NHS
Worcestershire
Acute Hospitals
NHS Trust

Patient and Public Forum bi-annual report: April 2026

1. Purpose of the report

The Patient and Public Forum Terms of Reference states that the Patient and Public Forum Chair and the Chief Nursing Officer will provide a twice-yearly report to the Trust Board outlining the business of the Forum and progress made against development and delivery of the Patient Voice and Involvement Strategy. The first report was presented at the April 2025 Trust Board meeting.

Executive summary

The Patient and Public Forum (PPF) is an autonomous diverse group representing our patients and the people of Worcestershire.

Our purpose is to act as a critical friend to the Trust with a view to improving patient experience and supporting our staff. This is achieved in many ways. Committee representation, supporting the Trust with the ward accreditation programme and clinical and estate audits are some of our many activities listed in the report.

External membership and representation from the local community and organisations now takes place at Patient and Public Forum alternating meetings, which is the first step in developing the Patient Vice and Involvement strategy. Over the last six months Healthwatch, the ICB, Public Health, Caring Communities (previously known as Worcestershire Association of Carers) and Age UK have engaged at Forum meetings. The Patient Experience Manager from Wye Valley has also observed the September Patient and Public Forum meeting (the Head of Patient, Carer and Public Engagement has observed a Wye Valley Forum meeting).

The purpose of the report is to inform the Trust Board of the activities of the PPF, achievements, frustrations and risks.

Report

We currently have 17 members. Two of our members have continued to pause in their role for personal reasons. We are hopeful that they will join us soon. We have a new member who we hope will join the group soon, currently undertaking mandatory training. The number of members is stable when compared to previous reporting and has increased when compared with first reporting to Trust Board.

Members range from 20 years old to 80+. Our members come from a variety of backgrounds; one member is a student, others members are in work and retired. Some of our members have physical disabilities and hidden disabilities.

All PPF members are Trust registered volunteers who complete mandatory training and an enhanced DBS.

Two members are now Patient Safety Partners. These roles are carried out in addition to their role as a PPF member. One member is also a Discharge Response Volunteer at the Alexandra Hospital, Redditch.

Members meet bi-monthly with the Trust at formal meetings. At these meetings, the PPF value the conversation with Trust staff, which members feel gives rise to a better outcome for our patients. The PPF also have member meetings in between, to plan and monitor their work schedule. A work plan was developed at the beginning of the year (attached in the appendix of this report).

There are two action logs generated within PPF activity – one is generated through the formal meetings with updates provided at and monitored in between those meetings and a “You Said We Did” log to track actions raised outside meetings and support with feeding back.

Activities overview from October 2025 – March 2026:

- Active engagement with 18 Committees and steering groups. The number of committees has increased by one since last reporting.
- Active participation in 34 Audits, Safety Leadership Walkarounds and Visits in this reporting period.

Committees: SCSD board meeting, DREAMS, Women's and Children's, Discharge Response Steering group**,** Nutrition and Hydration, Quality Governance Committee, Fundamentals of Care Committee, Strategic Programme group, Dementia Steering Group, Hospital at Home monthly Steering Group meeting, AI Ethics, Executive Risk Management, Patient Carer and Public Engagement Steering Group, TIPCC, Digital, Transitional Steering group, Urgent and Emergency Care Transformation Steering Group and Patient Safety Incident Response Group

- Members joined the Patient Environment Operational Group in February 2026.

<u>October 2025</u>:

- Audits: Snack and Snooze
- Care in the Corridor (Worcestershire Emergency Department)
- Care Excellence Accreditation (CEA) visit to Acute Frailty
- Safety Walkaround – Hazel Trauma
- The Big Quality Conversation Engagement at Kidderminster Treatment Centre
- Re-visit to Larkspur Suite with staff following previous feedback and improvements
- Content for the Equality, Diversity, Accessibility and Inclusion report
- Bed Cleaning Infection Prevent and Control Project
- Review of Safety Information for patients using walking aids information leaflet
- Review of Patient information leaflet for Oesophageal Stent
- Kindness into Action Training

<u>November 2025</u>:

- The Big Quality Conversation engagement at Worcestershire Royal (WRH) and the Alexandra Hospitals (ALX)
- Snack and Snooze Audit on Avon 1 and Avon 2
- Care in the Corridor WRH Emergency Department
- Post Falls Assessment Leaflet Review
- Patient Led Assessment of the Care Environment (PLACE) at WRH
- Healthwatch Annual General Meeting
- Visits**:** Hazel and Aconbury, Outpatients: Linden Suite WRH
- Safety Walkaround to Acute Stroke Unit
- Workstream meetings: including Hospital at Home Clinical Operational Workstream and Director of Estates and Facilities to progress the dropped kerb outcome, has not been progressed as the PFI charge for doing so was so high. It is included on the worklist.
- Care Excellence Accreditation and Quality Assurance Visit to Riverbank and the Neonatal Unit
- Review of patient information for Teledermatology service

<u>December 2025:</u>

- Care in the corridor audit at WRH and ALX ED
- Snack and Snooze audit on Trauma and Orthopaedic A
- Quality Assurance Visit to Head and Neck, WRH
- Visit to SDEC
- Meetings: Single Point of Access Steering group, Foundation Chairs' meeting, Communication Passport and Emma King on replacement of hearing loops
- Pharmacy Planning and Visiting survey engagement.
- Reviewing the Peony Volunteers patient/family/carers leaflet

January 2026:

- Safety and Leadership Walkaround at Acute Medical Assessment Unit
- Care in the Corridor (WRH ED)
- Replacement of Hospedia/Wifi Spark bedside TV – engagement in competitive tender carousel process
- External engagement**:** ICB / Public Health / Caring Communities
- UEC Transformation Steering group, Hospital at Home Weekly Action Group, IT and Waiting Boards in ED, Frailty and Data IT.
- Care Excellence Accreditation / Quality Assurance Visit to Aconbury 4 and Hazel Wards, Safety Walkaround
- Care in the Corridor WRH ED
- Audits in Trauma Clinic Larkspur and Acute Respiratory Unit
- Visit to Mulberry Unit
- Outpatients Transformation Forum
- Review of Boarder Leaflet
- Review of ED process leaflet

February 2026:

- Safety and Leadership Walkaround at Ophthalmology Kidderminster Treatment Centre
- Care in the Corridor Worcestershire ED
- Review of Dementia Strategy
- Review of Bowel Cancer screening dietary information
- Bowel Cancer Forum event
- Facility Walkarounds at ALX
- Review of WRH ED slideshow

One member carries out regular “Facilities walkarounds” at the ALX with Site Managers.

In **March** we will be:

- Engaging with the NHS Patient Experience of Care Framework review as an external stakeholder (which includes a workshop event on 11.03.2026 with Healthwatch and Caring Communities).
- We have a schedule of Audits, Assessments and Quality visits in place and an “Enter and View” visit to WRH ED with a Director from Healthwatch Worcestershire (03.03.2026) to look at capacity and flow in the department. This will then be replicated at the ALX ED.
- We also plan to support with the Care Quality Commission mock assessments.

Achievements:

- The Chair of Abbotswood Patient Participation Group (PPG) invited the Head of Patient, Carer and Public Engagement to meet with the PPG following the November HealthWatch Annual General Meeting. The Head of Patient, Carer and Public Engagement extended the invitation to the Chair of the PPF. In February two Pershore PPGs came together (for the first time) to explore Trust Quality Priorities, workstreams, the PPF and to forge links. The meeting was very positive and we look forward to working together.
- A new member of the PPF presented to the Bowel Cancer Support Group in February, to raise awareness of the PPF. Any issues raised have been fed back to the Trust.
- Successfully recruiting a second Patient Safety Partner from the PPF to support ongoing improvement.
- The Chair of the PPF continued to meet with Chairs of the Foundation Participation Groups – this remains to be a useful opportunity for shared learning. It is to be highlighted that other Trusts have not embedded their Discharge Response Volunteer Service and Worcestershire Acute is to be commended for the approach taken. The PPF ensure that the Trust provides an effective volunteer service and that volunteers are fully engaged, supported and utilised as part of their responsibilities. The Chair of the PPF was an equal member of the strategic Discharge Response steering group, which met monthly throughout 2025.

- Continued engagement with Committees and steering groups and initiatives including Hospital from Home and Senior Nurses meeting to understand more about the Being Fair Tool.
- Engagement with development of the new Trust strategy.
- Continued with Care in the Corridor audits to inform ongoing awareness of good care and areas for improvement – this continued to be PPF led and the Trust will also reach out to ask the PPF to carry out audits.
- Interviewing artists/companies to create art for the front of the ALX. This took place at the Redditch Centre in Redditch.
- Annual engagement with the PLACE assessments on three sites.
- Reviewing the "Bed Cleaning" video and supporting improvements – a detailed report was submitted.
- Reporting on the patient experience across specialities, including Colonoscopy. This followed a Safety Visit to the department.
- Three members from the PPF attended the Volunteer Christmas party celebration event in December – the PPF would like to share their thanks to the team for organising it, as a lot of thought had gone into it. It was also very nice to see/receive certificates for more than 1000 hours of volunteer work and to meet with other volunteers.
- The PPF is delighted that the Eye Clinic Liaison Officer (ECLO) is in place as this was promoted by the PPF. The ECLO is a partnership pilot between Sensory Matters and Worcestershire Acute.
- The PPF is still monitoring Trust Outpatient appointment cancellation rates, which is a project that was initiated by a PPF member, to review the appointments cancelled by the Trust which is proportionately a large number. Most data presented to other meetings concentrates on the cancellations by patients. We are pleased this is now on the Trust's agenda and we are assured that this will be looked at in Outpatient Transformation Improvement Programme.
- The PPF has advised the Head of Patient Safety regarding the setting up of an Independent Complaints Review Group.
- The PPF is pleased to see the Healthy Options in vending machines at the Emergency Department at the ALX remains to be stocked.
- The progression with external groups attending PPF meetings is very positive and supports a link with the local community and a mechanism to understand the patient experience as well as potential joint working.

Areas for Improvement:

- There have been improvements in speed of responding to actions, however this is spasmodic.
- The Stroke Pathway which is being developed at present with the Herefordshire and Worcestershire Health and Care Trust remains on the agenda with updates shared at PPF meetings. The PPF have raised interested in joining the ICB Stroke Partnership Board and have been linked in with the ICB lead.
- We look forward to a Non-Executive Board member joining us at a formal PPF meeting (March 2026).
- Some members are concerned about using their own computers for this role. The Head of Patient, Carer and Public Engagement is submitting an application to Charitable Funds for x20 laptops.
- Review of Outpatient letters – the PPF have seen the new letter templates and are still concerned that not everyone is using the Synertec Printing System. It would be better if everyone used the same system.
- Focus needs to be maintained on Infection Prevention and Control and cleaning in the hospital as well as Outpatients and Flow.
- If we are involved in something or share feedback and ideas, we always want to be updated and understand what the outcome is. This relates to all PPF activity and appreciate it when it is timely and consistent.
- The PPF are volunteers and we can have issues with ability to undertake some tasks due to lack of capacity. To support this we have recruited more members. We have a process in place to support new members to help their induction, which can mean that processing and welcoming a new member can take some time. We are pleased that we have maintained our numbers and will shortly be welcoming a new member.
- Members access engagement opportunities through a Teams channel. There have been numerous methods to support members to access this, as the Channel seems to work differently on some

devices. Training sessions and alternatives have supported resolution for most members and it is understood that providing a laptop which already has access in place will resolve the issue for all.

Risk:

- We remain concerned with the abolition of HealthWatch and would like to be involved in any local initiatives concerning the overarching view of patient experience in Worcestershire. We will continue to explore links and partnership with HealthWatch Worcestershire which has developed over the last 6 months.

Thanks:

We would like to thank the following personnel for their support during the past six months:

- Hayley Flavell, Chief Nursing Officer
- Anna Sterckx, Head of Patient, Carer and Public Engagement
- Amy Gray and team within Healthcare Standards
- Natalie Wellings, Patient Experience and Engagement Support Officer
- Janet Neate, Volunteer Manager and Charlie Snead, Volunteer Support Officer
- Julie Webber, Patient Experience Lead Nurse
- SCSD Divisional Board for their approach in involving the PPF – *we are hoping for engagement across Divisions over the coming six months*
- Patience Ngundu, Quality Matron
- A special thank you to Russell Hardy, Chair of the Board of Directors, retiring in March. His hands-on approach was very much appreciated.
- And all the other staff who have been so accommodating and supportive when members are visiting their areas

2. Recommendation(s)

We would like to extend the invitation to attend a Patient and Public Forum meeting to any Board member. The dates of meetings are available from the Head of Patient, Carer and Public Engagement.

The PPF would like the Trust Board to take particular note of the PPF Draft Work Plan for 2026 (which can be found in the appendix of this report) and areas for Improvement.

The PPF would like to highlight ongoing achievement and development of the Patient and Public Forum in terms of engagement and partnership with the Trust as well as community engagement.

Appendix

PPF Work Plan: Draft PPF work plan for 2026 version 3.do

Draft PPF work plan for 2026 version 2

Outpatient transformation and within that OP cancellations

Complaints – independent review

Infection Control – keeping our eyes open to alert the Trust on cleaning issues or where we suspect infection could be prevented eg the buggies carrying laundry around the Trust

Audits – CEA monthly ward assessments, Care in the corridor, facilities including PLACE annual inspections, Big quality Conversation and any we wish to do or are asked to help with.

Patient safety partnership – this is outside PPF but we are represented by one of our members who can keep us updated

Committee representation – Boards of SCSD and women and children, Kimara is attempting to engage with surgery and we have no contact with medicine, Quality Governance committee, TIPSI [infection control],Strategy committee, Corporate Risk Management Committee, Simon M is on Hospital@Home monthly, UEC transformation group which reviews monthly H@H, Out by 5 and other flow programmes. Paul C is on Digital which is changing its format and we hope Paul will still be involved with the new iteration, Fundamentals of Care, Anna's Patient Experience steering committee, PEOG [estates], nutrition and hydration, Dreams – please add on any I have forgotten. I think we have a vacancy in people and culture.

Sheila has been working with the nursing team on bed cleaning and is starting to work with them on endoscopy – continue.

Help with Trust Improvement plans

Working with Trust on Hospedia replacement, hearing loops and slipper policy

Monitor CQC reviews, Trust response to them; Trust's response to NHS 10 year plan; Trust's response to abolition of HOSC and change in Council structure particularly with getting Section 106 monies.

Sit on interviews as stakeholder voice

Worcestershire Acute Hospitals NHS Trust

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST REPORT COVERSHEET

Report to:	**Trust Board**
Date of Meeting:	**14/04/2026**
Title of Report:	Staff Survey Results 2025
Lead Executive Director:	**Ali Koeltgen, Chief People Officer**
Author:	Mark Stanley, Organisational Development Practitioner Rich Luckman, Assistant Director, People & Culture (Organisational Development)
Reporting Route:	People & Culture
Enclosures included with this report:	• WAHT NHS Staff Survey Benchmark Report 2025 – Survey Coordination Centre • WAHT NHS Staff Survey Breakdown Report 2025 – Survey Coordination Centre
Purpose of report:	☒ **Assurance** ☐ **Approval** ☒ **Information**

Brief Description of Report Purpose

To provide an overview of the Trust's NHS Staff Survey results for 2025 against the wider national picture and to consider next steps.

Summary

The annual NHS Staff Survey results for 2025 were published on 12th March.

The survey itself ran from September to November 2025 during a period of ongoing change and significant challenge for the NHS, both locally and nationally.

The survey results are aligned to the seven People Promise themes and also provide scores for employee engagement and morale. This report provides an overview of the Trust's findings and considers the next steps now the results have been published.

The results of the survey show a response rate for our Trust of 48%, an increase of 2% on the previous survey and 17% when compared to 2023. This is our highest response rate in at least five years and the highest-ever number of responses received. We have beaten the response rate for our benchmark group of similar NHS organisations (47%).

For the second-year running, overall scores for the People Promise themes showed improvement across all seven themes, with significant improvement in five areas including 'We work flexibly' and 'Morale'. All of our scores against the People Promise were above the national average.

The improved Trust response rates and People Promise scores are a significant achievement for the Trust, particularly given the general national picture of declining scores and response rates.

The Trust also, for the second-year running, had one of the highest most improved overall positive scores within its benchmark group and was one of only three Trusts in the Midlands to improve its score for employees recommending the organisation as a place to work.

Background

The annual NHS Staff Survey provides a detailed insight into what our employees think about the work they do and the organisation they work for. It covers all aspects of the employee experience, grouped by themes and also against the NHS People Promise.

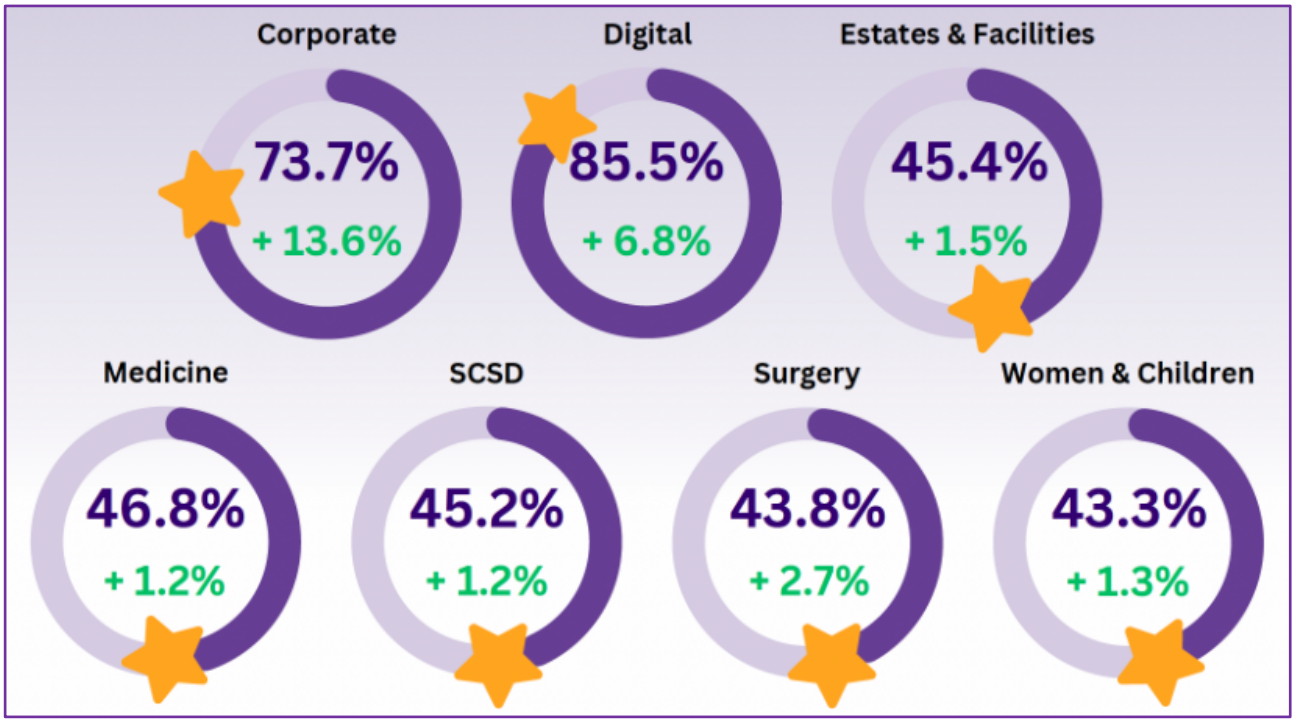
The results help to inform, influence and shape the approach of the Trust when looking to improve the experience of employees, ultimately contributing to improving employee engagement and morale, which in turn improves productivity and patient care.

The Trust is committed to giving employees a voice and, since January 2022, has provided frequent opportunities for our people to feedback about their experience. There is the NHS National Quarterly Pulse Surveys (NQPS), providing regular insight into our progress as an employer, and the annual NHS Staff Survey, providing a more detailed overview.

Response Rates

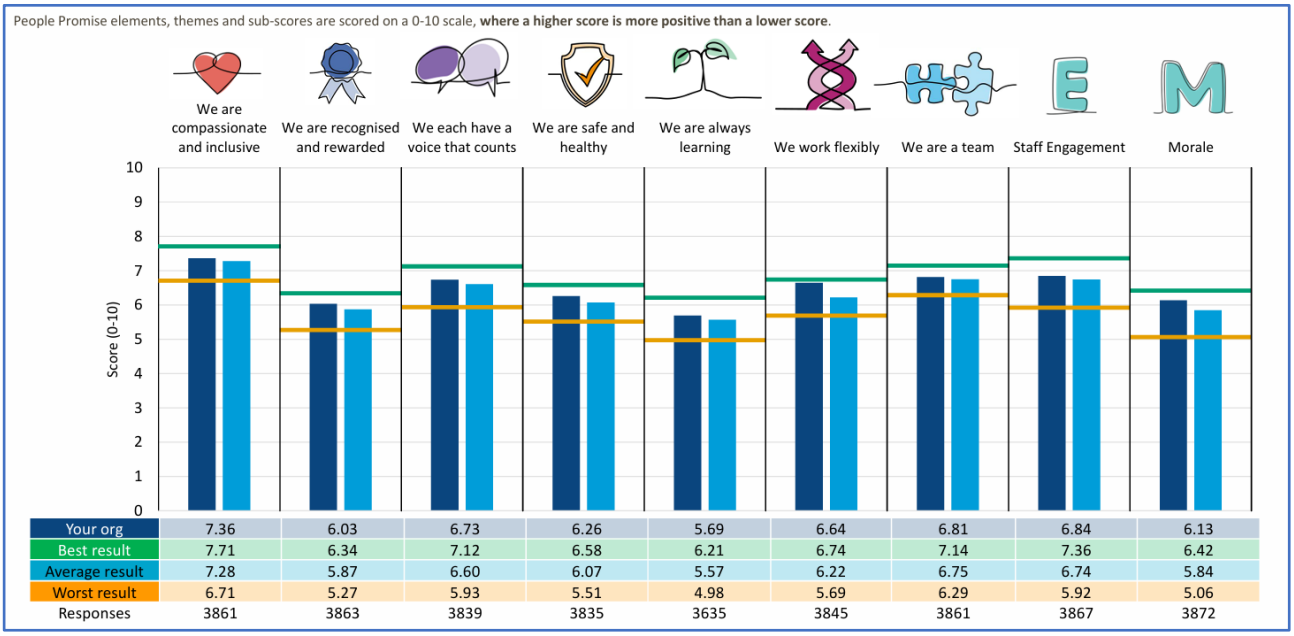
Having managed to increase our response rate by 15% in 2024, we wanted to maintain this level of engagement and improve on it further in 2025.

By working closely with key stakeholders and divisional survey champions, and by developing a pre-planned and successfully implemented survey campaign, involving a variety of promotional activities, we again saw high levels of engagement, maintaining and improving on last year's response rates.



People Promise Scores

All seven scores for the People Promise improved when compared to 2024, as well as the scores for 'engagement' and 'morale'. This is the second year in a row to see improvements across all themes, with all surpassing the national results. This is a significant achievement for the Trust against a national picture where scores have largely declined.



	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	7.36	6.03	6.73	6.26	5.69	6.64	6.81	6.84	6.13
Best result	7.71	6.34	7.12	6.58	6.21	6.74	7.14	7.36	6.42
Average result	7.28	5.87	6.60	6.07	5.57	6.22	6.75	6.74	5.84
Worst result	6.71	5.27	5.93	5.51	4.98	5.69	6.29	5.92	5.06
Responses	3861	3863	3839	3835	3635	3845	3861	3867	3872

People Promise elements	2024 score	2024 respondents	2025 score	2025 respondents	Statistically significant change?
We are compassionate and inclusive	7.31	3473	7.36	3861	Not significant
We are recognised and rewarded	5.90	3477	6.03	3863	Significantly higher
We each have a voice that counts	6.67	3444	6.73	3839	Not significant
We are safe and healthy	6.12	3455	6.26	3835	Significantly higher
We are always learning	5.61	3275	5.69	3635	Not significant
We work flexibly	6.43	3453	6.64	3845	Significantly higher
We are a team	6.71	3472	6.81	3861	Significantly higher
Themes					
Staff Engagement	6.82	3478	6.84	3867	Not significant
Morale	5.95	3478	6.13	3872	Significantly higher

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

Scores for individual Divisions show that there are still differences between areas, but less pronounced that in 2024. This will need to be explored further by the leadership teams in each area in order to identify specific reasons and agree focussed actions, particular for areas that have seen a decline on scores in the 2025 survey.

Staff Survey 2024 v 2025 – Divisional Picture

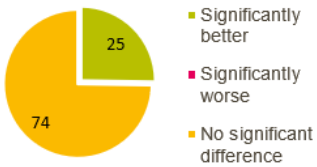
Division	We Are Compassionate & Inclusive		We Are Recognised & Rewarded		We Each Have a Voice That Counts		We Are Safe & Healthy		We Are Always Learning		We Work Flexibly		We Are a Team		Engagement		Morale	
	2024	2025	2024	2025	2024	2025	2024	2025	2024	2025	2024	2025	2024	2025	2024	2025	2024	2025
Trust	7.3	7.4	5.9	6.0	6.7	6.8	6.1	6.3	5.6	5.7	6.4	6.7	6.7	6.8	6.8	6.9	6.0	6.2
Corporate	7.2	7.5	6.2	6.4	6.7	6.9	6.5	6.8	5.4	5.6	7.2	7.5	6.8	7.1	6.8	6.9	6.0	6.4
Digital	8.1	8.0	7.4	7.1	7.3	7.2	7.2	7.0	6.9	6.5	8.3	8.3	7.9	7.7	7.5	7.2	6.9	6.8
Estates & Facilities	6.9	7.2	5.5	5.7	6.2	6.4	6.4	6.4	4.5	4.6	6.3	6.3	6.1	6.4	6.4	6.6	5.9	6.1
Medicine (Speciality Medicine)	7.4	7.4	6.1	6.1	6.9	6.8	6.1	6.1	6.1	6.1	6.4	6.6	7.0	6.9	7.1	6.9	6.1	6.0
Medicine (Urgent Care)	7.3	7.4	5.9	6.0	6.8	6.8	5.6	5.7	5.7	5.7	6.5	6.7	6.9	6.8	7.0	7.0	5.8	6.1
SCSD	7.0	7.2	5.6	5.8	6.5	6.6	6.1	6.3	5.6	5.6	6.0	6.2	6.4	6.6	6.6	6.7	5.9	6.1
Surgery	7.2	7.4	5.8	5.9	6.6	6.7	5.9	6.1	5.4	5.9	6.5	6.6	6.8	6.9	6.8	6.9	5.9	6.2
Women & Children	7.6	7.7	6.1	6.3	7.0	7.0	6.1	6.3	5.6	5.8	6.3	6.6	7.0	7.1	7.1	7.1	6.0	6.3

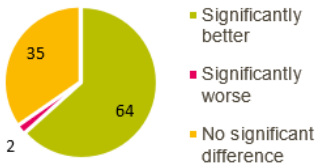
Survey Results

The Trust's overall results show sustained significant improvement, with 25 questions providing significantly better responses compared to last year's results. When compared with the benchmark group, 64 questions are significantly better, compared to 14 last year.

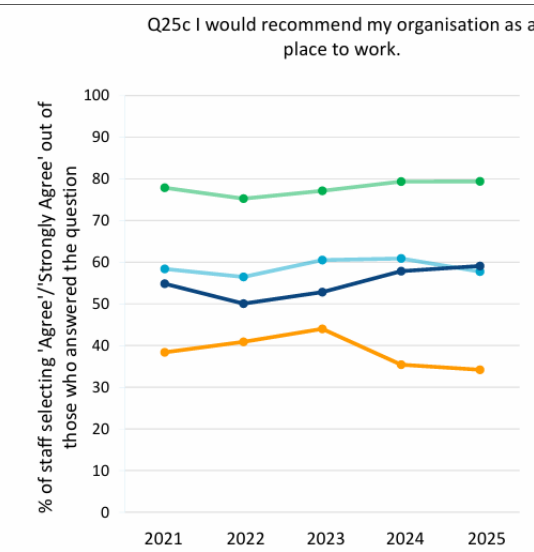
8042	8023	48%	48%	46%
Invited to complete the survey	Eligible at the end of survey	Completed the survey (3876)	Average response rate for similar organisations	Your previous response rate

59%	q25c. Would recommend organisation as place to work
59%	q25d. If friend/relative needed treatment would be happy with standard of care provided by organisation
72%	q25a. Care of patients/service users is organisation's top priority

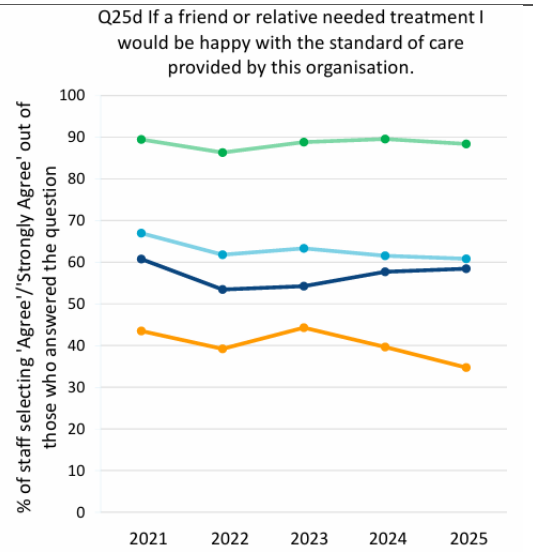




Recommending the Trust as a place to work improved for the third consecutive year, as did being happy with the Trust as a place to be cared for, with the former overtaking the national average for the first time in at least five years.



	2021	2022	2023	2024	2025
Your org	54.86%	50.07%	52.82%	57.88%	59.10%
Best result	77.86%	75.26%	77.14%	79.37%	79.40%
Average result	58.41%	56.47%	60.52%	60.89%	57.77%
Worst result	38.40%	40.90%	44.01%	35.43%	34.20%
Responses	2864	2470	2201	3461	3846

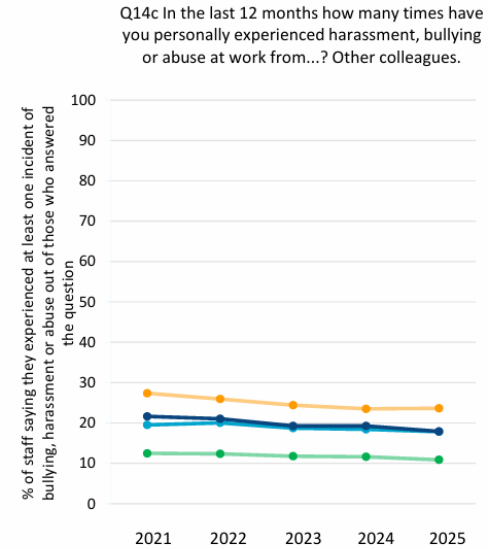


	2021	2022	2023	2024	2025
Your org	60.76%	53.45%	54.27%	57.69%	58.45%
Best result	89.49%	86.33%	88.81%	89.58%	88.41%
Average result	66.97%	61.78%	63.32%	61.55%	60.83%
Worst result	43.50%	39.20%	44.30%	39.68%	34.73%
Responses	2863	2469	2203	3462	3851

Work that has continued over the last year in relation to developing the approach to supporting employee wellbeing and the appraisal process have seen results in both these areas continue to improve year on year.

The number of employees experiencing harassment, bullying or abuse from managers and colleagues has continued to decline, with the number experiencing this from managers dropping below the national average for the second year in a row. This suggests that the ongoing work around embedding our organisational values and behaviours, together with the Kindness into Action approach, is having a positive impact.

	2021	2022	2023	2024	2025
Your org	13.72%	12.57%	11.99%	9.52%	8.13%
Best result	5.72%	6.48%	5.50%	5.22%	5.07%
Average result	11.94%	11.52%	10.35%	10.00%	9.20%
Worst result	17.83%	17.88%	16.64%	14.86%	13.85%
Responses	2835	2450	2028	3421	3811



	2021	2022	2023	2024	2025
Your org	21.65%	21.05%	19.30%	19.27%	17.93%
Best result	12.50%	12.35%	11.78%	11.65%	10.89%
Average result	19.54%	20.05%	18.74%	18.47%	17.86%
Worst result	27.38%	25.97%	24.43%	23.52%	23.63%
Responses	2824	2443	2018	3409	3792

Whilst still a lower score than we would want, the availability of nutritious and affordable food has seen a significant improvement when compared to 2024 and is now comparable with the national average for this question. This suggests work in this area is beginning to make a difference to our colleagues.

A full breakdown of the Trust's survey results with national comparisons is included in Appendix 1.

Recommending our organisation as a place to work – building on our progress

Having appeared last year as one of the top five most improved Trusts in England for colleagues recommending us as a place to work, we have continued to build on this progress and this year we are one of three Trusts in the Midlands to have improved our score for this important question.

In 2024 we were ranked 14th our of 21 Acute and Acute/Community Trusts in our region. In 2025 our ranking moved up to 8th, with 59% of our colleagues agreeing or strongly agreeing that they would recommend us as a place to work, against a national average of 58%.

Organisation	2021	2022	2023	2024	2025	Change 2024-25	Response rate 2025
South Warwickshire University	70%	70%	74%	77%	74%	-2.7	45%
George Eliot Hospital	61%	56%	65%	67%	63%	-3.3	48%
Wye Valley	61%	59%	60%	62%	62%	+0.3	46%
Chesterfield Royal Hospital	70%	68%	72%	65%	62%	-3.2	63%
Birmingham Women's and Children's					61%		44%
University Hospitals of Leicester	56%	55%	64%	65%	60%	-5.1	59%
Sherwood Forest Hospitals	75%	72%	74%	70%	59%	-11.1	58%
Worcestershire Acute Hospitals	55%	50%	53%	58%	59%	+1.2	48%
University Hospitals of North Midlands	54%	51%	58%	61%	58%	-2.8	41%
University Hospitals Coventry and Warwickshire	61%	60%	59%	59%	57%	-2.0	57%
University Hospitals Birmingham	50%	48%	50%	53%	54%	+0.7	38%
University Hospitals of Derby and Burton	64%	61%	60%	61%	52%	-9.0	54%
Nottingham	54%	53%	58%	56%	52%	-3.3	44%
Sandwell and West Birmingham Hospitals	54%	52%	55%	59%	52%	-7.4	36%
Northampton General Hospital	55%	52%	58%	58%	51%	-7.2	49%
Walsall Healthcare	48%	52%	56%	56%	51%	-5.0	45%
The Dudley Group	55%	56%	58%	57%	51%	-6.8	38%
The Royal Wolverhampton	68%	65%	66%	60%	50%	-10.3	30%
The Shrewsbury and Telford Hospital	40%	41%	49%	49%	48%	-1.2	46%
Kettering General Hospital	51%	46%	51%	48%	48%	-0.8	51%
United Lincolnshire	38%	44%	46%	52%	45%	-6.9	49%

Workforce Race Equality Standard & Workforce Disability Equality Standards

Nationally within our benchmark group for inequalities in staff experience measured by the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES) across the 13 indictors tied to the staff survey we performed better than the average in 10, met the average score for 1 and were worse than the average in 2.

We had an increase of 1.64% in staff from minority groups within the total participants in the survey compared to last year 20.94% in 2025 compared to 19.30% in 2024.

The Workforce Race Equality Standard WRES indicators from the Staff Survey tell us that:

WRES Indicator	2024 Result	2025 Result	2025 Average	Improving/Worsening2025 to 2024	We Want to See
5: Harassment/Abuse by Patients/Relatives/Public	24.70%	27.87%	28.98%	Worsening	% Reducing
6: Harassment/Abuse by Staff	24.01%	23.18%	24.06%	Improving	% Reducing
7: Perception of Fairness in Career Development	49.69%	51.71%	49.11%	Improving	% Increasing
8: Experiencing Discrimination by Manager/Team Leader	14.11%	13.29%	14.70%	Improving	% Reducing

There has been a slight increase of 0.03% of staff with a long-lasting health condition or illness within the total participants in the survey from last year from 23.93% in 2024 to 23.96% in 2025.

Workforce Disability Equality Standard WDES indicators from the Staff Survey tell us that:

WDES Indicator	2024 Result	2025 Result	2025 Average	Improving/Worsening 2025 to 2024	We Want to See
4a: Harassment/Abuse by Patients/Relatives/Public	30.56%	32.27%	29.14%	Worsening	% Reducing
4b: Harassment/Abuse by Managers	13.44%	12.39%	14.12%	Improving	% Reducing
4c: Harassment/Abuse by Colleagues	26.64%	25.59%	24.45%	Improving	% Reducing
4d: Reporting incidents of Bullying/Abuse	59.51%	55.50%	53.16%	Worsening	% Increasing
5: Perception of Fairness in Career Development	56.37%	51.66%	47.79%	Worsening	% Increasing

6: Felt Pressure from manager to come to work when unwell	29.78%	27.19%	27.19%	Improving	% Reducing
7: Feels Organisation values their work	29.93%	34.77%	32.09%	Improving	% Increasing
8: Reasonable Adjustments made	76.05%	77.37%	73.65%	Improving	% Increasing
9a: Engagement Score (0-10)	6.37	6.36	6.29	Worsening	Score Increasing

Future focus

Maintaining and building on last year's improved response rate and survey results is a significant achievement for the Trust and should be recognised and celebrated. However, it is what is done with the results that truly matters.

Last year we committed to making the results more widely available and to supporting managers when involving their team members to identify clear, deliverable actions.

To do this, we created a dedicated intranet page detailing all divisional survey results down to service area level. We also provided useful resources such as presentations, hints and tips and template documents. We provided a clear, timescaled plan for next steps, including sharing results, developing simple action plans and monitoring progress.

This intranet page received more than 2,300 views and so we have built on this success and developed a new page for the 2025 results, whilst also keeping the 2024 results available to view.

The results and intranet page itself have been promoted through staff communications, social media and a special Staff Survey Exec Live session. All leadership teams and HR Business Partners had advanced sight of the survey results for their area to facilitate preparation for sharing the results and for action planning.

Workstreams and project groups whose work is directly linked to the staff survey, including Wellbeing, Staff Networks, FTSU and Improvement, will review the results to see what impact this work is having and to identify future priorities and deliverables.

A further report will be presented in the summer to the TMB and People & Culture committee with the full WRES and WDES results after engagement with the Staff inclusion networks.

Recommended Actions required by Board or Committee

1. Note the findings of the 2025 NHS Staff Survey and consider the national context.

2. Senior leadership teams to share results and agree on actions with their teams.

3. Senior leadership to arrange regular reviews and monitor progress against agreed actions.

Executive Director Opinion[1]

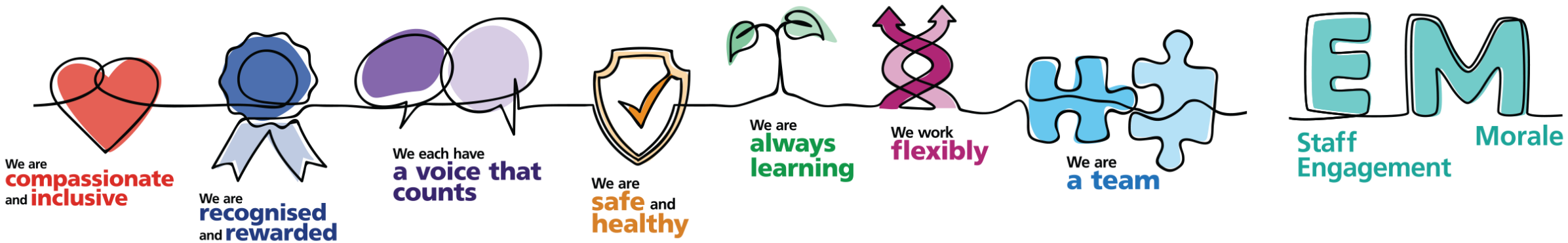
The Staff Survey results show a strong year of progress for the Trust. Our response rate rose to 48 percent, the highest in at least five years, and above the national benchmark. All seven People Promise themes improved for the second year running, along with engagement and morale. These results stand out against a national picture of declining scores, and we are one of three Trust's in the Midlands to improve the proportion of staff who would recommend us as a place to work.

The findings show that our work on wellbeing, values and behaviours, leadership development and inclusive culture is starting to make a clear difference. There are still variations in experience across divisions, and some areas that need further focus, including elements of the WRES and WDES indicators. The next stage is to support leaders to share results with their teams, agree practical actions and track progress so that we continue to strengthen the experience of all colleagues.

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

Survey Coordination Centre

NHS



Worcestershire Acute Hospitals NHS Trust

2025 NHS Staff Survey

Breakdown report

Contents (1)

Survey Coordination Centre NHS

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People Promise element and Theme results – Breakdowns 2 13

This breakdown report for Worcestershire Acute Hospitals NHS Trust contains results by breakdown area for the People Promise element and theme results from the 2025 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.

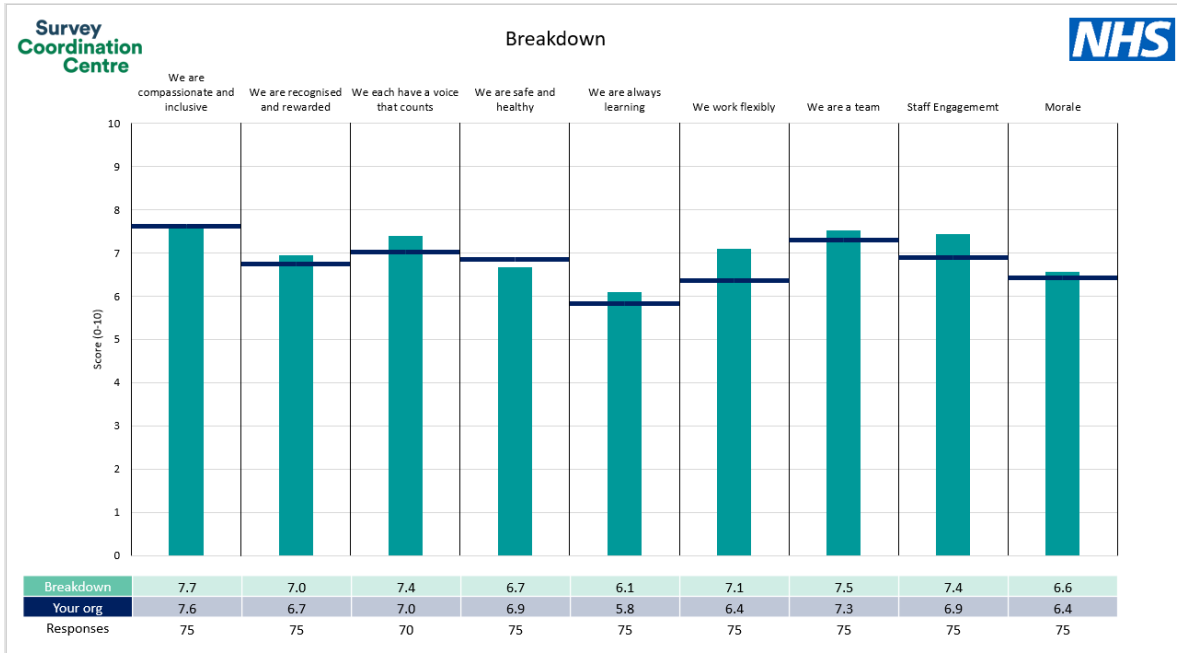
The breakdowns used in this report were provided and defined by Worcestershire Acute Hospitals NHS Trust. Details of how the People Promise element and theme scores were calculated are included in the Technical Guide, available to download from the Staff Survey website.

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.



! 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

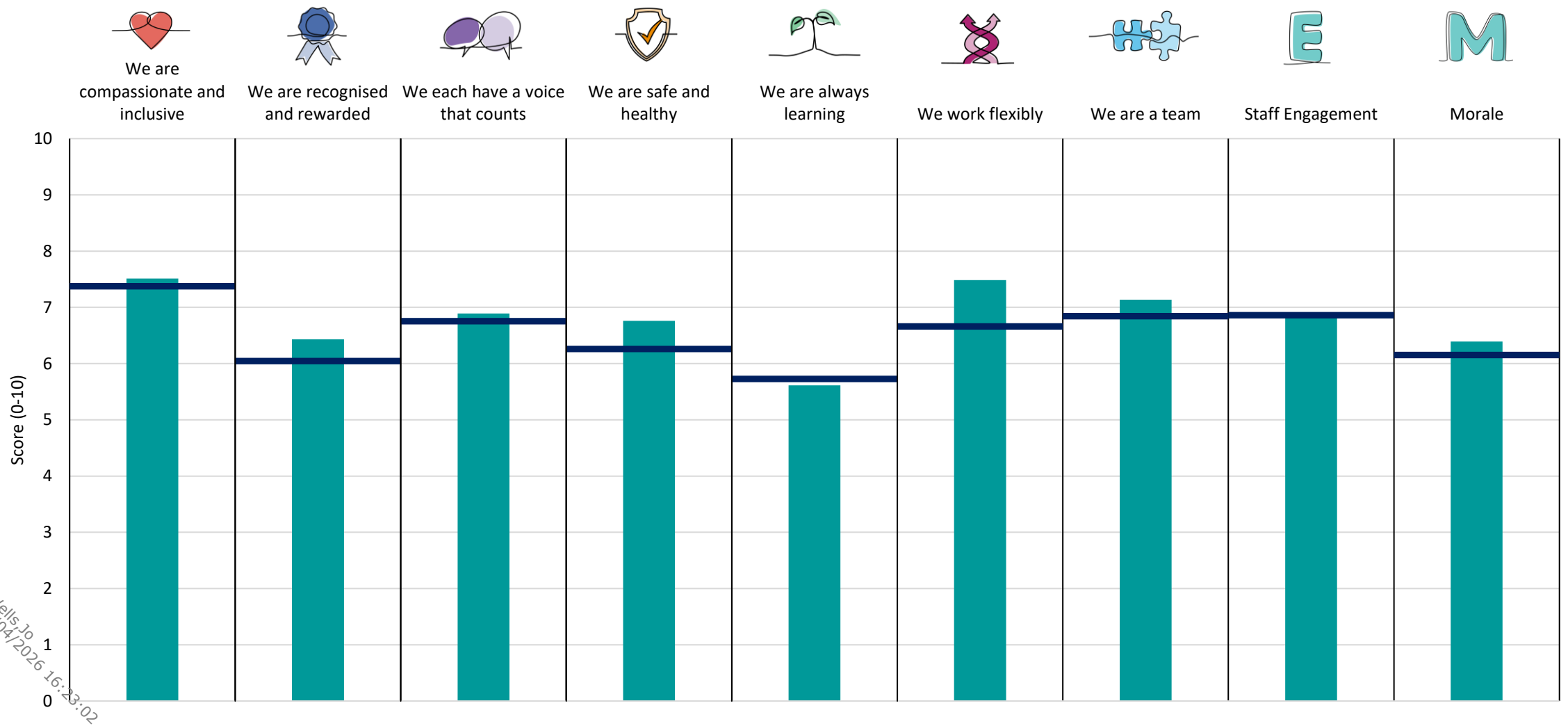
NHS

Breakdowns 1

Worcestershire Acute Hospitals NHS Trust

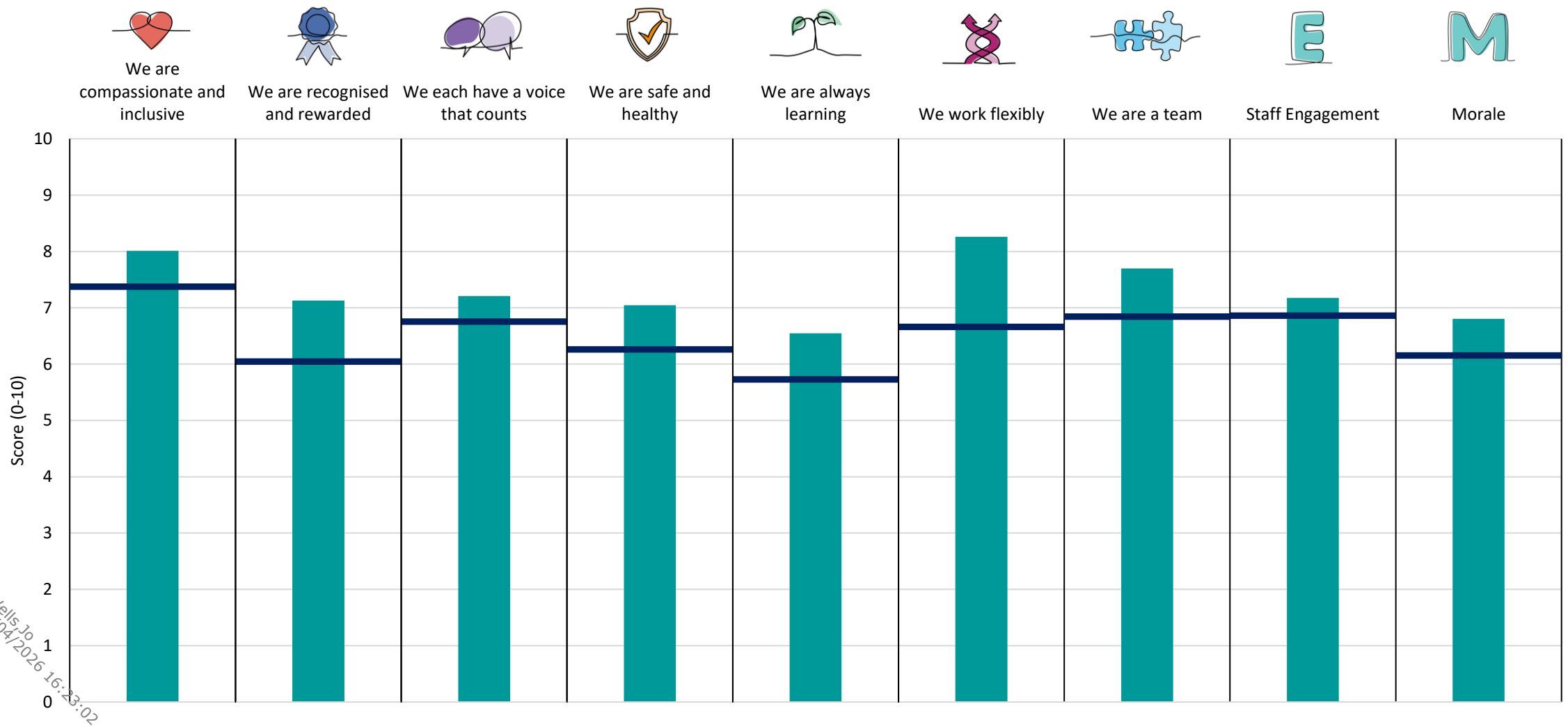
2025 NHS Staff Survey

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	7.51	6.43	6.89	6.76	5.61	7.48	7.14	6.88	6.39
Your org	7.37	6.04	6.75	6.26	5.73	6.66	6.84	6.86	6.15
Responses	512	512	510	512	488	511	512	513	513

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	8.01	7.13	7.21	7.04	6.55	8.26	7.70	7.18	6.80
Your org	7.37	6.04	6.75	6.26	5.73	6.66	6.84	6.86	6.15
Responses	94	94	93	94	89	93	94	94	94

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	7.15	5.71	6.44	6.55	4.64	6.33	6.42	6.59	6.07
Your org	7.37	6.04	6.75	6.26	5.73	6.66	6.84	6.86	6.15
Responses	170	176	165	168	152	170	174	173	176

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	7.37	6.04	6.81	5.96	5.89	6.63	6.86	6.95	6.03
Your org	7.37	6.04	6.75	6.26	5.73	6.66	6.84	6.86	6.15
Responses	1134	1131	1129	1123	1052	1126	1133	1135	1137

Survey Coordination Centre

Specialised Clinical Services Div.

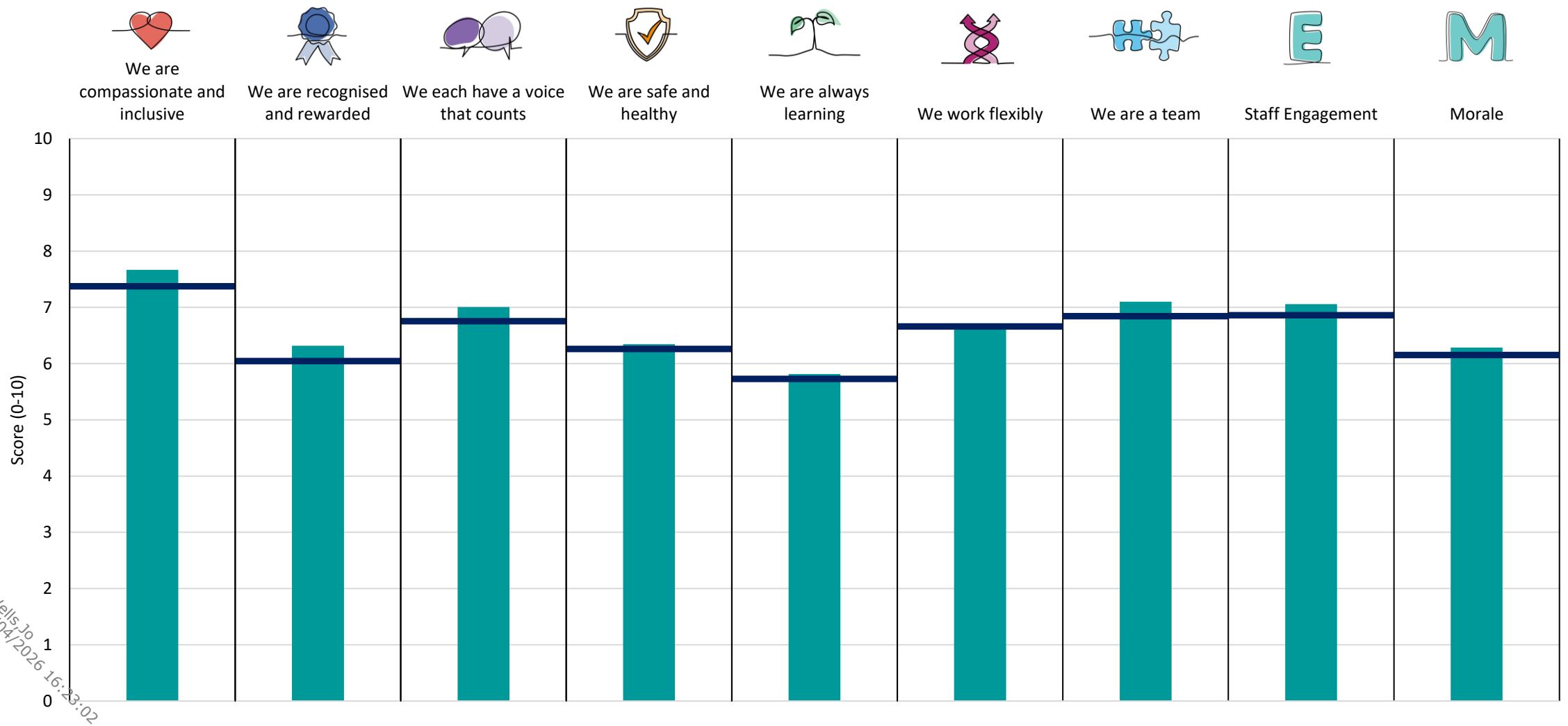
NHS

	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	7.20	5.78	6.55	6.25	5.60	6.24	6.55	6.68	6.07
Your org	7.37	6.04	6.75	6.26	5.73	6.66	6.84	6.86	6.15
Responses	1070	1069	1066	1064	1022	1065	1067	1070	1070

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	7.37	5.92	6.74	6.14	5.91	6.63	6.91	6.90	6.16
Your org	7.37	6.04	6.75	6.26	5.73	6.66	6.84	6.86	6.15
Responses	487	486	483	480	455	485	487	487	487

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	7.67	6.32	7.00	6.34	5.82	6.61	7.10	7.06	6.28
Your org	7.37	6.04	6.75	6.26	5.73	6.66	6.84	6.86	6.15
Responses	394	395	393	394	377	395	394	395	395

Survey Coordination Centre

NHS

Breakdowns 2

Worcestershire Acute Hospitals NHS Trust

2025 NHS Staff Survey

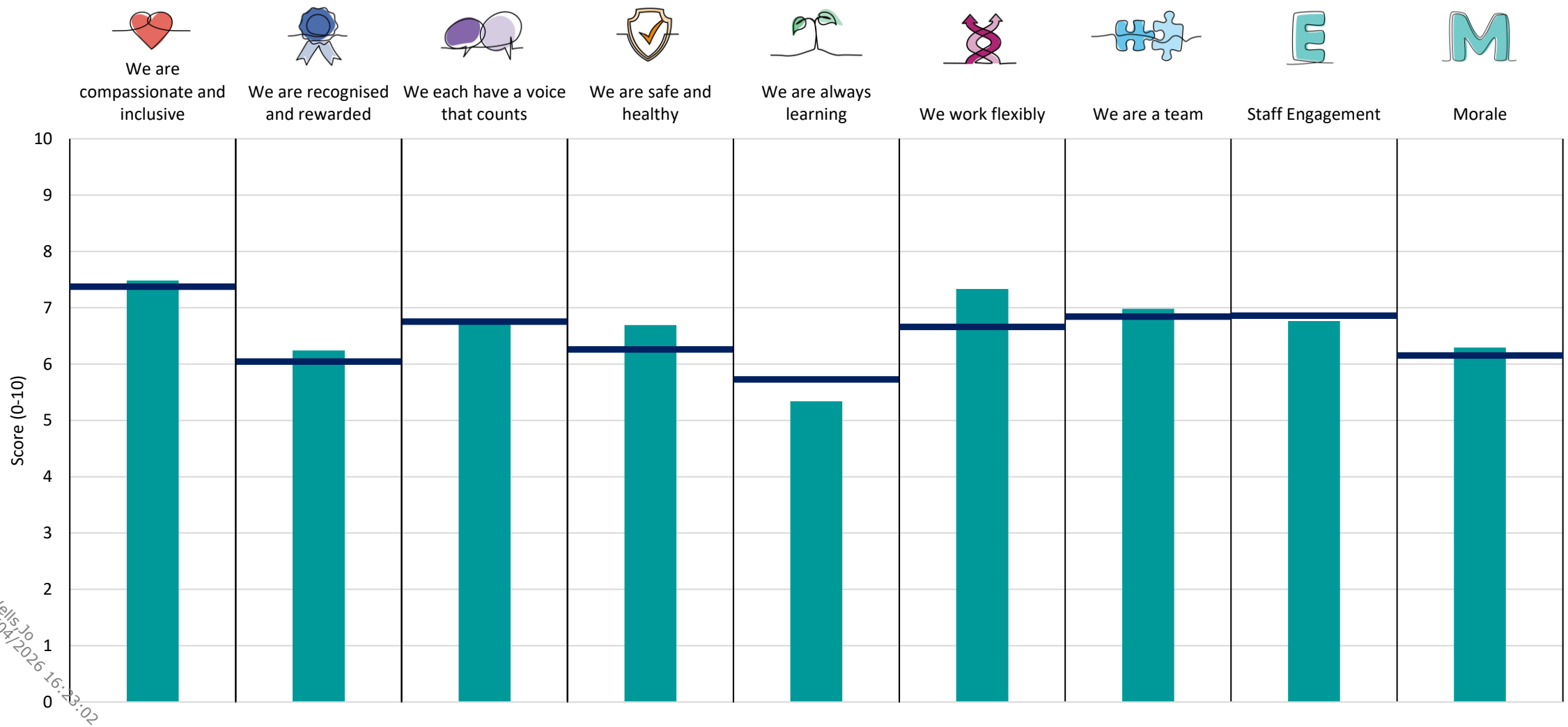
Add Prof Scientific and Technic

	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	7.13	5.97	6.36	6.02	5.43	6.28	6.61	6.43	5.61
Your org	7.37	6.04	6.75	6.26	5.73	6.66	6.84	6.86	6.15
Responses	74	74	74	74	74	74	74	74	74

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	7.29	5.65	6.57	6.10	5.59	6.43	6.68	6.74	6.08
Your org	7.37	6.04	6.75	6.26	5.73	6.66	6.84	6.86	6.15
Responses	615	615	611	608	560	613	614	618	618

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	7.49	6.24	6.78	6.69	5.34	7.34	6.98	6.76	6.29
Your org	7.37	6.04	6.75	6.26	5.73	6.66	6.84	6.86	6.15
Responses	1015	1014	1011	1011	951	1011	1015	1016	1016

Allied Health Professionals

	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	5.94	6.57	5.87	5.74	6.28	6.59	6.56	5.65
Your org	7.37	6.04	6.75	6.26	5.73	6.66	6.84	6.86	6.15
Responses	306	305	305	305	299	305	306	306	306

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	7.16	5.73	6.58	6.55	4.81	6.48	6.48	6.65	6.21
Your org	7.37	6.04	6.75	6.26	5.73	6.66	6.84	6.86	6.15
Responses	180	186	175	177	160	178	184	183	186

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	7.15	5.75	6.39	6.03	5.27	6.72	6.18	6.48	5.60
Your org	7.37	6.04	6.75	6.26	5.73	6.66	6.84	6.86	6.15
Responses	114	114	114	114	111	113	114	114	114

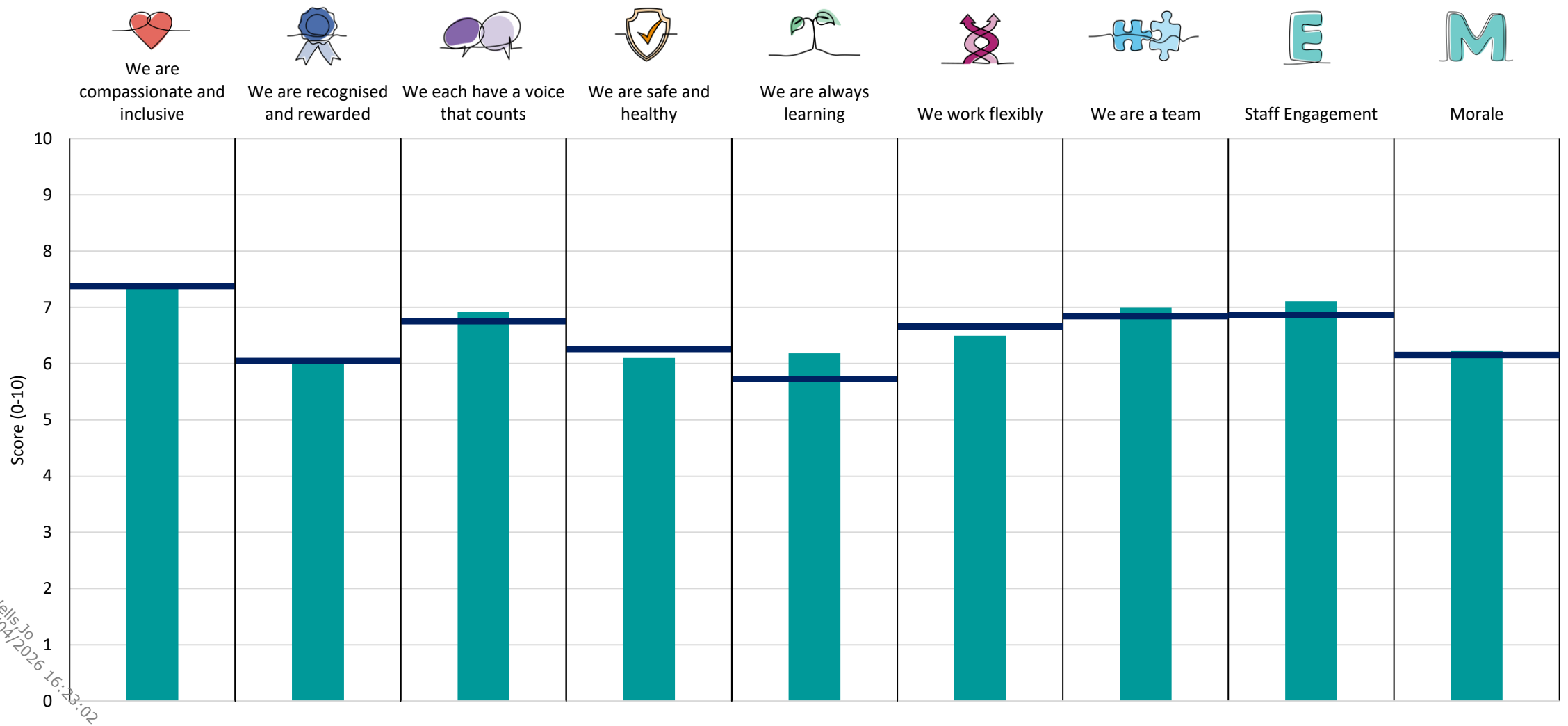
Medical and Dental

	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	7.42	6.54	6.85	6.16	6.14	6.08	6.85	7.07	6.35
Your org	7.37	6.04	6.75	6.26	5.73	6.66	6.84	6.86	6.15
Responses	285	285	284	285	274	285	284	285	285

Survey Coordination Centre

Nursing and Midwifery Registered

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	7.42	6.07	6.92	6.10	6.18	6.50	6.99	7.11	6.22
Your org	7.37	6.04	6.75	6.26	5.73	6.66	6.84	6.86	6.15
Responses	1272	1270	1265	1261	1206	1266	1270	1271	1273

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Worcestershire Acute Hospitals NHS Trust

2025 NHS Staff Survey Benchmark Report

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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.

Survey Coordination Centre NHS

About this report

This benchmark report for Worcestershire Acute Hospitals NHS Trust contains results for the 2025 NHS Staff Survey, and historical results back to 2021 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, Q34, Q35 , Q36, Q37, Q38, Q39a-b and Q40 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 *Due to changes in the Q15 question wording in 2025, Q15 is not included in the score calculation for this theme or sub-score.
	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 **Due to changes in the Q11b question wording in 2025, Q11b is not included in the score calculation for this theme or sub-score.
	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**. It also includes the socio-economic background questions.

Appendices

Here you will find:

- Response rate.
- Significance testing of the People Promise element and theme results for 2024 vs 2025.
- Tips on action planning and interpreting the results.
- Information about the socio-economic background questions.
- Additional reporting outputs.

Using the report

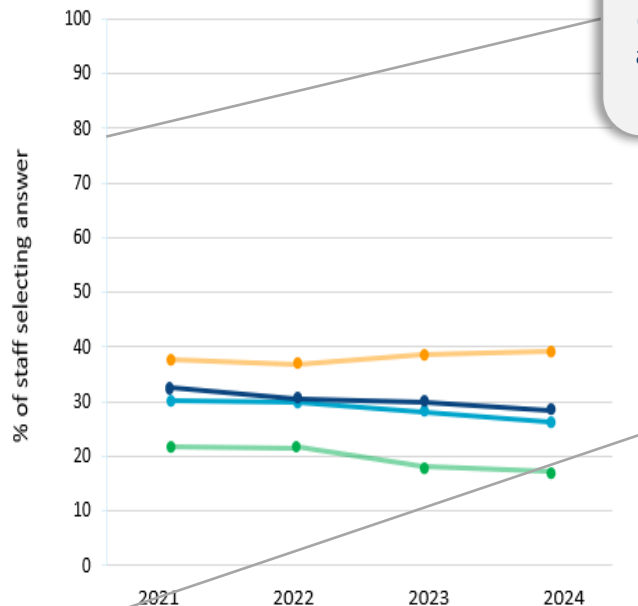
Survey Coordination Centre NHS

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.



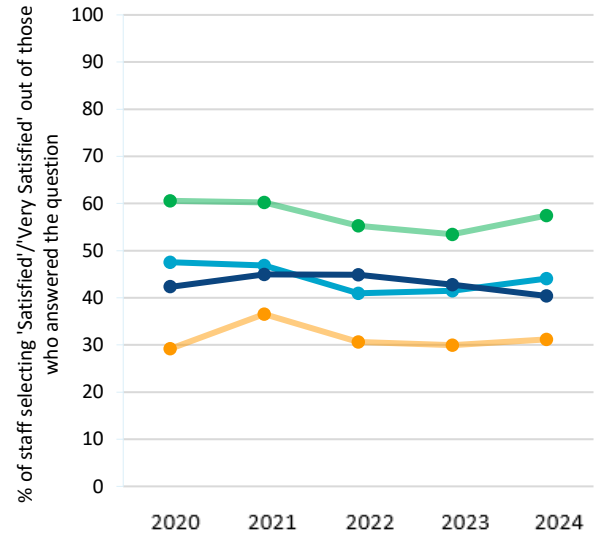
	2021	2022	2023	2024
Your org	32.6%	30.6%	30.0%	28.5%
Best result	21.8%	21.7%	18.0%	17.1%
Average result	30.2%	29.8%	28.1%	26.4%
Worst result	37.6%	36.9%	38.5%	39.2%
Responses	480	500	515	520

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 2023, 2024 and 2025 portions of the chart and table.

Survey Coordination Centre

NHS

Organisation details

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

Organisation details

Survey Coordination Centre NHS

Worcestershire Acute Hospitals NHS Trust

2025 NHS Staff Survey

Organisation details

Completed questionnaires	3876
2025 response rate	48%

Survey details

Survey mode	Mixed

This organisation is benchmarked against:

Acute and Acute & Community Trusts

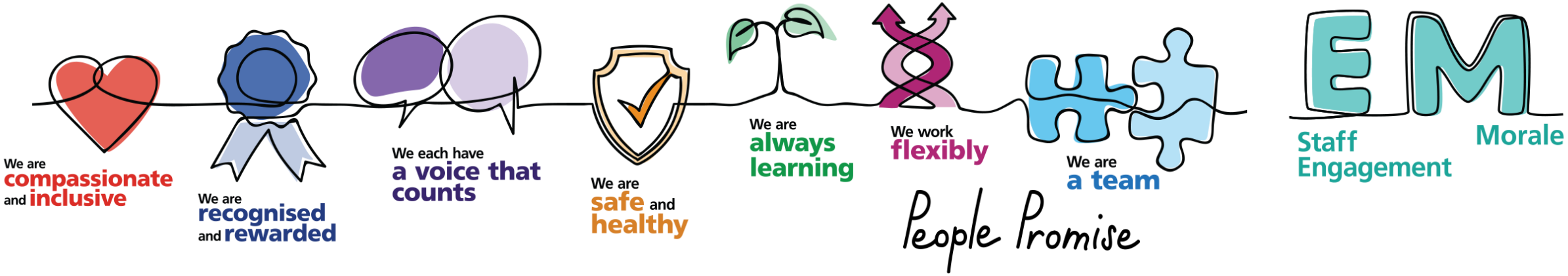
2025 benchmarking group details

Organisations in group: 121

Median response rate: 47%

No. of completed questionnaires: 524528

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



People Promise elements, themes and sub-score results

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

Survey Coordination Centre

NHS

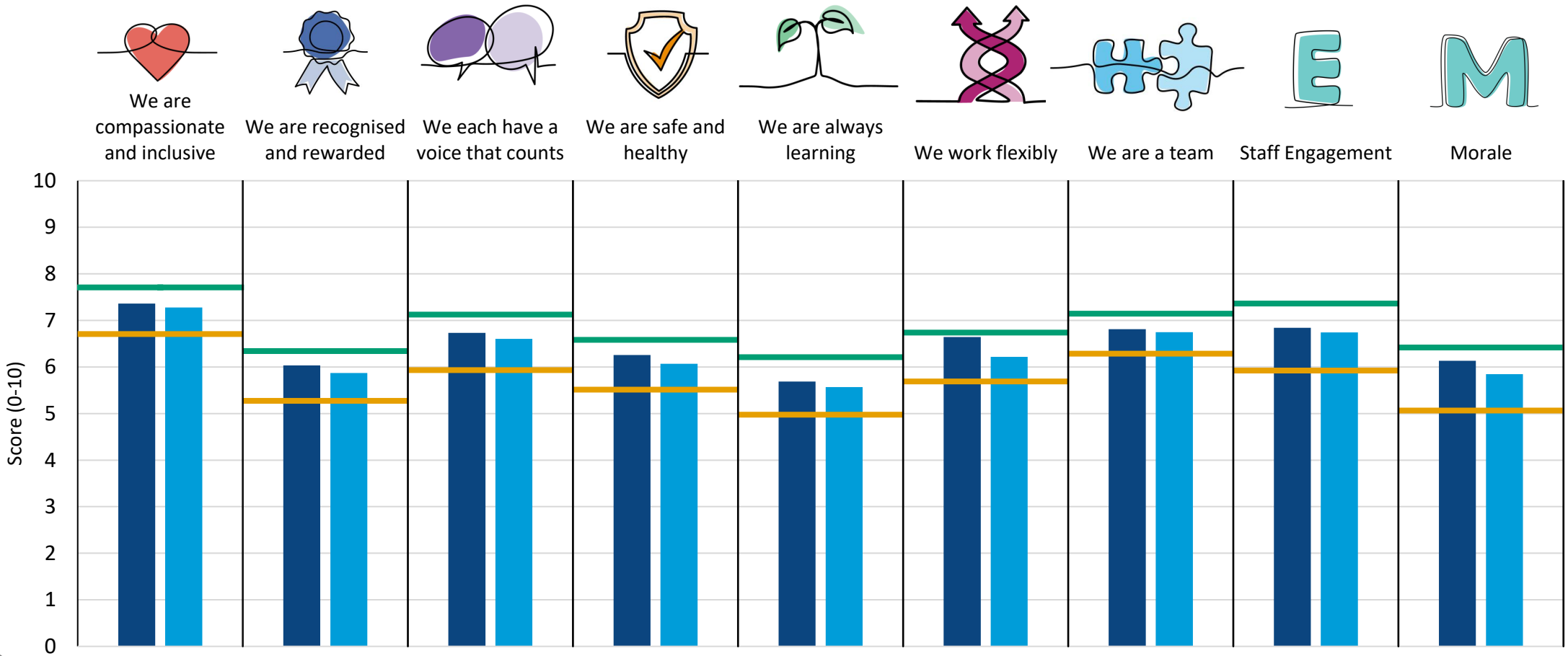
People Promise elements, themes and sub-scores: Overview

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

People Promise elements and themes: Overview

Survey Coordination Centre NHS

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



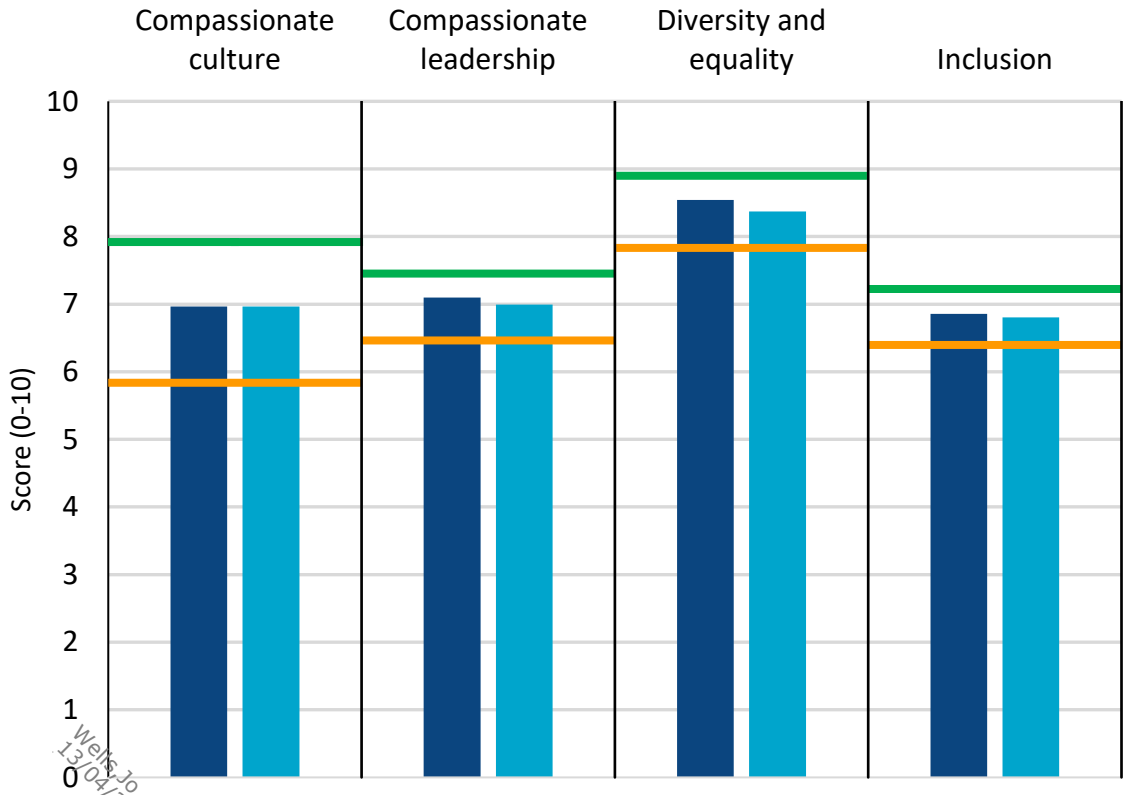
	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Your org	7.36	6.03	6.73	6.26	5.69	6.64	6.81	6.84	6.13
Best result	7.71	6.34	7.12	6.58	6.21	6.74	7.14	7.36	6.42
Average result	7.28	5.87	6.60	6.07	5.57	6.22	6.75	6.74	5.84
Worst result	6.71	5.27	5.93	5.51	4.98	5.69	6.29	5.92	5.06
Responses	3861	3863	3839	3835	3635	3845	3861	3867	3872

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

Survey Coordination Centre NHS

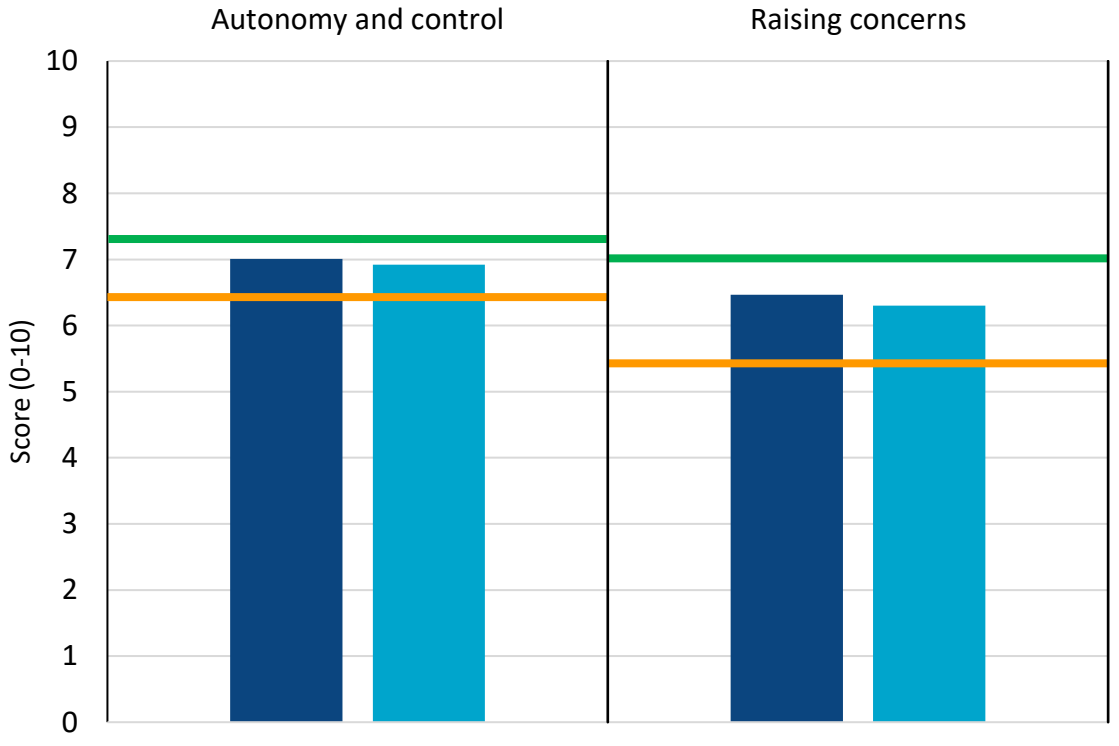
People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 1: We are compassionate and inclusive



	Compassionate culture	Compassionate leadership	Diversity and equality	Inclusion
Your org	6.97	7.10	8.54	6.86
Best result	7.92	7.45	8.90	7.22
Average result	6.97	6.99	8.37	6.80
Worst result	5.84	6.46	7.83	6.40
Responses	3851	3858	3838	3863

Promise element 3: We each have a voice that counts



	Autonomy and control	Raising concerns
Your org	7.01	6.47
Best result	7.31	7.02
Average result	6.92	6.30
Worst result	6.43	5.43
Responses	3869	3844

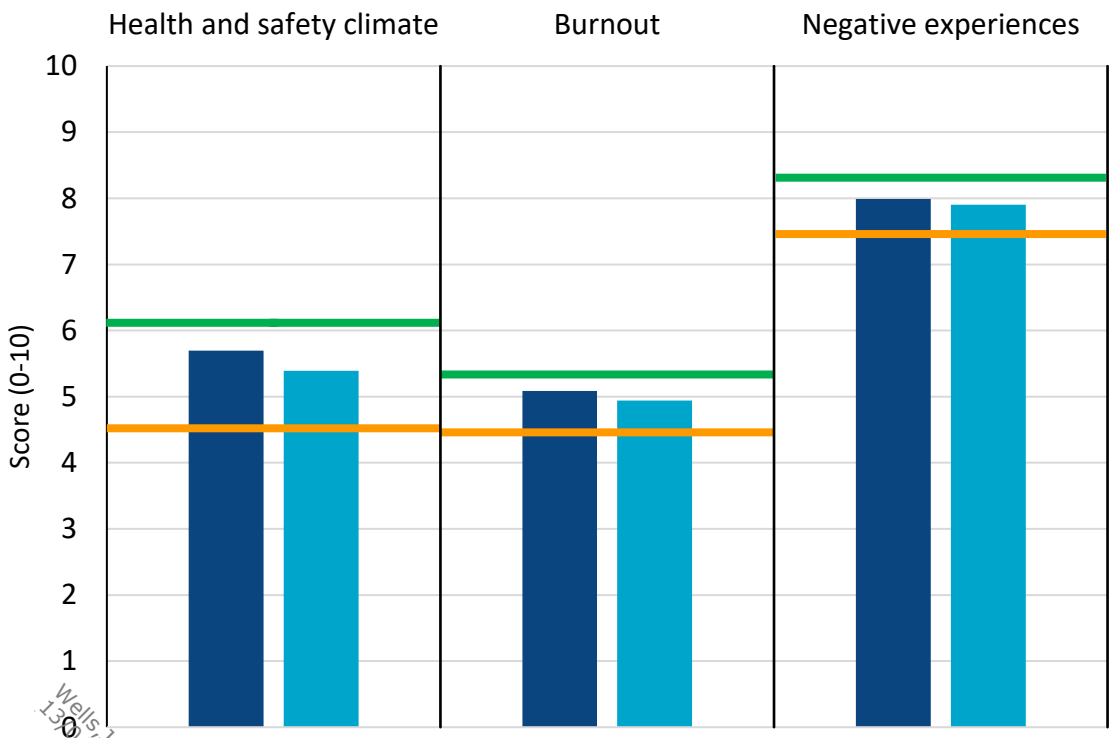
Note: People Promise element 2 'We are recognised and rewarded' does not have any sub-scores. Overall trend score data for this element is reported on slide 21.

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

Survey Coordination Centre NHS

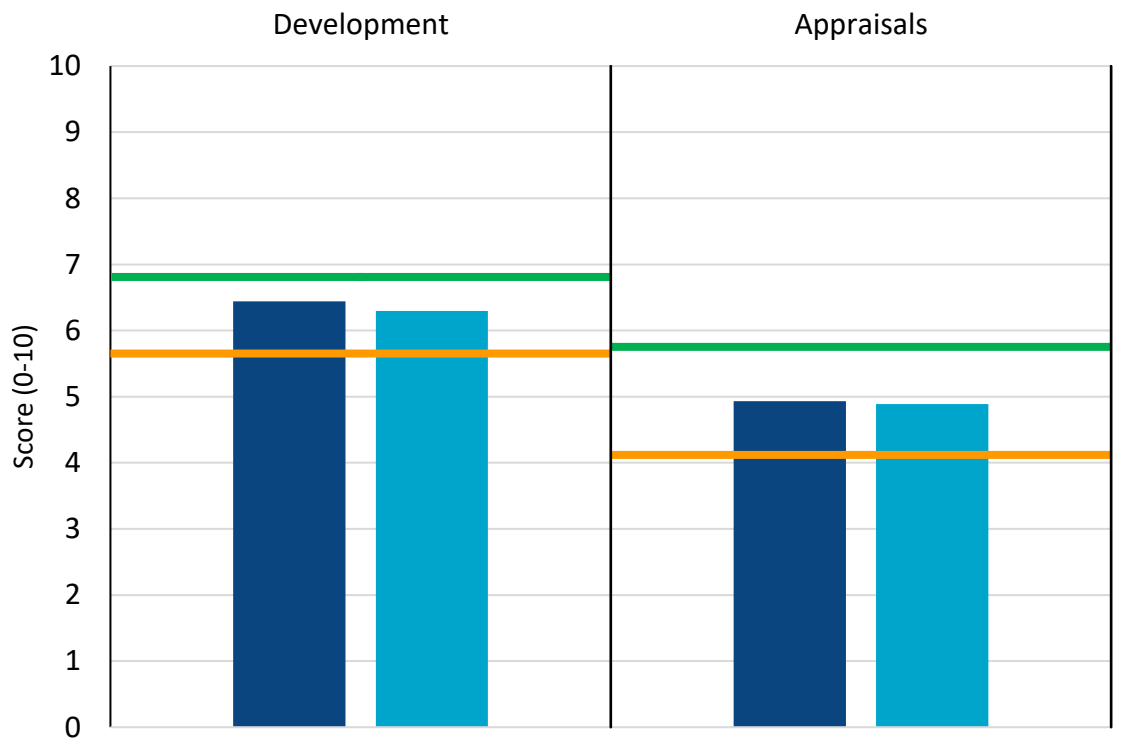
People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 4: We are safe and healthy



	Health and safety climate	Burnout	Negative experiences
Your org	5.70	5.08	7.99
Best result	6.12	5.33	8.31
Average result	5.39	4.94	7.90
Worst result	4.52	4.46	7.46
Responses	3869	3862	3845

Promise element 5: We are always learning



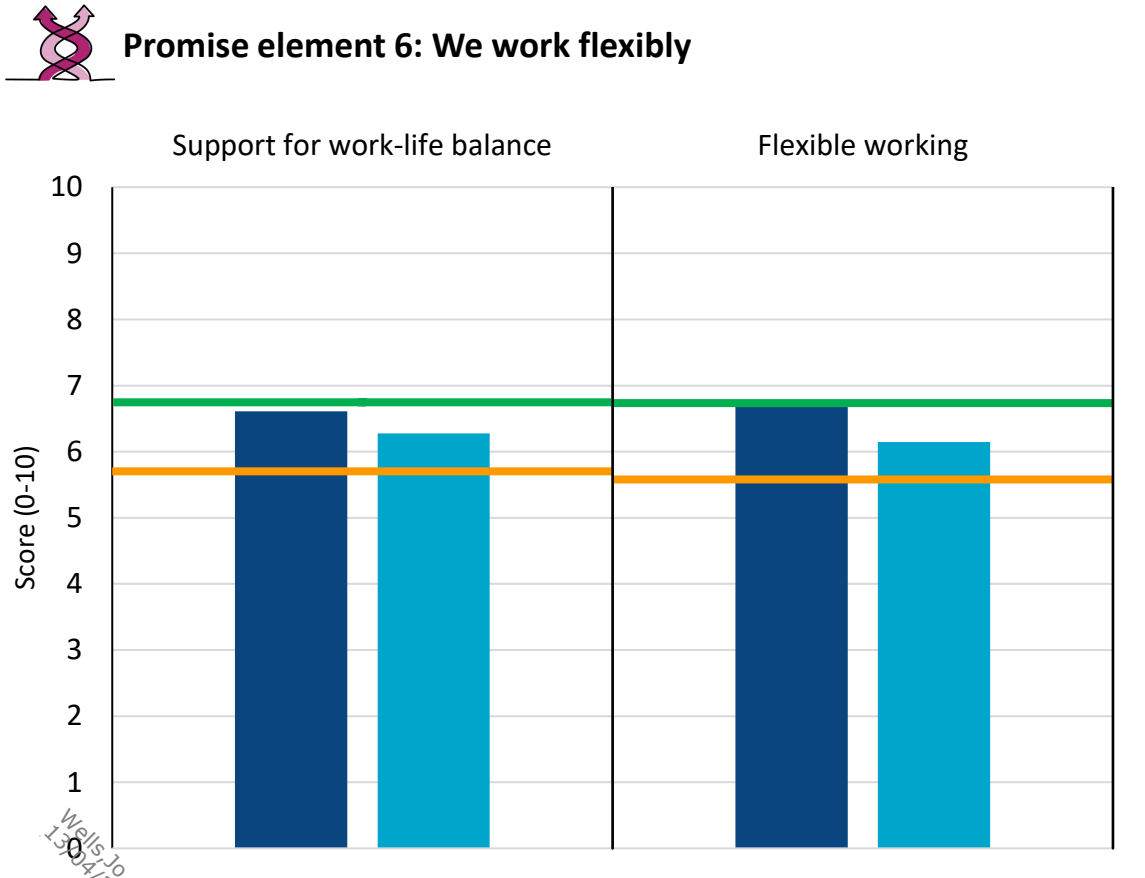
	Development	Appraisals
Your org	6.44	4.93
Best result	6.81	5.75
Average result	6.29	4.89
Worst result	5.65	4.12
Responses	3852	3642

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

Survey Coordination Centre

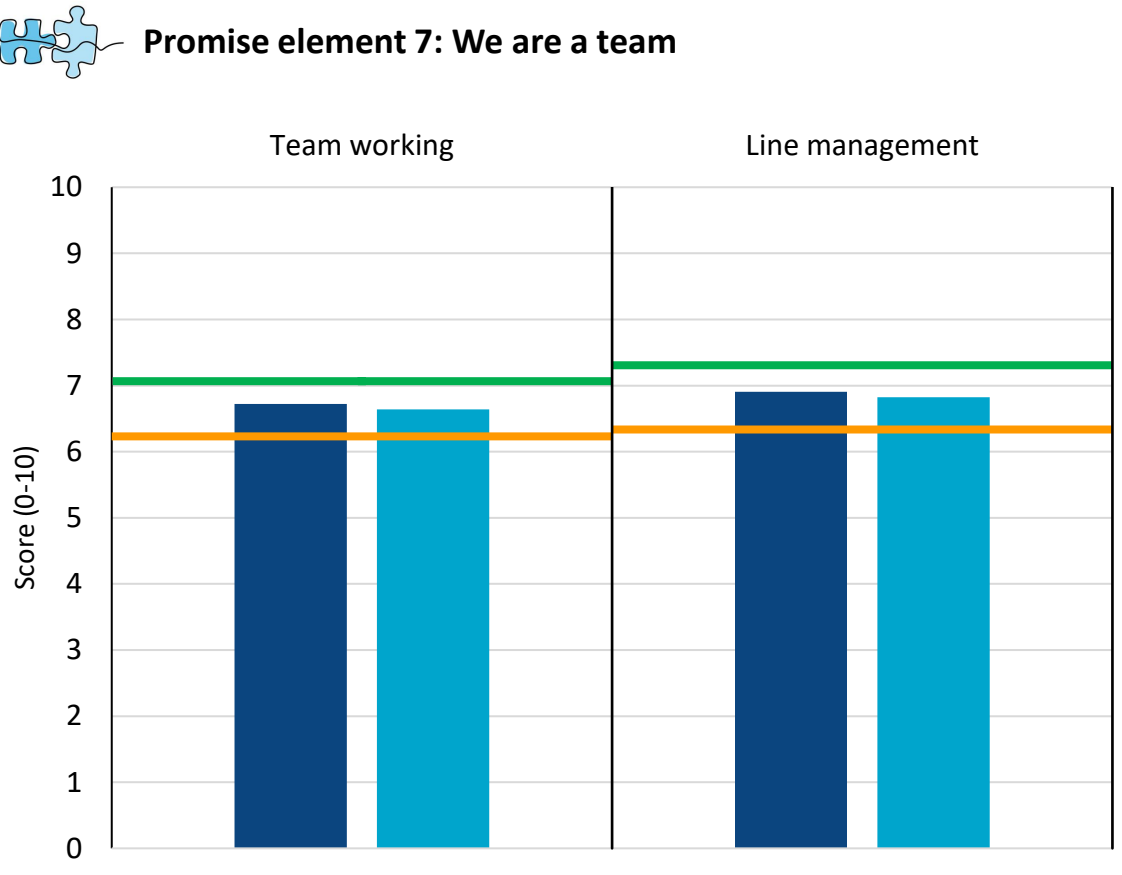
People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 6: We work flexibly



	Support for work-life balance	Flexible working
Your org	6.61	6.68
Best result	6.75	6.73
Average result	6.28	6.15
Worst result	5.70	5.58
Responses	3862	3854

Promise element 7: We are a team



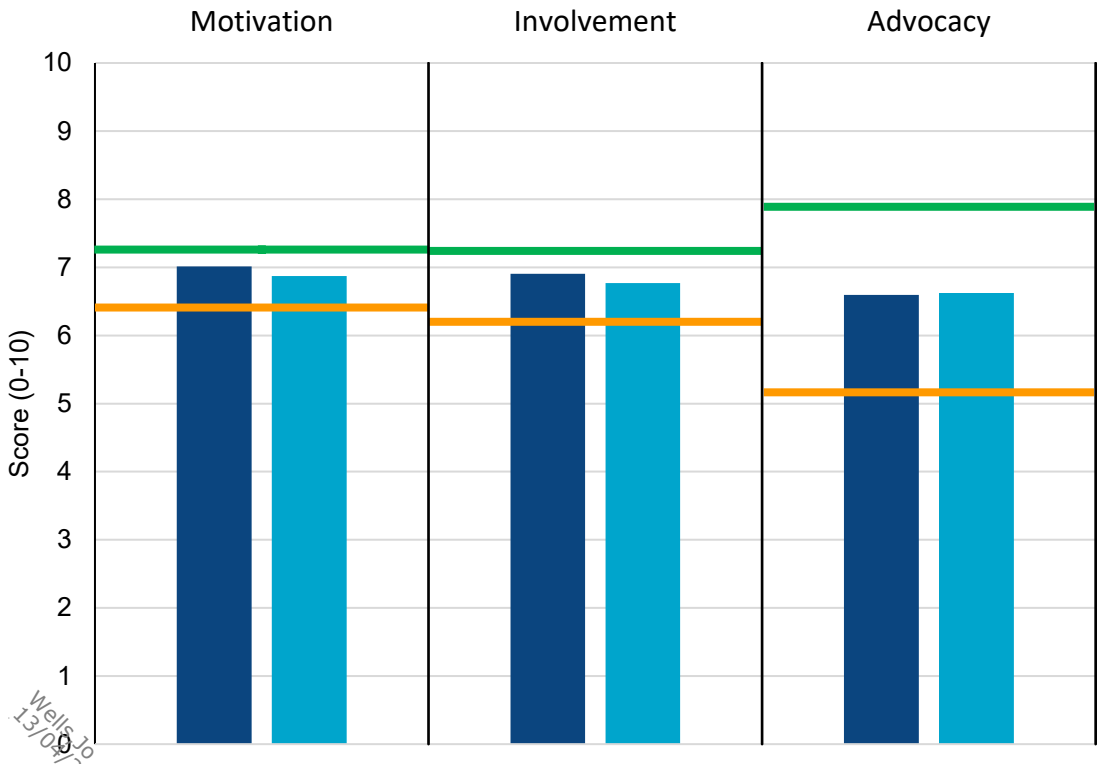
	Team working	Line management
Your org	6.72	6.91
Best result	7.07	7.31
Average result	6.64	6.82
Worst result	6.23	6.34
Responses	3866	3863

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

Survey Coordination Centre

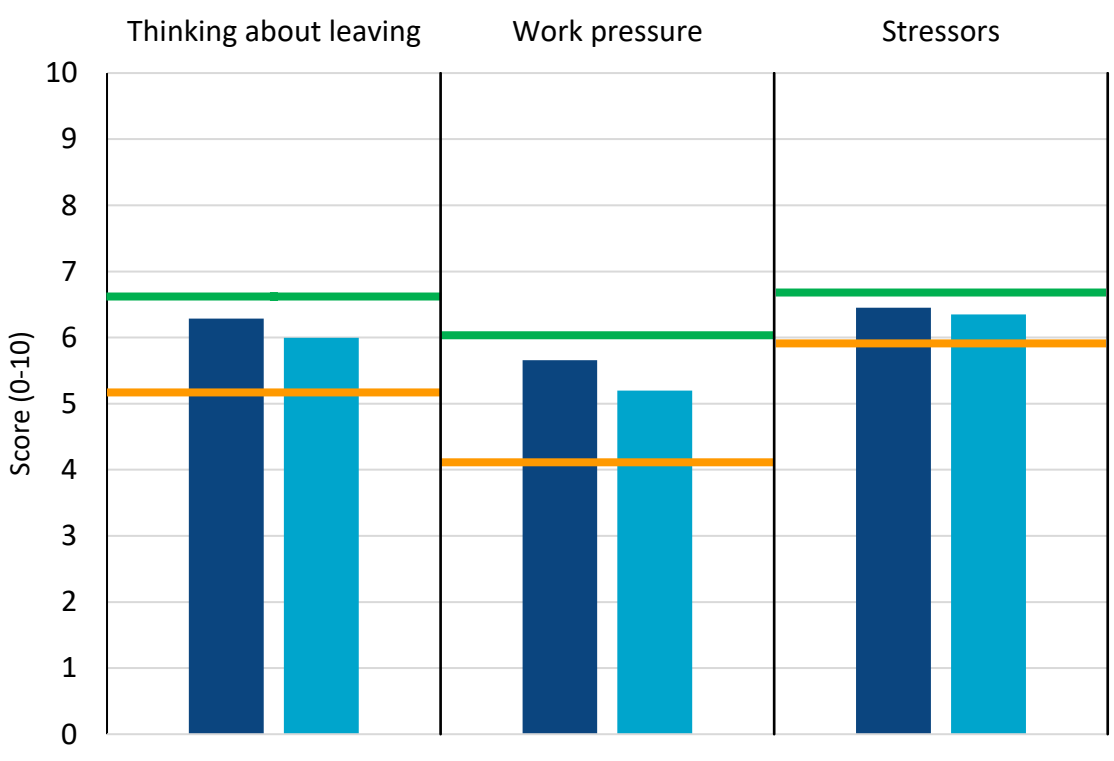
People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Theme: Staff engagement



	Motivation	Involvement	Advocacy
Your org	7.01	6.90	6.60
Best result	7.26	7.24	7.89
Average result	6.87	6.77	6.63
Worst result	6.41	6.20	5.17
Responses	3827	3867	3852

Theme: Morale



	Thinking about leaving	Work pressure	Stressors
Your org	6.29	5.66	6.45
Best result	6.62	6.03	6.68
Average result	6.00	5.20	6.35
Worst result	5.17	4.11	5.91
Responses	3848	3869	3870

Survey Coordination Centre

NHS

People Promise elements, themes and sub-scores: Trends

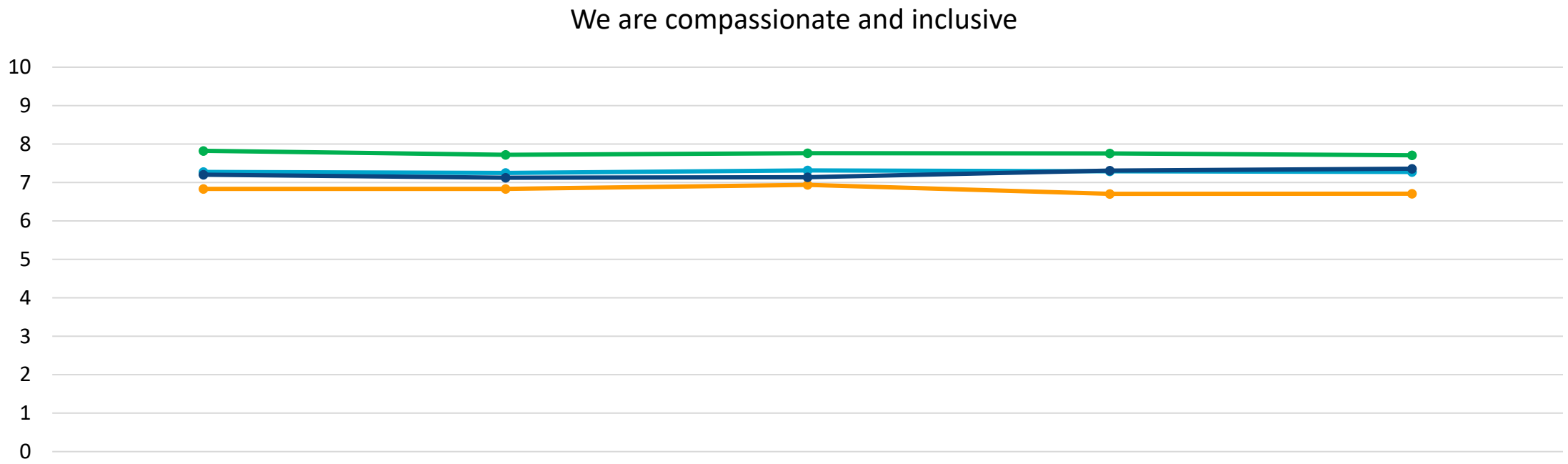
Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

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	2025
Your org	7.20	7.12	7.14	7.31	7.36
Best result	7.82	7.72	7.76	7.76	7.71
Average result	7.27	7.25	7.31	7.29	7.28
Worst result	6.83	6.83	6.94	6.71	6.71
Responses	2875	2477	2208	3473	3861

Note: Due to changes in the Q15 question wording in 2025, reported results for 'We are compassionate and inclusive' have been recalculated to exclude Q15 for all years. For more information, please refer to the *Technical Guide:* https://www.nhsstaffsurveys.com/survey-documents/

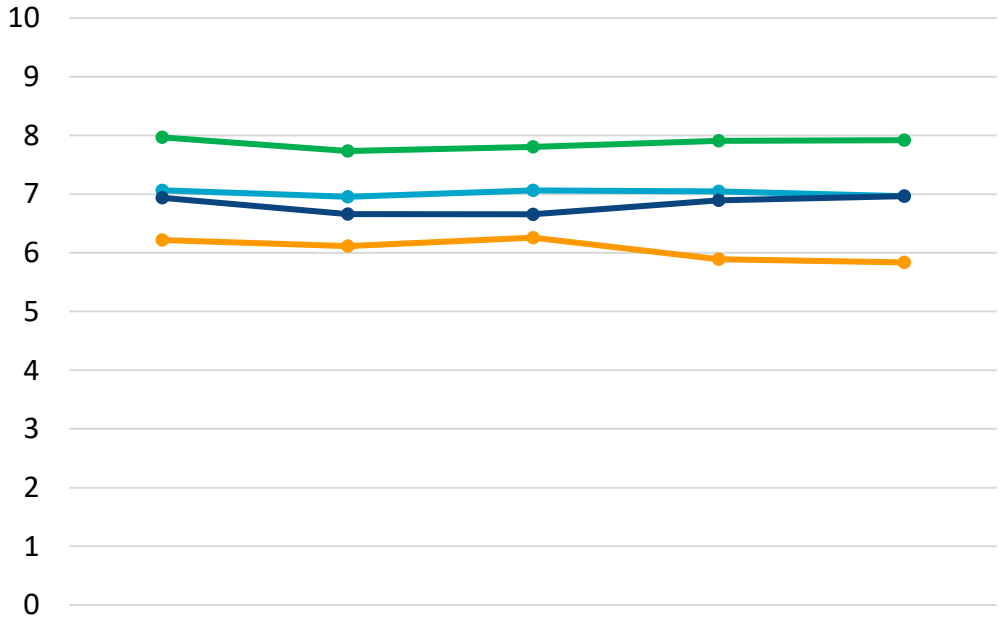
People Promise elements, themes and sub-scores: Sub-score trends

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**.

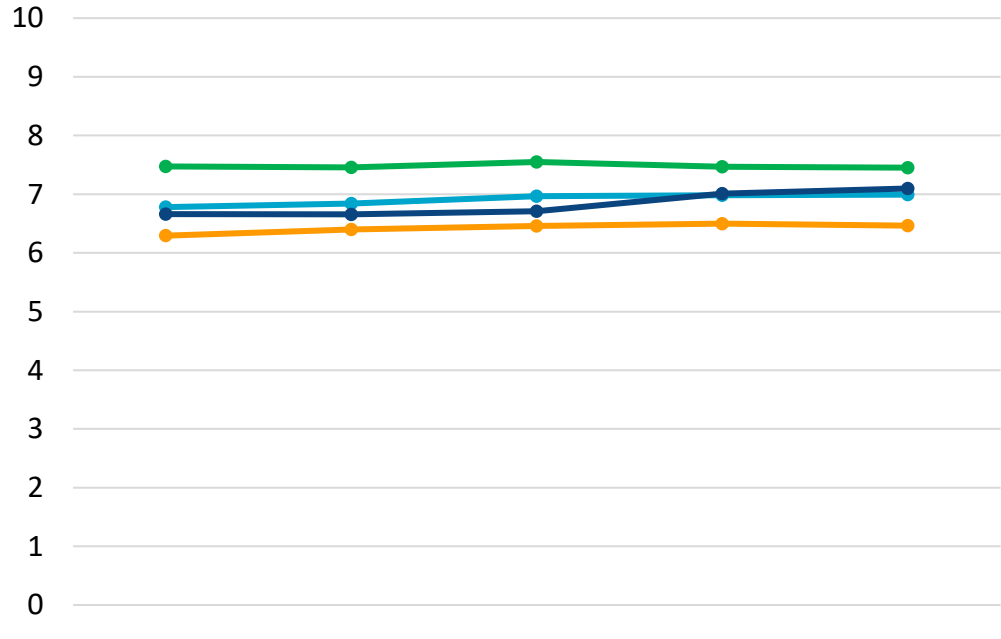
Promise element 1: We are compassionate and inclusive (1)

Compassionate culture



	2021	2022	2023	2024	2025
Your org	6.94	6.66	6.66	6.89	6.97
Best result	7.97	7.73	7.81	7.91	7.92
Average result	7.07	6.96	7.06	7.05	6.97
Worst result	6.22	6.12	6.26	5.89	5.84
Responses	2867	2472	2204	3466	3851

Compassionate leadership



	2021	2022	2023	2024	2025
Your org	6.66	6.66	6.71	7.01	7.10
Best result	7.48	7.46	7.55	7.47	7.45
Average result	6.78	6.84	6.96	6.98	6.99
Worst result	6.29	6.40	6.46	6.50	6.46
Responses	2866	2475	2205	3473	3858

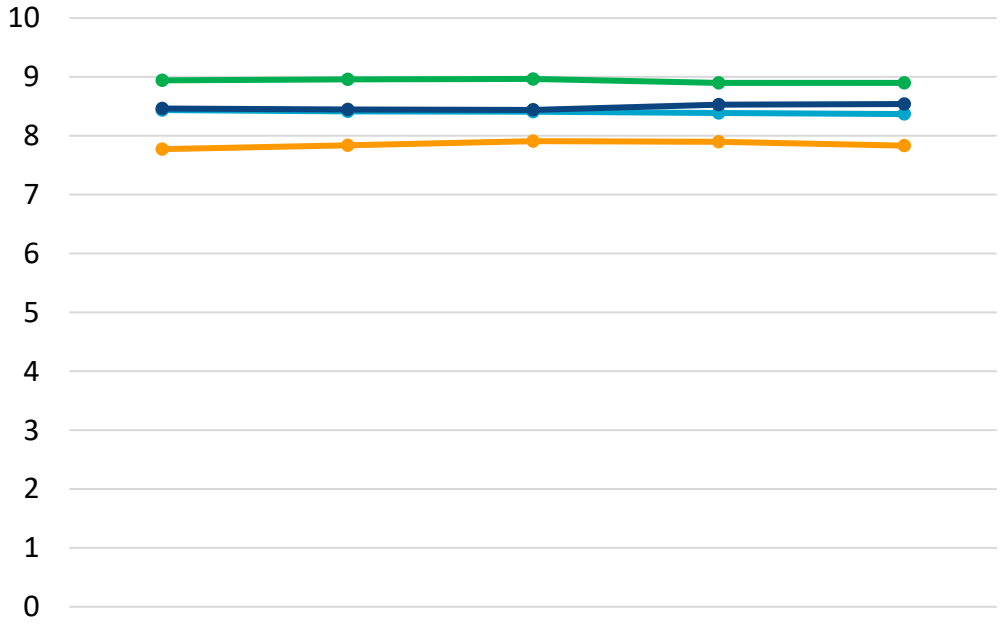
People Promise elements, themes and sub-scores: Sub-score trends

Survey Coordination Centre

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

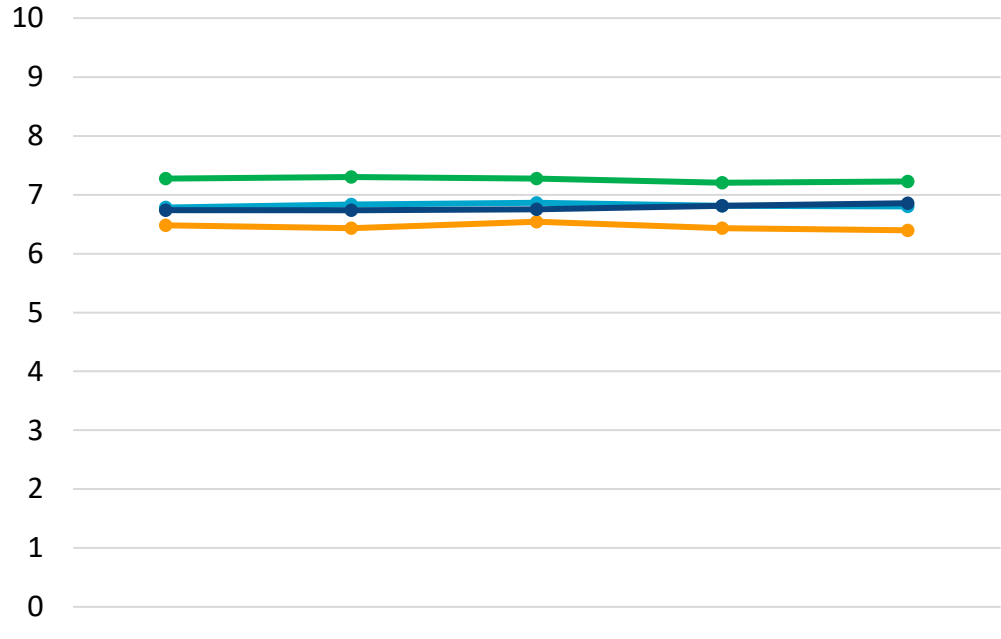
Promise element 1: We are compassionate and inclusive (2)

Diversity and equality



	2021	2022	2023	2024	2025
Your org	8.47	8.45	8.44	8.53	8.54
Best result	8.94	8.96	8.97	8.90	8.90
Average result	8.44	8.41	8.41	8.39	8.37
Worst result	7.77	7.84	7.91	7.90	7.83
Responses	2872	2475	2207	3464	3838

Inclusion



	2021	2022	2023	2024	2025
Your org	6.74	6.74	6.75	6.81	6.86
Best result	7.28	7.30	7.27	7.20	7.22
Average result	6.78	6.84	6.86	6.81	6.80
Worst result	6.48	6.43	6.54	6.43	6.40
Responses	2837	2474	2205	3466	3863

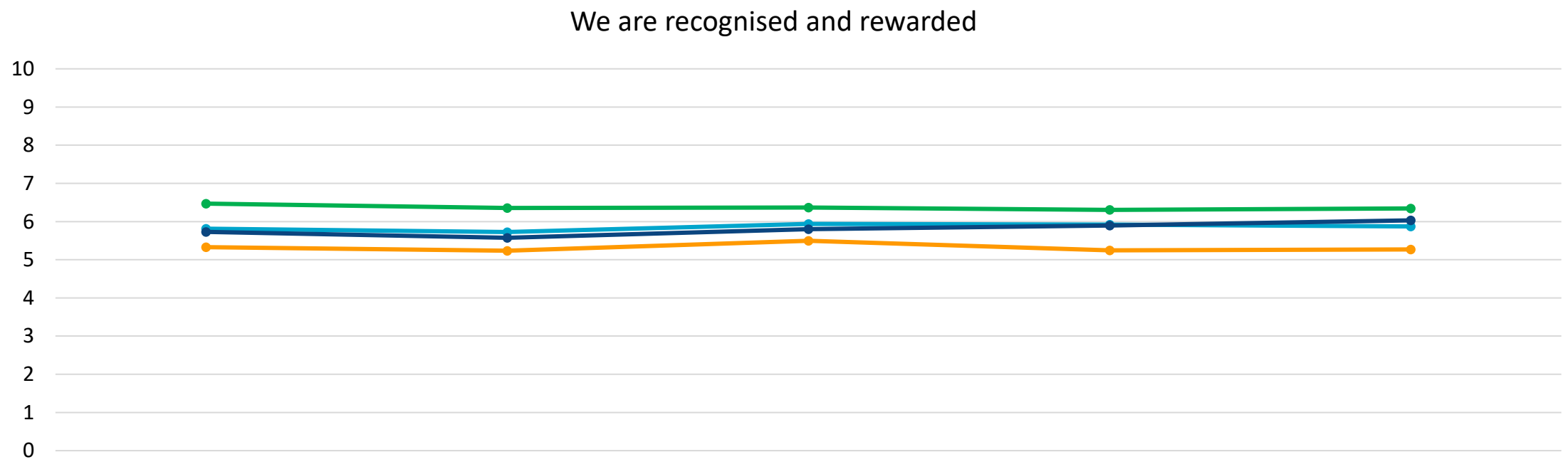
Note: Due to changes in the Q15 question wording in 2025, reported results for 'Diversity and equality' have been recalculated to exclude Q15 for all years. For more information, please refer to the *Technical Guide:* https://www.nhsstaffsurveys.com/survey-documents/

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



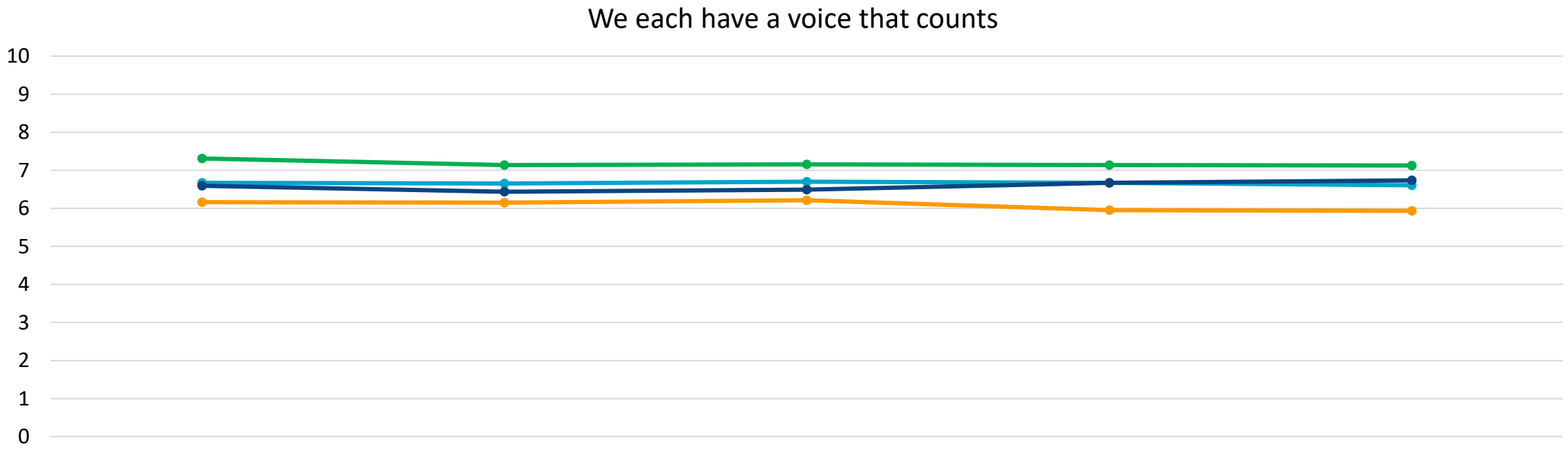
	2021	2022	2023	2024	2025
Your org	5.73	5.58	5.80	5.90	6.03
Best result	6.47	6.36	6.37	6.31	6.34
Average result	5.81	5.73	5.94	5.92	5.87
Worst result	5.33	5.24	5.50	5.25	5.27
Responses	2860	2477	2207	3477	3863

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	2025
Your org	6.59	6.43	6.49	6.67	6.73
Best result	7.31	7.14	7.16	7.14	7.12
Average result	6.67	6.65	6.70	6.67	6.60
Worst result	6.16	6.15	6.21	5.95	5.93
Responses	2853	2465	2194	3444	3839

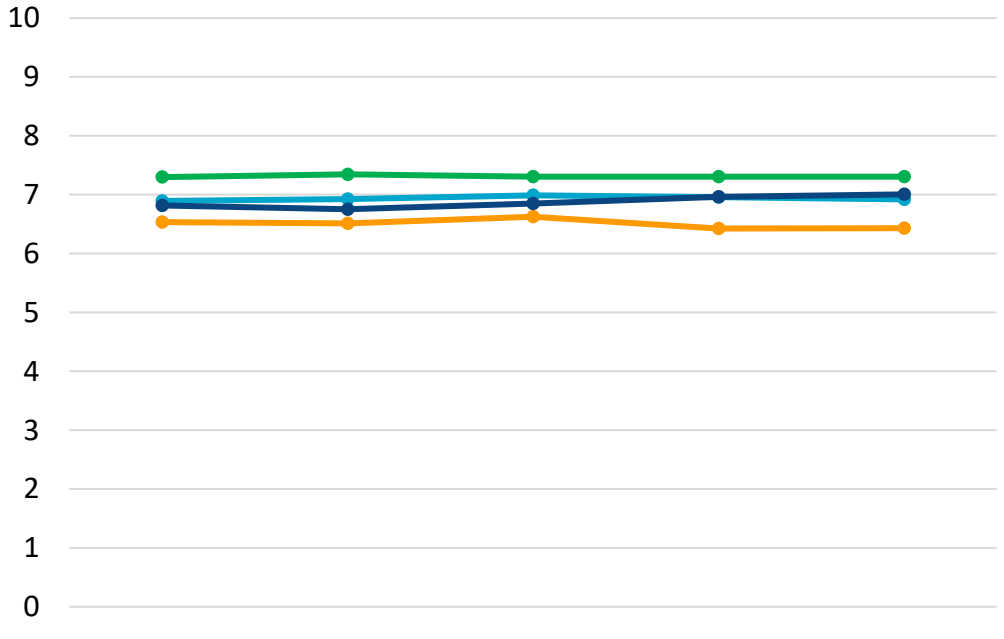
People Promise elements, themes and sub-scores: Sub-score trends

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**.

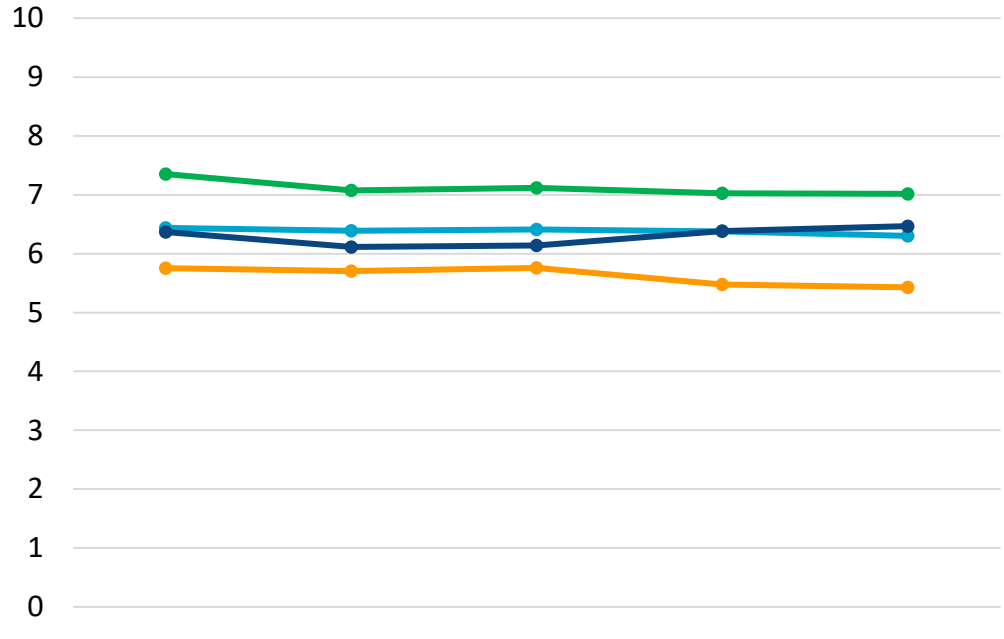
Promise element 3: We each have a voice that counts

Autonomy and control



	2021	2022	2023	2024	2025
Your org	6.82	6.75	6.85	6.96	7.01
Best result	7.30	7.35	7.31	7.31	7.31
Average result	6.89	6.93	6.99	6.96	6.92
Worst result	6.53	6.51	6.63	6.42	6.43
Responses	2881	2482	2210	3477	3869

Raising concerns



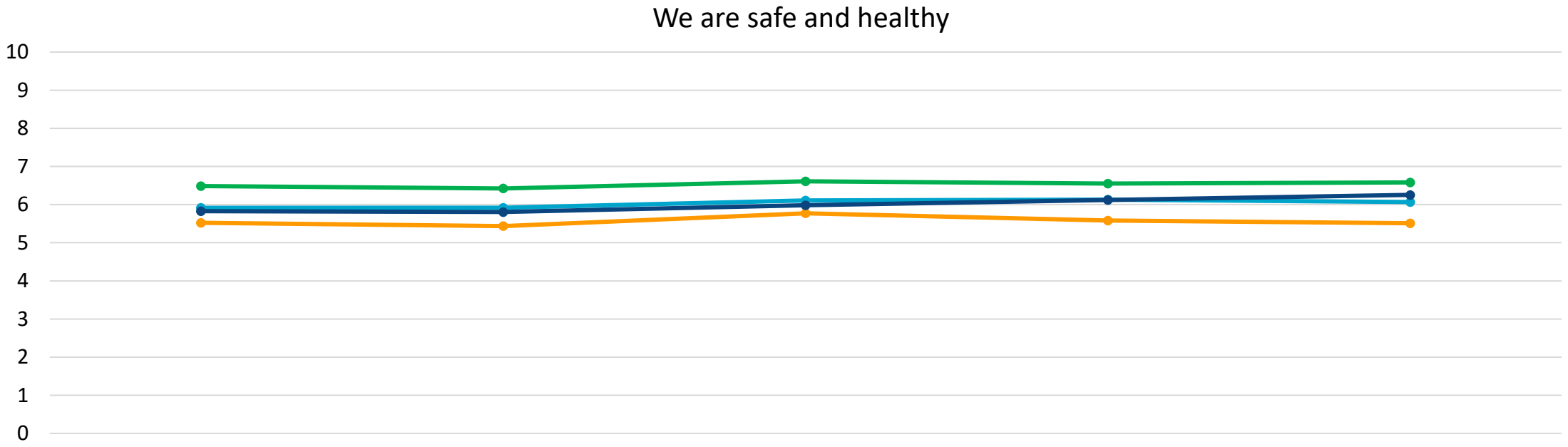
	2021	2022	2023	2024	2025
Your org	6.37	6.11	6.14	6.38	6.47
Best result	7.35	7.07	7.12	7.02	7.02
Average result	6.44	6.39	6.41	6.38	6.30
Worst result	5.75	5.70	5.76	5.48	5.43
Responses	2853	2465	2197	3449	3844

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	2025
Your org	5.83	5.81	5.98	6.12	6.26
Best result	6.48	6.42	6.61	6.55	6.58
Average result	5.92	5.92	6.11	6.13	6.07
Worst result	5.52	5.44	5.77	5.58	5.51
Responses	2866	2471	2044	3455	3835

Note: 2023 results for 'We are safe and healthy' are reported using corrected data. In addition, due to changes in the Q11b question wording in 2025, reported results for 'We are safe and healthy' have been recalculated to exclude Q11b for all years. Please see *Additional Information regarding NSS23 data collection issue* and *Technical Guide* at https://www.nhsstaffsurveys.com/survey-documents/ for more details.

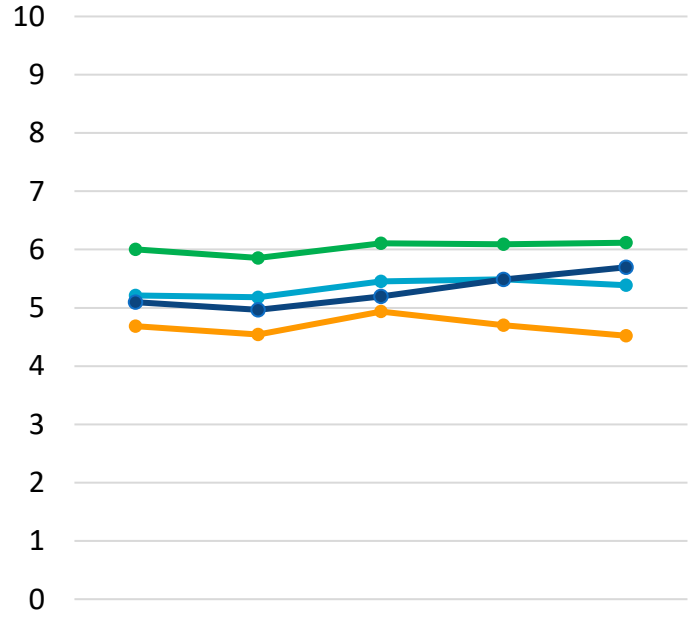
People Promise elements, themes and sub-scores: Sub-score trends

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**.

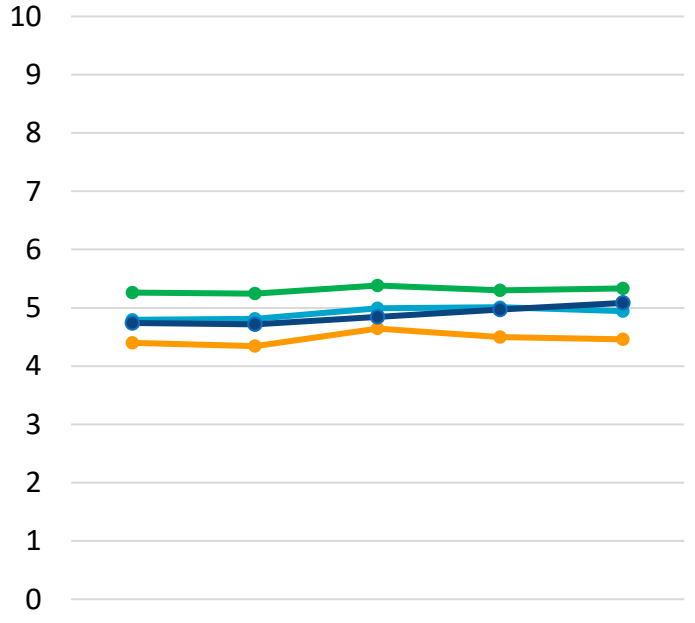
Promise element 4: We are safe and healthy

Health and safety climate



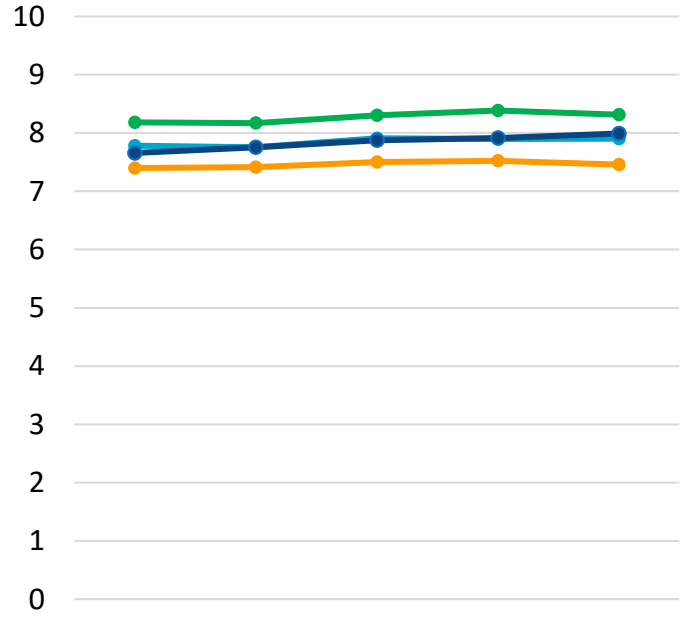
	2021	2022	2023	2024	2025
Your org	5.10	4.97	5.20	5.49	5.70
Best result	6.01	5.86	6.11	6.09	6.12
Average result	5.21	5.18	5.45	5.49	5.39
Worst result	4.68	4.54	4.94	4.70	4.52
Responses	2880	2482	2052	3478	3869

Burnout



	2021	2022	2023	2024	2025
Your org	4.74	4.72	4.84	4.97	5.08
Best result	5.26	5.24	5.38	5.30	5.33
Average result	4.79	4.81	4.99	5.01	4.94
Worst result	4.40	4.34	4.64	4.50	4.46
Responses	2874	2476	2209	3475	3862

Negative experiences



	2021	2022	2023	2024	2025
Your org	7.66	7.76	7.87	7.92	7.99
Best result	8.18	8.17	8.30	8.39	8.31
Average result	7.78	7.76	7.91	7.90	7.90
Worst result	7.40	7.41	7.50	7.52	7.46
Responses	2870	2474	2046	3460	3845

Note: 2023 results for 'Health and safety climate' and 'Negative experiences' are reported using corrected data. In addition, due to changes in the Q11b question wording in 2025, reported results for 'Negative experiences' have been recalculated to exclude Q11b for all years. Please see *Additional Information regarding NSS23 data collection issue* and *Technical Guide* at https://www.nhsstaffsurveys.com/survey-documents/ for more details.

People Promise elements and themes: Trends

Survey Coordination Centre

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

Promise element 5: We are always learning

	2021	2022	2023	2024	2025
Your org	5.19	5.11	5.34	5.61	5.69
Best result	6.00	5.92	6.07	6.09	6.21
Average result	5.24	5.35	5.62	5.64	5.57
Worst result	4.30	4.39	5.06	4.76	4.98
Responses	2753	2392	2091	3275	3635

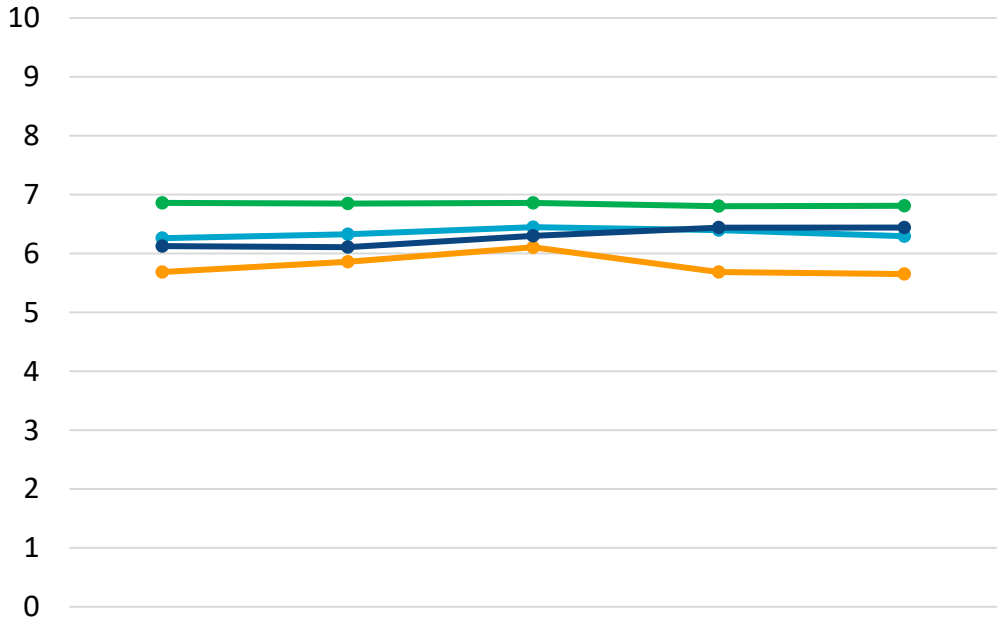
People Promise elements, themes and sub-scores: Sub-score trends

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**.

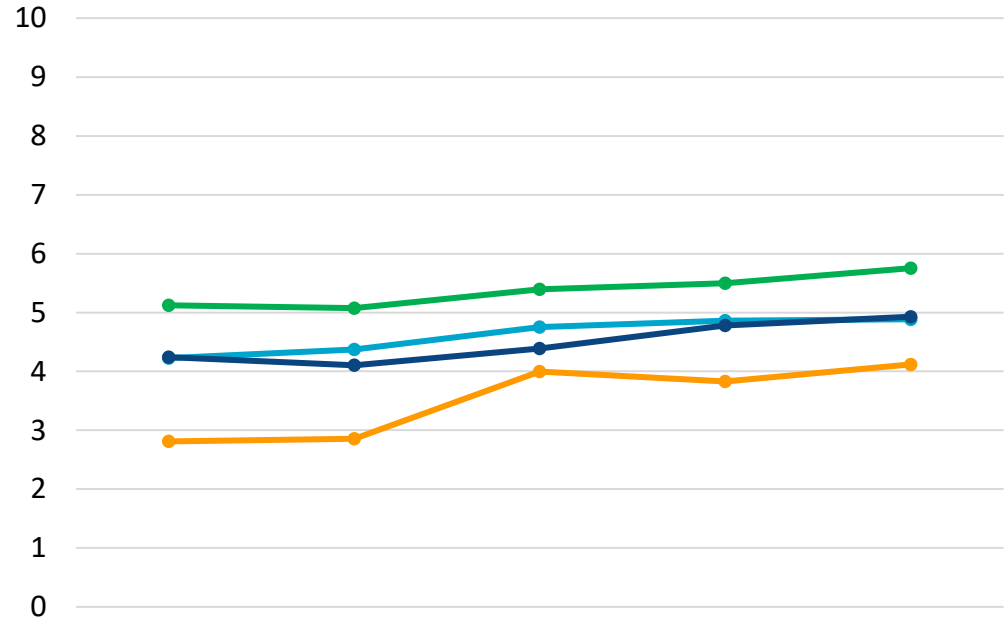
Promise element 5: We are always learning

Development



	2021	2022	2023	2024	2025
Your org	6.12	6.11	6.30	6.44	6.44
Best result	6.86	6.85	6.86	6.80	6.81
Average result	6.26	6.33	6.45	6.40	6.29
Worst result	5.68	5.86	6.11	5.69	5.65
Responses	2869	2469	2204	3466	3852

Appraisals



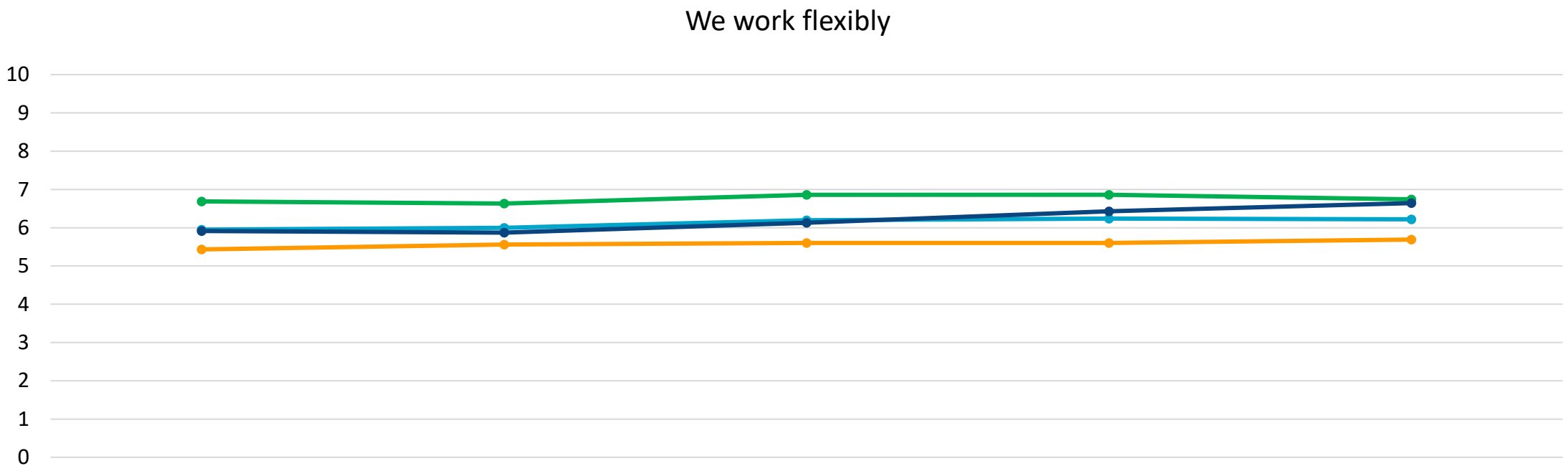
	2021	2022	2023	2024	2025
Your org	4.24	4.10	4.39	4.78	4.93
Best result	5.12	5.07	5.39	5.50	5.75
Average result	4.23	4.37	4.75	4.86	4.89
Worst result	2.81	2.86	3.99	3.83	4.12
Responses	2761	2399	2094	3277	3642

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	2025
Your org	5.91	5.87	6.13	6.43	6.64
Best result	6.69	6.63	6.86	6.86	6.74
Average result	5.95	6.00	6.20	6.24	6.22
Worst result	5.43	5.56	5.60	5.60	5.69
Responses	2847	2473	2200	3453	3845

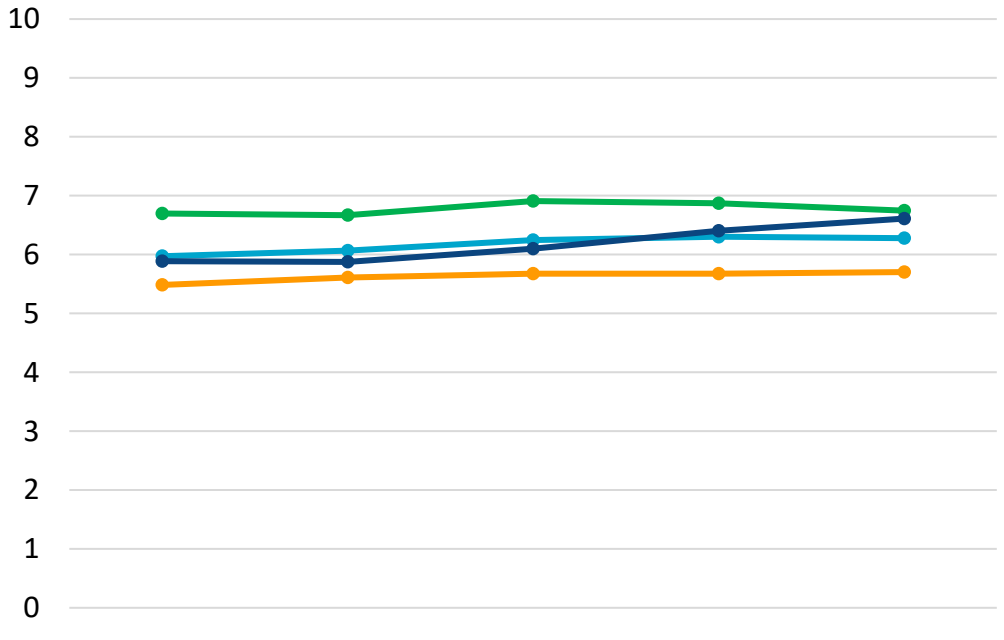
People Promise elements, themes and sub-scores: Sub-score trends

Survey Coordination Centre NHS

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

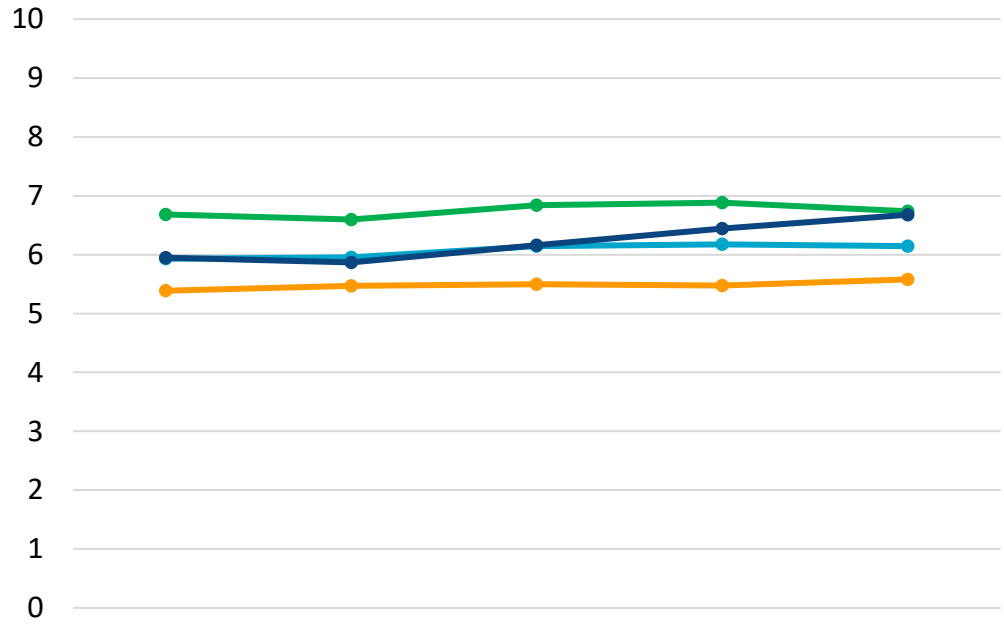
Promise element 6: We work flexibly

Support for work-life balance



	2021	2022	2023	2024	2025
Your org	5.89	5.88	6.10	6.41	6.61
Best result	6.70	6.67	6.91	6.87	6.75
Average result	5.97	6.07	6.25	6.30	6.28
Worst result	5.48	5.61	5.67	5.67	5.70
Responses	2877	2476	2211	3467	3862

Flexible working



	2021	2022	2023	2024	2025
Your org	5.95	5.87	6.16	6.44	6.68
Best result	6.68	6.60	6.84	6.88	6.73
Average result	5.93	5.95	6.15	6.17	6.15
Worst result	5.39	5.47	5.50	5.48	5.58
Responses	2851	2476	2201	3465	3854

People Promise elements and themes: Trends

Survey Coordination Centre

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

Promise element 7: We are a team

	2021	2022	2023	2024	2025
Your org	6.49	6.43	6.53	6.71	6.81
Best result	7.15	7.15	7.19	7.12	7.14
Average result	6.58	6.64	6.75	6.75	6.75
Worst result	6.18	6.25	6.34	6.25	6.29
Responses	2855	2474	2206	3472	3861

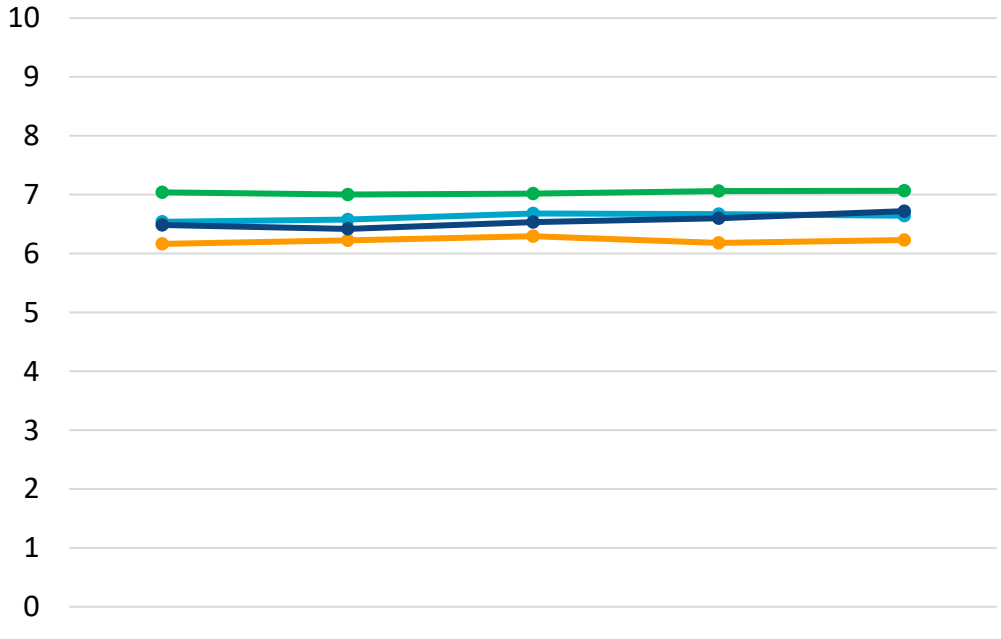
People Promise elements, themes and sub-scores: Sub-score trends

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**.

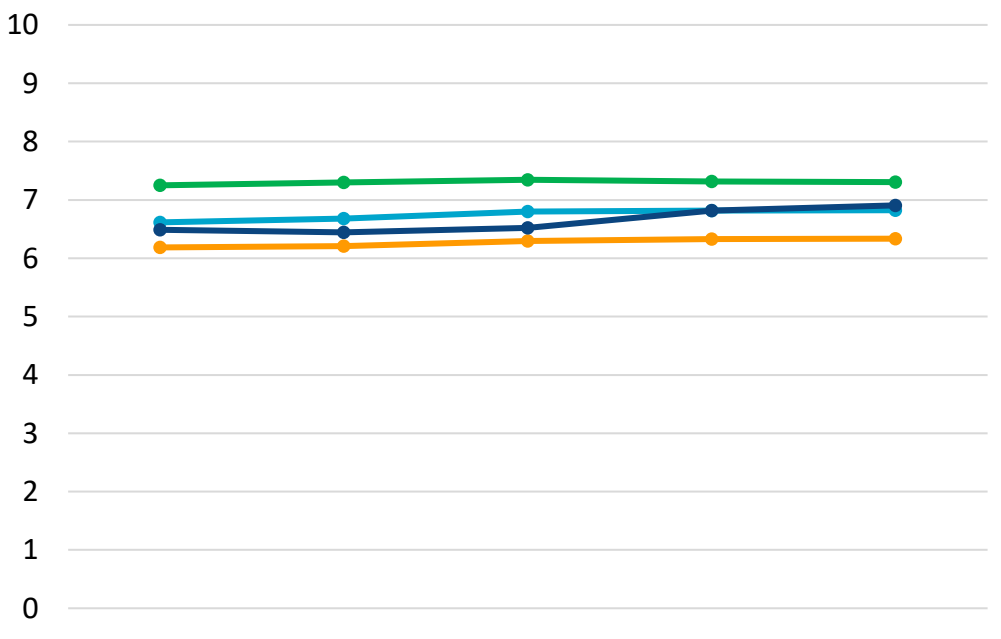
Promise element 7: We are a team

Team working



	2021	2022	2023	2024	2025
Your org	6.49	6.42	6.53	6.60	6.72
Best result	7.04	7.00	7.02	7.06	7.07
Average result	6.54	6.58	6.68	6.67	6.64
Worst result	6.16	6.22	6.29	6.18	6.23
Responses	2864	2478	2209	3476	3866

Line management



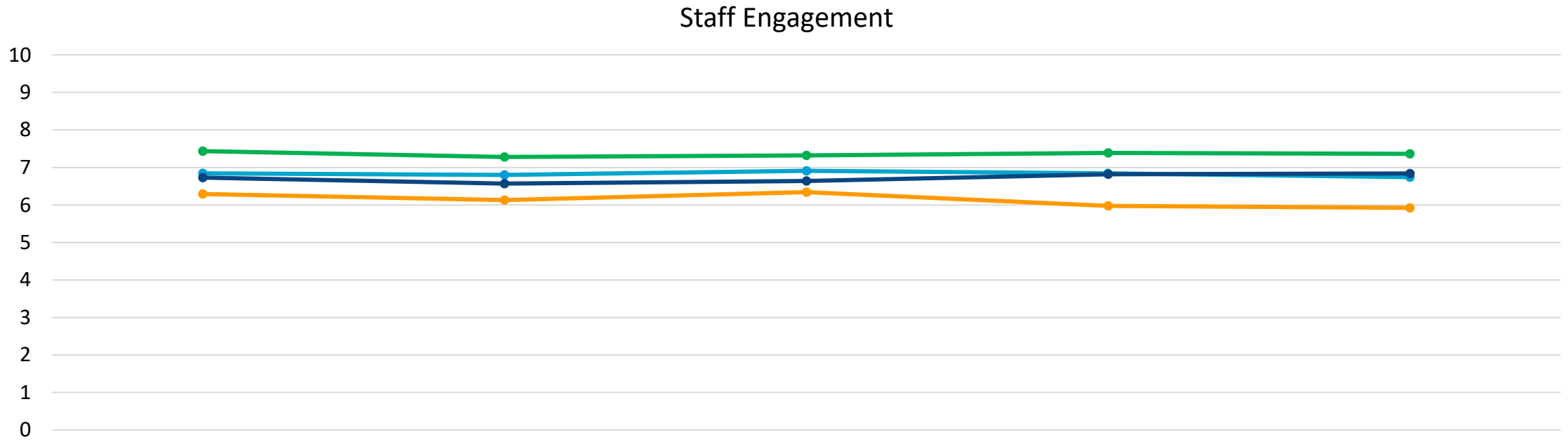
	2021	2022	2023	2024	2025
Your org	6.49	6.44	6.52	6.82	6.91
Best result	7.25	7.30	7.35	7.31	7.31
Average result	6.62	6.68	6.80	6.82	6.82
Worst result	6.19	6.21	6.30	6.33	6.34
Responses	2870	2475	2208	3473	3863

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



	2021	2022	2023	2024	2025
Your org	6.73	6.57	6.64	6.82	6.84
Best result	7.43	7.28	7.32	7.39	7.36
Average result	6.84	6.80	6.91	6.84	6.74
Worst result	6.29	6.13	6.34	5.98	5.92
Responses	2881	2480	2213	3478	3867

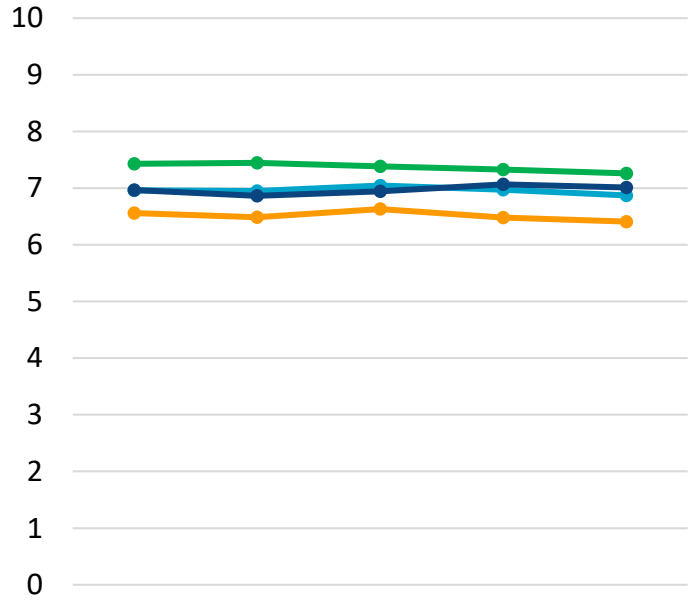
People Promise elements, themes and sub-scores: Sub-score trends

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**.

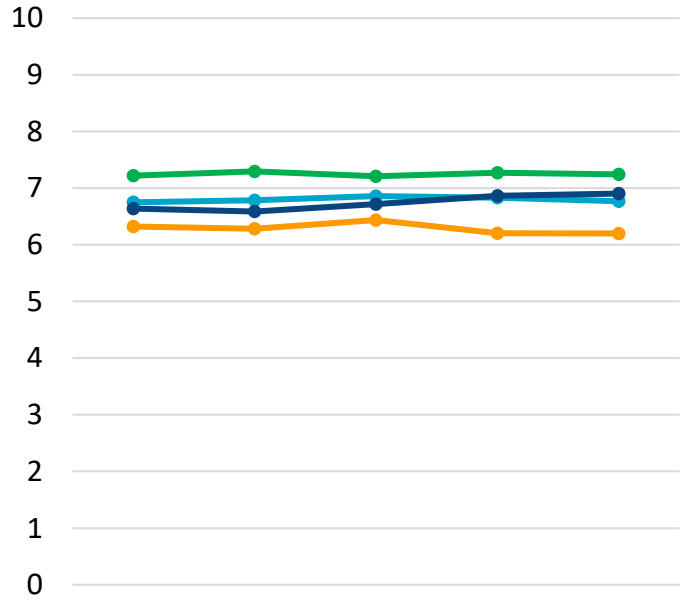
Theme: Staff Engagement

Motivation



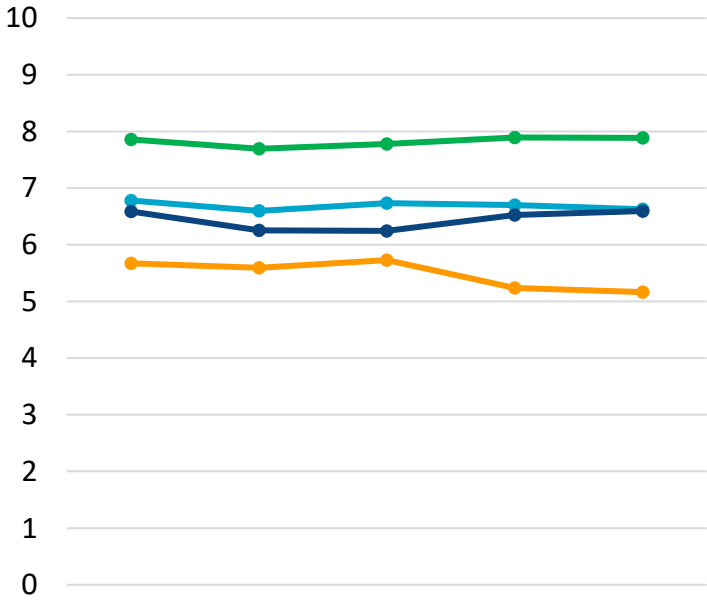
	2021	2022	2023	2024	2025
Your org	6.96	6.86	6.94	7.07	7.01
Best result	7.43	7.45	7.39	7.33	7.26
Average result	6.96	6.95	7.05	6.98	6.87
Worst result	6.56	6.48	6.63	6.48	6.41
Responses	2859	2462	2198	3461	3827

Involvement



	2021	2022	2023	2024	2025
Your org	6.64	6.59	6.72	6.86	6.90
Best result	7.22	7.30	7.21	7.27	7.24
Average result	6.75	6.78	6.86	6.83	6.77
Worst result	6.32	6.28	6.44	6.20	6.20
Responses	2882	2481	2210	3476	3867

Advocacy



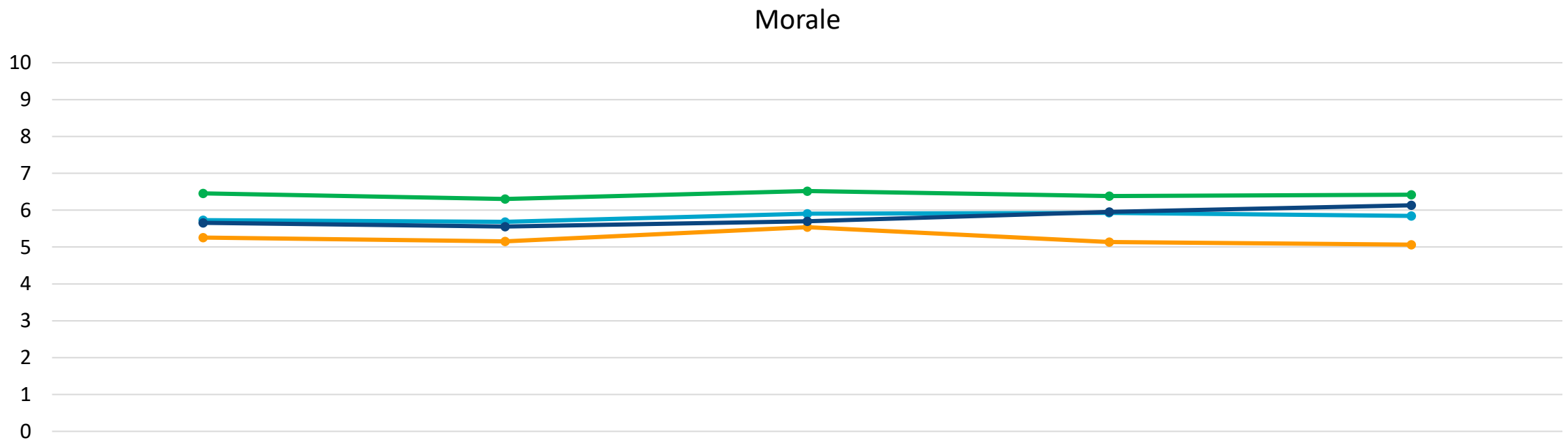
	2021	2022	2023	2024	2025
Your org	6.59	6.26	6.25	6.52	6.60
Best result	7.86	7.70	7.78	7.89	7.89
Average result	6.78	6.60	6.74	6.70	6.63
Worst result	5.67	5.60	5.73	5.24	5.17
Responses	2868	2472	2204	3466	3852

People Promise elements and themes: Trends

Survey Coordination Centre NHS

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

Theme: Morale



	2021	2022	2023	2024	2025
Your org	5.66	5.56	5.70	5.95	6.13
Best result	6.45	6.30	6.52	6.38	6.42
Average result	5.73	5.68	5.90	5.93	5.84
Worst result	5.26	5.16	5.54	5.13	5.06
Responses	2881	2482	2211	3478	3872

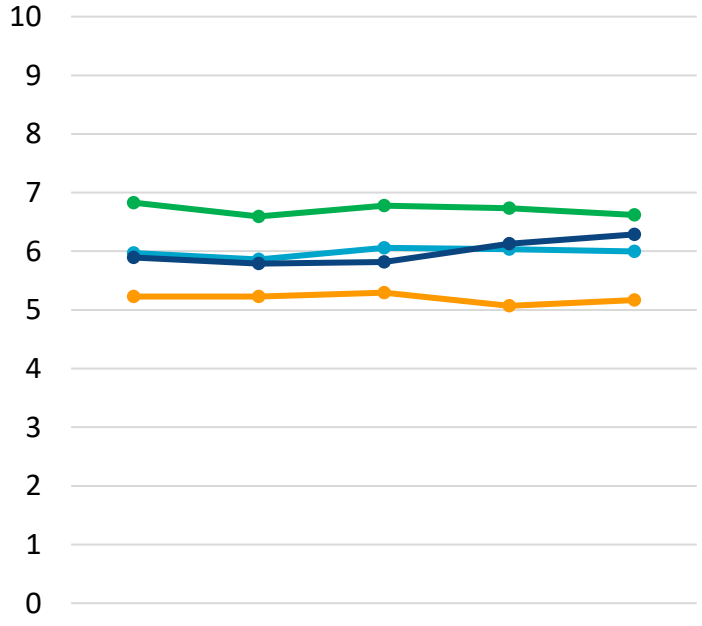
People Promise elements, themes and sub-scores: Sub-score trends

Survey Coordination Centre

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

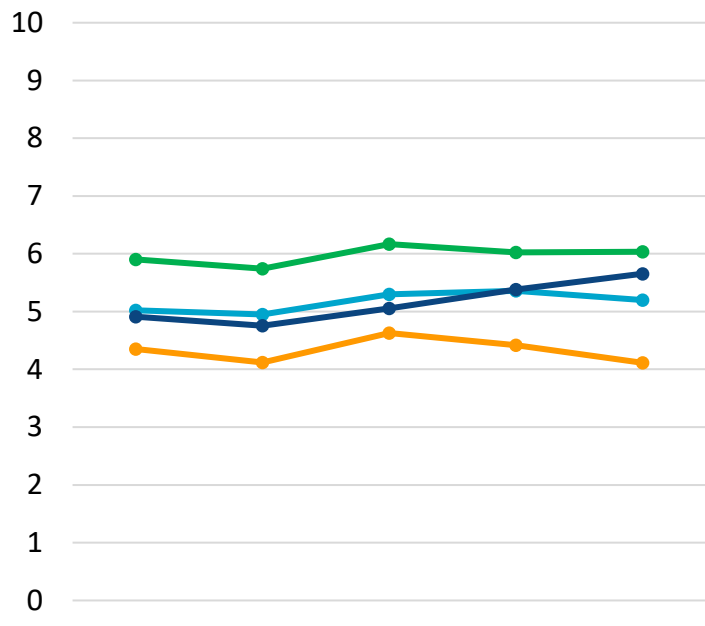
Theme: Morale

Thinking about leaving



	2021	2022	2023	2024	2025
Your org	5.90	5.79	5.82	6.13	6.29
Best result	6.83	6.59	6.78	6.73	6.62
Average result	5.97	5.86	6.06	6.04	6.00
Worst result	5.23	5.23	5.29	5.07	5.17
Responses	2869	2462	2204	3467	3848

Work pressure



	2021	2022	2023	2024	2025
Your org	4.91	4.75	5.06	5.38	5.66
Best result	5.90	5.74	6.17	6.03	6.03
Average result	5.02	4.95	5.30	5.36	5.20
Worst result	4.35	4.12	4.63	4.42	4.11
Responses	2878	2480	2210	3477	3869

Stressors

	2021	2022	2023	2024	2025
Your org	6.17	6.13	6.23	6.36	6.45
Best result	6.73	6.71	6.71	6.70	6.68
Average result	6.25	6.29	6.38	6.38	6.35
Worst result	5.90	5.91	6.10	5.91	5.91
Responses	2871	2477	2208	3474	3870

Survey Coordination Centre

NHS

People Promise element – We are compassionate and inclusive

Questions included:

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

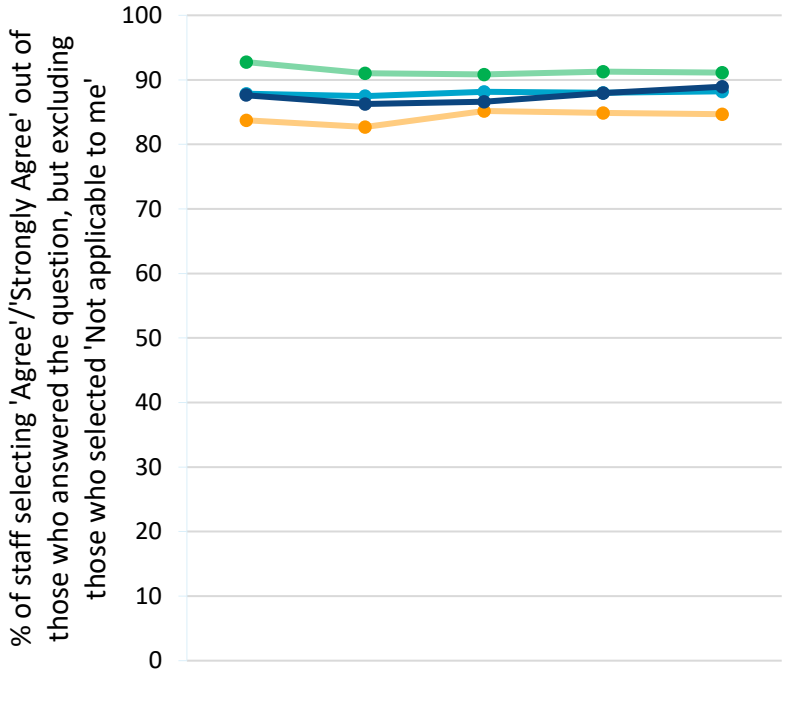
Compassionate leadership – Q9f, Q9g, Q9h, Q9i

Diversity and equality – Q15, Q16a, Q16b, Q21

Inclusion – Q7h, Q7i, Q8b, Q8c

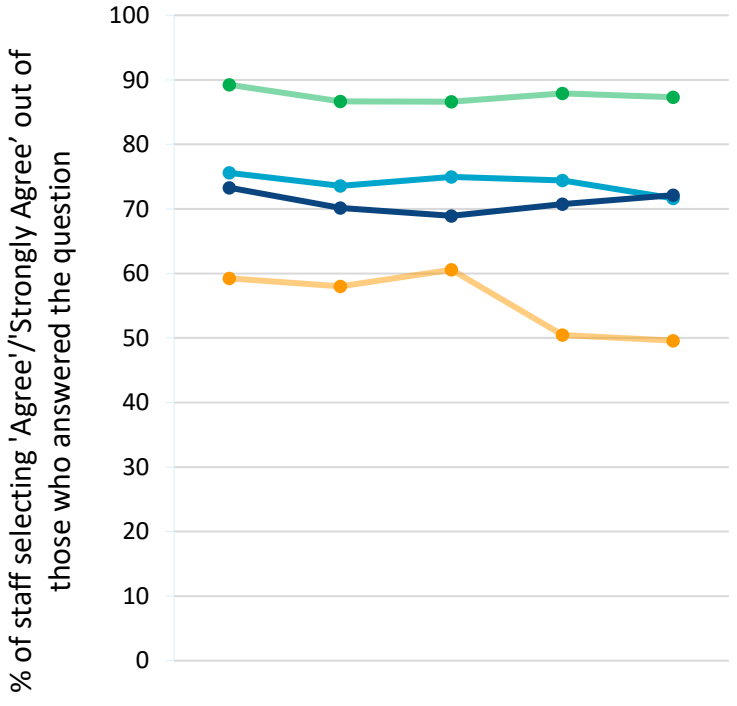
Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

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



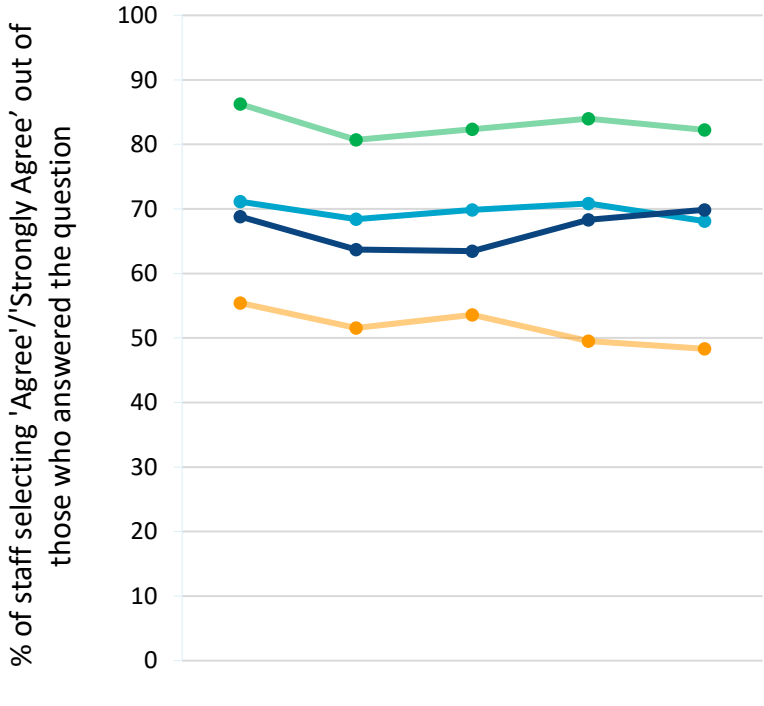
	2021	2022	2023	2024	2025
Your org	87.61%	86.26%	86.64%	87.95%	88.94%
Best result	92.75%	91.05%	90.85%	91.30%	91.11%
Average result	87.85%	87.48%	88.14%	88.02%	88.22%
Worst result	83.75%	82.70%	85.18%	84.88%	84.67%
Responses	2795	2414	2164	3391	3774

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



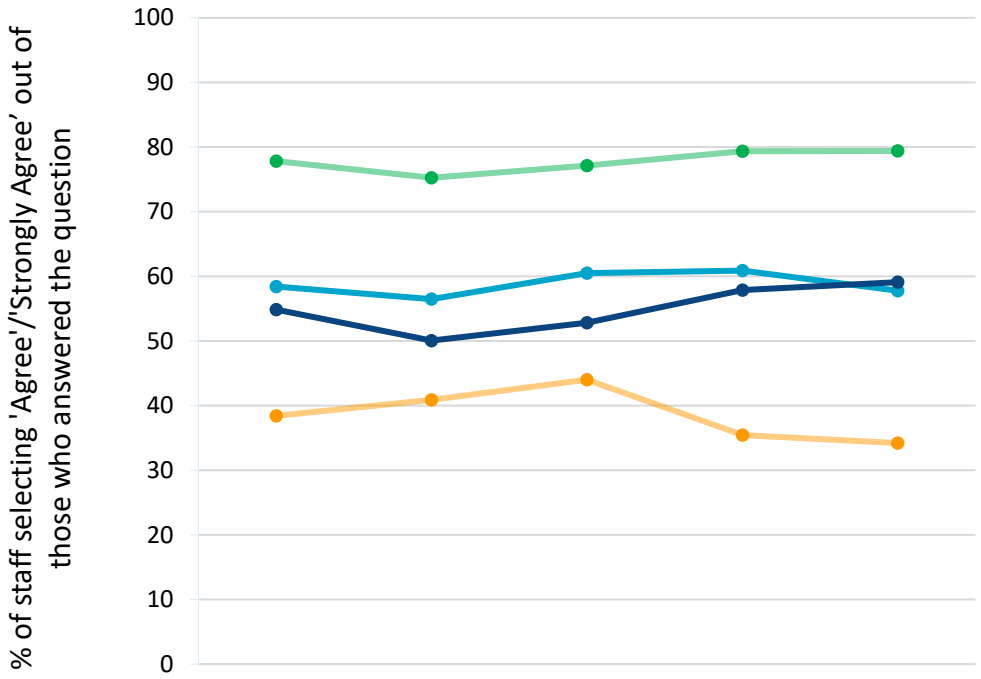
	2021	2022	2023	2024	2025
Your org	73.28%	70.16%	68.93%	70.72%	72.14%
Best result	89.24%	86.64%	86.62%	87.88%	87.31%
Average result	75.58%	73.58%	74.95%	74.42%	71.63%
Worst result	59.25%	57.99%	60.58%	50.48%	49.59%
Responses	2868	2469	2203	3464	3850

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



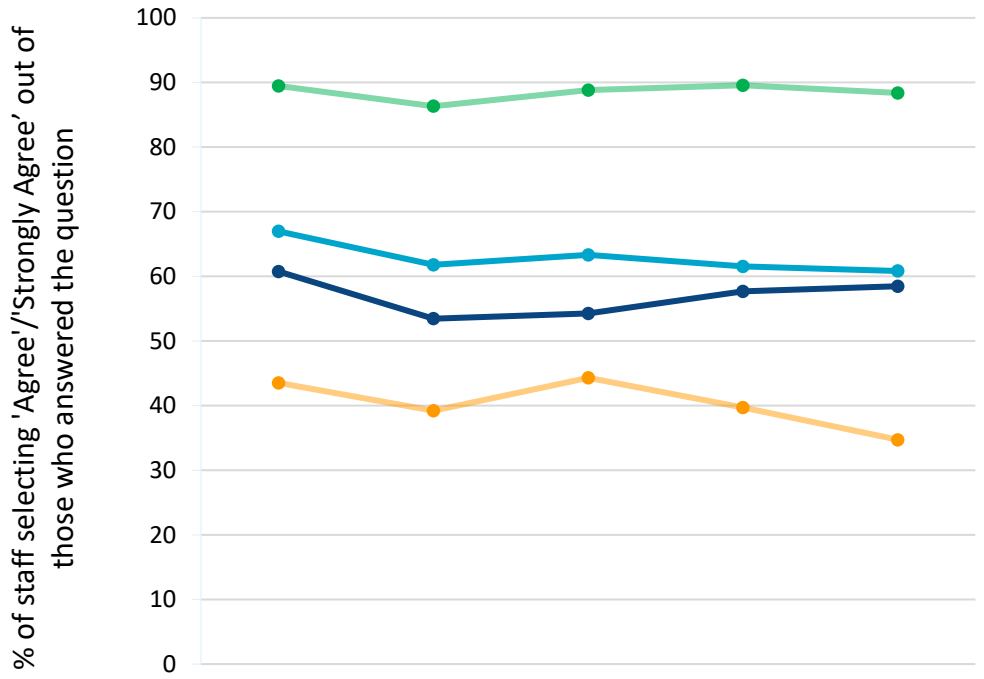
	2021	2022	2023	2024	2025
Your org	68.80%	63.71%	63.46%	68.31%	69.87%
Best result	86.24%	80.70%	82.35%	83.97%	82.23%
Average result	71.13%	68.39%	69.84%	70.86%	68.11%
Worst result	55.43%	51.54%	53.61%	49.53%	48.33%
Responses	2855	2470	2197	3464	3846

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



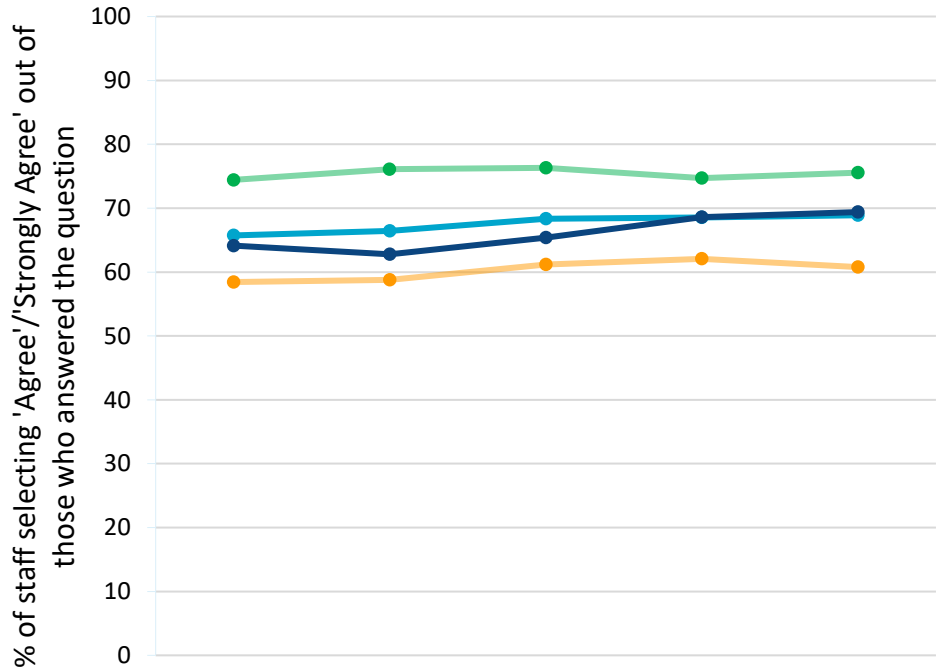
	2021	2022	2023	2024	2025
Your org	54.86%	50.07%	52.82%	57.88%	59.10%
Best result	77.86%	75.26%	77.14%	79.37%	79.40%
Average result	58.41%	56.47%	60.52%	60.89%	57.77%
Worst result	38.40%	40.90%	44.01%	35.43%	34.20%
Responses	2864	2470	2201	3461	3846

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



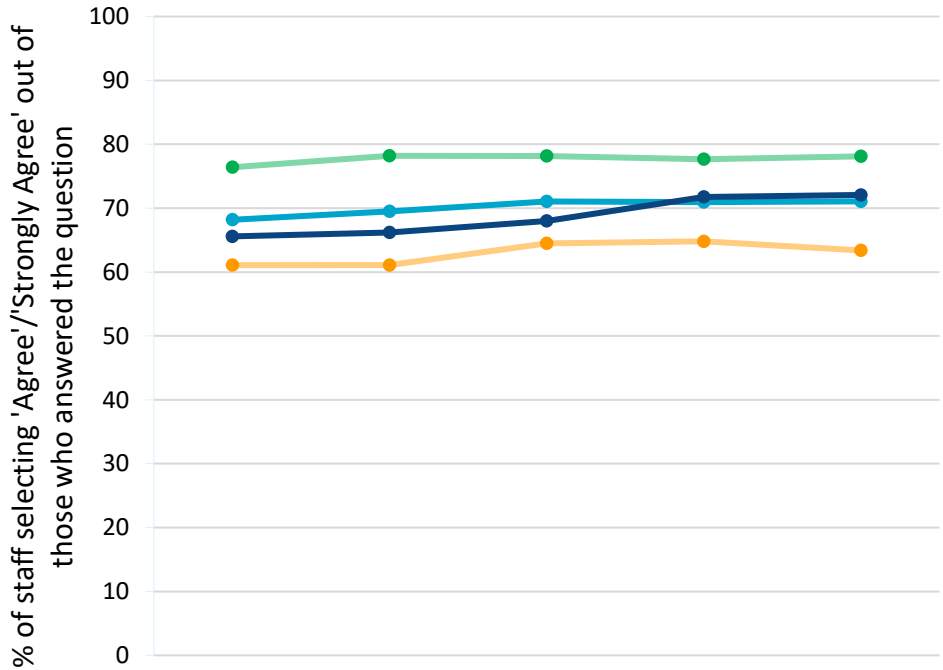
	2021	2022	2023	2024	2025
Your org	60.76%	53.45%	54.27%	57.69%	58.45%
Best result	89.49%	86.33%	88.81%	89.58%	88.41%
Average result	66.97%	61.78%	63.32%	61.55%	60.83%
Worst result	43.50%	39.20%	44.30%	39.68%	34.73%
Responses	2863	2469	2203	3462	3851

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



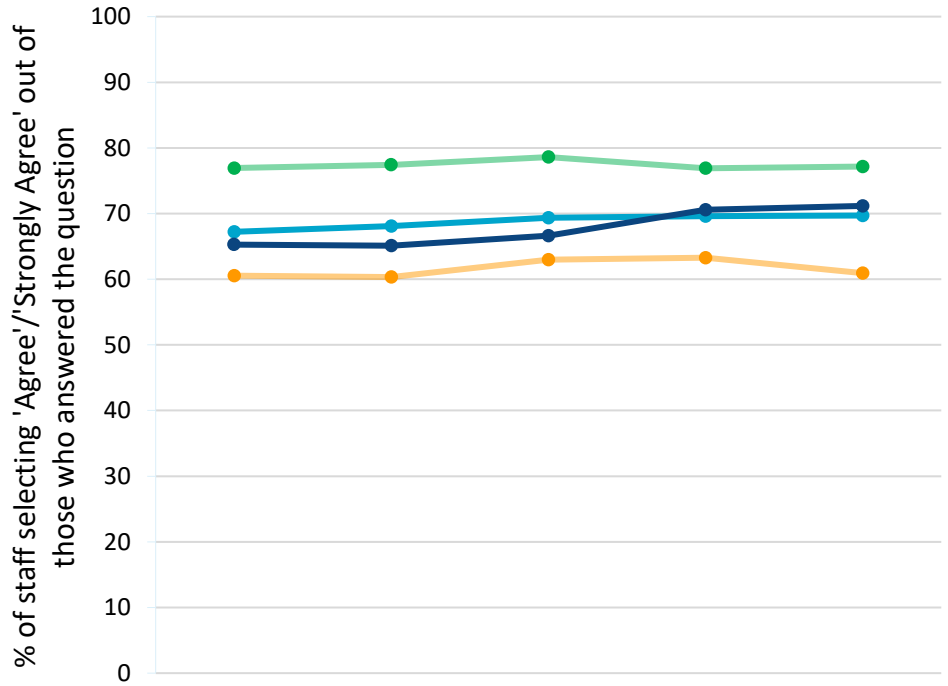
	2021	2022	2023	2024	2025
Your org	64.13%	62.78%	65.37%	68.59%	69.39%
Best result	74.43%	76.09%	76.31%	74.72%	75.54%
Average result	65.73%	66.46%	68.37%	68.54%	68.89%
Worst result	58.44%	58.76%	61.17%	62.06%	60.79%
Responses	2858	2472	2204	3467	3854

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



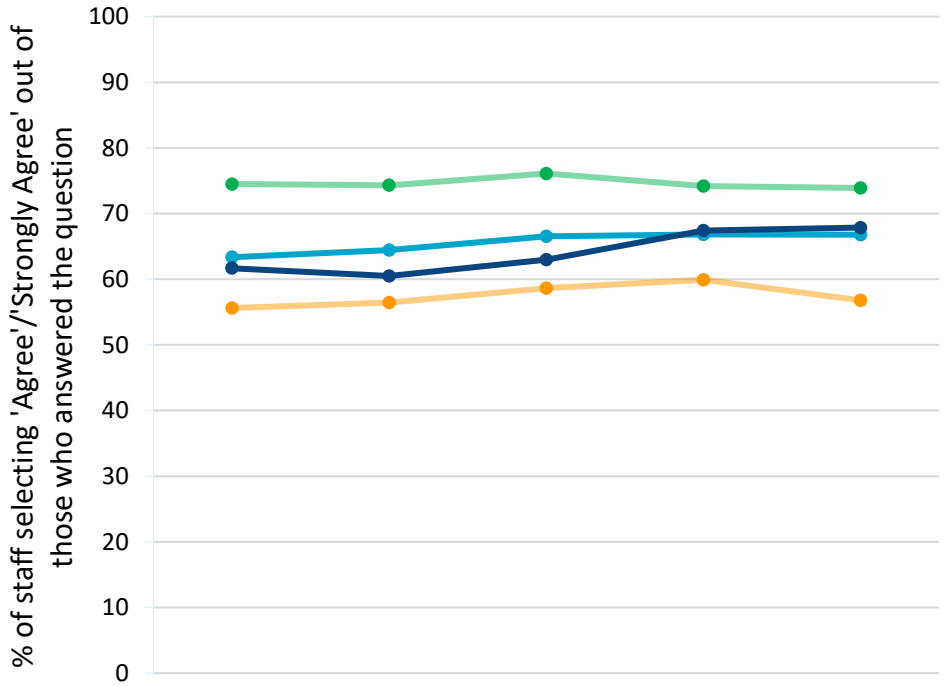
	2021	2022	2023	2024	2025
Your org	65.58%	66.17%	68.01%	71.74%	72.07%
Best result	76.40%	78.20%	78.14%	77.64%	78.12%
Average result	68.18%	69.47%	71.04%	70.96%	71.07%
Worst result	61.09%	61.09%	64.49%	64.81%	63.37%
Responses	2860	2473	2207	3470	3859

Q9h My immediate manager cares about my concerns.



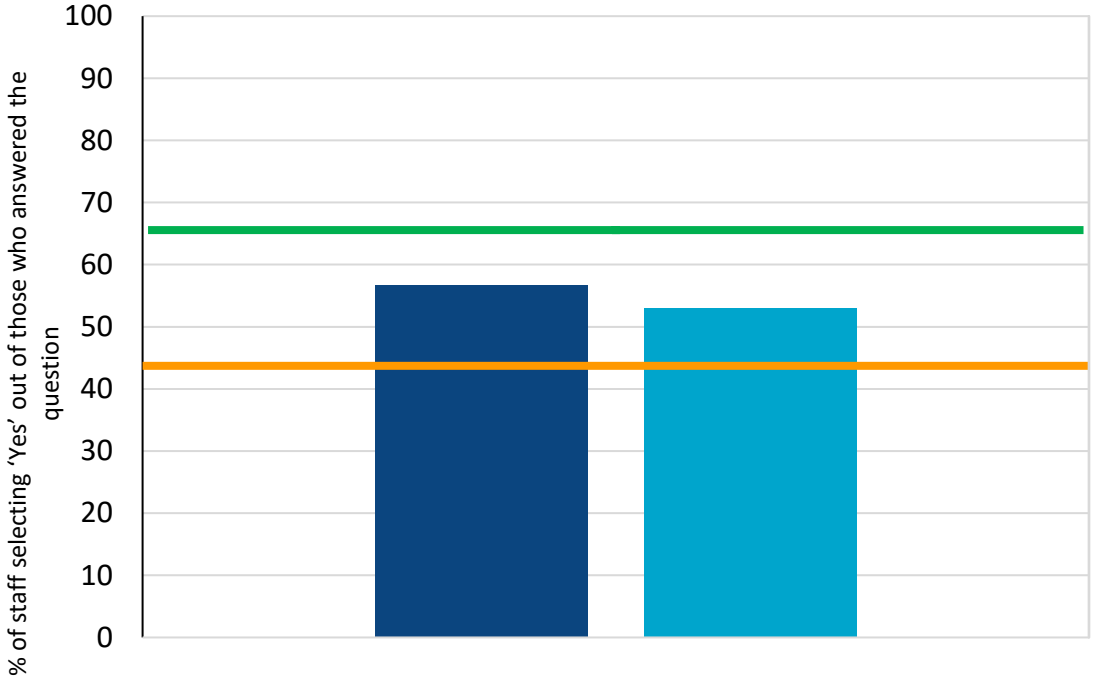
	2021	2022	2023	2024	2025
Your org	65.28%	65.11%	66.64%	70.58%	71.17%
Best result	76.94%	77.42%	78.60%	76.90%	77.15%
Average result	67.22%	68.07%	69.38%	69.63%	69.71%
Worst result	60.56%	60.33%	62.96%	63.28%	60.93%
Responses	2856	2477	2203	3467	3856

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



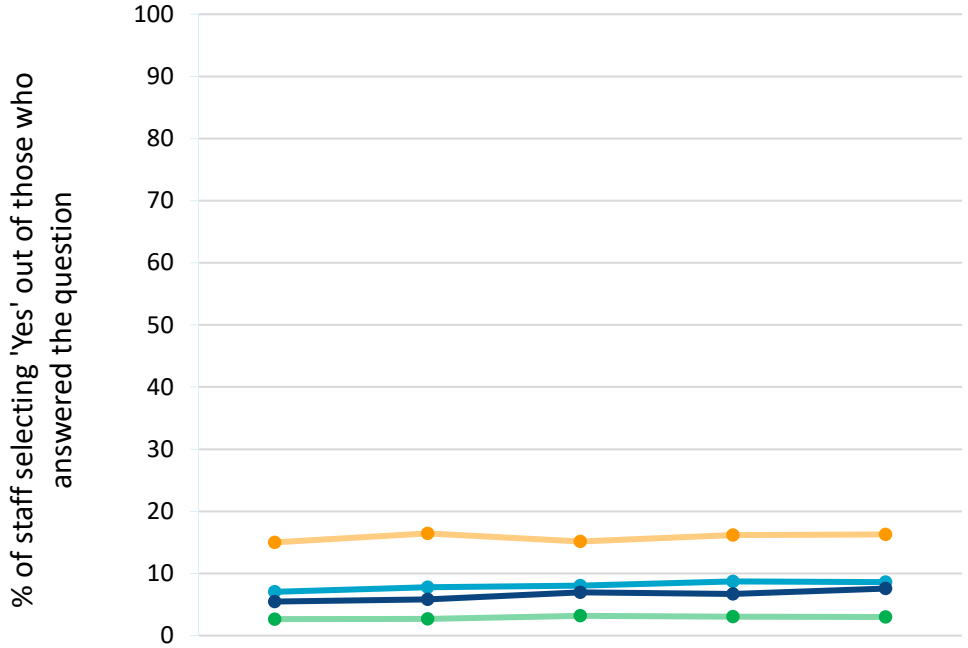
	2021	2022	2023	2024	2025
Your org	61.68%	60.49%	63.00%	67.41%	67.87%
Best result	74.50%	74.31%	76.10%	74.19%	73.90%
Average result	63.35%	64.44%	66.52%	66.82%	66.79%
Worst result	55.62%	56.43%	58.66%	59.92%	56.79%
Responses	2859	2472	2195	3468	3854

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



	2025
Your org	56.69%
Best result	65.57%
Average result	53.05%
Worst result	43.72%
Responses	3821

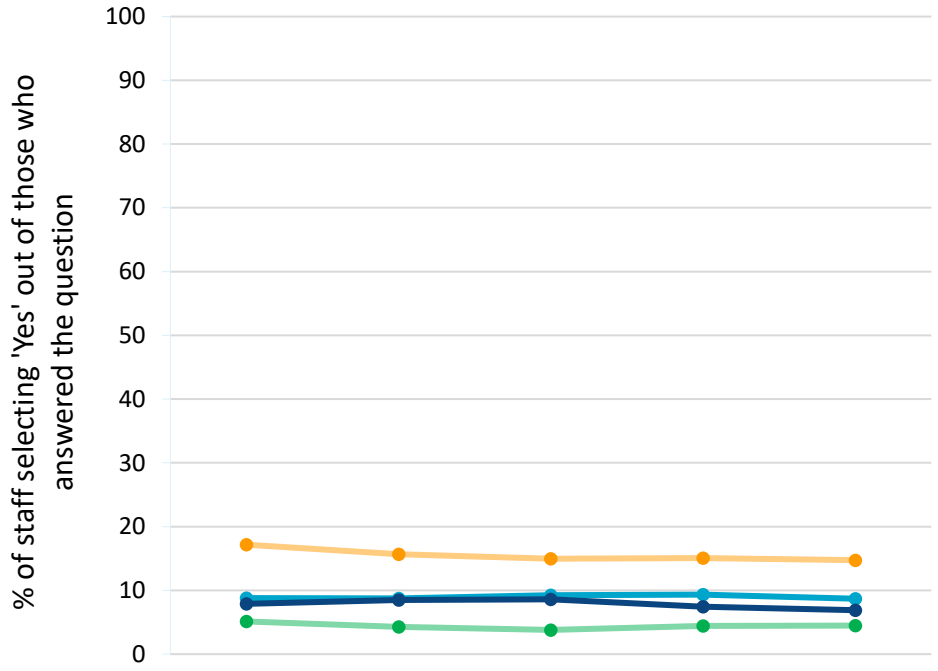
Q16a In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?



	2021	2022	2023	2024	2025
Your org	5.47%	5.82%	6.95%	6.68%	7.57%
Best result	2.65%	2.70%	3.17%	3.02%	2.97%
Average result	7.04%	7.76%	8.06%	8.72%	8.58%
Worst result	15.00%	16.44%	15.14%	16.17%	16.28%
Responses	2858	2466	2202	3454	3830

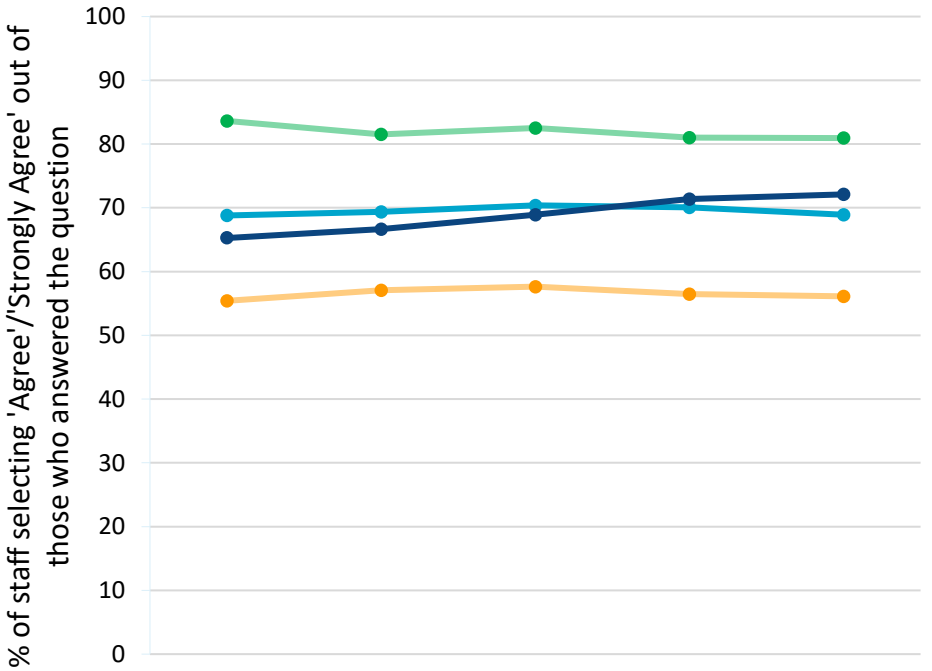
Note: Due to changes in the question wording in 2025, previous years' results for Q15 are not reported. For more information, please refer to the *Technical Guide:* https://www.nhsstaffsurveys.com/survey-documents/

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



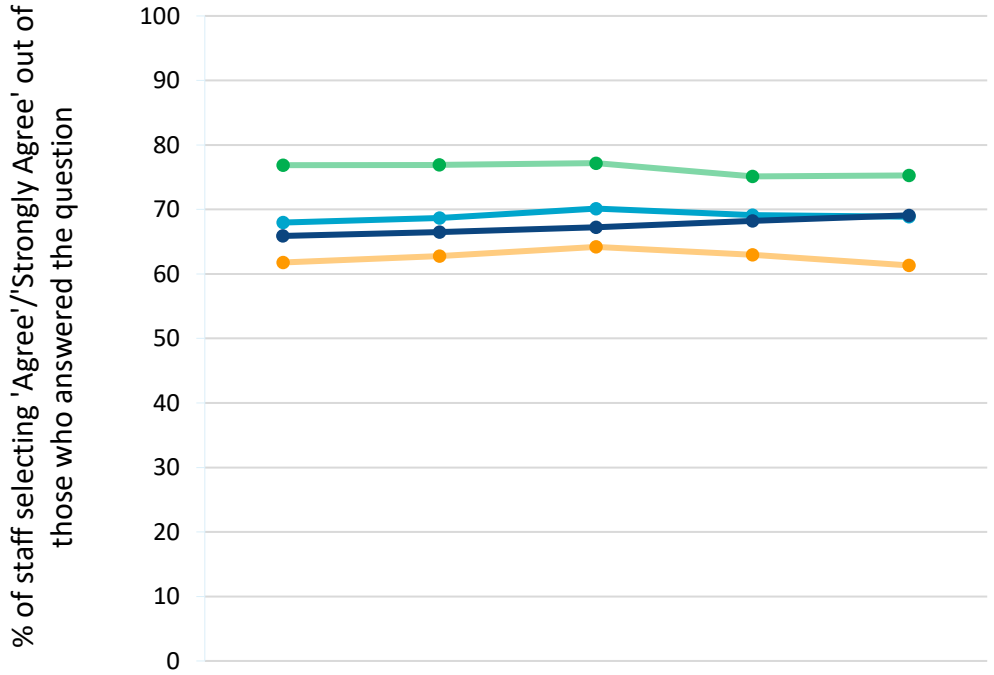
	2021	2022	2023	2024	2025
Your org	7.87%	8.51%	8.60%	7.43%	6.89%
Best result	5.12%	4.25%	3.80%	4.45%	4.46%
Average result	8.81%	8.73%	9.24%	9.33%	8.69%
Worst result	17.16%	15.67%	14.95%	15.07%	14.74%
Responses	2854	2459	2185	3425	3797

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



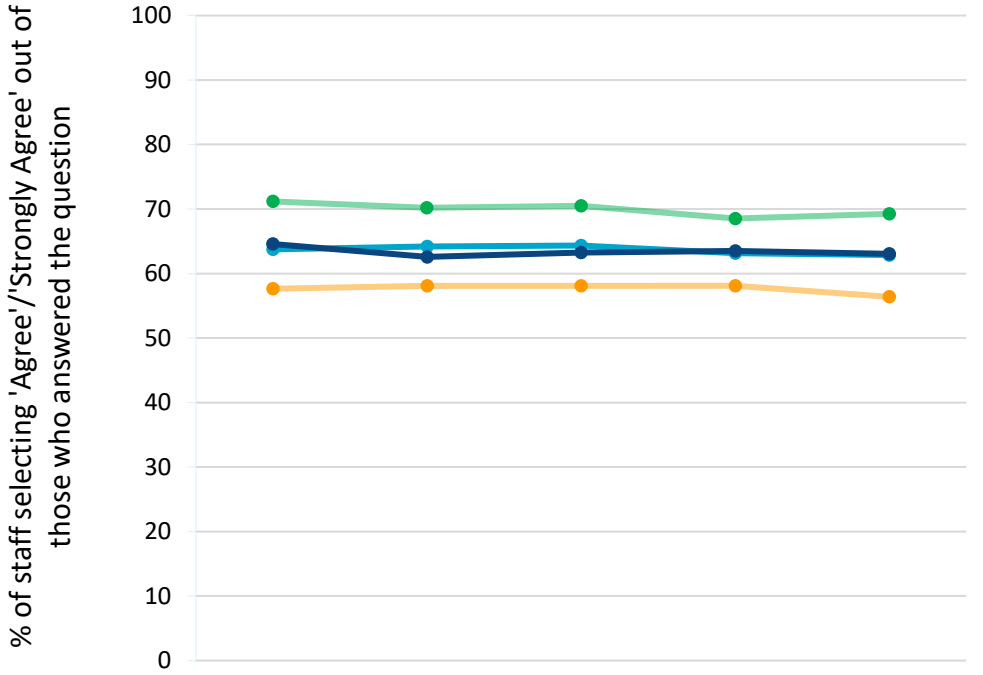
	2021	2022	2023	2024	2025
Your org	65.26%	66.65%	68.90%	71.38%	72.11%
Best result	83.63%	81.52%	82.54%	81.00%	80.94%
Average result	68.80%	69.36%	70.39%	70.09%	68.91%
Worst result	55.41%	57.05%	57.64%	56.48%	56.12%
Responses	2865	2462	2201	3467	3852

Q7h I feel valued by my team.



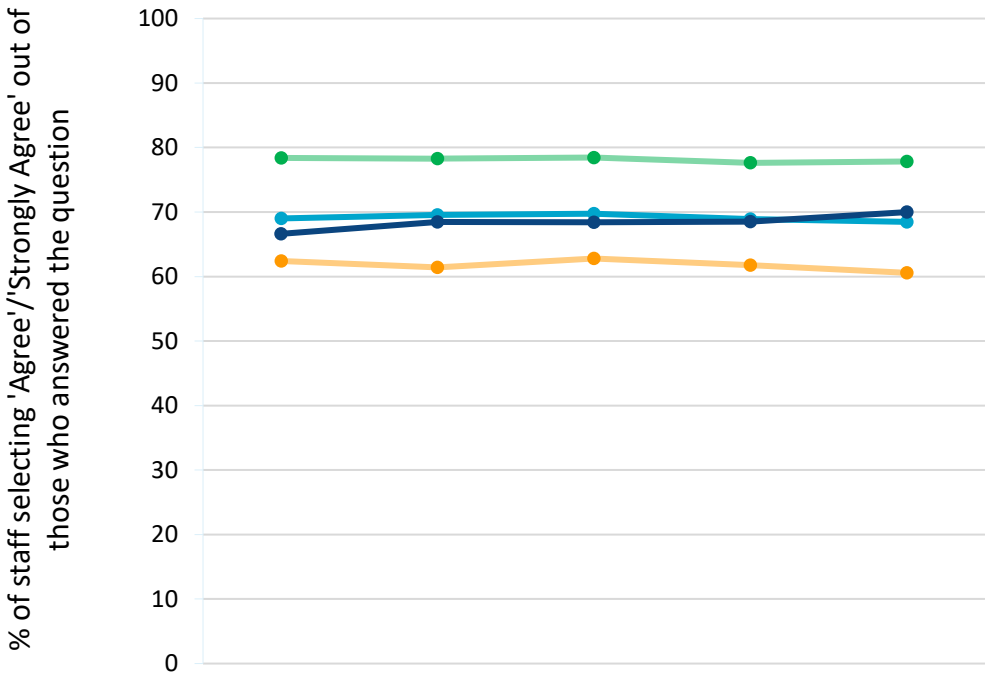
	2021	2022	2023	2024	2025
Your org	65.89%	66.49%	67.23%	68.25%	69.09%
Best result	76.87%	76.89%	77.18%	75.13%	75.29%
Average result	67.97%	68.70%	70.14%	69.10%	68.86%
Worst result	61.78%	62.75%	64.19%	62.95%	61.33%
Responses	2845	2469	2205	3464	3861

Q7i I feel a strong personal attachment to my team.



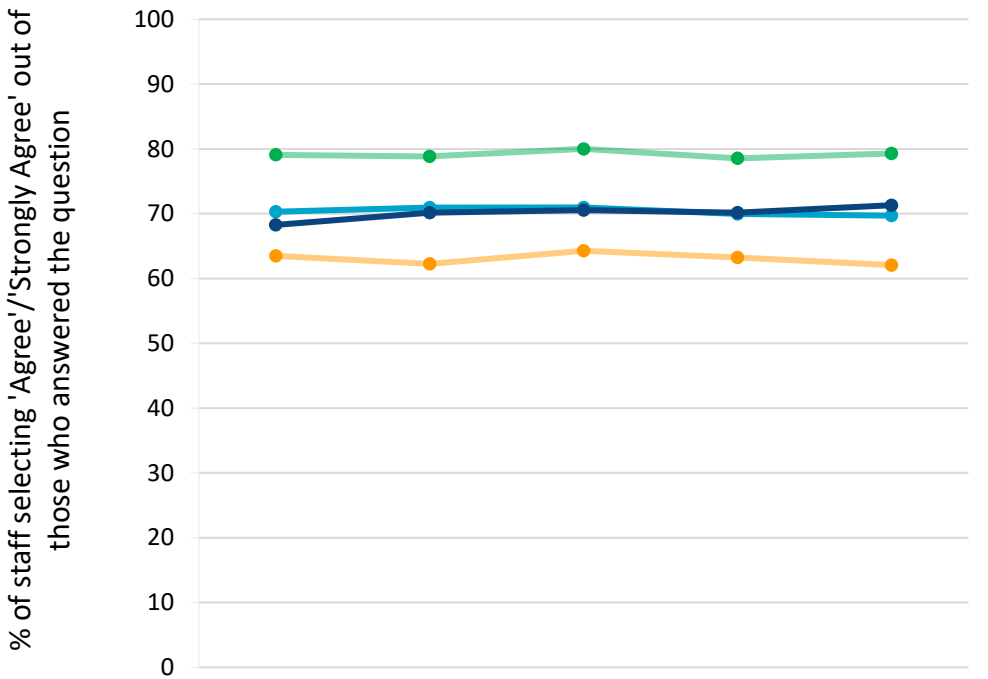
	2021	2022	2023	2024	2025
Your org	64.57%	62.58%	63.27%	63.52%	63.08%
Best result	71.18%	70.19%	70.51%	68.53%	69.25%
Average result	63.76%	64.19%	64.34%	63.17%	62.88%
Worst result	57.67%	58.08%	58.09%	58.10%	56.40%
Responses	2854	2473	2201	3473	3863

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



	2021	2022	2023	2024	2025
Your org	66.63%	68.46%	68.42%	68.51%	69.99%
Best result	78.39%	78.27%	78.45%	77.62%	77.85%
Average result	69.03%	69.58%	69.74%	68.91%	68.48%
Worst result	62.41%	61.43%	62.79%	61.79%	60.58%
Responses	2842	2475	2209	3467	3867

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



	2021	2022	2023	2024	2025
Your org	68.27%	70.17%	70.58%	70.15%	71.31%
Best result	79.08%	78.83%	80.01%	78.54%	79.30%
Average result	70.33%	70.95%	70.97%	69.96%	69.71%
Worst result	63.50%	62.24%	64.28%	63.25%	62.07%
Responses	2842	2474	2207	3467	3865

Survey Coordination Centre

NHS

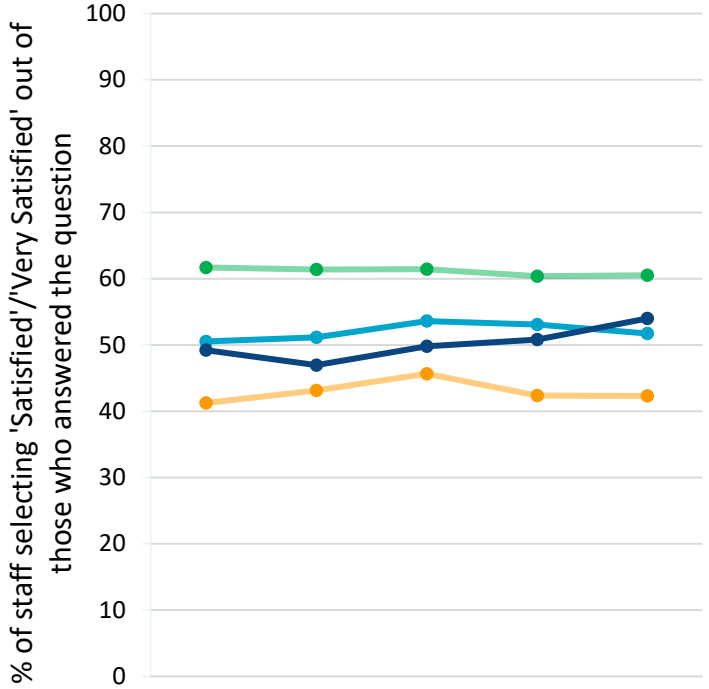
People Promise element – We are recognised and rewarded

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.

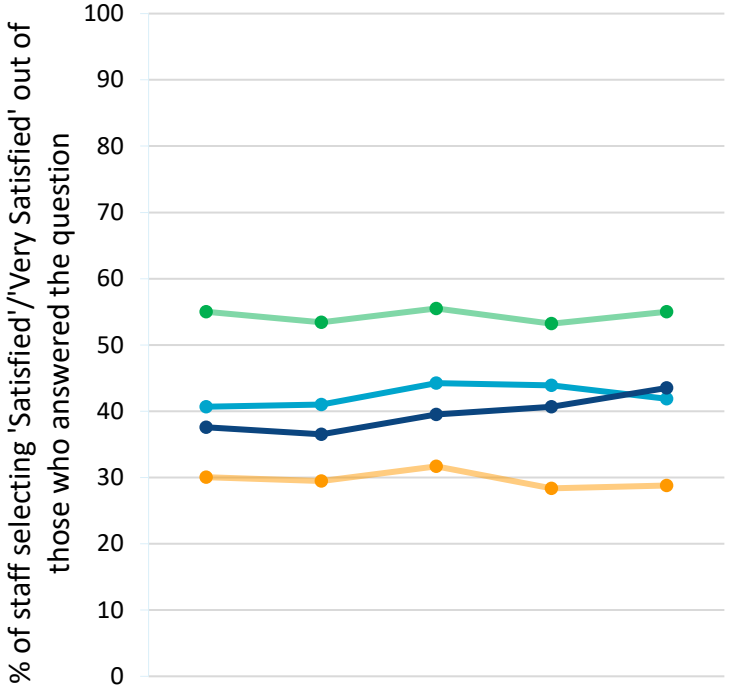
Survey Coordination Centre NHS

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



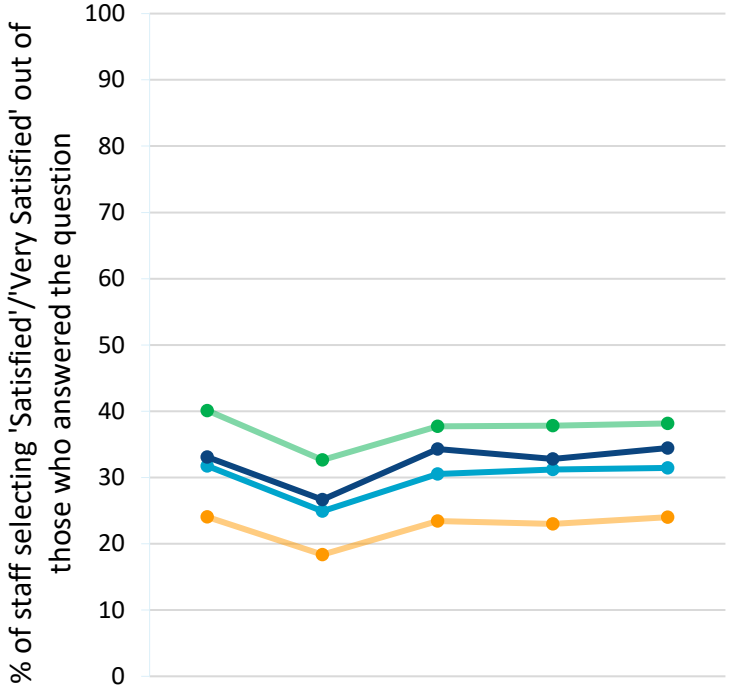
	2021	2022	2023	2024	2025
Your org	49.20%	46.96%	49.78%	50.80%	53.99%
Best result	61.69%	61.38%	61.41%	60.38%	60.51%
Average result	50.53%	51.13%	53.60%	53.06%	51.72%
Worst result	41.25%	43.14%	45.66%	42.36%	42.31%
Responses	2858	2470	2202	3473	3858

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



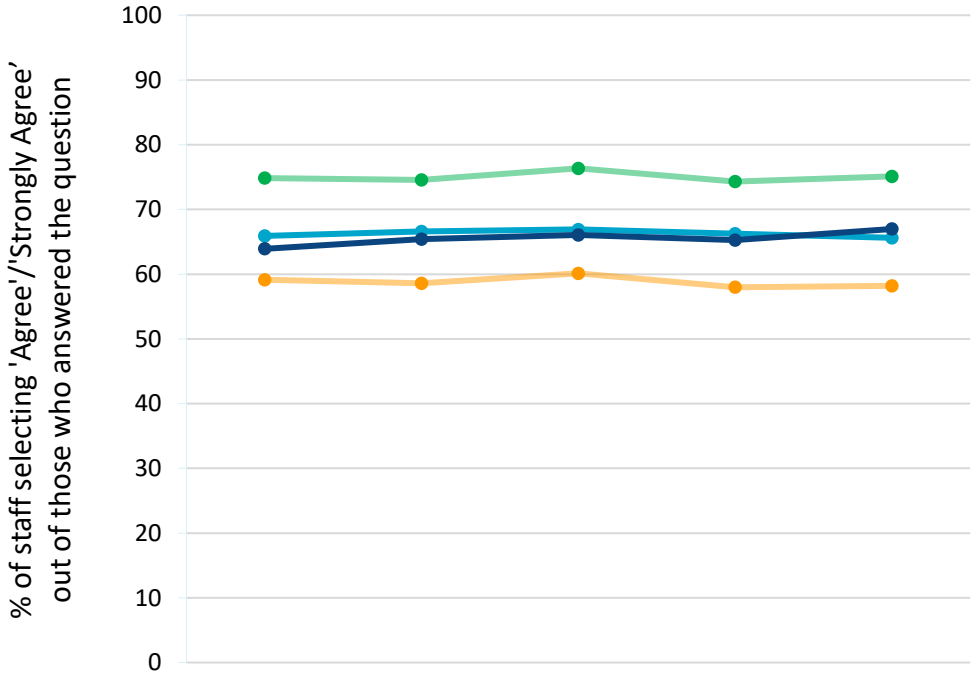
	2021	2022	2023	2024	2025
Your org	37.56%	36.52%	39.51%	40.66%	43.51%
Best result	55.03%	53.44%	55.51%	53.21%	55.01%
Average result	40.68%	41.02%	44.24%	43.91%	41.90%
Worst result	30.03%	29.48%	31.68%	28.36%	28.77%
Responses	2853	2475	2206	3470	3854

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



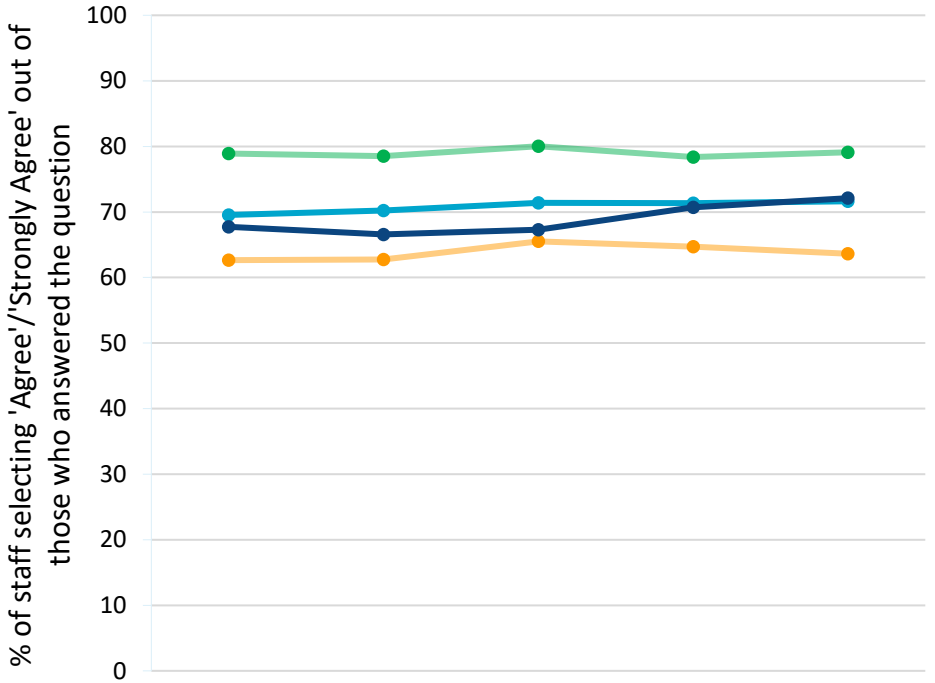
	2021	2022	2023	2024	2025
Your org	33.09%	26.65%	34.29%	32.81%	34.45%
Best result	40.11%	32.64%	37.73%	37.83%	38.14%
Average result	31.75%	24.92%	30.54%	31.19%	31.45%
Worst result	24.05%	18.36%	23.42%	22.97%	24.01%
Responses	2849	2478	2205	3470	3855

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



	2021	2022	2023	2024	2025
Your org	63.92%	65.40%	66.08%	65.25%	66.98%
Best result	74.84%	74.56%	76.35%	74.30%	75.09%
Average result	65.91%	66.62%	66.92%	66.23%	65.62%
Worst result	59.15%	58.58%	60.13%	57.98%	58.20%
Responses	2831	2475	2206	3463	3863

Q9e My immediate manager values my work.



	2021	2022	2023	2024	2025
Your org	67.75%	66.57%	67.31%	70.72%	72.10%
Best result	78.90%	78.53%	80.02%	78.38%	79.12%
Average result	69.55%	70.22%	71.41%	71.32%	71.63%
Worst result	62.65%	62.75%	65.51%	64.72%	63.64%
Responses	2865	2469	2206	3467	3857

Survey Coordination Centre

NHS

People Promise element – We each have a voice that counts

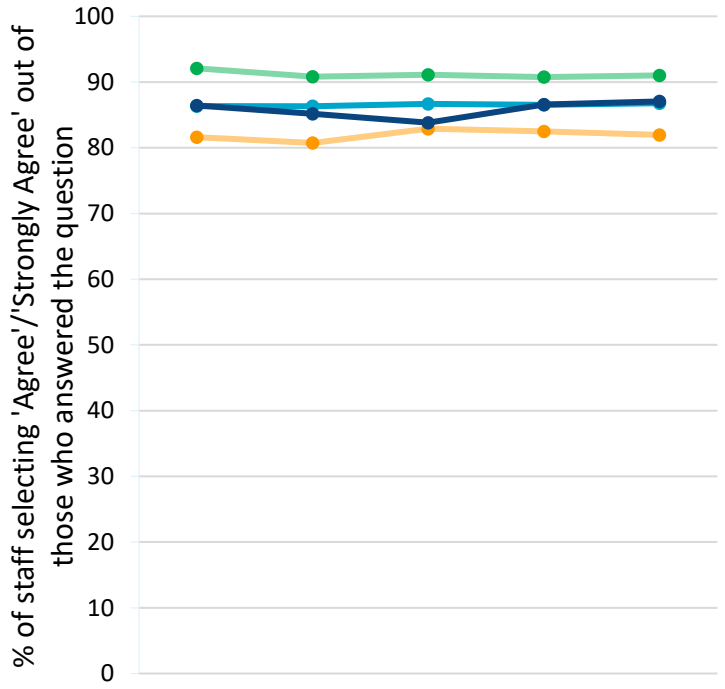
Questions included:

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

Raising concerns – Q20a, Q20b, Q25e, Q25f

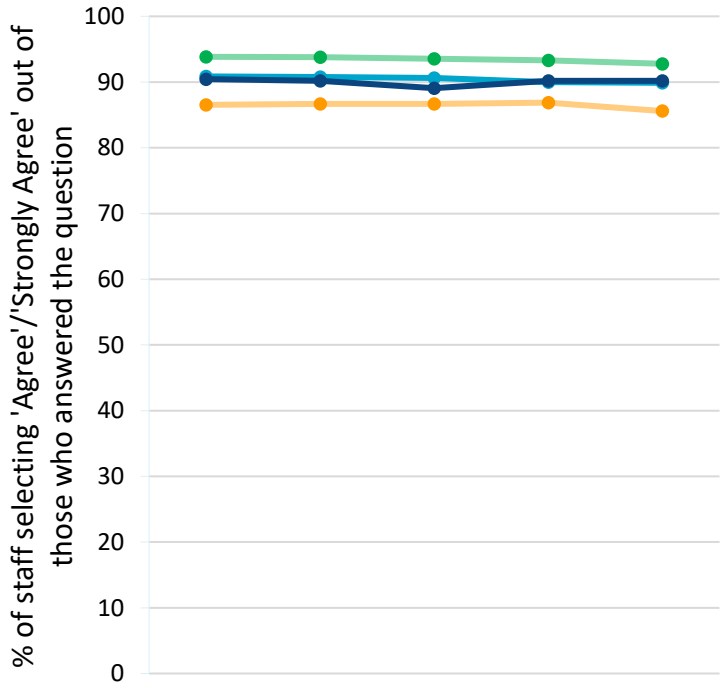
Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Q3a I always know what my work responsibilities are.



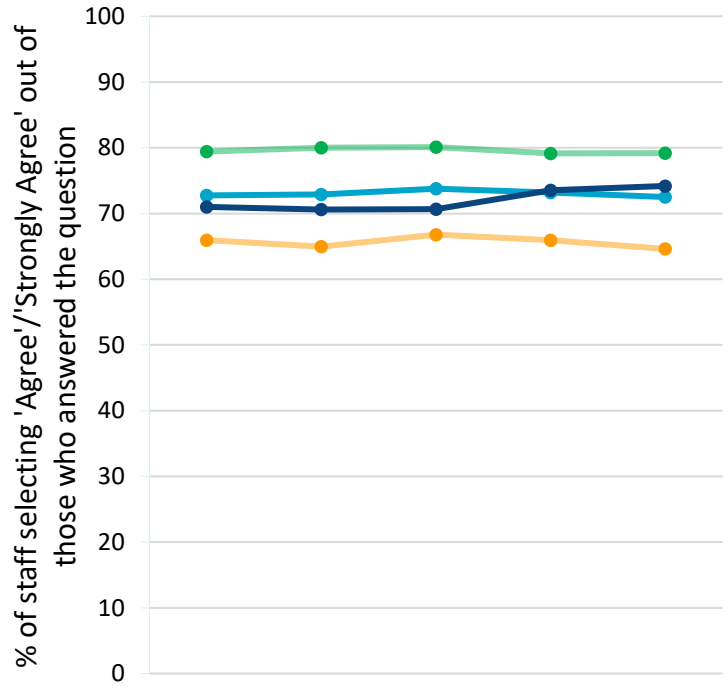
	2021	2022	2023	2024	2025
Your org	86.41%	85.15%	83.82%	86.58%	87.05%
Best result	92.09%	90.81%	91.10%	90.75%	91.00%
Average result	86.33%	86.32%	86.69%	86.53%	86.79%
Worst result	81.63%	80.73%	82.90%	82.49%	81.95%
Responses	2880	2474	2211	3481	3869

Q3b I am trusted to do my job.



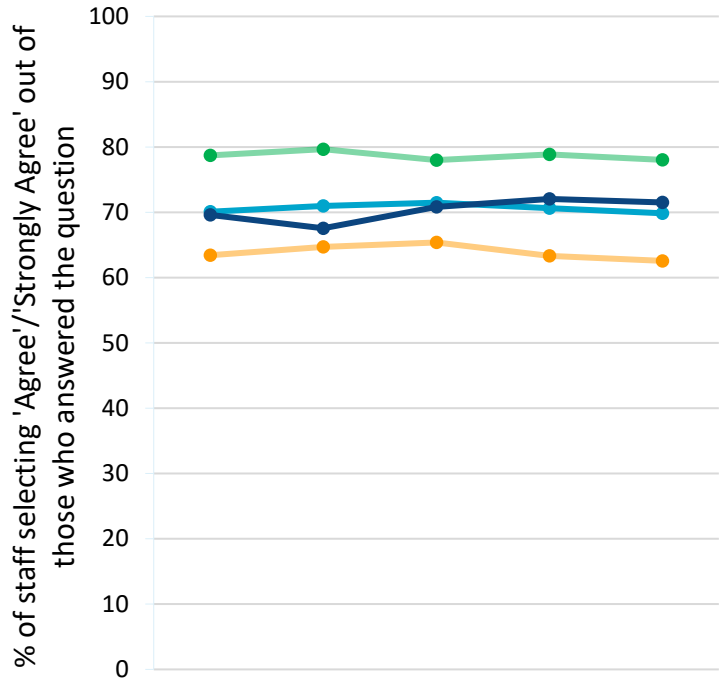
	2021	2022	2023	2024	2025
Your org	90.45%	90.18%	89.07%	90.18%	90.20%
Best result	93.84%	93.80%	93.54%	93.29%	92.78%
Average result	90.85%	90.77%	90.61%	89.98%	89.88%
Worst result	86.54%	86.65%	86.66%	86.87%	85.58%
Responses	2878	2477	2209	3472	3863

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



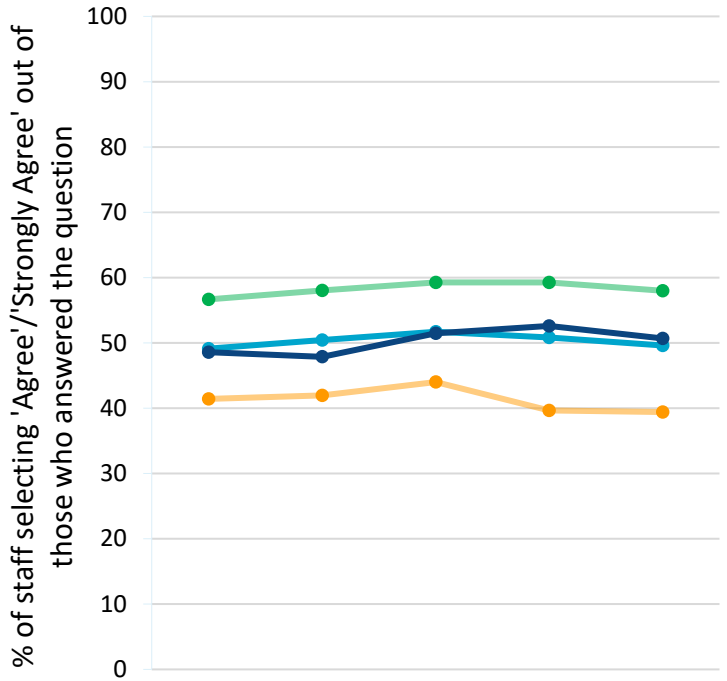
	2021	2022	2023	2024	2025
Your org	71.02%	70.60%	70.66%	73.52%	74.19%
Best result	79.41%	80.01%	80.10%	79.15%	79.17%
Average result	72.75%	72.91%	73.77%	73.20%	72.51%
Worst result	65.92%	64.98%	66.78%	65.94%	64.60%
Responses	2874	2476	2204	3472	3862

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



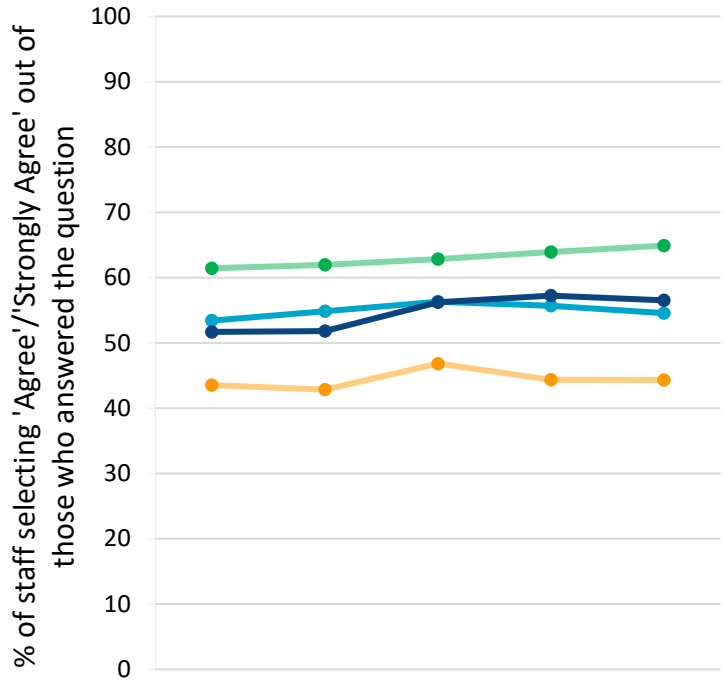
	2021	2022	2023	2024	2025
Your org	69.58%	67.55%	70.82%	72.05%	71.51%
Best result	78.70%	79.67%	78.00%	78.84%	78.03%
Average result	70.10%	70.97%	71.47%	70.61%	69.85%
Worst result	63.42%	64.70%	65.38%	63.33%	62.56%
Responses	2869	2480	2206	3472	3865

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



	2021	2022	2023	2024	2025
Your org	48.56%	47.87%	51.48%	52.60%	50.66%
Best result	56.66%	58.05%	59.27%	59.26%	58.01%
Average result	49.12%	50.45%	51.71%	50.82%	49.59%
Worst result	41.44%	41.94%	44.00%	39.68%	39.41%
Responses	2865	2481	2209	3475	3864

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

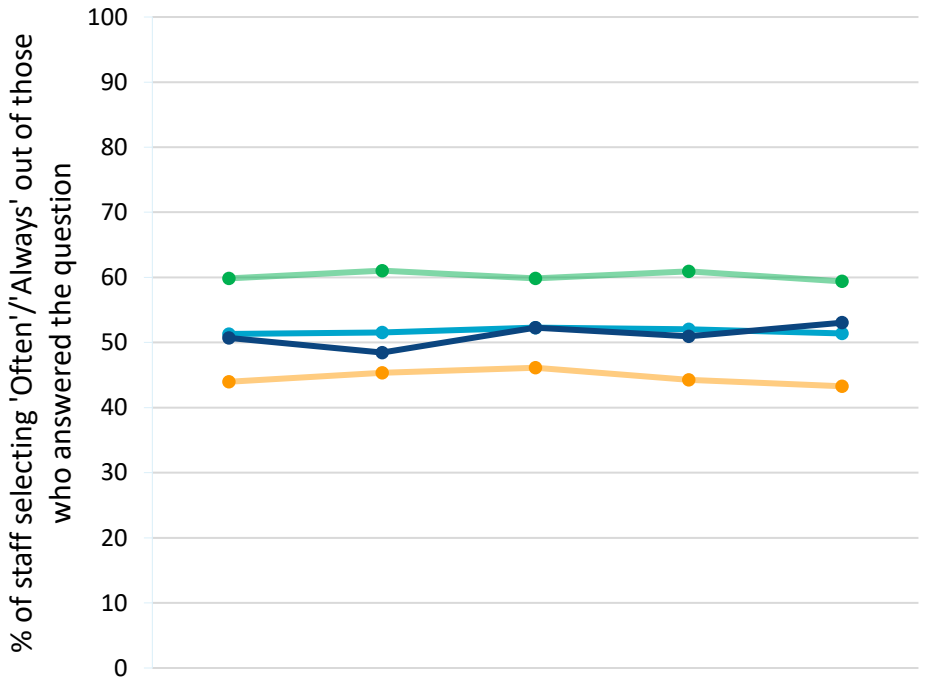


	2021	2022	2023	2024	2025
Your org	51.69%	51.81%	56.23%	57.24%	56.50%
Best result	61.43%	61.98%	62.84%	63.94%	64.90%
Average result	53.41%	54.86%	56.30%	55.71%	54.54%
Worst result	43.54%	42.85%	46.84%	44.35%	44.33%
Responses	2862	2476	2207	3470	3857

Survey Coordination Centre

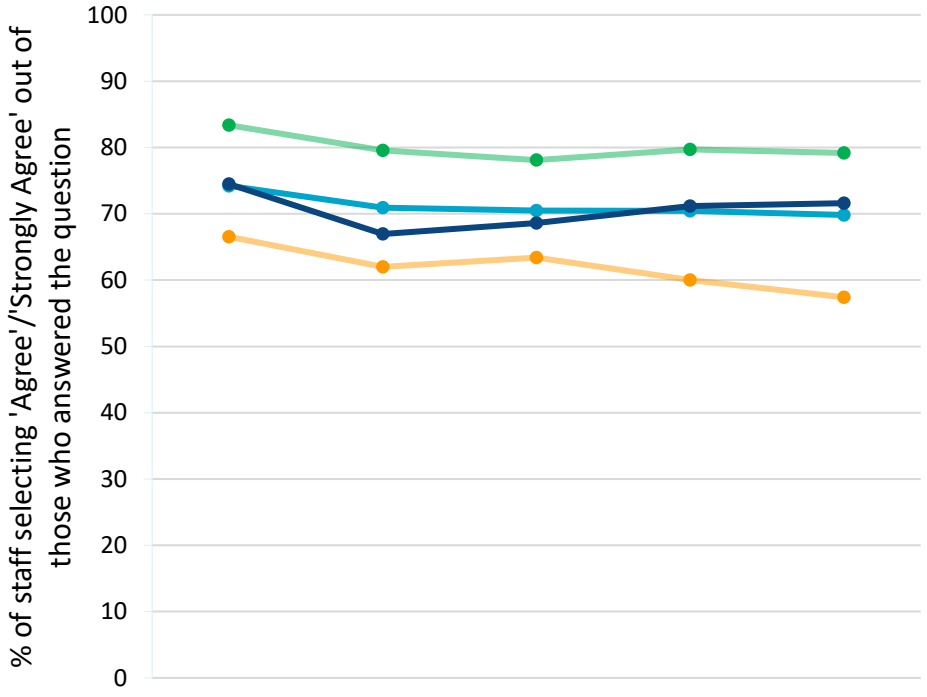
NHS

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



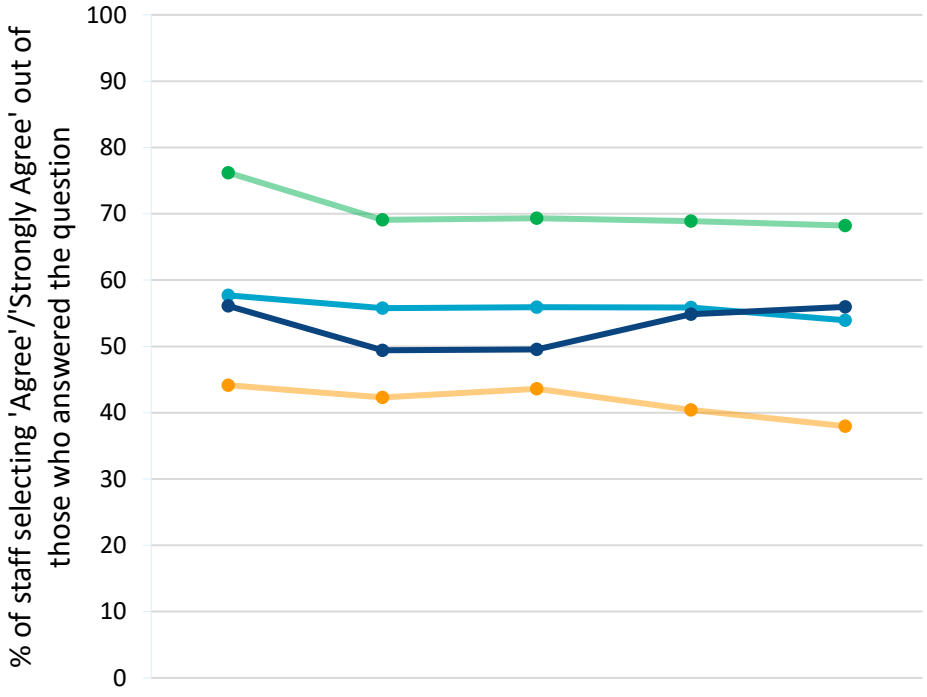
	2021	2022	2023	2024	2025
Your org	50.68%	48.46%	52.26%	50.95%	53.04%
Best result	59.84%	61.04%	59.83%	60.94%	59.39%
Average result	51.31%	51.54%	52.28%	52.02%	51.37%
Worst result	43.95%	45.34%	46.12%	44.25%	43.28%
Responses	2863	2476	2206	3468	3865

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



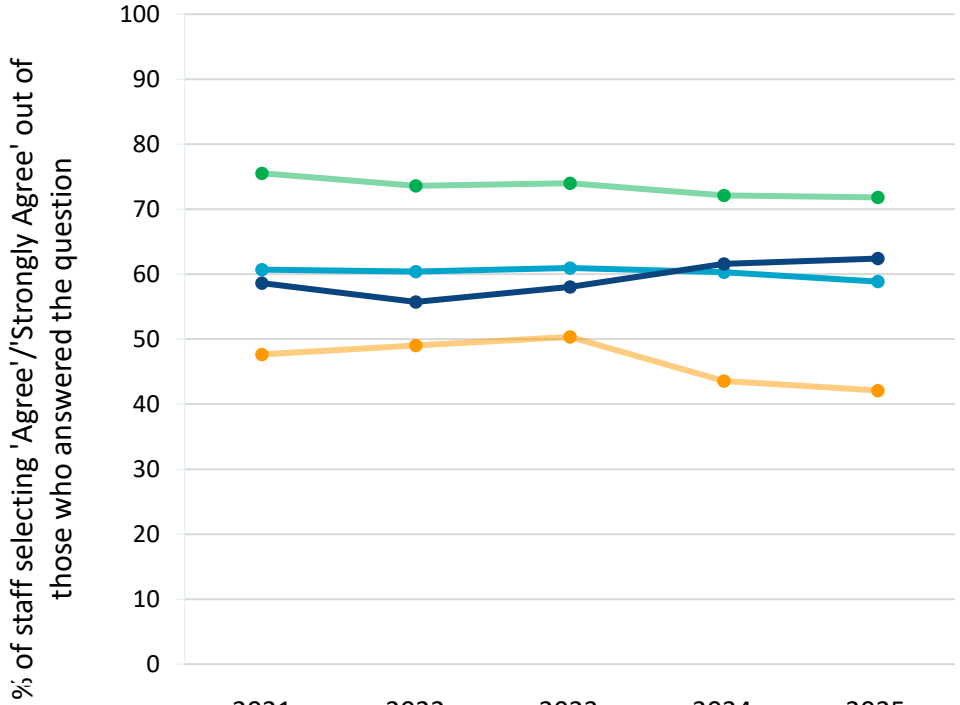
	2021	2022	2023	2024	2025
Your org	74.49%	66.95%	68.59%	71.16%	71.58%
Best result	83.36%	79.55%	78.09%	79.72%	79.16%
Average result	74.22%	70.95%	70.47%	70.44%	69.82%
Worst result	66.54%	61.98%	63.38%	60.04%	57.41%
Responses	2864	2472	2203	3460	3852

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



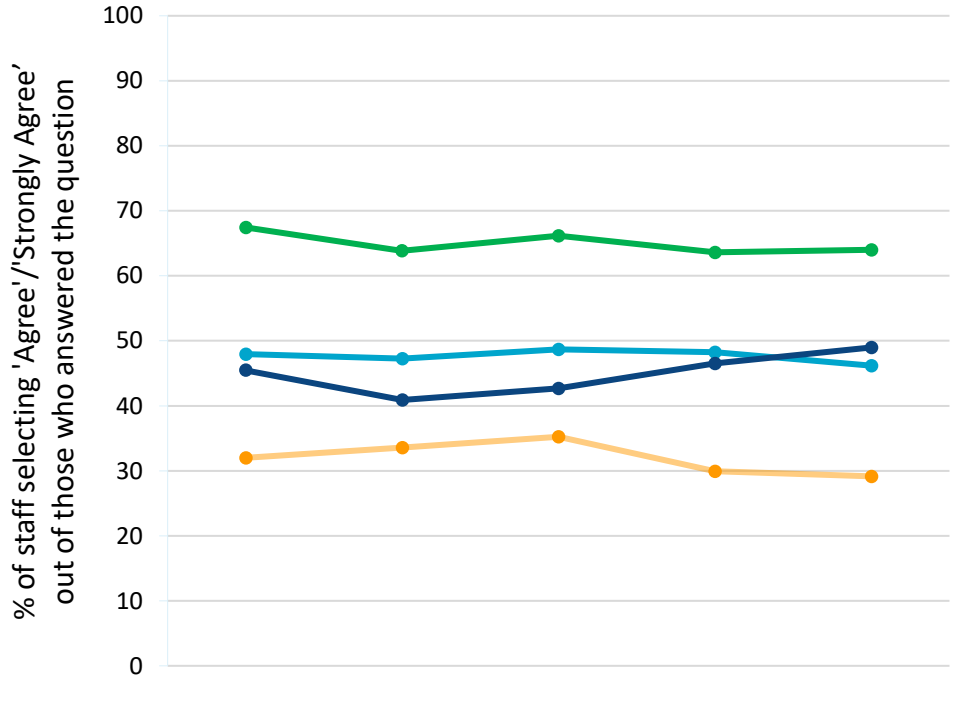
	2021	2022	2023	2024	2025
Your org	56.10%	49.42%	49.56%	54.86%	55.98%
Best result	76.20%	69.10%	69.34%	68.88%	68.23%
Average result	57.69%	55.78%	55.93%	55.88%	53.94%
Worst result	44.15%	42.28%	43.60%	40.40%	37.97%
Responses	2855	2468	2200	3458	3848

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



	2021	2022	2023	2024	2025
Your org	58.65%	55.73%	58.06%	61.61%	62.40%
Best result	75.53%	73.59%	73.99%	72.14%	71.81%
Average result	60.69%	60.38%	60.95%	60.31%	58.85%
Worst result	47.63%	49.02%	50.35%	43.57%	42.11%
Responses	2859	2466	2197	3458	3850

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



	2021	2022	2023	2024	2025
Your org	45.47%	40.90%	42.68%	46.52%	48.98%
Best result	67.44%	63.83%	66.16%	63.62%	63.99%
Average result	47.96%	47.24%	48.68%	48.24%	46.18%
Worst result	32.01%	33.60%	35.23%	29.95%	29.15%
Responses	2850	2468	2201	3460	3850

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

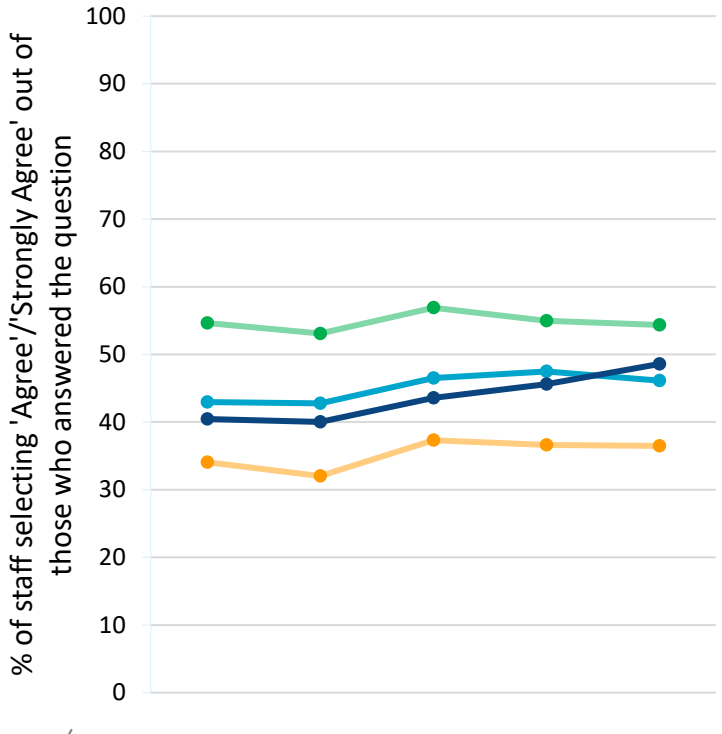
Negative experiences: Q11b, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c

Other questions:* Q17a, Q17b, Q22

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

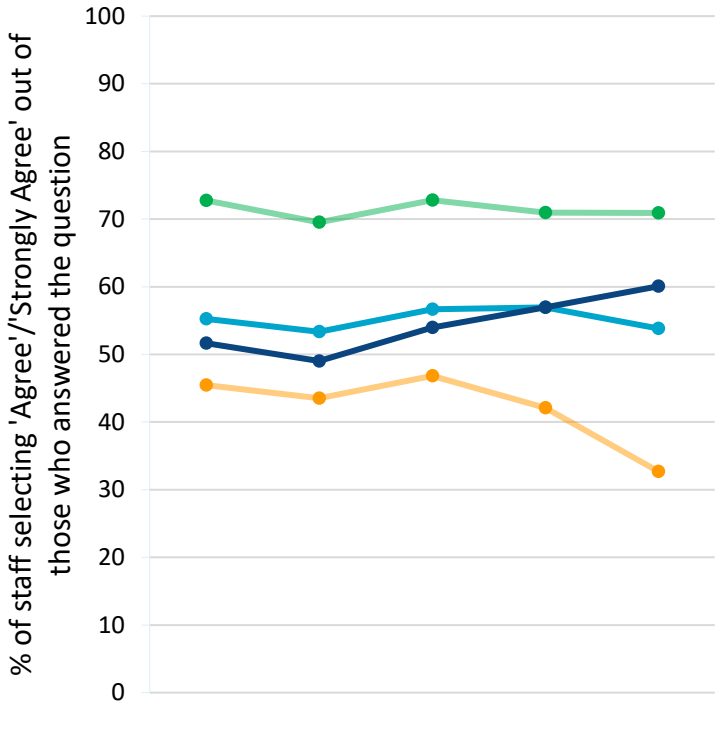
Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

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



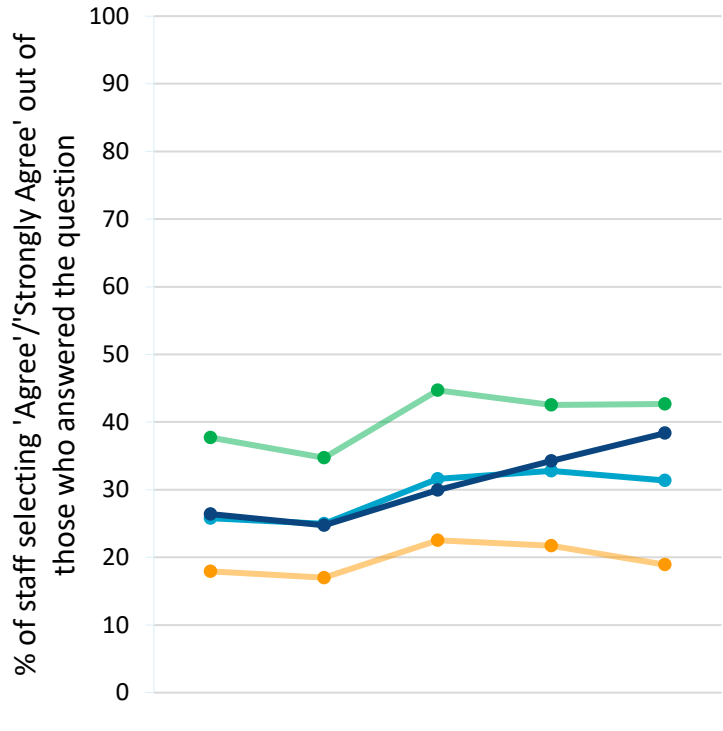
	2021	2022	2023	2024	2025
Your org	40.44%	40.01%	43.57%	45.60%	48.58%
Best result	54.61%	53.09%	56.89%	54.99%	54.34%
Average result	42.96%	42.76%	46.52%	47.47%	46.14%
Worst result	34.06%	32.02%	37.31%	36.63%	36.45%
Responses	2866	2474	2202	3464	3861

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



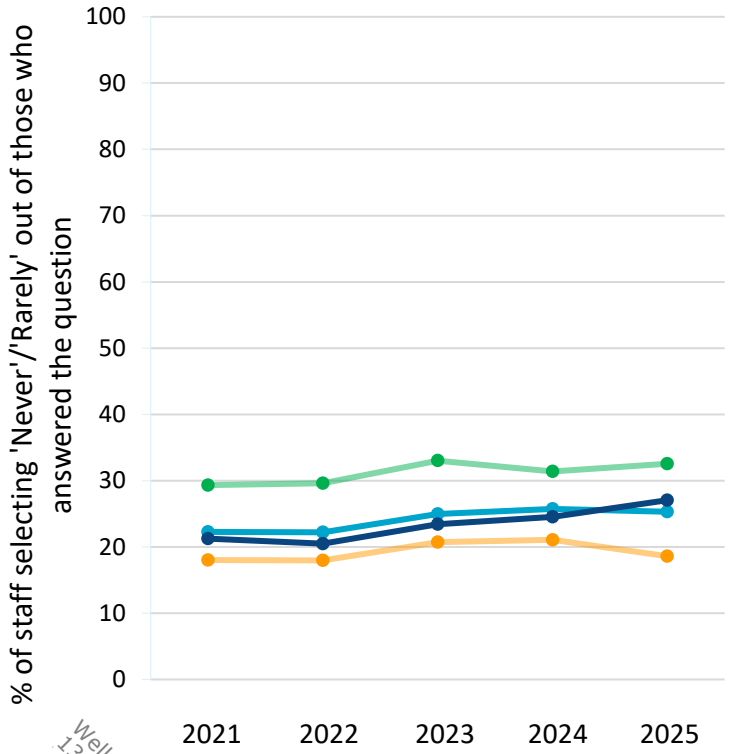
	2021	2022	2023	2024	2025
Your org	51.68%	49.02%	53.99%	56.95%	60.06%
Best result	72.77%	69.52%	72.79%	70.96%	70.92%
Average result	55.26%	53.34%	56.68%	56.94%	53.84%
Worst result	45.45%	43.54%	46.82%	42.11%	32.70%
Responses	2852	2478	2209	3466	3861

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



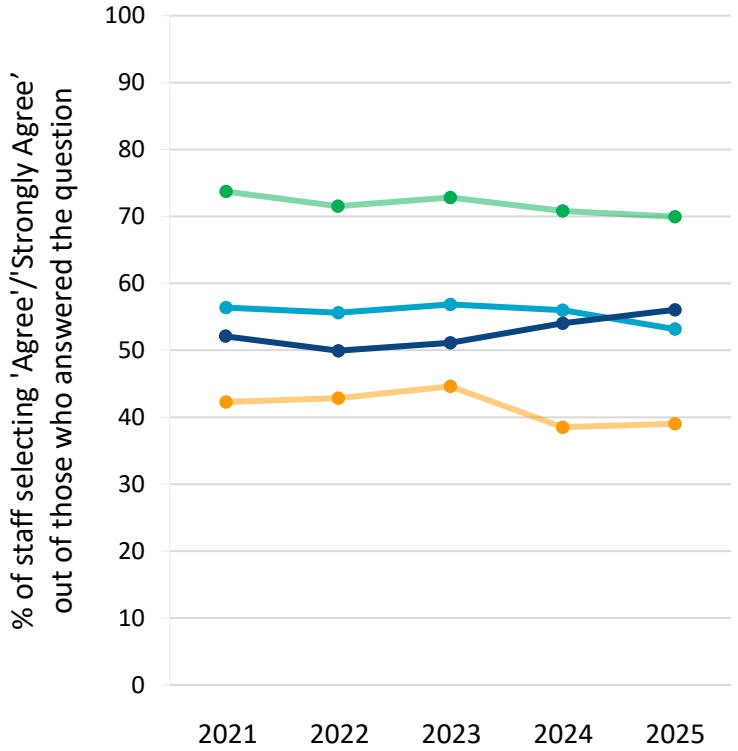
	2021	2022	2023	2024	2025
Your org	26.39%	24.73%	29.94%	34.23%	38.34%
Best result	37.72%	34.72%	44.68%	42.50%	42.65%
Average result	25.79%	24.95%	31.62%	32.78%	31.34%
Worst result	17.94%	17.00%	22.52%	21.73%	18.91%
Responses	2876	2476	2208	3476	3865

Q5a I have unrealistic time pressures.



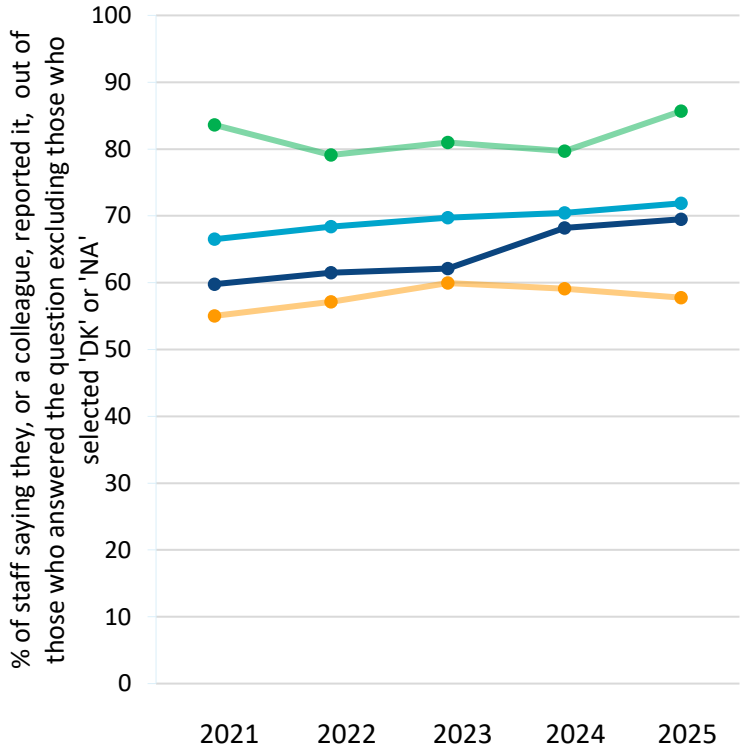
	2021	2022	2023	2024	2025
Your org	21.27%	20.49%	23.42%	24.55%	27.05%
Best result	29.33%	29.60%	33.01%	31.38%	32.55%
Average result	22.28%	22.20%	24.97%	25.73%	25.30%
Worst result	18.03%	17.97%	20.72%	21.07%	18.61%
Responses	2867	2476	2207	3471	3866

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



	2021	2022	2023	2024	2025
Your org	52.10%	49.94%	51.11%	54.03%	56.05%
Best result	73.72%	71.53%	72.84%	70.83%	69.96%
Average result	56.37%	55.63%	56.85%	56.02%	53.16%
Worst result	42.30%	42.86%	44.61%	38.52%	39.02%
Responses	2830	2417	2210	3469	3861

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



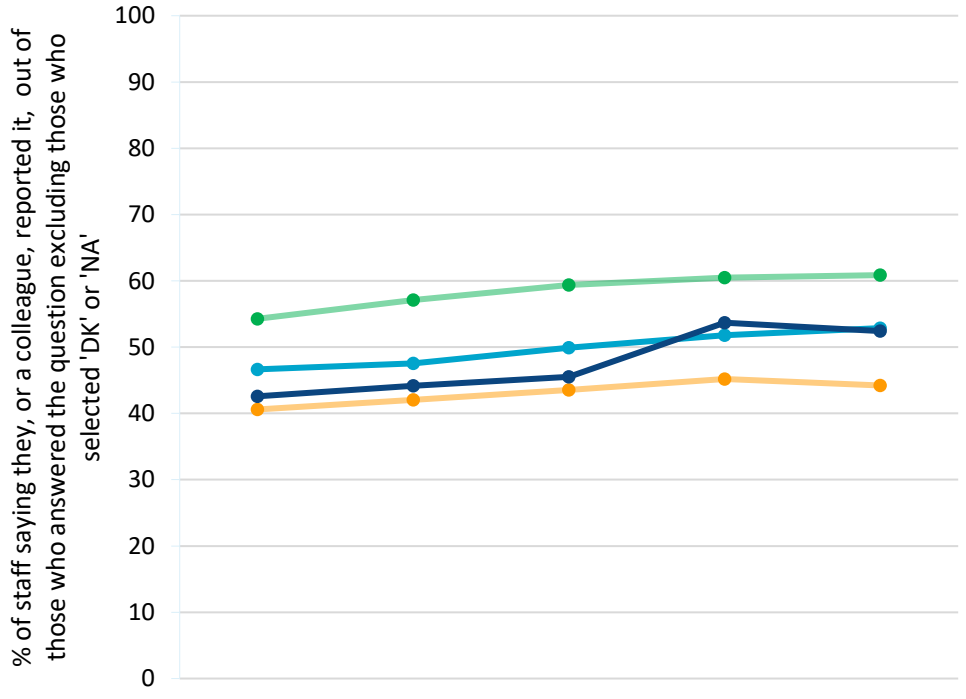
	2021	2022	2023	2024	2025
Your org	59.77%	61.51%	62.12%	68.22%	69.49%
Best result	83.62%	79.11%	80.97%	79.69%	85.67%
Average result	66.50%	68.40%	69.72%	70.46%	71.88%
Worst result	55.03%	57.15%	59.94%	59.09%	57.77%
Responses	329	261	220	473	543

Note: 2023 results for Q13d are 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?



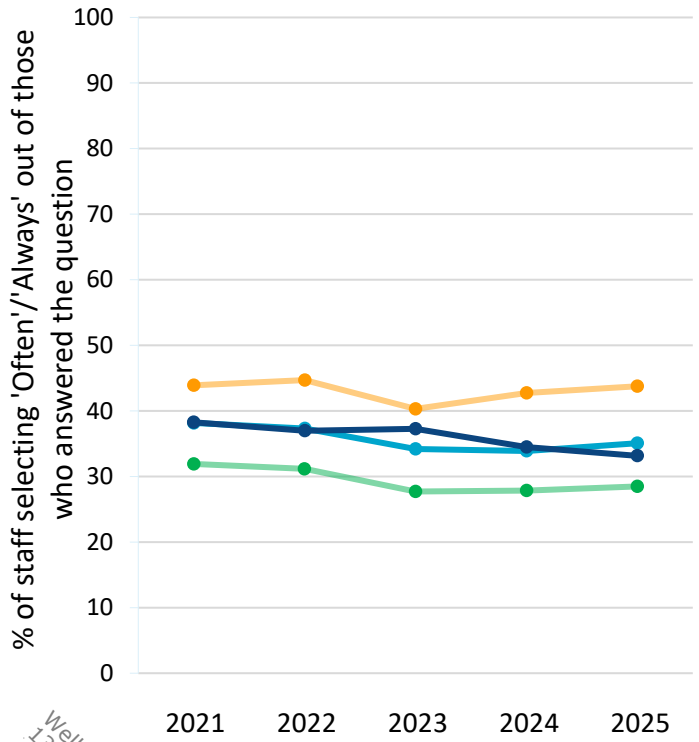
	2021	2022	2023	2024	2025
Your org	42.58%	44.15%	45.52%	53.69%	52.40%
Best result	54.28%	57.12%	59.37%	60.49%	60.86%
Average result	46.65%	47.56%	49.90%	51.81%	52.88%
Worst result	40.60%	42.04%	43.56%	45.19%	44.24%
Responses	1036	856	669	1084	1199

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

Survey Coordination Centre

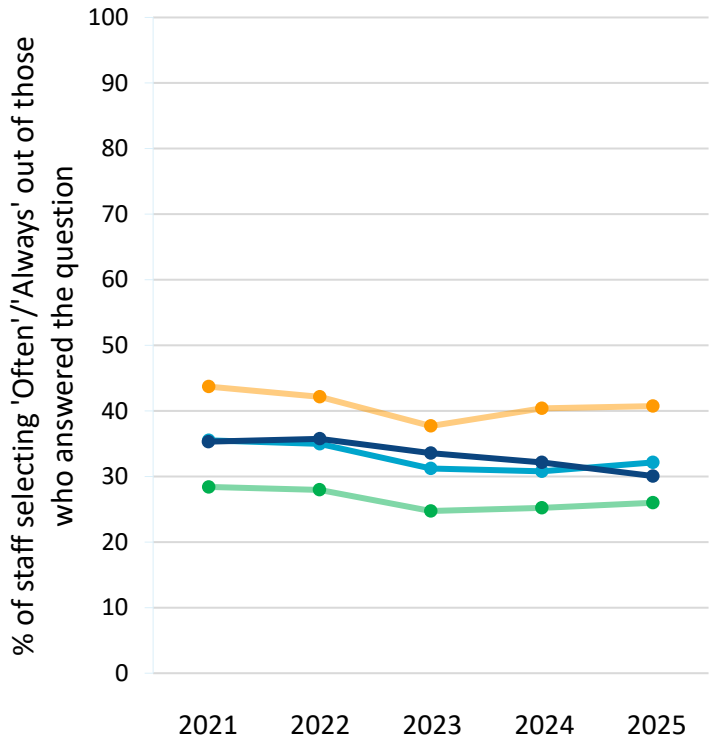
NHS

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



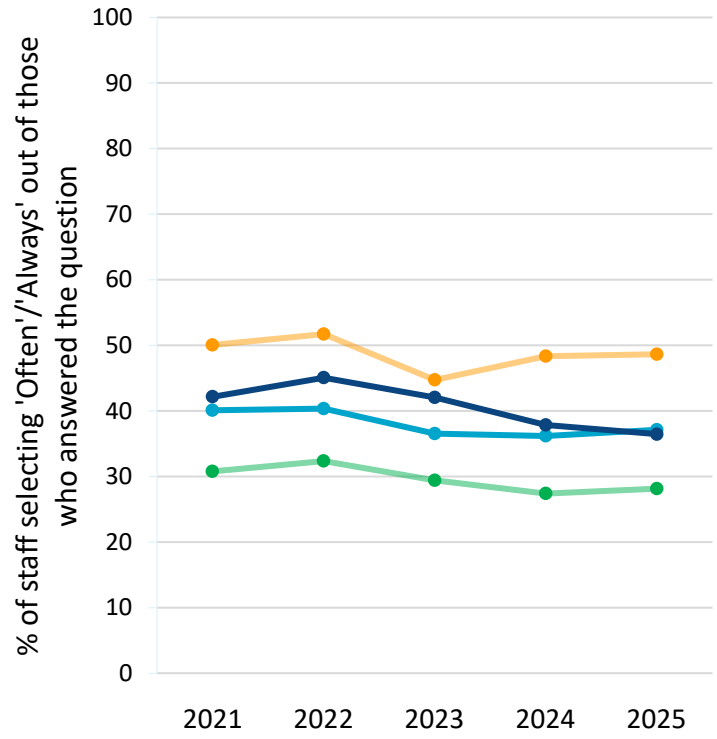
	2021	2022	2023	2024	2025
Your org	38.26%	36.99%	37.27%	34.46%	33.15%
Best result	31.92%	31.17%	27.71%	27.83%	28.48%
Average result	38.17%	37.33%	34.18%	33.89%	35.08%
Worst result	43.92%	44.70%	40.31%	42.73%	43.76%
Responses	2873	2471	2208	3474	3866

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



	2021	2022	2023	2024	2025
Your org	35.31%	35.74%	33.54%	32.14%	30.07%
Best result	28.41%	27.95%	24.74%	25.23%	26.01%
Average result	35.51%	34.97%	31.21%	30.79%	32.12%
Worst result	43.71%	42.17%	37.70%	40.37%	40.74%
Responses	2870	2475	2206	3465	3862

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

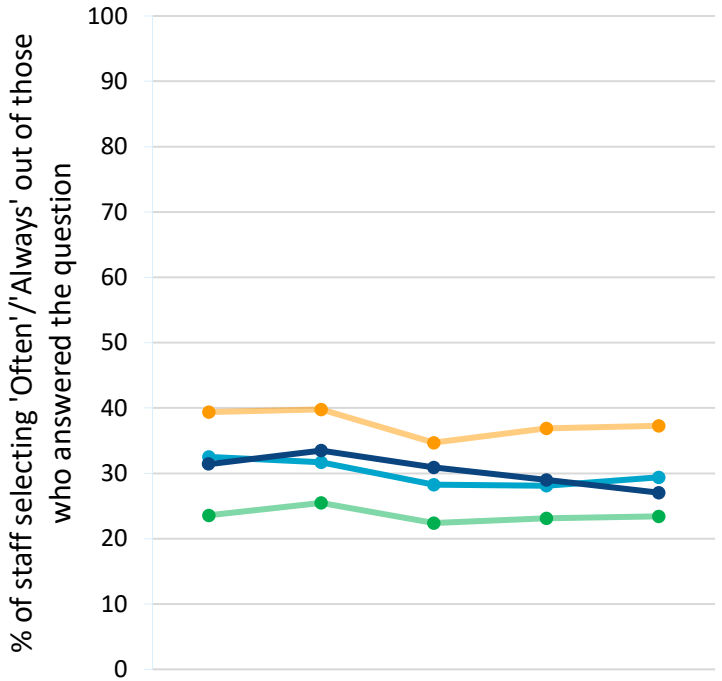


	2021	2022	2023	2024	2025
Your org	42.15%	45.06%	42.06%	37.85%	36.46%
Best result	30.78%	32.35%	29.42%	27.39%	28.16%
Average result	40.10%	40.35%	36.55%	36.17%	37.11%
Worst result	50.03%	51.71%	44.72%	48.35%	48.62%
Responses	2871	2475	2206	3474	3863

Survey Coordination Centre

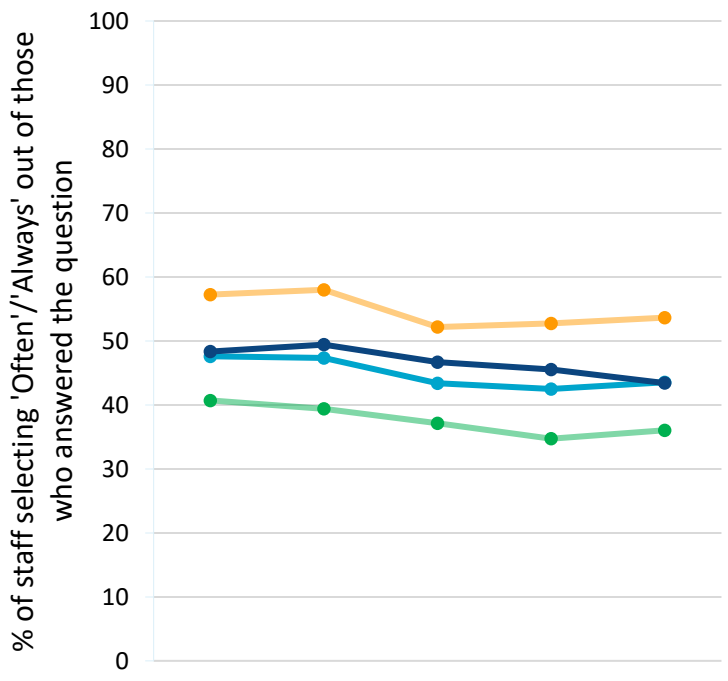
NHS

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



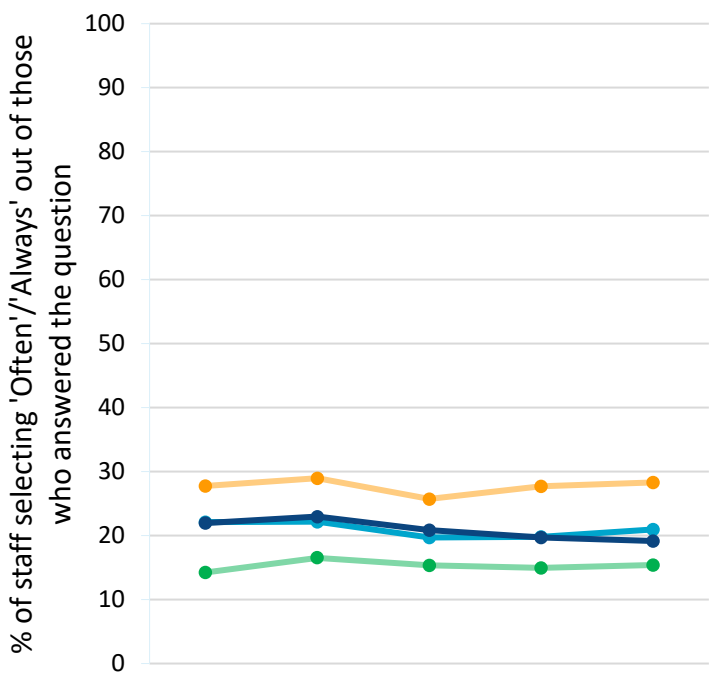
	2021	2022	2023	2024	2025
Your org	31.42%	33.48%	30.89%	29.00%	27.04%
Best result	23.58%	25.47%	22.39%	23.14%	23.42%
Average result	32.51%	31.67%	28.24%	28.10%	29.40%
Worst result	39.40%	39.79%	34.70%	36.90%	37.26%
Responses	2869	2473	2207	3470	3857

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



	2021	2022	2023	2024	2025
Your org	48.33%	49.42%	46.67%	45.55%	43.41%
Best result	40.70%	39.38%	37.14%	34.72%	36.06%
Average result	47.60%	47.34%	43.37%	42.49%	43.54%
Worst result	57.24%	58.00%	52.17%	52.73%	53.62%
Responses	2860	2472	2202	3468	3862

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

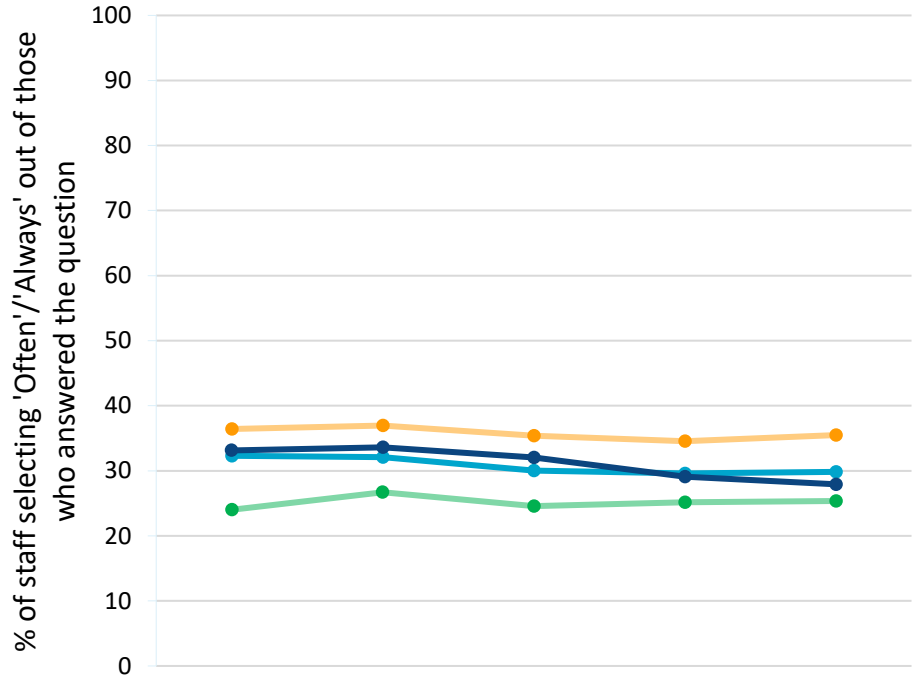


	2021	2022	2023	2024	2025
Your org	21.94%	22.97%	20.84%	19.70%	19.15%
Best result	14.23%	16.51%	15.35%	14.92%	15.41%
Average result	22.08%	22.17%	19.70%	19.78%	20.95%
Worst result	27.73%	28.96%	25.73%	27.72%	28.30%
Responses	2855	2472	2208	3470	3862

Survey Coordination Centre

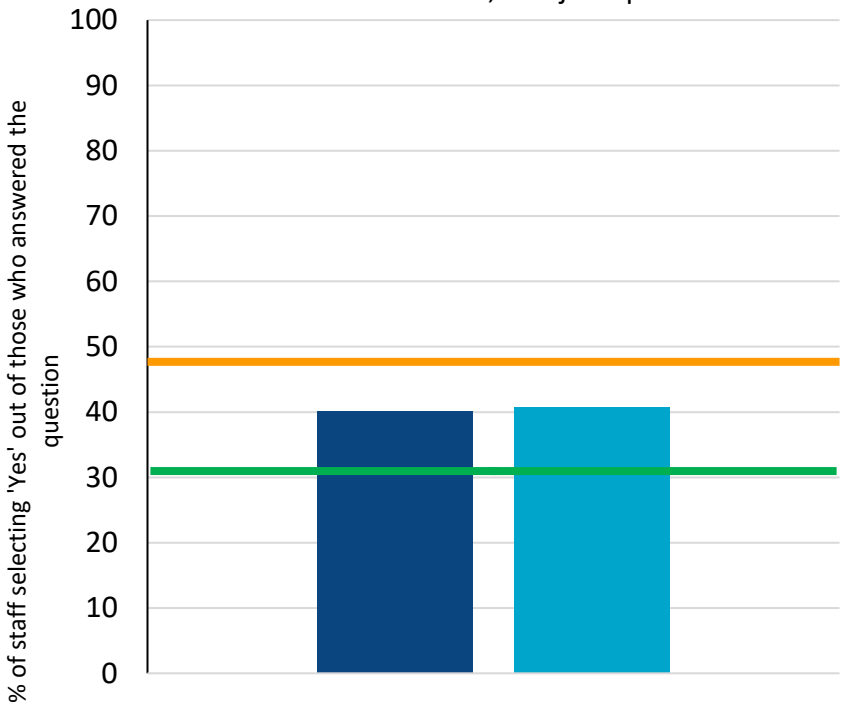
NHS

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



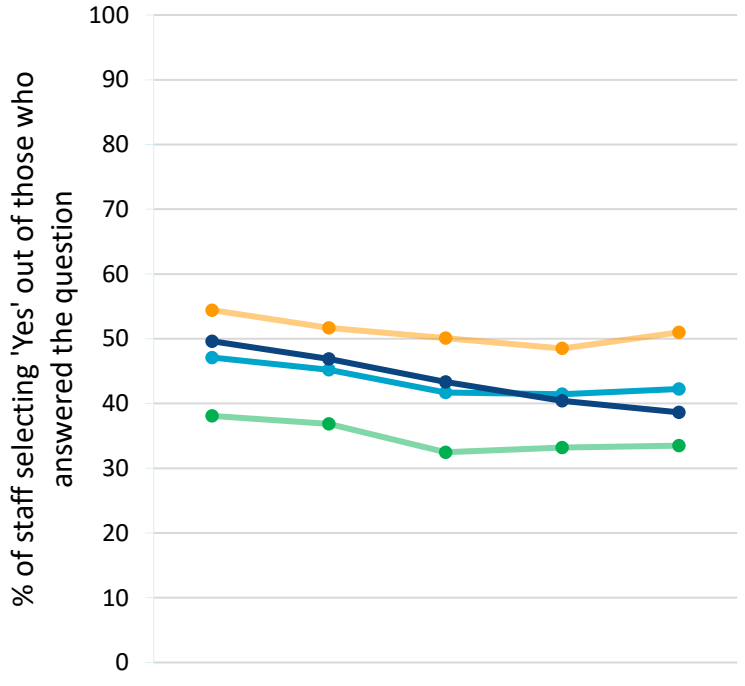
	2021	2022	2023	2024	2025
Your org	33.14%	33.60%	32.05%	29.10%	27.92%
Best result	24.01%	26.70%	24.58%	25.16%	25.35%
Average result	32.30%	32.10%	30.03%	29.60%	29.85%
Worst result	36.45%	36.95%	35.41%	34.55%	35.50%
Responses	2867	2475	2208	3473	3862

Q11b In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities? Examples may include back pain, neck or arm strains, and joint pain.



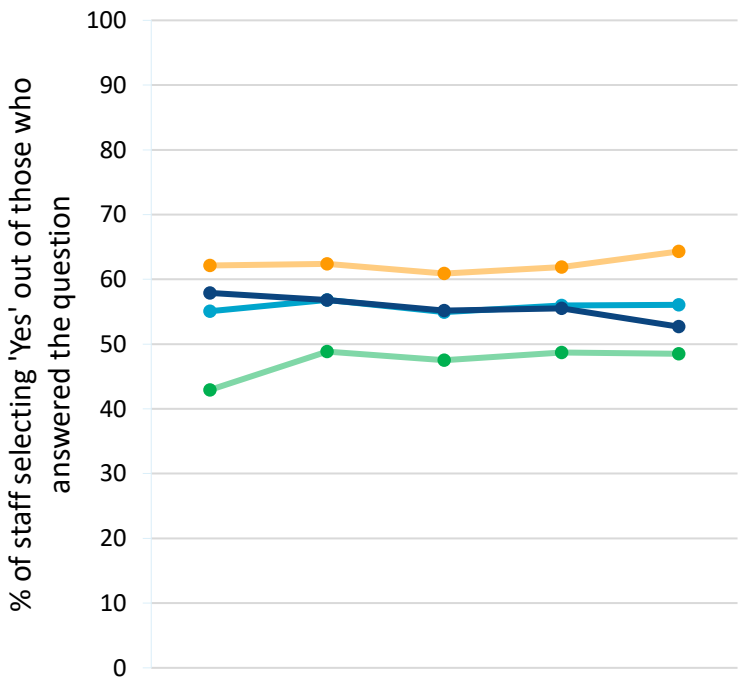
	2025
Your org	40.17%
Best result	30.97%
Average result	40.70%
Worst result	47.69%
Responses	3860

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



	2021	2022	2023	2024	2025
Your org	49.62%	46.90%	43.31%	40.44%	38.64%
Best result	38.09%	36.86%	32.48%	33.18%	33.51%
Average result	47.11%	45.20%	41.72%	41.44%	42.26%
Worst result	54.42%	51.68%	50.08%	48.50%	50.97%
Responses	2848	2474	2204	3463	3854

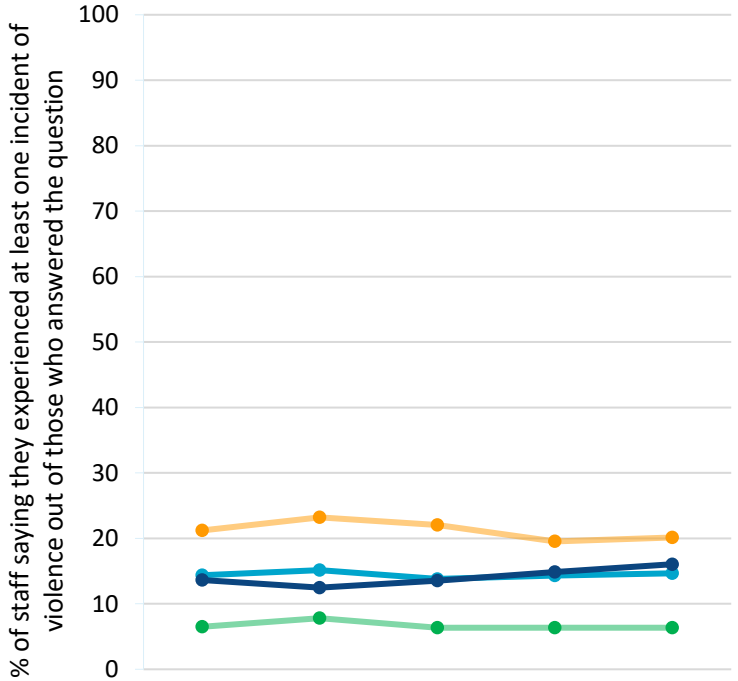
Q11d In the last three months have you ever come to work despite not feeling well enough to perform your duties?



	2021	2022	2023	2024	2025
Your org	57.91%	56.81%	55.17%	55.51%	52.69%
Best result	42.92%	48.84%	47.51%	48.71%	48.53%
Average result	55.08%	56.82%	54.94%	55.96%	56.08%
Worst result	62.16%	62.39%	60.90%	61.90%	64.31%
Responses	2848	2473	2204	3460	3851

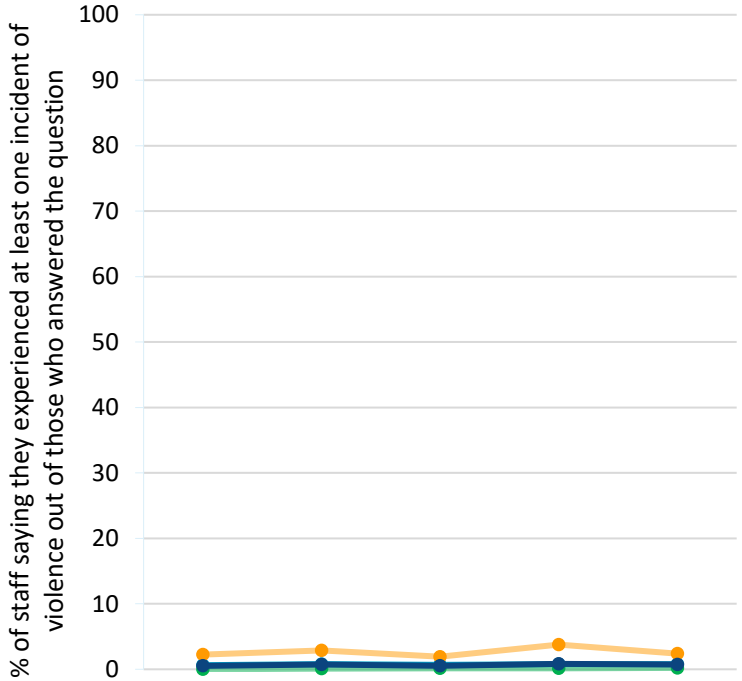
Note: Due to changes in the question wording in 2025, previous years' results for Q11b are not reported. For more information, please refer to the *Technical Guide:* https://www.nhsstaffsurveys.com/survey-documents/

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.



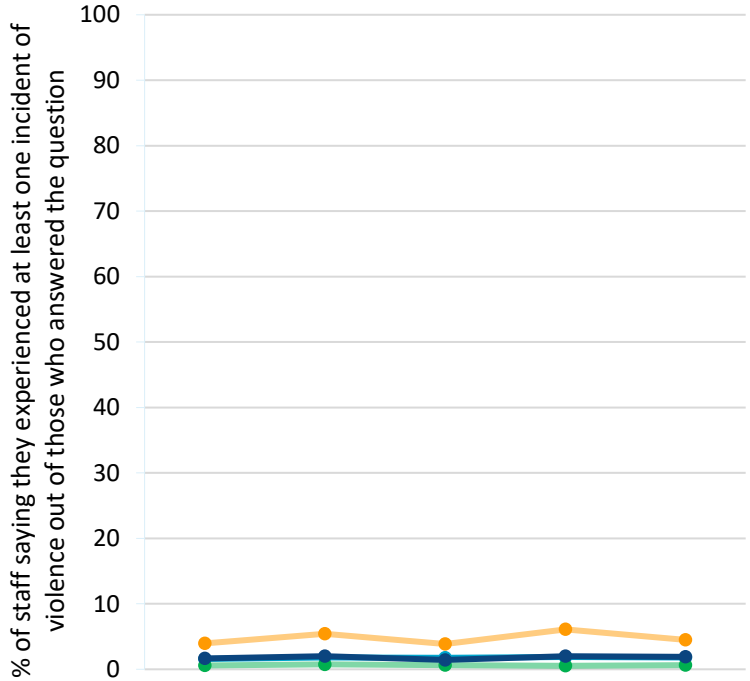
	2021	2022	2023	2024	2025
Your org	13.62%	12.48%	13.52%	14.87%	16.05%
Best result	6.50%	7.81%	6.35%	6.35%	6.35%
Average result	14.38%	15.15%	13.81%	14.31%	14.65%
Worst result	21.20%	23.21%	22.02%	19.54%	20.14%
Responses	2868	2469	2042	3464	3842

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



	2021	2022	2023	2024	2025
Your org	0.52%	0.71%	0.54%	0.83%	0.72%
Best result	0.00%	0.11%	0.14%	0.14%	0.21%
Average result	0.63%	0.79%	0.68%	0.76%	0.76%
Worst result	2.23%	2.90%	1.93%	3.78%	2.37%
Responses	2852	2447	2020	3417	3790

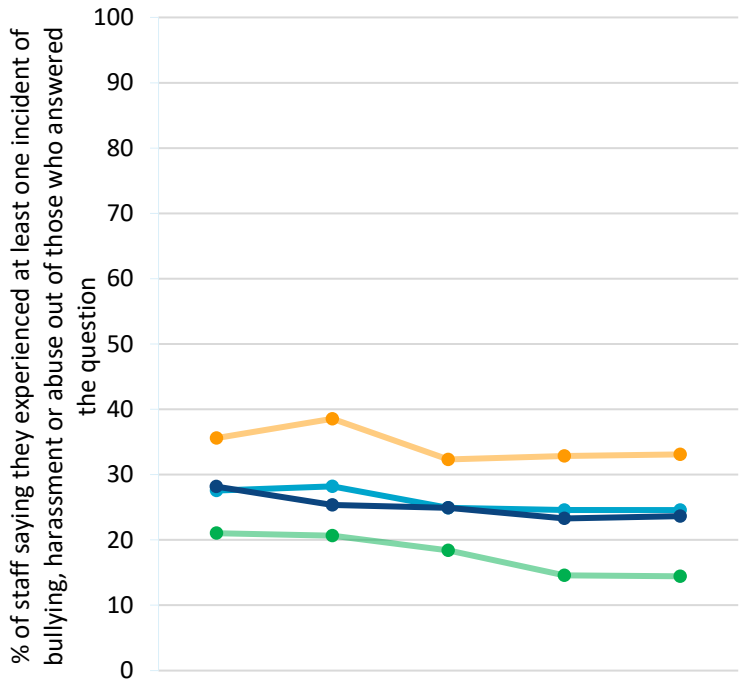
Q13c In the last 12 months how many times have you personally experienced physical violence at work from...? Other colleagues.



	2021	2022	2023	2024	2025
Your org	1.66%	1.99%	1.43%	2.00%	1.90%
Best result	0.56%	0.76%	0.65%	0.54%	0.63%
Average result	1.58%	1.83%	1.78%	1.88%	1.80%
Worst result	3.98%	5.44%	3.86%	6.09%	4.51%
Responses	2838	2434	2002	3373	3736

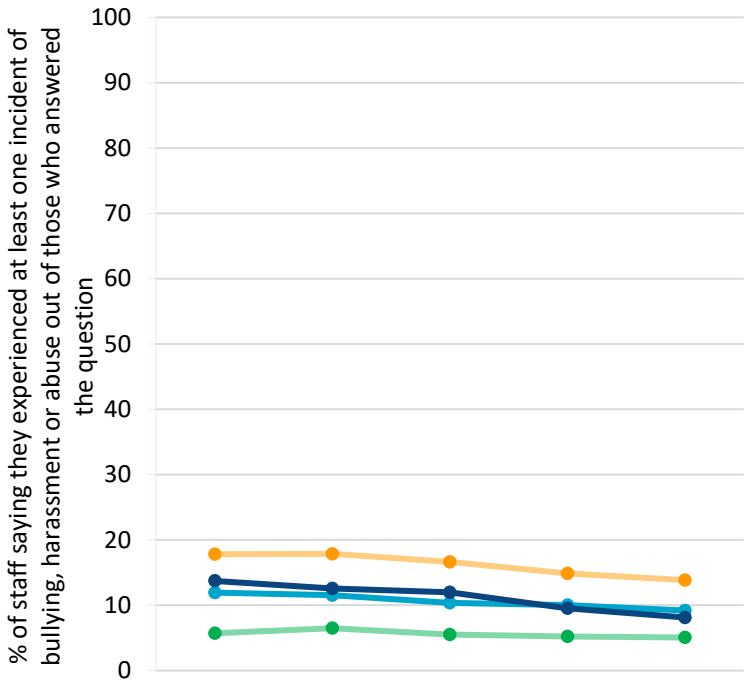
Note: 2023 results for Q13a-c are reported using corrected data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

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.



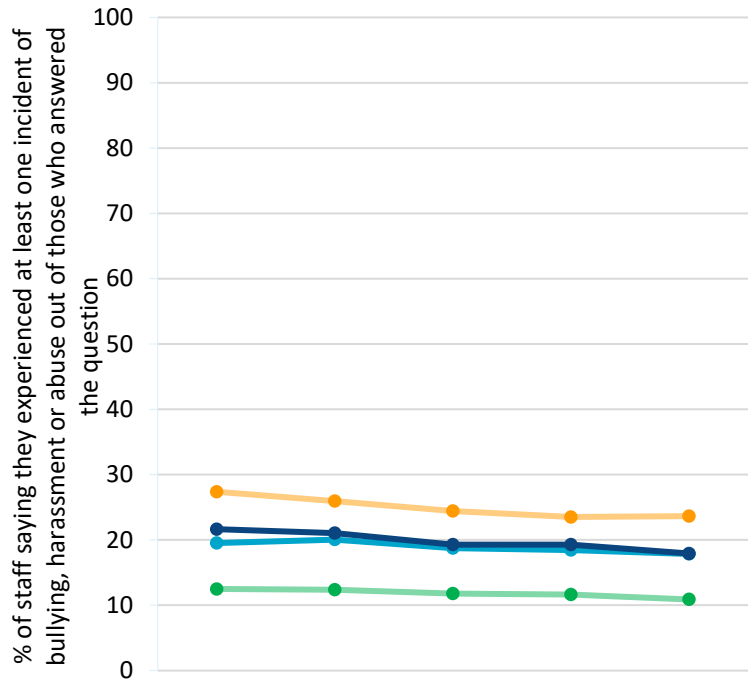
	2021	2022	2023	2024	2025
Your org	28.16%	25.37%	24.91%	23.29%	23.66%
Best result	21.03%	20.65%	18.41%	14.57%	14.44%
Average result	27.56%	28.20%	24.91%	24.59%	24.59%
Worst result	35.57%	38.56%	32.33%	32.84%	33.08%
Responses	2850	2469	2041	3461	3851

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



	2021	2022	2023	2024	2025
Your org	13.72%	12.57%	11.99%	9.52%	8.13%
Best result	5.72%	6.48%	5.50%	5.22%	5.07%
Average result	11.94%	11.52%	10.35%	10.00%	9.20%
Worst result	17.83%	17.88%	16.64%	14.86%	13.85%
Responses	2835	2450	2028	3421	3811

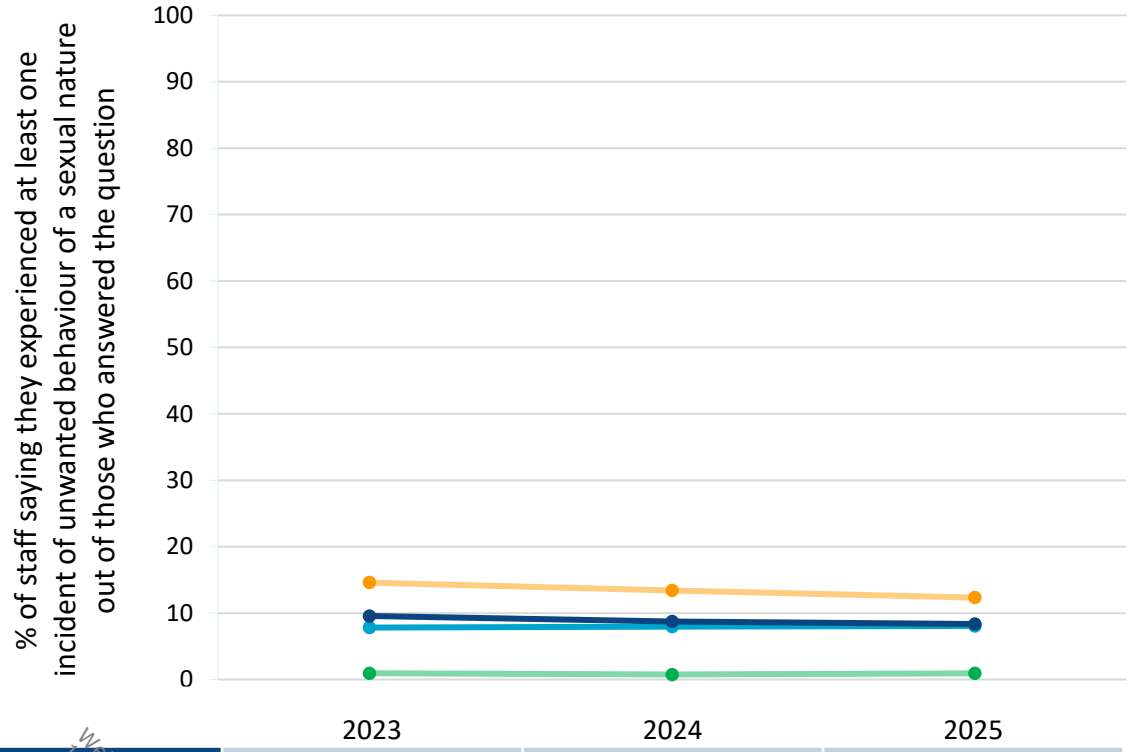
Q14c In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Other colleagues.



	2021	2022	2023	2024	2025
Your org	21.65%	21.05%	19.30%	19.27%	17.93%
Best result	12.50%	12.35%	11.78%	11.65%	10.89%
Average result	19.54%	20.05%	18.74%	18.47%	17.86%
Worst result	27.38%	25.97%	24.43%	23.52%	23.63%
Responses	2824	2443	2018	3409	3792

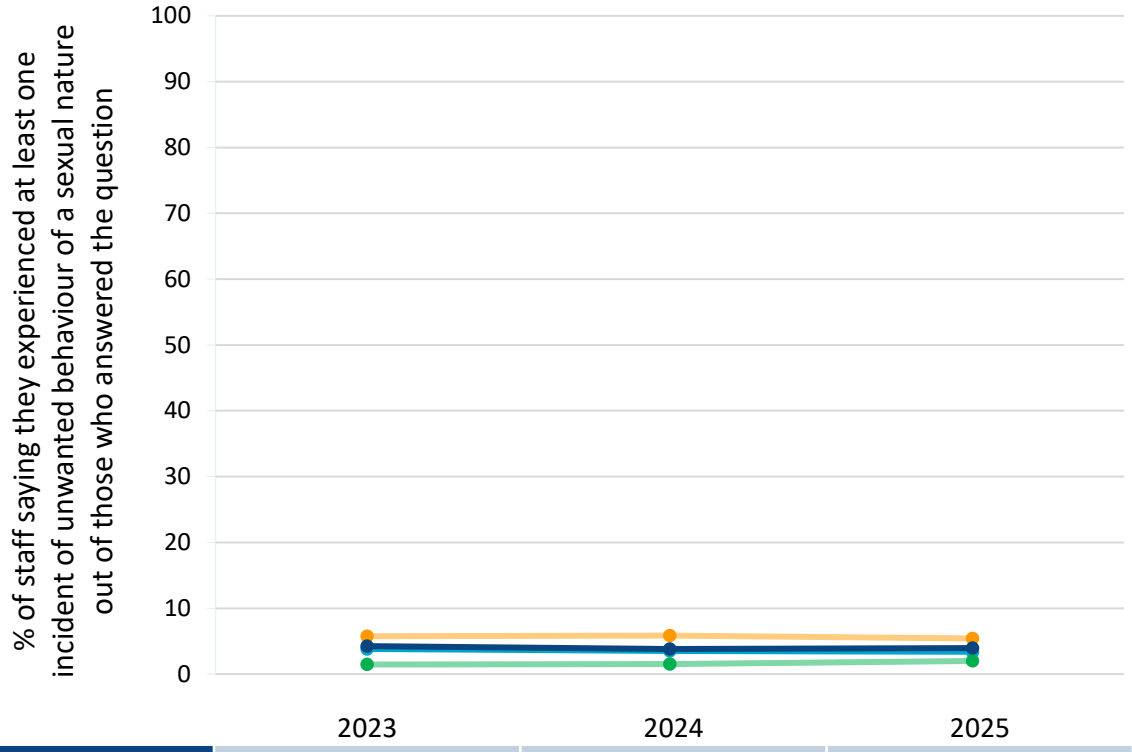
Note: 2023 results for Q14a-c are reported using corrected data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

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	2025
Your org	9.57%	8.71%	8.36%
Best result	0.94%	0.76%	0.92%
Average result	7.82%	7.97%	8.07%
Worst result	14.59%	13.40%	12.33%
Responses	2205	3467	3854

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



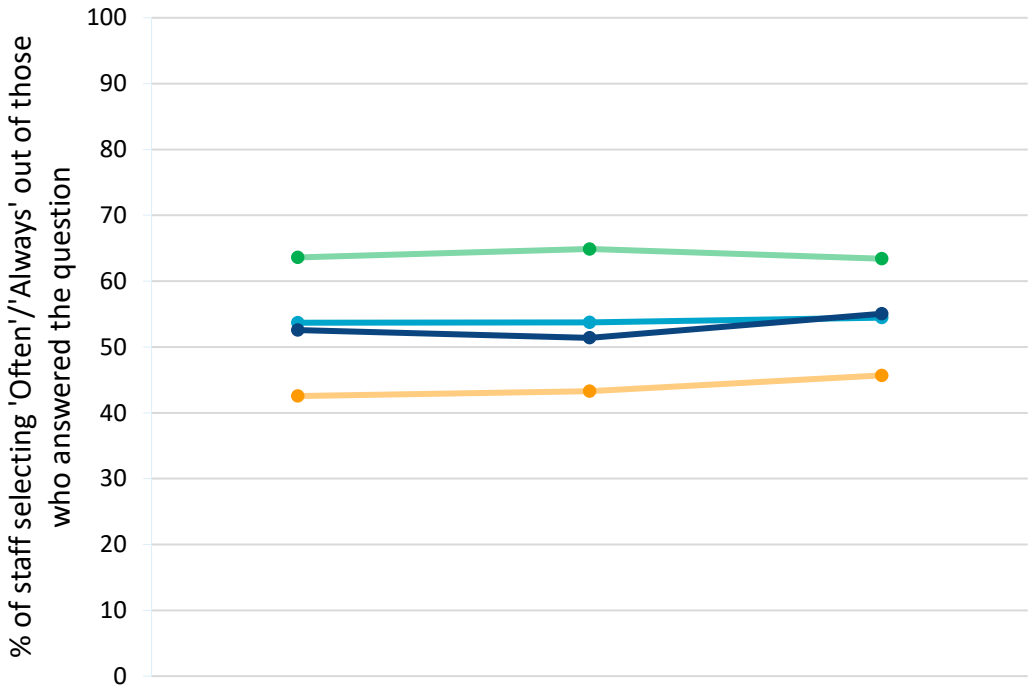
	2023	2024	2025
Your org	4.25%	3.81%	3.97%
Best result	1.45%	1.53%	1.99%
Average result	3.82%	3.53%	3.39%
Worst result	5.74%	5.85%	5.41%
Responses	2191	3449	3831

*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	2025
Your org	52.56%	51.38%	55.05%
Best result	63.60%	64.89%	63.41%
Average result	53.68%	53.75%	54.45%
Worst result	42.55%	43.27%	45.69%
Responses	2205	3466	3856

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

Survey Coordination Centre

NHS

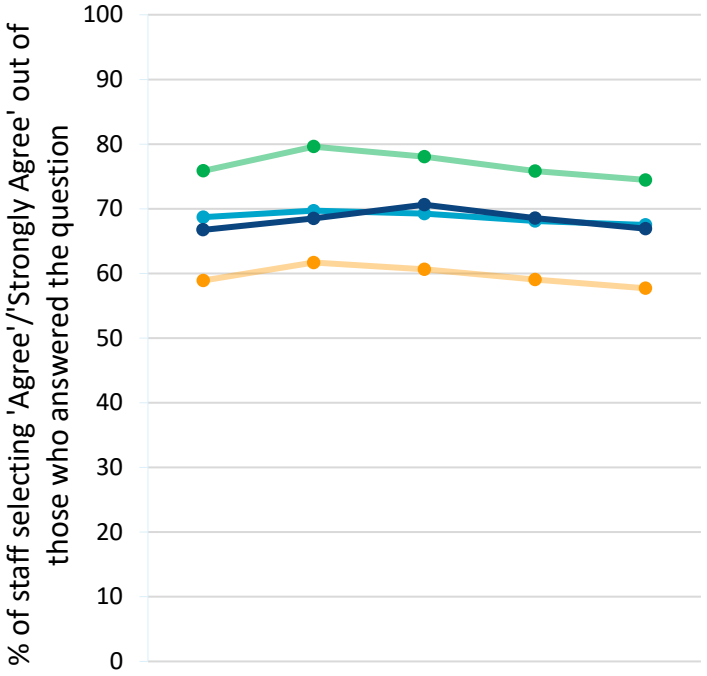
People Promise element – We are always learning

Questions included:
Development – Q24a, Q24b, Q24c, Q24d, Q24e
Appraisals – Q23a*, Q23b, Q23c, Q23d
Other questions** - Q24f

*Q23a is a filter question and therefore influences the sub-score without being a directly scored question.
**Q24f does not contribute to the calculation of any scores or sub-scores.

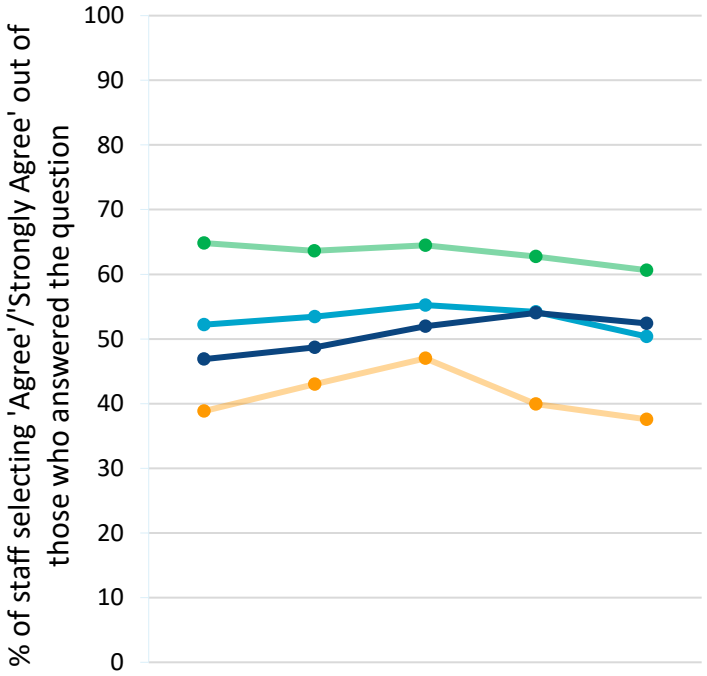
Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Q24a This organisation offers me challenging work.



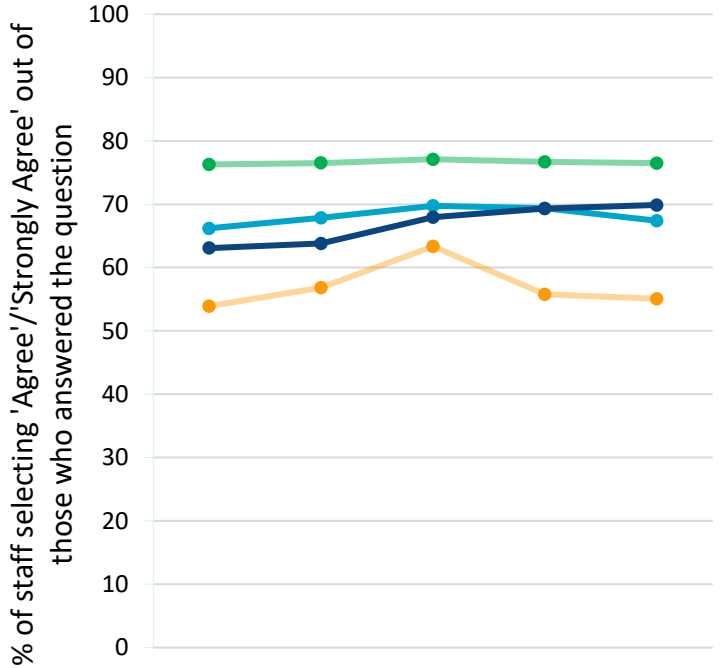
	2021	2022	2023	2024	2025
Your org	66.73%	68.52%	70.62%	68.53%	66.93%
Best result	75.85%	79.60%	78.03%	75.85%	74.46%
Average result	68.69%	69.71%	69.25%	68.11%	67.49%
Worst result	58.89%	61.69%	60.64%	59.07%	57.70%
Responses	2862	2465	2200	3459	3849

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



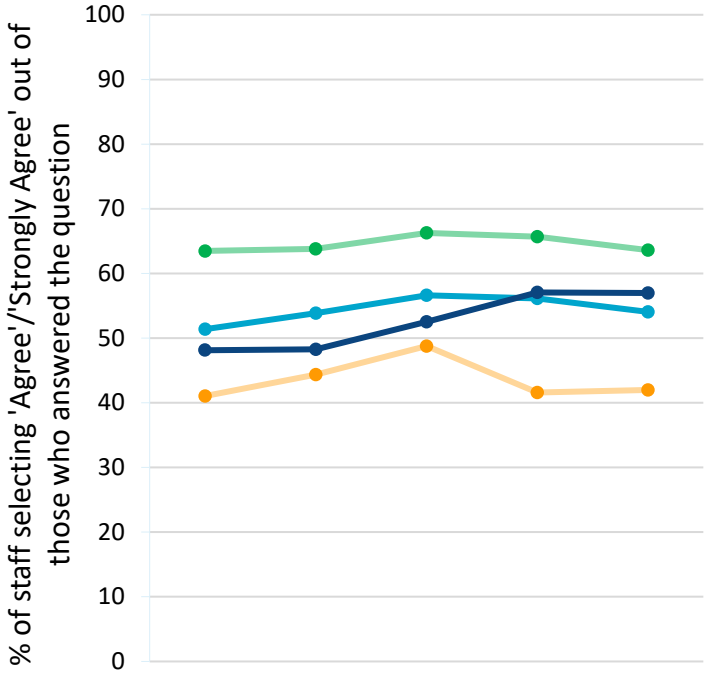
	2021	2022	2023	2024	2025
Your org	46.88%	48.69%	51.97%	54.02%	52.43%
Best result	64.83%	63.62%	64.46%	62.76%	60.64%
Average result	52.20%	53.45%	55.24%	54.21%	50.39%
Worst result	38.86%	43.01%	46.99%	39.92%	37.58%
Responses	2862	2467	2204	3462	3851

Q24c I have opportunities to improve my knowledge and skills.



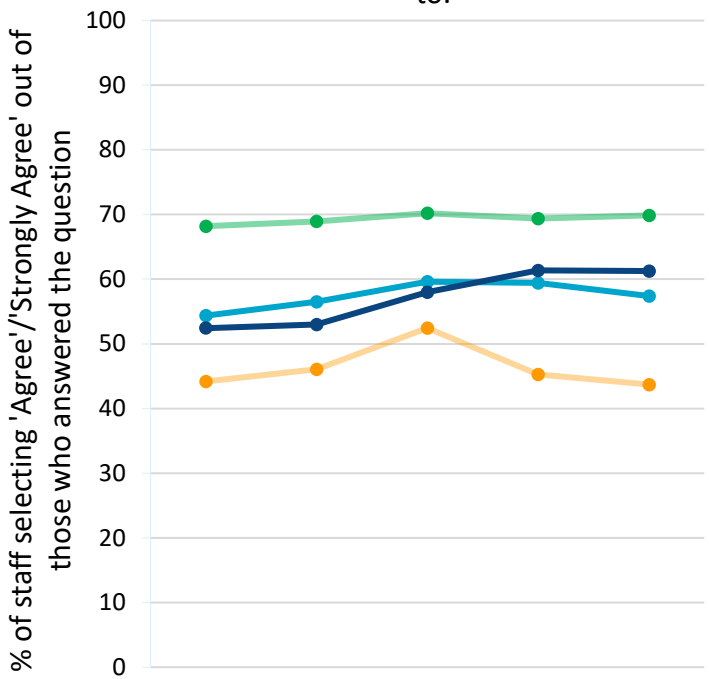
	2021	2022	2023	2024	2025
Your org	63.07%	63.82%	67.95%	69.32%	69.89%
Best result	76.28%	76.50%	77.10%	76.67%	76.47%
Average result	66.20%	67.85%	69.75%	69.36%	67.41%
Worst result	53.91%	56.82%	63.34%	55.77%	55.05%
Responses	2860	2465	2202	3466	3843

Q24d I feel supported to develop my potential.



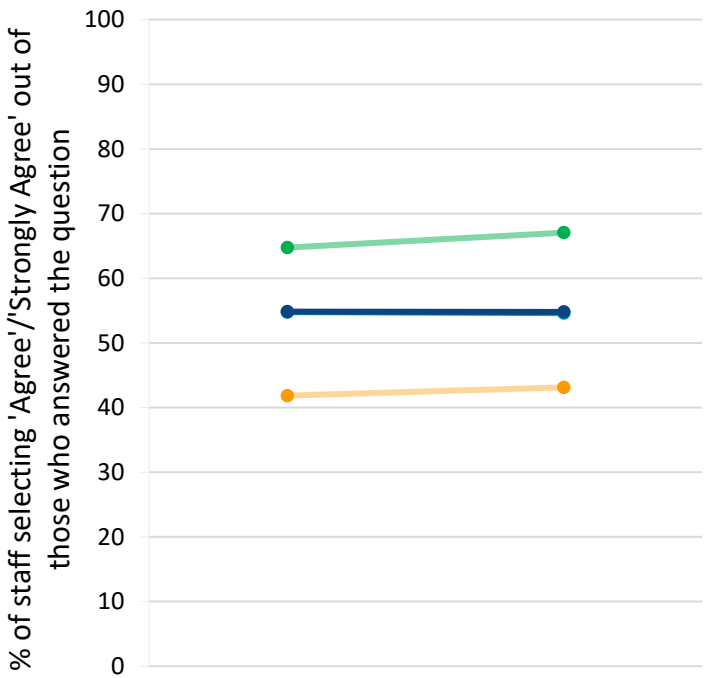
	2021	2022	2023	2024	2025
Your org	48.12%	48.29%	52.52%	57.06%	57.00%
Best result	63.48%	63.80%	66.26%	65.67%	63.62%
Average result	51.38%	53.86%	56.62%	56.16%	54.06%
Worst result	41.05%	44.35%	48.78%	41.57%	41.97%
Responses	2856	2468	2200	3458	3847

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



	2021	2022	2023	2024	2025
Your org	52.42%	52.99%	57.99%	61.36%	61.26%
Best result	68.20%	68.93%	70.19%	69.39%	69.85%
Average result	54.36%	56.52%	59.61%	59.41%	57.42%
Worst result	44.17%	46.07%	52.44%	45.25%	43.71%
Responses	2858	2467	2201	3461	3848

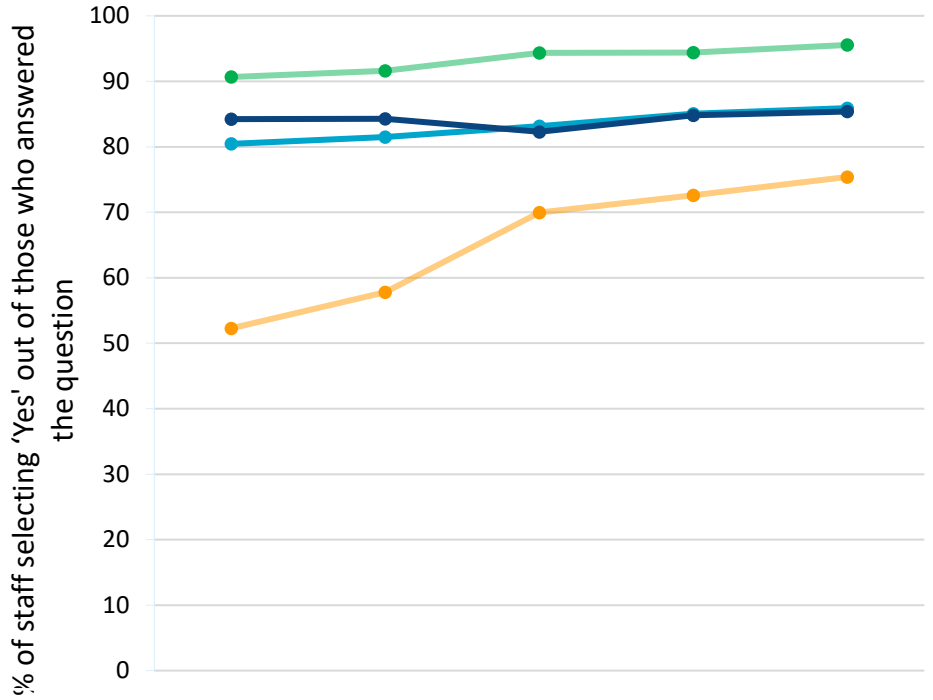
Q24f* I am able to access clinical supervision opportunities when I need to.



	2024	2025
Your org	54.83%	54.79%
Best result	64.74%	67.04%
Average result	54.76%	54.60%
Worst result	41.85%	43.13%
Responses	2879	3182

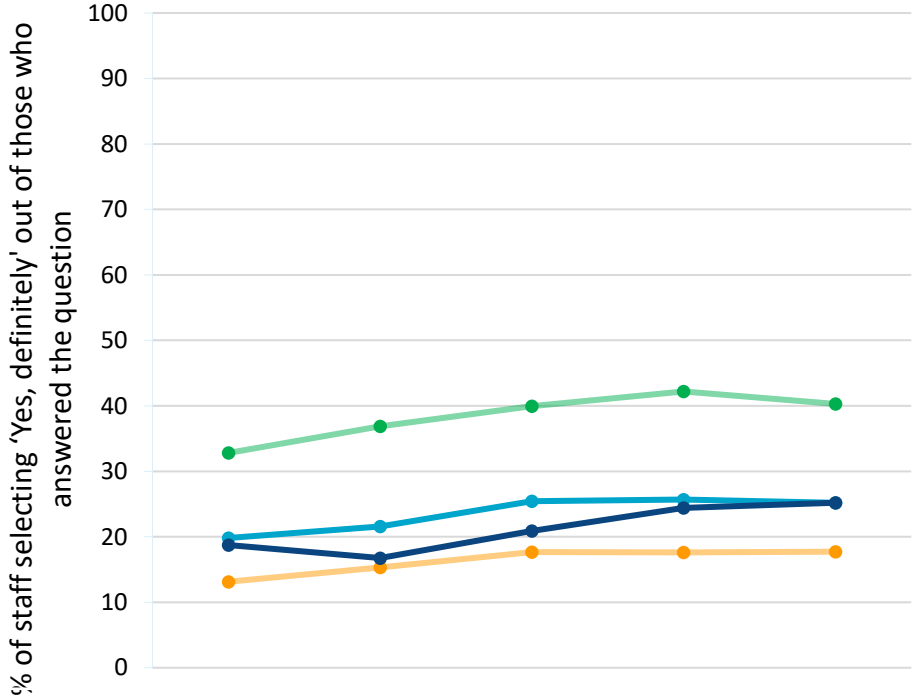
*Q24f was introduced in 2024 and does not currently contribute towards any People Promise element score, theme score or sub-score to protect trend data over five years.

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	2025
Your org	84.22%	84.26%	82.29%	84.83%	85.38%
Best result	90.66%	91.61%	94.34%	94.40%	95.55%
Average result	80.45%	81.49%	83.18%	85.05%	85.91%
Worst result	52.28%	57.78%	69.95%	72.59%	75.40%
Responses	2852	2466	2167	3429	3796

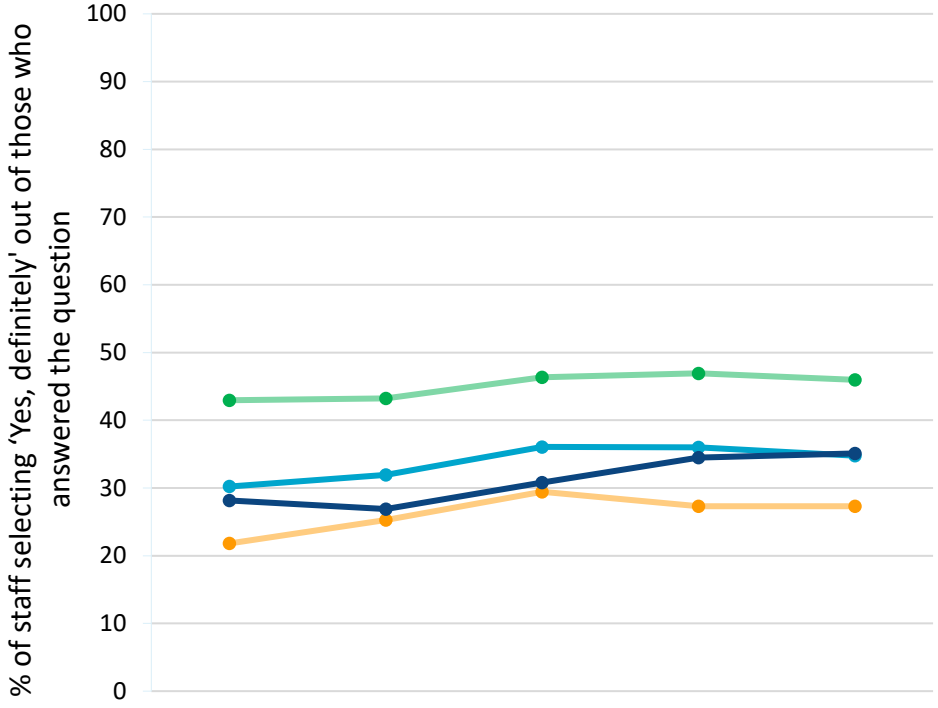
Q23b It helped me to improve how I do my job.



	2021	2022	2023	2024	2025
Your org	18.76%	16.76%	20.90%	24.40%	25.20%
Best result	32.81%	36.90%	39.96%	42.20%	40.32%
Average result	19.82%	21.57%	25.45%	25.69%	25.20%
Worst result	13.14%	15.33%	17.68%	17.62%	17.73%
Responses	2394	2074	1777	2889	3235

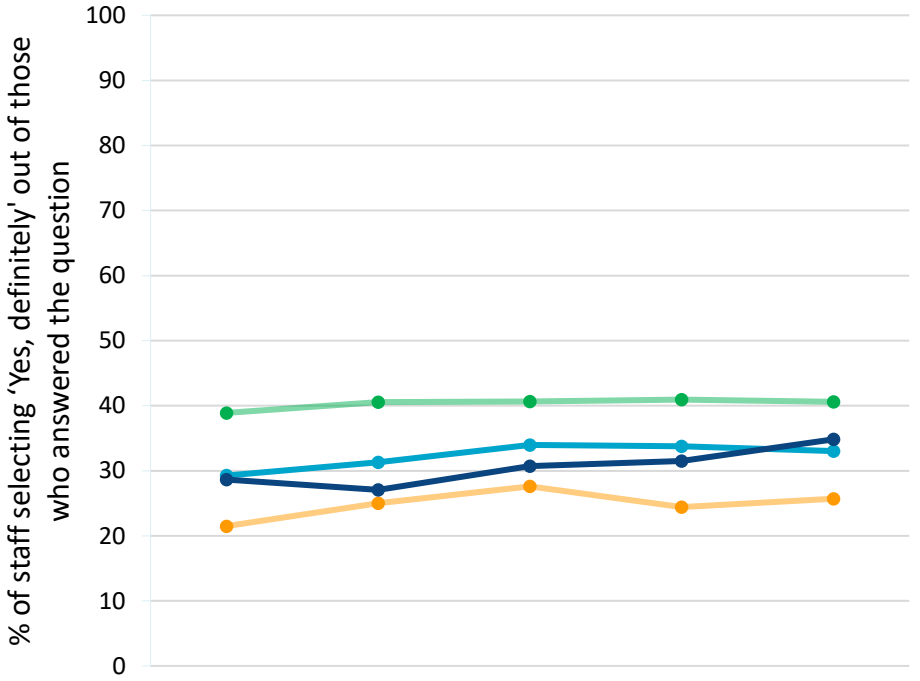
*Q23a is a filter question and therefore influences the sub-score without being a directly scored question.

Q23c It helped me agree clear objectives for my work.



	2021	2022	2023	2024	2025
Your org	28.15%	26.89%	30.81%	34.49%	35.10%
Best result	42.95%	43.23%	46.32%	46.93%	45.99%
Average result	30.21%	31.94%	36.06%	36.01%	34.79%
Worst result	21.81%	25.28%	29.43%	27.29%	27.28%
Responses	2381	2074	1776	2886	3234

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



	2021	2022	2023	2024	2025
Your org	28.63%	27.06%	30.70%	31.49%	34.83%
Best result	38.89%	40.56%	40.66%	40.93%	40.58%
Average result	29.26%	31.28%	33.97%	33.76%	33.02%
Worst result	21.49%	24.98%	27.60%	24.42%	25.69%
Responses	2386	2075	1776	2891	3234

Survey Coordination Centre

NHS

People Promise element – We work flexibly

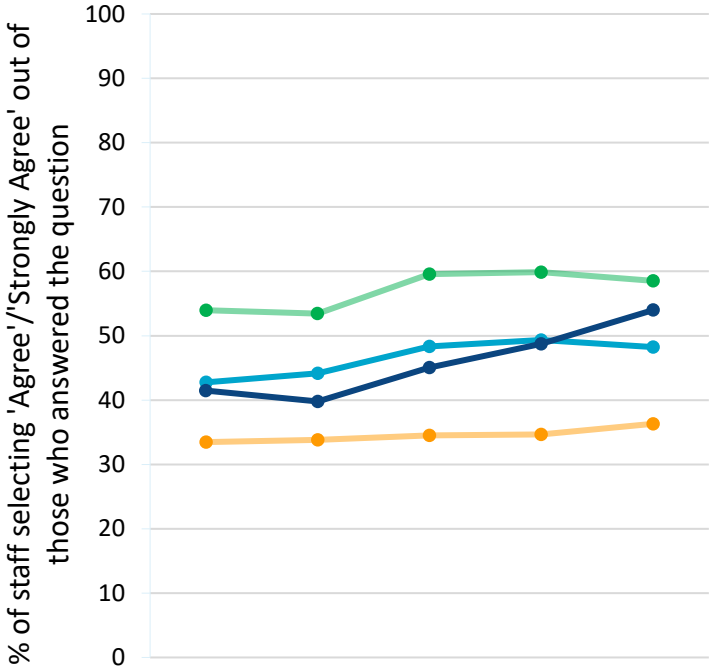
Questions included:

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

Flexible working – Q4d

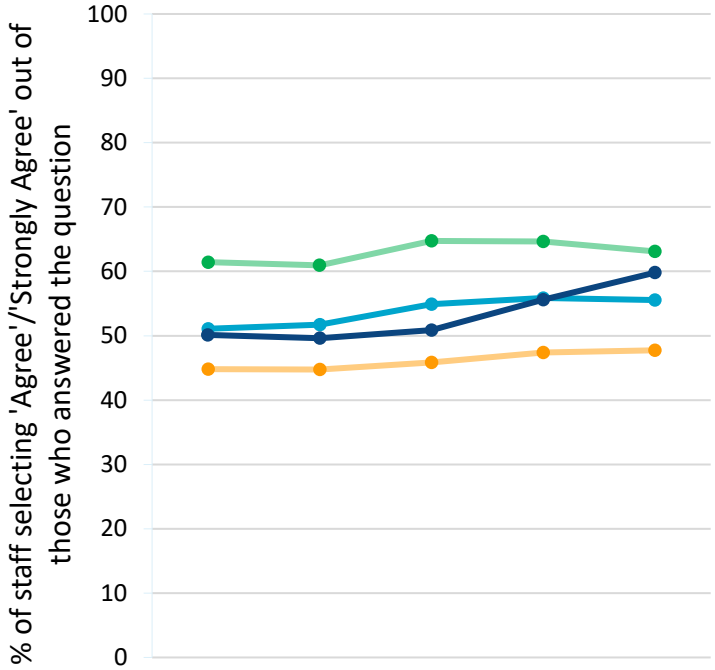
Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

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



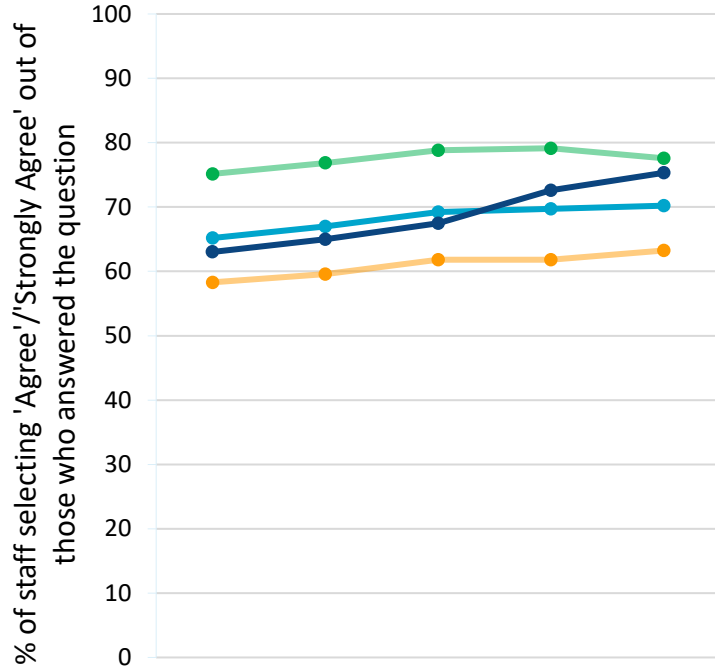
	2021	2022	2023	2024	2025
Your org	41.45%	39.78%	45.06%	48.74%	53.98%
Best result	53.96%	53.44%	59.57%	59.88%	58.52%
Average result	42.75%	44.15%	48.33%	49.34%	48.24%
Worst result	33.47%	33.80%	34.49%	34.65%	36.31%
Responses	2874	2474	2211	3465	3863

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



	2021	2022	2023	2024	2025
Your org	50.12%	49.61%	50.87%	55.59%	59.80%
Best result	61.44%	60.94%	64.73%	64.67%	63.10%
Average result	51.08%	51.70%	54.92%	55.86%	55.53%
Worst result	44.80%	44.75%	45.84%	47.38%	47.73%
Responses	2869	2476	2210	3465	3862

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

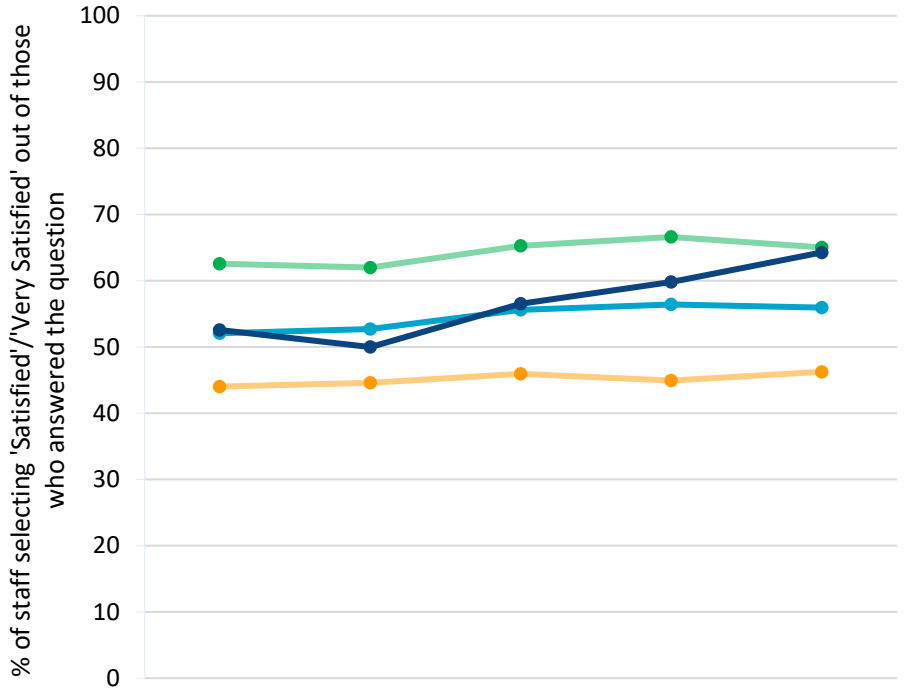


	2021	2022	2023	2024	2025
Your org	63.02%	65.00%	67.46%	72.58%	75.31%
Best result	75.15%	76.83%	78.81%	79.14%	77.58%
Average result	65.19%	66.98%	69.20%	69.72%	70.21%
Worst result	58.30%	59.56%	61.83%	61.82%	63.24%
Responses	2872	2476	2207	3465	3859

Survey Coordination Centre

NHS

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

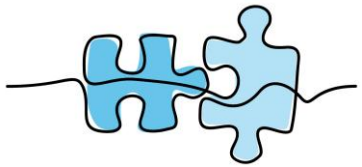


	2021	2022	2023	2024	2025
Your org	52.56%	49.99%	56.54%	59.81%	64.27%
Best result	62.56%	62.00%	65.26%	66.61%	65.03%
Average result	52.07%	52.73%	55.60%	56.41%	55.94%
Worst result	44.02%	44.60%	45.93%	44.94%	46.25%
Responses	2851	2476	2201	3465	3854

Survey Coordination Centre

NHS

People Promise element – We are a team



Questions included:

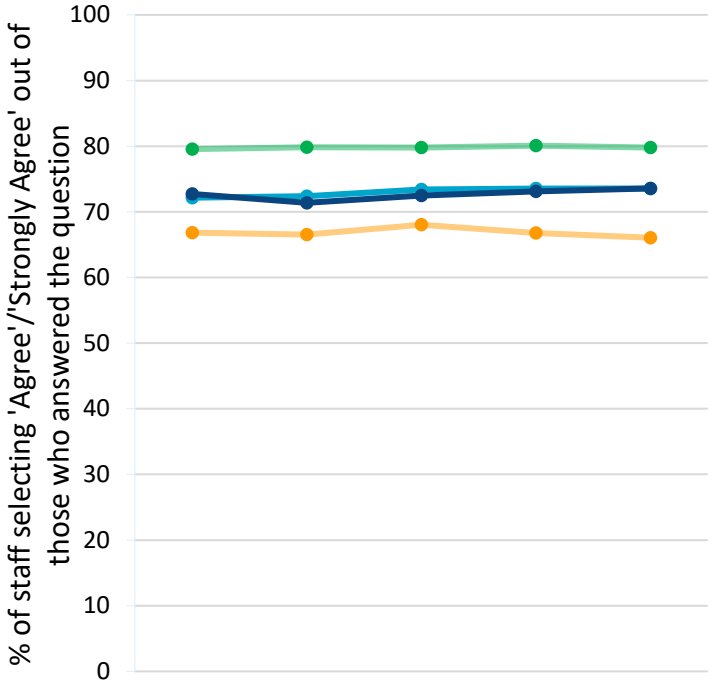
Team working – Q7a, Q7b, Q7c, Q7d, Q7e, Q7f, Q7g, Q8a

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.

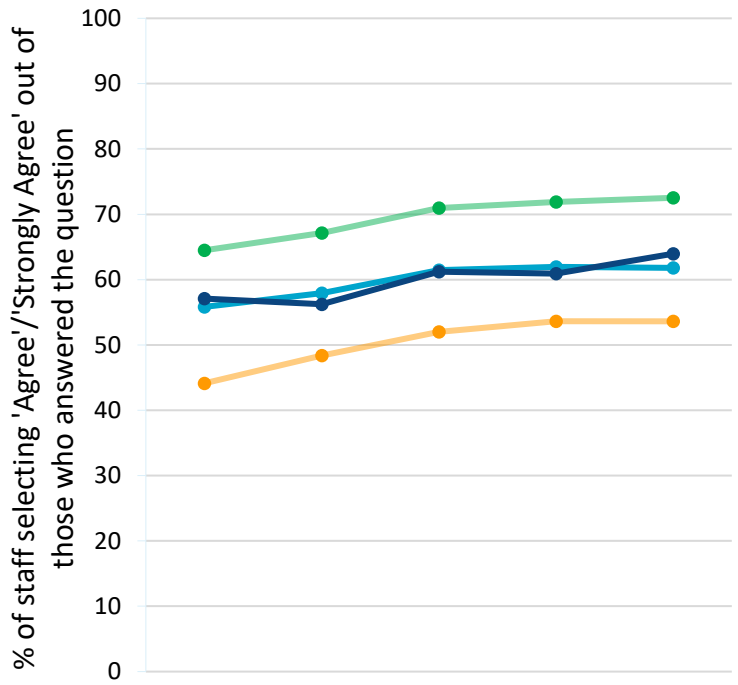
Survey Coordination Centre NHS

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



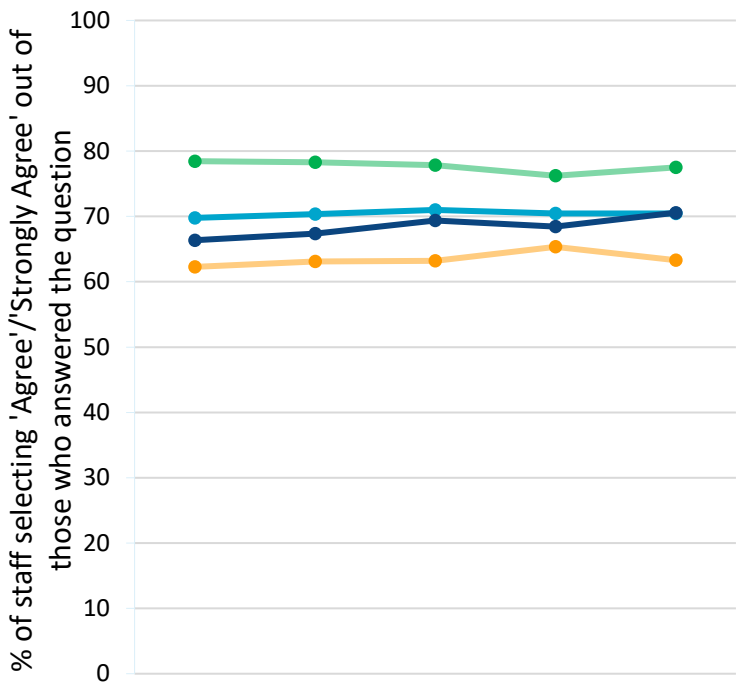
	2021	2022	2023	2024	2025
Your org	72.72%	71.37%	72.47%	73.14%	73.57%
Best result	79.56%	79.85%	79.81%	80.08%	79.77%
Average result	72.16%	72.38%	73.39%	73.54%	73.53%
Worst result	66.82%	66.53%	68.03%	66.79%	66.06%
Responses	2856	2474	2204	3470	3859

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



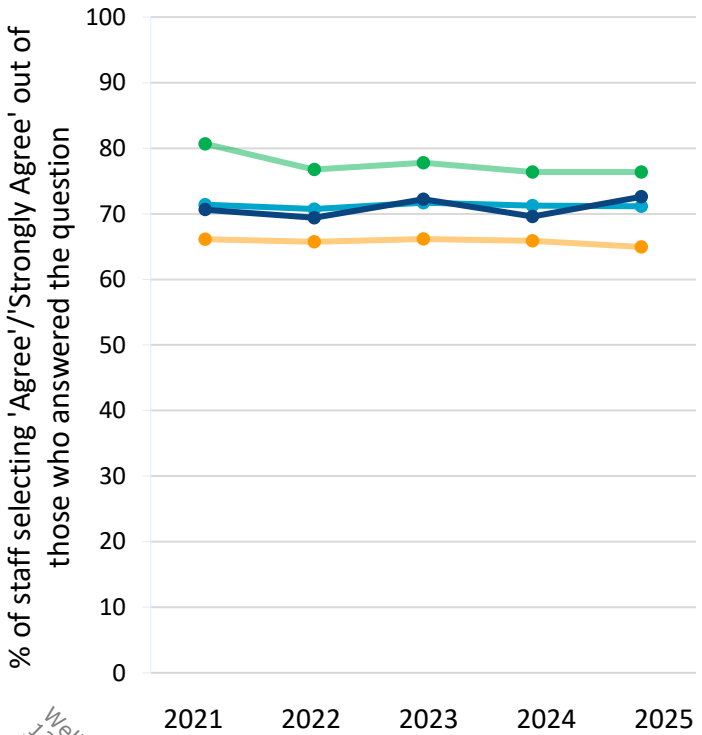
	2021	2022	2023	2024	2025
Your org	57.12%	56.24%	61.22%	60.93%	63.97%
Best result	64.49%	67.15%	70.95%	71.90%	72.53%
Average result	55.83%	57.91%	61.47%	61.95%	61.78%
Worst result	44.13%	48.38%	52.03%	53.63%	53.60%
Responses	2858	2477	2201	3468	3862

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



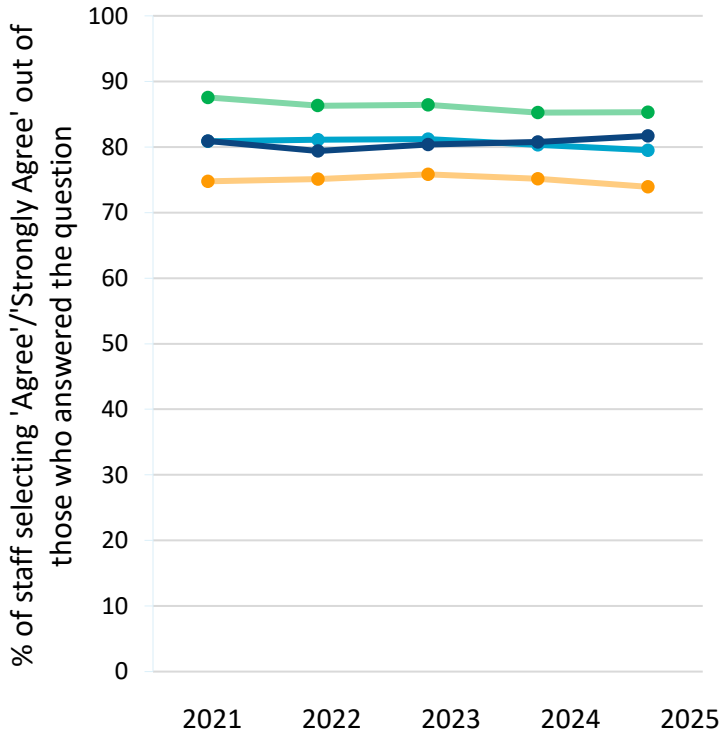
	2021	2022	2023	2024	2025
Your org	66.36%	67.37%	69.38%	68.47%	70.57%
Best result	78.46%	78.30%	77.85%	76.23%	77.49%
Average result	69.78%	70.35%	71.00%	70.47%	70.43%
Worst result	62.28%	63.13%	63.18%	65.35%	63.28%
Responses	2862	2476	2205	3471	3865

Q7d Team members understand each other's roles.



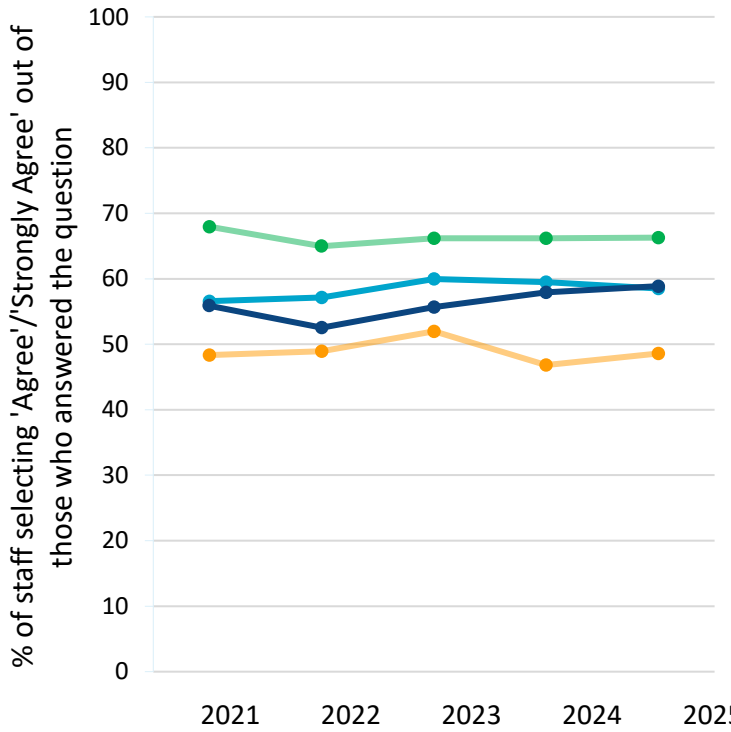
	2021	2022	2023	2024	2025
Your org	70.64%	69.41%	72.21%	69.61%	72.60%
Best result	80.67%	76.74%	77.77%	76.37%	76.38%
Average result	71.40%	70.73%	71.70%	71.27%	71.18%
Worst result	66.12%	65.71%	66.15%	65.90%	64.94%
Responses	2859	2477	2208	3474	3863

Q7e I enjoy working with the colleagues in my team.



	2021	2022	2023	2024	2025
Your org	80.90%	79.39%	80.36%	80.78%	81.69%
Best result	87.56%	86.31%	86.45%	85.24%	85.30%
Average result	80.87%	81.11%	81.20%	80.33%	79.52%
Worst result	74.78%	75.10%	75.82%	75.15%	73.93%
Responses	2855	2476	2207	3475	3862

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

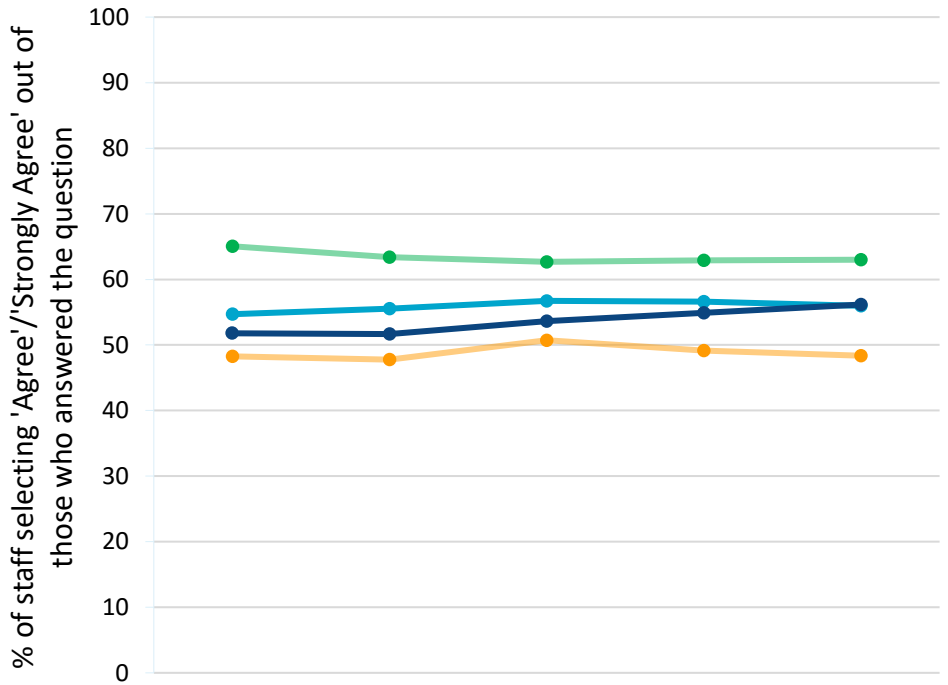


	2021	2022	2023	2024	2025
Your org	55.88%	52.54%	55.66%	57.95%	58.88%
Best result	67.96%	64.97%	66.19%	66.17%	66.26%
Average result	56.58%	57.13%	59.97%	59.48%	58.51%
Worst result	48.34%	48.92%	51.98%	46.82%	48.57%
Responses	2850	2471	2205	3469	3862

Survey Coordination Centre

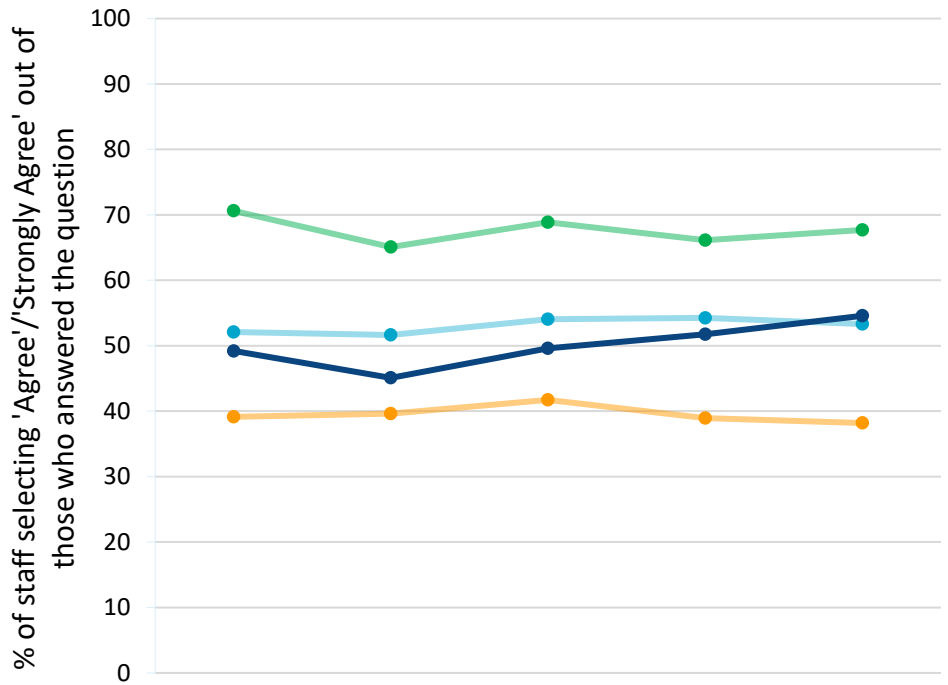
NHS

Q7g In my team disagreements are dealt with constructively.



	2021	2022	2023	2024	2025
Your org	51.78%	51.66%	53.61%	54.88%	56.17%
Best result	65.05%	63.39%	62.68%	62.92%	63.01%
Average result	54.69%	55.52%	56.73%	56.61%	55.99%
Worst result	48.27%	47.76%	50.72%	49.15%	48.38%
Responses	2853	2474	2203	3465	3858

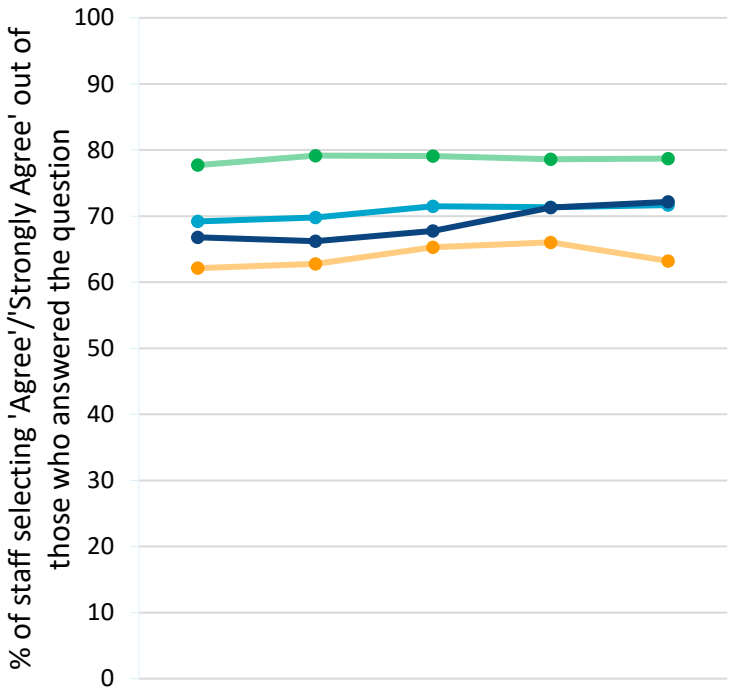
Q8a Teams within this organisation work well together to achieve their objectives.



	2021	2022	2023	2024	2025
Your org	49.20%	45.09%	49.61%	51.75%	54.58%
Best result	70.61%	65.08%	68.87%	66.14%	67.71%
Average result	52.10%	51.64%	54.07%	54.26%	53.30%
Worst result	39.15%	39.64%	41.73%	38.96%	38.19%
Responses	2843	2474	2207	3463	3862

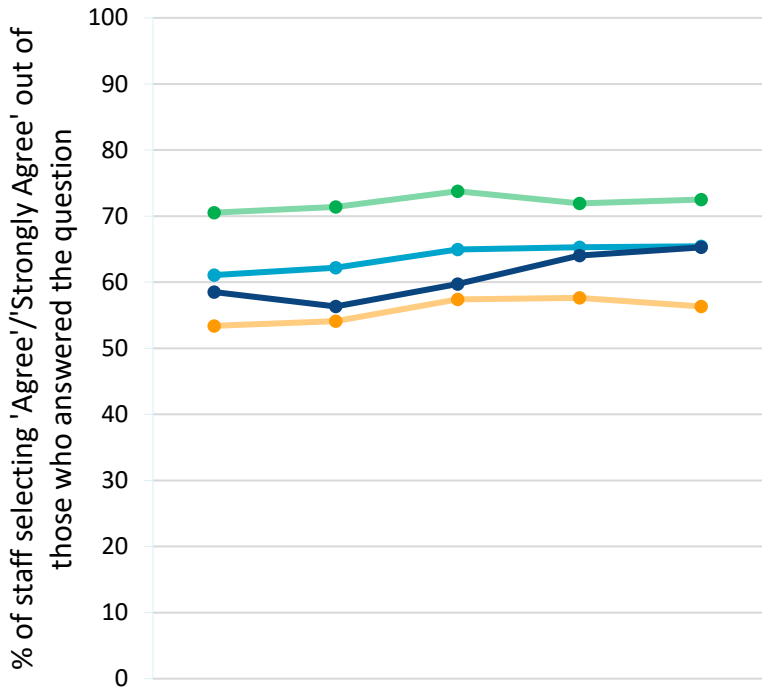
Survey Coordination Centre NHS

Q9a My immediate manager encourages me at work.



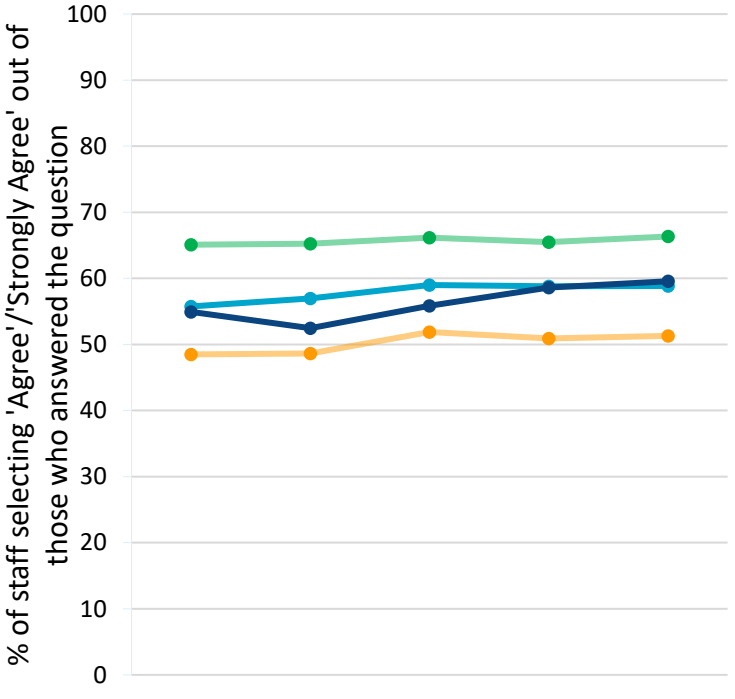
	2021	2022	2023	2024	2025
Your org	66.78%	66.21%	67.75%	71.31%	72.15%
Best result	77.71%	79.16%	79.07%	78.62%	78.70%
Average result	69.20%	69.81%	71.47%	71.36%	71.67%
Worst result	62.12%	62.77%	65.31%	66.03%	63.21%
Responses	2870	2473	2208	3471	3863

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



	2021	2022	2023	2024	2025
Your org	58.51%	56.33%	59.72%	64.04%	65.27%
Best result	70.52%	71.41%	73.77%	71.91%	72.48%
Average result	61.07%	62.18%	64.95%	65.31%	65.43%
Worst result	53.39%	54.10%	57.39%	57.63%	56.34%
Responses	2865	2469	2203	3468	3860

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

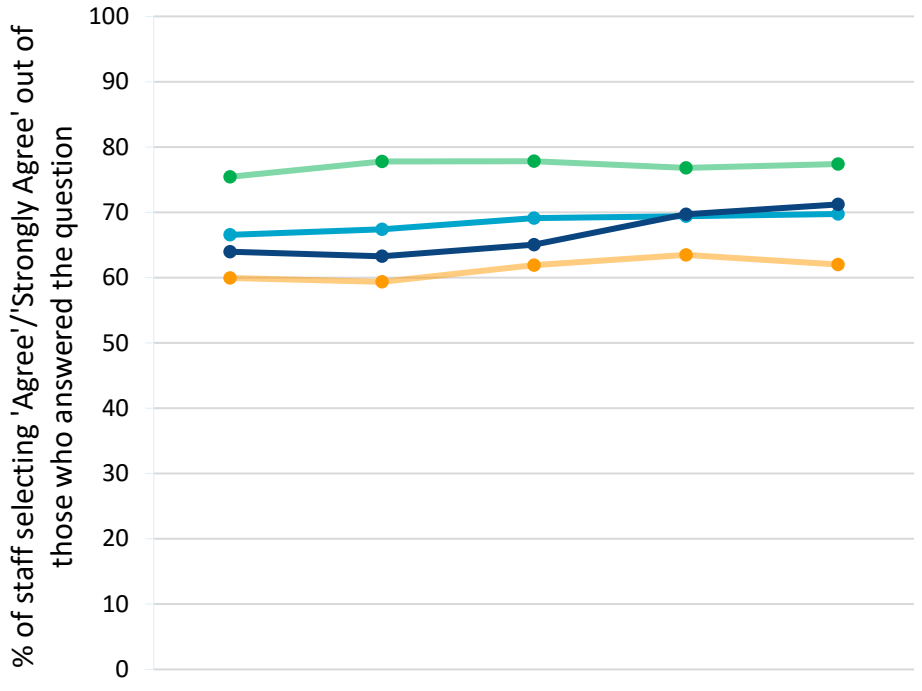


	2021	2022	2023	2024	2025
Your org	54.95%	52.47%	55.87%	58.62%	59.56%
Best result	65.10%	65.24%	66.18%	65.48%	66.34%
Average result	55.76%	56.95%	59.00%	58.82%	58.84%
Worst result	48.50%	48.63%	51.89%	50.94%	51.30%
Responses	2865	2471	2208	3473	3861

Survey Coordination Centre

NHS

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



	2021	2022	2023	2024	2025
Your org	63.95%	63.26%	65.03%	69.71%	71.21%
Best result	75.43%	77.79%	77.82%	76.82%	77.40%
Average result	66.55%	67.41%	69.13%	69.39%	69.74%
Worst result	59.95%	59.35%	61.92%	63.48%	62.01%
Responses	2874	2474	2206	3471	3858

Survey Coordination Centre

NHS

Theme – Staff engagement

Questions included:

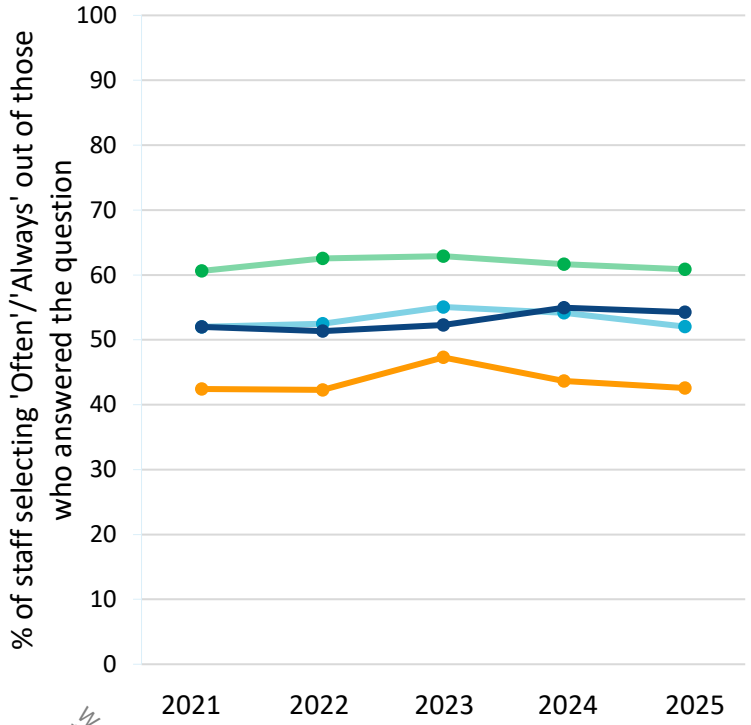
Motivation – Q2a, Q2b, Q2c

Involvement – Q3c, Q3d, Q3f

Advocacy – Q25a, Q25c, Q25d

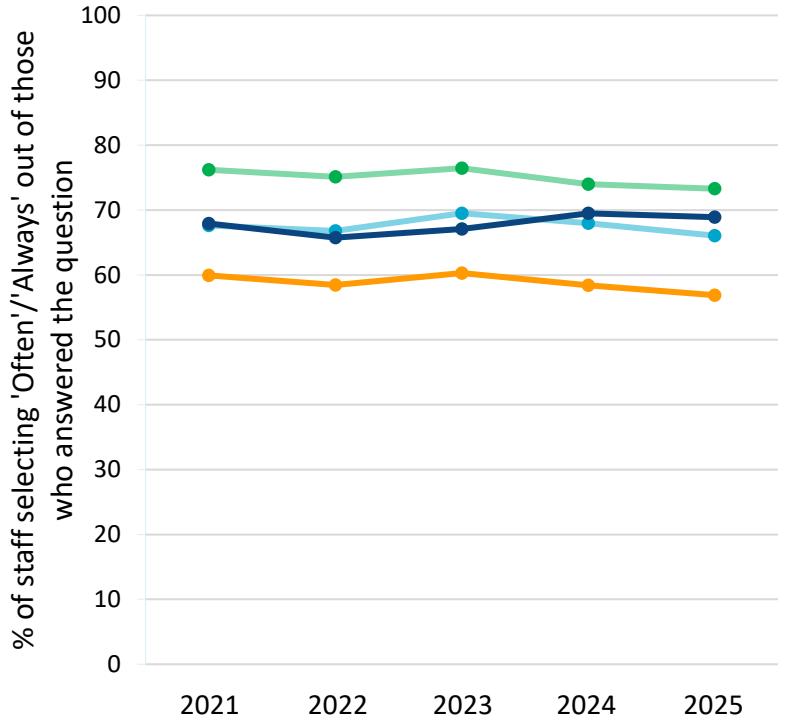
Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Q2a I look forward to going to work.



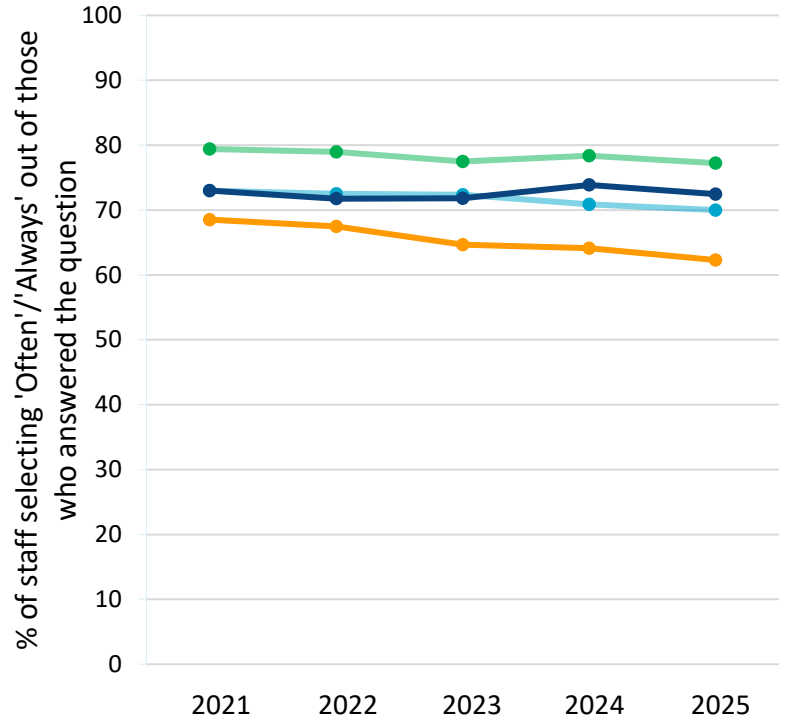
	2021	2022	2023	2024	2025
Your org	51.99%	51.34%	52.29%	54.94%	54.27%
Best result	60.62%	62.54%	62.89%	61.67%	60.88%
Average result	52.00%	52.48%	55.06%	54.17%	52.04%
Worst result	42.40%	42.29%	47.28%	43.67%	42.57%
Responses	2868	2467	2204	3471	3859

Q2b I am enthusiastic about my job.



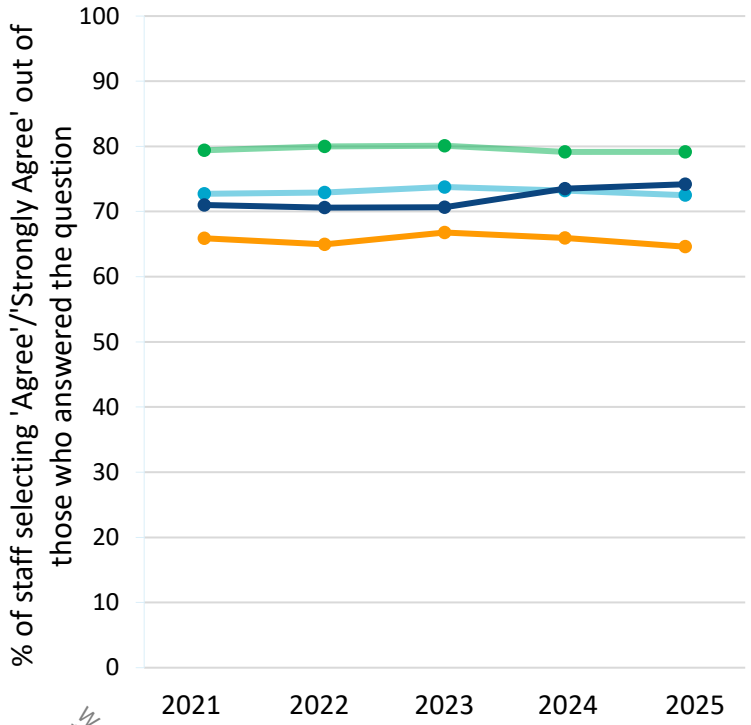
	2021	2022	2023	2024	2025
Your org	67.91%	65.75%	67.07%	69.48%	68.90%
Best result	76.21%	75.11%	76.45%	73.98%	73.28%
Average result	67.62%	66.77%	69.51%	67.95%	66.05%
Worst result	59.95%	58.47%	60.29%	58.42%	56.88%
Responses	2858	2466	2201	3461	3828

Q2c Time passes quickly when I am working.



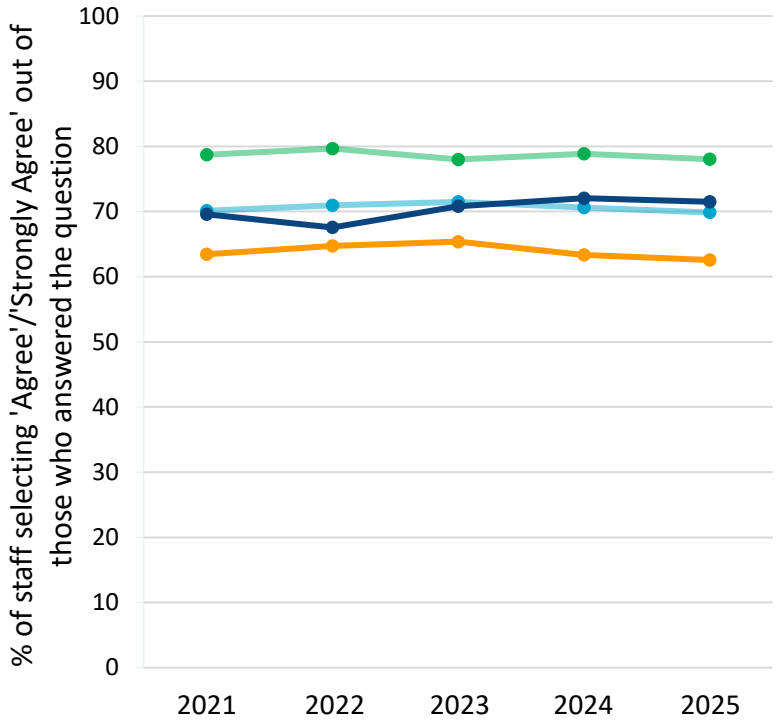
	2021	2022	2023	2024	2025
Your org	72.99%	71.74%	71.80%	73.86%	72.45%
Best result	79.40%	78.98%	77.46%	78.39%	77.22%
Average result	72.98%	72.52%	72.34%	70.90%	70.00%
Worst result	68.52%	67.46%	64.64%	64.12%	62.29%
Responses	2859	2469	2195	3462	3826

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



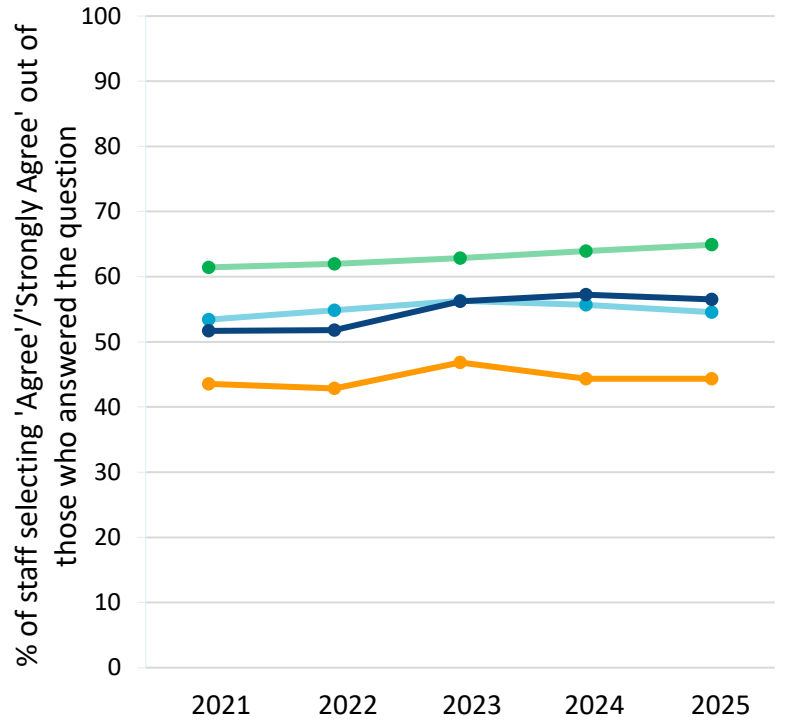
	2021	2022	2023	2024	2025
Your org	71.02%	70.60%	70.66%	73.52%	74.19%
Best result	79.41%	80.01%	80.10%	79.15%	79.17%
Average result	72.75%	72.91%	73.77%	73.20%	72.51%
Worst result	65.92%	64.98%	66.78%	65.94%	64.60%
Responses	2874	2476	2204	3472	3862

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



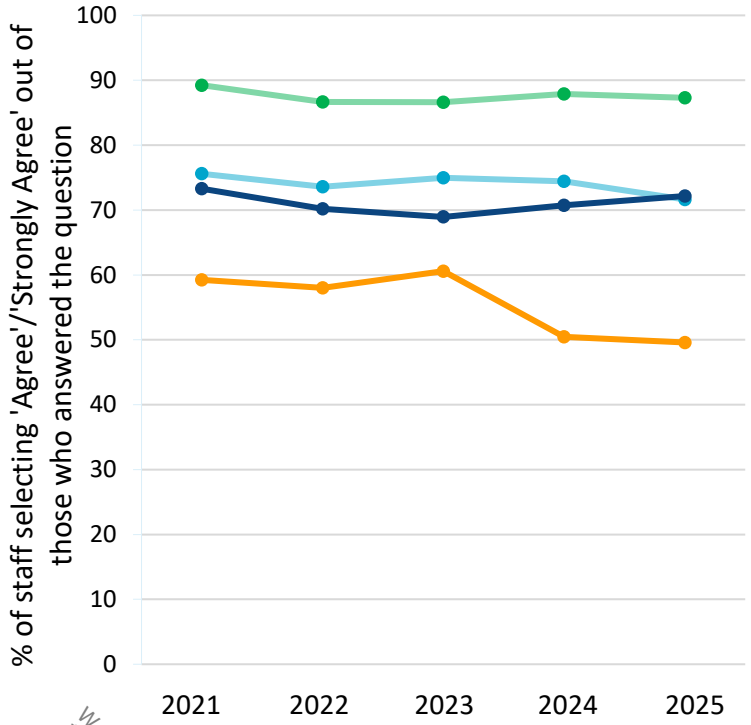
	2021	2022	2023	2024	2025
Your org	69.58%	67.55%	70.82%	72.05%	71.51%
Best result	78.70%	79.67%	78.00%	78.84%	78.03%
Average result	70.10%	70.97%	71.47%	70.61%	69.85%
Worst result	63.42%	64.70%	65.38%	63.33%	62.56%
Responses	2869	2480	2206	3472	3865

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



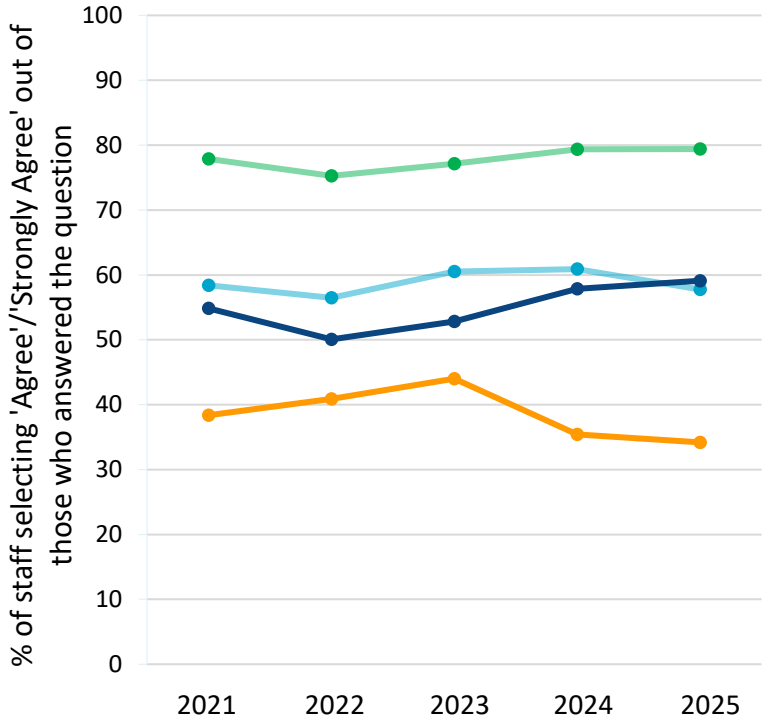
	2021	2022	2023	2024	2025
Your org	51.69%	51.81%	56.23%	57.24%	56.50%
Best result	61.43%	61.98%	62.84%	63.94%	64.90%
Average result	53.41%	54.86%	56.30%	55.71%	54.54%
Worst result	43.54%	42.85%	46.84%	44.35%	44.33%
Responses	2862	2476	2207	3470	3857

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



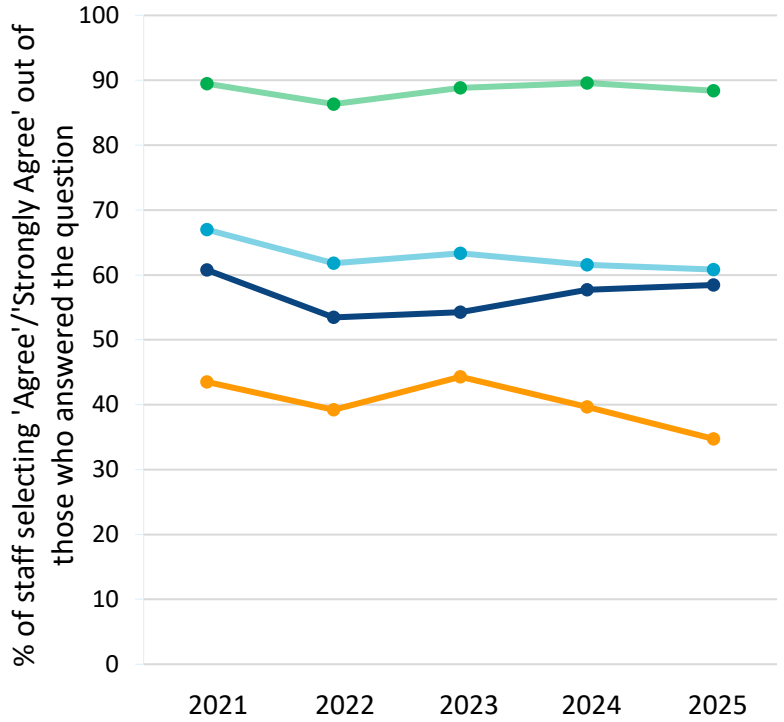
	2021	2022	2023	2024	2025
Your org	73.28%	70.16%	68.93%	70.72%	72.14%
Best result	89.24%	86.64%	86.62%	87.88%	87.31%
Average result	75.58%	73.58%	74.95%	74.42%	71.63%
Worst result	59.25%	57.99%	60.58%	50.48%	49.59%
Responses	2868	2469	2203	3464	3850

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



	2021	2022	2023	2024	2025
Your org	54.86%	50.07%	52.82%	57.88%	59.10%
Best result	77.86%	75.26%	77.14%	79.37%	79.40%
Average result	58.41%	56.47%	60.52%	60.89%	57.77%
Worst result	38.40%	40.90%	44.01%	35.43%	34.20%
Responses	2864	2470	2201	3461	3846

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



	2021	2022	2023	2024	2025
Your org	60.76%	53.45%	54.27%	57.69%	58.45%
Best result	89.49%	86.33%	88.81%	89.58%	88.41%
Average result	66.97%	61.78%	63.32%	61.55%	60.83%
Worst result	43.50%	39.20%	44.30%	39.68%	34.73%
Responses	2863	2469	2203	3462	3851

Survey Coordination Centre

NHS

Theme - Morale

Questions included:

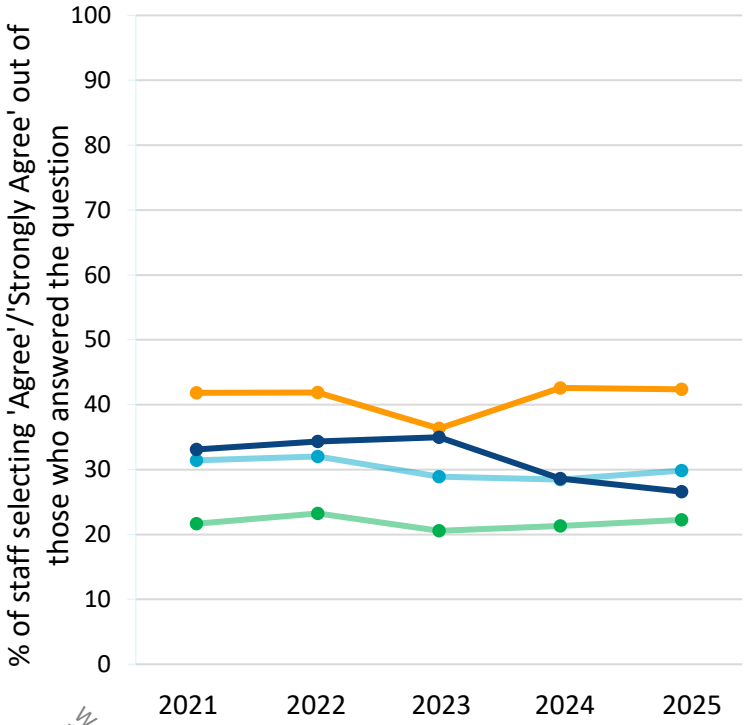
Thinking about leaving – Q26a, Q26b, Q26c

Work pressure – Q3g, Q3h, Q3i

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

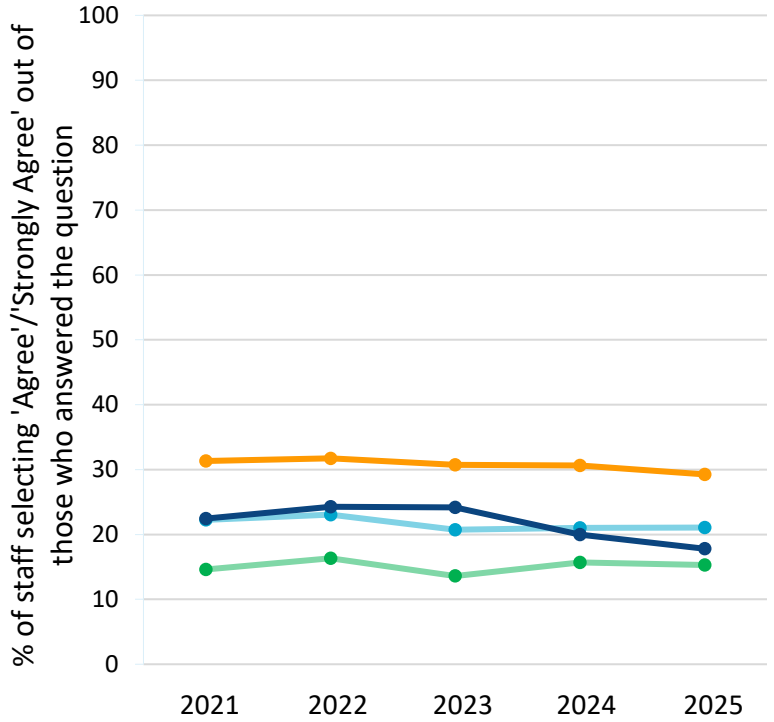
Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Q26a I often think about leaving this organisation.



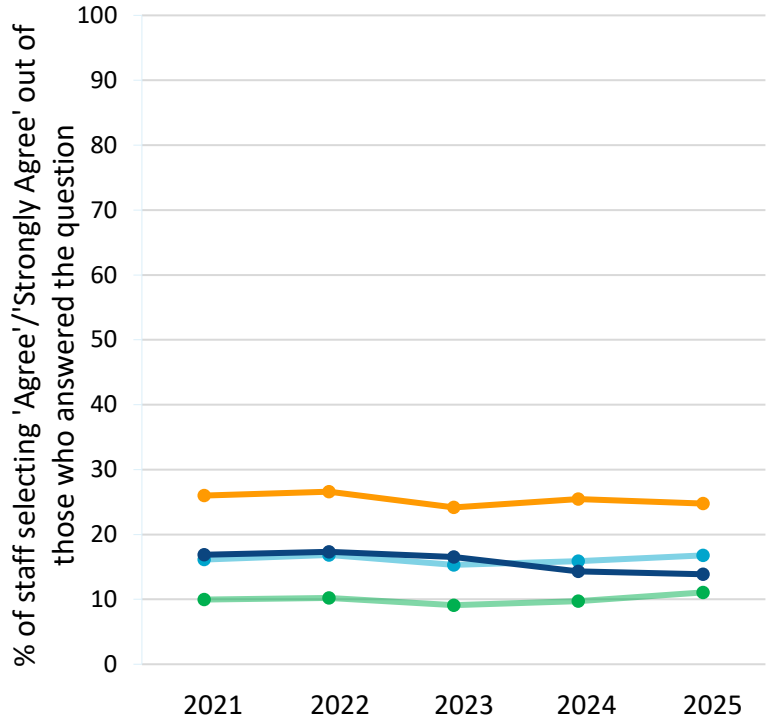
	2021	2022	2023	2024	2025
Your org	33.09%	34.36%	34.98%	28.61%	26.60%
Best result	21.67%	23.25%	20.56%	21.31%	22.27%
Average result	31.44%	32.02%	28.90%	28.46%	29.83%
Worst result	41.82%	41.89%	36.33%	42.59%	42.38%
Responses	2870	2463	2203	3471	3850

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



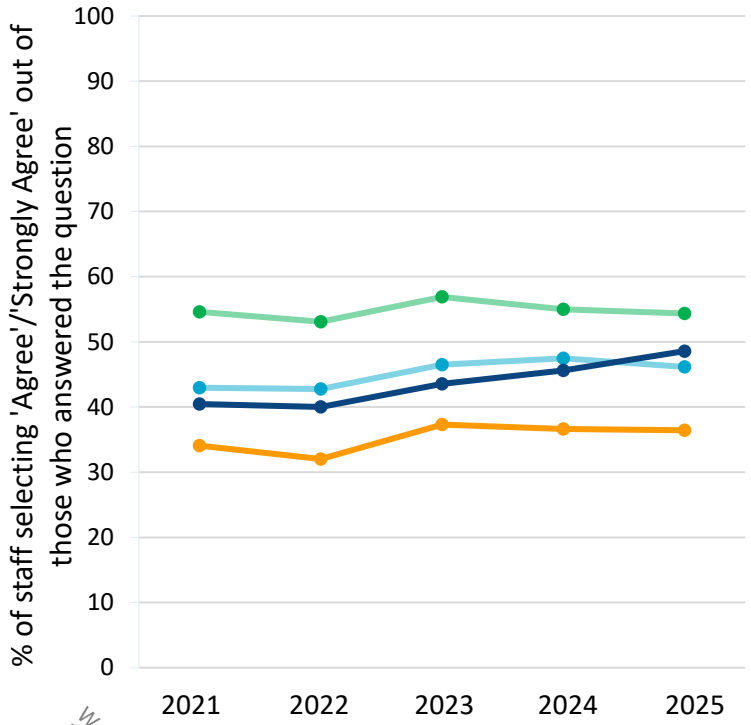
	2021	2022	2023	2024	2025
Your org	22.43%	24.27%	24.17%	19.98%	17.80%
Best result	14.63%	16.33%	13.60%	15.69%	15.29%
Average result	22.24%	23.06%	20.73%	21.00%	21.07%
Worst result	31.33%	31.73%	30.75%	30.62%	29.26%
Responses	2865	2459	2200	3466	3847

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



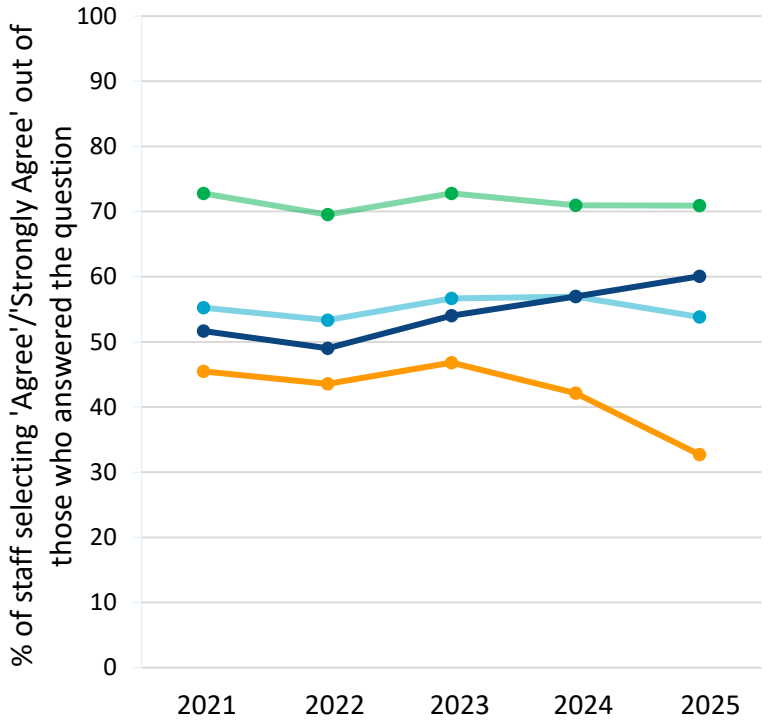
	2021	2022	2023	2024	2025
Your org	16.86%	17.33%	16.55%	14.29%	13.87%
Best result	9.95%	10.19%	9.11%	9.75%	11.07%
Average result	16.15%	16.84%	15.32%	15.87%	16.77%
Worst result	25.98%	26.59%	24.17%	25.47%	24.76%
Responses	2847	2462	2198	3459	3843

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



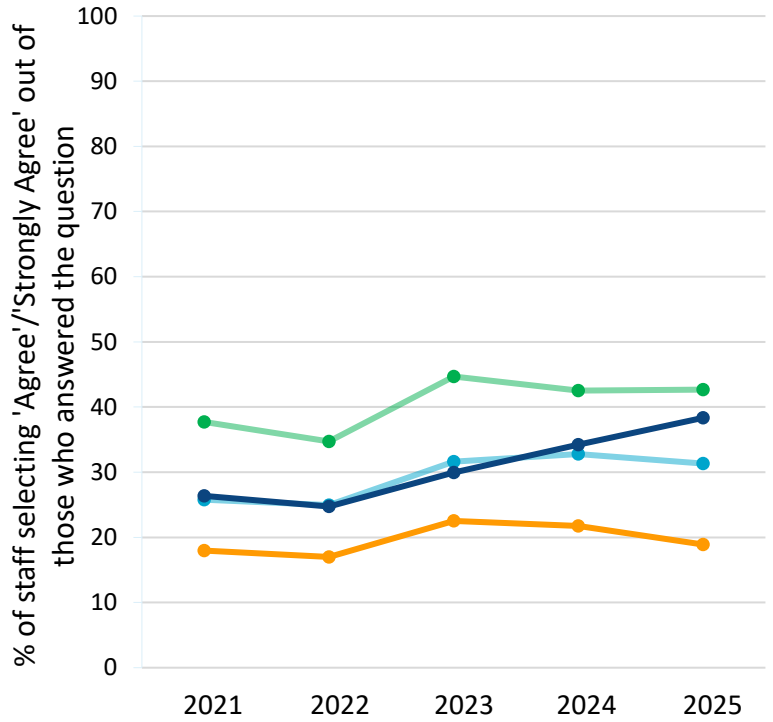
	2021	2022	2023	2024	2025
Your org	40.44%	40.01%	43.57%	45.60%	48.58%
Best result	54.61%	53.09%	56.89%	54.99%	54.34%
Average result	42.96%	42.76%	46.52%	47.47%	46.14%
Worst result	34.06%	32.02%	37.31%	36.63%	36.45%
Responses	2866	2474	2202	3464	3861

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



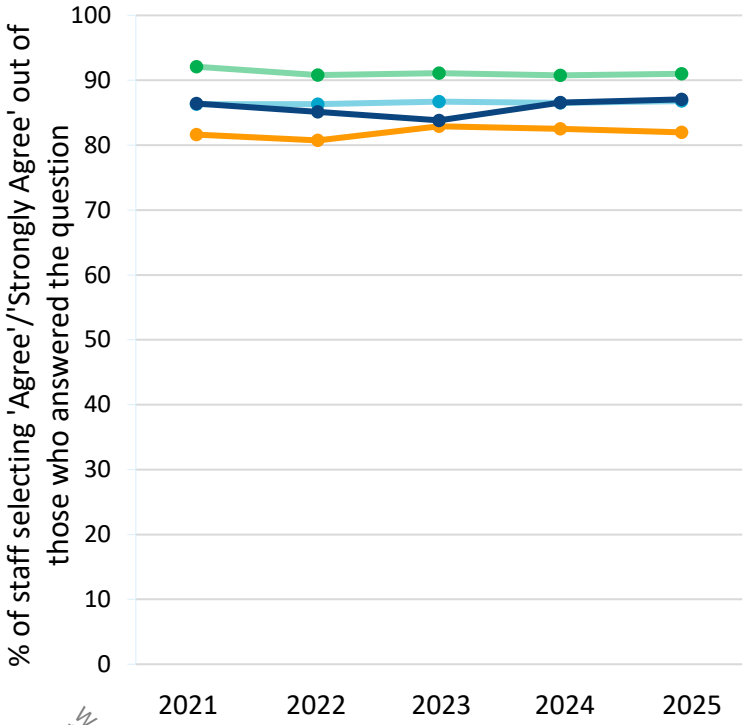
	2021	2022	2023	2024	2025
Your org	51.68%	49.02%	53.99%	56.95%	60.06%
Best result	72.77%	69.52%	72.79%	70.96%	70.92%
Average result	55.26%	53.34%	56.68%	56.94%	53.84%
Worst result	45.45%	43.54%	46.82%	42.11%	32.70%
Responses	2852	2478	2209	3466	3861

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



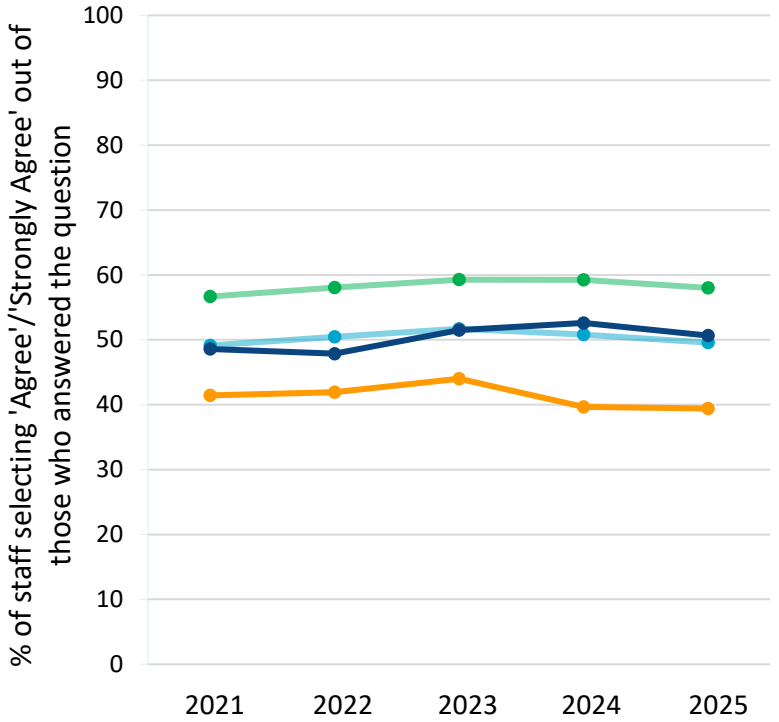
	2021	2022	2023	2024	2025
Your org	26.39%	24.73%	29.94%	34.23%	38.34%
Best result	37.72%	34.72%	44.68%	42.50%	42.65%
Average result	25.79%	24.95%	31.62%	32.78%	31.34%
Worst result	17.94%	17.00%	22.52%	21.73%	18.91%
Responses	2876	2476	2208	3476	3865

Q3a I always know what my work responsibilities are.



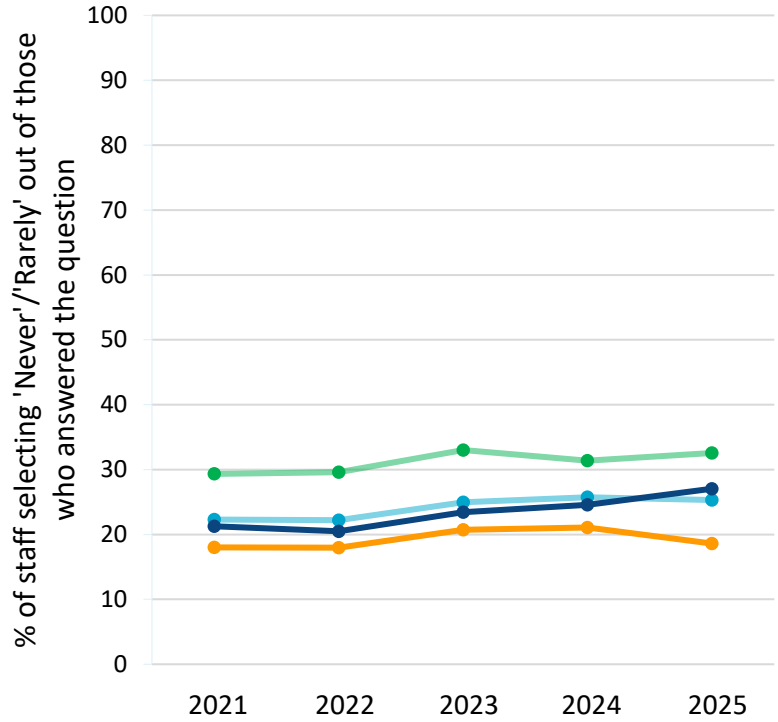
	2021	2022	2023	2024	2025
Your org	86.41%	85.15%	83.82%	86.58%	87.05%
Best result	92.09%	90.81%	91.10%	90.75%	91.00%
Average result	86.33%	86.32%	86.69%	86.53%	86.79%
Worst result	81.63%	80.73%	82.90%	82.49%	81.95%
Responses	2880	2474	2211	3481	3869

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



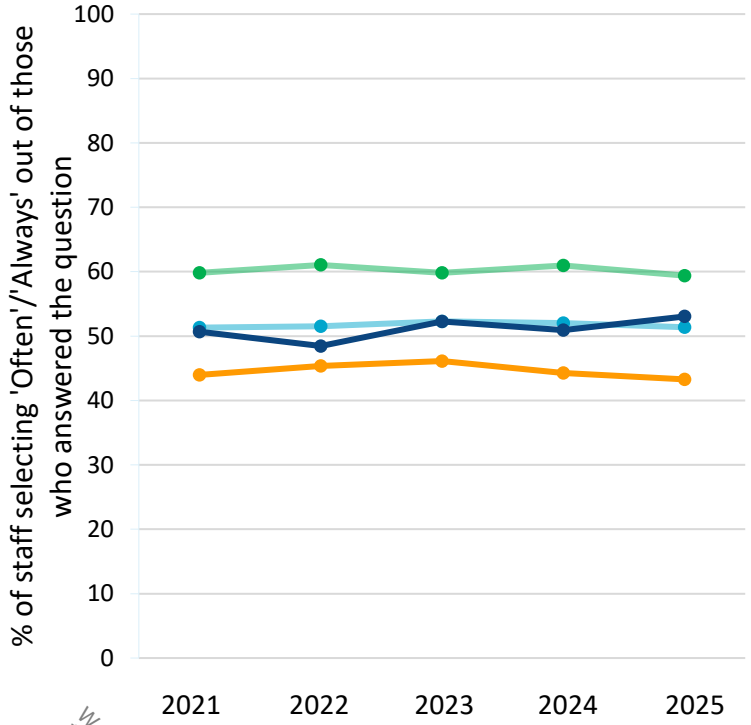
	2021	2022	2023	2024	2025
Your org	48.56%	47.87%	51.48%	52.60%	50.66%
Best result	56.66%	58.05%	59.27%	59.26%	58.01%
Average result	49.12%	50.45%	51.71%	50.82%	49.59%
Worst result	41.44%	41.94%	44.00%	39.68%	39.41%
Responses	2865	2481	2209	3475	3864

Q5a I have unrealistic time pressures.



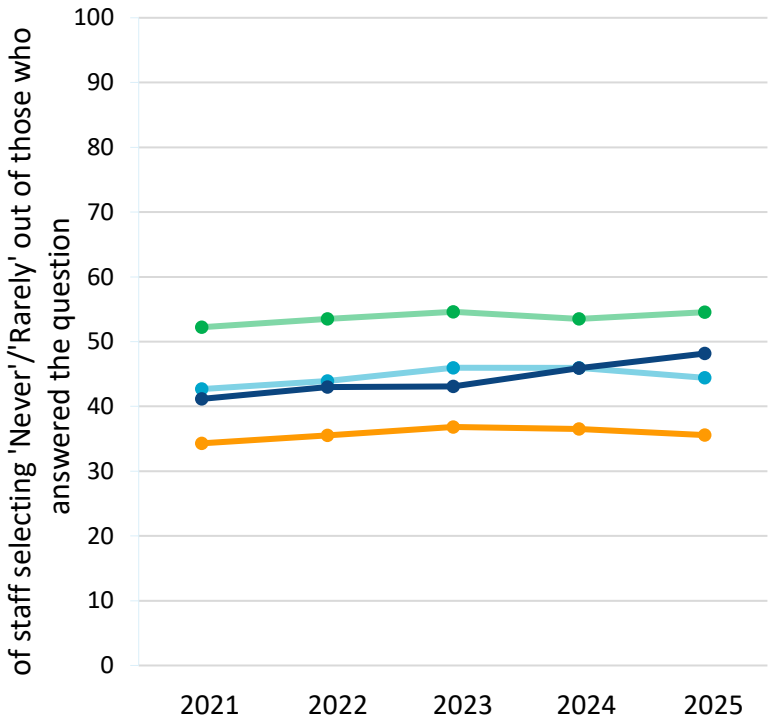
	2021	2022	2023	2024	2025
Your org	21.27%	20.49%	23.42%	24.55%	27.05%
Best result	29.33%	29.60%	33.01%	31.38%	32.55%
Average result	22.28%	22.20%	24.97%	25.73%	25.30%
Worst result	18.03%	17.97%	20.72%	21.07%	18.61%
Responses	2867	2476	2207	3471	3866

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



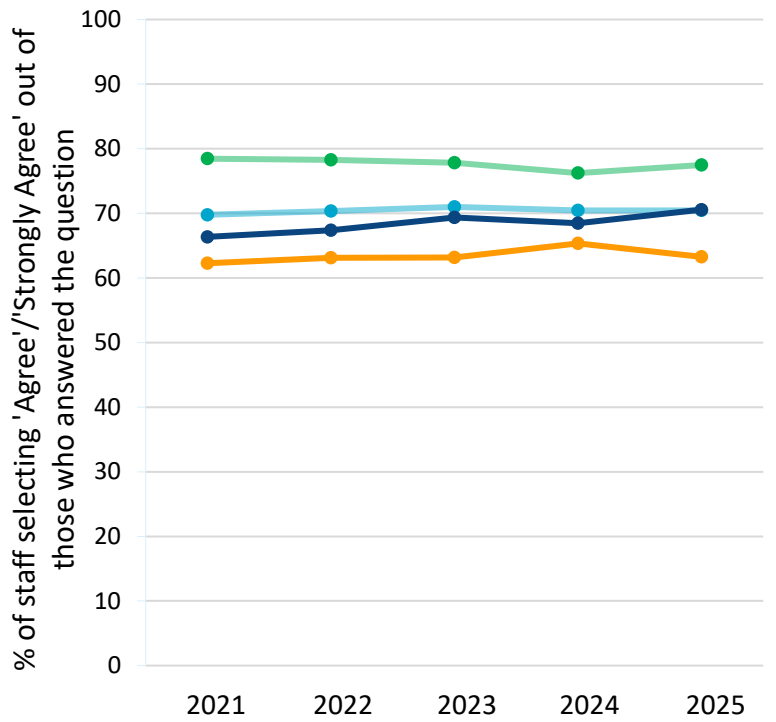
	2021	2022	2023	2024	2025
Your org	50.68%	48.46%	52.26%	50.95%	53.04%
Best result	59.84%	61.04%	59.83%	60.94%	59.39%
Average result	51.31%	51.54%	52.28%	52.02%	51.37%
Worst result	43.95%	45.34%	46.12%	44.25%	43.28%
Responses	2863	2476	2206	3468	3865

Q5c Relationships at work are strained.



	2021	2022	2023	2024	2025
Your org	41.15%	42.96%	43.10%	45.92%	48.16%
Best result	52.22%	53.50%	54.61%	53.52%	54.55%
Average result	42.67%	43.93%	45.97%	45.95%	44.43%
Worst result	34.29%	35.52%	36.82%	36.49%	35.57%
Responses	2864	2475	2198	3468	3858

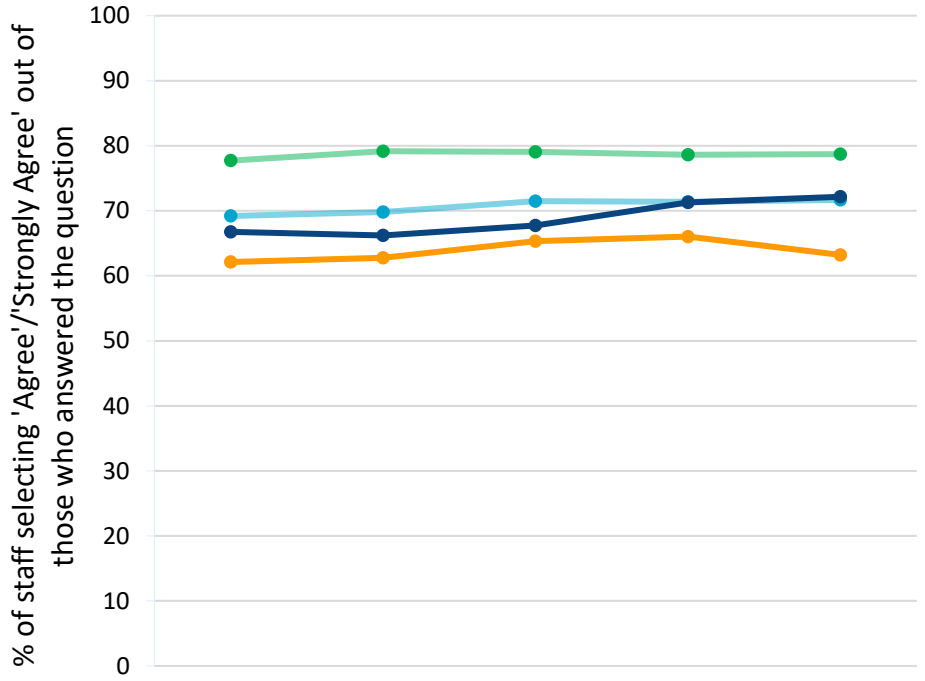
Q7c I receive the respect I deserve from my colleagues at work.



	2021	2022	2023	2024	2025
Your org	66.36%	67.37%	69.38%	68.47%	70.57%
Best result	78.46%	78.30%	77.85%	76.23%	77.49%
Average result	69.78%	70.35%	71.00%	70.47%	70.43%
Worst result	62.28%	63.13%	63.18%	65.35%	63.28%
Responses	2862	2476	2205	3471	3865

Survey Coordination Centre NHS

Q9a My immediate manager encourages me at work.



	2021	2022	2023	2024	2025
Your org	66.78%	66.21%	67.75%	71.31%	72.15%
Best result	77.71%	79.16%	79.07%	78.62%	78.70%
Average result	69.20%	69.81%	71.47%	71.36%	71.67%
Worst result	62.12%	62.77%	65.31%	66.03%	63.21%
Responses	2870	2473	2208	3471	3863

Questions not linked to People Promise elements or themes

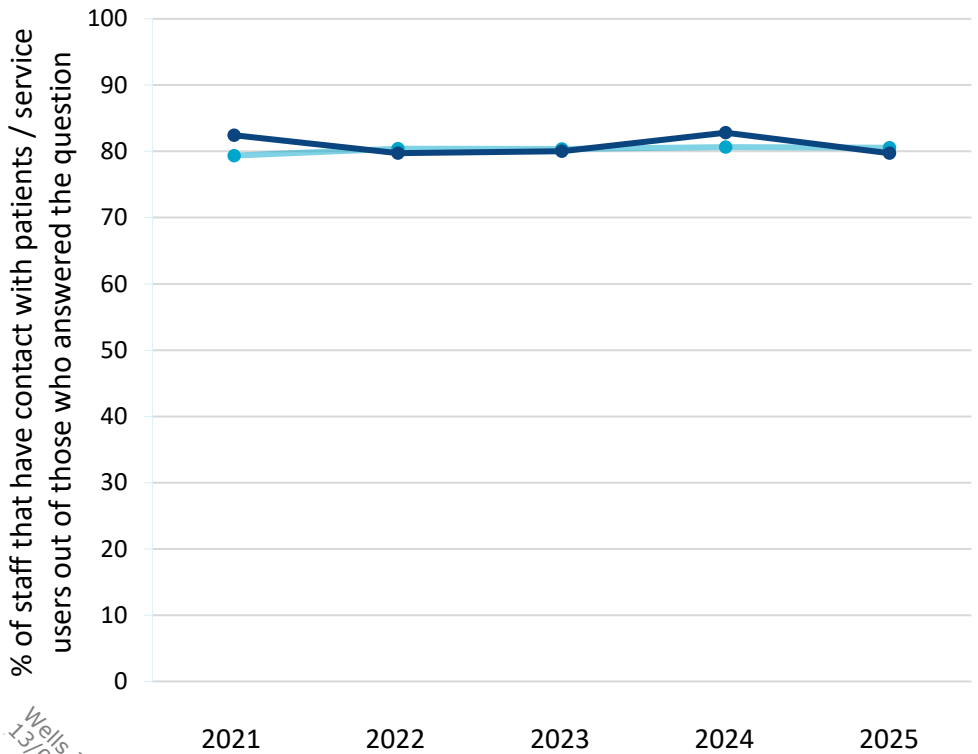
Questions included:*

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.

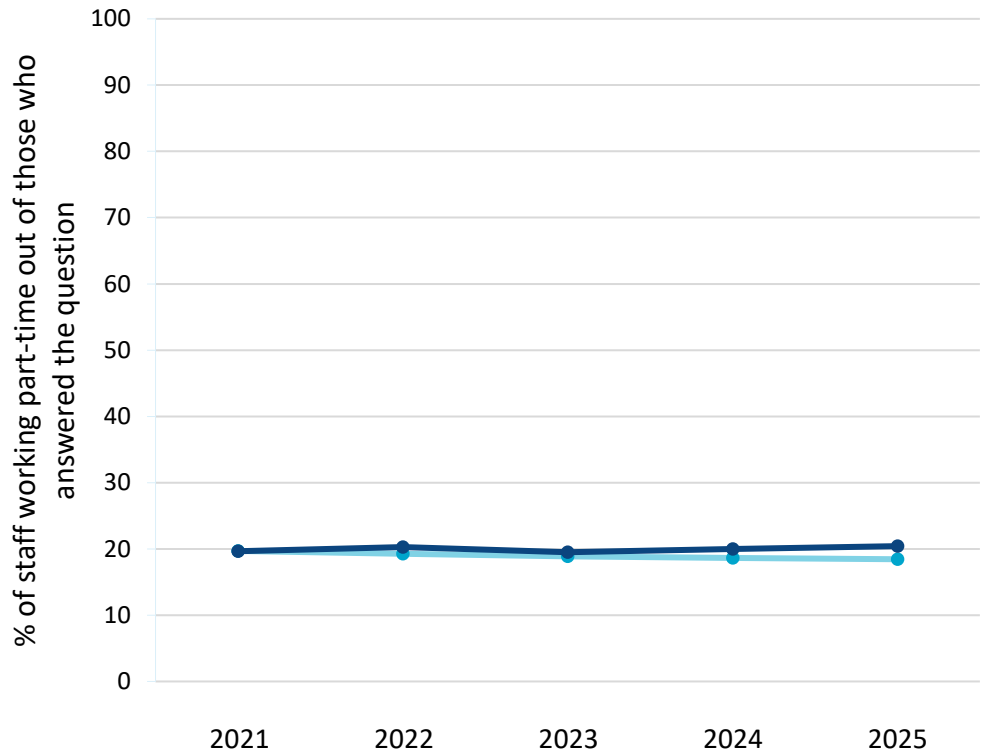
Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

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



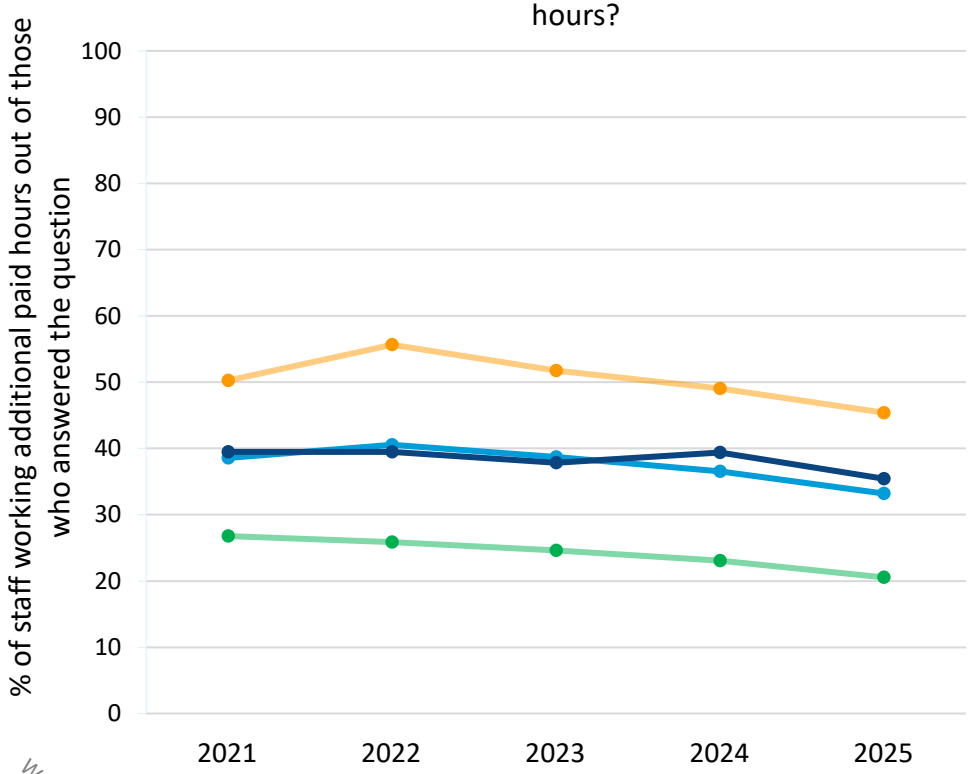
	2021	2022	2023	2024	2025
Your org	82.46%	79.72%	80.04%	82.82%	79.72%
Average	79.36%	80.42%	80.37%	80.65%	80.54%
Responses	2867	2461	2204	3469	3856

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



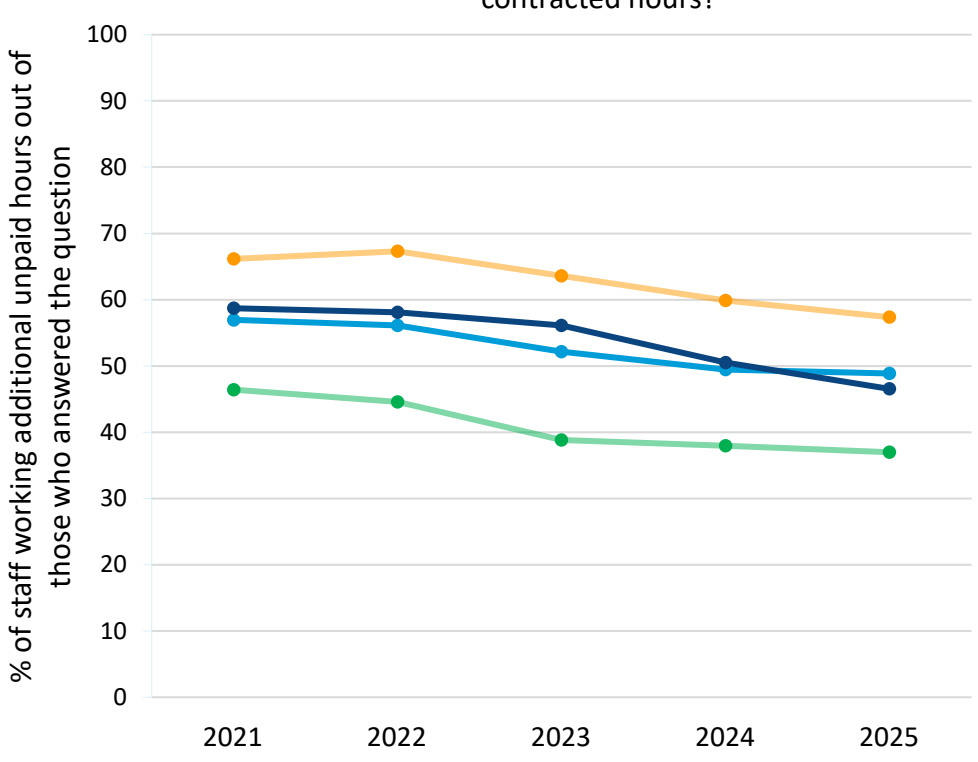
	2021	2022	2023	2024	2025
Your org	19.65%	20.26%	19.50%	20.01%	20.42%
Average	19.69%	19.24%	18.88%	18.64%	18.44%
Responses	2661	2428	2164	3404	3786

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



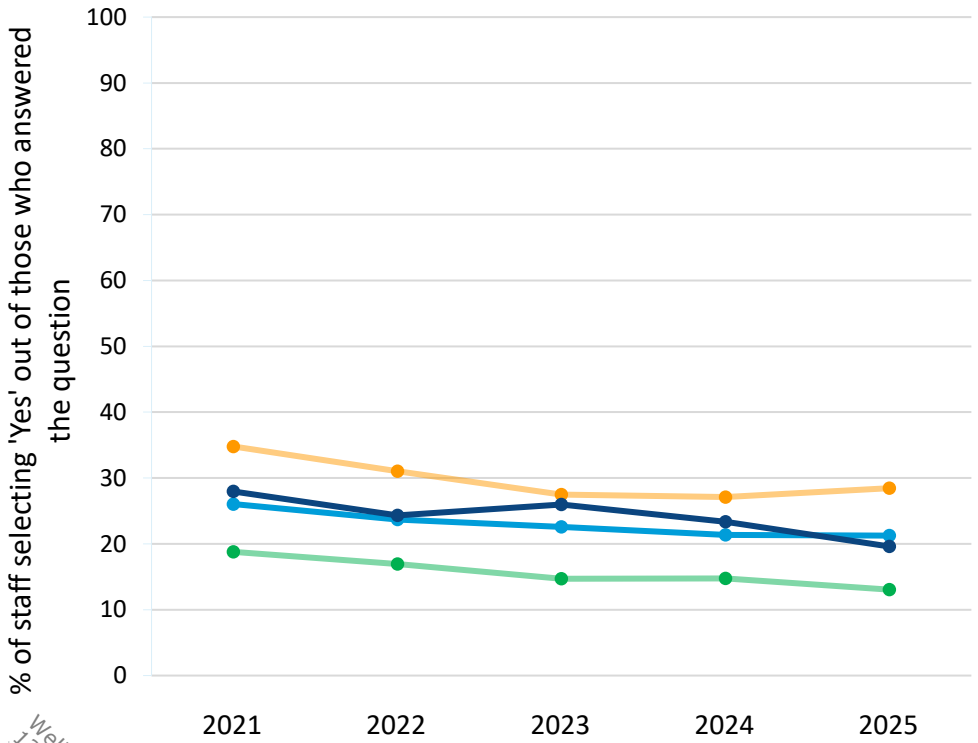
	2021	2022	2023	2024	2025
Your org	39.46%	39.48%	37.86%	39.39%	35.43%
Lowest	26.78%	25.89%	24.62%	23.04%	20.54%
Average	38.55%	40.56%	38.69%	36.54%	33.20%
Highest	50.26%	55.65%	51.73%	49.05%	45.40%
Responses	2764	2451	2189	3433	3829

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



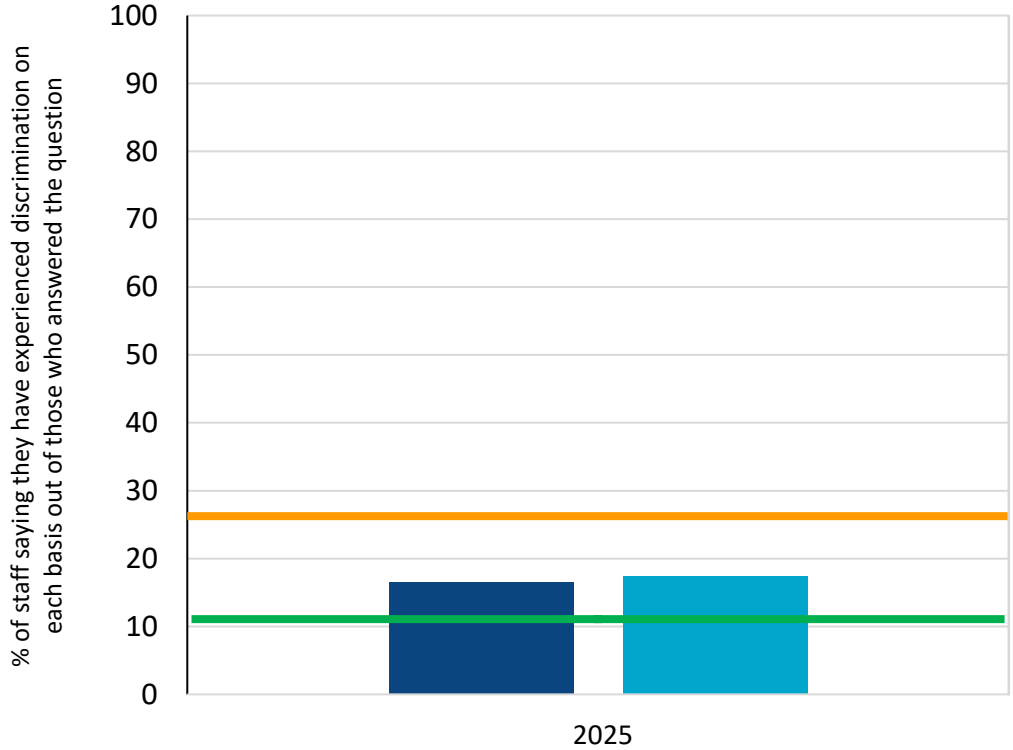
	2021	2022	2023	2024	2025
Your org	58.71%	58.12%	56.10%	50.52%	46.54%
Lowest	46.42%	44.57%	38.81%	37.94%	36.98%
Average	56.96%	56.11%	52.13%	49.47%	48.87%
Highest	66.17%	67.31%	63.58%	59.88%	57.36%
Responses	2784	2453	2183	3421	3822

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



	2021	2022	2023	2024	2025
Your org	27.95%	24.31%	25.98%	23.34%	19.60%
Best result	18.79%	16.95%	14.72%	14.76%	13.05%
Average result	26.04%	23.70%	22.58%	21.34%	21.25%
Worst result	34.79%	31.04%	27.49%	27.11%	28.45%
Responses	1618	1379	1179	1855	1958

Q16c.1 On what grounds have you experienced discrimination? – Age.

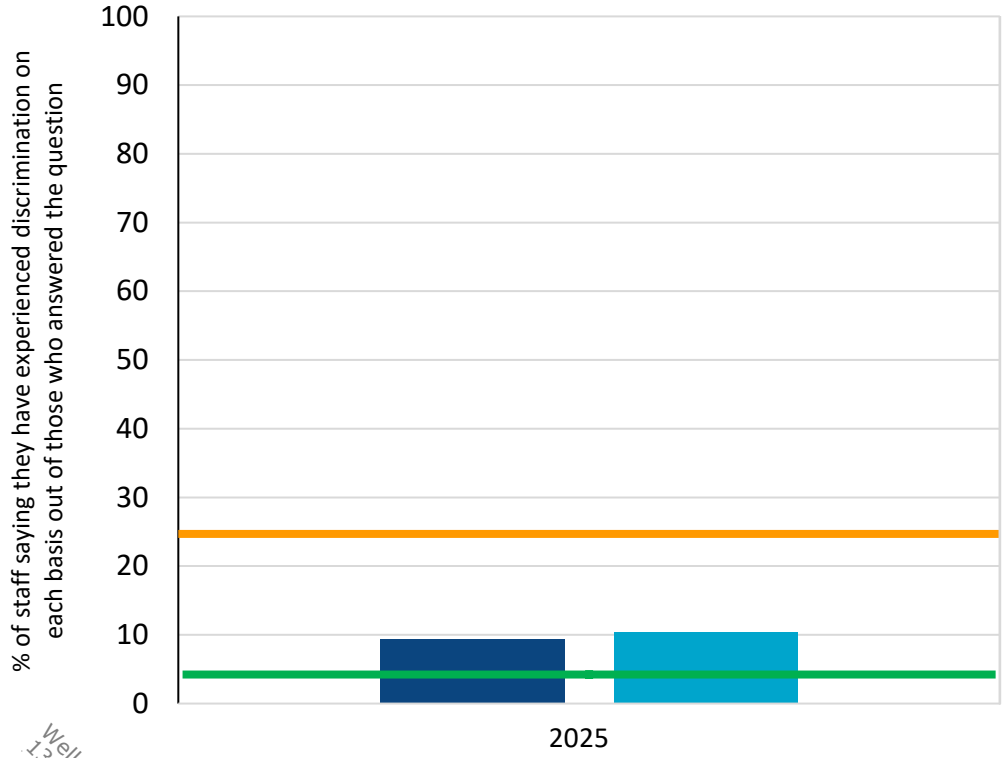


	2025
Your org	16.53%
Best result	11.08%
Average result	17.46%
Worst result	26.25%
Responses	464

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

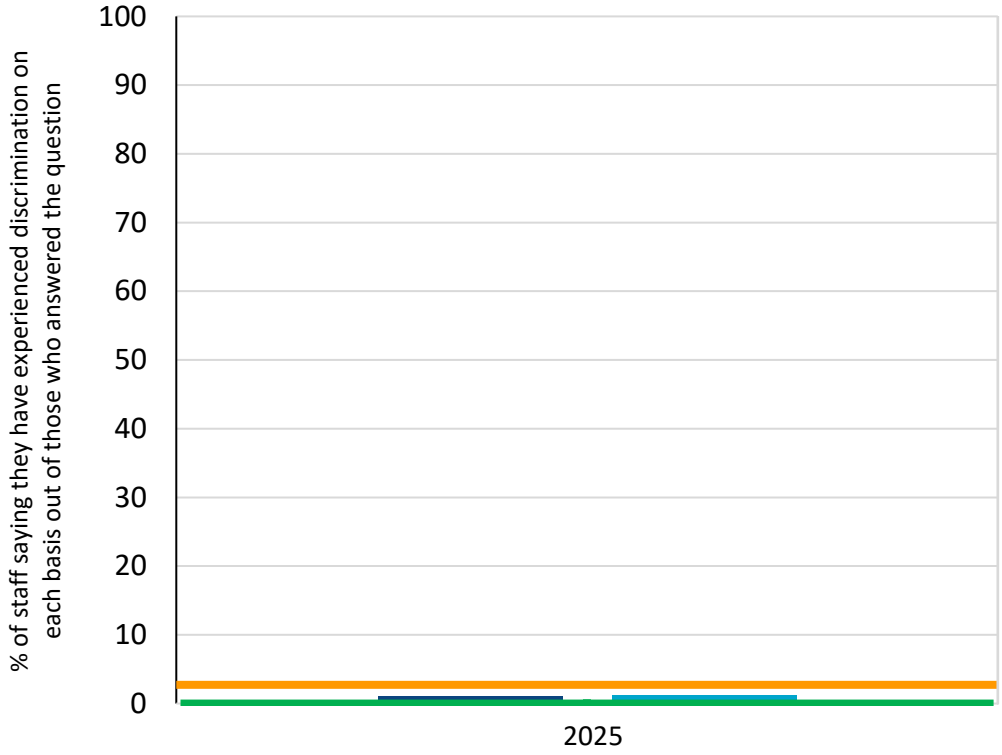
Note: Due to changes in the question options in 2025, previous years' results for Q16c are not reported. For more information, please refer to the *Technical Guide:* https://www.nhsstaffsurveys.com/survey-documents/

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



Your org	9.35%
Best result	4.23%
Average result	10.47%
Worst result	24.69%
Responses	464

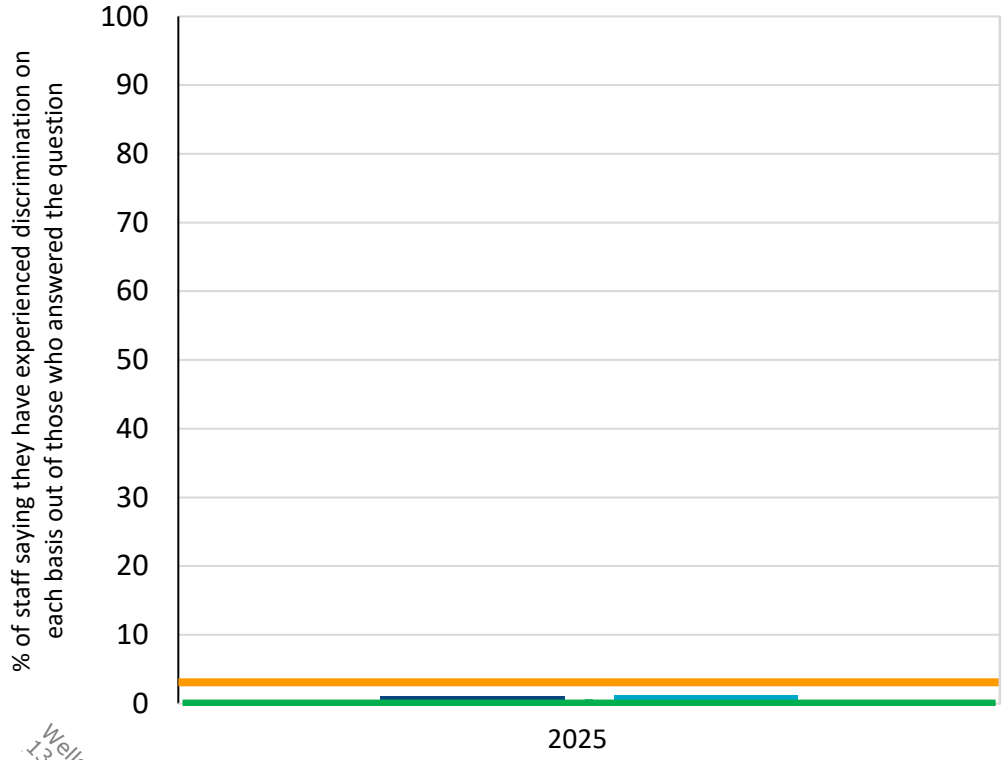
Q16c.3 On what grounds have you experienced discrimination? – Gender reassignment.



Your org	1.11%
Best result	0.00%
Average result	1.25%
Worst result	2.73%
Responses	464

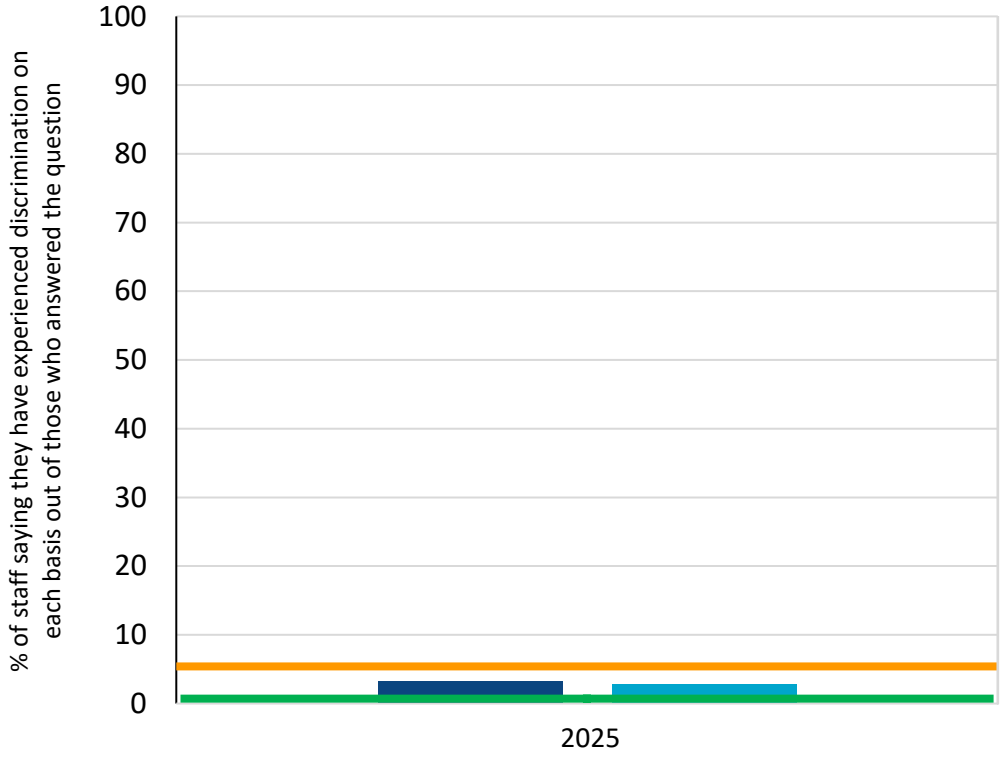
Note: Due to changes in the question options in 2025, previous years' results for Q16c are not reported. For more information, please refer to the *Technical Guide:* https://www.nhsstaffsurveys.com/survey-documents/

Q16c.4 On what grounds have you experienced discrimination? – Marriage and civil partnership.



Your org	1.08%
Best result	0.00%
Average result	1.23%
Worst result	3.09%
Responses	464

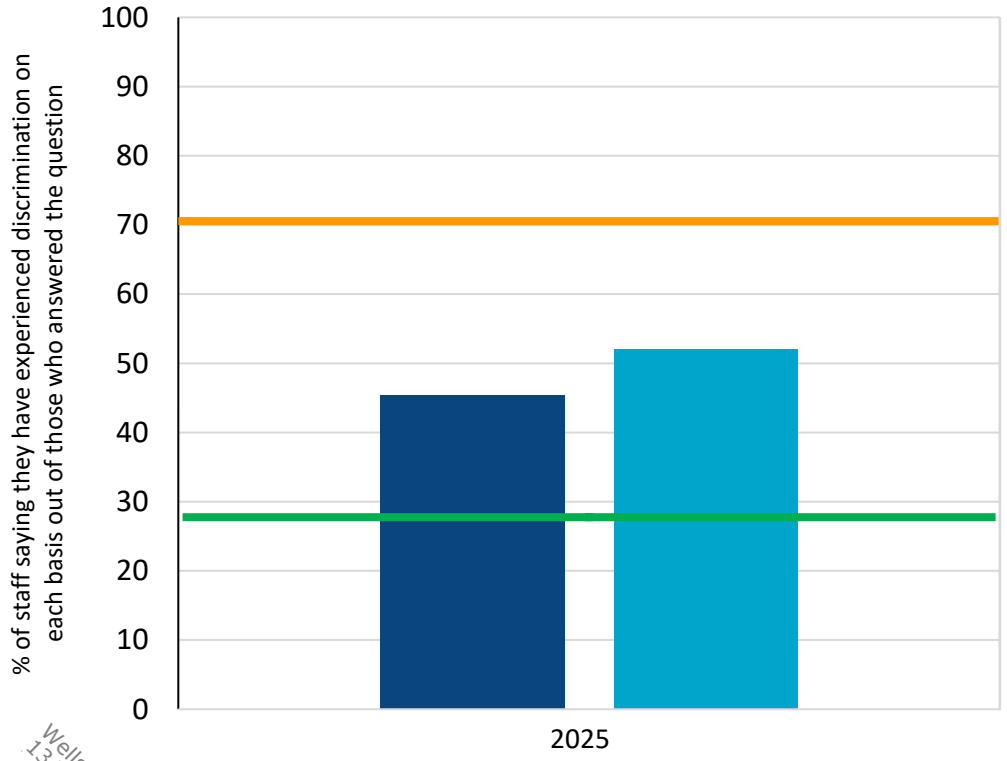
Q16c.5 On what grounds have you experienced discrimination? – Pregnancy and maternity.



Your org	3.24%
Best result	0.72%
Average result	2.83%
Worst result	5.41%
Responses	464

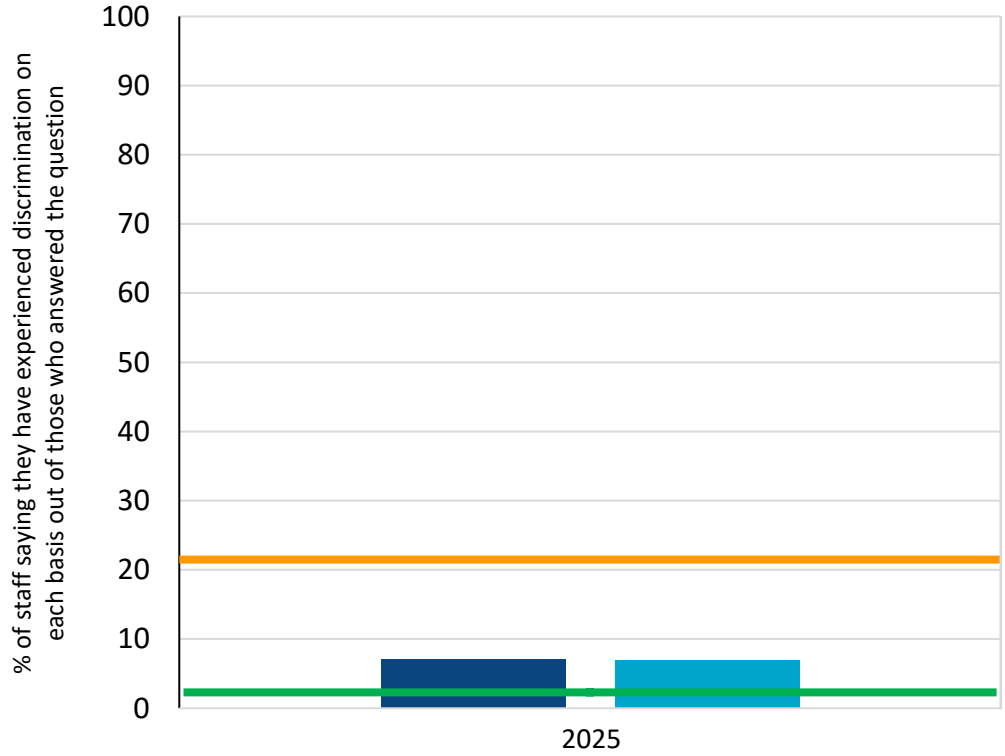
Note: Due to changes in the question options in 2025, previous years' results for Q16c are not reported. For more information, please refer to the *Technical Guide:* https://www.nhsstaffsurveys.com/survey-documents/

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



Your org	45.35%
Best result	27.76%
Average result	52.00%
Worst result	70.56%
Responses	464

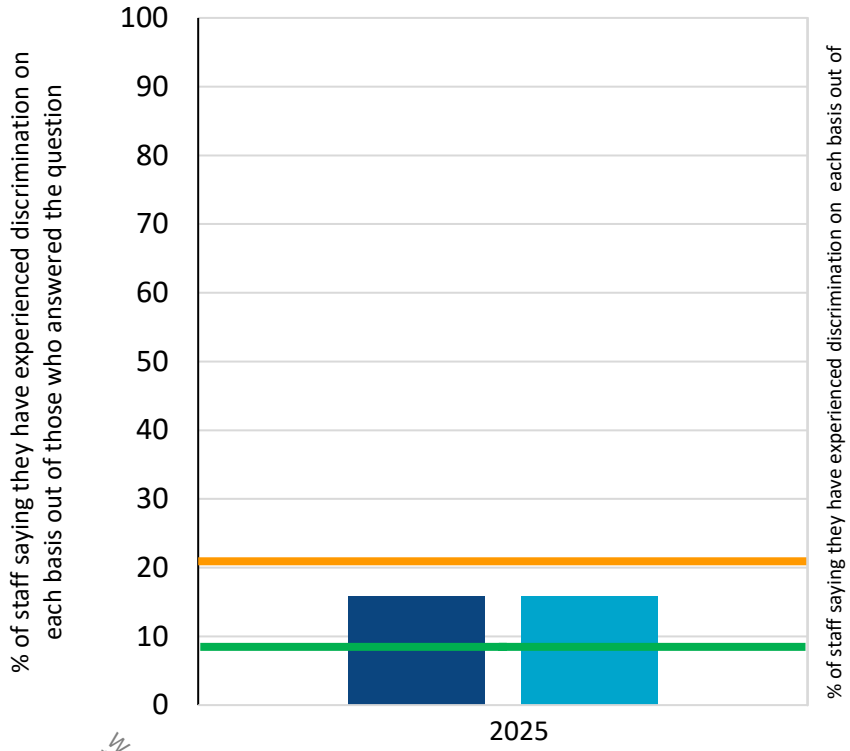
Q16c.7 On what grounds have you experienced discrimination? – Religion or belief.



Your org	7.04%
Best result	2.29%
Average result	6.87%
Worst result	21.49%
Responses	464

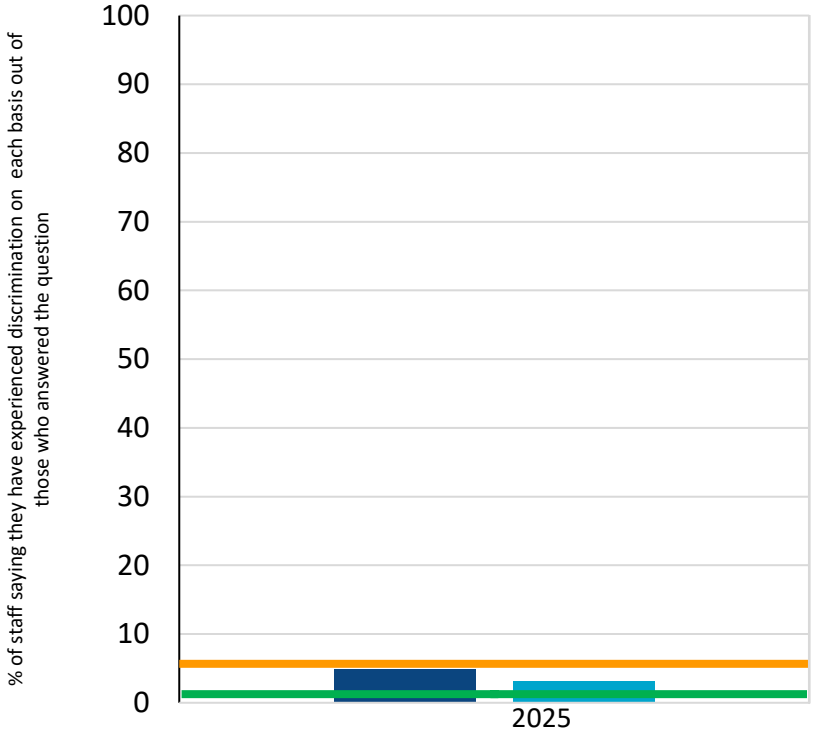
Note: Due to changes in the question options in 2025, previous years' results for Q16c are not reported. For more information, please refer to the *Technical Guide:* https://www.nhsstaffsurveys.com/survey-documents/

Q16c.8 On what grounds have you experienced discrimination? -- Sex.



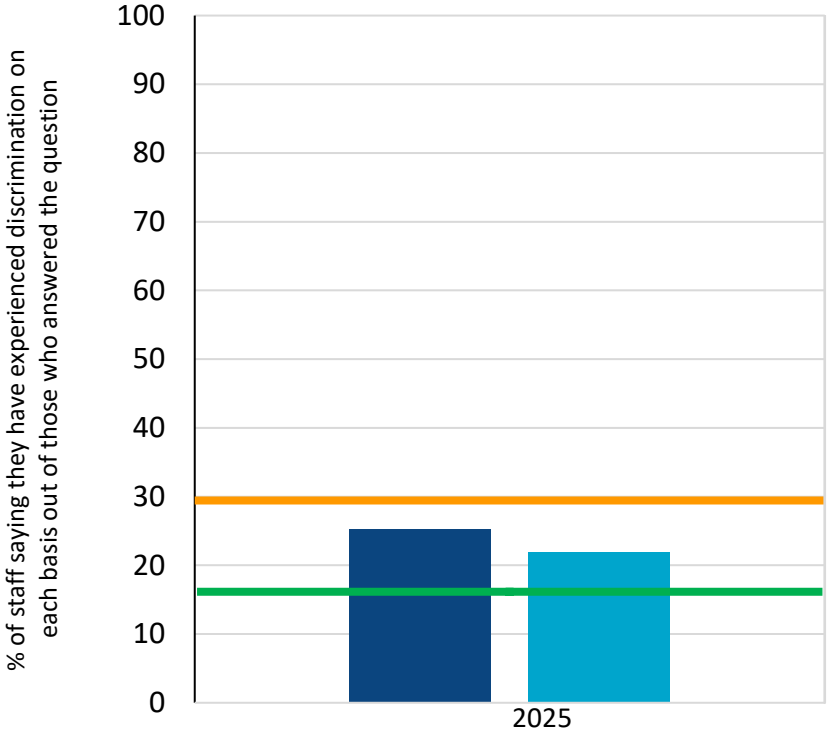
Your org	15.78%
Best result	8.47%
Average result	15.75%
Worst result	20.93%
Responses	464

Q16c.9 On what grounds have you experienced discrimination? -- Sexual orientation.



Your org	4.95%
Best result	1.25%
Average result	3.12%
Worst result	5.67%
Responses	464

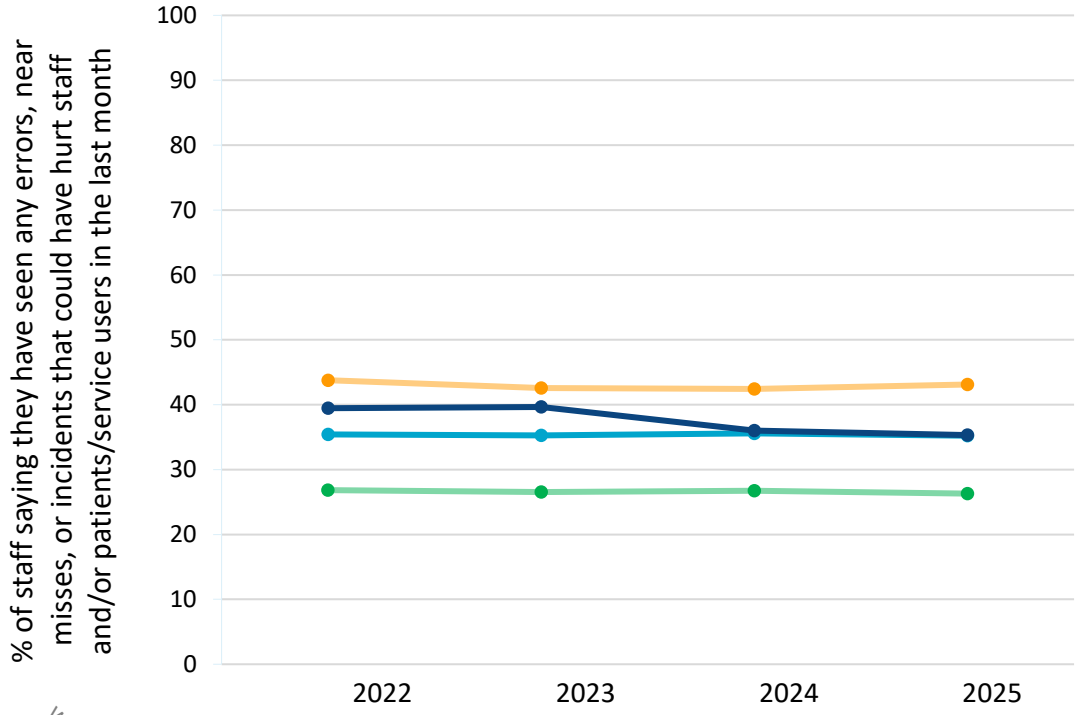
Q16c.10 On what grounds have you experienced discrimination? -- Other.



Your org	25.27%
Best result	16.16%
Average result	21.87%
Worst result	29.43%
Responses	464

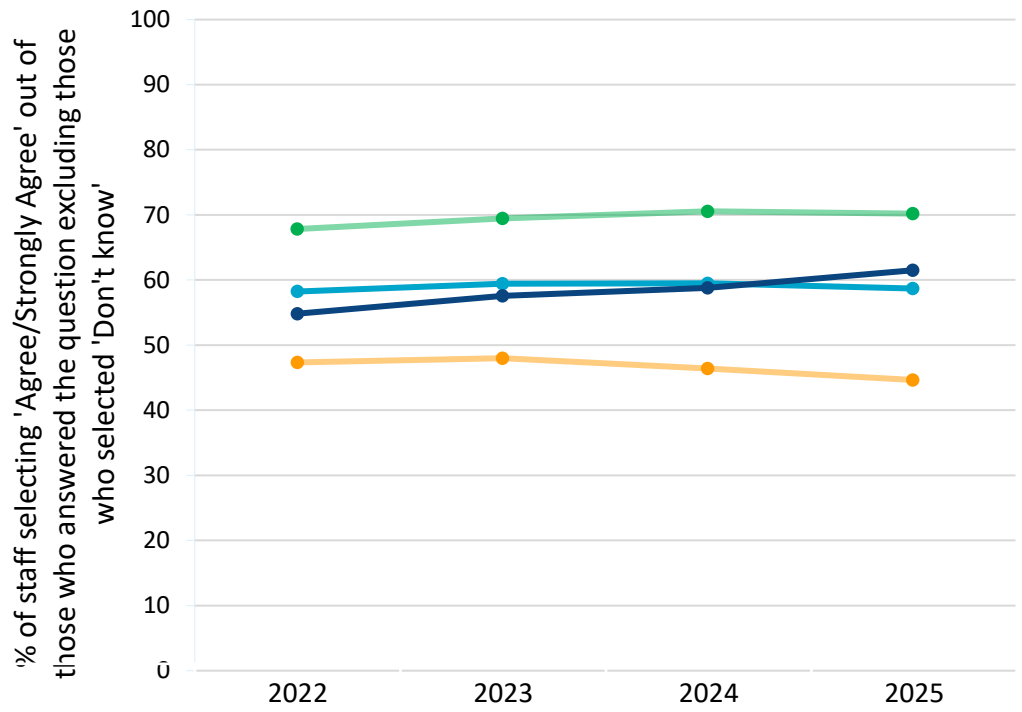
Note: Due to changes in the question options in 2025, previous years' results for Q16c are not reported. For more information, please refer to the *Technical Guide:* https://www.nhsstaffsurveys.com/survey-documents/

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



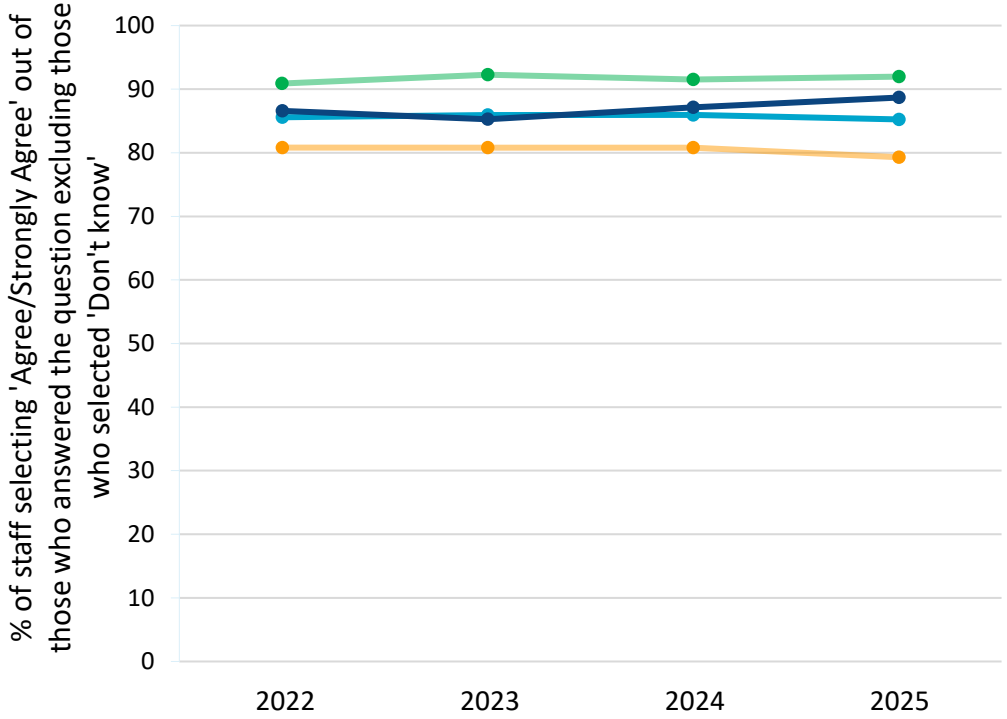
	2022	2023	2024	2025
Your org	39.44%	39.65%	36.02%	35.32%
Best result	26.83%	26.55%	26.76%	26.30%
Average result	35.40%	35.27%	35.58%	35.22%
Worst result	43.77%	42.55%	42.43%	43.10%
Responses	2443	2159	3420	3792

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



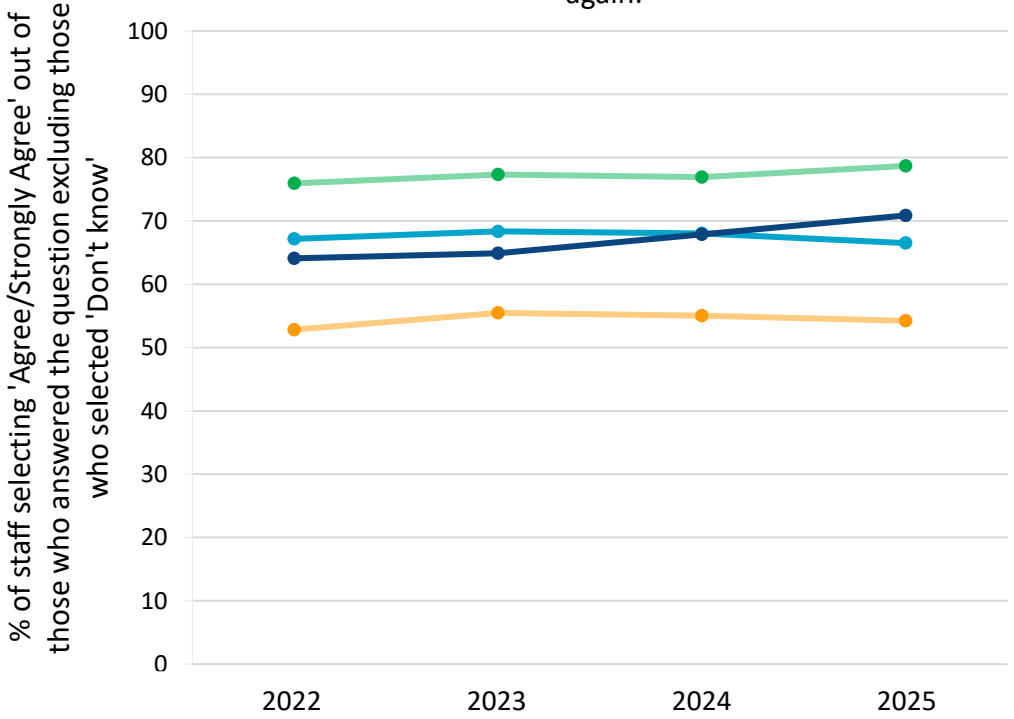
	2022	2023	2024	2025
Your org	54.83%	57.57%	58.79%	61.50%
Best result	67.83%	69.44%	70.55%	70.22%
Average result	58.23%	59.41%	59.50%	58.69%
Worst result	47.33%	47.99%	46.42%	44.65%
Responses	1782	1600	2611	2943

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



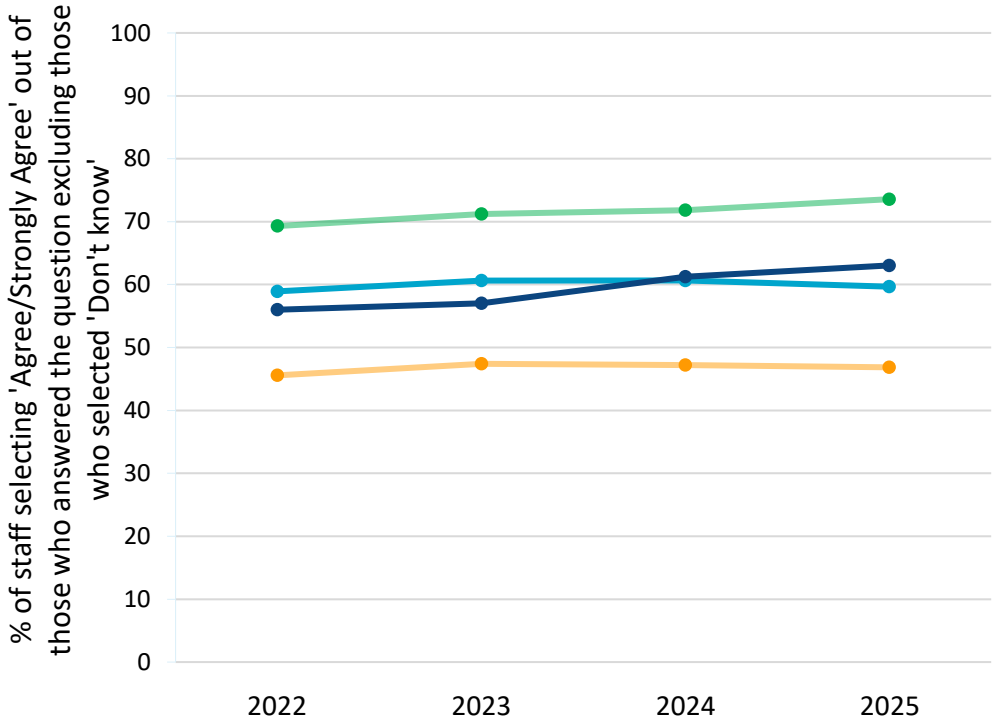
	2022	2023	2024	2025
Your org	86.58%	85.26%	87.15%	88.68%
Best result	90.89%	92.27%	91.54%	91.95%
Average result	85.58%	85.93%	85.95%	85.24%
Worst result	80.81%	80.78%	80.79%	79.29%
Responses	2368	2090	3326	3711

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



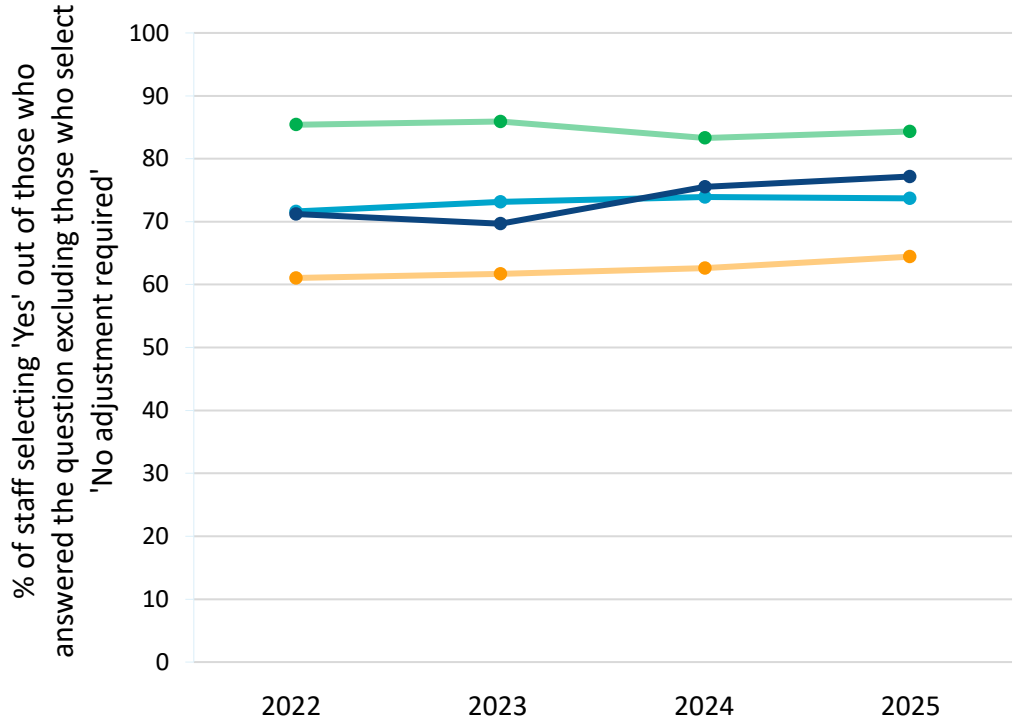
	2022	2023	2024	2025
Your org	64.09%	64.88%	67.89%	70.87%
Best result	75.93%	77.33%	76.90%	78.69%
Average result	67.15%	68.35%	68.04%	66.50%
Worst result	52.84%	55.47%	55.03%	54.21%
Responses	2108	1871	3009	3379

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



	2022	2023	2024	2025
Your org	56.01%	57.00%	61.26%	63.05%
Best result	69.30%	71.19%	71.81%	73.58%
Average result	58.93%	60.62%	60.66%	59.69%
Worst result	45.58%	47.41%	47.19%	46.87%
Responses	2148	1904	3070	3422

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

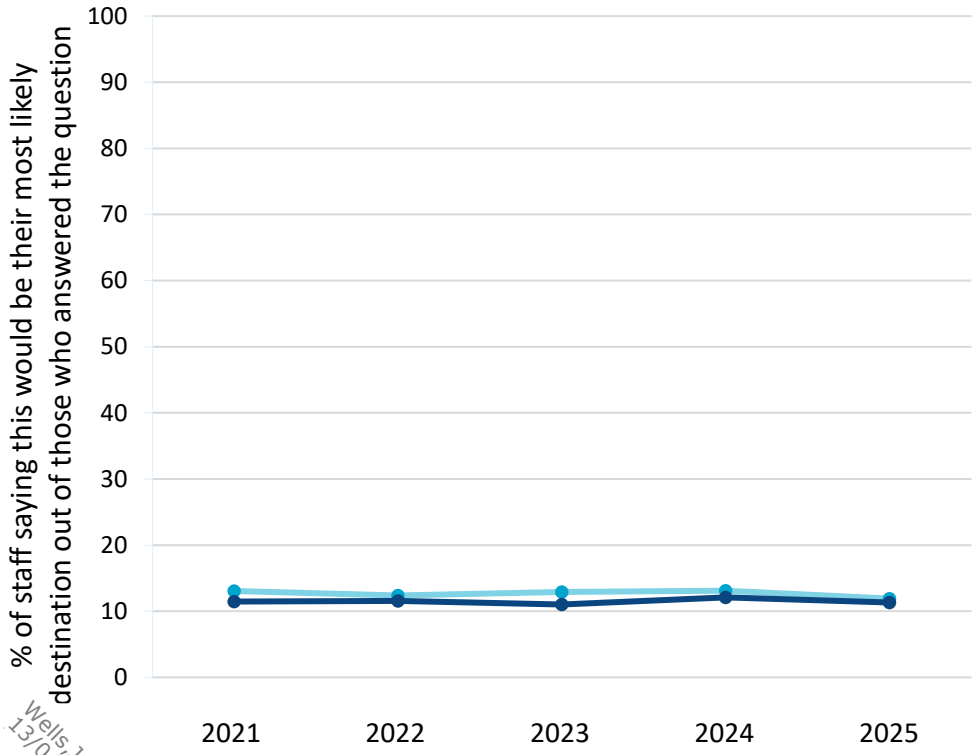


	2022	2023	2024	2025
Your org	71.24%	69.68%	75.56%	77.18%
Best result	85.42%	85.92%	83.30%	84.36%
Average result	71.63%	73.15%	73.92%	73.70%
Worst result	61.05%	61.73%	62.61%	64.44%
Responses	314	310	501	570

Survey Coordination Centre

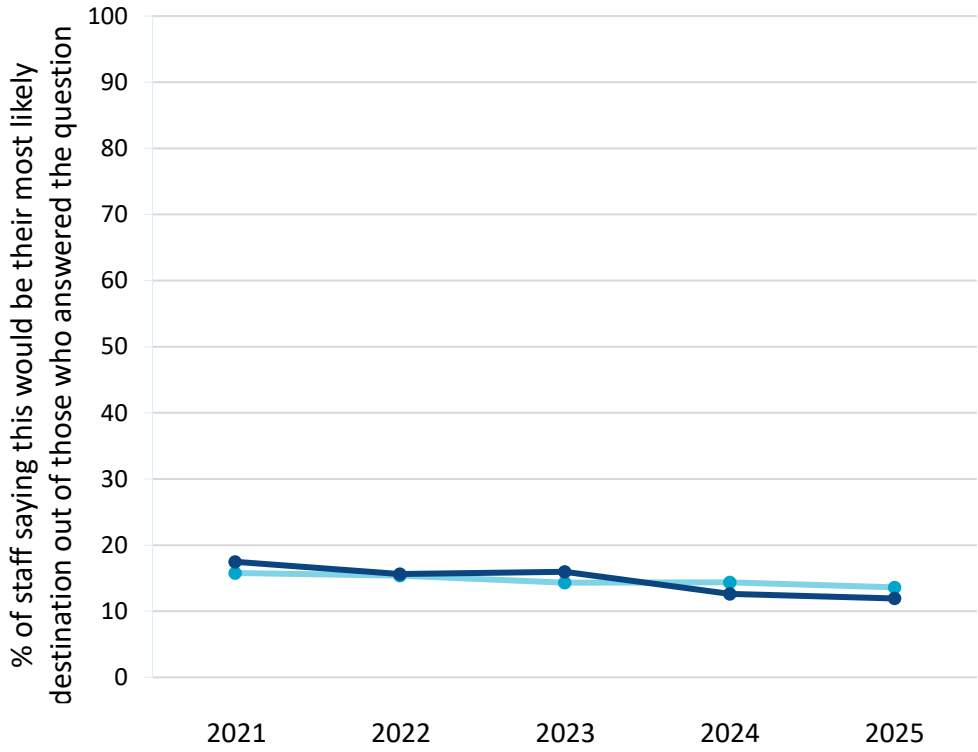
NHS

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.



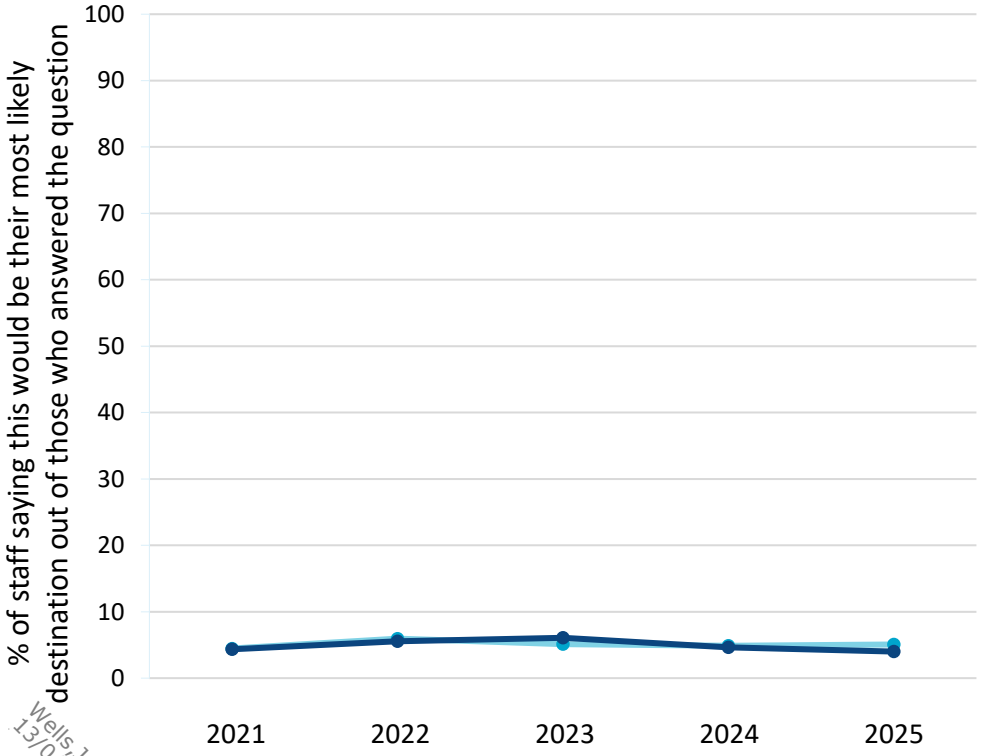
	2021	2022	2023	2024	2025
Your org	11.45%	11.58%	11.02%	12.09%	11.33%
Average	13.04%	12.40%	12.94%	13.10%	11.91%
Responses	2603	2315	2106	3292	3646

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.



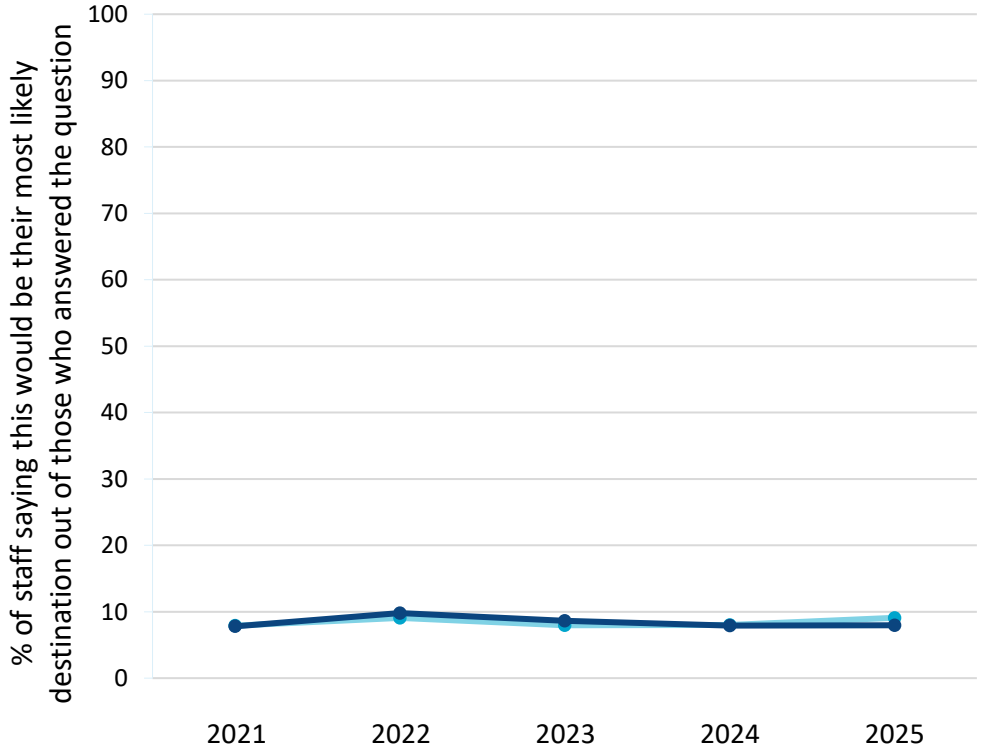
	2021	2022	2023	2024	2025
Your org	17.48%	15.64%	15.95%	12.64%	11.93%
Average	15.78%	15.37%	14.32%	14.36%	13.61%
Responses	2603	2315	2106	3292	3646

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.



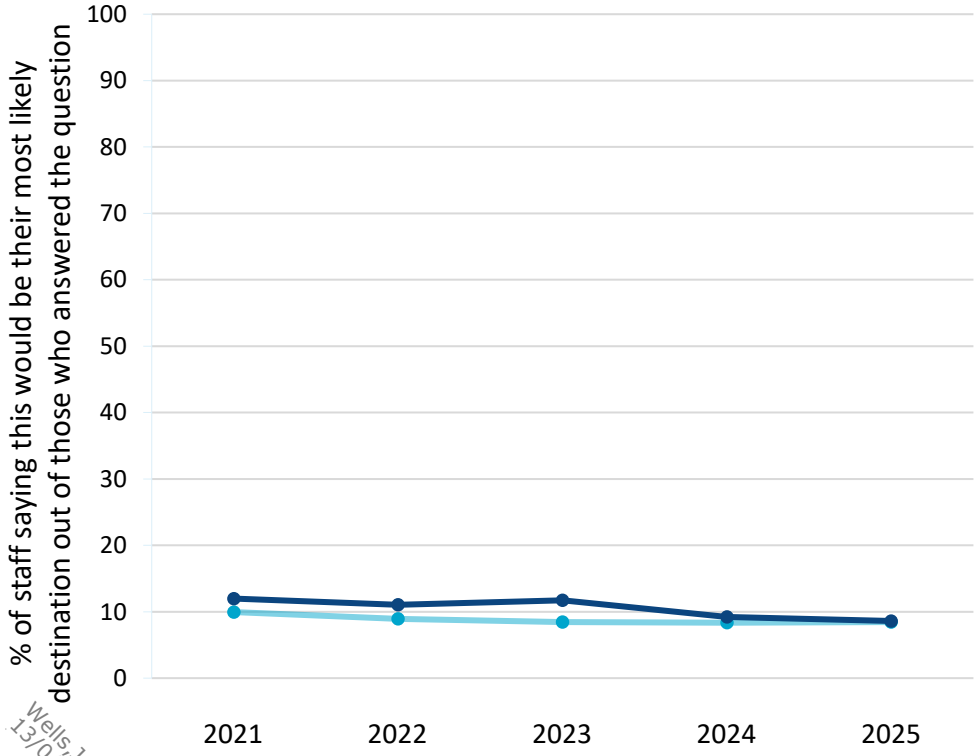
	2021	2022	2023	2024	2025
Your org	4.34%	5.57%	6.08%	4.62%	4.00%
Average	4.47%	5.95%	5.12%	4.90%	5.07%
Responses	2603	2315	2106	3292	3646

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.



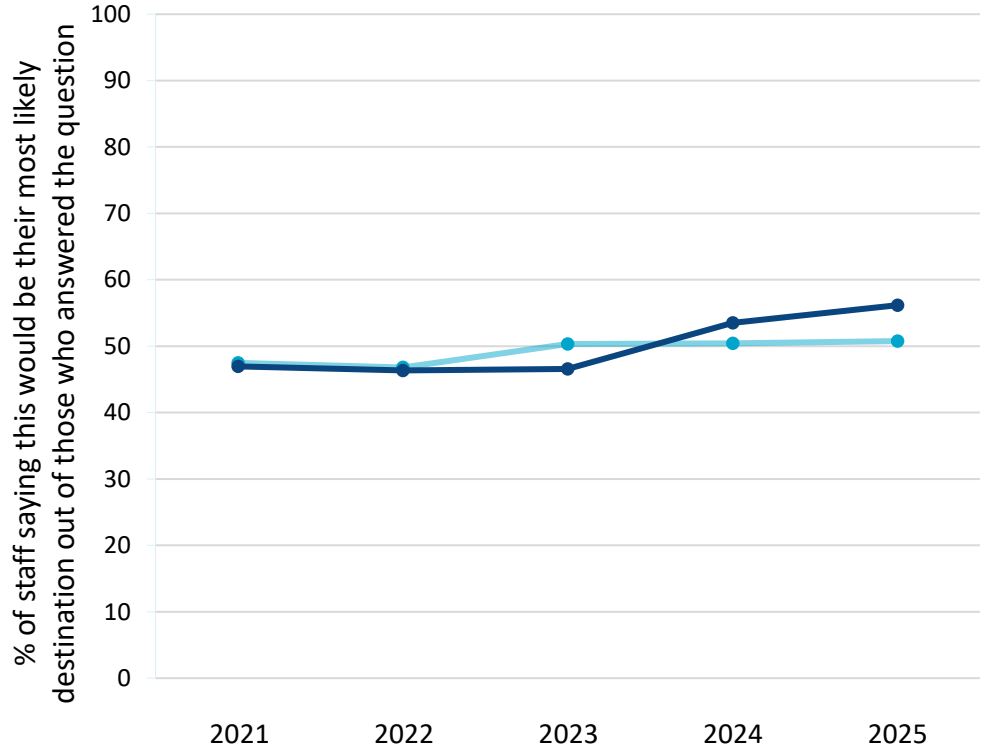
	2021	2022	2023	2024	2025
Your org	7.80%	9.81%	8.64%	7.90%	7.95%
Average	7.91%	9.06%	7.96%	8.00%	9.09%
Responses	2603	2315	2106	3292	3646

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.



	2021	2022	2023	2024	2025
Your org	11.99%	11.06%	11.73%	9.23%	8.61%
Average	9.95%	8.94%	8.46%	8.35%	8.42%
Responses	2603	2315	2106	3292	3646

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.



	2021	2022	2023	2024	2025
Your org	46.95%	46.35%	46.58%	53.52%	56.17%
Average	47.46%	46.79%	50.34%	50.41%	50.77%
Responses	2603	2315	2106	3292	3646

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 2021-2025 organisation and benchmarking group median results for q13a, q13b&c combined, and q16b split by ethnicity (by white staff / staff from all other ethnic groups combined). Organisation and benchmarking group median results for q15 are included for 2025 only*.

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 2021-2025 organisation and benchmarking group median results for q4b, q11e, and q14a-d split by staff with a long lasting health condition or illness compared to staff without a long lasting health condition or illness. Organisation and benchmarking group median results for q15 split by staff with a long lasting health condition or illness compared to staff without a long lasting health condition or illness are shown for 2025 only*. 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?

*Due to changes in the question wording in 2025, previous years’ results for WRES indicator 7 and WDES metric 5 (Q15) are not reported. For more information, please refer to the *Technical Guide:* https://www.nhsstaffsurveys.com/survey-documents/

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 (2025 only)
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 (2025 only)
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)

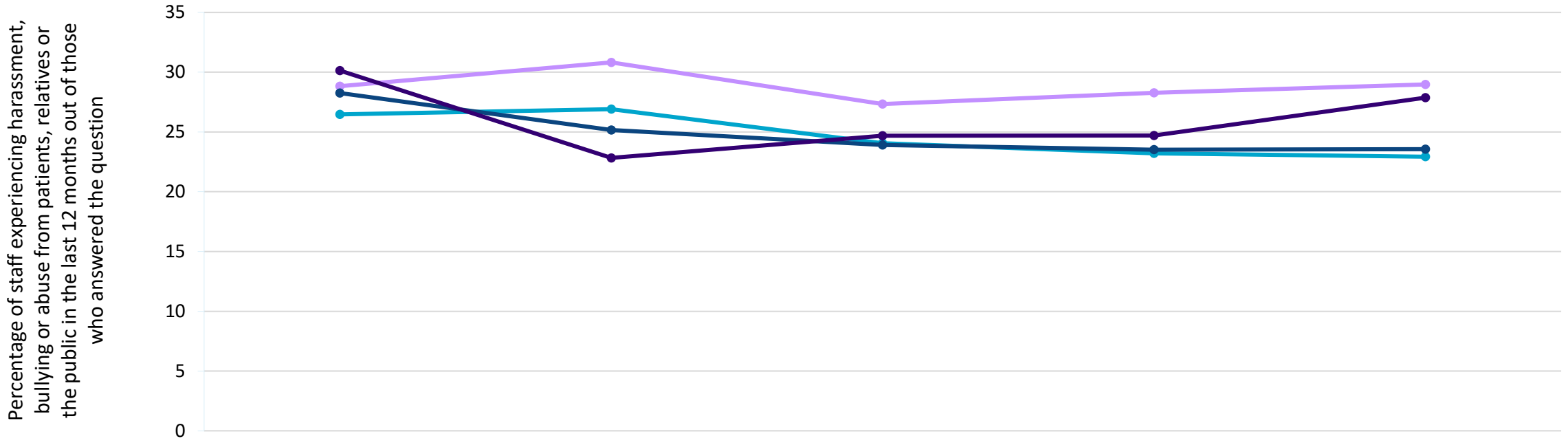
Vertical scales on the following charts vary from slide to slide and this effects how results are displayed. This allows incremental changes and small differences between results for subgroups to be more easily interpreted.
Data shown in the WRES charts are unweighted.
Averages are calculated as the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



	2021	2022	2023	2024	2025
White staff: Your org	28.26%	25.17%	23.91%	23.52%	23.56%
All other ethnic groups*: Your org	30.14%	22.83%	24.68%	24.70%	27.87%
White staff: Average	26.47%	26.91%	24.05%	23.21%	22.93%
All other ethnic groups*: Average	28.84%	30.82%	27.34%	28.27%	28.98%
White staff: Responses	2449	2090	1743	2764	3018
All other ethnic groups*: Responses	365	346	278	660	793

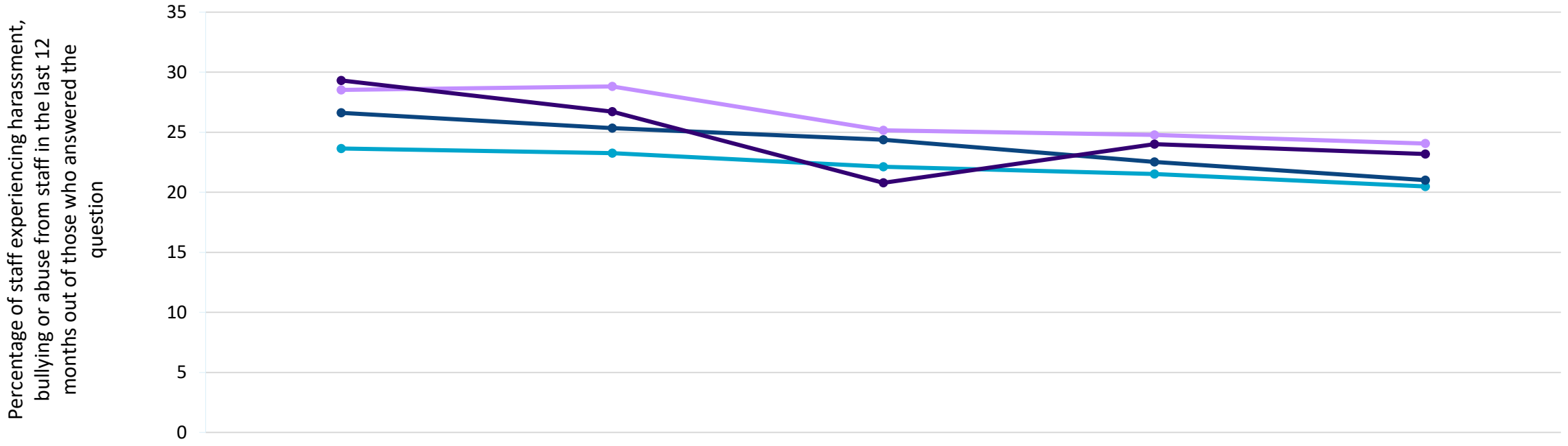
*Staff from all other ethnic groups combined

Note: 2023 results for WRES indicator 5 (Q14a) are 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



	2021	2022	2023	2024	2025
White staff: Your org	26.62%	25.34%	24.38%	22.53%	21.01%
All other ethnic groups*: Your org	29.32%	26.72%	20.79%	24.01%	23.18%
White staff: Average	23.65%	23.25%	22.12%	21.53%	20.48%
All other ethnic groups*: Average	28.53%	28.81%	25.16%	24.78%	24.06%
White staff: Responses	2461	2084	1742	2752	3008
All other ethnic groups*: Responses	365	348	275	658	785

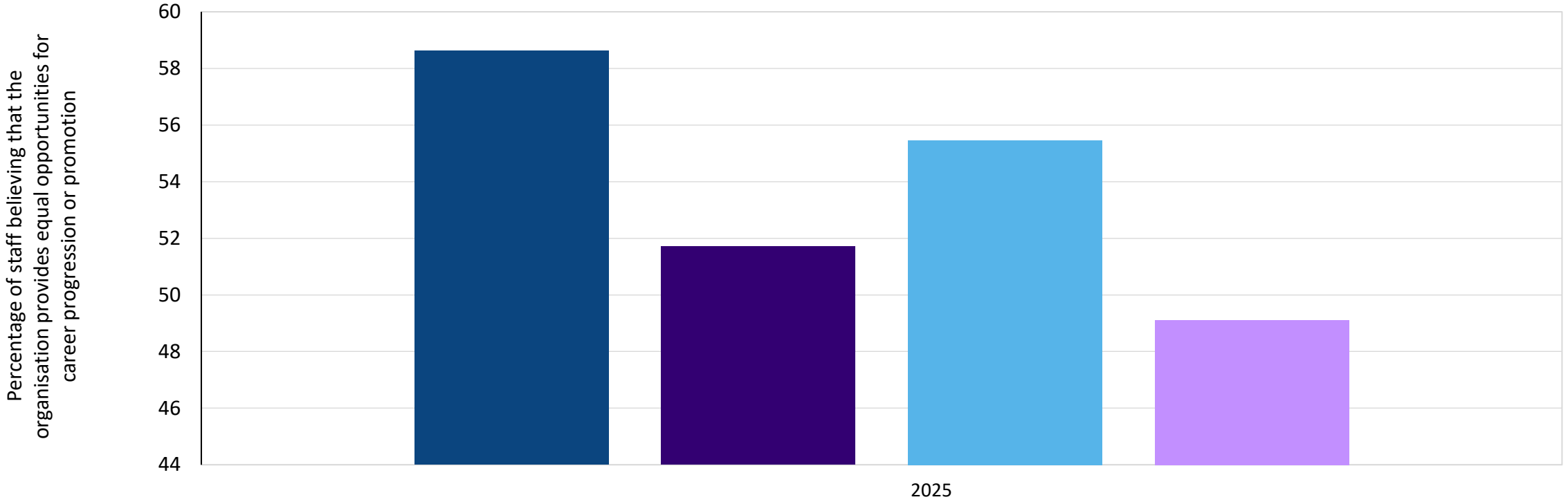
*Staff from all other ethnic groups combined

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

Workforce Race Equality Standard (WRES)

Survey Coordination Centre NHS

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



White staff: Your org	58.63%
All other ethnic groups*: Your org	51.71%
White staff: Average	55.46%
All other ethnic groups*: Average	49.11%
White staff: Responses	2990
All other ethnic groups*: Responses	791

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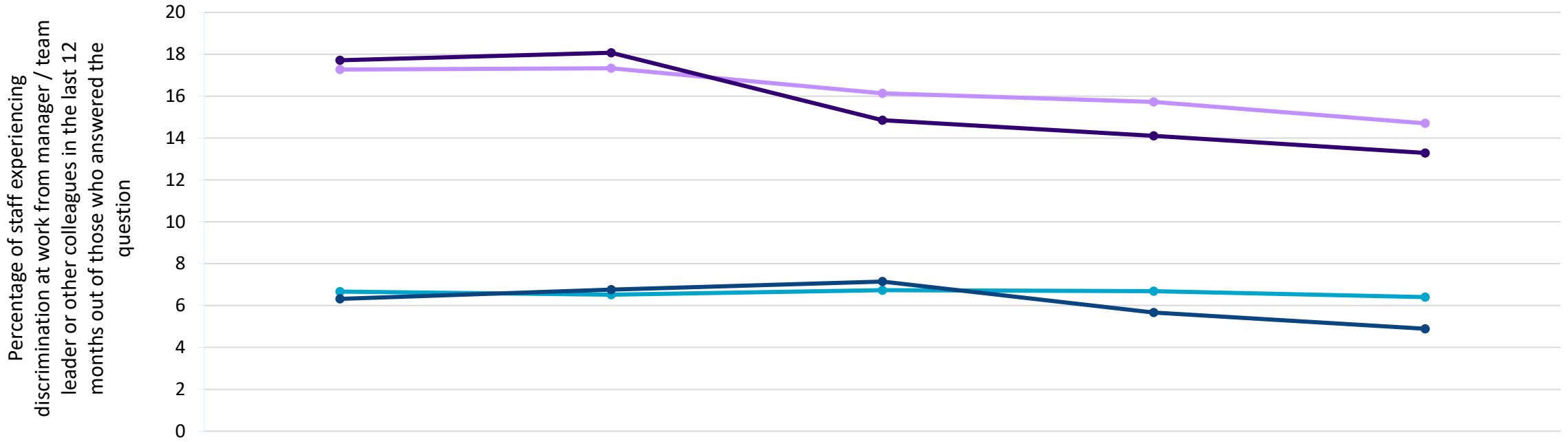
*Staff from all other ethnic groups combined.

Note: Due to changes in the question wording in 2025, previous years' results for WRES indicator 7 (Q15) are not reported. For more information, please refer to the *Technical Guide:* https://www.nhsstaffsurveys.com/survey-documents/

Workforce Race Equality Standard (WRES)

Survey Coordination Centre

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



	2021	2022	2023	2024	2025
White staff: Your org	6.32%	6.77%	7.15%	5.66%	4.89%
All other ethnic groups*: Your org	17.71%	18.08%	14.85%	14.11%	13.29%
White staff: Average	6.67%	6.52%	6.73%	6.69%	6.40%
All other ethnic groups*: Average	17.28%	17.33%	16.14%	15.72%	14.70%
White staff: Responses	2452	2084	1861	2737	2984
All other ethnic groups*: Responses	367	343	303	652	775

*Staff from all other ethnic groups combined

Survey Coordination Centre

NHS

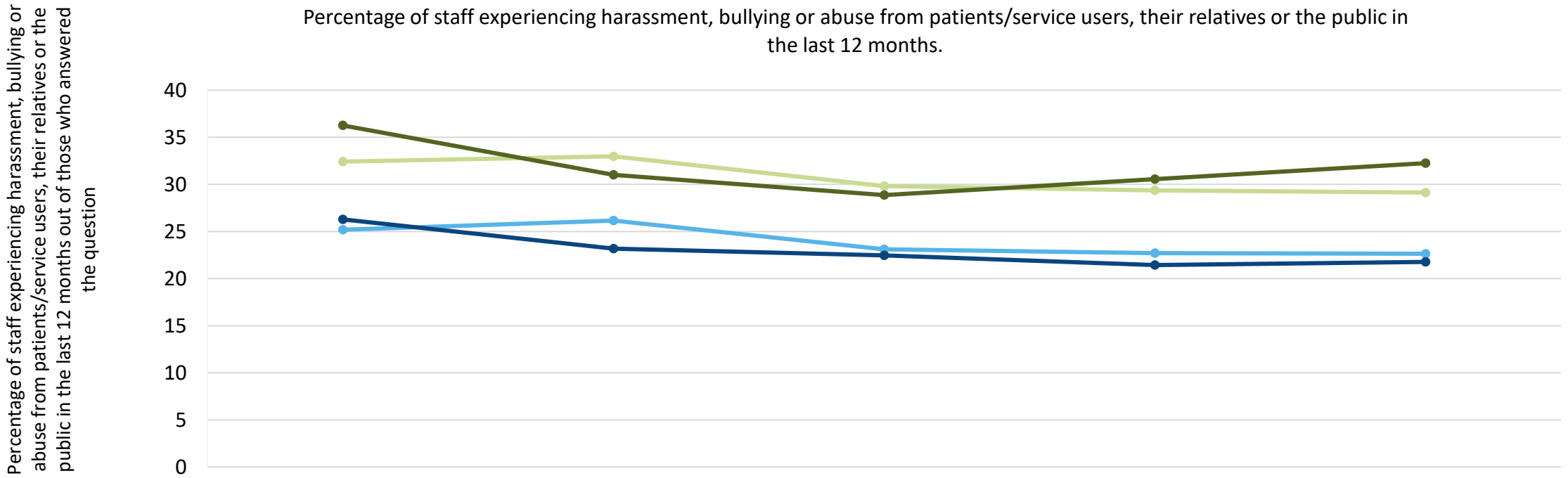
Workforce Disability Equality Standards (WDES)

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

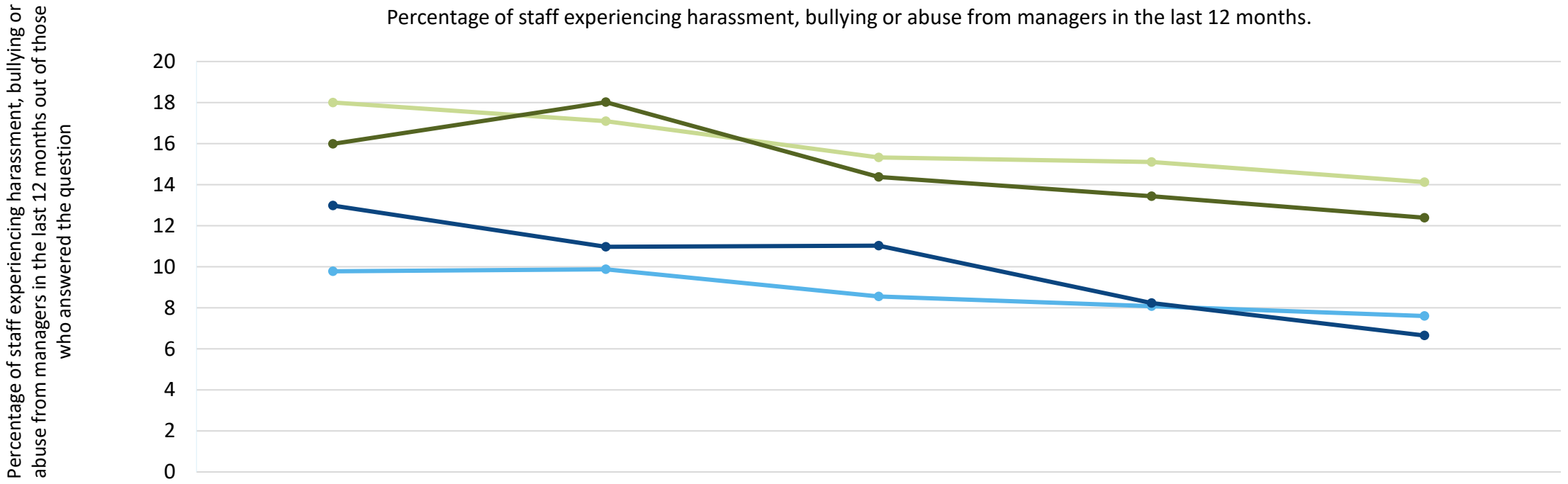


	2021	2022	2023	2024	2025
Staff with a LTC or illness: Your org	36.26%	31.02%	28.87%	30.56%	32.27%
Staff without a LTC or illness: Your org	26.28%	23.17%	22.47%	21.44%	21.76%
Staff with a LTC or illness: Average	32.43%	32.98%	29.83%	29.37%	29.14%
Staff without a LTC or illness: Average	25.19%	26.16%	23.11%	22.71%	22.64%
Staff with a LTC or illness: Responses	615	561	490	818	905
Staff without a LTC or illness: Responses	2199	1890	1496	2598	2872

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

Workforce Disability Equality Standards

Survey Coordination Centre NHS

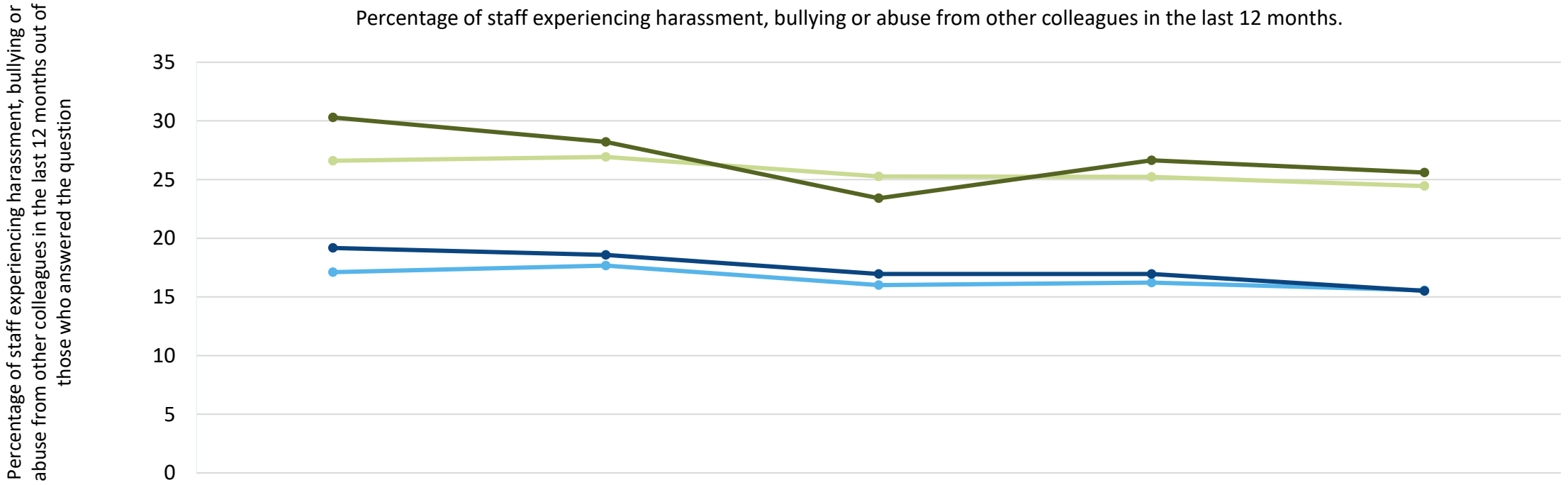


	2021	2022	2023	2024	2025
Staff with a LTC or illness: Your org	15.99%	18.02%	14.37%	13.44%	12.39%
Staff without a LTC or illness: Your org	12.98%	10.97%	11.03%	8.23%	6.65%
Staff with a LTC or illness: Average	18.00%	17.09%	15.33%	15.10%	14.12%
Staff without a LTC or illness: Average	9.77%	9.88%	8.56%	8.08%	7.60%
Staff with a LTC or illness: Responses	613	555	490	811	896
Staff without a LTC or illness: Responses	2188	1878	1484	2565	2843

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

Workforce Disability Equality Standards

Survey Coordination Centre NHS

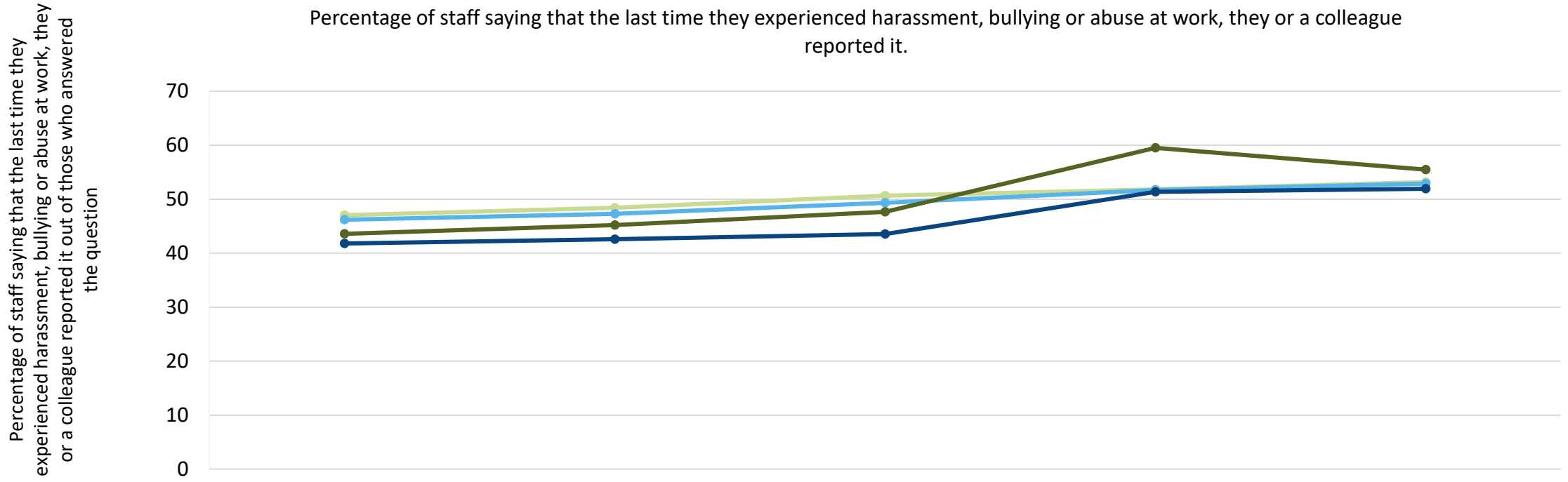


	2021	2022	2023	2024	2025
Staff with a LTC or illness: Your org	30.29%	28.21%	23.41%	26.64%	25.59%
Staff without a LTC or illness: Your org	19.17%	18.59%	16.95%	16.97%	15.51%
Staff with a LTC or illness: Average	26.60%	26.93%	25.26%	25.24%	24.45%
Staff without a LTC or illness: Average	17.11%	17.67%	16.01%	16.22%	15.57%
Staff with a LTC or illness: Responses	614	553	486	807	887
Staff without a LTC or illness: Responses	2175	1872	1478	2558	2836

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

Workforce Disability Equality Standards

Survey Coordination Centre NHS



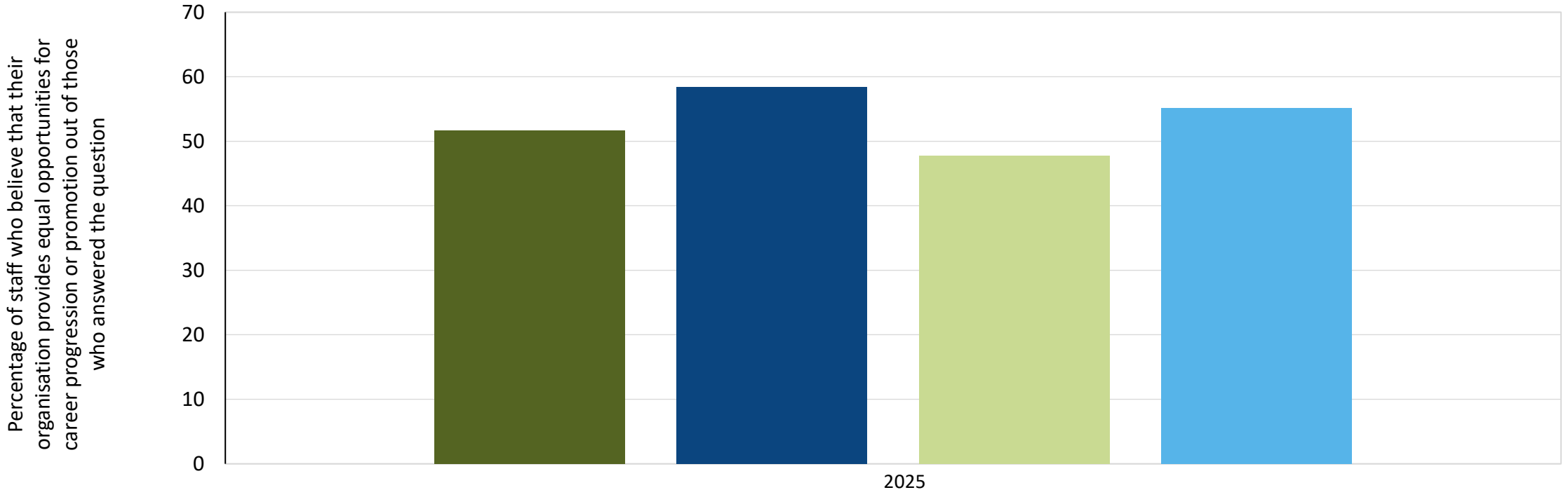
	2021	2022	2023	2024	2025
Staff with a LTC or illness: Your org	43.58%	45.20%	47.65%	59.51%	55.50%
Staff without a LTC or illness: Your org	41.79%	42.60%	43.53%	51.35%	51.93%
Staff with a LTC or illness: Average	47.03%	48.43%	50.64%	51.82%	53.16%
Staff without a LTC or illness: Average	46.20%	47.30%	49.31%	51.71%	52.89%
Staff with a LTC or illness: Responses	296	250	200	326	373
Staff without a LTC or illness: Responses	725	601	452	742	803

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

Workforce Disability Equality Standards

Survey Coordination Centre NHS

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



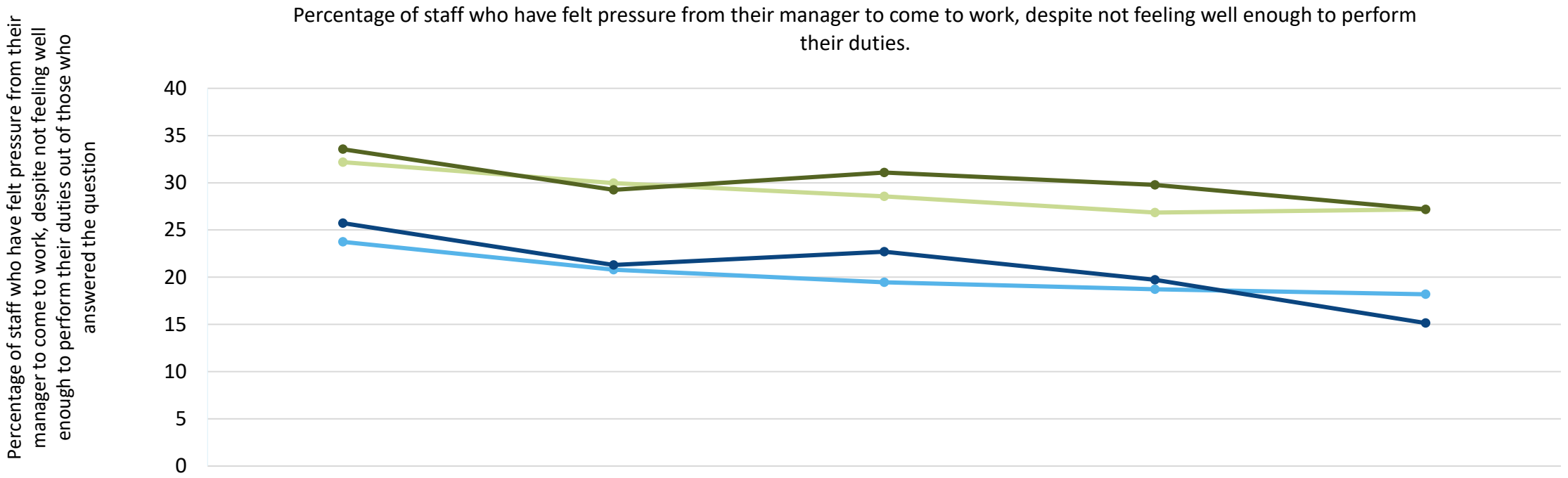
Staff with a LTC or illness: Your org	51.66%
Staff without a LTC or illness: Your org	58.38%
Staff with a LTC or illness: Average	47.79%
Staff without a LTC or illness: Average	55.09%
Staff with a LTC or illness: Responses	906
Staff without a LTC or illness: Responses	2845

Note: Due to changes in the question wording in 2025, previous years' results for WDES metric 5 (Q15) are not reported. For more information, please refer to the *Technical Guide:* https://www.nhsstaffsurveys.com/survey-documents/

Workforce Disability Equality Standards

Survey Coordination Centre NHS

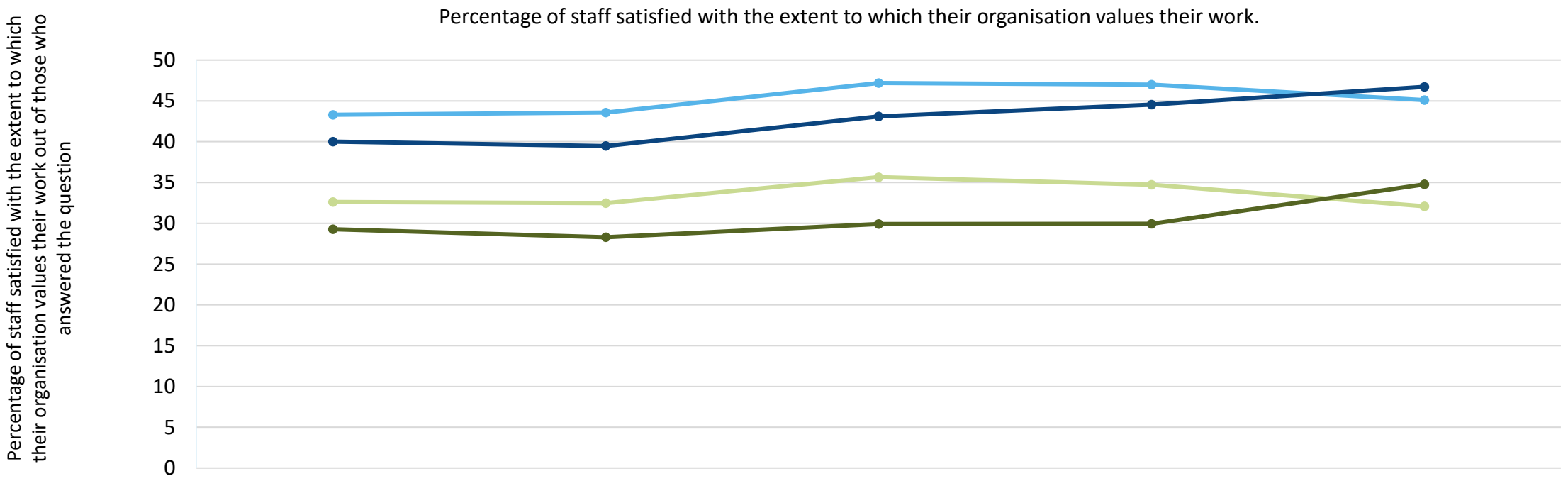
Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.



	2021	2022	2023	2024	2025
Staff with a LTC or illness: Your org	33.55%	29.25%	31.09%	29.78%	27.19%
Staff without a LTC or illness: Your org	25.73%	21.29%	22.71%	19.72%	15.14%
Staff with a LTC or illness: Average	32.18%	29.97%	28.55%	26.85%	27.19%
Staff without a LTC or illness: Average	23.74%	20.80%	19.46%	18.71%	18.19%
Staff with a LTC or illness: Responses	459	424	402	601	640
Staff without a LTC or illness: Responses	1135	944	753	1232	1281

Workforce Disability Equality Standards

Survey Coordination Centre NHS

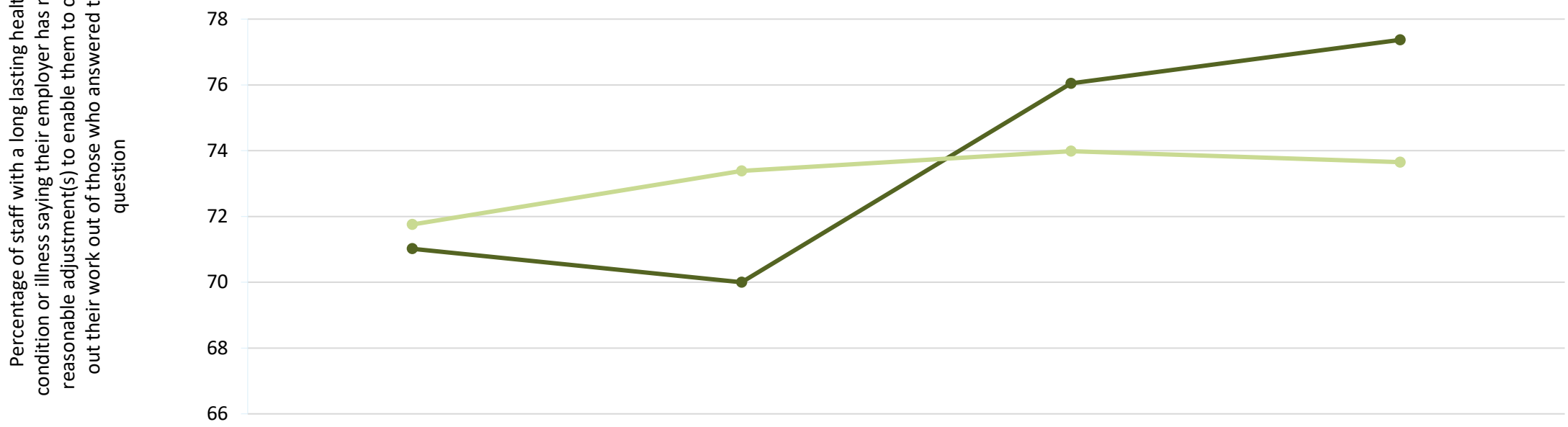


	2021	2022	2023	2024	2025
Staff with a LTC or illness: Your org	29.26%	28.29%	29.91%	29.93%	34.77%
Staff without a LTC or illness: Your org	40.02%	39.47%	43.11%	44.56%	46.72%
Staff with a LTC or illness: Average	32.62%	32.46%	35.66%	34.73%	32.09%
Staff without a LTC or illness: Average	43.30%	43.56%	47.19%	46.98%	45.10%
Staff with a LTC or illness: Responses	622	562	535	822	906
Staff without a LTC or illness: Responses	2194	1895	1612	2601	2870

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	2025
Staff with a LTC or illness: Your org	71.02%	70.00%	76.05%	77.37%
Staff with a LTC or illness: Average	71.76%	73.38%	73.98%	73.65%
Staff with a LTC or illness: Responses	314	310	501	570

Workforce Disability Equality Standards

Survey Coordination Centre NHS

	2021	2022	2023	2024	2025
Organisation average	6.73	6.57	6.63	6.84	6.86
Staff with a LTC or illness: Your org	6.41	6.15	6.10	6.37	6.36
Staff without a LTC or illness: Your org	6.82	6.71	6.80	6.99	7.02
Staff with a LTC or illness: Average	6.42	6.35	6.46	6.40	6.29
Staff without a LTC or illness: Average	6.97	6.92	7.04	7.00	6.91
Staff with a LTC or illness: Responses	623	564	535	821	910
Staff without a LTC or illness: Responses	2221	1898	1618	2609	2883

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

Survey Coordination Centre

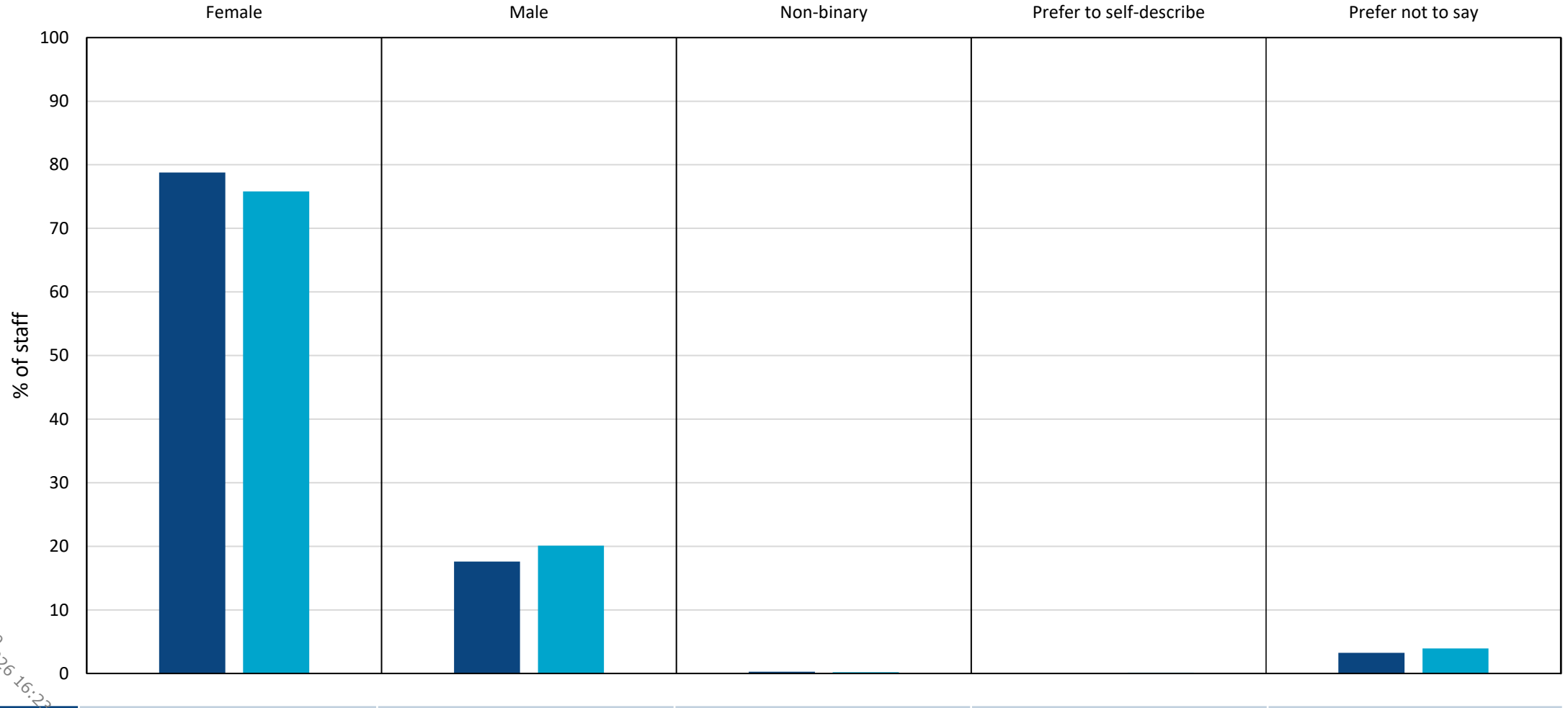
NHS

About your respondents

This section shows demographic and other background information for 2025.

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.

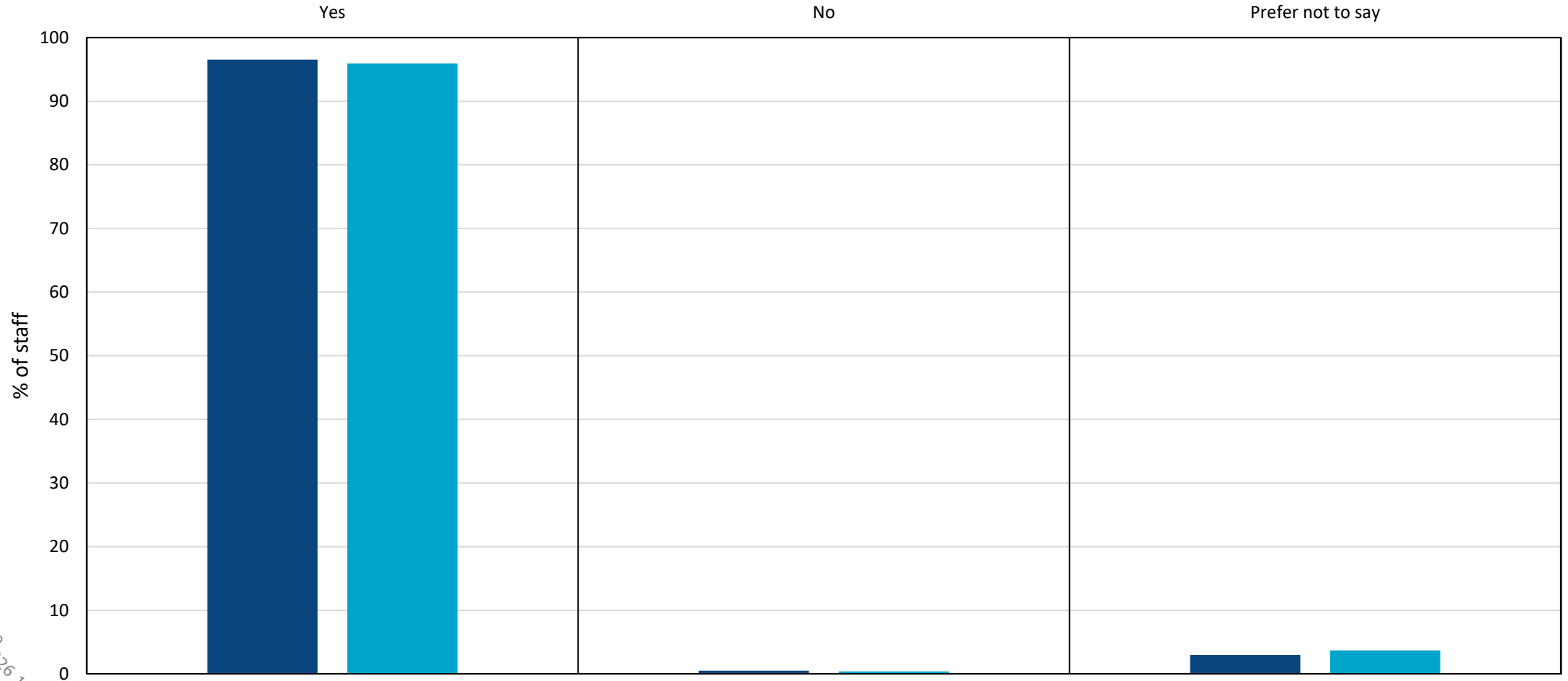
Background details - Which of the following best describes you?



	Female	Male	Non-binary	Prefer to self-describe	Prefer not to say
Your org	78.78%	17.61%	0.26%	0.10%	3.24%
Average	75.82%	20.10%	0.19%	0.12%	3.92%
Responses	3855	3855	3855	3855	3855

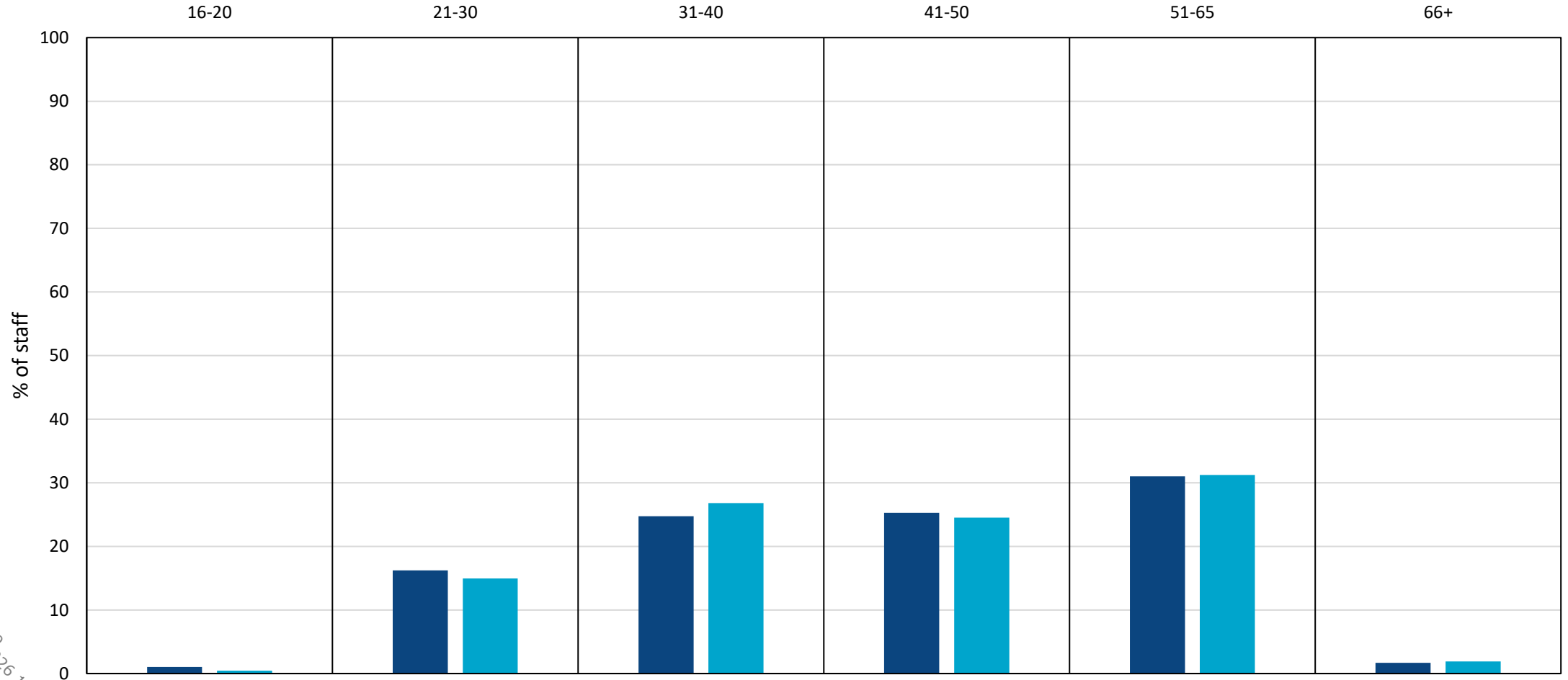
Background details - Is your gender identity the same as the sex you were registered at birth?

Survey Coordination Centre



	Yes	No	Prefer not to say
Your org	96.55%	0.48%	2.97%
Average	95.94%	0.37%	3.67%
Responses	3737	3737	3737

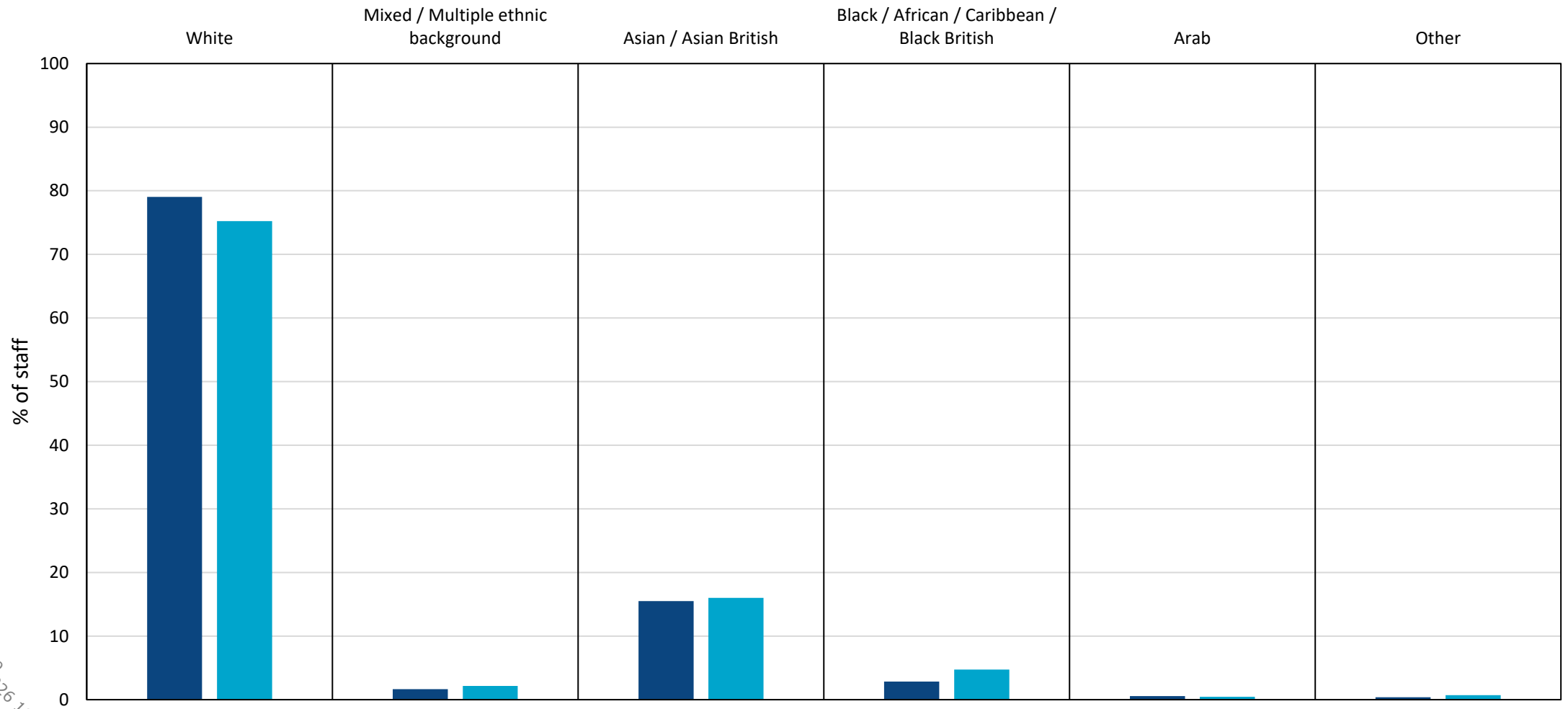
Background details - Age



	16-20	21-30	31-40	41-50	51-65	66+
Your org	1.04%	16.21%	24.75%	25.30%	31.02%	1.67%
Average	0.44%	14.95%	26.81%	24.51%	31.23%	1.89%
Responses	3830	3830	3830	3830	3830	3830

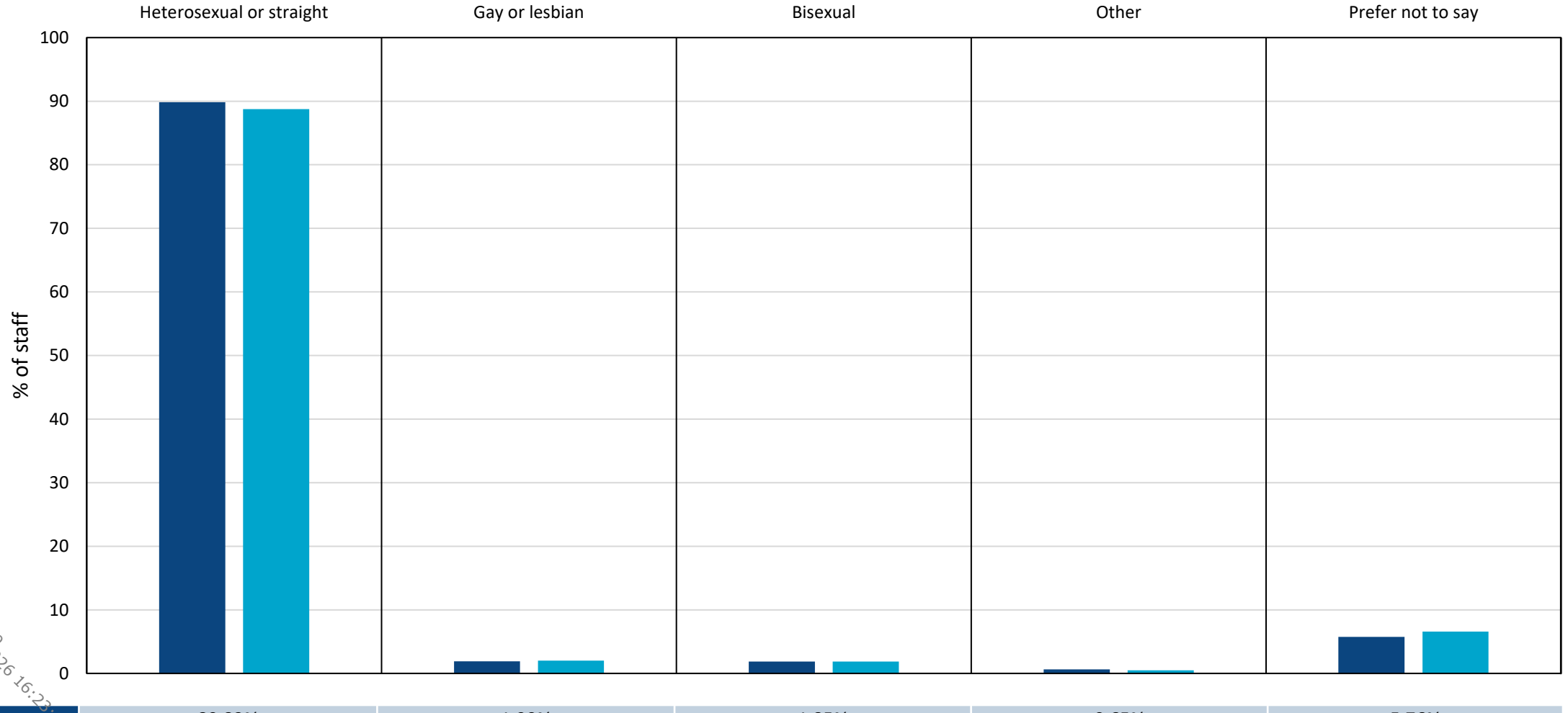
Background details - Ethnic group

Survey Coordination Centre



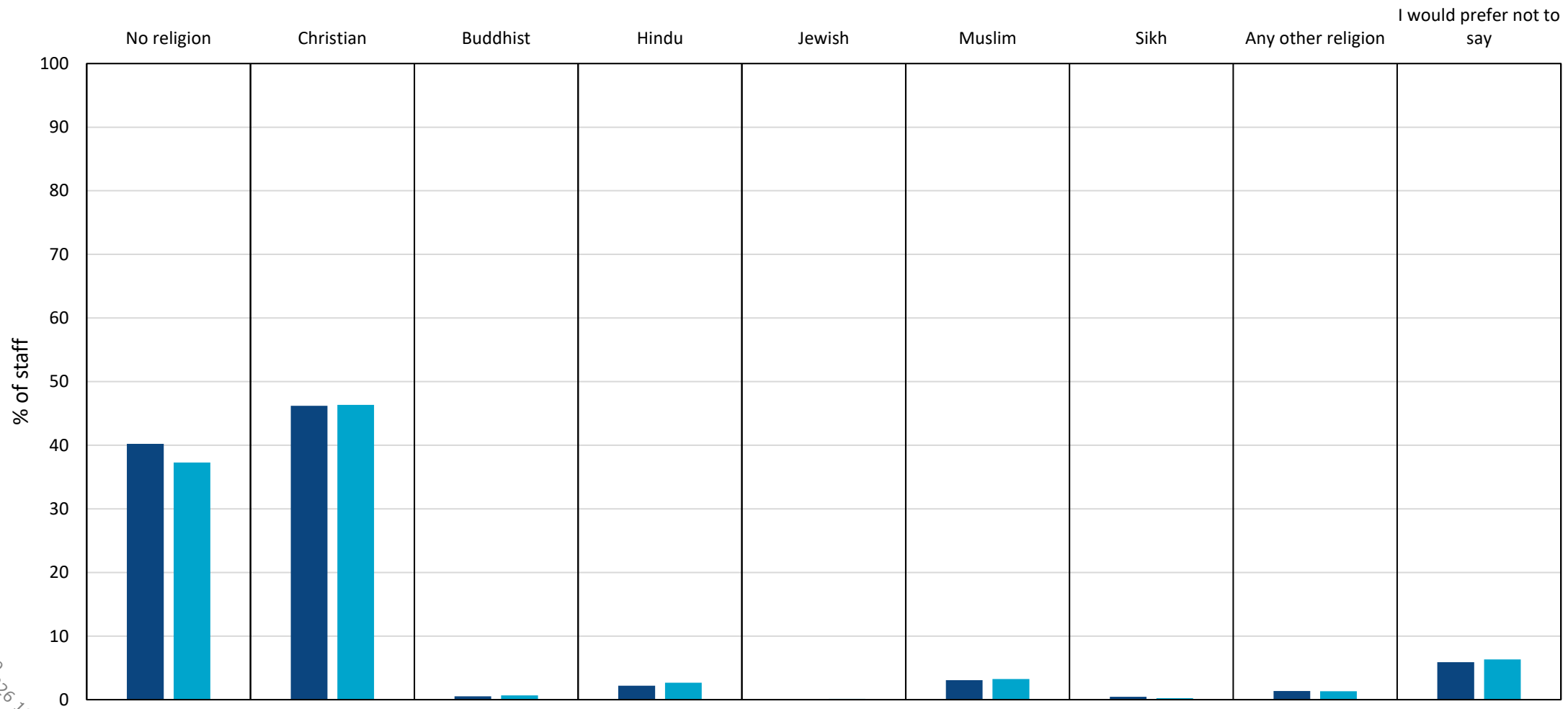
	White	Mixed / Multiple ethnic background	Asian / Asian British	Black / African / Caribbean / Black British	Arab	Other
Your org	79.05%	1.64%	15.50%	2.84%	0.57%	0.39%
Average	75.23%	2.15%	16.00%	4.74%	0.47%	0.69%
Responses	3833	3833	3833	3833	3833	3833

Background details - Sexual orientation



	Heterosexual or straight	Gay or lesbian	Bisexual	Other	Prefer not to say
Your org	89.83%	1.90%	1.85%	0.65%	5.76%
Average	88.76%	2.01%	1.86%	0.49%	6.59%
Responses	3835	3835	3835	3835	3835

Background details - Religion or belief



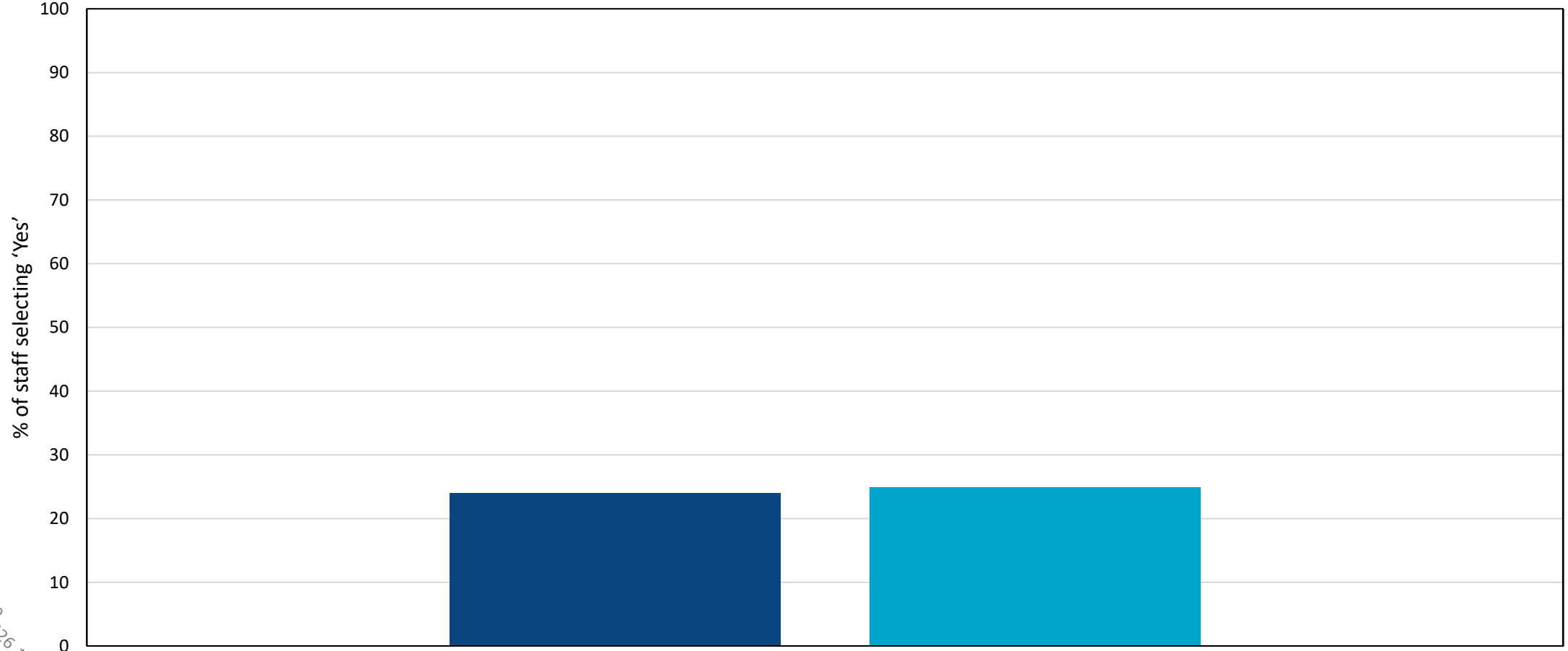
	No religion	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Any other religion	I would prefer not to say
Your org	40.23%	46.21%	0.52%	2.21%	0.05%	3.07%	0.44%	1.35%	5.91%
Average	37.27%	46.34%	0.69%	2.66%	0.14%	3.25%	0.25%	1.32%	6.32%
Responses	3843	3843	3843	3843	3843	3843	3843	3843	3843

Background details - Long lasting health condition or illness

Survey Coordination Centre

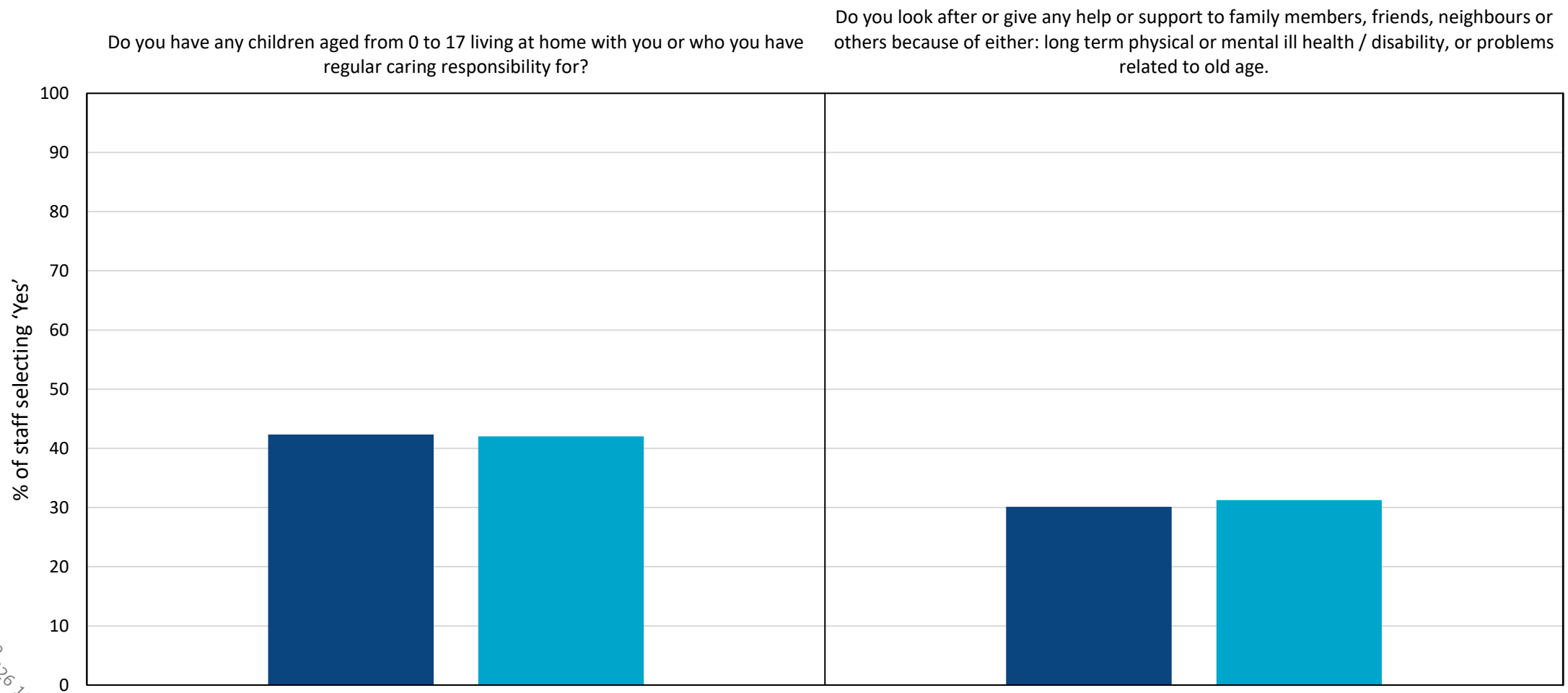
NHS

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



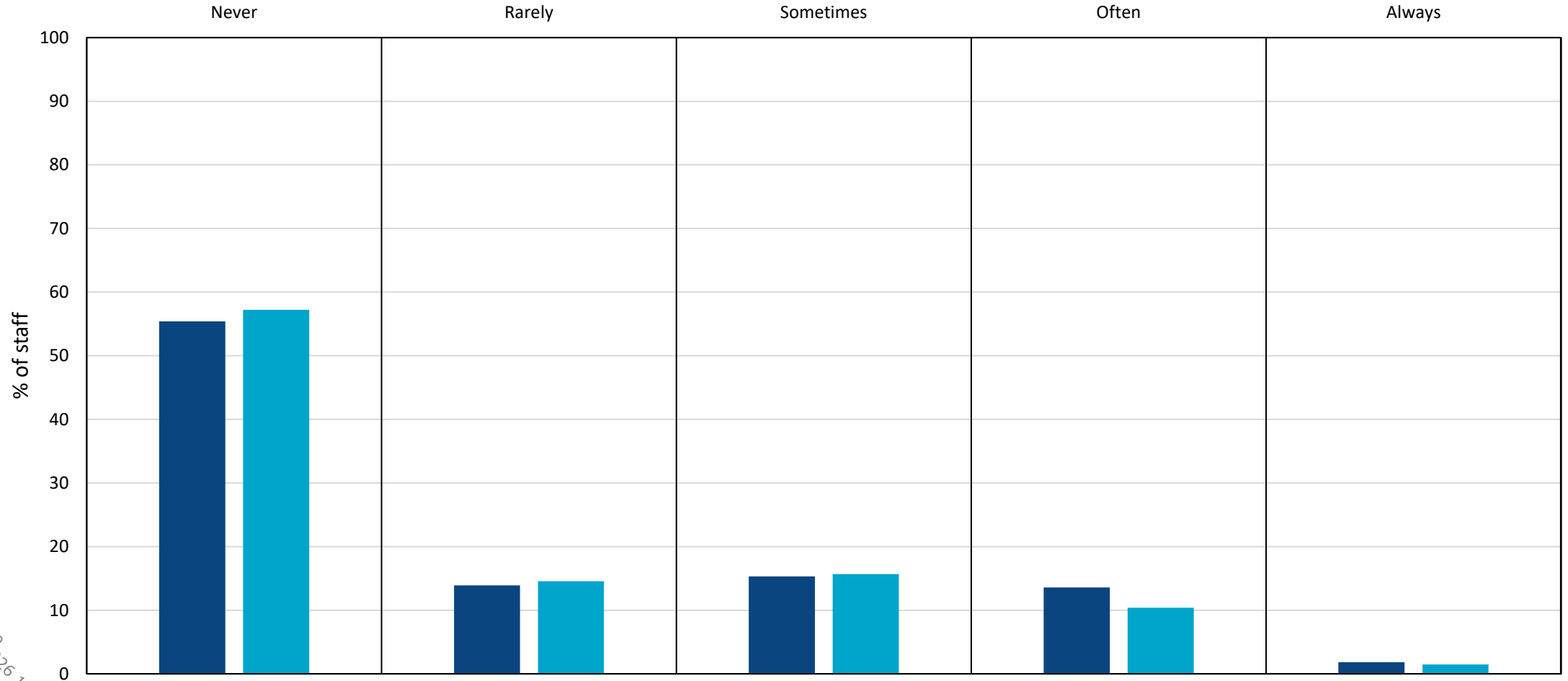
Your org	23.96%
Average	24.90%
Responses	3798

Background details - Parental / caring responsibilities



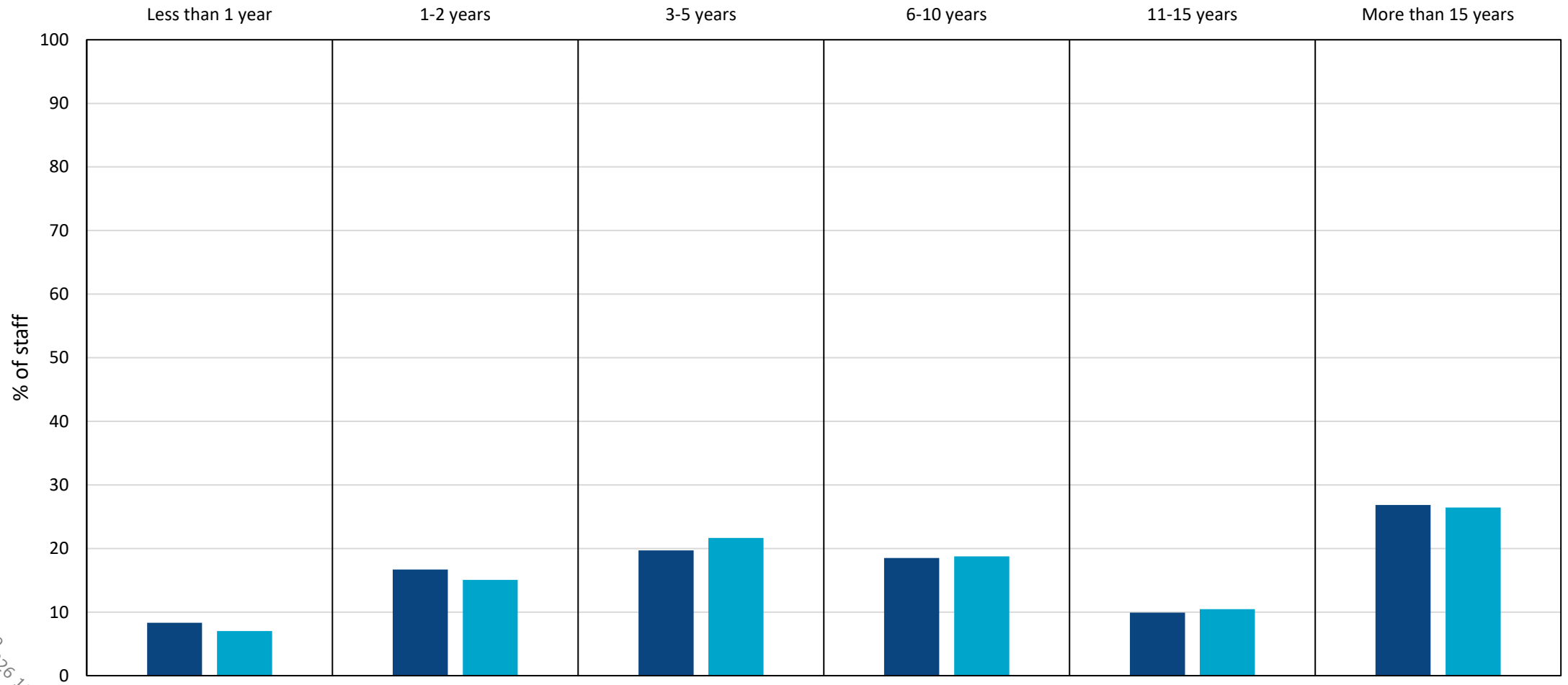
	Do you have any children aged from 0 to 17 living at home with you or who you have regular caring responsibility for?	Do you look after or give any help or support to family members, friends, neighbours or others because of either: long term physical or mental ill health / disability, or problems related to old age.
Your org	42.36%	30.12%
Average	42.03%	31.25%
Responses	3848	3838

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



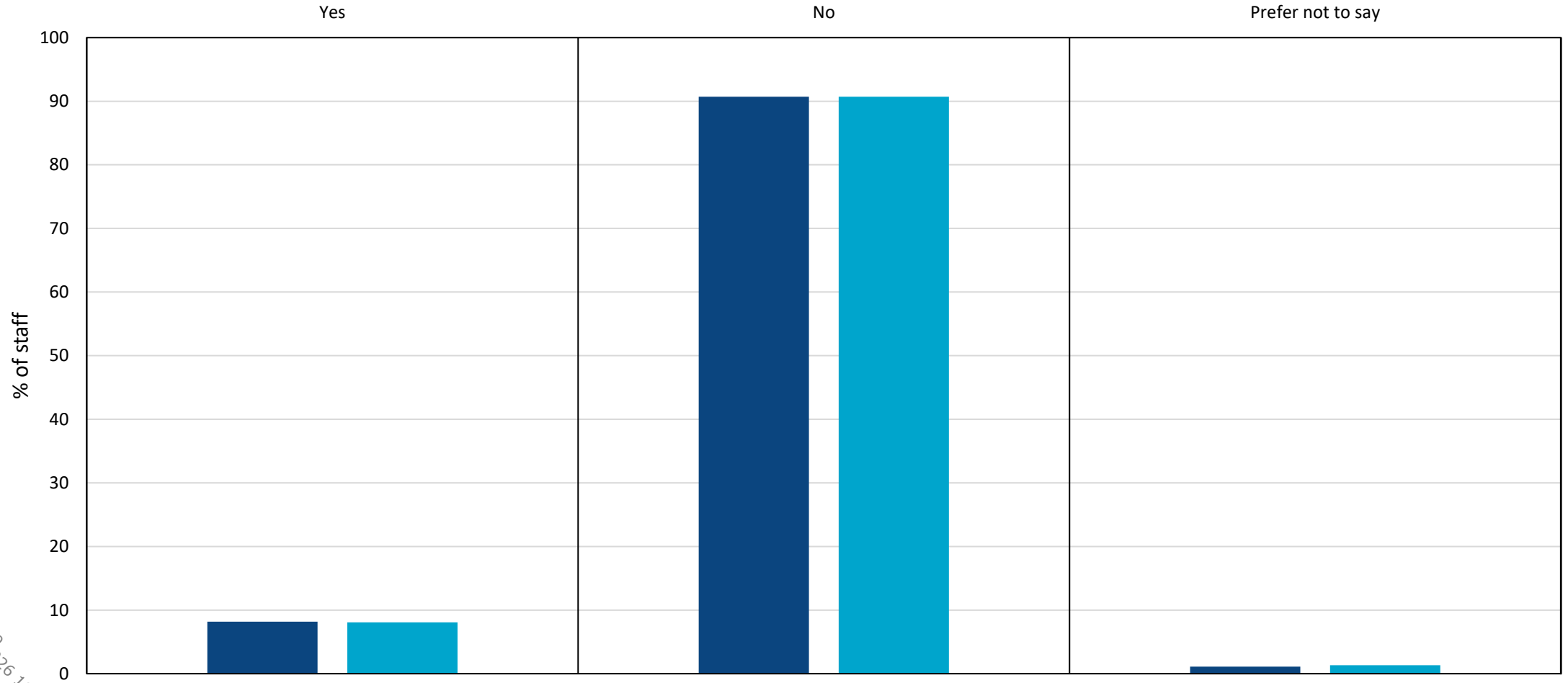
	Never	Rarely	Sometimes	Often	Always
Your org	55.39%	13.89%	15.31%	13.58%	1.83%
Average	57.23%	14.54%	15.67%	10.40%	1.48%
Responses	3815	3815	3815	3815	3815

Background details - Length of service



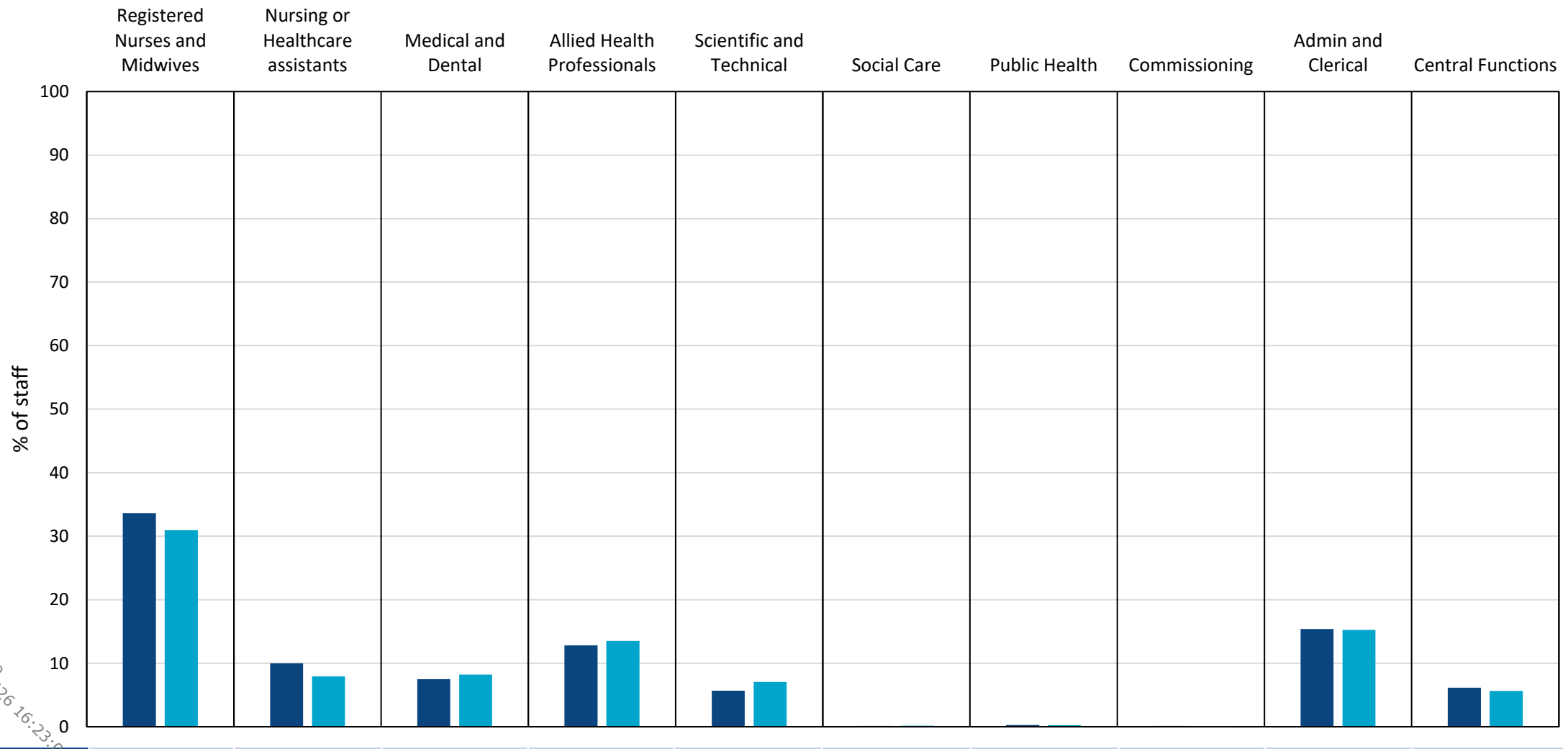
	Less than 1 year	1-2 years	3-5 years	6-10 years	11-15 years	More than 15 years
Your org	8.32%	16.69%	19.70%	18.51%	9.93%	26.85%
Average	7.03%	15.07%	21.68%	18.76%	10.47%	26.44%
Responses	3847	3847	3847	3847	3847	3847

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



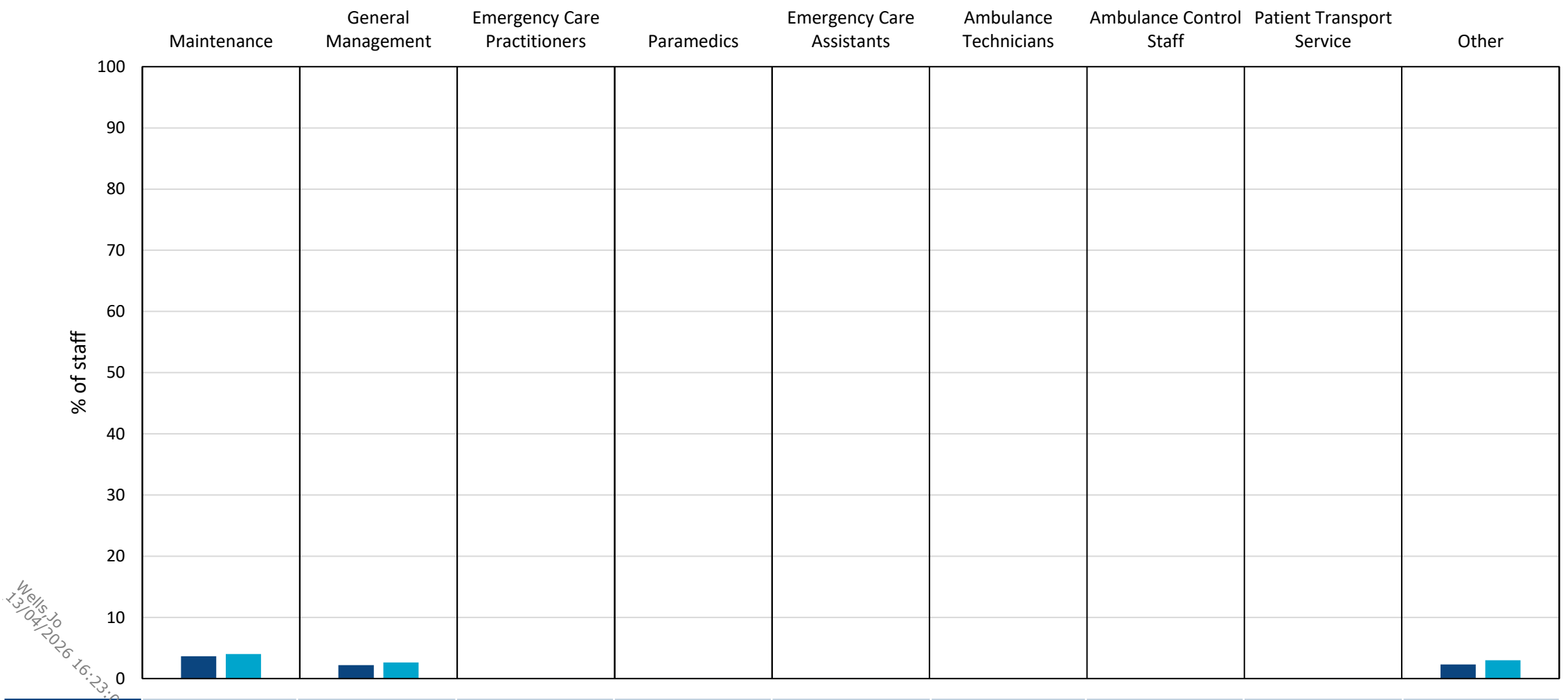
	Yes	No	Prefer not to say
Your org	8.16%	90.72%	1.11%
Average	8.07%	90.72%	1.31%
Responses	3773	3773	3773

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	33.62%	10.00%	7.47%	12.81%	5.68%	0.13%	0.26%	0.13%	15.39%	6.16%
Average	30.95%	7.91%	8.21%	13.49%	7.06%	0.18%	0.25%	0.08%	15.26%	5.63%
Responses	3801	3801	3801	3801	3801	3801	3801	3801	3801	3801

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	3.63%	2.21%	0.00%	0.11%	0.11%	0.00%	0.00%	0.00%	2.29%
Average	3.99%	2.62%	0.01%	0.02%	0.04%	0.00%	0.00%	0.01%	2.99%
Responses	3801	3801	3801	3801	3801	3801	3801	3801	3801

Survey Coordination Centre

NHS

Socio-economic Background

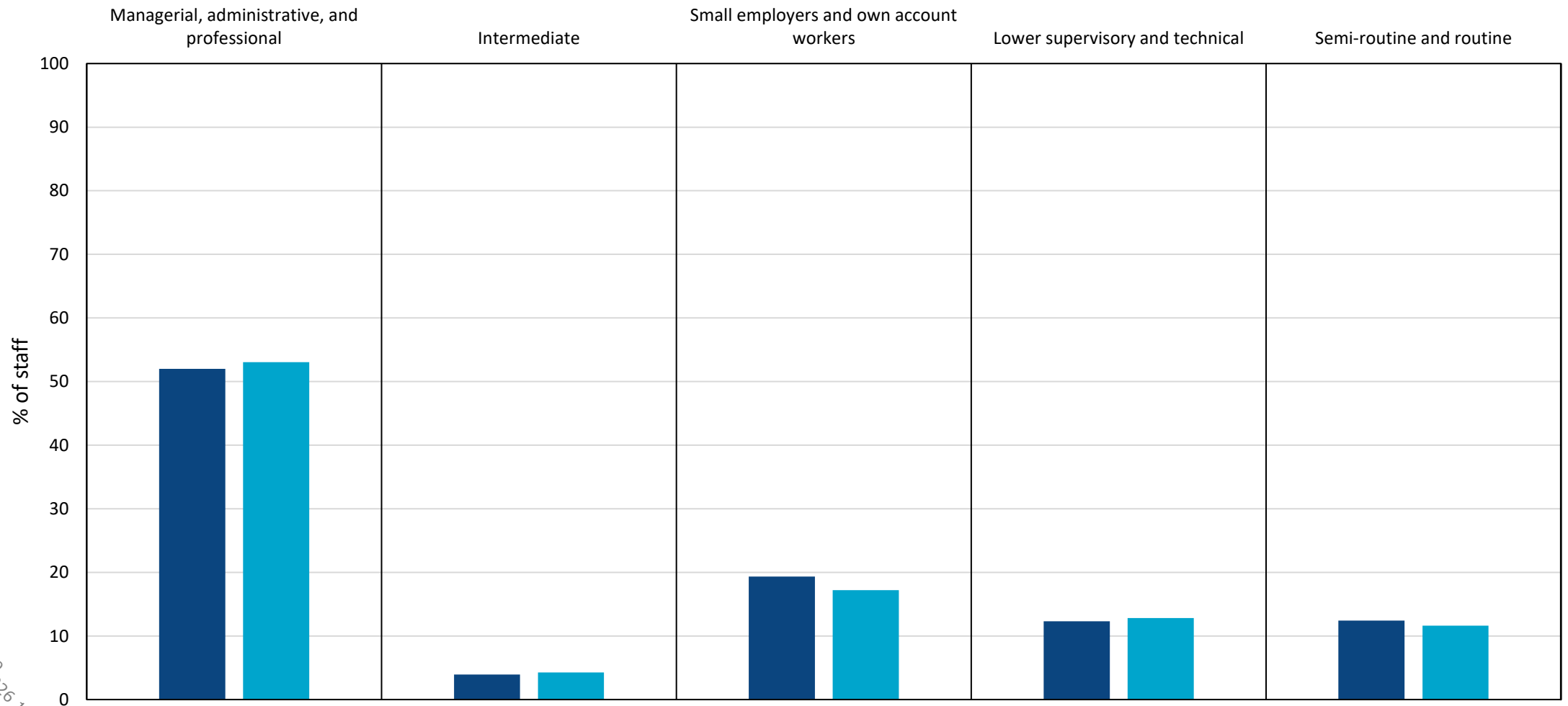
This section shows information about the socio-economic background of staff and People Promise scores by socio-economic background. These questions are only included in the online questionnaire and were not answered by those responding to the paper questionnaire.

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.

Socio-economic background: Five classes

Survey Coordination Centre

NHS



	Managerial, administrative, and professional	Intermediate	Small employers and own account workers	Lower supervisory and technical	Semi-routine and routine
Your org	52.00%	3.94%	19.36%	12.30%	12.40%
Average	53.05%	4.27%	17.19%	12.81%	11.63%
Responses	1927	1927	1927	1927	1927

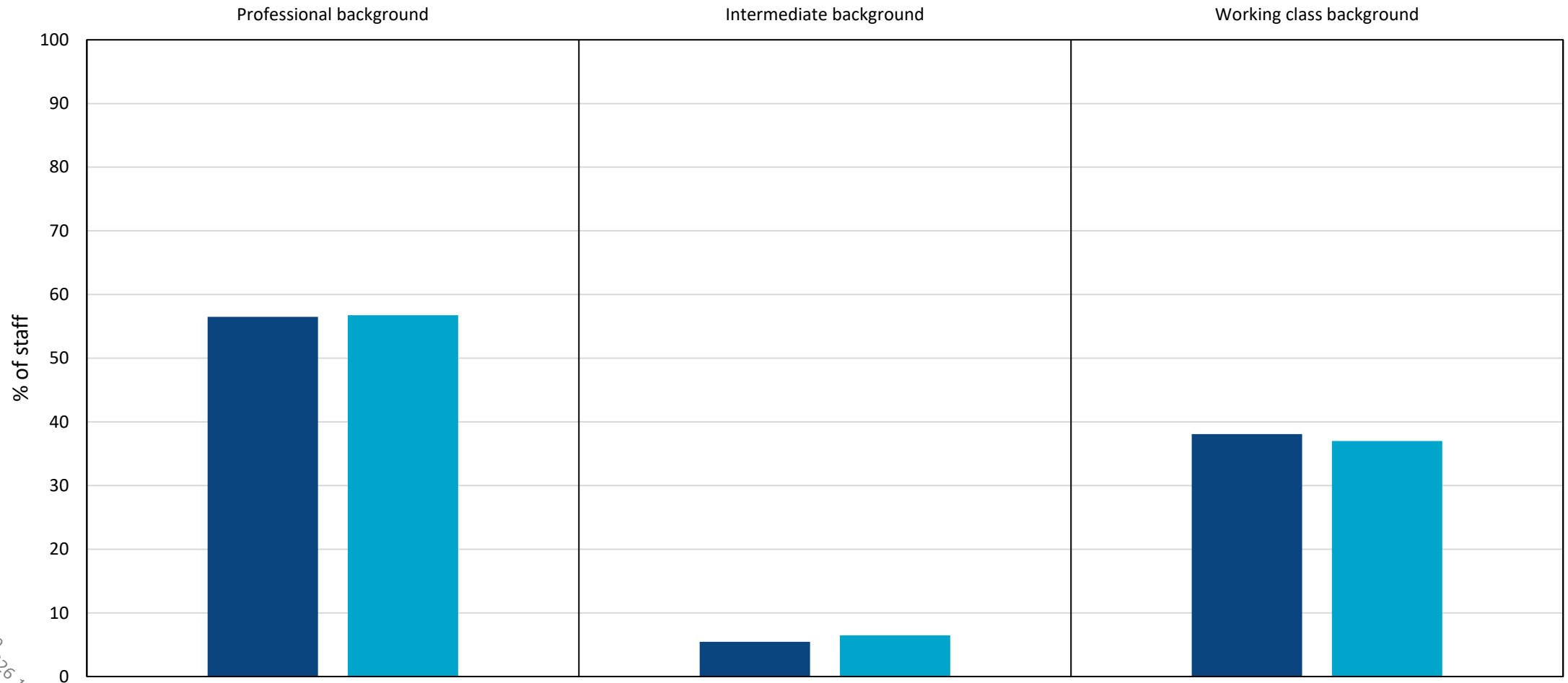
Please note – These questions are online only.

There was a higher than typical level of non-response to the socio-economic background questions, which resulted in 48.02% of respondents not receiving a Five class score at the national level. For more information about socio-economic background, please see appendix D.

Socio-economic background: Three classes

Survey Coordination Centre

NHS



	Professional background	Intermediate background	Working class background
Your org	56.49%	5.45%	38.07%
Average	56.73%	6.48%	36.98%
Responses	2606	2606	2606

Please note – These questions are online only.

There was a higher than typical level of non-response to the socio-economic background questions, which resulted in 28.32% of respondents not receiving a Three class score at the national level. For more information about socio-economic background, please see appendix D.

Socio-economic background: People Promise elements and themes

Survey Coordination Centre NHS

People Promise elements and themes in your organisation by socio-economic background (Five class)	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
1 Managerial, administrative and professional	7.40	6.16	6.76	6.16	5.78	6.62	6.88	6.82	6.12
2 Intermediate	7.48	6.13	6.78	6.18	5.46	6.50	6.77	6.75	6.06
3 Small employers and own account workers	7.47	6.12	6.84	6.26	5.58	6.91	6.90	6.89	6.10
4 Lower supervisory and technical	7.34	5.94	6.63	6.14	5.65	6.73	6.74	6.77	5.93
5 Semi-routine and routine	7.51	6.18	6.88	6.48	5.88	6.99	7.03	7.01	6.32

People Promise elements and themes in your organisation by socio-economic background (Three class)	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
1 Professional	7.39	6.14	6.76	6.18	5.74	6.62	6.86	6.83	6.12
2 Intermediate	7.38	6.13	6.64	6.07	5.48	6.65	6.78	6.73	5.93
3 Working class	7.42	6.07	6.78	6.27	5.70	6.82	6.89	6.89	6.14

Please note – These questions are online only.
There was a higher than typical level of non-response to the socio-economic background questions. For more information about interpreting socio-economic background data, please see appendix D.

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Appendices

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Appendix A: Response rate

Appendix A: Response rate

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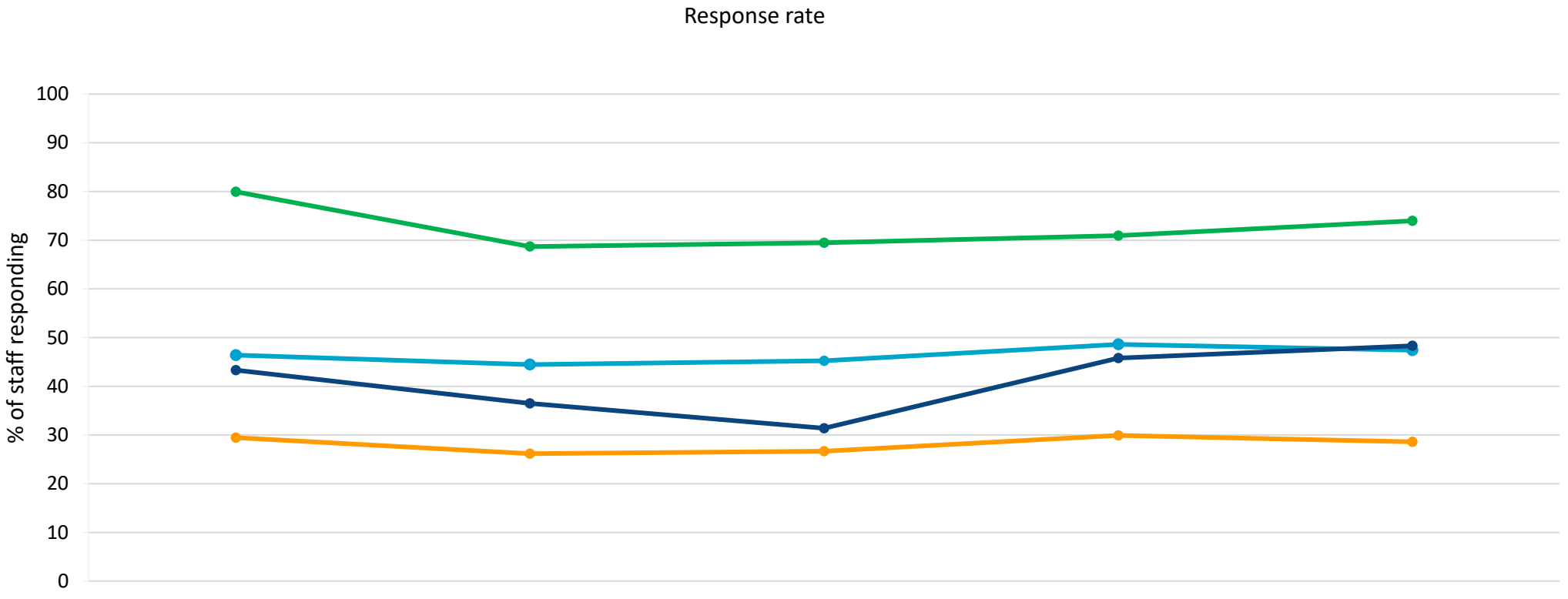

	2021	2022	2023	2024	2025
Your org	43.33%	36.47%	31.39%	45.77%	48.31%
Highest	79.95%	68.69%	69.45%	70.92%	73.97%
Average	46.38%	44.46%	45.23%	48.61%	47.42%
Lowest	29.47%	26.17%	26.65%	29.91%	28.60%
Responses	2883	2482	2215	3484	3876

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Appendix B: Significance testing 2024 vs 2025

Appendix B: Significance testing – 2024 vs 2025

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Statistical significance helps quantify whether a result is likely due to chance or to some factor of interest. The table below presents the results of significance testing conducted on the theme scores calculated in both 2024 and 2025*. For more details, please see the Technical Guide.

People Promise elements	2024 score	2024 respondents	2025 score	2025 respondents	Statistically significant change?
We are compassionate and inclusive	7.31	3473	7.36	3861	Not significant
We are recognised and rewarded	5.90	3477	6.03	3863	Significantly higher
We each have a voice that counts	6.67	3444	6.73	3839	Not significant
We are safe and healthy	6.12	3455	6.26	3835	Significantly higher
We are always learning	5.61	3275	5.69	3635	Not significant
We work flexibly	6.43	3453	6.64	3845	Significantly higher
We are a team	6.71	3472	6.81	3861	Significantly higher
Themes					
Staff Engagement	6.82	3478	6.84	3867	Not significant
Morale	5.95	3478	6.13	3872	Significantly higher

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

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Appendix C: Tips on using your benchmark report

Appendix C: Data in the benchmark reports

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

Key points to note

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

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

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

Appendix C: 1. Reviewing People Promise and theme results

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

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

Areas to improve

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

Positive outcomes

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

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

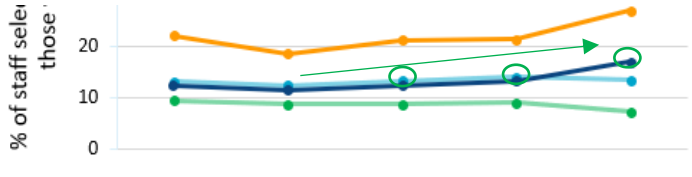
Only one example is highlighted for each point

Appendix C: 2. Reviewing results in more detail

Survey Coordination Centre NHS

Review trend data

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



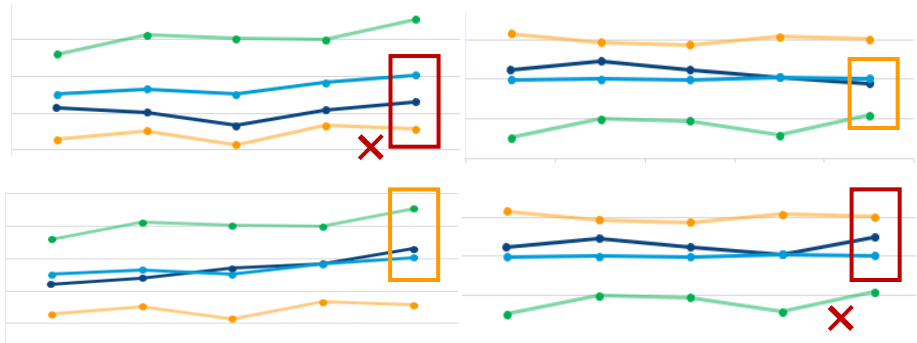
	2020	2021	2022	2023	2024
Your org	12.4%	11.5%	12.5%	13.4%	17.0%
Best result	9.5%	8.7%	8.7%	9.1%	7.3%
Average result	13.2%	12.5%	13.4%	14.1%	13.5%
Worst result	22.2%	18.6%	21.3%	21.4%	27.0%
Responses	1200	1115	1200	1200	595

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

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

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

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



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

Appendix C: 3. Reviewing question results

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

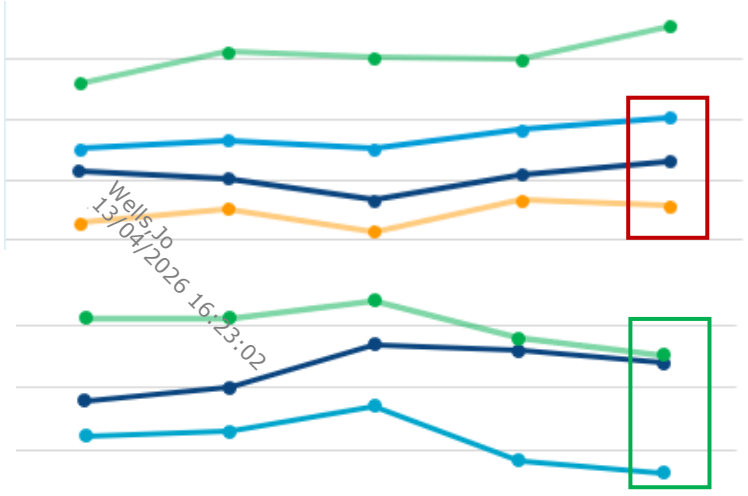
Identifying questions of interest

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

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

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

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



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

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

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Appendix D: Socio-economic background

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: Socio-economic background

Starting in 2025, the online NHS Staff Survey includes questions on staff members' socio-economic background. The questionnaire included questions (Q33-37) from the Socio-economic background harmonised standard from the Government Statistical Service (GSS) Harmonisation Team.

What is socio-economic background?

The Socio-economic background harmonised standard uses the Social Mobility Commission's definition of socio-economic background, which is:

> "[…] the particular set of social and economic circumstances that an individual has come from. It permits objective discussion of the influence of these circumstances on individuals' educational and career trajectories; and it can be objectively measured by capturing information on parental occupation and level of education."

Measuring socio-economic background

The NHS Staff Survey used the self-coded question set designed to place respondents into five classes, the Five Class System of National Statistics Socio-economic Classification (NS-SEC). During quality assurance processes, analysts at the Survey Coordination Centre (SCC) identified a high rate of non-response or non-substantive responses, resulting in 48.02% of respondents from across the country not being allocated a score with the Five Class System. This includes 4.85% that said their parents/guardians were not employed. Using an alternative Three Class System (that is derived only using *Q37 - When you were aged about 14, what was the occupation of the main or highest income earner?*) reduced the proportion without a score to 28.32%.

SCC also found the rate of responses not resulting in a score varied between demographic groups. This occurs with both the Five and Three Class Systems, though to lesser extent for the Three Class System. Groups less likely to produce a score include:

- People from **Mixed / multiple**, **Asian / Asian British**, **Black / African / Caribbean / Black British**, **Arab** or **Other** ethnic backgrounds (as compared to people from **White** backgrounds)
- **Younger people (**particularly those aged 16-30)
- People **recruited from abroad**

National results are shown in more detail on the following page.

Appendix D: Socio-economic background

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Comparison of Three and Five Class approaches

The following tables show the proportion of respondents that are excluded from scoring using the Five and Three Class Systems using national data.

	Total
Five Class (No Score)	48.02%
Three Class (No Score)	28.32%

Ethnic background / group	White	Mixed / multiple ethnic background	Asian / Asian British	Black / African / Caribbean / Black British	Arab	Other
Five Class (No Score)	43.10%	52.19%	61.15%	57.92%	52.65%	63.00%
Three Class (No Score)	22.27%	33.96%	44.78%	39.38%	31.19%	48.15%

Age	16-20	21-30	31-40	41-50	51-65	66+
Five Class (No Score)	59.53%	50.72%	49.32%	46.39%	45.51%	49.12%
Three Class (No Score)	36.00%	29.37%	29.11%	27.12%	26.44%	29.81%

Recruited from aboard	Yes	No
Five Class (No Score)	59.67%	46.42%
Three Class (No Score)	42.17%	26.36%

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Appendix E: 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 E: Additional reporting outputs

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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 Guide.

Supporting documents

Guide to Understanding and Using Results: 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.

Worcestershire Acute Hospitals NHS Trust

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COVERING REPORT

Report to:	**Public Board**
Date of Meeting:	**14/04/2026**
Title of Report:	AMS report
Lead Executive Director:	**Chief Medical Officer**
Author:	Sadiya Hussain- Antimicrobial Pharmacist and Liz Watkins- Director for Infection Prevention and Control
Reporting Route:	Medicines Safety Committee and TIPCC Business
Appendices included with this report:	
Purpose of report:	☐ **Assurance** ☐ **Approval** ☒ **Information**

Brief Description of Report Purpose

This report is in response to the letter from NHS England: Act now: protect our present, secure our future as AMR is listed on the UK government's National Risk Register. To ensure the organisation is on track to meet AMR targets, we have been asked to take the following actions by the end of Q1 2026:

1. Schedule a joint presentation to your board from IPC and AMS teams covering:
2. Risk and Capability Assessment
3. Set Priorities and Deliver Improvement

This report provides assurance that AMS is embedded throughout the trust. This report provides antimicrobial usage data and comparison to national benchmarking.

Recommended Actions required by Board or Committee

The board is asked to:

1. Note the content of the report and the assurances offered.
2. Note the actions to be taken.

Executive Director Opinion[1]

Assurance gained regarding response to NHSE letter and agreed actions

Wells Jo 13/04/2026 16:23:02

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

AMR Report

This report is in response to the letter: Act now: protect our present, secure our future written by NHS England.

Board-Level Review & Executive oversight

Outcome four of the National Action Plan states that, by 2029, the UK will have strengthened antimicrobial and diagnostic stewardship through improved targeting of antimicrobials and diagnostic tools across human, animal, and plant health. This will be supported by enhanced disposal of antimicrobials and informed by high-quality data, effective risk stratification, and clear guidance.

To support this outcome, two key targets have been established:

1. Target 4a: By 2029, total antibiotic use in human populations will be reduced by 5% compared with the 2019 baseline.
2. Target 4b: By 2029, 70% of total antibiotic use across the human healthcare system will be from the Access category (new UK classification).

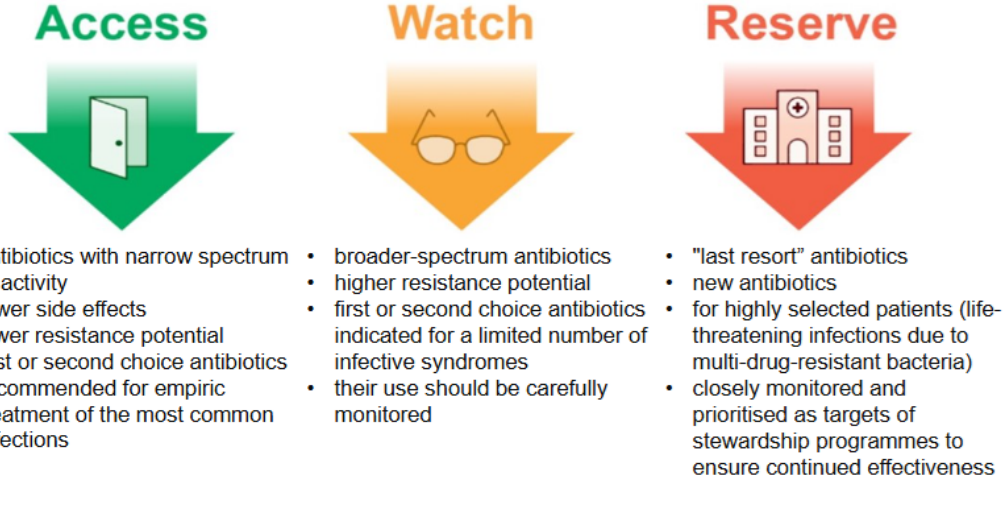
At present, baseline figures have not been provided to inform these targets, and no Trust-specific target has been set; Target 4b applies across the system including the Integrated Care Board (ICB).

The UK-AWaRe classification, which is based on the World Health Organization (WHO) antibiotic classification, comprises three main categories:

- Access
- Watch
- Reserve

Some antibiotics do not fall within these three categories, such as those used exclusively for highly specific clinical indications. These are classified as “Other.”

Figure 1: An image summarising the Access, Watch and Reserve categories.



Some antibiotics do not fit into one of these 3 classifications, for example those that are only used to treat very specific conditions, and are classed as “Other”.

UK-adapted AWaRe classification, Gov.uk

Table 1 presents a list of antibiotics and their corresponding classifications, as defined by the UK Access, Watch, Reserve, and Other (UK-AWaRe) antibiotic classification, available on the GOV.UK website: UK Access, Watch, Reserve, and Other classification for antibiotics (UK-AWaRe antibiotic classification) - GOV.UK

Current performance against national AMR targets:

- Difference in watch and reserve DDDs per 1000 admissions from 2019/2020 baseline: -16%

	Baselines			Rolling 4 quarter performance				
Trust Name	Watch + Reserve DDDs FY 2019/20	Total admissions FY 2019/2	Watch + Reserve DDDs per 1,000 admissions FY 2019/20	Total Watch + Reserve DDDs Q2 2024-25 to Q1 2025-2	Total admissions Q2 2024-25 to Q1 2025-26	Total Watch + Reserve DDDs per 1000 admissions Q2 2024-25 to Q1 2025-26	% difference in Watch + Reserve DDDs per 1000 admissions from 2019/20 baseline	Watch + Reserve Consumption INCREASING or DECREASING from FY 2019/20 baseline
Worcestershire Acute Hospitals NHS Trust	330168	160772	2054	259714	150526	1725	-16.0	DECREASING

- Difference in total DDD's per 1000 admissions from 2019/2020 baseline: +17.4%.

	Baselines			Rolling 4 quarter performance			
Trust Name	Total DDDs FY 2019/2	Total admissions FY 2019/2	Total DDDs per 1,000 admissions FY 2019/2	Total DDDs Q2 2024-25 to Q1 2025-26	Total admissions Q2 2024-25 to Q1 2025-26	Total DDDs per 1000 admissions Q2 2024-25 to Q1 2025-26	% difference in Total DDDs per 1000 admissions from 2019/20 baseline
Worcestershire Acute Hospitals NHS Trust	573525	160772	3567	630494	150526	4189	17.4

Within the Trust and the Integrated Care Board (ICB), the following antimicrobial stewardship and infection prevention and control (IPC) measures are in place:

An Antimicrobial Pharmacist is in post, enabling enhanced communication and collaboration across services. IPC representatives attend Antimicrobial Stewardship Group (ASG) meetings and contribute to medicines management discussions. The Antimicrobial Pharmacist is an active member of the West Midlands Antimicrobial Stewardship Group (WMAPG).

Antimicrobial guidelines, including formularies, clinical guidance, and care pathways, promote the empirical use of Access antibiotics, with Watch and Reserve antibiotics reserved for second-line use. The Trust's antimicrobial guidelines (*EOLAS*) are accessible via the Trust intranet and through the EOLAS mobile application. The Trust is a high user of piperacillin–tazobactam; however, this reflects local guidance, which recommends this agent as first-line therapy in line with the Trust's patient cohort. The guidelines are regularly reviewed and updated as per national updates.

The Consultant Microbiologist and Antimicrobial Pharmacist undertake weekly ward rounds at Worcestershire Royal Hospital (WRH) to review *Clostridioides difficile* (C. difficile) cases. These ward rounds are also used to monitor antimicrobial prescribing and provide real-time education and feedback to medical staff. At Alexandra Hospital (ALX), ward rounds occur up to twice monthly. With

the implementation of the Electronic Prescribing and Medicines Administration (EPMA) system, ward rounds will increase to twice weekly and will cover all inpatients at WRH and ALX, focusing on patients prescribed Meropenem (Reserve) and Piperacillin–tazobactam (Watch). The rationale for targeting Piperacillin–tazobactam reflects its high usage within the Trust due to the complexity of the patient cohort.

The Trust actively promotes intravenous-to-oral switch (IVOS). This has been highlighted during World Antimicrobial Awareness Week through antimicrobial awareness stands across all sites, with education also provided to members of the public. The Antimicrobial Pharmacist has developed an IVOS information page on the Pharmacy intranet which can be found here: IV to Oral Switch. IVOS is also included within the IPC annual programme and the IPC Board Assurance Framework, which has been presented to the public Board.

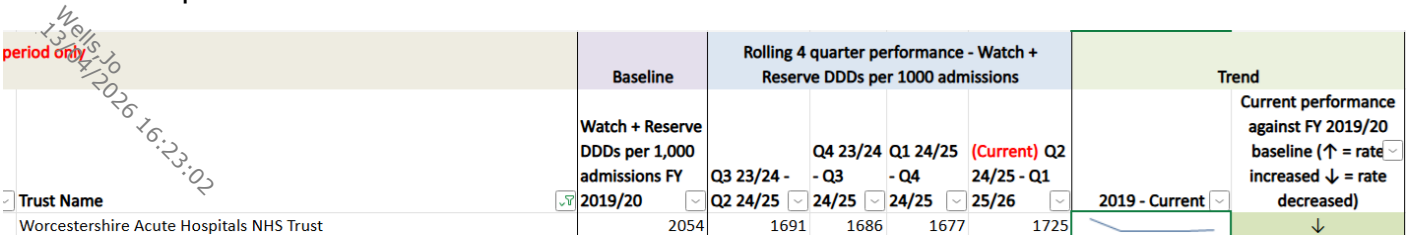
The Antimicrobial Pharmacist is a member of the NHS England IVOS Working Group, which includes pharmacists from across England. As part of this work, an IVOS educational storyboard (https://scitube.io/how-nurses-can-lead-the-iv-to-oral-antibiotic-switch-campaign/) has been launched, with a comprehensive education pack planned for release in 2026. The antimicrobial pharmacist led on creating a video which summarises all the benefits of timely appropriate IV to oral antibiotic switch as well as emphasising the different roles that healthcare professionals can play in IVOS: https://vimeo.com/worcsacutenhs/antimicrobial/. The antimicrobial Pharmacist has also worked with the Associate Director (Nursing) for Workforce and Education to include IVOS as part of the medicines management module of ESR.

Policies and procedures are shared and jointly reviewed by the IPC team, Antimicrobial Pharmacist, and Consultant Microbiologists to ensure collaboration and consensus. Recent examples include updates to the MRSA and C. difficile policies.

The Antimicrobial Pharmacist and Associate Chief Nursing Officer / Director for Infection Prevention and Control attend the Herefordshire and Worcestershire ICS Antimicrobial Stewardship forum (H&W) meetings, where antimicrobial stewardship and infection prevention and control are reported and discussed at both system-wide and foundation trust levels. As part of this work, a system-wide C. difficile relapse and re-infection subgroup has been established to agree consensus on first-line antibiotic choices, criteria for use of faecal microbiota transplantation (FMT), and optimisation of GP system coding alerts.

At the Trust, *C. difficile* rates are currently below trajectory. This is due to having a steer and direction provided by the Associate Chief Nursing Officer / Director for Infection Prevention and Control. The Antimicrobial Pharmacist also reviews and provides feedback on all *C. difficile* cases through attendance at the monthly TIPCC meeting. In addition, the antimicrobial pharmacist attends outbreak meetings and Microbiology/Infectious Diseases multidisciplinary team (MDT) meetings.

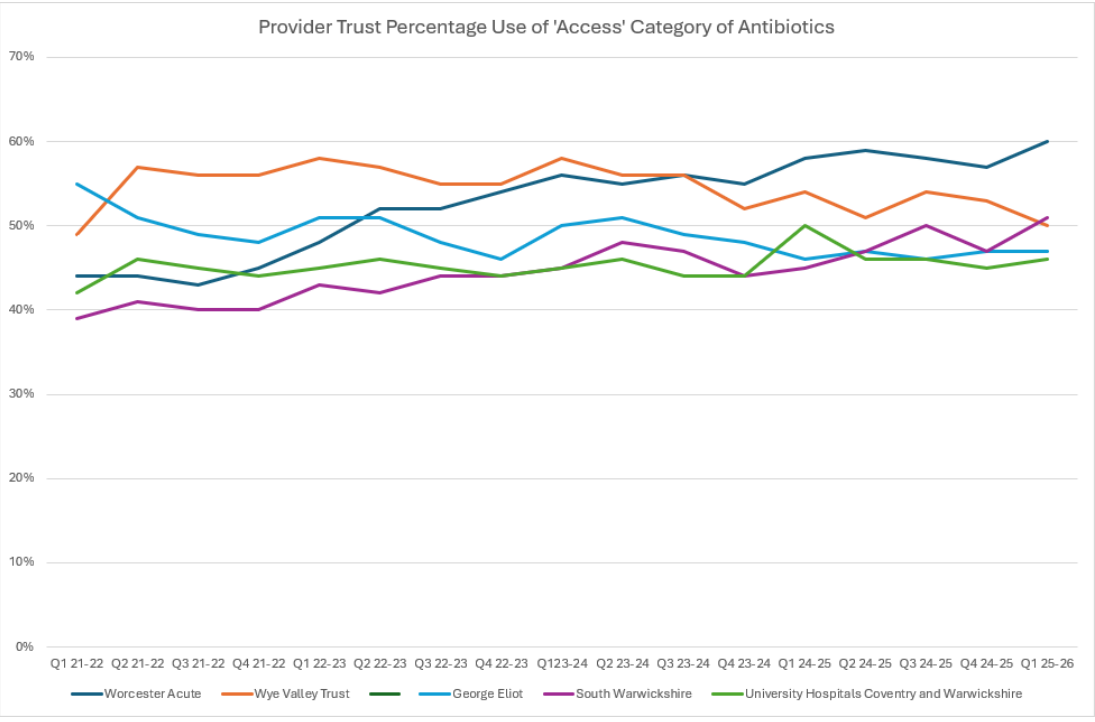
- Trust performance trends:



- Benchmarking using the latest English surveillance programme for antimicrobial utilisation and resistance which shows that the Midlands are the highest percentage of Trusts **achieving a reduction in watch and reserve.**

	NHS England Region	No of Trusts	Number of Trusts achieving reduction in Watch + Reserve antibiotic consumption (based on Q3 2024-25 to Q2 2025-26 data)	Number of Trusts not achieving reduction in Watch + Reserve antibiotic consumption (based on Q3 2024-25 to Q2 2025-26 data)	Number of Trusts with antibiotic consumption data missing (based on Q3 2024-25 to Q2 2025-26 data)	Percentage of Trusts achieving reduction in Watch + Reserve antibiotic consumption (based on Q3 2024-25 to Q2 2025-26 data)
2	North West	23	12	11	0	52.2
3	North East and Yorkshire	22	12	10	0	54.5
4	South East	18	12	6	0	66.7
5	London	21	12	9	0	57.1
6	East of England	14	3	11	0	21.4
7	Midlands	23	16	6	1	72.7
8	South West	13	8	5	0	61.5
9	**ALL REGIONS**	**134**	**75**	**58**	**1**	**56.0**

- Use of 'access' antibiotics from Model health system: Worcester Acute have increased their 'access' antibiotics the most. (Target 4b: By 2029, 70% of total antibiotic use across the human healthcare system will be from the Access category (new UK classification).



Risk and Capability Assessment

- The national infection prevention and control board assurance framework- presented at TIPCC, quality governance committee and public board.
- The ICB Antimicrobial Stewardship Self-Assessment Toolkit: The toolkit is designed for integrated care board (ICB) antimicrobial resistance (AMR) leads to use in self-assessments or peer reviews.

Set Priorities and Deliver Improvement

By April 2026, agree and publish three priority areas for AMR improvement within your organisation.

1) AMS ward rounds

- Increase ward rounds to twice weekly.
- Record how many patients were on ‘Meropenem’ and ‘Piperacillin-tazobactam’ and how many of these were switched or stopped after a clinical review.

2) EPMA dashboard

- Work with the informatics team to create an AMS dashboard which would be visible for all areas to monitor their antibiotic use. The antimicrobial Pharmacist has requested this dashboard, and the action is still pending. (note that it took a neighbouring trust 5 years to implement this dashboard).

3) UTI

- Education to be provided- create a poster on sampling to advise on how to sample for a UTI infection.
- Link in with the Nutrition and Hydration work taking place
- Update and review the incontinence policy
- Audit the urology ward- so we have an established baseline on use of antibiotics and in relation to the must tool- if they were hydrated.

Progress will be reviewed quarterly, with a formal update to the board annually.

Antimicrobial Stewardship Report

Context

- This presentation has been created to compliment the Antimicrobial stewardship report.
- The Antimicrobial stewardship report is in response to the letter: Act now: protect our present, secure our future written by NHS England.
- The letter states that the World Health Organisation has declared antimicrobial resistance (AMR) as one of the top global public health and development threats, and Antimicrobial resistance is listed on the UK government's National Risk Register.
- They have stated that as a senior NHS leaders, your commitment is critical to tackling Antimicrobial resistance and protecting patient safety.
- All organisations have been asked to work with prescribers and clinical leads to make the changes required to meet the targets in the national action plan for Antimicrobial resistance.

Why Action Is Urgent

- The letter explains how Antimicrobial resistance is not a future challenge – it's happening now.
- While overall antibiotic prescribing is decreasing, prescribing in secondary care is rising. Rates of Gram-negative bloodstream infections are increasing and already exceed the 2028/29 targets in most areas.
- In the UK, Antimicrobial resistance is associated with **twice as many deaths annually as breast cancer**. It makes infections harder or sometimes impossible to treat, prolonging illness and increasing the risk of harm or death. Antimicrobial resistance also drives up healthcare costs and threatens the delivery of safe and effective care across the NHS.

National targets

Wells Jo
13/04/2026 16:23:02

Outcome four of the National Action Plan states that, by 2029, the UK will have strengthened antimicrobial and diagnostic stewardship through improved targeting of antimicrobials and diagnostic tools across human, animal, and plant health.

To support this outcome, two key targets have been established:

1. Target 4a: By 2029, total antibiotic use in human populations will be reduced by 5% compared with the 2019 baseline.
2. Target 4b: By 2029, 70% of total antibiotic use across the human healthcare system will be from the Access category (new UK classification). This target applies across the system including the Integrated Care Board (ICB).

At present, baseline figures have not been provided to inform these targets, and no Trust-specific target has been set.

There is information in the report regarding the Access, watch and reserve categories.

Local metrics

1. Target 4a: By 2029, total antibiotic use in human populations will be reduced by 5% compared with the 2019 baseline.
2. Target 4b: By 2029, 70% of total antibiotic use across the human healthcare system will be from the Access category (new UK classification). Applies across the system including the Integrated Care Board (ICB).

- Difference in watch and reserve DDDs per 1000 admissions from 2019/2020 baseline: -16%. This shows a decrease in the use of this classification of antibiotics which will help contribute to Target 4a and shows that we are using more ‘Acces’ antibiotics so will contribute to target 4b.

- Difference in total DDD’s per 1000 admissions from 2019/2020 baseline: +17.4%. Shows an overall increase in antibiotic use (as we are using less watch and reserve antibiotics, shows we are using more ‘Access’ antibiotics.

- Use of ‘Access’ antibiotics from Model health system: Worcester Acute have increased their ‘Access’ antibiotics the most compared to comparator hospitals across our ICB.

This shows a good start in trying to achieve the national targets and hopefully can be increased with the measures we put into place.

Actions Required by Q1 2026

- The national action plan for Antimicrobial resistance sets ambitious targets. Meeting them will require coordinated, sustained action across all levels of the NHS.

- To ensure the organisation is on track to meet Antimicrobial resistance targets, all organisations have been asked to take the following three actions **by the end of Q1 2026**:

1) Board-Level Review & Executive oversight

- Schedule a joint presentation to your board from IPC and Antimicrobial stewardship covering:
- Current performance against national Antimicrobial resistance targets
- Benchmarking using the latest English surveillance programme for antimicrobial utilisation and resistance (ESPAUR) report and Antimicrobial resistance information found on Model Health System, together with the thresholds for each trust to reduce exposure to antibiotics, announced in the Medium Term Planning Framework1

Actions Required by Q1 2026 continued

Wells Jo
13/04/2026 16:23:02

2) Risk and Capability Assessment

- Complete the following assessments to i) Evaluate current performance and compliance ii) Identify gaps in leadership, workforce capability, and resource allocation and iii) Inform risk registers and strategic planning. The national infection prevention and control **board assurance framework**
- The ICB Antimicrobial Stewardship **Self-Assessment Toolkit**

3) Set Priorities and Deliver Improvement

- By April 2026, agree and publish three priority areas for Antimicrobial resistance improvement within your organisation. For each priority:

- Define specific, measurable objectives.
- Assign executive-level accountability.
- Establish timelines and reporting mechanisms.

- **The letter states that progress should be reviewed quarterly, with a formal update to the board at least annually.**

Actions

1) **Board-Level Review & Executive oversight-** the Antimicrobial stewardship report highlights the Trusts current performance against national Antimicrobial resistance targets and benchmarks the Trust using the latest English surveillance programme for antimicrobial utilisation and resistance (ESPAUR) report and Antimicrobial resistance information found on Model Health System

2) **Risk and Capability Assessment-** completed the IPC control board assurance framework. The report also highlights antimicrobial stewardship and infection prevention and control (IPC) measures which are in place.

3) **Set Priorities and Deliver Improvement: we have set 3 targets:**

1) Increase ward rounds to twice weekly.

2) EPMA dashboard- Work with the informatics team to create an Antimicrobial stewardship dashboard which would be visible for all areas to monitor their antibiotic use.

3) Focus on UTI with a key focus on how to sample for a UTI infection, link in with the Nutrition and Hydration work taking place and audit (in relation to the must tool- if they were hydrated).

Any questions?

To:
- Trusts and integrated care boards:
  - chairs
  - chief executive officers

cc.
- Chief nurses
- Medical directors
- Chief pharmacists

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

November 2025

Dear colleagues,

Act now: protect our present, secure our future

The World Health Organisation has declared antimicrobial resistance (AMR) as one of the top global public health and development threats, and AMR is listed on the UK government's National Risk Register.

As a senior NHS leader, your commitment is critical to tackling AMR and protecting patient safety.

We are writing to you with a **call to action** – to work with your prescribers and your clinical leads to make the changes required to meet the targets in the national action plan for AMR.

Why Action Is Urgent

Antimicrobial resistance is not a future challenge – it's happening now.

While overall antibiotic prescribing is decreasing, prescribing in secondary care is rising. Rates of Gram-negative bloodstream infections are increasing and already exceed the 2028/29 targets in most areas.

In the UK, AMR is associated with **twice as many deaths annually as breast cancer**. It makes infections harder or sometimes impossible to treat, prolonging illness and increasing the risk of harm or death. AMR also drives up healthcare costs and threatens the delivery of safe and effective care across the NHS.

Actions Required by Q1 2026

The national action plan for AMR sets ambitious targets. Meeting them will require coordinated, sustained action across all levels of the NHS.

To ensure your organisation is on track to meet AMR targets, we ask that you take the following actions **by the end of Q1 2026**:

Board-Level Review & Executive oversight

1. Schedule a joint presentation to your board from IPC and AMS teams covering:

    - Current performance against national AMR targets
    - Benchmarking using the latest English surveillance programme for antimicrobial utilisation and resistance (ESPAUR) report and AMR information found on Model Health System, together with the thresholds for each trust to reduce exposure to antibiotics, announced in the Medium Term Planning Framework[1], and shortly to be issued.
    - Key concerns and immediate actions required

Risk and Capability Assessment

2. Complete the following assessments to i) Evaluate current performance and compliance ii) Identify gaps in leadership, workforce capability, and resource allocation and iii) Inform risk registers and strategic planning.

    - The national infection prevention and control **board assurance framework**
    - The ICB Antimicrobial Stewardship **Self-Assessment Toolkit**

Set Priorities and Deliver Improvement

3. By April 2026, agree and publish three priority areas for AMR improvement within your organisation. For each priority:

    - Define specific, measurable objectives.
    - Assign executive-level accountability.
    - Establish timelines and reporting mechanisms.

Progress should be reviewed quarterly, with a formal update to the board at least annually.

Thank you for your continued leadership in confronting this growing threat to patient safety and public health.

Yours sincerely,

Dr Claire Fuller
National Medical Director and AMR Senior Responsible Officer
NHS England

Duncan Burton
Chief Nursing Officer for England

Dr Shona Arora
Interim Chief Medical Advisor
UK Health Security Agency

[1] Medium term planning framework - delivering change together 2026/27 to 2028/29 p17

NHS
Worcestershire
Acute Hospitals
NHS Trust

WORCESTER ACUTE HOSPITALS NHS TRUST COVERING REPORT

Report to:	**Public Board**
Date of Meeting:	**14/04/2026**
Title of Report:	Perinatal Safety Report
Lead Executive Director:	**Chief Nursing Officer**
Author:	Justine Jeffery – Director of Midwifery Amrat Mahal – Director of Nursing – Women & Children's Division Lara Greenway – Matron Neonatal Services Susie Smith – Maternity & Neonatal Governance Lead Laura Veal – Clinical Director for Obstetrics Wasi Shinwari – Clinical Director for Paediatrics and Neonates Jane Wardlaw – Lead Assurance and Compliance Midwife
Reporting Route:	Quality Governance Committee
Appendices included with this report:	
Purpose of report:	☒ **Assurance** ☐ **Approval** ☐ **Information**

Brief Description of Report Purpose

The purpose of the paper is to provide a quarterly update on key maternity and neonatal safety initiatives which support the Trust to achieve the national ambition. This report outlines locally and nationally agreed measures to monitor maternity and neonatal safety.

The requirement to ensure the Trust Board and LMNS Board are informed of present or emerging safety concerns and activities being undertaken to ensure safety and two-way reflection of 'ward to board' insight across the multi-disciplinary, multi-professional maternity services team was initially outlined in the 2020 NHSEI document 'Implementing a revised perinatal quality surveillance model'.

This has been superseded by the Perinatal Quality Oversight Model, published by NHS England in August 2025 and this Quarter 3 report is aligned with recommended changes. Updates include an addition of a contents page, revised paragraph headings, expanded detail and additional sections to support alignment with the Single Delivery Plan (2023). These changes are highlighted on the contents page, with revised/new titles and added paragraphs shown in blue text.

This quarters report presents the current evidence against each of the safety actions within the Maternity Incentive Scheme (MIS), along with any concerns with compliance and actions implemented.

Key escalations this quarter:

- Triage attendance challenges continue
- Culture – monitoring FTSU feedback
- Patient experience –delays in Triage, IOL pathway and test results.
- Homebirth Service
- Review of fetal growth surveillance systems
-

Celebrations this quarter:

- Compliance with CNST MIS Year 7 scheme

• Perinatal Mortality Rates • Role specific training compliance • Trend reduction in IOL delays • Improvement in heatmap score
Recommended Actions required by Board or Committee
Trust Board is invited to: • **Note** and **Discuss** the content of the report, • **Receive** Assurance that our maternity and neonatal services are meeting the national requirements outlined in the documents covered by this report.
Executive Director Opinion[1]
The CNO offers assurance to QGC and the Board that the maternity and neonatal services are meeting the national requirements outlined in the documents covered by this report.

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

CQC Maternity Ratings 2023	Overall	Safe	Effective	Caring	Well-Led	Responsive
	Select Rating:	Select Rating:	Select Rating:	Select Rating:	Select Rating:	Select Rating:
Worcester Acute Hospitals NHS Trust	Good	Requires Improvement	Good	Good	Good	Good
Maternity Safety Support Programme	No					

	February	March	April	May	June	July	August	September	October	November	December	January
1.Findings of review of all perinatal deaths using the real time data monitoring tool with actions	√	√	√	√	√	√	√	√	√	√	√	√
2. Findings of review of all cases eligible for referral to Maternity and Neonatal Safety Investigations (MNSI) programme with actions	√	√	√	√	√	√	√	√	√	√	√	√
Report on: 2a. themes and actions from patient safety incidents	√	√	√	√	√	√	√	√	√	√	√	√
2b. Training compliance for all staff groups in maternity and neonatal critical care related to the core competency framework and wider job essential training (%)	√	√	√	√	√	√	√	√	√	√	√	√
2c. Minimum safe staffing in maternity services to include Obstetric cover on the delivery suite, gaps in rotas and midwife minimum safe staffing planned cover versus actual	√	√	√	√	√	√	√	√	√	√	√	√
3.Service User Voice Feedback	√	√	√	√	√	√	√	√	√	√	√	√
4.Staff feedback from frontline champion and walk-abouts – themes	√	√	√	√	√	√	√	√	√	√	√	√
5.MNSI /NHSR/CQC or other organisation with a concern or request for action made directly with Trust	√	√	√	√	√	√	√	√	√	√	√	√
6.Coroner Reg 28 made directly to Trust	√	√	√	√	√	√	√	√	√	√	√	√
7.Progress in achievement of CNST 10	√	√	√	√	√	√	√	√	√	√	√	√

8.Proportion of midwives responding with 'Agree' or 'Strongly Agree' on whether they would recommend their trust as a place to work or receive treatment	Annual report
9.Proportion of speciality trainees in Obstetrics & Gynaecology responding with 'excellent' or 'good' on how they would rate the quality of clinical supervision out of hours	Annual report

Contents

1. **Introduction**

The purpose of the report is to inform the WAHT Trust Board and the LMNS Board of present or emerging safety concerns or activity being undertaken to ensure safety with a two-way reflection of 'ward to board' insight across the multi-disciplinary, multi-professional maternity services team as outlined in the NHSE document *Perinatal Quality Oversight Model (August 2025).*

This report outlines locally and nationally agreed measures to monitor maternity and neonatal safety and will provide monthly updates to the Local Maternity and Neonatal System (LMNS) via the LMNS Board. The key performance indicators for this month are presented below and RAG rated as appropriate:

1.1. Summary of Key Safety Indicators

Metrics	Target	Current position – end Q3	End of Q2
Booking completed by 10 weeks	85%	56.3%	49%
Term admissions	6%	2.85%	3.45%
PMR (MBRRACE 2023)	<4.84 per 1000 births (rolling)	2.86	3.55
Stillbirth rate (MBRRACE 2023)	<3.22 per 1000 births (rolling)	2.25	2.51
NND rate (MBRRACE 2023)	<1.63 per 1000 births (rolling)	0.61	1.04
Maternity and Neonatal Moderate or above incidents	-	6	5
Maternity PALS	-	27	20
Neonatal PALS	-	3	0
Maternity Complaints (formal and informal)	-	22	22
Neonatal Complaints	-	2	0

1.2. Summary of Key Workforce Performance Indicators

Metrics	Target	Current position – end Q3	End of Q2
Sickness rate (MWs)	4%	6.65%	5.48%
Turnover rate (rolling) (MWs)	11.5%	3.9%	4.25%
Vacancy rate (MW)	7%	2%	2%
Sickness rate (MSWs)	5.5%	4.65%	5.83%
Turnover rate (rolling) (MSWs)	11.5%	13%	16.7%
Vacancy rate (MSW)	7%	22%	22%
Sickness rate (RNs)	4%	5.5%	7.5%
Sickness rate (NNs)	4%	14.9%	15.2%
Turnover rate (rolling) (RNs)	11.5%	2.15%	3.64%
Turnover rate (rolling) (NNs)	11.5%	9.34%	3.90%
Vacancy rate (RN)	7%	3.21%	5.17%
Vacancy rate (NN)	7%	6.96%	6.96%
Shifts staffed to BAPM	100%	97%	90%
Supernumerary shift leader (NNU)	100%	100%	100%
QIS trained	70%	72%	72.7%

1.3. Summary of Key Training Performance Indicators

Metrics	Target	Current position – end Q3	End of Q2
PROMPT – Human Factors & Maternity Emergencies	90%	98%	87%
PROMPT – Neonatal Basic Life Support	90% (including Doctors and Neonatal Nurses)	99%	90% (but Drs compliance is ↓)
Fetal monitoring	90%	99.5%	94%
Maternity Trust Mandatory training (non-medical)	90%	83.6%	82%
Maternity Trust Mandatory training (Obstetricians)	90%	76%	76%
Maternity PDR rate	90%	82.6%	73%
Neonatal PDR rate	90%	95.65%	95.71%
Neonatal Trust Mandatory Training (non-medical)	90%	93.88%	95.51%
Neonatal Trust Mandatory Training (medical)	90%	88.08%	79.56%

2. KPI Booking by 9+6 weeks' gestation

The KPI for booking by 9+6 weeks' gestation has not been met this quarter however an improvement has been seen.

3. Perinatal Mortality Rate (PMR) and Perinatal Incident Report

The national average rates for stillbirth and neonatal rates are based on MBRRACE data from 2023. The link to the online report is https://timms.le.ac.uk/mbrrace-uk-perinatal-mortality/surveillance/. The national report for 2023 was published in May 2025 which will provided an updated national perinatal mortality rate, which along with the group rates, have been updated with the 2023 data in the table below.

The Trust have received the 2023 site specific report, and a paper summarising all of the cases is included in the appendix.

The national extended perinatal mortality rate is now 4.84 per 1000 births based on 2023 data. Rates are adjusted for a variety of characteristics such as socio-economic deprivation, maternal age, ethnicity etc, which the figures below are not; these are the crude figures. It is important to note that neonatal deaths (up to 28 days' post birth) are counted at place of birth, rather than place of death. This includes for those babies diagnosed with congenital anomalies and complex cases requiring surgery at tertiary centres.

A full and comprehensive Perinatal Incident report is created quarterly and aims to provide a detailed overview of perinatal incidents, identified actions, progress against actions and evidence of shared learning. This is presented in private board to ensure anonymity is maintained but a summary of incidents is presented below. In addition, a quarterly PMRT report is also produced and is shared at Maternity Governance, with the Safety Champions and the quarterly Trust wide DREAMS (Learning from Deaths) meeting.

3.1. Local Rates

The rates for the Trust for the last 12 months are below, and can be compared to the updated national and group rates (all per 1000 live births):

	National rate (2023)	Group 2023 rate (other Trusts with 4000+ births)	Trust 2023 MBRRACE rate	Crude Trust rolling rate (from 01.01.25 – 31.12.25)
Stillbirths	3.22	3.03	2.98	2.25
Neonatal deaths	1.63	1.02	1.34	0.63
Extended perinatal mortality	4.84	4.05	4.34	2.86

The local perinatal mortality rate in 2023, once adjusted, is 5% higher than other services within our comparator group but remains below the national rate. Whilst it is recognised that the still birth rate had decreased in 2023 the rate has also improved in the comparator group and as the local neonatal death rate has increased in 2023 from the previous year this has resulted in an overall higher perinatal mortality rate than the comparator group. The 2023 MBRRACE report acknowledges the impact that congenital anomalies have the local perinatal mortality rate.

The graph below shows a decreasing trajectory in our perinatal mortality rates currently. As always, it is important to note that these figures will change when they are reviewed and adjusted by MBRRACE. Small in month variations (including an increase or decrease in the number of live births) can have a significant impact on the overall numbers and rate/trajectory.

The Trust board is required to have oversight of all deaths reviewed and consequent action plans. The quarterly perinatal mortality reports are discussed with the Trust Executive and Non - Executive Board level safety champions and included in the Safety Champion agenda.

The Perinatal Mortality Rate for WAHT is presented below in *Figure 1*.

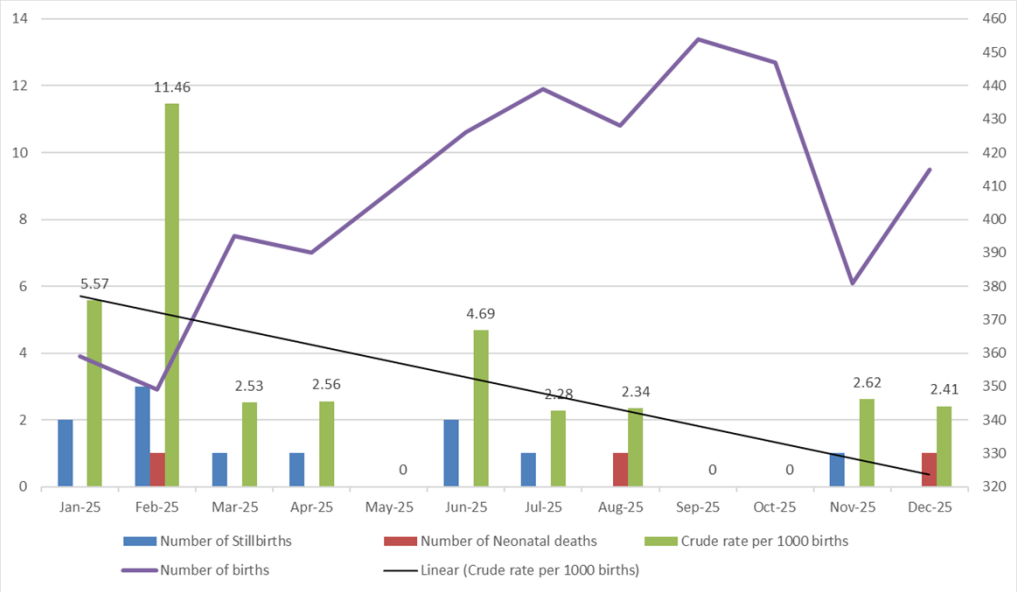


Figure 1. WAHT Perinatal Mortality Rates

3.2. Annual data for stillbirths, neonatal deaths, maternal deaths and babies transferred for therapeutic cooling.

The table below presents the annual local data for stillbirths, neonatal deaths, maternal deaths and babies transferred for therapeutic hypothermia from 2018 and demonstrates that the PMR is consistently within the national average for the last 4 years; 2024 figures are crude data. This table also reports term babies transferred for therapeutic hypothermia; it must be noted that not all referrals result in a diagnosis of Hypoxic-Ischaemic Encephalopathy (HIE).

Year	Births	Stillbirths		Neonatal deaths		Maternal deaths	Validated data by ONS & MBRRACE	Comparator group average rate	Term babies- therapeutic hypothermia/ HIE
		Count	Rate per 1000 births	Count	Rate per 1000 births				
2018	5248	17	3.40	6	1.14	0	YES – stabilised and adjusted		Not available
2019	5200	20	3.05	9	1.29	2	YES – stabilised and adjusted		6
2020	4941	17	3.25	7	1.18	2	YES – stabilised and adjusted		4
2021	4996	16	3.26	6	1.09	1	YES – stabilised and adjusted		4
2022	4843	17	3.21	5	1.12	1	YES – stabilised and adjusted		4
2023	4781	10	2.98	10	1.34	1	YES – stabilised and adjusted		3 (1 also NND)
2024	4717	10	2.12*	6	1.27*	0	NO		2
2025	4891	11	2.25**	3	0.61**	0	NO		2

*crude rate ** year to date

Key:

Rate suppressed due to small numbers
Rate over 15% lower than comparator group average
Rate 5 to 15% lower than comparator group average
Rate within 5% of comparator group average
Rate over 5% higher than comparator group average

3.3. Perinatal Mortality Quarterly Report

There have been two stillbirths and one neonatal death reported in Q3; further detail will be in the quarterly Perinatal Incident report presented to Private Trust Board.

See Appendix i – PMRT Quarterly report – Q3

4. Maternity and Neonatal Safety Investigations (MNSI formerly known as HSIB) and Patient Safety Incidents

4.1. Background and Perinatal Incident Report

The National Maternity Safety Ambition, initially launched in November 2015, aims to halve the rates of stillbirths, neonatal and maternal deaths, and brain injuries that occur soon after birth, by 2025. All cases (which meet the following defined criteria) are reported to MNSI and are reported in detail to the Board.

All term babies (at least 37 completed weeks of gestation) born following labour who have one of the following outcomes:

Maternal Deaths: Direct or indirect maternal deaths of women while pregnant or within 42 days of the end of pregnancy

Intrapartum stillbirth: where the baby was thought to be alive at the start of labour but was born with no signs of life.

Early neonatal death: when the baby died within the first week of life (0-6 days) of any cause.

Severe brain injury diagnosed in the first seven days of life, when the baby:

- *Was diagnosed with grade III hypoxic ischaemic encephalopathy (HIE) or*
- *Was therapeutically cooled (active cooling only) or*
- *Had decreased central tone and was comatose and had seizures of any kind*

A full and comprehensive Perinatal Incident report is created monthly/ quarterly and aims to provide a detailed overview of perinatal incidents, identified actions, progress against actions and evidence of shared learning. This is presented in private board to ensure anonymity is maintained. A summary of incidents is presented below.

4.2. Summary of current MNSI cases and actions

MNSI reference	Date of case	*DOC completed	Stage of investigation
MI-043307/ MI-041974 (rejected)	May 25	Yes	Investigation completed – final report received – see recommendations and actions below
MI-050057	Dec 2025	Yes	Investigation underway by MNSI – all notes and information provided – staff meetings underway

**DOC completed – The provides confirmation that the family have received the relevant information regarding the nature of the incident (Duty of Candour disclosure), the role of MNSI and the EN scheme from NHS Resolution.*

MNSI reference	Date of case	Report received	Recommendations and Safety Prompts - Actions in italics
MI-043307	May 25	Dec 25	**Recommendations:** 1. It is recommended that the Trust establish a robust system for reviewing oral glucose tolerance test results to avoid misinterpretation and delays to commence treatment. ***Agreed action: Improved awareness and understanding of GTT sampling and metrics for referral – no other incidents had been reported before or since but this will be monitored by the Diabetic Midwives as part of their audits. This issue in this case was human error and confusion about the samples – learning has been shared with the individual staff member and also has been shared with all staff as part of the Saving Babies Lives study day.*** ***In addition, we are now testing a random blood sugar prior to even commencing a glucose tolerance test – if this is high – the test is abandoned and an automatic referral sent to the diabetic team.*** **Safety Prompts:** 1. The investigation found that on this occasion the usual process for storing and recording of the placenta did not happen and the placenta was disposed of. • Does the current system in place support staff to be able to recognise when a placenta must be sent for histological examination? • Are there any barriers that may cause a delay or difficulty in ensuring that a placenta that requires histological examination is sent in a timely manner? ***Agreed action:*** ***This was a one off error compounded by human factors and handover, however all placentas are to be labelled before storing in the fridge – this will ensure that should a placenta be required for testing, it can be identified without issue. Compliance with this has been reviewed and is excellent – all placentas are now being labelled.***

4.3. MNSI Quality Review Meetings

The Trust continue to meet regularly with MNSI when there are active cases; the next meeting is scheduled for April 2026.

4.4. MNSI Learning themes

The themes for 2025/2026 (while acknowledging this is not a full financial year) are:

- clinical assessment
- fetal monitoring
- documentation

The actions from the report recently received (details above) will be monitored through Maternity Governance and ongoing monitoring of incidents.

5. Incidents reported moderate or above in Maternity and Neonates - Quarterly position.

There were six incidents reported as moderate or above harm in Q3 in maternity and neonates. Specific details are in the Perinatal Incident report. Of note however, we had four 4th degree tears which is an increase on Q2 (when we had none); we had 15 3rd degree tears in both quarters. The national reported rate of Obstetric Anal Sphincter Injuries (OASI) is 3% - in Q3, our 3rd/4th degree tear incidence was 2.3%. Our Pelvic Health Specialist Midwife is in the process of launching the OASI care bundle later this spring, which it is hoped will further improve both our rates and birth experience of women and birthing people.

Within the Trust's current Patient Safety Incident Response Plan, Maternity and Neonatal incidents do not specifically feature under the priorities for the Trust though we were consulted at the time of writing the report. The main reported incident in 2023/2024 (as the plan was being drafted) was postpartum haemorrhage and we have been part of the ObsUK trial since mid 2024 and report our progress with this, and other incident themes as part of the claims, incidents and complaints triangulation reports.
The maternity and neonatal teams are fully involved however in the PSIRF framework however and this is reflected in more detail including in activity and reports completed in the Perinatal Incident report.

6. Training

Maternity and Neonatal Training Compliance Course	Staff Group	Current position – end Q3	End of Q2
Maternity Mandatory Training – (3 yearly)	Midwives	99%	96%
Maternity Mandatory Training – (3 yearly)	MSW/MCA	100%	96%
Annual Saving Babies Lives training	Midwives	96%	95%
Annual Saving Babies Lives training	MCA/MSW	96%	79%
Annual Saving Babies Lives training	Obstetricians	90%	79%
Annual fetal monitoring training	Midwives	99%	97%
Annual fetal monitoring training	Consultant Obstetricians	100%	100%
Annual fetal monitoring training	Obstetricians (all on rota)	100%	96%
PROMPT training (Human Factors/MDT Obstetric Emergency	Midwives	98%	97%
PROMPT training (Human Factors/MDT Obstetric Emergency	MSW's	100%	91%
PROMPT training (Human Factors/MDT Obstetric Emergency	Obstetricians (all on rota per/post 1.7.24)	98%	79%
PROMPT training (Human Factors/MDT Obstetric Emergency	Anaesthetists (all on rota per/post 1.7.24)	97%	80%
Neonatal Life Support	Midwives	98%	97%
Neonatal Life Support (NLS 4yearly)	Neonatal Nurses	94.59%	94.44%

Neonatal Life Support (NLS 4yearly)	Neonatal Drs	100%	92.3%
Neonatal Resuscitation Update (annual)	Neonatal Nurses	98.51%	100%
Neonatal Resuscitation Update (annual)	Neonatal Drs	94.2%	75.7%
Trust Mandatory Training	Obstetricians	76%	76%
Trust Mandatory Training	Midwifery Staff	83.6%	82%
Trust Mandatory Training	Neonatal Nurses	93.88%	95.51%
Trust Mandatory Training	Neonatal Drs	88.08%	79.56%

6.1. Maternity specific training

For all staff (midwives, obstetricians, anaesthetists and midwifery support workers) we were over 98% compliant for PROMPT.
We were also 97% compliant with Saving Babies Lives and almost 100% compliant with Fetal Surveillance training.
A new approach into 2026 is being undertaken to ensure an even spread of training takes place across the year and to help avoid last minute changes to training attendance and the effect this has on compliance.

6.2. Enhanced Maternity Care Training and Implementation

The Enhanced Maternal Care (EMC) project is led by the Practice Development Midwife. An EMC competency document has been developed and she is currently planning the local educational framework and supporting the Directorate with implementation.

This workstream is informed by the Care of the Critically ill Obstetric Patient (RCOA 2018). In the 2023 CQC inspection the Trust were asked to review the provision of EMC as there were some concerns about staff competency and the clarity around the roles and responsibilities of anaesthetists, midwives and outreach practitioners.

The current position is that a three-day training programme has been drafted, and dates agreed for September and October 2026. The development of faculty members (AHP's, Anaesthetist lead, ICU specialists), staffing backfill, timing of course and rostering logistics remain in progress. A launch date to start the new EMC will be set once the training programme has commenced.

6.3. Neonatal specific training

- Training compliance for NLS is maintained for both nurses and neonatal doctors. The annual update for the doctors has significantly increased to 94.2%.
- Mandatory training compliance for registered and non-registered nurses remains above Trust target.

7. Baby Friendly and BLISS Accreditation

The neonatal unit achieved BFI Stage 2 accreditation in July 2025. Action plans are in place in preparation for applying for assessment for Stage 3 before July 2026. Meanwhile, the maternity unit remains focused on progressing towards 'GOLD' accreditation; a Task and Finish group is in place.

In January 2025, the neonatal unit also received 'SILVER' accreditation from BLISS and is now actively working towards achieving 'GOLD' status, with the target set for the end of Q4 2025/26.

8. Safe staffing

8.1. Midwifery

A monthly Midwifery Safe Staffing Report reviews staffing levels, actions taken to address shortfalls and integrates Provider Trust workforce data (Appendix iii – Safe Staffing Report). NICE Safe Staffing flags are also used to monitor safety.

8.2. Obstetric Medical Staffing including Consultant attendance

8.2.1. Consultants

We have 24.5 WTE Consultants in post. The consultants at WRH work either a 1:11 Obstetric on call or a 1:22 on call depending on whether they are also on the Gynaecology on call rota.
The Gynaecologists work a 1:10.5 or a 1:21 depending on whether they also work on the Obstetrics on call rota.

There are 9 consultants purely on the Obstetric on call rota, 6 who do both Obstetrics and Gynaecology and 7 who just do Gynaecology on call.
There are 3 Gynaecologists who are not on the on-call rota.
We have a 12-month fixed term Locum consultant in post until August 2026 to backfill a SAS doctor who retired last year and are currently in the process of trying to recruit into this post substantively.

8.2.2. Registrars

The registrars work a 1:9 on call rota. We currently have 21.4 WTE in post (funded for 19.8 WTE). 19 WTE on the on-call rota and 3 trainees aren't (2.4 WTE) due to being supernumerary or on a period of enhanced supervision.
1 trainee is funded externally.

Of these Registrars 10.6 WTE are Trainees, including a newly appointed Urogynaecology Subspeciality Trainee, and 10.8 WTE are in Clinical Fellow posts.

Any on-call vacancies are being filled internally and with previous employers of the department. We have not needed to employ any Locum Registrars during the last Quarter.

We continue to staff Maternity Triage with a Registrar 8-5 Monday to Friday. This is funded until March by CNST monies and we are in the process of writing 'I have an idea' to be able to extend this long term. We are also transferring some of our budget from 2 SHO posts into the middle grade tier.

8.2.3. Junior Grades

The junior tier works a 1:9 on call rota. We currently have 14.6 WTE with 14 WTE on the on-call rota due to Maternity leave.

We also have a CSRH trainee working with us 2.5 days per week and a Physicians Associate working 16 hours per week.

8.2.4. Consultant Attendance for cases mandated by RCOG

Month	Cases	Percentage
October	18 out 19	94.7%
November	2 out 3	66.7%
December	4 out 5	80%
Total	24 out 27	88.8%

In this quarter there were 3 cases where a consultant didn't attend, and these were as follows:

- Retained placenta, 1.3L blood loss on Senior Registrar arrival. Placenta removed in the room but blood loss >1.5L so MOH activated and patient taken to theatre for EUA and balloon. MBL 2L prior to transfer and total blood loss 2.4L. Bakri balloon inserted and 1st degree tear repaired. Patient remained well and did not require a blood transfusion

- Instrumental delivery in theatre, senior registrar also present. Episiotomy vascular and vessels clamped prior to suturing. Total MBL 2923mls. Vaginal pack inserted. Had 2unit blood transfusion.
- 4th degree tear following instrumental delivery in theatre. Due to bleeding decision made to proceed with repairing the tear without consultant attendance. Total MBL 2293mls.

8.2.5. Compensatory Rest

There were no reported episodes this quarter where a consultant did not meet the required 11 hrs compensatory rest.

8.3. Neonatal Staffing

8.3.1. Neonatal Nursing

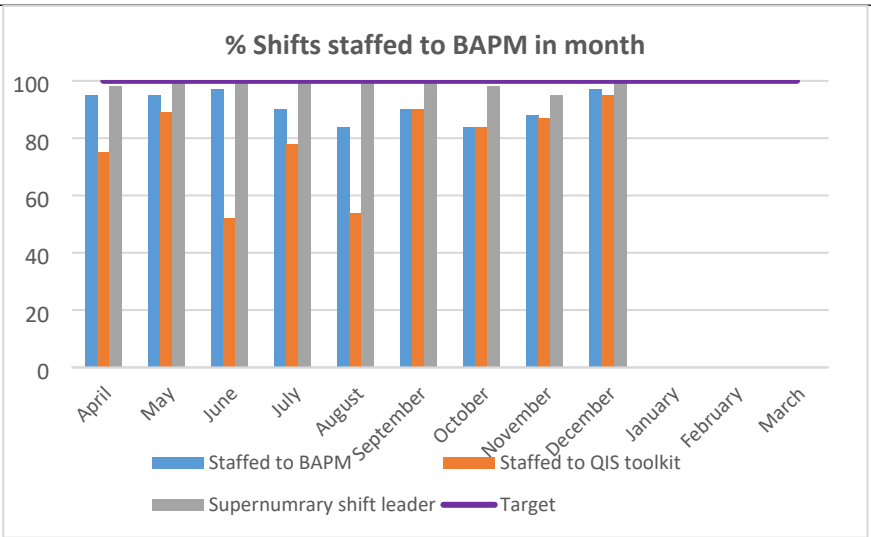
Safe neonatal nurse staffing is monitored by taking the following actions:

- Completion of safe staffing on Badgernet – three times day
- Monitoring nurse patient ratios as per BAPM
- Monitoring staffing red flags as recommended by NICE guidance
- Daily safety huddles
- SitRep report and capacity meetings three times a day
- Monitoring sickness/absence and turnover rates
- Monitoring recruitment/vacancy rates
- Daily escalation - temporary NHSP and Agency staffing
- Monthly safe staffing report to Nursing Workforce Advisory Group (NWAG)
- Monthly safe staffing report to CNO Production Board huddles

The unit provides the following nurse-patient ratios to meet BAPM:

- 1:1 Intensive Care (IC)
- 1:2 High Dependency (HD)
- 1:4 Special Care (SC)
- Supernumerary shift leader

At the end of Q3 of 2025-26, 98% of shifts were successfully staffed in line with BAPM guidelines. Shortfalls were attributed to high acuity levels and short notice sickness within the nursing team that was not filled by Bank or Agency staff. The supernumerary status for the shift leader was achieved 100% of the time. Staffing compliance with the QIS toolkit increased to 95% in December. All shifts remained safe. Escalation protocols were effectively implemented, and no red flags or staffing incidents were reported during the quarter.



% shifts to BAPM recommendation

The number of nurses qualified in specialty remained above the 70% recommended by the end of Q3. However, based on last year's activity the budget for registered nurses is 1.0wte below the BAPM safe staffing standard. This has been added to the Risk Register as requested for action 4 of MIS.
The turnover rate for both registered and non-registered staff remains below the Trust target. Registered nurses and non-registered nurses have seen a decrease in sickness absence by the end of this quarter; however, it remained very high in the non-registered staff, and both were above the Trust target. There have been no themes identified and staff continue to be directed for health and well-being support.

8.3.2. Neonatal medical staff

Tier One

BAPM recommends units designated as LNUs should have immediately available at least one resident Tier 1 practitioner dedicated to providing emergency care for the neonatal service 24/7.

WAHT has one resident tier 1 practitioner 24/7.

Tier Two

BAPM recommends:

- *LNUs undertaking either >1000 RCDs or >400 IC days annually should strongly consider providing a 24/7 resident Tier 2 dedicated to the neonatal unit and entirely separate from paediatrics.*

- *LNUs should provide an immediately available resident Tier 2 practitioner dedicated solely to the neonatal service at least during the periods which are usually the busiest in a co-located Paediatric Unit, seven days a week.*

Weekdays – there is a resident tier 2 practitioner 09.00-17.00 5 days a week. Thereafter there is a resident tier 2 practitioner across both neonates and paediatrics.

Weekends – 09.00 - 14.00 there is 1 tier 2 practitioner covering neonates and paediatrics. A separate tier 2 practitioner is available between 14.00 - 22.00 for neonates.

The directorate are reviewing the requirements for tier 2 against BAPM to meet recommended workforce and are in the process of appointing Advanced Neonatal Nursing Practitioners to bolster this rota.

Tier Three

BAPM recommends LNUs should provide a separate Tier 3 Consultant rota for the neonatal unit.

WAHT provide a separate consultant rota for NNU. We now have 8wte consultants in post; one is currently on long-term sick leave and cover is being provided internally. NNU Consultants provide resident cover 0830-2100hrs on weekdays and 0900-1500hrs on Weekends.

8.3.3. Neonatal AHPs

In 2022, WAHT received funding for 80% WTE to meet the required standards for the provision of Allied Health Professionals (AHPs). AHP services are now operational through a Service Level Agreement (SLA) with Worcestershire Health and Care Trust, delivering measurable benefits across physiotherapy, occupational therapy, speech and language therapy, dietetics, and psychology for our patients. Based on the latest Perinatal Workforce calculator there remains a shortfall in pharmacy, speech & language and psychology AHP provision in meeting the recommended AHP workforce levels.

In October 2024, neonatal services underwent a peer review by the West Midlands Perinatal Network, which identified the need for improvement in the AHP workforce. It was highlighted that the current staffing does not meet recommended levels, and there is an opportunity to assess workforce requirements to better support outreach, follow-up care, and inpatient services. A workshop took place during Q2 between the Acute and the Health & Care Trust to explore alternative care models and determine care needs. Addressing the workforce shortfall will require additional funding in the future.

9. Receiving Feedback from Women, Birthing People and Families

9.1. Maternity & Neonatal Voice Partnership (MNVP)

In Q3, the MNVP reviewed triage survey results showing key barriers such as worries about wasting staff time, not being taken seriously, and busy phone lines. Community engagement continued with Worcester Sands, the Asian Women's Group, and a Gypsy, Roma and Traveller event. Walk the Patch is running monthly in neonatal, with plans to extend to maternity. Feedback raised mixed experiences of triage and postnatal care, along with positive comments for several units, and concerns from bereaved parents about support information. Work continues on partner stay guidance, including clearer communication and a draft poster for families. MNVP is also shaping what data and infographics would be most useful, contributing to a review of the birth preferences tool, and updating processes for safe communication and social media governance.

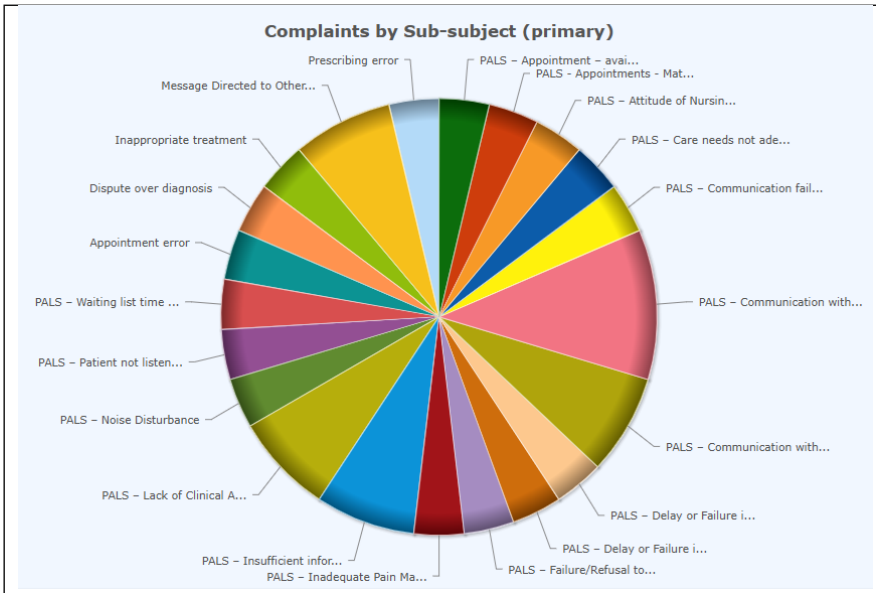
The senior midwifery team are currently reviewing the plan for a debrief midwife role to support the new service specification to ensure that women/families are seen by the most appropriate clinician.

See Appendix iv – MNVP Highlights Report

9.2. Complaints and PALS feedback – Maternity and Neonates

Complaints are reviewed on a weekly basis at QRSM. PALS are managed by the clinical/operational team and themes noted and discussed as required. There are no specific themes/trends identified in terms of clinical care, but attitude and behaviours of staff continues as a theme.

Maternity: In Q3 there were 27 Maternity PALS query received – they have been categorised as below. This is a slight increase of 7 from Q2. As can be seen from the chart, this time, there is no one particular theme.



In addition, 23 formal and informal complaints were received – the formal complaints are green, the informal are purple. Though most are under the subject of 'clinical treatment', as has been seen previously, the sub-subjects are all vastly different in nature.

ID	Date received	Specialty	Subject	Sub-subject
107957	08/10/2025	Maternity (formerly Obstetrics)	Clinical Treatment	Delay in treatment
108195	14/10/2025	Maternity (formerly Obstetrics)	Clinical Treatment	Delay in treatment
108205	14/10/2025	Maternity (formerly Obstetrics)	Values and Behaviours (Staff)	Failure to act in a professional manner
108735	24/10/2025	Maternity (formerly Obstetrics)	Clinical Treatment	Delay in induction of labour
108392	24/10/2025	Maternity (formerly Obstetrics)	Clinical Treatment	Mismanagement of labour
108871	27/10/2025	Maternity (formerly Obstetrics)	Values and Behaviours (Staff)	Attitude of Nursing Staff/midwives
108879	28/10/2025	Maternity (formerly Obstetrics)	Clinical Treatment	Delay in treatment
108733	28/10/2025	Maternity (formerly Obstetrics)	Clinical Treatment	Delay or difficulty in obtaining clinical assistance
109115	03/11/2025	Maternity (formerly Obstetrics)	Clinical Treatment	Delay in treatment
109860	18/11/2025	Maternity (formerly Obstetrics)	Communications	Method/style of communications
110003	20/11/2025	Maternity (formerly Obstetrics)	Clinical Treatment	Delay or failure in treatment or procedure
109969	20/11/2025	Maternity (formerly Obstetrics)	Patient Care	Inadequate support provided
109281	21/11/2025	Maternity (formerly Obstetrics)	Clinical Treatment	Delay or difficulty in obtaining clinical assistance
110247	27/11/2025	Maternity (formerly Obstetrics)	Prescribing	Prescribing error
110446	01/12/2025	Maternity (formerly Obstetrics)	Clinical Treatment	Delay in induction of labour
110835	11/12/2025	Maternity (formerly Obstetrics)	Clinical Treatment	Delay in treatment
111350	15/12/2025	Maternity (formerly Obstetrics)	Clinical Treatment	Post-treatment complications
111263	16/12/2025	Maternity (formerly Obstetrics)	Patient Care	Call Bell - failure to respond
111382	18/12/2025	Maternity (formerly Obstetrics)	Communications	Patient not listened to
110681	22/12/2025	Maternity (formerly Obstetrics)	Clinical Treatment	Delay in induction of labour
111506	22/12/2025	Maternity (formerly Obstetrics)	Clinical Treatment	Delay or failure in ordering tests
111700	23/12/2025	Maternity (formerly Obstetrics)	Clinical Treatment	Delay or failure to undertake scan/x-ray etc
111915	30/12/2025	Maternity (formerly Obstetrics)	Clinical Treatment	Delay in treatment

Neonatal: There were 3 PALS queries in Q3 – one related to a request for a debrief, one related to a request to donate knitted items and the third related to feeling unsupported by some members of staff and not feeling involved in her twin's care.

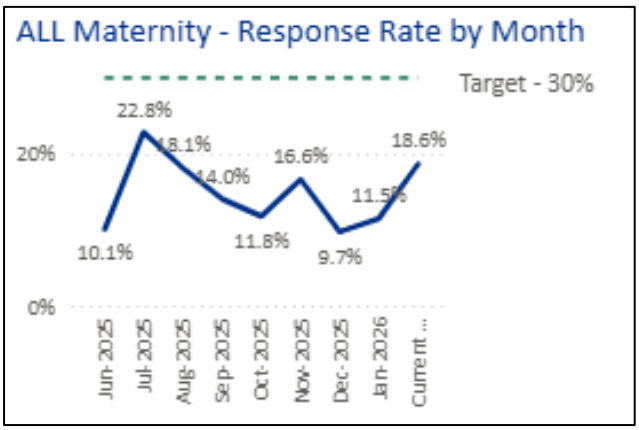
There were also two complaints relating to neonatal care in Q3. One related to care in 2017 and also included some concerns related to maternity care – in particular feeling uninformed about her babies care and outcome, and confusing terminology on the discharge letter. This particular complaint was

submitted after the complainant read about the national maternity investigation and ongoing 'maternity scandal' press coverage.

The second complaint was from a father of a baby who was unhappy with aspects of their care and this concerned lack of equipment, response to alarms and a delay in x-rays.

9.3. Friends and Family Feedback

Response rate by month and recommended rate by month



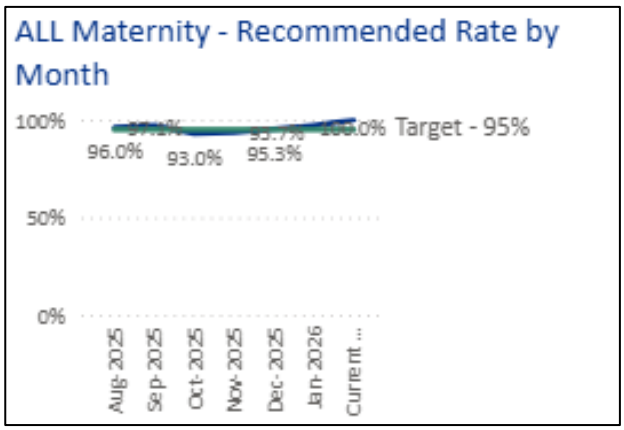


Table below demonstrates Q3 data.

	Area	Responses	Recommended	V. Good		Good		Neither		Poor		V. Poor		Positive Themes	Negative themes
WRH	Delivery suite	327	99%	285	87%	39	12%	0	0%	3	1%	0	0%	Experience Communication Compassion Support Reassurance	Delays (e.g., long waits, theatre delays) Environment (e.g., lights not working, cold rooms) Security (e.g., missing security tag) Not Listened (rare but present)
	Meadow	246	100%	243	99%	3	1%	0	0%	0	0%	0	0%	Experience Support Compassion Reassurance Communication	Environment (e.g., flickering lights / room issues — very few overall)
	Antenatal Ward	233	88%	144	62%	61	26%	13	6%	9	4%	3	1%	Compassion Communication Support Experience Reassurance	Delays (e.g., waiting for plans, tests, or responses)
	Postnatal Ward	174	88%	99	57%	54	31%	15	9%	0	0%	6	3%	Support Compassion Communication Experience Reassurance	Delays Not Listened (appears occasionally—much less frequent than positive themes)
Outpatients	WRH	106	73%	63	59%	14	13%	5	5%	6	6%	18	17%	Compassion Communication Responsiveness Professionalism Experience	Delays Disorganisation Environment Rudeness NotListened
	ALX	85	75%	56	66%	8	9%	6	7%	3	4%	12	14%	Communication Experience Compassion	Rudeness Delays Disorganisation ClinicalQuality
	KTC	93	84%	68	73%	10	11%	2	2%	13	14%	0	0%	Compassion Communication Professionalism Responsiveness Experience	Delays ClinicalQuality Disorganisation NotListened Rudeness
	POWCH	1	100%	1	100%	0	0%	0	0%	0	0%	0	0%	Compassion	
	Community	0													

9.4. FTSU Submission summary quarterly

Directorate	Number of submissions	Issues raised
Maternity	3	Individual midwife's attitude, toxic culture, cliques, speaking up and fear of retribution
Neonatal	0	-

9.5. Patient Experience Meeting

The MNVP and the Maternity and Neonatal governance team continue to meet bi-monthly at present. The meeting in January 2026 review actions, patient feedback, complaints, and ongoing improvement work across maternity services in Q3.

A summary is below across the various themes:

1. Triage survey and feedback work

- MNVP members produced the triage survey and shared it in Teams.
- The survey showed barriers to calling triage included:
  - *"I'm worried I might be wasting staff time"* (46%)
  - *"I'm worried I might not be taken seriously"* (26%)
  - Busy phone lines (16%)
  - Fear of induction/caesarean (14%)
  - Childcare issues (13%)
- Majority felt confident about when to call (scores around 7.3–7.8/10).
- 12% reported using ChatGPT or other AI for maternity information.

2. Community engagement

- Charlotte continues links with Worcester Sands Group, including speaking with bereaved families.
- Engagement with the Asian Women's Group provided insights into important cultural rituals and how MNVP can work through "gatekeepers" to reach wider groups.
- A Gypsy, Roma, Traveller community event took place with useful discussions around language, modesty and service barriers.

3. Walk the Patch

- Charlotte currently covers neonatal monthly Walk the Patch and is planning to begin covering maternity too.
- Suggestion to merge Walk the Patch into the monthly face-to-face feedback section of the agenda.

4. Feedback themes MNVP is raising

- Mixed experiences of triage, including concerns about dismissal, waiting times, and being "missed" in the waiting room.
- Mixed experiences on postnatal wards: delays in pain relief, feeling forgotten, inconsistent breastfeeding support.
- Positive feedback for Kidderminster, Meadow, NICU and theatre staff.
- Concerns from bereaved parents about lack of information on counselling and support services.

5. Partners staying – ongoing work

- MNVP involved in shaping clearer information for families about partner-stay rules, expectations and behaviour.
- Issues include facilities, whether partners feel pressured to stay, and differences between postnatal ward and TCU.
- MNVP asked to help advise what families want to know.
- A comms poster has been designed and placed in the channel; MNVP to decide if the QR code should link to whole maternity website or labour/birth section only.

6. Data, dashboards and infographics

- Ongoing work to agree what information is most useful for families (beyond simple percentages).
- MNVP to help shape this by identifying the real questions families want answers to.
- There's an upcoming joint meeting planned to look at CQC free-text feedback, the infographic work, and the wider "so what?" piece.

7. Birth Preferences Tool

- MNVP wants to stay sighted on the review of the birth preferences tool going through Foundation Group.
- It's expected to go to the 30 January meeting, then into governance in February.

8. Ensuring safe communication & governance

- Discussion about having a clear process for what MNVP can publish on social media and how trust information should be signed off.
- A working-with-MNVP document is being updated to cover this.

See Appendix v – Patient Experience Meeting Notes

9.6. CQC Maternity Survey 2024 and Action Plan

The survey is designed to capture the experiences of women and birthing people who have recently used NHS maternity services. Those who accessed services from the 1-29 February each year are invited to respond. It provides insight into the quality of care across antenatal, labour, birth and postnatal stages. This informs the CQC of targeted assessments of NHS trusts and supports regulatory decisions and performance monitoring. Following receipt of the survey results an action plan is co-produced with the MNVP.

CQC 2025 survey results free text to be requested in January 2026 and a new co-produced Action Plan is to be produced with the MNVP.

Key areas of local focus include

- Postnatal ward – drug rounds and access to pain relief
- BRAINS implementation
- Further development of website
- Debrief Service

See Appendix vi – CQC Maternity Survey Action plan

10. Safety Champion escalations

The Safety Champions meet monthly with the MNVP membership (as per year 7 CNST requirement).

24th October 2025 Summary

Safety Champion feedback

- **Antenatal Ward:** Staff in good spirits; no issues raised.
- **Triage:** Staff well; workload manageable.
- **ACP & Registrar:** Having both in place is improving waiting times.
- **3rd Midwife in Triage:**
    - Only consistently present for first two weeks; rarely rostered since, possibly due to staffing.
    - This is an NHSP-supported trial; a business case is being developed for a permanent post.
    - One staff member's flexible working has also affected cover.
    - Hope that Birthrate+ and the business case will support a substantive role.
- **Tissue Viability Training:**
    - Suggested for core staff due to more wound infections, more C-sections, and more postnatal readmissions.
    - Action: Contact TV Lead Claire Hughes. Wound care is already in mandatory training – to be reviewed with Helen Tipper.
- **TCU:** Staff positive; no issues.

- **DAU:** Conversations held with staff.
- **Ferinject:**
    - At times given in DAU because Delivery Suite had no rooms.
    - DAU couches not safe for emergency transfer; previous incident highlighted this risk.
    - New couch requested via asset replacement programme.
    - Until then, Ferinject should be given on Delivery Suite.
    - Actions:
        - DAU to check Delivery Suite acuity with coordinator at 08:30 to allow time to reorganise appointments.
        - Safety champions updated.
    - Ongoing emphasis on giving Ferinject in a safe area.
    - Team leader making improvements in ANC and now DAU; some cultural challenges around escalation remain a focus.

28th November 2025 Summary

Safety Champion feedback

Postnatal Ward

- Staff in good spirits but staffing pressures are significant, especially when sickness occurs.
- High NIPE workload: one midwife had 14 NIPEs in one 7.5-hour shift; described as unsafe and increasingly common.
- Staff suggested two early-shift midwives dedicated to NIPEs to support flow and discharges.
- Discharge delays often caused by waiting for blood results; guidelines only cover caesarean sections. Staff recommended a flowchart for normal/assisted births.
- Ward manager raised concerns that triage has a protected third midwife while the 28-bed ward usually has only three.

Delivery Suite

- Friendly environment; staff engaged well.
- Support workers feel pressure when they are the only MSW during escalation.
- No major risks raised.

Triage

- Over capacity with women waiting outside.
- Two Datix reports submitted and escalated appropriately.

Antenatal Ward

- Only two midwives for 12 women, rising to 14 when used to decompress Delivery Suite. Staff finding this hard to manage.

Community Midwives / On-Call

- Concern about 24-hour on-call after completing a day shift.
- Safety concerns around fatigue and driving.
- Community midwives feel disconnected and isolated from the wider service.

Lone Worker Safety

- Issues with the lone-worker policy and insufficient Orbis Red licences.
- IT working on a fix but alternatives limited.

KTC – EPAU & ANC Shared Space

- EPAU patients must walk through the antenatal waiting area, which can be distressing.
- Alternatives are being explored.

Escalation & Reporting

- Lack of escalation when triage is over capacity is a recurring issue.
- Escalation impacts community midwives and workload.
- Need for stronger team integration, communication, and team-building.

PROMPT Training

- Highly valued, especially for community/home birth situations.
- Scenarios tailored for both hospital and community needs.

19th December 2025 Summary – Cancelled due to Acuity

Action plan Summary

- Triage emergency buzzer system – Staff unable to identify from workstation where buzzer is located – DAF process commenced
- Covid Screens – Removed (Action closed)
- P/N Ward – Drugs Round continues to not be a consistent event. Issues identified and actions in place to resolve
- Broken lights – Wrong parts sent, replacements ordered
- D/S room temperature – Long term solutions need to be confirmed to window glazing
- Triage staffing numbers – Securing of rostering for 3rd Midwife continues
- Medication preparation – ongoing trust wide piece of work.

See Appendix vii – Safety Champions Notes

11. Receiving feedback from staff

11.1. NETS Survey

The NHS National Education and Training Survey (NETS) has been running annually since 2019 and is the only national survey that collects feedback from all healthcare students and trainees across England (@43,000). The survey asks about key areas of the learning environment including Introduction, clinical supervision, facilities, learning opportunities, teamwork, equality, diversity and inclusion and sexual safety and forms part of the NHS England's Education Quality framework. The 2024 results can be found by clicking the link Microsoft Power BI

See Appendix viii – NHSE WT&E Action Plan and GMC Action Plan

No update to information sharted in Q2.

11.2. Staff SCORE Survey

As part of NHS England's three-year delivery plan, all Trusts providing maternity and neonatal services were mandated to participate in the *Perinatal Culture and Leadership Programme* (PCLP).

The plan is structured around four key themes:

1. Listening to and working with women and families with compassion
2. Growing, retaining, and supporting our workforce
3. Developing and sustaining a culture of safety, learning, and support
4. Embedding standards and structures that enable safer, more personalised, and equitable care

The PCLP was designed to support senior leaders in perinatal services—including senior midwifery, obstetric, neonatal, and operational leads (collectively referred to as the 'perinatal leadership team')—in fostering a culture of safety, compassionate and relational leadership, openness, and collaborative teamwork.

Following the completion of the SCORE culture survey and NHS Staff survey, an action plan *(Appendix ix)* was developed to address the following: burnout & workload management, decision making and growth, retention and job certainty and work – life balance. The surveys demonstrated five cultural strengths – professionalism and purpose, safety culture, engagement, line management and teamwork.

12. In-utero and ex–utero activity

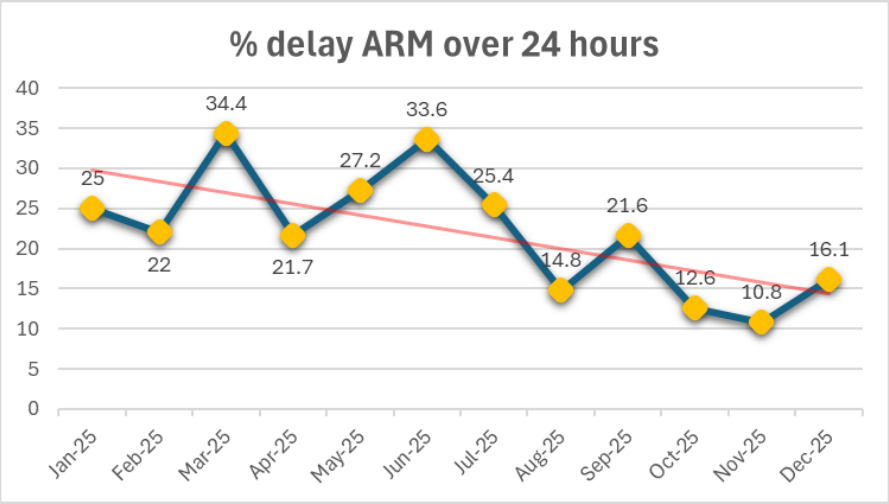
The table below summaries the in-utero and ex-utero transfers as per network pathway:

Type of Transfer	Oct-Dec 2025		Comments
	In	Out	
IUT Transfers for clinical reasons as per network pathway	4	4	3 in from Hereford and 1 in from Good Hope 3 out as per <27-week pathway – New Cross & Stoke. 1 out to BWH as per placenta Accreta pathway.
IUT Transfers for non-clinical reasons	6	0	6 in from BWH, Stoke, New Cross & Telford to assist with capacity issues
IUT Transfers outside of the network	1	3	1 in from Bristol due to capacity -3 out to Cardiff due to capacity in the Network
Ex-utero Transfers for clinical reasons as per network pathway	4	3	2 in from Telford, 1 from Hereford & 1 from Warwick 3 out for clinical reasons – BWH & BCH
Ex-utero Transfers for non-clinical reasons	7	5	7 in for repatriation -5 out for repatriation
Ex-Utero Transfers out of network	2	2	2 in from Bath to be closer to home 2 out for repatriation
Delays in transfer in/out	1	0	1 delay in from Stoke due to acuity
IUT or Ex-utero Exceptions	6		3 IUT transfers out of Network, 2 repatriations out delays & 1 neonatal death

13. Delays in care

13.1. Induction of labour

Delay in induction of labour is captured on our Perinatal Dashboard. The % of women waiting over 24 hours (awaiting ARM) on the IOL pathway are as follows:



Induction of labour pathway remains a focus as delays in care is a red flag - a QI project continues to reduce delays in this pathway. Despite the last quarter being consistently busy, there was an overall sustained position in delays in transfer for ARM as can be seen by the downward trendline.

14. Claims scorecard review in conjunction with incidents and complaints

The Q2 claims and learning review is contained within the appendices. Q3 is due for approval in Maternity Governance at the end of February 2026, and will be submitted in due course.

Highlights are:

- a stable term admission rate to NNU since January 2025 even considering our increased birth rate over Q2

- PPH continues as a theme but appears to be stable and again, we have seen an increase in birthrate in Q2

- We have had only 1 complaint relating to delay in induction of labour again in Q2 which is positive compared to previous quarters.

See Appendix x – Claims Scorecard Quarterly Report – Q2

15. MNSI/NHSR/CQC or other organisation with a concern or request for action made directly with Trust

15.1. CQC visit

The maternity service was rated as good overall. The safe domain remains at 'requires improvement. All actions are monitored via the COSMOS platform and are discussed at ISAG.

15.1.2. CQC Rait Tool and updates about planning for future CQC inspections

The RAIT tool will be stood down, and moving forwards, those actions identified will be monitored and reported by Divisions as part of their business as usual. Areas will report compliance with the Single Assessment Framework.

15.2. Coroner Regulation 28 made directly to Trust

No regulation 28 regarding maternity or neonatal care was made to the Trust in this quarter.

15.3. MSSP Report

Formal confirmation of our exit from the MSSP was received in June 2024. A sustainability plan has been agreed and shared at Trust Board. The outstanding actions are now considered to be BAU and the ICB has recommended to the regional perinatal team that the enhanced level of oversight can now be removed. The programme is now considered to be formally closed.

15.4 NHSE Escalations

15.4.1 Homebirth Service

Following an inquest held for the death of a mother and baby in Manchester during a homebirth; the Coroner identified a number of failings with particular note that there is currently no national guidance resulting in different models and no clear expectation around practice, training or competence. In response to this the coroner issued a Prevention of Future Deaths Report. Jennifer Cahill and Agnes Cahill - Prevention of future deaths report - 2025-0559.

In addition to this NHSE contacted all maternity services and requested that each service review their provision for providing a homebirth service identifying a number of key areas:

- The operational running of the service –particular focus on being able to provide a 24 hour service supporting appropriate rest periods for staff.

- Care planning and risk assessment – a pathway in place that ensures MDT working and good oversight to support dynamic risk assessment

- Governance and oversight – oversight of whole organisation with audit programme and a review of outcomes

A review of the service has been undertaken and presented at Private Board.

15.4.2 National Review of Fetal Growth Surveillance Systems and Associated Safety Risks

Fetal growth surveillance systems and software are essential in the early identification of fetal growth restriction (FGR), a condition strongly associated with stillbirth and perinatal morbidity. In April 2025, concerns were escalated to NHS England (Midlands) regarding the electronic recording of fetal growth within Radiology Information Systems (RIS) and fetal growth surveillance software across the region.

Following initial investigation, several key issues were identified:

System Compatibility: Ultrasound equipment and reporting/image viewing systems often lack interoperability, requiring manual duplication of biometric data (e.g. Head Circumference [HC], Femur Length [FL], Abdominal Circumference [AC], and Estimated Fetal Weight [EFW]). This manual input is time-consuming and susceptible to error, potentially compromising clinical accuracy and appropriate surveillance pathway allocation.

- Outdated or Incomplete Growth Charts: Some systems use charts based on outdated centiles (e.g. 10th or 5th) or fail to cover the full antenatal period from 24 to 40+ weeks gestation, contrary to current clinical guidance.

- Manual Plotting: Fetal growth is sometimes plotted manually on printed charts, increasing the risk of human error and leading to missed surveillance opportunities or unnecessary investigations.

- Use of paper reference charts for Doppler measurements: Fetal Doppler measurements calculate a gestational age-appropriate centile using paper reference charts potentially leading to misreporting.

- Lack of Transparency in Chart Methodology: There is limited understanding among users regarding the methodology or chart type used within electronic systems to estimate fetal weight.

- Inconsistency Across Systems: Even where the same chart methodology is used, variations in software versions and formulas can result in inconsistent fetal growth estimations.

In May 2025, the region met with the originating organisation to further understand the scope and impact of these concerns. The findings highlight two overarching safety risks:

1. Manual entry errors and workflow inefficiencies

2. Variation in clinical outcomes due to inconsistent charting and estimation methods

These risks have the potential to adversely affect fetal growth monitoring and clinical decision-making, with implications for maternal and neonatal outcomes.

As a minimum, systems should meet the following requirements:

- Accurate gestational age tracking (based on early ultrasound or reliable last menstrual period)

- Integration with maternity electronic health record systems for seamless data flow
- Automated import of biometric data (e.g. fundal height, ultrasound measurements) from the point of scan
- Use of validated electronic growth charts (e.g. GROW charts)
- Estimated fetal weight plotting using third-trimester ultrasound biometry
- Use of electronic fetal Doppler charts that calculate a gestational age-appropriate centile
- Serial measurement tracking to detect deviations from expected growth trajectory
- Risk assessment algorithms to identify pregnancies at increased risk of FGR
- Clinical decision support tools to guide referrals and escalation
- Alerts for abnormal growth patterns or missed surveillance opportunities
- Compliance with DCB0129/DCB0160 standards and the associated documentation, DTAC and DPIA requirements
- Where growth chart software may be classified as a medical device if it meets specific regulatory criteria, compliance with the *Medical Devices (Post-market Surveillance Requirements) (Amendment) (Great Britain) Regulations 2024* is required

Following review it has been identified that there is one area of concern:

- Integration with maternity electronic health record systems for seamless data flow as CRIS does not feed directly into Badgernet so results are manually inputted.

16. Evidence of NHSR CNST 10 – Maternity Incentive Scheme (MIS)

Year 7 MIS scheme was launched on 2nd April 25. The following table presents a quarterly overall summary of current position. A detailed CNST MIS paper is also produced (and referred to in the table below) containing the mandatory documents that trust board are required to review and formal document that they have been received, reviewed and discussed during QGC meetings quarterly. Evidence review and board declaration to be completed in January 2026. Plan to submission a declaration of 10/10 achievement of safety actions.

	Safety Action & Current status	Actions	Evidence for Trust board prescribed in CNST year 7
1	PMRT	• Quarterly reporting in place	See appendix i See CNST Q2 report
2	MSDS	• Submission and criteria on track for July 25	Confirmation received
3	ATAIN/ TCU	• Quarterly reporting in place • QI project commenced and registered • QI project presented to Safety Champions in Septembers Meeting • QI project to be presented to LMNS Nov 12th	See CNST Q2 report
4	Clinical Workforce	• Medical and Midwife Safe Staffing reports in place • NCCR implementation plan BAPM Medical and nursing staffing plans continue • Risk register entry number 5991 (Neonatal Medical)	See BAPM Action plan embedded in bespoke CNST Q1 and obtained trust sign off

		• Risk register entry number 6031 (Neonatal nursing) • Audits for Obstetric Medical staff completed • Consultant attendance monitored • Clinical Supervision of Locum and Temporary • Compensatory rest monitoring	BAPM Action Plan embedded into CNST Q2 report to reflect Neonatal staffing noncompliance
5	Midwifery Workforce	• Monthly Safe staffing report in place. • Item 7 within report • BR+ tabletop due Jan and July • BR+ Audit currently underway	See Midwifery Safe Staffing Reports and Birthrate + update in bespoke CNST Q1 and Q2 report, trust sign off achieved
6	Saving Babies Lives	• Quarterly reports in place • NHS Futures Implementation Toolkit continues • Validation with LMNS quarterly • PLGF testing workstream continues	LMNS validation 12th Nov 2025 – 99% compliant
7	MNVP	• Strategic lead for MNVP (appointed) • MNVP included in Terms of reference as members for, Guidelines, Patient experience, Safety champions, Maternity Governance meetings • CQC action plan 2024 (Picker Survey) agreed at Safety Champions 20.3.24 (update presented July 25) Maternity Governance on 21.3.25, • Plan to submit safety concern – added to risk register entry number 5961	See MNVP safety concern in bespoke CNST Q1 report for trust sign off
8	MDT Training	• CNST compliance across all training progressing. • Item 6 within this report • Areas of Medical staff attending PROMPT and Fetal surveillance Study day concerning – CD aware and actions in place.	Action Plan created for rotational medical staff added to CNST Q2 for trust sign off
9	Safety Champions/ Perinatal Safety	• Reporting process in place. • Roles embedded and SC meetings working well. • Perinatal Surveillance guideline to be updated in line with yr 7 – and the new Perinatal Quality Oversight Model • PLT present at every Safety Champions meeting embedded, PLT/ Quad now attends bi-monthly, MNVP invited to attend at every meeting • Summary of Perinatal Culture SCORE and staff survey results collated into an action plan (see appendix) • Quarterly reporting of Claims Score Card	See Q4 and Q1 Claims score card reports in the bespoke CNST Q1 report for trust sig
10	NHSR EN Scheme	• Reporting process in place – externally validated. • See monthly table within the report	See MNSI /EN reports in the bespoke CNST Q1 and Q2 report for trust sign off

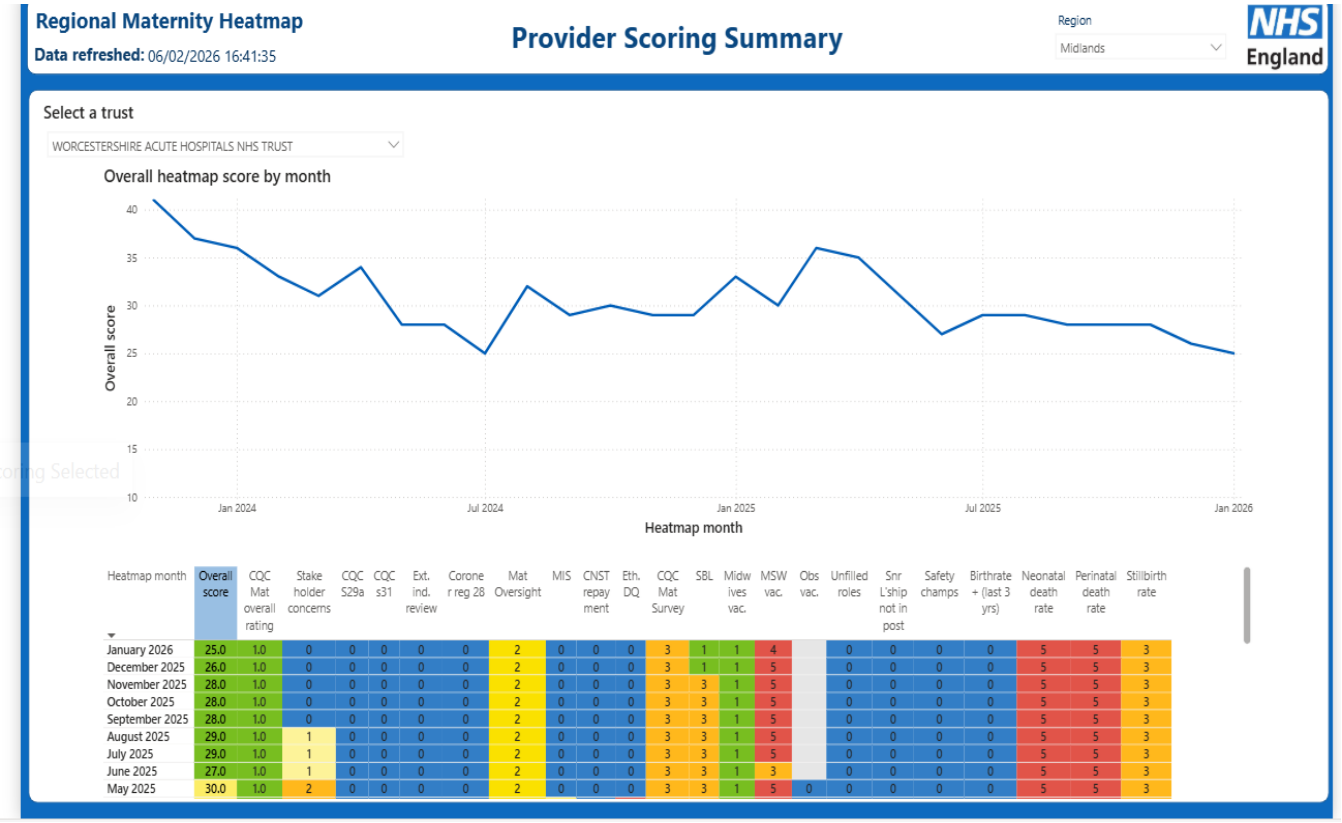
17. Dashboards and Heatmaps

17.1. Regional Heatmap

The Regional Perinatal Heat map was introduced in October 2023 and tracks 22 quality and safety indicators. This will read the signs of trusts that require additional early intervention and support. It scores systems and providers to ensure the right level of support is in place to enable focussed quality improvement to address key challenges.

The heat map score is used to determine which systems and trusts are encouraged to take up the offer of regional involvement in system-led insight visits to maternity services and additional regional improvement support. It aligns to the themes of the maternity and neonatal single delivery plan and perinatal quality surveillance model.

The Trust position for Q3 has changed due to an improvement in compliance with Saving Bbaies Lives Care Bundle.



Heatmap month	Overall score	CQC Mat overall rating	Stake holder concerns	CQC S29a	CQC s31	Ext. ind. review	Corone r reg 28	Mat Oversight	MIS	CNST repay ment	Eth. DQ	CQC Mat Survey	SBL	Midw ives vac.	MSW vac.	Obs vac.	Unfilled roles	Snr L'ship not in post	Safety champs	Birthrate + (last 3 yrs)	Neonatal death rate	Perinatal death rate	Stillbirth rate
January 2026	25.0	1.0	0	0	0	0	0	2	0	0	0	3	1	1	4		0	0	0	0	5	5	3
December 2025	26.0	1.0	0	0	0	0	0	2	0	0	0	3	1	1	5		0	0	0	0	5	5	3
November 2025	28.0	1.0	0	0	0	0	0	2	0	0	0	3	3	1	5		0	0	0	0	5	5	3
October 2025	28.0	1.0	0	0	0	0	0	2	0	0	0	3	3	1	5		0	0	0	0	5	5	3
September 2025	28.0	1.0	0	0	0	0	0	2	0	0	0	3	3	1	5		0	0	0	0	5	5	3
August 2025	29.0	1.0	1	0	0	0	0	2	0	0	0	3	3	1	5		0	0	0	0	5	5	3
July 2025	29.0	1.0	1	0	0	0	0	2	0	0	0	3	3	1	5		0	0	0	0	5	5	3
June 2025	27.0	1.0	1	0	0	0	0	2	0	0	0	3	3	1	3		0	0	0	0	5	5	3
May 2025	30.0	1.0	2	0	0	0	0	2	0	0	0	3	3	1	5	0	0	0	0	0	5	5	3

17.2 Regional Perinatal Dashboard

The perinatal dashboard provides information at system-level and currently this is not available at provider level. Once this data is available at provider level escalations from this dashboard will be included with the report.

17.3 Maternity Outcome Signal System (MOSS)

The Maternity Outcomes Signal System (MOSS) is a new NHS signalling tool designed to spot early signs of risk in maternity care, for instance unexpected trends in stillbirths, brain injury rates or neonatal deaths. It uses near real-time data to flag concerns and is designed to work alongside existing tools such as MBRRACE-UK. Key team members now have access to the platform and no causes of concern have been raised with the Trust to date.

18. CCOSMOSS

CCOSMOSS is a local acronym for Clinical Negligence Scheme for Trusts (CNST), CQC, Ockenden 1, Single Delivery Plan (SDP), Maternity Self-Assessment Tool, Ockenden 2, Saving Babies Lives (SBL) and Safety Champions. The recommendations/actions (n=505) from all these national documents have been captured within a TEAMs platform to ensure that the directorate can track the progress of actions completed, communicate with leads and demonstrate monthly position/compliance.

As the Single Delivery Plan (NHSE 2022) superseded Ockenden 1 and 2. CNST restarts at 0% every April. The level of compliance against these key documents is presented in the table below.

Q3 Oct/Nov/Dec 25-26		Compliant	In progress	Overdue	Not Started	Total	Compliance
C	CNST	98	0	0	0	98	100%↑
C	CQC	22	0	4	0	24	92%↔
O	OCK 1	50	0	0	0	50	100%↑
S	SDP	31	31	2	0	64	48%↑
M	MSAT	157	0	0	0	157	100%
O	OCK 2	100	1	0	0	101	99%↑
S	SBL V3	Q2 (25/26) LMNS Validated					99%↑

Conclusion

This report provides a monthly update on key maternity and neonatal safety initiatives which will support WAHT to achieve the national ambition. The report provides the evidence outlined within the revised perinatal quality oversight model and following the 4 key themes of the Single Delivery Plan. It will also assist the directorates to collate evidence for NHS Resolutions Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme.

Key escalations this quarter

- Triage attendance challenges continue
- Culture – monitoring FTSU feedback
- Patient experience –delays in Triage, IOL pathway and test results.
- Homebirth Service
- Review of fetal growth surveillance systems

Celebrations this quarter

- Compliance with CNST MIS Year 7 scheme
- Perinatal Mortality Rates
- Role specific training compliance
- Trend reduction in IOL delays
- Improvement in heatmap score

Appendices

All appendices in additional folder within admin control.

Appendix Title	Attachment
i) PMRT Quarterly Report	Q3 25-26 PMRT case report.pdf
ii) MNSI QRM slides 2025/2026	**n/a**

iii) Safe Staffing report	
iv) MNVP Highlights report	h Item 8a - LMNS Board MNVP HLR Nc
v) Patient Experience Meeting Notes	12th November 2025 Patient Experie
vi) CQC Maternity Survey Action Plan	**n/a**
vii) Safety Champions Notes **(Oct, Nov, Dec 25)**	Notes- MNSChampions 24t Notes MNSChampions 28t *19th December 2025 – Cancelled*
viii) NETS/ GMC Survey Action Plan	WAHT pre-registration midw Response to GMC survey.docx
ix) SCORE Staff Survey Action Plan and Report	**Shared in Q2**
x) Claims Score Card Quarterly Report	n/a

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WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COVERING REPORT

Report to:	**Public Trust Board**
Date of Meeting:	**14/04/2026**
Title of Report:	CNST MIS Year 7 Quarter 3 Report
Lead Executive Director:	**Chief Nursing Officer**
Author:	Justine Jeffery – Director of Midwifery Jane Wardlaw – Lead Assurance and Compliance Midwife
Reporting Route:	Quality Governance Committee
Appendices included with this report:	Appendix embedded within this report • Q3 PMRT 25-26 • Q3 WRH Neonatal Workforce Staffing • Q3 Saving Babies Lives • November MNVP Highlights report • Maternity and Neonatal Safety Champions Notes (Oct/Nov) • Q2 Claims Score Card
Purpose of report:	☒ **Assurance** ☒ **Approval** ☒ **Information**

Brief Description of Report Purpose

The NHS Resolution's Maternity Incentive Scheme (MIS) continues to promote safer maternity and perinatal care by encouraging compliance with ten safety actions. These actions support the national goal to halve stillbirths, neonatal and maternal deaths, and brain injuries (from 2010 levels) by the end of 2025. The scheme applies to all acute Trusts offering maternity services under the Clinical Negligence Scheme for Trusts (CNST).

This report presents the evidence for review and provides assurance that compliance is met as outlined in the Year 7 scheme.

Recommended Actions required by Board or Committee

Safety Action	Evidence	Required actions and recorded minutes required from QGC.
1	Compliant - PMRT Q3 25-26 Q3 25-26 PMRT case report.pdf	*Committee to acknowledge review in the minutes that* eligible perinatal deaths and required standards have been met
2	**Compliant – MSDS** data set complete	*Information for Committee assurance*
3	**Compliant – TCU** QI project commencement, TCU provisions confirmed with ODN	*Information for Committee assurance*

	Compliant – Medical staffing Compliance of engagement according to the RCOG long term locums (6-month Audit Presented in Q2 CNST report) **Compliant** – RCOG 'Roles and Responsibilities' (3-month Audit Presented in Q2 CNST report) – 80% minimum compliance standard.	*Information for Committee assurance*
4	**Compliant** – Action Plan produced for BAPM Neonatal Nursing and Medical staffing standards. Insufficient tier 2 medical staff/ANNP and neonatal nurses within the workforce. Narrative in Q3 Perinatal Safety Report. Risk register ID 6031 & 5991 WRH Neonatal Workforce Tool 202 **Compliant** - BAPM QIS standards Neonatal Nursing staff	*Committee to acknowledge the review in minutes that* the Neonatal Medical and Nursing Staffing standard are not BAPM compliant
5	**Compliant - Midwifery Staffing** Reports (Birthrate + tabletop Audit August 25) presented to trust board monthly	*Information for Committee assurance*
6	**Compliant – Saving Babies Lives** Elements 1-5 demonstrate full compliance; Element 6 requires the recruitment of a 0.6 WTE maternity specific dietician. SBL Q3 - Summary of Audits (1).pptx Attachment saved in read room (addition papers for March 26)	*Committee to acknowledge the review in minutes that the SBL audits have been reviewed and acknowledgment of status*
7	**Compliant – MNVP** Plan in place from ICB, Local engagement with the MNVP continues through the Patient Experience Group Meeting Bi-monthly. High lights report demonstrates community engagement. LMNS Board MNVP HLR Nov 2025.pdf	*Committee to acknowledge the review in the minutes of the High lights reports and the triangulation of the MNVP with communities and Maternity Services.*
8	**Compliant – Training** Trusts are permitted to submit a lower compliance for rotational Medical Staff that commenced work after 1st July. The Action plan was submitted in Q2. Training now reached above 90% in this quarter no further action required.	*Information for Committee assurance*

9	**Compliant – Perinatal Surveillance** NED Appointed, Quarterly Perinatal Safety Reports aligned with Perinatal Quality Oversight Model, Safety Champions meeting with at least one member of the PLT (Perinatal Leadership Team) every meeting and their culture improvement plan has been presented to Safety Champions (Oct 25) and People and Culture (Oct 25). Notes- MNSChampions 24th Notes MNSChampions 28th	*Committee to acknowledge the review in the minutes of the safety champions process being aligned with Perinatal Surveillance benchmarks*
	Trust Claims Score Card Q2 25-26 discussed with Safety Champions, Q2 Claims score Card and presented to Safety Champions in October 2025 Claims and incidents Q2 - 25-26 Final (1) (	*Committee to acknowledge the review in the minutes that* the claims score card received and discussed with safety champions
10	**Compliant - MNSI / EN reports** Q3 - Oct/Nov/Dec 25 Screen shot below from the Perinatal Safety Report confirming the two cases in the quarter had appropriate information sent to them	*Committee to confirm review of records,* • that families have received information on the role of MNSI and NHS resolution's EN Scheme and that the duty of candour was performed.

4.2. Summary of current MNSI cases and actions

MNSI reference	Date of case	*DOC completed	Stage of investigation
MI-043307/ MI-041974 (rejected)	May 25	Yes	Investigation completed – final report received – see recommendations and actions below
MI-050057	Dec 2025	Yes	Investigation underway by MNSI – all notes and information provided – staff meetings underway

**DOC completed – The provides confirmation that the family have received the relevant information regarding the nature of the incident (Duty of Candour disclosure), the role of MNSI and the EN scheme from NHS Resolution.*

Executive Director Opinion[1]

Assurance that robust governance is in place to enable CNST year 7 requirements to be met.

Awaiting year 8 MIS to be launched.

Wells Jo
13/04/2026 16:23:02

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

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WORCESTER ACUTE HOSPITALS NHS TRUST COVERING REPORT

Report to:	**Public Board**
Date of Meeting:	**14/04/2026**
Title of Report:	**Midwifery Safe Staffing Report February 2026**
Lead Executive Director:	**Chief Nursing Officer**
Author:	**Justine Jeffery – Director of Midwifery**
Reporting Route:	**Quality Governance Committee**
Appendices included with this report:	**None**
Purpose of report:	**☒ Assurance ☐ Approval ☐ Information**

Brief Description of Report Purpose

The purpose of this report is to provide assurance that midwifery staffing is monitored and to note actions taken to mitigate any shortfalls

Recommended Actions required by Board or Committee

The Board is asked to note how safe midwifery staffing is monitored, and actions taken to mitigate any shortfalls. Also to note any risks associated with achieving safe levels of midwifery staffing

Executive Director Opinion[1]

The report offers assurance to the Board that there are robust processes in place to monitor midwifery staffing levels and that appropriate actions are taken to mitigate the risk when staffing gaps occur.

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

Introduction/Background

The Directorate is required to provide a monthly report to Board outlining how safe midwifery staffing in maternity is monitored.

Safe staffing is monitored monthly by the following actions:

- Completion of the Birthrate plus acuity tools
- Monitoring the midwife to birth ratio
- Monitoring staffing red flags as recommended by NICE guidance NG4 'Safe Midwifery Staffing for Maternity Settings'
- Unify data
- Daily staff safety huddle
- SitRep report & bed meetings
- Sickness absence, vacancy and turnover rates
- Recruitment & retention rates
- Monthly report to Board

In addition to the above actions, a biannual report (published in July and January) also includes the results of the 3 yearly Birthrate Plus audit or the 6 monthly 'desktop' audits.

The summary of the workforce KPIs are as follows:

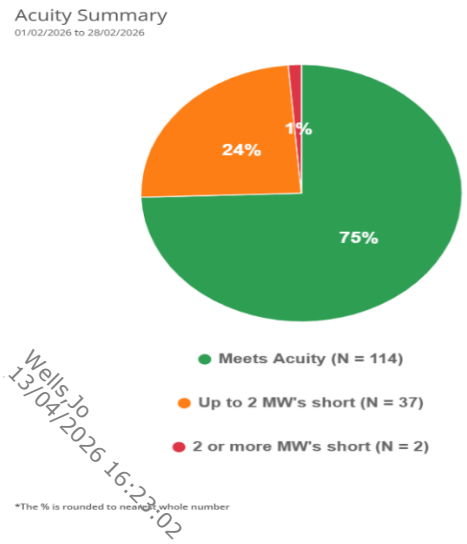
Metrics	Target	Current position (MW)	Current positon (MSW/MCAs)
Sickness rate	4%	7.5%	9%
Turnover rate (rolling)	11.5%	3.4%	11.2%
Vacancy rate (MW)	7%	2%	14%
Maternity Leave	-	5.4%	0.59%
Midwife to birth ratio (in post)	1:24	1:18	
1:1 care in labour	100%	Achieved	
Shift leader SN	100%	Achieved	

Issues and options

Completion of the Birthrate plus acuity app

Delivery Suite

The acuity app data was completed in 75% of the expected intervals and therefore the data presented is not reliable. The diagram below presents when staffing met or did not meet the acuity.



From the information available, the acuity was met in 75% of the time and recorded at 25% when it was not met prior to any actions taken. This is lower than the previous month' performance. Safe staffing levels were maintained on all shifts in February following mitigation.

The mitigations taken are presented in the diagram below and demonstrate the frequency (n=12) of when staff are reallocated from other areas of the inpatient service. This is higher than previous months however remains low. The community/continuity teams were required to support the inpatient area on 1 occasion. There were 2 reports of staff not being able to take a break.

Number of Management Actions
01/02/2026 to 28/02/2026

Actions	Breakdown of Actions	Times occurred	Percentage
MA1	Redeploy staff internally	12	80%
MA2	Redeploy staff from community	1	7%
MA3	Redeploy staff from training	0	0%
MA4	Staff unable to take allocated breaks	2	13%
MA5	Staff stayed beyond rostered hours	0	0%
MA6	Specialist midwife working clinically	0	0%
MA7	Manager/Matron working clinically	0	0%
MA8	Staff sourced from bank/agency	0	0%
MA9	Utilise on call midwife	0	0%
MA10	Escalate to Manager on call	0	0%
MA11	Maternity Unit on Divert	0	0%
TOTAL		15	

*The % is rounded to nearest whole number

Monitoring staffing red flags as recommended by NICE guidance NG4 'Safe Midwifery Staffing for Maternity Settings'

NICE recommended red flags are reported in the acuity app and are presented below. There was one red flag reported in February for a delay in care.

Number of Red Flags recorded
01/02/2026 to 28/02/2026

Red Flags	Breakdown of Red Flags	Times occurred	Percentage
RF1	Delayed or cancelled time critical activity	0	0%
RF2	Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing)	1	100%
RF3	Missed medication during an admission to hospital or midwifery-led unit (for example, diabetes medication)	0	0%
RF4	Delay in providing pain relief	0	0%
RF5	Delay between presentation and triage	0	0%
RF6	Full clinical examination not carried out when presenting in labour	0	0%
RF7	Delay between admission for induction and beginning of process	0	0%
RF8	Delayed recognition of and action on abnormal vital signs (for example, sepsis or urine output)	0	0%
RF9	Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman during established labour	0	0%
RF10	Delivery Suite Co-ordinator is not supernumerary	0	0%
TOTAL		1	

*The % is rounded to nearest whole number

Birth Centre

In month, the completion rate for the acuity app for the birth centre was at 60%. The acuity was met 100% of the time. We are seeing a more consistent level of activity.

Intrapartum & Non-Birthing Categories
01/02/2026 to 28/02/2026

Categories	Number in Categories	Percentage
Cat I	41	58%
Cat II	9	13%
Cat PN	21	30%
Cat X	0	0%
TOTAL	71	

*The % is rounded to nearest whole number

Staffing incidents

There were two staffing incidents reported via datix

1. Staff members pulled from training to support clinical area (2)

Medication Incidents

There were five no harm incidents

1. CD documentation and storage (3)
2. Incorrect prescription
3. TTOs not prescribed as indicated

Monitoring the midwife to birth ratio

The ratio in February was 1:18 (in post) and 1:17 (funded). The midwife to birth ratio was compliant with the recommended ratio from the Birth Rate Plus Audit, 2022 (1:24).

Maternity SitRep

The maternity SitRep continues to be completed twice per day. The report is submitted to the capacity hub, directorate and divisional leads and is shared with the Chief Nurse and deputies. The report provides an overview of staffing, capacity and flow. Professional judgement is used alongside the BRAG rating to confirm safe staffing. The regional SitRep is submitted daily.

National Maternity SitRep

The new national sitrep has now been launched and is completed daily.

Wells Jo
13/04/2026 16:23:02

Unify Data

The fill rates (actual) presented in the table below reflect the position of all areas of the maternity service.

	Day RM %	Night RM %	Day MCA/MSW %	Night MCA/MSW %
Continuity of Carer	100%	100%	n/a	n/a
Community Midwifery	89%	100%	n/a	n/a
Antenatal Ward/Triage	89%	93%	89%	100%
Delivery Suite	94%	96%	97%	100%
Postnatal Ward	91%	86%	84%	88%
Meadow Birth Centre	78%	74%	71%	100%

Daily staff safety huddle

Daily staffing huddles are completed each morning within the maternity department. This multi professional huddle includes the unit bleep holder, midwife in charge and the consultant on call for that day. If there are any staffing concerns the unit bleep holder will arrange additional huddles that are attended by the Deputy Director of Midwifery with an escalation to the Director of Midwifery as required. Additional huddles were held February to maintain safe staffing and manage flow. Bed meetings are held three times per day and are attended by the Directorate teams. Information from the SitRep is discussed at this meeting.

Vacancy

There are 5 unfilled midwifery roles (inc Fetal Medicine & Sonography Lead). There are 4 new starters with start dates in March and 1 will commence in May. There are 7 WTE MCA vacancies – 4 WTE in pipeline to start over next quarter.

Sickness

Sickness absence rates for midwives are reported at 7.5% and 9% for non-registered staff – this is an increase in both groups – regular deep dives continue with good assurance noted.

The following actions remain in place:

- Monthly oversight of sickness management by the Divisional team with HR support
- Quarterly confirm and challenge meeting held by DoM
- Matron of the day to carry the bleep that staff use to report sickness to ensure staff receive the appropriate support and guidance.
- Signposting staff to Trust wellbeing offer and commencement of wellbeing conversations.
- Regular walk rounds by members/member of the DMT.
- Close working with the HR team to manage sickness promptly.

Turnover

The rolling turnover rate is at 3.4% for midwives and at 11.2% for non-registered staff – this an improved position for both groups.

Maternity Leave

Maternity leave has increased to over 5% for midwives – this is the highest for over 2 years – a business case to support the swap out of bank for substantive recruitment is being worked through currently.

***Actions throughout this period**:*

- Daily safe staffing huddles continued to monitor and plan mitigations for safe staffing
- Attendance at the site bed/staffing meeting daily
- SitRep report completed three times per day
- Monthly 'drop - in' sessions led by the DoM/DDoM.
- Safety Champion walkabouts
- Ongoing retention work led by retention midwife and Practice Development Midwife for MSW/MCAs.

Risk Register –staffing

Risk ID	Narrative	Risk Rating
4208	If maternity safe staffing levels are not maintained this may impact on safety and outcomes for mothers and babies	5

Conclusion

To maintain safe staffing levels staff were deployed to areas with the highest acuity; minimum safe staffing levels were achieved on all shifts. The escalation policy was utilised on 13 occasions to maintain safety. The community and continuity of carer midwives were required to support the inpatient team.

There were two reports of staff not being able to take a break; the supernumerary status of the shift leader at the onset of the shift and 1:1 care in labour were achieved.

There was no harm caused from the reported staffing and medication incidents.

Sickness absence rates are above the Trust target; however there is a high level of assurance that absence is being managed in alignment with the policy.

The vacancy rate is 2% for MWs and 14% for MCA's. New starters are planned for March and May.

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COVERING REPORT

Report to:	**Public Board**
Date of Meeting:	**14/04/2026**
Title of Report:	Safer Staffing report - Nursing
Lead Executive Director:	**Chief Nursing Officer**
Author:	Sue Smith, Deputy Chief Nursing Officer
Reporting Route:	NWAG
Appendices included with this report:	
Purpose of report:	☒ **Assurance** ☐ **Approval** ☒ **Information**

Brief Description of Report Purpose

This report provides an overview of the staffing safeguards for nursing of wards and critical care units (CCU's) during February 2026 with numerical data also presented for February 2026.

Recommended Actions required by Board or Committee

Board members are invited to:
Note the content of the report and receive **Assurance** that our safe staffing levels remain in line with National Quality Board (NQB) and NICE guidance

Executive Director Opinion[1]

Staffing on Neonatal and all Adult in patient areas have been maintained at safe levels throughout February 2026. In paediatrics whilst BAPM level were not achieved on 100% of shifts, professional judgement indicates that areas and staffing were safe.

There were 24 Datix / red flags raised, all were deemed insignificant and minor harms relating to nursing / midwifery staffing being largely reported as near misses rather than patient harm.

Due to the continued capacity and flow pressures in February 2026 additional capacity has continued to be utilised, with PDU remaining open. Overall costs of additional capacity (not including additional staff in cross county A&E's) is £279k in month.

Nursing and Midwifery have achieved the reduction of agency (as a % of total spend) to 2.41% in Month 11, noting the small decrease from month 10 (2.46%). The Price Cap Compliance (PCC) work has been increasing gradually and now sits at 98.7% compliance with the 1.3 % non-compliant shifts being 14 shifts in chemo suites across county. It should be noted that as a Trust we are complaint with regional targets for price cap in this group but as these are slightly higher than national targets they continue to show as breeches.

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

Nursing Staffing Levels
March 2026 (February 2026 data)

Title:	Monthly Report on Nursing Staffing Levels for March 2026 date (February data)
Responsible Director:	Chief Nurse
Lead:	Deputy Chief Nurse
Reported by:	Lead Nurse for Workforce

1. Introduction
(including relevant updates)

1.1 This briefing provides the QGC with an overview of the Nursing and Midwifery workforce for February 2026 data and is set out in line with the National Quality Board (NQB) Standards and Expectations for Safe Staffing published in 2016. It provides assurance that arrangements are in place to safely staff our services with the right number of Nurses and Midwives, with the right skills, at the right time.

2. Key highlights

2.1 Table 1 outlines the key performance workforce indicators for Registered and Unregistered (Band 2 and 3) staffing in Nursing mapped against the Trust target with comparison to the previous month's performance.

Nursing (Registered)

Key Performance Indicator	Target	Feb-26	jan-25	Additional notes
Vacancy rate RN		3.47%	3.44%	Vacancy rate remains stable for registered nursing pending the intake from the Spring 2026 newly qualified cohort who are being processed by the jobs team currently.
Annual turnover RN	11.5%	5.5%	5.47%	Retention of registered nurses is stable and below both trust target (11%) and model health system at 8.08%
Sickness rate	4%	6.38%	6.45%	Active sickness management in place and staff well-being is supported
Vacancy rate HCSW		11.11%	11.14%	Vacancy rate dropped slightly. Active recruitment continues with a good pipeline in place
Annual turnover HCSW	11.5%	12.59%	12.46%	Unregistered nursing turnover is relatively static. New induction / onboarding process in place
Sickness rate HCSW	4%	7.42%	8.85%	Active sickness management in place and staff well-being is supported

3. Expectation 1: Right Staff

3.1 Evidence Based Workforce Planning

3.1.1 Safer Nursing Care Tool (SNCT)

- SNCT data collection period took place over September 2025 and October 2025, utilizing the following Safer Nursing Care Tools: Adult Inpatient Wards in Acute Hospitals, Adult Acute Assessment Units and Children's and Young People's Inpatient Wards.
- The report has now been completed and is due to be submitted to Trust board

S3

3.1.2 Bi-Annual Establishment Reviews 2026

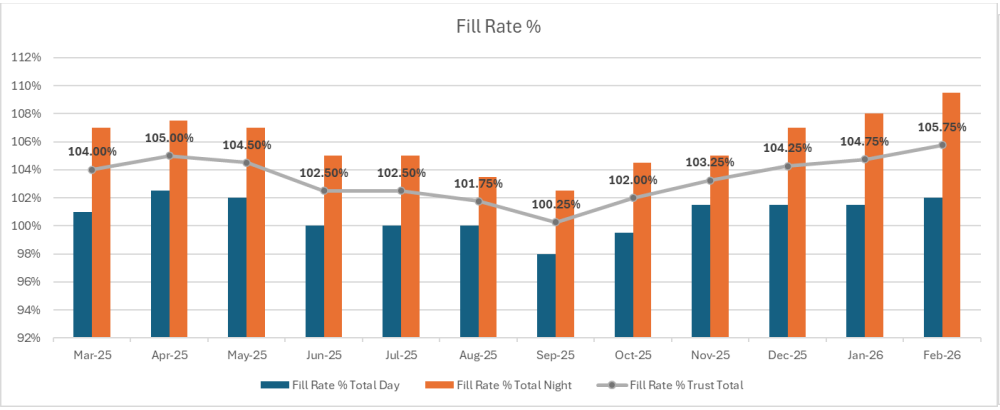
- The first bi-annual review for this year is due to commence in May 2026 using the relevant SNCT
- The second review will be undertaken in November 2026 using the relevant SNCT
- Any change in ward template or specialty will trigger a SNCT review of establishment

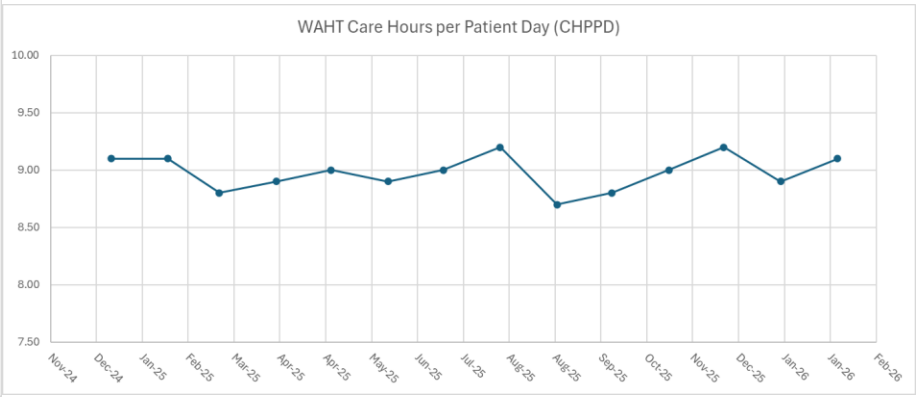
3.1.3 Electronic Rostering (Health Roster and SafeCare)

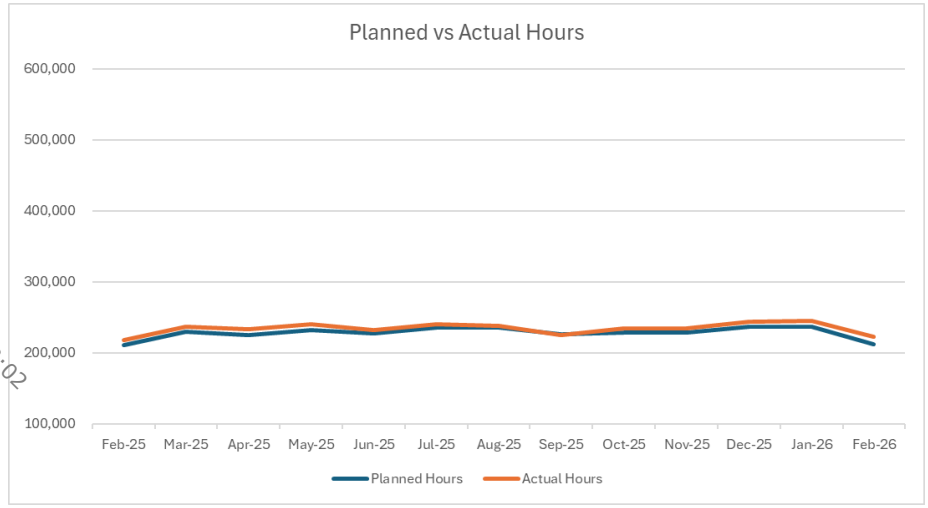
- LOOP application is in full operation with no issues reported
- E-Rostering KPIs are monitored through the Nursing, Midwifery and AHP Advisory Working Group and demonstrate good compliance

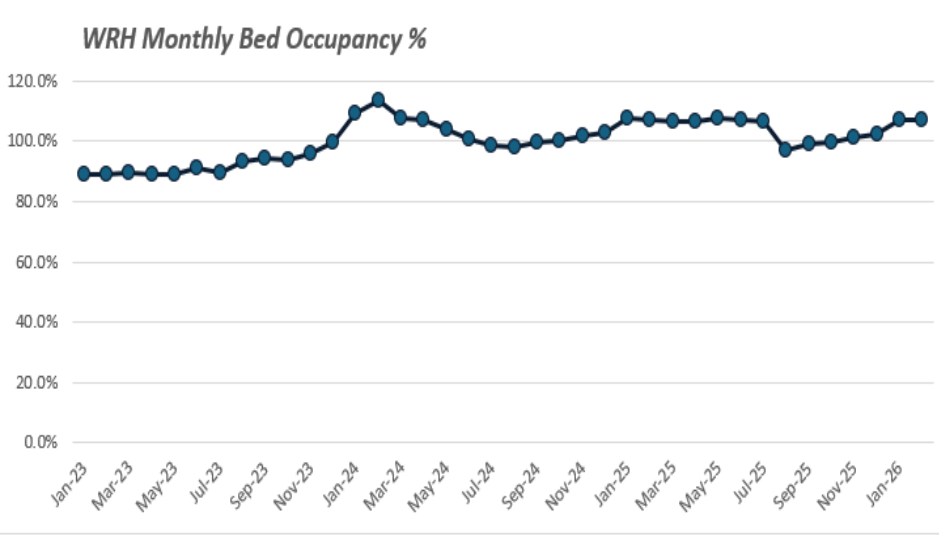
3. Expectation 1: Right Staff

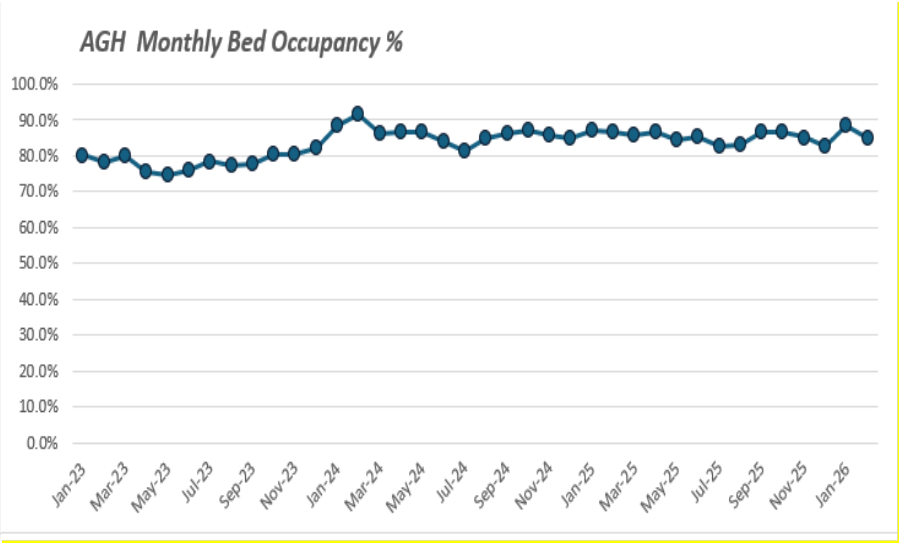
3.2 Safety performance metrics (WAHT)











Narrative:

- Whilst RN average fill rate remains stable (101% / 102% day and night respectively, HCA fill on nights has seen an increase in February to 117% attributable to ETOC (Enhanced therapeutic observations and Care)
- CHPPD in February 2026 was stable at 9.1 and above the national lower advised range of 6.3
- No area fell below the 6.3 lower advised limit in February 2026.

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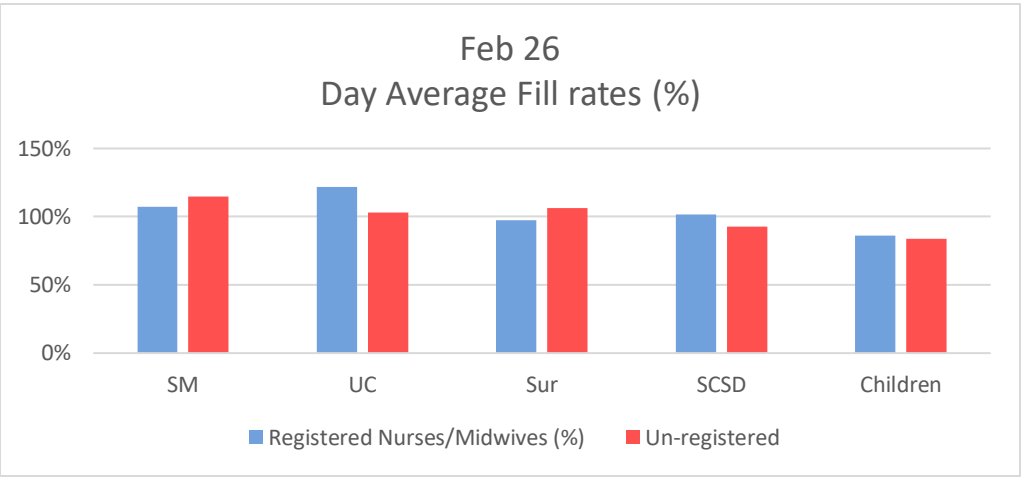
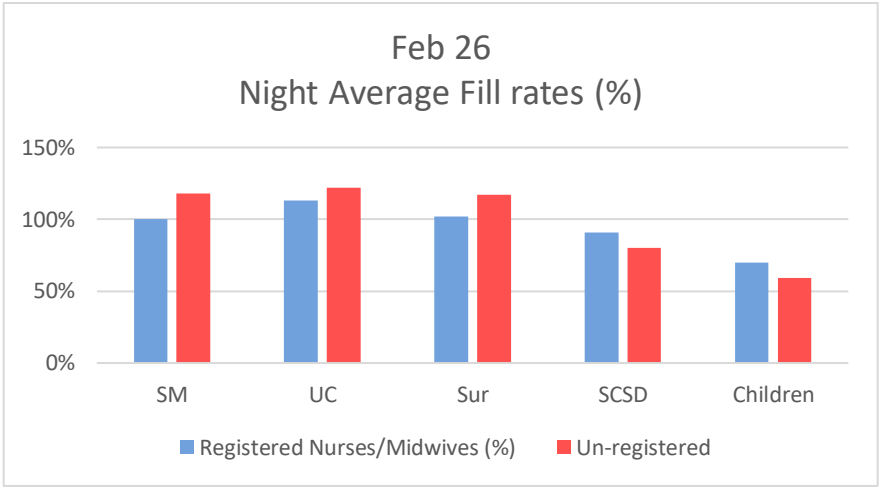
3. Expectation 1: Right Staff

3.2 Safety performance metrics

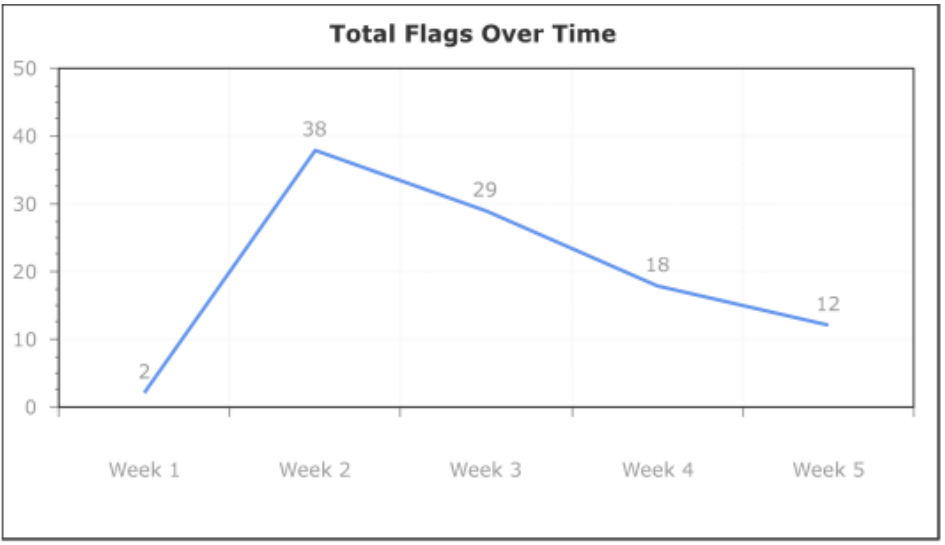


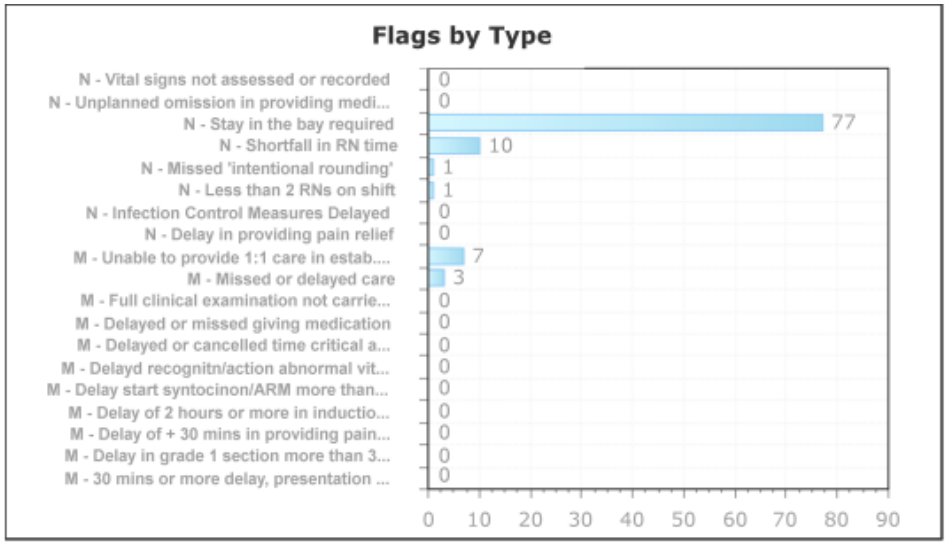


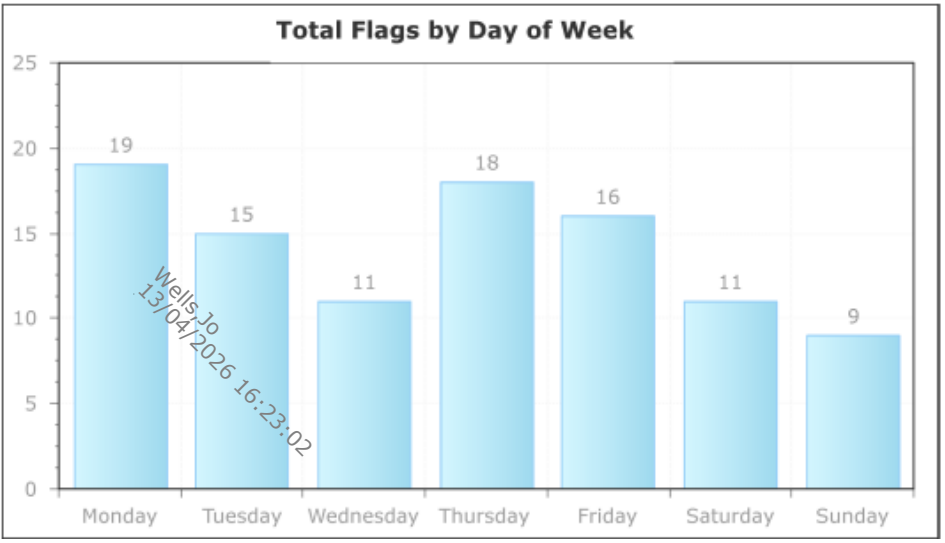
Narrative

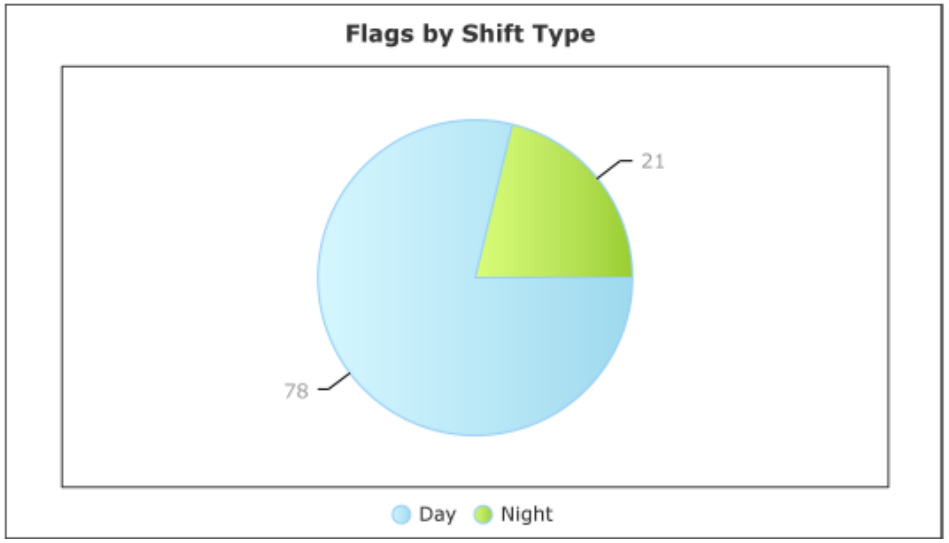
- Day and Night average fill rates analysis shows consistent fill across days and nights. ≤95 % only evident in SCSD and children's which is indicative of variations in acuity and dependency with CHPPD remaining stable in these areas and no specific safety concerns.
- 1-2-1 care and Enhanced therapeutic observations analysis to follow in future reports

Expectation 1: Right Staff
3.4 Red flag data for February 2026









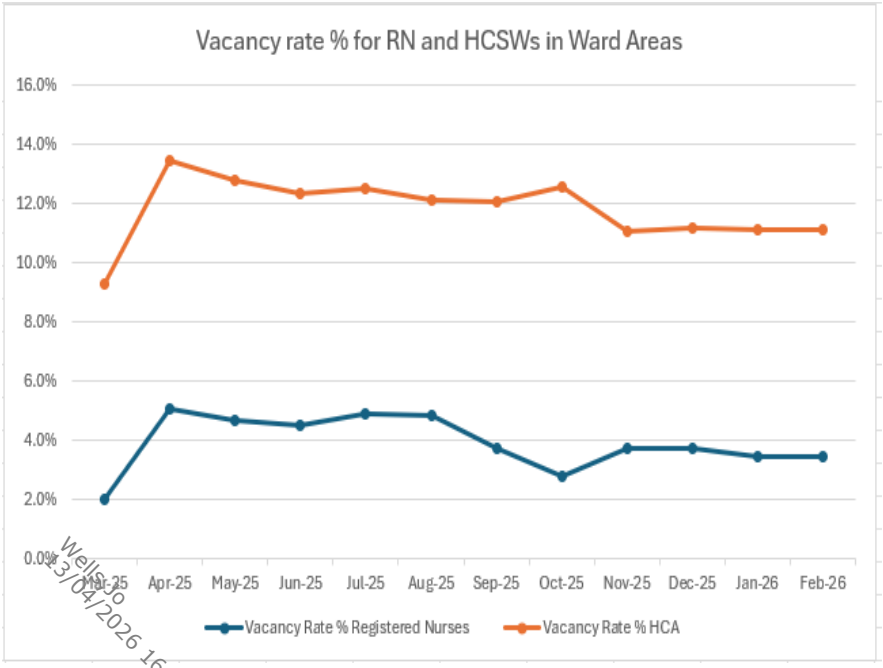
Narrative

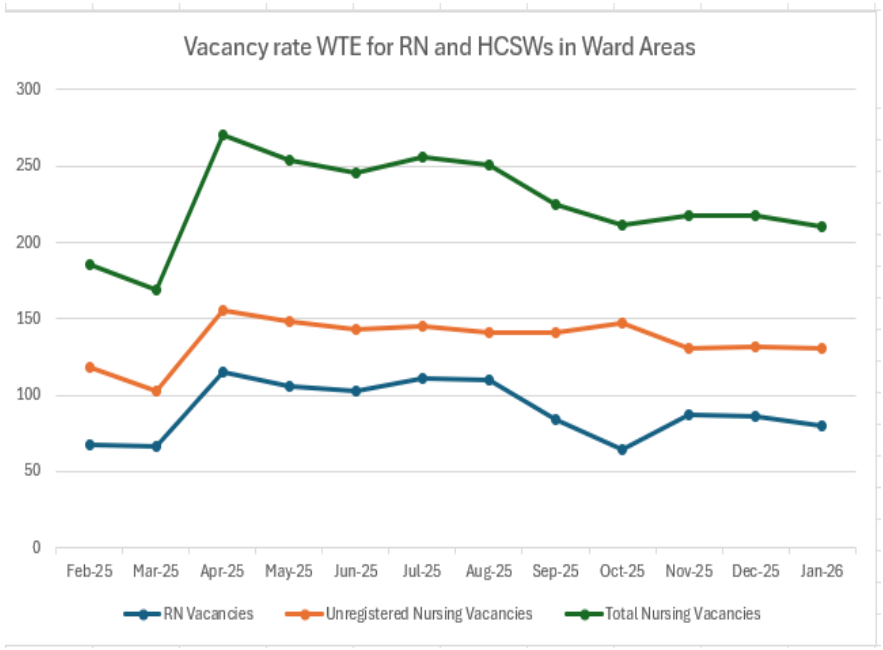
- Feb 2026 saw 99 (from 78 in January) red flags raised, 77 of these were raised for ‘stay in the bay’.
- Aconbury 3 reports ‘stay in the bay’ rather than when this cannot be achieved. Training is being done with tall areas as pat of the @workforce bitesize program which stat in March.
- Monitoring and reporting of red flags raised via safe care will be a focus in 2026 and has been added to both NWAG reporting and CEA ward accreditation. This will be supported by additional training for Matrons, Ward Managers and ward staff

3. Expectation 1: Right Staff

3.5 Vacant posts (Nursing)

Month	Vacancy Rate % Adult Nurse	Vacancy Rate % HCA	Adult Registered Nursing Vacancies (WTE)	Unregistered Nursing Vacancies (WTE)	Total Nursing Vacancies
Feb - 2026	3.47%	11.11%	80.58	130.51	211.09
Jan – 26	3.44%	11.14%	79.96	130.76	210.72
Dec - 25	3.72%	11.21%	86.35	131.59	217.94

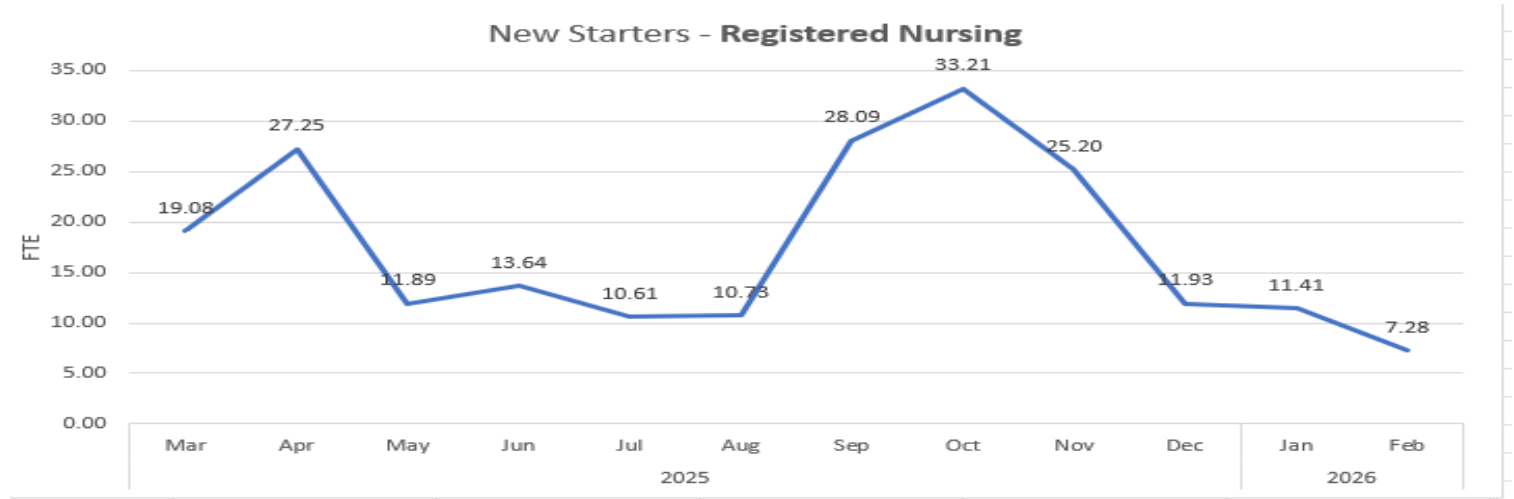


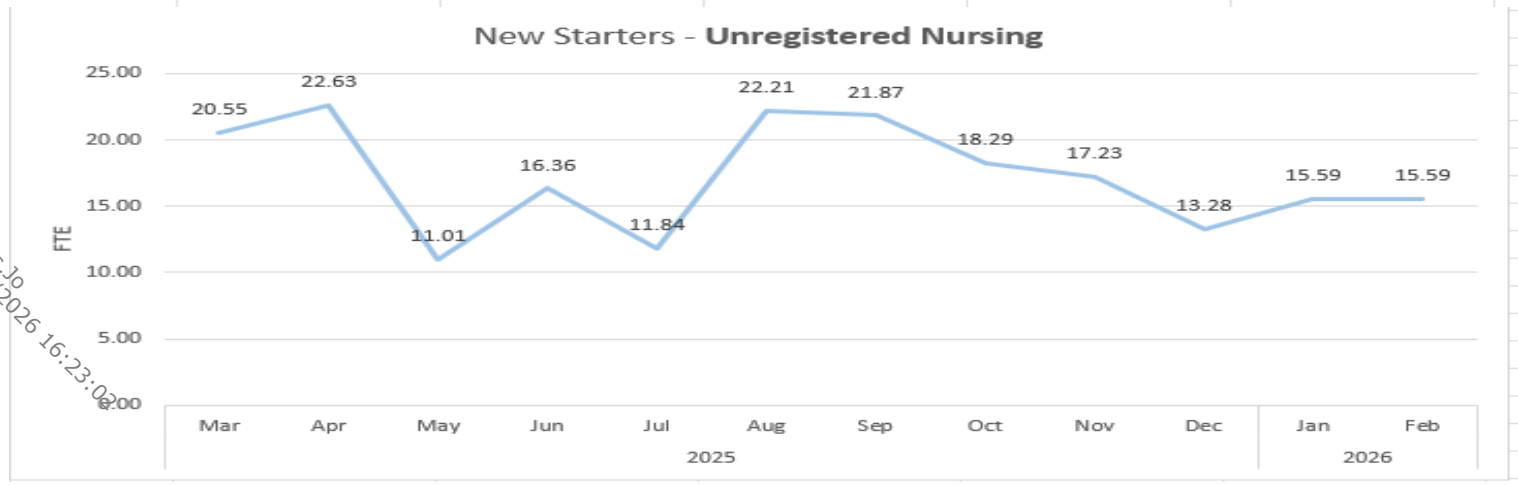


Narrative

- RN vacancies for February 2026 are currently at 80.58 WTE (3.47%) up by 0.03% from January and remaining below Model Health system level of 6.3%. This includes vacancies showing for areas not currently in use (Endoscopy at Evesham) and areas funded but not actively recruiting due to temporary status such as PDU. Approx 30 WTE offers have been made to Newly Qualified nurses from the April cohort at University of Worcester who are currently undergoing pre-employment checks and onboarding.
- HCA vacancies remain a focus for ongoing work across division / workforce and HR jobs team.

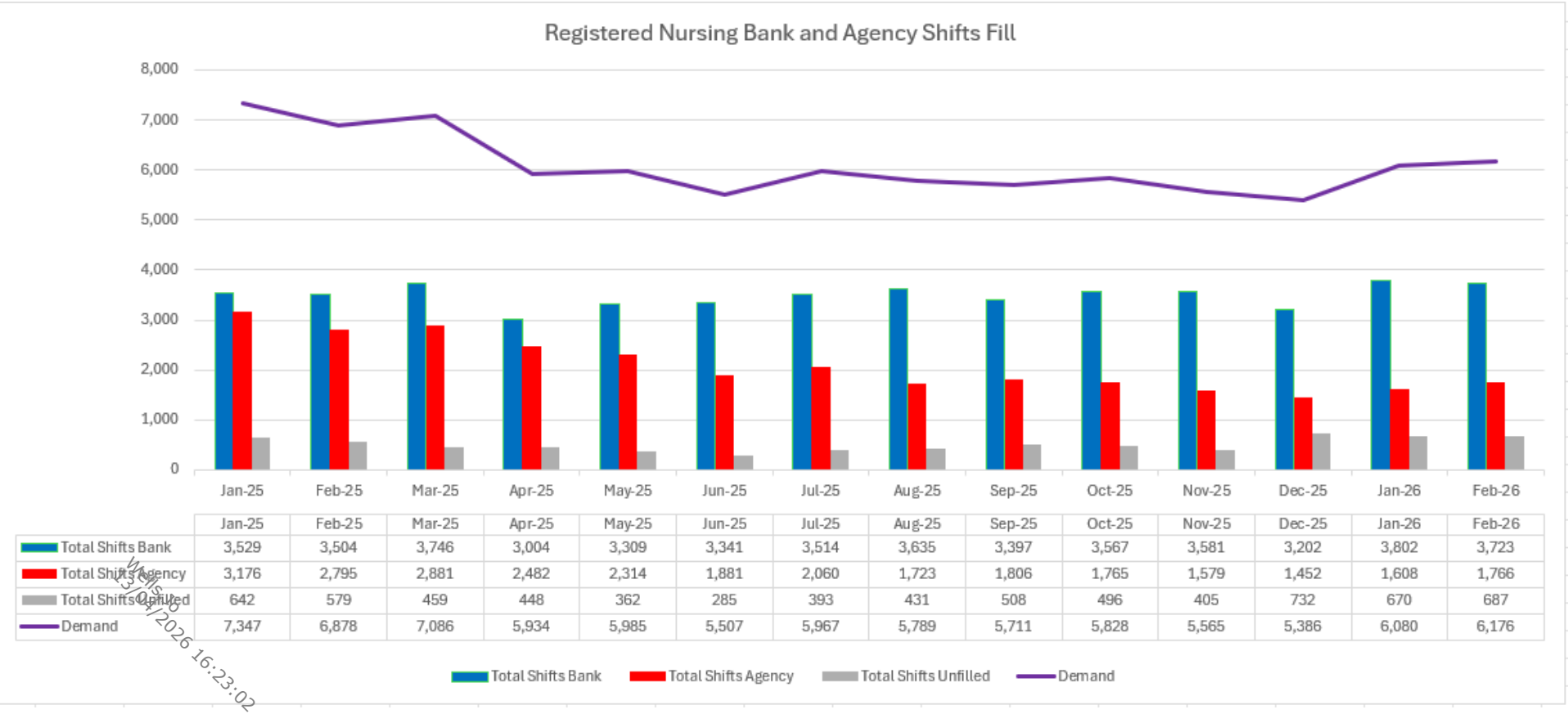
3. Expectation 2: 3.6 Right Skills





3. Expectation 3: Right Places

3.7 Effective Employment (Registered Temporary Staffing)

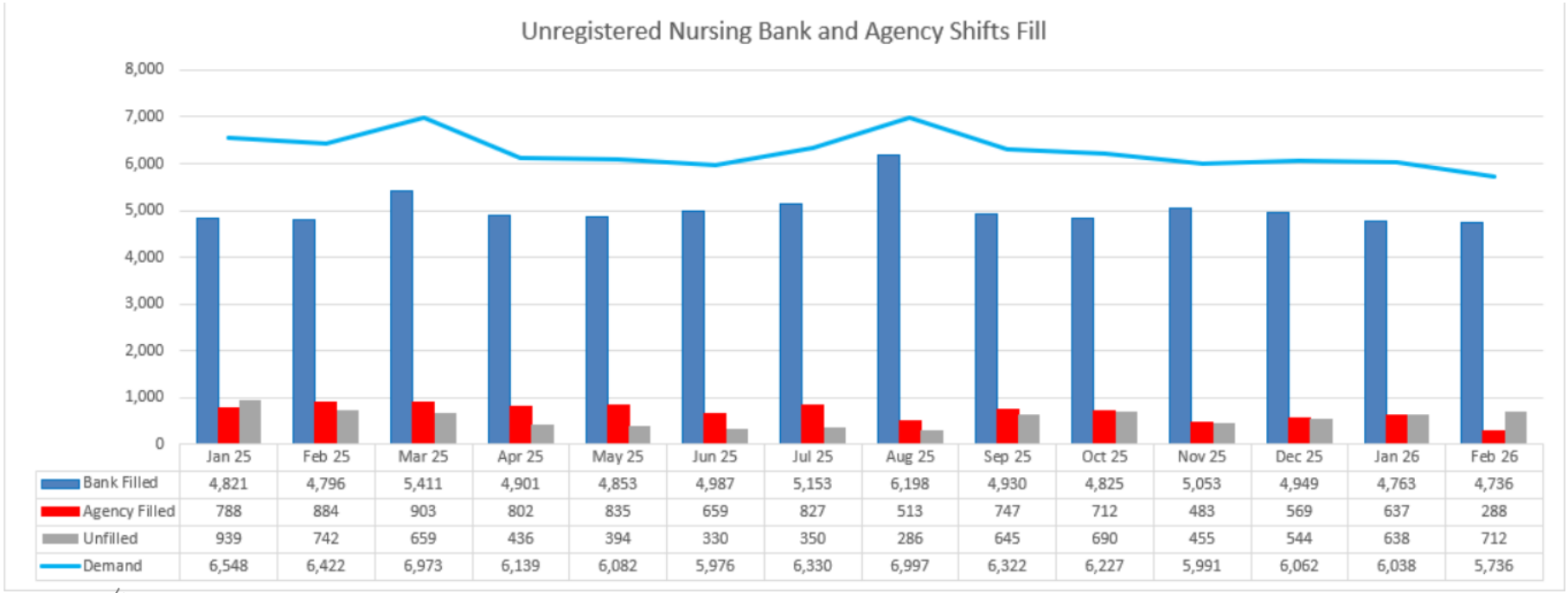


	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26
Total Shifts Bank	3,529	3,504	3,746	3,004	3,309	3,341	3,514	3,635	3,397	3,567	3,581	3,202	3,802	3,723
Total Shifts Agency	3,176	2,795	2,881	2,482	2,314	1,881	2,060	1,723	1,806	1,765	1,579	1,452	1,608	1,766
Total Shifts Unfilled	642	579	459	448	362	285	393	431	508	496	405	732	670	687
Demand	7,347	6,878	7,086	5,934	5,985	5,507	5,967	5,789	5,711	5,828	5,565	5,386	6,080	6,176

Total usage of bank and agency for registered nurses in February 2026 = 5489 hours (36.5 WTE)

3.Expectation 3: Right Places

3.7 Effective Employment (Unregistered Temporary Staffing)



	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26
Bank Filled	4,821	4,796	5,411	4,901	4,853	4,987	5,153	6,198	4,930	4,825	5,053	4,949	4,763	4,736
Agency Filled	788	884	903	802	835	659	827	513	747	712	483	569	637	288
Unfilled	939	742	659	436	394	330	350	286	645	690	455	544	638	712
Demand	6,548	6,422	6,973	6,139	6,082	5,976	6,330	6,997	6,322	6,227	5,991	6,062	6,038	5,736

Narrative

- The safer staffing escalation meetings continued daily Mon-Fri throughout February 2026, noting that enhanced bank rate (PA) was ceased on 8th December 2025.
- The use of temporary staffing hours decreased slightly in February 2026, (approx. 77K in month) mainly attributable to the 28-day month.
- As per NHSE targets WAHT removed agency HCSW from automatic cascade from Feb 9th 2026 with use being restricted to a 'break glass' process. In line with this the safer staffing escalation meeting has been increased to twice daily with a handover to the on-call team incorporated to ensure safe staffing and escalation points.
- Following the changes in cascade for this group, February has seen a significant reduction in agency HCSW usage at 10.66 WTE from 33.53 WTE in February 2025.

Additional Capacity used / open in January 2026:

Ward	Month	Registered		Unregistered		Registered	Unregistered
		Hours	Cost	Hours	Cost	WTE	WTE
Worcestershire Heart Centre	February	0	0	0	0	0	
Discharge Lounge Alex	February	172.5	£5,037.03	273.75	£5,086.61	1.1	1.7
Discharge Lounge WRH	February	60	£2046.50	292.25	£5264.07	0.4	1.8
AMA	February	1,028	£30,095.00	690	£14,040.00	6.9	4.6
PDU	February	2801	£80,127	2699	£56,055	18.67	17.99
Ward 12 flip bays	February	219.5	£6,834.97	142.5	£2,916.66	1.4	0.9
ASA	February	966	£26,711.06	644	£11,228.31	5.9	4.0
Medical SDEC WRH	February	642	£19,329.19	630	£14,025.40	4.0	3.9
Totals		**5,889**	**£170,180.75**	**5,371.5**	**£108,616.05**	**38.37**	**34.89**