12.94%	13.10%
Responses	3865	3713	4121	4326	3821

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



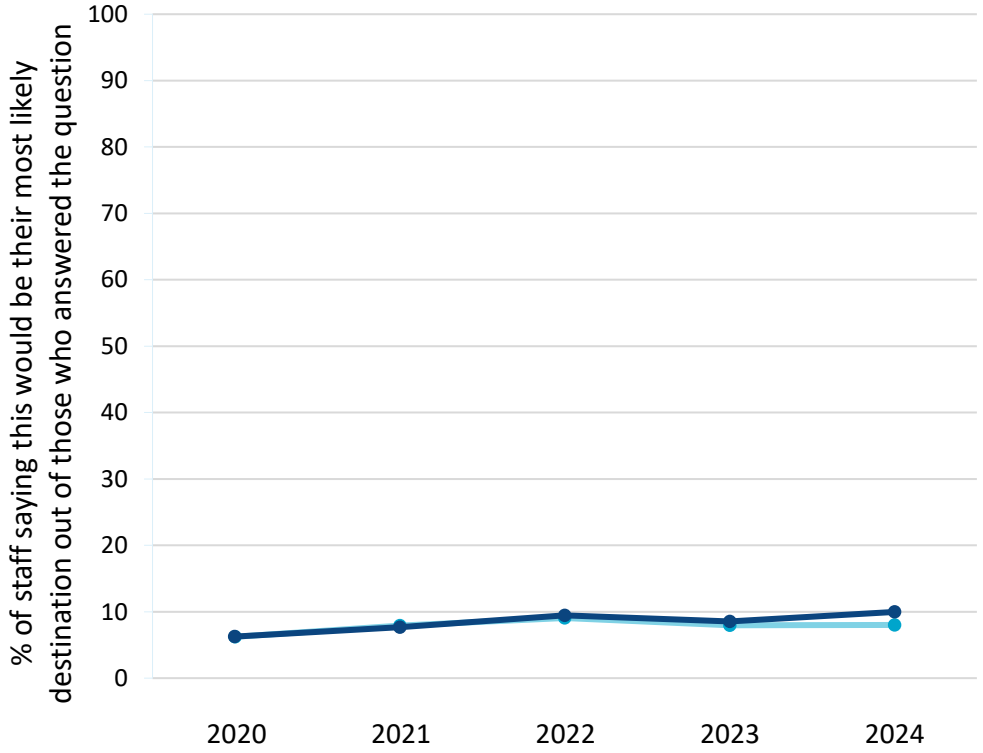
	2020	2021	2022	2023	2024
Your org	13.79%	15.14%	12.04%	11.84%	13.56%
Average	14.76%	15.78%	15.37%	14.32%	14.36%
Responses	3865	3713	4121	4326	3821

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



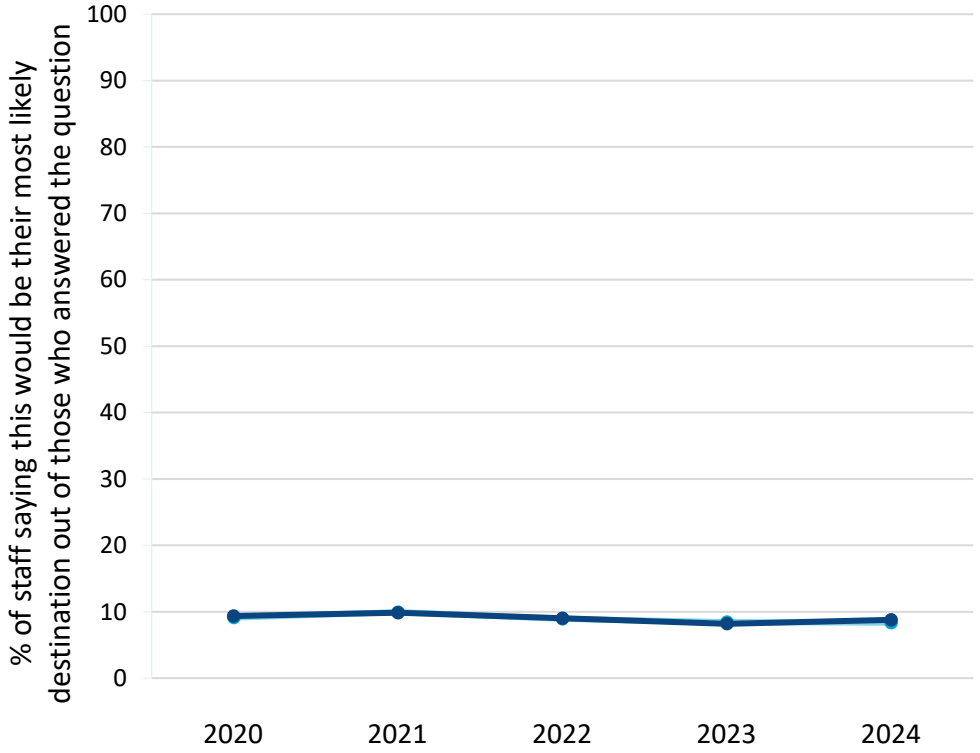
	2020	2021	2022	2023	2024
Your org	2.69%	3.61%	4.97%	4.53%	5.63%
Average	3.12%	4.47%	5.95%	5.12%	4.90%
Responses	3865	3713	4121	4326	3821

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



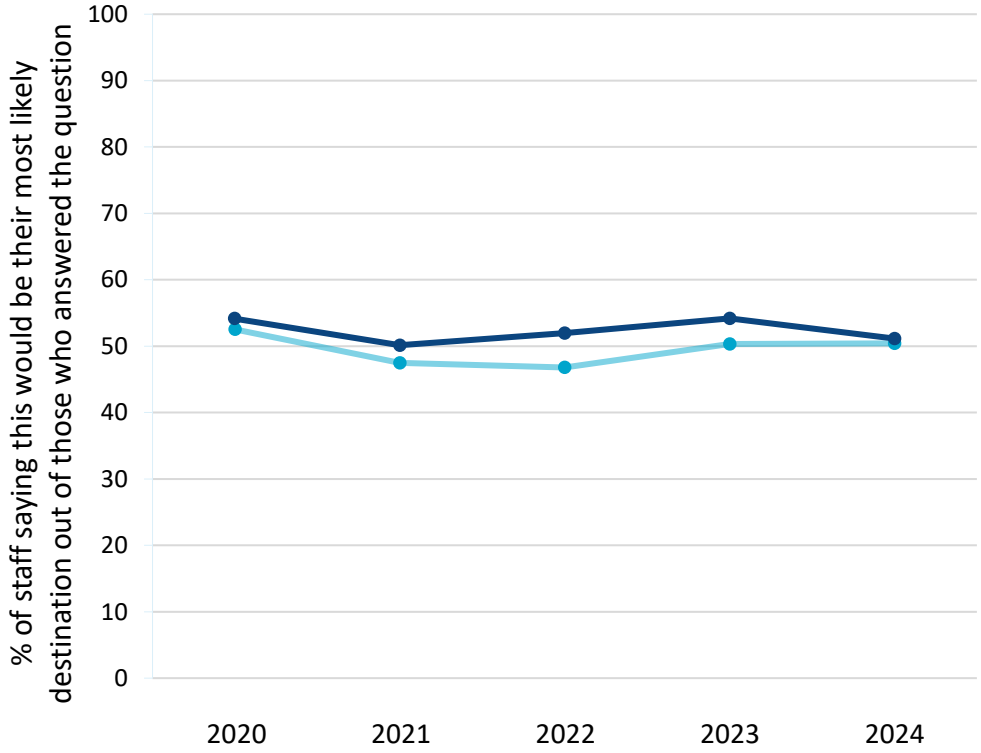
	2020	2021	2022	2023	2024
Your org	6.26%	7.68%	9.46%	8.53%	9.97%
Average	6.23%	7.91%	9.06%	7.96%	8.00%
Responses	3865	3713	4121	4326	3821

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



	2020	2021	2022	2023	2024
Your org	9.34%	9.86%	9.03%	8.18%	8.79%
Average	9.13%	9.95%	8.94%	8.46%	8.35%
Responses	3865	3713	4121	4326	3821

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



	2020	2021	2022	2023	2024
Your org	54.15%	50.15%	51.95%	54.18%	51.14%
Average	52.53%	47.46%	46.79%	50.34%	50.41%
Responses	3865	3713	4121	4326	3821

Survey Coordination Centre

NHS

Workforce Equality Standards

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

Workforce Equality Standards

Workforce Race Equality Standards (WRES)

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

Workforce Disability Equality Standards (WDES)

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

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

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

Workforce Equality Standards

Survey Coordination Centre NHS

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

Workforce Race Equality Standards (WRES)

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

Workforce Disability Equality Standards (WDES)

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

*Staff with a long term condition

Survey Coordination Centre

NHS

Workforce Race Equality Standards (WRES)

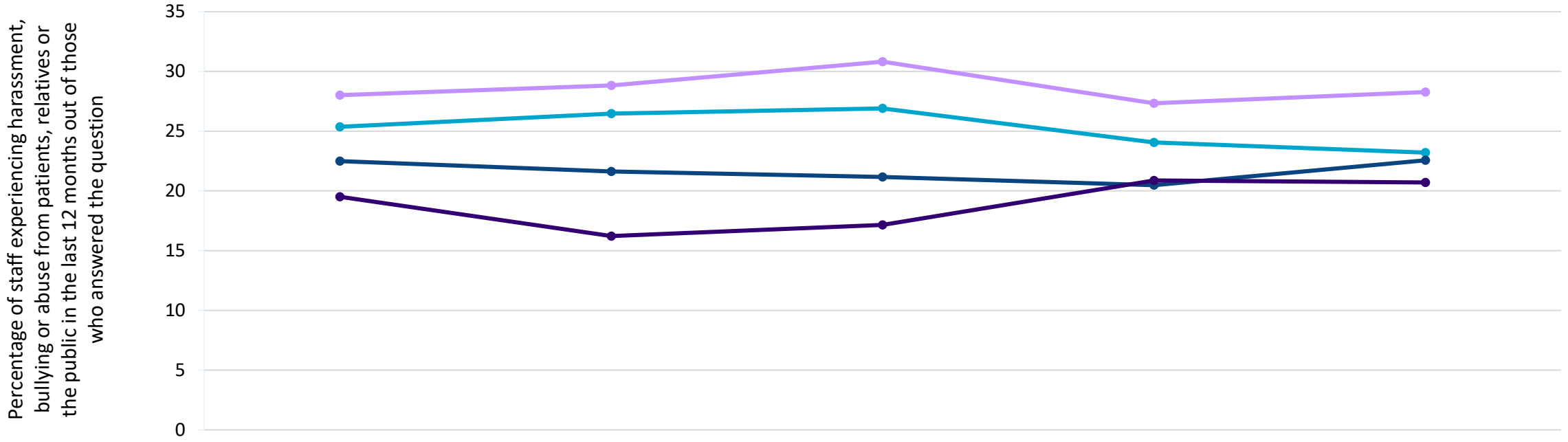
Vertical scales on the following charts vary from slide to slide and this effects how results are displayed. This allows incremental changes and small differences between results for subgroups to be more easily interpreted.
Data shown in the WRES charts are unweighted.
Averages are calculated as the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

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

Workforce Race Equality Standard (WRES)

Survey Coordination Centre NHS

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



	2020	2021	2022	2023	2024
White staff: Your org	22.49%	21.63%	21.17%	20.48%	22.56%
All other ethnic groups*: Your org	19.52%	16.22%	17.16%	20.88%	20.71%
White staff: Average	25.36%	26.47%	26.91%	24.05%	23.21%
All other ethnic groups*: Average	28.01%	28.84%	30.82%	27.34%	28.27%
White staff: Responses	3148	3139	3472	3336	3120
All other ethnic groups*: Responses	497	561	839	901	816

*Staff from all other ethnic groups combined

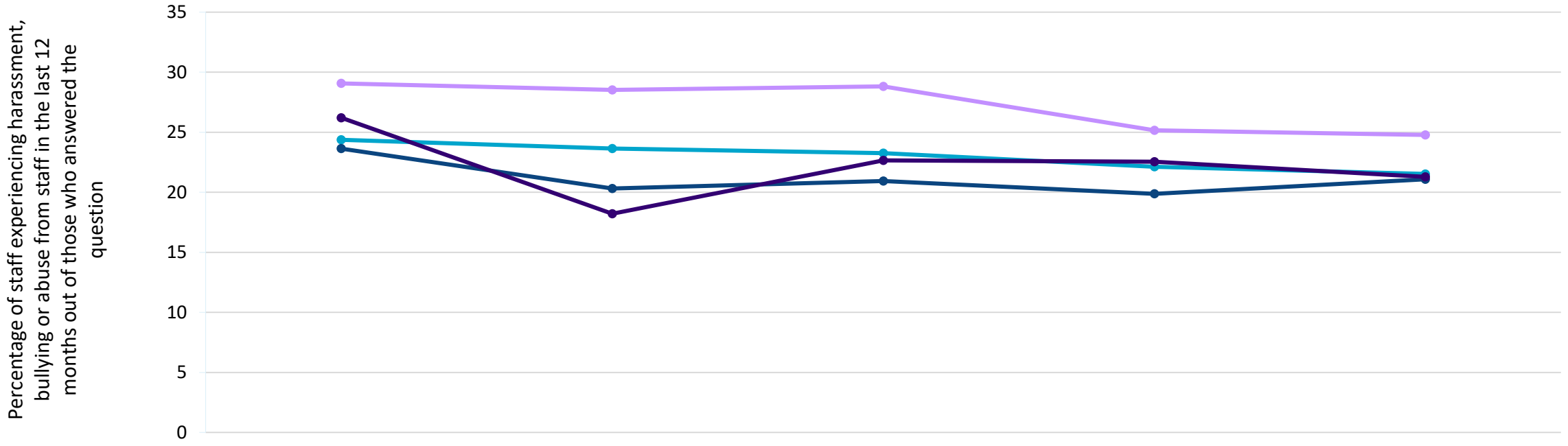
Note: 2023 results for WRES indicator 5 (Q14a) are now reported using corrected data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

Workforce Race Equality Standard (WRES)

Survey Coordination Centre

NHS

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



	2020	2021	2022	2023	2024
White staff: Your org	23.63%	20.31%	20.94%	19.87%	21.09%
All other ethnic groups*: Your org	26.21%	18.21%	22.66%	22.55%	21.29%
White staff: Average	24.37%	23.65%	23.25%	22.12%	21.53%
All other ethnic groups*: Average	29.07%	28.53%	28.81%	25.16%	24.78%
White staff: Responses	3148	3146	3467	3327	3115
All other ethnic groups*: Responses	496	560	834	891	808

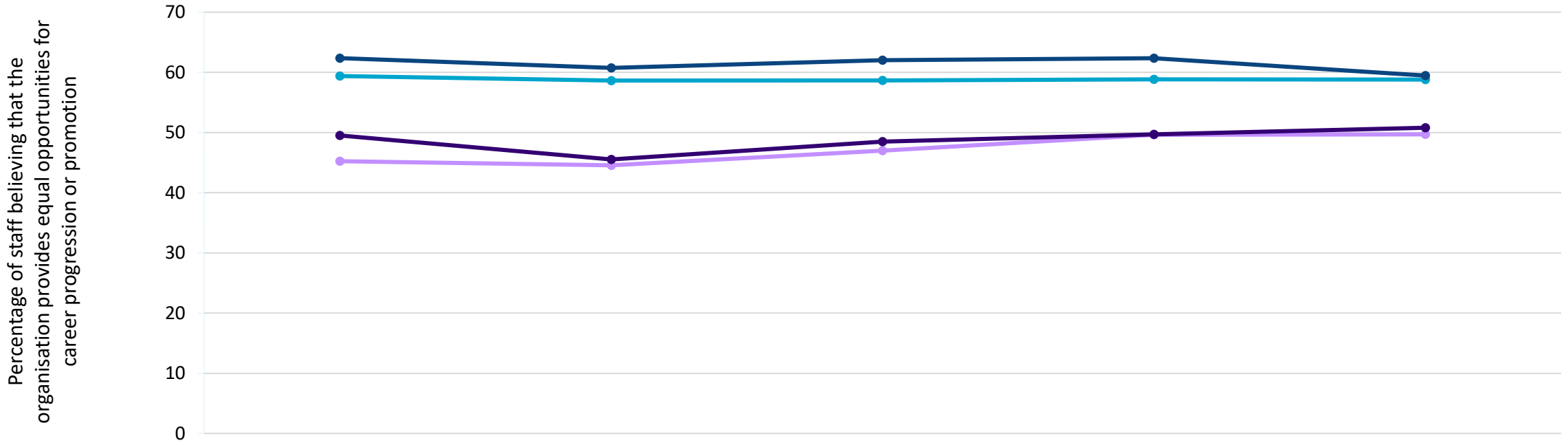
*Staff from all other ethnic groups combined

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

Workforce Race Equality Standard (WRES)

Survey Coordination Centre NHS

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



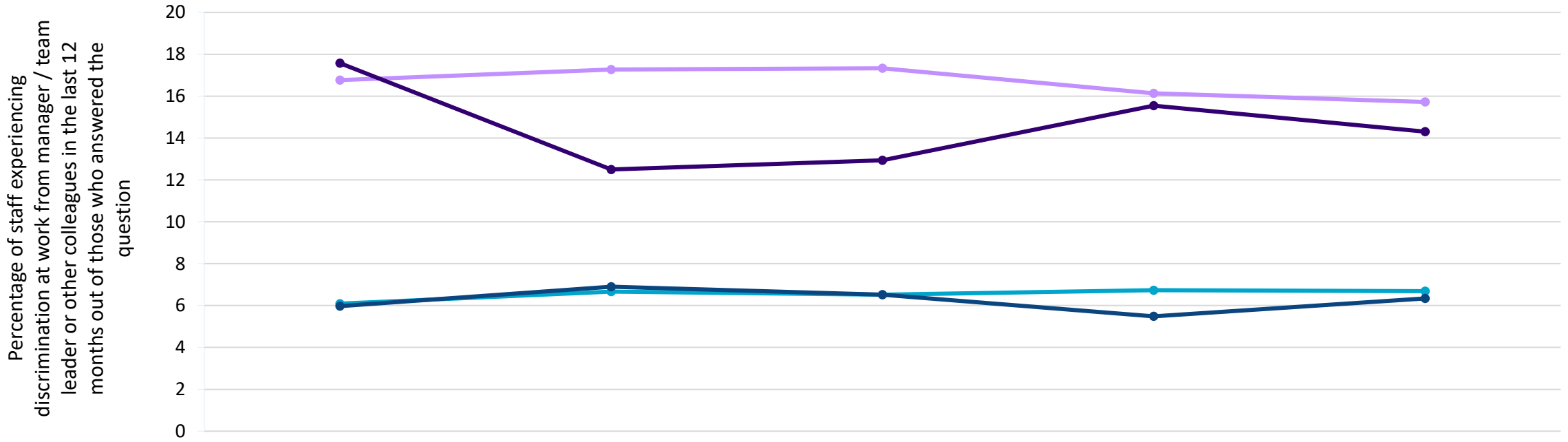
	2020	2021	2022	2023	2024
White staff: Your org	62.36%	60.73%	62.02%	62.35%	59.47%
All other ethnic groups*: Your org	49.51%	45.53%	48.48%	49.69%	50.80%
White staff: Average	59.39%	58.64%	58.65%	58.84%	58.82%
All other ethnic groups*: Average	45.24%	44.56%	47.00%	49.64%	49.70%
White staff: Responses	3239	3249	3436	3469	3111
All other ethnic groups*: Responses	509	582	823	972	811

*Staff from all other ethnic groups combined

Workforce Race Equality Standard (WRES)

Survey Coordination Centre

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



	2020	2021	2022	2023	2024
White staff: Your org	5.97%	6.90%	6.52%	5.48%	6.34%
All other ethnic groups*: Your org	17.58%	12.50%	12.93%	15.55%	14.30%
White staff: Average	6.09%	6.67%	6.52%	6.73%	6.69%
All other ethnic groups*: Average	16.77%	17.28%	17.33%	16.14%	15.72%
White staff: Responses	3249	3275	3467	3464	3076
All other ethnic groups*: Responses	512	584	835	971	804

*Staff from all other ethnic groups combined

Survey Coordination Centre

NHS

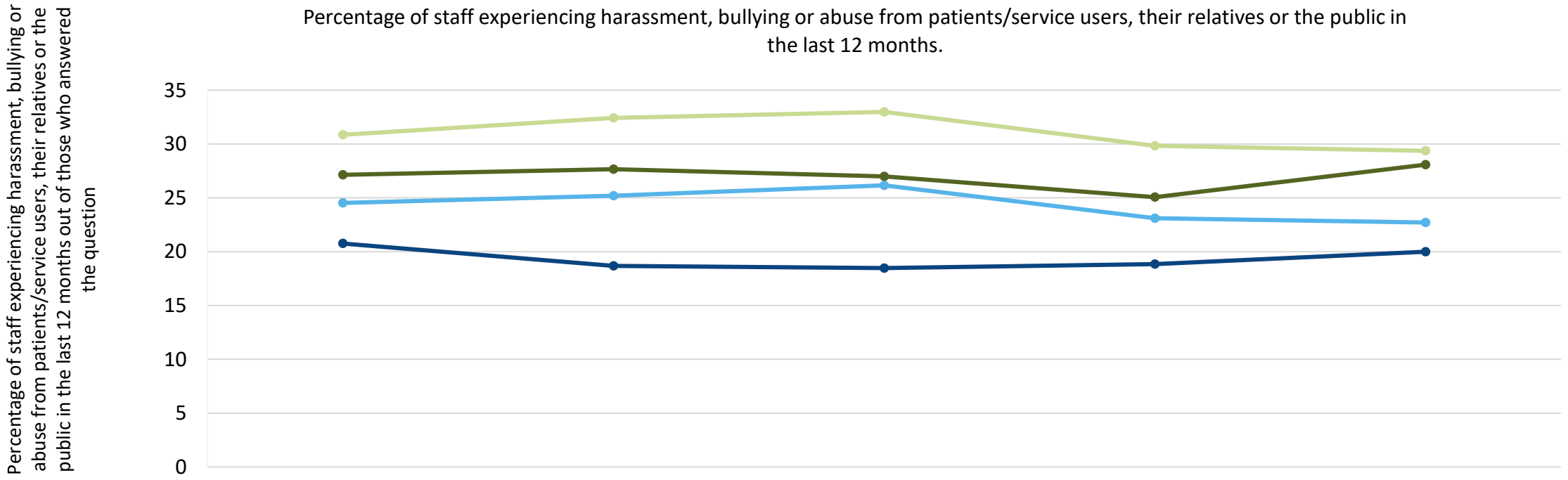
Workforce Disability Equality Standards (WDES)

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

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

Workforce Disability Equality Standards

Survey Coordination Centre

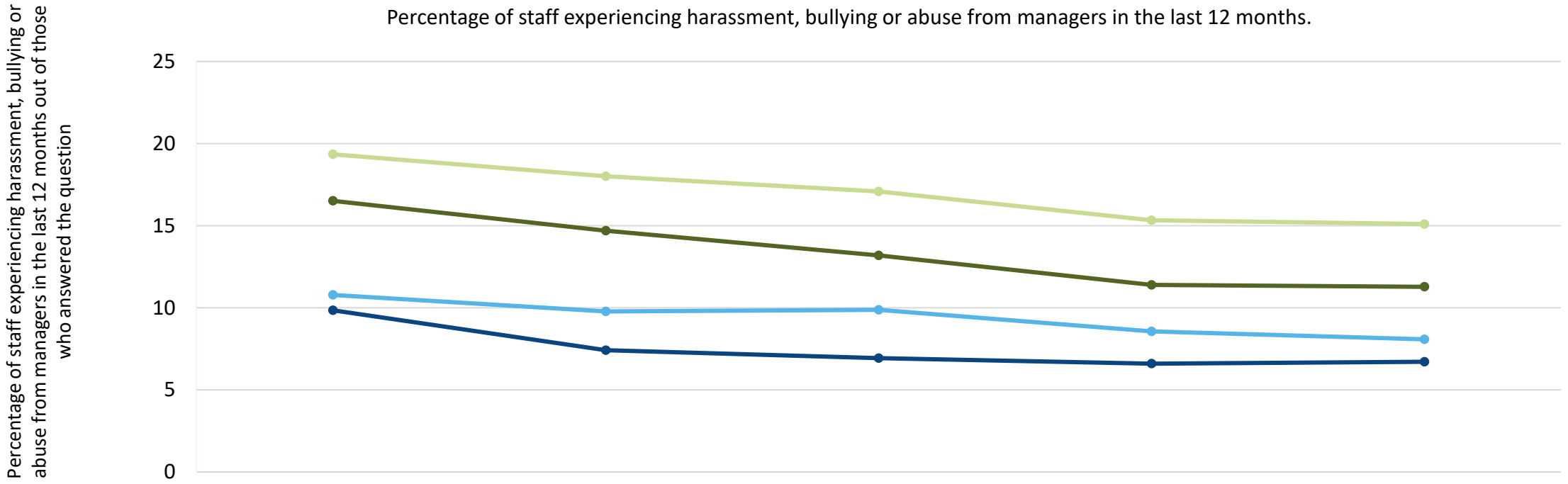


	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	27.14%	27.66%	27.00%	25.06%	28.08%
Staff without a LTC or illness: Your org	20.76%	18.68%	18.47%	18.85%	19.99%
Staff with a LTC or illness: Average	30.86%	32.43%	32.98%	29.83%	29.37%
Staff without a LTC or illness: Average	24.53%	25.19%	26.16%	23.11%	22.71%
Staff with a LTC or illness: Responses	759	922	989	1086	1079
Staff without a LTC or illness: Responses	2939	2800	3318	3083	2817

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

Workforce Disability Equality Standards

Survey Coordination Centre

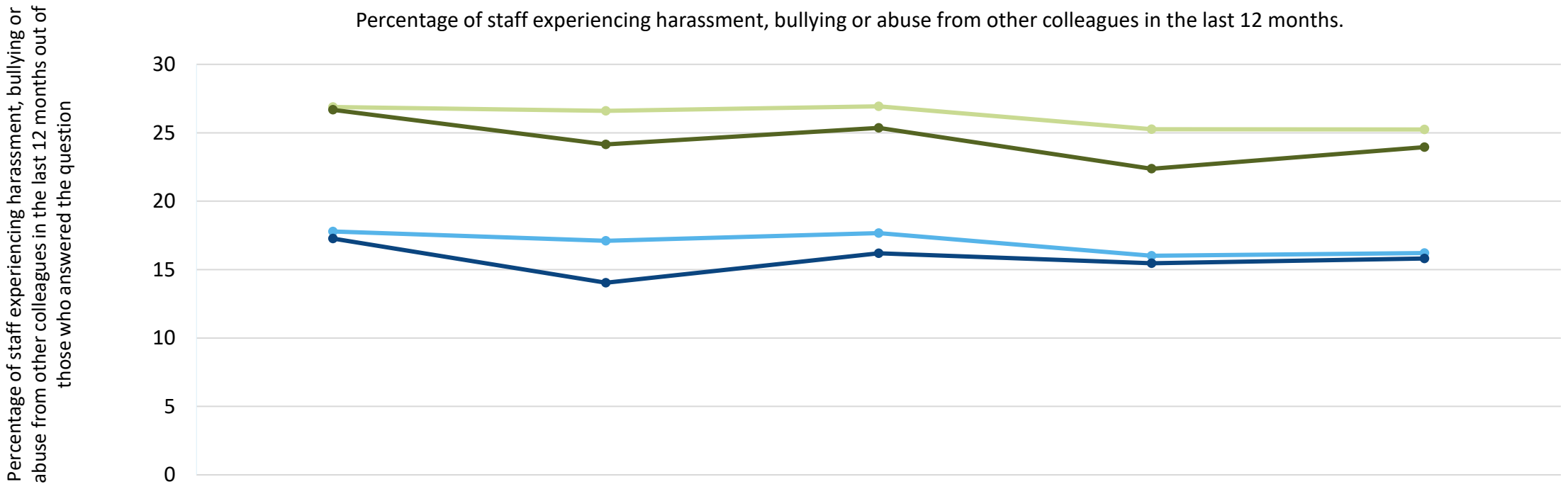


	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	16.51%	14.69%	13.18%	11.39%	11.28%
Staff without a LTC or illness: Your org	9.85%	7.41%	6.93%	6.59%	6.72%
Staff with a LTC or illness: Average	19.35%	18.00%	17.09%	15.33%	15.10%
Staff without a LTC or illness: Average	10.78%	9.77%	9.88%	8.56%	8.08%
Staff with a LTC or illness: Responses	757	919	986	1075	1073
Staff without a LTC or illness: Responses	2935	2792	3288	3036	2784

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

Workforce Disability Equality Standards

Survey Coordination Centre

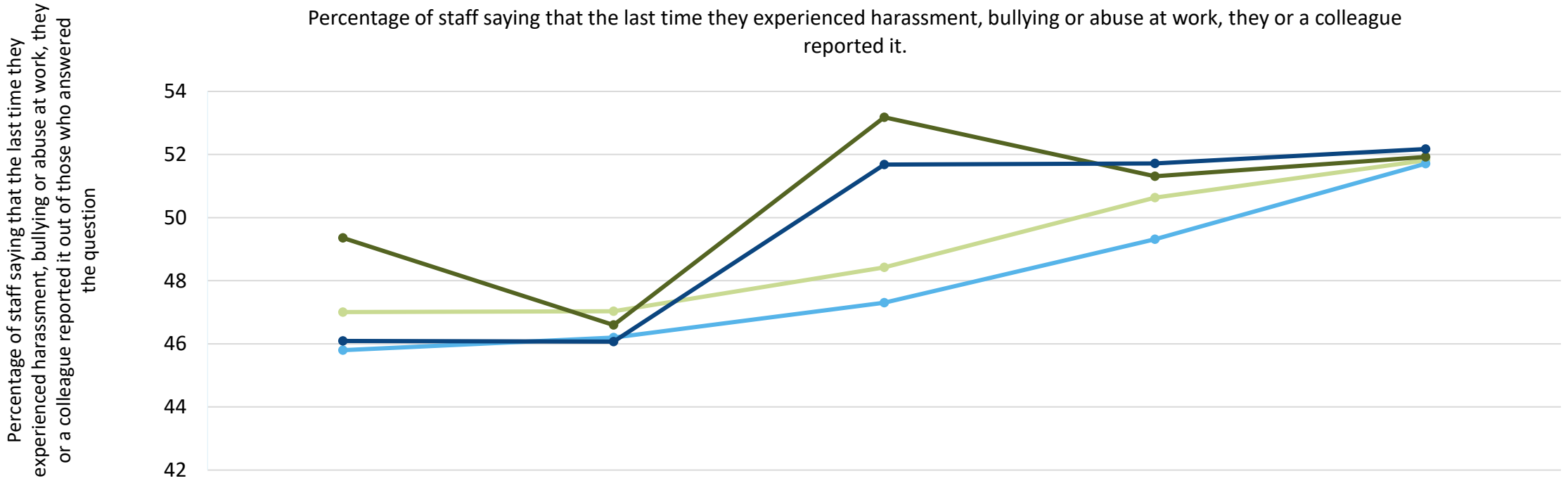


	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	26.68%	24.15%	25.36%	22.37%	23.94%
Staff without a LTC or illness: Your org	17.27%	14.04%	16.19%	15.47%	15.81%
Staff with a LTC or illness: Average	26.89%	26.60%	26.93%	25.26%	25.24%
Staff without a LTC or illness: Average	17.79%	17.11%	17.67%	16.01%	16.22%
Staff with a LTC or illness: Responses	761	915	982	1067	1065
Staff without a LTC or illness: Responses	2936	2785	3280	3030	2771

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

Workforce Disability Equality Standards

Survey Coordination Centre NHS

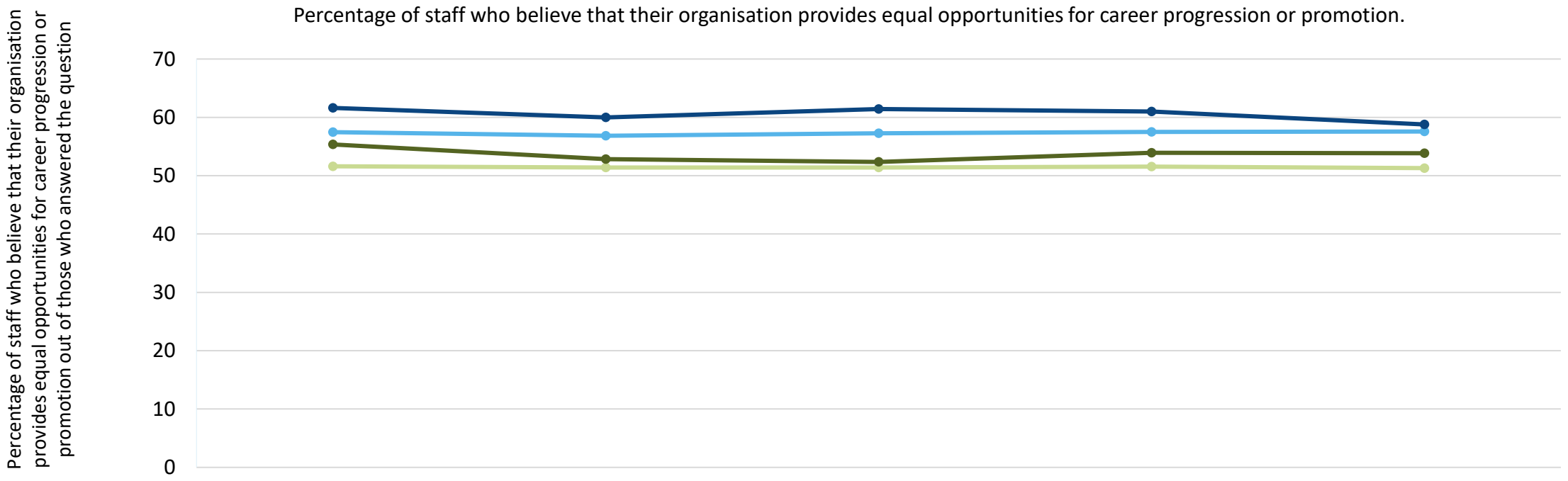


	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	49.36%	46.60%	53.18%	51.31%	51.92%
Staff without a LTC or illness: Your org	46.09%	46.07%	51.68%	51.72%	52.17%
Staff with a LTC or illness: Average	47.01%	47.03%	48.43%	50.64%	51.82%
Staff without a LTC or illness: Average	45.80%	46.20%	47.30%	49.31%	51.71%
Staff with a LTC or illness: Responses	312	382	393	395	416
Staff without a LTC or illness: Responses	870	738	863	799	759

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

Workforce Disability Equality Standards

Survey Coordination Centre NHS

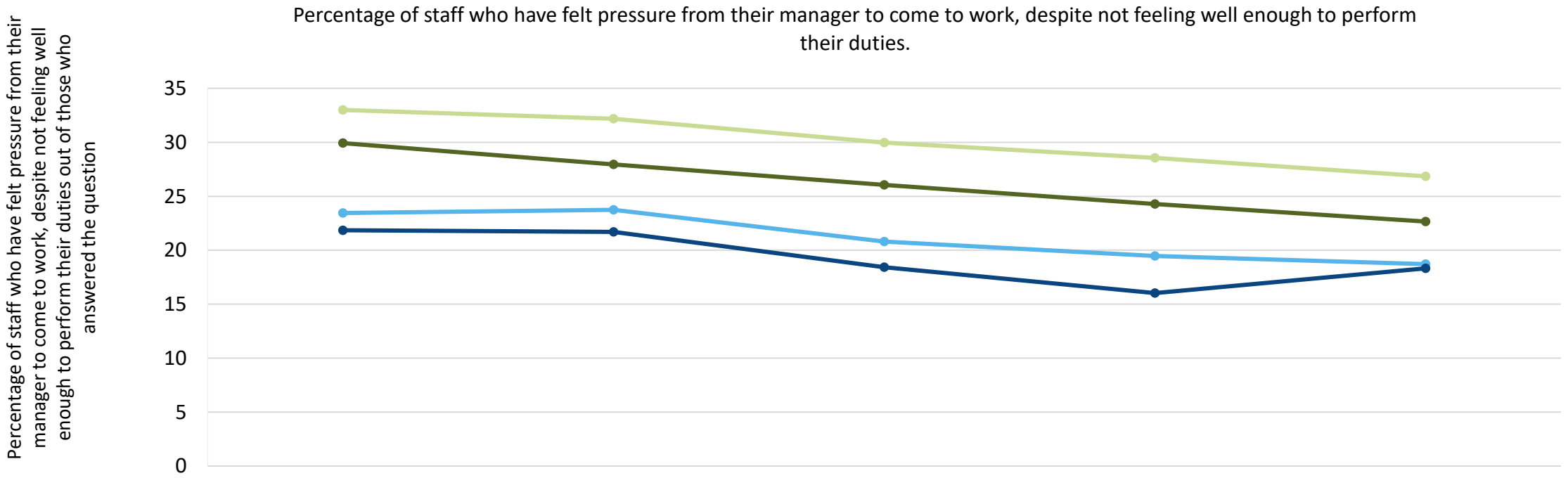


	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	55.36%	52.85%	52.36%	53.94%	53.83%
Staff without a LTC or illness: Your org	61.62%	60.00%	61.43%	61.00%	58.78%
Staff with a LTC or illness: Average	51.61%	51.41%	51.39%	51.54%	51.30%
Staff without a LTC or illness: Average	57.45%	56.84%	57.25%	57.52%	57.57%
Staff with a LTC or illness: Responses	784	948	976	1142	1070
Staff without a LTC or illness: Responses	3017	2905	3280	3231	2812

Workforce Disability Equality Standards

Survey Coordination Centre NHS

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



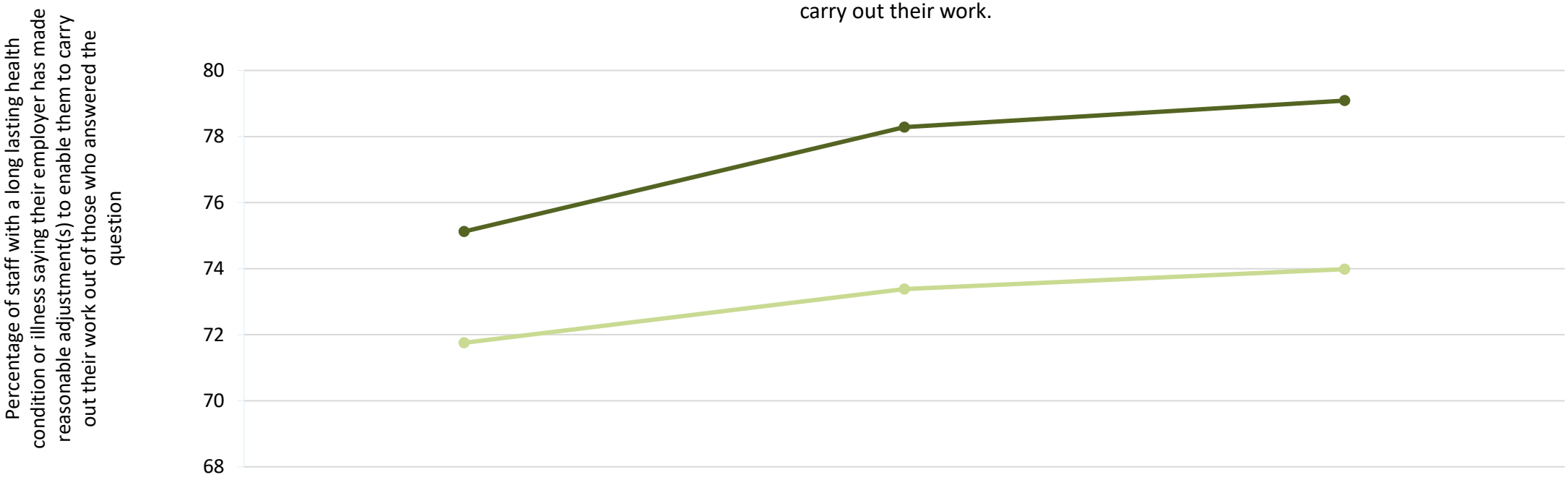
	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	29.92%	27.94%	26.05%	24.27%	22.66%
Staff without a LTC or illness: Your org	21.85%	21.69%	18.43%	16.03%	18.31%
Staff with a LTC or illness: Average	33.00%	32.18%	29.97%	28.55%	26.85%
Staff without a LTC or illness: Average	23.44%	23.74%	20.80%	19.46%	18.71%
Staff with a LTC or illness: Responses	518	680	714	791	768
Staff without a LTC or illness: Responses	1286	1397	1541	1410	1338

Workforce Disability Equality Standards

Survey Coordination Centre NHS

	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	41.04%	35.80%	33.03%	36.30%	33.98%
Staff without a LTC or illness: Your org	51.43%	47.03%	48.36%	49.82%	45.61%
Staff with a LTC or illness: Average	37.36%	32.62%	32.46%	35.66%	34.73%
Staff without a LTC or illness: Average	49.27%	43.30%	43.56%	47.19%	46.98%
Staff with a LTC or illness: Responses	787	958	987	1146	1077
Staff without a LTC or illness: Responses	3041	2934	3321	3248	2822

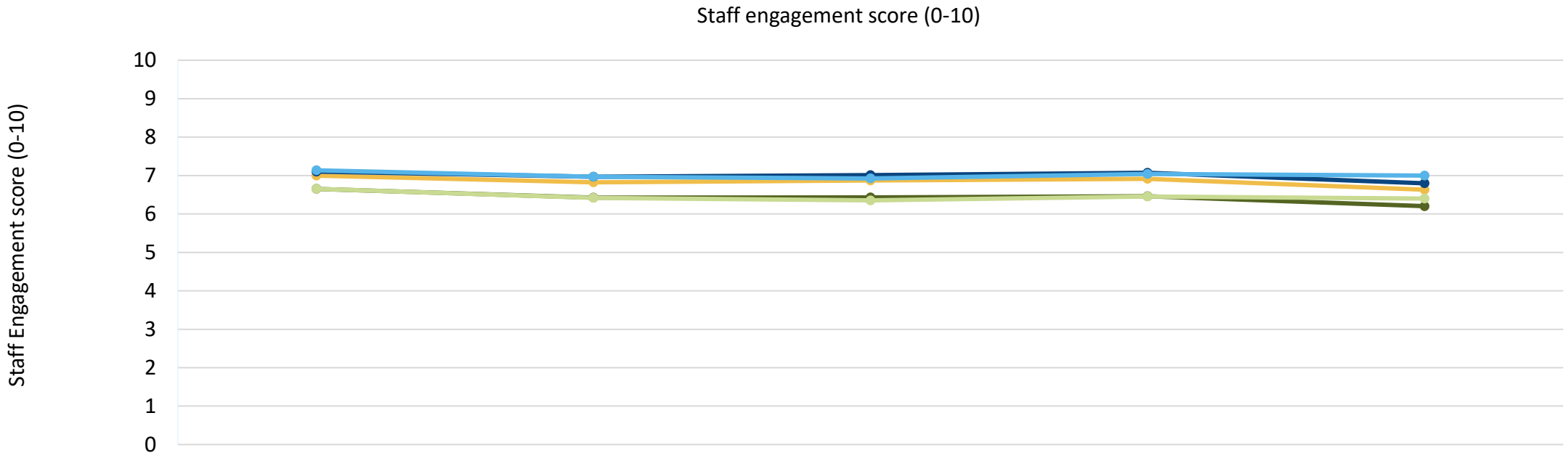
Percentage of staff with a long lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work.



	2022	2023	2024
Staff with a LTC or illness: Your org	75.12%	78.29%	79.09%
Staff with a LTC or illness: Average	71.76%	73.38%	73.98%
Staff with a LTC or illness: Responses	603	677	679

Workforce Disability Equality Standards

Survey Coordination Centre



	2020	2021	2022	2023	2024
Organisation average	7.00	6.82	6.87	6.91	6.63
Staff with a LTC or illness: Your org	6.65	6.42	6.43	6.46	6.20
Staff without a LTC or illness: Your org	7.10	6.97	7.01	7.07	6.80
Staff with a LTC or illness: Average	6.65	6.42	6.35	6.46	6.40
Staff without a LTC or illness: Average	7.14	6.97	6.92	7.04	7.00
Staff with a LTC or illness: Responses	790	957	990	1148	1083
Staff without a LTC or illness: Responses	3050	2938	3329	3264	2831

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

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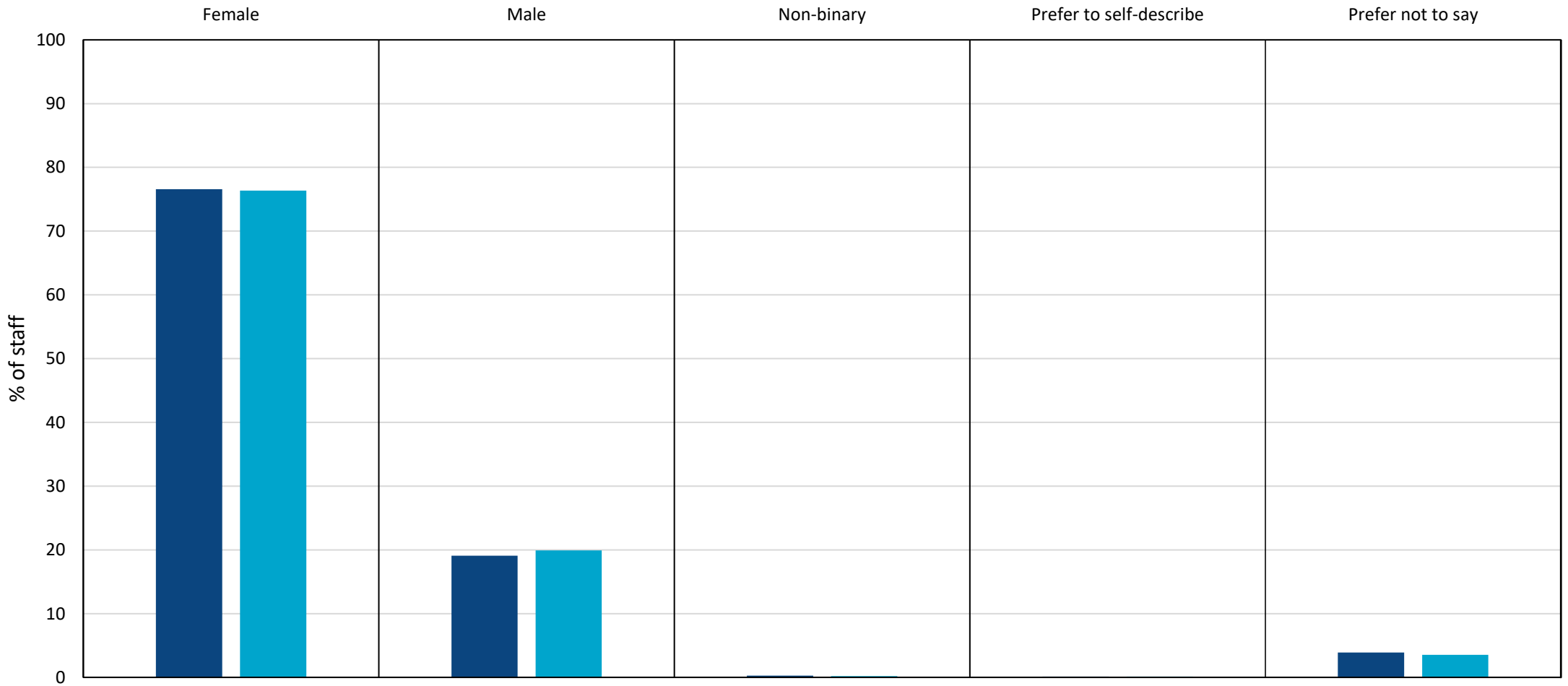
NHS

About your respondents

This section shows demographic and other background information for 2024.

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

Background details - Gender



	Female	Male	Non-binary	Prefer to self-describe	Prefer not to say
Your org	76.59%	19.10%	0.28%	0.13%	3.91%
Average	76.34%	19.91%	0.21%	0.13%	3.54%
Responses	3968	3968	3968	3968	3968

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

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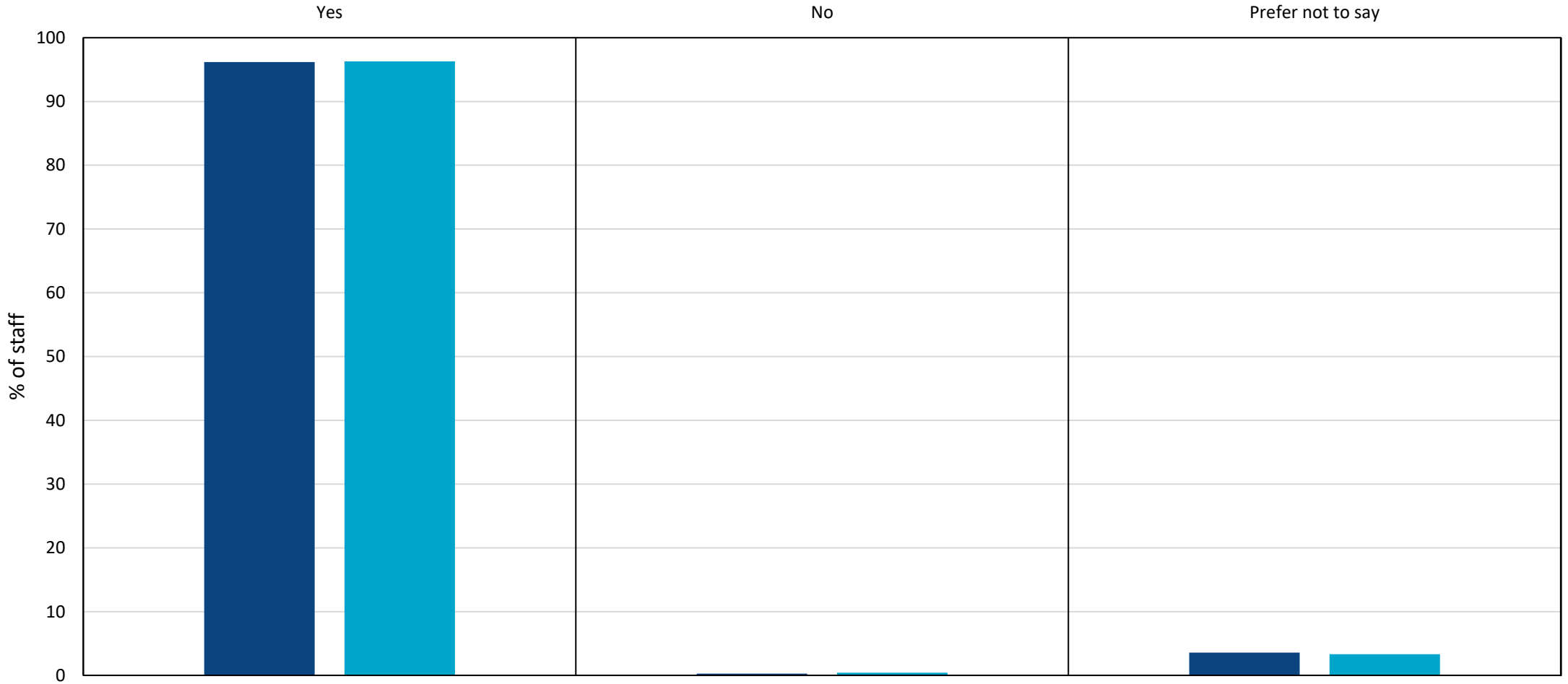
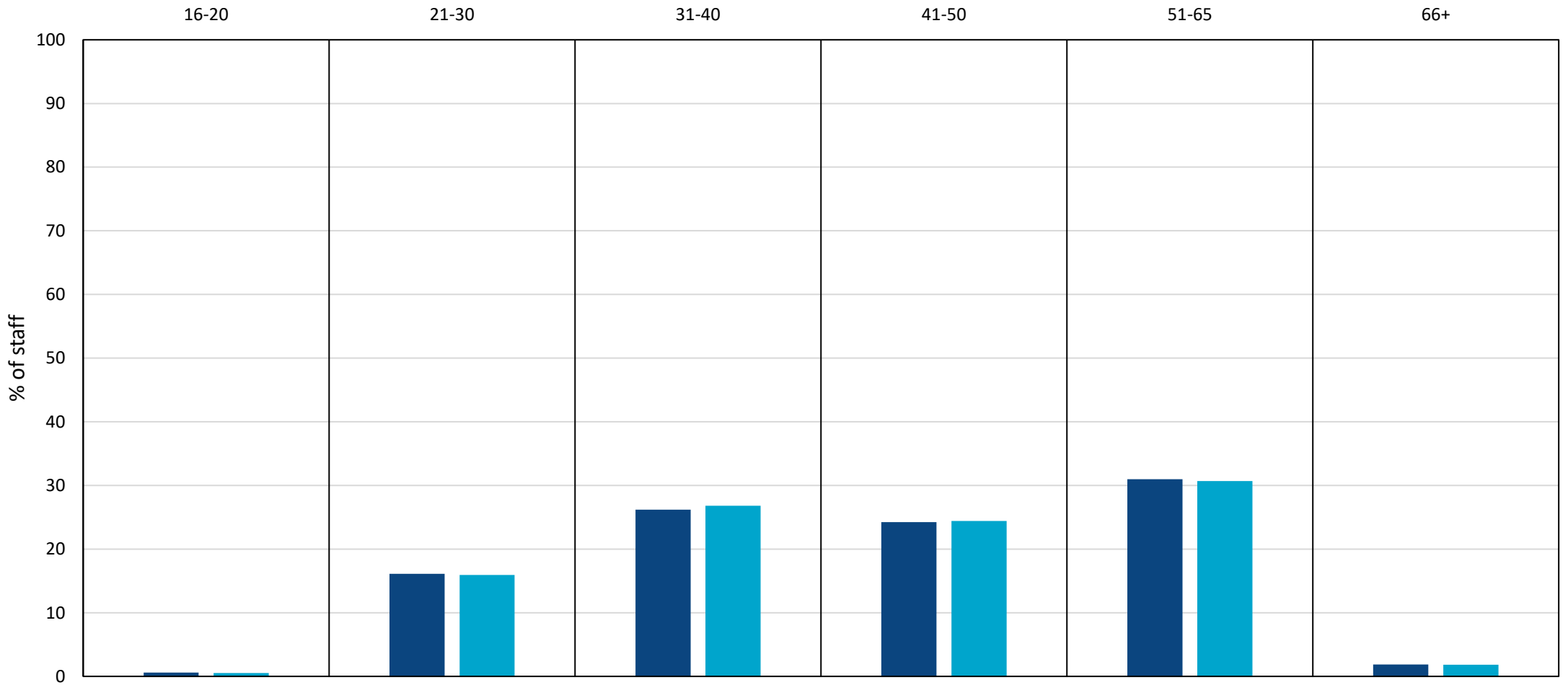


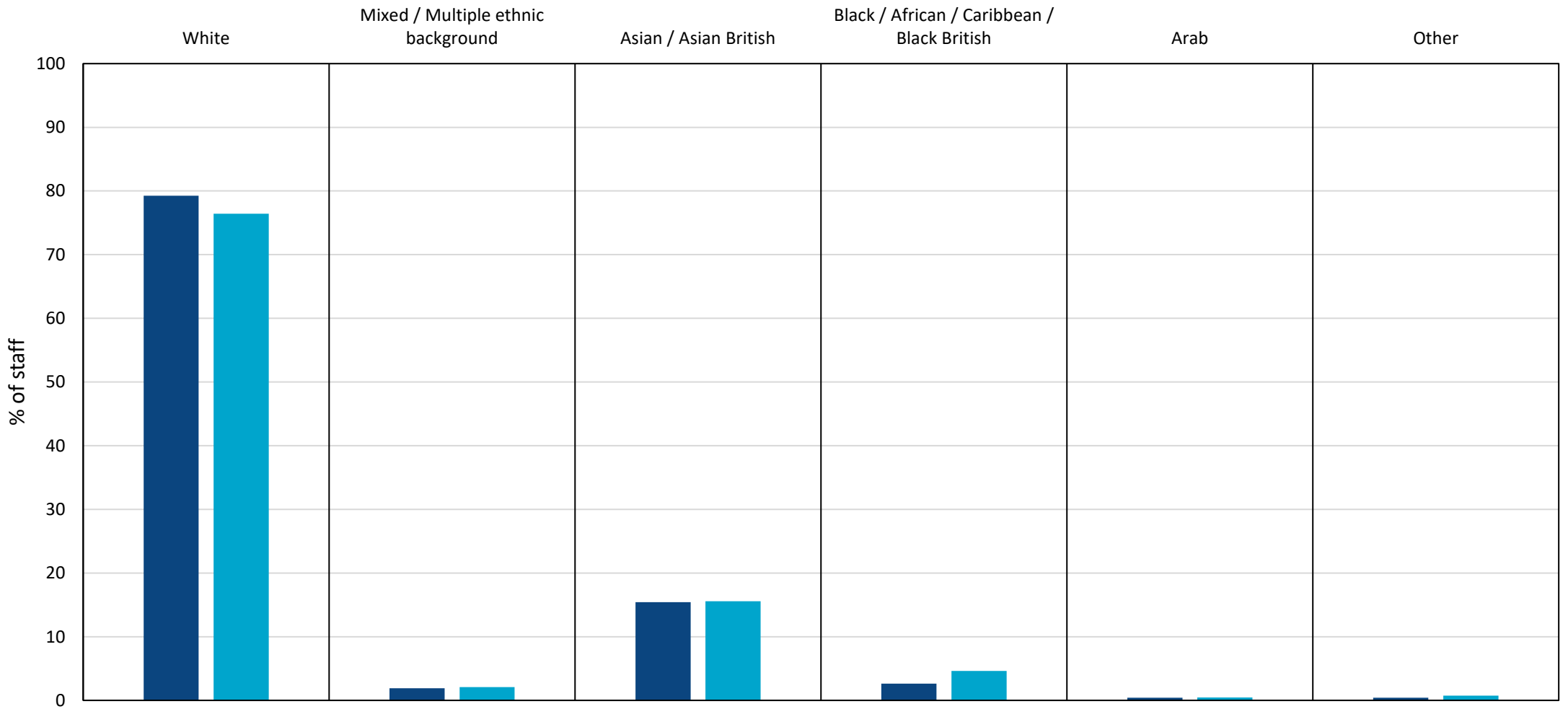
	Yes	No	Prefer not to say
Your org	96.17%	0.28%	3.55%
Average	96.28%	0.41%	3.34%
Responses	3939	3939	3939

Background details - Age



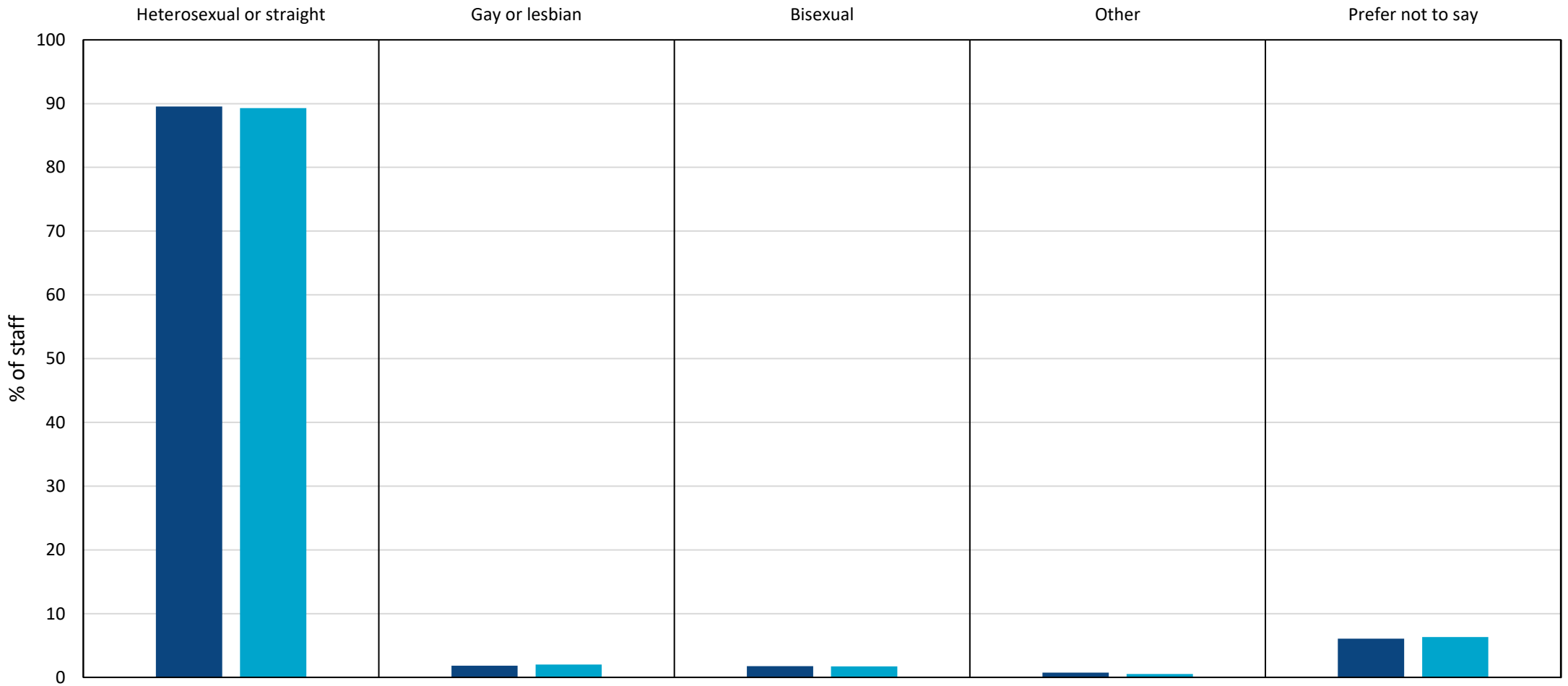
	16-20	21-30	31-40	41-50	51-65	66+
Your org	0.61%	16.10%	26.21%	24.24%	30.98%	1.87%
Average	0.52%	15.92%	26.82%	24.42%	30.69%	1.83%
Responses	3957	3957	3957	3957	3957	3957

Background details - Ethnicity



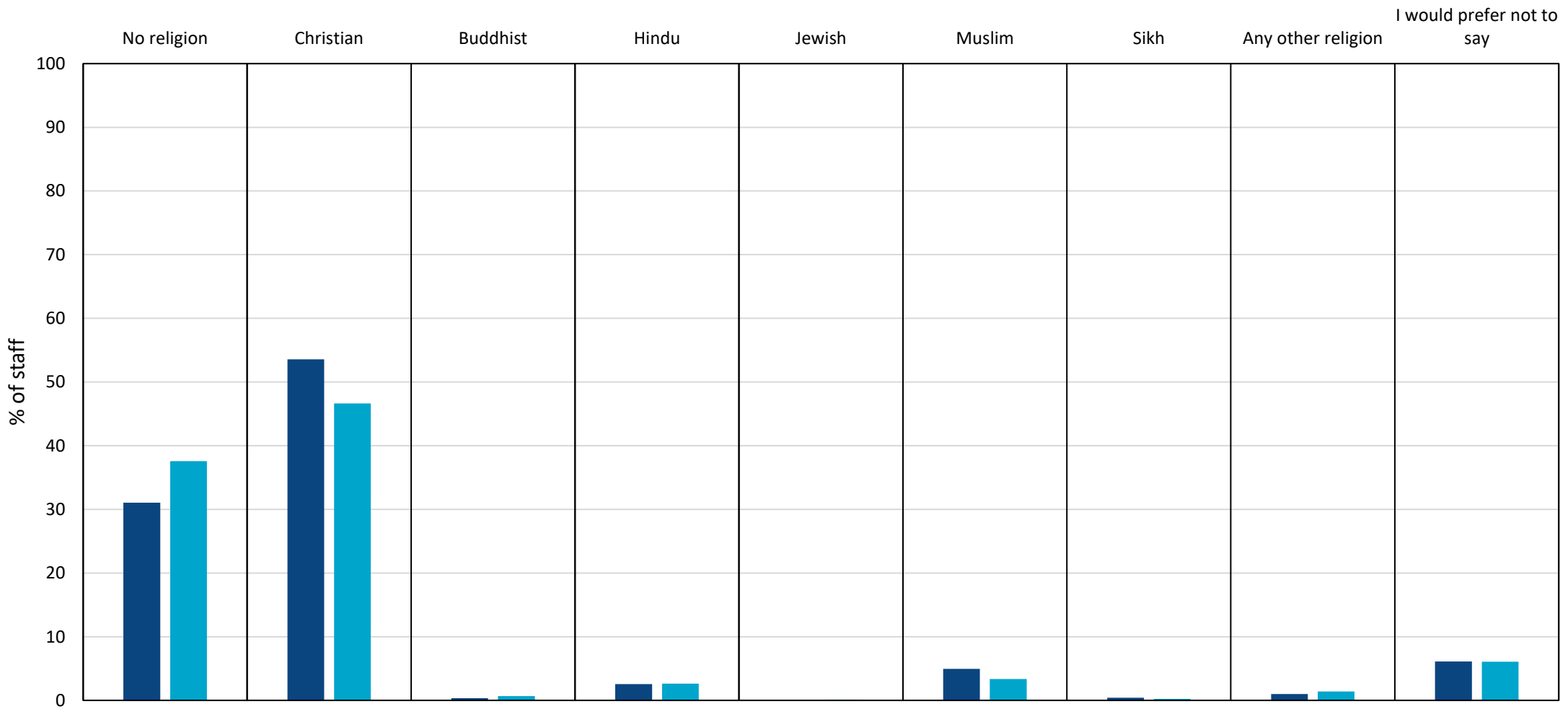
	White	Mixed / Multiple ethnic background	Asian / Asian British	Black / African / Caribbean / Black British	Arab	Other
Your org	79.26%	1.89%	15.41%	2.63%	0.40%	0.40%
Average	76.43%	2.08%	15.55%	4.62%	0.46%	0.73%
Responses	3959	3959	3959	3959	3959	3959

Background details – Sexual orientation



	Heterosexual or straight	Gay or lesbian	Bisexual	Other	Prefer not to say
Your org	89.55%	1.84%	1.77%	0.76%	6.08%
Average	89.28%	2.03%	1.74%	0.53%	6.32%
Responses	3962	3962	3962	3962	3962

Background details - Religion



	No religion	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Any other religion	I would prefer not to say
Your org	31.03%	53.56%	0.35%	2.54%	0.03%	4.93%	0.43%	1.01%	6.12%
Average	37.56%	46.64%	0.66%	2.62%	0.13%	3.34%	0.25%	1.41%	6.08%
Responses	3973	3973	3973	3973	3973	3973	3973	3973	3973

Background details – Long lasting health condition or illness

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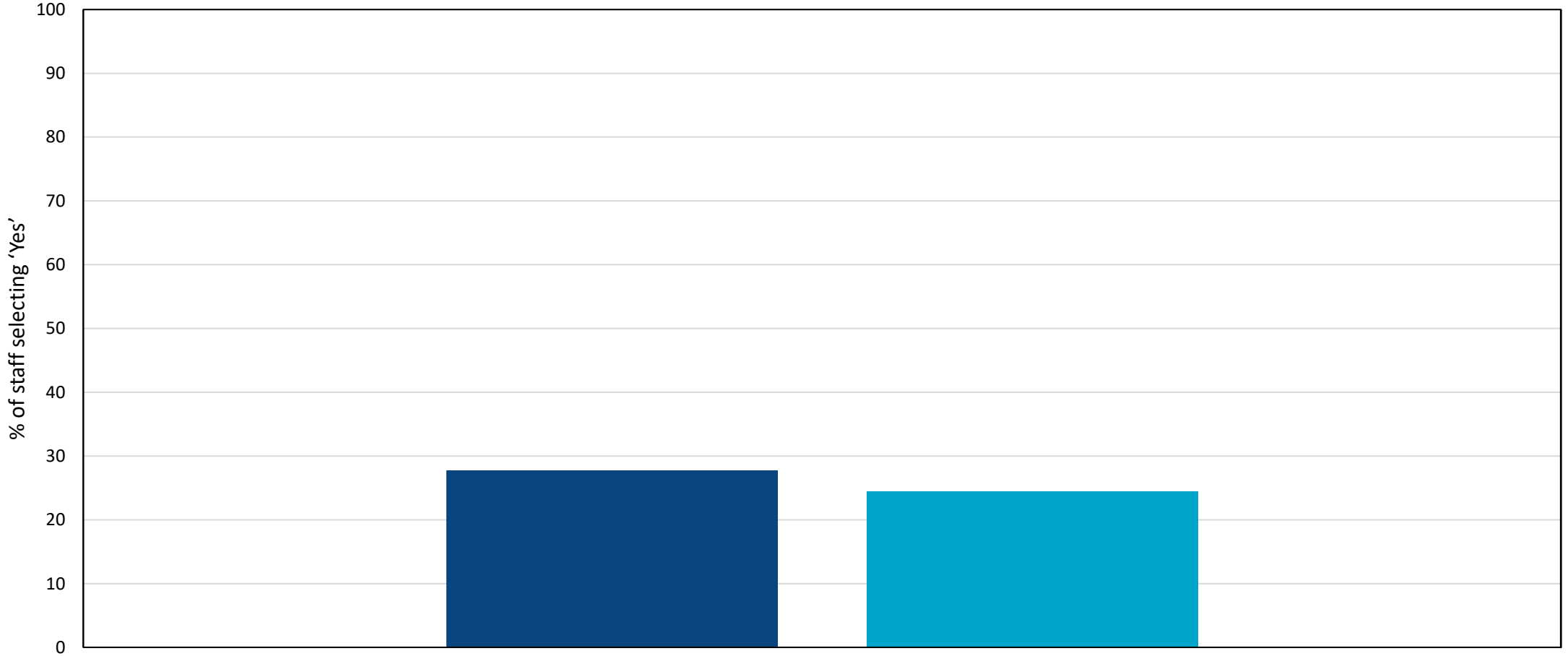
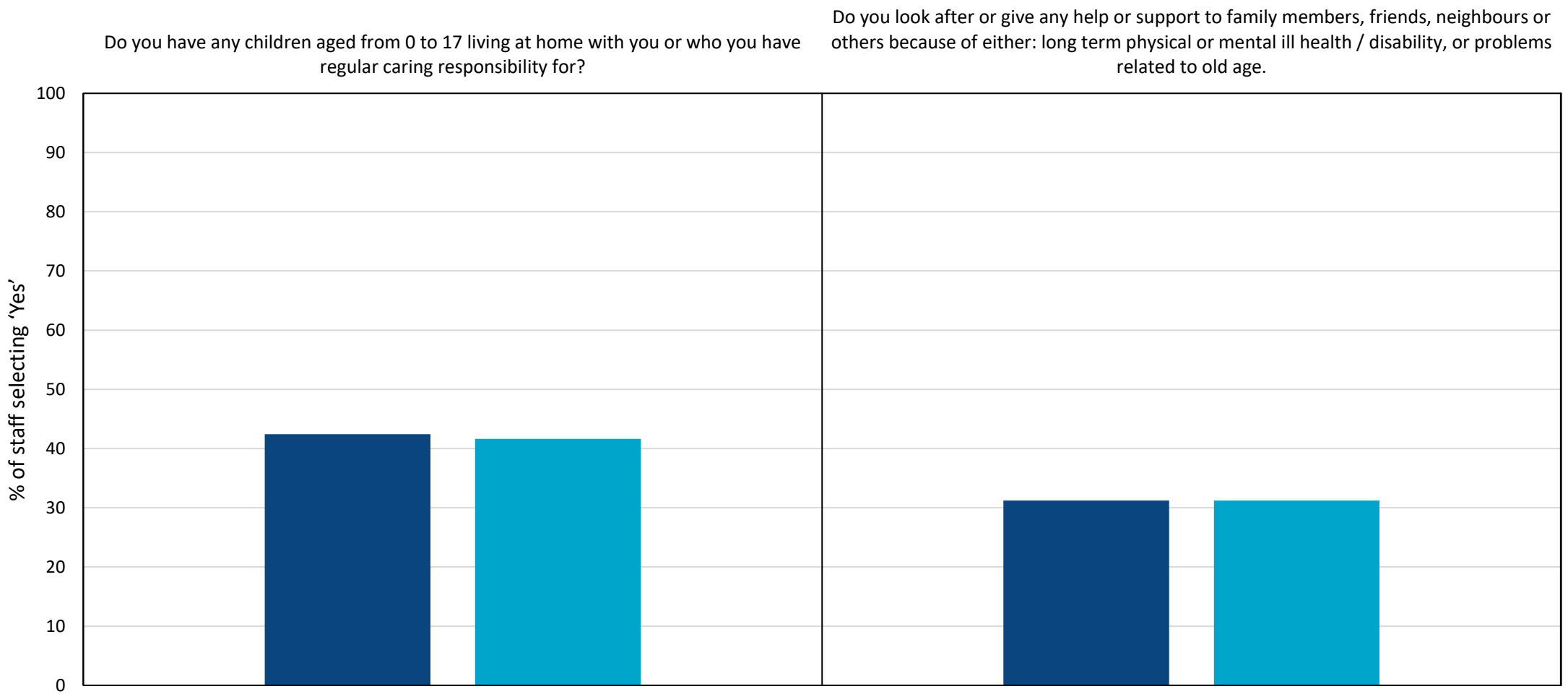
Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?



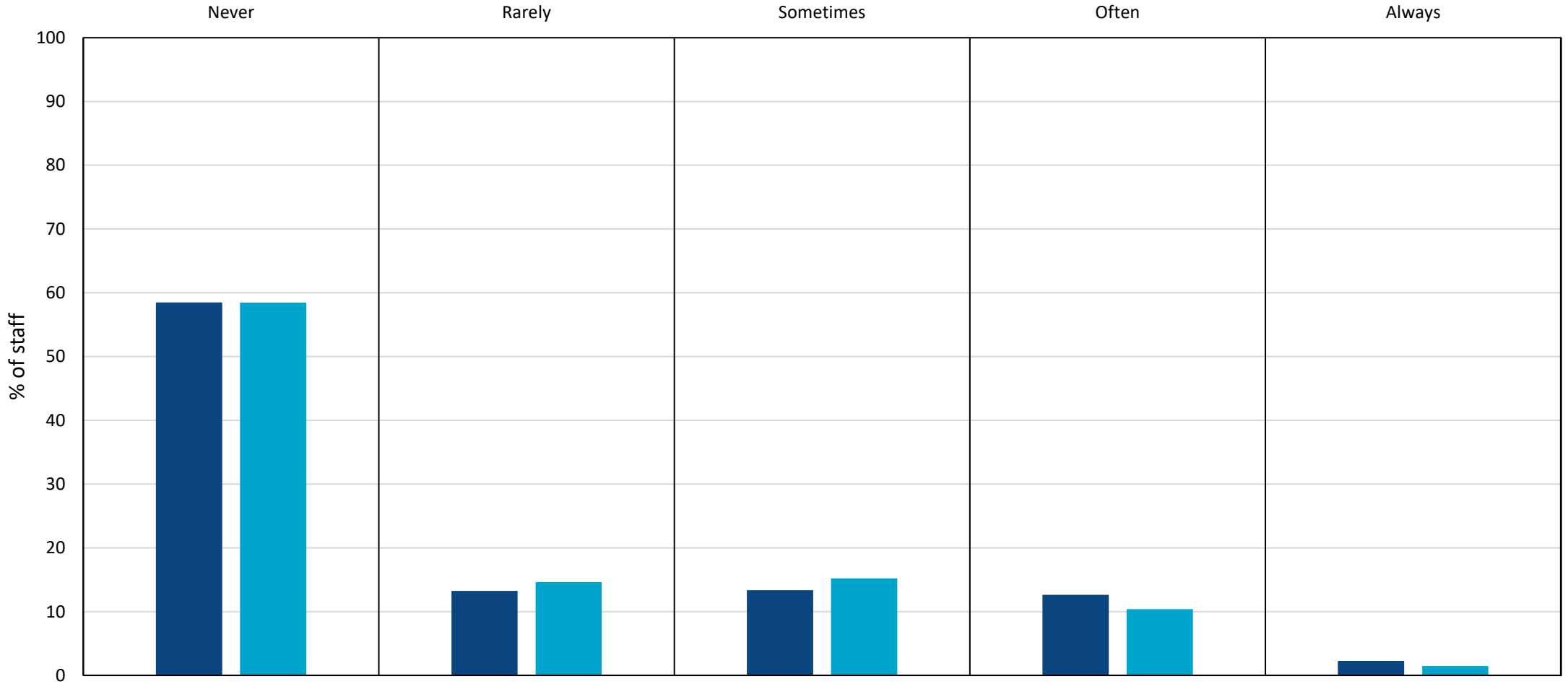
Your org	27.68%
Average	24.45%
Responses	3916

Background details – Parental / caring responsibilities



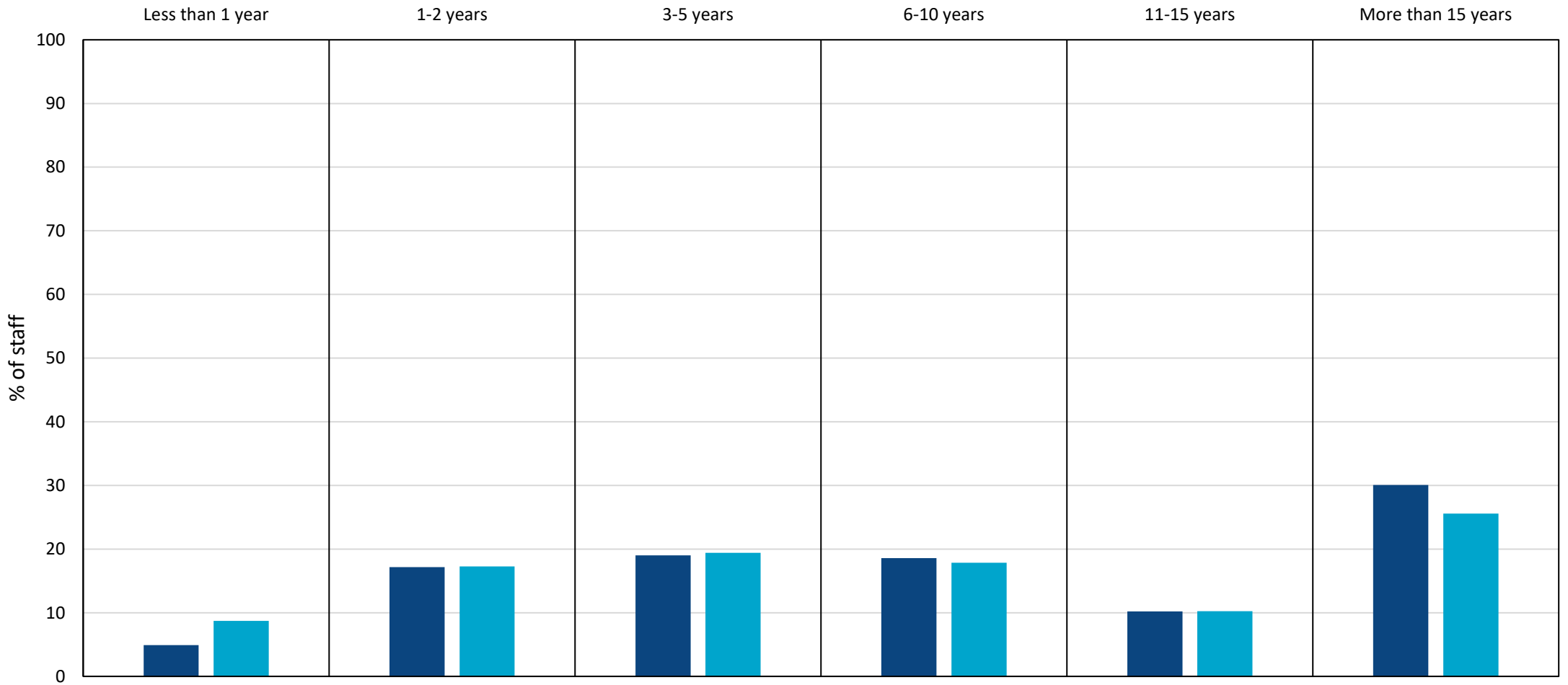
Your org	42.42%	31.23%
Average	41.64%	31.24%
Responses	3965	3951

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



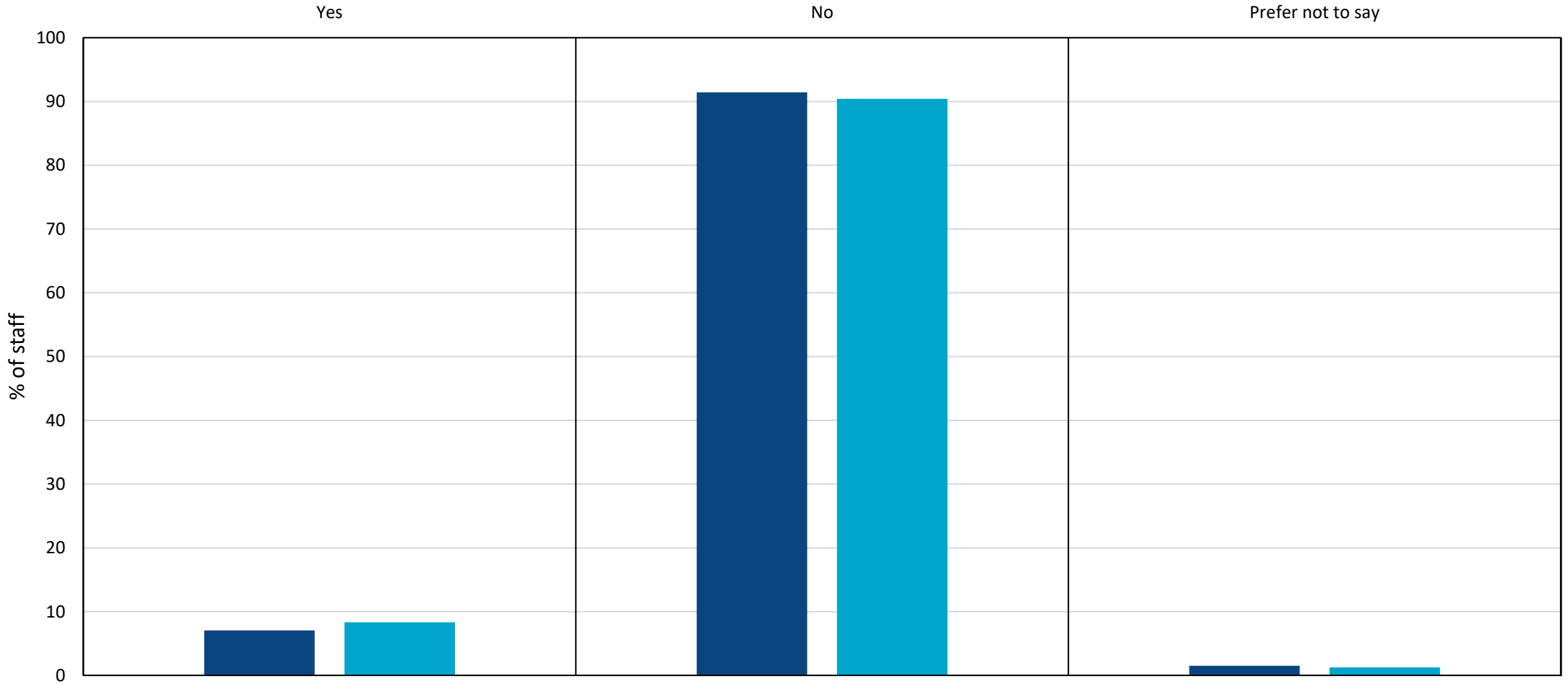
	Never	Rarely	Sometimes	Often	Always
Your org	58.50%	13.25%	13.35%	12.64%	2.27%
Average	58.46%	14.62%	15.19%	10.39%	1.47%
Responses	3971	3971	3971	3971	3971

Background details – Length of service



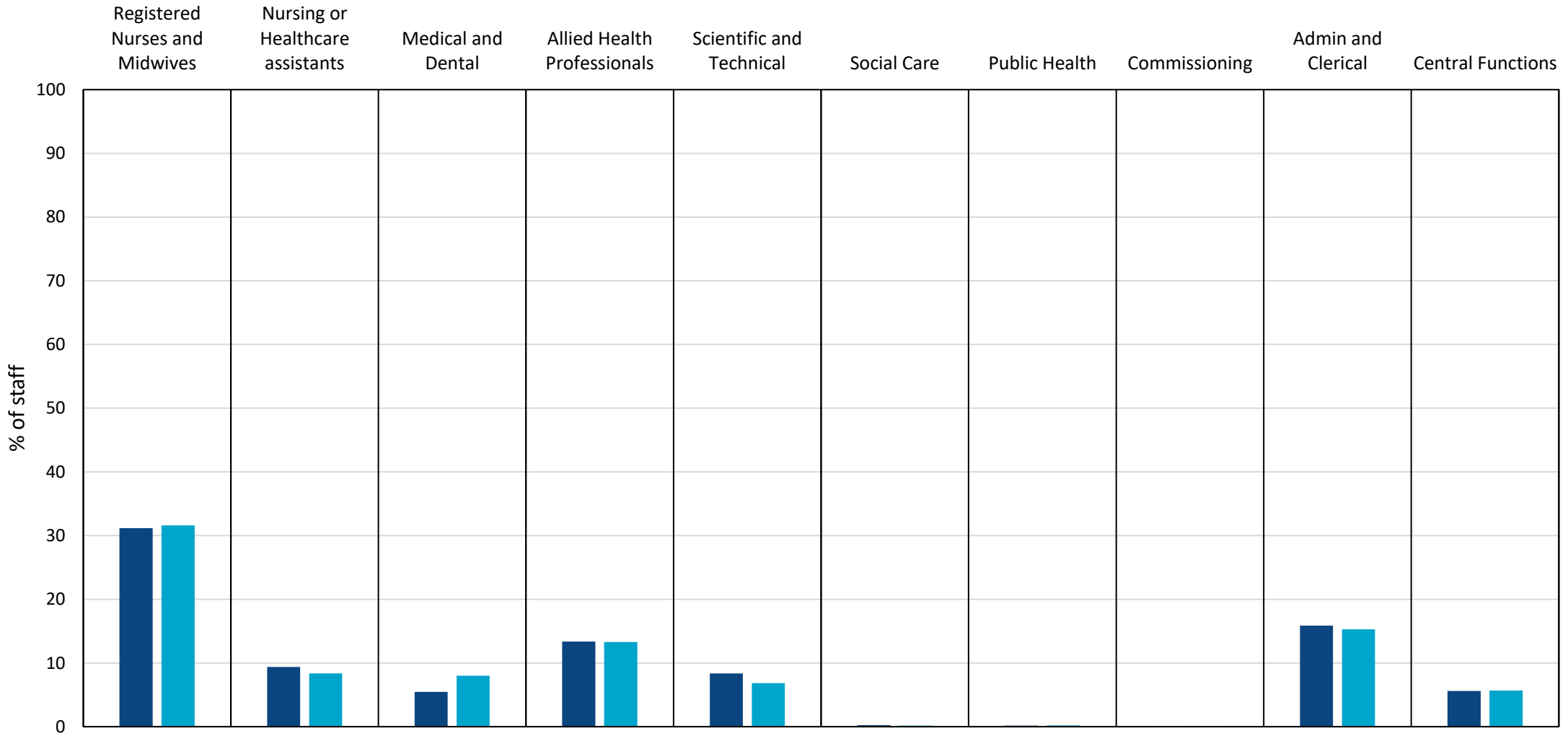
	Less than 1 year	1-2 years	3-5 years	6-10 years	11-15 years	More than 15 years
Your org	4.92%	17.16%	19.03%	18.58%	10.22%	30.09%
Average	8.72%	17.29%	19.43%	17.86%	10.24%	25.58%
Responses	3962	3962	3962	3962	3962	3962

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



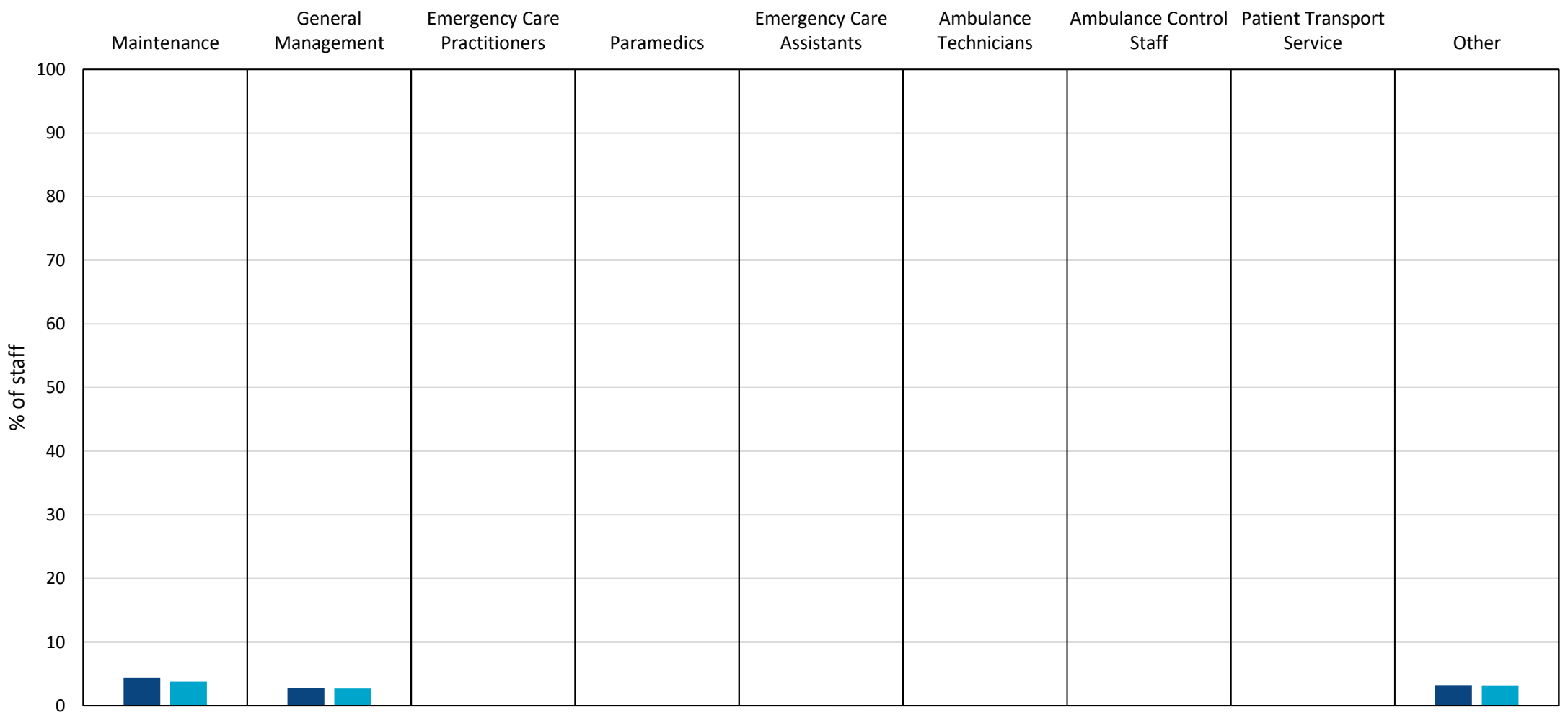
	Yes	No	Prefer not to say
Your org	7.04%	91.44%	1.52%
Average	8.30%	90.40%	1.24%
Responses	3950	3950	3950

Background details – Occupational group



	Registered Nurses and Midwives	Nursing or Healthcare assistants	Medical and Dental	Allied Health Professionals	Scientific and Technical	Social Care	Public Health	Commissioning	Admin and Clerical	Central Functions
Your org	31.15%	9.39%	5.45%	13.36%	8.35%	0.23%	0.15%	0.03%	15.88%	5.60%
Average	31.58%	8.38%	7.99%	13.29%	6.85%	0.17%	0.21%	0.07%	15.29%	5.69%
Responses	3930	3930	3930	3930	3930	3930	3930	3930	3930	3930

Background details – Occupational group



	Maintenance	General Management	Emergency Care Practitioners	Paramedics	Emergency Care Assistants	Ambulance Technicians	Ambulance Control Staff	Patient Transport Service	Other
Your org	4.45%	2.75%	0.00%	0.00%	0.03%	0.00%	0.00%	0.08%	3.13%
Average	3.80%	2.70%	0.02%	0.02%	0.04%	0.00%	0.00%	0.00%	3.09%
Responses	3930	3930	3930	3930	3930	3930	3930	3930	3930

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Appendices

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Appendix A: Response rate

Appendix A: Response rate

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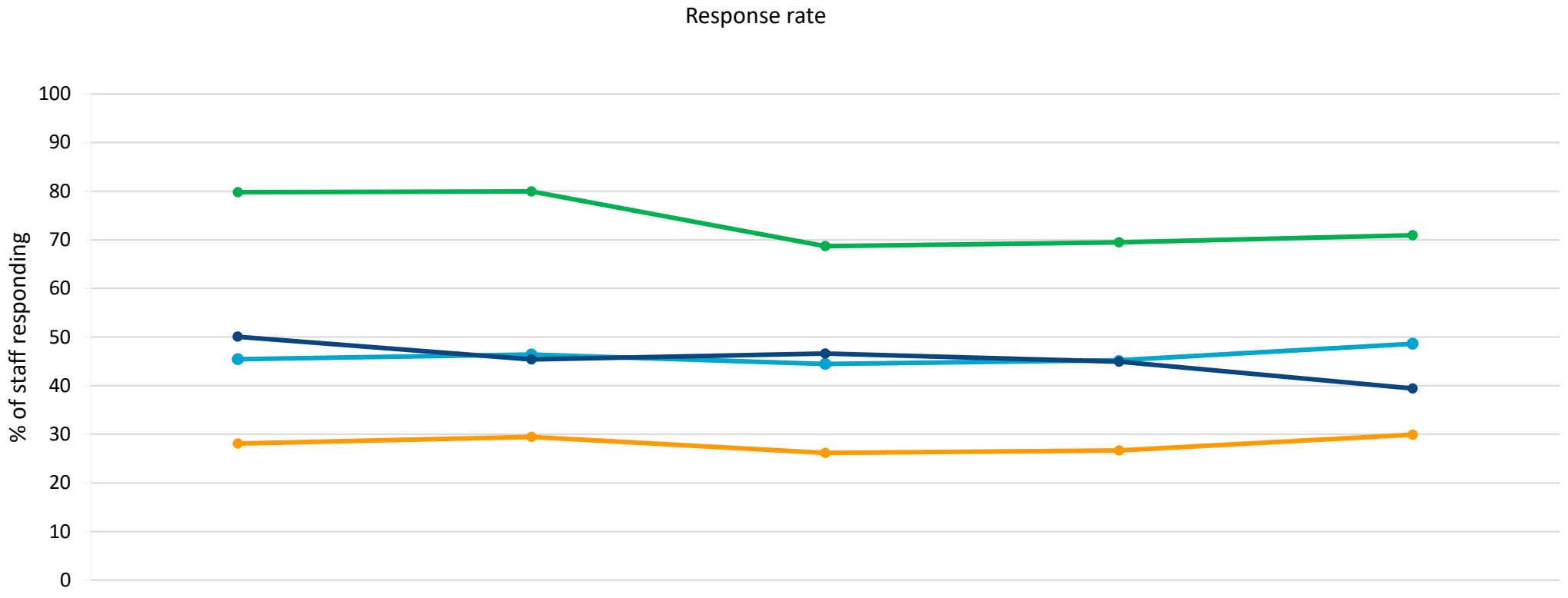

	2020	2021	2022	2023	2024
Your org	50.05%	45.41%	46.61%	44.95%	39.42%
Highest	79.77%	79.95%	68.69%	69.45%	70.92%
Average	45.43%	46.38%	44.46%	45.23%	48.61%
Lowest	28.09%	29.47%	26.17%	26.65%	29.91%
Responses	4141	4106	4367	4539	3994

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Appendix B: Significance testing 2023 vs 2024

Appendix B: Significance testing – 2023 vs 2024

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

People Promise elements	2023 score	2023 respondents	2024 score	2024 respondents	Statistically significant change?
We are compassionate and inclusive	7.30	4527	7.15	3986	Significantly lower
We are recognised and rewarded	6.06	4529	5.90	3986	Significantly lower
We each have a voice that counts	6.77	4496	6.60	3959	Significantly lower
We are safe and healthy	6.25	4265	6.03	3965	Significantly lower
We are always learning	5.66	4258	5.53	3793	Significantly lower
We work flexibly	6.42	4508	6.18	3965	Significantly lower
We are a team	6.86	4525	6.75	3982	Significantly lower
Themes					
Staff Engagement	6.91	4533	6.63	3991	Significantly lower
Morale	6.02	4535	5.72	3987	Significantly lower

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

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

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Appendix C: Tips on using your benchmark report

Appendix C: Data in the benchmark reports

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

Key points to note

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

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

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

Appendix C: 1. Reviewing People Promise and theme results

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

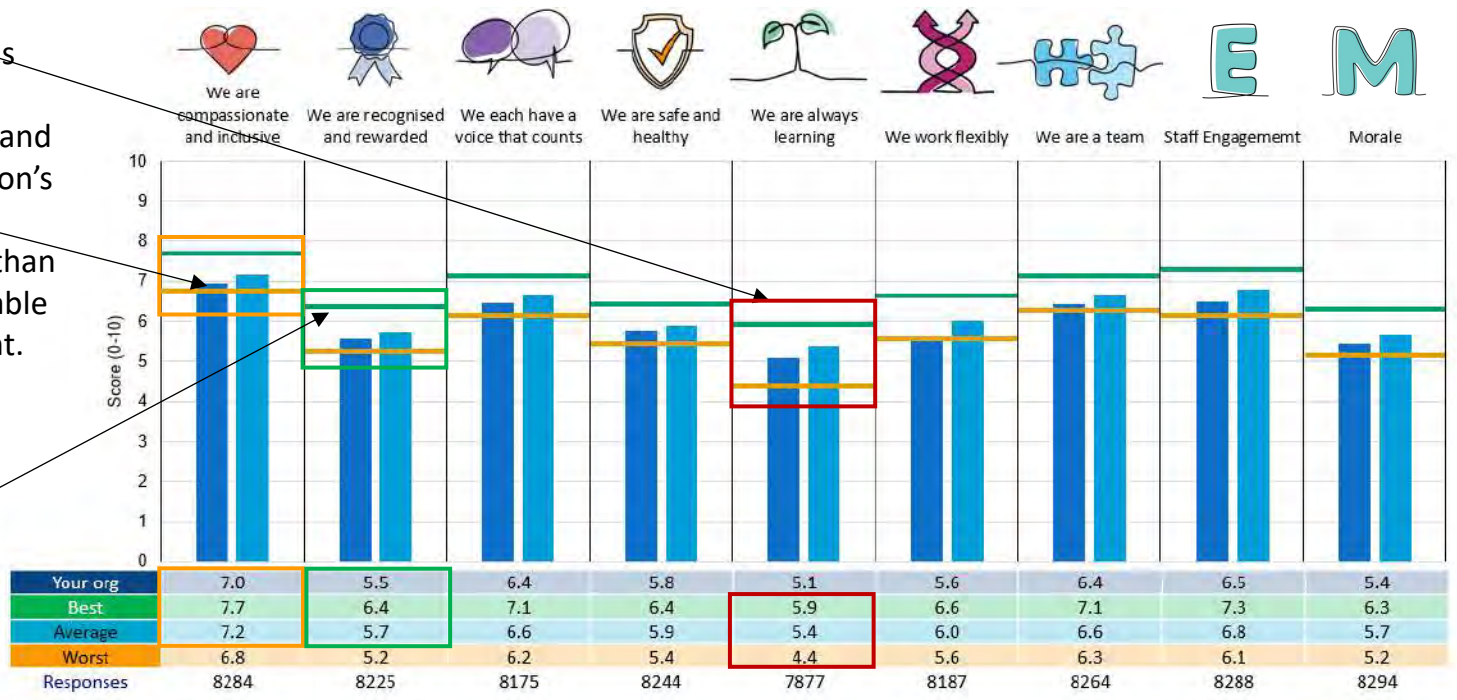
It is important to **consider each result within the range of its benchmarking group 'Best result' and 'Worst result'**, rather than comparing People Promise element and theme results to one another. Comparing organisation results to the benchmarking group average is another point of reference.

Areas to improve

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

Positive outcomes

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



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

Only one example is highlighted for each point

Appendix C: 2. Reviewing results in more detail

Survey Coordination Centre NHS

Review trend data

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

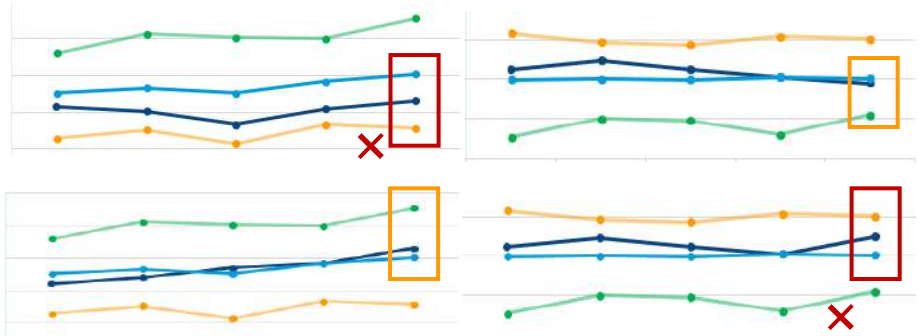
	2020	2021	2022	2023	2024
Your org	12.4%	11.5%	12.5%	13.4%	17.0%
Best result	9.5%	8.7%	8.7%	9.1%	7.3%
Average result	13.2%	12.5%	13.4%	14.1%	13.5%
Worst result	22.2%	18.6%	21.3%	21.4%	27.0%
Responses	1200	1115	1200	1200	595

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

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

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

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



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

Appendix C: 3. Reviewing question results

Survey Coordination Centre NHS

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

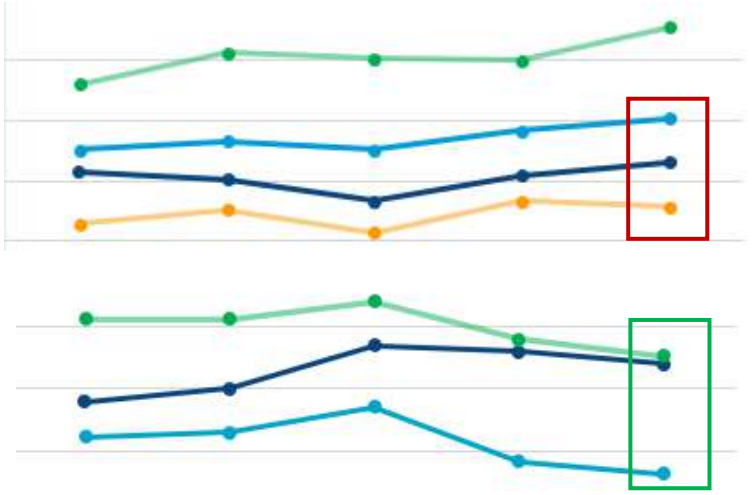
Identifying questions of interest

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

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

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

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



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

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

Survey Coordination Centre

NHS

Appendix D: Additional reporting outputs

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

Appendix D: Additional reporting outputs

Survey Coordination Centre NHS

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

Supporting documents

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

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

Other reporting outputs

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

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

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

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

RAG Report Guidance

This report shows positive scores by each of the breakdown categories across each worksheet. These scores are visually compared to the comparator by RAG colouring. It is a dynamic report you can adjust to get the maximum insight from your data.

By default, the RAG comparison is set to 3 or more percentage points difference between the scores. Red colour coding is where the scores are 3 percentage points below the comparator, green colour coding is where the scores are 3 percentage points above the comparator. The percentage point difference can be adjusted by changing the value in cell B6. For example, to highlight all differences of 8 percentage points or more adjust cell B6 to 8.

The positive score is the percentage of respondents to whom the question applies, who gave a favourable response to each question. Only questions that can be positively scored have been included.

To ensure accuracy, each cell contains the exact number, to multiple decimal places, that was calculated for the respective breakdown. The RAG colouring is based on this exact number difference. As such, in some instances the observed difference between figures (which are visible at one decimal place) will not align to the RAG colour shown. The exact number to multiple decimal places can be viewed by selecting the required cell.

There is a suppression threshold for this survey of 10 responses. Where there are fewer responses than this to a question (or zero), the respective scores are replaced with an asterisk (*).

When only one suppression is applied within a breakdown, the next smallest value will also be suppressed, even if it exceeds the suppression threshold. If two or more breakdowns have the same next smallest value, the one listed first alphabetically will be suppressed. This ensures the anonymity of the individuals within the suppressed breakdown.
E.g. within Locality 3, only one category has fewer than 10 responses and is suppressed. The next smallest Locality 3 category is then also suppressed even if it has more than 10 responses.

Lancashire Teaching Hospitals NHS Foundation Trust
NSS24 RAG report - RAG Table Report
Breakdown: Picker Average & Historic Comp
Suppression Threshold: 10

Set RAG % point difference: 3

Key:
100.0%
>3 ppt above
<3 ppt below
In between

Comparator Information			Picker Average 2024	Organisation 2024	Organisation 2023	Organisation 2022	Organisation 2021	Organisation 2020
Section	Q	Description	n = 223426	n = 3996	n = 4539	n = 4440	n = 4311	n = 4310
YOUR JOB	q2a	Often/always look forward to going to work	54.3%	51.5%	56.9%	55.6%	52.5%	56.8%
YOUR JOB	q2b	Often/always enthusiastic about my job	68.4%	67.2%	71.2%	70.5%	69.1%	73.8%
YOUR JOB	q2c	Time often/always passes quickly when I am working	71.6%	73.2%	75.4%	74.1%	75.1%	76.7%
YOUR JOB	q3a	Always know what work responsibilities are	86.6%	88.2%	89.0%	88.7%	88.6%	88.0%
YOUR JOB	q3b	Feel trusted to do my job	90.2%	90.6%	92.0%	92.3%	93.4%	92.9%
YOUR JOB	q3c	Opportunities to show initiative frequently in my role	73.4%	73.9%	76.7%	75.5%	73.9%	72.9%
YOUR JOB	q3d	Able to make suggestions to improve the work of my team/dept	71.2%	73.1%	75.1%	74.0%	71.9%	75.2%
YOUR JOB	q3e	Involved in deciding changes that affect work	50.4%	52.4%	54.2%	52.5%	49.8%	51.8%
YOUR JOB	q3f	Able to make improvements happen in my area of work	55.2%	54.6%	57.4%	56.3%	52.8%	54.4%
YOUR JOB	q3g	Able to meet conflicting demands on my time at work	47.5%	44.7%	49.7%	48.6%	47.1%	52.0%
YOUR JOB	q3h	Have adequate materials, supplies and equipment to do my work	56.8%	46.3%	56.5%	57.4%	58.4%	62.3%
YOUR JOB	q3i	Enough staff at organisation to do my job properly	32.9%	27.2%	33.6%	31.5%	28.3%	36.8%
YOUR JOB	q4a	Satisfied with recognition for good work	53.1%	55.4%	58.0%	56.2%	54.0%	59.3%
YOUR JOB	q4b	Satisfied with extent organisation values my work	43.5%	42.3%	46.3%	44.9%	43.9%	49.0%
YOUR JOB	q4c	Satisfied with level of pay	31.7%	30.4%	31.8%	26.4%	34.5%	37.0%
YOUR JOB	q4d	Satisfied with opportunities for flexible working patterns	56.0%	56.2%	60.2%	56.5%	55.8%	59.4%
YOUR JOB	q5a	Have realistic time pressures	26.1%	25.7%	27.6%	25.8%	25.3%	25.5%
YOUR JOB	q5b	Have a choice in deciding how to do my work	52.2%	52.9%	53.9%	53.0%	53.2%	55.4%
YOUR JOB	q5c	Relationships at work are unstrained	46.2%	44.7%	45.7%	45.0%	42.5%	43.0%
YOUR JOB	q6a	Feel my role makes a difference to patients/service users	87.9%	87.7%	87.1%	87.3%	87.5%	90.3%
YOUR JOB	q6b	Organisation is committed to helping balance work and home life	48.6%	49.0%	52.2%	47.3%	44.1%	*
YOUR JOB	q6c	Achieve a good balance between work and home life	55.9%	56.9%	59.8%	56.6%	54.9%	*
YOUR JOB	q6d	Can approach immediate manager to talk openly about flexible working	69.9%	70.3%	73.5%	70.1%	66.2%	*
YOUR TEAM	q7a	Team members have a set of shared objectives	73.1%	75.2%	76.3%	75.2%	73.0%	72.5%
YOUR TEAM	q7b	Team members often meet to discuss the team's effectiveness	61.7%	65.3%	66.9%	62.4%	59.0%	59.2%

YOUR TEAM	q7c	Receive the respect I deserve from my colleagues at work	70.3%	70.8%	71.9%	70.4%	70.7%	70.8%
YOUR TEAM	q7d	Team members understand each other's roles	71.0%	71.4%	72.5%	71.9%	72.2%	*
YOUR TEAM	q7e	Enjoy working with colleagues in team	80.2%	80.3%	81.2%	82.2%	81.6%	*
YOUR TEAM	q7f	Team has enough freedom in how to do its work	58.5%	57.8%	61.3%	60.3%	57.6%	*
YOUR TEAM	q7g	Team deals with disagreements constructively	55.9%	55.2%	57.0%	55.0%	55.7%	*
YOUR TEAM	q7h	Feel valued by my team	69.3%	71.0%	71.2%	70.2%	69.1%	*
YOUR TEAM	q7i	Feel a strong personal attachment to my team	63.5%	64.2%	64.0%	64.8%	63.8%	*
PEOPLE IN YOUR ORGANISATION	q8a	Teams within the organisation work well together to achieve objectives	53.8%	52.8%	56.2%	54.0%	51.8%	*
PEOPLE IN YOUR ORGANISATION	q8b	Colleagues are understanding and kind to one another	69.2%	68.8%	70.2%	69.7%	69.0%	*
PEOPLE IN YOUR ORGANISATION	q8c	Colleagues are polite and treat each other with respect	70.3%	69.7%	70.9%	70.8%	69.8%	*
PEOPLE IN YOUR ORGANISATION	q8d	Colleagues show appreciation to one another	66.4%	66.2%	68.3%	67.4%	66.2%	*
YOUR MANAGERS	q9a	Immediate manager encourages me at work	72.0%	73.1%	74.8%	73.5%	68.9%	69.1%
YOUR MANAGERS	q9b	Immediate manager gives clear feedback on my work	65.1%	67.3%	68.5%	66.4%	62.5%	61.7%
YOUR MANAGERS	q9c	Immediate manager asks for my opinion before making decisions that affect my work	58.9%	58.4%	61.0%	59.8%	57.8%	54.2%
YOUR MANAGERS	q9d	Immediate manager takes a positive interest in my health & well-being	70.2%	71.0%	72.3%	70.7%	67.2%	69.1%
YOUR MANAGERS	q9e	Immediate manager values my work	71.8%	73.0%	73.8%	73.4%	71.7%	72.3%
YOUR MANAGERS	q9f	Immediate manager works with me to understand problems	69.0%	69.9%	70.5%	69.3%	67.7%	*
YOUR MANAGERS	q9g	Immediate manager listens to challenges I face	71.4%	72.1%	72.8%	72.3%	68.8%	*
YOUR MANAGERS	q9h	Immediate manager cares about my concerns	70.2%	70.8%	72.1%	71.2%	68.6%	*
YOUR MANAGERS	q9i	Immediate manager helps me with problems I face	67.0%	67.1%	69.4%	68.1%	64.2%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10b	Don't work any additional paid hours per week for this organisation, over and above contracted hours	64.4%	66.6%	61.6%	58.7%	60.0%	63.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10c	Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	50.9%	55.3%	57.4%	54.2%	51.8%	54.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11a	Organisation takes positive action on health and well-being	54.9%	56.0%	60.5%	59.8%	58.4%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	70.4%	71.4%	73.6%	72.0%	71.4%	71.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11c	In last 12 months, have not felt unwell due to work related stress	59.1%	59.6%	62.2%	59.6%	55.6%	57.2%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11d	In last 3 months, have not come to work when not feeling well enough to perform duties	45.2%	44.6%	49.0%	47.6%	46.6%	53.2%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11e	Not felt pressure from manager to come to work when not feeling well enough	78.3%	80.2%	81.0%	78.9%	75.6%	75.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12a	Never/rarely find work emotionally exhausting	23.0%	23.6%	26.4%	26.3%	24.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12b	Never/rarely feel burnt out because of work	30.4%	29.9%	33.4%	32.0%	30.8%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12c	Never/rarely frustrated by work	22.2%	20.2%	23.9%	23.8%	21.3%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12d	Never/rarely exhausted by the thought of another day/shift at work	36.8%	35.7%	38.2%	38.0%	35.0%	*

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12e	Never/rarely worn out at the end of work	19.0%	19.4%	20.6%	21.5%	20.7%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12f	Never/rarely feel every working hour is tiring	50.4%	51.1%	52.4%	51.6%	51.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12g	Never/rarely lack energy for family and friends	35.4%	35.8%	36.9%	35.9%	36.8%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public	85.7%	84.7%	86.1%	85.6%	86.1%	84.2%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13b	Not experienced physical violence from managers	99.1%	99.3%	99.5%	99.0%	99.3%	99.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13c	Not experienced physical violence from other colleagues	98.0%	98.4%	98.3%	97.7%	98.2%	98.1%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13d	Last experience of physical violence reported	71.4%	72.5%	74.1%	73.6%	64.0%	68.1%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	75.6%	77.8%	78.2%	79.6%	78.8%	77.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14b	Not experienced harassment, bullying or abuse from managers	90.3%	92.0%	91.9%	91.5%	90.8%	88.6%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14c	Not experienced harassment, bullying or abuse from other colleagues	81.7%	82.0%	82.2%	81.8%	83.2%	80.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14d	Last experience of harassment/bullying/abuse reported	52.5%	52.6%	51.5%	52.5%	45.8%	46.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q15	Organisation acts fairly: career progression	57.0%	57.4%	59.2%	59.2%	57.8%	60.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public	91.3%	93.2%	93.8%	94.6%	95.0%	95.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16b	Not experienced discrimination from manager/team leader or other colleagues	91.0%	91.9%	92.3%	92.1%	91.9%	92.2%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	92.1%	91.7%	92.3%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	96.5%	95.9%	96.0%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q18	Not seen any errors/near misses/incidents that could have hurt staff/patients/service users	65.7%	63.8%	67.4%	66.1%	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19a	Staff involved in an error/near miss/incident treated fairly	58.7%	56.8%	58.6%	58.6%	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19b	Encouraged to report errors/near misses/incidents	86.0%	86.0%	87.6%	86.6%	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19c	Organisation ensure errors/near misses/incidents do not repeat	66.9%	66.8%	69.9%	66.3%	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19d	Feedback given on changes made following errors/near misses/incidents	59.9%	61.5%	63.7%	63.0%	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20a	Would feel secure raising concerns about unsafe clinical practice	70.0%	70.1%	70.6%	69.7%	72.0%	71.6%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20b	Would feel confident that organisation would address concerns about unsafe clinical practice	55.1%	53.2%	56.2%	55.4%	56.1%	57.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q21	Feel organisation respects individual differences	70.7%	69.4%	72.9%	73.0%	70.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q22	I can eat nutritious and affordable food at work	55.8%	56.7%	55.7%	*	*	*
YOUR PERSONAL DEVELOPMENT	q23a	Received appraisal in the past 12 months	83.9%	87.3%	82.6%	80.9%	79.3%	*
YOUR PERSONAL DEVELOPMENT	q23b	Appraisal helped me improve how I do my job	26.3%	24.7%	26.0%	23.7%	20.1%	*
YOUR PERSONAL DEVELOPMENT	q23c	Appraisal helped me agree clear objectives for my work	35.5%	31.7%	34.5%	30.8%	27.8%	*
YOUR PERSONAL DEVELOPMENT	q23d	Appraisal left me feeling organisation values my work	33.6%	35.3%	37.3%	34.9%	33.1%	*
YOUR PERSONAL DEVELOPMENT	q24a	Organisation offers me challenging work	68.4%	68.9%	69.7%	68.2%	69.0%	*
YOUR PERSONAL DEVELOPMENT	q24b	There are opportunities for me to develop my career in this organisation	53.6%	48.8%	56.8%	55.3%	53.9%	*

YOUR PERSONAL DEVELOPMENT	q24c	Have opportunities to improve my knowledge and skills	69.3%	67.4%	71.4%	68.9%	67.4%	*
YOUR PERSONAL DEVELOPMENT	q24d	Feel supported to develop my potential	56.5%	55.3%	58.8%	57.2%	53.8%	*
YOUR PERSONAL DEVELOPMENT	q24e	Able to access the right learning and development opportunities when I need to	60.0%	57.8%	63.4%	60.1%	58.2%	*
YOUR PERSONAL DEVELOPMENT	q24f	Able to access clinical supervision opportunities	56.1%	52.9%	*	*	*	*
YOUR ORGANISATION	q25a	Care of patients/service users is organisation's top priority	72.5%	66.0%	72.8%	73.1%	72.5%	78.5%
YOUR ORGANISATION	q25b	Organisation acts on concerns raised by patients/service users	68.6%	63.0%	68.0%	67.2%	66.8%	70.2%
YOUR ORGANISATION	q25c	Would recommend organisation as place to work	59.1%	49.4%	59.3%	57.5%	56.6%	63.4%
YOUR ORGANISATION	q25d	If friend/relative needed treatment would be happy with standard of care provided by organisation	61.6%	51.9%	58.3%	60.0%	62.1%	68.8%
YOUR ORGANISATION	q25e	Feel safe to speak up about anything that concerns me in this organisation	60.5%	58.5%	62.8%	62.5%	61.4%	67.0%
YOUR ORGANISATION	q25f	Feel organisation would address any concerns I raised	48.0%	44.2%	50.1%	48.9%	48.3%	*
YOUR ORGANISATION	q26a	I don't often think about leaving this organisation	43.4%	40.9%	45.5%	44.5%	43.5%	48.4%
YOUR ORGANISATION	q26b	I am unlikely to look for a job at a new organisation in the next 12 months	51.5%	49.1%	54.6%	53.0%	52.5%	56.4%
YOUR ORGANISATION	q26c	I am not planning on leaving this organisation	56.7%	53.9%	59.8%	57.9%	58.7%	63.3%
BACKGROUND INFORMATION	q31b	Disability: organisation made reasonable adjustment(s) to enable me to carry out work	74.0%	79.1%	78.3%	74.9%	72.3%	80.4%

Picker

ancashire Teaching Hospitals NHS Foundation Trust
ISS24 RAG report - RAG Table Report
reakdown: Locality 1
Suppression Threshold: 10

Set RAG % point difference: 3

Key:
100.0%
>3 ppt above
<3 ppt below
In between

Section	Q	Description	Locality 1	Comparator (Organisation Overall)	Division of Corporate Services	Division of Diagnostics & Clinical Support	Division of Estates & Facilities	Division of Medicine	Division of Surgery	Division of Women & Children	Hosted & Recharge
				n = 3996	n = 604	n = 883	n = 246	n = 611	n = 1232	n = 365	n = 55
YOUR JOB	q2a	Often/always look forward to going to work		51.5%	48.1%	50.7%	48.5%	51.2%	54.3%	52.6%	47.3%
	q2b	Often/always enthusiastic about my job		67.2%	62.9%	68.4%	61.3%	66.8%	69.6%	69.3%	61.1%
	q2c	Time often/always passes quickly when I am working		73.2%	70.9%	74.3%	62.7%	76.7%	72.4%	77.2%	77.8%
	q3a	Always know what work responsibilities are		88.2%	83.8%	89.6%	81.6%	89.0%	90.2%	89.9%	81.8%
	q3b	Feel trusted to do my job		90.6%	88.1%	91.4%	87.3%	90.2%	91.9%	92.0%	90.9%
	q3c	Opportunities to show initiative frequently in my role		73.9%	74.3%	73.4%	63.9%	76.9%	73.8%	75.5%	80.0%
	q3d	Able to make suggestions to improve the work of my team/dept		73.1%	74.3%	77.0%	59.3%	75.0%	69.9%	77.3%	83.6%
	q3e	Involved in deciding changes that affect work		52.4%	57.1%	54.9%	39.9%	52.0%	50.9%	52.9%	49.1%
	q3f	Able to make improvements happen in my area of work		54.6%	60.4%	55.8%	49.4%	55.2%	52.2%	50.3%	72.7%
	q3g	Able to meet conflicting demands on my time at work		44.7%	44.4%	44.4%	50.6%	39.2%	48.7%	37.6%	49.1%
	q3h	Have adequate materials, supplies and equipment to do my work		46.3%	53.1%	45.9%	41.6%	41.2%	47.8%	39.2%	65.5%
	q3i	Enough staff at organisation to do my job properly		27.2%	26.4%	29.8%	28.4%	20.0%	30.5%	20.3%	40.0%
	q4a	Satisfied with recognition for good work		55.4%	60.9%	55.3%	48.6%	51.5%	55.7%	57.0%	50.9%
	q4b	Satisfied with extent organisation values my work		42.3%	47.4%	41.0%	40.5%	38.2%	42.8%	42.5%	49.1%
	q4c	Satisfied with level of pay		30.4%	42.3%	28.3%	20.7%	25.1%	29.0%	32.4%	52.7%
	q4d	Satisfied with opportunities for flexible working patterns		56.2%	71.3%	54.5%	40.1%	53.0%	54.4%	52.9%	83.6%
	q5a	Have realistic time pressures		25.7%	31.2%	28.5%	27.8%	18.4%	25.9%	19.5%	29.1%
	q5b	Have a choice in deciding how to do my work		52.9%	68.3%	52.8%	56.2%	47.5%	46.7%	52.5%	69.1%
	q5c	Relationships at work are unstrained		44.7%	56.8%	47.4%	41.7%	39.1%	41.4%	37.0%	69.1%
	q6a	Feel my role makes a difference to patients/service users		87.7%	76.2%	90.5%	79.5%	88.8%	90.7%	94.2%	56.3%
	q6b	Organisation is committed to helping balance work and home life		49.0%	61.7%	47.7%	38.8%	44.1%	50.0%	41.2%	58.2%
	q6c	Achieve a good balance between work and home life		56.9%	66.7%	56.0%	47.5%	52.0%	59.0%	49.0%	69.1%
	q6d	Can approach immediate manager to talk openly about flexible working		70.3%	78.0%	68.7%	52.3%	70.7%	71.2%	67.1%	85.5%
YOUR TEAM	q7a	Team members have a set of shared objectives		75.2%	76.2%	78.2%	60.2%	71.9%	76.3%	76.7%	81.8%
	q7b	Team members often meet to discuss the team's effectiveness		65.3%	70.9%	63.5%	46.9%	64.8%	67.2%	67.4%	64.8%
	q7c	Receive the respect I deserve from my colleagues at work		70.8%	77.1%	73.3%	59.2%	70.7%	67.6%	72.9%	72.7%
	q7d	Team members understand each other's roles		71.4%	73.0%	74.0%	62.1%	68.4%	70.4%	77.7%	69.1%
	q7e	Enjoy working with colleagues in team		80.3%	83.3%	81.6%	70.5%	79.5%	78.7%	83.8%	90.9%
	q7f	Team has enough freedom in how to do its work		57.8%	67.2%	56.0%	54.6%	55.6%	57.5%	53.0%	63.6%
	q7g	Team deals with disagreements constructively		55.2%	59.9%	55.3%	48.1%	58.8%	52.2%	55.2%	61.8%
	q7h	Feel valued by my team		71.0%	73.7%	72.4%	58.9%	71.6%	69.6%	72.8%	83.6%

	q7i	Feel a strong personal attachment to my team	64.2%	65.6%	64.1%	53.8%	65.5%	63.9%	66.6%	72.2%
PEOPLE IN YOUR ORGANISATION	q8a	Teams within the organisation work well together to achieve objectives	52.8%	50.4%	52.9%	39.4%	51.0%	56.6%	55.2%	56.4%
	q8b	Colleagues are understanding and kind to one another	68.8%	75.1%	69.5%	53.5%	68.4%	66.1%	74.2%	81.8%
	q8c	Colleagues are polite and treat each other with respect	69.7%	77.2%	70.5%	55.2%	69.1%	66.6%	74.5%	83.6%
	q8d	Colleagues show appreciation to one another	66.2%	72.7%	65.6%	52.7%	65.8%	63.6%	73.0%	78.2%
YOUR MANAGERS	q9a	Immediate manager encourages me at work	73.1%	76.5%	75.2%	52.5%	72.9%	75.3%	69.8%	69.1%
	q9b	Immediate manager gives clear feedback on my work	67.3%	72.1%	69.7%	52.5%	64.6%	68.5%	63.2%	72.7%
	q9c	Immediate manager asks for my opinion before making decisions that affect my work	58.4%	64.1%	60.2%	42.5%	56.2%	59.1%	56.3%	60.0%
	q9d	Immediate manager takes a positive interest in my health & well-being	71.0%	76.0%	72.3%	51.5%	67.7%	74.5%	66.0%	74.5%
	q9e	Immediate manager values my work	73.0%	76.7%	73.6%	53.9%	72.6%	74.9%	72.5%	70.9%
	q9f	Immediate manager works with me to understand problems	69.9%	74.1%	70.3%	53.3%	68.8%	71.2%	69.9%	72.7%
	q9g	Immediate manager listens to challenges I face	72.1%	76.0%	72.4%	54.2%	71.5%	74.2%	70.8%	74.5%
	q9h	Immediate manager cares about my concerns	70.8%	72.6%	72.3%	49.8%	71.1%	72.6%	71.3%	70.9%
	q9i	Immediate manager helps me with problems I face	67.1%	69.9%	69.0%	48.3%	64.6%	69.6%	65.4%	69.1%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10b	Don't work any additional paid hours per week for this organisation, over and above contracted hours	66.6%	85.4%	65.4%	72.3%	56.2%	62.6%	62.8%	83.6%
	q10c	Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	55.3%	51.0%	59.1%	67.6%	49.4%	59.1%	43.1%	50.9%
	q11a	Organisation takes positive action on health and well-being	56.0%	65.3%	58.5%	44.6%	47.6%	56.5%	55.3%	50.9%
	q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	71.4%	83.6%	74.8%	66.7%	61.2%	66.3%	76.9%	89.1%
	q11c	In last 12 months, have not felt unwell due to work related stress	59.6%	68.1%	62.5%	60.2%	48.5%	59.2%	56.9%	64.8%
	q11d	In last 3 months, have not come to work when not feeling well enough to perform duties	44.6%	51.0%	50.1%	39.8%	37.9%	43.0%	39.3%	52.8%
	q11e	Not felt pressure from manager to come to work when not feeling well enough	80.2%	84.7%	80.2%	70.7%	80.1%	80.5%	79.5%	79.2%
	q12a	Never/rarely find work emotionally exhausting	23.6%	33.4%	25.9%	32.4%	14.9%	21.8%	15.3%	32.7%
	q12b	Never/rarely feel burnt out because of work	29.9%	40.0%	31.3%	34.4%	20.8%	29.1%	23.6%	40.0%
	q12c	Never/rarely frustrated by work	20.2%	19.4%	22.4%	21.7%	15.4%	22.2%	17.3%	14.5%
	q12d	Never/rarely exhausted by the thought of another day/shift at work	35.7%	45.8%	37.3%	41.1%	26.4%	34.4%	30.6%	43.6%
	q12e	Never/rarely worn out at the end of work	19.4%	30.4%	18.6%	22.5%	13.9%	17.8%	14.0%	27.3%
	q12f	Never/rarely feel every working hour is tiring	51.1%	62.3%	53.3%	45.6%	37.7%	50.7%	53.4%	56.4%
	q12g	Never/rarely lack energy for family and friends	35.8%	46.7%	36.5%	36.0%	26.8%	35.1%	31.0%	49.1%
	q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public	84.7%	97.8%	88.8%	82.6%	64.3%	82.9%	92.0%	100.0%
	q13b	Not experienced physical violence from managers	99.3%	99.7%	99.7%	94.0%	99.2%	99.7%	100.0%	100.0%
	q13c	Not experienced physical violence from other colleagues	98.4%	99.1%	99.6%	93.4%	97.8%	97.9%	99.7%	100.0%
	q13d	Last experience of physical violence reported	72.5%	84.6%	59.5%	71.4%	79.9%	72.8%	54.2%	*
	q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	77.8%	93.0%	81.8%	80.9%	63.1%	73.5%	77.2%	96.4%
	q14b	Not experienced harassment, bullying or abuse from managers	92.0%	93.0%	94.0%	87.3%	90.7%	92.0%	90.8%	90.9%
	q14c	Not experienced harassment, bullying or abuse from other colleagues	82.0%	88.5%	84.2%	76.5%	78.0%	78.8%	84.6%	92.6%
	q14d	Last experience of harassment/bullying/abuse reported	52.6%	51.4%	51.5%	*	57.8%	49.9%	49.0%	*

	q15	Organisation acts fairly: career progression	57.4%	56.9%	59.6%	39.0%	57.9%	58.0%	62.1%	60.0%
	q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public	93.2%	99.2%	94.9%	90.4%	85.8%	91.6%	97.5%	100.0%
	q16b	Not experienced discrimination from manager/team leader or other colleagues	91.9%	94.6%	93.8%	84.8%	88.6%	91.0%	95.5%	96.4%
	q17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	91.7%	98.3%	91.9%	95.0%	82.2%	90.0%	98.1%	100.0%
	q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	95.9%	96.7%	95.2%	92.4%	96.8%	95.4%	98.4%	100.0%
	q18	Not seen any errors/near misses/incidents that could have hurt staff/patients/service users	63.8%	81.2%	58.7%	59.4%	52.9%	64.1%	62.1%	98.1%
	q19a	Staff involved in an error/near miss/incident treated fairly	56.8%	56.3%	61.9%	39.1%	51.6%	57.4%	63.0%	54.1%
	q19b	Encouraged to report errors/near misses/incidents	86.0%	83.7%	88.5%	69.0%	85.0%	87.9%	91.3%	73.5%
	q19c	Organisation ensure errors/near misses/incidents do not repeat	66.8%	65.9%	68.8%	42.1%	62.6%	71.3%	70.8%	69.8%
	q19d	Feedback given on changes made following errors/near misses/incidents	61.5%	55.6%	63.7%	34.9%	60.4%	66.5%	66.2%	61.0%
	q20a	Would feel secure raising concerns about unsafe clinical practice	70.1%	62.8%	72.1%	51.3%	72.4%	73.3%	78.9%	47.3%
	q20b	Would feel confident that organisation would address concerns about unsafe clinical practice	53.2%	52.3%	53.9%	39.2%	51.2%	55.3%	59.3%	43.6%
	q21	Feel organisation respects individual differences	69.4%	71.8%	71.1%	52.3%	66.4%	71.0%	72.3%	69.1%
	q22	I can eat nutritious and affordable food at work	56.7%	64.6%	60.5%	47.7%	48.5%	56.2%	53.4%	72.7%
YOUR PERSONAL DEVELOPMENT	q23a	Received appraisal in the past 12 months	87.3%	87.1%	89.5%	78.2%	85.9%	89.6%	88.7%	46.3%
	q23b	Appraisal helped me improve how I do my job	24.7%	23.1%	22.1%	23.0%	29.6%	26.2%	22.0%	24.0%
	q23c	Appraisal helped me agree clear objectives for my work	31.7%	29.7%	30.4%	26.4%	37.1%	32.5%	29.8%	36.0%
	q23d	Appraisal left me feeling organisation values my work	35.3%	36.5%	34.5%	31.1%	35.6%	36.3%	32.3%	48.0%
	q24a	Organisation offers me challenging work	68.9%	69.0%	69.5%	51.0%	68.6%	70.1%	73.9%	80.0%
	q24b	There are opportunities for me to develop my career in this organisation	48.8%	45.8%	49.8%	37.9%	51.4%	49.8%	49.9%	52.7%
	q24c	Have opportunities to improve my knowledge and skills	67.4%	68.9%	67.8%	47.3%	67.7%	68.4%	73.4%	70.9%
	q24d	Feel supported to develop my potential	55.3%	58.2%	55.1%	37.8%	55.5%	56.0%	59.2%	60.0%
	q24e	Able to access the right learning and development opportunities when I need to	57.8%	57.5%	57.2%	43.3%	57.4%	59.8%	62.9%	60.0%
	q24f	Able to access clinical supervision opportunities	52.9%	49.8%	53.7%	28.5%	55.6%	55.6%	54.2%	29.2%
YOUR ORGANISATION	q25a	Care of patients/service users is organisation's top priority	66.0%	66.8%	66.1%	56.3%	59.0%	70.1%	72.2%	44.4%
	q25b	Organisation acts on concerns raised by patients/service users	63.0%	57.0%	62.2%	44.6%	63.8%	67.3%	73.8%	46.3%
	q25c	Would recommend organisation as place to work	49.4%	49.2%	48.9%	42.1%	46.3%	52.3%	49.6%	57.4%
	q25d	If friend/relative needed treatment would be happy with standard of care provided by organisation	51.9%	49.2%	51.7%	45.0%	46.8%	57.4%	53.7%	35.2%
	q25e	Feel safe to speak up about anything that concerns me in this organisation	58.5%	60.7%	60.5%	46.4%	53.6%	59.2%	63.4%	59.3%
	q25f	Feel organisation would address any concerns I raised	44.2%	43.5%	43.5%	39.7%	41.8%	46.2%	46.2%	46.3%
	q26a	I don't often think about leaving this organisation	40.9%	39.0%	41.6%	36.4%	36.9%	43.0%	43.7%	46.3%
	q26b	I am unlikely to look for a job at a new organisation in the next 12 months	49.1%	43.8%	49.7%	43.1%	45.3%	53.7%	50.5%	55.6%
	q26c	I am not planning on leaving this organisation	53.9%	51.5%	54.2%	45.6%	51.0%	57.0%	55.8%	59.3%
BACKGROUND INFORMATION	q31b	Disability: organisation made reasonable adjustment(s) to enable me to carry out work	79.1%	84.8%	84.6%	73.2%	77.0%	76.3%	74.2%	81.8%

Picker

Lancashire Teaching Hospitals NHS Foundation Trust
NSS24 RAG report - RAG Table Report
Breakdown: Locality 3
Suppression Threshold: 10

Set RAG % point difference: 3

Key:
100.0%
>3 ppt above
<3 ppt below
In between

Locality 3			Comparator (Organisation Overall)	Board Management & Admin	Building Services	Business Intelligence	Capacity Management	Catering Services	Chief Executive	Clinical Education	Corporate Cancer	Domestic Services CDH	Domestic Services RPH	ELFS Payroll	ELFS Support Services	ELFS Transactional Finance	EPRR Services	Education Business & Operations	Education QA & Compliance	Estates Engineering	Finance
Section	Q	Description	n = 3996	n = 11	n = 5	n = 43	n = 54	n = 21	n = 19	n = 24	n = 21	n = 18	n = 61	n = 15	n = 5	n = 18	n = 23	n = 43	n = 10	n = 11	n = 31
YOUR JOB	q2a	Often/always look forward to going to work	51.5%	81.8%	*	41.9%	55.6%	61.9%	63.2%	37.5%	47.6%	58.8%	56.1%	33.3%	*	27.8%	56.5%	51.2%	60.0%	36.4%	32.3%
YOUR JOB	q2b	Often/always enthusiastic about my job	67.2%	90.9%	*	65.1%	63.0%	76.2%	68.4%	70.8%	65.0%	70.6%	57.9%	46.7%	*	44.4%	81.8%	69.8%	60.0%	63.6%	45.2%
YOUR JOB	q2c	Time often/always passes quickly when I am working	73.2%	100.0%	*	76.7%	68.5%	71.4%	57.9%	70.8%	75.0%	76.5%	69.5%	73.3%	*	77.8%	59.1%	79.1%	90.0%	72.7%	80.6%
YOUR JOB	q3a	Always know what work responsibilities are	88.2%	100.0%	*	88.4%	85.2%	71.4%	78.9%	75.0%	95.2%	100.0%	85.0%	86.7%	*	72.2%	91.3%	83.7%	90.0%	81.8%	77.4%
YOUR JOB	q3b	Feel trusted to do my job	90.6%	90.9%	*	93.0%	81.5%	95.2%	84.2%	79.2%	95.2%	94.1%	86.7%	100.0%	*	88.9%	91.3%	81.4%	100.0%	90.9%	90.3%
YOUR JOB	q3c	Opportunities to show initiative frequently in my role	73.9%	81.8%	*	74.4%	74.1%	47.6%	78.9%	66.7%	52.4%	76.5%	68.3%	86.7%	*	61.1%	91.3%	81.4%	90.0%	72.7%	77.4%
YOUR JOB	q3d	Able to make suggestions to improve the work of my team/dept	73.1%	81.8%	*	76.7%	70.4%	57.1%	73.7%	75.0%	66.7%	64.7%	54.2%	73.3%	*	72.2%	78.3%	79.1%	90.0%	63.6%	77.4%
YOUR JOB	q3e	Involved in deciding changes that affect work	52.4%	81.8%	*	55.8%	51.9%	42.9%	68.4%	54.2%	47.6%	29.4%	39.0%	40.0%	*	27.8%	65.2%	62.8%	70.0%	63.6%	45.2%
YOUR JOB	q3f	Able to make improvements happen in my area of work	54.6%	72.7%	*	62.8%	51.9%	52.4%	68.4%	41.7%	52.4%	47.1%	54.2%	53.3%	*	55.6%	69.6%	67.4%	70.0%	63.6%	61.3%
YOUR JOB	q3g	Able to meet conflicting demands on my time at work	44.7%	63.6%	*	58.1%	37.7%	47.6%	36.8%	33.3%	61.9%	52.9%	69.5%	26.7%	*	33.3%	60.9%	44.2%	80.0%	27.3%	19.4%
YOUR JOB	q3h	Have adequate materials, supplies and equipment to do my work	46.3%	81.8%	*	79.1%	40.7%	33.3%	26.3%	54.2%	47.6%	70.6%	47.5%	66.7%	*	50.0%	43.5%	46.5%	100.0%	18.2%	58.1%
YOUR JOB	q3i	Enough staff at organisation to do my job properly	27.2%	45.5%	*	30.2%	18.5%	42.9%	10.5%	20.8%	19.0%	47.1%	33.9%	0.0%	*	33.3%	30.4%	29.3%	70.0%	0.0%	12.9%
YOUR JOB	q4a	Satisfied with recognition for good work	55.4%	72.7%	*	74.4%	44.4%	52.4%	61.1%	50.0%	52.4%	58.8%	52.5%	40.0%	*	33.3%	65.2%	53.5%	80.0%	54.5%	51.6%
YOUR JOB	q4b	Satisfied with extent organisation values my work	42.3%	72.7%	*	58.1%	35.2%	42.9%	44.4%	20.8%	42.9%	52.9%	48.3%	53.3%	*	27.8%	56.5%	41.9%	70.0%	45.5%	38.7%
YOUR JOB	q4c	Satisfied with level of pay	30.4%	72.7%	*	30.2%	35.8%	47.6%	50.0%	37.5%	47.6%	5.9%	25.9%	33.3%	*	38.9%	22.7%	34.9%	50.0%	36.4%	38.7%
YOUR JOB	q4d	Satisfied with opportunities for flexible working patterns	56.2%	63.6%	*	93.0%	34.0%	38.1%	77.8%	45.8%	85.7%	47.1%	43.1%	73.3%	*	83.3%	47.8%	76.7%	100.0%	45.5%	93.5%
YOUR JOB	q5a	Have realistic time pressures	25.7%	0.0%	*	27.9%	25.9%	23.8%	31.6%	34.8%	33.3%	52.9%	17.2%	6.7%	*	22.2%	22.7%	32.6%	50.0%	9.1%	6.5%
YOUR JOB	q5b	Have a choice in deciding how to do my work	52.9%	81.8%	*	60.5%	46.3%	42.9%	68.4%	47.8%	76.2%	64.7%	61.0%	66.7%	*	50.0%	50.0%	72.1%	90.0%	81.8%	77.4%
YOUR JOB	q5c	Relationships at work are unstrained	44.7%	63.6%	*	81.4%	42.6%	28.6%	63.2%	52.2%	38.1%	64.7%	43.1%	73.3%	*	55.6%	45.5%	51.2%	90.0%	54.5%	38.7%
YOUR JOB	q6a	Feel my role makes a difference to patients/service users	87.7%	*	*	72.2%	88.7%	72.2%	72.2%	81.8%	90.5%	94.1%	83.9%	70.0%	*	*	80.0%	78.4%	*	*	40.7%
YOUR JOB	q6b	Organisation is committed to helping balance work and home life	49.0%	72.7%	*	83.7%	42.6%	52.4%	63.2%	34.8%	52.4%	41.2%	48.3%	53.3%	*	38.9%	40.9%	69.8%	100.0%	18.2%	48.4%
YOUR JOB	q6c	Achieve a good balance between work and home life	56.9%	45.5%	*	76.7%	53.7%	61.9%	78.9%	60.9%	76.2%	58.8%	60.3%	60.0%	*	50.0%	40.9%	74.4%	100.0%	36.4%	54.8%
YOUR JOB	q6d	Can approach immediate manager to talk openly about flexible working	70.3%	72.7%	*	95.3%	51.9%	57.1%	78.9%	60.9%	85.7%	76.5%	50.9%	86.7%	*	66.7%	63.6%	78.6%	100.0%	63.6%	87.1%
YOUR TEAM	q7a	Team members have a set of shared objectives	75.2%	81.8%	*	86.0%	68.5%	52.4%	63.2%	75.0%	66.7%	52.9%	67.2%	73.3%	*	72.2%	72.7%	72.1%	90.0%	63.6%	58.1%
YOUR TEAM	q7b	Team members often meet to discuss the team's effectiveness	65.3%	81.8%	*	90.7%	57.4%	33.3%	68.4%	62.5%	47.6%	35.3%	44.8%	50.0%	*	50.0%	77.3%	83.7%	80.0%	54.5%	61.3%
YOUR TEAM	q7c	Receive the respect I deserve from my colleagues at work	70.8%	81.8%	*	83.3%	64.8%	61.9%	73.7%	70.8%	61.9%	64.7%	63.2%	80.0%	*	55.6%	63.6%	74.4%	90.0%	54.5%	67.7%
YOUR TEAM	q7d	Team members understand each other's roles	71.4%	90.9%	*	85.7%	72.2%	47.6%	52.6%	75.0%	66.7%	76.5%	69.0%	80.0%	*	50.0%	72.7%	62.8%	80.0%	63.6%	58.1%
YOUR TEAM	q7e	Enjoy working with colleagues in team	80.3%	81.8%	*	93.0%	79.6%	66.7%	78.9%	79.2%	81.0%	76.5%	75.9%	80.0%	*	94.4%	81.8%	74.4%	90.0%	63.6%	67.7%
YOUR TEAM	q7f	Team has enough freedom in how to do its work	57.8%	72.7%	*	69.8%	51.9%	40.0%	63.2%	54.2%	71.4%	70.6%	58.6%	60.0%	*	38.9%	59.1%	69.8%	100.0%	72.7%	54.8%
YOUR TEAM	q7g	Team deals with disagreements constructively	55.2%	72.7%	*	69.8%	55.6%	57.1%	68.4%	50.0%	38.1%	58.8%	48.3%	60.0%	*	44.4%	63.6%	48.8%	80.0%	45.5%	61.3%
YOUR TEAM	q7h	Feel valued by my team	71.0%	81.8%	*	83.7%	64.8%	57.1%	68.4%	70.8%	42.9%	58.8%	65.5%	80.0%	*	66.7%	77.3%	65.1%	90.0%	54.5%	71.0%
YOUR TEAM	q7i	Feel a strong personal attachment to my team	64.2%	72.7%	*	66.7%	57.4%	42.9%	57.9%	70.8%	47.6%	64.7%	65.5%	80.0%	*	55.6%	72.7%	55.8%	80.0%	45.5%	58.1%
PEOPLE IN YOUR ORGANISATION	q8a	Teams within the organisation work well together to achieve objectives	52.8%	63.6%	*	65.1%	50.0%	38.1%	42.1%	45.8%	52.4%	47.1%	49.2%	60.0%	*	44.4%	52.4%	51.2%	80.0%	36.4%	38.7%
PEOPLE IN YOUR ORGANISATION	q8b	Colleagues are understanding and kind to one another	68.8%	81.8%	*	93.0%	72.2%	47.6%	78.9%	70.8%	38.1%	58.8%	57.6%	93.3%	*	66.7%	61.9%	60.5%	100.0%	72.7%	74.2%
PEOPLE IN YOUR ORGANISATION	q8c	Colleagues are polite and treat each other with respect	69.7%	81.8%	*	95.3%	72.2%	61.9%	78.9%	70.8%	42.9%	58.8%	62.7%	93.3%	*	66.7%	57.1%	72.1%	100.0%	72.7%	74.2%
PEOPLE IN YOUR ORGANISATION	q8d	Colleagues show appreciation to one another	66.2%	81.8%	*	93.0%	72.2%	47.6%	73.7%	70.8%	42.9%	58.8%	62.7%	86.7%	*	61.1%	52.4%	65.1%	90.0%	63.6%	64.5%
YOUR MANAGERS	q9a	Immediate manager encourages me at work	73.1%	63.6%	*	93.0%	64.8%	57.1%	68.4%	66.7%	66.7%	58.8%	54.2%	66.7%	*	44.4%	81.0%	83.7%	90.0%	63.6%	67.7%
YOUR MANAGERS	q9b	Immediate manager gives clear feedback on my work	67.3%	81.8%	*	83.7%	62.3%	47.6%	63.2%	58.3%	57.1%	70.6%	54.4%	66.7%	*	50.0%	81.0%	74.4%	90.0%	54.5%	64.5%
YOUR MANAGERS	q9c	Immediate manager asks for my opinion before making decisions that affect my work	58.4%	63.6%	*	65.1%	44.4%	42.9%	47.4%	54.2%	52.4%	41.2%	44.1%	40.0%	*	44.4%	61.9%	74.4%	90.0%	63.6%	58.1%
YOUR MANAGERS	q9d	Immediate manager takes a positive interest in my health & well-being	71.0%	63.6%	*	83.7%	61.1%	52.4%	57.9%	62.5%	61.9%	52.9%	54.2%	73.3%	*	55.6%	71.4%	88.4%	100.0%	63.6%	74.2%
YOUR MANAGERS	q9e	Immediate manager values my work	73.0%	72.7%	*	93.0%	59.3%	57.1%	63.2%	58.3%	76.2%	58.8%	55.9%	73.3%	*	44.4%	71.4%	79.1%	100.0%	81.8%	71.0%
YOUR MANAGERS	q9f	Immediate manager works with me to understand problems	69.9%	63.6%	*	81.0%	63.0%	52.4%	68.4%	58.3%	66.7%	52.9%	49.2%	73.3%	*	50.0%	81.0%	76.7%	90.0%	72.7%	71.0%
YOUR MANAGERS	q9g	Immediate manager listens to challenges I face	72.1%	72.7%	*	88.4%	63.0%	57.1%	68.4%	62.5%	61.9%	58.8%	44.8%	66.7%	*	55.6%	81.0%	81.4%	90.0%	72.7%	74.2%
YOUR MANAGERS	q9h	Immediate manager cares about my concerns	70.8%	72.7%	*	83.7%	59.3%	52.4%	57.9%	58.3%	61.9%	52.9%	42.4%	53.3%	*	55.6%	71.4%	79.1%	90.0%	63.6%	64.5%
YOUR MANAGERS	q9i	Immediate manager helps me with problems I face	67.1%	54.5%	*	83.7%	63.0%	42.9%	57.9%	54.2%	47.6%	50.0%	47.5%	53.3%	*	55.6%	71.4%	74.4%	90.0%	54.5%	61.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10b	Don't work any additional paid hours per week for this organisation, over and above contracted hours	66.6%	63.6%	*	79.1%	83.3%	71.4%	89.5%	91.7%	90.5%	70.6%	61.0%	73.3%	*	94.4%	63.6%	86.0%	100.0%	54.5%	90.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10c	Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	55.3%	36.4%	*	74.4%	44.4%	66.7%	15.8%	37.5%	57.1%	76.5%	75.9%	33.3%	*	55.6%	40.9%	39.5%	60.0%	45.5%	32.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11a	Organisation takes positive action on health and well-being	56.0%	81.8%	*	88.4%	44.4%	42.9%	57.9%	50.0%	61.9%	47.1%	47.5%	40.0%	*	22.2%	52.4%	67.4%	100.0%	40.0%	35.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	71.4%	100.0%	*	88.4%	77.8%	66.7%	78.9%	91.7%	76.2%	76.5%	62.7%	93.3%	*	83.3%	71.4%	76.7%	90.0%	60.0%	87.1%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11c	In last 12 months, have not felt unwell due to work related stress	59.6%	81.8%	*	86.0%	63.0%	76.2%	52.6%	58.3%	61.9%	82.4%	59.3%	50.0%	*	50.0%	42.9%	58.1%	90.0%	63.6%	51.6%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11d	In last 3 months, have not come to work when not feeling well enough to perform duties	44.6%	81.8%	*	60.5%	40.7%	38.1%	47.4%	41.7%	42.9%	58.8%	50.8%	35.7%	*	41.2%	33.3%	51.2%	80.0%	27.3%	51.6%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11e	Not felt pressure from manager to come to work when not feeling well enough	80.2%	*	*	100.0%	86.7%	81.8%	70.0%	78.6%	91.7%	*	69.0%	*	*	70.0%	85.7%	95.0%	*	*	86.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12a	Never/rarely find work emotionally exhausting	23.6%	54.5%	*	46.5%	9.3%	42.9%	42.1%	26.1%	38.1%	35.3%	30.5%	6.7%	*	33.3%	19.0%	32.6%	60.0%	36.4%	25.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12b	Never/rarely feel burnt out because of work	29.9%	72.7%	*	51.2%	22.2%	52.4%	36.8%	43.5%	42.9%	52.9%	27.1%	13.3%	*	38.9%	33.3%	34.9%	80.0%	18.2%	19.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12c	Never/rarely frustrated by work	20.2%	45.5%	*	23.3%	13.0%	33.3%	15.8%	26.1%	23.8%	47.1%	25.4%	6.7%	*	5.6%	14.3%	18.6%	30.0%	9.1%	6.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12d	Never/rarely exhausted by the thought of another day/shift at work	35.7%	63.6%	*	58.1%	31.5%	52.4%	47.4%	30.4%	47.6%	58.8%	39.0%	26.7%	*	44.4%	38.1%	48.8%	70.0%	36.4%	22.6%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12e	Never/rarely worn out at the end of work	19.4%	45.5%	*	32.6%	13.0%	28.6%	42.1%	17.4%	23.8%	17.6%	27.6%	0.0%	*	38.9%	19.0%	32.6%	40.0%	9.1%	19.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12f	Never/rarely feel every working hour is tiring	51.1%	81.8%	*	72.1%	44.4%	38.1%	57.9%	47.8%	66.7%	70.6%	39.0%	40.0%	*	50.0%	52.4%	67.4%	80.0%	45.5%	48.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12g	Never/rarely lack energy for family and friends	35.8%	54.5%	*	48.8%	33.3%	33.3%	57.9%	30.4%	57.1%	64.7%	27.6%	40.0%	*	33.3%	28.6%	46.5%	70.0%	18.2%	45.2%

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public	84.7%	100.0%	*	100.0%	81.5%	90.0%	100.0%	100.0%	100.0%	88.2%	83.9%	100.0%	*	100.0%	47.6%	97.7%	100.0%	100.0%	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13b	Not experienced physical violence from managers	99.3%	100.0%	*	100.0%	98.1%	100.0%	100.0%	100.0%	100.0%	100.0%	87.3%	100.0%	*	100.0%	95.2%	100.0%	100.0%	100.0%	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13c	Not experienced physical violence from other colleagues	98.4%	100.0%	*	100.0%	98.0%	100.0%	100.0%	100.0%	100.0%	100.0%	83.6%	100.0%	*	100.0%	100.0%	100.0%	*	100.0%	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13d	Last experience of physical violence reported	72.5%	*	*	*	*	*	*	*	*	*	81.8%	*	*	*	81.8%	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	77.8%	100.0%	*	100.0%	64.8%	95.0%	94.4%	100.0%	95.2%	82.4%	84.2%	100.0%	*	94.4%	61.9%	93.0%	100.0%	*	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14b	Not experienced harassment, bullying or abuse from managers	92.0%	100.0%	*	100.0%	83.3%	90.0%	84.2%	82.6%	100.0%	94.1%	85.2%	100.0%	*	77.8%	95.2%	88.4%	100.0%	*	93.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14c	Not experienced harassment, bullying or abuse from other colleagues	82.0%	81.8%	*	100.0%	83.0%	80.0%	89.5%	70.8%	90.5%	88.2%	75.0%	100.0%	*	88.9%	55.0%	83.7%	100.0%	80.0%	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14d	Last experience of harassment/bullying/abuse reported	52.6%	*	*	*	56.0%	*	*	*	*	*	70.0%	*	*	*	90.0%	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q15	Organisation acts fairly: career progression	57.4%	90.9%	*	62.8%	51.9%	33.3%	52.6%	39.1%	61.9%	23.5%	35.6%	53.3%	*	55.6%	61.9%	60.5%	80.0%	45.5%	64.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public	93.2%	100.0%	*	100.0%	96.2%	100.0%	100.0%	100.0%	100.0%	88.2%	93.2%	100.0%	*	100.0%	76.2%	100.0%	100.0%	100.0%	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16b	Not experienced discrimination from manager/team leader or other colleagues	91.9%	90.9%	*	97.6%	90.7%	100.0%	83.3%	82.6%	100.0%	94.1%	81.4%	93.3%	*	100.0%	90.5%	97.7%	100.0%	81.8%	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	91.7%	100.0%	*	100.0%	87.0%	100.0%	100.0%	100.0%	100.0%	100.0%	94.9%	100.0%	*	100.0%	85.7%	97.7%	100.0%	100.0%	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	95.9%	100.0%	*	100.0%	98.1%	100.0%	100.0%	91.7%	100.0%	100.0%	87.9%	100.0%	*	100.0%	100.0%	95.3%	100.0%	100.0%	96.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q18	Not seen any errors/near misses/incidents that could have hurt staff/patients/service users	63.8%	90.9%	*	88.4%	57.4%	66.7%	100.0%	79.2%	61.9%	70.6%	72.4%	100.0%	*	100.0%	45.0%	81.0%	100.0%	72.7%	96.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19a	Staff involved in an error/near miss/incident treated fairly	56.8%	*	*	60.0%	50.0%	44.4%	61.5%	17.6%	53.3%	41.7%	53.7%	58.3%	*	18.2%	55.6%	36.7%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19b	Encouraged to report errors/near misses/incidents	86.0%	100.0%	*	80.0%	73.5%	60.0%	75.0%	59.1%	84.2%	64.7%	66.7%	71.4%	*	58.8%	80.0%	85.0%	*	80.0%	77.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19c	Organisation ensure errors/near misses/incidents do not repeat	66.8%	90.9%	*	66.7%	64.3%	50.0%	71.4%	40.0%	50.0%	52.9%	53.2%	69.2%	*	60.0%	63.2%	51.4%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19d	Feedback given on changes made following errors/near misses/incidents	61.5%	72.7%	*	47.6%	52.3%	44.4%	50.0%	40.0%	47.1%	37.5%	37.8%	69.2%	*	30.8%	50.0%	28.6%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20a	Would feel secure raising concerns about unsafe clinical practice	70.1%	81.8%	*	46.5%	69.8%	57.1%	73.7%	39.1%	71.4%	47.1%	60.3%	40.0%	*	22.2%	57.1%	76.2%	80.0%	54.5%	48.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20b	Would feel confident that organisation would address concerns about unsafe clinical practice	53.2%	81.8%	*	44.2%	54.7%	42.9%	52.6%	21.7%	47.6%	29.4%	54.5%	33.3%	*	27.8%	52.4%	54.8%	80.0%	36.4%	41.9%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q21	Feel organisation respects individual differences	69.4%	81.8%	*	79.1%	59.3%	47.6%	78.9%	39.1%	76.2%	47.1%	51.7%	60.0%	*	61.1%	71.4%	74.4%	100.0%	54.5%	80.6%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q22	I can eat nutritious and affordable food at work	56.7%	81.8%	*	76.7%	53.7%	42.9%	63.2%	33.3%	47.6%	47.1%	44.1%	66.7%	*	72.2%	38.1%	69.8%	70.0%	72.7%	74.2%
YOUR PERSONAL DEVELOPMENT	q23a	Received appraisal in the past 12 months	87.3%	100.0%	*	60.5%	94.2%	85.7%	68.4%	95.7%	85.7%	76.5%	79.3%	7.1%	*	33.3%	85.7%	93.0%	100.0%	54.5%	83.9%
YOUR PERSONAL DEVELOPMENT	q23b	Appraisal helped me improve how I do my job	24.7%	60.0%	*	23.1%	10.2%	33.3%	7.7%	18.2%	22.2%	15.4%	28.3%	*	*	*	33.3%	15.4%	40.0%	*	15.4%
YOUR PERSONAL DEVELOPMENT	q23c	Appraisal helped me agree clear objectives for my work	31.7%	70.0%	*	30.8%	16.3%	33.3%	15.4%	31.8%	27.8%	15.4%	31.1%	*	*	*	50.0%	23.1%	40.0%	*	19.2%
YOUR PERSONAL DEVELOPMENT	q23d	Appraisal left me feeling organisation values my work	35.3%	70.0%	*	40.0%	32.7%	33.3%	15.4%	22.7%	33.3%	38.5%	28.3%	*	*	*	61.1%	38.5%	60.0%	*	30.8%
YOUR PERSONAL DEVELOPMENT	q24a	Organisation offers me challenging work	68.9%	81.8%	*	85.7%	63.0%	38.1%	68.4%	77.3%	61.9%	47.1%	47.5%	73.3%	*	77.8%	81.0%	74.4%	70.0%	63.6%	87.1%
YOUR PERSONAL DEVELOPMENT	q24b	There are opportunities for me to develop my career in this organisation	48.8%	72.7%	*	67.4%	40.7%	33.3%	36.8%	27.3%	38.1%	41.2%	32.2%	40.0%	*	50.0%	57.1%	58.1%	70.0%	54.5%	51.6%
YOUR PERSONAL DEVELOPMENT	q24c	Have opportunities to improve my knowledge and skills	67.4%	81.8%	*	79.1%	59.3%	42.9%	63.2%	72.7%	47.6%	41.2%	42.4%	53.3%	*	72.2%	66.7%	88.4%	90.0%	54.5%	71.0%
YOUR PERSONAL DEVELOPMENT	q24d	Feel supported to develop my potential	55.3%	72.7%	*	69.8%	53.7%	33.3%	57.9%	50.0%	47.6%	35.3%	32.2%	46.7%	*	50.0%	66.7%	67.4%	80.0%	54.5%	61.3%
YOUR PERSONAL DEVELOPMENT	q24e	Able to access the right learning and development opportunities when I need to	57.8%	90.9%	*	74.4%	45.3%	42.9%	42.1%	54.5%	47.6%	41.2%	41.4%	53.3%	*	50.0%	76.2%	65.1%	80.0%	45.5%	58.1%
YOUR PERSONAL DEVELOPMENT	q24f	Able to access clinical supervision opportunities	52.9%	*	*	62.5%	45.0%	21.4%	*	41.2%	33.3%	21.4%	35.7%	*	*	*	58.3%	53.8%	*	*	*
YOUR ORGANISATION	q25a	Care of patients/service users is organisation's top priority	66.0%	90.9%	*	73.8%	55.6%	61.9%	73.7%	34.8%	76.2%	58.8%	67.8%	50.0%	*	27.8%	60.0%	67.4%	90.0%	63.6%	74.2%
YOUR ORGANISATION	q25b	Organisation acts on concerns raised by patients/service users	63.0%	81.8%	*	52.4%	50.0%	52.4%	63.2%	36.4%	61.9%	58.8%	55.9%	42.9%	*	22.2%	50.0%	48.8%	80.0%	54.5%	48.4%
YOUR ORGANISATION	q25c	Would recommend organisation as place to work	49.4%	100.0%	*	57.1%	42.6%	52.4%	57.9%	17.4%	52.4%	52.9%	47.5%	42.9%	*	33.3%	50.0%	58.1%	90.0%	45.5%	25.8%
YOUR ORGANISATION	q25d	If friend/relative needed treatment would be happy with standard of care provided by organisation	51.9%	81.8%	*	61.9%	35.2%	57.1%	52.6%	39.1%	76.2%	58.8%	55.9%	14.3%	*	22.2%	55.0%	41.9%	90.0%	45.5%	61.3%
YOUR ORGANISATION	q25e	Feel safe to speak up about anything that concerns me in this organisation	58.5%	90.9%	*	66.7%	53.7%	52.4%	57.9%	34.8%	71.4%	58.8%	47.5%	57.1%	*	38.9%	57.9%	55.8%	80.0%	63.6%	48.4%
YOUR ORGANISATION	q25f	Feel organisation would address any concerns I raised	44.2%	81.8%	*	50.0%	38.9%	52.4%	47.4%	17.4%	47.6%	47.1%	45.8%	28.6%	*	33.3%	47.4%	39.5%	60.0%	45.5%	35.5%
YOUR ORGANISATION	q26a	I don't often think about leaving this organisation	40.9%	63.6%	*	48.8%	24.1%	33.3%	26.3%	34.8%	61.9%	47.1%	41.4%	35.7%	*	33.3%	50.0%	53.5%	70.0%	36.4%	35.5%
YOUR ORGANISATION	q26b	I am unlikely to look for a job at a new organisation in the next 12 months	49.1%	72.7%	*	55.8%	42.6%	28.6%	26.3%	34.8%	61.9%	64.7%	48.3%	50.0%	*	44.4%	55.0%	46.5%	60.0%	45.5%	35.5%
YOUR ORGANISATION	q26c	I am not planning on leaving this organisation	53.9%	72.7%	*	67.4%	46.3%	38.1%	36.8%	39.1%	71.4%	58.8%	50.0%	50.0%	*	44.4%	60.0%	52.4%	70.0%	45.5%	45.2%
BACKGROUND INFORMATION	q31b	Disability: organisation made reasonable adjustment(s) to enable me to carry out work	79.1%	*	*	*	82.4%	*	*	*	*	*	75.0%	*	*	*	*	*	*	*	*

Picker

Lancashire Teaching Hospitals NHS Foundation Trust
NSS24 RAG report - RAG Table Report
Breakdown: Locality 3
Suppression Threshold: 10

Set RAG % point difference: 3

Key:
100.0%
>3 ppt above
<3 ppt below
In between

Locality 3			Comparator (Organisation Overall)	Governance	HR Management	Hosted & Recharge	Medical Engineering	Medical Records	Mgt & Admin (DCS)	Mgt & Admin (Medicine)	Mgt & Admin (Surgery)	Mgt & Admin (W&C)	Nursing Directorate	Organisational Development	Other Estates Services	Other Hotel Services	Portering Services	Research	SBU Acute Medicine	SBU Anaesthetics	SBU Aseptic Unit
Section	Q	Description	n = 3996	n = 42	n = 73	n = 17	n = 22	n = 30	n = 18	n = 29	n = 27	n = 25	n = 37	n = 36	n = 8	n = 18	n = 41	n = 51	n = 59	n = 52	n = 21
YOUR JOB	q2a	Often/always look forward to going to work	51.5%	53.7%	35.6%	82.4%	31.8%	43.3%	61.1%	58.6%	51.9%	60.0%	51.4%	55.6%	*	38.9%	43.9%	49.0%	42.4%	46.2%	19.0%
YOUR JOB	q2b	Often/always enthusiastic about my job	67.2%	70.7%	46.6%	81.3%	50.0%	46.7%	55.6%	69.0%	55.6%	76.0%	64.9%	69.4%	*	55.6%	56.4%	62.7%	51.7%	57.7%	47.6%
YOUR JOB	q2c	Time often/always passes quickly when I am working	73.2%	88.1%	64.4%	75.0%	45.5%	46.7%	94.4%	75.9%	85.2%	88.0%	73.0%	80.6%	*	61.1%	52.5%	56.9%	69.0%	53.8%	52.4%
YOUR JOB	q3a	Always know what work responsibilities are	88.2%	88.1%	80.8%	82.4%	63.6%	76.7%	88.9%	69.0%	77.8%	80.0%	86.5%	91.7%	*	83.3%	85.4%	84.3%	89.8%	78.8%	76.2%
YOUR JOB	q3b	Feel trusted to do my job	90.6%	88.1%	89.0%	82.4%	81.8%	66.7%	83.3%	69.0%	85.2%	92.0%	89.2%	94.4%	*	83.3%	82.9%	94.1%	83.1%	80.8%	85.7%
YOUR JOB	q3c	Opportunities to show initiative frequently in my role	73.9%	83.3%	74.0%	94.1%	45.5%	33.3%	88.9%	69.0%	81.5%	92.0%	78.4%	91.7%	*	77.8%	48.8%	70.6%	78.0%	62.7%	70.0%
YOUR JOB	q3d	Able to make suggestions to improve the work of my team/dept	73.1%	76.2%	80.8%	100.0%	54.5%	36.7%	94.4%	75.9%	81.5%	92.0%	73.0%	91.7%	*	77.8%	51.2%	68.6%	74.6%	40.4%	81.0%
YOUR JOB	q3e	Involved in deciding changes that affect work	52.4%	66.7%	57.5%	70.6%	27.3%	20.0%	83.3%	55.2%	59.3%	88.0%	64.9%	86.1%	*	55.6%	36.6%	47.1%	45.8%	32.7%	52.4%
YOUR JOB	q3f	Able to make improvements happen in my area of work	54.6%	71.4%	58.9%	100.0%	40.9%	20.0%	83.3%	62.1%	63.0%	87.5%	73.0%	83.3%	*	66.7%	39.0%	52.9%	37.3%	26.9%	57.1%
YOUR JOB	q3g	Able to meet conflicting demands on my time at work	44.7%	23.8%	42.5%	70.6%	22.7%	33.3%	11.1%	31.0%	40.7%	20.0%	62.2%	47.2%	*	50.0%	48.8%	29.4%	27.1%	42.3%	35.0%
YOUR JOB	q3h	Have adequate materials, supplies and equipment to do my work	46.3%	45.2%	49.3%	76.5%	31.8%	36.7%	44.4%	34.5%	37.0%	24.0%	62.2%	58.3%	*	50.0%	31.7%	43.1%	32.2%	32.7%	33.3%
YOUR JOB	q3i	Enough staff at organisation to do my job properly	27.2%	19.0%	32.9%	64.7%	18.2%	16.7%	11.1%	34.5%	25.9%	12.0%	37.8%	38.9%	*	38.9%	17.1%	15.7%	11.9%	28.8%	33.3%
YOUR JOB	q4a	Satisfied with recognition for good work	55.4%	83.3%	60.3%	82.4%	40.9%	20.0%	61.1%	55.2%	51.9%	64.0%	78.4%	94.4%	*	50.0%	36.6%	58.8%	35.6%	40.4%	57.1%
YOUR JOB	q4b	Satisfied with extent organisation values my work	42.3%	61.0%	47.9%	70.6%	31.8%	23.3%	55.6%	41.4%	44.4%	60.0%	67.6%	69.4%	*	44.4%	29.3%	35.3%	24.6%	19.2%	52.4%
YOUR JOB	q4c	Satisfied with level of pay	30.4%	61.0%	49.3%	82.4%	13.6%	3.3%	61.1%	44.8%	59.3%	64.0%	59.5%	69.4%	*	11.1%	9.8%	29.4%	15.3%	30.8%	38.1%
YOUR JOB	q4d	Satisfied with opportunities for flexible working patterns	56.2%	90.2%	74.0%	94.1%	22.7%	40.0%	55.6%	69.0%	59.3%	68.0%	67.6%	91.7%	*	61.1%	24.4%	66.7%	57.6%	40.4%	57.1%
YOUR JOB	q5a	Have realistic time pressures	25.7%	21.4%	28.8%	52.9%	18.2%	33.3%	0.0%	17.2%	14.8%	8.0%	35.1%	41.7%	*	66.7%	24.4%	33.3%	10.2%	17.3%	28.6%
YOUR JOB	q5b	Have a choice in deciding how to do my work	52.9%	78.6%	71.2%	82.4%	59.1%	46.7%	77.8%	62.1%	59.3%	76.0%	73.0%	86.1%	*	77.8%	48.8%	72.5%	39.0%	34.6%	38.1%
YOUR JOB	q5c	Relationships at work are unstrained	44.7%	66.7%	61.6%	76.5%	36.4%	30.0%	55.6%	34.5%	37.0%	44.0%	45.9%	77.8%	*	44.4%	41.5%	48.0%	20.3%	30.8%	61.9%
YOUR JOB	q6a	Feel my role makes a difference to patients/service users	87.7%	76.9%	67.2%	71.4%	76.2%	51.9%	100.0%	75.0%	80.8%	95.5%	85.3%	93.9%	*	64.7%	78.0%	82.0%	81.4%	86.5%	95.2%
YOUR JOB	q6b	Organisation is committed to helping balance work and home life	49.0%	66.7%	63.0%	76.5%	31.8%	36.7%	61.1%	44.8%	37.0%	48.0%	73.0%	80.6%	*	55.6%	27.5%	52.9%	44.1%	36.5%	61.9%
YOUR JOB	q6c	Achieve a good balance between work and home life	56.9%	64.3%	63.0%	88.2%	31.8%	56.7%	44.4%	58.6%	51.9%	36.0%	70.3%	80.6%	*	55.6%	30.0%	60.8%	52.5%	46.2%	57.1%
YOUR JOB	q6d	Can approach immediate manager to talk openly about flexible working	70.3%	95.2%	80.8%	100.0%	27.3%	43.3%	83.3%	72.4%	77.8%	84.0%	83.8%	97.1%	*	66.7%	45.0%	74.5%	72.9%	48.1%	81.0%
YOUR TEAM	q7a	Team members have a set of shared objectives	75.2%	85.7%	80.8%	94.1%	45.5%	56.7%	94.4%	62.1%	59.3%	84.0%	73.0%	94.4%	*	61.1%	58.5%	84.3%	57.6%	55.8%	71.4%
YOUR TEAM	q7b	Team members often meet to discuss the team's effectiveness	65.3%	90.5%	69.9%	88.2%	27.3%	53.3%	72.2%	58.6%	55.6%	84.0%	73.0%	97.2%	*	61.1%	46.3%	72.5%	56.9%	48.1%	61.9%
YOUR TEAM	q7c	Receive the respect I deserve from my colleagues at work	70.8%	83.3%	80.8%	82.4%	63.6%	60.0%	83.3%	75.9%	66.7%	88.0%	83.8%	97.2%	*	61.1%	56.1%	80.4%	54.2%	53.8%	66.7%
YOUR TEAM	q7d	Team members understand each other's roles	71.4%	76.2%	79.5%	70.6%	40.9%	53.3%	88.9%	58.6%	55.6%	80.0%	62.2%	94.4%	*	70.6%	65.9%	80.4%	49.2%	55.8%	66.7%
YOUR TEAM	q7e	Enjoy working with colleagues in team	80.3%	85.7%	84.9%	94.1%	63.6%	73.3%	88.9%	82.8%	85.2%	92.0%	91.9%	97.2%	*	72.2%	75.6%	86.3%	61.0%	71.2%	76.2%
YOUR TEAM	q7f	Team has enough freedom in how to do its work	57.8%	73.8%	68.5%	88.2%	45.5%	43.3%	66.7%	69.0%	51.9%	80.0%	64.9%	88.9%	*	72.2%	48.8%	64.7%	37.3%	38.5%	33.3%
YOUR TEAM	q7g	Team deals with disagreements constructively	55.2%	69.0%	61.6%	76.5%	36.4%	36.7%	72.2%	51.7%	66.7%	88.0%	64.9%	86.1%	*	66.7%	43.9%	51.0%	42.4%	34.6%	47.6%
YOUR TEAM	q7h	Feel valued by my team	71.0%	78.6%	75.3%	100.0%	59.1%	56.7%	77.8%	65.5%	74.1%	84.0%	81.1%	91.7%	*	61.1%	56.1%	84.3%	52.5%	57.7%	76.2%
YOUR TEAM	q7i	Feel a strong personal attachment to my team	64.2%	76.2%	64.4%	76.5%	38.1%	56.7%	77.8%	51.7%	70.4%	76.0%	59.5%	77.1%	*	55.6%	51.2%	74.5%	50.8%	48.1%	61.9%
PEOPLE IN YOUR ORGANISATION	q8a	Teams within the organisation work well together to achieve objectives	52.8%	54.8%	48.6%	70.6%	22.7%	23.3%	44.4%	34.5%	37.0%	64.0%	45.9%	69.4%	*	38.9%	26.8%	58.8%	39.0%	36.5%	71.4%
PEOPLE IN YOUR ORGANISATION	q8b	Colleagues are understanding and kind to one another	68.8%	83.3%	78.1%	88.2%	54.5%	56.7%	77.8%	65.5%	63.0%	88.0%	78.4%	94.4%	*	55.6%	53.7%	76.0%	42.4%	57.7%	57.1%
PEOPLE IN YOUR ORGANISATION	q8c	Colleagues are polite and treat each other with respect	69.7%	88.1%	83.6%	88.2%	59.1%	56.7%	83.3%	62.1%	59.3%	84.0%	75.7%	94.4%	*	61.1%	48.8%	74.5%	39.0%	57.7%	57.1%
PEOPLE IN YOUR ORGANISATION	q8d	Colleagues show appreciation to one another	66.2%	78.6%	74.0%	88.2%	54.5%	50.0%	88.9%	55.2%	51.9%	84.0%	70.3%	94.4%	*	50.0%	51.2%	78.4%	40.7%	51.9%	57.1%
YOUR MANAGERS	q9a	Immediate manager encourages me at work	73.1%	88.1%	75.3%	88.2%	38.1%	30.0%	88.9%	62.1%	74.1%	100.0%	91.9%	97.2%	*	66.7%	41.5%	82.4%	74.6%	53.8%	81.0%
YOUR MANAGERS	q9b	Immediate manager gives clear feedback on my work	67.3%	92.9%	74.0%	94.1%	42.9%	36.7%	88.9%	50.0%	70.4%	92.0%	81.1%	86.1%	*	61.1%	43.9%	76.5%	66.1%	38.5%	76.2%
YOUR MANAGERS	q9c	Immediate manager asks for my opinion before making decisions that affect my work	58.4%	76.2%	69.9%	88.2%	47.6%	20.0%	72.2%	51.7%	55.6%	84.0%	75.7%	88.9%	*	50.0%	29.3%	68.6%	50.8%	38.5%	52.4%
YOUR MANAGERS	q9d	Immediate manager takes a positive interest in my health & well-being	71.0%	92.9%	79.5%	88.2%	54.5%	43.3%	72.2%	69.0%	88.9%	92.0%	86.5%	97.1%	*	61.1%	39.0%	74.5%	66.1%	46.2%	81.0%
YOUR MANAGERS	q9e	Immediate manager values my work	73.0%	95.2%	82.2%	88.2%	45.5%	40.0%	72.2%	69.0%	84.6%	92.0%	83.8%	94.4%	*	66.7%	41.5%	78.4%	64.4%	50.0%	81.0%
YOUR MANAGERS	q9f	Immediate manager works with me to understand problems	69.9%	95.2%	82.2%	88.2%	45.5%	30.0%	88.9%	62.1%	81.5%	96.0%	81.1%	97.2%	*	58.8%	48.8%	72.5%	67.8%	48.1%	81.0%
YOUR MANAGERS	q9g	Immediate manager listens to challenges I face	72.1%	90.5%	82.2%	94.1%	54.5%	36.7%	77.8%	58.6%	80.8%	100.0%	86.5%	97.2%	*	55.6%	51.2%	74.5%	76.3%	51.9%	90.5%
YOUR MANAGERS	q9h	Immediate manager cares about my concerns	70.8%	90.5%	78.1%	94.1%	50.0%	30.0%	83.3%	65.5%	81.5%	96.0%	86.5%	97.2%	*	61.1%	46.3%	70.6%	66.1%	53.8%	90.5%
YOUR MANAGERS	q9i	Immediate manager helps me with problems I face	67.1%	92.9%	79.5%	88.2%	50.0%	30.0%	83.3%	51.7%	81.5%	84.0%	75.7%	80.6%	*	50.0%	41.5%	64.7%	58.6%	48.1%	81.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10b	Don't work any additional paid hours per week for this organisation, over and above contracted hours	66.6%	88.1%	91.7%	76.5%	100.0%	75.0%	77.8%	89.7%	88.9%	72.0%	86.5%	94.4%	*	94.4%	65.9%	92.2%	40.7%	42.3%	81.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10c	Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	55.3%	28.6%	49.3%	58.8%	59.1%	75.9%	5.6%	20.7%	22.2%	16.0%	55.6%	55.6%	*	72.2%	68.3%	62.7%	53.4%	40.4%	71.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11a	Organisation takes positive action on health and well-being	56.0%	69.0%	68.5%	94.1%	36.4%	60.0%	55.6%	55.2%	48.1%	84.0%	59.5%	94.4%	*	44.4%	46.3%	62.7%	53.4%	34.6%	90.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	71.4%	85.7%	84.9%	88.2%	63.6%	80.0%	77.8%	86.2%	88.9%	60.0%	83.8%	86.1%	*	94.4%	58.5%	72.5%	55.9%	60.8%	81.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11c	In last 12 months, have not felt unwell due to work related stress	59.6%	64.3%	68.5%	82.4%	50.0%	76.7%	61.1%	55.2%	66.7%	60.0%	67.6%	88.9%	*	77.8%	58.5%	64.7%	33.9%	52.9%	66.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11d	In last 3 months, have not come to work when not feeling well enough to perform duties	44.6%	45.2%	48.6%	76.5%	36.4%	40.0%	38.9%	34.5%	44.4%	40.0%	59.5%	77.8%	*	50.0%	29.3%	35.3%	31.0%	44.2%	42.9%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11e	Not felt pressure from manager to come to work when not feeling well enough	80.2%	90.9%	88.6%	*	41.7%	61.1%	81.8%	84.2%	93.3%	80.0%	93.3%	*	*	*	75.9%	90.3%	77.5%	82.8%	83.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12a	Never/rarely find work emotionally exhausting	23.6%	28.6%	26.0%	47.1%	36.4%	33.3%	5.6%	24.1%	37.0%	12.0%	18.9%	69.4%	*	44.4%	26.8%	21.6%	8.5%	13.5%	38.1%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12b	Never/rarely feel burnt out because of work	29.9%	38.1%	38.4%	52.9%	36.4%	50.0%	11.1%	24.1%	40.7%	20.0%	29.7%	63.9%	*	61.1%	17.1%	27.5%	10.2%	23.1%	28.6%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12c	Never/rarely frustrated by work	20.2%	19.0%	26.0%	29.4%	18.2%	23.3%	5.6%	10.3%	14.8%	4.0%	18.9%	22.2%	*	27.8%	12.2%	13.7%	8.5%	11.5%	28.6%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12d	Never/rarely exhausted by the thought of another day/shift at work	35.7%	45.2%	39.7%	52.9%	40.9%	43.3%	33.3%	31.0%	44.4%	32.0%	51.4%	72.2%	*	61.1%	26.8%	41.2%	22.0%	32.7%	33.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12e	Never/rarely worn out at the end of work	19.4%	31.0%	28.8%	35.3%	36.4%	40.0%	5.6%	13.8%	22.2%	16.0%	24.3%	47.2%	*	44.4%	7.3%	29.4%	10.2%	13.5%	14.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12f	Never/rarely feel every working hour is tiring	51.1%	64.3%	64.4%	70.6%	40.9%	63.3%	33.3%	48.3%	51.9%	56.0%	64.9%	83.3%	*	72.2%	35.0%	52.9%	27.1%	42.3%	57.1%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12g	Never/rarely lack energy for family and friends	35.8%	42.9%	58.9%	64.7%	54.5%	50.0%	22.2%	41.4%	48.1%	36.0%	32.4%	66.7%	*	55.6%	25.0%	37.3%	27.1%	25.0%	38.1%

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public	84.7%	97.6%	100.0%	100.0%	90.9%	100.0%	100.0%	96.6%	96.3%	88.0%	100.0%	100.0%	*	100.0%	68.3%	98.0%	40.7%	90.4%	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13b	Not experienced physical violence from managers	99.3%	100.0%	100.0%	100.0%	95.5%	96.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	*	100.0%	90.0%	100.0%	98.3%	98.0%	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13c	Not experienced physical violence from other colleagues	98.4%	100.0%	98.6%	100.0%	95.0%	92.9%	100.0%	100.0%	100.0%	95.2%	100.0%	100.0%	*	100.0%	90.0%	100.0%	94.7%	96.1%	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13d	Last experience of physical violence reported	72.5%	*	*	*	*	*	*	*	*	*	*	*	*	*	70.0%	*	80.0%	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	77.8%	88.1%	93.2%	94.1%	86.4%	96.7%	88.9%	85.7%	88.9%	92.0%	97.3%	100.0%	*	77.8%	68.3%	92.2%	49.2%	78.4%	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14b	Not experienced harassment, bullying or abuse from managers	92.0%	92.9%	97.2%	94.1%	77.3%	93.3%	82.4%	75.9%	88.5%	88.0%	94.6%	100.0%	*	94.1%	87.5%	92.2%	91.4%	83.7%	95.2%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14c	Not experienced harassment, bullying or abuse from other colleagues	82.0%	88.1%	89.0%	88.2%	86.4%	76.7%	77.8%	75.0%	81.5%	88.0%	91.7%	97.2%	*	88.9%	76.9%	78.4%	74.1%	66.7%	90.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14d	Last experience of harassment/bullying/abuse reported	52.6%	*	58.3%	*	*	*	*	57.1%	*	*	*	*	*	*	68.8%	38.5%	64.5%	19.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q15	Organisation acts fairly: career progression	57.4%	52.4%	61.1%	70.6%	40.9%	36.7%	66.7%	41.4%	70.4%	80.0%	59.5%	66.7%	*	27.8%	41.5%	56.9%	62.1%	44.2%	71.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public	93.2%	100.0%	100.0%	100.0%	90.9%	100.0%	100.0%	100.0%	100.0%	100.0%	97.3%	100.0%	*	94.4%	80.0%	96.1%	81.4%	96.0%	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16b	Not experienced discrimination from manager/team leader or other colleagues	91.9%	95.1%	97.3%	94.1%	66.7%	89.7%	100.0%	82.1%	100.0%	100.0%	97.2%	97.2%	*	94.1%	85.0%	90.0%	87.9%	82.0%	85.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	91.7%	100.0%	100.0%	100.0%	95.5%	100.0%	100.0%	93.1%	96.3%	96.0%	97.3%	100.0%	*	100.0%	90.2%	98.0%	72.9%	96.1%	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	95.9%	100.0%	95.9%	100.0%	85.7%	83.3%	100.0%	93.1%	77.8%	92.0%	94.6%	97.2%	*	94.4%	90.2%	98.0%	94.8%	88.0%	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q18	Not seen any errors/near misses/incidents that could have hurt staff/patients/service users	63.8%	68.3%	84.9%	94.1%	72.7%	75.9%	35.3%	34.5%	40.7%	48.0%	64.9%	94.4%	*	77.8%	34.1%	89.4%	30.5%	38.8%	76.2%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19a	Staff involved in an error/near miss/incident treated fairly	56.8%	61.8%	72.5%	90.0%	25.0%	47.6%	70.6%	56.0%	76.9%	87.0%	61.5%	61.1%	*	14.3%	31.4%	55.0%	44.4%	42.2%	72.2%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19b	Encouraged to report errors/near misses/incidents	86.0%	90.5%	91.9%	92.9%	57.1%	60.0%	88.9%	82.1%	92.6%	100.0%	91.2%	97.1%	*	72.2%	75.6%	87.8%	89.7%	84.0%	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19c	Organisation ensure errors/near misses/incidents do not repeat	66.8%	72.5%	75.5%	81.8%	19.0%	61.9%	72.2%	60.7%	81.5%	81.8%	72.4%	71.4%	*	29.4%	30.8%	70.2%	69.1%	49.0%	85.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19d	Feedback given on changes made following errors/near misses/incidents	61.5%	59.0%	60.4%	90.9%	30.0%	50.0%	82.4%	60.7%	66.7%	78.3%	78.6%	50.0%	*	12.5%	34.2%	77.6%	59.3%	47.1%	71.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20a	Would feel secure raising concerns about unsafe clinical practice	70.1%	73.8%	62.5%	82.4%	27.3%	40.0%	94.4%	69.0%	88.9%	88.0%	70.3%	61.1%	*	44.4%	53.7%	86.7%	72.9%	69.2%	81.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20b	Would feel confident that organisation would address concerns about unsafe clinical practice	53.2%	61.9%	54.2%	70.6%	22.7%	36.7%	61.1%	44.8%	63.0%	92.0%	64.9%	55.6%	*	33.3%	36.6%	60.8%	42.4%	28.8%	66.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q21	Feel organisation respects individual differences	69.4%	73.8%	72.6%	88.2%	36.4%	56.7%	66.7%	65.5%	77.8%	88.0%	73.0%	91.7%	*	58.8%	48.8%	68.6%	64.4%	46.2%	81.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q22	I can eat nutritious and affordable food at work	56.7%	76.2%	67.1%	76.5%	59.1%	53.3%	44.4%	48.3%	44.4%	52.0%	62.2%	69.4%	*	55.6%	41.5%	64.7%	43.1%	42.3%	66.7%
YOUR PERSONAL DEVELOPMENT	q23a	Received appraisal in the past 12 months	87.3%	92.9%	77.8%	88.2%	70.0%	86.7%	94.4%	69.0%	85.2%	92.0%	94.6%	97.2%	*	83.3%	81.6%	93.9%	87.5%	98.0%	100.0%
YOUR PERSONAL DEVELOPMENT	q23b	Appraisal helped me improve how I do my job	24.7%	17.9%	23.6%	40.0%	21.4%	11.5%	23.5%	25.0%	21.7%	30.4%	37.1%	57.1%	*	13.3%	16.1%	15.6%	31.3%	18.0%	15.0%
YOUR PERSONAL DEVELOPMENT	q23c	Appraisal helped me agree clear objectives for my work	31.7%	23.1%	36.4%	53.3%	35.7%	11.5%	35.3%	30.0%	26.1%	39.1%	37.1%	68.6%	*	13.3%	16.1%	20.0%	39.6%	22.0%	25.0%
YOUR PERSONAL DEVELOPMENT	q23d	Appraisal left me feeling organisation values my work	35.3%	33.3%	40.0%	60.0%	35.7%	7.7%	47.1%	25.0%	39.1%	43.5%	45.7%	74.3%	*	26.7%	19.4%	22.2%	33.3%	22.0%	40.0%
YOUR PERSONAL DEVELOPMENT	q24a	Organisation offers me challenging work	68.9%	78.6%	69.9%	82.4%	59.1%	34.5%	94.4%	82.8%	85.2%	84.0%	62.2%	83.3%	*	38.9%	51.2%	60.8%	64.9%	76.9%	61.9%
YOUR PERSONAL DEVELOPMENT	q24b	There are opportunities for me to develop my career in this organisation	48.8%	47.6%	45.2%	58.8%	36.4%	31.0%	66.7%	41.4%	74.1%	60.0%	54.1%	55.6%	*	38.9%	35.0%	33.3%	55.2%	57.7%	52.4%
YOUR PERSONAL DEVELOPMENT	q24c	Have opportunities to improve my knowledge and skills	67.4%	66.7%	60.3%	82.4%	50.0%	34.5%	77.8%	65.5%	81.5%	80.0%	78.4%	97.2%	*	50.0%	48.8%	64.7%	69.0%	69.2%	57.1%
YOUR PERSONAL DEVELOPMENT	q24d	Feel supported to develop my potential	55.3%	54.8%	53.4%	76.5%	27.3%	27.6%	66.7%	48.3%	70.4%	76.0%	70.3%	94.4%	*	44.4%	36.6%	49.0%	53.4%	51.9%	47.6%
YOUR PERSONAL DEVELOPMENT	q24e	Able to access the right learning and development opportunities when I need to	57.8%	54.8%	50.7%	76.5%	31.8%	34.5%	61.1%	51.7%	55.6%	72.0%	64.9%	80.6%	*	44.4%	43.9%	58.8%	55.2%	63.5%	42.9%
YOUR PERSONAL DEVELOPMENT	q24f	Able to access clinical supervision opportunities	52.9%	47.8%	50.0%	*	*	17.6%	*	52.9%	50.0%	61.1%	69.6%	*	*	*	22.2%	59.1%	48.2%	60.0%	33.3%
YOUR ORGANISATION	q25a	Care of patients/service users is organisation's top priority	66.0%	69.0%	68.5%	70.6%	40.9%	56.7%	55.6%	41.4%	59.3%	68.0%	67.6%	86.1%	*	50.0%	46.3%	62.7%	57.1%	49.0%	81.0%
YOUR ORGANISATION	q25b	Organisation acts on concerns raised by patients/service users	63.0%	76.2%	61.6%	82.4%	27.3%	48.3%	72.2%	62.1%	63.0%	92.0%	64.9%	61.1%	*	33.3%	36.6%	58.8%	63.2%	47.1%	52.4%
YOUR ORGANISATION	q25c	Would recommend organisation as place to work	49.4%	57.1%	46.6%	88.2%	18.2%	40.0%	55.6%	41.4%	55.6%	56.0%	59.5%	61.1%	*	27.8%	46.3%	37.3%	35.7%	44.2%	23.8%
YOUR ORGANISATION	q25d	If friend/relative needed treatment would be happy with standard of care provided by organisation	51.9%	59.5%	46.6%	76.5%	18.2%	50.0%	44.4%	41.4%	48.1%	48.0%	51.4%	41.7%	*	33.3%	36.6%	43.1%	38.6%	46.2%	52.4%
YOUR ORGANISATION	q25e	Feel safe to speak up about anything that concerns me in this organisation	58.5%	57.1%	74.0%	82.4%	31.8%	43.3%	61.1%	41.4%	63.0%	72.0%	63.9%	69.4%	*	44.4%	36.6%	58.8%	45.6%	36.5%	71.4%
YOUR ORGANISATION	q25f	Feel organisation would address any concerns I raised	44.2%	50.0%	50.7%	70.6%	27.3%	30.0%	55.6%	31.0%	55.6%	52.0%	54.1%	47.2%	*	27.8%	34.1%	33.3%	31.6%	21.2%	52.4%
YOUR ORGANISATION	q26a	I don't often think about leaving this organisation	40.9%	38.1%	34.2%	58.8%	22.7%	40.0%	44.4%	31.0%	55.6%	36.0%	43.2%	47.2%	*	22.2%	41.5%	19.6%	28.1%	48.1%	33.3%
YOUR ORGANISATION	q26b	I am unlikely to look for a job at a new organisation in the next 12 months	49.1%	42.9%	37.0%	58.8%	22.7%	46.7%	61.1%	34.5%	59.3%	44.0%	48.6%	50.0%	*	33.3%	51.2%	23.5%	38.6%	63.5%	42.9%
YOUR ORGANISATION	q26c	I am not planning on leaving this organisation	53.9%	52.4%	45.2%	76.5%	27.3%	46.7%	55.6%	48.3%	70.4%	64.0%	56.8%	63.9%	*	33.3%	56.1%	29.4%	40.4%	67.3%	57.1%
BACKGROUND INFORMATION	q31b	Disability: organisation made reasonable adjustment(s) to enable me to carry out work	79.1%	*	75.0%	*	*	*	*	*	*	*	*	*	*	*	80.0%	*	*	*	*

Picker

Lancashire Teaching Hospitals NHS Foundation Trust
NSS24 RAG report - RAG Table Report
Breakdown: Locality 3
Suppression Threshold: 10

Set RAG % point difference: 3

Key:
100.0%
>3 ppt above
<3 ppt below
In between

Locality 3

Section	Q	Description	Comparator (Organisation Overall)	SBU Breast	SBU Cardiology	SBU Community Healthcare Hub	SBU Core Outpatients	SBU Core Therapies	SBU Critical Care	SBU Dermatology	SBU Diabetes	SBU Ear, Nose & Throat (ENT)	SBU Elderly	SBU Emergency Medicine	SBU Endoscopy	SBU Gastroenterology	SBU Gynaecology	SBU Head & Neck	SBU INCS	SBU Immunology	SBU Maternity
			n = 3996	n = 13	n = 48	n = 30	n = 48	n = 149	n = 87	n = 9	n = 34	n = 53	n = 51	n = 66	n = 39	n = 37	n = 47	n = 12	n = 65	n = 19	n = 62
YOUR JOB	q2a	Often/always look forward to going to work	51.5%	61.5%	56.3%	69.0%	60.4%	53.0%	54.7%	*	41.2%	42.3%	60.8%	34.8%	59.0%	54.1%	44.7%	58.3%	70.8%	47.4%	50.0%
YOUR JOB	q2b	Often/always enthusiastic about my job	67.2%	84.6%	66.7%	69.0%	83.3%	78.5%	74.7%	*	58.8%	56.9%	74.0%	54.5%	76.3%	73.0%	63.0%	58.3%	80.0%	52.6%	67.7%
YOUR JOB	q2c	Time often/always passes quickly when I am working	73.2%	61.5%	66.7%	80.0%	77.1%	78.5%	77.9%	*	79.4%	55.8%	82.0%	66.7%	76.3%	89.2%	78.3%	83.3%	86.2%	73.7%	83.9%
YOUR JOB	q3a	Always know what work responsibilities are	88.2%	92.3%	93.8%	83.3%	95.8%	88.6%	89.7%	*	82.4%	88.7%	90.2%	84.8%	92.3%	100.0%	95.7%	91.7%	95.4%	89.5%	90.3%
YOUR JOB	q3b	Feel trusted to do my job	90.6%	84.6%	85.4%	90.0%	95.8%	90.6%	94.3%	*	91.2%	86.8%	90.2%	98.5%	97.4%	97.3%	95.7%	91.7%	95.4%	94.7%	88.7%
YOUR JOB	q3c	Opportunities to show initiative frequently in my role	73.9%	76.9%	75.0%	73.3%	87.5%	75.2%	80.2%	*	64.7%	67.9%	80.4%	68.2%	74.4%	78.4%	80.9%	75.0%	80.0%	84.2%	69.4%
YOUR JOB	q3d	Able to make suggestions to improve the work of my team/dept	73.1%	76.9%	72.9%	76.7%	83.3%	81.2%	75.9%	*	55.9%	69.8%	78.4%	56.1%	76.9%	75.7%	89.4%	66.7%	87.7%	89.5%	67.7%
YOUR JOB	q3e	Involved in deciding changes that affect work	52.4%	53.8%	54.2%	46.7%	79.2%	61.5%	49.4%	*	38.2%	50.9%	58.8%	31.8%	38.5%	59.5%	51.1%	50.0%	67.7%	57.9%	41.9%
YOUR JOB	q3f	Able to make improvements happen in my area of work	54.6%	46.2%	66.7%	56.7%	64.6%	57.0%	56.3%	*	38.2%	45.3%	54.9%	33.3%	51.3%	70.3%	48.9%	41.7%	63.1%	52.6%	45.2%
YOUR JOB	q3g	Able to meet conflicting demands on my time at work	44.7%	61.5%	45.8%	53.3%	70.8%	36.2%	37.9%	*	35.3%	52.8%	56.9%	18.2%	56.4%	45.9%	37.0%	16.7%	47.7%	26.3%	29.0%
YOUR JOB	q3h	Have adequate materials, supplies and equipment to do my work	46.3%	53.8%	43.8%	40.0%	79.2%	24.8%	55.2%	*	38.2%	52.8%	54.9%	18.2%	43.6%	43.2%	55.3%	25.0%	52.3%	42.1%	38.7%
YOUR JOB	q3i	Enough staff at organisation to do my job properly	27.2%	38.5%	33.3%	23.3%	60.4%	19.5%	36.8%	*	11.8%	47.2%	19.6%	7.6%	28.2%	8.1%	25.5%	33.3%	29.2%	10.5%	11.3%
YOUR JOB	q4a	Satisfied with recognition for good work	55.4%	53.8%	56.3%	66.7%	72.9%	61.7%	48.3%	*	32.4%	58.5%	56.9%	33.3%	56.4%	59.5%	53.2%	58.3%	61.5%	68.4%	50.0%
YOUR JOB	q4b	Satisfied with extent organisation values my work	42.3%	30.8%	39.6%	50.0%	58.3%	39.6%	37.9%	*	20.6%	41.5%	47.1%	21.2%	35.9%	43.2%	42.2%	33.3%	50.8%	52.6%	39.3%
YOUR JOB	q4c	Satisfied with level of pay	30.4%	23.1%	25.0%	43.3%	29.2%	33.1%	26.4%	*	17.6%	26.4%	35.3%	13.6%	17.9%	30.6%	30.4%	25.0%	53.8%	26.3%	23.3%
YOUR JOB	q4d	Satisfied with opportunities for flexible working patterns	56.2%	30.8%	47.9%	63.3%	60.4%	58.4%	49.4%	*	41.2%	45.3%	54.9%	45.5%	56.4%	64.9%	43.5%	66.7%	62.5%	84.2%	49.2%
YOUR JOB	q5a	Have realistic time pressures	25.7%	38.5%	25.0%	26.7%	50.0%	23.0%	24.1%	*	12.1%	35.8%	15.7%	10.6%	20.5%	8.1%	10.6%	33.3%	29.2%	21.1%	19.4%
YOUR JOB	q5b	Have a choice in deciding how to do my work	52.9%	69.2%	52.1%	43.3%	57.4%	59.2%	44.8%	*	45.5%	49.1%	35.3%	36.4%	38.5%	45.9%	46.8%	66.7%	66.2%	63.2%	58.1%
YOUR JOB	q5c	Relationships at work are unstrained	44.7%	53.8%	37.5%	43.3%	43.8%	56.1%	48.8%	*	21.9%	43.4%	47.1%	22.7%	46.2%	40.5%	23.4%	33.3%	57.8%	47.4%	25.8%
YOUR JOB	q6a	Feel my role makes a difference to patients/service users	87.7%	84.6%	85.1%	89.7%	95.8%	97.3%	92.0%	*	88.2%	90.6%	92.2%	92.4%	87.2%	88.9%	93.6%	90.9%	96.8%	89.5%	93.5%
YOUR JOB	q6b	Organisation is committed to helping balance work and home life	49.0%	38.5%	41.7%	63.3%	54.2%	48.3%	43.7%	*	38.2%	37.7%	47.1%	31.8%	61.5%	45.9%	39.1%	66.7%	55.4%	63.2%	31.7%
YOUR JOB	q6c	Achieve a good balance between work and home life	56.9%	53.8%	50.0%	63.3%	62.5%	61.5%	59.8%	*	52.9%	52.8%	56.9%	37.9%	59.0%	51.4%	47.8%	66.7%	76.6%	68.4%	42.6%
YOUR JOB	q6d	Can approach immediate manager to talk openly about flexible working	70.3%	61.5%	62.5%	83.3%	87.5%	77.2%	55.8%	*	70.6%	73.6%	62.7%	62.1%	79.5%	75.7%	56.5%	75.0%	78.1%	89.5%	70.0%
YOUR TEAM	q7a	Team members have a set of shared objectives	75.2%	92.3%	77.1%	76.7%	93.8%	77.2%	82.8%	*	54.5%	71.7%	70.6%	68.2%	76.9%	81.1%	70.2%	75.0%	75.0%	78.9%	77.4%
YOUR TEAM	q7b	Team members often meet to discuss the team's effectiveness	65.3%	76.9%	68.8%	63.3%	85.4%	74.5%	73.6%	*	52.9%	67.9%	76.5%	43.1%	56.4%	64.9%	76.6%	66.7%	68.8%	84.2%	54.8%
YOUR TEAM	q7c	Receive the respect I deserve from my colleagues at work	70.8%	76.9%	66.7%	83.3%	83.3%	79.2%	77.0%	*	67.6%	62.3%	70.6%	54.5%	63.2%	83.8%	72.3%	75.0%	76.6%	68.4%	61.3%
YOUR TEAM	q7d	Team members understand each other's roles	71.4%	92.3%	70.8%	80.0%	93.8%	77.2%	74.7%	*	55.9%	64.2%	70.6%	62.1%	66.7%	73.0%	68.1%	66.7%	75.0%	89.5%	73.3%
YOUR TEAM	q7e	Enjoy working with colleagues in team	80.3%	76.9%	75.0%	83.3%	89.4%	85.9%	86.2%	*	79.4%	64.2%	90.2%	72.7%	76.3%	83.8%	78.7%	75.0%	84.4%	89.5%	80.6%
YOUR TEAM	q7f	Team has enough freedom in how to do its work	57.8%	76.9%	58.3%	56.7%	60.4%	61.7%	58.6%	*	41.2%	50.0%	54.9%	37.9%	51.3%	67.6%	46.8%	58.3%	76.6%	63.2%	39.3%
YOUR TEAM	q7g	Team deals with disagreements constructively	55.2%	53.8%	55.3%	66.7%	68.8%	67.8%	48.3%	*	44.1%	49.1%	66.0%	33.3%	51.3%	75.7%	55.3%	41.7%	64.1%	52.6%	42.6%
YOUR TEAM	q7h	Feel valued by my team	71.0%	61.5%	64.6%	80.0%	83.3%	79.9%	74.7%	*	73.5%	58.5%	74.5%	57.6%	64.1%	81.1%	66.0%	66.7%	76.6%	73.7%	68.9%
YOUR TEAM	q7i	Feel a strong personal attachment to my team	64.2%	76.9%	70.8%	66.7%	75.0%	69.1%	70.1%	*	58.8%	58.5%	72.5%	54.5%	66.7%	70.3%	59.6%	66.7%	67.2%	68.4%	62.9%
PEOPLE IN YOUR ORGANISATION	q8a	Teams within the organisation work well together to achieve objectives	52.8%	38.5%	45.8%	46.7%	72.9%	45.6%	65.5%	*	41.2%	52.8%	51.0%	39.4%	60.5%	62.2%	48.9%	33.3%	62.5%	68.4%	54.8%
PEOPLE IN YOUR ORGANISATION	q8b	Colleagues are understanding and kind to one another	68.8%	69.2%	66.7%	76.7%	70.8%	73.8%	80.5%	*	61.8%	54.7%	68.6%	48.5%	68.4%	83.8%	74.5%	66.7%	79.7%	84.2%	58.1%
PEOPLE IN YOUR ORGANISATION	q8c	Colleagues are polite and treat each other with respect	69.7%	76.9%	68.8%	80.0%	70.8%	76.5%	74.7%	*	61.8%	51.9%	72.5%	54.5%	63.2%	77.8%	74.5%	66.7%	81.3%	57.9%	54.8%
PEOPLE IN YOUR ORGANISATION	q8d	Colleagues show appreciation to one another	66.2%	69.2%	64.6%	80.0%	75.0%	73.8%	71.3%	*	64.7%	52.8%	72.0%	54.5%	55.3%	67.6%	70.2%	75.0%	78.1%	52.6%	59.0%
YOUR MANAGERS	q9a	Immediate manager encourages me at work	73.1%	46.2%	72.9%	86.7%	87.5%	84.6%	60.9%	*	64.7%	77.4%	74.5%	60.6%	81.6%	64.9%	83.0%	66.7%	84.6%	89.5%	70.5%
YOUR MANAGERS	q9b	Immediate manager gives clear feedback on my work	67.3%	61.5%	70.2%	76.7%	87.2%	75.8%	52.9%	*	50.0%	73.6%	66.7%	48.5%	71.8%	51.4%	63.8%	58.3%	82.8%	68.4%	57.4%
YOUR MANAGERS	q9c	Immediate manager asks for my opinion before making decisions that affect my work	58.4%	69.2%	50.0%	63.3%	79.2%	71.8%	48.0%	*	47.1%	71.7%	56.9%	36.4%	43.6%	54.1%	53.2%	50.0%	78.5%	57.9%	49.2%
YOUR MANAGERS	q9d	Immediate manager takes a positive interest in my health & well-being	71.0%	53.8%	60.4%	83.3%	85.4%	83.2%	60.9%	*	55.9%	81.1%	64.7%	48.5%	82.1%	64.9%	68.1%	66.7%	87.7%	84.2%	61.3%
YOUR MANAGERS	q9e	Immediate manager values my work	73.0%	61.5%	66.0%	83.3%	87.5%	81.2%	62.1%	*	61.8%	79.2%	78.4%	53.0%	74.4%	78.4%	72.3%	58.3%	87.7%	83.3%	70.5%
YOUR MANAGERS	q9f	Immediate manager works with me to understand problems	69.9%	69.2%	66.7%	73.3%	87.5%	78.5%	56.3%	*	52.9%	77.4%	66.0%	59.1%	74.4%	62.2%	74.5%	58.3%	87.7%	84.2%	69.4%
YOUR MANAGERS	q9g	Immediate manager listens to challenges I face	72.1%	69.2%	64.6%	80.0%	87.5%	84.6%	56.3%	*	67.6%	83.0%	66.7%	60.6%	79.5%	67.6%	71.7%	58.3%	84.6%	84.2%	68.9%
YOUR MANAGERS	q9h	Immediate manager cares about my concerns	70.8%	61.5%	62.5%	76.7%	85.4%	81.2%	56.3%	*	55.9%	81.1%	74.5%	68.2%	79.5%	70.3%	76.1%	58.3%	86.2%	84.2%	65.6%
YOUR MANAGERS	q9i	Immediate manager helps me with problems I face	67.1%	69.2%	62.5%	73.3%	85.4%	77.9%	56.3%	*	47.1%	77.4%	60.8%	56.1%	79.5%	64.9%	68.1%	66.7%	83.1%	77.8%	57.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10b	Don't work any additional paid hours per week for this organisation, over and above contracted hours	66.6%	76.9%	63.8%	73.3%	68.8%	69.8%	58.6%	*	50.0%	75.5%	52.9%	40.9%	61.5%	64.9%	68.1%	83.3%	96.9%	57.9%	52.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10c	Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	55.3%	53.8%	56.3%	53.3%	60.4%	52.3%	56.3%	*	39.4%	64.2%	58.0%	43.9%	76.9%	37.8%	41.3%	75.0%	46.2%	47.4%	36.1%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11a	Organisation takes positive action on health and well-being	56.0%	53.8%	45.8%	50.0%	66.7%	59.1%	56.3%	*	23.5%	44.2%	48.0%	34.8%	69.2%	51.4%	61.7%	58.3%	58.5%	68.4%	48.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	71.4%	69.2%	54.2%	63.3%	89.6%	75.2%	64.0%	*	52.9%	71.2%	64.0%	63.6%	69.2%	64.9%	74.5%	83.3%	93.8%	84.2%	72.1%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11c	In last 12 months, have not felt unwell due to work related stress	59.6%	69.2%	56.3%	56.7%	70.8%	65.8%	58.6%	*	29.4%	51.9%	58.8%	40.9%	59.0%	45.9%	48.9%	91.7%	73.8%	68.4%	47.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11d	In last 3 months, have not come to work when not feeling well enough to perform duties	44.6%	30.8%	39.6%	50.0%	52.1%	51.0%	51.7%	*	29.4%	46.2%	47.1%	28.8%	41.0%	32.4%	29.8%	66.7%	62.5%	78.9%	34.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11e	Not felt pressure from manager to come to work when not feeling well enough	80.2%	*	82.1%	86.7%	76.2%	83.3%	70.0%	*	87.5%	78.6%	69.2%	73.9%	95.5%	83.3%	87.1%	*	83.3%	*	76.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12a	Never/rarely find work emotionally exhausting	23.6%	15.4%	20.8%	23.3%	39.6%	16.8%	18.4%	*	11.8%	30.8%	9.8%	7.6%	20.5%	10.8%	4.3%	25.0%	23.4%	47.4%	14.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12b	Never/rarely feel burnt out because of work	29.9%	30.8%	37.5%	23.3%	52.1%	30.2%	32.2%	*	11.8%	36.5%	15.7%	12.1%	23.1%	21.6%	14.9%	33.3%	43.8%	26.3%	21.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12c	Never/rarely frustrated by work	20.2%	23.1%	29.2%	17.2%	41.7%	20.8%	21.8%	*	11.8%	25.0%	15.7%	9.1%	25.6%	8.1%	12.8%	16.7%	26.6%	31.6%	16.1%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12d	Never/rarely exhausted by the thought of another day/shift at work	35.7%	30.8%	33.3%	33.3%	56.3%	38.9%	34.5%	*	17.6%	39.2%	27.5%	13.6%	33.3%	24.3%	27.7%	41.7%	42.2%	36.8%	24.6%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12e	Never/rarely worn out at the end of work	19.4%	15.4%	22.9%	16.7%	41.7%	18.8%	16.1%	*	14.7%	21.2%	17.6%	7.6%	15.4%	5.4%	13.0%	25.0%	21.9%	10.5%	9.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12f	Never/rarely feel every working hour is tiring	51.1%	53.8%	40.4%	40.0%	62.5%	63.8%	51.2%	*	24.2%	53.8%	43.1%	27.3%	46.2%	35.1%	40.4%	66.7%	75.0%	57.9%	43.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12g	Never/rarely lack energy for family and friends	35.8%	38.5%	31.9%	40.0%	43.8%	38.3%	32.2%	*	24.2%	36.5%	27.5%	19.7%	35.9%	10.8%	29.8%	58.3%	50.0%	47.4%	30.6%

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public	84.7%	92.3%	80.0%	70.0%	87.5%	83.0%	62.1%	*	41.2%	84.6%	46.0%	40.9%	97.4%	54.1%	91.5%	100.0%	93.8%	100.0%	98.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13b	Not experienced physical violence from managers	99.3%	100.0%	100.0%	100.0%	100.0%	100.0%	97.7%	*	97.0%	100.0%	98.0%	98.5%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13c	Not experienced physical violence from other colleagues	98.4%	100.0%	100.0%	100.0%	100.0%	99.3%	100.0%	*	91.2%	100.0%	98.0%	96.9%	97.3%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13d	Last experience of physical violence reported	72.5%	*	*	*	*	63.6%	60.7%	*	93.8%	*	76.2%	82.4%	*	86.7%	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	77.8%	91.7%	61.7%	73.3%	83.3%	70.9%	71.3%	*	48.5%	65.4%	72.5%	30.3%	82.1%	45.9%	76.6%	91.7%	83.1%	89.5%	72.6%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14b	Not experienced harassment, bullying or abuse from managers	92.0%	100.0%	80.4%	96.6%	97.9%	92.6%	95.3%	*	88.2%	90.2%	93.9%	83.1%	100.0%	94.4%	95.7%	91.7%	96.9%	100.0%	83.9%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14c	Not experienced harassment, bullying or abuse from other colleagues	82.0%	83.3%	70.2%	80.0%	85.4%	89.8%	81.6%	*	79.4%	78.4%	83.7%	63.9%	91.9%	77.1%	93.6%	83.3%	85.9%	83.3%	69.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14d	Last experience of harassment/bullying/abuse reported	52.6%	*	57.9%	*	83.3%	48.7%	63.0%	*	75.0%	60.9%	50.0%	56.8%	*	52.9%	60.0%	*	46.2%	*	38.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q15	Organisation acts fairly: career progression	57.4%	38.5%	58.3%	73.3%	64.6%	59.7%	56.3%	*	52.9%	45.1%	44.0%	58.5%	46.2%	67.6%	66.0%	41.7%	59.4%	78.9%	55.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public	93.2%	92.3%	80.9%	79.3%	91.5%	91.9%	94.3%	*	88.2%	88.5%	82.4%	75.4%	92.1%	81.1%	95.7%	100.0%	96.9%	94.7%	98.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16b	Not experienced discrimination from manager/team leader or other colleagues	91.9%	100.0%	85.4%	96.7%	93.6%	95.9%	93.0%	*	90.9%	88.2%	88.0%	86.2%	94.7%	88.9%	95.7%	83.3%	98.4%	100.0%	93.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	91.7%	100.0%	77.1%	83.3%	89.6%	76.5%	89.7%	*	70.6%	86.5%	78.4%	67.7%	100.0%	78.4%	97.9%	100.0%	92.3%	94.7%	96.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	95.9%	100.0%	95.7%	93.3%	95.7%	91.9%	97.7%	*	88.2%	94.2%	100.0%	96.9%	97.4%	100.0%	100.0%	91.7%	98.5%	100.0%	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q18	Not seen any errors/near misses/incidents that could have hurt staff/patients/service users	63.8%	76.9%	60.0%	51.7%	72.3%	48.6%	42.7%	*	36.4%	72.5%	56.0%	34.4%	75.7%	55.9%	57.8%	91.7%	57.1%	73.7%	55.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19a	Staff involved in an error/near miss/incident treated fairly	56.8%	*	52.3%	63.0%	60.5%	57.0%	65.3%	*	53.6%	52.6%	51.2%	35.1%	72.0%	57.7%	58.1%	*	55.6%	82.4%	48.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19b	Encouraged to report errors/near misses/incidents	86.0%	92.3%	77.1%	90.0%	97.9%	92.5%	85.9%	*	82.4%	88.2%	83.3%	81.5%	88.6%	94.6%	93.6%	75.0%	84.6%	89.5%	88.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19c	Organisation ensure errors/near misses/incidents do not repeat	66.8%	61.5%	53.2%	80.0%	88.4%	50.4%	73.5%	*	46.7%	66.0%	64.4%	52.4%	81.8%	75.8%	77.8%	*	56.7%	83.3%	69.1%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19d	Feedback given on changes made following errors/near misses/incidents	61.5%	58.3%	64.4%	76.7%	84.4%	54.8%	71.4%	*	43.3%	59.6%	65.2%	54.7%	77.1%	60.0%	63.8%	*	57.6%	72.2%	66.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20a	Would feel secure raising concerns about unsafe clinical practice	70.1%	46.2%	72.3%	63.3%	81.3%	74.5%	77.0%	*	81.8%	69.2%	74.5%	66.7%	74.4%	75.7%	89.4%	33.3%	78.5%	89.5%	69.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20b	Would feel confident that organisation would address concerns about unsafe clinical practice	53.2%	38.5%	51.1%	50.0%	62.5%	43.9%	54.0%	*	42.4%	43.1%	50.0%	39.4%	74.4%	54.1%	72.3%	16.7%	49.2%	84.2%	49.2%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q21	Feel organisation respects individual differences	69.4%	53.8%	51.1%	83.3%	77.1%	74.5%	67.8%	*	57.6%	76.9%	68.6%	56.1%	69.2%	86.5%	72.3%	58.3%	71.9%	84.2%	67.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q22	I can eat nutritious and affordable food at work	56.7%	69.2%	52.1%	70.0%	54.2%	67.1%	53.5%	*	45.5%	51.9%	47.1%	36.4%	46.2%	43.2%	46.8%	66.7%	70.3%	73.7%	41.9%
YOUR PERSONAL DEVELOPMENT	q23a	Received appraisal in the past 12 months	87.3%	91.7%	93.8%	100.0%	95.7%	91.9%	94.2%	*	76.5%	80.8%	92.2%	75.8%	81.1%	80.6%	93.5%	83.3%	90.3%	89.5%	86.4%
YOUR PERSONAL DEVELOPMENT	q23b	Appraisal helped me improve how I do my job	24.7%	18.2%	27.3%	48.4%	29.5%	25.0%	28.4%	*	34.6%	23.8%	36.2%	20.4%	30.0%	34.5%	20.9%	30.0%	27.3%	18.8%	17.6%
YOUR PERSONAL DEVELOPMENT	q23c	Appraisal helped me agree clear objectives for my work	31.7%	36.4%	28.9%	48.1%	40.9%	34.6%	33.3%	*	34.6%	31.0%	44.7%	34.7%	40.0%	44.8%	27.9%	30.0%	32.7%	31.3%	27.5%
YOUR PERSONAL DEVELOPMENT	q23d	Appraisal left me feeling organisation values my work	35.3%	36.4%	31.1%	48.4%	40.9%	31.6%	40.7%	*	38.5%	36.6%	42.6%	24.5%	40.0%	44.8%	25.6%	50.0%	40.0%	37.5%	37.3%
YOUR PERSONAL DEVELOPMENT	q24a	Organisation offers me challenging work	68.9%	53.8%	66.7%	75.9%	59.6%	81.9%	65.5%	*	60.6%	57.7%	64.0%	68.2%	56.4%	81.1%	76.6%	75.0%	85.7%	84.2%	72.1%
YOUR PERSONAL DEVELOPMENT	q24b	There are opportunities for me to develop my career in this organisation	48.8%	53.8%	56.3%	63.3%	58.3%	56.4%	49.4%	*	45.5%	50.0%	47.1%	50.0%	33.3%	70.3%	55.3%	75.0%	56.3%	57.9%	37.1%
YOUR PERSONAL DEVELOPMENT	q24c	Have opportunities to improve my knowledge and skills	67.4%	76.9%	68.8%	76.7%	77.1%	76.5%	78.2%	*	57.6%	61.5%	68.6%	69.7%	56.4%	75.7%	72.3%	75.0%	73.4%	78.9%	66.1%
YOUR PERSONAL DEVELOPMENT	q24d	Feel supported to develop my potential	55.3%	69.2%	56.3%	76.7%	75.0%	61.7%	55.2%	*	48.5%	42.3%	60.8%	37.9%	43.6%	62.2%	57.4%	66.7%	67.2%	63.2%	55.0%
YOUR PERSONAL DEVELOPMENT	q24e	Able to access the right learning and development opportunities when I need to	57.8%	84.6%	58.3%	60.0%	75.0%	60.4%	68.6%	*	51.5%	48.1%	62.7%	42.4%	48.7%	73.0%	59.6%	66.7%	57.8%	52.6%	55.7%
YOUR PERSONAL DEVELOPMENT	q24f	Able to access clinical supervision opportunities	52.9%	30.0%	56.8%	67.9%	71.7%	78.1%	59.8%	*	55.6%	44.9%	63.0%	41.9%	34.3%	58.8%	44.2%	*	78.3%	53.3%	42.9%
YOUR ORGANISATION	q25a	Care of patients/service users is organisation's top priority	66.0%	69.2%	66.0%	70.0%	68.8%	59.1%	66.7%	*	50.0%	60.8%	62.0%	47.0%	69.2%	70.3%	76.6%	75.0%	54.7%	89.5%	77.0%
YOUR ORGANISATION	q25b	Organisation acts on concerns raised by patients/service users	63.0%	46.2%	57.4%	76.7%	66.7%	54.4%	72.4%	*	51.5%	57.7%	70.0%	63.6%	66.7%	81.1%	72.3%	58.3%	53.1%	89.5%	67.2%
YOUR ORGANISATION	q25c	Would recommend organisation as place to work	49.4%	30.8%	40.4%	53.3%	52.1%	51.0%	59.3%	*	35.3%	44.2%	44.0%	42.4%	53.8%	58.3%	53.2%	58.3%	50.0%	68.4%	41.0%
YOUR ORGANISATION	q25d	If friend/relative needed treatment would be happy with standard of care provided by organisation	51.9%	69.2%	42.6%	56.7%	58.3%	45.6%	56.5%	*	35.3%	46.2%	53.1%	37.9%	64.1%	67.6%	55.3%	58.3%	43.8%	84.2%	44.3%
YOUR ORGANISATION	q25e	Feel safe to speak up about anything that concerns me in this organisation	58.5%	53.8%	44.7%	60.0%	62.5%	67.1%	62.8%	*	52.9%	57.7%	54.0%	48.5%	59.0%	59.5%	70.2%	50.0%	67.2%	68.4%	55.7%
YOUR ORGANISATION	q25f	Feel organisation would address any concerns I raised	44.2%	38.5%	40.4%	40.0%	52.1%	39.6%	48.8%	*	32.4%	37.3%	48.0%	28.8%	53.8%	45.9%	57.4%	25.0%	50.0%	63.2%	43.3%
YOUR ORGANISATION	q26a	I don't often think about leaving this organisation	40.9%	38.5%	44.7%	50.0%	45.8%	48.3%	47.7%	*	23.5%	28.8%	30.0%	28.8%	38.5%	35.1%	38.3%	58.3%	50.0%	36.8%	42.6%
YOUR ORGANISATION	q26b	I am unlikely to look for a job at a new organisation in the next 12 months	49.1%	53.8%	42.6%	50.0%	45.8%	53.0%	57.0%	*	35.3%	38.5%	38.0%	36.4%	43.6%	64.9%	48.9%	58.3%	60.9%	57.9%	47.5%
YOUR ORGANISATION	q26c	I am not planning on leaving this organisation	53.9%	53.8%	45.7%	56.7%	45.8%	63.1%	58.1%	*	32.4%	40.4%	49.0%	45.5%	51.3%	67.6%	51.1%	58.3%	74.6%	57.9%	54.1%
BACKGROUND INFORMATION	q31b	Disability: organisation made reasonable adjustment(s) to enable me to carry out work	79.1%	*	*	*	*	82.4%	90.9%	*	*	63.6%	*	*	*	*	*	*	*	*	58.3%

Picker

Lancashire Teaching Hospitals NHS Foundation Trust
NSS24 RAG report - RAG Table Report
Breakdown: Locality 3
Suppression Threshold: 10

Set RAG %point difference: 3

Key:
100.0%
>3 ppt above
<3 ppt below
In between

Locality 3			Comparator (Organisation Overall)	SBU Neonatal	SBU Neurology	SBU Neurorehabilitation	SBU Neurosurgery	SBU Obstetrics	SBU Oncology	SBU Ophthalmology	SBU Oral & Maxillofacial	SBU Orthopaedics	SBU PMU, Radioisotopes & Medical Gases	SBU Paediatrics Community	SBU Paediatrics Hospital	SBU Pain Management	SBU Palliative	SBU Pathology	SBU Patient Access	SBU Pharmacy	SBU Plastic Surgery & Burns
Section	Q	Description	n = 3996	n = 69	n = 43	n = 14	n = 101	n = 23	n = 136	n = 61	n = 19	n = 124	n = 15	n = 37	n = 89	n = 10	n = 21	n = 136	n = 94	n = 84	n = 55
YOUR JOB	q2a	Often/always look forward to going to work	51.5%	55.1%	39.5%	35.7%	63.3%	56.5%	53.7%	67.2%	57.9%	50.4%	42.9%	35.1%	59.6%	50.0%	42.9%	42.6%	44.7%	50.0%	35.8%
YOUR JOB	q2b	Often/always enthusiastic about my job	67.2%	78.3%	59.5%	42.9%	82.5%	65.2%	68.9%	80.3%	84.2%	65.9%	73.3%	58.3%	68.2%	60.0%	71.4%	53.7%	53.8%	73.8%	58.5%
YOUR JOB	q2c	Time often/always passes quickly when I am working	73.2%	84.1%	64.3%	92.9%	79.6%	65.2%	76.3%	86.9%	84.2%	74.8%	71.4%	79.4%	68.2%	90.0%	90.5%	64.7%	63.4%	82.1%	64.2%
YOUR JOB	q3a	Always know what work responsibilities are	88.2%	94.2%	93.0%	100.0%	96.0%	82.6%	87.5%	88.5%	89.5%	90.3%	100.0%	78.4%	92.1%	100.0%	95.2%	84.6%	87.2%	95.2%	90.9%
YOUR JOB	q3b	Feel trusted to do my job	90.6%	92.6%	93.0%	92.9%	96.0%	91.3%	87.5%	96.7%	100.0%	94.4%	100.0%	86.5%	95.5%	100.0%	76.2%	83.8%	92.6%	94.0%	96.3%
YOUR JOB	q3c	Opportunities to show initiative frequently in my role	73.9%	72.5%	76.7%	78.6%	83.0%	69.6%	74.3%	78.7%	84.2%	75.0%	53.3%	70.3%	78.4%	70.0%	66.7%	59.6%	67.0%	81.0%	72.2%
YOUR JOB	q3d	Able to make suggestions to improve the work of my team/dept	73.1%	72.5%	74.4%	78.6%	75.0%	73.9%	71.3%	75.4%	78.9%	68.5%	86.7%	75.7%	78.7%	70.0%	81.0%	63.0%	73.4%	85.7%	70.4%
YOUR JOB	q3e	Involved in deciding changes that affect work	52.4%	44.9%	48.8%	50.0%	57.0%	56.5%	58.6%	63.9%	57.9%	43.5%	53.3%	54.1%	56.2%	60.0%	66.7%	42.6%	44.1%	69.0%	53.7%
YOUR JOB	q3f	Able to make improvements happen in my area of work	54.6%	42.0%	48.8%	50.0%	62.0%	39.1%	51.5%	70.0%	57.9%	48.4%	46.7%	45.9%	56.2%	60.0%	57.1%	46.3%	48.9%	71.1%	51.9%
YOUR JOB	q3g	Able to meet conflicting demands on my time at work	44.7%	47.8%	46.5%	53.8%	55.0%	47.8%	44.1%	58.3%	26.3%	47.2%	53.3%	24.3%	40.4%	30.0%	33.3%	39.7%	53.2%	45.2%	38.9%
YOUR JOB	q3h	Have adequate materials, supplies and equipment to do my work	46.3%	27.5%	46.5%	42.9%	57.6%	56.5%	47.1%	73.8%	31.6%	42.7%	53.3%	37.8%	38.2%	30.0%	42.9%	42.6%	59.6%	36.9%	38.9%
YOUR JOB	q3i	Enough staff at organisation to do my job properly	27.2%	24.6%	23.3%	14.3%	29.0%	8.7%	19.9%	32.8%	15.8%	26.6%	66.7%	13.5%	25.8%	0.0%	28.6%	23.5%	35.1%	22.6%	31.5%
YOUR JOB	q4a	Satisfied with recognition for good work	55.4%	56.5%	46.5%	38.5%	61.0%	39.1%	61.0%	67.2%	57.9%	51.6%	60.0%	59.5%	66.3%	60.0%	76.2%	42.2%	47.9%	63.1%	55.6%
YOUR JOB	q4b	Satisfied with extent organisation values my work	42.3%	36.2%	32.6%	38.5%	52.5%	34.8%	40.4%	50.8%	42.1%	41.1%	53.3%	40.5%	49.4%	40.0%	57.1%	31.1%	39.4%	46.4%	38.9%
YOUR JOB	q4c	Satisfied with level of pay	30.4%	24.6%	23.3%	28.6%	21.0%	52.2%	36.8%	34.4%	36.8%	27.4%	13.3%	35.1%	31.8%	30.0%	61.9%	25.7%	13.8%	27.4%	18.9%
YOUR JOB	q4d	Satisfied with opportunities for flexible working patterns	56.2%	55.1%	44.2%	42.9%	62.0%	47.8%	57.4%	50.8%	63.2%	52.4%	66.7%	43.2%	62.9%	60.0%	57.1%	44.1%	46.8%	57.1%	50.0%
YOUR JOB	q5a	Have realistic time pressures	25.7%	21.7%	37.2%	23.1%	17.2%	21.7%	20.6%	39.3%	15.8%	27.4%	60.0%	10.8%	25.8%	20.0%	19.0%	23.0%	43.6%	25.0%	29.1%
YOUR JOB	q5b	Have a choice in deciding how to do my work	52.9%	51.5%	65.1%	46.2%	54.5%	47.8%	52.2%	44.3%	36.8%	45.2%	40.0%	40.5%	49.4%	80.0%	42.9%	44.4%	59.1%	59.5%	42.6%
YOUR JOB	q5c	Relationships at work are unstrained	44.7%	58.0%	46.5%	38.5%	49.5%	30.4%	49.3%	57.4%	57.9%	39.5%	66.7%	32.4%	34.8%	30.0%	33.3%	39.0%	44.1%	50.0%	32.1%
YOUR JOB	q6a	Feel my role makes a difference to patients/service users	87.7%	95.7%	86.0%	84.6%	92.0%	91.3%	92.6%	95.1%	89.5%	87.6%	92.9%	91.9%	96.6%	100.0%	95.2%	87.0%	77.2%	96.3%	94.2%
YOUR JOB	q6b	Organisation is committed to helping balance work and home life	49.0%	42.0%	27.9%	38.5%	62.0%	39.1%	50.7%	57.4%	63.2%	45.9%	66.7%	32.4%	50.6%	30.0%	42.9%	27.2%	50.0%	57.1%	42.6%
YOUR JOB	q6c	Achieve a good balance between work and home life	56.9%	49.3%	46.5%	46.2%	67.0%	52.2%	55.9%	68.9%	63.2%	57.4%	73.3%	56.8%	52.8%	70.0%	57.1%	37.3%	59.6%	54.8%	51.9%
YOUR JOB	q6d	Can approach immediate manager to talk openly about flexible working	70.3%	72.5%	62.8%	84.6%	81.0%	56.5%	77.2%	62.3%	63.2%	65.6%	73.3%	54.1%	70.8%	50.0%	85.7%	45.6%	67.0%	79.8%	81.5%
YOUR TEAM	q7a	Team members have a set of shared objectives	75.2%	88.4%	74.4%	76.9%	87.9%	73.9%	79.4%	86.7%	73.7%	75.0%	80.0%	59.5%	74.2%	80.0%	90.5%	68.9%	72.3%	90.5%	78.2%
YOUR TEAM	q7b	Team members often meet to discuss the team's effectiveness	65.3%	65.2%	69.8%	53.8%	70.3%	56.5%	69.1%	85.2%	26.3%	66.9%	86.7%	62.2%	71.9%	90.0%	81.0%	43.0%	53.2%	75.0%	65.5%
YOUR TEAM	q7c	Receive the respect I deserve from my colleagues at work	70.8%	73.9%	67.4%	76.9%	77.0%	60.9%	75.0%	80.3%	68.4%	71.8%	80.0%	70.3%	79.8%	90.0%	81.0%	63.0%	69.1%	81.0%	63.6%
YOUR TEAM	q7d	Team members understand each other's roles	71.4%	85.5%	81.4%	92.3%	82.0%	65.2%	70.6%	83.6%	68.4%	71.0%	93.3%	75.7%	80.9%	80.0%	76.2%	63.0%	70.2%	69.0%	72.2%
YOUR TEAM	q7e	Enjoy working with colleagues in team	80.3%	87.0%	83.7%	84.6%	89.0%	69.6%	83.8%	93.4%	68.4%	84.7%	86.7%	78.4%	90.9%	80.0%	90.5%	68.9%	78.7%	89.3%	70.9%
YOUR TEAM	q7f	Team has enough freedom in how to do its work	57.8%	59.4%	60.5%	53.8%	65.0%	52.2%	58.5%	72.1%	57.9%	54.8%	46.7%	40.5%	55.1%	40.0%	52.4%	47.4%	53.2%	70.2%	49.1%
YOUR TEAM	q7g	Team deals with disagreements constructively	55.2%	66.7%	58.1%	92.3%	68.0%	47.8%	55.1%	59.0%	52.6%	54.8%	73.3%	40.5%	53.9%	40.0%	76.2%	41.5%	51.1%	61.9%	43.6%
YOUR TEAM	q7h	Feel valued by my team	71.0%	73.9%	74.4%	76.9%	78.0%	60.9%	74.3%	83.3%	63.2%	72.6%	86.7%	73.0%	79.8%	100.0%	85.7%	60.7%	65.6%	75.0%	70.9%
YOUR TEAM	q7i	Feel a strong personal attachment to my team	64.2%	69.6%	67.4%	75.0%	75.0%	56.5%	65.4%	73.8%	57.9%	67.7%	73.3%	56.8%	73.0%	70.0%	81.0%	52.6%	50.0%	67.9%	54.5%
PEOPLE IN YOUR ORGANISATION	q8a	Teams within the organisation work well together to achieve objectives	52.8%	79.7%	44.2%	53.8%	68.0%	56.5%	55.9%	63.9%	52.6%	54.8%	73.3%	43.2%	44.3%	30.0%	61.9%	49.3%	45.2%	53.6%	60.0%
PEOPLE IN YOUR ORGANISATION	q8b	Colleagues are understanding and kind to one another	68.8%	81.2%	69.8%	76.9%	82.0%	60.9%	68.4%	80.3%	52.6%	72.6%	80.0%	81.1%	77.3%	70.0%	85.7%	56.3%	62.8%	72.6%	63.6%
PEOPLE IN YOUR ORGANISATION	q8c	Colleagues are polite and treat each other with respect	69.7%	84.1%	74.4%	76.9%	81.8%	65.2%	71.3%	80.3%	83.2%	75.0%	86.7%	83.8%	76.1%	70.0%	85.7%	59.6%	63.8%	80.7%	61.8%
PEOPLE IN YOUR ORGANISATION	q8d	Colleagues show appreciation to one another	66.2%	84.1%	65.1%	61.5%	80.6%	56.5%	70.6%	68.9%	63.2%	71.8%	80.0%	78.4%	75.0%	70.0%	85.7%	53.3%	57.4%	67.9%	58.2%
YOUR MANAGERS	q9a	Immediate manager encourages me at work	73.1%	63.8%	65.1%	76.9%	86.0%	56.5%	83.7%	83.6%	47.4%	75.0%	73.3%	59.5%	69.7%	90.0%	90.5%	64.0%	74.5%	78.6%	78.2%
YOUR MANAGERS	q9b	Immediate manager gives clear feedback on my work	67.3%	63.8%	59.5%	69.2%	81.0%	47.8%	71.9%	73.8%	47.4%	71.3%	80.0%	48.6%	68.5%	90.0%	85.7%	58.1%	71.3%	75.0%	74.5%
YOUR MANAGERS	q9c	Immediate manager asks for my opinion before making decisions that affect my work	58.4%	53.6%	60.5%	69.2%	77.0%	47.8%	67.2%	60.7%	52.6%	52.0%	66.7%	48.6%	60.7%	70.0%	76.2%	47.8%	59.6%	71.4%	60.0%
YOUR MANAGERS	q9d	Immediate manager takes a positive interest in my health & well-being	71.0%	69.6%	69.8%	69.2%	85.0%	43.5%	84.4%	77.0%	57.9%	75.0%	66.7%	59.5%	68.5%	80.0%	81.0%	55.9%	73.4%	79.8%	74.5%
YOUR MANAGERS	q9e	Immediate manager values my work	73.0%	76.8%	69.0%	76.9%	84.0%	52.2%	81.6%	82.0%	57.9%	78.0%	80.0%	62.2%	76.4%	90.0%	95.2%	63.2%	72.0%	78.6%	80.0%
YOUR MANAGERS	q9f	Immediate manager works with me to understand problems	69.9%	68.1%	69.8%	69.2%	81.0%	47.8%	79.1%	75.4%	47.4%	71.8%	80.0%	54.1%	74.2%	70.0%	95.2%	54.4%	69.1%	81.0%	70.9%
YOUR MANAGERS	q9g	Immediate manager listens to challenges I face	72.1%	69.6%	67.4%	69.2%	82.8%	56.5%	81.5%	75.4%	57.9%	77.4%	73.3%	56.8%	74.2%	80.0%	90.5%	58.1%	71.3%	78.6%	76.4%
YOUR MANAGERS	q9h	Immediate manager cares about my concerns	70.8%	71.0%	62.8%	75.0%	83.0%	52.2%	82.2%	75.4%	52.6%	72.4%	80.0%	64.9%	75.3%	80.0%	90.5%	57.4%	73.4%	79.8%	76.4%
YOUR MANAGERS	q9i	Immediate manager helps me with problems I face	67.1%	63.8%	62.8%	69.2%	82.8%	47.8%	77.0%	70.5%	47.4%	68.3%	73.3%	56.8%	73.0%	90.0%	85.7%	55.1%	66.0%	77.4%	70.9%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10b	Don't work any additional paid hours per week for this organisation, over and above contracted hours	66.6%	54.4%	74.4%	53.8%	52.5%	47.8%	69.1%	72.1%	63.2%	49.2%	86.7%	86.1%	63.2%	90.0%	95.2%	62.5%	79.8%	57.1%	67.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10c	Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	55.3%	34.8%	65.1%	69.2%	65.7%	34.8%	54.8%	65.6%	36.8%	55.6%	86.7%	64.9%	54.5%	60.0%	19.0%	57.4%	83.0%	54.8%	53.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11a	Organisation takes positive action on health and well-being	56.0%	52.2%	41.9%	30.8%	72.7%	39.1%	61.8%	68.9%	52.6%	52.8%	73.3%	64.9%	51.7%	70.0%	57.1%	44.8%	58.5%	69.0%	49.1%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	71.4%	81.2%	76.7%	53.8%	56.0%	73.9%	77.8%	73.8%	63.2%	59.7%	86.7%	78.4%	84.3%	60.0%	81.0%	76.3%	79.8%	86.9%	52.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11c	In last 12 months, have not felt unwell due to work related stress	59.6%	71.0%	60.5%	46.2%	60.0%	60.9%	65.4%	63.9%	68.4%	63.4%	73.3%	48.6%	56.2%	80.0%	57.1%	60.0%	66.0%	66.7%	45.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11d	In last 3 months, have not come to work when not feeling well enough to perform duties	44.6%	33.3%	44.2%	46.2%	47.5%	47.8%	50.0%	45.9%	21.1%	43.9%	66.7%	43.2%	49.4%	30.0%	66.7%	48.1%	45.7%	53.6%	34.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11e	Not felt pressure from manager to come to work when not feeling well enough	80.2%	80.0%	87.0%	*	84.6%	36.4%	89.7%	78.1%	78.6%	74.6%	*	81.0%	86.7%	*	*	69.6%	90.2%	89.5%	75.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12a	Never/rarely find work emotionally exhausting	23.6%	15.9%	25.6%	7.7%	10.0%	4.3%	24.3%	31.1%	31.6%	25.8%	46.7%	16.2%	24.7%	*	4.8%	31.6%	28.7%	32.5%	21.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12b	Never/rarely feel burnt out because of work	29.9%	23.2%	30.2%	0.0%	19.0%	26.1%	27.2%	39.3%	31.6%	31.7%	46.7%	16.2%	32.6%	30.0%	19.0%	25.7%	42.6%	29.8%	27.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12c	Never/rarely frustrated by work	20.2%	26.1%	18.6%	0.0%	20.2%	26.1%	22.8%	26.2%	10.5%	23.4%	40.0%	8.1%	18.0%	10.0%	14.3%	20.0%	24.5%	19.0%	27.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12d	Never/rarely exhausted by the thought of another day/shift at work	35.7%	24.6%	37.2%	15.4%	26.0%	56.5%	41.9%	44.3%	36.8%	35.5%	60.0%	22.2%	37.1%	30.0%	19.0%	30.1%	37.2%	41.7%	29.1%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12e	Never/rarely worn out at the end of work	19.4%	13.0%	25.6%	0.0%	14.3%	8.7%	16.9%	24.6%	26.3%	19.4%	40.0%	13.5%	19.1%	20.0%	9.5%	16.9%	25.5%	13.1%	20.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12f	Never/rarely feel every working hour is tiring	51.1%	49.3%	55.8%	15.4%	45.0%	60.9%	56.3%	57.4%	52.6%	52.4%	60.0%	67.6%	61.8%	70.0%	47.6%	44.9%	50.5%	58.3%	52.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12g	Never/rarely lack energy for family and friends	35.8%	23.2%	46.5%	7.7%	38.4%	30.4%	39.0%	34.4%	42.1%	36.3%	53.3%	35.1%	33.7%	30.0%	19.0%	28.7%	40.9%	42.2%	38.2%

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public	84.7%	97.1%	95.3%	30.8%	46.5%	95.7%	97.0%	98.4%	89.5%	68.3%	100.0%	94.6%	83.0%	100.0%	95.2%	98.5%	97.9%	94.0%	72.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13b	Not experienced physical violence from managers	99.3%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.2%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13c	Not experienced physical violence from other colleagues	98.4%	100.0%	100.0%	100.0%	97.9%	100.0%	99.2%	100.0%	100.0%	97.4%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.8%	98.1%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13d	Last experience of physical violence reported	72.5%	*	*	*	85.1%	*	*	*	*	73.5%	*	*	58.3%	*	*	*	*	*	75.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	77.8%	78.3%	74.4%	61.5%	56.0%	78.3%	77.8%	78.7%	73.7%	61.0%	100.0%	83.8%	70.8%	60.0%	95.2%	97.1%	73.1%	91.7%	61.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14b	Not experienced harassment, bullying or abuse from managers	92.0%	94.2%	95.3%	92.3%	96.9%	87.0%	90.2%	93.4%	94.7%	89.9%	86.7%	91.7%	90.8%	90.0%	95.2%	92.6%	98.9%	95.2%	94.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14c	Not experienced harassment, bullying or abuse from other colleagues	82.0%	86.8%	87.8%	100.0%	89.8%	82.6%	81.5%	86.9%	84.2%	80.2%	86.7%	86.5%	87.6%	80.0%	95.2%	84.3%	81.3%	85.7%	77.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14d	Last experience of harassment/bullying/abuse reported	52.6%	60.0%	33.3%	*	51.2%	*	54.3%	41.2%	*	46.8%	*	50.0%	50.0%	*	*	42.3%	55.9%	38.9%	40.9%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q15	Organisation acts fairly: career progression	57.4%	78.3%	55.8%	46.2%	66.3%	65.2%	60.0%	77.0%	57.9%	63.9%	73.3%	48.6%	55.1%	50.0%	61.9%	57.5%	58.1%	66.3%	52.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public	93.2%	97.1%	95.3%	92.3%	85.0%	100.0%	94.9%	91.8%	100.0%	91.1%	100.0%	100.0%	96.6%	100.0%	100.0%	99.3%	97.9%	95.2%	90.9%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16b	Not experienced discrimination from manager/team leader or other colleagues	91.9%	97.1%	97.7%	100.0%	93.9%	81.8%	93.2%	92.7%	94.4%	92.6%	93.3%	94.6%	97.8%	100.0%	100.0%	94.0%	96.8%	96.3%	96.2%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	91.7%	98.6%	97.7%	84.6%	81.0%	95.7%	91.2%	91.8%	94.7%	83.6%	100.0%	100.0%	98.9%	90.0%	95.2%	98.5%	97.8%	97.6%	83.6%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	95.9%	97.1%	100.0%	100.0%	99.0%	95.5%	98.5%	96.7%	94.7%	93.4%	100.0%	97.3%	100.0%	100.0%	100.0%	96.3%	94.6%	92.9%	96.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q18	Not seen any errors/near misses/incidents that could have hurt staff/patients/service users	63.8%	58.8%	72.1%	69.2%	64.6%	68.2%	70.7%	82.0%	61.1%	58.1%	85.7%	83.8%	62.5%	30.0%	40.0%	52.2%	86.8%	48.2%	65.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19a	Staff involved in an error/near miss/incident treated fairly	56.8%	74.6%	48.4%	54.5%	71.4%	65.0%	75.2%	54.5%	30.0%	48.5%	58.3%	50.0%	60.0%	*	53.3%	56.8%	58.5%	76.8%	50.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19b	Encouraged to report errors/near misses/incidents	86.0%	95.7%	82.5%	81.8%	89.9%	90.9%	91.0%	94.4%	72.2%	82.8%	100.0%	91.7%	86.2%	*	81.0%	87.0%	77.4%	90.4%	84.9%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19c	Organisation ensure errors/near misses/incidents do not repeat	66.8%	88.1%	52.6%	63.6%	79.1%	65.2%	77.2%	75.5%	57.1%	65.8%	80.0%	52.0%	59.8%	*	42.1%	68.2%	58.3%	76.3%	66.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19d	Feedback given on changes made following errors/near misses/incidents	61.5%	86.8%	53.8%	72.7%	73.9%	47.8%	70.8%	75.5%	58.8%	68.5%	53.3%	48.0%	58.5%	*	45.0%	60.0%	47.4%	71.1%	57.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20a	Would feel secure raising concerns about unsafe clinical practice	70.1%	89.9%	53.5%	76.9%	80.8%	69.6%	78.7%	68.9%	63.2%	70.2%	73.3%	78.4%	76.4%	70.0%	85.7%	69.9%	59.1%	76.2%	74.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20b	Would feel confident that organisation would address concerns about unsafe clinical practice	53.2%	69.6%	41.9%	69.2%	71.7%	52.2%	60.7%	65.6%	21.1%	50.8%	53.3%	56.8%	48.3%	50.0%	47.6%	56.6%	47.3%	61.9%	56.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q21	Feel organisation respects individual differences	69.4%	81.2%	62.8%	69.2%	83.8%	60.9%	79.4%	82.0%	73.7%	63.7%	86.7%	75.7%	68.5%	50.0%	76.2%	84.7%	63.0%	78.6%	67.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q22	I can eat nutritious and affordable food at work	56.7%	53.6%	53.5%	53.8%	53.5%	47.8%	61.0%	63.9%	63.2%	47.6%	73.3%	59.5%	61.8%	80.0%	57.1%	61.0%	63.4%	54.8%	65.5%
YOUR PERSONAL DEVELOPMENT	q23a	Received appraisal in the past 12 months	87.3%	91.2%	90.7%	92.3%	88.7%	71.4%	91.7%	85.2%	78.9%	90.8%	100.0%	94.3%	86.5%	90.0%	100.0%	80.0%	87.0%	91.4%	90.7%
YOUR PERSONAL DEVELOPMENT	q23b	Appraisal helped me improve how I do my job	24.7%	21.0%	15.4%	33.3%	44.2%	6.7%	16.7%	25.0%	13.3%	27.5%	7.1%	9.4%	32.5%	*	30.0%	15.0%	21.5%	15.3%	27.1%
YOUR PERSONAL DEVELOPMENT	q23c	Appraisal helped me agree clear objectives for my work	31.7%	24.2%	20.5%	33.3%	47.7%	33.3%	29.2%	47.1%	20.0%	32.1%	21.4%	15.6%	38.7%	*	50.0%	24.1%	28.6%	29.2%	31.9%
YOUR PERSONAL DEVELOPMENT	q23d	Appraisal left me feeling organisation values my work	35.3%	25.8%	23.1%	33.3%	48.8%	6.7%	30.0%	44.2%	40.0%	35.8%	35.7%	34.4%	38.2%	*	45.0%	25.2%	36.7%	30.6%	37.5%
YOUR PERSONAL DEVELOPMENT	q24a	Organisation offers me challenging work	68.9%	72.5%	58.1%	76.9%	78.8%	78.3%	78.7%	70.5%	78.9%	70.2%	73.3%	86.5%	68.5%	80.0%	85.7%	61.8%	58.1%	81.0%	56.4%
YOUR PERSONAL DEVELOPMENT	q24b	There are opportunities for me to develop my career in this organisation	48.8%	47.8%	48.8%	38.5%	58.6%	60.9%	50.7%	68.9%	36.8%	45.2%	40.0%	45.9%	52.8%	40.0%	66.7%	41.2%	46.2%	59.5%	45.5%
YOUR PERSONAL DEVELOPMENT	q24c	Have opportunities to improve my knowledge and skills	67.4%	79.7%	60.5%	61.5%	75.8%	78.3%	64.7%	85.2%	73.7%	66.1%	46.7%	67.6%	73.0%	70.0%	76.2%	60.3%	52.7%	79.8%	68.5%
YOUR PERSONAL DEVELOPMENT	q24d	Feel supported to develop my potential	55.3%	59.4%	46.5%	53.8%	65.7%	43.5%	52.6%	70.5%	57.9%	54.0%	40.0%	62.2%	59.6%	50.0%	81.0%	43.0%	46.2%	60.7%	52.7%
YOUR PERSONAL DEVELOPMENT	q24e	Able to access the right learning and development opportunities when I need to	57.8%	66.7%	51.2%	53.8%	74.7%	56.5%	51.5%	73.8%	68.4%	68.5%	46.7%	62.2%	62.9%	60.0%	61.9%	42.6%	49.5%	69.0%	63.6%
YOUR PERSONAL DEVELOPMENT	q24f	Able to access clinical supervision opportunities	52.9%	58.5%	53.1%	53.8%	70.3%	47.6%	49.5%	68.0%	50.0%	54.0%	*	62.1%	64.9%	*	55.6%	33.3%	31.6%	49.2%	46.3%
YOUR ORGANISATION	q25a	Care of patients/service users is organisation's top priority	66.0%	79.7%	53.5%	23.1%	73.0%	65.2%	76.5%	85.2%	78.9%	64.2%	73.3%	64.9%	67.0%	40.0%	47.6%	68.4%	66.0%	75.0%	65.5%
YOUR ORGANISATION	q25b	Organisation acts on concerns raised by patients/service users	63.0%	80.9%	46.5%	38.5%	79.0%	69.6%	72.1%	80.3%	63.2%	63.4%	66.7%	70.3%	75.0%	40.0%	47.6%	58.1%	65.6%	65.5%	61.8%
YOUR ORGANISATION	q25c	Would recommend organisation as place to work	49.4%	66.7%	34.9%	23.1%	67.0%	52.2%	46.3%	67.2%	36.8%	46.3%	40.0%	54.1%	38.6%	20.0%	47.6%	39.7%	48.9%	52.4%	49.1%
YOUR ORGANISATION	q25d	If friend/relative needed treatment would be happy with standard of care provided by organisation	51.9%	62.3%	37.2%	30.8%	64.0%	65.2%	62.5%	73.8%	36.8%	50.4%	53.3%	67.6%	43.2%	20.0%	38.1%	46.3%	54.3%	47.6%	56.4%
YOUR ORGANISATION	q25e	Feel safe to speak up about anything that concerns me in this organisation	58.5%	69.1%	46.5%	61.5%	73.0%	50.0%	68.4%	63.9%	52.6%	56.1%	53.3%	67.6%	61.4%	50.0%	71.4%	46.3%	59.6%	73.8%	60.0%
YOUR ORGANISATION	q25f	Feel organisation would address any concerns I raised	44.2%	56.7%	32.6%	38.5%	63.0%	43.5%	52.2%	59.0%	36.8%	39.8%	40.0%	43.2%	35.6%	10.0%	33.3%	34.6%	44.7%	53.6%	41.8%
YOUR ORGANISATION	q26a	I don't often think about leaving this organisation	40.9%	52.2%	44.2%	23.1%	49.0%	52.2%	47.1%	52.5%	52.6%	38.2%	20.0%	43.2%	41.8%	50.0%	47.6%	31.9%	35.5%	42.9%	43.6%
YOUR ORGANISATION	q26b	I am unlikely to look for a job at a new organisation in the next 12 months	49.1%	63.8%	53.5%	23.1%	58.6%	60.9%	57.8%	60.7%	63.2%	50.0%	46.7%	48.6%	42.7%	60.0%	47.6%	41.5%	46.7%	50.0%	54.5%
YOUR ORGANISATION	q26c	I am not planning on leaving this organisation	53.9%	63.8%	55.8%	23.1%	63.6%	60.9%	61.5%	60.7%	68.4%	55.7%	46.7%	54.1%	50.6%	60.0%	66.7%	45.9%	44.6%	57.1%	54.5%
BACKGROUND INFORMATION	q31b	Disability: organisation made reasonable adjustment(s) to enable me to carry out work	79.1%	84.6%	*	*	80.0%	*	88.0%	80.0%	*	80.0%	*	*	85.7%	*	*	80.0%	82.4%	*	83.3%

Picker

Lancashire Teaching Hospitals NHS Foundation Trust
NSS24 RAG report - RAG Table Report
Breakdown: Locality 3
Suppression Threshold: 10

Set RAG % point difference: 3

Key:
100.0%
>3 ppt above
<3 ppt below
In between

Locality 3			Comparator (Organisation Overall)	SBU Psychology	SBU Radiology	SBU Renal	SBU Residential Care Home	SBU Respiratory	SBU SMRC	SBU Stroke	SBU Theatres	SBU Upper GI & Colorectal	SBU Urology	SBU Vascular	Sterile Services	Student, Trainee & Placement Support	Technology Services
Section	Q	Description	n = 3996	n = 17	n = 96	n = 103	n = 20	n = 69	n = 73	n = 37	n = 237	n = 133	n = 40	n = 35	n = 18	n = 22	n = 57
YOUR JOB	q2a	Often/always look forward to going to work	51.5%	70.6%	48.4%	63.7%	63.2%	56.5%	54.8%	54.3%	52.6%	60.6%	47.5%	45.7%	44.4%	63.6%	43.9%
YOUR JOB	q2b	Often/always enthusiastic about my job	67.2%	82.4%	70.5%	74.8%	84.2%	75.4%	76.7%	78.4%	67.2%	72.7%	67.5%	60.0%	50.0%	86.4%	64.3%
YOUR JOB	q2c	Time often/always passes quickly when I am working	73.2%	88.2%	71.9%	81.4%	90.0%	79.4%	74.0%	80.0%	60.8%	74.2%	87.5%	71.4%	55.6%	86.4%	58.9%
YOUR JOB	q3a	Always know what work responsibilities are	88.2%	88.2%	92.7%	89.3%	95.0%	88.4%	94.5%	86.5%	90.3%	91.7%	90.0%	88.6%	83.3%	77.3%	78.9%
YOUR JOB	q3b	Feel trusted to do my job	90.6%	94.1%	91.7%	95.1%	95.0%	89.9%	95.9%	91.9%	88.9%	91.0%	95.0%	100.0%	94.4%	95.5%	91.2%
YOUR JOB	q3c	Opportunities to show initiative frequently in my role	73.9%	94.1%	68.8%	85.4%	90.0%	80.9%	72.6%	78.4%	64.7%	78.2%	77.5%	77.1%	61.1%	90.9%	71.9%
YOUR JOB	q3d	Able to make suggestions to improve the work of my team/dept	73.1%	94.1%	71.9%	88.3%	85.0%	71.0%	69.9%	89.2%	63.1%	77.4%	65.0%	65.7%	61.1%	95.5%	66.7%
YOUR JOB	q3e	Involved in deciding changes that affect work	52.4%	82.4%	52.1%	64.1%	55.0%	46.4%	53.4%	62.2%	37.6%	59.4%	57.5%	37.1%	22.2%	86.4%	45.6%
YOUR JOB	q3f	Able to make improvements happen in my area of work	54.6%	82.4%	45.8%	68.0%	70.0%	59.4%	53.4%	67.6%	46.0%	61.7%	45.0%	51.4%	27.8%	86.4%	54.4%
YOUR JOB	q3g	Able to meet conflicting demands on my time at work	44.7%	23.5%	47.4%	45.6%	80.0%	42.0%	59.7%	32.4%	50.2%	54.5%	42.5%	37.1%	50.0%	72.7%	57.9%
YOUR JOB	q3h	Have adequate materials, supplies and equipment to do my work	46.3%	29.4%	58.3%	50.5%	65.0%	46.4%	50.7%	37.8%	46.6%	54.1%	35.0%	22.9%	44.4%	63.6%	59.6%
YOUR JOB	q3i	Enough staff at organisation to do my job properly	27.2%	17.6%	38.5%	34.0%	50.0%	8.7%	47.9%	21.6%	33.5%	32.6%	30.0%	5.7%	27.8%	36.4%	28.1%
YOUR JOB	q4a	Satisfied with recognition for good work	55.4%	100.0%	45.8%	68.0%	50.0%	50.0%	63.0%	55.6%	47.0%	60.9%	60.0%	45.7%	33.3%	68.2%	50.9%
YOUR JOB	q4b	Satisfied with extent organisation values my work	42.3%	64.7%	33.3%	47.6%	45.0%	39.1%	53.4%	52.8%	39.8%	51.1%	35.0%	28.6%	27.8%	63.6%	44.6%
YOUR JOB	q4c	Satisfied with level of pay	30.4%	64.7%	26.0%	23.3%	40.0%	15.9%	41.1%	36.1%	18.7%	28.0%	32.5%	5.7%	16.7%	54.5%	32.1%
YOUR JOB	q4d	Satisfied with opportunities for flexible working patterns	56.2%	82.4%	53.1%	56.3%	50.0%	50.7%	61.6%	55.6%	52.3%	56.8%	41.0%	44.1%	33.3%	77.3%	64.3%
YOUR JOB	q5a	Have realistic time pressures	25.7%	29.4%	34.4%	30.1%	20.0%	5.8%	39.7%	24.3%	28.5%	21.8%	15.0%	14.3%	44.4%	59.1%	38.6%
YOUR JOB	q5b	Have a choice in deciding how to do my work	52.9%	82.4%	46.9%	57.3%	55.0%	40.6%	57.5%	51.4%	31.6%	47.4%	66.7%	40.0%	33.3%	81.8%	63.2%
YOUR JOB	q5c	Relationships at work are unstrained	44.7%	76.5%	40.6%	62.1%	35.0%	37.7%	51.4%	40.5%	30.2%	36.1%	50.0%	22.9%	41.2%	63.6%	64.9%
YOUR JOB	q6a	Feel my role makes a difference to patients/service users	87.7%	94.1%	87.5%	91.2%	80.0%	91.3%	87.7%	94.6%	89.7%	92.5%	82.5%	94.1%	78.6%	88.2%	71.2%
YOUR JOB	q6b	Organisation is committed to helping balance work and home life	49.0%	64.7%	41.7%	49.5%	50.0%	50.7%	63.0%	62.2%	46.2%	53.4%	42.5%	37.1%	27.8%	81.8%	57.9%
YOUR JOB	q6c	Achieve a good balance between work and home life	56.9%	76.5%	51.6%	54.4%	60.0%	52.2%	68.5%	64.9%	55.5%	60.2%	57.5%	37.1%	44.4%	90.9%	61.4%
YOUR JOB	q6d	Can approach immediate manager to talk openly about flexible working	70.3%	100.0%	59.4%	77.7%	70.0%	69.6%	76.7%	75.7%	64.4%	75.9%	70.0%	65.7%	33.3%	81.8%	73.7%
YOUR TEAM	q7a	Team members have a set of shared objectives	75.2%	100.0%	70.8%	80.6%	80.0%	67.6%	72.6%	78.4%	75.7%	81.2%	80.0%	62.9%	61.1%	86.4%	70.2%
YOUR TEAM	q7b	Team members often meet to discuss the team's effectiveness	65.3%	94.1%	44.8%	75.7%	45.0%	59.4%	63.0%	78.4%	68.1%	71.2%	70.0%	65.7%	61.1%	72.7%	49.1%
YOUR TEAM	q7c	Receive the respect I deserve from my colleagues at work	70.8%	94.1%	64.6%	85.4%	65.0%	66.7%	67.1%	78.4%	57.6%	68.4%	72.5%	45.7%	44.4%	90.9%	71.9%
YOUR TEAM	q7d	Team members understand each other's roles	71.4%	88.2%	74.7%	74.8%	65.0%	66.7%	79.5%	75.7%	66.1%	72.2%	70.0%	57.1%	55.6%	77.3%	68.4%
YOUR TEAM	q7e	Enjoy working with colleagues in team	80.3%	100.0%	77.9%	89.3%	75.0%	73.5%	83.6%	75.7%	68.6%	78.9%	80.0%	71.4%	55.6%	90.9%	78.9%
YOUR TEAM	q7f	Team has enough freedom in how to do its work	57.8%	76.5%	46.9%	78.6%	60.0%	47.8%	64.4%	51.4%	50.2%	61.7%	59.0%	48.6%	38.9%	81.8%	73.7%
YOUR TEAM	q7g	Team deals with disagreements constructively	55.2%	82.4%	44.8%	69.9%	55.0%	61.8%	50.7%	70.3%	41.1%	58.6%	57.5%	37.1%	16.7%	68.2%	56.1%
YOUR TEAM	q7h	Feel valued by my team	71.0%	94.1%	64.6%	84.3%	70.0%	71.0%	74.0%	78.4%	58.3%	75.9%	75.0%	51.4%	38.9%	86.4%	64.9%
YOUR TEAM	q7i	Feel a strong personal attachment to my team	64.2%	88.2%	62.5%	74.8%	55.0%	63.8%	71.2%	67.6%	50.2%	70.7%	69.2%	67.6%	33.3%	86.4%	66.7%
PEOPLE IN YOUR ORGANISATION	q8a	Teams within the organisation work well together to achieve objectives	52.8%	52.9%	45.8%	63.1%	60.0%	59.4%	63.0%	59.5%	55.9%	58.6%	52.5%	51.4%	50.0%	63.6%	33.3%
PEOPLE IN YOUR ORGANISATION	q8b	Colleagues are understanding and kind to one another	68.8%	88.2%	66.7%	85.4%	65.0%	71.0%	61.1%	73.0%	53.0%	72.9%	67.5%	54.3%	27.8%	86.4%	64.9%
PEOPLE IN YOUR ORGANISATION	q8c	Colleagues are polite and treat each other with respect	69.7%	76.5%	71.9%	84.5%	60.0%	75.4%	64.4%	70.3%	52.3%	72.2%	67.5%	48.6%	22.2%	81.8%	68.4%
PEOPLE IN YOUR ORGANISATION	q8d	Colleagues show appreciation to one another	66.2%	88.2%	62.5%	80.4%	50.0%	68.1%	64.4%	73.0%	49.1%	68.4%	67.5%	45.7%	27.8%	77.3%	61.4%
YOUR MANAGERS	q9a	Immediate manager encourages me at work	73.1%	100.0%	65.6%	84.5%	60.0%	72.1%	74.0%	81.1%	68.6%	76.7%	67.5%	74.3%	38.9%	86.4%	70.2%
YOUR MANAGERS	q9b	Immediate manager gives clear feedback on my work	67.3%	100.0%	62.1%	75.7%	60.0%	68.1%	71.2%	73.0%	60.6%	72.9%	57.5%	57.1%	38.9%	77.3%	64.9%
YOUR MANAGERS	q9c	Immediate manager asks for my opinion before making decisions that affect my work	58.4%	94.1%	54.2%	70.9%	50.0%	52.2%	57.5%	67.6%	49.4%	60.2%	47.5%	54.3%	22.2%	86.4%	57.9%
YOUR MANAGERS	q9d	Immediate manager takes a positive interest in my health & well-being	71.0%	100.0%	60.4%	79.6%	60.0%	73.9%	71.2%	75.7%	68.2%	77.4%	55.0%	65.7%	38.9%	77.3%	71.9%
YOUR MANAGERS	q9e	Immediate manager values my work	73.0%	100.0%	68.4%	87.3%	50.0%	72.1%	78.1%	78.4%	67.4%	72.9%	62.5%	71.4%	33.3%	81.8%	70.2%
YOUR MANAGERS	q9f	Immediate manager works with me to understand problems	69.9%	100.0%	59.4%	78.6%	65.0%	68.1%	74.0%	78.4%	66.0%	69.9%	47.5%	68.6%	50.0%	86.4%	64.9%
YOUR MANAGERS	q9g	Immediate manager listens to challenges I face	72.1%	100.0%	61.5%	80.6%	55.0%	73.9%	75.3%	81.1%	67.4%	73.7%	60.0%	74.3%	50.0%	81.8%	68.4%
YOUR MANAGERS	q9h	Immediate manager cares about my concerns	70.8%	100.0%	62.5%	81.6%	60.0%	72.5%	71.2%	75.7%	64.3%	71.4%	57.5%	71.4%	38.9%	81.0%	64.9%
YOUR MANAGERS	q9i	Immediate manager helps me with problems I face	67.1%	100.0%	55.3%	76.7%	55.0%	66.2%	68.5%	75.7%	63.4%	69.2%	57.5%	57.1%	50.0%	81.8%	66.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10b	Don't work any additional paid hours per week for this organisation, over and above contracted hours	66.6%	94.1%	48.4%	62.1%	45.0%	37.7%	84.9%	48.6%	52.1%	62.1%	51.3%	40.0%	77.8%	77.3%	70.2%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10c	Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	55.3%	29.4%	55.8%	52.9%	75.0%	49.3%	53.4%	58.3%	73.3%	65.4%	50.0%	51.4%	88.9%	50.0%	64.9%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11a	Organisation takes positive action on health and well-being	56.0%	52.9%	49.0%	56.9%	75.0%	47.8%	54.8%	56.8%	54.9%	59.4%	56.4%	47.1%	44.4%	72.7%	64.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	71.4%	88.2%	59.4%	62.1%	70.0%	42.0%	65.8%	62.2%	60.6%	64.7%	72.5%	57.1%	50.0%	90.9%	89.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11c	In last 12 months, have not felt unwell due to work related stress	59.6%	47.1%	58.3%	60.2%	42.1%	37.7%	65.8%	45.9%	57.5%	53.4%	47.5%	38.2%	55.6%	68.2%	69.1%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11d	In last 3 months, have not come to work when not feeling well enough to perform duties	44.6%	64.7%	50.0%	43.7%	42.1%	29.0%	38.9%	40.5%	35.9%	43.6%	42.5%	28.6%	27.8%	54.5%	53.6%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11e	Not felt pressure from manager to come to work when not feeling well enough	80.2%	*	73.9%	78.9%	70.0%	79.6%	86.4%	86.4%	77.9%	83.6%	57.1%	70.8%	38.5%	60.0%	73.1%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12a	Never/rarely find work emotionally exhausting	23.6%	11.8%	24.0%	22.3%	20.0%	11.6%	31.5%	18.9%	19.1%	21.1%	7.5%	8.6%	38.9%	45.5%	46.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12b	Never/rarely feel burnt out because of work	29.9%	41.2%	28.1%	34.0%	25.0%	10.1%	38.4%	24.3%	24.7%	30.1%	20.0%	11.4%	44.4%	54.5%	44.6%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12c	Never/rarely frustrated by work	20.2%	17.6%	19.8%	23.3%	20.0%	10.1%	15.1%	24.3%	25.0%	24.1%	20.0%	20.0%	23.5%	22.7%	12.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12d	Never/rarely exhausted by the thought of another day/shift at work	35.7%	41.2%	38.9%	42.7%	20.0%	14.5%	43.8%	24.3%	30.9%	28.6%	30.0%	17.1%	38.9%	54.5%	48.2%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12e	Never/rarely worn out at the end of work	19.4%	17.6%	13.5%	15.5%	15.0%	10.1%	21.9%	18.9%	15.7%	16.5%	15.0%	2.9%	5.6%	36.4%	37.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12f	Never/rarely feel every working hour is tiring	51.1%	64.7%	51.0%	47.6%	45.0%	30.4%	57.5%	35.1%	43.6%	46.2%	55.0%	31.4%	47.1%	63.6%	62.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12g	Never/rarely lack energy for family and friends	35.8%	35.3%	33.3%	34.0%	40.0%	18.8%	37.0%	21.6%	25.5%	33.8%	37.5%	25.7%	38.9%	50.0%	41.1%

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public	84.7%	100.0%	87.5%	94.1%	80.0%	49.3%	98.6%	59.5%	89.3%	80.2%	70.0%	62.9%	88.9%	100.0%	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13b	Not experienced physical violence from managers	99.3%	100.0%	100.0%	100.0%	95.0%	98.5%	100.0%	100.0%	99.6%	100.0%	97.5%	100.0%	100.0%	100.0%	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13c	Not experienced physical violence from other colleagues	98.4%	100.0%	100.0%	99.0%	100.0%	95.7%	100.0%	100.0%	96.5%	96.7%	97.5%	93.8%	100.0%	100.0%	98.1%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13d	Last experience of physical violence reported	72.5%	*	45.5%	*	*	67.7%	*	66.7%	65.4%	81.0%	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	77.8%	76.5%	81.1%	78.6%	85.0%	63.8%	78.1%	70.3%	86.8%	71.4%	60.0%	51.4%	82.4%	100.0%	96.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14b	Not experienced harassment, bullying or abuse from managers	92.0%	100.0%	88.4%	95.1%	90.0%	92.8%	95.8%	97.3%	91.1%	93.1%	90.0%	87.9%	93.8%	86.4%	94.6%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14c	Not experienced harassment, bullying or abuse from other colleagues	82.0%	82.4%	75.8%	81.2%	89.5%	76.5%	81.9%	78.4%	73.1%	77.5%	77.5%	53.1%	68.8%	90.9%	94.6%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14d	Last experience of harassment/bullying/abuse reported	52.6%	*	41.2%	62.1%	*	51.9%	28.6%	69.2%	63.9%	46.7%	44.4%	73.3%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q15	Organisation acts fairly: career progression	57.4%	58.8%	52.6%	62.1%	50.0%	54.5%	56.2%	75.0%	50.6%	59.8%	60.0%	57.1%	50.0%	54.5%	48.2%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public	93.2%	94.1%	96.9%	94.2%	85.0%	71.6%	94.5%	94.6%	93.6%	88.6%	80.0%	79.4%	94.4%	100.0%	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16b	Not experienced discrimination from manager/team leader or other colleagues	91.9%	93.8%	83.9%	90.1%	89.5%	80.3%	97.3%	91.9%	86.6%	85.3%	97.5%	82.9%	88.2%	100.0%	94.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	91.7%	94.1%	93.8%	92.2%	90.0%	83.8%	87.5%	83.8%	95.7%	92.5%	80.0%	88.6%	94.4%	100.0%	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	95.9%	94.1%	94.8%	97.1%	94.7%	98.5%	94.4%	94.6%	94.5%	97.7%	100.0%	91.4%	83.3%	100.0%	96.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q18	Not seen any errors/near misses/incidents that could have hurt staff/patients/service users	63.8%	70.6%	60.0%	76.7%	72.2%	50.7%	83.3%	51.4%	61.2%	65.1%	60.0%	57.1%	50.0%	72.7%	92.9%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19a	Staff involved in an error/near miss/incident treated fairly	56.8%	53.8%	55.6%	65.0%	56.3%	43.8%	61.7%	60.7%	52.0%	56.8%	46.7%	68.0%	47.1%	56.3%	53.1%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19b	Encouraged to report errors/near misses/incidents	86.0%	100.0%	86.3%	90.0%	84.2%	79.1%	87.3%	94.6%	89.1%	89.2%	84.6%	91.2%	77.8%	90.0%	80.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19c	Organisation ensure errors/near misses/incidents do not repeat	66.8%	76.5%	65.5%	73.1%	76.5%	69.4%	66.7%	65.7%	77.9%	71.5%	74.3%	83.3%	35.3%	47.1%	64.9%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19d	Feedback given on changes made following errors/near misses/incidents	61.5%	86.7%	53.3%	65.6%	66.7%	63.3%	60.6%	68.6%	74.1%	66.1%	68.4%	50.0%	27.8%	41.2%	51.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20a	Would feel secure raising concerns about unsafe clinical practice	70.1%	70.6%	63.5%	71.8%	75.0%	69.6%	64.4%	89.2%	74.9%	72.9%	72.5%	68.6%	55.6%	72.7%	56.1%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20b	Would feel confident that organisation would address concerns about unsafe clinical practice	53.2%	52.9%	41.7%	61.8%	65.0%	55.1%	57.5%	67.6%	59.4%	54.1%	57.5%	51.4%	38.9%	45.5%	47.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q21	Feel organisation respects individual differences	69.4%	70.6%	66.7%	70.9%	80.0%	66.7%	75.3%	78.4%	65.8%	69.2%	70.0%	71.4%	72.2%	68.2%	70.2%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q22	I can eat nutritious and affordable food at work	56.7%	76.5%	60.4%	61.8%	40.0%	35.3%	71.2%	59.5%	53.4%	54.9%	52.5%	37.1%	44.4%	59.1%	66.7%
YOUR PERSONAL DEVELOPMENT	q23a	Received appraisal in the past 12 months	87.3%	88.2%	91.5%	90.0%	75.0%	88.4%	98.6%	78.4%	91.3%	84.2%	92.5%	82.4%	70.6%	95.2%	84.2%
YOUR PERSONAL DEVELOPMENT	q23b	Appraisal helped me improve how I do my job	24.7%	33.3%	14.0%	25.6%	33.3%	42.6%	15.9%	32.1%	29.5%	33.0%	13.5%	28.6%	33.3%	35.0%	18.8%
YOUR PERSONAL DEVELOPMENT	q23c	Appraisal helped me agree clear objectives for my work	31.7%	46.7%	20.9%	33.3%	26.7%	50.8%	29.0%	34.5%	32.2%	37.5%	27.0%	17.9%	41.7%	40.0%	25.0%
YOUR PERSONAL DEVELOPMENT	q23d	Appraisal left me feeling organisation values my work	35.3%	53.3%	32.6%	40.0%	26.7%	36.7%	34.8%	44.8%	34.1%	40.2%	35.1%	25.0%	41.7%	45.0%	31.3%
YOUR PERSONAL DEVELOPMENT	q24a	Organisation offers me challenging work	68.9%	88.2%	66.3%	68.0%	52.6%	62.3%	63.0%	81.1%	64.4%	64.7%	67.5%	71.4%	33.3%	77.3%	54.4%
YOUR PERSONAL DEVELOPMENT	q24b	There are opportunities for me to develop my career in this organisation	48.8%	64.7%	41.7%	39.2%	47.4%	55.1%	34.2%	67.6%	41.3%	54.5%	42.5%	45.7%	33.3%	45.5%	31.6%
YOUR PERSONAL DEVELOPMENT	q24c	Have opportunities to improve my knowledge and skills	67.4%	94.1%	55.2%	63.7%	57.9%	66.2%	60.3%	81.1%	64.4%	73.7%	60.0%	60.0%	38.9%	77.3%	63.2%
YOUR PERSONAL DEVELOPMENT	q24d	Feel supported to develop my potential	55.3%	82.4%	50.0%	55.0%	50.0%	60.9%	52.1%	75.7%	49.6%	61.4%	52.5%	52.9%	38.9%	63.6%	45.6%
YOUR PERSONAL DEVELOPMENT	q24e	Able to access the right learning and development opportunities when I need to	57.8%	76.5%	55.2%	53.5%	55.0%	59.4%	50.7%	86.5%	49.4%	71.4%	53.8%	54.3%	33.3%	63.6%	49.1%
YOUR PERSONAL DEVELOPMENT	q24f	Able to access clinical supervision opportunities	52.9%	92.9%	40.5%	58.1%	52.9%	63.9%	48.3%	60.0%	50.0%	63.9%	48.6%	43.8%	30.8%	70.0%	29.2%
YOUR ORGANISATION	q25a	Care of patients/service users is organisation's top priority	66.0%	64.7%	57.9%	71.3%	63.2%	63.2%	81.9%	64.9%	77.0%	67.7%	52.5%	77.1%	50.0%	59.1%	61.4%
YOUR ORGANISATION	q25b	Organisation acts on concerns raised by patients/service users	63.0%	58.8%	51.6%	70.3%	70.0%	66.2%	73.6%	75.7%	66.2%	69.9%	67.5%	74.3%	38.9%	54.5%	49.1%
YOUR ORGANISATION	q25c	Would recommend organisation as place to work	49.4%	52.9%	43.2%	55.4%	60.0%	51.5%	58.3%	67.6%	52.3%	59.4%	37.5%	48.6%	44.4%	54.5%	43.9%
YOUR ORGANISATION	q25d	If friend/relative needed treatment would be happy with standard of care provided by organisation	51.9%	52.9%	52.6%	54.5%	55.0%	47.1%	65.3%	67.6%	63.2%	58.6%	55.0%	37.1%	50.0%	45.5%	36.8%
YOUR ORGANISATION	q25e	Feel safe to speak up about anything that concerns me in this organisation	58.5%	70.6%	50.5%	62.4%	75.0%	46.4%	52.8%	75.7%	54.5%	62.4%	52.5%	52.9%	55.6%	81.8%	52.6%
YOUR ORGANISATION	q25f	Feel organisation would address any concerns I raised	44.2%	58.8%	30.9%	54.5%	55.0%	44.1%	46.6%	64.9%	41.5%	49.6%	42.5%	57.1%	44.4%	50.0%	38.6%
YOUR ORGANISATION	q26a	I don't often think about leaving this organisation	40.9%	58.8%	37.9%	46.5%	65.0%	37.7%	39.7%	45.9%	39.0%	44.4%	32.5%	28.6%	33.3%	50.0%	35.1%
YOUR ORGANISATION	q26b	I am unlikely to look for a job at a new organisation in the next 12 months	49.1%	58.8%	46.3%	54.0%	75.0%	47.8%	53.4%	51.4%	51.7%	51.1%	47.5%	37.1%	38.9%	59.1%	45.6%
YOUR ORGANISATION	q26c	I am not planning on leaving this organisation	53.9%	70.6%	51.6%	60.4%	75.0%	48.5%	57.5%	63.9%	51.1%	52.6%	52.5%	42.9%	38.9%	77.3%	50.9%
BACKGROUND INFORMATION	q31b	Disability: organisation made reasonable adjustment(s) to enable me to carry out work	79.1%	*	78.9%	87.5%	*	60.0%	63.2%	*	77.8%	64.0%	*	*	*	*	*

Picker

ancashire Teaching Hospitals NHS Foundation Trust
SS24 RAG report - RAG Table Report
reakdown: Locality 4
uppression Threshold: 10

Set RAG % point difference: 3

Key:
100.0%
>3 ppt above
<3 ppt below
In between

Locality 4

Section	Q	Description	Comparator (Organisation Overall)	438 01 Anaesthetics Medical (T35301)	438 01 Anaesthetics Pre-Op (RPH) (T35315)	438 01 Anaesthetics Training (T35308)	438 01 Clinical Night Team (T36602)	438 01 Critical Care Admin (T35331)	438 01 Critical Care Medical (T35325)	438 01 Critical Care Outreach (T35312)	438 01 Critical Care Unit (CrCU) (RPH) (T35310)	438 01 Gynaecology Theatres - Anaesthetics (RPH)	438 01 Gynaecology Theatres - Scrub (RPH) (T36017)	438 01 Pain Management Nursing Team	438 01 Plastics Charles Beard Theatre (RPH)	438 01 Theatres - Anaesthetics (CDH) (T35304)	438 01 Theatres - Anaesthetics (RPH) (T35303)
			n = 3996	n = 32	n = 20	n = 15	n = 6	n = 6	n = 15	n = 10	n = 50	n = 10	n = 21	n = 9	n = 10	n = 27	n = 43
YOUR JOB	q2a	Often/always look forward to going to work	51.5%	43.8%	40.0%	60.0%	*	*	46.7%	60.0%	55.1%	50.0%	33.3%	*	10.0%	42.3%	61.9%
YOUR JOB	q2b	Often/always enthusiastic about my job	67.2%	53.1%	47.4%	80.0%	*	*	66.7%	90.0%	72.0%	80.0%	61.9%	*	60.0%	70.4%	70.7%
YOUR JOB	q2c	Time often/always passes quickly when I am working	73.2%	43.8%	57.9%	73.3%	*	*	66.7%	70.0%	79.6%	50.0%	52.4%	*	80.0%	57.7%	81.0%
YOUR JOB	q3a	Always know what work responsibilities are	88.2%	84.4%	70.0%	86.7%	*	*	86.7%	90.0%	90.0%	80.0%	76.2%	*	100.0%	96.3%	100.0%
YOUR JOB	q3b	Feel trusted to do my job	90.6%	84.4%	65.0%	86.7%	*	*	86.7%	100.0%	94.0%	90.0%	85.7%	*	100.0%	77.8%	100.0%
YOUR JOB	q3c	Opportunities to show initiative frequently in my role	73.9%	56.3%	65.0%	85.7%	*	*	66.7%	70.0%	86.0%	50.0%	71.4%	*	70.0%	63.0%	67.4%
YOUR JOB	q3d	Able to make suggestions to improve the work of my team/dept	73.1%	28.1%	65.0%	73.3%	*	*	80.0%	90.0%	74.0%	40.0%	57.1%	*	80.0%	66.7%	72.1%
YOUR JOB	q3e	Involved in deciding changes that affect work	52.4%	25.0%	31.6%	53.3%	*	*	46.7%	50.0%	52.0%	40.0%	30.0%	*	60.0%	33.3%	30.2%
YOUR JOB	q3f	Able to make improvements happen in my area of work	54.6%	12.5%	55.0%	60.0%	*	*	53.3%	60.0%	54.0%	40.0%	20.0%	*	40.0%	44.4%	41.9%
YOUR JOB	q3g	Able to meet conflicting demands on my time at work	44.7%	28.1%	50.0%	73.3%	*	*	33.3%	40.0%	34.0%	30.0%	57.1%	*	20.0%	37.0%	46.5%
YOUR JOB	q3h	Have adequate materials, supplies and equipment to do my work	46.3%	28.1%	70.0%	46.7%	*	*	60.0%	50.0%	54.0%	50.0%	33.3%	*	30.0%	48.1%	48.8%
YOUR JOB	q3i	Enough staff at organisation to do my job properly	27.2%	25.0%	35.0%	40.0%	*	*	53.3%	20.0%	28.0%	10.0%	38.1%	*	10.0%	37.0%	25.6%
YOUR JOB	q4a	Satisfied with recognition for good work	55.4%	21.9%	40.0%	80.0%	*	*	53.3%	60.0%	46.0%	30.0%	42.9%	*	50.0%	25.9%	55.8%
YOUR JOB	q4b	Satisfied with extent organisation values my work	42.3%	12.5%	40.0%	40.0%	*	*	33.3%	40.0%	38.0%	20.0%	38.1%	*	10.0%	33.3%	34.9%
YOUR JOB	q4c	Satisfied with level of pay	30.4%	34.4%	30.0%	26.7%	*	*	53.3%	30.0%	16.0%	20.0%	14.3%	*	0.0%	22.2%	14.0%
YOUR JOB	q4d	Satisfied with opportunities for flexible working patterns	56.2%	37.5%	35.0%	53.3%	*	*	66.7%	60.0%	34.0%	60.0%	28.6%	*	40.0%	48.1%	62.8%
YOUR JOB	q5a	Have realistic time pressures	25.7%	9.4%	15.0%	20.0%	*	*	26.7%	10.0%	20.0%	30.0%	19.0%	*	10.0%	37.0%	30.2%
YOUR JOB	q5b	Have a choice in deciding how to do my work	52.9%	31.3%	35.0%	40.0%	*	*	20.0%	80.0%	40.0%	*	23.8%	*	30.0%	25.9%	46.5%
YOUR JOB	q5c	Relationships at work are unstrained	44.7%	28.1%	35.0%	40.0%	*	*	53.3%	60.0%	49.0%	10.0%	9.5%	*	10.0%	22.2%	39.5%
YOUR JOB	q6a	Feel my role makes a difference to patients/service users	87.7%	84.4%	73.7%	100.0%	*	*	86.7%	100.0%	94.0%	100.0%	100.0%	*	100.0%	85.2%	93.0%
YOUR JOB	q6b	Organisation is committed to helping balance work and home life	49.0%	31.3%	50.0%	60.0%	*	*	46.7%	60.0%	36.0%	50.0%	23.8%	*	10.0%	44.4%	55.8%
YOUR JOB	q6c	Achieve a good balance between work and home life	56.9%	40.6%	65.0%	66.7%	*	*	46.7%	80.0%	54.0%	40.0%	33.3%	*	30.0%	51.9%	62.8%
YOUR JOB	q6d	Can approach immediate manager to talk openly about flexible working	70.3%	31.3%	40.0%	80.0%	*	*	53.3%	90.0%	44.9%	50.0%	57.1%	*	80.0%	66.7%	72.1%
YOUR TEAM	q7a	Team members have a set of shared objectives	75.2%	46.9%	75.0%	80.0%	*	*	73.3%	80.0%	88.0%	70.0%	71.4%	*	90.0%	77.8%	74.4%
YOUR TEAM	q7b	Team members often meet to discuss the team's effectiveness	65.3%	37.5%	60.0%	86.7%	*	*	40.0%	80.0%	82.0%	40.0%	61.9%	*	80.0%	70.4%	72.1%
YOUR TEAM	q7c	Receive the respect I deserve from my colleagues at work	70.8%	50.0%	70.0%	66.7%	*	*	80.0%	70.0%	80.0%	60.0%	52.4%	*	50.0%	44.4%	53.5%
YOUR TEAM	q7d	Team members understand each other's roles	71.4%	50.0%	60.0%	80.0%	*	*	80.0%	90.0%	74.0%	70.0%	71.4%	*	100.0%	63.0%	51.2%
YOUR TEAM	q7e	Enjoy working with colleagues in team	80.3%	65.6%	65.0%	93.3%	*	*	80.0%	80.0%	94.0%	50.0%	57.1%	*	60.0%	74.1%	72.1%
YOUR TEAM	q7f	Team has enough freedom in how to do its work	57.8%	25.0%	35.0%	80.0%	*	*	60.0%	60.0%	56.0%	30.0%	47.6%	*	30.0%	34.6%	55.8%
YOUR TEAM	q7g	Team deals with disagreements constructively	55.2%	25.0%	30.0%	66.7%	*	*	26.7%	60.0%	52.0%	20.0%	19.0%	*	20.0%	33.3%	46.5%
YOUR TEAM	q7h	Feel valued by my team	71.0%	50.0%	65.0%	80.0%	*	*	73.3%	80.0%	76.0%	50.0%	47.6%	*	70.0%	40.7%	60.5%
YOUR TEAM	q7i	Feel a strong personal attachment to my team	64.2%	43.8%	55.0%	60.0%	*	*	60.0%	70.0%	74.0%	30.0%	42.9%	*	30.0%	40.7%	48.8%
PEOPLE IN YOUR ORGANISATION	q8a	Teams within the organisation work well together to achieve objectives	52.8%	37.5%	55.0%	40.0%	*	*	53.3%	70.0%	70.0%	70.0%	47.6%	*	50.0%	63.0%	51.2%
PEOPLE IN YOUR ORGANISATION	q8b	Colleagues are understanding and kind to one another	68.8%	62.5%	55.0%	53.3%	*	*	86.7%	80.0%	86.0%	30.0%	42.9%	*	60.0%	51.9%	65.1%
PEOPLE IN YOUR ORGANISATION	q8c	Colleagues are polite and treat each other with respect	69.7%	62.5%	60.0%	53.3%	*	*	66.7%	70.0%	82.0%	30.0%	33.3%	*	60.0%	51.9%	53.5%
PEOPLE IN YOUR ORGANISATION	q8d	Colleagues show appreciation to one another	66.2%	56.3%	60.0%	46.7%	*	*	53.3%	60.0%	82.0%	30.0%	47.6%	*	60.0%	51.9%	44.2%
YOUR MANAGERS	q9a	Immediate manager encourages me at work	73.1%	28.1%	45.0%	100.0%	*	*	60.0%	60.0%	62.0%	70.0%	57.1%	*	70.0%	70.4%	72.1%
YOUR MANAGERS	q9b	Immediate manager gives clear feedback on my work	67.3%	15.6%	50.0%	86.7%	*	*	53.3%	70.0%	52.0%	40.0%	47.6%	*	90.0%	59.3%	62.8%
YOUR MANAGERS	q9c	Immediate manager asks for my opinion before making decisions that affect my work	58.4%	28.1%	35.0%	53.3%	*	*	66.7%	40.0%	42.0%	30.0%	30.0%	*	40.0%	55.6%	48.8%
YOUR MANAGERS	q9d	Immediate manager takes a positive interest in my health & well-being	71.0%	28.1%	45.0%	73.3%	*	*	60.0%	90.0%	56.0%	50.0%	52.4%	*	60.0%	70.4%	74.4%
YOUR MANAGERS	q9e	Immediate manager values my work	73.0%	28.1%	50.0%	86.7%	*	*	60.0%	80.0%	62.0%	50.0%	66.7%	*	100.0%	63.0%	72.1%
YOUR MANAGERS	q9f	Immediate manager works with me to understand problems	69.9%	21.9%	45.0%	93.3%	*	*	60.0%	60.0%	54.0%	50.0%	61.9%	*	60.0%	66.7%	66.7%
YOUR MANAGERS	q9g	Immediate manager listens to challenges I face	72.1%	31.3%	50.0%	93.3%	*	*	53.3%	80.0%	50.0%	50.0%	52.4%	*	70.0%	66.7%	76.7%
YOUR MANAGERS	q9h	Immediate manager cares about my concerns	70.8%	31.3%	45.0%	93.3%	*	*	53.3%	80.0%	52.0%	50.0%	47.6%	*	70.0%	59.3%	76.7%
YOUR MANAGERS	q9i	Immediate manager helps me with problems I face	67.1%	28.1%	40.0%	86.7%	*	*	60.0%	80.0%	54.0%	50.0%	52.4%	*	70.0%	66.7%	69.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10b	Don't work any additional paid hours per week for this organisation, over and above contracted hours	66.6%	28.1%	55.0%	60.0%	*	*	46.7%	70.0%	54.0%	70.0%	66.7%	*	100.0%	44.4%	44.2%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10c	Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	55.3%	31.3%	85.0%	60.0%	*	*	46.7%	20.0%	60.0%	60.0%	81.0%	*	30.0%	63.0%	69.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11a	Organisation takes positive action on health and well-being	56.0%	21.9%	47.4%	53.3%	*	*	60.0%	60.0%	54.0%	40.0%	71.4%	*	10.0%	51.9%	60.5%

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	71.4%	53.1%	60.0%	71.4%	*	*	73.3%	60.0%	60.0%	30.0%	57.1%	*	30.0%	59.3%	48.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11c	In last 12 months, have not felt unwell due to work related stress	59.6%	43.8%	35.0%	71.4%	*	*	66.7%	40.0%	62.0%	10.0%	38.1%	*	10.0%	55.6%	59.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11d	In last 3 months, have not come to work when not feeling well enough to perform duties	44.6%	46.9%	25.0%	40.0%	*	*	53.3%	40.0%	54.0%	0.0%	33.3%	*	10.0%	42.3%	35.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11e	Not felt pressure from manager to come to work when not feeling well enough	80.2%	82.4%	60.0%	*	*	*	*	*	72.7%	90.0%	71.4%	*	*	73.3%	92.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12a	Never/rarely find work emotionally exhausting	23.6%	12.5%	15.0%	13.3%	*	*	26.7%	20.0%	14.0%	0.0%	9.5%	*	0.0%	29.6%	14.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12b	Never/rarely feel burnt out because of work	29.9%	12.5%	25.0%	40.0%	*	*	40.0%	20.0%	28.0%	0.0%	19.0%	*	0.0%	22.2%	27.9%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12c	Never/rarely frustrated by work	20.2%	9.4%	20.0%	20.0%	*	*	33.3%	0.0%	22.0%	0.0%	19.0%	*	10.0%	29.6%	32.6%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12d	Never/rarely exhausted by the thought of another day/shift at work	35.7%	31.3%	25.0%	40.0%	*	*	46.7%	40.0%	26.0%	0.0%	23.8%	*	0.0%	37.0%	41.9%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12e	Never/rarely worn out at the end of work	19.4%	6.3%	5.0%	20.0%	*	*	20.0%	30.0%	10.0%	0.0%	14.3%	*	0.0%	25.9%	7.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12f	Never/rarely feel every working hour is tiring	51.1%	46.9%	35.0%	40.0%	*	*	53.3%	90.0%	40.8%	20.0%	47.6%	*	0.0%	40.7%	46.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12g	Never/rarely lack energy for family and friends	35.8%	15.6%	20.0%	40.0%	*	*	40.0%	30.0%	28.0%	20.0%	4.8%	*	10.0%	25.9%	25.6%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public	84.7%	87.5%	100.0%	93.3%	*	*	86.7%	70.0%	50.0%	100.0%	100.0%	*	80.0%	96.3%	66.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13b	Not experienced physical violence from managers	99.3%	96.9%	100.0%	100.0%	*	*	100.0%	100.0%	96.0%	100.0%	100.0%	*	100.0%	100.0%	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13c	Not experienced physical violence from other colleagues	98.4%	96.9%	100.0%	92.9%	*	*	100.0%	100.0%	100.0%	*	100.0%	*	*	100.0%	92.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13d	Last experience of physical violence reported	72.5%	*	*	*	*	*	*	*	61.9%	*	*	*	*	*	71.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	77.8%	77.4%	70.0%	86.7%	*	*	73.3%	80.0%	68.0%	90.0%	100.0%	*	40.0%	96.3%	64.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14b	Not experienced harassment, bullying or abuse from managers	92.0%	80.6%	85.0%	100.0%	*	*	92.9%	100.0%	95.9%	100.0%	85.7%	*	90.0%	77.8%	92.9%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14c	Not experienced harassment, bullying or abuse from other colleagues	82.0%	65.6%	90.0%	78.6%	*	*	73.3%	70.0%	90.0%	70.0%	76.2%	*	50.0%	77.8%	64.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14d	Last experience of harassment/bullying/abuse reported	52.6%	13.3%	*	*	*	*	*	*	57.1%	*	*	*	*	*	77.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q15	Organisation acts fairly: career progression	57.4%	25.0%	50.0%	80.0%	*	*	53.3%	60.0%	62.0%	30.0%	52.4%	*	50.0%	66.7%	44.2%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public	93.2%	96.8%	90.0%	92.9%	*	*	93.3%	90.0%	94.0%	90.0%	100.0%	*	100.0%	100.0%	81.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16b	Not experienced discrimination from manager/team leader or other colleagues	91.9%	74.2%	89.5%	92.9%	*	*	78.6%	100.0%	96.0%	80.0%	95.0%	*	100.0%	85.2%	79.1%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	91.7%	96.8%	100.0%	93.3%	*	*	86.7%	100.0%	86.0%	100.0%	100.0%	*	80.0%	96.3%	83.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	95.9%	90.3%	95.0%	78.6%	*	*	93.3%	100.0%	98.0%	100.0%	95.2%	*	90.0%	92.6%	97.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q18	Not seen any errors/near misses/incidents that could have hurt staff/patients/service users	63.8%	34.4%	85.0%	53.8%	*	*	40.0%	10.0%	45.7%	40.0%	60.0%	*	60.0%	55.6%	51.2%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19a	Staff involved in an error/near miss/incident treated fairly	56.8%	39.3%	35.7%	50.0%	*	*	61.5%	*	71.4%	*	46.7%	*	*	54.2%	55.9%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19b	Encouraged to report errors/near misses/incidents	86.0%	87.1%	94.7%	85.7%	*	*	80.0%	80.0%	91.8%	90.0%	90.0%	*	80.0%	85.2%	90.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19c	Organisation ensure errors/near misses/incidents do not repeat	66.8%	53.1%	73.7%	50.0%	*	*	61.5%	70.0%	83.7%	80.0%	68.4%	*	50.0%	77.8%	80.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19d	Feedback given on changes made following errors/near misses/incidents	61.5%	40.6%	70.6%	64.3%	*	*	50.0%	90.0%	78.0%	80.0%	85.0%	*	*	70.4%	70.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20a	Would feel secure raising concerns about unsafe clinical practice	70.1%	65.6%	70.0%	80.0%	*	*	73.3%	90.0%	74.0%	70.0%	66.7%	*	60.0%	77.8%	83.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20b	Would feel confident that organisation would address concerns about unsafe clinical practice	53.2%	18.8%	63.2%	60.0%	*	*	46.7%	60.0%	52.0%	50.0%	52.4%	*	20.0%	59.3%	62.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q21	Feel organisation respects individual differences	69.4%	31.3%	75.0%	80.0%	*	*	60.0%	70.0%	72.0%	50.0%	65.0%	*	50.0%	63.0%	67.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q22	I can eat nutritious and affordable food at work	56.7%	31.3%	40.0%	53.3%	*	*	60.0%	40.0%	54.0%	40.0%	57.1%	*	70.0%	55.6%	46.5%
YOUR PERSONAL DEVELOPMENT	q23a	Received appraisal in the past 12 months	87.3%	100.0%	94.7%	100.0%	*	*	93.3%	90.0%	95.9%	80.0%	81.0%	*	100.0%	88.9%	93.0%
YOUR PERSONAL DEVELOPMENT	q23b	Appraisal helped me improve how I do my job	24.7%	12.5%	27.8%	35.7%	*	*	21.4%	*	29.8%	*	17.6%	*	0.0%	20.8%	37.5%
YOUR PERSONAL DEVELOPMENT	q23c	Appraisal helped me agree clear objectives for my work	31.7%	15.6%	27.8%	42.9%	*	*	28.6%	*	34.0%	*	25.0%	*	10.0%	16.7%	42.5%
YOUR PERSONAL DEVELOPMENT	q23d	Appraisal left me feeling organisation values my work	35.3%	12.5%	22.2%	42.9%	*	*	21.4%	*	46.8%	*	31.3%	*	20.0%	37.5%	37.5%
YOUR PERSONAL DEVELOPMENT	q24a	Organisation offers me challenging work	68.9%	78.1%	60.0%	80.0%	*	*	73.3%	80.0%	66.0%	70.0%	66.7%	*	60.0%	63.0%	69.8%
YOUR PERSONAL DEVELOPMENT	q24b	There are opportunities for me to develop my career in this organisation	48.8%	50.0%	35.0%	73.3%	*	*	66.7%	50.0%	48.0%	50.0%	42.9%	*	20.0%	40.7%	41.9%
YOUR PERSONAL DEVELOPMENT	q24c	Have opportunities to improve my knowledge and skills	67.4%	65.6%	65.0%	80.0%	*	*	100.0%	70.0%	74.0%	80.0%	52.4%	*	60.0%	66.7%	65.1%
YOUR PERSONAL DEVELOPMENT	q24d	Feel supported to develop my potential	55.3%	37.5%	35.0%	86.7%	*	*	53.3%	40.0%	58.0%	60.0%	42.9%	*	30.0%	59.3%	55.8%
YOUR PERSONAL DEVELOPMENT	q24e	Able to access the right learning and development opportunities when I need to	57.8%	53.1%	45.0%	86.7%	*	*	86.7%	70.0%	63.3%	60.0%	42.9%	*	40.0%	59.3%	54.8%
YOUR PERSONAL DEVELOPMENT	q24f	Able to access clinical supervision opportunities	52.9%	50.0%	38.5%	78.6%	*	*	78.6%	70.0%	54.2%	60.0%	40.0%	*	40.0%	51.9%	45.2%
YOUR ORGANISATION	q25a	Care of patients/service users is organisation's top priority	66.0%	40.6%	65.0%	71.4%	*	*	53.3%	60.0%	74.0%	90.0%	90.5%	*	50.0%	77.8%	69.0%
YOUR ORGANISATION	q25b	Organisation acts on concerns raised by patients/service users	63.0%	40.6%	65.0%	71.4%	*	*	46.7%	60.0%	86.0%	80.0%	57.1%	*	40.0%	66.7%	61.0%
YOUR ORGANISATION	q25c	Would recommend organisation as place to work	49.4%	46.9%	45.0%	46.7%	*	*	53.3%	60.0%	65.3%	60.0%	57.1%	*	20.0%	59.3%	54.8%
YOUR ORGANISATION	q25d	If friend/relative needed treatment would be happy with standard of care provided by organisation	51.9%	46.9%	75.0%	46.7%	*	*	60.0%	40.0%	56.3%	70.0%	57.1%	*	60.0%	77.8%	54.8%
YOUR ORGANISATION	q25e	Feel safe to speak up about anything that concerns me in this organisation	58.5%	34.4%	55.0%	46.7%	*	*	46.7%	70.0%	65.3%	60.0%	42.9%	*	50.0%	63.0%	52.4%
YOUR ORGANISATION	q25f	Feel organisation would address any concerns I raised	44.2%	15.6%	40.0%	40.0%	*	*	40.0%	40.0%	53.1%	50.0%	33.3%	*	10.0%	33.3%	38.1%
YOUR ORGANISATION	q26a	I don't often think about leaving this organisation	40.9%	46.9%	30.0%	53.3%	*	*	40.0%	60.0%	42.9%	30.0%	23.8%	*	20.0%	44.4%	41.9%
YOUR ORGANISATION	q26b	I am unlikely to look for a job at a new organisation in the next 12 months	49.1%	65.6%	45.0%	66.7%	*	*	46.7%	80.0%	55.1%	50.0%	42.9%	*	30.0%	55.6%	60.5%
YOUR ORGANISATION	q26c	I am not planning on leaving this organisation	53.9%	68.8%	35.0%	73.3%	*	*	46.7%	90.0%	55.1%	50.0%	42.9%	*	30.0%	59.3%	53.5%
BACKGROUND INFORMATION	q31b	Disability: organisation made reasonable adjustment(s) to enable me to carry out work	79.1%	*	*	*	*	*	*	*	*	*	*	*	*	*	80.0%

Picker

ancashire Teaching Hospitals NHS Foundation Trust
SS24 RAG report - RAG Table Report
reakdown: Locality 4
uppression Threshold: 10

Set RAG % point difference: 3

Key:
100.0%
>3 ppt above
<3 ppt below
In between

Locality 4

Section	Q	Description	Comparator (Organisation Overall)	438 01 Theatres - Scrub (CDH) (T35324)	438 01 Theatres - Scrub (RPH) (T35302)	438 01 Theatres - Support Staff (T35328)	438 02 Chemotherapy Day Case Unit (RPH)	438 02 Chemotherapy Support Team	438 02 Oncology Admin (T35911)	438 02 Oncology Medical (T35900)	438 02 Oncology Medical Physics (T35909)	438 02 Oncology Outpatients (T35903)	438 02 Palliative Medical (T35901)	438 02 Palliative Specialist Nurses (T35915)	438 02 Radiotherapy Unit (T35907)	438 02 Ribblesdale Ward (T35905)	438 03 Computed Tomography (CT) (T36304)
			n = 3996	n = 43	n = 68	n = 5	n = 11	n = 7	n = 14	n = 14	n = 28	n = 7	n = 7	n = 10	n = 42	n = 13	n = 5
YOUR JOB	q2a	Often/always look forward to going to work	51.5%	39.5%	69.1%	*	63.6%	*	50.0%	71.4%	46.4%	*	*	60.0%	47.6%	38.5%	*
YOUR JOB	q2b	Often/always enthusiastic about my job	67.2%	55.8%	76.1%	*	72.7%	*	50.0%	85.7%	70.4%	*	*	80.0%	57.1%	84.6%	*
YOUR JOB	q2c	Time often/always passes quickly when I am working	73.2%	48.8%	62.7%	*	90.9%	*	85.7%	92.9%	64.3%	*	*	100.0%	69.0%	66.7%	*
YOUR JOB	q3a	Always know what work responsibilities are	88.2%	86.0%	95.6%	*	81.8%	*	85.7%	100.0%	82.1%	*	*	90.0%	85.7%	92.3%	*
YOUR JOB	q3b	Feel trusted to do my job	90.6%	90.7%	92.5%	*	81.8%	*	85.7%	100.0%	75.0%	*	*	80.0%	92.9%	84.6%	*
YOUR JOB	q3c	Opportunities to show initiative frequently in my role	73.9%	60.5%	65.7%	*	63.6%	*	78.6%	92.9%	64.3%	*	*	70.0%	73.8%	76.9%	*
YOUR JOB	q3d	Able to make suggestions to improve the work of my team/dept	73.1%	53.5%	66.2%	*	81.8%	*	78.6%	100.0%	64.3%	*	*	90.0%	66.7%	53.8%	*
YOUR JOB	q3e	Involved in deciding changes that affect work	52.4%	27.9%	50.0%	*	63.6%	*	71.4%	85.7%	57.1%	*	*	50.0%	47.6%	30.8%	*
YOUR JOB	q3f	Able to make improvements happen in my area of work	54.6%	41.9%	54.4%	*	45.5%	*	50.0%	71.4%	60.7%	*	*	40.0%	45.2%	30.8%	*
YOUR JOB	q3g	Able to meet conflicting demands on my time at work	44.7%	38.1%	63.2%	*	45.5%	*	57.1%	42.9%	39.3%	*	*	30.0%	33.3%	46.2%	*
YOUR JOB	q3h	Have adequate materials, supplies and equipment to do my work	46.3%	51.2%	36.8%	*	36.4%	*	50.0%	64.3%	35.7%	*	*	40.0%	54.8%	23.1%	*
YOUR JOB	q3i	Enough staff at organisation to do my job properly	27.2%	23.3%	45.6%	*	18.2%	*	28.6%	28.6%	17.9%	*	*	10.0%	14.3%	7.7%	*
YOUR JOB	q4a	Satisfied with recognition for good work	55.4%	46.5%	55.9%	*	63.6%	*	64.3%	85.7%	64.3%	*	*	80.0%	54.8%	46.2%	*
YOUR JOB	q4b	Satisfied with extent organisation values my work	42.3%	34.9%	51.5%	*	36.4%	*	35.7%	71.4%	42.9%	*	*	50.0%	33.3%	30.8%	*
YOUR JOB	q4c	Satisfied with level of pay	30.4%	11.6%	20.9%	*	18.2%	*	21.4%	78.6%	50.0%	*	*	50.0%	31.0%	7.7%	*
YOUR JOB	q4d	Satisfied with opportunities for flexible working patterns	56.2%	50.0%	58.8%	*	54.5%	*	50.0%	85.7%	89.3%	*	*	50.0%	47.6%	15.4%	*
YOUR JOB	q5a	Have realistic time pressures	25.7%	26.2%	32.4%	*	0.0%	*	42.9%	7.1%	32.1%	*	*	0.0%	19.0%	15.4%	*
YOUR JOB	q5b	Have a choice in deciding how to do my work	52.9%	27.9%	29.9%	*	45.5%	*	64.3%	78.6%	64.3%	*	*	40.0%	31.0%	30.8%	*
YOUR JOB	q5c	Relationships at work are unstrained	44.7%	23.3%	37.3%	*	63.6%	*	50.0%	92.9%	39.3%	*	*	10.0%	45.2%	38.5%	*
YOUR JOB	q6a	Feel my role makes a difference to patients/service users	87.7%	86.0%	92.6%	*	100.0%	*	76.9%	100.0%	92.9%	*	*	90.0%	95.2%	84.6%	*
YOUR JOB	q6b	Organisation is committed to helping balance work and home life	49.0%	46.5%	45.6%	*	36.4%	*	71.4%	64.3%	75.0%	*	*	50.0%	42.9%	7.7%	*
YOUR JOB	q6c	Achieve a good balance between work and home life	56.9%	55.8%	57.4%	*	54.5%	*	71.4%	57.1%	71.4%	*	*	60.0%	50.0%	30.8%	*
YOUR JOB	q6d	Can approach immediate manager to talk openly about flexible working	70.3%	51.2%	77.9%	*	63.6%	*	71.4%	100.0%	92.9%	*	*	90.0%	78.6%	53.8%	*
YOUR TEAM	q7a	Team members have a set of shared objectives	75.2%	69.8%	82.4%	*	81.8%	*	64.3%	92.9%	78.6%	*	*	80.0%	81.0%	69.2%	*
YOUR TEAM	q7b	Team members often meet to discuss the team's effectiveness	65.3%	54.8%	80.9%	*	54.5%	*	57.1%	85.7%	71.4%	*	*	70.0%	64.3%	69.2%	*
YOUR TEAM	q7c	Receive the respect I deserve from my colleagues at work	70.8%	48.8%	69.1%	*	72.7%	*	71.4%	92.9%	57.1%	*	*	90.0%	85.7%	69.2%	*
YOUR TEAM	q7d	Team members understand each other's roles	71.4%	65.1%	79.4%	*	72.7%	*	85.7%	92.9%	50.0%	*	*	80.0%	69.0%	69.2%	*
YOUR TEAM	q7e	Enjoy working with colleagues in team	80.3%	62.8%	75.0%	*	100.0%	*	85.7%	100.0%	60.7%	*	*	100.0%	95.2%	69.2%	*
YOUR TEAM	q7f	Team has enough freedom in how to do its work	57.8%	51.2%	58.8%	*	63.6%	*	57.1%	78.6%	63.0%	*	*	50.0%	54.8%	30.8%	*
YOUR TEAM	q7g	Team deals with disagreements constructively	55.2%	34.9%	57.4%	*	45.5%	*	57.1%	78.6%	39.3%	*	*	80.0%	59.5%	46.2%	*
YOUR TEAM	q7h	Feel valued by my team	71.0%	48.8%	71.6%	*	90.9%	*	71.4%	100.0%	53.6%	*	*	90.0%	78.6%	69.2%	*
YOUR TEAM	q7i	Feel a strong personal attachment to my team	64.2%	51.2%	56.7%	*	81.8%	*	57.1%	92.9%	46.4%	*	*	90.0%	73.8%	46.2%	*
PEOPLE IN YOUR ORGANISATION	q8a	Teams within the organisation work well together to achieve objectives	52.8%	44.2%	63.2%	*	63.6%	*	50.0%	85.7%	35.7%	*	*	60.0%	64.3%	38.5%	*
PEOPLE IN YOUR ORGANISATION	q8b	Colleagues are understanding and kind to one another	68.8%	44.2%	58.8%	*	90.9%	*	71.4%	92.9%	46.4%	*	*	90.0%	76.2%	38.5%	*
PEOPLE IN YOUR ORGANISATION	q8c	Colleagues are polite and treat each other with respect	69.7%	48.8%	62.7%	*	90.9%	*	71.4%	92.9%	53.6%	*	*	90.0%	78.6%	46.2%	*
PEOPLE IN YOUR ORGANISATION	q8d	Colleagues show appreciation to one another	66.2%	40.5%	58.2%	*	81.8%	*	64.3%	85.7%	53.6%	*	*	90.0%	81.0%	61.5%	*
YOUR MANAGERS	q9a	Immediate manager encourages me at work	73.1%	62.8%	79.4%	*	81.8%	*	78.6%	100.0%	85.7%	*	*	100.0%	80.5%	84.6%	*
YOUR MANAGERS	q9b	Immediate manager gives clear feedback on my work	67.3%	51.2%	75.0%	*	72.7%	*	85.7%	78.6%	67.9%	*	*	90.0%	63.4%	76.9%	*
YOUR MANAGERS	q9c	Immediate manager asks for my opinion before making decisions that affect my work	58.4%	41.9%	63.2%	*	72.7%	*	64.3%	85.7%	82.1%	*	*	80.0%	51.2%	66.7%	*
YOUR MANAGERS	q9d	Immediate manager takes a positive interest in my health & well-being	71.0%	65.1%	79.4%	*	72.7%	*	78.6%	100.0%	89.3%	*	*	90.0%	85.4%	76.9%	*
YOUR MANAGERS	q9e	Immediate manager values my work	73.0%	60.5%	77.9%	*	63.6%	*	78.6%	100.0%	82.1%	*	*	100.0%	81.0%	76.9%	*
YOUR MANAGERS	q9f	Immediate manager works with me to understand problems	69.9%	58.1%	79.4%	*	90.0%	*	78.6%	100.0%	75.0%	*	*	100.0%	73.2%	76.9%	*
YOUR MANAGERS	q9g	Immediate manager listens to challenges I face	72.1%	58.1%	79.4%	*	81.8%	*	78.6%	92.9%	82.1%	*	*	90.0%	78.0%	84.6%	*
YOUR MANAGERS	q9h	Immediate manager cares about my concerns	70.8%	59.5%	75.0%	*	90.9%	*	85.7%	92.9%	75.0%	*	*	90.0%	78.0%	92.3%	*
YOUR MANAGERS	q9i	Immediate manager helps me with problems I face	67.1%	60.5%	73.5%	*	72.7%	*	71.4%	100.0%	71.4%	*	*	100.0%	75.6%	76.9%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10b	Don't work any additional paid hours per week for this organisation, over and above contracted hours	66.6%	72.1%	37.9%	*	72.7%	*	78.6%	71.4%	60.7%	*	*	100.0%	69.0%	53.8%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10c	Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	55.3%	72.1%	76.5%	*	54.5%	*	57.1%	7.1%	50.0%	*	*	10.0%	75.6%	61.5%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11a	Organisation takes positive action on health and well-being	56.0%	51.2%	52.9%	*	54.5%	*	78.6%	78.6%	71.4%	*	*	60.0%	50.0%	38.5%	*

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	71.4%	53.5%	77.9%	*	54.5%	*	71.4%	71.4%	92.9%	*	*	90.0%	78.6%	61.5%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11c	In last 12 months, have not felt unwell due to work related stress	59.6%	51.2%	79.4%	*	63.6%	*	64.3%	71.4%	82.1%	*	*	60.0%	64.3%	23.1%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11d	In last 3 months, have not come to work when not feeling well enough to perform duties	44.6%	25.6%	48.5%	*	18.2%	*	50.0%	64.3%	60.7%	*	*	40.0%	45.2%	61.5%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11e	Not felt pressure from manager to come to work when not feeling well enough	80.2%	66.7%	84.8%	*	*	*	*	*	90.9%	*	*	*	87.0%	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12a	Never/rarely find work emotionally exhausting	23.6%	16.3%	27.9%	*	9.1%	*	28.6%	35.7%	39.3%	*	*	10.0%	19.0%	0.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12b	Never/rarely feel burnt out because of work	29.9%	16.7%	32.4%	*	36.4%	*	21.4%	64.3%	25.0%	*	*	10.0%	19.0%	7.7%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12c	Never/rarely frustrated by work	20.2%	18.6%	29.4%	*	18.2%	*	21.4%	42.9%	17.9%	*	*	10.0%	26.2%	15.4%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12d	Never/rarely exhausted by the thought of another day/shift at work	35.7%	23.3%	35.3%	*	54.5%	*	35.7%	71.4%	42.9%	*	*	20.0%	40.5%	7.7%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12e	Never/rarely worn out at the end of work	19.4%	9.3%	26.5%	*	0.0%	*	21.4%	35.7%	25.0%	*	*	10.0%	9.5%	0.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12f	Never/rarely feel every working hour is tiring	51.1%	44.2%	48.5%	*	63.6%	*	71.4%	64.3%	67.9%	*	*	50.0%	53.7%	15.4%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12g	Never/rarely lack energy for family and friends	35.8%	30.2%	31.3%	*	54.5%	*	71.4%	42.9%	32.1%	*	*	10.0%	31.0%	15.4%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public	84.7%	90.5%	91.2%	*	100.0%	*	100.0%	84.6%	100.0%	*	*	90.0%	100.0%	84.6%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13b	Not experienced physical violence from managers	99.3%	100.0%	98.5%	*	100.0%	*	100.0%	100.0%	100.0%	*	*	100.0%	100.0%	100.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13c	Not experienced physical violence from other colleagues	98.4%	95.2%	95.4%	*	100.0%	*	100.0%	100.0%	100.0%	*	*	100.0%	100.0%	100.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13d	Last experience of physical violence reported	72.5%	*	*	*	*	*	*	*	*	*	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	77.8%	90.7%	94.1%	*	72.7%	*	57.1%	61.5%	96.4%	*	*	100.0%	81.0%	61.5%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14b	Not experienced harassment, bullying or abuse from managers	92.0%	88.4%	98.5%	*	90.9%	*	92.9%	92.3%	85.7%	*	*	100.0%	95.2%	84.6%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14c	Not experienced harassment, bullying or abuse from other colleagues	82.0%	52.4%	82.4%	*	72.7%	*	76.9%	92.3%	85.7%	*	*	100.0%	80.0%	84.6%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14d	Last experience of harassment/bullying/abuse reported	52.6%	29.4%	57.1%	*	*	*	*	*	*	*	*	*	35.7%	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q15	Organisation acts fairly: career progression	57.4%	41.9%	55.6%	*	70.0%	*	50.0%	85.7%	50.0%	*	*	60.0%	61.9%	53.8%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public	93.2%	95.3%	97.0%	*	100.0%	*	92.9%	78.6%	100.0%	*	*	100.0%	95.2%	100.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16b	Not experienced discrimination from manager/team leader or other colleagues	91.9%	85.7%	89.4%	*	90.0%	*	100.0%	100.0%	92.9%	*	*	100.0%	92.9%	92.3%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	91.7%	100.0%	97.1%	*	100.0%	*	85.7%	92.9%	100.0%	*	*	100.0%	81.0%	92.3%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	95.9%	86.0%	97.1%	*	100.0%	*	85.7%	100.0%	100.0%	*	*	100.0%	100.0%	100.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q18	Not seen any errors/near misses/incidents that could have hurt staff/patients/service users	63.8%	66.7%	60.6%	*	90.0%	*	64.3%	57.1%	70.4%	*	*	40.0%	73.2%	69.2%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19a	Staff involved in an error/near miss/incident treated fairly	56.8%	40.6%	66.0%	*	*	*	*	84.6%	66.7%	*	*	*	84.2%	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19b	Encouraged to report errors/near misses/incidents	86.0%	83.3%	93.9%	*	90.9%	*	71.4%	92.9%	100.0%	*	*	90.0%	92.7%	91.7%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19c	Organisation ensure errors/near misses/incidents do not repeat	66.8%	79.5%	81.3%	*	90.0%	*	66.7%	71.4%	67.9%	*	*	30.0%	85.0%	100.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19d	Feedback given on changes made following errors/near misses/incidents	61.5%	72.5%	78.5%	*	72.7%	*	46.2%	71.4%	69.2%	*	*	40.0%	72.5%	91.7%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20a	Would feel secure raising concerns about unsafe clinical practice	70.1%	60.5%	82.1%	*	90.9%	*	64.3%	92.9%	67.9%	*	*	80.0%	88.1%	53.8%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20b	Would feel confident that organisation would address concerns about unsafe clinical practice	53.2%	53.5%	62.7%	*	63.6%	*	57.1%	78.6%	46.4%	*	*	40.0%	65.9%	61.5%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q21	Feel organisation respects individual differences	69.4%	58.1%	70.1%	*	90.9%	*	64.3%	85.7%	67.9%	*	*	90.0%	90.5%	76.9%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q22	I can eat nutritious and affordable food at work	56.7%	41.9%	69.1%	*	36.4%	*	64.3%	50.0%	85.7%	*	*	40.0%	66.7%	38.5%	*
YOUR PERSONAL DEVELOPMENT	q23a	Received appraisal in the past 12 months	87.3%	92.9%	95.4%	*	90.0%	*	78.6%	100.0%	100.0%	*	*	100.0%	88.1%	100.0%	*
YOUR PERSONAL DEVELOPMENT	q23b	Appraisal helped me improve how I do my job	24.7%	23.1%	37.1%	*	*	*	18.2%	14.3%	18.5%	*	*	*	13.5%	25.0%	*
YOUR PERSONAL DEVELOPMENT	q23c	Appraisal helped me agree clear objectives for my work	31.7%	26.3%	38.7%	*	*	*	27.3%	21.4%	29.6%	*	*	*	32.4%	33.3%	*
YOUR PERSONAL DEVELOPMENT	q23d	Appraisal left me feeling organisation values my work	35.3%	26.3%	40.3%	*	*	*	45.5%	21.4%	18.5%	*	*	*	40.5%	16.7%	*
YOUR PERSONAL DEVELOPMENT	q24a	Organisation offers me challenging work	68.9%	60.5%	64.7%	*	72.7%	*	64.3%	92.9%	85.7%	*	*	90.0%	76.2%	84.6%	*
YOUR PERSONAL DEVELOPMENT	q24b	There are opportunities for me to develop my career in this organisation	48.8%	51.2%	35.8%	*	54.5%	*	50.0%	85.7%	42.9%	*	*	70.0%	42.9%	38.5%	*
YOUR PERSONAL DEVELOPMENT	q24c	Have opportunities to improve my knowledge and skills	67.4%	62.8%	66.2%	*	63.6%	*	42.9%	85.7%	67.9%	*	*	80.0%	61.9%	53.8%	*
YOUR PERSONAL DEVELOPMENT	q24d	Feel supported to develop my potential	55.3%	51.2%	45.6%	*	45.5%	*	50.0%	84.6%	57.1%	*	*	80.0%	50.0%	30.8%	*
YOUR PERSONAL DEVELOPMENT	q24e	Able to access the right learning and development opportunities when I need to	57.8%	46.5%	44.1%	*	54.5%	*	50.0%	85.7%	53.6%	*	*	60.0%	38.1%	38.5%	*
YOUR PERSONAL DEVELOPMENT	q24f	Able to access clinical supervision opportunities	52.9%	43.2%	58.8%	*	45.5%	*	*	91.7%	50.0%	*	*	*	31.6%	46.2%	*
YOUR ORGANISATION	q25a	Care of patients/service users is organisation's top priority	66.0%	76.7%	82.4%	*	81.8%	*	71.4%	78.6%	60.7%	*	*	50.0%	90.5%	61.5%	*
YOUR ORGANISATION	q25b	Organisation acts on concerns raised by patients/service users	63.0%	65.1%	73.5%	*	81.8%	*	64.3%	71.4%	57.1%	*	*	40.0%	83.3%	69.2%	*
YOUR ORGANISATION	q25c	Would recommend organisation as place to work	49.4%	41.9%	55.9%	*	54.5%	*	35.7%	78.6%	39.3%	*	*	60.0%	45.2%	30.8%	*
YOUR ORGANISATION	q25d	If friend/relative needed treatment would be happy with standard of care provided by organisation	51.9%	64.3%	61.8%	*	63.6%	*	42.9%	78.6%	57.1%	*	*	60.0%	71.4%	46.2%	*
YOUR ORGANISATION	q25e	Feel safe to speak up about anything that concerns me in this organisation	58.5%	55.8%	57.4%	*	63.6%	*	64.3%	85.7%	57.1%	*	*	70.0%	81.0%	46.2%	*
YOUR ORGANISATION	q25f	Feel organisation would address any concerns I raised	44.2%	37.2%	53.7%	*	54.5%	*	50.0%	71.4%	46.4%	*	*	40.0%	59.5%	38.5%	*
YOUR ORGANISATION	q26a	I don't often think about leaving this organisation	40.9%	32.6%	48.5%	*	45.5%	*	57.1%	64.3%	39.3%	*	*	60.0%	47.6%	30.8%	*
YOUR ORGANISATION	q26b	I am unlikely to look for a job at a new organisation in the next 12 months	49.1%	44.2%	55.9%	*	54.5%	*	61.5%	71.4%	60.7%	*	*	70.0%	59.5%	30.8%	*
YOUR ORGANISATION	q26c	I am not planning on leaving this organisation	53.9%	45.2%	58.8%	*	63.6%	*	76.9%	78.6%	57.1%	*	*	70.0%	61.9%	38.5%	*
BACKGROUND INFORMATION	q31b	Disability: organisation made reasonable adjustment(s) to enable me to carry out work	79.1%	66.7%	*	*	*	*	*	*	*	*	*	*	*	*	*

Picker

ancashire Teaching Hospitals NHS Foundation Trust
SS24 RAG report - RAG Table Report
reakdown: Locality 4
uppression Threshold: 10

Set RAG % point difference: 3

Key:
100.0%
>3 ppt above
<3 ppt below
In between

Locality 4

Section	Q	Description	Comparator (Organisation Overall)	438 03 Interventional Radiology (IR) (T36316)	438 03 Magnetic Resonance Imaging (MRI) (T36315)	438 03 Main X-Ray (CDH) (T36314)	438 03 Main X-Ray (RPH) (T36301)	438 03 Radiology Medical (T36300)	438 03 Radiology Nursing (T36306)	438 03 Ultrasound Department (T36305)	438 04 Plastics Management (T35727)	438 04 Plastics Medical (T35725)	438 04 Plastics Specialist Nurses (T35729)	438 04 Plastics Ward 4 (RPH) (T35726)	438 05 Acute Frailty Unit (AFU) (RPH) (T35573)	438 05 Brindle Ward (CDH) (T35440)	438 05 Cardio-Respiratory (CDH) (T35424)
			n = 3996	n = 4	n = 11	n = 11	n = 13	n = 13	n = 13	n = 7	n = 4	n = 1	n = 9	n = 31	n = 16	n = 14	n = 1
YOUR JOB	q2a	Often/always look forward to going to work	51.5%	*	54.5%	30.0%	30.8%	61.5%	69.2%	*	*	*	*	37.9%	75.0%	64.3%	*
YOUR JOB	q2b	Often/always enthusiastic about my job	67.2%	*	81.8%	50.0%	76.9%	53.8%	76.9%	*	*	*	*	65.5%	73.3%	71.4%	*
YOUR JOB	q2c	Time often/always passes quickly when I am working	73.2%	*	90.9%	45.5%	38.5%	69.2%	76.9%	*	*	*	*	58.6%	93.3%	78.6%	*
YOUR JOB	q3a	Always know what work responsibilities are	88.2%	*	90.9%	81.8%	100.0%	92.3%	92.3%	*	*	*	*	90.3%	93.8%	100.0%	*
YOUR JOB	q3b	Feel trusted to do my job	90.6%	*	90.9%	90.9%	76.9%	84.6%	92.3%	*	*	*	*	93.3%	93.8%	100.0%	*
YOUR JOB	q3c	Opportunities to show initiative frequently in my role	73.9%	*	72.7%	54.5%	84.6%	53.8%	69.2%	*	*	*	*	63.3%	93.8%	85.7%	*
YOUR JOB	q3d	Able to make suggestions to improve the work of my team/dept	73.1%	*	81.8%	63.6%	76.9%	69.2%	69.2%	*	*	*	*	70.0%	87.5%	78.6%	*
YOUR JOB	q3e	Involved in deciding changes that affect work	52.4%	*	72.7%	27.3%	69.2%	61.5%	46.2%	*	*	*	*	56.7%	62.5%	71.4%	*
YOUR JOB	q3f	Able to make improvements happen in my area of work	54.6%	*	63.6%	9.1%	76.9%	23.1%	46.2%	*	*	*	*	53.3%	62.5%	71.4%	*
YOUR JOB	q3g	Able to meet conflicting demands on my time at work	44.7%	*	27.3%	36.4%	46.2%	38.5%	84.6%	*	*	*	*	33.3%	68.8%	50.0%	*
YOUR JOB	q3h	Have adequate materials, supplies and equipment to do my work	46.3%	*	54.5%	45.5%	69.2%	38.5%	69.2%	*	*	*	*	43.3%	75.0%	42.9%	*
YOUR JOB	q3i	Enough staff at organisation to do my job properly	27.2%	*	45.5%	18.2%	23.1%	53.8%	69.2%	*	*	*	*	33.3%	25.0%	7.1%	*
YOUR JOB	q4a	Satisfied with recognition for good work	55.4%	*	72.7%	18.2%	53.8%	38.5%	46.2%	*	*	*	*	60.0%	68.8%	57.1%	*
YOUR JOB	q4b	Satisfied with extent organisation values my work	42.3%	*	54.5%	18.2%	30.8%	46.2%	46.2%	*	*	*	*	46.7%	43.8%	35.7%	*
YOUR JOB	q4c	Satisfied with level of pay	30.4%	*	18.2%	9.1%	30.8%	46.2%	7.7%	*	*	*	*	13.8%	31.3%	23.1%	*
YOUR JOB	q4d	Satisfied with opportunities for flexible working patterns	56.2%	*	72.7%	18.2%	69.2%	69.2%	61.5%	*	*	*	*	50.0%	56.3%	71.4%	*
YOUR JOB	q5a	Have realistic time pressures	25.7%	*	45.5%	27.3%	23.1%	38.5%	53.8%	*	*	*	*	29.0%	25.0%	21.4%	*
YOUR JOB	q5b	Have a choice in deciding how to do my work	52.9%	*	63.6%	27.3%	46.2%	46.2%	46.2%	*	*	*	*	43.3%	43.8%	42.9%	*
YOUR JOB	q5c	Relationships at work are unstrained	44.7%	*	45.5%	27.3%	38.5%	38.5%	38.5%	*	*	*	*	31.0%	68.8%	35.7%	*
YOUR JOB	q6a	Feel my role makes a difference to patients/service users	87.7%	*	90.9%	72.7%	92.3%	84.6%	100.0%	*	*	*	*	90.0%	100.0%	92.9%	*
YOUR JOB	q6b	Organisation is committed to helping balance work and home life	49.0%	*	63.6%	27.3%	46.2%	61.5%	53.8%	*	*	*	*	50.0%	43.8%	35.7%	*
YOUR JOB	q6c	Achieve a good balance between work and home life	56.9%	*	63.6%	36.4%	41.7%	46.2%	69.2%	*	*	*	*	50.0%	62.5%	42.9%	*
YOUR JOB	q6d	Can approach immediate manager to talk openly about flexible working	70.3%	*	72.7%	18.2%	76.9%	46.2%	61.5%	*	*	*	*	86.7%	87.5%	85.7%	*
YOUR TEAM	q7a	Team members have a set of shared objectives	75.2%	*	90.9%	63.6%	76.9%	53.8%	92.3%	*	*	*	*	74.2%	75.0%	85.7%	*
YOUR TEAM	q7b	Team members often meet to discuss the team's effectiveness	65.3%	*	63.6%	9.1%	76.9%	15.4%	84.6%	*	*	*	*	58.1%	87.5%	71.4%	*
YOUR TEAM	q7c	Receive the respect I deserve from my colleagues at work	70.8%	*	72.7%	36.4%	69.2%	61.5%	76.9%	*	*	*	*	64.5%	81.3%	85.7%	*
YOUR TEAM	q7d	Team members understand each other's roles	71.4%	*	81.8%	36.4%	69.2%	69.2%	100.0%	*	*	*	*	60.0%	81.3%	78.6%	*
YOUR TEAM	q7e	Enjoy working with colleagues in team	80.3%	*	72.7%	63.6%	61.5%	92.3%	92.3%	*	*	*	*	77.4%	93.8%	92.9%	*
YOUR TEAM	q7f	Team has enough freedom in how to do its work	57.8%	*	54.5%	18.2%	61.5%	53.8%	61.5%	*	*	*	*	51.6%	75.0%	71.4%	*
YOUR TEAM	q7g	Team deals with disagreements constructively	55.2%	*	63.6%	18.2%	53.8%	61.5%	53.8%	*	*	*	*	51.6%	81.3%	78.6%	*
YOUR TEAM	q7h	Feel valued by my team	71.0%	*	81.8%	36.4%	61.5%	69.2%	69.2%	*	*	*	*	74.2%	87.5%	85.7%	*
YOUR TEAM	q7i	Feel a strong personal attachment to my team	64.2%	*	81.8%	54.5%	46.2%	69.2%	76.9%	*	*	*	*	64.5%	87.5%	78.6%	*
PEOPLE IN YOUR ORGANISATION	q8a	Teams within the organisation work well together to achieve objectives	52.8%	*	63.6%	18.2%	46.2%	38.5%	61.5%	*	*	*	*	67.7%	56.3%	64.3%	*
PEOPLE IN YOUR ORGANISATION	q8b	Colleagues are understanding and kind to one another	68.8%	*	81.8%	36.4%	69.2%	61.5%	76.9%	*	*	*	*	64.5%	75.0%	85.7%	*
PEOPLE IN YOUR ORGANISATION	q8c	Colleagues are polite and treat each other with respect	69.7%	*	81.8%	45.5%	61.5%	84.6%	76.9%	*	*	*	*	58.1%	87.5%	69.2%	*
PEOPLE IN YOUR ORGANISATION	q8d	Colleagues show appreciation to one another	66.2%	*	72.7%	45.5%	53.8%	61.5%	76.9%	*	*	*	*	58.1%	86.7%	42.9%	*
YOUR MANAGERS	q9a	Immediate manager encourages me at work	73.1%	*	72.7%	36.4%	84.6%	53.8%	61.5%	*	*	*	*	87.1%	87.5%	78.6%	*
YOUR MANAGERS	q9b	Immediate manager gives clear feedback on my work	67.3%	*	72.7%	18.2%	92.3%	53.8%	66.7%	*	*	*	*	80.6%	93.8%	78.6%	*
YOUR MANAGERS	q9c	Immediate manager asks for my opinion before making decisions that affect my work	58.4%	*	72.7%	9.1%	69.2%	38.5%	69.2%	*	*	*	*	74.2%	81.3%	71.4%	*
YOUR MANAGERS	q9d	Immediate manager takes a positive interest in my health & well-being	71.0%	*	81.8%	36.4%	76.9%	38.5%	53.8%	*	*	*	*	83.9%	93.8%	85.7%	*
YOUR MANAGERS	q9e	Immediate manager values my work	73.0%	*	81.8%	36.4%	84.6%	61.5%	58.3%	*	*	*	*	80.6%	93.8%	85.7%	*
YOUR MANAGERS	q9f	Immediate manager works with me to understand problems	69.9%	*	72.7%	54.5%	76.9%	53.8%	61.5%	*	*	*	*	77.4%	93.3%	78.6%	*
YOUR MANAGERS	q9g	Immediate manager listens to challenges I face	72.1%	*	81.8%	45.5%	76.9%	53.8%	53.8%	*	*	*	*	83.9%	87.5%	78.6%	*
YOUR MANAGERS	q9h	Immediate manager cares about my concerns	70.8%	*	72.7%	36.4%	84.6%	53.8%	53.8%	*	*	*	*	83.9%	93.8%	85.7%	*
YOUR MANAGERS	q9i	Immediate manager helps me with problems I face	67.1%	*	72.7%	18.2%	76.9%	53.8%	50.0%	*	*	*	*	74.2%	87.5%	85.7%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10b	Don't work any additional paid hours per week for this organisation, over and above contracted hours	66.6%	*	63.6%	45.5%	53.8%	50.0%	15.4%	*	*	*	*	54.8%	25.0%	50.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10c	Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	55.3%	*	45.5%	72.7%	38.5%	33.3%	69.2%	*	*	*	*	58.1%	62.5%	42.9%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11a	Organisation takes positive action on health and well-being	56.0%	*	45.5%	36.4%	53.8%	46.2%	61.5%	*	*	*	*	61.3%	43.8%	42.9%	*

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	71.4%	*	63.6%	63.6%	38.5%	61.5%	46.2%	*	*	*	*	48.4%	60.0%	78.6%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11c	In last 12 months, have not felt unwell due to work related stress	59.6%	*	63.6%	54.5%	30.8%	46.2%	69.2%	*	*	*	*	45.2%	56.3%	42.9%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11d	In last 3 months, have not come to work when not feeling well enough to perform duties	44.6%	*	54.5%	54.5%	46.2%	53.8%	38.5%	*	*	*	*	35.5%	43.8%	21.4%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11e	Not felt pressure from manager to come to work when not feeling well enough	80.2%	*	*	*	*	*	*	*	*	*	*	85.0%	*	90.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12a	Never/rarely find work emotionally exhausting	23.6%	*	9.1%	18.2%	15.4%	38.5%	30.8%	*	*	*	*	16.1%	12.5%	7.1%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12b	Never/rarely feel burnt out because of work	29.9%	*	18.2%	36.4%	7.7%	38.5%	23.1%	*	*	*	*	19.4%	18.8%	21.4%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12c	Never/rarely frustrated by work	20.2%	*	27.3%	9.1%	15.4%	15.4%	38.5%	*	*	*	*	32.3%	18.8%	7.1%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12d	Never/rarely exhausted by the thought of another day/shift at work	35.7%	*	45.5%	36.4%	38.5%	53.8%	46.2%	*	*	*	*	25.8%	37.5%	7.1%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12e	Never/rarely worn out at the end of work	19.4%	*	9.1%	9.1%	15.4%	23.1%	23.1%	*	*	*	*	22.6%	25.0%	0.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12f	Never/rarely feel every working hour is tiring	51.1%	*	63.6%	36.4%	53.8%	53.8%	61.5%	*	*	*	*	54.8%	43.8%	28.6%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12g	Never/rarely lack energy for family and friends	35.8%	*	45.5%	27.3%	15.4%	46.2%	53.8%	*	*	*	*	41.9%	31.3%	7.1%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public	84.7%	*	90.9%	63.6%	84.6%	100.0%	100.0%	*	*	*	*	61.3%	37.5%	35.7%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13b	Not experienced physical violence from managers	99.3%	*	100.0%	100.0%	100.0%	100.0%	100.0%	*	*	*	*	100.0%	100.0%	100.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13c	Not experienced physical violence from other colleagues	98.4%	*	100.0%	100.0%	100.0%	100.0%	100.0%	*	*	*	*	100.0%	100.0%	100.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13d	Last experience of physical violence reported	72.5%	*	*	*	*	*	*	*	*	*	*	70.0%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	77.8%	*	63.6%	80.0%	84.6%	100.0%	92.3%	*	*	*	*	61.3%	75.0%	28.6%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14b	Not experienced harassment, bullying or abuse from managers	92.0%	*	70.0%	90.9%	84.6%	76.9%	100.0%	*	*	*	*	96.8%	93.8%	92.9%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14c	Not experienced harassment, bullying or abuse from other colleagues	82.0%	*	81.8%	54.5%	66.7%	69.2%	76.9%	*	*	*	*	86.2%	86.7%	71.4%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14d	Last experience of harassment/bullying/abuse reported	52.6%	*	*	*	*	*	*	*	*	*	*	66.7%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q15	Organisation acts fairly: career progression	57.4%	*	45.5%	72.7%	69.2%	53.8%	30.8%	*	*	*	*	56.7%	62.5%	57.1%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public	93.2%	*	81.8%	100.0%	100.0%	100.0%	92.3%	*	*	*	*	83.9%	68.8%	78.6%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16b	Not experienced discrimination from manager/team leader or other colleagues	91.9%	*	72.7%	60.0%	69.2%	100.0%	81.8%	*	*	*	*	93.1%	93.3%	92.9%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	91.7%	*	100.0%	72.7%	100.0%	100.0%	100.0%	*	*	*	*	77.4%	81.3%	71.4%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	95.9%	*	100.0%	90.9%	92.3%	92.3%	92.3%	*	*	*	*	96.8%	100.0%	100.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q18	Not seen any errors/near misses/incidents that could have hurt staff/patients/service users	63.8%	*	54.5%	63.6%	61.5%	61.5%	41.7%	*	*	*	*	54.8%	86.7%	46.2%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19a	Staff involved in an error/near miss/incident treated fairly	56.8%	*	*	*	58.3%	58.3%	60.0%	*	*	*	*	54.2%	69.2%	40.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19b	Encouraged to report errors/near misses/incidents	86.0%	*	63.6%	90.9%	100.0%	76.9%	100.0%	*	*	*	*	86.2%	93.3%	100.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19c	Organisation ensure errors/near misses/incidents do not repeat	66.8%	*	60.0%	*	83.3%	46.2%	90.9%	*	*	*	*	72.4%	85.7%	84.6%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19d	Feedback given on changes made following errors/near misses/incidents	61.5%	*	54.5%	45.5%	72.7%	41.7%	83.3%	*	*	*	*	74.1%	85.7%	71.4%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20a	Would feel secure raising concerns about unsafe clinical practice	70.1%	*	63.6%	45.5%	69.2%	69.2%	76.9%	*	*	*	*	83.9%	68.8%	78.6%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20b	Would feel confident that organisation would address concerns about unsafe clinical practice	53.2%	*	54.5%	36.4%	46.2%	30.8%	46.2%	*	*	*	*	71.0%	56.3%	64.3%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q21	Feel organisation respects individual differences	69.4%	*	45.5%	54.5%	84.6%	69.2%	76.9%	*	*	*	*	74.2%	81.3%	85.7%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q22	I can eat nutritious and affordable food at work	56.7%	*	72.7%	72.7%	38.5%	69.2%	46.2%	*	*	*	*	64.5%	43.8%	21.4%	*
YOUR PERSONAL DEVELOPMENT	q23a	Received appraisal in the past 12 months	87.3%	*	81.8%	100.0%	84.6%	92.3%	100.0%	*	*	*	*	90.0%	100.0%	92.9%	*
YOUR PERSONAL DEVELOPMENT	q23b	Appraisal helped me improve how I do my job	24.7%	*	*	9.1%	27.3%	16.7%	36.4%	*	*	*	*	44.4%	37.5%	38.5%	*
YOUR PERSONAL DEVELOPMENT	q23c	Appraisal helped me agree clear objectives for my work	31.7%	*	*	18.2%	45.5%	8.3%	36.4%	*	*	*	*	46.2%	43.8%	53.8%	*
YOUR PERSONAL DEVELOPMENT	q23d	Appraisal left me feeling organisation values my work	35.3%	*	*	18.2%	54.5%	25.0%	27.3%	*	*	*	*	51.9%	43.8%	53.8%	*
YOUR PERSONAL DEVELOPMENT	q24a	Organisation offers me challenging work	68.9%	*	63.6%	45.5%	84.6%	84.6%	50.0%	*	*	*	*	54.8%	75.0%	78.6%	*
YOUR PERSONAL DEVELOPMENT	q24b	There are opportunities for me to develop my career in this organisation	48.8%	*	45.5%	27.3%	76.9%	61.5%	7.7%	*	*	*	*	54.8%	50.0%	78.6%	*
YOUR PERSONAL DEVELOPMENT	q24c	Have opportunities to improve my knowledge and skills	67.4%	*	63.6%	45.5%	76.9%	69.2%	38.5%	*	*	*	*	76.7%	75.0%	85.7%	*
YOUR PERSONAL DEVELOPMENT	q24d	Feel supported to develop my potential	55.3%	*	63.6%	36.4%	76.9%	46.2%	38.5%	*	*	*	*	61.3%	81.3%	78.6%	*
YOUR PERSONAL DEVELOPMENT	q24e	Able to access the right learning and development opportunities when I need to	57.8%	*	45.5%	63.6%	84.6%	69.2%	38.5%	*	*	*	*	74.2%	68.8%	78.6%	*
YOUR PERSONAL DEVELOPMENT	q24f	Able to access clinical supervision opportunities	52.9%	*	*	*	60.0%	50.0%	38.5%	*	*	*	*	51.6%	75.0%	69.2%	*
YOUR ORGANISATION	q25a	Care of patients/service users is organisation's top priority	66.0%	*	54.5%	81.8%	61.5%	50.0%	69.2%	*	*	*	*	67.7%	56.3%	57.1%	*
YOUR ORGANISATION	q25b	Organisation acts on concerns raised by patients/service users	63.0%	*	54.5%	63.6%	46.2%	33.3%	69.2%	*	*	*	*	64.5%	68.8%	85.7%	*
YOUR ORGANISATION	q25c	Would recommend organisation as place to work	49.4%	*	36.4%	36.4%	61.5%	50.0%	53.8%	*	*	*	*	48.4%	37.5%	53.8%	*
YOUR ORGANISATION	q25d	If friend/relative needed treatment would be happy with standard of care provided by organisation	51.9%	*	54.5%	45.5%	61.5%	58.3%	61.5%	*	*	*	*	51.6%	43.8%	71.4%	*
YOUR ORGANISATION	q25e	Feel safe to speak up about anything that concerns me in this organisation	58.5%	*	72.7%	27.3%	53.8%	50.0%	53.8%	*	*	*	*	61.3%	50.0%	50.0%	*
YOUR ORGANISATION	q25f	Feel organisation would address any concerns I raised	44.2%	*	45.5%	27.3%	16.7%	16.7%	46.2%	*	*	*	*	51.6%	50.0%	57.1%	*
YOUR ORGANISATION	q26a	I don't often think about leaving this organisation	40.9%	*	27.3%	27.3%	30.8%	41.7%	46.2%	*	*	*	*	51.6%	37.5%	28.6%	*
YOUR ORGANISATION	q26b	I am unlikely to look for a job at a new organisation in the next 12 months	49.1%	*	63.6%	36.4%	53.8%	41.7%	46.2%	*	*	*	*	54.8%	37.5%	50.0%	*
YOUR ORGANISATION	q26c	I am not planning on leaving this organisation	53.9%	*	72.7%	63.6%	53.8%	33.3%	46.2%	*	*	*	*	58.1%	53.3%	57.1%	*
BACKGROUND INFORMATION	q31b	Disability: organisation made reasonable adjustment(s) to enable me to carry out work	79.1%	*	*	*	*	*	*	*	*	*	*	90.9%	*	*	*

Picker

ancashire Teaching Hospitals NHS Foundation Trust
SS24 RAG report - RAG Table Report
reakdown: Locality 4
uppression Threshold: 10

Set RAG % point difference: 3

Key:
100.0%
>3 ppt above
<3 ppt below
In between

Locality 4

Section	Q	Description	Comparator (Organisation Overall)	438 05 Cardio-Respiratory (RPH) (T35421)	438 05 Cardiology Medical (T35419)	438 05 Cardiology Ward 18 (RPH) (T35407)	438 05 Catheterisation Suite (RPH)	438 05 Coronary Care Unit (CCU) (CDH) (T35423)	438 05 Coronary Care Unit (CCU) (RPH) (T35420)	438 05 Cuerden Ward (CDH) (T35583)	438 05 Diabetes Medical (T35418)	438 05 Elderly Medical (T35426)	438 05 Elderly Rookwood A (CDH) (T35435)	438 05 Elderly Rookwood B (CDH) (T35434)	438 05 Elderly Specialist Nurses (T35466)	438 05 Elderly Ward 17 (RPH) (T35753)	438 05 Endoscopy Admin (T35538)
			n = 3996	n = 11	n = 2	n = 7	n = 3	n = 8	n = 8	n = 21	n = 2	n = 7	n = 16	n = 11	n = 4	n = 6	n = 11
YOUR JOB	q2a	Often/always look forward to going to work	51.5%	54.5%	*	*	*	*	*	47.6%	*	*	31.3%	*	*	*	54.5%
YOUR JOB	q2b	Often/always enthusiastic about my job	67.2%	81.8%	*	*	*	*	*	71.4%	*	*	62.5%	72.7%	*	*	72.7%
YOUR JOB	q2c	Time often/always passes quickly when I am working	73.2%	72.7%	*	*	*	*	*	81.0%	*	*	62.5%	*	*	*	72.7%
YOUR JOB	q3a	Always know what work responsibilities are	88.2%	90.9%	*	*	*	*	*	81.0%	*	*	87.5%	81.8%	*	*	100.0%
YOUR JOB	q3b	Feel trusted to do my job	90.6%	100.0%	*	*	*	*	*	90.5%	*	*	87.5%	90.9%	*	*	90.9%
YOUR JOB	q3c	Opportunities to show initiative frequently in my role	73.9%	81.8%	*	*	*	*	*	66.7%	*	*	75.0%	90.9%	*	*	72.7%
YOUR JOB	q3d	Able to make suggestions to improve the work of my team/dept	73.1%	72.7%	*	*	*	*	*	71.4%	*	*	81.3%	100.0%	*	*	90.9%
YOUR JOB	q3e	Involved in deciding changes that affect work	52.4%	72.7%	*	*	*	*	*	42.9%	*	*	56.3%	90.9%	*	*	54.5%
YOUR JOB	q3f	Able to make improvements happen in my area of work	54.6%	72.7%	*	*	*	*	*	47.6%	*	*	50.0%	81.8%	*	*	54.5%
YOUR JOB	q3g	Able to meet conflicting demands on my time at work	44.7%	54.5%	*	*	*	*	*	33.3%	*	*	25.0%	9.1%	*	*	54.5%
YOUR JOB	q3h	Have adequate materials, supplies and equipment to do my work	46.3%	54.5%	*	*	*	*	*	42.9%	*	*	56.3%	27.3%	*	*	54.5%
YOUR JOB	q3i	Enough staff at organisation to do my job properly	27.2%	54.5%	*	*	*	*	*	9.5%	*	*	6.3%	9.1%	*	*	18.2%
YOUR JOB	q4a	Satisfied with recognition for good work	55.4%	63.6%	*	*	*	*	*	38.1%	*	*	31.3%	63.6%	*	*	45.5%
YOUR JOB	q4b	Satisfied with extent organisation values my work	42.3%	45.5%	*	*	*	*	*	19.0%	*	*	25.0%	54.5%	*	*	36.4%
YOUR JOB	q4c	Satisfied with level of pay	30.4%	27.3%	*	*	*	*	*	14.3%	*	*	12.5%	27.3%	*	*	27.3%
YOUR JOB	q4d	Satisfied with opportunities for flexible working patterns	56.2%	45.5%	*	*	*	*	*	33.3%	*	*	43.8%	54.5%	*	*	72.7%
YOUR JOB	q5a	Have realistic time pressures	25.7%	36.4%	*	*	*	*	*	15.0%	*	*	0.0%	9.1%	*	*	0.0%
YOUR JOB	q5b	Have a choice in deciding how to do my work	52.9%	54.5%	*	*	*	*	*	50.0%	*	*	25.0%	54.5%	*	*	54.5%
YOUR JOB	q5c	Relationships at work are unstrained	44.7%	63.6%	*	*	*	*	*	21.1%	*	*	18.8%	18.2%	*	*	45.5%
YOUR JOB	q6a	Feel my role makes a difference to patients/service users	87.7%	90.0%	*	*	*	*	*	100.0%	*	*	87.5%	100.0%	*	*	81.8%
YOUR JOB	q6b	Organisation is committed to helping balance work and home life	49.0%	54.5%	*	*	*	*	*	38.1%	*	*	50.0%	63.6%	*	*	72.7%
YOUR JOB	q6c	Achieve a good balance between work and home life	56.9%	54.5%	*	*	*	*	*	42.9%	*	*	37.5%	63.6%	*	*	72.7%
YOUR JOB	q6d	Can approach immediate manager to talk openly about flexible working	70.3%	63.6%	*	*	*	*	*	71.4%	*	*	43.8%	72.7%	*	*	81.8%
YOUR TEAM	q7a	Team members have a set of shared objectives	75.2%	72.7%	*	*	*	*	*	61.9%	*	*	62.5%	90.9%	*	*	63.6%
YOUR TEAM	q7b	Team members often meet to discuss the team's effectiveness	65.3%	72.7%	*	*	*	*	*	52.4%	*	*	87.5%	100.0%	*	*	63.6%
YOUR TEAM	q7c	Receive the respect I deserve from my colleagues at work	70.8%	54.5%	*	*	*	*	*	71.4%	*	*	56.3%	90.9%	*	*	54.5%
YOUR TEAM	q7d	Team members understand each other's roles	71.4%	72.7%	*	*	*	*	*	47.6%	*	*	56.3%	72.7%	*	*	72.7%
YOUR TEAM	q7e	Enjoy working with colleagues in team	80.3%	72.7%	*	*	*	*	*	90.5%	*	*	81.3%	72.7%	*	*	72.7%
YOUR TEAM	q7f	Team has enough freedom in how to do its work	57.8%	63.6%	*	*	*	*	*	38.1%	*	*	25.0%	54.5%	*	*	72.7%
YOUR TEAM	q7g	Team deals with disagreements constructively	55.2%	63.6%	*	*	*	*	*	42.9%	*	*	46.7%	90.9%	*	*	36.4%
YOUR TEAM	q7h	Feel valued by my team	71.0%	63.6%	*	*	*	*	*	85.7%	*	*	50.0%	81.8%	*	*	54.5%
YOUR TEAM	q7i	Feel a strong personal attachment to my team	64.2%	63.6%	*	*	*	*	*	81.0%	*	*	56.3%	72.7%	*	*	45.5%
PEOPLE IN YOUR ORGANISATION	q8a	Teams within the organisation work well together to achieve objectives	52.8%	63.6%	*	*	*	*	*	47.6%	*	*	37.5%	54.5%	*	*	63.6%
PEOPLE IN YOUR ORGANISATION	q8b	Colleagues are understanding and kind to one another	68.8%	63.6%	*	*	*	*	*	61.9%	*	*	50.0%	72.7%	*	*	72.7%
PEOPLE IN YOUR ORGANISATION	q8c	Colleagues are polite and treat each other with respect	69.7%	63.6%	*	*	*	*	*	61.9%	*	*	56.3%	72.7%	*	*	81.8%
PEOPLE IN YOUR ORGANISATION	q8d	Colleagues show appreciation to one another	66.2%	63.6%	*	*	*	*	*	71.4%	*	*	62.5%	72.7%	*	*	63.6%
YOUR MANAGERS	q9a	Immediate manager encourages me at work	73.1%	72.7%	*	*	*	*	*	66.7%	*	*	62.5%	81.8%	*	*	81.8%
YOUR MANAGERS	q9b	Immediate manager gives clear feedback on my work	67.3%	54.5%	*	*	*	*	*	47.6%	*	*	62.5%	72.7%	*	*	81.8%
YOUR MANAGERS	q9c	Immediate manager asks for my opinion before making decisions that affect my work	58.4%	54.5%	*	*	*	*	*	52.4%	*	*	43.8%	63.6%	*	*	81.8%
YOUR MANAGERS	q9d	Immediate manager takes a positive interest in my health & well-being	71.0%	54.5%	*	*	*	*	*	52.4%	*	*	43.8%	72.7%	*	*	81.8%
YOUR MANAGERS	q9e	Immediate manager values my work	73.0%	63.6%	*	*	*	*	*	71.4%	*	*	62.5%	72.7%	*	*	72.7%
YOUR MANAGERS	q9f	Immediate manager works with me to understand problems	69.9%	72.7%	*	*	*	*	*	57.1%	*	*	50.0%	72.7%	*	*	72.7%
YOUR MANAGERS	q9g	Immediate manager listens to challenges I face	72.1%	63.6%	*	*	*	*	*	66.7%	*	*	62.5%	72.7%	*	*	72.7%
YOUR MANAGERS	q9h	Immediate manager cares about my concerns	70.8%	72.7%	*	*	*	*	*	57.1%	*	*	62.5%	72.7%	*	*	72.7%
YOUR MANAGERS	q9i	Immediate manager helps me with problems I face	67.1%	63.6%	*	*	*	*	*	47.6%	*	*	37.5%	72.7%	*	*	90.9%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10b	Don't work any additional paid hours per week for this organisation, over and above contracted hours	66.6%	90.9%	*	*	*	*	*	40.0%	*	*	68.8%	54.5%	*	*	54.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10c	Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	55.3%	54.5%	*	*	*	*	*	38.1%	*	*	62.5%	60.0%	*	*	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11a	Organisation takes positive action on health and well-being	56.0%	63.6%	*	*	*	*	*	28.6%	*	*	50.0%	63.6%	*	*	81.8%

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	71.4%	45.5%	*	*	*	*	*	52.4%	*	*	43.8%	36.4%	*	*	63.6%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11c	In last 12 months, have not felt unwell due to work related stress	59.6%	54.5%	*	*	*	*	*	38.1%	*	*	25.0%	27.3%	*	*	63.6%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11d	In last 3 months, have not come to work when not feeling well enough to perform duties	44.6%	45.5%	*	*	*	*	*	23.8%	*	*	37.5%	18.2%	*	*	36.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11e	Not felt pressure from manager to come to work when not feeling well enough	80.2%	*	*	*	*	*	*	81.3%	*	*	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12a	Never/rarely find work emotionally exhausting	23.6%	36.4%	*	*	*	*	*	14.3%	*	*	0.0%	9.1%	*	*	45.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12b	Never/rarely feel burnt out because of work	29.9%	54.5%	*	*	*	*	*	14.3%	*	*	6.3%	0.0%	*	*	45.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12c	Never/rarely frustrated by work	20.2%	63.6%	*	*	*	*	*	14.3%	*	*	6.3%	9.1%	*	*	27.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12d	Never/rarely exhausted by the thought of another day/shift at work	35.7%	63.6%	*	*	*	*	*	19.0%	*	*	6.3%	9.1%	*	*	45.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12e	Never/rarely worn out at the end of work	19.4%	36.4%	*	*	*	*	*	9.5%	*	*	0.0%	9.1%	*	*	18.2%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12f	Never/rarely feel every working hour is tiring	51.1%	63.6%	*	*	*	*	*	25.0%	*	*	18.8%	9.1%	*	*	72.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12g	Never/rarely lack energy for family and friends	35.8%	54.5%	*	*	*	*	*	25.0%	*	*	25.0%	9.1%	*	*	45.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public	84.7%	100.0%	*	*	*	*	*	33.3%	*	*	18.8%	18.2%	*	*	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13b	Not experienced physical violence from managers	99.3%	100.0%	*	*	*	*	*	95.2%	*	*	100.0%	100.0%	*	*	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13c	Not experienced physical violence from other colleagues	98.4%	100.0%	*	*	*	*	*	90.5%	*	*	100.0%	100.0%	*	*	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13d	Last experience of physical violence reported	72.5%	*	*	*	*	*	*	100.0%	*	*	81.8%	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	77.8%	72.7%	*	*	*	*	*	55.0%	*	*	43.8%	45.5%	*	*	72.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14b	Not experienced harassment, bullying or abuse from managers	92.0%	90.0%	*	*	*	*	*	95.2%	*	*	85.7%	100.0%	*	*	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14c	Not experienced harassment, bullying or abuse from other colleagues	82.0%	72.7%	*	*	*	*	*	85.7%	*	*	80.0%	72.7%	*	*	90.9%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14d	Last experience of harassment/bullying/abuse reported	52.6%	*	*	*	*	*	*	*	*	*	60.0%	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q15	Organisation acts fairly: career progression	57.4%	72.7%	*	*	*	*	*	57.1%	*	*	18.8%	70.0%	*	*	72.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public	93.2%	80.0%	*	*	*	*	*	90.5%	*	*	75.0%	90.9%	*	*	90.9%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16b	Not experienced discrimination from manager/team leader or other colleagues	91.9%	72.7%	*	*	*	*	*	95.2%	*	*	81.3%	100.0%	*	*	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	91.7%	81.8%	*	*	*	*	*	61.9%	*	*	62.5%	72.7%	*	*	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	95.9%	90.9%	*	*	*	*	*	90.5%	*	*	100.0%	90.9%	*	*	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q18	Not seen any errors/near misses/incidents that could have hurt staff/patients/service users	63.8%	63.6%	*	*	*	*	*	28.6%	*	*	37.5%	18.2%	*	*	72.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19a	Staff involved in an error/near miss/incident treated fairly	56.8%	70.0%	*	*	*	*	*	52.9%	*	*	38.5%	50.0%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19b	Encouraged to report errors/near misses/incidents	86.0%	72.7%	*	*	*	*	*	85.7%	*	*	85.7%	100.0%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19c	Organisation ensure errors/near misses/incidents do not repeat	66.8%	72.7%	*	*	*	*	*	55.6%	*	*	57.1%	63.6%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19d	Feedback given on changes made following errors/near misses/incidents	61.5%	81.8%	*	*	*	*	*	47.1%	*	*	57.1%	63.6%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20a	Would feel secure raising concerns about unsafe clinical practice	70.1%	63.6%	*	*	*	*	*	85.0%	*	*	75.0%	90.9%	*	*	63.6%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20b	Would feel confident that organisation would address concerns about unsafe clinical practice	53.2%	54.5%	*	*	*	*	*	45.0%	*	*	40.0%	63.6%	*	*	72.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q21	Feel organisation respects individual differences	69.4%	54.5%	*	*	*	*	*	55.0%	*	*	56.3%	81.8%	*	*	72.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q22	I can eat nutritious and affordable food at work	56.7%	72.7%	*	*	*	*	*	45.0%	*	*	37.5%	45.5%	*	*	72.7%
YOUR PERSONAL DEVELOPMENT	q23a	Received appraisal in the past 12 months	87.3%	81.8%	*	*	*	*	*	85.7%	*	*	87.5%	90.9%	*	*	54.5%
YOUR PERSONAL DEVELOPMENT	q23b	Appraisal helped me improve how I do my job	24.7%	*	*	*	*	*	*	22.2%	*	*	28.6%	*	*	*	*
YOUR PERSONAL DEVELOPMENT	q23c	Appraisal helped me agree clear objectives for my work	31.7%	*	*	*	*	*	*	27.8%	*	*	35.7%	40.0%	*	*	*
YOUR PERSONAL DEVELOPMENT	q23d	Appraisal left me feeling organisation values my work	35.3%	*	*	*	*	*	*	33.3%	*	*	28.6%	50.0%	*	*	*
YOUR PERSONAL DEVELOPMENT	q24a	Organisation offers me challenging work	68.9%	72.7%	*	*	*	*	*	60.0%	*	*	60.0%	90.9%	*	*	36.4%
YOUR PERSONAL DEVELOPMENT	q24b	There are opportunities for me to develop my career in this organisation	48.8%	63.6%	*	*	*	*	*	40.0%	*	*	12.5%	63.6%	*	*	36.4%
YOUR PERSONAL DEVELOPMENT	q24c	Have opportunities to improve my knowledge and skills	67.4%	81.8%	*	*	*	*	*	55.0%	*	*	37.5%	81.8%	*	*	54.5%
YOUR PERSONAL DEVELOPMENT	q24d	Feel supported to develop my potential	55.3%	63.6%	*	*	*	*	*	55.0%	*	*	25.0%	72.7%	*	*	36.4%
YOUR PERSONAL DEVELOPMENT	q24e	Able to access the right learning and development opportunities when I need to	57.8%	81.8%	*	*	*	*	*	60.0%	*	*	43.8%	81.8%	*	*	63.6%
YOUR PERSONAL DEVELOPMENT	q24f	Able to access clinical supervision opportunities	52.9%	72.7%	*	*	*	*	*	52.9%	*	*	40.0%	54.5%	*	*	*
YOUR ORGANISATION	q25a	Care of patients/service users is organisation's top priority	66.0%	72.7%	*	*	*	*	*	47.6%	*	*	73.3%	63.6%	*	*	81.8%
YOUR ORGANISATION	q25b	Organisation acts on concerns raised by patients/service users	63.0%	63.6%	*	*	*	*	*	45.0%	*	*	80.0%	72.7%	*	*	81.8%
YOUR ORGANISATION	q25c	Would recommend organisation as place to work	49.4%	63.6%	*	*	*	*	*	33.3%	*	*	46.7%	54.5%	*	*	54.5%
YOUR ORGANISATION	q25d	If friend/relative needed treatment would be happy with standard of care provided by organisation	51.9%	54.5%	*	*	*	*	*	33.3%	*	*	46.7%	72.7%	*	*	72.7%
YOUR ORGANISATION	q25e	Feel safe to speak up about anything that concerns me in this organisation	58.5%	63.6%	*	*	*	*	*	57.1%	*	*	46.7%	81.8%	*	*	72.7%
YOUR ORGANISATION	q25f	Feel organisation would address any concerns I raised	44.2%	63.6%	*	*	*	*	*	33.3%	*	*	46.7%	81.8%	*	*	81.8%
YOUR ORGANISATION	q26a	I don't often think about leaving this organisation	40.9%	63.6%	*	*	*	*	*	28.6%	*	*	20.0%	45.5%	*	*	36.4%
YOUR ORGANISATION	q26b	I am unlikely to look for a job at a new organisation in the next 12 months	49.1%	63.6%	*	*	*	*	*	38.1%	*	*	26.7%	54.5%	*	*	45.5%
YOUR ORGANISATION	q26c	I am not planning on leaving this organisation	53.9%	63.6%	*	*	*	*	*	33.3%	*	*	40.0%	63.6%	*	*	54.5%
BACKGROUND INFORMATION	q31b	Disability: organisation made reasonable adjustment(s) to enable me to carry out work	79.1%	*	*	*	*	*	*	*	*	*	*	*	*	*	*

Picker

ancashire Teaching Hospitals NHS Foundation Trust
SS24 RAG report - RAG Table Report
reakdown: Locality 4
uppression Threshold: 10

Set RAG % point difference: 3

Key:
100.0%
>3 ppt above
<3 ppt below
In between

Locality 4			Comparator (Organisation Overall)	438 05 Endoscopy Unit (CDH) (T35439)	438 05 Endoscopy Unit (RPH) (T35412)	438 05 Enhanced High Care Unit (EHCU) (Ward 20	438 05 Escalation Ward 5 (RPH) (T35569)	438 05 Gastroenterology Medical (T35443)	438 05 Gastroenterology Ward 24 (T35450)	438 05 Hazelwood Ward (CDH) (T35438)	438 05 Immunology Main Dept (T36222)	438 05 Medicine Divisional Management Team	438 05 Respiratory Medical (T35441)	438 05 Respiratory Medical Secretaries (RPH) (T35478)	438 05 Respiratory Specialist Nurses (T35459)	438 05 Respiratory Ward 23 (T35449)	438 05 Stroke Medical (T35518)
Section	Q	Description	n = 3996	n = 6	n = 22	n = 7	n = 6	n = 3	n = 12	n = 18	n = 15	n = 26	n = 3	n = 4	n = 3	n = 30	n = 4
YOUR JOB	q2a	Often/always look forward to going to work	51.5%	*	63.6%	*	*	*	50.0%	33.3%	40.0%	61.5%	*	*	*	76.7%	*
YOUR JOB	q2b	Often/always enthusiastic about my job	67.2%	*	81.0%	*	*	*	66.7%	61.1%	53.3%	73.1%	*	*	*	86.7%	*
YOUR JOB	q2c	Time often/always passes quickly when I am working	73.2%	*	76.2%	*	*	*	91.7%	77.8%	66.7%	76.9%	*	*	*	86.2%	*
YOUR JOB	q3a	Always know what work responsibilities are	88.2%	*	86.4%	*	*	*	100.0%	83.3%	86.7%	73.1%	*	*	*	96.7%	*
YOUR JOB	q3b	Feel trusted to do my job	90.6%	*	100.0%	*	*	*	91.7%	83.3%	100.0%	73.1%	*	*	*	96.7%	*
YOUR JOB	q3c	Opportunities to show initiative frequently in my role	73.9%	*	77.3%	*	*	*	83.3%	66.7%	86.7%	76.9%	*	*	*	89.7%	*
YOUR JOB	q3d	Able to make suggestions to improve the work of my team/dept	73.1%	*	77.3%	*	*	*	75.0%	66.7%	93.3%	84.6%	*	*	*	76.7%	*
YOUR JOB	q3e	Involved in deciding changes that affect work	52.4%	*	40.9%	*	*	*	41.7%	33.3%	53.3%	61.5%	*	*	*	60.0%	*
YOUR JOB	q3f	Able to make improvements happen in my area of work	54.6%	*	59.1%	*	*	*	66.7%	50.0%	46.7%	69.2%	*	*	*	60.0%	*
YOUR JOB	q3g	Able to meet conflicting demands on my time at work	44.7%	*	63.6%	*	*	*	25.0%	22.2%	20.0%	30.8%	*	*	*	56.7%	*
YOUR JOB	q3h	Have adequate materials, supplies and equipment to do my work	46.3%	*	45.5%	*	*	*	41.7%	11.1%	26.7%	34.6%	*	*	*	66.7%	*
YOUR JOB	q3i	Enough staff at organisation to do my job properly	27.2%	*	31.8%	*	*	*	0.0%	0.0%	13.3%	34.6%	*	*	*	10.0%	*
YOUR JOB	q4a	Satisfied with recognition for good work	55.4%	*	63.6%	*	*	*	58.3%	44.4%	73.3%	57.7%	*	*	*	58.6%	*
YOUR JOB	q4b	Satisfied with extent organisation values my work	42.3%	*	31.8%	*	*	*	50.0%	33.3%	60.0%	42.3%	*	*	*	50.0%	*
YOUR JOB	q4c	Satisfied with level of pay	30.4%	*	13.6%	*	*	*	16.7%	16.7%	20.0%	46.2%	*	*	*	20.0%	*
YOUR JOB	q4d	Satisfied with opportunities for flexible working patterns	56.2%	*	59.1%	*	*	*	50.0%	55.6%	80.0%	73.1%	*	*	*	53.3%	*
YOUR JOB	q5a	Have realistic time pressures	25.7%	*	31.8%	*	*	*	0.0%	16.7%	20.0%	19.2%	*	*	*	3.3%	*
YOUR JOB	q5b	Have a choice in deciding how to do my work	52.9%	*	36.4%	*	*	*	25.0%	33.3%	66.7%	65.4%	*	*	*	43.3%	*
YOUR JOB	q5c	Relationships at work are unstrained	44.7%	*	54.5%	*	*	*	8.3%	50.0%	40.0%	38.5%	*	*	*	40.0%	*
YOUR JOB	q6a	Feel my role makes a difference to patients/service users	87.7%	*	90.9%	*	*	*	75.0%	94.4%	86.7%	76.0%	*	*	*	96.7%	*
YOUR JOB	q6b	Organisation is committed to helping balance work and home life	49.0%	*	63.6%	*	*	*	58.3%	44.4%	60.0%	46.2%	*	*	*	70.0%	*
YOUR JOB	q6c	Achieve a good balance between work and home life	56.9%	*	54.5%	*	*	*	41.7%	61.1%	60.0%	61.5%	*	*	*	56.7%	*
YOUR JOB	q6d	Can approach immediate manager to talk openly about flexible working	70.3%	*	90.9%	*	*	*	58.3%	72.2%	86.7%	76.9%	*	*	*	80.0%	*
YOUR TEAM	q7a	Team members have a set of shared objectives	75.2%	*	81.8%	*	*	*	83.3%	55.6%	80.0%	65.4%	*	*	*	80.0%	*
YOUR TEAM	q7b	Team members often meet to discuss the team's effectiveness	65.3%	*	63.6%	*	*	*	58.3%	50.0%	80.0%	57.7%	*	*	*	66.7%	*
YOUR TEAM	q7c	Receive the respect I deserve from my colleagues at work	70.8%	*	71.4%	*	*	*	75.0%	61.1%	73.3%	76.9%	*	*	*	73.3%	*
YOUR TEAM	q7d	Team members understand each other's roles	71.4%	*	68.2%	*	*	*	58.3%	66.7%	93.3%	57.7%	*	*	*	73.3%	*
YOUR TEAM	q7e	Enjoy working with colleagues in team	80.3%	*	81.0%	*	*	*	66.7%	66.7%	93.3%	84.6%	*	*	*	82.8%	*
YOUR TEAM	q7f	Team has enough freedom in how to do its work	57.8%	*	40.9%	*	*	*	58.3%	27.8%	66.7%	73.1%	*	*	*	56.7%	*
YOUR TEAM	q7g	Team deals with disagreements constructively	55.2%	*	59.1%	*	*	*	66.7%	50.0%	46.7%	53.8%	*	*	*	73.3%	*
YOUR TEAM	q7h	Feel valued by my team	71.0%	*	72.7%	*	*	*	75.0%	66.7%	73.3%	65.4%	*	*	*	90.0%	*
YOUR TEAM	q7i	Feel a strong personal attachment to my team	64.2%	*	77.3%	*	*	*	58.3%	55.6%	60.0%	53.8%	*	*	*	80.0%	*
PEOPLE IN YOUR ORGANISATION	q8a	Teams within the organisation work well together to achieve objectives	52.8%	*	61.9%	*	*	*	66.7%	50.0%	66.7%	34.6%	*	*	*	70.0%	*
PEOPLE IN YOUR ORGANISATION	q8b	Colleagues are understanding and kind to one another	68.8%	*	71.4%	*	*	*	75.0%	77.8%	80.0%	69.2%	*	*	*	80.0%	*
PEOPLE IN YOUR ORGANISATION	q8c	Colleagues are polite and treat each other with respect	69.7%	*	61.9%	*	*	*	66.7%	72.2%	53.3%	65.4%	*	*	*	80.0%	*
PEOPLE IN YOUR ORGANISATION	q8d	Colleagues show appreciation to one another	66.2%	*	57.1%	*	*	*	75.0%	66.7%	46.7%	57.7%	*	*	*	80.0%	*
YOUR MANAGERS	q9a	Immediate manager encourages me at work	73.1%	*	81.0%	*	*	*	66.7%	77.8%	93.3%	69.2%	*	*	*	82.8%	*
YOUR MANAGERS	q9b	Immediate manager gives clear feedback on my work	67.3%	*	63.6%	*	*	*	41.7%	77.8%	73.3%	50.0%	*	*	*	80.0%	*
YOUR MANAGERS	q9c	Immediate manager asks for my opinion before making decisions that affect my work	58.4%	*	31.8%	*	*	*	50.0%	50.0%	60.0%	53.8%	*	*	*	63.3%	*
YOUR MANAGERS	q9d	Immediate manager takes a positive interest in my health & well-being	71.0%	*	81.8%	*	*	*	58.3%	77.8%	86.7%	73.1%	*	*	*	83.3%	*
YOUR MANAGERS	q9e	Immediate manager values my work	73.0%	*	81.8%	*	*	*	75.0%	76.5%	85.7%	73.1%	*	*	*	83.3%	*
YOUR MANAGERS	q9f	Immediate manager works with me to understand problems	69.9%	*	77.3%	*	*	*	50.0%	66.7%	86.7%	65.4%	*	*	*	80.0%	*
YOUR MANAGERS	q9g	Immediate manager listens to challenges I face	72.1%	*	86.4%	*	*	*	58.3%	72.2%	86.7%	61.5%	*	*	*	86.7%	*
YOUR MANAGERS	q9h	Immediate manager cares about my concerns	70.8%	*	86.4%	*	*	*	50.0%	72.2%	86.7%	69.2%	*	*	*	86.7%	*
YOUR MANAGERS	q9i	Immediate manager helps me with problems I face	67.1%	*	77.3%	*	*	*	41.7%	72.2%	78.6%	53.8%	*	*	*	80.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10b	Don't work any additional paid hours per week for this organisation, over and above contracted hours	66.6%	*	63.6%	*	*	*	75.0%	50.0%	60.0%	88.5%	*	*	*	16.7%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10c	Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	55.3%	*	68.2%	*	*	*	50.0%	66.7%	46.7%	23.1%	*	*	*	56.7%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11a	Organisation takes positive action on health and well-being	56.0%	*	68.2%	*	*	*	66.7%	61.1%	60.0%	57.7%	*	*	*	53.3%	*

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	71.4%	*	77.3%	*	*	*	50.0%	55.6%	86.7%	84.6%	*	*	*	33.3%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11c	In last 12 months, have not felt unwell due to work related stress	59.6%	*	59.1%	*	*	*	25.0%	33.3%	66.7%	57.7%	*	*	*	33.3%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11d	In last 3 months, have not come to work when not feeling well enough to perform duties	44.6%	*	45.5%	*	*	*	25.0%	22.2%	80.0%	38.5%	*	*	*	30.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11e	Not felt pressure from manager to come to work when not feeling well enough	80.2%	*	90.9%	*	*	*	*	85.7%	*	100.0%	*	*	*	90.5%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12a	Never/rarely find work emotionally exhausting	23.6%	*	13.6%	*	*	*	0.0%	27.8%	53.3%	26.9%	*	*	*	3.3%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12b	Never/rarely feel burnt out because of work	29.9%	*	18.2%	*	*	*	8.3%	22.2%	20.0%	26.9%	*	*	*	3.3%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12c	Never/rarely frustrated by work	20.2%	*	27.3%	*	*	*	8.3%	16.7%	40.0%	11.5%	*	*	*	6.7%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12d	Never/rarely exhausted by the thought of another day/shift at work	35.7%	*	31.8%	*	*	*	8.3%	11.1%	33.3%	34.6%	*	*	*	16.7%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12e	Never/rarely worn out at the end of work	19.4%	*	13.6%	*	*	*	0.0%	16.7%	13.3%	15.4%	*	*	*	10.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12f	Never/rarely feel every working hour is tiring	51.1%	*	40.9%	*	*	*	16.7%	44.4%	53.3%	53.8%	*	*	*	26.7%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12g	Never/rarely lack energy for family and friends	35.8%	*	27.3%	*	*	*	0.0%	16.7%	46.7%	46.2%	*	*	*	30.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public	84.7%	*	100.0%	*	*	*	33.3%	38.9%	100.0%	96.2%	*	*	*	33.3%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13b	Not experienced physical violence from managers	99.3%	*	100.0%	*	*	*	100.0%	94.4%	100.0%	100.0%	*	*	*	100.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13c	Not experienced physical violence from other colleagues	98.4%	*	95.2%	*	*	*	100.0%	88.9%	100.0%	100.0%	*	*	*	100.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13d	Last experience of physical violence reported	72.5%	*	*	*	*	*	*	*	*	*	*	*	*	76.5%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	77.8%	*	90.9%	*	*	*	41.7%	66.7%	100.0%	84.0%	*	*	*	66.7%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14b	Not experienced harassment, bullying or abuse from managers	92.0%	*	100.0%	*	*	*	90.9%	94.4%	100.0%	80.8%	*	*	*	100.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14c	Not experienced harassment, bullying or abuse from other colleagues	82.0%	*	95.2%	*	*	*	80.0%	61.1%	86.7%	76.0%	*	*	*	86.7%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14d	Last experience of harassment/bullying/abuse reported	52.6%	*	*	*	*	*	*	*	*	66.7%	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q15	Organisation acts fairly: career progression	57.4%	*	31.8%	*	*	*	83.3%	38.9%	80.0%	42.3%	*	*	*	71.4%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public	93.2%	*	95.2%	*	*	*	66.7%	83.3%	100.0%	100.0%	*	*	*	69.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16b	Not experienced discrimination from manager/team leader or other colleagues	91.9%	*	95.5%	*	*	*	72.7%	83.3%	100.0%	84.0%	*	*	*	85.7%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	91.7%	*	100.0%	*	*	*	66.7%	77.8%	100.0%	92.3%	*	*	*	82.8%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	95.9%	*	95.5%	*	*	*	100.0%	100.0%	100.0%	92.3%	*	*	*	100.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q18	Not seen any errors/near misses/incidents that could have hurt staff/patients/service users	63.8%	*	71.4%	*	*	*	50.0%	16.7%	80.0%	34.6%	*	*	*	73.3%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19a	Staff involved in an error/near miss/incident treated fairly	56.8%	*	66.7%	*	*	*	*	40.0%	85.7%	59.1%	*	*	*	60.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19b	Encouraged to report errors/near misses/incidents	86.0%	*	86.4%	*	*	*	100.0%	83.3%	93.3%	84.0%	*	*	*	82.8%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19c	Organisation ensure errors/near misses/incidents do not repeat	66.8%	*	75.0%	*	*	*	81.8%	55.6%	92.9%	64.0%	*	*	*	88.5%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19d	Feedback given on changes made following errors/near misses/incidents	61.5%	*	81.0%	*	*	*	54.5%	53.3%	78.6%	64.0%	*	*	*	77.8%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20a	Would feel secure raising concerns about unsafe clinical practice	70.1%	*	77.3%	*	*	*	75.0%	66.7%	86.7%	73.1%	*	*	*	83.3%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20b	Would feel confident that organisation would address concerns about unsafe clinical practice	53.2%	*	72.7%	*	*	*	58.3%	38.9%	80.0%	46.2%	*	*	*	76.7%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q21	Feel organisation respects individual differences	69.4%	*	72.7%	*	*	*	83.3%	61.1%	80.0%	69.2%	*	*	*	80.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q22	I can eat nutritious and affordable food at work	56.7%	*	36.4%	*	*	*	50.0%	23.5%	66.7%	46.2%	*	*	*	40.0%	*
YOUR PERSONAL DEVELOPMENT	q23a	Received appraisal in the past 12 months	87.3%	*	95.0%	*	*	*	90.9%	88.9%	93.3%	76.9%	*	*	*	96.7%	*
YOUR PERSONAL DEVELOPMENT	q23b	Appraisal helped me improve how I do my job	24.7%	*	36.8%	*	*	*	40.0%	31.3%	21.4%	25.0%	*	*	*	62.1%	*
YOUR PERSONAL DEVELOPMENT	q23c	Appraisal helped me agree clear objectives for my work	31.7%	*	52.6%	*	*	*	40.0%	37.5%	35.7%	30.0%	*	*	*	65.5%	*
YOUR PERSONAL DEVELOPMENT	q23d	Appraisal left me feeling organisation values my work	35.3%	*	47.4%	*	*	*	40.0%	31.3%	42.9%	25.0%	*	*	*	50.0%	*
YOUR PERSONAL DEVELOPMENT	q24a	Organisation offers me challenging work	68.9%	*	72.7%	*	*	*	75.0%	55.6%	86.7%	84.6%	*	*	*	70.0%	*
YOUR PERSONAL DEVELOPMENT	q24b	There are opportunities for me to develop my career in this organisation	48.8%	*	31.8%	*	*	*	66.7%	61.1%	60.0%	42.3%	*	*	*	63.3%	*
YOUR PERSONAL DEVELOPMENT	q24c	Have opportunities to improve my knowledge and skills	67.4%	*	54.5%	*	*	*	66.7%	66.7%	80.0%	69.2%	*	*	*	82.8%	*
YOUR PERSONAL DEVELOPMENT	q24d	Feel supported to develop my potential	55.3%	*	40.9%	*	*	*	58.3%	61.1%	66.7%	50.0%	*	*	*	66.7%	*
YOUR PERSONAL DEVELOPMENT	q24e	Able to access the right learning and development opportunities when I need to	57.8%	*	40.9%	*	*	*	66.7%	50.0%	53.3%	53.8%	*	*	*	73.3%	*
YOUR PERSONAL DEVELOPMENT	q24f	Able to access clinical supervision opportunities	52.9%	*	35.0%	*	*	*	66.7%	53.3%	54.5%	60.0%	*	*	*	75.0%	*
YOUR ORGANISATION	q25a	Care of patients/service users is organisation's top priority	66.0%	*	63.6%	*	*	*	75.0%	50.0%	93.3%	42.3%	*	*	*	79.3%	*
YOUR ORGANISATION	q25b	Organisation acts on concerns raised by patients/service users	63.0%	*	59.1%	*	*	*	91.7%	55.6%	86.7%	65.4%	*	*	*	79.3%	*
YOUR ORGANISATION	q25c	Would recommend organisation as place to work	49.4%	*	54.5%	*	*	*	50.0%	33.3%	60.0%	42.3%	*	*	*	69.0%	*
YOUR ORGANISATION	q25d	If friend/relative needed treatment would be happy with standard of care provided by organisation	51.9%	*	54.5%	*	*	*	50.0%	38.9%	80.0%	42.3%	*	*	*	62.1%	*
YOUR ORGANISATION	q25e	Feel safe to speak up about anything that concerns me in this organisation	58.5%	*	50.0%	*	*	*	66.7%	38.9%	73.3%	46.2%	*	*	*	56.7%	*
YOUR ORGANISATION	q25f	Feel organisation would address any concerns I raised	44.2%	*	36.4%	*	*	*	58.3%	35.3%	66.7%	34.6%	*	*	*	60.0%	*
YOUR ORGANISATION	q26a	I don't often think about leaving this organisation	40.9%	*	40.9%	*	*	*	33.3%	16.7%	40.0%	30.8%	*	*	*	50.0%	*
YOUR ORGANISATION	q26b	I am unlikely to look for a job at a new organisation in the next 12 months	49.1%	*	40.9%	*	*	*	66.7%	27.8%	60.0%	30.8%	*	*	*	66.7%	*
YOUR ORGANISATION	q26c	I am not planning on leaving this organisation	53.9%	*	45.5%	*	*	*	66.7%	33.3%	53.3%	46.2%	*	*	*	65.5%	*
BACKGROUND INFORMATION	q31b	Disability: organisation made reasonable adjustment(s) to enable me to carry out work	79.1%	*	*	*	*	*	*	*	*	*	*	*	*	*	*

Picker

ancashire Teaching Hospitals NHS Foundation Trust
SS24 RAG report - RAG Table Report
reakdown: Locality 4
uppression Threshold: 10

Set RAG % point difference: 3

Key:
100.0%
>3 ppt above
<3 ppt below
In between

Locality 4

Section	Q	Description	Comparator (Organisation Overall)	438 05 Stroke Specialist Nurses (T35465)	438 05 Stroke Ward 21 (RPH) (T35427)	438 06 Breast Specialist Nurses (T35015)	438 06 General Surgery Management	438 06 General Surgery Ward 12 (RPH) (T35006)	438 06 Rawcliffe Surgical Day Case Unit (CDH) (T35023)	438 06 Stoma Care Specialist Nurses (T35016)	438 06 Surgery Divisional Management Team	438 06 Surgical Assessment Unit (SAU) (RPH)	438 06 Surgical Enhanced Care Unit (SECU) (CDH)	438 06 Surgical Ward (CDH) (T35020)	438 06 Upper GI & Colorectal Admin (T35055)	438 06 Upper GI & Colorectal Surgery Medical (T35001)	438 06 Upper GI Ward 11 (RPH) (T35011)
			n = 3996	n = 5	n = 14	n = 8	n = 10	n = 15	n = 9	n = 3	n = 25	n = 23	n = 8	n = 15	n = 8	n = 5	n = 28
YOUR JOB	q2a	Often/always look forward to going to work	51.5%	*	50.0%	*	60.0%	66.7%	*	*	52.0%	21.7%	*	73.3%	*	*	74.1%
YOUR JOB	q2b	Often/always enthusiastic about my job	67.2%	*	78.6%	*	70.0%	66.7%	*	*	52.0%	52.2%	*	85.7%	*	*	85.7%
YOUR JOB	q2c	Time often/always passes quickly when I am working	73.2%	*	78.6%	*	80.0%	86.7%	*	*	84.0%	60.9%	*	71.4%	*	*	82.1%
YOUR JOB	q3a	Always know what work responsibilities are	88.2%	*	92.9%	*	80.0%	93.3%	*	*	76.0%	87.0%	*	86.7%	*	*	100.0%
YOUR JOB	q3b	Feel trusted to do my job	90.6%	*	92.9%	*	80.0%	93.3%	*	*	84.0%	87.0%	*	93.3%	*	*	96.4%
YOUR JOB	q3c	Opportunities to show initiative frequently in my role	73.9%	*	71.4%	*	70.0%	73.3%	*	*	80.0%	69.6%	*	86.7%	*	*	85.7%
YOUR JOB	q3d	Able to make suggestions to improve the work of my team/dept	73.1%	*	71.4%	*	100.0%	86.7%	*	*	80.0%	52.2%	*	93.3%	*	*	82.1%
YOUR JOB	q3e	Involved in deciding changes that affect work	52.4%	*	42.9%	*	60.0%	60.0%	*	*	56.0%	47.8%	*	66.7%	*	*	75.0%
YOUR JOB	q3f	Able to make improvements happen in my area of work	54.6%	*	57.1%	*	70.0%	53.3%	*	*	60.0%	43.5%	*	73.3%	*	*	78.6%
YOUR JOB	q3g	Able to meet conflicting demands on my time at work	44.7%	*	35.7%	*	40.0%	46.7%	*	*	40.0%	39.1%	*	73.3%	*	*	59.3%
YOUR JOB	q3h	Have adequate materials, supplies and equipment to do my work	46.3%	*	28.6%	*	60.0%	33.3%	*	*	36.0%	30.4%	*	86.7%	*	*	57.1%
YOUR JOB	q3i	Enough staff at organisation to do my job properly	27.2%	*	28.6%	*	30.0%	14.3%	*	*	24.0%	13.0%	*	46.7%	*	*	32.1%
YOUR JOB	q4a	Satisfied with recognition for good work	55.4%	*	38.5%	*	70.0%	66.7%	*	*	48.0%	26.1%	*	80.0%	*	*	64.3%
YOUR JOB	q4b	Satisfied with extent organisation values my work	42.3%	*	46.2%	*	60.0%	60.0%	*	*	40.0%	27.3%	*	73.3%	*	*	50.0%
YOUR JOB	q4c	Satisfied with level of pay	30.4%	*	30.8%	*	40.0%	20.0%	*	*	60.0%	17.4%	*	40.0%	*	*	21.4%
YOUR JOB	q4d	Satisfied with opportunities for flexible working patterns	56.2%	*	30.8%	*	100.0%	53.3%	*	*	56.0%	27.3%	*	53.3%	*	*	57.1%
YOUR JOB	q5a	Have realistic time pressures	25.7%	*	28.6%	*	20.0%	20.0%	*	*	12.0%	4.3%	*	46.7%	*	*	14.3%
YOUR JOB	q5b	Have a choice in deciding how to do my work	52.9%	*	42.9%	*	80.0%	53.3%	*	*	60.0%	26.1%	*	53.3%	*	*	35.7%
YOUR JOB	q5c	Relationships at work are unstrained	44.7%	*	35.7%	*	50.0%	46.7%	*	*	36.0%	34.8%	*	26.7%	*	*	21.4%
YOUR JOB	q6a	Feel my role makes a difference to patients/service users	87.7%	*	85.7%	*	90.0%	93.3%	*	*	79.2%	87.0%	*	100.0%	*	*	96.4%
YOUR JOB	q6b	Organisation is committed to helping balance work and home life	49.0%	*	57.1%	*	100.0%	53.3%	*	*	36.0%	30.4%	*	66.7%	*	*	50.0%
YOUR JOB	q6c	Achieve a good balance between work and home life	56.9%	*	50.0%	*	90.0%	53.3%	*	*	52.0%	34.8%	*	60.0%	*	*	75.0%
YOUR JOB	q6d	Can approach immediate manager to talk openly about flexible working	70.3%	*	64.3%	*	90.0%	80.0%	*	*	76.0%	47.8%	*	73.3%	*	*	82.1%
YOUR TEAM	q7a	Team members have a set of shared objectives	75.2%	*	64.3%	*	70.0%	100.0%	*	*	56.0%	78.3%	*	86.7%	*	*	75.0%
YOUR TEAM	q7b	Team members often meet to discuss the team's effectiveness	65.3%	*	64.3%	*	70.0%	93.3%	*	*	52.0%	60.9%	*	80.0%	*	*	70.4%
YOUR TEAM	q7c	Receive the respect I deserve from my colleagues at work	70.8%	*	71.4%	*	90.0%	80.0%	*	*	64.0%	52.2%	*	66.7%	*	*	64.3%
YOUR TEAM	q7d	Team members understand each other's roles	71.4%	*	71.4%	*	80.0%	80.0%	*	*	52.0%	65.2%	*	60.0%	*	*	67.9%
YOUR TEAM	q7e	Enjoy working with colleagues in team	80.3%	*	64.3%	*	80.0%	73.3%	*	*	84.0%	82.6%	*	80.0%	*	*	67.9%
YOUR TEAM	q7f	Team has enough freedom in how to do its work	57.8%	*	28.6%	*	80.0%	60.0%	*	*	48.0%	26.1%	*	73.3%	*	*	57.1%
YOUR TEAM	q7g	Team deals with disagreements constructively	55.2%	*	42.9%	*	70.0%	66.7%	*	*	68.0%	30.4%	*	60.0%	*	*	67.9%
YOUR TEAM	q7h	Feel valued by my team	71.0%	*	71.4%	*	80.0%	73.3%	*	*	72.0%	65.2%	*	80.0%	*	*	78.6%
YOUR TEAM	q7i	Feel a strong personal attachment to my team	64.2%	*	57.1%	*	70.0%	53.3%	*	*	68.0%	78.3%	*	80.0%	*	*	67.9%
PEOPLE IN YOUR ORGANISATION	q8a	Teams within the organisation work well together to achieve objectives	52.8%	*	57.1%	*	70.0%	73.3%	*	*	36.0%	52.2%	*	53.3%	*	*	60.7%
PEOPLE IN YOUR ORGANISATION	q8b	Colleagues are understanding and kind to one another	68.8%	*	64.3%	*	90.0%	66.7%	*	*	64.0%	78.3%	*	53.3%	*	*	71.4%
PEOPLE IN YOUR ORGANISATION	q8c	Colleagues are polite and treat each other with respect	69.7%	*	64.3%	*	90.0%	66.7%	*	*	60.0%	69.6%	*	53.3%	*	*	75.0%
PEOPLE IN YOUR ORGANISATION	q8d	Colleagues show appreciation to one another	66.2%	*	64.3%	*	90.0%	66.7%	*	*	52.0%	65.2%	*	66.7%	*	*	57.1%
YOUR MANAGERS	q9a	Immediate manager encourages me at work	73.1%	*	71.4%	*	100.0%	86.7%	*	*	72.0%	43.5%	*	80.0%	*	*	89.3%
YOUR MANAGERS	q9b	Immediate manager gives clear feedback on my work	67.3%	*	57.1%	*	80.0%	86.7%	*	*	68.0%	39.1%	*	80.0%	*	*	78.6%
YOUR MANAGERS	q9c	Immediate manager asks for my opinion before making decisions that affect my work	58.4%	*	57.1%	*	80.0%	60.0%	*	*	52.0%	34.8%	*	60.0%	*	*	60.7%
YOUR MANAGERS	q9d	Immediate manager takes a positive interest in my health & well-being	71.0%	*	64.3%	*	90.0%	86.7%	*	*	88.0%	60.9%	*	80.0%	*	*	82.1%
YOUR MANAGERS	q9e	Immediate manager values my work	73.0%	*	64.3%	*	90.0%	86.7%	*	*	83.3%	52.2%	*	80.0%	*	*	71.4%
YOUR MANAGERS	q9f	Immediate manager works with me to understand problems	69.9%	*	71.4%	*	90.0%	73.3%	*	*	80.0%	47.8%	*	66.7%	*	*	71.4%
YOUR MANAGERS	q9g	Immediate manager listens to challenges I face	72.1%	*	78.6%	*	90.0%	80.0%	*	*	79.2%	56.5%	*	80.0%	*	*	78.6%
YOUR MANAGERS	q9h	Immediate manager cares about my concerns	70.8%	*	64.3%	*	90.0%	73.3%	*	*	80.0%	52.2%	*	66.7%	*	*	82.1%
YOUR MANAGERS	q9i	Immediate manager helps me with problems I face	67.1%	*	71.4%	*	80.0%	73.3%	*	*	80.0%	47.8%	*	80.0%	*	*	71.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10b	Don't work any additional paid hours per week for this organisation, over and above contracted hours	66.6%	*	28.6%	*	90.0%	66.7%	*	*	88.0%	43.5%	*	64.3%	*	*	57.1%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10c	Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	55.3%	*	78.6%	*	60.0%	80.0%	*	*	20.0%	65.2%	*	66.7%	*	*	78.6%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11a	Organisation takes positive action on health and well-being	56.0%	*	64.3%	*	90.0%	66.7%	*	*	48.0%	39.1%	*	73.3%	*	*	53.6%

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	71.4%	*	64.3%	*	80.0%	60.0%	*	*	88.0%	47.8%	*	66.7%	*	*	60.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11c	In last 12 months, have not felt unwell due to work related stress	59.6%	*	57.1%	*	60.0%	40.0%	*	*	68.0%	39.1%	*	66.7%	*	*	50.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11d	In last 3 months, have not come to work when not feeling well enough to perform duties	44.6%	*	42.9%	*	60.0%	26.7%	*	*	44.0%	13.0%	*	53.3%	*	*	53.6%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11e	Not felt pressure from manager to come to work when not feeling well enough	80.2%	*	*	*	*	90.9%	*	*	92.9%	84.2%	*	*	*	*	84.6%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12a	Never/rarely find work emotionally exhausting	23.6%	*	35.7%	*	40.0%	26.7%	*	*	36.0%	4.3%	*	26.7%	*	*	17.9%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12b	Never/rarely feel burnt out because of work	29.9%	*	42.9%	*	60.0%	26.7%	*	*	40.0%	13.0%	*	40.0%	*	*	14.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12c	Never/rarely frustrated by work	20.2%	*	28.6%	*	30.0%	26.7%	*	*	12.0%	8.7%	*	26.7%	*	*	25.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12d	Never/rarely exhausted by the thought of another day/shift at work	35.7%	*	35.7%	*	60.0%	33.3%	*	*	44.0%	8.7%	*	26.7%	*	*	25.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12e	Never/rarely worn out at the end of work	19.4%	*	35.7%	*	50.0%	26.7%	*	*	24.0%	4.3%	*	13.3%	*	*	14.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12f	Never/rarely feel every working hour is tiring	51.1%	*	50.0%	*	60.0%	33.3%	*	*	52.0%	30.4%	*	42.9%	*	*	39.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12g	Never/rarely lack energy for family and friends	35.8%	*	28.6%	*	60.0%	26.7%	*	*	48.0%	30.4%	*	33.3%	*	*	32.1%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public	84.7%	*	57.1%	*	100.0%	53.3%	*	*	96.0%	56.5%	*	86.7%	*	*	85.2%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13b	Not experienced physical violence from managers	99.3%	*	100.0%	*	100.0%	100.0%	*	*	100.0%	100.0%	*	100.0%	*	*	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13c	Not experienced physical violence from other colleagues	98.4%	*	100.0%	*	*	93.3%	*	*	100.0%	90.9%	*	100.0%	*	*	96.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13d	Last experience of physical violence reported	72.5%	*	*	*	*	*	*	*	*	*	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	77.8%	*	64.3%	*	100.0%	60.0%	*	*	88.0%	39.1%	*	80.0%	*	*	89.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14b	Not experienced harassment, bullying or abuse from managers	92.0%	*	100.0%	*	100.0%	86.7%	*	*	87.5%	90.9%	*	93.3%	*	*	96.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14c	Not experienced harassment, bullying or abuse from other colleagues	82.0%	*	85.7%	*	100.0%	71.4%	*	*	80.0%	68.2%	*	73.3%	*	*	75.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14d	Last experience of harassment/bullying/abuse reported	52.6%	*	*	*	*	*	*	*	*	64.3%	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q15	Organisation acts fairly: career progression	57.4%	*	85.7%	*	70.0%	71.4%	*	*	72.0%	47.8%	*	60.0%	*	*	64.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public	93.2%	*	92.9%	*	100.0%	92.9%	*	*	100.0%	91.3%	*	86.7%	*	*	85.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16b	Not experienced discrimination from manager/team leader or other colleagues	91.9%	*	92.9%	*	100.0%	85.7%	*	*	100.0%	91.3%	*	92.9%	*	*	74.1%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	91.7%	*	85.7%	*	100.0%	73.3%	*	*	96.0%	87.0%	*	100.0%	*	*	96.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	95.9%	*	92.9%	*	100.0%	100.0%	*	*	76.0%	95.7%	*	93.3%	*	*	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q18	Not seen any errors/near misses/incidents that could have hurt staff/patients/service users	63.8%	*	57.1%	*	100.0%	66.7%	*	*	40.0%	54.5%	*	83.3%	*	*	64.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19a	Staff involved in an error/near miss/incident treated fairly	56.8%	*	60.0%	*	*	75.0%	*	*	75.0%	30.0%	*	69.2%	*	*	58.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19b	Encouraged to report errors/near misses/incidents	86.0%	*	85.7%	*	90.0%	80.0%	*	*	92.0%	90.9%	*	85.7%	*	*	92.6%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19c	Organisation ensure errors/near misses/incidents do not repeat	66.8%	*	78.6%	*	*	80.0%	*	*	80.0%	61.9%	*	78.6%	*	*	76.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19d	Feedback given on changes made following errors/near misses/incidents	61.5%	*	76.9%	*	*	71.4%	*	*	64.0%	45.5%	*	78.6%	*	*	76.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20a	Would feel secure raising concerns about unsafe clinical practice	70.1%	*	85.7%	*	50.0%	80.0%	*	*	88.0%	78.3%	*	60.0%	*	*	82.1%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20b	Would feel confident that organisation would address concerns about unsafe clinical practice	53.2%	*	71.4%	*	60.0%	66.7%	*	*	64.0%	30.4%	*	66.7%	*	*	64.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q21	Feel organisation respects individual differences	69.4%	*	78.6%	*	90.0%	66.7%	*	*	76.0%	47.8%	*	80.0%	*	*	75.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q22	I can eat nutritious and affordable food at work	56.7%	*	64.3%	*	70.0%	40.0%	*	*	48.0%	34.8%	*	73.3%	*	*	57.1%
YOUR PERSONAL DEVELOPMENT	q23a	Received appraisal in the past 12 months	87.3%	*	78.6%	*	90.0%	86.7%	*	*	88.0%	78.3%	*	100.0%	*	*	67.9%
YOUR PERSONAL DEVELOPMENT	q23b	Appraisal helped me improve how I do my job	24.7%	*	36.4%	*	*	46.2%	*	*	22.7%	16.7%	*	33.3%	*	*	52.6%
YOUR PERSONAL DEVELOPMENT	q23c	Appraisal helped me agree clear objectives for my work	31.7%	*	27.3%	*	*	46.2%	*	*	22.7%	16.7%	*	33.3%	*	*	57.9%
YOUR PERSONAL DEVELOPMENT	q23d	Appraisal left me feeling organisation values my work	35.3%	*	45.5%	*	*	61.5%	*	*	36.4%	22.2%	*	46.7%	*	*	47.4%
YOUR PERSONAL DEVELOPMENT	q24a	Organisation offers me challenging work	68.9%	*	71.4%	*	90.0%	46.7%	*	*	84.0%	65.2%	*	53.3%	*	*	64.3%
YOUR PERSONAL DEVELOPMENT	q24b	There are opportunities for me to develop my career in this organisation	48.8%	*	71.4%	*	50.0%	46.7%	*	*	72.0%	30.4%	*	60.0%	*	*	60.7%
YOUR PERSONAL DEVELOPMENT	q24c	Have opportunities to improve my knowledge and skills	67.4%	*	78.6%	*	70.0%	80.0%	*	*	80.0%	56.5%	*	73.3%	*	*	78.6%
YOUR PERSONAL DEVELOPMENT	q24d	Feel supported to develop my potential	55.3%	*	71.4%	*	70.0%	66.7%	*	*	68.0%	34.8%	*	57.1%	*	*	75.0%
YOUR PERSONAL DEVELOPMENT	q24e	Able to access the right learning and development opportunities when I need to	57.8%	*	78.6%	*	80.0%	80.0%	*	*	56.0%	47.8%	*	86.7%	*	*	82.1%
YOUR PERSONAL DEVELOPMENT	q24f	Able to access clinical supervision opportunities	52.9%	*	61.5%	*	*	80.0%	*	*	56.3%	45.5%	*	57.1%	*	*	77.8%
YOUR ORGANISATION	q25a	Care of patients/service users is organisation's top priority	66.0%	*	57.1%	*	50.0%	66.7%	*	*	56.0%	52.2%	*	80.0%	*	*	82.1%
YOUR ORGANISATION	q25b	Organisation acts on concerns raised by patients/service users	63.0%	*	71.4%	*	70.0%	73.3%	*	*	60.0%	56.5%	*	80.0%	*	*	75.0%
YOUR ORGANISATION	q25c	Would recommend organisation as place to work	49.4%	*	71.4%	*	70.0%	66.7%	*	*	56.0%	26.1%	*	73.3%	*	*	64.3%
YOUR ORGANISATION	q25d	If friend/relative needed treatment would be happy with standard of care provided by organisation	51.9%	*	57.1%	*	80.0%	60.0%	*	*	48.0%	34.8%	*	66.7%	*	*	57.1%
YOUR ORGANISATION	q25e	Feel safe to speak up about anything that concerns me in this organisation	58.5%	*	71.4%	*	60.0%	60.0%	*	*	60.0%	52.2%	*	73.3%	*	*	64.3%
YOUR ORGANISATION	q25f	Feel organisation would address any concerns I raised	44.2%	*	57.1%	*	50.0%	46.7%	*	*	56.0%	21.7%	*	66.7%	*	*	64.3%
YOUR ORGANISATION	q26a	I don't often think about leaving this organisation	40.9%	*	50.0%	*	70.0%	46.7%	*	*	56.0%	17.4%	*	40.0%	*	*	39.3%
YOUR ORGANISATION	q26b	I am unlikely to look for a job at a new organisation in the next 12 months	49.1%	*	50.0%	*	70.0%	53.3%	*	*	60.0%	26.1%	*	40.0%	*	*	42.9%
YOUR ORGANISATION	q26c	I am not planning on leaving this organisation	53.9%	*	61.5%	*	70.0%	60.0%	*	*	72.0%	26.1%	*	40.0%	*	*	46.4%
BACKGROUND INFORMATION	q31b	Disability: organisation made reasonable adjustment(s) to enable me to carry out work	79.1%	*	*	*	*	*	*	*	*	*	*	*	*	*	*

Picker

ancashire Teaching Hospitals NHS Foundation Trust
SS24 RAG report - RAG Table Report
reakdown: Locality 4
uppression Threshold: 10

Set RAG % point difference: 3

Key:
100.0%
>3 ppt above
<3 ppt below
In between

Locality 4

Section	Q	Description	Comparator (Organisation Overall)	438 06 Urology Medical (T35050)	438 06 Urology Specialist Nurses (T35052)	438 06 Urology Ward 10 (RPH) (T35005)	438 06 Vascular Surgery Medical (T35030)	438 06 Vascular Ward 15 (T35031)	438 07 Bleasdale Ward (RPH) (T35446)	438 07 DCS Divisional Management Team	438 07 Neurology Management (T35763)	438 07 Neurology Medical (T35756)	438 07 Neurology Specialist Nurses (T35761)	438 07 Neurophysiology (RPH) (T35762)	438 07 Neurorehabilitation Unit (NRU) (T35759)	438 07 Neurosurgery Admin (T35765)	438 07 Neurosurgery High Care Unit (NHCU)
			n = 3996	n = 7	n = 5	n = 21	n = 2	n = 27	n = 5	n = 15	n = 12	n = 4	n = 13	n = 12	n = 7	n = 3	n = 16
YOUR JOB	q2a	Often/always look forward to going to work	51.5%	*	*	47.6%	*	40.7%	*	66.7%	16.7%	*	53.8%	25.0%	*	*	60.0%
YOUR JOB	q2b	Often/always enthusiastic about my job	67.2%	*	*	71.4%	*	59.3%	*	66.7%	41.7%	*	76.9%	36.4%	*	*	86.7%
YOUR JOB	q2c	Time often/always passes quickly when I am working	73.2%	*	*	81.0%	*	70.4%	*	93.3%	41.7%	*	92.3%	45.5%	*	*	80.0%
YOUR JOB	q3a	Always know what work responsibilities are	88.2%	*	*	95.2%	*	88.9%	*	93.3%	75.0%	*	100.0%	100.0%	*	*	100.0%
YOUR JOB	q3b	Feel trusted to do my job	90.6%	*	*	95.2%	*	100.0%	*	86.7%	75.0%	*	100.0%	100.0%	*	*	93.8%
YOUR JOB	q3c	Opportunities to show initiative frequently in my role	73.9%	*	*	81.0%	*	81.5%	*	93.3%	50.0%	*	92.3%	75.0%	*	*	81.3%
YOUR JOB	q3d	Able to make suggestions to improve the work of my team/dept	73.1%	*	*	61.9%	*	63.0%	*	93.3%	41.7%	*	92.3%	75.0%	*	*	56.3%
YOUR JOB	q3e	Involved in deciding changes that affect work	52.4%	*	*	66.7%	*	40.7%	*	93.3%	16.7%	*	69.2%	50.0%	*	*	43.8%
YOUR JOB	q3f	Able to make improvements happen in my area of work	54.6%	*	*	47.6%	*	48.1%	*	86.7%	16.7%	*	69.2%	50.0%	*	*	50.0%
YOUR JOB	q3g	Able to meet conflicting demands on my time at work	44.7%	*	*	42.9%	*	33.3%	*	13.3%	33.3%	*	53.8%	41.7%	*	*	43.8%
YOUR JOB	q3h	Have adequate materials, supplies and equipment to do my work	46.3%	*	*	23.8%	*	11.1%	*	53.3%	16.7%	*	61.5%	50.0%	*	*	37.5%
YOUR JOB	q3i	Enough staff at organisation to do my job properly	27.2%	*	*	28.6%	*	0.0%	*	13.3%	8.3%	*	38.5%	25.0%	*	*	12.5%
YOUR JOB	q4a	Satisfied with recognition for good work	55.4%	*	*	52.4%	*	40.7%	*	60.0%	33.3%	*	61.5%	33.3%	*	*	62.5%
YOUR JOB	q4b	Satisfied with extent organisation values my work	42.3%	*	*	33.3%	*	29.6%	*	60.0%	16.7%	*	46.2%	16.7%	*	*	37.5%
YOUR JOB	q4c	Satisfied with level of pay	30.4%	*	*	28.6%	*	3.7%	*	66.7%	8.3%	*	46.2%	8.3%	*	*	18.8%
YOUR JOB	q4d	Satisfied with opportunities for flexible working patterns	56.2%	*	*	35.0%	*	42.3%	*	53.3%	25.0%	*	69.2%	16.7%	*	*	75.0%
YOUR JOB	q5a	Have realistic time pressures	25.7%	*	*	14.3%	*	14.8%	*	0.0%	50.0%	*	30.8%	41.7%	*	*	31.3%
YOUR JOB	q5b	Have a choice in deciding how to do my work	52.9%	*	*	65.0%	*	29.6%	*	93.3%	58.3%	*	76.9%	66.7%	*	*	37.5%
YOUR JOB	q5c	Relationships at work are unstrained	44.7%	*	*	38.1%	*	25.9%	*	66.7%	33.3%	*	61.5%	16.7%	*	*	46.7%
YOUR JOB	q6a	Feel my role makes a difference to patients/service users	87.7%	*	*	90.5%	*	96.2%	*	100.0%	66.7%	*	92.3%	91.7%	*	*	87.5%
YOUR JOB	q6b	Organisation is committed to helping balance work and home life	49.0%	*	*	28.6%	*	33.3%	*	66.7%	16.7%	*	23.1%	33.3%	*	*	62.5%
YOUR JOB	q6c	Achieve a good balance between work and home life	56.9%	*	*	47.6%	*	33.3%	*	40.0%	33.3%	*	69.2%	33.3%	*	*	81.3%
YOUR JOB	q6d	Can approach immediate manager to talk openly about flexible working	70.3%	*	*	66.7%	*	63.0%	*	80.0%	50.0%	*	76.9%	58.3%	*	*	81.3%
YOUR TEAM	q7a	Team members have a set of shared objectives	75.2%	*	*	76.2%	*	63.0%	*	93.3%	41.7%	*	100.0%	75.0%	*	*	87.5%
YOUR TEAM	q7b	Team members often meet to discuss the team's effectiveness	65.3%	*	*	71.4%	*	63.0%	*	66.7%	50.0%	*	84.6%	58.3%	*	*	50.0%
YOUR TEAM	q7c	Receive the respect I deserve from my colleagues at work	70.8%	*	*	66.7%	*	40.7%	*	86.7%	58.3%	*	84.6%	41.7%	*	*	81.3%
YOUR TEAM	q7d	Team members understand each other's roles	71.4%	*	*	66.7%	*	55.6%	*	86.7%	66.7%	*	84.6%	83.3%	*	*	81.3%
YOUR TEAM	q7e	Enjoy working with colleagues in team	80.3%	*	*	71.4%	*	70.4%	*	86.7%	83.3%	*	92.3%	66.7%	*	*	93.8%
YOUR TEAM	q7f	Team has enough freedom in how to do its work	57.8%	*	*	71.4%	*	44.4%	*	73.3%	33.3%	*	84.6%	41.7%	*	*	50.0%
YOUR TEAM	q7g	Team deals with disagreements constructively	55.2%	*	*	61.9%	*	40.7%	*	66.7%	50.0%	*	76.9%	25.0%	*	*	68.8%
YOUR TEAM	q7h	Feel valued by my team	71.0%	*	*	76.2%	*	48.1%	*	80.0%	58.3%	*	92.3%	66.7%	*	*	81.3%
YOUR TEAM	q7i	Feel a strong personal attachment to my team	64.2%	*	*	66.7%	*	65.4%	*	80.0%	66.7%	*	92.3%	33.3%	*	*	68.8%
PEOPLE IN YOUR ORGANISATION	q8a	Teams within the organisation work well together to achieve objectives	52.8%	*	*	52.4%	*	44.4%	*	40.0%	16.7%	*	61.5%	33.3%	*	*	56.3%
PEOPLE IN YOUR ORGANISATION	q8b	Colleagues are understanding and kind to one another	68.8%	*	*	66.7%	*	51.9%	*	73.3%	58.3%	*	92.3%	41.7%	*	*	81.3%
PEOPLE IN YOUR ORGANISATION	q8c	Colleagues are polite and treat each other with respect	69.7%	*	*	61.9%	*	44.4%	*	80.0%	58.3%	*	92.3%	58.3%	*	*	75.0%
PEOPLE IN YOUR ORGANISATION	q8d	Colleagues show appreciation to one another	66.2%	*	*	66.7%	*	40.7%	*	86.7%	58.3%	*	84.6%	33.3%	*	*	93.8%
YOUR MANAGERS	q9a	Immediate manager encourages me at work	73.1%	*	*	90.5%	*	70.4%	*	93.3%	58.3%	*	53.8%	66.7%	*	*	93.8%
YOUR MANAGERS	q9b	Immediate manager gives clear feedback on my work	67.3%	*	*	71.4%	*	59.3%	*	86.7%	50.0%	*	50.0%	66.7%	*	*	87.5%
YOUR MANAGERS	q9c	Immediate manager asks for my opinion before making decisions that affect my work	58.4%	*	*	57.1%	*	48.1%	*	73.3%	50.0%	*	46.2%	75.0%	*	*	81.3%
YOUR MANAGERS	q9d	Immediate manager takes a positive interest in my health & well-being	71.0%	*	*	66.7%	*	59.3%	*	73.3%	66.7%	*	53.8%	83.3%	*	*	87.5%
YOUR MANAGERS	q9e	Immediate manager values my work	73.0%	*	*	81.0%	*	66.7%	*	73.3%	66.7%	*	53.8%	83.3%	*	*	93.8%
YOUR MANAGERS	q9f	Immediate manager works with me to understand problems	69.9%	*	*	57.1%	*	66.7%	*	86.7%	75.0%	*	46.2%	83.3%	*	*	87.5%
YOUR MANAGERS	q9g	Immediate manager listens to challenges I face	72.1%	*	*	76.2%	*	70.4%	*	80.0%	66.7%	*	61.5%	66.7%	*	*	93.8%
YOUR MANAGERS	q9h	Immediate manager cares about my concerns	70.8%	*	*	71.4%	*	70.4%	*	86.7%	66.7%	*	46.2%	66.7%	*	*	87.5%
YOUR MANAGERS	q9i	Immediate manager helps me with problems I face	67.1%	*	*	71.4%	*	51.9%	*	86.7%	75.0%	*	46.2%	58.3%	*	*	87.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10b	Don't work any additional paid hours per week for this organisation, over and above contracted hours	66.6%	*	*	47.6%	*	29.6%	*	73.3%	83.3%	*	76.9%	91.7%	*	*	62.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10c	Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	55.3%	*	*	57.1%	*	51.9%	*	6.7%	66.7%	*	61.5%	75.0%	*	*	81.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11a	Organisation takes positive action on health and well-being	56.0%	*	*	45.0%	*	42.3%	*	60.0%	16.7%	*	53.8%	41.7%	*	*	56.3%

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	71.4%	*	*	66.7%	*	51.9%	*	80.0%	83.3%	*	76.9%	75.0%	*	*	56.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11c	In last 12 months, have not felt unwell due to work related stress	59.6%	*	*	38.1%	*	34.6%	*	66.7%	58.3%	*	61.5%	50.0%	*	*	75.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11d	In last 3 months, have not come to work when not feeling well enough to perform duties	44.6%	*	*	28.6%	*	22.2%	*	40.0%	33.3%	*	53.8%	33.3%	*	*	50.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11e	Not felt pressure from manager to come to work when not feeling well enough	80.2%	*	*	57.1%	*	65.0%	*	*	*	*	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12a	Never/rarely find work emotionally exhausting	23.6%	*	*	0.0%	*	7.4%	*	6.7%	16.7%	*	30.8%	33.3%	*	*	6.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12b	Never/rarely feel burnt out because of work	29.9%	*	*	9.5%	*	3.7%	*	13.3%	16.7%	*	46.2%	25.0%	*	*	12.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12c	Never/rarely frustrated by work	20.2%	*	*	23.8%	*	18.5%	*	6.7%	0.0%	*	38.5%	16.7%	*	*	18.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12d	Never/rarely exhausted by the thought of another day/shift at work	35.7%	*	*	19.0%	*	11.1%	*	40.0%	25.0%	*	53.8%	25.0%	*	*	12.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12e	Never/rarely worn out at the end of work	19.4%	*	*	0.0%	*	3.7%	*	6.7%	8.3%	*	38.5%	16.7%	*	*	12.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12f	Never/rarely feel every working hour is tiring	51.1%	*	*	47.6%	*	25.9%	*	33.3%	25.0%	*	69.2%	66.7%	*	*	62.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12g	Never/rarely lack energy for family and friends	35.8%	*	*	28.6%	*	18.5%	*	26.7%	33.3%	*	46.2%	41.7%	*	*	43.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public	84.7%	*	*	47.6%	*	51.9%	*	100.0%	100.0%	*	92.3%	91.7%	*	*	20.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13b	Not experienced physical violence from managers	99.3%	*	*	95.2%	*	100.0%	*	100.0%	100.0%	*	100.0%	100.0%	*	*	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13c	Not experienced physical violence from other colleagues	98.4%	*	*	95.2%	*	92.0%	*	100.0%	100.0%	*	100.0%	100.0%	*	*	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13d	Last experience of physical violence reported	72.5%	*	*	*	*	*	*	*	*	*	*	*	*	*	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	77.8%	*	*	47.6%	*	40.7%	*	86.7%	75.0%	*	76.9%	66.7%	*	*	43.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14b	Not experienced harassment, bullying or abuse from managers	92.0%	*	*	85.7%	*	84.0%	*	78.6%	91.7%	*	100.0%	91.7%	*	*	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14c	Not experienced harassment, bullying or abuse from other colleagues	82.0%	*	*	76.2%	*	45.8%	*	73.3%	100.0%	*	92.3%	66.7%	*	*	93.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14d	Last experience of harassment/bullying/abuse reported	52.6%	*	*	27.3%	*	83.3%	*	*	*	*	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q15	Organisation acts fairly: career progression	57.4%	*	*	61.9%	*	55.6%	*	80.0%	50.0%	*	69.2%	41.7%	*	*	62.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public	93.2%	*	*	76.2%	*	73.1%	*	100.0%	91.7%	*	100.0%	100.0%	*	*	87.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16b	Not experienced discrimination from manager/team leader or other colleagues	91.9%	*	*	95.2%	*	77.8%	*	100.0%	100.0%	*	100.0%	100.0%	*	*	93.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	91.7%	*	*	76.2%	*	85.2%	*	100.0%	100.0%	*	92.3%	100.0%	*	*	81.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	95.9%	*	*	100.0%	*	88.9%	*	100.0%	100.0%	*	100.0%	100.0%	*	*	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q18	Not seen any errors/near misses/incidents that could have hurt staff/patients/service users	63.8%	*	*	52.4%	*	51.9%	*	35.7%	50.0%	*	76.9%	83.3%	*	*	50.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19a	Staff involved in an error/near miss/incident treated fairly	56.8%	*	*	40.0%	*	66.7%	*	78.6%	*	*	50.0%	*	*	*	83.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19b	Encouraged to report errors/near misses/incidents	86.0%	*	*	90.0%	*	88.9%	*	86.7%	50.0%	*	91.7%	91.7%	*	*	93.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19c	Organisation ensure errors/near misses/incidents do not repeat	66.8%	*	*	78.9%	*	84.6%	*	73.3%	50.0%	*	41.7%	50.0%	*	*	73.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19d	Feedback given on changes made following errors/near misses/incidents	61.5%	*	*	85.7%	*	51.9%	*	78.6%	50.0%	*	66.7%	36.4%	*	*	86.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20a	Would feel secure raising concerns about unsafe clinical practice	70.1%	*	*	81.0%	*	70.4%	*	93.3%	25.0%	*	76.9%	41.7%	*	*	87.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20b	Would feel confident that organisation would address concerns about unsafe clinical practice	53.2%	*	*	57.1%	*	51.9%	*	66.7%	33.3%	*	38.5%	33.3%	*	*	68.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q21	Feel organisation respects individual differences	69.4%	*	*	76.2%	*	66.7%	*	73.3%	33.3%	*	76.9%	58.3%	*	*	87.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q22	I can eat nutritious and affordable food at work	56.7%	*	*	38.1%	*	40.7%	*	46.7%	66.7%	*	46.2%	50.0%	*	*	18.8%
YOUR PERSONAL DEVELOPMENT	q23a	Received appraisal in the past 12 months	87.3%	*	*	95.2%	*	80.8%	*	93.3%	91.7%	*	100.0%	91.7%	*	*	93.8%
YOUR PERSONAL DEVELOPMENT	q23b	Appraisal helped me improve how I do my job	24.7%	*	*	15.0%	*	28.6%	*	28.6%	9.1%	*	7.7%	18.2%	*	*	46.7%
YOUR PERSONAL DEVELOPMENT	q23c	Appraisal helped me agree clear objectives for my work	31.7%	*	*	25.0%	*	14.3%	*	42.9%	9.1%	*	23.1%	27.3%	*	*	46.7%
YOUR PERSONAL DEVELOPMENT	q23d	Appraisal left me feeling organisation values my work	35.3%	*	*	45.0%	*	23.8%	*	57.1%	9.1%	*	23.1%	45.5%	*	*	46.7%
YOUR PERSONAL DEVELOPMENT	q24a	Organisation offers me challenging work	68.9%	*	*	61.9%	*	70.4%	*	93.3%	58.3%	*	76.9%	33.3%	*	*	93.8%
YOUR PERSONAL DEVELOPMENT	q24b	There are opportunities for me to develop my career in this organisation	48.8%	*	*	33.3%	*	44.4%	*	73.3%	58.3%	*	46.2%	33.3%	*	*	62.5%
YOUR PERSONAL DEVELOPMENT	q24c	Have opportunities to improve my knowledge and skills	67.4%	*	*	47.6%	*	59.3%	*	86.7%	41.7%	*	69.2%	50.0%	*	*	87.5%
YOUR PERSONAL DEVELOPMENT	q24d	Feel supported to develop my potential	55.3%	*	*	42.9%	*	53.8%	*	80.0%	33.3%	*	53.8%	33.3%	*	*	68.8%
YOUR PERSONAL DEVELOPMENT	q24e	Able to access the right learning and development opportunities when I need to	57.8%	*	*	42.9%	*	48.1%	*	66.7%	33.3%	*	53.8%	50.0%	*	*	75.0%
YOUR PERSONAL DEVELOPMENT	q24f	Able to access clinical supervision opportunities	52.9%	*	*	47.4%	*	46.2%	*	*	*	*	53.8%	*	*	*	81.3%
YOUR ORGANISATION	q25a	Care of patients/service users is organisation's top priority	66.0%	*	*	42.9%	*	81.5%	*	60.0%	25.0%	*	69.2%	50.0%	*	*	75.0%
YOUR ORGANISATION	q25b	Organisation acts on concerns raised by patients/service users	63.0%	*	*	57.1%	*	77.8%	*	80.0%	25.0%	*	53.8%	41.7%	*	*	75.0%
YOUR ORGANISATION	q25c	Would recommend organisation as place to work	49.4%	*	*	38.1%	*	48.1%	*	60.0%	8.3%	*	46.2%	16.7%	*	*	43.8%
YOUR ORGANISATION	q25d	If friend/relative needed treatment would be happy with standard of care provided by organisation	51.9%	*	*	42.9%	*	29.6%	*	46.7%	0.0%	*	53.8%	33.3%	*	*	50.0%
YOUR ORGANISATION	q25e	Feel safe to speak up about anything that concerns me in this organisation	58.5%	*	*	47.6%	*	50.0%	*	60.0%	25.0%	*	46.2%	58.3%	*	*	62.5%
YOUR ORGANISATION	q25f	Feel organisation would address any concerns I raised	44.2%	*	*	38.1%	*	55.6%	*	60.0%	16.7%	*	30.8%	33.3%	*	*	50.0%
YOUR ORGANISATION	q26a	I don't often think about leaving this organisation	40.9%	*	*	28.6%	*	29.6%	*	53.3%	25.0%	*	61.5%	33.3%	*	*	37.5%
YOUR ORGANISATION	q26b	I am unlikely to look for a job at a new organisation in the next 12 months	49.1%	*	*	42.9%	*	37.0%	*	66.7%	33.3%	*	69.2%	33.3%	*	*	50.0%
YOUR ORGANISATION	q26c	I am not planning on leaving this organisation	53.9%	*	*	52.4%	*	40.7%	*	66.7%	33.3%	*	69.2%	41.7%	*	*	50.0%
BACKGROUND INFORMATION	q31b	Disability: organisation made reasonable adjustment(s) to enable me to carry out work	79.1%	*	*	*	*	*	*	*	*	*	*	*	*	*	*

Picker

ancashire Teaching Hospitals NHS Foundation Trust
SS24 RAG report - RAG Table Report
reakdown: Locality 4
uppression Threshold: 10

Set RAG % point difference: 3

Key:
100.0%
>3 ppt above
<3 ppt below
In between

Locality 4

Section	Q	Description	Comparator (Organisation Overall)	438 07 Neurosurgery Medical (T35750)	438 07 Neurosurgery Specialist Nurses (T35755)	438 07 Neurosurgery Ward 2A (RPH) (T35751)	438 07 Neurosurgery Ward 2B (RPH) (T35752)	438 07 Neurosurgery Ward 2C (RPH) (T35758)	438 07 Waiting List Office (T37401)	438 08 Antenatal Clinic (T36009)	438 08 Delivery Suite (RPH) (T36011)	438 08 Gynaecology Outpatients (RPH) (T36018)	438 08 Gynaecology Specialist Nurses (RPH) (T36021)	438 08 Gynaecology Ward (RPH) (T36016)	438 08 Maternity Assessment Suite (MAS) (RPH) (T36023)	438 08 Maternity Continuity Teams (T36026)	438 08 Maternity Ward A (RPH) (T36007)
			n = 3996	n = 4	n = 4	n = 29	n = 18	n = 22	n = 5	n = 2	n = 10	n = 11	n = 13	n = 20	n = 5	n = 2	n = 3
YOUR JOB	q2a	Often/always look forward to going to work	51.5%	*	*	67.9%	76.5%	54.5%	*	*	10.0%	27.3%	69.2%	45.0%	*	*	*
YOUR JOB	q2b	Often/always enthusiastic about my job	67.2%	*	*	85.2%	76.5%	90.9%	*	*	50.0%	40.0%	69.2%	65.0%	*	*	*
YOUR JOB	q2c	Time often/always passes quickly when I am working	73.2%	*	*	74.1%	77.8%	95.5%	*	*	70.0%	30.0%	92.3%	95.0%	*	*	*
YOUR JOB	q3a	Always know what work responsibilities are	88.2%	*	*	92.9%	94.4%	100.0%	*	*	80.0%	81.8%	100.0%	100.0%	*	*	*
YOUR JOB	q3b	Feel trusted to do my job	90.6%	*	*	96.4%	94.4%	100.0%	*	*	70.0%	90.9%	100.0%	95.0%	*	*	*
YOUR JOB	q3c	Opportunities to show initiative frequently in my role	73.9%	*	*	85.7%	88.9%	77.3%	*	*	40.0%	63.6%	92.3%	80.0%	*	*	*
YOUR JOB	q3d	Able to make suggestions to improve the work of my team/dept	73.1%	*	*	82.1%	88.9%	72.7%	*	*	60.0%	72.7%	100.0%	90.0%	*	*	*
YOUR JOB	q3e	Involved in deciding changes that affect work	52.4%	*	*	57.1%	72.2%	59.1%	*	*	20.0%	36.4%	69.2%	45.0%	*	*	*
YOUR JOB	q3f	Able to make improvements happen in my area of work	54.6%	*	*	67.9%	66.7%	72.7%	*	*	30.0%	27.3%	61.5%	55.0%	*	*	*
YOUR JOB	q3g	Able to meet conflicting demands on my time at work	44.7%	*	*	57.1%	55.6%	59.1%	*	*	10.0%	45.5%	38.5%	21.1%	*	*	*
YOUR JOB	q3h	Have adequate materials, supplies and equipment to do my work	46.3%	*	*	75.0%	52.9%	50.0%	*	*	10.0%	54.5%	69.2%	50.0%	*	*	*
YOUR JOB	q3i	Enough staff at organisation to do my job properly	27.2%	*	*	28.6%	50.0%	18.2%	*	*	0.0%	18.2%	53.8%	15.0%	*	*	*
YOUR JOB	q4a	Satisfied with recognition for good work	55.4%	*	*	67.9%	66.7%	72.7%	*	*	20.0%	36.4%	76.9%	55.0%	*	*	*
YOUR JOB	q4b	Satisfied with extent organisation values my work	42.3%	*	*	67.9%	61.1%	52.4%	*	*	20.0%	18.2%	72.7%	45.0%	*	*	*
YOUR JOB	q4c	Satisfied with level of pay	30.4%	*	*	28.6%	27.8%	9.1%	*	*	10.0%	27.3%	50.0%	20.0%	*	*	*
YOUR JOB	q4d	Satisfied with opportunities for flexible working patterns	56.2%	*	*	57.1%	66.7%	68.2%	*	*	30.0%	27.3%	66.7%	35.0%	*	*	*
YOUR JOB	q5a	Have realistic time pressures	25.7%	*	*	11.1%	5.6%	27.3%	*	*	10.0%	18.2%	15.4%	0.0%	*	*	*
YOUR JOB	q5b	Have a choice in deciding how to do my work	52.9%	*	*	59.3%	66.7%	45.5%	*	*	40.0%	18.2%	84.6%	35.0%	*	*	*
YOUR JOB	q5c	Relationships at work are unstrained	44.7%	*	*	57.1%	44.4%	40.9%	*	*	0.0%	9.1%	30.8%	25.0%	*	*	*
YOUR JOB	q6a	Feel my role makes a difference to patients/service users	87.7%	*	*	92.9%	94.4%	95.5%	*	*	80.0%	90.9%	100.0%	100.0%	*	*	*
YOUR JOB	q6b	Organisation is committed to helping balance work and home life	49.0%	*	*	67.9%	66.7%	68.2%	*	*	30.0%	36.4%	53.8%	35.0%	*	*	*
YOUR JOB	q6c	Achieve a good balance between work and home life	56.9%	*	*	67.9%	66.7%	72.7%	*	*	50.0%	36.4%	61.5%	50.0%	*	*	*
YOUR JOB	q6d	Can approach immediate manager to talk openly about flexible working	70.3%	*	*	89.3%	83.3%	86.4%	*	*	40.0%	54.5%	69.2%	55.0%	*	*	*
YOUR TEAM	q7a	Team members have a set of shared objectives	75.2%	*	*	92.9%	100.0%	86.4%	*	*	50.0%	45.5%	92.3%	70.0%	*	*	*
YOUR TEAM	q7b	Team members often meet to discuss the team's effectiveness	65.3%	*	*	86.2%	83.3%	77.3%	*	*	40.0%	72.7%	76.9%	80.0%	*	*	*
YOUR TEAM	q7c	Receive the respect I deserve from my colleagues at work	70.8%	*	*	75.0%	77.8%	81.8%	*	*	70.0%	63.6%	84.6%	75.0%	*	*	*
YOUR TEAM	q7d	Team members understand each other's roles	71.4%	*	*	82.1%	83.3%	90.9%	*	*	*	45.5%	84.6%	75.0%	*	*	*
YOUR TEAM	q7e	Enjoy working with colleagues in team	80.3%	*	*	96.4%	83.3%	86.4%	*	*	80.0%	45.5%	92.3%	95.0%	*	*	*
YOUR TEAM	q7f	Team has enough freedom in how to do its work	57.8%	*	*	75.0%	66.7%	59.1%	*	*	20.0%	27.3%	61.5%	45.0%	*	*	*
YOUR TEAM	q7g	Team deals with disagreements constructively	55.2%	*	*	71.4%	77.8%	63.6%	*	*	30.0%	27.3%	61.5%	65.0%	*	*	*
YOUR TEAM	q7h	Feel valued by my team	71.0%	*	*	78.6%	83.3%	77.3%	*	*	70.0%	45.5%	84.6%	70.0%	*	*	*
YOUR TEAM	q7i	Feel a strong personal attachment to my team	64.2%	*	*	71.4%	77.8%	77.3%	*	*	80.0%	54.5%	69.2%	65.0%	*	*	*
PEOPLE IN YOUR ORGANISATION	q8a	Teams within the organisation work well together to achieve objectives	52.8%	*	*	82.1%	77.8%	68.2%	*	*	50.0%	45.5%	38.5%	60.0%	*	*	*
PEOPLE IN YOUR ORGANISATION	q8b	Colleagues are understanding and kind to one another	68.8%	*	*	82.1%	83.3%	81.8%	*	*	50.0%	45.5%	69.2%	95.0%	*	*	*
PEOPLE IN YOUR ORGANISATION	q8c	Colleagues are polite and treat each other with respect	69.7%	*	*	81.5%	77.8%	86.4%	*	*	60.0%	45.5%	69.2%	95.0%	*	*	*
PEOPLE IN YOUR ORGANISATION	q8d	Colleagues show appreciation to one another	66.2%	*	*	80.8%	83.3%	77.3%	*	*	70.0%	45.5%	69.2%	85.0%	*	*	*
YOUR MANAGERS	q9a	Immediate manager encourages me at work	73.1%	*	*	96.4%	83.3%	86.4%	*	*	30.0%	90.9%	76.9%	85.0%	*	*	*
YOUR MANAGERS	q9b	Immediate manager gives clear feedback on my work	67.3%	*	*	92.9%	66.7%	81.8%	*	*	20.0%	72.7%	61.5%	65.0%	*	*	*
YOUR MANAGERS	q9c	Immediate manager asks for my opinion before making decisions that affect my work	58.4%	*	*	71.4%	77.8%	90.9%	*	*	10.0%	45.5%	69.2%	50.0%	*	*	*
YOUR MANAGERS	q9d	Immediate manager takes a positive interest in my health & well-being	71.0%	*	*	89.3%	83.3%	81.8%	*	*	20.0%	81.8%	76.9%	55.0%	*	*	*
YOUR MANAGERS	q9e	Immediate manager values my work	73.0%	*	*	85.7%	88.9%	86.4%	*	*	20.0%	63.6%	84.6%	70.0%	*	*	*
YOUR MANAGERS	q9f	Immediate manager works with me to understand problems	69.9%	*	*	85.7%	77.8%	86.4%	*	*	20.0%	81.8%	76.9%	75.0%	*	*	*
YOUR MANAGERS	q9g	Immediate manager listens to challenges I face	72.1%	*	*	82.1%	77.8%	90.5%	*	*	20.0%	72.7%	76.9%	70.0%	*	*	*
YOUR MANAGERS	q9h	Immediate manager cares about my concerns	70.8%	*	*	92.9%	72.2%	86.4%	*	*	20.0%	90.9%	76.9%	68.4%	*	*	*
YOUR MANAGERS	q9i	Immediate manager helps me with problems I face	67.1%	*	*	89.3%	83.3%	85.7%	*	*	20.0%	81.8%	69.2%	65.0%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10b	Don't work any additional paid hours per week for this organisation, over and above contracted hours	66.6%	*	*	40.7%	61.1%	54.5%	*	*	80.0%	72.7%	84.6%	55.0%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10c	Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	55.3%	*	*	64.3%	82.4%	86.4%	*	*	30.0%	36.4%	23.1%	63.2%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11a	Organisation takes positive action on health and well-being	56.0%	*	*	75.0%	77.8%	85.7%	*	*	30.0%	72.7%	53.8%	65.0%	*	*	*

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	71.4%	*	*	50.0%	44.4%	63.6%	*	*	70.0%	63.6%	76.9%	80.0%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11c	In last 12 months, have not felt unwell due to work related stress	59.6%	*	*	60.7%	61.1%	63.6%	*	*	60.0%	54.5%	53.8%	45.0%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11d	In last 3 months, have not come to work when not feeling well enough to perform duties	44.6%	*	*	48.1%	44.4%	50.0%	*	*	40.0%	27.3%	38.5%	25.0%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11e	Not felt pressure from manager to come to work when not feeling well enough	80.2%	*	*	78.6%	90.0%	90.9%	*	*	*	*	*	86.7%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12a	Never/rarely find work emotionally exhausting	23.6%	*	*	7.1%	0.0%	22.7%	*	*	10.0%	0.0%	7.7%	5.0%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12b	Never/rarely feel burnt out because of work	29.9%	*	*	14.3%	5.6%	31.8%	*	*	10.0%	0.0%	15.4%	25.0%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12c	Never/rarely frustrated by work	20.2%	*	*	17.9%	23.5%	27.3%	*	*	10.0%	18.2%	23.1%	5.0%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12d	Never/rarely exhausted by the thought of another day/shift at work	35.7%	*	*	25.0%	16.7%	40.9%	*	*	10.0%	9.1%	46.2%	25.0%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12e	Never/rarely worn out at the end of work	19.4%	*	*	3.8%	11.1%	18.2%	*	*	0.0%	10.0%	30.8%	5.0%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12f	Never/rarely feel every working hour is tiring	51.1%	*	*	35.7%	22.2%	63.6%	*	*	50.0%	27.3%	53.8%	35.0%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12g	Never/rarely lack energy for family and friends	35.8%	*	*	33.3%	33.3%	45.5%	*	*	30.0%	27.3%	46.2%	25.0%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public	84.7%	*	*	25.0%	38.9%	59.1%	*	*	100.0%	90.9%	100.0%	85.0%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13b	Not experienced physical violence from managers	99.3%	*	*	100.0%	100.0%	100.0%	*	*	100.0%	100.0%	100.0%	100.0%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13c	Not experienced physical violence from other colleagues	98.4%	*	*	96.4%	94.1%	100.0%	*	*	100.0%	100.0%	100.0%	100.0%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13d	Last experience of physical violence reported	72.5%	*	*	72.2%	*	*	*	*	*	*	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	77.8%	*	*	42.9%	66.7%	63.6%	*	*	70.0%	100.0%	92.3%	50.0%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14b	Not experienced harassment, bullying or abuse from managers	92.0%	*	*	96.2%	94.4%	100.0%	*	*	90.0%	100.0%	100.0%	100.0%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14c	Not experienced harassment, bullying or abuse from other colleagues	82.0%	*	*	92.3%	83.3%	86.4%	*	*	70.0%	100.0%	100.0%	95.0%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14d	Last experience of harassment/bullying/abuse reported	52.6%	*	*	64.3%	*	*	*	*	*	*	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q15	Organisation acts fairly: career progression	57.4%	*	*	82.1%	47.1%	61.9%	*	*	80.0%	63.6%	69.2%	65.0%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public	93.2%	*	*	89.3%	72.2%	81.8%	*	*	100.0%	100.0%	100.0%	90.0%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16b	Not experienced discrimination from manager/team leader or other colleagues	91.9%	*	*	100.0%	88.9%	95.5%	*	*	90.0%	100.0%	100.0%	90.0%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	91.7%	*	*	64.3%	77.8%	90.9%	*	*	100.0%	100.0%	100.0%	100.0%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	95.9%	*	*	96.3%	100.0%	100.0%	*	*	100.0%	100.0%	100.0%	100.0%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q18	Not seen any errors/near misses/incidents that could have hurt staff/patients/service users	63.8%	*	*	74.1%	52.9%	66.7%	*	*	50.0%	72.7%	66.7%	42.1%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19a	Staff involved in an error/near miss/incident treated fairly	56.8%	*	*	76.9%	50.0%	88.2%	*	*	*	54.5%	45.5%	72.2%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19b	Encouraged to report errors/near misses/incidents	86.0%	*	*	92.9%	83.3%	100.0%	*	*	*	90.9%	92.3%	100.0%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19c	Organisation ensure errors/near misses/incidents do not repeat	66.8%	*	*	88.9%	70.6%	90.5%	*	*	*	90.0%	75.0%	75.0%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19d	Feedback given on changes made following errors/near misses/incidents	61.5%	*	*	74.1%	55.6%	90.0%	*	*	*	63.6%	61.5%	70.0%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20a	Would feel secure raising concerns about unsafe clinical practice	70.1%	*	*	85.2%	72.2%	86.4%	*	*	70.0%	81.8%	92.3%	95.0%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20b	Would feel confident that organisation would address concerns about unsafe clinical practice	53.2%	*	*	81.5%	66.7%	77.3%	*	*	30.0%	72.7%	84.6%	70.0%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q21	Feel organisation respects individual differences	69.4%	*	*	88.9%	83.3%	81.8%	*	*	50.0%	90.9%	76.9%	65.0%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q22	I can eat nutritious and affordable food at work	56.7%	*	*	59.3%	50.0%	59.1%	*	*	50.0%	54.5%	69.2%	35.0%	*	*	*
YOUR PERSONAL DEVELOPMENT	q23a	Received appraisal in the past 12 months	87.3%	*	*	88.5%	88.2%	81.8%	*	*	90.0%	90.0%	100.0%	95.0%	*	*	*
YOUR PERSONAL DEVELOPMENT	q23b	Appraisal helped me improve how I do my job	24.7%	*	*	47.8%	46.7%	50.0%	*	*	*	*	30.8%	10.5%	*	*	*
YOUR PERSONAL DEVELOPMENT	q23c	Appraisal helped me agree clear objectives for my work	31.7%	*	*	56.5%	40.0%	55.6%	*	*	*	*	38.5%	21.1%	*	*	*
YOUR PERSONAL DEVELOPMENT	q23d	Appraisal left me feeling organisation values my work	35.3%	*	*	43.5%	60.0%	61.1%	*	*	*	*	53.8%	15.8%	*	*	*
YOUR PERSONAL DEVELOPMENT	q24a	Organisation offers me challenging work	68.9%	*	*	74.1%	77.8%	77.3%	*	*	40.0%	54.5%	84.6%	85.0%	*	*	*
YOUR PERSONAL DEVELOPMENT	q24b	There are opportunities for me to develop my career in this organisation	48.8%	*	*	63.0%	61.1%	63.6%	*	*	40.0%	36.4%	76.9%	60.0%	*	*	*
YOUR PERSONAL DEVELOPMENT	q24c	Have opportunities to improve my knowledge and skills	67.4%	*	*	85.2%	72.2%	68.2%	*	*	50.0%	54.5%	61.5%	85.0%	*	*	*
YOUR PERSONAL DEVELOPMENT	q24d	Feel supported to develop my potential	55.3%	*	*	77.8%	61.1%	63.6%	*	*	40.0%	54.5%	61.5%	60.0%	*	*	*
YOUR PERSONAL DEVELOPMENT	q24e	Able to access the right learning and development opportunities when I need to	57.8%	*	*	88.9%	66.7%	72.7%	*	*	40.0%	54.5%	53.8%	75.0%	*	*	*
YOUR PERSONAL DEVELOPMENT	q24f	Able to access clinical supervision opportunities	52.9%	*	*	76.0%	55.6%	70.0%	*	*	20.0%	45.5%	25.0%	55.6%	*	*	*
YOUR ORGANISATION	q25a	Care of patients/service users is organisation's top priority	66.0%	*	*	82.1%	83.3%	68.2%	*	*	60.0%	63.6%	92.3%	80.0%	*	*	*
YOUR ORGANISATION	q25b	Organisation acts on concerns raised by patients/service users	63.0%	*	*	85.7%	77.8%	81.8%	*	*	90.0%	54.5%	92.3%	75.0%	*	*	*
YOUR ORGANISATION	q25c	Would recommend organisation as place to work	49.4%	*	*	82.1%	72.2%	72.7%	*	*	20.0%	36.4%	69.2%	55.0%	*	*	*
YOUR ORGANISATION	q25d	If friend/relative needed treatment would be happy with standard of care provided by organisation	51.9%	*	*	75.0%	72.2%	59.1%	*	*	60.0%	54.5%	61.5%	55.0%	*	*	*
YOUR ORGANISATION	q25e	Feel safe to speak up about anything that concerns me in this organisation	58.5%	*	*	85.7%	72.2%	72.7%	*	*	50.0%	54.5%	84.6%	75.0%	*	*	*
YOUR ORGANISATION	q25f	Feel organisation would address any concerns I raised	44.2%	*	*	78.6%	61.1%	63.6%	*	*	30.0%	27.3%	76.9%	65.0%	*	*	*
YOUR ORGANISATION	q26a	I don't often think about leaving this organisation	40.9%	*	*	50.0%	50.0%	54.5%	*	*	30.0%	27.3%	53.8%	40.0%	*	*	*
YOUR ORGANISATION	q26b	I am unlikely to look for a job at a new organisation in the next 12 months	49.1%	*	*	59.3%	44.4%	63.6%	*	*	30.0%	45.5%	61.5%	50.0%	*	*	*
YOUR ORGANISATION	q26c	I am not planning on leaving this organisation	53.9%	*	*	63.0%	55.6%	72.7%	*	*	40.0%	54.5%	53.8%	50.0%	*	*	*
BACKGROUND INFORMATION	q31b	Disability: organisation made reasonable adjustment(s) to enable me to carry out work	79.1%	*	*	*	*	*	*	*	*	*	*	*	*	*	*

Picker

ancashire Teaching Hospitals NHS Foundation Trust
SS24 RAG report - RAG Table Report
reakdown: Locality 4
uppression Threshold: 10

Set RAG % point difference: 3

Key:
100.0%
>3 ppt above
<3 ppt below
In between

Locality 4

Section	Q	Description	Comparator (Organisation Overall)	438 08 Maternity Ward B (RPH) (T36027)	438 08 Midwifery Integrated Services (T36012)	438 08 Obs & Gynae Booking Team (T36004)	438 08 Obs & Gynae Medical (T36001)	438 08 Rotational Midwives (T36032)	438 08 Specialist Midwives (T36006)	438 08 [illegible] Divisional Management Team	438 09 Leyland Ward (CDH) (T35104)	438 09 Major Trauma Ward (T35116)	438 09 Orthopaedics Admin (T35114)	438 09 Orthopaedics Fracture Clinic (CDH) (T35112)	438 09 Orthopaedics Fracture Clinic (RPH) (T35111)	438 09 Orthopaedics Medical (T35101)	438 09 Orthopaedics Pre-Op Clinic (CDH) (T35109)
			n = 3996	n = 7	n = 16	n = 5	n = 14	n = 4	n = 11	n = 21	n = 14	n = 13	n = 10	n = 10	n = 13	n = 5	n = 9
YOUR JOB	q2a	Often/always look forward to going to work	51.5%	*	56.3%	*	71.4%	*	72.7%	61.9%	42.9%	46.2%	60.0%	*	69.2%	*	*
YOUR JOB	q2b	Often/always enthusiastic about my job	67.2%	*	75.0%	*	78.6%	*	90.9%	71.4%	50.0%	61.5%	70.0%	90.0%	76.9%	*	*
YOUR JOB	q2c	Time often/always passes quickly when I am working	73.2%	*	68.8%	*	71.4%	*	100.0%	85.7%	57.1%	76.9%	80.0%	70.0%	76.9%	*	*
YOUR JOB	q3a	Always know what work responsibilities are	88.2%	*	100.0%	*	92.9%	*	100.0%	81.0%	100.0%	100.0%	100.0%	70.0%	76.9%	*	*
YOUR JOB	q3b	Feel trusted to do my job	90.6%	*	100.0%	*	92.9%	*	90.9%	90.5%	92.9%	100.0%	90.0%	80.0%	92.3%	*	*
YOUR JOB	q3c	Opportunities to show initiative frequently in my role	73.9%	*	81.3%	*	71.4%	*	81.8%	90.5%	71.4%	69.2%	50.0%	60.0%	84.6%	*	*
YOUR JOB	q3d	Able to make suggestions to improve the work of my team/dept	73.1%	*	75.0%	*	85.7%	*	72.7%	90.5%	71.4%	61.5%	80.0%	60.0%	92.3%	*	*
YOUR JOB	q3e	Involved in deciding changes that affect work	52.4%	*	25.0%	*	71.4%	*	63.6%	95.2%	57.1%	38.5%	40.0%	40.0%	61.5%	*	*
YOUR JOB	q3f	Able to make improvements happen in my area of work	54.6%	*	31.3%	*	57.1%	*	81.8%	90.0%	50.0%	38.5%	40.0%	40.0%	61.5%	*	*
YOUR JOB	q3g	Able to meet conflicting demands on my time at work	44.7%	*	25.0%	*	42.9%	*	45.5%	14.3%	35.7%	38.5%	*	50.0%	76.9%	*	*
YOUR JOB	q3h	Have adequate materials, supplies and equipment to do my work	46.3%	*	50.0%	*	57.1%	*	36.4%	19.0%	57.1%	38.5%	30.0%	50.0%	61.5%	*	*
YOUR JOB	q3i	Enough staff at organisation to do my job properly	27.2%	*	18.8%	*	14.3%	*	18.2%	9.5%	21.4%	53.8%	30.0%	0.0%	46.2%	*	*
YOUR JOB	q4a	Satisfied with recognition for good work	55.4%	*	62.5%	*	50.0%	*	72.7%	61.9%	28.6%	23.1%	70.0%	70.0%	69.2%	*	*
YOUR JOB	q4b	Satisfied with extent organisation values my work	42.3%	*	43.8%	*	50.0%	*	36.4%	57.1%	35.7%	23.1%	50.0%	30.0%	61.5%	*	*
YOUR JOB	q4c	Satisfied with level of pay	30.4%	*	25.0%	*	78.6%	*	36.4%	61.9%	21.4%	23.1%	10.0%	10.0%	53.8%	*	*
YOUR JOB	q4d	Satisfied with opportunities for flexible working patterns	56.2%	*	75.0%	*	64.3%	*	54.5%	71.4%	21.4%	23.1%	90.0%	30.0%	61.5%	*	*
YOUR JOB	q5a	Have realistic time pressures	25.7%	*	18.8%	*	7.1%	*	36.4%	4.8%	35.7%	15.4%	40.0%	20.0%	46.2%	*	*
YOUR JOB	q5b	Have a choice in deciding how to do my work	52.9%	*	43.8%	*	42.9%	*	90.9%	76.2%	35.7%	30.8%	80.0%	20.0%	61.5%	*	*
YOUR JOB	q5c	Relationships at work are unstrained	44.7%	*	12.5%	*	35.7%	*	45.5%	42.9%	42.9%	38.5%	40.0%	40.0%	53.8%	*	*
YOUR JOB	q6a	Feel my role makes a difference to patients/service users	87.7%	*	100.0%	*	92.9%	*	90.9%	94.7%	92.9%	84.6%	70.0%	100.0%	91.7%	*	*
YOUR JOB	q6b	Organisation is committed to helping balance work and home life	49.0%	*	37.5%	*	35.7%	*	27.3%	47.6%	42.9%	15.4%	70.0%	20.0%	50.0%	*	*
YOUR JOB	q6c	Achieve a good balance between work and home life	56.9%	*	43.8%	*	50.0%	*	54.5%	33.3%	71.4%	30.8%	80.0%	60.0%	58.3%	*	*
YOUR JOB	q6d	Can approach immediate manager to talk openly about flexible working	70.3%	*	81.3%	*	78.6%	*	63.6%	90.5%	50.0%	53.8%	80.0%	50.0%	83.3%	*	*
YOUR TEAM	q7a	Team members have a set of shared objectives	75.2%	*	93.8%	*	85.7%	*	63.6%	81.0%	64.3%	76.9%	60.0%	80.0%	76.9%	*	*
YOUR TEAM	q7b	Team members often meet to discuss the team's effectiveness	65.3%	*	68.8%	*	64.3%	*	36.4%	81.0%	57.1%	69.2%	40.0%	70.0%	53.8%	*	*
YOUR TEAM	q7c	Receive the respect I deserve from my colleagues at work	70.8%	*	56.3%	*	78.6%	*	63.6%	85.7%	64.3%	69.2%	60.0%	90.0%	61.5%	*	*
YOUR TEAM	q7d	Team members understand each other's roles	71.4%	*	93.8%	*	78.6%	*	63.6%	76.2%	78.6%	76.9%	70.0%	70.0%	76.9%	*	*
YOUR TEAM	q7e	Enjoy working with colleagues in team	80.3%	*	93.8%	*	78.6%	*	72.7%	90.5%	78.6%	92.3%	60.0%	90.0%	76.9%	*	*
YOUR TEAM	q7f	Team has enough freedom in how to do its work	57.8%	*	31.3%	*	64.3%	*	72.7%	76.2%	50.0%	53.8%	40.0%	30.0%	84.6%	*	*
YOUR TEAM	q7g	Team deals with disagreements constructively	55.2%	*	43.8%	*	57.1%	*	54.5%	85.7%	50.0%	38.5%	50.0%	50.0%	61.5%	*	*
YOUR TEAM	q7h	Feel valued by my team	71.0%	*	75.0%	*	71.4%	*	81.8%	81.0%	64.3%	84.6%	60.0%	80.0%	61.5%	*	*
YOUR TEAM	q7i	Feel a strong personal attachment to my team	64.2%	*	56.3%	*	64.3%	*	63.6%	81.0%	71.4%	61.5%	50.0%	80.0%	69.2%	*	*
PEOPLE IN YOUR ORGANISATION	q8a	Teams within the organisation work well together to achieve objectives	52.8%	*	62.5%	*	64.3%	*	45.5%	57.1%	71.4%	53.8%	50.0%	30.0%	61.5%	*	*
PEOPLE IN YOUR ORGANISATION	q8b	Colleagues are understanding and kind to one another	68.8%	*	43.8%	*	71.4%	*	72.7%	85.7%	78.6%	53.8%	50.0%	80.0%	61.5%	*	*
PEOPLE IN YOUR ORGANISATION	q8c	Colleagues are polite and treat each other with respect	69.7%	*	37.5%	*	85.7%	*	72.7%	81.0%	71.4%	61.5%	60.0%	80.0%	61.5%	*	*
PEOPLE IN YOUR ORGANISATION	q8d	Colleagues show appreciation to one another	66.2%	*	50.0%	*	71.4%	*	72.7%	81.0%	64.3%	69.2%	60.0%	80.0%	61.5%	*	*
YOUR MANAGERS	q9a	Immediate manager encourages me at work	73.1%	*	93.8%	*	78.6%	*	63.6%	100.0%	71.4%	76.9%	70.0%	60.0%	84.6%	*	*
YOUR MANAGERS	q9b	Immediate manager gives clear feedback on my work	67.3%	*	68.8%	*	64.3%	*	45.5%	90.5%	64.3%	69.2%	50.0%	60.0%	76.9%	*	*
YOUR MANAGERS	q9c	Immediate manager asks for my opinion before making decisions that affect my work	58.4%	*	56.3%	*	64.3%	*	45.5%	81.0%	46.2%	53.8%	60.0%	30.0%	69.2%	*	*
YOUR MANAGERS	q9d	Immediate manager takes a positive interest in my health & well-being	71.0%	*	81.3%	*	57.1%	*	54.5%	90.5%	71.4%	84.6%	70.0%	50.0%	76.9%	*	*
YOUR MANAGERS	q9e	Immediate manager values my work	73.0%	*	87.5%	*	71.4%	*	72.7%	90.5%	76.9%	92.3%	90.0%	80.0%	76.9%	*	*
YOUR MANAGERS	q9f	Immediate manager works with me to understand problems	69.9%	*	81.3%	*	71.4%	*	63.6%	95.2%	71.4%	76.9%	60.0%	70.0%	76.9%	*	*
YOUR MANAGERS	q9g	Immediate manager listens to challenges I face	72.1%	*	87.5%	*	78.6%	*	54.5%	100.0%	71.4%	84.6%	70.0%	80.0%	76.9%	*	*
YOUR MANAGERS	q9h	Immediate manager cares about my concerns	70.8%	*	75.0%	*	78.6%	*	63.6%	95.2%	71.4%	84.6%	70.0%	70.0%	53.8%	*	*
YOUR MANAGERS	q9i	Immediate manager helps me with problems I face	67.1%	*	50.0%	*	71.4%	*	63.6%	85.7%	64.3%	69.2%	60.0%	60.0%	69.2%	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10b	Don't work any additional paid hours per week for this organisation, over and above contracted hours	66.6%	*	31.3%	*	28.6%	*	45.5%	76.2%	42.9%	46.2%	60.0%	50.0%	38.5%	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10c	Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	55.3%	*	37.5%	*	14.3%	*	18.2%	14.3%	64.3%	53.8%	50.0%	70.0%	46.2%	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11a	Organisation takes positive action on health and well-being	56.0%	*	56.3%	*	42.9%	*	45.5%	81.0%	28.6%	30.8%	80.0%	60.0%	61.5%	*	*

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	71.4%	*	68.8%	*	71.4%	*	70.0%	61.9%	50.0%	53.8%	60.0%	80.0%	69.2%	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11c	In last 12 months, have not felt unwell due to work related stress	59.6%	*	43.8%	*	57.1%	*	60.0%	57.1%	50.0%	69.2%	70.0%	90.0%	76.9%	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11d	In last 3 months, have not come to work when not feeling well enough to perform duties	44.6%	*	37.5%	*	57.1%	*	36.4%	38.1%	28.6%	38.5%	40.0%	70.0%	69.2%	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11e	Not felt pressure from manager to come to work when not feeling well enough	80.2%	*	90.0%	*	*	*	*	92.3%	50.0%	*	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12a	Never/rarely find work emotionally exhausting	23.6%	*	12.5%	*	0.0%	*	27.3%	9.5%	14.3%	7.7%	40.0%	50.0%	46.2%	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12b	Never/rarely feel burnt out because of work	29.9%	*	18.8%	*	21.4%	*	36.4%	19.0%	14.3%	7.7%	60.0%	40.0%	53.8%	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12c	Never/rarely frustrated by work	20.2%	*	37.5%	*	35.7%	*	9.1%	4.8%	14.3%	23.1%	40.0%	30.0%	46.2%	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12d	Never/rarely exhausted by the thought of another day/shift at work	35.7%	*	31.3%	*	57.1%	*	27.3%	33.3%	21.4%	23.1%	30.0%	70.0%	61.5%	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12e	Never/rarely worn out at the end of work	19.4%	*	6.3%	*	7.1%	*	18.2%	14.3%	14.3%	23.1%	20.0%	20.0%	30.8%	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12f	Never/rarely feel every working hour is tiring	51.1%	*	56.3%	*	64.3%	*	45.5%	52.4%	50.0%	30.8%	60.0%	80.0%	76.9%	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12g	Never/rarely lack energy for family and friends	35.8%	*	25.0%	*	28.6%	*	45.5%	38.1%	21.4%	30.8%	70.0%	40.0%	38.5%	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public	84.7%	*	93.8%	*	92.9%	*	100.0%	85.7%	71.4%	46.2%	90.0%	90.0%	76.9%	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13b	Not experienced physical violence from managers	99.3%	*	100.0%	*	100.0%	*	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13c	Not experienced physical violence from other colleagues	98.4%	*	100.0%	*	100.0%	*	100.0%	94.4%	100.0%	100.0%	*	100.0%	100.0%	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13d	Last experience of physical violence reported	72.5%	*	*	*	*	*	*	*	*	*	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	77.8%	*	81.3%	*	64.3%	*	90.9%	90.5%	78.6%	46.2%	50.0%	60.0%	61.5%	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14b	Not experienced harassment, bullying or abuse from managers	92.0%	*	93.8%	*	78.6%	*	90.9%	90.5%	84.6%	91.7%	100.0%	70.0%	100.0%	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14c	Not experienced harassment, bullying or abuse from other colleagues	82.0%	*	75.0%	*	85.7%	*	81.8%	90.5%	71.4%	84.6%	60.0%	*	69.2%	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14d	Last experience of harassment/bullying/abuse reported	52.6%	*	*	*	*	*	*	*	*	*	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q15	Organisation acts fairly: career progression	57.4%	*	50.0%	*	64.3%	*	45.5%	81.0%	50.0%	69.2%	*	20.0%	69.2%	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public	93.2%	*	100.0%	*	100.0%	*	90.9%	100.0%	78.6%	100.0%	70.0%	90.0%	100.0%	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16b	Not experienced discrimination from manager/team leader or other colleagues	91.9%	*	93.3%	*	76.9%	*	90.0%	100.0%	85.7%	92.3%	90.0%	90.0%	100.0%	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	91.7%	*	93.8%	*	92.9%	*	100.0%	95.2%	78.6%	69.2%	90.0%	80.0%	100.0%	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	95.9%	*	100.0%	*	92.3%	*	100.0%	90.5%	92.9%	83.3%	100.0%	90.0%	100.0%	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q18	Not seen any errors/near misses/incidents that could have hurt staff/patients/service users	63.8%	*	56.3%	*	53.8%	*	72.7%	42.9%	57.1%	61.5%	80.0%	70.0%	75.0%	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19a	Staff involved in an error/near miss/incident treated fairly	56.8%	*	66.7%	*	92.3%	*	*	84.2%	54.5%	30.0%	*	*	60.0%	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19b	Encouraged to report errors/near misses/incidents	86.0%	*	93.8%	*	92.9%	*	100.0%	100.0%	76.9%	92.3%	60.0%	60.0%	100.0%	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19c	Organisation ensure errors/near misses/incidents do not repeat	66.8%	*	66.7%	*	71.4%	*	*	88.9%	72.7%	41.7%	*	*	58.3%	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19d	Feedback given on changes made following errors/near misses/incidents	61.5%	*	87.5%	*	42.9%	*	36.4%	84.2%	84.6%	53.8%	*	100.0%	58.3%	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20a	Would feel secure raising concerns about unsafe clinical practice	70.1%	*	68.8%	*	85.7%	*	81.8%	85.7%	78.6%	92.3%	50.0%	70.0%	92.3%	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20b	Would feel confident that organisation would address concerns about unsafe clinical practice	53.2%	*	56.3%	*	64.3%	*	72.7%	90.5%	50.0%	38.5%	50.0%	40.0%	61.5%	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q21	Feel organisation respects individual differences	69.4%	*	75.0%	*	78.6%	*	72.7%	85.7%	64.3%	61.5%	50.0%	40.0%	69.2%	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q22	I can eat nutritious and affordable food at work	56.7%	*	56.3%	*	50.0%	*	36.4%	47.6%	42.9%	30.8%	70.0%	40.0%	53.8%	*	*
YOUR PERSONAL DEVELOPMENT	q23a	Received appraisal in the past 12 months	87.3%	*	85.7%	*	78.6%	*	90.9%	90.5%	92.9%	92.3%	60.0%	100.0%	91.7%	*	*
YOUR PERSONAL DEVELOPMENT	q23b	Appraisal helped me improve how I do my job	24.7%	*	8.3%	*	9.1%	*	10.0%	31.6%	15.4%	16.7%	*	10.0%	45.5%	*	*
YOUR PERSONAL DEVELOPMENT	q23c	Appraisal helped me agree clear objectives for my work	31.7%	*	33.3%	*	36.4%	*	10.0%	42.1%	15.4%	25.0%	*	10.0%	54.5%	*	*
YOUR PERSONAL DEVELOPMENT	q23d	Appraisal left me feeling organisation values my work	35.3%	*	50.0%	*	0.0%	*	20.0%	47.4%	7.7%	58.3%	*	20.0%	54.5%	*	*
YOUR PERSONAL DEVELOPMENT	q24a	Organisation offers me challenging work	68.9%	*	87.5%	*	100.0%	*	81.8%	90.5%	57.1%	76.9%	60.0%	60.0%	69.2%	*	*
YOUR PERSONAL DEVELOPMENT	q24b	There are opportunities for me to develop my career in this organisation	48.8%	*	37.5%	*	71.4%	*	36.4%	61.9%	35.7%	61.5%	40.0%	40.0%	53.8%	*	*
YOUR PERSONAL DEVELOPMENT	q24c	Have opportunities to improve my knowledge and skills	67.4%	*	93.8%	*	92.9%	*	72.7%	81.0%	71.4%	69.2%	60.0%	70.0%	61.5%	*	*
YOUR PERSONAL DEVELOPMENT	q24d	Feel supported to develop my potential	55.3%	*	75.0%	*	64.3%	*	63.6%	76.2%	35.7%	61.5%	60.0%	50.0%	46.2%	*	*
YOUR PERSONAL DEVELOPMENT	q24e	Able to access the right learning and development opportunities when I need to	57.8%	*	68.8%	*	78.6%	*	63.6%	71.4%	78.6%	61.5%	80.0%	70.0%	69.2%	*	*
YOUR PERSONAL DEVELOPMENT	q24f	Able to access clinical supervision opportunities	52.9%	*	53.3%	*	57.1%	*	*	56.3%	61.5%	46.2%	*	60.0%	46.2%	*	*
YOUR ORGANISATION	q25a	Care of patients/service users is organisation's top priority	66.0%	*	87.5%	*	78.6%	*	72.7%	61.9%	71.4%	69.2%	80.0%	50.0%	84.6%	*	*
YOUR ORGANISATION	q25b	Organisation acts on concerns raised by patients/service users	63.0%	*	62.5%	*	85.7%	*	63.6%	90.5%	71.4%	69.2%	60.0%	40.0%	76.9%	*	*
YOUR ORGANISATION	q25c	Would recommend organisation as place to work	49.4%	*	56.3%	*	64.3%	*	36.4%	52.4%	42.9%	46.2%	60.0%	20.0%	76.9%	*	*
YOUR ORGANISATION	q25d	If friend/relative needed treatment would be happy with standard of care provided by organisation	51.9%	*	43.8%	*	71.4%	*	36.4%	42.9%	71.4%	38.5%	70.0%	30.0%	53.8%	*	*
YOUR ORGANISATION	q25e	Feel safe to speak up about anything that concerns me in this organisation	58.5%	*	56.3%	*	61.5%	*	72.7%	71.4%	57.1%	61.5%	50.0%	30.0%	61.5%	*	*
YOUR ORGANISATION	q25f	Feel organisation would address any concerns I raised	44.2%	*	43.8%	*	50.0%	*	50.0%	52.4%	28.6%	30.8%	30.0%	20.0%	69.2%	*	*
YOUR ORGANISATION	q26a	I don't often think about leaving this organisation	40.9%	*	43.8%	*	57.1%	*	63.6%	38.1%	42.9%	46.2%	40.0%	*	46.2%	*	*
YOUR ORGANISATION	q26b	I am unlikely to look for a job at a new organisation in the next 12 months	49.1%	*	62.5%	*	64.3%	*	63.6%	52.4%	50.0%	50.0%	50.0%	70.0%	66.7%	*	*
YOUR ORGANISATION	q26c	I am not planning on leaving this organisation	53.9%	*	62.5%	*	71.4%	*	72.7%	71.4%	64.3%	66.7%	60.0%	50.0%	69.2%	*	*
BACKGROUND INFORMATION	q31b	Disability: organisation made reasonable adjustment(s) to enable me to carry out work	79.1%	*	*	*	*	*	*	*	*	*	*	*	*	*	*

Picker

ancashire Teaching Hospitals NHS Foundation Trust
SS24 RAG report - RAG Table Report
reakdown: Locality 4
uppression Threshold: 10

Set RAG % point difference: 3

Key:
100.0%
>3 ppt above
<3 ppt below
In between

Section	Q	Description	Locality 4	Comparator (Organisation Overall)	438 09 Orthopaedics Specialist Nurses (T35118)	438 09 Orthopaedics Ward 14 (RPH) (T35102)	438 09 Orthopaedics Ward 16 (RPH) (T35103)	438 10 Children's Clinics (T36112)	438 10 Neonatal Medical (T36118)	438 10 Neonatal Unit (NNU) (RPH) (T36109)	438 10 Paediatrics Assessment Unit (T36125)	438 10 Paediatrics Audiology Fulwood Clinic (T35171)	438 10 Paediatrics Community Admin (T36124)	438 10 Paediatrics Community Medical (T36103)	438 10 Paediatrics Community Outreach (T36107)	438 10 Paediatrics Day Case Team (T36121)	438 10 Paediatrics Hospital Medical (T36101)	438 10 Paediatrics Medical Secretaries (T35560)
				n = 3996	n = 6	n = 13	n = 27	n = 10	n = 16	n = 47	n = 10	n = 16	n = 10	n = 6	n = 7	n = 11	n = 14	n = 11
YOUR JOB	q2a	Often/always look forward to going to work		51.5%	*	23.1%	44.4%	70.0%	62.5%	51.1%	60.0%	31.3%	10.0%	*	*	72.7%	57.1%	54.5%
YOUR JOB	q2b	Often/always enthusiastic about my job		67.2%	*	53.8%	57.7%	50.0%	81.3%	76.6%	60.0%	75.0%	20.0%	*	*	81.8%	50.0%	80.0%
YOUR JOB	q2c	Time often/always passes quickly when I am working		73.2%	*	69.2%	80.8%	30.0%	87.5%	85.1%	70.0%	86.7%	*	*	*	72.7%	78.6%	80.0%
YOUR JOB	q3a	Always know what work responsibilities are		88.2%	*	92.3%	88.9%	100.0%	81.3%	97.9%	90.0%	75.0%	60.0%	*	*	100.0%	92.9%	90.9%
YOUR JOB	q3b	Feel trusted to do my job		90.6%	*	100.0%	100.0%	100.0%	81.3%	95.7%	90.0%	87.5%	70.0%	*	*	100.0%	92.9%	100.0%
YOUR JOB	q3c	Opportunities to show initiative frequently in my role		73.9%	*	84.6%	77.8%	*	68.8%	76.6%	70.0%	68.8%	60.0%	*	*	100.0%	64.3%	63.6%
YOUR JOB	q3d	Able to make suggestions to improve the work of my team/dept		73.1%	*	76.9%	51.9%	80.0%	62.5%	72.3%	80.0%	75.0%	60.0%	*	*	100.0%	71.4%	81.8%
YOUR JOB	q3e	Involved in deciding changes that affect work		52.4%	*	38.5%	40.7%	70.0%	56.3%	34.0%	50.0%	68.8%	20.0%	*	*	72.7%	28.6%	54.5%
YOUR JOB	q3f	Able to make improvements happen in my area of work		54.6%	*	46.2%	48.1%	60.0%	50.0%	38.3%	50.0%	56.3%	20.0%	*	*	63.6%	28.6%	54.5%
YOUR JOB	q3g	Able to meet conflicting demands on my time at work		44.7%	*	23.1%	37.0%	70.0%	43.8%	46.8%	60.0%	12.5%	10.0%	*	*	63.6%	14.3%	45.5%
YOUR JOB	q3h	Have adequate materials, supplies and equipment to do my work		46.3%	*	23.1%	44.4%	70.0%	37.5%	23.4%	20.0%	25.0%	30.0%	*	*	36.4%	28.6%	54.5%
YOUR JOB	q3i	Enough staff at organisation to do my job properly		27.2%	*	0.0%	22.2%	70.0%	18.8%	27.7%	10.0%	6.3%	0.0%	*	*	63.6%	7.1%	27.3%
YOUR JOB	q4a	Satisfied with recognition for good work		55.4%	*	38.5%	51.9%	60.0%	68.8%	51.1%	70.0%	62.5%	30.0%	*	*	81.8%	21.4%	72.7%
YOUR JOB	q4b	Satisfied with extent organisation values my work		42.3%	*	30.8%	44.4%	30.0%	56.3%	34.0%	50.0%	50.0%	10.0%	*	*	72.7%	21.4%	63.6%
YOUR JOB	q4c	Satisfied with level of pay		30.4%	*	7.7%	18.5%	30.0%	43.8%	21.3%	0.0%	37.5%	0.0%	*	*	36.4%	35.7%	45.5%
YOUR JOB	q4d	Satisfied with opportunities for flexible working patterns		56.2%	*	38.5%	51.9%	70.0%	50.0%	57.4%	40.0%	43.8%	40.0%	*	*	81.8%	50.0%	90.9%
YOUR JOB	q5a	Have realistic time pressures		25.7%	*	15.4%	18.5%	70.0%	12.5%	23.4%	0.0%	12.5%	0.0%	*	*	54.5%	7.1%	27.3%
YOUR JOB	q5b	Have a choice in deciding how to do my work		52.9%	*	23.1%	33.3%	30.0%	43.8%	52.2%	20.0%	43.8%	20.0%	*	*	63.6%	42.9%	90.9%
YOUR JOB	q5c	Relationships at work are unstrained		44.7%	*	23.1%	37.0%	30.0%	68.8%	57.4%	20.0%	43.8%	30.0%	*	*	45.5%	35.7%	45.5%
YOUR JOB	q6a	Feel my role makes a difference to patients/service users		87.7%	*	84.6%	81.5%	100.0%	93.8%	97.9%	100.0%	93.8%	90.0%	*	*	100.0%	100.0%	81.8%
YOUR JOB	q6b	Organisation is committed to helping balance work and home life		49.0%	*	38.5%	48.1%	60.0%	50.0%	38.3%	30.0%	18.8%	30.0%	*	*	72.7%	21.4%	72.7%
YOUR JOB	q6c	Achieve a good balance between work and home life		56.9%	*	46.2%	40.7%	70.0%	50.0%	51.1%	40.0%	68.8%	30.0%	*	*	72.7%	21.4%	72.7%
YOUR JOB	q6d	Can approach immediate manager to talk openly about flexible working		70.3%	*	53.8%	70.4%	90.0%	50.0%	78.7%	70.0%	56.3%	30.0%	*	*	90.9%	42.9%	72.7%
YOUR TEAM	q7a	Team members have a set of shared objectives		75.2%	*	69.2%	77.8%	100.0%	93.8%	85.1%	80.0%	81.3%	20.0%	*	*	90.9%	78.6%	81.8%
YOUR TEAM	q7b	Team members often meet to discuss the team's effectiveness		65.3%	*	84.6%	66.7%	90.0%	81.3%	55.3%	80.0%	75.0%	50.0%	*	*	90.9%	42.9%	54.5%
YOUR TEAM	q7c	Receive the respect I deserve from my colleagues at work		70.8%	*	61.5%	81.5%	80.0%	75.0%	70.2%	80.0%	87.5%	30.0%	*	*	100.0%	78.6%	90.9%
YOUR TEAM	q7d	Team members understand each other's roles		71.4%	*	53.8%	77.8%	90.0%	81.3%	85.1%	80.0%	81.3%	40.0%	*	*	81.8%	92.9%	81.8%
YOUR TEAM	q7e	Enjoy working with colleagues in team		80.3%	*	76.9%	96.3%	90.0%	81.3%	87.2%	100.0%	93.8%	50.0%	*	*	100.0%	85.7%	90.9%
YOUR TEAM	q7f	Team has enough freedom in how to do its work		57.8%	*	38.5%	59.3%	70.0%	62.5%	57.4%	30.0%	56.3%	20.0%	*	*	72.7%	50.0%	45.5%
YOUR TEAM	q7g	Team deals with disagreements constructively		55.2%	*	53.8%	44.4%	60.0%	75.0%	59.6%	40.0%	56.3%	20.0%	*	*	63.6%	64.3%	63.6%
YOUR TEAM	q7h	Feel valued by my team		71.0%	*	61.5%	77.8%	70.0%	68.8%	72.3%	80.0%	93.8%	30.0%	*	*	81.8%	71.4%	100.0%
YOUR TEAM	q7i	Feel a strong personal attachment to my team		64.2%	*	38.5%	70.4%	60.0%	75.0%	68.1%	80.0%	81.3%	20.0%	*	*	81.8%	71.4%	81.8%
PEOPLE IN YOUR ORGANISATION	q8a	Teams within the organisation work well together to achieve objectives		52.8%	*	46.2%	51.9%	50.0%	75.0%	83.0%	40.0%	50.0%	30.0%	*	*	36.4%	28.6%	45.5%
PEOPLE IN YOUR ORGANISATION	q8b	Colleagues are understanding and kind to one another		68.8%	*	53.8%	85.2%	90.0%	75.0%	87.2%	80.0%	100.0%	50.0%	*	*	81.8%	78.6%	90.9%
PEOPLE IN YOUR ORGANISATION	q8c	Colleagues are polite and treat each other with respect		69.7%	*	69.2%	88.9%	90.0%	75.0%	89.4%	80.0%	100.0%	60.0%	*	*	81.8%	71.4%	81.8%
PEOPLE IN YOUR ORGANISATION	q8d	Colleagues show appreciation to one another		66.2%	*	53.8%	81.5%	80.0%	81.3%	89.4%	80.0%	93.8%	50.0%	*	*	81.8%	78.6%	90.9%
YOUR MANAGERS	q9a	Immediate manager encourages me at work		73.1%	*	61.5%	77.8%	90.0%	68.8%	57.4%	80.0%	62.5%	30.0%	*	*	81.8%	57.1%	63.6%
YOUR MANAGERS	q9b	Immediate manager gives clear feedback on my work		67.3%	*	76.9%	80.8%	90.0%	62.5%	59.6%	60.0%	56.3%	30.0%	*	*	90.9%	50.0%	63.6%
YOUR MANAGERS	q9c	Immediate manager asks for my opinion before making decisions that affect my work		58.4%	*	46.2%	51.9%	90.0%	68.8%	44.7%	40.0%	43.8%	30.0%	*	*	81.8%	64.3%	72.7%
YOUR MANAGERS	q9d	Immediate manager takes a positive interest in my health & well-being		71.0%	*	76.9%	77.8%	90.0%	68.8%	68.1%	70.0%	56.3%	40.0%	*	*	90.9%	42.9%	81.8%
YOUR MANAGERS	q9e	Immediate manager values my work		73.0%	*	69.2%	66.7%	90.0%	87.5%	72.3%	60.0%	68.8%	30.0%	*	*	90.9%	71.4%	81.8%
YOUR MANAGERS	q9f	Immediate manager works with me to understand problems		69.9%	*	53.8%	74.1%	100.0%	68.8%	66.0%	70.0%	50.0%	50.0%	*	*	100.0%	64.3%	72.7%
YOUR MANAGERS	q9g	Immediate manager listens to challenges I face		72.1%	*	69.2%	77.8%	100.0%	68.8%	68.1%	80.0%	56.3%	50.0%	*	*	81.8%	64.3%	81.8%
YOUR MANAGERS	q9h	Immediate manager cares about my concerns		70.8%	*	61.5%	76.9%	100.0%	68.8%	70.2%	70.0%	62.5%	60.0%	*	*	81.8%	78.6%	81.8%
YOUR MANAGERS	q9i	Immediate manager helps me with problems I face		67.1%	*	53.8%	73.1%	100.0%	62.5%	61.7%	60.0%	62.5%	40.0%	*	*	90.9%	64.3%	81.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10b	Don't work any additional paid hours per week for this organisation, over and above contracted hours		66.6%	*	23.1%	44.4%	*	56.3%	54.3%	*	93.3%	80.0%	*	*	54.5%	71.4%	72.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10c	Don't work any additional unpaid hours per week for this organisation, over and above contracted hours		55.3%	*	61.5%	59.3%	*	18.8%	42.6%	40.0%	56.3%	70.0%	*	*	54.5%	21.4%	72.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11a	Organisation takes positive action on health and well-being		56.0%	*	46.2%	48.1%	50.0%	56.3%	55.3%	20.0%	75.0%	30.0%	*	*	63.6%	35.7%	54.5%

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	71.4%	*	38.5%	48.1%	90.0%	81.3%	83.0%	100.0%	81.3%	70.0%	*	*	81.8%	92.9%	72.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11c	In last 12 months, have not felt unwell due to work related stress	59.6%	*	46.2%	50.0%	80.0%	87.5%	63.8%	40.0%	62.5%	10.0%	*	*	54.5%	50.0%	63.6%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11d	In last 3 months, have not come to work when not feeling well enough to perform duties	44.6%	*	30.8%	38.5%	60.0%	37.5%	34.0%	20.0%	56.3%	0.0%	*	*	63.6%	35.7%	54.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11e	Not felt pressure from manager to come to work when not feeling well enough	80.2%	*	*	68.8%	*	80.0%	76.7%	*	*	70.0%	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12a	Never/rarely find work emotionally exhausting	23.6%	*	15.4%	11.1%	50.0%	0.0%	19.1%	0.0%	12.5%	10.0%	*	*	54.5%	7.1%	45.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12b	Never/rarely feel burnt out because of work	29.9%	*	33.3%	11.1%	60.0%	25.0%	19.1%	0.0%	12.5%	10.0%	*	*	72.7%	0.0%	54.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12c	Never/rarely frustrated by work	20.2%	*	15.4%	18.5%	30.0%	31.3%	25.5%	0.0%	6.3%	10.0%	*	*	18.2%	0.0%	63.6%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12d	Never/rarely exhausted by the thought of another day/shift at work	35.7%	*	23.1%	22.2%	50.0%	37.5%	19.1%	10.0%	37.5%	0.0%	*	*	72.7%	14.3%	54.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12e	Never/rarely worn out at the end of work	19.4%	*	0.0%	14.8%	40.0%	25.0%	10.6%	0.0%	12.5%	0.0%	*	*	36.4%	7.1%	27.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12f	Never/rarely feel every working hour is tiring	51.1%	*	38.5%	29.6%	80.0%	62.5%	40.4%	40.0%	75.0%	30.0%	*	*	81.8%	42.9%	81.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12g	Never/rarely lack energy for family and friends	35.8%	*	30.8%	18.5%	60.0%	31.3%	21.3%	0.0%	56.3%	0.0%	*	*	54.5%	7.1%	45.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public	84.7%	*	46.2%	42.3%	90.0%	100.0%	95.7%	70.0%	93.8%	100.0%	*	*	90.9%	85.7%	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13b	Not experienced physical violence from managers	99.3%	*	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	*	*	*	100.0%	100.0%	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13c	Not experienced physical violence from other colleagues	98.4%	*	91.7%	96.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	*	*	100.0%	100.0%	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13d	Last experience of physical violence reported	72.5%	*	*	76.9%	*	*	*	*	*	*	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	77.8%	*	41.7%	59.3%	90.0%	75.0%	83.0%	80.0%	93.8%	80.0%	*	*	90.9%	50.0%	81.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14b	Not experienced harassment, bullying or abuse from managers	92.0%	*	90.9%	84.6%	100.0%	87.5%	95.7%	80.0%	93.8%	*	*	*	100.0%	78.6%	90.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14c	Not experienced harassment, bullying or abuse from other colleagues	82.0%	*	75.0%	88.9%	90.0%	93.3%	89.4%	90.0%	93.8%	80.0%	*	*	63.6%	85.7%	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14d	Last experience of harassment/bullying/abuse reported	52.6%	*	*	*	*	*	53.8%	*	*	*	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q15	Organisation acts fairly: career progression	57.4%	*	53.8%	76.9%	20.0%	68.8%	83.0%	50.0%	50.0%	20.0%	*	*	72.7%	42.9%	54.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public	93.2%	*	100.0%	84.6%	90.0%	87.5%	100.0%	100.0%	100.0%	100.0%	*	*	100.0%	92.9%	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16b	Not experienced discrimination from manager/team leader or other colleagues	91.9%	*	84.6%	92.0%	100.0%	93.3%	97.9%	100.0%	93.8%	100.0%	*	*	100.0%	92.9%	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	91.7%	*	66.7%	76.9%	100.0%	93.8%	100.0%	100.0%	100.0%	100.0%	*	*	100.0%	100.0%	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	95.9%	*	91.7%	88.9%	100.0%	100.0%	97.9%	100.0%	93.8%	100.0%	*	*	100.0%	100.0%	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q18	Not seen any errors/near misses/incidents that could have hurt staff/patients/service users	63.8%	*	46.2%	40.7%	80.0%	25.0%	69.6%	20.0%	93.8%	80.0%	*	*	81.8%	35.7%	90.9%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19a	Staff involved in an error/near miss/incident treated fairly	56.8%	*	40.0%	50.0%	60.0%	92.9%	75.0%	*	*	*	*	*	50.0%	42.9%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19b	Encouraged to report errors/near misses/incidents	86.0%	*	84.6%	84.6%	70.0%	100.0%	95.7%	90.0%	100.0%	90.0%	*	*	90.9%	84.6%	70.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19c	Organisation ensure errors/near misses/incidents do not repeat	66.8%	*	72.7%	60.0%	50.0%	86.7%	91.5%	50.0%	50.0%	*	*	*	54.5%	61.5%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19d	Feedback given on changes made following errors/near misses/incidents	61.5%	*	81.8%	54.2%	70.0%	93.3%	93.6%	60.0%	27.3%	*	*	*	60.0%	46.2%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20a	Would feel secure raising concerns about unsafe clinical practice	70.1%	*	61.5%	48.1%	90.0%	87.5%	91.5%	80.0%	81.3%	70.0%	*	*	81.8%	50.0%	72.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20b	Would feel confident that organisation would address concerns about unsafe clinical practice	53.2%	*	38.5%	44.4%	70.0%	68.8%	70.2%	30.0%	62.5%	50.0%	*	*	45.5%	35.7%	27.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q21	Feel organisation respects individual differences	69.4%	*	61.5%	63.0%	70.0%	87.5%	80.9%	70.0%	75.0%	70.0%	*	*	63.6%	42.9%	63.6%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q22	I can eat nutritious and affordable food at work	56.7%	*	30.8%	40.7%	60.0%	56.3%	53.2%	70.0%	81.3%	30.0%	*	*	72.7%	50.0%	81.8%
YOUR PERSONAL DEVELOPMENT	q23a	Received appraisal in the past 12 months	87.3%	*	100.0%	88.5%	100.0%	86.7%	91.5%	90.0%	100.0%	*	*	*	90.9%	100.0%	54.5%
YOUR PERSONAL DEVELOPMENT	q23b	Appraisal helped me improve how I do my job	24.7%	*	23.1%	43.5%	20.0%	23.1%	20.9%	*	12.5%	*	*	*	40.0%	35.7%	*
YOUR PERSONAL DEVELOPMENT	q23c	Appraisal helped me agree clear objectives for my work	31.7%	*	30.8%	47.8%	20.0%	30.8%	23.3%	*	25.0%	*	*	*	*	38.5%	*
YOUR PERSONAL DEVELOPMENT	q23d	Appraisal left me feeling organisation values my work	35.3%	*	30.8%	52.2%	20.0%	23.1%	25.6%	*	43.8%	*	*	*	*	28.6%	*
YOUR PERSONAL DEVELOPMENT	q24a	Organisation offers me challenging work	68.9%	*	69.2%	63.0%	50.0%	81.3%	74.5%	70.0%	87.5%	90.0%	*	*	36.4%	64.3%	63.6%
YOUR PERSONAL DEVELOPMENT	q24b	There are opportunities for me to develop my career in this organisation	48.8%	*	23.1%	40.7%	50.0%	62.5%	44.7%	70.0%	43.8%	50.0%	*	*	45.5%	57.1%	63.6%
YOUR PERSONAL DEVELOPMENT	q24c	Have opportunities to improve my knowledge and skills	67.4%	*	53.8%	66.7%	70.0%	81.3%	85.1%	90.0%	62.5%	60.0%	*	*	63.6%	57.1%	54.5%
YOUR PERSONAL DEVELOPMENT	q24d	Feel supported to develop my potential	55.3%	*	46.2%	51.9%	50.0%	62.5%	59.6%	60.0%	56.3%	60.0%	*	*	54.5%	57.1%	72.7%
YOUR PERSONAL DEVELOPMENT	q24e	Able to access the right learning and development opportunities when I need to	57.8%	*	46.2%	66.7%	50.0%	62.5%	68.1%	60.0%	50.0%	60.0%	*	*	72.7%	64.3%	72.7%
YOUR PERSONAL DEVELOPMENT	q24f	Able to access clinical supervision opportunities	52.9%	*	45.5%	55.6%	70.0%	68.8%	56.8%	70.0%	61.5%	*	*	*	80.0%	50.0%	*
YOUR ORGANISATION	q25a	Care of patients/service users is organisation's top priority	66.0%	*	46.2%	53.8%	60.0%	87.5%	80.9%	50.0%	75.0%	70.0%	*	*	70.0%	57.1%	72.7%
YOUR ORGANISATION	q25b	Organisation acts on concerns raised by patients/service users	63.0%	*	53.8%	46.2%	50.0%	86.7%	85.1%	70.0%	81.3%	60.0%	*	*	90.0%	64.3%	81.8%
YOUR ORGANISATION	q25c	Would recommend organisation as place to work	49.4%	*	30.8%	38.5%	10.0%	62.5%	74.5%	40.0%	56.3%	30.0%	*	*	50.0%	35.7%	54.5%
YOUR ORGANISATION	q25d	If friend/relative needed treatment would be happy with standard of care provided by organisation	51.9%	*	38.5%	46.2%	40.0%	56.3%	70.2%	20.0%	93.8%	30.0%	*	*	50.0%	35.7%	63.6%
YOUR ORGANISATION	q25e	Feel safe to speak up about anything that concerns me in this organisation	58.5%	*	53.8%	42.3%	60.0%	60.0%	72.3%	40.0%	75.0%	50.0%	*	*	90.0%	57.1%	63.6%
YOUR ORGANISATION	q25f	Feel organisation would address any concerns I raised	44.2%	*	30.8%	34.6%	40.0%	53.3%	60.9%	0.0%	50.0%	40.0%	*	*	40.0%	21.4%	45.5%
YOUR ORGANISATION	q26a	I don't often think about leaving this organisation	40.9%	*	15.4%	25.9%	60.0%	43.8%	53.2%	20.0%	43.8%	30.0%	*	*	54.5%	35.7%	63.6%
YOUR ORGANISATION	q26b	I am unlikely to look for a job at a new organisation in the next 12 months	49.1%	*	30.8%	29.6%	60.0%	50.0%	68.1%	20.0%	62.5%	20.0%	*	*	63.6%	42.9%	54.5%
YOUR ORGANISATION	q26c	I am not planning on leaving this organisation	53.9%	*	30.8%	38.5%	60.0%	56.3%	66.0%	20.0%	68.8%	30.0%	*	*	63.6%	57.1%	54.5%
BACKGROUND INFORMATION	q31b	Disability: organisation made reasonable adjustment(s) to enable me to carry out work	79.1%	*	*	*	*	*	91.7%	*	*	*	*	*	*	*	*

Picker

ancashire Teaching Hospitals NHS Foundation Trust
SS24 RAG report - RAG Table Report
reakdown: Locality 4
uppression Threshold: 10

Set RAG % point difference: 3

Key:
100.0%
>3 ppt above
<3 ppt below
In between

Locality 4

Section	Q	Description	Comparator (Organisation Overall)	438 10 Paediatrics Ward 8 (RPH) (T36105)	438 11 Call Centre (T37402)	438 11 Day Treatment Centre (RPH) (T35453)	438 11 Dermatology Outpatients (CDH) (T35415)	438 11 Outpatients (CDH) (T35433)	438 11 Outpatients (RPH) (T35413)	438 11 RTT Validation & Assurance Team	438 11 Radiology Booking Services (T37404)	438 12 COVID-19 Testing - Rapid LFA (T36251)	438 12 Cellular Pathology Main Dept (T36216)	438 12 Clinical Biochemistry (T36224)	438 12 Haematology Main Dept (T36201)	438 12 Microbiology Laboratory (T36209)	438 12 Pathology Core Service (RPH) (T36226)
			n = 3996	n = 16	n = 50	n = 9	n = 3	n = 8	n = 12	n = 17	n = 26	n = 1	n = 19	n = 19	n = 29	n = 24	n = 6
YOUR JOB	q2a	Often/always look forward to going to work	51.5%	37.5%	48.0%	*	*	*	58.3%	29.4%	50.0%	*	36.8%	31.6%	34.5%	54.2%	*
YOUR JOB	q2b	Often/always enthusiastic about my job	67.2%	68.8%	54.0%	*	*	*	83.3%	41.2%	64.0%	*	63.2%	47.4%	27.6%	75.0%	*
YOUR JOB	q2c	Time often/always passes quickly when I am working	73.2%	62.5%	68.0%	*	*	*	83.3%	47.1%	68.0%	*	63.2%	68.4%	58.6%	75.0%	*
YOUR JOB	q3a	Always know what work responsibilities are	88.2%	81.3%	78.0%	*	*	*	83.3%	100.0%	96.2%	*	94.7%	68.4%	79.3%	91.7%	*
YOUR JOB	q3b	Feel trusted to do my job	90.6%	87.5%	88.0%	*	*	*	83.3%	100.0%	96.2%	*	73.7%	73.7%	82.8%	91.7%	*
YOUR JOB	q3c	Opportunities to show initiative frequently in my role	73.9%	87.5%	64.0%	*	*	*	83.3%	70.6%	69.2%	*	63.2%	31.6%	55.2%	75.0%	*
YOUR JOB	q3d	Able to make suggestions to improve the work of my team/dept	73.1%	68.8%	74.0%	*	*	*	83.3%	76.5%	69.2%	*	63.2%	47.4%	60.7%	75.0%	*
YOUR JOB	q3e	Involved in deciding changes that affect work	52.4%	37.5%	44.9%	*	*	*	75.0%	52.9%	38.5%	*	31.6%	36.8%	41.4%	41.7%	*
YOUR JOB	q3f	Able to make improvements happen in my area of work	54.6%	62.5%	42.0%	*	*	*	83.3%	52.9%	57.7%	*	21.1%	31.6%	48.3%	58.3%	*
YOUR JOB	q3g	Able to meet conflicting demands on my time at work	44.7%	25.0%	48.0%	*	*	*	83.3%	52.9%	65.4%	*	42.1%	5.3%	24.1%	58.3%	*
YOUR JOB	q3h	Have adequate materials, supplies and equipment to do my work	46.3%	25.0%	58.0%	*	*	*	91.7%	52.9%	69.2%	*	26.3%	21.1%	34.5%	45.8%	*
YOUR JOB	q3i	Enough staff at organisation to do my job properly	27.2%	6.3%	40.0%	*	*	*	91.7%	17.6%	38.5%	*	21.1%	0.0%	24.1%	8.3%	*
YOUR JOB	q4a	Satisfied with recognition for good work	55.4%	68.8%	56.0%	*	*	*	75.0%	47.1%	34.6%	*	42.1%	21.1%	34.5%	41.7%	*
YOUR JOB	q4b	Satisfied with extent organisation values my work	42.3%	37.5%	42.0%	*	*	*	58.3%	35.3%	38.5%	*	31.6%	21.1%	27.6%	33.3%	*
YOUR JOB	q4c	Satisfied with level of pay	30.4%	26.7%	12.0%	*	*	*	33.3%	23.5%	11.5%	*	42.1%	31.6%	17.2%	29.2%	*
YOUR JOB	q4d	Satisfied with opportunities for flexible working patterns	56.2%	37.5%	38.0%	*	*	*	66.7%	76.5%	46.2%	*	57.9%	36.8%	44.8%	16.7%	*
YOUR JOB	q5a	Have realistic time pressures	25.7%	12.5%	56.0%	*	*	*	50.0%	17.6%	38.5%	*	15.8%	10.5%	13.8%	33.3%	*
YOUR JOB	q5b	Have a choice in deciding how to do my work	52.9%	37.5%	65.3%	*	*	*	36.4%	35.3%	61.5%	*	42.1%	26.3%	44.8%	37.5%	*
YOUR JOB	q5c	Relationships at work are unstrained	44.7%	25.0%	44.9%	*	*	*	50.0%	41.2%	46.2%	*	26.3%	26.3%	24.1%	54.2%	*
YOUR JOB	q6a	Feel my role makes a difference to patients/service users	87.7%	100.0%	77.1%	*	*	*	100.0%	82.4%	73.1%	*	88.9%	84.2%	86.2%	91.3%	*
YOUR JOB	q6b	Organisation is committed to helping balance work and home life	49.0%	31.3%	46.0%	*	*	*	50.0%	76.5%	42.3%	*	26.3%	26.3%	20.7%	29.2%	*
YOUR JOB	q6c	Achieve a good balance between work and home life	56.9%	43.8%	62.0%	*	*	*	50.0%	70.6%	50.0%	*	26.3%	27.8%	34.5%	43.5%	*
YOUR JOB	q6d	Can approach immediate manager to talk openly about flexible working	70.3%	62.5%	74.0%	*	*	*	91.7%	70.6%	53.8%	*	36.8%	47.4%	37.9%	41.7%	*
YOUR TEAM	q7a	Team members have a set of shared objectives	75.2%	43.8%	68.0%	*	*	*	91.7%	100.0%	61.5%	*	89.5%	52.6%	44.8%	79.2%	*
YOUR TEAM	q7b	Team members often meet to discuss the team's effectiveness	65.3%	68.8%	52.0%	*	*	*	83.3%	82.4%	34.6%	*	42.1%	26.3%	27.6%	66.7%	*
YOUR TEAM	q7c	Receive the respect I deserve from my colleagues at work	70.8%	68.8%	74.0%	*	*	*	83.3%	47.1%	73.1%	*	63.2%	68.4%	55.2%	75.0%	*
YOUR TEAM	q7d	Team members understand each other's roles	71.4%	75.0%	78.0%	*	*	*	91.7%	70.6%	53.8%	*	73.7%	42.1%	48.3%	79.2%	*
YOUR TEAM	q7e	Enjoy working with colleagues in team	80.3%	81.3%	84.0%	*	*	*	83.3%	58.8%	80.8%	*	68.4%	63.2%	51.7%	83.3%	*
YOUR TEAM	q7f	Team has enough freedom in how to do its work	57.8%	37.5%	58.0%	*	*	*	66.7%	35.3%	57.7%	*	52.6%	31.6%	24.1%	50.0%	*
YOUR TEAM	q7g	Team deals with disagreements constructively	55.2%	43.8%	54.0%	*	*	*	66.7%	52.9%	42.3%	*	57.9%	31.6%	20.7%	58.3%	*
YOUR TEAM	q7h	Feel valued by my team	71.0%	68.8%	72.0%	*	*	*	83.3%	52.9%	60.0%	*	73.7%	52.6%	55.2%	62.5%	*
YOUR TEAM	q7i	Feel a strong personal attachment to my team	64.2%	56.3%	50.0%	*	*	*	75.0%	41.2%	53.8%	*	52.6%	52.6%	37.9%	66.7%	*
PEOPLE IN YOUR ORGANISATION	q8a	Teams within the organisation work well together to achieve objectives	52.8%	62.5%	40.8%	*	*	*	91.7%	41.2%	57.7%	*	47.4%	21.1%	48.3%	75.0%	*
PEOPLE IN YOUR ORGANISATION	q8b	Colleagues are understanding and kind to one another	68.8%	62.5%	60.0%	*	*	*	75.0%	58.8%	69.2%	*	68.4%	42.1%	37.9%	75.0%	*
PEOPLE IN YOUR ORGANISATION	q8c	Colleagues are polite and treat each other with respect	69.7%	68.8%	64.0%	*	*	*	75.0%	52.9%	69.2%	*	57.9%	63.2%	37.9%	83.3%	*
PEOPLE IN YOUR ORGANISATION	q8d	Colleagues show appreciation to one another	66.2%	56.3%	60.0%	*	*	*	83.3%	52.9%	53.8%	*	57.9%	42.1%	34.5%	70.8%	*
YOUR MANAGERS	q9a	Immediate manager encourages me at work	73.1%	43.8%	80.0%	*	*	*	91.7%	82.4%	61.5%	*	52.6%	52.6%	55.2%	87.5%	*
YOUR MANAGERS	q9b	Immediate manager gives clear feedback on my work	67.3%	50.0%	70.0%	*	*	*	91.7%	88.2%	65.4%	*	47.4%	42.1%	62.1%	70.8%	*
YOUR MANAGERS	q9c	Immediate manager asks for my opinion before making decisions that affect my work	58.4%	25.0%	62.0%	*	*	*	83.3%	70.6%	50.0%	*	42.1%	26.3%	41.4%	54.2%	*
YOUR MANAGERS	q9d	Immediate manager takes a positive interest in my health & well-being	71.0%	50.0%	76.0%	*	*	*	83.3%	76.5%	69.2%	*	52.6%	42.1%	44.8%	70.8%	*
YOUR MANAGERS	q9e	Immediate manager values my work	73.0%	50.0%	79.6%	*	*	*	91.7%	70.6%	61.5%	*	52.6%	52.6%	51.7%	75.0%	*
YOUR MANAGERS	q9f	Immediate manager works with me to understand problems	69.9%	43.8%	76.0%	*	*	*	91.7%	58.8%	65.4%	*	31.6%	42.1%	51.7%	66.7%	*
YOUR MANAGERS	q9g	Immediate manager listens to challenges I face	72.1%	50.0%	74.0%	*	*	*	83.3%	70.6%	69.2%	*	42.1%	57.9%	48.3%	66.7%	*
YOUR MANAGERS	q9h	Immediate manager cares about my concerns	70.8%	50.0%	78.0%	*	*	*	83.3%	70.6%	69.2%	*	42.1%	47.4%	51.7%	66.7%	*
YOUR MANAGERS	q9i	Immediate manager helps me with problems I face	67.1%	43.8%	68.0%	*	*	*	91.7%	58.8%	69.2%	*	47.4%	31.6%	48.3%	62.5%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10b	Don't work any additional paid hours per week for this organisation, over and above contracted hours	66.6%	31.3%	68.0%	*	*	*	66.7%	94.1%	92.3%	*	36.8%	78.9%	62.1%	66.7%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10c	Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	55.3%	56.3%	84.0%	*	*	*	50.0%	88.2%	80.8%	*	47.4%	36.8%	65.5%	62.5%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11a	Organisation takes positive action on health and well-being	56.0%	56.3%	54.0%	*	*	*	58.3%	82.4%	53.8%	*	47.4%	33.3%	37.9%	50.0%	*

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	71.4%	87.5%	78.0%	*	*	*	91.7%	82.4%	84.6%	*	63.2%	72.2%	79.3%	87.5%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11c	In last 12 months, have not felt unwell due to work related stress	59.6%	43.8%	64.0%	*	*	*	66.7%	76.5%	65.4%	*	63.2%	38.9%	41.4%	79.2%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11d	In last 3 months, have not come to work when not feeling well enough to perform duties	44.6%	50.0%	44.0%	*	*	*	58.3%	70.6%	34.6%	*	52.6%	61.1%	48.3%	50.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11e	Not felt pressure from manager to come to work when not feeling well enough	80.2%	*	92.9%	*	*	*	*	*	82.4%	*	*	*	73.3%	91.7%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12a	Never/rarely find work emotionally exhausting	23.6%	12.5%	30.0%	*	*	*	50.0%	35.3%	23.1%	*	26.3%	5.3%	20.7%	41.7%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12b	Never/rarely feel burnt out because of work	29.9%	18.8%	42.0%	*	*	*	66.7%	47.1%	42.3%	*	26.3%	15.8%	20.7%	25.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12c	Never/rarely frustrated by work	20.2%	12.5%	18.0%	*	*	*	50.0%	41.2%	26.9%	*	15.8%	5.3%	13.8%	25.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12d	Never/rarely exhausted by the thought of another day/shift at work	35.7%	12.5%	40.0%	*	*	*	66.7%	35.3%	34.6%	*	31.6%	10.5%	20.7%	29.2%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12e	Never/rarely worn out at the end of work	19.4%	0.0%	26.0%	*	*	*	33.3%	35.3%	19.2%	*	26.3%	5.3%	10.3%	20.8%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12f	Never/rarely feel every working hour is tiring	51.1%	50.0%	53.1%	*	*	*	83.3%	47.1%	50.0%	*	42.1%	36.8%	37.9%	50.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12g	Never/rarely lack energy for family and friends	35.8%	37.5%	42.9%	*	*	*	41.7%	35.3%	42.3%	*	15.8%	31.6%	24.1%	20.8%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public	84.7%	50.0%	96.0%	*	*	*	91.7%	100.0%	100.0%	*	100.0%	100.0%	100.0%	100.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13b	Not experienced physical violence from managers	99.3%	100.0%	100.0%	*	*	*	100.0%	100.0%	100.0%	*	100.0%	100.0%	100.0%	100.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13c	Not experienced physical violence from other colleagues	98.4%	100.0%	100.0%	*	*	*	100.0%	100.0%	100.0%	*	100.0%	100.0%	100.0%	100.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13d	Last experience of physical violence reported	72.5%	*	*	*	*	*	*	*	*	*	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	77.8%	56.3%	69.4%	*	*	*	75.0%	100.0%	65.4%	*	100.0%	100.0%	100.0%	100.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14b	Not experienced harassment, bullying or abuse from managers	92.0%	100.0%	100.0%	*	*	*	91.7%	94.1%	100.0%	*	89.5%	84.2%	93.1%	100.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14c	Not experienced harassment, bullying or abuse from other colleagues	82.0%	93.8%	85.4%	*	*	*	66.7%	76.5%	80.0%	*	84.2%	89.5%	72.4%	87.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14d	Last experience of harassment/bullying/abuse reported	52.6%	*	55.6%	*	*	*	*	*	45.5%	*	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q15	Organisation acts fairly: career progression	57.4%	56.3%	67.3%	*	*	*	58.3%	52.9%	46.2%	*	52.6%	36.8%	65.5%	70.8%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public	93.2%	93.8%	98.0%	*	*	*	83.3%	100.0%	96.2%	*	100.0%	100.0%	100.0%	100.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16b	Not experienced discrimination from manager/team leader or other colleagues	91.9%	93.8%	98.0%	*	*	*	90.9%	93.8%	96.2%	*	89.5%	78.9%	96.6%	100.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	91.7%	93.8%	98.0%	*	*	*	91.7%	100.0%	96.0%	*	100.0%	100.0%	100.0%	100.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	95.9%	100.0%	91.8%	*	*	*	100.0%	100.0%	96.2%	*	89.5%	100.0%	100.0%	100.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q18	Not seen any errors/near misses/incidents that could have hurt staff/patients/service users	63.8%	50.0%	85.7%	*	*	*	75.0%	93.8%	84.0%	*	58.8%	47.4%	44.8%	58.3%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19a	Staff involved in an error/near miss/incident treated fairly	56.8%	81.8%	50.0%	*	*	*	63.6%	45.5%	77.3%	*	40.0%	26.7%	63.0%	80.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19b	Encouraged to report errors/near misses/incidents	86.0%	93.8%	73.8%	*	*	*	100.0%	82.4%	79.2%	*	94.4%	78.9%	89.7%	91.3%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19c	Organisation ensure errors/near misses/incidents do not repeat	66.8%	61.5%	51.4%	*	*	*	90.9%	66.7%	66.7%	*	73.7%	47.1%	71.4%	78.3%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19d	Feedback given on changes made following errors/near misses/incidents	61.5%	60.0%	43.6%	*	*	*	72.7%	53.3%	52.2%	*	68.4%	44.4%	64.3%	60.9%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20a	Would feel secure raising concerns about unsafe clinical practice	70.1%	87.5%	65.3%	*	*	*	83.3%	47.1%	57.7%	*	68.4%	57.9%	79.3%	79.2%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20b	Would feel confident that organisation would address concerns about unsafe clinical practice	53.2%	56.3%	51.0%	*	*	*	50.0%	47.1%	42.3%	*	57.9%	47.4%	58.6%	66.7%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q21	Feel organisation respects individual differences	69.4%	68.8%	59.2%	*	*	*	58.3%	76.5%	64.0%	*	73.7%	42.1%	72.4%	62.5%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q22	I can eat nutritious and affordable food at work	56.7%	50.0%	57.1%	*	*	*	75.0%	82.4%	61.5%	*	78.9%	52.6%	69.0%	62.5%	*
YOUR PERSONAL DEVELOPMENT	q23a	Received appraisal in the past 12 months	87.3%	81.3%	87.5%	*	*	*	100.0%	94.1%	80.8%	*	78.9%	78.9%	78.6%	87.5%	*
YOUR PERSONAL DEVELOPMENT	q23b	Appraisal helped me improve how I do my job	24.7%	30.8%	14.6%	*	*	*	27.3%	31.3%	28.6%	*	13.3%	6.7%	18.2%	10.0%	*
YOUR PERSONAL DEVELOPMENT	q23c	Appraisal helped me agree clear objectives for my work	31.7%	30.8%	24.4%	*	*	*	36.4%	31.3%	28.6%	*	20.0%	6.7%	27.3%	19.0%	*
YOUR PERSONAL DEVELOPMENT	q23d	Appraisal left me feeling organisation values my work	35.3%	23.1%	41.5%	*	*	*	27.3%	25.0%	38.1%	*	26.7%	20.0%	22.7%	14.3%	*
YOUR PERSONAL DEVELOPMENT	q24a	Organisation offers me challenging work	68.9%	87.5%	51.0%	*	*	*	54.5%	70.6%	61.5%	*	68.4%	78.9%	62.1%	54.2%	*
YOUR PERSONAL DEVELOPMENT	q24b	There are opportunities for me to develop my career in this organisation	48.8%	50.0%	51.0%	*	*	*	58.3%	52.9%	34.6%	*	57.9%	21.1%	48.3%	50.0%	*
YOUR PERSONAL DEVELOPMENT	q24c	Have opportunities to improve my knowledge and skills	67.4%	81.3%	53.1%	*	*	*	83.3%	64.7%	46.2%	*	63.2%	57.9%	58.6%	70.8%	*
YOUR PERSONAL DEVELOPMENT	q24d	Feel supported to develop my potential	55.3%	56.3%	44.9%	*	*	*	75.0%	58.8%	42.3%	*	31.6%	22.2%	44.8%	62.5%	*
YOUR PERSONAL DEVELOPMENT	q24e	Able to access the right learning and development opportunities when I need to	57.8%	50.0%	40.8%	*	*	*	75.0%	70.6%	53.8%	*	47.4%	31.6%	41.4%	41.7%	*
YOUR PERSONAL DEVELOPMENT	q24f	Able to access clinical supervision opportunities	52.9%	64.3%	16.1%	*	*	*	83.3%	*	35.3%	*	53.8%	30.0%	14.3%	31.6%	*
YOUR ORGANISATION	q25a	Care of patients/service users is organisation's top priority	66.0%	68.8%	64.0%	*	*	*	75.0%	64.7%	73.1%	*	68.4%	68.4%	65.5%	70.8%	*
YOUR ORGANISATION	q25b	Organisation acts on concerns raised by patients/service users	63.0%	81.3%	61.2%	*	*	*	75.0%	52.9%	80.8%	*	68.4%	52.6%	58.6%	58.3%	*
YOUR ORGANISATION	q25c	Would recommend organisation as place to work	49.4%	31.3%	46.0%	*	*	*	58.3%	64.7%	46.2%	*	42.1%	26.3%	34.5%	45.8%	*
YOUR ORGANISATION	q25d	If friend/relative needed treatment would be happy with standard of care provided by organisation	51.9%	43.8%	52.0%	*	*	*	66.7%	47.1%	65.4%	*	52.6%	42.1%	51.7%	45.8%	*
YOUR ORGANISATION	q25e	Feel safe to speak up about anything that concerns me in this organisation	58.5%	62.5%	64.0%	*	*	*	66.7%	47.1%	61.5%	*	36.8%	31.6%	65.5%	50.0%	*
YOUR ORGANISATION	q25f	Feel organisation would address any concerns I raised	44.2%	43.8%	44.0%	*	*	*	50.0%	47.1%	46.2%	*	42.1%	21.1%	41.4%	37.5%	*
YOUR ORGANISATION	q26a	I don't often think about leaving this organisation	40.9%	31.3%	38.8%	*	*	*	50.0%	29.4%	34.6%	*	31.6%	26.3%	37.9%	33.3%	*
YOUR ORGANISATION	q26b	I am unlikely to look for a job at a new organisation in the next 12 months	49.1%	31.3%	60.4%	*	*	*	41.7%	29.4%	34.6%	*	47.4%	42.1%	41.4%	41.7%	*
YOUR ORGANISATION	q26c	I am not planning on leaving this organisation	53.9%	43.8%	54.2%	*	*	*	41.7%	29.4%	38.5%	*	52.6%	42.1%	44.8%	41.7%	*
BACKGROUND INFORMATION	q31b	Disability: organisation made reasonable adjustment(s) to enable me to carry out work	79.1%	*	*	*	*	*	*	*	*	*	*	*	*	*	*

Picker

ancashire Teaching Hospitals NHS Foundation Trust
SS24 RAG report - RAG Table Report
reakdown: Locality 4
uppression Threshold: 10

Set RAG % point difference: 3

Key:
100.0%
>3 ppt above
<3 ppt below
In between

Locality 4

Section	Q	Description	Comparator (Organisation Overall)	438 12 Phlebotomy (T36228)	438 12 Preston/receipt Sample in (T36227)	438 14 Audiology (T35170)	438 14 ENT DoSA & Day Case Ward (RPH) (T35174)	438 14 ENT Medical (T35166)	438 14 ENT Unit (T35167)	438 14 ENT Ward 3 (RPH) (T35168)	438 14 Head & Neck Medical Secretaries (RPH) (T35151)	438 14 Ophthalmology Clinical Team (CDH)	438 14 Ophthalmology Medical (T35153)	438 14 Ophthalmology Unit (T35172)	438 14 Oral Outpatients (RPH) (T35161)	438 14 Oral Surgery Medical (T35160)	438 14 Orthoptics (T35158)
			n = 3996	n = 9	n = 14	n = 11	n = 13	n = 2	n = 12	n = 14	n = 5	n = 17	n = 9	n = 19	n = 7	n = 1	n = 15
YOUR JOB	q2a	Often/always look forward to going to work	51.5%	*	21.4%	27.3%	25.0%	*	66.7%	42.9%	*	52.9%	*	78.9%	*	*	66.7%
YOUR JOB	q2b	Often/always enthusiastic about my job	67.2%	*	21.4%	54.5%	25.0%	*	75.0%	69.2%	*	64.7%	*	89.5%	*	*	86.7%
YOUR JOB	q2c	Time often/always passes quickly when I am working	73.2%	*	42.9%	54.5%	58.3%	*	58.3%	50.0%	*	82.4%	*	84.2%	*	*	100.0%
YOUR JOB	q3a	Always know what work responsibilities are	88.2%	*	92.9%	54.5%	100.0%	*	91.7%	100.0%	*	76.5%	*	89.5%	*	*	93.3%
YOUR JOB	q3b	Feel trusted to do my job	90.6%	*	85.7%	54.5%	100.0%	*	91.7%	92.9%	*	94.1%	*	100.0%	*	*	93.3%
YOUR JOB	q3c	Opportunities to show initiative frequently in my role	73.9%	*	35.7%	45.5%	69.2%	*	75.0%	78.6%	*	64.7%	*	84.2%	*	*	80.0%
YOUR JOB	q3d	Able to make suggestions to improve the work of my team/dept	73.1%	*	28.6%	63.6%	61.5%	*	83.3%	71.4%	*	58.8%	*	78.9%	*	*	80.0%
YOUR JOB	q3e	Involved in deciding changes that affect work	52.4%	*	14.3%	45.5%	38.5%	*	66.7%	50.0%	*	41.2%	*	63.2%	*	*	80.0%
YOUR JOB	q3f	Able to make improvements happen in my area of work	54.6%	*	21.4%	36.4%	30.8%	*	58.3%	50.0%	*	70.6%	*	55.6%	*	*	80.0%
YOUR JOB	q3g	Able to meet conflicting demands on my time at work	44.7%	*	28.6%	18.2%	53.8%	*	83.3%	57.1%	*	29.4%	*	83.3%	*	*	66.7%
YOUR JOB	q3h	Have adequate materials, supplies and equipment to do my work	46.3%	*	42.9%	27.3%	38.5%	*	83.3%	64.3%	*	64.7%	*	84.2%	*	*	80.0%
YOUR JOB	q3i	Enough staff at organisation to do my job properly	27.2%	*	21.4%	18.2%	46.2%	*	66.7%	50.0%	*	5.9%	*	26.3%	*	*	80.0%
YOUR JOB	q4a	Satisfied with recognition for good work	55.4%	*	14.3%	18.2%	69.2%	*	75.0%	64.3%	*	70.6%	*	63.2%	*	*	66.7%
YOUR JOB	q4b	Satisfied with extent organisation values my work	42.3%	*	0.0%	18.2%	38.5%	*	58.3%	57.1%	*	47.1%	*	52.6%	*	*	60.0%
YOUR JOB	q4c	Satisfied with level of pay	30.4%	*	0.0%	45.5%	15.4%	*	25.0%	21.4%	*	23.5%	*	31.6%	*	*	53.3%
YOUR JOB	q4d	Satisfied with opportunities for flexible working patterns	56.2%	*	21.4%	27.3%	46.2%	*	83.3%	28.6%	*	47.1%	*	57.9%	*	*	53.3%
YOUR JOB	q5a	Have realistic time pressures	25.7%	*	7.1%	18.2%	30.8%	*	66.7%	28.6%	*	35.3%	*	47.4%	*	*	46.7%
YOUR JOB	q5b	Have a choice in deciding how to do my work	52.9%	*	35.7%	18.2%	46.2%	*	58.3%	71.4%	*	64.7%	*	26.3%	*	*	46.7%
YOUR JOB	q5c	Relationships at work are unstrained	44.7%	*	35.7%	9.1%	53.8%	*	58.3%	42.9%	*	35.3%	*	63.2%	*	*	66.7%
YOUR JOB	q6a	Feel my role makes a difference to patients/service users	87.7%	*	76.9%	81.8%	76.9%	*	100.0%	100.0%	*	88.2%	*	94.7%	*	*	100.0%
YOUR JOB	q6b	Organisation is committed to helping balance work and home life	49.0%	*	0.0%	27.3%	23.1%	*	66.7%	35.7%	*	47.1%	*	73.7%	*	*	60.0%
YOUR JOB	q6c	Achieve a good balance between work and home life	56.9%	*	14.3%	27.3%	38.5%	*	83.3%	57.1%	*	58.8%	*	84.2%	*	*	66.7%
YOUR JOB	q6d	Can approach immediate manager to talk openly about flexible working	70.3%	*	21.4%	36.4%	92.3%	*	83.3%	78.6%	*	58.8%	*	63.2%	*	*	73.3%
YOUR TEAM	q7a	Team members have a set of shared objectives	75.2%	*	57.1%	45.5%	76.9%	*	75.0%	85.7%	*	58.8%	*	100.0%	*	*	93.3%
YOUR TEAM	q7b	Team members often meet to discuss the team's effectiveness	65.3%	*	7.1%	45.5%	53.8%	*	100.0%	78.6%	*	82.4%	*	94.7%	*	*	86.7%
YOUR TEAM	q7c	Receive the respect I deserve from my colleagues at work	70.8%	*	42.9%	27.3%	61.5%	*	83.3%	71.4%	*	64.7%	*	84.2%	*	*	93.3%
YOUR TEAM	q7d	Team members understand each other's roles	71.4%	*	50.0%	36.4%	76.9%	*	75.0%	64.3%	*	52.9%	*	94.7%	*	*	93.3%
YOUR TEAM	q7e	Enjoy working with colleagues in team	80.3%	*	64.3%	18.2%	76.9%	*	83.3%	71.4%	*	76.5%	*	100.0%	*	*	100.0%
YOUR TEAM	q7f	Team has enough freedom in how to do its work	57.8%	*	50.0%	27.3%	50.0%	*	75.0%	42.9%	*	52.9%	*	78.9%	*	*	80.0%
YOUR TEAM	q7g	Team deals with disagreements constructively	55.2%	*	14.3%	0.0%	53.8%	*	75.0%	57.1%	*	29.4%	*	78.9%	*	*	60.0%
YOUR TEAM	q7h	Feel valued by my team	71.0%	*	35.7%	9.1%	69.2%	*	83.3%	71.4%	*	62.5%	*	94.7%	*	*	86.7%
YOUR TEAM	q7i	Feel a strong personal attachment to my team	64.2%	*	35.7%	36.4%	76.9%	*	75.0%	50.0%	*	76.5%	*	78.9%	*	*	60.0%
PEOPLE IN YOUR ORGANISATION	q8a	Teams within the organisation work well together to achieve objectives	52.8%	*	28.6%	27.3%	53.8%	*	66.7%	57.1%	*	52.9%	*	68.4%	*	*	73.3%
PEOPLE IN YOUR ORGANISATION	q8b	Colleagues are understanding and kind to one another	68.8%	*	42.9%	0.0%	76.9%	*	75.0%	57.1%	*	52.9%	*	94.7%	*	*	93.3%
PEOPLE IN YOUR ORGANISATION	q8c	Colleagues are polite and treat each other with respect	69.7%	*	42.9%	0.0%	69.2%	*	75.0%	53.8%	*	52.9%	*	94.7%	*	*	93.3%
PEOPLE IN YOUR ORGANISATION	q8d	Colleagues show appreciation to one another	66.2%	*	28.6%	0.0%	69.2%	*	75.0%	57.1%	*	47.1%	*	89.5%	*	*	73.3%
YOUR MANAGERS	q9a	Immediate manager encourages me at work	73.1%	*	28.6%	54.5%	84.6%	*	91.7%	78.6%	*	76.5%	*	89.5%	*	*	93.3%
YOUR MANAGERS	q9b	Immediate manager gives clear feedback on my work	67.3%	*	7.1%	45.5%	84.6%	*	83.3%	85.7%	*	58.8%	*	84.2%	*	*	86.7%
YOUR MANAGERS	q9c	Immediate manager asks for my opinion before making decisions that affect my work	58.4%	*	14.3%	45.5%	69.2%	*	91.7%	71.4%	*	64.7%	*	52.6%	*	*	60.0%
YOUR MANAGERS	q9d	Immediate manager takes a positive interest in my health & well-being	71.0%	*	21.4%	63.6%	92.3%	*	91.7%	78.6%	*	70.6%	*	84.2%	*	*	80.0%
YOUR MANAGERS	q9e	Immediate manager values my work	73.0%	*	50.0%	54.5%	92.3%	*	91.7%	78.6%	*	76.5%	*	84.2%	*	*	86.7%
YOUR MANAGERS	q9f	Immediate manager works with me to understand problems	69.9%	*	35.7%	54.5%	84.6%	*	91.7%	78.6%	*	70.6%	*	84.2%	*	*	80.0%
YOUR MANAGERS	q9g	Immediate manager listens to challenges I face	72.1%	*	42.9%	72.7%	92.3%	*	83.3%	85.7%	*	76.5%	*	78.9%	*	*	73.3%
YOUR MANAGERS	q9h	Immediate manager cares about my concerns	70.8%	*	42.9%	63.6%	92.3%	*	83.3%	85.7%	*	70.6%	*	84.2%	*	*	73.3%
YOUR MANAGERS	q9i	Immediate manager helps me with problems I face	67.1%	*	42.9%	63.6%	84.6%	*	83.3%	78.6%	*	52.9%	*	78.9%	*	*	86.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10b	Don't work any additional paid hours per week for this organisation, over and above contracted hours	66.6%	*	50.0%	90.9%	84.6%	*	75.0%	50.0%	*	88.2%	*	84.2%	*	*	80.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10c	Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	55.3%	*	71.4%	54.5%	76.9%	*	83.3%	50.0%	*	70.6%	*	73.7%	*	*	73.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11a	Organisation takes positive action on health and well-being	56.0%	*	15.4%	45.5%	46.2%	*	45.5%	42.9%	*	58.8%	*	78.9%	*	*	80.0%

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	71.4%	*	57.1%	72.7%	76.9%	*	72.7%	64.3%	*	82.4%	*	73.7%	*	*	80.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11c	In last 12 months, have not felt unwell due to work related stress	59.6%	*	50.0%	36.4%	69.2%	*	63.6%	35.7%	*	64.7%	*	78.9%	*	*	66.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11d	In last 3 months, have not come to work when not feeling well enough to perform duties	44.6%	*	28.6%	27.3%	53.8%	*	63.6%	42.9%	*	35.3%	*	57.9%	*	*	53.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11e	Not felt pressure from manager to come to work when not feeling well enough	80.2%	*	40.0%	*	*	*	*	*	*	81.8%	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12a	Never/rarely find work emotionally exhausting	23.6%	*	28.6%	9.1%	30.8%	*	36.4%	42.9%	*	35.3%	*	36.8%	*	*	33.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12b	Never/rarely feel burnt out because of work	29.9%	*	14.3%	27.3%	30.8%	*	54.5%	35.7%	*	29.4%	*	52.6%	*	*	60.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12c	Never/rarely frustrated by work	20.2%	*	7.1%	9.1%	15.4%	*	45.5%	35.7%	*	29.4%	*	21.1%	*	*	40.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12d	Never/rarely exhausted by the thought of another day/shift at work	35.7%	*	21.4%	36.4%	25.0%	*	72.7%	21.4%	*	35.3%	*	47.4%	*	*	60.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12e	Never/rarely worn out at the end of work	19.4%	*	7.1%	9.1%	15.4%	*	45.5%	21.4%	*	17.6%	*	26.3%	*	*	33.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12f	Never/rarely feel every working hour is tiring	51.1%	*	21.4%	45.5%	30.8%	*	90.9%	50.0%	*	52.9%	*	52.6%	*	*	80.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12g	Never/rarely lack energy for family and friends	35.8%	*	14.3%	18.2%	30.8%	*	63.6%	35.7%	*	41.2%	*	36.8%	*	*	40.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public	84.7%	*	100.0%	90.9%	100.0%	*	90.9%	57.1%	*	100.0%	*	94.7%	*	*	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13b	Not experienced physical violence from managers	99.3%	*	100.0%	100.0%	100.0%	*	100.0%	100.0%	*	100.0%	*	100.0%	*	*	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13c	Not experienced physical violence from other colleagues	98.4%	*	100.0%	100.0%	100.0%	*	100.0%	100.0%	*	100.0%	*	100.0%	*	*	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13d	Last experience of physical violence reported	72.5%	*	*	*	*	*	*	*	*	*	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	77.8%	*	92.9%	63.6%	76.9%	*	54.5%	57.1%	*	58.8%	*	89.5%	*	*	86.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14b	Not experienced harassment, bullying or abuse from managers	92.0%	*	85.7%	81.8%	92.3%	*	100.0%	85.7%	*	94.1%	*	94.7%	*	*	93.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14c	Not experienced harassment, bullying or abuse from other colleagues	82.0%	*	84.6%	63.6%	66.7%	*	100.0%	78.6%	*	70.6%	*	100.0%	*	*	93.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14d	Last experience of harassment/bullying/abuse reported	52.6%	*	*	*	*	*	*	*	*	*	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q15	Organisation acts fairly: career progression	57.4%	*	42.9%	18.2%	66.7%	*	36.4%	50.0%	*	76.5%	*	73.7%	*	*	80.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public	93.2%	*	100.0%	90.9%	92.3%	*	81.8%	85.7%	*	94.1%	*	100.0%	*	*	80.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16b	Not experienced discrimination from manager/team leader or other colleagues	91.9%	*	92.9%	81.8%	100.0%	*	81.8%	85.7%	*	93.3%	*	100.0%	*	*	92.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	91.7%	*	100.0%	81.8%	100.0%	*	81.8%	78.6%	*	94.1%	*	84.2%	*	*	93.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	95.9%	*	85.7%	100.0%	100.0%	*	81.8%	92.9%	*	100.0%	*	94.7%	*	*	93.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q18	Not seen any errors/near misses/incidents that could have hurt staff/patients/service users	63.8%	*	57.1%	50.0%	76.9%	*	81.8%	78.6%	*	82.4%	*	84.2%	*	*	93.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19a	Staff involved in an error/near miss/incident treated fairly	56.8%	*	50.0%	*	*	*	*	36.4%	*	40.0%	*	46.2%	*	*	81.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19b	Encouraged to report errors/near misses/incidents	86.0%	*	72.7%	72.7%	84.6%	*	100.0%	92.9%	*	100.0%	*	94.7%	*	*	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19c	Organisation ensure errors/near misses/incidents do not repeat	66.8%	*	41.7%	*	66.7%	*	*	71.4%	*	70.0%	*	89.5%	*	*	78.6%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19d	Feedback given on changes made following errors/near misses/incidents	61.5%	*	41.7%	*	66.7%	*	80.0%	69.2%	*	*	*	84.2%	*	*	93.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20a	Would feel secure raising concerns about unsafe clinical practice	70.1%	*	57.1%	45.5%	76.9%	*	72.7%	71.4%	*	64.7%	*	73.7%	*	*	73.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20b	Would feel confident that organisation would address concerns about unsafe clinical practice	53.2%	*	42.9%	20.0%	46.2%	*	63.6%	42.9%	*	64.7%	*	78.9%	*	*	66.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q21	Feel organisation respects individual differences	69.4%	*	57.1%	63.6%	84.6%	*	72.7%	85.7%	*	76.5%	*	94.7%	*	*	80.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q22	I can eat nutritious and affordable food at work	56.7%	*	35.7%	36.4%	61.5%	*	81.8%	35.7%	*	52.9%	*	78.9%	*	*	60.0%
YOUR PERSONAL DEVELOPMENT	q23a	Received appraisal in the past 12 months	87.3%	*	64.3%	54.5%	100.0%	*	91.7%	78.6%	*	76.5%	*	78.9%	*	*	100.0%
YOUR PERSONAL DEVELOPMENT	q23b	Appraisal helped me improve how I do my job	24.7%	*	*	*	16.7%	*	27.3%	45.5%	*	23.1%	*	20.0%	*	*	40.0%
YOUR PERSONAL DEVELOPMENT	q23c	Appraisal helped me agree clear objectives for my work	31.7%	*	*	*	16.7%	*	36.4%	63.6%	*	53.8%	*	28.6%	*	*	66.7%
YOUR PERSONAL DEVELOPMENT	q23d	Appraisal left me feeling organisation values my work	35.3%	*	*	*	27.3%	*	45.5%	63.6%	*	46.2%	*	40.0%	*	*	66.7%
YOUR PERSONAL DEVELOPMENT	q24a	Organisation offers me challenging work	68.9%	*	28.6%	72.7%	58.3%	*	50.0%	50.0%	*	64.7%	*	57.9%	*	*	80.0%
YOUR PERSONAL DEVELOPMENT	q24b	There are opportunities for me to develop my career in this organisation	48.8%	*	28.6%	27.3%	41.7%	*	58.3%	64.3%	*	64.7%	*	57.9%	*	*	73.3%
YOUR PERSONAL DEVELOPMENT	q24c	Have opportunities to improve my knowledge and skills	67.4%	*	42.9%	36.4%	58.3%	*	75.0%	64.3%	*	76.5%	*	78.9%	*	*	93.3%
YOUR PERSONAL DEVELOPMENT	q24d	Feel supported to develop my potential	55.3%	*	7.1%	9.1%	50.0%	*	50.0%	50.0%	*	64.7%	*	68.4%	*	*	80.0%
YOUR PERSONAL DEVELOPMENT	q24e	Able to access the right learning and development opportunities when I need to	57.8%	*	28.6%	9.1%	58.3%	*	66.7%	50.0%	*	82.4%	*	68.4%	*	*	80.0%
YOUR PERSONAL DEVELOPMENT	q24f	Able to access clinical supervision opportunities	52.9%	*	*	*	45.5%	*	50.0%	50.0%	*	*	*	77.8%	*	*	85.7%
YOUR ORGANISATION	q25a	Care of patients/service users is organisation's top priority	66.0%	*	57.1%	54.5%	54.5%	*	66.7%	71.4%	*	70.6%	*	89.5%	*	*	93.3%
YOUR ORGANISATION	q25b	Organisation acts on concerns raised by patients/service users	63.0%	*	42.9%	63.6%	41.7%	*	66.7%	64.3%	*	64.7%	*	84.2%	*	*	86.7%
YOUR ORGANISATION	q25c	Would recommend organisation as place to work	49.4%	*	14.3%	27.3%	41.7%	*	58.3%	50.0%	*	47.1%	*	68.4%	*	*	86.7%
YOUR ORGANISATION	q25d	If friend/relative needed treatment would be happy with standard of care provided by organisation	51.9%	*	14.3%	36.4%	41.7%	*	58.3%	42.9%	*	70.6%	*	63.2%	*	*	86.7%
YOUR ORGANISATION	q25e	Feel safe to speak up about anything that concerns me in this organisation	58.5%	*	21.4%	45.5%	50.0%	*	75.0%	64.3%	*	58.8%	*	68.4%	*	*	66.7%
YOUR ORGANISATION	q25f	Feel organisation would address any concerns I raised	44.2%	*	0.0%	9.1%	36.4%	*	50.0%	50.0%	*	47.1%	*	73.7%	*	*	66.7%
YOUR ORGANISATION	q26a	I don't often think about leaving this organisation	40.9%	*	15.4%	18.2%	25.0%	*	50.0%	21.4%	*	52.9%	*	52.6%	*	*	60.0%
YOUR ORGANISATION	q26b	I am unlikely to look for a job at a new organisation in the next 12 months	49.1%	*	7.7%	27.3%	50.0%	*	50.0%	21.4%	*	52.9%	*	57.9%	*	*	80.0%
YOUR ORGANISATION	q26c	I am not planning on leaving this organisation	53.9%	*	7.7%	27.3%	50.0%	*	50.0%	28.6%	*	52.9%	*	57.9%	*	*	66.7%
BACKGROUND INFORMATION	q31b	Disability: organisation made reasonable adjustment(s) to enable me to carry out work	79.1%	*	*	*	*	*	*	*	*	*	*	*	*	*	*

Picker

ancashire Teaching Hospitals NHS Foundation Trust
SS24 RAG report - RAG Table Report
reakdown: Locality 4
uppression Threshold: 10

Set RAG % point difference: 3

Key:
100.0%
>3 ppt above
<3 ppt below
In between

Locality 4

Section	Q	Description	Comparator (Organisation Overall)	438 14 Special Care Dental Unit (T35162)	438 15 Discharge Lounge (RPH) (T35526)	438 15 Hospital Capacity Management Team (T35444)	438 15 Integrated Discharge Service (T35402)	438 16 Renal Dialysis Unit (CDH) (T35860)	438 16 Renal Dialysis Unit (RPH) (T35852)	438 16 Renal Home Dialysis (T35859)	438 16 Renal Management (T35850)	438 16 Renal Medical (T35851)	438 16 Renal Satellite Unit Kendal (T35864)	438 16 Renal Specialist Nurses (T35861)	438 16 Renal Tech Maint (RPH) (T35854)	438 16 Renal Ward 25 (RPH) (T35853)	438 17 Acute Assessment Unit (AAU) (RPH) (T35855)
			n = 3996	n = 8	n = 7	n = 16	n = 34	n = 10	n = 22	n = 10	n = 10	n = 5	n = 15	n = 13	n = 5	n = 7	n = 8
YOUR JOB	q2a	Often/always look forward to going to work	51.5%	*	*	43.8%	58.8%	90.0%	81.0%	70.0%	60.0%	*	60.0%	69.2%	*	*	*
YOUR JOB	q2b	Often/always enthusiastic about my job	67.2%	*	*	43.8%	67.6%	100.0%	90.9%	90.0%	70.0%	*	73.3%	76.9%	*	*	*
YOUR JOB	q2c	Time often/always passes quickly when I am working	73.2%	*	*	68.8%	64.7%	80.0%	85.7%	100.0%	80.0%	*	73.3%	84.6%	*	*	*
YOUR JOB	q3a	Always know what work responsibilities are	88.2%	*	*	81.3%	85.3%	90.0%	95.5%	80.0%	90.0%	*	93.3%	92.3%	*	*	*
YOUR JOB	q3b	Feel trusted to do my job	90.6%	*	*	68.8%	85.3%	100.0%	100.0%	100.0%	90.0%	*	100.0%	100.0%	*	*	*
YOUR JOB	q3c	Opportunities to show initiative frequently in my role	73.9%	*	*	62.5%	76.5%	100.0%	95.5%	100.0%	80.0%	*	80.0%	92.3%	*	*	*
YOUR JOB	q3d	Able to make suggestions to improve the work of my team/dept	73.1%	*	*	62.5%	73.5%	100.0%	95.5%	100.0%	80.0%	*	100.0%	84.6%	*	*	*
YOUR JOB	q3e	Involved in deciding changes that affect work	52.4%	*	*	43.8%	52.9%	80.0%	77.3%	60.0%	50.0%	*	60.0%	84.6%	*	*	*
YOUR JOB	q3f	Able to make improvements happen in my area of work	54.6%	*	*	56.3%	47.1%	90.0%	81.8%	90.0%	50.0%	*	60.0%	69.2%	*	*	*
YOUR JOB	q3g	Able to meet conflicting demands on my time at work	44.7%	*	*	37.5%	36.4%	70.0%	72.7%	50.0%	30.0%	*	60.0%	23.1%	*	*	*
YOUR JOB	q3h	Have adequate materials, supplies and equipment to do my work	46.3%	*	*	25.0%	47.1%	80.0%	68.2%	60.0%	30.0%	*	80.0%	15.4%	*	*	*
YOUR JOB	q3i	Enough staff at organisation to do my job properly	27.2%	*	*	18.8%	17.6%	40.0%	50.0%	30.0%	10.0%	*	60.0%	23.1%	*	*	*
YOUR JOB	q4a	Satisfied with recognition for good work	55.4%	*	*	25.0%	52.9%	90.0%	63.6%	80.0%	70.0%	*	86.7%	61.5%	*	*	*
YOUR JOB	q4b	Satisfied with extent organisation values my work	42.3%	*	*	12.5%	38.2%	70.0%	59.1%	50.0%	40.0%	*	53.3%	30.8%	*	*	*
YOUR JOB	q4c	Satisfied with level of pay	30.4%	*	*	43.8%	30.3%	20.0%	27.3%	10.0%	20.0%	*	13.3%	23.1%	*	*	*
YOUR JOB	q4d	Satisfied with opportunities for flexible working patterns	56.2%	*	*	18.8%	33.3%	60.0%	68.2%	40.0%	40.0%	*	40.0%	76.9%	*	*	*
YOUR JOB	q5a	Have realistic time pressures	25.7%	*	*	12.5%	29.4%	70.0%	27.3%	20.0%	50.0%	*	53.3%	7.7%	*	*	*
YOUR JOB	q5b	Have a choice in deciding how to do my work	52.9%	*	*	25.0%	50.0%	40.0%	54.5%	60.0%	80.0%	*	46.7%	76.9%	*	*	*
YOUR JOB	q5c	Relationships at work are unstrained	44.7%	*	*	18.8%	52.9%	90.0%	54.5%	80.0%	60.0%	*	86.7%	53.8%	*	*	*
YOUR JOB	q6a	Feel my role makes a difference to patients/service users	87.7%	*	*	73.3%	94.1%	100.0%	81.8%	100.0%	*	*	93.3%	100.0%	*	*	*
YOUR JOB	q6b	Organisation is committed to helping balance work and home life	49.0%	*	*	12.5%	58.8%	90.0%	63.6%	50.0%	50.0%	*	46.7%	38.5%	*	*	*
YOUR JOB	q6c	Achieve a good balance between work and home life	56.9%	*	*	31.3%	64.7%	70.0%	59.1%	60.0%	50.0%	*	60.0%	61.5%	*	*	*
YOUR JOB	q6d	Can approach immediate manager to talk openly about flexible working	70.3%	*	*	37.5%	52.9%	80.0%	90.9%	80.0%	60.0%	*	86.7%	76.9%	*	*	*
YOUR TEAM	q7a	Team members have a set of shared objectives	75.2%	*	*	43.8%	76.5%	90.0%	81.8%	100.0%	50.0%	*	100.0%	84.6%	*	*	*
YOUR TEAM	q7b	Team members often meet to discuss the team's effectiveness	65.3%	*	*	31.3%	64.7%	100.0%	77.3%	100.0%	40.0%	*	93.3%	76.9%	*	*	*
YOUR TEAM	q7c	Receive the respect I deserve from my colleagues at work	70.8%	*	*	50.0%	73.5%	100.0%	86.4%	100.0%	100.0%	*	86.7%	84.6%	*	*	*
YOUR TEAM	q7d	Team members understand each other's roles	71.4%	*	*	75.0%	67.6%	60.0%	68.2%	100.0%	80.0%	*	86.7%	76.9%	*	*	*
YOUR TEAM	q7e	Enjoy working with colleagues in team	80.3%	*	*	81.3%	76.5%	100.0%	90.9%	100.0%	100.0%	*	100.0%	76.9%	*	*	*
YOUR TEAM	q7f	Team has enough freedom in how to do its work	57.8%	*	*	37.5%	52.9%	90.0%	81.8%	90.0%	50.0%	*	100.0%	69.2%	*	*	*
YOUR TEAM	q7g	Team deals with disagreements constructively	55.2%	*	*	31.3%	61.8%	90.0%	90.9%	60.0%	70.0%	*	60.0%	53.8%	*	*	*
YOUR TEAM	q7h	Feel valued by my team	71.0%	*	*	37.5%	76.5%	*	95.5%	100.0%	100.0%	*	100.0%	76.9%	*	*	*
YOUR TEAM	q7i	Feel a strong personal attachment to my team	64.2%	*	*	50.0%	61.8%	90.0%	72.7%	90.0%	90.0%	*	86.7%	84.6%	*	*	*
PEOPLE IN YOUR ORGANISATION	q8a	Teams within the organisation work well together to achieve objectives	52.8%	*	*	12.5%	64.7%	80.0%	59.1%	80.0%	40.0%	*	80.0%	69.2%	*	*	*
PEOPLE IN YOUR ORGANISATION	q8b	Colleagues are understanding and kind to one another	68.8%	*	*	50.0%	79.4%	90.0%	86.4%	100.0%	100.0%	*	100.0%	92.3%	*	*	*
PEOPLE IN YOUR ORGANISATION	q8c	Colleagues are polite and treat each other with respect	69.7%	*	*	50.0%	79.4%	100.0%	90.9%	100.0%	100.0%	*	93.3%	84.6%	*	*	*
PEOPLE IN YOUR ORGANISATION	q8d	Colleagues show appreciation to one another	66.2%	*	*	56.3%	76.5%	100.0%	77.3%	90.0%	100.0%	*	100.0%	69.2%	*	*	*
YOUR MANAGERS	q9a	Immediate manager encourages me at work	73.1%	*	*	43.8%	70.6%	100.0%	95.5%	90.0%	60.0%	*	93.3%	92.3%	*	*	*
YOUR MANAGERS	q9b	Immediate manager gives clear feedback on my work	67.3%	*	*	33.3%	73.5%	100.0%	81.8%	80.0%	50.0%	*	80.0%	76.9%	*	*	*
YOUR MANAGERS	q9c	Immediate manager asks for my opinion before making decisions that affect my work	58.4%	*	*	25.0%	47.1%	100.0%	77.3%	90.0%	50.0%	*	66.7%	53.8%	*	*	*
YOUR MANAGERS	q9d	Immediate manager takes a positive interest in my health & well-being	71.0%	*	*	43.8%	67.6%	90.0%	81.8%	100.0%	50.0%	*	93.3%	84.6%	*	*	*
YOUR MANAGERS	q9e	Immediate manager values my work	73.0%	*	*	37.5%	67.6%	100.0%	90.9%	100.0%	70.0%	*	93.3%	100.0%	*	*	*
YOUR MANAGERS	q9f	Immediate manager works with me to understand problems	69.9%	*	*	31.3%	73.5%	100.0%	90.9%	90.0%	50.0%	*	93.3%	69.2%	*	*	*
YOUR MANAGERS	q9g	Immediate manager listens to challenges I face	72.1%	*	*	37.5%	73.5%	100.0%	90.9%	90.0%	50.0%	*	100.0%	61.5%	*	*	*
YOUR MANAGERS	q9h	Immediate manager cares about my concerns	70.8%	*	*	31.3%	70.6%	100.0%	90.9%	100.0%	60.0%	*	86.7%	69.2%	*	*	*
YOUR MANAGERS	q9i	Immediate manager helps me with problems I face	67.1%	*	*	37.5%	70.6%	100.0%	86.4%	90.0%	40.0%	*	80.0%	61.5%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10b	Don't work any additional paid hours per week for this organisation, over and above contracted hours	66.6%	*	*	68.8%	88.2%	70.0%	18.2%	80.0%	80.0%	*	80.0%	84.6%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10c	Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	55.3%	*	*	43.8%	47.1%	90.0%	59.1%	50.0%	50.0%	*	86.7%	7.7%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11a	Organisation takes positive action on health and well-being	56.0%	*	*	12.5%	55.9%	80.0%	77.3%	70.0%	30.0%	*	57.1%	46.2%	*	*	*

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	71.4%	*	*	81.3%	73.5%	70.0%	54.5%	90.0%	50.0%	*	53.3%	76.9%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11c	In last 12 months, have not felt unwell due to work related stress	59.6%	*	*	50.0%	70.6%	80.0%	63.6%	50.0%	50.0%	*	80.0%	69.2%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11d	In last 3 months, have not come to work when not feeling well enough to perform duties	44.6%	*	*	31.3%	44.1%	50.0%	50.0%	40.0%	30.0%	*	66.7%	30.8%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11e	Not felt pressure from manager to come to work when not feeling well enough	80.2%	*	*	81.8%	88.2%	*	81.8%	*	*	*	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12a	Never/rarely find work emotionally exhausting	23.6%	*	*	6.3%	8.8%	40.0%	4.5%	50.0%	30.0%	*	40.0%	7.7%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12b	Never/rarely feel burnt out because of work	29.9%	*	*	18.8%	23.5%	60.0%	22.7%	60.0%	30.0%	*	46.7%	30.8%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12c	Never/rarely frustrated by work	20.2%	*	*	12.5%	11.8%	60.0%	22.7%	20.0%	30.0%	*	33.3%	0.0%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12d	Never/rarely exhausted by the thought of another day/shift at work	35.7%	*	*	18.8%	35.3%	50.0%	59.1%	50.0%	50.0%	*	40.0%	30.8%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12e	Never/rarely worn out at the end of work	19.4%	*	*	6.3%	17.6%	30.0%	4.5%	40.0%	20.0%	*	0.0%	15.4%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12f	Never/rarely feel every working hour is tiring	51.1%	*	*	25.0%	52.9%	50.0%	45.5%	70.0%	50.0%	*	40.0%	69.2%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12g	Never/rarely lack energy for family and friends	35.8%	*	*	18.8%	41.2%	60.0%	31.8%	40.0%	40.0%	*	20.0%	30.8%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public	84.7%	*	*	56.3%	91.2%	100.0%	95.2%	90.0%	100.0%	*	100.0%	100.0%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13b	Not experienced physical violence from managers	99.3%	*	*	100.0%	97.1%	100.0%	100.0%	100.0%	100.0%	*	100.0%	100.0%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13c	Not experienced physical violence from other colleagues	98.4%	*	*	100.0%	96.8%	100.0%	100.0%	100.0%	*	*	100.0%	100.0%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13d	Last experience of physical violence reported	72.5%	*	*	*	*	*	*	*	*	*	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	77.8%	*	*	62.5%	61.8%	100.0%	72.7%	50.0%	100.0%	*	93.3%	84.6%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14b	Not experienced harassment, bullying or abuse from managers	92.0%	*	*	81.3%	82.4%	100.0%	100.0%	90.0%	100.0%	*	93.3%	92.3%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14c	Not experienced harassment, bullying or abuse from other colleagues	82.0%	*	*	80.0%	88.2%	100.0%	90.9%	*	*	*	93.3%	92.3%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14d	Last experience of harassment/bullying/abuse reported	52.6%	*	*	*	64.3%	*	*	*	*	*	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q15	Organisation acts fairly: career progression	57.4%	*	*	37.5%	58.8%	70.0%	59.1%	50.0%	60.0%	*	80.0%	69.2%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public	93.2%	*	*	93.3%	97.1%	100.0%	86.4%	100.0%	100.0%	*	100.0%	100.0%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16b	Not experienced discrimination from manager/team leader or other colleagues	91.9%	*	*	87.5%	94.1%	90.0%	100.0%	90.0%	100.0%	*	100.0%	84.6%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	91.7%	*	*	87.5%	85.3%	100.0%	81.8%	90.0%	100.0%	*	100.0%	92.3%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	95.9%	*	*	100.0%	97.1%	100.0%	100.0%	90.0%	100.0%	*	100.0%	100.0%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q18	Not seen any errors/near misses/incidents that could have hurt staff/patients/service users	63.8%	*	*	50.0%	58.8%	90.0%	81.8%	80.0%	100.0%	*	80.0%	53.8%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19a	Staff involved in an error/near miss/incident treated fairly	56.8%	*	*	30.8%	54.2%	*	89.5%	*	*	*	63.6%	66.7%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19b	Encouraged to report errors/near misses/incidents	86.0%	*	*	66.7%	73.3%	100.0%	95.5%	90.0%	*	*	93.3%	92.3%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19c	Organisation ensure errors/near misses/incidents do not repeat	66.8%	*	*	41.7%	70.4%	*	81.8%	*	*	*	75.0%	58.3%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19d	Feedback given on changes made following errors/near misses/incidents	61.5%	*	*	33.3%	55.2%	*	90.5%	50.0%	*	*	66.7%	58.3%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20a	Would feel secure raising concerns about unsafe clinical practice	70.1%	*	*	66.7%	70.6%	80.0%	90.9%	80.0%	50.0%	*	86.7%	76.9%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20b	Would feel confident that organisation would address concerns about unsafe clinical practice	53.2%	*	*	33.3%	61.8%	80.0%	68.2%	70.0%	40.0%	*	71.4%	76.9%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q21	Feel organisation respects individual differences	69.4%	*	*	37.5%	67.6%	80.0%	77.3%	100.0%	50.0%	*	73.3%	92.3%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q22	I can eat nutritious and affordable food at work	56.7%	*	*	37.5%	58.8%	40.0%	72.7%	50.0%	70.0%	*	80.0%	61.5%	*	*	*
YOUR PERSONAL DEVELOPMENT	q23a	Received appraisal in the past 12 months	87.3%	*	*	100.0%	90.9%	100.0%	90.0%	70.0%	70.0%	*	100.0%	100.0%	*	*	*
YOUR PERSONAL DEVELOPMENT	q23b	Appraisal helped me improve how I do my job	24.7%	*	*	6.7%	10.0%	60.0%	44.4%	*	*	*	14.3%	23.1%	*	*	*
YOUR PERSONAL DEVELOPMENT	q23c	Appraisal helped me agree clear objectives for my work	31.7%	*	*	6.7%	20.0%	60.0%	66.7%	*	*	*	21.4%	23.1%	*	*	*
YOUR PERSONAL DEVELOPMENT	q23d	Appraisal left me feeling organisation values my work	35.3%	*	*	20.0%	40.0%	70.0%	61.1%	*	*	*	57.1%	15.4%	*	*	*
YOUR PERSONAL DEVELOPMENT	q24a	Organisation offers me challenging work	68.9%	*	*	62.5%	58.8%	70.0%	68.2%	80.0%	60.0%	*	60.0%	100.0%	*	*	*
YOUR PERSONAL DEVELOPMENT	q24b	There are opportunities for me to develop my career in this organisation	48.8%	*	*	31.3%	38.2%	50.0%	45.5%	30.0%	30.0%	*	40.0%	46.2%	*	*	*
YOUR PERSONAL DEVELOPMENT	q24c	Have opportunities to improve my knowledge and skills	67.4%	*	*	37.5%	64.7%	80.0%	77.3%	70.0%	40.0%	*	60.0%	84.6%	*	*	*
YOUR PERSONAL DEVELOPMENT	q24d	Feel supported to develop my potential	55.3%	*	*	37.5%	58.8%	*	77.3%	50.0%	40.0%	*	50.0%	61.5%	*	*	*
YOUR PERSONAL DEVELOPMENT	q24e	Able to access the right learning and development opportunities when I need to	57.8%	*	*	18.8%	51.5%	60.0%	77.3%	60.0%	30.0%	*	53.3%	61.5%	*	*	*
YOUR PERSONAL DEVELOPMENT	q24f	Able to access clinical supervision opportunities	52.9%	*	*	0.0%	59.3%	80.0%	76.2%	80.0%	*	*	50.0%	61.5%	*	*	*
YOUR ORGANISATION	q25a	Care of patients/service users is organisation's top priority	66.0%	*	*	37.5%	61.8%	90.0%	77.3%	70.0%	70.0%	*	71.4%	76.9%	*	*	*
YOUR ORGANISATION	q25b	Organisation acts on concerns raised by patients/service users	63.0%	*	*	37.5%	52.9%	100.0%	81.8%	70.0%	60.0%	*	64.3%	76.9%	*	*	*
YOUR ORGANISATION	q25c	Would recommend organisation as place to work	49.4%	*	*	37.5%	44.1%	80.0%	77.3%	40.0%	40.0%	*	64.3%	53.8%	*	*	*
YOUR ORGANISATION	q25d	If friend/relative needed treatment would be happy with standard of care provided by organisation	51.9%	*	*	18.8%	41.2%	80.0%	68.2%	50.0%	30.0%	*	64.3%	61.5%	*	*	*
YOUR ORGANISATION	q25e	Feel safe to speak up about anything that concerns me in this organisation	58.5%	*	*	37.5%	58.8%	90.0%	77.3%	50.0%	40.0%	*	78.6%	69.2%	*	*	*
YOUR ORGANISATION	q25f	Feel organisation would address any concerns I raised	44.2%	*	*	25.0%	41.2%	80.0%	72.7%	40.0%	30.0%	*	64.3%	69.2%	*	*	*
YOUR ORGANISATION	q26a	I don't often think about leaving this organisation	40.9%	*	*	25.0%	20.6%	50.0%	59.1%	10.0%	40.0%	*	50.0%	53.8%	*	*	*
YOUR ORGANISATION	q26b	I am unlikely to look for a job at a new organisation in the next 12 months	49.1%	*	*	43.8%	35.3%	70.0%	52.4%	50.0%	40.0%	*	57.1%	46.2%	*	*	*
YOUR ORGANISATION	q26c	I am not planning on leaving this organisation	53.9%	*	*	43.8%	41.2%	70.0%	63.6%	60.0%	50.0%	*	57.1%	61.5%	*	*	*
BACKGROUND INFORMATION	q31b	Disability: organisation made reasonable adjustment(s) to enable me to carry out work	79.1%	*	*	*	83.3%	*	*	*	*	*	*	*	*	*	*

Picker

ancashire Teaching Hospitals NHS Foundation Trust
SS24 RAG report - RAG Table Report
reakdown: Locality 4
uppression Threshold: 10

Set RAG % point difference: 3

Key:
100.0%
>3 ppt above
<3 ppt below
In between

Locality 4

Section	Q	Description	Comparator (Organisation Overall)	438 17 Emergency Department (CDH) (T35503)	438 17 Emergency Department (RPH) (T35502)	438 17 Emergency Dept Medical (T35501)	438 17 Emergency Dept Mgt & Admin (T35500)	438 17 Paediatric Emergency Department (RPH)	438 18 MAU (CDH) (T35437)	438 18 MAU (RPH) (T35408)	438 18 MAU Medical (T35442)	438 18 Same Day Emergency Care Unit (SDEC) (RPH)	438 20 Core Occupational Therapists (T35543)	438 20 Core Physiotherapists (T35542)	438 20 Core Therapies MAU Team (T35587)	438 20 Core Therapies Mgt & Admin (T35511)	438 20 Core Therapy Assistants (T35544)
			n = 3996	n = 13	n = 24	n = 10	n = 7	n = 10	n = 34	n = 10	n = 3	n = 2	n = 35	n = 67	n = 13	n = 6	n = 22
YOUR JOB	q2a	Often/always look forward to going to work	51.5%	23.1%	29.2%	40.0%	*	20.0%	38.2%	50.0%	*	*	71.4%	43.3%	61.5%	*	54.5%
YOUR JOB	q2b	Often/always enthusiastic about my job	67.2%	46.2%	45.8%	60.0%	*	50.0%	52.9%	50.0%	*	*	91.4%	71.6%	84.6%	*	81.8%
YOUR JOB	q2c	Time often/always passes quickly when I am working	73.2%	61.5%	62.5%	90.0%	*	60.0%	70.6%	60.0%	*	*	88.6%	77.6%	76.9%	*	63.6%
YOUR JOB	q3a	Always know what work responsibilities are	88.2%	84.6%	83.3%	90.0%	*	90.0%	88.2%	90.0%	*	*	97.1%	89.6%	76.9%	*	81.8%
YOUR JOB	q3b	Feel trusted to do my job	90.6%	100.0%	100.0%	90.0%	*	100.0%	82.4%	90.0%	*	*	100.0%	89.6%	76.9%	*	95.5%
YOUR JOB	q3c	Opportunities to show initiative frequently in my role	73.9%	69.2%	75.0%	80.0%	*	50.0%	76.5%	80.0%	*	*	91.4%	68.7%	84.6%	*	63.6%
YOUR JOB	q3d	Able to make suggestions to improve the work of my team/dept	73.1%	46.2%	54.2%	80.0%	*	40.0%	76.5%	60.0%	*	*	94.3%	76.1%	92.3%	*	77.3%
YOUR JOB	q3e	Involved in deciding changes that affect work	52.4%	30.8%	29.2%	50.0%	*	30.0%	47.1%	40.0%	*	*	82.9%	53.0%	53.8%	*	50.0%
YOUR JOB	q3f	Able to make improvements happen in my area of work	54.6%	38.5%	29.2%	40.0%	*	30.0%	38.2%	40.0%	*	*	77.1%	47.8%	53.8%	*	50.0%
YOUR JOB	q3g	Able to meet conflicting demands on my time at work	44.7%	15.4%	4.2%	20.0%	*	30.0%	29.4%	20.0%	*	*	37.1%	23.9%	53.8%	*	68.2%
YOUR JOB	q3h	Have adequate materials, supplies and equipment to do my work	46.3%	7.7%	12.5%	20.0%	*	20.0%	32.4%	30.0%	*	*	37.1%	14.9%	23.1%	*	45.5%
YOUR JOB	q3i	Enough staff at organisation to do my job properly	27.2%	0.0%	0.0%	30.0%	*	0.0%	8.8%	10.0%	*	*	28.6%	9.0%	0.0%	*	54.5%
YOUR JOB	q4a	Satisfied with recognition for good work	55.4%	30.8%	33.3%	30.0%	*	30.0%	35.3%	40.0%	*	*	68.6%	47.8%	92.3%	*	77.3%
YOUR JOB	q4b	Satisfied with extent organisation values my work	42.3%	23.1%	16.7%	30.0%	*	20.0%	21.9%	30.0%	*	*	51.4%	23.9%	61.5%	*	59.1%
YOUR JOB	q4c	Satisfied with level of pay	30.4%	0.0%	8.3%	50.0%	*	0.0%	8.8%	10.0%	*	*	41.2%	29.9%	46.2%	*	13.6%
YOUR JOB	q4d	Satisfied with opportunities for flexible working patterns	56.2%	46.2%	41.7%	90.0%	*	10.0%	58.8%	70.0%	*	*	71.4%	52.2%	76.9%	*	45.5%
YOUR JOB	q5a	Have realistic time pressures	25.7%	0.0%	4.2%	10.0%	*	0.0%	5.9%	0.0%	*	*	17.6%	11.9%	30.8%	*	59.1%
YOUR JOB	q5b	Have a choice in deciding how to do my work	52.9%	38.5%	41.7%	20.0%	*	30.0%	29.4%	50.0%	*	*	73.5%	50.0%	46.2%	*	63.6%
YOUR JOB	q5c	Relationships at work are unstrained	44.7%	7.7%	16.7%	50.0%	*	10.0%	20.6%	10.0%	*	*	73.5%	50.7%	30.8%	*	68.2%
YOUR JOB	q6a	Feel my role makes a difference to patients/service users	87.7%	100.0%	83.3%	100.0%	*	100.0%	82.4%	70.0%	*	*	100.0%	97.0%	100.0%	*	100.0%
YOUR JOB	q6b	Organisation is committed to helping balance work and home life	49.0%	15.4%	33.3%	50.0%	*	20.0%	50.0%	40.0%	*	*	57.1%	38.8%	69.2%	*	45.5%
YOUR JOB	q6c	Achieve a good balance between work and home life	56.9%	30.8%	37.5%	50.0%	*	30.0%	50.0%	70.0%	*	*	71.4%	59.7%	66.7%	*	50.0%
YOUR JOB	q6d	Can approach immediate manager to talk openly about flexible working	70.3%	76.9%	58.3%	100.0%	*	20.0%	79.4%	60.0%	*	*	88.6%	73.1%	92.3%	*	68.2%
YOUR TEAM	q7a	Team members have a set of shared objectives	75.2%	53.8%	66.7%	90.0%	*	70.0%	58.8%	50.0%	*	*	88.6%	71.6%	84.6%	*	77.3%
YOUR TEAM	q7b	Team members often meet to discuss the team's effectiveness	65.3%	30.8%	54.2%	*	*	20.0%	54.5%	40.0%	*	*	85.7%	67.2%	76.9%	*	86.4%
YOUR TEAM	q7c	Receive the respect I deserve from my colleagues at work	70.8%	30.8%	58.3%	80.0%	*	50.0%	50.0%	60.0%	*	*	85.7%	77.6%	76.9%	*	86.4%
YOUR TEAM	q7d	Team members understand each other's roles	71.4%	61.5%	54.2%	90.0%	*	40.0%	35.3%	60.0%	*	*	88.6%	74.6%	84.6%	*	63.6%
YOUR TEAM	q7e	Enjoy working with colleagues in team	80.3%	69.2%	62.5%	90.0%	*	70.0%	50.0%	80.0%	*	*	88.6%	83.6%	92.3%	*	86.4%
YOUR TEAM	q7f	Team has enough freedom in how to do its work	57.8%	30.8%	37.5%	50.0%	*	10.0%	32.4%	30.0%	*	*	85.7%	49.3%	46.2%	*	77.3%
YOUR TEAM	q7g	Team deals with disagreements constructively	55.2%	30.8%	33.3%	80.0%	*	0.0%	35.3%	40.0%	*	*	80.0%	68.7%	76.9%	*	54.5%
YOUR TEAM	q7h	Feel valued by my team	71.0%	30.8%	62.5%	80.0%	*	60.0%	47.1%	60.0%	*	*	88.6%	76.1%	76.9%	*	81.8%
YOUR TEAM	q7i	Feel a strong personal attachment to my team	64.2%	61.5%	41.7%	90.0%	*	50.0%	50.0%	50.0%	*	*	80.0%	65.7%	61.5%	*	59.1%
PEOPLE IN YOUR ORGANISATION	q8a	Teams within the organisation work well together to achieve objectives	52.8%	46.2%	37.5%	40.0%	*	30.0%	35.3%	30.0%	*	*	54.3%	34.3%	53.8%	*	63.6%
PEOPLE IN YOUR ORGANISATION	q8b	Colleagues are understanding and kind to one another	68.8%	30.8%	45.8%	60.0%	*	50.0%	35.3%	50.0%	*	*	82.9%	67.2%	84.6%	*	81.8%
PEOPLE IN YOUR ORGANISATION	q8c	Colleagues are polite and treat each other with respect	69.7%	38.5%	58.3%	70.0%	*	40.0%	29.4%	50.0%	*	*	82.9%	68.7%	92.3%	*	90.9%
PEOPLE IN YOUR ORGANISATION	q8d	Colleagues show appreciation to one another	66.2%	61.5%	54.2%	50.0%	*	40.0%	35.3%	50.0%	*	*	80.0%	67.2%	84.6%	*	81.8%
YOUR MANAGERS	q9a	Immediate manager encourages me at work	73.1%	69.2%	54.2%	70.0%	*	50.0%	88.2%	60.0%	*	*	97.1%	73.1%	92.3%	*	95.5%
YOUR MANAGERS	q9b	Immediate manager gives clear feedback on my work	67.3%	61.5%	45.8%	70.0%	*	30.0%	85.3%	40.0%	*	*	82.9%	64.2%	100.0%	*	86.4%
YOUR MANAGERS	q9c	Immediate manager asks for my opinion before making decisions that affect my work	58.4%	23.1%	37.5%	60.0%	*	30.0%	52.9%	40.0%	*	*	94.3%	58.2%	76.9%	*	77.3%
YOUR MANAGERS	q9d	Immediate manager takes a positive interest in my health & well-being	71.0%	61.5%	41.7%	60.0%	*	40.0%	79.4%	60.0%	*	*	97.1%	73.1%	100.0%	*	90.9%
YOUR MANAGERS	q9e	Immediate manager values my work	73.0%	61.5%	41.7%	80.0%	*	40.0%	73.5%	60.0%	*	*	94.3%	70.1%	100.0%	*	90.9%
YOUR MANAGERS	q9f	Immediate manager works with me to understand problems	69.9%	69.2%	54.2%	80.0%	*	40.0%	79.4%	60.0%	*	*	91.4%	65.7%	92.3%	*	95.5%
YOUR MANAGERS	q9g	Immediate manager listens to challenges I face	72.1%	69.2%	58.3%	80.0%	*	20.0%	85.3%	70.0%	*	*	94.3%	76.1%	92.3%	*	95.5%
YOUR MANAGERS	q9h	Immediate manager cares about my concerns	70.8%	76.9%	58.3%	100.0%	*	30.0%	76.5%	50.0%	*	*	94.3%	70.1%	92.3%	*	95.5%
YOUR MANAGERS	q9i	Immediate manager helps me with problems I face	67.1%	61.5%	62.5%	60.0%	*	30.0%	64.7%	*	*	*	94.3%	62.7%	92.3%	*	95.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10b	Don't work any additional paid hours per week for this organisation, over and above contracted hours	66.6%	38.5%	37.5%	50.0%	*	30.0%	47.1%	40.0%	*	*	74.3%	56.7%	84.6%	*	77.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10c	Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	55.3%	30.8%	45.8%	30.0%	*	50.0%	51.5%	40.0%	*	*	45.7%	43.3%	69.2%	*	86.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11a	Organisation takes positive action on health and well-being	56.0%	30.8%	45.8%	50.0%	*	0.0%	66.7%	30.0%	*	*	68.6%	50.7%	61.5%	*	63.6%

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	71.4%	61.5%	54.2%	90.0%	*	60.0%	47.1%	70.0%	*	*	77.1%	83.6%	76.9%	*	63.6%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11c	In last 12 months, have not felt unwell due to work related stress	59.6%	53.8%	33.3%	60.0%	*	20.0%	29.4%	20.0%	*	*	68.6%	65.7%	53.8%	*	86.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11d	In last 3 months, have not come to work when not feeling well enough to perform duties	44.6%	23.1%	25.0%	60.0%	*	20.0%	33.3%	20.0%	*	*	60.0%	41.8%	76.9%	*	54.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11e	Not felt pressure from manager to come to work when not feeling well enough	80.2%	80.0%	72.2%	*	*	*	77.3%	*	*	*	85.7%	86.8%	*	*	90.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12a	Never/rarely find work emotionally exhausting	23.6%	0.0%	0.0%	20.0%	*	0.0%	8.8%	10.0%	*	*	20.0%	10.4%	15.4%	*	31.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12b	Never/rarely feel burnt out because of work	29.9%	0.0%	4.2%	10.0%	*	20.0%	5.9%	10.0%	*	*	34.3%	23.9%	30.8%	*	45.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12c	Never/rarely frustrated by work	20.2%	0.0%	8.3%	20.0%	*	0.0%	5.9%	0.0%	*	*	20.0%	10.4%	30.8%	*	40.9%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12d	Never/rarely exhausted by the thought of another day/shift at work	35.7%	7.7%	4.2%	40.0%	*	10.0%	20.6%	20.0%	*	*	40.0%	35.8%	38.5%	*	50.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12e	Never/rarely worn out at the end of work	19.4%	0.0%	0.0%	20.0%	*	0.0%	8.8%	10.0%	*	*	20.0%	17.9%	7.7%	*	27.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12f	Never/rarely feel every working hour is tiring	51.1%	15.4%	16.7%	60.0%	*	40.0%	29.4%	20.0%	*	*	71.4%	61.2%	53.8%	*	68.2%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12g	Never/rarely lack energy for family and friends	35.8%	15.4%	12.5%	40.0%	*	0.0%	17.6%	60.0%	*	*	37.1%	38.8%	38.5%	*	40.9%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public	84.7%	30.8%	16.7%	70.0%	*	60.0%	38.2%	20.0%	*	*	76.5%	81.8%	76.9%	*	90.9%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13b	Not experienced physical violence from managers	99.3%	100.0%	95.8%	100.0%	*	100.0%	100.0%	90.0%	*	*	100.0%	100.0%	100.0%	*	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13c	Not experienced physical violence from other colleagues	98.4%	100.0%	91.7%	100.0%	*	*	94.1%	90.0%	*	*	97.1%	100.0%	100.0%	*	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13d	Last experience of physical violence reported	72.5%	*	81.3%	*	*	*	94.4%	*	*	*	*	50.0%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	77.8%	30.8%	25.0%	20.0%	*	50.0%	47.1%	20.0%	*	*	60.0%	66.7%	84.6%	*	86.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14b	Not experienced harassment, bullying or abuse from managers	92.0%	84.6%	91.3%	80.0%	*	60.0%	97.0%	90.0%	*	*	88.6%	92.4%	100.0%	*	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14c	Not experienced harassment, bullying or abuse from other colleagues	82.0%	83.3%	70.0%	80.0%	*	40.0%	78.8%	70.0%	*	*	82.4%	92.4%	92.3%	*	95.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14d	Last experience of harassment/bullying/abuse reported	52.6%	*	58.8%	*	*	*	70.6%	*	*	*	70.0%	38.9%	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q15	Organisation acts fairly: career progression	57.4%	66.7%	58.3%	70.0%	*	50.0%	63.6%	60.0%	*	*	80.0%	50.7%	76.9%	*	54.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public	93.2%	75.0%	75.0%	70.0%	*	90.0%	79.4%	80.0%	*	*	94.3%	87.9%	92.3%	*	95.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16b	Not experienced discrimination from manager/team leader or other colleagues	91.9%	91.7%	91.7%	80.0%	*	70.0%	88.2%	100.0%	*	*	100.0%	94.0%	100.0%	*	95.2%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	91.7%	83.3%	45.8%	70.0%	*	80.0%	70.6%	60.0%	*	*	74.3%	76.1%	76.9%	*	68.2%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	95.9%	83.3%	100.0%	100.0%	*	100.0%	97.1%	90.0%	*	*	91.4%	92.5%	84.6%	*	95.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q18	Not seen any errors/near misses/incidents that could have hurt staff/patients/service users	63.8%	38.5%	26.1%	*	*	30.0%	32.4%	20.0%	*	*	45.7%	39.4%	69.2%	*	63.6%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19a	Staff involved in an error/near miss/incident treated fairly	56.8%	30.0%	40.0%	*	*	*	46.4%	*	*	*	64.5%	50.0%	60.0%	*	63.6%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19b	Encouraged to report errors/near misses/incidents	86.0%	92.3%	78.3%	80.0%	*	80.0%	91.2%	80.0%	*	*	91.4%	92.4%	100.0%	*	90.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19c	Organisation ensure errors/near misses/incidents do not repeat	66.8%	41.7%	56.5%	50.0%	*	*	71.0%	60.0%	*	*	50.0%	41.3%	70.0%	*	62.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19d	Feedback given on changes made following errors/near misses/incidents	61.5%	58.3%	65.2%	70.0%	*	30.0%	71.0%	*	*	*	55.9%	46.0%	70.0%	*	72.2%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20a	Would feel secure raising concerns about unsafe clinical practice	70.1%	76.9%	70.8%	60.0%	*	60.0%	73.5%	70.0%	*	*	80.0%	71.6%	92.3%	*	54.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20b	Would feel confident that organisation would address concerns about unsafe clinical practice	53.2%	46.2%	37.5%	40.0%	*	40.0%	47.1%	20.0%	*	*	52.9%	31.3%	53.8%	*	59.1%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q21	Feel organisation respects individual differences	69.4%	69.2%	50.0%	60.0%	*	60.0%	61.8%	80.0%	*	*	91.4%	64.2%	100.0%	*	72.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q22	I can eat nutritious and affordable food at work	56.7%	23.1%	50.0%	40.0%	*	30.0%	42.4%	60.0%	*	*	71.4%	62.7%	69.2%	*	72.7%
YOUR PERSONAL DEVELOPMENT	q23a	Received appraisal in the past 12 months	87.3%	61.5%	75.0%	100.0%	*	70.0%	90.3%	70.0%	*	*	97.1%	97.0%	76.9%	*	72.7%
YOUR PERSONAL DEVELOPMENT	q23b	Appraisal helped me improve how I do my job	24.7%	*	27.8%	30.0%	*	*	33.3%	*	*	*	29.4%	25.0%	30.0%	*	12.5%
YOUR PERSONAL DEVELOPMENT	q23c	Appraisal helped me agree clear objectives for my work	31.7%	*	38.9%	70.0%	*	*	44.4%	*	*	*	47.1%	29.7%	50.0%	*	18.8%
YOUR PERSONAL DEVELOPMENT	q23d	Appraisal left me feeling organisation values my work	35.3%	*	38.9%	20.0%	*	*	37.0%	*	*	*	44.1%	25.0%	60.0%	*	18.8%
YOUR PERSONAL DEVELOPMENT	q24a	Organisation offers me challenging work	68.9%	84.6%	70.8%	70.0%	*	70.0%	65.6%	60.0%	*	*	91.4%	89.6%	76.9%	*	45.5%
YOUR PERSONAL DEVELOPMENT	q24b	There are opportunities for me to develop my career in this organisation	48.8%	53.8%	50.0%	80.0%	*	20.0%	54.5%	60.0%	*	*	77.1%	38.8%	84.6%	*	68.2%
YOUR PERSONAL DEVELOPMENT	q24c	Have opportunities to improve my knowledge and skills	67.4%	69.2%	75.0%	80.0%	*	60.0%	69.7%	70.0%	*	*	94.3%	64.2%	84.6%	*	81.8%
YOUR PERSONAL DEVELOPMENT	q24d	Feel supported to develop my potential	55.3%	61.5%	33.3%	40.0%	*	20.0%	57.6%	40.0%	*	*	82.9%	44.8%	84.6%	*	63.6%
YOUR PERSONAL DEVELOPMENT	q24e	Able to access the right learning and development opportunities when I need to	57.8%	46.2%	29.2%	50.0%	*	50.0%	60.6%	30.0%	*	*	82.9%	52.2%	46.2%	*	68.2%
YOUR PERSONAL DEVELOPMENT	q24f	Able to access clinical supervision opportunities	52.9%	30.8%	54.2%	*	*	30.0%	48.4%	30.0%	*	*	88.6%	68.7%	84.6%	*	90.5%
YOUR ORGANISATION	q25a	Care of patients/service users is organisation's top priority	66.0%	46.2%	41.7%	40.0%	*	60.0%	58.1%	30.0%	*	*	65.7%	44.8%	61.5%	*	72.7%
YOUR ORGANISATION	q25b	Organisation acts on concerns raised by patients/service users	63.0%	69.2%	66.7%	40.0%	*	70.0%	71.9%	40.0%	*	*	65.7%	47.8%	53.8%	*	50.0%
YOUR ORGANISATION	q25c	Would recommend organisation as place to work	49.4%	38.5%	45.8%	40.0%	*	30.0%	37.5%	10.0%	*	*	68.6%	31.3%	76.9%	*	68.2%
YOUR ORGANISATION	q25d	If friend/relative needed treatment would be happy with standard of care provided by organisation	51.9%	38.5%	25.0%	30.0%	*	50.0%	34.4%	30.0%	*	*	54.3%	38.8%	46.2%	*	54.5%
YOUR ORGANISATION	q25e	Feel safe to speak up about anything that concerns me in this organisation	58.5%	38.5%	50.0%	60.0%	*	40.0%	43.8%	50.0%	*	*	74.3%	61.2%	84.6%	*	63.6%
YOUR ORGANISATION	q25f	Feel organisation would address any concerns I raised	44.2%	23.1%	25.0%	40.0%	*	20.0%	31.3%	0.0%	*	*	45.7%	25.4%	61.5%	*	54.5%
YOUR ORGANISATION	q26a	I don't often think about leaving this organisation	40.9%	23.1%	16.7%	40.0%	*	30.0%	21.9%	10.0%	*	*	65.7%	37.3%	69.2%	*	45.5%
YOUR ORGANISATION	q26b	I am unlikely to look for a job at a new organisation in the next 12 months	49.1%	23.1%	29.2%	60.0%	*	20.0%	34.4%	20.0%	*	*	71.4%	38.8%	69.2%	*	54.5%
YOUR ORGANISATION	q26c	I am not planning on leaving this organisation	53.9%	38.5%	33.3%	70.0%	*	40.0%	37.5%	30.0%	*	*	77.1%	58.2%	61.5%	*	50.0%
BACKGROUND INFORMATION	q31b	Disability: organisation made reasonable adjustment(s) to enable me to carry out work	79.1%	*	*	*	*	*	*	*	*	*	*	*	*	*	*

Picker

ancashire Teaching Hospitals NHS Foundation Trust
SS24 RAG report - RAG Table Report
reakdown: Locality 4
uppression Threshold: 10

Set RAG % point difference: 3

Key:
100.0%
>3 ppt above
<3 ppt below
In between

Section	Q	Description	Locality 4 Comparator (Organisation Overall)	438 20 Dietetics (T36413)	438 20 Nutrition (T35452)	438 20 Speech Therapy (T36416)	438 21 Aseptic Unit (T36407)	438 21 Manufacturing Unit (T36404)	438 21 Pharmacy (T36401)	438 22 Care Home Orchard Unit (FH) (T36878)	438 22 Clinical Audit (T36507)	438 22 Community Buttercup Unit (FH) (T36877)	438 22 Community Meadow Unit (FH) (T36879)	438 22 Continuous Improvement Team (T36512)	438 22 Infection Control (T36509)	438 22 Patient Experience & PALS (T36505)	438 22 Safeguarding (T36519)
			n = 3996	n = 31	n = 8	n = 19	n = 21	n = 12	n = 75	n = 20	n = 11	n = 18	n = 12	n = 10	n = 3	n = 14	n = 8
YOUR JOB	q2a	Often/always look forward to going to work	51.5%	67.7%	*	78.9%	19.0%	45.5%	53.3%	63.2%	36.4%	70.6%	66.7%	50.0%	*	64.3%	*
YOUR JOB	q2b	Often/always enthusiastic about my job	67.2%	77.4%	*	89.5%	47.6%	75.0%	74.7%	84.2%	36.4%	70.6%	66.7%	60.0%	*	85.7%	*
YOUR JOB	q2c	Time often/always passes quickly when I am working	73.2%	83.9%	*	89.5%	52.4%	63.6%	84.0%	90.0%	90.9%	88.9%	66.7%	70.0%	*	100.0%	*
YOUR JOB	q3a	Always know what work responsibilities are	88.2%	100.0%	*	89.5%	76.2%	100.0%	96.0%	95.0%	81.8%	83.3%	83.3%	80.0%	*	100.0%	*
YOUR JOB	q3b	Feel trusted to do my job	90.6%	96.8%	*	89.5%	85.7%	100.0%	94.7%	95.0%	72.7%	100.0%	75.0%	80.0%	*	92.9%	*
YOUR JOB	q3c	Opportunities to show initiative frequently in my role	73.9%	83.9%	*	73.7%	70.0%	50.0%	81.3%	90.0%	63.6%	88.9%	50.0%	80.0%	*	92.9%	*
YOUR JOB	q3d	Able to make suggestions to improve the work of my team/dept	73.1%	93.5%	*	73.7%	81.0%	91.7%	88.0%	85.0%	45.5%	88.9%	58.3%	80.0%	*	92.9%	*
YOUR JOB	q3e	Involved in deciding changes that affect work	52.4%	74.2%	*	57.9%	52.4%	50.0%	68.0%	55.0%	54.5%	50.0%	41.7%	50.0%	*	64.3%	*
YOUR JOB	q3f	Able to make improvements happen in my area of work	54.6%	64.5%	*	52.6%	57.1%	41.7%	71.6%	70.0%	45.5%	55.6%	58.3%	90.0%	*	71.4%	*
YOUR JOB	q3g	Able to meet conflicting demands on my time at work	44.7%	51.6%	*	36.8%	35.0%	58.3%	42.7%	80.0%	18.2%	55.6%	50.0%	70.0%	*	21.4%	*
YOUR JOB	q3h	Have adequate materials, supplies and equipment to do my work	46.3%	51.6%	*	36.8%	33.3%	58.3%	38.7%	65.0%	54.5%	38.9%	41.7%	60.0%	*	57.1%	*
YOUR JOB	q3i	Enough staff at organisation to do my job properly	27.2%	41.9%	*	5.3%	33.3%	75.0%	18.7%	50.0%	18.2%	22.2%	25.0%	30.0%	*	14.3%	*
YOUR JOB	q4a	Satisfied with recognition for good work	55.4%	64.5%	*	57.9%	57.1%	66.7%	65.3%	50.0%	63.6%	88.9%	33.3%	80.0%	*	92.9%	*
YOUR JOB	q4b	Satisfied with extent organisation values my work	42.3%	51.6%	*	47.4%	52.4%	58.3%	49.3%	45.0%	40.0%	61.1%	33.3%	70.0%	*	64.3%	*
YOUR JOB	q4c	Satisfied with level of pay	30.4%	61.3%	*	42.1%	38.1%	16.7%	26.7%	40.0%	50.0%	44.4%	41.7%	60.0%	*	64.3%	*
YOUR JOB	q4d	Satisfied with opportunities for flexible working patterns	56.2%	76.7%	*	57.9%	57.1%	75.0%	56.0%	50.0%	90.0%	72.2%	50.0%	80.0%	*	85.7%	*
YOUR JOB	q5a	Have realistic time pressures	25.7%	29.0%	*	21.1%	28.6%	58.3%	18.7%	20.0%	9.1%	22.2%	33.3%	40.0%	*	14.3%	*
YOUR JOB	q5b	Have a choice in deciding how to do my work	52.9%	61.3%	*	63.2%	38.1%	41.7%	57.3%	55.0%	72.7%	50.0%	33.3%	80.0%	*	92.9%	*
YOUR JOB	q5c	Relationships at work are unstrained	44.7%	77.4%	*	33.3%	61.9%	75.0%	52.0%	35.0%	54.5%	44.4%	41.7%	50.0%	*	85.7%	*
YOUR JOB	q6a	Feel my role makes a difference to patients/service users	87.7%	96.7%	*	94.4%	95.2%	90.9%	95.9%	80.0%	40.0%	88.9%	90.9%	*	*	100.0%	*
YOUR JOB	q6b	Organisation is committed to helping balance work and home life	49.0%	54.8%	*	42.1%	61.9%	75.0%	56.0%	50.0%	72.7%	61.1%	66.7%	90.0%	*	64.3%	*
YOUR JOB	q6c	Achieve a good balance between work and home life	56.9%	80.6%	*	72.2%	57.1%	75.0%	52.0%	60.0%	63.6%	72.2%	50.0%	80.0%	*	64.3%	*
YOUR JOB	q6d	Can approach immediate manager to talk openly about flexible working	70.3%	83.9%	*	72.2%	81.0%	83.3%	81.3%	70.0%	90.9%	88.9%	75.0%	80.0%	*	100.0%	*
YOUR TEAM	q7a	Team members have a set of shared objectives	75.2%	71.0%	*	72.2%	71.4%	83.3%	90.7%	80.0%	90.9%	83.3%	66.7%	60.0%	*	92.9%	*
YOUR TEAM	q7b	Team members often meet to discuss the team's effectiveness	65.3%	71.0%	*	55.6%	61.9%	91.7%	73.3%	45.0%	90.9%	66.7%	58.3%	60.0%	*	92.9%	*
YOUR TEAM	q7c	Receive the respect I deserve from my colleagues at work	70.8%	83.9%	*	66.7%	66.7%	91.7%	84.0%	65.0%	72.7%	83.3%	83.3%	80.0%	*	92.9%	*
YOUR TEAM	q7d	Team members understand each other's roles	71.4%	90.3%	*	50.0%	66.7%	91.7%	70.7%	65.0%	81.8%	94.4%	58.3%	30.0%	*	85.7%	*
YOUR TEAM	q7e	Enjoy working with colleagues in team	80.3%	93.5%	*	77.8%	76.2%	91.7%	93.3%	75.0%	81.8%	88.9%	75.0%	90.0%	*	85.7%	*
YOUR TEAM	q7f	Team has enough freedom in how to do its work	57.8%	83.9%	*	61.1%	33.3%	41.7%	68.0%	60.0%	54.5%	61.1%	50.0%	60.0%	*	78.6%	*
YOUR TEAM	q7g	Team deals with disagreements constructively	55.2%	74.2%	*	44.4%	47.6%	75.0%	62.7%	55.0%	63.6%	77.8%	50.0%	50.0%	*	64.3%	*
YOUR TEAM	q7h	Feel valued by my team	71.0%	87.1%	*	55.6%	76.2%	91.7%	78.7%	70.0%	63.6%	94.4%	58.3%	80.0%	*	92.9%	*
YOUR TEAM	q7i	Feel a strong personal attachment to my team	64.2%	67.7%	*	55.6%	61.9%	83.3%	69.3%	55.0%	63.6%	77.8%	50.0%	70.0%	*	78.6%	*
PEOPLE IN YOUR ORGANISATION	q8a	Teams within the organisation work well together to achieve objectives	52.8%	64.5%	*	55.6%	71.4%	66.7%	52.0%	60.0%	36.4%	50.0%	41.7%	60.0%	*	71.4%	*
PEOPLE IN YOUR ORGANISATION	q8b	Colleagues are understanding and kind to one another	68.8%	90.3%	*	66.7%	57.1%	91.7%	74.7%	65.0%	72.7%	88.9%	58.3%	80.0%	*	92.9%	*
PEOPLE IN YOUR ORGANISATION	q8c	Colleagues are polite and treat each other with respect	69.7%	90.3%	*	72.2%	57.1%	100.0%	83.8%	60.0%	90.9%	88.9%	66.7%	70.0%	*	92.9%	*
PEOPLE IN YOUR ORGANISATION	q8d	Colleagues show appreciation to one another	66.2%	87.1%	*	66.7%	57.1%	91.7%	69.3%	50.0%	63.6%	88.9%	66.7%	60.0%	*	85.7%	*
YOUR MANAGERS	q9a	Immediate manager encourages me at work	73.1%	87.1%	*	78.9%	81.0%	75.0%	82.7%	60.0%	72.7%	83.3%	91.7%	90.0%	*	85.7%	*
YOUR MANAGERS	q9b	Immediate manager gives clear feedback on my work	67.3%	87.1%	*	77.8%	76.2%	83.3%	76.0%	60.0%	81.8%	77.8%	75.0%	80.0%	*	100.0%	*
YOUR MANAGERS	q9c	Immediate manager asks for my opinion before making decisions that affect my work	58.4%	83.9%	*	73.7%	52.4%	66.7%	70.7%	50.0%	72.7%	77.8%	41.7%	80.0%	*	78.6%	*
YOUR MANAGERS	q9d	Immediate manager takes a positive interest in my health & well-being	71.0%	90.3%	*	84.2%	81.0%	66.7%	81.3%	60.0%	81.8%	88.9%	75.0%	90.0%	*	100.0%	*
YOUR MANAGERS	q9e	Immediate manager values my work	73.0%	93.5%	*	84.2%	81.0%	83.3%	80.0%	50.0%	90.9%	88.9%	75.0%	80.0%	*	100.0%	*
YOUR MANAGERS	q9f	Immediate manager works with me to understand problems	69.9%	90.3%	*	84.2%	81.0%	83.3%	82.7%	65.0%	100.0%	83.3%	58.3%	80.0%	*	100.0%	*
YOUR MANAGERS	q9g	Immediate manager listens to challenges I face	72.1%	87.1%	*	78.9%	90.5%	75.0%	80.0%	55.0%	81.8%	83.3%	75.0%	80.0%	*	100.0%	*
YOUR MANAGERS	q9h	Immediate manager cares about my concerns	70.8%	90.3%	*	78.9%	90.5%	83.3%	81.3%	60.0%	81.8%	83.3%	66.7%	80.0%	*	100.0%	*
YOUR MANAGERS	q9i	Immediate manager helps me with problems I face	67.1%	87.1%	*	73.7%	81.0%	75.0%	80.0%	55.0%	72.7%	83.3%	58.3%	70.0%	*	100.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10b	Don't work any additional paid hours per week for this organisation, over and above contracted hours	66.6%	96.8%	*	100.0%	81.0%	91.7%	53.3%	45.0%	81.8%	83.3%	58.3%	90.0%	*	92.9%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10c	Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	55.3%	45.2%	*	57.9%	71.4%	91.7%	53.3%	75.0%	27.3%	61.1%	41.7%	30.0%	*	28.6%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11a	Organisation takes positive action on health and well-being	56.0%	61.3%	*	52.6%	90.5%	83.3%	69.3%	75.0%	63.6%	55.6%	41.7%	40.0%	*	64.3%	*

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	71.4%	96.8%	*	100.0%	81.0%	83.3%	86.7%	70.0%	90.9%	50.0%	83.3%	80.0%	*	92.9%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11c	In last 12 months, have not felt unwell due to work related stress	59.6%	77.4%	*	73.7%	66.7%	83.3%	66.7%	42.1%	63.6%	50.0%	66.7%	80.0%	*	71.4%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11d	In last 3 months, have not come to work when not feeling well enough to perform duties	44.6%	73.3%	*	57.9%	42.9%	75.0%	54.7%	42.1%	63.6%	50.0%	50.0%	60.0%	*	35.7%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11e	Not felt pressure from manager to come to work when not feeling well enough	80.2%	*	*	*	83.3%	*	93.9%	70.0%	*	*	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12a	Never/rarely find work emotionally exhausting	23.6%	38.7%	*	0.0%	38.1%	58.3%	31.1%	20.0%	18.2%	22.2%	25.0%	30.0%	*	21.4%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12b	Never/rarely feel burnt out because of work	29.9%	58.1%	*	22.2%	28.6%	58.3%	29.3%	25.0%	36.4%	33.3%	8.3%	40.0%	*	35.7%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12c	Never/rarely frustrated by work	20.2%	32.3%	*	33.3%	28.6%	50.0%	17.3%	20.0%	18.2%	11.1%	27.3%	10.0%	*	7.1%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12d	Never/rarely exhausted by the thought of another day/shift at work	35.7%	48.4%	*	33.3%	33.3%	75.0%	41.3%	20.0%	54.5%	33.3%	33.3%	40.0%	*	42.9%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12e	Never/rarely worn out at the end of work	19.4%	25.8%	*	16.7%	14.3%	50.0%	13.3%	15.0%	36.4%	16.7%	16.7%	40.0%	*	28.6%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12f	Never/rarely feel every working hour is tiring	51.1%	87.1%	*	61.1%	57.1%	75.0%	58.7%	45.0%	63.6%	50.0%	25.0%	60.0%	*	71.4%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12g	Never/rarely lack energy for family and friends	35.8%	54.8%	*	55.6%	38.1%	58.3%	40.5%	40.0%	54.5%	38.9%	41.7%	50.0%	*	35.7%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public	84.7%	100.0%	*	94.7%	100.0%	100.0%	93.3%	80.0%	100.0%	66.7%	75.0%	100.0%	*	100.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13b	Not experienced physical violence from managers	99.3%	100.0%	*	100.0%	100.0%	100.0%	100.0%	95.0%	100.0%	100.0%	100.0%	100.0%	*	100.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13c	Not experienced physical violence from other colleagues	98.4%	100.0%	*	100.0%	100.0%	100.0%	98.6%	100.0%	*	100.0%	100.0%	100.0%	*	100.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13d	Last experience of physical violence reported	72.5%	*	*	*	*	*	*	*	*	*	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	77.8%	93.5%	*	84.2%	100.0%	100.0%	90.7%	85.0%	100.0%	72.2%	75.0%	100.0%	*	85.7%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14b	Not experienced harassment, bullying or abuse from managers	92.0%	96.8%	*	94.4%	95.2%	91.7%	96.0%	90.0%	100.0%	100.0%	90.9%	90.0%	*	92.9%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14c	Not experienced harassment, bullying or abuse from other colleagues	82.0%	100.0%	*	77.8%	90.5%	100.0%	84.0%	89.5%	90.9%	88.9%	66.7%	90.0%	*	100.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14d	Last experience of harassment/bullying/abuse reported	52.6%	*	*	*	*	*	35.3%	*	*	*	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q15	Organisation acts fairly: career progression	57.4%	61.3%	*	44.4%	71.4%	83.3%	67.6%	50.0%	45.5%	83.3%	58.3%	70.0%	*	42.9%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public	93.2%	100.0%	*	100.0%	100.0%	100.0%	94.7%	85.0%	100.0%	88.9%	63.6%	100.0%	*	100.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16b	Not experienced discrimination from manager/team leader or other colleagues	91.9%	100.0%	*	100.0%	85.7%	100.0%	95.9%	89.5%	100.0%	100.0%	91.7%	90.0%	*	92.9%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	91.7%	90.3%	*	100.0%	100.0%	100.0%	97.3%	90.0%	100.0%	72.2%	100.0%	100.0%	*	100.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	95.9%	100.0%	*	100.0%	100.0%	100.0%	92.0%	94.7%	100.0%	88.9%	100.0%	90.0%	*	100.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q18	Not seen any errors/near misses/incidents that could have hurt staff/patients/service users	63.8%	60.0%	*	47.4%	76.2%	90.9%	43.2%	72.2%	100.0%	58.8%	41.7%	80.0%	*	71.4%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19a	Staff involved in an error/near miss/incident treated fairly	56.8%	63.2%	*	46.7%	72.2%	*	75.0%	56.3%	*	52.9%	80.0%	*	*	41.7%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19b	Encouraged to report errors/near misses/incidents	86.0%	87.1%	*	73.7%	100.0%	100.0%	89.3%	84.2%	90.9%	94.4%	83.3%	90.0%	*	92.9%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19c	Organisation ensure errors/near misses/incidents do not repeat	66.8%	65.5%	*	38.9%	85.7%	83.3%	76.8%	76.5%	70.0%	77.8%	83.3%	*	*	61.5%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19d	Feedback given on changes made following errors/near misses/incidents	61.5%	48.3%	*	58.8%	71.4%	58.3%	72.5%	66.7%	*	72.2%	83.3%	*	*	46.2%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20a	Would feel secure raising concerns about unsafe clinical practice	70.1%	71.0%	*	84.2%	81.0%	66.7%	78.7%	75.0%	54.5%	72.2%	50.0%	60.0%	*	78.6%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20b	Would feel confident that organisation would address concerns about unsafe clinical practice	53.2%	58.1%	*	36.8%	66.7%	50.0%	64.0%	65.0%	45.5%	50.0%	50.0%	60.0%	*	50.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q21	Feel organisation respects individual differences	69.4%	74.2%	*	66.7%	81.0%	83.3%	78.7%	80.0%	72.7%	88.9%	75.0%	90.0%	*	78.6%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q22	I can eat nutritious and affordable food at work	56.7%	83.9%	*	50.0%	66.7%	66.7%	53.3%	40.0%	81.8%	77.8%	58.3%	50.0%	*	92.9%	*
YOUR PERSONAL DEVELOPMENT	q23a	Received appraisal in the past 12 months	87.3%	89.7%	*	89.5%	100.0%	100.0%	91.7%	75.0%	90.9%	100.0%	100.0%	90.0%	*	92.9%	*
YOUR PERSONAL DEVELOPMENT	q23b	Appraisal helped me improve how I do my job	24.7%	30.8%	*	18.8%	15.0%	9.1%	15.4%	33.3%	10.0%	43.8%	50.0%	*	*	23.1%	*
YOUR PERSONAL DEVELOPMENT	q23c	Appraisal helped me agree clear objectives for my work	31.7%	34.6%	*	18.8%	25.0%	18.2%	29.2%	26.7%	10.0%	46.7%	50.0%	*	*	23.1%	*
YOUR PERSONAL DEVELOPMENT	q23d	Appraisal left me feeling organisation values my work	35.3%	38.5%	*	31.3%	40.0%	27.3%	30.8%	26.7%	20.0%	43.8%	50.0%	*	*	38.5%	*
YOUR PERSONAL DEVELOPMENT	q24a	Organisation offers me challenging work	68.9%	86.7%	*	83.3%	61.9%	66.7%	81.3%	52.6%	63.6%	76.5%	75.0%	70.0%	*	85.7%	*
YOUR PERSONAL DEVELOPMENT	q24b	There are opportunities for me to develop my career in this organisation	48.8%	48.4%	*	66.7%	52.4%	33.3%	61.3%	47.4%	36.4%	72.2%	50.0%	70.0%	*	64.3%	*
YOUR PERSONAL DEVELOPMENT	q24c	Have opportunities to improve my knowledge and skills	67.4%	67.7%	*	72.2%	57.1%	41.7%	78.7%	57.9%	54.5%	88.9%	58.3%	80.0%	*	71.4%	*
YOUR PERSONAL DEVELOPMENT	q24d	Feel supported to develop my potential	55.3%	64.5%	*	61.1%	47.6%	41.7%	60.0%	50.0%	45.5%	94.4%	50.0%	70.0%	*	57.1%	*
YOUR PERSONAL DEVELOPMENT	q24e	Able to access the right learning and development opportunities when I need to	57.8%	51.6%	*	55.6%	42.9%	50.0%	69.3%	55.0%	54.5%	61.1%	58.3%	60.0%	*	71.4%	*
YOUR PERSONAL DEVELOPMENT	q24f	Able to access clinical supervision opportunities	52.9%	77.4%	*	76.5%	33.3%	*	49.2%	52.9%	*	70.6%	63.6%	*	*	*	*
YOUR ORGANISATION	q25a	Care of patients/service users is organisation's top priority	66.0%	58.1%	*	61.1%	81.0%	75.0%	77.3%	63.2%	63.6%	55.6%	91.7%	80.0%	*	71.4%	*
YOUR ORGANISATION	q25b	Organisation acts on concerns raised by patients/service users	63.0%	58.1%	*	55.6%	52.4%	66.7%	66.7%	70.0%	72.7%	66.7%	91.7%	90.0%	*	71.4%	*
YOUR ORGANISATION	q25c	Would recommend organisation as place to work	49.4%	58.1%	*	50.0%	23.8%	41.7%	53.3%	60.0%	45.5%	55.6%	50.0%	70.0%	*	57.1%	*
YOUR ORGANISATION	q25d	If friend/relative needed treatment would be happy with standard of care provided by organisation	51.9%	54.8%	*	38.9%	52.4%	50.0%	48.0%	55.0%	54.5%	50.0%	66.7%	70.0%	*	57.1%	*
YOUR ORGANISATION	q25e	Feel safe to speak up about anything that concerns me in this organisation	58.5%	67.7%	*	66.7%	71.4%	58.3%	76.0%	75.0%	36.4%	61.1%	58.3%	60.0%	*	64.3%	*
YOUR ORGANISATION	q25f	Feel organisation would address any concerns I raised	44.2%	51.6%	*	38.9%	52.4%	41.7%	56.0%	55.0%	45.5%	33.3%	50.0%	60.0%	*	35.7%	*
YOUR ORGANISATION	q26a	I don't often think about leaving this organisation	40.9%	61.3%	*	44.4%	33.3%	25.0%	44.0%	65.0%	45.5%	44.4%	58.3%	40.0%	*	28.6%	*
YOUR ORGANISATION	q26b	I am unlikely to look for a job at a new organisation in the next 12 months	49.1%	71.0%	*	55.6%	42.9%	50.0%	53.3%	75.0%	45.5%	38.9%	66.7%	30.0%	*	35.7%	*
YOUR ORGANISATION	q26c	I am not planning on leaving this organisation	53.9%	77.4%	*	76.5%	57.1%	50.0%	57.3%	75.0%	54.5%	50.0%	66.7%	70.0%	*	35.7%	*
BACKGROUND INFORMATION	q31b	Disability: organisation made reasonable adjustment(s) to enable me to carry out work	79.1%	*	*	*	*	*	*	*	*	*	*	*	*	*	*

Picker

ancashire Teaching Hospitals NHS Foundation Trust
SS24 RAG report - RAG Table Report
reakdown: Locality 4
uppression Threshold: 10

Set RAG % point difference: 3

Key:
100.0%
>3 ppt above
<3 ppt below
In between

Locality 4

Section	Q	Description	Comparator (Organisation Overall)	438 24 Medical Examiners' Office (T36650)	438 25 Building (RPH) (T36863)	438 25 Catering (CDH) (T36807)	438 25 Catering (RPH) (T36808)	438 25 Charters Retail Outlet (RPH) (T36809)	438 25 Domestics (CDH) (T36805)	438 25 Domestics (RPH) (T36806)	438 25 Engineering (CDH) (T36831)	438 25 Engineering (RPH) (T36829)	438 25 Linen/Laundry Services (T36821)	438 25 Medical Engineering (T36830)	438 25 Portering (CDH) (T36824)	438 25 Portering (RPH) (T36820)	438 25 SSD - Decontamination (T36417)
			n = 3996	n = 1	n = 3	n = 4	n = 12	n = 3	n = 18	n = 59	n = 7	n = 3	n = 5	n = 19	n = 12	n = 27	n = 18
YOUR JOB	q2a	Often/always look forward to going to work	51.5%	*	*	*	58.3%	*	58.8%	56.4%	*	*	*	26.3%	66.7%	37.0%	44.4%
YOUR JOB	q2b	Often/always enthusiastic about my job	67.2%	*	*	*	75.0%	*	70.6%	60.0%	*	*	*	42.1%	75.0%	44.0%	50.0%
YOUR JOB	q2c	Time often/always passes quickly when I am working	73.2%	*	*	*	66.7%	*	76.5%	68.4%	*	*	*	42.1%	50.0%	57.7%	55.6%
YOUR JOB	q3a	Always know what work responsibilities are	88.2%	*	*	*	66.7%	*	100.0%	84.5%	*	*	*	63.2%	83.3%	85.2%	83.3%
YOUR JOB	q3b	Feel trusted to do my job	90.6%	*	*	*	91.7%	*	94.1%	86.2%	*	*	*	84.2%	91.7%	77.8%	94.4%
YOUR JOB	q3c	Opportunities to show initiative frequently in my role	73.9%	*	*	*	41.7%	*	76.5%	67.2%	*	*	*	42.1%	58.3%	44.4%	61.1%
YOUR JOB	q3d	Able to make suggestions to improve the work of my team/dept	73.1%	*	*	*	50.0%	*	64.7%	52.6%	*	*	*	52.6%	66.7%	44.4%	61.1%
YOUR JOB	q3e	Involved in deciding changes that affect work	52.4%	*	*	*	41.7%	*	29.4%	40.4%	*	*	*	26.3%	58.3%	29.6%	22.2%
YOUR JOB	q3f	Able to make improvements happen in my area of work	54.6%	*	*	*	50.0%	*	47.1%	56.1%	*	*	*	36.8%	50.0%	33.3%	27.8%
YOUR JOB	q3g	Able to meet conflicting demands on my time at work	44.7%	*	*	*	66.7%	*	52.9%	70.2%	*	*	*	15.8%	50.0%	48.1%	50.0%
YOUR JOB	q3h	Have adequate materials, supplies and equipment to do my work	46.3%	*	*	*	50.0%	*	70.6%	47.4%	*	*	*	26.3%	58.3%	22.2%	44.4%
YOUR JOB	q3i	Enough staff at organisation to do my job properly	27.2%	*	*	*	41.7%	*	47.1%	35.1%	*	*	*	10.5%	33.3%	7.4%	27.8%
YOUR JOB	q4a	Satisfied with recognition for good work	55.4%	*	*	*	58.3%	*	58.8%	54.4%	*	*	*	36.8%	50.0%	33.3%	33.3%
YOUR JOB	q4b	Satisfied with extent organisation values my work	42.3%	*	*	*	33.3%	*	52.9%	50.0%	*	*	*	26.3%	50.0%	22.2%	27.8%
YOUR JOB	q4c	Satisfied with level of pay	30.4%	*	*	*	50.0%	*	5.9%	25.0%	*	*	*	15.8%	8.3%	11.1%	16.7%
YOUR JOB	q4d	Satisfied with opportunities for flexible working patterns	56.2%	*	*	*	41.7%	*	47.1%	41.1%	*	*	*	21.1%	25.0%	22.2%	33.3%
YOUR JOB	q5a	Have realistic time pressures	25.7%	*	*	*	33.3%	*	52.9%	17.9%	*	*	*	10.5%	25.0%	25.9%	44.4%
YOUR JOB	q5b	Have a choice in deciding how to do my work	52.9%	*	*	*	50.0%	*	64.7%	59.6%	*	*	*	57.9%	50.0%	48.1%	33.3%
YOUR JOB	q5c	Relationships at work are unstrained	44.7%	*	*	*	33.3%	*	64.7%	44.6%	*	*	*	31.6%	50.0%	37.0%	41.2%
YOUR JOB	q6a	Feel my role makes a difference to patients/service users	87.7%	*	*	*	70.0%	*	94.1%	83.3%	*	*	*	73.7%	83.3%	74.1%	78.6%
YOUR JOB	q6b	Organisation is committed to helping balance work and home life	49.0%	*	*	*	58.3%	*	41.2%	46.4%	*	*	*	26.3%	33.3%	23.1%	27.8%
YOUR JOB	q6c	Achieve a good balance between work and home life	56.9%	*	*	*	66.7%	*	58.8%	58.9%	*	*	*	26.3%	41.7%	26.9%	44.4%
YOUR JOB	q6d	Can approach immediate manager to talk openly about flexible working	70.3%	*	*	*	66.7%	*	76.5%	49.1%	*	*	*	26.3%	66.7%	38.5%	33.3%
YOUR TEAM	q7a	Team members have a set of shared objectives	75.2%	*	*	*	58.3%	*	52.9%	66.1%	*	*	*	42.1%	58.3%	55.6%	61.1%
YOUR TEAM	q7b	Team members often meet to discuss the team's effectiveness	65.3%	*	*	*	25.0%	*	35.3%	46.4%	*	*	*	21.1%	33.3%	51.9%	61.1%
YOUR TEAM	q7c	Receive the respect I deserve from my colleagues at work	70.8%	*	*	*	58.3%	*	64.7%	63.6%	*	*	*	63.2%	58.3%	55.6%	44.4%
YOUR TEAM	q7d	Team members understand each other's roles	71.4%	*	*	*	58.3%	*	76.5%	69.6%	*	*	*	36.8%	66.7%	66.7%	55.6%
YOUR TEAM	q7e	Enjoy working with colleagues in team	80.3%	*	*	*	66.7%	*	76.5%	75.0%	*	*	*	63.2%	75.0%	77.8%	55.6%
YOUR TEAM	q7f	Team has enough freedom in how to do its work	57.8%	*	*	*	45.5%	*	70.6%	58.9%	*	*	*	42.1%	58.3%	44.4%	38.9%
YOUR TEAM	q7g	Team deals with disagreements constructively	55.2%	*	*	*	50.0%	*	58.8%	48.2%	*	*	*	31.6%	58.3%	40.7%	16.7%
YOUR TEAM	q7h	Feel valued by my team	71.0%	*	*	*	58.3%	*	58.8%	64.3%	*	*	*	57.9%	58.3%	55.6%	38.9%
YOUR TEAM	q7i	Feel a strong personal attachment to my team	64.2%	*	*	*	41.7%	*	64.7%	64.3%	*	*	*	38.9%	50.0%	55.6%	33.3%
PEOPLE IN YOUR ORGANISATION	q8a	Teams within the organisation work well together to achieve objectives	52.8%	*	*	*	41.7%	*	47.1%	50.9%	*	*	*	15.8%	25.0%	25.9%	50.0%
PEOPLE IN YOUR ORGANISATION	q8b	Colleagues are understanding and kind to one another	68.8%	*	*	*	41.7%	*	58.8%	56.1%	*	*	*	52.6%	50.0%	55.6%	27.8%
PEOPLE IN YOUR ORGANISATION	q8c	Colleagues are polite and treat each other with respect	69.7%	*	*	*	66.7%	*	58.8%	61.4%	*	*	*	57.9%	50.0%	48.1%	22.2%
PEOPLE IN YOUR ORGANISATION	q8d	Colleagues show appreciation to one another	66.2%	*	*	*	41.7%	*	58.8%	61.4%	*	*	*	52.6%	58.3%	48.1%	27.8%
YOUR MANAGERS	q9a	Immediate manager encourages me at work	73.1%	*	*	*	75.0%	*	58.8%	52.6%	*	*	*	33.3%	41.7%	37.0%	38.9%
YOUR MANAGERS	q9b	Immediate manager gives clear feedback on my work	67.3%	*	*	*	58.3%	*	70.6%	56.4%	*	*	*	38.9%	41.7%	44.4%	38.9%
YOUR MANAGERS	q9c	Immediate manager asks for my opinion before making decisions that affect my work	58.4%	*	*	*	50.0%	*	41.2%	43.9%	*	*	*	44.4%	41.7%	22.2%	22.2%
YOUR MANAGERS	q9d	Immediate manager takes a positive interest in my health & well-being	71.0%	*	*	*	58.3%	*	52.9%	52.6%	*	*	*	52.6%	41.7%	37.0%	38.9%
YOUR MANAGERS	q9e	Immediate manager values my work	73.0%	*	*	*	66.7%	*	58.8%	54.4%	*	*	*	42.1%	50.0%	33.3%	33.3%
YOUR MANAGERS	q9f	Immediate manager works with me to understand problems	69.9%	*	*	*	66.7%	*	52.9%	50.9%	*	*	*	42.1%	58.3%	40.7%	50.0%
YOUR MANAGERS	q9g	Immediate manager listens to challenges I face	72.1%	*	*	*	58.3%	*	58.8%	44.6%	*	*	*	52.6%	58.3%	44.4%	50.0%
YOUR MANAGERS	q9h	Immediate manager cares about my concerns	70.8%	*	*	*	58.3%	*	52.9%	43.9%	*	*	*	47.4%	50.0%	40.7%	38.9%
YOUR MANAGERS	q9i	Immediate manager helps me with problems I face	67.1%	*	*	*	41.7%	*	50.0%	47.4%	*	*	*	47.4%	41.7%	40.7%	50.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10b	Don't work any additional paid hours per week for this organisation, over and above contracted hours	66.6%	*	*	*	75.0%	*	70.6%	59.6%	*	*	*	100.0%	58.3%	66.7%	77.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10c	Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	55.3%	*	*	*	58.3%	*	76.5%	78.6%	*	*	*	57.9%	50.0%	74.1%	88.9%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11a	Organisation takes positive action on health and well-being	56.0%	*	*	*	50.0%	*	47.1%	45.6%	*	*	*	31.6%	50.0%	44.4%	44.4%

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	71.4%	*	*	*	66.7%	*	76.5%	61.4%	*	*	*	63.2%	75.0%	51.9%	50.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11c	In last 12 months, have not felt unwell due to work related stress	59.6%	*	*	*	66.7%	*	82.4%	59.6%	*	*	*	52.6%	66.7%	55.6%	55.6%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11d	In last 3 months, have not come to work when not feeling well enough to perform duties	44.6%	*	*	*	41.7%	*	58.8%	50.9%	*	*	*	36.8%	25.0%	29.6%	27.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11e	Not felt pressure from manager to come to work when not feeling well enough	80.2%	*	*	*	*	*	*	67.9%	*	*	*	36.4%	*	68.4%	38.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12a	Never/rarely find work emotionally exhausting	23.6%	*	*	*	50.0%	*	35.3%	29.8%	*	*	*	31.6%	33.3%	22.2%	38.9%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12b	Never/rarely feel burnt out because of work	29.9%	*	*	*	41.7%	*	52.9%	28.1%	*	*	*	36.8%	33.3%	11.1%	44.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12c	Never/rarely frustrated by work	20.2%	*	*	*	41.7%	*	47.1%	26.3%	*	*	*	10.5%	0.0%	14.8%	23.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12d	Never/rarely exhausted by the thought of another day/shift at work	35.7%	*	*	*	58.3%	*	58.8%	38.6%	*	*	*	36.8%	41.7%	22.2%	38.9%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12e	Never/rarely worn out at the end of work	19.4%	*	*	*	41.7%	*	17.6%	26.8%	*	*	*	36.8%	16.7%	3.7%	5.6%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12f	Never/rarely feel every working hour is tiring	51.1%	*	*	*	41.7%	*	70.6%	38.6%	*	*	*	36.8%	50.0%	26.9%	47.1%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12g	Never/rarely lack energy for family and friends	35.8%	*	*	*	25.0%	*	64.7%	28.6%	*	*	*	52.6%	50.0%	11.5%	38.9%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public	84.7%	*	*	*	91.7%	*	88.2%	83.3%	*	*	*	89.5%	33.3%	81.5%	88.9%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13b	Not experienced physical violence from managers	99.3%	*	*	*	100.0%	*	100.0%	86.8%	*	*	*	94.7%	83.3%	92.3%	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13c	Not experienced physical violence from other colleagues	98.4%	*	*	*	100.0%	*	100.0%	83.0%	*	*	*	94.4%	75.0%	96.2%	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13d	Last experience of physical violence reported	72.5%	*	*	*	*	*	*	81.8%	*	*	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	77.8%	*	*	*	100.0%	*	82.4%	83.6%	*	*	*	84.2%	58.3%	74.1%	82.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14b	Not experienced harassment, bullying or abuse from managers	92.0%	*	*	*	91.7%	*	94.1%	84.6%	*	*	*	84.2%	91.7%	88.5%	93.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14c	Not experienced harassment, bullying or abuse from other colleagues	82.0%	*	*	*	83.3%	*	88.2%	74.0%	*	*	*	84.2%	83.3%	76.0%	68.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14d	Last experience of harassment/bullying/abuse reported	52.6%	*	*	*	*	*	*	70.0%	*	*	*	*	*	60.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q15	Organisation acts fairly: career progression	57.4%	*	*	*	41.7%	*	23.5%	36.8%	*	*	*	36.8%	50.0%	37.0%	50.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public	93.2%	*	*	*	100.0%	*	88.2%	93.0%	*	*	*	89.5%	83.3%	80.8%	94.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16b	Not experienced discrimination from manager/team leader or other colleagues	91.9%	*	*	*	100.0%	*	94.1%	80.7%	*	*	*	66.7%	91.7%	84.6%	88.2%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	91.7%	*	*	*	100.0%	*	100.0%	94.7%	*	*	*	94.7%	91.7%	88.9%	94.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	95.9%	*	*	*	100.0%	*	100.0%	87.5%	*	*	*	83.3%	91.7%	92.6%	83.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q18	Not seen any errors/near misses/incidents that could have hurt staff/patients/service users	63.8%	*	*	*	66.7%	*	70.6%	73.2%	*	*	*	73.7%	41.7%	29.6%	50.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19a	Staff involved in an error/near miss/incident treated fairly	56.8%	*	*	*	54.5%	*	41.7%	55.0%	*	*	*	23.1%	36.4%	27.3%	47.1%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19b	Encouraged to report errors/near misses/incidents	86.0%	*	*	*	75.0%	*	64.7%	65.2%	*	*	*	55.6%	75.0%	74.1%	77.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19c	Organisation ensure errors/near misses/incidents do not repeat	66.8%	*	*	*	63.6%	*	52.9%	55.6%	*	*	*	16.7%	25.0%	32.0%	35.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19d	Feedback given on changes made following errors/near misses/incidents	61.5%	*	*	*	54.5%	*	37.5%	39.5%	*	*	*	23.5%	16.7%	37.5%	27.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20a	Would feel secure raising concerns about unsafe clinical practice	70.1%	*	*	*	75.0%	*	47.1%	58.9%	*	*	*	26.3%	66.7%	44.4%	55.6%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20b	Would feel confident that organisation would address concerns about unsafe clinical practice	53.2%	*	*	*	58.3%	*	29.4%	54.7%	*	*	*	21.1%	41.7%	33.3%	38.9%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q21	Feel organisation respects individual differences	69.4%	*	*	*	50.0%	*	47.1%	50.0%	*	*	*	31.6%	50.0%	48.1%	72.2%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q22	I can eat nutritious and affordable food at work	56.7%	*	*	*	58.3%	*	47.1%	42.1%	*	*	*	52.6%	41.7%	40.7%	44.4%
YOUR PERSONAL DEVELOPMENT	q23a	Received appraisal in the past 12 months	87.3%	*	*	*	91.7%	*	76.5%	80.4%	*	*	*	70.6%	60.0%	88.5%	70.6%
YOUR PERSONAL DEVELOPMENT	q23b	Appraisal helped me improve how I do my job	24.7%	*	*	*	27.3%	*	15.4%	28.9%	*	*	*	25.0%	*	13.0%	33.3%
YOUR PERSONAL DEVELOPMENT	q23c	Appraisal helped me agree clear objectives for my work	31.7%	*	*	*	27.3%	*	15.4%	31.8%	*	*	*	33.3%	*	13.0%	41.7%
YOUR PERSONAL DEVELOPMENT	q23d	Appraisal left me feeling organisation values my work	35.3%	*	*	*	27.3%	*	38.5%	28.9%	*	*	*	25.0%	*	17.4%	41.7%
YOUR PERSONAL DEVELOPMENT	q24a	Organisation offers me challenging work	68.9%	*	*	*	50.0%	*	47.1%	45.6%	*	*	*	57.9%	41.7%	51.9%	33.3%
YOUR PERSONAL DEVELOPMENT	q24b	There are opportunities for me to develop my career in this organisation	48.8%	*	*	*	41.7%	*	41.2%	33.3%	*	*	*	36.8%	27.3%	37.0%	33.3%
YOUR PERSONAL DEVELOPMENT	q24c	Have opportunities to improve my knowledge and skills	67.4%	*	*	*	50.0%	*	41.2%	43.9%	*	*	*	52.6%	58.3%	48.1%	38.9%
YOUR PERSONAL DEVELOPMENT	q24d	Feel supported to develop my potential	55.3%	*	*	*	41.7%	*	35.3%	31.6%	*	*	*	26.3%	50.0%	33.3%	38.9%
YOUR PERSONAL DEVELOPMENT	q24e	Able to access the right learning and development opportunities when I need to	57.8%	*	*	*	58.3%	*	41.2%	42.9%	*	*	*	26.3%	58.3%	37.0%	33.3%
YOUR PERSONAL DEVELOPMENT	q24f	Able to access clinical supervision opportunities	52.9%	*	*	*	*	*	21.4%	35.7%	*	*	*	*	*	26.3%	30.8%
YOUR ORGANISATION	q25a	Care of patients/service users is organisation's top priority	66.0%	*	*	*	75.0%	*	58.8%	68.4%	*	*	*	42.1%	41.7%	48.1%	50.0%
YOUR ORGANISATION	q25b	Organisation acts on concerns raised by patients/service users	63.0%	*	*	*	66.7%	*	58.8%	56.1%	*	*	*	26.3%	33.3%	37.0%	38.9%
YOUR ORGANISATION	q25c	Would recommend organisation as place to work	49.4%	*	*	*	66.7%	*	52.9%	49.1%	*	*	*	21.1%	50.0%	44.4%	44.4%
YOUR ORGANISATION	q25d	If friend/relative needed treatment would be happy with standard of care provided by organisation	51.9%	*	*	*	66.7%	*	58.8%	57.9%	*	*	*	21.1%	41.7%	33.3%	50.0%
YOUR ORGANISATION	q25e	Feel safe to speak up about anything that concerns me in this organisation	58.5%	*	*	*	66.7%	*	58.8%	47.4%	*	*	*	31.6%	58.3%	25.9%	55.6%
YOUR ORGANISATION	q25f	Feel organisation would address any concerns I raised	44.2%	*	*	*	66.7%	*	47.1%	45.6%	*	*	*	26.3%	41.7%	29.6%	44.4%
YOUR ORGANISATION	q26a	I don't often think about leaving this organisation	40.9%	*	*	*	41.7%	*	47.1%	41.1%	*	*	*	26.3%	58.3%	33.3%	33.3%
YOUR ORGANISATION	q26b	I am unlikely to look for a job at a new organisation in the next 12 months	49.1%	*	*	*	33.3%	*	64.7%	48.2%	*	*	*	21.1%	58.3%	48.1%	38.9%
YOUR ORGANISATION	q26c	I am not planning on leaving this organisation	53.9%	*	*	*	41.7%	*	58.8%	48.2%	*	*	*	26.3%	58.3%	55.6%	38.9%
BACKGROUND INFORMATION	q31b	Disability: organisation made reasonable adjustment(s) to enable me to carry out work	79.1%	*	*	*	*	*	*	75.0%	*	*	*	*	*	*	*

Picker

ancashire Teaching Hospitals NHS Foundation Trust
SS24 RAG report - RAG Table Report
reakdown: Locality 4
uppression Threshold: 10

Set RAG % point difference: 3

Key:
100.0%
>3 ppt above
<3 ppt below
In between

Locality 4

Section	Q	Description	Comparator (Organisation Overall)	438 25 Security (T36827)	438 27 Apprentice Training (T37024)	438 27 BSc Nursing Adult Programme (BNAP) (T37015)	438 27 Blended Learning (T37020)	438 27 Clinical Education (T37018)	438 27 Education and Business Team (T37017)	438 27 Employee Services (T37205)	438 27 Health & Wellbeing Team (T37025)	438 27 Human Resource Management	438 27 Library (T37007)	438 27 M1 Performance & Compliance	438 27 Organisational Development	438 27 Recruitment Team (PBC) (T37034)	438 27 Research CHRI Cancer (T36660)
			n = 3996	n = 15	n = 10	n = 12	n = 10	n = 20	n = 16	n = 12	n = 9	n = 22	n = 12	n = 10	n = 13	n = 14	n = 17
YOUR JOB	q2a	Often/always look forward to going to work	51.5%	53.3%	40.0%	66.7%	80.0%	45.0%	43.8%	16.7%	*	54.5%	33.3%	60.0%	61.5%	21.4%	52.9%
YOUR JOB	q2b	Often/always enthusiastic about my job	67.2%	78.6%	70.0%	83.3%	90.0%	70.0%	50.0%	16.7%	*	63.6%	66.7%	60.0%	61.5%	35.7%	58.8%
YOUR JOB	q2c	Time often/always passes quickly when I am working	73.2%	42.9%	80.0%	91.7%	100.0%	75.0%	68.8%	58.3%	*	77.3%	66.7%	90.0%	76.9%	50.0%	58.8%
YOUR JOB	q3a	Always know what work responsibilities are	88.2%	93.3%	40.0%	100.0%	100.0%	80.0%	93.8%	58.3%	*	77.3%	100.0%	90.0%	84.6%	92.9%	70.6%
YOUR JOB	q3b	Feel trusted to do my job	90.6%	86.7%	60.0%	100.0%	100.0%	90.0%	75.0%	83.3%	*	86.4%	100.0%	100.0%	92.3%	85.7%	94.1%
YOUR JOB	q3c	Opportunities to show initiative frequently in my role	73.9%	86.7%	60.0%	91.7%	100.0%	80.0%	81.3%	58.3%	*	77.3%	91.7%	90.0%	84.6%	64.3%	64.7%
YOUR JOB	q3d	Able to make suggestions to improve the work of my team/dept	73.1%	73.3%	70.0%	66.7%	100.0%	85.0%	87.5%	58.3%	*	81.8%	83.3%	90.0%	92.3%	85.7%	52.9%
YOUR JOB	q3e	Involved in deciding changes that affect work	52.4%	53.3%	40.0%	66.7%	100.0%	60.0%	75.0%	33.3%	*	54.5%	66.7%	70.0%	100.0%	64.3%	29.4%
YOUR JOB	q3f	Able to make improvements happen in my area of work	54.6%	66.7%	60.0%	75.0%	100.0%	50.0%	62.5%	41.7%	*	54.5%	66.7%	70.0%	84.6%	71.4%	29.4%
YOUR JOB	q3g	Able to meet conflicting demands on my time at work	44.7%	80.0%	10.0%	50.0%	50.0%	35.0%	62.5%	33.3%	*	36.4%	41.7%	80.0%	53.8%	64.3%	29.4%
YOUR JOB	q3h	Have adequate materials, supplies and equipment to do my work	46.3%	46.7%	0.0%	41.7%	70.0%	55.0%	68.8%	50.0%	*	45.5%	25.0%	100.0%	84.6%	71.4%	11.8%
YOUR JOB	q3i	Enough staff at organisation to do my job properly	27.2%	33.3%	*	54.5%	20.0%	25.0%	31.3%	25.0%	*	31.8%	33.3%	70.0%	61.5%	78.6%	17.6%
YOUR JOB	q4a	Satisfied with recognition for good work	55.4%	66.7%	20.0%	75.0%	90.0%	50.0%	50.0%	25.0%	*	59.1%	100.0%	80.0%	92.3%	57.1%	35.3%
YOUR JOB	q4b	Satisfied with extent organisation values my work	42.3%	53.3%	10.0%	75.0%	80.0%	20.0%	31.3%	33.3%	*	40.9%	66.7%	70.0%	61.5%	50.0%	29.4%
YOUR JOB	q4c	Satisfied with level of pay	30.4%	7.1%	20.0%	25.0%	70.0%	40.0%	43.8%	50.0%	*	59.1%	58.3%	50.0%	76.9%	35.7%	23.5%
YOUR JOB	q4d	Satisfied with opportunities for flexible working patterns	56.2%	46.7%	40.0%	100.0%	100.0%	40.0%	81.3%	50.0%	*	68.2%	75.0%	100.0%	100.0%	78.6%	64.7%
YOUR JOB	q5a	Have realistic time pressures	25.7%	28.6%	0.0%	50.0%	20.0%	42.1%	37.5%	16.7%	*	22.7%	58.3%	50.0%	46.2%	71.4%	23.5%
YOUR JOB	q5b	Have a choice in deciding how to do my work	52.9%	42.9%	50.0%	83.3%	100.0%	57.9%	75.0%	50.0%	*	63.6%	75.0%	90.0%	84.6%	71.4%	82.4%
YOUR JOB	q5c	Relationships at work are unstrained	44.7%	35.7%	0.0%	91.7%	100.0%	63.2%	50.0%	41.7%	*	54.5%	66.7%	90.0%	69.2%	64.3%	52.9%
YOUR JOB	q6a	Feel my role makes a difference to patients/service users	87.7%	85.7%	90.0%	80.0%	*	83.3%	61.5%	*	*	70.6%	100.0%	*	84.6%	50.0%	81.3%
YOUR JOB	q6b	Organisation is committed to helping balance work and home life	49.0%	50.0%	40.0%	83.3%	100.0%	36.8%	87.5%	33.3%	*	63.6%	58.3%	100.0%	84.6%	57.1%	64.7%
YOUR JOB	q6c	Achieve a good balance between work and home life	56.9%	42.9%	40.0%	75.0%	100.0%	68.4%	100.0%	50.0%	*	63.6%	58.3%	100.0%	84.6%	78.6%	70.6%
YOUR JOB	q6d	Can approach immediate manager to talk openly about flexible working	70.3%	57.1%	60.0%	100.0%	100.0%	68.4%	75.0%	75.0%	*	86.4%	90.9%	100.0%	100.0%	57.1%	64.7%
YOUR TEAM	q7a	Team members have a set of shared objectives	75.2%	71.4%	50.0%	83.3%	100.0%	80.0%	68.8%	75.0%	*	72.7%	100.0%	90.0%	84.6%	85.7%	82.4%
YOUR TEAM	q7b	Team members often meet to discuss the team's effectiveness	65.3%	71.4%	60.0%	100.0%	90.0%	75.0%	81.3%	50.0%	*	50.0%	100.0%	80.0%	100.0%	92.9%	47.1%
YOUR TEAM	q7c	Receive the respect I deserve from my colleagues at work	70.8%	57.1%	50.0%	83.3%	100.0%	75.0%	75.0%	66.7%	*	72.7%	100.0%	90.0%	92.3%	85.7%	76.5%
YOUR TEAM	q7d	Team members understand each other's roles	71.4%	71.4%	40.0%	50.0%	100.0%	80.0%	75.0%	75.0%	*	63.6%	91.7%	80.0%	92.3%	92.9%	82.4%
YOUR TEAM	q7e	Enjoy working with colleagues in team	80.3%	71.4%	40.0%	83.3%	100.0%	80.0%	81.3%	83.3%	*	81.8%	100.0%	90.0%	92.3%	78.6%	82.4%
YOUR TEAM	q7f	Team has enough freedom in how to do its work	57.8%	57.1%	40.0%	75.0%	100.0%	60.0%	75.0%	58.3%	*	54.5%	83.3%	100.0%	84.6%	71.4%	47.1%
YOUR TEAM	q7g	Team deals with disagreements constructively	55.2%	57.1%	10.0%	50.0%	100.0%	60.0%	56.3%	50.0%	*	63.6%	83.3%	80.0%	76.9%	64.3%	23.5%
YOUR TEAM	q7h	Feel valued by my team	71.0%	64.3%	40.0%	75.0%	100.0%	75.0%	62.5%	66.7%	*	68.2%	91.7%	90.0%	84.6%	64.3%	82.4%
YOUR TEAM	q7i	Feel a strong personal attachment to my team	64.2%	64.3%	30.0%	75.0%	90.0%	70.0%	43.8%	50.0%	*	63.6%	72.7%	80.0%	69.2%	57.1%	82.4%
PEOPLE IN YOUR ORGANISATION	q8a	Teams within the organisation work well together to achieve objectives	52.8%	46.2%	20.0%	66.7%	60.0%	50.0%	56.3%	41.7%	*	40.9%	75.0%	80.0%	69.2%	78.6%	70.6%
PEOPLE IN YOUR ORGANISATION	q8b	Colleagues are understanding and kind to one another	68.8%	61.5%	40.0%	66.7%	100.0%	75.0%	56.3%	58.3%	*	81.8%	100.0%	100.0%	84.6%	71.4%	82.4%
PEOPLE IN YOUR ORGANISATION	q8c	Colleagues are polite and treat each other with respect	69.7%	46.2%	50.0%	83.3%	100.0%	80.0%	68.8%	75.0%	*	77.3%	100.0%	100.0%	84.6%	78.6%	82.4%
PEOPLE IN YOUR ORGANISATION	q8d	Colleagues show appreciation to one another	66.2%	46.2%	30.0%	75.0%	100.0%	75.0%	68.8%	58.3%	*	72.7%	100.0%	90.0%	84.6%	71.4%	76.5%
YOUR MANAGERS	q9a	Immediate manager encourages me at work	73.1%	76.9%	70.0%	100.0%	100.0%	70.0%	81.3%	75.0%	*	68.2%	91.7%	90.0%	100.0%	50.0%	64.7%
YOUR MANAGERS	q9b	Immediate manager gives clear feedback on my work	67.3%	84.6%	50.0%	100.0%	90.0%	65.0%	68.8%	66.7%	*	63.6%	75.0%	90.0%	92.3%	64.3%	64.7%
YOUR MANAGERS	q9c	Immediate manager asks for my opinion before making decisions that affect my work	58.4%	61.5%	50.0%	100.0%	90.0%	60.0%	68.8%	75.0%	*	68.2%	75.0%	90.0%	100.0%	50.0%	41.2%
YOUR MANAGERS	q9d	Immediate manager takes a positive interest in my health & well-being	71.0%	69.2%	80.0%	100.0%	*	65.0%	81.3%	83.3%	*	77.3%	91.7%	100.0%	100.0%	64.3%	52.9%
YOUR MANAGERS	q9e	Immediate manager values my work	73.0%	69.2%	60.0%	83.3%	90.0%	60.0%	81.3%	91.7%	*	68.2%	100.0%	100.0%	92.3%	71.4%	58.8%
YOUR MANAGERS	q9f	Immediate manager works with me to understand problems	69.9%	84.6%	50.0%	100.0%	100.0%	65.0%	75.0%	91.7%	*	72.7%	91.7%	90.0%	100.0%	64.3%	41.2%
YOUR MANAGERS	q9g	Immediate manager listens to challenges I face	72.1%	76.9%	70.0%	100.0%	100.0%	65.0%	75.0%	75.0%	*	77.3%	91.7%	90.0%	100.0%	71.4%	58.8%
YOUR MANAGERS	q9h	Immediate manager cares about my concerns	70.8%	69.2%	60.0%	83.3%	100.0%	65.0%	87.5%	83.3%	*	72.7%	91.7%	90.0%	100.0%	50.0%	47.1%
YOUR MANAGERS	q9i	Immediate manager helps me with problems I face	67.1%	61.5%	50.0%	91.7%	100.0%	60.0%	75.0%	83.3%	*	72.7%	66.7%	90.0%	76.9%	57.1%	41.2%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10b	Don't work any additional paid hours per week for this organisation, over and above contracted hours	66.6%	50.0%	60.0%	91.7%	80.0%	95.0%	93.8%	66.7%	*	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10c	Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	55.3%	50.0%	0.0%	50.0%	40.0%	45.0%	56.3%	58.3%	*	27.3%	75.0%	60.0%	53.8%	78.6%	76.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11a	Organisation takes positive action on health and well-being	56.0%	53.8%	30.0%	75.0%	100.0%	55.0%	81.3%	33.3%	*	68.2%	91.7%	100.0%	92.3%	78.6%	52.9%

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	71.4%	69.2%	50.0%	83.3%	90.0%	100.0%	81.3%	75.0%	*	77.3%	91.7%	90.0%	76.9%	92.9%	64.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11c	In last 12 months, have not felt unwell due to work related stress	59.6%	46.2%	30.0%	75.0%	90.0%	65.0%	62.5%	41.7%	*	63.6%	91.7%	90.0%	92.3%	92.9%	82.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11d	In last 3 months, have not come to work when not feeling well enough to perform duties	44.6%	30.8%	40.0%	50.0%	90.0%	45.0%	56.3%	25.0%	*	57.1%	75.0%	80.0%	76.9%	50.0%	47.1%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11e	Not felt pressure from manager to come to work when not feeling well enough	80.2%	*	*	*	*	81.8%	*	*	*	*	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12a	Never/rarely find work emotionally exhausting	23.6%	0.0%	0.0%	33.3%	60.0%	31.6%	50.0%	41.7%	*	18.2%	83.3%	60.0%	69.2%	42.9%	23.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12b	Never/rarely feel burnt out because of work	29.9%	38.5%	0.0%	58.3%	50.0%	52.6%	43.8%	33.3%	*	31.8%	66.7%	80.0%	76.9%	50.0%	41.2%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12c	Never/rarely frustrated by work	20.2%	15.4%	0.0%	41.7%	10.0%	31.6%	12.5%	16.7%	*	22.7%	25.0%	30.0%	30.8%	14.3%	0.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12d	Never/rarely exhausted by the thought of another day/shift at work	35.7%	46.2%	0.0%	66.7%	80.0%	36.8%	68.8%	25.0%	*	40.9%	75.0%	70.0%	69.2%	50.0%	47.1%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12e	Never/rarely worn out at the end of work	19.4%	15.4%	0.0%	50.0%	30.0%	21.1%	37.5%	16.7%	*	18.2%	66.7%	40.0%	46.2%	57.1%	47.1%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12f	Never/rarely feel every working hour is tiring	51.1%	61.5%	10.0%	83.3%	80.0%	52.6%	93.8%	41.7%	*	59.1%	83.3%	80.0%	92.3%	78.6%	64.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12g	Never/rarely lack energy for family and friends	35.8%	30.8%	0.0%	41.7%	80.0%	36.8%	81.3%	50.0%	*	54.5%	75.0%	70.0%	53.8%	71.4%	41.2%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public	84.7%	23.1%	100.0%	91.7%	100.0%	100.0%	100.0%	100.0%	*	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13b	Not experienced physical violence from managers	99.3%	92.3%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	*	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13c	Not experienced physical violence from other colleagues	98.4%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	*	95.0%	100.0%	*	100.0%	100.0%	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13d	Last experience of physical violence reported	72.5%	80.0%	*	*	*	*	*	*	*	*	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	77.8%	38.5%	90.0%	100.0%	100.0%	100.0%	93.8%	91.7%	*	100.0%	100.0%	100.0%	100.0%	78.6%	94.1%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14b	Not experienced harassment, bullying or abuse from managers	92.0%	100.0%	70.0%	100.0%	100.0%	89.5%	93.8%	91.7%	*	95.5%	100.0%	100.0%	100.0%	100.0%	94.1%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14c	Not experienced harassment, bullying or abuse from other colleagues	82.0%	50.0%	70.0%	100.0%	100.0%	80.0%	87.5%	91.7%	*	86.4%	100.0%	100.0%	92.3%	92.9%	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14d	Last experience of harassment/bullying/abuse reported	52.6%	*	*	*	*	*	*	*	*	*	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q15	Organisation acts fairly: career progression	57.4%	53.8%	50.0%	58.3%	70.0%	36.8%	62.5%	33.3%	*	68.2%	50.0%	80.0%	76.9%	64.3%	64.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public	93.2%	61.5%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	*	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16b	Not experienced discrimination from manager/team leader or other colleagues	91.9%	84.6%	90.0%	100.0%	100.0%	84.2%	100.0%	100.0%	*	95.5%	100.0%	100.0%	92.3%	100.0%	94.1%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	91.7%	76.9%	90.0%	100.0%	100.0%	100.0%	100.0%	100.0%	*	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	95.9%	100.0%	90.0%	100.0%	100.0%	95.0%	93.8%	100.0%	*	90.9%	91.7%	100.0%	100.0%	100.0%	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q18	Not seen any errors/near misses/incidents that could have hurt staff/patients/service users	63.8%	41.7%	60.0%	83.3%	100.0%	85.0%	86.7%	75.0%	*	90.9%	91.7%	100.0%	92.3%	92.9%	93.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19a	Staff involved in an error/near miss/incident treated fairly	56.8%	60.0%	*	*	*	23.1%	*	*	*	56.3%	*	*	*	*	46.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19b	Encouraged to report errors/near misses/incidents	86.0%	91.7%	50.0%	100.0%	100.0%	55.6%	92.9%	*	*	85.0%	90.0%	*	100.0%	100.0%	88.2%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19c	Organisation ensure errors/near misses/incidents do not repeat	66.8%	81.8%	*	100.0%	*	37.5%	46.2%	*	*	55.6%	*	*	*	*	64.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19d	Feedback given on changes made following errors/near misses/incidents	61.5%	58.3%	*	80.0%	*	50.0%	8.3%	*	*	41.2%	*	*	*	90.0%	82.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20a	Would feel secure raising concerns about unsafe clinical practice	70.1%	76.9%	70.0%	83.3%	70.0%	42.1%	80.0%	50.0%	*	63.6%	25.0%	80.0%	84.6%	57.1%	52.9%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20b	Would feel confident that organisation would address concerns about unsafe clinical practice	53.2%	53.8%	50.0%	58.3%	60.0%	21.1%	60.0%	25.0%	*	63.6%	25.0%	80.0%	76.9%	64.3%	41.2%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q21	Feel organisation respects individual differences	69.4%	69.2%	60.0%	83.3%	100.0%	42.1%	75.0%	41.7%	*	72.7%	91.7%	100.0%	84.6%	85.7%	70.6%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q22	I can eat nutritious and affordable food at work	56.7%	30.8%	50.0%	66.7%	80.0%	35.0%	81.3%	66.7%	*	50.0%	58.3%	70.0%	69.2%	64.3%	70.6%
YOUR PERSONAL DEVELOPMENT	q23a	Received appraisal in the past 12 months	87.3%	84.6%	80.0%	91.7%	100.0%	95.0%	100.0%	58.3%	*	77.3%	91.7%	100.0%	100.0%	92.3%	100.0%
YOUR PERSONAL DEVELOPMENT	q23b	Appraisal helped me improve how I do my job	24.7%	54.5%	*	27.3%	60.0%	21.1%	13.3%	*	*	29.4%	27.3%	40.0%	76.9%	16.7%	0.0%
YOUR PERSONAL DEVELOPMENT	q23c	Appraisal helped me agree clear objectives for my work	31.7%	63.6%	*	45.5%	70.0%	36.8%	13.3%	*	*	29.4%	45.5%	40.0%	84.6%	33.3%	5.9%
YOUR PERSONAL DEVELOPMENT	q23d	Appraisal left me feeling organisation values my work	35.3%	63.6%	*	54.5%	70.0%	26.3%	46.7%	*	*	41.2%	63.6%	60.0%	84.6%	16.7%	0.0%
YOUR PERSONAL DEVELOPMENT	q24a	Organisation offers me challenging work	68.9%	76.9%	70.0%	66.7%	80.0%	78.9%	75.0%	66.7%	*	77.3%	75.0%	70.0%	92.3%	50.0%	58.8%
YOUR PERSONAL DEVELOPMENT	q24b	There are opportunities for me to develop my career in this organisation	48.8%	53.8%	50.0%	58.3%	40.0%	26.3%	62.5%	33.3%	*	50.0%	50.0%	70.0%	69.2%	28.6%	11.8%
YOUR PERSONAL DEVELOPMENT	q24c	Have opportunities to improve my knowledge and skills	67.4%	76.9%	60.0%	100.0%	100.0%	73.7%	93.8%	41.7%	*	68.2%	100.0%	90.0%	92.3%	35.7%	35.3%
YOUR PERSONAL DEVELOPMENT	q24d	Feel supported to develop my potential	55.3%	61.5%	50.0%	83.3%	100.0%	52.6%	62.5%	41.7%	*	59.1%	100.0%	80.0%	84.6%	28.6%	11.8%
YOUR PERSONAL DEVELOPMENT	q24e	Able to access the right learning and development opportunities when I need to	57.8%	84.6%	50.0%	75.0%	90.0%	57.9%	62.5%	41.7%	*	50.0%	66.7%	80.0%	84.6%	42.9%	41.2%
YOUR PERSONAL DEVELOPMENT	q24f	Able to access clinical supervision opportunities	52.9%	*	*	72.7%	*	46.7%	*	*	*	*	*	*	*	*	50.0%
YOUR ORGANISATION	q25a	Care of patients/service users is organisation's top priority	66.0%	50.0%	60.0%	75.0%	90.0%	31.6%	56.3%	41.7%	*	68.2%	91.7%	90.0%	84.6%	71.4%	58.8%
YOUR ORGANISATION	q25b	Organisation acts on concerns raised by patients/service users	63.0%	50.0%	40.0%	50.0%	70.0%	38.9%	56.3%	33.3%	*	63.6%	41.7%	80.0%	69.2%	64.3%	58.8%
YOUR ORGANISATION	q25c	Would recommend organisation as place to work	49.4%	50.0%	40.0%	58.3%	60.0%	21.1%	68.8%	25.0%	*	50.0%	58.3%	90.0%	61.5%	50.0%	29.4%
YOUR ORGANISATION	q25d	If friend/relative needed treatment would be happy with standard of care provided by organisation	51.9%	58.3%	20.0%	50.0%	20.0%	36.8%	43.8%	41.7%	*	50.0%	41.7%	90.0%	53.8%	71.4%	47.1%
YOUR ORGANISATION	q25e	Feel safe to speak up about anything that concerns me in this organisation	58.5%	58.3%	50.0%	50.0%	80.0%	42.1%	62.5%	50.0%	*	72.7%	41.7%	80.0%	84.6%	78.6%	41.2%
YOUR ORGANISATION	q25f	Feel organisation would address any concerns I raised	44.2%	45.5%	40.0%	50.0%	40.0%	21.1%	31.3%	33.3%	*	59.1%	33.3%	60.0%	61.5%	57.1%	23.5%
YOUR ORGANISATION	q26a	I don't often think about leaving this organisation	40.9%	50.0%	20.0%	83.3%	40.0%	36.8%	43.8%	25.0%	*	36.4%	50.0%	70.0%	53.8%	14.3%	23.5%
YOUR ORGANISATION	q26b	I am unlikely to look for a job at a new organisation in the next 12 months	49.1%	58.3%	0.0%	66.7%	60.0%	42.1%	50.0%	25.0%	*	45.5%	50.0%	60.0%	46.2%	7.1%	29.4%
YOUR ORGANISATION	q26c	I am not planning on leaving this organisation	53.9%	66.7%	0.0%	81.8%	70.0%	42.1%	56.3%	25.0%	*	45.5%	66.7%	70.0%	61.5%	28.6%	29.4%
BACKGROUND INFORMATION	q31b	Disability: organisation made reasonable adjustment(s) to enable me to carry out work	79.1%	*	*	*	*	*	*	*	*	*	*	*	*	*	*

Picker

ancashire Teaching Hospitals NHS Foundation Trust
SS24 RAG report - RAG Table Report
reakdown: Locality 4
uppression Threshold: 10

Set RAG % point difference: 3

Key:
100.0%
>3 ppt above
<3 ppt below
In between

Locality 4

Section	Q	Description	Comparator (Organisation Overall)	438 27 Research CHRI Mgt & Admin (T36603)	438 27 Rostering Team (PBC) (T37206)	438 27 Student, Trainee & Placement Support	438 28 Business Intelligence (T37415)	438 28 Clinical Coding (T37413)	438 28 Digital Programme Team (T37430)	438 28 Medical Records (CDH) (T37407)	438 28 Medical Records (RPH) (T37406)	438 28 Switchboard Services (T36874)	438 28 TS Clinical Applications (T37101)	438 28 TS Infrastructure (T37111)	438 28 TS Operations (T37104)	438 28 TS Service Developments & Projects (T37114)	438 28 TS Service Support (T37109)
			n = 3996	n = 8	n = 7	n = 22	n = 19	n = 18	n = 11	n = 14	n = 14	n = 9	n = 6	n = 5	n = 5	n = 1	n = 3
YOUR JOB	q2a	Often/always look forward to going to work	51.5%	*	*	63.6%	57.9%	22.2%	54.5%	50.0%	28.6%	*	*	*	*	*	*
YOUR JOB	q2b	Often/always enthusiastic about my job	67.2%	*	*	86.4%	63.2%	66.7%	54.5%	57.1%	28.6%	*	*	*	*	*	*
YOUR JOB	q2c	Time often/always passes quickly when I am working	73.2%	*	*	86.4%	73.7%	77.8%	72.7%	42.9%	42.9%	*	*	*	*	*	*
YOUR JOB	q3a	Always know what work responsibilities are	88.2%	*	*	77.3%	78.9%	94.4%	90.9%	78.6%	71.4%	*	*	*	*	*	*
YOUR JOB	q3b	Feel trusted to do my job	90.6%	*	*	95.5%	94.7%	88.9%	100.0%	71.4%	57.1%	*	*	*	*	*	*
YOUR JOB	q3c	Opportunities to show initiative frequently in my role	73.9%	*	*	90.9%	89.5%	66.7%	90.9%	21.4%	35.7%	*	*	*	*	*	*
YOUR JOB	q3d	Able to make suggestions to improve the work of my team/dept	73.1%	*	*	95.5%	84.2%	66.7%	90.9%	28.6%	35.7%	*	*	*	*	*	*
YOUR JOB	q3e	Involved in deciding changes that affect work	52.4%	*	*	86.4%	78.9%	38.9%	54.5%	21.4%	7.1%	*	*	*	*	*	*
YOUR JOB	q3f	Able to make improvements happen in my area of work	54.6%	*	*	86.4%	73.7%	50.0%	63.6%	14.3%	14.3%	*	*	*	*	*	*
YOUR JOB	q3g	Able to meet conflicting demands on my time at work	44.7%	*	*	72.7%	42.1%	61.1%	63.6%	28.6%	42.9%	*	*	*	*	*	*
YOUR JOB	q3h	Have adequate materials, supplies and equipment to do my work	46.3%	*	*	63.6%	78.9%	72.2%	72.7%	28.6%	42.9%	*	*	*	*	*	*
YOUR JOB	q3i	Enough staff at organisation to do my job properly	27.2%	*	*	36.4%	42.1%	11.1%	36.4%	0.0%	28.6%	*	*	*	*	*	*
YOUR JOB	q4a	Satisfied with recognition for good work	55.4%	*	*	68.2%	73.7%	72.2%	72.7%	21.4%	14.3%	*	*	*	*	*	*
YOUR JOB	q4b	Satisfied with extent organisation values my work	42.3%	*	*	63.6%	63.2%	44.4%	63.6%	28.6%	14.3%	*	*	*	*	*	*
YOUR JOB	q4c	Satisfied with level of pay	30.4%	*	*	54.5%	36.8%	22.2%	36.4%	7.1%	0.0%	*	*	*	*	*	*
YOUR JOB	q4d	Satisfied with opportunities for flexible working patterns	56.2%	*	*	77.3%	94.7%	88.9%	100.0%	42.9%	28.6%	*	*	*	*	*	*
YOUR JOB	q5a	Have realistic time pressures	25.7%	*	*	59.1%	21.1%	22.2%	27.3%	28.6%	42.9%	*	*	*	*	*	*
YOUR JOB	q5b	Have a choice in deciding how to do my work	52.9%	*	*	81.8%	84.2%	33.3%	90.9%	50.0%	35.7%	*	*	*	*	*	*
YOUR JOB	q5c	Relationships at work are unstrained	44.7%	*	*	63.6%	89.5%	66.7%	90.9%	21.4%	35.7%	*	*	*	*	*	*
YOUR JOB	q6a	Feel my role makes a difference to patients/service users	87.7%	*	*	88.2%	64.7%	69.2%	*	61.5%	33.3%	*	*	*	*	*	*
YOUR JOB	q6b	Organisation is committed to helping balance work and home life	49.0%	*	*	81.8%	84.2%	77.8%	81.8%	42.9%	21.4%	*	*	*	*	*	*
YOUR JOB	q6c	Achieve a good balance between work and home life	56.9%	*	*	90.9%	63.2%	83.3%	90.9%	50.0%	57.1%	*	*	*	*	*	*
YOUR JOB	q6d	Can approach immediate manager to talk openly about flexible working	70.3%	*	*	81.8%	100.0%	88.9%	100.0%	50.0%	28.6%	*	*	*	*	*	*
YOUR TEAM	q7a	Team members have a set of shared objectives	75.2%	*	*	86.4%	78.9%	88.9%	100.0%	64.3%	42.9%	*	*	*	*	*	*
YOUR TEAM	q7b	Team members often meet to discuss the team's effectiveness	65.3%	*	*	72.7%	89.5%	88.9%	90.9%	57.1%	42.9%	*	*	*	*	*	*
YOUR TEAM	q7c	Receive the respect I deserve from my colleagues at work	70.8%	*	*	90.9%	89.5%	76.5%	90.9%	57.1%	57.1%	*	*	*	*	*	*
YOUR TEAM	q7d	Team members understand each other's roles	71.4%	*	*	77.3%	83.3%	83.3%	90.9%	50.0%	50.0%	*	*	*	*	*	*
YOUR TEAM	q7e	Enjoy working with colleagues in team	80.3%	*	*	90.9%	89.5%	94.4%	100.0%	71.4%	71.4%	*	*	*	*	*	*
YOUR TEAM	q7f	Team has enough freedom in how to do its work	57.8%	*	*	81.8%	78.9%	50.0%	100.0%	50.0%	28.6%	*	*	*	*	*	*
YOUR TEAM	q7g	Team deals with disagreements constructively	55.2%	*	*	68.2%	84.2%	50.0%	72.7%	28.6%	35.7%	*	*	*	*	*	*
YOUR TEAM	q7h	Feel valued by my team	71.0%	*	*	86.4%	78.9%	83.3%	90.9%	50.0%	57.1%	*	*	*	*	*	*
YOUR TEAM	q7i	Feel a strong personal attachment to my team	64.2%	*	*	86.4%	66.7%	55.6%	72.7%	64.3%	42.9%	*	*	*	*	*	*
PEOPLE IN YOUR ORGANISATION	q8a	Teams within the organisation work well together to achieve objectives	52.8%	*	*	63.6%	73.7%	55.6%	63.6%	7.1%	35.7%	*	*	*	*	*	*
PEOPLE IN YOUR ORGANISATION	q8b	Colleagues are understanding and kind to one another	68.8%	*	*	86.4%	84.2%	100.0%	90.9%	50.0%	57.1%	*	*	*	*	*	*
PEOPLE IN YOUR ORGANISATION	q8c	Colleagues are polite and treat each other with respect	69.7%	*	*	81.8%	89.5%	100.0%	100.0%	50.0%	57.1%	*	*	*	*	*	*
PEOPLE IN YOUR ORGANISATION	q8d	Colleagues show appreciation to one another	66.2%	*	*	77.3%	89.5%	94.4%	100.0%	42.9%	50.0%	*	*	*	*	*	*
YOUR MANAGERS	q9a	Immediate manager encourages me at work	73.1%	*	*	86.4%	94.7%	88.9%	90.9%	21.4%	28.6%	*	*	*	*	*	*
YOUR MANAGERS	q9b	Immediate manager gives clear feedback on my work	67.3%	*	*	77.3%	94.7%	72.2%	90.9%	35.7%	28.6%	*	*	*	*	*	*
YOUR MANAGERS	q9c	Immediate manager asks for my opinion before making decisions that affect my work	58.4%	*	*	86.4%	78.9%	50.0%	90.9%	7.1%	21.4%	*	*	*	*	*	*
YOUR MANAGERS	q9d	Immediate manager takes a positive interest in my health & well-being	71.0%	*	*	77.3%	94.7%	66.7%	90.9%	42.9%	35.7%	*	*	*	*	*	*
YOUR MANAGERS	q9e	Immediate manager values my work	73.0%	*	*	81.8%	94.7%	88.9%	90.9%	42.9%	28.6%	*	*	*	*	*	*
YOUR MANAGERS	q9f	Immediate manager works with me to understand problems	69.9%	*	*	86.4%	94.7%	70.6%	90.9%	21.4%	28.6%	*	*	*	*	*	*
YOUR MANAGERS	q9g	Immediate manager listens to challenges I face	72.1%	*	*	81.8%	94.7%	77.8%	90.9%	35.7%	28.6%	*	*	*	*	*	*
YOUR MANAGERS	q9h	Immediate manager cares about my concerns	70.8%	*	*	81.0%	89.5%	72.2%	90.9%	28.6%	21.4%	*	*	*	*	*	*
YOUR MANAGERS	q9i	Immediate manager helps me with problems I face	67.1%	*	*	81.8%	89.5%	77.8%	90.9%	21.4%	28.6%	*	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10b	Don't work any additional paid hours per week for this organisation, over and above contracted hours	66.6%	*	*	77.3%	89.5%	72.2%	100.0%	85.7%	58.3%	*	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10c	Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	55.3%	*	*	50.0%	47.4%	100.0%	63.6%	71.4%	92.3%	*	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11a	Organisation takes positive action on health and well-being	56.0%	*	*	72.7%	89.5%	88.9%	81.8%	78.6%	35.7%	*	*	*	*	*	*

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	71.4%	*	*	90.9%	89.5%	88.9%	100.0%	78.6%	78.6%	*	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11c	In last 12 months, have not felt unwell due to work related stress	59.6%	*	*	68.2%	78.9%	88.9%	90.0%	78.6%	71.4%	*	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11d	In last 3 months, have not come to work when not feeling well enough to perform duties	44.6%	*	*	54.5%	68.4%	38.9%	80.0%	42.9%	35.7%	*	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11e	Not felt pressure from manager to come to work when not feeling well enough	80.2%	*	*	60.0%	*	100.0%	*	*	*	*	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12a	Never/rarely find work emotionally exhausting	23.6%	*	*	45.5%	52.6%	27.8%	40.0%	42.9%	21.4%	*	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12b	Never/rarely feel burnt out because of work	29.9%	*	*	54.5%	42.1%	50.0%	70.0%	50.0%	50.0%	*	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12c	Never/rarely frustrated by work	20.2%	*	*	22.7%	31.6%	11.1%	10.0%	7.1%	35.7%	*	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12d	Never/rarely exhausted by the thought of another day/shift at work	35.7%	*	*	54.5%	52.6%	55.6%	70.0%	35.7%	42.9%	*	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12e	Never/rarely worn out at the end of work	19.4%	*	*	36.4%	31.6%	22.2%	30.0%	35.7%	35.7%	*	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12f	Never/rarely feel every working hour is tiring	51.1%	*	*	63.6%	68.4%	66.7%	90.0%	64.3%	57.1%	*	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12g	Never/rarely lack energy for family and friends	35.8%	*	*	50.0%	63.2%	27.8%	50.0%	50.0%	42.9%	*	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public	84.7%	*	*	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	*	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13b	Not experienced physical violence from managers	99.3%	*	*	100.0%	100.0%	100.0%	100.0%	92.9%	100.0%	*	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13c	Not experienced physical violence from other colleagues	98.4%	*	*	100.0%	100.0%	100.0%	*	92.9%	91.7%	*	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13d	Last experience of physical violence reported	72.5%	*	*	*	*	*	*	*	*	*	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	77.8%	*	*	100.0%	100.0%	100.0%	100.0%	100.0%	92.9%	*	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14b	Not experienced harassment, bullying or abuse from managers	92.0%	*	*	86.4%	100.0%	100.0%	100.0%	92.9%	92.9%	*	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14c	Not experienced harassment, bullying or abuse from other colleagues	82.0%	*	*	90.9%	100.0%	100.0%	90.0%	71.4%	78.6%	*	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14d	Last experience of harassment/bullying/abuse reported	52.6%	*	*	*	*	*	*	*	*	*	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q15	Organisation acts fairly: career progression	57.4%	*	*	54.5%	84.2%	50.0%	54.5%	50.0%	14.3%	*	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public	93.2%	*	*	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	*	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16b	Not experienced discrimination from manager/team leader or other colleagues	91.9%	*	*	100.0%	100.0%	94.4%	100.0%	92.3%	85.7%	*	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	91.7%	*	*	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	*	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	95.9%	*	*	100.0%	100.0%	100.0%	100.0%	78.6%	85.7%	*	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q18	Not seen any errors/near misses/incidents that could have hurt staff/patients/service users	63.8%	*	*	72.7%	100.0%	83.3%	90.0%	69.2%	78.6%	*	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19a	Staff involved in an error/near miss/incident treated fairly	56.8%	*	*	56.3%	*	*	*	40.0%	*	*	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19b	Encouraged to report errors/near misses/incidents	86.0%	*	*	90.0%	86.7%	66.7%	*	72.7%	41.7%	*	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19c	Organisation ensure errors/near misses/incidents do not repeat	66.8%	*	*	47.1%	76.9%	*	*	*	40.0%	*	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19d	Feedback given on changes made following errors/near misses/incidents	61.5%	*	*	41.2%	72.7%	*	*	*	36.4%	*	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20a	Would feel secure raising concerns about unsafe clinical practice	70.1%	*	*	72.7%	42.1%	44.4%	63.6%	35.7%	35.7%	*	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20b	Would feel confident that organisation would address concerns about unsafe clinical practice	53.2%	*	*	45.5%	52.6%	27.8%	54.5%	35.7%	28.6%	*	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q21	Feel organisation respects individual differences	69.4%	*	*	68.2%	84.2%	72.2%	63.6%	64.3%	42.9%	*	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q22	I can eat nutritious and affordable food at work	56.7%	*	*	59.1%	78.9%	72.2%	90.9%	64.3%	35.7%	*	*	*	*	*	*
YOUR PERSONAL DEVELOPMENT	q23a	Received appraisal in the past 12 months	87.3%	*	*	95.2%	15.8%	94.4%	100.0%	100.0%	78.6%	*	*	*	*	*	*
YOUR PERSONAL DEVELOPMENT	q23b	Appraisal helped me improve how I do my job	24.7%	*	*	35.0%	*	17.6%	18.2%	14.3%	9.1%	*	*	*	*	*	*
YOUR PERSONAL DEVELOPMENT	q23c	Appraisal helped me agree clear objectives for my work	31.7%	*	*	40.0%	*	17.6%	36.4%	14.3%	9.1%	*	*	*	*	*	*
YOUR PERSONAL DEVELOPMENT	q23d	Appraisal left me feeling organisation values my work	35.3%	*	*	45.0%	*	31.3%	27.3%	7.1%	9.1%	*	*	*	*	*	*
YOUR PERSONAL DEVELOPMENT	q24a	Organisation offers me challenging work	68.9%	*	*	77.3%	94.7%	94.1%	63.6%	35.7%	23.1%	*	*	*	*	*	*
YOUR PERSONAL DEVELOPMENT	q24b	There are opportunities for me to develop my career in this organisation	48.8%	*	*	45.5%	73.7%	66.7%	54.5%	14.3%	38.5%	*	*	*	*	*	*
YOUR PERSONAL DEVELOPMENT	q24c	Have opportunities to improve my knowledge and skills	67.4%	*	*	77.3%	84.2%	77.8%	72.7%	21.4%	38.5%	*	*	*	*	*	*
YOUR PERSONAL DEVELOPMENT	q24d	Feel supported to develop my potential	55.3%	*	*	63.6%	78.9%	61.1%	63.6%	21.4%	23.1%	*	*	*	*	*	*
YOUR PERSONAL DEVELOPMENT	q24e	Able to access the right learning and development opportunities when I need to	57.8%	*	*	63.6%	73.7%	83.3%	54.5%	21.4%	38.5%	*	*	*	*	*	*
YOUR PERSONAL DEVELOPMENT	q24f	Able to access clinical supervision opportunities	52.9%	*	*	70.0%	*	*	*	*	*	*	*	*	*	*	*
YOUR ORGANISATION	q25a	Care of patients/service users is organisation's top priority	66.0%	*	*	59.1%	94.7%	64.7%	72.7%	57.1%	50.0%	*	*	*	*	*	*
YOUR ORGANISATION	q25b	Organisation acts on concerns raised by patients/service users	63.0%	*	*	54.5%	68.4%	35.3%	54.5%	38.5%	50.0%	*	*	*	*	*	*
YOUR ORGANISATION	q25c	Would recommend organisation as place to work	49.4%	*	*	54.5%	73.7%	35.3%	63.6%	50.0%	21.4%	*	*	*	*	*	*
YOUR ORGANISATION	q25d	If friend/relative needed treatment would be happy with standard of care provided by organisation	51.9%	*	*	45.5%	78.9%	35.3%	45.5%	50.0%	42.9%	*	*	*	*	*	*
YOUR ORGANISATION	q25e	Feel safe to speak up about anything that concerns me in this organisation	58.5%	*	*	81.8%	73.7%	52.9%	63.6%	28.6%	50.0%	*	*	*	*	*	*
YOUR ORGANISATION	q25f	Feel organisation would address any concerns I raised	44.2%	*	*	50.0%	78.9%	23.5%	54.5%	14.3%	35.7%	*	*	*	*	*	*
YOUR ORGANISATION	q26a	I don't often think about leaving this organisation	40.9%	*	*	50.0%	36.8%	55.6%	45.5%	42.9%	28.6%	*	*	*	*	*	*
YOUR ORGANISATION	q26b	I am unlikely to look for a job at a new organisation in the next 12 months	49.1%	*	*	59.1%	42.1%	66.7%	63.6%	42.9%	42.9%	*	*	*	*	*	*
YOUR ORGANISATION	q26c	I am not planning on leaving this organisation	53.9%	*	*	77.3%	57.9%	72.2%	63.6%	50.0%	35.7%	*	*	*	*	*	*
BACKGROUND INFORMATION	q31b	Disability: organisation made reasonable adjustment(s) to enable me to carry out work	79.1%	*	*	*	*	*	*	*	*	*	*	*	*	*	*

Picker

ancashire Teaching Hospitals NHS Foundation Trust
SS24 RAG report - RAG Table Report
reakdown: Locality 4
uppression Threshold: 10

Set RAG % point difference: 3

Key:
100.0%
>3 ppt above
<3 ppt below
In between

Locality 4

Section	Q	Description	Comparator (Organisation Overall)	438 28 TS Software Development (T37102)	438 29 Financial Management (T37201)	438 29 Financial Services (T37202)	438 30 Trust HQ (T37306)	438 31 Bereavement & Organ Donations Team (T36511)	438 31 Corporate Cancer Performance (T35701)	438 31 Corporate Cancer Strategy & Information	438 34 Psychology (T36419)	438 35 SMRC Prosthetic Limbs (T36427)	438 35 SMRC Staff & Admin (T36421)	438 77 ELFS Accounts Payable (TE3001)	438 77 ELFS Accounts Receivable (TE3002)	438 77 ELFS Payroll (TE2001)	438 77 ELFS Salford (TE2002)
			n = 3996	n = 4	n = 13	n = 10	n = 9	n = 4	n = 11	n = 6	n = 17	n = 14	n = 42	n = 6	n = 6	n = 10	n = 5
YOUR JOB	q2a	Often/always look forward to going to work	51.5%	*	38.5%	30.0%	*	*	45.5%	*	70.6%	50.0%	54.8%	*	*	30.0%	*
YOUR JOB	q2b	Often/always enthusiastic about my job	67.2%	*	46.2%	50.0%	*	*	60.0%	*	82.4%	85.7%	66.7%	*	*	50.0%	*
YOUR JOB	q2c	Time often/always passes quickly when I am working	73.2%	*	92.3%	70.0%	*	*	80.0%	*	88.2%	78.6%	61.9%	*	*	60.0%	*
YOUR JOB	q3a	Always know what work responsibilities are	88.2%	*	84.6%	90.0%	*	*	90.9%	*	88.2%	92.9%	92.9%	*	*	90.0%	*
YOUR JOB	q3b	Feel trusted to do my job	90.6%	*	92.3%	90.0%	*	*	100.0%	*	94.1%	92.9%	95.2%	*	*	100.0%	*
YOUR JOB	q3c	Opportunities to show initiative frequently in my role	73.9%	*	84.6%	60.0%	*	*	36.4%	*	94.1%	85.7%	57.1%	*	*	90.0%	*
YOUR JOB	q3d	Able to make suggestions to improve the work of my team/dept	73.1%	*	76.9%	80.0%	*	*	63.6%	*	94.1%	50.0%	69.0%	*	*	70.0%	*
YOUR JOB	q3e	Involved in deciding changes that affect work	52.4%	*	53.8%	40.0%	*	*	36.4%	*	82.4%	50.0%	50.0%	*	*	40.0%	*
YOUR JOB	q3f	Able to make improvements happen in my area of work	54.6%	*	61.5%	60.0%	*	*	36.4%	*	82.4%	50.0%	47.6%	*	*	60.0%	*
YOUR JOB	q3g	Able to meet conflicting demands on my time at work	44.7%	*	15.4%	30.0%	*	*	63.6%	*	23.5%	71.4%	59.5%	*	*	30.0%	*
YOUR JOB	q3h	Have adequate materials, supplies and equipment to do my work	46.3%	*	61.5%	50.0%	*	*	54.5%	*	29.4%	57.1%	40.5%	*	*	70.0%	*
YOUR JOB	q3i	Enough staff at organisation to do my job properly	27.2%	*	7.7%	30.0%	*	*	9.1%	*	17.6%	28.6%	50.0%	*	*	0.0%	*
YOUR JOB	q4a	Satisfied with recognition for good work	55.4%	*	53.8%	50.0%	*	*	36.4%	*	100.0%	71.4%	52.4%	*	*	30.0%	*
YOUR JOB	q4b	Satisfied with extent organisation values my work	42.3%	*	38.5%	30.0%	*	*	27.3%	*	64.7%	57.1%	42.9%	*	*	40.0%	*
YOUR JOB	q4c	Satisfied with level of pay	30.4%	*	53.8%	30.0%	*	*	27.3%	*	64.7%	42.9%	33.3%	*	*	30.0%	*
YOUR JOB	q4d	Satisfied with opportunities for flexible working patterns	56.2%	*	92.3%	90.0%	*	*	100.0%	*	82.4%	64.3%	57.1%	*	*	70.0%	*
YOUR JOB	q5a	Have realistic time pressures	25.7%	*	0.0%	20.0%	*	*	36.4%	*	29.4%	35.7%	42.9%	*	*	10.0%	*
YOUR JOB	q5b	Have a choice in deciding how to do my work	52.9%	*	69.2%	90.0%	*	*	90.9%	*	82.4%	64.3%	54.8%	*	*	50.0%	*
YOUR JOB	q5c	Relationships at work are unstrained	44.7%	*	30.8%	60.0%	*	*	27.3%	*	76.5%	50.0%	41.5%	*	*	80.0%	*
YOUR JOB	q6a	Feel my role makes a difference to patients/service users	87.7%	*	18.2%	70.0%	*	*	90.9%	*	94.1%	100.0%	83.3%	*	*	*	*
YOUR JOB	q6b	Organisation is committed to helping balance work and home life	49.0%	*	46.2%	70.0%	*	*	45.5%	*	64.7%	57.1%	64.3%	*	*	50.0%	*
YOUR JOB	q6c	Achieve a good balance between work and home life	56.9%	*	61.5%	50.0%	*	*	90.9%	*	76.5%	57.1%	73.8%	*	*	60.0%	*
YOUR JOB	q6d	Can approach immediate manager to talk openly about flexible working	70.3%	*	92.3%	80.0%	*	*	90.9%	*	100.0%	78.6%	76.2%	*	*	90.0%	*
YOUR TEAM	q7a	Team members have a set of shared objectives	75.2%	*	76.9%	50.0%	*	*	63.6%	*	100.0%	71.4%	66.7%	*	*	80.0%	*
YOUR TEAM	q7b	Team members often meet to discuss the team's effectiveness	65.3%	*	69.2%	50.0%	*	*	27.3%	*	94.1%	50.0%	54.8%	*	*	30.0%	*
YOUR TEAM	q7c	Receive the respect I deserve from my colleagues at work	70.8%	*	76.9%	60.0%	*	*	63.6%	*	94.1%	57.1%	61.9%	*	*	90.0%	*
YOUR TEAM	q7d	Team members understand each other's roles	71.4%	*	84.6%	40.0%	*	*	63.6%	*	88.2%	92.9%	71.4%	*	*	90.0%	*
YOUR TEAM	q7e	Enjoy working with colleagues in team	80.3%	*	76.9%	60.0%	*	*	81.8%	*	100.0%	85.7%	81.0%	*	*	80.0%	*
YOUR TEAM	q7f	Team has enough freedom in how to do its work	57.8%	*	46.2%	50.0%	*	*	72.7%	*	76.5%	71.4%	52.4%	*	*	60.0%	*
YOUR TEAM	q7g	Team deals with disagreements constructively	55.2%	*	84.6%	60.0%	*	*	18.2%	*	82.4%	42.9%	38.1%	*	*	60.0%	*
YOUR TEAM	q7h	Feel valued by my team	71.0%	*	76.9%	70.0%	*	*	27.3%	*	94.1%	64.3%	71.4%	*	*	90.0%	*
YOUR TEAM	q7i	Feel a strong personal attachment to my team	64.2%	*	61.5%	60.0%	*	*	36.4%	*	88.2%	64.3%	69.0%	*	*	80.0%	*
PEOPLE IN YOUR ORGANISATION	q8a	Teams within the organisation work well together to achieve objectives	52.8%	*	53.8%	40.0%	*	*	45.5%	*	52.9%	85.7%	45.2%	*	*	60.0%	*
PEOPLE IN YOUR ORGANISATION	q8b	Colleagues are understanding and kind to one another	68.8%	*	92.3%	60.0%	*	*	18.2%	*	88.2%	64.3%	50.0%	*	*	90.0%	*
PEOPLE IN YOUR ORGANISATION	q8c	Colleagues are polite and treat each other with respect	69.7%	*	92.3%	60.0%	*	*	18.2%	*	76.5%	64.3%	54.8%	*	*	90.0%	*
PEOPLE IN YOUR ORGANISATION	q8d	Colleagues show appreciation to one another	66.2%	*	84.6%	50.0%	*	*	18.2%	*	88.2%	71.4%	52.4%	*	*	80.0%	*
YOUR MANAGERS	q9a	Immediate manager encourages me at work	73.1%	*	84.6%	70.0%	*	*	45.5%	*	100.0%	78.6%	64.3%	*	*	70.0%	*
YOUR MANAGERS	q9b	Immediate manager gives clear feedback on my work	67.3%	*	76.9%	60.0%	*	*	36.4%	*	100.0%	71.4%	64.3%	*	*	70.0%	*
YOUR MANAGERS	q9c	Immediate manager asks for my opinion before making decisions that affect my work	58.4%	*	76.9%	40.0%	*	*	36.4%	*	94.1%	71.4%	45.2%	*	*	40.0%	*
YOUR MANAGERS	q9d	Immediate manager takes a positive interest in my health & well-being	71.0%	*	92.3%	70.0%	*	*	54.5%	*	100.0%	78.6%	69.0%	*	*	70.0%	*
YOUR MANAGERS	q9e	Immediate manager values my work	73.0%	*	84.6%	60.0%	*	*	63.6%	*	100.0%	85.7%	71.4%	*	*	70.0%	*
YOUR MANAGERS	q9f	Immediate manager works with me to understand problems	69.9%	*	84.6%	60.0%	*	*	63.6%	*	100.0%	85.7%	66.7%	*	*	70.0%	*
YOUR MANAGERS	q9g	Immediate manager listens to challenges I face	72.1%	*	92.3%	70.0%	*	*	54.5%	*	100.0%	64.3%	76.2%	*	*	60.0%	*
YOUR MANAGERS	q9h	Immediate manager cares about my concerns	70.8%	*	76.9%	60.0%	*	*	54.5%	*	100.0%	78.6%	66.7%	*	*	40.0%	*
YOUR MANAGERS	q9i	Immediate manager helps me with problems I face	67.1%	*	76.9%	60.0%	*	*	36.4%	*	100.0%	71.4%	61.9%	*	*	40.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10b	Don't work any additional paid hours per week for this organisation, over and above contracted hours	66.6%	*	92.3%	80.0%	*	*	90.9%	*	94.1%	92.9%	83.3%	*	*	80.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10c	Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	55.3%	*	23.1%	50.0%	*	*	54.5%	*	29.4%	78.6%	52.4%	*	*	30.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11a	Organisation takes positive action on health and well-being	56.0%	*	46.2%	40.0%	*	*	54.5%	*	52.9%	64.3%	50.0%	*	*	40.0%	*

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	71.4%	*	100.0%	80.0%	*	*	81.8%	*	88.2%	57.1%	66.7%	*	*	90.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11c	In last 12 months, have not felt unwell due to work related stress	59.6%	*	69.2%	60.0%	*	*	63.6%	*	47.1%	57.1%	61.9%	*	*	60.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11d	In last 3 months, have not come to work when not feeling well enough to perform duties	44.6%	*	69.2%	50.0%	*	*	45.5%	*	64.7%	28.6%	43.9%	*	*	30.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11e	Not felt pressure from manager to come to work when not feeling well enough	80.2%	*	*	*	*	*	*	*	*	80.0%	87.0%	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12a	Never/rarely find work emotionally exhausting	23.6%	*	38.5%	30.0%	*	*	54.5%	*	11.8%	35.7%	35.7%	*	*	10.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12b	Never/rarely feel burnt out because of work	29.9%	*	7.7%	50.0%	*	*	63.6%	*	41.2%	35.7%	47.6%	*	*	20.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12c	Never/rarely frustrated by work	20.2%	*	7.7%	10.0%	*	*	36.4%	*	17.6%	0.0%	14.3%	*	*	10.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12d	Never/rarely exhausted by the thought of another day/shift at work	35.7%	*	7.7%	50.0%	*	*	72.7%	*	41.2%	42.9%	45.2%	*	*	30.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12e	Never/rarely worn out at the end of work	19.4%	*	7.7%	40.0%	*	*	45.5%	*	17.6%	21.4%	23.8%	*	*	0.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12f	Never/rarely feel every working hour is tiring	51.1%	*	69.2%	50.0%	*	*	72.7%	*	64.7%	42.9%	59.5%	*	*	50.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12g	Never/rarely lack energy for family and friends	35.8%	*	38.5%	70.0%	*	*	72.7%	*	35.3%	35.7%	38.1%	*	*	60.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public	84.7%	*	100.0%	100.0%	*	*	100.0%	*	100.0%	100.0%	97.6%	*	*	100.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13b	Not experienced physical violence from managers	99.3%	*	100.0%	100.0%	*	*	100.0%	*	100.0%	100.0%	100.0%	*	*	100.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13c	Not experienced physical violence from other colleagues	98.4%	*	100.0%	*	*	*	100.0%	*	100.0%	100.0%	100.0%	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13d	Last experience of physical violence reported	72.5%	*	*	*	*	*	*	*	*	*	*	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	77.8%	*	100.0%	100.0%	*	*	100.0%	*	76.5%	71.4%	78.6%	*	*	100.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14b	Not experienced harassment, bullying or abuse from managers	92.0%	*	92.3%	100.0%	*	*	100.0%	*	100.0%	100.0%	92.9%	*	*	100.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14c	Not experienced harassment, bullying or abuse from other colleagues	82.0%	*	100.0%	100.0%	*	*	90.9%	*	82.4%	84.6%	78.6%	*	*	100.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14d	Last experience of harassment/bullying/abuse reported	52.6%	*	*	*	*	*	*	*	*	*	21.4%	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q15	Organisation acts fairly: career progression	57.4%	*	69.2%	70.0%	*	*	45.5%	*	58.8%	71.4%	50.0%	*	*	50.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public	93.2%	*	100.0%	100.0%	*	*	100.0%	*	94.1%	100.0%	95.2%	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16b	Not experienced discrimination from manager/team leader or other colleagues	91.9%	*	100.0%	100.0%	*	*	100.0%	*	93.8%	92.9%	97.6%	*	*	90.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	91.7%	*	100.0%	100.0%	*	*	100.0%	*	94.1%	85.7%	97.6%	*	*	100.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	95.9%	*	92.3%	100.0%	*	*	100.0%	*	94.1%	92.3%	92.9%	*	*	100.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q18	Not seen any errors/near misses/incidents that could have hurt staff/patients/service users	63.8%	*	100.0%	90.0%	*	*	63.6%	*	70.6%	76.9%	90.5%	*	*	100.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19a	Staff involved in an error/near miss/incident treated fairly	56.8%	*	*	*	*	*	*	*	53.8%	50.0%	65.7%	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19b	Encouraged to report errors/near misses/incidents	86.0%	*	*	*	*	*	*	*	100.0%	71.4%	90.0%	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19c	Organisation ensure errors/near misses/incidents do not repeat	66.8%	*	*	*	*	*	*	*	76.5%	50.0%	65.8%	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19d	Feedback given on changes made following errors/near misses/incidents	61.5%	*	*	*	*	*	*	*	86.7%	58.3%	52.6%	*	*	*	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20a	Would feel secure raising concerns about unsafe clinical practice	70.1%	*	69.2%	30.0%	*	*	54.5%	*	70.6%	71.4%	59.5%	*	*	50.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20b	Would feel confident that organisation would address concerns about unsafe clinical practice	53.2%	*	53.8%	40.0%	*	*	27.3%	*	52.9%	50.0%	57.1%	*	*	40.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q21	Feel organisation respects individual differences	69.4%	*	92.3%	70.0%	*	*	72.7%	*	70.6%	78.6%	69.0%	*	*	50.0%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q22	I can eat nutritious and affordable food at work	56.7%	*	92.3%	60.0%	*	*	81.8%	*	76.5%	64.3%	71.4%	*	*	80.0%	*
YOUR PERSONAL DEVELOPMENT	q23a	Received appraisal in the past 12 months	87.3%	*	84.6%	80.0%	*	*	72.7%	*	88.2%	92.9%	100.0%	*	*	*	*
YOUR PERSONAL DEVELOPMENT	q23b	Appraisal helped me improve how I do my job	24.7%	*	18.2%	*	*	*	*	*	33.3%	23.1%	7.7%	*	*	*	*
YOUR PERSONAL DEVELOPMENT	q23c	Appraisal helped me agree clear objectives for my work	31.7%	*	18.2%	*	*	*	*	*	46.7%	30.8%	12.8%	*	*	*	*
YOUR PERSONAL DEVELOPMENT	q23d	Appraisal left me feeling organisation values my work	35.3%	*	36.4%	*	*	*	*	*	53.3%	46.2%	20.5%	*	*	*	*
YOUR PERSONAL DEVELOPMENT	q24a	Organisation offers me challenging work	68.9%	*	84.6%	90.0%	*	*	63.6%	*	88.2%	85.7%	47.6%	*	*	70.0%	*
YOUR PERSONAL DEVELOPMENT	q24b	There are opportunities for me to develop my career in this organisation	48.8%	*	61.5%	50.0%	*	*	9.1%	*	64.7%	28.6%	31.0%	*	*	40.0%	*
YOUR PERSONAL DEVELOPMENT	q24c	Have opportunities to improve my knowledge and skills	67.4%	*	76.9%	60.0%	*	*	27.3%	*	94.1%	64.3%	45.2%	*	*	50.0%	*
YOUR PERSONAL DEVELOPMENT	q24d	Feel supported to develop my potential	55.3%	*	76.9%	50.0%	*	*	27.3%	*	82.4%	50.0%	40.5%	*	*	40.0%	*
YOUR PERSONAL DEVELOPMENT	q24e	Able to access the right learning and development opportunities when I need to	57.8%	*	69.2%	60.0%	*	*	36.4%	*	76.5%	50.0%	40.5%	*	*	40.0%	*
YOUR PERSONAL DEVELOPMENT	q24f	Able to access clinical supervision opportunities	52.9%	*	*	*	*	*	*	*	92.9%	42.9%	28.6%	*	*	*	*
YOUR ORGANISATION	q25a	Care of patients/service users is organisation's top priority	66.0%	*	84.6%	70.0%	*	*	72.7%	*	64.7%	85.7%	76.2%	*	*	50.0%	*
YOUR ORGANISATION	q25b	Organisation acts on concerns raised by patients/service users	63.0%	*	61.5%	40.0%	*	*	45.5%	*	58.8%	64.3%	73.8%	*	*	50.0%	*
YOUR ORGANISATION	q25c	Would recommend organisation as place to work	49.4%	*	30.8%	40.0%	*	*	54.5%	*	52.9%	57.1%	52.4%	*	*	40.0%	*
YOUR ORGANISATION	q25d	If friend/relative needed treatment would be happy with standard of care provided by organisation	51.9%	*	76.9%	50.0%	*	*	81.8%	*	52.9%	64.3%	61.9%	*	*	10.0%	*
YOUR ORGANISATION	q25e	Feel safe to speak up about anything that concerns me in this organisation	58.5%	*	69.2%	50.0%	*	*	63.6%	*	70.6%	57.1%	43.9%	*	*	60.0%	*
YOUR ORGANISATION	q25f	Feel organisation would address any concerns I raised	44.2%	*	46.2%	40.0%	*	*	36.4%	*	58.8%	50.0%	38.1%	*	*	30.0%	*
YOUR ORGANISATION	q26a	I don't often think about leaving this organisation	40.9%	*	30.8%	50.0%	*	*	45.5%	*	58.8%	42.9%	35.7%	*	*	30.0%	*
YOUR ORGANISATION	q26b	I am unlikely to look for a job at a new organisation in the next 12 months	49.1%	*	38.5%	40.0%	*	*	45.5%	*	58.8%	71.4%	54.8%	*	*	40.0%	*
YOUR ORGANISATION	q26c	I am not planning on leaving this organisation	53.9%	*	53.8%	50.0%	*	*	54.5%	*	70.6%	64.3%	54.8%	*	*	40.0%	*
BACKGROUND INFORMATION	q31b	Disability: organisation made reasonable adjustment(s) to enable me to carry out work	79.1%	*	*	*	*	*	*	*	*	*	69.2%	*	*	*	*

Picker

ancashire Teaching Hospitals NHS Foundation Trust
SS24 RAG report - RAG Table Report
reakdown: Locality 4
uppression Threshold: 10

Set RAG % point difference: 3

Key:
100.0%
>3 ppt above
<3 ppt below
In between

Section	Q	Description	Locality 4 Comparator (Organisation Overall) n = 3996	438 77 ELFS Systems (TE4003) n = 2	438 77 ELFS Technical Accounts (TE3003) n = 5	438 85 Charities (T38000) n = 6	Other n = 425
YOUR JOB	q2a	Often/always look forward to going to work	51.5%	*	*	*	53.1%
YOUR JOB	q2b	Often/always enthusiastic about my job	67.2%	*	*	*	70.6%
YOUR JOB	q2c	Time often/always passes quickly when I am working	73.2%	*	*	*	76.5%
YOUR JOB	q3a	Always know what work responsibilities are	88.2%	*	*	*	88.2%
YOUR JOB	q3b	Feel trusted to do my job	90.6%	*	*	*	90.6%
YOUR JOB	q3c	Opportunities to show initiative frequently in my role	73.9%	*	*	*	77.6%
YOUR JOB	q3d	Able to make suggestions to improve the work of my team/dept	73.1%	*	*	*	76.0%
YOUR JOB	q3e	Involved in deciding changes that affect work	52.4%	*	*	*	58.8%
YOUR JOB	q3f	Able to make improvements happen in my area of work	54.6%	*	*	*	60.9%
YOUR JOB	q3g	Able to meet conflicting demands on my time at work	44.7%	*	*	*	47.9%
YOUR JOB	q3h	Have adequate materials, supplies and equipment to do my work	46.3%	*	*	*	53.2%
YOUR JOB	q3i	Enough staff at organisation to do my job properly	27.2%	*	*	*	31.3%
YOUR JOB	q4a	Satisfied with recognition for good work	55.4%	*	*	*	63.4%
YOUR JOB	q4b	Satisfied with extent organisation values my work	42.3%	*	*	*	47.0%
YOUR JOB	q4c	Satisfied with level of pay	30.4%	*	*	*	37.7%
YOUR JOB	q4d	Satisfied with opportunities for flexible working patterns	56.2%	*	*	*	66.0%
YOUR JOB	q5a	Have realistic time pressures	25.7%	*	*	*	33.7%
YOUR JOB	q5b	Have a choice in deciding how to do my work	52.9%	*	*	*	67.5%
YOUR JOB	q5c	Relationships at work are unstrained	44.7%	*	*	*	52.8%
YOUR JOB	q6a	Feel my role makes a difference to patients/service users	87.7%	*	*	*	83.8%
YOUR JOB	q6b	Organisation is committed to helping balance work and home life	49.0%	*	*	*	54.0%
YOUR JOB	q6c	Achieve a good balance between work and home life	56.9%	*	*	*	63.7%
YOUR JOB	q6d	Can approach immediate manager to talk openly about flexible working	70.3%	*	*	*	75.4%
YOUR TEAM	q7a	Team members have a set of shared objectives	75.2%	*	*	*	77.8%
YOUR TEAM	q7b	Team members often meet to discuss the team's effectiveness	65.3%	*	*	*	72.2%
YOUR TEAM	q7c	Receive the respect I deserve from my colleagues at work	70.8%	*	*	*	75.9%
YOUR TEAM	q7d	Team members understand each other's roles	71.4%	*	*	*	75.7%
YOUR TEAM	q7e	Enjoy working with colleagues in team	80.3%	*	*	*	82.5%
YOUR TEAM	q7f	Team has enough freedom in how to do its work	57.8%	*	*	*	68.1%
YOUR TEAM	q7g	Team deals with disagreements constructively	55.2%	*	*	*	63.2%
YOUR TEAM	q7h	Feel valued by my team	71.0%	*	*	*	75.0%
YOUR TEAM	q7i	Feel a strong personal attachment to my team	64.2%	*	*	*	66.4%
PEOPLE IN YOUR ORGANISATION	q8a	Teams within the organisation work well together to achieve objectives	52.8%	*	*	*	50.9%
PEOPLE IN YOUR ORGANISATION	q8b	Colleagues are understanding and kind to one another	68.8%	*	*	*	73.5%
PEOPLE IN YOUR ORGANISATION	q8c	Colleagues are polite and treat each other with respect	69.7%	*	*	*	75.3%
PEOPLE IN YOUR ORGANISATION	q8d	Colleagues show appreciation to one another	66.2%	*	*	*	72.4%
YOUR MANAGERS	q9a	Immediate manager encourages me at work	73.1%	*	*	*	75.8%
YOUR MANAGERS	q9b	Immediate manager gives clear feedback on my work	67.3%	*	*	*	71.6%
YOUR MANAGERS	q9c	Immediate manager asks for my opinion before making decisions that affect my work	58.4%	*	*	*	63.5%
YOUR MANAGERS	q9d	Immediate manager takes a positive interest in my health & well-being	71.0%	*	*	*	72.2%
YOUR MANAGERS	q9e	Immediate manager values my work	73.0%	*	*	*	76.5%
YOUR MANAGERS	q9f	Immediate manager works with me to understand problems	69.9%	*	*	*	70.0%
YOUR MANAGERS	q9g	Immediate manager listens to challenges I face	72.1%	*	*	*	72.9%
YOUR MANAGERS	q9h	Immediate manager cares about my concerns	70.8%	*	*	*	72.2%
YOUR MANAGERS	q9i	Immediate manager helps me with problems I face	67.1%	*	*	*	69.6%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10b	Don't work any additional paid hours per week for this organisation, over and above contracted hours	66.6%	*	*	*	83.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10c	Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	55.3%	*	*	*	48.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11a	Organisation takes positive action on health and well-being	56.0%	*	*	*	63.1%

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	71.4%	*	*	*	75.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11c	In last 12 months, have not felt unwell due to work related stress	59.6%	*	*	*	61.6%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11d	In last 3 months, have not come to work when not feeling well enough to perform duties	44.6%	*	*	*	46.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11e	Not felt pressure from manager to come to work when not feeling well enough	80.2%	*	*	*	84.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12a	Never/rarely find work emotionally exhausting	23.6%	*	*	*	28.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12b	Never/rarely feel burnt out because of work	29.9%	*	*	*	35.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12c	Never/rarely frustrated by work	20.2%	*	*	*	19.6%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12d	Never/rarely exhausted by the thought of another day/shift at work	35.7%	*	*	*	41.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12e	Never/rarely worn out at the end of work	19.4%	*	*	*	24.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12f	Never/rarely feel every working hour is tiring	51.1%	*	*	*	56.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12g	Never/rarely lack energy for family and friends	35.8%	*	*	*	40.9%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public	84.7%	*	*	*	98.1%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13b	Not experienced physical violence from managers	99.3%	*	*	*	99.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13c	Not experienced physical violence from other colleagues	98.4%	*	*	*	99.2%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13d	Last experience of physical violence reported	72.5%	*	*	*	50.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	77.8%	*	*	*	86.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14b	Not experienced harassment, bullying or abuse from managers	92.0%	*	*	*	91.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14c	Not experienced harassment, bullying or abuse from other colleagues	82.0%	*	*	*	81.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14d	Last experience of harassment/bullying/abuse reported	52.6%	*	*	*	49.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q15	Organisation acts fairly: career progression	57.4%	*	*	*	55.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public	93.2%	*	*	*	96.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16b	Not experienced discrimination from manager/team leader or other colleagues	91.9%	*	*	*	93.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	91.7%	*	*	*	96.9%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	95.9%	*	*	*	96.9%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q18	Not seen any errors/near misses/incidents that could have hurt staff/patients/service users	63.8%	*	*	*	73.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19a	Staff involved in an error/near miss/incident treated fairly	56.8%	*	*	*	50.2%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19b	Encouraged to report errors/near misses/incidents	86.0%	*	*	*	86.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19c	Organisation ensure errors/near misses/incidents do not repeat	66.8%	*	*	*	63.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19d	Feedback given on changes made following errors/near misses/incidents	61.5%	*	*	*	55.2%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20a	Would feel secure raising concerns about unsafe clinical practice	70.1%	*	*	*	67.9%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20b	Would feel confident that organisation would address concerns about unsafe clinical practice	53.2%	*	*	*	51.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q21	Feel organisation respects individual differences	69.4%	*	*	*	72.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q22	I can eat nutritious and affordable food at work	56.7%	*	*	*	66.8%
YOUR PERSONAL DEVELOPMENT	q23a	Received appraisal in the past 12 months	87.3%	*	*	*	88.3%
YOUR PERSONAL DEVELOPMENT	q23b	Appraisal helped me improve how I do my job	24.7%	*	*	*	19.0%
YOUR PERSONAL DEVELOPMENT	q23c	Appraisal helped me agree clear objectives for my work	31.7%	*	*	*	28.3%
YOUR PERSONAL DEVELOPMENT	q23d	Appraisal left me feeling organisation values my work	35.3%	*	*	*	36.2%
YOUR PERSONAL DEVELOPMENT	q24a	Organisation offers me challenging work	68.9%	*	*	*	69.3%
YOUR PERSONAL DEVELOPMENT	q24b	There are opportunities for me to develop my career in this organisation	48.8%	*	*	*	44.3%
YOUR PERSONAL DEVELOPMENT	q24c	Have opportunities to improve my knowledge and skills	67.4%	*	*	*	66.3%
YOUR PERSONAL DEVELOPMENT	q24d	Feel supported to develop my potential	55.3%	*	*	*	58.7%
YOUR PERSONAL DEVELOPMENT	q24e	Able to access the right learning and development opportunities when I need to	57.8%	*	*	*	56.3%
YOUR PERSONAL DEVELOPMENT	q24f	Able to access clinical supervision opportunities	52.9%	*	*	*	50.0%
YOUR ORGANISATION	q25a	Care of patients/service users is organisation's top priority	66.0%	*	*	*	63.7%
YOUR ORGANISATION	q25b	Organisation acts on concerns raised by patients/service users	63.0%	*	*	*	56.8%
YOUR ORGANISATION	q25c	Would recommend organisation as place to work	49.4%	*	*	*	45.8%
YOUR ORGANISATION	q25d	If friend/relative needed treatment would be happy with standard of care provided by organisation	51.9%	*	*	*	49.3%
YOUR ORGANISATION	q25e	Feel safe to speak up about anything that concerns me in this organisation	58.5%	*	*	*	56.6%
YOUR ORGANISATION	q25f	Feel organisation would address any concerns I raised	44.2%	*	*	*	41.4%
YOUR ORGANISATION	q26a	I don't often think about leaving this organisation	40.9%	*	*	*	38.6%
YOUR ORGANISATION	q26b	I am unlikely to look for a job at a new organisation in the next 12 months	49.1%	*	*	*	44.2%
YOUR ORGANISATION	q26c	I am not planning on leaving this organisation	53.9%	*	*	*	51.4%
BACKGROUND INFORMATION	q31b	Disability: organisation made reasonable adjustment(s) to enable me to carry out work	79.1%	*	*	*	79.5%

Picker

Lancashire Teaching Hospitals NHS Foundation Trust
NSS24 RAG report - RAG Table Report
Breakdown: Locality 5
Suppression Threshold: 10

Set RAG % point difference: 3

Key:

100.0%
>3 ppt above
<3 ppt below
In between

			Locality 5	Comparator (Organisation Overall)	BAME: Asian	BAME: Black	BAME: Mixed	BAME: Other	Unknown	White: Other	White: UK & ROI
Section	**Q**	**Description**		**n = 3996**	**n = 622**	**n = 104**	**n = 52**	**n = 31**	**n = 36**	**n = 107**	**n = 3044**
YOUR JOB	q2a	Often/always look forward to going to work		51.5%	69.7%	61.8%	38.5%	43.3%	41.7%	51.4%	47.9%
YOUR JOB	q2b	Often/always enthusiastic about my job		67.2%	76.1%	69.3%	59.6%	67.7%	61.1%	54.3%	66.0%
YOUR JOB	q2c	Time often/always passes quickly when I am working		73.2%	78.6%	60.4%	63.5%	73.3%	69.4%	68.9%	72.9%
YOUR JOB	q3a	Always know what work responsibilities are		88.2%	93.2%	94.2%	90.4%	83.9%	80.6%	87.9%	87.1%
YOUR JOB	q3b	Feel trusted to do my job		90.6%	94.7%	96.2%	94.2%	90.3%	77.8%	86.0%	89.9%
YOUR JOB	q3c	Opportunities to show initiative frequently in my role		73.9%	77.1%	79.8%	65.4%	67.7%	69.4%	57.9%	73.9%
YOUR JOB	q3d	Able to make suggestions to improve the work of my team/dept		73.1%	74.4%	71.8%	65.4%	67.7%	72.2%	57.9%	73.6%
YOUR JOB	q3e	Involved in deciding changes that affect work		52.4%	59.6%	44.2%	46.2%	45.2%	38.9%	43.9%	51.8%
YOUR JOB	q3f	Able to make improvements happen in my area of work		54.6%	64.3%	60.6%	50.0%	38.7%	55.6%	43.9%	53.1%
YOUR JOB	q3g	Able to meet conflicting demands on my time at work		44.7%	57.7%	58.7%	37.3%	48.4%	44.4%	44.9%	41.7%
YOUR JOB	q3h	Have adequate materials, supplies and equipment to do my work		46.3%	58.7%	67.3%	44.2%	58.1%	47.2%	47.7%	42.9%
YOUR JOB	q3i	Enough staff at organisation to do my job properly		27.2%	35.2%	26.9%	21.2%	45.2%	27.8%	28.0%	25.5%
YOUR JOB	q4a	Satisfied with recognition for good work		55.4%	62.2%	60.6%	44.2%	58.1%	41.7%	43.9%	54.5%
YOUR JOB	q4b	Satisfied with extent organisation values my work		42.3%	57.4%	49.0%	44.2%	46.7%	27.8%	37.4%	39.3%
YOUR JOB	q4c	Satisfied with level of pay		30.4%	30.0%	11.5%	30.8%	26.7%	19.4%	18.7%	31.7%
YOUR JOB	q4d	Satisfied with opportunities for flexible working patterns		56.2%	61.7%	62.1%	57.7%	44.8%	41.7%	51.4%	55.2%
YOUR JOB	q5a	Have realistic time pressures		25.7%	25.2%	33.0%	17.3%	29.0%	22.2%	18.7%	25.9%
YOUR JOB	q5b	Have a choice in deciding how to do my work		52.9%	50.3%	33.0%	48.1%	29.0%	51.4%	55.1%	54.3%
YOUR JOB	q5c	Relationships at work are unstrained		44.7%	44.9%	59.2%	40.4%	25.8%	33.3%	26.4%	45.2%
YOUR JOB	q6a	Feel my role makes a difference to patients/service users		87.7%	92.7%	95.2%	90.2%	90.3%	91.4%	82.9%	86.4%
YOUR JOB	q6b	Organisation is committed to helping balance work and home life		49.0%	62.7%	56.7%	46.2%	53.3%	33.3%	48.6%	46.1%
YOUR JOB	q6c	Achieve a good balance between work and home life		56.9%	62.2%	52.9%	57.7%	51.6%	41.7%	47.7%	56.6%
YOUR JOB	q6d	Can approach immediate manager to talk openly about flexible working		70.3%	71.8%	79.8%	75.0%	66.7%	61.1%	60.7%	70.1%
YOUR TEAM	q7a	Team members have a set of shared objectives		75.2%	84.9%	80.8%	82.7%	54.8%	66.7%	65.4%	73.5%
YOUR TEAM	q7b	Team members often meet to discuss the team's effectiveness		65.3%	72.2%	74.0%	67.3%	58.1%	38.9%	54.2%	64.4%
YOUR TEAM	q7c	Receive the respect I deserve from my colleagues at work		70.8%	74.7%	70.2%	61.5%	67.7%	58.3%	65.4%	70.6%
YOUR TEAM	q7d	Team members understand each other's roles		71.4%	76.9%	75.7%	71.2%	60.0%	55.6%	68.2%	70.6%
YOUR TEAM	q7e	Enjoy working with colleagues in team		80.3%	81.7%	75.0%	78.8%	67.7%	66.7%	69.2%	80.9%
YOUR TEAM	q7f	Team has enough freedom in how to do its work		57.8%	69.4%	65.4%	57.7%	50.0%	52.8%	58.9%	55.4%
YOUR TEAM	q7g	Team deals with disagreements constructively		55.2%	63.1%	67.3%	59.6%	43.3%	38.9%	48.6%	53.7%
YOUR TEAM	q7h	Feel valued by my team		71.0%	75.2%	67.3%	67.3%	76.7%	69.4%	62.6%	70.6%

YOUR TEAM	q7i	Feel a strong personal attachment to my team	64.2%	64.2%	48.5%	67.3%	51.6%	58.3%	55.1%	65.2%
PEOPLE IN YOUR ORGANISATION	q8a	Teams within the organisation work well together to achieve objectives	52.8%	66.6%	72.1%	55.8%	54.8%	33.3%	52.3%	49.5%
PEOPLE IN YOUR ORGANISATION	q8b	Colleagues are understanding and kind to one another	68.8%	72.9%	72.1%	67.3%	61.3%	47.2%	56.1%	68.6%
PEOPLE IN YOUR ORGANISATION	q8c	Colleagues are polite and treat each other with respect	69.7%	74.2%	72.1%	69.2%	61.3%	50.0%	57.0%	69.5%
PEOPLE IN YOUR ORGANISATION	q8d	Colleagues show appreciation to one another	66.2%	68.7%	74.0%	65.4%	50.0%	47.2%	55.1%	66.2%
YOUR MANAGERS	q9a	Immediate manager encourages me at work	73.1%	75.7%	84.6%	69.2%	60.0%	61.1%	57.9%	73.1%
YOUR MANAGERS	q9b	Immediate manager gives clear feedback on my work	67.3%	71.8%	78.6%	63.5%	58.1%	44.4%	57.0%	66.9%
YOUR MANAGERS	q9c	Immediate manager asks for my opinion before making decisions that affect my work	58.4%	64.4%	58.7%	61.5%	43.3%	44.4%	45.3%	57.9%
YOUR MANAGERS	q9d	Immediate manager takes a positive interest in my health & well-being	71.0%	73.9%	76.0%	69.2%	54.8%	50.0%	57.0%	71.2%
YOUR MANAGERS	q9e	Immediate manager values my work	73.0%	75.0%	78.6%	73.1%	60.0%	61.1%	57.5%	73.2%
YOUR MANAGERS	q9f	Immediate manager works with me to understand problems	69.9%	72.5%	78.6%	63.5%	61.3%	47.2%	56.1%	70.0%
YOUR MANAGERS	q9g	Immediate manager listens to challenges I face	72.1%	76.2%	82.7%	73.1%	60.0%	58.3%	57.9%	71.7%
YOUR MANAGERS	q9h	Immediate manager cares about my concerns	70.8%	73.3%	78.6%	69.2%	63.3%	58.3%	53.3%	70.9%
YOUR MANAGERS	q9i	Immediate manager helps me with problems I face	67.1%	70.5%	79.2%	61.5%	50.0%	47.2%	52.3%	67.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10b	Don't work any additional paid hours per week for this organisation, over and above contracted hours	66.6%	50.9%	33.0%	49.0%	43.3%	61.1%	52.8%	72.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10c	Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	55.3%	65.5%	68.9%	50.0%	63.3%	66.7%	52.4%	52.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11a	Organisation takes positive action on health and well-being	56.0%	61.9%	69.2%	63.5%	51.6%	52.8%	45.8%	54.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	71.4%	67.4%	56.7%	61.5%	77.4%	66.7%	65.4%	73.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11c	In last 12 months, have not felt unwell due to work related stress	59.6%	64.6%	47.1%	53.8%	71.0%	63.9%	54.2%	59.1%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11d	In last 3 months, have not come to work when not feeling well enough to perform duties	44.6%	58.7%	39.4%	32.7%	43.3%	33.3%	41.1%	42.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11e	Not felt pressure from manager to come to work when not feeling well enough	80.2%	80.3%	87.1%	88.2%	93.8%	66.7%	67.7%	80.2%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12a	Never/rarely find work emotionally exhausting	23.6%	24.9%	25.0%	19.2%	20.0%	25.0%	19.6%	23.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12b	Never/rarely feel burnt out because of work	29.9%	29.5%	26.9%	15.4%	25.8%	25.0%	24.3%	30.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12c	Never/rarely frustrated by work	20.2%	32.5%	41.7%	17.3%	22.6%	16.7%	17.8%	17.1%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12d	Never/rarely exhausted by the thought of another day/shift at work	35.7%	37.4%	38.5%	26.9%	30.0%	33.3%	30.8%	35.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12e	Never/rarely worn out at the end of work	19.4%	26.0%	20.2%	13.5%	26.7%	5.6%	27.1%	17.9%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12f	Never/rarely feel every working hour is tiring	51.1%	49.7%	49.0%	34.6%	48.4%	55.6%	46.7%	51.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12g	Never/rarely lack energy for family and friends	35.8%	34.3%	29.8%	25.0%	22.6%	38.9%	29.0%	36.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public	84.7%	88.1%	83.7%	84.6%	86.2%	86.1%	74.5%	84.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13b	Not experienced physical violence from managers	99.3%	98.5%	100.0%	98.1%	100.0%	97.1%	96.2%	99.6%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13c	Not experienced physical violence from other colleagues	98.4%	97.0%	98.1%	98.0%	100.0%	100.0%	93.2%	98.9%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13d	Last experience of physical violence reported	72.5%	61.3%	86.7%	*	*	*	60.9%	74.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	77.8%	81.2%	71.2%	73.1%	82.8%	80.6%	68.2%	77.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14b	Not experienced harassment, bullying or abuse from managers	92.0%	92.2%	93.2%	88.5%	82.8%	88.6%	82.1%	92.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14c	Not experienced harassment, bullying or abuse from other colleagues	82.0%	82.7%	79.6%	68.6%	75.9%	85.3%	73.5%	82.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14d	Last experience of harassment/bullying/abuse reported	52.6%	43.2%	72.7%	60.0%	*	*	51.2%	53.6%

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q15	Organisation acts fairly: career progression	57.4%	53.4%	38.8%	38.5%	43.3%	55.6%	49.1%	59.6%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public	93.2%	85.3%	71.8%	86.3%	93.5%	88.9%	84.9%	96.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16b	Not experienced discrimination from manager/team leader or other colleagues	91.9%	86.4%	81.4%	88.5%	80.6%	85.7%	83.7%	93.9%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	91.7%	96.6%	93.2%	90.4%	100.0%	80.6%	90.7%	90.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	95.9%	97.5%	99.0%	98.1%	100.0%	94.1%	92.5%	95.6%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q18	Not seen any errors/near misses/incidents that could have hurt staff/patients/service users	63.8%	76.6%	73.0%	54.9%	66.7%	71.4%	53.3%	61.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19a	Staff involved in an error/near miss/incident treated fairly	56.8%	67.2%	62.2%	41.9%	65.0%	30.0%	48.2%	55.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19b	Encouraged to report errors/near misses/incidents	86.0%	89.5%	92.2%	88.0%	92.3%	77.1%	82.2%	85.2%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19c	Organisation ensure errors/near misses/incidents do not repeat	66.8%	80.7%	82.0%	63.8%	68.0%	53.1%	62.6%	63.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19d	Feedback given on changes made following errors/near misses/incidents	61.5%	73.8%	76.5%	58.3%	69.2%	43.8%	56.4%	58.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20a	Would feel secure raising concerns about unsafe clinical practice	70.1%	72.6%	72.1%	67.3%	54.8%	58.3%	60.7%	70.2%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20b	Would feel confident that organisation would address concerns about unsafe clinical practice	53.2%	64.2%	67.3%	48.1%	43.3%	36.1%	44.3%	51.1%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q21	Feel organisation respects individual differences	69.4%	70.7%	74.0%	67.3%	51.6%	50.0%	59.8%	69.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q22	I can eat nutritious and affordable food at work	56.7%	58.2%	73.8%	55.8%	61.3%	50.0%	57.9%	55.8%
YOUR PERSONAL DEVELOPMENT	q23a	Received appraisal in the past 12 months	87.3%	86.1%	89.1%	80.8%	78.6%	79.4%	83.8%	87.8%
YOUR PERSONAL DEVELOPMENT	q23b	Appraisal helped me improve how I do my job	24.7%	51.6%	53.3%	23.8%	59.1%	22.2%	21.6%	18.2%
YOUR PERSONAL DEVELOPMENT	q23c	Appraisal helped me agree clear objectives for my work	31.7%	53.2%	58.9%	35.7%	63.6%	25.9%	26.1%	26.5%
YOUR PERSONAL DEVELOPMENT	q23d	Appraisal left me feeling organisation values my work	35.3%	50.9%	47.2%	28.6%	50.0%	14.8%	30.7%	32.1%
YOUR PERSONAL DEVELOPMENT	q24a	Organisation offers me challenging work	68.9%	61.2%	53.9%	65.4%	43.3%	61.8%	65.4%	71.5%
YOUR PERSONAL DEVELOPMENT	q24b	There are opportunities for me to develop my career in this organisation	48.8%	56.7%	57.3%	34.6%	35.5%	41.2%	37.4%	47.7%
YOUR PERSONAL DEVELOPMENT	q24c	Have opportunities to improve my knowledge and skills	67.4%	70.7%	71.8%	55.8%	58.1%	52.9%	57.9%	67.4%
YOUR PERSONAL DEVELOPMENT	q24d	Feel supported to develop my potential	55.3%	60.8%	61.2%	46.2%	40.0%	34.3%	43.0%	55.0%
YOUR PERSONAL DEVELOPMENT	q24e	Able to access the right learning and development opportunities when I need to	57.8%	63.7%	62.7%	45.1%	46.7%	48.6%	50.0%	57.1%
YOUR PERSONAL DEVELOPMENT	q24f	Able to access clinical supervision opportunities	52.9%	65.3%	68.7%	54.5%	50.0%	44.4%	36.8%	50.0%
YOUR ORGANISATION	q25a	Care of patients/service users is organisation's top priority	66.0%	80.1%	86.3%	71.2%	73.3%	55.6%	64.5%	62.5%
YOUR ORGANISATION	q25b	Organisation acts on concerns raised by patients/service users	63.0%	77.4%	83.5%	75.0%	76.7%	44.4%	58.9%	59.4%
YOUR ORGANISATION	q25c	Would recommend organisation as place to work	49.4%	67.6%	65.0%	48.1%	63.3%	41.7%	42.1%	45.4%
YOUR ORGANISATION	q25d	If friend/relative needed treatment would be happy with standard of care provided by organisation	51.9%	66.0%	68.0%	51.9%	63.3%	38.9%	46.2%	48.8%
YOUR ORGANISATION	q25e	Feel safe to speak up about anything that concerns me in this organisation	58.5%	63.5%	57.3%	55.8%	53.3%	38.9%	50.5%	58.1%
YOUR ORGANISATION	q25f	Feel organisation would address any concerns I raised	44.2%	57.9%	54.4%	38.5%	33.3%	27.8%	34.0%	41.8%
YOUR ORGANISATION	q26a	I don't often think about leaving this organisation	40.9%	50.8%	38.8%	21.2%	43.3%	44.4%	36.8%	39.3%
YOUR ORGANISATION	q26b	I am unlikely to look for a job at a new organisation in the next 12 months	49.1%	55.8%	43.7%	38.5%	53.3%	52.8%	44.3%	48.2%
YOUR ORGANISATION	q26c	I am not planning on leaving this organisation	53.9%	57.4%	42.6%	40.4%	60.0%	55.6%	42.9%	54.1%
BACKGROUND INFORMATION	q31b	Disability: organisation made reasonable adjustment(s) to enable me to carry out work	79.1%	82.1%	*	72.7%	*	*	68.8%	79.1%

Lancashire Teaching Hospitals NHS Foundation Trust
NSS24 RAG report - RAG Table Report
Breakdown: Locality 6
Suppression Threshold: 10

Set RAG % point difference: 3

Key:
100.0%
>3 ppt above
<3 ppt below
In between

Locality 6	Comparator (Organisation Overall)	Disability Status Unknown	Disabled	Not Disabled
Section / Q / Description	n = 3996	n = 438	n = 303	n = 3255
YOUR JOB q2a Often/always look forward to going to work	51.5%	48.3%	47.5%	52.3%
YOUR JOB q2b Often/always enthusiastic about my job	67.2%	62.6%	61.9%	68.4%
YOUR JOB q2c Time often/always passes quickly when I am working	73.2%	73.0%	69.3%	73.6%
YOUR JOB q3a Always know what work responsibilities are	88.2%	89.3%	80.5%	88.8%
YOUR JOB q3b Feel trusted to do my job	90.6%	92.5%	84.5%	91.0%
YOUR JOB q3c Opportunities to show initiative frequently in my role	73.9%	71.7%	64.6%	75.1%
YOUR JOB q3d Able to make suggestions to improve the work of my team/dept	73.1%	70.8%	63.4%	74.4%
YOUR JOB q3e Involved in deciding changes that affect work	52.4%	51.0%	44.6%	53.3%
YOUR JOB q3f Able to make improvements happen in my area of work	54.6%	52.5%	46.5%	55.7%
YOUR JOB q3g Able to meet conflicting demands on my time at work	44.7%	41.6%	42.7%	45.4%
YOUR JOB q3h Have adequate materials, supplies and equipment to do my work	46.3%	48.6%	33.3%	47.1%
YOUR JOB q3i Enough staff at organisation to do my job properly	27.2%	27.9%	21.8%	27.6%
YOUR JOB q4a Satisfied with recognition for good work	55.4%	51.8%	47.9%	56.6%
YOUR JOB q4b Satisfied with extent organisation values my work	42.3%	36.8%	33.2%	43.9%
YOUR JOB q4c Satisfied with level of pay	30.4%	31.1%	26.7%	30.7%
YOUR JOB q4d Satisfied with opportunities for flexible working patterns	56.2%	59.0%	49.0%	56.4%
YOUR JOB q5a Have realistic time pressures	25.7%	22.0%	22.1%	26.5%
YOUR JOB q5b Have a choice in deciding how to do my work	52.9%	55.5%	49.5%	52.8%
YOUR JOB q5c Relationships at work are unstrained	44.7%	40.4%	43.6%	45.4%
YOUR JOB q6a Feel my role makes a difference to patients/service users	87.7%	86.3%	85.2%	88.1%
YOUR JOB q6b Organisation is committed to helping balance work and home life	49.0%	48.2%	38.6%	50.0%
YOUR JOB q6c Achieve a good balance between work and home life	56.9%	63.7%	46.2%	57.0%
YOUR JOB q6d Can approach immediate manager to talk openly about flexible working	70.3%	66.7%	66.0%	71.2%
YOUR TEAM q7a Team members have a set of shared objectives	75.2%	73.4%	71.9%	75.7%
YOUR TEAM q7b Team members often meet to discuss the team's effectiveness	65.3%	61.3%	61.1%	66.3%
YOUR TEAM q7c Receive the respect I deserve from my colleagues at work	70.8%	69.7%	65.3%	71.5%
YOUR TEAM q7d Team members understand each other's roles	71.4%	72.3%	67.0%	71.7%
YOUR TEAM q7e Enjoy working with colleagues in team	80.3%	77.6%	75.2%	81.1%
YOUR TEAM q7f Team has enough freedom in how to do its work	57.8%	55.3%	51.8%	58.8%
YOUR TEAM q7g Team deals with disagreements constructively	55.2%	54.6%	49.2%	55.9%
YOUR TEAM q7h Feel valued by my team	71.0%	68.9%	66.6%	71.7%
YOUR TEAM q7i Feel a strong personal attachment to my team	64.2%	65.4%	61.1%	64.3%
PEOPLE IN YOUR ORGANISATION q8a Teams within the organisation work well together to achieve objectives	52.8%	48.1%	44.7%	54.2%
PEOPLE IN YOUR ORGANISATION q8b Colleagues are understanding and kind to one another	68.8%	64.4%	66.2%	69.6%
PEOPLE IN YOUR ORGANISATION q8c Colleagues are polite and treat each other with respect	69.7%	66.7%	62.3%	70.8%
PEOPLE IN YOUR ORGANISATION q8d Colleagues show appreciation to one another	66.2%	63.9%	62.1%	66.8%
YOUR MANAGERS q9a Immediate manager encourages me at work	73.1%	64.2%	68.9%	74.7%
YOUR MANAGERS q9b Immediate manager gives clear feedback on my work	67.3%	57.9%	65.0%	68.8%
YOUR MANAGERS q9c Immediate manager asks for my opinion before making decisions that affect my work	58.4%	51.3%	54.0%	59.8%
YOUR MANAGERS q9d Immediate manager takes a positive interest in my health & well-being	71.0%	66.2%	67.9%	71.9%
YOUR MANAGERS q9e Immediate manager values my work	73.0%	69.4%	71.4%	73.6%
YOUR MANAGERS q9f Immediate manager works with me to understand problems	69.9%	62.7%	67.9%	71.1%

YOUR MANAGERS	q9g	Immediate manager listens to challenges I face	72.1%	64.1%	66.9%	73.7%
YOUR MANAGERS	q9h	Immediate manager cares about my concerns	70.8%	63.0%	66.8%	72.2%
YOUR MANAGERS	q9i	Immediate manager helps me with problems I face	67.1%	59.3%	60.9%	68.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10b	Don't work any additional paid hours per week for this organisation, over and above contracted hours	66.6%	71.6%	70.9%	65.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10c	Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	55.3%	57.5%	49.8%	55.6%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11a	Organisation takes positive action on health and well-being	56.0%	55.0%	49.7%	56.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	71.4%	71.8%	57.8%	72.6%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11c	In last 12 months, have not felt unwell due to work related stress	59.6%	61.3%	44.2%	60.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11d	In last 3 months, have not come to work when not feeling well enough to perform duties	44.6%	45.5%	28.8%	46.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11e	Not felt pressure from manager to come to work when not feeling well enough	80.2%	78.4%	74.3%	81.1%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12a	Never/rarely find work emotionally exhausting	23.6%	22.2%	19.9%	24.1%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12b	Never/rarely feel burnt out because of work	29.9%	32.7%	21.5%	30.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12c	Never/rarely frustrated by work	20.2%	18.5%	13.6%	21.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12d	Never/rarely exhausted by the thought of another day/shift at work	35.7%	38.4%	27.3%	36.1%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12e	Never/rarely worn out at the end of work	19.4%	21.3%	11.9%	19.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12f	Never/rarely feel every working hour is tiring	51.1%	51.4%	42.4%	51.9%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12g	Never/rarely lack energy for family and friends	35.8%	37.5%	26.5%	36.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public	84.7%	87.2%	81.0%	84.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13b	Not experienced physical violence from managers	99.3%	99.1%	99.0%	99.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13c	Not experienced physical violence from other colleagues	98.4%	98.5%	97.9%	98.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13d	Last experience of physical violence reported	72.5%	69.8%	77.6%	72.2%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	77.8%	74.5%	69.5%	79.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14b	Not experienced harassment, bullying or abuse from managers	92.0%	90.3%	89.4%	92.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14c	Not experienced harassment, bullying or abuse from other colleagues	82.0%	79.8%	75.7%	82.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14d	Last experience of harassment/bullying/abuse reported	52.6%	49.7%	54.9%	52.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q15	Organisation acts fairly: career progression	57.4%	52.8%	49.8%	58.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public	93.2%	94.4%	92.0%	93.1%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16b	Not experienced discrimination from manager/team leader or other colleagues	91.9%	91.3%	88.0%	92.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	91.7%	93.1%	87.4%	91.9%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	95.9%	97.0%	95.0%	95.9%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q18	Not seen any errors/near misses/incidents that could have hurt staff/patients/service users	63.8%	63.0%	60.0%	64.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19a	Staff involved in an error/near miss/incident treated fairly	56.8%	46.9%	49.8%	58.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19b	Encouraged to report errors/near misses/incidents	86.0%	83.9%	84.0%	86.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19c	Organisation ensure errors/near misses/incidents do not repeat	66.8%	62.5%	63.5%	67.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19d	Feedback given on changes made following errors/near misses/incidents	61.5%	54.8%	56.3%	62.9%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20a	Would feel secure raising concerns about unsafe clinical practice	70.1%	66.1%	68.9%	70.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20b	Would feel confident that organisation would address concerns about unsafe clinical practice	53.2%	46.0%	49.0%	54.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q21	Feel organisation respects individual differences	69.4%	65.1%	61.6%	70.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q22	I can eat nutritious and affordable food at work	56.7%	58.0%	43.0%	57.8%
YOUR PERSONAL DEVELOPMENT	q23a	Received appraisal in the past 12 months	87.3%	88.7%	86.5%	87.1%
YOUR PERSONAL DEVELOPMENT	q23b	Appraisal helped me improve how I do my job	24.7%	13.3%	20.8%	26.6%
YOUR PERSONAL DEVELOPMENT	q23c	Appraisal helped me agree clear objectives for my work	31.7%	18.9%	31.0%	33.6%
YOUR PERSONAL DEVELOPMENT	q23d	Appraisal left me feeling organisation values my work	35.3%	27.7%	29.8%	36.8%
YOUR PERSONAL DEVELOPMENT	q24a	Organisation offers me challenging work	68.9%	62.1%	68.2%	69.9%
YOUR PERSONAL DEVELOPMENT	q24b	There are opportunities for me to develop my career in this organisation	48.8%	39.4%	41.4%	50.7%
YOUR PERSONAL DEVELOPMENT	q24c	Have opportunities to improve my knowledge and skills	67.4%	59.9%	63.2%	68.8%
YOUR PERSONAL DEVELOPMENT	q24d	Feel supported to develop my potential	55.3%	46.3%	47.4%	57.2%

YOUR PERSONAL DEVELOPMENT	q24e	Able to access the right learning and development opportunities when I need to	57.8%	51.0%	49.3%	59.5%
YOUR PERSONAL DEVELOPMENT	q24f	Able to access clinical supervision opportunities	52.9%	42.0%	44.3%	55.2%
YOUR ORGANISATION	q25a	Care of patients/service users is organisation's top priority	66.0%	60.6%	60.0%	67.3%
YOUR ORGANISATION	q25b	Organisation acts on concerns raised by patients/service users	63.0%	53.6%	55.8%	64.9%
YOUR ORGANISATION	q25c	Would recommend organisation as place to work	49.4%	41.8%	36.9%	51.6%
YOUR ORGANISATION	q25d	If friend/relative needed treatment would be happy with standard of care provided by organisation	51.9%	48.6%	41.9%	53.3%
YOUR ORGANISATION	q25e	Feel safe to speak up about anything that concerns me in this organisation	58.5%	52.3%	52.2%	59.9%
YOUR ORGANISATION	q25f	Feel organisation would address any concerns I raised	44.2%	35.4%	36.5%	46.1%
YOUR ORGANISATION	q26a	I don't often think about leaving this organisation	40.9%	41.4%	30.8%	41.7%
YOUR ORGANISATION	q26b	I am unlikely to look for a job at a new organisation in the next 12 months	49.1%	54.6%	38.9%	49.3%
YOUR ORGANISATION	q26c	I am not planning on leaving this organisation	53.9%	55.6%	43.2%	54.6%
BACKGROUND INFORMATION	q31b	Disability: organisation made reasonable adjustment(s) to enable me to carry out work	79.1%	84.6%	78.5%	78.3%

Lancashire Teaching Hospitals NHS Foundation Trust
NSS24 RAG report - RAG Table Report
Breakdown: Locality 7
Suppression Threshold: 10

Set RAG % point difference: 3

Key:

100.0%
>3 ppt above
<3 ppt below
In between

			Locality 7	Comparator (Organisation Overall)	Band 1-4 & Appr	Band 5-7	Band 8-9	M&D Career Grade	M&D Consultant Grade	M&D Trainee Grade	VSM
Section	Q	Description		n = 3996	n = 1536	n = 1923	n = 314	n = 26	n = 156	n = 33	n = 8
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public		91.7%	91.4%	90.7%	96.8%	*	96.8%	87.9%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues		95.9%	95.4%	96.3%	94.9%	*	98.1%	97.0%	*

Lancashire Teaching Hospitals NHS Foundation Trust
NSS24 RAG report - RAG Table Report
Breakdown: Locality 8
Suppression Threshold: 10

Set RAG % point difference: 3

Key:
100.0%
>3 ppt above
<3 ppt below
In between

			Locality 8	Comparator (Organisation Overall)	New to Trust since last NSS	Not Applicable
Section	Q	Description	n = 3996	n = 367	n = 3629	
YOUR JOB	q2a	Often/always look forward to going to work	51.5%	62.1%	50.4%	
YOUR JOB	q2b	Often/always enthusiastic about my job	67.2%	73.4%	66.6%	
YOUR JOB	q2c	Time often/always passes quickly when I am working	73.2%	72.1%	73.3%	
YOUR JOB	q3a	Always know what work responsibilities are	88.2%	89.9%	88.1%	
YOUR JOB	q3b	Feel trusted to do my job	90.6%	90.7%	90.6%	
YOUR JOB	q3c	Opportunities to show initiative frequently in my role	73.9%	74.9%	73.8%	
YOUR JOB	q3d	Able to make suggestions to improve the work of my team/dept	73.1%	72.7%	73.2%	
YOUR JOB	q3e	Involved in deciding changes that affect work	52.4%	53.4%	52.3%	
YOUR JOB	q3f	Able to make improvements happen in my area of work	54.6%	56.1%	54.5%	
YOUR JOB	q3g	Able to meet conflicting demands on my time at work	44.7%	55.6%	43.6%	
YOUR JOB	q3h	Have adequate materials, supplies and equipment to do my work	46.3%	56.7%	45.2%	
YOUR JOB	q3i	Enough staff at organisation to do my job properly	27.2%	34.3%	26.5%	
YOUR JOB	q4a	Satisfied with recognition for good work	55.4%	63.2%	54.6%	
YOUR JOB	q4b	Satisfied with extent organisation values my work	42.3%	56.0%	41.0%	
YOUR JOB	q4c	Satisfied with level of pay	30.4%	32.4%	30.2%	
YOUR JOB	q4d	Satisfied with opportunities for flexible working patterns	56.2%	58.5%	55.9%	
YOUR JOB	q5a	Have realistic time pressures	25.7%	38.5%	24.4%	
YOUR JOB	q5b	Have a choice in deciding how to do my work	52.9%	52.6%	52.9%	
YOUR JOB	q5c	Relationships at work are unstrained	44.7%	58.5%	43.3%	
YOUR JOB	q6a	Feel my role makes a difference to patients/service users	87.7%	87.1%	87.7%	
YOUR JOB	q6b	Organisation is committed to helping balance work and home life	49.0%	57.4%	48.1%	
YOUR JOB	q6c	Achieve a good balance between work and home life	56.9%	63.1%	56.3%	
YOUR JOB	q6d	Can approach immediate manager to talk openly about flexible working	70.3%	69.1%	70.4%	
YOUR TEAM	q7a	Team members have a set of shared objectives	75.2%	80.3%	74.6%	
YOUR TEAM	q7b	Team members often meet to discuss the team's effectiveness	65.3%	65.3%	65.3%	
YOUR TEAM	q7c	Receive the respect I deserve from my colleagues at work	70.8%	73.2%	70.6%	
YOUR TEAM	q7d	Team members understand each other's roles	71.4%	75.7%	71.0%	
YOUR TEAM	q7e	Enjoy working with colleagues in team	80.3%	85.2%	79.8%	
YOUR TEAM	q7f	Team has enough freedom in how to do its work	57.8%	64.8%	57.1%	
YOUR TEAM	q7g	Team deals with disagreements constructively	55.2%	55.2%	55.3%	
YOUR TEAM	q7h	Feel valued by my team	71.0%	74.5%	70.6%	
YOUR TEAM	q7i	Feel a strong personal attachment to my team	64.2%	57.8%	64.8%	
PEOPLE IN YOUR ORGANISATION	q8a	Teams within the organisation work well together to achieve objectives	52.8%	63.1%	51.8%	
PEOPLE IN YOUR ORGANISATION	q8b	Colleagues are understanding and kind to one another	68.8%	75.4%	68.1%	
PEOPLE IN YOUR ORGANISATION	q8c	Colleagues are polite and treat each other with respect	69.7%	77.8%	68.9%	
PEOPLE IN YOUR ORGANISATION	q8d	Colleagues show appreciation to one another	66.2%	73.5%	65.4%	

YOUR MANAGERS	q9a	Immediate manager encourages me at work	73.1%	79.5%	72.5%
YOUR MANAGERS	q9b	Immediate manager gives clear feedback on my work	67.3%	73.2%	66.7%
YOUR MANAGERS	q9c	Immediate manager asks for my opinion before making decisions that affect my work	58.4%	63.9%	57.9%
YOUR MANAGERS	q9d	Immediate manager takes a positive interest in my health & well-being	71.0%	77.0%	70.4%
YOUR MANAGERS	q9e	Immediate manager values my work	73.0%	76.0%	72.7%
YOUR MANAGERS	q9f	Immediate manager works with me to understand problems	69.9%	77.6%	69.1%
YOUR MANAGERS	q9g	Immediate manager listens to challenges I face	72.1%	78.1%	71.5%
YOUR MANAGERS	q9h	Immediate manager cares about my concerns	70.8%	78.1%	70.0%
YOUR MANAGERS	q9i	Immediate manager helps me with problems I face	67.1%	75.6%	66.2%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10b	Don't work any additional paid hours per week for this organisation, over and above contracted hours	66.6%	66.3%	66.6%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10c	Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	55.3%	63.7%	54.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11a	Organisation takes positive action on health and well-being	56.0%	60.4%	55.6%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	71.4%	76.2%	70.9%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11c	In last 12 months, have not felt unwell due to work related stress	59.6%	71.0%	58.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11d	In last 3 months, have not come to work when not feeling well enough to perform duties	44.6%	50.1%	44.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11e	Not felt pressure from manager to come to work when not feeling well enough	80.2%	86.4%	79.6%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12a	Never/rarely find work emotionally exhausting	23.6%	31.2%	22.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12b	Never/rarely feel burnt out because of work	29.9%	37.7%	29.1%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12c	Never/rarely frustrated by work	20.2%	32.4%	19.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12d	Never/rarely exhausted by the thought of another day/shift at work	35.7%	44.8%	34.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12e	Never/rarely worn out at the end of work	19.4%	24.6%	18.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12f	Never/rarely feel every working hour is tiring	51.1%	57.8%	50.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12g	Never/rarely lack energy for family and friends	35.8%	39.6%	35.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public	84.7%	84.1%	84.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13b	Not experienced physical violence from managers	99.3%	99.7%	99.2%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13c	Not experienced physical violence from other colleagues	98.4%	98.6%	98.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13d	Last experience of physical violence reported	72.5%	60.9%	73.6%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	77.8%	77.0%	77.9%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14b	Not experienced harassment, bullying or abuse from managers	92.0%	95.3%	91.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14c	Not experienced harassment, bullying or abuse from other colleagues	82.0%	84.1%	81.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14d	Last experience of harassment/bullying/abuse reported	52.6%	47.0%	53.1%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q15	Organisation acts fairly: career progression	57.4%	59.9%	57.2%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public	93.2%	93.2%	93.2%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16b	Not experienced discrimination from manager/team leader or other colleagues	91.9%	93.5%	91.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	91.7%	90.7%	91.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	95.9%	98.1%	95.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q18	Not seen any errors/near misses/incidents that could have hurt staff/patients/service users	63.8%	69.4%	63.2%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19a	Staff involved in an error/near miss/incident treated fairly	56.8%	67.1%	55.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19b	Encouraged to report errors/near misses/incidents	86.0%	88.1%	85.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19c	Organisation ensure errors/near misses/incidents do not repeat	66.8%	73.7%	66.2%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19d	Feedback given on changes made following errors/near misses/incidents	61.5%	66.9%	61.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20a	Would feel secure raising concerns about unsafe clinical practice	70.1%	74.3%	69.7%

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20b	Would feel confident that organisation would address concerns about unsafe clinical practice	53.2%	58.5%	52.6%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q21	Feel organisation respects individual differences	69.4%	76.5%	68.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q22	I can eat nutritious and affordable food at work	56.7%	61.3%	56.3%
YOUR PERSONAL DEVELOPMENT	q23a	Received appraisal in the past 12 months	87.3%	61.1%	89.9%
YOUR PERSONAL DEVELOPMENT	q23b	Appraisal helped me improve how I do my job	24.7%	38.2%	23.8%
YOUR PERSONAL DEVELOPMENT	q23c	Appraisal helped me agree clear objectives for my work	31.7%	47.5%	30.7%
YOUR PERSONAL DEVELOPMENT	q23d	Appraisal left me feeling organisation values my work	35.3%	47.5%	34.4%
YOUR PERSONAL DEVELOPMENT	q24a	Organisation offers me challenging work	68.9%	67.9%	69.0%
YOUR PERSONAL DEVELOPMENT	q24b	There are opportunities for me to develop my career in this organisation	48.8%	61.2%	47.5%
YOUR PERSONAL DEVELOPMENT	q24c	Have opportunities to improve my knowledge and skills	67.4%	78.1%	66.3%
YOUR PERSONAL DEVELOPMENT	q24d	Feel supported to develop my potential	55.3%	67.9%	54.0%
YOUR PERSONAL DEVELOPMENT	q24e	Able to access the right learning and development opportunities when I need to	57.8%	67.4%	56.8%
YOUR PERSONAL DEVELOPMENT	q24f	Able to access clinical supervision opportunities	52.9%	58.9%	52.3%
YOUR ORGANISATION	q25a	Care of patients/service users is organisation's top priority	66.0%	77.5%	64.8%
YOUR ORGANISATION	q25b	Organisation acts on concerns raised by patients/service users	63.0%	72.0%	62.1%
YOUR ORGANISATION	q25c	Would recommend organisation as place to work	49.4%	62.6%	48.0%
YOUR ORGANISATION	q25d	If friend/relative needed treatment would be happy with standard of care provided by organisation	51.9%	62.6%	50.8%
YOUR ORGANISATION	q25e	Feel safe to speak up about anything that concerns me in this organisation	58.5%	66.9%	57.7%
YOUR ORGANISATION	q25f	Feel organisation would address any concerns I raised	44.2%	55.1%	43.1%
YOUR ORGANISATION	q26a	I don't often think about leaving this organisation	40.9%	52.1%	39.7%
YOUR ORGANISATION	q26b	I am unlikely to look for a job at a new organisation in the next 12 months	49.1%	53.0%	48.7%
YOUR ORGANISATION	q26c	I am not planning on leaving this organisation	53.9%	58.0%	53.4%
BACKGROUND INFORMATION	q31b	Disability: organisation made reasonable adjustment(s) to enable me to carry out work	79.1%	78.9%	79.1%

Picker

Lancashire Teaching Hospitals NHS Foundation Trust
NSS24 RAG report - RAG Table Report
Breakdown: Staff group
Suppression Threshold: 10

Set RAG % point difference: 3

Key:

100.0%
>3 ppt above
<3 ppt below
In between

			Staff group	Comparator (Organisation Overall)	Add Prof Scientific and Technic	Additional Clinical Services	Administrative and Clerical	Allied Health Professionals	Estates and Ancillary	Healthcare Scientists	Medical and Dental	Nursing and Midwifery Registered	Students
Section	Q	Description		n = 3996	n = 99	n = 739	n = 1056	n = 329	n = 167	n = 151	n = 216	n = 1229	n = 10
YOUR JOB	q2a	Often/always look forward to going to work		51.5%	46.5%	53.5%	46.4%	55.0%	56.3%	35.8%	58.8%	54.1%	50.0%
YOUR JOB	q2b	Often/always enthusiastic about my job		67.2%	72.7%	69.4%	59.8%	78.4%	66.2%	54.7%	68.4%	70.2%	80.0%
YOUR JOB	q2c	Time often/always passes quickly when I am working		73.2%	80.8%	66.7%	71.8%	81.2%	65.2%	60.3%	75.8%	77.8%	60.0%
YOUR JOB	q3a	Always know what work responsibilities are		88.2%	90.9%	89.3%	83.7%	90.9%	86.0%	79.5%	91.7%	91.4%	80.0%
YOUR JOB	q3b	Feel trusted to do my job		90.6%	96.0%	93.1%	88.9%	92.1%	87.8%	82.1%	92.6%	91.0%	80.0%
YOUR JOB	q3c	Opportunities to show initiative frequently in my role		73.9%	*	71.7%	71.9%	79.0%	64.6%	59.6%	74.1%	77.8%	*
YOUR JOB	q3d	Able to make suggestions to improve the work of my team/dept		73.1%	87.9%	68.2%	73.7%	78.7%	56.4%	66.0%	70.8%	76.5%	60.0%
YOUR JOB	q3e	Involved in deciding changes that affect work		52.4%	69.7%	41.7%	52.4%	61.0%	39.9%	47.0%	56.5%	56.9%	30.0%
YOUR JOB	q3f	Able to make improvements happen in my area of work		54.6%	71.7%	45.7%	56.4%	56.8%	52.1%	48.3%	47.7%	58.9%	50.0%
YOUR JOB	q3g	Able to meet conflicting demands on my time at work		44.7%	31.6%	52.4%	46.4%	36.3%	62.0%	26.5%	38.4%	42.9%	70.0%
YOUR JOB	q3h	Have adequate materials, supplies and equipment to do my work		46.3%	30.3%	50.1%	50.9%	42.6%	45.4%	28.5%	45.8%	44.6%	40.0%
YOUR JOB	q3i	Enough staff at organisation to do my job properly		27.2%	20.2%	29.0%	28.5%	24.6%	34.4%	11.9%	28.2%	26.9%	30.0%
YOUR JOB	q4a	Satisfied with recognition for good work		55.4%	67.7%	56.1%	56.4%	58.1%	53.4%	42.4%	56.0%	54.0%	70.0%
YOUR JOB	q4b	Satisfied with extent organisation values my work		42.3%	49.5%	43.2%	43.7%	38.9%	45.7%	32.5%	46.8%	41.0%	40.0%
YOUR JOB	q4c	Satisfied with level of pay		30.4%	47.5%	17.3%	34.2%	39.6%	23.5%	31.1%	56.9%	27.5%	20.0%
YOUR JOB	q4d	Satisfied with opportunities for flexible working patterns		56.2%	68.7%	47.8%	66.5%	61.7%	38.3%	44.4%	60.2%	53.1%	20.0%
YOUR JOB	q5a	Have realistic time pressures		25.7%	20.2%	34.5%	33.4%	23.2%	24.8%	14.6%	14.8%	18.2%	40.0%
YOUR JOB	q5b	Have a choice in deciding how to do my work		52.9%	63.6%	43.6%	68.5%	53.2%	54.9%	47.0%	43.1%	46.6%	10.0%
YOUR JOB	q5c	Relationships at work are unstrained		44.7%	45.5%	44.2%	51.1%	52.4%	43.5%	36.4%	50.5%	37.6%	40.0%
YOUR JOB	q6a	Feel my role makes a difference to patients/service users		87.7%	94.9%	90.5%	75.9%	96.4%	81.5%	89.3%	93.5%	91.7%	100.0%
YOUR JOB	q6b	Organisation is committed to helping balance work and home life		49.0%	58.6%	47.1%	58.3%	48.3%	38.8%	34.4%	44.4%	45.4%	50.0%
YOUR JOB	q6c	Achieve a good balance between work and home life		56.9%	55.6%	57.3%	65.1%	61.3%	50.0%	41.6%	50.0%	52.8%	50.0%
YOUR JOB	q6d	Can approach immediate manager to talk openly about flexible working		70.3%	79.8%	66.6%	75.0%	76.3%	51.6%	52.3%	61.1%	72.3%	70.0%
YOUR TEAM	q7a	Team members have a set of shared objectives		75.2%	81.8%	73.6%	70.9%	77.5%	62.7%	66.9%	78.1%	80.7%	80.0%
YOUR TEAM	q7b	Team members often meet to discuss the team's effectiveness		65.3%	68.7%	64.1%	62.4%	69.3%	46.6%	51.7%	57.4%	72.5%	90.0%
YOUR TEAM	q7c	Receive the respect I deserve from my colleagues at work		70.8%	75.8%	67.8%	70.8%	78.4%	63.1%	60.3%	76.4%	71.6%	60.0%
YOUR TEAM	q7d	Team members understand each other's roles		71.4%	71.7%	69.5%	69.1%	75.7%	68.3%	58.9%	78.2%	74.0%	90.0%
YOUR TEAM	q7e	Enjoy working with colleagues in team		80.3%	85.9%	78.7%	79.4%	85.7%	75.2%	63.6%	83.3%	82.1%	100.0%
YOUR TEAM	q7f	Team has enough freedom in how to do its work		57.8%	64.6%	51.7%	62.5%	61.9%	56.9%	47.3%	60.6%	56.7%	70.0%
YOUR TEAM	q7g	Team deals with disagreements constructively		55.2%	62.6%	49.9%	53.6%	63.2%	52.2%	39.7%	62.8%	58.0%	70.0%
YOUR TEAM	q7h	Feel valued by my team		71.0%	73.7%	70.1%	69.2%	77.2%	62.7%	55.0%	76.4%	73.1%	80.0%
YOUR TEAM	q7i	Feel a strong personal attachment to my team		64.2%	70.7%	60.7%	61.5%	69.3%	57.1%	49.7%	72.7%	67.8%	70.0%
PEOPLE IN YOUR ORGANISATION	q8a	Teams within the organisation work well together to achieve objectives		52.8%	53.5%	59.9%	46.8%	53.2%	43.5%	40.4%	56.0%	55.7%	50.0%
PEOPLE IN YOUR ORGANISATION	q8b	Colleagues are understanding and kind to one another		68.8%	67.7%	67.2%	68.9%	74.0%	57.8%	52.3%	75.0%	70.7%	60.0%
PEOPLE IN YOUR ORGANISATION	q8c	Colleagues are polite and treat each other with respect		69.7%	71.7%	67.4%	71.3%	75.7%	59.6%	53.6%	78.2%	69.8%	60.0%
PEOPLE IN YOUR ORGANISATION	q8d	Colleagues show appreciation to one another		66.2%	68.7%	63.3%	65.6%	72.9%	59.0%	48.3%	71.8%	68.6%	50.0%
YOUR MANAGERS	q9a	Immediate manager encourages me at work		73.1%	75.5%	74.6%	71.3%	81.4%	52.2%	64.0%	65.7%	76.3%	100.0%
YOUR MANAGERS	q9b	Immediate manager gives clear feedback on my work		67.3%	70.7%	68.4%	67.0%	72.5%	56.6%	58.0%	53.7%	70.1%	90.0%
YOUR MANAGERS	q9c	Immediate manager asks for my opinion before making decisions that affect my work		58.4%	69.7%	55.4%	60.0%	67.4%	42.2%	49.3%	60.2%	58.5%	50.0%
YOUR MANAGERS	q9d	Immediate manager takes a positive interest in my health & well-being		71.0%	80.8%	70.6%	72.1%	82.0%	50.9%	60.9%	59.7%	72.3%	80.0%
YOUR MANAGERS	q9e	Immediate manager values my work		73.0%	81.8%	73.5%	73.7%	82.4%	53.4%	62.0%	69.3%	73.3%	80.0%
YOUR MANAGERS	q9f	Immediate manager works with me to understand problems		69.9%	77.8%	71.5%	69.7%	76.5%	53.4%	58.9%	63.9%	71.1%	90.0%
YOUR MANAGERS	q9g	Immediate manager listens to challenges I face		72.1%	77.8%	72.6%	72.3%	80.2%	51.9%	60.3%	66.7%	74.1%	90.0%
YOUR MANAGERS	q9h	Immediate manager cares about my concerns		70.8%	75.8%	71.9%	70.9%	79.0%	48.4%	59.6%	67.6%	72.1%	90.0%
YOUR MANAGERS	q9i	Immediate manager helps me with problems I face		67.1%	72.7%	69.6%	66.4%	75.5%	47.5%	54.0%	60.6%	68.5%	90.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10b	Don't work any additional paid hours per week for this organisation, over and above contracted hours		66.6%	62.6%	64.6%	83.9%	71.1%	61.1%	74.2%	37.9%	56.8%	70.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10c	Don't work any additional unpaid hours per week for this organisation, over and above contracted hours		55.3%	37.4%	77.7%	57.1%	49.1%	76.4%	51.0%	24.7%	46.5%	80.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11a	Organisation takes positive action on health and well-being		56.0%	68.7%	56.2%	61.7%	55.9%	44.7%	44.0%	49.3%	54.2%	50.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities		71.4%	81.8%	63.7%	79.6%	76.6%	65.0%	76.7%	69.9%	67.1%	60.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11c	In last 12 months, have not felt unwell due to work related stress		59.6%	57.6%	59.0%	64.8%	65.3%	63.1%	54.7%	57.4%	54.4%	70.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11d	In last 3 months, have not come to work when not feeling well enough to perform duties		44.6%	48.5%	41.1%	47.7%	49.1%	43.1%	54.0%	56.9%	39.5%	40.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11e	Not felt pressure from manager to come to work when not feeling well enough		80.2%	*	77.3%	82.8%	84.3%	73.9%	66.2%	83.0%	80.5%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12a	Never/rarely find work emotionally exhausting		23.6%	22.2%	25.5%	34.6%	15.8%	31.1%	23.2%	18.5%	15.4%	0.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12b	Never/rarely feel burnt out because of work		29.9%	21.2%	30.6%	40.2%	25.8%	34.2%	20.5%	26.9%	23.7%	30.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12c	Never/rarely frustrated by work		20.2%	18.2%	24.6%	18.7%	21.0%	25.5%	16.6%	19.9%	18.5%	30.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12d	Never/rarely exhausted by the thought of another day/shift at work		35.7%	35.4%	34.6%	43.4%	38.6%	42.2%	26.5%	42.6%	28.1%	40.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12e	Never/rarely worn out at the end of work		19.4%	15.2%	16.7%	27.8%	16.1%	22.5%	14.6%	21.8%	14.7%	10.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12f	Never/rarely feel every working hour is tiring		51.1%	53.5%	49.9%	58.6%	62.2%	44.4%	45.7%	58.3%	42.5%	40.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12g	Never/rarely lack energy for family and friends		35.8%	37.4%	35.7%	46.9%	37.1%	33.3%	31.1%	31.5%	27.3%	40.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public		84.7%	92.9%	70.2%	99.0%	90.2%	76.3%	98.0%	90.2%	77.3%	90.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13b	Not experienced physical violence from managers		99.3%	100.0%	99.4%	99.9%	100.0%	91.6%	99.3%	99.5%	99.3%	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13c	Not experienced physical violence from other colleagues		98.4%	100.0%	97.7%	99.5%	99.7%	91.5%	99.3%	99.5%	98.1%	90.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13d	Last experience of physical violence reported		72.5%	*	71.3%	100.0%	59.3%	75.0%	*	50.0%	76.7%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public		77.8%	82.8%	74.7%	87.2%	77.7%	79.7%	93.4%	70.1%	70.3%	90.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14b	Not experienced harassment, bullying or abuse from managers		92.0%	*	94.2%	93.6%	92.6%	89.0%	88.7%	84.5%	91.1%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14c	Not experienced harassment, bullying or abuse from other colleagues		82.0%	77.8%	80.9%	85.9%	85.4%	79.7%	78.1%	79.7%	79.7%	80.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14d	Last experience of harassment/bullying/abuse reported		52.6%	*	57.1%	51.0%	44.9%	65.3%	40.5%	28.4%	57.5%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q15	Organisation acts fairly: career progression		57.4%	59.2%	58.4%	56.0%	61.7%	36.6%	53.3%	62.0%	58.9%	90.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public		93.2%	94.9%	92.8%	97.9%	93.9%	88.7%	97.3%	90.2%	89.7%	90.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16b	Not experienced discrimination from manager/team leader or other colleagues		91.9%	90.6%	93.0%	94.7%	93.8%	88.1%	87.9%	87.0%	90.4%	90.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public		91.7%	97.0%	84.9%	99.0%	84.2%	93.2%	97.3%	94.9%	89.7%	90.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues		95.9%	94.9%	94.6%	96.6%	93.9%	93.1%	96.7%	97.2%	97.0%	80.0%

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q18	Not seen any errors/near misses/incidents that could have hurt staff/patients/service users	63.8%	*	64.3%	82.5%	53.7%	59.7%	60.0%	46.2%	55.7%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19a	Staff involved in an error/near miss/incident treated fairly	56.8%	*	52.5%	54.7%	61.9%	42.9%	54.5%	60.7%	59.2%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19b	Encouraged to report errors/near misses/incidents	86.0%	88.7%	87.2%	82.4%	89.9%	66.7%	83.9%	86.3%	89.4%	90.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19c	Organisation ensure errors/near misses/incidents do not repeat	66.8%	69.9%	67.6%	61.1%	60.8%	50.7%	56.4%	62.0%	75.8%	60.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19d	Feedback given on changes made following errors/near misses/incidents	61.5%	66.3%	63.3%	49.9%	59.9%	40.1%	50.4%	59.4%	72.4%	80.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20a	Would feel secure raising concerns about unsafe clinical practice	70.1%	79.8%	70.0%	57.9%	78.4%	56.9%	60.9%	75.5%	79.4%	90.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20b	Would feel confident that organisation would address concerns about unsafe clinical practice	53.2%	53.5%	56.8%	47.4%	49.8%	46.5%	46.4%	52.3%	58.5%	70.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q21	Feel organisation respects individual differences	69.4%	74.7%	71.8%	69.3%	76.3%	52.8%	58.9%	66.7%	69.6%	90.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q22	I can eat nutritious and affordable food at work	56.7%	67.7%	51.7%	65.6%	64.9%	42.9%	62.3%	53.7%	50.8%	40.0%
YOUR PERSONAL DEVELOPMENT	q23a	Received appraisal in the past 12 months	87.3%	90.7%	83.0%	81.9%	93.5%	80.9%	87.2%	92.1%	92.4%	100.0%
YOUR PERSONAL DEVELOPMENT	q23b	Appraisal helped me improve how I do my job	24.7%	18.2%	23.7%	19.6%	23.9%	29.9%	14.8%	24.0%	30.6%	30.0%
YOUR PERSONAL DEVELOPMENT	q23c	Appraisal helped me agree clear objectives for my work	31.7%	25.0%	31.1%	26.7%	36.5%	29.4%	24.8%	31.8%	36.2%	40.0%
YOUR PERSONAL DEVELOPMENT	q23d	Appraisal left me feeling organisation values my work	35.3%	29.5%	38.3%	35.7%	38.2%	32.3%	26.4%	23.0%	36.4%	40.0%
YOUR PERSONAL DEVELOPMENT	q24a	Organisation offers me challenging work	68.9%	86.9%	57.4%	65.4%	85.3%	46.0%	70.2%	84.3%	73.0%	90.0%
YOUR PERSONAL DEVELOPMENT	q24b	There are opportunities for me to develop my career in this organisation	48.8%	55.6%	44.4%	46.0%	52.7%	36.9%	37.1%	67.6%	51.6%	80.0%
YOUR PERSONAL DEVELOPMENT	q24c	Have opportunities to improve my knowledge and skills	67.4%	75.8%	62.0%	61.2%	74.1%	46.0%	59.6%	82.9%	74.4%	90.0%
YOUR PERSONAL DEVELOPMENT	q24d	Feel supported to develop my potential	55.3%	57.6%	51.1%	53.0%	63.4%	36.6%	42.4%	62.8%	59.8%	90.0%
YOUR PERSONAL DEVELOPMENT	q24e	Able to access the right learning and development opportunities when I need to	57.8%	58.6%	56.3%	54.6%	60.7%	46.9%	39.1%	73.5%	61.3%	90.0%
YOUR PERSONAL DEVELOPMENT	q24f	Able to access clinical supervision opportunities	52.9%	*	50.2%	31.9%	65.8%	34.4%	33.3%	67.5%	60.3%	*
YOUR ORGANISATION	q25a	Care of patients/service users is organisation's top priority	66.0%	69.7%	68.8%	63.9%	65.1%	59.4%	62.9%	64.2%	67.6%	70.0%
YOUR ORGANISATION	q25b	Organisation acts on concerns raised by patients/service users	63.0%	59.6%	63.3%	57.4%	61.2%	51.3%	57.0%	65.4%	70.2%	70.0%
YOUR ORGANISATION	q25c	Would recommend organisation as place to work	49.4%	46.5%	48.5%	47.3%	51.1%	52.5%	33.8%	60.5%	51.0%	50.0%
YOUR ORGANISATION	q25d	If friend/relative needed treatment would be happy with standard of care provided by organisation	51.9%	45.5%	50.1%	51.2%	52.6%	53.1%	49.7%	61.4%	52.3%	60.0%
YOUR ORGANISATION	q25e	Feel safe to speak up about anything that concerns me in this organisation	58.5%	67.7%	57.1%	57.0%	68.3%	50.0%	50.3%	60.6%	59.1%	50.0%
YOUR ORGANISATION	q25f	Feel organisation would address any concerns I raised	44.2%	50.5%	47.1%	42.2%	42.8%	44.0%	36.4%	41.6%	45.3%	50.0%
YOUR ORGANISATION	q26a	I don't often think about leaving this organisation	40.9%	42.4%	37.8%	40.3%	47.7%	45.3%	33.1%	48.8%	40.1%	50.0%
YOUR ORGANISATION	q26b	I am unlikely to look for a job at a new organisation in the next 12 months	49.1%	54.5%	46.0%	45.6%	55.3%	52.8%	43.7%	60.0%	49.9%	70.0%
YOUR ORGANISATION	q26c	I am not planning on leaving this organisation	53.9%	60.6%	49.7%	51.4%	64.0%	55.3%	43.7%	66.5%	53.9%	70.0%
BACKGROUND INFORMATION	q31b	Disability: organisation made reasonable adjustment(s) to enable me to carry out work	79.1%	87.5%	75.5%	80.1%	79.5%	76.7%	76.5%	*	80.2%	*

Lancashire Teaching Hospitals NHS Foundation Trust
NSS24 RAG report - RAG Table Report
Breakdown: Age (q27c)
Suppression Threshold: 10

Set RAG % point difference: 3

Key:

100.0%
>3 ppt above
<3 ppt below
In between

Section	Q	Description	Age (q27c)	Comparator (Organisation Overall)	16-20	21-30	31-40	41-50	51-65	66+
				n = 3996	n = 24	n = 637	n = 1037	n = 959	n = 1226	n = 74
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public		91.7%	91.7%	83.4%	91.0%	93.1%	95.0%	97.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues		95.9%	91.3%	94.6%	96.2%	95.1%	97.0%	98.6%

Lancashire Teaching Hospitals NHS Foundation Trust
NSS24 RAG report - RAG Table Report
Breakdown: Disability (q31a)
Suppression Threshold: 10

Key:
100.0%
>3 ppt above
<3 ppt below
In between

Set RAG % point difference: 3

			Disability (q31a)	Comparator (Organisation Overall)	Yes	No
Section	Q	Description		n = 3996	n = 1084	n = 2832
YOUR JOB	q2a	Often/always look forward to going to work		51.5%	42.9%	54.6%
YOUR JOB	q2b	Often/always enthusiastic about my job		67.2%	59.6%	70.4%
YOUR JOB	q2c	Time often/always passes quickly when I am working		73.2%	64.8%	76.4%
YOUR JOB	q3a	Always know what work responsibilities are		88.2%	84.3%	89.7%
YOUR JOB	q3b	Feel trusted to do my job		90.6%	87.6%	91.8%
YOUR JOB	q3c	Opportunities to show initiative frequently in my role		73.9%	68.4%	76.3%
YOUR JOB	q3d	Able to make suggestions to improve the work of my team/dept		73.1%	67.5%	75.5%
YOUR JOB	q3e	Involved in deciding changes that affect work		52.4%	45.3%	55.3%
YOUR JOB	q3f	Able to make improvements happen in my area of work		54.6%	45.9%	58.1%
YOUR JOB	q3g	Able to meet conflicting demands on my time at work		44.7%	38.4%	47.1%
YOUR JOB	q3h	Have adequate materials, supplies and equipment to do my work		46.3%	37.9%	49.3%
YOUR JOB	q3i	Enough staff at organisation to do my job properly		27.2%	20.0%	30.1%
YOUR JOB	q4a	Satisfied with recognition for good work		55.4%	49.4%	58.0%
YOUR JOB	q4b	Satisfied with extent organisation values my work		42.3%	34.0%	45.6%
YOUR JOB	q4c	Satisfied with level of pay		30.4%	25.6%	32.4%
YOUR JOB	q4d	Satisfied with opportunities for flexible working patterns		56.2%	51.2%	58.2%
YOUR JOB	q5a	Have realistic time pressures		25.7%	21.9%	27.0%
YOUR JOB	q5b	Have a choice in deciding how to do my work		52.9%	47.5%	55.1%
YOUR JOB	q5c	Relationships at work are unstrained		44.7%	39.4%	47.1%
YOUR JOB	q6a	Feel my role makes a difference to patients/service users		87.7%	85.6%	88.5%
YOUR JOB	q6b	Organisation is committed to helping balance work and home life		49.0%	39.9%	52.6%
YOUR JOB	q6c	Achieve a good balance between work and home life		56.9%	48.6%	60.3%
YOUR JOB	q6d	Can approach immediate manager to talk openly about flexible working		70.3%	65.2%	72.3%
YOUR TEAM	q7a	Team members have a set of shared objectives		75.2%	70.7%	77.1%
YOUR TEAM	q7b	Team members often meet to discuss the team's effectiveness		65.3%	59.3%	67.7%
YOUR TEAM	q7c	Receive the respect I deserve from my colleagues at work		70.8%	65.0%	73.2%
YOUR TEAM	q7d	Team members understand each other's roles		71.4%	65.2%	73.9%
YOUR TEAM	q7e	Enjoy working with colleagues in team		80.3%	75.9%	82.0%
YOUR TEAM	q7f	Team has enough freedom in how to do its work		57.8%	48.2%	61.5%
YOUR TEAM	q7g	Team deals with disagreements constructively		55.2%	48.5%	58.0%
YOUR TEAM	q7h	Feel valued by my team		71.0%	65.6%	73.3%
YOUR TEAM	q7i	Feel a strong personal attachment to my team		64.2%	60.7%	65.7%
PEOPLE IN YOUR ORGANISATION	q8a	Teams within the organisation work well together to achieve objectives		52.8%	46.3%	55.4%
PEOPLE IN YOUR ORGANISATION	q8b	Colleagues are understanding and kind to one another		68.8%	64.7%	70.4%
PEOPLE IN YOUR ORGANISATION	q8c	Colleagues are polite and treat each other with respect		69.7%	64.3%	71.9%
PEOPLE IN YOUR ORGANISATION	q8d	Colleagues show appreciation to one another		66.2%	60.7%	68.3%

YOUR MANAGERS	q9a	Immediate manager encourages me at work	73.1%	70.0%	74.4%
YOUR MANAGERS	q9b	Immediate manager gives clear feedback on my work	67.3%	65.0%	68.2%
YOUR MANAGERS	q9c	Immediate manager asks for my opinion before making decisions that affect my work	58.4%	52.7%	60.7%
YOUR MANAGERS	q9d	Immediate manager takes a positive interest in my health & well-being	71.0%	68.4%	72.0%
YOUR MANAGERS	q9e	Immediate manager values my work	73.0%	68.6%	74.8%
YOUR MANAGERS	q9f	Immediate manager works with me to understand problems	69.9%	65.8%	71.5%
YOUR MANAGERS	q9g	Immediate manager listens to challenges I face	72.1%	67.9%	73.8%
YOUR MANAGERS	q9h	Immediate manager cares about my concerns	70.8%	65.9%	72.7%
YOUR MANAGERS	q9i	Immediate manager helps me with problems I face	67.1%	62.1%	68.9%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10b	Don't work any additional paid hours per week for this organisation, over and above contracted hours	66.6%	70.8%	64.9%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10c	Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	55.3%	54.0%	55.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11a	Organisation takes positive action on health and well-being	56.0%	50.8%	58.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	71.4%	58.7%	76.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11c	In last 12 months, have not felt unwell due to work related stress	59.6%	44.3%	65.6%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11d	In last 3 months, have not come to work when not feeling well enough to perform duties	44.6%	27.0%	51.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11e	Not felt pressure from manager to come to work when not feeling well enough	80.2%	77.3%	81.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12a	Never/rarely find work emotionally exhausting	23.6%	17.0%	26.2%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12b	Never/rarely feel burnt out because of work	29.9%	22.1%	32.9%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12c	Never/rarely frustrated by work	20.2%	13.0%	23.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12d	Never/rarely exhausted by the thought of another day/shift at work	35.7%	25.4%	39.6%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12e	Never/rarely worn out at the end of work	19.4%	10.0%	23.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12f	Never/rarely feel every working hour is tiring	51.1%	38.5%	56.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12g	Never/rarely lack energy for family and friends	35.8%	24.5%	40.2%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public	84.7%	82.3%	85.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13b	Not experienced physical violence from managers	99.3%	99.4%	99.2%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13c	Not experienced physical violence from other colleagues	98.4%	98.7%	98.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13d	Last experience of physical violence reported	72.5%	76.8%	70.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	77.8%	71.9%	80.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14b	Not experienced harassment, bullying or abuse from managers	92.0%	88.7%	93.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14c	Not experienced harassment, bullying or abuse from other colleagues	82.0%	76.1%	84.2%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14d	Last experience of harassment/bullying/abuse reported	52.6%	51.9%	52.2%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q15	Organisation acts fairly: career progression	57.4%	53.8%	58.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public	93.2%	93.3%	93.1%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16b	Not experienced discrimination from manager/team leader or other colleagues	91.9%	89.4%	92.9%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	91.7%	87.9%	93.1%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	95.9%	94.8%	96.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q18	Not seen any errors/near misses/incidents that could have hurt staff/patients/service users	63.8%	58.0%	66.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19a	Staff involved in an error/near miss/incident treated fairly	56.8%	49.9%	59.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19b	Encouraged to report errors/near misses/incidents	86.0%	83.5%	87.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19c	Organisation ensure errors/near misses/incidents do not repeat	66.8%	60.4%	69.1%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19d	Feedback given on changes made following errors/near misses/incidents	61.5%	57.1%	63.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20a	Would feel secure raising concerns about unsafe clinical practice	70.1%	66.1%	71.5%

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20b	Would feel confident that organisation would address concerns about unsafe clinical practice	53.2%	45.5%	55.9%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q21	Feel organisation respects individual differences	69.4%	64.6%	71.2%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q22	I can eat nutritious and affordable food at work	56.7%	47.9%	60.2%
YOUR PERSONAL DEVELOPMENT	q23a	Received appraisal in the past 12 months	87.3%	86.0%	87.8%
YOUR PERSONAL DEVELOPMENT	q23b	Appraisal helped me improve how I do my job	24.7%	18.6%	27.0%
YOUR PERSONAL DEVELOPMENT	q23c	Appraisal helped me agree clear objectives for my work	31.7%	25.6%	34.0%
YOUR PERSONAL DEVELOPMENT	q23d	Appraisal left me feeling organisation values my work	35.3%	29.9%	37.3%
YOUR PERSONAL DEVELOPMENT	q24a	Organisation offers me challenging work	68.9%	67.0%	69.7%
YOUR PERSONAL DEVELOPMENT	q24b	There are opportunities for me to develop my career in this organisation	48.8%	41.4%	51.8%
YOUR PERSONAL DEVELOPMENT	q24c	Have opportunities to improve my knowledge and skills	67.4%	61.9%	69.6%
YOUR PERSONAL DEVELOPMENT	q24d	Feel supported to develop my potential	55.3%	47.4%	58.6%
YOUR PERSONAL DEVELOPMENT	q24e	Able to access the right learning and development opportunities when I need to	57.8%	50.5%	60.7%
YOUR PERSONAL DEVELOPMENT	q24f	Able to access clinical supervision opportunities	52.9%	44.3%	56.1%
YOUR ORGANISATION	q25a	Care of patients/service users is organisation's top priority	66.0%	59.1%	68.4%
YOUR ORGANISATION	q25b	Organisation acts on concerns raised by patients/service users	63.0%	54.7%	66.0%
YOUR ORGANISATION	q25c	Would recommend organisation as place to work	49.4%	38.8%	53.4%
YOUR ORGANISATION	q25d	If friend/relative needed treatment would be happy with standard of care provided by organisation	51.9%	45.5%	54.0%
YOUR ORGANISATION	q25e	Feel safe to speak up about anything that concerns me in this organisation	58.5%	50.3%	61.6%
YOUR ORGANISATION	q25f	Feel organisation would address any concerns I raised	44.2%	35.7%	47.3%
YOUR ORGANISATION	q26a	I don't often think about leaving this organisation	40.9%	31.7%	44.4%
YOUR ORGANISATION	q26b	I am unlikely to look for a job at a new organisation in the next 12 months	49.1%	42.6%	51.5%
YOUR ORGANISATION	q26c	I am not planning on leaving this organisation	53.9%	47.4%	56.2%
BACKGROUND INFORMATION	q31b	Disability: organisation made reasonable adjustment(s) to enable me to carry out work	79.1%	79.1%	*

Picker

Lancashire Teaching Hospitals NHS Foundation Trust
NSS24 RAG report - RAG Table Report
Breakdown: Ethnicity (q28)
Suppression Threshold: 10

Set RAG % point difference: 3

Key:
Best
>3 ppt above
>3 ppt below
In between

Ethnicity (q28)

Section	Q	Description	Comparator (Organisation Overall)	English / Welsh / Scottish / Northern Irish / British	Irish	Gypsy or Irish Traveller	Any other White background	White and Black Caribbean	White and Black African	White and Asian	Any other Mixed / Multiple ethnic background	Indian	Pakistani	Bangladeshi	Chinese	Any other Asian background	African	Caribbean	Any other Black / African / Caribbean background	Arab	Any other ethnic background (please specify)
			n = 3996	n = 3915	n = 19	n = 5	n = 99	n = 28	n = 9	n = 23	n = 16	n = 469	n = 58	n = 4	n = 17	n = 62	n = 85	n = 15	n = 4	n = 16	n = 16
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	91.7%	90.7%	89.5%	*	93.9%	89.3%	*	77.3%	87.5%	97.4%	94.8%	*	88.2%	95.2%	94.0%	86.7%	*	93.8%	93.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	95.9%	95.7%	94.7%	*	90.9%	96.4%	*	95.5%	100.0%	98.3%	94.6%	*	94.1%	96.8%	98.8%	100.0%	*	93.8%	100.0%

Lancashire Teaching Hospitals NHS Foundation Trust
NSS24 RAG report - RAG Table Report
Breakdown: Ethnicity summary (q28)
Suppression Threshold: 10

Set RAG % point difference: 3

Key:
100.0%
>3 ppt above
<3 ppt below
In between

Ethnicity summary (q28)			Comparator (Organisation Overall)	White	Mixed/ Multiple ethnic groups, Asian/ Asian British, Black/
Section	Q	Description	n = 3996	n = 3138	n = 821
YOUR JOB	q2a	Often/always look forward to going to work	51.5%	47.7%	66.5%
YOUR JOB	q2b	Often/always enthusiastic about my job	67.2%	65.6%	74.7%
YOUR JOB	q2c	Time often/always passes quickly when I am working	73.2%	72.8%	75.5%
YOUR JOB	q3a	Always know what work responsibilities are	88.2%	87.2%	92.7%
YOUR JOB	q3b	Feel trusted to do my job	90.6%	89.7%	94.4%
YOUR JOB	q3c	Opportunities to show initiative frequently in my role	73.9%	73.6%	76.6%
YOUR JOB	q3d	Able to make suggestions to improve the work of my team/dept	73.1%	73.4%	73.2%
YOUR JOB	q3e	Involved in deciding changes that affect work	52.4%	51.5%	56.7%
YOUR JOB	q3f	Able to make improvements happen in my area of work	54.6%	52.9%	62.5%
YOUR JOB	q3g	Able to meet conflicting demands on my time at work	44.7%	41.8%	56.4%
YOUR JOB	q3h	Have adequate materials, supplies and equipment to do my work	46.3%	42.9%	59.5%
YOUR JOB	q3i	Enough staff at organisation to do my job properly	27.2%	25.4%	34.0%
YOUR JOB	q4a	Satisfied with recognition for good work	55.4%	54.3%	60.4%
YOUR JOB	q4b	Satisfied with extent organisation values my work	42.3%	39.3%	54.4%
YOUR JOB	q4c	Satisfied with level of pay	30.4%	31.3%	27.5%
YOUR JOB	q4d	Satisfied with opportunities for flexible working patterns	56.2%	55.2%	60.3%
YOUR JOB	q5a	Have realistic time pressures	25.7%	25.7%	25.9%
YOUR JOB	q5b	Have a choice in deciding how to do my work	52.9%	54.6%	47.1%
YOUR JOB	q5c	Relationships at work are unstrained	44.7%	44.6%	45.8%
YOUR JOB	q6a	Feel my role makes a difference to patients/service users	87.7%	86.4%	92.5%
YOUR JOB	q6b	Organisation is committed to helping balance work and home life	49.0%	46.2%	59.8%
YOUR JOB	q6c	Achieve a good balance between work and home life	56.9%	56.2%	60.2%
YOUR JOB	q6d	Can approach immediate manager to talk openly about flexible working	70.3%	69.9%	72.3%
YOUR TEAM	q7a	Team members have a set of shared objectives	75.2%	73.3%	82.9%
YOUR TEAM	q7b	Team members often meet to discuss the team's effectiveness	65.3%	64.0%	71.3%
YOUR TEAM	q7c	Receive the respect I deserve from my colleagues at work	70.8%	70.2%	73.7%
YOUR TEAM	q7d	Team members understand each other's roles	71.4%	70.4%	76.1%
YOUR TEAM	q7e	Enjoy working with colleagues in team	80.3%	80.5%	80.2%
YOUR TEAM	q7f	Team has enough freedom in how to do its work	57.8%	55.3%	67.8%
YOUR TEAM	q7g	Team deals with disagreements constructively	55.2%	53.6%	62.1%
YOUR TEAM	q7h	Feel valued by my team	71.0%	70.4%	74.0%
YOUR TEAM	q7i	Feel a strong personal attachment to my team	64.2%	64.7%	62.5%
PEOPLE IN YOUR ORGANISATION	q8a	Teams within the organisation work well together to achieve objectives	52.8%	49.5%	66.6%
PEOPLE IN YOUR ORGANISATION	q8b	Colleagues are understanding and kind to one another	68.8%	68.0%	72.6%
PEOPLE IN YOUR ORGANISATION	q8c	Colleagues are polite and treat each other with respect	69.7%	68.8%	74.1%
PEOPLE IN YOUR ORGANISATION	q8d	Colleagues show appreciation to one another	66.2%	65.6%	69.2%

YOUR MANAGERS	q9a	Immediate manager encourages me at work	73.1%	72.6%	75.7%
YOUR MANAGERS	q9b	Immediate manager gives clear feedback on my work	67.3%	66.6%	70.5%
YOUR MANAGERS	q9c	Immediate manager asks for my opinion before making decisions that affect my work	58.4%	57.4%	62.7%
YOUR MANAGERS	q9d	Immediate manager takes a positive interest in my health & well-being	71.0%	70.7%	72.9%
YOUR MANAGERS	q9e	Immediate manager values my work	73.0%	72.9%	74.1%
YOUR MANAGERS	q9f	Immediate manager works with me to understand problems	69.9%	69.5%	72.0%
YOUR MANAGERS	q9g	Immediate manager listens to challenges I face	72.1%	71.4%	75.6%
YOUR MANAGERS	q9h	Immediate manager cares about my concerns	70.8%	70.4%	73.0%
YOUR MANAGERS	q9i	Immediate manager helps me with problems I face	67.1%	66.5%	69.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10b	Don't work any additional paid hours per week for this organisation, over and above contracted hours	66.6%	71.2%	48.6%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10c	Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	55.3%	53.1%	64.6%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11a	Organisation takes positive action on health and well-being	56.0%	54.3%	63.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	71.4%	72.7%	66.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11c	In last 12 months, have not felt unwell due to work related stress	59.6%	59.0%	62.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11d	In last 3 months, have not come to work when not feeling well enough to perform duties	44.6%	42.2%	53.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11e	Not felt pressure from manager to come to work when not feeling well enough	80.2%	80.0%	82.9%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12a	Never/rarely find work emotionally exhausting	23.6%	23.3%	24.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12b	Never/rarely feel burnt out because of work	29.9%	30.4%	28.6%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12c	Never/rarely frustrated by work	20.2%	17.2%	32.1%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12d	Never/rarely exhausted by the thought of another day/shift at work	35.7%	35.5%	37.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12e	Never/rarely worn out at the end of work	19.4%	18.1%	24.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12f	Never/rarely feel every working hour is tiring	51.1%	51.7%	49.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12g	Never/rarely lack energy for family and friends	35.8%	36.6%	33.1%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public	84.7%	84.1%	86.6%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13b	Not experienced physical violence from managers	99.3%	99.4%	98.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13c	Not experienced physical violence from other colleagues	98.4%	98.7%	97.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13d	Last experience of physical violence reported	72.5%	74.0%	67.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	77.8%	77.4%	79.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14b	Not experienced harassment, bullying or abuse from managers	92.0%	92.2%	91.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14c	Not experienced harassment, bullying or abuse from other colleagues	82.0%	82.3%	80.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14d	Last experience of harassment/bullying/abuse reported	52.6%	53.4%	50.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q15	Organisation acts fairly: career progression	57.4%	59.5%	50.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public	93.2%	95.5%	84.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16b	Not experienced discrimination from manager/team leader or other colleagues	91.9%	93.7%	85.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	91.7%	90.8%	95.2%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	95.9%	95.5%	97.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q18	Not seen any errors/near misses/incidents that could have hurt staff/patients/service users	63.8%	61.0%	74.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19a	Staff involved in an error/near miss/incident treated fairly	56.8%	54.9%	64.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19b	Encouraged to report errors/near misses/incidents	86.0%	85.3%	89.2%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19c	Organisation ensure errors/near misses/incidents do not repeat	66.8%	63.6%	78.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19d	Feedback given on changes made following errors/near misses/incidents	61.5%	58.7%	72.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20a	Would feel secure raising concerns about unsafe clinical practice	70.1%	69.9%	71.8%

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20b	Would feel confident that organisation would address concerns about unsafe clinical practice	53.2%	50.7%	62.9%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q21	Feel organisation respects individual differences	69.4%	69.4%	70.1%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q22	I can eat nutritious and affordable food at work	56.7%	56.0%	60.4%
YOUR PERSONAL DEVELOPMENT	q23a	Received appraisal in the past 12 months	87.3%	87.7%	85.6%
YOUR PERSONAL DEVELOPMENT	q23b	Appraisal helped me improve how I do my job	24.7%	18.5%	49.3%
YOUR PERSONAL DEVELOPMENT	q23c	Appraisal helped me agree clear objectives for my work	31.7%	26.5%	52.4%
YOUR PERSONAL DEVELOPMENT	q23d	Appraisal left me feeling organisation values my work	35.3%	32.1%	47.8%
YOUR PERSONAL DEVELOPMENT	q24a	Organisation offers me challenging work	68.9%	71.3%	60.2%
YOUR PERSONAL DEVELOPMENT	q24b	There are opportunities for me to develop my career in this organisation	48.8%	47.4%	54.2%
YOUR PERSONAL DEVELOPMENT	q24c	Have opportunities to improve my knowledge and skills	67.4%	67.0%	69.4%
YOUR PERSONAL DEVELOPMENT	q24d	Feel supported to develop my potential	55.3%	54.3%	59.8%
YOUR PERSONAL DEVELOPMENT	q24e	Able to access the right learning and development opportunities when I need to	57.8%	56.9%	61.7%
YOUR PERSONAL DEVELOPMENT	q24f	Able to access clinical supervision opportunities	52.9%	49.3%	64.5%
YOUR ORGANISATION	q25a	Care of patients/service users is organisation's top priority	66.0%	62.7%	79.0%
YOUR ORGANISATION	q25b	Organisation acts on concerns raised by patients/service users	63.0%	59.4%	77.1%
YOUR ORGANISATION	q25c	Would recommend organisation as place to work	49.4%	45.2%	65.5%
YOUR ORGANISATION	q25d	If friend/relative needed treatment would be happy with standard of care provided by organisation	51.9%	48.6%	64.9%
YOUR ORGANISATION	q25e	Feel safe to speak up about anything that concerns me in this organisation	58.5%	58.0%	61.1%
YOUR ORGANISATION	q25f	Feel organisation would address any concerns I raised	44.2%	41.5%	54.9%
YOUR ORGANISATION	q26a	I don't often think about leaving this organisation	40.9%	39.4%	46.6%
YOUR ORGANISATION	q26b	I am unlikely to look for a job at a new organisation in the next 12 months	49.1%	48.2%	52.5%
YOUR ORGANISATION	q26c	I am not planning on leaving this organisation	53.9%	53.9%	53.9%
BACKGROUND INFORMATION	q31b	Disability: organisation made reasonable adjustment(s) to enable me to carry out work	79.1%	79.2%	78.8%

Picker

Lancashire Teaching Hospitals NHS Foundation Trust
NSS24 RAG report - RAG Table Report
Breakdown: Ethnicity grouped (q28)
Suppression Threshold: 10

Set RAG % point difference: 3

Key:

100.0%
>3 ppt above
<3 ppt below
In between

			Ethnicity grouped (q28)	Comparator (Organisation Overall)	White	Mixed/ Multiple ethnic groups	Asian/ Asian British	Black/ African/ Caribbean/ Black British	Other ethnic groups
Section	**Q**	**Description**		**n = 3996**	**n = 3138**	**n = 75**	**n = 610**	**n = 104**	**n = 32**
YOUR JOB	q2a	Often/always look forward to going to work		51.5%	47.7%	45.3%	70.5%	62.7%	51.6%
YOUR JOB	q2b	Often/always enthusiastic about my job		67.2%	65.6%	60.8%	78.2%	66.7%	67.7%
YOUR JOB	q2c	Time often/always passes quickly when I am working		73.2%	72.8%	66.2%	79.9%	60.8%	61.3%
YOUR JOB	q3a	Always know what work responsibilities are		88.2%	87.2%	88.0%	93.8%	94.2%	78.1%
YOUR JOB	q3b	Feel trusted to do my job		90.6%	89.7%	94.7%	95.1%	95.2%	78.1%
YOUR JOB	q3c	Opportunities to show initiative frequently in my role		73.9%	73.6%	62.7%	78.5%	83.7%	50.0%
YOUR JOB	q3d	Able to make suggestions to improve the work of my team/dept		73.1%	73.4%	61.3%	75.1%	75.7%	56.3%
YOUR JOB	q3e	Involved in deciding changes that affect work		52.4%	51.5%	41.3%	60.8%	48.1%	43.8%
YOUR JOB	q3f	Able to make improvements happen in my area of work		54.6%	52.9%	44.0%	65.4%	63.5%	46.9%
YOUR JOB	q3g	Able to meet conflicting demands on my time at work		44.7%	41.8%	41.9%	58.3%	56.7%	53.1%
YOUR JOB	q3h	Have adequate materials, supplies and equipment to do my work		46.3%	42.9%	48.0%	59.5%	69.2%	56.3%
YOUR JOB	q3i	Enough staff at organisation to do my job properly		27.2%	25.4%	25.3%	36.0%	28.8%	34.4%
YOUR JOB	q4a	Satisfied with recognition for good work		55.4%	54.3%	42.7%	63.3%	61.5%	43.8%
YOUR JOB	q4b	Satisfied with extent organisation values my work		42.3%	39.3%	40.0%	57.5%	51.0%	40.6%
YOUR JOB	q4c	Satisfied with level of pay		30.4%	31.3%	28.0%	30.5%	12.5%	18.8%
YOUR JOB	q4d	Satisfied with opportunities for flexible working patterns		56.2%	55.2%	50.7%	62.5%	62.1%	34.4%
YOUR JOB	q5a	Have realistic time pressures		25.7%	25.7%	20.0%	25.2%	35.9%	21.9%
YOUR JOB	q5b	Have a choice in deciding how to do my work		52.9%	54.6%	45.3%	50.8%	34.0%	21.9%
YOUR JOB	q5c	Relationships at work are unstrained		44.7%	44.6%	37.8%	45.4%	60.2%	25.0%
YOUR JOB	q6a	Feel my role makes a difference to patients/service users		87.7%	86.4%	87.7%	92.9%	95.2%	87.5%
YOUR JOB	q6b	Organisation is committed to helping balance work and home life		49.0%	46.2%	43.2%	63.0%	58.7%	40.6%
YOUR JOB	q6c	Achieve a good balance between work and home life		56.9%	56.2%	51.4%	63.1%	54.8%	43.8%
YOUR JOB	q6d	Can approach immediate manager to talk openly about flexible working		70.3%	69.9%	63.5%	72.0%	83.7%	62.5%
YOUR TEAM	q7a	Team members have a set of shared objectives		75.2%	73.3%	76.0%	84.8%	81.7%	65.6%
YOUR TEAM	q7b	Team members often meet to discuss the team's effectiveness		65.3%	64.0%	60.0%	73.0%	74.0%	56.3%
YOUR TEAM	q7c	Receive the respect I deserve from my colleagues at work		70.8%	70.2%	64.0%	75.9%	71.2%	62.5%
YOUR TEAM	q7d	Team members understand each other's roles		71.4%	70.4%	71.6%	77.4%	76.0%	62.5%
YOUR TEAM	q7e	Enjoy working with colleagues in team		80.3%	80.5%	76.0%	81.7%	76.9%	71.9%
YOUR TEAM	q7f	Team has enough freedom in how to do its work		57.8%	55.3%	58.7%	70.0%	65.4%	56.3%
YOUR TEAM	q7g	Team deals with disagreements constructively		55.2%	53.6%	53.3%	64.0%	66.3%	34.4%
YOUR TEAM	q7h	Feel valued by my team		71.0%	70.4%	62.7%	76.2%	73.1%	62.5%
YOUR TEAM	q7i	Feel a strong personal attachment to my team		64.2%	64.7%	64.0%	64.6%	52.4%	50.0%
PEOPLE IN YOUR ORGANISATION	q8a	Teams within the organisation work well together to achieve objectives		52.8%	49.5%	60.0%	66.9%	71.2%	62.5%
PEOPLE IN YOUR ORGANISATION	q8b	Colleagues are understanding and kind to one another		68.8%	68.0%	64.0%	73.6%	75.0%	65.6%
PEOPLE IN YOUR ORGANISATION	q8c	Colleagues are polite and treat each other with respect		69.7%	68.8%	65.3%	75.4%	74.0%	68.8%
PEOPLE IN YOUR ORGANISATION	q8d	Colleagues show appreciation to one another		66.2%	65.6%	64.0%	69.3%	74.0%	62.5%
YOUR MANAGERS	q9a	Immediate manager encourages me at work		73.1%	72.6%	62.7%	76.4%	84.6%	62.5%
YOUR MANAGERS	q9b	Immediate manager gives clear feedback on my work		67.3%	66.6%	51.4%	71.9%	80.8%	53.1%
YOUR MANAGERS	q9c	Immediate manager asks for my opinion before making decisions that affect my work		58.4%	57.4%	54.7%	65.2%	59.6%	43.8%
YOUR MANAGERS	q9d	Immediate manager takes a positive interest in my health & well-being		71.0%	70.7%	58.7%	74.8%	77.9%	53.1%
YOUR MANAGERS	q9e	Immediate manager values my work		73.0%	72.9%	64.9%	75.5%	79.8%	50.0%
YOUR MANAGERS	q9f	Immediate manager works with me to understand problems		69.9%	69.5%	56.8%	73.2%	81.7%	53.1%
YOUR MANAGERS	q9g	Immediate manager listens to challenges I face		72.1%	71.4%	54.7%	77.4%	86.5%	56.3%
YOUR MANAGERS	q9h	Immediate manager cares about my concerns		70.8%	70.4%	56.0%	74.3%	81.6%	62.5%
YOUR MANAGERS	q9i	Immediate manager helps me with problems I face		67.1%	66.5%	52.1%	70.8%	81.6%	53.1%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10b	Don't work any additional paid hours per week for this organisation, over and above contracted hours		66.6%	71.2%	53.3%	50.7%	31.1%	53.1%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10c	Don't work any additional unpaid hours per week for this organisation, over and above contracted hours		55.3%	53.1%	50.7%	65.9%	67.0%	65.6%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11a	Organisation takes positive action on health and well-being		56.0%	54.3%	58.7%	62.8%	73.1%	43.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities		71.4%	72.7%	62.7%	68.2%	61.5%	56.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11c	In last 12 months, have not felt unwell due to work related stress		59.6%	59.0%	56.0%	66.0%	50.0%	50.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11d	In last 3 months, have not come to work when not feeling well enough to perform duties		44.6%	42.2%	33.3%	58.6%	41.3%	50.0%

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11e	Not felt pressure from manager to come to work when not feeling well enough	80.2%	80.0%	81.6%	81.6%	88.3%	85.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12a	Never/rarely find work emotionally exhausting	23.6%	23.3%	18.7%	25.5%	25.0%	25.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12b	Never/rarely feel burnt out because of work	29.9%	30.4%	21.3%	30.1%	26.9%	21.9%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12c	Never/rarely frustrated by work	20.2%	17.2%	16.0%	32.7%	39.8%	34.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12d	Never/rarely exhausted by the thought of another day/shift at work	35.7%	35.5%	32.0%	37.8%	40.4%	21.9%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12e	Never/rarely worn out at the end of work	19.4%	18.1%	13.3%	26.4%	19.2%	31.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12f	Never/rarely feel every working hour is tiring	51.1%	51.7%	34.7%	50.3%	51.0%	50.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q12g	Never/rarely lack energy for family and friends	35.8%	36.6%	28.0%	34.7%	30.8%	21.9%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public	84.7%	84.1%	78.7%	87.7%	82.7%	96.9%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13b	Not experienced physical violence from managers	99.3%	99.4%	96.0%	98.8%	100.0%	100.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13c	Not experienced physical violence from other colleagues	98.4%	98.7%	97.2%	97.3%	98.0%	96.9%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q13d	Last experience of physical violence reported	72.5%	74.0%	*	62.3%	93.3%	*
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	77.8%	77.4%	68.0%	81.3%	73.1%	87.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14b	Not experienced harassment, bullying or abuse from managers	92.0%	92.2%	88.0%	92.7%	93.2%	71.9%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14c	Not experienced harassment, bullying or abuse from other colleagues	82.0%	82.3%	69.3%	82.8%	79.4%	75.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q14d	Last experience of harassment/bullying/abuse reported	52.6%	53.4%	50.0%	44.1%	78.1%	60.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q15	Organisation acts fairly: career progression	57.4%	59.5%	40.0%	54.3%	40.8%	41.9%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public	93.2%	95.5%	89.2%	85.3%	73.8%	90.6%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q16b	Not experienced discrimination from manager/team leader or other colleagues	91.9%	93.7%	89.3%	86.2%	81.4%	81.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	91.7%	90.8%	86.7%	96.7%	93.2%	93.8%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	95.9%	95.5%	97.3%	97.7%	99.0%	96.9%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q18	Not seen any errors/near misses/incidents that could have hurt staff/patients/service users	63.8%	61.0%	58.3%	76.3%	75.2%	74.2%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19a	Staff involved in an error/near miss/incident treated fairly	56.8%	54.9%	45.2%	68.0%	60.8%	61.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19b	Encouraged to report errors/near misses/incidents	86.0%	85.3%	81.7%	90.2%	92.2%	77.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19c	Organisation ensure errors/near misses/incidents do not repeat	66.8%	63.6%	58.8%	81.0%	82.7%	69.0%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q19d	Feedback given on changes made following errors/near misses/incidents	61.5%	58.7%	52.2%	75.1%	75.3%	66.7%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20a	Would feel secure raising concerns about unsafe clinical practice	70.1%	69.9%	62.7%	73.7%	70.2%	62.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q20b	Would feel confident that organisation would address concerns about unsafe clinical practice	53.2%	50.7%	49.3%	64.3%	66.3%	56.3%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q21	Feel organisation respects individual differences	69.4%	69.4%	62.7%	71.4%	73.1%	53.1%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q22	I can eat nutritious and affordable food at work	56.7%	56.0%	48.0%	59.8%	72.8%	61.3%
YOUR PERSONAL DEVELOPMENT	q23a	Received appraisal in the past 12 months	87.3%	87.7%	84.5%	85.4%	88.3%	83.3%
YOUR PERSONAL DEVELOPMENT	q23b	Appraisal helped me improve how I do my job	24.7%	18.5%	20.0%	52.3%	51.6%	50.0%
YOUR PERSONAL DEVELOPMENT	q23c	Appraisal helped me agree clear objectives for my work	31.7%	26.5%	30.0%	54.1%	57.1%	56.0%
YOUR PERSONAL DEVELOPMENT	q23d	Appraisal left me feeling organisation values my work	35.3%	32.1%	25.0%	50.9%	46.7%	44.0%
YOUR PERSONAL DEVELOPMENT	q24a	Organisation offers me challenging work	68.9%	71.3%	60.8%	62.3%	54.8%	37.5%
YOUR PERSONAL DEVELOPMENT	q24b	There are opportunities for me to develop my career in this organisation	48.8%	47.4%	36.0%	57.1%	56.7%	34.4%
YOUR PERSONAL DEVELOPMENT	q24c	Have opportunities to improve my knowledge and skills	67.4%	67.0%	60.0%	70.7%	72.1%	59.4%
YOUR PERSONAL DEVELOPMENT	q24d	Feel supported to develop my potential	55.3%	54.3%	50.7%	61.6%	59.6%	48.4%
YOUR PERSONAL DEVELOPMENT	q24e	Able to access the right learning and development opportunities when I need to	57.8%	56.9%	43.8%	64.3%	59.6%	59.4%
YOUR PERSONAL DEVELOPMENT	q24f	Able to access clinical supervision opportunities	52.9%	49.3%	43.1%	66.1%	69.7%	64.3%
YOUR ORGANISATION	q25a	Care of patients/service users is organisation's top priority	66.0%	62.7%	65.3%	80.0%	84.5%	75.0%
YOUR ORGANISATION	q25b	Organisation acts on concerns raised by patients/service users	63.0%	59.4%	68.0%	77.8%	82.7%	68.8%
YOUR ORGANISATION	q25c	Would recommend organisation as place to work	49.4%	45.2%	46.7%	68.2%	65.4%	59.4%
YOUR ORGANISATION	q25d	If friend/relative needed treatment would be happy with standard of care provided by organisation	51.9%	48.6%	52.0%	65.8%	67.3%	68.8%
YOUR ORGANISATION	q25e	Feel safe to speak up about anything that concerns me in this organisation	58.5%	58.0%	46.7%	64.0%	56.7%	53.1%
YOUR ORGANISATION	q25f	Feel organisation would address any concerns I raised	44.2%	41.5%	36.0%	58.0%	52.9%	46.9%
YOUR ORGANISATION	q26a	I don't often think about leaving this organisation	40.9%	39.4%	26.7%	51.0%	39.4%	34.4%
YOUR ORGANISATION	q26b	I am unlikely to look for a job at a new organisation in the next 12 months	49.1%	48.2%	36.5%	56.0%	46.2%	43.8%
YOUR ORGANISATION	q26c	I am not planning on leaving this organisation	53.9%	53.9%	38.7%	57.6%	46.1%	45.2%
BACKGROUND INFORMATION	q31b	Disability: organisation made reasonable adjustment(s) to enable me to carry out work	79.1%	79.2%	62.5%	89.2%	*	*

Lancashire Teaching Hospitals NHS Foundation Trust
NSS24 RAG report - RAG Table Report
Breakdown: Gender (q27a)
Suppression Threshold: 10

Set RAG % point difference: 3

Key:
100.0%
>3 ppt above
<3 ppt below
In between

Gender (q27a)			Comparator (Organisation Overall)	Female	Male	Non-binary	Prefer to self-describe:	Prefer not to say
Section	Q	Description	n = 3996	n = 3039	n = 758	n = 11	n = 5	n = 155
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	91.7%	90.5%	96.4%	*	*	93.5%
	q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	95.9%	95.9%	97.1%	*	*	89.5%

Lancashire Teaching Hospitals NHS Foundation Trust
NSS24 RAG report - RAG Table Report
Breakdown: Gender Identity (q27b)
Suppression Threshold: 10

Set RAG % point difference: 3

Key:
100.0%
>3 ppt above
<3 ppt below
In between

Gender Identity (q27b)			Comparator (Organisation Overall)	Yes	No	Prefer not to say
Section	Q	Description	n = 3996	n = 3788	n = 11	n = 140
YOUR JOB	q2a	Often/always look forward to going to work	51.5%	52.3%	27.3%	34.3%
	q2b	Often/always enthusiastic about my job	67.2%	67.9%	63.6%	48.9%
	q2c	Time often/always passes quickly when I am working	73.2%	73.7%	45.5%	61.6%
	q3a	Always know what work responsibilities are	88.2%	88.8%	63.6%	73.6%
	q3b	Feel trusted to do my job	90.6%	91.1%	90.9%	77.9%
	q3c	Opportunities to show initiative frequently in my role	73.9%	74.8%	63.6%	52.9%
	q3d	Able to make suggestions to improve the work of my team/dept	73.1%	74.1%	54.5%	50.0%
	q3e	Involved in deciding changes that affect work	52.4%	53.1%	27.3%	34.3%
	q3f	Able to make improvements happen in my area of work	54.6%	55.2%	54.5%	40.0%
	q3g	Able to meet conflicting demands on my time at work	44.7%	45.2%	45.5%	30.7%
	q3h	Have adequate materials, supplies and equipment to do my work	46.3%	47.0%	36.4%	32.1%
	q3i	Enough staff at organisation to do my job properly	27.2%	27.6%	36.4%	16.4%
	q4a	Satisfied with recognition for good work	55.4%	56.1%	54.5%	39.3%
	q4b	Satisfied with extent organisation values my work	42.3%	43.0%	36.4%	28.1%
	q4c	Satisfied with level of pay	30.4%	30.9%	0.0%	24.3%
	q4d	Satisfied with opportunities for flexible working patterns	56.2%	56.8%	36.4%	44.6%
	q5a	Have realistic time pressures	25.7%	26.1%	36.4%	15.8%
	q5b	Have a choice in deciding how to do my work	52.9%	53.4%	36.4%	42.4%
	q5c	Relationships at work are unstrained	44.7%	45.4%	72.7%	29.3%
	q6a	Feel my role makes a difference to patients/service users	87.7%	87.9%	81.8%	83.9%
	q6b	Organisation is committed to helping balance work and home life	49.0%	49.7%	27.3%	32.1%
	q6c	Achieve a good balance between work and home life	56.9%	57.7%	27.3%	41.0%
	q6d	Can approach immediate manager to talk openly about flexible working	70.3%	70.9%	45.5%	62.1%
YOUR TEAM	q7a	Team members have a set of shared objectives	75.2%	75.6%	72.7%	59.0%
	q7b	Team members often meet to discuss the team's effectiveness	65.3%	66.0%	63.6%	47.9%
	q7c	Receive the respect I deserve from my colleagues at work	70.8%	71.4%	72.7%	55.7%
	q7d	Team members understand each other's roles	71.4%	72.1%	63.6%	54.3%
	q7e	Enjoy working with colleagues in team	80.3%	80.9%	90.9%	63.6%
	q7f	Team has enough freedom in how to do its work	57.8%	58.5%	45.5%	42.4%
	q7g	Team deals with disagreements constructively	55.2%	56.1%	45.5%	32.9%
	q7h	Feel valued by my team	71.0%	71.8%	90.9%	47.1%
	q7i	Feel a strong personal attachment to my team	64.2%	64.8%	81.8%	45.7%
PEOPLE IN YOUR ORGANISATION	q8a	Teams within the organisation work well together to achieve objectives	52.8%	53.5%	54.5%	32.9%
	q8b	Colleagues are understanding and kind to one another	68.8%	69.4%	54.5%	52.1%
	q8c	Colleagues are polite and treat each other with respect	69.7%	70.3%	45.5%	53.6%
	q8d	Colleagues show appreciation to one another	66.2%	66.9%	54.5%	47.1%
YOUR MANAGERS	q9a	Immediate manager encourages me at work	73.1%	73.5%	72.7%	63.6%
	q9b	Immediate manager gives clear feedback on my work	67.3%	67.8%	81.8%	57.9%
	q9c	Immediate manager asks for my opinion before making decisions that affect my work	58.4%	59.0%	54.5%	46.4%
	q9d	Immediate manager takes a positive interest in my health & well-being	71.0%	71.4%	72.7%	60.0%
	q9e	Immediate manager values my work	73.0%	73.5%	81.8%	61.4%
	q9f	Immediate manager works with me to understand problems	69.9%	70.4%	72.7%	55.0%

	q9g	Immediate manager listens to challenges I face	72.1%	72.6%	81.8%	60.7%
	q9h	Immediate manager cares about my concerns	70.8%	71.3%	81.8%	57.9%
	q9i	Immediate manager helps me with problems I face	67.1%	67.7%	72.7%	52.9%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10b	Don't work any additional paid hours per week for this organisation, over and above contracted hours	66.6%	66.4%	63.6%	72.5%
	q10c	Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	55.3%	55.9%	81.8%	39.3%
	q11a	Organisation takes positive action on health and well-being	56.0%	56.7%	45.5%	38.6%
	q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	71.4%	71.7%	63.6%	62.1%
	q11c	In last 12 months, have not felt unwell due to work related stress	59.6%	60.2%	36.4%	45.7%
	q11d	In last 3 months, have not come to work when not feeling well enough to perform duties	44.6%	44.6%	63.6%	42.9%
	q11e	Not felt pressure from manager to come to work when not feeling well enough	80.2%	80.8%	*	*
	q12a	Never/rarely find work emotionally exhausting	23.6%	24.0%	36.4%	16.4%
	q12b	Never/rarely feel burnt out because of work	29.9%	30.2%	27.3%	23.6%
	q12c	Never/rarely frustrated by work	20.2%	20.5%	27.3%	14.3%
	q12d	Never/rarely exhausted by the thought of another day/shift at work	35.7%	36.0%	9.1%	30.0%
	q12e	Never/rarely worn out at the end of work	19.4%	19.5%	0.0%	14.4%
	q12f	Never/rarely feel every working hour is tiring	51.1%	51.6%	36.4%	40.7%
	q12g	Never/rarely lack energy for family and friends	35.8%	36.0%	18.2%	32.1%
	q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public	84.7%	84.7%	72.7%	88.5%
	q13b	Not experienced physical violence from managers	99.3%	99.3%	100.0%	97.8%
	q13c	Not experienced physical violence from other colleagues	98.4%	98.6%	90.9%	93.9%
	q13d	Last experience of physical violence reported	72.5%	73.3%	*	*
	q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	77.8%	78.2%	72.7%	74.6%
	q14b	Not experienced harassment, bullying or abuse from managers	92.0%	92.5%	100.0%	81.2%
	q14c	Not experienced harassment, bullying or abuse from other colleagues	82.0%	82.6%	50.0%	70.6%
	q14d	Last experience of harassment/bullying/abuse reported	52.6%	53.1%	*	*
	q15	Organisation acts fairly: career progression	57.4%	58.7%	36.4%	30.4%
	q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public	93.2%	93.3%	81.8%	95.0%
	q16b	Not experienced discrimination from manager/team leader or other colleagues	91.9%	92.5%	90.9%	80.1%
	q17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	91.7%	91.7%	81.8%	93.6%
	q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	95.9%	96.1%	100.0%	90.6%
	q18	Not seen any errors/near misses/incidents that could have hurt staff/patients/service users	63.8%	64.1%	50.0%	56.1%
	q19a	Staff involved in an error/near miss/incident treated fairly	56.8%	57.4%	*	*
	q19b	Encouraged to report errors/near misses/incidents	86.0%	86.6%	90.9%	70.3%
	q19c	Organisation ensure errors/near misses/incidents do not repeat	66.8%	67.5%	*	*
	q19d	Feedback given on changes made following errors/near misses/incidents	61.5%	62.1%	*	*
	q20a	Would feel secure raising concerns about unsafe clinical practice	70.1%	71.1%	90.9%	45.7%
	q20b	Would feel confident that organisation would address concerns about unsafe clinical practice	53.2%	54.0%	54.5%	32.9%
	q21	Feel organisation respects individual differences	69.4%	70.4%	45.5%	46.4%
	q22	I can eat nutritious and affordable food at work	56.7%	57.4%	63.6%	42.1%
YOUR PERSONAL DEVELOPMENT	q23a	Received appraisal in the past 12 months	87.3%	87.7%	72.7%	77.9%
	q23b	Appraisal helped me improve how I do my job	24.7%	24.9%	*	*
	q23c	Appraisal helped me agree clear objectives for my work	31.7%	32.2%	*	*
	q23d	Appraisal left me feeling organisation values my work	35.3%	35.8%	*	*
	q24a	Organisation offers me challenging work	68.9%	69.5%	70.0%	55.8%
	q24b	There are opportunities for me to develop my career in this organisation	48.8%	49.4%	50.0%	36.0%
	q24c	Have opportunities to improve my knowledge and skills	67.4%	68.1%	60.0%	55.4%
	q24d	Feel supported to develop my potential	55.3%	56.1%	45.5%	40.3%

	q24e	Able to access the right learning and development opportunities when I need to	57.8%	58.9%	45.5%	36.5%
	q24f	Able to access clinical supervision opportunities	52.9%	53.7%	*	*
YOUR ORGANISATION	q25a	Care of patients/service users is organisation's top priority	66.0%	66.7%	54.5%	51.4%
	q25b	Organisation acts on concerns raised by patients/service users	63.0%	63.8%	45.5%	43.9%
	q25c	Would recommend organisation as place to work	49.4%	50.1%	45.5%	32.1%
	q25d	If friend/relative needed treatment would be happy with standard of care provided by organisation	51.9%	52.8%	27.3%	32.9%
	q25e	Feel safe to speak up about anything that concerns me in this organisation	58.5%	59.5%	72.7%	36.4%
	q25f	Feel organisation would address any concerns I raised	44.2%	44.9%	36.4%	25.9%
	q26a	I don't often think about leaving this organisation	40.9%	41.4%	54.5%	26.4%
	q26b	I am unlikely to look for a job at a new organisation in the next 12 months	49.1%	49.7%	54.5%	32.1%
	q26c	I am not planning on leaving this organisation	53.9%	54.5%	54.5%	35.7%
BACKGROUND INFORMATION	q31b	Disability: organisation made reasonable adjustment(s) to enable me to carry out work	79.1%	79.5%	*	*

Picker

Lancashire Teaching Hospitals NHS Foundation Trust
NSS24 RAG report - RAG Table Report
Breakdown: Sexual orientation (q29)
Suppression Threshold: 10

Set RAG % point difference: 3

Key:

100.0%
>3 ppt above
<3 ppt below
In between

			Sexual orientation (q29)	Comparator (Organisation Overall)	Heterosexual or straight	Gay or Lesbian	Bisexual	Other	I would prefer not to say
Section	**Q**	**Description**		**n = 3996**	**n = 3548**	**n = 73**	**n = 70**	**n = 30**	**n = 241**
YOUR JOB	q2a	Often/always look forward to going to work		51.5%	52.6%	41.1%	45.7%	31.0%	42.6%
	q2b	Often/always enthusiastic about my job		67.2%	68.5%	57.5%	62.9%	44.8%	55.1%
	q2c	Time often/always passes quickly when I am working		73.2%	74.4%	60.3%	64.3%	60.0%	63.8%
	q3a	Always know what work responsibilities are		88.2%	89.2%	80.8%	80.0%	76.7%	80.9%
	q3b	Feel trusted to do my job		90.6%	91.6%	83.6%	85.7%	76.7%	82.6%
	q3c	Opportunities to show initiative frequently in my role		73.9%	75.5%	68.5%	66.7%	53.3%	58.1%
	q3d	Able to make suggestions to improve the work of my team/dept		73.1%	74.3%	69.9%	75.7%	60.0%	58.1%
	q3e	Involved in deciding changes that affect work		52.4%	53.5%	42.5%	47.1%	40.0%	41.9%
	q3f	Able to make improvements happen in my area of work		54.6%	55.5%	46.6%	57.1%	46.7%	46.5%
	q3g	Able to meet conflicting demands on my time at work		44.7%	45.2%	38.4%	47.1%	40.0%	41.5%
	q3h	Have adequate materials, supplies and equipment to do my work		46.3%	47.2%	34.2%	45.7%	43.3%	37.8%
	q3i	Enough staff at organisation to do my job properly		27.2%	28.0%	13.7%	25.7%	26.7%	19.5%
	q4a	Satisfied with recognition for good work		55.4%	56.4%	41.1%	54.3%	50.0%	46.1%
	q4b	Satisfied with extent organisation values my work		42.3%	43.4%	21.9%	42.0%	36.7%	33.9%
	q4c	Satisfied with level of pay		30.4%	31.2%	19.2%	24.3%	20.0%	25.3%
	q4d	Satisfied with opportunities for flexible working patterns		56.2%	56.8%	48.6%	58.6%	50.0%	49.2%
	q5a	Have realistic time pressures		25.7%	26.0%	27.4%	31.4%	20.0%	20.4%
	q5b	Have a choice in deciding how to do my work		52.9%	53.8%	35.6%	42.9%	46.7%	49.4%
	q5c	Relationships at work are unstrained		44.7%	45.6%	38.4%	44.3%	40.0%	35.0%
	q6a	Feel my role makes a difference to patients/service users		87.7%	88.3%	85.5%	82.1%	89.7%	81.6%
	q6b	Organisation is committed to helping balance work and home life		49.0%	49.8%	38.4%	41.4%	44.8%	41.5%
	q6c	Achieve a good balance between work and home life		56.9%	58.0%	41.1%	50.0%	55.2%	49.2%
	q6d	Can approach immediate manager to talk openly about flexible working		70.3%	70.9%	67.1%	68.6%	65.5%	63.5%
YOUR TEAM	q7a	Team members have a set of shared objectives		75.2%	76.0%	65.8%	81.4%	76.7%	64.2%
	q7b	Team members often meet to discuss the team's effectiveness		65.3%	66.4%	58.9%	61.4%	60.0%	53.8%
	q7c	Receive the respect I deserve from my colleagues at work		70.8%	72.1%	58.9%	72.9%	60.0%	55.2%
	q7d	Team members understand each other's roles		71.4%	72.8%	52.1%	70.0%	56.7%	60.0%
	q7e	Enjoy working with colleagues in team		80.3%	81.4%	69.9%	78.6%	80.0%	68.0%
	q7f	Team has enough freedom in how to do its work		57.8%	58.9%	49.3%	47.1%	36.7%	49.2%
	q7g	Team deals with disagreements constructively		55.2%	56.6%	39.7%	54.3%	40.0%	41.9%
	q7h	Feel valued by my team		71.0%	72.5%	58.9%	65.7%	70.0%	53.1%
	q7i	Feel a strong personal attachment to my team		64.2%	65.5%	56.2%	64.3%	66.7%	46.7%
PEOPLE IN YOUR ORGANISATION	q8a	Teams within the organisation work well together to achieve objectives		52.8%	54.0%	42.5%	55.7%	46.7%	38.8%
	q8b	Colleagues are understanding and kind to one another		68.8%	70.2%	63.0%	58.6%	60.0%	52.9%
	q8c	Colleagues are polite and treat each other with respect		69.7%	71.3%	61.6%	58.6%	56.7%	53.3%
	q8d	Colleagues show appreciation to one another		66.2%	67.6%	55.6%	60.0%	56.7%	50.0%
YOUR MANAGERS	q9a	Immediate manager encourages me at work		73.1%	74.0%	69.4%	77.1%	60.0%	62.2%
	q9b	Immediate manager gives clear feedback on my work		67.3%	68.3%	61.1%	65.7%	60.0%	55.4%
	q9c	Immediate manager asks for my opinion before making decisions that affect my work		58.4%	59.6%	52.8%	50.0%	43.3%	46.9%
	q9d	Immediate manager takes a positive interest in my health & well-being		71.0%	71.9%	67.1%	70.0%	56.7%	61.0%
	q9e	Immediate manager values my work		73.0%	74.1%	64.4%	74.3%	63.3%	61.0%
	q9f	Immediate manager works with me to understand problems		69.9%	70.8%	68.5%	70.0%	63.3%	57.1%
	q9g	Immediate manager listens to challenges I face		72.1%	73.1%	69.9%	72.9%	63.3%	59.8%
	q9h	Immediate manager cares about my concerns		70.8%	71.8%	69.9%	70.0%	60.0%	58.1%
	q9i	Immediate manager helps me with problems I face		67.1%	68.2%	63.0%	62.9%	60.0%	53.5%
	q10b	Don't work any additional paid hours per week for this organisation, over and above contracted hours		66.6%	66.4%	76.7%	57.1%	60.0%	68.2%
	q10c	Don't work any additional unpaid hours per week for this organisation, over and above contracted hours		55.3%	55.5%	45.2%	63.8%	53.3%	53.8%
	q11a	Organisation takes positive action on health and well-being		56.0%	56.9%	52.1%	57.1%	40.0%	44.8%
	q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities		71.4%	72.4%	69.9%	61.4%	43.3%	63.5%
	q11c	In last 12 months, have not felt unwell due to work related stress		59.6%	60.4%	50.7%	54.3%	40.0%	54.0%
	q11d	In last 3 months, have not come to work when not feeling well enough to perform duties		44.6%	44.9%	31.5%	38.6%	33.3%	46.6%

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11e	Not felt pressure from manager to come to work when not feeling well enough	80.2%	81.0%	81.6%	78.6%	75.0%	67.7%
	q12a	Never/rarely find work emotionally exhausting	23.6%	24.2%	20.5%	20.0%	16.7%	19.1%
	q12b	Never/rarely feel burnt out because of work	29.9%	30.6%	21.9%	21.4%	16.7%	28.6%
	q12c	Never/rarely frustrated by work	20.2%	20.6%	21.9%	14.3%	13.3%	16.6%
	q12d	Never/rarely exhausted by the thought of another day/shift at work	35.7%	36.6%	28.8%	27.1%	20.0%	30.7%
	q12e	Never/rarely worn out at the end of work	19.4%	19.7%	17.8%	14.3%	10.0%	17.5%
	q12f	Never/rarely feel every working hour is tiring	51.1%	52.1%	47.9%	44.3%	30.0%	43.3%
	q12g	Never/rarely lack energy for family and friends	35.8%	36.3%	31.5%	31.4%	20.0%	33.3%
	q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public	84.7%	85.0%	76.4%	77.1%	80.0%	86.6%
	q13b	Not experienced physical violence from managers	99.3%	99.4%	100.0%	98.6%	96.7%	98.7%
	q13c	Not experienced physical violence from other colleagues	98.4%	98.6%	97.1%	97.1%	96.7%	96.5%
	q13d	Last experience of physical violence reported	72.5%	74.1%	*	66.7%	*	63.0%
	q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	77.8%	78.1%	75.3%	72.9%	66.7%	77.4%
	q14b	Not experienced harassment, bullying or abuse from managers	92.0%	92.5%	93.2%	91.4%	80.0%	85.9%
	q14c	Not experienced harassment, bullying or abuse from other colleagues	82.0%	82.6%	72.6%	83.8%	69.0%	76.2%
	q14d	Last experience of harassment/bullying/abuse reported	52.6%	54.0%	54.2%	52.6%	53.8%	37.2%
	q15	Organisation acts fairly: career progression	57.4%	59.0%	53.5%	63.8%	43.3%	35.1%
	q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public	93.2%	93.3%	94.5%	92.8%	86.2%	92.5%
	q16b	Not experienced discrimination from manager/team leader or other colleagues	91.9%	92.5%	93.0%	92.5%	76.7%	84.4%
	q17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	91.7%	92.1%	86.3%	81.4%	83.3%	91.7%
	q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	95.9%	96.1%	95.9%	95.7%	93.3%	93.7%
	q18	Not seen any errors/near misses/incidents that could have hurt staff/patients/service users	63.8%	64.3%	56.2%	60.0%	50.0%	60.9%
	q19a	Staff involved in an error/near miss/incident treated fairly	56.8%	57.9%	52.9%	57.4%	40.9%	38.9%
	q19b	Encouraged to report errors/near misses/incidents	86.0%	87.1%	76.8%	82.8%	73.3%	73.9%
	q19c	Organisation ensure errors/near misses/incidents do not repeat	66.8%	68.0%	62.9%	63.3%	53.8%	51.0%
	q19d	Feedback given on changes made following errors/near misses/incidents	61.5%	62.6%	50.8%	56.5%	48.0%	50.5%
	q20a	Would feel secure raising concerns about unsafe clinical practice	70.1%	72.2%	58.9%	58.6%	60.0%	48.5%
	q20b	Would feel confident that organisation would address concerns about unsafe clinical practice	53.2%	55.0%	38.4%	39.1%	33.3%	36.3%
	q21	Feel organisation respects individual differences	69.4%	71.3%	63.0%	61.4%	50.0%	47.7%
	q22	I can eat nutritious and affordable food at work	56.7%	57.7%	42.5%	55.1%	53.3%	49.0%
YOUR PERSONAL DEVELOPMENT	q23a	Received appraisal in the past 12 months	87.3%	87.7%	87.7%	84.3%	76.7%	82.6%
	q23b	Appraisal helped me improve how I do my job	24.7%	24.9%	15.6%	23.7%	26.1%	25.3%
	q23c	Appraisal helped me agree clear objectives for my work	31.7%	32.3%	23.4%	23.7%	34.8%	29.6%
	q23d	Appraisal left me feeling organisation values my work	35.3%	36.1%	23.4%	28.8%	34.8%	27.7%
	q24a	Organisation offers me challenging work	68.9%	69.8%	65.8%	68.6%	60.0%	56.5%
	q24b	There are opportunities for me to develop my career in this organisation	48.8%	49.6%	39.7%	54.3%	46.7%	37.9%
	q24c	Have opportunities to improve my knowledge and skills	67.4%	68.1%	63.0%	70.0%	53.3%	59.2%
	q24d	Feel supported to develop my potential	55.3%	56.3%	45.8%	58.6%	43.3%	44.2%
	q24e	Able to access the right learning and development opportunities when I need to	57.8%	59.0%	54.8%	52.9%	36.7%	45.6%
	q24f	Able to access clinical supervision opportunities	52.9%	53.9%	50.9%	46.2%	36.8%	40.0%
YOUR ORGANISATION	q25a	Care of patients/service users is organisation's top priority	66.0%	67.2%	54.8%	58.2%	53.3%	56.3%
	q25b	Organisation acts on concerns raised by patients/service users	63.0%	64.5%	52.1%	50.7%	36.7%	51.5%
	q25c	Would recommend organisation as place to work	49.4%	50.3%	43.8%	44.9%	40.0%	40.8%
	q25d	If friend/relative needed treatment would be happy with standard of care provided by organisation	51.9%	53.3%	32.9%	44.9%	46.7%	39.2%
	q25e	Feel safe to speak up about anything that concerns me in this organisation	58.5%	60.3%	41.1%	56.5%	36.7%	42.3%
	q25f	Feel organisation would address any concerns I raised	44.2%	45.4%	30.1%	36.2%	23.3%	34.3%
	q26a	I don't often think about leaving this organisation	40.9%	41.4%	35.6%	42.9%	33.3%	33.3%
	q26b	I am unlikely to look for a job at a new organisation in the next 12 months	49.1%	49.7%	38.4%	52.2%	46.7%	41.8%
	q26c	I am not planning on leaving this organisation	53.9%	54.3%	49.3%	58.0%	56.7%	45.8%
BACKGROUND INFORMATION	q31b	Disability: organisation made reasonable adjustment(s) to enable me to carry out work	79.1%	79.0%	89.5%	85.0%	75.0%	73.3%

Lancashire Teaching Hospitals NHS Foundation Trust
NSS24 RAG report - RAG Table Report
Breakdown: Sexuality grouped (q29)
Suppression Threshold: 10

Set RAG % point difference: 3

Key:
100.0%
>3 ppt above
<3 ppt below
In between

Section	Q	Description	Sexuality grouped (q29)	Comparator (Organisation Overall)	Heterosexual / straight	Gay / lesbian, Bisexual, Other	I would prefer not to say
				n = 3996	n = 3548	n = 173	n = 241
YOUR JOB	q2a	Often/always look forward to going to work		51.5%	52.6%	41.3%	42.6%
	q2b	Often/always enthusiastic about my job		67.2%	68.5%	57.6%	55.1%
	q2c	Time often/always passes quickly when I am working		73.2%	74.4%	61.8%	63.8%
	q3a	Always know what work responsibilities are		88.2%	89.2%	79.8%	80.9%
	q3b	Feel trusted to do my job		90.6%	91.6%	83.2%	82.6%
	q3c	Opportunities to show initiative frequently in my role		73.9%	75.5%	65.1%	58.1%
	q3d	Able to make suggestions to improve the work of my team/dept		73.1%	74.3%	70.5%	58.1%
	q3e	Involved in deciding changes that affect work		52.4%	53.5%	43.9%	41.9%
	q3f	Able to make improvements happen in my area of work		54.6%	55.5%	50.9%	46.5%
	q3g	Able to meet conflicting demands on my time at work		44.7%	45.2%	42.2%	41.5%
	q3h	Have adequate materials, supplies and equipment to do my work		46.3%	47.2%	40.5%	37.8%
	q3i	Enough staff at organisation to do my job properly		27.2%	28.0%	20.8%	19.5%
	q4a	Satisfied with recognition for good work		55.4%	56.4%	48.0%	46.1%
	q4b	Satisfied with extent organisation values my work		42.3%	43.4%	32.6%	33.9%
	q4c	Satisfied with level of pay		30.4%	31.2%	21.4%	25.3%
	q4d	Satisfied with opportunities for flexible working patterns		56.2%	56.8%	52.9%	49.2%
	q5a	Have realistic time pressures		25.7%	26.0%	27.7%	20.4%
	q5b	Have a choice in deciding how to do my work		52.9%	53.8%	40.5%	49.4%
	q5c	Relationships at work are unstrained		44.7%	45.6%	41.0%	35.0%
	q6a	Feel my role makes a difference to patients/service users		87.7%	88.3%	84.8%	81.6%
	q6b	Organisation is committed to helping balance work and home life		49.0%	49.8%	40.7%	41.5%
	q6c	Achieve a good balance between work and home life		56.9%	58.0%	47.1%	49.2%
	q6d	Can approach immediate manager to talk openly about flexible working		70.3%	70.9%	67.4%	63.5%
YOUR TEAM	q7a	Team members have a set of shared objectives		75.2%	76.0%	74.0%	64.2%
	q7b	Team members often meet to discuss the team's effectiveness		65.3%	66.4%	60.1%	53.8%
	q7c	Receive the respect I deserve from my colleagues at work		70.8%	72.1%	64.7%	55.2%
	q7d	Team members understand each other's roles		71.4%	72.8%	60.1%	60.0%
	q7e	Enjoy working with colleagues in team		80.3%	81.4%	75.1%	68.0%
	q7f	Team has enough freedom in how to do its work		57.8%	58.9%	46.2%	49.2%
	q7g	Team deals with disagreements constructively		55.2%	56.6%	45.7%	41.9%
	q7h	Feel valued by my team		71.0%	72.5%	63.6%	53.1%
	q7i	Feel a strong personal attachment to my team		64.2%	65.5%	61.3%	46.7%
PEOPLE IN YOUR ORGANISATION	q8a	Teams within the organisation work well together to achieve objectives		52.8%	54.0%	48.6%	38.8%
	q8b	Colleagues are understanding and kind to one another		68.8%	70.2%	60.7%	52.9%
	q8c	Colleagues are polite and treat each other with respect		69.7%	71.3%	59.5%	53.3%
	q8d	Colleagues show appreciation to one another		66.2%	67.6%	57.6%	50.0%
YOUR MANAGERS	q9a	Immediate manager encourages me at work		73.1%	74.0%	70.9%	62.2%
	q9b	Immediate manager gives clear feedback on my work		67.3%	68.3%	62.8%	55.4%
	q9c	Immediate manager asks for my opinion before making decisions that affect my work		58.4%	59.6%	50.0%	46.9%
	q9d	Immediate manager takes a positive interest in my health & well-being		71.0%	71.9%	66.5%	61.0%
	q9e	Immediate manager values my work		73.0%	74.1%	68.2%	61.0%
	q9f	Immediate manager works with me to understand problems		69.9%	70.8%	68.2%	57.1%

	q9g	Immediate manager listens to challenges I face	72.1%	73.1%	69.9%	59.8%
	q9h	Immediate manager cares about my concerns	70.8%	71.8%	68.2%	58.1%
	q9i	Immediate manager helps me with problems I face	67.1%	68.2%	62.4%	53.5%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10b	Don't work any additional paid hours per week for this organisation, over and above contracted hours	66.6%	66.4%	65.9%	68.2%
	q10c	Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	55.3%	55.5%	54.1%	53.8%
	q11a	Organisation takes positive action on health and well-being	56.0%	56.9%	52.0%	44.8%
	q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	71.4%	72.4%	61.8%	63.5%
	q11c	In last 12 months, have not felt unwell due to work related stress	59.6%	60.4%	50.3%	54.0%
	q11d	In last 3 months, have not come to work when not feeling well enough to perform duties	44.6%	44.9%	34.7%	46.6%
	q11e	Not felt pressure from manager to come to work when not feeling well enough	80.2%	81.0%	79.3%	67.7%
	q12a	Never/rarely find work emotionally exhausting	23.6%	24.2%	19.7%	19.1%
	q12b	Never/rarely feel burnt out because of work	29.9%	30.6%	20.8%	28.6%
	q12c	Never/rarely frustrated by work	20.2%	20.6%	17.3%	16.6%
	q12d	Never/rarely exhausted by the thought of another day/shift at work	35.7%	36.6%	26.6%	30.7%
	q12e	Never/rarely worn out at the end of work	19.4%	19.7%	15.0%	17.5%
	q12f	Never/rarely feel every working hour is tiring	51.1%	52.1%	43.4%	43.3%
	q12g	Never/rarely lack energy for family and friends	35.8%	36.3%	29.5%	33.3%
	q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public	84.7%	85.0%	77.3%	86.6%
	q13b	Not experienced physical violence from managers	99.3%	99.4%	98.8%	98.7%
	q13c	Not experienced physical violence from other colleagues	98.4%	98.6%	97.0%	96.5%
	q13d	Last experience of physical violence reported	72.5%	74.1%	64.3%	63.0%
	q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	77.8%	78.1%	72.8%	77.4%
	q14b	Not experienced harassment, bullying or abuse from managers	92.0%	92.5%	90.2%	85.9%
	q14c	Not experienced harassment, bullying or abuse from other colleagues	82.0%	82.6%	76.5%	76.2%
	q14d	Last experience of harassment/bullying/abuse reported	52.6%	54.0%	53.6%	37.2%
	q15	Organisation acts fairly: career progression	57.4%	59.0%	55.9%	35.1%
	q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public	93.2%	93.3%	92.4%	92.5%
	q16b	Not experienced discrimination from manager/team leader or other colleagues	91.9%	92.5%	89.9%	84.4%
	q17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	91.7%	92.1%	83.8%	91.7%
	q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	95.9%	96.1%	95.4%	93.7%
	q18	Not seen any errors/near misses/incidents that could have hurt staff/patients/service users	63.8%	64.3%	56.6%	60.9%
	q19a	Staff involved in an error/near miss/incident treated fairly	56.8%	57.9%	52.8%	38.9%
	q19b	Encouraged to report errors/near misses/incidents	86.0%	87.1%	78.5%	73.9%
	q19c	Organisation ensure errors/near misses/incidents do not repeat	66.8%	68.0%	61.5%	51.0%
	q19d	Feedback given on changes made following errors/near misses/incidents	61.5%	62.6%	52.7%	50.5%
	q20a	Would feel secure raising concerns about unsafe clinical practice	70.1%	72.2%	59.0%	48.5%
	q20b	Would feel confident that organisation would address concerns about unsafe clinical practice	53.2%	55.0%	37.8%	36.3%
	q21	Feel organisation respects individual differences	69.4%	71.3%	60.1%	47.7%
	q22	I can eat nutritious and affordable food at work	56.7%	57.7%	49.4%	49.0%
YOUR PERSONAL DEVELOPMENT	q23a	Received appraisal in the past 12 months	87.3%	87.7%	84.4%	82.6%
	q23b	Appraisal helped me improve how I do my job	24.7%	24.9%	20.5%	25.3%
	q23c	Appraisal helped me agree clear objectives for my work	31.7%	32.3%	25.3%	29.6%
	q23d	Appraisal left me feeling organisation values my work	35.3%	36.1%	27.4%	27.7%
	q24a	Organisation offers me challenging work	68.9%	69.8%	65.9%	56.5%
	q24b	There are opportunities for me to develop my career in this organisation	48.8%	49.6%	46.8%	37.9%
	q24c	Have opportunities to improve my knowledge and skills	67.4%	68.1%	64.2%	59.2%
	q24d	Feel supported to develop my potential	55.3%	56.3%	50.6%	44.2%

	q24e	Able to access the right learning and development opportunities when I need to	57.8%	59.0%	50.9%	45.6%
	q24f	Able to access clinical supervision opportunities	52.9%	53.9%	46.8%	40.0%
YOUR ORGANISATION	q25a	Care of patients/service users is organisation's top priority	66.0%	67.2%	55.9%	56.3%
	q25b	Organisation acts on concerns raised by patients/service users	63.0%	64.5%	48.8%	51.5%
	q25c	Would recommend organisation as place to work	49.4%	50.3%	43.6%	40.8%
	q25d	If friend/relative needed treatment would be happy with standard of care provided by organisation	51.9%	53.3%	40.1%	39.2%
	q25e	Feel safe to speak up about anything that concerns me in this organisation	58.5%	60.3%	46.5%	42.3%
	q25f	Feel organisation would address any concerns I raised	44.2%	45.4%	31.4%	34.3%
	q26a	I don't often think about leaving this organisation	40.9%	41.4%	38.2%	33.3%
	q26b	I am unlikely to look for a job at a new organisation in the next 12 months	49.1%	49.7%	45.3%	41.8%
	q26c	I am not planning on leaving this organisation	53.9%	54.3%	54.1%	45.8%
BACKGROUND INFORMATION	q31b	Disability: organisation made reasonable adjustment(s) to enable me to carry out work	79.1%	79.0%	84.3%	73.3%

Picker

Lancashire Teaching Hospitals NHS Foundation Trust
NSS24 RAG report - RAG Table Report
Breakdown: Religion (q30)
Suppression Threshold: 10

Set RAG % point difference: 3

Key:
100.0%
>3 ppt above
<3 ppt below
In between

		Religion (q30)	Comparator (Organisation Overall)	No religion	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Any other religion (please specify)	I would prefer not to say
Section	**Q**	**Description**	**n = 3996**	**n = 1233**	**n = 2128**	**n = 14**	**n = 101**	**n = 1**	**n = 196**	**n = 17**	**n = 40**	**n = 243**
YOUR JOB	q2a	Often/always look forward to going to work	51.5%	44.4%	54.8%	*	73.3%	*	65.3%	70.6%	40.0%	40.7%
	q2b	Often/always enthusiastic about my job	67.2%	62.9%	70.0%	*	76.8%	*	75.5%	82.4%	65.0%	54.2%
	q2c	Time often/always passes quickly when I am working	73.2%	69.8%	76.3%	*	79.6%	*	75.4%	75.0%	70.0%	60.4%
	q3a	Always know what work responsibilities are	88.2%	86.2%	90.4%	*	95.0%	*	89.2%	94.1%	87.5%	75.7%
	q3b	Feel trusted to do my job	90.6%	89.2%	92.3%	*	95.0%	*	92.8%	94.1%	82.5%	80.7%
	q3c	Opportunities to show initiative frequently in my role	73.9%	73.2%	76.0%	*	78.0%	*	76.9%	76.5%	72.5%	55.6%
	q3d	Able to make suggestions to improve the work of my team/dept	73.1%	72.1%	76.0%	*	73.0%	*	75.4%	76.5%	62.5%	54.3%
	q3e	Involved in deciding changes that affect work	52.4%	51.0%	54.6%	*	58.0%	*	56.4%	58.8%	35.0%	37.4%
	q3f	Able to make improvements happen in my area of work	54.6%	51.2%	57.4%	*	64.0%	*	58.5%	64.7%	47.5%	41.2%
	q3g	Able to meet conflicting demands on my time at work	44.7%	43.1%	44.8%	*	57.0%	*	57.9%	52.9%	46.2%	34.7%
	q3h	Have adequate materials, supplies and equipment to do my work	46.3%	42.0%	47.6%	*	57.0%	*	63.1%	64.7%	45.0%	37.0%
	q3i	Enough staff at organisation to do my job properly	27.2%	23.0%	29.1%	*	33.0%	*	36.4%	35.3%	30.0%	20.2%
	q4a	Satisfied with recognition for good work	55.4%	52.6%	57.5%	*	62.4%	*	62.6%	64.7%	46.2%	43.2%
	q4b	Satisfied with extent organisation values my work	42.3%	37.2%	45.5%	*	58.0%	*	48.7%	58.8%	33.3%	29.8%
	q4c	Satisfied with level of pay	30.4%	27.5%	33.3%	*	40.0%	*	27.2%	23.5%	10.0%	24.3%
	q4d	Satisfied with opportunities for flexible working patterns	56.2%	51.7%	59.3%	*	64.0%	*	60.0%	52.9%	55.0%	46.3%
	q5a	Have realistic time pressures	25.7%	26.7%	25.0%	*	19.8%	*	31.8%	35.3%	42.5%	20.2%
	q5b	Have a choice in deciding how to do my work	52.9%	50.5%	56.0%	*	52.0%	*	49.7%	76.5%	42.5%	41.9%
	q5c	Relationships at work are unstrained	44.7%	45.0%	45.1%	*	42.9%	*	53.3%	29.4%	48.7%	35.4%
	q6a	Feel my role makes a difference to patients/service users	87.7%	86.3%	88.1%	*	91.0%	*	92.1%	100.0%	79.5%	85.0%
	q6b	Organisation is committed to helping balance work and home life	49.0%	44.9%	50.7%	*	67.0%	*	60.8%	76.5%	42.5%	35.8%
	q6c	Achieve a good balance between work and home life	56.9%	53.7%	59.8%	*	62.0%	*	59.4%	76.5%	57.5%	44.6%
	q6d	Can approach immediate manager to talk openly about flexible working	70.3%	68.2%	72.7%	*	66.7%	*	71.1%	82.4%	70.0%	60.5%
YOUR TEAM	q7a	Team members have a set of shared objectives	75.2%	73.8%	76.3%	*	86.1%	*	81.4%	70.6%	70.0%	63.8%
	q7b	Team members often meet to discuss the team's effectiveness	65.3%	61.7%	68.3%	*	74.3%	*	69.6%	76.5%	55.0%	52.1%
	q7c	Receive the respect I deserve from my colleagues at work	70.8%	68.3%	73.2%	*	76.2%	*	79.4%	76.5%	69.2%	55.1%
	q7d	Team members understand each other's roles	71.4%	65.6%	74.9%	*	78.2%	*	83.0%	70.6%	70.0%	59.9%
	q7e	Enjoy working with colleagues in team	80.3%	78.1%	82.6%	*	85.1%	*	84.0%	82.4%	77.5%	67.1%
	q7f	Team has enough freedom in how to do its work	57.8%	54.1%	59.5%	*	76.0%	*	70.1%	52.9%	57.5%	44.2%
	q7g	Team deals with disagreements constructively	55.2%	52.4%	57.3%	*	68.3%	*	60.8%	58.8%	56.4%	41.6%
	q7h	Feel valued by my team	71.0%	67.8%	74.1%	*	77.0%	*	80.9%	70.6%	70.0%	49.8%
	q7i	Feel a strong personal attachment to my team	64.2%	62.5%	67.4%	*	70.3%	*	64.4%	52.9%	47.5%	45.0%
PEOPLE IN YOUR ORGANISATION	q8a	Teams within the organisation work well together to achieve objectives	52.8%	47.8%	55.3%	*	70.3%	*	69.7%	64.7%	47.5%	36.2%
	q8b	Colleagues are understanding and kind to one another	68.8%	65.7%	71.4%	*	74.3%	*	79.0%	58.8%	67.5%	53.1%
	q8c	Colleagues are polite and treat each other with respect	69.7%	66.0%	72.3%	*	72.3%	*	81.4%	64.7%	72.5%	56.0%
	q8d	Colleagues show appreciation to one another	66.2%	63.2%	68.7%	*	70.3%	*	74.9%	64.7%	67.5%	51.2%
YOUR MANAGERS	q9a	Immediate manager encourages me at work	73.1%	73.6%	75.0%	*	72.3%	*	72.3%	70.6%	60.0%	57.6%
	q9b	Immediate manager gives clear feedback on my work	67.3%	66.6%	69.1%	*	68.3%	*	67.9%	82.4%	65.0%	54.1%
	q9c	Immediate manager asks for my opinion before making decisions that affect my work	58.4%	58.3%	59.5%	*	63.4%	*	60.0%	70.6%	47.5%	47.3%
	q9d	Immediate manager takes a positive interest in my health & well-being	71.0%	70.8%	73.3%	*	71.3%	*	69.7%	82.4%	60.0%	56.0%
	q9e	Immediate manager values my work	73.0%	74.6%	74.2%	*	77.8%	*	71.3%	76.5%	57.5%	56.4%
	q9f	Immediate manager works with me to understand problems	69.9%	70.3%	71.4%	*	72.3%	*	71.3%	76.5%	57.5%	53.9%
	q9g	Immediate manager listens to challenges I face	72.1%	71.3%	73.8%	*	74.3%	*	73.3%	82.4%	66.7%	58.8%
	q9h	Immediate manager cares about my concerns	70.8%	70.3%	72.9%	*	71.3%	*	71.3%	70.6%	57.5%	55.6%
	q9i	Immediate manager helps me with problems I face	67.1%	66.6%	68.8%	*	70.0%	*	67.2%	70.6%	60.0%	53.1%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10b	Don't work any additional paid hours per week for this organisation, over and above contracted hours	66.6%	69.1%	66.7%	*	46.5%	*	59.8%	41.2%	67.5%	68.8%
	q10c	Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	55.3%	56.0%	53.8%	*	56.4%	*	69.9%	70.6%	59.0%	52.3%
	q11a	Organisation takes positive action on health and well-being	56.0%	51.2%	59.8%	*	62.0%	*	63.6%	58.8%	52.5%	38.7%
	q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	71.4%	74.0%	70.6%	*	66.3%	*	75.9%	81.3%	72.5%	64.6%
	q11c	In last 12 months, have not felt unwell due to work related stress	59.6%	57.2%	61.1%	*	73.0%	*	62.7%	43.8%	61.5%	51.4%
	q11d	In last 3 months, have not come to work when not feeling well enough to perform duties	44.6%	39.8%	45.9%	*	61.0%	*	54.4%	29.4%	50.0%	40.7%
	q11e	Not felt pressure from manager to come to work when not feeling well enough	80.2%	79.8%	82.4%	*	78.9%	*	77.9%	*	65.0%	68.3%
	q12a	Never/rarely find work emotionally exhausting	23.6%	23.9%	23.2%	*	24.8%	*	31.4%	5.9%	27.5%	19.8%
	q12b	Never/rarely feel burnt out because of work	29.9%	27.5%	31.5%	*	31.7%	*	34.4%	29.4%	32.5%	25.1%
	q12c	Never/rarely frustrated by work	20.2%	15.3%	21.6%	*	31.7%	*	33.8%	35.3%	17.5%	16.1%
	q12d	Never/rarely exhausted by the thought of another day/shift at work	35.7%	32.4%	37.6%	*	39.0%	*	40.5%	41.2%	35.0%	30.9%
	q12e	Never/rarely worn out at the end of work	19.4%	14.7%	21.1%	*	25.7%	*	26.8%	23.5%	17.9%	17.8%
	q12f	Never/rarely feel every working hour is tiring	51.1%	48.5%	53.0%	*	56.4%	*	53.8%	52.9%	50.0%	44.9%
	q12g	Never/rarely lack energy for family and friends	35.8%	34.1%	37.6%	*	37.0%	*	33.8%	29.4%	23.1%	32.9%
	q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public	84.7%	81.9%	85.4%	*	90.1%	*	90.2%	87.5%	82.5%	87.1%
	q13b	Not experienced physical violence from managers	99.3%	99.6%	99.2%	*	99.0%	*	97.9%	100.0%	100.0%	99.6%
	q13c	Not experienced physical violence from other colleagues	98.4%	98.6%	98.4%	*	99.0%	*	97.3%	93.8%	100.0%	97.8%
	q13d	Last experience of physical violence reported	72.5%	70.9%	75.4%	*	*	*	66.7%	*	*	71.4%
	q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	77.8%	76.5%	78.3%	*	80.2%	*	80.4%	94.1%	72.5%	77.4%
	q14b	Not experienced harassment, bullying or abuse from managers	92.0%	92.6%	92.7%	*	89.9%	*	91.8%	87.5%	87.2%	86.2%
	q14c	Not experienced harassment, bullying or abuse from other colleagues	82.0%	81.3%	83.6%	*	76.0%	*	83.8%	93.8%	73.7%	75.3%
	q14d	Last experience of harassment/bullying/abuse reported	52.6%	52.2%	56.1%	*	25.9%	*	53.1%	*	58.8%	38.4%
	q15	Organisation acts fairly: career progression	57.4%	57.4%	59.9%	*	54.5%	*	58.8%	58.8%	56.4%	36.4%
	q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public	93.2%	94.3%	93.1%	*	90.0%	*	88.1%	88.2%	97.5%	94.2%
	q16b	Not experienced discrimination from manager/team leader or other colleagues	91.9%	93.5%	92.9%	*	86.0%	*	87.4%	81.3%	97.5%	80.9%
	q17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	91.7%	87.6%	93.3%	*	99.0%	*	95.9%	100.0%	92.3%	91.7%
	q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	95.9%	95.0%	96.8%	*	98.0%	*	95.8%	93.8%	97.4%	93.3%

	q18	Not seen any errors/near misses/incidents that could have hurt staff/patients/service users	63.8%	59.8%	65.1%	*	75.8%	*	73.8%	87.5%	64.1%	56.1%
	q19a	Staff involved in an error/near miss/incident treated fairly	56.8%	54.5%	59.0%	*	64.6%	*	68.9%	66.7%	40.6%	35.9%
	q19b	Encouraged to report errors/near misses/incidents	86.0%	84.8%	87.5%	*	87.8%	*	92.4%	86.7%	87.2%	72.1%
	q19c	Organisation ensure errors/near misses/incidents do not repeat	66.8%	61.0%	70.6%	*	78.6%	*	78.8%	84.6%	57.9%	47.5%
	q19d	Feedback given on changes made following errors/near misses/incidents	61.5%	56.2%	64.7%	*	71.3%	*	74.1%	76.9%	56.8%	45.9%
	q20a	Would feel secure raising concerns about unsafe clinical practice	70.1%	70.2%	72.4%	*	75.2%	*	73.1%	76.5%	60.0%	46.9%
	q20b	Would feel confident that organisation would address concerns about unsafe clinical practice	53.2%	47.7%	57.2%	*	67.3%	*	64.2%	58.8%	38.5%	32.2%
	q21	Feel organisation respects individual differences	69.4%	68.9%	72.1%	*	68.3%	*	72.3%	76.5%	59.0%	46.9%
	q22	I can eat nutritious and affordable food at work	56.7%	53.3%	60.3%	64.3%	58.4%	*	58.5%	50.0%	45.0%	45.0%
YOUR PERSONAL DEVELOPMENT	q23a	Received appraisal in the past 12 months	87.3%	87.2%	88.6%	*	89.8%	*	78.2%	81.3%	90.0%	83.1%
	q23b	Appraisal helped me improve how I do my job	24.7%	17.8%	26.5%	*	47.7%	*	43.7%	38.5%	13.9%	20.2%
	q23c	Appraisal helped me agree clear objectives for my work	31.7%	24.6%	33.8%	*	48.3%	*	54.0%	38.5%	22.2%	25.8%
	q23d	Appraisal left me feeling organisation values my work	35.3%	29.4%	38.0%	*	51.1%	*	47.0%	53.8%	22.2%	23.3%
	q24a	Organisation offers me challenging work	68.9%	72.2%	69.3%	*	60.0%	*	65.6%	70.6%	57.5%	56.2%
	q24b	There are opportunities for me to develop my career in this organisation	48.8%	49.3%	49.2%	*	53.0%	*	53.8%	52.9%	57.5%	33.9%
	q24c	Have opportunities to improve my knowledge and skills	67.4%	68.7%	68.0%	*	70.0%	*	70.3%	64.7%	70.0%	51.7%
	q24d	Feel supported to develop my potential	55.3%	54.2%	57.1%	*	60.4%	*	60.6%	70.6%	55.0%	36.8%
	q24e	Able to access the right learning and development opportunities when I need to	57.8%	56.1%	59.8%	*	61.4%	*	63.9%	70.6%	55.0%	41.3%
	q24f	Able to access clinical supervision opportunities	52.9%	49.9%	54.6%	*	70.1%	*	63.9%	50.0%	40.0%	35.9%
YOUR ORGANISATION	q25a	Care of patients/service users is organisation's top priority	66.0%	61.0%	68.6%	*	75.2%	*	78.5%	82.4%	60.0%	54.8%
	q25b	Organisation acts on concerns raised by patients/service users	63.0%	56.3%	66.6%	*	75.0%	*	75.9%	94.1%	57.5%	48.1%
	q25c	Would recommend organisation as place to work	49.4%	44.1%	51.8%	*	69.3%	*	61.3%	82.4%	40.0%	34.9%
	q25d	If friend/relative needed treatment would be happy with standard of care provided by organisation	51.9%	46.3%	54.7%	*	67.3%	*	64.6%	88.2%	45.0%	38.2%
	q25e	Feel safe to speak up about anything that concerns me in this organisation	58.5%	58.1%	60.5%	*	66.3%	*	63.9%	64.7%	55.0%	36.1%
	q25f	Feel organisation would address any concerns I raised	44.2%	39.7%	47.1%	*	60.4%	*	53.1%	58.8%	27.5%	29.2%
	q26a	I don't often think about leaving this organisation	40.9%	37.7%	43.8%	*	47.5%	*	46.2%	41.2%	32.5%	26.6%
	q26b	I am unlikely to look for a job at a new organisation in the next 12 months	49.1%	46.0%	51.9%	*	61.4%	*	48.2%	52.9%	43.6%	36.9%
	q26c	I am not planning on leaving this organisation	53.9%	52.1%	56.6%	50.0%	59.4%	*	49.0%	58.8%	53.8%	40.1%
BACKGROUND INFORMATION	q31b	Disability: organisation made reasonable adjustment(s) to enable me to carry out work	79.1%	79.5%	79.6%	*	*	*	82.6%	*	60.0%	72.2%

10.3 ETHNICITY PAY GAP REPORT

Decision Item | L Graham | 11.00

REFERENCES

Only PDFs are attached

10.3 - Ethnicity Pay Gap Report 2024.pdf

Board of Directors

Ethnicity Pay Gap Report 2024							
Report to:	Board of Directors			**Date:**	3 April 2025		
Report of:	Chief People Officer			**Prepared by:**	Amanda Davis		
Purpose of Report							
For assurance	☐	**For decision**	☒	**For information**	☒		

Executive Summary:

The purpose of this report is to present the findings alongside any recommended actions based on the Ethnicity Pay Gap report for 2024. This is the first time we are presenting a report on our Ethnicity Pay Gap; there is currently no statutory obligation to publish this information however the NHSE's 6 High Impact Actions launched in June 2023 contain an action which specifies organisations must develop and implement an improvement plan to eliminate pay gaps.

In summary it was found that 70.46% of our workforce is White, 27.97% Black, Asian or Minority Ethnic (BME) and 1.57% of unknown or undisclosed ethnicity. BME colleagues occupy 19% of the lowest paid jobs and 28% of the highest paid jobs. The mean ethnicity pay gap was found to be 13.42% in favour of BME colleagues who on average earn £2.56 more than white colleagues, this has increased from 10.45% in 2023 where BME colleagues earned on average £1.85 more than white colleagues. The median ethnicity pay gap is 8.26% in favour of BME colleagues who, on average, earn £1.34 more than white colleagues.

There are currently no defined thresholds, nor any requirement for us to take specific action, as is laid out for Gender Pay by the Equality and Human Rights Commission. This report details the findings analysis and subsequent proposed actions.

It is recommended that the Board of Directors

I. Receives and notes the report.
II. Approve the report for publishing on our Trust internet site

Trust Strategic Aims and Ambitions supported by this Paper:

Aims		Ambitions	
To provide outstanding and sustainable healthcare to our local communities	☐	Consistently Deliver Excellent Care	☐
To offer a range of high quality specialised services to patients in Lancashire and South Cumbria	☐	Great Place To Work	☒
To drive health innovation through world class education, teaching and research	☐	Deliver Value for Money	☐
		Fit For The Future	☐

Previous consideration

INTRODUCTION

This is the first time we have written an Ethnicity Pay Gap report as, whilst there is legislation in place which requires the annual reporting of gender pay, there is currently no statutory obligation for organisations to publish their ethnicity pay gap. NHSE's 6 High Impact Actions launched in June 2023 contain an action (number 3) which specifies "Develop and implement an improvement plan to eliminate pay gaps" which requires NHS organisations to analyse pay gap data by protected characteristic and put improvement plans in place, starting with sex (gender), then race by 2024, disability by 2025 and other protected characteristics by 2026.

Ethnicity pay gap reporting is different to equal pay; equal pay deals with the pay differences between white and ethnic minority colleagues who carry out the same jobs, similar jobs or work of equal value whereas the ethnicity pay gap shows the difference in the average hourly wage between all white and ethnic minority colleagues across the workforce. If colleagues from ethnic minority groups do more of the less well-paid jobs within an organisation, the ethnicity pay gap is usually bigger.

Lancashire Teaching Hospitals as an employer will publish six calculations showing our:

- Average ethnicity pay gap as a mean average
- Average ethnicity pay gap as a median average
- Average bonus ethnicity pay gap as a mean average
- Average bonus ethnicity pay gap as a median average
- Proportion of white and BME colleagues receiving a bonus payment.
- Proportion of white and BME colleagues when divided into four groups, ordered from lowest to highest pay

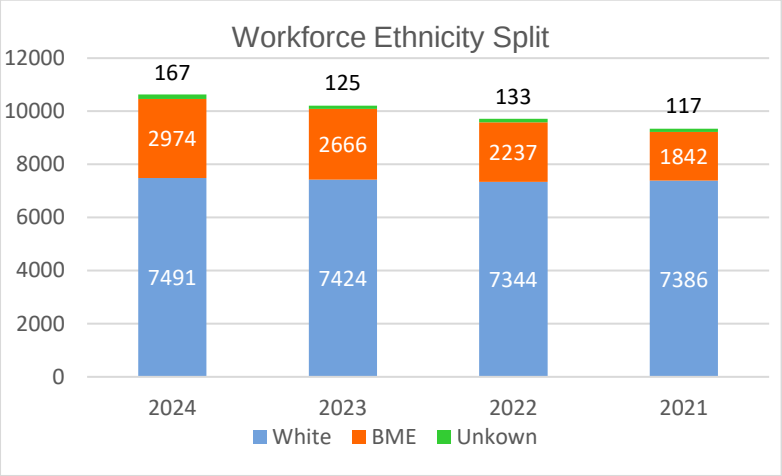
The guidance from the Equality and Human Rights Commission in respect of the gender pay gap, states that where there is a difference in pay related to the gender of an employee, the following applies:

- Less than 3% difference, no action is necessary,
- Greater than 3% but less than 5% difference, the position should be regularly monitored,
- Greater than 5% difference, action should be taken to address the issue and close the gap.

Please note - there is currently no equivalent guidance in respect of ethnicity pay gaps. The average ethnicity pay median is the figure which will be used as the most accurate indicator of pay to determine what further action might be required.

THE WORKFORCE PROFILE

OUR WORKFORCE IS 70.46% WHITE AND 27.97% BME



The ethnic profile of our workforce (Figure 1) continues to be predominantly white. The current (31 March 2024) split within the overall workforce is;

70.46% White,
27.97% BME and
1.57% of unknown or undisclosed ethnicity.

Figure 1: Ethnicity profile

BME STAFF OCCUPY 19% OF THE LOWEST PAID JOBS AND 28% OF HIGHEST PAID JOBS

Table 1 – Proportion of white, BME and unknown ethnicity of staff when divided into four groups from lowest to highest pay (full-pay relevant employees only)

Quartile	2024			
	No. White | BME	% White| BME	No. Unknown	% Unknown
1 – Lower	2125 | 487	81% | 19%	43	100%
2 – Lower middle	1788 | 841	68% | 32%	29	100%
3 – Upper middle	1705 | 922	65% | 35%	32	100%
4 – Upper	1873 | 724	72% | 28%	63	100%
Total	**7,491 | 2,974** (10,465 total)	**72% | 28%**	**167**	**100%**

To determine the proportion of employees in each quartile pay band, the following steps were used:

1) List all employees and sort by hourly rate of pay.
2) Divide the list into four equal quarters.
3) Express the proportion of White, BME and Unknown ethnicity of employees in each quartile band.

When analysing the percentage split of each ethnicity workforce by quartile, it is evident that the greatest proportion of the BME workforce occupies the upper middle quartile (35%) and the lower middle quartile (32%) compared to the lower quartiles. The greatest proportion of the White workforce occupies the lower quartile (81%) with the lowest proportion (65%) of White colleagues occupying the upper middle quartile.

OUR ETHNICITY PAY GAP

	BME earnings are:
Mean ethnicity pay gap in hourly pay	**13% higher**
Median ethnicity pay gap in hourly pay	**8.2% higher**
Difference in **mean bonus** payments	**26.5% lower**
Difference in **median bonus** payments	**9%**

BME employees earn £1.13 for every £1 earned by White employees

Table 3 - Average ethnicity pay gap as a mean average for Trust overall

Mean Hourly Rates	White	BME	Difference	% Difference
2024	£19.06	£21.62	£2.56	13.42%
2023	£17.72	£19.57	£1.85	10.45%
2022	£16.93	£19.94	£3.01	17.80%
2021	£16.93	£20.03	£3.74	22.93%

Looking at the 2024 figures, BME colleagues earn on average £2.56 per hour more than white colleagues. This is an increase of 71p on the 2023 figure. As a percentage, BME colleagues earn 13.42% more than white colleagues; an increase of 2.97 percentage points from 2023.

Table 4 – Average ethnicity pay gap as a median average for Trust overall

Median Hourly Rates	White	BME	Difference	% Difference
2024	£16.22	£17.56	£1.34	8.26%
2023	£15.27	£15.97	£0.70	4.61%
2022	£14.55	£15.81	£1.26	8.65%
2021	£13.98	£15.66	£1.67	11.96%

Looking at the 2024 figures, the difference in the median pay for white and BME is 8.26% which represents an increase of 3.65 percentage points from the 2023 figures. From 2023 the median hourly rates increased for both white colleagues and BME colleagues, the increase was greater for BME colleagues though at £1.59 compared to an increase of 95p for white colleagues significantly increasing the gap between the two groups.

PROPORTION OF ELIGIBLE BME AND WHITE STAFF WHO RECEIVED A BONUS (CEA)

4.90% OF BME COLLEAGUES AND 2.10% OF WHITE COLELAGUES WERE PAID A BONUS

The data presented in tables 5, 6 and 7 details the clinical excellence bonuses paid to staff split by ethnicity and provides the mean and median bonuses paid. The data also shows the proportion of White and BME staff overall who received a bonus.

The findings presented indicate a mean bonus pay gap between white and BME colleagues of 22.01% in 2024 an increase of 11.19% from 10.82% the previous year.

Table 5 - Bonus paid as a mean average split by ethnicity

Mean Bonus	White	BME	Difference	% Difference
2024	£8,306.88	£6,478.34	£1,828.54	22.01%
2023	£7,936.76	£7,078.17	£858.59	10.82%
2022	£14,211.06	£14,349.92	£138.86	0.98%
2021	£14,325.50	£14,991.10	£665.60	4.65%

Table 6 - Bonus paid as a median average split by ethnicity

Median Bonus	White	BME	Difference	% Difference
2024	£3,014.84	£3.014.84	£0.00	0.0%
2023	£2,316.00	£2.316.00	£0.00	0.0%
2022	£9,048.00	£9,048.00	£0.00	0.0%
2021	£9,048.00	£9,048.00	£0.00	0.0%

Table 7 - Proportion of White colleagues receiving a bonus payment and proportion of BME colleagues receiving a bonus payment

2024	Total head count paid Bonus	Total No. of relevant employees	% paid bonus
White	175	8,380	2.09%
BME	160	3,209	4.99%
2023	**Total head count paid Bonus**	**Total No. of relevant employees**	**% paid bonus**
White	64	7,396	0.87%
BME	53	2,456	2.16%
2022	**Total head count paid Bonus**	**Total No. of relevant employees**	**% paid bonus**
White	71	7,341	0.97%
BME	61	1,994	3.06%
2021	**Total head count paid Bonus**	**Total No. of relevant employees**	**% paid bonus**
White	74	7,300	1.01%
BME	60	1,636	3.67%

FINANCIAL IMPLICATIONS

None

LEGAL IMPLICATIONS

None

RISKS

None

IMPACT ON STAKEHOLDERS

Not applicable

RECOMMENDATIONS

This report has been developed to support high impact action 3 of the NHS England Equality, Diversity and Inclusion Improvement Plan on developing and delivering improvement plans to eliminate pay gaps. The ethnicity pay gap is currently 8.26% in favour of BME colleagues with data showing that ethnic minority colleagues are disproportionately represented in higher-paying job categories or roles, such as medical and dental positions, which are typically more lucrative. Ethnic minority colleagues are underrepresented in the lower pay quartile; with fewer ethnic minority colleagues in low-paying, entry-level jobs, this contributes to the overall higher average pay for ethnic minority groups.

Whilst this report shows a favourable pay gap for BME colleagues it is recommended that future reports include a more granular approach by breaking down the BME category further i.e. by professional group and ethnic subgroup for example, to ensure there are no hidden disparities. An intersectional report looking at ethnicity and gender would also be welcomed to see what impact ethnicity has on the gender pay gap.

We know from our Workforce Race Equality Standard (WRES) reporting that ethnic minority colleagues are significantly underrepresented in senior management within our organisation. The organisation has recognised the need take action in this regard, discussions have taken place with the Head of Recruitment in relation to the recruitment process, identifying areas where there is the potential for bias, and we will be advancing these conversations further across the next month. In addition a meeting has been scheduled with our Chief People Officer, the Head of Diversity & OD, Union representatives and Chairs of the Ethnicity Inclusion forum to discuss diversity in recruitment to Executive level posts. It is worth reflecting that increasing representation at Executive/Senior Management level would serve to further increase the ethnicity pay gap.

Members of our Board and Executive team fully support the implementation of actions on diversity and inclusion across the organisation. We continue to engage with staff to test the effectiveness of our actions plans, adapting them where necessary.

It is recommended that the Board of Directors

I. Receive and note the report
II. Approve the report for publishing on our Trust internet site

10.4 EDUCATION, TRAINING AND RESEARCH COMMITTEE CHAIR'S REPORT

Other | A Brotherton | 11.10

For Assurance

REFERENCES

Only PDFs are attached

10.4 - Chairs Report ETR 11 Feb 25.pdf

Chair's Report to Board		
Chair: Dr Tim Ballard	**Education Training and Research Committee**	
Date(s): 11 February 2025	**Agendas attached for information**	✓

Lancashire Teaching Hospitals NHS
NHS Foundation Trust

Strategic Risks	trend	Items Recommended for approval
To Be a Great Place to Work	→ 16	**None.**

ALERT

Areas of concern; Matters requiring urgent attention; Insufficient assurance received.

- While there was need to develop a robust financial plan, concern was noted of the long term potential threat to the Trust's UHS ambition.

ADVISE

Areas requiring on-going monitoring; Limited assurance received.

- Acknowledgement was given to the strengths in research activity but awareness of the need to be in financial balance within that area.
- Progress in improvement in core skills was commended acknowledging a need to continue with that upward trajectory.

ASSURE

Assurance received; Matters of positive note.

- None

Education, Training and Research Committee

11 February 2025 | 1.00pm | Microsoft Teams

Agenda

№	Item	Time	Encl.	Purpose	Presenter
1.	(a) Chair and quorum (b) Temporary meeting recording	1.00pm	Verbal	Information	P O'Neill
2.	Apologies for absence	1.01pm	Verbal	Information	P O'Neill
3.	Declaration of interests	1.02pm	Verbal	Information	P O'Neill
4.	Minutes of the previous meeting held on 8 October 2024	1.03pm	✓	Decision	P O'Neill
5.	Matters arising and action log	1.04pm	✓	Decision	P O'Neill
6	Strategic risk register review	1.05pm	Verbal	Assurance	S Regan
7.	PERFORMANCE				
7.1	Core Skills Training Report	1.15pm	✓	Assurance	L O'Brien
7.2	Quality Assurance Report – Postgraduate Medical Education	1.25pm	✓	Assurance	A Sykes
8.	STRATEGY AND PLANNING				
8.1	Edovation Update	1.35pm	✓	Information	P Brown
8.2	Research and Innovation Report, including University Hospital Status update	1.45pm	✓	Information	P Brown
9.	GOVERNANCE AND COMPLIANCE				
9.1	Strategic Risk Register Review	1.55pm	✓	Decision	S Regan
9.2	Review of sub-committee effectiveness	2.05pm	✓	Information	L O'Brien
9.3	Items to alert, assure, advise to the board or items or referral to/from other committees	2.15pm	Verbal	Information	P O'Neill
9.4	Reflections on the meeting	2.25pm	Verbal	Information	P O'Neill
10.	ITEMS FOR INFORMATION				

№	Item	Time	Encl.	Purpose	Presenter
10.1	Feeder groups Chair's reports: a) Apprenticeships Strategy and Assurance Committee b) Training Compliance and Assurance Committee c) Education Finance and Business Sub-Committee		✓ ✓	Information	L O'Brien
10.2	Date, time, and venue of next meeting: 8 April 2025, 1pm via MS Teams	2.30pm	Verbal	Information	P O'Neill

11. CONSISTENTLY DELIVER EXCELLENT CARE (SAFETY AND QUALITY)

11.1 SAFETY AND QUALITY COMMITTEE CHAIR'S REPORT

Other | T Ballard | 11.20

For Assurance

REFERENCES

Only PDFs are attached

11.1 - Safety and Quality Committee Chairs Report- 31 Jan 2025 & 28 February.pdf

Chair's Report to Board		
Chair: Non-Executive Director Ms Kate Smyth	Safety and Quality Committee	
Date: 31 January & 28 February 2025	Agenda attached for information	✓

Lancashire Teaching Hospitals NHS
NHS Foundation Trust

Strategic Risks	Trend	Items Recommended for approval
Consistently Deliver Excellent Care	→	• Mid-year Annual Staffing Report

ALERT **Areas of concern; Matters requiring urgent attention; Insufficient assurance received.**	**The medical device management assurance report informed of the significant number of items with a technical risk score of 5 with a replacement value of approximately £16m. The committee noted the allocation for medical devices had been increased by the Chief Finance Officer and the committee requested Finance and Performance committee provide scrutiny to the rationale underpinning capital allocation to ensure the balance of risks is achieved.** **The Committee discussed the risk being raised by the maternity service relating to tier 2 medical cover. The division had prepared a case for change with financial benefits and this was being considered through the appropriate processes. There were mitigating actions in place to manage the risk whilst this is considered.**
ADVISE **Areas requiring on-going monitoring; Limited assurance received.**	**The quarterly EQIA was reviewed by the Committee and it was noted that as the organisation operated in a higher-risk environment during the financial pressures, a mechanism to formally revisit EQIAs was necessary. The next quarter would see the development of a process to revisit and review previous actions.** **The Committee received the Greater Manchester Mental Health Trust Learning Report which provided a baseline assessment against the 11 recommendations arising from the Independent Review Report of Greater Manchester Mental Health NHS Foundation Trust published in January 2024. The Committee endorsed the inclusion of the actions identified in the report into the Single Improvement Plan and safeguarding programme of work.**
ASSURE **Assurance received; Matters of positive note.**	**The committee received assurance reports relating to:** **Maternity and Neonatal Services Safety and CNST Validation** **Children and Young People Staffing** **Medical Device Assurance** **Diagnostic Delay by Speciality Assurance** **Martha's Rule Progress Update** **CQC Quality Improvement Plan** **Equality & Quality Impact Assessment**

	Bi-annual Sepsis Report **Quarterly PSIRF Thematic Review and Learning Report** **Bi-annual Adult and Children Safe Staffing Report** **The reports provided an overview of areas of strength and areas that required continued focus.** **The year 6 CNST Maternity Incentive Scheme standards, quarterly validation and assurance visits had been undertaken with the Local Maternity and Neonatal System (LMNS) on behalf of the ICB.. As of 13 December 2024, the service confirmed that all the evidence had been reviewed and signed off by the LMNS and that all ten CNST standards had been met.** **The Committee acknowledged the DM01 position and the enhanced monitoring that was in place through the national Tier 1 scheme and the Finance and Performance Committee. It was agreed for the Committee to receive a proposed approach to the harm review for those patients waiting on the waiting lists in February 2025.** **The Committee was assured of the progress made in implementing Martha's Rule. Planning for component 3, which involves asking patients and families how they feel, was in the planning phase and set to undergo testing in the next quarter. The implementation of the rule aims to foster a culture of listening and recognising families as integral to patient care.** **The Committee endorsed the Annual Staffing Review for 2024/2025, noting that there was no overall increase in budget requirements as a result of the review. The Board of Directors would consider this for Approval in April.** **Assurance was provided for the ongoing management of incidents. The first year of the PSIRF framework had provided valuable insights, and collaborative work with partners would continue to help strengthen patient engagement going forward.** **The Bi-annual Sepsis Report provided an update and assurance of the actions being taken to improve the quality and safety of care provided to patients with sepsis in the Trust.** **The Committee was informed that the CQC maternity investigation had now concluded and the matter was now closed.**

Safety and Quality Committee

31 January 2025 | 12.30pm | Microsoft Teams

Agenda

№	Item	Time	Encl.	Purpose	Presenter
1.	(a) Chair and quorum (b) Temporary meeting recording	12.30pm	Verbal	Information	K Smyth
2.	Apologies for absence	12.31pm	Verbal	Information	K Smyth
3.	Declaration of interests	12.32pm	Verbal	Information	K Smyth
4.	Minutes of the previous meeting held on 3 January 2025	12.33pm	✓	Decision	K Smyth
5.	Matters arising and action log a) Radiotherapy Update	12.35pm	✓	Decision Information	K Smyth H Ugradar
6.	Strategic Risk Register	12.45pm	✓	Assurance	S Regan
7.	QUALITY AND PERFORMANCE				
7.1	Safety and Quality Dashboard	12.55pm	✓	Assurance	C Gregory
7.2	Maternity and Neonatal Services Safety and CNST Validation Report	1.05pm	✓	Assurance	J Lambert
7.3	Children and Young People Staffing Report	1.15pm	✓	Assurance	S Morrison
7.4	Medical Device Assurance Report	1.25pm	✓	Assurance	K Hudson
7.5	Diagnostic Delay by Speciality Assurance Report	1.35pm	✓	Assurance	K Foster-Greenwood
7.6	Martha's Rule Progress Update	1.45pm	✓	Assurance	S Morrison
8.	GOVERNANCE AND COMPLIANCE				
8.1	CQC Quality Improvement Plan	1.55pm	✓	Assurance	S Regan
8.2	Equality & Quality Impact Assessment Report	2.05pm	✓	Assurance	S Morrison
8.3	Strategic risk register review	2.15pm	Verbal	Decision	K Smyth
8.4	Items to alert, advise or assure the Board.	2.20pm	Verbal	Information	K Smyth
8.5	Reflections on the meeting and adherence to the Board Compact	2.25pm	✓	Assurance	K Smyth
9.	ITEMS FOR INFORMATION				

№	Item	Time	Encl.	Purpose	Presenter
9.1	**Terms of Reference:** a) Patient Experience Involvement Group		✓		
9.2	Exception report from Divisional Improvement Forums		✓		
9.3	**Chairs' reports from feeder groups**: a) Infection, Prevention and Control Committee **b)** Safeguarding Board – **stood down** c) PSIRF Oversight Group d) Medicines Governance Committee e) Patient Experience and Involvement – **stood down** f) Health Inequalities Group – **stood down**		✓		
9.4	Date, time and venue of next meeting: *28 February 2025, 12.30pm, Microsoft Teams*	2.30pm	Verbal	Information	K Smyth

Safety and Quality Committee

28 February 2025 | 12.30pm | Microsoft Teams

Agenda

№	Item	Time	Encl.	Purpose	Presenter
1.	(a) Chair and quorum (b) Temporary meeting recording	12.30pm	Verbal	Information	K Smyth
2.	Apologies for absence	12.31pm	Verbal	Information	K Smyth
3.	Declaration of interests	12.32pm	Verbal	Information	K Smyth
4.	Minutes of the previous meeting held on 31 January 2025	12.33pm	✓	Decision	K Smyth
5.	Matters arising and action log	12.35pm	✓	Decision	K Smyth
6.	Strategic Risk Register	12.45pm	✓	Assurance	S Regan
7.	QUALITY AND PERFORMANCE				
7.1	Safety and Quality Dashboard	12.55pm	✓	Assurance	C Gregory
7.2	Bi-annual Adult and Children Safe Staffing Report	1.05pm	✓	Assurance	S Morrison
7.3	Quarterly PSIRF thematic review and learning report	1.15pm	✓	Assurance	H Ugradar
7.4	Bi-annual Sepsis Report	1.25pm	✓	Assurance	C Roberts
8.	GOVERNANCE AND COMPLIANCE				
8.1	Greater Manchester Mental Health Trust Learning Report	1.35pm	✓	Assurance	R Sansbury
8.2	Strategic risk register review	1.45pm	Verbal	Decision	K Smyth
8.3	Items to alert, advise or assure the Board.	1.50pm	Verbal	Information	K Smyth
8.4	Reflections on the meeting and adherence to the Board Compact	1.55pm	✓	Assurance	K Smyth
9.	ITEMS FOR INFORMATION				
9.1	Children and Young People Report		✓		
9.2	Exception report from Divisional Improvement Forums		✓		

№	Item	Time	Encl.	Purpose	Presenter
9.3	**Chairs' reports from feeder groups**: a) Infection, Prevention and Control Committee b) Safeguarding Board c) PSIRF Oversight Group d) Medicines Governance Committee e) Patient Experience and Involvement f) Health Inequalities Group g) Mortality and End of Life Committee h) Health and Safety Governance		✓		
9.4	Date, time and venue of next meeting: *28 March 2025, 12.30pm, Microsoft Teams*	2.00pm	Verbal	Information	K Smyth

11.2 MID-YEAR SAFE STAFFING REVIEW FOR NURSING

Other | S Morrison | 11.30

For Assurance

REFERENCES

Only PDFs are attached

11.2 - Nursing Safe Staffing Review - BoD April 2025.pdf

Board of Directors

Annual Safe Staffing Review – Nursing 2024/2025			
Report to:	Safety and Quality Committee	**Date:**	3 April 2025
Report of:	Chief Nursing Officer	**Prepared by:**	S Morrison, C Gregory, N Ross

Purpose of Report							
For approval	☒	**For ratification**	☐	**For discussion**	☐	**For information**	☐

Executive Summary

The purpose of this report is to detail the findings of the Lancashire Teaching Hospitals NHS Foundation Trust 2024/25 annual nursing and midwifery safe staffing review.

The report has been scrutinised by the Safety and Quality committee and endorsed with the exception of the financial analysis associated with the report, this was not able to be finalised in time for the committee therefore is included in this report as appendix 11 and 12.

The safe staffing review included 54 clinical areas comprising of assessment, adult inpatient, maternity, neonatal and children and young people assessment and areas. In scope for this safe staffing review was also any non-recurrently funded wards and beds used as additional clinical areas.

The safe staffing reviews used a triangulated approach aligned to National Quality Board (NQB) recommendations which included a check on right staff, right skills, right place and time, with relevant workforce information and the patient safety, patient experience and clinical effectiveness indicators for each specific clinical area (NQB Safe sustainable and productive staffing, 2016).

A positive correlation can be made demonstrating improved patient safety and quality metrics in those clinical areas where recruitment and retention is successful, leadership is consistent, training and appraisals are compliant and where fill rates are above 85%, reinforcing the requirement to substantively fill Registered Nursing (RN) and Health Care Assistant (HCA) vacancies to improve the outcomes for patients and staff.

The reviews this year have considered more closely the effectiveness of the ward manager(s) and where necessary, wards have been identified as requiring additional oversight. This oversight will be provided through the deputy Chief Nurse 1:1 with the Divisional Nurse Directors and each ward identified in this category will have a specific improvement plan developed.

Areas that require focused improvement have been identified as part of the annual review process and include, HCA vacancy rates and career pathways, sickness levels, effective rostering and enhanced therapeutic observations of care. Workstreams to drive improvements in these areas have been identified and will be progressed.

There will be no increase in overall budget as a result of the annual review, however there will be changes between departments in response to the review to ensure the appropriate levels of skill and staffing are available. The staffing review 2024/25 have led to a saving of £599k. This is captured as schemes within the Waste Reduction Programme. Each scheme has undergone an Equality Quality Impact Assessment.

Overall, the revised establishments recommended in the 2024/25 annual safe staffing review recommended by the Chief Nursing Officer will deliver safe, effective and sustainable staffing levels for the organisation and meet the requirements of the NICE Safe Staffing Guidelines (2014) and the National Quality Board (NQB) Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time (2016). The appendices provide a summary of the safe staffing guidance used alongside a triangulated view of data relating to each of the wards reviewed and underpins the judgements made within the safe staffing assessments.

The safe staffing review has been endorsed by the Chief Nursing Officer and the Chief Medical Officer in line with the NQB recommendations.

It is recommended that the Board of Directors:

I. Approve the annual staffing review 2024/2025, noting no overall increase in budget requirements as a result of the review and a financial saving contribution of £599k.
II. Note the staffing levels aligned to increased occupancy in ED and endorse the secondary review of Emergency Department run rate spend associated with escalation to improve the management of the department.
III. Note, in line with the recommendation from NHS Improvement Workforce Safeguards guidance, the Chief Nursing Officer confirms they are satisfied with the outcome of the annual safe staffing assessment and that whilst risks remain present staffing is safe, effective and sustainable.

Appendix 1- Triangulated data used to inform the safe staffing review
Appendix 2- Operational risks relating to staffing
Appendix 3- Children's and young People Dashboard
Appendix 4 - Structured Professional Judgment Template
Appendix 5- National Staffing Guideline summary
Appendix 6- NHS Improvement staffing improvement resources
Appendix 7- NQB Safe sustainable and productive staffing recommendations 2016
Appendix 8- Developing Workforce Safeguards (2018) Gap analysis - NHS England: An Introduction to Safer Staffing
Appendix 9 - Developing Workforce Safeguards – Safer Nurse Care Tool Assessment Criteria
Appendix 10 - ED RPH staffing levels in response to fluctuating capacity and operational scenarios
Appendix 11 – Financial analysis
Appendix 12 – Neurosurgical Rapid Improvement week outcome

Trust Strategic Aims and Ambitions supported by this Paper:

Aims		Ambitions	
To offer excellent health care and treatment to our local communities	☒	Consistently Deliver Excellent Care	☒

To provide a range of the highest standard of specialised services to patients in Lancashire and South Cumbria	☒	Great Place To Work	☒
To drive innovation through world-class education, teaching and research	☐	Deliver Value for Money	☒
		Fit For The Future	☒
Previous consideration			
None			

1. INTRODUCTION

1.1. The purpose of the nursing and midwifery safe staffing review is to set an appropriate staffing resource, to deliver safe care within the inpatient bed base, using a robust, systematic process. Whilst the review includes a review of the maternity areas, Birthrate plus is the guiding assessment for maternity, maternity services undertake a separate 6 month safe staffing review utilising the Birthrate plus assessment, however the areas are included in the safe staffing process for all areas.

1.2. This process has been led by the Chief Nursing Officer and Deputy Chief Nursing Officer.

1.3. 54 clinical establishments for inpatient and assessment areas across Lancashire Teaching Hospitals NHS Foundation Trust (LTHTR), have been reviewed as part of the 2024/25 annual nursing and midwifery safe staffing review. The appendices provide a summary of the safe staffing guidance used alongside a triangulated view of data relating to each of the wards reviewed and underpins the judgements made within the safe staffing assessments.

1.4. This report details the findings of triangulating workforce information with safety, patient experience and clinical effectiveness indicators in order to review the appropriate staffing requirements to provide safe and effective care for patients.

1.5. The report fulfils the requirement outlined in the National Quality Board (NQB 2016) staffing guidance, supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time and uses further sector specific evidence based improvement resources. These include:

- Safe, sustainable and productive staffing: An improvement resource for neonatal care (2018)
- Safe, sustainable and productive staffing: An improvement resource for children and young people's inpatient wards in acute hospitals (20218)
- Safe, sustainable and productive staffing – An improved resource for adult inpatient wards in acute hospitals (2018)
- Safe, sustainable and productive staffing - An improvement resource for urgent and emergency care (2018)

1.6. An overview of these guidelines are presented in Appendix 6 and 7.

1.7. The expectations of safe staffing are further strengthened by NHS Improvement, Developing Workforce Safeguards (2018). Organisations will be assessed annually for Trust's compliance with the guidance.

1.8. The contents of this annual workforce review addresses each area of the guidance. Provider performance will be monitored against five themes:

- Service quality
- Finance and resources

- Operational performance
- Strategic change
- Leadership and improvement capability

1.9. Appendix 8 and 9 contains a list of the guidance and recommendations and LTHTR response to each standard.

2. SCOPE

2.1. The review will triangulate evidence based tools and data, professional judgments and outcome data for 54 clinical areas which include assessment areas, adult inpatient areas, maternity services, neonates and children and young people areas.

Medicine Division	Surgical Division	Women's and Children	Diagnostic and Clinical Support (DCS)
ED (RPH)	Neuro High Care	Ward 8	Critical Care Unit (CrCU)
ED Children's	Ward 2a	Paediatric Assessment Unit (PAU)	Buttercup (CHH)
Acute Assessment Unit	Ward 2b	Paediatric Day case	Meadow (CHH)
Acute Frailty Assessment Unit	Ward 2c	Neonatal Unit (NNU)	Orchard Residential
Bleasdale Ward	Ward 3	Gynaecology Ward	
NRU (Barton)	Ward 4	Gynaecology Early Pregnancy Assessment Unit	
Acute Medical Unit (RPH)	Ward 10	Maternity A	
CCU RPH	Ward 11	Maternity B	
Ward 17	Ward 12	Delivery Suite	
Ward 18	Ward 14	Maternity Assessment Suite	
Ward 21	Ward 15		
Ward 23	Ward 16		
Ward 24	Major Trauma Ward		
Ward 25	Ribblesdale Unit		
Enhanced High Care Unit	Surgical Assessment Unit		
ED (CDH)	SECU		
MAU (CDH)	Surgical Unit (CDH)		
Brindle	Leyland Ward		
CCU CDH			
Rookwood A			
Rookwood B			
Hazelwood			
Cuerden			

3. CONTEXT

3.1. The safe staffing establishments are set at ward and departmental level with ward manager permission and expectations to:

- Manage health rosters, using workforce resources effectively and publishing at least 6 weeks in advance
- Recruit substantively to maternity leave for registered (RN) and Health Care Assistants (HCA).
- Manage safe staffing in an affordable way within the headroom allocation and flexing staffing to accommodate any fluctuations in service need.
- Request an establishment review at any time if the assessment and professional judgement of the ward manager (after discussion with their Matron and Divisional Nurse Director (DND)) is not considered to be meeting the needs of the patients.
- Out of hours the Tactical Operational Officers have delegated authority to enact actions to preserve safety within the remit of the safe staffing policy.

3.2. With Divisional Nurse approval there is the ability to:

- Request additional bank staff in response to changes in patient acuity or dependency

3.3. With Chief Nursing Officer approval there is the ability to**:**

- Request additional agency staff in response to changes in patient acuity or dependency where all other options have been explored and where safety would otherwise be compromised.

These controls have been strengthened in the last 12 months as a consequence of the financial position of the organisation. The controls take into consideration the important balance of being able to access staff in response to changes in acuity and the requirement to manage the budget.

3.4. Vacancies

Despite high volume recruitment the vacancies for Band 2 and 3 HCA remain high at c162 FTE. HCA recruitment continues to be an area of focus with continued investment in recruitment campaigns.

Actions taken to date to recruit and retain include:

- The Trust Welcome Event has been reviewed and refreshed to ensure it is up to date, relevant, and engaging information for our new starters.
- Focused work on known or anticipated challenges. In 2024 a number of interventions have been introduced to support HCA retention, including: launch of a Buddy Training Workshop, Healthcare Support Worker intranet pages, including career pathway information. A Healthcare Support Worker monthly bulletin is now sent out to communicate key messages, and a national recognition day now takes place annually and grew significantly this year.
- The method of collecting leaver feedback has been improved with a view to improving colleague experience and ultimately retention, with a new dual approach to ensure that

leavers have a rich 2 way leaver conversation with their line manager but can also submit an anonymous leaver survey as well.

- Improvements to the Trust reward and recognition programme, including enhancement of the annual 'Our People Awards', re-launch of the LTHTR Proud programme, development of a new long service scheme, and launch of an annual 'Thankyou week'.
- Continued partnership with the local area to raise awareness and generate audiences for our vacancies, including Local Authorities (LA), Colleges, Job centres and third sector providers.
- Leadership development opportunities through the Organisational Development team
- Developed new Theatre Support Worker video and campaign.
- Launched new digital flipbook which has a focus on Healthcare Support Worker roles.
- Continued investment in social media advertisement, branding, better together campaign, #WeAreHCSWs and #WeAreTheNHS national campaigns.
- Successful central interview days for HCAs – reducing our time to hire from 70+ days on average to 50 days on average.
- Developed an application form course which is delivered for us by Lancashire Adult Learning and is for people who need extra support.
- HCA recruitment and retention group to specifically focus discussions and actions.
- Pre-employment courses provided as part of widening participation work, with a guaranteed HCA role following the completion of the course.
- Introduction of the Healthcare Assistant Apprenticeship role – 19 commenced in post in September 2024.
- Probationary conversations have been updated to include the content previously covered in a stay conversation, to ensure new starters are supported in terms of them feeling welcomed and supported through their early months.

3.5. Themes identified through the staffing reviews that present an opportunity to improve

Healthcare Support Workers (HCA)

The HCA vacancy rate continues to remain high at 162 FTE to date (19 February 2025). This has not improved significantly in the last year. This presents a risk to providing high quality care and a number of actions are being tested to explore how an improved career option and experience can be provided to HCA. This is critical to ensure high quality HCA are retained and are able to grow into the nurses of the future. A scoping exercise is being undertaken to understand current band 2 and band 3 roles and how these align to the NHSE role descriptors to ensure accurate banding in light of the national banding union action. There is a requirement to deliver an internal progression scheme that allows HCA band 2 to progress into a band 3 that is more appealing than the current option.

3.5.1 Sickness

Sickness rates in all inpatient units exceed the 4% target. This is multifactorial and has been above the target for the last two years. Influencing factors in the clinical environment include enhanced levels of care, violence and aggression, stress, increased occupancy levels, complex health and home circumstances. Ensuring staffing establishments are fit for purpose is an essential contribution to managing sickness levels. Staff frequently report the adverse

experiences that lead to prolonged periods of sickness, this should be considered a fundamental link to safe staffing. The lack of consistently when delivering care to complex people in teams impacts on the quality of patient care and on the experience of those delivering it, often having further compounding impacts on the sickness rates. Reducing rates of sickness and absence reduces costs and has a positive impact on patient care, a renewed focus in this area is planned for the coming year. The Professional Nurse Advocate and Professional Midwifery Advocate programme is a critical component of managing restorative clinical supervision, which is essential for supporting nurses' mental health and well-being. The organisation has 39 PNA and is current achieving 31% of an aspiration of a 1:20 ratio. To achieve this LTHTR requires 139 PNA. Training programmes continue to run within the organisation.

3.5.2 Roster Key Performance Indicators

The management of rosters is key to delivering safe care. The ability to monitor and track this for assurance is critical and a number of roster metrics have been agreed to allow greater oversight and scrutiny on roster management to ensure the best care possible is delivered within the allocated resource. The introduction of roster efficiency meetings within each division in January 2024 has occurred to ensure a standardised approach to effectively managing rosters and resource. The development of the Daily Management System (DMS) is designed to support workforce decision making for a safe and affordable model of care and where there are opportunities to reduce variable spend and the reliance on temporary workforce.

3.5.3 Enhanced Therapeutic Observations (ETO) (Previously known as 1:1 or specialing)

Effective ETO management contributes to the safety and experiences of people who may be more vulnerable in the hospital setting and improves the efficient use of nurse staffing resources to support the care of patients. The Trust's Single Improvement Plan (SIP) has an identified Safeguarding workstream.

The objective of this workstream is to:

- Improve experiences of people with mental health conditions, learning disability and autism
- Improve the experience of staff for patients by building an accessible set of evidence-based interventions that equip staff with the confidence to care for patients and understanding of when and how to access specialist advice.
- Provide appropriate training to minimise the requirement for security interventions
- Improve the environment where care is delivered for people with mental health, learning disability or autism diagnosis.
- Establish mechanisms to capture the experiences of patients and carers in this group.

The Safer Nursing Care Tool includes the assessment of the average number of patients requiring ETO. There will always remain times when extenuating patient circumstances require individualised plans of care. The approach to the staffing reviews and the ETO programme is to reduce the likelihood of requiring ETO outside of the set establishments by including the need within the base establishment.

3.5.4 Increased Activity

Across both medicine and surgical division, the theme of increase activity in the evening has been identified as a theme relating to two distinct factors, one - patient discharge and transfers late and two specifically to neurosurgical theatre session timing related to late transfers from recovery. Action to address these themes have already commenced with the introduction of the Continuous Flow model being scaled throughout the Trust. Further exploration is needed moving forward to review shift times to understand the best way to support service needs once continuous flow has been implemented.

4 EFFECTIVE WORKFORCE PLANNING

4.1 The NHS Improvement, Developing Workforce Safeguards (2018) recommend the annual workforce reviews consider the following:

- Patient acuity and dependency using an evidence-based tool (where available)
- Activity levels
- Seasonal demand
- Service developments
- Contract commissioning
- Service changes
- Staff supply
- Temporary staffing above the set planned establishment
- Patient and staff outcome measures

Each of the 9 areas described were considered within each individual review.

5. MONTHLY REPORTING

A comprehensive monthly safe staffing report is presented to the Safety and Quality Committee providing assurance in relation to the planned versus actual nurse staffing, triangulated with the ED dashboard, adjacent to the safety and quality dashboard. This report has evolved in the past 12 months and is now present as an assurance report providing summary of the data, actions taken and assurance against any risks. In recognition of the risks associated with Maternity and Children these staffing reports are disaggregated to ensure clear line of sight in these services.

Staffing levels are represented as percentage fill rates for each ward area and submitted to NHS Choices each month. The fill rate is calculated from the number of actual hours worked by staff as a percentage of the number of hours required. The required hours are as agreed through the regular staffing and skill mix reviews. This analysis is then converted to Care Hours per patient day (CHPPD) as a principle measure to support staff deployment but is not a view of quality.

6. ANNUAL REVIEW

The annual review will be presented to Trust Board in April 2025 which is in line with the NQB guidance requiring approval at Trust Board following scrutiny at Safety and Quality committee.

The Maternity biannual and annual staffing reviews have been completed in 2024 and presented to Board. The next Birst Rate Plus audit is due to commence in early 2025.

7. METHODOLOGY

A triangulated multidisciplinary approach by the Chief Nursing Officer has been used to undertake the safe staffing reviews. The reviews include evidence-based tools, such as the Shelford Safer Nursing Care Tool (SNCT) acuity model, National Institute for Clinical Excellence (NICE 2014) guidance and RCN guidance alongside a structured professional judgement (Appendix 5) completed by those leading the services and a review of the key performance outcome measure for each area.

The review provided leaders with the opportunity to scrutinise quality, safety, rostering and workforce metrics alongside staff and patient feedback and any additional concerns or good practice associated with staffing and the wider provision of delivering excellent care with compassion.

Findings within the review have been confirmed as being appropriate using a structured professional judgement by the Matrons and DND's and benchmarking data where available.

The methodology of the reviews includes feedback from each ward/department manager and matron with overall sign off by the Divisional Nursing Director (DND) and cross checking against wards and establishments of similar size and acuity to ensure consistency of approach. The annual reviews this year have been undertaken with a structured approach with presentation of data and measure followed by an open multidisciplinary discussion.

The reviews include a triangulated review of the following information:

- Evidence based acuity and dependency data (Safer nursing care tool) where available
- Registered Nurse and Health Care Support Worker fill rates
- Safety and quality outcome – incidents of harm, patient experience, staff experience.
- Sickness / Turnover
- Vacancy
- Training compliance
- Ward size
- STAR outcomes
- Leadership capability
- Roster efficiencies
- Budgetary spend

A professional discussion based on the presented information and the structured professional judgment was undertaken, a check and challenge cross portfolios reviewed to ensure a consistent standardised

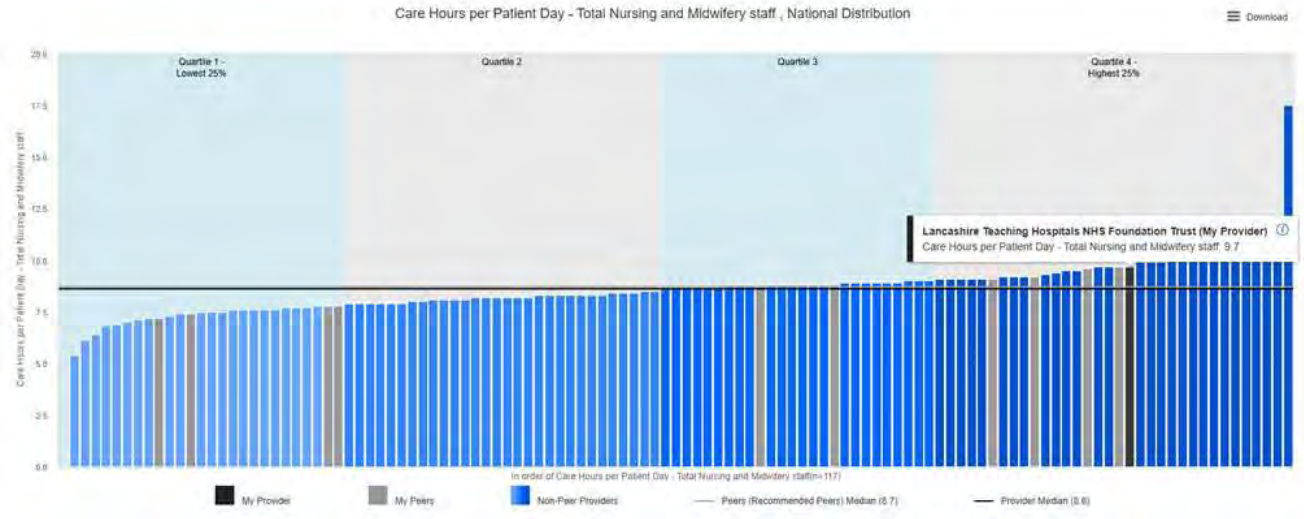
approach, the final professional judgements were agreed incorporating key nursing standards for ward manager time to lead and headroom requirements.

It is important to note, there will always be patients that require a significant level of care and this is not built into the establishment routinely given the cost associated with doing this. It was agreed that the autonomy to make additional requests in response to individual needs of patients would remain part of the ward managers role on the grounds of patient safety with authorisation through the divisional nurse director for bank and Chief Nurse for agency.

8. PROFESSIONAL JUDGEMENT AND PEER COMPARISON

The NICE and NHS Improvement staffing guidelines recommend the use of informed professional judgement to make the final assessment of the nursing needs of each clinical area. This review enacts the judgement of a number of senior nurses, considering professional guidance and safety and quality indicators to reach an agreement.

Graph 3 – Model Hospital Lancashire Teaching peer comparison using CHPPD – November 2024



Establishment Care Hours Per Patient Day (CHPPD) are the number of hours of care combining nurses and HCA divided by the number of beds in the hospital.

It is a high level, national proxy for staffing to bed ratios, some assurance can be gained from the positioning of the organisation against peer, however, contextual information such the number of enhanced care areas (7 at LTHTR) relating to providing tertiary services and the significant fluctuation of escalation beds which are not reflected in the model hospital return. The data in graph 3 reflects Model hospital data from (September 2024) and places Lancashire Teaching Hospitals in the 4th quartile for CHPPD.

Table 1 – CHPPD compared to recommended peer organisations. (November 2024)

Peers	CHPPD Feb 24
Mid Yorkshire Teaching NHS Trust	7.2
University Hospitals Plymouth NHS Trust	7.4
Royal Cornwall Hospitals NHS Trust	7.8
University Hospitals Coventry and Warwickshire NHS Trust	7.8
South Tees Hospitals NHS Foundation Trust	8.7
North Bristol NHS Trust	8.8
University Hospitals of North Midlands NHS Trust	9.1
Stockport NHS Foundation Trust	9.2
Northampton General Hospital NHS Trust	9.6
Lancashire Teaching Hospitals NHS FT	9.7
University Hospitals of Morecambe Bay NHS Foundation Trust	9.7

9. LEADERSHIP

The role of the ward manager is pivotal to the delivery of safety and quality outcomes for patients. The roles impact and influence on the effectiveness of the day to day running of a ward cannot be underestimated. The ward manager role in ensuring quality, safety and the patients experience is critical. The roles have protected 80% time to lead and 20% working clinically as part of the team (60% time to lead for smaller units with equal to or less than 11 beds or where there are 2 ward managers, this applies to the wards with equal to or more than 28 beds).

Time to lead can be defined as any duty that contributes to the delivery of safety, effectiveness and experience. This may include but not be exclusive to mentoring, clinical supervision, roster management, responding to clinical incidents, implementing improvements and supporting staff. However, it should be noted that although time to lead is allocated, on wards where vacancies are high, the ward manager will often need to work clinically to bridge gaps in safe staffing. This can compromise their ability to deliver the leadership requirements and is closely monitored. The reviews this year have considered more closely the effectiveness of the ward manager(s) and where necessary, wards have been identified as requiring additional oversight. This oversight will be provided through the deputy Chief Nurse 1:1 with the Divisional Nurse Directors and each ward identified in this category will have a specific improvement plan developed.

10. EMERGENCY DEPARTMENT (ED)

In response to continued escalation of the ED exit block risk (ID25), the ED dashboard receives additional scrutiny and is disaggregated to enable a view of adults and children and is monitored at divisional improvement forums, Safety and Quality Committee and operational performance monitored at Finance and Performance committee monthly. The indicators are demonstrating a service under sustained pressure with specific area of improvement required in average time to see a clinician, total length of time in the department, Friends and Family Feedback FFT) and the STAR quality assurance outcomes.

The annual review identifies that the current staffing levels are only suitable for the department when it is not escalated. There is an escalation staffing plan that was approved as part of the August 2024 safe staffing review on the understanding there would be an aim to reduce the occupancy in the department and therefore permanent recruitment to the escalated levels of staffing would not be pursued at that time. The staffing escalation plans for RPH ED reflect a staged approach based on occupancy and escalation levels within the department with titrated staff increases aligned to patient demand. This is outlined in appendix 11. Whilst this maintains safety due to requirement to increase staffing to respond to peaks in activity it leads to continual overspend on high-cost agency.

The same continues to occur at CDH and appendix 11 outlines the staffing escalation procedures associated with CDH ED. The review identified the staffing model and skill mix requires further work to convert run rate into substantive staff if the current occupancy levels continue and a recommendation of this review is that this is considered as a separate case to address the longstanding variable pay activity within the ED associated with increased occupancy. The department has been open overnight as a medical escalation area 83% of the time for the past year.

Given the sustained periods of escalation the review recommends undertaking a further review of occupancy and escalation levels in ED with a view to reducing reliance on agency and bank. This is included in the recommendations of the report.

11. CHILDREN AND YOUNG PEOPLE

Paediatric nurses are in place at RPH in line with RCN and NHS Improvement guidance and monitored along with child specific outcome measures as part of the Children and Young People Safety and Quality monthly papers.

The paediatric ED staffing requirements reflect the need to respond to a child brought in for resuscitation as well as managing the triage, assessment and treatment of children in the ED and reflect the RCN and NHS Improvement guidance. Appendix 4 provides the associated outcome measures relating to children and young people. The professional judgement for children is that the staffing levels set are sufficient to meet the needs of the service for the ED.

Ward 8 staffing skill mix was reviewed as part of the annual review process. Using the SNCT data to provide assurance alongside the professional judgment to understand service needs and demand.

12. CRITICAL CARE

Critical care levels have been reviewed within the year and the proportions of levels of care defined and agreed to be eighteen level 3 beds, twelve level 2 beds, and four level 1 beds. Based on the agreed levels of care the staffing numbers and skill mix have been adjusted to align to this. The service metrics are indicating a stable service, and the nurse staffing meets the Guidance for the Provision of Intensive Care Society (GPICS) standards.

13. ENHANCED CARE AREAS

Neuro High Care (NHC), Enhanced Respitatory High Care (ERHC), and Hyper Acute Stroke Unit (HASU) were reviewed within the annual safe staffing process using SNCT data, a structured professional judgment and GPICS to undertake a check and challenge. All proposed staffing modes are in line with enhanced care standards.

14. WARD 17 (Elderly Care)

Through the review process the methodology has identified that the staffing model on ward 17 was not optimum for maintaining safety. Using a peer review approach, alongside the professional judgment and safety metrics a revise staffing model has been recommended from the annual review reflecting the increased levels of enhanced therapeutic observations and the benefit of having less bank workers in any area with risk factors relating to restrictive practices.

15. NEURORHABILITATION UNIT (NRU)

Current staffing model aligns to 13 speciality beds, there are 16 speciality beds within neurorehabilitation. A proposed staffing model for 16 beds was presented in the annual review 2022 which was not enacted at that time. Mitigation on the grounds of safety have been in place through the use of additional shifts and utilising RN over establishment in this unit. This will now be addressed as part of the staffing review.

16. TRIANULATION OF METRICS

Using the workforce information, patient safety, patient experience and clinical effectiveness indicators provides insight into the clinical areas / services indicating stability, improvement and services that require additional support.

a. Surgery

i. Within the division the clinical areas that have maintained or demonstrated improvement against safety metrics are ward 10, ward 12, Major Trauma Wards, Ribblesdale, SECU, and Leyland ward, with these areas also maintaining a GOLD STAR accreditation.

ii. Elevated sickness levels have been identified as a theme throughout the Trust, within the surgical division there are a number of areas that are noted to have a rolling sickness close to the Trust target of 4%, these are Ward 2b, ward 10, ward 12, and Ward 14.

iii. Through review of the data and professional discussion the areas indicating needing additional support and focus due to safety metrics and workforce metrics have been highlighted as Surgical Assessment Unit.

b. Diagnostics and Clinical Support (DCS)

i. Analysis of the outcome metrics for patients and staff and professional judgment for the critical care unit identified evidence of safe staffing establishments. The safety and quality metrics for Critical Care indicate a safe, stable service.

ii. The Community Health Care Hub has shown variable safety and quality metrics. Improvements have been noted after feedback, but continued focus is needed.

c. Women's and Children's

i. Safety metrics have remained static, sickness remains a focus across all woman and children's areas.

ii. A first divisional rapid improvement was hosted in January focused on flow and safety.

iii. Through review of the data and professional discussion ward 8 has been highlighted as requiring continued focus as they continue their improvement trajectory. Patient experience metrics have shown a positive improvement since the last review.

iv. The midwifery service undertakes an independent safe staffing review with Birth Rate Plus which is the nationally recommended provider for maternity staffing reviews. The next review is due in 2025. Phase 2 of birthrate plus funding will be considered as part of 2025/25 budget pressures.

d. Medicine

i. Within the division the clinical areas that have maintained or demonstrated improvement against safety metrics are, Acute Frailty Unit, MAU / AMU (RPH), Coronary care Unit (RPH), ward 18, Brindle ward, and Hazelwood. Showing improvements through either STAR accreditation rating, or with a combination of reductions in specific safety metrics.

ii. Elevated sickness levels have been identified as a theme throughout the Trust, within the medicine division there are a number of areas that are noted to have a rolling sickness close to the Trust target of 4%, these are ED (RPH), NRU, Coronary care Unit (RPH), and Enhanced Respiratory High Care.

iii. Through review of the data and professional discussion the areas indicating enhanced oversight is required due to safety and workforce metrics have been highlighted as Rookwood B, Ward 17, Bleasdale, Neurorehabilitation Unit (NRU), Cardiac Unit (CDH), Coronary care Unit (RPH), and ED Children's.

17. FINANCIAL IMPLICATIONS

There will be no increase in overall budget as a result of the annual review, however there will be changes between departments in response to the review to ensure the appropriate levels of skill and staffing are available. The staffing reviews have led to a saving of £535k, of this £282k is already identified as a scheme in the waste reduction programme, the remaining £253k will contribute towards a new waste reduction scheme. The detail of this is contained within appendix 11.

Appendix 12 outlines the changes made to the neurosurgery footprint following rapid improvement event that led to the reconfiguration and savings contribution of £64k as well as a reduction of £308k in variable pay associated with this area.

The annual review plus the neurosurgical reconfiguration have resulted in an overall savings contribution of £599k This is captured within the Waste Reduction Programme. It should be noted changes associated with the WRP schemes have all been subject to an EQIA.

18. SAFE STAFFING GOVERNANCE

Safety and Quality Committee continue to receive monthly safe staffing papers for adults, children and maternity. The papers are separated to ensure sufficient detailed oversight of the specialties is achieved and the introduction of medical staffing fill rates is evolving first through the maternity staffing paper.

Safe staffing policies are in place for each area and the DND's retain accountability for ensuring the deployment of staff in response to patient demand. The matrons operationalise these moves with site management arrangements in place 24/7 to ensure clear lines of escalation and support are available as situations change.

Equality, quality impact assessments (EQIAs) are completed before any amendments can be made to establishments outside these annual processes and will require approval by the Chief Nursing Officer. EQIAs are also completed on any establishment with greater than a 60:40 split of RNs to HCAs.

The operational risks relating to staffing are detailed within appendix 3, not all are directly related in clinical areas within the annual review but all have the potential to impact safety within the clinical areas, and are reflected within the strategic risk Consistently Deliver Excellent Care.

19. CHANGES TO ESTABLISHMENT

a. Appendix 1 outlines the data used to assess each department and the changes agreed as a result of the annual review.

20. CONCLUSION

The staffing reviews for 2024 / 2025 have complied with the requirements of the NQB guidance detailed within the appendix.

As part of this review the Chief Nursing Officer confirms they are satisfied with the outcome of the annual safe staffing assessment and that whilst risks remain present as detailed within the strategic and operational risk register, staffing is safe, effective and sustainable. (Workforce Safeguards 2018).

The HCA vacancy levels continue to be an area of focus at this time. The competition in the job market is making it difficult to attract and retain HCA, therefore further strategies will be explored to address the persistent gap in the workforce and create a career pathway for band 2 to band 3 within the organisation.

The Single Improvement Plan will continue to provide the milestone tracking for the enhanced therapeutic observation work aimed at reducing the level of restricted practice.

The staffing review is now complete and has identified the staffing establishment required to meet the needs of patients within the identified 54 areas. The reviews have resulted in an overall savings contribution of £599k. This is captured within the Waste Reduction Programme.

The safe staffing review has been endorsed by the Chief Nursing Officer and the Chief Medical Officer in line with the NQB recommendations.

21. RECOMMENDATION

It is recommended that the Board of Directors:

i. Approve the annual staffing review 2024/2025, noting no overall increase in budget requirements as a result of the review and a financial saving contribution of £599k.
ii. Note the staffing levels aligned to increased occupancy in ED and endorse the secondary review of Emergency Department run rate spend associated with escalation to improve the management of the department.
iii. Note, in line with the recommendation from NHS Improvement Workforce Safeguards guidance, the Chief Nursing Officer confirms they are satisfied with the outcome of the annual safe staffing assessment and that whilst risks remain present staffing is safe, effective and sustainable.

Appendix 1- Triangulated data used to inform the safe staffing review
Appendix 2- Operational risks relating to staffing
Appendix 3- Children's and young People Dashboard
Appendix 4 - Structured Professional Judgment Template
Appendix 5- National Staffing Guideline summary
Appendix 6- NHS Improvement staffing improvement resources
Appendix 7- NQB Safe sustainable and productive staffing recommendations 2016

Appendix 8- Developing Workforce Safeguards (2018) GAP analysis - NHS England: An Introduction to Safer Staffing
Appendix 9 - Developing Workforce Safeguards – Safer Nurse Care Tool Assessment Criteria
Appendix 10 - ED RPH staffing levels in response to fluctuating capacity and operational scenarios
Appendix 11 – Financial analysis
Appendix 12 – Neurosurgical changes following Rapid Improvement Week

Appendix 1- Triangulated data used to inform the safe staffing review

Ward/Dept	No of Beds 2024	No of Beds 2023	Funded WTE Excluding ward manager, HK & WC	Professional Judgement WTE excluding ward manager, HK & WC	Professional Judgement staffing numbers per Day	Professional Judgement staffing numbers per Night	RN Vacancy (B7, 6, 5) November 2024 (over)	HCA Vacancy (B4, 3, 2) November 2024 (over)	Safer Nursing care Tool Recommended WTE excluding ward manager	Acuity with Enhanced Therapeutic Observation of Care	Planned CHPPD	Actual CHPPD November 2024	Difference	Skill Mix % RN/HCA	Ward Manager Time to lead split 80/20 - 60/40	House keeper	Ward Clark	Nurse to Patient Ratio Days	Nurse to Patient Ratio Nights	Falls Oct 23 – Sept 24	Pressure Ulcers Oct 23 – Sept 24	Clostridium difficile Oct 23 – Sept 24	Medication Errors with Harm Oct 23 – Sept 24	Violance and agression incidents Oct 23 – Sept 24	Rolling Sickness % FTE	Rolling Turnover % FTE	STAR rating (accreditation audit October 2024)	Friends and Family October 2024 Good %	Friends and Family October 2024 Poor %	Friends and Family October 2024 Responces	Complaints Oct 23 – Sept 24
ED (RPH) (adult)	62	62	151.67	150.04	19+10	19+10	7.04	20.99	63	N/A	4.2	N/A	-	67/33	60/40	Yes	No	N/A	N/A	103	89	2	15	173	4.25 %	20.21 %	81%	62%	26%	219	121
ED (RPH) (children)	3	3	27.08	27.08	3+2	3+2	0.81	5.74	12.1	N/A	3.93	N/A	-	59/41	60/40	No	No	N/A	N/A	0	0	0	0	3	12.34 %	10.52 %	93%	70%	22%	23	0
AAU	18	18	43.84	43.84	4+4	4+4	0.56	9.36	28.25	29.52	9.72	9.27	0.45	50/50	80/20	Yes	Yes	1:4.5	1:4.5	21	10	0	2	10	8.93 %	3.41 %	89%	100%	0%	4	8
Acute Frailty	10	10	22.22	21.32	2+1+1	2+2	(0.86)	1.87	16.49	21.07	9.97	9.98	-0.01	50/50	60/40	Yes	Yes	1:5	1:5	13	3	1	0	1	5.49 %	-	99%	100%	0%	4	0
Bleasdale Ward	22	22	38.35	38.44	3+1+4	2+4	(1.42)	8.65	30.97	40.52	6.62	7.82	-1.20	37/63	80/20	Yes	Yes	1:7.3	1:11	78	19	1	1	24	5.01 %	18.84 %	91% gold	100%	0%	2	2
NRU (Barton)	16	16	27.78	29.61	2+4	2+3	(5.73)	0.56	26.63	43.71	6.01	8.53	-2.52	37/63	80/20	Yes	Yes	1:5.3	1:8	13	7	1	1	25	4.24 %	7.54 %	96% gold	75%	0%	8	0
MAU (RPH) / AMU	42	29	55.62	112.49	11+1+9	10+1+9	(6.87)	3.51	55.32	65.58	7.31	11.73	-4.42	51/49	80/20	Yes	Yes	1:3.8	1:4.2	58	28	6	7	28	7.18 %	15.93 %	88%	0%	50%	2	25
CCU RPH	6	6	15.11	14.04	3+1short 4 days	2	(0.89)	(0.60)	10.7	10.7	10.44	10.71	-0.27	95/5	60/40	No	Yes	1:2	1:3	4	1	0	0	1	4.41 %	-	93%	100%	0%	15	0
Ward 17	32	32	48.65	54.16	4+7	3+6	(2.06)	3.47	53.35	69.63	6.21	7.89	-1.68	34/66	60/40	Yes	Yes	1:8	1:10.7	80	50	7	1	47	8.17 %	17.27 %	91%	100%	0%	1	27
Ward 18	28	28	48.65	48.65	4+1+5	3+5	(6.94)	8.89	36.13	44.09	7.02	7.42	-0.40	38/62	60/40	Yes	Yes	1:7	1:9.3	34	11	3	2	18	8.32 %	9.71 %	95%	81%	19%	16	7
Ward 21	24	24	57.64	56.59	3+1+4 Stroke High Care 2+1	2+4 Stroke High Care 2+1	(5.31)	1.29	36.93	43.8	10.03	11.04	-1.01	43/57	80/20	Yes	Yes	1:6.3 & 1:2.5	1:9.5 & 1:2.5	48	10	1	0	10	9.74 %	11.26 %	96%	100%	0%	8	6
Ward 23	34	34	54.48	54.47	5+1+5	4+5	(7.46)	7.32	48.5	55.22	6.59	7.54	-0.95	44/56	60/40	Yes	Yes	1:6.8	1:8.5	57	26	6	3	25	5.95 %	11.62 %	91%	79%	21%	14	20
Ward 24	32	32	59.4	56.91	5+1+6	3+6	(2.64)	9.14	41.03	52.41	7.58	7.9	-0.32	37/63	60/40	Yes	Yes	1:6.4	1:10.7	77	40	4	0	28	7.43 %	11.89 %	91% gold	40%	20%	5	24
Ward 25	24	24	37.45	38.34	4+1+3	3+3	(3.34)	1.15	36.13	40.71	6.78	6.3	0.48	50/50	80/20	Yes	Yes	1:4.8	1:8	43	12	12	1	6	10.85 %	5.95 %	91%	88%	13%	8	21
Enhanced Respiratory High Care	11	11	55.31	43.61	4+3	4+3	(2.77)	1.85	16.08	29.03	17.45	13.57	3.88	57/43	60/40	Yes	Yes	1:2.8	1:2.8	10	48	3	5	23	4.98 %	14.64 %	88%	100%	0%	4	12
ED (CDH)	14	18	24.34	29.84	8+3	-	1.98	4.36	47.9	N/A	1.15	N/A	-	71/29	60/40	Yes	No	N/A	N/A	13	9	0	3	17	9.47 %	5.26 %	90%	89%	7%	264	23
MAU (CDH)	32	29	63.37	63.37	6+1+4	6+1+4	1.94	7.42	53.51	56.53	8.35	10.32	-1.97	57/43	60/40	Yes	Yes	1:5.3	1:5.3	58	22	5	12	29	10.24 %	9.28 %	99% gold	90%	10%	21	42
Brindle	30	30	45.9	45.9	4+1+5	3+4	(0.66)	4.91	38.36	48.58	6.11	6.51	-0.40	40/60	60/40	Yes	Yes	1:7.5	1:10	45	23	4	3	3	8.76 %	16.75 %	91%	56%	19%	16	18
Cardiac Unit CDH	10	10	18.82	18.81	3+1	2+1	(1.41)	0.31	18.49	18.49	6.94	6.95	-0.01	71/29	60/40	No	Yes	1:3.3	1:5	20	11	0	0	6	6.66 %	-	98% gold	100%	0%	51	2
Rookwood A	24	24	47.61	46.6	4+1+5	2+5	(1.46)	7.88	38.41	48.11	7.82	7.3	0.52	35/65	80/20	Yes	Yes	1:6	1:12	57	13	2	4	42	7.03 %	11.43 %	92%	No data	No data	No data	12
Rookwood B	24	24	46.61	46.61	4+1+5	2+1+4	(1.14)	8.80	43	49.12	7.15	7.65	-0.50	35/65	80/20	Yes	Yes	1:6	1:12	46	30	2	2	22	8.49 %	2.24 %	92% gold	No data	No data	No data	16
Hazelwood	19	19	32.84	32.84	3+1+3	2+3	(0.94)	5.55	26.55	27.48	6.79	6.77	0.02	41/59	80/20	Yes	Yes	1:6.3	1:9.5	34	17	3	2	1	10.57 %	6.80 %	92% gold	100%	0%	8	21
Cuerden	24	24	47.75	46.6	4+1+5	2+5	(4.06)	8.60	34.6	51.53	7.71	7.6	0.11	35/65	80/20	Yes	Yes	1:6	1:12	44	12	2	3	20	12.12 %	18.37 %	92%	96%	4%	26	4
Neuro High Care	10	10	29.84	35.35	4+2	4+3	(5.32)	0.82	19.58	23.56	12.9	16.49	-3.59	61/39	60/40	No	No	1:2.5	1:2.5	5	7	1	3	14	10.03 %	5.37 %	94% gold	83%	17%	6	2
Ward 2a	17	17	32.83	32.83	4+3	2+3	(2.90)	(1.23)	22.45	32.28	8	11.4	-3.40	50/50	80/20	Yes	Yes	1:4.25	1:8.5	28	16	2	0	5	7.69 %	13.34 %	97% gold	100%	0%	8	2
Ward 2b	17	17	32.83	32.83	4+3	2+3	(0.94)	0.33	28.98	31	7.98	10.47	-2.49	50/50	80/20	Yes	Yes	1:4.25	1:8.5	30	14	3	1	25	4.67 %	9.47 %	94%	100%	0%	4	5
Ward 2c	17	17	32.83	32.83	4+3	2+3	(1.62)	1.49	22.84	28.06	8.17	9.85	-1.68	50/50	80/20	Yes	Yes	1:4.25	1:8.5	20	13	2	1	3	6.04 %	24.23 %	92% gold	100%	0%	6	5
Ward 3	14	14	27.32	27.32	3+3	2+2	(0.78)	3.78	15.43	21.71	9.41	10.01	-0.60	50/50	80/20	Yes	Yes	1:4.67	1:7	4	11	5	0	8	5.90 %	5.34 %	97% gold	77%	23%	13	8
Ward 4	26	26	38.34	38.34	4+2+3	2+1+2	(1.66)	5.36	29.65	32.3	7.9	8.72	-0.82	43/57	80/20	Yes	Yes	1:6.5	1:11	23	15	2	0	8	5.28 %	1.48 %	97% gold	100%	0%	7	11
Ward 10	29	29	43.15	43.15	5+1+3	3+4	(2.74)	1.57	37.24	38.84	6.22	7.07	-0.85	49/51	60/40	Yes	Yes	1:5.8	1:9.7	35	10	9	0	5	3.90 %	10.91 %	96% gold	80%	10%	20	17
Ward 11	22	22	35.6	35.6	4+4	2+3	(0.38)	2.10	25.61	25.83	8.54	8.37	0.17	46/54	80/20	Yes	Yes	1:5.5	1:11	9	9	1	1	1	7.86 %	12.66 %	96% gold	96%	0%	27	2
Ward 12	33	33	45.9	48.65	5+1+4	3+1+4	(1.46)	6.73	36.56	42.27	6.09	6.45	-0.36	43/57	60/40	Yes	Yes	1:6.6	1:11	25	19	9	5	5	4.56 %	14.71 %	95% gold	76%	18%	17	13
Ward 14	25	24	42.83	42.83	4+1+4	2+4+1RN twilight	(1.22)	(0.40)	34.54	47.9	7.29	8.2	-0.91	42/58	80/20	Yes	Yes	1:4.55	1:10	23	44	1	0	5	4.59 %	2.14 %	96% gold	83%	17%	6	7
Ward 15 unit 1	33	33	54.16	54.16	3+1+2	2+2	1.33	8.04	21.86	26.41	5.33	6.73	-1.40	50/50	60/40	Yes	Yes	1:6	1:9	13 (+53 as a whole prior to change)	41	12	1 (+ 7 for w15 as a whole prior to change)	1	6.87 %	2.88 %	89%	No data	No data	No data	5
Ward 15 unit 2					3+1+2	2+2			19.15	22.54	7.86	9.37	-1.51	50/50	60/40			1:5	1:7.5	4 (+53 as a whole prior to change)			1 (+ 7 for w15 as a whole prior to change)	1	6.87 %	2.88 %		100%	0%	8	9
Ward 16	25	24	42.83	42.83	4+1+4	2+4+1RN twilight	0.62	2.84	34.91	48.91	7.46	8.63	-1.17	42/58	80/20	Yes	Yes	1:6.35	1:10	27	29	4	0	8	6.42 %	4.39 %	94% gold	100%	0%	8	5
Major Trauma Ward	10	10	27.08	27.08	3+1+2	2+2	(0.42)	3.30	15.07	16.9	12.13	16.03	-3.90	49/51	60/40	Yes	Yes	1:3.33	1:5	4	7		0	7	9.29 %	12.47 %	93% gold	100%	0%	6	1
Ribblesdale Unit	24	24	40.72	41.09	5+1+3	2+1+3	(4.21)	6.12	31.33	34.76	7.16	7.86	-0.70	46/54	80/20	Yes	Yes	1:4.8	1:12	59	44	6	6	2	8.42 %	6.65 %	96% gold	75%	25%	4	13
Surgical Assessment Unit RPH	17	17	47.84	47.84	6+1+4	3+1+2	(0.60)	3.28	18.4	18.51	22	16.22	5.78	52/48	80/20	Yes	Yes	1:2.83	1:5.7	6	5	0	4	4	11.18 %	8.59 %	93% gold	67%	18%	55	22
SECU	4	4	10.55	10.55	2+0	2+0	0.54	-	5.9	6.2	36.27	24.9	11.37	100/0	60/40	No	No	1:2	1:2	1	1	0	1	0	7.31 %	8.27 %	96% gold	100%	0%	18	6
Surgical Unit (CDH)	16	16	25.73	25.73	3+1+1 Longton 2+1+2	2+1	(0.39)	2.76	14.76	14.76	11.32	25.25	-13.93	54/46	80/20	Yes	Yes	1:5.33	1:8	5	0	0	0	1	9.78 %	17.04 %	96% gold	99%	0%	154	2
Leyland Ward	15	15	21.81	21.81	3+1+1	2+1	(0.66)	1.93	18.47	18.7	7.17	10.76	-3.59	62/38	80/20	Yes	Yes	1:5	1:7.5	12	2	0	0	1	7.86 %	4.07 %	96% gold	100%	0%	50	3
Ward 8	30	30	67.74	70.69	10+3	10+3	11.19	4.86	32.3	N/A	13.7	10.84	2.86	77/23	60/40	Yes	Yes	1:3	1:3	5	0	2	0	18	11.32 %	22.84 %	89%	95%	5%	74	11
PAU	12	12	19.05	19.05	2+1+1RN twilight	2+1	2.63	0.07	N/A	N/A	7	10.2	-3.20	71/29	80/20	No	Yes	1:4.8	1:4.8	0	0	0	1	0	6.53 %	3.23 %	90% gold	86%	14%	7	6
Pead Day case	7	7	7.72	7.72	3+1	-	0.27	0.09	N/A	N/A	N/A	N/A	-	69/31	-	No	Yes	1:2.33	N/A	0	0	0	0	0	3.90 %	28.71 %	89%	100%	0%	2	0
NNU	28	28	77.91	77.91	13+1	13+1	(1.34)	1.23	N/A	N/A	11.14	16.52	-5.38	93/7	80/20	Yes	Yes	1:2.15	1:2.15	0	4	0	3	1	8.48 %	4.86 %	89%	100%	0%	10	8
Gynae Ward & DOSA RPH	14	14	27.89	27.89	3+2 DOSA 1RN	2+2	(0.68)	3.19	18.02	18.12	9.21	11.82	-2.61	65/35	60/40	Yes	Yes	1:4.67	1:7	13	3	2	1	0	10.86 %	9.89 %	96% gold	96%	4%	71	2
GAU	N/A	N/A	8.9	8.9	2+1 + 1RN twilight	-			N/A	N/A	N/A	N/A	-		60/40			N/A	N/A	2	0	0	0	0	8.73 %	9.27 %	93%	No data	No data	No data	0
Maternity A	12	12	11.31	15.84	2+1	2+1	(1.00)	0.53	N/A	N/A	12	11.47	0.53	65/35	80/20	No	Yes	1:6	1:6	1	0	0	0	1	10.91 %	7.68 %	92% gold	90.00%	0.00%	20	5
Maternity B	31	31	29.27	36.68	4+3.5	4+2	0.00	0.53	N/A	N/A	5.29	10.7	-5.41	58/42	80/20	Yes	Yes	1:7.75	1:7.75	3	0	0	1	0	7.07 %	-	91% gold	89.29%	0.00%	28	0
Maternity Assessment Unit	7	7	16.16	16.29	2+1	2+1	0.55	1.60	N/A	N/A	N/A	N/A	-	62/38	82/20	No	No	1:3.5	1:3.5	0	0	0	0	0	3.92 %	17.31 %	94%	83.33%	0.00%	12	0
Delivery suit	12	12	20.42	27.31	6+1	4+1	1.36	1.23	N/A	N/A	28.42	33.19	-4.77	78/22	80/20	Yes	No	1:2	1:3	0	0	1	0	2	7.54 %	5.54 %	92% gold	No data	No data	No data	13
Critical Care	32	32	205.59	198.46	29+6	29+6	8.60	8.02	N/A	N/A	26.25	29.09	-2.84	83/17	80/20	Yes	No	1:1.17	1:1.17	4	120	12	4	9	9.02 %	1.65 %	95% gold	95.83%	4.17%	24	7
Buttercup (CHH)	32	32	40.4	40.4	3+6	2+4	(2.02)	0.34	60.45	63.76	5.81	3.5	2.31	37/63	60/40	Yes	Yes	1:10.67	1:16	59	20	0	2	13	7.84 %	2.85 %	98%	91.67%	8.33%	12	8
Meadow (CHH)	32	32	40.4	40.4	3+6	2+4	(3.46)	5.63	51.32	57.47	5.87	7.36	-1.49	33/67	60/40	Yes	Yes	1:10.67	1:16	78	16	0	4	3	7.75 %	-	95%	60.00%	0.00%	5	17
Orchard	32	32	37.65	37.65	1+1+6	1+1+4	(4.77)	2.95	N/A	N/A	5.25	N/A	-	28/72	60/40	No	No	1:16	1:16	32	4	0	0	1	10.70 %	1,81%	89%	No data	No data	No data	0

Appendix 2 Table 2 – Operational risk relating to staffing

ID	Opened	Title	Division	Rating (Current)	Risk Level (Current)
65	19/12/2017	Lack of Diabetic Specialist Nurse Coverage affecting diabetic services	Division of Medicine - Trustwide	20	High =>15
178	17/03/2016	Increased level of activity, acuity, suboptimal skill and establishment of nursing staff impacting on patient care	Division of Women's and Children's Services - RPH	16	High =>15
942	07/12/2020	Lack of staffing resources available within our Children's Community and Specialist Nursing Teams impacting patient safety.	Division of Women's and Children's Services - RPH	16	High =>15
581	16/09/2016	Maternity Staffing Deficit	Division of Women's and Children's Services - RPH	15	High =>15
1535	27/02/2023	Delay in full implementation of the Maternal Medicine Centre for L&SC	Division of Women's and Children's Services – RPH	15	High =>15
2021	27/11/2024	Inability to provide 6-7 day in-patient pain service over two sites with the current nursing WTE establishment	Division of Diagnostics & Clinical Support Services – RPH	15	High =>15
1399	17/03/2023	Lack of Chemotherapy trained staff impacting on capacity for service delivery	Division of Surgery - RPH	15	High =>15
1708	25/04/2023	Deferring and rearranging planned consultations in midwifery led services (community midwifery).	Division of Women's and Children's Services – RPH	12	Significant 8-12
729	11/06/2020	Lack of sexual offence examiner (SOE) rota cover for SAFE Centre	Division of Women's and Children's Services – RPH	12	Significant 8-12
558	19/06/2023	Paediatric ED staffing	Division of Medicine – RPH	12	Significant 8-12
2030	14/11/2024	Reduced Staffing Lancashire and South Cumbria Regional Ventilation Service	Division of Medicine – RPH	12	Significant 8-12
1680	08/03/2023	Risk to patient safety and staff well being due to working outside of GPICS staffing standards	Division of Diagnostics & Clinical Support Services – RPH	12	Significant 8-12
1004	14/12/2020	Neurology specialist nurse teams are currently under established.	Division of Medicine - RPH	12	Significant 8-12
988	04/04/2022	Current staffing template does not reflect establishment required to achieve standards for level 1 ED & MT Centre	Division of Medicine - RPH	12	Significant 8-12
1325	30/08/2022	Lack of Endocrine Specialist Nurse to support the service	Division of Medicine - Trustwide	12	Significant 8-12

126	20/07/2020	Unable to provide sufficient nursing establishment at BAPM standard to manage peak neonatal activity/acuity	Division of Women's and Children's Services - RPH	12	Significant 8-12
1189	01/09/2021	HFN support for follow up of patients with heart failure across Acute and Community	Division of Medicine – RPH	10	Significant 8-12
647	31/10/2020	Risk to patient care due to nurse staffing gaps (HCAs and RNs)	Division of Medicine - Trustwide	9	Significant 8-12
452	11/03/2019	Risk of unfilled shifts on the gynae ward, GEAU & DOSSA resulting in poor patient & staff experience & potential lapses in care.	Division of Women's and Children's Services – RPH	9	Significant 8-12

Appendix 3 Children's and young People Dashboard

Indicator	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
Senior review within 4 hours weekday %	88%	81%	93%	94%	98%	91%	93%	85%	96%	93%	98%	95%	98%
Senior review within 4 hours weekend %	88%	92%	93%	97%	100%	93%	95%	96%	98%	96%	98%	100%	97%
Consultant review within 14 hours weekday %	72%	64%	91%	75%	68%	83%	70%	62%	85%	82%	87%	83%	86%
Consultant review within 14 hours weekend %	65%	75%	68%	74%	71%	66%	48%	83%	81%	80%	80%	74%	76%
Discharges against medical advice	8	5	0	3	9	5	1	5	0	5	1	2	1
Medicines safety audit	83%	81%	68%	81%	69%	75%	81%	70%	71%	73%	72%	71%	82%
Monthly inpatient STAR	73%	62%	66%	78%	73%	55%	78%	79%	85%	91%	93%	84%	83%
mattress audit	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
hand hygiene	100%	100%	100%	100%	100%	90%	100%	100%	100%	100%	100%	80%	90%
Intra vascular devices	100%	93%	100%	95%	100%	90%	94%	100%	96%	100%	100%	92%	100%
Management of suspected infection	100%	98%	100%	100%	100%	96%	98%	100%	100%	98%	100%	100%	100%
Monthly commode audit	100%	100%	94%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Deteriorating patient matrons audit							82%	94%	61%	91%	93%	90%	91%
CD audit 3 monthly	90%	#	#	90%	#	#	100%	#	#	64%	#	#	73%
Number of incidents	97	114	75	69	127	62	121	60	60	40	47	61	51
No harm	82	101	61	50	90	54	88	46	45	29	36	51	40
Near miss	7	4	10	3	8	9	12	7	1	6	4	6	5
Harm (low)	14	9	11	9	14	8	28	13	13	10	9	9	11
Harm (moderate and above)	1	4	3	2	1	0	5	1	2	1	2	1	0
Number of child deaths	0	0	0	0	0	0	0	1	0	0	0	0	0
Number of complaints	2	2	2	1	1	0	2	3	4	1	0	1	1
Number of PALS	13	7	4	6	8	6	10	12	5	1	10	10	12
Friends and family Inpatient	90	89	76	87	87	87	92	86	88	91	98	96	94
Friends and family day case	87	92	85	88	98	96	100	90	91	95	100	100	100
Friends and family Outpatients	90	85	90	88	90	91	100	89	91	90	94	92	94
Appraisal rate	91%	80%	77%	81%	80%	80%	82%	86%	87%	85%	83%	81%	91%
Safeguarding children level 3	96%	97%	95%	96%	95%	95%	95%	95%	94%	98%	98%	100%	96%
Prevent	97%	95%	95%	97%	89%	89%	91%	95%	96%	96%	98%	100%	98%
PBLS	83%	77%	95%	84%	75%	75%	78%	86%	95%	98%	100%	100%	95%
APLS	50%	50%	38%	28%	33%	33%	33%	38%	56%	57%	63%	63%	82%
Moving and handling	74%	65%	63%	63%	69%	69%	69%	68%	79%	81%	85%	83%	88%
ANTT	97%	98%	98%	97%	98%	96%	98%	98%	100%	100%	100%	98%	92%
Ward 8 Registered Nurse Day	93%	93%	90%	90%	84%	78%	94%	87%	88%	91%	81%	84%	81%
Ward 8 Un registered Nurse Day	89%	88%	86%	82%	85%	90%	88%	96%	85%	80%	77%	85%	78%
Ward 8 Registered Nurse Nights	93%	92%	89%	92%	88%	93%	92%	91%	91%	91%	83%	81%	86%
Ward 8 Unregistered Nurse Nights	84%	87%	94%	91%	98%	92%	92%	94%	97%	90%	94%	97%	100%
Roster publishing 100%	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	no
RCN Compliance ward 8	82%	unav	94%	93%	84%	75%	99%	100%	92%	94%	95%	82%	86%
ward 8 Vacancies WTE band 5	4	6	5	5	10	10	5	5	10	3	5	5	5
ED Registered Nurse Day	85%	89%	89%	88%	88%	102%	94%	98%	100%	93%	95%	95%	98%
ED Un Registered Nurse Day	90%	94%	94%	93%	101%	93%	94%	90%	94%	83%	90%	96%	82%
ED Registered Nurse Night	95%	97%	89%	89%	94%	96%	98%	97%	95%	92%	95%	89%	89%
ED Un Registered Nurse Night	99%	92%	94%	99%	91%	97%	97%	97%	90%	90%	90%	92%	90%
PAU Registered Nurse Day	99%	94%	89%	87%	95%	91%	95%	92%	91%	91%	85%	91%	87%
PAU Un Registered Nurse Day	99%	97%	92%	100%	96%	97%	100%	94%	95%	97%	98%	100%	94%
PAU Registered Nurse Night	103%	100%	97%	100%	101%	102%	94%	89%	97%	97%	100%	96%	99%

Appendix 4 - Structured Professional Judgment Template

Professional Judgement Framework			
Ward/Dept Name			
Name of reviewer (must be minimum 8a or above)			
Date of Review			

Key	
Areas of Concern	Red
Requires improvement	Amber
Compliant	Green

Evidence Required	RAG (choose from drop down)	Supporting Narrative / Comments e.g. change in position, supporting data	Prompts/considerations for answering
Expectation 1: Right Staff			
Continuity of team leadership over the last year			any changes in leadership or any gaps
Sufficient allocated time for managerial activities			is management time being allocated, how much, is it consistent (70/30, 60/40)
Multiprofesssional team support is available			are there gaps in MDT support, who/what is needed
Administration/supportive roles available			any changes, right skills, gaps in support, ward clerk, house keepe
Positive staff experience measures			regular 1:1's, staff meetings, feedback mechanisms, reward and recognition
Budget meets requirements, including a review of headroom			under/overspent? Is headroom sufficient for requirements
SNCT Data (or equivalent e.g BAPAN, Birth rate plus) collected by trained staff			3 senior trained staff members and validated, next due to be collected
Expectation 2: Right Skill			
Sufficient technology to support team function. All staff trained to a sufficient level			Is IT accessible and all staff trained? Any gaps, any mitigations being used?
Effective appraisals are conducted (note compliance %)			Any gaps, plans in place to complete
Mandatory training standard met (note compliance %)			Any gaps, plans in place to complete to Trust targets
CPD/PDP plan for all staff in place			Do all staff have a development plan documented and reviewed regularly?
Staff supervision/reflective practice processes in place			regular clinical supervision, mentors, buddy's, PNA's
All staff have had an appropriate induction (including temporary staff), including evidence of implementation			Checklists, induction plans, competency docs used
Skill mix data reflects needs of the patients			Lots of new starters/junior staff, adequate NIC cover, right skills for clinical area, any gaps?
Expectation 3: Right place and time			
The ward has a standard level of patient turnover/throughput for clinical speciality.			is patient turnover higher than expected for clinical speciality, are there increased moves, outliers, long stay patients, include LOS data if approriate
The layout of the ward/unit is optimal, not adding excessive workload such as long distances or difficulty observing patients.			layout compact, spread out, lots of siderooms, difficulty in observing patients
The amount of work is consistent across different times of the day and days of the week. (Details to be provided if there is variation)			Is there predictable variation by time of day and day of week, do rosters match known variation? Is demand unpredictable?
Enhanced/1:1 care requirements are minimal			if high use, how much, what type of patients, how are breaks covered if enhanced care used, are ELOC assessments completed and support this?
Staff sickness within trust threshold (note % from roster analyser)			sickness management in place?
Roster published a minimum of at least 6 weeks in advance .			as per Roster Management Policy and NMC requirements
Shift patterns match patient/staff need			Sufficient staff to cover patients needs across day/night/week day variations, lengnth of shift and adequate break times
Flexible working agreements have been reviewed within the last 12months.			% of staff that have a flexable working agreement, is there any impact on the ability to maintain safe staffing levels?
Patient experience measures in place			FFT feedback, complaints/concerns, learning from complaints/concerns demonstrated, patient advocates used
Student feedback considered			Student feedback surveys, 1:1s, listening to concerns raised, students who joined the ward when qualifying
Escalation plans in place and reviewed			is staffing adjusted to allow for escalation and is this included in budget? Is safe care completed 3 times a day?

Appendix 5 National Staffing Guideline summary

This seeks to provide a broad overview of the guidance consulted and considered when applying the speciality guidance available.

Speciality	Guideline's	High level Overview of Recommendations
Adult inpatient areas	NICE safe staffing for nursing in adult Inpatient wards in Acute trusts (2014)	There is no single nursing staff-to-patient ratio that can be applied across the whole range of wards to safely meet patients' nursing needs. Each ward should determine its nursing staff requirements to ensure safe patient care. It then recommends on-the-day assessments of nursing staff requirements to ensure that the nursing needs of individual patients are met throughout a 24-hour period. Recommends the use of Shelford Safer Care Tool and endorses the use of Health Roster and SafeCare.
Adult Inpatient	NHS Improvement Care hours per patient Day (CHPPD): Guidance for all Inpatient trusts (2023)	Ward establishments are set using NICE endorsed evidence based tools such as the Safer Nursing Care Toll or Birthrate plus in maternity. These are in line with the NQB and underpinned by clinical judgement. The set establishment as signed off at budget setting by finance, workforce, operational and clinical leads are being expressed in terms of care hours (and could be therefore convertible to CHPPD) To enable comparison and triangulation with national reported CHPPD
Children's and Young Peoples Service	RCN standards Defining staffing levels for children and young people's services (2013)	Children < 2 years of age 1:3 registered nurse: child, day and night Children > 2 years of age 1:4 registered nurse: child, day and night The ward staffing complement must also have a supervisory ward Sister / charge nurse and unregistered staff, who are not included in the above baseline bedside establishment. The following standards Should be applied for all general inpatient wards as a minimum: • one Band 7 ward sister/charge nurse • one ward receptionist +/- admin support for sister • minimum of one health play specialist • one housekeeper • +/- one hostess. Skill mix should be balanced to meet the needs of the service and dependency/acuity of the children and young people requiring nursing care. In addition to the Band 7 ward sister/charge nurse, a competent, experienced Band 6 is required throughout the 24-hour period to provide the necessary support to the nursing team. This will provide an experienced nurse to advise on clinical nursing issues relating to children across the organisation 24-hours a day. **High dependency care** The nursing requirements for infants and children in NICU and PICU requiring high dependency care have been defined above. However, high dependency care is often provided outside of the intensive care unit in both specialist wards in tertiary hospitals and general wards in district general hospitals. The expertise and support for staff in these settings varies considerably, necessitating staffing for high

		dependency care to be based on local requirements as well as national guidance. While use of a children's high dependency care
		assessment tool can assist the assessment of staffing requirements for high dependency care, the following registered nurse-to-patient ratios should be applied regardless of the setting: • 0.5:1 registered nurse: patient for children requiring close supervision and monitoring following surgery, those requiring close observation for mental health problems or with single system problems. • 1:1 registered nurse: patient, where the child is nursed in a cubicle, has mental health problems requiring close supervision, or where the condition of the child deteriorates and requires intensive care. This higher ratio will also be required during the admission process until the child is fully admitted and stable.
Critical Care Units	British Association of Critical Care Nurses Standards for nurse staffing in critical care. (BACCN) (2009)	Critical Care units also require a number of staff to support the delivery of care to patients through: • Management of the unit by a designated lead matron, • Coordination of each shift by a supervisory/supernumerary senior critical care qualified nurse. • Additional supervisory/supernumerary support for every 10 beds (BACCN / ICS recommendation: 21 – 30 beds = 2 additional Supernumerary registered nurses). This is the minimum recommended. The support includes assistance with admissions, transfers ensuring patient care is driven forward to reduce length of stay or time spent at level 3 e.g. that there are no delays in weaning plans • Education and Training for staff - the recommended service specification is that 50% of staff on critical care units should be in possession of a post registration award in Critical Care Nursing. The BACCN / ICS recommendation is 1 for every 75 staff. Each Critical Care unit should have a dedicated clinical educator. • Technical support – The vast amount of medical devices within the unit requires a level of technical expertise to maintain the day to day integrity of the machines in the clinical environment. • Care support workers are required to support the provision of care in each area of the unit.
Critical Care Units	Guidelines for the Provision of Intensive care services Core Standards for Intensive care units (2013)	Level 3 patients (level guided by ICS levels of care) require a registered nurse/patient ratio of a minimum 1:1 to deliver direct care Level 2 patients (level guided by ICS levels of care) require a registered nurse/ patient ratio of a minimum 1:2 to deliver direct care Supports BACCN standards
Emergency Departments	RCN Baseline Emergency Staffing Tool (2013)	BEST recommends minimum nurse to patient ratios when planning nursing establishments or for use on a shift-by-shift basis. The BEST tool reflects the following ratios. One registered nurse to four cubicles in either "majors" or "minors"

		One registered nurse to one cubicle in triage One nurse to two cubicles in the resuscitation area. 1 band 7 (or equivalent) registered nurse on every shift at all times Major trauma (2 registered nurses to 1 patient) Cardiac arrest (2 registered nurses to 1 patient) Priority ambulance calls (1 registered nurse to 1 patient) Family liaison (1 registered nurse to 1 patient's family/carers) 1 Registered Children's nurse per shift
Major trauma Network	Regional Networks for Major Trauma (2010)	Major Trauma Peer review recommends one Band 7 RN per shift in the ED 24/7 to maintain Major Trauma status. Geography is also an important factor that affects the number of nurses required to provide visual observation of acutely unwell patients. A children's nurse should be present in the departments during opening hours. In the Major Trauma Centre, patients with multiple injuries should be located within dedicated trauma wards. Some patients with single system injuries may have their care needs best met by the appropriate speciality ward. Crucial to the delivery of safe, high quality care for trauma patients is the establishment of a critical mass of experienced staff. This requires a highly trained and experienced nursing workforce with the appropriate staffing levels, skills mix, ongoing education and leadership.
Neonatal Services	British Association of Perinatal Medicine (2011) Department of Health (2009)	The recommended staffing levels for neonatal services, minimum nurse to child ratio Intensive Care 1:1 High Dependency 1:2 Special Care 1:4 The DOH also produced best practice guidance for neonatal staffing which recommend a nurse co-ordinator on every shift (additional to those providing direct clinical care) and that units have a minimum of two registered staff on duty at all times (one which holds a qualification in the speciality)
Neuro Rehabilitation	NICE 2015 Specialised Neurorehabilitation Service Standards Updated 30.4.2015	Specialised rehabilitation services for Neurorehabilitation services per 20 beds require Hyper acute phase - 65-75% RN Level 1a -50-60% RN Level 1b – 35-40% RN At least 40% of nurse should have specific rehab training
Older People	RCN Safe Staffing for Older People's Wards (2012)	Recommends 1:5 – 1:7 nurse to patient ratio to deliver ideal, good quality care. 65:35% registered to un- registered skill mix.
Stroke	British Association of Stroke Physicians BASP (2014)	The Acute Stroke Unit provides sufficient trained nursing staff to provide high quality nursing care. In the first 72 hours of an acute stroke patient's admission, they will require more intensive monitoring and nursing input, requiring a minimum Level 2 nursing staff numbers to manage the acute stroke patient (2.9 WTE nurses per bed; 80:20% (trained to untrained staffing ratio) is recommended. Thereafter a level of 1.2 WTE nurses per bed is appropriate.

Appendix 6 - NHS Improvement staffing improvement resources

Hight level Overview of Recommendations	
National Quality Board (2018) Safe, Sustainable and productive staffing: An improvement resource for Children's and Young People's inpatient wards in acute hospitals.	
Supporting NHS providers to deliver the right staff with the skills at the right time.	• Adopt a systematic approach using an evidence-based decision support tool, triangulated with professional judgement and comparison with peers. • Undertake a strategic staffing review annually or more often if changes to services are planned. • Staffing decisions should consider the impact of the role of parents and carers. • Factor into the establishment the requirement that all children and young people should have access to a registered children's nurse 24 hours a day – particularly important in NHS acute trusts and district general hospitals where the children's services are often a small department. • Take staffing decisions in the context of the wider registered multiprofessional team. • Safe staffing requirements and workforce productivity should be integral to operational planning. • Organisations should have plans to address local recruitment and retention priorities and review them regularly. • Hospitals should offer flexible employment and deploy staff efficiently to limit use of temporary staff, paying particular attention to the younger age profile of registered children's nurses. • Organisations should have a local dashboard to assure stakeholders about safe and sustainable staffing. It should include quality indicators to support decision making. • Organisations should have an appropriate escalation process in case staffing is not achieving desired outcomes. • All organisations should have a process to determine additional staffing uplift requirements based on the needs of patients and staff. • All organisations should investigate staffing-related incidents and their effect on staff and patients, taking action and giving feedback. • Feedback from children, young people, families and carers, including complaints, should be an early warning to identify service quality concerns and variation.
National Quality Board (2018) Safe, Sustainable and productive staffing: An improvement resource for neonatal care.	
Supporting NHS providers to deliver the right staff with the skills at the right time.	• Boards must ensure there is a strategic multiprofessional staffing review at least annually (or more frequently if service changes are planned or quality or workforce concerns are identified), which is aligned to the operational planning process. In addition a mid-year review should provide assurance that neonatal 8 services are safe and sustainable. This should assess whether current staffing levels meet the recommended levels and are likely to do so in future. • All neonatal units should work collaboratively within an operational delivery network (ODN), sharing their workforce plans and strategies for recruitment and retention across the ODN.

	• Skill mix should be regularly reviewed to ensure that the most suitable staff are in undertaking the correct roles and are available in sufficient numbers. • Professional judgement should be used together with appropriate workforce and acuity tools. • Data collected using BadgetNet and the neonatal nurse staffing tool (Dinning) should be used to calculate the required establishment according to the level of activity. This should be shared with the neonatal ODN. • Training and development must be linked to annual individual appraisals and development plans, and must be provided within the resources available to the team. • Organisations should recognise the increasing need for flexible working patterns to meet the fluctuating needs in neonatal services. • All neonatal units should adhere to the pathways agreed with the ODN and specialised commissioning teams to ensure efficient working across the network. • All neonatal units should input data into BadgerNet to enable national benchmarking. • Areas of concern highlighted by parents/families or staff using workforce planning and analysis methods must be carefully scrutinised and appropriate actions taken to address them.
National Quality Board (2018) Safe, sustainable and productive staffing: An improvement resource for adult inpatient wards in acute hospitals	
Supporting NHS providers to deliver the right staff with the skills at the right time.	• A systematic approach should be adopted using an evidence-informed decision support tool triangulated with professional judgement and comparison with relevant peers. • A systematic approach should be adopted using an evidence-informed decision support tool triangulated with professional judgement and comparison with relevant peers. • Staffing decisions should be taken in the context of the wider registered multi-professional team. • Consideration of safer staffing requirements and workforce productivity should form an integral part of the operational planning process. • Action plans to address local recruitment and retention priorities should be in place and subject to regular review. • Flexible employment options and efficient deployment of staff should be maximised across the hospital to limit the use of temporary staff. • A local dashboard should be in place to assure stakeholders regarding safe and sustainable staffing. The dashboard should include quality indicators to support decision-making. • Organisations should ensure they have an appropriate escalation process in cases where staffing is not delivering the outcomes identified. • All organisations should include a process to determine additional uplift requirements based on the needs of patients and staff. • All organisations should investigate staffing-related incidents and their outcomes on patients and staff and ensure action and feedback.
National Quality Board (2018) Safe, sustainable and productive staffing: An improvement resource for urgent and emergency care	
Supporting NHS providers to	• A strategic staffing review must be undertaken annually or more often if changes to services are planned.

deliver the right staff with the skills at the right time.	• Adopt a systematic approach using an evidence-based decision support tool triangulated with professional judgement and comparison with peers. • Safe staffing requirements and workforce productivity should be integral to the operational planning process. • Acuity and dependency may vary considerably within UEC settings. Staffing reviews should use decision support tools for the assessment and measurement of acuity, dependency and workload • Demand in UEC settings fluctuates through 24 hours, the week and with the season. Workforce planning should allow for this and reflect trends in activity. Contingency plans should give the necessary staffing flexibility to meet unexpected demand. • Workforce planning should allow for role development/expansion and new ways of working while ensuring that fundamental care remains a priority. • Staffing decisions should be taken in the context of the wider multiprofessional team. • Organisations should have a local dashboard to assure stakeholders that staffing is safe and sustainable. The dashboard should include department-level quality indicators to support decision-making. • Organisations should ensure they have an appropriate escalation process in case staffing is not achieving desired outcomes. • Action plans to address local recruitment and retention priorities within UEC settings should be in place and subject to regular review. • Flexible employment options and efficient deployment of staff should be maximised to limit the use of temporary staff. • All organisations should have a process to determine additional uplift requirements based on the needs of patients and staff. • All organisations should investigate staffing-related incidents and their effect on staff and patients, taking action and giving feedback.

Appendix 7 - NQB Safe sustainable and productive staffing recommendations 2016

Supporting NHS providers to deliver the right staff, with the right skills in the right place at the right time

	Recommendation	LTHTR Response
	Right staff	
1	Boards should ensure there is sufficient and sustainable staffing capacity and capability to provide safe and effective care to patients at all times, across all care settings in NHS provider organisations.	Daily meetings for staffing, operationally managed by divisional matrons and escalated through chain of command.
	Boards should ensure there is an annual strategic staffing review, with evidence that this is developed using a triangulated approach (i.e. the use of evidence-based tools, professional judgement and comparison with peers), which takes account of all healthcare professional groups and is in line with financial plans. This should be followed with a comprehensive staffing report to the board after six months to ensure workforce plans are still appropriate. There should also be a review following any service change or where quality or workforce concerns are identified.	Annual staffing reviews undertaken using professional judgement, model hospital comparisons, CHPPD and predicted CHDDP, workforce data, nurse sensitive indicators and financial impact. Monthly staffing reports provided to Safety and Quality committee.
	Safe staffing is a fundamental part of good quality care, and CQC will therefore always include a focus on staffing in the inspection frameworks for NHS provider organisations.	Monthly in-depth staffing papers to Safety and Quality committee for adult inpatient, maternity / neonates and paediatrics
1.1	Evidence based workforce planning	Workforce reviews include benchmarking against professional and national Standards. Safer Nursing care Tool (SNCT) to calculate acuity scores CHPPD / predicted CHPPD/ peer and national CHPPD
1.2	Professional judgement	Annual workforce review – Structured Professional judgement. Professional Discussion as part of the review
1.3	Compare with peers	Clinical quality dashboard Service level peer reviews Model hospital comparisons
	Right Skills	
2	Commissioners should actively seek to assure themselves that providers have sufficient care staffing capacity and capability, and to monitor outcomes and quality standards, using information that providers supply under the NHS Standard Contract.	Training compliance is a mandated essential component in the Trust accreditation which is monitored as part of the monthly assurance report to Safety and Quality Committee ICB Executive in attendance at Safety and Quality Committee
	Boards should ensure clinical leaders and managers are appropriately developed and supported to deliver high quality, efficient services, and there is a staffing resource that reflects a multi-professional team approach.	Core people management skills. Leadership and development programmes. Leadership and OD strategy. Leadership focus as part of the annual

	Decisions about staffing should be based on delivering safe, sustainable and productive services.	review. Flow Coaching Academy. Micro Coaching Academy. Productive workstreams on Leadership in the ICB.
	Clinical leaders should use the competencies of the existing workforce to the full, further developing and introducing new roles as appropriate to their skills and expertise, where there is an identified need or skills gap.	Skill mix, extended roles, introduction of AP/ NA role, Discharge facilitators/ Non - medical prescribing, Advanced nurse practitioners, Non-medical consultants, Clinical specialists.
2.1	Mandatory training, development and education	Study leave included in headroom calculations. Mandatory training and appraisal targets. Time to lead incorporated into ward managers role
2.2	Working as a multi -professional team	Integrated allied health professionals within traditional workforce. Multiprofessional continuous improvement workstream focusing on improving patient outcomes and experiences.
2.3	Recruitment and retention	Quarterly recruitment and retention committee reports directly to Chief Peoples Officer. Retire and return scheme Attendance at regional university recruitment fairs. International recruitment. Local divisional retention plans. On boarding as part of local induction. Centralised recruitment, retention and buddy systems. Learning from leaver interviews.
	Right place and times	
3	Boards should ensure staff are deployed in ways that ensure patients receive the right care, first time, in the right setting. This will include effective management and rostering of staff with clear escalation policies, from local service delivery to reporting at board, if concerns arise.	Roster publishing compliance. Escalation through chain of command. Monthly safety and quality committee. Daily staffing Huddles using SafeCare to Support acuity and dependency needs.
	Directors of nursing, medical directors, directors of finance and directors of workforce should take a collective leadership role in ensuring clinical workforce planning forecasts reflect the organisation's service vision and plan, while supporting the development of a flexible workforce able to respond effectively to future patient care needs and expectations	Annual workforce planning. Clinical capacity and skill mix are aligned too the needs of the patient.
3.1	Productive working and eliminating waste	Risk register. DATIX. Productive ward principles. Daily staffing meeting, escalation through chain of command. Opening of CHH to increase patient flow.
3.2	Effective deployment and flexibility	Effective use of e-rostering and SafeCare for re-deployment .Flexible working polices

		Increased staffing for predicted demand i.e. seasonal changes.
3.3	Effective employment, minimising agency use	Capped agency rates and master vend agreement. Large internal bank. Agency override approvals in place.

Appendix 8 - Developing Workforce Safeguards (2018) GAP analysis - NHS England: An Introduction to Safer Staffing

	Developing workforce safeguards recommendations	Further detail	Position	Current Evidence to Support Compliance	Gap Analysis	Actions Required to Meet Compliance	Lead and Date for Completion
1	**Trust formally using NQB guidance 2016**	Trusts must formally ensure NQB's 2016 guidance is embedded in their safe staffing governance.	Completed	Daily safe staffing huddles and Bi-annual reviews provide evidence of Right staff, Right skills and Right Place and Time.			
2	**Applies principles of safe staffing**	1)Evidence based tools (where they exist) 2) Professional Judgement 3)Outcomes	In progress	SNCT introduced into Trust across Adults, Children and ED in January 2024. Birth Rate Plus used in Maternity - last undertaken 2022. SNCT commence for CHH in August 2024. Outcome data collated and reviewed monthly alongside fill rate data. Introduction of the use of Professional Judgement Framework (2023) commenced September 2024.	Expansion into non inpatient areas in the Trust needs to be developed.	Develop and agree standardised process for non-inpatient areas to meet the bi-annual workforce review requirements.	Safe Staffing Lead Jun-25
3	**Staffing governance process in place - monthly review of all workforce groups, ward to board**	The trust is required to submit an annual governance statement to which the trust is required to confirm staffing governance processes are safe and sustainable	Completed	Monthly Safety and Quality dashboard allows analysis of safety and quality metrics alongside fill rate data (Unify data). Presented to S&Q committee monthly.			
4	**Annual Governance statement**	NHSi will review the annual governance statement through the usual regulatory arrangements and performance management processes, which complement quality outcomes, operational and finance performance measures.	Completed	The Trust's annnual report is submitted for approval by the Board of Directors and is on the Trust website at https://www.lancsteachinghospitals.nhs.uk/media/.resources/66a39d32710a03.72987955.pdf . This has also been laid before parliament.			

5	**Single Oversight Framework (SOF)submission**	Annual Single Oversight Framework (SOF) submission to include more detailed metrics (staff turnover, sickness, temporary staff, annual staff survey alongside other workforce, quality, productivity and outcome indicators)	Completed	The annual workforce review process and report uses data and professional judgment to address the recommended 5 themes, • Service quality • Finance and resources • Operational performance • Strategic change • Leadership and improvement capability			
6	**Director of Nursing & Medical Director must confirm safe staffing review in a statement to the board**	As part of the safe staffing review, the Director of Nursing and Medical Director must confirm in a statement to their board that they are satisfied with the outcome of any assessment that staffing is safe, effective and sustainable.	Completed	Chief Nursing Officer is present in the bi-annual workforce reviews and this statement is included as part of the reporting process when the CNO signs off the report. This will continue as the workforce reviews are progressed to include non-inpatient areas.			
7	**Workforce plan should be in place and agreed / signed off by CEO & executive leaders and discussed at public board meeting**	Trusts must have an effective workforce plan that is updated annually and signed off by the chief executive and executive leaders. The board should discuss the workforce plan in a public meeting.	Completed	Workforce planning is submitted annually and monitored through workforce committee.			
8	**Agreed local quality dashboards on staffing & skill mix that is cross checked with comparative data from Model Hospital each**	Trusts must ensure their organisation has an agreed local quality dashboard that cross-checks comparative data on staffing and skill mix with other efficiency and quality metrics such as the Model Hospital dashboard. Trusts should report on this to their board every month.	In progress	Monthly Safety and Quality dashboard allows analysis of safety and quality metrics alongside fill rate data (Unify data). Presented to S&Q committee monthly.	Model hospital data is not used monthly to compare - mainly as the data in the dashboard is months behind.	Consideration on how as a Trust we can build in cross-checks comparative data on staffing and skill mix with other	Safe Staffing Lead Jun-25

	month and reported to the board.					efficiency and quality metrics monthly.	
9	**Nursing establishments & skill mix of all areas to be reviewed twice a year and reported to the board (using NQB guidance & NHSi resources)**	An assessment or re-setting of the nursing establishment and skill mix (based on acuity and dependency data and using an evidence-based toolkit where available) must be reported to the board by ward or service area twice a year, in accordance with NQB guidance and NHS Improvement resources. This must also be linked to professional judgement and outcomes.	In progress	Bi-annual workforce review meetings are undertaken in November and June which include representation from the clinical divisions, ward areas, finance, workforce and health rostering team alongside the safe staffing lead, deputy and/or chief nurse.	Expansion into non inpatient areas in the Trust needs to be developed.	Develop and agree standardised process for non-inpatient areas to meet the bi-annual workforce review requirements.	Safe Staffing Lead Jun-25
10	**No Local manipulation of identified nursing resource from approved evidence based tools**	There must be no local manipulation of the identified nursing resource from the evidence-based figures embedded in the evidence-based tool used, except in the context of a rigorous independent research study, as this may adversely affect the recommended establishment figures derived from the use of the tool.	Completed	SNCT introduced into Trust across Adults, Children and ED in January 2024. Birth Rate Plus used in Maternity - last undertaken 2022. SNCT commence for CHH in August 2024.Training programme introduced in December 2023 which records staff trained and undertaken inter-rater reliability assessment and recorded centrally, all audits are peer validated by a Matron or DDND who does not have budgetary responsibility for the area.			

11	**Quality Impact Assessment (QIA) review for service changes including skill mix changes**	As stated in CQC's well-led framework guidance (2018) and NQB's guidance any service changes, including skill-mix changes, must have a full quality impact assessment (QIA) review.	Completed	QIA created and included in the Trust QIA process.			
12	**Quality Impact Assessment (QIA) review for redesign or introduction of new roles (including but not limited to physician associate, nursing associates and advanced clinical practitioners – ACPs)**	Any redesign or introduction of new roles (including but not limited to physician associate, nursing associates and advanced clinical practitioners – ACPs) would be considered a service change and must have a full QIA.	Completed	QIA created and included in the Trust QIA process.			
13	**Formal risk assessments and escalation processes in place for all staff groups**	Given day-to-day operational challenges, NHSi expect trusts to carry out business-as- usual dynamic staffing risk assessments including formal escalation processes. Any risk to safety, quality, finance, performance and staff experience must be clearly described in these risk assessments.	Completed	Daily business-as usual dynamic staffing risk assessments including formal escalation processes are in place and supported by Policy and Standard Operating Procedure for adults, children and maternity.			
14	**Boards to be made aware of continuing or increasing staffing risks**	Should risks associated with staffing continue or increase and mitigations prove insufficient, trusts must escalate the issue (and where appropriate, implement business continuity plans) to the board to	Completed	Monthly Safety and Quality dashboard allows analysis of safety and quality metrics alongside fill rate data (Unify data). Presented to S&Q committee monthly. Divisions maintain the right to flex staffing dependant on safety and			

		maintain safety and care quality. Actions may include part or full closure of a service or reduced provision: for example, wards, beds and teams, realignment, or a return to the original skill mix.		can request a formal review at any point throughout the year. Escalation policies and Standard Operating Procedure are in place.			

Appendix 9 - Developing Workforce Safeguards – Safer Nurse Care Tool Assessment Criteria

SNCT Assessment Criteria	Y/N	Evidence required	Comments
Have you got a licence to use the SNCT from Imperial Innovations?	Y	Licence agreement must be signed by board and available for viewing.	Licence obtained and in date (C&YP and ED expire March 2025, Adult expire August 2026)
Do you collect a minimum of 30 days' data twice a year for this?	Y	A minimum of two datasets of 30 days at distinct points of the year, eg January and June, must be available for review.	Commenced 1st audit January 2024 (annual cycle January and June).
Are a **maximum** of three senior staff trained and the levels of care recorded?	Y	Need to see details of training and inter-rater reliability assessment of senior sister/charge nurse and two additional senior nursing staff members for each ward.	Training and assessment record recorded and held centrally withing blended learning.
Is an established external validation of assessments in place?	Y	Must be evidence of a rota of senior staff with no direct management duties to the allocated ward for each data collection episode/written evidence that this was completed.	Peer validation (across division) schedule in place.
Has inter-rater reliability assessment been completed with these staff?	Y	All ward sisters/matrons should be trained as part of induction/management development and inter-rater reliability assessment is inbuilt.	Training is available twice a year, inter-rater reliability is undertaken following the training and recorded through Blended Learning.
Is A&D data collected daily, reflecting the total care provided for the previous 24 hours as part of a bed-to-bed ward round review?	Y	Must be data available showing the **daily** acuity/dependency levels for previous 24 hours for the full 20 days (minimum) at two distinct points of the year.	Dates captures as part of the audit process.

Are enhanced observation (specialed) patients reported separately?	Y	Enhanced care is factored into SNCT (2023) for AIPW and AAU but not C&YP or ED; therefore this is an additional requirement as no evidence base is included for this. How this has been assessed and included must be an additional requirement.	AIPW and AAU captures as per SNCT levels (1c and 1d). Discussed for C&YP and ED as part of profession judgment with the support of ELoC assessments.
Has the executive board agreed the process for reviewing and responding to safe staffing recommendations?	Y	There must be a local policy setting out how (process) staffing establishments are reviewed bi-annually and reset annually and agreed by the trust board.	SOP in place for annual workforce review process.

Appendix 10

ED RPH staffing levels in response to fluctuating capacity and operational scenarios

The ED has a full capacity protocol that is enacted when occupancy levels reach certain limits, this results in actions that are taken in ED and across the organisation leading to the temporary placement of placements against planned discharges into non designated bed spaces. These patients become boarded patients in ward areas and allow the ED to share the risk of the over occupied department across the organisation.

The Board has accepted the operational risk - ID 25 Exit Block as escalated to Board since Dec 2020.
The Royal College of Physicians (RCEM) and Royal College of Nursing (RCN) Nursing workforce standards for type 1 EDs provides clear guidance on the required staffing for ED's. Coordinators, Streaming triage nurses and resus coordinators must be band 6 or above.

The guidance provided states that patients requiring resuscitation or attending with major trauma require 2 nurses to 1 patient for the initial phase. The guidance advises a band 7 educator and for areas above 75 staff a further band 6/7 educator is required.

The ED size fluctuates significantly in response to increase in demand. This presents risks often referred to as exit block risks, there is an accepted evidence base that high occupancy ED's adversely impacts mortality rates, therefore the approach to mitigating risk should be taken seriously.

The purpose of this set of standards is to provide a clear outline of the steps taken in response to increase occupancy to mitigate risks and to ensure leaders and staff are clear on the steps that should be taken in response to fluctuations in occupancy levels.

RPH ED Baseline
Baseline operating conditions are defined as:

- Normal levels of ED patient attendances (circa 151 patients per 24 hours)
- 1-2 patients with a LoS of 12 hours or more (Mental heath or unwell in resus)
- 12-15 patients with a decision to admit waiting for admission (all under 12 hours)

Baseline Nurse Staffing		
Band 7 co-ordinator	1 band 7	
Majors coordinator	1 band 6	
Triage	1 RN band 6 (or senior band 5)	1HCA
Majors 1 (8 cubicles including 1 designated mental health cubicle)	2 RN band 5	2 HCA (1 HCA mental health 1:1)
Majors 2 (8 cubicles + 4 Chairs)	2 RN band 5	2 HCA
Majors 3 (5 cubicles)	1 RN band 5	1 HCA

Majors 4 (9 isolation cubicles + 5 trolleys)	4 RN band 5	2 HCA
Resus (6 Cubicles)	1 RN band 7 2 RN band 5	1 HCA
RATS (7 Cubicles)	1 RN band 6 ambulance triage 2 RN	1 HCA
Total 43 cubicle spaces 5 trolleys 4 chairs	**Total 18 RNs**	**Total 10 HCAs**

RPH ED – Waiting room escalation (Current funded template August 2024)

Waiting Room escalation is defined as:

- Normal levels of ED patient attendances (circa 151 patients per 24 hours)
- >5 ED patients with a LoS of 12 hours or more (delayed assessments, mental health or unwell in resus)
- =/>20 patients with a decision to admit waiting for admission some over 12 hours
- Patient care being provided in the waiting room due to increased cubicle occupancy
    - Ambulance arrival patients assessed as “fit to sit” as no space in RATS
    - Patient delayed waiting ED medical assessment having vital signs monitoring and pain relief
    - Patients with decisions to admit receiving treatments (eg IV antibiotics)

Waiting Room Escalation		
Waiting Room Nurse	1 RN	
Total 43 cubicle spaces 5 trolleys 4 chairs 5 patients in waiting room receiving assessments and treatment	**Total 19 RNs**	**Total 10 HCAs**

RPH ED – Waiting room escalation plus Internal Surge activated
Internal Surge is defined as waiting room escalation plus the following**:**

- Increased ambulance/helicopter arrivals > 8 per hour
- > 15 ED patients with a LoS of 12 hours or more (delayed assessments, mental health or unwell in resus)
- 30 patients with a decision to admit waiting for admission most over 12 hours
- > 70 patients in the department

Internal Surge Step 1		
Majors 4 – convert 1 cubicle into fit to sit for 8 patients	1 RN	1 HCA
Majors 2 – 4 extra patients on the corridor on trolleys	1 RN	
Total **43 Cubicles** **5 trolleys** **12 chairs** **Patients in waiting room being treated** **4 patients on the corridor**	**21 RNs**	**11 HCA**
Internal Surge Step 2		
Majors 1- 2 extra patients on trolleys on corridor		
Majors 4- 4 extra patients on trolleys on corridor	1 RN	1 HCA
Total **43 Cubicles** **5 trolleys** **12 chairs** **Patients in waiting room being treated** **10 patients on the corridor**	**22 RN**	**12 HCA**
Internal Surge Step 3		
RATS- extra 3 patients on corridor on trolleys	1 RN	
Waiting room escalation and Majors sub wait escalation chairs > 5 patients with DTA waiting room > 10 patients with DTA Majors sub wait	1 RN	2 HCA
Total **43 Cubicles** **5 trolleys** **12 chairs** **15 Patients in waiting rooms being treated** **13 patients on the corridor**	**24 RN**	**14 HCA**

RPH ED – Extreme Escalation

Extreme Escalation is defined as internal surge plus the following**:**

- Increased ambulance/helicopter arrivals > 8 per hour
- > 20 ED patients with a LoS of 12 hours or more (delayed assessments, mental health or unwell in resus)
- > 40 patients with a decision to admit waiting for admission most over 12 hours
- > 100 patients in the department
- NWAS cohorting 4 or more patients on the corridor or NWAS enact escalation procedure and so ED reverse que 4 or more patients on the main ED corridor

Extreme Escalation		
2nd Majors Co-ordinator - allocated to oversee safety of patients on corridors and waiting rooms NWAS support for ambulance cohorting/ED additional corridor care ** plus additional support requested Critical Care Outreach Tissue Viability Nurse Additional House Keeper	1 band 6 RN 1 band 5 RN (if ED providing care on main corridor)	1 HCA
Total **43 Cubicles** **5 trolleys** **12 chairs** **>15 Patients in waiting rooms being treated** **>17 patients on the corridor**	**Total 26 RNs**	**Total 15 HCAs**

CDH ED internal surge and additional nurse staffing Requirements

CDH Internal Surge Step 1		
Majors 1 – convert cubicle 11 into fit to sit for 8 patients	1 RN	1 HCA
Majors 1- 3 extra patients on trolleys on the corridor	1 RN	
Total	10 RNs	5 HCA
CDH Internal Surge Step 2		
Ambulance corridor – 3 extra patients on trolleys on the corridor	0 RN	
Resus to be used as overflow if required- up to 2 cubicles	1 RN	
Isolation resus 2 - convert into fit to sit for 5 patients	1 RN	1 HCA
Total	12	6 HCA

Appendix 11 – Financial analysis

Financial analysis

The acuity review will not result in any overall budget increases. There will be movement between the existing budgets to meet the needs of the clinical areas within the existing resource. The overall changes to the establishment will result in a Net reduction of £535k, however the critical care Net reduction is already a scheme on the waste reduction programme (WRP). Excluding the critical care WRP this will lead to a reduction of 5.51wte overall with a Net reduction of £253k.

A summary of the changes associated with the 2024/25 staffing reviews compared to the in-year budget and recurrently funded budgets is detailed below.

Surgery

Net impact of all ward reviews in Surgery is an increase of 0.43wte with budgetary reduction of £12k on recurrent budgets.

Key changes:

- Ribblesdale Unit, which is linked to skill mix and headroom adjustments at Band 5 and 6 levels, and removal of a B3 short day shift that is no longer required.

DCS

Net impact of all ward reviews in DCS is a reduction of 5.51wte with a budgetary reduction of £281k on recurrent budgets. Key changes:

- Decrease for Critical Care, linked to staffing model aligned to the change in configuration of the level of critical care beds, converting 4 level 2 to 4 level 1 beds resulting in a realignment of 5.51wte from B2 to B3, and a reduction in 5.51wte B5 (1 RN per shift) (WRP Scheme already capture savings).

Womens and Children's

Net impact of all ward reviews in Woman's and Children's is an increase of 2.2wte with a budgetary increase £61k on recurrent budgets. Key changes:

- Gynae - £20k increase - 0.83wte of a ward clerk investment to support GAU. This was removed in error during last year's review and will achieve 7 day coverage ward clerk on GAU/Early pregnancy and 5 day cover on the ward.

- Neonatal - £45k increase - Historical miss alignment for band 6 by 0.41 wte and band 5 by 0.37wte staffing to maintain safe staffing Monday – Sunday.

- Paediatric Ward 8 - £5k reduction - Skill mix review between band 2 and band 3 with a 0.6wte increase overall.

Medicine

Net impact of all ward reviews in Medicine is a reduction of 7.21wte with a budgetary reduction of £301k on recurrent budgets. Key changes are;

• Respiratory Enhanced High Care - £707k reduction - Staffing model adjusted to reflect the needs of 11 Respiratory High Care beds. Reduction of 10.60wte B5's and 4.87wt B3's

• Gen/Med Elderly Ward 17 - £319k increase - Based on peer review with similar sized wards, increased by 1 Band 2 HCA day and night (5.51wte), 1 band 4 increase during the day, addressing inequity and continued variable pay (2.26wte).

• Neurorehabilitation - £190k increase based on peer review with similar sized wards and the current variable spend run rate, increase nights by 1 band 2 HCA (5.51wte).

• Rookwood A – £42k reduction - Skill mix review, band 4 on nights changed to band 3, enacted in budget in M8.

• Acute Frailty Unit - £24k - Skill mix review, band 2 HCA days removed and created band 4 on days to support with admission process and compliance with risk assessment targets, enacted in budget in M8.

Appendix 12 - Neurosurgery Rapid Improvement Workstream outcome

The Surgical divisions rapid improvement work has provided the opportunity to review the layout and safe staffing model for the neurosurgical inpatient services. Using the structured professional judgements submitted as part of the annual safe staffing reviews as insight into concerns and opportunities this has supported the restructure of the four neurosurgical wards. The current modelling consists of four neurosurgical wards, three seventeen bedded wards and one ten bedded high care ward. Through the annual review process, it was acknowledged that the layout of the current high care area was suboptimal, with visibility challenges.

The rapid improvement work brought together key stakeholders to discuss and agree a different layout and utilisation of the current space. The work has concluded that moving forward the layout and staffing model will be three surgical wards, ward 2a will house 10 enhanced high care beds with 7 neurosurgical inpatient beds, ward 2b will keep 17 inpatient beds with the addition of 10 ringfenced short stay beds which will be available Monday to Saturday (closed by 14:30), with ward 2c remaining unchanged.

This change will address the concerns raised as part of the annual review professional judgment for visibility of enhanced high care patients. This modelling facilitates improved efficiencies relating to neurosurgical pathways and the availability of post-op short stay beds to enable shorter lengths of stay. With the changes the staffing model has been updated to reflect this, the staffing is based on SNCT data captured over the past year, run rate data and professional judgment. It is important to note that the staffing model proposed will need monitoring over the next 6months through safety and quality metrics as part of the divisional governance processes and by undertaking an acuity and dependency assessment using SNCT to provide assurance that the model is appropriate for the patients care needs. An EQIA has been completed in advance of these changes to understanding any potential risk associated with the changes.

Staffing model changes				
Ward	**Current Staffing model**	**Bed Base**	**New Staffing Model**	**Bed Base**
Neuro High Care	1 Ward Manager 4 RN + 2 HCA – Day 4 RN + 1 HCA - Night	10	Unit configuration changed	-
Ward 2a	1 Ward Manager 4 RN + 3 HCA – Day 2 RN + 3 HCA - Night	17	1 Ward Manager 5 RN + 4 HCA – Day 5 RN + 4 HCA - Night	17
Ward 2b	1 Ward Manager 4 RN + 3 HCA – Day 2 RN + 3 HCA - Night	17	2 Ward Managers 6 RN + 5 HCA – Day Monday – Saturday AM 4 RN + 4 HCA – Day Saturday PM – Sunday 3 RN + 5 HCA – Night Monday – Friday 2 RN + 4 HCA – Night Saturday - Sunday	27
Ward 2c	1 Ward Manager 4 RN + 3 HCA – Day 2 RN + 3 HCA - Night	17	No change	17
Total		**61**	**Total**	**61**

The movement as part of the Trust wide 22.2% headroom reduction will release £30.5k of recurrent budget and 0.83wte. The proposed staffing model will then generate a further £64k of savings, with a slight establishment increase of 0.97wte due to skill mixes – an overall saving of £95k, when compared to the current staffing model at 23% headroom.

Moving towards the proposed model also aims to release £308k of variable bank costs associated with staffing to meet enhanced therapeutic observations of care, whilst also retaining an element of bank spend expected in the baseline to mitigate sickness and some enhanced levels of care.

Current	Mid-point	Current (23%)		Current (22.2%)		Proposed (22.2%)	
		Wte	Cost	Wte	Cost	Wte	Cost
7	£ 62,229	4.00	£ 248,916	4.00	£ 248,916	3.00	£ 186,687
6	£ 52,143	11.51	£ 600,166	11.44	£ 596,262	11.07	£ 577,127
5	£ 41,609	58.96	£ 2,453,267	58.58	£ 2,437,310	54.80	£ 2,280,278
2	£ 28,534	57.86	£ 1,650,977	57.48	£ 1,640,239	63.59	£ 1,814,559
2 HK and WC	£ 28,534	6.00	£ 171,204	6.00	£ 171,204	6.00	£ 171,204
Total		**138.33**	**£ 5,124,530**	**137.50**	**£ 5,093,932**	**138.46**	**£ 5,029,856**

Impact from current model (23%)	**-0.83**	**-£ 30,598**	**0.13**	**-£ 94,674**
Impact from current model (22.2%)			**0.97**	**-£ 64,076**

12. DELIVER VALUE FOR MONEY (FINANCE AND PERFORMANCE)

12.1 INTEGRATED PERFORMANCE REPORT

Other | Executive Team | 11.40

including Finance update and Single Improvement Plan
Item for assurance

REFERENCES

Only PDFs are attached

12.1 - Integrated Performance Report as at 28 February 2025.pdf

Board of Directors Report

Integrated Performance Report			
Report to:	Board of Directors	**Date:**	3rd April 2025
Report of:	Executive Team	**Prepared by:**	Executive Directors
Part I	✓	**Part II**	

Purpose of Report					
For assurance	☒	**For decision**	☐	**For information**	☐

Executive Summary:

The purpose of this report is to provide the committee with an update on the Trust's performance as at the end of February 2025, unless otherwise stated.

Operational Performance Summary

UEC: Performance against the national 4-hour access standard has remained below the required target in February 2025, with a deterioration in performance compared to January 2025. The Trust is below the latest national average of 73.4% (Feb 25) and is ranked 14th best performing in the NW Region for Jan 25. This is a deteriorating picture.

Performance remains below the required target for ambulance handover and has seen a deterioration versus last month. This has been as a result in increased ED overcrowding and heightened bed occupancy relating to increased acuity and closed beds for IPC reasons. The percentage of patients with an ED LOS of 12 hours+ has decreased in February versus the previous month but is still 1.7% higher than the picture in February 2024. The February 25 level of 12 hour+ ED LOS is 164 above the 24/25 monthly average. This remains a key area of focus within the UEC Improvement Plan and links closely to hospital bed occupancy and the number of patients who are classified as 'No criteria to reside' (NCTR).
The number of patients within this NCTR cohort remained high in February with 1529 bed days lost in occupation by patients who no longer need in patient acute hospital care. This equates to 54 beds occupied daily in February 25 and an increase of 4 beds occupied compared to last month.

Consequences of high bed occupancy above the target level in recent months had resulted in an increase in the number of patients 'boarded' in non-bed spaces. The February position saw a slight decrease compared to the previous month at an average of 34 boarded patients in the month. The number of escalation beds occupied increased from 18 in January to 24 in February. Actions to mitigate this focus on improving ward and board round processes with a Rapid Improvement week planned towards the end of February, increasing the use of Same Day Emergency Care (SDEC) facilities, the re-introduction of continuous flow, improved discharge processes and mobilisation of the new AMU model of care.

Elective Recovery: January has seen a marginal rise in the number of over 52-week waiters with 1567 (Feb 25) versus 1558 (Jan 25). This is the second rise in the number of over 52-week waiters for 9 months and reflective of capacity pressures. The number of patients waiting 65 weeks at the end of February shows a consistent level with 26 breaches at month end, these were due to capacity shortfalls. Comparison of the latest NW region position indicates that the Trust is currently 10th out of all acute and specialist trusts and 3rd out of acute Trusts in terms of

the overall number in the 65-week cohort with ongoing reductions each week. Close monitoring of long waiting RTT clock stops is ongoing.

Cancer: 62-day compliance for February 25 (55.1%) is below trajectory however remains an unvalidated position and is expected to improve once validation is complete. Based on typical periods of validation this is likely to increase by ~5%. The dip in February performance follows typical seasonal patterns and relates to the loss of capacity over the Xmas and New Year period. Waiting list performance however does show a reduction in the number of patients over 62 days awaiting treatment.

The unvalidated Faster Diagnosis Standard (FDS) performance is 6% above trajectory for February. The January performance was 78.1%, above the monthly trajectory. There remain a small number of tumour group areas with fragilities however improvement plans have been developed for each tumour group and are monitored closely.

Key tumour group pressures sit within Breast (as a result of clinician absence which will reduce in March), lung where late tertiary referrals have been noted and Urology (impacted by theatre workforce gaps).

Diagnostics: Performance against the Diagnostic access standard (DM01) improved in February to 57.7%, an improvement of 8% compared to Jan 25 but remains significantly under trajectory for the month. Reasons for lower performance relate to increased sickness and absence and reductions in capacity relating to bank holidays. Improvements however have been seen within the MRI, NOUS, echocardiology performance and relate to validation, application of the access policy and improved utilisation of resources (space).

Safety and Quality

Safe Staffing requirements
Nurse and Midwifery safe staffing reporting continues on a monthly basis through the safety and quality committee. The adult inpatient areas remain in a positive position with RN staff fill rates achieving 95% and HCA achieving 97%. The maternity fill rate position for registered midwives (RM) achieved 94% in month. The maternity support worker fill rate has improved from previous months now at 87%. Sickness and vacancy rates are affecting fill rates with temporary staff used to maintain safe staffing levels.

Patient Experience and Involvement
The number of complaints per 1000 beds days continues to demonstrate a reduced rate, this is a result of increased focus on local resolution for patients and families. The focus on patient experience continues with specific focus on the Urgent and Emergency improvement plans and inpatient pathways, the national inpatient surveys have provided specific areas of focus and feedback from patients, however, it is recognised the UEC pathway in totality has a significant impact of overall experience of patients, their families and staff and therefore this is a key priority of this programme of work.

STAR accreditation
STAR accreditation standards continue to exceed the internally set target. The Star accreditation process has been refreshed to introduce the mandatory standards that mirror areas that are consistently not achieving. This was predicted to initially negatively impact the outcomes within STAR, most notably within the ward theatre and ED areas, with the aim to leading to an improvement. This continues to be seen in the data. The disaggregation of the whole Trust position from that of the higher risk ward, ED and theatre areas is now included to ensure additional oversight of areas that present increased risk.

HSMR
Mortality metrics remain stable and within expected parameters. The rate of still births per 1000 births are back down to 0 in February 25. Despite the 2 month increase in December and January 25, the SPC chart shows no change over time or concerning patterns. The mean rate overall continues to be slightly lower than the national average (3.3 per 1000 births March 24 -February 25) Assurance has been provided the data quality issue previously identified in internal reporting has now been addressed. This note will remain until the data is corrected; this is likely to take until the end of Q1.

Pressure Ulcers
The pressure ulcer data is now presented against the average number of pressure ulcers reported in the last 3 years. The rate is stable and within upper and lower control limits. Pressure ulcers are considered as a proxy for the standard of care delivered and an underpinning improvement plan is aimed at minimising both the overall numbers and the category severity of pressure ulcers recognising the poor experience that occurs for patients when a pressure ulcer is acquired in hospital. This work continues to be a priority for the clinical teams.

Maternity
The Board approved the submission to declare full compliance with the 10 CNST standards in February 2026.

Boarding
The number of patients placed in spaces outside of a designated bed space, referred to as boarding, continues in response to supporting safety within the Emergency Department. It is recognised this is a symptom of the UEC system not working effectively and is a short-term measure until the system UEC plan is delivered and suitable capacity is created to meet the demand identified within the community. The average of 20 patients per day equating to 620 bed days is the December position. Feedback from staff and patients is indicating that ward moves later in the day are leading to further impact on their experiences therefore, the implementation of continuous boarding aims to improve this experience. This, as expected has been adversely affected over the Christmas period due to high occupancy levels however, this work is continuing.

Care Quality Commission
In total, the Trust has 54 recommendations in the form of Must Do's* or Should Do's** (18 Must Do's and 36 Should Do's). Some recommendations are duplicated across the different core services and upon streamlining, there are 44 recommendations in total (13 Must Do's and 31 Should Do's).

At the end of February 2025, of the 'Must Do's' included in the 2023/2024 CQC Quality Improvement Plan (QIP), 78% of Must do actions are delivered. 3 (17%) remain 'amber-red' . 1 (6%) action remains amber-green, this action is likely to be delivered in March 2025. There are no actions currently assessed as 'Red' i.e. not expected to deliver at any point in time.

At the end of February 2025, of the 'Should Do's' included in the 2023/2024 CQC QIP, 94% of should do actions are delivered. 2 (6%) should do actions remain 'amber-green'. There are no actions currently assessed as 'Red' i.e. not expected to deliver at any point in time.

People and Culture

The sickness absence rate remained above 7% for the last three months and month 11 sickness rate continues the trend. This can be partly explained by a seasonal peak in virus related absence, long term absence rained high. An increase in mental health related absence is a concern, and this particularly drives long-term absences. We are off plan with the target of an annualised reduction of 1% by the end of the financial year.

The number of reported violence and aggression incidents decreased in Month 11 to below 90 for the first time in 7 months. This is the first time is year the monthly target has been met but the annual trajectory remains an area for improvement.

The turnover rate has remained with the organisational trends.

The vacancy rate remained above 7% for the last three months and month 11 vacancy rate continues the trend. This is due to increased vacancy control measures.

Financial Sustainability

Income and Expenditure
The Trust had submitted the final plan in line with the NHSE control total, a deficit of £21.9m. In month 6 the Trust received funding to cover the deficit the Trust now has a break-even plan.

At month 11 the Trust has a deficit of £37.6m, an adverse position of £35.0m against a planned deficit of £2.6m. The main variances to plan are:
- £26.4m variance to Financial Recovery Plan Target
- £5.5m shortfall on income from urgent and emergency care capacity and investment funding to support frailty and intermediate care
- £3.1m reduced income with variable activity under performance, fixed overperformance with an expenditure consequence and the impact of Industrial Action and IT outage, and Pay Awards

The Trust has operational pressures in:
- the acute medical pathways reflected in overspends in medical and nursing pay budgets
- capacity issues resulting in elective, day case and outpatient income under performance

The Trust has formally submitted its revised year end forecast of a £36.3m deficit. This is supported by and includes £4m winter surge funding received from the ICB. Whilst this a significant variance to plan driven by the issues highlighted, it is an agreed position with NHSE.

Capital Position
Capital expenditure in the year to date at £46.9m is c£10m more than plan but this includes £18m for NHP land purchase which was not in the plan. Adjusting for this the YTD expenditure is £8.0m behind plan.

Part of the cash mitigation is to scale back capital expenditure. It is expected that the Trust will deliver a capital outturn of £2m less than the funding envelope.

The delegated capital limit for the system has been reduced by £10m as a consequence of the system revenue plans being in deficit. The Trust has reduced the capital plan by £3.2m to contribute to the system reduction of £10m. This reduction has been worked through the Capital Planning Forum; however, it should be noted that this £3.2m reduction required the Trust to defer expenditure on backlog maintenance and equipment replacement, and as a consequence this significantly increases the ongoing risks to operational areas.

Cash Position
The Trust has received £11.5m of revenue support from NHSE in addition to £21m additional income. Operational pressures associated with the revenue deficit mean that despite the receipt of these sums the Trust is utilising capital cash for revenue which is contrary to DHSC guidance.

Continuing operational pressures associated with the revenue deficit are adding to the cash burden.

Financial Recovery Plan Target
The Trust's objective to reach financial balance on a recurrent basis by the end of the three-year period (2026-27) will require delivery of an ambitious and very challenging financial recovery plan. The Trusts core 2024/25 Financial Recovery Plan (FRP) target is £58m or 7% of total OPEX.

As of February 2025, Month 11, £21.3m has been delivered against a YTD plan of £47.7m, a gap of £26.4m.

Full year delivery is currently at £26.1m, including £18.2m of recurrent efficiencies. The forecast of £26.1m is representative of 45% of the £58m original plan, with £24.6m (94%) being delivered and £1.5m (6%) carrying a Low risk of delivery.

Use of Resources
The Trust was notified on 4 February that it has now been put in Segment 4.

Segment 4 is where there is actual or suspected breach of the NHS provider licence with very serious, complex issues manifesting as critical quality and/or finance concerns that require intensive support.

Segment 4 means the Trust will receive mandated intensive support delivered through the Recovery Support Programme.

Agency Cap
The Agency spend to month 11 was £8.9m, 1.7% of pay expenditure. This compares favourably to the agency cap of 3.2% of pay expenditure which has reduced from the cap of 3.7% in 2023/24.

Aims		Ambitions	
To offer excellent health care and treatment to our local communities	☒	Consistently Deliver Excellent Care	☒
To provide a range of the highest standard of specialised services to patients in Lancashire and South Cumbria	☒	Great Place To Work	☒
To drive innovation through world-class education, teaching, and research	☐	Deliver Value for Money	☒
		Fit For The Future	☒

Previous consideration

Finance and Performance Committee, Workforce Committee, Safety and Quality Committee

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NHS Foundation Trust

Integrated Performance Report

April 2025 Trust Board meeting with performance to February 2025

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Key to Metric Variation, Assurance Icons & Dashboard Headers

Lancashire Teaching Hospitals NHS Foundation Trust

Key to Metric Variance and Assurance Icons

Variation Icon \ Assurance Icon	Will consistently fail target within expected variation	Could both pass or fail target within expected variation	Will consistently pass target within expected variation
Recent concerning pattern in the data	Failing Target and Getting Worse Exception Report Needed	Close to Target and Getting Worse Check additional performance flag to say if mainly above or below target Exception Report Needed	Passing target but getting worse Exception report needed
Normal variation – no recent change	Failing target and no change happening Process review needed. May need exception report	Close to target and no change Check additional performance flag to say if mainly above or below target. May need exception report	Passing target and no change happening
Recent positive pattern in the data	Failing the target but getting better May need exception report	Close to Target and getting better Check additional performance flag to say if mainly above or below target. May need exception report	Passing target and getting better

Key to Metric SPC Chart and Variance and Assurance Icons

Assurance Icons – How likely are we to hit the set target in future?

It's possible the target could be either passed or failed within the expected month to month variation of the measure	The target will be consistently failed within expected variation unless the process is changed	The target will be consistently passed within expected variation unless the process is changed

Variation Icons – Is the measure showing signs of change over time?

No signs of change over time evident in recent data	An example of concerning change is evident in the recent data	An example of positive change is evident in the recent data

Report heading explanation

The Assurance icon indicates whether the metric is failing or passing the target, or is inconsitently passing and

A flag is generated for metrics that are calculated as requring

The latest month target or threshold.

Data to the end of.

Metric Description	Aseurance @ Mar-25	Variation to Latest Actual	Target: Concern	Target: Mar-25	Target: Latest Month Target	Latest Month Actual	Latest Month
Example Measure				100.00%	98.00%	95.00%	Jul-24

The name of the Metric

This shows whether there is a special or common cause variation of the metrics.

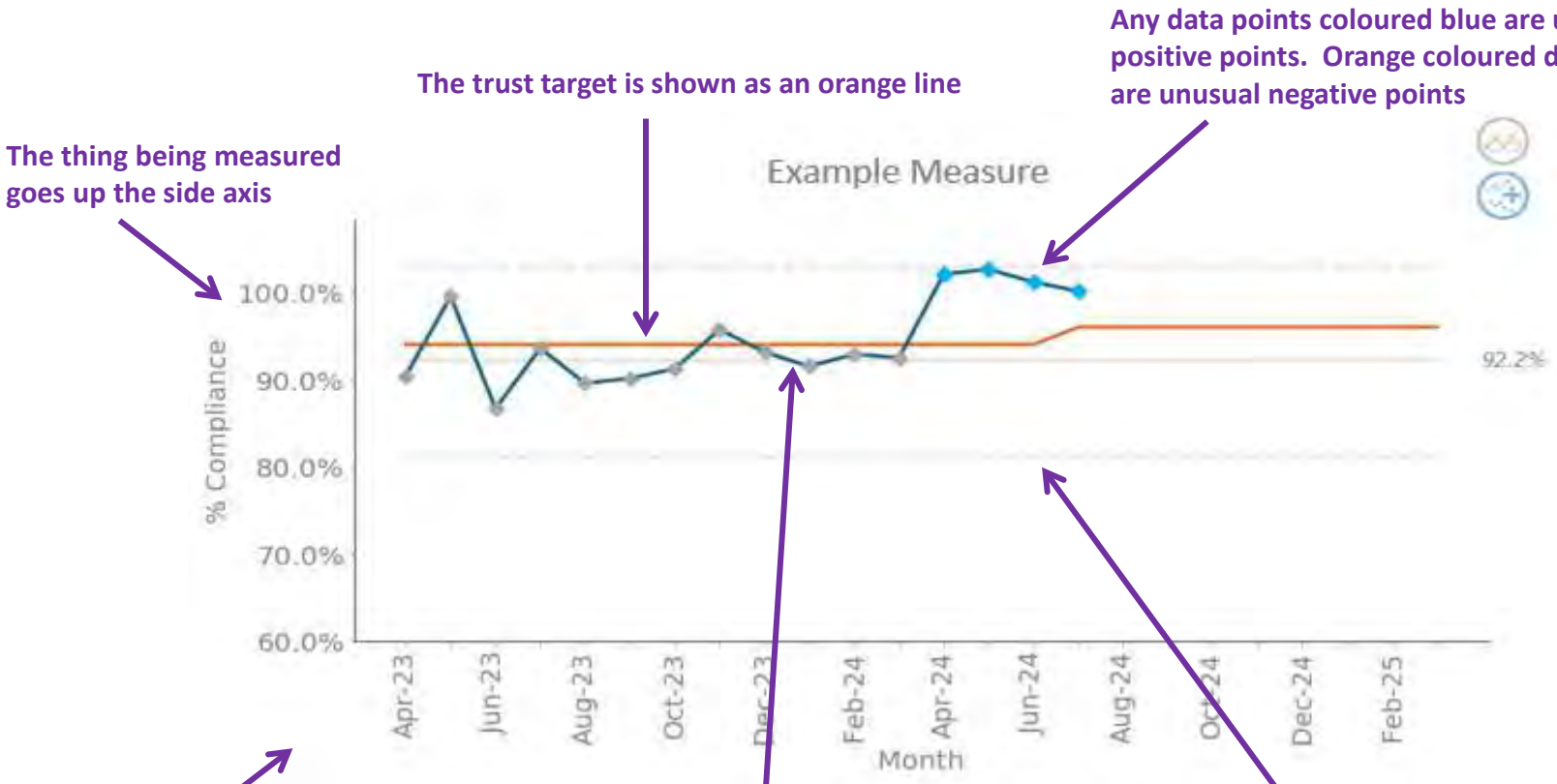
This March 2025 target

The current month actual performance.

How to read Statistical Process Control charts (SPC)

Lancashire Teaching Hospitals NHS Foundation Trust

Statistical process control (SPC) charts are a tool used to understand change over time and variation of a process or system. They are used commonly within healthcare to understand if improvement actions are impacting the data and to give assurance around set targets.



Rebasing is the recalculation of the mean and control limits when a statistically significant pattern indicating a sustained change is seen in the data - *not shown in this chart example*.

SPC KPI Metric Grid

NHS Lancashire Teaching Hospitals NHS Foundation Trust

Variation \ Assurance	Will consistently fail target within expected variation	Could both pass or fail target within expected variation	Will consistently pass target within expected variation
Recent concerning pattern in the data	- Staff Survey: Recommend Trust as place to work - Maximum wait of 12 hours as Total Time in Dept - Reduce not meeting criteria to reside to 5%	- Number of violence and aggression incidents toward staff - Vacancies (% FTE) - Compliance with 60 minute ambulance turnaround time target - Bed occupancy to 92% - Improve performance against the headline 62-day standard to 70% by March 2025	- STAR Accreditation all trust (Silver and Above) - Staffing Fill Rate - Registered Nurse
Normal variation - no recent change	- Improve A&E waiting times, compared to 2023/24, with a minimum of 78% of patients seen within 4 hours in March 2025 March 2025 ambition of 95% - Number of boarded patients - Sickness Absence (% FTE)	- Staffing Fill Rate - Health Care Assistant - Staffing Fill Rate - Registered Midwife - Staffing Fill Rate - Maternity Support Worker - Complaints per 1000 bed days - C. diff perf against national trajectory - no more than 199 Hospital Acquired cases - Pressure Ulcers per 1000 beds days (Category 2 and above) actions - Perinatal - Number of Stillbirths - 85% theatre utilisation - aggregate - Capped - Eliminate >78 week waits	- Turnover (% FTE)
Recent positive pattern in the data	- 52 Week Waits - Eliminate waits of over 65 weeks for elective care as soon as possible and by September 2024 at the latest (except where patients choose to wait longer or in specific specialties) - Increase the percentage of patients that receive a diagnostic test within six weeks in line with the	- Maintain compliance with 10 Clinical Negligence Scheme for Trusts Safety - Improve performance against the 28 day Faster Diagnosis Standard to 77% by March 2025 towards the 80% ambition by March 2026	

Non SPC Metrics flagged as a concern

% of must do's from QIP 2023 assessed as Green (i.e. delivered)

% of should do's from QIP 2023 assessed as Green (i.e. delivered)

I&E Normalised run rate

FRP schemes delivery

Non SPC Metrics

Hospital Standardised Mortality Ratio (56 Basket – Adult)	Lower Than Expected
Standardised Mortality Rate (All Diagnoses – Adult)	Lower Than Expected
Standardised Mortality Rate (Child <1 day -17 Years) (All Diagnoses)	As Expected
Standardised Mortality Rate (Neonatal <1 day -28 days) (All Diagnoses)	As Expected

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Single Improvement Plan - Workforce

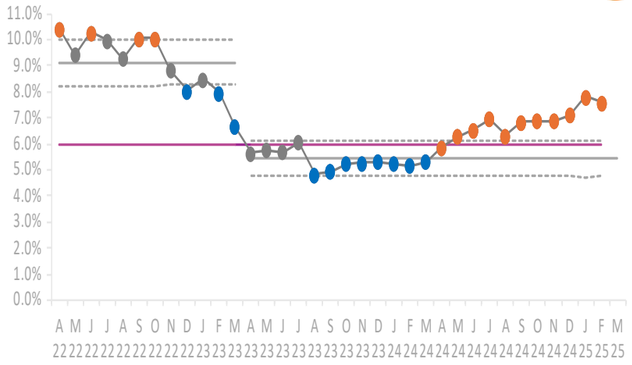
NHS Lancashire Teaching Hospitals NHS Foundation Trust

Metric Description		FY2425 Target Assurance	Latest Actual Variation	Target			Latest Actual	Latest Period
				Concern	FY2425	Latest Month Target		
People and Culture	Vacancies (% FTE) (source: General Ledger)				≤ 6%		7.59%	M11
	Turnover (% FTE) (annual assessment; ESR in-month reported)				≤ 10%		0.63%	M11
	Sickness Absence (% FTE) (annual assessment; in-month reported)				≤ 5.24%		7.47%	M11
	Number of violence and aggression incidents toward staff (annual assessment; in-month reported)				996		76	M11
	Core Skills Mandatory Training compliance (% modules) (module compliance reported)				≥ 90%		95.42%	M11
	Appraisal compliance (% HC)				≥ 90%		89.61%	M11
	Staff Survey: Recommend Trust as place to work (quarterly metric)				≥ 60%		42.10%	Q4

People & Culture - Workforce Assurance 1

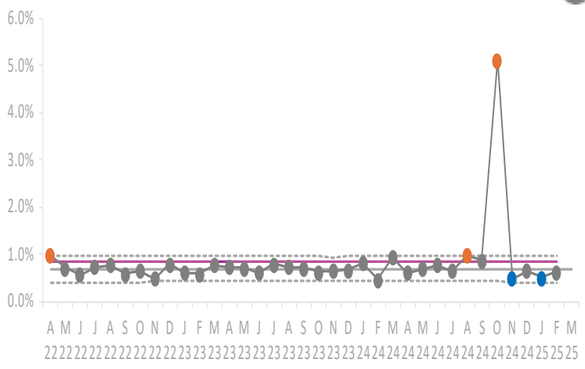
Lancashire Teaching Hospitals NHS Foundation Trust

GL Vacancy Rate (% FTE)



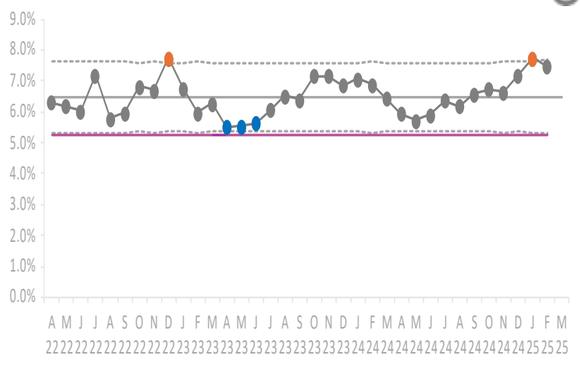
Latest
7.59%
Variance Type
Recent concerning pattern in the data
Mar 25 Target
≤ 6%
Target Achievement
Could both pass or fail target within expected variation

ESR Turnover (% FTE)



Latest
0.63%
Variance Type
Normal variation - no recent change
Mar 25 Target
≤ 10%
Target Achievement
Will consistently pass target within expected variation

Overall Sickness (% FTE)

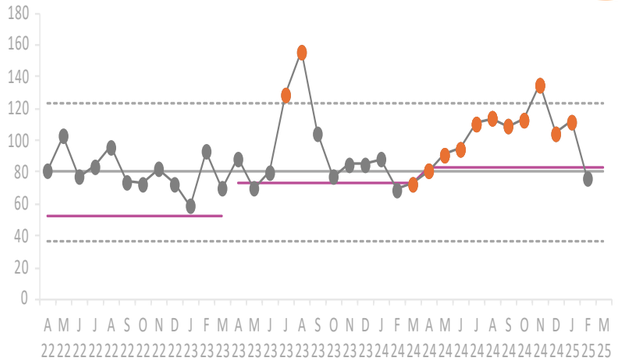


Latest
7.47%
Variance Type
Normal variation - no recent change
Mar 25 Target
≤ 5.24%
Target Achievement
Will consistently fail target within expected variation

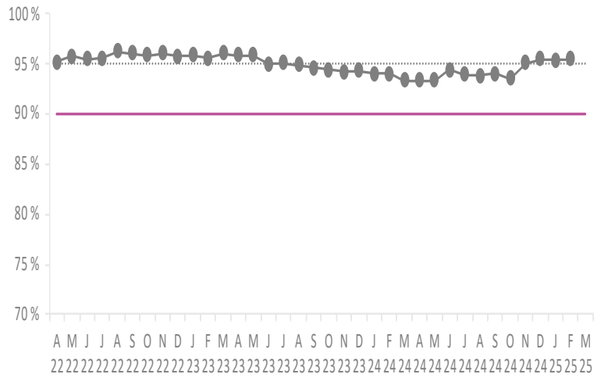
Metric	Summary	Action	Assurance
Vacancies (% FTE)	The current vacancy rate is attributable to vacancy control measures	Vacancy control panel continue to review vacancies on a weekly basis, and additional scrutiny is provided through the Executive Oversight process and CEO final sign-off Over 200 vacancies are currently held for redeployment given the high levels of organisational change taking place and the need to mitigate redundancies All other vacancies are subject to review as part of the waste reduction programme, with the aim of identifying posts to be removed from establishments Resourcing strategies continue to be progressed for roles where there are high numbers of vacancies e.g. Band 3 Healthcare Support Workers or hard to fill posts e.g. in medical specialties	Vacancy rate monitored through Board reporting, Workforce Committee and Divisional Improvement Forums Safe staffing levels monitored daily in clinical areas New People Operations Group to include a focus on resourcing EQIA process utilised to support vacancy control decision-making
Turnover (% FTE)	Turnover is current below the 10% tolerance level. There have been no significant themes or trends in December of note in relation to spikes in turnover by professional group or length of service.	Online Probationary Conversations approach and manager guidance has been launched. New Stay Conversations approach also progressed which will enable central monitoring of volume of conversations and allow targeted action to be taken in areas with higher turnover.	Annual retention strategy update report provided to Workforce Committee. Delivery of retention strategic action plan at corporate level, working with Divisions, Departments and Teams to support improvement in hot spot areas. 6 monthly retention updates provided to Divisions. Monthly monitoring of leavers exit interview feedback. Monthly recruitment and retention working group.
Sickness Absence (% FTE)	Sickness absence remains high at over 7%, although levels have reduced in the last month. Long-term absence continues to account for over two-thirds of the overall absence rate.	The sickness absence reduction plan has been refreshed as part of the PID for the 2025/26 financial recovery scheme. The revised Attendance Management policy will be published in April with launch communications and training for managers. The business case to pilot a digital sickness absence management system has been approved and contract negotiations are underway with the supplier. Options to resolve capacity in the psychological wellbeing service continue to be explored, as timely access to therapy is proving a blocker to supporting colleagues back to work.	Twice yearly assurance reports to Workforce Committee Actions resulting from the MIAA Sickness Absence Management audit monitored through Audit Committee 'Failure to manage sickness absence management effectively' is a Principal Risk and subject to monthly risk management review Fortnightly sickness absence task and finish group in place to monitor actions of the sickness absence reduction plan

People & Culture - Workforce Assurance 2

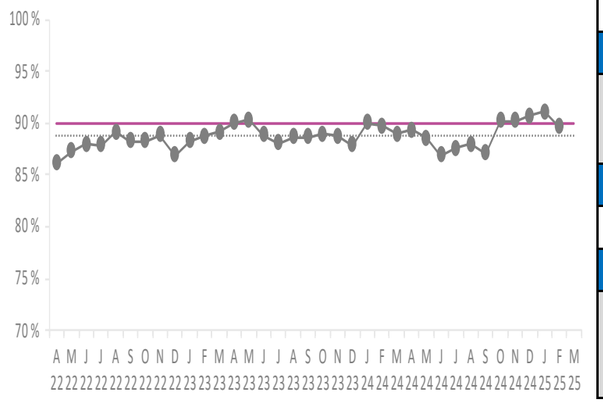
NHS Lancashire Teaching Hospitals NHS Foundation Trust



Latest
76
Variance Type
Recent concerning pattern in the data
Mar 25 Target
NA
Target Achievement
Could both pass or fail target within expected variation



Latest
95.42%
Variance Type
Mar 25 Target
≥ 90%
Target Achievement

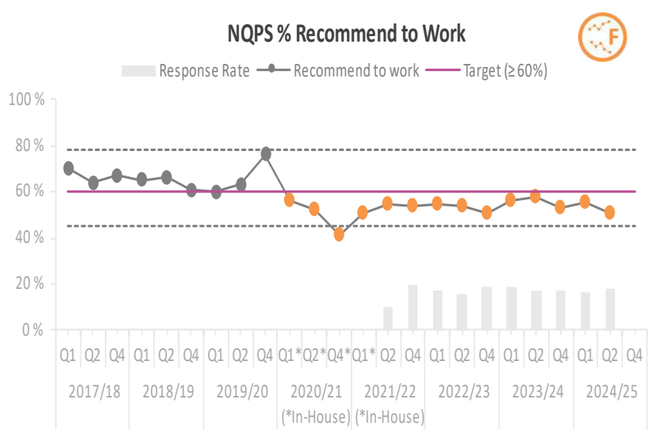


Latest
89.61%
Variance Type
Mar 25 Target
≥ 90%
Target Achievement

Metric	Summary	Action	Assurance
Number of violence and aggression incidents toward staff	Violence and Aggression incidents have continued to decline with the levels of incidences being reported dropping below 80 for the first time since April 2024.	Managers toolkit in development to support leaders to talk to teams around the continuum of violence and aggression, when to incident report and when to access security support Self-assessment against new national Violence Prevention and Reduction Standard being undertaken by Big Room Discussions being progressed with system colleagues around data analytics and benchmarking	Workforce Committee receive deep dive report around violence and aggression incidents twice yearly Data monitored through Health & Safety Governance Group
Core Skills Mandatory Training compliance (% modules)	Overall Core Skills Compliance is 95.42%. However, Immediate Life Support, Paediatric Immediate Life Support, and PSIRF - Oversight and PSIRF - Systems Approach currently fall below the required compliance. Target is 90% for all metrics.	Review delivery methodology and target audience for ILS and PILS. Increased focus on medical and dental compliance at divisional level.	New monthly compliance reports allow the data to be 'sliced' by Division, SBU, and Professional Group. Moving and Handling Level 1 has now achieved compliance for 6 consecutive months, Moving and Handling Level 2 has now achieved compliance for 4 consecutive months. Resus Level 1 has achieved compliance target for 4 consecutive months.
Appraisal compliance (% HC)	Appraisal compliance for February dropped to 89.6% which is just below the target of 90%, this is following 4 months of achieving 90% or above. There are 19 CBU's below 90% compliance (out of 34). Areas with lowest compliance include E&F Management at 67%, hosted services at 69%, ELFS at 71%.	All Divisions and Department have received Appraisal compliance data via Workforce Business Partner and Education Compliance Teams, asking to develop plans to achieve 90%. Trust wide communications have been sent to all colleagues with regards to the Standard Operating Procedures which are now being deployed with regards to centralised close when Appraisal target dates have passed however appraisal not closed in a 4 week time period. New training developed and due for launch in May, new guidance and streamlined for bands 2-6 ready for roll out towards end of April 25.	Annual Appraisal Update to Workforce Committee in May 2025. Divisional Performance metrics shared in Divisional Workforce Committees and Divisional Improvement Forums.

People & Culture - Workforce Assurance 3

Lancashire Teaching Hospitals NHS Foundation Trust



Latest
42.1%
Variance Type
Recent concerning pattern in the data
Mar 25 Target
≥ 60%
Target Achievement
Will consistently fail target within expected variation

Metric	Summary	Action	Assurance
Staff Survey: Recommend Trust as place to work	There has been a further drop in levels of colleague engagement in the Quarter 4 National Quarterly Pulse results (NQPS), in Q2 it was 51%, in Q3 49.4%, through to the most recent Q4 at 42.1%. There is a significant deterioration in levels of satisfaction and engagement. The Q4 data reflects the themes identified in the full NHS Staff Survey Results for 2024.	Corporate level action plan has been developed in response to NHS Staff Satisfaction Survey with the aim to address areas of dissatisfaction which are driving lower levels of colleague engagement in the Quarter 4 - Feb 25 National Quarterly Pulse Survey data set. Results have been communicated in several forums with all Divisions, Departments and Managers asked to review their results and develop localised plans to bring about improvements.	Workforce Committee report detailing the programme of work in response to NHS Staff Survey data and national benchmarking.

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Single Improvement Plan - Safety, Quality & Effectiveness

Lancashire Teaching Hospitals NHS Foundation Trust

Metric Description		Assurance @ Mar-25	Variation to Latest Actual	Target			Latest Month Actual	Latest Month
				Concern	Mar-25	Latest Month Target		
CQC	% of must do's from QIP 2023 assessed as Green (i.e. delivered)				18	17	14	Feb-25
	% of should do's from QIP 2023 assessed as Green (i.e. delivered)				36	35	34	Feb-25
Deliver Annual Safe Staffing Requirements	Staffing Fill Rate - Registered Nurse				95%	95.0%	95.1%	Feb-25
	Staffing Fill Rate - Health Care Assistant				95%	95.0%	98.5%	Feb-25
	Staffing Fill Rate - Registered Midwife				95%	95.0%	94.3%	Feb-25
	Staffing Fill Rate - Maternity Support Worker				95%	95.0%	88.0%	Feb-25
Patient Experience and Involvement	Complaints per 1000 bed days				1.69	1.69	0.88	Feb-25
	STAR Accreditation all trust (Silver and Above)				75%	75.0%	82.0%	Feb-25
C Difficile Improvement	C. difficile performance against national trajectory - no more than 199 Hospital Acquired cases				16	16	11	Feb-25
Always Safety First	Hospital Standardised Mortality Ratio (56 Basket – Adult)	Lower Than Expected					72.3	Oct-24
	Standardised Mortality Rate (All Diagnoses – Adult)	Lower Than Expected					69.2	Oct-24
	Standardised Mortality Rate (Child <1 day -17 Years) (All Diagnoses)	As Expected					95.6	Oct-24
	Standardised Mortality Rate (Neonatal <1 day -28 days) (All Diagnoses)	As Expected					130.0	Oct-24
	Pressure Ulcers per 1000 bed days (Category 2 and above)				3.48	3.48	3.03	Feb-25
Maternity	Maintain compliance with 10 Clinical Negligence Scheme for Trusts Safety actions				100%	100%	100%	Feb-25
	Perinatal - Number of Stillbirths				0	0	0	Feb-25

Safety & Quality Performance - CQC Assurance

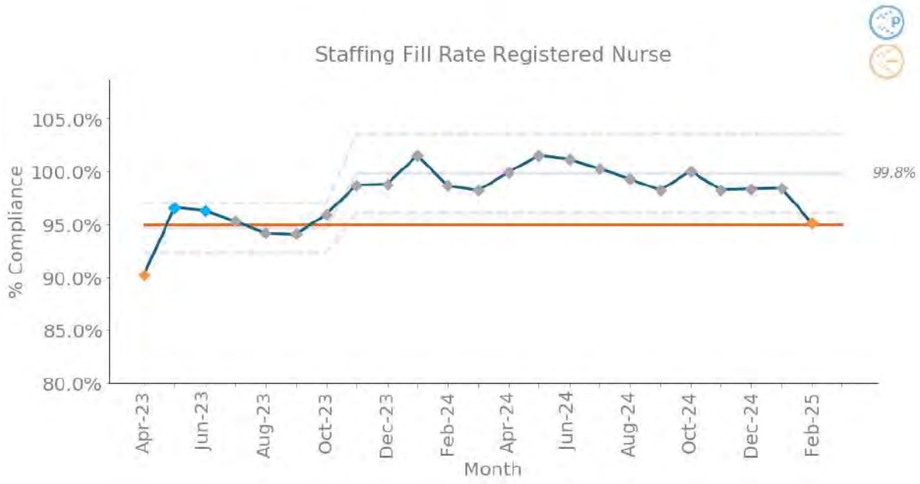
Latest
14
Month Target
17
Mar-25 Target
18

Latest
34
Month Target
35
Mar-25 Target
36

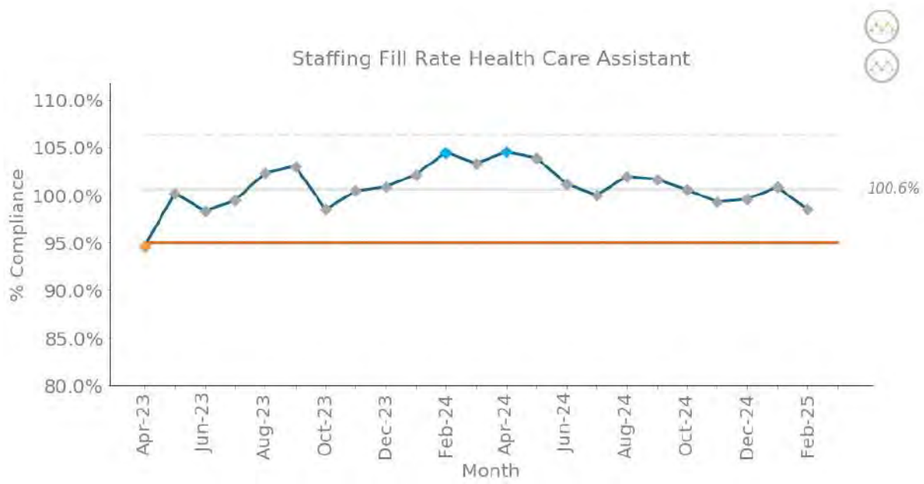
Metric	Summary	Action	Assurance
CQC - "Must do" (Number with Green rating)	At the end of February 2025, of the 'Must Do's' included in the 2023/2024 CQC Quality Improvement Plan (QIP), 78% of Must do actions are delivered. 3 (17%) remain 'amber-red' . 1 (6%) action remains amber-green, this action is likely to be delivered in March 2025. There are no actions currently assessed as 'Red' i.e. not expected to deliver at any point in time.	1. Rates of appraisal and training: Compliance continues to be monitored monthly. The three 'Must Do' actions in relation to training for Medical and Dental staff for specific core metrics in urgent and emergency care and medicine remain undelivered at the end of February 2025, however, improved performance was observed in sepsis training compliance for medical staff in urgent and emergency care (UEC) and resuscitation training for medical staff in medicine. 2. Fluid balance and vital signs monitoring: Paper documentation continues to be used for both fluid balance and vital signs monitoring in UEC with monthly audits being undertaken as part of the STAR matron monthly audit. The February 2025 urgent and emergency care (UEC) NEWS (National Early Warning Score) and fluid balance audits demonstrated improving compliance. The monthly NEWS audit was revised from 1st March 2025 following the development of the response to escalation monthly audit. It is anticipated that further improvements in the documentation of observations will be observed within March's audits.	From the 18 'Must Do' recommendations, 14 have been assessed as delivered and the themes of the 4 outstanding 'Must Do' recommendations are related to medical staff training compliance in urgent and emergency care and medicine, and documentation specifically in relation to fluid balance and vital signs.
CQC - "Should do" (Number with Green rating)	At the end of February 2025, of the 'Should Do's' included in the 2023/2024 CQC QIP, 94% of should do actions are delivered. 2 (6%) should do actions remain 'amber-green'. There are no actions currently assessed as 'Red' i.e. not expected to deliver at any point in time	1. For timely medical review, when not receiving care on the correct medical ward, the ward round proforma data available in Clindoc continues to be interrogated. The ward round proforma tool was launched on 26.11.2024. Clindoc was updated in February 2025 to ensure accuracy of data reported in the senior daily review report. Compliance with senior daily review data is not yet accurate and therefore cannot be used for assurance. the team is working to address this. 2. The maternity service continues to work towards full implementation of the BSOTS (Birmingham System-Specific Obstetric Triage System) maternity triage model . A Mersey Internal Audit Agency review of the maternity assessment suite concluded in February 2025 which provided substantial evidence of assurance. The local audit of dropped calls continues to be undertaken daily, and a contact centre call handling system to queue calls and divert non triage calls via an automated system to other departments is due to be implemented in March 2025. The monitoring of delays in the induction of labour process is also ongoing with a quarterly audit report presented to the maternity safety and quality committee. The service is awaiting an update on the second phase of the BR+ recommendation to fund an additional 6.86 whole time equivalent (WTE) midwives. The uplift in midwifery staffing was approved as part of the annual safe staffing review presented to the Board of Directors in September 2024. It is anticipated that this will be confirmed in the financial planning for 25/26 and therefore the action remains not fully delivered.	From the 36 'Should Do' recommendations, 34 have been assessed as delivered and the themes of the outstanding 2 'Should Do' recommendations are related to timely medical review when not being provided care and treatment on the correct medical speciality ward and midwifery staffing.

Safety & Quality Performance - Deliver Annual Safe Staffing Requirements Assurance

Lancashire Teaching Hospitals NHS Foundation Trust



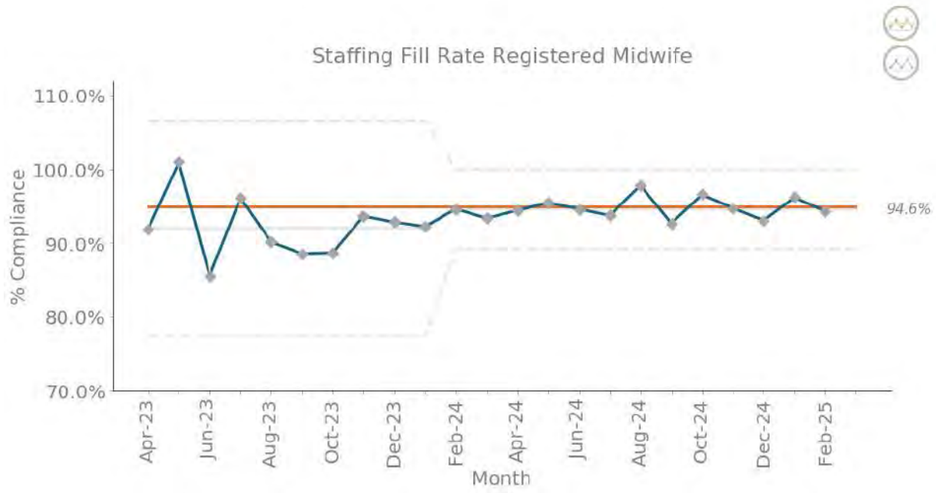
Latest
95.14%
Variance Type
Recent concerning pattern in the data
Mar-25 Target
95%
Target Achievement
Will consistently pass target within expected variation



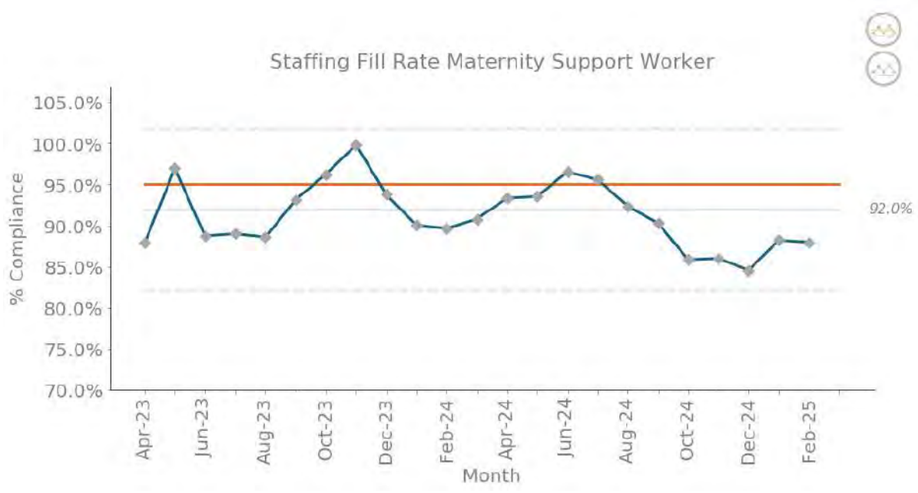
Latest
98.47%
Variance Type
Normal variation - no recent change
Mar-25 Target
95%
Target Achievement
Could both pass or fail target within expected variation

Metric	Summary	Action	Assurance
Staffing Fill Rate Registered Nurse	The RN staffing fill rate for inpatient wards in February was 95%. Chorley District Hospital (CDH) RN fill rate for February was 97%, with Royal Preston Hospital (RPH) RN fill rate being 95%. The need for bank support remains to ensure safety is maintained, with a limited number of areas still requiring agency support. The implementation of strengthened approval processes for bank and agency is in place to ensure that as a Trust we are maximising the use of our resourced while maintaining safety for our patients and staff.	1. Ward managers work clinically as part of the clinical establishment with Matrons, if required, to support patient care. 2. Weekly roster efficiency reviews undertaken by the Divisional Nurse Leaders as an interim measure following the introduction of strengthened approval processes for bank and agency. 3. Development of Care Hours per Patient Day (CHPPD) ward level SPC charts to allow monitoring of deplyment, to be used as part of the monthly triangulated view of staffing.	1. Overall fill rate on average is between 112.4% and 85.7%. All clinical areas are showing a stable fill rate position, with the surgical ward at CDH having an average mean fill rate lower then the 85% threshold used to prompt a review of safety metrics. The Surgical ward staffing needs fluctuate depending on demand which accounts for the reduced fill rate, no concerns have been noted relating to safety and quality of care. Critical Care has seen a reduced fill rate this month which relates reduced occupancy and acuity throughout February. All shifts remained GPICS compliant with no safety risks. Cuerden closed on the 28/2/25 and saw a reduced fill rate related to decreasing patients hence the drop noted against the prfessional judgement template. 2. Daily operational staffing meetings led by matrons, assess and respond to changes in pressure and demand based on acuity and dependancy, Red flags and professional judement. 3. Approval and sign off of all agency shifts undertaken by the Deputy/ Divisional Nursing Director. 4. Biannual safe staffing procedures are in place in line with National Quality Board guidance. 5. Weekly PSIRF oversight panel reviews incident harm levels, this is triagulated through a quarterley serious incident/PSIRF report.
Staffing Fill Rate Health Care Assistant	The HCA staffing fill rate for inpatient wards in February was 98%. Chorley District Hospital (CDH) fill rate for February was 94%, with Royal Preston Hospital (RPH) HCA fill rate being 100%. The need for bank support remains to ensure safety is maintained. The implementation of strengthened approval processes for bank is in place to ensure that as a Trust we are maximising the use of our resourced while maintaining safety for our patients and staff.	1. Weekly roster efficiency reviews undertaken by the Divisional Nurse Leaders as an interim measure following the introduction of strengthened approval processes for bank use. 2. A review of Band 2 and Band 3 roles is being undertaken inline with national role guidanace. 3. Introduction of apprentiships into vacancies has commenced in the inpatient wards. 4. Redeployment of staff into vacencies through ward closers. 5. Development of Care Hours per Patient Day (CHPPD) ward level SPC charts to allow monitoring of deplyment, to be used as part of the monthly triangulated view of staffing.	

Safety & Quality Performance - Deliver Annual Safe Staffing Requirements Assurance



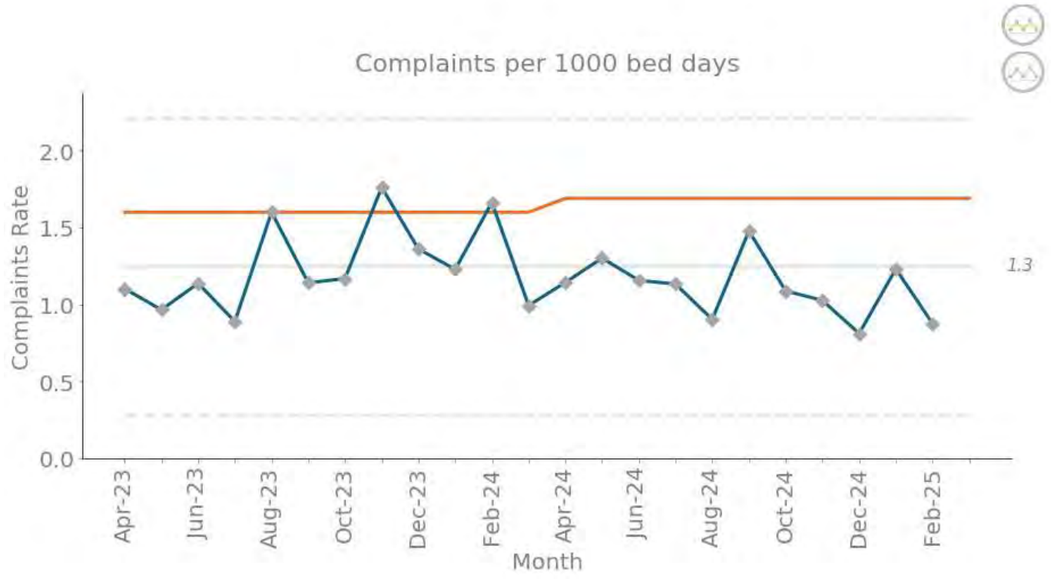
Latest
94.30%
Variance Type
Normal variation - no recent change
Mar-25 Target
95%
Target Achievement
Could both pass or fail target within expected variation



Latest
87.95%
Variance Type
Normal variation - no recent change
Mar-25 Target
95%
Target Achievement
Could both pass or fail target within expected variation

Metric	Summary	Action	Assurance
Staffing Fill Rate Registered Midwife	The fill rates for Registered Midwives in February 2025 demonstrate a stable position overall. The midwifery vacancy is 9.43 WTE which will reduce to 4.67 WTE in July 2025. Vacancies continue to result in bank and agency spend associated with Delivery Suite, Maternity A and B and Maternity Assessment Suite. The implementation of the strengthened approval and oversight processes for bank and agency approval continues to be utilised to ensure that the service is maximising efficient use of resources whilst continuing to prioritise safe care.	1. Daily Safety Huddles led by matrons respond to changes in pressure and demand based on acuity to move staff around the service as required. 2. Ward managers work clinically in addition to the 80/20 split when required during periods of high activity or reduced staffing. 3. Weekly roster efficiency reviews to ensure appropriate use of bank and agency. 4. Ongoing recruitment to fill all vacancies which are tracked using a local trajectory.	1. Fill rates for registered midwives overall have been stable across day and night shift patterns. 2. The Safety and Quality committee review fill rate and minimum RM levels by area on a monthly basis. 3. Approval and sign off of all agency shifts undertaken by the Deputy/ Divisional Midwifery and Nursing Director. 4. Biannual safe staffing procedures are in place in line with National Quality Board guidance. 5. Weekly PSIRF oversight panel reviews incident harm levels, this is triagulated througha quarterley serious incident/PSIRF report. 6. Redflag reporting is monitored to identify areas where additional input can be provided to manage the risk.
Staffing Fill Rate Maternity Support Worker	Fill rates for MSW's is below target. Continuing long term sickness on maternity A (3.5 WTE) which equates to 66% of the unregistered establishment continued into February 2024. This is being managed in line with the Trust Policy. However, to maintain safe staffing levels, there continues to be a requirement to use bank to backfill shifts. The implementation of the strengthened approval and oversight processes for bank and agency approval continues to be utilised to ensure that the service is maximising efficient use of resources whilst continuing to prioritise safe care. However, there is a continued requirement to use bank to backfill unfilled shifts. There is a current vacancy of 5.45 WTE for Band 2 and Band 3 MSWs. Recruitement is ongoing.	1. Daily Safety Huddles led by matrons who respond to changes in pressure and demand based on acuity to move staff around the service as required. 2. Weekly roster efficiency reviews to ensure appropriate use of bank. 4. Ongoing recruitment to fill all vacancies which are tracked using a local trajectory 5. Sickness management procedures reviewed by Workforce BP to ensure appropriate management. 6. Night shifts are prioritsed to ensure periods when less additional support can be accessed are staffed appropriately.	1. The Safety and Quality committee review fill rate and minimum safe staffing levels by area on a monthly basis. 2.. Approval and oversight sight of rosters is undertaken by the Deputy/ Divisional Midwifery and Nursing Director. 3. Biannual safe staffing procedures are in place in line with National Quality Board guidance. 4.. Weekly PSIRF oversight panel reviews incident harm levels, this is triagulated througha quarterley serious incident/PSIRF report. 5. Redflag reporting is monitored to identify areas where additional input can be provided to manage the risk.

Safety & Quality Performance - Patient Experience and Involvement Assurance

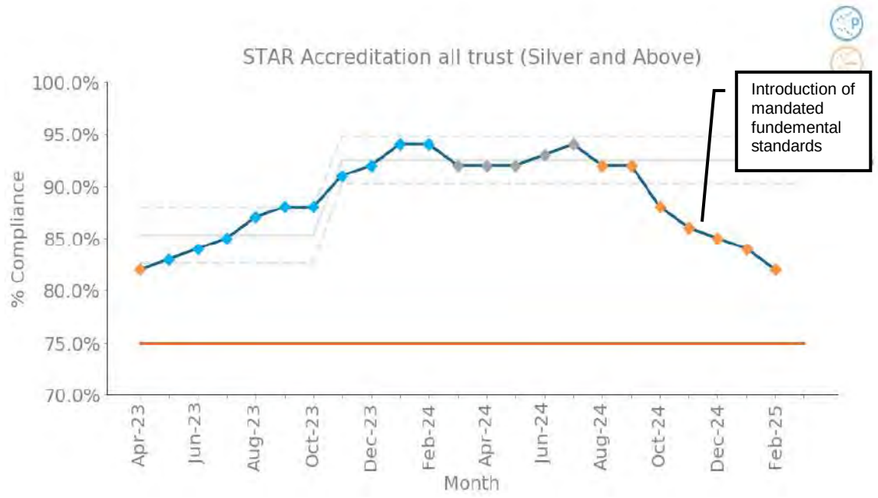


Latest
0.88
Variance Type
Normal variation - no recent change
Mar-25 Target
1.69
Target Achievement
Could both pass or fail target within expected variation

Metric	Summary	Action	Assurance
Complaints per 1000 bed days	The complaint incidence is measured against activity and presented as a per thousand bed day metric to ensure there is a recognition of any increase in activity. The demonstrates a trajectory of reduction since September 2024 with one noted point of increase in November. It is noted there are 3 point above the expected trajectory over the last 2 years with an overall reduction in complaints. The theme of complaints relates to the Urgent and Emergency Pathway, communication, delays in treatment and procedures and unexpected clinical outcomes. The continued focus on delivery of the patient experience and involvement strategy which is in year 3 alongside the delivery of the national inpatient survey, urgent emergency care, cancer care and maternity. Support divisions in delivery and educate in relation to family liaison roles using patient safety partners experts.	1. Implement the patient experience and involvement strategy 2. Continued support for Patient Safety Incident Response Framework with a focus on family liaison roles 3. Deliver of actions in relation to National picker Surveys 4. To deliver the PALS and local early resolution training. 5. Develop new patient experience improvement plan for 2025/26. 6. Deliver the UEC improvement plan.	1. Annual patient experience reports to safety and Quality committee. 2. Friends and family reporting in place on paper and text for all departments. 3. Inclusion of patient experience in STAR. 4. Chief Nursing Officer reviews all complaints and signs off responses. 5. Monitor picker survey action plans through PEIG 6.Complaints review group using patient safety partners and governors to ensure further learning opportunities,

Safety & Quality Performance - Quality Assurance (Accreditation)

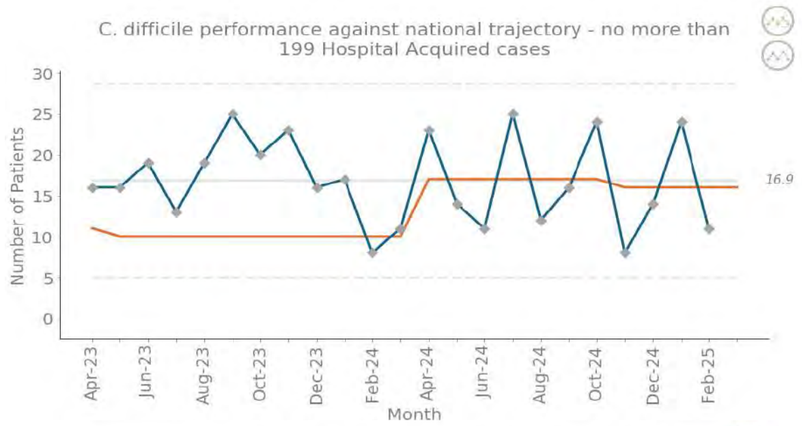
Latest
75.0%
Variance Type
Recent positive pattern in the data
Mar-25 Target
75.00%
Target Achievement
Will consistently pass target within expected variation



Latest
82.00%
Variance Type
Recent concerning pattern in the data
Mar-25 Target
75.00%
Target Achievement
Will consistently pass target within expected variation

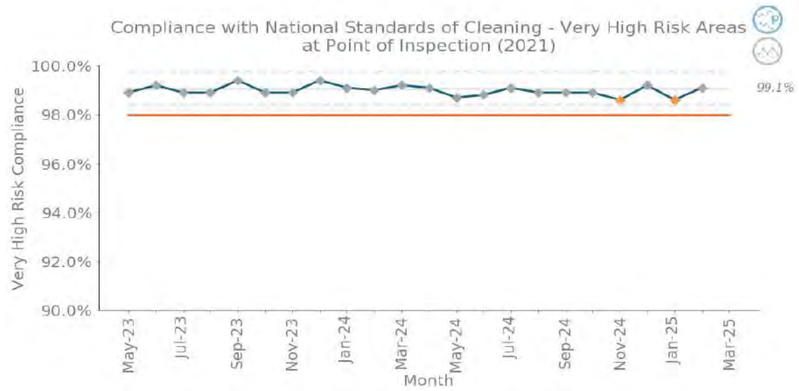
Metric	Summary	Action	Assurance
STAR Accreditation all trust (Silver and Above)	- There are 124 clinical areas registered for the STAR Quality Assurance Framework, of which all 124 have received STAR accreditation visits. There are no clinical areas with a red star rating , 22 areas with an amber rating and 102 areas rated green. This results in 22 bronze stars, 14 silver stars and 88 gold stars. There are 82% of areas rated silver or above. - The decline in perfromance relats to the implementation of mandated fundemental standards, most notably in the ward, Ed and theatres graph. This decline is expected to improve in quarter 2 once areas have adjusted to the new expectations. - During February, there were 2 clinical areas with a reduced STAR rating from gold/silver stars to bronze star as they did not acheive the mandated critical standards. There were 4 clinical areas who each acheived their third silver stars allowing them to apply for gold star status, with other areas maintaining their current STAR rating. - One area had a reduced 15 steps rating from A to B, the others maintained their current rating. - Themes for improvement include deteriorating patients, fluid balance management, risk assessments, assessment and delivery of enhanced levels of care, mandatory training and IPC. New themes during January and February include patient experience due to boarding and overcrowding in ED and assessment areas, staff feedback due to capacity and staffing pressures and provision of essentials of care. There was 75 % of wards, ED and theatres scoring silver and above for STAR accreditation visits.	1. Any standards which are not achieved require an improvement action which is monitored within division through divisional assurance porcesses and via STAR monthly reviews and STAR acreditation.visits. 2. The monthly STAR report includes trustwide and divisional STAR data and highlights good practice, areas for improvement, themes for learning and an overarching STAR improvement action plan, which is cascaded and discussed through the divisional always safety first meetings, the always safety first learning and improvement group and estates and facilities partnership board. The STAR report now includes CQC (2023) actionplan standards. 3. STAR accreditation visits are scheduled depending on star rating, areas with a bronze star rating are reassessed within 3 months. 4. The safety walkrounds in February 2025 were focused on fluid balance effectiveness with a view to changing the approach given the sustained inability to improve perfromance in this area.	1. The STAR report is shared within the divisional leadership teams, good practice is shared and celebrated and that actions are developed where improvement is required. 2. Ward/department managers, matrons and professional leads provide assurance that actions are completed and monitored for effectiveness through the 1:1 with matrons and Divisional Nurse Directors. 3. The AMaT system supports with STAR audit data management and oversight and management of improvement actions. 4. There is a BI STAR page available to enable data triangulation. 5. There are some wards where enhanced oversight is in place throug hthe deputy Chief Nnurse in response to the audit results. This ensures the Divisional Nurse Director receives the level of input required to succeed and support is available to ensure patient safety is manitained.

Safety & Quality Performance - C Difficile Improvement Programme Assurance

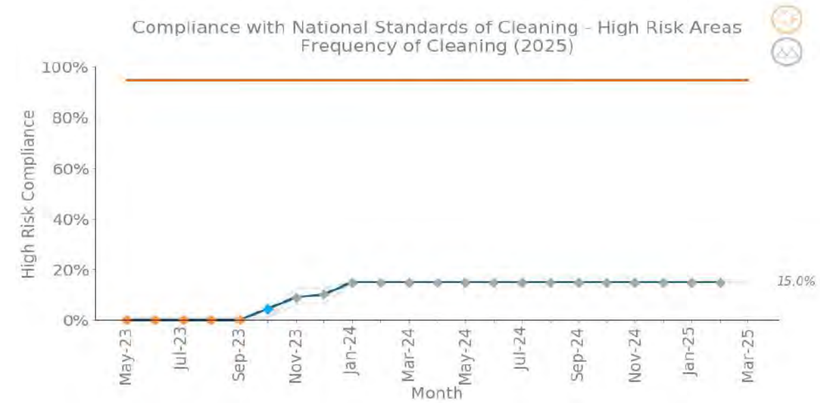


Latest
11
Variance Type
Normal variation - no recent change
Mar-25 Target
16
Target Achievement
Could both pass or fail target within expected variation

Latest
82.00%
Variance Type
Normal variation - no recent change
Mar-25 Target
98%
Target Achievement
Will consistently fail target within expected variation



Latest
99.10%
Variance Type
Normal variation - no recent change
Mar-25 Target
98.00%
Target Achievement
Will consistently pass target within expected variation



Latest
15.00%
Variance Type
Normal variation - no recent change
Mar-25 Target
95%
Target Achievement
Will consistently fail target within expected variation

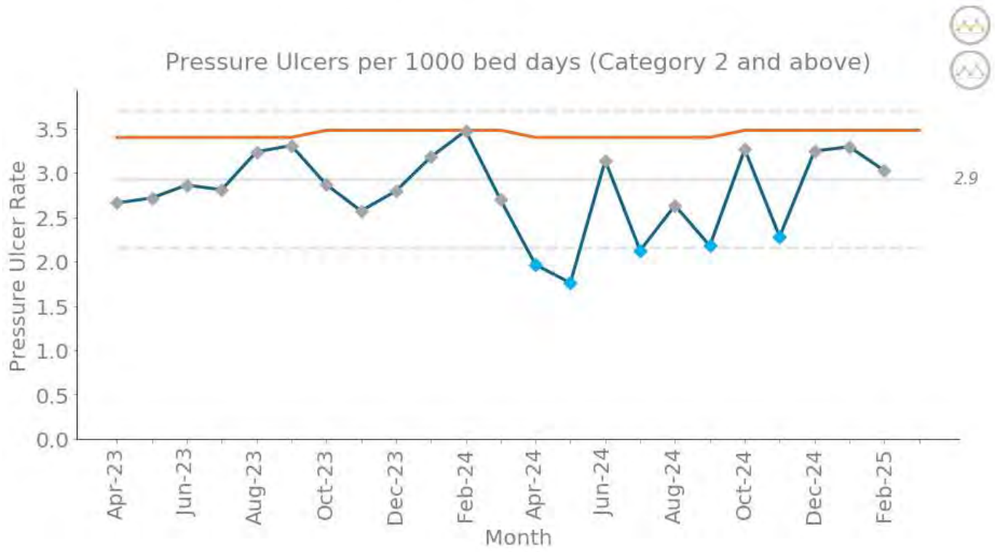
Metric	Summary	Action	Assurance
C. difficile performance against national trajectory - no more than 199 Hospital Acquired cases	The increase in C.difficile is a recognised high risk and forms part of the principle risks for the organisation. There have been 182 Clostridium Difficile (CDI) cases against a National objective of 199 cases. The focused work on CDI reduction and the improvement plan continues to be monitiored through the Infection Control Committee and Estate and Clinical Partnership Board. The National Standards of Healcare Cleanliness (2025) frequency of cleaning is now visible and monitored through the dashboard alongside the quality checks of those areas not yet achiveing the frequency of cleaning standards.	1. To develop a business case to be compliant in high risk areas with National Standards of Healthcare Cleanliness (2021). This will be completed ahead of 25/26 budget setting. Complete. 2. Continued focus on IPC in practice through STAR monthly and accreditation processes. 3. Established an Estates and Clinical Partnership Board to ensure prioritsation of areas with the estate that require risk mitigation. Complete. 4. Continue to monitor key performance assurance indicators through IPC committee. 5. Purchase of UV light machines to treat exposed areas. Complete.	1. IPC BAF report reviewed and shared at IPCC for assurance. 2. IPC Dashboard. 3. IPC monthly revalidation audits such as Hand Hygiene, Commodes, Environmental checks and Mattress checks. 4. Monthly reporting into S&Q, IPCC and Divisional IPC meetings, along with bi-monthly reporting into H&S Committee. 5. STAR encompasses IPC audits and cleaning checklist compliance, with all audit information available within AMAT. 6. NHS England review of IPC assurances.

Safety & Quality Performance - Always Safety First Assurance

	Latest	Achievement
Hospital Standardised Mortality Ratio (56 Basket – Adult)	75.4	Lower Than Expected
Standardised Mortality Rate (All Diagnoses – Adult)	73.9	Lower Than Expected
Standardised Mortality Rate (Child <1 day -17 Years) (All Diagnoses)	90.9	As Expected
Standardised Mortality Rate (Neonatal <1 day -28 days) (All Diagnoses)	97.2	As Expected

Metric	Summary	Action	Assurance
Hospital Standardised Mortality Ratio (56 Basket – Adult)	Mortality benchmarking demonstrates that the Trust Hospital Standardised Mortality Ratio (HSMR) of 75.4 is significantly lower than expected for the 12-month period of November 2023 - October 2024.	1. Continue with structured judgement review (SJR's) process. 2. Use mortality reviews to establish themes where care or experience could be improved. 3. Continue to work with the medical examiners office to review deaths in line with guidance. 4. Continue to use incident reporting processes where an incident occurs under Patient safety Incident Response Framework (PSIRF). 5. Continue to implement the 10 CNST (Clinical Negligence Scheme for Trusts) safety actions for maternity and neonatal services. 6. Martha's rule (Call for Concern) implementation is ongoing. 7. The national migration of the systems for reporting child deaths to the Child Death Overview Panel (CDOP), with the Perinatal Mortality Reporting Tool (PMRT) has been completed and the Trust have embedded the process.	1.In September 2024 the Medical Examiner role was expanded to include neonatal deaths and provides further scrutiny to align with the new national Medical Examiner legislation. 2. The Medical Examiner review of cases remains consistently high despite statutory changes and pressures within the service. 3. The Trust completed SJR's for 54% of deaths occuring in 2023-2024. Key themes of learning from SJR's have been presented, as well as the learning from learning disability mortality (LeDeR) reviews, PSIRF reported deaths and inquests. 4. Learning from bereaved families experience of inquest has been shared in an organisational learning bulletin. 5. Twice annual mortality reports are presented to Safety and Quality committee. 6. Mortality data is reviewed via a third party system to ensure objective peer data is used to establish reported key performance indicator. 7. Speak Up arrangements are well established in the organisation. 6. The CDOP process ensures peer review takes place of all child deaths and is reported through the annual safeguarding report and the mortality reporting arrangements. 7. ED and maternity and neonatal safety forums are in place with executive leads identified to encourage speak up in high risk areas. 8. The maternity and neonatal services declared compliance with all 10 CNST safety actions for the maternity incentive scheme year 6 in February 2025. The declaration was made following validation of the evidence by the Local Maternity and Neonatal Service (LMNS).
Standardised Mortality Rate (All Diagnoses – Adult)	Mortality benchmarking demonstrates that the Trust Standardised Mortality Rate (SMR) of 73.9 is significantly lower than expected for the 12 month period of November 2023 - October 2024.		
Standardised Mortality Rate (Child <1 day -17 Years) (All Diagnoses)	The 12 month rolling SMR for children is 90.9 and statistically within expected range for the 12 month period of November 2023 - October 2024.		
Standardised Mortality Rate (Neonatal <1 day -28 days) (All Diagnoses)	The 12 month SMR for neonatal mortality was 97.2 and is within expected range for the 12 month period of November 2023 - October 2024.		

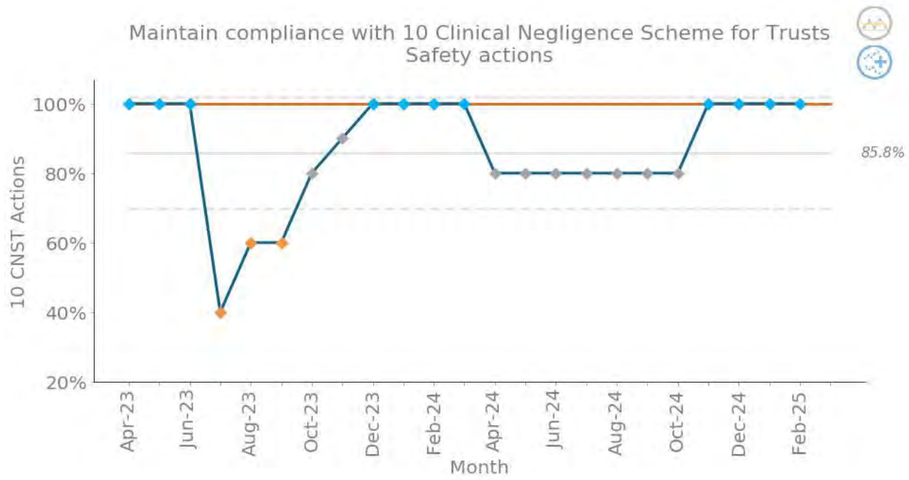
Safety & Quality Performance - Always Safety First Assurance



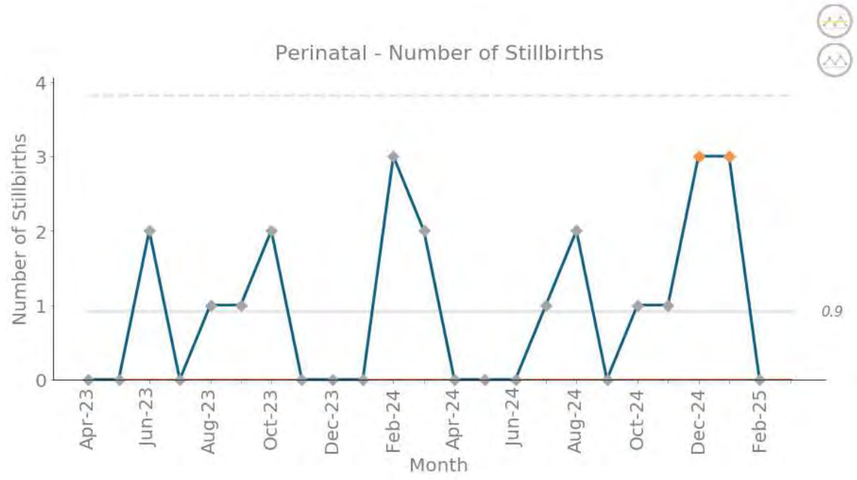
Latest
3.03
Variance Type
Normal variation - no recent change
Mar-25 Target
3.48
Target Achievement
Could both pass or fail target within expected variation

Metric	Summary	Action	Assurance
Pressure Ulcers per 1000 bed days (Category 2 and above)	Pressure ulcers are considered a proxy of care delivery. The target line represents the average number of pressure ulcers in the previous three years. From Mar-24 the Trust updated its reporting of pressure ulcers in line with National guidance, this saw the removal of Potential Deep Tissue Injury (PDTI)as a category of pressure ulcer. In April-25 the target will be updated based on the last 12 months to reflect the new reporting. The number of pressure ulcers per 1000 beds days saw a decrease following the changes to reporting however due to the target being based on data including PDTI this is not an accurate reflection. A continued focus on the care interventions that reduce the likelihood of pressure ulcers continues. This work will remain a priority.	1. Organisational pressure ulcer improvement plan lead by the Deputy Chief Nursing Officer 2. Continued focus on Operational Performance Single Improvement plan. 3. STAR quality assurance fundamental standards includes intentional rounding which is linked to pressure relief treatment. 4. Education and awareness of pressure ulcer prevention continues.	1. Always Safety First strategy reporting twice yearly to safety and quality committee. 2. Always Safety First committees at divisional level responsible for overseeing the implementation of the codesigned pressure ulcer improvement programme. 3. Monitoring of pressure ulcer incidence continues to be recognised as a priority metric.

Safety & Quality Performance - Maternity Assurance



Latest
100.0%
Variance Type
Recent positive pattern in the data
Mar-25 Target
100.00%
Target Achievement
Could both pass or fail target within expected variation



Latest
0
Variance Type
Normal variation - no recent change
Mar-25 Target
0
Target Achievement
Could both pass or fail target within expected variation

Metric	Summary	Action	Assurance
Maintain compliance with 10 Clinical Negligence Scheme for Trusts Safety actions	The position for CNST MIS year 6 is detailed within the maternity neonatal report presented to Board bi monthly. In February 2025 the validation report was signed off by the Chief Executive Officer for Lancashire Teaching Hospitals and the Accountable Officer for the ICB following approval from the Board of Directors.	1. Delivery of the Maternity Neonatal Improvement plan. 2. Awaiting confirmation of Year 7 MIS standards. 3. Awaiting confirmation of external validation process by NHS Resolution.	1. Monthly reporting to safety and quality committee. 2. ICB Local Maternity Neonatal System validation of CNST delivery of standards.
Perinatal - Number of Stillbirths	The stillbirth rate in England was updated nationally in October 2024 (MBRRACE) to 3.9 per 1000 births. The rate of still births per 1000 births are back down to 0 in February 25. Despite the 2 month increase in December and January 25, the SPC chart shows no change over time or concerning patterns. The mean rate overall continues to be slightly lower than the national average (3.3 per 1000 births March 24 -February 25)	1. Implementation of the 10 CNST maternity neonatal safety standards. 2. Awaiting LMNS Dashboard	1. Monthly reporting to Trust safety and quality committee. 2. Peer comparison data included within the reporting 3. National embrace reporting provides overview of national themes to ensure learning is understood nationally. 4. ICB Local Maternity Neonatal System validation of CNST delivery of standards.

Financial Sustainability

Single Improvement Plan - Financial Sustainability

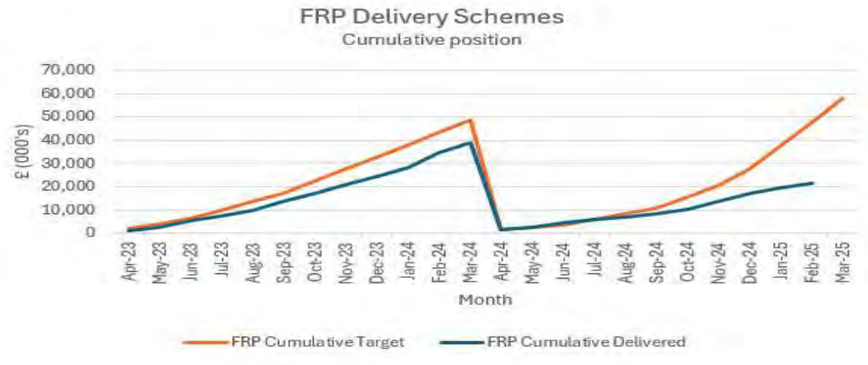
Lancashire Teaching Hospitals NHS Foundation Trust

Metric Description		Assurance @ Mar-25	Variation to Latest Actual	Target (£ 000's)			Latest YTD Actual (£ 000's)	Latest Month
				Concern	Mar-25	Latest YTD Target		
Finance	I&E Normalised run rate					-2614	-37592	Feb-25
	FRP schemes delivery				58040	47740	21327	Feb-25

Single Improvement Plan - Financial Sustainability - Assurance

Lancashire Teaching Hospitals NHS Foundation Trust

Latest YTD Actual (,000s)
-37,592
Latest YTD Target (,000s)
-2,614
March 25 YTD Target (,000s)
-



Latest YTD Actual (,000s)
21,327
Latest YTD Target (,000s)
47,740
March 25 YTD Target (,000s)
58,040

Metric	Summary	Action	Assurance
I&E Normalised run rate	The Trust had submitted the final plan in line with the NHSE control total, a deficit of £21.9m. In month 6 the Trust received funding to cover the deficit the Trust now has a break-even plan. At month 11 the Trust has a deficit of £37.6m, an adverse position of £35.0m against a planned deficit of £2.6m. The main variances to plan are: - £26.4m variance to Financial Recovery Plan Target - £5.5m shortfall on income from urgent and emergency care capacity and investment funding to support frailty and intermediate care - £3.1m reduced income with variable activity under performance, fixed overperformance with an expenditure consequence and the impact of Industrial Action and IT outage, and Pay Awards The Trust has operational pressures in: - the acute medical pathways reflected in overspends in medical and nursing pay budgets - capacity issues resulting in elective, day case and outpatient income under performance The Trust has formally submitted its revised year end forecast of a £36.3m deficit. This is supported by and includes £4m winter surge funding received from the ICB. Whilst this a significant variance to plan driven by the issues highlighted, it is an agreed position with NHSE.	The Trust had appointed a Turnaround Director to work with senior leaders to re-assess the current programme position and deep dive into short, medium and long-term opportunities. A re-set of the programme structure, governance and reporting has been part of that review. The ICB has commissioned work into the urgent and emergency pathway system pressures which is one of the main operational pressures that the Trust faces. The system is now receiving enhanced support from NHSE and the Trust has committed to further grip and control measures to manage the in year position. The Trust has commissioned further external support in Q4 to support specific financial recovery plan workstreams and 2025/26 waste recovery programme development. Divisions will need to recover their financial performance by delivering improvements in their current run rates e.g. maximising grip around temporary pay, review of vacancies and developing savings schemes for 2025/26.	Turnaround Director ICB Review of UEC Pathway I&E Interventions and control measures ICB System Improvement Director Review Mandated national support from PWC
FRP schemes delivery	The Trust's objective to reach financial balance on a recurrent basis by the end of the three-year period (2026-27) will require delivery of an ambitious and very challenging financial recovery plan. The Trusts core 2024/25 Financial Recovery Plan (FRP) target is £58m or 7% of total OPEX. As of February 2025, Month 11, £21.3m has been delivered against a YTD plan of £47.7m, a gap of £26.4m. Full year delivery is currently at £26.1m, including £18.2m of recurrent efficiencies. The forecast of £26.1m is representative of 45% of the £58m original plan, with £24.6m (94%) being delivered and £1.5m (6%) carrying a Low risk of delivery.	The Trust has had a Turnaround Director to work with senior leaders to re-assess the current programme position and deep dive into short, medium and long-term opportunities. A re-set of the programme structure , governance and reporting has been part of this review. The Trust recognises that it will require additional external support to help with the delivery of the FRP as well as drafting the outline for the 2025/26 programme. Support has been commissioned for procurement, contract management and other specific workstreams. The Trust has engaged with the NHSE regional diagnostics team to support the improvement programme in this area.	Turnaround Director Weekly Finance Recovery Board Meetings as part of programme reset ICB System Improvement Director Review External support for procurement and other specific workstreams

Operational Performance

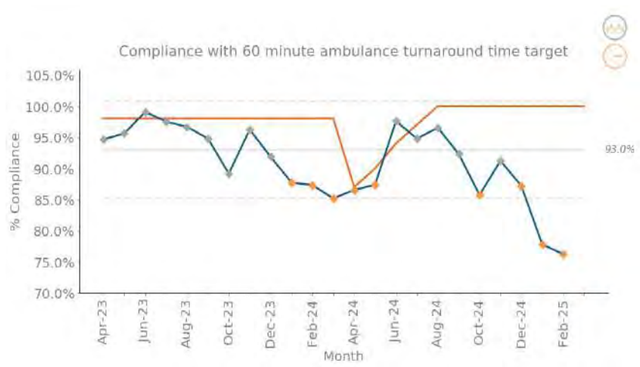
Single Improvement Plan - Operational Performance

Lancashire Teaching Hospitals NHS Foundation Trust

Metric Description		Assurance @ Mar-25	Variation to Latest Actual	Target			Latest Month Actual	Latest Month
				Concern	Mar-25	Latest Month Target		
UEC In Flow	Compliance with 60 minute ambulance turnaround time target				100%	100%	76.2%	Feb-25
	Improve A&E waiting times, compared to 2023/24, with a minimum of 78% of patients seen within 4 hours in March 2025				78%	77.4%	67.9%	Feb-25
	Maximum wait of 12 hours as Total Time in Department				2%	3.0%	12.4%	Feb-25
UEC Flow	Bed occupancy to 92%				92%	92.8%	97.2%	Feb-25
	Number of boarded patients				0	0	34	Feb-25
UEC Outflow/Community Collaborative	Reduce not meeting criteria to reside to 5%				5%	5%	16.1%	Feb-25
Elective (diagnostics)	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%				98%	96.5%	57.7%	Feb-25
Elective (long waits)	52 week waits				0	243	1567	Feb-25
	Eliminate waits of over 65 weeks for elective care as soon as possible and by September 2024 at the latest (except where patients choose to wait longer or in specific specialties)				0	0	26	Feb-25
	Eliminate >78 week waits				0	0	0	Feb-25
Elective (theatre utilisation)	85% theatre utilisation - aggregate - Capped				85%	83.9%	83.6%	Feb-25
Elective (Cancer)	Improve performance against the headline 62-day standard to 70% by March 2025				70%	70.0%	55.1%	Feb-25
	Improve performance against the 28 day Faster Diagnosis Standard to 77% by March 2025 towards the 80% ambition by March 2026				77%	77.0%	83.0%	Feb-25

Operational Performance - UEC Assurance

Lancashire Teaching Hospitals NHS Foundation Trust



Latest
76.2%
Variance Type
Recent concerning pattern in the data
Mar 25 Target
33%
Target Achievement
Could both pass or fail target within expected variation

Latest
67.90%
Variance Type
Normal variation - no recent change
Mar-25 Target
78.00%
Target Achievement
Will consistently fail the target within expected variation

Latest
12.36%
Variance Type
Recent concerning pattern in the data
Mar-25 Target
2.00%
Target Achievement
Will consistently fail the target within expected variation

Metric	Summary	Action	Assurance
Compliance with 60 minute ambulance turnaround time target	In February 25 420 patients waited between 30-60 minutes to be handed over from NWAS to the Trust, a decrease of 52 from last month. 499 patients waited over 60 minute to be handed over from NWAS to the Trust in February 25, an decrease of 14 compared to January. Over 76.2% of patients were handed over within 60 minutes. The current position is within normal variation but is expected to consistently fail the target.	Ambulance handover delays remain a high priority, and a local improvement collaborative is in place with key actions focusing on increasing NWAS to SDEC pathways. This accompanied with the improvement actions focusing on reducing LOS and NMC2R which will reduce ED Overcrowding and support more timely handover and attendance and admission avoidance actions is aimed to see improvements in the remainder of Q4.	Monitoring of ambulance demand is undertaken via the weekly Ambulance handover group. Comparison to both the national and regional performance positions for February 25 indicates that the Trust is below the national performance position of 88.9% for 60 minute handovers and above the NW performance position of 89.9%.
ED 4 Hour Performance - Trust	Performance against the national 4 hour access standard deteriorated in February 2025. The performance deterioration was 0.6% compared to January. February experienced a slightly higher rate of attendance compared to January with on average 8 more patients attending per day during the month.	The UEC Improvement programme is focusing on measures to reduce the wait to be seen time, improving response times for patents referred to specialities and seeking to maximise referrals into SDEC. Targets have been set for each of these critical measures and is monitored via the UEC Improvement Board monthly. SDEC activity has increased and exceeded the target in January (41.7%).	The average time to triage in February decreased to 30 minutes with time to treatment at 188 minutes. Both show an downward trend in February. Comparison of 4 hour performance to the latest published national benchmarks indicates that the Trust is below the national average for February 25 of 73.4%% and was ranked 14th out of Trusts in the NW Region for Jan 25.
Maximum of 12 Hours Total time in ED	The number of patients waiting over 12 hours (admitted and non-admitted) in ED decreased in February to 12.36%, an decrease of 0.84% compared to January. This follows a period of downward trend in October and November. The variance shows a recent concerning pattern in the data.	The UEC improvement programme is focusing on reducing length of stay via improving board and ward round standards and driving down the days patients spend in hospital when they no longer require inpatient care. A rapid improvement week was held at the end of Feb 25 and focussed on Ward & Board round processes and discharge. This was supported by external partners in a multi agency approach.	Overall Bed Occupancy is at 97.17%, with a range from 93% - 97% in the current year. The level of boarded patients decreased in February at an average of 34 patients per day. Comparison within Model Health System indicates the Trust is above the provider median and within Quartile 3.

Operational Performance - UEC Assurance

Latest
34
Variance Type
Normal variation - no recent change
Mar 25 Target
0
Target Achievement
Will consistently fail the target within expected variation

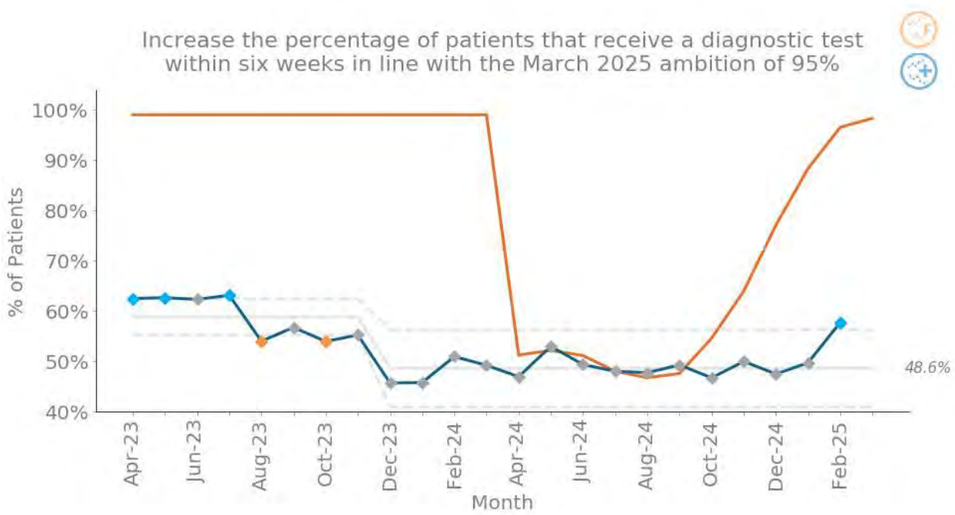
Latest
97.17%
Variance Type
Recent concerning pattern in the data
Mar 25 Target
92%
Target Achievement
Could both pass or fail target within expected variation

Latest
16.1%
Variance Type
Recent concerning pattern in the data
Mar 25 Target
5%
Target Achievement
Will consistently fail the target within expected variation

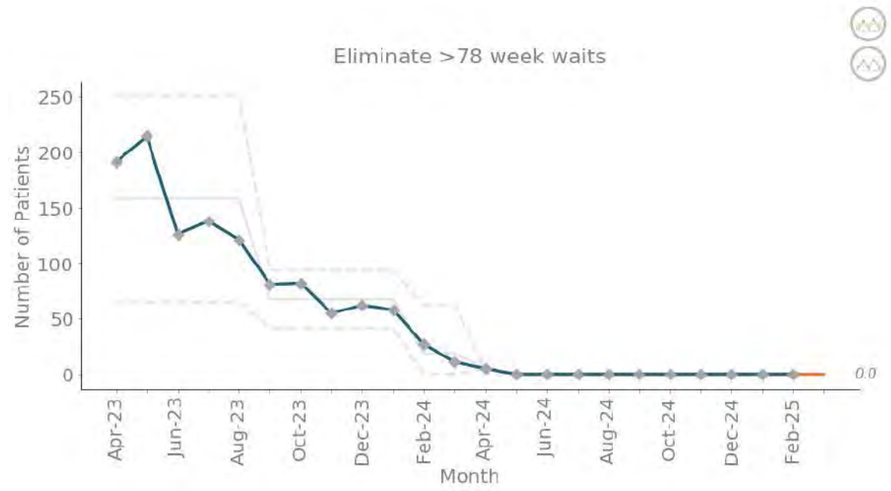
Metric	Summary	Action	Assurance
Number of Boarded Patients	On average 34 patients were boarded each day across both sites during February with 949 associated bed days. This is an improvement compared with the January position. These are predominantly medical patients requiring admission to an acute medical ward. The current position is within normal variation but will consistently fail the target.	A focus on maximising use of the discharge lounge to reduce the need for boarding. The Medical Division will re-introduce Continuous Flow Model WC 17th March 2025.	Incident levels of harm are monitored on a monthly basis alongside patient feedback. UEC and In-patient survey feedback does reflect patient concerns regarding the practice of boarding. This is also reflected within the staff survey.
Bed Occupancy 92%	The position for February shows a continued deterioration with the occupancy rate at 97.17%. This follows a period of reducing occupancy during the Oct-Dec period. Analysis indicates a recent concerning pattern in the data.	The 24/25 UEC Improvement plan continue to be tracked against its ambitions to reduce avoidable admissions and reduce LOS. A significant change to the 25/26 UEC plan has been proposed and supported by the L&SC ICB and Central Lancashire UEC Delivery Board. Plans to further scope and mobilise the 25/26 programme is underway at pace. LTH has closed a 24 bedded ward in line with its Financial Recovery Plan at the end of Feb 25.	Assurance via the Urgent Care Improvement Board and Urgent Care Improvement Plan
Reduce NMC2R to 5%	The number of patients in our hospitals that do not meet the nationally defined clinical criteria to reside for inpatient care in acute hospitals (NMCTR) increased in February (16.1% = daily average of 121 patients which represented 54 occupied beds) compared to the January position, an increase of 2.5%. The variance shows a recent concerning pattern in the data.	A Multi Agency Discharge Event (MADE) was held WC 24 Feb 25 and identified key themes which will support the reduction in discharge delays. Immediate actions are being undertaken supported by a 25/26 Days Kept Away from Home transformation programme. This will seek to significantly reduce the number and days patients sepnd away from home without clinical rationale.	Monitoring of NMC2R data is undertaken via the Central Lancs Urgent Care Delivery Board

Operational Performance - Elective Care Assurance

Lancashire Teaching Hospitals NHS Foundation Trust



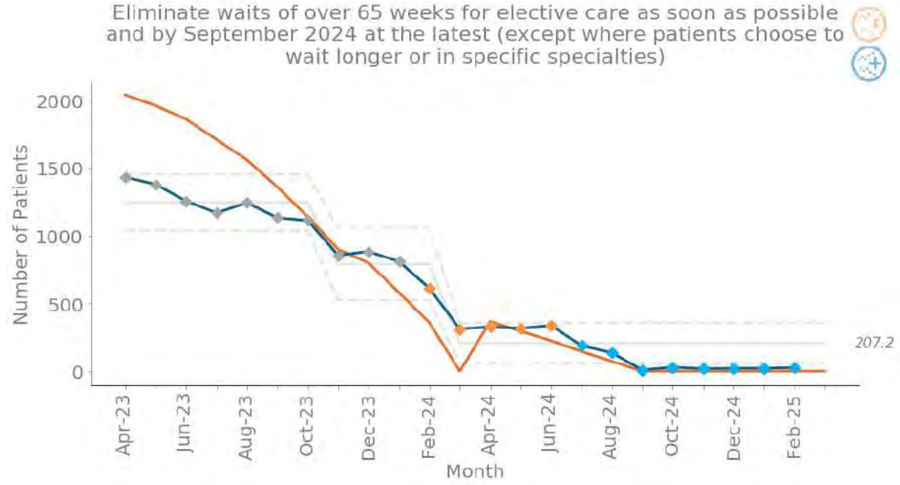
Latest
57.7%
Variance Type
Recent positive pattern in the data
Mar 25 Target
98.0%
Target Achievement
Will consistently fail the target within expected variation



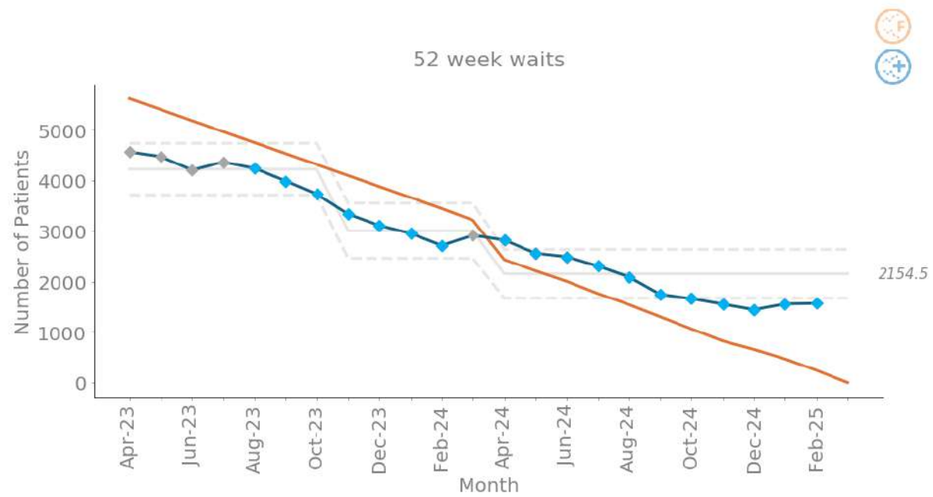
Latest
0
Variance Type
Normal variation - no recent change
Mar 25 Target
0
Target Achievement
Could both pass or fail target within expected variation

Metric	Summary	Action	Assurance
Increase the % of patients that receive a diagnostic test within 6 weeks	Diagnostics under 6 week performance was 57.7% in February, an 8% improvement on the January position. Urgent and cancer patients are prioritised and seen within 2 weeks. Performance is within expected variation but expected to consistently fail the target.	The highest contributors of the backlog at modality level for the DM01 position are NOUS, endoscopy and echocardiography. Mutual aid has been requested for echocardiology. A rapid improvement week has been held WC 13/01/25 to support productivity improvements and reduce process barriers to support improved utilisation of the available endoscopy capacity. Actions and progress are being tracked weekly in a COO led PTL management meeting and monthly within the Diagnostic Improvement Group.	The areas of focus are capacity optimisation, productivity, transformation and system working. Review of the latest published data (Jan 25) indicates that LTH is the worst performing NHS Trust in the NW region, worst performing Trust in the ICB and significantly below the national average of 77.6%.
Eliminate > 78 Week Waits	The end of February 25 position was 0, This position has been maintained since May 2024.	There is a process in place to ensure daily assurance of progress with >65 week waits prioritising and ensuring the sustained elimination of >78 week waits. Issues and risks are reviewed at the Elective Performance Review Group.	Close monitoring of the L&SC long waiting RTT performance is ongoing.

Operational Performance - Elective Care Assurance



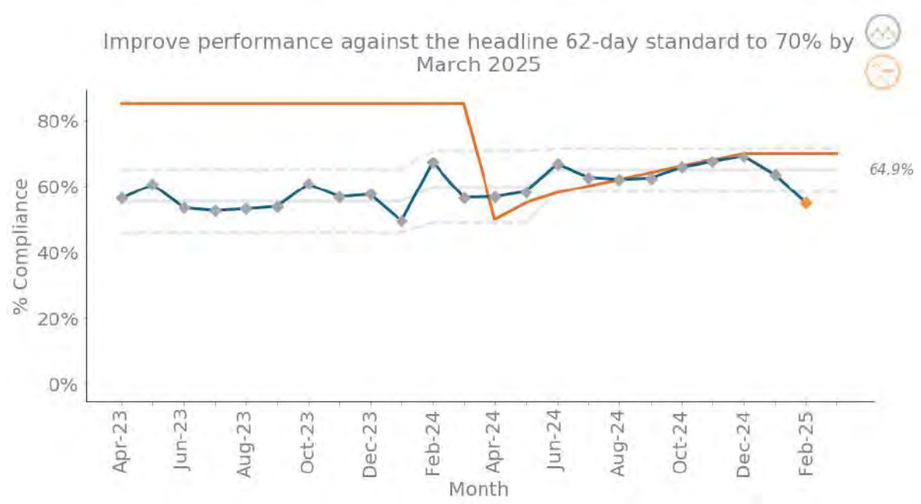
Latest
26
Variance Type
Recent positive pattern in the data
Mar 25 Target
0
Target Achievement
Will consistently fail the target within expected variation



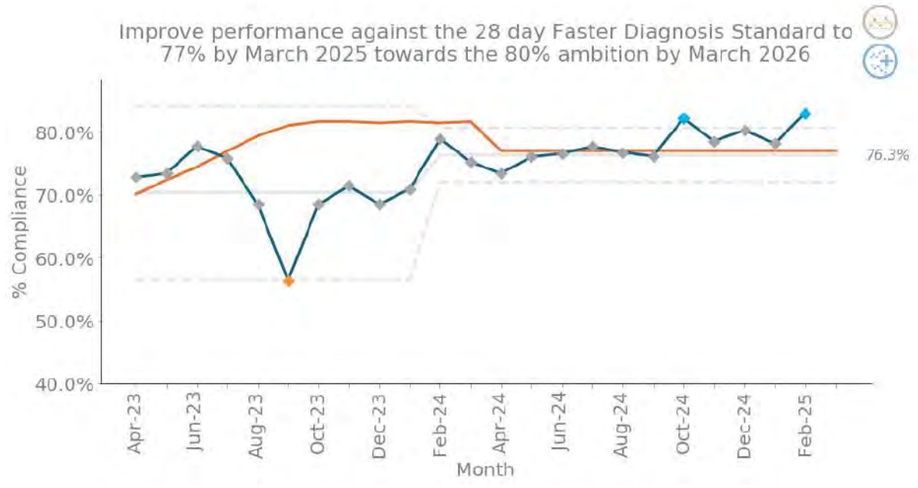
Latest
1567
Variance Type
Recent positive pattern in the data
Mar 25 Target
0
Target Achievement
Will consistently fail the target within expected variation

Metric	Summary	Action	Assurance
Eliminate > 65 Week Waits	The downward trend in over 65 week waiters remained consistent with previous months achieving a position of 26 due to capacity shortfalls, equipment issues and on the day patient cancellations. There is a recent positive pattern in the data, however analysis would suggest that the target may be consistently failed.	There is a process in place to ensure daily assurance of progress with >65 week waits prioritising and ensuring the sustained elimination of >78 week waits. Issues and risks are reviewed at the Elective Performance Review Group.	Monitoring of all premium cost activity is ongoing. Capacity & Demand modelling analysis is being concluded in line with the 25/26 annual planning process. Comparison to the latest NW region position indicates that the Trust is currently 10th out of all acute and specialist trusts and 3rd out of acute Trusts in terms of the number in the 65 week waiter cohort.
Reduce the number of > 52 Week Waits	The over 52 week waiter position rose marginally with the February 2025 position at 1567, compared to 1558 at the end of January 2025. This is a rise of 9 from January. There is a recent positive pattern in the data, however the target may be consistently failed.	Capacity & Demand modelling is to be undertaken for all specialities and sub specialities. Focus on DNA reduction, PIFU and theatre utilisation is ongoing to maximise capacity.	Local monitoring of all speciality RTT clock stop/performance is undertaken via fortnightly Performance Recovery Group

Operational Performance - Cancer Assurance



Latest
55.1%
Variance Type
Recent concerning pattern in the data
Mar 25 Target
70%
Target Achievement
Could both pass or fail target within expected variation



Latest
83.0%
Variance Type
Recent positive pattern in the data
Mar 25 Target
77%
Target Achievement
Could both pass or fail target within expected variation

Metric	Summary	Action	Assurance
62 Day Cancer Standard - 70% Target	Performance to the end of February (currently unvalidated and expected to meet the target) is below last month, and below the monthly target of 70%. Analysis shows a recent concerning pattern in the data, the target may or may not be achieved.	Whilst Cancer performance is improving there are a small number of tumour groups with the greatest collective contribution to current performance challenges, these are Colorectal, Lung and Urology. All tumour sites have improvement plans to achieve performance targets.	The Trust is currently below the latest national average performance of 67.3% (Jan 25). Close monitoring of cancer PTLs are undertaken at fortnightly Performance Recovery Group
28 Day Faster Diagnosis - 77% Target	Performance to the end of February (currently unvalidated and above target) 6% above the annual target of 77% for the month. Analysis indicates a recent positive pattern in the data and that the target may or may not be achieved.	Close monitoring of diagnostic turnaround times and associated capacity and demand is underway. Monitoring of opportunities to manage demand is ongoing.	The Trust is currently above the latest national average performance of 73.2% (Jan 25). Close monitoring turnaround times via the Diagnostic Improvement Group

12.2 FINANCE AND PERFORMANCE COMMITTEE CHAIR'S REPORT

Other | J Schorah | 12.10

Item for assurance

REFERENCES

Only PDFs are attached

12.2 - FPC Chair's reports 28 Jan, 25 Feb & 25 March 2025.pdf

Chair's Report to Board		
Chair: T Whiteside	Committee: Finance and Performance	
Date(s):28 January2025	Agenda attached for information	✓

Lancashire Teaching Hospitals NHS
NHS Foundation Trust

Strategic Risks	Trend	Items Recommended for approval
Deliver Value for Money – 20 Fit for the Future - 15	⇨	None

ALERT
Areas of concern; Matters requiring urgent attention; Insufficient assurance received.

- Principal risks and the need for further assurances on the mitigations, given the current pace of delivery.
- Further delays in planning guidance and the need to take a best guess indication to inform the plan, including those of the Commissioners and national guidance.
- Precarious financial cash position.

ADVISE

Areas requiring on-going monitoring; Limited assurance received.

- Clinical services reviews: how this work was being linked into planning activities to drive a credible recovery plan for the next year.

ASSURE

Assurance received; Matters of positive notes

- Progress made in the performance of the trading accounts in terms of profitability.
- Positive inroads in cancer and elective recovery in waiting list reductions, while noting the continued focus needed on urgent and emergency care. Specific additional assurance was sought on the DM01 recovery trajectory as current actions were not having the desired impact.
- The 9+3 plan and the focus on delivery for the remaining three months.

Chair's Report to Board		
Chair: T Watkinson	Committee: Finance and Performance	
Date(s):25February 2025	Agenda attached for information	✓

Lancashire Teaching Hospitals NHS
NHS Foundation Trust

Strategic Risks	Trend	Items Recommended for approval
Deliver Value for Money – 20 Fit for the Future - 15	⇨	None

ALERT
Areas of concern; Matters requiring urgent attention; Insufficient assurance received.

- **24/25 Financial Position:**
  - The expected level of deficit was not being achieved.
  - The submission had received some challenges, although incremental improvements were being sought.
- **25/26 Plan:**
  - Concerns around the difficulty in delivering the required submission.
  - Lack of detailed underpinning for a credible submission to deliver the necessary savings and headcount reductions.
  - Awaiting detailed assurance to provide to the Board.
- **Performance Trajectory:**
  - Dip in performance related to UEC, diagnostics, and boarding situation.
  - Actions were being taken to address these issues.

ADVISE

Areas requiring on-going monitoring; Limited assurance received.

- **ERF:** Noting the uncertainty around ERF that will follow after submissions; the challenge of having a number in June to inform a submission before March.
- **PwC Capacity**: Recognising the material difference in the ability to develop the plan over the next five weeks due to the significant-sized team on site.

ASSURE

Assurance received; Matters of positive notes

- Significant focus on turning around financial sustainability and performance and acknowledging the good work and effort within the Trust to address these issues.

Finance and Performance Committee

28 January 2025 | 9.00am | Microsoft Teams

Agenda

№	Item	Time	Encl.	Purpose	Presenter
1.	Chair and quorum	9.00am	Verbal	Information	T Whiteside
2.	Apologies for absence	11.31am	Verbal	Information	T Whiteside
3.	Declaration of interests	11.32am	Verbal	Information	T Whiteside
4.	Minutes of the previous meetings held on 17 December 2024 & 21st January 2025	11.33am	✓ ✓	Decision	T Whiteside
5.	Matters arising and action log	11.35am	✓	Decision	T Whiteside
6.	Strategic Risk Register	11.40am	✓	Decision	D Stonehouse
7.	FINANCIAL PERFORMANCE				
7.1	a) Month 9 Financial Position and General Financial Update inc. I&I feedback b) Grip & Control Update (inc. PwC Self-Assessment)	11.50am	✓ ✓	Assurance	D Stonehouse
7.2	Trading Accounts inc. Deficit Protocols	12.30pm	✓	Assurance	D Stonehouse
7.3	Annual Clinical Services Review	12.40pm	✓	Assurance	A Brotherton
8.	STRATEGY & PLANNING				
8.1	Planning Controls inc. SIP progress & external dependencies	12.50pm	✓	Assurance	A Brotherton
8.2	Annual plan, forward plan preparation & 3-year trajectory	1.10pm	✓	Assurance	I Ward
9.	OPERATIONAL PERFORMANCE				
9.1	Performance Assurance Progress Report inc. Winter Plan update.	1.40pm	✓	Assurance	L Walsh
10.	GOVERNANCE AND COMPLIANCE				
10.1	Items to Alert, Advise or Assure Board	2.00pm	Verbal	Information	T Whiteside
10.2	Reflections on the meeting	2.10pm	Verbal	Information	T Whiteside

№	Item	Time	Encl.	Purpose	Presenter
11.	ITEMS FOR INFORMATION				
11.1	Action Plans from Divisional Improvement Forums		✓		
11.2	Contract Performance		✓		
11.3	**Chair's Reports**: *(a)* ICS, ICP, PCB System Update – *no update* (b) EPRR Committee (c) IG & Records Committee – *stood down (quoracy)* (d) ELFS Management Notes (e) SIB Minutes (bi-monthly)		✓ ✓ ✓ ✓		
11.4	Date, time, and venue of next meeting: *25 February 2025, TIME TBC, Microsoft Teams*	2.15pm	Verbal	Discussion	Chair

Finance and Performance Committee

25 February 2025 | 11.30pm | Microsoft Teams

Agenda

№	Item	Time	Encl.	Purpose	Presenter
1.	Chair and quorum	11.30pm	Verbal	Information	T Watkinson
2.	Apologies for absence	11.31pm	Verbal	Information	T Watkinson
3.	Declaration of interests	11.32pm	Verbal	Information	T Watkinson
4.	Minutes of the previous meetings held on 21st & 28th January 2025	11.33pm	✓ ✓	Decision	T Watkinson
5.	Matters arising and action log a) Action Log b) DDaT update	11.35pm	✓ ✓	Decision	T Watkinson S Dobson
6.	Strategic Risk Register	11.45pm	✓	Decision	D Stonehouse
7.	FINANCIAL PERFORMANCE				
7.1	Month 10 Financial Position and General Financial Update inc. I&I feedback	11.55pm	✓	Assurance	D Stonehouse
8.	STRATEGY & PLANNING				
8.1	Planning Controls inc. SIP progress & external dependencies	12.15pm	✓	Assurance	A Brotherton
8.2	Annual plan, forward plan preparation & 3-year trajectory	12.30pm	✓	Assurance	I Ward
9.	OPERATIONAL PERFORMANCE				
9.1	Performance Assurance Progress Report	12.45pm	✓	Assurance	K Foster-Greenwood
10.	GOVERNANCE AND COMPLIANCE				
10.1	Items to Alert, Advise or Assure Board	1.00pm	Verbal	Information	T Watkinson
10.2	Reflections on the meeting	1.10pm	Verbal	Information	T Watkinson
11.	ITEMS FOR INFORMATION				
11.1	Action Plans from Divisional Improvement Forums – not submitted				
11.2	Contract Performance		✓		

№	Item	Time	Encl.	Purpose	Presenter
11.3	**Feeder Group TOR:** (a) EPRR (b) ELFS **Meeting Minutes**: c) SIB Minutes d) PBCJC Minutes		✓ ✓ ✓ ✓		
11.4	Date, time, and venue of next meeting: *25 March 2025, 12.30pm, Microsoft Teams*	1.20pm	Verbal	Discussion	T Watkinson

Chair's Report to Board		
Chair: T Watkinson	Committee: Finance and Performance	
Date(s):25 March 2025	Agenda attached for information	✓

Lancashire Teaching Hospitals NHS
NHS Foundation Trust

Strategic Risks	Trend	Items Recommended for approval
Deliver Value for Money – 20 Fit for the Future - 15	⇨	None

ALERT
Areas of concern; Matters requiring urgent attention; Insufficient assurance received.

- **Budget Submission for 2025/26:** The Committee had an extensive discussion regarding the submission of the budget for 2025/26. There were certain elements, such as benchmarking, that were still missing and needed to be incorporated to properly assess the degree of stretch in the targeted savings. Further a large part of targeted reductions have yet to be identified and for those that are identified risks assessments have not been completed for every initiative. Recognising the work undertaken to date, the Committee understood that there was further cost improvements to be considered. This would be an iterative process.

ADVISE

Areas requiring on-going monitoring; Limited assurance received.

- **Performance and Finance Risks:** It is essential to address performance risks and other risks alongside financial risks. This had been a recurring theme in several papers, and the Board was advised to ensure a balanced focus on all risk areas not just Finance.
- **Improved Position for 2025/26:** The Trust was in a stronger position this year compared to the previous year in terms of planning for 2025/26 and Project Management Office (PMO) capacity. Although as noted above there is still a lot to do on the detail for plans on the WRP to be addressed.
- **Operational Metrics:** Some operational metrics were not showing improvement. However, plans were in place to address these issues and turn the metrics around. Specifically, there was a month-on-month increase in patients not meeting criteria to reside, impacting Emergency Department (ED) performance and the number of boarded patients. This presented a material risk to the hospital's ability to close wards, which was part of the financial plan.

ASSURE

Assurance received; Matters of positive notes

- **Financial Position for 2024/25:** The financial position for the year 2024/25 was in line with previous forecast submissions and was on track to meet the financial targets, as expected by the regulators.
- **Continuous Improvement:** The annual report on continuous improvement highlighted significant progress and good work. The Board was assured of a strong commitment to ongoing improvement efforts.

Board of Directors

3 April 2025 | 09.15am | Lecture Room 3, Education Centre 1,
Royal Preston Hospital, Sharoe Green Lane, Fulwood, Preston, Lancashire, PR2 9HT

Agenda

At 09.15am, there will be a **Patient Story** presented by Surgery

№	Item	Time	Encl.	Purpose	Presenter
1.	Chair and quorum	9:30am	Verbal	Information	M Thomas
2.	Apologies for absence	9:31am	Verbal	Information	M Thomas
3.	Declaration of interests	9:32am	Verbal	Information	M Thomas
4.	Minutes of the meeting held on 6 February 2025	9:33am	✓	Decision	M Thomas
5.	Matters arising and action log update	9:34am	✓	Decision	M Thomas
6.	Chair's opening remarks and report	9:35am	✓	Information	M Thomas
7.	Chief Executive's report	9:40am	✓	Information	S Nicholls
8.	Board Assurance Framework	9:50am	✓	Assurance	S Regan
9.	**FIT FOR THE FUTURE** (STRATEGY & PLANNING)				
9.1	2025/2026 Planning Submission	10.00am	✓	Decision	A Brotherton
9.2	Financial Planning 2025/26	10.10am	✓	Assurance	D Stonehouse
9.3	Corporate Objectives 2025/26	10.30am	✓	Decision	A Brotherton
10.	**GREAT PLACE TO WORK (WORKFORCE, EDUCATION AND RESEARCH)**				
10.1	Workforce Committee Chair's Report	10.40am	✓	Assurance	A Leather
10.2	Staff Survey Report	10.50am	✓	Assurance	L Graham
10.3	Ethnicity Pay Gap Report	11.00am	✓	Decision	L Graham
10.4	Education, Training and Research Committee Chair's Report	11.10am	✓	Assurance	A Brotherton
11.	**CONSISTENTLY DELIVER EXCELLENT CARE** (SAFETY AND QUALITY)				
11.1	Safety and Quality Committee Chair's Report	11.20am	✓	Assurance	T Ballard
11.2	Nursing Safe Staffing Review	11.30am	✓	Assurance	S Morrison

№	Item	Time	Encl.	Purpose	Presenter
12.	**DELIVER VALUE FOR MONEY** (FINANCE AND PERFORMANCE)				
12.1	Integrated Performance Report as at 31 March 2025 including Finance update and Single Improvement Plan *(considered by appropriate Committees of the Board)*	11.40am	✓	Assurance	K Foster-Greenwood/ S Morrison/ L Graham/ D Stonehouse
12.2	Finance and Performance Committee Chair's Report	12.10pm	✓	Assurance	J Schorah
12.3	Charitable Funds Committee Chair's Report	12.20pm	✓	Assurance	T Ballard
13.	**RISK, GOVERNANCE AND COMPLIANCE**				
13.1	Appointment of Directors to LHS Ltd	12.30pm	✓	Decision	J Foote
13.2	LTH Board: appointment to internal positions and membership of committees	12:35pm	✓	Decision	J Foote
14.	**ITEMS FOR INFORMATION**				
14.1	Midwifery Safe Staffing Review		✓		
14.2	Data Quality Assurance Report		✓		
14.3	Use of Common Seal		✓		
14.4	Governor Election Report		✓		
14.5	Cycle of Business 2025/6		✓		
14.6	Use of Delegated Authority – Public Sector Decarbonisation Grant Funding		✓		
14.7	Date, time and venue of next meeting: *3 June 2025, 9:15am, Lecture Hall, Education Centre 3, Chorley & South Ribble Hospital*	12:40pm	Verbal	Information	M Thomas

12.3 CHARITABLE FUNDS COMMITTEE CHAIR'S REPORT

Other | T Ballard | 12.20

Item for Assurance

REFERENCES

Only PDFs are attached

12.3 - CFC Chair's report 18 March 25_.pdf

Chair's Report to Board		
Chair: Tim Ballard	**Committee: Charitable Funds Committee**	
Date(s):18 March 2025	**Agenda information attached for**	✓

Lancashire Teaching Hospitals NHS
NHS Foundation Trust

Strategic Risks	trend	Items Recommended for approval
N/A		**None**

ALERT

Areas of concern;

NONE

ADVISE

Areas requiring on-going monitoring; Limited assurance received.

- Investment Managers - Benchmarking for Brewin & Dolphin was postponed for a year due to capacity issues within the finance team, which faced gaps and a busy year-end period. This made it difficult to progress with the action of exploring the possibility of going out to tender for investment managers. To alleviate pressure on the finance department, it was proposed and agreed to formally extend Brewin & Dolphin's contract for a year.

ASSURE

Assurance received; Matters of positive note.

- The NHS Charities Together Young Person Pregnancy Service grant of £200,000 had been secured, with £130,000 received to date.
- The 'Give a Gift' campaign in September was successful, providing Christmas gifts for approximately 1,000 patients. Fundraisers included 5 year old Ollie who cycled 1K along Morecambe Bay promenade and raised £1500.
- Significant donation of £12,000 was made to the MND fund.
- The Baby Beat shop's profits by the end of quarter three matched the total profits of the previous year, indicating a positive trend.
- The budget for the forthcoming financial year represented significant growth from the current year's target, with identified and secured funding providing confidence in achieving financial targets.
- Efficiency measures had been implemented to stabilise charity finances, including an internal restructure to streamline operations.

Charitable Funds Committee

18 March 2025 | 9.00am | Microsoft Teams

Agenda

№	Item	Time	Encl.	Purpose	Presenter
1.	Chair and quorum	9.01am	Verbal	Information	T Ballard
2.	Apologies for absence	9.01am	Verbal	Information	T Ballard
3.	Declaration of interests	9.02am	Verbal	Information	T Ballard
4.	a) Minutes of the previous meeting held on 10 December 2024 b) WR01-25 Young Parent Maternity Service	9.03am	✓ ✓	Decision	T Ballard
5.	a) Action log & Matters Arising	9.08am	✓	Decision	T Ballard /D Hill
6.	STRATEGY AND PLANNING				
6.1	Hospitals' Charity update including Baby Beat with annual budgets	9.10am	✓	Decision	D Hill
6.2	Rosemere Charity update with annual budgets inc. funding requests: a) Rosemere Charity Update b) Funding request: RCF034-24/25 - Development of Colorectal and Upper GI Cancer databases – LTHTR - £162,179	9.20am	✓	Decision	D Hill
7.	FINANCE AND PERFORMANCE				
7.1	Finance update including review of spending plan and balances	9.30am	✓	Assurance	B Patel
7.2	Dormant Fund Review	9.40am	✓	Assurance	D Hill
8.	GOVERNANCE AND COMPLIANCE				
8.1	Items to alert/advise/assure the Board	9.50am	Verbal	Information	T Ballard
8.2	Reflections on the meeting	9.55am	Verbal	Information	T Ballard
9.	ITEMS FOR INFORMATION				
9.1	Rosemere Management Committee Chair's report		✓		
9.2	Rosemere Management Committee Terms of Reference		✓		
9.3	Annual Cycle of Business 2025/26		✓		

№	Item	Time	Encl.	Purpose	Presenter
	Date, time and venue of next meeting: *17 June 2025, 1.00pm, MS Teams*	10.00am	Verbal	Information	T Ballard

13. GOVERNANCE AND COMPLIANCE

13.1 APPOINTMENT OF DIRECTORS TO LHS LTD

Decision Item | J Foote | 12.30

REFERENCES

Only PDFs are attached

13.1 - LHS Board Appointments.pdf

Excellent care with compassion

NHS Lancashire Teaching Hospitals NHS Foundation Trust

Board of Directors Report

Appointment of Directors LHS Ltd			
Report to:	Board of Directors	**Date:**	3 April 2025
Report of:	Director of Corporate Affairs	**Prepared by:**	J Foote

Purpose of Report					
For assurance	☐	**For decision**	☒	**For information**	☐

Executive Summary:

Lancashire Hospital Services (LHS) Ltd is a wholly owned subsidiary of LTH. Following the decision by Lloyds Ltd to move out of outpatient pharmacy services it was agreed that LHS should be the vehicle for the delivery of collaborative outpatient pharmacy services in Lancashire and South Cumbria. The outpatient pharmacy contracts for Blackpool, Morecambe Bay and East Lancashire were terminated with Lloyds and new contacts put in place with LHS Ltd from 1 February 2025. To support this new collaborative way of working the Articles of Association of the company were revised and approved by LTH Board in December 2024. This revision allowed for, amongst other matters, a widening of the membership of the Board to allow for a nomination from each of the three interested trusts. In addition, the NED who was chair of LHS was Victoria Crorken, who stepped away from that role in February thereby requiring a new NED from LTH to be appointed as Chair of the LHS Board. The current remaining directors from LTH are Gareth Price (Chief Pharmacist at LTH) and Jennifer Foote (Director of Corporate Affairs at LTH).

The appointment of directors of the board of LHS is a reserved matter for LTH. Whilst ELHT have already submitted a nomination, names are awaited from BTH and UHMB. These will be reported verbally to the meeting if received prior to 3 April. The LHS Board will be able to function without nominations from all three trusts if these are not forthcoming.

The Board is asked to appoint the following as directors of the board, LHS Ltd. :

Uzair Patel (Lancashire Teaching Hospitals) – Chair
Arif Patel (Deputy Director of Integrated Care, Partnerships and Resilience at ELHT)

Trust Strategic Aims and Ambitions supported by this Paper:

Aims		Ambitions	
To provide outstanding and sustainable healthcare to our local communities	☒	Consistently Deliver Excellent Care	☒
To offer a range of high quality specialised services to patients in Lancashire and South Cumbria	☒	Great Place To Work	☒
To drive health innovation through world class education, teaching and research	☒	Deliver Value for Money	☒
		Fit For The Future	☒

Previous consideration

Board of Directors 5 December 2024

1. Background

Current VAT regulations allow medicines dispensed to hospital outpatients by third party providers to be zero rated. Funding released creates improved patient experience through changes to the outpatient pathway and allows VAT savings via establishment of a wholly owned subsidiary to operate services like outpatient pharmacy dispensing (OPD).

All Acute Trusts within LSC have taken advantage of this in their OPD service delivery:

a) ELHT, BTH and UHMB contracted OPD services to third party private sector provider Lloyds

b) LTH created its own wholly owned subsidiary– LHS Ltd

c) Collectively Trusts have had a reduced VAT burden of c£10m as a result of these arrangements

LPH Healthcare services (Lloyds) provided short notice of their withdrawal from the market The clear alternative to any other private service provider taking on the contracts was to retain the service within the system through the transfer of business to LHS Ltd. NHSE indicated its willingness to accept the change in approach and convened a panel to review the revised business case. A 'material' low risk classification was received. The transfer of services and people from Lloyds to LHS Ltd, together with new contracts for delivery of OPD services was undertaken to commence 1 February 2025 .

2. Detail

The Articles of Association of the company were revised in December 2024 and approved by both the Board of LHS Ltd and LTH. The main revisions were to enable the new partner trust to nominate a director of the board on LHS Ltd and to expand and clarify the list of matters reserved for decision by LTH as sole shareholder and ultimate parent undertaking. The Directors of LHS Ltd at that time were Victoria Crorken (Chair), Gareth Price (LTH Chief Pharmacist) and Jennifer Foote (LTH Director of Corporate Affairs). Victoria stepped down from her role as a NED at LTH in February 2025.

Under the revised Articles nominations for a director for LHS from each of Blackpool FT, East Lancashire Trust and Morecambe Bay FT were requested. At the time of writing a nomination has been received from ELHT. If further names are submitted before the Board meets on 3 April, these will be reported verbally. In addition and subject to formal approval, Uzair Patel will take on the role as Chair of LHS Ltd.

Directors from all trusts are not a mandated requirement of the Articles of Association and the LHS Board will be able to function in the absence of any of the partner trust nominated directors.

3. Financial implications

As part of the work with Chief Pharmacists a financial model was developed to support the business case and the financial plan (including cash flow requirements) for LHS post transfer of the Lloyds contracts, using a set of agreed Financial Principles. The financial model supported a profit/net benefit to the system on the contracts for the following three years. The transition was also undertaken on the understanding of no financial detriment to either LTH or LHS during the transition year 2024/25.

The financial oversight of the service will be undertaken by the LHS Ltd Board of Directors. The approval of an annual business plan, entering into new contracts or seeking new opportunities outside the approved annual plan remain reserved matters requiring the approval of the LTH Board.

4. Legal implications

As a company limited by shared LHS Ltd is a separate legal entity governed by the Companies Act 2006. The Board of Directors of LHS Ltd remains the accountable body for the company. However, as a wholly owned

subsidiary LTH acts as the ultimate parent undertaking for the company and the company accounts are consolidated into the Trust annual accounts.

5. Risks

The risks associated with the delivery of the service are ring-fenced within the company. To ensure that oversight is maintained by the Trust as parent undertaking a report from the LHS Board will be submitted as an item of business on the agenda of the Finance and Performance Committee.

6. Impact on stakeholders

The other trusts involved in the OPD service are not shareholders but instead have a contractual arrangement with the company. They are however, able to exert a degree of influence in the decision making of the company through the right to nominate a director to the company board. In addition, the company will also report in to the PCB JC for its work undertaken as a collaborative vehicle for the system.

7. Recommendation

As a reserved matter under the LHS Ltd Articles of association the Board of Directors of LTH is requested to approve the appointment of the following as directors of LHS Ltd:

Uzair Patel (Lancashire Teaching Hospitals) – Chair
Arif Patel (Deputy Director of Integrated Care, Partnerships and Resilience at ELHT)

13.2 LTH BOARD: APPOINTMENT TO INTERNAL POSITIONS AND MEMBERSHIP OF COMMITTEES

Decision Item | J Foote | 12.35

REFERENCES

Only PDFs are attached

13.2 - LTH Board - NED Committee Appointments.pdf

Board of Directors

LTH Board - Non-Executive Directors committee membership and positions

Report to:	Board of Directors	**Date:**	3 April 2025
Report of:	Director of Corporate Affairs	**Prepared by:**	J Foote

Purpose of Report

For assurance	☐	**For decision**	☒	**For information**	☒

Executive Summary:

The purpose of the report is to set out the NED membership of committees and other nominated positions at board or stakeholder level for 2025/26 and beyond.

The Board is asked to consider and endorse the decisions of the chair for the appointments to committees and other roles, noting that the appointment to the role of SID remains subject to consultation with Council at its meeting on 24 April.

Trust Strategic Aims and Ambitions supported by this Paper:

Aims		Ambitions	
To provide outstanding and sustainable healthcare to our local communities	☒	Consistently Deliver Excellent Care	☒
To offer a range of high quality specialised services to patients in Lancashire and South Cumbria	☒	Great Place To Work	☒
To drive health innovation through world class education, teaching and research	☒	Deliver Value for Money	☒
		Fit For The Future	☒

Previous consideration

N/A

1. Introduction

The Trust has experienced a significant change of board membership since January 2025 with the appointment of a new Trust chair followed by five new non-executive directors.

2. Background

Non-Executive Directors are required to sit on the assurance committees of the Trust Board of Directors. In addition the Board of Directors has designated four NED positions: maternity champion/Ockendon, Audit Chair, Vice-Chair and Senior Independent Director (SID) as being in receipt of an additional responsibility allowance. In order to manage the business of the Board from April 2025 the Chair has allocated membership pf committees and roles as set out below. The appointment to the positions is at the determination of the Chair, other than the SID which is a decision of the Chair following consultation with Council.

NED Committee and role matrix 2025

FPC (3)	SQC (3)	Audit (4)	Workforce (3)	ETR (3)	Charitable (3) Funds
John Schorah	**Karen Deeny**	**Tim Wheeler***	**Adrian Leather**	**StJohn Crean**	**Tim Ballard**
Adrian Leather	Tim Ballard	Karen Deeny	StJohn Crean	Tim Ballard	Tim Wheeler
Uzair Patel	John Schorah	Adrian Leather	Karen Deeny	Adrian Leather	Uzair Patel
		John Schorah			

Ockenden*	Rosemere	LHS Chair	Vice Chair*	SID*	Freedom to Speak Up
Tim Ballard	Tim Ballard	Uzair Patel	Adrian Leather	Karen Deeny	Tim Ballard

PCB Assurance
Tim Wheeler

3. Financial implications

Non-executive director costs are incorporated within the Trust Board budget and are as set out under national guidelines.

4. Legal implications

The establishment order of the Trust allows for seven NEDs and a chair. The requirement for an appointment to the positions of SID, Maternity champion etc are either statutory requirements or are set out in the Constitution.

5. Risks

The allocation of roles should allow for an appropriate oversight of the business of the Board by Non-executive directors.

6. Impact on stakeholders

All NEDs will have a degree of engagement with stakeholder and partnership organisations. The appointment to the PCB Assurance Committee is a direct stakeholder appointment.

7. Recommendations

The Board is asked to consider and endorse the decisions of the chair for the appointments to committees and other roles, noting that the appointment to the role of SID remains subject to consultation with Council at its meeting on 24 April.

14. ITEMS FOR INFORMATION

14.1 MIDWIFERY SAFE STAFFING REVIEW

Information Item

REFERENCES

Only PDFs are attached

14.1 - Midwifery Safe Staffing Review.pdf

Board of Directors

Maternity Service bi annual Staffing Review					
Report to:	Board of Directors		**Date:**	3.4.25	
Report of:	Chief Nursing Officer		**Prepared by:**	Jo Lambert	
Purpose of Report					
For Assurance	☒	**For decision**	X	**For information**	☐

Executive Summary:

The purpose of this report is to present the annual maternity safe staffing report. The report has been scrutinised and endorsed by the Safety and Quality committee.

The report details the findings of the first annual maternity staffing review of 2025. The report details the workforce strategies taken and the scrutiny and monitoring that has been applied to ensure all aspects of safe staffing have been duly considered. The perinatal quality surveillance dashboard (PQSD) is included in Appendix 1 and triangulates workforce information, patient experience and clinical effectiveness indicators to provide assurance of safe staffing levels.

In determining staffing requirements for maternity services: the BirthRate plus (BR+) midwifery acuity tool (NICE endorsed) continues to be utilised alongside professional judgment to define the appropriate and required staffing levels. A summary of obstetric, neonatal nursing and neonatal medical staffing levels are also included in the report due to the direct correlation between appropriate staffing levels across the wider Multi Disciplinary Team (MDT) and maternal and neonatal outcomes.

The findings of the BR+ assessment undertaken at the end of 2022 confirmed that an uplift to the funded establishment of 29.7 WTE (Midwives and Postnatal Support Workers) was required to meet safe staffing requirements (Appendix 2 and 3). Given the financial investment required and the Registered Midwife vacancy at the time of assessment, a decision was taken to implement the recommendations in a phased approach, and this was approved by the Board of Directors in early 2024. Phase 1 (focused on leadership and support staff) was transacted into the midwifery budget in April 2024 and phase two (Registered Midwife) was approved by Board as part of the October 2024 safe staffing review. It was agreed that 6.86 WTE Registered Midwives were required and an investment of £441,708 is contained as part of the budget approvals process in April 2025 Board.

The next BR + assessment is due in 2025 and plans are in place for this to be completed in time for the findings for the next biannual staffing report in October 2025. The midwifery vacancy is 9.43 WTE which will reduce to 4.67 WTE in July 2025. Continued efforts to recruit are underway including 2 midwifery apprenticeships in place.

The service confirms that the current level of midwifery continuity of carer (MCoC) can continue to be delivered safely without impacting on one-to-one care in labour. However, until the projected staffing establishment gaps are filled there will be no further expansion of MCoC at this time. Further work on the building blocks for

establishment of the next enhanced team is ongoing in the background, with a priority for families in decile 1 and/or for women from black, Asian or ethnic groups.

The obstetric consultant rota presence is now 90 hours per week and all substantive consultant posts are filled. A further internal review is underway to realign the rota model in accordance with the Royal College of Obstetrics guidance.

Overall compliance rates for Practical Obstetric Multi-Professional (PROMPT) and fetal monitoring and neonatal life support training remain over 90% overall with the exception of obstetrics and anaesthetics. A plan to recover the position is in place, acknowledging that new intake for medical staff will always affect compliance during new rotation times.

Within this reporting period, there have been no whistleblowing enquiries relating to staffing levels, however, there has been 1 freedom to speak up case. A culture improvement plan continues using the results of the SCORE culture survey and is included in appendix 4. Further work is also being commissioned from Organisational Development to support leaders to address concerns raised by staff in relation to behaviour, communication, and team working.

Analysis of the perinatal quality surveillance dashboard demonstrates some areas of pressure in the service related to red flags (appendix 5) which are associated with pressures in midwifery obstetrics and neonatal staffing. Key performance indicators relating to delay of inductions and delay in review in triage are consistently the highest reporting categories and align to where the staffing resource from the next phase of investment will be targeted.

In addition, it is recognised that the demand for caesarean sections exceeds the current capacity, the local and national rates continue to rise and financial cases have been developed for both a 2-tier obstetric staffing model and staffing for the 4th theatre. The service has capacity to undertake 12 uncomplicated elective caesarean sections per week, capacity analysis now shows a requirement of 17 theatre slots to manage the current demand. Despite the challenges the service faces it continues to demonstrate stability.

The service received a review visit from NHS England Maternity team in February 2025 and feedback identified the positive progress made in relation to improvement methodology, health inequalities, triage and the partnership working with the Maternity Neonatal Voices Partnership chair. The reviewers reinforced the need to continue with work to implement the triage telephone system, removal of the change of Maternity Assessment Unit location and medical staffing response out of hours, improvement of the data quality of the provider workforce return (PWR) and the implementation of a long term plan for caesarean sections drawing comparisons to smaller units having a greater amount of caesarean capacity. The team provided positive feedback regarding the leadership and clinical teams performance and commitment to the service.

MIAA have undertaken a review of maternity triage following concerns raised by the Care Quality Commission (CQC). The outcome score of the report was a rating of substantial assurance.

Finally, the service hosted the final event for the Race and Health Observatory work improving clinical outcomes for black and ethnic groups. This was a high-profile event attended by national leaders, the NHS Race Observatory and the Health Innovation Agency. The reduction in post partum haemorrhage from 12% to 9% in back and ethnic minority groups has been sustained and was celebrated as part of the event.

Overall, the establishments recommended by the Divisional Midwifery and Nursing Director and the Chief Nursing Officer as part of this review will deliver safe, effective and sustainable staffing levels for the organisation

and meet the requirements of the NICE Safe Staffing Guidelines (2014) and the National Quality Board (NQB) Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time (2016).

RECOMMENDATION

It is recommended the Board of Directors

i. Approve the safe staffing review and phase 2 of Birthrate plus investment as part of the 2024/25 financial plan, noting the endorsement by the Safety and Quality committee.
ii. Acknowledge the requirement to address the medical staffing tier 2 rota requirements and caesarean section increases to mitigate the risks with maternity triage, delays in induction of labour and the increase in caesarean section rates, noting these case will progress through the Trust business case process.
iii. Note the Perinatal Quality Surveillance Dashboard for information and oversight.

Appendices

To support this paper, more detailed information is provided in the appendices. Further information on any of the topics covered is available on request.

Appendix 1 Perinatal Quality Surveillance Dashboard
Appendix 2 BirthRate Plus summary 2022
Appendix 3 Breakdown of Specialist Midwife Portfolio
Appendix 4 SCORE Action plan
Appendix 5 Red Flag Reporting
Appendix 6 Leadership Structure
Appendix 7 Outcome letter Annual regional visit

Trust Strategic Aims and Ambitions supported by this Paper:

Aims		Ambitions	
To offer excellent health care and treatment to our local communities	☒	Consistently Deliver Excellent Care	☒
To provide a range of the highest standard of specialised services to patients in Lancashire and South Cumbria	☒	Great Place To Work	☒
To drive innovation through world-class education, teaching and research	☐	Deliver Value for Money	☒
		Fit For The Future	☒

Previous consideration

None

1.0 INTRODUCTION

This report details the findings of the Lancashire Teaching Hospitals NHS Foundation Trust, first annual midwifery staffing review for 2025. The review triangulates workforce information with safety, patient experience, and clinical effectiveness indicators to provide an overview and assurance of safe staffing levels within the maternity service.

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

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

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

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

2.0 SCOPE

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

It is acknowledged that a safe and effective workforce planning for maternity services must include core medical services. References to the obstetric, neonatal, medical and nursing workforce aligned to national priorities are also included because they are interdependent.

3.0 METHODOLOGY

A planned safe staffing review is undertaken by the Chief Nursing Officer, Divisional Midwifery and Nursing Director, Finance Business Partner and Midwifery Matrons every 6 months. These reviews directly involve the managers of each service and provides opportunity for joint review of staffing requirements, cross checked using professional judgement and clinical indicators of perinatal safety.

Although the findings of the review continue to be mandated by the requirements of Birth Rate Plus (BR+), this combined approach provides valuable safety intelligence and ensures appropriate check and challenge of staffing levels are applied to deliver safe, high-quality care.

4.0 RIGHT STAFF

The national guidance states, maternity teams must have sufficient and appropriate staffing capacity and capability to ensure safe, high quality and cost-effective care for women and their babies always. Staffing decisions must be aligned to operational and strategic planning and must be able to demonstrate sufficient flexibility, capacity and workforce planning to meet demand safety. (The right staff)

4.1 BIRTH RATE PLUS - EVIDENCE BASED WORKFORCE PLANNING

The Three-Year Delivery Plan for Maternity and Neonatal services (March 2023) states that services should undertake regular workforce planning reviews and where they do not meet the staffing establishment levels set by BR+ do so as soon as possible no later than by 2027/2028.

BR+ looks at both the midwife-to-birth ratio and the considers acuity and complexity, making it maternity-unit specific. Although the birth rate has remained stable (approximately 4,200), it was noted in the 2022 assessment that there had been a significant change in the complex care requirements. The establishment of the Lancashire and South Cumbria maternal medicine centre (MMC) at the Trust, the increasing induction of labour and caesarean section rates are expected to increase the demand for more complex care going forward.

The last BR+ assessment undertaken in 2022, recommended an uplift in staffing. A phased approach to funding was agreed by the Trust recognising the significant financial investment required an the registered midwife vacancy rate at the time. Phase one was approved in April 2024 which funded the specialist midwifery portfolio and the maternity support staff. Phase two requirements were presented within the October 2024 annual maternity safe staffing report, and it was agreed by the Board of Directors that the remaining 6.86 WTE registered midwives would be funded at the start of 2025/26 financial year. Table 2 details the outstanding requirement to meet BR+ 2022.

Table 2 Phase 2 approach to comply with BR+

Phase 2 October 2024	WTE required	Costs
Band 6 Registered Midwives (RM)	6.86	£441,708

In line with national recommendations the service will be undertaking a new BirthRate Plus assessment in 2025. It is anticipated that data collection will commence in May 2025, with a plan for this to be completed by the end of July 2025 so that the report can be expected by the end of August 2025. This will enable the service to have

the findings of the assessment available for the next biannual staffing report for the board's consideration in October 2025.

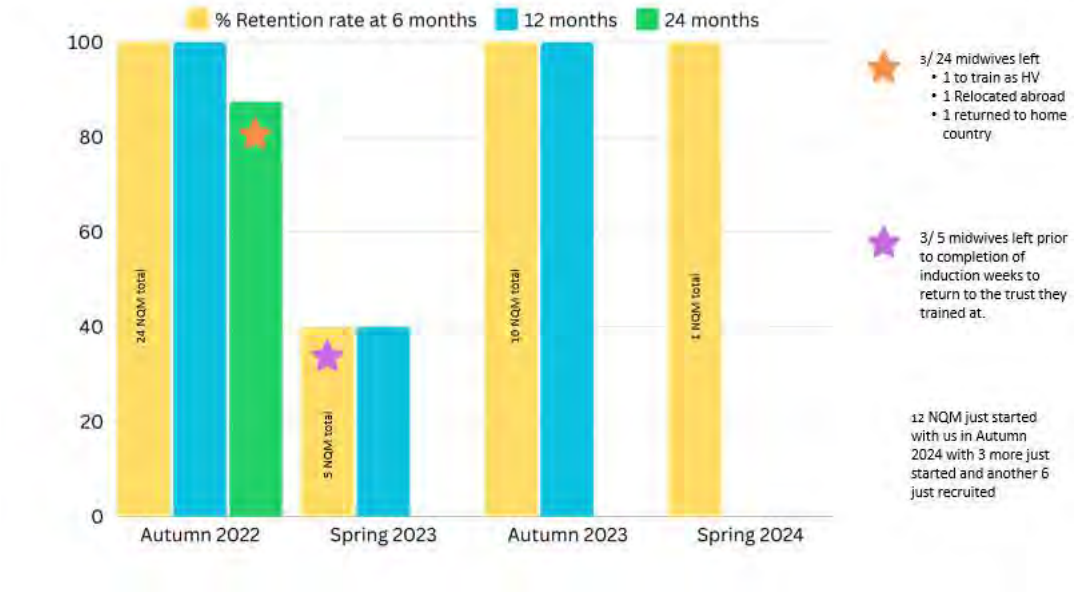
4.2 APPROPRIATE SKILL MIX

BR + advises that any additional specialist workforce should equate to 10% of the funded clinical midwifery establishment to support for the provision of a safe service. This is anticipated to increase to 12% to reflect the additional specialist workforce aligned to the Ockenden and Three-year plan deliverables. Appendix 3 details the current specialist workforce. The service is currently undertaking a review of the clinical and non-clinical elements of each posts, and the outcome of this review will be shared in future iterations of this report.

Strategies to improve retention are ongoing and are a cost-effective way of retaining experienced staff while avoiding agency and recruitment costs. Leadership and adequate resources strongly influence turnover; therefore, the service and Trust has invested in the key maternity priorities and leadership positions over the last few years to strengthen the well led approach.

The service has an externally funded preceptorship lead midwife who oversees recruitment and retention, and this is having a positive impact on retention rates. Most newly recruited midwives are in their early careers and to ensure a smooth transition, the service has a supernumerary period, robust training and support, including a comprehensive preceptorship programme, and ongoing professional development opportunities. Table 3 details the retention rates of new midwives since 2022 at 6,12 and 24 months. Only 3/24 of the first cohort left at two years. Years 2-4 cohorts have not yet reached the 24-month mark, but retention rates are positive, which is an indication that the investment is effective.

Table 3 Retention of new midwives at 6, 12 and 24 month since 2022.



4.3 SERVICE DEVELOPMENT FUNDING WORK STREAMS (OCKENDEN)

NHS England continues to support key national priorities within midwifery and obstetrics. Posts that are expected to be moved to baseline by the Local Maternity and Neonatal System (LMNS) in 2025 are the recruitment and retention, bereavement lead midwives and the band 4 maternity support lead. Leadership PAs for Clinical Directors (CD) is also expected to continue. This will provide much needed financial stability.

4.4 FILL RATES

Fill rates for registered midwives (RM) are around 87-94% for day shifts and 92-94% for nights which is an improving picture overall. The midwifery vacancy is 9.43 WTE which will reduce to 4.67 WTE in July 2025. The midwifery establishment trajectory tracker monitors and tracks staff in post, adjusting for maternity leave to ensure that the establishment meets safe staffing requirements. However, protracted approval processes associated with the financial recovery plan continue to affect recruitment timelines. The service has approval to use an over offer of 5 WTE to support ongoing recruitment and this is being utilised current to increase the core element of the staffing on delivery suite.

All shifts continue to be sent to bank following budget holder approval and are as required converted to agency once a further review of fill rates and safe staffing levels has been undertaken by the Deputy/Divisional Midwifery and Nursing Director.

Temporary agency staff can be a valuable and valued part of the workforce and a useful contingency for covering anticipated and unanticipated staff shortages. However, relying on high levels of agency staff is unlikely to represent an effective or sustainable solution. Capped rates of agency are in place and the initiative to convert regular agency workers to bank has resulted in 5 midwives accepting a bank contract. This is providing a more consistent and sustainable solution to temporary staffing.

When reviewing the uptake of agency shifts, it has been noted that agency booking had reduced. However there has been an increase in variable pay associated with bank, demonstrating that the switch over from agency to bank has not detrimentally affected fill rates and that the demand for temporary staff has ongoing. Temporary staffing will continue to be closely monitored.

4.5 CONTINUITY OF CARER

The BR+ workforce assessment does not include any uplift for the rollout of Midwifery Continuity of Carer (MCoC) and therefore the service must continue to monitor its ability to offer MCoC. Considering the above, the Divisional Midwifery and Nursing Director and leadership team regularly review the service provision and workforce requirements. They confirm that three established continuity models should be continued to maintain a safe service. Suspension of any of the MCoC team's (specialist diabetes care and home birth and Chorley Birth Centre) would have a detrimental effect on service delivery with negligible impact on fill rates.

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

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

Neonatal nurse staffing ratios continue to be tracked via the PQSD and neonatal dashboard monthly to ensure that staffing levels are sufficient to meet the BAPM requirements. Throughout 2024, there have been periods of unavailability and high intensive care cot requirements that have affected BAPM ratios. However, overall, the neonatal service has been able to redeploy staff or work differently to maintain safe staffing levels for the unit.

The neonatal service is responsible for the provision of transitional care nurse staffing and although this service runs from the postnatal ward, it continues to be given the same priority as the neonatal unit. Performance is monitored via the Operational Delivery Network (ODN) and a neonatal workforce action plan is ongoing.

4.7 OBSTETRIC WORKFORCE

The service confirms that it is fully recruited to all consultant posts and work is ongoing to review the job plans to maximise efficiency. Currently, the consultant rota presence is 90 hours per week. The most recent workforce publication from the Royal College of Obstetrics and Gynaecology in 2022 acknowledged that maternity services must agree different base levels of staffing according to their size, case mix, acuity and complexity of caseload. Lancashire Teaching Hospitals has a major trauma centre, is the neurology referral centre and is now the maternal medicine centre for Lancashire and South Cumbria.

In view of national recommendations and given the evolving needs of the service, a middle grade review and business case is ongoing. Increasing to a 2-tier rota would provide a greater number of more experienced middle grade doctors available on site 24/7 for immediate review. This would result in fewer than 98 hours consultant presence hours but would provide a safe and sustainable workforce with the ability to better manage delays in time critical activity, delay in review in triage and improve the flow for the induction of labour.

4.8 NEONATAL MEDICAL WORKFORCE

A local workforce review of the neonatal medical staffing requirement to achieve British Association of BAPM standards was undertaken in 2023/24. Following this, further gap analysis of the workforce has been completed. Realignment of job plans, and use of the ORDER programme means that from February 2025 a 1:8 rota for all grades has been achieved. These actions have enabled the neonatal service to declare BAPM compliance.

5.0 RIGHT SKILLS

Organisations must have robust mandatory training, development, and education programmes for multidisciplinary teams. Boards must assure themselves that sufficient staff have attended such training and are competent to deliver safe maternity care. Staffing establishments must allow for staff to be released to undertake the required training and development. The core national, regional and local priorities for training were included in the April 2024 report and continue to be followed in the training needs analysis.

The current compliance rates for the MIS standard 8 in relation to PROMPT, fetal monitoring and neonatal resusitation is included in tables 4-6. Reduced compliance for PROMPT (below 90%) for the obstetric and anaesthetic teams is demonstrated and a plan to improve the position is ongoing.

Table 4 Fetal monitoring compliance by eligible staff group February 2025

	MIDWIVES	CONSULTANTS	DOCTORS	COMPLIANCE PERCENTAGE OVERALL
CTG update (Delivered as part of PROMPT or attendance at CTG meeting)	**88%** *181 compliant out of 196*	**100%** *11 compliant out of 11*	**100%** *20 compliant out of 20*	**93%** (static) *212 compliant out of 227*
Fetal Monitoring training Attendance at full day fetal monitoring training	**96%** *185 compliant out of 192*	**91%** *10 compliant out of 11*	**90%** *19 compliant out of 21*	**97%** (Increase 2%) *218 compliant out of 225*
GAP/GROW	**94%** *184 out of 196*	**92%** *11 out of 12*	**95%** *19 out of 20*	**94%** (static) *214 compliant out of 228*
Human Factors (attended PROMPT)	**97%** *188 out of 196*	**100%** *11 out of 11*	**93%** *28 out of 30*	**96%** (decrease 2%) *227 compliant out of 237*

Table 5 PROMPT and pool evacuation training by staff group February 2025

	MIDWIVES	CONSULTANT	DR's	ANAESTHETISTS CONSULTANTS	ANAESTHETISTS ROTATIONAL	MATERNITY SUPPORT WORKERS	COMPLIANCE OVERALL
OBSTETRIC EMERGENCIES (PROMPT) Including Basic Neonatal Resusitation	**99%** 185 out of 187	**83%** 10 out of 12	**50%** 14 out of 28	**90%** 12 out of 13	**50%** 7 out of 14	**94%** 49 out of 52	**91%** (Decrease 7%) *277 compliant out of 306*
Pool Evacuation	**99%** *185 out of 187*	**92%** *11 out of 12*	**52%** *14 out of 28*	**100%** 13 out of 13	**43%** 6 out of 14	**94%** 49 out of 52	**91%** (Decrease 6%) 278 out of 306

Table 6 Neonatal Life Support by eligible staff group February 2025

	NICU Nurses	NICU nursery nurses	CONSULTANTS	ANNP's	JUNIOR DOCTORS below ST5	JUNIOR DOCTORs ST5 and above	COMPLIANCE PERCENTAGE OVERALL
Neonatal Basic life support	**94%** *71 compliant out of 76*	**100%** *5 compliant out of 5*	**100%** *9 compliant out of 9*	**100 %** *5 compliant out of 5*	**100 %** *6 compliant out of 6*	**100%** *7 compliant out of 7*	**95 %** *103 compliant out of 108*
NLS certification medical staff.			**100 %** *9 compliant out of 9*	**100 %** *5 compliant out of 5*	*Training not required*	**100%** *7 compliant out of 7*	**100%** *21 compliant out of 21*

5.1 SICKNESS ABSENCE

The sickness levels within the service have been variable over the last 12 months. Several interventions by the division and workforce partners, as well as a review of long-term sickness management strategies within the division, has intermittently reduced absence overall. Seasonal variation has been evident with the highest rate reported in February 2025, where total absence rates were above 8%. Performance will continue to be managed as part of the new attendance management policy.

6.0 RIGHT PLACE AND TIME

The service continues to have mechanisms in place so that staff can be deployed in ways that sustainably ensure mothers and babies receive the right care first time and in the right setting. This includes effective planning, management and rostering, with clear escalation policies if concerns arise.

6.1 RED FLAGS

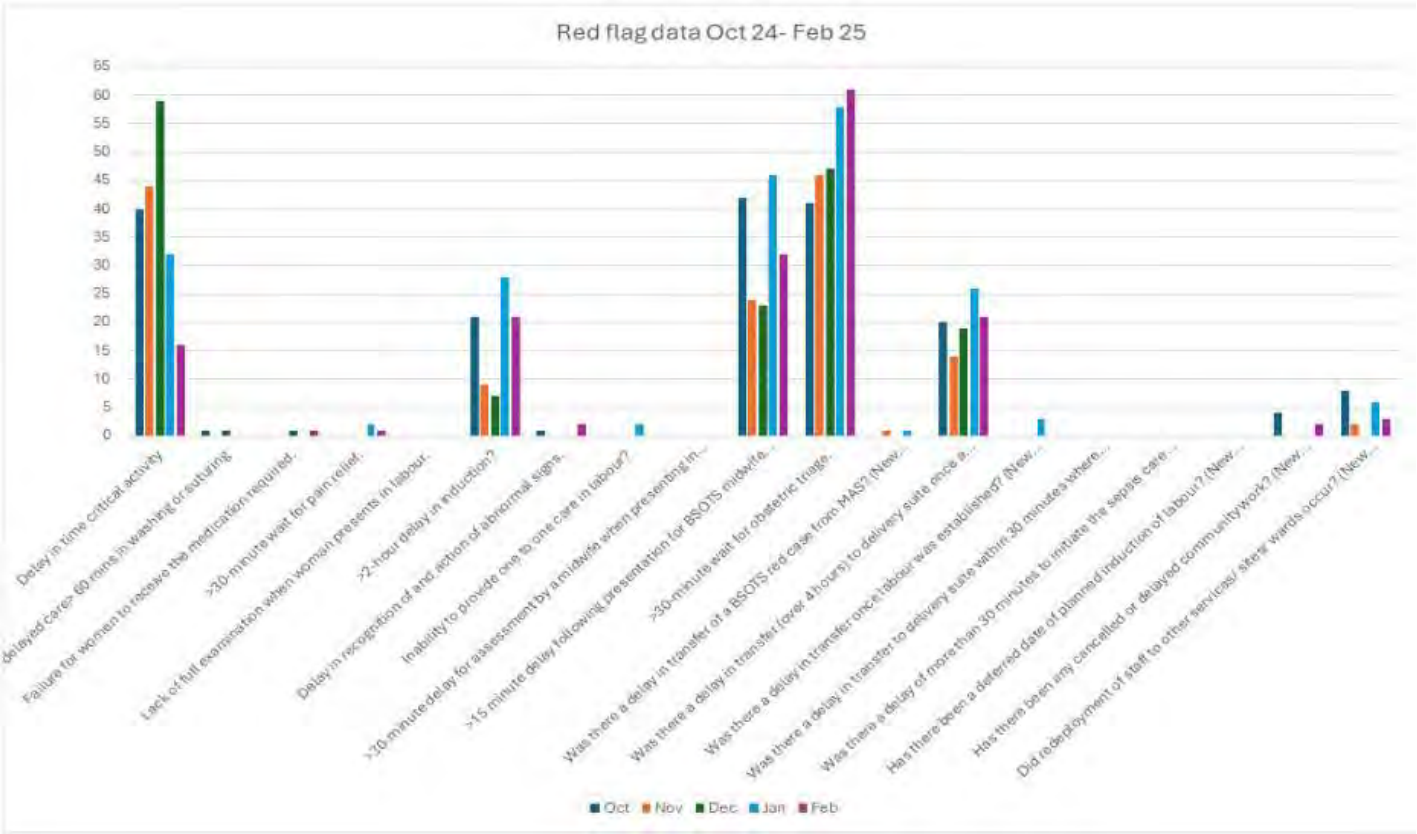
Midwifery red flags highlight potential areas of staffing concern within the service and act as a warning sign that something may be wrong with midwifery staffing levels. Therefore, the service continues to report and monitor red flag incidents monthly via the PQSD. The breakdown by category is provided in appendix 5.

Deferring and rearranging planned consultations in midwifery led services was previously one of the highest reporting categories from the last safe staffing review. However, the red flag reporting for this category shows a reducing trend, which is associated with improved staffing levels for midwives and support workers in midwifery led services.

The highest reporting categories in quarter 3 and 4 of 2024/25 relate to delayed induction of labour, delay in obstetric review in triage of more than 30 minutes and delay in time critical activity. Whilst there has been no harm attributed to these delays, it should be acknowledged that there is a potential for psychological/emotional impact which remains difficult to assess and quantify.

Graph 1 details the red flag trends between October 2024 and February 2025. These reporting categories illustrate that the areas of pressure in the service have not changed over time. Reporting therefore triangulates to known pressure points within the service. Consideration of the high reporting red flag indicators should be used to determine the priority areas of focus. In 2025 this would be obstetric middle grade funding and include prioritisation of the outstanding BR + funding for delivery suite to reduce the delays associated with induction of labour.

Graph 1 Red flag data October 2024 to February 2025



6.2 SUPERNUMERARY STATUS AND ONE TO ONE CARE

The ability to maintain supernumerary status of the delivery suite coordinator and to provide one to one care in labour provides a temperature check and reference point from which safe staffing levels can be confirmed.

The service continues to report 100% compliance with the provision of a supernumerary coordinator at the start of a shift and this consistently achieved. The staffing model with a second band 7 as unit coordinator, is an effective safety netting model to ensure this standard is met. This also provides wider flexibility for the service to safely manage unplanned gaps in the roster.

Consistently the service also reports 100% compliance with one-to-one care for all women across 4 places of birth. At times when staff report a red flag associated with one-to-one care, the case notes are reviewed, and findings validated or amended. Overall, this is a stable indicator.

6.3 ROYAL COLLEGE OBSTETRICS AND GYNAECOLOGISTS ATTENDENCE/ACUTE CONSULTANT COVER

Monitoring obstetric attendance for the clinical situations listed in the Royal College of Obstetricians and Gynaecologists (RCOG) workforce document, obstetric cover for acute care on delivery suite and compliance with RCOG guidance on the engagement of short and long-term locums demonstrate compliance of 100%. As such, the service is assured in relation to its obstetric workforce cover on the delivery suite. However, it should be acknowledged that whilst intrapartum care is prioritised, other areas of the service show signs of pressure in relation to obstetric staffing which includes maternity triage, induction of labour and elective caesarean section capacity. These are the focus on the business cases under development.

6.4 CLINICAL ESCALATION UNIT DIVERT

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

Maternity diverts are not currently classified as a national red flag event; however, the service continues to monitor capacity issues that have resulted a divert. Since the last safe staffing report, in October 2024, the service has diverted on one occasion. This was due to increased unit acuity on the night shift. The unit was diverted for 6 hours and during this time 4 women were transferred to alternative providers for assessment. Two women gave birth and 2 were discharged back to care within the service. All women were contacted following this divert and there were no incidents of associated harm.

The service also collates data related to inability to accept intrauterine transfers. The PQSD includes a separate breakdown of all categories of transfer associated with capacity. Sustained improvement has been noted with fewer declined IUT's across both maternity and neonatal services since Quarter 1 and 2 of 2024/25.

6.5 STAFFING RELATED RISKS

Detailed below in table 7 are the open risks on the women's health risk register that are associated with safe staffing levels. There are 5 high risks which triangulate with the known pressure points.

All high risks associated with staffing are reviewed by owners and handlers and monitored by the maternity safety and quality committee. Each risk considers the current rating and assurances and gaps in controls, and this is overseen by the risk management group. This ensures that risks are prioritised and managed effectively. The table below (table 7) details each risk and where applicable indicates where a risk can be reviewed based on the perinatal quality surveillance statistical process control red flag reporting.

Table 7 Staffing related risks. (Maternity)

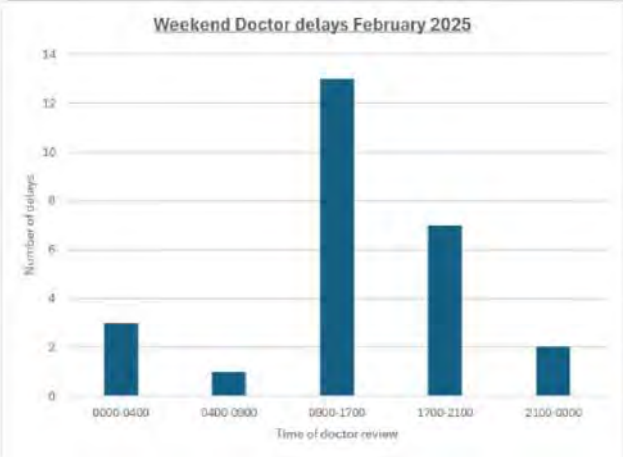
Risk ID	Title	Current risk rating	Planned actions
581	Maternity staffing deficit	15 (Active risk)	Risk review undertaken and score remains the same
1592	Delays in induction of labour process	15 (Active risk)	Risk review undertaken and score remains the same
1292	Inability to accept intra-uterine transfers from other organisations	15 (Active risk)	Risk paper to be collated to reduce score based on a reduction in IUT declines
569	Elective caesarean demand significantly exceeds capacity impacting on patient safety and experience and risking elective gynaecology	15 (Active risk)	Risk review undertaken and score remains the same
1708	Deferring and rearranging planned consultations in midwifery led services	15 (Active risk)	Risk paper to be collated to reduce score based on a reduction in red flag reporting
1688	Maternity Assessment Suite (MAS) – partial implementation of the Birmingham symptom specific obstetric triage (BSOTS) system.	12 (Active risk)	Risk review undertaken and score remains the same
1535	Delay in implementing a maternal medicine centre for Lancashire and South Cumbria	10 (Active Risk)	Risk review undertaken and score remains the same
1762	Inability of the maternity service to achieve BFI full level 3 accreditation by 2024	10 (Active Risk)	Risk paper to be collated to reduce score based on recent BFI accreditation.

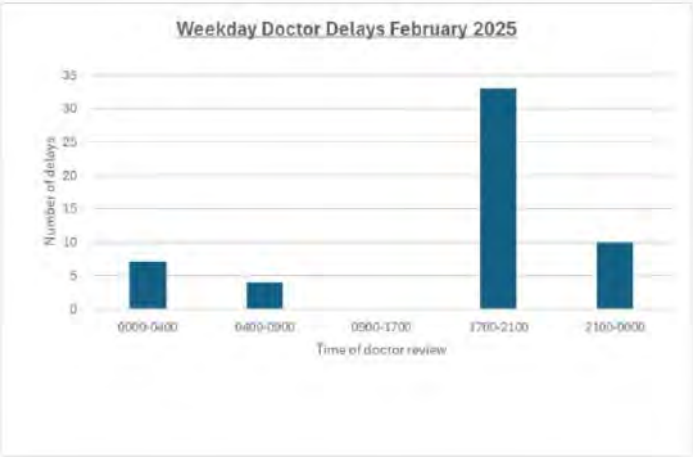
6.6 MATERNITY TRIAGE RISK 1688

Compliance to the Birmingham Specific Obstetric Triage System (BSOTS standard) and (NICE Guidance for triage review within 30 minutes) continue to be audited and monitored by the service monthly. Over the last 12 months, over 90% of women were reviewed by a midwife within the NICE 30-minute target range. The 15-minute standard set by BSOTS for women seen by a midwife was also consistently over 90%.

Since the last maternity CQC inspection when the 9am-5pm weekday obstetric cover in triage that was put in place to improve waiting times and mitigate risk in 2023. Longer waits are typically seen out of hours when the on-call team is responsible for reviewing women in triage. Graph 2 illustrates the timeframe when delay in medical review most frequently occurs for February 2025.

Graph 2 delay in obstetric review out of hours for February 2025.





Call handling and dropped calls was identified during the Care Quality Commission (CQC) maternity inspection as a should do action. The service confirms that the interim call handling and monitoring solution has been replaced by an automated service which queues calls, monitoring drop of rates as required.

To provide further assurance that the service understands its risks associated with maternity triage, a MIAA audit has been undertaken in January 25. The outcome of the report was a rating of substantial assurance.

6.7 DELAYS IN INDUCTION OF LABOUR PROCESS RISK 1592.

Delays in induction of labour continue to be monitored as part of daily safety huddles and consultant board rounds, these are also captured as part of red flag reporting and linked to the risk register. Timing for admission for induction is overseen by the capacity and flow manager and when delays occur the on-call team are asked to review risk and plan care in partnership with the woman. The service is tracking delays and auditing including delay data to ensure that delays can be monitored and tracked over time.

A series of Maternity and Neonatal Voice Partnership events have taken place for services users to provide feedback of their experience of induction of labour and a rapid improvement event was held in March 2025 to review the full pathway. This was supported by the continuous improvement team and updates on the progress of this work stream will be included in future iterations of this report.

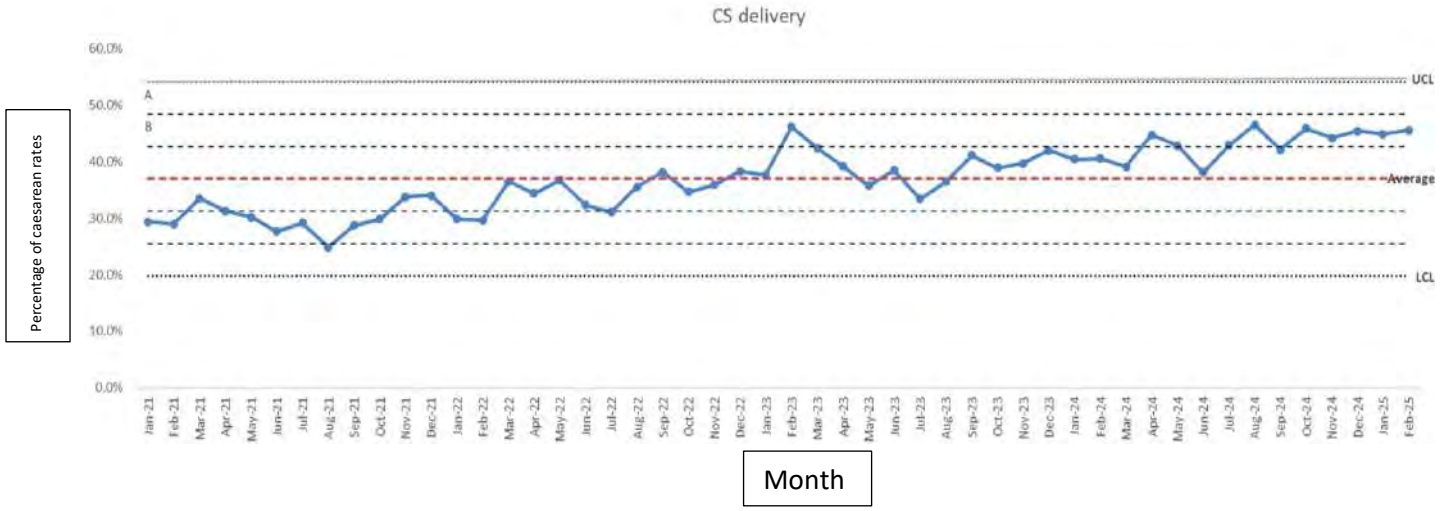
6.8 ELECTIVE CAESAREAN DEMAND SIGNIFICNATLY EXCEEDS CAPACITY IMPACTING ON PATIENT SAFETY AND EXPERIENCE AND RSIKING ELECTIVE GYNAECOLOGY 569

The service has capacity to undertake 12 uncomplicated elective caesarean sections per week, however due to the complexity of presenting cases this is often reduced to 10 per week to allow for additional operating and recovery time. When the trend analysis of capacity was undertaken, it identified that the service now requires 17 theatre slots to manage the current demand.

Between April 2024 and February 2025 (inclusive), the average combined rate of Caesarean section (Elective and Emergency) was 44%. This increase is an emerging risk, which places significant pressure on the ability to manage demand, impacting on workforce requirements, theatre capacity and service user experience. Also, there have been several occasions in 2024, when Gynaecology activity has been stood down to safely manage the maternity cases. To manage the workload, additional adhoc weekend lists have been arranged, however, this is not a cost effective and sustainable solution.

Graph 3 details the total caesarean section rates (Elective and Emergency) over time and shows a rise of around 10% since 2021. A rising pattern of caesarean section is also evident within the other 3 providers in Lancashire and South Cumbria, and this must be considered when designing future models for service provision

Graph 3 Elective and Emergency Combined rate trend data January 2021-February 2025.



7.0 INVOLVEMENT IMPROVEMENT INCLUSION AND LEADERSHIP

The maternity service requires highly skilled clinical leaders, who are responsible for the provision of safe staffing and the maintenance of safety and quality within the service. Each area is supported by band 7 leads who are overseen by matrons reporting to the Deputy/Divisional Midwifery and Nursing Director. Appendix 6 details the current structure of the leadership team.

The Chief Nursing Officer and the Non-Executive Director hold a responsibility as named Safety Champions, have continued to walk the floor. Over the last few months, they have done this independently of the leadership team and this has given them a much more effective opportunity to speak to staff, which has been evaluated positively.

The service is reviewing how care is provided in several areas and has several workstreams that are ongoing because of intelligence gathered from safety metrics, and feedback from staff and service users. Any changes to service provision will be shared as the work progresses.

7.1 MATERNITY SPECIFIC SAFETY AND QUALITY METRICS PERINATAL DASHBOARD- IMPROVEMENT

Trusts should collect data clinical area and organisation-level data to monitor how staffing levels affect quality of patient care and outcomes. The perinatal quality dashboard and skill mix, and establishment reviews provides the opportunity for Boards to assure themselves that the right staffing is in place. Therefore, maternity staffing metrics continue to be presented as part of the PQSD which is report submitted to Safety and Quality Committee and presented to the Board of Directors. (Appendix 1)

To support wider triangulation between providers, the local maternity and neonatal system have developed a system level dashboard, which will be utilised across each service and within the Integrated Care System (ICB) to benchmark clinical outcome data. The comparator dashboard will also provide a clear view of how the service is performing relative to past performance or peers across Lancashire and South Cumbria.

7.2 SYSTEM OVERSIGHT AND ASSURANCE - IMPROVEMENT

The service confirms that the historic investigation by the CQC into a neonatal death in 2022, was closed in February 2025. The CQC confirmed that there was insufficient evidence of Trust attributable cause. Support continues to be provided to staff, and the family affected during the review process.

Quarterly assurance and improvement visits with the Local Maternity and Neonatal System (LMNS) have taken place in June, September and November and December 2024. These visits reviewed the perinatal safety dashboard and MIS evidence and provided assurance that the evidence met all standards for year 6.

In addition, the annual regional site visit took place in February 2025. The feedback was positive, and the attending team were particularly impressed with how the service is working to implement change and improvements to services using a continuous improvement lens. (Appendix 7 feedback)

Capacity related to elective caesarean section was discussed and the regional team acknowledged the significant challenges that the service faces managing Caesarean Section capacity. Although the service is mitigating the risk, there is concern that as the numbers increase, that this is not sustainable or cost effective, and needs addressing for the future.

7.3 PATIENT EXPERIENCE- INVOLVEMENT AND INCLUSION

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

Friends and Family Test feedback (FFT) is utilised both at ward and department level and across the division to proactively learn from experiences of care received by service users and their families. Table 8 provides a summary of performance between October up until February 2025.

Table 8: Maternity friends and family survey responses October 2024-February 2025.

Results by Directorate/Service

Hospital	Ward/Area	% Good	% Poor	Total Responses	Very good	Good	Neither good nor poor	Poor	Very poor	Don't Know
Chorley Hospital	Birth	100.00%	0.00%	6	6	0	0	0	0	0
	Postnatal ward	100.00%	0.00%	6	5	1	0	0	0	0
Royal Preston Hospital	Antenatal	87.34%	8.86%	79	46	23	3	2	5	0
	Birth	88.24%	2.94%	68	48	12	6	2	0	0
	Postnatal community	90.24%	6.10%	82	57	17	3	3	2	0
	Postnatal ward	87.91%	3.30%	91	55	25	8	3	0	0
	Total	88.86%	5.12%	332	217	78	20	10	7	0

7.4 MATERNITY SURVEY

The last CQC maternity survey was published in 2023. The findings of the last survey have been discussed in detail in the April bi-annual report and the 2024 survey is awaited. Once the updated recommendations are

available a further update will be provided. The service confirms that it continues to progress the ongoing action plan for improvement.

7.5 COMPLAINTS

Learning from patient experience is a divisional priority and the maternity service, along with the rest of the division, meets with the corporate patient experience team on a weekly basis to ensure that there is early identification of learning from complaints, and that a timely response is provided to families. When wider learning is identified from patient experience, the maternity service shares this not only within the organisation, but also at system level.

In Quarter 3 and 4 there have been 16 concerns that related to maternity. Communication was the highest reporting sub category and themes were associated with delay in access to birth after thoughts, and general experiences of care during labour and birth. Chart 4 details the concerns from October 2024-March 2025, by category.

Chart 4 concerns between October 2024 to March 2025

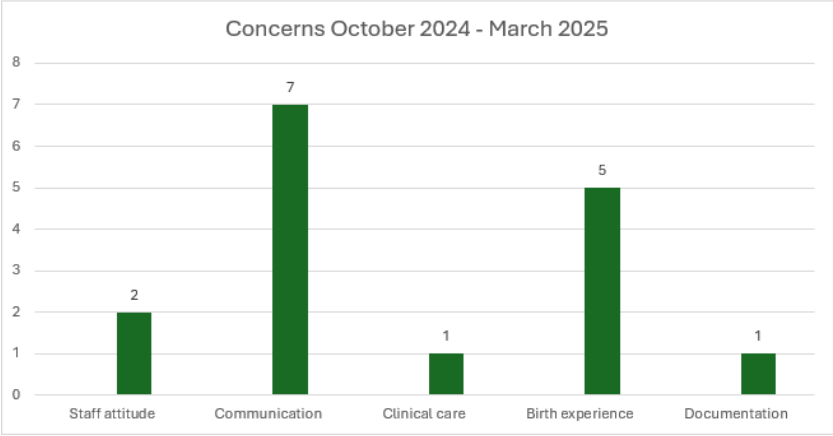


Chart 5 details the complaints between October 2024 and March 2025.

In Quarter 3 and 4 there have been 8 formal complaints. The summary is detailed in chart 5. Two of the cases were historic from 2003 and 2020 around birth experience. Visiting arrangements, visibility of badger net records for service users and not being listened to were also featured that related to maternity. In contrast the service received 148 compliments for the same period.

7.6 MATERNITY AND NEONATAL VOICE PARTNERSHIP- INVOLEMENT AND INCLUSION

The maternity service remains committed to listening and learning from service user feedback to continuously improve experience for women and families, utilising various platforms to engage and co-produce provision of care. Service. The work plan is ongoing and continues to align to the priorities of the Three-Year Delivery Plan for maternity and neonatal services. Chart 6 details the latest key milestone actions for information.

Chart 6 MNVP Board report summary March 2025

Preston, Chorley & South Ribble Maternity & Neonatal Voices Partnership
LSC LMNS Board Report
MNVP Workplan – Exception report

7th March 2024/
Reporting month February 2024

Workplan Priority area	Deliverable	RAG	Update/Rationale
Equity and Equality .To ensure that the MNVP are engaging with ethnic minority and seldom heard families within the community to ensure feedback is delivered to support the understanding behind why these service user groups have poorer outcomes from their birth experience.	Ensuring that we are accessing and targeting engagements within areas where seldom heard and ethnic minority families live. Ensuring that we have awareness and attendance at any events within these.		Awareness that the engagement with these groups have a low attendance or lack of willingness to engage to share feedback. Leyland Hotel – Have had support from Public health and Health visitors over the month to attempt to gain access, however all attempts to date have still hit barriers. To continue to liaise with management.
Recruiting volunteers	Once volunteers are recruited – organisation of more engagements events and reaching out further within the community to gain more feedback and greater response levels.		Still only one volunteer on board currently and their availability is increasing limited due to their other commitments causing difficulties establishing an initial shadowing session which has still not been confirmed to move forwards to independent engagements.

Key achievements
Planning MNVP showcase for the Race observatory celebration event
Planning presentation for MNVP update date
Touch base with several trust areas, after discussions - planned work moving forwards to support with service user feedback
Involvement for service user voice for Uclan THRIVE research day

Challenges / Risks to delivery	Actions to address
Access to Minority groups (Black and LGBTQ+ specifically) – ensuring that these service user groups are heard and ensuring feedback is still the challenge	Ongoing work to try and connect with community groups – attended county asylum seekers meeting and did not get the opportunity to share MNVP awareness due to strict agenda and business. Attempted offline contact asking to share our info and awareness – awaiting response.
Understanding mental health needs perinatally and beyond within maternity	Ongoing work within trust and also within community to reach out for feedback from these service users. Supported suggestion for Uclan research project on PMH and MH and shared service user feedback for gap in MH.
Neonatal / Birth Trauma response funding work	Still no further update regarding full monies received. Part payment of Monies were released on condition to allow purchase of tablets for engagement work.

7.7 STAFF ENGAGEMENT IMPROVEMENT INVOLVEMENT AND INCLUSION

The service has been made aware by staff members of some concerns about poor attitude, behaviour, and communication and team working issues with some colleagues and teams. In response, the division has liaised with the organisational development department to commission specific pieces of work with the maternity service to enable a more comprehensive view of the situation and enable actions to be undertaken where required. It is anticipated that this work will begin in the next 2 months and updates will be provided as they become available.

7.8 FREEDOM TO SPEAK UP

Since the last staffing review in October 2024, there has been 1 freedom to speak up escalations associated with the maternity service. The concern originated from within the obstetric antenatal clinic when a colleague was concerned about the behaviour displayed from a member of staff, with specific reference to “their attitude

over the phone towards other members of staff, making the workplace feel uncomfortable". The concern was escalated to the leadership team for action and response and the safety champions will spend time in this department to provide staff with the time to discuss any concerns they may have.

7.9 CULTURE 'SCORE' SURVEY

Undertaking the perinatal SCORE culture survey has provided the team with valuable insights into their internal culture, enabling the QUAD to develop a data-driven action plan that will in time enhance employee engagement, improve leadership, and promote a healthier, more productive workforce.

The perinatal team have continued to work together with the culture coach to agree the final action plan resulting from the themes of the SCORE survey. (Appendix 4)

8.0 CELEBRATING SUCCESS AND MILE STONE ACTIONS

The ongoing continuous improvement project in collaboration with the NHS Race Observatory related to PPH within black Asian and ethnic groups concludes in March 2025. The rates of PPH have reduced from 12% to 9% in this cohort and several test of change have been utilised successfully. A celebration event hosted by the Trust to mark the end of the programme attended by national leaders has been held in March 2025. Opened by the Chief Executive, Chief Nurse and Deputy Chief Executive, and Executive Director of Improvement, Research and Innovation, the day focused on learning from continuous improvement using anti racism methodology.

The Chief Midwife for England also visited the maternity service on the same day, undertaking a walk around of the service and speaking to staff. Feedback from this visit was very positive with the following comments given: "You have a lovely cheerful, welcoming unit where staff clearly want to make a difference. It was great to hear about the support of the most vulnerable women and meet the lovely neonatal nurse and the fabulous Student Midwife - what a joy to see her so happy in uniform!"

9.0 CONCLUSION

This report details the findings of the Lancashire Teaching Hospitals NHS Foundation Trust first annual maternity staffing review of 2025. The review identifies a service that is stable but is demonstrating that the 6.86 WTE additional midwives remain outstanding as part of the BR+ 2022 assessment.

The maternity service continues to experience intermittent pressure resulting from higher acuity and staffing vacancies and this is reflected in the red flag Datix reporting. Colleagues work flexibly across several areas as required to ensure safety is maintained. Deflection and divert procedures are utilised to maintain safety in line with the regional escalation policy, however the impact on families is acknowledged an the investment in staffing will aim to address these risks.

There is a robust set of oversight arrangements in place ensuring maternity services retains a high profile within the organisation and dedicated Board level leadership.

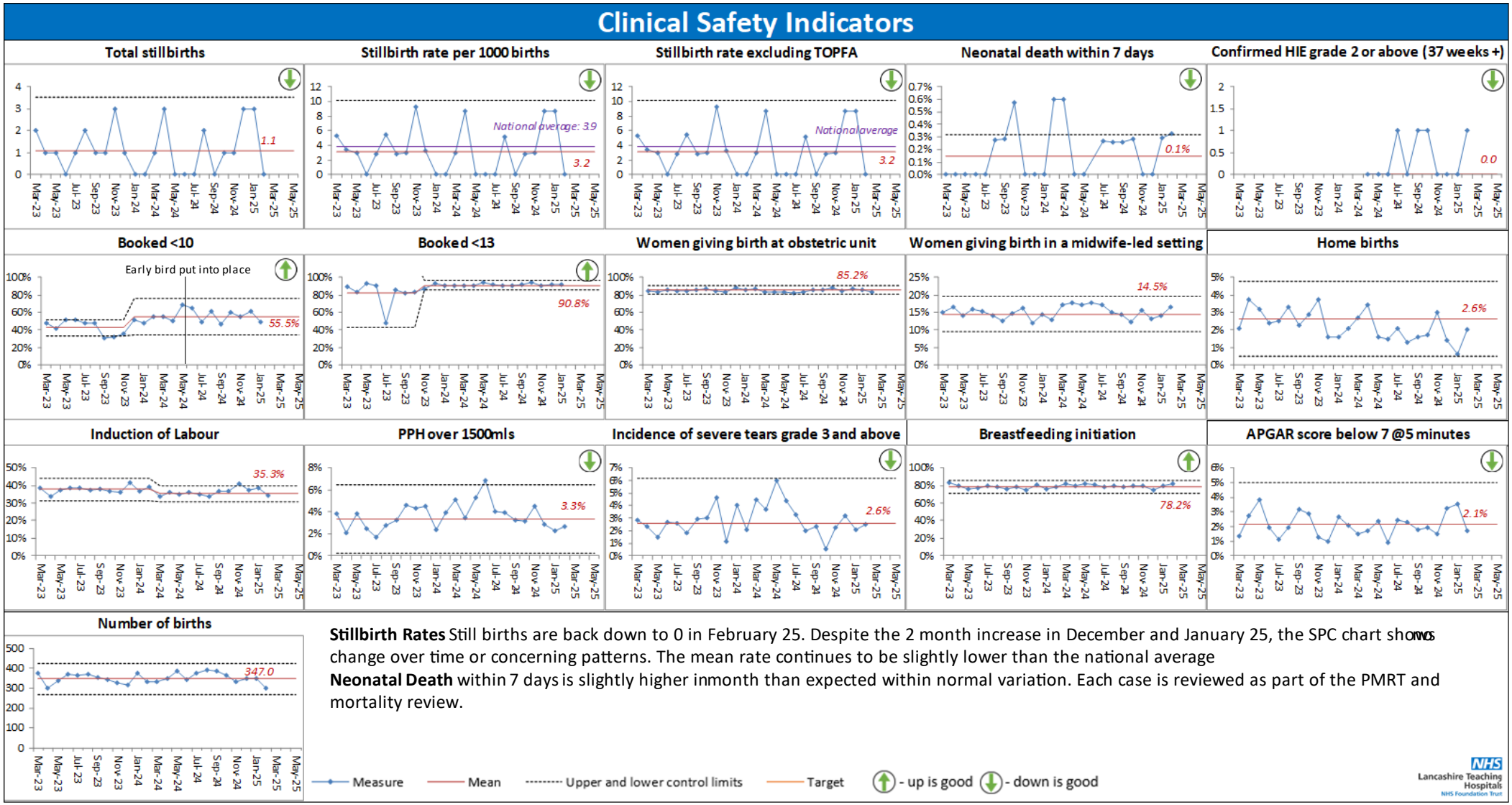
In line with the recommendation from NHS Improvement Workforce Safeguards guidance, the Divisional Midwifery and Nursing Director and the Chief Nursing Officer confirms that they are satisfied with the outcome of the bi-annual safe staffing assessment.

10. RECOMMENDATION

It is recommended the Board of Directors

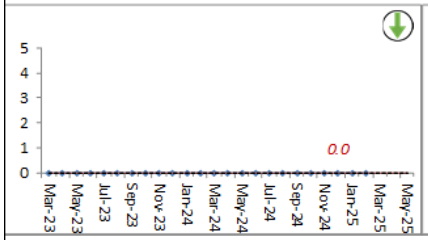
i. Approve the safe staffing review and phase 2 of Birthrate plus investment as part of the 2024/25 financial plan, noting the endorsement by the Safety and Quality committee.
ii. Acknowledge the requirement to address the medical staffing tier 2 rota requirements and caesarean section increases to mitigate the risks with maternity triage, delays in induction of labour and the increase in caesarean section rates, noting these case will progress through the Trust business case process.
iii. Note the Perinatal Quality Surveillance Dashboard for information and oversight.

APPENDIX 1 PERINATAL QUALITY SURVIELLENCE DASHBOARD

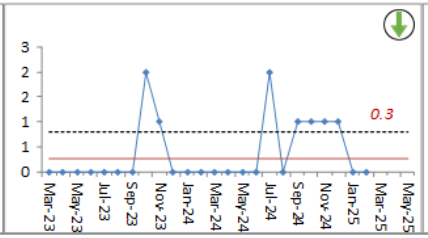


Perinatal Quality Governance Experience and Regulation

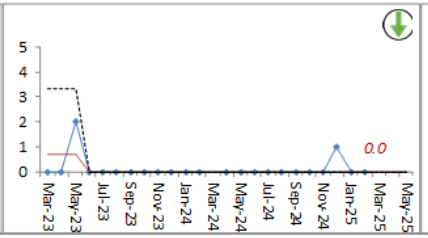
Prevention of future deaths regulation 28



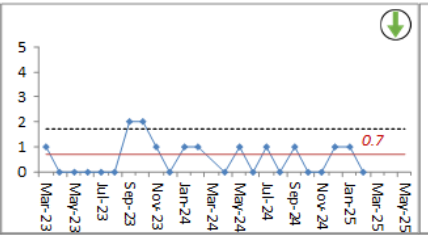
CQC Enquiries



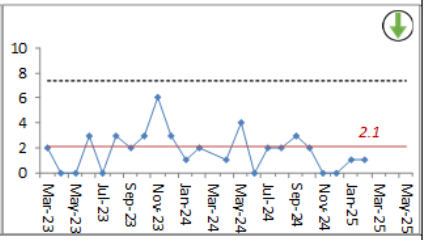
Maternal Death



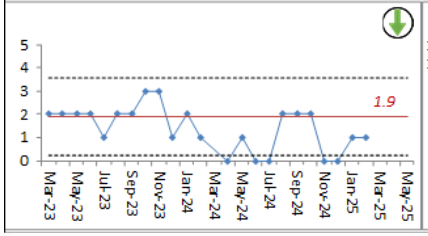
Maternity and Newborn Safety Investigations Programme (Formally HSIB referrals opened)



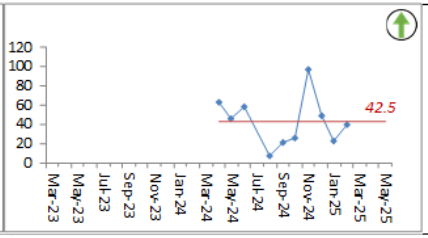
Incidents of moderate harm and above



Complaints



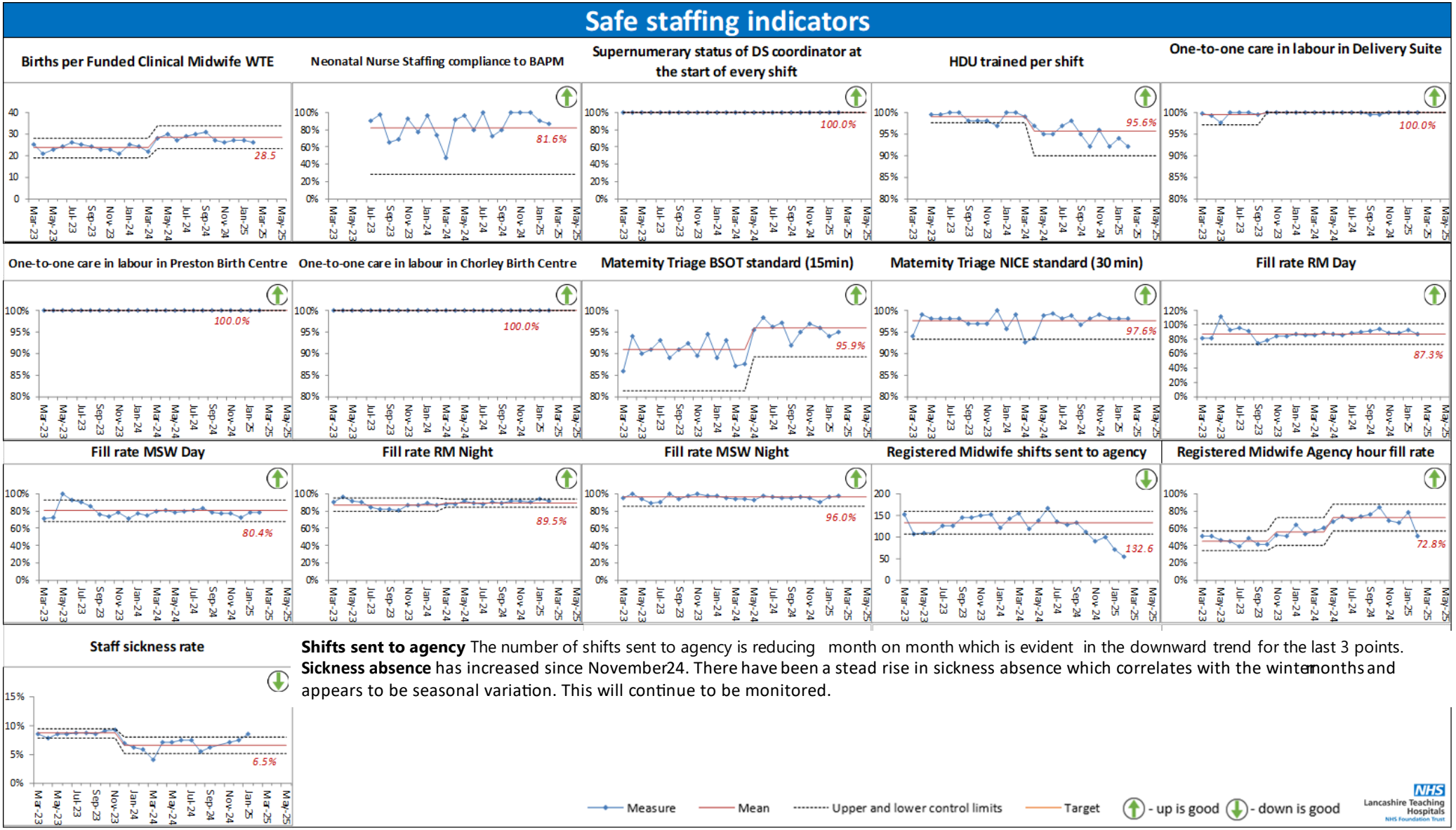
Compliments



Maternal Death –There was one maternal death in December 24 which has been referred to MBRRACE and MNSI for review.This has been discussed in the maternity andneonatal safetyreport previously.

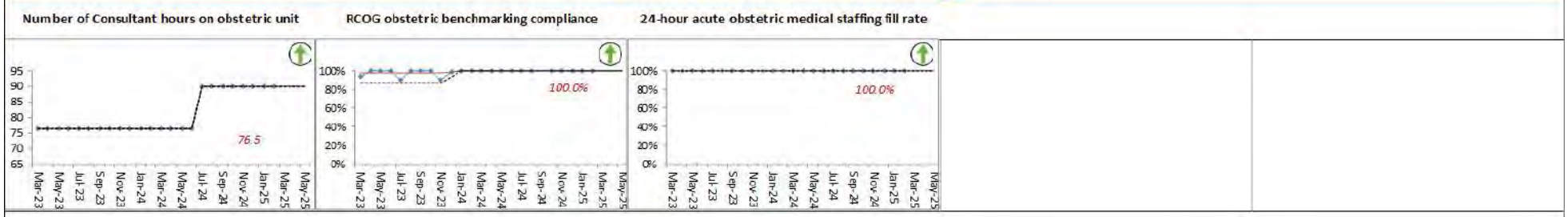
Measure | Mean | Upper and lower control limits | Target | - up is good | - down is good

Lancashire Teaching Hospitals NHS Foundation Trust



Shifts sent to agency The number of shifts sent to agency is reducing month on month which is evident in the downward trend for the last 3 points.
Sickness absence has increased since November24. There have been a stead rise in sickness absence which correlates with the winter months and appears to be seasonal variation. This will continue to be monitored.

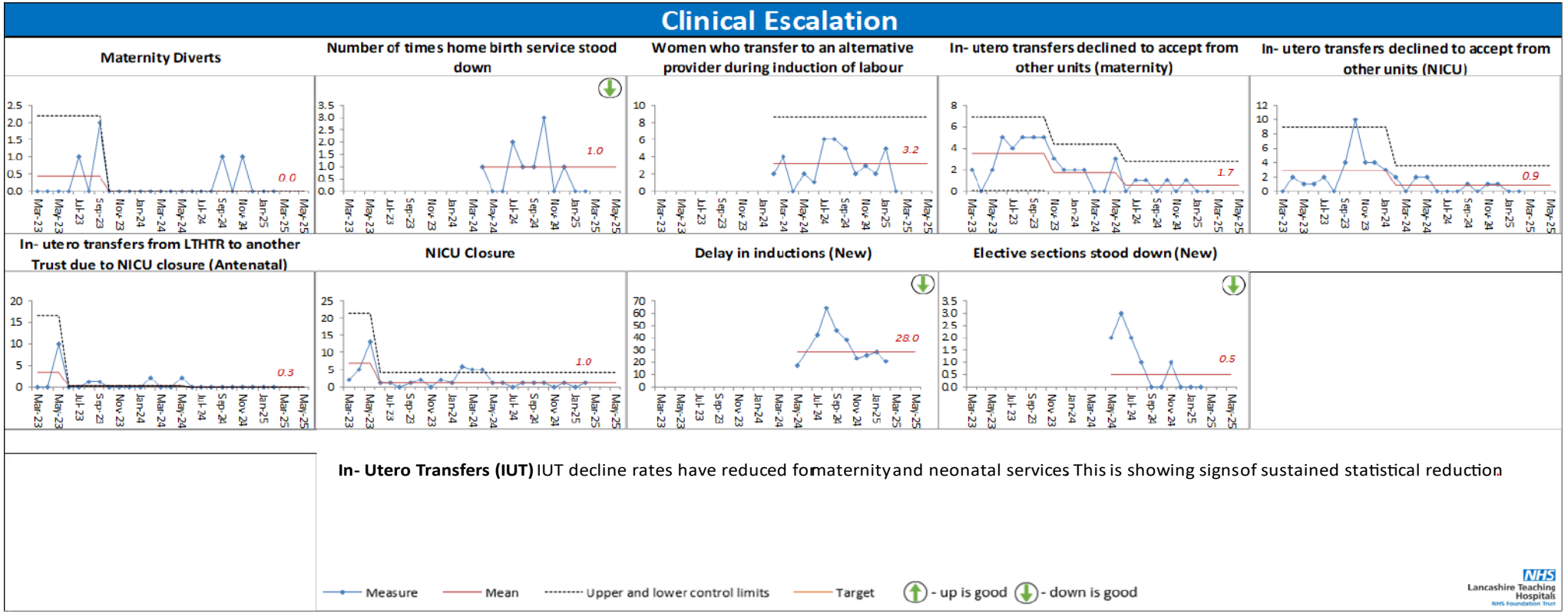
Obstetric Medical Staffing



Consultant hours in the obstetric unit. The service continues to invest in consultant funding and confirms an increase in hours from 76.5 to 90 hours consultant cover per week. Work is ongoing to consider whether obstetric cover can be increased across the middle grade rota to provide more robust out of hours cover for maternity triage and induction of labour.

RCOG attendance remains at 100%

Consultant fill rates for acute care continues to be 100%


Clinical Escalation
Maternity Diverts
0.0
Number of times home birth service stood down
1.0
Women who transfer to an alternative provider during induction of labour
3.2
In- utero transfers declined to accept from other units (maternity)
1.7
In- utero transfers declined to accept from other units (NICU)
0.9
In- utero transfers from LTHTR to another Trust due to NICU closure (Antenatal)
0.3
NICU Closure
1.0
Delay in inductions (New)
28.0
Elective sections stood down (New)
0.5
In- Utero Transfers (IUT) IUT decline rates have reduced for maternity and neonatal services This is showing signs of sustained statistical reduction
Measure
Mean
Upper and lower control limits
Target
- up is good
- down is good
NHS
Lancashire Teaching Hospitals
NHS Foundation Trust

APPENDIX 2 BIRTH RATE PLUS

Birthrate Plus® Staffing: inclusive of 23% uplift

Clinical WTE required	
Delivery Suite: • Births • A/N cases • Postnatal Readmissions • Non-viable pregnancies • Induction of labour	45.90wte RMs
Triage - BSOTS Model	14.69wte RMs
Preston Birth Centre • Births & postnatal care • Births only • Transfers to Delivery Suite	21.36wte RMs
Antenatal Ward • A/N Admissions • Inductions of Labour Postnatal Ward • Postnatal women • NIPE • Extra Care Babies • Postnatal readmissions • Postnatal ward attenders	11.02wte RMs *min staffing 2 RMs per shift)* *38.38wte* *(Includes B3 MSWs for postnatal care)*
Outpatients Services • midwife led clinics • Obstetric/Specialist clinics • Fetal medicine • CDH clinics • Maternity Day Care Unit	11.43wte RMs 1.84wte MWs
Community Services: • Home births • Community cases • Attrition • Additional safeguarding	37.44wte RMs and B3 MSWs *(Includes 6.00wte for Homebirth Team, and MSWs -postnatal care)*
Chorley Birth Centre • Births/Triage cases	8.04wte RMs
Total Clinical WTE	**190.10wte RMs & PN MSWs**

APPENDIX 3 – SPECIALIST ROLES BREAKDOWN

Specialist Midwifery Roles.	WTE	Clinical WTE	Non Clinical
Consultant Midwife	1.0	0.0	1.0
Antenatal & Newborn Screening Lead Band 7	1.0	0.5	0.5
Newborn Screening/Fetal Medicine Lead Band 7	1.0	0.5	0.5
Digital Midwife Band 7	1.0	0.0	1.0
Preterm Birth and midwife sonographer Lead Band 7	0.4	0.4	0.0
Capacity and Flow Coordinator	1.0	0.0	1.0
Named Midwife for Safeguarding Band 8a	1.0	0.0	1.0
Safeguarding Lead Band 7	1.0	0.0	1.0
Specialist Perinatal Mental Health – Band 7	1.0	0.5	0.5
Infant Feeding Coordinator Band 7	0.8	0.0	0.8
Specialist Diabetes Band 7	1.0	0.2	0.8
Public Health Midwife Band 7	1.0	0.0	1.0
Practice Education and Development Midwife Band 7	0.8	0.0	0.8
Bereavement Specialist Midwife Band 7 (Corporate)	1.0	0.2	0.8
Bereavement Midwife Band 6 (Corporate)	0.4	0.4	0.0
Service Improvement Midwife Band 7 corporate team (Corporate)	1.0	0.0	1.0
Information Technology Midwife Band 6	1.0	0.0	1.0
Clinical Audit Midwife Band 6	1.0	0.0	1.0
Governance and Risk Midwife – Band 7	1.0	0.0	1.0
Fetal Monitoring Lead Midwife Band 7	0.6	0.0	0.6
Multiple Birth Lead	1.0	0.4	0.6
Total WTE Funded Posts	19.00	3.1	15.9

APPENDIX 4 SCORE ACTION PLAN

Our People Plan - Women's & Children's Divisional SCORE ACTION PLAN

Version	Date
1	1.12.2024
2	1.03.2025

Lead Officers:	Perinatal Team
Site / Location of Team or Service:	Lancashire Teaching Hospitals

Status Key	
1	Actions not on target for delivery
2	Actions on target for delivery
3	All actions completed awaiting evidence
4	All actions completed and good supporting evidence provided

Standard	Key Actions Please split out the sub actions needed to deliver the standard here	Impact Measures Please detail the proposed impact to be delivered through completion of the actions and how you will assess if a positive impact has been made	Lead Officer/ Workforce & OD Lead	Deadline for action	Progress Update Please provide supporting evidence (document or hyperlink of actions undertaken or evidence of impact achieved)	Current Status 1 2 3 4
To engage, retain, reward and recognise	Communication – develop our approach for communicating positive messages through different methods, while taking ownership, responsibility and accountability for the cultural improvement plan	Listening event feedback from staff will be improved as colleagues feel more involved. Improved Compliance with staff surveys.	QUAD and Perinatal Leadership	30.06.2025	1.12.2024 Perinatal leadership team developing communication strategy through wider divisional culture plan. Meeting to be arranged to confirm actions agreed.	
					1.3.2025 Agreed to run further listening events with OD team in 2025 for all staff groups.	
					1.3.2025 Template to be developed to share positive messages in a format that is used in all key divisional meetings.	
	Arrange for colleagues to attend the MOMENTS training to promote positive approaches to change management.	Listening event feedback from staff will be improved as colleagues feel more involved.	QUAD and Perinatal Leadership	1.12.2025	01.3.2025 Staff allocated to attend initial MOMENTS training, led by service improvement midwife.	
	To focus on how we engage with teams across the maternity services. To actively seek out opportunities for collaborative working between teams, including colleagues from maternity, neonatal, theatres and wider to include ultrasound anaesthetics and gynaecology. To provide listening events for colleagues and teams to have the opportunity to share their views with the leadership team. To actively promote connection between more junior and senior colleagues.	Improved compliance with minimum percentage of staff completing the staff survey Improved GMC survey results for junior doctors Attendance of senior leaders at team meetings where appropriate.	QUAD and perinatal leadership team	1.12.2025	1.12.2025 PG tutor, divisional training lead and CD have met with training leads to discuss latest GMC survey results and agree an action plan.	
					1.12.2025 Collaborative training undertaken around impacted fetal head national training trial between midwifery, obstetrics and theatre teams. Session based learning delivered on PROMPT. 01.03.2025 Bespoke training for Delivery Suite team in progress.	

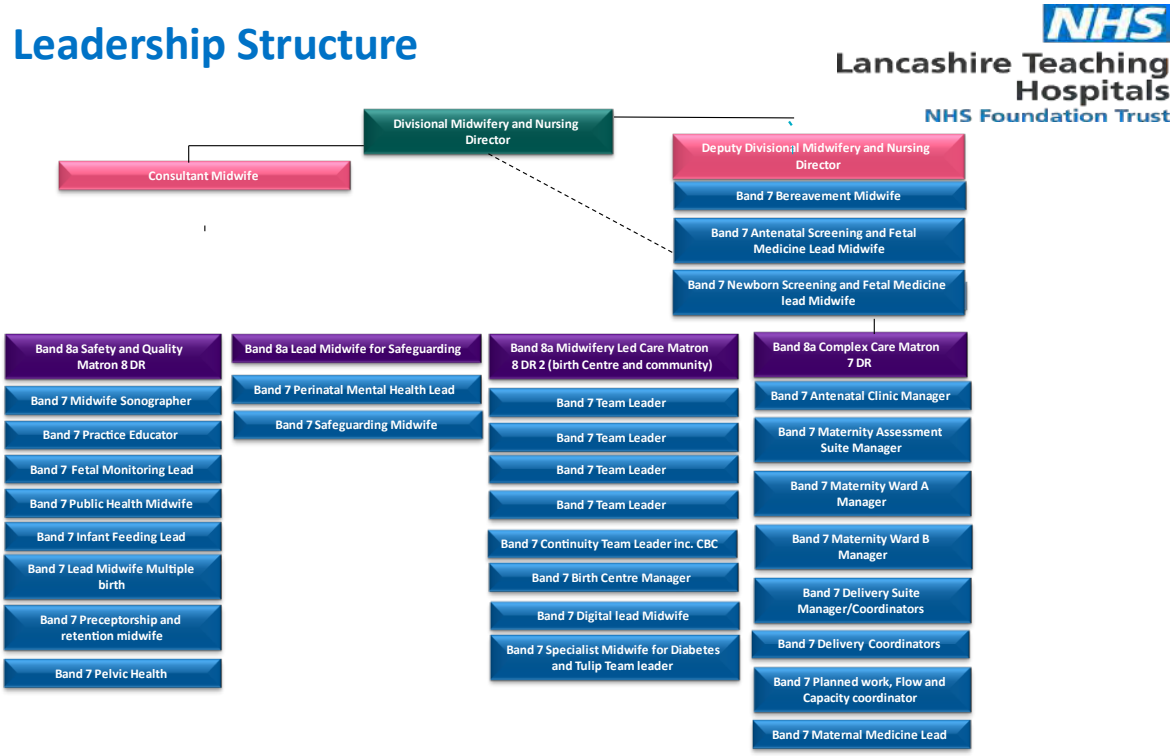
Standard	Key Actions Please split out the sub actions needed to deliver the standard here	Impact Measures Please detail the proposed impact to be delivered through completion of the actions and how you will assess if a positive impact has been made	Lead Officer/ Workforce & OD Lead	Deadline for action	Progress Update Please provide supporting evidence (document or hyperlink of actions undertaken or evidence of impact achieved)	Current Status 1 2 3 4
	To promote engagement with feedback tools such as the staff survey, and to actively seek to promote this particularly in areas known to have lower engagement.				1.3.2025 Agreement in place to improve offer of MDT training programmes across theatres and maternity with consideration to learning outcomes.	
	To develop an anonymous feedback mechanism using surveys and closed loop process.	Resolution to concerns raised are managed in a timely way. Fewer escalations related to culture received over time.	QUAD and perinatal leadership team	1.12.2025	1.3.2025 Perinatal team to consider how feedback can be obtained with support from OD at regular intervals using some anonymised processes. Consider a QR code for feedback	
To be well led	To continue offer of leadership development training to team leaders and doctors, aiming to improve understanding of leadership skills and the impact this can have on teams. To ensure that team leaders and those with managerial, mentoring or educational responsibilities are aware of the trust wellbeing offer and to improve communication of this within teams.	High performing team with low sickness absence rates. High retention rates after 1 and 2 years of preceptorship programme.	QUAD and Perinatal Leadership	30.06.2025	1.12.2024 Leadership development days have been provided with 3 more planned, for early 2025. curriculum includes: Objective Setting Masterclass, zero tolerance training, Recognition Masterclass, Culture Masterclass.	
	Consider mechanisms for leadership engagement with early career midwives		QUAD and Perinatal Leadership	30.05.2025	01.03.2025 2 bespoke leadership days arranged in March and May 2025 focused on early careers midwives.	

Standard	Key Actions Please split out the sub actions needed to deliver the standard here	Impact Measures Please detail the proposed impact to be delivered through completion of the actions and how you will assess if a positive impact has been made	Lead Officer/ Workforce & OD Lead	Deadline for action	Progress Update Please provide supporting evidence (document or hyperlink of actions undertaken or evidence of impact achieved)	Current Status 1 2 3 4
	Provision of Trim training to those with educational or mentoring responsibilities. Which will improve access to psychological support.		QUAD and Perinatal Leadership	30.03.2025	01.03.2025 Funded TRIM training for 26 colleagues across perinatal team trained.	
					30.09.2025 Implementation group in progress to develop SOP and process for roll out of TRIM across all perinatal areas.	
	Improve visibility of the Divisional Perinatal team			30.04.2025	Create a plan for multi professional walk arounds and schedule over the next 12 months.	
	Share updates regularly			30.06.2025	Develop template newsletter.	
To create a positive organisational culture	Implementation of the Improve Well App across perinatal team	Staff are engaged in change processes. Staff survey results show improvement	QUAD and Perinatal Leadership	1.12.2025	Service awaiting update from LMNS in relation to the Improve Well App	
	To develop an approach for communication of positive messages through different methods. To ensure that leaders at all levels re enforce positive messages about teamwork and leadership. To build on provision of clear expectations and shared accountability. To positively reinforce the embedding of the clinical escalation toolkit within teams.		QUAD and Perinatal Leadership	31.3.2025	1.12.2025 Positive escalations and culture within the unit added as a standing agenda item to consultant meetings.	
					1.12.2025 Clinical escalation toolkit training days rolled out May – July 24. Further training planned in relation to team of the shift.	
					1.12.2025 Escalation policy reinforced with document ‘responsibilities of the consultant on call’.	
To be inclusive and supportive – Implementing a zero-tolerance approach	To encourage a culture of civility across the service. To ensure that colleagues are encouraged to report incidents of concern via the Datix system. Leaders to commit to management of any incidents of incivility, discrimination, undermining or other concerns according to trust processes, taking a zero-tolerance approach.	Reduction in numbers of Violence, Aggression, Bullying and Harassment recorded on Datix from patients, family members/community, colleagues (2022 is the baseline).	QUAD and Perinatal Leadership	30.06.2025	1.03.2025 Using Team of the Shift (RCOG), we will take 5 minutes to introduce each other, covering our name, job role, clinical area and anything worrying	

APPENDIX 5 RED FLAG REPORTING

Red flag Reporting Metrics	Jan 24	Feb 24	Mar 24	April 24	May 24	Jun 24	July 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25
Delay in time critical activity	28	51	38	16	24	36	18	41	61	40	44	59	32	16
Missed or delayed care> 60 mins in washing or suturing	1	0	1	0	2	1	2	0	0	1	0	1	0	0
Failure for women to receive the medication required.	0	0	0	0	0	3	1	0	1	0	0	1	0	1
>30-minute wait for pain relief.	1	1	0	0	4	3	3	0	2	0	0	0	2	1
Lack of full examination when woman presents in labour.	1	0	1	0	0	2	1	0	4	0	0	0	0	0
>2-hour delay in induction?	23	9	18	9	16	20	22	42	34	21	9	7	28	21
Delay in recognition of and action of abnormal signs.	1	0	1	0	2	0	1	0	1	1	0	0	0	2
Inability to provide one to one care in labour?	0	0	0	0	3	4	4	1	4	0	0	0	0	0
>30-minute delay for assessment by a midwife when presenting in labour. Replaced by BSOTS														
>15 minute delay following presentation for BSOTS midwife assessment. (New parameter August 2023)	12	18	29	43	38	20	46	24	75	42	24	23	46	32
>30-minute wait for obstetric triage.	9	15	12	30	31	43	47	20	56	41	46	47	58	61
Was there a delay in transfer of a BSOTS red case from MAS? (New parameter Oct 22)	4	1	0	0	1	2	0	0	0	0	1	0	1	0
Was there a delay in transfer (over 4 hours) to delivery suite once a decision has been made for transfer for induction or augmentation? (New parameter Oct 22)	23	18	12	5	0	30	30	28	25	20	14	19	26	21
Was there a delay in transfer once labour was established? (New parameter Oct 22)	2	1	2	0	3	3	1	1	2	0	0	0	3	0
Was there a delay in transfer to delivery suite within 30 minutes where the MEWS was 6 or more or scoring a 3 on a single parameter? (New parameter Oct 22)	0	0	0	0	1	2	0	0	0	0	0	0	0	0
Was there a delay of more than 30 minutes to initiate the sepsis care bundle? (New parameter Oct 22)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Has there been a deferred date of planned induction of labour? (New parameter Oct 22)	0	1	1	0	1	1	1	0	2	0	0	0	0	0
Has there been any cancelled or delayed community work? (New parameter Oct 22)	28	38	28	95	12	13	25	5	28	4	0	0	0	2
Did redeployment of staff to other services/ sites/ wards occur? (New Parameter December 2023)	19	18	2	9	7	12	17	9	12	8	2	0	6	3
Total numbers of red flags	**156**	**170**	**146**	**207**	**145**	**195**	**219**	**171**	**307**	**178**	**140**	**157**	**203**	**160**

APPENDIX 6 LEADERSHIP STRUCTURE



APPENDIX 7 OUTCOME LETTER ANNUAL REGIONAL VISIT

NHS

To: Sarah Morrison, Chief Nurse
Emma Ashton, Director of Midwifery
Jo Lambert, Deputy Director of Midwifery

Piccadilly Place
Manchester
M1 3BN
Tel: 07730981653

13th February 2025

Dear Sarah, Emma and Jo

Thank you so much for hosting the Regional Maternity Team annual visit on 10th February 2025. It was a fantastic opportunity for us to hear directly from the team about your journey over the last 12 months, celebrate improvements in your services and discuss your plans for the coming year.

It is clear from your presentations that there have been significant improvements across maternity services at the Trust. We were particularly impressed with how you are working to demonstrate the impact of changes and improvements to services through the continuous improvement lens. It came through that this methodology is very much embedded across a number of initiatives and service developments.

It was also great to see how you are applying a health inequalities lens in your work with the Race Health Observatory. We anticipate health inequalities continuing as a key focus for improvement in maternity service in the future, so this is particularly relevant. It was fantastic to see the impact the training, education and changes in practice are having on reducing your postpartum haemorrhage rates for women from the global majority. We suggested that when sharing this work, it would be good to set the context of your population's ethnicity and deprivation demographics for those less familiar with the area. Now you have completed the work with the RHO, the potential for applying this lens to identify future areas for improvements is very exciting.

During our tour we saw the improvements that are being made with your Triage service. The initial changes in Triage, both in the estates and the systems and processes were evident however we recognise that this is an ongoing piece of work. The implementation of the new telephone system is due in the coming weeks and separating planned activity from triage activity it essential and is promoted in the RCOG guidance. We look forward to seeing the impact of these changes.

We also discussed the challenges in providing this service out of hours; the requirement for relocating to the antenatal ward and the lack of Obstetric cover during peak times in activity throughout the evening. It will be important to continue to monitor waiting times for medical review, especially out of hours, to ensure the medical cover is appropriate for activity within the department.

We discussed the importance of good workforce data and the ongoing requirement for Trusts to submit the PWR returns on a monthly basis. It was highlighted that whilst progress has been made to improve data accuracy, there were some ongoing issues which might affect

performance indicators for the Trust. Kim Doherty agreed to make contact directly with Emma to progress this.

We were sorry that your MNVP lead Asiya was unable to join us for the day. However, it was great to see you recognise the important of the MNVP work and how you are ensuring that service users are at the heart of everything you do. This was evident through the presentation from Claire your bereavement midwife, and the amazing development in services for women and families experiencing loss. We were moved by the ongoing support they are receiving not just immediately post birth, but into future pregnancies as well.

During our feedback we shared how positive the visit had been. It was clear from the interactions we had with the front-line staff and all the presentations that the maternity and neonatal workforce are proud of the care and services they provide. We did, however, identify the significant challenges that the service faces managing Category 4 Caesarean Section capacity and the impact this is having on both your workforce and service user experience. You recognised the challenges and although there is risk mitigation in place to safely manage this capacity, our concern is that this is not sustainable or cost effective, and needs addressing for the future. As a comparison, we recently visited a maternity service in the NW that covers 3000 births per year. They have recently increased their elective caesarean capacity to 3 full days per week, with the ability to stand up a further half day list on a Friday if required. This gives the ability to complete a maximum of 18 Category 4 Caesarean Section per week, but also be responsive to the complexity of individual cases as required.

Thank you again for sharing all the excellent initiatives and improvements, and please thank all the team members that took the time to share their work with us. We were really impressed with all the hard work, dedication and passion seen in the leadership team and this was further reflected in those staff we had the pleasure to meet on the day.

I would be grateful if you could share the presentations from the day for our records, and I will be in touch soon to see how we can share your learning and experiences through continuous improvement more widely.

Please do not hesitate to contact myself or colleagues at the Regional Team if there is anything we can do to support you.

With best wishes

Yours Sincerely

Michelle Waterfall
North West Deputy Regional Chief Midwife
NHS England
Tel: 07783 812648
michelle.waterfall2@nhs.net

POSTANNUALVISIT20250130

14.2 DATA QUALITY ASSURANCE REPORT

Information Item

REFERENCES

Only PDFs are attached

14.2 - DQA Board Report April 25 Final.pdf

Board of Directors Report

Data Quality Assurance Report			
Report to:	Board	**Date:**	03rd April 25
Report of:	Chief Information Officer	**Prepared by:**	D Hudson, T Caton
Part I	√	**Part II**	

Purpose of Report (tick only one then delete this instruction)

For approval	☐	**For ratification**	☐	**For discussion**	☐	**For information**	☒

Executive Summary:

The paper informs the Board in relation to current data quality assurance activities and provides an update in relation to data quality performance.

The Report details performance in relation to:

- Data Quality Team activities
- External Data Quality Assurance
- Update in relation to Data Quality Risks
- Waiting List Minimum Dataset Data Quality
- National Data Quality Assurance Dashboard and Maturity Index

The Board is asked to note current Data Quality Assurance activities and the on-going developments that support further improvements to data quality assurance processes and data quality clinical engagement.

Trust Strategic Aims and Ambitions supported by this Paper:

Aims		Ambitions	
To offer excellent health care and treatment to our local communities	☒	Consistently Deliver Excellent Care	☒
To provide a range of the highest standard of specialised services to patients in Lancashire and South Cumbria	☒	Great Place To Work	☐
To drive innovation through world-class education, teaching and research	☐	Deliver Value for Money	☒
		Fit For The Future	☒

Previous consideration

Data Quality Assurance Update Report

Background/Context

The benefits of using routine health care data for planning, policy making, and research, future demand, and quality of service are well established. Using data for these purposes requires that data is high quality, timely, complete and accurately coded. As part of Board Assurance and in response to actions identified in the Trusts Well Led Review this paper sets out the effective processes used to monitor, manage and report on the quality of data.

This report provides an overview of current data quality assurance activities within the Trust to assure the quality of data used for reporting.

Introduction

Data quality is defined as the state of accuracy, completeness, reliability, validity, timeliness and systemic consistency that makes data fit for purpose. Acceptable data quality is crucial to operational processes and to the reliability of Trust performance reporting. The use of high-quality information leads to better decision making to improve patient care and safety.

Poor data quality puts organisations at significant risk in terms of damaging stakeholder trust, weakening frontline service delivery, incurring financial loss, poor forward planning and poor value for money.

Data Quality Assurance (DQA) compliments and underpins the principles of Information, Clinical, Research and Corporate Governance, which ensure that personal data is dealt with legally, securely and efficiently, in order to deliver the best possible care. The current climate of scrutiny from audit bodies and the Information Commissioner's Office enforces the requirement, with significant risk of potential fines for non-compliant practice.

This paper sets out actions to date undertaken to maintain data quality standards within the Trust.

Discussion

Internal and External Scrutiny

Information Governance

Information Governance (IG) is the way in which the NHS handles all organisational information - in particular the personal and sensitive information of patients and employees. Information Governance provides a framework that ensures information is dealt with legally, securely, efficiently and effectively, in order to deliver the best possible care. The DQA team continues to undertake data quality assurance initiatives to support IG compliance and the delivery of quality assured data collection and collation processes.

The Data Protection and Security Toolkit has been aligned with the Cyber Security Framework and the data quality requirements are included within the objective '*evidence around essential functions data being monitored to verify location and transmission, quantity and quality*' rather than a separate requirement. Evidence relating to the audit and validation programme has been supplied for the baseline submission. MIAA initial audit has been completed (report pending).

Data Quality Assurance Activities

Harris Flex Masterfile Maintenance

The Trust is working with Harris Flex to implement a programme of work to update all Commissioner allocation master files to the latest version available. This includes:

- Postcode

- GP and Practice
- Health Authority
- Clinical Commissioning Groups (CCG's)

Work remains ongoing on Harris Flex Test system to finalise robust process to ensure Flex reference tables are consistent with national standards and incorporate the latest available updates. The work is monitored through the Harris Flex Customer Care Board as appropriate. The work of the group will seek to minimise system data quality risks as well as improve SUS activity reporting. It is expected that once the work is complete quarterly updates to masterfiles will move into business as usual process.

This will address the issues raised in Risk 54 GP Masterfile maintenance on Harris Flex.

Data Quality audit programme

The Data Quality Assurance team have recommenced the audit programme during 2024. Initially undertaking demographic checks and phase 1 of reception audits.

Demographic Audits:- audits of patient demographics and link to the reception audits in order to ensure details are being collected and amended correctly on CPR at point of reception.

Reception Point Audits:- the objective of the audits is to continue to monitor compliance against key data indicators, procedural documentation, Information Governance principles, support corporate projects and highlight areas for further training/improvement. As part of the audit, adherence to the 'check-in' process and verification / update of patient demographic and GP details is reviewed. This is an essential requirement at each hospital attendance to ensure we have captured the correct commissioning data - thus negating validation and supports minimising PbR pressures and delivery of clinical documentation to correct GP practices.

2024/25:	Total Complete:	Total CA Sent:	Total CA Received:	CA Outstanding:
Completed Demographic Audits	53	10	10	1
Completed IP Demographic Audits	1	0	0	0
Completed ED Demographic Audits	1	1	1	0
Completed Reception Audits	17	17	17	0
Totals:	72	28	28	1

The plan for 2025/26 audit programme has been approved by the Information Governance & Record Committee.

DQA%20audit%20programme%202025-

Shared Care Record - ShCR – update

The ShCR project aims to establish data interoperability across the health and social care system in Lancashire. The process allows the exchange of personal identifiable data, including discharge summaries, PACS images, patient care summaries, medication information and clinical correspondence.

Currently the following documents are being transferred electronically direct to GP systems within the North West Region catchment area: -

- Immediate Hospital Discharge Information produced from Harris Flex
- Trauma & Orthopaedic, Colposcopy and Colorectal clinic letters

- Advice & guidance documents
- GP Patient Death Notifications
- Discharge summaries from Maternity
- Clinic letters for majority of specialities utilising digital dictate system (TPro)

The DQA team monitor rejected records, updating patient details where necessary and ensuring timely receipt of clinical information. Rejected records are resent either electronically to the correct practice following review and update on Harris Flex or printed and posted if the practice is not part of ShCR.

The table below shows a summary of records transferred via ShCR for the GP practices April 2024 – February 2025.

Month	Total Records Sent	Total Rejected	% of records	No. EMIS issue	No. True Rejections (inc NOP, dupes etc)	True rejections as a % of all records sent	True rejections as a % of rejected records
April	35665	929	2.60%	116	813	2.28%	87.51%
May	46628	1006	2.16%	79	927	1.99%	92.15%
June	47754	1966	4.12%	721	1245	2.61%	63.33%
July	51257	1196	2.33%	60	1136	2.22%	94.98%
August	49471	1103	2.23%	76	1027	2.08%	93.11%
September	50607	1068	2.11%	105	963	1.90%	90.17%
October	57140	1573	2.75%	440	1133	1.98%	72.035
November	54591	1364	2.5%	65	1299	2.38%	95.23%
December	51392	1169	2.27%	229	940	1.83%	80.41%
January	55901	1204	2.15%	167	1037	1.86%	86.13%
February	51895	1066	2.05%	212	854	1.65%	80.11%
Total	**230775**	**6200**	**2.69%**	**1052**	**5148**	**2.23%**	**86.22%**

Rejection Reasons:-

- Not registered at GP practice IHDI sent to
- Baby – delay in registering at GP practice
- GP patient registered with practice, not on SCR system
- Duplicate IHDIs being sent to Practices

There are minimal numbers of summaries being posted for GP practices that are not currently part of ShCR. Savings on consumables and posting for discharge summaries and letters achieved to-date in this financial year is £87,116.02.

Current developments for incorporation into ShCR include the transfer of all clinical documentation via the digital dictation process. The roll out across specialities has begun the volume of documents being posted has decreased and savings increased. However, this has started to have an impact on the DQA team and the volume of rejections requiring review, update and resending.

Due to the increased volume of documents and external partner issues across the system, resulting in increased rejections, pressure on the DQA team and potential patient clinical safety risk, a corporate risk assessment is currently being drafted and reviewed with a view to adding to the Trust risk reporting system Datix.

Data Completeness and Validity

The Data Quality Team has a key role in identifying missing and incomplete documentation that directly impacts on activity and income levels. This role includes highlighting to divisions outpatient appointments that have not been documented as either patient attended or Did Not Attend and gives divisions the opportunity to action these historical appointments on the system.

The tables below show the volume of activity in Q1 2024-25 identified and updated by the DQA team:

Month 2024-25	Attended	DNA	Cancelled	Pended
April	169	77	12	488
May	197	108	26	368
June	125	105	17	352
July	171	66	10	513
August	148	103	10	312
September	109	50	9	497
October	193	95	9	311
November	395	73	4	557
December	200	142	18	314
January	136	134	12	439
Total Appts	1843	953	127	4151
Average	168	87	12	377

There has been some improvement in the volume of appointments not fully documented, resulting in a decrease in the number of records requiring review and update on Harris Flex. However, there is still ample scope for further improvement to ensure records are recorded in real time or as near to it as possible.

Data Quality Newsletters

The Data Quality Assurance team December newsletter was cancelled due to unforeseen circumstances and departmental pressures. The next newsletter will be published at Easter time.

Data Quality Forums

The DQA management team attend the quarterly North West Data Quality Summit meetings and subscribe to the online forum were key data quality issues are discussed, presentations around a variety of topics and key developments. This allows the team to evaluate, compare and identify areas of best practices and any changes required to improve the DQA program.

Examples from last 12 months:- Discussions on processing adoption records. Presentations on DQMaRC – a data quality profiling tool, Internal Audit – Auditing Data Quality, Docman – issues with electronic rejections.

Data Quality Risks

The Data Quality Assurance Team undertake regular audit tasks to identify risk areas, working with services to implement remedial/improvement actions through the corporate quality improvement programme. A full risk assessment has been completed for each item; these are held locally on the Business Intelligence Risk Log.

The Team continue to monitor the key risks and remedial actions identified to sustain improvements and minimise risks. The table below shows the current risks to key data quality items and how they are being mitigated.

RA No	Risk Item	Issue	Action 2024-25	Update
54	Harris Flex GP Masterfile maintenance (current rating 12)	In-active GPs linked to patient records. In-accurate GP records in Masterfile on Harris Flex. Continued misdirected correspondence.(NOPs).	Move to ODS quarterly updates. Increase volume of documents transferred via SCR.	Harris flex team working with BI & DQA to establish process to upload files onto TEST PROD. Standing item on bi- weekly applications call with Harris team. Digital dictate process live – rolling out transfer of letters via ShCR

122	Corporate system recording issues. In-accurate recording of patient data/activity (current rating 12)	Variety of in-accurate event documentation. Incomplete linking across activity flows.	Review SUS issues on key data items. Continue to review functionality to improve correction of data on Harris Flex. Investigate amendment of incorrect discharge dates on patient records on Flex Establish data quality forum	Further additional Harris flex validation reports implemented. Working on supporting divisions with identifying reasons for issues with activity recording. Working with BI on SUS errors highlighted.
1207	Inability to meet the monthly clinical coding submission standards (current rating 9)	Non-availability of comprehensive coded data. Timeframe for reviewing / coding data.	Ebooks – time risk assessment Review ICD11 classifications Implement coding ebook Recruit to coder position	Ongoing review / risk assessment. Ongoing review / risk assessment. New trainees using ebooks, ongoing monitoring
1554	Inability to fully run the Trusts Data Quality programme (current rating 15)	Volume of in-accurate patient records on core patient system Harris Flex. Increase in number of rejections from sending clinical documentation via ShCR. Move from SLAM to SUS reporting (requiring additional validations) External issues with ShCR process (increasing volumes of rejections) Volume of pended outpatient appoints requiring review / documenting Audit programme on hold due to pressures.	ShCR resource paper – additional documentation transfer Establish data quality forum Recruit vacant DQA Assistant role	Approved additional resource in principle – awaiting funding Vacancy freeze

External Data Quality Assurance Monitoring

Elective Recovery - Waiting List National Minimum Dataset

As part of the elective recovery drive all acute trusts were mandated to provide a weekly record level waiting list extract covering referral to treatment, diagnostic and planned/surveillance care. The dataset is a mandated requirement for organisations and has been approved by the NHS Digital Data Standards Board. The data is being used to better understand and manage the waiting list position as part of the National Elective Restoration Programme, as well as being a key component of the elective care recovery fund (ERF) data validation gateway. It is expected that the WLMDS submissions will become the main source of reported waiting time performance data for Trusts with the phasing out of aggregated returns. The information within the WLMDS will also be used to populate waiting time information displayed in the My Planned Care Platform.

Nationally a Data Quality Reporting tool (LUNA) has been developed to support Trusts in making improvements to the quality and consistency of the datasets. Organisations submissions are assessed against 20 key data quality standards and assigned an overall data confidence level. The current week position for the Trust is shown below. The Trust confidence level score of 99.43% is above the national target of 95%, with the weekly trend showing sustained compliance and improvement. Of the total pathways submitted just 4.56% of records have been identified with a data quality flag that may warrant further review. Actions are ongoing to further improve the completeness and validity of submissions.

Current Week – Confidence Level

Confidence Level Trend

	09/03/2025	02/03/2025	23/02/2025	16/02/2025	09/02/2025	26/01/2025	19/01/2025	12/01/2025	05/01/2025
RTT PTL Confidence Level	99.43%	99.49%	99.49%	99.52%	99.52%	99.54%	99.50%	99.51%	99.52%

Data Quality Maturity Index (DQMI)

The DQMI is a monthly national publication intended to raise the profile of data quality in the NHS by providing data submitters with timely and transparent information in relation to the quality of key data submissions. The DQMI scores are based on the completeness, validity, coverage and use of default values within core data items held within key datasets submitted nationally by the Trust to the Secondary Uses Service. Data items monitored include NHS number, date of birth, gender, postcode, speciality and consultant as well as dataset specific items. Overall and dataset specific scores for the Trust are shown below for the period to end November 2024. Scores for all datasets are extremely positive showing a consistently high-performance score during 2024/25 compared to other NHS Trusts. The Trust performs at well above the national average of 87.7% across all datasets.

	Overall	Emergency Care Dataset	Admitted Patient Care Dataset	Out-Patient Dataset
National Average	87.7	85.5	95.4	95.9
Lancashire Teaching	92.7	86.7	99.5	98.8

Scores by individual data items within each dataset are show in Appendix 1. The summary position shown below indicates a consistent compliance score with 5 fields worse than the national average, a consistent position compared to the previous bi annual report.

Data Set	Key Fields	Compliant Fields	Var	% Compliance
OP	14	14	0	100.00%
APC	22	22	0	100.00%
ECDS	31	26	-5	83.87%
	67	**62**	**-5**	92.54%

Plans in place to implement further improvements to the content of the ECDS data flow now that the nationally mandated requirement to submit daily ECDS has been implemented.

Clinical Coding Completeness

The Clinical Coding Team continues to ensure the availability of comprehensively coded data in line with the national flex and freeze timetable. During 2024/25, the Trust maintained a coding completeness level at freeze of 100%. However the level of coding completeness at flex has dipped slightly to between 70-80% due to an increase in the number of episodes to code.

The Coding Team Business Plan sets out the overall strategy for the future development of the Coding Service incorporating:

- A programme of clinical engagement to enhance quality and depth of coding
- Wider programme of internal audit to enhance coder skill sets including the appointment of a dedicated Audit & Quality Manager to drive quality improvements within the Clinical Coding team
- Fully implemented an enhanced End Coder system that supports additional quality and consistency checks. The upgrade of 3M Medicode system to Medicode 360 has provided additional audit and consistency capability.
- Engaged with IQVIA to implement their Clinical Coding Analytics tool plus 12 days consultancy during 2024/25 to identify opportunities to enhance the depth of admitted care clinical coding. Work is ongoing to action monthly opportunity reports provided by IQVIA.

Recommendations

The Board is asked to note current Data Quality Assurance activities, internal and external monitoring processes and the on-going developments that support further improvements to data quality assurance and data quality engagement.

Appendix 1 –DQMI Dataset Compliance

Trust coverage compared to the national average for key data items for the period to November 2024. This is a coverage dashboard not a check of the accuracy of content.

Data Item	Trust Nov 2024	National Average	Variance	Rating	Actions
OUTPATIENT KEY DATA ITEMS					
ACTIVITY TREATMENT FUNCTION CODE	99.20%	95.10%	4.10%		
ADMINISTRATIVE CATEGORY CODE	100.00%	94.70%	5.30%		
CARE PROFESSIONAL MAIN SPECIALTY CODE	99.20%	94.70%	4.50%		
CONSULTANT CODE	99.20%	80.70%	18.50%		
ETHNIC CATEGORY	92.60%	80.30%	12.30%		
GENERAL MEDICAL PRACTICE CODE (PATIENT REGISTRATION)	99.90%	92.80%	7.10%		
NHS NUMBER	100.00%	91.00%	9.00%		
NHS NUMBER STATUS INDICATOR CODE	100.00%	98.00%	2.00%		
ORGANISATION CODE (CODE OF COMMISSIONER)	99.70%	96.00%	3.70%		
PERSON BIRTH DATE	100.00%	96.00%	4.00%		
PERSON GENDER CODE CURRENT	100.00%	97.00%	3.00%		
POSTCODE OF USUAL ADDRESS	99.90%	93.40%	6.50%		
SITE CODE (OF TREATMENT)	100.00%	82.30%	17.70%		
SOURCE OF REFERRAL FOR OUTPATIENTS	93.70%	88.90%	4.80%		
ADMITTED CARE KEY DATA ITEMS					
ACTIVITY TREATMENT FUNCTION CODE	100.00%	96.20%	3.80%		
ADMINISTRATIVE CATEGORY CODE (ON ADMISSION)	100.00%	96.30%	3.70%		
ADMISSION METHOD (HOSPITAL PROVIDER SPELL)	100.00%	96.80%	3.20%		

CARE PROFESSIONAL MAIN SPECIALTY CODE	100.00%	95.80%	4.20%		
CONSULTANT CODE	100.00%	90.60%	9.40%		
DECIDED TO ADMIT DATE	99.90%	65.20%	34.70%		
DISCHARGE DATE (HOSPITAL PROVIDER SPELL)	100.00%	98.60%	1.40%		
DISCHARGE DESTINATION CODE (HOSPITAL PROVIDER SPELL)	100.00%	96.10%	3.90%		Improved to 100% from 94.9% in Nov 2023
DISCHARGE METHOD CODE (HOSPITAL PROVIDER SPELL)	100.00%	96.00%	4.00%		
ETHNIC CATEGORY	90.80%	88.40%	2.40%		
GENERAL MEDICAL PRACTICE CODE (PATIENT REGISTRATION)	99.90%	94.20%	5.70%		
NHS NUMBER	100.00%	93.50%	6.50%		
NHS NUMBER STATUS INDICATOR CODE	100.00%	98.70%	1.30%		
ORGANISATION CODE (CODE OF COMMISSIONER)	99.80%	96.30%	3.50%		
ORGANISATION CODE (CODE OF PROVIDER)	100.00%	97.20%	2.80%		
PATIENT CLASSIFICATION CODE	100.00%	97.90%	2.10%		
PERSON BIRTH DATE	100.00%	97.20%	2.80%		
PERSON GENDER CODE CURRENT	100.00%	98.00%	2.00%		
POSTCODE OF USUAL ADDRESS	99.80%	95.60%	4.20%		
PRIMARY DIAGNOSIS (ICD)	99.90%	83.40%	16.50%		
SITE CODE (OF TREATMENT)	100.00%	84.50%	15.50%		
SOURCE OF ADMISSION CODE (HOSPITAL PROVIDER SPELL)	100.00%	96.60%	3.40%		
EMERGENCY CARE DATASET KEY DATA ITEMS					
CHIEF COMPLAINT (SNOMED CT)	98.70%	77.70%	21.00%		
ACUITY (SNOMED CT)	99.80%	85.00%	14.80%		
DIAGNOSIS (SNOMED CT) - FIRST	72.60%	65.30%	7.30%		Improved to above the national average
ARRIVAL DATE	100.00%	100.00%	0.00%		
ARRIVAL TIME	99.80%	98.30%	1.50%		
INITIAL ASSESSMENT DATE	100.00%	85.30%	14.70%		
INITIAL ASSESSMENT TIME	99.30%	84.20%	15.10%		
DATE SEEN FOR TREATMENT	99.00%	84.10%	14.90%		
TIME SEEN FOR TREATMENT	97.40%	81.80%	15.60%		

DEPARTURE DATE	99.20%	97.10%	2.10%		
DEPARTURE TIME	99.90%	96.10%	3.80%		
NHS NUMBER	99.50%	98.10%	1.40%		
NHS NUMBER STATUS INDICATOR CODE	99.90%	99.90%	0.00%		
ATTENDANCE SOURCE (SNOMED CT)	99.90%	89.90%	10.00%		
DISCHARGE STATUS (SNOMED CT)	99.40%	86.30%	13.10%		
DISCHARGE FOLLOW-UP (SNOMED CT)	98.70%	69.10%	29.60%		
DISCHARGE DESTINATION (SNOMED CT)	99.40%	85.70%	13.70%		
DISCHARGE INFO GIVEN (SNOMED CT)	0.40%	4.50%	-4.10%		Slight improvement since incorporation via ECDS V3.0 Implementation plan
ETHNIC CATEGORY	98.40%	86.50%	11.90%		
GENERAL MEDICAL PRACTICE CODE (PATIENT REGISTRATION)	99.80%	98.10%	1.70%		
ORGANISATION IDENTIFIER (CODE OF COMMISSIONER)	98.60%	94.10%	4.50%		
PERSON BIRTH DATE	100.00%	98.80%	1.20%		
PERSON STATED GENDER CODE	100.00%	97.40%	2.60%		
POSTCODE OF USUAL ADDRESS	99.50%	98.70%	0.80%		
ARRIVAL MODE (SNOMED CT)	100.00%	92.20%	7.80%		
ATTENDANCE CATEGORY	100.00%	90.30%	9.70%		
PROCEDURE (SNOMED CT) - FIRST	99.40%	73.70%	25.70%		
PROCEDURE DATE - FIRST	43.10%	64.80%	-21.70%		Slight deterioration
PROCEDURE TIME - FIRST	41.80%	48.60%	-6.80%		Slight deterioration
CLINICAL INVESTIGATION (SNOMED CT) - FIRST	44.50%	68.60%	-24.10%		Continued improvement since incorporation via ECDS V3.0 Implementation plan
INJURY INTENT (SNOMED CT)	11.00%	38.60%	-27.60%		Slight deterioration

14.3 USE OF COMMON SEAL

Information Item

REFERENCES

Only PDFs are attached

14.3 - Use of Common Seal 2024-25.pdf

Board of Directors Report

Use of Common Seal 2024-25							
Report to:	Board of Directors			**Date:**	3 April 2025		
Report of:	Director of Corporate Affairs			**Prepared by:**	J Wiseman		
Part I	✓			**Part II**			
Purpose of Report							
For approval	☐	**For noting**	☐	**For discussion**	☐	**For information**	☒

Executive Summary:

The purpose of this report is to confirm the application of the Foundation Trust's Common Seal for the period 21 March 2024 and 31 March 2025, as required by the Foundation Trust's Standing Orders. Section 10, sub-section 10.3.1 states a report of all sealings shall be made to the Board of Directors on an annual basis, containing details of the Seal number, description of the document and the date of Sealing.

Although there are a substantial number of individual sealings in year the majority either relate to the decision to acquire East Lancashire Financial Services (ELFS) or to a legacy matter as notified by the Trust Solicitors in respect of the delivery of renal services at Blackburn.

It is recommended that the Board of Directors receive the report and note the contents for information.

Trust Strategic Aims and Ambitions supported by this Paper:

Aims		Ambitions	
To provide outstanding and sustainable healthcare to our local communities	☒	Consistently Deliver Excellent Care	☒
To offer a range of high quality specialised services to patients in Lancashire and South Cumbria	☒	Great Place To Work	☒
To drive health innovation through world class education, teaching and research	☒	Deliver Value for Money	☒
		Fit For The Future	☒

Previous consideration

Not applicable

1. USE OF COMMON SEAL

1.1 The Board is requested to note the Foundation Trust's Common Seal was applied as follows during the period 21 March 2024 and 31 March 2025:

- **Seal reference 261**: As authorised by the Chief Executive Officer and the Chair on 21 March 2024 in respect of the Blackburn Renal Centre Employer's Warranty with (1) Further Collateral Warranty Consultants, (2) Ellis Hilman Partnership Limited and (3) Diaverum UK Limited.

- **Seal reference 262**: As authorised by the Chief Executive Officer and the Chair on 18 July 2024 in respect of the construction documents for the Day Surgery Admissions Unit, Royal Preston Hospital with Tillbury Douglas Construction Limited.

- **Seal reference 263**: As authorised by the Chief Executive Officer and the Chair on 24 September 2024 in respect of the lease agreement of 67 Preston Road, Chorley (car park spaces).

- **Seal reference 264**: As authorised by the Deputy Chief Executive Officer and the Chair on 12 December 2024 in respect of the alterations and refurbishment of Ward 6 to form a Medical Assessment Unit, Royal Preston Hospital with D&G Builders & Joiners Limited.

- **Seal reference 265**: As authorised by the Deputy Chief Executive Officer and the Chair on 12 December 2024 in respect of the construction documents associated with works and drainage for the extension for the Day Surgery Admissions Unit, Royal Preston Hospital with Tillbury Douglas Construction Limited.

1.2 The arrangements for the use of the Common Seal are set out in section 10 of the Foundation Trust's Standing Orders. The transactions are set out in the Register of Use of Common Seal which is held by the Office of the Company Secretary.

2. Financial implications

2.1 There are no financial implications associated with the recommendations in this report.

3. Legal implications

3.1 There are no legal implications associated with the recommendations in this report.

4. Risks

4.1 There are no risks associated with the recommendations in this report.

5. Impact on stakeholders

5.1 There is no impact on stakeholders associated with the recommendations in this report.

6. Recommendations

It is recommended that the Board of Directors receive the report and note the contents for information.

14.4 GOVERNOR ELECTION REPORT

Information Item

REFERENCES

Only PDFs are attached

14.4 - Governor Elections 2025.pdf

Board of Directors Report

Governor Elections 2025			
Report to:	Board of Directors	**Date:**	3 April 2025
Report of:	Director of Corporate Affairs	**Prepared by:**	J Wiseman
Part I	✓	**Part II**	

Purpose of Report					
For assurance	☐	**For decision**	☐	**For information**	☒

Executive Summary:

The purpose of this report is to confirm the results of the 2025 elections to the Council of Governors. The Governor election process is an annual process carried out in line with the Trust's Constitutional requirements and in accordance with Model Election Rules as published by NHS Providers. The election was conducted by Electoral Reform Services who acted as Returning Officer on behalf of the Trust.

For the 2025 Governor election, there were eight vacancies in the public constituency and two vacancies in the staff categories of nurses and midwives and unregistered healthcare and support workers. Voting closed on 20 March 2025 with results declared on 21 March 2025, included in the report for information. A copy of the Report of Voting from the Returning Officer is attached which includes the list of candidates elected and a breakdown of voting.

The new Governors will be attending their first meeting of the Council of Governors on 24 April 2025 and will be undergoing induction into their new roles over the coming weeks. Two governors have been re-elected for the period 1 April 2025 to 31 March 2028 and a further governor elected having served previously.

It is recommended that the Board of Directors receive the report and the results of the 2025 Governor election for information.

Appendix 1: Report of Voting

Trust Strategic Aims and Ambitions supported by this Paper:

Aims		Ambitions	
To provide outstanding and sustainable healthcare to our local communities	☒	Consistently Deliver Excellent Care	☒

To offer a range of high quality specialised services to patients in Lancashire and South Cumbria	☒	Great Place To Work	☒
To drive health innovation through world class education, teaching and research	☒	Deliver Value for Money	☒
		Fit For The Future	☒
Previous consideration			
Not applicable			

1. Introduction

The Governor election process is an annual process carried out in line with the Trust's Constitutional requirements and in accordance with Model Election Rules as published by NHS Providers. The election was conducted by Electoral Reform Services who acted as Returning Officer on behalf of the Trust.

For the 2025 Governor election, there were seven vacancies in the public constituency and four vacancies in the staff categories of doctors and dentists, unregistered healthcare and support workers, other healthcare professionals/healthcare scientists, and non-clinical staff. Voting closed on 20 March 2025 with results declared on 21 March 2025, included in the report for information. A copy of the Report of Voting from the Returning Officer is attached which includes the list of candidates elected and a breakdown of voting.

The new Governors will be attending their first meeting of the Council of Governors on 24 April 2025 and will be undergoing induction into their new roles over the coming weeks. Two governors have been re-elected for the period 1 April 2025 to 31 March 2028 and a further governor elected having served previously.

Outcome of the 2025 Election to the Council of Governors

The outcome of the 2025 Governor election is confirmed as follows:

CONTEST: PUBLIC
The election was conducted using the single transferable vote electoral system and the following candidates were selected (in order of election):

Takhsin Akhtar (re-elected)
Enid Povey
Sheila Brennan (re-elected)
Darrell Brooks
Paul Brooks
George Bailey
Carole Oldcorn
Tim Young

ELECTED: STAFF

Sonia Connell (Nurses and Midwives)

2. Financial implications

There are no financial implications associated with the recommendations in this report.

3. Legal implications

The election process has been conducted in line with the Trust's Constitution and the Model Election Rules published by NHS Providers.

4. Risks

There are no risks associated with the recommendations in this report.

5. Impact on stakeholders

Stakeholders will be advised of the outcomes of the elections.

6. Recommendations

It is recommended that the Board of Directors receive the report and the results of the 2025 Governor election for information.

Report of Voting

LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST

ELECTION TO THE COUNCIL OF GOVERNORS

CLOSE OF VOTING: 5PM ON 20 MARCH 2025

CONTEST: Public

The election was conducted using the single transferable vote electoral system.
The following candidates were elected (in order of election):

ELECTED
Takhsin AKHTAR
Enid POVEY
Sheila BRENNAN
Darrell BROOKS
Paul BROOKS
George William BAILEY
Carole OLDCORN
Tim YOUNG

Number of eligible voters		8,938
Votes cast online:	302	
Votes cast by post:	295	
Total number of votes cast:		597
Turnout:		6.7%
Number of votes found to be invalid:		16
Total number of valid votes to be counted:		581

CONTEST: Staff: Nurses and Midwives

The election was conducted using the single transferable vote electoral system.
The following candidate was elected:

ELECTED
Sonia CONNELL

Number of eligible voters		2,954
Votes cast online:	333	
Total number of votes cast:		333
Turnout:		11.3%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		333

The result sheets for the election forms the Appendix to this report. They detail:-

- the quota required for election
- each candidate's voting figures, and
- the stages at which the successful candidates were elected.

Civica Election Services can confirm that, as far as reasonably practicable, every person whose name appeared on the electoral roll supplied to us for the purpose of the election:-

a) was sent the details of the election and

b) if they chose to participate in the election, had their vote fairly and accurately recorded

The elections were conducted in accordance with the rules and constitutional arrangements as set out previously by the Trust, and CES is satisfied that these were in accordance with accepted good electoral practice.

All voting material will be stored for 12 months.

Ciara Hutchinson
Returning Officer
On behalf of Lancashire Teaching Hospitals NHS Foundation Trust

The Election Centre • 33 Clarendon Road • London • N8 0NW • 020 8365 8909 • civica.com/electionservices • support@cesvotes.com

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Election for	Public															
Date	21/03/2025															
Number to be elected	8															
Valid votes	581															
Invalid votes	16															
Quota	65															
eSTV Reg. 54096	2.0.16															
Election rules	Custom															
		Stage	2	Stage	3	Stage	4	Stage	5	Stage	6	Stage	7	Stage	8	
	First	Surplus of		Surplus of		Surplus of		Exclusion of		Exclusion of		Exclusion of		Exclusion of		
Candidates	Preferences	AKHTAR, Takhsin		POVEY, Enid		BRENNAN, Sheila		COLLINS, Karen+KEG		HALL, Simon		RAJA, Sayf		SMITH, Ian		
AKHTAR, Takhsin	101	-36	65		65		65		65		65		65		65	**Elected**
BAILEY, George William	49	5.4	54.4	0.64	55.04	0.77	55.81	1.11	56.92	5.52	62.44	3	65.44		65.44	**Elected**
BRENNAN, Sheila	73		73		73	-8	65		65		65		65		65	**Elected**
BROOKS, Darrell	57	6.12	63.12	1.28	64.4	1.1	65.5		65.5		65.5		65.5		65.5	**Elected**
BROOKS, Paul	49	6.48	55.48	1.12	56.6	1.98	58.58	2.49	61.07	6	67.07		67.07		67.07	**Elected**
COLLINS, Karen	9	1.8	10.8	0.64	11.44	1.21	12.65	-12.65	-		-		-		-	
HALL, Simon	20	1.08	21.08	0.48	21.56	0.22	21.78	1.99	23.77	-23.77	-		-		-	
KEGO, Kofo	6	1.8	7.8	0.32	8.12	0.22	8.34	-8.34	-		-		-		-	
OLDCORN, Carole	30	2.88	32.88	1.92	34.8	1.21	36.01	4.37	40.38	1.63	42.01	7.6	49.61	11.21	60.82	**Elected**
POVEY, Enid	75		75	-10	65		65		65		65		65		65	**Elected**
RAJA, Sayf	17	6.12	23.12	0.8	23.92		23.92	3.19	27.11	1	28.11	-28.11	-		-	
SMITH, Ian	23	1.44	24.44	0.48	24.92	0.33	25.25	1.52	26.77	4.15	30.92	3.4	34.32	-34.32	-	
TETLOW, Christine	36	1.08	37.08	0.96	38.04	0.55	38.59	1.63	40.22	2.11	42.33	0.79	43.12	1.68	44.8	
YOUNG, Tim	36	1.08	37.08	0.8	37.88		37.88	0.36	38.24	1.36	39.6	2.44	42.04	9.56	51.6	**Elected**
Non-transferable		0.72	0.72	0.56	1.28	0.41	1.69	4.33	6.02	2	8.02	10.88	18.9	11.87	30.77	
Totals	581		581		581		581		581		581		581		581	

Election for	Staff Nurses and Midwives	
Date	21/03/2025	
Number to be elected	1	
Valid votes	333	
Invalid votes	0	
Quota	167	
eSTV Reg. 54096	2.0.16	
Election rules	Custom	
	First	
Candidates	Preferences	
AYANDARE , Dotun	115	
CONNELL, Sonia	218	**Elected**
Non-transferable		
Totals	333	

14.5 CYCLE OF BUSINESS 2025/6

- Information Item

14.6 USE OF DELEGATED AUTHORITY ? PUBLIC SECTOR DECARBONISATION GRANT FUNDING

Information Item

REFERENCES

Only PDFs are attached

14.6 - Use of Delegated Authority ? Public Sector Decarbonisation Grant Funding.pdf

Board of Directors Report

Salix grant funding – For information, approved by Chair's Authority			
Report to:	Board of Directors	**Date:**	3 April 2025
Report of:	Cliff Howell	**Prepared by:**	P. Hickey
Part I	*x*	**Part II**	

Purpose of Report					
For assurance	☐	**For decision**	☐	**For information**	☒

Executive Summary:

The Trust applied for a £14m grant from the Public Sector Decarbonisation Scheme and has been notified it has been successful. A grant offer letter is expected imminently. Recipients have 10 working days to accept. Recipients have to contribute 12% of the total project value - £1.9m including VAT.

The grant will enable to the Trust to substantially de-steam the site, thereby addressing end of life critical infrastructure that would otherwise need replacing or repairing in the short term. The grant facilitates the partial migration to low carbon technologies to assist the Trust reach its net zero targets, most noticeably 80% by 2032. This paper provides further details on the application with the recommendation that the Trust approves the acceptance of the grant offer.

This paper also recommends an additional £2.5m (inc VAT) funding to refurbish the existing CHP, which is beyond end of life. The CHP currently generates annually a circa £1.8m benefit to the Trust. A refurbished CHP will have improved electrical and thermal efficiencies, which would further reduce grid electricity and gas consumption.

In summary, this paper requests funding of circa £4.4m (inc VAT) for these projects across the financial years 25/26, 26/27 and 27/28.

Trust Strategic Aims and Ambitions supported by this Paper:

Aims		Ambitions	
To provide outstanding and sustainable healthcare to our local communities	☒	Consistently Deliver Excellent Care	☒
To offer a range of high quality specialised services to patients in Lancashire and South Cumbria	☐	Great Place To Work	☐
To drive health innovation through world class education, teaching and research	☐	Deliver Value for Money	☒
		Fit For The Future	☒

Previous consideration

Not applicable

1. Introduction

Phase 4 of the Public Sector Decarbonisation Scheme (PSDS), worth £1.17bn, was launched by Salix on behalf of the Department for Energy Security and Net Zero in 2024. The PSDS provides grants for public sector bodies to fund heat decarbonisation and energy efficiency measures. The latest phase (4) of the PSDS continues its task to reduce fossil fuels as well as making public buildings more comfortable and more efficient to warm.

The Trust submitted an application for phase 4 funding with support from the Carbon and Energy Fund for a grant of £14m, with a mandatory 12% Trust contribution of £1.9m. If successful, the Trust has to evidence the total spend over the 3 year scheme (25/26, 26/27, 27/28).

The Trust's application has been assessed by Salix and has been notified that a Grant Offer Letter will be issued imminently. On receipt of the Grant Offer Letter, the Trust has only 10 business days to accept the grant. There is no leeway or no extenuating circumstances if this deadline is missed.

2. Procurement

The Trust became a member of the CEF NHS Framework and commenced procurement in Sept '23 of a partner to deliver the measures applied for in the PSDS application. The procurement process concluded in May '24 with FP Hurly identified as Preferred Bidder in June 2024.

It is intended to manage the works and operational period of 15 years under a guaranteed performance commercial arrangement (Energy Performance Contract) to ensure the investment delivers the benefits procured. CEF have considerable experience of working with the NHS and Salix funded schemes, having delivered many projects in the NHS, of which £800m was funded by Salix. CEF will remain involved with the project and the Trust during construction and for the 15 year operation period.

2. Rationale behind grant application

RPH currently has obsolete steam boilers that are operating well beyond their intended design life. The Steam boilers themselves and the associated distribution system are now classed as obsolete technology due to the inherent inefficiency and high temperatures that are not compatible with low carbon technologies. The grant does not replace all the boilers but takes us through the significant first stage of De-steaming the RPH site and removing the lead steam boiler.

The RPH main boiler house also contains a Combined Heat and Power (CHP) plant that generates a significant (1.8MW) proportion of the RPH energy requirements. This plant was installed 15 years ago from grant funding and has run continuously since then has provided the Trust with a net revenue benefit, worth £1.8m over the last 12 months alone, as it dramatically reduces the cost of electricity. Unfortunately, the 15-year contract has now expired and complete refurbishment / replacement is required if the Trust wish to continue with these financial benefits. The refurbishment or replacement of this plant does not qualify for grant funding so would need to be separately Trust funded at a cost expected to be less than £2.5M which is being provisionally planned for in the 2027/8 capital budget.

Given the scope of the Critical Infrastructure Risk associated with the primary heating systems on the RPH site along with the mandated NHS requirement to reduce the NHS Carbon Footprint by 80% before 2032 became the driving factor to develop a solution. By using modern low carbon technology it will allow the Trust to comply with PSDS rules and qualify for grant funding to complete this work within the required timeframe

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3. Benefits

The grant significantly reduces the Trust's capital contribution to deal with end-of-life critical infrastructure. Further, the grant also pays for certain energy efficiency and fabric measures which may otherwise not be implemented, which improve patient comfort and reduce energy consumption. The grant does not attract capital charges and while the investment sits on the balance sheets the grant value can be adjusted from the Net Relevant Asset value prior to the Trust calculating its PDC liability – an estimated cost avoidance of c. £4m over the 15 year contract term.

Additionally, the scheme also demonstrates the Trust commitment to the Net Zero mandate and makes significant inroads towards reducing the direct (Scope 1) Carbon emissions from the RPH site.

4. Risks

The grant only funds low carbon heating solutions that are typically more expensive to operate than fossil fuel systems, such as the Trust's existing gas fired boilers. So, the installation of a heat pump solution will likely increase the Trusts revenue operating cost. However, this increase will be mitigated by the energy efficiency measures (funded by PSDS) and the refurbishment of the end-of-life combined heat and power plant (CHP) funded by the Trust at a cost of less than £2.5m within the next 2 years.

The Trust is nonetheless obligated to reduce its carbon by 80% by 2028-2032 and be net zero by 2040, and the cost implications of operating low carbon solutions are unavoidable.

5. Financial summary

5.1 CHP is not refurbished and reaches end of useful life by year end '25

Project	Grant award	Trust Capex Contribution (incl VAT)	Revenue impact (yr 1)
No CHP	n/a	£0	-£1.8m[1]

[1] additional cost to Trust per year of imported electricity

5.2 PSDS project only. Standalone financial position of running heat pumps.

Project	Grant award	Trust Capex Contribution (incl VAT)	Revenue impact (yr 1)
PSDS scheme	£14m	£1.9m	-£296,281[2]

[2] revenue impact worsened

5.3 PSDS project and refurbishment of CHP with enhanced performance/better efficiencies from refurbished CHP

Project	Grant award	Trust Capex Contribution (incl VAT)	Revenue impact (yr 1)
PSDS scheme	£14m	£1.9m	£89,127[3]
Refurbished CHP	-	£2.5m	
		£4.4m	

[3] revenue impact improved which is the guaranteed figure under the contract however this is likely to be far higher in reality.

6. The alternative

The alternative is to decline the PSDS grant, thereby saving £1.9m Trust capital contribution and continue with the steam infrastructure, although the Trust is unlikely to avoid significant costs replacing and repairing this plant in the short to medium term as it is almost 50 years old.

Further PSDS funding is not confirmed and are also competitive. Success with this funding round follows previous unsuccessful applications, so the Trust should not assume it will be successful in future funding rounds.

It is highly likely that the Trust will need investment in its steam system into the future due to its age and condition which will need funding through the Capital Programme. Availing of the PSDS award also delivers a PDC benefit as grant funding does not attract capital charges.

7. Recommendations

Given that the imminent grant award will allow the Trust to complete a £16m project that significantly reduces the Critical Infrastructure Risk, backlog maintenance and lowers carbon emissions for a 12% contribution of £1.9m, which has already been included within the Trust's draft capital plans; it is recommended that the Trust approves the grant offer subject to the T&C's of the letter offer. The Board is asked to delegate management of this project and the identified funding envelop to the SRO Executive lead.

In order to progress into the Planning Year, the Board is asked to approve the signing of the Preferred Bidder Letter identifying FP Hurly as the Trusts delivery partner. This allows for the detail design to be completed, the commercial Project Agreement (PA) to be finalised and demonstrate to Salix that the Trust is in a ready to move state.

Further, given the revenue impacts in not having the CHP, it is recommended that the Trust also approve the £2.5m to refurbish the CHP with enhanced performance as part of this initiative. The PA would accommodate the guaranteed performance of the CHP works for the 15 year duration of the contract at no additional cost or impact on the revenue. As procured, any shortfall in guaranteed performance would be met by FP Hurly.

14.7 DATE, TIME AND VENUE OF NEXT MEETING:

Information Item | M Thomas | 12.40

3 June 2025, 9:15am, Lecture Hall, Education Centre 3, Chorley & South Ribble Hospital