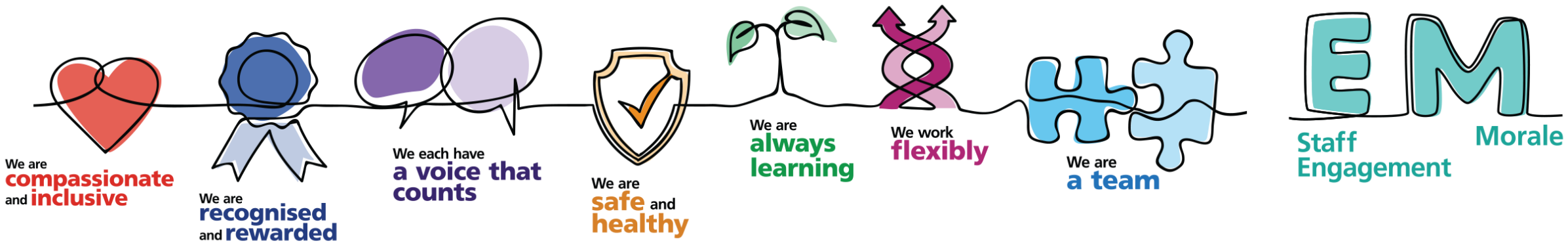
Survey Coordination Centre

NHS



Worcestershire Acute Hospitals NHS Trust

2024 NHS Staff Survey

Breakdown report

Contents (1)

Contents (2)

Survey Coordination Centre NHS

This breakdown report for Worcestershire Acute Hospitals NHS Trust contains results by breakdown area for the People Promise element and theme results from the 2024 NHS Staff Survey. These results are compared to the unweighted average for your organisation.

Please note: It is possible that there are differences between the 'Your org' scores reported in this breakdown report and those in the benchmark report. This is because the results in the benchmark report are weighted to allow for fair comparisons between organisations of a similar type. However, in this report comparisons are made within your organisation, so the unweighted organisation result is a more appropriate point of comparison.

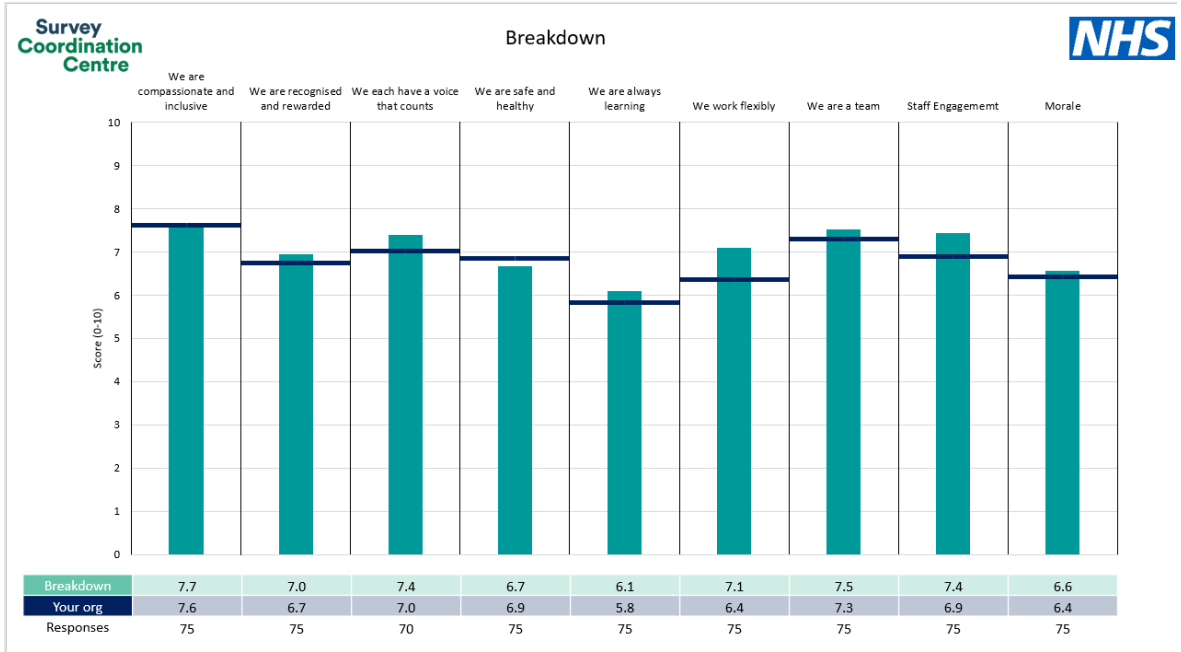
The breakdowns used in this report were provided and defined by Worcestershire Acute Hospitals NHS Trust. Details of how the People Promise element and theme scores were calculated are included in the Technical Document, available to download from our results website.

Key features

Breakdown type and **breakdown name** are specified in the header.

Breakdown results are presented in the context of the (unweighted) **organisation average ('Your org')**, so it is easy to tell if a breakdown area is performing better or worse than the organisation average. For all People Promise element and theme results, a higher score is a better result than a lower score.

The **number of responses** feeding into each measure and sub-scores for the **given breakdown** are specified below the table containing the breakdown and trust scores.



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.7	7.0	7.4	6.7	6.1	7.1	7.5	7.4	6.6
Your org	7.6	6.7	7.0	6.9	5.8	6.4	7.3	6.9	6.4
Responses	75	75	70	75	75	75	75	75	75

! Note: When there are fewer than 10 responses in a group, results are suppressed to protect staff confidentiality. For some organisations this could mean that all breakdown results are suppressed.

Survey Coordination Centre

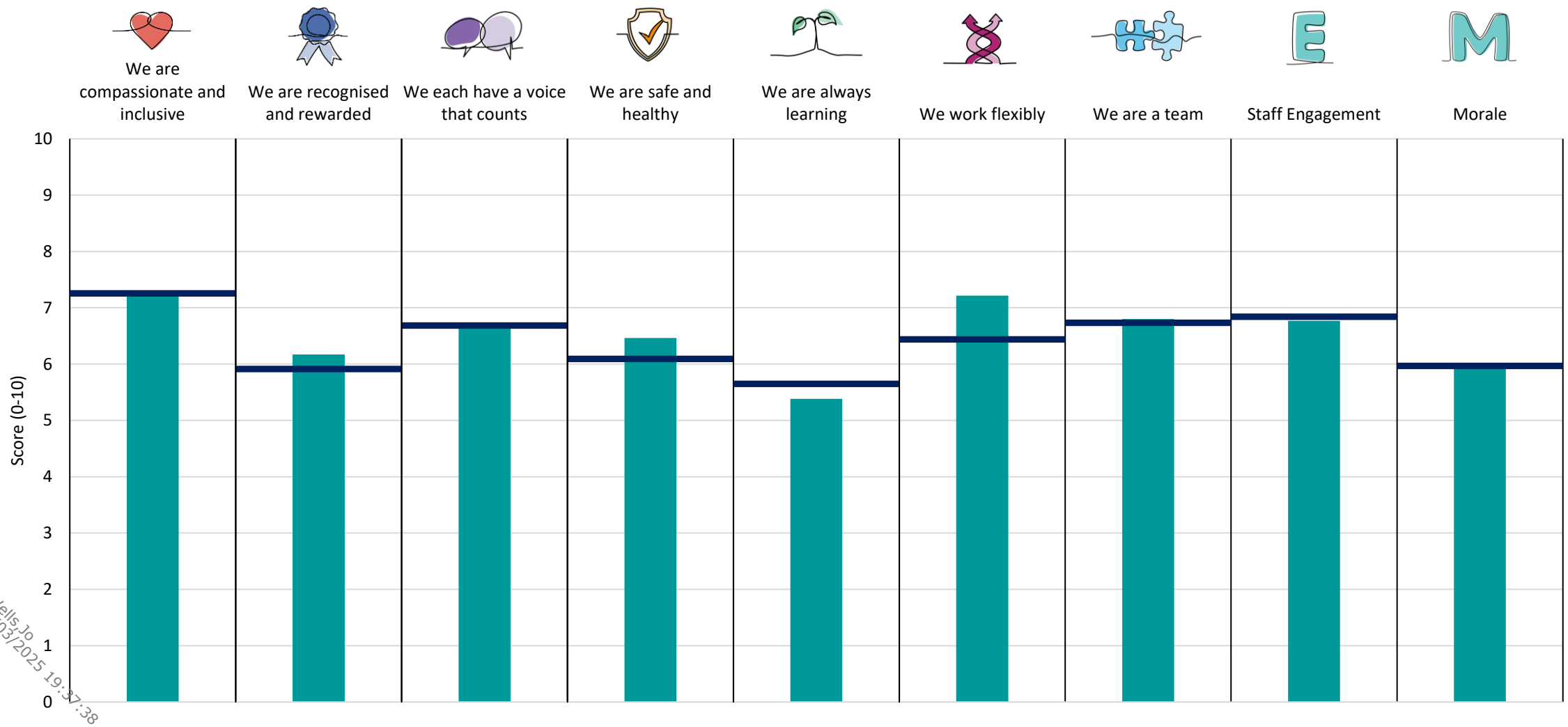
NHS

Breakdowns 1

Worcestershire Acute Hospitals NHS Trust

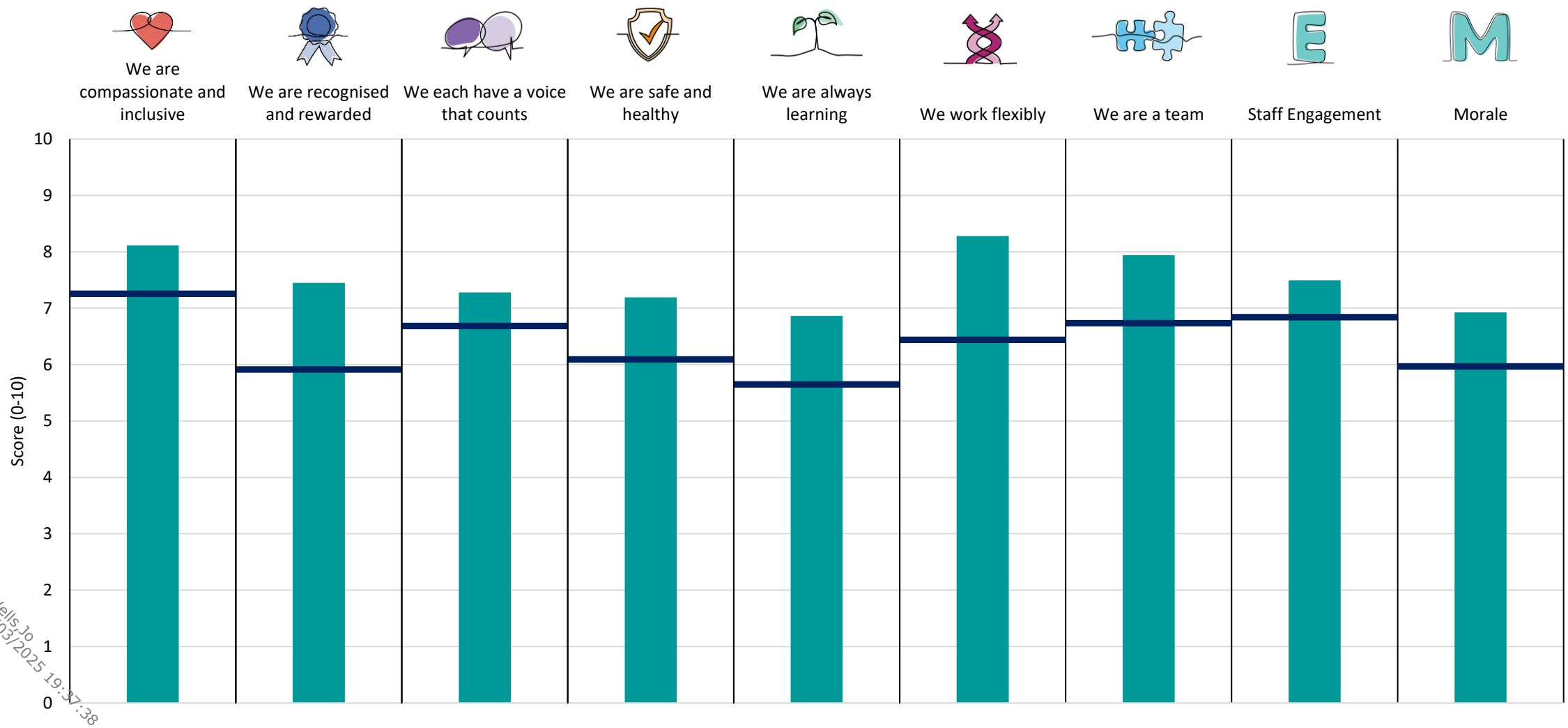
2024 NHS Staff Survey

Corporate



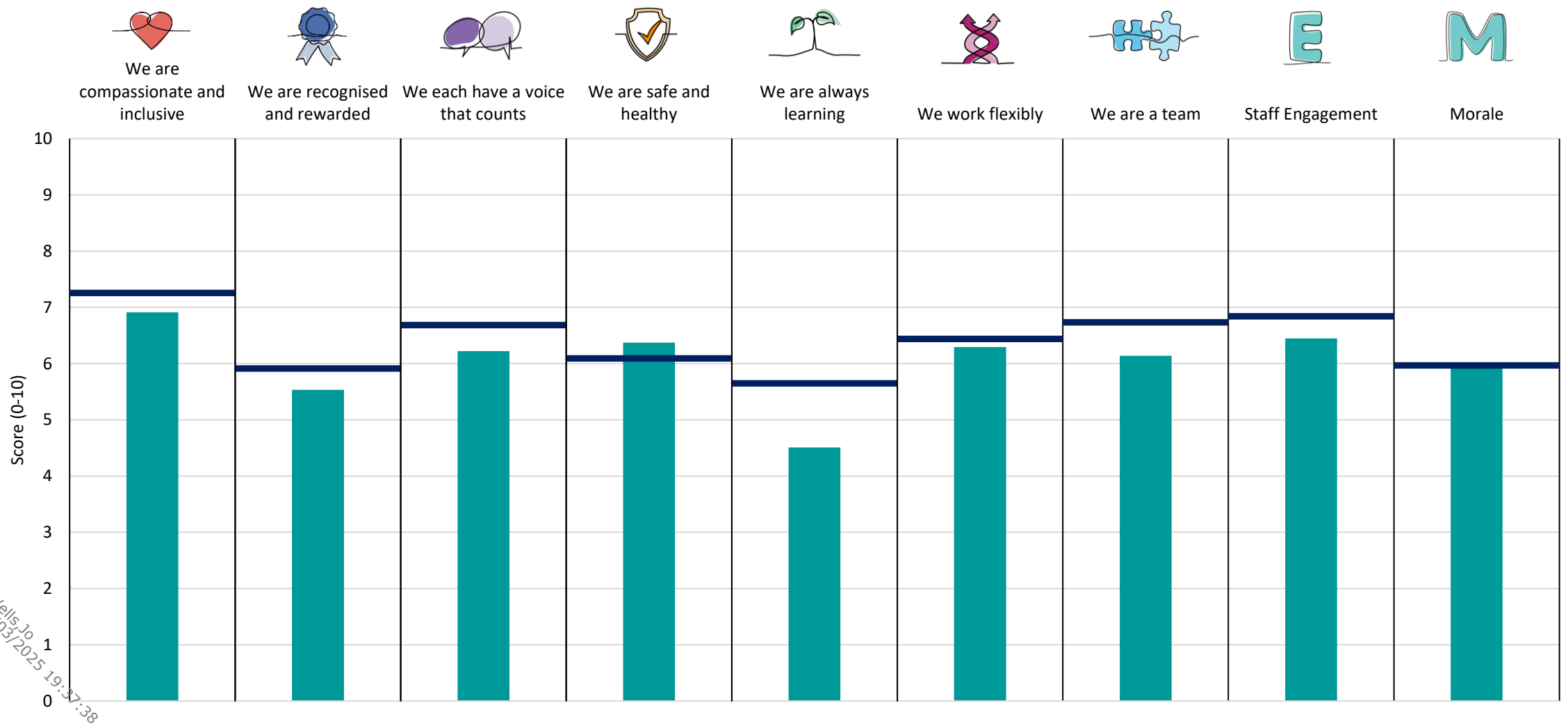
	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Breakdown	7.20	6.17	6.73	6.46	5.38	7.22	6.80	6.77	6.01
Your org	7.26	5.91	6.68	6.09	5.65	6.44	6.73	6.84	5.97
Responses	412	412	406	411	394	411	412	412	412

Digital



	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
Breakdown	8.12	7.45	7.28	7.19	6.86	8.28	7.94	7.49	6.93
Your org	7.26	5.91	6.68	6.09	5.65	6.44	6.73	6.84	5.97
Responses	85	85	84	85	82	85	85	85	85

Estates & Facilities



	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
Breakdown	6.91	5.53	6.22	6.37	4.51	6.29	6.14	6.45	5.93
Your org	7.26	5.91	6.68	6.09	5.65	6.44	6.73	6.84	5.97
Responses	168	170	159	161	143	160	168	168	168

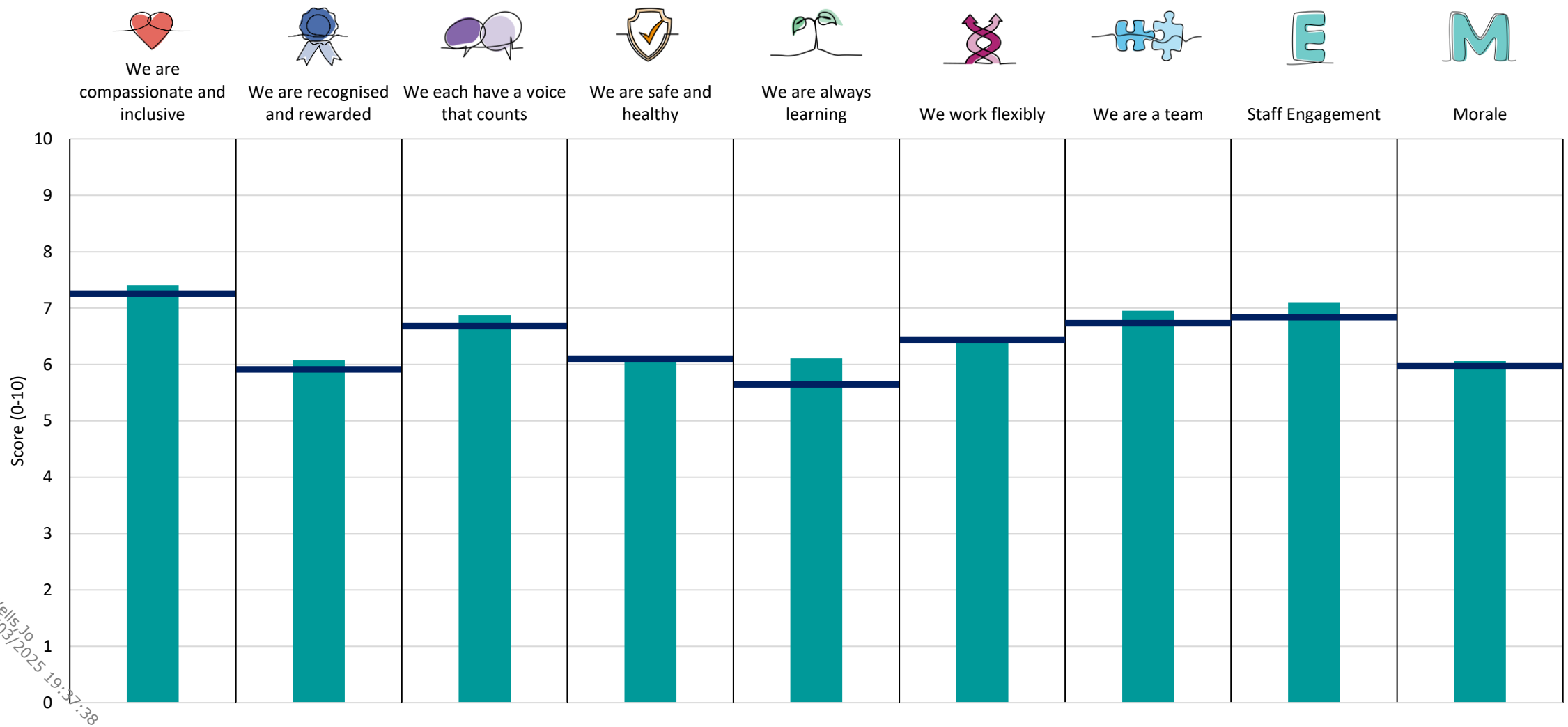
Survey Coordination Centre

Specialised Clinical Services Div.

NHS

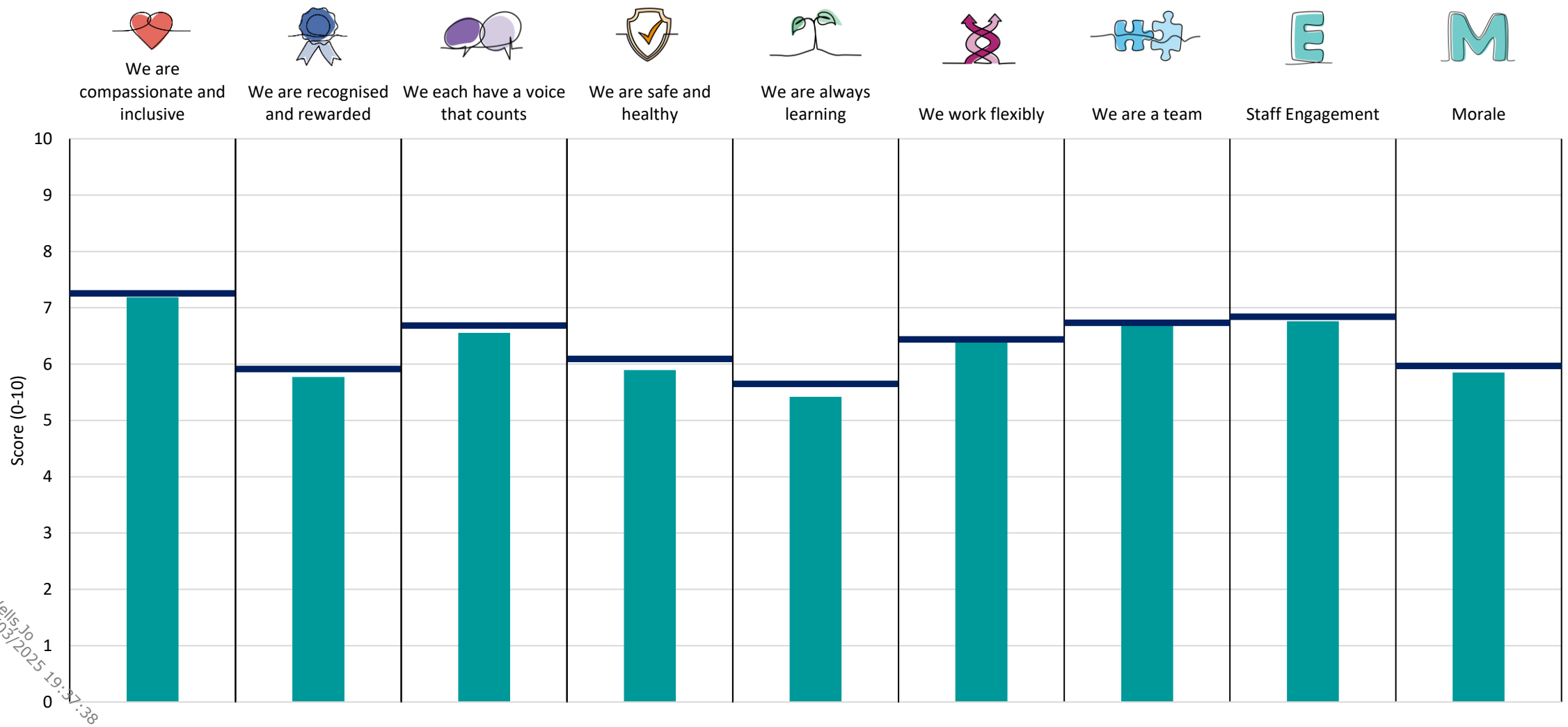
	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Breakdown	7.04	5.62	6.46	6.05	5.58	6.02	6.41	6.59	5.88
Your org	7.26	5.91	6.68	6.09	5.65	6.44	6.73	6.84	5.97
Responses	985	985	983	980	929	980	985	985	985

Specialty Medicine



	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
Breakdown	7.41	6.07	6.88	6.07	6.11	6.41	6.95	7.11	6.06
Your org	7.26	5.91	6.68	6.09	5.65	6.44	6.73	6.84	5.97
Responses	716	718	712	712	676	715	716	718	719

Surgery



	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
Breakdown	7.19	5.77	6.56	5.90	5.42	6.46	6.77	6.76	5.85
Your org	7.26	5.91	6.68	6.09	5.65	6.44	6.73	6.84	5.97
Responses	434	433	431	434	414	430	434	434	434

Urgent Care

	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
Breakdown	7.33	5.87	6.84	5.57	5.75	6.51	6.86	6.98	5.82
Your org	7.26	5.91	6.68	6.09	5.65	6.44	6.73	6.84	5.97
Responses	314	315	311	313	293	314	314	317	316

Women & Children

	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
Breakdown	7.58	6.11	6.95	6.12	5.61	6.29	6.95	7.08	6.03
Your org	7.26	5.91	6.68	6.09	5.65	6.44	6.73	6.84	5.97
Responses	359	359	358	359	344	358	358	359	359

Survey Coordination Centre

NHS

Breakdowns 2

Worcestershire Acute Hospitals NHS Trust

2024 NHS Staff Survey

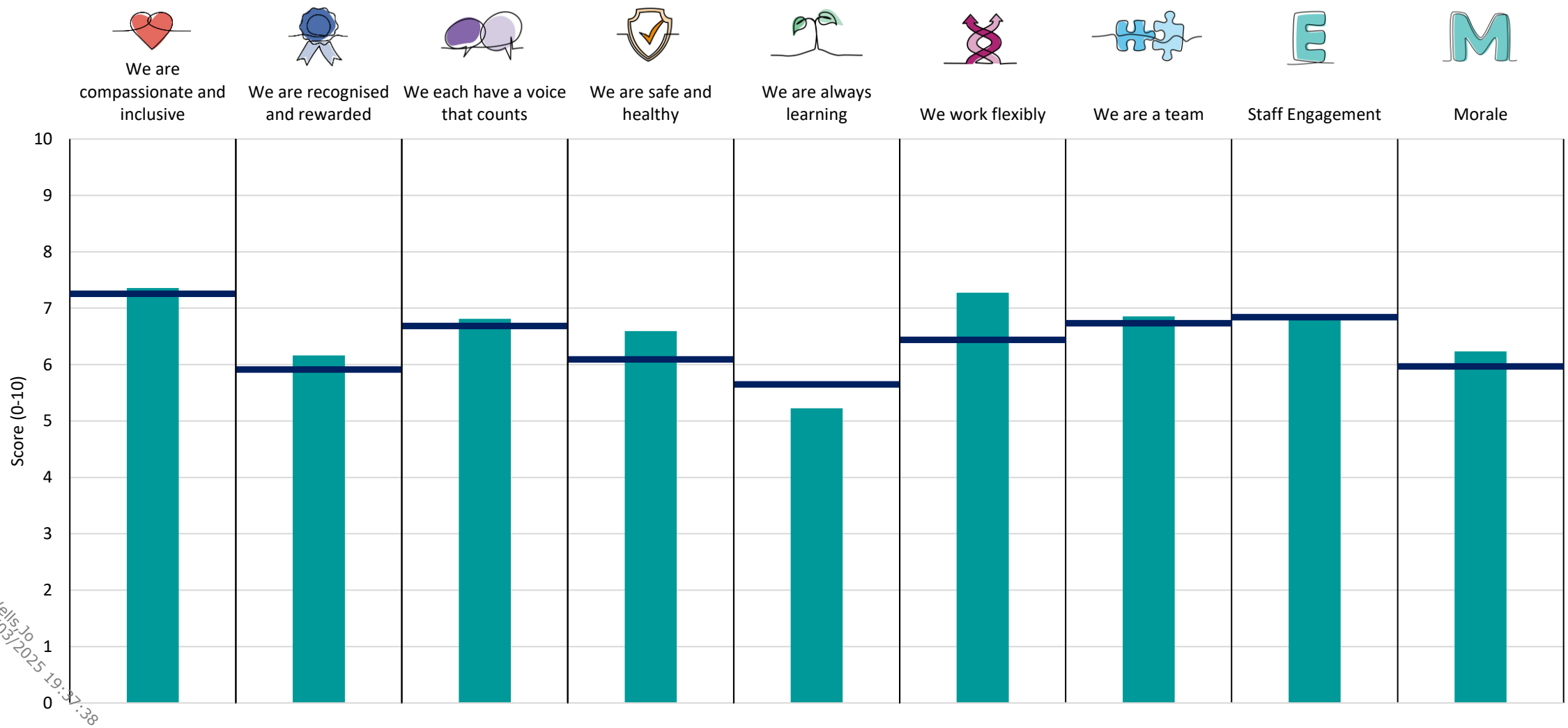
Add Prof Scientific and Technic

	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
Breakdown	7.22	6.13	6.45	5.79	5.70	6.27	6.58	6.50	5.59
Your org	7.26	5.91	6.68	6.09	5.65	6.44	6.73	6.84	5.97
Responses	84	84	84	84	82	84	84	84	84

Additional Clinical Services

	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
Breakdown	7.18	5.51	6.55	5.96	5.43	6.02	6.59	6.78	5.87
Your org	7.26	5.91	6.68	6.09	5.65	6.44	6.73	6.84	5.97
Responses	495	495	487	489	444	492	495	494	495

Administrative and Clerical



	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
Breakdown	7.36	6.16	6.81	6.59	5.22	7.28	6.86	6.84	6.23
Your org	7.26	5.91	6.68	6.09	5.65	6.44	6.73	6.84	5.97
Responses	899	900	893	898	855	896	899	900	900

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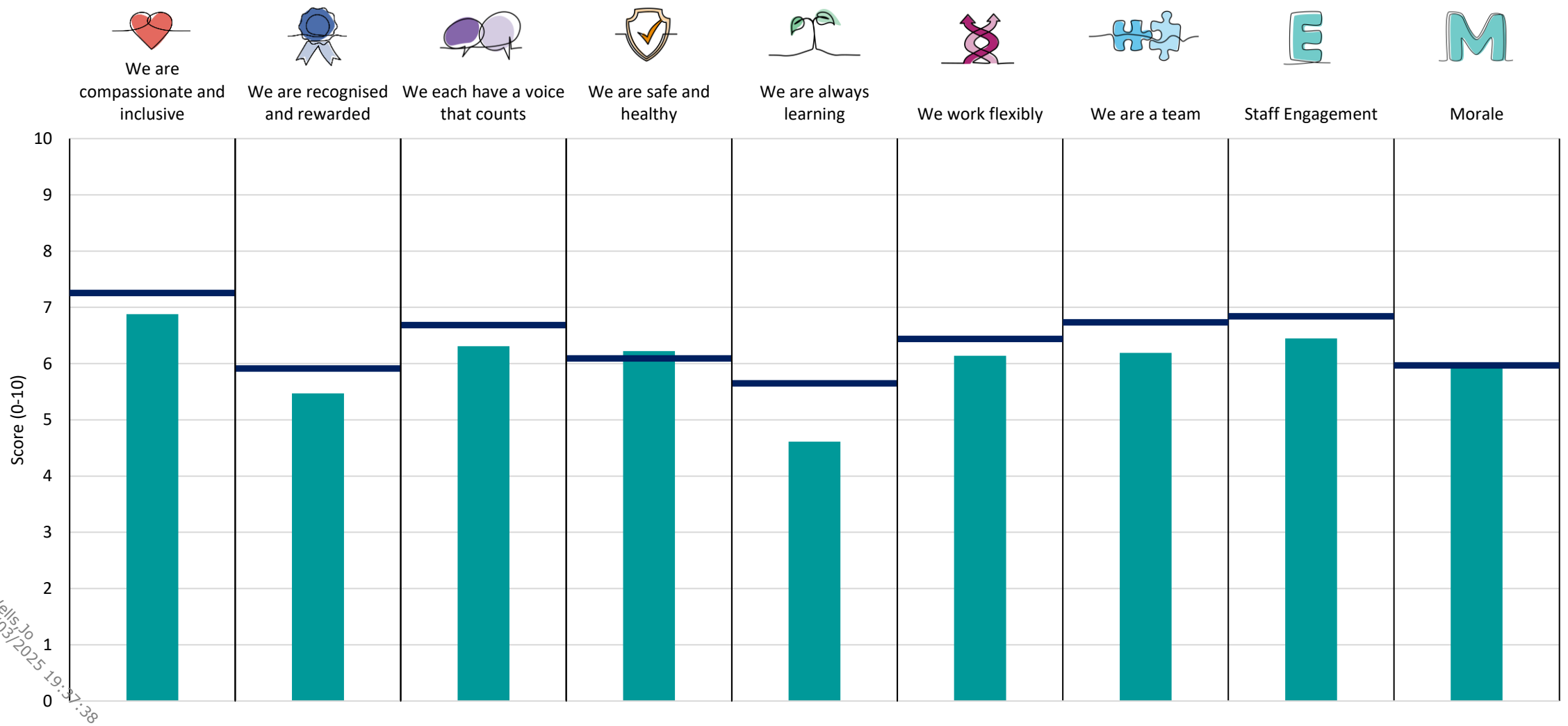
Allied Health Professionals

NHS

	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
Breakdown	7.25	5.91	6.59	5.80	5.88	6.03	6.58	6.64	5.60
Your org	7.26	5.91	6.68	6.09	5.65	6.44	6.73	6.84	5.97
Responses	282	282	282	280	275	282	282	282	282

Estates and Ancillary



	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
Breakdown	6.88	5.47	6.31	6.22	4.61	6.14	6.19	6.45	5.91
Your org	7.26	5.91	6.68	6.09	5.65	6.44	6.73	6.84	5.97
Responses	184	186	175	177	154	175	184	184	184

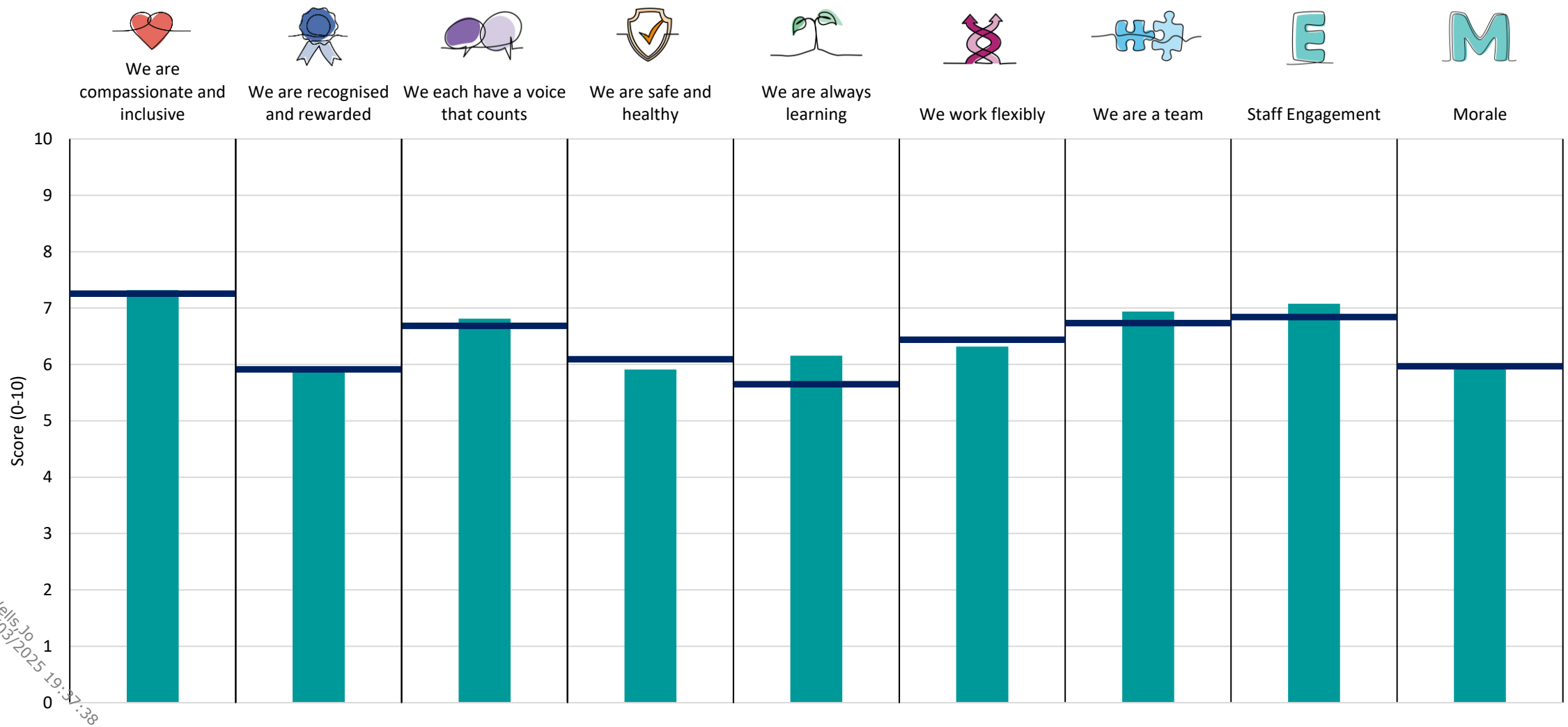
Healthcare Scientists

	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
Breakdown	6.79	5.46	6.26	5.81	4.95	6.31	6.01	6.21	5.27
Your org	7.26	5.91	6.68	6.09	5.65	6.44	6.73	6.84	5.97
Responses	94	94	93	94	91	94	94	94	94

Medical and Dental

	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
Breakdown	7.21	6.23	6.53	5.85	5.87	5.69	6.55	6.73	5.88
Your org	7.26	5.91	6.68	6.09	5.65	6.44	6.73	6.84	5.97
Responses	282	282	281	282	272	282	281	282	282

Nursing and Midwifery Registered



	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
Breakdown	7.32	5.90	6.81	5.91	6.16	6.32	6.94	7.08	6.00
Your org	7.26	5.91	6.68	6.09	5.65	6.44	6.73	6.84	5.97
Responses	1153	1154	1149	1151	1102	1148	1153	1158	1157

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Worcestershire Acute Hospitals NHS Trust

NHS Staff Survey Benchmark report 2024

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

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

How results are reported

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

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

People Promise elements, themes and sub-scores

Survey Coordination Centre NHS

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

Themes	Sub-scores	Questions
Staff Engagement	Motivation	Q2a, Q2b, Q2c
	Involvement	Q3c, Q3d, Q3f
	Advocacy	Q25a, Q25c, Q25d
Morale	Thinking about leaving	Q26a, Q26b, Q26c
	Work pressure	Q3g, Q3h, Q3i
	Stressors	Q3a, Q3e, Q5a, Q5b, Q5c, Q7c, Q9a

Questions not linked to the People Promise elements or themes
Q1, Q10a, Q10b, Q10c, Q11e, Q16c, Q18, Q19a, Q19b, Q19c, Q19d, Q24f, Q26d, Q31b

Report structure

Survey Coordination Centre

NHS

Introduction

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

Organisation details

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

People Promise elements, themes and sub-scores: Overview

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

People Promise elements, themes and sub-scores: Trends

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

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

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

People Promise elements, themes and sub-scores: Questions

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

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

Questions not linked to People Promise

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

Workforce Equality Standards

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

About your respondents

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

Appendices

Here you will find:

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

Using the report

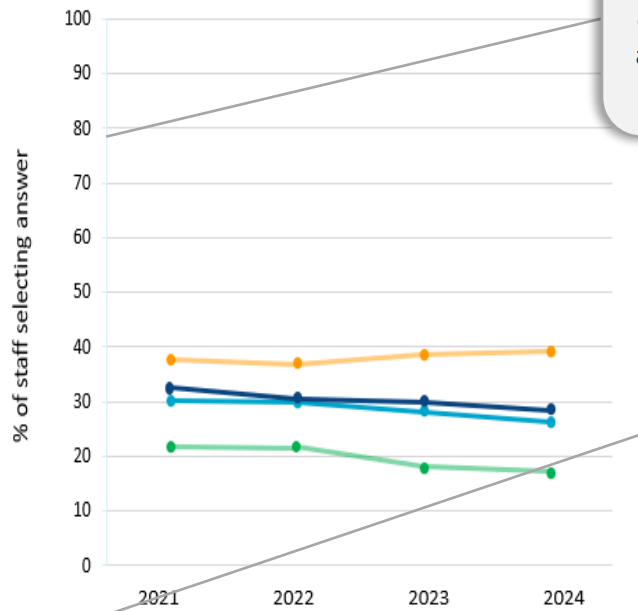
Survey Coordination Centre NHS

Note this is example data

Key features

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

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



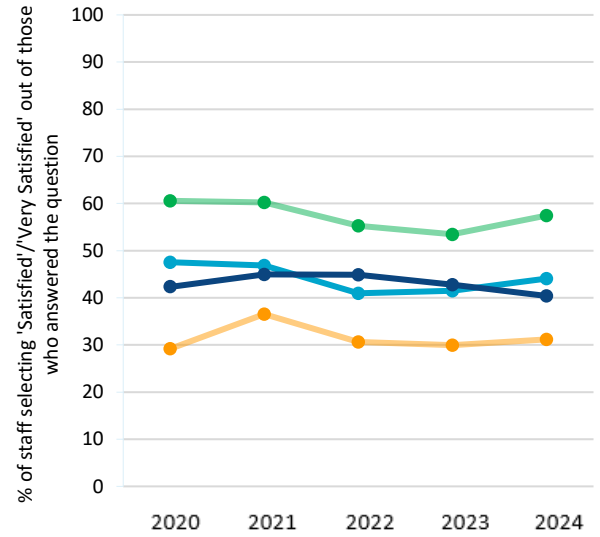
	2021	2022	2023	2024
Your org	32.6%	30.6%	30.0%	28.5%
Best result	21.8%	21.7%	18.0%	17.1%
Average result	30.2%	29.8%	28.1%	26.4%
Worst result	37.6%	36.9%	38.5%	39.2%
Responses	480	500	515	520

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

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

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

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.

Survey Coordination Centre

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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

Worcestershire Acute Hospitals NHS Trust

2024 NHS Staff Survey

Organisation details

Completed questionnaires	3484
2024 response rate	46%

Survey details

Survey mode	Mixed

This organisation is benchmarked against:

Acute and Acute & Community Trusts

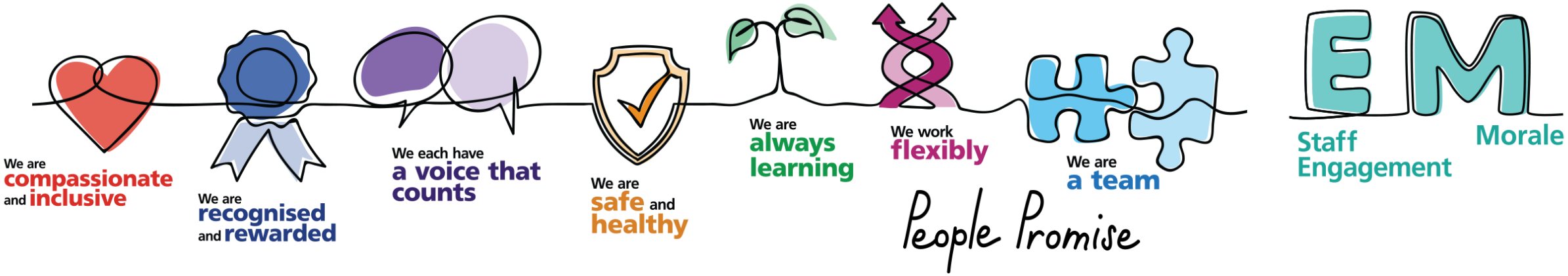
2024 benchmarking group details

Organisations in group: 122

Median response rate: 49%

No. of completed questionnaires: 532587

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



People Promise elements, themes and sub-score results

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

Survey Coordination Centre

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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 NHS

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

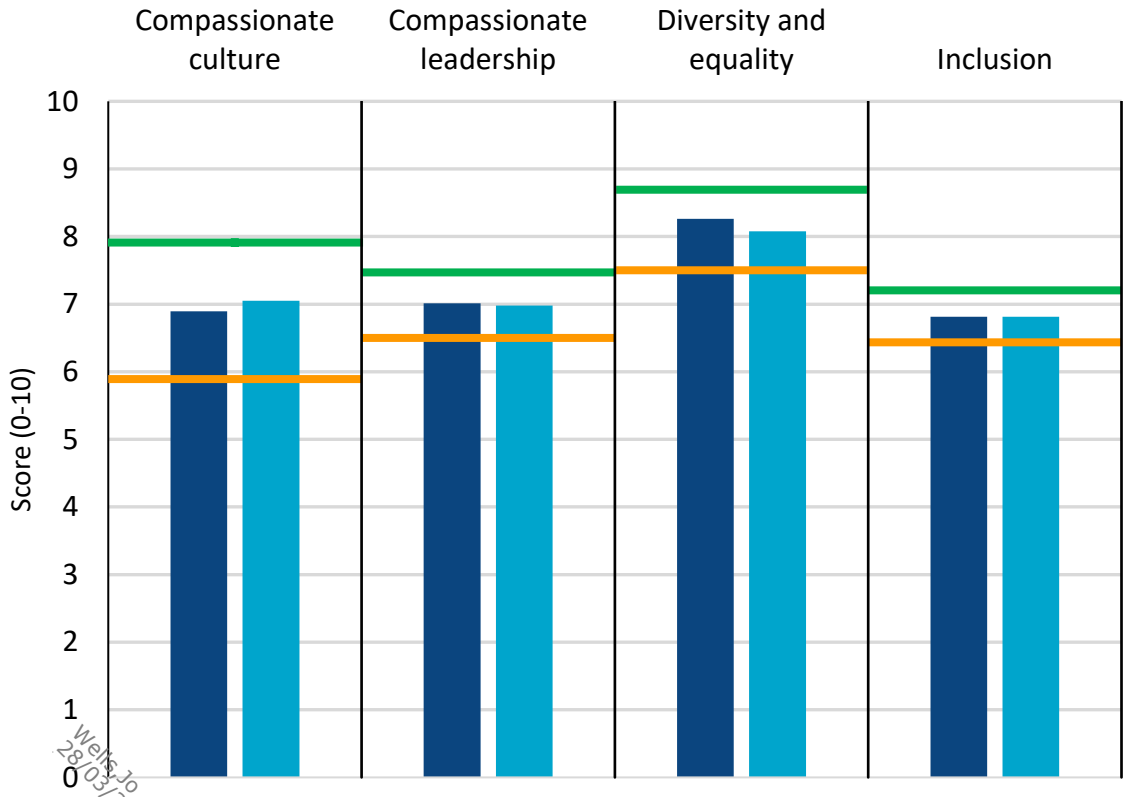
	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Your org	7.24	5.90	6.67	6.09	5.61	6.43	6.71	6.82	5.96
Best result	7.69	6.30	7.14	6.53	6.09	6.86	7.12	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	3473	3477	3444	3455	3275	3453	3472	3478	3478

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

Survey Coordination Centre

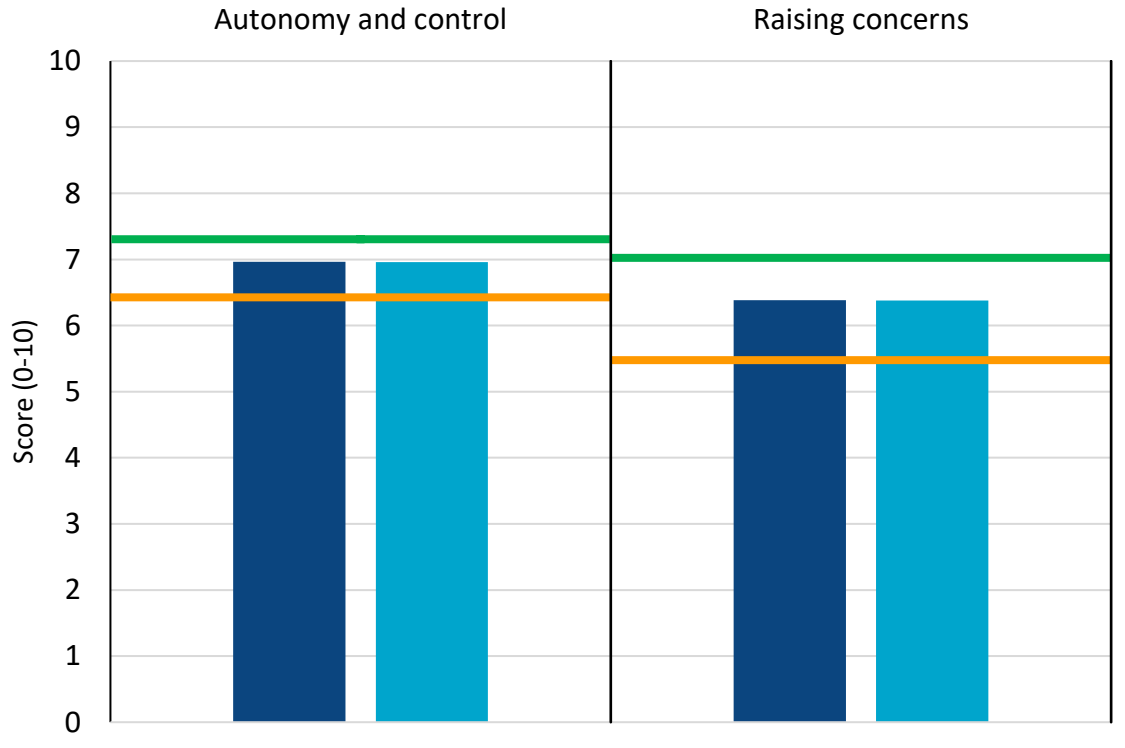
People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 1: We are compassionate and inclusive



	Compassionate culture	Compassionate leadership	Diversity and equality	Inclusion
Your org	6.90	7.01	8.26	6.82
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	3466	3473	3463	3466

Promise element 3: We each have a voice that counts



	Autonomy and control	Raising concerns
Your org	6.96	6.38
Best result	7.31	7.02
Average result	6.96	6.38
Worst result	6.43	5.48
Responses	3477	3449

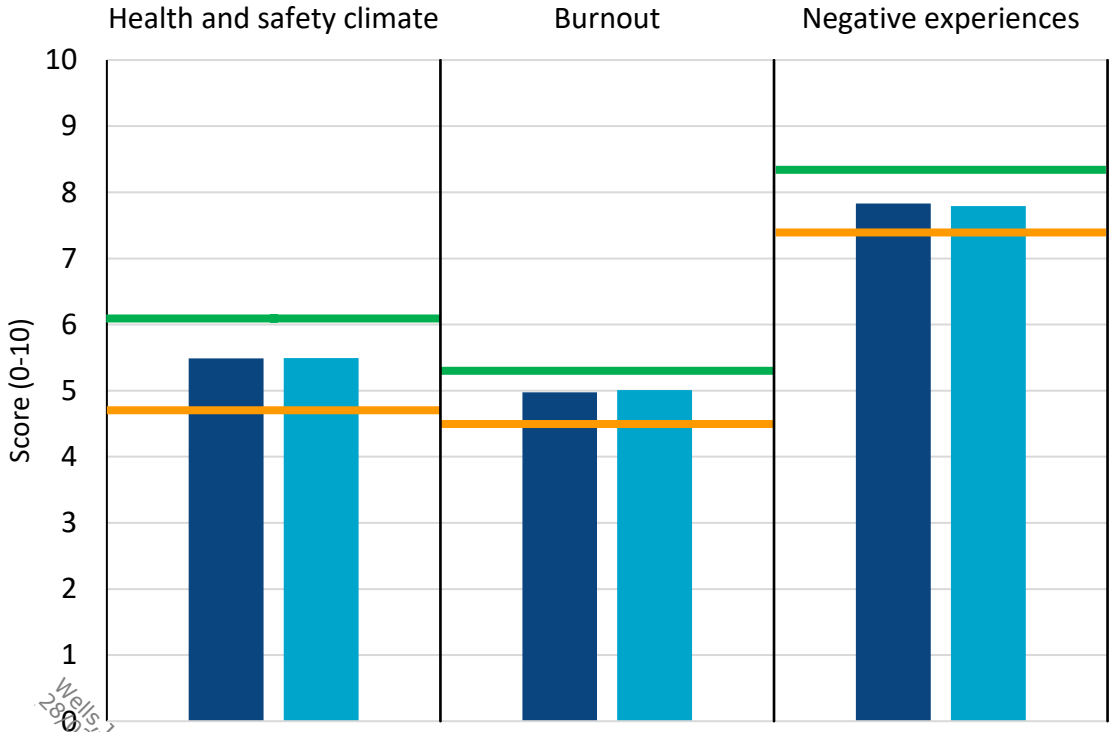
Note: People Promise element 2 'We are recognised and rewarded' does not have any sub-scores. Overall trend score data for this element is reported on slide 21.

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

Survey Coordination Centre NHS

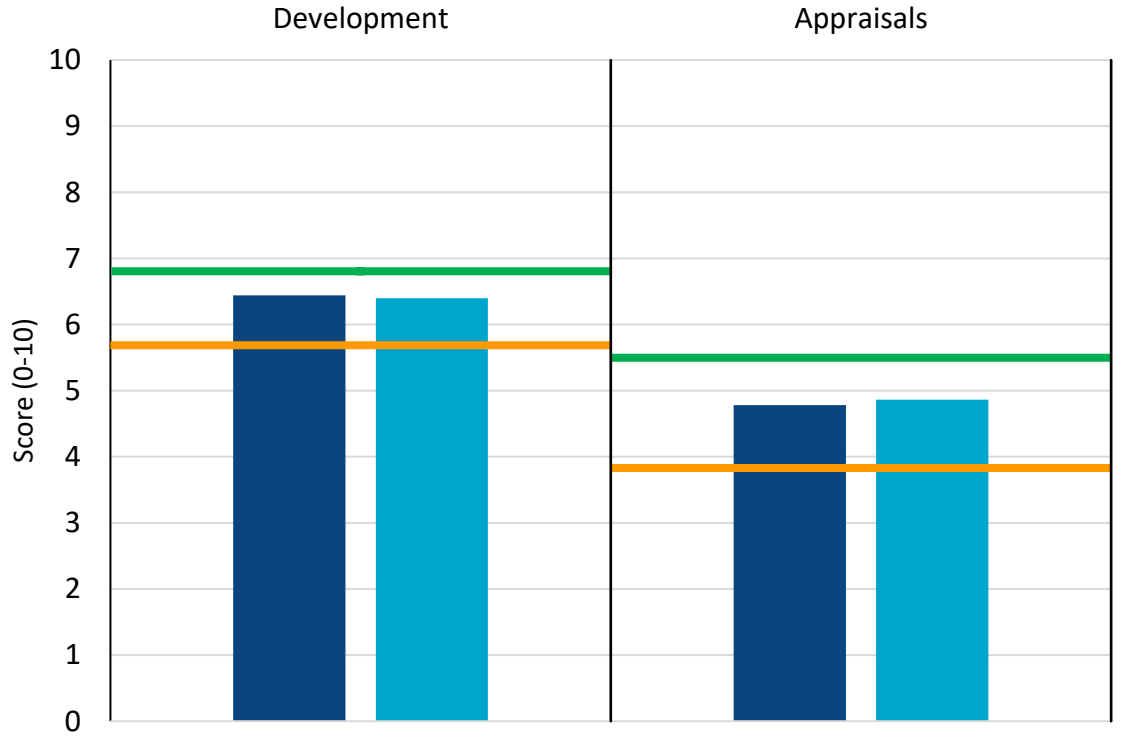
People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 4: We are safe and healthy



	Health and safety climate	Burnout	Negative experiences
Your org	5.49	4.97	7.83
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	3478	3475	3460

Promise element 5: We are always learning



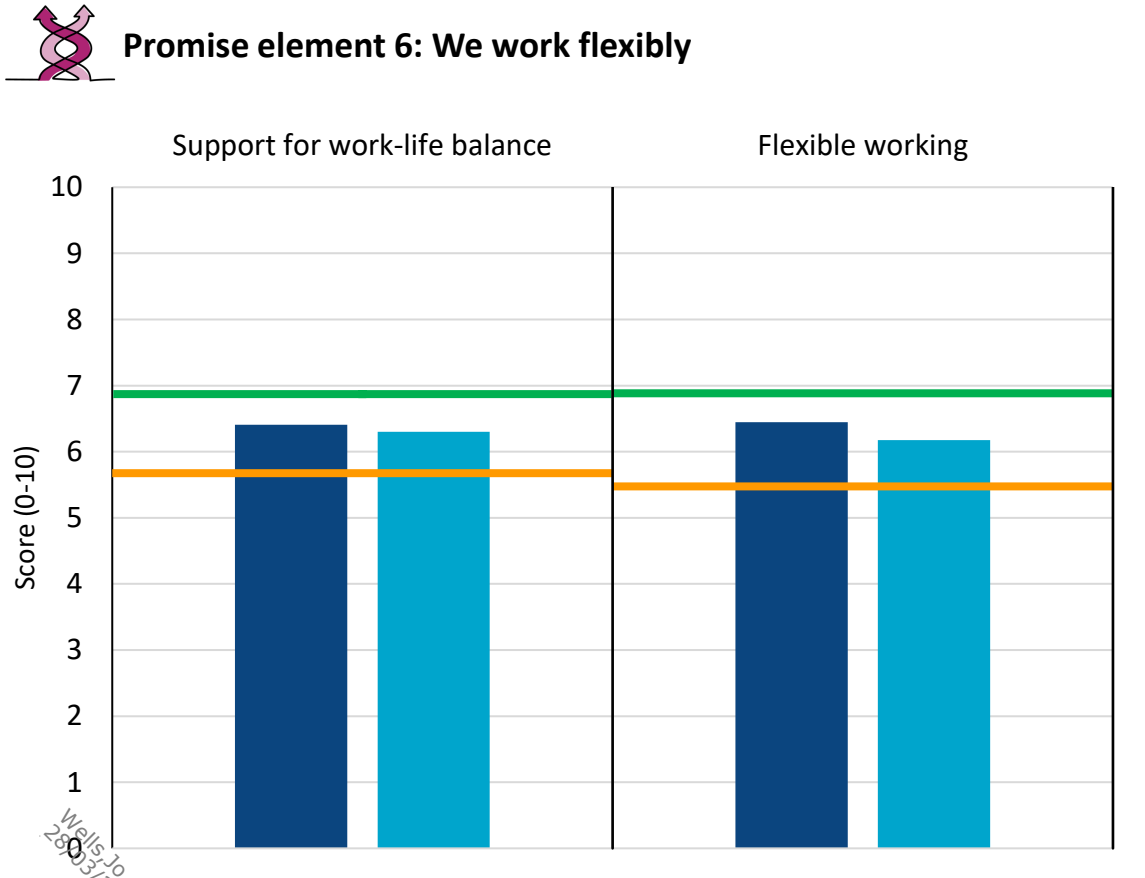
	Development	Appraisals
Your org	6.44	4.78
Best result	6.80	5.50
Average result	6.40	4.86
Worst result	5.69	3.83
Responses	3466	3277

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

Survey Coordination Centre

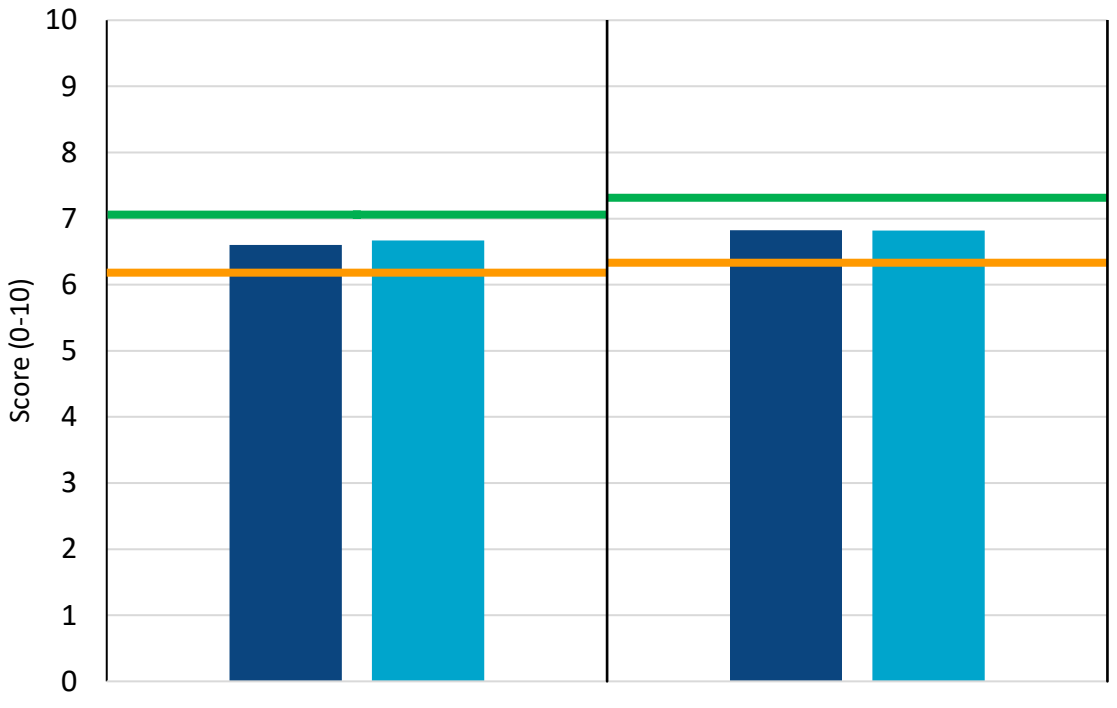
People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 6: We work flexibly



	Support for work-life balance	Flexible working
Your org	6.41	6.45
Best result	6.87	6.88
Average result	6.30	6.17
Worst result	5.67	5.47
Responses	3467	3465

Promise element 7: We are a team



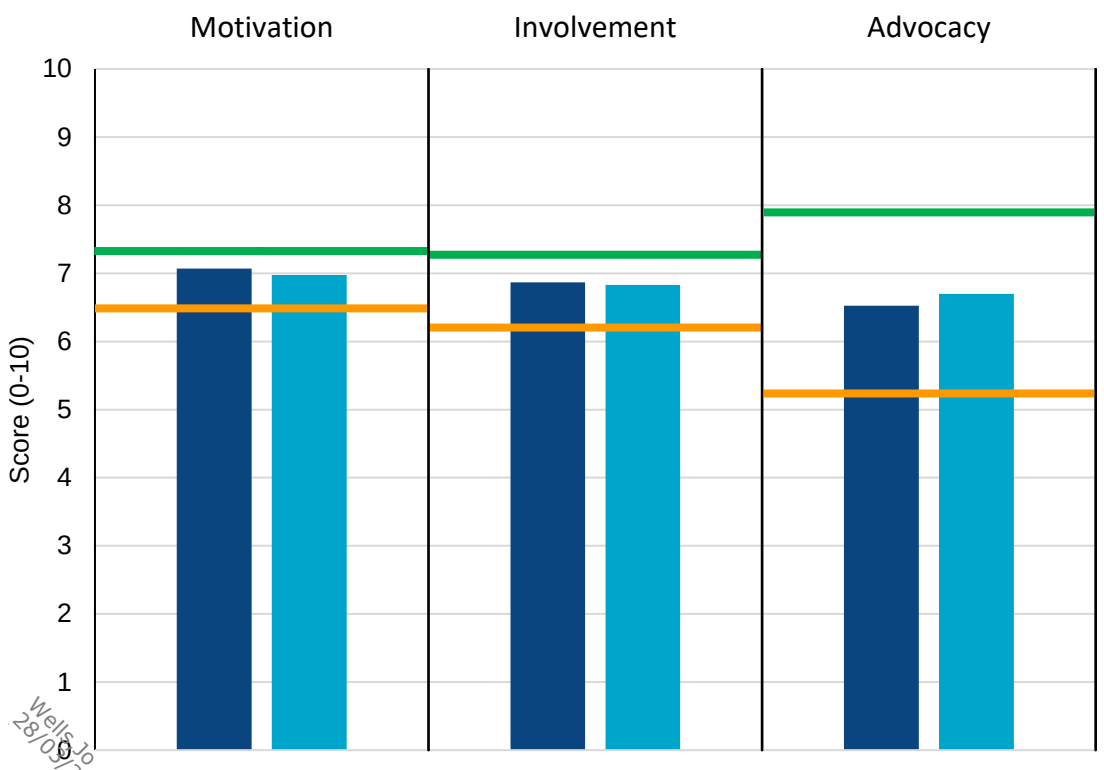
	Team working	Line management
Your org	6.60	6.82
Best result	7.06	7.31
Average result	6.67	6.82
Worst result	6.18	6.33
Responses	3476	3473

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

Survey Coordination Centre

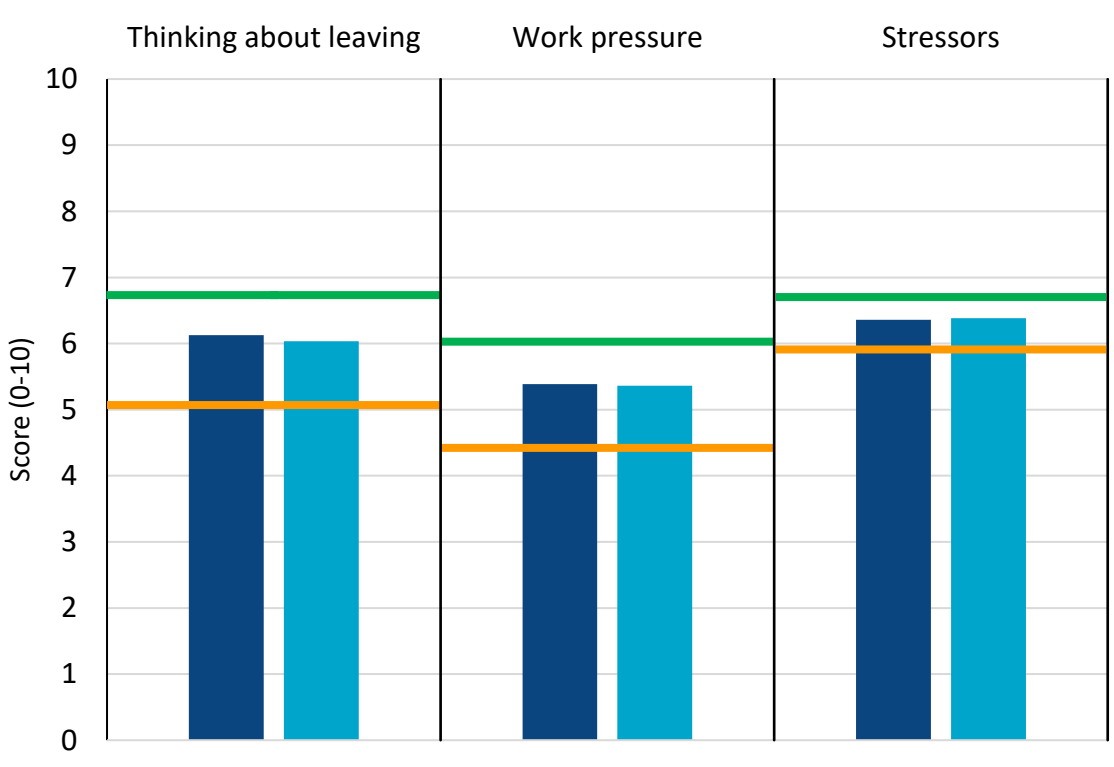
People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Theme: Staff engagement



	Motivation	Involvement	Advocacy
Your org	7.07	6.87	6.53
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	3461	3476	3466

Theme: Morale



	Thinking about leaving	Work pressure	Stressors
Your org	6.13	5.39	6.36
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	3467	3477	3474

Survey Coordination Centre

NHS

People Promise elements, themes and sub-scores: Trends

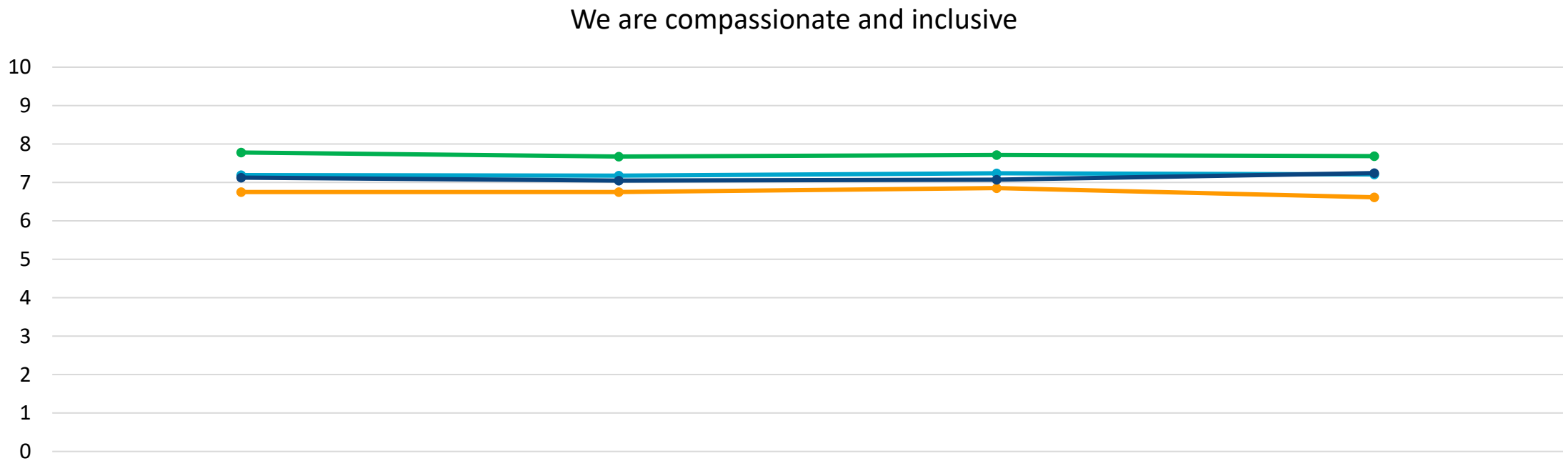
Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

People Promise elements and themes: Trends

Survey Coordination Centre NHS

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

Promise element 1: We are compassionate and inclusive



	2021	2022	2023	2024
Your org	7.12	7.05	7.07	7.24
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	2874	2477	2208	3473

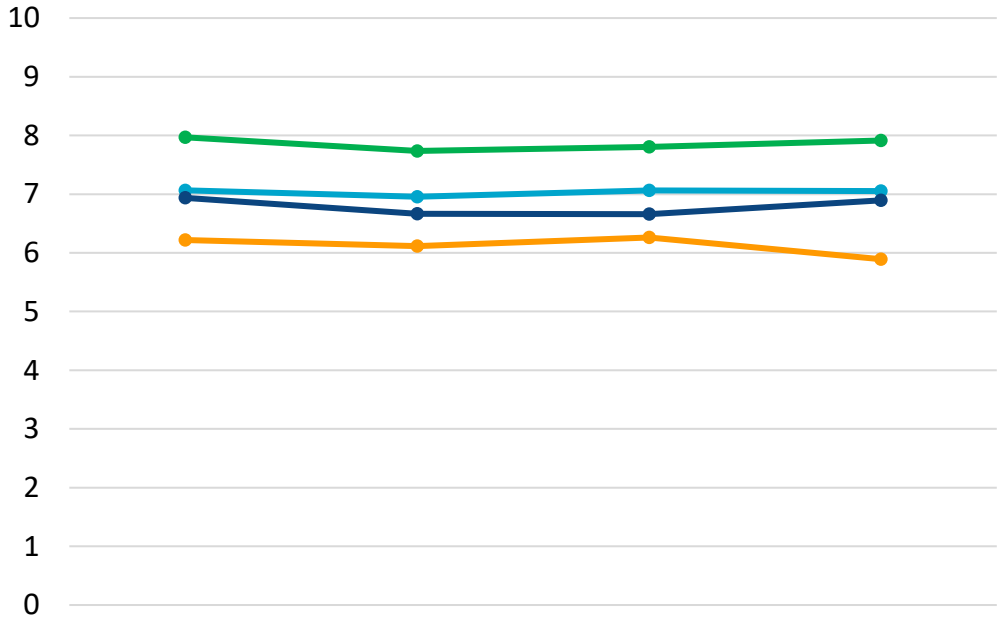
People Promise elements, themes and sub-scores: Sub-score trends

Survey Coordination Centre NHS

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

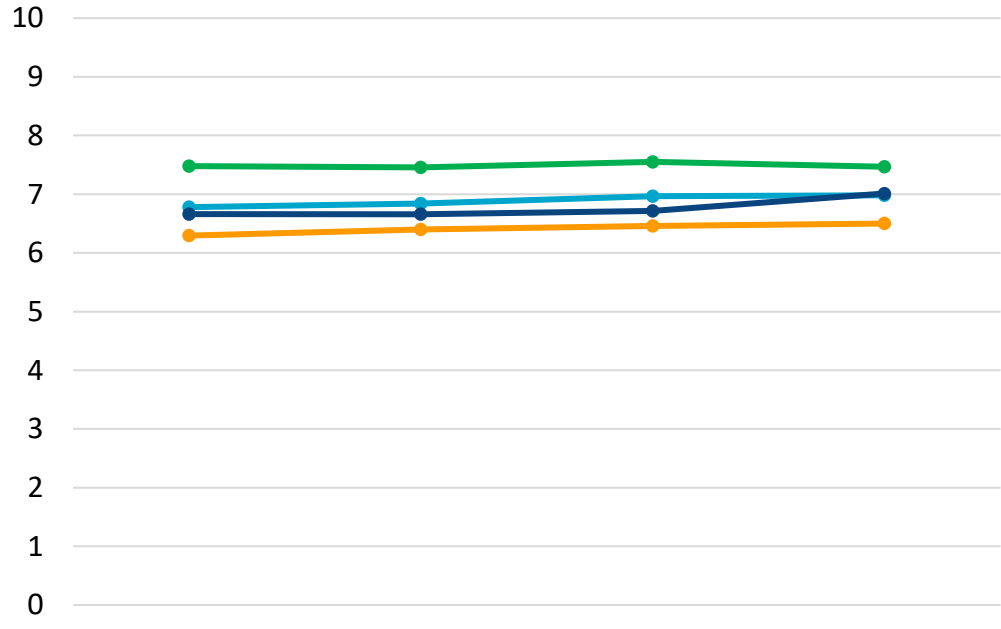
Promise element 1: We are compassionate and inclusive (1)

Compassionate culture



	2021	2022	2023	2024
Your org	6.94	6.66	6.66	6.90
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	2867	2472	2204	3466

Compassionate leadership



	2021	2022	2023	2024
Your org	6.66	6.66	6.71	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	2866	2475	2205	3473

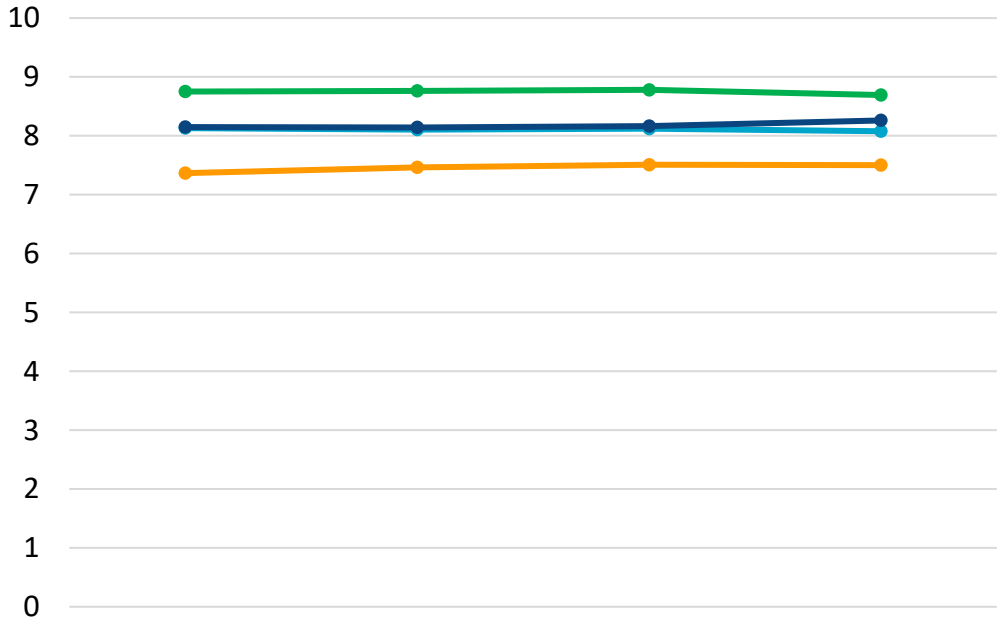
People Promise elements, themes and sub-scores: Sub-score trends

Survey Coordination Centre NHS

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

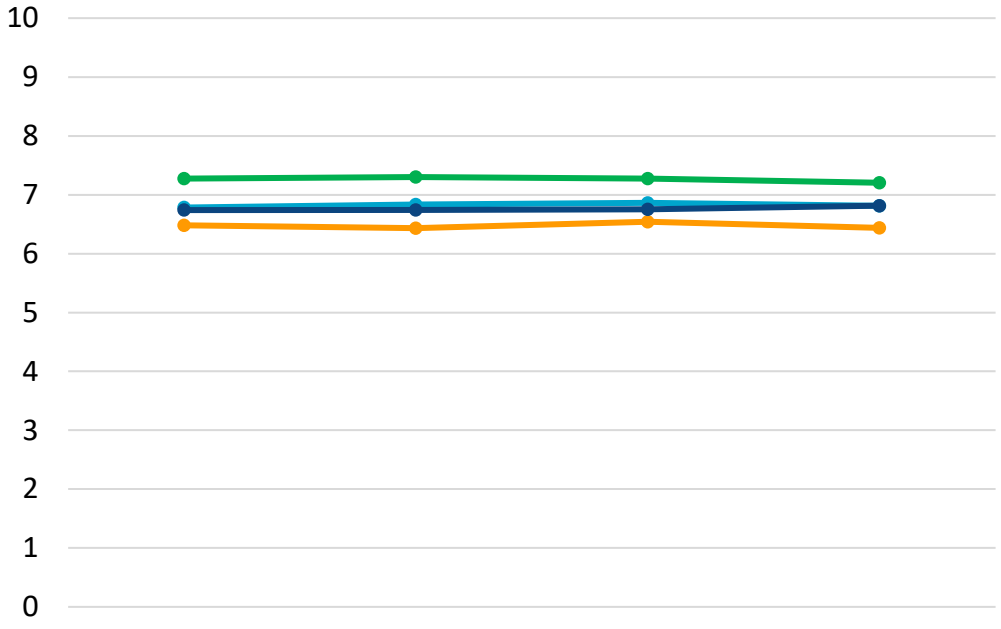
Promise element 1: We are compassionate and inclusive (2)

Diversity and equality



	2021	2022	2023	2024
Your org	8.15	8.14	8.16	8.26
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	2870	2473	2207	3463

Inclusion



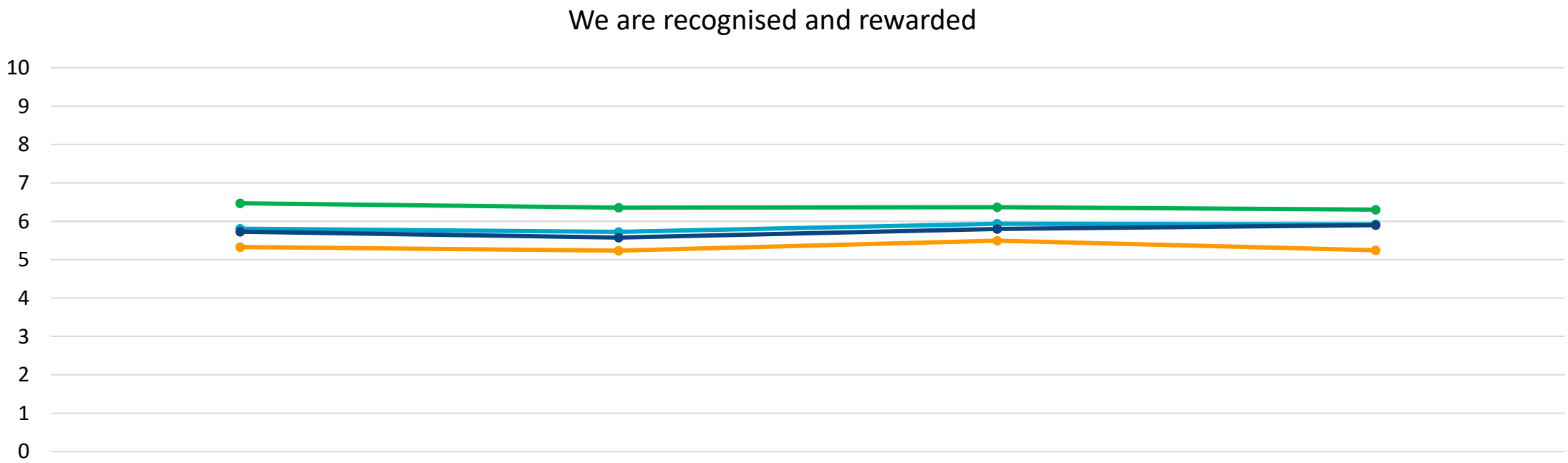
	2021	2022	2023	2024
Your org	6.74	6.74	6.75	6.82
Best result	7.28	7.30	7.27	7.20
Average result	6.78	6.84	6.86	6.81
Worst result	6.48	6.43	6.54	6.44
Responses	2837	2474	2205	3466

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



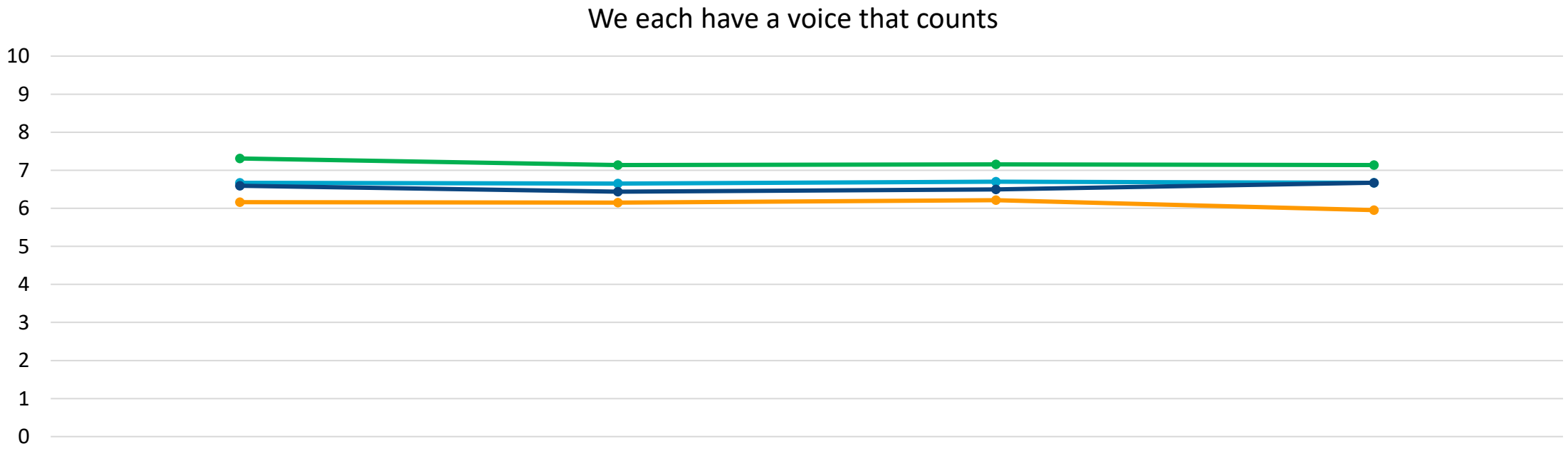
	2021	2022	2023	2024
Your org	5.73	5.58	5.80	5.90
Best result	6.47	6.36	6.37	6.30
Average result	5.81	5.72	5.94	5.92
Worst result	5.33	5.24	5.49	5.24
Responses	2860	2477	2207	3477

People Promise elements and themes: Trends

Survey Coordination Centre NHS

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

Promise element 3: We each have a voice that counts



	2021	2022	2023	2024
Your org	6.59	6.44	6.50	6.67
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	2853	2465	2194	3444

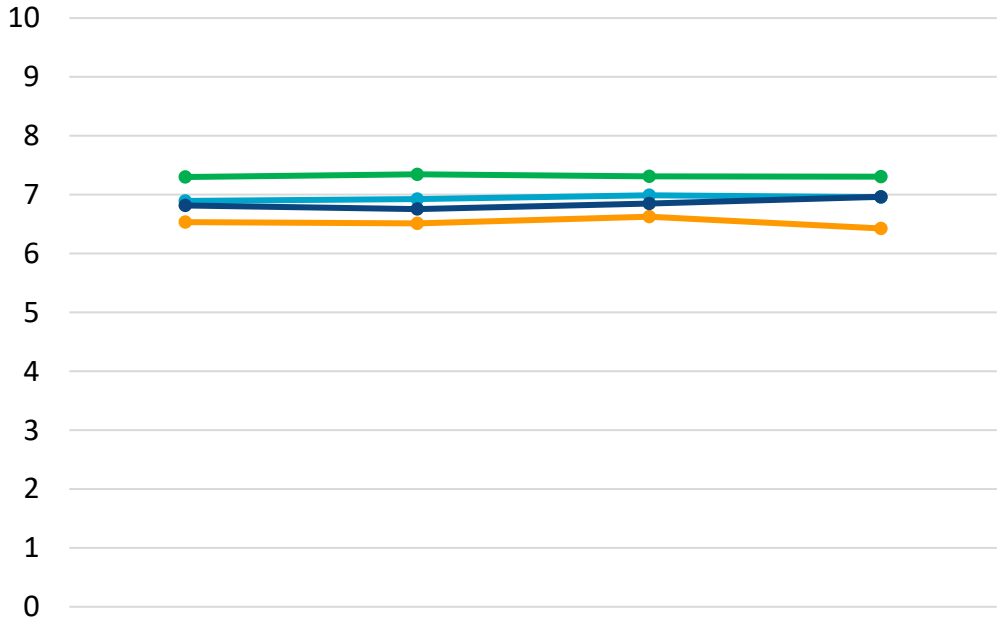
People Promise elements, themes and sub-scores: Sub-score trends

Survey Coordination Centre NHS

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

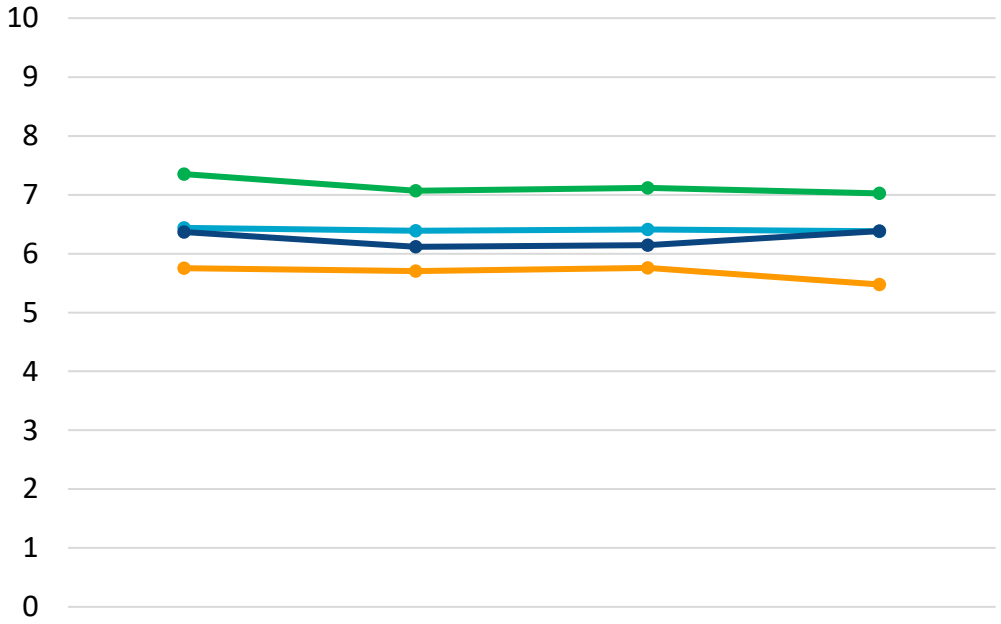
Promise element 3: We each have a voice that counts

Autonomy and control



	2021	2022	2023	2024
Your org	6.82	6.75	6.85	6.96
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	2881	2482	2210	3477

Raising concerns



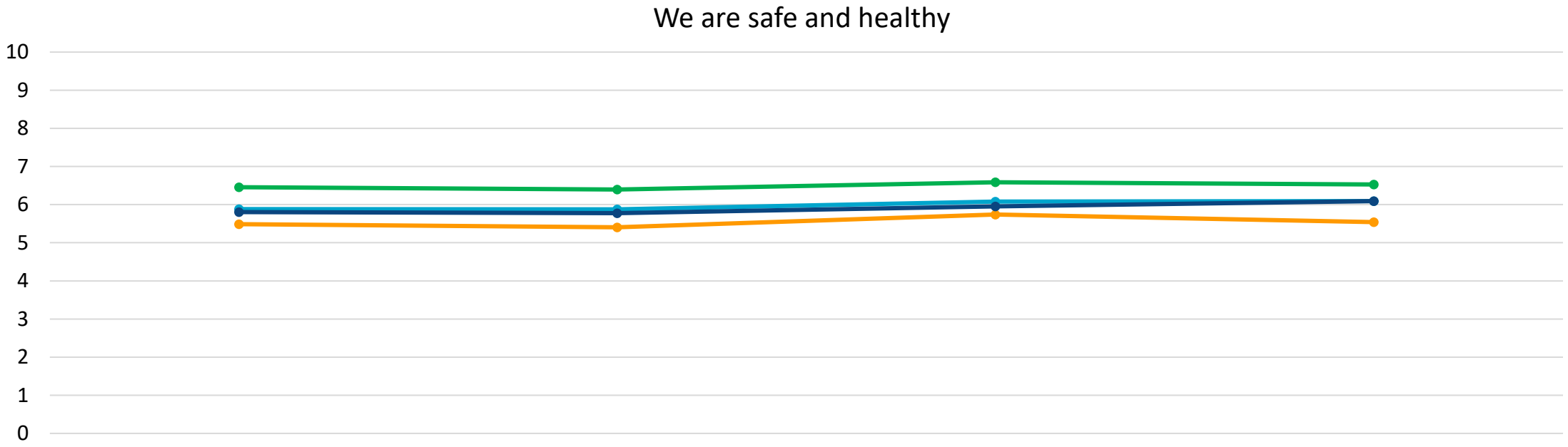
	2021	2022	2023	2024
Your org	6.37	6.12	6.14	6.38
Best result	7.35	7.07	7.12	7.02
Average result	6.44	6.39	6.41	6.38
Worst result	5.75	5.70	5.76	5.48
Responses	2853	2465	2197	3449

People Promise elements and themes: Trends

Survey Coordination Centre NHS

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

Promise element 4: We are safe and healthy



	2021	2022	2023	2024
Your org	5.80	5.78	5.95	6.09
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	2866	2470	2044	3455

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.

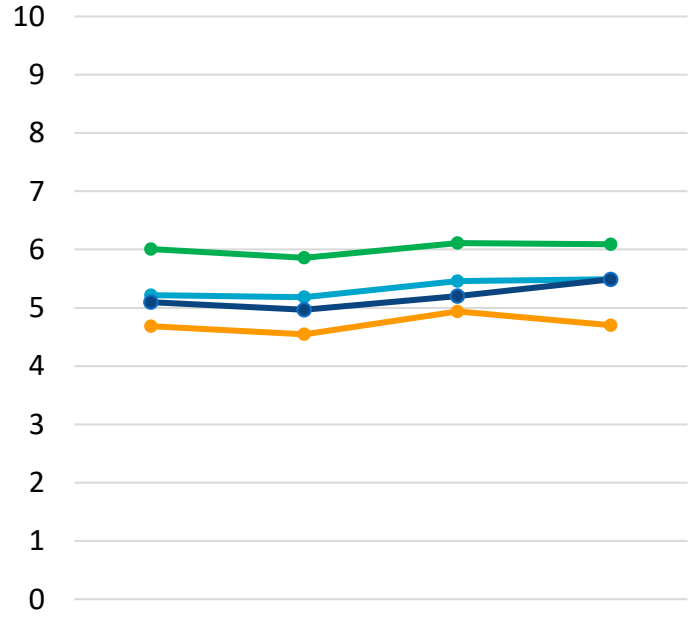
People Promise elements, themes and sub-scores: Sub-score trends

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**.

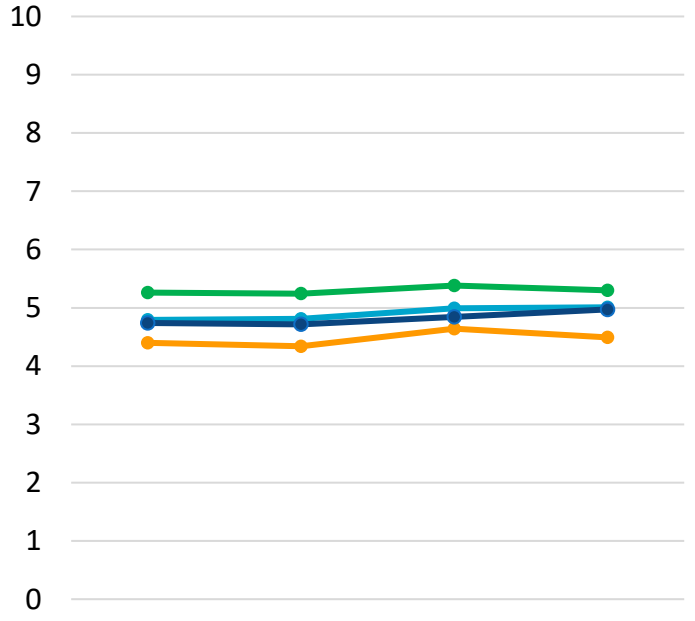
Promise element 4: We are safe and healthy

Health and safety climate



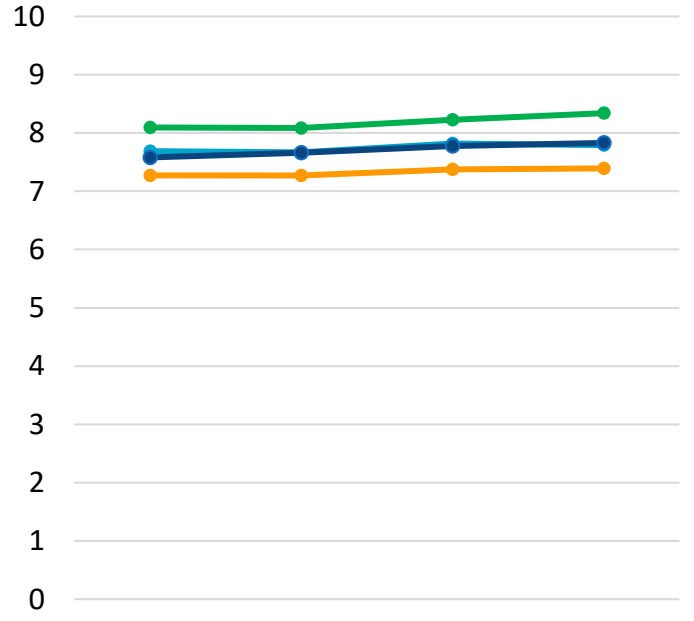
	2021	2022	2023	2024
Your org	5.10	4.97	5.20	5.49
Best result	6.01	5.86	6.11	6.09
Average result	5.21	5.18	5.46	5.49
Worst result	4.68	4.55	4.94	4.70
Responses	2880	2482	2052	3478

Burnout



	2021	2022	2023	2024
Your org	4.74	4.72	4.85	4.97
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	2874	2476	2209	3475

Negative experiences



	2021	2022	2023	2024
Your org	7.58	7.66	7.78	7.83
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	2870	2473	2046	3460

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

People Promise elements and themes: Trends

Survey Coordination Centre NHS

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

Promise element 5: We are always learning

	2021	2022	2023	2024
Your org	5.19	5.11	5.35	5.61
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	2753	2392	2091	3275

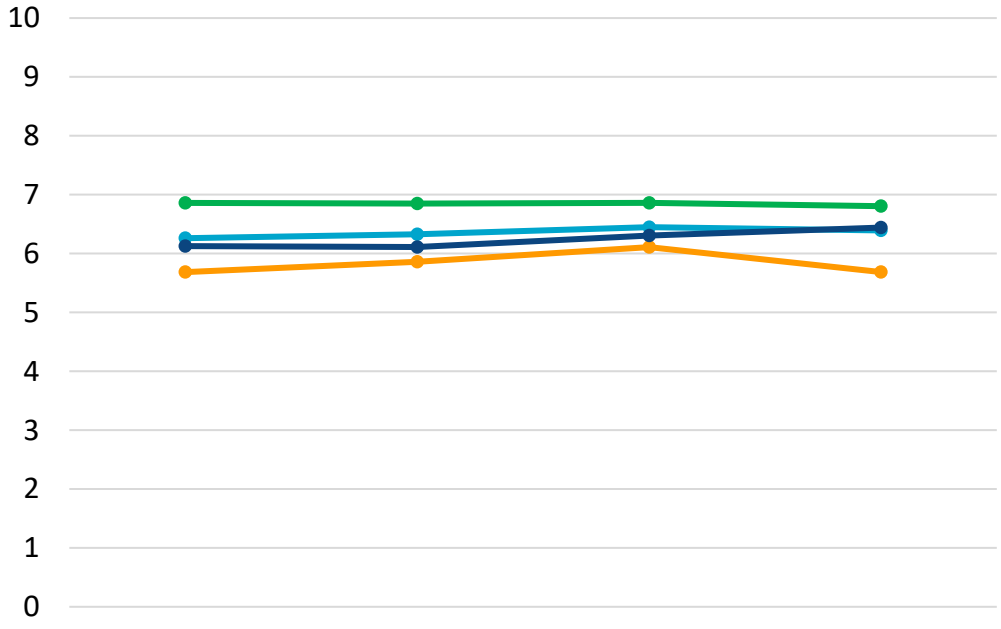
People Promise elements, themes and sub-scores: Sub-score trends

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**.

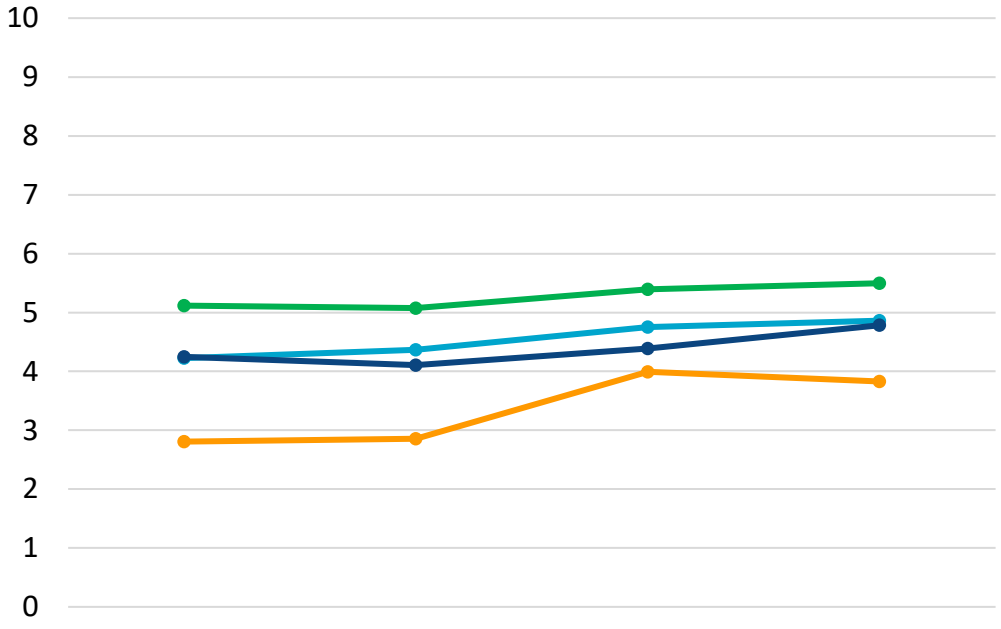
Promise element 5: We are always learning

Development



	2021	2022	2023	2024
Your org	6.13	6.11	6.30	6.44
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	2869	2469	2204	3466

Appraisals



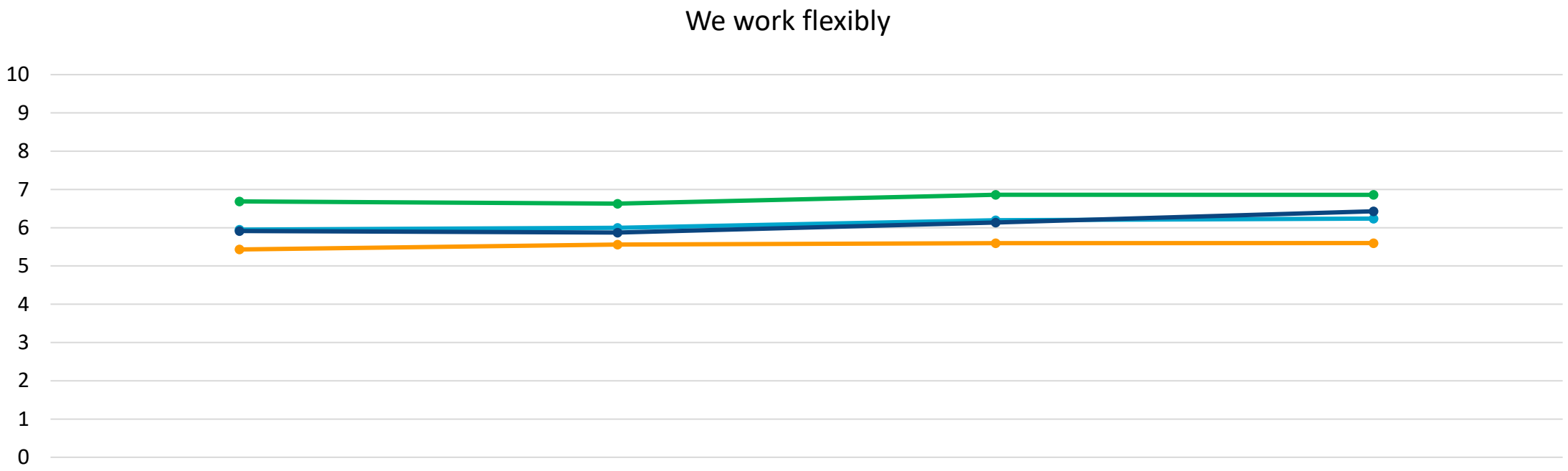
	2021	2022	2023	2024
Your org	4.24	4.11	4.39	4.78
Best result	5.12	5.08	5.40	5.50
Average result	4.23	4.37	4.75	4.86
Worst result	2.81	2.85	3.99	3.83
Responses	2761	2399	2094	3277

People Promise elements and themes: Trends

Survey Coordination Centre NHS

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

Promise element 6: We work flexibly



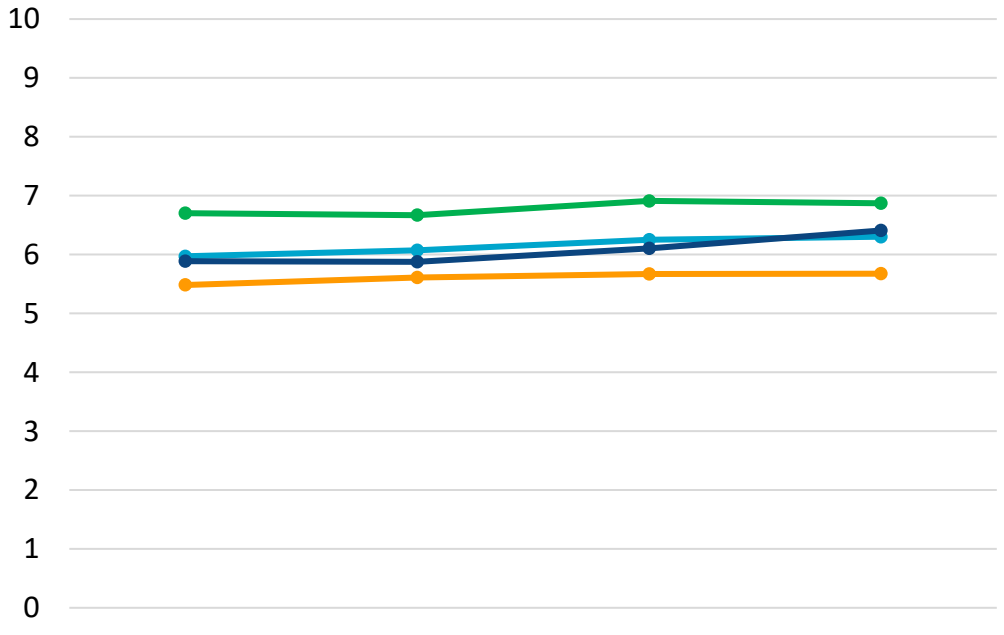
	2021	2022	2023	2024
Your org	5.92	5.87	6.13	6.43
Best result	6.69	6.63	6.86	6.86
Average result	5.95	6.00	6.20	6.24
Worst result	5.43	5.56	5.60	5.60
Responses	2847	2473	2200	3453

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**.

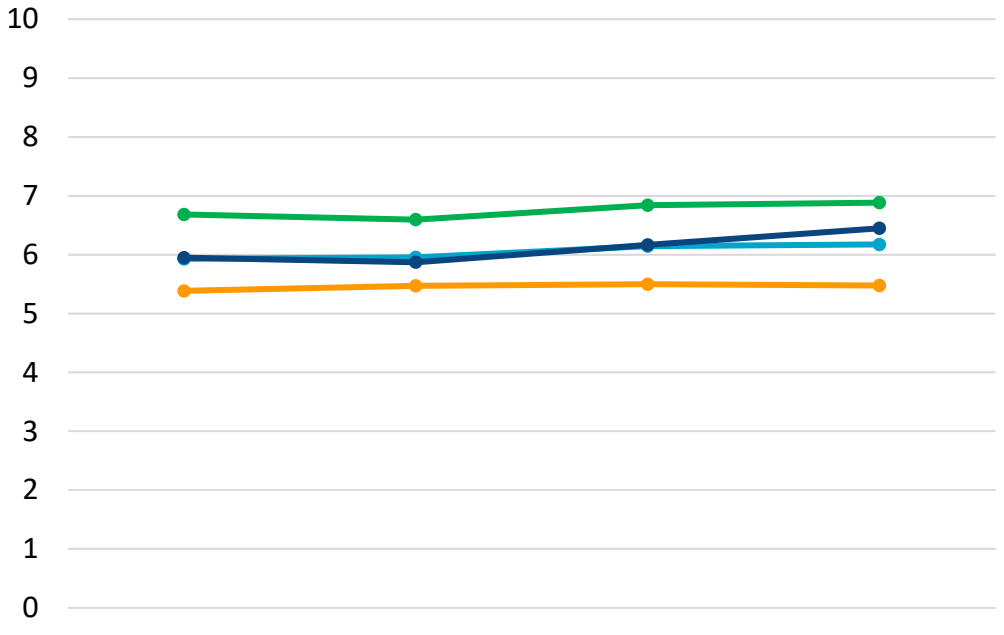
Promise element 6: We work flexibly

Support for work-life balance



	2021	2022	2023	2024
Your org	5.89	5.88	6.10	6.41
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	2877	2476	2211	3467

Flexible working



	2021	2022	2023	2024
Your org	5.95	5.87	6.17	6.45
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	2851	2476	2201	3465

People Promise elements and themes: Trends

Survey Coordination Centre NHS

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

Promise element 7: We are a team

	2021	2022	2023	2024
Your org	6.49	6.43	6.53	6.71
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	2855	2474	2206	3472

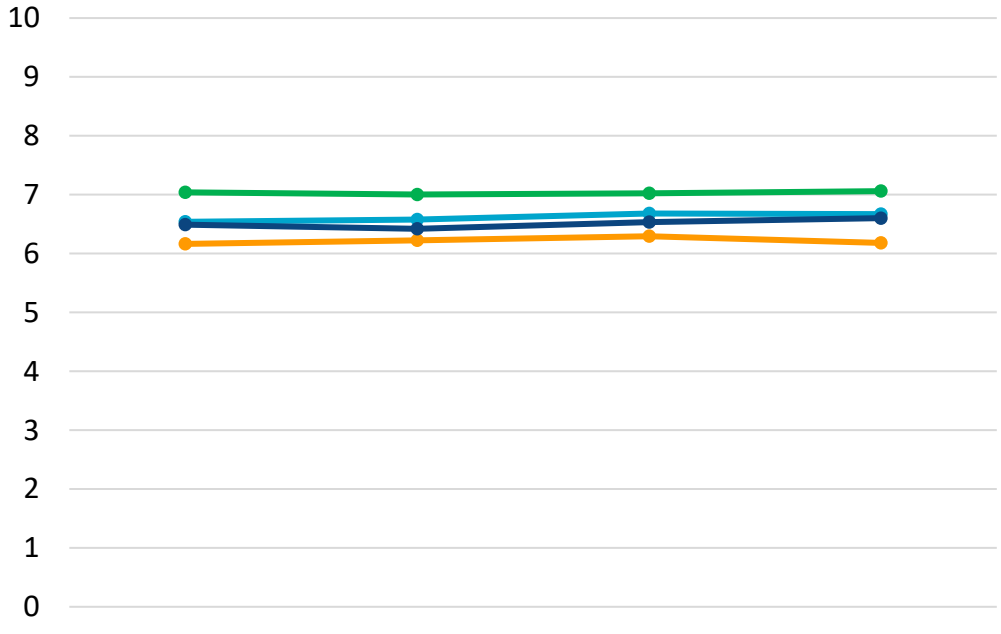
People Promise elements, themes and sub-scores: Sub-score trends

Survey Coordination Centre NHS

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

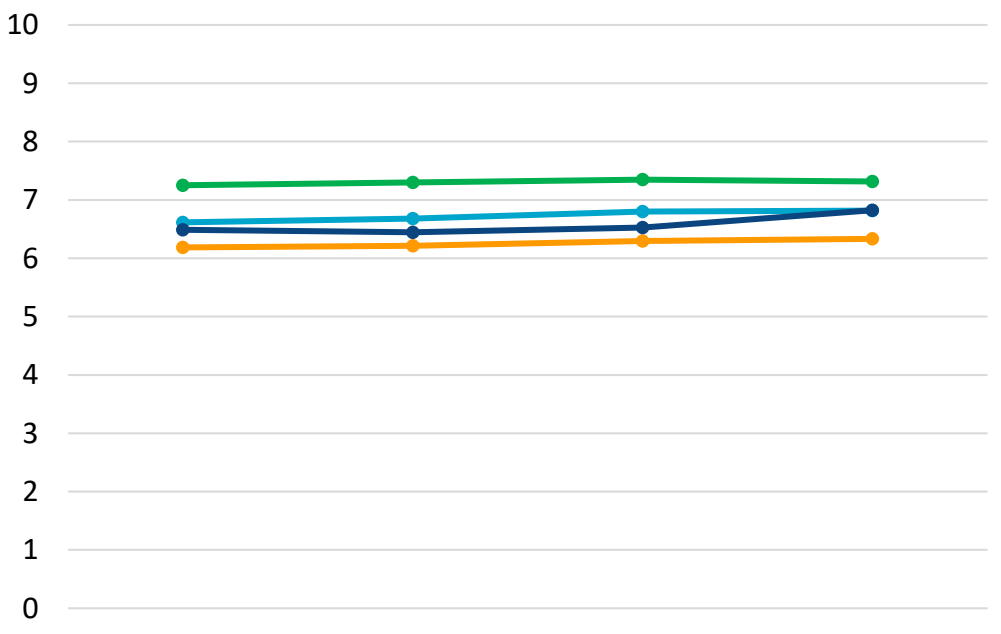
Promise element 7: We are a team

Team working



	2021	2022	2023	2024
Your org	6.49	6.42	6.54	6.60
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	2864	2478	2209	3476

Line management



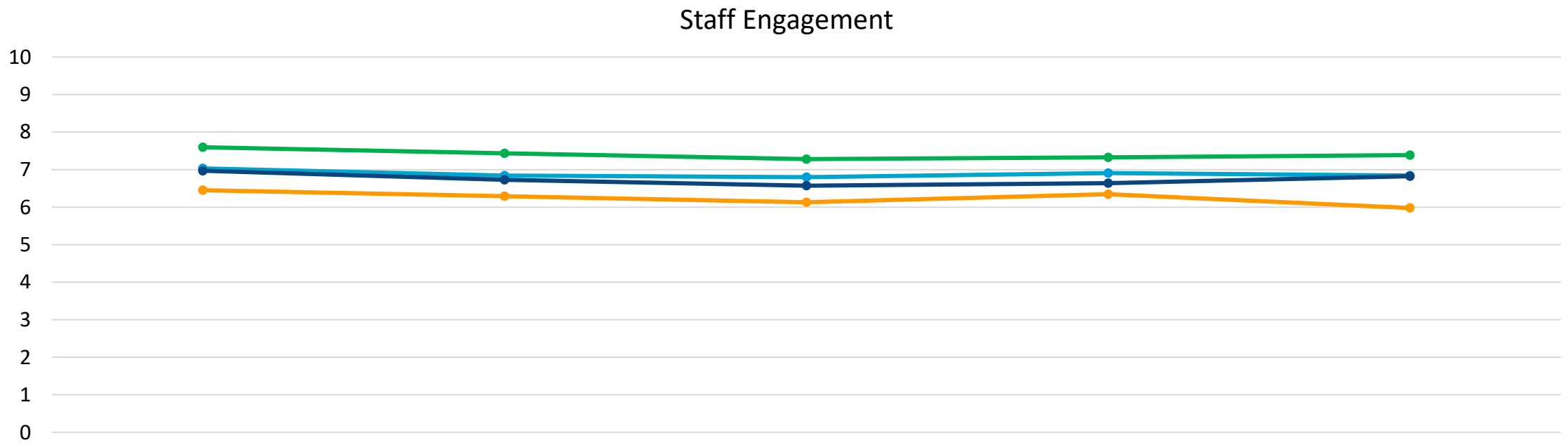
	2021	2022	2023	2024
Your org	6.49	6.45	6.52	6.82
Best result	7.25	7.30	7.35	7.31
Average result	6.62	6.68	6.80	6.82
Worst result	6.19	6.21	6.30	6.33
Responses	2870	2475	2208	3473

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	6.97	6.73	6.57	6.64	6.82
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	2944	2881	2480	2213	3478

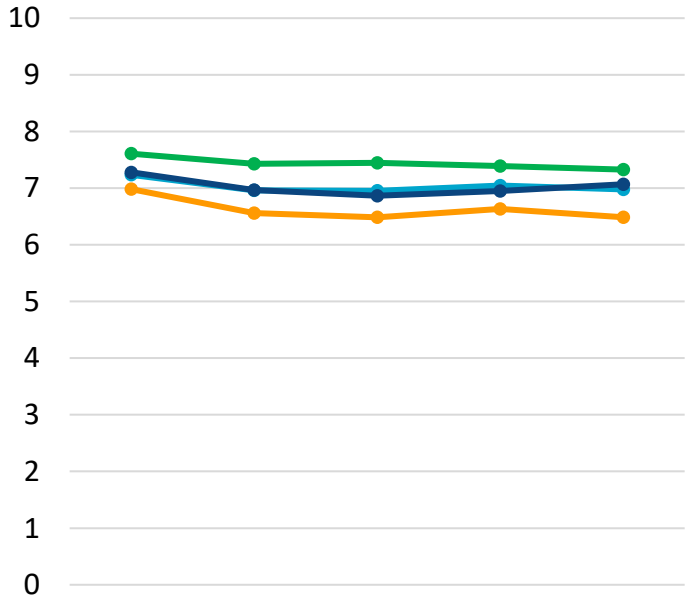
People Promise elements, themes and sub-scores: Sub-score trends

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**.

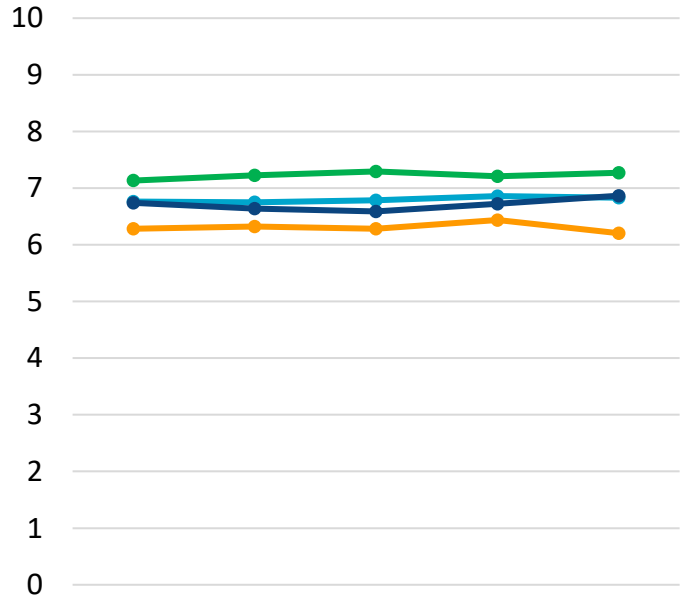
Theme: Staff Engagement

Motivation



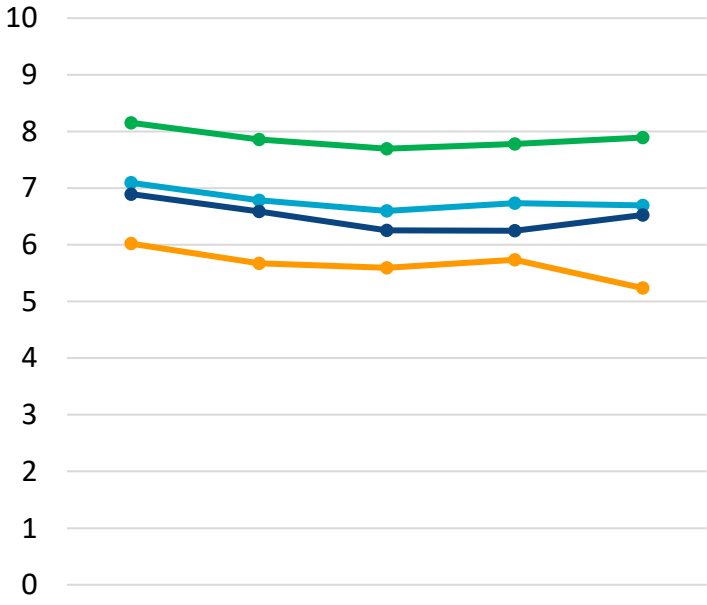
	2020	2021	2022	2023	2024
Your org	7.28	6.97	6.87	6.95	7.07
Best result	7.61	7.43	7.45	7.39	7.33
Average result	7.24	6.96	6.95	7.05	6.98
Worst result	6.98	6.56	6.49	6.63	6.49
Responses	2927	2859	2462	2198	3461

Involvement



	2020	2021	2022	2023	2024
Your org	6.74	6.64	6.59	6.72	6.87
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	2943	2882	2481	2210	3476

Advocacy



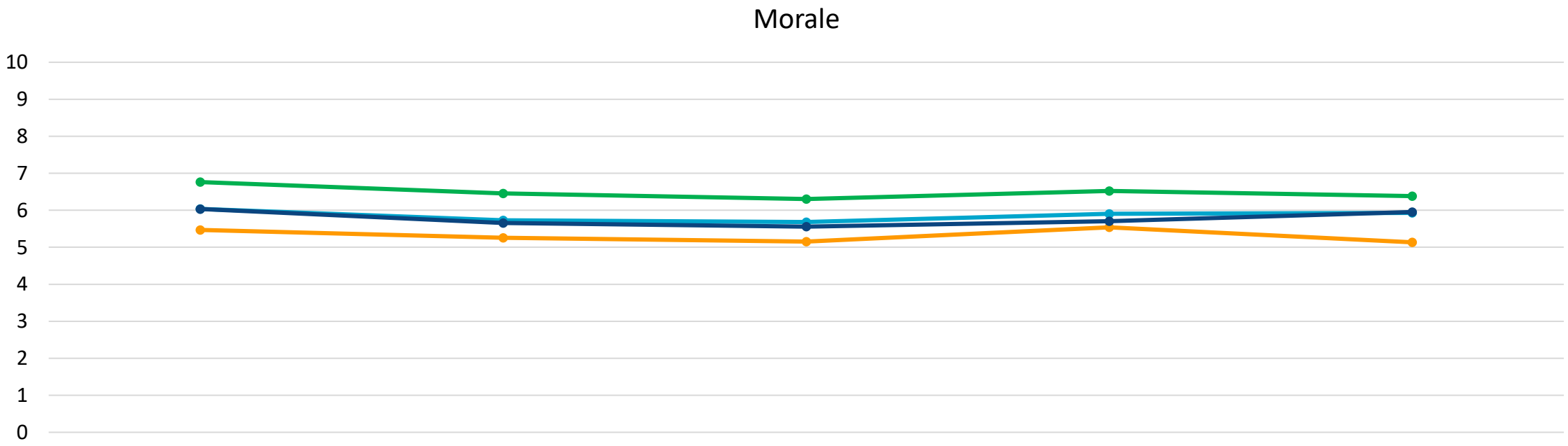
	2020	2021	2022	2023	2024
Your org	6.90	6.59	6.26	6.25	6.53
Best result	8.15	7.86	7.70	7.78	7.90
Average result	7.09	6.78	6.60	6.74	6.70
Worst result	6.02	5.68	5.60	5.73	5.24
Responses	2936	2868	2472	2204	3466

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	6.03	5.66	5.56	5.70	5.96
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	2945	2881	2482	2211	3478

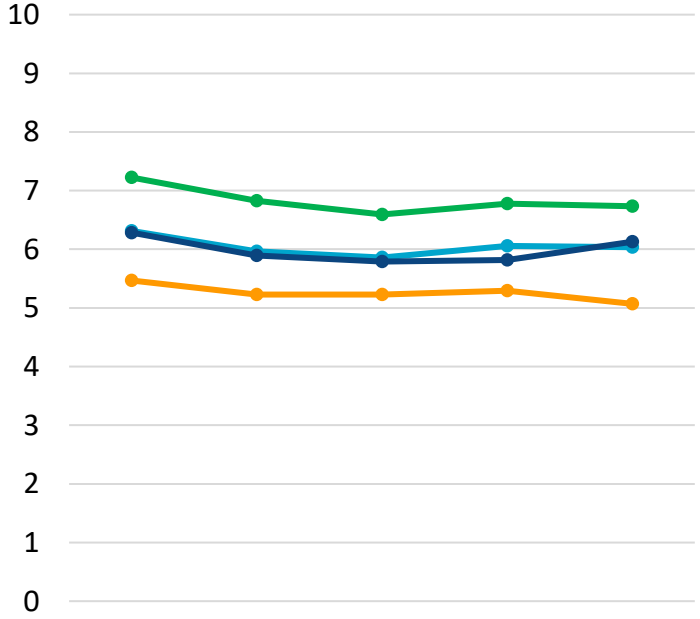
People Promise elements, themes and sub-scores: Sub-score trends

Survey Coordination Centre NHS

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

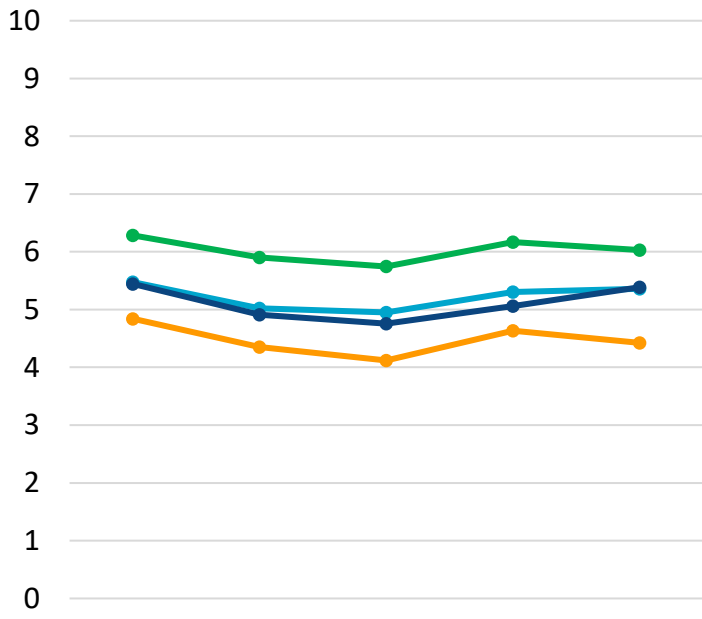
Theme: Morale

Thinking about leaving



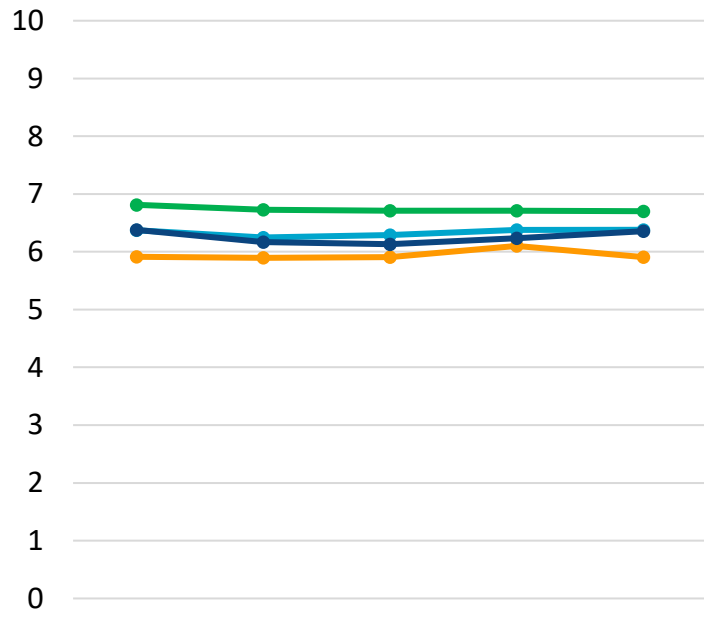
	2020	2021	2022	2023	2024
Your org	6.28	5.90	5.79	5.82	6.13
Best result	7.22	6.83	6.59	6.78	6.73
Average result	6.31	5.97	5.86	6.06	6.04
Worst result	5.47	5.23	5.23	5.29	5.07
Responses	2938	2869	2462	2204	3467

Work pressure



	2020	2021	2022	2023	2024
Your org	5.44	4.91	4.76	5.06	5.39
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	2943	2878	2480	2210	3477

Stressors



	2020	2021	2022	2023	2024
Your org	6.38	6.17	6.13	6.23	6.36
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	2930	2871	2477	2208	3474

Survey Coordination Centre

NHS

People Promise element – We are compassionate and inclusive

Questions included:

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

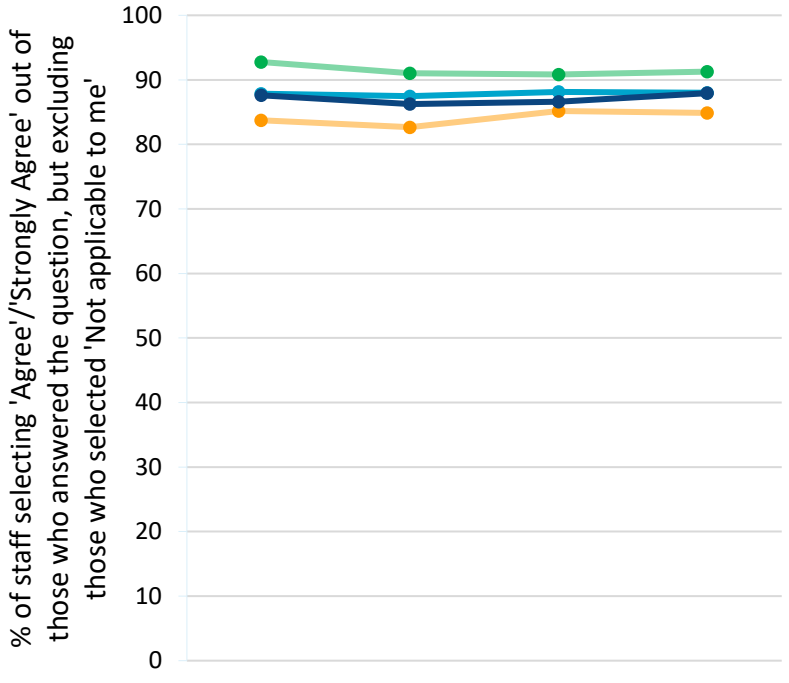
Compassionate leadership – Q9f, Q9g, Q9h, Q9i

Diversity and equality – Q15, Q16a, Q16b, Q21

Inclusion – Q7h, Q7i, Q8b, Q8c

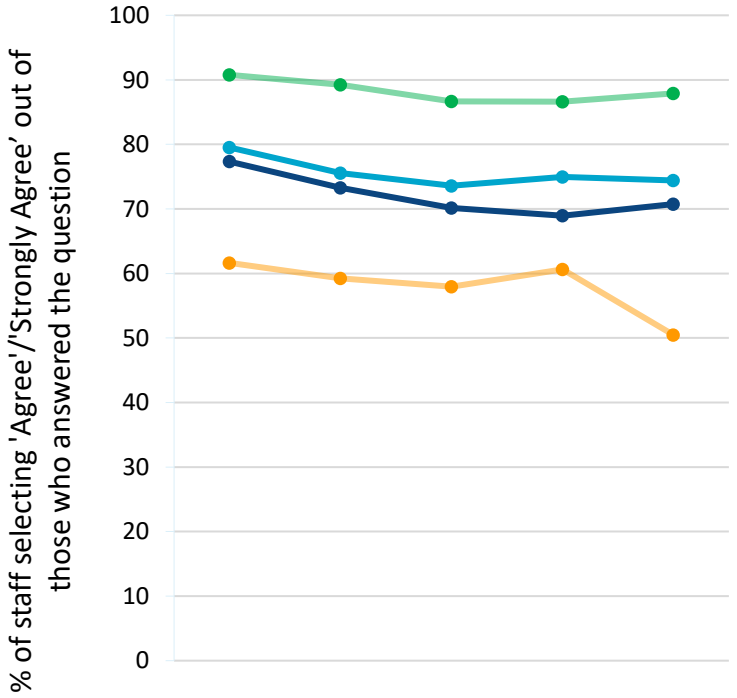
Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

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



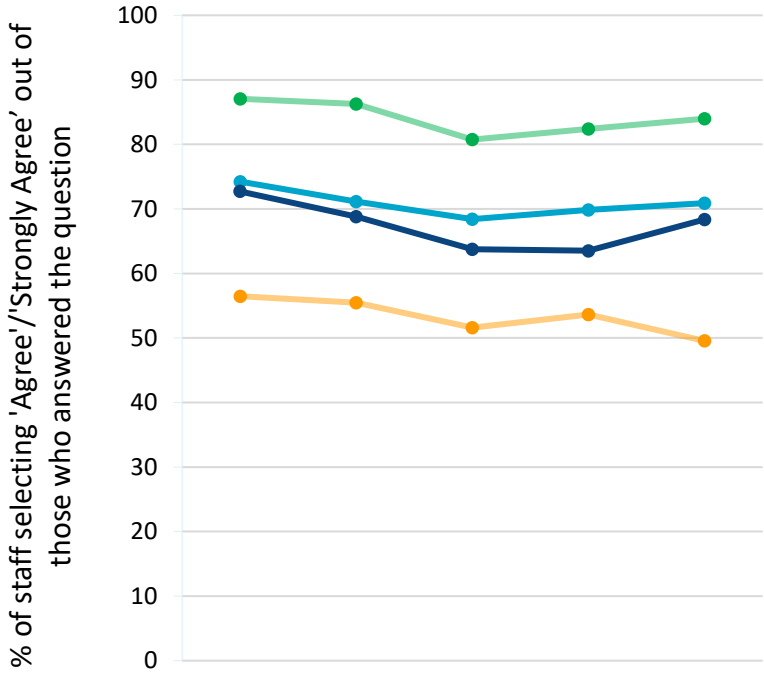
	2021	2022	2023	2024
Your org	87.59%	86.25%	86.62%	87.94%
Best result	92.76%	91.05%	90.84%	91.30%
Average result	87.85%	87.48%	88.13%	88.00%
Worst result	83.73%	82.67%	85.17%	84.88%
Responses	2795	2414	2164	3391

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



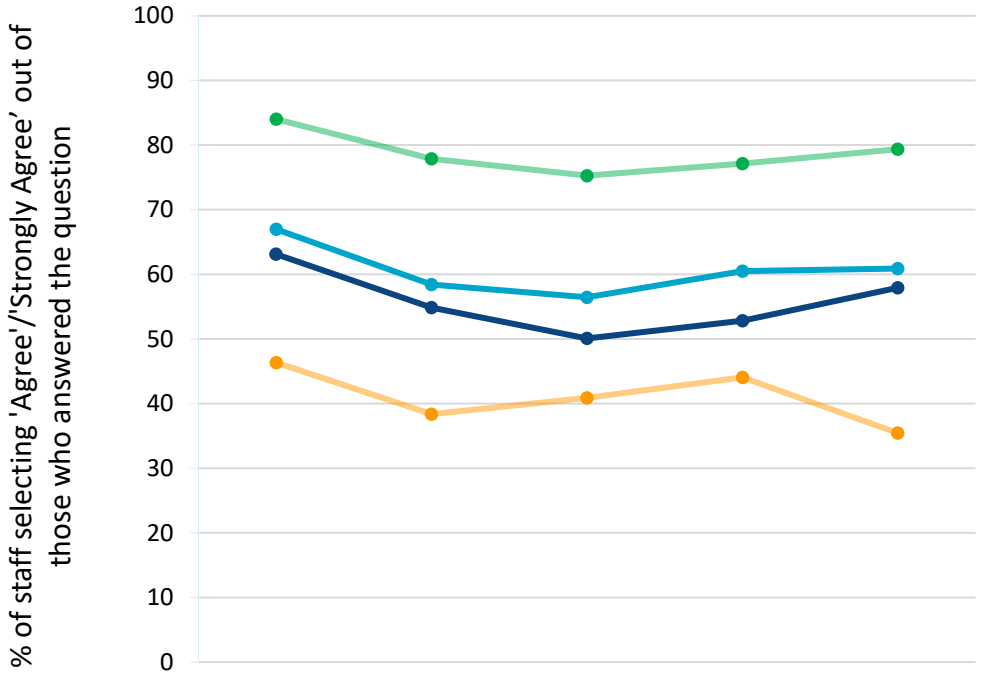
	2020	2021	2022	2023	2024
Your org	77.33%	73.25%	70.17%	68.95%	70.74%
Best result	90.78%	89.26%	86.67%	86.62%	87.89%
Average result	79.52%	75.57%	73.60%	74.95%	74.42%
Worst result	61.64%	59.23%	57.97%	60.62%	50.48%
Responses	2936	2868	2469	2203	3464

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



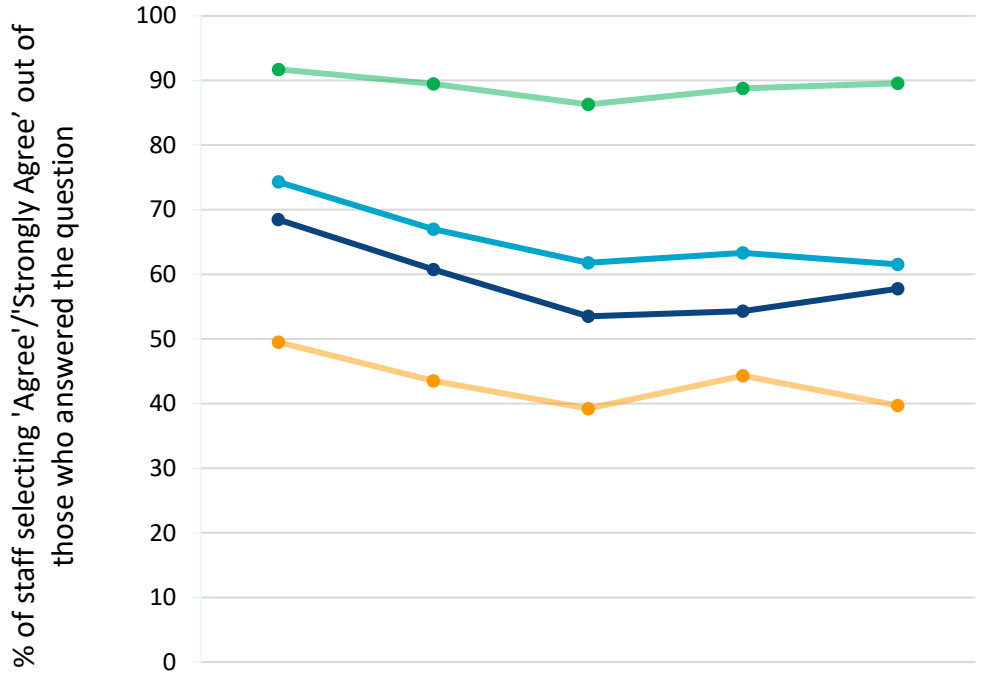
	2020	2021	2022	2023	2024
Your org	72.70%	68.83%	63.77%	63.53%	68.37%
Best result	87.06%	86.29%	80.75%	82.38%	84.00%
Average result	74.23%	71.15%	68.42%	69.86%	70.89%
Worst result	56.47%	55.47%	51.58%	53.65%	49.55%
Responses	2923	2855	2470	2197	3464

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



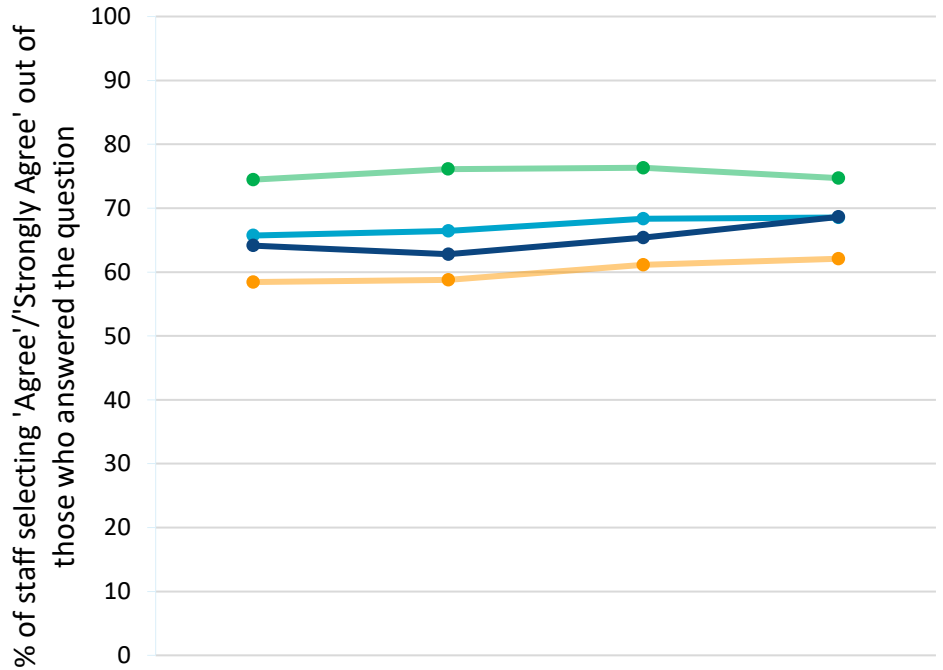
	2020	2021	2022	2023	2024
Your org	63.12%	54.85%	50.08%	52.84%	57.94%
Best result	84.01%	77.87%	75.29%	77.14%	79.38%
Average result	66.98%	58.40%	56.46%	60.53%	60.90%
Worst result	46.35%	38.38%	40.89%	44.05%	35.43%
Responses	2925	2864	2470	2201	3461

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



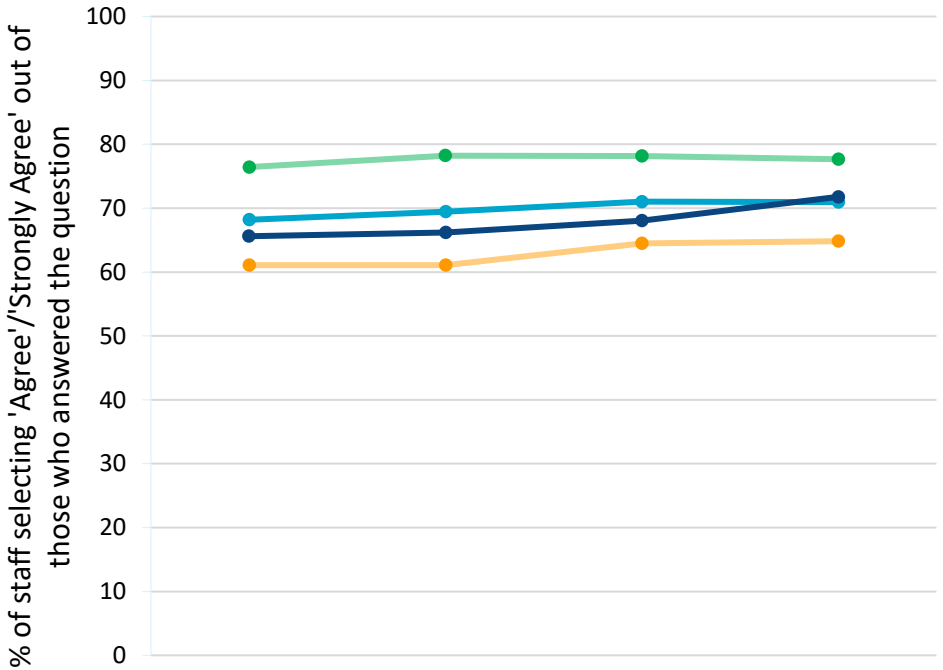
	2020	2021	2022	2023	2024
Your org	68.47%	60.77%	53.51%	54.31%	57.76%
Best result	91.73%	89.48%	86.30%	88.79%	89.59%
Average result	74.30%	67.01%	61.79%	63.34%	61.54%
Worst result	49.51%	43.50%	39.23%	44.30%	39.72%
Responses	2923	2863	2469	2203	3462

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



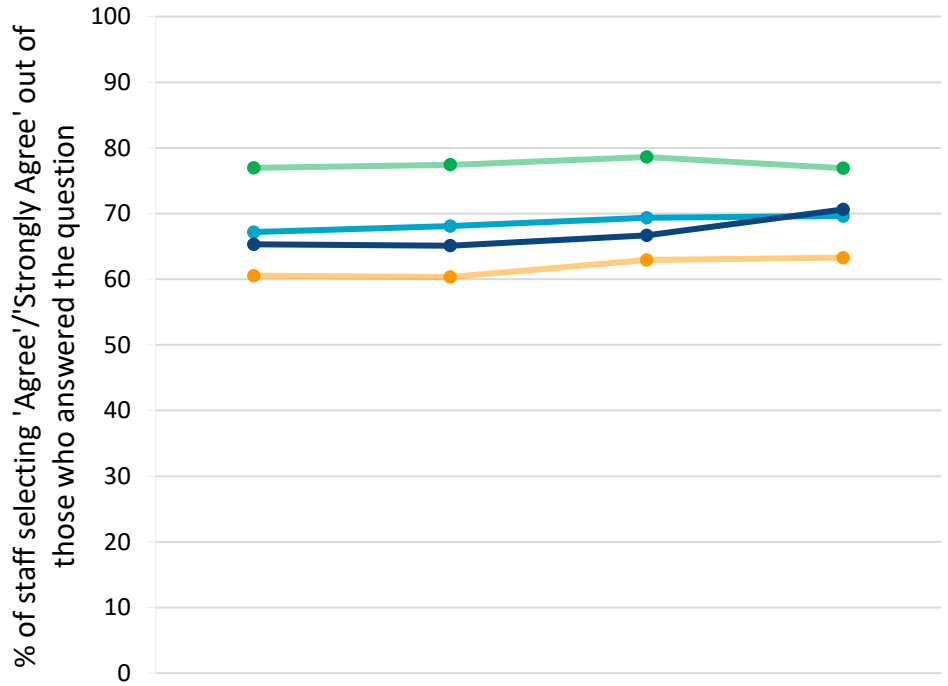
	2021	2022	2023	2024
Your org	64.15%	62.79%	65.39%	68.63%
Best result	74.46%	76.11%	76.33%	74.72%
Average result	65.72%	66.44%	68.34%	68.53%
Worst result	58.44%	58.76%	61.14%	62.08%
Responses	2858	2472	2204	3467

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



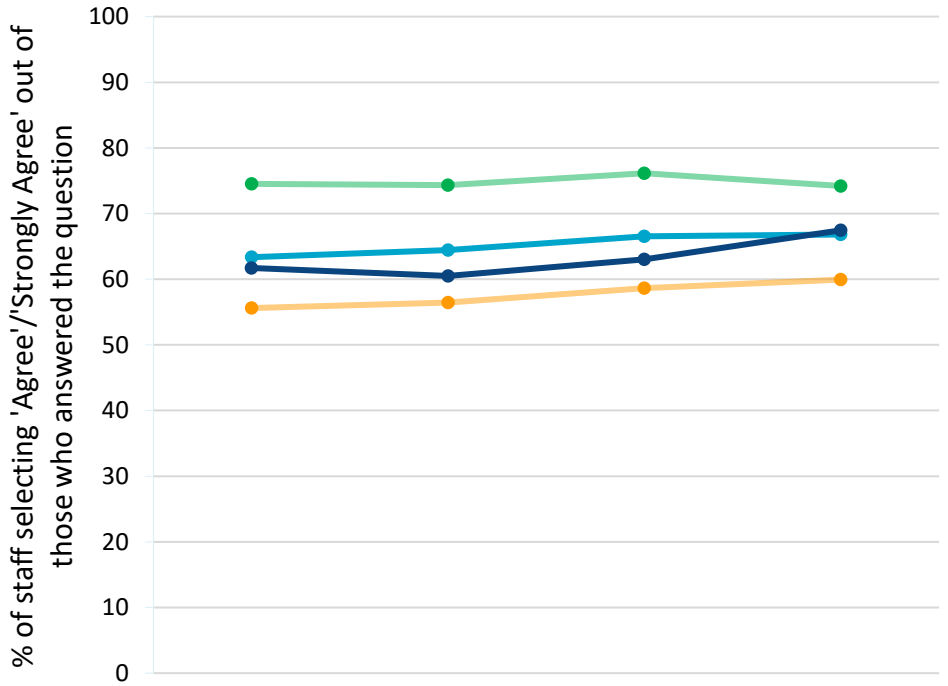
	2021	2022	2023	2024
Your org	65.61%	66.17%	68.04%	71.77%
Best result	76.43%	78.21%	78.15%	77.66%
Average result	68.18%	69.46%	71.02%	70.95%
Worst result	61.07%	61.09%	64.47%	64.83%
Responses	2860	2473	2207	3470

Q9h My immediate manager cares about my concerns.



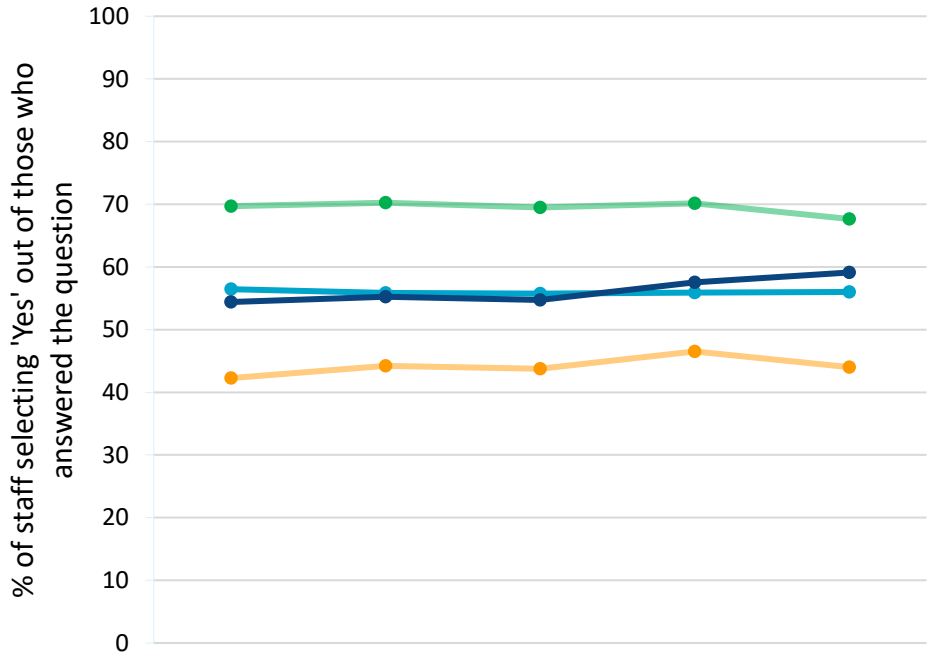
	2021	2022	2023	2024
Your org	65.31%	65.10%	66.67%	70.63%
Best result	76.96%	77.43%	78.61%	76.91%
Average result	67.18%	68.07%	69.37%	69.63%
Worst result	60.55%	60.33%	62.93%	63.29%
Responses	2856	2477	2203	3467

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



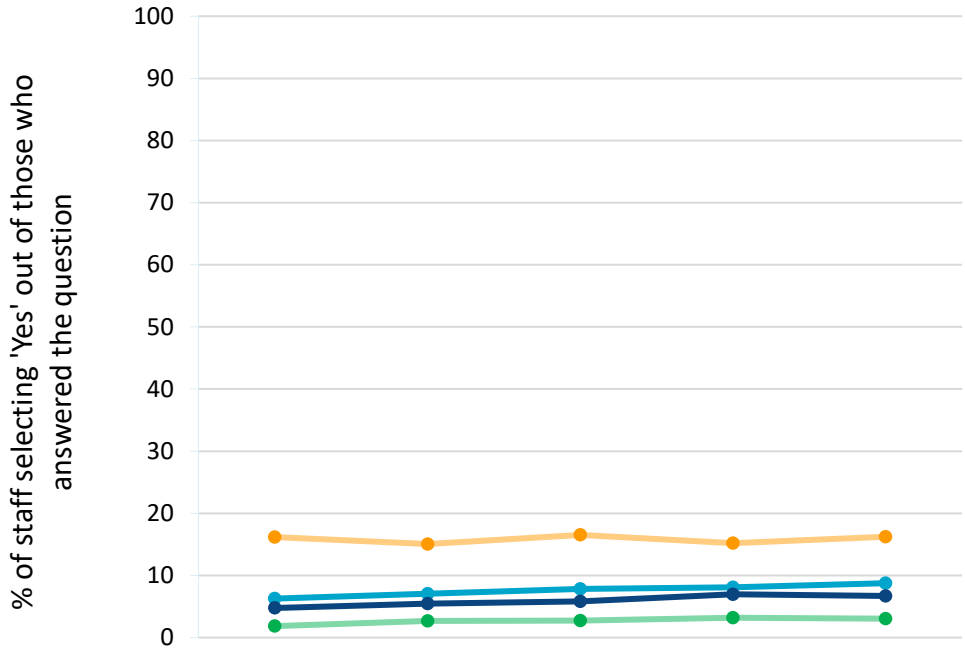
	2021	2022	2023	2024
Your org	61.71%	60.50%	63.05%	67.45%
Best result	74.52%	74.33%	76.14%	74.21%
Average result	63.36%	64.45%	66.52%	66.81%
Worst result	55.61%	56.43%	58.64%	59.94%
Responses	2859	2472	2195	3468

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



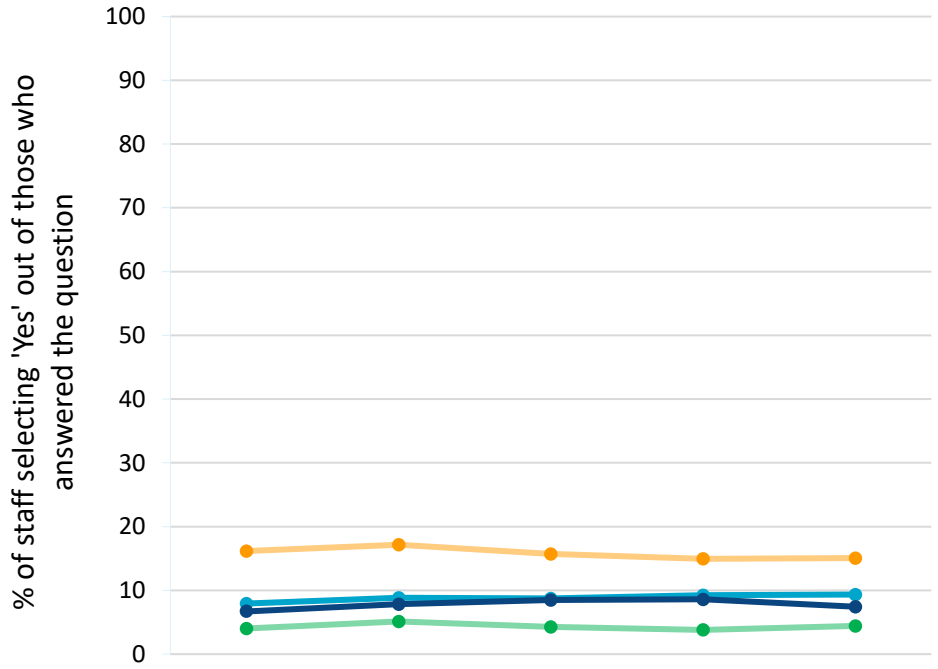
	2020	2021	2022	2023	2024
Your org	54.41%	55.23%	54.75%	57.56%	59.12%
Best result	69.72%	70.24%	69.47%	70.15%	67.66%
Average result	56.45%	55.88%	55.75%	55.91%	56.02%
Worst result	42.27%	44.21%	43.77%	46.52%	43.99%
Responses	2936	2850	2455	2197	3450

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?



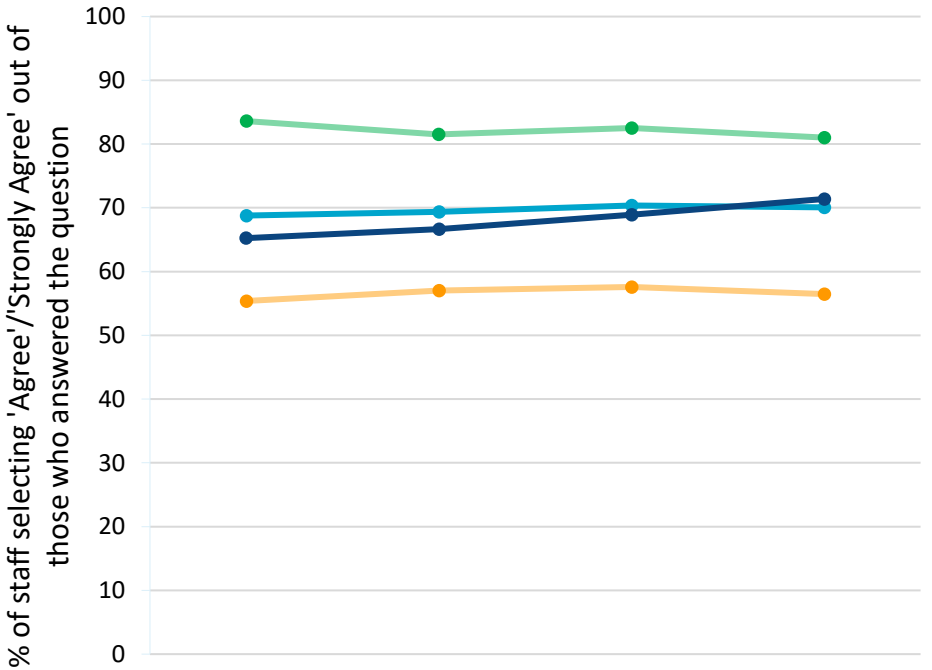
	2020	2021	2022	2023	2024
Your org	4.76%	5.48%	5.82%	6.97%	6.69%
Best result	1.84%	2.66%	2.71%	3.19%	3.03%
Average result	6.27%	7.07%	7.81%	8.09%	8.75%
Worst result	16.18%	15.05%	16.52%	15.20%	16.23%
Responses	2929	2858	2466	2202	3454

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



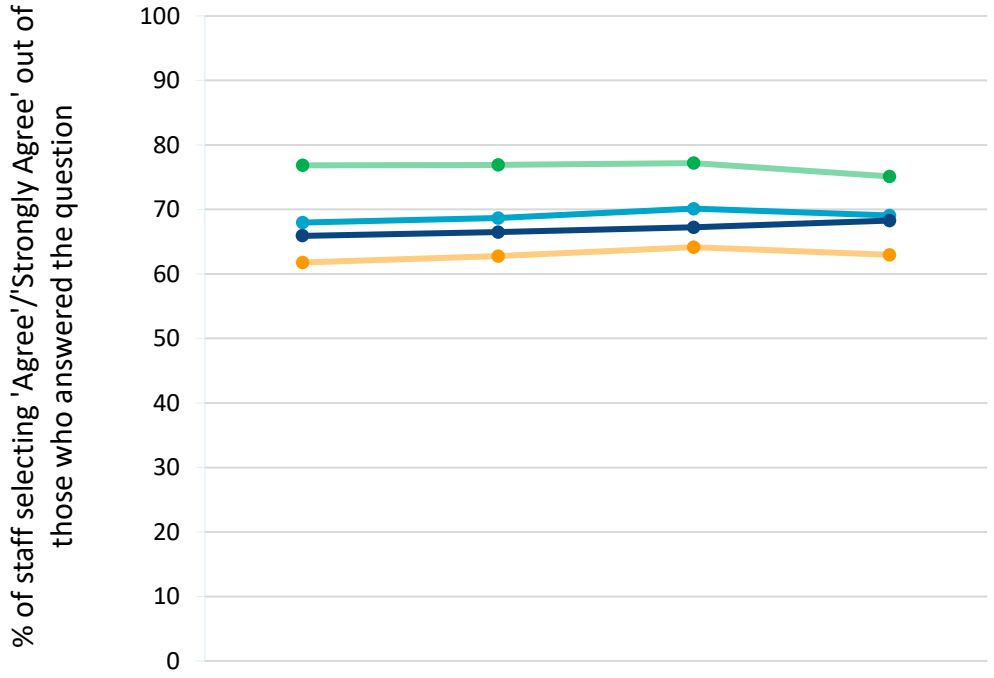
	2020	2021	2022	2023	2024
Your org	6.69%	7.85%	8.50%	8.60%	7.43%
Best result	4.04%	5.12%	4.25%	3.80%	4.44%
Average result	7.93%	8.82%	8.73%	9.24%	9.35%
Worst result	16.19%	17.16%	15.69%	14.95%	15.08%
Responses	2908	2854	2459	2185	3425

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



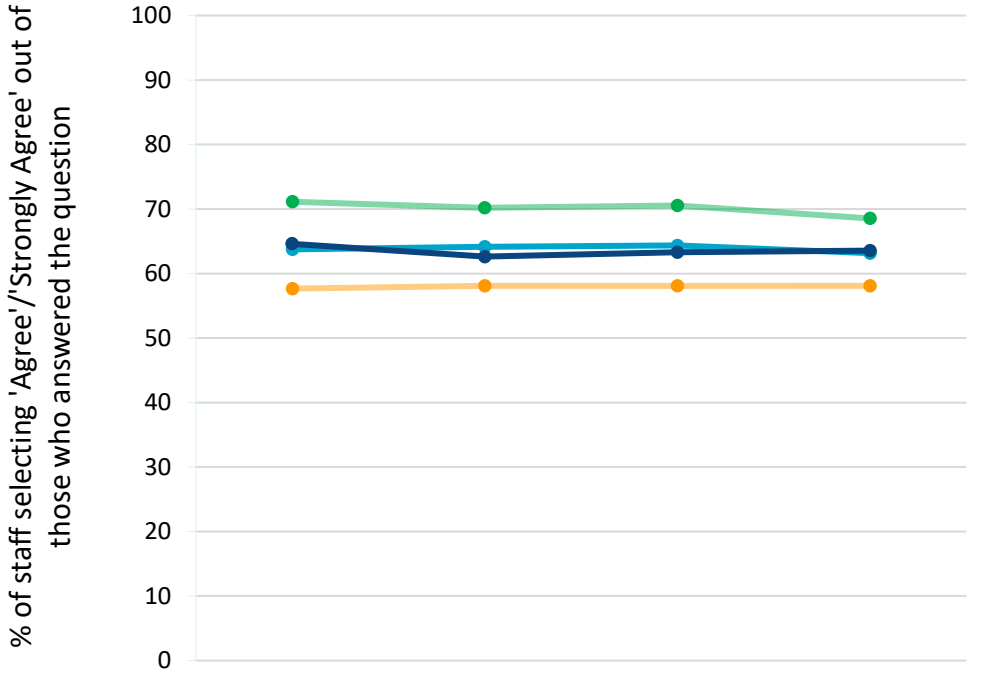
	2021	2022	2023	2024
Your org	65.25%	66.66%	68.91%	71.39%
Best result	83.61%	81.51%	82.55%	81.02%
Average result	68.79%	69.37%	70.37%	70.07%
Worst result	55.39%	57.03%	57.59%	56.47%
Responses	2865	2462	2201	3467

Q7h I feel valued by my team.



	2021	2022	2023	2024
Your org	65.90%	66.51%	67.25%	68.27%
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	2845	2469	2205	3464

Q7i I feel a strong personal attachment to my team.

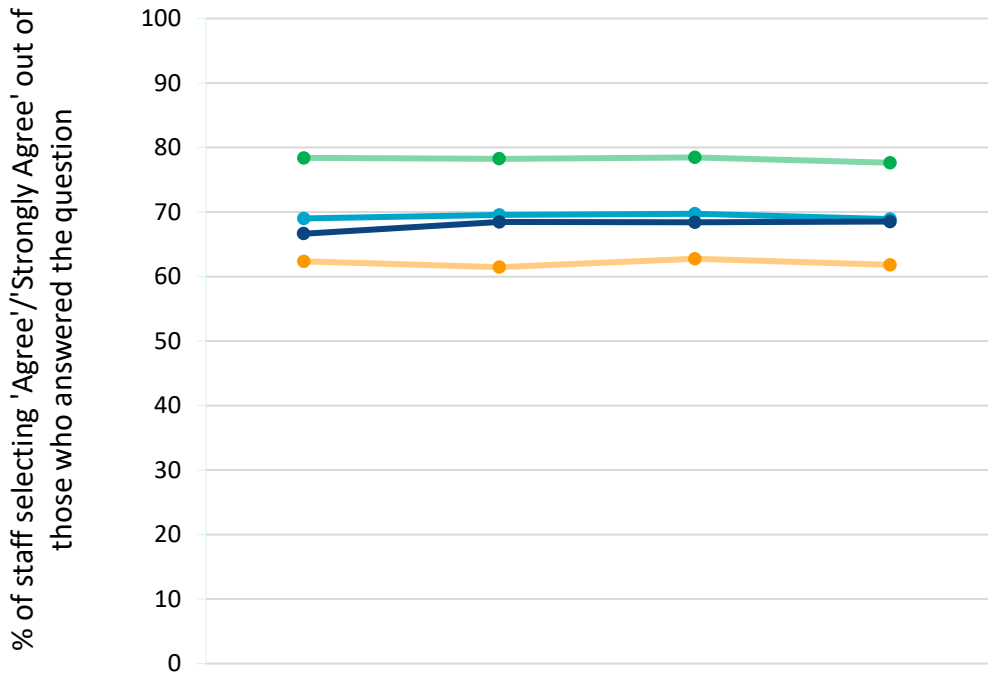


	2021	2022	2023	2024
Your org	64.60%	62.63%	63.29%	63.54%
Best result	71.13%	70.18%	70.53%	68.54%
Average result	63.74%	64.17%	64.36%	63.16%
Worst result	57.66%	58.07%	58.09%	58.08%
Responses	2854	2473	2201	3473

Survey Coordination Centre

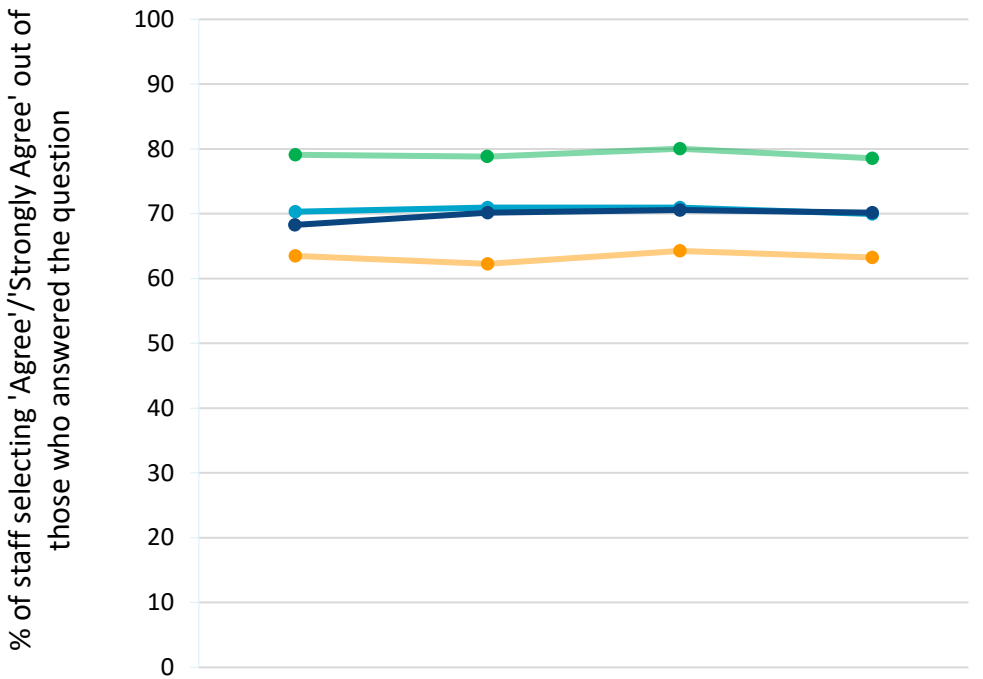
NHS

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



	2021	2022	2023	2024
Your org	66.63%	68.46%	68.41%	68.53%
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	2842	2475	2209	3467

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



	2021	2022	2023	2024
Your org	68.27%	70.18%	70.57%	70.15%
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	2842	2474	2207	3467

Survey Coordination Centre

NHS

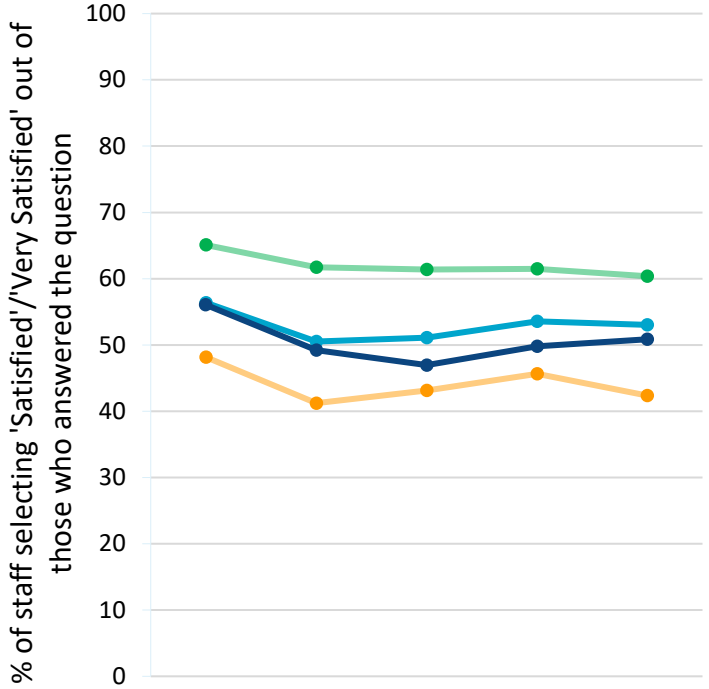
People Promise element – We are recognised and rewarded

Questions included:

Q4a, Q4b, Q4c, Q8d, Q9e

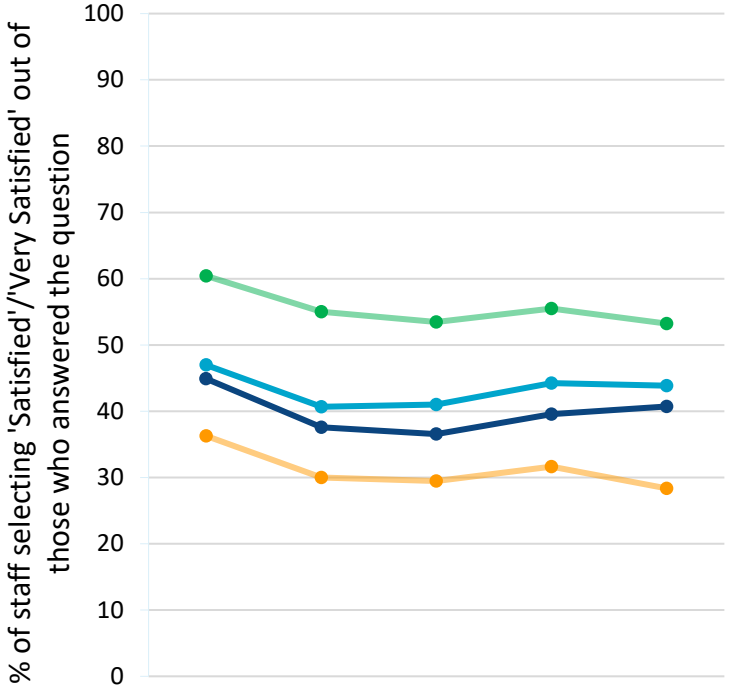
Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

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



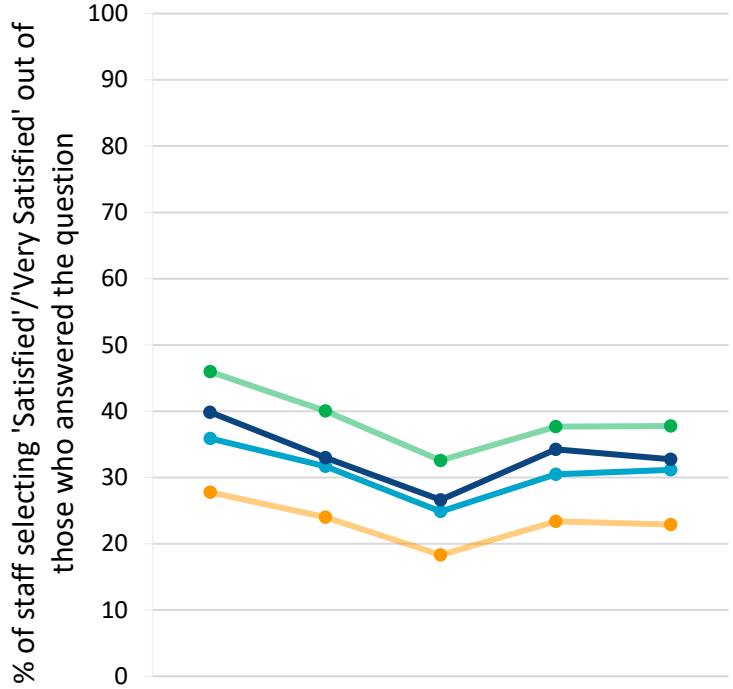
	2020	2021	2022	2023	2024
Your org	56.05%	49.22%	46.96%	49.82%	50.84%
Best result	65.08%	61.71%	61.38%	61.48%	60.37%
Average result	56.37%	50.52%	51.09%	53.56%	53.02%
Worst result	48.16%	41.22%	43.12%	45.65%	42.37%
Responses	2935	2858	2470	2202	3473

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



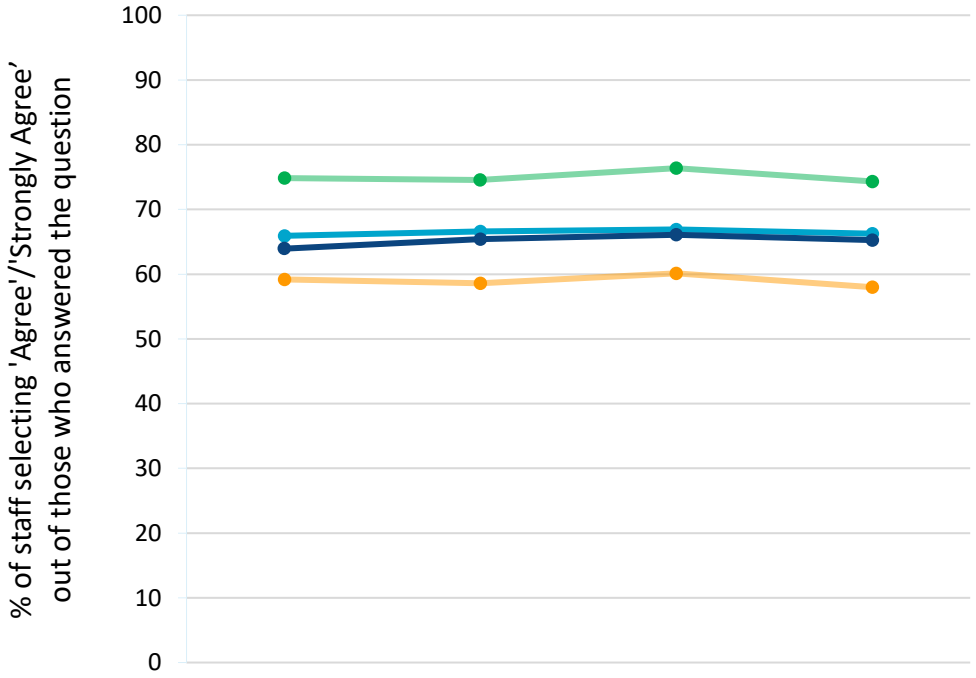
	2020	2021	2022	2023	2024
Your org	44.90%	37.57%	36.55%	39.56%	40.70%
Best result	60.42%	55.03%	53.46%	55.50%	53.22%
Average result	46.97%	40.67%	41.03%	44.23%	43.88%
Worst result	36.28%	29.99%	29.44%	31.65%	28.35%
Responses	2923	2853	2475	2206	3470

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



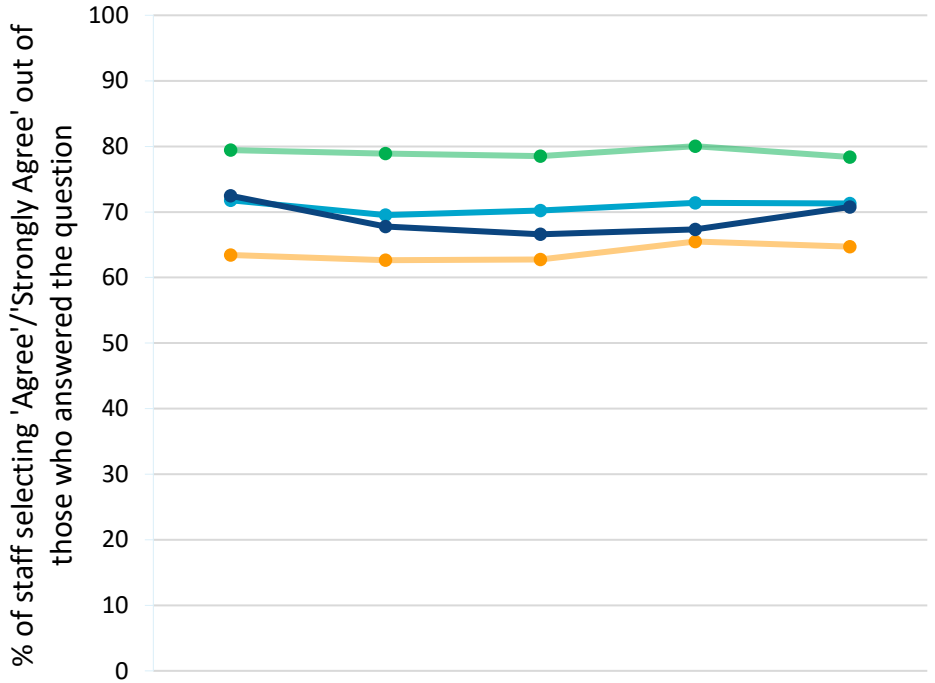
	2020	2021	2022	2023	2024
Your org	39.85%	33.01%	26.62%	34.26%	32.75%
Best result	45.96%	40.04%	32.58%	37.69%	37.76%
Average result	35.89%	31.69%	24.87%	30.49%	31.14%
Worst result	27.76%	23.99%	18.31%	23.36%	22.92%
Responses	2933	2849	2478	2205	3470

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



	2021	2022	2023	2024
Your org	63.94%	65.43%	66.08%	65.28%
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	2831	2475	2206	3463

Q9e My immediate manager values my work.



	2020	2021	2022	2023	2024
Your org	72.46%	67.78%	66.59%	67.34%	70.75%
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	2931	2865	2469	2206	3467

Survey Coordination Centre

NHS

People Promise element – We each have a voice that counts

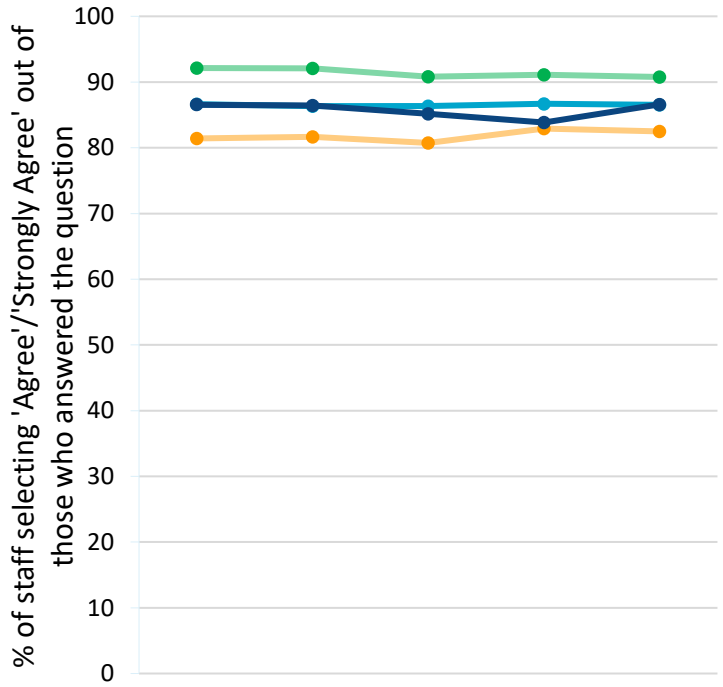
Questions included:

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

Raising concerns – Q20a, Q20b, Q25e, Q25f

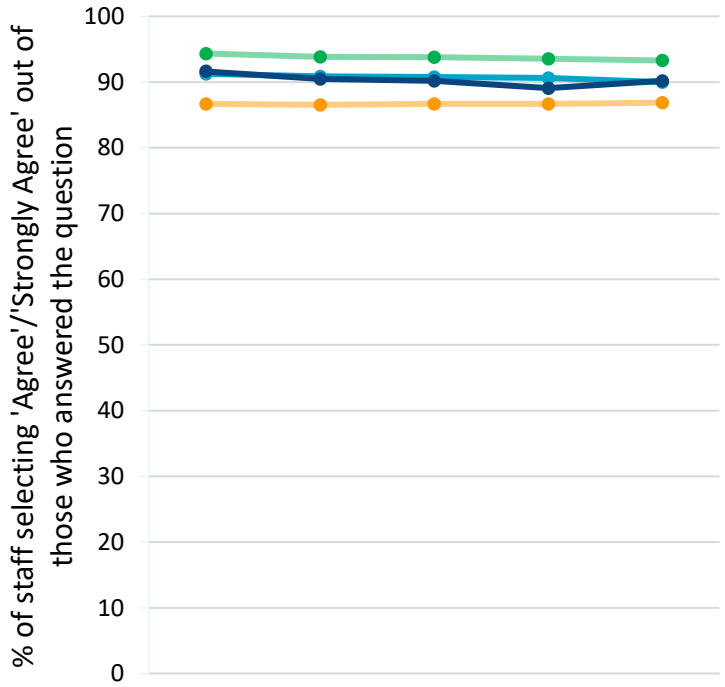
Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Q3a I always know what my work responsibilities are.



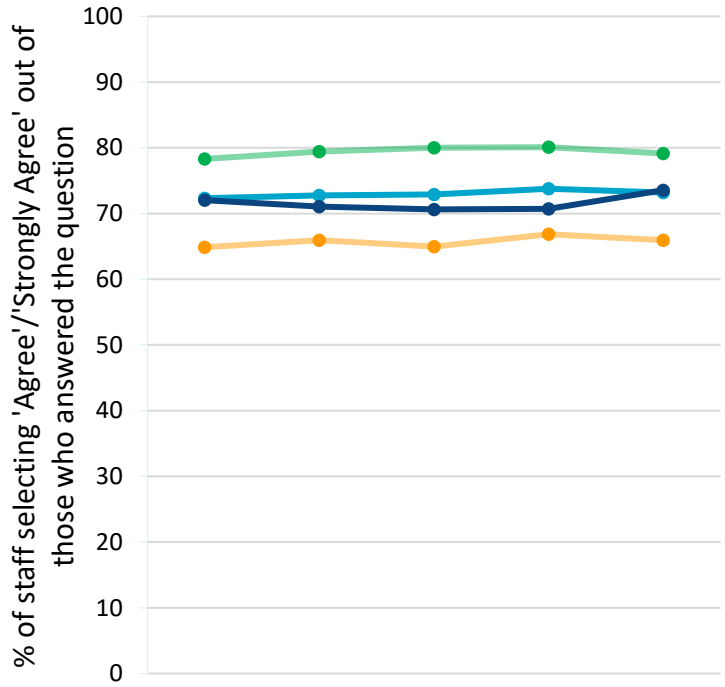
	2020	2021	2022	2023	2024
Your org	86.54%	86.44%	85.18%	83.84%	86.60%
Best result	92.13%	92.08%	90.80%	91.12%	90.77%
Average result	86.62%	86.35%	86.35%	86.70%	86.55%
Worst result	81.40%	81.65%	80.73%	82.92%	82.51%
Responses	2921	2880	2474	2211	3481

Q3b I am trusted to do my job.



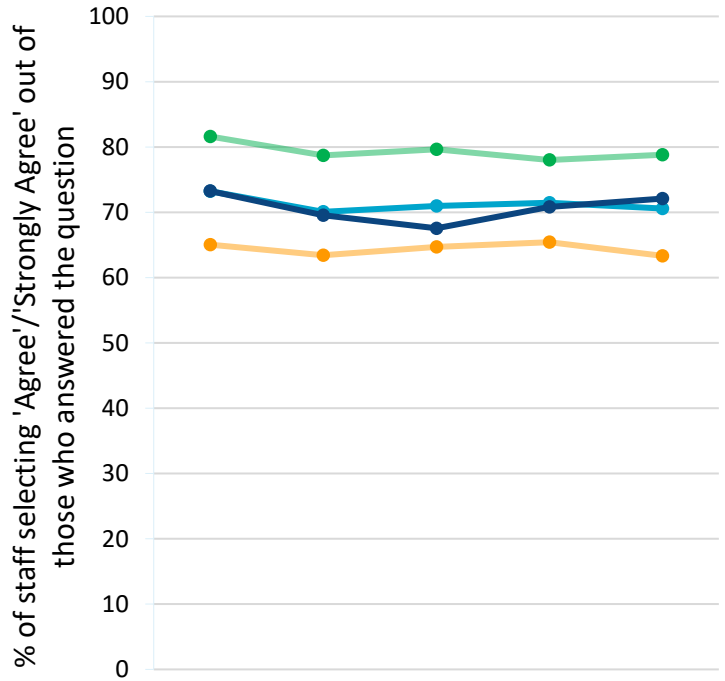
	2020	2021	2022	2023	2024
Your org	91.60%	90.46%	90.19%	89.08%	90.20%
Best result	94.34%	93.85%	93.81%	93.56%	93.28%
Average result	91.25%	90.85%	90.76%	90.62%	89.99%
Worst result	86.67%	86.54%	86.66%	86.67%	86.86%
Responses	2913	2878	2477	2209	3472

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



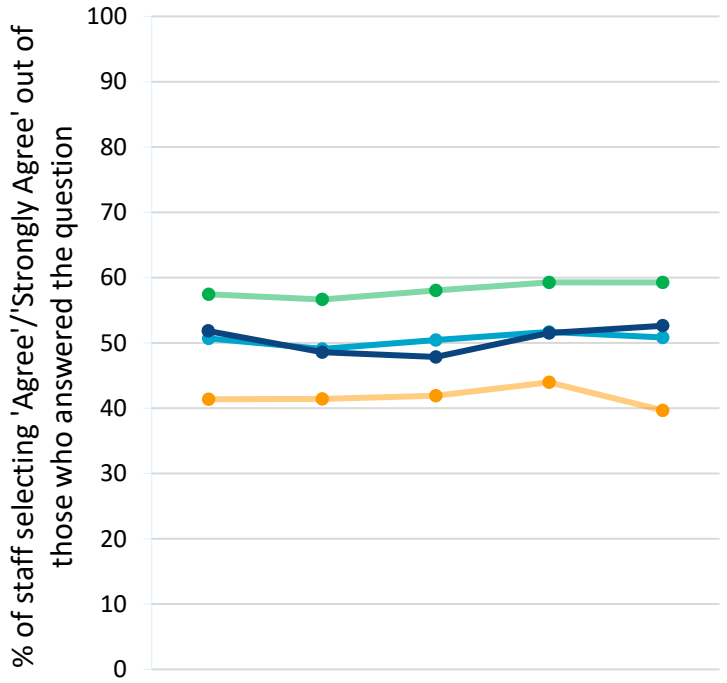
	2020	2021	2022	2023	2024
Your org	72.01%	71.03%	70.62%	70.69%	73.55%
Best result	78.30%	79.42%	80.00%	80.09%	79.13%
Average result	72.32%	72.74%	72.89%	73.76%	73.20%
Worst result	64.86%	65.95%	64.98%	66.84%	65.96%
Responses	2941	2874	2476	2204	3472

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



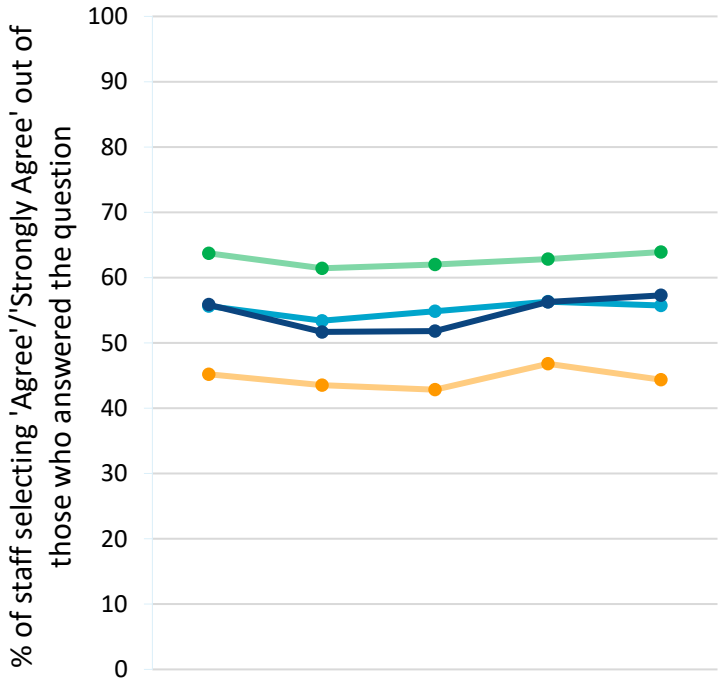
	2020	2021	2022	2023	2024
Your org	73.25%	69.57%	67.56%	70.84%	72.08%
Best result	81.61%	78.70%	79.64%	78.01%	78.83%
Average result	73.23%	70.08%	70.96%	71.46%	70.60%
Worst result	65.06%	63.41%	64.71%	65.42%	63.34%
Responses	2931	2869	2480	2206	3472

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



	2020	2021	2022	2023	2024
Your org	51.83%	48.58%	47.85%	51.49%	52.62%
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	2928	2865	2481	2209	3475

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

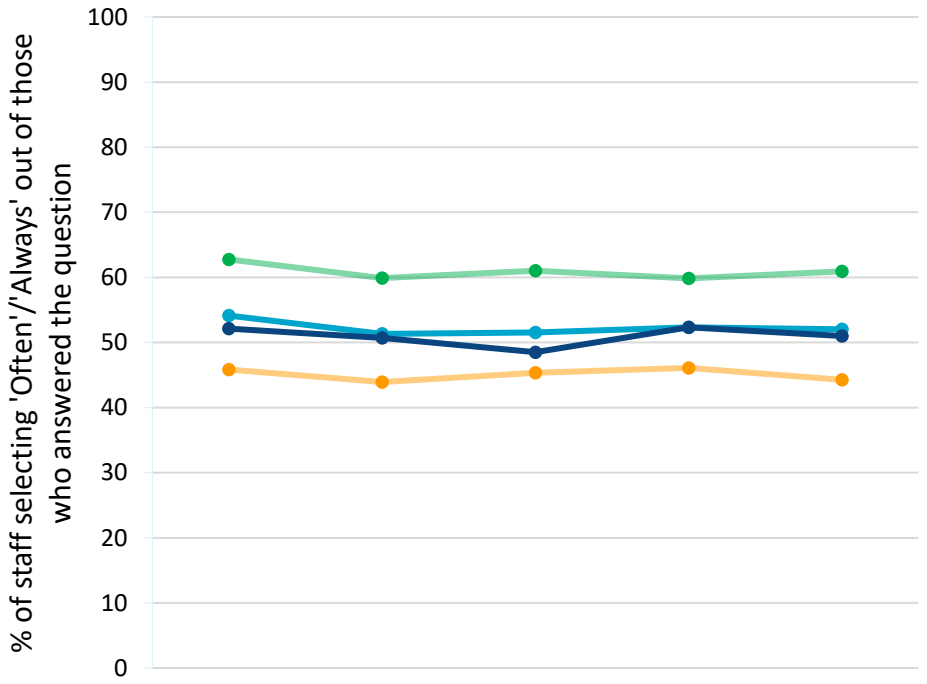


	2020	2021	2022	2023	2024
Your org	55.83%	51.69%	51.82%	56.26%	57.28%
Best result	63.70%	61.43%	61.98%	62.83%	63.91%
Average result	55.64%	53.40%	54.86%	56.31%	55.73%
Worst result	45.19%	43.51%	42.83%	46.80%	44.36%
Responses	2916	2862	2476	2207	3470

Survey Coordination Centre

NHS

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

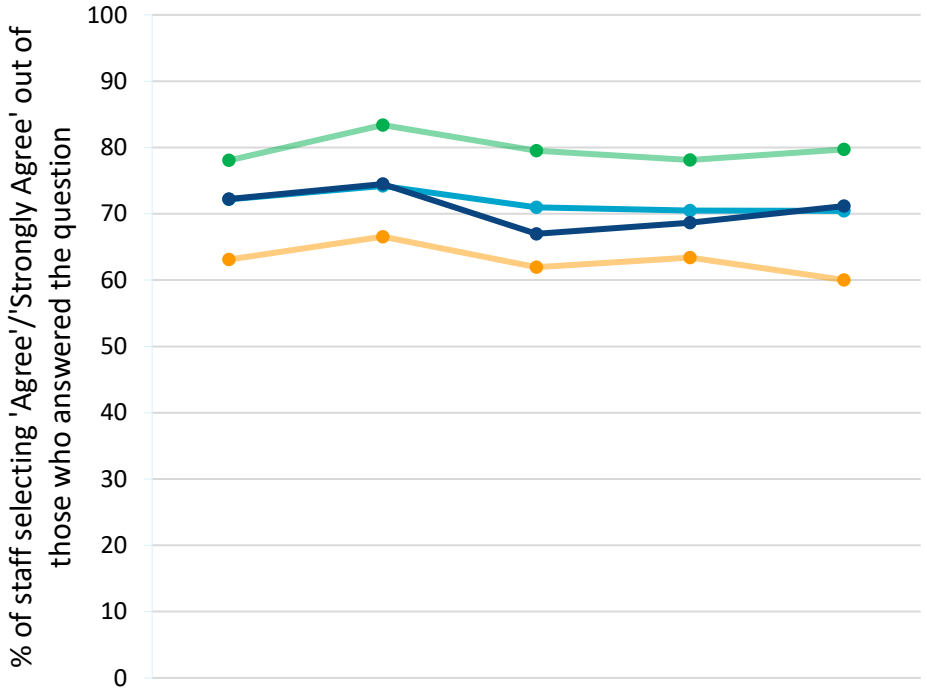


	2020	2021	2022	2023	2024
Your org	52.11%	50.72%	48.51%	52.33%	50.98%
Best result	62.76%	59.87%	61.04%	59.85%	60.94%
Average result	54.13%	51.32%	51.55%	52.31%	52.02%
Worst result	45.86%	43.93%	45.33%	46.10%	44.26%
Responses	2920	2863	2476	2206	3468

Survey Coordination Centre

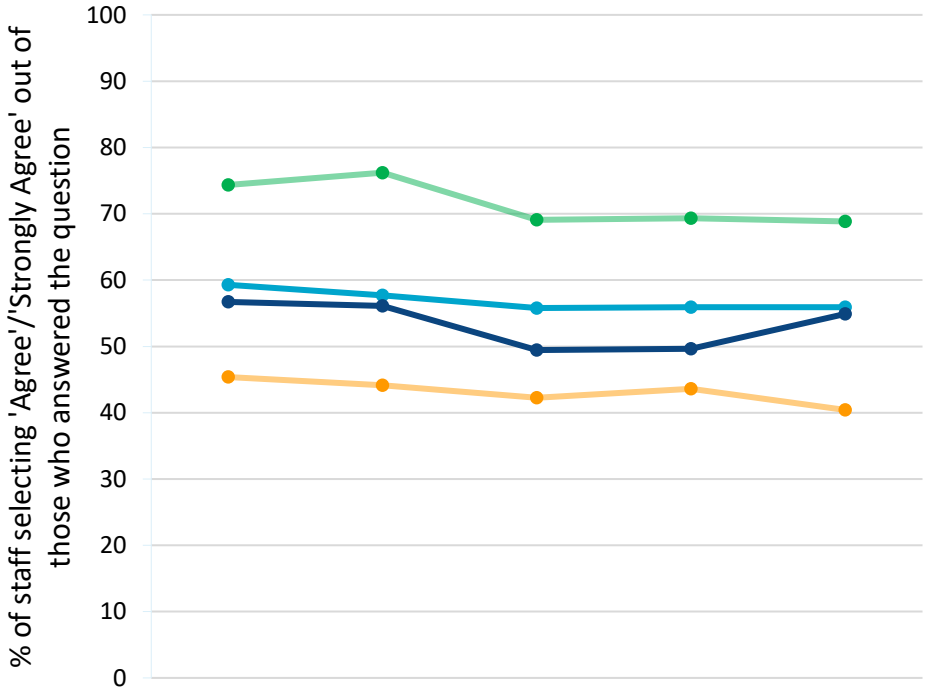
NHS

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



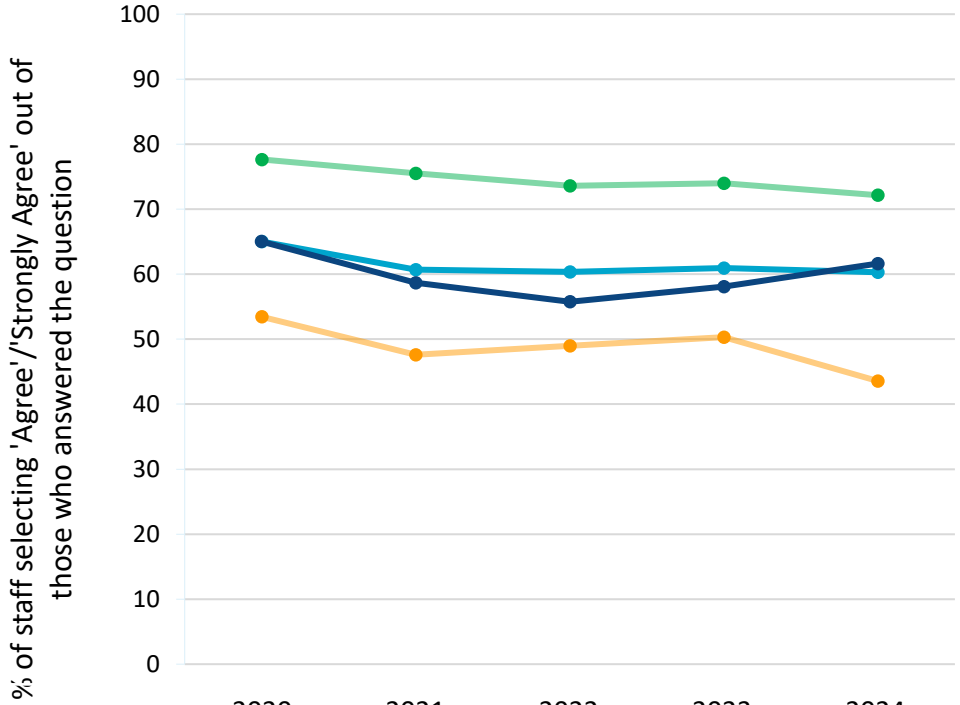
	2020	2021	2022	2023	2024
Your org	72.22%	74.48%	66.98%	68.64%	71.18%
Best result	78.06%	83.39%	79.51%	78.11%	79.71%
Average result	72.16%	74.20%	70.96%	70.47%	70.44%
Worst result	63.08%	66.55%	61.96%	63.38%	60.03%
Responses	2923	2864	2472	2203	3460

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



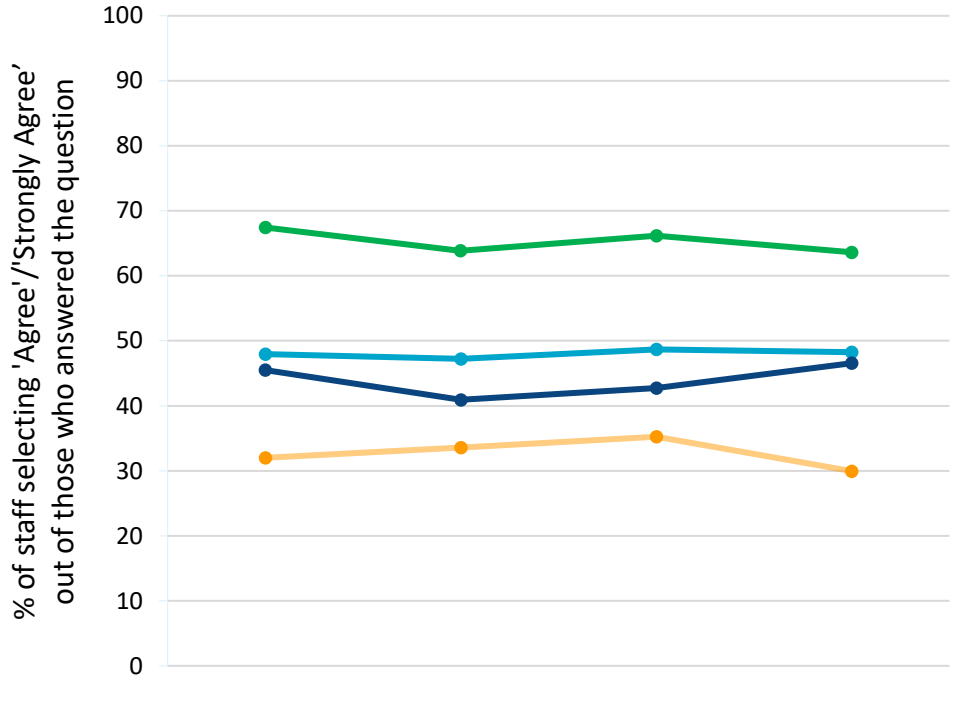
	2020	2021	2022	2023	2024
Your org	56.70%	56.10%	49.45%	49.62%	54.90%
Best result	74.37%	76.20%	69.10%	69.35%	68.85%
Average result	59.29%	57.68%	55.79%	55.93%	55.91%
Worst result	45.38%	44.13%	42.28%	43.61%	40.42%
Responses	2923	2855	2468	2200	3458

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



	2020	2021	2022	2023	2024
Your org	65.01%	58.66%	55.75%	58.10%	61.62%
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	2924	2859	2466	2197	3458

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



	2021	2022	2023	2024
Your org	45.47%	40.93%	42.74%	46.56%
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	2850	2468	2201	3460

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

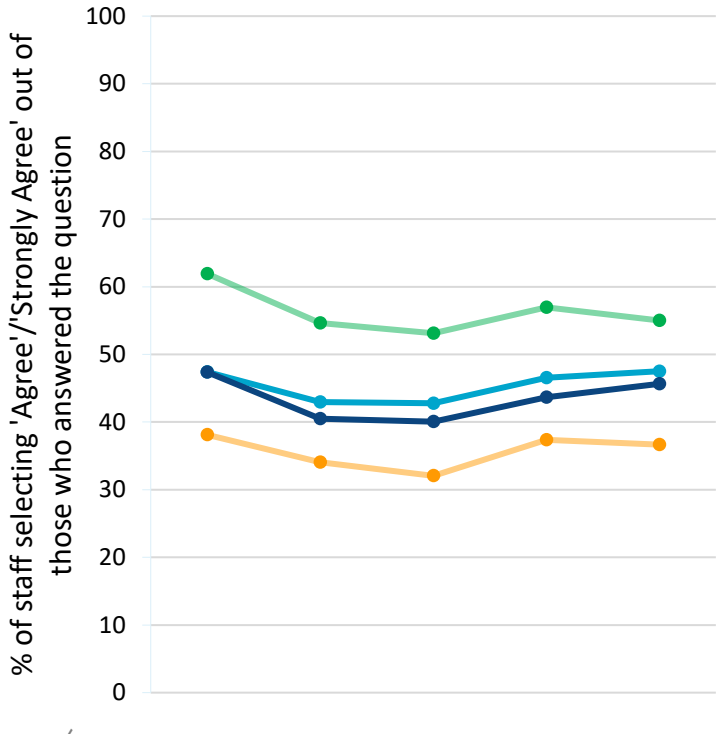
Negative experiences: Q11b, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c

Other questions:* Q17a, Q17b, Q22

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

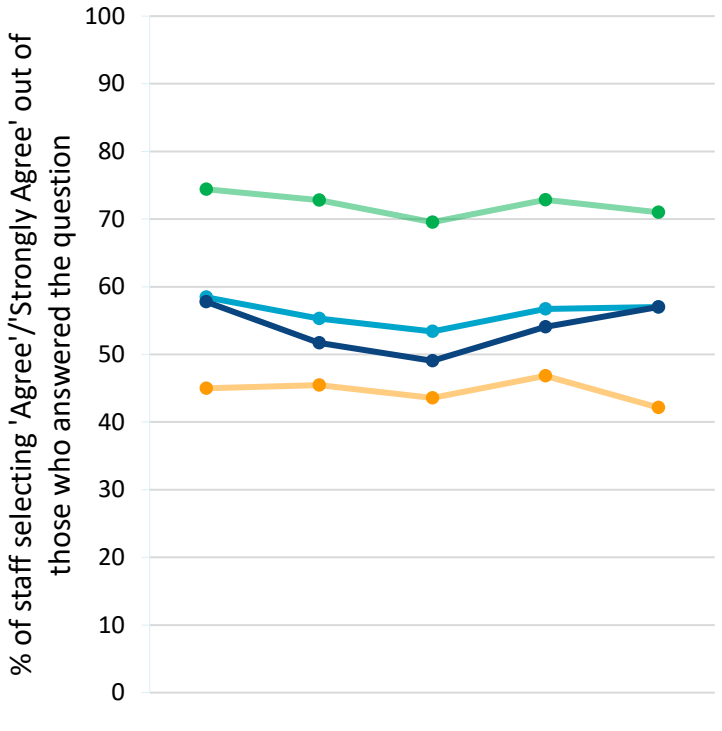
Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

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



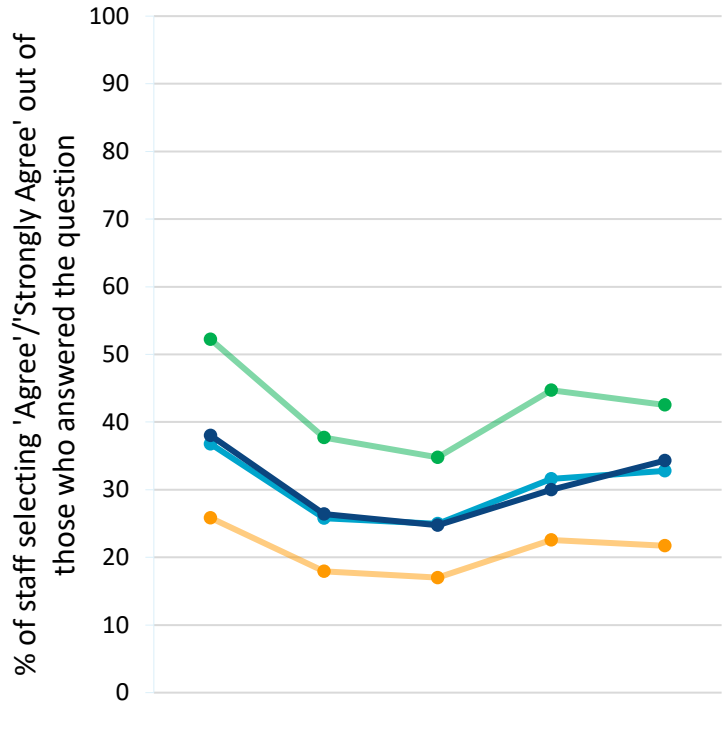
	2020	2021	2022	2023	2024
Your org	47.37%	40.47%	40.05%	43.65%	45.66%
Best result	61.92%	54.62%	53.13%	56.95%	55.01%
Average result	47.39%	42.96%	42.78%	46.56%	47.51%
Worst result	38.11%	34.06%	32.05%	37.35%	36.68%
Responses	2917	2866	2474	2202	3464

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



	2020	2021	2022	2023	2024
Your org	57.77%	51.69%	49.05%	54.04%	57.00%
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	2919	2852	2478	2209	3466

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

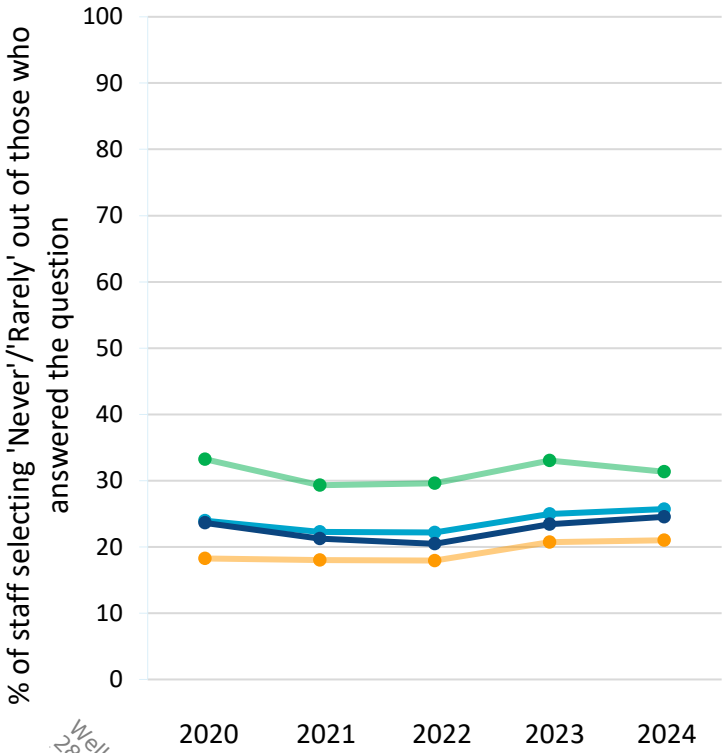


	2020	2021	2022	2023	2024
Your org	38.01%	26.37%	24.75%	30.00%	34.29%
Best result	52.21%	37.72%	34.78%	44.71%	42.52%
Average result	36.76%	25.80%	24.95%	31.62%	32.77%
Worst result	25.83%	17.92%	17.00%	22.55%	21.73%
Responses	2929	2876	2476	2208	3476

Survey Coordination Centre

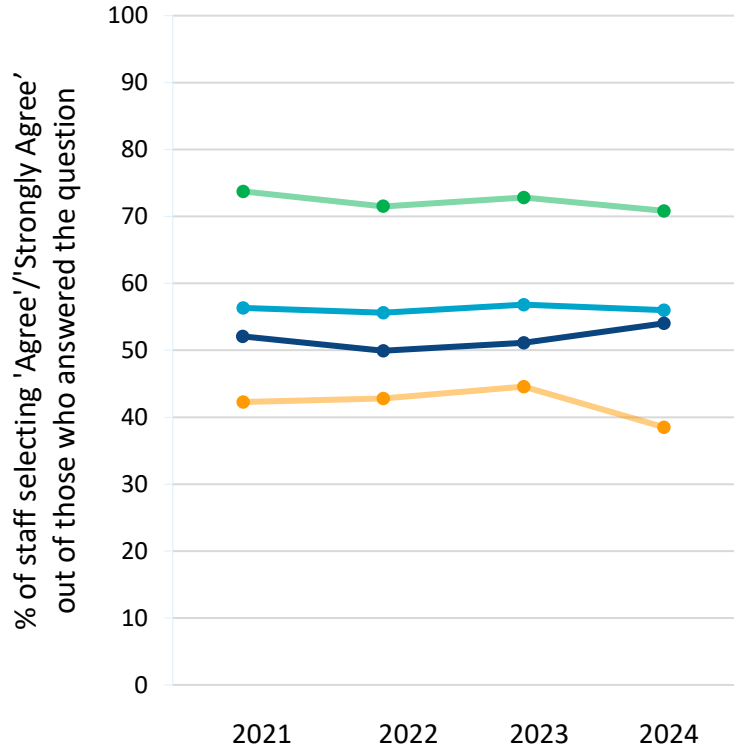
NHS

Q5a I have unrealistic time pressures.



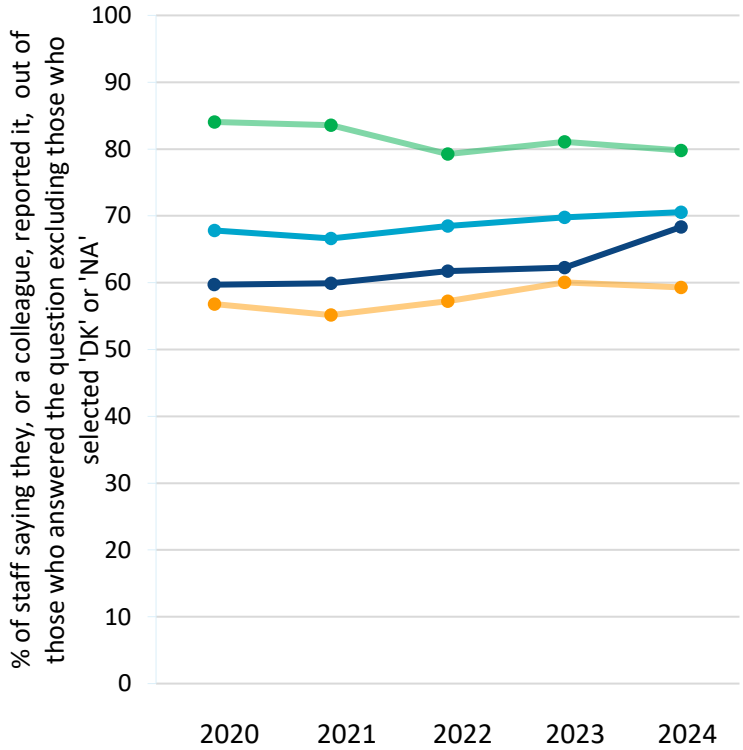
	2020	2021	2022	2023	2024
Your org	23.64%	21.25%	20.47%	23.43%	24.54%
Best result	33.24%	29.31%	29.61%	33.04%	31.37%
Average result	23.97%	22.27%	22.18%	24.95%	25.71%
Worst result	18.24%	18.00%	17.94%	20.72%	21.01%
Responses	2925	2867	2476	2207	3471

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



	2021	2022	2023	2024
Your org	52.07%	49.93%	51.14%	54.03%
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	2830	2417	2210	3469

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



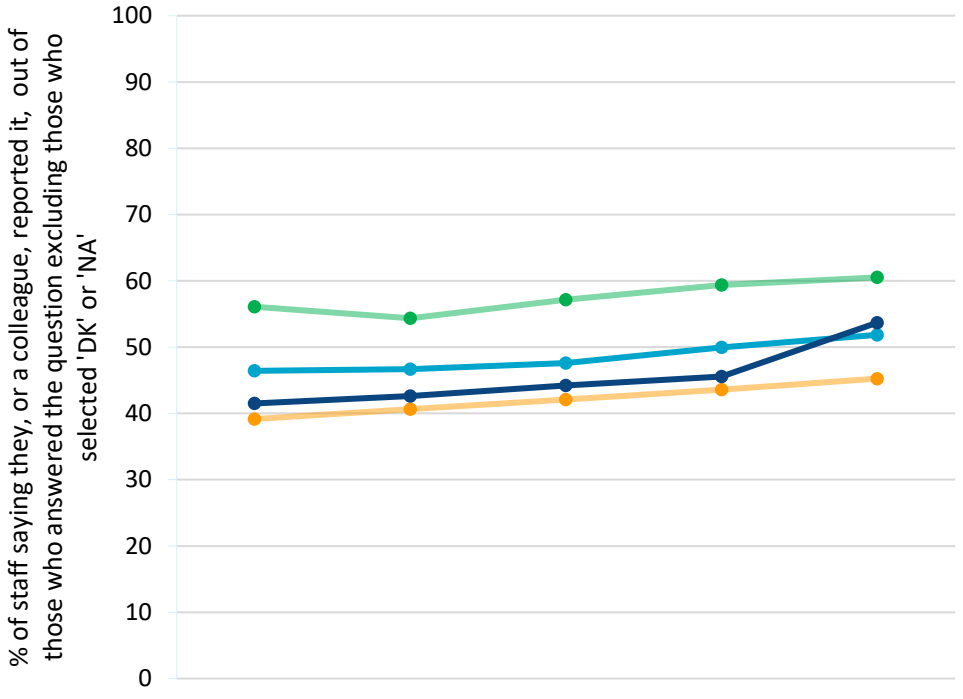
	2020	2021	2022	2023	2024
Your org	59.70%	59.89%	61.71%	62.25%	68.33%
Best result	84.05%	83.58%	79.24%	81.08%	79.79%
Average result	67.83%	66.62%	68.47%	69.78%	70.55%
Worst result	56.80%	55.15%	57.22%	60.04%	59.28%
Responses	314	329	261	220	473

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

Survey Coordination Centre

NHS

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

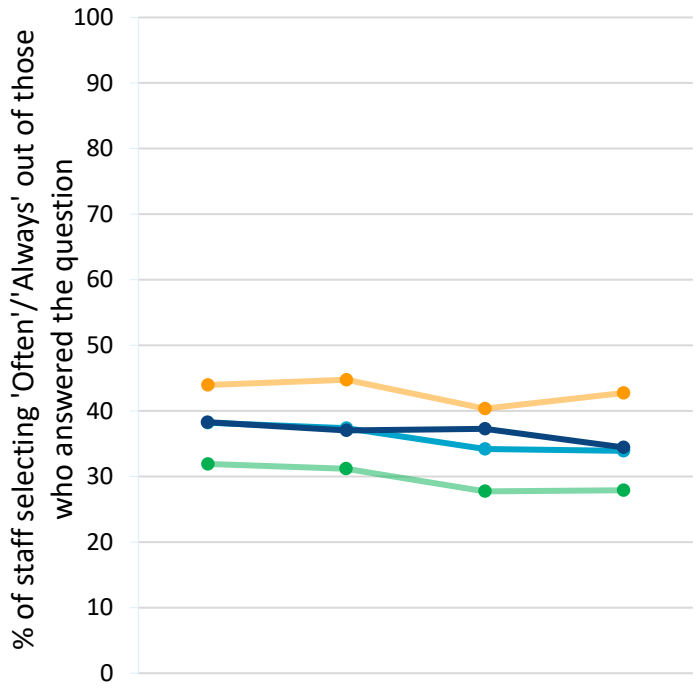


	2020	2021	2022	2023	2024
Your org	41.50%	42.64%	44.20%	45.58%	53.70%
Best result	56.07%	54.35%	57.16%	59.40%	60.52%
Average result	46.43%	46.67%	47.59%	49.96%	51.86%
Worst result	39.15%	40.63%	42.10%	43.57%	45.25%
Responses	1009	1036	856	669	1084

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

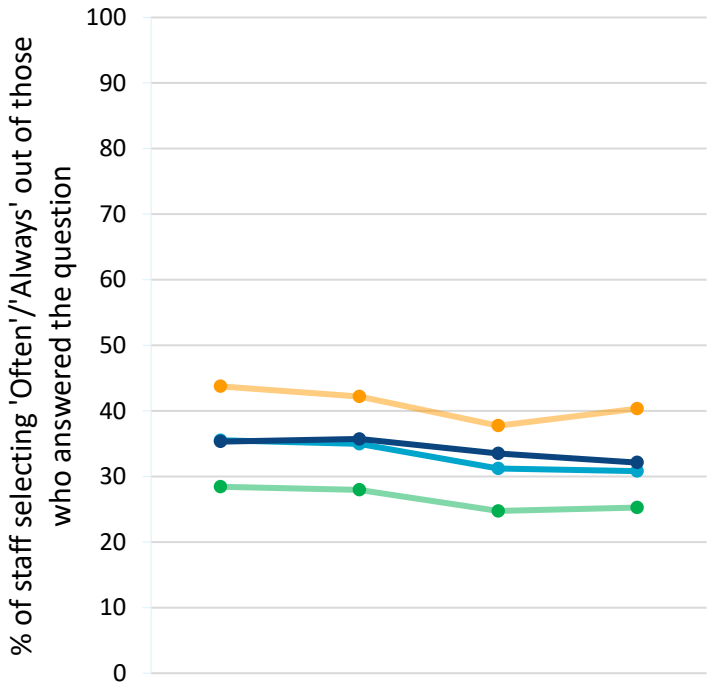
Survey Coordination Centre NHS

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



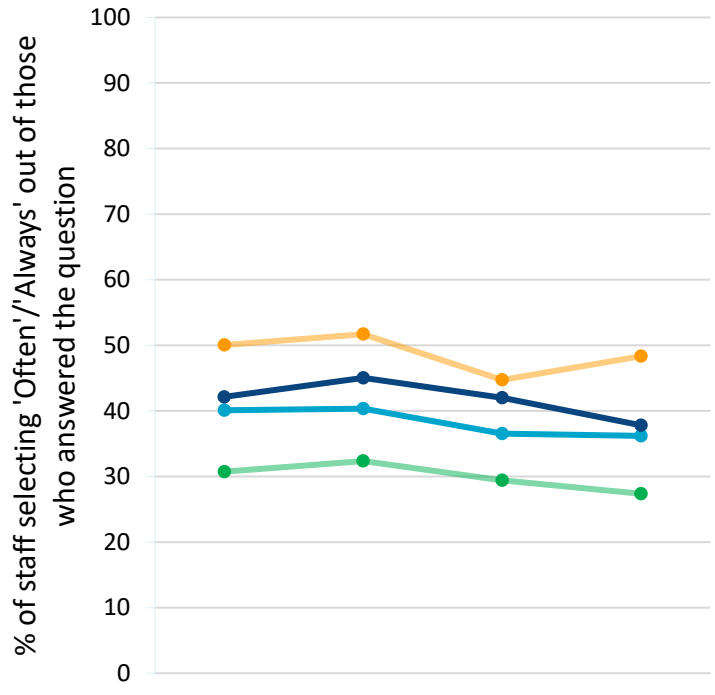
	2021	2022	2023	2024
Your org	38.28%	37.00%	37.24%	34.43%
Best result	31.92%	31.18%	27.73%	27.88%
Average result	38.20%	37.36%	34.20%	33.91%
Worst result	43.97%	44.75%	40.35%	42.73%
Responses	2873	2471	2208	3474

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



	2021	2022	2023	2024
Your org	35.34%	35.73%	33.50%	32.12%
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	2870	2475	2206	3465

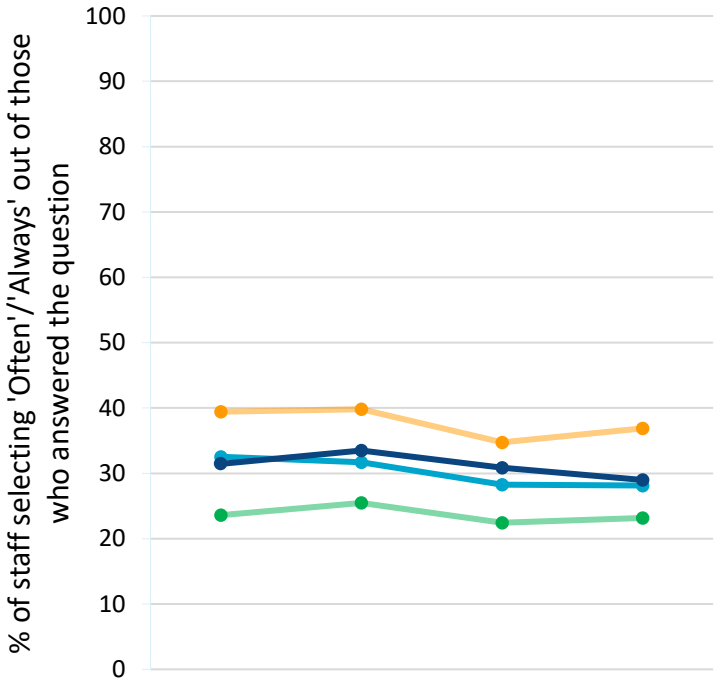
Q12c How often, if at all, does your work frustrate you?



	2021	2022	2023	2024
Your org	42.13%	45.04%	42.02%	37.80%
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	2871	2475	2206	3474

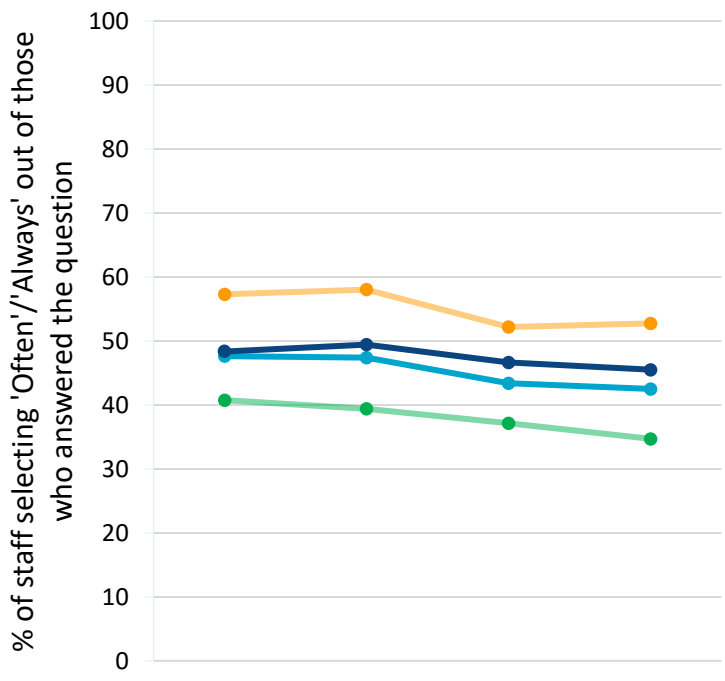
Survey Coordination Centre NHS

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



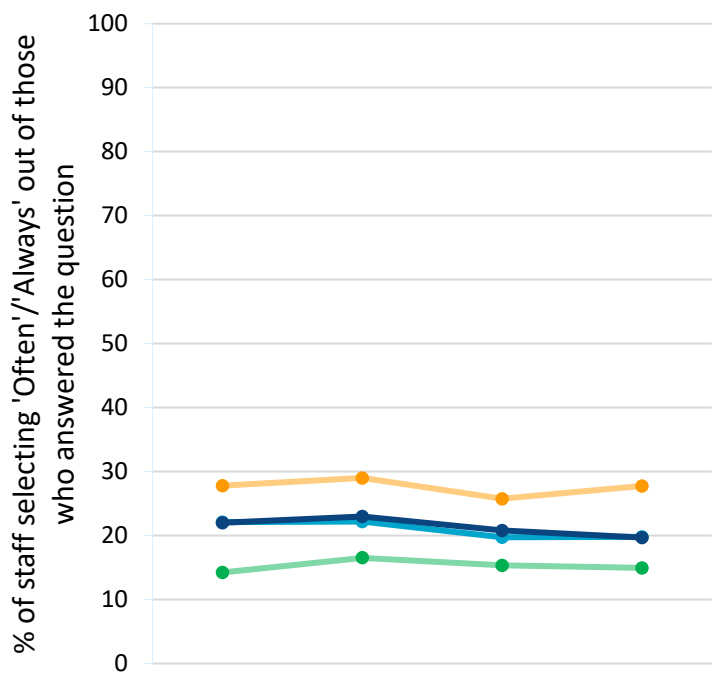
	2021	2022	2023	2024
Your org	31.45%	33.49%	30.86%	28.98%
Best result	23.59%	25.47%	22.44%	23.17%
Average result	32.54%	31.71%	28.26%	28.13%
Worst result	39.44%	39.81%	34.74%	36.90%
Responses	2869	2473	2207	3470

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	48.36%	49.42%	46.65%	45.51%
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	2860	2472	2202	3468

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

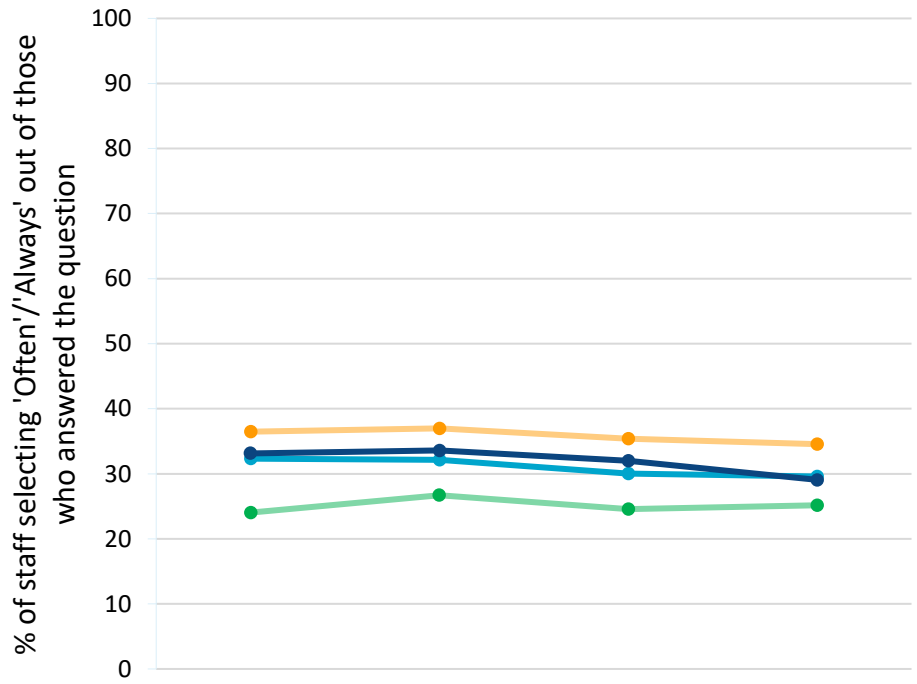


	2021	2022	2023	2024
Your org	21.98%	22.98%	20.82%	19.68%
Best result	14.24%	16.50%	15.36%	14.94%
Average result	22.12%	22.19%	19.73%	19.80%
Worst result	27.81%	29.01%	25.76%	27.74%
Responses	2855	2472	2208	3470

Survey Coordination Centre

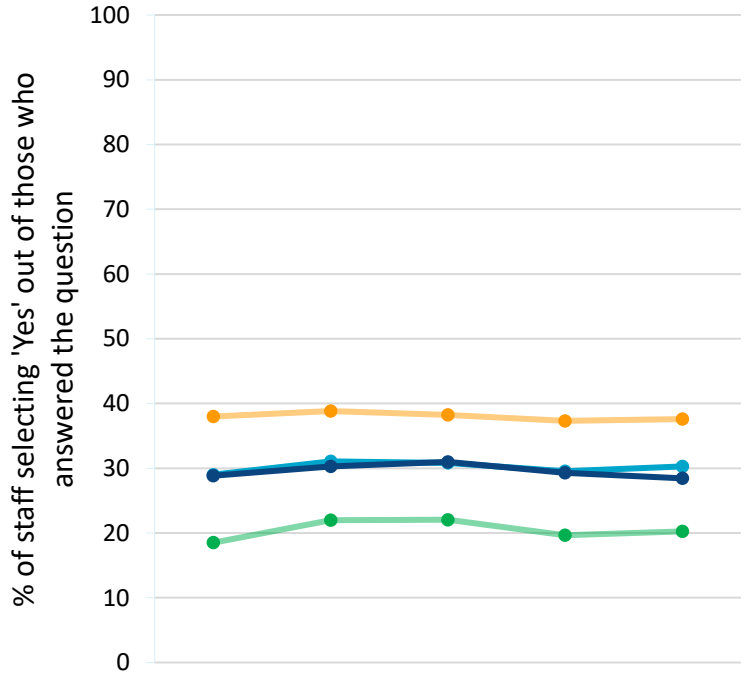
NHS

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



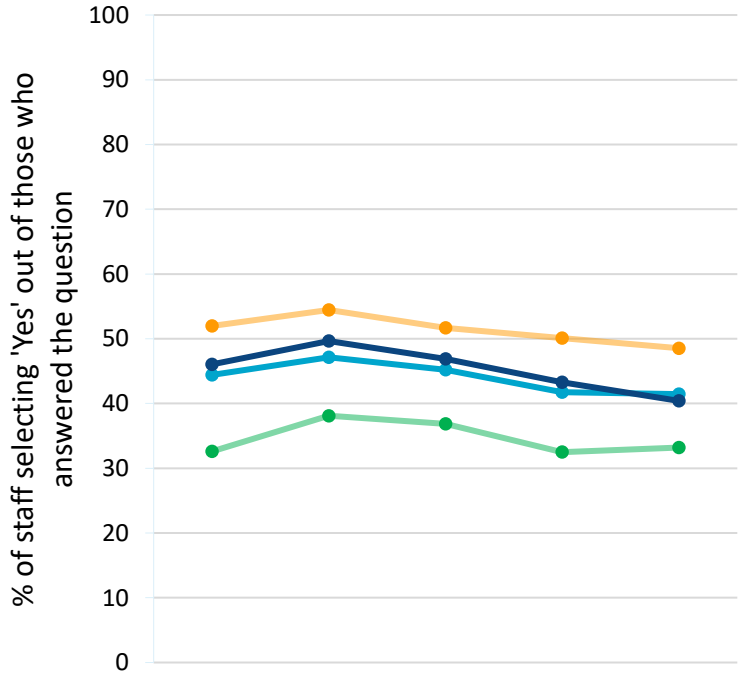
	2021	2022	2023	2024
Your org	33.13%	33.59%	32.02%	29.07%
Best result	24.04%	26.70%	24.55%	25.16%
Average result	32.33%	32.13%	30.02%	29.59%
Worst result	36.47%	36.98%	35.41%	34.56%
Responses	2867	2475	2208	3473

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



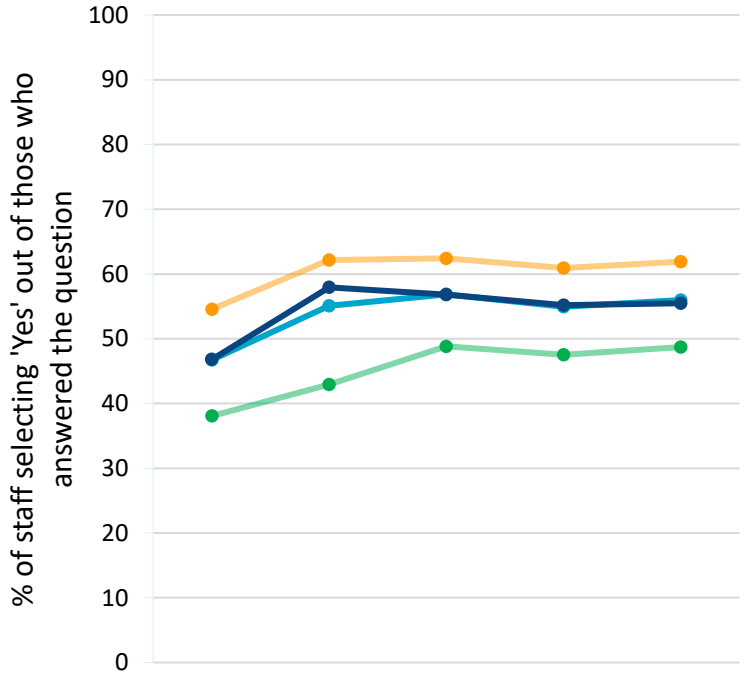
	2020	2021	2022	2023	2024
Your org	28.83%	30.30%	30.99%	29.29%	28.45%
Best result	18.50%	21.97%	22.05%	19.64%	20.23%
Average result	29.01%	31.06%	30.82%	29.54%	30.28%
Worst result	38.02%	38.84%	38.24%	37.32%	37.62%
Responses	2929	2848	2474	2199	3463

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



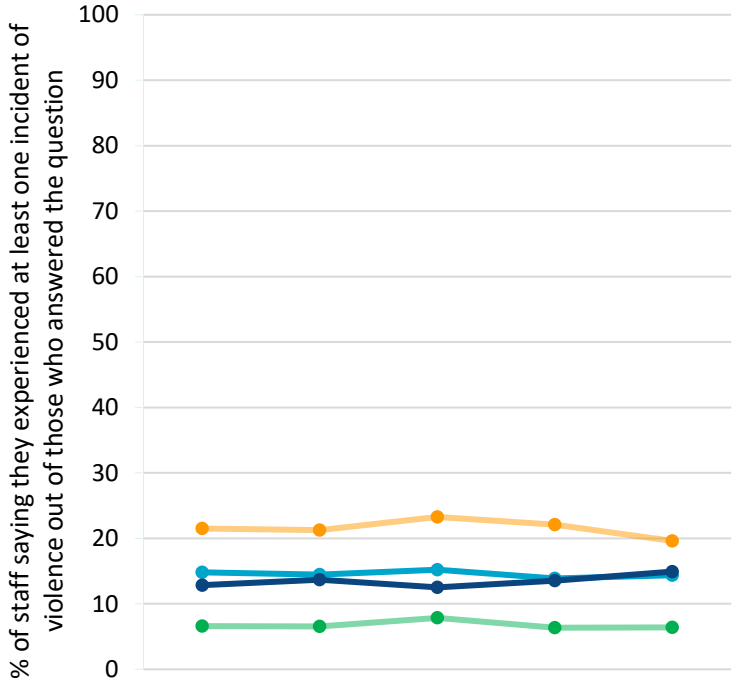
	2020	2021	2022	2023	2024
Your org	46.04%	49.65%	46.90%	43.28%	40.41%
Best result	32.61%	38.12%	36.86%	32.49%	33.18%
Average result	44.41%	47.14%	45.21%	41.73%	41.45%
Worst result	51.96%	54.45%	51.71%	50.11%	48.54%
Responses	2932	2848	2474	2204	3463

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



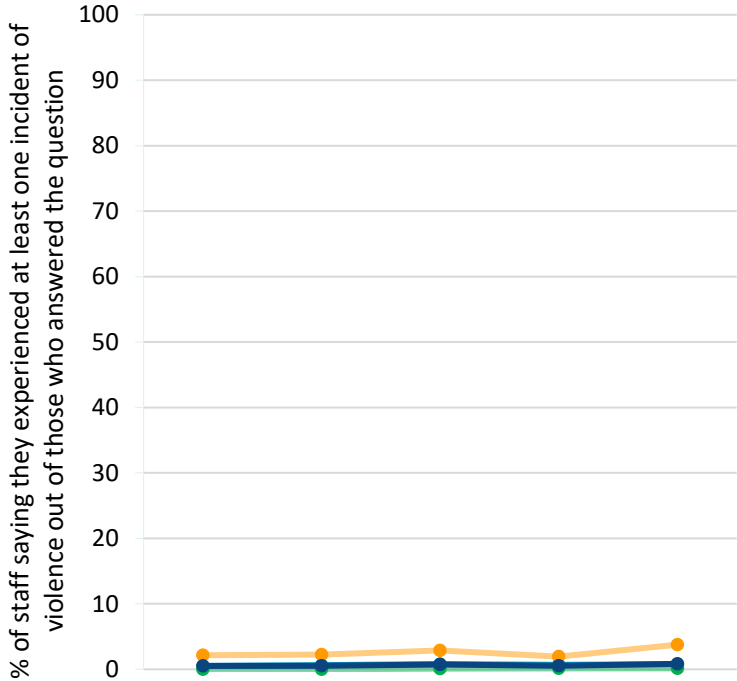
	2020	2021	2022	2023	2024
Your org	46.80%	57.94%	56.81%	55.17%	55.50%
Best result	38.07%	42.94%	48.83%	47.53%	48.72%
Average result	46.74%	55.10%	56.85%	54.96%	55.96%
Worst result	54.57%	62.18%	62.42%	60.91%	61.92%
Responses	2934	2848	2473	2204	3460

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.



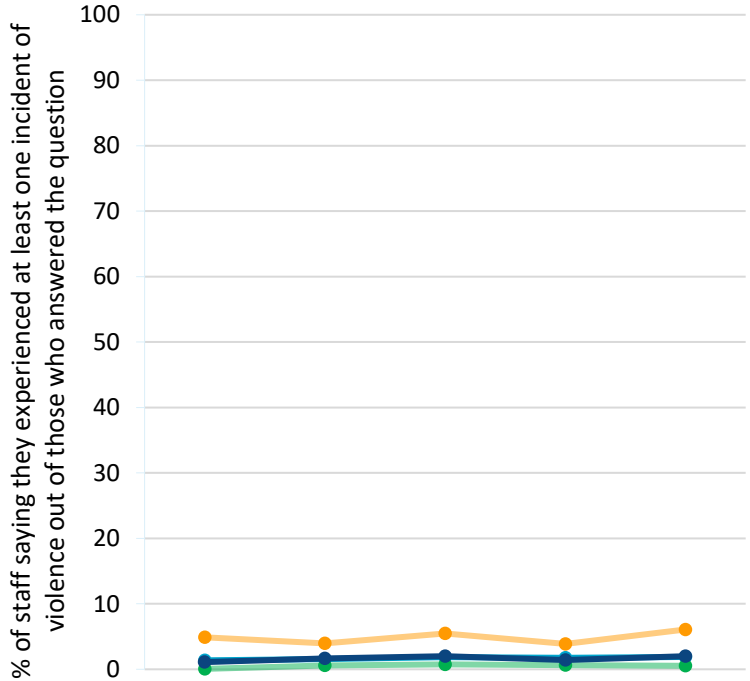
	2020	2021	2022	2023	2024
Your org	12.85%	13.69%	12.52%	13.55%	14.93%
Best result	6.62%	6.53%	7.85%	6.35%	6.38%
Average result	14.79%	14.47%	15.22%	13.88%	14.37%
Worst result	21.49%	21.27%	23.28%	22.09%	19.61%
Responses	2934	2868	2469	2042	3464

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	0.52%	0.52%	0.71%	0.54%	0.83%
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	2922	2852	2447	2020	3417

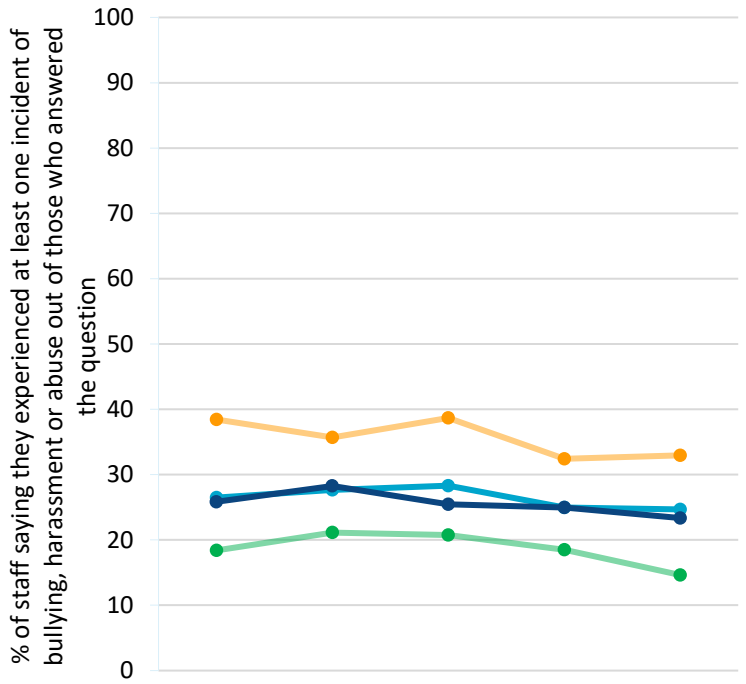
Q13c In the last 12 months how many times have you personally experienced physical violence at work from...? Other colleagues.



	2020	2021	2022	2023	2024
Your org	1.10%	1.66%	2.00%	1.44%	2.00%
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	2894	2838	2434	2002	3373

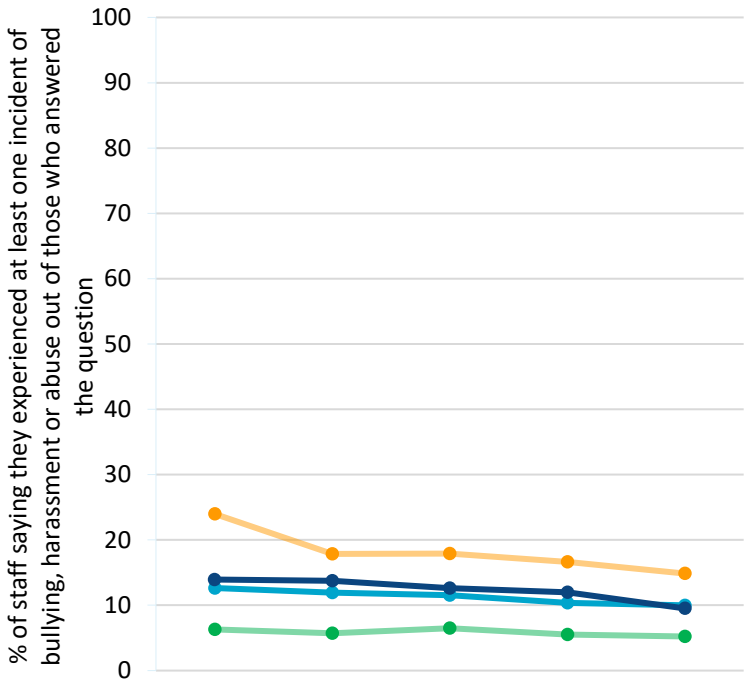
Note: 2023 results for Q13a-c are now reported using corrected data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

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.



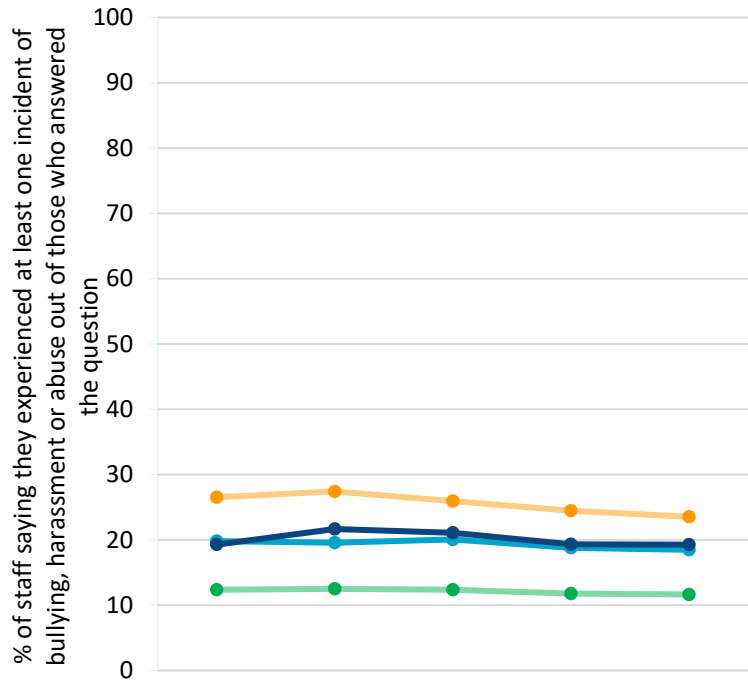
	2020	2021	2022	2023	2024
Your org	25.84%	28.26%	25.44%	24.97%	23.35%
Best result	18.42%	21.13%	20.77%	18.48%	14.63%
Average result	26.49%	27.65%	28.31%	24.99%	24.68%
Worst result	38.45%	35.69%	38.68%	32.43%	32.94%
Responses	2926	2850	2469	2041	3461

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	13.94%	13.73%	12.61%	12.00%	9.52%
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	2910	2835	2450	2028	3421

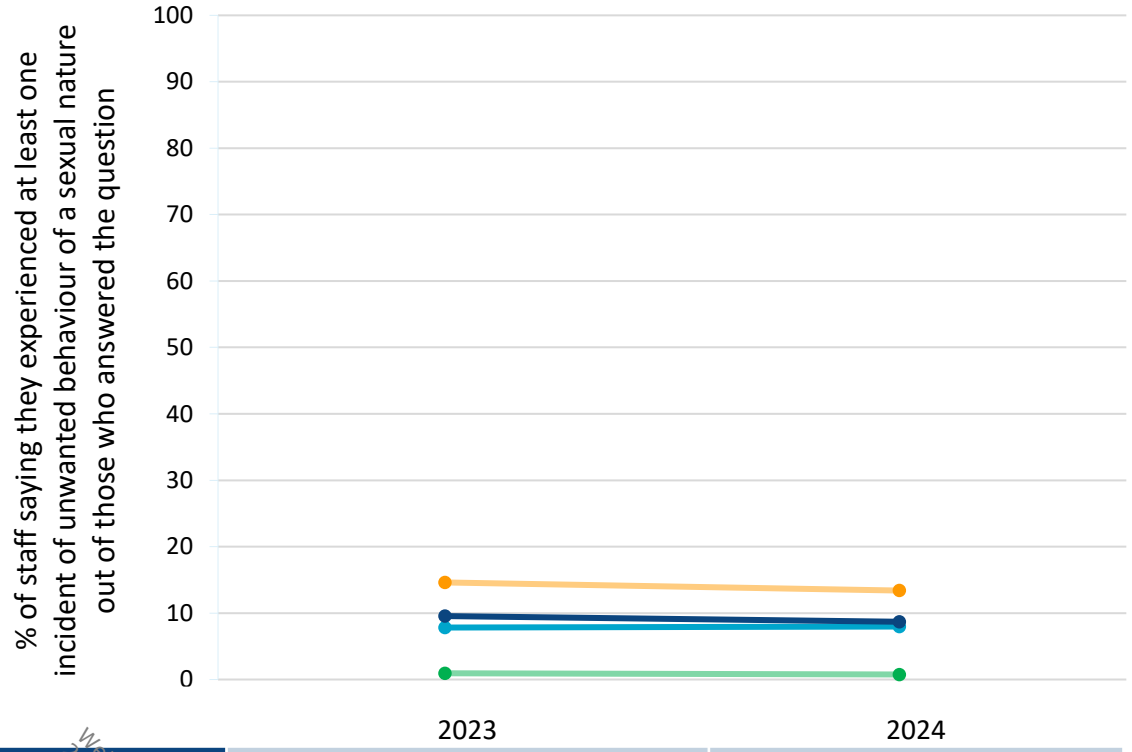
Q14c In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Other colleagues.



	2020	2021	2022	2023	2024
Your org	19.31%	21.67%	21.09%	19.33%	19.28%
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	2908	2824	2443	2018	3409

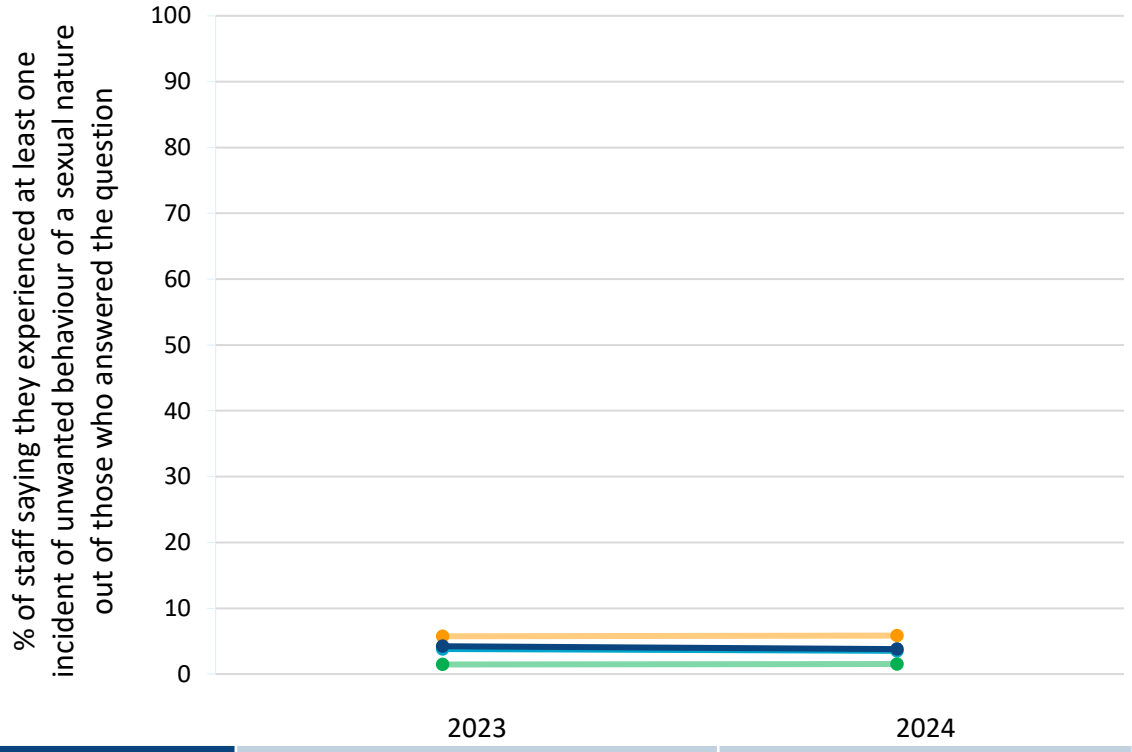
Note: 2023 results for Q14a-c are now reported using corrected data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

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	9.55%	8.70%
Best result	0.94%	0.76%
Average result	7.82%	7.98%
Worst result	14.61%	13.39%
Responses	2205	3467

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



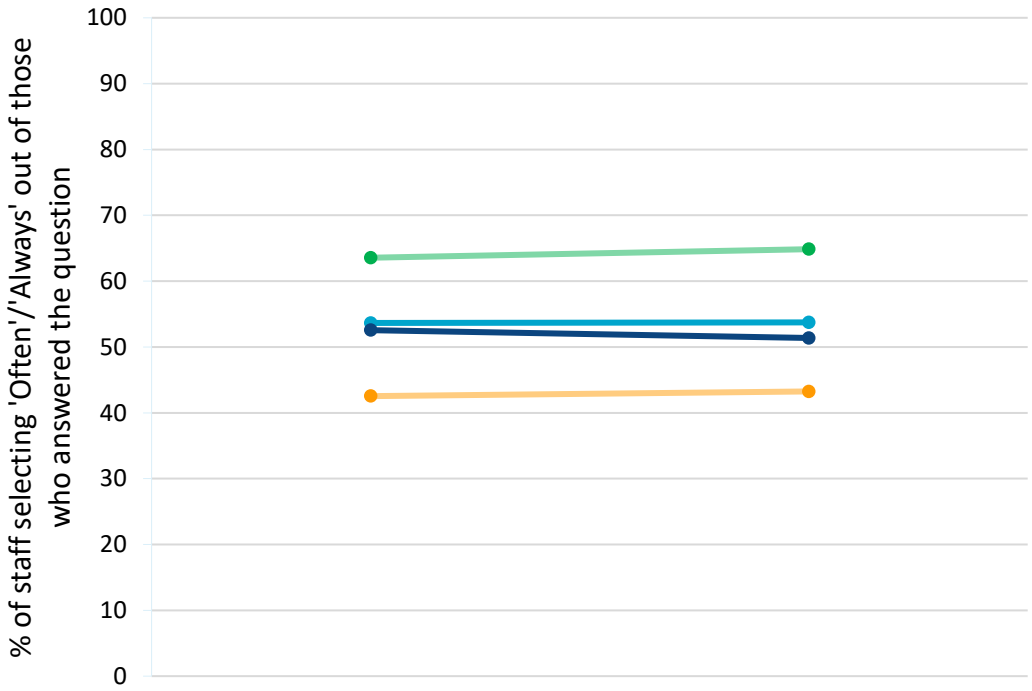
	2023	2024
Your org	4.23%	3.80%
Best result	1.46%	1.52%
Average result	3.81%	3.53%
Worst result	5.74%	5.85%
Responses	2191	3449

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

Survey Coordination Centre

NHS

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



	2023	2024
Your org	52.55%	51.37%
Best result	63.56%	64.85%
Average result	53.65%	53.73%
Worst result	42.53%	43.25%
Responses	2205	3466

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

Survey Coordination Centre

NHS

People Promise element – We are always learning

Questions included:

Development – Q24a, Q24b, Q24c, Q24d, Q24e

Appraisals – Q23a*, Q23b, Q23c, Q23d

Other questions** - Q24f

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

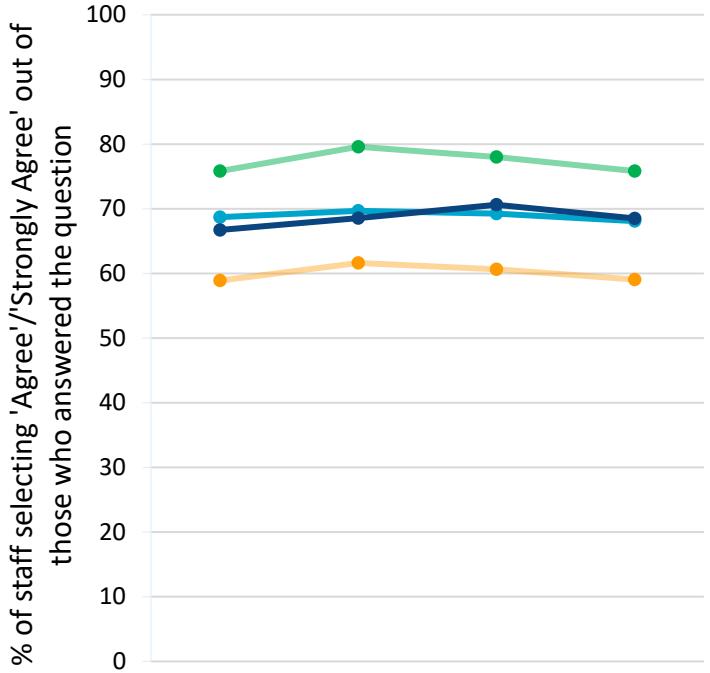
**Q24f does not contribute to the calculation of any scores or sub-scores.

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

Survey Coordination Centre

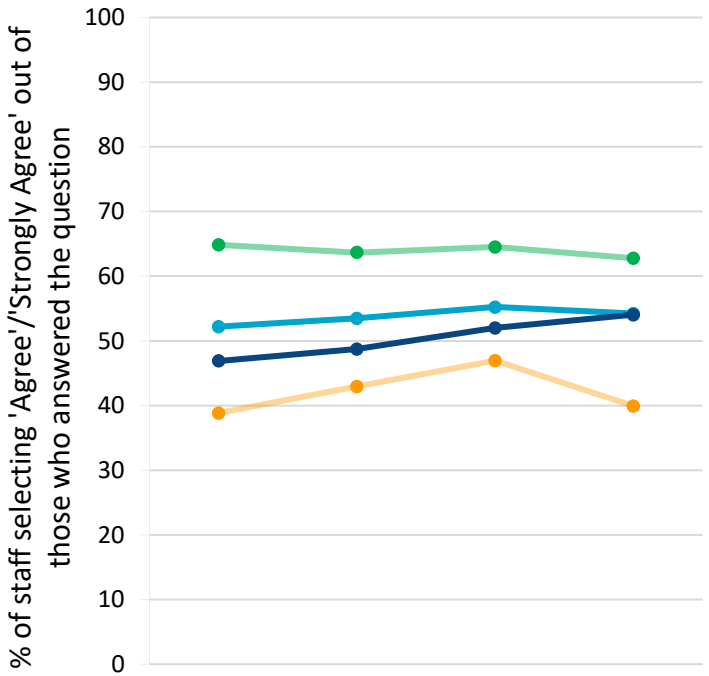
NHS

Q24a This organisation offers me challenging work.



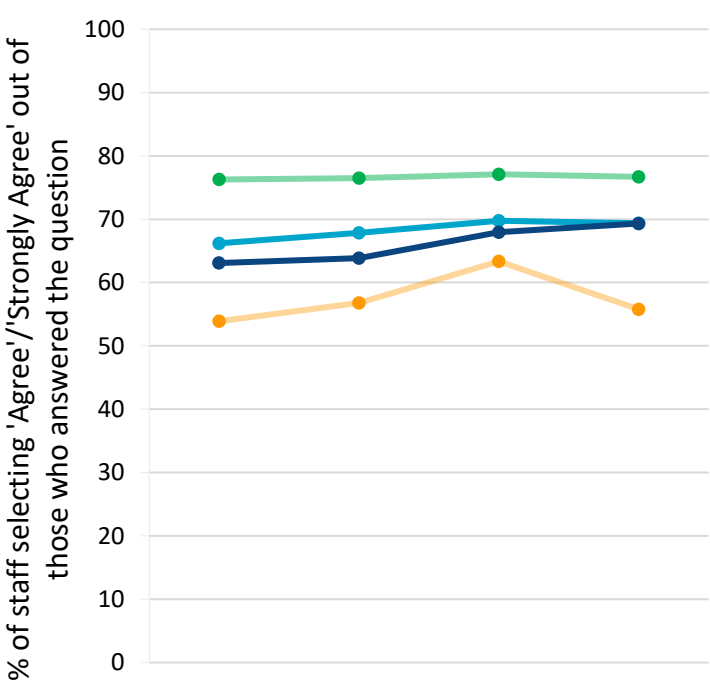
	2021	2022	2023	2024
Your org	66.72%	68.54%	70.61%	68.50%
Best result	75.83%	79.59%	78.00%	75.84%
Average result	68.68%	69.68%	69.23%	68.08%
Worst result	58.89%	61.62%	60.63%	59.05%
Responses	2862	2465	2200	3459

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



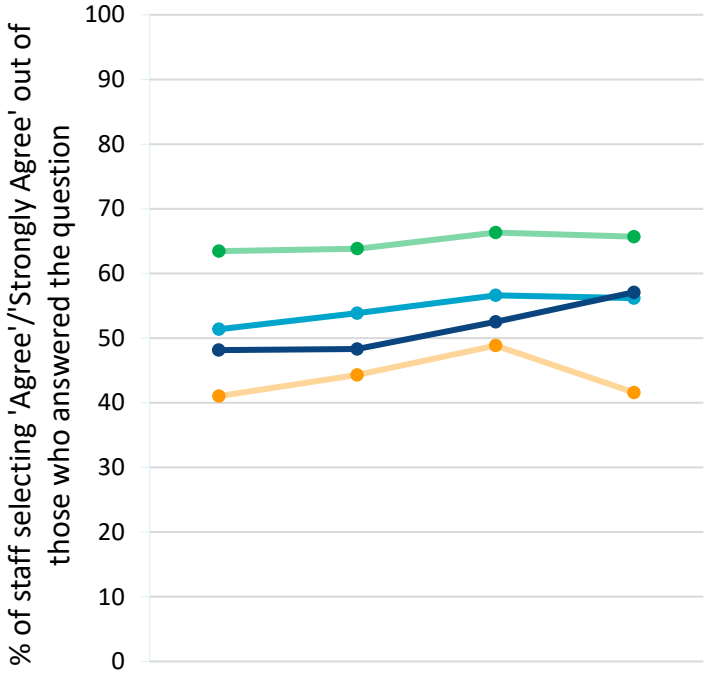
	2021	2022	2023	2024
Your org	46.88%	48.72%	52.01%	54.05%
Best result	64.85%	63.63%	64.50%	62.77%
Average result	52.19%	53.47%	55.24%	54.25%
Worst result	38.85%	42.97%	46.95%	39.91%
Responses	2862	2467	2204	3462

Q24c I have opportunities to improve my knowledge and skills.



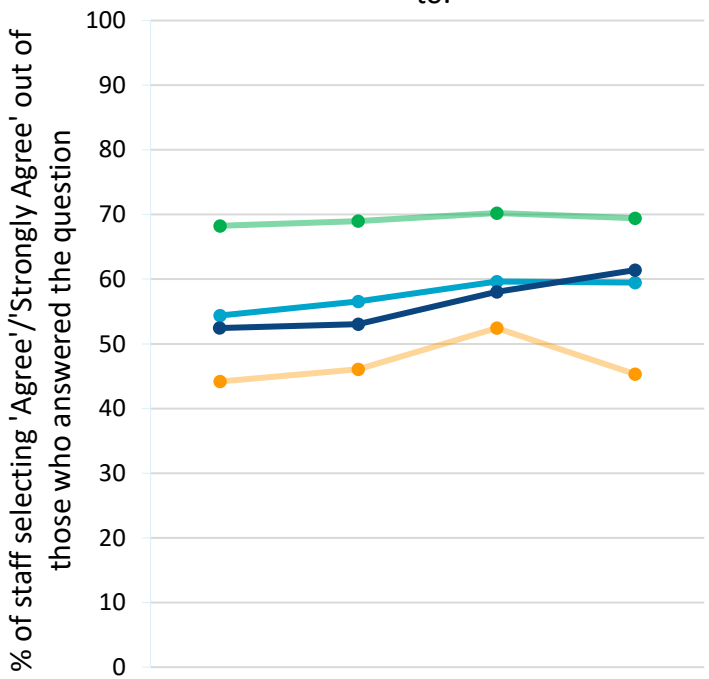
	2021	2022	2023	2024
Your org	63.08%	63.85%	67.97%	69.33%
Best result	76.28%	76.49%	77.10%	76.67%
Average result	66.20%	67.87%	69.76%	69.39%
Worst result	53.90%	56.77%	63.34%	55.79%
Responses	2860	2465	2202	3466

Q24d I feel supported to develop my potential.



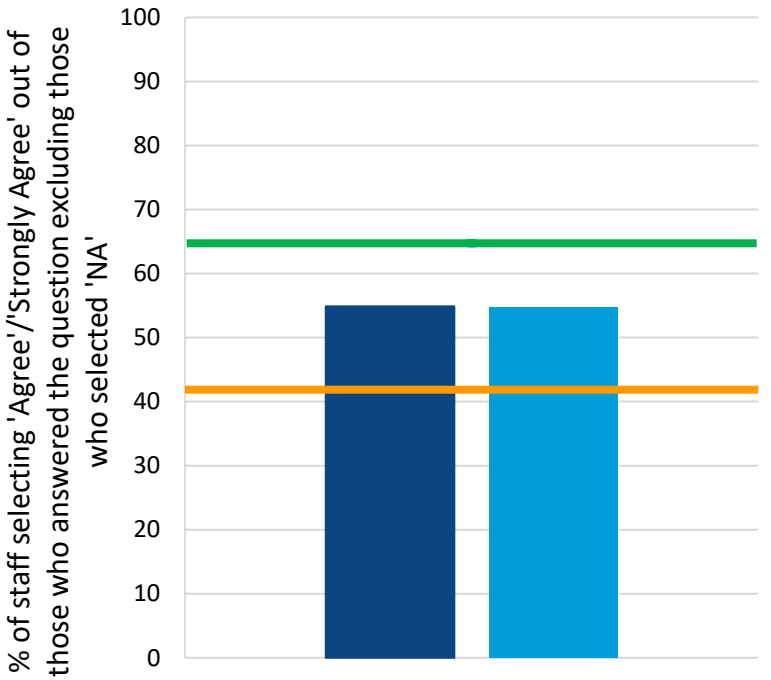
	2021	2022	2023	2024
Your org	48.14%	48.32%	52.55%	57.10%
Best result	63.45%	63.83%	66.33%	65.69%
Average result	51.37%	53.85%	56.61%	56.17%
Worst result	41.03%	44.31%	48.84%	41.60%
Responses	2856	2468	2200	3458

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



	2021	2022	2023	2024
Your org	52.44%	53.06%	58.04%	61.40%
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	2858	2467	2201	3461

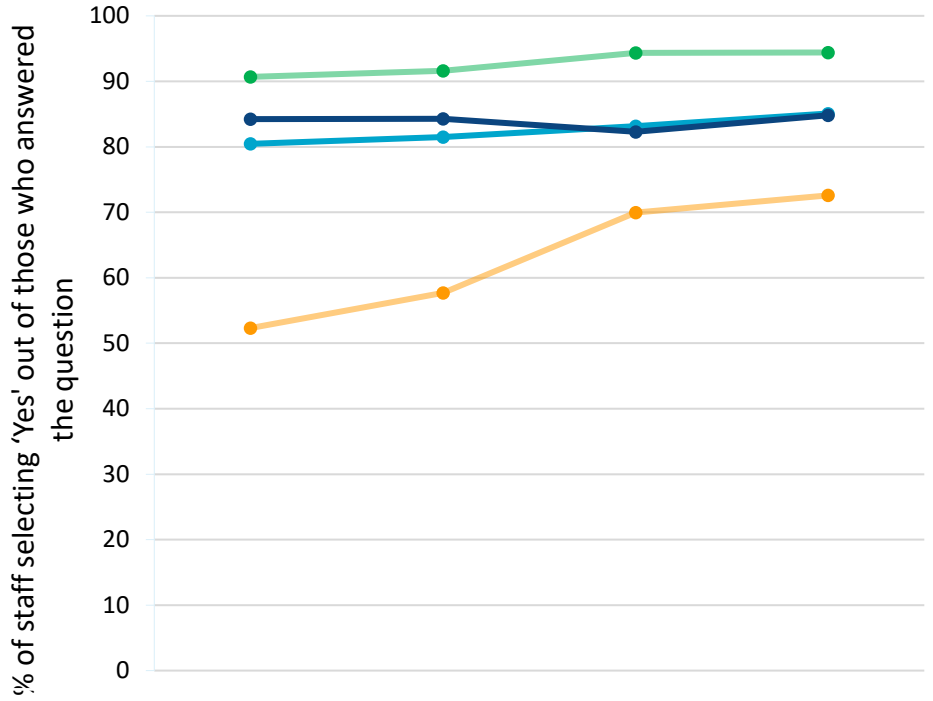
Q24f* I am able to access clinical supervision opportunities when I need to.



	2024
Your org	54.88%
Best result	64.73%
Average result	54.75%
Worst result	41.87%
Responses	2879

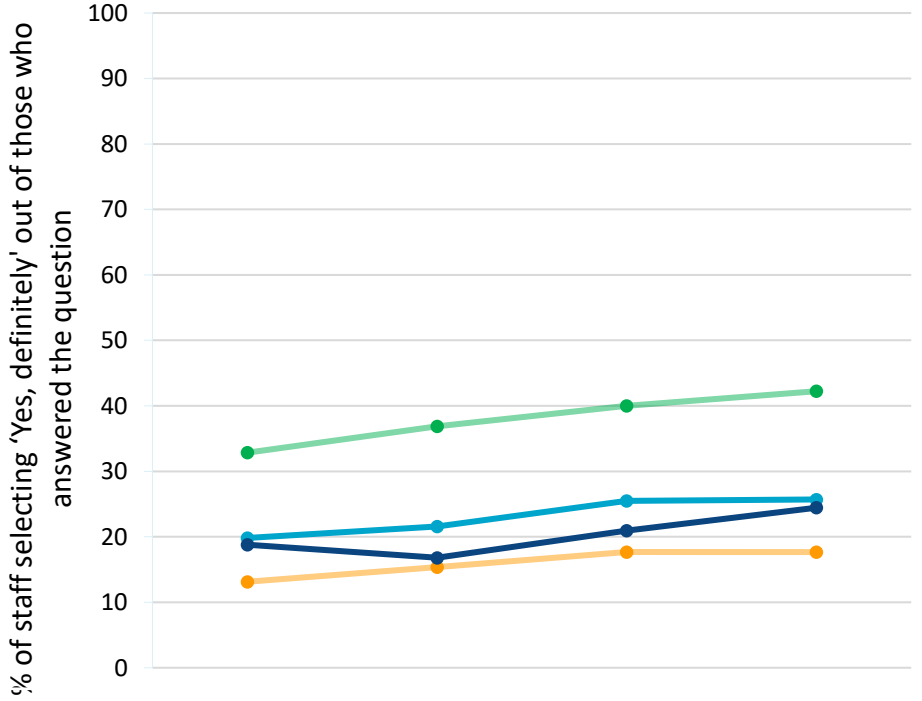
*Q24f was introduced in 2024 and does not currently contribute towards any People Promise element score, theme score or sub-score to protect trend data over five years.

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	84.22%	84.29%	82.29%	84.81%
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	2852	2466	2167	3429

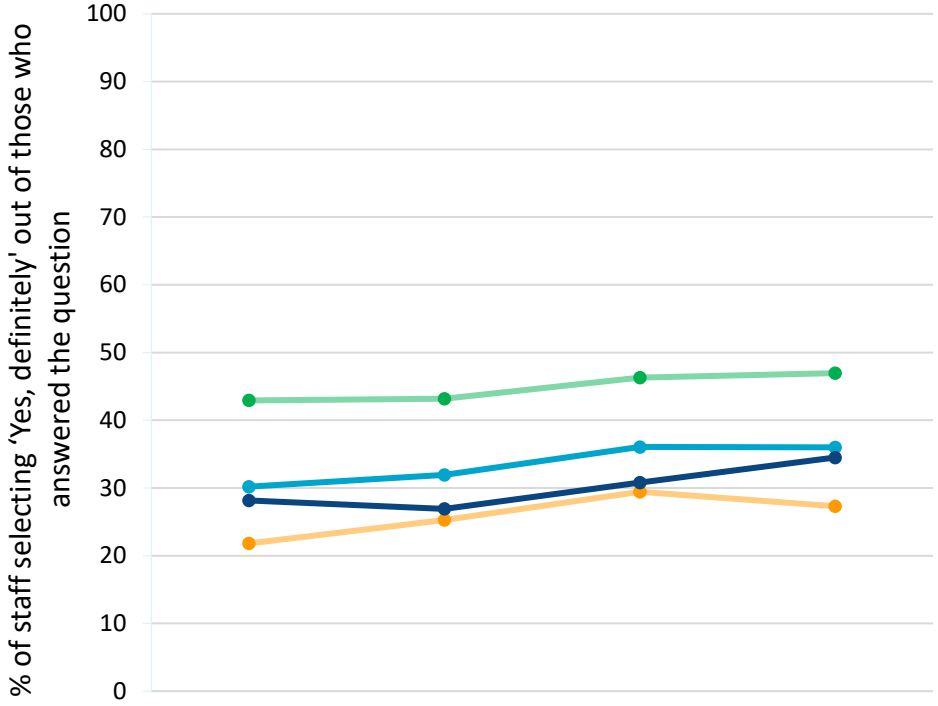
Q23b It helped me to improve how I do my job.



	2021	2022	2023	2024
Your org	18.80%	16.81%	20.92%	24.44%
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	2394	2074	1777	2889

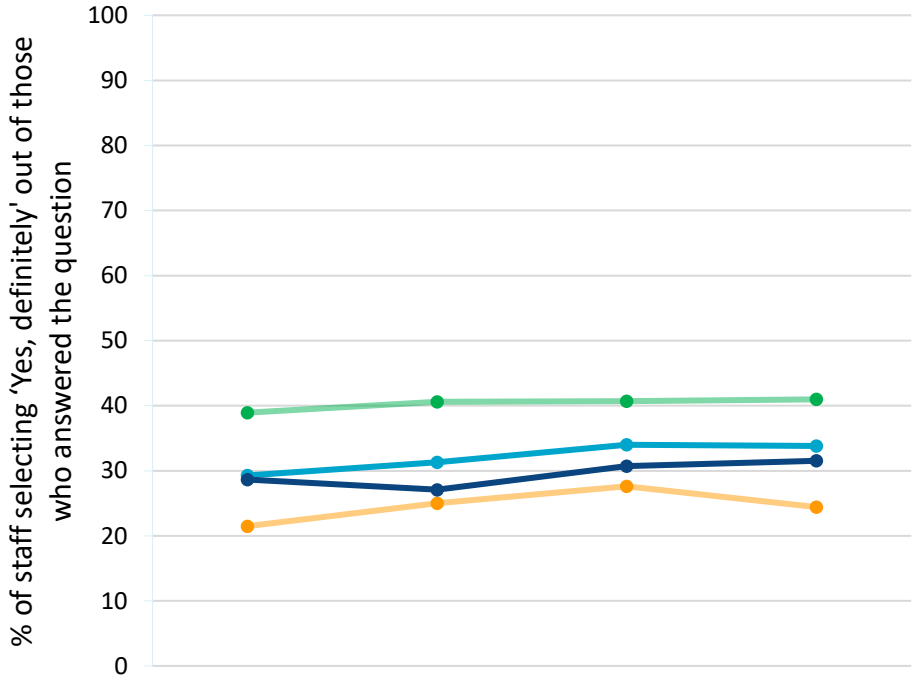
*Q23a is a filter question and therefore influences the sub-score without being a directly scored question.

Q23c It helped me agree clear objectives for my work.



	2021	2022	2023	2024
Your org	28.16%	26.91%	30.81%	34.50%
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	2381	2074	1776	2886

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



	2021	2022	2023	2024
Your org	28.66%	27.09%	30.72%	31.53%
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	2386	2075	1776	2891

Survey Coordination Centre

NHS

People Promise element – We work flexibly

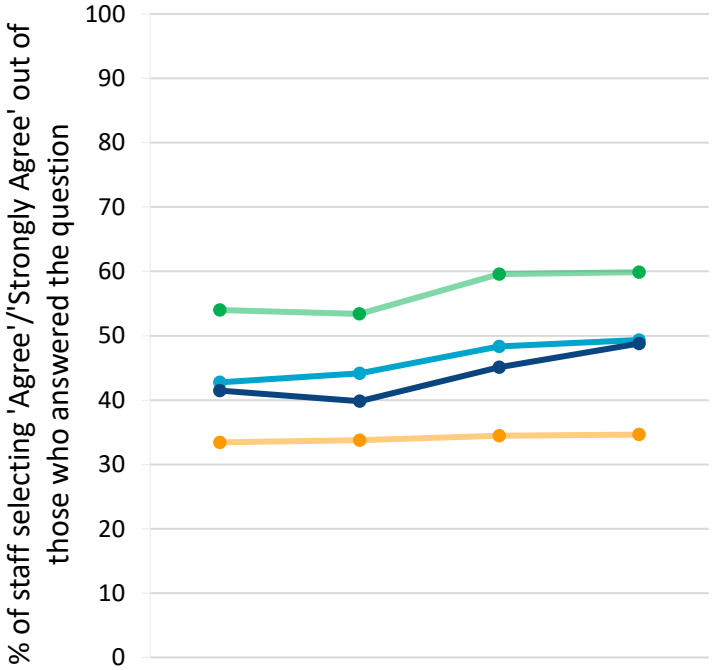
Questions included:

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

Flexible working – Q4d

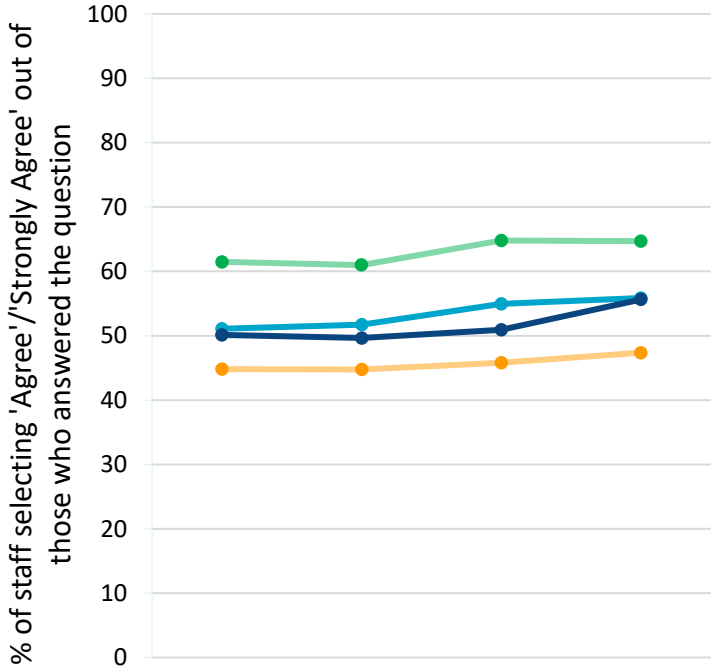
Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

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



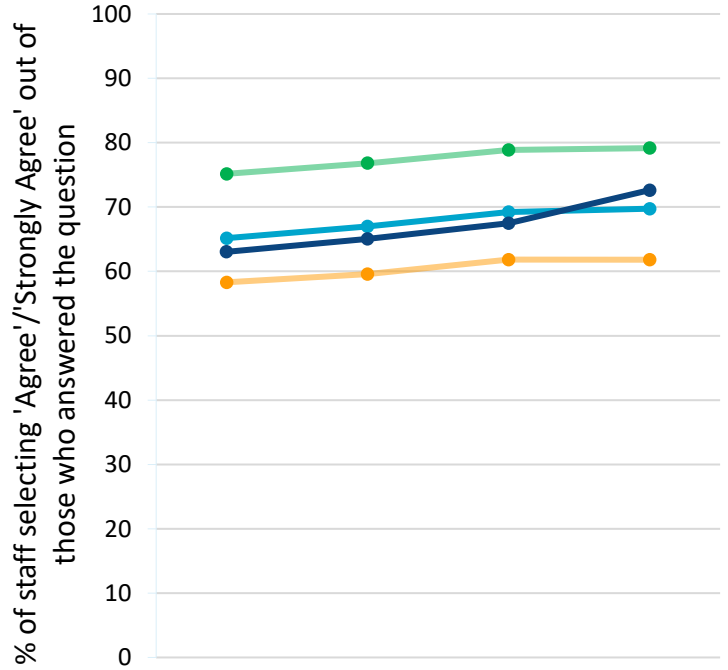
	2021	2022	2023	2024
Your org	41.45%	39.82%	45.10%	48.79%
Best result	53.99%	53.39%	59.57%	59.88%
Average result	42.75%	44.14%	48.33%	49.34%
Worst result	33.43%	33.74%	34.44%	34.64%
Responses	2874	2474	2211	3465

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



	2021	2022	2023	2024
Your org	50.11%	49.65%	50.90%	55.62%
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	2869	2476	2210	3465

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

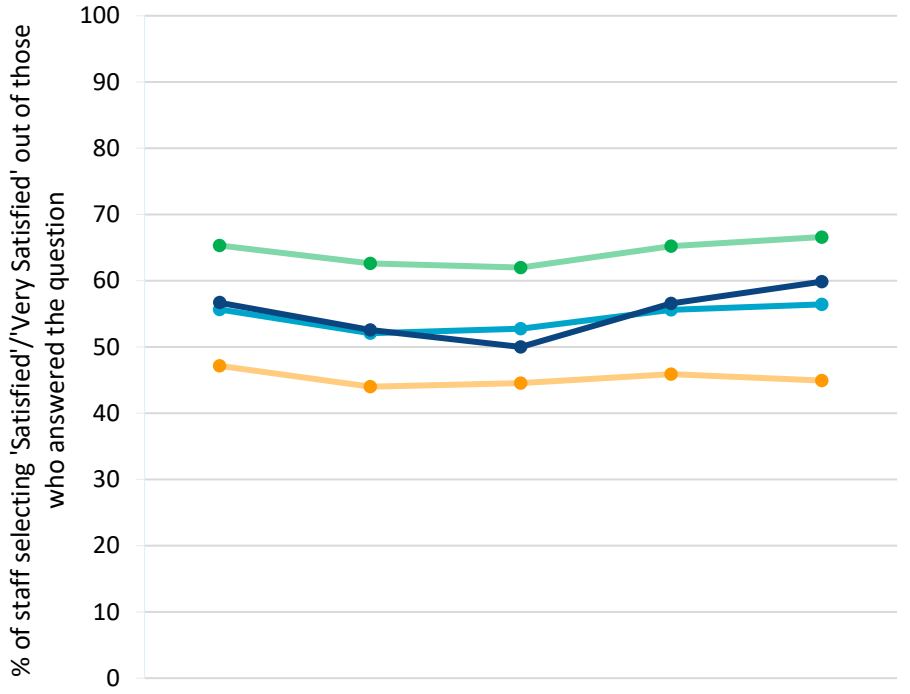


	2021	2022	2023	2024
Your org	63.04%	65.03%	67.50%	72.63%
Best result	75.16%	76.80%	78.85%	79.16%
Average result	65.17%	66.99%	69.24%	69.74%
Worst result	58.30%	59.57%	61.83%	61.80%
Responses	2872	2476	2207	3465

Survey Coordination Centre

NHS

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

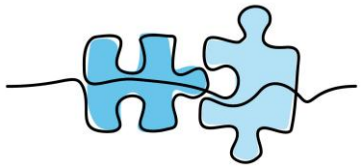


	2020	2021	2022	2023	2024
Your org	56.68%	52.58%	50.00%	56.57%	59.86%
Best result	65.32%	62.59%	61.99%	65.24%	66.60%
Average result	55.64%	52.08%	52.73%	55.59%	56.43%
Worst result	47.14%	44.00%	44.56%	45.90%	44.91%
Responses	2933	2851	2476	2201	3465

Survey Coordination Centre

NHS

People Promise element – We are a team



Questions included:

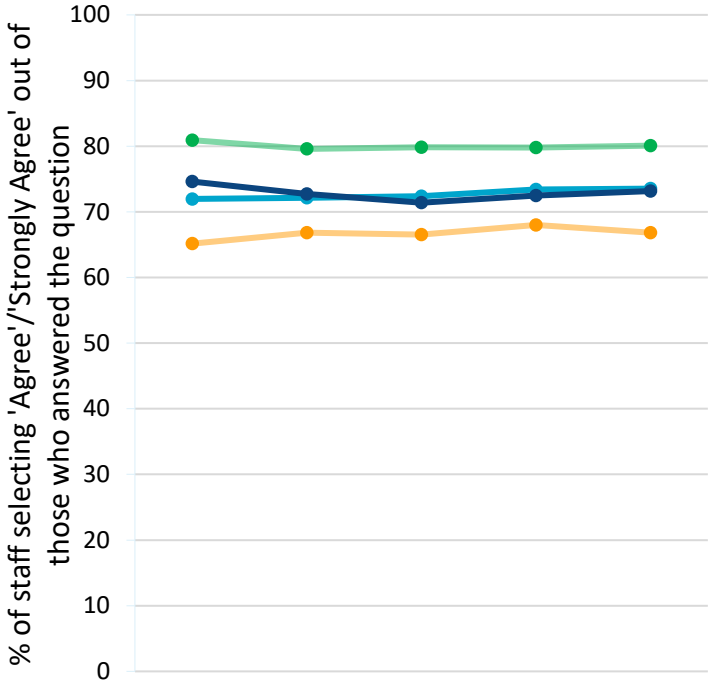
Team working – Q7a, Q7b, Q7c, Q7d, Q7e, Q7f, Q7g, Q8a

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.

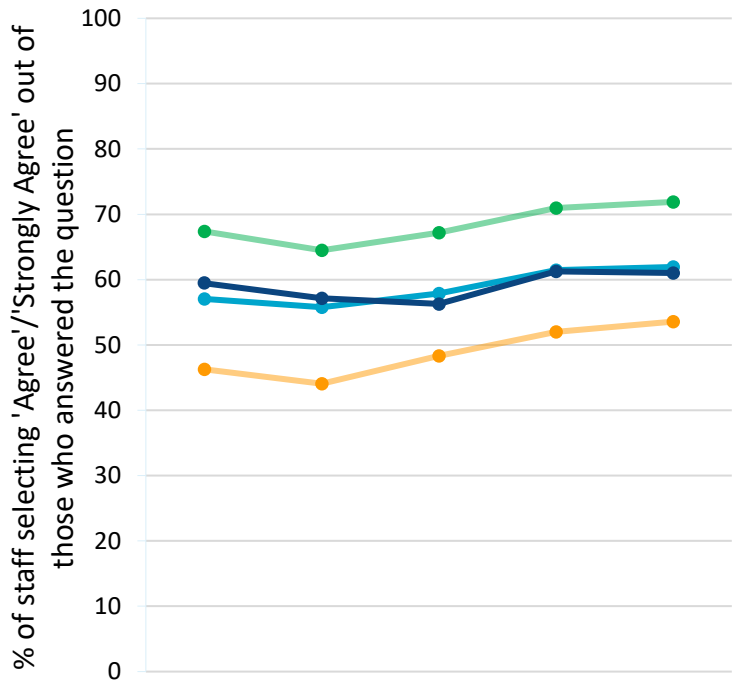
Survey Coordination Centre NHS

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



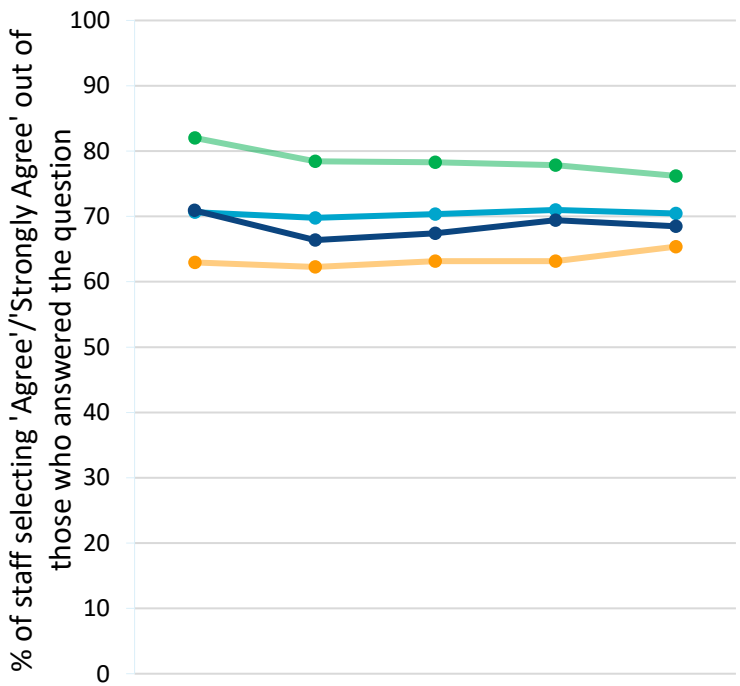
	2020	2021	2022	2023	2024
Your org	74.61%	72.72%	71.39%	72.49%	73.15%
Best result	80.92%	79.58%	79.84%	79.80%	80.07%
Average result	71.97%	72.15%	72.38%	73.42%	73.53%
Worst result	65.15%	66.83%	66.52%	68.00%	66.82%
Responses	2917	2856	2474	2204	3470

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



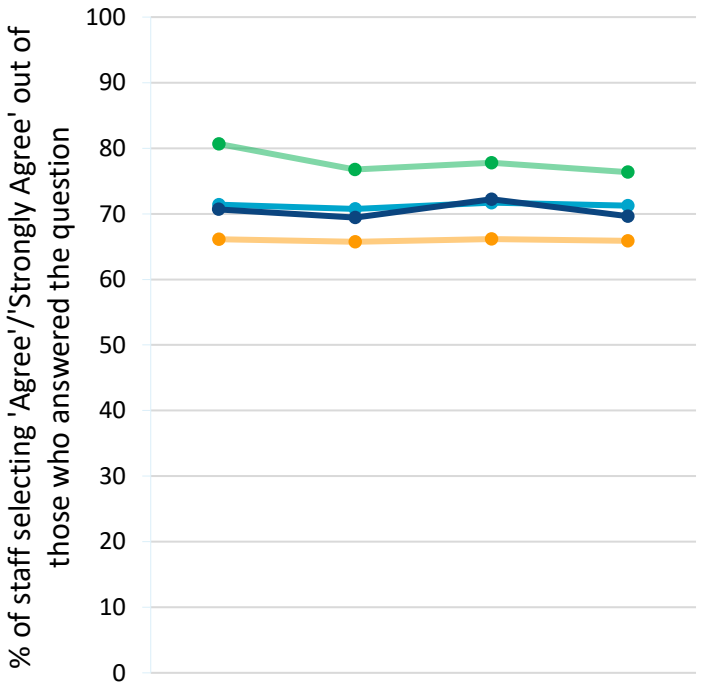
	2020	2021	2022	2023	2024
Your org	59.45%	57.13%	56.29%	61.26%	61.01%
Best result	67.38%	64.49%	67.16%	70.97%	71.90%
Average result	57.06%	55.78%	57.87%	61.46%	61.94%
Worst result	46.26%	44.06%	48.33%	52.00%	53.58%
Responses	2917	2858	2477	2201	3468

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



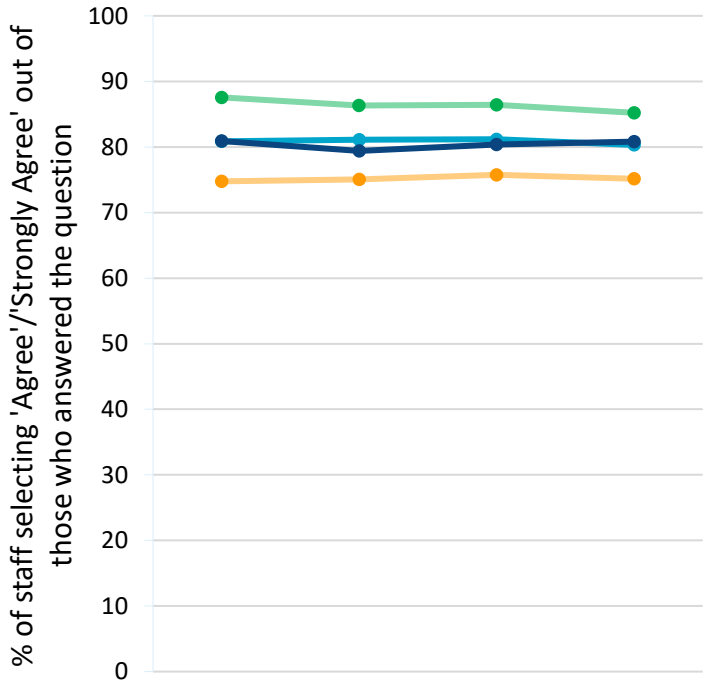
	2020	2021	2022	2023	2024
Your org	70.91%	66.38%	67.40%	69.42%	68.49%
Best result	82.02%	78.45%	78.29%	77.84%	76.21%
Average result	70.63%	69.79%	70.36%	70.99%	70.44%
Worst result	62.98%	62.27%	63.14%	63.16%	65.37%
Responses	2929	2862	2476	2205	3471

Q7d Team members understand each other's roles.



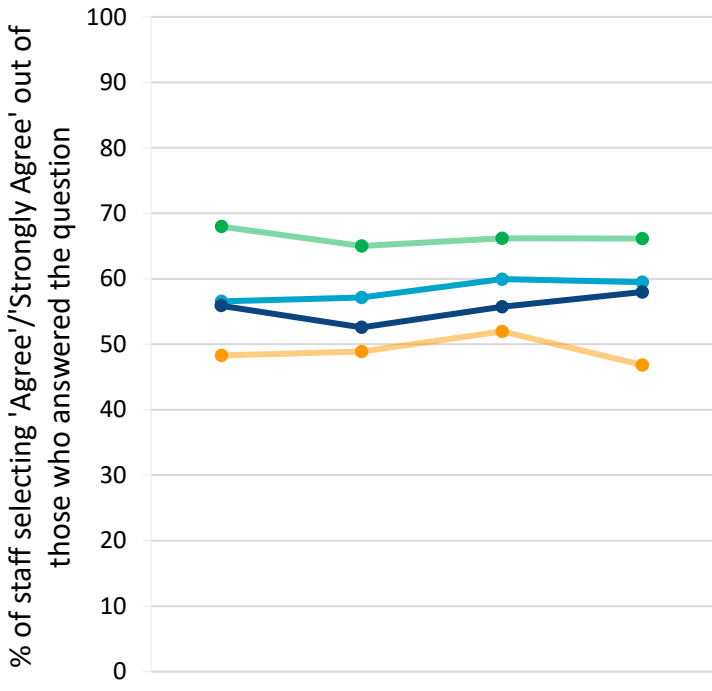
	2021	2022	2023	2024
Your org	70.67%	69.43%	72.22%	69.63%
Best result	80.65%	76.75%	77.80%	76.36%
Average result	71.41%	70.75%	71.71%	71.27%
Worst result	66.14%	65.74%	66.15%	65.89%
Responses	2859	2477	2208	3474

Q7e I enjoy working with the colleagues in my team.



	2021	2022	2023	2024
Your org	80.91%	79.40%	80.37%	80.80%
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	2855	2476	2207	3475

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

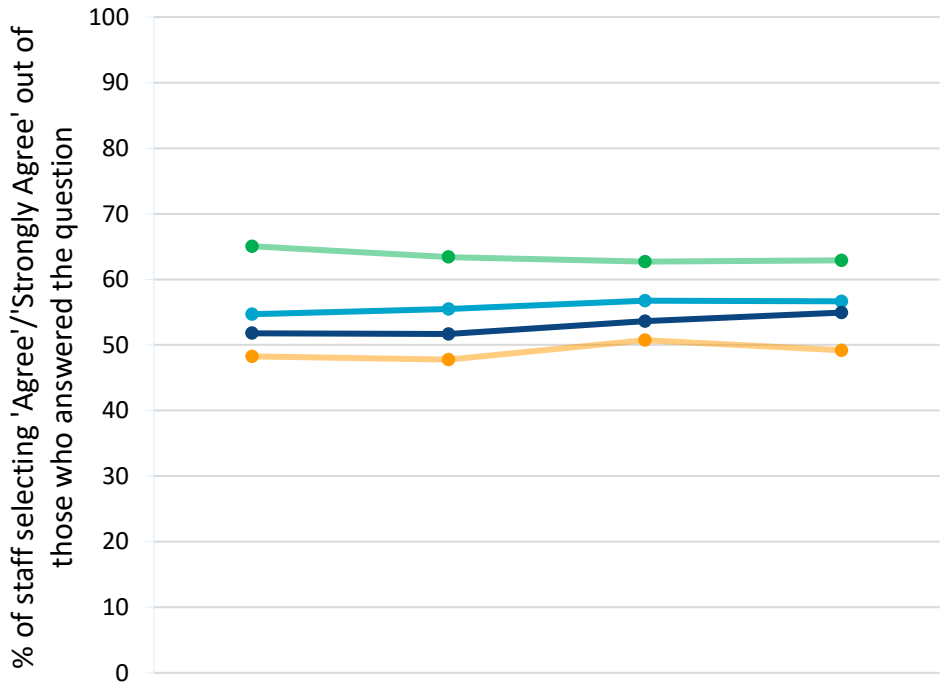


	2021	2022	2023	2024
Your org	55.90%	52.58%	55.72%	57.98%
Best result	67.97%	65.01%	66.20%	66.16%
Average result	56.55%	57.13%	59.95%	59.47%
Worst result	48.31%	48.90%	51.97%	46.83%
Responses	2850	2471	2205	3469

Survey Coordination Centre

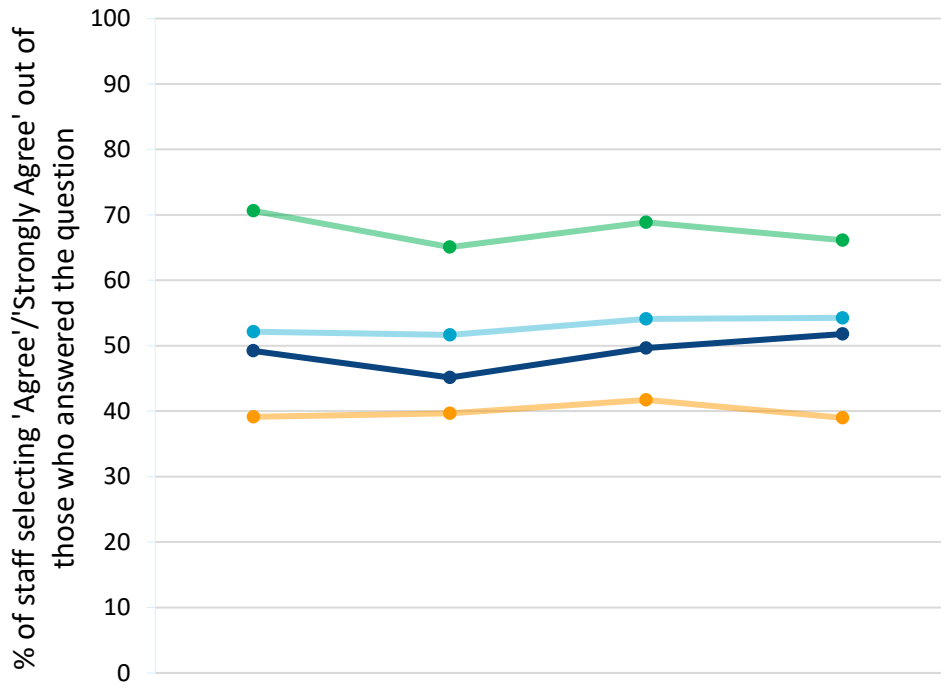
NHS

Q7g In my team disagreements are dealt with constructively.



	2021	2022	2023	2024
Your org	51.80%	51.68%	53.64%	54.94%
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	2853	2474	2203	3465

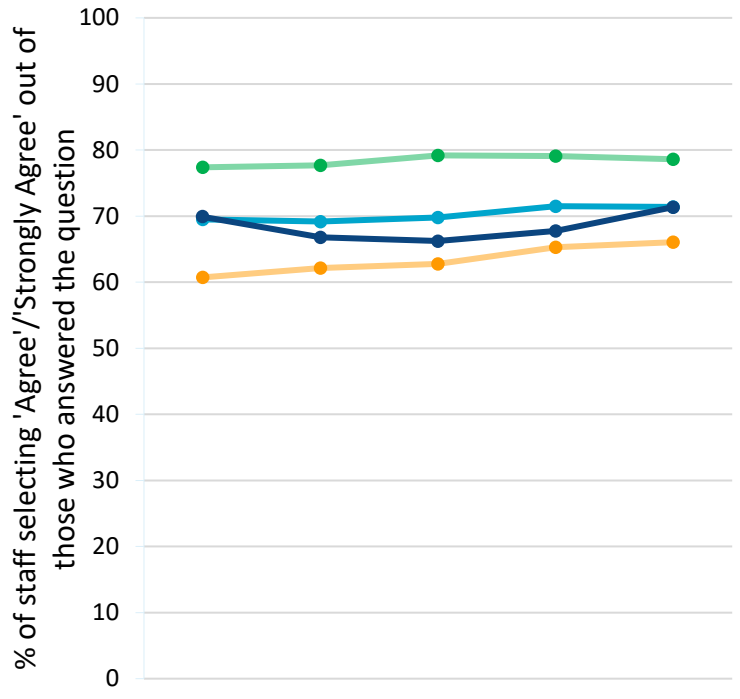
Q8a Teams within this organisation work well together to achieve their objectives.



	2021	2022	2023	2024
Your org	49.22%	45.15%	49.65%	51.79%
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	2843	2474	2207	3463

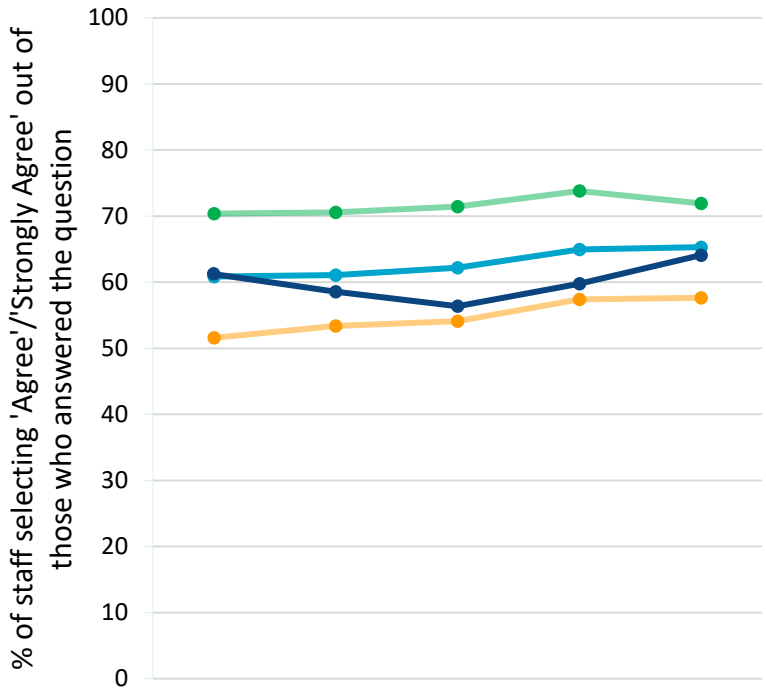
Survey Coordination Centre NHS

Q9a My immediate manager encourages me at work.



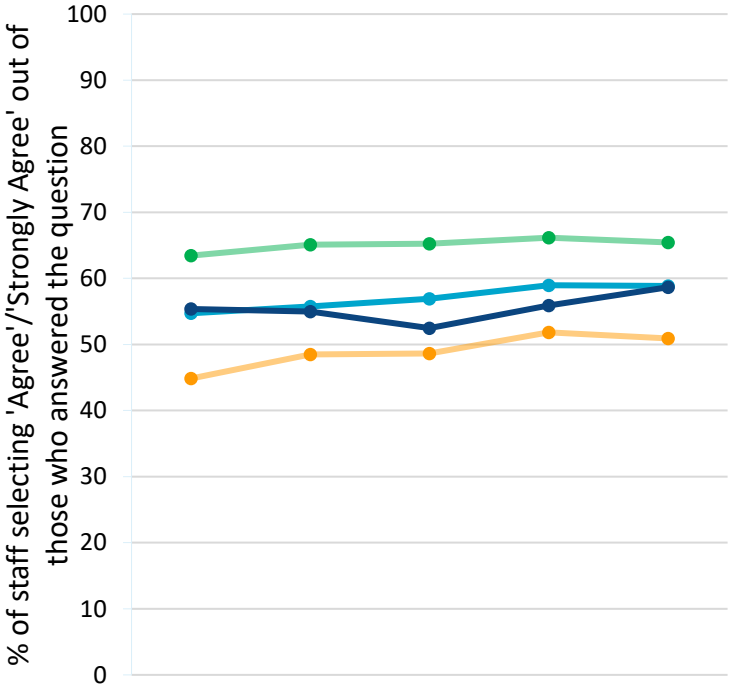
	2020	2021	2022	2023	2024
Your org	69.91%	66.80%	66.23%	67.78%	71.36%
Best result	77.39%	77.71%	79.19%	79.11%	78.63%
Average result	69.49%	69.19%	69.81%	71.50%	71.38%
Worst result	60.73%	62.13%	62.79%	65.30%	66.06%
Responses	2938	2870	2473	2208	3471

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



	2020	2021	2022	2023	2024
Your org	61.24%	58.56%	56.36%	59.78%	64.10%
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	2937	2865	2469	2203	3468

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

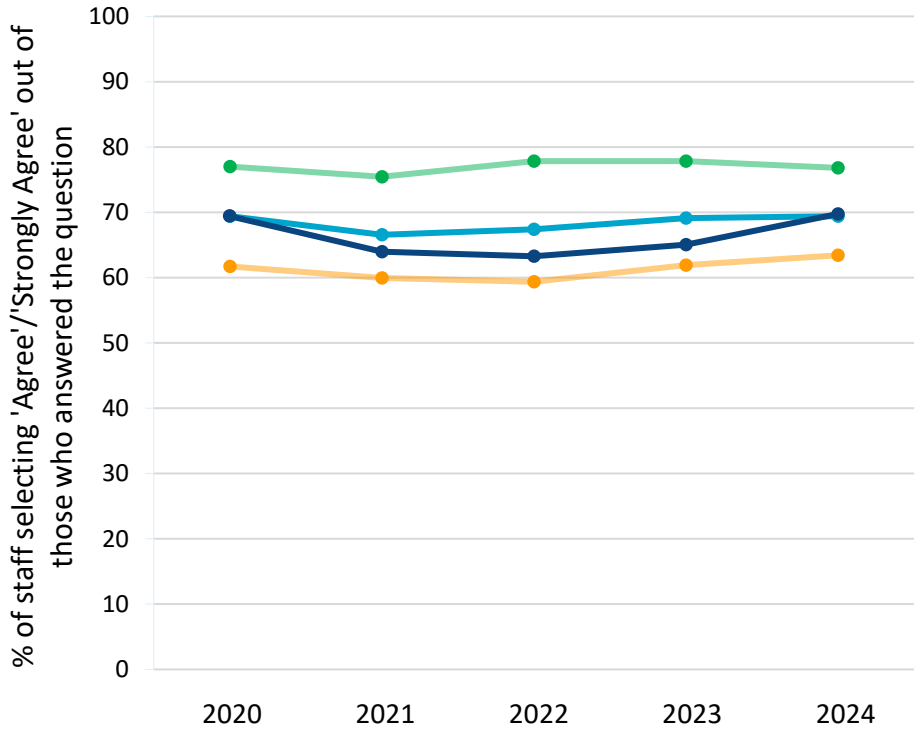


	2020	2021	2022	2023	2024
Your org	55.36%	54.98%	52.48%	55.89%	58.66%
Best result	63.45%	65.11%	65.23%	66.16%	65.47%
Average result	54.73%	55.75%	56.93%	58.97%	58.84%
Worst result	44.85%	48.47%	48.62%	51.84%	50.94%
Responses	2934	2865	2471	2208	3473

Survey Coordination Centre

NHS

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



	2020	2021	2022	2023	2024
Your org	69.42%	63.98%	63.27%	65.07%	69.75%
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	2935	2874	2474	2206	3471

Survey Coordination Centre

NHS

Theme – Staff engagement

Questions included:

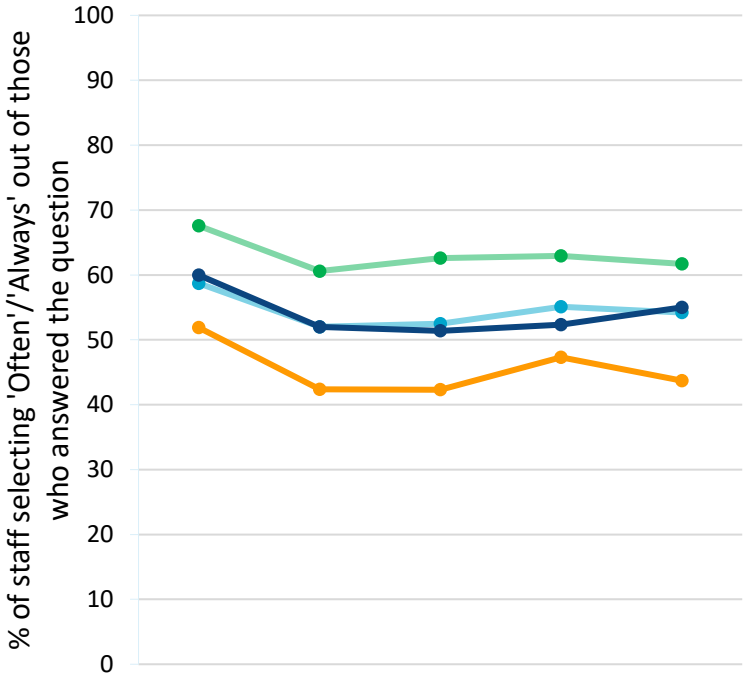
Motivation – Q2a, Q2b, Q2c

Involvement – Q3c, Q3d, Q3f

Advocacy – Q25a, Q25c, Q25d

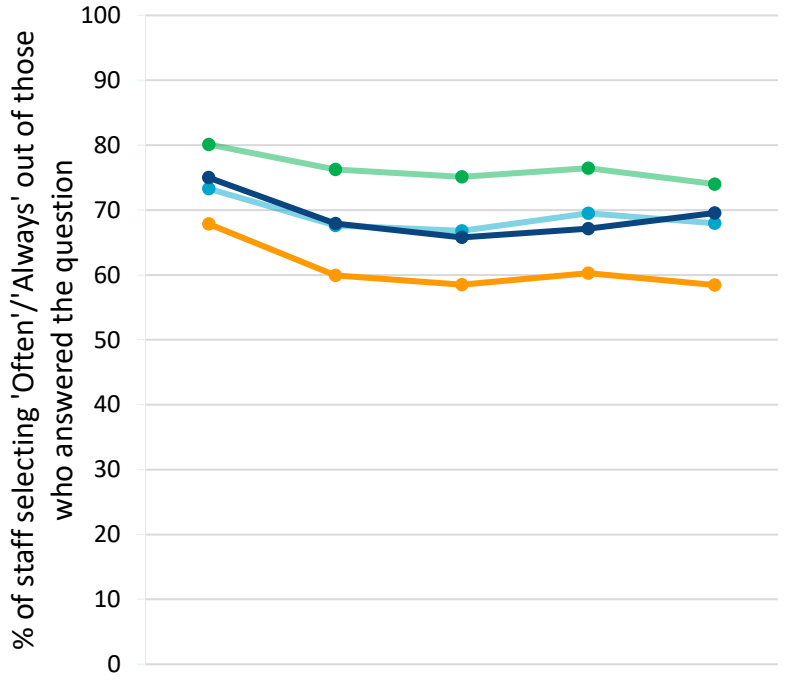
Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Q2a I look forward to going to work.



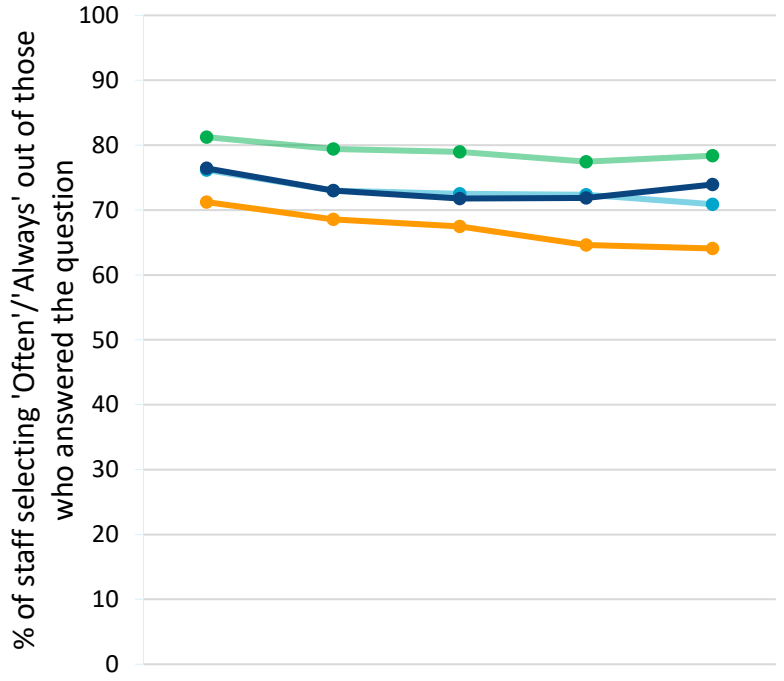
	2020	2021	2022	2023	2024
Your org	59.96%	52.01%	51.38%	52.35%	55.01%
Best result	67.56%	60.59%	62.57%	62.91%	61.70%
Average result	58.70%	52.01%	52.47%	55.07%	54.19%
Worst result	51.87%	42.39%	42.30%	47.30%	43.71%
Responses	2935	2868	2467	2204	3471

Q2b I am enthusiastic about my job.



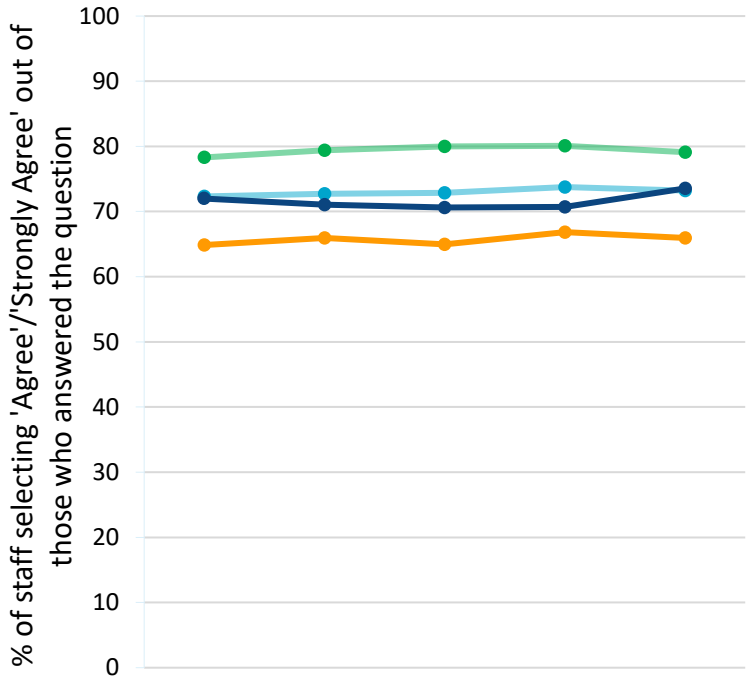
	2020	2021	2022	2023	2024
Your org	74.98%	67.94%	65.78%	67.13%	69.53%
Best result	80.10%	76.24%	75.13%	76.42%	74.01%
Average result	73.28%	67.60%	66.80%	69.49%	67.95%
Worst result	67.85%	59.92%	58.48%	60.25%	58.44%
Responses	2925	2858	2466	2201	3461

Q2c Time passes quickly when I am working.



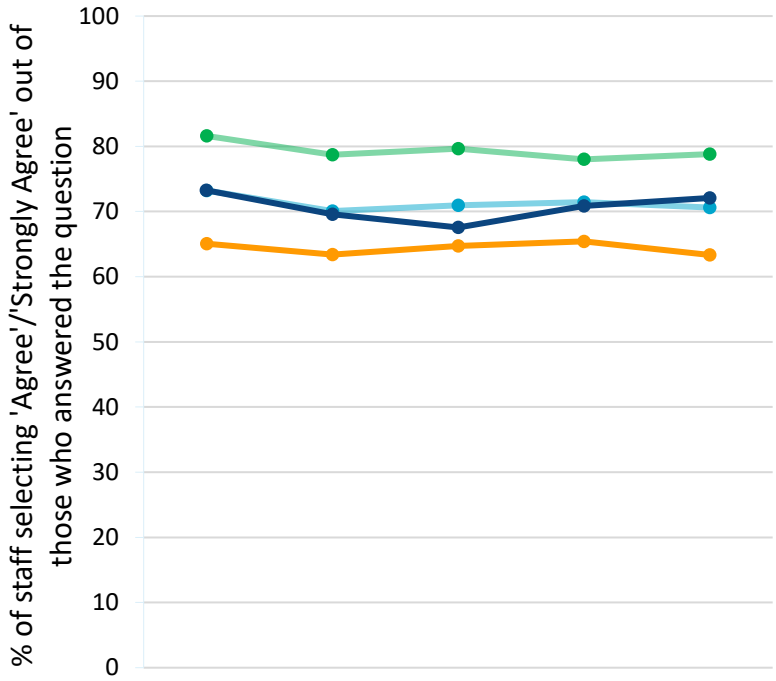
	2020	2021	2022	2023	2024
Your org	76.41%	73.00%	71.78%	71.85%	73.91%
Best result	81.23%	79.39%	78.98%	77.45%	78.37%
Average result	76.16%	72.99%	72.52%	72.36%	70.90%
Worst result	71.22%	68.54%	67.46%	64.61%	64.08%
Responses	2914	2859	2469	2195	3462

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



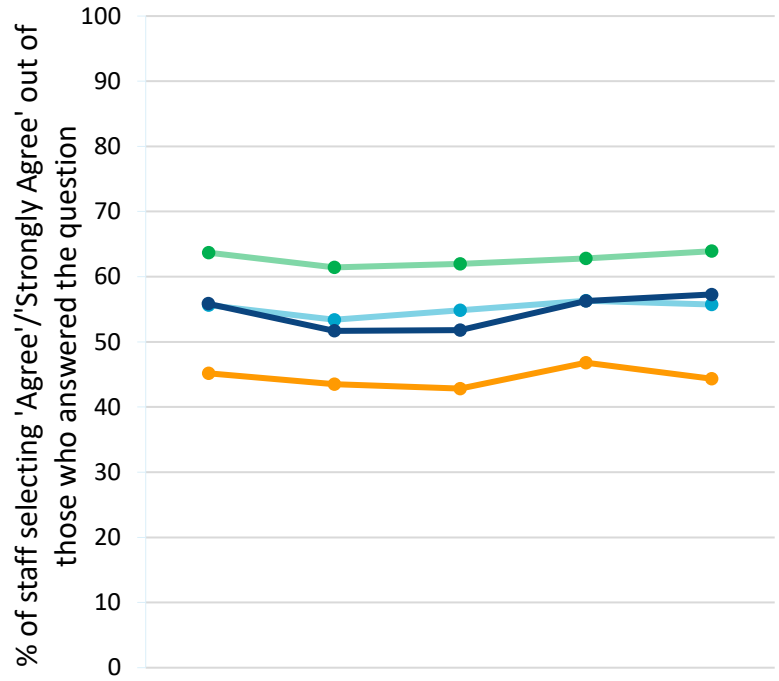
	2020	2021	2022	2023	2024
Your org	72.01%	71.03%	70.62%	70.69%	73.55%
Best result	78.30%	79.42%	80.00%	80.09%	79.13%
Average result	72.32%	72.74%	72.89%	73.76%	73.20%
Worst result	64.86%	65.95%	64.98%	66.84%	65.96%
Responses	2941	2874	2476	2204	3472

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



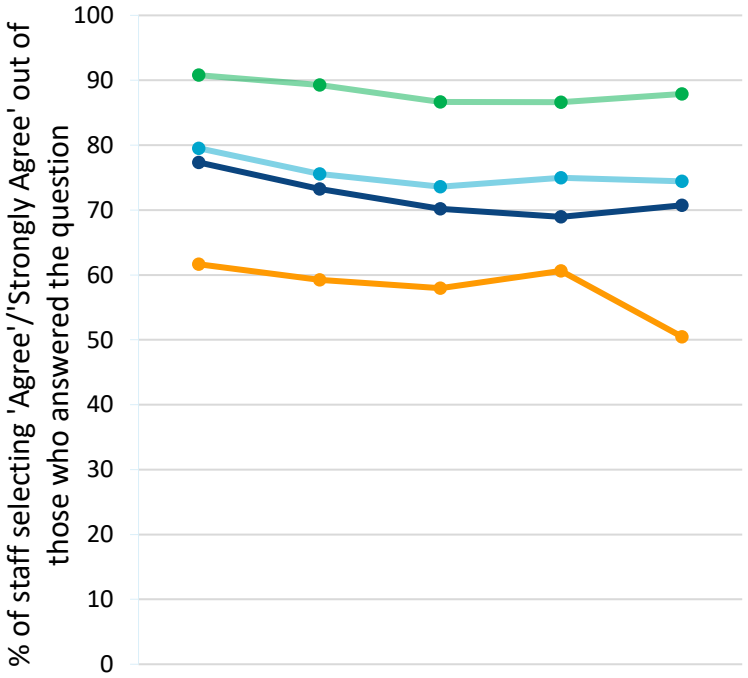
	2020	2021	2022	2023	2024
Your org	73.25%	69.57%	67.56%	70.84%	72.08%
Best result	81.61%	78.70%	79.64%	78.01%	78.83%
Average result	73.23%	70.08%	70.96%	71.46%	70.60%
Worst result	65.06%	63.41%	64.71%	65.42%	63.34%
Responses	2931	2869	2480	2206	3472

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



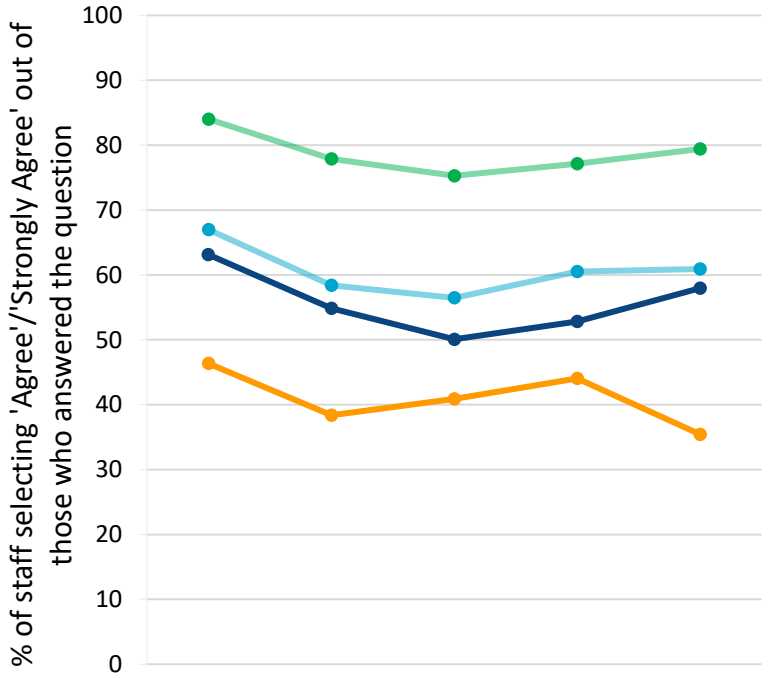
	2020	2021	2022	2023	2024
Your org	55.83%	51.69%	51.82%	56.26%	57.28%
Best result	63.70%	61.43%	61.98%	62.83%	63.91%
Average result	55.64%	53.40%	54.86%	56.31%	55.73%
Worst result	45.19%	43.51%	42.83%	46.80%	44.36%
Responses	2916	2862	2476	2207	3470

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



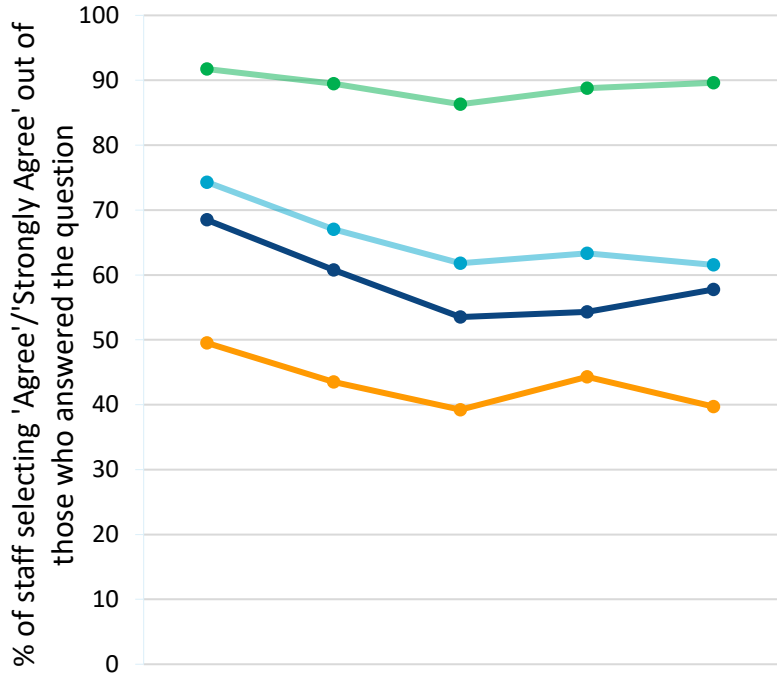
	2020	2021	2022	2023	2024
Your org	77.33%	73.25%	70.17%	68.95%	70.74%
Best result	90.78%	89.26%	86.67%	86.62%	87.89%
Average result	79.52%	75.57%	73.60%	74.95%	74.42%
Worst result	61.64%	59.23%	57.97%	60.62%	50.48%
Responses	2936	2868	2469	2203	3464

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



	2020	2021	2022	2023	2024
Your org	63.12%	54.85%	50.08%	52.84%	57.94%
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	2925	2864	2470	2201	3461

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	68.47%	60.77%	53.51%	54.31%	57.76%
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	2923	2863	2469	2203	3462

Survey Coordination Centre

NHS

Theme - Morale

Questions included:

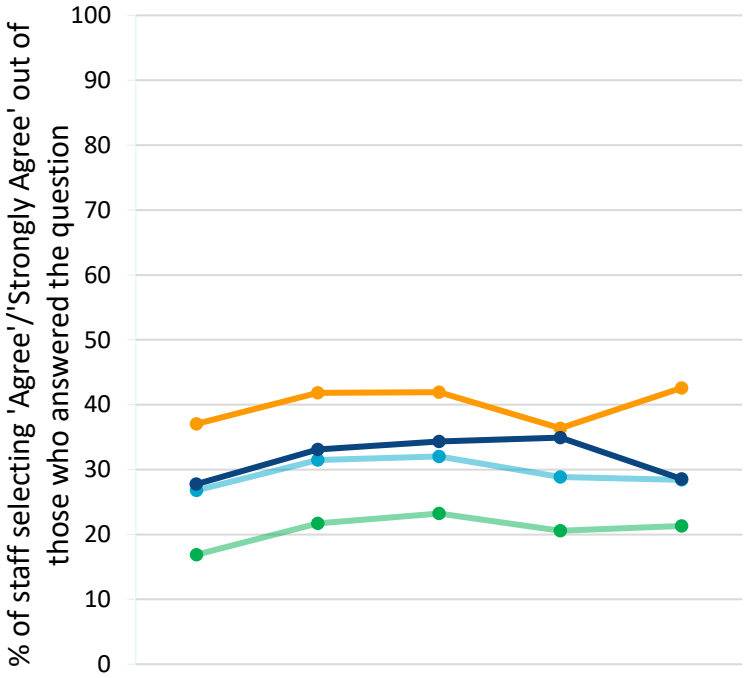
Thinking about leaving – Q26a, Q26b, Q26c

Work pressure – Q3g, Q3h, Q3i

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

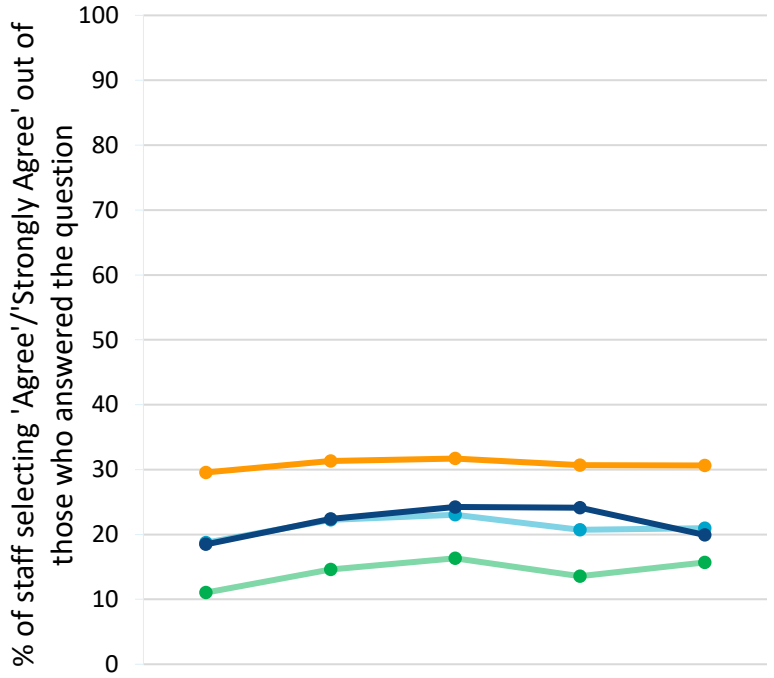
Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Q26a I often think about leaving this organisation.



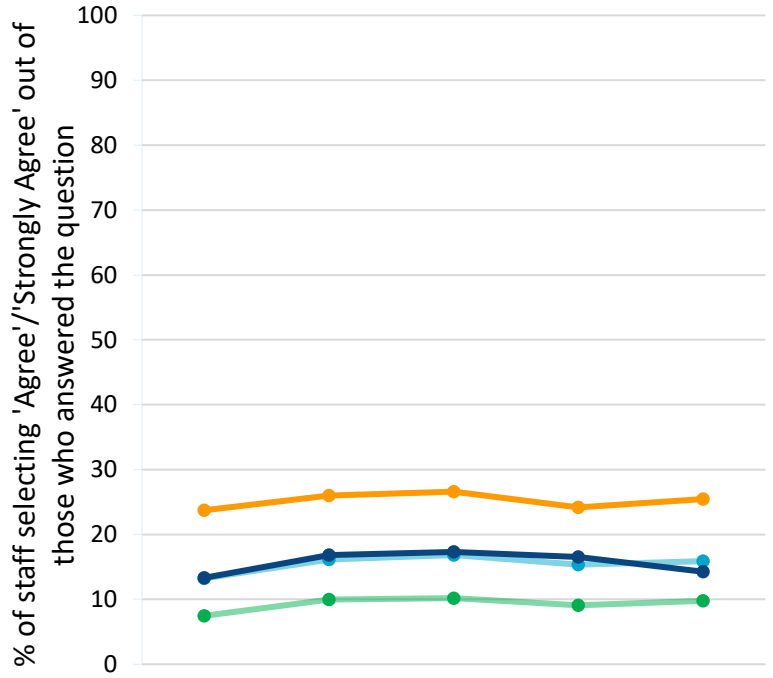
	2020	2021	2022	2023	2024
Your org	27.76%	33.07%	34.34%	34.93%	28.55%
Best result	16.88%	21.69%	23.23%	20.56%	21.30%
Average result	26.80%	31.47%	32.02%	28.87%	28.43%
Worst result	37.07%	41.84%	41.90%	36.37%	42.58%
Responses	2938	2870	2463	2203	3471

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



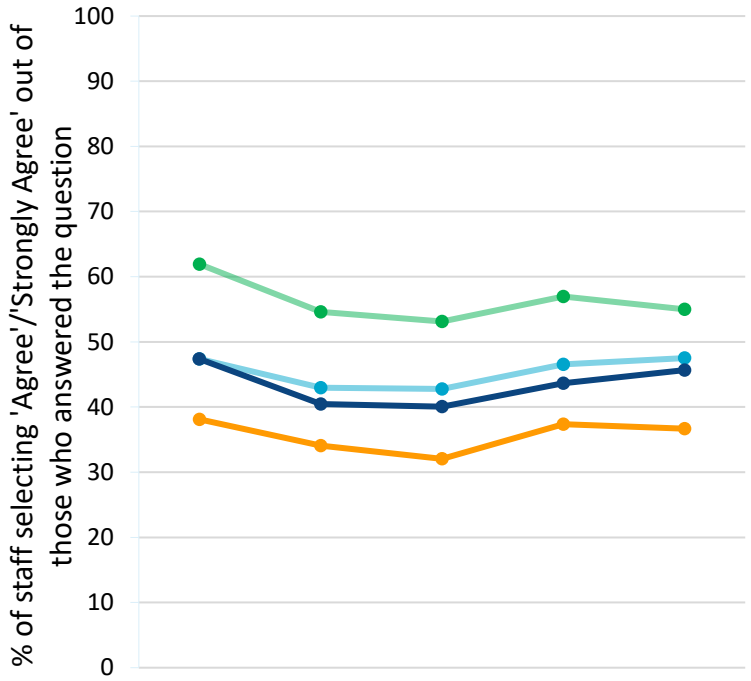
	2020	2021	2022	2023	2024
Your org	18.47%	22.40%	24.24%	24.12%	19.94%
Best result	11.04%	14.62%	16.33%	13.58%	15.68%
Average result	18.73%	22.25%	23.04%	20.73%	20.98%
Worst result	29.56%	31.32%	31.70%	30.70%	30.62%
Responses	2931	2865	2459	2200	3466

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



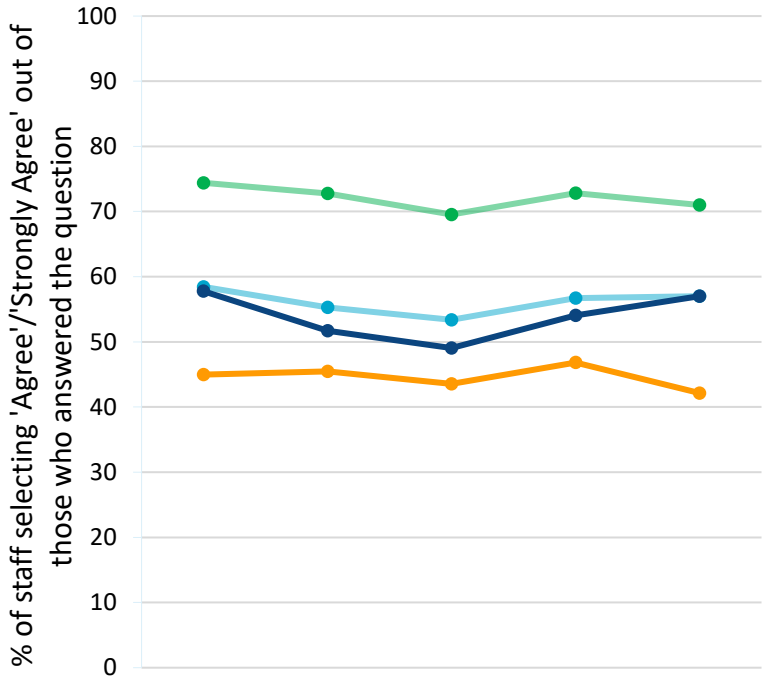
	2020	2021	2022	2023	2024
Your org	13.32%	16.84%	17.31%	16.52%	14.26%
Best result	7.47%	9.95%	10.19%	9.10%	9.76%
Average result	13.23%	16.15%	16.83%	15.32%	15.87%
Worst result	23.73%	25.99%	26.60%	24.17%	25.47%
Responses	2923	2847	2462	2198	3459

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



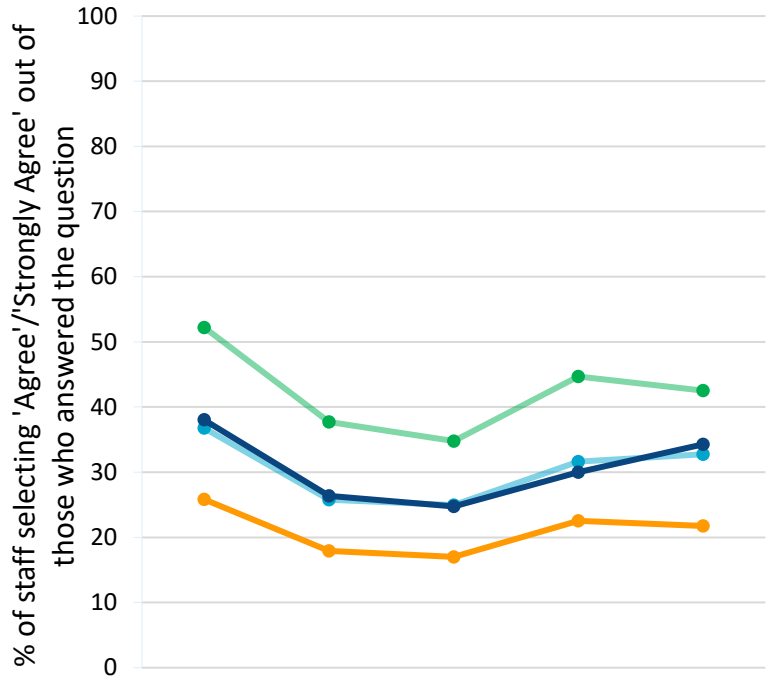
	2020	2021	2022	2023	2024
Your org	47.37%	40.47%	40.05%	43.65%	45.66%
Best result	61.92%	54.62%	53.13%	56.95%	55.01%
Average result	47.39%	42.96%	42.78%	46.56%	47.51%
Worst result	38.11%	34.06%	32.05%	37.35%	36.68%
Responses	2917	2866	2474	2202	3464

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



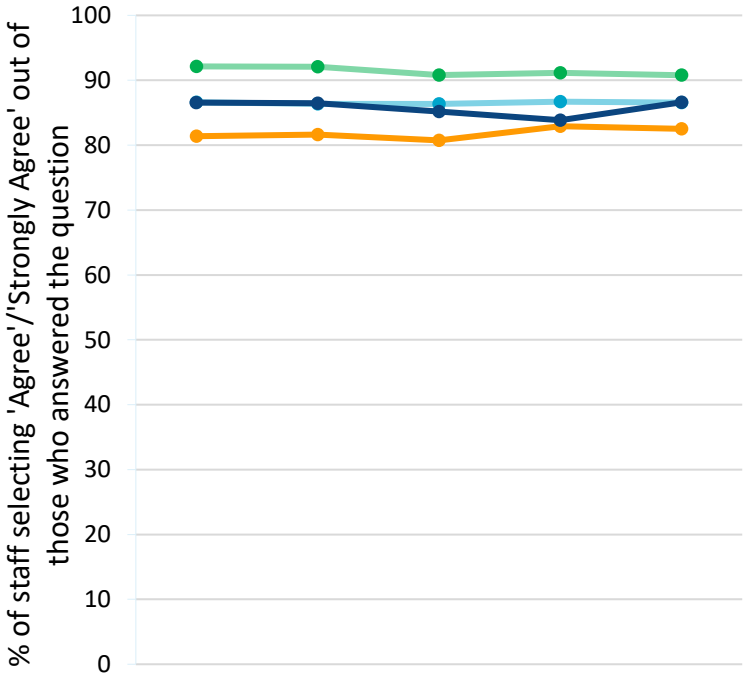
	2020	2021	2022	2023	2024
Your org	57.77%	51.69%	49.05%	54.04%	57.00%
Best result	74.41%	72.78%	69.54%	72.83%	70.99%
Average result	58.44%	55.30%	53.39%	56.69%	57.00%
Worst result	44.99%	45.47%	43.54%	46.82%	42.14%
Responses	2919	2852	2478	2209	3466

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



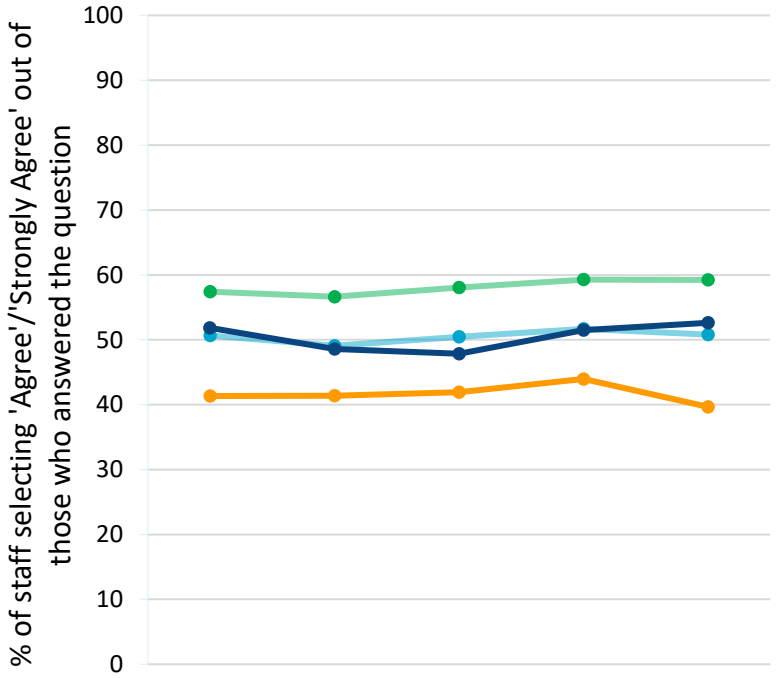
	2020	2021	2022	2023	2024
Your org	38.01%	26.37%	24.75%	30.00%	34.29%
Best result	52.21%	37.72%	34.78%	44.71%	42.52%
Average result	36.76%	25.80%	24.95%	31.62%	32.77%
Worst result	25.83%	17.92%	17.00%	22.55%	21.73%
Responses	2929	2876	2476	2208	3476

Q3a I always know what my work responsibilities are.



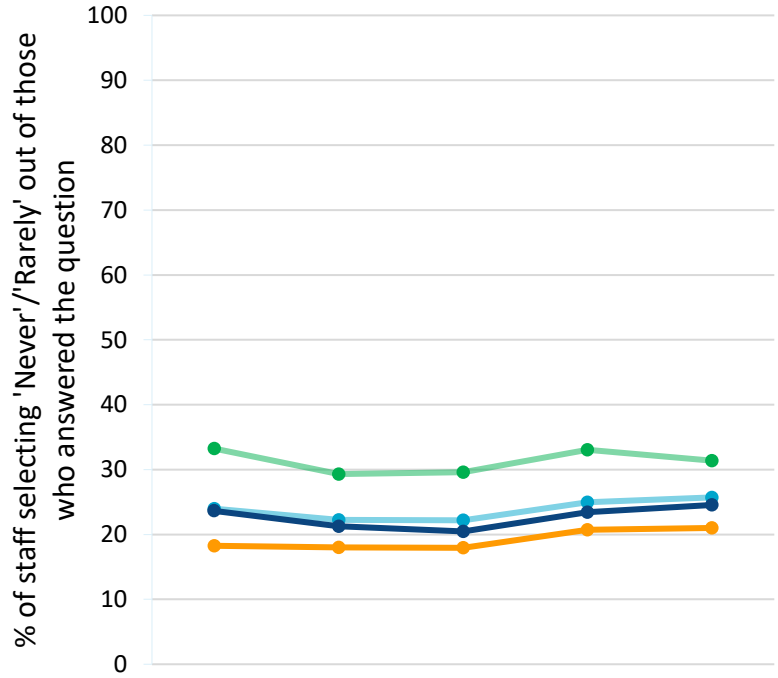
	2020	2021	2022	2023	2024
Your org	86.54%	86.44%	85.18%	83.84%	86.60%
Best result	92.13%	92.08%	90.80%	91.12%	90.77%
Average result	86.62%	86.35%	86.35%	86.70%	86.55%
Worst result	81.40%	81.65%	80.73%	82.92%	82.51%
Responses	2921	2880	2474	2211	3481

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



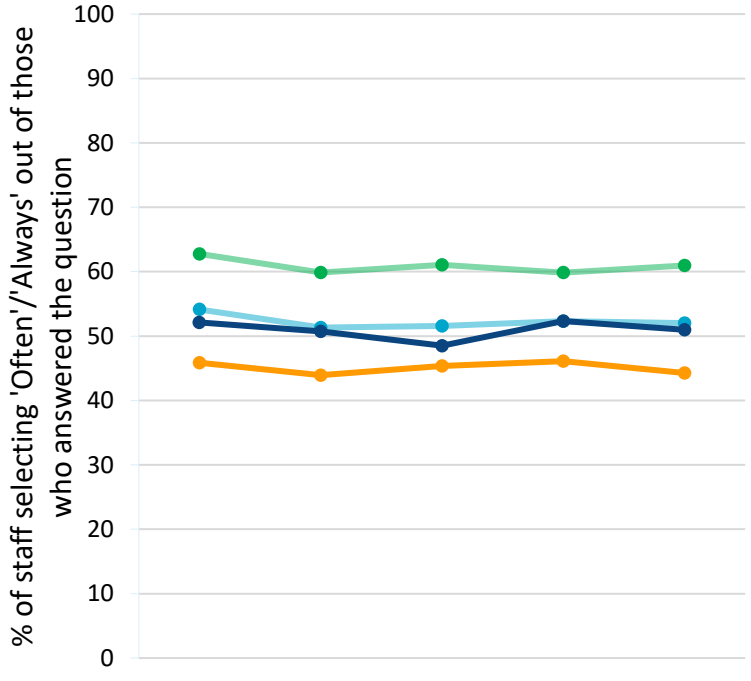
	2020	2021	2022	2023	2024
Your org	51.83%	48.58%	47.85%	51.49%	52.62%
Best result	57.43%	56.64%	58.05%	59.27%	59.25%
Average result	50.68%	49.08%	50.44%	51.68%	50.81%
Worst result	41.35%	41.40%	41.91%	43.96%	39.67%
Responses	2928	2865	2481	2209	3475

Q5a I have unrealistic time pressures.



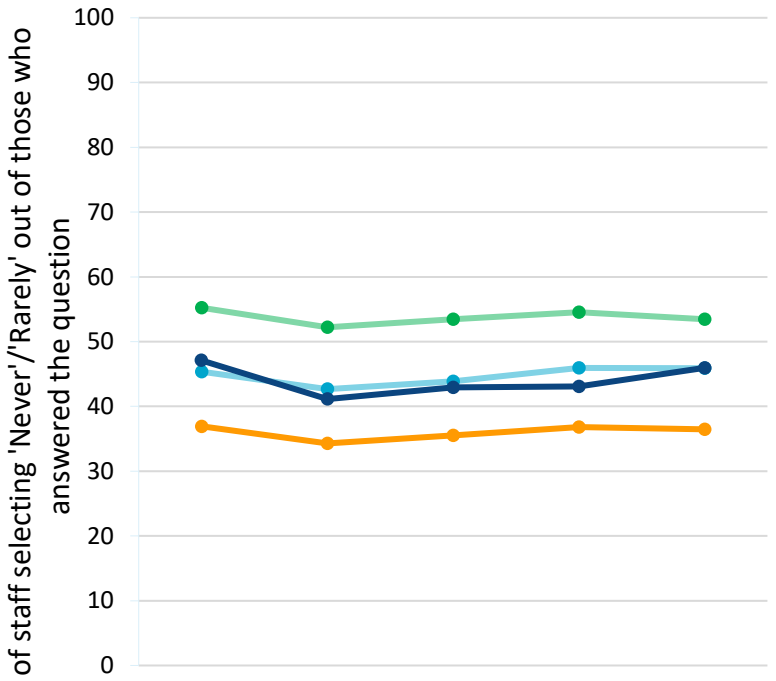
	2020	2021	2022	2023	2024
Your org	23.64%	21.25%	20.47%	23.43%	24.54%
Best result	33.24%	29.31%	29.61%	33.04%	31.37%
Average result	23.97%	22.27%	22.18%	24.95%	25.71%
Worst result	18.24%	18.00%	17.94%	20.72%	21.01%
Responses	2925	2867	2476	2207	3471

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



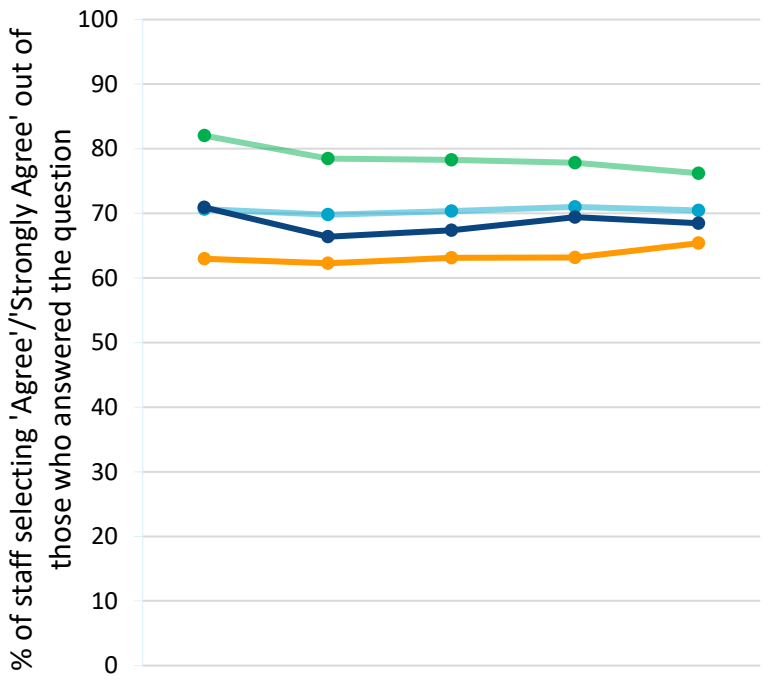
	2020	2021	2022	2023	2024
Your org	52.11%	50.72%	48.51%	52.33%	50.98%
Best result	62.76%	59.87%	61.04%	59.85%	60.94%
Average result	54.13%	51.32%	51.55%	52.31%	52.02%
Worst result	45.86%	43.93%	45.33%	46.10%	44.26%
Responses	2920	2863	2476	2206	3468

Q5c Relationships at work are strained.



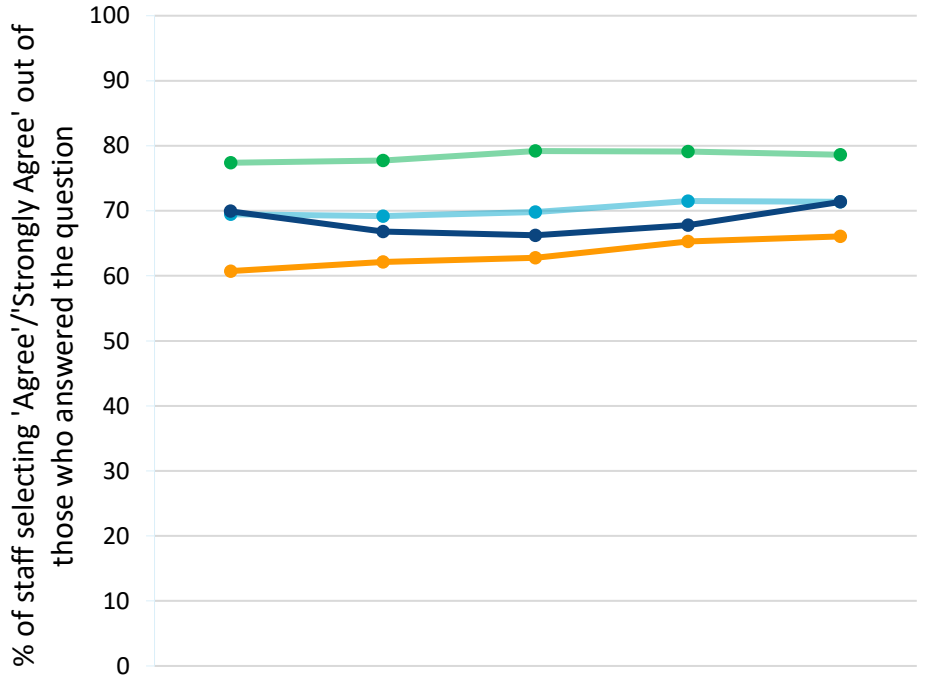
	2020	2021	2022	2023	2024
Your org	47.09%	41.13%	42.94%	43.10%	45.92%
Best result	55.23%	52.22%	53.46%	54.56%	53.48%
Average result	45.35%	42.67%	43.89%	45.94%	45.91%
Worst result	36.93%	34.28%	35.52%	36.80%	36.48%
Responses	2921	2864	2475	2198	3468

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



	2020	2021	2022	2023	2024
Your org	70.91%	66.38%	67.40%	69.42%	68.49%
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	2929	2862	2476	2205	3471

Q9a My immediate manager encourages me at work.



	2020	2021	2022	2023	2024
Your org	69.91%	66.80%	66.23%	67.78%	71.36%
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	2938	2870	2473	2208	3471

Questions not linked to People Promise elements or themes

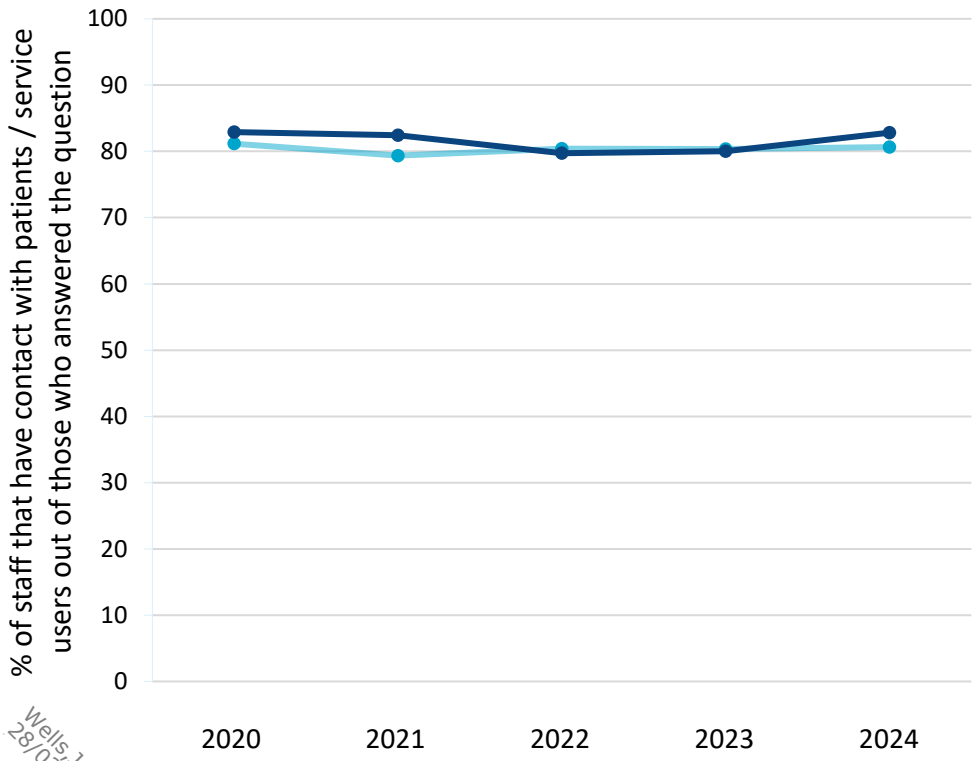
Questions included:*

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.

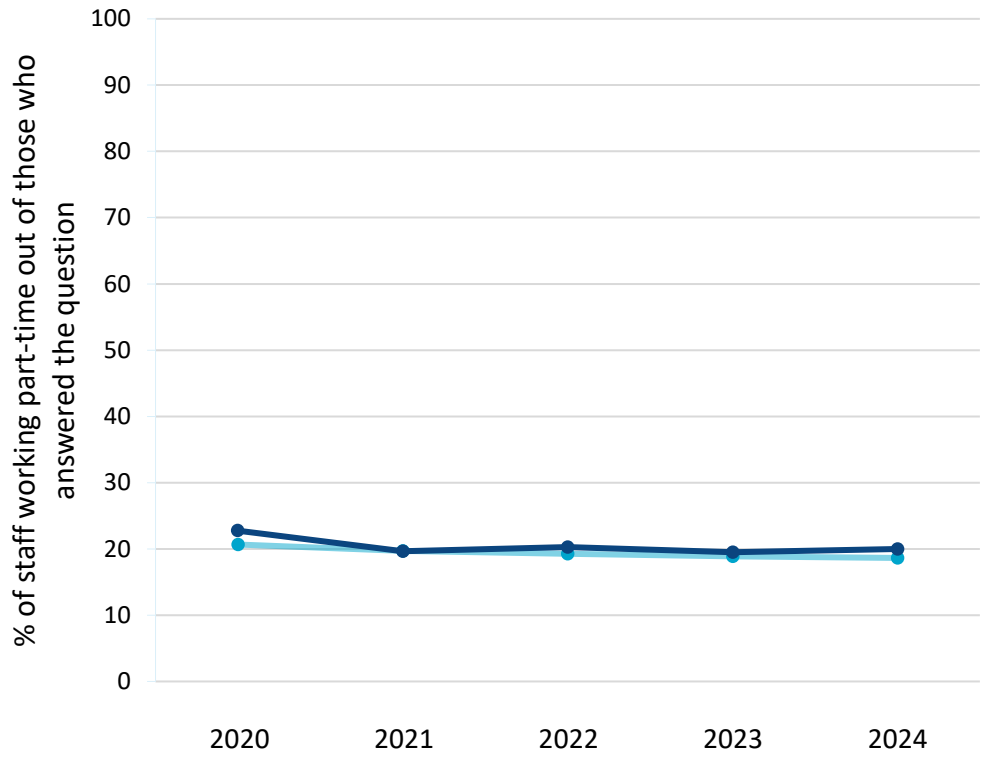
Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

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



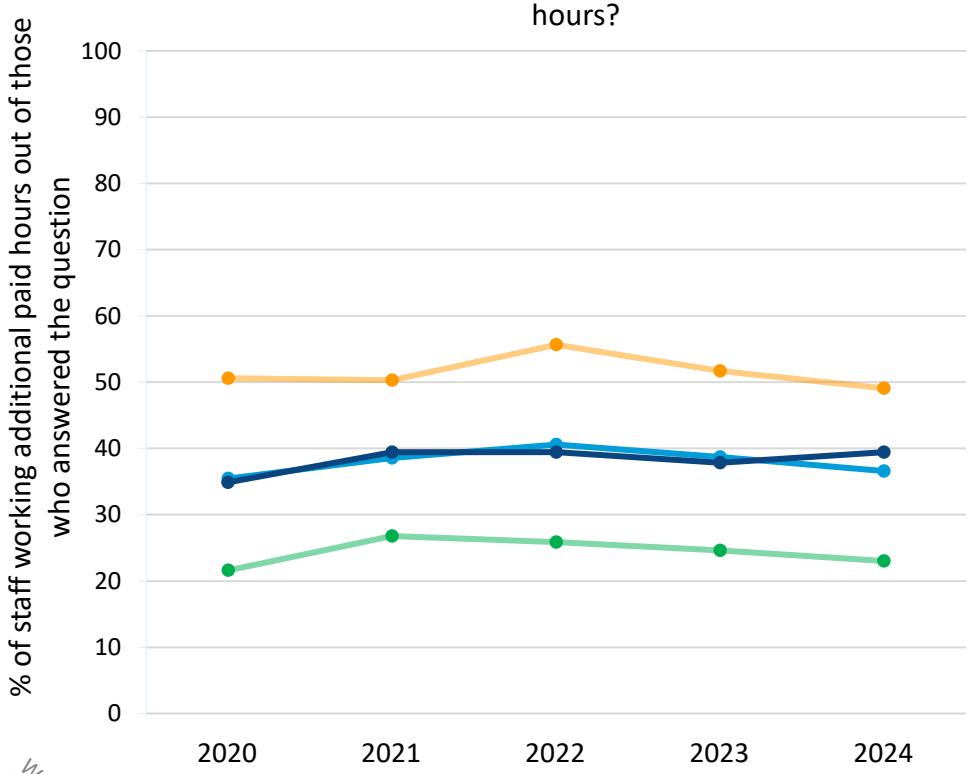
	2020	2021	2022	2023	2024
Your org	82.91%	82.46%	79.72%	80.04%	82.82%
Average	81.16%	79.36%	80.42%	80.37%	80.65%
Responses	2931	2867	2461	2204	3469

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



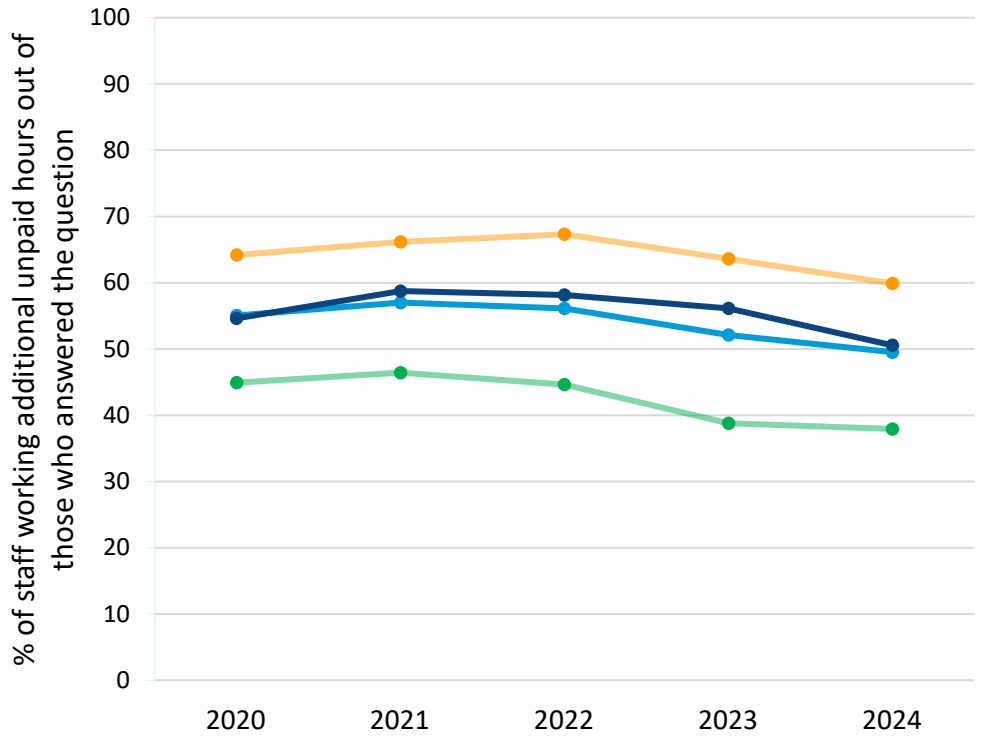
	2020	2021	2022	2023	2024
Your org	22.75%	19.65%	20.26%	19.50%	20.01%
Average	20.66%	19.69%	19.24%	18.88%	18.64%
Responses	2765	2661	2428	2164	3404

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



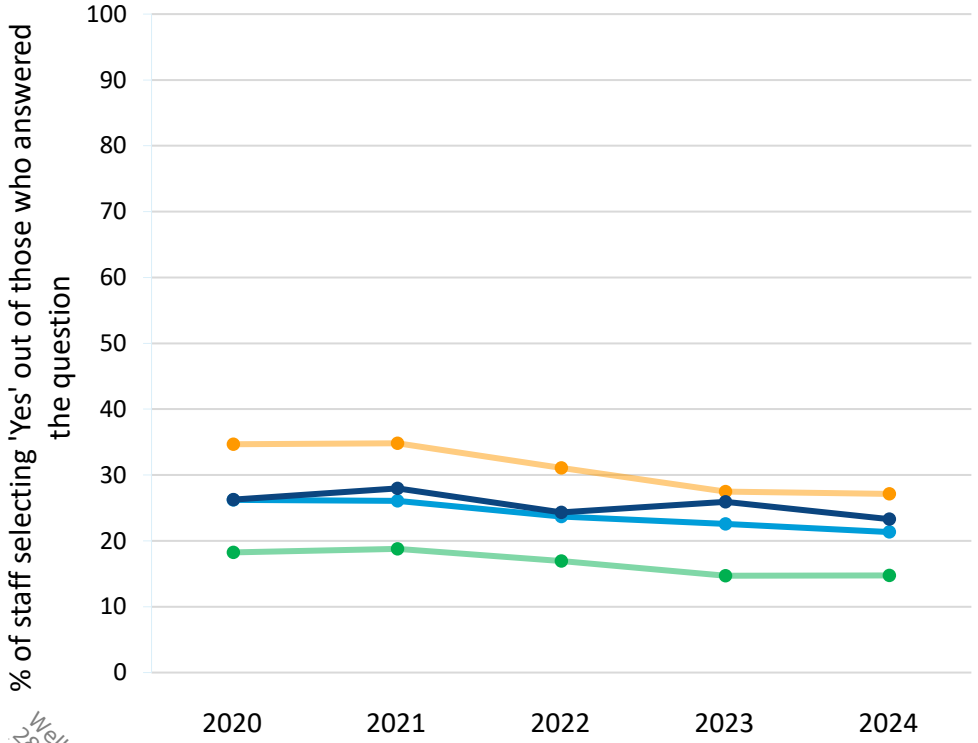
	2020	2021	2022	2023	2024
Your org	34.90%	39.44%	39.45%	37.86%	39.42%
Lowest	21.60%	26.78%	25.87%	24.60%	23.01%
Average	35.46%	38.56%	40.59%	38.71%	36.58%
Highest	50.60%	50.31%	55.65%	51.72%	49.08%
Responses	2834	2764	2451	2189	3433

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	54.61%	58.74%	58.15%	56.12%	50.54%
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	2844	2784	2453	2183	3421

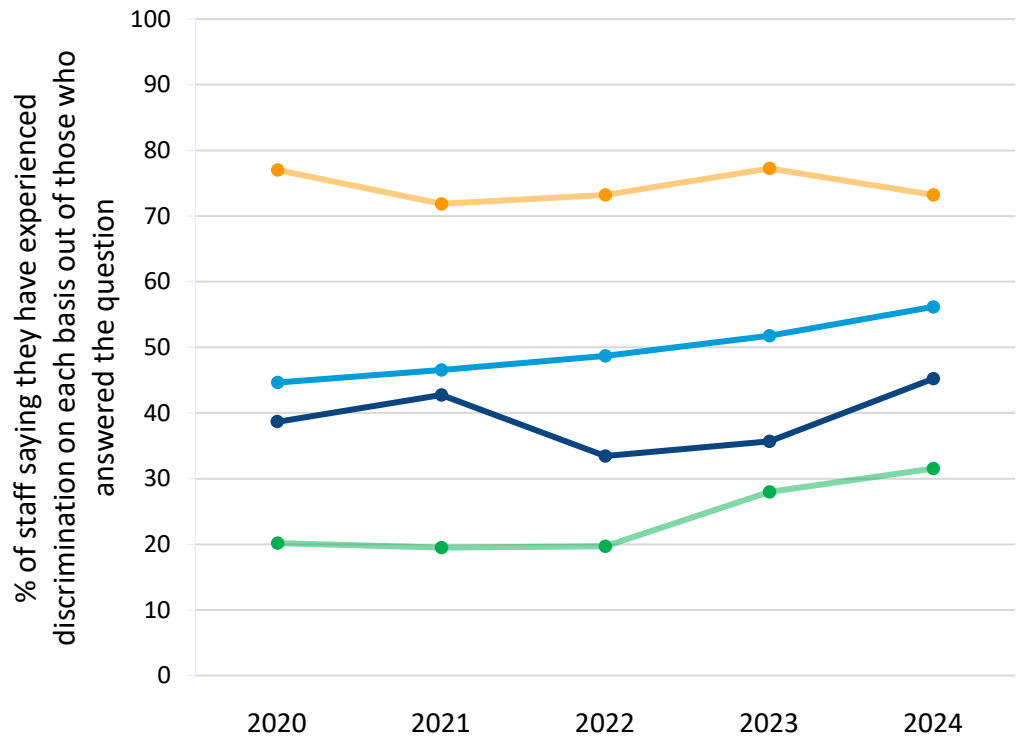
Q11e* Have you felt pressure from your manager to come to work?



	2020	2021	2022	2023	2024
Your org	26.26%	27.97%	24.32%	25.95%	23.30%
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	1359	1618	1379	1179	1855

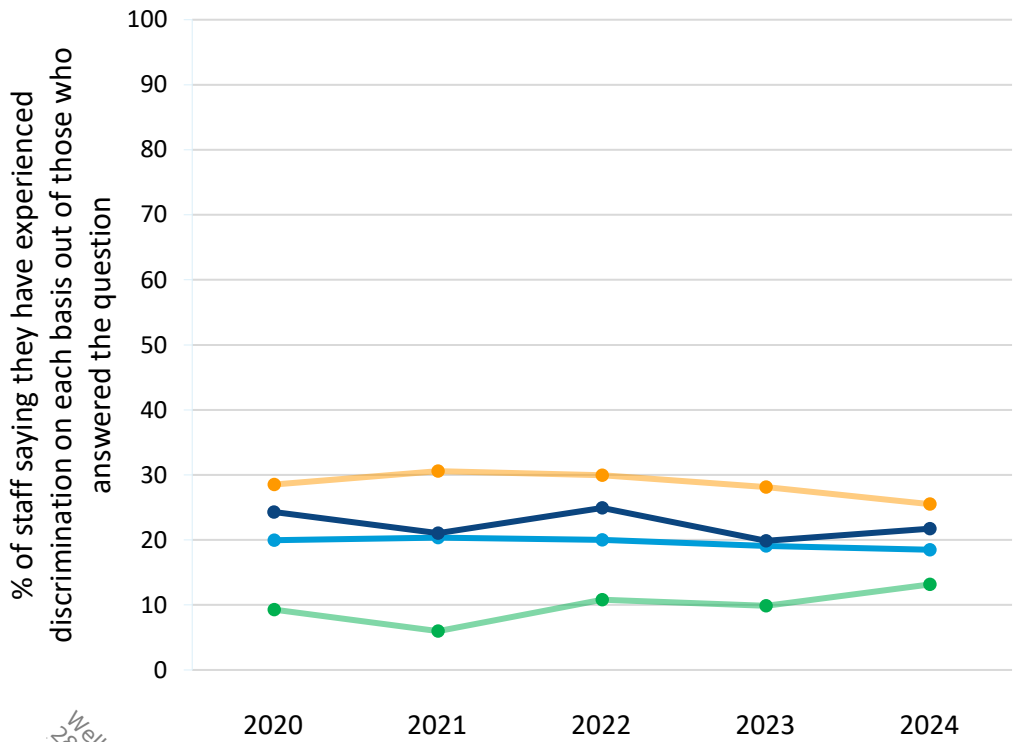
*Q11e is only answered by staff who responded 'Yes' to Q11d.

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



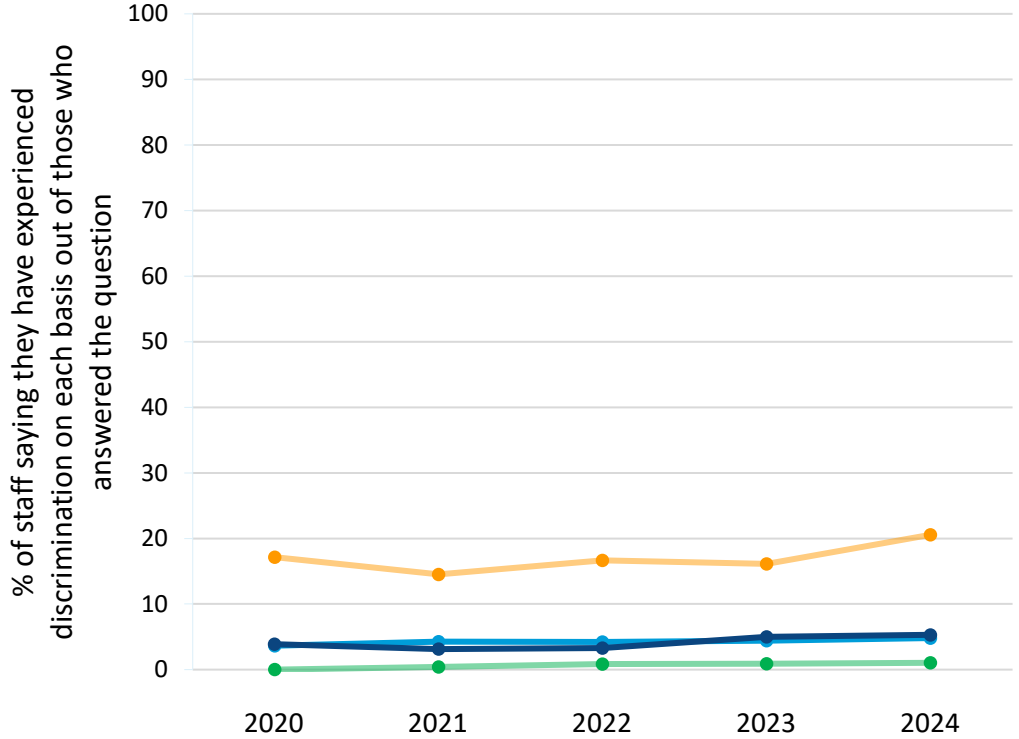
	2020	2021	2022	2023	2024
Your org	38.67%	42.76%	33.44%	35.69%	45.22%
Best result	20.18%	19.49%	19.69%	28.00%	31.53%
Average result	44.63%	46.54%	48.69%	51.77%	56.16%
Worst result	76.99%	71.86%	73.19%	77.24%	73.22%
Responses	276	314	303	274	401

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



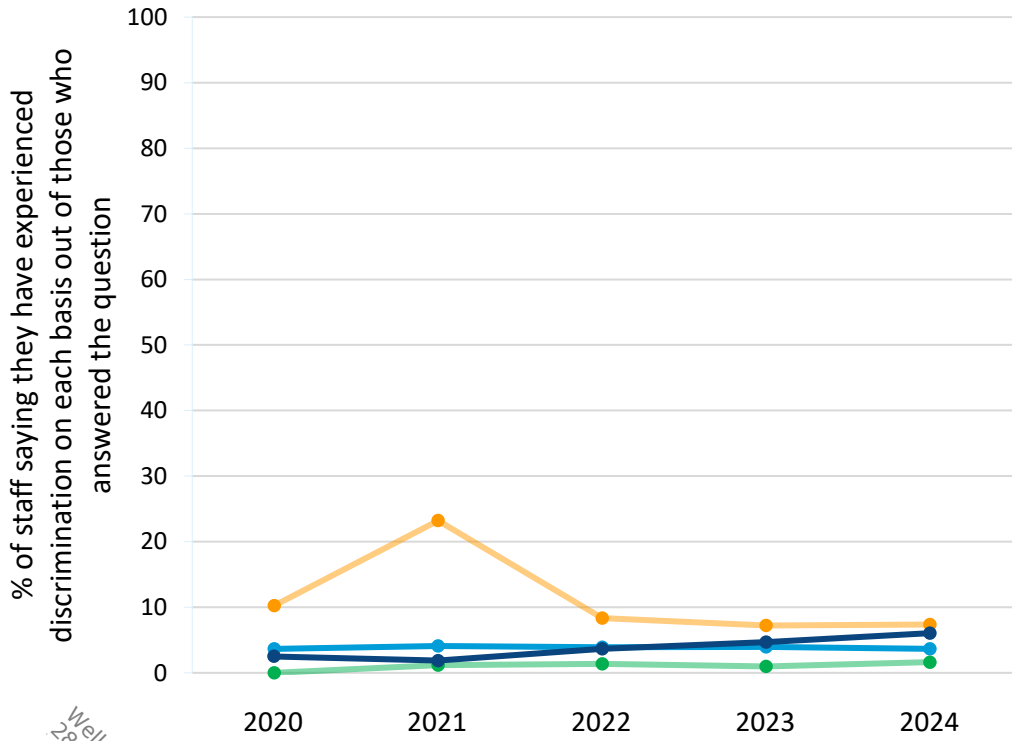
	2020	2021	2022	2023	2024
Your org	24.27%	21.04%	24.92%	19.86%	21.74%
Best result	9.30%	5.97%	10.82%	9.86%	13.16%
Average result	19.96%	20.35%	20.00%	19.07%	18.49%
Worst result	28.50%	30.58%	29.96%	28.11%	25.50%
Responses	276	314	303	274	401

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



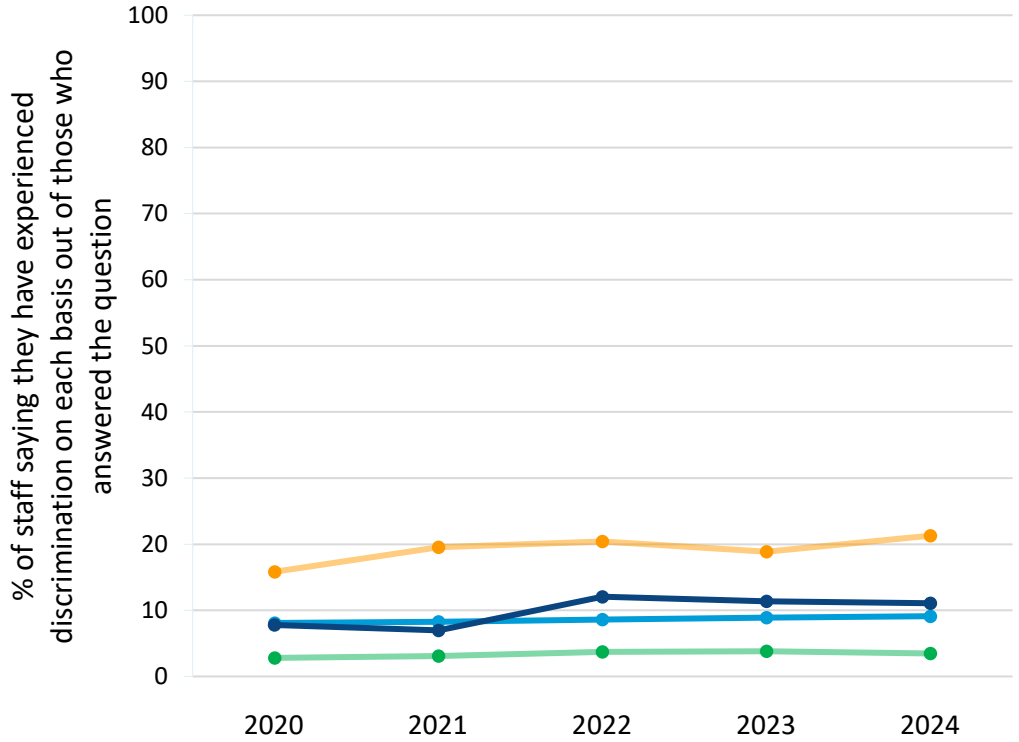
	2020	2021	2022	2023	2024
Your org	3.87%	3.13%	3.28%	4.99%	5.31%
Best result	0.00%	0.42%	0.84%	0.92%	1.04%
Average result	3.64%	4.24%	4.21%	4.43%	4.81%
Worst result	17.17%	14.52%	16.64%	16.12%	20.56%
Responses	276	314	303	274	401

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



	2020	2021	2022	2023	2024
Your org	2.50%	1.88%	3.65%	4.70%	6.05%
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	276	314	303	274	401

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

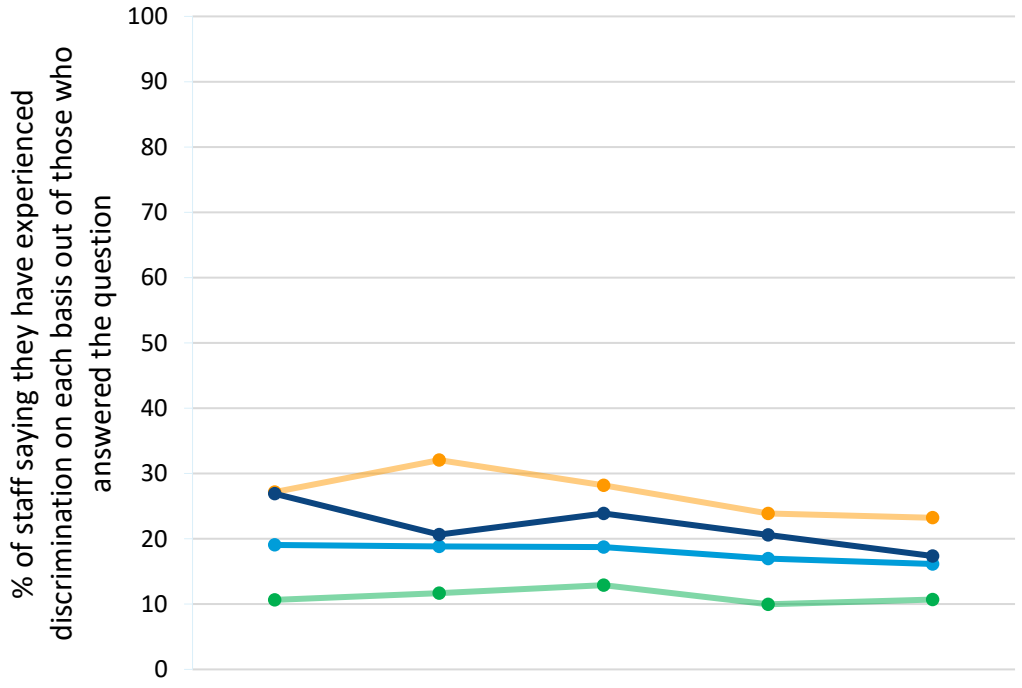


	2020	2021	2022	2023	2024
Your org	7.78%	6.98%	12.06%	11.36%	11.08%
Best result	2.81%	3.10%	3.74%	3.81%	3.48%
Average result	8.10%	8.28%	8.59%	8.91%	9.12%
Worst result	15.84%	19.54%	20.43%	18.85%	21.30%
Responses	276	314	303	274	401

Survey Coordination Centre

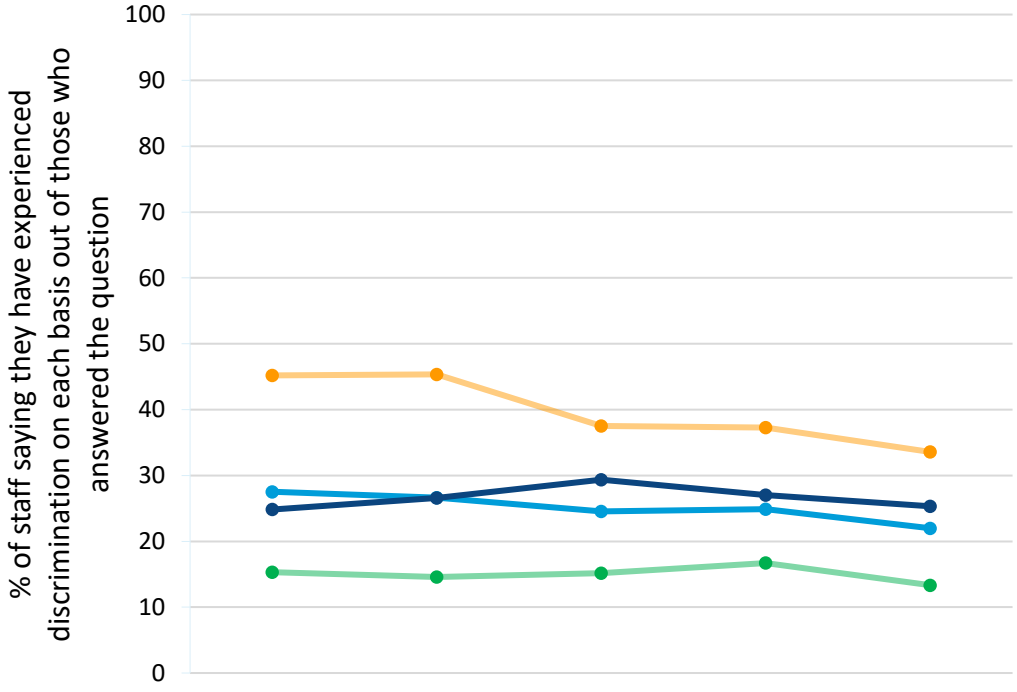
NHS

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



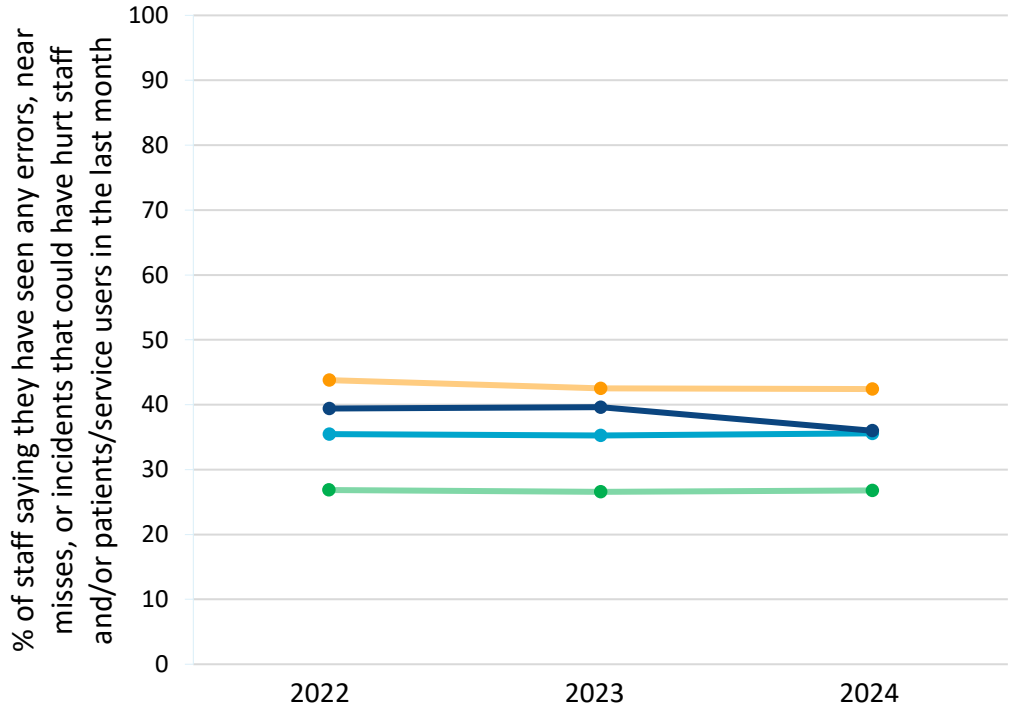
	2020	2021	2022	2023	2024
Your org	26.90%	20.64%	23.86%	20.57%	17.36%
Best result	10.65%	11.70%	12.90%	9.97%	10.71%
Average result	19.06%	18.83%	18.73%	16.99%	16.15%
Worst result	27.17%	32.05%	28.20%	23.87%	23.22%
Responses	276	314	303	274	401

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



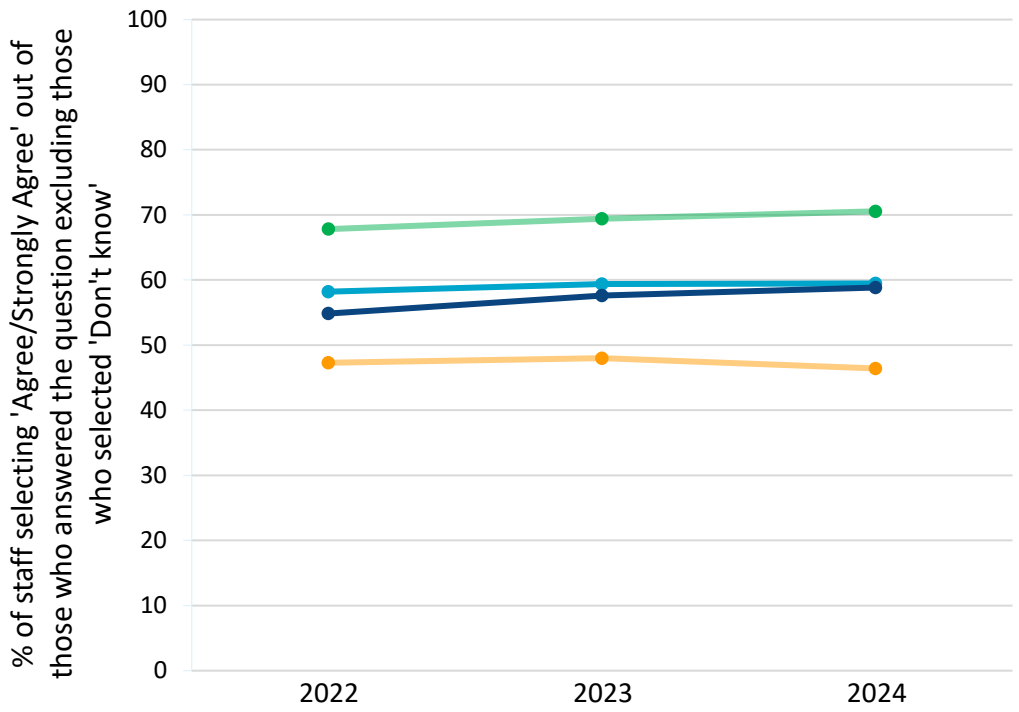
	2020	2021	2022	2023	2024
Your org	24.83%	26.57%	29.36%	27.02%	25.34%
Best result	15.33%	14.60%	15.16%	16.70%	13.34%
Average result	27.53%	26.62%	24.54%	24.88%	21.99%
Worst result	45.22%	45.35%	37.52%	37.27%	33.58%
Responses	276	314	303	274	401

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



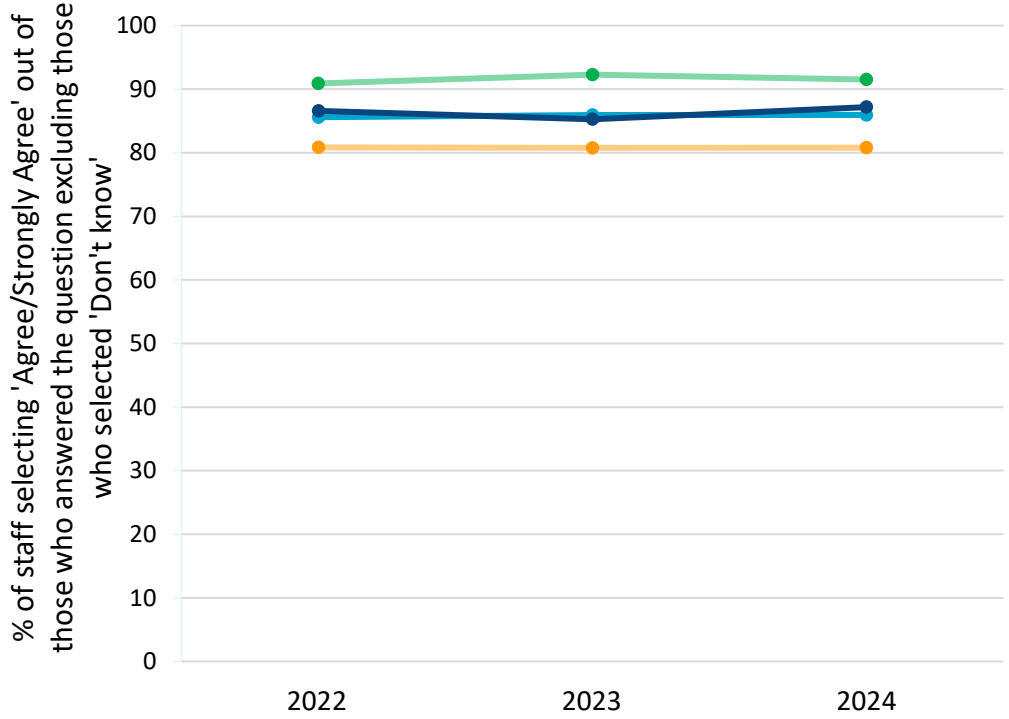
	2022	2023	2024
Your org	39.43%	39.62%	35.99%
Best result	26.85%	26.57%	26.76%
Average result	35.44%	35.26%	35.58%
Worst result	43.78%	42.54%	42.41%
Responses	2443	2159	3420

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



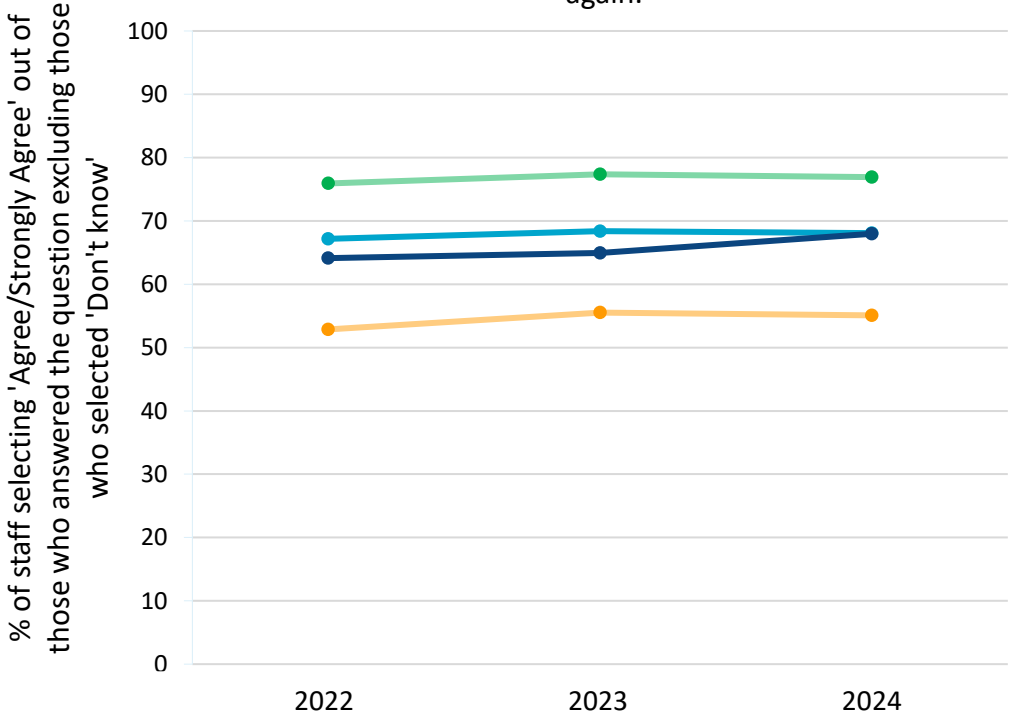
	2022	2023	2024
Your org	54.85%	57.59%	58.84%
Best result	67.82%	69.42%	70.55%
Average result	58.21%	59.40%	59.47%
Worst result	47.27%	48.00%	46.41%
Responses	1782	1600	2611

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



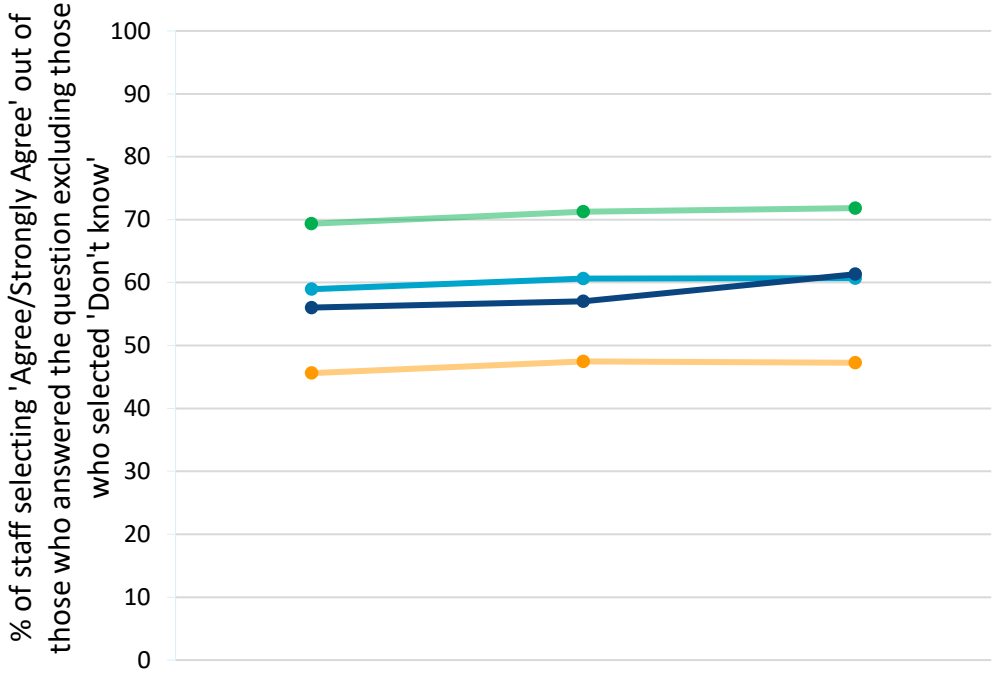
	2022	2023	2024
Your org	86.60%	85.26%	87.17%
Best result	90.90%	92.28%	91.52%
Average result	85.59%	85.95%	85.95%
Worst result	80.84%	80.77%	80.79%
Responses	2368	2090	3326

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



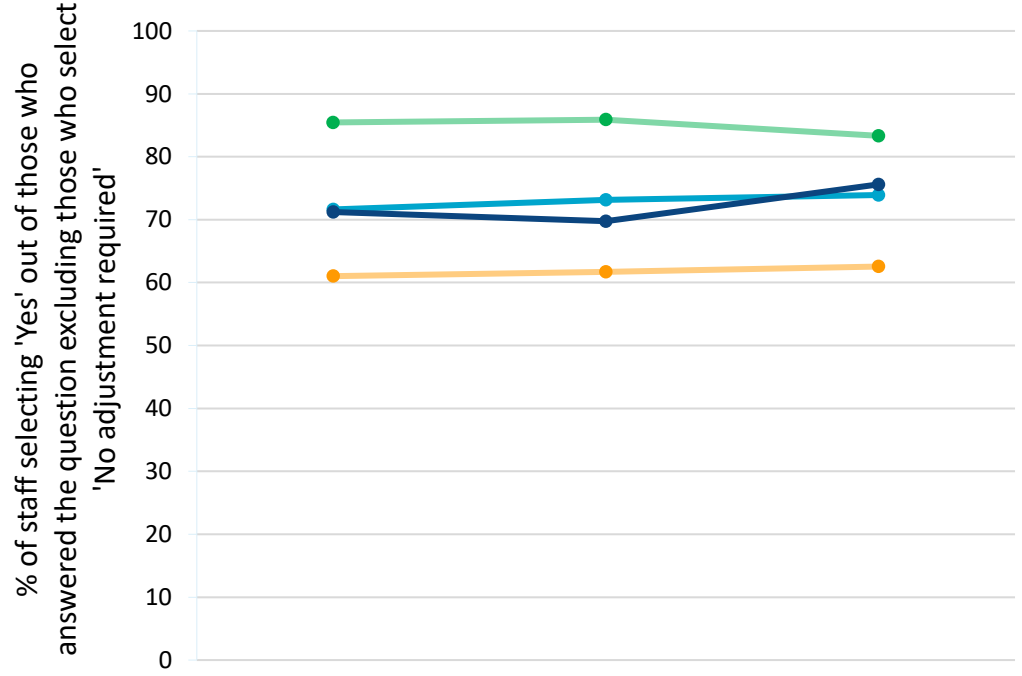
	2022	2023	2024
Your org	64.13%	64.93%	67.97%
Best result	75.92%	77.37%	76.90%
Average result	67.18%	68.39%	68.08%
Worst result	52.87%	55.52%	55.11%
Responses	2108	1871	3009

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



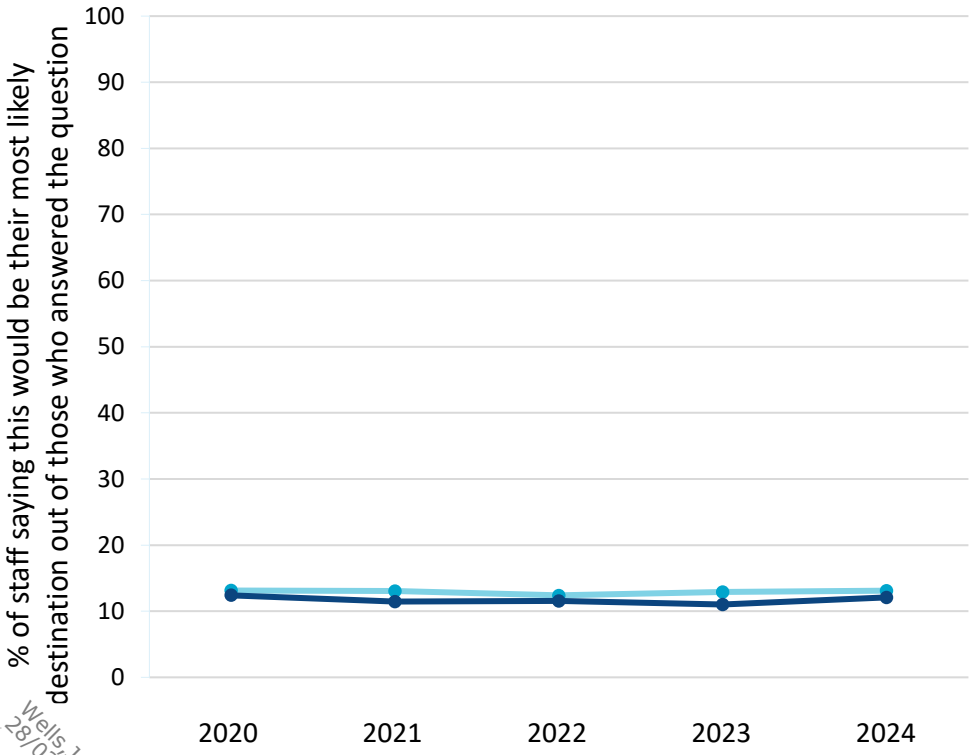
	2022	2023	2024
Your org	56.03%	57.03%	61.33%
Best result	69.36%	71.25%	71.84%
Average result	58.95%	60.66%	60.70%
Worst result	45.61%	47.47%	47.26%
Responses	2148	1904	3070

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



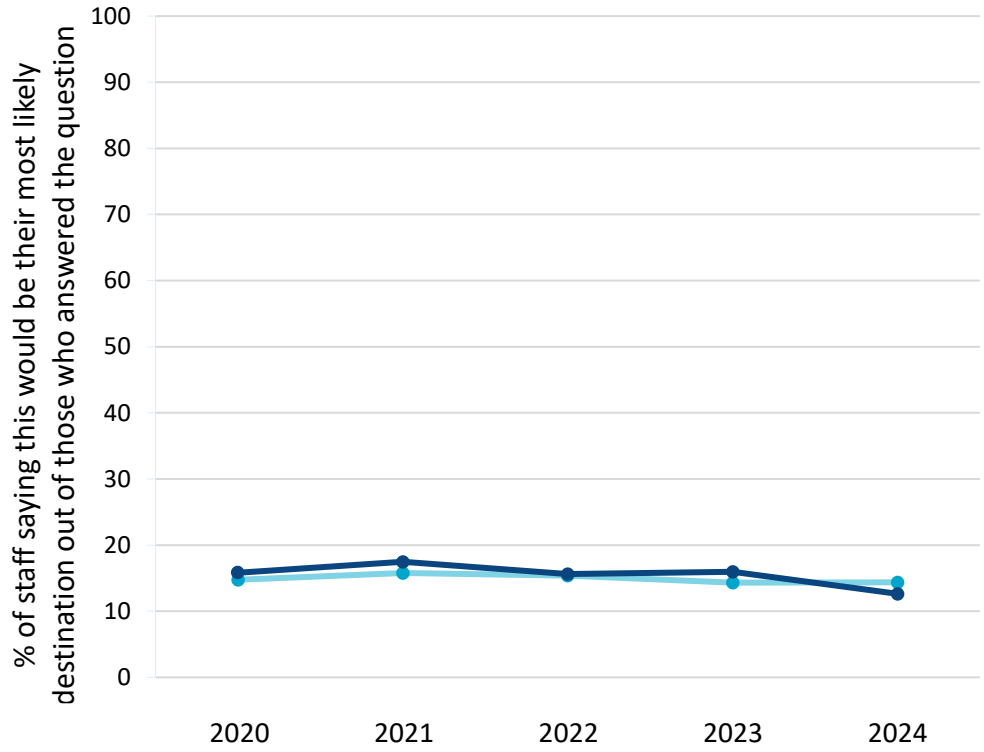
	2022	2023	2024
Your org	71.21%	69.76%	75.61%
Best result	85.45%	85.89%	83.33%
Average result	71.63%	73.13%	73.92%
Worst result	61.02%	61.72%	62.55%
Responses	314	310	501

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



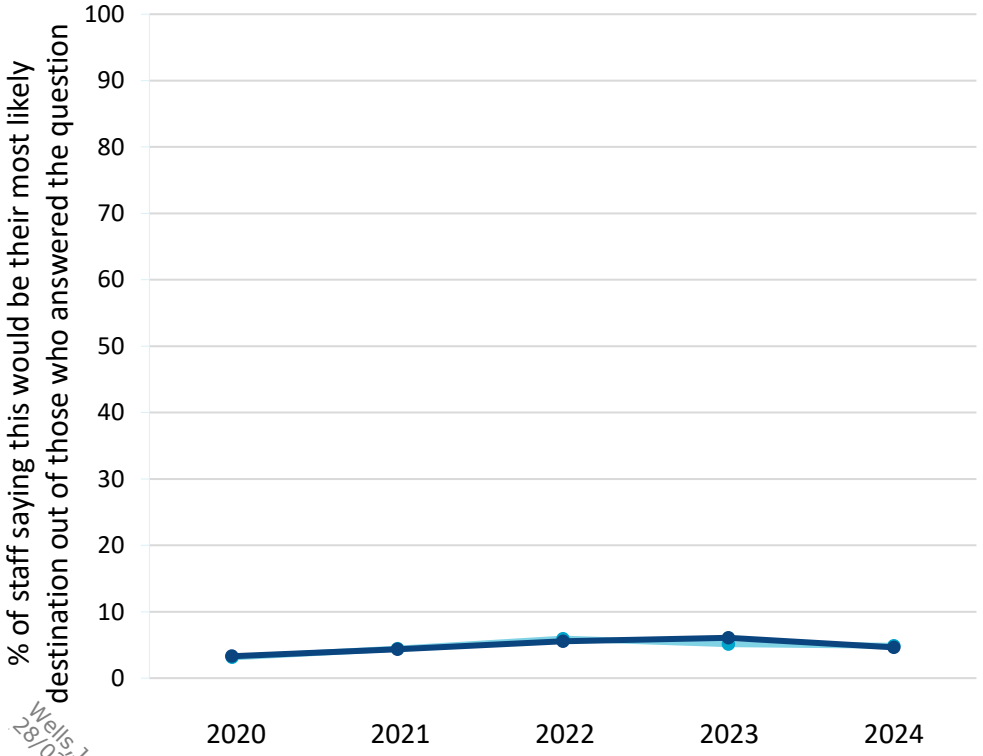
	2020	2021	2022	2023	2024
Your org	12.40%	11.45%	11.58%	11.02%	12.09%
Average	13.13%	13.04%	12.40%	12.94%	13.10%
Responses	2573	2603	2315	2106	3292

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.



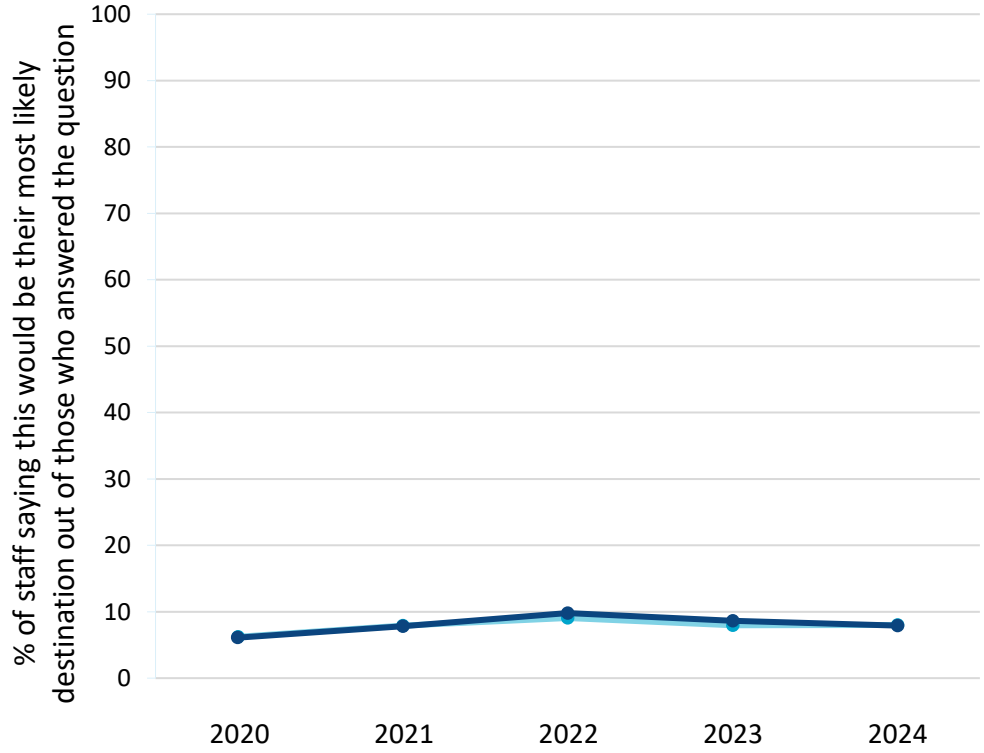
	2020	2021	2022	2023	2024
Your org	15.82%	17.48%	15.64%	15.95%	12.64%
Average	14.76%	15.78%	15.37%	14.32%	14.36%
Responses	2573	2603	2315	2106	3292

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	3.30%	4.34%	5.57%	6.08%	4.62%
Average	3.12%	4.47%	5.95%	5.12%	4.90%
Responses	2573	2603	2315	2106	3292

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.

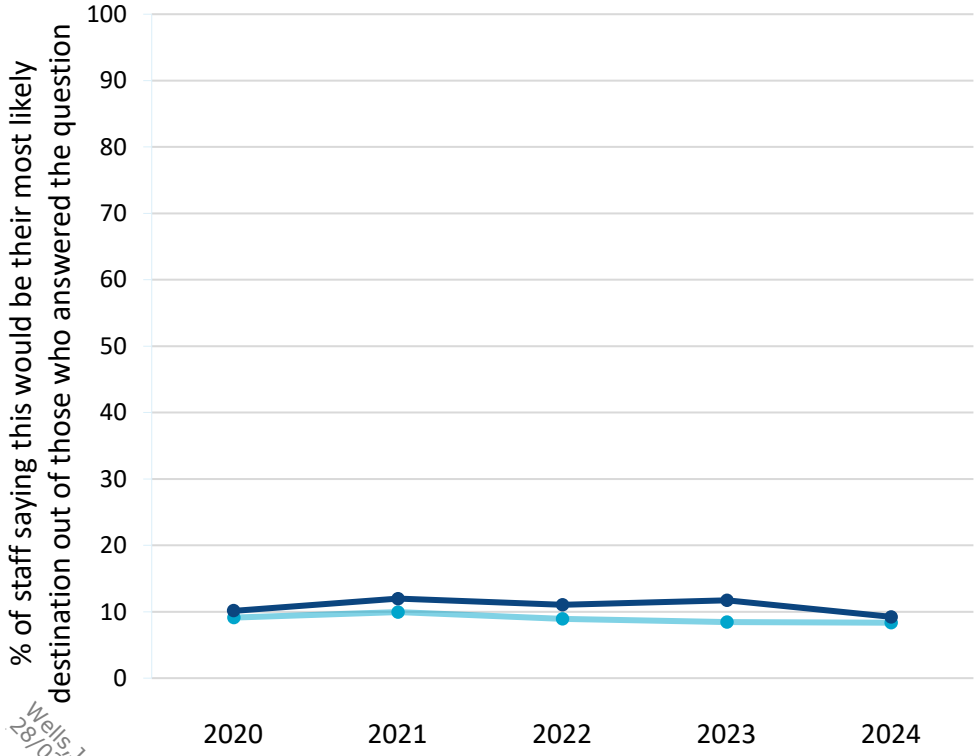


	2020	2021	2022	2023	2024
Your org	6.10%	7.80%	9.81%	8.64%	7.90%
Average	6.23%	7.91%	9.06%	7.96%	8.00%
Responses	2573	2603	2315	2106	3292

Survey Coordination Centre

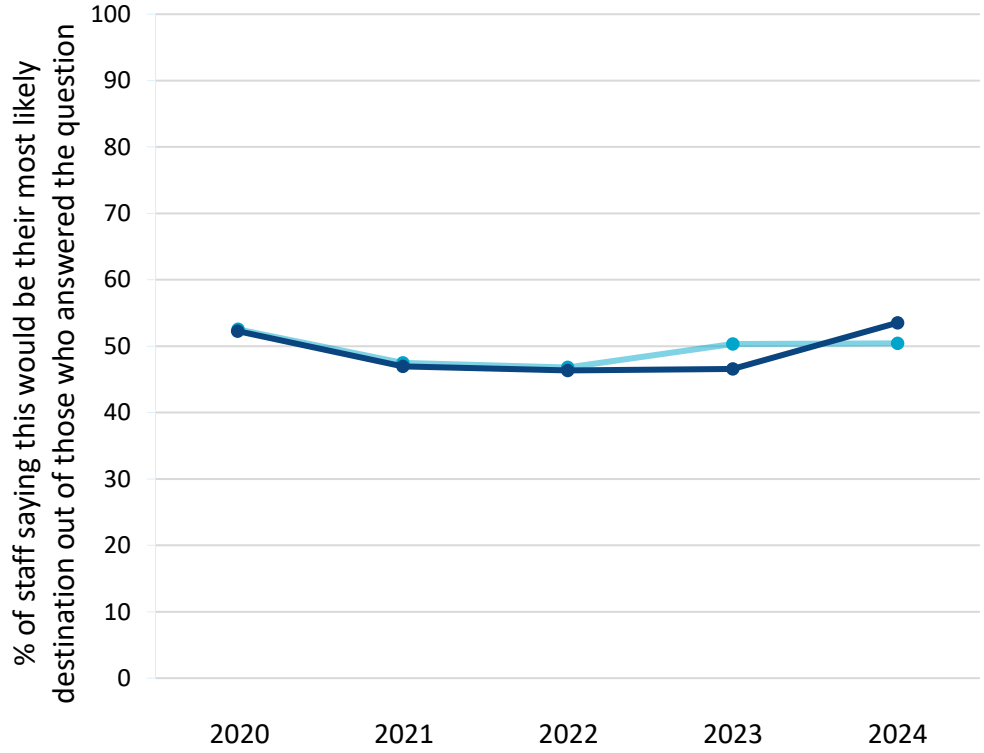
NHS

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



	2020	2021	2022	2023	2024
Your org	10.14%	11.99%	11.06%	11.73%	9.23%
Average	9.13%	9.95%	8.94%	8.46%	8.35%
Responses	2573	2603	2315	2106	3292

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	52.23%	46.95%	46.35%	46.58%	53.52%
Average	52.53%	47.46%	46.79%	50.34%	50.41%
Responses	2573	2603	2315	2106	3292

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

Survey Coordination Centre NHS

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)

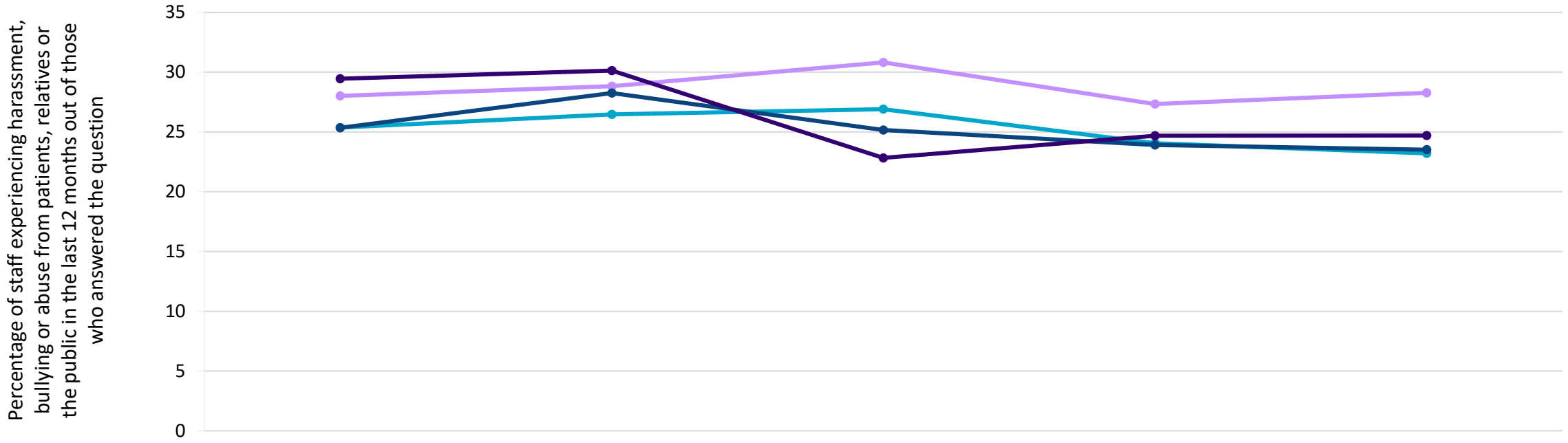
Vertical scales on the following charts vary from slide to slide and this effects how results are displayed. This allows incremental changes and small differences between results for subgroups to be more easily interpreted.
Data shown in the WRES charts are unweighted.
Averages are calculated as the 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	25.35%	28.26%	25.17%	23.91%	23.52%
All other ethnic groups*: Your org	29.46%	30.14%	22.83%	24.68%	24.70%
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	2513	2449	2090	1743	2764
All other ethnic groups*: Responses	370	365	346	278	660

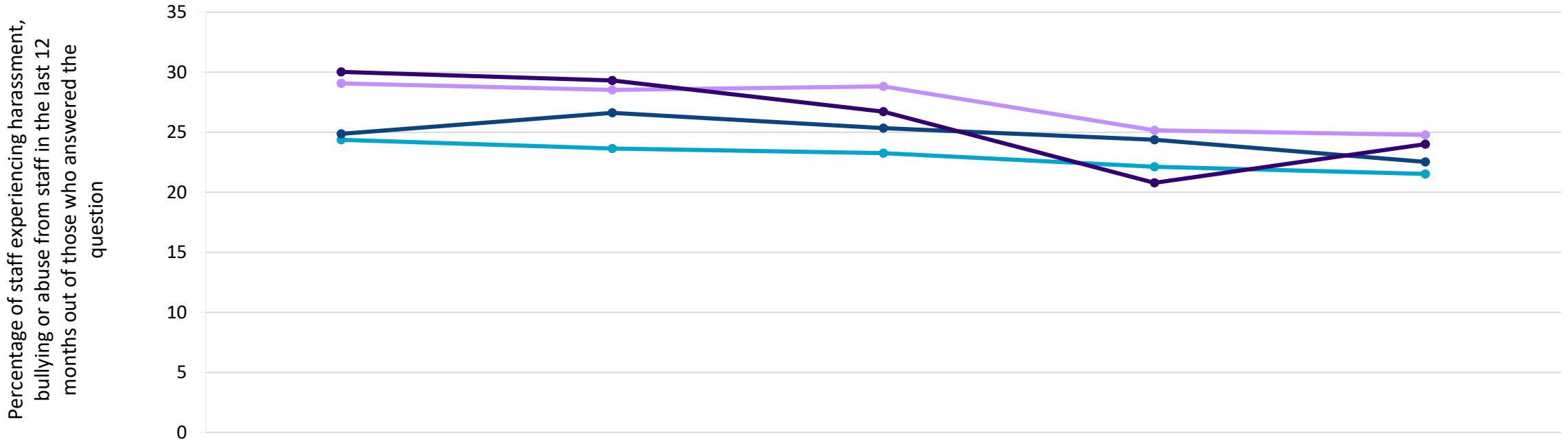
*Staff from all other ethnic groups combined

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



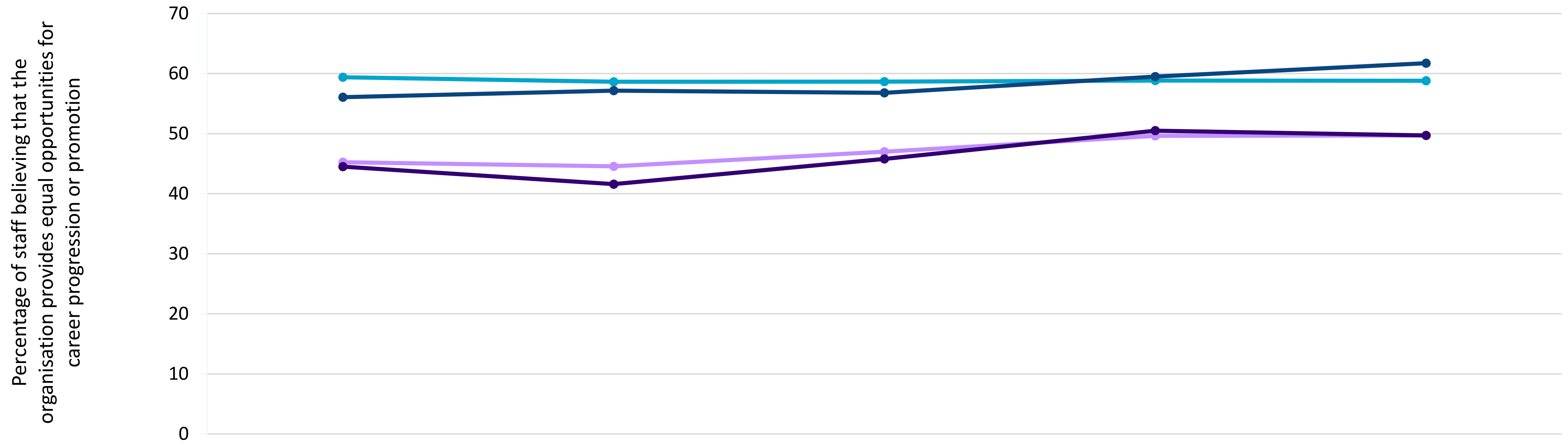
	2020	2021	2022	2023	2024
White staff: Your org	24.87%	26.62%	25.34%	24.38%	22.53%
All other ethnic groups*: Your org	30.03%	29.32%	26.72%	20.79%	24.01%
White staff: Average	24.37%	23.65%	23.25%	22.12%	21.53%
All other ethnic groups*: Average	29.07%	28.53%	28.81%	25.16%	24.78%
White staff: Responses	2517	2461	2084	1742	2752
All other ethnic groups*: Responses	373	365	348	275	658

*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.

Survey Coordination Centre NHS

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



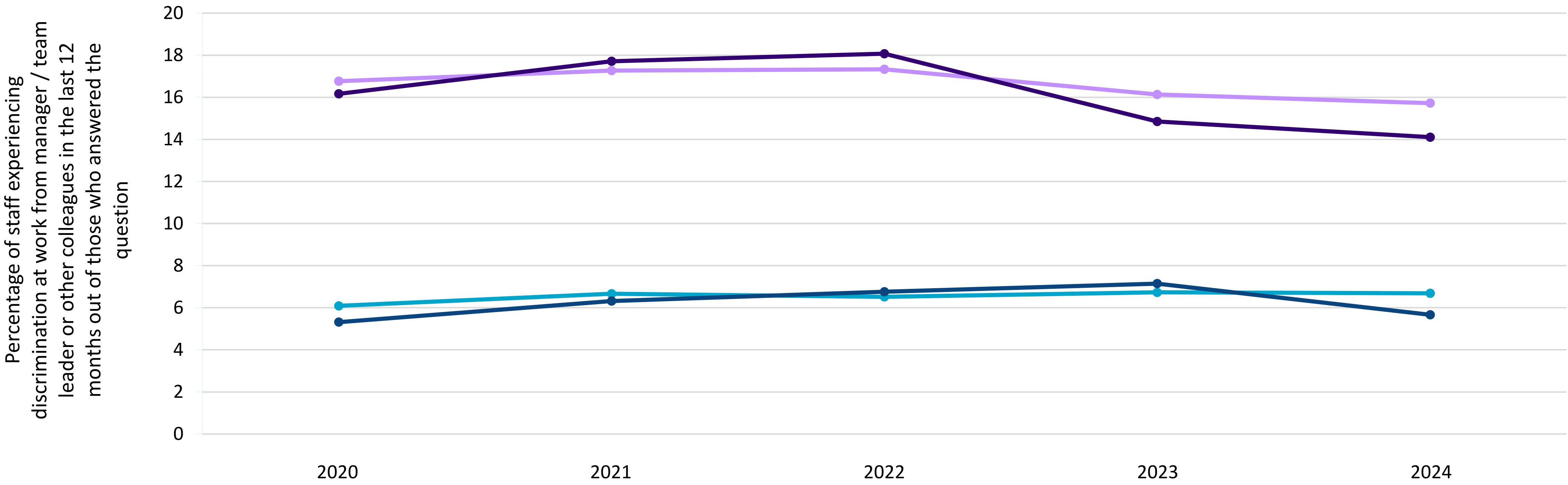
	2020	2021	2022	2023	2024
White staff: Your org	56.07%	57.17%	56.81%	59.52%	61.73%
All other ethnic groups*: Your org	44.50%	41.60%	45.77%	50.49%	49.69%
White staff: Average	59.39%	58.64%	58.65%	58.84%	58.82%
All other ethnic groups*: Average	45.24%	44.56%	47.00%	49.64%	49.70%
White staff: Responses	2520	2454	2079	1870	2762
All other ethnic groups*: Responses	373	363	343	305	652

*Staff from all other ethnic groups combined

Workforce Race Equality Standard (WRES)

Survey Coordination Centre NHS

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



	2020	2021	2022	2023	2024
White staff: Your org	5.32%	6.32%	6.77%	7.15%	5.66%
All other ethnic groups*: Your org	16.16%	17.71%	18.08%	14.85%	14.11%
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	2502	2452	2084	1861	2737
All other ethnic groups*: Responses	365	367	343	303	652

*Staff from all other ethnic groups combined

Survey Coordination Centre

NHS

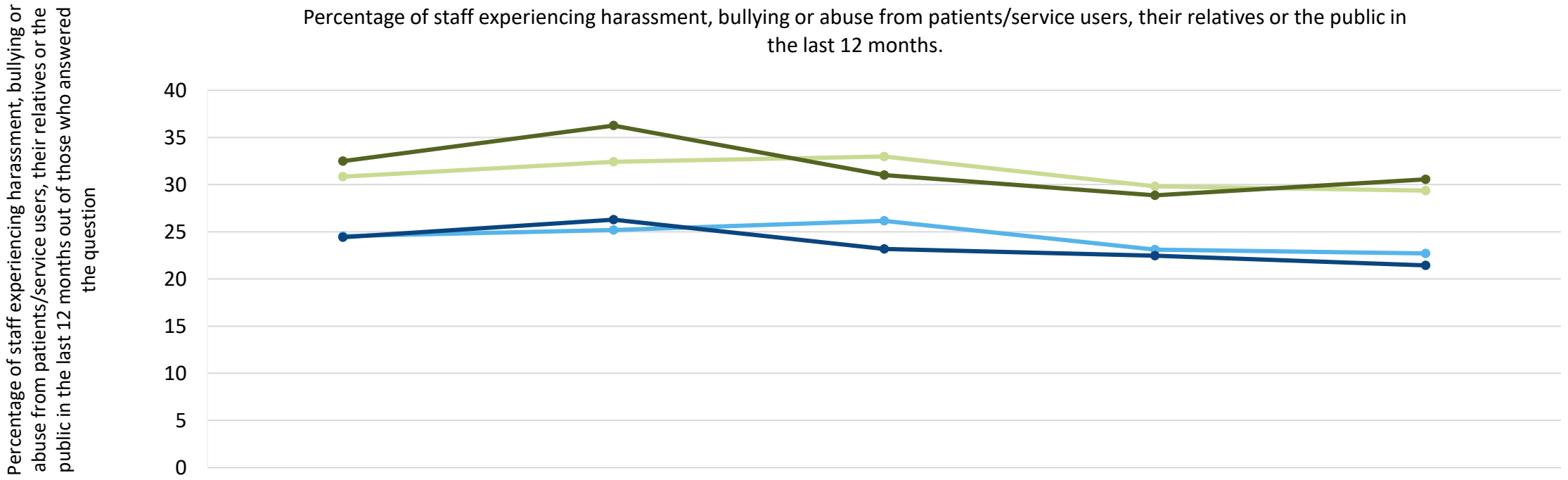
Workforce Disability Equality Standards (WDES)

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

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

Workforce Disability Equality Standards

Survey Coordination Centre NHS

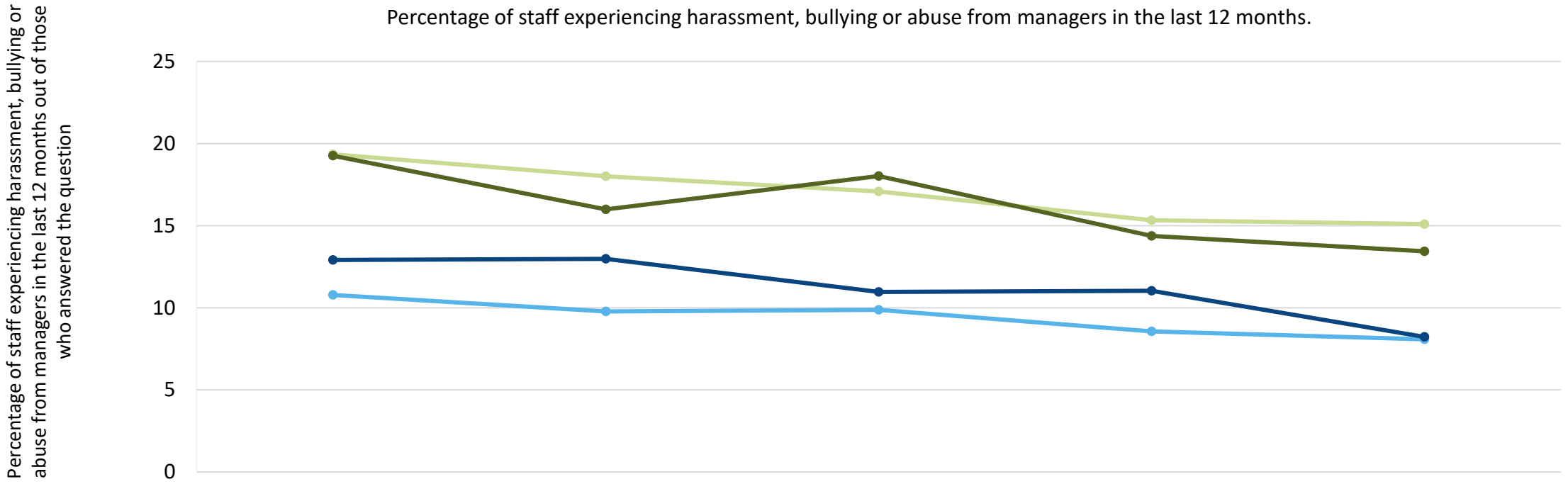


	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	32.50%	36.26%	31.02%	28.87%	30.56%
Staff without a LTC or illness: Your org	24.42%	26.28%	23.17%	22.47%	21.44%
Staff with a LTC or illness: Average	30.86%	32.43%	32.98%	29.83%	29.37%
Staff without a LTC or illness: Average	24.53%	25.19%	26.16%	23.11%	22.71%
Staff with a LTC or illness: Responses	517	615	561	490	818
Staff without a LTC or illness: Responses	2375	2199	1890	1496	2598

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

Workforce Disability Equality Standards

Survey Coordination Centre NHS



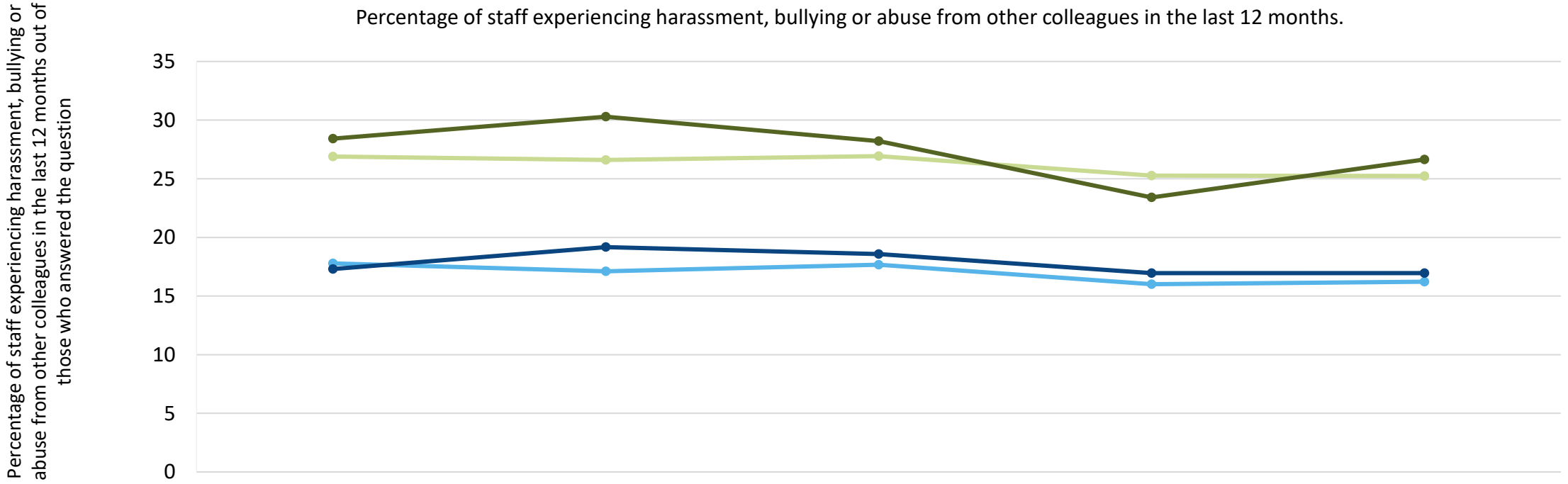
	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	19.26%	15.99%	18.02%	14.37%	13.44%
Staff without a LTC or illness: Your org	12.91%	12.98%	10.97%	11.03%	8.23%
Staff with a LTC or illness: Average	19.35%	18.00%	17.09%	15.33%	15.10%
Staff without a LTC or illness: Average	10.78%	9.77%	9.88%	8.56%	8.08%
Staff with a LTC or illness: Responses	514	613	555	490	811
Staff without a LTC or illness: Responses	2362	2188	1878	1484	2565

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

Workforce Disability Equality Standards

Survey Coordination Centre NHS

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

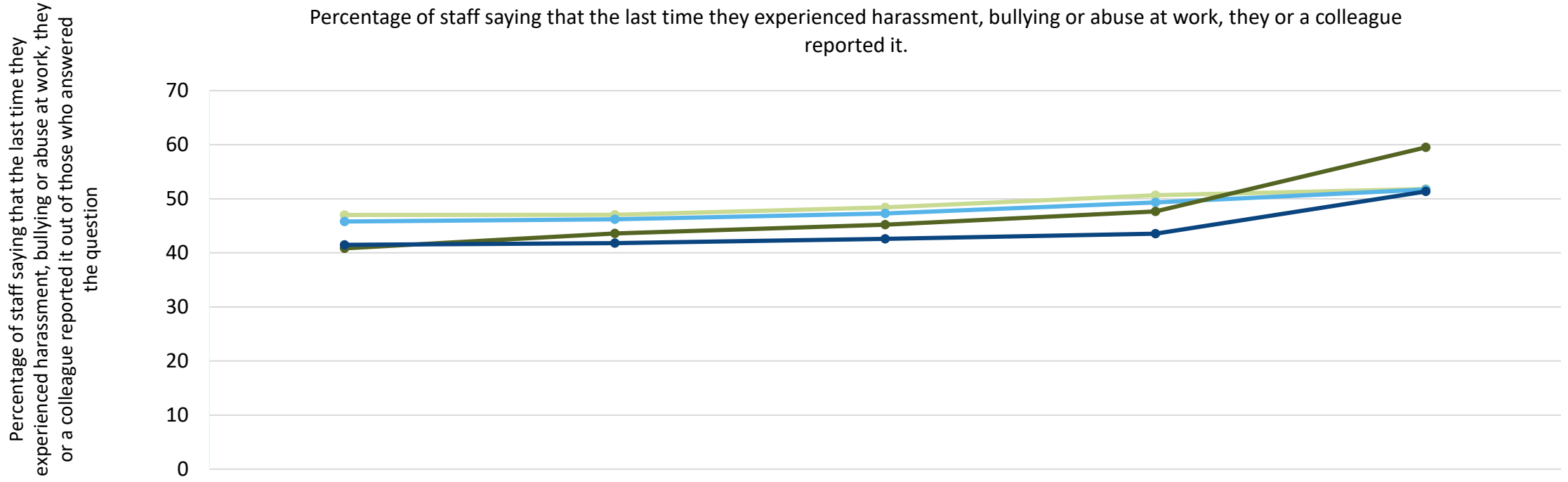


	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	28.43%	30.29%	28.21%	23.41%	26.64%
Staff without a LTC or illness: Your org	17.31%	19.17%	18.59%	16.95%	16.97%
Staff with a LTC or illness: Average	26.89%	26.60%	26.93%	25.26%	25.24%
Staff without a LTC or illness: Average	17.79%	17.11%	17.67%	16.01%	16.22%
Staff with a LTC or illness: Responses	510	614	553	486	807
Staff without a LTC or illness: Responses	2363	2175	1872	1478	2558

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

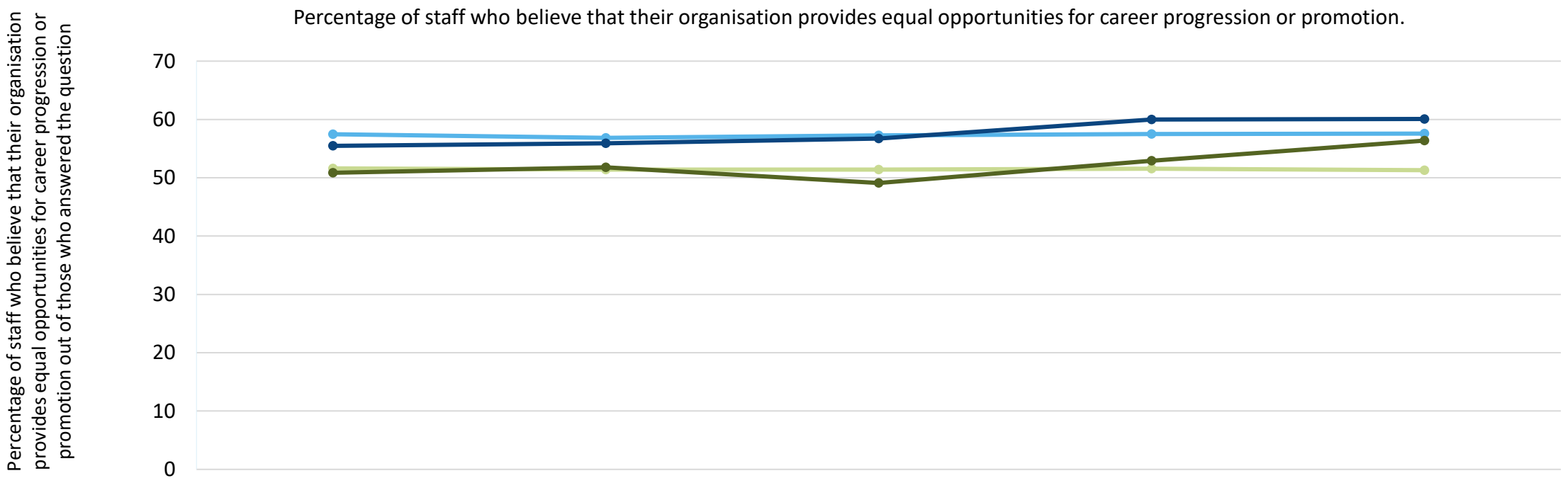


	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	40.83%	43.58%	45.20%	47.65%	59.51%
Staff without a LTC or illness: Your org	41.48%	41.79%	42.60%	43.53%	51.35%
Staff with a LTC or illness: Average	47.01%	47.03%	48.43%	50.64%	51.82%
Staff without a LTC or illness: Average	45.80%	46.20%	47.30%	49.31%	51.71%
Staff with a LTC or illness: Responses	240	296	250	200	326
Staff without a LTC or illness: Responses	757	725	601	452	742

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

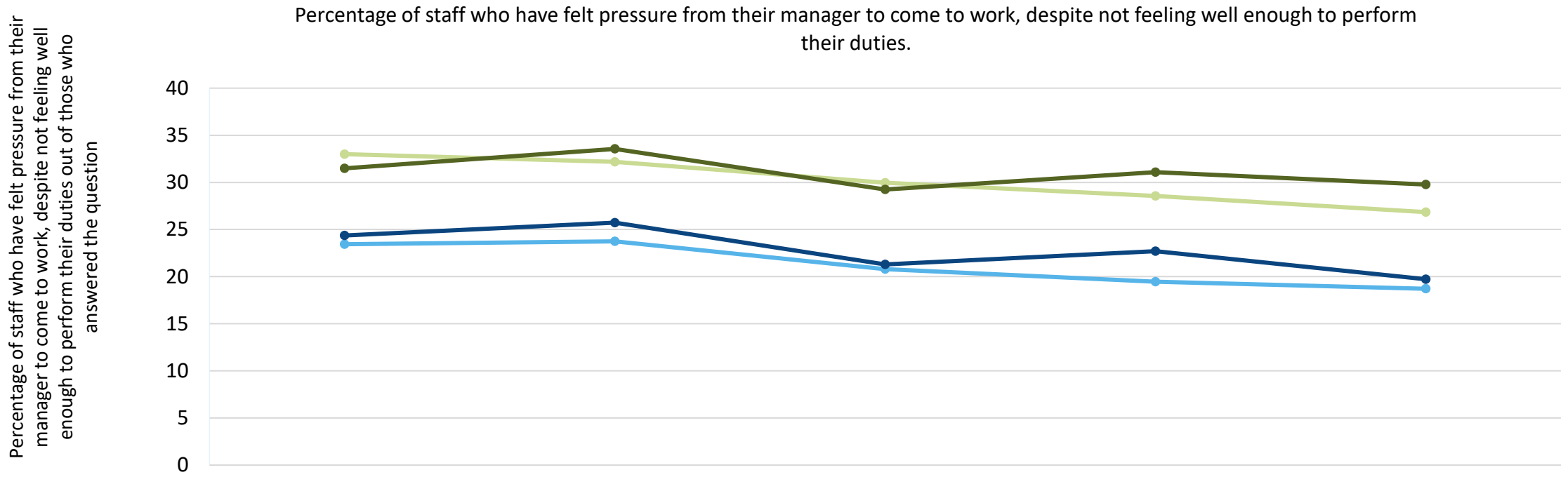


	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	50.87%	51.78%	49.11%	52.91%	56.37%
Staff without a LTC or illness: Your org	55.47%	55.92%	56.74%	59.99%	60.09%
Staff with a LTC or illness: Average	51.61%	51.41%	51.39%	51.54%	51.30%
Staff without a LTC or illness: Average	57.45%	56.84%	57.25%	57.52%	57.57%
Staff with a LTC or illness: Responses	517	618	560	533	816
Staff without a LTC or illness: Responses	2385	2196	1877	1607	2588

Workforce Disability Equality Standards

Survey Coordination Centre NHS

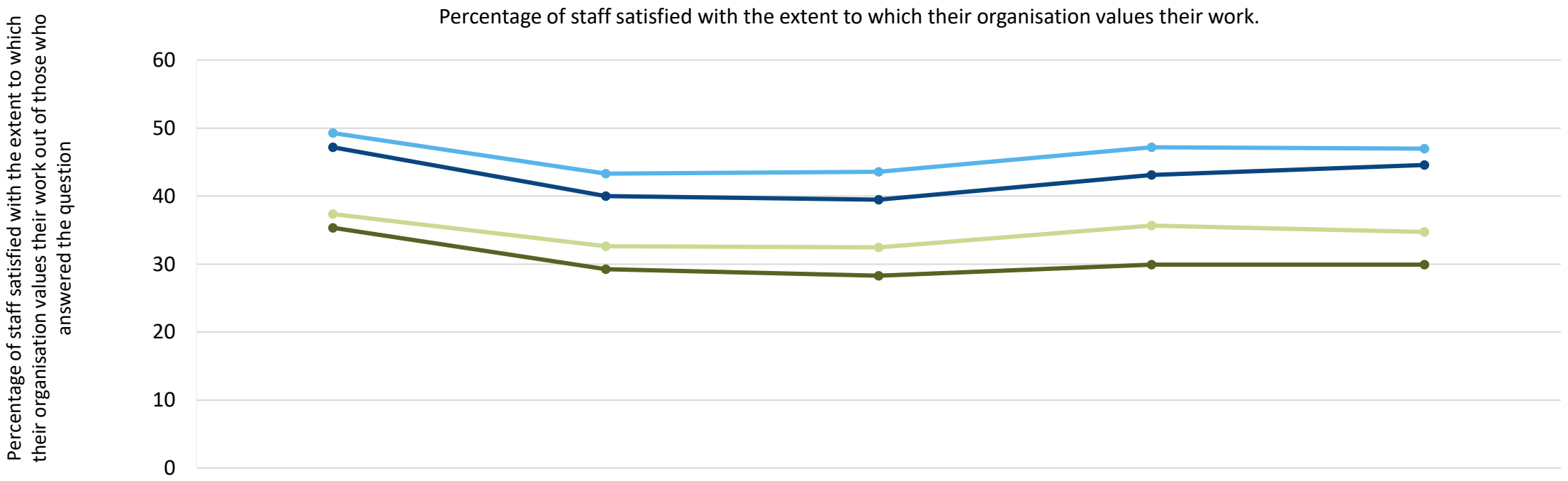
Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.



	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	31.50%	33.55%	29.25%	31.09%	29.78%
Staff without a LTC or illness: Your org	24.36%	25.73%	21.29%	22.71%	19.72%
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	327	459	424	402	601
Staff without a LTC or illness: Responses	1018	1135	944	753	1232

Workforce Disability Equality Standards

Survey Coordination Centre NHS

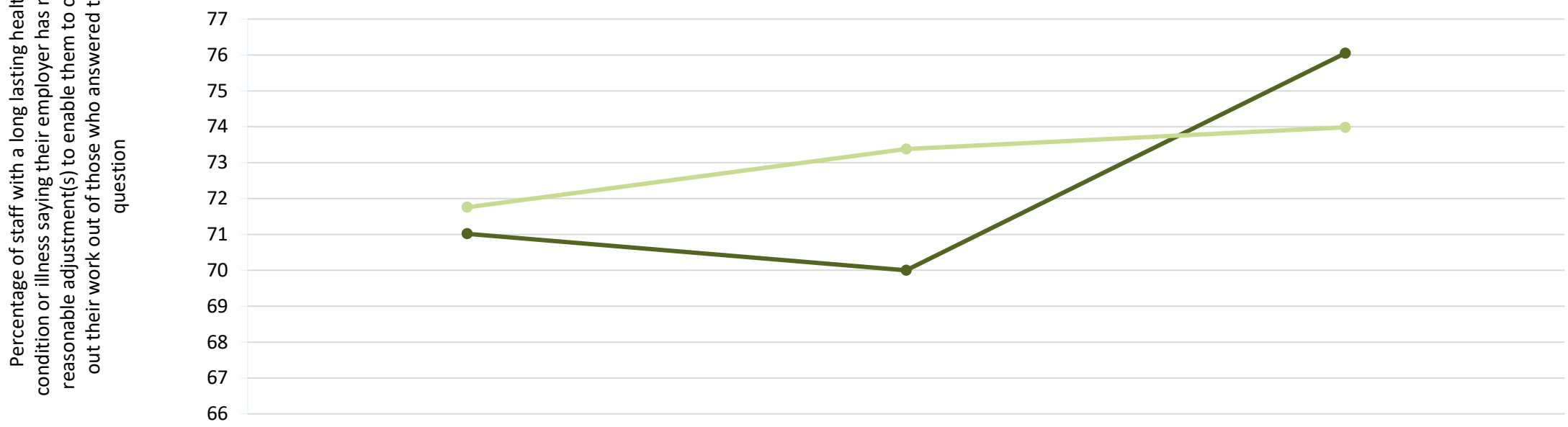


	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	35.34%	29.26%	28.29%	29.91%	29.93%
Staff without a LTC or illness: Your org	47.18%	40.02%	39.47%	43.11%	44.56%
Staff with a LTC or illness: Average	37.36%	32.62%	32.46%	35.66%	34.73%
Staff without a LTC or illness: Average	49.27%	43.30%	43.56%	47.19%	46.98%
Staff with a LTC or illness: Responses	515	622	562	535	822
Staff without a LTC or illness: Responses	2374	2194	1895	1612	2601

Workforce Disability Equality Standards

Survey Coordination Centre NHS

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



	2022	2023	2024
Staff with a LTC or illness: Your org	71.02%	70.00%	76.05%
Staff with a LTC or illness: Average	71.76%	73.38%	73.98%
Staff with a LTC or illness: Responses	314	310	501

Workforce Disability Equality Standards

Survey Coordination Centre NHS

	2020	2021	2022	2023	2024
Organisation average	6.97	6.73	6.57	6.63	6.84
Staff with a LTC or illness: Your org	6.64	6.41	6.15	6.10	6.37
Staff without a LTC or illness: Your org	7.05	6.82	6.71	6.80	6.99
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	519	623	564	535	821
Staff without a LTC or illness: Responses	2390	2221	1898	1618	2609

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

Survey Coordination Centre

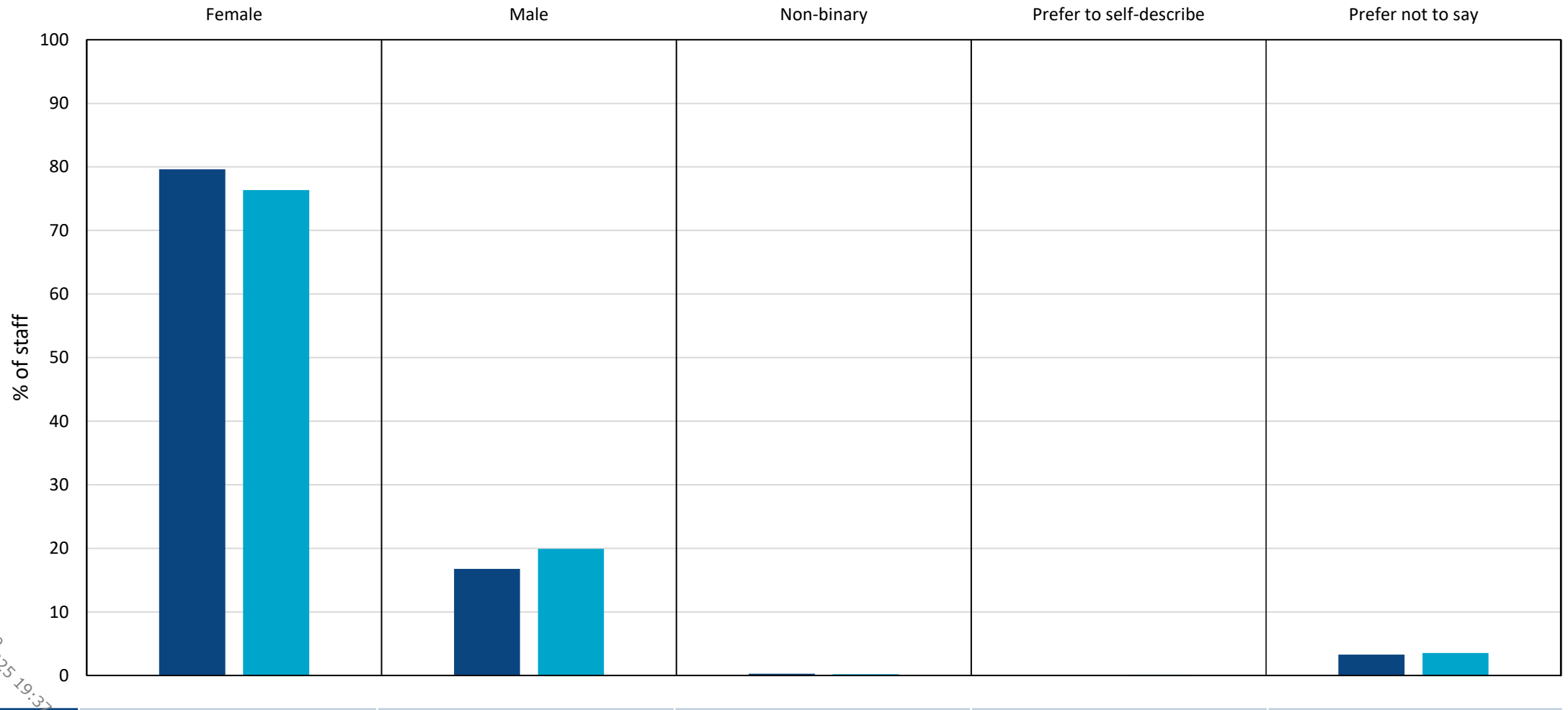
NHS

About your respondents

This section shows demographic and other background information for 2024.

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

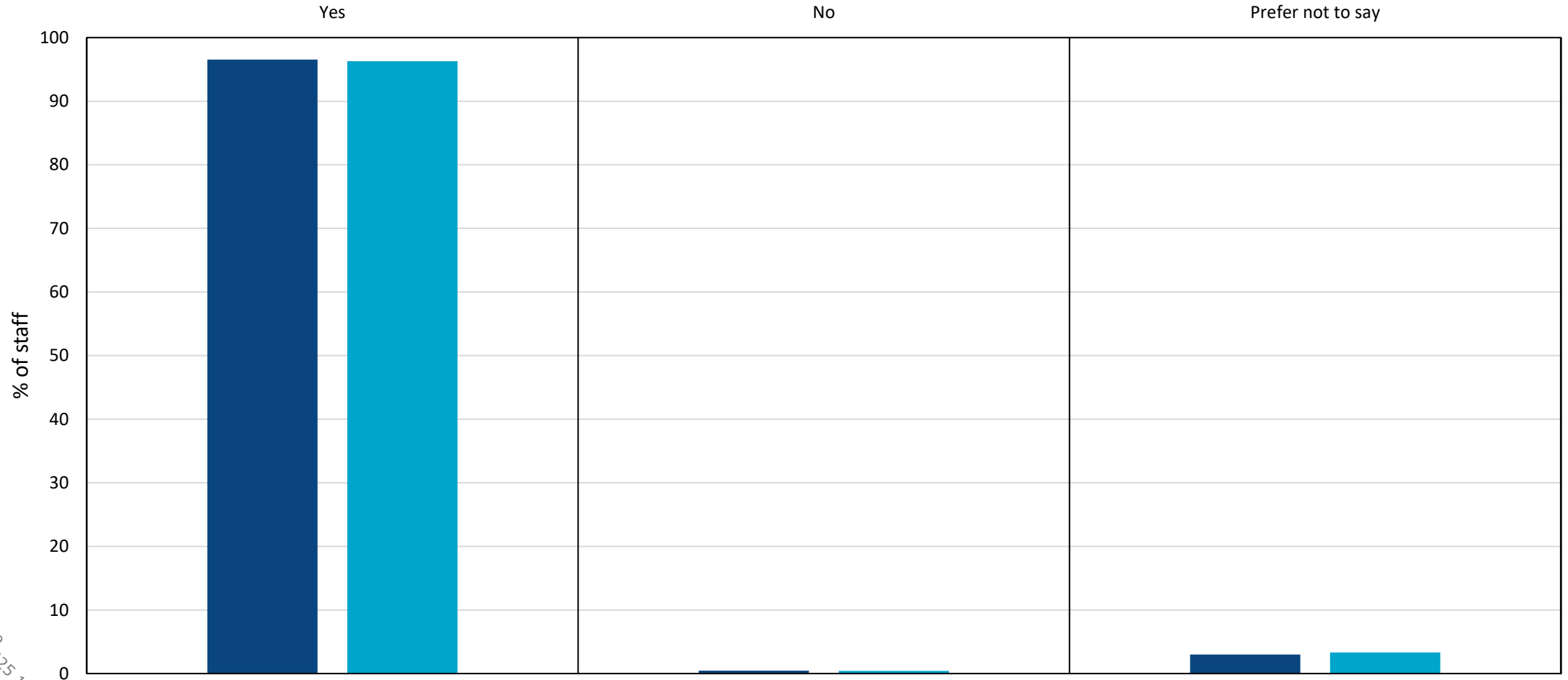
Background details - Gender



	Female	Male	Non-binary	Prefer to self-describe	Prefer not to say
Your org	79.63%	16.77%	0.29%	0.03%	3.29%
Average	76.34%	19.91%	0.21%	0.13%	3.54%
Responses	3470	3470	3470	3470	3470

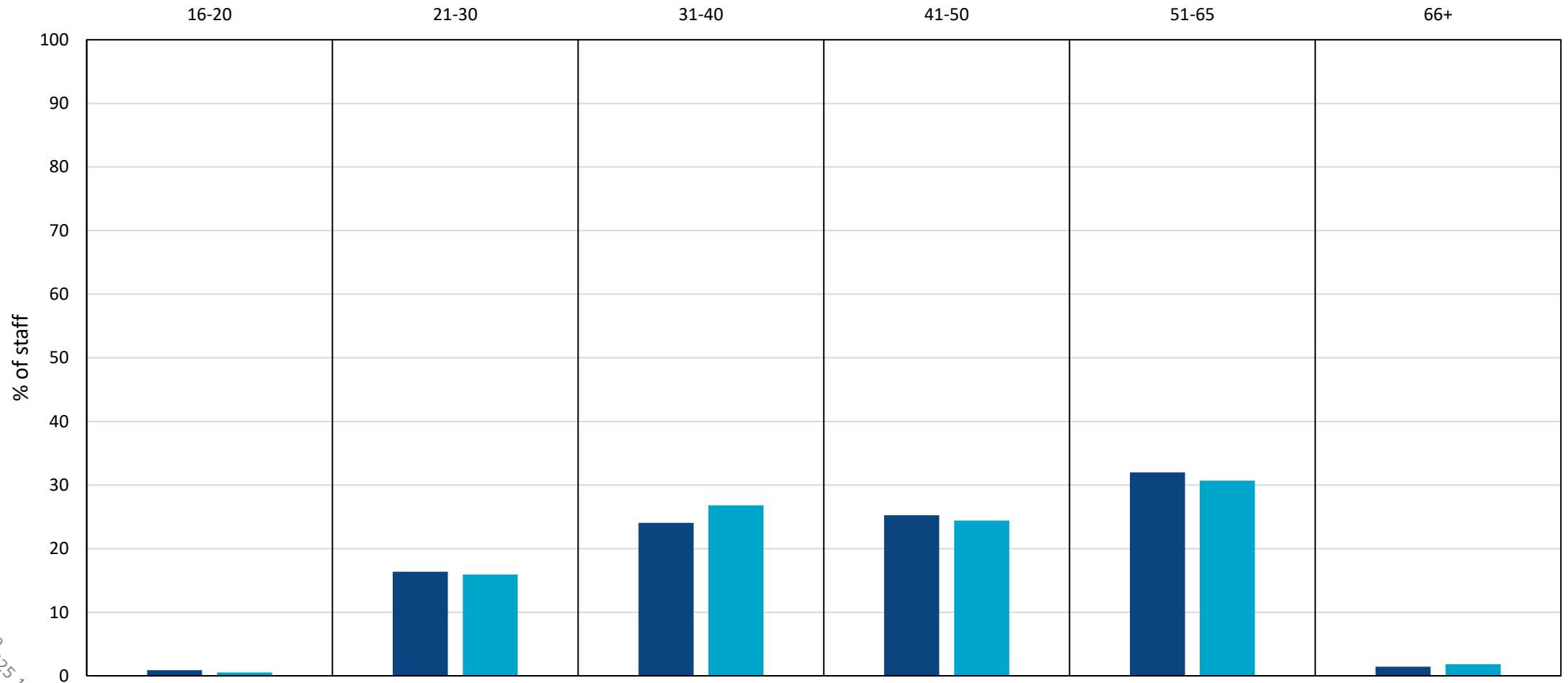
Background details – Is your gender identity the same as the sex you were registered at birth?

Survey Coordination Centre



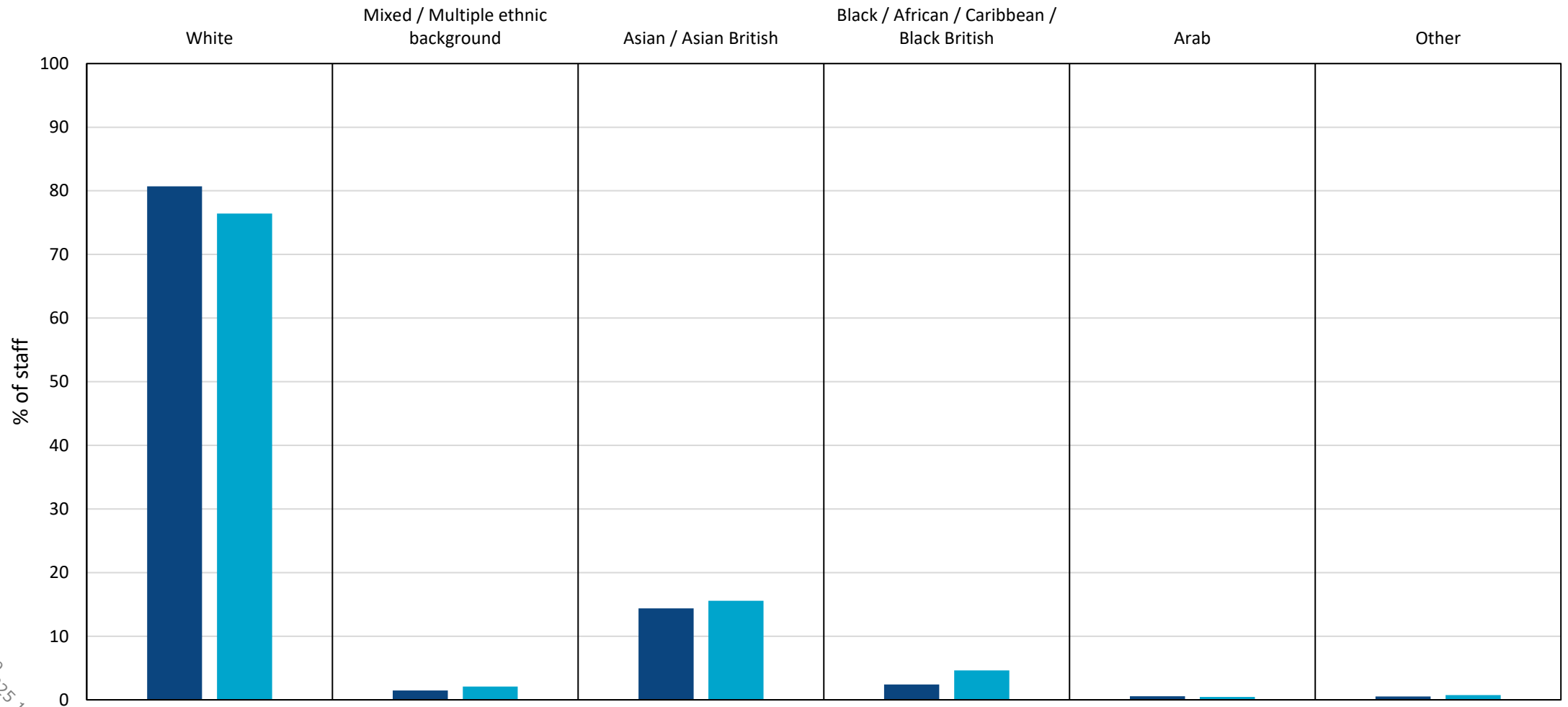
	Yes	No	Prefer not to say
Your org	96.53%	0.47%	3.00%
Average	96.28%	0.41%	3.34%
Responses	3399	3399	3399

Background details - Age



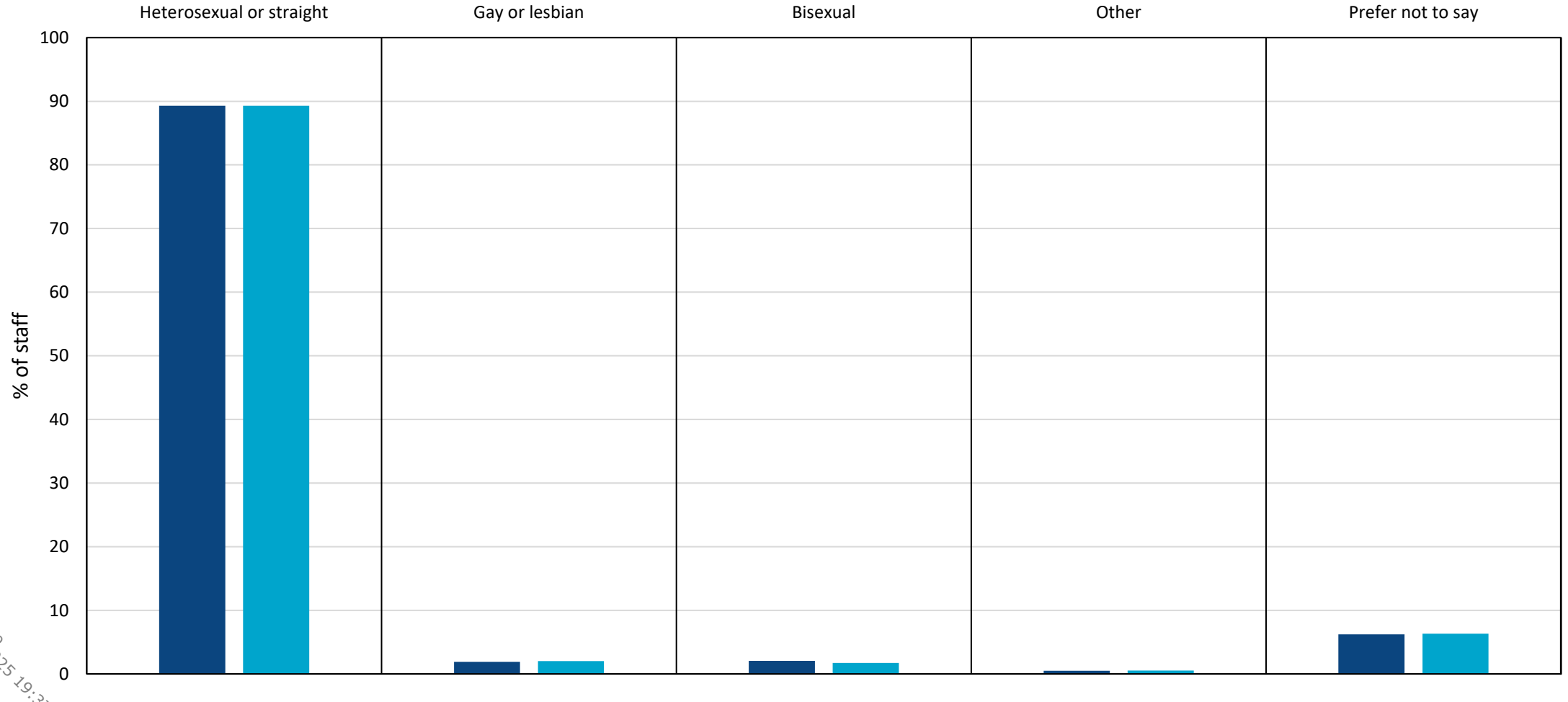
	16-20	21-30	31-40	41-50	51-65	66+
Your org	0.90%	16.36%	24.07%	25.25%	31.97%	1.45%
Average	0.52%	15.92%	26.82%	24.42%	30.69%	1.83%
Responses	3453	3453	3453	3453	3453	3453

Background details - Ethnicity



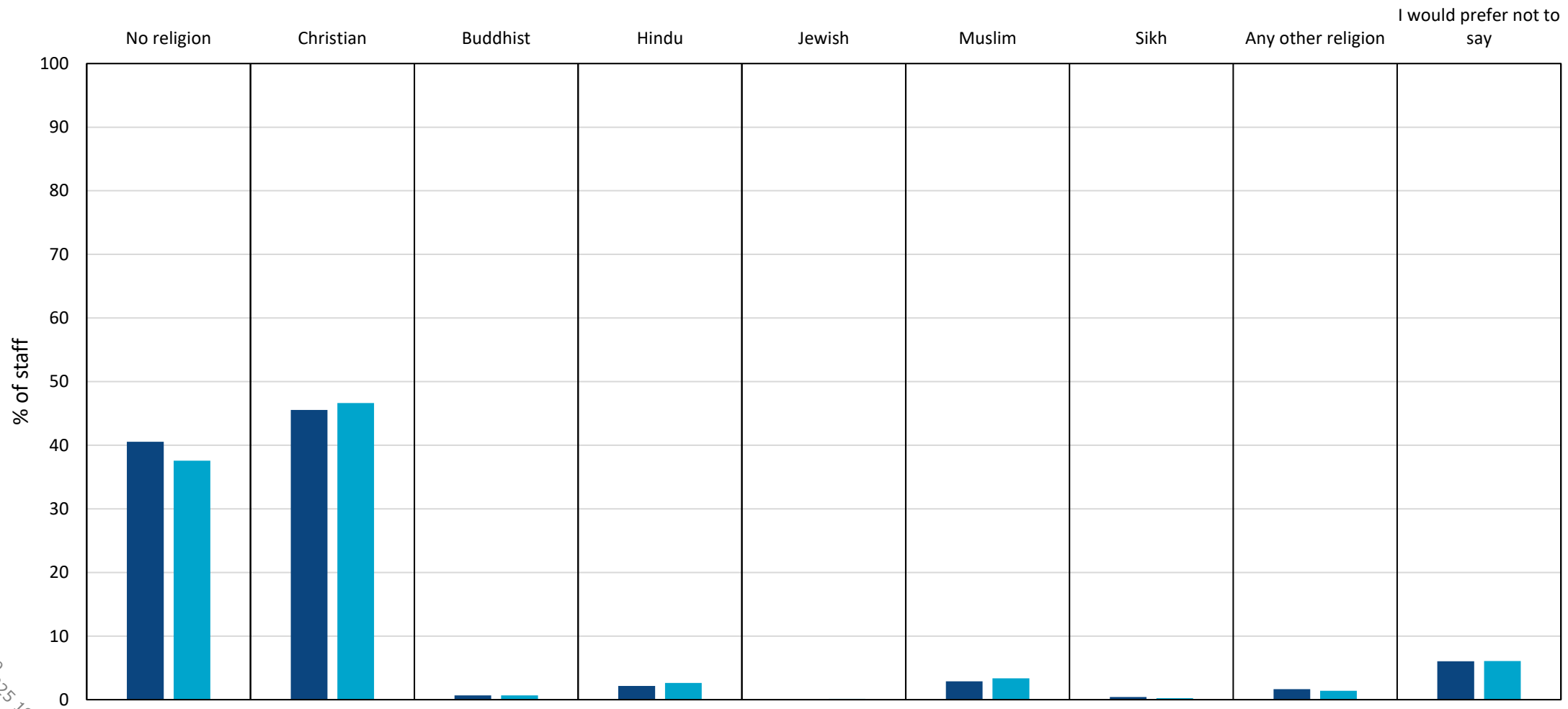
	White	Mixed / Multiple ethnic background	Asian / Asian British	Black / African / Caribbean / Black British	Arab	Other
Your org	80.69%	1.45%	14.37%	2.41%	0.55%	0.52%
Average	76.43%	2.08%	15.55%	4.62%	0.46%	0.73%
Responses	3444	3444	3444	3444	3444	3444

Background details – Sexual orientation



	Heterosexual or straight	Gay or lesbian	Bisexual	Other	Prefer not to say
Your org	89.31%	1.91%	2.06%	0.49%	6.23%
Average	89.28%	2.03%	1.74%	0.53%	6.32%
Responses	3451	3451	3451	3451	3451

Background details - Religion



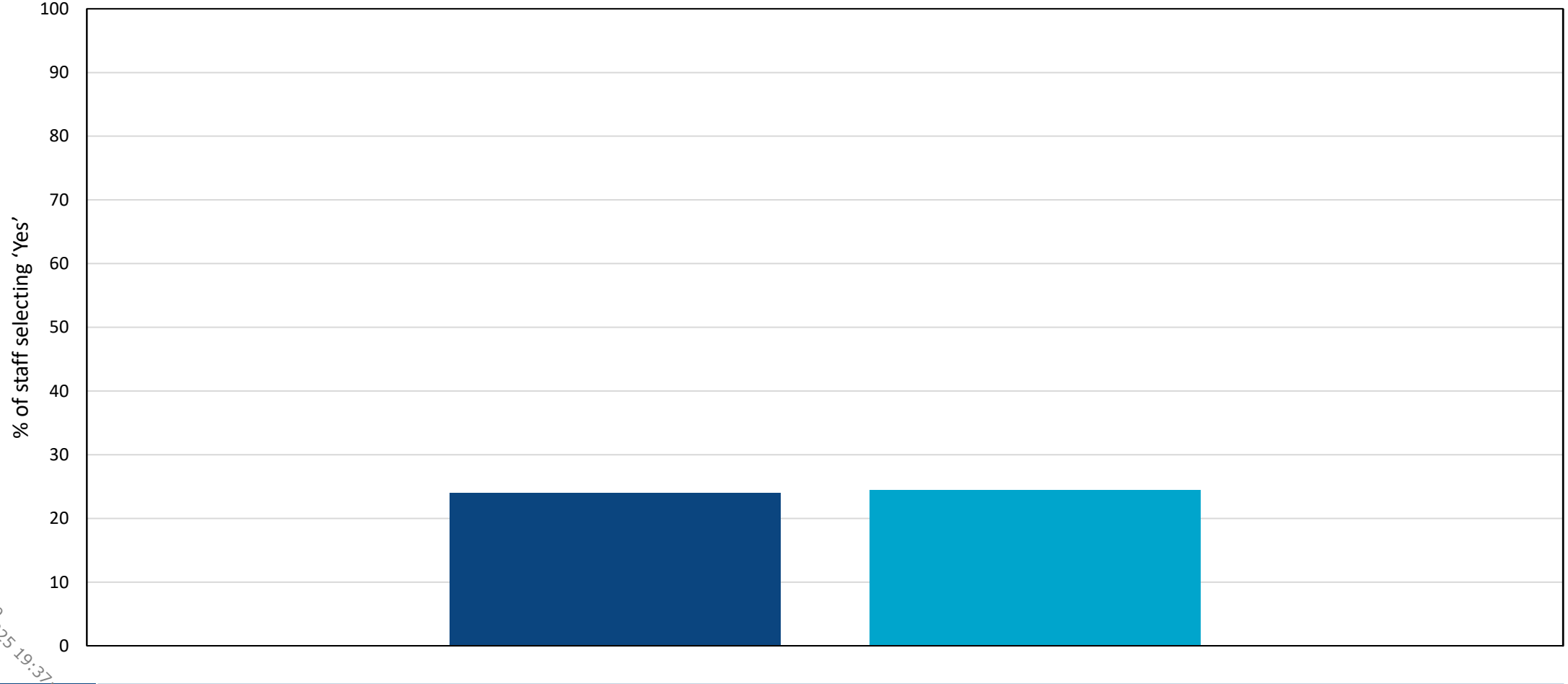
	No religion	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Any other religion	I would prefer not to say
Your org	40.53%	45.54%	0.67%	2.17%	0.09%	2.87%	0.43%	1.65%	6.05%
Average	37.56%	46.64%	0.66%	2.62%	0.13%	3.34%	0.25%	1.41%	6.08%
Responses	3454	3454	3454	3454	3454	3454	3454	3454	3454

Background details – Long lasting health condition or illness

Survey Coordination Centre

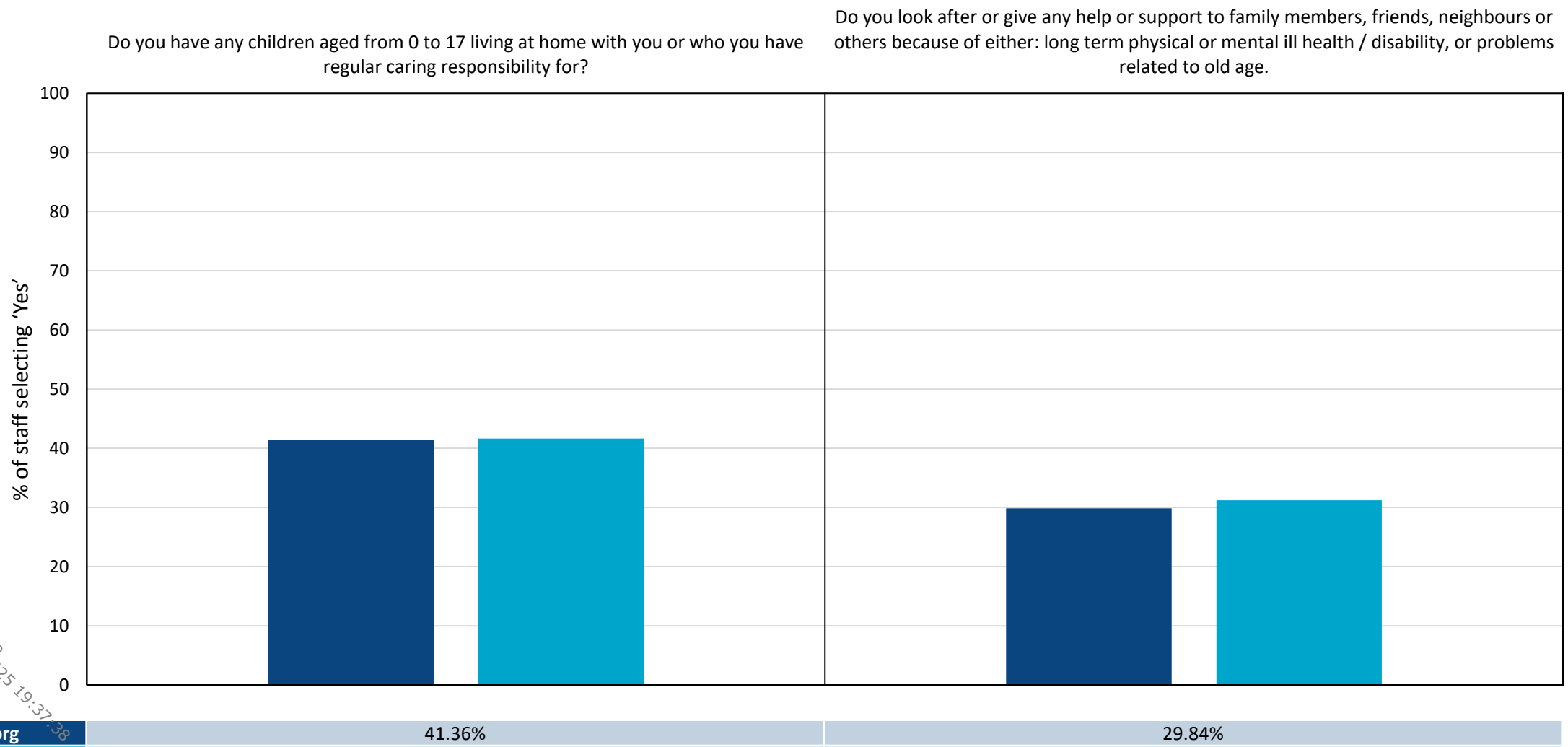
NHS

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



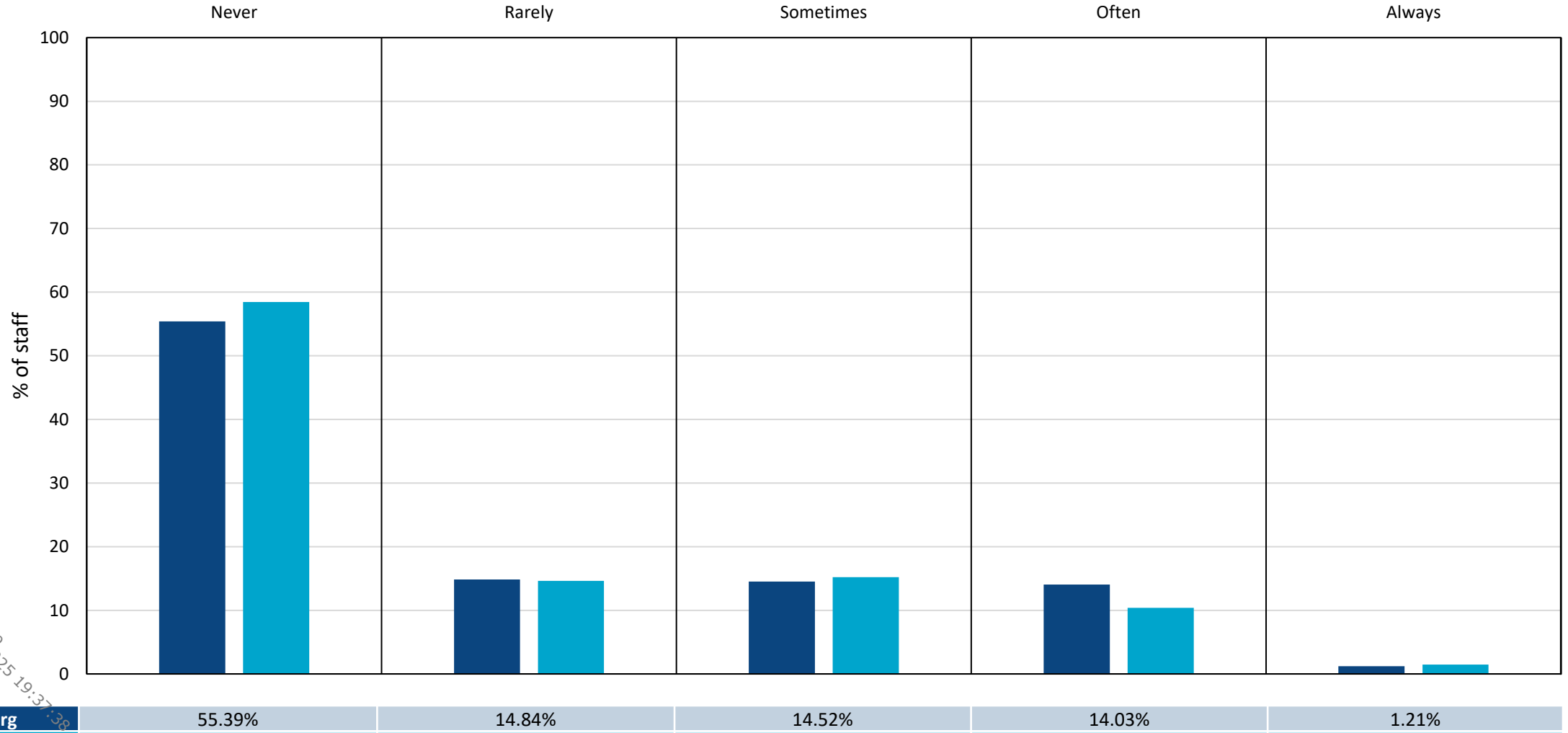
Your org	23.93%
Average	24.45%
Responses	3435

Background details – Parental / caring responsibilities



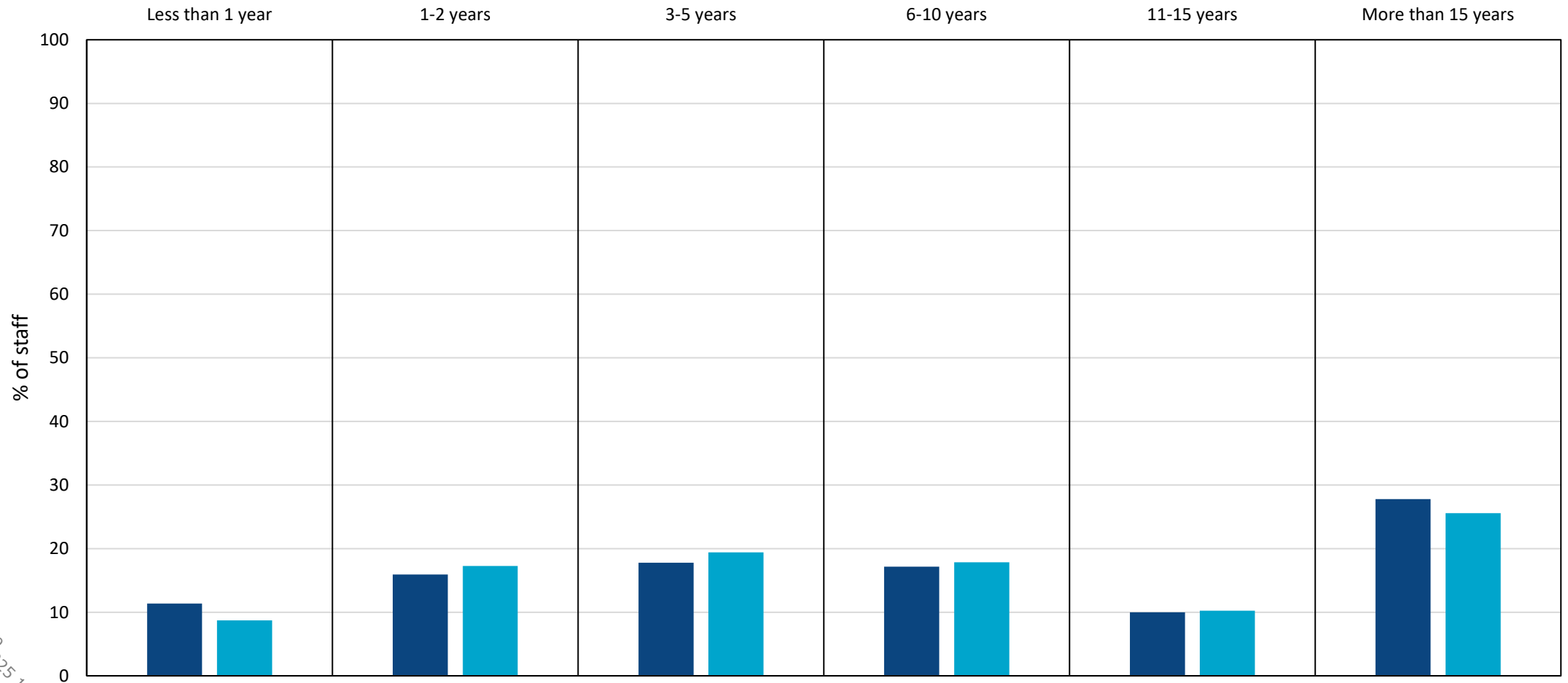
Your org	41.36%	29.84%
Average	41.64%	31.24%
Responses	3455	3442

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



	Never	Rarely	Sometimes	Often	Always
Your org	55.39%	14.84%	14.52%	14.03%	1.21%
Average	58.46%	14.62%	15.19%	10.39%	1.47%
Responses	3470	3470	3470	3470	3470

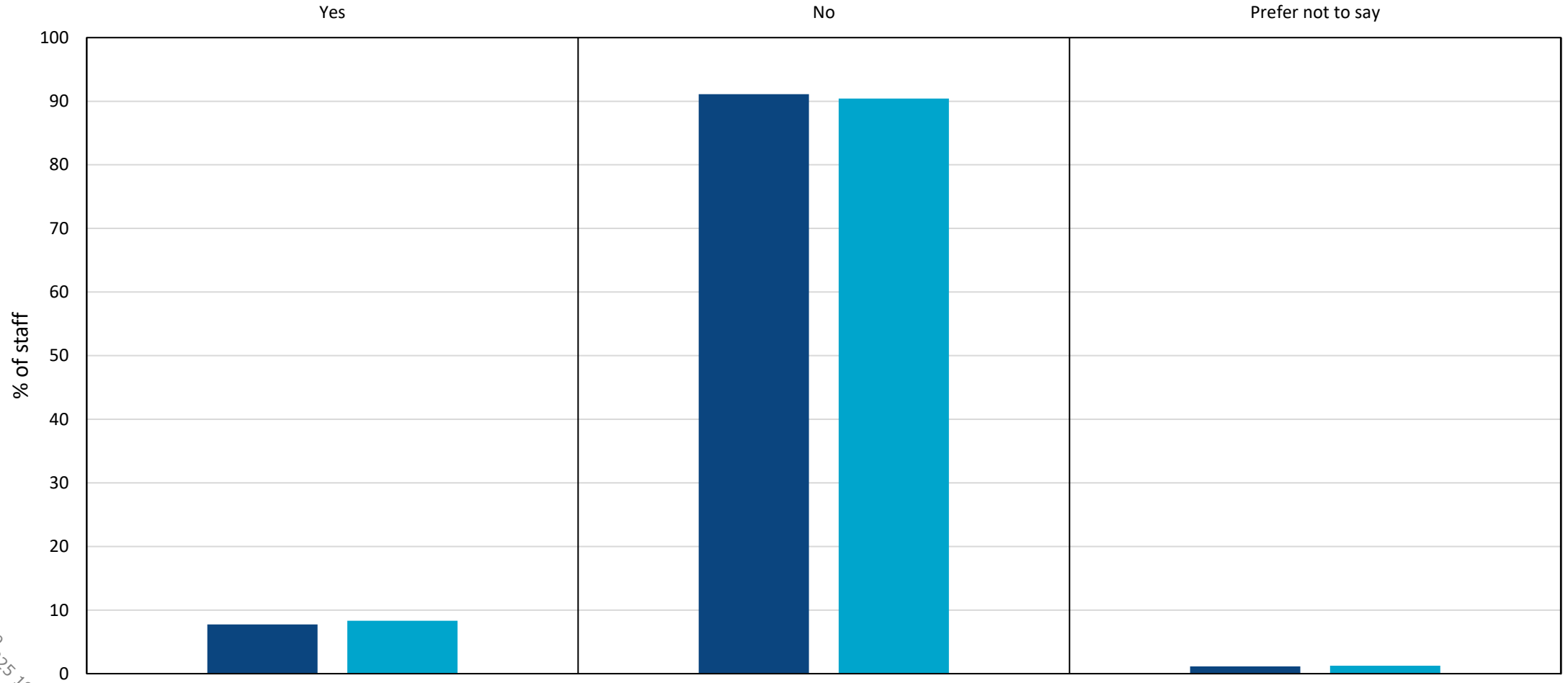
Background details – Length of service



	Less than 1 year	1-2 years	3-5 years	6-10 years	11-15 years	More than 15 years
Your org	11.36%	15.95%	17.77%	17.16%	10.00%	27.77%
Average	8.72%	17.29%	19.43%	17.86%	10.24%	25.58%
Responses	3461	3461	3461	3461	3461	3461

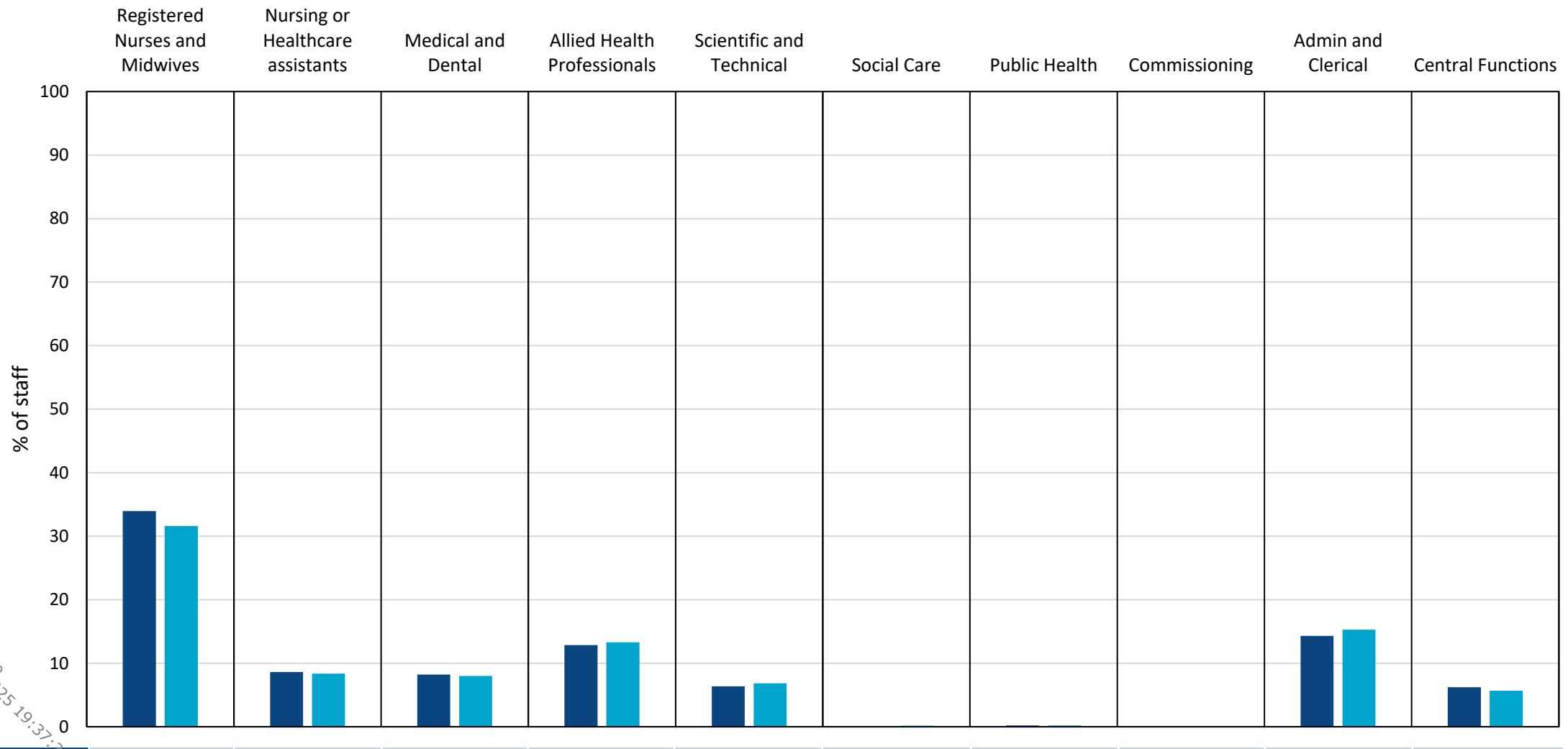
Background details – When you joined this organisation, were you recruited from outside of the UK?

Survey Coordination Centre



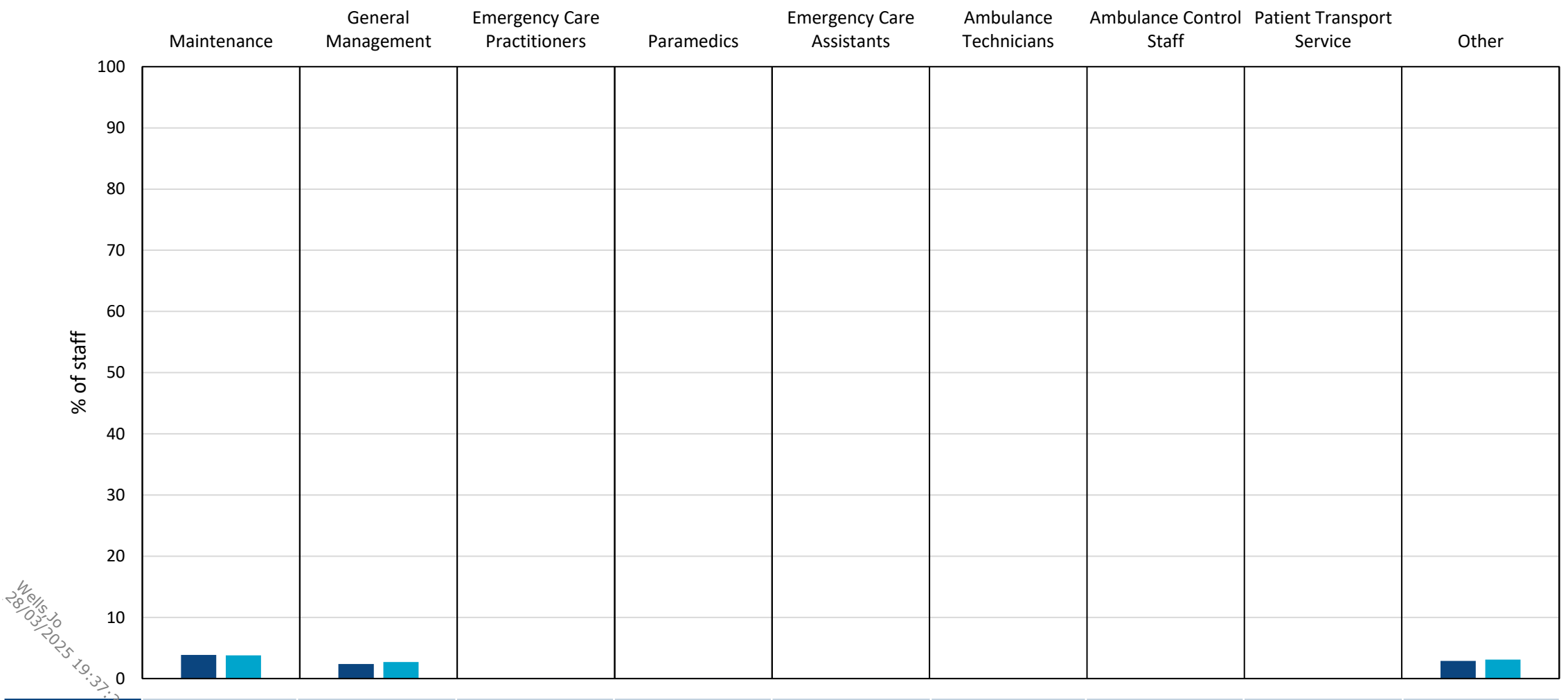
	Yes	No	Prefer not to say
Your org	7.74%	91.12%	1.15%
Average	8.30%	90.40%	1.24%
Responses	3399	3399	3399

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	33.94%	8.60%	8.22%	12.84%	6.38%	0.09%	0.20%	0.09%	14.31%	6.20%
Average	31.58%	8.38%	7.99%	13.29%	6.85%	0.17%	0.21%	0.07%	15.29%	5.69%
Responses	3418	3418	3418	3418	3418	3418	3418	3418	3418	3418

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	3.86%	2.37%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.90%
Average	3.80%	2.70%	0.02%	0.02%	0.04%	0.00%	0.00%	0.00%	3.09%
Responses	3418	3418	3418	3418	3418	3418	3418	3418	3418

Survey Coordination Centre

NHS

Appendices

Survey Coordination Centre

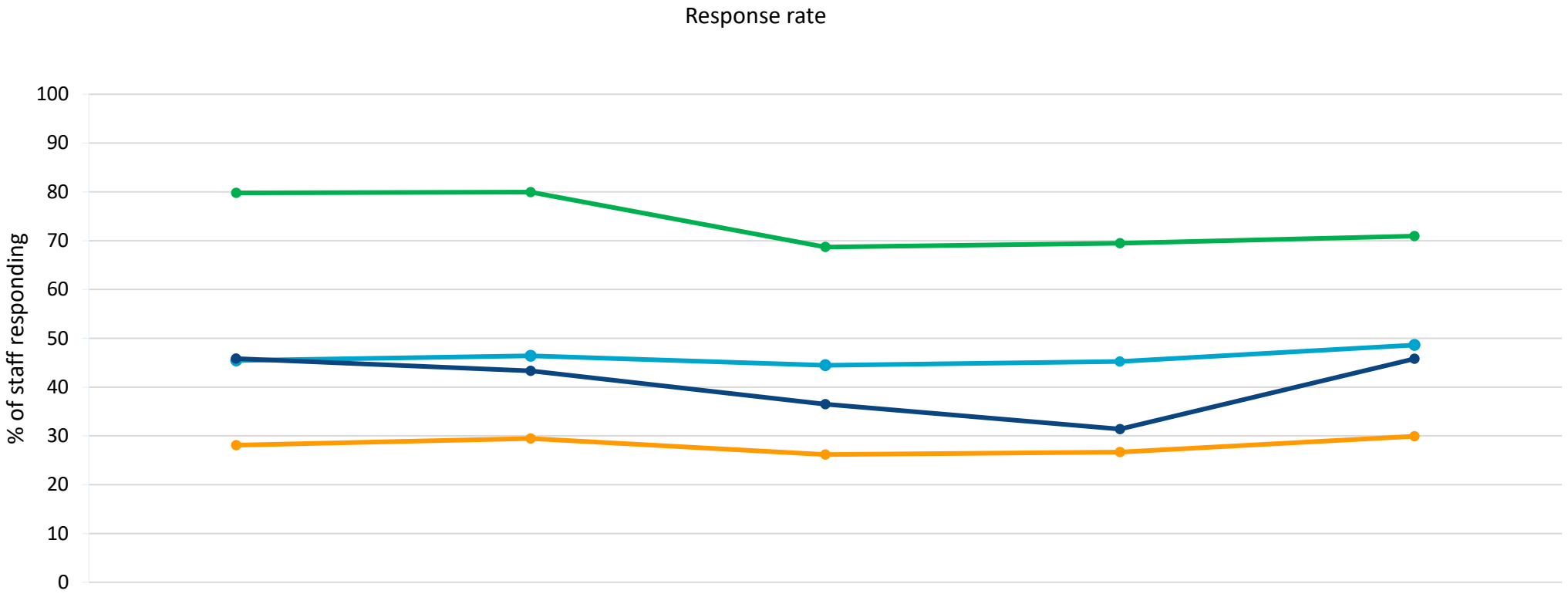
NHS

Appendix A: Response rate

Appendix A: Response rate

Survey Coordination Centre

NHS



	2020	2021	2022	2023	2024
Your org	45.83%	43.33%	36.47%	31.39%	45.77%
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	2950	2883	2482	2215	3484

Survey Coordination Centre

NHS

Appendix B: Significance testing 2023 vs 2024

Appendix B: Significance testing – 2023 vs 2024

Survey Coordination Centre NHS

Statistical significance helps quantify whether a result is likely due to chance or to some factor of interest. The table below presents the results of significance testing conducted on the theme scores calculated in both 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	7.07	2208	7.24	3473	Significantly higher
We are recognised and rewarded	5.80	2207	5.90	3477	Not significant
We each have a voice that counts	6.50	2194	6.67	3444	Significantly higher
We are safe and healthy	5.95	2044	6.09	3455	Significantly higher
We are always learning	5.35	2091	5.61	3275	Significantly higher
We work flexibly	6.13	2200	6.43	3453	Significantly higher
We are a team	6.53	2206	6.71	3472	Significantly higher
Themes					
Staff Engagement	6.64	2213	6.82	3478	Significantly higher
Morale	5.70	2211	5.96	3478	Significantly higher

* 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.

Survey Coordination Centre

NHS

Appendix C: Tips on using your benchmark report

Appendix C: Data in the benchmark reports

Survey Coordination Centre NHS

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

Survey Coordination Centre NHS

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

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

Areas to improve

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

Positive outcomes

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

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

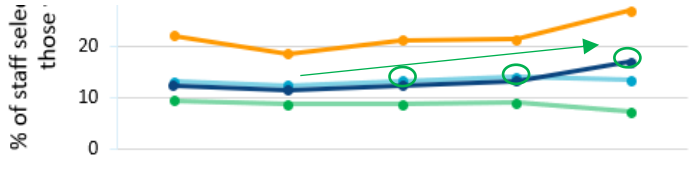
Only one example is highlighted for each point

Appendix C: 2. Reviewing results in more detail

Survey Coordination Centre NHS

Review trend data

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



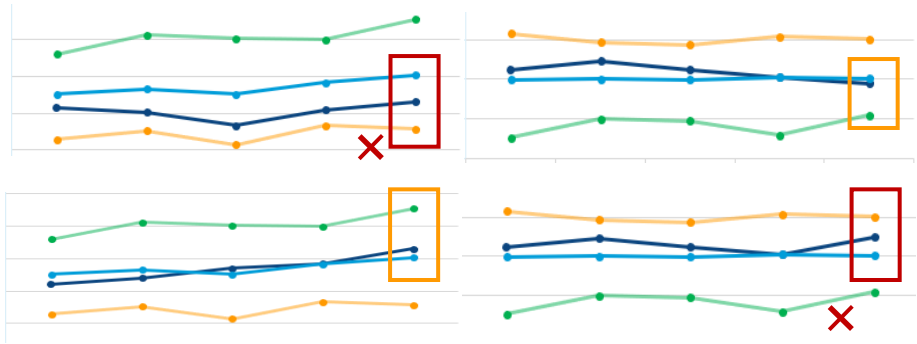
	2020	2021	2022	2023	2024
Your org	12.4%	11.5%	12.5%	13.4%	17.0%
Best result	9.5%	8.7%	8.7%	9.1%	7.3%
Average result	13.2%	12.5%	13.4%	14.1%	13.5%
Worst result	22.2%	18.6%	21.3%	21.4%	27.0%
Responses	1200	1115	1200	1200	595

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

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

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

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



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

Appendix C: 3. Reviewing question results

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.

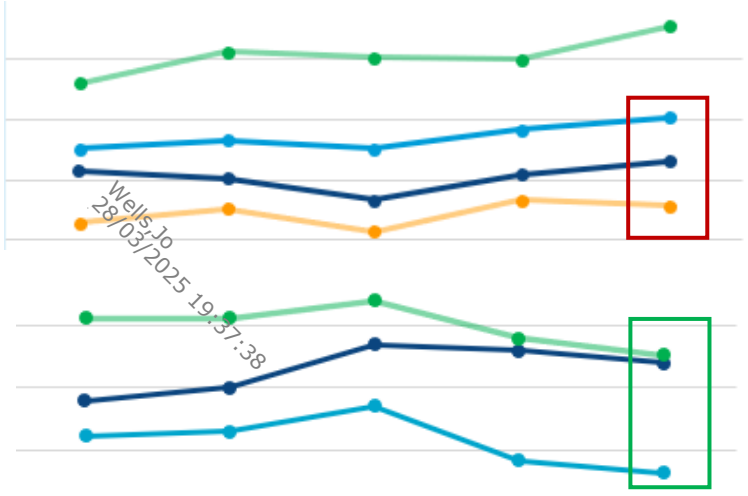
Identifying questions of interest

- **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 Worcestershire Acute Hospitals NHS 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.

NHS
Worcestershire
Acute Hospitals
NHS Trust

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COVERING REPORT 2024-2025

Report to:	**Public Board**
Date of Meeting:	**31/03/2025**
Title of Report:	Emergency Preparedness Resilience and Response Annual Report
Status of report:	**☒Approval ☐Position statement ☐Information ☐Discussion**
Report Approval Route:	Trust Management Board
If Other, provide details:	EPRR Committee
Lead Chief Officer/Director:	**Managing Director (Accountable Emergency Officer)**
Author:	Tom Taylor, Head of EPRR
Documents covered by this report:	National EPRR Core Standards Framework 2024

1. Purpose of the report

To meet the mandatory national standard to update Trust Board on the work of Emergency Planning.

To brief Trust Board on the current state of preparedness at the Trust, including compliance with the NHS Core Standards for EPRR, Civil Contingencies Act (2004) and the NHS Act (2006) amended by the Health and Social Care Act (2012), as required by the NHS England EPRR Framework.

2. Recommendation(s)

The Board should note that there are mandatory aspects of approval under the NHS Core Standards for EPRR which must be presented and signed off at Board level, in order that the Trust can meet the required standards. As such, Board is asked to approve the content of the report, in line with the requirements in the NHS Core Standards for EPRR. All recommendations have previously been reviewed and signed off at the Emergency Planning Committee.

Board is asked to:

- Approve the report, and specifically:
  a) the resources allocated to EPRR (section 10),
  b) the EPRR Policy (appendix 2) and
  c) the Trust Business Continuity Management System (appendix 3) and Business Continuity Statement (appendix 4).
- Note the key activities and response to incidents during 2024
- Receive assurance that Worcestershire Acute Hospitals NHS Trust is prepared to respond to an emergency and has resilience to the continued provision of safe patient care.

3. Chief Officer/Executive Director Opinion[1]

This paper provides assurance on the Trust's Emergency Preparedness, Resilience and Response (EPRR) arrangements. In summary, there continues to be a considerable amount of work in developing the Trust's EPRR arrangements and progress in NHS Core Standards for EPRR assurance process. The Board is requested to receive this report, as this is a specific requirement under the NHS Core Standards for EPRR.

Wells Jo
28/03/2025 19:37:38

[1] Chief Officer opinion must be included and approved by the Chief Officer concerned prior to issue, except when the Chief Officer has given their consent for the report to be released.

4. Please tick box to identify which of the Trust's 10 Point Plan the report relates to:	
☐ *Focus on Flow*	☒ *Think/Act as a Lead Provider*
☒ *Governance*	☒ *Improve Staff Experience*
☐ *Home First Mindset*	☒ *Tertiary Partnerships*
☐ *4ward Improvement System*	☒ *Leadership and Structures*
☐ *Elective Care: No Delays*	☐ *Strategic 'Big Moves'*

1. Introduction

1.1 This paper provides a report on the Trust's emergency preparedness to meet the requirements of the Civil Contingencies Act (2004) and the NHS Core Standards for Emergency Preparedness, Resilience and Response (EPRR).

1.2. The Trust has a mature suite of plans to deal with Major Incidents and Business Continuity issues. These conform to the Civil Contingencies Act (2004) and current NHS-wide guidance. All plans have been developed in consultation with local and regional stakeholders to ensure cohesion with partner plans.

1.3. The paper covers the following topics:

a) the training and exercising programme and the development of emergency planning arrangements and plans. The report gives a summary of instances in which the Trust has had to respond to extraordinary circumstances.

b) The development of new plans and updates to existing plans and documents for managing incidents driven by national, regional, local lessons learnt process.

c) Learning from national level Inquiries to maintain best practice in all areas of Planning, Exercising, Training and response to incidents.

d) Learning from the Regional NHSE lessons learnt process.

e) Alignment of the trust Business Continuity (BC) planning and business continuity management system to ISO 22301 and NHSE Business Continuity framework.

2.Background

2.1 EPRR is a core function of the NHS and is a statutory requirement of the Civil Contingencies Act (CCA) 2004. Responding to emergencies is also a key function within the NHS Act (2006) as amended by the Health and Social Care Act (2012).

2.2 In December 2022, the Government published the UK Resilience Framework which set out an ambitious new vision and approach to the UK's resilience up to 2030.

2.3 Nationally, there is a high level of focus with the increasing amount of guidance and expanding range of threats that NHS Trusts must be prepared for. It is essential that there is a continued focus on the Trust's Emergency Preparedness and Business Continuity arrangements. It is important that the Trust maintains and continues to advance its reputation within the EPRR arena and contributes towards the Region's preparedness.

2.4 The Civil Contingencies Act (2004) outlines a framework for civil protection in the United Kingdom. Part 1 of the Act establishes a clear set of roles and responsibilities for those involved in emergency preparedness and response at the local level.

As a category one responder, the Trust is subject to the following civil protection duties:

• assess the risk of emergencies occurring and use this to inform contingency planning.

• put in place emergency plans.

• put in place business continuity management arrangements.

• put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency.

• share information with other local responders to enhance coordination.

• cooperate with other local responders to enhance coordination and efficiency.

2.5 To guide compliance, as reported to Board last year, the Trust have an EPRR Strategy which comprises the following work streams:

- Emergency Planning
- Out of hours planning and specialist response to support Incident management via the EPRR team.
- EPRR and On Call Training
- Testing and exercising plans and response.
- Training of Trust wide staff in the process of Business Continuity
- CBRNe Response over the emergency departments and MIU
- Development of NHS green agenda and climate adaptation to the trust wide emergency planning process.
- Development of a data base for Business Continuity management aligned to ISO22301

2.6 Ongoing successful delivery of the Trust EPRR Strategy is monitored through progression against the compliance levels in the NHS Core Standards for EPRR. For 2024, the Trust planned to maintain substantial compliance and move towards full compliance by 2026-2027.

3. WAHT Core Standards update.

3.1 The EPRR Team have completed a mandatory process of self-assessment of the NHS Core Standards for EPRR 2024-2025. The Core Standards assess whether NHS Trusts are compliant with relevant EPRR regulation and legislation. This year the Trust has provided detailed assurance to the ICB EPRR lead and the NHSE regional EPRR team around the evidence of compliance with the core standards.

3.2 The updated core standards were released to the Trust in July 2024 for submission to NHSE in August 2024. We are pleased to report that the Trust have increased in compliance level to substantial compliance for 2024-2025.

Fully Compliant	Partially Compliant	Non- Compliant
55	7	0

Table 1: WAHT Core Standards 2024/25 compliance overview (total number standards 62)

3.3 To meet overall 'fully compliant' status the Trust must have 100% of standards fully compliant. To meet Substantial compliant status, the Trust must have 89-99% of standards fully compliant. For 2024/25, overall, Trust wide compliance is 'Substantial' for the Core Standards Assessment. This is an increase from partial compliance in 2023-2024

3.4 The Hereford and Worcestershire ICB system demonstrates good compliance, with no providers ranked as non-compliant for core standards. Good practice and learning for EPRR have been highlighted from both the Trust and the local ICB system. The midlands region Best Practice Report reflects this achievement, noting that 50% of individual learning points originated from our Trust, while 8 learning points came from the Hereford and Worcestershire ICB system.

4. Local Health Resilience Partnership update on Core standards for the ICB area.

4.1 The Trust has played an active role in the Local Health Resilience Partnership (LHRP) this year to support the process of improving EPRR for public and patients we deliver care to. The work of the LHRP includes improvement of system wide EPRR, Emergency Planning, response to incidents.

4.2 All members of the Herefordshire and Worcestershire systems have seen an increase or remained stable in the core standards in the year of 2024

4.3 WAHT is the only substantially compliant acute hospital Trust in the West Mercia LHRP area and we aim to maintain the compliance level and support other providers.

Organisation	Assurance Level 2024-2025	Organisation Type	Change from 2023-2024
H&W Integrated Care Board (HWICB)	Substantially Compliant	Integrated Care Board	⟷
Worcestershire Acute Hospitals NHS Trust (WHAT)	**Substantially Compliant**	**Acute Provider**	↑
Hereford & Worcestershire Health & Care Trust (HWHCT)	Substantially Compliant	Community & Mental Health Provider	↑
Wye Valley Foundation Trust (WVT)	**Partially Compliant**	**Acute Provider**	⟷

Table 2: Herefordshire and Worcestershire ICB system Core Standards 2023/24 compliance overview

Organisation	Assurance Level 2024-2025	Organisation Type	Change from 2023-2024
H&W Integrated Care Board (HWICB)	Substantially Compliant	Integrated Care Board	⟷
Worcestershire Acute Hospitals NHS Trust (WHAT)	**Substantially Compliant**	**Acute Provider**	↑
Hereford & Worcestershire Health & Care Trust (HWHCT)	Substantially Compliant	Community & Mental Health Provider	↑
Wye Valley Foundation Trust (WVT)	**Partially Compliant**	**Acute Provider**	⟷
Shropshire Telford & Wrekin Integrated Care Board	Partially Compliant	Integrated Care Board	↑
The Robert Jones & Agnes Hunt	Non-Compliant	Specialty Provider	⟷
Shrewsbury Telford Hospitals	**Partially Compliant**	**Acute Provider**	↑
Shropshire Community Health Trust	Substantially Compliant	Community Services Provider	↑
ShopDOC	Non-Compliant	Primary Care GP Provider	⟷

Table 3: West Mercia Local Health Resilience Partnership Core Standards 2023/24 compliance overview

5. Training Numbers

5.1 The EPRR team have completed EPRR Training across key areas in the Trust and during 2023/24 this has included a roll out of updated on call management team training for Executives on call, Senior Managers on Call and Senior Nurse on call. The training supports the roll out of the regionally delivered Principles of Health Command training to Executive Team and senior managers on call.

5.2 Specialist training has been delivered to Emergency Department staff on Chemical, Biological, Radioactive, Nuclear (CBRNe) Decontamination, including dry and full wet decontamination management of contaminated patients.

5.3 Switchboard operators have received specialist training in the process of supporting and delivering call out cascades in line with the 'JESIP principles of joint working', for the trust. This includes debrief support and best practise communications to staff, patients, relatives and other switchboard users

5.4 Other key areas of training include: clinical and nonclinical site management team, and specialist on call services (Communications, Digital, Estates and Facilities). The EPRR team successfully deliver EPRR awareness training to new staff as part of the induction program. General awareness sessions and digital training is delivered to all trust staff on an annual basis with an overview of EPRR and Business continuity.

5.5 Bespoke Business Continuity (BC) Training has been successfully made available. This training aims to enhance the preparedness and resilience of departments and divisions in developing and testing their BC plans. Key components of the training included:

BC Day Across Trust Sites:

- Delivered as face-to-face sessions.
- Focused on training Line Managers to develop departmental-level BC plans.
- Incorporated tabletop exercises to test locally developed BC plans, ensuring practical application and readiness.

Divisional Board Training:

- Conducted BC awareness and training sessions at all divisional boards.
- Sessions were facilitated by the Emergency Preparedness, Resilience, and Response (EPRR) team, emphasizing the importance of BC planning and integration at a strategic level.

5.6 The combination of hands-on training and strategic awareness sessions has strengthened the organization's overall business continuity framework, ensuring that all levels of the organization are well-prepared to respond to potential disruptions effectively. There are more Departments to reach, and the work around BC training continues into 2025/26.

See Appendix 1 Training Update

6. Incidents in the last year

6.1 In the last year the Trust has reported and responded to 4 critical incidents, 0 reported Business continuity and 0 standby incidents. This is a reduction from the previous year when the trust responded to 7 incidents. In line with EPRR Framework 2022 and Trust EPRR arrangements, the debrief process has been completed following all incidents, including a hot debrief and formal post incident debrief. Post incident reports have been completed for all incidents to note areas of good practice, and areas for improvement in planning and response. Formal documentation of 'lessons learned' has taken place, to ensure the learning process is joined up and continual. The post incident reports have been reviewed by the EPRR Committee and shared with the Integrated Care Board and NHSE regional EPRR team.

6.2 The incidents were as follows:

- Water Outage Worcestershire Royal hospital PFI main building September 2024 (Critical Incident)
- Capacity & Flow operational Pressures November 2024(Critical Incident)
- Capacity & Flow operational Pressures x2 December 2024(Critical Incident)

7. Exercises in the last year

7.1 In the last year the Trust has completed tabletop, live play and communication exercises in line with the NHSE EPRR Framework 2022. This included a tabletop for all emergency plans including CBRNe, Adverse weather, Protected individuals, Evacuation and Shelter, Excess Fatalities, Lockdown, Mass casualties, Countermeasures, and Pandemics.

7.2 We completed a live multi agency and system wide evacuation and shelter exercise at Kidderminster Hospital in 2023, with the successful evacuation and shelter of 30 actors from a ward with a mixed inpatient economy including Acute, Rehabilitation, sub-Acute and mental health patients from a ward to identified shelter location. This large-scale exercise was completed in partnership with Herefordshire and Worcestershire Health and Care Trust, the Integrated Care Board, Acute Trust, and with actor participants from the Defence Medical Academy (Armed Forces).

7.3 Two small scale live evacuation and shelter exercises have been completed internally at the Alexandra Hospital in 2024 with support of the Trusts health and safety, and fire teams.

7.4 The EPRR team are in progress of planning a full scale wet and dry decontamination exercise in partnership with partners to test full deployment of CBRNe process across the trust and system partners

8. Lessons and learning from incidents and exercises.

8.1 Learning from incidents forms an important part of future planning for EPRR Practitioners. There are various elements of the learning process, including: post incident reports, exercise reports and consumption of wider external learning from the NHSE Midlands EPRR team. The following list summarises key learning identified over the last 12 months:

- Communication to the public, staff, and system partners
- Staff training – specifically for on call management Teams, and more generally around and EPRR awareness
- Review of evacuation and shelter plans
- Reliance on our Data Centres for digital systems including cyber incidents
- Alignment of Departmental Business Continuity plans to the ISO22301 Standard
- Preparations for the change over from Public switched Telephone Network to Digital Telephone services
- Learning from national Inquires including Manchester arena, and the Grenfell tower incidents

8.2 Using the midlands process for learning, we have identified 86 points of learning. 72 have been addressed, 14 are still to be addressed with ongoing work, and there are four learning points where the plans are still being developed.

9. CBRN statement of readiness and external CBRN Audit (including training)

9.1 The Trust has completed a self-assessment and external audit for CBRNe completed by West Midlands Ambulance service on both Emergency Departments. The Audit included review of the Trust Wide CBRNe plans, risk assessment, staff training logs, equipment logs, test, and service of equipment records. As part of the Audit process, the equipment was set up at both Emergency Departments and included decontamination tents, power and water supply, safety equipment, other decontamination equipment,

wastewater pumps, and wastewater storage. The equipment was fully tested including running of water and electrical power as a full-scale equipment deployment.

9.2 The audit on both sites was very positive with some areas for improvement identified:

- Replacement of wastewater storge equipment Alexandra hospital,
- Increased training numbers for emergency department Nursing and non-clinical staff in both Wet and dry decontamination,
- Training Numbers for emergency department staff to be added to Health Roster and a competency to make it easy to identify per shift the CBRN trained responders
- External storage needed for the CBRN equipment at the Alexandra hospital site.

9.3 Good practice and improvements were noted on both Emergency Departments audits for improvements in process, equipment, and training in the last 12 months.

9.4 In the last 12 months we have had full servicing on the CBRNe decontamination equipment. The EPRR are in process of replacing the wet decontamination tents with new standardised equipment over the two main emergency departments. Investment of grab bags with evacuation and shelter equipment for the 3 trust sites.

10. <u>Emergency Preparedness Resilience and Response resources and roles</u>

10.1 The Trust wide EPRR team is a multi-skilled team made up of three full whole-time equivalents as follows:

- Head of EPRR: Trust wide lead for EPRR planning, strategy, representation for internal and external system lead groups, committees, Local Resilience Forum (LRF), Local Health Resilience Partnership (LHRP), Health Emergency Planning Operational Group (HEPOG), LRF risk working group, Trust wide training lead, strategic / tactical / operational advisor, CBRNe training lead and co-chair of the Midlands Acute EPRR Network. To deputies, with delegated authority, for the COO and DCOO at EPRR associated committees where necessary. To ensure the development of emergency planning and service planning within the Trust which improves health and wellbeing, demonstrating a high standard in terms of effectiveness, efficiency, safety, enhancing staff and patient experience in line with Trust Values. To facilitate and support the development of relevant networks spanning health and social care organisations. Deliver support as a subject matter expert to the Executive and senior managers of the Trust in responding to major incidents across the Trust.

- EPRR Officer and Business Continuity Lead: leads business continuity (BC) planning across corporate, divisional, directorate teams. Input and specialist advice to Digital BC planning, Estates and facilities, Audit lead for BC best practice.

- EPRR Support Manager & Single point of Contact: Trust wide lead for communications dissemination of information from the ICB and Regional NHSE single point of contacts, leading for logging in incidents, lead for weekend and out of hours planning, development of learning from on call management logs and themes analysis from on call events. Delivering the Personal Development portfolio (PDP) for all on call incident response functions

10.2 From April 2024. The EPRR team have piloted the delivery of a specialist advice and on call service out of hours at the weekend to offer strategic and tactical advice and support in the event of incidents and events in the Trust. Over the winter the on-call service has been available 24/7 to support the trust.

10.3 The future of the EPRR on call rota is currently under consideration – having particular regard for the level of requirement at different times of the year, and also the health and wellbeing of the on call rota membership.

11. 25/26 EPRR Annual Plan

11.1 The work programme for the forthcoming financial year will take into account the continuing Trust response to Incidents, operational response issues, the Training and Exercising, BC Workshops, CBRNe, PRPS Training, Command and control Updates, and Joint Emergency Services Interoperability Protocol (JESIP) Commanders, which will be reviewed and prioritised prior to the start of the 25/26 financial year and agreed through the EPRR Committee.

11.2 The key areas of focus for the 25/26 EPRR Annual Plan will be:

- Updating plans and standard operating procedures to take account of changes to the National Security Risk Assessment and the National Risk Register and updated national guidance.
- Ongoing Development of the Mass Countermeasures Plan.
- Development of Business Continuity Arrangements Aligned to ISO22301.
- Development of the new and emerging Pandemic Plan.
- Site and Department Lockdown Action Cards
- Development of a counter Terrorism Plan in line with Martyn's Law
- Review of all response plans to ensure they are fit for purpose following internal and external debriefs.
- Evacuation and shelter planning focusing on full site and department evacuation and shelter.
- Delivery of Trust-wide training programme in line with the NHS Minimum Occupational Standards, the National Occupational Standards and Skills for Justice Requirements. This will include Emergency Department training on all sites, where sessions are able to go ahead (staffing and site pressures continue to be a risk to ED training).

12. Emergency Preparedness Resilience and Response Statement of readiness

12.1 This statement is specific requirement of the Core Standards Framework:

Worcestershire Acute Hospitals NHS Trust needs to be able to plan for and respond to a wide range of incidents and emergencies that could affect health or patient care. These could be anything from extreme weather conditions to an infectious disease outbreak or a major transport accident or a terrorist act. This is underpinned by legislation contained in the Civil Contingencies Act 2004 (CCA), the Civil Contingencies Act 2004 (Contingency Planning Regulations) 2005, the NHS Act 2006 and the Health and Care Act 2022. This work is referred to in the health service as 'emergency preparedness, resilience and response' (EPRR). The Trust overall rating from the NHSE Core standards assessment is Substantially complaint for 2023-2024. Areas for improvement will be monitored from the Core standards Work plan 2024-2025.

13. Briefing on LRF, LHRP, HEPOG

13.1 The Trust has played an active role in the Local Resilience Forum (LRF), Local Health Resilience Partnership (LHRP), and the Health Emergency Planning Operational Group (HEPOG), over the last 12 months. The Trust have contributed to the development of a Mass Fatalities Plan, the Communications work stream, development of Mass Countermeasures plan, Evacuation and Shelter System Wide Plan and Resilient Telecommunications plan. The system wide group have responded to a range of situations and

emergencies including flooding, other weather-related situations, and response to support for the community. As a system the Trust have also attended training and exercising events to include planning for cybersecurity incidents, Pandemic, Mass casualties and Fatalities and weather-related incidents. Included on the work plan for next year is a national Pandemic exercise to test Health Response across the system

13.2 LRF Workflow

At Local Resilience Forum level the planned areas of work for 2025/26 are:

- Risk assessment working group for the updated national risk register.
- Mass Fatalities work program.
- Communications Work Program warning and informing.
- Tactical Advisers Group Member
- Chief officers group Member
- Stronger LRF programme
- Tactical coordinating group response to incidents including Flooding and other Worcestershire incidents.
- Resilient Telecoms working group

13.3 LHRP, HEPOG Workflows

At Local Health Resilience Partnership (LHRP), and the Health Emergency Planning Operational Group (HEPOG) level, areas of work this year are:

- Development of Evacuations and Shelter system wide Plans
- Core Standards
- Cyber incidents / Planning
- National Tier 1 exercise
- Risk register updates.

14. Business Continuity and Statement Business Continuity Statement of readiness

14.1 Following a change to NHSE Business Continuity (BC) Management policy in Spring 2023 for the first time since 2016, the EPRR team began an overhaul of the trusts BC Planning. A new Business Continuity Management System (BCMS) was brought into effect and a review of all the trusts BC Planning arrangements began. This has been refined through 2024 with further alignment to industry best practice and inclusion of lessons identified from incidents. Despite best efforts, engagement has been limited due to operational pressures. Briefings sessions have been delivered to all divisions; training is offered to all managers and senior nurses and the creation of toolkits to aid and assist with the completion of BC plans.

14. 2 A simple Business Continuity Return was cascaded to all areas of the Trust in Autumn 2024, with a view of gathering information to build a unified BC matrix for the trust. This matrix would inform the Trusts emergency planning arrangements and be a tool for incident management, it would also be the first of its kind regionally. Due to Operational Pressures this has also had limited engagement from clinical and corporate colleagues.

14.3 Our simple objectives for this new management system are:

- To identify any gaps, write or update all BC plans to conform to best practice.
- To format all BC Plans into an easy to use but comprehensive Trust wide template.
- To make BC planning more accessible to all staff, not just senior managers.

14.4 While some areas have made good progress with the BC program and are well prepared for incidents, other areas still have a risk due to limited time and resources available to support the BC program by corporate and clinical divisions. This poses a potential risk to the trust and our ability to respond to incidents and Recovery. The EPRR Team are making every effort and assisted in every way possible to build this process. This has been entered onto the trusts Risk Register.

14.5 There is still plenty of work to be done, however as more teams and directorates engage with the new BCMS and those gaps close, we become a more resilient organisation. The risk profile of business continuity continues to decrease as this work progresses, and the Trust continues to improve in terms of BC preparedness. We are approaching the international standard of good practice and going beyond what is expected of us by NHSE. A yearly update and Audit are available of BC Plans see below for summary.

15. EPRR Risks

15.1 Risk assessment and review is completed in all areas of EPRR Work programs. In 2023 the EPRR risks have been updated and are reported to the EPRR Committee with escalation to the Trust Executive Risk Management Group and then through to Trust Management Board (TMB).

15.2 The key Trust EPRR currents risks are.

- Adverse weather including Heatwave, Cold weather, Flooding.
- New or emerging pandemics
- Preparing for emergencies
- CBRN response
- Learning from incidents
- Telephony system (the old copper phone network will be switched off in 2027)
- Loss of electric supply when on generators
- CBRN storage Alexandra hospital ED
- Cyber Incidents
- Lifecycle of core clinical Equipment

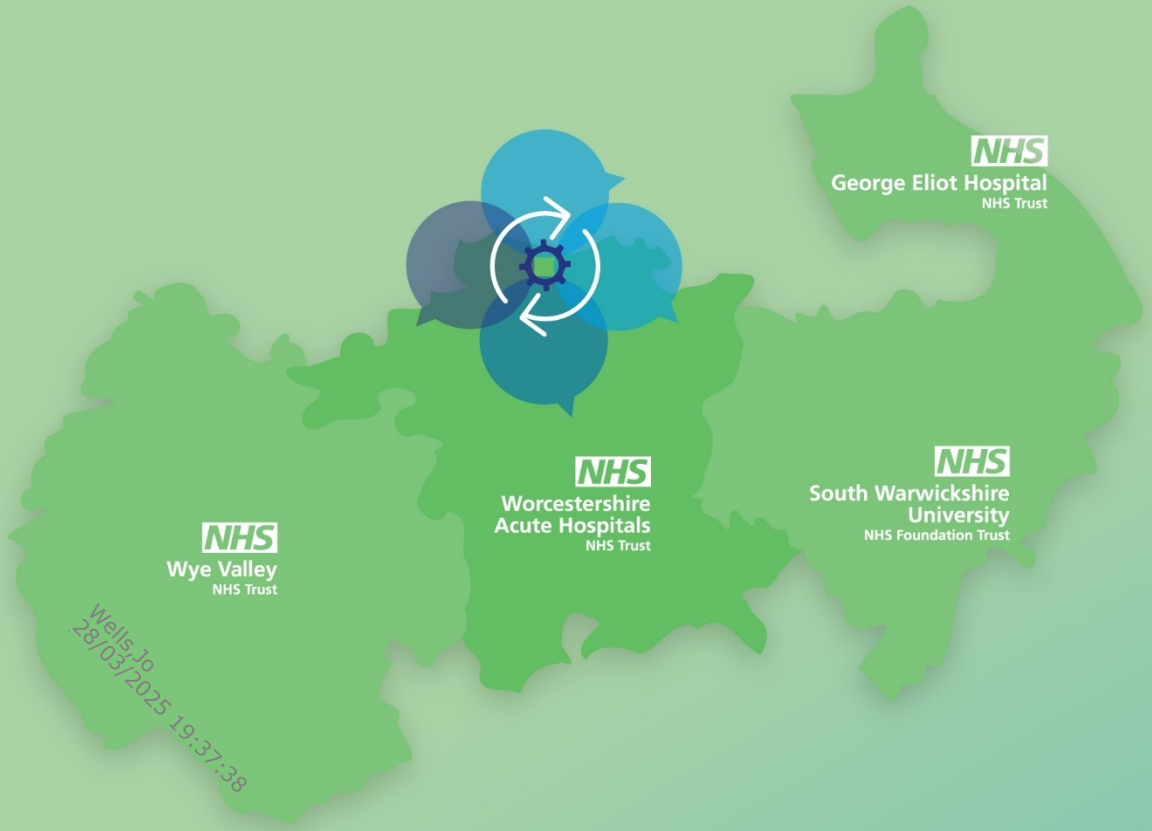
15.3 The EPRR team play an active role with reviewing and mitigating risk from the local health resilience Partnership (LHRP) Risk register. These are as follows:

- Disruption to Supplies/Supply Chain
- Mass Casualty Incident, Non-Contaminated Casualties, Contaminated Casualties, PRPS National Procurement
- Prolonged, severe capacity pressure in health and social care threatening ability to respond to EPRR incidents.
- Partial or full loss of critical service or premise or infrastructure
- Cyber Attack
- Infectious disease outbreak
- Psychosocial support
- Extreme weather inclusive of heatwave and cold weather alerts (excluding flooding)
- Regional failure of utilities network (Gas, Water, Electricity, Communications)
- Workforce
- Public or Environmental Health incident
- Flooding Pluvial and Fluvial
- Control of Major Accident Hazards (COMAH) Sites

15.4 The EPRR Practitioners have an active role in the Risk Assessment Working Group (RWAG). Working with system partners as part of the Local Resilience Forum (LRF), the group review the national risk register and ensure the local risk register is kept up to date. Link attached to the LRF Public risk register.
Community Risk Register | West Mercia Police

Appendices

Appendix Number	Appendix title	Supporting Document
1.	EPRR Training Update	EPRR Training update 2024.25 for Board.ppt
2.	WAHT EPRR Policy	WAHT EPRR - Policy v1.9 2024 2025.pdf
3.	WAHT BCMS	WAHT EPRR - Business Continuity M
4.	WAHT BC Statement 2025	BC Statement March 2025.pdf

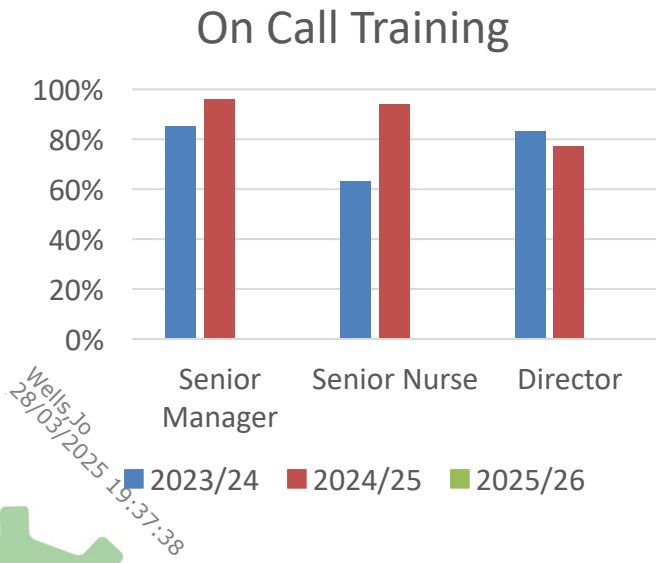


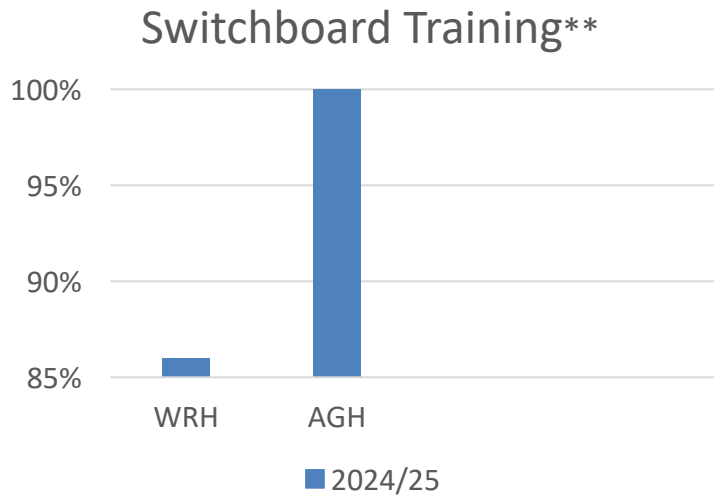
EPRR Training update 2024/25

Samantha Elliott
EPRR Support Manager

Training update 2024/25

For 2024/25 we have successfully delivered the below training* to staff across the Trust:

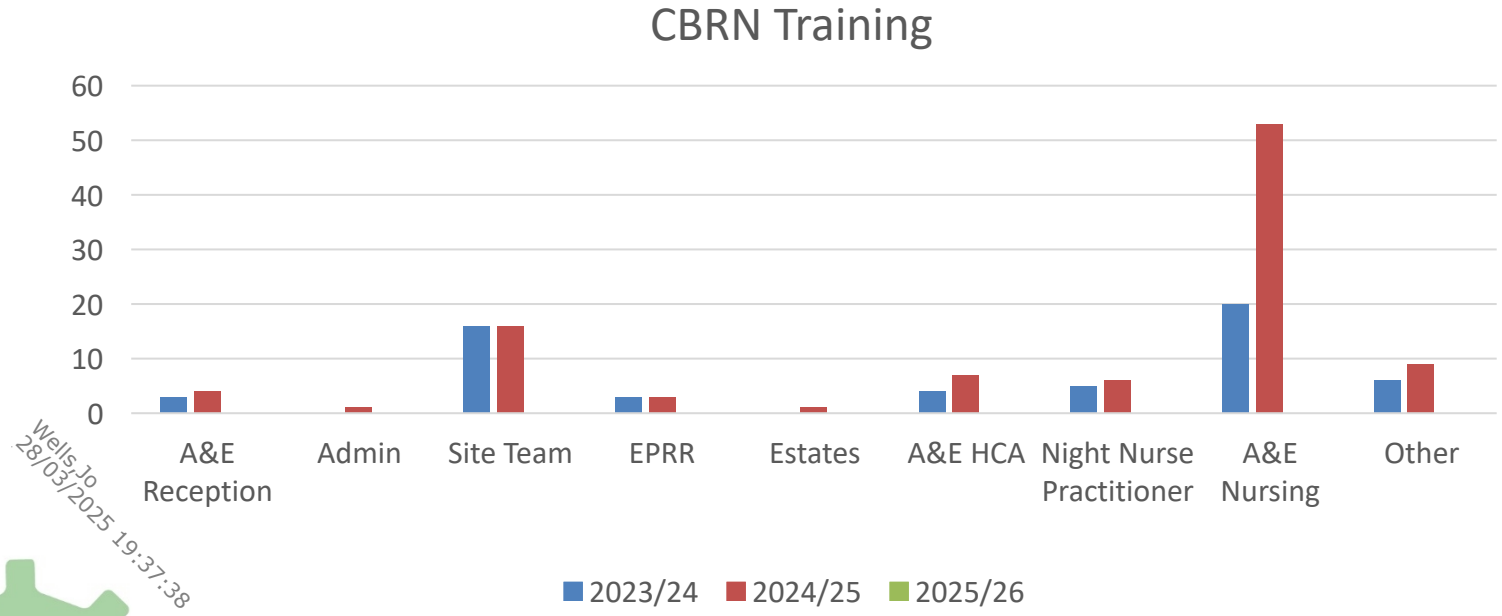




*data extracted from time of reporting on 12th March 2025
**Switchboard training started in October 2024

Training update 2024/25

For 2024/25 we have successfully delivered the below training* to staff across the Trust:



*data extracted from time of reporting on 12th March 2025

**Switchboard training started in October 2024

Training update 2024/25

Training Programme	Participants	Aim	How delivered	Training update for 2025
Strategic / Tactical / Operational	Executives, DMTs, Clinical Site Teams, Bleep holders, Switchboard, ED NiC, ED Consultants	To analyse and construct the theory and practical processes for external and internal incidents.	In-house face-to-face classroom based or via MS Teams	New training to be delivered for 2025
On Call Training	On Call Senior Managers On Call Senior Nurses On Call Directors	To analyse and construct the theory and practical processes of being on-call for external and internal incidents including Strategic/Tactical command.	In-house face-to-face classroom based or via MS Teams	Refresher training to be delivered to on call teams, split into sessions for classroom-based and virtual learning
EPRR Incident Response for subject matter experts	Comms Team, E&F including Equans and ISS, Digital, IPC, Mortuary and Medical Examiners	Certain types of incidents may require specialist advice from subject matter experts to support the response and recovery. This training will equip them with the appropriate knowledge to do this.	In-house face-to-face classroom based or via MS Teams	New training to be delivered for 2025
CBRN Training (including Wet/Dry/PRPS Decontamination, equipment deployment, recognition of contamination)	ED staff / ITU staff / Portering / Estates / Security / Volunteers / Wayfinders	To analyse and apply PRPS as set out by national CBRN/HAZMAT guidelines for Acute Trusts and incorporate IOR terminology and principles.	In-house, face-to-face	Ongoing training delivered by EPRR team New ESR online CBRN recognition of contamination
Principles of Health Command	On Call Directors On Call Senior Managers	To ensure that the appropriate competencies of On Call staff are developed and maintained in line with the CCA 2204 for responding to emergencies.	External (NHSE)	Awaiting further dates to be released for 2025 for On Call Senior Managers to attend
Switchboard training	Switchboard staff	To create best practice in the event of call outs to declared incidents.	In-house, face-to-face	New training programme began in 2024 and now completed. Will now be refresher training on a yearly basis

Training update 2024/25

Training Programme	Participants	Aim	How delivered	Training update for 2025
Loggist training	Corporate / Operational staff	To analyse and construct the legal, and practical processes for record keeping during an incident and how loggists play a key role.	In house via MS Teams	Delivered via the ICB for 2024 Training delivered every 2 years
BC Managers Day	Line / Departmental Managers		In house Face-to-Face	Training delivered every 3 years
Speciality Consultants On Call	Speciality Consultants On Call		Self-learning via PowerPoint	New training to be delivered for 2025
Resident On Call Doctors	Resident On Call Doctors		Self-learning via PowerPoint	New training to be delivered for 2025
EPRR / BC basic awareness	All Trust staff		Trust induction	Training delivered to all new trust staff and annually online with via email awareness updates

Worcestershire NHS
Acute Hospitals NHS Trust

Emergency **P**reparedness **R**esilience **R**esponse

EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE Policy

Approved By:	Emergency Preparedness, Resilience and Response Committee / Accountable Emergency Officer
Date Approved:	June 2024
Review Date:	May 2025
Expiry Date:	June 2025

Printed: 14 March 2025 12:27

LOCATION OF CONTROL ROOMS (ICC)

Depending on the nature of the Incident and how it progresses, the Control Team may be based elsewhere or operate at a virtual level i.e. through telephone liaison, MS TEAMS, etc.

If one of the Control Rooms is compromised, a suitable alternative should be identified which has suitable facilities. This could be:

- On the same site
- Within the Trust but on a different site
- Elsewhere within the Health Economy

Facilities required include:

- An accessible, centrally located secure area
- Sufficiently large enough to accommodate the Control Team and those working with them (minimum 7 people)
- Necessary equipment to support the response including IT, stationery, desks and chairs, telephones, television, maps, etc.
- Close to toilet facilities and other amenities (e.g. drinks facilities)

ICC Functions

- **coordination** – matching capabilities to demands
- **policy-making** – decisions pertaining to the response
- **operations** – managing as required to directly meet the demands of the incident
- **information gathering** – determining the nature and extent of the incident to ensure shared situational awareness
- **dispersing public information** – informing the community, news media and partner organisations.

The Trust has 3 designated Control Rooms located as follows:

ALEXANDRA HOSPITAL, REDDITCH
General Management Meeting Room (GMMR) 1st Floor

KIDDERMINSTER HOSPITAL AND TREATMENT CENTRE
GENERAL MANAGEMENT SUITE C Block Level 4

WORCESTERSHIRE ROYAL HOSPITAL
SKY 2 EPRR Office / ICC Sky Level 3

PLAN INFORMATION

For use in:	Worcestershire Acute Hospitals NHS Trust
For use by:	ALL Staff
Document Owner:	Emergency Preparedness, Resilience and Response Team
Status:	**Final Working Copy August 2023**
Author (s)	Tom Taylor Head of EPRR
Version Number and Date of Issue:	EPRR Policy Overview V1.9
Created:	December 2014 Last Update August 2023
File Name:	EPRR Arrangements Overview V1.9

VERSION CONTROL

Version	Changes	Date
V1.0	First draft of new format	December 2014
V1.1	• Add review and expiry dates • Change version number • Alter order of information • Delete commonly used acronyms, distribution list and further reading (pages 28,29,30) • Add in Mutual Aid section • Removal of Action Cards • Update contents list page numbers	March 2015
V1.2	Communications cascade updated to include Matron on-call following a communications exercise on Sunday 12th June 2015.	13th June 2015
V1.3	Plan reviewed by EPRR Manager and review/expiry dates updated. The Cabinet Office have revised the definition of a Major Incident but this has not been updated in this plan as there is further reviews and updates planned to supporting documents to the Civil Contingencies Act. The revision of the definition will not alter how the organisation responds to an incident.	August 2016
V1.4	Change review date and expiry date. Take out 'Dec 2014' from filename.	August 2017
V1.5	Change to expiry date.	January 2018
V1.6	• Change to Expiry Date. • Change to document title – 'MI' replaced with 'Incident'	March 2019
V1.7	• Updated from CCG to ICB • Update Training Matrix for NOS 2022 • Update JESIP, JOLE	August 2022
V1.8	• Updated to include BC statement and planning changed from NHSE	June 2023
V1.9	• Updated with changes to risk management and EPRR team updated with learning from the LI log.	June 2024

CONTENTS

CHIEF EXECUTIVE FOREWORD

There have been many incidents during the past few years including unprecedented natural disasters and devastating terrorist attacks which tell us that nowhere is immune to the potential for incidents resulting in significant numbers of casualties or disruption. We know that an emergency can occur at any time of the day or night, so it is vital that we are prepared, can act at short notice, and provide a co-ordinated response in partnership with other services involved.

The Civil Contingencies Act (CCA) requires us to show that we can deal with such incidents while maintaining services to patients as near normal as possible. NHS England's Emergency Preparedness, Resilience and Response (EPRR) arrangements is a key priority for the NHS. Notwithstanding this, we have a duty to our patients and the local community to ensure that our response arrangements are effective. This does not happen by chance and plans that are tested and staff who are trained will ensure that staff can perform at their best during periods that inevitably test systems and capacity.

Every member of WAHT staff plays a vital role in ensuring a professional NHS response to a crisis and as such, it is essential that all staff are familiar with this plan in order to ensure that if an incident occurs, staff know the following:

- What is expected of them
- The role of their department
- How they work with colleagues and other departments

The arrangements contained in this plan will be rehearsed regularly and it is important for staff to be trained in advance and fully involved in exercises. The Trust's EPRR Committee will oversee the arrangements in place to ensure that this happens and report regularly to the Risk Executive Group for governance purposes.

Executive Team

INTRODUCTION

Nationally, the responsibility for Emergency Planning is with the Cabinet Office. In the event of an Incident/Emergency occurring, the response will be led nationally by the most appropriate Department. For some emergencies, this is pre-determined, for example rioting would be controlled by the Home Office. If there is no obvious lead, the Cabinet Office will nominate the Department to take control.

The Central Government Departments issue guidelines and these are distributed to Resilience & Emergencies Division (RED) who undertakes a strategic planning role. Locally, the Local Resilience Forum (LRF) has responsibility for planning within the Police authority area. The Emergency Services and all other Category 1 responders are represented on the LRF.

In the event of a Critical, Major Incident being declared requiring the convening of an external Strategic Command, it is likely that the members of Strategic Command would be drawn from the LRF.

NHS England is the lead NHS authority for Emergency Preparedness Resilience and Response (EPRR) and each Region has a Regional Team (RT)has responsibility for coordinating the Health response to any incident.

The control of the Health Service response in the event of an incident will be decided at the time. If it is purely an accident with a number of casualties, the control may remain with the receiving acute Trust. If it is an incident involving more than one Trust, then the ICB & or the Regional Team from NHSE will lead.

Worcestershire Acute Hospitals NHS Trust has 2 acute hospitals, each with its own site-specific incident Response plan. Two acute hospital sites provide significant resources for managing any incident that might involve the Trust. To optimise the Trust response involving one or more of the acute hospitals, there is a need to establish a strategic command. This will be Trust Strategic Command. Local Control Rooms at each of the two hospitals will be Tactical Control.

This facility will be staffed by senior Trust representatives to ensure a coordinated strategic response across the two acute sites to maximise the use of resources and minimise risk. The principle is straightforward – Strategic Command will have direct communication links with the control rooms at each acute hospital and with external agencies. It will be staffed by senior Trust personnel who require a modest amount of training for their roles.

Purpose

This policy will clearly define how the Trust will manage their responsibilities for EPRR as the system health lead in the ICS. It will define among other things:

- EPRR Resourcing requirements
- Acute Trust (WAHT) role and responsibilities
- The Trust commitment to EPRR, Business Continuity Planning, training, and exercising
- Annual work programme management
- On call procedures
- Clarity of roles and responsibilities
- How continuous development / improvement will be achieved
- EPRR governance process.

ORGANISATIONAL STRUCTURE FOR EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE (EPRR)

The Trust EPRR team is formed as a corporate team to include the

Chief Executive Officer

The Chief executive officer is the lead and ultimately responsible for Emergency planning, Resilience and Response including Business continuity under the Civil contingency Act 2004 and the NHSE Emergency preparedness, Resilience and response framework 2022. The duties as set of for the Accountable emergency officer can be deputised to a board level director. In Worcestershire Acute trust the role of accountable emergency Officer is the chief operating officer

Accountable Emergency Officer (Chief Operating Officer)

- The NHS Act 2006 places a duty on service providers to appoint an individual to be responsible for discharging the duties under section 252A(9).
- Executive board authority and responsibility for ensuring the Trust complies with legal and policy requirements
- To ensure the resource for Emergency planning and Business Continuity is sufficient and they are trained appropriately to fulfil the Trust statutory EPRR responsibility of a Category 1 responder and meet its duties of the NHS EPRR Framework.
- Assume overall responsibility for EPRR and elements of Business Continuity
- The Trust is properly resourced to deal with an incident
- Management agenda and coordination of Business Continuity within the Trust.
- Assume responsibility to the Trust Board/Operational Executive committee to ensure compliance with EPRR Core Standards.

- Provide a strategic lead on EPRR and Business Continuity (excluding digital and IG business continuity) matters including attendance at Local Health Resilience Partnership (LHRP) meetings.
- WAHT and sub-contractors it commissions have robust business continuity arrangements in place that align to ISO 22301 or subsequent guidance
- WAHT and sub-contractors are compliant (or working towards) with EPRR requires as set out in the CCA 2004, the 2005 Regulations, the NHS Act 2006, the Health and Care Act 2022 and the NHS Standard Contract, Including the NHS EPRR Framework July 2022 and the Core standards
- Complies with any requirement of the ICB, NHS England, in respect of monitoring compliance
- Provides ICB, NHS England with information it may require for the purpose of discharging its ERR functions
- Is appropriately represented by director-level engagement with an effective contribution to any governance meetings, subgroups or working groups of the LHRP an or LRF Executive as appropriate
- To provide strategic advice to on call Strategic directors to discharge WAHT responsibilities as a Category 1 responder
- Ensure appropriate security vetting has been undertaken for LRF attendance.
- The trust has a named associate Accountable emergency officer to deputise or cover absence to include representing the trust at a senior director level.
- Signs off mass causalities disruption data for the trust.

<u>Absence Cover for the AEO by director</u>

- The Executive Chief digital information officer or Deputy chief operating officer will represent and Act in the absence of the AEO and assume responsibility for the role.
- The director can attend the LHRP in their own role but the AEO must attend 50% of LHRP Meetings

<u>EPRR Team Trust Head of EPRR, EPRR Manager, EPRR support Manager</u>

- Provide operational leadership and expertise on EPRR and support Business Continuity Management matters (Excluding digital and IG) supported by specialist key departments (i.e. Corporate HR/facilities/digital/urgent care/contracting etc)
- Supporting the delivery all aspects of EPRR, training, planning, exercising, response including CBRN, Business continuity
- Support the Executive Accountable Emergency Officer and Designate Accountable Emergency Officer in fulfilling their duties

- Ensure policies and arrangements are updated, distributed and regularly tested and exercised
- Manage and assess WAHT risks across the Trust and system partners
- Ensure training needs are identified and appropriate training provided/sourced when available
- Ensure all Trust EPRR plans and policies are maintained and aligned to guidance
- Liaise with staff at all levels as appropriate to assist with their understanding of EPRR requirements
- Represent the Trust at external meetings and exercises notably within the Local Resilience Forum as a Category 1 responder
- Provide operational leadership to the Trust & WHSPC partners regarding EPRR matters in the event of a Business Continuity, Critical or Major Incident.
- Attend TCGs for operational and tactical response as required, peacetime and activated
- Support Contracting with Business Continuity Plan reviews as requested
- On call management Support and EPRR Training for on call teams & documentation
- The Head of EPRR to Manage the EPRR and Business Continuity team and resource required to fulfil the NHS EPRR Framework requirements and Category 1 responder requirements, and appropriately raise to AEO when concerns of non-compliance due to resource and staffing is delaying delivery of the EPRR work plan.

<u>Team Staffing</u>

- Head of EPRR WTE1
- EPRR Manager & Business continuity Lead WTE1
- EPRR Support Manager & Single point of contact WTE1

<u>EPRR On Call Service</u>

The trust wide EPRR team provide a 24/7 on call service to the trust this is to support the trust on call management out of hours with incident related issues. The EPRR on call con be contacted by the emergency pager number to offer support with the below (this is not an exclusive list)

- Support with incidents.
- Logging
- Incident management
- Business continuity
- Use of government text messaging
- Emergency transport 4x4
- CBRN incidents

- Reporting and completing of reports (SBAR, IIMARCH, SitReps)
- Tactical advisor to trust on call teams
- Mutal aid
- Setting up command and control
- CBRN advice, CBRN support, CBRN Lead Trainer & ECO for Decontamination Incidents
- Cross site support
- Emergency logistics

Out of hours On Call Management

The Trust has structure in place to support 24/7 on call management to support the trust in daily working and response to incidents. All on call teams can be contacted via the trust switchboards and assume overall command and control for the trust out of hours.

Executive On Call

The trust has an executive director on call 24/7 that in an incident is the Strategic level commander.

- Strategic Lead for Operational and System pressures and incidents out of hours
- Strategic lead for Business Continuity issues affecting the WAHT' ability to deliver services
- Major Incident Declarations/Notification management of response
- Surge Management/Capacity Issues
- Lead system conference calls as required
- Lead for communications out of hours
- Report to ICB and Accountable Emergency Officer as per Incident Response policy/Business Continuity Plan status or activation requests
- Single point of Escalation for the Senior Manager / Nurse on call
- Sign off of situation Reports for ICB, NHSE

On Call Senior Manager & Senior Nurse

The trust has a Senior Manager and Matron on call 24/7 that in an incident is the Tactical Level commander

- Tactical Lead for Operational and System pressures and incidents out of hours
- Single point of contact out of hours for ICB, NHSE (5pm -9am weekdays, all day weekends and bank holidays)
- Tactical lead for Business Continuity issues affecting the WAHT' ability to deliver services
- Tactical lead for Surge Management/Capacity Issues
- Support system conference calls as required
- First contact point for communications out of hours

All Staff

All Trust staff are required to have awareness of the Business Continuity plan and Incident Response Plan and know where they are located and know how to access EPRR advice and guidance in WAHT.

On call and out of hours contact is the Senior Manager on Call Via the switchboard (4pm to 9am, all day weekends and bank holidays)

All staff are required to read and understand any EPRR information that is issued by the EPRR team and carry out any required actions.

ICC Staff

For level 1 and level 2 incidents, the ICC will be operated and managed by the EPRR team in Hours and the On Call team out of hours and have a process for documenting and managing calls and emails. EPRR lead will provide training to new staff. Trained staff are included on training log.

As requested by NHS England, for level 3 and 4 Regional and National incidents the ICB SPOC will undertake the role of the central ICC across the system for health. The SPOC team have clear processes for managing queries and responding to sit reps and assurance requests as the single point of Contact in the Health System since 1st July 2022

Contracting

To support the annual contract assurance framework and ensuring providers have a relevant Business Continuity Plan that aligns with WAHT services and priorities and wider system resilience.

Loggist

If an Incident is declared and requires a loggist, they will be contacted and told exactly where to attend and who to contact upon arrival. The names and contact numbers of those volunteer staff members who are trained and actively available to undertake the role of Loggist can be found in the Loggist SOP (page 10). A copy of this will also be kept in the Control Rooms.

NHS Incident Escalation Flow Chart

The Trust EPRR Committee has responsibility to:

- ✓ Ensure that plans are in place to manage any incident, internal or external, which requires special provision to be made.
- ✓ Write and publicise Plans to ensure Business Continuity for any and all emergencies impacting on Trust activity.
- ✓ Ensure that all Plans are kept up to date.
- ✓ Ensure that the Trust is compliant with all legislation relevant to EPRR.
- ✓ Ensure that Plans are exercised appropriately.
- ✓ Ensure that all staff in the Trust are familiar with the Plan for their particular work area and with the outline of the Trust Plan as it affects their activities.
- ✓ Participate in multi-agency planning for Emergencies and how it affects the Trust.
- ✓ Develop and maintain a programme for staff training across the Trust relevant to the key roles within the plans.

The EPRR Committee will be accountable to the Chief Operating Officer who has been designated the Trust Accountable Emergency Office (AEO). The Head of EPRR will report to the EPRR Committee. The EPRR Committee reports to the Executive risk committee via the head of EPRR. The executive Risk committee reports to the trust Board via the Accountable Emergency Officer and gives twice yearly assurance reports to Trust Management Board.

EPRR Work Plan

The EPRR team have an annual work program to include program of work for the EPRR service by month of the year. The Program is owned by the head of EPRR and overseen by the AEO and EPRR Committee. The work plan includes KPI and Lessons learning from NHSE Midlands EPRR Lessons learning process and trust lessons from incidents and Exercise. The work program is overseen and reviewed by the EPRR Committee. The Core Standards Action plan is owned by the head of EPRR and overseen and reviewed by the EPRR Committee and reported to AEO.

DEFINITION OF SIGNIFICATNT INCIDENTS OR EMERGENCYS

Definition of an Emergency

'An event or situation which threatens serious damage to human welfare in a place in the UK, the environment of a place in the UK, war or terrorism which threatens serious damage to the security of the UK.'

(Civil Contingencies Act, 2004)

For the NHS, incidents are defined as:

Business Continuity Incident – an event or occurrence that disrupts, or might disrupt, an organisation's normal service delivery, to below acceptable predefined levels. This would require special arrangements to be put in place until services can return to an acceptable level. Examples include surge in demand requiring temporary re-deployment of resources within the organisation, breakdown of utilities, significant equipment failure or hospital acquired infections. There may also be impacts from wider issues such as supply chain disruption or provider failure.

Critical Incident – any localised incident where the level of disruption results in an organisation temporarily or permanently losing its ability to deliver critical services; or where patients and staff may be at risk of harm. It could also be down to the environment potentially being unsafe, requiring special measures and support from other agencies, to restore normal operating functions. A Critical Incident is principally an internal escalation response to increased system pressures/disruption to services.

Major Incident – The Cabinet Office, and the Joint Emergency Services Interoperability Principles (JESIP), define a Major Incident as an event or situation with a range of serious consequences that require special arrangements to be implemented by one or more emergency responder agency.

- In the NHS this will cover any occurrence that presents serious threat to the health of the community or causes such numbers or types of casualties, as to require special arrangements to be implemented. For the NHS, this will include any event defined as an emergency under the CCA 2004.

- A Major Incident may involve a single agency response, although it is more likely to require a multi-agency response, which may be in the form of multiagency support to a lead responder.
- The severity of the consequences associated with a Major Incident are likely to constrain or complicate the ability of responders to resource and manage the incident, although a Major Incident is unlikely to affect all responders equally.
- The decision to declare a Major Incident will always be made in a specific local and operational context. There are no precise, universal thresholds or triggers. Where Local Resilience Forums (LRFs) and responders have explored these criteria in the local context and ahead of time, decision makers will be better informed and more confident in making that judgement.
- Each will impact on service delivery within the NHS, and this may undermine public confidence and require contingency plans to be implemented. When making the decision to declare an incident the person making the decision should be clear on what the declaration of an incident will achieve. NHS organisations and NHS-funded organisations should be confident in judging the severity of an incident and determining if declaration is warranted.

(NHS Emergency Preparedness Resilience & Response Framework 2022)

Worcestershire Acute Hospitals NHS Trust, like every hospital, is required to be prepared to respond effectively to any incident that results in a large number of casualties. Such a response can only be effective if extensive pre-planning has been undertaken by every Department likely to be involved and these developed plans have been integrated into a single response covering all parts of the hospital.

Although the Hospital's role is primarily providing medical care and advice as necessary, it is also defined as a Category 1 responder under the Civil Contingencies Act of 2004. *(Category 1 responders are those emergency services which are likely to be in the forefront of the response such as Health and the Police. Category 2 responders are those organisations whose function is likely to be support, such as transport.)* This places a statutory duty on the Trust to undertake certain additional functions:

- ✓ To undertake the risk assessments relevant to the area served.
- ✓ To maintain plans to ensure that, if an emergency occurs, the Trust can continue to perform its functions.
- ✓ To arrange for the publication of all/part of the plans made.
- ✓ To maintain arrangements to warn the public and to provide information and advice to the public if an emergency occurs.

To ensure that the Trust is able to fulfil these obligations, it is important that it is involved in the wider planning process with partner organisations; this includes other NHS Trusts (including West Midlands Ambulance Service NHS Trust), Integrated Care Board (ICB), NHS England Regional Team (Local Authority, UK Health Security Agency (UKHSA) and other emergency services.

'The NHS service-wide objective for emergency preparedness and response is: Under the NHS Constitution the NHS is there to help the public when they need it; this is especially true during an incident or emergency. Extensive evidence shows that good planning and preparation for any incident saves lives and expedites recovery. All NHS-funded organisations must therefore ensure robust and well-tested arrangements are in place to respond to and recover from these situations'.

(NHS Emergency Preparedness Resilience & Response Framework 2022)

TYPES OF INCIDENTS

A Major Incident may arise in a variety of ways and the Trust's response should be sufficiently flexible to assess and respond appropriately to any of these situations:

Type of Incident	Examples
Rapid Onset	Develops quickly, and usually with immediate effects, thereby limiting the time available to consider response options (in contrast to rising tide) e.g. a serious transport accident, explosion or series of smaller incidents.
Rising Tide	A developing infectious disease epidemic or a capacity/staffing crisis or industrial action.
Cloud on the Horizon	A serious threat such as a major chemical or nuclear release developing elsewhere, needing preparatory actions
Headline News	Public or media alarm about an impending situation, significant reputation management issues, e.g. an unpopular patient treatment plan which gathers significant publicity.
CBRN(E)	Chemical, biological, radiological, nuclear and explosives – CBRNe terrorism is the actual or threatened dispersal of CBRNe materials (one or several, or in combination with explosives), with deliberate criminal, malicious or murderous intent
HAZMAT	Accidental incident involving hazardous materials
Cyber security incident	a breach of a system's security policy to disrupt its integrity or availability or the unauthorised access or attempted access to a system.
Mass Casualties	An incident (or series of incidents) causing casualties on a scale that is beyond the normal resources of the emergency and healthcare services ability to manage
Pre-planned Major Events	Major events that require planning, such as sports fixtures, mass gathering of people, demonstrations etc.

NHS INCIDENT RESPONSE LEVELS

An incident is described in terms of the level of response required. This level may change as the incident evolves. Incident response levels describe at which level coordination takes place. For clarity, these levels must be used by all organisations across the NHS when referring to incidents. They are specific to the NHS in England and are not interchangeable with other organisations' incident response levels.. All incidents and emergencies resulting in the activation of UK Central Government response arrangements will be managed as Level 4 incidents.

Level 1	An incident that can be responded to and managed by an NHS-funded organisation within its respective business as usual capabilities and business continuity plans
Level 2	An incident that requires the response of a number of NHS-funded organisations within an ICS and NHS coordination by the ICB in liaison with the relevant NHS England region
Level 3	An incident that requires a number of NHS-funded organisations within an NHS England region to respond. NHS England to coordinate the NHS response in collaboration with the ICB. Support **may** be provided by the NHS England Incident Management Team (National).
Level 4	An incident that requires NHS England national command and control to lead the NHS response. NHS England Incident Management Team (National) to coordinate the NHS response at the strategic level. NHS England (Region) to coordinate the NHS response, in collaboration with the ICB, at the tactical level.

STRUCTURE OF THE PLAN

A number of documents/plans make up the Trust's Emergency Preparedness, Resilience and Response arrangements. Each document is a plan in its own right and may be implemented as a standalone response to a particular incident or as one of a number of responses required to effectively manage a complex event.

- ✓ The overview has a foreword by the Chief Executive and provides a description of the way that the plan is compiled, made available, kept current and rehearsed.
- ✓ The beginning of each plan has a summary overview for all staff and provides a brief description of the way that the Trust will operate when the plan is in operation.
- ✓ The main body of each of the plans includes the action cards for the Hospital Command and Control function and action cards for key roles.
- ✓ Each Directorate and Department will have its own Business Continuity Plans, which will be updated within the area concerned. There will also be action cards to be used by personnel on activation of the plan.
- ✓ The Trust Emergency and Business Continuity plans are aligned to the trust process for polices and approval

ACCESSIBILITY OF THE PLAN

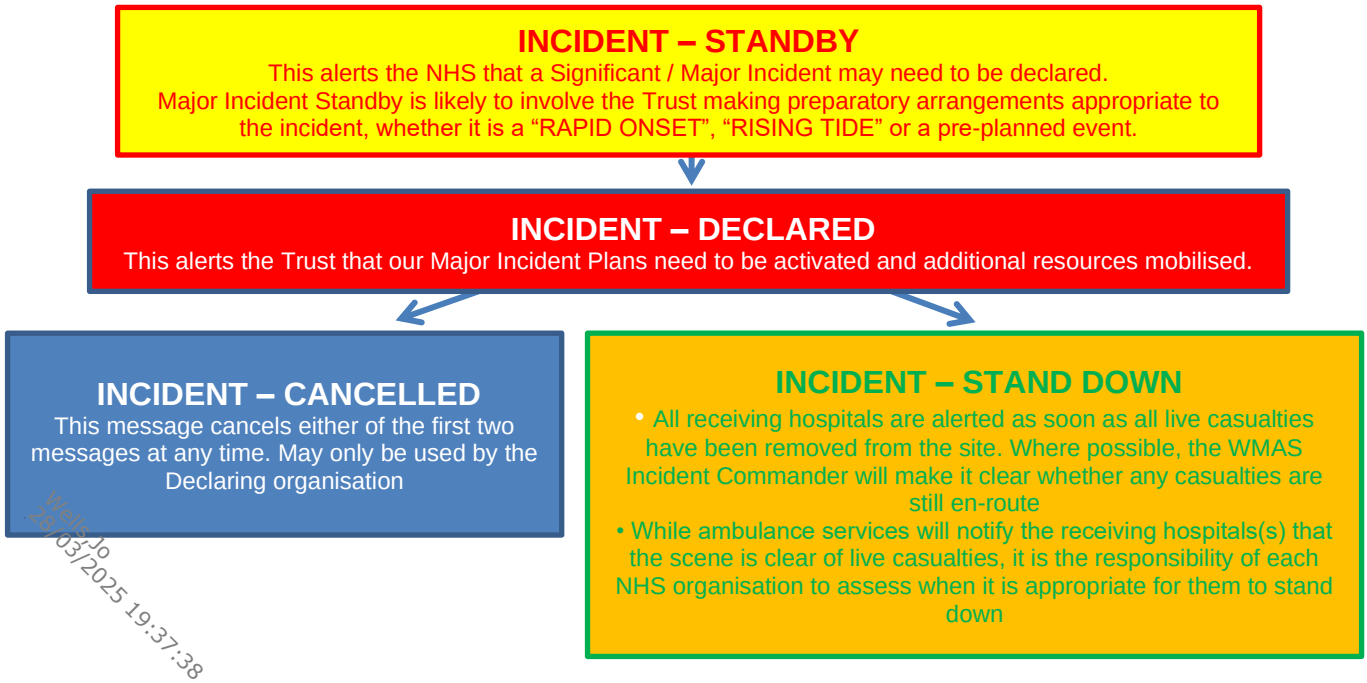
All current Emergency Preparedness, Resilience and Response Plans will be available on the Trust's Intranet.

Hard copies of the Plans will be kept in each Tactical Control Room as well as each of the Emergency Departments (ED). Copies will also be held by the Chief Executive's Office, Chief Operating Officer (COO) and Deputy (DCOO), Capacity Management offices on both Acute sites and Kidderminster Minor Injury Unit (MIU). Plans will be shared with Integrated Care Boards (ICB), the Local Health Economy (LHE), Local Health Resilience Partnership (LHRP), Local Resilience Forum (LRF) and West Midlands Ambulance Service (WMAS).

It is essential that each area familiarises itself with their role within the Plans and to ensure that all staff are aware.

LEVELS OF ACTIVATION

To avoid confusion and to ensure consistency across all NHS organisations, the NHSE EPRR Framework 2022 specifies terminology for declaring an incident:



ACTIVATION OF INCIDENT PLANS

All emergency services will use the Joint Emergency Services Interoperability Programme (JESIP) mnemonic “METHANE” to assess an incident as follows:

M	**Major Incident declared?**	Standby / Declared / Cancelled / Stand down
E	**Exact Location**	Grid Reference, directions, etc.
T	**Type of Incident**	Rail, RTC, Chemical, etc.
H	**Hazards**	Present and potential
A	**Access**	Direction of approach/egress
N	**Number of Casualties**	Number, severity and type
E	**Emergency Services**	Present and required

This has been adapted to be used by the Trust (appendix 1). In the initial stages, pass information between emergency responders and Control Rooms using the METHANE mnemonic.

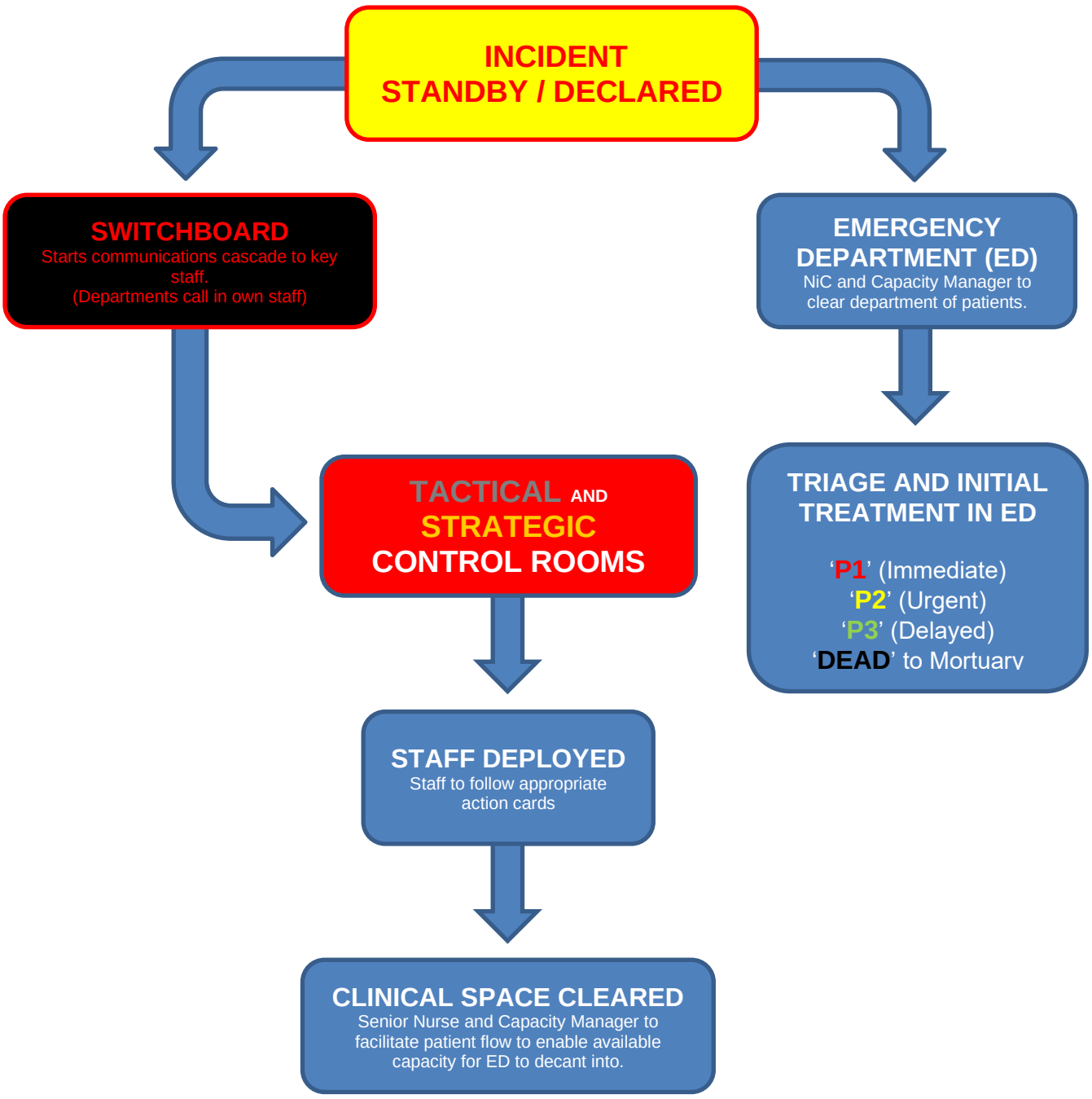
Worcestershire Acute Hospitals NHS Trust

Any Trust employee can request activation of a Plan. However, to ensure appropriate activation and a proportionate response, **Critical, Major Incidents may only be declared by an Executive Director**. This does not mean that the Trust will not take action to respond to an immediate threat – the Senior Manager on-call will take appropriate action to deal with immediate effects of an incident and will escalate to an Executive Director who will assess the risk, develop a working strategy and make a decision on the status of the incident. This may involve gathering and/or preparing a Control Team.

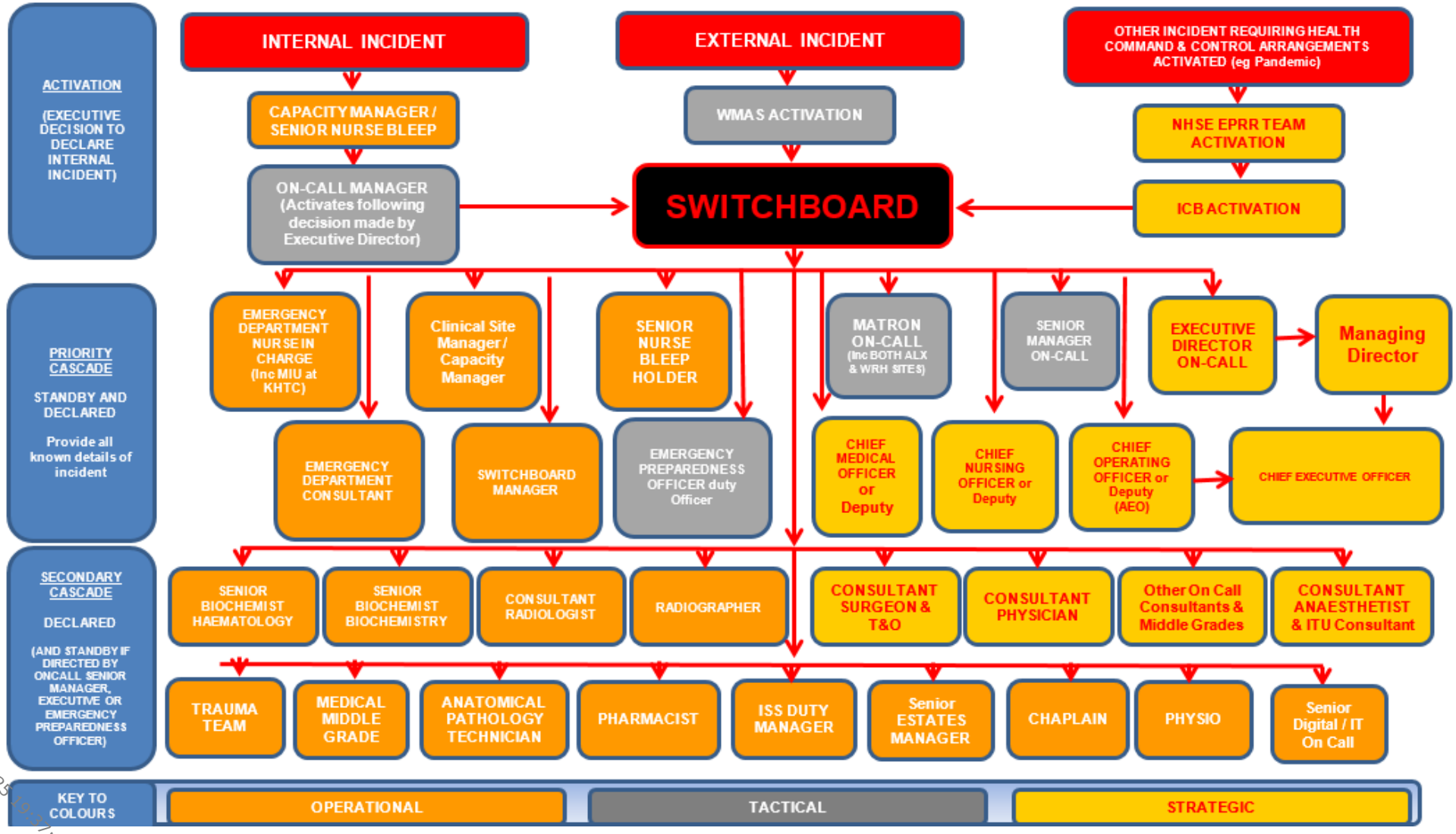
West Midlands Ambulance Service

The Ambulance Service has specific responsibilities for alerting NHS organisations in the event of an external incident which is likely to result in unusually high numbers of casualties. They will confirm with Police and Fire controls the location and nature, including specific hazards (CBRNe/HAZMAT), of the incident and will alert the most appropriate receiving hospital(s) based on the local circumstances at the time. This information will be passed to the Hospital Switchboard for an automated communications cascade relevant to the activation status. This is the only time Switchboard will automatically initiate a communications cascade.

Flow Chart for Activation of Critical, Major Incidents



Communications Cascade – for Incident Standby and Incident Declared



CALL OUT AND Communication to staff with Key roles

- Switchboard when instructed of Incident, including Standby or Declared, will commence the call out plan with the Priority cascade and then the Secondary Cascade
- For additional communication to other staff groups this is supported with the Gov notify SMS system SOP and operational guide available on the Intranet and in Control Rooms.

COMMAND AND CONTROL

During times of severe pressure and when responding to significant incidents and emergencies, NHS organisations need a structure which provides:

- ✓ Clear leadership
- ✓ Accountable decision making
- ✓ Accurate, up to date and far-reaching communication

This structured approach to leadership under pressure is commonly known as 'COMMAND AND CONTROL'.

All CCA Category 1 responder organisations follow the nationally recognised 'Operational, Tactical, Strategic' framework. This corresponds to the emergency services' 'Operational, Tactical, Strategic' structure. The following explains the different command levels:

OPERATIONAL

Operational command refers to those responsible for managing the main working elements of the response to an incident.

- ✓ They will lead a team carrying out specific tasks within a service area, geographical area or functional area. This may include a hospital ward, area of a community response, or aspect of a scene at an incident.
- ✓ They will act on Tactical commands

TACTICAL

Tactical command is responsible for directly managing their organisation's response to an incident. This will be the main Control Team.

- ✓ Tactical command should oversee and support, but not be directly involved in the Operational response to an incident

- ✓ They will develop the Tactical plan which will achieve the objectives set by Strategic command
- ✓ They make sure that Operational command provides a clear and coordinated response which is as effective and efficient as it can be.
- ✓ They set response priorities in line with Strategic command, allocate resources and coordinate tasks.

STRATEGIC

Strategic command has overall command of the organisation or sector's resources.

- ✓ They are responsible for liaising with partners to develop the strategy and policies and allocate the funding which will deal with the incident
- ✓ They are responsible for maintaining the organisation's normal services at an appropriate level during the incident
- ✓ They must consider the incident in its wider context to establish its longer term and wider effects
- ✓ They delegate Tactical decisions to their Tactical commanders, so are not involved in directly managing the Tactical or Operational detail
- ✓ The Chief Executive Officer remains accountable for business delivery of their organisation throughout all situations. For Major Incidents and Emergencies this is usually discharged through an on-call executive director
- ✓ If an incident involves several NHS organisations, one of them will take responsibility for Strategic command over the others. NHSE will ensure there is capacity and capability for the Strategic leadership to be taken at all levels, should it be required

Internal Command and Control

INCIDENT STANDBY

- Alert of Potential Major Incident from WMAS or other LRF/LHRF Organisation
- Command Structure set up to assess & prepare
- ED decision to escalate potential Major Incident

INCIDENT DECLARED

- Executive decision to declare Internal Major Incident (may include demand on ED Service/Numbers attending/Facilities failure (i.e. ICT, Water, GAS)/ FIRE)
- WMAS Declaring Major Incident
- Other LRF/LHRF Organisation Declaring Major Incident
- ED decision to Declare Major Incident (based on influx number of attendees - NOT Capacity issues unless discussed with Exec)

STRATEGIC COMMAND

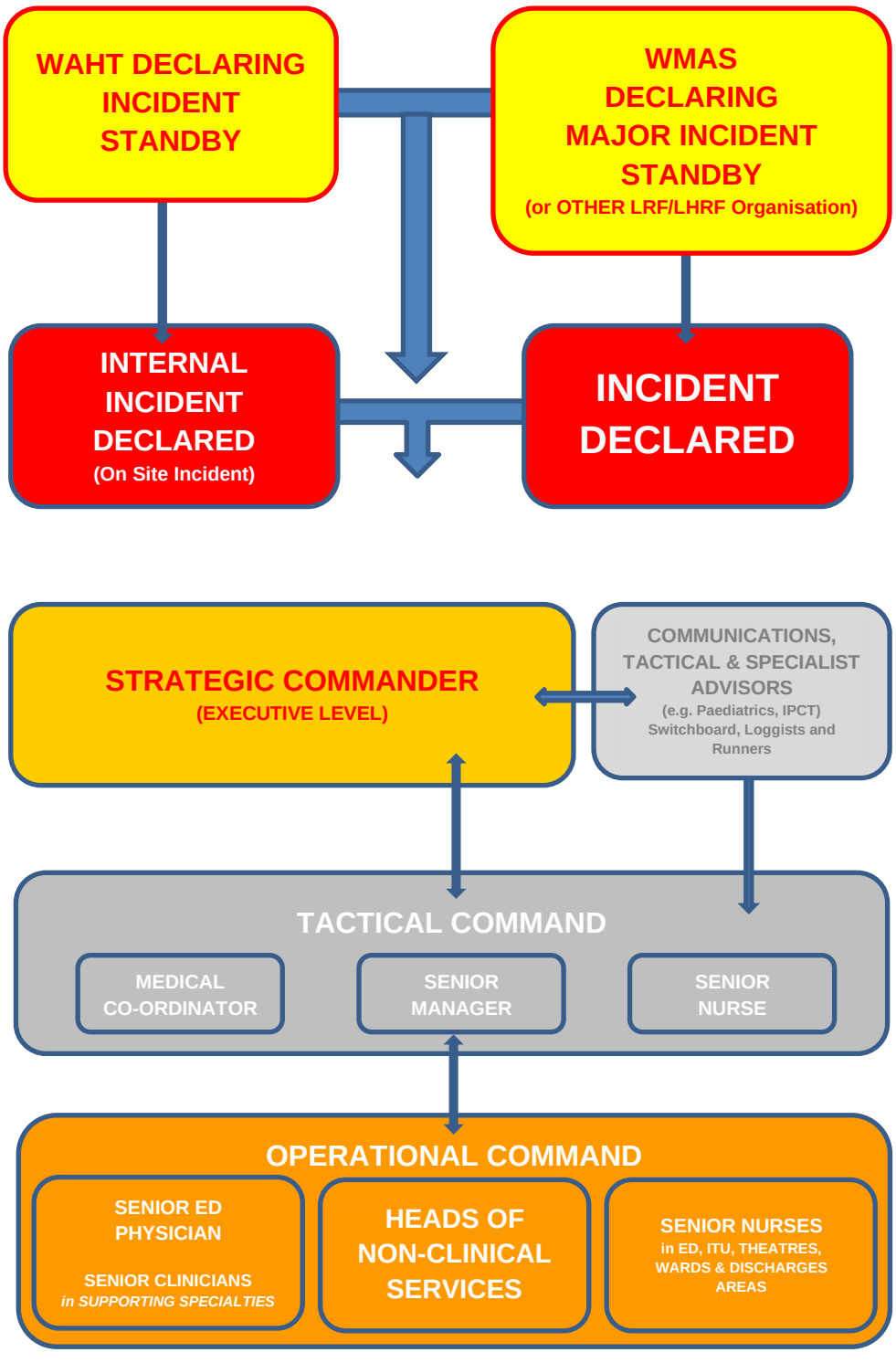
- Liaise with Tactical Command
- External Liaison
- Liaison with Communications Team
- Strategic liaison with multiagency partners at Strategic Level

TACTICAL COMMAND

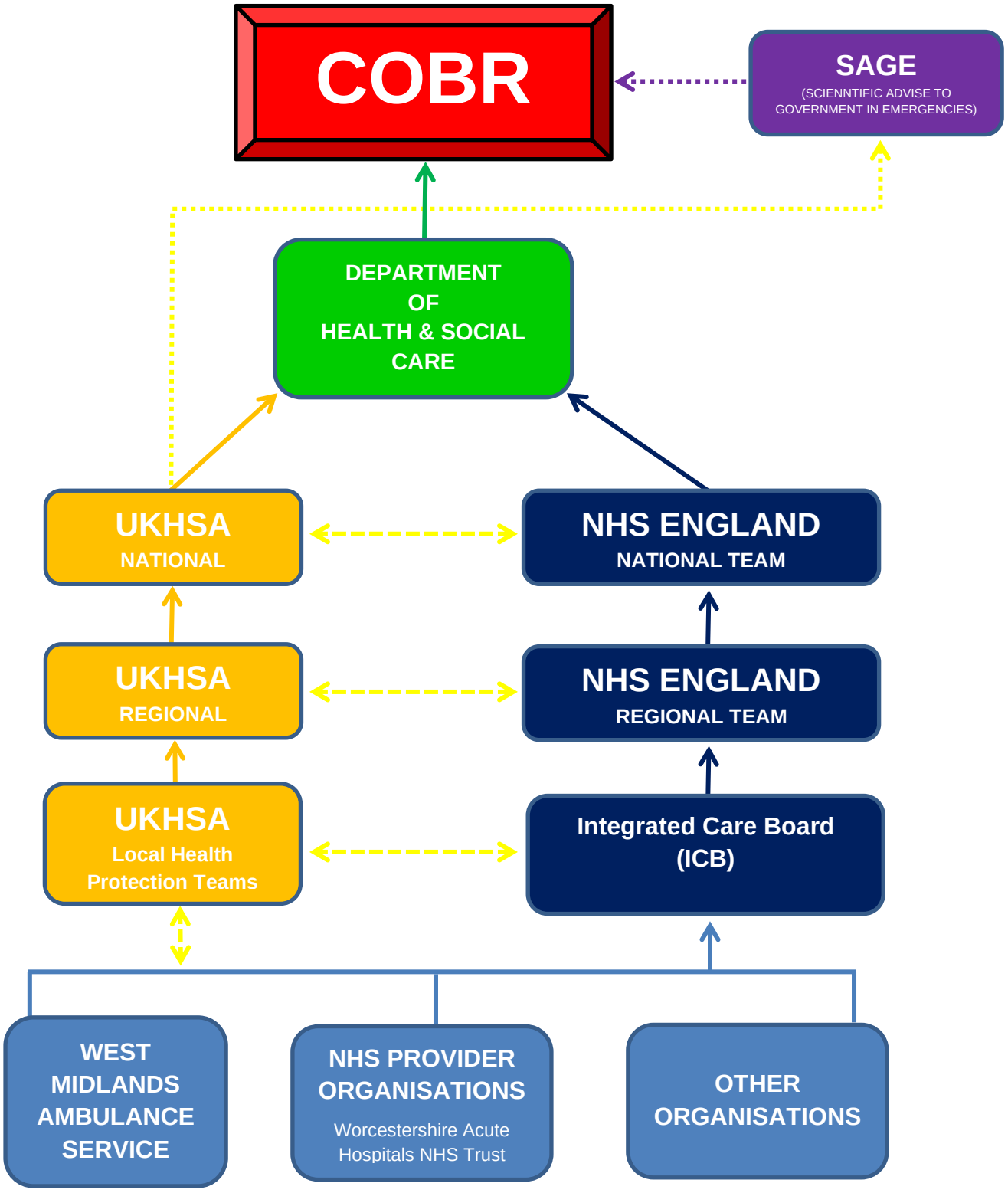
- Liaise with Strategic Command
- Liaise with Operational Command
- Deploy resources
- Tactical liaison with multiagency partners at Tactical Level

OPERATIONAL COMMAND

- Manage resources
- Liaise with Tactical
- Operational liaison with multiagency partners at Operational Level



External Command and Control



Multi-site Command and Control

An Incident may affect one, two or three of the Trust's sites. Whichever site is affected, the other sites will support the response as necessary. It is important that any site declaring an Incident informs the others – this is the responsibility of the Senior Manager on-call.

If more than one site is affected, it may be necessary to set up a Tactical Control Room on each site. Out of hours, this can only be done should there be sufficient senior staff available.

Multi-agency Command and Control

If a significant incident or emergency is large or widespread, it may be necessary to coordinate the response of several organisations. This may be at Tactical level or at both Tactical and Strategic level.

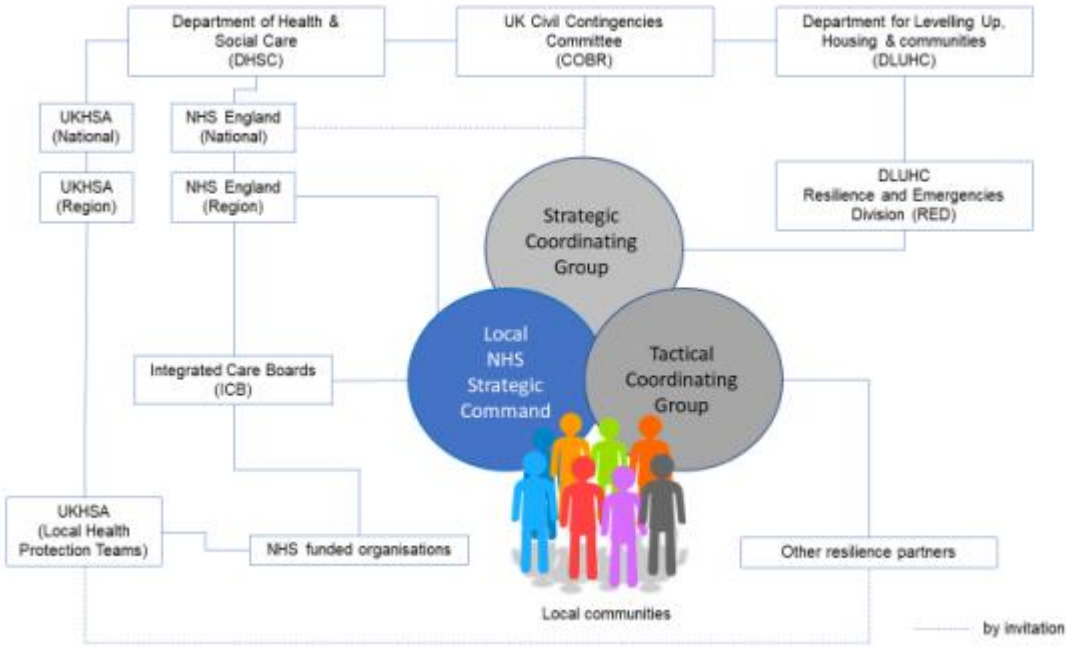
Multi-agency coordination is undertaken through Strategic Coordinating Groups (SCG) and Tactical Coordinating Groups (TCG).

The SCG is fast moving information-sharing and strategic decision-making group. Its role is to allow organisations responding to the incident to share information and coordinate their response options. The TCG will be chaired by the lead responsible organisation, which is determined by the priorities of the incident.

The TCG is a group of Tactical commanders that meet and manage an incident, either as an independent Tactical unit or in line with Strategic objectives if there is an SCG.

The trust is represented at TCG/SCG by the ICB training and experience is given to Strategic and Tactical staff to attend SCG & TCG as needed supported by the 24/7 EPRR on call service.

NHSE INTERACTION WITH KEY PARTNER ORGANISATIONS



Collaboration

EPRR in the Trust is a collaboration from the EPRR Team all trust staff at any level. Including Ward / Department Clinical / Non-Clinical, Divisional Teams, Corporate services. Trust partners from the PFI services I.E Equans, ISS, WHSPC are included in planning Response at all levels. Collaboration with Health System Partners Including Partners from provider level, ICB and NHS England at all levels. The trust is an active member of the LHRP & HEPOG and many other working groups. Collaboration includes Planning and response across the west Mercia LRF footprint with partners as Category one and two responders detailed in the west Mercia Local Resilience forum (LRF) covering the West Mercia area. The trust works closely with all partners including voluntary services

Continuous Development and Improvement

The Trust will ensure it maintains continuous development and improvement by ensuring:

- Debriefs are held following any incident of significant scale and lessons identified and actions assigned and owned by the appropriate team in the Trust. These will be held in line with the NHSE requirements of 28 days following the standdown of the incident.
- Ensuring Participation in any multi agency debriefs that may be held following an incident and owning any lessons identified and actions to help ensure the incident doesn't occur again

- Ensuring participation in any exercise opportunities, both within the health economy and in a wider multi-agency context such as in the Local Resilience Forum to gain experience and learn different approaches.
- Ensure training is current, specific, targeted and relevant to the roles people are performing and aligned to Minimum / National Occupational Standards for EPRR and the Trusts Training Requirements
- Ensuring attendance at health specific preparedness meetings is given high priority to include, Local Health Resilience Partnership (LHRP) meetings and Health Emergency Planning Officers Group (HEPOG)
- Ensuring action plans are monitored actions implemented and progress reported through the EPRR Sub-Committee on a quarterly basis and Quality and Safety Committee annually.

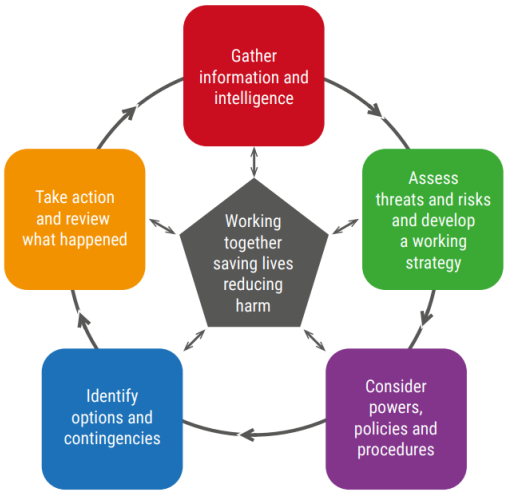
Participation in any exercise opportunities, both within the health economy and in a wider multi-agency context such as in the Local Resilience Forum or TCGs to gain experience and learn different approaches and enhance planning.

Training is current, specific, targeted, and relevant to the roles people are performing. Due to resource in emergency planning across the system testing and training will be aligned where practical Attendance at health specific preparedness meetings is essential and given high priority to include, Local Health Resilience Partnership meetings, EPRR Committee and LRF including RAWG and working groups and SCGs and TCGs, HEPOG, EPG and ICB Health.

Action plans are monitored for implementation and progress by the Accountable Emergency Officer and will be reported through the EPRR Committee on a quarterly basis.

DECISION MAKING

The National Joint Decision-Making Model identifies best practice to support all decision makers. It assists tri-service commanders bring together the available information, reconcile objectives and then make effective decisions together:

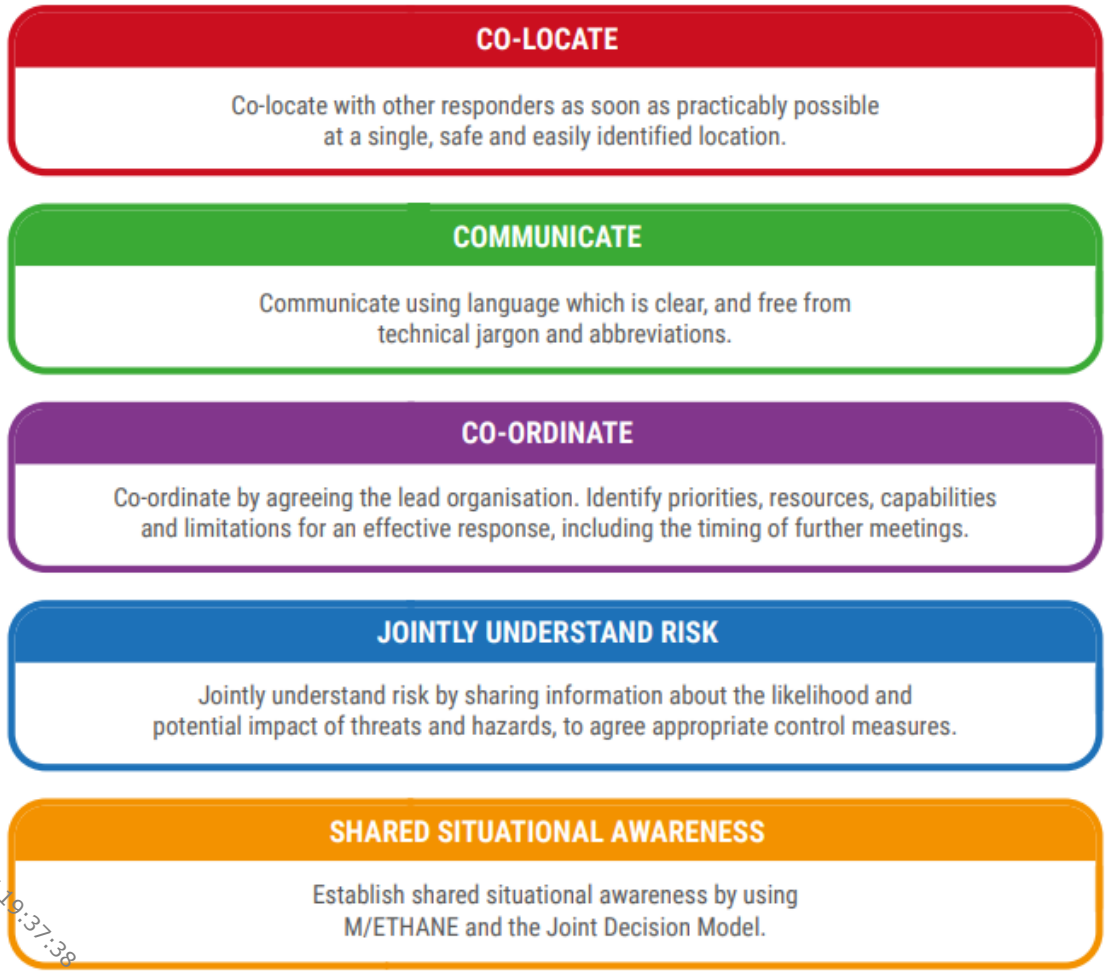


An assessment of the potential consequences arising from a particular decision should be assessed against the mnemonic STEEPLE, which lists 7 factors all decision makers should take into account when determining operational/incident-related decisions. The decision and rationale should be recorded within a decision log as part of the audit trail of the incident:

S	**Social**	Cultural aspects, health impacts, age considerations, etc.
T	**Technological**	Equipment, source, etc.
E	**Economic**	Cost
E	**Ethical**	Transparency and open decision making
P	**Political**	Potentially contentious decisions
L	**Legal**	Health & Safety, employment, discrimination
E	**Environmental**	Impacts on the environment

PRINCIPLES FOR JOINT WORKING

The principles for joint working should be used during all phases of an incident, whether spontaneous or pre-planned and regardless of scale. They support the development of a multi-agency response and provide structure during the response to all incidents. The principles can also be applied during the recovery phase. The principles illustrated in the diagram below are presented in an indicative sequence, although they can be applied in a different order if necessary.



Using the JESIP principles for joint working and briefing teams and staff the **IIMARCH** Template is included when briefing clinical Staff **SBAR** is a well-used format in the NHS. When taking calls for Activation of Incidents, messages should be passed using the **METHANE** Template (see appendices for templates).

RISK ASSESSMENT

The Local Resilience Forum (LRF) risk register, county Risk Register, is devised from the National risk register and is developed by lead agencies identified by the specific risk. Within our NHS England Regional Team footprint, Integrated Care Board (ICB), local risk assessments are available for Herefordshire and Worcestershire LHRP Risk Register. These are annually reviewed by the lead agencies and ratified by the respective LHRP, HEPOG.

The West Midlands Health Emergency Planning Group reviews these registers and identify risks specific to Health. These risks are then compiled into the Health Risk Register which is ratified by the Local Health Resilience Partnership (LHRP).

Worcestershire Acute Hospitals NHS Trust EPRR plans reflect the risks identified by the national, local and health risk registers by having individual plans that are based on an all hazard approach and the worst case scenario but are adaptable allowing response to any specific incident. Where required, plans are written in collaboration with partner agencies to ensure a coordinated response to specific events i.e. hospital fire, pandemic flu and CBRN. All our plans are shared with the relevant partner agencies.

Dynamic risk assessments will be carried out by the Trust Command and Control teams for any non-specified threats to staff, patients or infrastructure that are not covered by existing plans.

EPRR risks are reviewed at the EPRR committee and escalated in line with the trust risk management policy & escalated to the AEO for approval for the executive risk management committee.

WARNING AND INFORMING COMMUNICATIONS

Warning and informing are undertaken for incidents and pre incident including messaging to staff and Patients using the Trusts Email, Web site, Media, Social Media and SMS notification systems. This can be used for adverse weather, changes in alert levels for termism and any other suitable situation the communications team can be contacted 24 hours per day 7 days per week to support with media and warning and informing both patients, staff.

The Capacity Manager on each site will routinely update the OPEL between the hours 0730-0930 and 1430-1630. They will also update the system outside of these hours if the situation on site alters. Once updated, the system will automatically alert the wider Health Economy and Partners (including the Ambulance Service).

If an individual site is having problems, it is important that the Tactical on-call Manager and Strategic On-Call Executive contact the ICB and Ambulance Control at the earliest opportunity. Consideration should be given to the type of problem(s) being faced as to who else should be informed.

MUTUAL AID

During an Incident there may be a need to request mutual aid support from other organisations or from another Trust site. An assessment should be made between Trust Tactical and Strategic Control Teams. The Trust Strategic Commander can then discuss and request this support with the ICB if needed outside of health system this can be escalated via ICB to TCG/SCG.

Examples of mutual aid support are:

- Additional staffing (qualified, unqualified, admin support)
- Equipment
- Additional locations for Control Rooms
- NHS Very Senior Management support and advice
- Police/Security services
- Military support

The Trust has a formal mutual aid process in place with Hereford and Worcestershire Health and Care trust, Wye Valley NHS Trust.

Mutal aid template can be located on the on-call MS Teams channel.

MILITARY AID TO THE CIVIL AUTHORITIES (MACA)

Military support in an emergency is provided on an assistance basis, known as Military Aid to the Civil Authorities (MACA). MACA support is not guaranteed and may incur a charge for its provision unless it is in response to an immediate threat to life.
Routinely such requests require ministerial authorisation however, in very exceptional circumstances, for example, grave and sudden emergencies, where there is an urgent need to protect life, a local (Military) commander is empowered to deploy assets to deal with the situation without recourse to additional ministerial authority. The trust must Complete a Request agreed by the Executive Team or AEO and send to the ICB for validation all other Mutual aid must have been tried before a MACA request can be completed *(Reference to NHSE Requests for Military Aid to the Civil Authorities (MACA) from the NHS in England)*

STAND DOWN AND RECOVERY

Stand down procedure.

Incidents may only be declared by an Executive Director. The same applies to Standing Down the Trust's response to an Incident, whether Internal or External.

If an Incident is External to the Trust, the receiving Hospital will be alerted as soon as all live casualties have been removed from the site. Where possible, the Ambulance Incident Commander will make it clear whether any casualties are still en-route. While Ambulance Services will notify the receiving hospital(s) that the scene is clear of live casualties, it is the responsibility of each NHS organisation to assess when it is appropriate for them to stand down.

Recovery process

This starts as soon as an Incident is declared.

The Control Team is responsible for ensuring that the Trust returns to normal operations at the earliest opportunity and in a planned way. This may include appointing a Business Continuity Team who should consider the following at an early stage during an Incident:

- Managing the return to normal service delivery
- Priority of elective services including the impact on standards
- Communication with patients affected by the Incident including the rebooking of any cancelled appointments
- Staffing levels in the immediate future
- Identifying patients who require further surgical intervention
- Number of beds occupied by Incident casualties including critical care beds and other specialist beds
- Support of staff welfare including appropriate counselling
- Restocking of supplies and equipment
- Auditing and reporting of the incident
- Liaising with Divisions and Department to implement local Business Continuity Management Plans

Debrief and Learning

Immediately following an Incident, the Control Team and Departments involved will undertake a "HOT" (immediate) debrief in order to review what went well and identify and problems experienced.

A Trust wide debrief will be undertaken within 2 weeks of the Incident being stood down. This will be coordinated by the EPRR Team. A representative from every department involved in the Incident should be present to provide feedback.

NHS funded organisations are required to share lessons identify through exercise or incident response across the wider NHS using a common coordinated process

coordinated by the LHRP. And by working collaboratively with other partner organisation to ensure patients and public are safeguarding during an incident. The EPRR learning model from the BCM guidance in the Cabinet Office, revised March 2021, has been adopted by the NHS which is the continuous development and improvement cycle of; Plan, exercise, debrief, identity lessons, audit plan/policy vs lessons, implement changes, review plan, share lessons/train.

WAHT will maintain continuous development and improvement by ensuring:

Debriefs are held following any incident of significant scale, lessons identified, and actions assigned and owned by the appropriate team in the Trust.

Participation in any multi agency debriefs that may be held following an incident and owning any lessons identified and actions to improve response and resilience. The Trust follow the LRF debrief policy and will follow the NHS Framework debrief and review process.

PLAN VALIDATION

An important part of the preparation of plans is to ensure that they are robust. The Trust will, therefore, exercise all or part of the plans regularly.

To ensure compliance with statutory requirements, the Trust is required, as a minimum, to:

- Organise a ‘live’ multi-agency exercise every 3 years.
- Undertake a tabletop exercise every year.
- Test communication cascades every 6 months.
- Command Post Exercise Every 3 years
- ICC Equipment test every 3 months

This exercising programme will ensure all plans are tested and validated by both internal and external stakeholders/partner agencies.

The exercises will be coordinated by the EPRR Team. Post-exercise reports will be produced and circulated by the head of EPRR initially to the EPRR Committee and once ratified they will be sent to the relevant areas directly and will be available on the Trust’s Intranet. This will ensure all staff can access them so that issues raised and lessons learned can be shared and acted upon by all. The Chief Executive, Executive Board and EPRR Committee will review reports.

Any activation of the plans in response to an emergency incident supersedes a live exercise. Post incident a structured debrief will be undertaken and include the

responding multi-agency partners to ensure collaboration and relevant amendments to the corresponding plan(s).

Following exercise or activation, plans will be reviewed and updated where necessary in line with any recommendations.

HEALTH AND SAFETY

The Trust acknowledges that the Health, Safety and Welfare of staff, patients and visitors is at the forefront of all Emergency Preparedness planning and that the Trust accepts that it has a duty of care to safeguard the well-being of all staff, patients and visitors by employing all reasonably practicable measures.

SAFEGUARDING OF EVIDENCE

Incidents may be caused by criminal acts and are likely to be subject to subsequent investigation. This may be in the form of a Criminal, Judicial or Coroners enquiry. The scene of a major incident is considered to be a crime scene until proven otherwise and consideration must be given to the preservation of forensic evidence. Such evidence – clothing, debris may leave the scene with casualties and as a result be present in the ED and other areas of the Trust.

The preservation of life and clinical necessity will always take precedence over the gathering of evidence and the maintenance of the chain of evidence. However, staff must not use this principle to obstruct deliberately or tamper with evidence in any way.

Although staff will be working under considerable pressure at the time of an incident, all documentation should be adequate, clear, and accurate. The pressures of a major incident do not remove professional responsibilities for practice and staff may be asked to justify any actions taken at a later date.

It is essential that all staff bear in mind the absolute need for **ALL** paperwork, patients' property, and clothing to be preserved. It is essential that any dry wipe boards used are preserved until they can be recorded using cameras for submission to the relevant investigating agencies.

RECORD KEEPING & LOGGING

The trust has a number of appropriately trained and competent loggist to support the command-and-control structure. Details of the loggists are stored in the incident control room secure cupboards and can be called in to support in an incident. Green Paper Logbooks are available in all the trusts 3 control rooms, Capacity

management hubs and Minor injury units. The tables below set out the time records must be retained for (see below chart)

Record Keeping Tables:

Category	Examples	Minimum retention period	Final action
Incidents (declared)	Decision logbook, on-call logbook, incident-related documents including plans and organisational structures Paper and electronic records	30 years	Review, archive or destroy under confidential conditions
Exercise	Paper and electronic records	10 years	Review, archive or destroy under confidential conditions

Category	Examples	Minimum retention period	Final action
On-call (routine – non-Major Incident)	Decision log, on-call log, handover records Paper and electronic records	10 years	Review, archive or destroy under confidential conditions
EPRR	Incident response plans, guidance, standard operating procedures, core standards for assurance Electronic records	30 years	Review, archive or destroy under confidential conditions
EPRR	Information sharing protocols, memorandum of understanding, service-level agreements Paper and electronic records	10 years	Review, archive or destroy under confidential conditions
EPRR	LHRP and sub-group minutes, papers, action logs Risk registers Electronic records	30 years	Review, archive or destroy under confidential conditions

Table 1: Records to be retained and retention periods

LEGAL DUTIES AND GUIDANCE

Worcestershire Acute Hospitals NHS Trust is a Category 1 responder as defined by the CCA and must fulfil several civil protection duties including:

- Assess the risk of emergencies occurring and use this to inform contingency planning.
- Have robust business continuity management arrangements compliant with best practice guidance.
- Provide information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency.
- Sharing information and coordinating with other local responders to enhance a major incident response

To ensure that the Trust is able to fulfil these obligations, it is important that it is involved in the wider planning process with partner organisations through the West Mercia Local Resilience Forum (WMLRF) established under the CCA and the Local Health Resilience Partnership (LHRP).

REVISION OF PLANS

All Plans will undergo an annual review, or sooner, if significant changes are required. All reviews and releases will be communicated via daily briefs to ensure staff are aware of and able to familiarise themselves with any changes.

Departmental Plans such as business continuity and lockdown plans are required to be continuously updated and reviewed to take account of changing situations such as staff movements, contact numbers and relocation of wards.

- Debriefs are held following any incident of significant scale, lessons identified, and actions assigned and owned by the appropriate team in the Trust.
- Participation in any multi agency debriefs that may be held following an incident and owning any lessons identified and actions to improve response and resilience. The Trust follow the LRF debrief policy and will follow the NHS Framework debrief and review process.
- Participation in any exercise opportunities, both within the health economy and in a wider multi-agency context such as in the Local Resilience Forum or TCGs to gain experience and learn different approaches and enhance planning.

REGIONAL AND NATIONAL ACTIVATED PLANS

In the event that any of the Regional or National Plans are activated (i.e. Critical Care, National Burns Plan, RAMP or Mass Casualty), Worcestershire Acute Hospitals NHS Trust will make contact and support the Integrated Care Board, NHS

England Regional Team who are the lead for Health in their response as set out in the incident response management levels 1-4.

RESOURCES

Staffing and Equipment

During the activation of any of the Trust's EPRR Plans, the key roles within the response are undertaken by staff designated as on-call. All other staffing roles will be filled by staff contacted through the Trusts automated cascade system.

The Command & Control Team will ensure that the following resources have been identified & committed

- Rota for protracted event/incidents.
- Clear handover procedures.
- Comfort & food breaks.
- Additional resources may be redeployed from other sites within the Trust to support the Command Team or Departments on the affected site(s). This could involve redeployment of staff and/or equipment.

Budget

All costs incurred as a result of actions and decisions of both Tactical and Strategic Command levels as a result of the incident should be accurately recorded and sent to the head of EPRR for accounting purposes. The Finance Department will identify budget codes and cost centres to record incident expenditure. The funding for the EPRR team is funded from the corporate Budget for the trust under the leadership of the AEO (chief operating officer) to include staffing, Training and equipment costs.

Climate Adaption planning

The Trust is committed to support the Climate Change Act and the Greener NHS programme which has been introduced into the core standards 2022 and will work with NHS Greener programme leads in the Trust and system partners system to:

- consider reasonable worst-case scenario and extreme events for adverse weather as a core component of community risk registers
- adverse weather arrangements should be reflective of climate change risk assessments and cognisant of extreme events
- climate change adaption planning to be considered as a longer-term impact on an organisation as part of a business continuity policy statement

The West Mercia LRF currently review climate adaption in their risk strategy reviews. There is a Green Champion leading the trust.

TRAINING

The training of staff who have a response role for incidents is of fundamental importance even if very few staff members will respond to incidents on a frequent basis. If staff are to respond to an incident in a safe and effective manner, they require the tools and skills to do so in line with their assigned role. Training needs to be an ongoing process to ensure skills are maintained it is a fundamental element of embedding resilience within organisations as part of the cycle of emergency planning. Training is focus on the specific roles and requirements Training is aligned to the skills for justice national occupational standards (NOS) Framework Training will be provided by the EPRR Team updated Trust Training Matrix from August 2022. All Current ICC Support Staff have been trained by the EPRR Team to support incident response and referrer training on an annual basis (See Training & Exercise Programme 2024 / 2025)

Alignment of trust Staff to the NOS Standards Reference to Minimum Occupational Standards for Emergency Preparedness Resilience & Response (EPRR) NHSE B1568

Key M= Mandatory Training for the Role. O= Optional training for the Role

Skills for Justice NOS	Chief Executive Officer	Accountable Emergency Officer	NHS			NHS Emergency Ambulance Service			EPRR Specialist / Adviser	Business Continuity Lead	Comms Officer	Command Support Roles	On Call staff	Loggist
			Strategic Commander	Tactical Commander	Operational Commander	Strategic Commander	Tactical Commander	Operational Commander						
SFJ CCA A1 Work in cooperation with other organisations	O	O	M	M	M	M	M	M	M	M	M	O	M	
SFJ CCA A2 Share information with other organisations	O	O	M	M	M	M	M	M	M	O	M	O	M	
SFJ CCA A3 Manage information to support civil protection decision making			M	M	M	M	M	M	M		O	O	M	O
SFJ CCA B1 Anticipate and assess the risk of emergencies		O	M	M	M	M	M	M	M					
SFJ CCA C1 Develop, maintain, and evaluate emergency plans and arrangements			O	O		O	O		M		O			
SFJ CCA D1 Develop, maintain, and evaluate business continuity plans and arrangements		O	O	O	O	O	O	O	M	M				
SFJ CCA D2 Promote business continuity management		M							M	M	O			
SFJ CCA E1 Create exercises to practice or validate emergency or business continuity arrangements									M	M				

Key M= Mandatory Training for the Role. O= Optional training for the Role

Skills for Justice NOS	Chief Executive Officer	Accountable Emergency Officer	NHS			NHS Emergency Ambulance Service			EPRR Specialist / Adviser	Business Continuity Lead	Comms Officer	Command Support Roles	On Call staff	Loggist
			Strategic Commander	Tactical Commander	Operational Commander	Strategic Commander	Tactical Commander	Operational Commander						
SFJ CCA E2 Direct and facilitate exercises to practice or validate emergency or business continuity arrangements									M	M				
SFJ CCA E3 Conduct debriefing after an emergency, exercise, or other activity		O	M	M	M	M	M	M	M	M		O	O	
SFJ CCA F1 Raise awareness of the risk, potential impact, and arrangements in place for emergencies			O	O		O	O		M	M	M			
SFJ CCA F2 Warn, inform, and advise the community in the event of emergencies	O		M	O	O	M	O	O	M		M		O	
SFJ CCA G1 Respond to emergencies at the strategic level	O	O	M			M			M				M	
SFJ CCA G2 Respond to emergencies at the tactical level				M			M		M				M	
SFJ CCA G3 Respond to emergencies at the operational level					M			M	M	O			M	
SFJ CCA G4 Address the needs of individuals during the initial response to emergencies			O	M	O	O	O	O	M			O	M	
SFJ CCA H1 Provide on-going support to meet the needs of individuals affected by emergencies			M	M	O	O	O	O	M				O	
SFJ CCA H2 Manage community recovery from emergencies	M	O	M	O	O	O			M				O	

Trust EPRR Training need analysis August 2024

Course	Training Provider	Cost to attendee / organisation	Frequency	Executive Director on Call	Senior Manager & Senior Nurse on Call	EPRR Team & EPRR	Other Staff	Duration	Total Cost
Principles of Health Command	Regional NHSE	Minimal	3 Yearly	Mandatory	Optional	Mandatory		4 hours online	Minimal
Clinical Site Management	Regional Capacity Management Team / Urgent Care Strategic Lead	Free	2 Years	Mandatory	Mandatory	Mandatory		1 - 2 Hours	Time of attendees and trainer
On Call Incident Training incl SOP's, Incident plan and pertinent documents	Trust	Free	On joining on call Rota	Mandatory	Mandatory	Mandatory		2 Hours	Time of attendees and trainer
On Call refresher training	Trust	Free	Annually	Mandatory	Mandatory	Mandatory		1.5 Hour / on call forum	Time of attendees and trainer
Loggist training	Trust	Free	12-18 months refresher once trained		Optional	Mandatory	Optional Staff that registered an interest	2 Hours	Time of attendees and trainer
Business Continuity Awareness	Trust	Free	Annually	Mandatory	Mandatory	Mandatory	Mandatory for band 6 and above bleep holders * Optional for Available to all Staff *	1-2 Hours	Time of attendees and trainer
CBRNe awareness	Trust	Free	Annually		Optional	Mandatory	Mandatory (Urgent Care & ED Staff)	1 Hours	Time of attendees and trainer
CBRNe Wet & Dry Decontamination including PRPS	Trust	Free	12-18 Months			Mandatory	Mandatory for patient facing ED Staff	1-2 Hours	Time of attendees and trainer

Course	Training Provider	Cost to attendee/ organisation	Frequency	Executive Director on call	Senior Manager / Senior Nurse on call	EPRR Team & EPRR On Call	Other nominated Staff	Duration	Total Cost
Resilience Direct	Trust	Free	As required			Mandatory		1 Hour	Time of attendees and trainer
Communications Test	Trust	minimal	Every 6 months	Mandatory	Mandatory	Mandatory	Mandatory	1 hour	Minimal costs associated with calls and SMS messages
Tabletop Exercise	Trust, Health Economy	minimal	The Trust must carry out a tabletop exercise yearly; this will involve different elements and areas of the Trust and Levels of On Call. It will not involve all on call officers every time	Mandatory	Mandatory	Mandatory	Mandatory	1/2 Day	Time of attendees and trainer
Live Exercise	Trust, LRF, Health Economy	Free	The Trust must carry out a live exercise every 3 Years, this will involve different elements and areas of the Trust and Levels of On Call. It will not involve all on call officers every time	Mandatory	Mandatory	Mandatory	Mandatory	1 Day	Time of attendees and trainer
Command Post Exercise	Trust, Health Economy	minimal	The Trust must carry out a Command Post exercise every 3 years	Mandatory	Mandatory	Mandatory	Mandatory	1 Day	Time of attendees and trainer
ICC Equipment Test	Trust / EP Manager	Free	All ICC Equipment Monthly				Mandatory	2-3 Hours	Time of EP Manager

CBRNe equipment Test	EPRR Team	Free	All CBRNe equipment			Mandatory		1 Hour	Time of the EPRR team
Control Room Training	Trust / EP Manager	Free	Yearly	Mandatory	Mandatory		Mandatory	1- 2 hours	Time of attendees and trainer
Health Emergency Planning Diploma (HEP) (Award, Certificate, Diploma)	National through NHSE & UKHSA	Time of EPRR + Expenses	Attendance every 3 months over 18 months				Mandatory Head of EPRR	Attendance every 3 months over 18 months	Time of attendees and Expenses

Trust EPRR Training Matrix Updated August 2022

Key M= Mandatory Training for the Role. O= Optional training for the Role

Trust Job Role	Alignment to Skills for Justice NOS Job Role											Trust specific Training					
	Chief Executive Officer	Accountable Emergency Officer	Strategic Commander	Tactical Commander	Operational Commencer	EPRR Specialist / Adviser	Business Continuity Lead	Comms Officer	Command Support Roles	On Call Staff	Loggist	CBRNe / Hazmat Decontamination	IOR / Remove Remove Remove Training	Basic EPRR Awareness	Staff Call Out process	PHE Loggist Training	EPRR Dip-Hep
CEO	M		M	O										O			
Deputy CEO, COO, AEO	M	M	M	O										O			
Deputy COO		O	O	M										O			
Executive On Call Staff			M	O										O			
Senior On Call Managers				M	M								O	O	O		
Matrons On Call				M	M								O	O	O		
Clinical Site Managers				O	M							O	O	M	O	O	
Senior Nurse Bleep Holders				O	M							O	O	M	O	O	
Capacity / Bed Managers					M								O	M	O	O	
Senior On Call Digital / Estates Team				O	O					M				O			
ED Substantive Nursing Staff												M	M	O			
Security Officers													O	O			
Trust Comms Team								M						O			
Head of EPRR			O	M	M	M	M		O		O	M	M	M	M	O	M
EPRR Team				O	M	O	M		O		O	O	M	M	M	M	O
Other Trust Staff														O			
Loggist / ICC Staff									O		M			M		M	
Switchboard Staff														O	M		

APPENDICES

Appendix 1 - METHANE ASSESSMENT FORM

Organisation name			
Site name			
Date of report			
Time of report			
Date of Incident			
Time of Incident			
Completed by			
Signed off by			
Signature			
M	Major incident	Has a Major Incident been declared? **YES/NO** *(If no, then complete ETHANE message)*	
E	Exact Location	What is the exact location or area of incident	
T	Type of Incident	What kind of incident is it?	
H	Hazards	What hazards or potential hazards can be identified?	
A	Access	What are the best routes for access and egress?	
N	Number of casualties	How many casualties are there and what condition are they in?	
E	Emergency Services	Which and how many emergency responder assets/personnel are required or are already on-scene?	

Appendix 2 – NHS Incident Situation Report (SITREP)
Notes to aid completion of SITREP

Situation Report templates are available in the MS Teams On Call Chanell EPRR Reporting Templates and hard copy in the incident control room cupboards the document is classed as official sensitive.

1. **Resources Deployed:**

   - Resources deployed at scene of incident.

2. **Incident Casualties:**

   P1: Casualties requiring immediate life-saving resuscitation and/or surgery.
   P2: Stabilised casualties needing early surgery but delay acceptable.
   P3: Casualties requiring treatment, but a longer delay is acceptable.

3. **Fatalities in hospital:**

   - Number of patients arriving at hospital and subsequently dying at / or in hospital.

4. **Impact on critical functions:**

   - Implications on Category “1&2” Ambulance response times.
   - Critical Care capacity.

5. **Capacity / Capability issues:**

   - This section provides a forward look for the NHS and the Department of Health.

6. **Impact on business as normal:**

   - Cancellation of elective activity should be covered here.
   - Any other service reduction as consequence of incident.

7. **Mutual aid request:**

   - Confirm details of mutual aid requested, and from whom requested.

8. **Media:**

   - Indicated media interest shown / reported.
   - Provide key messages for media, also provide details of lead media contact.

9. **Sitrep Sign off**
   - **Sitreps to Be signed off by executive Strategic Commanders and Submitted to ICB**

Appendix 3 – IIMARCH Template

Organisation name	
Site name	
Date of report	
Time of report	
Date of Incident	
Time of Incident	
Completed by	
Signed off by	
Signature	

Element	Key questions and considerations	Action
I	**Information** What, where, when, how, how many, so what, what might? Timeline and history (if applicable), key facts reported using M/ETHANE	
I	**Intent** Why are we here, what are we trying to achieve? Strategic aim and objectives, joint working strategy	
M	**Method** How are we going to do it? Command, control and co-ordination arrangements, tactical and operational policy and plans, contingency plans	
A	**Administration** What is required for effective, efficient, and safe implementation? Identification of commanders, tasking, timing, decision logs, equipment, dress code, PPE, welfare, food, logistics	

R	**Risk assessment** What are the relevant risks, and what measures are required to mitigate them? Risk assessments (dynamic and analytical) should be shared to establish a joint understanding of risk. Risks should be reduced to the lowest reasonably practicable level by taking preventative measures, in order of priority. Consider the hierarchy of controls. Consider Decision Controls	
C	**Communications** How are we going to initiate and maintain communications with all partners and interested parties? Radio call signs, other means of communication, understanding of inter-agency communications, information assessment, media handling and joint media strategy	
H	**Humanitarian issues** What humanitarian assistance and human rights issues arise or may arise from this event and the response to it? Requirement for humanitarian assistance, information sharing and disclosure, potential impacts on individuals' human rights	

Appendix 4 SBAR Template

Organisation name		
Site name		
Date of report		
Time of report		
Date of Incident		
Time of Incident		
Completed by		
Signed off by		
Signature		
Element	Prompts	Description
S	**Situation** Clearly and briefly describe the current situation.	
B	**Background** Provide clear, relevant background information on the incident including: • Timings • Media • Exact situation	
A	**Assessment** State your assessment of the situation based on the situation and background. Include impacts to the hospital and services	
R	**Recommendations** Explain the actions being taken by the organisation to standdown from the incident/situation alongside any support required of partner agencies, ICB or NHS England and NHS Improvement	

Appendix 5

List of Trust Live EPRR Plans

EPRR Arrangement Document
Incident Response Plan
Protected Individuals (VIP Plan)
Evacuation & Shelter Plan
Lockdown Plan
Rapid Offload Plan
Corporate Business Continuity Plan
Business Continuity Management System
EPRR Committee Terms of Reference
Adverse Weather Plan
CBRN Plan
Mass Casualties Plan
Pandemic Plan
Countermeasure Plan
Industrial Action Plan
Fuel Plan
Joint Emergency Response Plan (PFI)

Business Continuity Statement 2025

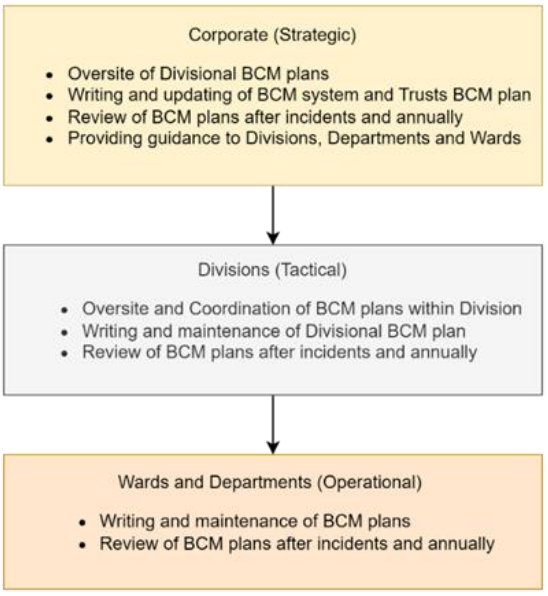
As per the Civil Contingencies Act 2004, the Trust has in place an Accountable Emergency Officer and an EPRR Team. The Emergency Preparedness Resilience and Response (EPRR) department oversees Emergency Planning and the writing, exercising, implementation, and auditing of Business Continuity within the Trust.

The EPRR Team's Business Continuity Planning endeavours to align with the ISO standard for Business Continuity. All staff involved in the development and implementation of Business Continuity Management within their respective Divisions or Departments are to work under the guidance of the Trust's Business Continuity Lead, following the direction set out in the Trust's BCMS, and using the trusts BC planning toolkit.

Individual BCM plans for Wards, Departments, and Divisions are monitored by overarching corporate plans from our BCM system. Our BCMS informs the Trust's Major Incident and Emergency planning arrangements. While Business Continuity (BC) and Emergency Planning are usually separate processes within an organisation, most incidents that occur require some level of BC planning arrangements to be implemented.

If the Trust's Incident Response Plan is activated, local-level BC plans are likely to be called upon. It is critical, therefore, that all BCM and Trust Major Incident plans are integrated and in alignment. This will enable a more appropriate response to incidents and, in turn, a faster recovery.

Pictured to the right is the Trust's Business Continuity Structure. This has come into effect following new NHSE guidance. The restructuring of BC planning within the Trust will take some time, given the size of the Trust and being split across the Trust premises. Key Performance Indicators detailing the intended timeframe of this restructuring and how we intend to drive continuous improvement can be found in the Trust's EPRR Work Plan. The previous year's KPIs and this coming year's KPIs are annotated below.



Worcestershire Acute Hospitals NHS Trust has a dedicated Business Continuity Manager within the EPRR Team, to act as a single point of contact for Business Continuity within the Trust.

It is our intention to protect the patients, staff, and infrastructure of the Trust, while supporting our regional and national colleagues. We will do this by ensuring that all possible mitigations and planning processes are in place, including assurance of providers' and contractors' Business Continuity arrangements in line with ISO 22301 and NHSE guidance.

- Rory Bewers
Business Continuity & EPRR Manager

Prior KPI's

Key Performance Indicator	Date Added	Comment	Date of KPI Completion	KPI Completed
BCMS Updated with 2023 guidance and aligned with ISO 22301. BCMS to be approved by EPRR committee and briefed to divisions by August 2023	01 June 2023	Completed intime for Core Standards. Reviewed by NHSE (JH)	02 August 2023	Yes
Standardised Template for all BC plans by Core standards 2024	06 June 2023	To be updated in format as part of their annual review	01 July 2024	Yes
Run a BC Training Day on each trust site for managers and on-call staff	05 February 2024	To ensure planning needs are met and improve response training	04 July 2024	Yes
Achieving Fully Compliant on all BC objectives on the 2024 EPRR Core standards	21 August 2023	This will confirm the effectiveness of the new BC planning rollout.		In Progress
Maintain Partial Compliance at 2024 Core Standards	20 November 2023	Substantial Assurance Achieved		Yes

Future KPI's

Key Performance Indicator	Date Added	Comment	Date of KPI Completion	KPI Completed
Meet the acceptable Threshold for BC plans within the trust prior to 2025 CS	06 June 2023	To form the basis of the EPRR BC rollout.		In Progress

Have over 25% of the trusts Senior Leaders attend BC Training	03/03/2025	To build knowledge of BC within the organisation		In Progress
Complete an audit to meet the ISO Standard for the trusts BCMS	28/10/2024	To assure the trusts BCMS	13/03/2025	Yes

NOTES

Worcestershire Acute Hospitals NHS Trust

Business Continuity Management System

June 2024

Plan Administration

Department / Ward/ Div	EPRR
Author	Rory Bewers EPRR Officer & Business Continuity Lead Rory.Bewers1@NHS.Net
Accountable Officer	Chief Operating Officer, Approved by EPRR Committee
Plan Title	Business Continuity Management Plan V1.2 – June 2024
Version	1.2
Date of Publication	18/06/2024
Approved by	EPRR Committee
Date of Approval	18/06/2024
Review Date	01/06/2025
Expiry Date	30/06/2025
Distribution List	Worcestershire Acute Hospitals NHS Trust Staff

Key Amendments to this Document

When amendments are made all copies (hard and soft) will be updated simultaneously to avoid confusion.

Date	Amendment	Amended by
16/05/2024	Formatting, new Risk Management Policy	Rory Bewers

Contents

Scope

This document outlines how we manage Business Continuity within Worcestershire Acute Hospitals Trust, ensuring that it aligns with the ISO Standard for Business Continuity (ISO-22301). All staff involved in the development and implementation of Business Continuity (BC) Plans within their respective Divisions or Departments, should familiarize themselves with this document and their role and responsibilities outlined below. Overseeing Emergency Planning and the writing, exercising, implementation and auditing of BC Plans within the Trust, is the Emergency Preparedness Resilience and Response (EPRR) department.

Individual BC plans for Wards, Services, Departments and Divisions, Divisional Plans and overarching corporate plans form our BCMS. Our BCMS informs the trusts Major Incident and Emergency planning. While Business Continuity (BC) and Emergency Planning are usually separate processes within an organisation, an incident may occur that requires BC arrangements and the Major Incident Response Plan to be activated in conjunction. It is critical therefore that all BC plans are aligned to the trusts Incident Management plans. This will enable a more appropriate response to incidents and in turn a faster recovery. Despite being referenced throughout this document; however, the Incident Management plan and other Emergency Planning is its own entity and so falls outside the scope of this document.

A Toolkit for local use within the trust, aimed at those responsible for the writing of BCM plans at Ward, Department and Directorate level is also referenced. This is available to trust staff, detailing how to go about developing and writing BCM plans; therefore, this BCM system does not contain such information. For further support with BC planning contact the trusts BC Lead within the EPRR Team.

Statutory & Regulatory Duties

The trust is designated as a Civil Contingencies Act 2004 (CCA04) Category 1 Responder. In addition to this the National Health Services Act 2006, as amended by the Health and Social Care Act 2012 and Health and Care Act 2022, set out the stringent legislative requirements that we as an Acute NHS Trust must meet. Other guidance such as the NHS EPRR Framework provides guidance that we as a trust must follow and ensure alignment with. The NHSE Core Standards for EPRR are used to assess our ability as a trust to meet these requirements. As an EPRR Team we also audit ourselves against the CCA 04 Good Practice Indicators (2011) to ensure that we as a trust are fulfilling our duties competently.

Level of Acceptable Risk

The CCA 04 states that Category 1 Responders must *"Plan for and mitigate risks so far as is reasonably practicable, that if an emergency occurs the person or body is able to continue to perform his or its functions"*. The NHS EPRR Framework (July 22) States *"Governance for EPRR is best achieved through the linkage of EPRR and Business Continuity to the organisations risk management framework. The identification and management of risks must be linked to the Community Risk Register (CRR), and the National Risk Register (NRR)"*.

The above legislation and guidance make clear our duty to ensure that all identified risks are mitigated as much as is reasonably practicable, and that BC and Incident Management planning is undertaken appropriately. The responsibility of this function is understood and accepted by the trust in line with our status as a Category 1 responder. Continuous reassessment of risks is undertaken, plans are audited and exercised to identify gaps or newly emerging risks.

Risks scored below 15 using the 5x5 risk assessment matrix, can be accepted, and managed by the wards, department, and division's, with responsibility for mitigations also sitting at that level. A residual rating (following mitigations) of 15 or higher however should be recorded on the Divisional and Trust risk register, this will therefore be escalated to board level, as this is where the accountability sits.

Interest of Stakeholders

Worcestershire Acute Hospitals NHS Trust is split across three main hospital sites (Worcester Royal, Alexandria General and Kidderminster Hospitals). We serve a county population of 590,550 (approx.), have multiple major transport routs that transect our 'Catchment area' and treat patients from bordering trusts, that are regularly referred to or self-present to our sites.

Our main Stakeholders are:

- Members of the public (our patient group)
- Members of the Herefordshire and Worcestershire Integrated Care Board
- Organisations that form the Local Resilience Forum
  - Police Forces
  - Fire Services
  - Ambulance Services
  - Local Authorities
  - Environment Agency
- Members of the Local Health Resilience Partnership
- Equans and other facilities management and construction contractors
- Private Ambulance services, Bank and Agency staffing groups
- ISS and other soft services providers

Many stakeholders have a vested interest in our ability to respond to and recover quickly from BC events and incidents. This response and recovery ensure that we are able to continue to provide key services to our patients and to uphold our role in wider patient treatment pathways, in partnership with other NHS establishments and providers of NHS care. Key steak holders from within the trust, external steak holders (such as Herefordshire and Worcestershire Health and Care Trust) and members of the EPRR Committee will be invited to read and comment on BC plans pertinent to them and to join exercises. Their involvement in the BCM System will offer a different perspective on risks, aiding the development of organisational resilience.

Objectives

The objectives of developing a BCM system are:

- To ensure alignment with legislation, directives from government and guidance from NHS England
- Set a standard for Business Continuity within our organisation
- To ensure that appropriate resources are available to maintain essential services.
- To provide a Business Continuity Framework for Divisional and Directorate managers to follow
- To outline to the trust board the critical services that must be maintained during a BC event
- To reduce the financial and operational impact of BC incidents and events when they occur
- To minimise the length of disruptions and promote rapid recovery to full operational output
- To minimise the impacts of events and incidents on patients, staff, and other stakeholders

Roles and Responsibilities

Detailed below are the individual BC roles and responsibilities of staff groups within Worcestershire Acute Hospitals NHS Trust. Incumbents of these roles should be aware of their individual responsibilities, undertake the required training and hold the appropriate competencies for their role. These roles and responsibilities do not include response to incidents as this is covered in great detail in the trusts Incident Management Plan.

Role	Reasonability
Executives	• Overarching accountability for Business Continuity. • The Managing Director is the Accountable Emergency Officer; however, this role is deputised to the COO. • The Trusts board reviews all risks >14 • An understanding of the trusts BCM system and the roles of different individuals within the system.
Accountable Emergency Officer (AEO)	• Overall accountability for EPRR, Emergency and BCM planning (Though the accountability sits with the MD, the day-to-day duties are usually deputised to the COO). • A strategic understanding of the risks logged on the Corporate and trust Risk Register, the mitigations in place and the impact of those risks on services, staff and the organisation as a whole. • Familiarisation with this BCM system and the Tactical/ strategic Level BCM plans. • Chair of the EPRR Committee, responsible for approving Tactical and Strategic Level BCM Plans.
Communications Team	• Distribute communications pertaining to BC, at the request of the BC lead. • Support BC incidents as needed, under the Trusts Incident Communications Plan • Attend annual training by the EPRR Team
EPRR Team	• Strategic oversight of Worcestershire Acute Hospitals NHS Trust BCM system and all BC Plans • Aiding and assisting the writing of the BC plans within the trust • Production of the BCM Toolkit • Review and Monitoring of the BCMS • Leading BC exercises • Acting as a 'Tactical Advisor' to Divisions and On-Call functions during a BC incident • Reviewing information disseminated down from NHS England, to ensure up to date compliance with best practice guidelines and legislations. • Reviewing BC arrangements and completion of BIA's with staff writing BC plans. • Invoking plans as required • Audit and monitoring compliance within the trust, ensuring an overview of compliance is reported to the executives, ICB and NHSE.
Divisional Directors	• Ensure Managers within the Division have completed BIA's and currently hold in date and approved BC Plans. • Have an appropriate level of BC planning for their respective Departments, services, and Wards. • Audit and approve BCM Plans written by their Wards and Departments • Complete a Divisional BIA and ensure all risks are logged as per trust policy. • Maintain, exercise, and annually review the Divisional BC plans. • Ensure BC plans from Departments and Wards within their Division are exercised and as per BCMS. • Ensure BC plans are in alignment with this BCMS, other trust BC plans and trust wide Emergency plans. • Production of a post incident report following live invocations of plans if required.
Ward, Department and Service Managers	• Maintain a current and comprehensive Business Impact Analysis (BIA) for their Department, Service or Ward. • Ensure that BC plans are in place for their Department, Service or Ward in line with this BCMS. • In the absence of the above, managers should ensure that a full and in-depth BIA is completed, and BC plans are written in line with wider trust BC plans, this BCMS and the Emergency plans set by the EPRR team. • Review and exercise BCM plans and flag any changes to services that may impact other Divisions BC plans to Divisional Directors. • Production of a post incident report following live invocations of plans if required. • Produce and maintain an Action Card for each ward, a template can be found in the trusts BCM Toolkit
Procurement Team	• Ensure BC Plans are in place when awarding contracts. • Request BC plans are in place as part of the awarding process. • Comply with NHSE Procurement Farmwork with regard to BC planning.

Business Continuity Resources

The trust has a BC Toolkit is available for use in the writing of BC Plans, as is the NHS England BCM Toolkit. The EPRR Team routinely complete BIAs with managers to gain an understanding of their area before passing over a partially completed template for the managers to finish editing. These BC plans are then reviewed by the EPRR team to ensure alignment with other BC plans and Emergency/ Incident management planning arrangements. The BC lead and EPRR Team are available to offer guidance and support to anyone within the trust who is reviewing, auditing, exercising, or writing BCM plans and managing BC incidents.

Each Ward, Service and Department is required to complete a BIA of their area. BIAs are then to be used to build BC plans at a local level. They also provide more specific in-depth information that may then be omitted from the BC plan but is available to review if required. The exercising of local BC plans by wards and departments, plus the production thereafter of Post exercise reports and training logs; gives an insight into the suitability of BC plans for the Divisional Directors. The collation of BIA's, post exercise reports and BC plans by Divisions will in turn aid Divisional Directors to build their wider, higher level BC plans and Divisional BIA's. It will also inform their Divisional Risk Register that then feeds the corporate risk register in turn. The Divisional BC plans, inform the EPRR teams' awareness of BC planning within the trust and the trusts Incident management planning. This structured bottom-up approach of BCM planning is the basis of Worcestershire Acute Hospitals Trusts BCM System. The key sources of information that inform the BCM System are the local and Divisional BIA's, post exercise reports and BCM plans.

Risk Assessment

Risk assessments are caried out daily within the trust in line with the trusts Risk Management Policy. This Policy states that all risks are logged via DATEX, any risk above a score of 12 is escalated to the Corporate Risk management Group and all risks above a score of 15 are escalated to Trust Board.

Within Business Continuity however, Business Impact Analysis is used to assess risks. This method groups risks together based on the impact rather than the root cause. For example, snow, flooding, and industrial action could all cause staffing shortages. The cause of that shortage may have other impacts to the wider trust, but to Wards, Departments and Divisions the impact of the staff shortage is the risk to their ability to provide their key services. Other events that are much easier for the trust to control (equipment faults for example) can be mitigated with ease, to a much lower level of risk; and are done so routinely at a local level.

The CCA 04 states that we as organisations should *"mitigate risks so far as is reasonably practicable*". The purpose of mitigating risks is to reduce either the severity of that risks impact or the likelihood of that risk occurring to a level that is 'Acceptable'. This is informed by the 5x5 RA matrix. Once a risk is assessed by the 5x5 RA Matrix and mitigations for that risk are but in place, the risk is recalculated, and the new score (following the implementation of control measures) is the overall residual risk.

Once risks have been assessed mitigations or 'Reduction Measures' can be but in place to reduce the level of threat posed by the risk. Staff should consider the following principals of risk prevention; these are listed in order of priority:

1. Eliminate or avoid the risk.
2. Tackle the hazard at its source.
3. Substitute the hazard for a less dangerous alternative.
4. Work around the hazard by adapting the environment.
5. Implement risk prevention measures (PPE, SOP's etc.)
6. Train staff and give them appropriate supervision.
7. Develop a positive health and safety culture.

The first four priorities are organisational and focus on tackling or substituting the hazard or changing the environment. The last three focus on protecting services and staff or delivering training to provide an awareness of the risks/ hazards.

When implementing a mitigation to a risk the objective is to ensure the safety and wellbeing of our staff and the continuity of our services, by reducing risk as much as is 'reasonably practicable'; this is our legal responsibility. We should however aim to entirely irradiate risks. To fully eliminate some risks however may in itself cause disruption to services, have a wider effect on the organisation or might not be possible. The term 'reasonably practicable' allows scope for risks to be reduced to a point before the sacrifice of reducing the risk outweighs the risk itself.

Action plans, dates for the completion of actions and an expected risk level once the actions have been implemented, should be utilised when risks have been identified as requiring mitigation. This creates an audit trail and a documented record of how risks have been reduced overtime. RAs are a dynamic and changing processes, as are our working environments; therefore, risks should be regularly reviewed in line with the reviews of BIA's and BC Plans.

Business Impact Analysis

A Business Impact analysis (BIA) should be conducted before the writing of a BC plan and reviewed after plan invocation or annually as a minimum. BIAs within the trust should be completed using the trusts BIA Template, found within the trusts BC Toolkit. All clinical and administrative functions are to be categorised within BIA's as well as resources available and mitigations in place.

Each Ward, Department and Service should hold a full and detailed BIA. These Operational level BIA's will feed into and inform the Divisional Tactical BIA's. Divisional BIAs should consider wider impacts to stakeholders, other Divisions, and other NHS care providers. Services that can only tolerate minimal disruptions should be prioritised for recovery within your plan. Detailed recovery instructions should be given on how to bring services back online and return Department, Wards, Services and Divisions to full operational output (known as business as usual or BAU).

Business Continuity Plans

All Wards and Departments should write and maintain their own Business Continuity plan. This operational level will outline actions to be carried out in the event of disruptions and workarounds for known risks. For example, power outages, staff absenteeism, IT/ Communications errors, supply failures, compromised facilities etc. Operational level planning should outline the essential services that must be prioritised during disruptions, this should be documented using the BIA template. The tactical level/ Divisional BC plans should include BIA information pertaining to that Division and its critical services, and a detailed description of the maximum timeframe those services can tolerate disruptions. Tactical level planning should reference and refer to its ward and departmental plans and ensure that all plans are in alignment. Strategic level planning includes the Corporate BC plan, as well as the trust Emergency plans.

Informed by BIAs plans should include detailed instructions on how to continue service provision as best as is possible during disruptions, recovery pathways for services, Recovery Point Objective (RPO) and outline timeframes for recovery. For assistance with this contact the trusts BC Lead. It is the responsibility of all Department and Ward Managers to ensure that they have a BC plan in place and that it is reviewed and exercised in line with this BCM system. It is the responsibility of Divisional Directors to ensure that their Divisional BC plan is up to date, fit for purpose and exercised annually. All plans (Operational, Tactical and Strategic) are to be reviewed after every invocation or exercise, failing this once annually. Plans should undergo a tabletop exercise annually, as a minimum; this exercise should form part of the plans annual review.

Each Ward and Department should also have an action card accessible by all staff. This should be no more than one side of A4 paper, laminated and placed in a visible position. It should contain concise and simple informational that let staff know the first step to undertake if they experience an outage or incident. For each location a specific 'Plan on a Page' should be in place. Services such as Endoscopy that are spread over

multiple sites should have a plan on a page in pace for each site. The risks accounted for on these 'Plan on a page' should be identified on your departments BIA, and the initial actions to these risks should be simple and clear. This makes the initial actions easy to follow for all staff including bank and agency.

Business Continuity Incident Management

In the event of a Major, Critical or Business Continuity Incident, the actions taken by Wards, Departments, Services and Divisions may well be the same. This is why it is imperative that all areas have a current and functional BC plan. BC Planning arrangements will build the base for the majority of responses to major incidents. A Business Continuity Incident should be managed in line with the trusts Incident Management plan. As mentioned in the scope of this document this is discussed clearly and at length and so to shorten it and include it within this document could cause confusion.

Complex Business Continuity Incidents

A wide-reaching issue such as a pandemic may alter your ability to react as you have planned to a BC incident. As was seen with Covid-19 such widespread disruption caused issues and delays in areas not previously expected or planned for. For example, recovery time for power restoration during outages was increased due to staffing issues with the utility's providers. Some BC incidents impact other Products, Processes and activities causing a 'Snowballing' effect. Though it is exceptionally difficult to plan for these eventualities, it is important to identify how these Products, Processes and Activities mutually support each other and how a large-scale BC event could have wider impacts than initially thought.

It is key therefore to identify within your BC plans resolutions that are paramount to your recovery that may not be feasible if there are additional complications, such as staffing shortages or extreme weather for example. Identifying these areas and thinking of appropriate mitigations will add another layer to your resilience.

Training

Who	Training requirement
All Staff	Awareness training on staff induction and annually
Managers	Training in how to write BC plans and use trusts BC tool kit from EPRR Team
Divisional Directors	One to one training from the EPRR team in the writing of BC plans, use of the BC tool kit and managing BC within their Divisions
On-Call Managers	BC awareness and management of BC incidents training as part of their On-Call Manager training.
Executives	BC awareness and management of BC incidents training as part of their On-Call Executive training.

Training is imperative for Business Continuity Management and a swift recovery to full-service provision following incidents. Training should be split into two areas: Planning and Incident Response. Training in the use of the BCMS and planning is mainly aimed at managers, though an understanding of the planning process by all staff and their role in the BCMS will only enhance our resilience. Training in incident response is of the highest importance is delivered to all staff groups.

The key to a fast recovery from a BC event or incident is early recognition, accurate and effective communication, and the swift implementation of pre-arranged contingencies. During BC incidents these actions are often required to take place in the absence of a manager, sometimes out of hours and this is why it is imperative that all staff receive training and are aware of their role in business continuity.

Business Continuity Training is delivered as part of the trust's corporate induction training. Business Continuity awareness is delivered to staff via the means of an annual email push containing slides of information about the EPRR department and BC. We also host regular Emergency Planning training, which BC forms a part of. There is no quantitative way to measure the effectiveness of this, however through BC exercises gaps in knowledge can be identified. This is why all staff groups are included in Ward and Departmental exercises of BC plans. Exercising demonstrates to staff their part in the invocation of plans. All pre-planned outages of utilities or services (for maintenance) are to be used as a training opportunity, where it is safe to do so without compromising patient experience or care.

On-call managers and on-call executives receive EPRR and BC training as part of their on-call induction. Ward/ Department managers and Divisional Directors will receive BC updates as part of their role induction. Divisional Directors will receive training from the EPRR team in how to manage BC within their Divisions. This will include writing of plans, completing BIA's, exercising, BC incident management, debriefing, auditing, and signposting for further guidance. Annual BC exercises and debriefs from plan invocations are to be used as training aids to teach staff their role in the BCMS. Debriefs are also to be used to gauge staff competence in planning and dealing with BC events and incidents. This will inform the need for further training.

Business Continuity Exercises

BC plans should be regularly exercised, be this through tabletop discussions with staff and stakeholders, or a larger scale 'walk though' with more staff from the Ward, Department or Division. Plans should be 'table topped' annually and a full larger scale 'Walk through' exercise should be completed at least 3 yearly. This regularity in testing will help identify gaps or overlaps between new and existing plans, and how any changes to infrastructure or services has affected those plans. Including new staff in these exercises is a good way to ensure they have an appropriate knowledge of business continuity planning for their area of work.

Exercising your plan will:

- Identify the impacts that BC events will have on operational output
- Identify the wider impacts of disruptions on other Wards, Departments or Divisions
- Demonstrate the effectiveness of your plan and identify any changes required

Exercises should be in keeping with the scope and objectives of the plan, while being based on appropriate scenarios; with planned objectives and aims. Exercising your Plan should have minimal disruption to your normal operational output. Multiple exercises overtime, covering various scenarios will give you the best validation of your plan as a whole.

Following any exercise or live invocation of a Business Continuity Plan the Incident/ Exercise director should be constructive and honest when reviewing all aspects of the response to the incident. The whole purpose of exercising a BCM plan is to identify if it is effective. It will also identify if staff have the correct knowledge base and competencies to deal with BC incidents. A list of participants should be kept and can be fed into a local training log. A Post exercise report (as a trust we use the NHSE standardised form) should be produced detailing the scenario, decisions made, what worked, what didn't, any issues with the BC plan and any changes needing to be made to the BCM plan. Potential changes and issues should be flagged to Divisional Directors and the EPRR team, this enables other BC plans or the BCMS to be updated. This process of exercise and review closes the loop on the Plan, Do, Check, Act cycle of BCM.

'Plans on a Page' are to be written for each Ward and Department, these should be updated whenever there is a change to the procedures contained in the BC Plan for that area. These do not require review at any level higher than the Divisions themselves, but a handful from each division will be audited by the EPRR Team to ensure compliance.

External Supplier and Contractors

Managers that are responsible for contracting, commissioning, or purchasing goods and/or services from external providers, are responsible for ensuring that contracts or service level agreements with those providers include BC plans. This ensures that critical services/activities are maintained during a BC event.

The Trust's tendering and contracting procedures will make sure that contractors provide robust and appropriate examples of BC plans, detailing how they would protect the provision of the service they provide; should any problems arise. Contractors should also be asked to provide risk assessments,

showing the greatest risks to their continuity of services, a point of contact for disruptions to services within their organisation and what initial actions are required by the trust to ensure recovery to BAU.

In supporting the Trust's Emergency Planning and BC processes, Procurement will ensure that contracts include the requirement to provide support in all related activity where appropriate. This is to be throughout the duration of individual contract or provision of that service. This should be check prior to the signing of any contract.

The BC plans provided by external contractors or service providers are the responsibility of that contractor or service provider. Managers should however be aware of the process of the BC plan, have ensured it is for purpose through joint exercising, or review and are to ensure that it aligns with any other BC plans for their respective Service, Department or Ward. Suppliers and contractors without any formal BC arrangements in place should be asked to provide either a BC plan or if not appropriate (in instances such as business service consultancy) agree to follow the trusts BCMS and BC plans. A guide for ensuring External Suppliers and Contractors have adequate BCM plans in place is available from NHS England, advice is also available from the procurement Team and the EPRR Team.

The trusts procurement team receive annual training from the trusts BC lead and work closely with the EPRR team to review providers plans to ensure their efficacy. If a contractor is not able to provide adequate BC planning arrangements, they are not to be awarded a contract or face suspension of the use of their services until appropriate BC planning is in place.

Governance

Strategic and Tactical level plans are to be approved by the EPRR Committee. Following plan invocations, exercises or annual reviews changes to plans can be made and submitted to the EPRR team for review. Operational level plans and changes to those plans can be edited locally and signed off by Divisional Directors, these Operational plans should be referenced in the Tactical Level Divisional plans. A small number of Operational plans from each division will be audited and reviewed by the EPRR team, all plans will be exercised at least annually, and the post exercise reports will act as their strategic review.

Oversite of BC and support to those conducting BC functions is the responsibility of the EPRR team. It is also the responsibility of the EPRR team to ensure that the BCMS aligns with Worcestershire Acute Hospitals Trusts Organisational Objectives. Budgeting for BC within the Divisions at the Tactical and Operational level is the responsibility of the Divisional Directors. The EPRR team who hold responsibility for Strategic level BCM are responsible for budgeting at this level.

The Trusts Board receive an annual EPRR update, it is during this update that our BCMS, NHS Core Standards for EPRR and Emergency Planning assurance is discussed. Throughout the year the board will also receive post exercise and incident reports, these provide feedback as to our level of preparedness and resilience.

Audit

All BC Plans, the trusts BCMS and BC Toolkit are to be reviewed annually to ensure adequate reliance against emerging risks and compliance with legislations governance and policies discussed earlier in this document. Operational level BCM plans will be audited by their Divisional Directors, Ward and Department managers should also distribute their plans after re-writing or major changes for audit outside of their Division to another Ward or Department Manager or to the EPRR team. Tactical and Strategic Level plans will be reviewed by the EPRR Committee, a multidisciplinary team that have various viewpoints of BCM and therefore differing insights. These plans will also be distributed outside the trust to our NHS partner trusts EPRR teams in the regional area, or the NHS England EPRR Team. Audit reports can be generated from the feedback given.

If a BCM Plan if found to have issues that need addressing these can be communicated via email or by annotating comments within the document. Once any changes have been made the BCM plan should be 'Table topped'. The post exercise report, detailing that the exercise has taken place following changes made to the plan; will form part of the audit trail.

Every 3 years the Internal Audit team will be invited to assess the Trusts BCMS against all the regulatory criteria and report any deficiencies identified. Results will be discussed at EPRR Sub-Committee and reported in the annual report to Quality and Safety and Trust Board. They will also form part of the Trust Core Standards annual assurance return.

Documentation Control

Plans will be held and distributed by the Service, Ward or Division that have written them. Central copies will be held by the EPRR team. Plans are to be labelled with their version number, this should be recorded in page footers, as per trust document template. Hard copies of Ward and Department BCM plans are to be held within their respective Ward or Department. Divisional Directors should also hold a hard copy of each Ward and Department BC plans along with their Divisional BCM Plan. The EPRR Team will hold hard copies of the Strategic Level BCM plans and other Major incident and Emergency plans within the Control Rooms. Hard copies are to be updated as part of the update process once an updated document has been approved by the EPRR Committee. Historical versions of plans are to be shredded to remove the potential for confusion.

Communication

Communication that is appropriate, accurate and documented is an ISO and NHSE requirement. Effective communication is one of the best tools for recovery from BC incidents. How communication and information pertaining to this BCMS and BC incidents will flow is outlined in the following paragraphs.

New BC plans or changes to existing BC plans are to be communicated locally to staff within the Ward or Department affected by the change. These changes should also be fed upwards to Divisional Directors. Divisional Directors should be feeding changes in BC plans down to Wards and Departments for distribution. Any changes to the BCMS or templates will be fed to Divisional Directors and Executives (via EPRR Committee) who will in turn make any necessary staff within their area's aware as required.

Post exercise reports and debrief notes are to be communicated to the EPRR team and Divisional Directors. Live invocations of plans are of the interest to the Chief Operating Officer and the executives who should be invited to attend debrief and have post incident reports distributed to them.

An annual staff awareness update of EPRR and BC will be distributed to all staff. This is the only regular communication; all other communications will be on an as and when required basis.

If a new risk or threat to BC is identified (Such as severe weather warnings) all staff communications will be sent via email. This is the same if an incident of significant size occurs, this will be determined by those involved in managing the BC incident in coordination with the Communications Team. During incidents updates can be distributed to all staff or staff within the relevant area, again via email.

Business Continuity Awareness Week is an annual event that is a perfect opportunity to provide staff with information on Business Continuity. We can distribute this information using various methods such as inviting key staff to join the Teams Meeting ran by NHS England, running BCM plan exercises and Staff Briefs. The EPRR team can the generate feedback from staff following this to tailor further training to the needs required by the Divisions.

Review

BC plans are to be reviewed following invocation during an incident and after every training exercise. This is to be done in the form of 'Hot' and 'Cold' debriefs. A 'User review' of BC plans following an exercise will identify new risks, defunct or ineffective mitigations, processes that require update, overlapping plans or polices or ideas and new mitigations that worked well that can be added to the BCM plan.

Plans should also be reviewed by management when services make changes, as service changes could alter the effectiveness of mitigations. If the BC plan has not been activated or exercised and there have been no changes to the running of services, plans should have as a minimum an annual review by Ward or Department management. This should be in conjunction with an annual exercise, to ensure staff have an

awareness of BCM and that they understand how the BCM system works. Exercising will also enable a debrief, meaning that valuable insights from the point of use can be attained through the debrief process.

All reviews of Ward and Department BC plans should be fed upwards to Divisional Operational Managers and if required staff can seek advice from the trusts EPRR team. Divisional Directors are responsible for BC within their own division and report to the AEO, who holds the overarching responsibility for BC.

Divisional BC plans are also to be reviewed following their activation or annually as a minimum. Ensuring that BC plans within the Wards and Departments align with their Divisional BC plans, and in turn that the Divisional plans are all in alignment enables an annual review of the trusts overall BCMS. Having mutually supportive plans in an organised structural system enables an in depth BCM of services and specific localised recovery plans.

Any changes to the BCMS are to be approved by the EPRR Committee. New BC Plans and Emergency plans are often circulated to partner trusts and EPRR colleagues in our community for feedback, as is deemed to be best practice.

Glossary of Terms

Acronym	Term
BC	Business Continuity
BCP	Business Continuity Plan
BCMS	Business Continuity Management System
EPRR	Emergency Preparedness, Resilience and Response
CCA 04	Civil Contingencies Act 2004
NHS	National Health Service
NRR	National Risk Register
COO	Chief Operating Officer
MD	Managing Director
BIA	Business Impact Analysis
RPO	Recovery Point Objective
RA	Risk Assessment

Referenced Plans

- Worcestershire Acute Hospitals NHS Trusts Incident Response Plan
- Worcestershire Acute Hospitals NHS Trusts Corporate BC Plan
- Worcestershire Acute Hospitals NHS Trusts Business Continuity Plans

Annex's

Annex	Document / Link
WAHT Incident Response Plan	http://nww.worcsacute.nhs.uk/EasySiteWeb/GatewayLink.aspx?alId=149929
WAHT Incident Communications Guidance	http://nww.worcsacute.nhs.uk/EasySiteWeb/GatewayLink.aspx?alId=149934

Worcestershire Acute Hospitals NHS Trust

Worcestershire Acute Hospitals NHS Trust

Business Continuity Statement 2025

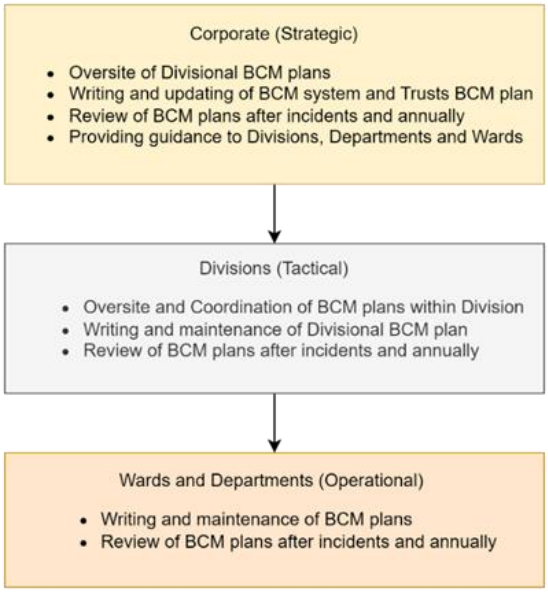
As per the Civil Contingencies Act 2004, the Trust has in place an Accountable Emergency Officer and an EPRR Team. The Emergency Preparedness Resilience and Response (EPRR) department oversees Emergency Planning and the writing, exercising, implementation, and auditing of Business Continuity within the Trust.

The EPRR Team's Business Continuity Planning endeavours to align with the ISO standard for Business Continuity. All staff involved in the development and implementation of Business Continuity Management within their respective Divisions or Departments are to work under the guidance of the Trust's Business Continuity Lead, following the direction set out in the Trust's BCMS, and using the trusts BC planning toolkit.

Individual BCM plans for Wards, Departments, and Divisions are monitored by overarching corporate plans from our BCM system. Our BCMS informs the Trust's Major Incident and Emergency planning arrangements. While Business Continuity (BC) and Emergency Planning are usually separate processes within an organisation, most incidents that occur require some level of BC planning arrangements to be implemented.

If the Trust's Incident Response Plan is activated, local-level BC plans are likely to be called upon. It is critical, therefore, that all BCM and Trust Major Incident plans are integrated and in alignment. This will enable a more appropriate response to incidents and, in turn, a faster recovery.

Pictured to the right is the Trust's Business Continuity Structure. This has come into effect following new NHSE guidance. The restructuring of BC planning within the Trust will take some time, given the size of the Trust and being split across the Trust premises. Key Performance Indicators detailing the intended timeframe of this restructuring and how we intend to drive continuous improvement can be found in the Trust's EPRR Work Plan. The previous year's KPIs and this coming year's KPIs are annotated below.



Worcestershire Acute Hospitals NHS Trust has a dedicated Business Continuity Manager within the EPRR Team, to act as a single point of contact for Business Continuity within the Trust.

It is our intention to protect the patients, staff, and infrastructure of the Trust, while supporting our regional and national colleagues. We will do this by ensuring that all possible mitigations and planning processes are in place, including assurance of providers' and contractors' Business Continuity arrangements in line with ISO 22301 and NHSE guidance.

- Rory Bewers
Business Continuity & EPRR Manager

Prior KPI's

Key Performance Indicator	Date Added	Comment	Date of KPI Completion	KPI Completed
BCMS Updated with 2023 guidance and aligned with ISO 22301. BCMS to be approved by EPRR committee and briefed to divisions by August 2023	01 June 2023	Completed intime for Core Standards. Reviewed by NHSE (JH)	02 August 2023	Yes
Standardised Template for all BC plans by Core standards 2024	06 June 2023	To be updated in format as part of their annual review	01 July 2024	Yes
Run a BC Training Day on each trust site for managers and on-call staff	05 February 2024	To ensure planning needs are met and improve response training	04 July 2024	Yes
Achieving Fully Compliant on all BC objectives on the 2024 EPRR Core standards	21 August 2023	This will confirm the effectiveness of the new BC planning rollout.		In Progress
Maintain Partial Compliance at 2024 Core Standards	20 November 2023	Substantial Assurance Achieved		Yes

Future KPI's

Key Performance Indicator	Date Added	Comment	Date of KPI Completion	KPI Completed
Meet the acceptable Threshold for BC plans within the trust prior to 2025 CS	06 June 2023	To form the basis of the EPRR BC rollout.		In Progress
Have over 25% of the trusts Senior Leaders attend BC Training	03/03/2025	To build knowledge of BC within the organisation		In Progress
Complete an audit to meet the ISO Standard for the trusts BCMS	28/10/2024	To assure the trusts BCMS	13/03/2025	Yes

NHS Worcestershire Acute Hospitals NHS Trust

Report to:	**Public Trust Board**
Date of Meeting:	**31/03/2025**
Title of Report:	2025/26 Annual Operating Plan
Status of report:	☐**Approval** ☐**Position statement** ☒**Information** ☐**Discussion**
Report Approval Route:	Other
If Other, provide details:	
Lead Chief Officer/Director:	**Chief Strategy Officer**
Author:	Lisa Peaty, Deputy Director: Strategy & Planning; Jo Kirwan, Deputy Director of Finance; Nikki O'Brien, Deputy Chief Information and Performance Officer; Bianca Edwards, Assistant Director of People and Culture; Tim Luckett, Senior Programme Manager
Documents covered by this report:	Click or tap here to enter text.

1. Purpose of the report

This report presents the final annual operational plan for 2025/26 which has been developed through the operational planning process in line with national guidance and timescales. The plan outlined in this report was submitted to NHS England (as part of the Herefordshire and Worcestershire Integrated Care System plan), following delegated Trust Board sign off, on 26th March 2025. It is the basis of plans and budgets delegated to divisions, directorates and departments.

2. Recommendation(s)

Trust Board is asked to:

i) Ratify the 2025/26 annual operational plan submission (as set out in this report) which was submitted under delegated authority due to timescales

ii) Receive the contents of this report and note the risks/assumptions made

3. Chief Officer/Executive Director Opinion[1]

This paper outlines the Trust's 2025/26 annual operational plan as submitted to NHS England on 27th March 2025. The challenge of meeting all of the requirements of the planning guidance across operational performance, workforce and finance should not be underestimated given the parameters of the national planning guidance the system's underlying exit deficit position from 2024/25. There remains a significant level of risk associated with delivering the plan, for which mitigations continue to be sought.

4. Please tick box to identify which of the Trust's 10 Point Plan the report relates to:

☒ ***Focus on Flow***	☒ ***Think/Act as a Lead Provider***
☐ ***Governance***	☒ ***Improve Staff Experience***
☒ ***Home First Mindset***	☒ ***Tertiary Partnerships***
☒ ***4ward Improvement System***	☒ ***Leadership and Structures***
☒ ***Elective Care: No Delays***	☒ ***Strategic 'Big Moves'***

[1] Chief Officer opinion must be included and approved by the Chief Officer concerned prior to issue, except when the Chief Officer has given their consent for the report to be released.

Introduction

We have developed our 2025/26 annual operating plan in line with national guidance and this report sets out our final plan submitted to NHS England (NHSE) (as part of the Herefordshire and Worcestershire Integrated Care System submission) on 27th March. The plan was submitted under delegated authority due to timescales.

Key points to note:

1. Herefordshire and Worcestershire Integrated Care System position

The system is planning to deliver the key performance metrics set out in the 2025/26 Operational Planning guidance as detailed in the table within 1 below. The system is compliant with all key NHS targets.

1.1 Performance

Key Metrics with NHS Targets:

Reduce the time for people to wait for elective care		NHS Target	ICB	WAT	WVT	HWHACT
RTT - Incomplete pathways						
	% patients waiting 52 weeks or more	1%	0.93%	0.90%	1.00%	
	% patients waiting 18 weeks or less	60% (Provider minimum)	61.4%	61.5%	61.1%	
Time to first appointment						
	% patients waiting 18 weeks or less for 1st appointment	67% (Provider minimum)	68.3%	67.0%	72.0%	
Cancer 62 day pathways						
	% patients seen within 62 days	75%	75.3%	75.3%	75.4%	
Cancer 28 day waits (faster diagnosis standard)						
	% patients receiving result within 28 days of referral	80%	81.7%	81.5%	82.3%	
Improve A&E waiting times and ambulance response times						
A&E throughout						
	Percentage of attendances at Type 1, 2, 3 A&E departments, excluding planned follow-up attendances, departing in less than 4 hours	78%	78.2%	78.3%	78.0%	
	Percentage of attendance at type 1 A&E department over 12 hours	Better than 2024/25	12.3%	13.7%	9.3%	
Increase the number of urgent dental appointments in line with the national ambition to provide 700,000 more						
	Percentage of resident population seen by an NHS dentist - adult	Increase from 24/25	36.25% (Avg)			
	Percentage of resident population seen by an NHS dentist - child	Increase from 24/25	56.66% (Avg)			
Improve mental health and learning disability care						
Reduce average length of stay (LoS) in adult acute mental health beds						
	Average LoS for adult acute beds	Reduce LoS from 24/25	48.4 (Avg)			48.4 (Avg)
Increase the number of CYP accessing services to achieve the national ambition for 345,000 additional CYP aged 0–25 compared to 2019						
	Under 18s receiving at least one contact, supported through NHS funded mental health services	Increase from 24/25	11,865 (Avg)			11,865 (Avg)
Reduce reliance on mental health inpatient care for people with a learning disability and autisitic people, delivering a minimum 10% reduction						
	Reliance on mental health inpatient care for adults with a learning disability	Reduce by 10%	4 (Avg)			
	Reliance on mental health inpatient care for austistic adults	Reduce by 10%	6 (Avg)			
	Reliance on mental health inpatient care for unders 18s	Reduce by 10%	2 (Avg)			

Key:
RED – non-compliance with planning assumptions
GREEN – complies with planning assumptions
GREY – Not applicable

It should be noted that the system is not planning to eliminate the Children and Young People (CYP) waiting list over 52 weeks in 2025/26. An improvement plan is in place to reduce the waiting list during this period.

1.2. Workforce

The workforce plan shows a 28% reduction in the use of temporary staffing, and a 0.6% reduction in the substantive workforce with the highest reduction at HWHACT at 1.3%, 1% at WVT and 0.1% growth at WAHT who plan for a greater reduction of agency staff when compared to the other two trusts. The bank staff reductions at WAT are slightly lower than expected due to a decision being

made to keep Avon 1 ward and SDEC open for a further twelve months which will increase their bank and agency usage but not establishment.

A small reduction of only 1% in substantive staff is planned at WVT - this is due to the Community Diagnostic Centre (nationally funded initiative) which will require 62 whole time equivalent (WTE) additional staff.

Staff in Post (SIP)																
	WAHT				WVT				HWHACT				TOTAL			
	SIP Mar-25	SIP Mar-26	Var	%Var	SIP Mar-25	SIP Mar-26	Var	%Var	SIP Mar-25	SIP Mar-26	Var	%Var	SIP Mar-25	SIP Mar-26	Var	%Var
Substantive	6,952	6,962	10	0.1%	3,770	3,731	-39	-1.0%	4,218	4,163	-54	-1.3%	14,940	14,856	-84	-0.6%
Bank	536	459	-76	-14.2%	228	186	-42	-18.3%	300	230	-70	-23.3%	1,063	875	-188	-17.7%
Agency	312	151	-161	-51.7%	146	83	-63	-43.1%	100	56	-44	-43.8%	558	290	-268	-48.1%
Total	7,800	7,572	-228	-2.9%	4,144	4,000	-144	-3.5%	4,617	4,449	-168	-3.6%	16,561	16,021	-540	-3.3%

1.3. Finance

The table below summarises the financial plan by organisation, outlining the level of efficiencies and deficit support:

Organisation	Surplus / (Deficit)*	Efficiency (£)	Efficiency %**
Herefordshire and Worcestershire ICB	£0	£42.1m	1.9%
Herefordshire and Worcestershire Health and Care NHS Trust	£0	£13.5m	4.4%
Worcestershire Acute Hospitals NHS Trust	£0	£53.0m	6.6%
Wye Valley NHS Trust	£0	£25.0m	6.0%
System position	£0	£133.6m	6.1%

*Please note that the surplus/deficit positions reported above are inclusive of the system deficit support allocation of £73.2m. This has been allocated £47.3m to WAHT and £25.9m to WVT.

**ICB efficiency is expressed as a percentage of resource allocation. The provider efficiency is expressed as a percentage of operating expenses. The system efficiency is calculated using a blended approach.

1.4. Productivity and Efficiency

The NHSE data packs have been used to identify productivity and efficiency opportunities across the providers and the ICB. The table below shows the full opportunity assessment and the estimation of the financial value being targeted in 2025/26.

	HWHACT	WAHT	WVT	ICB
Opportunity assessment (£m) from the national Productivity & Efficiency pack	£15.5m	£57.3m	£41m	£21.9m
Estimation of 2025/26 delivery:	£10.9m	£42.9m	£25.0m	£10.6m
% opportunity being targeted in 2025/26	70%	75%	61%	48%

Work will continue during 2025/26 to identify further opportunities to improve productivity through systemwide specialty forums using Getting it Right First Time (GIRFT) methodology and benchmarking. A further review of Back Office opportunities across the Group is also being undertaken.

2. Worcestershire Acute Hospital Trust position

The headline position for performance, activity, workforce finance, cash and capital are presented below for Worcestershire Acute Hospital Trust along with next steps:

2.1 Performance

We have submitted a plan which is compliant with delivery of the key performance metrics included in the national operational planning guidance, except for 31 the day cancer standard. This is mainly due to resource limitations in one specialty, although a plan is in place to recover performance during quarter one.

2.2 Activity

A non-elective activity plan has been submitted based on 8% growth from 2024/25 in Type 1 ED attendances; 4.1% and 2.1% growth in Medical SDEC activity at Worcester Royal Hospital and Alexandra Hospital respectively, and 1.3% in Surgical SDEC activity. Reductions in non-elective activity require ongoing support from our ICS partners.

When compared to our 2024/25 forecast outturn (adjusted), we plan to deliver an additional 17.5% new outpatient appointments; an increase in outpatient new or follow-up appointments with procedure by 17%, an increase in day case procedures by 2.6% and inpatient procedures in line with the 2024/25 forecast outturn.

2.3 Workforce

Overall, the aggregated workforce plan includes:

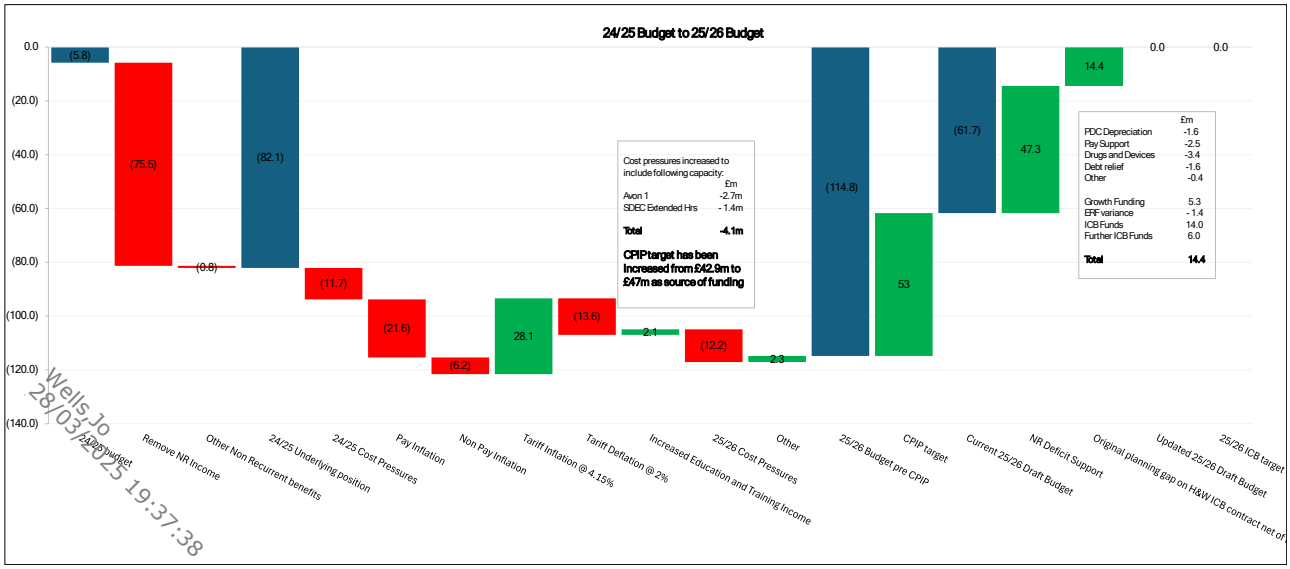
- A 52% reduction in agency costs
- A 15% reduction in bank costs
- A reduction of infrastructure roles by 116.53 wte

Consequently, there will be an overall decrease in the staff run rate of 227.98 wte by end of March 2026.

Our plan sets out trajectories for achieving a 4% sickness rate and 9.5% turnover rate by end March 2026.

2.4 Finance

We are projecting to end the 2025/26 financial year with a breakeven position after receipt of non-recurrent deficit support funding of £47.3m. In 2024/25 we received £75.5m of non-recurrent support (including £51.7m deficit support), the removal of which contributed towards an underlying 2024/25 exit position of £82m deficit. This is summarised in the financial bridge below.



Budgets for 2025/26 have been constructed in line with the principles outlined in the budget setting policy. Financial plans have been based on:

- Assessment of underlying exit position from 2024/25, adjusting for non-recurrent items
- Agreed service changes based on approved business cases
- Inflation based on tariff and planning guidance, or actual known inflation values
- Local / national cost pressures
- Cost Productivity Improvement Programme (CPIP) – for which profiled budget adjustments will be made as schemes are verified but at the latest by end of quarter 1

The 2025/26 financial plan now includes £47.3m of non-recurrent deficit support as well as a c£20m non-recurrent support from Hereford & Worcester ICB. This results in breakeven plan for 2025/26 which includes £53m (*c.* 6.6%) of CPIP. Further work is required to refine and de-risk the savings programme and its monthly profile and any future reduction in the run rate will be incorporated into CPIP.

A number of financial risks are contained within the plan and are summarised below.

Provider - Memo 6 - Scenario analysis (Risks)/Mitigations or Benefits/(Offsets to benefits) - Values			WAT	
			Plan	
			31/03/2026	
		Expected	Year Ending	
		Sign	£'000	
Risks and mitigations				
(Risks)/(Offsets to benefits):				**COMMENTS**
Additional cost risk (capacity, pressures, winter, COVID)		-	(4,919)	Winter capacity (2425 cost less Avon 1 and SDEC) £1m, B2 to B3 banding impact Health Care Support Workers £2.6m and discounted cost pressures such as backlog maintenance assumed capital doesn't meet criteria and spend is required following risk assessment £1.3m
Additional cost risk (inflation)		-	(2,112)	Pay inflation in excess of tariff funding - assumes further 0.78% increasing from 4.72% to 5.5% (5.5% 2425 AFC uplift) and non pay RPI - plan assumed 3.5% currently recording 3.6%
COVID risk		-		
Efficiency risk		-	(40,757)	Schemes flagged as HIGH risk in submission WIP
Income risk		-	(2,835)	C&W fixed dispute, Associates/NHSE ERF potential cap decrease and Ockenden LMNS
Other		-	(366)	PDC estimated. Any material difference in fixed asset valuation will impact PDC charge
		-		
Mitigations/benefits:				
Additional cost control or income		+	3,613	Assumes pay award attracts additional funds and C&W non elective payments remain as fixed
Efficiency mitigation		+	1,047	Increased CPIP to support additional capacity
Transformational / Pathway changes		+		
Unmitigated: COVID		+		
Non-recurrent mitigation		+	6,400	Vacancy / Budget spend freeze / System reduction in core capacity and introduction of lead provider model
(blank)		+		
Mitigations not yet identified	*i*	+		
Total Provider Net Risk	*i*	-	**(39,863)**	

These risks and mitigations were discussed at Financial Recovery Board on 27th March 2025.

Quarter 1 will be pivotal in building on the strong performance in 2024/25 to further strengthen our framework in delivering a sustainable efficiency programme (our largest risk) using our improvement methodology, Group collaboration and by working with our system partners on delivering improving productivity and efficiency opportunities along the whole patient pathway including exploration of lead provider arrangements with the H&CT. Given the size and scale of the programme, non-recurrent savings will necessarily need to supplement the programme through enhanced grip and control whilst efficiency programmes mature into credible and sustainable solutions. This will more than likely lead to some difficult decisions including vacancy and budget freezes, slipping any new spend and scoping unpalatable decisions with our system partners on the rationing of services. This is not an exhaustive list, and we will endeavour to deliver the plan by any credible means but with full recognition of the impact on patient care and services using our impact assessment policies.

2.5 Cash

Given the size and profile of the CPIP and the capital programme there is a risk we could run out of cash if we stray significantly from the plan particularly with NHSE becoming much more stringent on accessing additional cash support. This will be mitigated by close monitoring,

advances from ICB allocations, exerting consistent pressure on debtors, extending creditors as far as is reasonably possible and ultimately deferring capital spend to pay wages and key suppliers.

2.6 Capital Plan

The Trust expects to have the following funding sources in 2025/26 totalling £23.3m.

- Internally generated capital £11.014m
- National Programme – Estates/Critical Infrastructure Risk £3m
- National Programme – Constitutional Standards £6m in 25/26 (with the balance of £6m profiled into 2026/27 subject to NHSE approval)
- National Programme – Diagnostics/Elective £940k
- National Programme - 2025/26 Cancer LINAC Replacement £2.354m

The capital programme for 2025/26 is well over subscribed with insufficient resources available to complete competing priorities across Strategic, Estates, Equipment and Digital Programmes. The current programme based on the highest priorities would lead to an overspend of £5.2m. Given that we commonly experience slippage and additional resource allocations late into the year, the proposal is to over programme by £5.2m (22%) to enable us to continue with the Cardiac Cath lab, Cardiac PACs schemes and MRI replacement (split over 2 years).

The Linac bid has been approved with enabling works of £967k included within the Trust's internal funding allocation.

Funding confirmation for national Digital schemes has yet to be announced / confirmed.

3. Next steps and conclusion

The plan submitted as part of the ICS submission on 27th March will be reviewed by NHSE, following which a Board to Board meeting with NHSE will take place in early/mid-April. Any updates requested by NHS England at the Board to Board meeting need to be submitted to NHSE by 24th April.

Our plan is clearly very ambitious and carries a considerable level of risk associated with its delivery. Monitoring the delivery of Divisional plans will take place via the monthly Finance and Performance Executive meetings and Financial Recovery Board together with frequent CPIP reviews with the PMO. Our ICB and other system partners have similarly high-risk plans and we will all need to play a significant role in supporting each other on the key pieces of work to enable us to collectively achieve all elements of the plan.

NHS
Worcestershire
Acute Hospitals
NHS Trust

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COMMITTEE REPORT 2024-2025

Report to:	**Public Board**
Date of Meeting:	**31/03/2025**
Title of Report:	Trust Strategy
Status of report:	☒**Approval** ☐**Position statement** ☐**Information** ☐**Discussion**
Report Approval Route:	Other
If Other, provide details:	
Lead Chief Officer/Director:	**Chief Strategy Officer**
Author:	Dr Julian Berlet, CCSO
Documents covered by this report:	• Trust Strategy Documents

1. **Purpose of the report.**

To provide an overview of the development of a new strategic narrative for the trust.

To share the new Trust Strategy depicted on a single page

2. **Recommendation(s)**

1. Approve the revised Trust Strategic Narrative
2. Note the next steps for development of Strategic Objectives

3. **Chief Officer/Executive Director Opinion**[1]

Development of revised Trust Strategy has presented an opportunity to engage with staff and partners to describe a new era for the trust, with a focus on collaboration at system level and a move towards the principles expected in the forthcoming NHS 10-year plan.

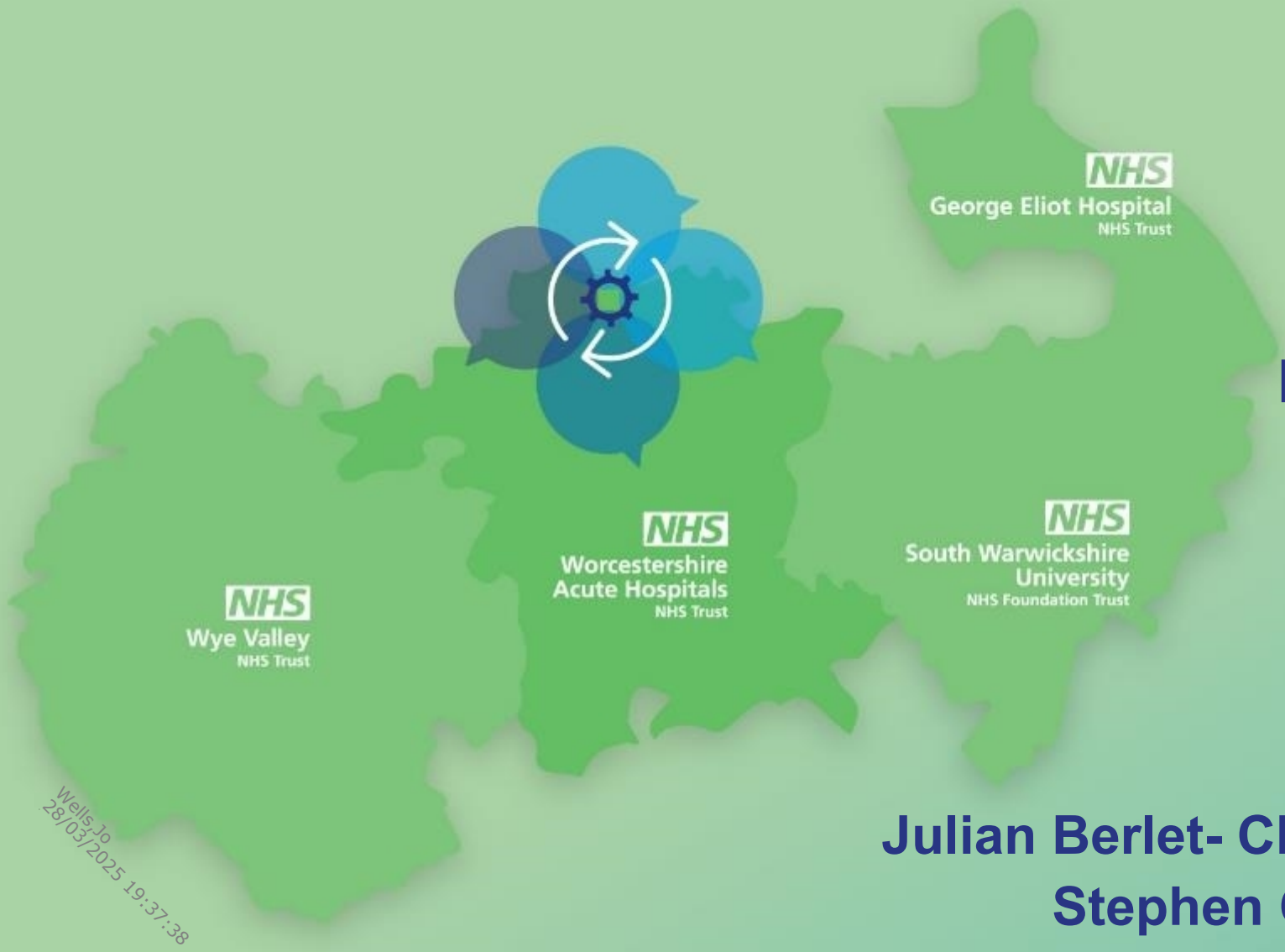
4. **Executive Summary**

The attached slides describe the development of the Trust Strategy and proposed next steps

5. **Please tick box to identify which of the Trust's 10 Point Plan the report relates to:**

[1] Chief Officer Opinion must be included and approved by the Chief Officer concerned prior to issue, except when the Chief Officer has given their consent for the report to be released.

☐ *Focus on Flow*	☒ *Think/Act as a Lead Provider*
☒ *Governance*	☒ *Improve Staff Experience*
☒ *Home First Mindset*	☒ *Tertiary Partnerships*
☒ *4ward Improvement System*	☒ *Leadership and Structures*
☐ *Elective Care: No Delays*	☒ *Strategic 'Big Moves'*

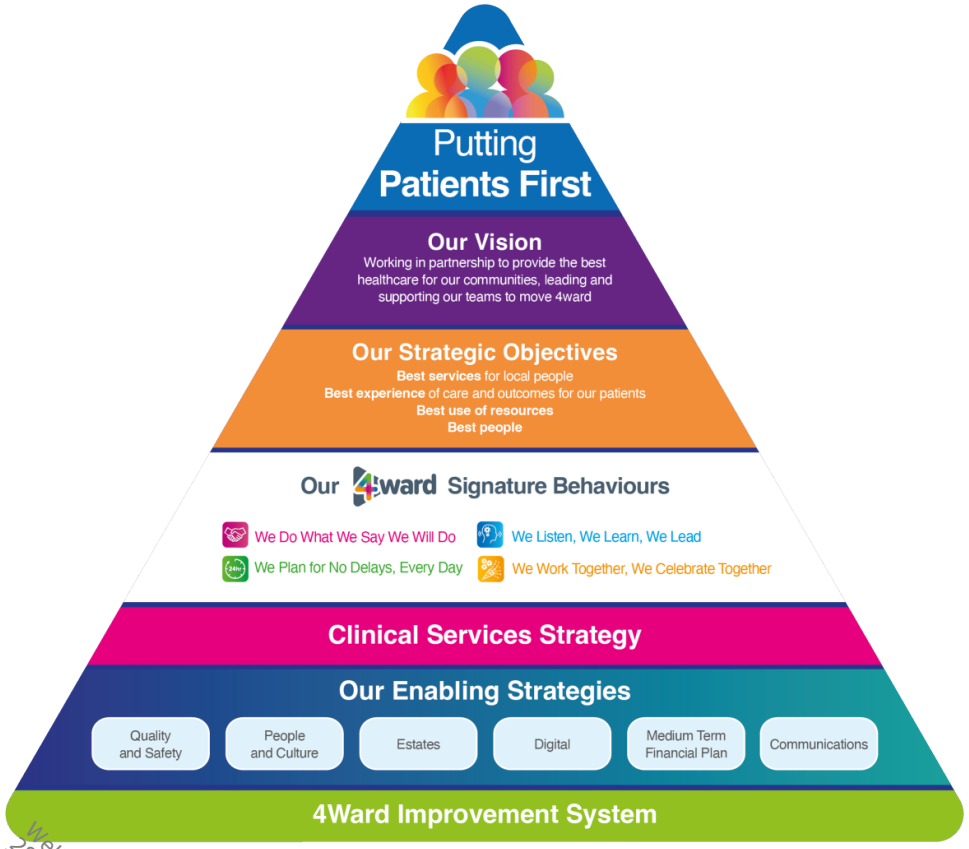


Development of Strategic Objectives for the Trust

March 25

Julian Berlet- Chief Clinical Strategy Officer
Stephen Collman- Managing Director

Trust Strategic Objectives-background



- Previous illustrations of the Trust Strategy dated back to creation of the 4ward programme
- Included links to 4ward behaviours and was influenced by the Virginia Mason ‘pyramid’

Trust Strategic narrative- drivers for change

- Work being led by the Chief People Officer on introduction of refreshed trust values (heavily influenced by staff engagement).
- The desire to demonstrate a move away from the 4ward branding.
- A recognition that the trust is now operating in a different context, with an emphasis on system working and collaborative working between organisations.
- The opportunity to align with the direction of the new NHS 10 year plan- having been signposted by the recent Darzi report.

Development of a revised Trust Strategic narrative- principles & process

- The Managing Director and Chief Clinical Strategy Officer have undertaken a period of engagement with trust leaders and partner organisations to create a refreshed Trust Strategic narrative.
- Aim has been to create a document that feels different to our staff and the population we serve
- Looking to evoke feelings and emotions and for the document to have meaning both to patients and our staff.
- Maintain alignment with the Foundation Group Big Moves
- Recognise the ‘Darzi’ shifts towards prevention and neighbourhood health
-

The journey to develop our Strategic Narrative

Workshops with

Internal stakeholders

- **Strategy working group** (and one-to-ones with Exec members)
- **Glen Burley**, Chief Executive
- **Russell Hardy**, Chairman
- **Divisional Triumvirates** (2 sessions)
- **Corporate Deputies**
- **Worcestershire Acute Hospital Trust Exec session**

Partners

- **Integrated Care Board**
- **Hereford and Worcestershire Health Care Trust**
- **Primary Care Networks**
- **Patient Forum, Health Watch and VCSE** (survey)

Patient insight

- Feedback through **BQC** results
- Informed by insight gathered from **Patient Voice and Involvement Strategy** (44 + teams, 12 colleague workshops, 1 **VCSE** session)

Insight from **1,000 + colleague contributions** during values and behaviours journey.

Moulded by

Worcestershire Acute Hospital Trust Board

&

Worcestershire Acute Executive Team

NHS Wye Valley NHS Trust
NHS Worcestershire Acute Hospitals NHS Trust
NHS George Eliot Hospital NHS Trust
NHS South Warwickshire University NHS Foundation Trust