



**Cumbria, Northumberland,
Tyne and Wear**
NHS Foundation Trust

**BOARD OF DIRECTORS MEETING IN
PUBLIC**



BOARD OF DIRECTORS MEETING IN PUBLIC



29 April 2026



10:00 GMT+1 Europe/London



Trust Board Room and via Teams



AGENDA

1. Standing Agenda Items	1
0.0 Board Agenda Public 29 April 26 DRAFT.pdf	2
1.1 Welcome and Apologies for Absence	6
1.2 Confirmation of quoracy and declarations of Interest.....	7
1.3 Minutes of the meeting held Wednesday 28 January 2026 - for approval.....	8
1.3 PUBLIC BOARD Minutes 28 January 2026 FINAL.pdf	9
1.4 Action Log and Matters Arising from previous meeting.....	18
1.4 BoD Action Log PUBLIC at April 2026.pdf	19
1.5 Integrated Performance Quarterly Report (Quarter 4).....	20
1.5 Integrated Performance Report.pdf.....	21
2. Strategic Ambition 1 - Quality care, every day	25
2.1 Quality and Performance Committee Quarterly Assurance Report.....	26
2.1 Triple A - Quality and Performance Committee April 26.pdf.....	27
2.2 Mental Health Legislation Committee Quarterly Report.....	31
2.2 Triple A - Mental Health Legislation Committee April 26 (1).pdf.....	32
2.3 Care Quality Commission (CQC) Core Service Improvement Plan update and Well Led Inspection findings	36
2.3 CQC Core Service Improvement plan and Well Led findings.pdf.....	37
3. Strategic Ambition 2 - Person led care, where and when its needed.....	44
4. Strategic Ambition 3 - A great place to work.....	45
4.1 People Committee Quarterly Assurance Report.....	46
4.1 Triple A - People Committee April 26.pdf	47
4.2 Staff Survey 2025 results	51
4.2 Staff Survey 2025 Results.pdf	52
4.3 Equality, Diversity and Inclusion annual Board objectives ? for approval and adoption.....	59
4.3 Board EDI Objectives 2025-26 Final (002).pdf	60
4.4 People and Culture Strategy 2026/31 ? for approval.....	63
4.4 People and Culture Strategy (002).pdf	64
4.5 CNTW Workforce Plan 2026/7 ? 2028/9 ? for approval	67
4.5 CNTW Workforce Plan 20267 20289.pdf	68
5. Strategic Ambition 4 - Sustainable for the long term, innovating every day.....	71
5.1 Resource and Business Assurance Committee Quarterly Assurance Report.....	72

5.1 Triple A - Resource and Business Assurance Committee April 26.pdf.....	73
5.2 Finance quarterly report (Quarter 4 - Month 12).....	76
5.2 Finance Q4 Month 12 Report.pdf	77
5.3 Delivering tomorrow, With You in Mind.....	83
5.3 Delivering tomorrow with you in mind.pdf.....	84
5.4 Delivery of Annual Plan and priorities 2025/26.....	87
5.4 Delivery of Annual Plan 2025-26 - Board April 2026.pdf.....	88
5.5 Annual Plan and Priorities 2026/27 ? for approval	93
5.5 Annual Priorities 2026 27.pdf	94
6. Strategic Ambition 5 ? working for, and with our communities.....	97
6.1 Digital, Data and Technology Committee Report.....	98
6.1 Triple A - DDTTC April 26 - Board in Public.pdf	99
7. Governance and Regulatory	102
7.1 Audit Committee Assurance Report and Terms of Reference - for approval.....	103
7.1 Triple A - Audit Committee April 26.pdf.....	104
7.2 Board Assurance Framework and risk report.....	116
7.2 Board Assurance Framework-Risk Report.pdf	117
7.3 Risk Appetite Framework and Risk Management Policy ? for approval	122
7.3 Risk Appetite Framework and Risk Management Policy.pdf.....	123
7.4 Annual Fit and Proper Persons test report and declarations of interest ? for approval.....	125
7.4 Annual FPPT report and DOI 2026.pdf	126
7.5 Annual Modern Slavery Statement ? for approval.....	130
7.5 Modern Slavery Statement April 2026.pdf.....	131
8. Any Other Business / Items for Information.....	136
8.1 Chair's Report	137
8.1 Chairs report.pdf	138
8.2 Chief Executive Report	143
8.2 Chief Executive report April 2026.pdf	144
8.3 Questions from Governors and the public.....	150
8.4 Report appendices / additional information.....	151
8.4.1 Appendix 1 Staff Survey 2025 Results Full Report.pdf	153
8.4.2 Appendix 1 People and Culture Strategy 2026-31.pdf.....	373

8.4.3a Appendix 1 - Trustwide Workforce Plan Final Draft.pdf.....	391
8.4.3b Appendix 2 - Group Plans.pdf	403
8.4.4 Appendix 1 - Strategic Ambition and Priorities Q4 2025-26 position.pdf.....	419
8.4.5 Appendix 1 2627 Priorities.pdf	447
8.4.7a RAF and RM Policy - Appendix 1 risk appetite.pdf	467
8.4.7b RAF and RM Policy - Appendix 2 - risk policy.pdf	468
8.4.8 Appendix 1 Fit and Proper Persons Register 2026.pdf	504
8.4.9 Appendix 1 CQC Core Service Improvement plan and Well Led findings.pdf.....	510
8.4.11a Appendix 1 Suggested IPR measures 2026-27 removed measures 25-26.pdf.....	514
8.4.11b Appendix 2 Trust Board of Directors Quarter 4 IPR Report - Data to Mar-26.pdf.....	516
8.4.10 Appendix EDI Objectives.pdf	533

1. STANDING AGENDA ITEMS

 Darren Best, Chair

REFERENCES

Only PDFs are attached

 0.0 Board Agenda Public 29 April 26 DRAFT.pdf

Board of Directors Meeting held in Public Agenda

Board of Directors Board meeting held in public Venue: Trust Board Room, St Nicholas Hospital and Via Microsoft Teams			Date: Wednesday 29 April 2026 Time: 10:00am – 12.30pm
	Item	Lead	
1.	Standing agenda items		
1.1	Welcome and Apologies for Absence	Darren Best, Chair	Verbal
1.2	Confirmation of quoracy and declarations of Interest	Darren Best, Chair	Verbal
1.3	Minutes of the meeting held 28 January 2026 – for approval	Darren Best, Chair	Enc
1.4	Action Log and Matters Arising from previous meeting	Darren Best, Chair	Enc
1.5	Integrated Performance Report (Quarter 4)	Ramona Duguid, Chief Operating Officer	Enc
2. Strategic Ambition 1 – Quality care, every day			
2.1	Quality and Performance Committee Quarterly Assurance Report	Louise Nelson, Committee Chair	Enc
2.2	Mental Health Legislation Committee Quarterly Assurance Report	Emma Moir, Committee Chair	Enc
2.3	Care Quality Commission (CQC) Core Service Improvement Plan update and Well Led Inspection findings	Sarah Glacken, Executive Director of Nursing and Therapies	Enc
	Break – 5 minutes		
3. Strategic Ambition 2 – Person led care, where and when it's needed			
	No items for the period		
4. Strategic Ambition 3 – a great place to work			

4.1	People Committee Quarterly Assurance Report	Brendan Hill, Committee Chair	Enc
4.2	Staff Survey 2025 results	Lynne Shaw, Executive Director of People and Organisational Development	Enc
4.3	Equality, Diversity and Inclusion annual Board objectives – for approval and adoption	Lynne Shaw, Executive Director of People and Organisational Development	Enc
4.4	People and Culture Strategy 2026/31 – for approval	Lynne Shaw, Executive Director of People and Organisational Development	Enc
4.5	CNTW Workforce Plan 2026/7 – 2028/9 – for approval	Lynne Shaw, Executive Director of People and Organisational Development	Enc

5. Strategic Ambition 4 – sustainable for the long term, innovating every day

5.1	Resource and Business Assurance Committee Quarterly Assurance Report	Emma Moir, Committee Chair	Enc
5.2	Finance Quarterly Report (Quarter 4 – Month 12)	Lis Dunning, Executive Director of Finance	Enc
5.3	Delivering tomorrow, With You in Mind	James Duncan, Chief Executive	Enc
5.4	Delivery of Annual Plan and priorities 2025/26	Ramona Duguid Chief Operating Officer	Enc
5.5	Annual Plan and Priorities 2026/27 – for approval	Ramona Duguid, Chief Operating Officer	Enc

6. Strategic Ambition 5 – working for, and with our communities

6.1	Digital, Data and Technology Committee Report	Thomas Webb, Committee Chair	Enc

7. Governance and Regulatory

7.1	Audit Committee Assurance Report and Terms of Reference for approval	Robin Earl, Committee Member	Enc
7.2	Board Assurance Framework and risk report	Debbie Henderson, Director of Communications and Corporate Affairs	Enc
7.3	Risk Appetite Framework and Risk Management Policy – for approval	Debbie Henderson, Director of Communications and Corporate Affairs	Enc

7.4	Annual Fit and Proper Persons test report and declarations of interest – for approval	Debbie Henderson, Director of Communications and Corporate Affairs	Enc
7.5	Annual Modern Slavery Statement – for approval	James Duncan, Chief Executive	Enc
8. Any other business / items for information			
8.1	Chair’s report	Darren Best, Chair	Enc
8.2	Chief Executive report	James Duncan, Chief Executive	Enc
8.3	Questions from Governors and the public	Darren Best, Chair	Verbal
8.4	Report appendices / additional information 8.4.1 Staff survey results full (agenda item 4.2) 8.4.2 People and Culture Strategy (agenda item 4.4) CNTW Workforce Plan 2026/7 – 2028/9 (agenda item 4.5) 8.4.3a Trust-wide workforce plan 8.4.3b Group Plans 8.4.4 Strategic Ambitions and Priorities Quarter 4 2025-26 position (agenda item 5.4) 8.4.5 Annual Priorities 2026/27 (agenda item 5.5) 8.4.6 Risk Appetite Framework (agenda item agenda item 7.3) 8.4.7 Risk Management Policy (agenda item 7.3) 8.4.8 Fit and Proper Persons test register (agenda item 7.4) 8.4.9 CQC Core Service Improvement Plan (agenda item 2.3) 8.4.10 Equality, Diversity and Inclusion Annual Board Objectives (agenda item 4.3) 8.4.11 Integrated Performance Report Quarter 4 (agenda item 1.5)		
Date of next meeting Wednesday 29 July 2026, 10.00am – 12.30pm, St Nicholas Hospital Board Room and via Microsoft Teams			

Cumbria, Northumberland, Tyne and Wear (CNTW) Risk Appetite Statement

CNTW recognises that its long-term sustainability depends upon the delivery of its strategic ambitions. CNTW will not accept risks that materially provide an adverse impact on quality, safety, experience, and effectiveness.

However, CNTW has a greater appetite to take considered risks in terms of partnership working, and collaboration on organisational and system issues, and clinical innovation, in terms of its willingness to take opportunities where positive gains can be anticipated and/or it is in the best interests of the population we serve.

Category	Risk Appetite	Risk Appetite Score
Quality (effectiveness and experience)	CNTW has a LOW appetite for risks that may compromise the delivery of outcomes, or risks that may affect the experience of, our service users.	6-10
Quality (safety)	CNTW has a LOW appetite for risks that may compromise safety.	6-10
Statutory and regulatory compliance	CNTW has a LOW appetite for risks which may compromise the Trust's compliance with its statutory duties and regulatory requirements.	6-10
Financial	CNTW has a LOW appetite for risks that impact on the possibility of financial loss and our ability to deliver care and treatment in the longer-term.	6-10
Digital – Cyber threats	CNTW has a LOW appetite for risks which may compromise the Trust's digital infrastructure.	6-10
Workforce/staffing	CNTW has a LOW appetite for risks associated with the Trust's workforce supply, skills and capacity and wellbeing within an appropriate culture.	6-10
Model of care	CNTW has a MODERATE appetite for risks associated with the development of the organisations model of care that does not compromise quality of care.	12-15
Estate infrastructure	CNTW has a MODERATE risk appetite for poor estates and infrastructure that may impact on our ability to deliver care in a safe environment.	12-15
Climate and Ecological Sustainability	CNTW has a MODERATE appetite for risks that may result in the harming of the environment which could lead to affect the physical and mental health of the populations we serve.	12-15
Innovation	CNTW has a MODERATE appetite for risks associated with clinical, non-clinical and digital innovation that does not compromise quality of care.	12-15
Partnership working	CNTW has a HIGH appetite for risks associated with working in partnership and collaboration across the NENC system which may support and benefit the people we serve.	16-25

1.1 WELCOME AND APOLOGIES FOR ABSENCE

 Darren Best, Chair

1.2 CONFIRMATION OF QUORACY AND DECLARATIONS OF INTEREST

 Darren Best, Chair

1.3 MINUTES OF THE MEETING HELD WEDNESDAY 28 JANUARY 2026 - FOR APPROVAL

 Darren Best, Chair

REFERENCES

Only PDFs are attached

 1.3 PUBLIC BOARD Minutes 28 January 2026 FINAL.pdf

**Minutes of the PUBLIC meeting of the Board of Directors
Wednesday 28 January 2026, 10am – 12.30pm
Trust Boardroom, St Nicholas Hospital**

Present:

Darren Best, Chair
Brendan Hill, Non-Executive Director/Vice-Chair
Louise Nelson, Non-Executive Director / Senior Independent Director
Rachel Bourne, Non-Executive Director
Vikas Kumar, Non-Executive Director
Emma Moir, Non-Executive Director
Thomas Webb, Non-Executive Director

James Duncan, Chief Executive
Rajesh Nadkarni, Deputy Chief Executive / Executive Medical Director
Ramona Duguid, Chief Operating Officer
Sarah Glacken, Executive Director of Nursing and Therapies
Lis Dunning, Executive Director of Finance
Lynne Shaw, Executive Director of Workforce and Organisational Development

In attendance:

Richard Lee, Associate Non-Executive Director
Debbie Henderson, Director of Communications and Corporate Affairs / Trust Secretary
Kirsty Allan, Deputy Trust Secretary / Corporate Governance Manager (Minutes)
Julia Clifford, Community and Voluntary Sector Governor
Bea Groves McDaniel - Community and Voluntary Sector Governor
Russell Bowman, Service User Governor – Neuro Disability Services
Sam Brass, Clinical Staff Governor
Anita Kniveton, Carer Governor – Adult Services
Nicola Todhunter, Staff Non-Clinical Governor
Gemma Miles, Staff Non-Clinical Governor
Ruth Berkley, Local Authority Governor – South Tyneside Council
Rahul Bhugra, Public Governor – Sunderland
Tom Bentley, Public Governor - Gateshead
Toby Brandon, Northumbria University Governor

One Public member

1. STANDING AGENDA ITEMS

1.1 Welcome and apologies for absence.

Darren Best welcomed everyone to the meeting extending a warm welcome to Lis Dunning newly appointed Executive Finance Director and apologies for absence were noted from Robin Earl, Non-Executive Director.

1.2 Confirmation of quoracy and declarations of Interest

There were no new conflicts of interest declared for the meeting. The meeting was confirmed as quorate.

1.3 Minutes of the meeting held on 5 November 2025 – For Approval

The Board accepted the minutes from the meeting held on 5 November 2025 were approved as an accurate record.

Clarification was sought on the Equality, Diversity and Inclusion (EDI) action regarding representation on the Patient Safety Incident Response Framework (PSIRF) Steering Group. Action confirmed as being completed with appropriate representation assured.

1.4 Action log and Matters arising from previous meeting

The Board reviewed and discussed the Action Log. There were no updates scheduled for this meeting.

1.5 Integrated Performance Report (Quarter 3)

2. STRATEGIC AMBITION 1 – QUALITY CARE, EVERYDAY

2.1 Quality and Performance Committee Quarterly Assurance Report

Louise Nelson provided a summary of key issues and areas of scrutiny. The Integrated Performance Report (IPR) identified several indicators of sustained underperformance, specifically in the areas of safety and risk management plans, seven-day follow-up, four-week waits for Adult and Older Adult pathways, and the number of patients clinically ready for discharge. Nonetheless, improvements were noted across a number of services despite ongoing operational pressures. In terms of waiting times, there has been a reduction in the number of people waiting in several areas, although challenges with four-week waits persist.

The Committee held recent quality focus sessions, conducting in depth review into incidents of self-harm and suicide, which included learning related to ligature risks and collaborative work with North East Quality Observatory Service (NEQOS) on risk assessment assurance. A new area of scrutiny focused on nasogastric feeding and the use of restraint, with the Committee receiving assurance that the usage of these interventions remained low and was decreasing.

The Committee noted that significant challenges persist regarding length of stay, with ongoing efforts involving Local Authorities to address care package arrangements. Work to develop alternative care pathways is currently underway. The Committee also reviewed themes emerging from incidents and deaths, examining national data and actions implemented Trust-wide.

The Committee commended the completion of longstanding actions related to the CQC Action Plan for CNTW.

During the Board's discussion, concern was expressed regarding the clarity of actions, ownership, and the pace of improvement in relation to performance metrics that remain persistently off target. The Board identified the need for more explicit reporting on root causes, trajectories, pace, and the impact of remedial actions. There was a consensus on the importance of avoiding false assurance, referencing lessons learned from the Aubrey report.

Quality and Performance Committee will undertake a focused review at its next meeting of those areas within the IPR that are consistently off target. Future Board assurance reports are to provide clearer commentary on underlying causes, the effectiveness of recovery plans, timelines, and associated risks.

2.2 Mental Health Legislation Committee Quarterly Assurance Report

Emma Moir referred to the report and noted that the Mental Health Act 2025 had received Royal Assent on 18 December 2025, with most of its provisions scheduled to commence in 2030. Tribunal powers relating to deprivation of liberty for restricted and conditionally discharged patients will come into force in February 2026. The Committee acknowledged the establishment of a dedicated Mental Health Act modernisation working group and noted that an associated risk had been added to the Board Assurance Framework. It was further reported that a new dashboard prototype is currently being developed to enhance insight, replacing the previous lengthy activity report.

The committee discussed current areas of non-compliance and observed that Section 132 Rights are not consistently evidenced as being given and revisited. Improvements are also required in the compliance of Second Opinion Appointed Doctor (SOAD) requests.

During the Board's discussion, members emphasised the need for caution regarding explanations such as “completed but not recorded” and highlighted the necessity for greater precision in recovery plans.

The Board raised an action to clarify the timeline for the Trust-wide roll-out of the new ligature assessment process. It was agreed that a clear timetable for the full implementation of the strengthened environmental risk assessment (ligature) process would be provided to the Quality and Performance Committee.

Action:

- **The Quality and Performance Committee will receive a clear timetable for the full implementation of the strengthened environmental risk assessment (ligature) process at the next meeting.**

2.3 Care Quality Commission Final Assessment Report (Children and Adolescent Mental Health Services)

Sarah Glacken presented an update to the Board informing that the Children and Young People's Services inspection report had been published on 16 January 2026. This report identified five breaches of regulation. An action plan template had been received from the Care Quality Commission (CQC) and would be incorporated into the combined action plan in the following week. The inspection highlighted a number of positive findings, particularly in relation to medicines management, staff respect, and the provision of tailored activities.

With respect to Older People's Ligature Assessments, it was noted that all assessments had been completed. A new, enhanced methodology for these assessments is being introduced in a phased manner, taking into account the necessary staff training and operational implications.

The Board was advised that the draft report from the Crisis Services three-day review was still awaited. Similarly, the draft report for the Well-Led Inspection remained outstanding, and its publication was now overdue relative to the CQC's own internal timeline.

During the ensuing Board discussion, members reiterated the importance of maintaining focus on the pace and sustainability of responses to CQC requirements. The Board emphasised the need to avoid binary assurance reporting and to ensure that assurance was based on triangulated evidence from performance, quality, and operational intelligence. It was recognised that there is often a lack of clarity regarding the CQC's expectations and that it was important to avoid second-guessing regulatory requirements. This should be achieved by continuing direct honest engagement with the CQC. The Board commended the Chief Executive for the open and honest approach to communication with the national leadership team at the CQC.

Action:

- **It was agreed that the combined CQC action plan would be updated to link each action to the relevant inspection.**

2.4 Learning from Deaths Assurance Report

The report highlighted that the total number of deaths over the past two years remained stable, at approximately 1,600 to 1,700 annually. Key findings identified major themes, including drug and alcohol-related deaths, which accounted for 40% of the total, and suicide and self-harm, representing 25%. It was noted that male mortality was higher across all categories, and premature mortality was significantly elevated among individuals with Serious Mental Illness. Geographical analysis revealed that the highest levels of mortality were observed in Cumbria, Newcastle, and Northumberland.

The report further detailed that premature mortality was strongly associated with multi-morbidity, smoking, obesity, and long-term physical health conditions. During the Board discussion, members requested that future reports place greater emphasis on the implications for CNTW, rather than focusing solely on national trends. The Board agreed upon three priority areas for the following year's report:

monitoring the delivery and impact of the addictions five-point plan, examining local authority-level suicide prevention work with particular reference to CNTW's contribution, and addressing neighbourhood health and health inequalities, particularly in relation to older men.

A proposed change to the methodology was discussed, with the intention to align with NEQOS by counting only deaths occurring within twelve months of service contact.

It was noted that Damian Robinson is to retire in the coming months and the Board formally thanked the Damian for their many years of dedication and contribution to the Trust.

3. STRATEGIC AMBITION 2 – PERSON LED CARE, WHERE AND WHEN ITS NEEDED

There were no reports for this period

4. STRATEGIC AMBITION 3 – A GREAT PLACE TO WORK

4.1 People Committee Quarterly Assurance Report

Brendan Hill drew attention to the areas of training, appraisal, and sickness as referenced in the People Committee report. Training performance has been generally positive, with appraisal compliance demonstrating continued improvement. Nonetheless, sickness absence remains a considerable challenge, with substantial further work required. Within the committee's remit, two principal risks were noted: sustainable workforce development and staff motivation, engagement, wellbeing, and the ability to speak up. These risks continue to be monitored as part of the broader review process.

Statutory and mandatory training performance has shown improvement overall. It was noted that disability and autism training is not yet mandatory, and concerns were raised regarding the urgency of ensuring staff have access to and complete this training. The Committee observed an increase in flexible working requests, which continue to be reviewed to ensure an appropriate balance between service delivery requirements and individual staff needs. Reference was made to the twice-yearly People Committee workshops, the most recent of which occurred in January, with ongoing workforce planning linked to issues highlighted through the CQC's Well-Led domain.

Robustness testing was discussed, with workshop sessions utilising specialty-level examples to review staffing numbers and reduction targets. These exercises were deemed beneficial for providing clarity and assurance in workforce planning. Sickness absence remains an area requiring improvement, as reflected in the action plan.

There has been an increase in the number of speaking up concerns raised, supported by the Freedom to Speak Up Champions and Guardians, indicating improved awareness and accessibility of speaking-up mechanisms. Vikas Kumar highlighted the importance of ensuring Guardians possess the capacity to respond promptly. In October, Lynne reported that the Freedom to Speak Up route recorded the highest number of cases in the past decade. Five new Guardians have been recruited, and a process established to ensure swift engagement with individuals raising concerns. Clarification was sought regarding the timescales, expectations, and procedures for raising, recording, and investigating concerns, with Darren Best emphasising the need for supporting data to underpin these processes.

A summary of the sickness action plan is included in the IPR report, accompanied by projections for improvement. The plan involves a review of all short-term absences, targeting areas of concern, and aligning actions with the medium-term plan. Lynne Shaw explained triangulation data, noting its confidential and anonymous nature. Hotspot areas have been identified, and discussion ensued on how local leadership might further investigate these areas and take appropriate action. The importance of learning from cases and incidents was stressed, to refine processes and give staff the best opportunity to speak up. There has been an increase in the number of individuals from across a wide range of professions raising concerns and accessing the service. The predominant theme relates to management behaviours and the impact of the grievance process on attendance.

4.2 Raising Concerns and Whistleblowing bi-annual report

This report was discussed under item 4.1

5. STRATEGIC AMBITION 4 – SUSTAINABLE FOR THE LONG TERM, INNOVATING EVERYDAY

5.1 Resource and Business Assurance Committee Quarterly Report

Emma Moir informed the Board that the Committee has begun to refine and reshape its agenda and reporting to ensure clearer alignment with Trust objectives, with themes now mirrored more consistently across committees. The committee's current areas of focus include progress against the short-term financial plan, the implications of the model of care, and maintaining alignment with the work of other Board Committees.

Members discussed the variables that continue to affect the deliverability of the short-term financial plan. These include ongoing pressures linked to workforce costs, high-acuity service demand, and other factors highlighted in the financial recovery position. The committee acknowledged that these variables create uncertainty regarding the pace and scale of required financial improvement.

The Committee reviewed progress on the development of the medium-term plan, which spans a three-year period. While break-even may be achievable in certain areas, others face significant challenges. The committee recognised the need to move beyond purely data-driven comparisons to better understand what the intelligence means for future planning.

Emma highlighted that this represents an important shift in approach. For instance, rather than being driven by the limitations of national reference cost data, the medium-term plan will reflect a clearer narrative about why the Trust's costs appear higher and how this will be addressed.

James Duncan drew attention to the reference cost position. He emphasised that this should not be presented as a definitive judgment on Trust relative productivity as it is influenced by a range of factors and the model of care and support. It should be seen as contextual information requiring deeper insight and triangulation. The Committee agreed that future reports should provide clearer insight into what the benchmarking data tells us, distinguish between cost differences that are unavoidable due to service type and those that can be addressed and ensure that the Trust can fully articulate and understand its reference costs, particularly when placed within a national context.

Emma reiterated that the organisation is on a journey away from a narrow reliance on reference-cost benchmarking, and that this shift will be reflected in the medium-term plan. A dedicated session on 6 February will examine reference costs in detail and determine the next phase of analysis.

Darren noted that the session on 6 February must be structured in two parts a) a detailed and informative review of reference costs and benchmarking insights and b) a clear articulation of ownership of the medium-term plan, ensuring everyone understands their contribution, the required actions and associated accountability. Darren emphasised the importance of collective ownership and the need to be held to account for delivery.

Emma confirmed that the estates programme remains in a generally healthy position. Work is ongoing to refine the dashboards, which will support clearer oversight of progress and risk. The committee also discussed whether it may be possible to mitigate the £3m surplus within the capital programme, noting that options will be reviewed as part of the broader estates planning process.

The committee reviewed the three key risks under its remit, including the newly added Board Assurance Framework cashflow risk, which reflects the potential for insufficient cash availability and the implications for borrowing from NHS England. These risks continue to receive heightened attention due to their significance to organisational sustainability.

5.2 Finance Quarterly Report (Quarter 3)

Lis Dunning provided an update on the Month 9 financial position. Short-term pressures continue to arise from Out of Area Treatments (OATs), drug cost pressures, and delayed discharges, all of which remain significant contributors to the in-year financial challenge. The urgent recovery programme has enabled the Trust to reverse staffing over-establishment and bring worked WTE and headcount closer to plan. This has supported the overall financial position, and the Trust has largely addressed the original

financial recovery requirement of £4.1m, with £3.8m recovered to date. An estimated £0.3m remains to be delivered.

Lis noted that the Voluntary Severance Scheme (VSS) will create an additional cost pressure within the financial year, which may accelerate some of the risks already identified in the Month 9 report. James Duncan highlighted a further emerging pressure of approximately £1m associated with the VSS, with 75 staff accepting the scheme. While this contributes to the longer-term workforce reduction trajectory, it also introduces financial pressure prior to year-end as severance costs are incurred by 31 March. He emphasised the importance of reflecting this pressure clearly in the financial narrative. Reductions in headcount and worked WTE are expected to have a positive impact on the Trust's reference cost position in the medium term. The run-rate improvements achieved in 2025/26 will continue into next year, placing the Trust in a comparatively better position. The Board was assured that the Trust's capital and cash position remains stable, with confidence in the organisation's overall financial health. However, it was acknowledged that the Trust will likely require additional cash draw-down in 2026/27, reflecting the planned reduction in cash balances this year and the constraints imposed by the National Oversight Framework on the use of prior-year surpluses.

The Month 9 report identifies a range of potential cash outcomes, dependent on settlement of commissioner disputes most notably relating to the Mitford Unit where the final income position could affect the year-end cash balance. It was noted that while the Trust remains within acceptable cash tolerances, this is an area requiring close monitoring.

The Board noted the substantial reduction of over 400 WTE during the year to December, with a further 30 WTE forecast by year-end. This reduction is a direct outcome of the urgent recovery programme and is expected to support a more favourable reference cost position next year, assuming continued control of the workforce run-rate. James Duncan reiterated the importance of ensuring that reductions in WTE and improved alignment to establishment are clearly articulated in future benchmarking conversations, noting that these changes strengthen the Trust's position going into the medium-term planning cycle.

5.3 Annual Plan Delivery update 2025-2026

James Duncan introduced the Annual Plan Delivery Update, noting that the paper was provided for information and forms part of the Trust's ongoing review of progress against the 2025/26 objectives and preparation for setting priorities for 2026/27. He explained that work is underway to refine next year's priority areas and ensure a focused agenda that will support effective delivery of the medium-term plan. Rachel Bourne asked how the Trust intends to strengthen its responsiveness to patients and families who raise concerns, and how this improvement will be measured. This aligns with the update provided in the report, particularly the priority within Strategic Ambition 1 – Quality care, every day, which includes strengthening communication with families and carers and improving responsiveness when concerns are raised. In response, Sarah Glacken clarified that work is underway to improve measurement and oversight, and that progress will be routinely assessed through three key metrics reported in the Integrated Performance Report (IPR). These metrics relate to involvement of families and carers in risk frameworks and safety plans, service-user involvement in developing care plans, and patient-reported experience measures ("How was your experience?" and "Did you feel safe?").

Sarah added that information and assurance will also be channelled through the Quality and Performance Committee, where a more detailed set of metrics is being developed to understand whether individuals feel listened to and whether families are appropriately involved in care planning and safety planning. These improvements relate directly to the objectives in the delivery plan to strengthen co-production, enhance multidisciplinary involvement, and improve safety and risk processes across services.

James Duncan noted that this emphasis on actionable metrics and clearer insight will continue into next year's planning cycle, ensuring the Trust maintains strong alignment between strategic ambitions, delivery objectives and measurable outcomes.

6. STRATEGIC AMBITION 5 – WORKING FOR AND WITH OUR COMMUNITIES

6.1 Digital, Data and Technology Committee Report

Thomas Webb introduced the update and noted the continued increase in cyber-security activity, reflecting both the Trust's strengthened protections and the wider national rise in attempted cyber-attacks. He confirmed that the Trust's enhanced cyber posture may not yet translate into a reduced risk score because the likelihood of attack across the NHS and government sectors has increased significantly, a position recognised in the Board-approved uplift of BAF Risk 2547 score from 12 to 16. Thomas advised that further analysis of the evolving threat environment will be brought to a future meeting as part of the committee's ongoing oversight of cyber readiness.

The committee noted the intention to move towards a costed digital strategy and roadmap, ensuring long-term investment requirements are clearly articulated and aligned to the Trust's strategic ambitions and financial framework. This mirrors the committee's remit to assure the effective development and delivery of the Digital and Data Strategies and the appropriate use of resources.

Darren Best thanked colleagues for their work in establishing the new Committee, acknowledging that this was the first substantive meeting of the Digital, Data and Technology Committee.

Emma Moir highlighted that, given the scale of national risk, it is highly likely that an attempted cyber-attack will occur, and therefore robust contingency arrangements are essential. Thomas confirmed that strengthening business continuity and incident-response arrangements represents the next phase of development and aligns with the discussion held at the December committee meeting on digital business continuity and response processes.

Emma also emphasised the operational reality that the Trust continues to operate with a mixture of digital and analogue working practices, and that digital resilience must account for this hybrid environment. Thomas noted that work is underway to map and modernise critical analogue dependencies as part of the wider digital strategy refresh.

Richard Lee asked whether the increased investment required for cyber and digital capability had been addressed within the Medium-Term Plan. This aligns with the report's recognition that sustained underinvestment indicated by lower-quartile digital spending and staffing requires strategic correction.

James Duncan acknowledged that the coming financial year will be challenging but confirmed that years 2 and 3 of the medium-term plan are expected to include strengthened investment in digital infrastructure, recognising that digital capability underpins future service transformation and sustainability. He noted the need for clarity around which digital priorities require early investment to place the Trust in a strong position by year three.

Darren Best reiterated the Board's desire to see clearer, more integrated reporting that links Model of Care, digital investment, workforce and financial planning, so that the Board can more easily evaluate interdependencies across money, people and digital capability. He stressed that digital remains a core strategic priority (ambitions 3 and 4) and that the Board must maintain visibility of how digital tools will support service transformation and operational improvement.

6.2 Charitable Funds Committee Report

Vikas Kumar provided an update on the Charitable Funds Committee meeting held on 14 January, outlining key activities and areas of assurance. He highlighted the discussions with the Chair's Charity Network, noting that while there was an appetite for shared learning and collaboration, Trust charities across the region expressed limited appetite for ring-fenced or pooled funding contributions due to financial constraints. As reflected in the report, a decision has therefore been taken to stand down the Network, with continued focus on strengthening operational networks.

Vikas confirmed that the Charity continues to maintain 54 Specific Funds and one General Fund (SHINE), with progress made during the period to address dormant funds, including increased engagement with fund holders and a slight rise in expenditure levels. The committee also noted recent successful legacy donations, which have contributed to a net increase in charitable income, as reflected

in the charity accounts update. Vikas reported that fundraising activity has remained strong, referencing the wide range of Christmas-related initiatives outlined in the report, including community events, supermarket donations, and service-led fundraising that contributed to a successful December period. He also drew the Board's attention to the Workforce Well-being Grant, secured through NHS Charities Together, noting its importance and asking the Board to note its delivery. The grant focuses on supporting staff through processes linked to sexual safety, coronial involvement and serious cases.

Darren Best commented that he had observed the committee's work and described the meeting as uplifting, acknowledging the positive impact of charitable activities and praising the commitment of those involved.

7. GOVERNANCE AND REGULATORY

7.1 Audit Committee Assurance Report

Vikas Kumar provided the Board with highlights from the Audit Committee Quarterly Assurance Report for the period November 2025 to January 2026. The Committee met on 20 November 2025 and 14 January 2026. The Committee reviewed all BAF risks in line with procedure and noted key changes:

- Increase in the cyber-threat risk score, approved at the December closed Board meeting, reflecting the significant rise in cyber-attacks across the NHS and UK public sector.
- Introduction of a new cash-flow risk, relating to the Trust's ability to maintain sufficient cash balances without reliance on borrowing.
- Inclusion of a new BAF risk relating to proposed changes to the Mental Health Act, recommended by the Mental Health Legislation Committee, with the score expected to be reviewed as controls are strengthened.

Emma Moir commented specifically that the Mental Health Act Bill will require further review of the associated risk scoring at the next Mental Health Legislation Committee, ensuring the Trust's readiness and controls are appropriately reflected. She also noted the importance of maintaining increased scrutiny of the cyber-attack risk score, given the current national threat level.

The Committee discussed ongoing concerns highlighted nationally regarding declarations of interest and standards of business conduct and noted that compliance levels within CNTW remain below satisfactory. Strengthened processes, leadership oversight, and escalation mechanisms are being implemented. It was noted that Robin Earl has a particular interest in this agenda, especially in light of the new statutory offence relating to 'failure to prevent fraud', which further emphasises the need for strengthened controls and compliance.

The Charity Annual Accounts for 2024/25 were reviewed and approved with no concerns raised. NTW Solutions Limited also reported a clean audit opinion, with no issues identified.

The Committee received the annual update, noting a rise in the number of concerns raised, which was viewed positively as an indication of increased staff confidence in speaking up. Future thematic reporting will sit with the People Committee, while Audit will retain oversight of policy and internal controls. The Counter Fraud update confirmed progress against the work plan and preparation for the new statutory offence of Failure to Prevent Fraud, including a bespoke risk assessment to be reported back in April.

The Committee noted the updated NHS Audit Committee Handbook (Dec 2025) and upcoming self-assessment, including triangulation with other Board Committees. Governance reviews arising from the ConsultOne review and CQC feedback remain ongoing.

7.2 Board Assurance Framework / Risk Management Report

Debbie Henderson advised that the key points had already been reflected through the committee reporting cycle, noting that all committees had reviewed their aligned risks and provided assurance on the Board Assurance Framework (BAF) and the organisation's key strategic risks.

Debbie highlighted the Board Development Session held on 26 November, where the Board began its review of the Trust's Risk Appetite, confirming that a revised Risk Appetite statement will be brought back to the Board in March, with full implementation planned for May 2026.

8. Any Other Business / Items for Information only

8.1 Chairs Update

For information

8.2 Chief Executive Report

For information

8.3 Any Other Business

Darren advised that the board could not address individual complaints in a public meeting where such matters need to be raised through the appropriate route.

Date and time of next meeting:

Wednesday 29th April 2026, St Nicholas Hospital Board Room and via MS Teams

1.4 ACTION LOG AND MATTERS ARISING FROM PREVIOUS MEETING

 Darren Best, Chair

REFERENCES

Only PDFs are attached

 1.4 BoD Action Log PUBLIC at April 2026.pdf

Board of Directors Meeting held in public

Action Log as of 29 April 2026

RED ACTIONS – Verbal updates required at the meeting

GREEN ACTIONS – Actions are on track for completion (no requirement for discussion at the meeting)

Item No.	Item	Action	By Whom	By When	Update/Comments
Actions outstanding					
28.01.26 (2.2)	Mental Health Legislation Committee Assurance Report	The Quality and Performance Committee to receive a clear timetable for the full implementation of the strengthened environmental risk assessment (ligature) process at the next meeting.	Louise Nelson / Rajesh Nadkarni	TBC	Confirmation of action completion to be provided at a future Board meeting
Completed Actions					
28.01.26 (3.1)	CQC Report	Combined CQC action plan would be updated to link each action to the relevant inspection.	Sarah Glacken	February 2026	Complete

1.5 INTEGRATED PERFORMANCE QUARTERLY REPORT (QUARTER 4)

 Ramona Duguid, Chief Operating Officer

REFERENCES

Only PDFs are attached

 1.5 Integrated Performance Report.pdf



Meeting Name: Trust Board of Directors

Meeting Date: Wednesday 29th April 2026

Agenda Item: 1.5

Report Title: Integrated Performance Report (Quarter 4)

Director Lead: Ramona Duguid, Chief Operating Officer

Recommendation and action required:

Trust Board Members are asked to:

- **NOTE** the quarter 4 2025/26 Integrated Performance Report.
- **NOTE** the performance of the NHS Oversight Framework for 2025/26 quarter 3 contained in the Integrated Performance Report.
- **NOTE** the pending changes to the NHS Oversight Framework measures for 2026/27.
- **APPROVE** the suggested changes to the measures in the Integrated Performance Report for 2026/27.
- **APPROVE** the Board Committee performance reporting proposals, including changing the title of the Quality and Performance Committee.

**Board of Directors meeting in public
Integrated Performance Report (Quarter 4)
Wednesday 29th April 2026**

1. Purpose of the report

The purpose of this report is to:

- Provide the Board of Directors with the performance report for the Trust for the Quarter 4 period 2025/26 (appendix 2) for scrutiny and review, including the NHS Oversight Framework scores for Quarter 3, 2025/26.
- Update the Board on the proposed changes to the new NHS Oversight Framework for 2026/27 which will be applied to the Trust.
- Update and seek approval on the revised integrated performance measures for 2026/27 (appendix 1) which have been reviewed by the Executive Directors and the reporting arrangements into Board committees.

2. Material points to note

2.1 Quarter 4 2025/26 summary highlights

The Trust Integrated Performance Report (appendix 2) includes the latest performance up to the end of March 2026.

Performance measures showing an improvement or on target are as follows:

- All the patients feedback measures in the performance report are on target over 90% for the first time
 - “How was your experience?” is reported above the 90% standard for the first time since April 2023.
 - The patient feedback measure “How was the care we provided?” is reported above the 90% standard for the first time since March 2025.
 - The patient feedback measure “Did you feel safe?” is consistently meeting the 90% standard and is above the historic average (mean).
- Sickness is at the lowest level in 2 years at 5.5%.
- % Clinical Supervision Completed is continuing to be consistently above the 80% standard and is maintaining that level.
- % Psychiatric Liaison Team (PLT) Ward referrals seen within 24 hours is remaining consistently above the standard of 85%.
- % of Crisis Urgent Referrals seen within 24 hours is reported above the 85% standard in March 2026.
- Early Intervention in Psychosis (EIP) Waiting Times performance is consistently above the 60% standard with a mean of 84% from April 2023 to date.
- The % of patients with a Safety and Risk Management Plan are continuing to show improvement, although still falling short of the 100% standard.
- The Trust delivered in-line with all financial plans and reduced the staff WTE reductions, which far exceeded plan.

Performance areas requiring improvement action:

- Appraisal rates have now stabilised below target at 81%, falling consistently short of the 85% standard.

- Bed occupancy, patients clinically ready for discharge, and length of stay require action to improve. It is anticipated that performance against the length of stay will continue to show deterioration into Quarter 1, 26/27 as patients with the longest lengths of stay are discharged. This continues to be closely monitored against average length of stay.
- 4 week waiting times for Children and Young People's Services (CYPS) and Adults are both consistently off target.
- Rights at Point of Detention is off the target of 100%, with a current average performance of 93.41% since April 2023.
- Record of Capacity/CTT at point of detention is off the target of 100%, with a current average performance of 90.04% since July 2025.
- Prone Restraint has triggered a statistical concern based upon the data points for February and March 2026 which relates to a small number of complex patients where significant transitions work is taking place.

2.2 NHS Oversight Framework 2026/27

The new NHS Oversight Framework for 2026/27, which has not yet been formally published includes nearly 30 Mental Health measures, with a wider range of indicators changing each quarter. The framework is grouped into six domains: access to services, experience, effectiveness, patient safety, finance, productivity and innovation, and people.

An early estimate of performance against this more balanced set of measures, shows the Trust performs well overall. A separate briefing note has been issued to Board members on this initial assessment.

2.3 Integrated Performance Reporting (IPR) 2026/27

The Executive Directors have undertaken a review of the IPR measures and targets for 26/27 (Appendix 1). As a result:

- 5 metrics have been removed from the IPR and will be reported in the Integrated Quality Report, which is reported to the Quality Committee.
- 10 new metrics have been added to the IPR.
- 8 metrics have changed the definition of the target measure.

In addition, it is proposed that the following Board committees have direct oversight on the performance indicators relating to their core purpose as follows:

- All people metrics including training, supervision, employee relations, appraisal and assaults on staff will be reported to the People Committee.
- All safety, experience, access to services and effectiveness will be reported to the Quality Committee in an Integrated Quality Report.
- All Mental Health Act measures will be reported to the Mental Health Legislation Committee.
- All financial and workforce resource (WTE) position to be reported to the Resources and Business Assurance Committee.

The above changes are also proposed to confirm that the current Quality and Performance Committee is changed to be the Quality Committee, recognising all Board committees pick up performance pertaining to their terms of reference. The Executive Management Group will continue to receive the Integrated Performance Report monthly, and the Board of Directors will receive the Integrated Performance Report quarterly.

There are areas which will require development during the year in relation to performance reporting:

- Board oversight of provider collaborative commissioned services as the Lead Provider.
- Development of appropriate assurance reporting to the North East and North Cumbria Integrated Care Board (NENC ICB) in their role as strategic commissioner. A new quality oversight meeting is in the process of being established and it is recognised that the contract meetings between the ICB and the Trust require strengthening.

3. Key risks

- The increase in prone restraints particularly following the challenge regarding use of restraints from our recent CQC inspection. Prone restraints had reduced significantly in the last two years but have begun to rise slightly in the last two months. Three quarters of the incidents relate to two patients in one of our specialist inpatient services. There is robust senior review, oversight and de-brief process in place for all uses of restrictive interventions, including additional oversight for the people where increases in restraint have been seen due to ongoing transitional planning.
- There is a risk if we don't update the IPR metrics and align them to the new NHS Oversight framework metrics that the Trust could lose sight of our national quartile and segmentation position which is important for monitoring how we are performing on key performance improvement measures compared to peers. Work has already been drafted to ensure this is fully aligned into the board reporting framework and a separate briefing has been prepared for Board members pending national publication.

4. Additional information if required

Link to the current NHS Oversight Framework [NHS England » NHS Oversight Framework](#)
The new measures for 2026/27 are out in a draft document and not for publication yet.

Supporting Appendices to this report

Appendix 1 (item 8.4.11a) - Suggested IPR Measures for 2026/27 & removed measures from 2025/26 IPR

Appendix 2 (item 8.4.11b) – Full IPR for March 2026 data

5. Recommendation and action required

The Board of Directors are asked to:

- **NOTE** the quarter 4 2025/26 Integrated Performance Report (appendix 2)
- **NOTE** the performance of the quarter 3 NHS Oversight Framework for 2025/26 contained in the Integrated Performance Report.
- **NOTE** the pending changes to the NHS Oversight Framework measures for 2026/27.
- **APPROVE** the suggested changes to the measures in the Integrated Performance Report for 2026/27 (appendix 1).
- **APPROVE** the Board Committee performance reporting proposals, including changing the title of the Quality and Performance Committee.

Tommy Davies

Deputy Director of Transformation, Delivery and Performance
April 2026

Ramona Duguid

Chief Operating Officer

2. STRATEGIC AMBITION 1 - QUALITY CARE, EVERY DAY

 Darren Best, Chair

2.1 QUALITY AND PERFORMANCE COMMITTEE QUARTERLY ASSURANCE REPORT

 Louise Nelson, Committee Chair

REFERENCES

Only PDFs are attached

 2.1 Triple A - Quality and Performance Committee April 26.pdf



Board of Directors meeting held in public

Meeting date: Wednesday 29 April 2026

Agenda item: 2.1

Name: Quality and Performance Committee: Triple A Board Report (Alert – Advise – Assurance)

Non-Executive Director lead: Louise Nelson, Committee Chair

Recommendation for the Board:

The Board is asked to note the issues relating to safer staffing and clinical effectiveness oversight detailed in section 1. There are no other actions for the Board to note.

**Board of Directors meeting held in public
Triple A Board Report (Alert – Advise – Assurance)**

Quality and Performance Committee

Date of committee meeting: Wednesday 8th April 2026

Committee Chair: Louise Nelson, Non-Executive Director

Director Lead(s): Sarah Glacken, Executive Director of Nursing and Therapies, Rajesh Nadkarni, Deputy Chief Executive and Medical Director, Ramona Duguid, Chief Operating Officer

Overall assurance/governance statement from the Committee Chair

The committee continues to improve its governance processes in light of the findings of the draft CQC Well Led Assessment (final report to be published 15 April 2026). This includes improvements to committee reporting, agenda planning, and oversight of key issues and risks.

The Board Assurance Framework was reviewed for the year-end 2025/26. Whilst there were no material changes to the number of BAF risks, risk ownership, or overall residual scores within the committee's remit, there has been significant movements beneath the headline risk scores, particularly in actions, controls, and assurances.

The new draft risks are currently under development to align with updated risk appetite and organizational context following the risk appetite discussion at the March closed Board meeting. The risk appetite will be submitted for formal approval to the April open Board meeting for implementation in May.

1. Alert

Staffing report

The report on staffing in inpatient wards continues to reflect challenges relating to the impact of the reduction in agency use on quality and care and sustainability (with use of bank staff remaining relatively high).

The committee is aware of the need to maintain oversight of this to ensure quality of care is not adversely impacted by reductions in temporary staffing. The May report will be further developed in terms of the narrative around the findings of recent benchmarking work with Tees, Esk and Wear Valley NHS FT and findings from the internal audit on safer staffing.

Clinical audit report

A rolling programme of audits is in place with no current risks to note. The Trust's approach to clinical effectiveness is currently under review, as well as exposure and reporting to the committee, as part of the developing actions from the well-led assessment process.

2. Advise

Annual aims and priorities

2025/26 Strategic Ambition 1 (quality care, every day) and Strategic Ambition 2 (person led care, when and where it is needed).

A detailed update was provided on achievement against the aims and priorities falling within strategic ambitions 1 and 2 for 2025/26. Some gaps still remain with some priorities have moved into the 2026/27 year. Draft priorities for all five strategic ambitions for 2026/27 were also presented following initial discussion at the March Board.

Measures and metrics relating to strategic ambition 2 have been significantly improved moving into 2026/27. The measures are explicit and provide further confidence in terms of delivery.

In terms of receiving ongoing assurance of improvement and ensuring ongoing oversight, measures within the aims and priorities will be reported through the Integrated Performance Report and Integrated Quality Report.

Care Quality Commission

Eleven breaches of regulation were noted following assessment reports received during 2025, five of which have since been closed by this Committee. Work on the remaining six breaches of regulation continues at pace through the Core Service Improvement Plan.

The committee agreed to the closure of two breaches of regulation due to sufficient evidence and assurance in place:

- Community Adult Mental Health Team inspection relating to gaps in care records, Lone Worker Policy implementation, Environmental Risk Assessments, building accessibility, clinic room records, assessing risk while awaiting assessment.
- Older person's ward inspection relating to oversight of environmental issues,

Further detail was provided on the remaining gaps in compliance from all assessment reports received during 2025.

It was noted that currently, the Quality and Performance Committee holds responsibility for oversight of all CQC regulatory breaches. In considering the forthcoming publication of the CQC Well Led Assessment report, it was noted that many of the actions required will likely relate to other areas including people and culture etc., and that this would be further discussed at the closed Board meeting in April as part of the development of the action plan.

Lived experience service report

The new iteration of the provided clearer information on the impact of involvement of those with lived experience and the lived experience team. The work described the activities, the impact as well as the ongoing review to ensure the peer support workforce are being utilized and embedded to best effect.

Following the transition to the new localized model for lived experience networks, it was recognized that a more localized approach would also support ensuring the new networks reflect the population we serve. This will be made more explicit in future reports.

2. Assurance

Quality focus – clinical environment safety group

The committee received a presentation from the Head of Emergency Preparedness, Resilience and Response/Health and Safety on the findings of the health and safety audit and actions to address the gaps in assurance.

The update included assurance on the implementation of the CQC new risk assessment framework (ligature and Clinical Environmental Risk Assessment process). This work is directly linked to the closure of one of the CQC breaches of regulation received in 2025 demonstrating action, impact and embedding of actions.

It was agreed that given the level of assurance received, quarterly reporting would be stood down with a specific focus on issue which require escalation going forward.

Medicines Optimization Report and Controlled Drugs Management and Use Report

Full assurance was provided that the Trust continues to have strong systems, processes and governance in place with no concerns to note. It was also noted that outstanding practice in Pharmacy and medicines management has been noted in all CQC inspections during 2025.

Action required by the Board

The Board is asked to note the issues relating to safer staffing and clinical effectiveness oversight detailed in section 1. There are no other actions for the Board to note.

Louise Nelson
Quality and Performance Committee Chair
April 2026

Author: Sarah Glacken, Executive Director of Nursing and Therapies and Debbie Henderson, Director of Communications and Corporate Affairs

2.2 MENTAL HEALTH LEGISLATION COMMITTEE QUARTERLY REPORT

 Emma Moir, Committee Chair

REFERENCES

Only PDFs are attached

 2.2 Triple A - Mental Health Legislation Committee April 26 (1).pdf



Board of Directors meeting held in public

Meeting date: Wednesday 29 April 2026

Agenda item: 2.2

Name: Mental Health Legislation Committee: Triple A Board Report (Alert – Advise – Assurance)

Non-Executive Director lead: Emma Moir, Committee Chair

Recommendation for the Board:

The Board is asked to note the content of the report and note there are no issues of 'alert' for the Board. There are no further actions required of the Board.

**Board of Directors meeting held in public
Wednesday 29th April 2026
Triple A Board Report (Alert – Advise – Assurance)**

Mental Health Legislation Committee

Date of committee meeting: Thursday 12 March 2026

Committee Chair: Emma Moir, Non-Executive Director

Director Lead: Rajesh Nadkarni, Deputy Chief Executive and Medical Director

Overall assurance/governance statement from the Committee Chair

Overall **partial assurance** for the following reasons:

The evidence presented showed the giving of rights at detention had been consistently off target and escalated to TWSG outside of committee. Improvements were reported verbally with no specific risks identified however the committee have requested a report to update on the escalation and will wish to see sustained improvement.

The Committee continues to improve reporting through use of the new Performance Report to accompany the Activity Report with a continued focus on the addition of insight or learning.

The Board Assurance Framework (BAF) was reviewed for the year-end 2025/26. Whilst there were no material changes to the BAF risk relating to the changes to the Mental Health Act, the committee noted mitigating controls were in place with a proposal to review risk scoring given the reduced impact. This will be complete for consideration at the May meeting.

1. Alert

There are no issues of 'alert'.

2. Advise

Data and insight reporting – workforce and training

Workforce compliance was incorporated into the new performance report which was welcomed. The data and insight show that performance is improving but remains below target. Current compliance at 82.6% against an 85% target (Mental Health Act/Mental Capacity Act/Deprivation of Liberty Safeguards training).

Mitigations include a mandatory statutory training cycle of 3 years with reminders, local accountability and support for new starters and staff requiring refresher training.

Panel member update

The panel is comprised of approximately 50 members, with ongoing succession planning and mentoring in place with established observation and appraisal processes.

Future reporting improvements to include a short statement on target operating model, succession planning and diversity context of panel members (compared to the local population and patient diversity data).

CQC Mental Health Act reviewed visits reports and outcomes

The Committee took moderate assurance that appropriate governance, oversight and action planning arrangements are in place to respond to CQC Mental Health Act Reviewer findings. However, risks remain in terms of delivery due to recurring themes and variable pace of improvement across services.

3. Assurance

Mental Health Legislation activity and monitoring / data and insight reporting

Committee members emphasised the need for a clearer and more structured front-sheet for reports, which should incorporate a position statement, details of key changes since the last meeting, the identification of significant risks or assurance issues, and a clear “ask” of the Committee. This will be introduced in May.

Reports highlighted the necessity for a clearer narrative on trends and an action was agreed for further insight regarding clinical learning themes and patient experience. Assurance was provided that Section 4 use remains rare and is subject to scrutiny. There have been no Section 5 breaches, and all detentions continue to be lawful and proportionate.

Rights at detention and community treatment orders (CTOs)

In December, the data revealed compliance concerns, leading to escalation to the Trust wide Safety Group. However, the January update showed marked progress, with several metrics achieving full compliance at 100%. The main issues identified were linked to documentation and data quality, rather than a failure to uphold patient rights. Assurance has been provided that all measures are being taken to ensure that detained patients are lawfully receiving their rights. Data quality concerns are recognised and are being addressed, and oversight of the process remains ongoing via the Trust wide Safety Group.

A short summary paper will be produced for a future meeting outlining changes and movement from previous reports, any issues for escalation, any legal or patient safety risks, and what actions are being taken as well as clarity around accountability.

Second Opinion Appointed Doctor (SOAD) Report

There are currently no patients receiving treatment under Section 58 without a valid SOAD authorisation. The timeliness of SOAD applications has improved significantly, with no statutory breaches of the three-month limit recorded. Additionally, a previous CQC regulatory breach has now been resolved.

Board Assurance Framework risk – introduction of the revised Mental Health Act and impact on services / quality of care

The committee acknowledged the progress made in enhancing governance structures and strengthening readiness for legislative reforms. In light of these developments, members requested a reassessment of the current risk score ahead of the May committee to ensure it reflects the recent improvements and ongoing efforts within the Trust.

Action required by the Board

The Board is asked to note the content of the report and note there are no issues of 'alert' for the Board. There are no further actions required of the Board.

Emma Moir
Mental Health Legislation Committee Chair
April 2026

Author: Rajesh Nadkarni, Deputy Chief Executive / Medical Director and Debbie Henderson,
Director of Communications and Corporate Affairs

April 2026

2.3 CARE QUALITY COMMISSION (CQC) CORE SERVICE IMPROVEMENT PLAN UPDATE AND WELL LED INSPECTION FINDINGS

 Sarah Glacken, Executive Director of Nursing and Therapies

REFERENCES

Only PDFs are attached

 2.3 CQC Core Service Improvement plan and Well Led findings.pdf



Meeting Name: Board of Directors meeting held in the public

Meeting Date: Wednesday 29 April 2026

Agenda Item: 2.3

Report Title: Care Quality Commission (CQC) Core Service Improvement Plan update and Well Led Inspection findings

Director Lead: Sarah Glacken, Executive Director of Nursing and Therapies

Recommendation and action required: The Board is asked to note the outcome of the CQC Well-led Assessment, receive updates on the Core Service Improvement Plan and provide input on any gaps in terms of any other issues of concern, or additional areas of focus for the Board.

Board of Directors

CQC Core Service Improvement Plan update and Well Led Inspection findings

Wednesday 29 April 2026

1. Purpose of the report

The purpose of this report is to present to the Board in public the outcome of the CQC Well-led Assessment Report and to provide assurance of progress regarding the development of the Improvement Plan in response to the recommendations.

For completeness the current progress and assurance status of the open actions from previous CQC Core Service Inspections carried out during 2025 is also included.

2. Material points to note

Well-led Assessment Report

The Trust has now received the final report and received a rating of 'Requires Improvement'. The report was published on 16 April 2026.

The CQC found one breach of regulation (Regulation 17 – Good Governance) following the Well-led Assessment which is that the trust did not have effective systems to consistently assess, monitor, and drive improvement in the quality and safety of the services provided.

The report's concerns centred around five interconnected issues:

- Weaknesses in governance and assurance
- Inconsistent organisational culture
- Staff not feeling safe, valued or heard
- Persistent inequalities in workforce experience
- Failure to reliably identify, escalate and learn from patient safety risks

This report raises common themes which have been raised in previous service level assessments including ligature, use of restraint, staffing and training. Following the previous inspections, we continue to share with the Board of Directors our action plans to address these issues, and those actions continue at pace. The Quality and Performance Committee will continue to receive assurances on the impact of those actions.

A Communication Strategy was implemented with good effect with partners and the media.

Core Service Assessments and Improvement Plan

On 9 December a three-day assessment of crisis teams and health-based places of safety across all localities commenced. This inspection follows the publication of the Section 48 review into Nottinghamshire Healthcare NHS Trust where CQC made a commitment to review the standard of care in community mental health services and crisis teams across the country. This set of inspections formed part of this programme.

The Trust received the final report from this assessment on 14 April 2026 and published the results on 21 April 2026. The service received a rating of requires improvement overall and found three breaches of regulation on relation to safe care and treatment, premises and equipment and staffing:

- The service did not always meet the national standard of 4 hours from very urgent referrals to assessment.
- Patients detained on a Section 136 in the health-based places of safety at Hopewood Park and St George's Park did not always have access to outside space or fresh air.
- Not all staff were compliant with mandatory training.

The Trust continues to progress with actions received from previous service level assessments through a Core Service Improvement Plan and actions from the above assessment will be added.

Eleven breaches of regulation were noted following assessment reports received during 2025, seven of which have since been closed by the Quality and Performance Committee. Work on the remaining four breaches of regulation continues at pace through the Core Service Improvement Plan (Appendix 1).

3. Key risks

The Care Quality Commission has raised all the issues within this report as areas of concern and as such are potential risks to the Trust in relation to safe care and treatment of those who use our services and those who work for the organisation. There is a risk of non-compliance with regulatory and legal requirements and potential risk to Trust reputation should we fail to achieve completion and implementation of the action plans included within this report.

4. Additional information if required

The CQC Core Services Improvement Plan is attached as Item 8.4.9 can be found under Appendices / additional information of the Board pack.

Link to CQC website: <https://www.cqc.org.uk/provider/RX4>

5. Recommendation and action required

The Board is asked to note the outcome of the CQC Well-led Assessment, receive updates on the Core Service Improvement Plan and provide input on any gaps in terms of any other issues of concern, or additional areas of focus for the Board.

Vicky Wilkie
CQC Compliance Manager

Sarah Glacken
Executive Director of Nursing and Therapies

April 2026

CQC Core Service Improvement Plan

Core service inspection and year	Breach of regulation	What have we done about it?	What still needs to be done?	Identified Lead	Timescale for completion
Theme 1: Learning Regulation: 17 Good governance					
CAMHS Wards Year: 2025	Systems and processes for monitoring the safety and quality of services were not always effective. Management of incidents was not always effective.	CBU has developed a local operating procedure which outlines outward reporting system for incidents that meet the set criteria to ensure consistency. Host Commissioner Forum has been established. CBU have re-issued Incident Review and Escalation flowchart within Incident Reporting and Immediate Management Policy. CBU has developed a structured process for evaluating impact of actions to ensure learning is feedback to teams to assist in optimising and strengthening lessons learnt. A thematic review of security /	Audit of Policy will take place in March against a snapshot of incidents. Results from audit will be actioned as appropriate and shared through the CBU Learning and Improvement Group. The established CBU Learning and Improvement Group will formalise this process through clinical systems. Next meeting scheduled for 06/04/2026 to finalise reporting process and trial throughout April and May. Local operating procedure for conducting environmental and security checks in place. To be audited again in May 2026.	Group Director – Specialist Care	30/06/2026 for all actions

Core service inspection and year	Breach of regulation	What have we done about it?	What still needs to be done?	Identified Lead	Timescale for completion
		safety incidents was undertaken by the CBU in June 2025. The findings of which were considered within the CBUs governance meeting structure and shared with the LA, ICB and Provider Collaborative. A learning event following several safety and security incidents took place on 12/03/2026. Several stakeholders (NEAS, Police, TEVV) were in attendance.	Outputs from event to be written into an action plan.		
Theme 2: Environmental risk / concerns Regulation: 12 Safe care and treatment					
Older Peoples Wards and CAMHS Wards Year: 2025	Staff did not always assess risks to people's health and safety or mitigate them where identified. Oversight of ligatures was managed via several different documents, none of which instructed staff on how to safely manage the environment and where there were hot spots.	The Trust has considered the outputs from a ligature pilot using the CQC Ligature Point Recording template. This has been completed for all inpatient areas and considered at Executive Management Group. Based on incident data, this methodology will be adopted within female adult acute wards and inpatient CAMHS settings in the first instance which are the highest risk pathways. Ligature assessments and heat maps have now been completed for all female adult acute wards	Trustwide Safety Group received an update on 20/01/2026 and supported the proposal for the roll out of ligature risk management training and assessments for older people's wards. As of 24/02/2026, 22 ligature risk assessments and heat maps have been completed using the new templates. Training proposal concerning the roll out of this priority training and timescale for completion of assessments within other	Deputy Chief Operating Officer	31/03/2026 – Extended to 30/06/2026 for older persons ligature risk assessments/heat maps to be in place and training programme launched. Note: all remaining inpatient wards will have a ligature assessment/heat map in place by 31/12/2026.

Core service inspection and year	Breach of regulation	What have we done about it?	What still needs to be done?	Identified Lead	Timescale for completion
		and CAMHS wards. A bespoke ligature management e-learning training package has been developed by Safety Team and CNTW Academy.	inpatient wards was considered at the Trustwide Quality Improvement Group on 03/03/2026.		
CAMHS Wards Year: 2025	Young people did not have personal evacuation plans as outlined in fire procedures. There were gaps in environmental checks and multiple incidents where young people had accessed areas where they were at risk of self-harm or harm to others.	Fire risk assessment for Fraser ward has been completed. Personal emergency evacuation plans for current cohort of young people on Fraser ward have been completed. Local operating procedure and audit tool in place for conducting environmental and security checks. Admission checklist now includes personal emergency evacuation plans.		Group Director – Specialist Care	Complete
Theme 7: Safety and quality metrics Regulation: 18 Staffing					
CAMHS Wards Year: 2025	There was insufficient management of staff training. Staff compliance for learning disability and autism training	Director level oversight of training compliance in place, with a standing agenda item and monthly progress reports on training completion at the Specialist Care Group Performance meetings. Teams consistently	Improvements in LDA and ILS training performance has been noted since the inspection with trajectories in place to meet the standard by April 2026.	Group Director – Specialist Care	30/06/2026

Core service inspection and year	Breach of regulation	What have we done about it?	What still needs to be done?	Identified Lead	Timescale for completion
	was low. Training in resuscitation was also low for Fraser ward.	underperforming against training standards have been identified with clear actions to improve compliance.			

3. STRATEGIC AMBITION 2 - PERSON LED CARE, WHERE AND WHEN ITS NEEDED

 Darren Best, Chair

No items for the period

4. STRATEGIC AMBITION 3 - A GREAT PLACE TO WORK

 Darren Best, Chair

4.1 PEOPLE COMMITTEE QUARTERLY ASSURANCE REPORT

 Brendan Hill, Committee Chair

REFERENCES

Only PDFs are attached

 4.1 Triple A - People Committee April 26.pdf



Board of Directors meeting held in public

Meeting date: Wednesday 29 April 2026

Agenda item: 4.1

People Committee: Triple A Board Report (Alert – Advise – Assurance)

Non-Executive Director lead: Brendan Hill, Committee Chair

Recommendation and actions required from the Board:

The Board is asked to:

- **Note** the content of the report.
- Seek additional assurance and information from the Committee Chair and Executive Lead where needed.

**Board of Directors meeting held in public
Triple A Board Report (Alert – Advise – Assurance)**

People Committee

Date of committee meeting: 11 March 2026

Committee Chair: Brendan Hill, Non-Executive Director

Director Lead(s): Lynne Shaw, Executive Director of People and Organisational Development

Overall assurance/governance statement from the Committee Chair

The committee continues to improve its governance processes in light of the findings of the draft CQC Well Led Assessment (final report to be published 15 April 2026). This includes improvements to committee reporting, agenda planning, and oversight of key issues and risks.

The Board Assurance Framework was reviewed for the year-end 2025/26. Whilst there were no material changes to the number of BAF risks, risk ownership, or overall residual scores within the committee's remit, there have been significant movements beneath the headline risk scores, particularly in actions, controls, and assurances.

The new draft risks are currently under development to align with updated risk appetite and organisational context following the risk appetite discussion at the March closed Board meeting. The risk appetite will be submitted for formal approval to the April open Board meeting for implementation in May.

1. Alert

No issues to report.

2. Advise

People and Culture Strategy

The Committee discussed the draft People and Culture Strategy in detail. This has been developed with feedback from staff across the organisation and is built around four strategic ambitions (later renamed Aims) which are fully aligned to the NHS People Promise themes. These are measured annually via the staff survey around building a compassionate culture, caring for our people, leading and managing to empower others, and developing our future workforce.

The strategy does not detail actions to be delivered on an annual basis. Rather, it gives an overview of high level themes to be addressed over the lifetime of the Strategy, the priorities will be developed in line with the Trust Strategic Ambitions each year under Ambition 3 – A Great Place to Work.

The staff engagement exercise closed on 10 March, and the themes have been fully analysed in advance of the request for formal Board approval in April.

Trust Workforce Plan

The Committee discussed the draft Workforce Plan in detail and had previously considered the content at a workshop in January. The document aligns the Trust's position in terms of the Model of Care and Support, workforce and financial plans for the next three years and details the key schemes over this financial year using the 4's' model: Size, Shape, Skills and Sustainability. The Draft Workforce Plan was discussed in advance of the request for formal Board approval in April.

Staff Survey 2025

The Committee received the high level feedback from the 2025 Staff Survey which saw 58% return rate which is a circa 16% increase from the previous year. The results were embargoed at the time of reporting but high-level feedback highlighted deteriorations across the People Promise themes. Results will be discussed further at the April Board meeting.

Workforce Performance Report / Sickness Action Plan

The Workforce Metrics performance report continues to inform the People Committee agenda on areas such as sickness absence (7.1% as at end December, reported in March), training, induction, appraisal and recruitment as well as metrics relating to exit data, flexible working etc.

Compliance with training standard metrics remain generally good, however some topics, eg, Learning Disability and Autism training, remain below standard due to trainer capacity or ability to release staff to undertake training.

The sickness absence action plan which was approved by the Executive Management Group in November 2025 continues to be progressed with assurance provided and many of the actions completed. There has been a commitment made to monitor and review wards / departments where there is persistent high sickness absence and the actions taken to combat this.

Resident Doctors 10 Point Plan

The People Committee has agreed with the Board to take responsibility for oversight of delivery of the plan. The Committee received the first update since implementation with progress noted. Revised dates for three actions were noted and the Committee will remain focused on this to ensure minimal slippage on actions.

2. Assurance

Guardian of Safe Working Hours Report

There is currently not 100% completeness of exception reporting. This is being supported by the Guardian of Safe Working. However, exception reporting is improving and there has been an increase in reporting during quarter 4 2025/26. The Committee received assurance that appropriate actions are taken where appropriate.

Gender pay gap report

This report provides assurance that the Trust has met its statutory obligation to publish and report on the gender pay gap for 2024/25 in line with legislative requirements. It presents a transparent and comprehensive analysis of all six mandated gender pay gap metrics, using a clear snapshot date of 31 March 2025, and contextualises year-on-year movement in both mean and median pay gaps.

The report highlights that for the second year median pay is greater for women than men, while clearly explaining that the overall mean pay gap is driven by the distribution of men and women across Agenda for Change bands and patterns of part-time working. It provides further assurance noting contributing factors and current and planned actions to address drivers of the gap.

Action required by the Board

The Board is asked to:

- **Note** the content of the report.
- Seek additional assurance and information from the Committee Chair and Executive Lead where needed.

Brendan Hill
People Committee Chair
April 2026

Author: Lynne Shaw, Executive Director of People and Organisational Development and Debbie Henderson, Director of Communications and Corporate Affairs

4.2 STAFF SURVEY 2025 RESULTS

 Lynne Shaw, Executive Director of People and Organisational Development

REFERENCES

Only PDFs are attached

 4.2 Staff Survey 2025 Results.pdf



Meeting Name: Board of Directors meeting in public

Meeting Date: Wednesday 29th April 2026

Agenda Item: 4.2

Report Title: Staff Survey 2025 results

Director Lead: Lynne Shaw, Executive Director of People and Organisational Development

Recommendation and action required:

The Board of Directors is asked to **note** the results of the staff survey 2025.

Board of Directors meeting in public

Staff Survey 2025 Results

Wednesday 29 April 2026

1. Purpose of the report

The purpose of this paper is to present the results of the 2025 National Staff Survey to the Board of Directors including key themes, areas of concerns and areas of improvement.

Trust Board is asked to note the results of the survey.

2. Material points to note

The Trust is in the first year of a 2-year co-ordination agreement with IQVIA for the Annual Staff Survey. Compliance with the staff survey is a mandatory requirement.

The survey opened on Thursday 25 September 2025 and closed on Friday 28 November 2025. Completion for all staff was online.

For the 2025 survey all NHS organisations were required to undertake a full census survey, meaning all staff had to be included as well as bank only staff. Staff in scope for the survey had to be in post on 1 September 2025; anyone who started working for the organisation after this date or who did not meet eligibility criteria (those on long term sick for 12 months or more or those on unpaid career break) were excluded.

The response rate for the 2025 survey was 58% compared to a response rate of 42% in 2024 and 41% in 2023. Nationally the response rate for 2025 was 49% a decrease of 2% from the 2024 results. Our benchmarking sector is “mental health and learning disability and mental health and learning disability community Trusts” who also use IQVIA. The median response rate for our benchmarking sector was 52%.

Results are themed by the elements of the People Promise. This provides a consistent measure of experience for all staff working in the NHS. The Trust performed better than our benchmarking sector in the following element:

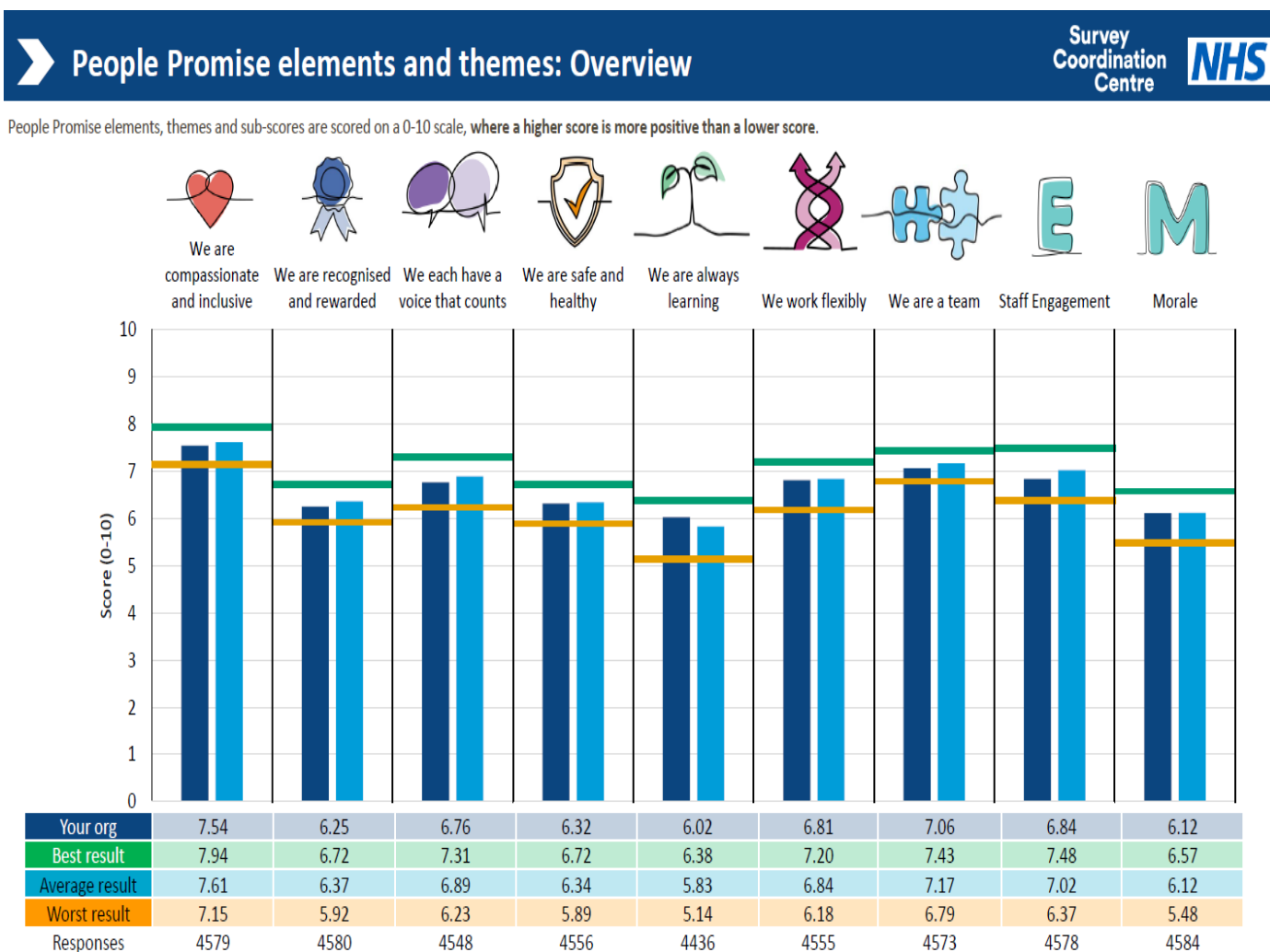
- We are always learning

The Trust performed worse than our benchmarking sector in the following elements:

- We are compassionate and inclusive
- We are recognised and rewarded
- We each have a voice that counts
- We are a team
- Staff Engagement

The elements “we are safe and healthy”, “we work flexibly” and “morale” are not significantly different to our benchmarking sector.

A full overview of the People Promise results is below:



Areas of improvement

The following results have seen an improvement against the 2024 results:

- I am able to access clinical supervision opportunities when I need to (Agree/Strongly agree) – **84.4% in 2025 compared to 79.4% in 2024**. There is no data prior to 2024 for clinical supervision as this was a new question, therefore this is the first year we are able to compare results.
- 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 general public (one or more times) – **18.8% in 2025 compared to 21.8% in 2024**. Staff not experiencing physical violence has returned to 2023 levels. This is a reduction from previous years of 2024, 2022 and 2021 although we are still higher than the sector average of 13.5%.

- Has your employer made reasonable adjustment(s) to enable you to carry out your work (Yes) – **82.4% in 2025 compared to 79.6% in 2024**. This is a supplementary question which is asked after answering 'yes' if you have a physical or mental health condition or illness lasting for more than 12 months. The response rate is the highest it has been compared to previous years and compared to benchmark sector results we are 3.1% higher.
- On average, how many additional PAID hours do you work per week for this organisation, over and above your contracted hours (More than 0 hours) – **21.6% in 2025 compared to 24.1% in 2024**. This indicates there are less people working PAID hours, however those reporting that they work UNPAID additional hours is 51.8% which falls in our top 10 bottom scores.
- In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review (Yes) – **92% in 2025 compared to 90% in 2024**. This is the highest it has ever been with the lowest in 2022 at 83.9%. This could attribute to the update to the appraisal process and policy and the spotlight on training trajectories with an increased focus in approving appraisal rates. However, whilst there are high numbers receiving appraisals (higher than sector score) there are low numbers of staff reporting that their appraisal helped them to improve how to do their job (26.6%), agree clear objectives of work (40.2%) and left feeling that their work is valued by the organisation (35.5%). Although to note these scores are also low across sector.

Areas of Decline

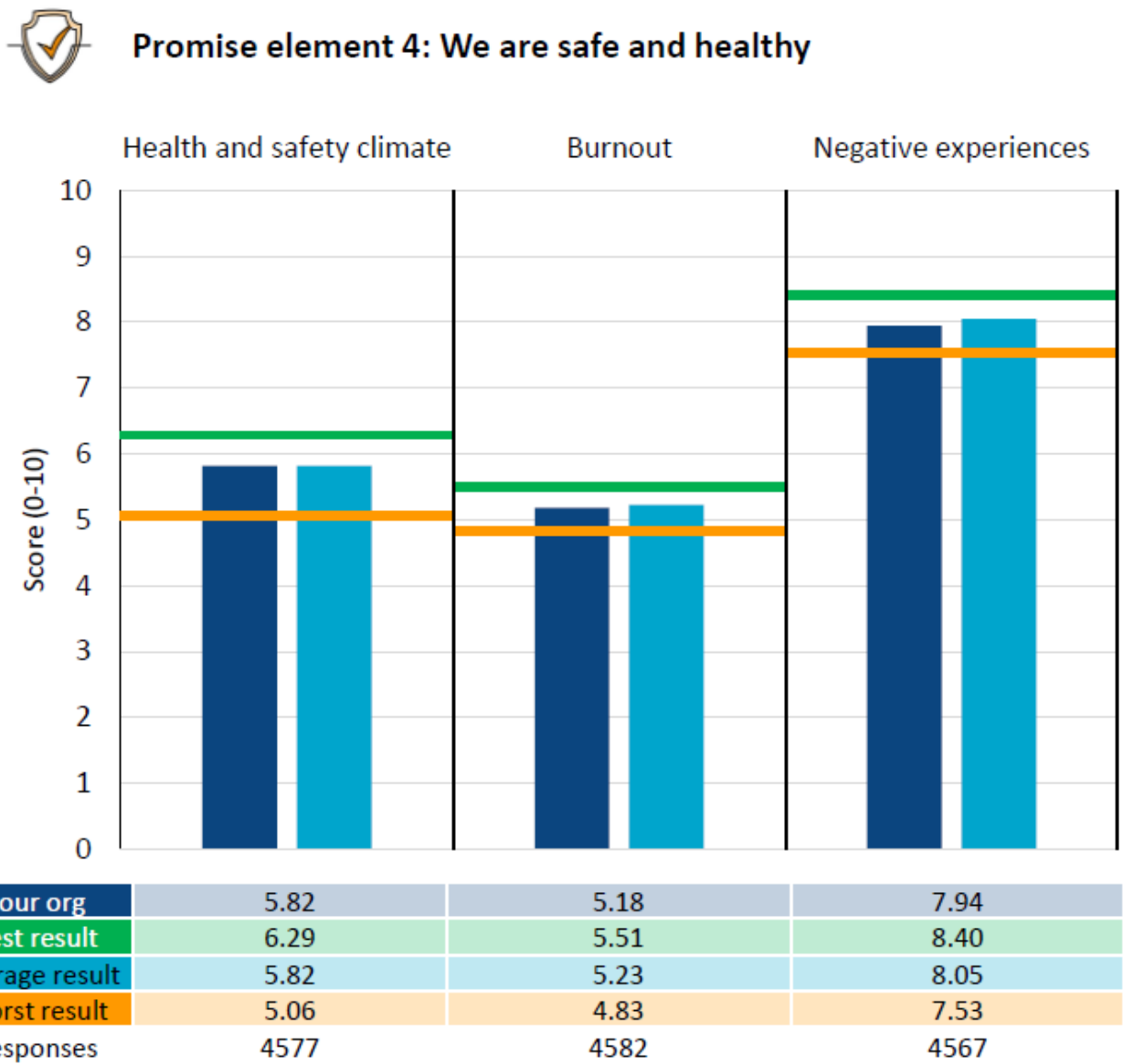
The following areas have seen the most decline from the 2024 results:

- I would recommend my organisation as a place to work (Agree/Strongly Agree) – **58% in 2025 compared to 62.4% in 2024**. Recommending my organisation as a place to work was highest in 2022 at 64.5% then has slowly declined each year. The difference between 2024 and 2025 surveys has the biggest decrease of over 4%.
- My organisation takes positive action on health and wellbeing (Agree/Strongly Agree) – **58.1% in 2025 compared to 62.1% in 2024**.
- Care of patients / service users is my organisation's top priority (Agree/Strongly Agree) – **75.4% in 2025 compared to 79.3% in 2024**. Care of patients and service users was highest in 2022 at 82.6% and has been slowly declining year on year with 2025 seeing the biggest decrease of 3.9%.
- I look forward to going to work (Often/Always) – **52.6% in 2025 compared to 56.5% in 2024**. I look forward to going to work was highest in 2022 at 57.8%. This remained somewhat steady with minimal decreases however this has dropped by 3.9% in 2025.
- If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation (Agree/Strongly Agree) – **59.7% in 2025 compared to 63.4% in 2024**. Happy with standard of care was highest in 2021 at 66.7% and has declined by around 1% each year until 2025 where we have seen a 3.7% decrease.

3. Areas of Focus

Health and Wellbeing

Staff reporting the organisation takes positive action on their health and wellbeing is 57.4% a decline of 4.2% from the 2024 results. The Trust scores below average benchmark in two out of the three sub scores of the People Promise element “we are safe and healthy”. These are detailed in the table below:



Burnout scores have all risen in 2025 compared to 2024, with six out of the seven sub questions all slightly above benchmark average. Those with the highest increase were as follows:

- How often, if at all, do you find work emotionally exhausting – **36.4%** of staff selected ‘often’ or ‘always’ compared to **34.7% in 2024**.

- How often, if at all, do you feel burn out because of work – **27.7%** of respondents selected 'often' or 'always' compared to **26.5% in 2024**. This is a further rise compared to **24.1% in 2023**.

Of the sub score questions for negative experience:

- During the last 12 months have you felt unwell as a result of work-related stress (Yes) – **42.6% in 2025 compared to 40.2% in 2024**. This is a further increase from 39.1% in 2023.
- In the last 3 months have you ever come to work despite not feeling well enough to perform your duties (Yes) – **55.5% in 2025 compared to 54.2% in 2024**. This has been steadily increasing from 49.4% in 2022.
- In the last 12 months, how many times have you personally experienced physical violence at work from patients/service users, their carers or other members of the public – **18.6% of respondents in 2025 compared to 21.5% in 2024**. Although this has decreased we consistently benchmark higher. Our lowest score was 17.4% in 2023. The benchmark average in 2025 for this question was 14.7%.

Equality, Diversity and Inclusion

Staff Survey responses indicate that there has been a positive decline in staff from an ethnic background who have experienced harassment, bullying or abuse from patients, relatives or the public in the 12 months from **47.6% in 2024 to 43.4% in 2025**. However this is higher than our benchmark average of 33.8%.

Results also indicate a positive decline in staff from an ethnic background who have experienced harassment, bullying or abuse from staff in the past 12 months from **23.6% in 2024 to 19.1% in 2025**. This is also lower than benchmark average of 20.2%.

There has been a decline in staff from an ethnic background who responded to say they had experienced discrimination at work from their manager/team leader or other colleagues in the last 12 months from **18% in 2024 to 13.5% in 2025**. This however is higher than the benchmark average of 12.6%.

The percentage from staff from an ethnic background who feel the organisation provides equal opportunities for career progression and promotion is **55.1% compared to a benchmark average of 51.6%**.

Staff who responded to say that the Trust has made reasonable adjustments to enable them to do their job saw an increase from **79.6% in 2024 to 82.4% in 2025**. This is also higher than the benchmark average of 79.3%.

Speaking up

The staff survey results indicate that staff feel less safe to raise concerns than in previous years. Staff who reported feeling safe to raise a concern about unsafe clinical practice was **76.4% in 2024 reducing to 75.7% in 2025**. This is a steady decline from the highest

response rate in 2021 of 82.1%. It should be noted that the benchmark average for this question is 75.3% in 2025.

There has also been a decline in staff who feel the organisation would address their concern from **61.6% in 2024 to 57.8% in 2025**. This has also been steadily declining since 2021 when the figure was 69%. The benchmark average for this question in 2025 was 59.2%.

Next Steps

An action plan has not been developed following publication of the results. Themes for improvement are incorporated into other work across the Trust. All leaders will be tasked with reviewing the results and identifying areas and actions for improvement within their teams.

The People and Culture Strategy aims and objectives keep focus on areas for improvement and annual priorities have been developed as part of Strategic Ambition 3 of the Trust Strategy which address Trust-wide actions required.

To support local discussions a staff survey dashboard has been launched to enable transparency of results and bring about local actions.

4. Key risks

Our staff survey results have seen a decline in five themes, an improvement in one theme and have remained reasonably static in three. Deteriorating survey scores in particularly in engagement and advocacy questions could indicate reduced morale within our workforce which over time will negatively impact on patient experience and organisational culture. In turn this could also impact our sickness absence presenting challenges with long term workforce sustainability.

This is directly related to a Board Assurance Framework (BAF) Risk:

Risk of poor staff motivation, engagement, and job satisfaction if issues affecting staff experience are not addressed including health and wellbeing support, inclusion and the ability to speak up. Strategic Ambition 3.

5. Additional information if required

The full staff survey results are attached as Appendix 8.4.1 can be found under Appendices / additional information of the Board pack.

6. Proposed action, decision required, or proposal to approve

The Board of Directors is asked to note the results of the 2025 staff survey.

Lynne Shaw
Executive Director of People and OD
April 2026

Kim Carter
Head of Staff Experience

4.3 EQUALITY, DIVERSITY AND INCLUSION ANNUAL BOARD OBJECTIVES ?

FOR APPROVAL AND ADOPTION

 Lynne Shaw, Executive Director of People and Organisational Development

REFERENCES

Only PDFs are attached

 4.3 Board EDI Objectives 2025-26 Final (002).pdf



Meeting Name: Board of Directors meeting in public

Meeting Date: Wednesday 29th April 2026

Agenda Item: 4.3

Report Title: Equality, Diversity and Inclusion (EDI) – Annual Board Objectives 2025/6

Director Lead: Lynne Shaw, Executive Director of People and Organisational Development

Recommendation and action required:

The Board of Directors is asked to:

- Discuss and reflect on the progress made against the Board EDI Objectives 2025/26
- Agree if any of the current objectives should be carried over into 2026/27
- Discuss any additional objectives for 2026/27
- Reflect on the feedback from the Staff Networks

Board of Directors
Equality, Diversity and Inclusion (EDI) Board Objectives 2025/6
Wednesday 29 April 2026

1. Purpose of the report

The purpose of this report is to provide an update to the Board of Directors as to the progress on the EDI Objectives which the Board collectively agreed in April 2025.

The Board of Directors is asked to discuss and reflect on the progress made against these objectives, agree if any of the current objectives should be carried over into 2026/27 and discuss any additional objectives for 2026/27.

2. Material points to note

In June 2023, NHS England published the first NHS Equality, Diversity and Inclusion (EDI) Improvement Plan. This set out targeted actions to address the prejudice and discrimination – direct and indirect – that exists through behaviour, policies, practices and cultures against certain groups and individuals across the NHS workforce. It was co-produced through engagement with staff networks and senior leaders.

The plan centres around six high impact actions - the Board of Directors has previously been appraised of the content of the plan. This paper concentrates on High Impact Action 1 which requires Chief Executives, Chairs and Board members to have EDI objectives which are specific, measurable, relevant and timebound (SMART) and be assessed against these as part of their annual appraisal. Boards will be individually and collectively accountable for the objectives set.

In April 2025, the Board of Directors approved the objectives outlined below which were co-produced with the Staff Networks. Board members were set one or more of these when appraisals were carried out during the previous financial year. The objectives can be accessed via the link.

2.1 Staff Network Feedback and Learning

Staff Network Chairs were invited to

- Comment on the delivery of the 2025/26 EDI objectives
- Make suggestions on any objectives to carry forward
- Recommend any additional objectives for 2026/27

There was limited feedback received from the staff networks which primarily centred around **Executive sponsorship, capacity and continuity** with a view that this has been of value to the Network Chairs and would like this to be maintained.

Executive Directors and Staff Network Chairs have a meeting arranged for early May to discuss Sponsorship and working together in the future.

There were other themes raised but were not directly linked to Board Objectives and will be picked up separately:

- Cultural competence as a core organisational requirement
- Clarity on LGBTQ+ objectives and training expectations
- Embedding lived experience into decision-making

3. Key risks

The Care Quality Commission and Staff Survey 2025 highlight areas for improvement across Equality, Diversity and Inclusion which may impact on the experience of staff with protected characteristics across the Trust. This includes staff engagement, freedom to speak up and the experience of staff with protected characteristics.

There is a direct link to BAF Risk:

Risk of poor staff motivation, engagement, and job satisfaction if issues affecting staff experience are not addressed including health and wellbeing support, inclusion and the ability to speak up. SA3

4. Additional information if required

Objectives attached.

5. Recommendation and action required

The Board of Directors is asked to:

- Discuss and reflect on the progress made against the Board EDI Objectives 2025/26
- Agree if any of the current objectives should be carried over into 2026/27
- Discuss any additional objectives for 2026/27

A paper will be brought to the next Board of Directors to formalise the objectives for the coming year.

Lynne Shaw
Executive Director of People and OD

13 April 2026

4.4 PEOPLE AND CULTURE STRATEGY 2026/31 ? FOR APPROVAL

 Lynne Shaw, Executive Director of People and Organisational Development

REFERENCES

Only PDFs are attached

 4.4 People and Culture Strategy (002).pdf



Meeting Name: Board of Directors meeting in public

Meeting Date: Wednesday 29th April 2026

Agenda Item: 4.4

Report Title: People and Culture Strategy 2026-31

Director Lead: Lynne Shaw, Executive Director of People and Organisational Development

Recommendation and action required:

The Board of Directors is asked to:

- **Approve** the CNTW People and Culture Strategy 2026-31.

**Board of Directors meeting held in public
People and Culture Strategy 2026-31**

Wednesday 29 April 2026

1. Purpose of the report

CNTW People and Culture Strategy 2026-31 is an enabling strategy to our Trust-wide strategy With You in Mind. It sets out the aims and objectives which will support the delivery of our strategic ambition to make the Trust a great place to work.

A copy of the final draft CNTW People and Culture Strategy 2026-31 is enclosed for consideration and approval by the Board of Directors.

2. Material points to note

Our People and Culture Strategy is focused on the achievement of four aims:

1. Building a compassionate culture
2. Caring for our people
3. Leading and managing to empower others
4. Developing our future workforce

Our priorities are based on feedback from the NHS Staff Survey, our Care Quality Commission (CQC) feedback as well as the key challenges and opportunities the Trust and wider NHS will need to respond to in the coming years.

The final draft of the People and Culture strategy has been updated following discussion of a previous draft with the Board of Directors, Executive Management Group, and Trust-wide Workforce Group. A Trust-wide consultation was held which gave staff from across the organisation the opportunity to give feedback on the draft strategy. Dedicated feedback sessions were offered to all staff network groups, with discussions taking place with our Cultural Diversity Staff Network and Disabled Staff Network.

Achieving the aims and objectives in our People and Culture Strategy 2026-31 is key to improving patient care, staff experience, and overall Trust performance, as well as responding effectively to issues raised via the NHS Staff Survey and the Trust's recent CQC Well Led inspection.

The Strategy does not include detailed plans or actions. Each year key priorities and actions which support the delivery of our People and Culture Strategy will form part of our Trust's Annual Plan. A detailed delivery plan will be developed to ensure integration with operational planning and the achievement of key milestones.

Our People Committee and Trustwide Workforce Group will oversee the delivery of our People and Culture Strategy, ensuring our activities are aligned to the Medium

Term Financial Plan. We will review our strategy regularly to make sure we are delivering on our commitment to making the Trust a great place to work.

3. Key risks

This is directly related to a number of Board Assurance Framework (BAF) Risks:

BAF Risk 2510: Due to increased demand and capacity the Trust is unable to meet regulatory standards relating to access, responsiveness, and performance resulting in a risk to quality and safety of services. Strategic Ambition 1

BAF Risk 2511: Risk of not meeting regulatory and statutory requirements of Care Quality Commission (CQC) registration and quality standards. Strategic Ambition 1

BAF Risk 2512: Risk of failing to maintain a positive safety learning culture resulting in avoidable harm, poor systems, process and policy, and identification of serious issues of concern. Strategic Ambition 1

BAF Risk 2540: Risk of increased staffing costs from use of temporary staff impacting on quality of care and financial sustainability. Strategic Ambition 3

BAF Risk 2542: Failure to develop a sustainable workforce model to recruit/retain/ and support the development of the right people with the right skills to deliver safe and effective services, our strategic objectives, and contractual obligations. Strategic Ambition 3

BAF Risk 2544: Risk of poor staff motivation, engagement, and job satisfaction if issues affecting staff experience are not addressed including health and wellbeing support, inclusion and the ability to speak up. Strategic Ambition 3

4. Additional information if required

Appendix 8.4.2 contains People and Culture Strategy 2026-2031
can be found under Appendices / additional information of the Board pack.

5. Proposed action, decision required, or proposal to approve

The Board of Directors is asked to:

- **Approve** the CNTW People and Culture Strategy 2026-31.

Lynne Shaw
Executive Director of People and Organisational Development

April 2026

4.5 CNTW WORKFORCE PLAN 2026/7 ? 2028/9 ? FOR APPROVAL

 Lynne Shaw, Executive Director of People and Organisational Development

REFERENCES

Only PDFs are attached

 4.5 CNTW Workforce Plan 20267 20289.pdf



Meeting Name: Board of Directors Meeting held in Public

Meeting Date: Wednesday 29 April 2026

Agenda Item: 4.5

Report Title: CNTW Workforce Plan 2026/7 – 2028/9

Director Lead: Lynne Shaw, Executive Director of People and Organisational Development

Recommendation and action required:

Board of Directors are requested to **Approve** the Trust Workforce Plan

Board of Directors Meeting held in Public

CNTW Workforce Plan 2026/7 – 2028/9

Wednesday 29 April 2026

1. Purpose of the report

The purpose of this report is to present a final draft of the Trust Workforce Plan to the Board of Directors for approval.

2. Material points to note

In July 2025 "Fit for the Future" 10-Year Health Plan was published aiming to modernise the NHS through three main shifts: moving care from hospitals to communities, from treatment to prevention, and transitioning from analogue to digital.

This was supported with a Medium-Term Planning Framework for the NHS which aims to allow organisations to move from annual short-term planning to 3-year plans for investment and savings in order to restore financial discipline across the NHS.

The service changes we have set out in our Service Change Plan describe the priority areas for change to support the shift we want to see in our model of care.

To deliver this shift our agreed Trust approach to strategic workforce planning follows the Skills for Health Six Steps Methodology to Integrated Workforce Planning (six step methodology). This combined with our '4s' model provides the framework for the workforce plan for the Trust. It will support and underpin our requirements and commitments within our medium-term planning submission to reduce costs and improve efficiency through service transformation to deliver our model of care.

Each of the key changes identified in the service change plan and model of care have been reviewed against the following core questions:

- Will the **size** of the teams grow or reduce?
- Will the **shape** of how teams are configured change?
- What **skills** do we need more of and less of to deliver the model of care?
- Is this service **sustainable** from an Income and Expenditure perspective and is the workforce supply sustainable?

Over the period of the workforce plan the overall size of the workforce will reduce by circa 600 Whole-Time Equivalent (WTE) in order to achieve the level of financial sustainability required. The graph and tables within the plan highlight that the reduction of staff numbers is higher in the first year of the plan based on the changes expected to inpatient services, with transformation of community services being more equally phased through the period.

The people impact has been considered, and a set of principles has been developed to support staff through the changes with a commitment to ensure that processes are completed in a timely manner to reduce uncertainty for staff and that there will be an honest and open approach to the changes required.

Previous discussions about the content of the Workforce Plan have taken place at the Trust-wide Strategic Workforce Group, Executive Management Group and People Committee. Comments and feedback from those meetings have been incorporated into the final draft.

3. Key risks

The Trust has a high number of service change priorities which have been identified, particularly for the 2026/27 financial year to review how services will be delivered in the future. Slippage on timescales will have a significant impact on delivery of our medium-term plan.

There are a number of workforce challenges identified including the impact on morale and staff wellbeing.

More broadly, the absence of a workforce plan could lead to:

- Skills gaps and shortages to deliver our future services linked to our model of care. By identifying our staffing requirements, we will look to have the skills and staffing numbers to meet future demands and plan our supply pipeline accordingly.
- Poor succession planning. We need to ensure critical roles are filled to avoid gaps in service resulting in reduced service quality or productivity.

Risks identified through the implementation of the plan will be included in the relevant risk register.

4. Additional information if required

Below appendices can be found under Appendices / additional information of the Board pack.

- Item 8.4.3a - Appendix 1 - Final Draft Workforce Plan
- Item 8.4.3b - Appendix 2 - Group Plans

5. Proposed action, decision required, or proposal to approve

The Board of Directors is asked to:

- Approve the Trust Workforce Plan

Lynne Shaw
Executive Director of People and Organisational Development

Kim Carter
Head of Staff Experience

April 2026

5. STRATEGIC AMBITION 4 - SUSTAINABLE FOR THE LONG TERM, INNOVATING EVERY DAY

 Darren Best, Chair

5.1 RESOURCE AND BUSINESS ASSURANCE COMMITTEE QUARTERLY ASSURANCE REPORT

 Emma Moir, Interim Committee Chair

REFERENCES

Only PDFs are attached

 5.1 Triple A - Resource and Business Assurance Committee April 26.pdf



Board of Directors meeting held in public

Meeting date: Wednesday 29th April 2026

Agenda item: 5.1

Report title: Resource and Business Assurance Committee: Triple A Board Report
(Alert – Advise – Assurance)

Director lead: Emma Moir, Committee Chair

Recommendation:

The Board is asked to:

- **Note** the content of the report and assurance provided and continue to prioritise monitoring of the assurance, and evidence of progress against the medium-term plan.

**Board of Directors meeting held in public
Triple A Board Report (Alert – Advise – Assurance)**

Resource and Business Assurance Committee

Date of committee meeting: Friday 10 April 2026

Committee Chair: Emma Moir, Non-Executive Director

Executive Lead(s): Lis Dunning, Executive Director of Finance

Overall assurance/governance statement from the Committee Chair

Overall **limited assurance** for the following reasons:

The Committee is reassured that the Trust is forecast to deliver the planned £6.6m surplus (the planned £3.3m surplus plus £3.3m reallocated deficit support funding which must increase the surplus by an equivalent amount) for 2025/26 following significant recovery actions in the second half of the year, including reductions in staffing and agency expenditure. However, the Committee notes that delivery of the year-end position relies significantly on non-recurrent mitigations and system funding. As a result, while short-term financial control appears to have stabilised, further work is required to secure recurrent efficiencies and ensure the Trust's financial sustainability over the medium term.

1. Alert

The Trust may be unable to deliver the Medium-Term Financial Plan due to the scale of efficiency requirements, workforce reductions, system funding assumptions and unidentified savings schemes, resulting in continued structural deficit and financial sustainability risk.

- The Trust enters **2026/27 with an underlying deficit of £44.2m.**
- The plan aims to reduce this to **£8.2m in year one.**
- Delivery requires **£43.3m of CIP**, including **£4.1m unidentified savings.**
- The plan assumes **a workforce reduction of 465 WTE in year one.**

The new reporting template summarises the financial mechanics of the plan but does not yet articulate the principal delivery risks or the executive level of confidence in achieving the £43m CIP and workforce reductions. The Committee notes the establishment of a Trust-Wide Finance Group. This group is charged with regular oversight of efficiency plan delivery and assessment of risk of the plan and will report to this Committee monthly.

Given the scale of the programme assurance actions were agreed as follows:

- (a) Strengthen the BAF Risk 2545 Financial Sustainability reflect the BAF Risk
- (b) Report on CIP Progress 8/5/26 RABAC Committee
- (c) Report on Medium Term financial position each month from 12/6/26 RABAC Committee.

2. Advise

No additional emerging risks.

3. Assurance

The Committee welcomed the progress reported on the **Capital programme and the Green Plan**. However, it would be helpful to see a clearer articulation of how these programmes align with the Trust's Strategic Plan and the Combined Improvement Plan, particularly in terms of how capital investment and sustainability initiatives support service transformation and long-term financial sustainability.

Two risks were recommended by the committee to be closed subject to ARC agreement, namely:

Risk 2546 - Capital/Estates Infrastructure

Risk 3245 - Cash Flow

The justification included the capital risk with regards backlog maintenance has been reduced due to additional funding received in Q4. The cash flow risk is related to a specific point in time which has elapsed and further cash has been received from NHSE. The committee was broadly comfortable that the actions taken appear to mitigate the original drivers of these risks and that they can now be managed through business-as-usual arrangements, however it was recommended that cash-flow medium term risk is added to the strengthened BAF Risk 2545, as it has been identified that cash flow is a risk in the medium-term.

The Committee received the report from the Provider Collaborative and took assurance that Commissioning by the Collaborative is appropriately on track with risks being managed.

To this meeting of the Committee a report was brought to seek approval of income and expenditure contracts as required by the Trust Scheme of Delegation. The Committee recommends that Board approval is given to the contracts in this report.

Action required by the Board

The Board is asked to

- Note the content of the report and assurance provided
- Continue to prioritise monitoring of the assurance and evidence of progress against the Medium-Term Plan.

Emma Moir
Resource and Business Assurance Committee Chair
April 2026

Author
Director Lead: Lis Dunning, Executive Director of Finance

5.2 FINANCE QUARTERLY REPORT (QUARTER 4 - MONTH 12)

 Lis Dunning, Executive Director of Finance

REFERENCES

Only PDFs are attached

 5.2 Finance Q4 Month 12 Report.pdf



Meeting Name: Board of Directors meeting held in public

Meeting Date: Wednesday 29th April 2026

Agenda Item: 5.2

Report Title: Finance Quarterly Report (Quarter 4 – Month12)

Director Lead: Lis Dunning, Executive Director of Finance

Recommendation and action required:

The Board is asked to note:

- The Trust has reported a £6.6m surplus, the planned £3.3m surplus plus £3.3m reallocated deficit support funding.
- The Trust has managed a reduction in staffing of circa 460 Whole Time Equivalent (WTE) to support financial delivery with over 325 of the reduction in the second half of the year. The one-off benefits and the staffing reduction support the Trust delivering the financial plan. To deliver the financial plans included in the Medium-Term Plan the Trust must continue to manage a reduction in WTE through 2026/27. The financial pressures are included in the Board Assurance Framework (BAF) risk (2545).
- The Trust capital programme has been supported with £9.6m cash and the Trust has received additional capital from slippage across the NHS (£10m Capital Department Expenditure Limit (CDEL) and £8.3m cash). The Trust has delivered the Integrated Care Board (ICB) CDEL limit and has reported a £56k overspend against the national CDEL limit, which has been agreed is within tolerance levels across the ICB. Future CDEL levels are included in the BAF risk (2546).
- The impact of using noncash non recurrent mitigations in the first half of 2025/26 negatively impacted on the Trust cash balances. The year end cash balance has increased from initial forecasts significantly from the reduction in temporary staffing use, receipt of capital support funding, Quarter 4 (Q4) additional capital and receipt of some of the outstanding Mitford debts.

Board of Directors Meeting held in public
Finance Quarterly Report (Quarter 4 – Month 12)
Wednesday 29th April 2026

1. Purpose of the report

The report is to brief the Board of the reported financial outturn for the Trust for financial year 2025/26. The key financial metrics include in this report have been submitted a key data to the Integrated Care Board (ICB). The Trust will present a full set of accounts to the Trust Board then submit the accounts to the NHS by the national deadline of 27th April 2026.

2. Year End Financial Outturn

Financial Outturn

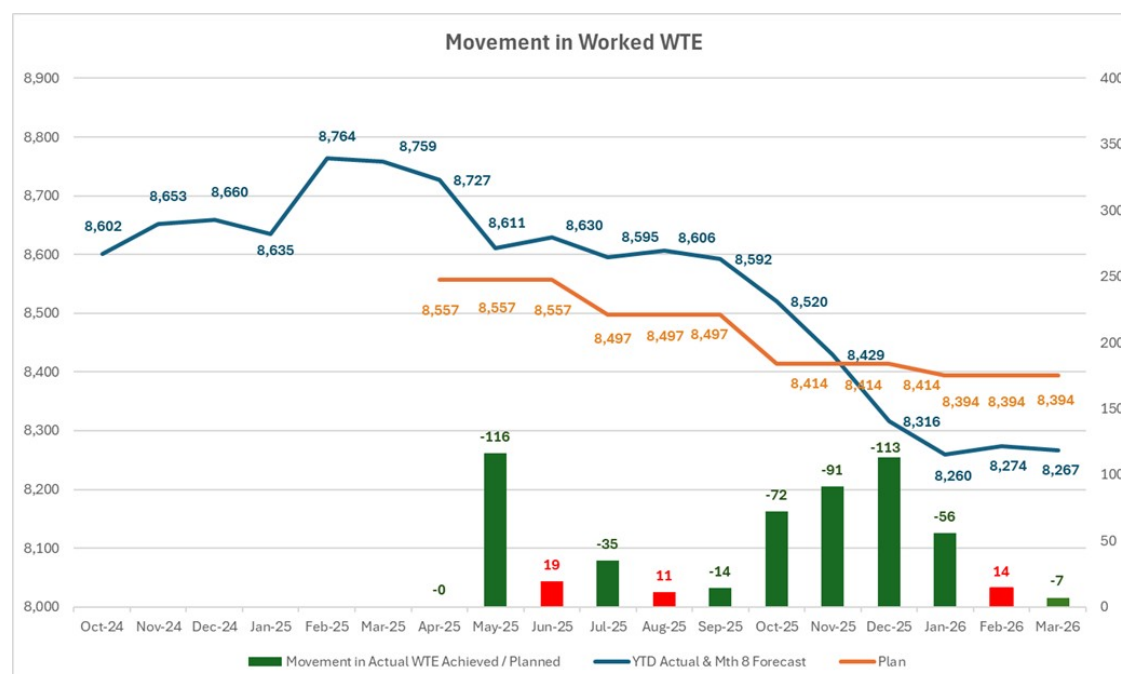
The Trust has reported a £6.6m year-end surplus. The surplus includes the planned £3.3m surplus and the Trust has received £3.276m reallocated deficit support funding in Month 12 with a requirement to increase the surplus by an equivalent amount.

The year end surplus has been significantly supported by staffing reductions in the second half of the financial year. The Trust financial position showed overspends through the first half of the year due to staffing over establishments. Staffing numbers have reduced by over 460 Whole Time Equivalent (WTE) through the year with over 325 of the reduction being delivered in the second half of the year. The impact has been delivered through initiatives instigated from October 2025 (managing temporary staffing and non-pay expenditure). The Trust is now reporting circa £0.2m monthly agency expenditure, this is a reduction from £0.8m a month through Quarter 1.

The table below shows the actual staffing reduction across the Clinical Groups and Infrastructure Departments.

	April 25	Mar 26	Move
Inpatients	1,929	1,670	(258)
Community	3,058	3,009	(49)
Specialist	1,935	1,855	(79)
Infrastructure	1,805	1,732	(73)
Total	8,727	8,266	(460)

The graph below shows the staffing trends against the planned WTE included in the 2025/26 workforce plan. The graph includes the WTE movement month on month through the financial year. The green blocks represent a monthly reduction in WTE from the previous month, and a red block shows an increase from the previous month.



The staffing reduction has been managed through the Trust urgent recovery programme presented to Resource Business Assurance Committee (RBAC) monthly. The staffing numbers will continue to be presented to RBAC in 2026/27 to report against the planned staffing numbers included in the Medium-Term Plan.

Out of Area Treatments (OATS)

The Trust outturn includes an overspend of £1.5m against the budget held for patients treated out of area. The Trust experienced pressure from sending patients out of area in the first 6 months of the year. The pressure has been managed as part of the overall Trust financial delivery.

Efficiency

The Trust has reviewed the efficiency programme and is forecasting to deliver the full £30.6m planned efficiency. The Trust has identified areas within the original efficiency programme that will not deliver this year and identified offsetting mitigations. The revised delivery includes £8.1m of planned recurrent savings which will not deliver and are being offset by £8.1m of non-recurrent mitigations.

Commissioning pressures

General Practice (GP) collective action has resulted in patients previously being supported in primary care being transferred into CNTW services. This has resulted in staffing pressures but also a significant impact on the Trust prescribing budgets, where GPs will no longer prescribe antipsychotic or Attention Deficit Hyperactivity Disorder (ADHD) medication. The Trust financial position includes an overspend on

the original drugs budget of £1.3m, which represents a cost shift from the ICB prescribing budget to CNTW. The ICB have provided non recurrent funding in 2025/26, but there is a risk for 2026/27. The Trust and the ICB are in ongoing discussions.

The Board are already aware of pressures included in the 2025/26 financial outturn from care packages to support in-patients who have been clinically ready for discharge. The impact has been pressure of circa £2.8m which has been mitigated through cost reduction and non-recurrent funding in year. The Trust Medium Term Plan includes a review of baseline staffing levels across inpatient units.

Capital Expenditure

The table below shows the Trust's reported capital programme for 2025/26 showing the funding sources.

Capital Programme	Support Funding £'000	PDC £'000	IFRS 16 £'000	Total £'000
CEDAR		328		328
Older People's (OPS) Ward	6,054			6,054
Benton House	929			929
Backlog	1,223	1,773		2,996
Sustainability	171			171
Minor Schemes	3,223			3,223
Estate Safety		576		576
Equipment	119			119
Section 136 Bamburgh	103			103
Tyne Ward		131		131
Solar Tranche		2,031		2,031
Cyber Security		75		75
Energy Efficiency		5		5
Information Management and Technology (IM&T)	7,688			7,688
Energy - Car Charging		566		566
Reduced Out of Areas		367		367
Leases			(1,184)	(1,184)
Total Capital Programme	19,510	5,852	(1,184)	24,178
Disposals & Capital Disputations				(708)
Residual Interest				1,997
Dilapidation Provisions utilisation				80
Total Charge to CDEL				25,5

The Trust overall CDEL target is £25,491k. The reported total exceeds the limit by £56k. Discussions with the ICB have advised this is with the level of tolerance. Within the total the Trust has met the ICB CDEL limit (Capital excluding external funding) of £19.5m.

Cash Position

The Trust has a year-end cash balance of £41.3m. This is £20.5m ahead of the Trust plan.

The Trust has identified cash pressure through the year, and the need arises from pressures on Trust cash through servicing long term debt which supports previous major capital developments. Agreeing to debt was previously the only way to finance capital developments. The NHS finance regime has moved to supporting capital developments through Public Dividend Capital (PDC) and requiring Trusts to deliver financial break-even. Under the current financial requirements CNTW has not been generating sufficient surpluses to service the historic debt. In January NHS England has agreed to provide the Trust with £9.7m cash support to the existing capital programme which supports the Trust cash balances.

The Trust cash balance at the end of the financial year also benefited from funding from the ICB not included in the plan, financial recovery support and Voluntary Severance Scheme (VSS), where severance payments are predominately being paid in April. Also, the additional capital allocation received in Q4 includes £8.3m cash and the Trust has drawn down PDC funding for several schemes in Month 12 which have been delivered in 2026/27, but not all the cash has been transacted by the end of March. It is expected cash balances will reduce in April as final accounts are settled and VSS schemes are paid.

3. Key risks

The risk below remains included on the risk register but is going to be refined.

- Failure to deliver a sustainable financial position and longer-term financial plan will impact on the Trust's sustainability and ability to deliver high quality care.

5. Recommendation and action required

The Board is asked to note:

- The Trust has reported a £6.6m surplus, the planned £3.3m surplus plus £3.3m reallocated deficit support funding.
- The Trust has managed a reduction in staffing of circa 460 WTE to support financial delivery with over 325 of the reduction in the second half of the

year. The one-off benefits and the staffing reduction support the Trust delivering the financial plan. To deliver the financial plans included in the Medium-Term Plan the Trust must continue to manage a reduction in WTE through 2026/27. The financial pressures are included in the BAF risk (2545).

- The Trust capital programme has been supported with £9.6m cash and the Trust has received additional capital from slippage across the NHS (£10m CDEL and £8.3m cash). The Trust has delivered the ICB CDEL limit and has reported a £56k overspend against the national CDEL limit, which has been agreed is within tolerance levels across the ICB. Future CDEL levels are included in the Board Assurance Framework (BAF) risk (2546).
- The impact of using noncash non recurrent mitigations in the first half of 2025/26 negatively impacted on the Trust cash balances. The year end cash balance has increased from initial forecasts significantly from the reduction in temporary staffing use, receipt of capital support funding, Quarter 4 additional capital and receipt of some of the outstanding Mitford debts.

Lis Dunning
Executive Director of Finance

Chris Cressey
Deputy Director of Finance

April 2026

5.3 DELIVERING TOMORROW, WITH YOU IN MIND

 James Duncan, Chief Executive

REFERENCES

Only PDFs are attached

 5.3 Delivering tomorrow with you in mind.pdf



Meeting Name: Board of Directors meeting in public

Meeting Date: Wednesday 29th April 2026

Agenda Item: 5.3

Report Title: Delivering tomorrow, With You in Mind

Director Lead: James Duncan, Chief Executive

Recommendation and action required:

- The Board is asked to **note** the narrative report in the context of our strategic vision for the Trust.

Board of Directors meeting in public

Delivering tomorrow, With You in Mind

Wednesday 29 April 2026

1. Purpose of the report

The purpose of the report is to present the 'single strategic narrative' and supporting service change plan which encompasses the key areas of change we will be focussing on during 2026/27. This also includes the ongoing work we have committed to deliver as part of our [strategy](#), the NHS long term plan and our [model of care and support](#).

2. Material points to note

In line with the Trust's medium-term financial plan, which was approved by the Board in February, supporting information was provided on the key service change proposals which underpin some of the financial assumptions / detailed schemes.

As part of the development of our annual plan, aims and priorities for 2026/27, we have developed a single strategic narrative on our plans for service change for the coming year – [Delivering tomorrow – With You in Mind](#).

This internal and external public narrative document sets out the service change areas we will be engaging, informing, and potentially consulting on. Some of these engagement exercises have already commenced, looking at service provision for people with a learning disability and autistic people and services for adults with an eating disorder.

In the context of a number of service-level CQC assessments undertaken during the last 12 months, as well as the publication of our Well Led assessment on 15 April, we recognise that the CQC has identified areas for us to improve. We are focussed on embedding these improvements in a way that helps our staff, our patients, our partners and our wider communities understand our vision and where we are headed in the short, medium and longer-term.

The CQC has recognised that we have a clear and ambitious strategy, and that we work as a good partner. They have also found that we need to make improvements to our governance (the way the systems within the organisation work) and ensure that our people feel consistently valued, supported and well led.

This document clearly sets out our direction for improvement of our services so that we can engage our public, our people and our partners early and effectively in designing and delivering that change.

3. Key risks

We have reported many times that it is important that we are confident in our ability to deliver the radical change needed to develop our services so that they are fit for the future. There are key risks associated with this and appropriate monitoring, oversight and plans are in place to manage these as we move forward.

We know that demand continues to outstrip capacity for some of our services. If demand is not managed successfully, waiting times, crisis pressures and patient safety risks could increase. Our service change plans reflect the approach to neighbourhood health, clearer triage processes, re-prioritisation of resources, stronger crisis alternatives and redesigned pathways.

The service changes rely on moving, reshaping and expanding the workforce at a time of existing shortages, high workload and uncertainty for staff. It is important that our service change plans reflect and are considered alongside our Trust-wide workforce planning, redistribution of roles rather than growth where possible, phased implementation, and strong engagement with staff and trade unions.

Joint working with our partners including the North East and North Cumbria Integrated Care Board, local authorities and third sector partners to co-design models of care will be a key feature of our engagement plans and ensuring open and transparent decision-making.

The Board will be kept up to date on the pace and realism of workforce delivery of our schemes for change as we move forward.

4. Additional information

[Delivering tomorrow, With You in Mind – service change narrative](#)
[Our strategies and plans](#)
[Service change – Learning Disability and Autism services](#)
[Service change – Adult Eating Disorders](#)

5. Proposed action, decision required, or proposal to approve

The Board is asked to **note** the narrative report in the context of our strategic vision for the Trust.

James Duncan
Chief Executive

April 2026

5.4 DELIVERY OF ANNUAL PLAN AND PRIORITIES 2025/26

 Ramona Duguid Chief Operating Officer

REFERENCES

Only PDFs are attached

 5.4 Delivery of Annual Plan 2025-26 - Board April 2026.pdf



Board of Directors meeting held in public

Meeting Date: Wednesday 29 April 2026

Agenda Item: 5.4

Report Title: Delivery of Annual Plan and Priorities 2025/26

Director Lead: Ramona Duguid, Chief Operating Officer

Recommendation and action required:

To note the 2025/26 Quarter 4 (Q4) position in relation to the delivery of the Annual Plan 2025/26.

Board of Directors held in public

Delivery of Annual Plan and Priorities 2025/26

Wednesday 29 April 2026

1. Purpose of the report

This report provides an update on delivery of the 2025/26 Annual Plan priorities as at 31 March 2026. Further detail on progress against individual objectives is set out in Appendix 1.

The Board is asked to note the current position, including the mitigations in place in relation to actions that remain incomplete.

2. Material points to note

The section below summarises delivery against the 2025/26 priorities, highlighting areas that have been fully delivered, partially delivered, or not delivered. Where priorities have not been fully delivered in 2025/26, these will be carried forward into the 2026/27 priority set.

The proposed priorities for 2026/27 are presented to the Board of Directors in a separate report at the April 2026 meeting.

The Board of Directors received a six-month progress update on delivery of the 2025/26 priorities at the November 2025 Board meeting.

2.1 Fully delivered

Ambition 1 - Quality Care

- Improve patient centred care planning.
- Develop a consistent and evidence-based approach to risk assessment and safety planning across all services.
- Update transitions policies and ongoing audit of practice.
- Manage and reduce the risk of cardiorespiratory arrest caused by sedative medication (one objective superseded, details available in Appendix 1).
- Manage and reduce the risk of severe clozapine-induced constipation.
- Improve the identification, management, and communication of choking, aspiration, and dysphagia risks.
- Implementation of My Kit Check as a digitised approach to management of medical equipment.
- Ensure learning from near misses/deaths related to poor management of physical/deteriorating health is embedded across services.
- Improvement and compliance with sexual safety standards and practice.
- Implementation of standardised shift patterns to achieve consistent time for patient handovers between shifts.

- Roll out of staff health and wellbeing initiatives and the Trust wide leadership programme.

Ambition 2 – Person Led Care

- Reconfiguration of inpatient provision in West Cumbria.
- Review of Learning Disability inpatient provision and reconfiguration (temporary changes to Rose Lodge).
- Proactive support for patients who require effective discharge from inpatient care (launch Hospital to Home service).
- Launch Hope Haven as part of national programme for 24/7 neighbourhood mental health.
- Implementation of intensive and assertive SMI identification on RiO and supporting clinical practices (including depot management).
- Launch of Psychosis Review and Community Clozapine Initiation Service (PRECCIS).

Ambition 3 – A Great Place to Work

- Ensure that the legal framework is followed in all staff consultations and that appropriate support is put in place for staff as required.
- Raise awareness across the Trust of the Sexual Safety Legislation and individual and collective responsibilities therein.
- Leadership programme delivery.
- New health, wellbeing and attendance policy approved and launched.

Ambition 4 – Sustainable for the long term, innovating every day

- Deliver the Trust annual plan for 2025/26 as part of the North-East & North Cumbria ICB's financial plan to deliver financial break-even.
- Develop our digital strategy to support the model of care.
- Ensure CNTW is a leader and an influencer in local and national research networks and partnerships.
- Delivery of the green plan.

Ambition 5 – Working with and for our communities

- Engage with and support the 10-year plan, transforming how services are commissioned for patients.
- Roll out the Patient and Carer Race Equality Framework (PCREF) across all marginalised groups.

2.2 Partially Delivered

Ambition 1 - Quality Priorities

- Strengthen communication with families and carers, ensuring they are actively involved in care decisions and when a patient deteriorates – improvements have been made, however too early to have demonstrable evidence that this is fully achieved. Martha's Rule Framework still in development.

- Changes to the CPA policy in line with the Personalised Care Framework remain ongoing.
- Training gaps identified on compliance with management of deteriorating patient core training.
- Understanding Sexual Misconduct in the Workplace training package now live, Active Bystander training being developed in collaboration with another Trust.
- New handover policy developed but not yet finalised/launched.
- Best practice guidance delayed for engagement and observation due to work with national programme for Enhanced Therapeutic Observations and Care (ETOC).

Ambition 2 - Person led care, when and where it is needed

- Commissioning discussions ongoing in relation to a Specialist CYPS eating disorder service, we are yet to agree implementation of the new specification but are working to resolve this. Quality Improvement Group work is progressing well, with the Inpatient eating disorders toolkit being rolled out to support more consistent clinical practice. The inpatient element is underway to improve flow and purpose of admission, while the specialist community elements are on hold pending a system-wide response.
- Workforce plan for new Psychosis Review and Community Clozapine Initiation Service (PRECCIS) being finalised to fully implement service (phase 2).
- Mitford model for specialist inpatient autism provision extended to include learning disability provision considerations.
- New commissioning framework and system response to support backlog of referrals/waiting list reduction not live/launched.
- Changes to alternatives to crisis support and intervention progressing but not fully complete across the system.
- Outcome of capital bids submitted for Mental Health Emergency Departments and internal work commenced on crisis assessment suites to change urgent care pathway.
- New Waiting time measures developed to meet national requirements but not fully embedded across the Trust with some pathways still seeing long waits for assessment and treatment.

Ambition 3 - A great place to work

- Sickness absence figures improved but target of 1% not achieved.
- Regular review of workforce requirements affecting the ability to map current and future clinical support workforce requirements.
- Leadership programme developed but remains in progress - continues as a priority in 2026/27.

Ambition 4 - Sustainable for the long term, innovating every day

- Roll-out of paperless working in clinical areas, progressing but remains incomplete.
- Unidentified cost improvements within Medium Term Financial Plan.

Ambition 5 - Working with and for our communities

- Developing an effective partnership with TEWV and supporting the Provider Collaborative, progress made and will continue to be a priority for 2026/27
- Engagement with localities positive in relation to Neighbourhood Health Models which continue to be a priority over the next year.

2.3 Not delivered

There are two areas to highlight to the Board which are showing as red at the end of year:

- Implementation of new policy and trajectories however improvement of 1% across sickness absence was not achieved.
- The Trust has been unable to complete an audit on resuscitation incidents and staff responses.

3. Key risks

All of the areas which have identified partial or no delivery, have been reviewed by the Executive lead in relation to transfer of this priority into the 26/27 plan for the Trust.

It is recommended that the Quality and Performance Committee receive an update on resuscitation practice given the red non delivery area identified at the end of year review.

4. Supporting Information

Appendix 8.4.4 - Our Trust strategic ambitions: 2025-26: Q4 Final Position can be found under Appendices / additional information of the Board pack.

5. Recommendation and action required

- To note the 2025/26 Q4 position in relation to the delivery of the Annual Plan 2025/26.
- To agree that the Quality and Performance Committee receive a report on resuscitation practice across the Trust.

Ramona Duguid
Chief Operating Officer

Tommy Davies
Deputy Director of Transformation, Delivery and Performance

April 2026

5.5 ANNUAL PLAN AND PRIORITIES 2026/27 ? FOR APPROVAL

 Ramona Duguid, Chief Operating Officer

REFERENCES

Only PDFs are attached

 5.5 Annual Priorities 2026 27.pdf



Meeting Name: Trust Board of Directors

Meeting Date: Wednesday 29th April 2026

Agenda Item: 5.5

Report Title: Annual Priorities 2026/27

Director Lead: Ramona Duguid, Chief Operating Officer

Recommendation and action required:

The Board of Directors are asked to review and approve the annual priorities for 2026/27 and the associated measures.

Board of Directors meeting in public

Annual Priorities 2026/27

Wednesday 29th April 2026

1. Purpose of the report

The purpose of this report is to present the Trust's priorities and associated measures for 2026/27, aligned to the strategic ambitions, and to seek the Board's assurance that the focus and clarity are appropriate and sufficient to support the delivery of the Trust's strategy.

2. Material points to note

The 2026/27 priorities build on the aims established for 2025/26 and on the work undertaken to build the Medium-Term Plan. The metrics we have developed, and those still in development, are also aligned to the Trust's model of care.

These priorities have been developed with the care group leadership team and corporate leads during the last three months. The Council of Governors have also reviewed the draft priorities.

The Quality and Performance Committee has reviewed and agreed the quality and person-led care priorities. The metrics used to monitor delivery of the 2026/27 priorities will be regularly monitored within either the Integrated Performance Report presented to the Board of Directors, or within other reports to Board committees, including the Integrated Quality Report and Workforce Report.

These priorities will be monitored throughout the year against the measures within this report and reported to the Board of Directors on a six-monthly basis to provide assurance.

3. Key risks

There are four overriding strategic risks to highlight to the Board of Directors in considering the priorities for 2026/27:

- The Trust has an ambitious set of priorities which link directly to the service change plan, workforce plan and financial plan for the Trust. These plans combined with responding to the CQC Well Led Report and managing day to day service delivery, will require careful and consistent consideration of management and leadership capacity.
- Engaging our workforce, particularly our front-line clinical teams, to support effective implementation of the changes we need to make and workforce reductions will be critical to implementing service changes well.
- The changes to the North East and North Cumbria Integrated Care Board and associated governance/system decision making arrangements may impact on the indicative timelines the Trust have identified for delivery.
- The Trust continues to respond to emergency planning activities, for example Resident Doctor strikes which may need to be prioritised over strategic development and change activities.

4. Additional information if required

- The annual priorities are attached at Appendix 8.4.5 can be found under Appendices / additional information of the Board pack.
- The service change plan for 2026/27 can be found here [\(Link\)](#)

5. Recommendation and action required

The Trust Board of Directors is asked to review and approve the annual priorities for 2026/27 and the associated measures attached at Item 8.4.5 Appendix 1.

Ramona Duguid
Chief Operating Officer

Tommy Davies
Deputy Director of Transformation, Delivery and Performance

April 2026

6. STRATEGIC AMBITION 5 ? WORKING FOR, AND WITH OUR COMMUNITIES

 Darren Best, Chair

6.1 DIGITAL, DATA AND TECHNOLOGY COMMITTEE REPORT

 Thomas Webb, Committee Chair

REFERENCES

Only PDFs are attached

 6.1 Triple A - DDTC April 26 - Board in Public.pdf



Board of Directors meeting held in public

Meeting date: Wednesday 29 April 2026

Agenda item: 6.1

Name: Digital, Data and Technology Committee: Triple A Board Report (Alert – Advise – Assurance)

Non-Executive Director lead: Thomas Webb, Committee Chair

Recommendation for the Board:

The Board is asked to

- **Note** the content of the report.
- Seek further assurance from the Committee Chair and Executive Lead if required.

**Board of Directors meeting held in public
Wednesday 29th April 2026**

**Triple A Board Report (Alert – Advise – Assurance)
Digital, Data and Technology Committee**

Date of committee meeting: 3rd March 2026

Committee Chair: Thomas Webb, Non-Executive Director

Director Lead(s): Rajesh Nadkarni, Deputy Chief Executive and Medical Director

Overall assurance/governance statement from the Committee Chair

The Committee Chair presented a benchmarking report showing the Trust spends around 2% of its budget on digital, slightly below the NHS average with a high proportion allocated to infrastructure. The Committee discussed whether this level of investment is sufficient given the Trust's ambitions and objectives.

It was agreed that a discussion would take place at the Executive Management Group to review the adequacy of current investment, alignment with strategic ambitions, and the need for clearer strategic priorities and integration with the Model of Care and Support. The committee will ensure a further discussion following receipt of the output of the discussion at EMG.

Following implementation of the Committee in November 2025, monthly meetings will now be moved to quarterly, with the next meeting taking place in June.

To note: It has been agreed that given the nature and sensitivity of the remit of this Committee, issues of a confidential nature including some alerts, actions to manage key risks etc., will be discussed only in closed meetings. This is to safeguard the organisation's systems, policies and processes relating to digital infrastructure.

1. Alert

No issues to report.

2. Advise

Digital Health Teams deliverables update – update around user experience feedback, clinical Safety cases update, clinician training and adoption

The Trust employs several engagement strategies, such as show-and-tell events, face-to-face meetings, and project-specific stakeholder sessions, emphasising the need to customise approaches based on the specific issue. They also make use of feedback mechanisms and project management techniques to guarantee effective involvement.

Regarding user experience and clinical standards, the Trust's electronic patient record (EPR) score has improved, now ranking third among fourteen Trusts using RiO. A group focused on clinical record keeping has been formed, bringing together service users and carers to establish and implement best practice standards.

Work to tackle digital exclusion continues through the Health Equity Steering Group. Initiatives include targeted outreach, appointing digital champions, and using project management to involve key stakeholders. There are a number of engagement strategies employed by the Trust, however, capacity within the health digital team as well as capacity in terms of appetite for engagement remains a concern. The Committee will continue to oversee development in this area.

In terms of capacity, beginning in April, the Digital Health Team will experience a reduction in resources. This involves the implementation of a broad and inclusive structure, allowing nurses and allied health professionals to take on leadership roles. A discussion took place about the need to ensure appropriate representation of NTW Solutions staff in the Trust governance framework.

3. Assurance

The report provides moderate to good assurance that digital systems are clinically safe, governed, and improving. There are clear clinical leadership and oversight of digital systems, and risks and challenges are recognised, actively managed, and mitigated, though capacity and digital exclusion remain constraints to be monitored.

Sources of assurance are provided through the Trust's established clinical leadership and governance of digital systems, including clear accountability via the Chief Clinical Information Officer for the **Trust**, working in alignment with the Chief Digital Information Officer for **NTW Solutions Limited**, and oversight through the Digital, Data and Technology Committee and supporting governance groups.

Assurance has been drawn from compliance with national digital clinical safety standards with a designated Clinical Safety Officer in post and multiple clinical safety cases in place or in development.

There is evidence of continuous improvement in digital quality, safety and productivity, including reduced clinical documentation time, the Trust-wide adoption of electronic prescribing and Mental Health Discharge Summaries, and improved user experience scores with strong comparative performance against peer organisations.

Strong regional and system-wide digital collaboration is in place, and a transparent articulation and understanding of key risks and mitigations, including workforce capacity and digital exclusion.

Action required by the Board

The Board is asked to:

- **Note** the content of the report.
- Seek further assurance from the Committee Chair and Executive Lead if required.

Thomas Webb
Digital, Data and Technology Committee Chair
April 2026

Author: Rajesh Nadkarni, Deputy Chief Executive / Medical Director and Debbie Henderson,
Director of Communications and Corporate Affairs

7. GOVERNANCE AND REGULATORY

 Darren Best, Chair

7.1 AUDIT COMMITTEE ASSURANCE REPORT AND TERMS OF REFERENCE - FOR APPROVAL

 Robin Earl, Committee Member

REFERENCES

Only PDFs are attached

 7.1 Triple A - Audit Committee April 26.pdf



Board of Directors meeting held in public

Meeting date: Wednesday 29th April 2026

Agenda item: 7.1

Report title: Audit Committee: Triple A Board Report (Alert – Advise – Assurance)

Director lead: Robin Earl, Committee Chair

Recommendation and action for the Board:

The Board is asked to:

- **Note** the assurance provided by the Audit Committee on governance, risk management and control
- **Note** for assurance the actions underway to address limited assurance areas relating to safe working on wards and cyber security
- **Approve** the revised Audit Committee Terms of Reference
- **Note** the Committees review of the proposed Risk Appetite Framework and updated Risk Management Policy **for approval**
- **Note** the Committees review and recommendation for **Board approval** to close the two BAF risks outlined in the report, with continued management through the overarching financial sustainability risk.

**Board of Directors meeting held in public
Triple A Board Report (Alert – Advise – Assurance)**

Audit Committee

Date of committee meeting: Wednesday 15 April 2026

Committee Chair: Robin Earl, Non-Executive Director

Director Lead(s): Lis Dunning, Executive Director of Finance and Debbie Henderson, Director of Communications and Corporate Affairs

Overall assurance/governance statement from the Committee Chair

The Audit Committee focused on its core responsibilities of providing assurance over the Trust's governance, risk management, internal control framework, financial sustainability, information governance, cyber security, internal and external audit, and counter fraud arrangements.

Discussions were framed around assurance over systems, processes and controls, rather than operational performance, and the Committee continued to emphasise the importance of evidence-based assurance, timely delivery of audit actions, and clear linkage between internal audit work and the Board Assurance Framework (BAF).

1. Alert

Working Safely on Wards (Internal Audit – Limited Assurance)

The Committee considered a limited assurance internal audit report covering compliance with safe working arrangements for NTW Solutions staff working on inpatient wards. Key gaps identified related to, inconsistent risk handovers from ward teams to non-clinical staff, variable application of lone working and escort arrangements, and cultural behaviours where staff continued to work in unsafe environments to complete tasks.

Actions were agreed and are underway, including reinforcement and re-issue of the Safe Working Protocol, mandatory risk handovers prior to ward access, review of rotas to ensure two person working where required and clear escalation routes placing responsibility on management, not frontline staff.

The Committee emphasised the need for behavioural and cultural embedding, not just procedural compliance, and requested a targeted follow up audit to test whether improvements are working in practice.

Cyber-risk update

The Committee received its annual cyber security assurance update, including internal and external audit outcomes, showing substantial or good assurance and progress with Data

Security and Protection Toolkit transition to the Cyber Assessment Framework (CAF). The rising cyber-threat landscape is reflected in the increased likelihood score on the Board Assurance Framework which noted completion of a number of key mitigations.

The Committee noted the emerging capacity risks in cyber security resourcing, with a business case in development to strengthen proactive monitoring and detection capability. This is being monitored from an operational perspective by the Digital, Data and Technology Committee.

2. Advise

No issues to report that are not considered under 'alert' or 'assurance'.

2. Assurance

Audit Committee terms of reference annual review

The Committee reviewed the updated Terms of Reference (ToR) as part of the annual governance review. Revisions strengthened clarity around:

- Governance behaviours and committee effectiveness
- Explicit oversight of internal audit, external audit and counter fraud
- Inclusion of information governance, cyber security oversight and links to the Digital, Data and Technology Committee.
- Reinforcement of expectations relating to conflicts of interest, standards of conduct and Freedom to Speak Up

Minor technical amendments were requested (e.g. referencing the Global Internal Audit Standards), but no substantive gaps in governance arrangements were identified. These have been included in the final version.

Annual Review of Audit Committee Effectiveness

The Committee considered the annual effectiveness review, which concluded that the Audit Committee is operating effectively and in line with its remit. Key areas for continued focus were agreed, including:

- Strengthening clarity and consistency of assurance flows from other Board committees
- Maintaining focus on the timely completion and reporting of audit actions
- Continuing to evidence organisational learning and system level improvement arising from assurance gaps
- Ongoing use of self-assessment and periodic review to support continuous improvement.

The Committee emphasised the importance of adopting a challenging, inquisitive approach to assurance, aligned with external audit expectations.

Internal Audit Progress Report and Plan Amendments

Internal Audit reported satisfactory progress against the 2025/26 audit plan, with delivery on track for completion by June 2026.

The Committee approved a deferral of the waiting list management audit to allow testing of recently implemented improvements following CQC findings, with the audit to be included in the 2026/27 plan.

The Committee noted the importance of reducing the number of, and the need for improved discipline in providing, updates for overdue audit actions. Reliance on timely engagement from executive leads to support the closure of audit actions was requested. Strengthening visibility of how internal audits map to Board Assurance Framework risks, in line with CQC well led feedback was also discussed.

External Audit Strategy Memorandum

External Audit presented the audit strategy and confirmed no concerns regarding independence. Significant audit risks were outlined in line with sector expectations, including management override of controls, revenue and expenditure recognition, valuation of land and buildings, and financial sustainability and CQC oversight under value for money arrangements. The Committee welcomed external audit commentary on the importance of maintaining an inquisitive assurance culture.

Counter Fraud Progress Report

The Committee received assurance that counter fraud activity is on track, aligned to national standards, and appropriately integrated with Trust governance. Positive actions included increased declarations of interest compliance and active management of fraud referrals where identified.

Other items received and discussed

The Committee received the following items for discussion:

- Economic Crime and Fraud Risk Assessment – **full assurance provided**
- Fit and Proper Persons Annual Assurance – **for onward submission for Board approval**
- Risk Appetite Framework and Risk Management Policy – **for onward submission for Board approval**

Recommendations and actions required by the Board

The Board is asked to:

- **Note** the assurance provided by the Audit Committee on governance, risk management and control
- **Note** for assurance the actions underway to address limited assurance areas relating to safe working on wards and cyber security
- **Approve** the revised Audit Committee Terms of Reference – **Appendix 1**
- **Note** the Committees review of the proposed Risk Appetite Framework and updated Risk Management Policy **for Board approval**
- **Note** the Committees review and recommendation **for Board approval** to close the two BAF risks outlined in the report, with continued management through the overarching financial sustainability risk.

Robin Earl
Audit Committee Chair
April 2026

Author
Director Lead: Debbie Henderson, Director of Communications and Corporate Affairs

Appendix 1 – Audit Committee terms of reference review 2026

Audit Committee Terms of Reference

Strike-through – previous wording

Highlighted and red font – additional information

Committee Name	Audit Committee
Committee Type	Statutory Committee of the Board of Directors
Frequency	The Committee will meet a minimum of four times per year, with additional meetings scheduled as required to discharge its responsibilities, including a dedicated meeting to review the Annual Report and Accounts where necessary.
Admin provision	Corporate Affairs Team
Reporting arrangements	Report from Committee Chair to the Board of Directors Terms of Reference to be reviewed annually by the Committee prior to approval by the Board of Directors.
Membership	
Chair	Non-Executive Director
Deputy Chair	Non-Executive Director
Membership	Three Non-Executive Directors (including the Chair). The Chair of the Trust will not be a member of the Committee. Committee Chair and Members are appointed by the Board of Directors of the Trust.
In Attendance:	The following Members will be expected to attend on a regular basis. - Executive Director of Finance - Director of Corporate Affairs and Communications/Company Secretary - Managing Director for NTW Solutions Ltd (“NTWS”) - Internal Auditors (AuditOne) - Local Counter Fraud Services - External Auditors - Deputy Trust Secretary/Corporate Affairs Manager

	- Governor representative X 2 <i>Executive Directors and other Trust representatives will be expected to attend meetings at the request of the Chair</i> <i>The Chief Executive should also attend when discussing the draft Annual Governance Statement and the Annual Report and Accounts.</i>
Quorum:	A minimum of two Non-Executive Directors
Deputies:	Deputies are permitted to deputise for those in attendance No deputies are permitted for Non-Executive Directors
Purpose	
Audit committee is a statutory committee of the Board of Directors for the Trust and is a standing committee for the NTWS Ltd Board of Directors. To provide assurance to the Board of Directors that effective internal control arrangements are in place for the Trust and its subsidiary companies. The Committee also provides a form of independent scrutiny upon the executive arm of the Board of Directors. The Accountable Officer and Executive Directors are responsible for establishing and maintaining processes for governance. The committee independently monitors, reviews and reports to the Board of Directors on the process of governance, and where appropriate, facilitates and supports, through its independence, the attainment of effective processes. This committee has been established to provide assurance to the Board of Directors on the Trust and its subsidiaries from a Group perspective. Assurances from this committee to Trust Board will also be shared with the NTWS Board of Directors, who have an established Risk, Assurance and Governance Committee, in order to specifically review and address these assurances from an NTWS perspective.	
Governance, rules and behaviours	
The committee is authorised by the Board of Directors: • To investigate any activity within its Terms of Reference • To obtain outside legal or other independent professional advice and secure attendance of outsiders with relevant experience and expertise it considers necessary • Ensure that the Head of Internal Audit, representatives of External Audit and Counter Fraud specialists have a right of access to the Chair of the committee. • The Committee will meet privately, at least annually, with Internal Audit, External Audit and Local Counter Fraud Specialists, either separately or together, without Executive Directors present. • Ensure compliance with NHS England's Code of Governance and NHS Audit Committee Handbook • All Members and Attendees are expected to behave in accordance with Trust values. • Attendees should adhere to meeting etiquette guidelines. • ~~The Corporate Affairs Team will provide Administrative support to the Committee including production of agendas, minute taking, action logs, circulation of papers and arranging meeting dates~~ will be undertaken in a timely way to ensure good governance. • Papers should be circulated 5 working days in advance of the meeting. • An annual Audit Committee workplan will be maintained and agreed by the Committee, setting out the core cycle of business aligned to the Trust's audit, assurance and reporting timetable.	

- Members of the Committee must demonstrably consider equality, diversity and inclusion implications when discharging their responsibilities and making decisions, in accordance with the Trust's statutory duties and values.
- Committee to meet privately at least annually with internal/ external audit and Counter Fraud Specialists at the end of a Committee meeting within the year.

Scope

Integrated Governance, Risk Management and Internal Control

Review adequacy and effectiveness of the risk management system and obtain assurances that there is an effective system operating across the Trust for the identification, monitoring and control of risks. Review the establishment and maintenance of an effective system of integrated governance, risk management and internal control across the Trust and subsidiary companies that supports the achievement of the organisation's objectives. In particular the committee will review the adequacy and effectiveness of:

- The Trust's Risk Management Policy and associated guidance.
- All risk and control related disclosure statements (i.e., the Annual Governance Statement), together with any accompanying Head of Internal Audit opinion, External Audit opinion or other appropriate independent assurances, prior to submission to the Board of Directors.
- The underlying assurance processes that indicate the degree of achievement of the organisation's strategic objectives and the effectiveness of the management of principal risks through oversight of the Board Assurance Framework.
- The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and any related reporting and self-certification, including oversight of compliance with the Trust's Declaration of Interests/Standards for Business Conduct Policy.
- The policies and procedures for all work related to fraud as required by NHS Counter Fraud Authority.
- The work of Internal Audit, External Audit, local Counter Fraud Specialists and other assurance functions. It will also seek reports and assurances from Executive Directors and senior managers as appropriate.
- The development, monitoring and review of the Trust's Board Assurance Framework and assurance from other Board Committees that they are fulfilling their delegated responsibility for the management of associated risks.
- ~~The Audit Committee's relationships with other Board Committees to ensure triangulation of issues relating to risk management and clinical and quality issues.~~
 - In maintaining effective relationships with other Board Committees, the Audit Committee will seek assurance from their work but will not delegate, duplicate or cede its statutory responsibilities for audit, assurance and internal control.

Internal Audit

Ensuring an effective Internal Audit function that meets the Global Internal Audit Standards and provides independent assurance to the Audit Committee, Chief Executive and Board of Directors. This will be achieved by:

- Consideration of the provision of the Internal Audit function and the costs involved.
- Review and approval of the Internal Audit Plan, ensuring that this is consistent with the audit needs of the organisation as identified in the Board Assurance Framework and other high-level risks identified in the Trust's Corporate Risk Register.
- Consideration of the major findings of Internal Audit work and ensuring co-ordination between the Internal and External Auditors.

- Ensuring that the function is adequately resourced and has appropriate standing within the organisation.
- Monitoring the effectiveness of internal audit and carrying out an annual review.

Counter Fraud

Ensuring adequate arrangements are in place for countering fraud and reviewing the outcomes of counter fraud work. This will be achieved by:

- Consideration of the provision of the counter fraud function and the costs involved
- Review and approval of the counter fraud strategy, annual work plan and the three-year risk based local proactive work plan.
- Consideration of the major findings of counter fraud proactive work, review of progress against plans and the annual report on arrangements.
- Ensuring that the function is adequately resourced and has appropriate standing within the organisation.
- Monitoring the effectiveness of the counter fraud function and carrying out an annual review, taking into account the outcome of the NHS Counter Fraud Authority quality assessment of arrangements.

External Audit

The Committee shall review and monitor the External Auditor's independence and objectivity and the effectiveness of the audit process. In particular review the work and findings of the external auditors and consider the implications and management responses to their work. This will be achieved by:

- Discussion and agreement with the External Auditors, before the audit commences, of the nature and scope of the audit as set out in the annual plan.
- Discussion with the External Auditors of their evaluation of audit risks and assessment of the Trust and impact on the audit fee.
- Reviewing all reports, including the reports to those charged with governance arrangements, including the annual management letter before submission to the Board of Directors and any work undertaken outside the annual audit plan, together with the appropriateness of management responses.
- Supporting the Council of Governors with their duty to appoint, re-appoint and remove the External Auditors as stipulated by NHS England's Code of Governance.
- Develop and implement a policy, with Council of Governors approval, that sets out the engagement of the External Auditors supplying non-audit services. This must be aligned to relevant ethical guidance regarding the provision of non-audit services by the External Audit firm.

Other Assurance Functions

Review the findings of other significant assurance functions, both internal and external to the organisation, and consider governance implications. These will include, but will not be limited to:

- Reviews by the Department of Health Arm's Length Bodies or regulators/inspectors (e.g. CQC, NHSLA, etc.) and professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges, accreditation bodies, etc).
- Review the work of other committees within the Trust at its Subsidiary Companies, whose work can provide relevant assurance to the Audit Committee's own areas of responsibility. In particular, this will include the committee with the remit for clinical governance, risk management and quality
- In reviewing the work of the aforementioned committees, and issues around clinical risk management,

the Audit Committee will wish to satisfy itself on the assurance that can be gained from the clinical audit function.

Information Governance and Cyber Security

- Review and receive assurance on the effectiveness of the Trust's Information Governance and Cyber Security Framework. This includes oversight of key risks relating to data protection, cyber security, information management and data quality as part of the wider review of the Board Assurance Framework and Internal Audit Planning. Care will be taken not to duplicate the work of the Digital, Data and Technology Committee.
- Receive assurance from the Digital, Data and Technology Committee on the Trusts annual Data Security and Protection Toolkit (DSPT) submission and the outcomes of any independent audit or assessment, including management action plans.
- Be notified of significant data breaches, cyber security incidents or persistent control weaknesses, and receive assurance that appropriate remedial action is taken.

Management

Request and review reports, evidence and assurances from directors and managers on the overall arrangements for governance, risk management and internal control. Request specific reports from individual functions within the organisation.

Financial Reporting

Monitor the integrity of the financial statements of the Trust and any formal announcements relating to the Trust's financial performance. The committee should also ensure that the systems for financial reporting to the Board of Directors, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board of Directors.

Review the Trust's internal financial controls and review the Annual Report and financial statements before submission to the Board of Directors, focusing particularly on:

- The wording in the Annual Governance Statement and other disclosures relevant to the Terms of Reference of the Committee
- Changes in, and compliance with, accounting policies, practices and estimation techniques
- Unadjusted miss-statements in the financial statements
- Significant judgements in preparation for financial statements
- Letter of representation
- Explanation for significant variances

The committee shall review the effectiveness of the arrangements in place for allowing staff to raise (in confidence) concerns about possible improprieties in financial, clinical or safety matters and ensure that such concerns are investigated proportionately and independently.

The Audit Committee Annual Report should describe how the committee has fulfilled its delegated responsibilities outlined in its Terms of Reference, and a summary following a review of its own effectiveness. It will also provide details of any significant issues that the committee considered in relation to the financial statements, key risks and how they were addressed along with other responsibilities specified in NHS England's Code of Governance.

Monitoring

The Committee will review its performance annually against its Terms of Reference and will report on the outcomes in its annual report to the Board.

The annual effectiveness review will inform any proposed amendments to these Terms of Reference, which will be submitted to the Board of Directors for approval.

Authority

The Committee independently reviews subjects within its Terms of Reference, primarily by receiving reports from the external auditor, internal auditor, local counter fraud specialist, management, and any other appropriate assurances.

The Chair and other Members can and should regularly meet Internal and External Audit providers separately from Committee meetings.

Deliverables

Assurance to the Board of Directors and, where applicable, to the Board of NTWS on the following:

Integrated Governance, Risk Management and Internal Control

The establishment and maintenance of an effective system of integrated governance, risk management and internal control across the organisation's activities (both clinical and non-clinical) that supports the achievement of the organisations objectives.

Satisfy itself that the Trust has effective policies, systems and processes in place for the management of Conflict of Interests, and Standards of Business Conduct including gifts and hospitality and receive reports on material non-compliance of breaches.

Internal Audit

An effective Internal Audit function that meets the Public Sector Internal Audit Standards and provides independent assurance to the Audit Committee, Chief Executive and Board of Directors.

Counter Fraud

That the organisation has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work.

External Audit

External Auditor's independence and objectivity and the effectiveness of the audit process.

Other Assurance Functions

The findings of other significant assurance functions, both internal and external to the organisation and the implications for the governance of the organisation are considered. That the work of other Committees within the organisation provide relevant assurance to the Audit Committee's own areas of responsibility. The clinical audit functions effectiveness in terms of providing assurance regarding issues around clinical risk management.

Management

The overall arrangements for governance, risk management and internal control, having regard to evidence and assurances provided by directors and managers and specific reports from individual functions within the organisation (e.g. clinical audit).

Financial Reporting

The integrity of financial statements, systems for financial reporting, internal financial controls, the Annual Report and financial statements, including the wording of the Annual Governance Statement.

Annual Report and Accounts (including the Quality Account)

The draft Annual Report and Accounts (including the Quality Account) before submission to the Board of Directors for approval.

Raising Concerns

The Committee shall review the effectiveness of the arrangements in place for allowing staff to raise (in confidence) concerns about possible improprieties in financial, clinical or safety matters and subsequent investigations. This includes explicit oversight of the Trust's Freedom to Speak Up arrangements and assurance that process are in place to allow concerns to be investigated proportionately, independently and in-line with relevant policies with learning embedded where appropriate.

Reporting

An Annual Report will be presented to the Board of Directors on its work in support of the Annual Governance Statement.

Any matters that the committee feel appropriate will be escalated to the Board of Directors. An assurance report will be provided to the Board of Directors (CNTW or NTWS Ltd) following every meeting and minutes will be formally recorded and will be provided to the board upon request.

Sub Groups

There are no sub-groups of the Audit Committee

Current review date: April 2026

Date of Board approval: April 2026

Date of previous review: April 2025

7.2 BOARD ASSURANCE FRAMEWORK AND RISK REPORT

 Debbie Henderson, Director of Communications and Corporate Affairs

REFERENCES

Only PDFs are attached

 7.2 Board Assurance Framework-Risk Report.pdf



Meeting Name: Board of Directors meeting in public

Meeting Date: Wednesday 29th April 2026

Agenda Item: 7.2

Report Title: Board Assurance Framework Quarter 4/risk report

Director Lead: Sarah Glacken, Executive Director of Nursing and Therapies and
Debbie Henderson, Director of Communications and Corporate Affairs

Recommendation and action required:

The Board is asked to:

- **Receive assurance** that the Board Assurance Framework risks are being managed effectively by the respective Committees and Executive leads.
- **Note** the review of all Board Assurance Framework risks to be undertaken during April for reporting to May/June committees, in line with the new Trust Risk Appetite (subject to approval at the April Board meeting).
- **Approve** the recommendation from the Resource and Business Assurance Committee and Audit Committee to de-escalate the following risks to the directorate risk register:
 - Risk 2546 – risk that restrictions in capital expenditure imposed regionally / nationally may lead to increasing risk of harm to patients when continuing to use sub optimal environments and infrastructure. **To be de-escalated to directorate level risk register**
 - Risk 3245 – risk that the Trust has insufficient cash which would lead to reputational damage and ongoing costs of, and reliance on, borrowing cash from NHSE. **To be de-escalated to directorate level risk register but reflected in the overarching financial sustainability BAF risk following review in April.**

Board of Directors meeting in public

Board Assurance Framework Quarter 4 / Risk Report

Wednesday 29 April 2026

1. Purpose of the report

Managing risks is a core part of running a successful organisation and is essential to good governance. Within the Trust, the Board of Directors is responsible for overseeing risk management. This responsibility is delegated to the Audit Committee, which ensures there is an effective system of internal control across the Trust.

Each Board committee also monitors the Trusts strategic risks from the Board Assurance Framework (BAF) that relate to its area of responsibility. This purpose of the report is provided an update on the current BAF position, progress in managing BAF risks, and provide assurance that the Board committees are fulfilling their delegated responsibility to manage their associated risks.

2. Material points to note

2.1. High level overview of the Board Assurance Framework risks

There have been no material changes to the number of BAF risks, risk ownership, or overall residual scores. However, there have been significant movements beneath the headline risk scores, particularly in actions, controls, and assurances. A brief, at a glance summary of the Board Assurance Framework and movement since the previous report is below.

Risk 2510 – Due to increased demand the Trust is unable to meet regulatory standards relating to access, responsiveness, and performance resulting in a risk to quality and safety of services.

Risk appetite: Quality safety (6-10, low appetite)
Risk score: 4 (likely) X 4 (significant) = 16

Risk 2511 – Risk of not meeting regulatory and statutory requirements of Care Quality Commission (CQC) registration and quality standards.

Risk appetite: Quality effectiveness and experience (6-10, low appetite)
Risk score: 4 (likely) X 5 (major) = 20

Risk 2512 – Risk of failing to maintain a positive patient safety learning culture resulting in avoidable harm, poor systems, process and policy, and escalation of serious issues of concern.

Risk appetite: Quality Safety (6-10, low appetite)
Risk score: 4 (likely) X 4 (significant) = 16

Risk 2543 – Failure to deliver our transformation plans around the model of care which affects the quality and sustainability of services.

Risk appetite: Model of Care (12-15, low appetite)
Risk score: 3 (possible) x 4 (significant) = 12

Risk 2545 – Failure to deliver a sustainable financial position and longer-term financial plan, will impact on Trust's sustainability and ability to deliver high quality care.

Risk appetite: Finance (6-10, low appetite)
Risk score: 4 (likely) X 4 (significant) = 16

Risk 2546 – Risk that restrictions in capital expenditure imposed regionally / nationally may lead to increasing risk of harm to patients when continuing to use sub optimal environments and infrastructure.

Risk appetite: Estates infrastructure (12-15, moderate appetite)
Risk score: 3 (possible) X 4 (significant) = 12

Risk 2547 – Risk that the Trust's information and systems is at higher risk of being compromised leading to unknown vulnerabilities. This could lead to loss of, and/or public disclosure of, information and loss of access to critical systems

Risk appetite: Digital-Cyber Threats (6-10, low appetite)
Risk score: 4 (likely) X 4 (significant) = 16

Risk 3245 – There is a risk that the Trust has insufficient cash which would lead to reputational damage and ongoing costs of, and reliance on, borrowing cash from NHSE.

Risk appetite: Finance (6-10, low appetite)
Risk score: 4 (likely) x 4 (significant)

Risk 2542 – Failure to develop a sustainable workforce model to recruit/retain/ and support the development of the right people with the right skills to deliver safe and effective services, our strategic objectives, and contractual obligations.

Risk appetite: Workforce/staffing (6-10, low appetite)
Risk score: 4 (likely) X 4 (significant) = 16

Risk 2544 – Risk of poor staff motivation, engagement, and job satisfaction if issues affecting staff experience are not addressed including health and wellbeing support, inclusion and the ability to speak up.

Risk appetite: Workforce/staffing (6-10, low appetite)
Risk score: 3 (possible) X 4 (significant) = 16

Risk 3272 – Failure to prepare and adapt services to the requirements and operational impacts of the Mental Health Act 2025 will lead to non-compliance, increased litigation/tribunal risk, poor patient outcomes, workforce pressure, and reputational harm

Risk appetite: Statutory and regulatory compliance (6-10, low appetite)
Risk score: 4 (likely) X 4 (significant) = 16

2.2 Quality and Performance Committee overview

The Audit Committee received a full detailed update on the movement of each individual risk aligned to the Committee.

Risk scores remain static despite significant mitigations and actions. There continues to be sustained pressure in access, neurodevelopmental pathways and urgent care. ADHD, Autism and crisis pathways continue to drive both quality and reputational risk and system dependency remains a growing theme for both access and demand risks, as well as transformation. Patient safety culture remains a medium-term risk. These pressures are fully reflected in multiple Board Assurance Framework risks and Corporate Risk Register risks (the highest scoring operational risks for the organisation).

Regulatory risk remains high post Well-Led inspection and there is an expectation that the risk score will reduce following assurance receipt on closure and impact of actions.

Across several BAF risks activity and assurance have increased but risk scores have not yet reduced, indicating that actions taken may not be having the desired impact.

2.3 Resource and Business Assurance Committee

The Audit Committee received a full detailed update on the movement of each individual risk aligned to the Committee. The Audit Committee considered the proposed closure of BAF Risks 2546 (Capital) and 3245 (Cash). The Executive Director of Finance considers these risks no longer current and is seeking committee approval to recommend closure to Audit Committee and the Board.

Although this will always be on the radar for the financial health of the organisation, the Executive Director of Finance feels both BAF risks 2546 (Capital) and 3245 (Cash) are no longer current risks and is seeking discussion at the committee to support the proposed closure of the risks to be presented to the Audit Committee and the Board for approval. Risk 2545 relating to financial sustainability will be strengthened to reflect cashflow position and in the context of the wider review of BAF risks aligned to the proposed new risk appetite framework.

2.4 Board Assurance Framework risks aligned to other committees.

During the period, there were no meetings of the People Committee (next meeting will be held in June), Digital, Data and Technology Committee (next meeting will be held in May) and Mental Health Legislation Committee (next meeting will be held in May) during the period.

3. Key Issues for Board Consideration

3.1 Review of all Board Assurance Framework risks in the context of the new Risk Appetite Framework

It should be noted that following the adoption of the Trust's new risk management framework in April 2026 (to be approved at the April Board meeting), all BAF risks will be reviewed in this context. This will provide an opportunity to ensure risks are described clearly, and that actions and mitigations can be directly translated into impact.

3.2 Internal Audit - BAF and Risk Management

In accordance with the operational internal audit plan for 2025/26, an audit of the Board Assurance Framework (BAF) and Risk Management processes will take place in February 2026. This audit underpins the annual Head of Internal Audit Opinion and the Trust's Annual Governance Statement. The Annual Internal Audit Opinion must conclude on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control.

The BAF and Risk Management processes will be audited separately. This entailed a review of commonly reported issues in audit work across the sector, and in CQC and Well Led reports. This annual review was structured to build on previous work and to specifically target those areas of reported weakness.

4. Additional information

The full Board Assurance Framework is monitored, reviewed and discussed in detail at the Audit Committee, however, is available in full on request in full.

5. Recommendation and action required

The Board is asked to:

- **Receive assurance** that the Board Assurance Framework risks are being managed effectively by the respective Committees and Executive leads.
- **Note** the review of all Board Assurance Framework risks to be undertaken during April for reporting to May/June committees, in line with the new Trust Risk Appetite (subject to approval at the April Board meeting).
- **Approve** the recommendation from the Resource and Business Assurance Committee and Audit Committee to de-escalate the following risks to the directorate risk register:
 - Risk 2546 – risk that restrictions in capital expenditure imposed regionally / nationally may lead to increasing risk of harm to patients when continuing to use sub optimal environments and infrastructure. **To be de-escalated to directorate level risk register**
 - Risk 3245 – risk that the Trust has insufficient cash which would lead to reputational damage and ongoing costs of, and reliance on, borrowing cash from NHSE. **To be de-escalated to directorate level risk register but reflected in the overarching financial sustainability BAF risk following review in April.**

Debbie Henderson
Director of Communications and Corporate Affairs

Sarah Glacken
Executive Director of Nursing and Therapies

April 2026

7.3 RISK APPETITE FRAMEWORK AND RISK MANAGEMENT POLICY ? FOR APPROVAL

 Sarah Glacken, Executive Director of Nursing and Therapies / Debbie Henderson, Director of Communications

REFERENCES

Only PDFs are attached



7.3 Risk Appetite Framework and Risk Management Policy.pdf



Meeting Name: Board of Directors meeting in public

Meeting Date: Wednesday 29th April 2026

Agenda Item: 5.3

Report Title: Delivering tomorrow, With You in Mind

Director Lead: James Duncan, Chief Executive

Recommendation and action required:

- The Board is asked to **note** the narrative report in the context of our strategic vision for the Trust.

Board of Directors meeting in public

Delivering tomorrow, With You in Mind

Wednesday 29 April 2026

1. Purpose of the report

The purpose of the report is to present the 'single strategic narrative' and supporting service change plan which encompasses the key areas of change we would be focussing on during 2026/27. This also includes the ongoing work we have committed to deliver as part of our strategy, the NHS long term plan and our model of care and support.

2. Material points to note

In line with the medium-term financial plan, which was approved by the Board in February, supporting information was provided on the key service change proposals which underpin some of the financial assumptions / detailed schemes.

3. Key Issues for Board Consideration

The Board is invited to focus on the following areas when considering approval:

- Whether the revised risk appetite provides sufficient clarity and usability to support consistent application across the Trust.
- The appropriateness of the Trust's stated tolerance for risk across different domains.
- The extent to which the revised framework strengthens escalation, oversight and assurance to the Committee and the Board.
- Whether the changes support a mature and proportionate approach to risk management without unnecessary complexity.

4. Additional information

- Item 8.4.6 Risk Appetite Framework
- Item 8.4.7 Risk Management Policy

5. Recommendation and action required

The Board is asked to consider and **approve** the revised Risk Appetite Framework and the updated Risk Management Policy.

Debbie Henderson
Director of Communications and Corporate Affairs

Yvonne Newby
Risk Management Lead

April 2026

7.4 ANNUAL FIT AND PROPER PERSONS TEST REPORT AND DECLARATIONS OF INTEREST ? FOR APPROVAL

 Debbie Henderson, Director of Communications and Corporate Affairs

REFERENCES

Only PDFs are attached

 7.4 Annual FPPT report and DOI 2026.pdf



Meeting Name: Board of Directors meeting in public

Meeting Date: Wednesday 29th April 2026

Agenda Item: 7.4

Report Title: Fit and Proper Person Annual Assurance Report 2025/26

Director Lead: Debbie Henderson, Director of Communications and Corporate Affairs

Recommendation and action required:

- **Note** the content of this paper and receive assurance on compliance with the Fit of Proper Persons Test for NHS Providers.
- **Approve** the results of the Annual Fit and Proper Person review, which offers complete assurance and will be posted on the Trust website.

Board of Directors meeting in public

Fit and Proper Persons Annual Assurance 2025/26

Wednesday 29 April 2026

1. Purpose of the report

The purpose of this report is to provide annual assurance that all Board Directors, and those individuals employed for the Trust who fit the criteria of the Fit and Proper Person's Test (FPPT) national guidance, remain fit and proper for their roles.

As a health provider, the Trust has an obligation to ensure that only individuals fit for their role are employed. Following the regulatory standards in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, the Trust must ensure that all Board Directors meet the 'Fit and Proper Persons Test'.

In 2019, a government-commissioned review (the Kark Review) of the scope, operation, and purpose of the Fit and Proper Person Test (FPPT) was undertaken. In response to the recommendations in the Kark Review, NHS England developed a FPPT Framework to strengthen/reinforce individual accountability and transparency for Board members, thereby enhancing the quality of leadership within the NHS. This FPPT framework came into effect from 30 September 2023.

The Framework applies to the Board members of NHS organisations, irrespective of voting rights or contractual terms i.e., including the Director of Communications and Corporate Affairs/Company Secretary. Deputies are also included within the scope of the FPPT Framework.

Regulation 5 states that a provider must not appoint or have in place an individual as a director who:

- a) is not of good character.
- b) does not have the necessary qualifications, competence, skills, and experience.
- c) is not physically and mentally fit (after adjustments) to perform their duties.

These requirements play a major part in ensuring the accountability of leaders in NHS organisations and outline the requirements for robust recruitment and employment, appraisal, and performance management processes for Board level appointments and for ensuring that there are appropriate checks that leaders have the skills, knowledge and experience and integrity that they need both when they are appointed and on an ongoing basis.

2. Material points to note

2.1 Fit and Proper Person: New Appointment and Annual Assurance Checks

All new Board appointments are subject to a full Fit and Proper Person Test that includes:

- Standard employment checks as per the Trusts Recruitment and Selection Procedure and NHS Employers Check Standards.
- Additional checks are undertaken by the Director of Communications and Corporate Affairs or deputy upon appointment / employment.

In March 2026, the Board of Directors completed the Fit and Proper Persons Test Self Declaration Form and additional checks as noted below in line with the new requirements of the FPPT Framework. The Register of FPPT is included as Appendix A and will be published on the trust website for openness and transparency.

The Deputy Trust Secretary/Corporate Governance Manager has reviewed all declarations and determined that the Directors continued to meet the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Fit and Proper Persons Test.

In addition, during the year 2025/26, the Executive Director of People and Organisational Development have overseen the completion of pre-employment checks for new appointments and confirms that all checks meet the FPPT Framework.

2.2 Outcome of the Annual Fit and Proper Persons Checks

For annual assurance in March 2026, the Board of Directors completed the Fit and Proper Persons Self Declaration Form. For annual assurance FPPT checks also included:

- A search of insolvency and bankruptcy register.
- Search of Companies House register to ensure that no board member is disqualified as a director.
- Search of the Charity's Commission's Register or Removed Trustees,
- Web/Social Media Search
- UK Civil Litigation Checks including employment tribunals.

Additionally, Disclosure and Barring Service (DBS) checks are required to be conducted at least every three years and where practicable, these checks will be aligned to the annual self-declaration.

The outcome of the FPPTs have been saved on each personal file centrally held within the Corporate Affairs Office and uploaded onto Electronic Staff Record (ESR). They are then used to help inform discussions at formal appraisal processes.

Between checks, each Director is responsible for identifying any issues which may affect their ability to meet the statutory requirements and bringing these issues on an ongoing basis and without delay to the attending of the Director of Communications and Corporate Affairs or the Trust Chair via the annual appraisal process.

2.3 Declaration of Interest

The NHS Code of Governance requires Board Directors to declare their interests which are relevant and material to the Board. This includes any interest that could conflict with the impartial discharge of their duties, and which could cause conflict between their private interests and their NHS duties and includes gifts and hospitality. Interests fall into the following categories:

- **Financial Interests:** Where an individual may get direct financial benefit (or avoidance of a loss) from the consequences of a decision they are involved in making.
- **Non-Financial Professional Interest:** Where an individual may obtain a non-financial professional benefit from the consequences of a decision they are involved in making such as, increasing their professional reputation or promoting their professional career.
- **Non-Financial Personal Interests:** Where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a

direct financial benefit, because of decisions they are involved in making in their professional career.

- **Indirect Interests:** Where an individual has a close association with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest and could stand to benefit from a decision they are involved in making.

Annual 2026 Directors Fit and Proper Test Results and Directors Declaration of Interests Register is available at Appendix A and will be published on the Trust website.

3. Key risks

As a health provider, the Trust has an obligation to ensure that only individuals fit for their role are employed. Following the regulatory standards in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, the Trust must ensure that all Board Directors meet the 'Fit and Proper Persons Test'.

Ensuring compliance with the Fit and Proper Persons test provides public confidence that the process for accountability of leaders in NHS organisations and the requirements for robust recruitment and employment, appraisal, and performance management processes for Board level appointments are robust.

4. Additional information

Appendix 8.4.8 can be found under Appendices / additional information of the Board pack.

5. Proposed action, decision required, or proposal to approve

The Board of Directors are asked to:

- **Note** the content of this paper and receive assurance on compliance with the Fit of Proper Persons Test for NHS Providers.
- **Approve** the results of the Annual Fit and Proper Person review, which offers complete assurance and will be posted on the Trust website.

Debbie Henderson
**Director of Communications and
Corporate Affairs / Company Secretary**

Kirsty Allan
**Corporate Governance Manager /
Deputy Trust Secretary**

April 2026

7.5 ANNUAL MODERN SLAVERY STATEMENT ? FOR APPROVAL

 Debbie Henderson, Director of Communications and Corporate Affairs

REFERENCES

Only PDFs are attached

 7.5 Modern Slavery Statement April 2026.pdf



Meeting Name: Board of Directors meeting in public

Meeting Date: Wednesday 29th April 2026

Agenda Item: 7.5

Report Title: Annual Modern Slavery Statement

Director Lead: Debbie Henderson, Director of Communications and Corporate Affairs

Recommendation and action required:

Board of Director to **approve** the annual Modern Slavery Statement 2025/26.

Board of Directors meeting in public

Modern Slavery Statement April 2026

Wednesday 29th April 2026

1. Introduction

This statement is made pursuant to Section 54 of the Modern Slavery Act 2015 and sets out the steps that Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (the Trust or CNTW) has taken, and is continuing to take, to make sure that modern slavery or human trafficking is not taking place within our business or supply chain.

There are many definitions of “modern slavery”. Transparency International defines it as when an individual is exploited by others, for personal or commercial gain. Whether tricked, coerced or forced, they lose their freedom. This includes but is not limited to human trafficking, forced labour and debt bondage.

It involves the recruitment, movement, harbouring or receiving of children, women, or men through the use of force, coercion, abuse of vulnerability, deception or other means for the purpose of exploitation. Individuals may be trafficked into, out of, or within the UK, and they may be trafficked for a number of reasons including sexual exploitation, forced labour, domestic servitude or even organ harvesting.

It is easy to think that modern slavery is a problem that happens elsewhere, but evidence shows it is very much present in the UK. An older Home Office estimate suggested that around 10,000 – 13,000 people in the UK were victims of modern slavery. However, specialists now believe the true figure is far higher, with some estimates suggesting 100,000 victims or more may be living in situations of exploitation across the country.

Official data supports this concern. According to the Home Office 2025 National Referral Mechanism (NRM) statistics, published in February 2026, 17,560 potential victims of modern slavery were referred to UK authorities in 2025, a 9% increase on 2024 and the highest total since the NRM was created in 2009. These figures represent only those who were identified and referred, meaning the real number of victims is likely to be significantly higher.

The NHS procures a wide variety of goods and services, and some of the relevant sectors are certainly vulnerable to modern slavery. For example, there have been prosecutions in the UK in recent years relating to firms producing beds, garments, and food products all major spend areas for many NHS Trusts.

The Trust has a zero-tolerance approach to any form of modern slavery or human trafficking. We are committed to acting ethically and with integrity and transparency in all business dealings and to put effective systems and controls in place to safeguard against any form of modern slavery taking place within our business or supply chain.

2. About the Organisation

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust is one of the largest specialist providers of mental health and disability services within the UK. We employ nearly 9,000 staff and serve a local population of around 1.7 million people and have an annual turnover of around £647 million.

We work from over 70 sites across Cumbria, Northumberland, Newcastle, North Tyneside, Gateshead, South Tyneside and Sunderland. We also provide a number of regional and national specialist services to England, Ireland, Scotland and Wales. Working across eight Local Authorities and a partner member of North East and North Cumbria Integrated Care System.

3. Our Commitment

CNTW condemns slavery of all forms and is fully committed to working with suppliers within our supply chain to support the human rights and welfare of the employees working alongside CNTW. We expect organisations with whom we do business to adopt and enforce policies that comply with this legislation; and would immediately seek to terminate our relationship with a supplier where evidence of a failure to comply with our policies was discovered.

CNTW is committed to ensuring that those involved within the supply chain of our business operations are working of their own free volition, in the delivery of high-quality services to all customers through a skilled and experienced workforce. CNTW will endeavour to make a conscious effort to monitor operations to ensure no individual is taken advantage of. It is the intention of CNTW to train relevant staff to recognise and report instances where the freedom of an individual is questioned.

4. Arrangements to prevent slavery and human trafficking

The Trust is committed to ensuring there is no modern slavery or human trafficking in our organisation, our supply chains, or any part of our business activity. Our approach forms a key element of our wider commitment to social and environmental responsibility and modern slavery policy also forms part of our safeguarding strategy and arrangements.

CNTW is committed to acting ethically, with integrity and transparency in all its business dealings. The Trust continues to strengthen effective systems and controls to safeguard against any form of modern slavery or human trafficking taken place within its operations or supply chains. We expect the same high standards from all suppliers, contractors and partners.

Our approach includes internal policies to ensure that we are conducting business in an ethical and transparent manner. They include the following:

- **Recruitment**

CNTW complies with external policies and processes for safe recruitment and where necessary relevant employment checks will be conducted. This includes conducting eligibility to work in the UK checks for all directly employed staff. External agencies are sourced through NHS nationally approved frameworks and are audited to provide assurance that pre-employment clearance has been obtained for agency staff to safeguard against human trafficking or individuals being forced to work against their will.

The approach for internal recruitment follows robust processes which are in line with UK Employment Laws including 'right to work' document checks and contracts of employment. Our Pay structure is from national collective agreements and is based on equal pay principles.

- **Trust policies and procedures**

All policies and procedures are developed alongside the relevant subject matter expert and signed off at an appropriate level within the Organisation.

- **Safeguarding policies**

The Trust is committed to ensuring adherence to the principles set out with both Safeguarding Children and Young People and Safeguarding Adults policies. These provide clear guidance so that our employees are aware how to raise safeguarding concerns about how colleagues or people receiving our services are being treated, or about practices within our business or supply chain.

- **Freedom to Speak up**

We operate a Freedom to Speak Up policy and Raising Concerns (Whistleblowing) Policy so that all employees know that they can raise concerns, and how to raise concerns, about how colleagues or people receiving our services are being treated without fear of reprisals. This includes raising concerns about practices within our business or supply chain. This supports The Public Interest Disclosure Act 1998 (PIDA), which protects whistleblowers from detrimental treatment by their employer as a result of making a public interest disclosure.

- **Equal Opportunities**

Arrangements are in place to support raising concerns via the Freedom to Speak Up process also support good practice and protect workforce rights further. The Trust is also ensuring appropriate mechanisms to regularly review and monitor progress on promoting and supporting equality, diversity and inclusion within CNTW. To ensure equal opportunities we have a range of controls to protect staff from poor treatment or exploitation and we comply with all respective laws and regulations. This includes provision of fair pay rates, fair terms and conditions of employment and access to training and development opportunities.

5. Due Diligence

As part of our efforts to monitor and reduce the risk of slavery and human trafficking occurring within our supply chain, we have taken steps to enable us to:

- Establish and assess areas of potential risk in our business and supply chain.
- Monitor potential risk area in our business and supply chains.
- Reduce the risk of slavery and human trafficking occurring in our business and supply chains through the expectation that each entity in the supply chain, at least adopt 'one-up' due diligence on the next link in the chain as it is not practical for us to have a direct relationship with all links in the supply chain.
- Provide adequate protection for whistle-blowers.

Most of our purchases are against existing supply contracts or frameworks which have been negotiated under the NHS Standard Terms and Conditions of contract which have the requirement for Suppliers to have suitable anti-slavery and human trafficking policies and processes to be in place.

Our Procurement and Logistics team includes Chartered Procurement and Supply Professionals, all of whom have completed the Ethical Procurement and Supply Final Test.

From 2025, the Trust will fully comply with NHS regulations on Procurement, Slavery and Human Trafficking, conducting modern slavery risk assessments for every new procurement using the national NHS tool. Appropriate actions will be taken based on risk level, such as including modern slavery requirements in tenders and contracts, and implementing strengthened due diligence.

For medium and high-risk procurements, suppliers must complete the Government's Modern Slavery Assessment Tool (MSAT), with ongoing monitoring and contract manager reviews. Suspected incidents will follow NHS incident response procedures, including escalation and safeguarding.

These statutory duties reinforce our commitments under the Modern Slavery Act 2015 and align with Procurement Policy Note 009: Tackling Modern Slavery in Government Supply Chains.

We understand that our biggest exposure to Modern Slavery is associated with recruitment processes and recognise the importance of raising awareness within the business to identify any potential situations. Our Internal Audit plan also incorporates testing of elements of the recruitment process.

Due diligence is expected throughout the whole recruitment process and throughout the workers employment within the business. Procedures are reviewed to eliminate risk and gain compliance across all business locations.

6. Training and Awareness

All new internal employees must attend a local induction session which will provide information on the organisation, our values, policies, and procedures and include information associated with prevention of modern slavery. Existing staff will be made aware of modern slavery through local briefings planned through the year.

7. Indicators of Performance

We will gain assurance on the effectiveness of the steps that we are taking outlined in this statement, to ensure that slavery and/or human trafficking is not taking place within our business or supply chain and is committed to ensuring we always operate towards the best practices. By implementing and continually reviewing checks which minimise the risk of any form of modern slavery taking place within our operations, we can support the relevant government authorities in reporting any identified situations, and as such protect our business, our clients' businesses and first and foremost, our workers.



James Duncan
Chief Executive on behalf of the Board of Directors
Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

April 2026

8. ANY OTHER BUSINESS / ITEMS FOR INFORMATION

 Darren Best, Chair

8.1 CHAIR'S REPORT

 Darren Best, Chair

REFERENCES

Only PDFs are attached

 8.1 Chairs report.pdf



Meeting Name: Board of Directors meeting in public

Meeting Date: Wednesday 29th April 2026

Agenda Item: 8.1

Report Title: Chair's Report

Director Lead: Darren Best, Chair of the Council of Governors and Board of Directors

Recommendation and action required:

Board of Directors are asked to **note** the updates and areas of focus.

Board of Directors meeting in public

Chair's Report

Wednesday 29 April 2026

1.1 CQC Well-Led Assessment

On 15th April, the Care Quality Commission published the findings from its Well-Led assessment of the Trust, following inspection visits in autumn 2025. The Trust was rated as, Requires Improvement.

The report is the latest in a series of requires improvement findings from the CQC across CNTW services, which together point to a clear pattern. It is important that the Board and Trust as a whole recognise and act with determination on the requirement to improve. Everyone has a role to play in improvement, but the Board and senior leadership must take ownership of setting direction, making difficult decisions, and ensuring the conditions are in place for improvement to happen.

The responsibility of the Board is to provide clarity, consistency and seek assurances that the right environment exists for people to do their best work. That means removing barriers, prioritising resources, strengthening systems and supporting staff so they are not asked to rely on goodwill or personal resilience to compensate for poor processes or inconsistent leadership. The Board and senior colleagues must demonstrate this through their actions as we take the organisation forward. Leadership exists to enable people to flourish, and it should be challenged where it inhibits or limits that.

It is also important to recognise that the rating and / or commentary from the CQC does not diminish the professionalism, compassion and determination shown every day by our staff. What it does tell us is that, as an organisation, we need to be more consistent and effective in how we identify risks early, listen carefully to concerns, and make sure that action is taken clearly, promptly and in a way that makes a real difference.

The CQC recognised a number of important strengths. These included a clear sense of purpose and direction, committed and visible senior leadership, strong partnership working, and positive work in areas such as learning, innovation and environmental sustainability. Patients and carers shared many positive experiences, particularly about how they were treated by staff, the compassion they encountered, and the respect shown to them in care. At the same time, the inspection was very clear about where improvement is needed. This includes strengthening organisational culture, ensuring staff feel safe and supported to speak up, improving equality, diversity and inclusion, and making sure our governance and assurance processes work reliably across every part of the Trust. A breach of Regulation 17 (Good Governance) was identified, and the Board fully accepts this finding.

Importantly, many of the issues raised were already known through our own assurance processes, and work was underway at the time of the inspection. Since then, we have focused on tightening oversight, aligning strategic and operational risks more clearly, simplifying how assurance is reported and scrutinised, and continuing to invest in leadership development and staff experience.

Looking ahead, we are cautiously confident about the direction of travel. Improvement will not be judged by plans alone, but by whether people experience positive change in practice, culture and outcomes. We expect to demonstrate progress ahead of future regulatory reviews and will continue to welcome scrutiny as an important part of learning and accountability.

I want to be clear about my own commitment, and that of the Board. We will continue to listen carefully, to be open when things are not right, and to respond with care, respect and action. Improvement will be driven with dignity, involvement and safety at its heart, and we will be transparent about what is changing and honest about the difference it is making. I am equally clear that real and lasting improvement depends on people feeling supported, valued and able to speak up with confidence and without fear. Creating and sustaining that environment every day, in every part of the Trust, is our responsibility as leaders, and one I am personally committed to.

This is a difficult position for an organisation last inspected in 2017 and rated outstanding. I recognise the pride many people felt in being part of CNTW, and the sense of loss that can come with acknowledging where we are now. Much has changed in the eight to nine years since then, locally, nationally and internationally. While this is challenging, and feeling disheartened would be understandable, CNTW remains a special organisation, with committed and passionate people. Our task now is to stay focused, determined and confident that improvement is possible, and that together we can create the conditions for better care and a better experience for the people we serve.

1.2 Delivering Tomorrow, With You in Mind – Our Plans for Change

In March, the Board considered *Delivering Tomorrow, With You in Mind*, a plan that sets out how we want to improve mental health and learning disability services over the next year and beyond. This work is about making sure our services continue to meet people's needs in a changing world, while staying true to our values of compassion, respect and care.

Across the communities we serve, we know that demand for support is growing, people's needs are becoming more complex, and too many individuals experience long waits or feel care is fragmented. We also know that, when people need help, they want it as close to home as possible, in a setting that feels safe, welcoming and right for them. The changes CNTW is exploring are about responding honestly to those challenges and doing better for the people who rely on our services.

The plan focuses on strengthening community-based support, improving urgent and crisis care, and modernising inpatient services where this will lead to safer environments and better experiences. It is not about change for the sake of it, nor about reducing care. It is about improving access, fairness and consistency, and making sure our services are sustainable so they remain there for future generations.

I am very aware that any conversation about service change can cause unease. That is why the Board are committed to ensuring that we listen carefully and involve people early. No final decisions have been made, and I want to be clear that the Board will seek assurance that CNTW works openly with service users, carers, families, staff, partner organisations and local communities as proposals develop. Where formal consultation is required, this must be carried out properly and transparently, with people's voices at the heart of the process. My ambition, and that of the Board, is simple: to provide care that is easier to access, more joined up, and truly centred on the lives of the people we serve today and, in the years to come.

1.3 Council of Governors Lead Governor Election

The Trust has commenced the election process for the Lead Governor position. Nominations have been invited from eligible Governors, and the election will be concluded in line with the Trust's Constitution and established governance procedures. The outcome of the election will be formally reported to the Council of Governors at its May meeting.

The Council of Governors continues to play a central role in the Trust's governance arrangements, providing valuable oversight, representing the interests of members and the public, and supporting the Trust's strategic direction. Governors contribute meaningfully to accountability, transparency and community engagement, and their involvement remains an important part of how the Trust ensures that local voices are reflected in decision-making.

NHS England's emerging 10-year strategic direction signals that governance framework for Foundation Trusts may evolve over time, including potential changes to the statutory role of Council of Governors. While the national position continues to develop, no changes have yet been enacted, and the Council of Governors remains a statutory and valued component of our governance structure. CNTW is committed to maintaining a strong, engaged and effective Council, as we will ensure Governors remain fully informed and involved as national policy and expectations continues to take shape.

1.4 Service User and Carer Reference Group

The final meeting of the Service User and Carer Reference Group was held on Thursday 26 March at St James' Park, marking an important milestone in the evolution of service user and carer involvement within the Trust.

I would like to take this opportunity to extend my sincere thanks to everyone who has been involved with the Reference Group over the years. The commitment, support and thoughtful contributions of service users, carers, voluntary sector partners and colleagues have played a vital role in shaping discussions and strengthening the Trust's understanding of lived experience. The Group has provided an invaluable forum for challenge, learning and collaboration, and its impact is deeply appreciated.

Although this meeting marked the end of the current Service User and Carer Reference Group in its existing form, it also represents the beginning of an exciting new chapter. Rather than a single Reference Group, the Trust will be moving to five Reference Groups, offering greater opportunity for involvement, broader representation, and more focused engagement.

As we expand, we are also seeking more service users and carers to take on leadership roles in shaping the Trust's services. If you would be interested in expressing an interest in becoming a Co-Chair of a Reference Group, please contact referencegroup@cntw.nhs.uk or telephone 01670 501816.

Finally, I would like to thank all attendees over the years who have been part of this journey so far. Your contribution has made a real difference. I sincerely hope that you will continue to be part of the journey ahead as we strengthen and evolve service user and carer involvement across the Trust.

1.5 Internal and External engagement and activity

In addition to our schedule of planned Board and Governor meetings, I continue to have regular planned meetings with our Interim Lead Governor and meet weekly with James Duncan our Chief Executive Officer. I have also met with numerous individuals, including

Executive Officers, Senior Managers and members of staff; the primary aim of which is to inform discussions with the Board and help shape our thinking and decision making. I am aware that our Non-Executive Directors have also involved themselves in a range of visits and meetings to help shape their thinking and discussions with the Governors and the Board.

During January 2026 – April 2026, I visited and / or met with:

- Involvement Services, St Georges Park
- University of Sunderland
- Opening event of Hope Haven in West Cumbria
- Service User and Carer Reference Group
- Meeting with Marie Burnham, Chair at Tees Esk and Wear Valley NHS FT
- Durham and Darlington NHS FT Aubrey Report System Learning Event

Darren Best

Chair of the Council of Governors and Board of Directors

April 2026

8.2 CHIEF EXECUTIVE REPORT

 James Duncan, Chief Executive

REFERENCES

Only PDFs are attached

 8.2 Chief Executive report April 2026.pdf



Meeting Name: Board of Directors meeting held in public

Meeting Date: 29 April 2026

Agenda Item: 8.2

Report Title: Chief Executive's Report

Director Lead: James Duncan, Chief Executive

Recommendation and action required by the Board:

The Board is asked to note the content of the report for information and awareness only.

Board of Directors
Chief Executive's Report
Wednesday 29 April 2026

1. Trust updates

1.1 Care Quality Commission – Trust Well Led Assessment Report

On 15 April, the Care Quality Commission (CQC) published the outcome of its [Well-Led inspection](#) of Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust and has rated the Trust as Requires Improvement for leadership.

The CQC identified that, while there is strong commitment to continuous learning, innovation and partnership working to improve outcomes for local communities, leaders did not always have sufficiently strong systems and processes in place to identify, manage and act on risks to quality and safety. Areas highlighted for improvement included aspects of culture, staff engagement, workforce challenges and consistency in safeguarding and communication, alongside the need to strengthen how staff feel able to speak up and influence decisions affecting frontline care.

We will be talking as a Board about the actions we need to take to address the findings of the report. This includes being clear about the need to build on the strengths as well as addressing areas for improvement. We are committed to strengthening leadership and culture at every level, making it easier and safer for staff to speak up, and ensuring that concerns are listened to and acted upon consistently. We will simplify and improve our governance and assurance processes so that risks to quality and safety are identified earlier and addressed more effectively, while continuing to improve equality, diversity and inclusion for both staff and patients.

Central to all of this work is our commitment to keeping patients, carers and families at the heart of improvement, listening to feedback, learning openly, and working together to provide safe, high-quality, compassionate care and a supportive, inclusive place to work.

1.2 Immigration update

On 1 April 2026, the NHS Agenda for Change Band 3 entry point increased to £25,760 which took all staff working at this banding above the current immigration salary threshold of £25,000. It has now been confirmed that the minimum salary threshold for the Health and Care Worker Visa will not be increased at this time, which is welcome news for current staff whose visas may have expired prior to meeting this threshold.

It also means that healthcare support worker roles will be eligible for international sponsorship via the Health and Care Visa because the role appears on the Immigration Salary List. This is positive news for NHS Trusts as it remedies the issue of existing staff on a Graduate Visa being able to switch onto the Health and Care Visa to remain in employment.

It should be noted however, that the Immigration Salary List is being withdrawn in December 2026, meaning that this route will be closed to new applications for healthcare support worker roles from this date.

1.3 April industrial action

I would like to thank our teams across the Trust for their continuing efforts in the development, and delivery of plans to respond to the recent industrial action. NHS England has written to thank system and Trust leaders and their teams for their continued efforts. Despite ongoing challenges and disruption at the start of the new financial year, patient care was protected and high levels of service were maintained. The letter recognised the sustained effort required by teams and emphasises how much this work is appreciated by patients and national leaders alike.

2. Regional updates

2.1 Researchers trial new technology to detect dementia in adults with Down Syndrome

People with learning disabilities, particularly those with Down Syndrome, are at much higher risk of developing dementia. However, diagnosis is often delayed or inaccurate because symptoms can be difficult to recognise at an early stage.

A research pilot supported by the National Institute of Health Research (NIHR) Applied Research Collaboration (ARC) North East and North Cumbria will trial whether SmartSocks, soft wearable socks containing tiny sensors, could provide a simple and comfortable way to monitor changes in sleep, movement or memory that could signal early development of the disease and enable support to be put in place sooner. You can find out more on the collaboration's [website here](#).

2.2 North East and North Cumbria – Aubrey learning event

Myself, the Chair and a number of Executive Directors attended a session attended by senior NHS leaders from across the North East and North Cumbria region to discuss collective learning from the Aubrey report. The Aubrey report was produced following an independent external review of governance within the Breast Surgery Services provided at County Durham and Darlington NHS Foundation Trust. Some key takeaways from the session were:

- Potential for wilful blindness - Boards should look out for, and challenge themselves, if it is ever seen to appear. Regardless of data, information, and insight, Boards must have an appetite to address the issues presented.
- Quality and clarity of information - whilst there may be information available, it may lack focus and clarity.
- Board effectiveness and influence - in the context of external reviews, NHS organisations appear to respond more effectively if findings and recommendations come from an external source.
- Beware of the 'Green' - how significant issues can be missed in using RAG (Red, Amber, Green) rated reports, particularly for 'Green' ratings.
- Culture – challenge must be welcomed and celebrated. No part of any organisation should be beyond challenge.
- Leadership activity and focus - culture and leadership development must become a priority for NHS organisations. Boards should challenge and test this regularly.

Some elements of this learning links to the findings of our well led report and we will consider tis in the development of our plans for improvement.

3. National updates

3.1 NHS England briefing: Next steps on neighbourhood health and new delivery models

NHS England has published further guidance on the next steps for [neighbourhood health and new delivery models](#), reinforcing neighbourhood health as a central pillar of the 10 Year Health Plan.

The guidance sets clear expectations for 2026/27 as a developmental year, with Integrated Care Boards and local government asked to agree neighbourhood footprints, establish integrated neighbourhood teams focused on priority cohorts, strengthen pooled funding arrangements, and put robust data-sharing in place.

From 2027/28, systems will be expected to develop formal neighbourhood health plans aligned to local need, health inequalities and wider place-based priorities. The guidance also signals a shift towards population-based commissioning and outcome-focused contracts, supported nationally through a new implementation programme and commissioning development offer, while retaining local flexibility on delivery models to reflect community need.

3.2. NHS England briefing: Next steps for planning and priorities for 2026/27

NHS England has written to all Integrated Care Boards and Trusts to thank leaders for their work over the last year and to set out what is expected next as planning moves into 2026/27.

The letter recognises how challenging the last year has been, particularly in dealing with the NHS financial deficit and changes to the operating model. It highlights that there has been real progress nationally, including improvements in waiting times and urgent and emergency care, and that patients are beginning to notice these improvements.

Looking ahead, NHS England says that plans for 2026/27 now add up at national level and cover the following two years as well. Regional teams will continue to work with systems to refine plans and will provide extra support to those facing the biggest challenges through the new Intensive Recovery Programme.

However, NHS England is clear that systems should not focus only on getting through 2026/27. Instead, organisations are expected to use the opportunity of multi-year planning to make bigger, longer-term changes and to start delivering the ambitions set out in the 10 Year Health Plan. As part of this, systems are asked to strengthen their strategic commissioning plans. This means clearly setting out:

- What strategic commissioning means and how it will develop over the next 3 years.

- How neighbourhood-based care will be expanded and how this will help address key pressures.
- Whether changes to funding flows or payment arrangements would help deliver plans.
- What further support, or removal of barriers, is needed from NHS England.

To support the next phase of improvement, NHS England highlights eight national priority areas, including reducing hospital bed days for people with the highest needs through more proactive and community-based care and improving access to urgent care so patients can be booked into the right service as quickly as possible and making better use of technology to improve productivity and patient flow.

Nationally, NHS England will also focus on expanding the NHS App, reforming payment systems to match new ways of working, putting quality back at the centre of improvement, and investing in leadership and workforce development, including the launch of a new NHS Leadership College.

Integrated Care Boards are required to submit a single, joint system summary by 15 May 2026, showing how partners are working together, what the main gaps or barriers are, and how these will be addressed collaboratively.

3.3 The Renewed Women's Health Strategy for England

The Government's [Renewed Women's Health Strategy](#) makes women's mental health a major priority. It recognises that experience of mental health issues can affect women differently, and that support is not always easy to access or joined up.

Around one in four women experience a common mental health problem such as anxiety or depression. Certain times in life are higher-risk, including puberty, pregnancy, after birth and the menopause. Hormonal changes can have a real impact on mental wellbeing. Some women face much higher risk because of their life circumstances, including women affected by domestic or sexual violence, women who are homeless, and LGBTQ+ women. Suicide is identified as the leading cause of death for women between six weeks and one year after pregnancy, highlighting the importance of postnatal mental health support.

Rather than treating mental health as a separate issue, the strategy builds it into all areas of women's health and services.

- Better access to mental health support
- Stronger support during and after pregnancy
- Focus on girls and young women
- Addressing trauma and violence

What does this mean for the health system? Mental health services will need to work more closely with women's health and maternity services. Staff training and awareness will be improved so professionals better understand the links between hormones, life stages and mental health.

Improving women's mental health is seen as essential not only for health and wellbeing, but also for reducing long-term sickness, economic inactivity and inequality.

The strategy signals a clear shift towards earlier help, better local access and more joined-up, compassionate support for women's mental health throughout their lives.

James Duncan
Chief Executive
April 2026

8.3 QUESTIONS FROM GOVERNORS AND THE PUBLIC

 Darren Best, Chair

8.4 REPORT APPENDICES / ADDITIONAL INFORMATION

8.4.1 Staff survey results full (agenda item 4.2)

8.4.2 People and Culture Strategy (agenda item 4.4)

CNTW Workforce Plan 2026/7 ? 2028/9 (agenda item 4.5)

8.4.3a Trust-wide workforce plan

8.4.3b Group Plans

8.4.4 Strategic Ambitions and Priorities Quarter 4 2025-26 position (agenda item 5.4)

8.4.5 Annual Priorities 2026/27 (agenda item 5.5)

8.4.6 Risk Appetite Framework (agenda item agenda item 7.3)

8.4.7 Risk Management Policy (agenda item 7.3)

8.4.8 Fit and Proper Persons test register (agenda item 7.4)

8.4.9 CQC Core Service Improvement Plan (agenda item 2.3)

8.4.10 Equality, Diversity and Inclusion Annual Board Objectives (agenda item 4.3)

8.4.11 Integrated Performance Report Quarter 4 (agenda item 1.5)

Date of next meeting

Wednesday 29 July 2026, 10.00am ? 12.30pm, St Nicholas Hospital Board Room and via Microsoft Teams

REFERENCES

Only PDFs are attached

-  8.4.1 Appendix 1 Staff Survey 2025 Results Full Report.pdf
-  8.4.2 Appendix 1 People and Culture Strategy 2026-31.pdf
-  8.4.3a Appendix 1 - Trustwide Workforce Plan Final Draft.pdf
-  8.4.3b Appendix 2 - Group Plans.pdf
-  8.4.4 Appendix 1 - Strategic Ambition and Priorities Q4 2025-26 position.pdf
-  8.4.5 Appendix 1 2627 Priorities.pdf
-  8.4.7a RAF and RM Policy - Appendix 1 risk appetite.pdf
-  8.4.7b RAF and RM Policy - Appendix 2 - risk policy.pdf
-  8.4.8 Appendix 1 Fit and Proper Persons Register 2026.pdf
-  8.4.9 Appendix 1 CQC Core Service Improvement plan and Well Led findings.pdf



8.4.11a Appendix 1 Suggested IPR measures 2026-27 removed measures 25-26.pdf



8.4.11b Appendix 2 Trust Board of Directors Quarter 4 IPR Report - Data to Mar-26.pdf



8.4.10 Appendix EDI Objectives.pdf



National NHS Staff Survey 2025

Cumbria, Northumberland, Tyne and Wear NHS
Foundation Trust

Full Report

Contents

1. Substantive Survey Results	4
1.1. Introduction	4
1.1.1. Overview	4
1.1.2. Methodology and Sampling	4
1.1.3. Response Rates	5
1.1.4. Publishing and Publicising your Results	5
1.2. Understanding your Results	6
1.2.1. Data Cleaning	6
1.2.2. Weighted Data	6
1.2.3. People Promises / Themes and Question Scores	7
1.2.4. Positive and Negative Findings	7
1.3. Survey Results	8
1.3.1. Sector Benchmarking	8
1.3.1.1. Measuring Significance	8
1.3.1.2. Percentiles	29
1.3.2. Local Changes	50
1.3.3. Staff Engagement	71
1.3.4. Morale	72
1.4. Demographics	73
1.5. Final Detailed Results Tables	78

Contents

2. Appendix - Bank Staff Survey Results	123
2.1. Introduction	123
2.1.1. Overview	123
2.1.2. Methodology and Sampling	123
2.1.3. Response Rates	123
2.1.4. Publishing and Publicising your Results	124
2.2. Understanding your Results	125
2.2.1. Data Cleaning	125
2.2.2. People Promises / Themes and Question Scores	125
2.2.3. Positive and Negative Findings	125
2.3. Survey Results	126
2.3.1. Benchmarking	126
2.3.1. Measuring Significance	126
2.3.2. Local Changes	146
2.3.3. Staff Engagement	166
2.3.4. Morale	167
2.4. Demographics	168
2.5. Final Detailed Results Tables	173

1. Substantive Survey Results

1.1. Introduction

1.1.1. Overview

This section presents your organisation's results for the 2025 National NHS Staff Survey in the form of People Promises, Themes and question scores. This provides an indication of how well your organisation is performing over time (section 1.3.2.) and within its benchmarking group* (section 1.3.1.). Throughout the section, the People Promises / Themes and the questions that comprise them are presented, facilitating a focused analysis of key areas.

Staff Engagement and Morale scores are presented in sections 1.3.3. / 1.3.4. respectively.

Final response level results are presented in frequency tables at the end of the report, using a format adapted from the initial results sent out in December 2025.

If your organisation requested an additional sample, respondents from this sample have been included in the scoring in this report (if applicable) and are shown in the final frequency tables too.

For information on the processes applied to data (such as cleaning and weighting) and the types of scoring used in this section, please refer to the 'Understanding your Results' section on page 6.

1.1.2. Methodology and Sampling

The National Staff survey was undertaken by IQVIA for a total of 128 organisations between September and November 2025.

Organisations were given the option to conduct a paper survey, online survey or mixed mode survey (combining both). To conduct online surveys, certain criteria had to be met such as ensuring staff email addresses are up to date and accessed regularly, and that staff are allowed time to complete the survey at work.

Each staff member could only receive one type of questionnaire. For staff members selected to participate online, an email invitation was sent directly to their work email address inviting them to securely log into the online questionnaire portal and provide their responses. Staff members selected to complete paper questionnaires received these through their organisation's internal post, after these were batch delivered from IQVIA. In some organisations, where staff did not have an internal work address, a small number of questionnaires were sent to staff at home – this included those on maternity leave. Staff responded using pre-paid response envelopes provided by IQVIA. Reminders were sent to all staff who had not responded at each point when reminders were issued: those completing the paper questionnaire received 2 reminders and those completing the online questionnaire received 6 email reminders.

**Please note that the scores for your benchmarking group are derived from the organisations contracted to IQVIA. Within your sector (Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts) there are 30 organisations within the IQVIA database.*

1.1. Introduction

1.1.2. Methodology and Sampling (Continued)

For the 2025 survey, all participating organisations conducted a full census of eligible staff. Staff within the sample had to meet certain eligibility criteria, i.e. they had to be staff who were consistently and regularly employed by the organisation. Staff who started working for the organisation after 1st September 2025, and staff on long term sick leave could not be included.

For organisations wanting to survey staff not meeting the eligibility criteria, an 'Additional' sample was drawn. If your organisation has drawn an additional sample, your results presented in this report have been calculated using this additional sample.

1.1.3. Response Rates

Questionnaires were sent to 8,019 staff in your organisation. If your organisation requested additional samples and requested that this data was to be included within this management report, this figure includes staff from those samples.

After excluding respondents that were later known to be ineligible, a usable sample of 7,921 remained.

From the usable sample, 4,585 questionnaires were returned yielding a response rate of 57.88%.

1.1.4. Publishing and Publicising your Results

This is a confidential report from IQVIA to the organisation. The decision about whether or not to publish it - or publicise its contents to staff or patients - is entirely up to each organisation. However, our strong advice, in the spirit of openness and transparency, is that the results should be publicised through all available channels. Publicity could include:

- presentations to the Board on key strategic issues
- distribution of findings to Clinical Governance teams, and to Divisional and Departmental heads
- discussions on the results with staff representatives
- publication of results on the internet
- display presentations in appropriate locations in the organisation.

Whatever decision is taken locally, there will be a national publication of the results for each organisation. **Until the Coordination Centre publishes the national results, there is an embargo on the publication of any survey results from the benchmarked analysis in the reports.** The national publication date announced by the Coordination Centre is still to be confirmed.

1.2. Understanding your Results

1.2.1 Data Cleaning

Data cleaning is undertaken on the raw survey data to ensure that incorrect or inappropriate responses are removed from certain questions. Data cleaning has been applied where there is routing (i.e. where respondents are directed to a subsequent question depending on their answer to the lead question). Sometimes there are conflicts in the answers that respondents give to these questions and the data is corrected to account for this. For example, respondents answering "No" to Q11d ("In the last three months, have you ever come to work despite not feeling well enough to perform your duties?") are directed to go to Q12. If a respondent answers "No" to Q11d and also answers Q11e about pressure from a manager to come to work when unwell, then their response to Q11e will be deleted.

1.2.2. Weighted Data

Although performing the same functions, each organisation will organise its workforce in the way that best suits the unique needs of their area. This means that the number of employees in each occupational group may vary significantly from organisation to organisation (for example, some organisations may contract out aspects of patient care, whereas others provide these services in-house).

These differences can lead to significant variations in results, as some occupational groups, such as managers, are known to respond more positively than others to some questions. If an organisation has a larger number of employees in such a group than is the norm for the sector, this could give a misleading impression of the organisation's performance when benchmarked against the sector overall.

To account for this variation, the individual scores within each organisation have been weighted so that the occupational composition of the organisation reflects that of the sector.

To obtain the weighting to apply to an occupational group in your organisation we have first determined the percentage of respondents in the occupational group within your sector, and then divided this by the percentage of respondents in the same group in your organisation.

For example, if Nursing in your sector accounts for 36.7% of the respondents, but in your organisation this group accounts for 40.2%, then the response from each nurse would be weighted (multiplied) by $0.367 / 0.402$ - so a single response in this category would be valued at 0.91, rather than 1. This process would be repeated for each occupational group present in your organisation, then an average of the weighted responses would be taken to obtain your score.

With the exception of the response level results tables at the end of the section, all results in this section are derived from weighted data.

The process undertaken to standardise the data is based on the methodology used by the Coordination Centre and should be useful in providing an indication of what an organisation's national results are likely to be. There will, however, be minor differences between the scores in this report and an organisation's official national benchmark report. This is because IQVIA only has access to data from its contracted organisations, whilst the national standardisation process will be based on the full dataset available for all organisations.

1.2. Understanding your Results

1.2.3. People Promises / Themes and Question Scores

People Promises / Themes can be considered as summary scores for groups of questions which, when taken together, give more information about a particular area. They are presented as scale scores (on a scale of 0 to 10). Individual question scores are expressed as percentages.

There are seven People Promises and two Themes within this section, which are:

- 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

Question scores are presented beneath the People Promises / Themes they feed into. Please note that it's not always possible to directly compare question scores to the People Promises / Themes, as there are specific rules in the calculations which act to limit the respondent base (e.g. a respondent must have answered a majority of the questions that compose the People Promise / Theme to be included in its calculation). The question scores do however provide a good indication of the strengths and weaknesses within the area addressed by the People Promise / Theme.

1.2.4. Positive and Negative Findings

In most cases, questions report on a positive aspect of staff experience. For these questions, the higher the score, the better the organisation is performing. However, there are some questions that report on negative aspects. An example of a negative question is Q10b, percentage of staff who have worked additional paid hours over and above their contracted hours. For these questions, the lower the score, the better. Throughout the section, negative findings are indicated with a red shaded background.

1.3. Survey Results

1.3.1. Sector Benchmarking

1.3.1.1. Measuring Significance

In this section, scores for your organisation are plotted against the average for the Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts sector. The difference between the scores is represented by the coloured gap between the blue bars. Where statistically significant differences arise, the coloured gap is highlighted green or red for positive or negative differences respectively.

Please note that the sector average has been derived from the 28 Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts contracted to IQVIA. As such, the National average for this sector may differ.

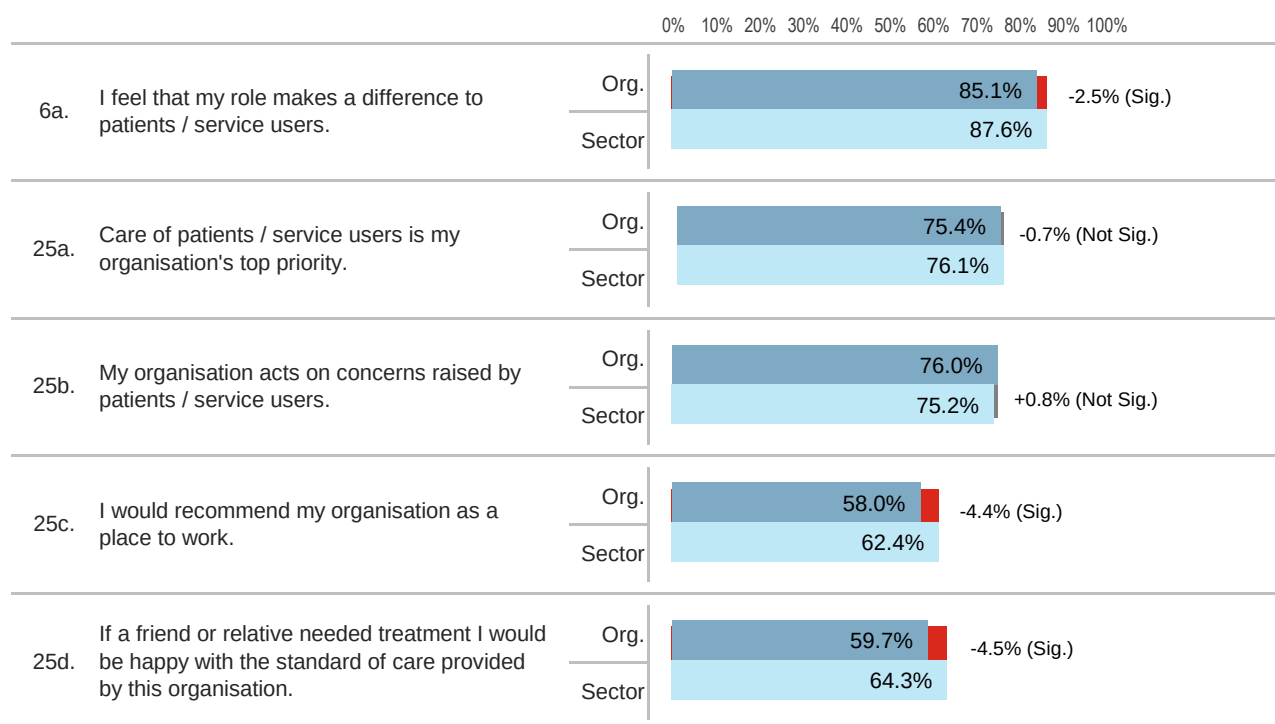
Some questions will appear below more than once as they comprise both a People Promise score and a Theme score.

We are compassionate and inclusive

People Promise 1 - We are compassionate and inclusive	Org.	Sector	Diff.
	7.54	7.61	-0.07 (Sig.)

Compassionate culture

People Promise 1, Subscore 1 - Compassionate culture	Org.	Sector	Diff.
	7.06	7.20	-0.14 (Sig.)

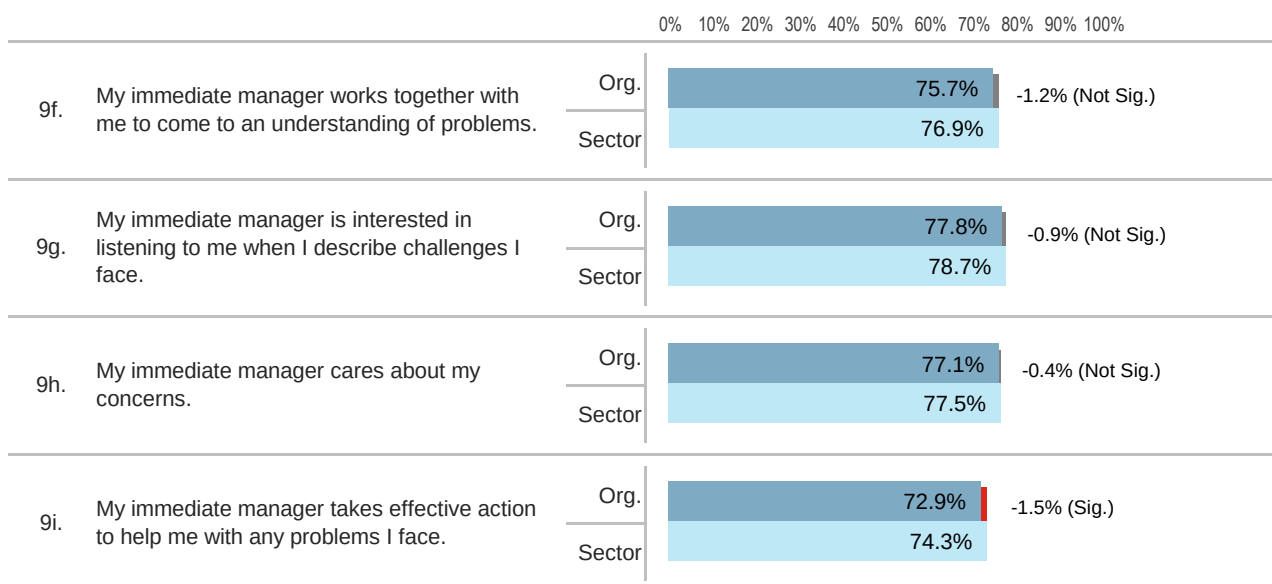


1.3.1. Sector Benchmarking

1.3.1.1. Measuring Significance

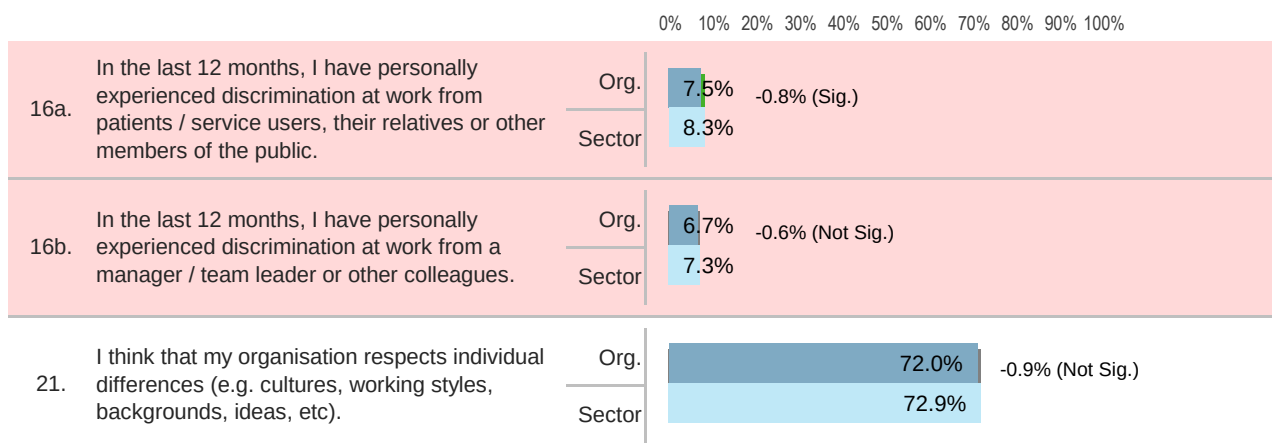
Compassionate leadership

People Promise 1, Subscore 2 - Compassionate leadership		Org.	Sector	Diff.
		7.45	7.52	-0.07 (Not Sig.)



Diversity and equality

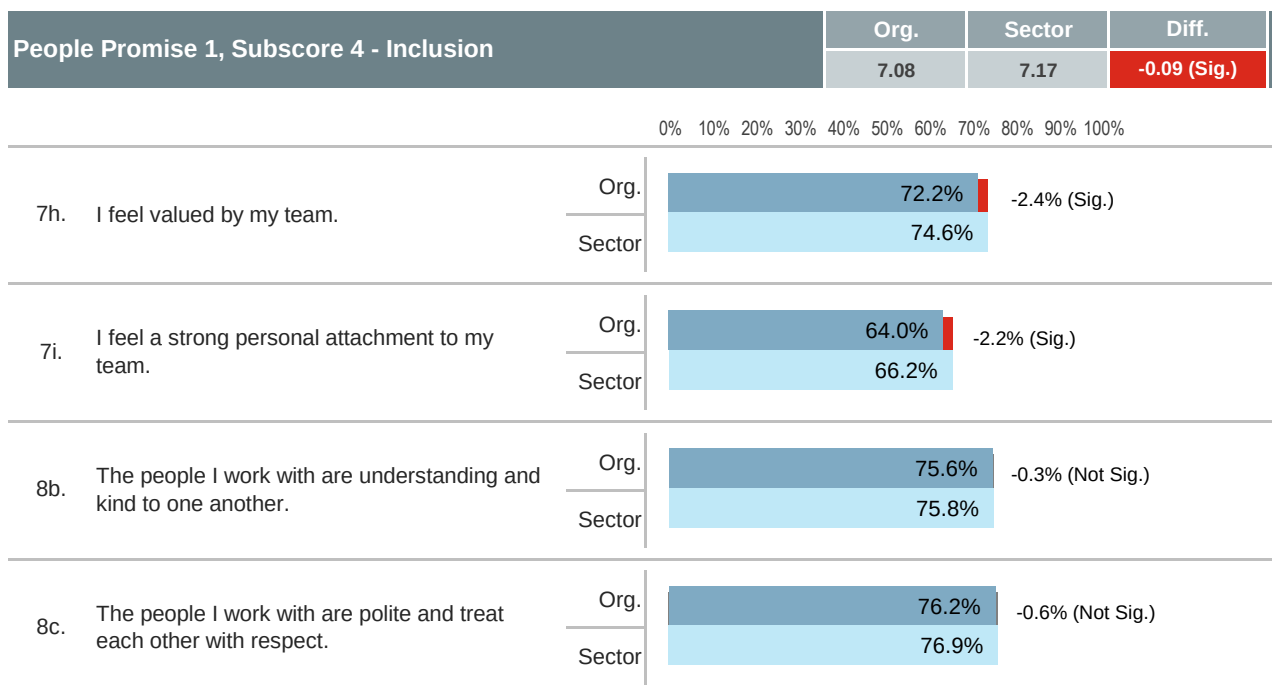
People Promise 1, Subscore 3 - Diversity and equality		Org.	Sector	Diff.
		8.54	8.52	+0.02 (Not Sig.)



1.3.1. Sector Benchmarking

1.3.1.1. Measuring Significance

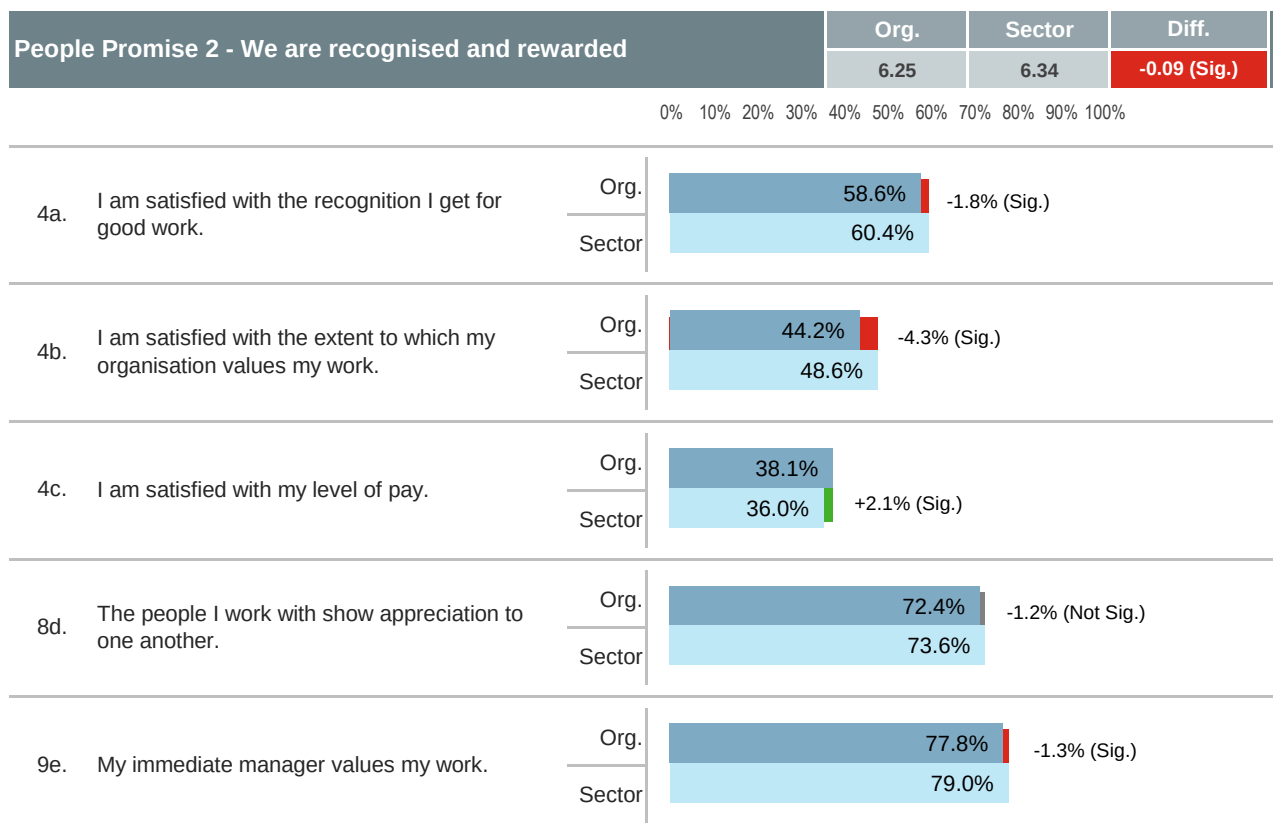
Inclusion



1.3.1. Sector Benchmarking

1.3.1.1. Measuring Significance

We are recognised and rewarded



1.3.1. Sector Benchmarking

1.3.1.1. Measuring Significance

We each have a voice that counts

People Promise 3 - We each have a voice that counts	Org.	Sector	Diff.
	6.76	6.87	-0.11 (Sig.)

Autonomy and control

People Promise 3, Subscore 1 - Autonomy and control	Org.	Sector	Diff.
	6.99	7.09	-0.11 (Sig.)

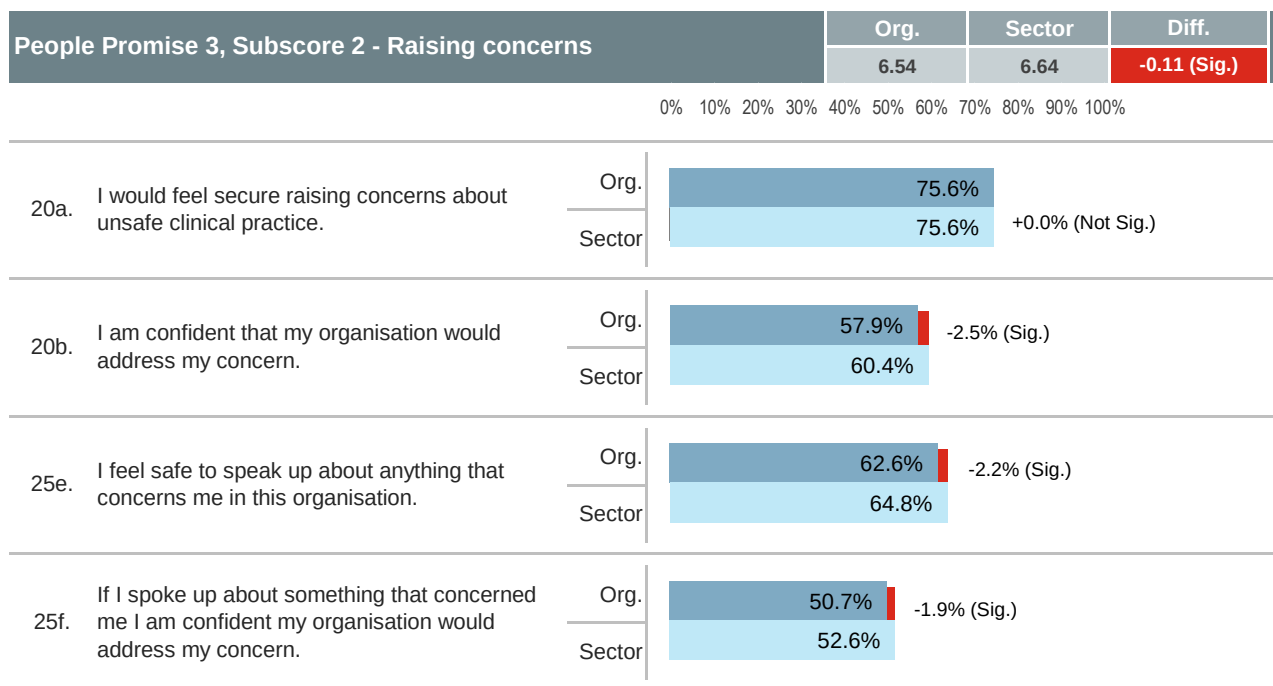
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

3a. I always know what my work responsibilities are.	Org.	82.9%	-1.5% (Sig.)
	Sector	84.4%	
3b. I am trusted to do my job.	Org.	88.5%	-1.4% (Sig.)
	Sector	89.9%	
3c. There are frequent opportunities for me to show initiative in my role.	Org.	74.5%	-1.2% (Not Sig.)
	Sector	75.7%	
3d. I am able to make suggestions to improve the work of my team / department.	Org.	73.5%	-1.3% (Not Sig.)
	Sector	74.9%	
3e. I am involved in deciding on changes introduced that affect my work area / team / department.	Org.	49.0%	-3.1% (Sig.)
	Sector	52.1%	
3f. I am able to make improvements happen in my area of work.	Org.	57.4%	-1.6% (Sig.)
	Sector	58.9%	
5b. I have a choice in deciding how to do my work.	Org.	61.0%	-0.9% (Not Sig.)
	Sector	61.8%	

1.3.1. Sector Benchmarking

1.3.1.1. Measuring Significance

Raising concerns



1.3.1. Sector Benchmarking

1.3.1.1. Measuring Significance

We are safe and healthy

People Promise 4 - We are safe and healthy	Org.	Sector	Diff.
	6.32	6.36	-0.04 (Not Sig.)

Health and safety climate

People Promise 4, Subscore 1 - Health and safety climate	Org.	Sector	Diff.
	5.83	5.80	+0.03 (Not Sig.)

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

3g.	I am able to meet all the conflicting demands on my time at work.	Org.	48.4%	Sector	48.3%	+0.0% (Not Sig.)
3h.	I have adequate materials, supplies and equipment to do my work.	Org.	63.1%	Sector	61.3%	+1.8% (Sig.)
3i.	There are enough staff at this organisation for me to do my job properly.	Org.	32.4%	Sector	36.6%	-4.2% (Sig.)
5a.	I never / rarely have unrealistic time pressures.	Org.	31.8%	Sector	30.9%	+0.9% (Not Sig.)
11a.	My organisation takes positive action on health and well-being.	Org.	58.1%	Sector	62.0%	-3.8% (Sig.)
13d.	The last time I experienced physical violence at work, myself or a colleague reported it.	Org.	95.6%	Sector	89.6%	+5.9% (Sig.)
14d.	The last time I experienced harassment, bullying or abuse at work, myself or a colleague reported it.	Org.	70.7%	Sector	64.5%	+6.2% (Sig.)

1.3.1. Sector Benchmarking

1.3.1.1. Measuring Significance

Burnout

People Promise 4, Subscore 2 - Burnout		Org.	Sector	Diff.
		5.18	5.23	-0.04 (Not Sig.)

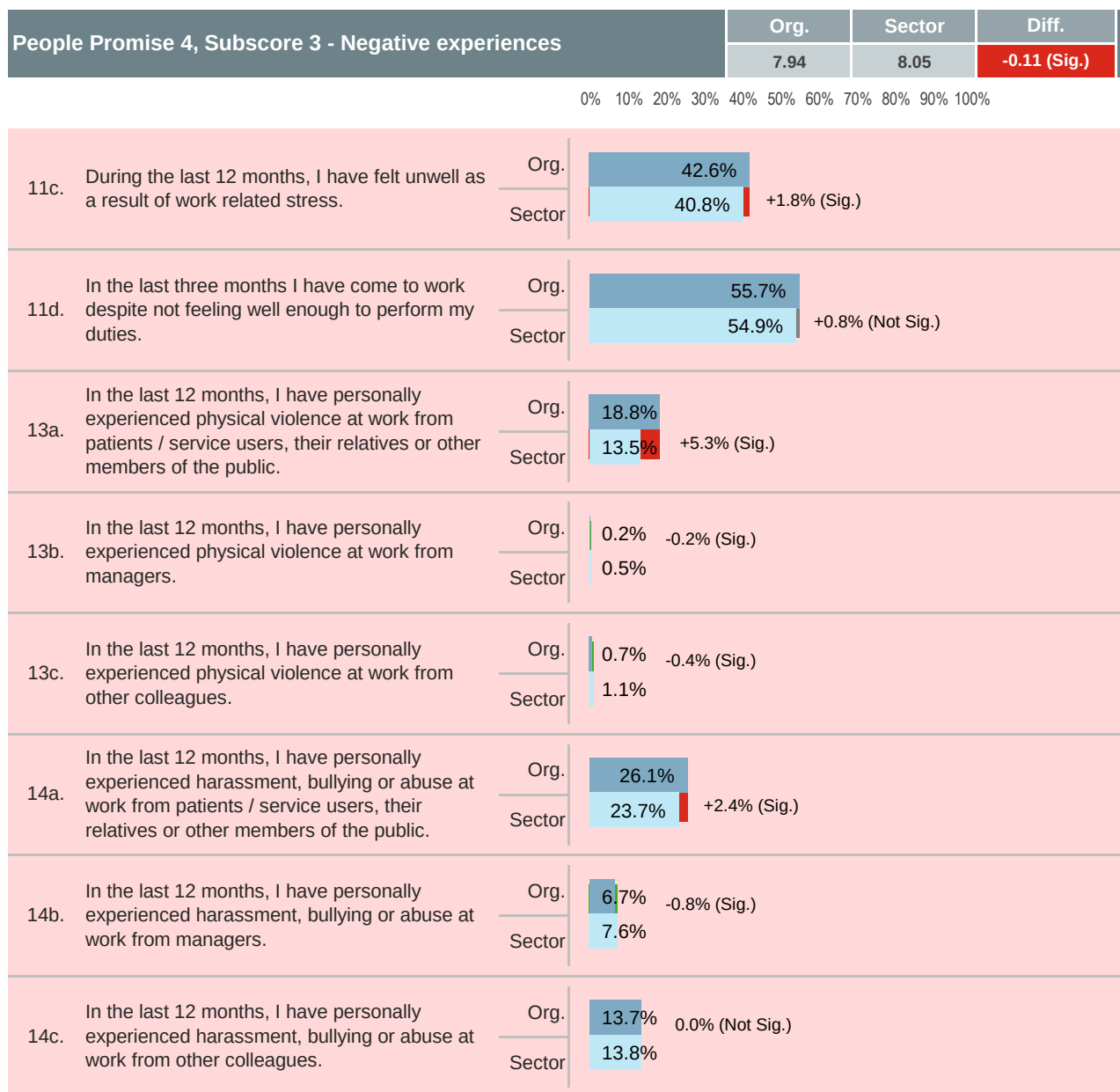
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

12a.	I often / always find my work emotionally exhausting.	Org.	36.6%		
		Sector	34.6%	+1.9% (Sig.)	
12b.	I often / always feel burnt out because of my work.	Org.	27.8%		
		Sector	26.7%	+1.1% (Not Sig.)	
12c.	My work often / always frustrates me.	Org.	33.7%		
		Sector	32.3%	+1.4% (Sig.)	
12d.	I am often / always exhausted at the thought of another day / shift at work.	Org.	23.4%		
		Sector	23.2%	+0.2% (Not Sig.)	
12e.	I often / always feel worn out at the end of my working day / shift.	Org.	39.9%		
		Sector	38.1%	+1.8% (Sig.)	
12f.	I often / always feel that every working hour is tiring for me.	Org.	15.2%		
		Sector	15.9%	-0.7% (Not Sig.)	
12g.	I do not have enough energy for family and friends during leisure time.	Org.	27.8%		
		Sector	27.0%	+0.8% (Not Sig.)	

1.3.1. Sector Benchmarking

1.3.1.1. Measuring Significance

Negative experiences



1.3.1. Sector Benchmarking

1.3.1.1. Measuring Significance

We are always learning

People Promise 5 - We are always learning	Org.	Sector	Diff.
	6.02	5.84	+0.18 (Sig.)

Development

People Promise 5, Subscore 1 - Development	Org.	Sector	Diff.
	6.56	6.53	+0.04 (Not Sig.)

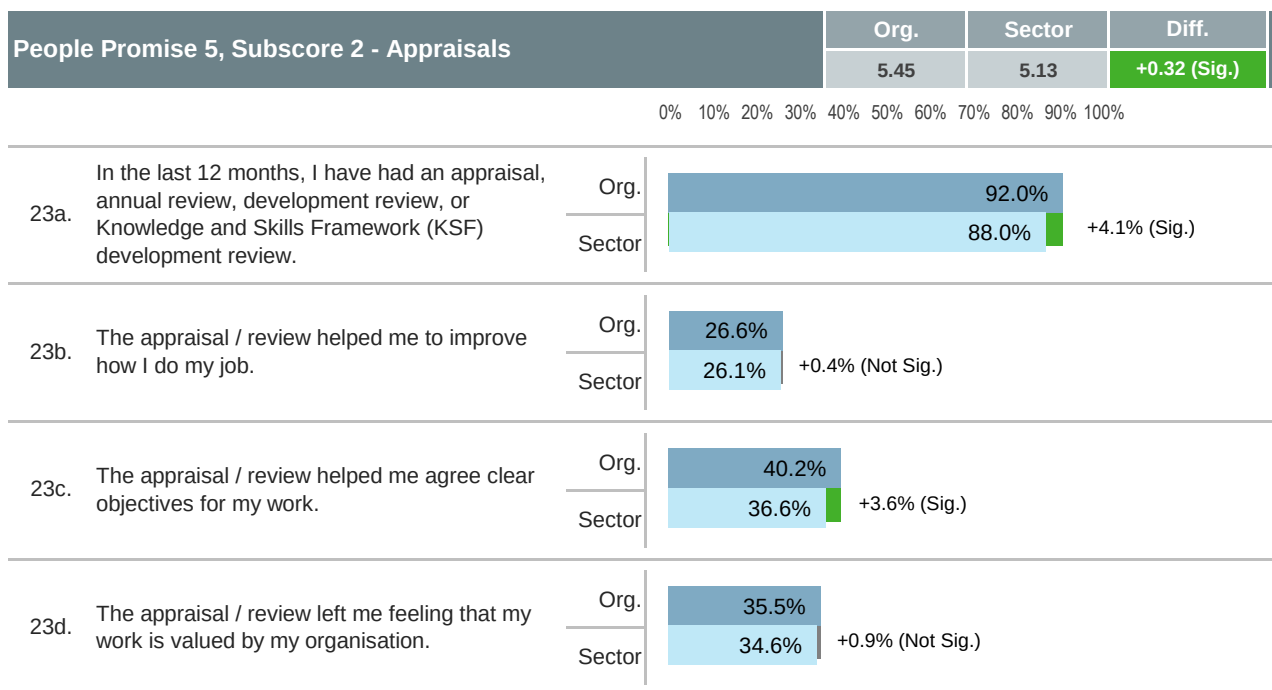
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

24a. This organisation offers me challenging work.	Org.	74.6%		
	Sector	72.1%	+2.5% (Sig.)	
24b. There are opportunities for me to develop my career in this organisation.	Org.	53.7%		
	Sector	52.1%	+1.6% (Sig.)	
24c. I have opportunities to improve my knowledge and skills.	Org.	73.4%		
	Sector	72.3%	+1.2% (Not Sig.)	
24d. I feel supported to develop my potential.	Org.	60.7%		
	Sector	59.5%	+1.2% (Not Sig.)	
24e. I am able to access the right learning and development opportunities when I need to.	Org.	60.5%		
	Sector	61.3%	-0.8% (Not Sig.)	

1.3.1. Sector Benchmarking

1.3.1.1. Measuring Significance

Appraisals



1.3.1. Sector Benchmarking

1.3.1.1. Measuring Significance

We work flexibly

People Promise 6 - We work flexibly	Org.	Sector	Diff.
	6.81	6.80	+0.00 (Not Sig.)

Support for work-life balance

People Promise 6, Subscore 1 - Support for work-life balance	Org.	Sector	Diff.
	6.77	6.81	-0.04 (Not Sig.)

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

6b.	My organisation is committed to helping me balance my work and home life.	Org.	56.6%	-1.8% (Sig.)
		Sector	58.4%	
6c.	I achieve a good balance between my work life and my home life.	Org.	60.9%	-1.9% (Sig.)
		Sector	62.7%	
6d.	I can approach my immediate manager to talk openly about flexible working.	Org.	80.2%	+1.2% (Not Sig.)
		Sector	79.1%	

Flexible working

People Promise 6, Subscore 2 - Flexible working	Org.	Sector	Diff.
	6.84	6.79	+0.05 (Not Sig.)

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

4d.	I am satisfied with the opportunities for flexible working patterns.	Org.	66.7%	+0.3% (Not Sig.)
		Sector	66.4%	

1.3.1. Sector Benchmarking

1.3.1.1. Measuring Significance

We are a team

People Promise 7 - We are a team	Org.	Sector	Diff.
	7.06	7.16	-0.10 (Sig.)

Team working

People Promise 7, Subscore 1 - Team working	Org.	Sector	Diff.
	6.80	6.93	-0.12 (Sig.)

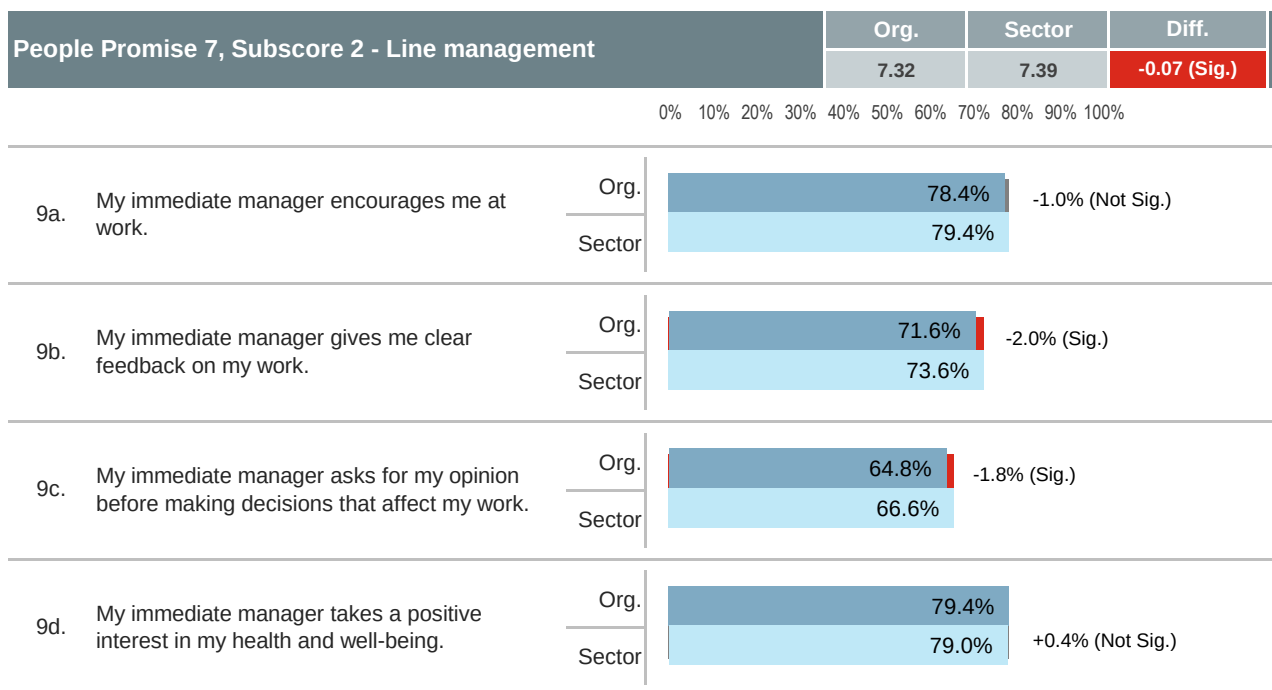
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

7a.	The team I work in has a set of shared objectives.	Org.	76.3%	-0.9% (Not Sig.)
		Sector	77.2%	
7b.	The team I work in often meets to discuss the team's effectiveness.	Org.	70.4%	-1.3% (Not Sig.)
		Sector	71.7%	
7c.	I receive the respect I deserve from my colleagues at work.	Org.	74.8%	-1.7% (Sig.)
		Sector	76.5%	
7d.	Team members understand each other's roles.	Org.	69.2%	-3.3% (Sig.)
		Sector	72.4%	
7e.	I enjoy working with the colleagues in my team.	Org.	83.2%	-0.4% (Not Sig.)
		Sector	83.7%	
7f.	My team has enough freedom in how to do its work.	Org.	57.2%	-5.2% (Sig.)
		Sector	62.4%	
7g.	In my team disagreements are dealt with constructively.	Org.	58.9%	-2.2% (Sig.)
		Sector	61.0%	
8a.	Teams within this organisation work well together to achieve their objectives.	Org.	53.9%	-0.8% (Not Sig.)
		Sector	54.7%	

1.3.1. Sector Benchmarking

1.3.1.1. Measuring Significance

Line management



1.3.1. Sector Benchmarking

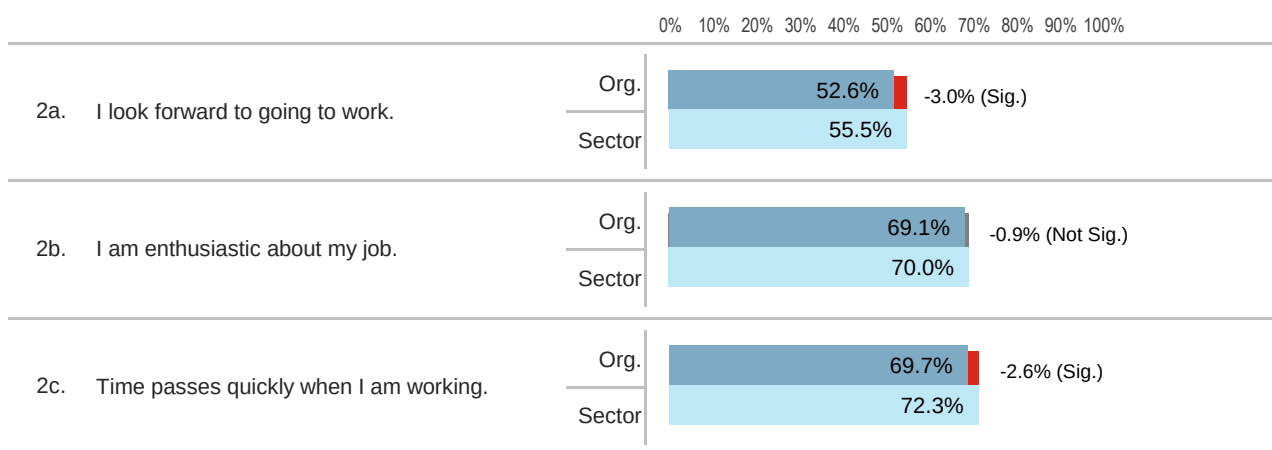
1.3.1.1. Measuring Significance

Staff engagement

Theme - Staff engagement	Org.	Sector	Diff.
	6.84	6.98	-0.15 (Sig.)

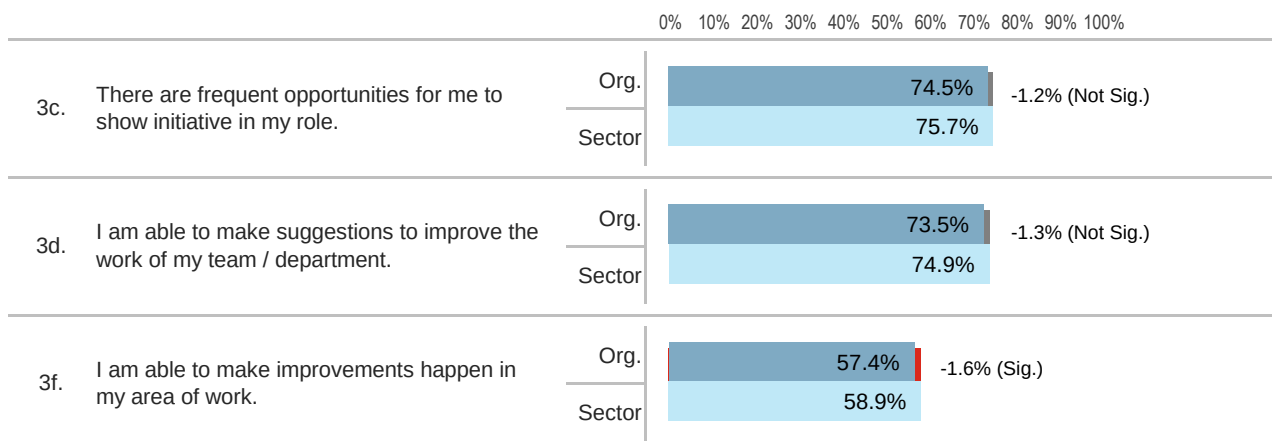
Motivation

Subscore 1 - Motivation	Org.	Sector	Diff.
	6.89	7.05	-0.16 (Sig.)



Involvement

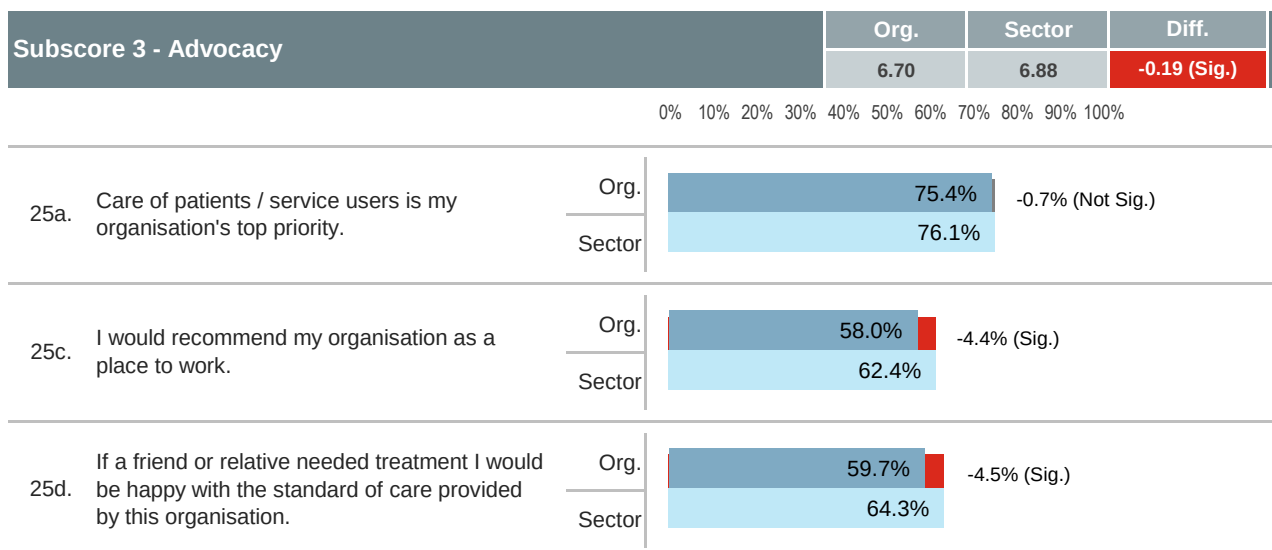
Subscore 2 - Involvement	Org.	Sector	Diff.
	6.92	7.01	-0.09 (Sig.)



1.3.1. Sector Benchmarking

1.3.1.1. Measuring Significance

Advocacy



1.3.1. Sector Benchmarking

1.3.1.1. Measuring Significance

Morale

Theme - Morale	Org.	Sector	Diff.
	6.12	6.14	-0.02 (Not Sig.)

Thinking about leaving

Subscore 1 - Thinking about leaving	Org.	Sector	Diff.
	6.28	6.21	+0.07 (Not Sig.)

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

26a. I often think about leaving this organisation.	Org.	28.1%		
	Sector	27.0%	+1.1% (Not Sig.)	
26b. I will probably look for a job at a new organisation in the next 12 months.	Org.	18.0%	-2.4% (Sig.)	
	Sector	20.4%		
26c. As soon as I can find another job, I will leave this organisation.	Org.	12.8%	-1.7% (Sig.)	
	Sector	14.5%		

Work pressure

Subscore 2 - Work pressure	Org.	Sector	Diff.
	5.47	5.54	-0.07 (Not Sig.)

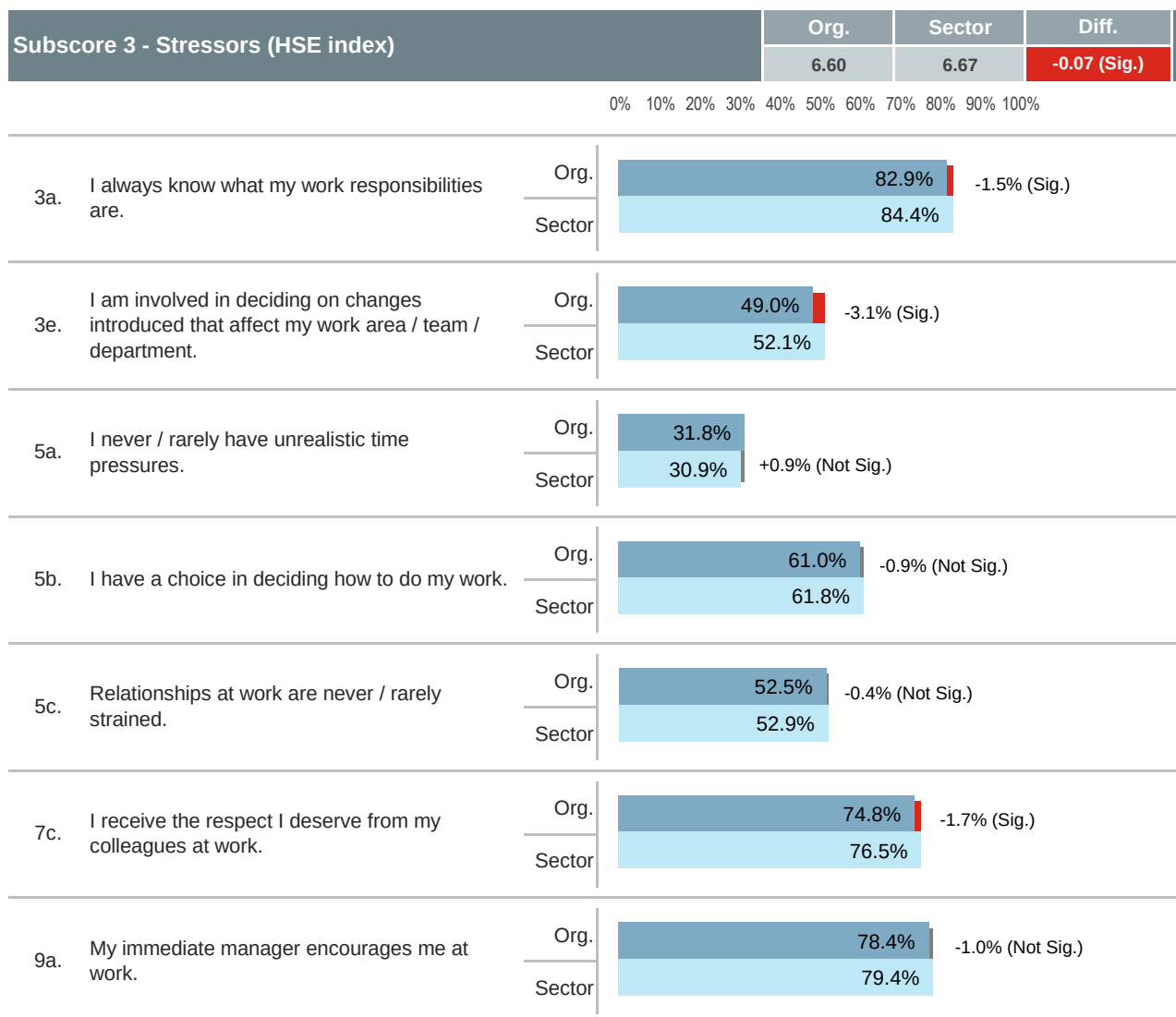
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

3g. I am able to meet all the conflicting demands on my time at work.	Org.	48.4%		
	Sector	48.3%	+0.0% (Not Sig.)	
3h. I have adequate materials, supplies and equipment to do my work.	Org.	63.1%		
	Sector	61.3%	+1.8% (Sig.)	
3i. There are enough staff at this organisation for me to do my job properly.	Org.	32.4%	-4.2% (Sig.)	
	Sector	36.6%		

1.3.1. Sector Benchmarking

1.3.1.1. Measuring Significance

Stressors (HSE index)

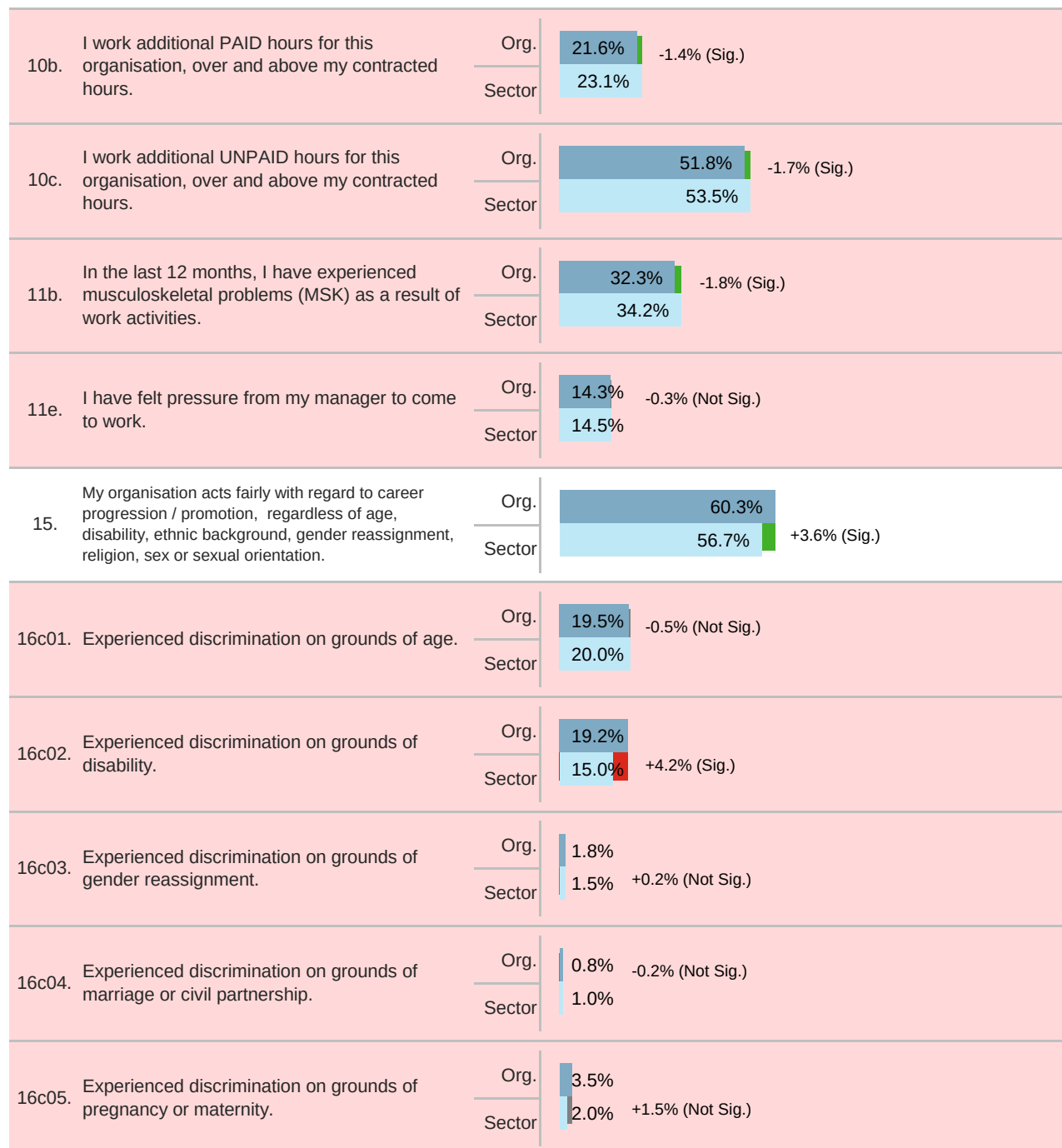


1.3.1. Sector Benchmarking

1.3.1.1. Measuring Significance

QUESTIONS NOT LINKED TO PEOPLE PROMISES / THEMES

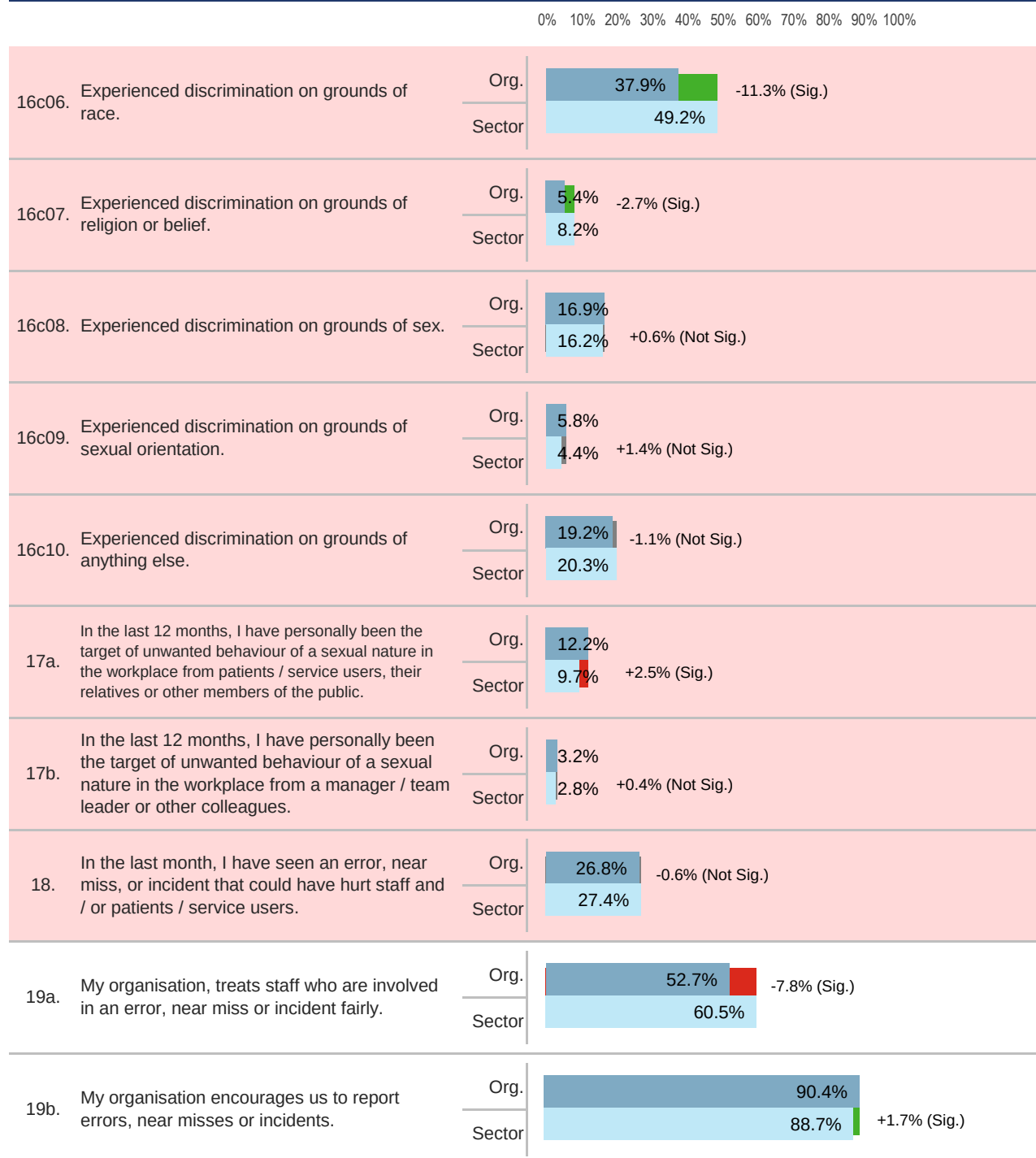
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%



1.3.1. Sector Benchmarking

1.3.1.1. Measuring Significance

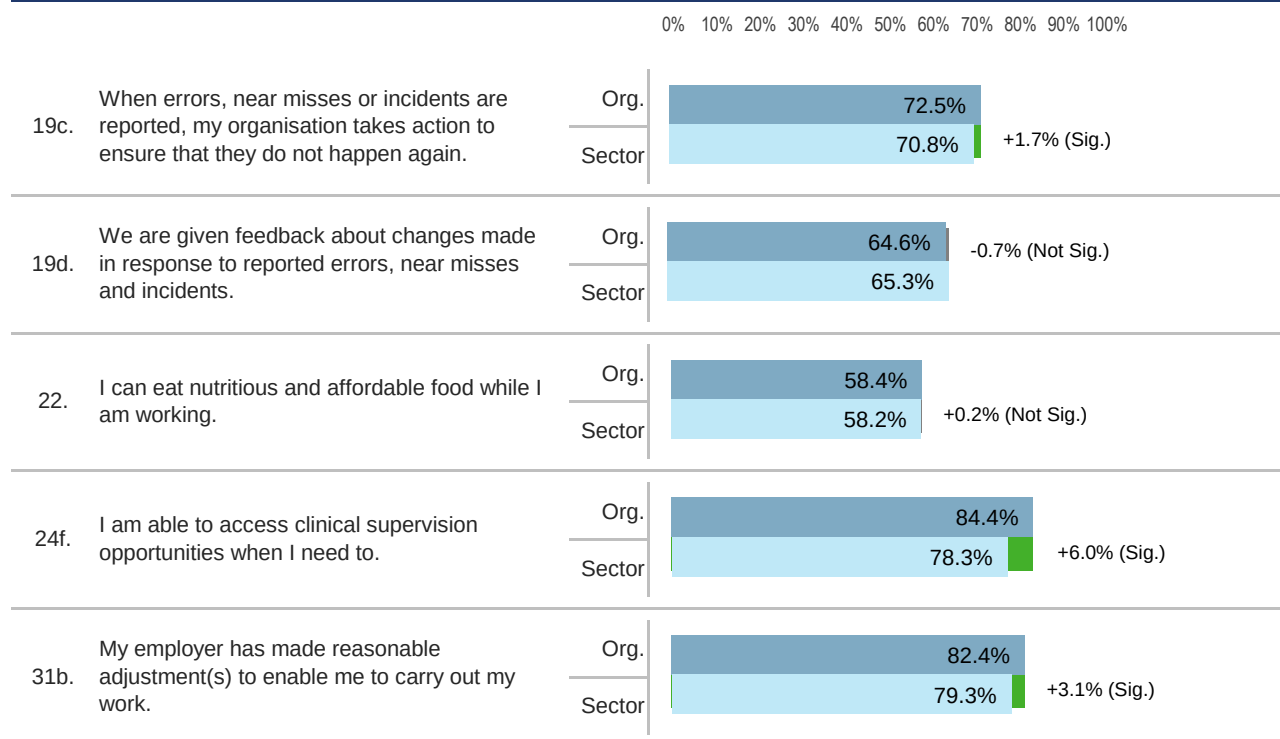
QUESTIONS NOT LINKED TO PEOPLE PROMISES / THEMES (Continued)



1.3.1. Sector Benchmarking

1.3.1.1. Measuring Significance

QUESTIONS NOT LINKED TO PEOPLE PROMISES / THEMES (Continued)



1.3.1. Sector Benchmarking

1.3.1.2. Percentiles

This section presents the range of scores attained by the sector, and the position of your organisation amongst these. In the Red Amber Green (RAG) charts below, the red segment represents the range of scores achieved by the lowest scoring 20% of organisations within the sector, the amber segment represents the middle 60% and the green segment represents the top 20%. Your organisation's score is represented by the black dot. The RAG rating indicator to the right of the chart confirms which segment your organisation's score lies within. The lines on either side of the circle show the 95% confidence interval (i.e. the degree of uncertainty surrounding the organisation's score).

Please note that some questions will appear below more than once as they comprise both a People Promise score and a Theme score.

We are compassionate and inclusive

Compassionate culture

People Promise 1, Subscore 1 - Compassionate culture		Org. Score	Sector Score	RAG Rating	
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%					
6a.	I feel that my role makes a difference to patients / service users.		85.1%	87.6%	●
25a.	Care of patients / service users is my organisation's top priority.		75.4%	76.1%	●
25b.	My organisation acts on concerns raised by patients / service users.		76.0%	75.2%	●
25c.	I would recommend my organisation as a place to work.		58.0%	62.4%	●
25d.	If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.		59.7%	64.3%	●

1.3.1. Sector Benchmarking

1.3.1.2. Percentiles

Compassionate leadership

People Promise 1, Subscore 2 - Compassionate leadership		Org. Score	Sector Score	RAG Rating
		0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%		
9f.	My immediate manager works together with me to come to an understanding of problems.	<		

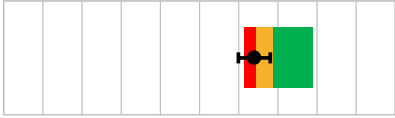
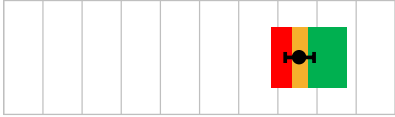
Diversity and equality

People Promise 1, Subscore 3 - Diversity and equality		Org. Score	Sector Score	RAG Rating	
		0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%			
16a.	In the last 12 months, I have personally experienced discrimination at work from patients / service users, their relatives or other members of the public.		7.5%	8.3%	●
16b.	In the last 12 months, I have personally experienced discrimination at work from a manager / team leader or other colleagues.		6.7%	7.3%	●
21.	I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc).		72.0%	72.9%	●

1.3.1. Sector Benchmarking

1.3.1.2. Percentiles

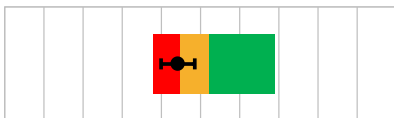
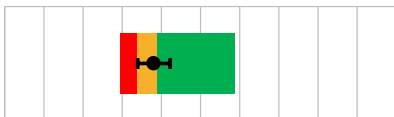
Inclusion

People Promise 1, Subscore 4 - Inclusion		Org. Score	Sector Score	RAG Rating
		0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%		
7h. I feel valued by my team.		72.2%	74.6%	●
7i. I feel a strong personal attachment to my team.		64.0%	66.2%	●
8b. The people I work with are understanding and kind to one another.		75.6%	75.8%	●
8c. The people I work with are polite and treat each other with respect.		76.2%	76.9%	●

1.3.1. Sector Benchmarking

1.3.1.2. Percentiles

We are recognised and rewarded

People Promise 2 - We are recognised and rewarded		Org. Score	Sector Score	RAG Rating	
		0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%			
4a.	I am satisfied with the recognition I get for good work.		58.6%	60.4%	●
4b.	I am satisfied with the extent to which my organisation values my work.		44.2%	48.6%	●
4c.	I am satisfied with my level of pay.		38.1%	36.0%	●
8d.	The people I work with show appreciation to one another.		72.4%	73.6%	●
9e.	My immediate manager values my work.		77.8%	79.0%	●

1.3.1. Sector Benchmarking

1.3.1.2. Percentiles

We each have a voice that counts

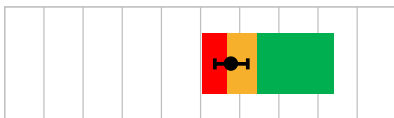
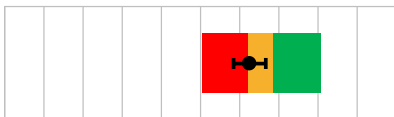
Autonomy and control

People Promise 3, Subscore 1 - Autonomy and control			Org. Score	Sector Score	RAG Rating
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%					
3a.	I always know what my work responsibilities are.	<			

1.3.1. Sector Benchmarking

1.3.1.2. Percentiles

Raising concerns

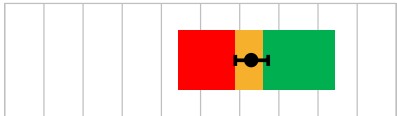
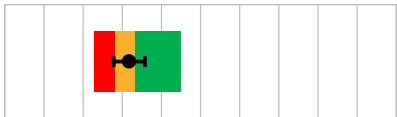
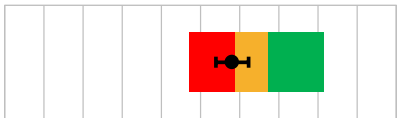
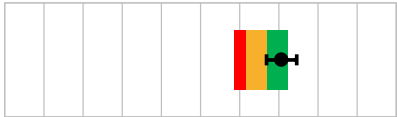
People Promise 3, Subscore 2 - Raising concerns		Org. Score	Sector Score	RAG Rating	
		0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%			
20a.	I would feel secure raising concerns about unsafe clinical practice.		75.6%	75.6%	●
20b.	I am confident that my organisation would address my concern.		57.9%	60.4%	●
25e.	I feel safe to speak up about anything that concerns me in this organisation.		62.6%	64.8%	●
25f.	If I spoke up about something that concerned me I am confident my organisation would address my concern.		50.7%	52.6%	●

1.3.1. Sector Benchmarking

1.3.1.2. Percentiles

We are safe and healthy

Health and safety climate

People Promise 4, Subscore 1 - Health and safety climate			Org. Score	Sector Score	RAG Rating
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%					
3g.	I am able to meet all the conflicting demands on my time at work.		48.4%	48.3%	●
3h.	I have adequate materials, supplies and equipment to do my work.		63.1%	61.3%	●
3i.	There are enough staff at this organisation for me to do my job properly.		32.4%	36.6%	●
5a.	I never / rarely have unrealistic time pressures.		31.8%	30.9%	●
11a.	My organisation takes positive action on health and well-being.		58.1%	62.0%	●
13d.	The last time I experienced physical violence at work, myself or a colleague reported it.		95.6%	89.6%	●
14d.	The last time I experienced harassment, bullying or abuse at work, myself or a colleague reported it.		70.7%	64.5%	●

1.3.1. Sector Benchmarking

1.3.1.2. Percentiles

Burnout

People Promise 4, Subscore 2 - Burnout		Org. Score	Sector Score	RAG Rating
		0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%		
12a.	I often / always find my work emotionally exhausting.			

1.3.1. Sector Benchmarking

1.3.1.2. Percentiles

Negative experiences

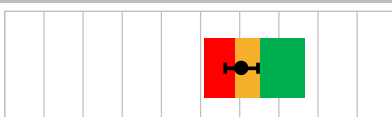
People Promise 4, Subscore 3 - Negative experiences			Org. Score	Sector Score	RAG Rating
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%					
11c.	During the last 12 months, I have felt unwell as a result of work related stress.	</			

1.3.1. Sector Benchmarking

1.3.1.2. Percentiles

We are always learning

Development

People Promise 5, Subscore 1 - Development		Org. Score	Sector Score	RAG Rating	
		0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%			
24a.	This organisation offers me challenging work.		74.6%	72.1%	●
24b.	There are opportunities for me to develop my career in this organisation.		53.7%	52.1%	●
24c.	I have opportunities to improve my knowledge and skills.		73.4%	72.3%	●
24d.	I feel supported to develop my potential.		60.7%	59.5%	●
24e.	I am able to access the right learning and development opportunities when I need to.		60.5%	61.3%	●

1.3.1. Sector Benchmarking

1.3.1.2. Percentiles

Appraisals

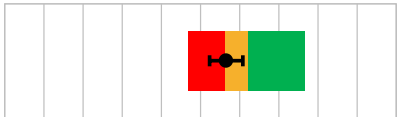
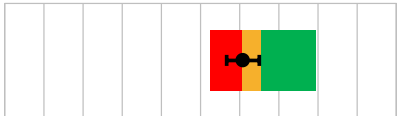
People Promise 5, Subscore 2 - Appraisals			Org. Score	Sector Score	RAG Rating
			0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%		
23a.	In the last 12 months, I have had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review.	<			

1.3.1. Sector Benchmarking

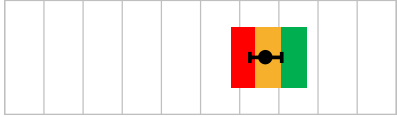
1.3.1.2. Percentiles

We work flexibly

Support for work-life balance

People Promise 6, Subscore 1 - Support for work-life balance		Org. Score	Sector Score	RAG Rating	
		0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%			
6b.	My organisation is committed to helping me balance my work and home life.		56.6%	58.4%	●
6c.	I achieve a good balance between my work life and my home life.		60.9%	62.7%	●
6d.	I can approach my immediate manager to talk openly about flexible working.		80.2%	79.1%	●

Flexible working

People Promise 6, Subscore 2 - Flexible working		Org. Score	Sector Score	RAG Rating	
		0% 10% 20% 30% 40% 50% 60% 70% 80% 90%100%			
4d.	I am satisfied with the opportunities for flexible working patterns.		66.7%	66.4%	●

1.3.1. Sector Benchmarking

1.3.1.2. Percentiles

We are a team

Team working

People Promise 7, Subscore 1 - Team working		Org. Score	Sector Score	RAG Rating
		0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%		
7a.	The team I work in has a set of shared objectives.			

1.3.1. Sector Benchmarking

1.3.1.2. Percentiles

Line management

People Promise 7, Subscore 2 - Line management				Org. Score	Sector Score	RAG Rating
				0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%		
9a.	My immediate manager encourages me at work.					

1.3.1. Sector Benchmarking

1.3.1.2. Percentiles

Staff engagement

Motivation

Subscore 1 - Motivation	Org. Score	Sector Score	RAG Rating
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%			
2a. I look forward to going to work.	52.6%	55.5%	●
2b. I am enthusiastic about my job.	69.1%	70.0%	●
2c. Time passes quickly when I am working.	69.7%	72.3%	●

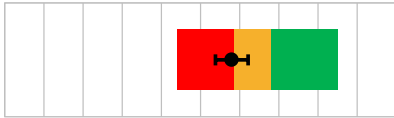
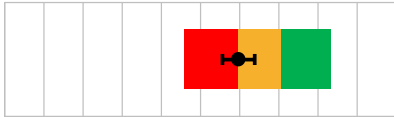
Involvement

Subscore 2 - Involvement	Org. Score	Sector Score	RAG Rating
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%			
3c. There are frequent opportunities for me to show initiative in my role.	74.5%	75.7%	●
3d. I am able to make suggestions to improve the work of my team / department.	73.5%	74.9%	●
3f. I am able to make improvements happen in my area of work.	57.4%	58.9%	●

1.3.1. Sector Benchmarking

1.3.1.2. Percentiles

Advocacy

Subscore 3 - Advocacy			Org. Score	Sector Score	RAG Rating
			0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%		
25a.	Care of patients / service users is my organisation's top priority.		75.4%	76.1%	●
25c.	I would recommend my organisation as a place to work.		58.0%	62.4%	●
25d.	If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.		59.7%	64.3%	●

1.3.1. Sector Benchmarking

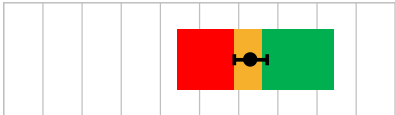
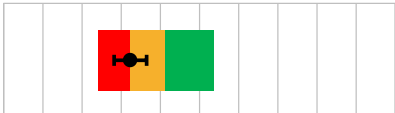
1.3.1.2. Percentiles

Morale

Thinking about leaving

Subscore 1 - Thinking about leaving		Org. Score	Sector Score	RAG Rating
		0% 10% 20% 30% 40% 50% 60% 70% 80% 90%100%		
26a.	I often think about leaving this organisation.	</		

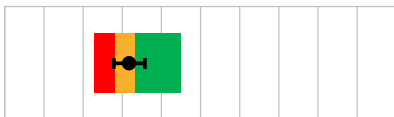
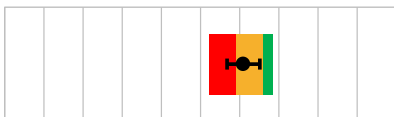
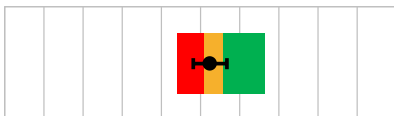
Work pressure

Subscore 2 - Work pressure		Org. Score	Sector Score	RAG Rating	
		0% 10% 20% 30% 40% 50% 60% 70% 80% 90%100%			
3g.	I am able to meet all the conflicting demands on my time at work.		48.4%	48.3%	●
3h.	I have adequate materials, supplies and equipment to do my work.		63.1%	61.3%	●
3i.	There are enough staff at this organisation for me to do my job properly.		32.4%	36.6%	●

1.3.1. Sector Benchmarking

1.3.1.2. Percentiles

Stressors (HSE index)

Subscore 3 - Stressors (HSE index)		Org. Score	Sector Score	RAG Rating	
		0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%			
3a.	I always know what my work responsibilities are.		82.9%	84.4%	●
3e.	I am involved in deciding on changes introduced that affect my work area / team / department.		49.0%	52.1%	●
5a.	I never / rarely have unrealistic time pressures.		31.8%	30.9%	●
5b.	I have a choice in deciding how to do my work.		61.0%	61.8%	●
5c.	Relationships at work are never / rarely strained.		52.5%	52.9%	●
7c.	I receive the respect I deserve from my colleagues at work.		74.8%	76.5%	●
9a.	My immediate manager encourages me at work.		78.4%	79.4%	●

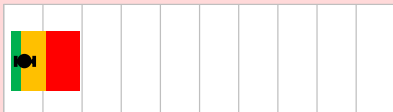
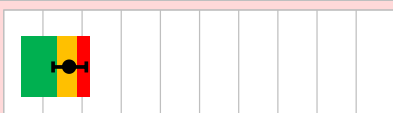
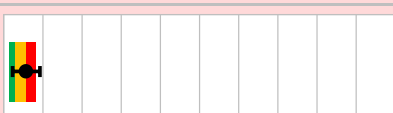
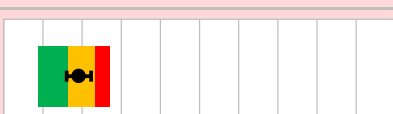
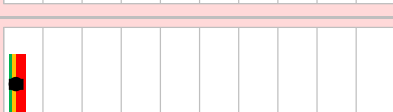
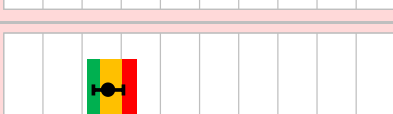
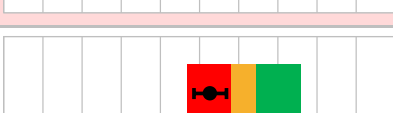
1.3.1. Sector Benchmarking

1.3.1.2. Percentiles

QUESTIONS NOT LINKED TO PEOPLE PROMISES / THEMES			Org. Score	Sector Score	RAG Rating
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%					
10b.	I work additional PAID hours for this organisation, over and above my contracted hours.	<			

1.3.1. Sector Benchmarking

1.3.1.2. Percentiles

QUESTIONS NOT LINKED TO PEOPLE PROMISES / THEMES (Continued)			Org. Score	Sector Score	RAG Rating
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%					
16c 06.	Experienced discrimination on grounds of race.		37.9%	49.2%	●
16c 07.	Experienced discrimination on grounds of religion or belief.		5.4%	8.2%	●
16c 08.	Experienced discrimination on grounds of sex.		16.9%	16.2%	●
16c 09.	Experienced discrimination on grounds of sexual orientation.		5.8%	4.4%	●
16c 10.	Experienced discrimination on grounds of anything else.		19.2%	20.3%	●
17a .	In the last 12 months, I have personally 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.		12.2%	9.7%	●
17b .	In the last 12 months, I have personally been the target of unwanted behaviour of a sexual nature in the workplace from a manager / team leader or other colleagues.		3.2%	2.8%	●
18.	In the last month, I have seen an error, near miss, or incident that could have hurt staff and / or patients / service users.		26.8%	27.4%	●
19a .	My organisation, treats staff who are involved in an error, near miss or incident fairly.		52.7%	60.5%	●
19b .	My organisation encourages us to report errors, near misses or incidents.		90.4%	88.7%	●

1.3.1. Sector Benchmarking

1.3.1.2. Percentiles

QUESTIONS NOT LINKED TO PEOPLE PROMISES / THEMES (Continued)			Org. Score	Sector Score	RAG Rating
		0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%			
19c	When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.		72.5%	70.8%	●
19d	We are given feedback about changes made in response to reported errors, near misses and incidents.		64.6%	65.3%	●
22.	I can eat nutritious and affordable food while I am working.		58.4%	58.2%	●
24f.	I am able to access clinical supervision opportunities when I need to.		84.4%	78.3%	●
31b	My employer has made reasonable adjustment(s) to enable me to carry out my work.		82.4%	79.3%	●

1.3.2. Local Changes

In this section, the percentage movements of your organisation's score since 2024 are shown. Where your organisation has made significant improvements or declines, the charts are coloured green or red respectively.

Please note that some questions will appear below more than once as they comprise both a People Promise score and a Theme score.

We are compassionate and inclusive

People Promise 1 - We are compassionate and inclusive	2024	2025	Diff.	
	7.57	7.54	-0.03 (Not Sig.)	

Compassionate culture

People Promise 1, Subscore 1 - Compassionate culture	2024	2025	Diff.	
	7.23	7.06	-0.17 (Sig.)	

		-5%	5%		
6a.	I feel that my role makes a difference to patients / service users.			+0.4% (Not Sig.)	
25a.	Care of patients / service users is my organisation's top priority.	-3.9% (Sig.)			
25b.	My organisation acts on concerns raised by patients / service users.	-2.5% (Sig.)			
25c.	I would recommend my organisation as a place to work.	-4.4% (Sig.)			
25d.	If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	-3.7% (Sig.)			

1.3.2. Local Changes

Compassionate leadership

People Promise 1, Subscore 2 - Compassionate leadership		2024	2025	Diff.	
		7.42	7.45	+0.04 (Not Sig.)	

-5%

5%

9f.	My immediate manager works together with me to come to an understanding of problems.			+1.3% (Not Sig.)	
9g.	My immediate manager is interested in listening to me when I describe challenges I face.			+0.8% (Not Sig.)	
9h.	My immediate manager cares about my concerns.			+0.3% (Not Sig.)	
9i.	My immediate manager takes effective action to help me with any problems I face.			+0.5% (Not Sig.)	

Diversity and equality

People Promise 1, Subscore 3 - Diversity and equality		2024	2025	Diff.	
		8.54	8.54	+0.00 (Not Sig.)	

-5%

5%

16a.	In the last 12 months, I have personally experienced discrimination at work from patients / service users, their relatives or other members of the public.	-1.2% (Not Sig.)			
16b.	In the last 12 months, I have personally experienced discrimination at work from a manager / team leader or other colleagues.	-0.8% (Not Sig.)			
21.	I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc).	-3.3% (Sig.)			

1.3.2. Local Changes

Inclusion

People Promise 1, Subscore 4 - Inclusion		2024	2025	Diff.	
		7.09	7.08	-0.01 (Not Sig.)	
		-5%		5%	
7h.	I feel valued by my team.	-0.2% (Not Sig.)			
7i.	I feel a strong personal attachment to my team.	+0.0% (Not Sig.)			
8b.	The people I work with are understanding and kind to one another.	+0.5% (Not Sig.)			
8c.	The people I work with are polite and treat each other with respect.	+0.3% (Not Sig.)			

1.3.2. Local Changes

We are recognised and rewarded

People Promise 2 - We are recognised and rewarded			2024	2025	Diff.	
			6.31	6.25	-0.05 (Not Sig.)	
			-5%		5%	
4a.	I am satisfied with the recognition I get for good work.	-1.2% (Not Sig.)				
4b.	I am satisfied with the extent to which my organisation values my work.	-2.6% (Sig.)				
4c.	I am satisfied with my level of pay.	-0.5% (Not Sig.)				
8d.	The people I work with show appreciation to one another.	-0.4% (Not Sig.)				
9e.	My immediate manager values my work.				+1.3% (Not Sig.)	

1.3.2. Local Changes

We each have a voice that counts

People Promise 3 - We each have a voice that counts	2024	2025	Diff.	
	6.87	6.76	-0.11 (Sig.)	

Autonomy and control

People Promise 3, Subscore 1 - Autonomy and control	2024	2025	Diff.	
	7.04	6.99	-0.06 (Not Sig.)	

		-5%	5%
3a.	I always know what my work responsibilities are.		+0.0% (Not Sig.)
3b.	I am trusted to do my job.	-0.2% (Not Sig.)	
3c.	There are frequent opportunities for me to show initiative in my role.	-0.3% (Not Sig.)	
3d.	I am able to make suggestions to improve the work of my team / department.	-1.9% (Not Sig.)	
3e.	I am involved in deciding on changes introduced that affect my work area / team / department.	-1.8% (Not Sig.)	
3f.	I am able to make improvements happen in my area of work.	-0.3% (Not Sig.)	
5b.	I have a choice in deciding how to do my work.		+0.3% (Not Sig.)

1.3.2. Local Changes

Raising concerns

People Promise 3, Subscore 2 - Raising concerns		2024	2025	Diff.	
		6.70	6.54	-0.16 (Sig.)	
		-5% 5%			
20a.	I would feel secure raising concerns about unsafe clinical practice.	-0.6% (Not Sig.)			
20b.	I am confident that my organisation would address my concern.	-3.6% (Sig.)			
25e.	I feel safe to speak up about anything that concerns me in this organisation.	-3.4% (Sig.)			
25f.	If I spoke up about something that concerned me I am confident my organisation would address my concern.	-3.6% (Sig.)			

1.3.2. Local Changes

We are safe and healthy

People Promise 4 - We are safe and healthy	2024	2025	Diff.	
	6.39	6.32	-0.07 (Sig.)	

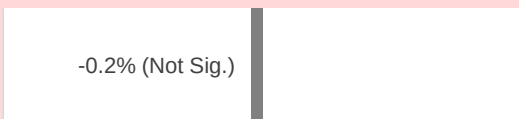
Health and safety climate

People Promise 4, Subscore 1 - Health and safety climate	2024	2025	Diff.	
	5.99	5.83	-0.16 (Sig.)	

		-5%	5%	
3g.	I am able to meet all the conflicting demands on my time at work.	-1.9% (Not Sig.)		
3h.	I have adequate materials, supplies and equipment to do my work.	-1.2% (Not Sig.)		
3i.	There are enough staff at this organisation for me to do my job properly.	-2.2% (Sig.)		
5a.	I never / rarely have unrealistic time pressures.	-2.2% (Sig.)		
11a.	My organisation takes positive action on health and well-being.	-4.0% (Sig.)		
13d.	The last time I experienced physical violence at work, myself or a colleague reported it.	-1.4% (Not Sig.)		
14d.	The last time I experienced harassment, bullying or abuse at work, myself or a colleague reported it.	-0.5% (Not Sig.)		

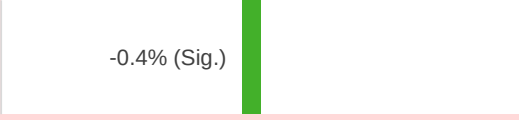
1.3.2. Local Changes

Burnout

People Promise 4, Subscore 2 - Burnout		2024	2025	Diff.	
		5.28	5.18	-0.10 (Sig.)	
-5%5%					
12a.	I often / always find my work emotionally exhausting.			+1.9% (Not Sig.)	
12b.	I often / always feel burnt out because of my work.			+1.3% (Not Sig.)	
12c.	My work often / always frustrates me.			+1.1% (Not Sig.)	
12d.	I am often / always exhausted at the thought of another day / shift at work.			-0.2% (Not Sig.)	
12e.	I often / always feel worn out at the end of my working day / shift.			+1.7% (Not Sig.)	
12f.	I often / always feel that every working hour is tiring for me.			+0.1% (Not Sig.)	
12g.	I do not have enough energy for family and friends during leisure time.			+1.6% (Not Sig.)	

1.3.2. Local Changes

Negative experiences

People Promise 4, Subscore 3 - Negative experiences		2024	2025	Diff.	
		7.89	7.94	+0.05 (Not Sig.)	
		-5%			5%
11c.	During the last 12 months, I have felt unwell as a result of work related stress.			+2.2% (Sig.)	
11d.	In the last three months I have come to work despite not feeling well enough to perform my duties.			+1.3% (Not Sig.)	
13a.	In the last 12 months, I have personally experienced physical violence at work from patients / service users, their relatives or other members of the public.			-3.0% (Sig.)	
13b.	In the last 12 months, I have personally experienced physical violence at work from managers.			-0.4% (Sig.)	
13c.	In the last 12 months, I have personally experienced physical violence at work from other colleagues.			-0.7% (Sig.)	
14a.	In the last 12 months, I have personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public.			-0.7% (Not Sig.)	
14b.	In the last 12 months, I have personally experienced harassment, bullying or abuse at work from managers.			-0.9% (Not Sig.)	
14c.	In the last 12 months, I have personally experienced harassment, bullying or abuse at work from other colleagues.			-1.6% (Not Sig.)	

1.3.2. Local Changes

We are always learning

People Promise 5 - We are always learning	2024	2025	Diff.	
	5.99	6.02	+0.03 (Not Sig.)	

Development

People Promise 5, Subscore 1 - Development	2024	2025	Diff.	
	6.67	6.56	-0.10 (Sig.)	

		-5%	5%
24a.	This organisation offers me challenging work.	-1.5% (Not Sig.)	
24b.	There are opportunities for me to develop my career in this organisation.	-2.7% (Sig.)	
24c.	I have opportunities to improve my knowledge and skills.	-1.1% (Not Sig.)	
24d.	I feel supported to develop my potential.	-1.2% (Not Sig.)	
24e.	I am able to access the right learning and development opportunities when I need to.	-1.5% (Not Sig.)	

1.3.2. Local Changes

Appraisals

People Promise 5, Subscore 2 - Appraisals		2024	2025	Diff.	
		5.30	5.45	+0.15 (Not Sig.)	
		-5%		5%	
23a.	In the last 12 months, I have had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review.			+2.0% (Sig.)	
23b.	The appraisal / review helped me to improve how I do my job.			+1.5% (Not Sig.)	
23c.	The appraisal / review helped me agree clear objectives for my work.			+1.8% (Not Sig.)	
23d.	The appraisal / review left me feeling that my work is valued by my organisation.	-0.5% (Not Sig.)			

1.3.2. Local Changes

We work flexibly

People Promise 6 - We work flexibly	2024	2025	Diff.	
	6.80	6.81	+0.00 (Not Sig.)	

Support for work-life balance

People Promise 6, Subscore 1 - Support for work-life balance	2024	2025	Diff.	
	6.77	6.77	+0.00 (Not Sig.)	

		-5%		5%
6b.	My organisation is committed to helping me balance my work and home life.	-1.1% (Not Sig.)		
6c.	I achieve a good balance between my work life and my home life.	-0.8% (Not Sig.)		
6d.	I can approach my immediate manager to talk openly about flexible working.			+0.1% (Not Sig.)

Flexible working

People Promise 6, Subscore 2 - Flexible working	2024	2025	Diff.	
	6.84	6.84	-0.00 (Not Sig.)	

		-5%		5%
4d.	I am satisfied with the opportunities for flexible working patterns.	-0.1% (Not Sig.)		

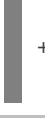
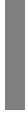
1.3.2. Local Changes

We are a team

People Promise 7 - We are a team	2024	2025	Diff.	
	7.03	7.06	+0.03 (Not Sig.)	

Team working

People Promise 7, Subscore 1 - Team working	2024	2025	Diff.	
	6.79	6.80	+0.02 (Not Sig.)	

		-5%	5%
7a.	The team I work in has a set of shared objectives.		+0.8% (Not Sig.)
7b.	The team I work in often meets to discuss the team's effectiveness.		+1.9% (Not Sig.)
7c.	I receive the respect I deserve from my colleagues at work.		+0.7% (Not Sig.)
7d.	Team members understand each other's roles.		+0.6% (Not Sig.)
7e.	I enjoy working with the colleagues in my team.		+0.2% (Not Sig.)
7f.	My team has enough freedom in how to do its work.		+0.3% (Not Sig.)
7g.	In my team disagreements are dealt with constructively.	-0.4% (Not Sig.) 	
8a.	Teams within this organisation work well together to achieve their objectives.	-1.5% (Not Sig.) 	

1.3.2. Local Changes

Line management

People Promise 7, Subscore 2 - Line management		2024	2025	Diff.	
		7.27	7.32	+0.04 (Not Sig.)	
		-5%		5%	
9a.	My immediate manager encourages me at work.			+0.7% (Not Sig.)	
9b.	My immediate manager gives me clear feedback on my work.			+0.5% (Not Sig.)	
9c.	My immediate manager asks for my opinion before making decisions that affect my work.			+0.1% (Not Sig.)	
9d.	My immediate manager takes a positive interest in my health and well-being.			+1.3% (Not Sig.)	

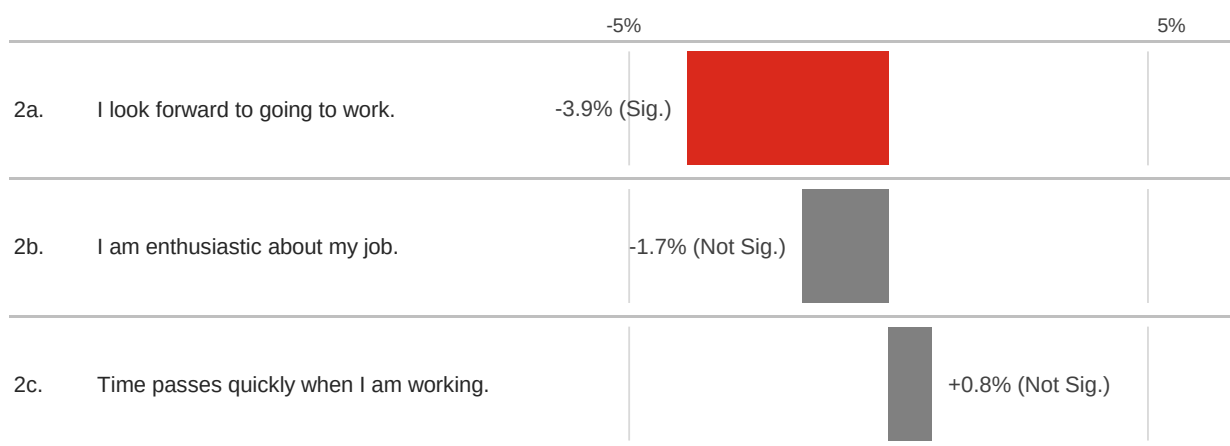
1.3.2. Local Changes

Staff engagement

Theme - Staff engagement	2024	2025	Diff.	
	6.97	6.84	-0.13 (Sig.)	

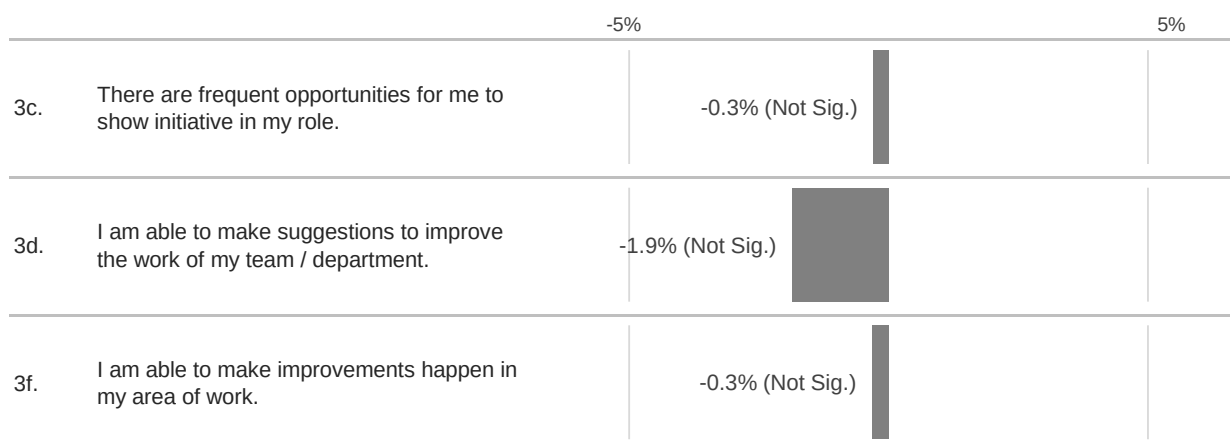
Motivation

Subscore 1 - Motivation	2024	2025	Diff.	
	6.96	6.89	-0.08 (Not Sig.)	



Involvement

Subscore 2 - Involvement	2024	2025	Diff.	
	7.00	6.92	-0.08 (Not Sig.)	



1.3.2. Local Changes

Advocacy

Subscore 3 - Advocacy	2024	2025	Diff.	
	6.94	6.70	-0.24 (Sig.)	

		-5%	5%
25a.	Care of patients / service users is my organisation's top priority.	-3.9% (Sig.)	
25c.	I would recommend my organisation as a place to work.	-4.4% (Sig.)	
25d.	If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	-3.7% (Sig.)	

1.3.2. Local Changes

Morale

Theme - Morale	2024	2025	Diff.	
	6.20	6.12	-0.08 (Not Sig.)	

Thinking about leaving

Subscore 1 - Thinking about leaving	2024	2025	Diff.	
	6.34	6.28	-0.06 (Not Sig.)	

	-5%		5%
26a. I often think about leaving this organisation.		+0.0% (Not Sig.)	
26b. I will probably look for a job at a new organisation in the next 12 months.	-1.2% (Not Sig.)		
26c. As soon as I can find another job, I will leave this organisation.	-0.3% (Not Sig.)		

Work pressure

Subscore 2 - Work pressure	2024	2025	Diff.	
	5.61	5.47	-0.14 (Sig.)	

	-5%		5%
3g. I am able to meet all the conflicting demands on my time at work.	-1.9% (Not Sig.)		
3h. I have adequate materials, supplies and equipment to do my work.	-1.2% (Not Sig.)		
3i. There are enough staff at this organisation for me to do my job properly.	-2.2% (Sig.)		

1.3.2. Local Changes

Stressors (HSE index)

Subscore 3 - Stressors (HSE index)		2024	2025	Diff.	
		6.64	6.60	-0.04 (Not Sig.)	
		-5%		5%	
3a.	I always know what my work responsibilities are.			+0.0% (Not Sig.)	
3e.	I am involved in deciding on changes introduced that affect my work area / team / department.	-1.8% (Not Sig.)			
5a.	I never / rarely have unrealistic time pressures.	-2.2% (Sig.)			
5b.	I have a choice in deciding how to do my work.			+0.3% (Not Sig.)	
5c.	Relationships at work are never / rarely strained.	-1.5% (Not Sig.)			
7c.	I receive the respect I deserve from my colleagues at work.			+0.7% (Not Sig.)	
9a.	My immediate manager encourages me at work.			+0.7% (Not Sig.)	

1.3.2. Local Changes

QUESTIONS NOT LINKED TO PEOPLE PROMISES / THEMES

		-5%	5%
10b.	I work additional PAID hours for this organisation, over and above my contracted hours.	-2.5% (Sig.)	
10c.	I work additional UNPAID hours for this organisation, over and above my contracted hours.		+0.1% (Not Sig.)
11b. .*	In the last 12 months, I have experienced musculoskeletal problems (MSK) as a result of work activities.		
11e.	I have felt pressure from my manager to come to work.	-1.5% (Not Sig.)	
15. .*	My organisation acts fairly with regard to career progression / promotion, regardless of age, disability, ethnic background, gender reassignment, religion, sex or sexual orientation.		
16c01. .*	Experienced discrimination on grounds of age.		
16c02. .*	Experienced discrimination on grounds of disability.		
16c03. .*	Experienced discrimination on grounds of gender reassignment.		
16c04. .*	Experienced discrimination on grounds of marriage or civil partnership.		
16c05. .*	Experienced discrimination on grounds of pregnancy or maternity.		

*Result suppressed due to low response count and / or non-comparable measure

1.3.2. Local Changes

QUESTIONS NOT LINKED TO PEOPLE PROMISES / THEMES (Continued)

		-5%	5%
16c06.*	Experienced discrimination on grounds of race.		
16c07.*	Experienced discrimination on grounds of religion or belief.		
16c08.*	Experienced discrimination on grounds of sex.		
16c09.*	Experienced discrimination on grounds of sexual orientation.		
16c10.*	Experienced discrimination on grounds of anything else.		
17a.	In the last 12 months, I have personally 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.	-0.5% (Not Sig.)	
17b.	In the last 12 months, I have personally been the target of unwanted behaviour of a sexual nature in the workplace from a manager / team leader or other colleagues.		+0.0% (Not Sig.)
18.	In the last month, I have seen an error, near miss, or incident that could have hurt staff and / or patients / service users.	-1.2% (Not Sig.)	
19a.	My organisation, treats staff who are involved in an error, near miss or incident fairly.	-1.8% (Not Sig.)	
19b.	My organisation encourages us to report errors, near misses or incidents.		+0.3% (Not Sig.)

*Result suppressed due to low response count and / or non-comparable measure

1.3.2. Local Changes

QUESTIONS NOT LINKED TO PEOPLE PROMISES / THEMES (Continued)

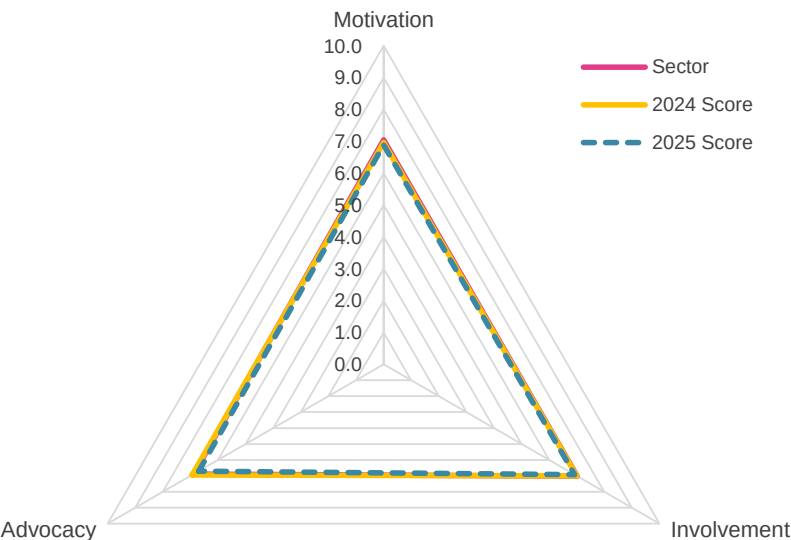
		-5%	5%
19c.	When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.		+1.0% (Not Sig.)
19d.	We are given feedback about changes made in response to reported errors, near misses and incidents.		+2.0% (Not Sig.)
22.	I can eat nutritious and affordable food while I am working.	-1.3% (Not Sig.)	
24f.	I am able to access clinical supervision opportunities when I need to.		+5.0% (Sig.)
31b.	My employer has made reasonable adjustment(s) to enable me to carry out my work.		+2.8% (Not Sig.)

1.3.3. Staff Engagement

In the National Staff Survey, Staff Engagement is measured across three subscores:

- **Motivation**, measured by Q2a, Q2b and Q2c (Staff motivation at work).
- **Involvement**, measured by Q3c, Q3d and Q3f (Staff ability to contribute towards improvement at work).
- **Advocacy**, measured by Q25a, Q25c and Q25d (Staff recommendation of the organisation as a place to work or receive treatment).

Overall Staff Engagement is measured as an average across these three scores. Staff Engagement scores fall between 0 and 10, where the higher the score, the more engaged the staff.



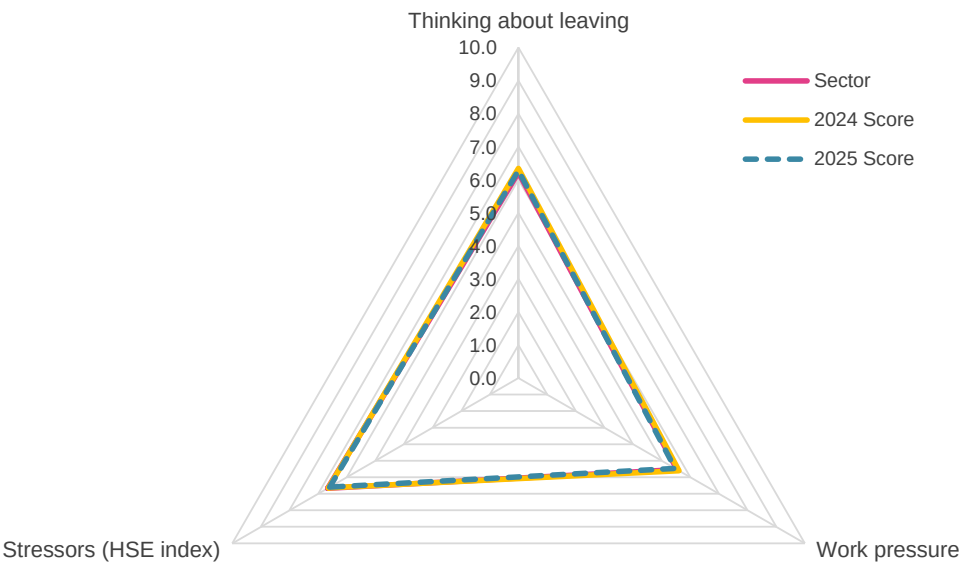
	2025 Score	2024 Score	Diff	Sector Score	Diff
Motivation	6.89	6.96	-0.08 (Not Sig.)	7.05	-0.16 (Sig.)
Involvement	6.92	7.00	-0.08 (Not Sig.)	7.01	-0.09 (Sig.)
Advocacy	6.70	6.94	-0.24 (Sig.)	6.88	-0.19 (Sig.)
Overall Staff Engagement	6.84	6.97	-0.13 (Sig.)	6.98	-0.15 (Sig.)

1.3.4. Morale

In the National Staff Survey, Morale is measured across three subscores:

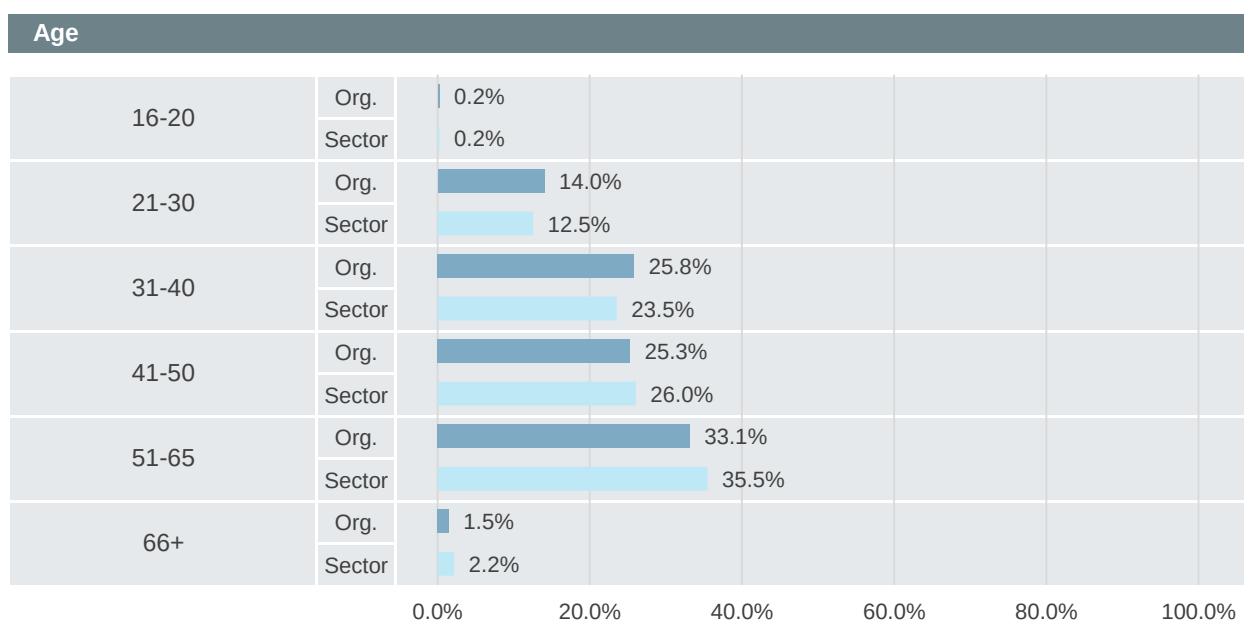
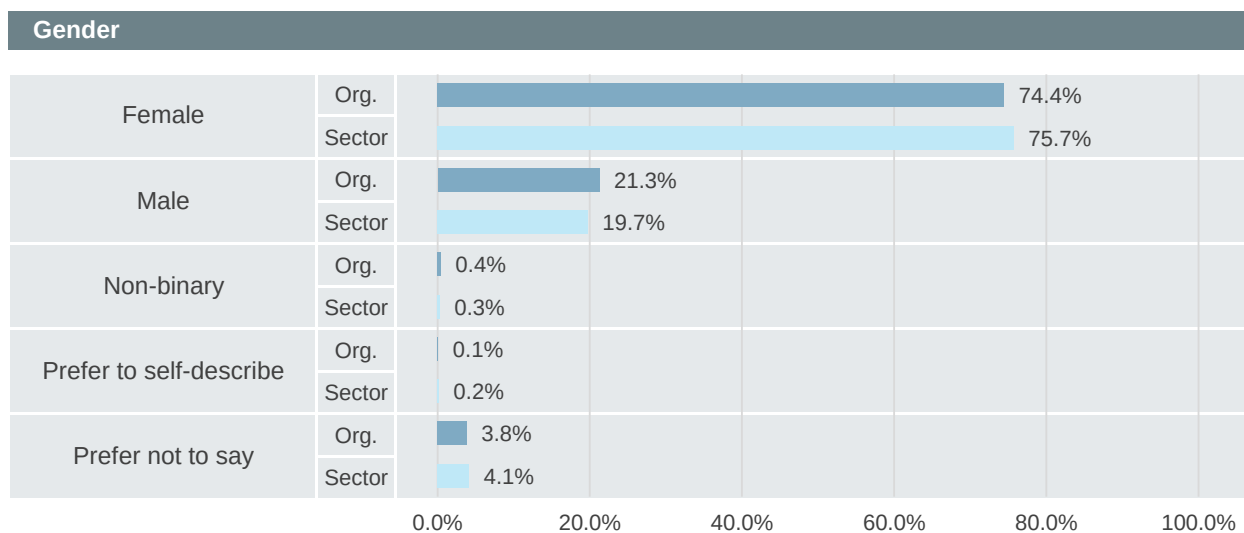
- **Thinking about leaving**, measured by Q26a, Q26b and Q26c (Leaving the organisation).
- **Work pressure**, measured by Q3g, Q3h and Q3i (Staff having resources to do their work).
- **Stressors (HSE index)**, measured by Q3a, Q3e, Q5a, Q5b, Q5c, Q7c and Q9a (Indicators of stress).

Morale is measured as an average across these three scores. Morale scores fall between 0 and 10, where the higher the score, the higher the morale amongst staff.

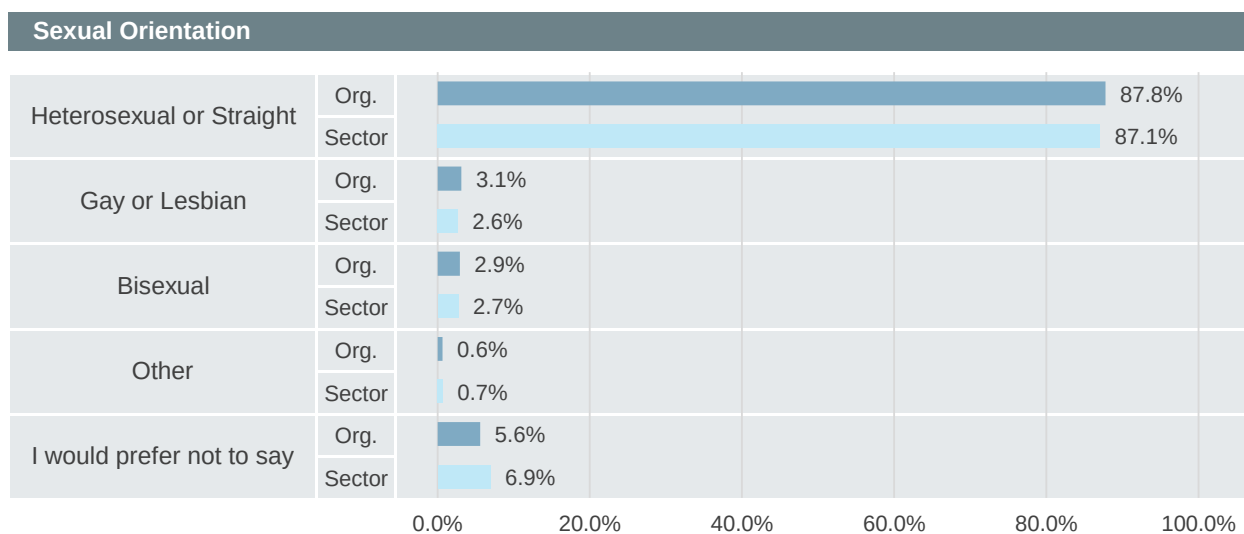
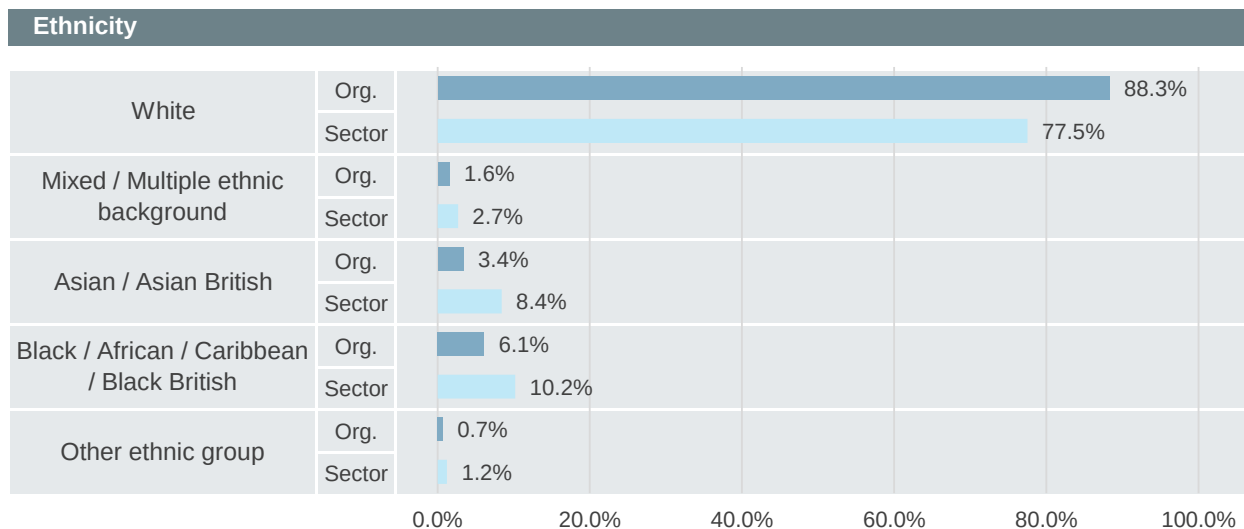


	2025 Score	2024 Score	Diff	Sector Score	Diff
Thinking about leaving	6.28	6.34	-0.06 (Not Sig.)	6.21	+0.07 (Not Sig.)
Work pressure	5.47	5.61	-0.14 (Sig.)	5.54	-0.07 (Not Sig.)
Stressors (HSE index)	6.60	6.64	-0.04 (Not Sig.)	6.67	-0.07 (Sig.)
Morale	6.12	6.20	-0.08 (Not Sig.)	6.14	-0.02 (Not Sig.)

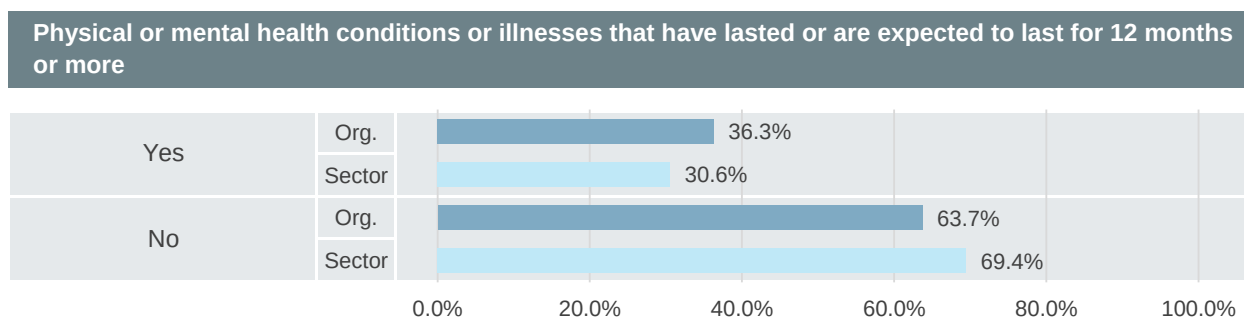
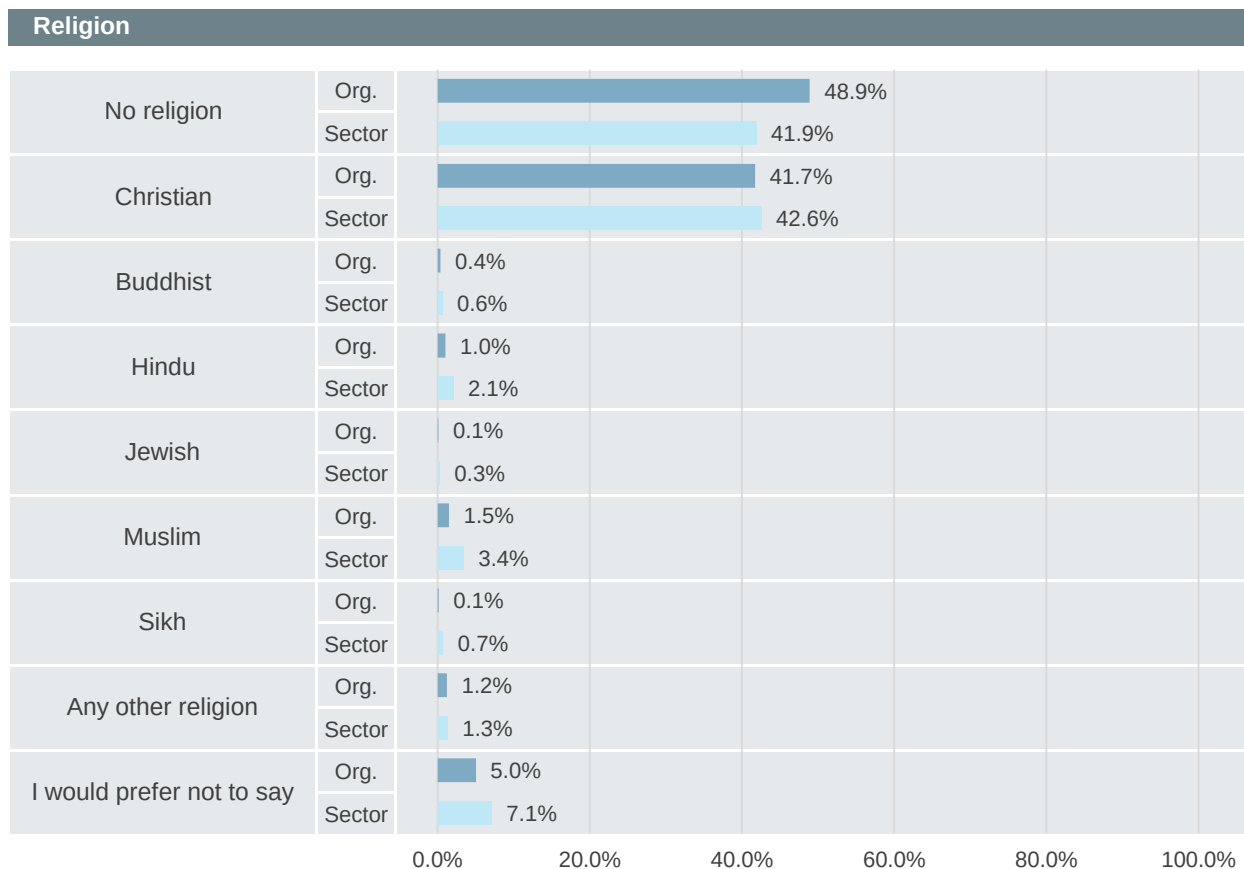
1.4. Demographics



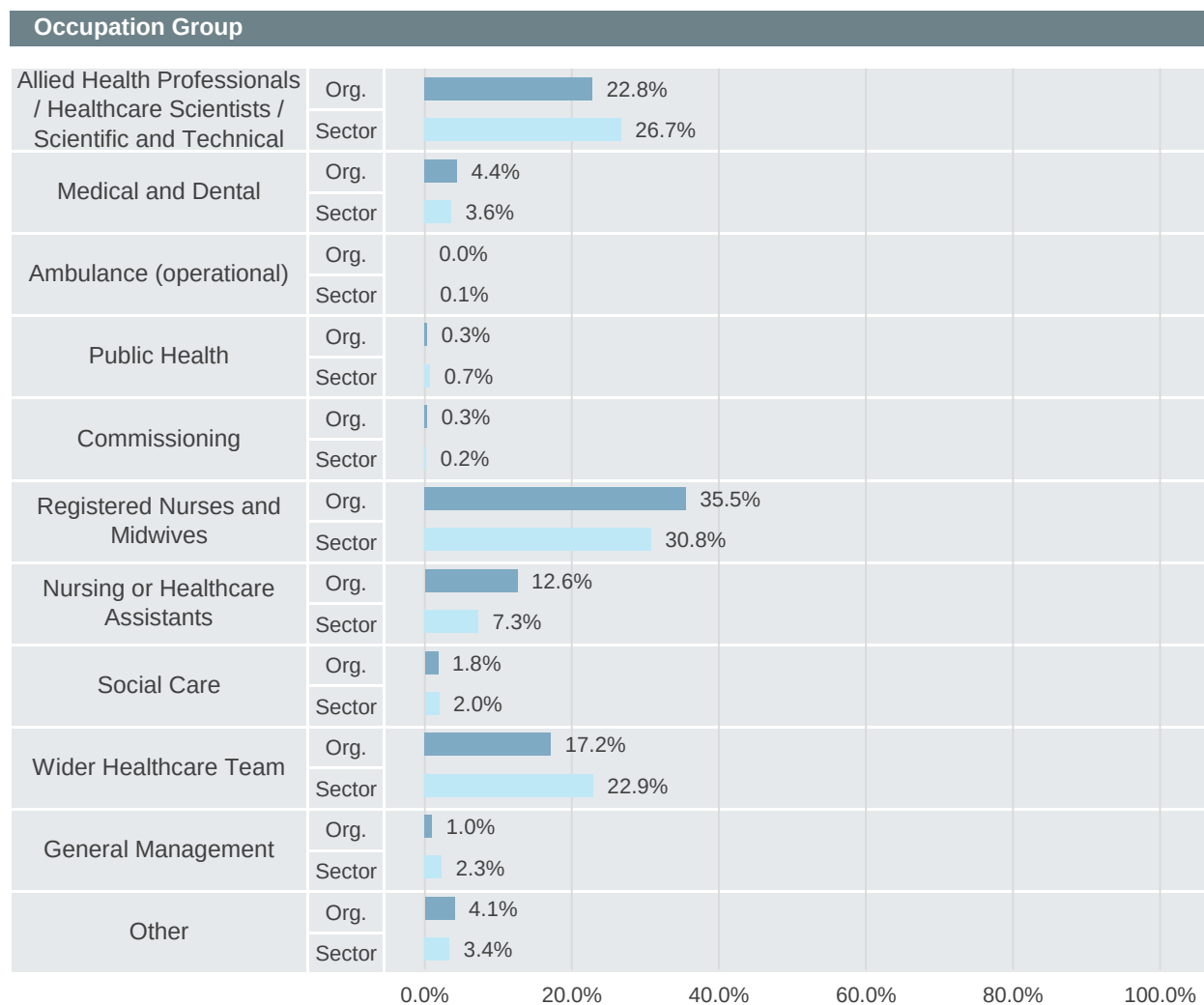
1.4. Demographics



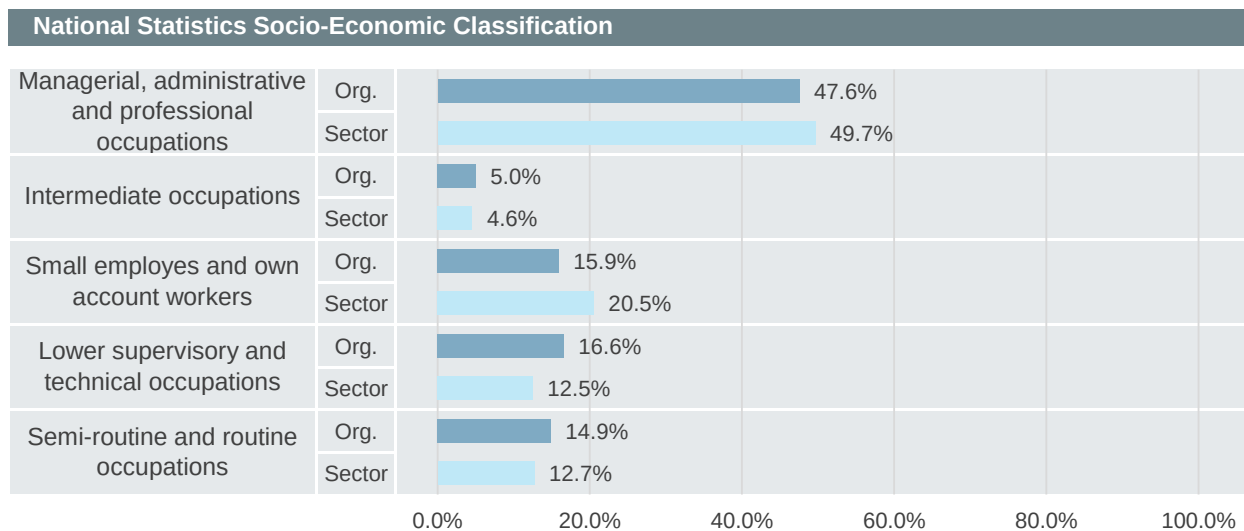
1.4. Demographics



1.4. Demographics



1.4. Demographics



Final Detailed Results Tables

The following tables set out your final results for the 2025 NHS National Staff Survey at response level. If your organisation requested local questions or any additional samples, the responses for these are summarised in the following tables too.

The response rate for your organisation is 57.9%, 4,585 responses from a usable sample of 7,921.

In addition to the response breakdowns normally provided, scores have been included for each evaluative question. Further detail on how to read your results can be found in the subsections below.

Reading the columns of figures

Results for each question are presented firstly as response breakdowns in the form of absolute numbers and percentage responses. The first two columns show your results for the 2024 survey if applicable, the next two columns show your results for the 2025 survey, and the final two columns show the results for your comparator group, Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts. The purpose of presenting the figures in this way is to give a direct, at-a-glance, comparison between your organisation's results and the overall results from other organisations in the Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts comparator group.

Conventions

Percentage responses are calculated after excluding those respondents that did not answer that particular question. All percentages are rounded to the nearest whole number. When added together, the percentages for all answers to a particular question may not total 100% because of this rounding.

The number of respondents that did not answer a particular question is shown as the "Missing" figure at the bottom of the actual number of responses. In some cases, the "Missing" figure is quite high, because it includes respondents who did not answer that question, or group of questions, because it was not applicable to their circumstances.

On some questions there are also some figures which are italicised. These figures have been recalculated to exclude responses where the respondent has provided a non-specific response or where the question was not applicable to the respondent's circumstances. For example, questions such as Q23a ("In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?") where the "Can't remember" response and those not answering ("Missing"), are excluded.

Final Detailed Results Tables

Reading the scores

For each evaluative question, scores are presented beneath the response breakdowns. The positive and negative scores for a question are shown in the green and red bands respectively. The 'base size', or number of participants contributing to the scores, is shown in the grey band at the bottom. Scores are shown for 2024 and 2025, and for your comparator group.

The responses that contribute to a given score are indicated by the colour coding to the left of the response. Responses that contribute to the positive scores are colour coded green, and responses that contribute to the negative scores are colour coded red. As an illustration, if 45% were to respond "Often" and 24% were to respond "Always" to Q2a ("I look forward to going to work."), the question would receive a positive score of 69%. If 2% were to respond "Never" and 5% were to respond "Rarely" to the same question, a negative score of 7% would be arrived at.

Please keep in mind that percentage responses are rounded to one decimal place. As such, they may not always equal the score when summed together.

The scores in these tables have been generated using the **unweighted** data, which (aside from the application of data cleaning) represent the exact responses of staff completing the survey within your organisation.

Data cleaning

Data cleaning is undertaken on the raw survey data to ensure that incorrect or inappropriate responses are removed from certain questions. Data cleaning has been applied where there is routing (i.e. where respondents are directed to a subsequent question depending on their answer to the lead question). Sometimes there are conflicts in the answers that respondents give to these questions and the data is corrected to account for this. For example, respondents answering "No" to Q11d ("In the last three months, have you ever come to work despite not feeling well enough to perform your duties?") are directed to go to Q12a. If a respondent answers "No" to Q11d and also answers Q11e about pressure from a manager to come to work when unwell, then their response to Q11e will be deleted.

Metric		Description	Results					
			2024		2025		Comparator	
			<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>
YOUR JOB								
1	Do you have face-to-face, video or telephone contact with patients / service users as part of your job?	Yes, frequently	2,408	72.3%	3,466	76.1%	62,296	70.9%
		Yes, occasionally	458	13.8%	530	11.6%	11,278	12.8%
		No	463	13.9%	560	12.3%	14,309	16.3%
		Missing	25		29		678	
2a	I look forward to going to work.	Never	86	2.6%	123	2.7%	2,256	2.6%
		Rarely	333	10.0%	497	10.9%	8,184	9.3%
		Sometimes	1,052	31.5%	1,571	34.4%	28,604	32.6%
		Often	1,427	42.7%	1,837	40.2%	35,682	40.6%
		Always	443	13.3%	539	11.8%	13,102	14.9%
		Missing	13		18		733	
		Staff selecting Often/Always	3,341	56.0%	4,567	52.0%	87,828	55.5%
		Staff selecting Never/Rarely	3,341	12.5%	4,567	13.6%	87,828	11.9%
		2b	I am enthusiastic about my job.	Never	46	1.4%	49	1.1%
Rarely	155			4.7%	254	5.6%	4,603	5.3%
Sometimes	776			23.4%	1,104	24.3%	20,450	23.4%
Often	1,478			44.5%	2,002	44.1%	37,237	42.7%
Always	867			26.1%	1,135	25.0%	23,854	27.4%
Missing	32				41		1,345	
Staff selecting Often/Always	3,322			70.6%	4,544	69.0%	87,216	70.0%
Staff selecting Never/Rarely	3,322			6.1%	4,544	6.7%	87,216	6.5%
2c	Time passes quickly when I am working.	Never	62	1.9%	76	1.7%	1,231	1.4%
		Rarely	161	4.9%	243	5.4%	3,659	4.2%
		Sometimes	832	25.1%	1,087	24.0%	19,274	22.1%
		Often	1,253	37.8%	1,709	37.7%	32,394	37.2%
		Always	1,006	30.4%	1,420	31.3%	30,589	35.1%
		Missing	40		50		1,414	
		Staff selecting Often/Always	3,314	68.2%	4,535	69.0%	87,147	72.3%
		Staff selecting Never/Rarely	3,314	6.7%	4,535	7.0%	87,147	5.6%

Metric		Description	Results					
			2024		2025		Comparator	
			n	value	n	value	n	value
3a	I always know what my work responsibilities are.	Strongly disagree	49	1.5%	55	1.2%	1,276	1.4%
		Disagree	203	6.1%	314	6.9%	5,165	5.8%
		Neither agree nor disagree	311	9.3%	391	8.6%	7,329	8.3%
		Agree	1,717	51.3%	2,381	52.1%	44,821	50.7%
		Strongly agree	1,066	31.9%	1,432	31.3%	29,739	33.7%
		Missing	8		12		231	
		Staff selecting Agree/Strongly agree	3,346	83.2%	4,573	83.4%	88,330	84.4%
		Staff selecting Strongly disagree/Disagree	3,346	7.5%	4,573	8.1%	88,330	7.3%
3b	I am trusted to do my job.	Strongly disagree	46	1.4%	52	1.1%	1,077	1.2%
		Disagree	108	3.2%	142	3.1%	2,522	2.9%
		Neither agree nor disagree	223	6.7%	330	7.2%	5,329	6.0%
		Agree	1,461	43.7%	2,000	43.8%	37,510	42.5%
		Strongly agree	1,504	45.0%	2,044	44.7%	41,728	47.3%
		Missing	12		17		395	
		Staff selecting Agree/Strongly agree	3,342	88.7%	4,568	88.5%	88,166	89.9%
		Staff selecting Strongly disagree/Disagree	3,342	4.6%	4,568	4.2%	88,166	4.1%
3c	There are frequent opportunities for me to show initiative in my role.	Strongly disagree	83	2.5%	102	2.2%	2,074	2.4%
		Disagree	244	7.3%	372	8.2%	5,827	6.6%
		Neither agree nor disagree	529	15.8%	718	15.7%	13,476	15.3%
		Agree	1,452	43.5%	2,048	44.9%	39,867	45.3%
		Strongly agree	1,030	30.9%	1,324	29.0%	26,825	30.5%
		Missing	16		21		492	
		Staff selecting Agree/Strongly agree	3,338	74.4%	4,564	73.9%	88,069	75.7%
		Staff selecting Strongly disagree/Disagree	3,338	9.8%	4,564	10.4%	88,069	9.0%

Metric		Description	Results					
			2024		2025		Comparator	
			n	value	n	value	n	value
3d	I am able to make suggestions to improve the work of my team / department.	Strongly disagree	83	2.5%	134	2.9%	2,535	2.9%
		Disagree	228	6.8%	350	7.7%	5,978	6.8%
		Neither agree nor disagree	527	15.8%	733	16.1%	13,587	15.5%
		Agree	1,604	48.0%	2,153	47.3%	41,057	46.7%
		Strongly agree	900	26.9%	1,182	26.0%	24,729	28.1%
		Missing	12		33		675	
		Staff selecting Agree/Strongly agree	3,342	74.9%	4,552	73.3%	87,886	74.9%
		Staff selecting Strongly disagree/Disagree	3,342	9.3%	4,552	10.6%	87,886	9.7%
3e	I am involved in deciding on changes introduced that affect my work area / team / department.	Strongly disagree	233	7.0%	370	8.1%	6,512	7.4%
		Disagree	548	16.4%	821	18.0%	14,017	15.9%
		Neither agree nor disagree	884	26.4%	1,161	25.4%	21,635	24.6%
		Agree	1,127	33.7%	1,501	32.9%	30,561	34.7%
		Strongly agree	551	16.5%	709	15.5%	15,260	17.3%
		Missing	11		23		576	
		Staff selecting Agree/Strongly agree	3,343	50.2%	4,562	48.4%	87,985	52.1%
		Staff selecting Strongly disagree/Disagree	3,343	23.4%	4,562	26.1%	87,985	23.3%
3f	I am able to make improvements happen in my area of work.	Strongly disagree	140	4.2%	224	4.9%	3,883	4.4%
		Disagree	408	12.2%	604	13.3%	10,119	11.5%
		Neither agree nor disagree	893	26.7%	1,149	25.3%	22,067	25.1%
		Agree	1,336	40.0%	1,823	40.1%	35,894	40.9%
		Strongly agree	564	16.9%	747	16.4%	15,834	18.0%
		Missing	13		38		764	
		Staff selecting Agree/Strongly agree	3,341	56.9%	4,547	56.5%	87,797	58.9%
		Staff selecting Strongly disagree/Disagree	3,341	16.4%	4,547	18.2%	87,797	15.9%

Metric		Description	Results					
			2024		2025		Comparator	
			<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>
3g	I am able to meet all the conflicting demands on my time at work.	Strongly disagree	196	5.9%	328	7.2%	6,647	7.6%
		Disagree	642	19.2%	919	20.2%	17,376	19.8%
		Neither agree nor disagree	826	24.7%	1,119	24.6%	21,363	24.3%
		Agree	1,346	40.3%	1,747	38.4%	32,998	37.6%
		Strongly agree	330	9.9%	439	9.6%	9,434	10.7%
		Missing	14		33		743	
		Staff selecting Agree/Strongly agree	3,340	50.2%	4,552	48.0%	87,818	48.3%
		Staff selecting Strongly disagree/Disagree	3,340	25.1%	4,552	27.4%	87,818	27.4%
3h	I have adequate materials, supplies and equipment to do my work.	Strongly disagree	145	4.3%	231	5.1%	4,963	5.7%
		Disagree	455	13.6%	644	14.2%	12,713	14.5%
		Neither agree nor disagree	588	17.6%	803	17.7%	16,232	18.5%
		Agree	1,575	47.2%	2,094	46.2%	39,068	44.6%
		Strongly agree	575	17.2%	757	16.7%	14,594	16.7%
		Missing	16		56		991	
		Staff selecting Agree/Strongly agree	3,338	64.4%	4,529	62.9%	87,570	61.3%
		Staff selecting Strongly disagree/Disagree	3,338	18.0%	4,529	19.3%	87,570	20.2%
3i	There are enough staff at this organisation for me to do my job properly.	Strongly disagree	513	15.3%	803	17.6%	14,325	16.3%
		Disagree	912	27.3%	1,271	27.8%	21,915	24.9%
		Neither agree nor disagree	763	22.8%	1,050	23.0%	19,630	22.3%
		Agree	892	26.7%	1,103	24.1%	23,982	27.2%
		Strongly agree	264	7.9%	341	7.5%	8,222	9.3%
		Missing	10		17		487	
		Staff selecting Agree/Strongly agree	3,344	34.6%	4,568	31.6%	88,074	36.6%
		Staff selecting Strongly disagree/Disagree	3,344	42.6%	4,568	45.4%	88,074	41.1%

Metric		Description	Results					
			2024		2025		Comparator	
			n	value	n	value	n	value
4a	The recognition I get for good work.	Very dissatisfied	171	5.1%	230	5.0%	4,568	5.2%
		Dissatisfied	416	12.4%	604	13.2%	10,548	12.0%
		Neither satisfied nor dissatisfied	775	23.2%	1,093	23.9%	19,816	22.5%
		Satisfied	1,485	44.4%	1,997	43.6%	38,994	44.2%
		Very satisfied	498	14.9%	655	14.3%	14,322	16.2%
		Missing	9		6		313	
		Staff selecting Satisfied/Very satisfied	3,345	59.3%	4,579	57.9%	88,248	60.4%
		Staff selecting Very dissatisfied/dissatisfied	3,345	17.5%	4,579	18.2%	88,248	17.1%
4b	The extent to which my organisation values my work.	Very dissatisfied	235	7.0%	384	8.4%	6,396	7.3%
		Dissatisfied	590	17.6%	857	18.8%	13,967	15.9%
		Neither satisfied nor dissatisfied	977	29.2%	1,338	29.3%	24,870	28.3%
		Satisfied	1,182	35.3%	1,534	33.6%	32,544	37.0%
		Very satisfied	360	10.8%	455	10.0%	10,174	11.6%
		Missing	10		17		610	
		Staff selecting Satisfied/Very satisfied	3,344	46.1%	4,568	43.5%	87,951	48.6%
		Staff selecting Very dissatisfied/Dissatisfied	3,344	24.7%	4,568	27.2%	87,951	23.2%
4c	My level of pay.	Very dissatisfied	404	12.1%	578	12.7%	11,074	12.6%
		Dissatisfied	849	25.4%	1,254	27.5%	22,643	25.7%
		Neither satisfied nor dissatisfied	836	25.0%	1,059	23.2%	22,640	25.7%
		Satisfied	1,048	31.4%	1,386	30.4%	26,751	30.4%
		Very satisfied	205	6.1%	282	6.2%	4,904	5.6%
		Missing	12		26		549	
		Staff selecting Satisfied/Very satisfied	3,342	37.5%	4,559	36.6%	88,012	36.0%
		Staff selecting Very dissatisfied/Dissatisfied	3,342	37.5%	4,559	40.2%	88,012	38.3%

Metric		Description	Results					
			2024		2025		Comparator	
			<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>
4d	The opportunities for flexible working patterns.	Very dissatisfied	156	4.7%	207	4.5%	4,304	4.9%
		Dissatisfied	287	8.6%	429	9.4%	7,568	8.6%
		Neither satisfied nor dissatisfied	690	20.7%	954	20.9%	17,700	20.1%
		Satisfied	1,411	42.3%	1,912	41.9%	37,574	42.7%
		Very satisfied	794	23.8%	1,056	23.2%	20,747	23.6%
		Missing	16		27		668	
		Staff selecting Satisfied/Very satisfied	3,338	66.1%	4,558	65.1%	87,893	66.4%
		Staff selecting Very dissatisfied/Dissatisfied	3,338	13.3%	4,558	14.0%	87,893	13.5%
5a	I have unrealistic time pressures.	Never	238	7.1%	280	6.1%	5,495	6.2%
		Rarely	896	26.9%	1,142	25.0%	21,713	24.7%
		Sometimes	1,484	44.5%	2,076	45.5%	38,900	44.2%
		Often	563	16.9%	853	18.7%	16,498	18.7%
		Always	155	4.6%	215	4.7%	5,451	6.2%
		Missing	18		19		504	
		Staff selecting Never/Rarely	3,336	34.0%	4,566	31.1%	88,057	30.9%
		Staff selecting Often/Always	3,336	21.5%	4,566	23.4%	88,057	24.9%
5b	I have a choice in deciding how to do my work.	Never	130	3.9%	187	4.1%	2,742	3.1%
		Rarely	340	10.2%	452	9.9%	7,483	8.5%
		Sometimes	893	26.8%	1,255	27.6%	23,298	26.5%
		Often	1,447	43.3%	1,948	42.8%	39,370	44.8%
		Always	528	15.8%	713	15.7%	14,938	17.0%
		Missing	16		30		730	
		Staff selecting Often/Always	3,338	59.2%	4,555	58.4%	87,831	61.8%
		Staff selecting Never/Rarely	3,338	14.1%	4,555	14.0%	87,831	11.6%

Metric		Description	Results					
			2024		2025		Comparator	
			<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>
5c	Relationships at work are strained.	Never	502	15.0%	631	13.8%	13,600	15.5%
		Rarely	1,280	38.3%	1,731	37.9%	32,922	37.4%
		Sometimes	1,077	32.3%	1,572	34.5%	28,917	32.9%
		Often	371	11.1%	489	10.7%	9,213	10.5%
		Always	109	3.3%	140	3.1%	3,296	3.7%
		Missing	15		22		613	
		Staff selecting Never/Rarely	3,339	53.4%	4,563	51.8%	87,948	52.9%
		Staff selecting Often/Always	3,339	14.4%	4,563	13.8%	87,948	14.2%
6a	I feel that my role makes a difference to patients / service users.	Not applicable to me	108	3.2%	150	3.3%	2,743	3.1%
		Strongly disagree	30	0.9%	47	1.1%	733	0.9%
		Disagree	78	2.4%	112	2.5%	1,551	1.8%
		Neither agree nor disagree	384	11.8%	473	10.7%	8,233	9.7%
		Agree	1,727	53.3%	2,268	51.4%	42,299	49.7%
		Strongly agree	1,022	31.5%	1,514	34.3%	32,338	38.0%
		Missing	5		21		664	
		Staff selecting Agree/Strongly agree	3,241	84.8%	4,414	85.7%	85,154	87.6%
6b	My organisation is committed to helping me balance my work and home life.	Staff selecting Strongly disagree/Disagree	3,241	3.3%	4,414	3.6%	85,154	2.7%
		Strongly disagree	169	5.1%	205	4.5%	3,902	4.4%
		Disagree	379	11.3%	571	12.5%	9,217	10.5%
		Neither agree nor disagree	903	27.0%	1,262	27.6%	23,600	26.8%
		Agree	1,423	42.6%	1,932	42.2%	38,123	43.2%
		Strongly agree	470	14.1%	604	13.2%	13,341	15.1%
		Missing	10		11		378	
		Staff selecting Agree/Strongly agree	3,344	56.6%	4,574	55.4%	88,183	58.4%
		Staff selecting Strongly disagree/Disagree	3,344	16.4%	4,574	17.0%	88,183	14.9%

Metric		Description	Results					
			2024		2025		Comparator	
			<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>
6c	I achieve a good balance between my work life and my home life.	Strongly disagree	163	4.9%	200	4.4%	3,695	4.2%
		Disagree	423	12.7%	639	14.0%	10,498	11.9%
		Neither agree nor disagree	714	21.4%	982	21.5%	18,597	21.1%
		Agree	1,557	46.6%	2,093	45.9%	41,545	47.2%
		Strongly agree	486	14.5%	644	14.1%	13,644	15.5%
		Missing	11		27		582	
		Staff selecting Agree/Strongly agree	3,343	61.1%	4,558	60.0%	87,979	62.7%
		Staff selecting Strongly disagree/Disagree	3,343	17.5%	4,558	18.4%	87,979	16.1%
6d	I can approach my immediate manager to talk openly about flexible working.	Strongly disagree	133	4.0%	146	3.2%	3,053	3.5%
		Disagree	153	4.6%	233	5.1%	4,559	5.2%
		Neither agree nor disagree	389	11.6%	548	12.0%	10,855	12.3%
		Agree	1,384	41.4%	1,829	40.0%	35,551	40.3%
		Strongly agree	1,281	38.4%	1,821	39.8%	34,135	38.7%
		Missing	14		8		408	
		Staff selecting Agree/Strongly agree	3,340	79.8%	4,577	79.7%	88,153	79.1%
		Staff selecting Strongly disagree/Disagree	3,340	8.6%	4,577	8.3%	88,153	8.6%

Metric		Description	Results					
			2024		2025		Comparator	
			<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>
YOUR TEAM								
7a	The team I work in has a set of shared objectives.	Strongly disagree	60	1.8%	79	1.7%	1,604	1.8%
		Disagree	218	6.5%	285	6.2%	5,279	6.0%
		Neither agree nor disagree	548	16.4%	734	16.1%	13,243	15.0%
		Agree	1,889	56.4%	2,543	55.6%	49,115	55.7%
		Strongly agree	633	18.9%	932	20.4%	18,902	21.4%
		Missing	6		12		418	
		Staff selecting Agree/Strongly agree	3,348	75.3%	4,573	76.0%	88,143	77.2%
		Staff selecting Strongly disagree/Disagree	3,348	8.3%	4,573	8.0%	88,143	7.8%
7b	The team I work in often meets to discuss the team's effectiveness.	Strongly disagree	131	3.9%	169	3.7%	2,928	3.3%
		Disagree	380	11.3%	498	10.9%	8,907	10.1%
		Neither agree nor disagree	548	16.4%	696	15.2%	13,114	14.9%
		Agree	1,603	47.9%	2,235	48.9%	42,673	48.5%
		Strongly agree	688	20.5%	972	21.3%	20,445	23.2%
		Missing	4		15		494	
		Staff selecting Agree/Strongly agree	3,350	68.4%	4,570	70.2%	88,067	71.7%
		Staff selecting Strongly disagree/Disagree	3,350	15.3%	4,570	14.6%	88,067	13.4%
7c	I receive the respect I deserve from my colleagues at work.	Strongly disagree	78	2.3%	109	2.4%	1,991	2.3%
		Disagree	207	6.2%	315	6.9%	5,109	5.8%
		Neither agree nor disagree	594	17.7%	741	16.2%	13,641	15.5%
		Agree	1,705	50.9%	2,313	50.6%	44,544	50.6%
		Strongly agree	763	22.8%	1,097	24.0%	22,806	25.9%
		Missing	7		10		470	
		Staff selecting Agree/Strongly agree	3,347	73.7%	4,575	74.5%	88,091	76.5%
		Staff selecting Strongly disagree/Disagree	3,347	8.5%	4,575	9.3%	88,091	8.1%

Metric		Description	Results					
			2024		2025		Comparator	
			<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>
7d	Team members understand each other's roles.	Strongly disagree	93	2.8%	123	2.7%	2,103	2.4%
		Disagree	401	12.0%	535	11.7%	8,451	9.6%
		Neither agree nor disagree	560	16.7%	741	16.2%	13,744	15.6%
		Agree	1,717	51.3%	2,326	50.9%	45,774	52.0%
		Strongly agree	579	17.3%	847	18.5%	18,035	20.5%
		Missing	4		13		454	
		Staff selecting Agree/Strongly agree	3,350	68.5%	4,572	69.4%	88,107	72.4%
		Staff selecting Strongly disagree/Disagree	3,350	14.7%	4,572	14.4%	88,107	12.0%
7e	I enjoy working with the colleagues in my team.	Strongly disagree	47	1.4%	43	0.9%	994	1.1%
		Disagree	80	2.4%	125	2.7%	2,298	2.6%
		Neither agree nor disagree	452	13.5%	598	13.1%	11,087	12.6%
		Agree	1,667	49.8%	2,296	50.3%	43,414	49.3%
		Strongly agree	1,104	33.0%	1,506	33.0%	30,242	34.4%
		Missing	4		17		526	
		Staff selecting Agree/Strongly agree	3,350	82.7%	4,568	83.2%	88,035	83.7%
		Staff selecting Strongly disagree/Disagree	3,350	3.8%	4,568	3.7%	88,035	3.7%
7f	My team has enough freedom in how to do its work.	Strongly disagree	117	3.5%	161	3.5%	2,697	3.1%
		Disagree	436	13.0%	579	12.7%	8,831	10.0%
		Neither agree nor disagree	907	27.1%	1,258	27.6%	21,484	24.4%
		Agree	1,439	43.0%	1,954	42.8%	40,724	46.3%
		Strongly agree	444	13.3%	610	13.4%	14,178	16.1%
		Missing	11		23		647	
		Staff selecting Agree/Strongly agree	3,343	56.3%	4,562	56.2%	87,914	62.4%
		Staff selecting Strongly disagree/Disagree	3,343	16.5%	4,562	16.2%	87,914	13.1%

Metric		Description	Results					
			2024		2025		Comparator	
			n	value	n	value	n	value
7g	In my team disagreements are dealt with constructively.	Strongly disagree	158	4.7%	199	4.4%	3,580	4.1%
		Disagree	300	9.0%	503	11.0%	8,098	9.2%
		Neither agree nor disagree	916	27.4%	1,167	25.6%	22,578	25.7%
		Agree	1,497	44.8%	2,026	44.5%	39,611	45.1%
		Strongly agree	474	14.2%	662	14.5%	14,049	16.0%
		Missing	9		28		645	
		Staff selecting Agree/Strongly agree	3,345	58.9%	4,557	59.0%	87,916	61.0%
		Staff selecting Strongly disagree/Disagree	3,345	13.7%	4,557	15.4%	87,916	13.3%
7h	I feel valued by my team.	Strongly disagree	102	3.1%	144	3.2%	2,645	3.0%
		Disagree	232	6.9%	311	6.8%	5,429	6.2%
		Neither agree nor disagree	597	17.9%	817	18.0%	14,266	16.2%
		Agree	1,625	48.7%	2,219	48.8%	43,175	49.2%
		Strongly agree	784	23.5%	1,059	23.3%	22,324	25.4%
		Missing	14		35		722	
		Staff selecting Agree/Strongly agree	3,340	72.1%	4,550	72.0%	87,839	74.6%
		Staff selecting Strongly disagree/Disagree	3,340	10.0%	4,550	10.0%	87,839	9.2%
7i	I feel a strong personal attachment to my team.	Strongly disagree	110	3.3%	158	3.5%	2,942	3.3%
		Disagree	290	8.7%	393	8.6%	6,707	7.6%
		Neither agree nor disagree	820	24.5%	1,099	24.1%	20,080	22.8%
		Agree	1,363	40.7%	1,854	40.6%	35,985	40.9%
		Strongly agree	764	22.8%	1,059	23.2%	22,230	25.3%
		Missing	7		22		617	
		Staff selecting Agree/Strongly agree	3,347	63.5%	4,563	63.8%	87,944	66.2%
		Staff selecting Strongly disagree/Disagree	3,347	12.0%	4,563	12.1%	87,944	11.0%

Metric		Description	Results					
			2024		2025		Comparator	
			<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>
PEOPLE IN YOUR ORGANISATION								
8a	Teams within this organisation work well together to achieve their objectives.	Strongly disagree	122	3.6%	201	4.4%	3,618	4.1%
		Disagree	450	13.4%	662	14.5%	12,157	13.8%
		Neither agree nor disagree	912	27.2%	1,240	27.1%	24,126	27.4%
		Agree	1,553	46.3%	1,999	43.8%	38,338	43.5%
		Strongly agree	314	9.4%	466	10.2%	9,818	11.1%
		Missing	3		17		504	
		Staff selecting Agree/Strongly agree	3,351	55.7%	4,568	54.0%	88,057	54.7%
		Staff selecting Strongly disagree/Disagree	3,351	17.1%	4,568	18.9%	88,057	17.9%
8b	The people I work with are understanding and kind to one another.	Strongly disagree	65	1.9%	98	2.1%	1,880	2.1%
		Disagree	191	5.7%	279	6.1%	5,126	5.8%
		Neither agree nor disagree	588	17.6%	752	16.5%	14,267	16.2%
		Agree	1,748	52.2%	2,361	51.7%	45,303	51.5%
		Strongly agree	757	22.6%	1,077	23.6%	21,450	24.4%
		Missing	5		18		535	
		Staff selecting Agree/Strongly agree	3,349	74.8%	4,567	75.3%	88,026	75.8%
		Staff selecting Strongly disagree/Disagree	3,349	7.6%	4,567	8.3%	88,026	8.0%
8c	The people I work with are polite and treat each other with respect.	Strongly disagree	69	2.1%	96	2.1%	1,775	2.0%
		Disagree	185	5.5%	292	6.4%	4,855	5.5%
		Neither agree nor disagree	561	16.7%	703	15.4%	13,718	15.6%
		Agree	1,754	52.3%	2,370	52.0%	45,283	51.5%
		Strongly agree	782	23.3%	1,095	24.0%	22,278	25.3%
		Missing	3		29		652	
		Staff selecting Agree/Strongly agree	3,351	75.7%	4,556	76.1%	87,909	76.9%
		Staff selecting Strongly disagree/Disagree	3,351	7.6%	4,556	8.5%	87,909	7.5%

Metric		Description	Results					
			2024		2025		Comparator	
			<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>
8d	The people I work with show appreciation to one another.	Strongly disagree	68	2.0%	103	2.3%	1,911	2.2%
		Disagree	221	6.6%	294	6.4%	5,295	6.0%
		Neither agree nor disagree	632	18.9%	866	19.0%	15,985	18.2%
		Agree	1,684	50.3%	2,286	50.1%	43,550	49.6%
		Strongly agree	744	22.2%	1,012	22.2%	21,112	24.0%
		Missing	5		24		708	
		Staff selecting Agree/Strongly agree	3,349	72.5%	4,561	72.3%	87,853	73.6%
		Staff selecting Strongly disagree/Disagree	3,349	8.6%	4,561	8.7%	87,853	8.2%

Metric		Description	Results					
			2024		2025		Comparator	
			n	value	n	value	n	value
YOUR MANAGERS								
9a	My immediate manager encourages me at work.	Strongly disagree	88	2.6%	114	2.5%	2,235	2.5%
		Disagree	183	5.5%	264	5.8%	4,222	4.8%
		Neither agree nor disagree	489	14.6%	620	13.6%	11,702	13.3%
		Agree	1,432	42.8%	1,950	42.7%	37,711	42.8%
		Strongly agree	1,155	34.5%	1,624	35.5%	32,339	36.7%
		Missing	7		13		352	
		Staff selecting Agree/Strongly agree	3,347	77.3%	4,572	78.2%	88,209	79.4%
		Staff selecting Strongly disagree/Disagree	3,347	8.1%	4,572	8.3%	88,209	7.3%
9b	My immediate manager gives me clear feedback on my work.	Strongly disagree	117	3.5%	143	3.1%	2,663	3.0%
		Disagree	287	8.6%	400	8.8%	6,559	7.4%
		Neither agree nor disagree	572	17.1%	764	16.7%	14,050	15.9%
		Agree	1,354	40.5%	1,820	39.8%	35,989	40.8%
		Strongly agree	1,017	30.4%	1,441	31.5%	28,875	32.8%
		Missing	7		17		425	
		Staff selecting Agree/Strongly agree	3,347	70.8%	4,568	71.4%	88,136	73.6%
		Staff selecting Strongly disagree/Disagree	3,347	12.1%	4,568	11.9%	88,136	10.5%
9c	My immediate manager asks for my opinion before making decisions that affect my work.	Strongly disagree	182	5.4%	230	5.0%	4,316	4.9%
		Disagree	369	11.0%	552	12.1%	8,903	10.1%
		Neither agree nor disagree	654	19.5%	866	18.9%	16,210	18.4%
		Agree	1,189	35.5%	1,651	36.1%	32,449	36.8%
		Strongly agree	953	28.5%	1,273	27.8%	26,228	29.8%
		Missing	7		13		455	
		Staff selecting Agree/Strongly agree	3,347	64.0%	4,572	64.0%	88,106	66.6%
		Staff selecting Strongly disagree/Disagree	3,347	16.5%	4,572	17.1%	88,106	15.0%

Metric		Description	Results					
			2024		2025		Comparator	
			n	value	n	value	n	value
9d	My immediate manager takes a positive interest in my health and well-being.	Strongly disagree	124	3.7%	139	3.0%	2,792	3.2%
		Disagree	200	6.0%	266	5.8%	4,488	5.1%
		Neither agree nor disagree	429	12.8%	567	12.4%	11,226	12.7%
		Agree	1,337	39.9%	1,822	39.8%	34,855	39.5%
		Strongly agree	1,258	37.6%	1,781	38.9%	34,850	39.5%
		Missing	6		10		350	
		Staff selecting Agree/Strongly agree	3,348	77.5%	4,575	78.8%	88,211	79.0%
		Staff selecting Strongly disagree/Disagree	3,348	9.7%	4,575	8.9%	88,211	8.3%
9e	My immediate manager values my work.	Strongly disagree	110	3.3%	122	2.7%	2,444	2.8%
		Disagree	154	4.6%	225	4.9%	3,783	4.3%
		Neither agree nor disagree	542	16.2%	687	15.0%	12,243	13.9%
		Agree	1,373	41.1%	1,905	41.7%	36,710	41.6%
		Strongly agree	1,165	34.8%	1,632	35.7%	32,963	37.4%
		Missing	10		14		418	
		Staff selecting Agree/Strongly agree	3,344	75.9%	4,571	77.4%	88,143	79.0%
		Staff selecting Strongly disagree/Disagree	3,344	7.9%	4,571	7.6%	88,143	7.1%
9f	My immediate manager works together with me to come to an understanding of problems.	Strongly disagree	122	3.6%	147	3.2%	2,862	3.2%
		Disagree	212	6.3%	285	6.2%	4,836	5.5%
		Neither agree nor disagree	535	16.0%	698	15.3%	12,656	14.4%
		Agree	1,381	41.3%	1,898	41.6%	36,674	41.6%
		Strongly agree	1,096	32.8%	1,538	33.7%	31,100	35.3%
		Missing	8		19		433	
		Staff selecting Agree/Strongly agree	3,346	74.0%	4,566	75.3%	88,128	76.9%
		Staff selecting Strongly disagree/Disagree	3,346	10.0%	4,566	9.5%	88,128	8.7%

Metric		Description	Results					
			2024		2025		Comparator	
			<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>
9g	My immediate manager is interested in listening to me when I describe challenges I face.	Strongly disagree	124	3.7%	157	3.4%	2,988	3.4%
		Disagree	196	5.9%	275	6.0%	4,672	5.3%
		Neither agree nor disagree	467	14.0%	599	13.1%	11,089	12.6%
		Agree	1,340	40.0%	1,875	41.0%	35,917	40.7%
		Strongly agree	1,220	36.5%	1,664	36.4%	33,474	38.0%
		Missing	7		15		421	
		Staff selecting Agree/Strongly agree	3,347	76.5%	4,570	77.4%	88,140	78.7%
		Staff selecting Strongly disagree/Disagree	3,347	9.6%	4,570	9.5%	88,140	8.7%
9h	My immediate manager cares about my concerns.	Strongly disagree	125	3.7%	157	3.4%	2,993	3.4%
		Disagree	207	6.2%	273	6.0%	4,615	5.2%
		Neither agree nor disagree	463	13.8%	634	13.9%	12,186	13.8%
		Agree	1,353	40.4%	1,837	40.3%	35,138	39.9%
		Strongly agree	1,198	35.8%	1,660	36.4%	33,087	37.6%
		Missing	8		24		542	
		Staff selecting Agree/Strongly agree	3,346	76.2%	4,561	76.7%	88,019	77.5%
		Staff selecting Strongly disagree/Disagree	3,346	9.9%	4,561	9.4%	88,019	8.6%
9i	My immediate manager takes effective action to help me with any problems I face.	Strongly disagree	137	4.1%	179	3.9%	3,358	3.8%
		Disagree	241	7.2%	310	6.8%	5,317	6.0%
		Neither agree nor disagree	560	16.7%	759	16.7%	13,921	15.8%
		Agree	1,281	38.3%	1,742	38.2%	34,113	38.8%
		Strongly agree	1,125	33.6%	1,566	34.4%	31,314	35.6%
		Missing	10		29		538	
		Staff selecting Agree/Strongly agree	3,344	71.9%	4,556	72.6%	88,023	74.3%
		Staff selecting Strongly disagree/Disagree	3,344	11.3%	4,556	10.7%	88,023	9.9%

Metric		Description	Results					
			2024		2025		Comparator	
			n	value	n	value	n	value
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK								
10a	How many hours a week are you contracted to work?	Up to 29 hours	430	13.1%	550	13.1%	15,004	18.4%
		30 or more hours	2,864	86.9%	3,658	86.9%	66,560	81.6%
		Missing	60		377		6,997	
10b	On average, how many additional PAID hours do you work per week for this organisation, over and above your contracted hours?	0 hours	2,435	74.5%	3,370	75.6%	65,702	76.9%
		Up to 5 hours	398	12.2%	449	10.1%	7,894	9.2%
		6-10 hours	193	5.9%	290	6.5%	5,488	6.4%
		11 or more hours	243	7.4%	349	7.8%	6,314	7.4%
		Missing	85		127		3,163	
		Staff selecting 0 hours	3,269	74.5%	4,458	75.6%	85,398	76.9%
		Staff selecting More than 0 hours	3,269	25.5%	4,458	24.4%	85,398	23.1%
10c	On average, how many additional UNPAID hours do you work per week for this organisation, over and above your contracted hours?	0 hours	1,578	48.3%	2,162	48.3%	39,814	46.5%
		Up to 5 hours	1,329	40.7%	1,868	41.8%	36,083	42.1%
		6-10 hours	269	8.2%	343	7.7%	7,352	8.6%
		11 or more hours	92	2.8%	100	2.2%	2,460	2.9%
		Missing	86		112		2,852	
		Staff selecting 0 hours	3,268	48.3%	4,473	48.3%	85,709	46.5%
		Staff selecting More than 0 hours	3,268	51.7%	4,473	51.7%	85,709	53.5%
11a	My organisation takes positive action on health and well-being.	Strongly disagree	146	4.4%	229	5.1%	3,598	4.1%
		Disagree	321	9.6%	518	11.4%	7,869	9.0%
		Neither agree nor disagree	818	24.4%	1,180	26.1%	21,687	24.9%
		Agree	1,529	45.7%	1,930	42.6%	39,777	45.6%
		Strongly agree	532	15.9%	671	14.8%	14,224	16.3%
		Missing	8		57		1,406	
		Staff selecting Agree/Strongly agree	3,346	61.6%	4,528	57.4%	87,155	62.0%
		Staff selecting Strongly disagree/Disagree	3,346	14.0%	4,528	16.5%	87,155	13.2%
11b	In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?	Yes	-	-	1,498	32.9%	30,019	34.2%
		No	-	-	3,062	67.1%	57,864	65.8%
		Missing	-		25		678	
		Staff selecting No	-	-	4,560	67.1%	87,883	65.8%
		Staff selecting Yes	-	-	4,560	32.9%	87,883	34.2%

Metric		Description	Results					
			2024		2025		Comparator	
			n	value	n	value	n	value
11c	During the last 12 months have you felt unwell as a result of work related stress?	Yes	1,364	40.8%	1,965	43.1%	35,788	40.8%
		No	1,977	59.2%	2,589	56.9%	52,014	59.2%
		Missing	13		31		759	
		Staff selecting No	3,341	59.2%	4,554	56.9%	87,802	59.2%
		Staff selecting Yes	3,341	40.8%	4,554	43.1%	87,802	40.8%
11d	In the last three months have you ever come to work despite not feeling well enough to perform your duties?	Yes	1,827	54.8%	2,566	56.2%	48,217	54.9%
		No	1,507	45.2%	1,997	43.8%	39,631	45.1%
		Missing	20		22		713	
		Staff selecting No	3,334	45.2%	4,563	43.8%	87,848	45.1%
		Staff selecting Yes	3,334	54.8%	4,563	56.2%	87,848	54.9%
11e	Have you felt pressure from your manager to come to work?	Yes	281	16.0%	367	14.4%	6,919	14.5%
		No	1,470	84.0%	2,176	85.6%	40,643	85.5%
		Missing	1,603		2,042		40,999	
		Staff selecting No	1,751	84.0%	2,543	85.6%	47,562	85.5%
		Staff selecting Yes	1,751	16.0%	2,543	14.4%	47,562	14.5%
12a	How often, if at all, do you find your work emotionally exhausting?	Never	138	4.1%	184	4.0%	4,088	4.6%
		Rarely	589	17.6%	639	13.9%	14,505	16.4%
		Sometimes	1,454	43.4%	2,047	44.7%	39,111	44.3%
		Often	990	29.6%	1,469	32.1%	25,431	28.8%
		Always	178	5.3%	242	5.3%	5,147	5.8%
		Missing	5		4		279	
		Staff selecting Never/Rarely	3,349	21.7%	4,581	18.0%	88,282	21.1%
		Staff selecting Often/Always	3,349	34.9%	4,581	37.3%	88,282	34.6%
12b	How often, if at all, do you feel burnt out because of your work?	Never	264	7.9%	338	7.4%	7,235	8.2%
		Rarely	878	26.3%	1,107	24.2%	22,189	25.2%
		Sometimes	1,299	38.9%	1,839	40.2%	35,152	39.9%
		Often	752	22.5%	1,098	24.0%	19,332	21.9%
		Always	150	4.5%	192	4.2%	4,229	4.8%
		Missing	11		11		424	
		Staff selecting Never/Rarely	3,343	34.2%	4,574	31.6%	88,137	33.4%
		Staff selecting Often/Always	3,343	27.0%	4,574	28.2%	88,137	26.7%

Metric		Description	Results					
			2024		2025		Comparator	
			<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>
12c	How often, if at all, does your work frustrate you?	Never	149	4.5%	191	4.2%	4,526	5.1%
		Rarely	609	18.2%	791	17.3%	16,634	18.9%
		Sometimes	1,493	44.6%	2,033	44.6%	38,480	43.7%
		Often	952	28.5%	1,343	29.4%	23,971	27.2%
		Always	143	4.3%	205	4.5%	4,475	5.1%
		Missing	8		22		475	
		Staff selecting Never/Rarely	3,346	22.7%	4,563	21.5%	88,086	24.0%
		Staff selecting Often/Always	3,346	32.7%	4,563	33.9%	88,086	32.3%
12d	How often, if at all, are you exhausted at the thought of another day/shift at work?	Never	395	11.8%	502	11.0%	10,252	11.6%
		Rarely	1,013	30.3%	1,303	28.5%	26,723	30.4%
		Sometimes	1,133	33.9%	1,664	36.4%	30,604	34.8%
		Often	638	19.1%	897	19.6%	16,032	18.2%
		Always	164	4.9%	207	4.5%	4,414	5.0%
		Missing	11		12		536	
		Staff selecting Never/Rarely	3,343	42.1%	4,573	39.5%	88,025	42.0%
		Staff selecting Often/Always	3,343	24.0%	4,573	24.1%	88,025	23.2%
12e	How often, if at all, do you feel worn out at the end of your working day/shift?	Never	146	4.4%	178	3.9%	4,075	4.6%
		Rarely	595	17.8%	725	15.9%	14,632	16.7%
		Sometimes	1,322	39.5%	1,808	39.6%	35,722	40.7%
		Often	1,006	30.1%	1,451	31.8%	25,638	29.2%
		Always	276	8.3%	401	8.8%	7,807	8.9%
		Missing	9		22		687	
		Staff selecting Never/Rarely	3,345	22.2%	4,563	19.8%	87,874	21.3%
		Staff selecting Often/Always	3,345	38.3%	4,563	40.6%	87,874	38.1%

Metric		Description	Results					
			2024		2025		Comparator	
			<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>
12f	How often, if at all, do you feel that every working hour is tiring for you?	Never	680	20.3%	891	19.5%	16,886	19.2%
		Rarely	1,294	38.7%	1,683	36.9%	32,768	37.3%
		Sometimes	860	25.7%	1,276	28.0%	24,171	27.5%
		Often	397	11.9%	554	12.1%	10,633	12.1%
		Always	116	3.5%	156	3.4%	3,343	3.8%
		Missing	7		25		760	
		Staff selecting Never/Rarely	3,347	59.0%	4,560	56.4%	87,801	56.6%
		Staff selecting Often/Always	3,347	15.3%	4,560	15.6%	87,801	15.9%
12g	How often, if at all, do you not have enough energy for family and friends during leisure time?	Never	434	13.0%	521	11.4%	10,205	11.6%
		Rarely	919	27.5%	1,165	25.5%	23,097	26.2%
		Sometimes	1,114	33.3%	1,612	35.3%	31,013	35.2%
		Often	696	20.8%	1,030	22.5%	18,601	21.1%
		Always	182	5.4%	244	5.3%	5,214	5.9%
		Missing	9		13		431	
		Staff selecting Never/Rarely	3,345	40.4%	4,572	36.9%	88,130	37.8%
		Staff selecting Often/Always	3,345	26.2%	4,572	27.9%	88,130	27.0%
13a	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?	Never	2,574	77.0%	3,584	78.6%	76,069	86.5%
		1-2	330	9.9%	447	9.8%	6,954	7.9%
		3-5	145	4.3%	221	4.8%	2,507	2.9%
		6-10	80	2.4%	100	2.2%	983	1.1%
		More than 10	216	6.5%	210	4.6%	1,409	1.6%
		Missing	9		23		639	
		Staff selecting Never	3,345	77.0%	4,562	78.6%	87,922	86.5%
		Staff selecting One or more times	3,345	23.0%	4,562	21.4%	87,922	13.5%

Metric		Description	Results					
			2024		2025		Comparator	
			<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>
13b	In the last 12 months how many times have you personally experienced physical violence at work from managers?	Never	3,274	99.4%	4,525	99.8%	87,059	99.5%
		1-2	12	0.4%	7	0.2%	212	0.2%
		3-5	4	0.1%	0	0.0%	80	0.1%
		6-10	3	0.1%	2	0.0%	51	0.1%
		More than 10	1	0.0%	2	0.0%	51	0.1%
		Missing	60		49		1,108	
		Staff selecting Never	3,294	99.4%	4,536	99.8%	87,453	99.5%
		Staff selecting One or more times	3,294	0.6%	4,536	0.2%	87,453	0.5%
13c	In the last 12 months how many times have you personally experienced physical violence at work from other colleagues?	Never	3,176	98.5%	4,471	99.1%	85,875	98.9%
		1-2	32	1.0%	31	0.7%	631	0.7%
		3-5	9	0.3%	3	0.1%	176	0.2%
		6-10	4	0.1%	1	0.0%	78	0.1%
		More than 10	4	0.1%	4	0.1%	74	0.1%
		Missing	129		75		1,727	
		Staff selecting Never	3,225	98.5%	4,510	99.1%	86,834	98.9%
		Staff selecting One or more times	3,225	1.5%	4,510	0.9%	86,834	1.1%
13d	The last time you experienced physical violence at work, did you or a colleague report it?	<i>Yes, I reported it</i>	602	76.7%	726	76.9%	7,372	66.8%
		<i>Yes, a colleague reported it</i>	121	15.4%	108	11.4%	1,792	16.2%
		<i>Yes, both myself and a colleague reported it</i>	40	5.1%	71	7.5%	726	6.6%
		<i>No</i>	22	2.8%	39	4.1%	1,145	10.4%
		<i>Don't know</i>	18	1.9%	13	1.3%	325	2.7%
		<i>Not applicable</i>	162	16.8%	22	2.2%	640	5.3%
		Missing	2,389		3,606		76,561	
		Staff selecting Yes	785	97.2%	944	95.9%	11,035	89.6%
		Staff selecting No	785	2.8%	944	4.1%	11,035	10.4%

Metric		Description	Results					
			2024		2025		Comparator	
			<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>
14a	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?	Never	2,401	71.9%	3,258	71.3%	67,015	76.3%
		1-2	429	12.8%	588	12.9%	11,638	13.2%
		3-5	189	5.7%	287	6.3%	4,524	5.1%
		6-10	73	2.2%	121	2.6%	1,687	1.9%
		More than 10	248	7.4%	313	6.9%	3,022	3.4%
		Missing	14		18		675	
		Staff selecting Never	3,340	71.9%	4,567	71.3%	87,886	76.3%
		Staff selecting One or more times	3,340	28.1%	4,567	28.7%	87,886	23.7%
14b	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers?	Never	3,044	92.3%	4,244	93.4%	80,836	92.4%
		1-2	142	4.3%	188	4.1%	4,251	4.9%
		3-5	66	2.0%	66	1.5%	1,303	1.5%
		6-10	26	0.8%	16	0.4%	447	0.5%
		More than 10	21	0.6%	32	0.7%	609	0.7%
		Missing	55		39		1,115	
		Staff selecting Never	3,299	92.3%	4,546	93.4%	87,446	92.4%
		Staff selecting One or more times	3,299	7.7%	4,546	6.6%	87,446	7.6%
14c	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?	Never	2,777	84.3%	3,909	86.0%	75,396	86.2%
		1-2	327	9.9%	428	9.4%	8,338	9.5%
		3-5	121	3.7%	125	2.8%	2,235	2.6%
		6-10	32	1.0%	37	0.8%	668	0.8%
		More than 10	38	1.2%	44	1.0%	786	0.9%
		Missing	59		42		1,138	
		Staff selecting Never	3,295	84.3%	4,543	86.0%	87,423	86.2%
		Staff selecting One or more times	3,295	15.7%	4,543	14.0%	87,423	13.8%

Metric		Description	Results					
			2024		2025		Comparator	
			n	value	n	value	n	value
14d	The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?	<i>Yes, I reported it</i>	771	62.7%	962	61.6%	14,333	54.5%
		<i>Yes, a colleague reported it</i>	72	5.9%	92	5.9%	1,811	6.9%
		<i>Yes, both myself and a colleague reported it</i>	33	2.7%	68	4.4%	826	3.1%
		<i>No</i>	353	28.7%	440	28.2%	9,351	35.5%
		<i>Don't know</i>	40	2.7%	48	2.8%	1,001	3.4%
		<i>Not applicable</i>	231	15.4%	105	6.1%	1,968	6.7%
		<i>Missing</i>	1,854		2,870		59,271	
		Staff selecting Yes	1,229	71.3%	1,562	71.8%	26,321	64.5%
		Staff selecting No	1,229	28.7%	1,562	28.2%	26,321	35.5%
15	Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?	<i>Yes</i>	-	-	2,752	60.4%	49,602	56.7%
		<i>No</i>	-	-	392	8.6%	8,785	10.0%
		<i>Don't know</i>	-	-	1,409	30.9%	29,125	33.3%
		<i>Missing</i>	-	-	32		1,049	
		Staff selecting Yes	-	-	4,553	60.4%	87,512	56.7%
		Staff selecting No	-	-	4,553	8.6%	87,512	10.0%
16a	In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?	<i>Yes</i>	309	9.3%	389	8.5%	7,295	8.3%
		<i>No</i>	3,029	90.7%	4,174	91.5%	80,475	91.7%
		<i>Missing</i>	16		22		791	
		Staff selecting No	3,338	90.7%	4,563	91.5%	87,770	91.7%
		Staff selecting Yes	3,338	9.3%	4,563	8.5%	87,770	8.3%
16b	In the last 12 months have you personally experienced discrimination at work from a manager / team leader or other colleagues?	<i>Yes</i>	251	7.6%	309	6.8%	6,339	7.3%
		<i>No</i>	3,056	92.4%	4,226	93.2%	80,845	92.7%
		<i>Missing</i>	47		50		1,377	
		Staff selecting No	3,307	92.4%	4,535	93.2%	87,184	92.7%
		Staff selecting Yes	3,307	7.6%	4,535	6.8%	87,184	7.3%
16c01	On what grounds have you experienced discrimination? Age	<i>Age</i>	-	-	118	19.9%	2,299	20.0%
		<i>Not selected</i>	-	-	476	80.1%	9,220	80.0%
		Staff not selecting	-	-	594	80.1%	11,519	80.0%
		Staff selecting Age	-	-	594	19.9%	11,519	20.0%

Metric		Description	Results					
			2024		2025		Comparator	
			n	value	n	value	n	value
16c02	On what grounds have you experienced discrimination? Disability	Disability	-	-	101	17.0%	1,723	15.0%
		Not selected	-	-	493	83.0%	9,796	85.0%
		Staff not selecting	-	-	594	83.0%	11,519	85.0%
		Staff selecting Disability	-	-	594	17.0%	11,519	15.0%
16c03	On what grounds have you experienced discrimination? Gender reassignment	Gender reassignment	-	-	10	1.7%	178	1.5%
		Not selected	-	-	584	98.3%	11,341	98.5%
		Staff not selecting	-	-	594	98.3%	11,519	98.5%
		Staff selecting Gender reassignment	-	-	594	1.7%	11,519	1.5%
16c04	On what grounds have you experienced discrimination? Marriage and civil partnership	Marriage and civil partnership	-	-	5	0.8%	119	1.0%
		Not selected	-	-	589	99.2%	11,400	99.0%
		Staff not selecting	-	-	594	99.2%	11,519	99.0%
		Staff selecting Marriage and civil partnership	-	-	594	0.8%	11,519	1.0%
16c05	On what grounds have you experienced discrimination? Pregnancy and maternity	Pregnancy and maternity	-	-	20	3.4%	232	2.0%
		Not selected	-	-	574	96.6%	11,287	98.0%
		Staff not selecting	-	-	594	96.6%	11,519	98.0%
		Staff selecting Pregnancy and maternity	-	-	594	3.4%	11,519	2.0%
16c06	On what grounds have you experienced discrimination? Race	Race	-	-	242	40.7%	5,671	49.2%
		Not selected	-	-	352	59.3%	5,848	50.8%
		Staff not selecting	-	-	594	59.3%	11,519	50.8%
		Staff selecting Race	-	-	594	40.7%	11,519	49.2%
16c07	On what grounds have you experienced discrimination? Religion or belief	Religion or belief	-	-	32	5.4%	939	8.2%
		Not selected	-	-	562	94.6%	10,580	91.8%
		Staff not selecting	-	-	594	94.6%	11,519	91.8%
		Staff selecting Religion or belief	-	-	594	5.4%	11,519	8.2%
16c08	On what grounds have you experienced discrimination? Sex	Sex	-	-	103	17.3%	1,871	16.2%
		Not selected	-	-	491	82.7%	9,648	83.8%
		Staff not selecting	-	-	594	82.7%	11,519	83.8%
		Staff selecting Sex	-	-	594	17.3%	11,519	16.2%
16c09	On what grounds have you experienced discrimination? Sexual Orientation	Sexual Orientation	-	-	34	5.7%	504	4.4%
		Not selected	-	-	560	94.3%	11,015	95.6%
		Staff not selecting	-	-	594	94.3%	11,519	95.6%
		Staff selecting Sexual Orientation	-	-	594	5.7%	11,519	4.4%

Metric		Description	Results					
			2024		2025		Comparator	
			n	value	n	value	n	value
16c10	On what grounds have you experienced discrimination? Other	Other	-	-	107	18.0%	2,337	20.3%
		Not selected	-	-	487	82.0%	9,182	79.7%
		Staff not selecting	-	-	594	82.0%	11,519	79.7%
		Staff selecting Other	-	-	594	18.0%	11,519	20.3%
17a	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?	Never	2,910	86.9%	3,974	87.0%	79,561	90.3%
		1-2	246	7.3%	336	7.4%	5,554	6.3%
		3-5	78	2.3%	130	2.8%	1,683	1.9%
		6-10	34	1.0%	54	1.2%	506	0.6%
		More than 10	79	2.4%	74	1.6%	775	0.9%
		Missing	7		17		482	
		Staff selecting Never	3,347	86.9%	4,568	87.0%	88,079	90.3%
		Staff selecting One or more times	3,347	13.1%	4,568	13.0%	88,079	9.7%
17b	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?	Never	3,219	96.7%	4,414	96.8%	85,342	97.2%
		1-2	75	2.3%	102	2.2%	1,792	2.0%
		3-5	18	0.5%	31	0.7%	361	0.4%
		6-10	6	0.2%	5	0.1%	99	0.1%
		More than 10	10	0.3%	9	0.2%	170	0.2%
		Missing	26		24		797	
		Staff selecting Never	3,328	96.7%	4,561	96.8%	87,764	97.2%
		Staff selecting One or more times	3,328	3.3%	4,561	3.2%	87,764	2.8%
18	In the last month have you seen any errors, near misses or incidents that could have hurt staff and/or patients/service users?	Yes	961	29.1%	1,299	28.9%	23,668	27.4%
		No	2,338	70.9%	3,196	71.1%	62,821	72.6%
		Missing	55		90		2,072	
		Staff selecting Never	3,299	70.9%	4,495	71.1%	86,489	72.6%
		Staff selecting One or more times	3,299	29.1%	4,495	28.9%	86,489	27.4%

Metric		Description	Results					
			2024		2025		Comparator	
			<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>
19a	My organisation treats staff who are involved in an error, near miss or incident fairly.	Don't know	731	21.8%	975	21.3%	20,479	23.2%
		<i>Strongly disagree</i>	124	4.7%	185	5.1%	2,046	3.0%
		<i>Disagree</i>	260	9.9%	350	9.7%	4,328	6.4%
		<i>Neither agree nor disagree</i>	820	31.3%	1,184	32.9%	20,309	30.0%
		<i>Agree</i>	1,148	43.9%	1,510	41.9%	32,244	47.7%
		<i>Strongly agree</i>	266	10.2%	371	10.3%	8,701	12.9%
		Missing	5		10		454	
		Staff selecting Agree/Strongly agree	2,618	54.0%	3,600	52.3%	67,628	60.5%
		Staff selecting Strongly disagree/Disagree	2,618	14.7%	3,600	14.9%	67,628	9.4%
19b	My organisation encourages us to report errors, near misses or incidents.	Don't know	92	2.7%	135	3.0%	3,390	3.9%
		<i>Strongly disagree</i>	27	0.8%	51	1.1%	969	1.1%
		<i>Disagree</i>	54	1.7%	68	1.5%	1,551	1.8%
		<i>Neither agree nor disagree</i>	240	7.4%	303	6.8%	7,070	8.4%
		<i>Agree</i>	1,812	55.6%	2,561	57.7%	48,726	57.6%
		<i>Strongly agree</i>	1,124	34.5%	1,453	32.8%	26,298	31.1%
		Missing	5		14		557	
		Staff selecting Agree/Strongly agree	3,257	90.1%	4,436	90.5%	84,614	88.7%
		Staff selecting Strongly disagree/Disagree	3,257	2.5%	4,436	2.7%	84,614	3.0%
19c	When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.	Don't know	380	11.4%	479	10.5%	10,943	12.4%
		<i>Strongly disagree</i>	87	2.9%	120	2.9%	1,970	2.6%
		<i>Disagree</i>	148	5.0%	197	4.8%	3,745	4.9%
		<i>Neither agree nor disagree</i>	613	20.7%	814	19.9%	16,751	21.8%
		<i>Agree</i>	1,533	51.7%	2,147	52.6%	39,471	51.3%
		<i>Strongly agree</i>	586	19.8%	807	19.8%	15,052	19.6%
		Missing	7		21		629	
		Staff selecting Agree/Strongly agree	2,967	71.4%	4,085	72.3%	76,989	70.8%
		Staff selecting Strongly disagree/Disagree	2,967	7.9%	4,085	7.8%	76,989	7.4%

Metric		Description	Results					
			2024		2025		Comparator	
			n	value	n	value	n	value
19d	We are given feedback about changes made in response to reported errors, near misses and incidents.	Don't know	342	10.2%	404	8.9%	9,186	10.5%
		Strongly disagree	132	4.4%	180	4.3%	3,228	4.1%
		Disagree	289	9.6%	381	9.2%	6,816	8.7%
		Neither agree nor disagree	702	23.4%	897	21.6%	17,258	22.0%
		Agree	1,388	46.2%	2,002	48.2%	37,566	47.8%
		Strongly agree	493	16.4%	693	16.7%	13,751	17.5%
		Missing	8		28		756	
		Staff selecting Agree/Strongly agree	3,004	62.6%	4,153	64.9%	78,619	65.3%
		Staff selecting Strongly disagree/Disagree	3,004	14.0%	4,153	13.5%	78,619	12.8%
20a	I would feel secure raising concerns about unsafe clinical practice.	Strongly disagree	90	2.7%	123	2.7%	2,066	2.3%
		Disagree	177	5.3%	270	5.9%	4,564	5.2%
		Neither agree nor disagree	520	15.5%	669	14.6%	14,811	16.8%
		Agree	1,691	50.5%	2,358	51.6%	45,136	51.3%
		Strongly agree	869	26.0%	1,148	25.1%	21,408	24.3%
		Missing	7		17		576	
		Staff selecting Agree/Strongly agree	3,347	76.5%	4,568	76.8%	87,985	75.6%
		Staff selecting Strongly disagree/Disagree	3,347	8.0%	4,568	8.6%	87,985	7.5%
20b	I am confident that my organisation would address my concern.	Strongly disagree	126	3.8%	191	4.2%	3,141	3.6%
		Disagree	267	8.0%	429	9.4%	7,133	8.1%
		Neither agree nor disagree	895	26.8%	1,285	28.2%	24,481	27.9%
		Agree	1,426	42.7%	1,875	41.1%	37,556	42.8%
		Strongly agree	626	18.7%	782	17.1%	15,414	17.6%
		Missing	14		23		836	
		Staff selecting Agree/Strongly agree	3,340	61.4%	4,562	58.2%	87,725	60.4%
		Staff selecting Strongly disagree/Disagree	3,340	11.8%	4,562	13.6%	87,725	11.7%
21	I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc).	Strongly disagree	70	2.1%	121	2.7%	2,109	2.4%
		Disagree	154	4.6%	263	5.8%	4,229	4.8%
		Neither agree nor disagree	607	18.1%	895	19.6%	17,463	19.9%
		Agree	1,705	51.0%	2,261	49.6%	43,978	50.1%
		Strongly agree	809	24.2%	1,018	22.3%	19,957	22.7%
		Missing	9		27		825	
		Staff selecting Agree/Strongly agree	3,345	75.2%	4,558	71.9%	87,736	72.9%
		Staff selecting Strongly disagree/Disagree	3,345	6.7%	4,558	8.4%	87,736	7.2%

Metric		Description	Results					
			2024		2025		Comparator	
			<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>
22	I can eat nutritious and affordable food while I am working.	Never	121	3.6%	116	2.5%	3,246	3.7%
		Rarely	413	12.3%	551	12.1%	9,605	10.9%
		Sometimes	841	25.1%	1,302	28.5%	23,966	27.2%
		Often	1,134	33.9%	1,484	32.5%	29,544	33.5%
		Always	840	25.1%	1,118	24.5%	21,800	24.7%
		Missing	5		14		400	
		Staff selecting Often/Always	3,349	58.9%	4,571	56.9%	88,161	58.2%
		Staff selecting Never/Rarely	3,349	15.9%	4,571	14.6%	88,161	14.6%

Metric		Description	Results					
			2024		2025		Comparator	
			<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>
YOUR PERSONAL DEVELOPMENT								
23a	In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?	Yes	2,986	90.2%	4,198	92.2%	77,090	88.0%
		No	239	7.2%	254	5.6%	7,628	8.7%
		Can't remember	85	2.6%	101	2.2%	2,914	3.3%
		Missing	44		32		929	
		Staff selecting Yes	3,310	90.2%	4,553	92.2%	87,632	88.0%
		Staff selecting No	3,310	7.2%	4,553	5.6%	87,632	8.7%
23b	It helped me to improve how I do my job.	Yes, definitely	741	25.1%	1,131	27.0%	20,064	26.1%
		Yes, to some extent	1,535	51.9%	2,095	50.1%	37,826	49.3%
		No	679	23.0%	959	22.9%	18,871	24.6%
		Missing	399		400		11,800	
		Staff selecting Yes, definitely	2,955	25.1%	4,185	27.0%	76,761	26.1%
		Staff selecting No	2,955	23.0%	4,185	22.9%	76,761	24.6%
23c	It helped me agree clear objectives for my work.	Yes, definitely	1,126	38.1%	1,674	40.1%	28,038	36.6%
		Yes, to some extent	1,452	49.2%	2,001	47.9%	37,786	49.3%
		No	374	12.7%	499	12.0%	10,757	14.0%
		Missing	402		411		11,980	
		Staff selecting Yes, definitely	2,952	38.1%	4,174	40.1%	76,581	36.6%
		Staff selecting No	2,952	12.7%	4,174	12.0%	76,581	14.0%
23d	It left me feeling that my work is valued by my organisation.	Yes, definitely	1,046	35.4%	1,466	35.1%	26,474	34.6%
		Yes, to some extent	1,337	45.3%	1,871	44.8%	34,745	45.4%
		No	571	19.3%	844	20.2%	15,369	20.1%
		Missing	400		404		11,973	
		Staff selecting Yes, definitely	2,954	35.4%	4,181	35.1%	76,588	34.6%
		Staff selecting No	2,954	19.3%	4,181	20.2%	76,588	20.1%

Metric		Description	Results					
			2024		2025		Comparator	
			n	value	n	value	n	value
24a	This organisation offers me challenging work.	Strongly disagree	43	1.3%	69	1.5%	1,373	1.6%
		Disagree	147	4.4%	190	4.2%	4,412	5.0%
		Neither agree nor disagree	629	18.8%	939	20.6%	18,740	21.3%
		Agree	1,802	54.0%	2,416	52.9%	45,661	51.9%
		Strongly agree	716	21.5%	953	20.9%	17,815	20.2%
		Missing	17		18		560	
		Staff selecting Agree/Strongly agree	3,337	75.5%	4,567	73.8%	88,001	72.1%
		Staff selecting Strongly disagree/Disagree	3,337	5.7%	4,567	5.7%	88,001	6.6%
24b	There are opportunities for me to develop my career in this organisation.	Strongly disagree	237	7.1%	327	7.2%	6,923	7.9%
		Disagree	454	13.6%	688	15.1%	13,078	14.8%
		Neither agree nor disagree	746	22.3%	1,058	23.1%	22,199	25.2%
		Agree	1,396	41.8%	1,866	40.8%	34,454	39.1%
		Strongly agree	510	15.3%	632	13.8%	11,424	13.0%
		Missing	11		14		483	
		Staff selecting Agree/Strongly agree	3,343	57.0%	4,571	54.6%	88,078	52.1%
		Staff selecting Strongly disagree/Disagree	3,343	20.7%	4,571	22.2%	88,078	22.7%
24c	I have opportunities to improve my knowledge and skills.	Strongly disagree	95	2.8%	139	3.0%	3,140	3.6%
		Disagree	256	7.7%	336	7.4%	6,340	7.2%
		Neither agree nor disagree	502	15.0%	741	16.2%	14,928	17.0%
		Agree	1,819	54.5%	2,486	54.5%	47,440	53.9%
		Strongly agree	667	20.0%	860	18.9%	16,133	18.3%
		Missing	15		23		580	
		Staff selecting Agree/Strongly agree	3,339	74.5%	4,562	73.3%	87,981	72.3%
		Staff selecting Strongly disagree/Disagree	3,339	10.5%	4,562	10.4%	87,981	10.8%

Metric		Description	Results					
			2024		2025		Comparator	
			<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>
24d	I feel supported to develop my potential.	Strongly disagree	159	4.8%	255	5.6%	4,986	5.7%
		Disagree	337	10.1%	482	10.6%	9,245	10.5%
		Neither agree nor disagree	781	23.4%	1,049	23.1%	21,302	24.3%
		Agree	1,476	44.2%	2,030	44.7%	38,296	43.6%
		Strongly agree	586	17.6%	725	16.0%	13,936	15.9%
		Missing	15		44		796	
		Staff selecting Agree/Strongly agree	3,339	61.8%	4,541	60.7%	87,765	59.5%
		Staff selecting Strongly disagree/Disagree	3,339	14.9%	4,541	16.2%	87,765	16.2%
24e	I am able to access the right learning and development opportunities when I need to.	Strongly disagree	142	4.3%	213	4.7%	4,048	4.6%
		Disagree	343	10.3%	529	11.7%	8,773	10.1%
		Neither agree nor disagree	777	23.3%	1,042	23.0%	20,961	24.0%
		Agree	1,569	47.0%	2,080	45.9%	40,234	46.1%
		Strongly agree	508	15.2%	663	14.6%	13,200	15.1%
		Missing	15		58		1,345	
		Staff selecting Agree/Strongly agree	3,339	62.2%	4,527	60.6%	87,216	61.3%
		Staff selecting Strongly disagree/Disagree	3,339	14.5%	4,527	16.4%	87,216	14.7%
24f	I am able to access clinical supervision opportunities when I need to.	Strongly disagree	-	-	64	1.7%	1,577	2.2%
		Disagree	-	-	134	3.5%	3,237	4.5%
		Neither agree nor disagree	-	-	407	10.5%	10,820	15.0%
		Agree	-	-	1,890	49.0%	34,189	47.4%
		Strongly agree	-	-	1,366	35.4%	22,328	30.9%
		Not applicable	-	-	668	14.7%	15,143	17.3%
		Missing	-	-	56		1,267	
		Staff selecting Agree/Strongly agree	-	-	3,861	84.3%	72,151	78.3%
		Staff selecting Strongly disagree/Disagree	-	-	3,861	5.1%	72,151	6.7%

Metric		Description	Results					
			2024		2025		Comparator	
			<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>
YOUR ORGANISATION								
25a	Care of patients / service users is my organisation's top priority.	Strongly disagree	44	1.3%	106	2.3%	1,923	2.2%
		Disagree	208	6.2%	382	8.4%	6,059	6.9%
		Neither agree nor disagree	446	13.4%	638	14.0%	13,026	14.8%
		Agree	1,547	46.4%	2,074	45.4%	41,512	47.1%
		Strongly agree	1,092	32.7%	1,368	29.9%	25,538	29.0%
		Missing	17		17		503	
		Staff selecting Agree/Strongly agree	3,337	79.1%	4,568	75.4%	88,058	76.1%
		Staff selecting Strongly disagree/Disagree	3,337	7.6%	4,568	10.7%	88,058	9.1%
25b	My organisation acts on concerns raised by patients / service users.	Strongly disagree	31	0.9%	56	1.2%	1,072	1.2%
		Disagree	112	3.4%	167	3.7%	3,051	3.5%
		Neither agree nor disagree	559	16.8%	824	18.1%	17,697	20.1%
		Agree	1,690	50.7%	2,319	50.9%	44,035	50.1%
		Strongly agree	943	28.3%	1,191	26.1%	22,008	25.0%
		Missing	19		28		698	
		Staff selecting Agree/Strongly agree	3,335	79.0%	4,557	77.0%	87,863	75.2%
		Staff selecting Strongly disagree/Disagree	3,335	4.3%	4,557	4.9%	87,863	4.7%
25c	I would recommend my organisation as a place to work.	Strongly disagree	158	4.7%	278	6.1%	4,359	5.0%
		Disagree	306	9.2%	476	10.4%	8,029	9.1%
		Neither agree nor disagree	798	23.9%	1,176	25.7%	20,711	23.5%
		Agree	1,410	42.3%	1,808	39.6%	36,785	41.8%
		Strongly agree	664	19.9%	830	18.2%	18,093	20.6%
		Missing	18		17		584	
		Staff selecting Agree/Strongly agree	3,336	62.2%	4,568	57.7%	87,977	62.4%
		Staff selecting Strongly disagree/Disagree	3,336	13.9%	4,568	16.5%	87,977	14.1%

Metric		Description	Results					
			2024		2025		Comparator	
			n	value	n	value	n	value
25d	If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	Strongly disagree	126	3.8%	218	4.8%	3,202	3.6%
		Disagree	298	8.9%	454	9.9%	7,064	8.0%
		Neither agree nor disagree	804	24.1%	1,170	25.6%	21,112	24.0%
		Agree	1,510	45.3%	1,940	42.5%	39,591	45.1%
		Strongly agree	599	18.0%	786	17.2%	16,876	19.2%
		Missing	17		17		716	
		Staff selecting Agree/Strongly agree	3,337	63.2%	4,568	59.7%	87,845	64.3%
		Staff selecting Strongly disagree/Disagree	3,337	12.7%	4,568	14.7%	87,845	11.7%
25e	I feel safe to speak up about anything that concerns me in this organisation.	Strongly disagree	126	3.8%	244	5.3%	4,002	4.6%
		Disagree	332	9.9%	492	10.8%	8,126	9.3%
		Neither agree nor disagree	683	20.5%	964	21.1%	18,792	21.4%
		Agree	1,566	46.9%	2,016	44.2%	40,492	46.1%
		Strongly agree	631	18.9%	845	18.5%	16,390	18.7%
		Missing	16		24		759	
		Staff selecting Agree/Strongly agree	3,338	65.8%	4,561	62.7%	87,802	64.8%
		Staff selecting Strongly disagree/Disagree	3,338	13.7%	4,561	16.1%	87,802	13.8%
25f	If I spoke up about something that concerned me I am confident my organisation would address my concern.	Strongly disagree	176	5.3%	284	6.2%	5,077	5.8%
		Disagree	381	11.4%	579	12.7%	9,864	11.2%
		Neither agree nor disagree	964	28.9%	1,376	30.2%	26,632	30.4%
		Agree	1,290	38.6%	1,647	36.2%	32,838	37.4%
		Strongly agree	528	15.8%	670	14.7%	13,312	15.2%
		Missing	15		29		838	
		Staff selecting Agree/Strongly agree	3,339	54.4%	4,556	50.9%	87,723	52.6%
		Staff selecting Strongly disagree/Disagree	3,339	16.7%	4,556	18.9%	87,723	17.0%

Metric		Description	Results					
			2024		2025		Comparator	
			<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>
26a	I often think about leaving this organisation.	Strongly disagree	605	18.1%	759	16.6%	15,480	17.6%
		Disagree	981	29.4%	1,296	28.3%	25,970	29.5%
		Neither agree nor disagree	806	24.1%	1,224	26.7%	22,909	26.0%
		Agree	652	19.5%	937	20.5%	16,551	18.8%
		Strongly agree	295	8.8%	363	7.9%	7,234	8.2%
		Missing	15		6		417	
		Staff selecting Strongly disagree/Disagree	3,339	47.5%	4,579	44.9%	88,144	47.0%
		Staff selecting Agree/Strongly agree	3,339	28.4%	4,579	28.4%	88,144	27.0%
26b	I will probably look for a job at a new organisation in the next 12 months.	Strongly disagree	804	24.1%	1,035	22.7%	19,665	22.4%
		Disagree	1,110	33.2%	1,522	33.4%	27,755	31.6%
		Neither agree nor disagree	788	23.6%	1,205	26.4%	22,577	25.7%
		Agree	410	12.3%	533	11.7%	11,500	13.1%
		Strongly agree	228	6.8%	267	5.9%	6,440	7.3%
		Missing	14		23		624	
		Staff selecting Strongly disagree/Disagree	3,340	57.3%	4,562	56.0%	87,937	53.9%
		Staff selecting Agree/Strongly agree	3,340	19.1%	4,562	17.5%	87,937	20.4%
26c	As soon as I can find another job, I will leave this organisation.	Strongly disagree	1,001	30.1%	1,291	28.4%	24,556	28.0%
		Disagree	1,121	33.7%	1,537	33.8%	28,515	32.5%
		Neither agree nor disagree	776	23.3%	1,152	25.3%	21,841	24.9%
		Agree	236	7.1%	335	7.4%	7,148	8.2%
		Strongly agree	194	5.8%	236	5.2%	5,555	6.3%
		Missing	26		34		946	
		Staff selecting Strongly disagree/Disagree	3,328	63.8%	4,551	62.1%	87,615	60.6%
		Staff selecting Agree/Strongly agree	3,328	12.9%	4,551	12.5%	87,615	14.5%

Metric		Description	Results					
			2024		2025		Comparator	
			<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>
26d	If you are considering leaving your current job, what would be your most likely destination?	I am not considering leaving my current job.	1,638	52.8%	2,183	52.2%	41,652	52.0%
		I would want to move to another job within this organisation.	494	15.9%	588	14.0%	10,660	13.3%
		I would want to move to a job in a different NHS Trust/organisation.	343	11.1%	486	11.6%	11,364	14.2%
		I would want to move to a job in healthcare, but outside the NHS.	131	4.2%	236	5.6%	3,685	4.6%
		I would want to move to a job outside healthcare.	233	7.5%	382	9.1%	6,167	7.7%
		I would retire or take a career break.	261	8.4%	311	7.4%	6,543	8.2%
		Missing	254		399		8,490	

Metric		Description	Results					
			2024		2025		Comparator	
			<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>
BACKGROUND INFORMATION								
27a	Which of the following best describes you?	Female	2,469	73.9%	3,391	74.4%	66,452	75.7%
		Male	769	23.0%	968	21.3%	17,301	19.7%
		Non-binary	8	0.2%	19	0.4%	237	0.3%
		Prefer to self-describe	0	0.0%	3	0.1%	143	0.2%
		Prefer not to say	93	2.8%	174	3.8%	3,615	4.1%
		Missing	15		30		813	
27b	Is your gender identity the same as the sex you were registered at birth?	Yes	2,994	96.5%	4,188	95.8%	78,957	95.5%
		No	15	0.5%	26	0.6%	401	0.5%
		Prefer not to say	95	3.1%	156	3.6%	3,318	4.0%
		Missing	250		215		5,885	
27c	Age:	16-20	14	0.4%	11	0.2%	207	0.2%
		21-30	468	14.2%	634	14.0%	10,890	12.5%
		31-40	802	24.3%	1,166	25.8%	20,433	23.5%
		41-50	809	24.5%	1,142	25.3%	22,604	26.0%
		51-65	1,166	35.3%	1,497	33.1%	30,776	35.5%
		66+	47	1.4%	67	1.5%	1,889	2.2%
		Missing	48		68		1,762	

Metric		Description	Results					
			2024		2025		Comparator	
			<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>
28	What is your ethnic group?	White: English / Welsh / Scottish / Northern Irish / British	2,866	86.4%	3,897	85.7%	62,821	72.1%
		White: Irish	24	0.7%	32	0.7%	883	1.0%
		White: Gypsy or Irish Traveller	0	0.0%	3	0.1%	62	0.1%
		White: Any other White background	65	2.0%	84	1.8%	3,740	4.3%
		Mixed/Multiple ethnic background: White and Black Caribbean	5	0.2%	10	0.2%	585	0.7%
		Mixed/Multiple ethnic background: White and Black African	7	0.2%	19	0.4%	411	0.5%
		Mixed/Multiple ethnic background: White and Asian	13	0.4%	28	0.6%	532	0.6%
		Mixed/Multiple ethnic background: Any other Mixed / Multiple ethnic background	18	0.5%	14	0.3%	801	0.9%
		Asian/Asian British: Indian	59	1.8%	93	2.0%	4,001	4.6%
		Asian/Asian British: Pakistani	12	0.4%	16	0.4%	1,051	1.2%
		Asian/Asian British: Bangladeshi	5	0.2%	12	0.3%	367	0.4%
		Asian/Asian British: Chinese	5	0.2%	9	0.2%	386	0.4%
		Asian/Asian British: Filipino	0	0.0%	9	0.2%	444	0.5%
		Asian/Asian British: Any other Asian background	17	0.5%	16	0.4%	1,075	1.2%
		Black/African/Caribbean/Black British: African	204	6.1%	267	5.9%	7,140	8.2%
		Black/African/Caribbean/Black British: Caribbean	2	0.1%	3	0.1%	1,259	1.4%
		Black/African/Caribbean/Black British: Any other Black / African / Caribbean background	7	0.2%	7	0.2%	478	0.5%
		Other ethnic group: Arab	4	0.1%	14	0.3%	206	0.2%
		Other ethnic group: Any other ethnic background	5	0.2%	16	0.4%	861	1.0%
		Missing	36		36		1,458	

Metric		Description	Results					
			2024		2025		Comparator	
			n	value	n	value	n	value
29	Which of the following best describes how you think of yourself?	Heterosexual or Straight	2,944	88.4%	3,993	87.8%	76,329	87.1%
		Gay or Lesbian	105	3.2%	142	3.1%	2,312	2.6%
		Bisexual	88	2.6%	132	2.9%	2,386	2.7%
		Other	20	0.6%	29	0.6%	578	0.7%
		I would prefer not to say	173	5.2%	254	5.6%	6,076	6.9%
		Missing	24		35		880	
30	What is your religion? Are you...	No religion	1,628	48.8%	2,226	48.9%	36,717	41.9%
		Christian	1,419	42.6%	1,900	41.7%	37,307	42.6%
		Buddhist	9	0.3%	17	0.4%	538	0.6%
		Hindu	26	0.8%	47	1.0%	1,821	2.1%
		Jewish	5	0.2%	4	0.1%	258	0.3%
		Muslim	48	1.4%	68	1.5%	2,997	3.4%
		Sikh	4	0.1%	6	0.1%	634	0.7%
		Any other religion	44	1.3%	56	1.2%	1,155	1.3%
		I would prefer not to say	150	4.5%	229	5.0%	6,241	7.1%
31a	Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?	Yes	1,209	36.5%	1,646	36.3%	26,559	30.6%
		No	2,103	63.5%	2,889	63.7%	60,370	69.4%
		Missing	42		50		1,632	
31b	Has your employer made reasonable adjustment(s) to enable you to carry out your work?	Yes	622	79.6%	929	82.0%	13,867	79.3%
		No	159	20.4%	204	18.0%	3,625	20.7%
		No adjustment required	408	34.3%	508	31.0%	8,921	33.8%
		Missing	2,165		2,944		62,148	
		Staff selecting Yes	781	79.6%	1,133	82.0%	17,492	79.3%
		Staff selecting No	781	20.4%	1,133	18.0%	17,492	20.7%
32a	Do you have any children aged from 0 to 17 living at home with you, or who you have regular caring responsibility for?	Yes	1,299	39.1%	1,877	41.3%	35,941	41.2%
		No	2,026	60.9%	2,668	58.7%	51,227	58.8%
		Missing	29		40		1,393	

Metric		Description	Results					
			2024		2025		Comparator	
			n	value	n	value	n	value
32b	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?	Yes	1,281	38.7%	1,826	40.1%	32,743	37.5%
		No	2,029	61.3%	2,729	59.9%	54,634	62.5%
		Missing	44		30		1,184	
33	When you were aged about 14, was the main or highest income earner in your household an employee, self-employed, or not working?	Employee	-	-	3,285	72.1%	56,902	67.0%
		Self-employed with employees	-	-	309	6.8%	7,158	8.4%
		Self-employed or freelancer without employees	-	-	302	6.6%	6,968	8.2%
		They were not working	-	-	241	5.3%	4,083	4.8%
		Prefer not to say	-	-	417	9.2%	9,795	11.5%
		Missing	-	-	31		3,655	
34	When you were aged about 14, how many people worked for the main or highest income earner's employer?	1-24	-	-	541	16.5%	10,455	18.5%
		25 or more	-	-	1,386	42.4%	22,100	39.0%
		I don't know	-	-	1,291	39.5%	22,836	40.3%
		Prefer not to say	-	-	53	1.6%	1,222	2.2%
		Missing	-	-	1,314		31,948	
35	When you were aged about 14, how many people did the main or highest income earner employ?	1-24	-	-	217	70.5%	5,072	71.1%
		25 or more	-	-	21	6.8%	689	9.7%
		I don't know	-	-	58	18.8%	1,181	16.6%
		Prefer not to say	-	-	12	3.9%	191	2.7%
		Missing	-	-	4,277		81,428	
36	When you were aged about 14, did the main or highest income earner formally supervise any other employees?	Yes	-	-	1,290	39.5%	21,958	38.8%
		No	-	-	915	28.0%	15,077	26.7%
		I don't know	-	-	1,026	31.4%	18,649	33.0%
		Prefer not to say	-	-	36	1.1%	845	1.5%
		Missing	-	-	1,318		32,032	

Metric		Description	Results					
			2024		2025		Comparator	
			<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>
37	When you were aged about 14, what was the occupation of the main or highest income earner?	Professional occupations	-	-	1,191	30.5%	22,021	30.9%
		Managers, including senior, middle, or junior	-	-	659	16.9%	13,168	18.5%
		Clerical and intermediate occupations	-	-	244	6.2%	4,252	6.0%
		Routine, semi-routine manual or service occupations	-	-	740	18.9%	12,349	17.3%
		Technical and craft occupations	-	-	689	17.6%	11,381	16.0%
		I don't know	-	-	254	6.5%	4,994	7.0%
		Prefer not to say	-	-	131	3.4%	3,057	4.3%
		Missing	-	-	677	-	17,339	-
38	Thinking about your current role, how often, if at all, do you work at / from home?	Never	1,074	32.2%	1,415	31.0%	24,062	27.5%
		Rarely	690	20.7%	1,002	22.0%	15,359	17.5%
		Sometimes	853	25.6%	1,267	27.8%	23,556	26.9%
		Often	618	18.5%	731	16.0%	21,301	24.3%
		Always	102	3.1%	146	3.2%	3,360	3.8%
		Missing	17	-	24	-	923	-
39a	How many years have you worked for this organisation?	Less than 1 year	173	5.2%	228	5.0%	6,596	7.5%
		1-2 years	562	16.9%	579	12.7%	14,753	16.8%
		3-5 years	622	18.7%	1,071	23.5%	20,595	23.4%
		6-10 years	562	16.9%	821	18.0%	16,130	18.3%
		11-15 years	341	10.2%	489	10.7%	8,866	10.1%
		More than 15 years	1,072	32.2%	1,379	30.2%	21,033	23.9%
		Missing	22	-	18	-	588	-
39b	When you joined this organisation, were you recruited from outside of the UK?	Yes	63	2.0%	104	2.3%	2,070	2.4%
		No	3,071	97.3%	4,405	96.8%	83,577	96.6%
		Prefer not to say	23	0.7%	41	0.9%	874	1.0%
		Missing	197	-	35	-	2,040	-

Metric		Description	Results					
			2024		2025		Comparator	
			<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>
40	What is your occupational group?	Allied Health Professionals / Healthcare Scientists / Scientific and Technical: Occupational Therapy	181	5.5%	252	5.6%	3,855	4.4%
		Allied Health Professionals / Healthcare Scientists / Scientific and Technical: Physiotherapy	35	1.1%	36	0.8%	2,248	2.6%
		Allied Health Professionals / Healthcare Scientists / Scientific and Technical: Radiography	0	0.0%	0	0.0%	63	0.1%
		Allied Health Professionals / Healthcare Scientists / Scientific and Technical: Pharmacy	74	2.2%	76	1.7%	1,268	1.5%
		Allied Health Professionals / Healthcare Scientists / Scientific and Technical: Clinical Psychology	149	4.5%	217	4.8%	3,812	4.4%
		Allied Health Professionals / Healthcare Scientists / Scientific and Technical: Psychotherapy	51	1.5%	92	2.0%	3,510	4.0%
		Allied Health Professionals / Healthcare Scientists / Scientific and Technical: Operating Department Practitioner	1	0.0%	0	0.0%	24	0.0%
		Allied Health Professionals / Healthcare Scientists / Scientific and Technical: Speech and Language Therapy	46	1.4%	60	1.3%	1,314	1.5%
		Allied Health Professionals / Healthcare Scientists / Scientific and Technical: Other qualified Allied Health Professionals	48	1.5%	65	1.4%	2,133	2.5%
		Allied Health Professionals / Healthcare Scientists / Scientific and Technical: Support to Allied Health Professionals	176	5.3%	200	4.4%	4,521	5.2%

Metric	Description	Results					
		2024		2025		Comparator	
		<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>
What is your occupational group? (continued)	Allied Health Professionals / Healthcare Scientists / Scientific and Technical: Other qualified Scientific and Technical or Healthcare Scientists	6	0.2%	13	0.3%	96	0.1%
	Allied Health Professionals / Healthcare Scientists / Scientific and Technical: Support to healthcare scientists	10	0.3%	18	0.4%	304	0.4%
	Medical and Dental: Medical / Dental - Consultant	95	2.9%	134	3.0%	1,747	2.0%
	Medical and Dental: Medical / Dental - In Training	1	0.0%	2	0.0%	474	0.5%
	Medical and Dental: Medical / Dental - SAS doctor	41	1.2%	53	1.2%	643	0.7%
	Medical and Dental: Medical / Dental - Other	9	0.3%	9	0.2%	169	0.2%
	Medical and Dental: Salaried Primary Care Dentists	0	0.0%	0	0.0%	84	0.1%
	Ambulance (operational): Emergency Care Practitioner	0	0.0%	0	0.0%	9	0.0%
	Ambulance (operational): Paramedic	0	0.0%	0	0.0%	61	0.1%
	Ambulance (operational): Emergency Care Assistant	0	0.0%	0	0.0%	9	0.0%
	Ambulance (operational): Ambulance Technician	0	0.0%	0	0.0%	0	0.0%
	Ambulance (operational): Ambulance Control Staff	0	0.0%	0	0.0%	6	0.0%
	Ambulance (operational): Patient Transport Service	0	0.0%	0	0.0%	25	0.0%
	Public Health: Public Health / Health Improvement	16	0.5%	15	0.3%	623	0.7%
	Commissioning: Commissioning managers / support staff	20	0.6%	15	0.3%	186	0.2%

Metric	Description	Results					
		2024		2025		Comparator	
		<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>
What is your occupational group? (continued)	Registered Nurses and Midwives: Adult / General	54	1.6%	74	1.6%	4,612	5.3%
	Registered Nurses and Midwives: Mental health	749	22.7%	1,218	27.0%	15,708	18.1%
	Registered Nurses and Midwives: Learning disabilities	167	5.1%	272	6.0%	1,730	2.0%
	Registered Nurses and Midwives: Children	7	0.2%	14	0.3%	817	0.9%
	Registered Nurses and Midwives: Midwives	0	0.0%	0	0.0%	42	0.0%
	Registered Nurses and Midwives: Health Visitors	1	0.0%	2	0.0%	1,144	1.3%
	Registered Nurses and Midwives: District / Community	3	0.1%	8	0.2%	2,002	2.3%
	Registered Nurses and Midwives: Other Registered Nurses	8	0.2%	13	0.3%	631	0.7%
	Nursing or Healthcare Assistants: Nursing auxiliary / Nursing assistant / Healthcare assistant	465	14.1%	568	12.6%	6,334	7.3%
	Social Care: Social workers	42	1.3%	74	1.6%	1,357	1.6%
	Social Care: Social care managers	2	0.1%	3	0.1%	68	0.1%
	Social Care: Social care support staff	5	0.2%	5	0.1%	276	0.3%
	Wider Healthcare Team: Admin & Clerical	503	15.2%	584	12.9%	11,917	13.7%
	Wider Healthcare Team: Central Functions / Corporate Services	189	5.7%	188	4.2%	5,323	6.1%
	Wider Healthcare Team: Maintenance / Ancillary	0	0.0%	2	0.0%	2,622	3.0%
	General Management: General Management	40	1.2%	45	1.0%	2,001	2.3%
	Other: Other occupational group	106	3.2%	183	4.1%	2,922	3.4%
	Missing	54		75		1,871	

2. Appendix - Bank Staff Survey Results

2.1. Introduction

2.1.1. Overview

This section of the report presents your organisation's results for the 2025 National NHS Bank Staff Survey in the form of People Promises, Themes and question scores. This provides an indication of how bank staff are scoring against substantive staff within your organisation (section 2.3.1). Throughout the section, the People Promises / Themes and the questions that comprise them are presented, facilitating a focused analysis of key areas.

Staff Engagement and Morale scores are presented in sections 2.3.3 / 2.3.4 respectively.

Final response level results are presented in frequency tables at the end of the report, in the same format as the initial results sent out in December 2025.

For information on the processes applied to data (such as cleaning) and the types of scoring used in this section, please refer to the 'Understanding your Results' section on page 125.

2.1.2. Methodology and Sampling

The National NHS Bank Staff survey was undertaken by IQVIA for a total of 79 organisations between September and November 2025.

The bank staff survey was conducted online only. To conduct the survey, certain criteria had to be met such as ensuring staff email addresses are up to date and accessed regularly, and that staff are allowed time to complete the survey at work. Invitations to take part were delivered by email or via a paper invitation with a QR code and link / login to the online survey. Reminders were sent to all staff who had not responded at each point when reminders were issued; up to a total of 6 email and 2 SMS reminders.

All organisations conducted a full census of all eligible staff. Staff within the sample had to meet eligibility criteria i.e. in the six months between 1 March 2025 and 1 Sept 2025, they have been paid for bank shifts but do not have a substantive or fixed term contract with your organisation.

2.1.3. Response Rates

Questionnaires were sent to 435 bank staff in your organisation.

No respondents were deemed ineligible therefore the usable sample remained at 435.

From the usable sample, 112 questionnaires were returned yielding a response rate of 25.75%.

2.1. Introduction

2.1.4. Publishing and Publicising your Results

This is a confidential report from IQVIA to the organisation. The decision about whether or not to publish it - or publicise its contents to staff or patients - is entirely up to each organisation. However, our strong advice, in the spirit of openness and transparency, is that the results should be publicised through all available channels. Publicity could include:

- presentations to the Board on key strategic issues
- distribution of findings to Clinical Governance teams, and to Divisional and Departmental heads
- discussions on the results with staff representatives
- publication of results on the internet
- display presentations in appropriate locations in the organisation.

Whatever decision is taken locally, there will be a national publication of the results for each organisation. **Until the Coordination Centre publishes the national results, there is an embargo on the publication of any survey results from the benchmarked analysis in the reports.** The national publication date announced by the Coordination Centre is still to be confirmed.

2.2. Understanding your Results

2.2.1. Data Cleaning

Data cleaning is undertaken on the raw survey data to ensure that incorrect or inappropriate responses are removed from certain questions. Data cleaning has been applied where there is routing (i.e. where respondents are directed to a subsequent question depending on their answer to the lead question). Sometimes there are conflicts in the answers that respondents give to these questions and the data is corrected to account for this. For example, respondents answering "No" to Q16d ("In the last three months, have you ever come to work despite not feeling well enough to perform your duties?") are directed to go to Q17. If a respondent answers "No" to Q16d and also answers Q16e about pressure from a manager to come to work when unwell, then their response to Q16e will be deleted.

2.2.2. People Promises / Themes and Question Scores

People Promises / Themes can be considered as summary scores for groups of questions which, when taken together, give more information about a particular area. They are presented as scale scores (on a scale of 0 to 10). Individual question scores are expressed as percentages.

There are seven People Promises and two Themes within this section, which are:

- 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

Question scores are presented beneath the People Promises / Themes they feed into. Please note that it's not always possible to directly compare question scores to the People Promises / Themes, as there are specific rules in the calculations which act to limit the respondent base (e.g. a respondent must have answered a majority of the questions that compose the People Promise / Theme to be included in its calculation). The question scores do however provide a good indication of the strengths and weaknesses within the area addressed by the People Promise / Theme.

2.2.3. Positive and Negative Findings

In most cases, questions report on a positive aspect of staff experience. For these questions, the higher the score, the better the organisation is performing. However, there are some questions that report on negative aspects. An example of a negative question is Q16b (In the last 12 months, have you experienced musculoskeletal problems (MSK) as a result of work activities?). For these questions, the lower the score, the better. Throughout the section, negative findings are indicated with a red shaded background.

2.3. Survey Results

2.3.1. Benchmarking

2.3.1. Measuring Significance

In this section, your organisation's bank scores are plotted against your organisation's substantive score. The difference between the scores is represented by the coloured gap between the blue bars. Where statistically significant differences arise, the coloured gap is highlighted green or red for positive or negative differences respectively.

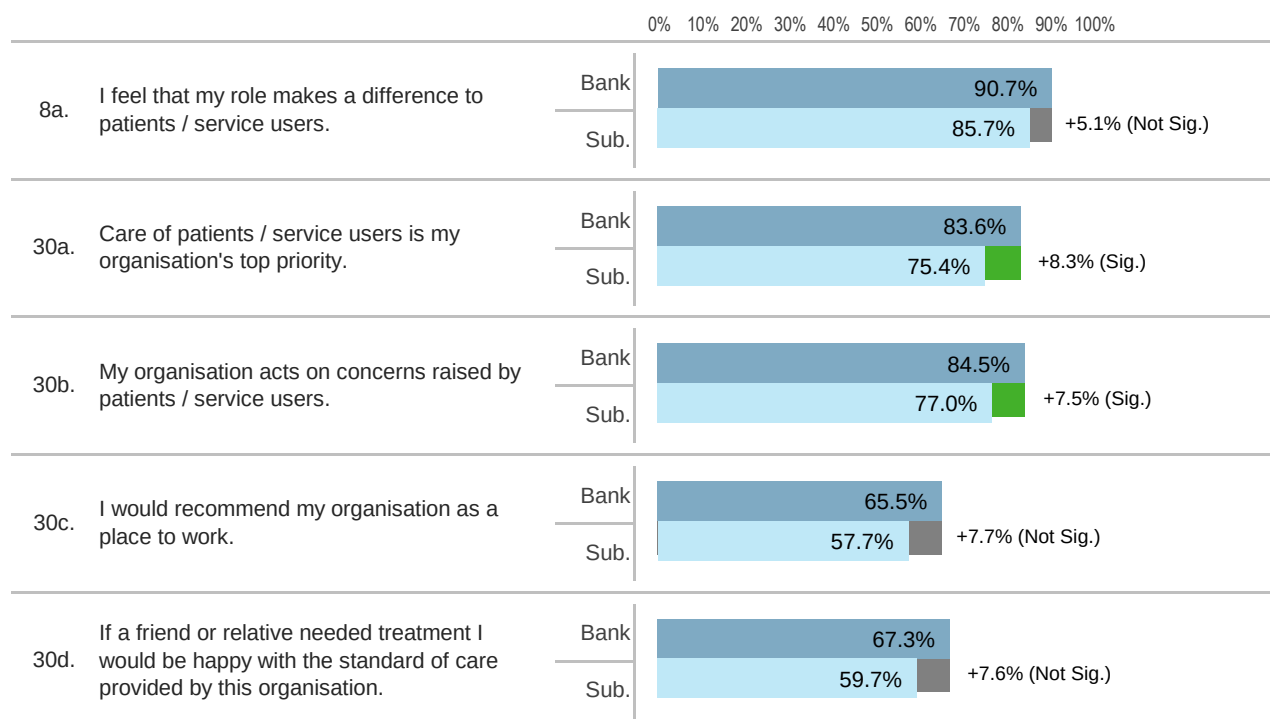
Some questions will appear below more than once as they comprise both a People Promise score and a Theme score.

We are compassionate and inclusive

People Promise 1 - We are compassionate and inclusive	Bank	Sub.	Diff.
	7.11	7.52	-0.41 (Sig.)

Compassionate culture

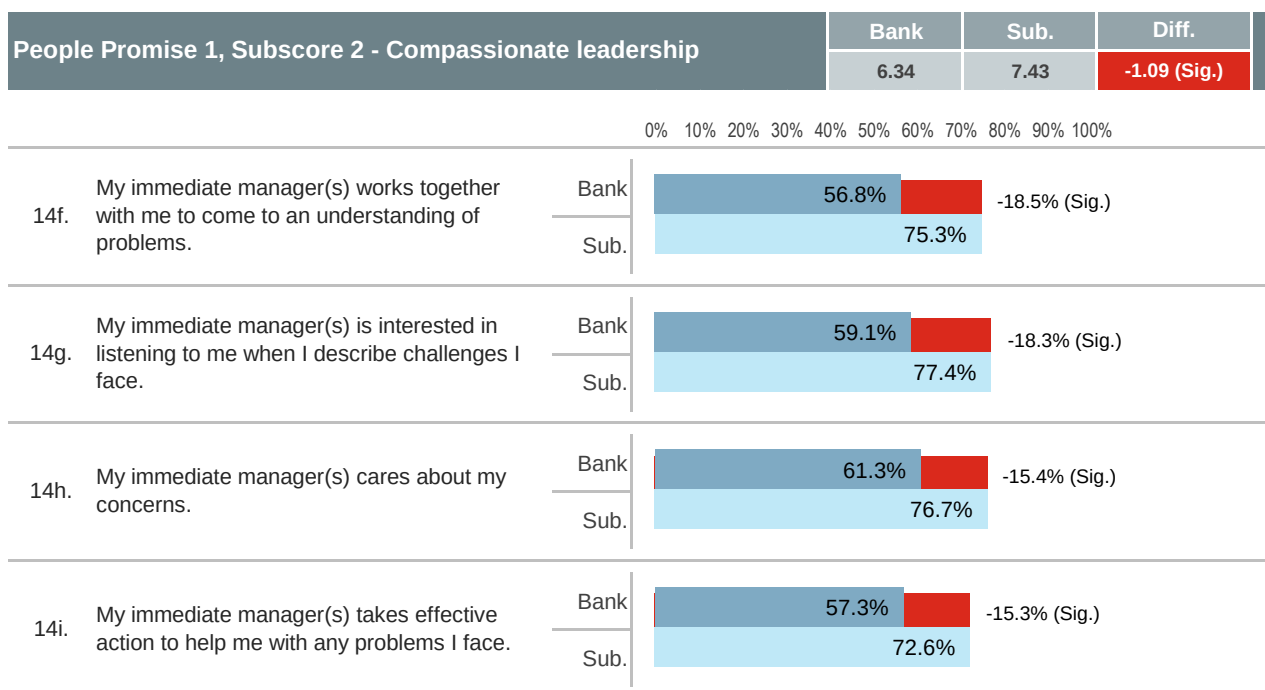
People Promise 1, Subscore 1 - Compassionate culture	Bank	Sub.	Diff.
	7.67	7.07	+0.60 (Sig.)



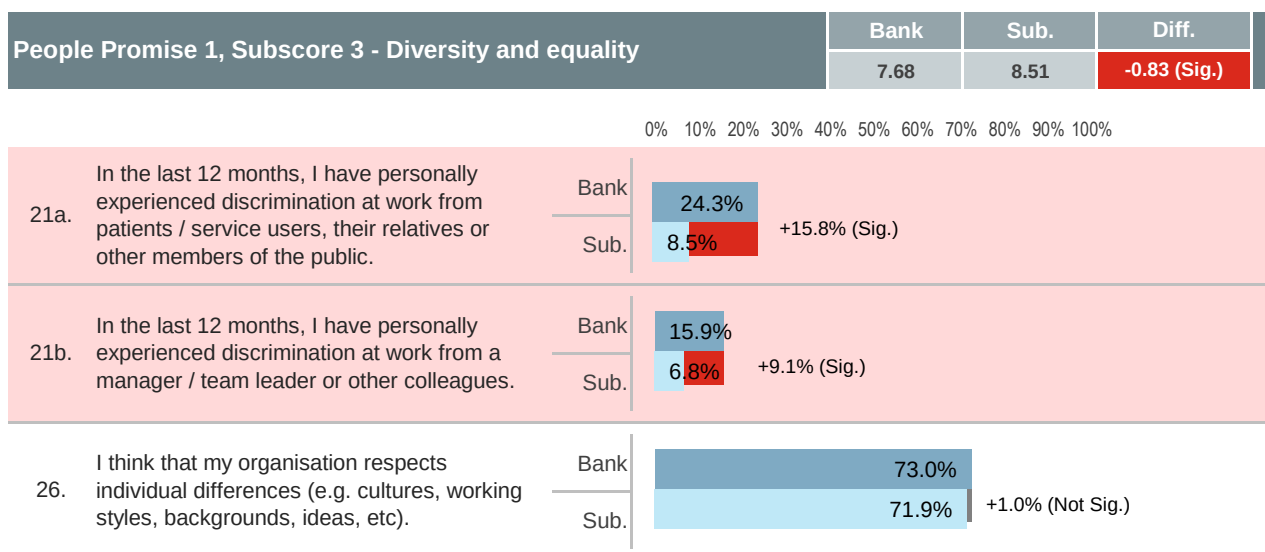
2.3.1. Benchmarking

2.3.1. Measuring Significance

Compassionate leadership



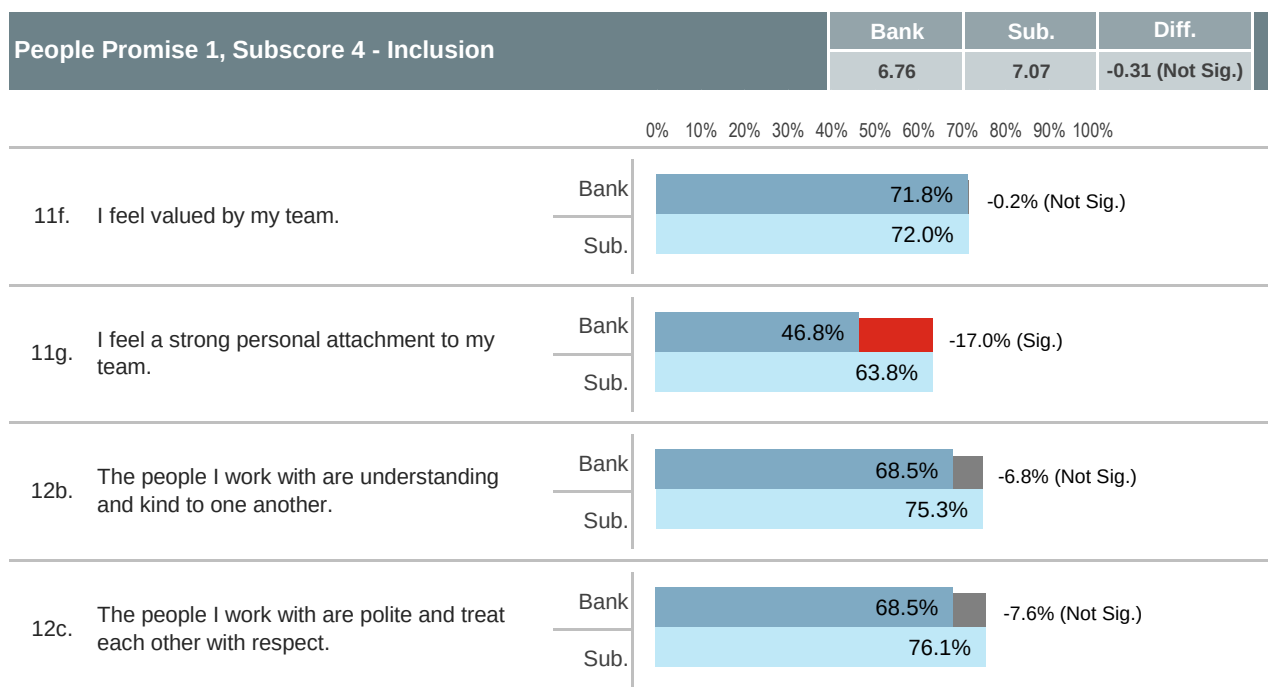
Diversity and equality



2.3.1. Benchmarking

2.3.1. Measuring Significance

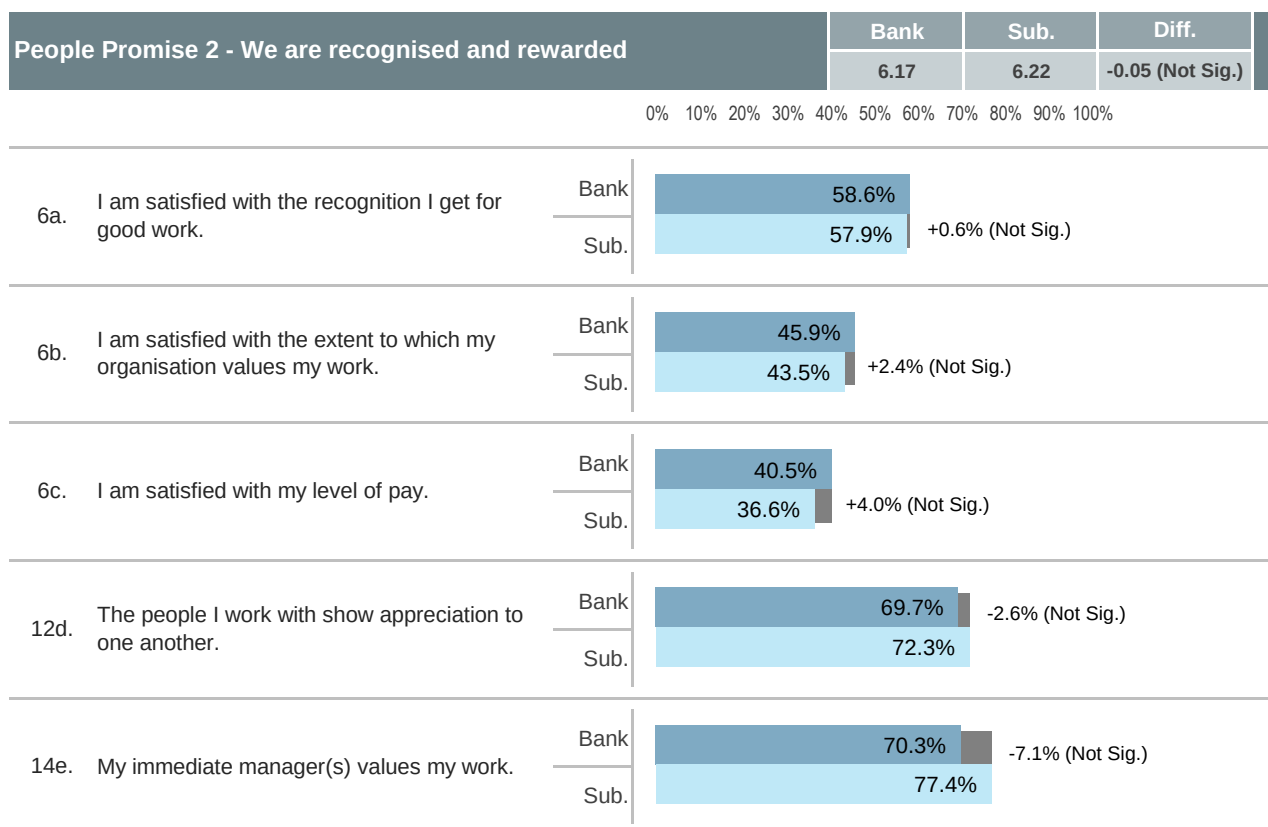
Inclusion



2.3.1. Benchmarking

2.3.1. Measuring Significance

We are recognised and rewarded



2.3.1. Benchmarking

2.3.1. Measuring Significance

We each have a voice that counts

People Promise 3 - We each have a voice that counts	Bank	Sub.	Diff.
	6.71	6.75	-0.04 (Not Sig.)

Autonomy and control

People Promise 3, Subscore 1 - Autonomy and control	Bank	Sub.	Diff.
	6.46	6.95	-0.48 (Sig.)

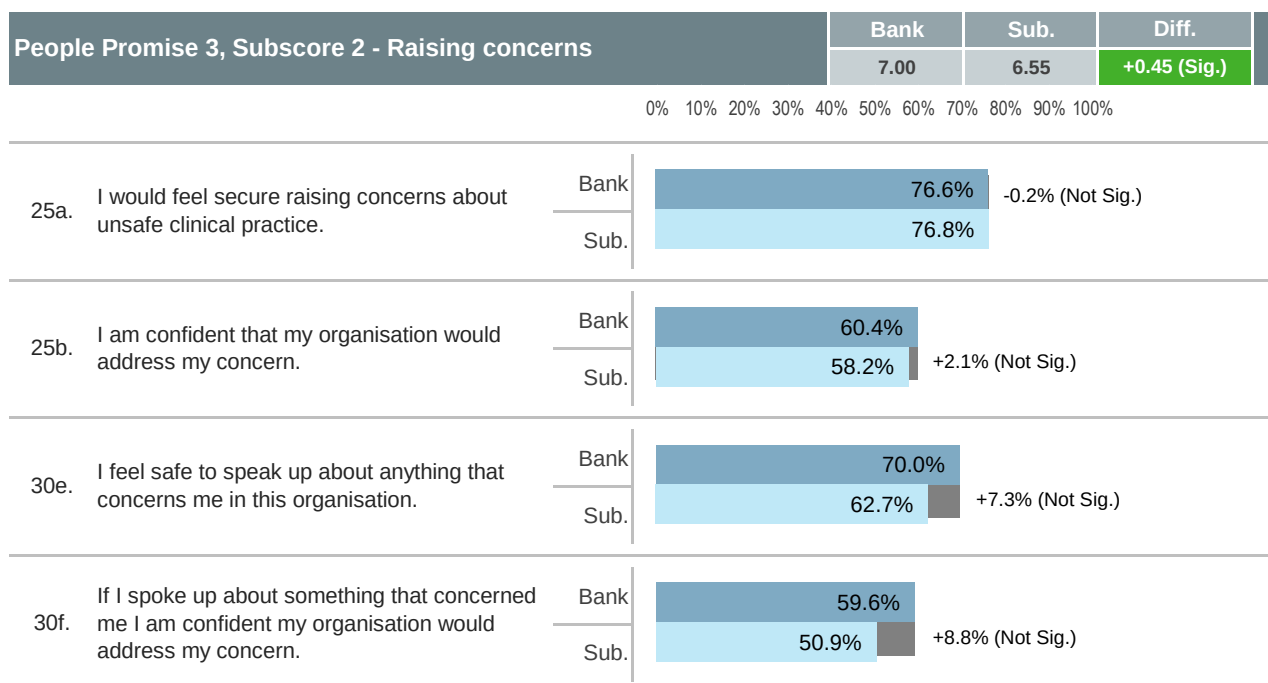
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

5a.	I always know what my work responsibilities are.	Bank	92.8%	Sub.	83.4%	+9.4% (Sig.)
5b.	I am trusted to do my job.	Bank	93.6%	Sub.	88.5%	+5.1% (Sig.)
5c.	There are frequent opportunities for me to show initiative in my role.	Bank	59.1%	Sub.	73.9%	-14.8% (Sig.)
5d.	I am able to make suggestions to improve the work we do.	Bank	58.2%	Sub.	73.3%	-15.1% (Sig.)
5e.	I am involved in deciding on changes introduced that affect my work.	Bank	27.9%	Sub.	48.4%	-20.5% (Sig.)
5f.	I am able to make improvements happen at work.	Bank	45.9%	Sub.	56.5%	-10.6% (Sig.)
7b.	I have a choice in deciding how to do my work.	Bank	25.9%	Sub.	58.4%	-32.5% (Sig.)

2.3.1. Benchmarking

2.3.1. Measuring Significance

Raising concerns



2.3.1. Benchmarking

2.3.1. Measuring Significance

We are safe and healthy

People Promise 4 - We are safe and healthy	Bank	Sub.	Diff.
	6.92	6.28	+0.64 (Sig.)

Health and safety climate

People Promise 4, Subscore 1 - Health and safety climate	Bank	Sub.	Diff.
	6.72	5.83	+0.89 (Sig.)

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

5g.	I am able to meet all the conflicting demands on my time at work.	Bank	61.3%	Sub.	48.0%	+13.2% (Sig.)
5h.	I have adequate materials, supplies and equipment to do my work.	Bank	74.3%	Sub.	62.9%	+11.4% (Sig.)
5i.	When I am at work, there are enough staff for me to do my job properly.	Bank	42.3%	Sub.	31.6%	+10.7% (Sig.)
7a.	I never / rarely have unrealistic time pressures.	Bank	47.7%	Sub.	31.1%	+16.6% (Sig.)
16a.	My organisation takes positive action on health and well-being.	Bank	58.9%	Sub.	57.4%	+1.5% (Not Sig.)
18d.	The last time I experienced physical violence at work, myself or a colleague reported it.	Bank	100.0%	Sub.	95.9%	+4.1% (Sig.)
19d.	The last time I experienced harassment, bullying or abuse at work, myself or a colleague reported it.	Bank	78.7%	Sub.	71.8%	+6.9% (Not Sig.)

2.3.1. Benchmarking

2.3.1. Measuring Significance

Burnout



2.3.1. Benchmarking

2.3.1. Measuring Significance

Negative experiences



2.3.1. Benchmarking

2.3.1. Measuring Significance

We are always learning

People Promise 5 - We are always learning	Bank	Sub.	Diff.
	6.17	6.02	+0.15 (Not Sig.)

Development

People Promise 5, Subscore 1 - Development	Bank	Sub.	Diff.
	6.17	6.57	-0.40 (Sig.)

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

29a.	This organisation offers me challenging work.	Bank	49.1%	-24.7% (Sig.)
		Sub.	73.8%	
29b.	There are opportunities for me to develop my career in this organisation.	Bank	39.4%	-15.2% (Sig.)
		Sub.	54.6%	
29c.	I have opportunities to improve my knowledge and skills.	Bank	65.1%	-8.2% (Not Sig.)
		Sub.	73.3%	
29d.	I feel supported to develop my potential.	Bank	45.5%	-15.2% (Sig.)
		Sub.	60.7%	
29e.	I am able to access the right learning and development opportunities when I need to.	Bank	60.9%	+0.3% (Not Sig.)
		Sub.	60.6%	

2.3.1. Benchmarking

2.3.1. Measuring Significance

We work flexibly

People Promise 6 - We work flexibly	Bank	Sub.	Diff.
	6.66	6.73	-0.07 (Not Sig.)

Support for work-life balance

People Promise 6, Subscore 1 - Support for work-life balance	Bank	Sub.	Diff.
	6.66	6.72	-0.06 (Not Sig.)

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

8b.	My organisation is committed to helping me balance my work and home life.	Bank	48.6%	-6.8% (Not Sig.)
		Sub.	55.4%	
8c.	I achieve a good balance between my work life and my home life.	Bank	76.1%	+16.1% (Sig.)
		Sub.	60.0%	

2.3.1. Benchmarking

2.3.1. Measuring Significance

We are a team

People Promise 7 - We are a team	Bank	Sub.	Diff.
	6.56	7.04	-0.48 (Sig.)

Team working

People Promise 7, Subscore 1 - Team working	Bank	Sub.	Diff.
	6.85	6.79	+0.06 (Not Sig.)

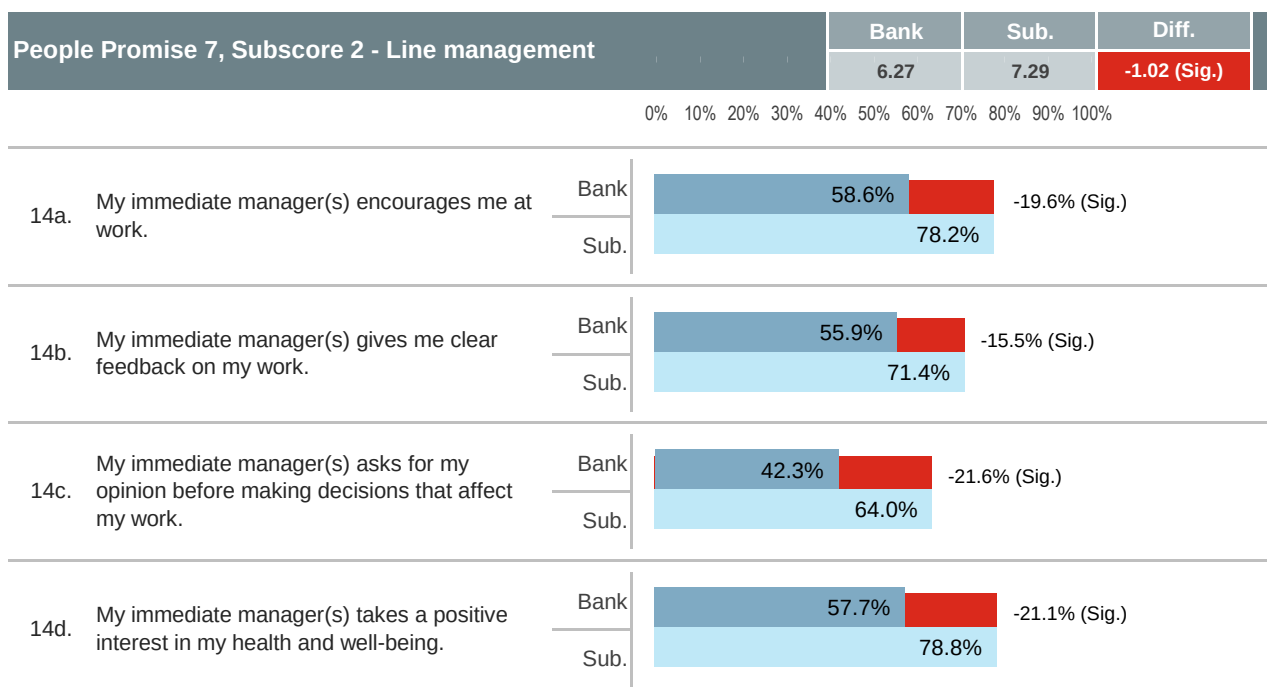
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

11a.	I receive the respect I deserve from my colleagues at work.	Bank	69.4%	-5.2% (Not Sig.)
		Sub.	74.5%	
11b.	Team members understand each other's roles.	Bank	79.3%	+9.9% (Sig.)
		Sub.	69.4%	
11c.	I enjoy working with the colleagues in my team.	Bank	80.2%	-3.1% (Not Sig.)
		Sub.	83.2%	
11d.	My team has enough freedom in how to do its work.	Bank	52.3%	-4.0% (Not Sig.)
		Sub.	56.2%	
11e.	In my team disagreements are dealt with constructively.	Bank	50.0%	-9.0% (Not Sig.)
		Sub.	59.0%	
12a.	Teams within this organisation work well together to achieve their objectives.	Bank	70.3%	+16.3% (Sig.)
		Sub.	54.0%	

2.3.1. Benchmarking

2.3.1. Measuring Significance

Line management



2.3.1. Benchmarking

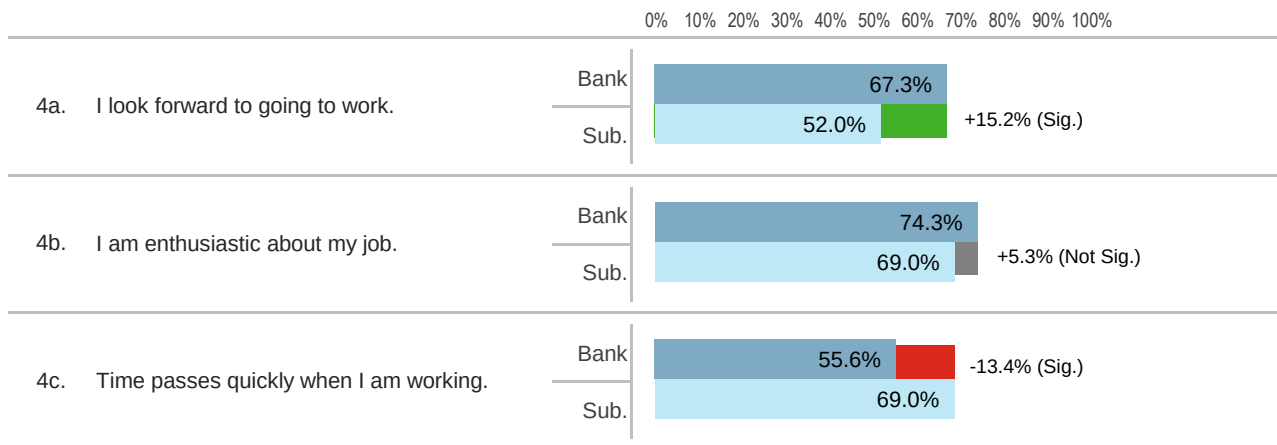
2.3.1. Measuring Significance

Staff engagement

Theme - Staff engagement	Bank	Sub.	Diff.
	7.01	6.82	+0.19 (Not Sig.)

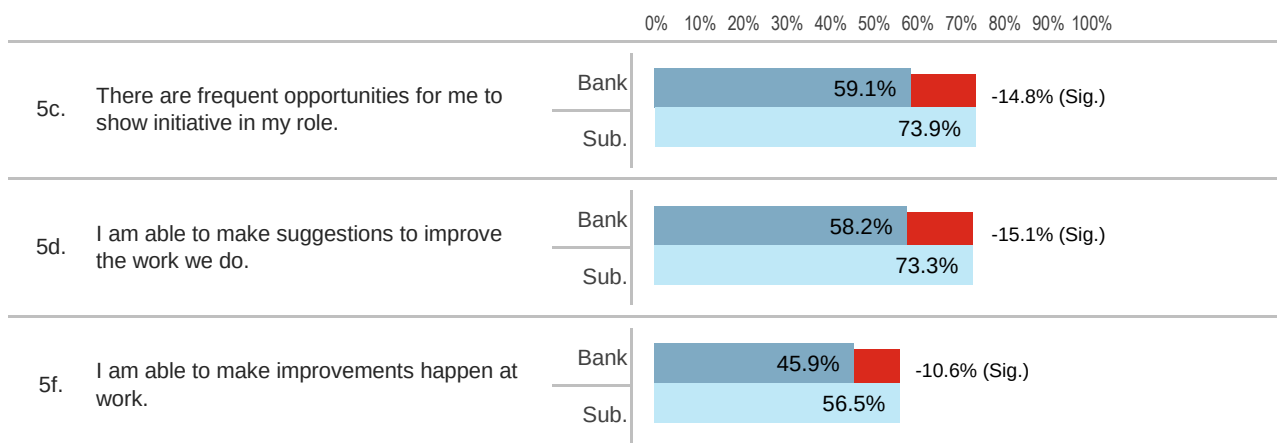
Motivation

Subscore 1 - Motivation	Bank	Sub.	Diff.
	7.22	6.88	+0.35 (Not Sig.)



Involvement

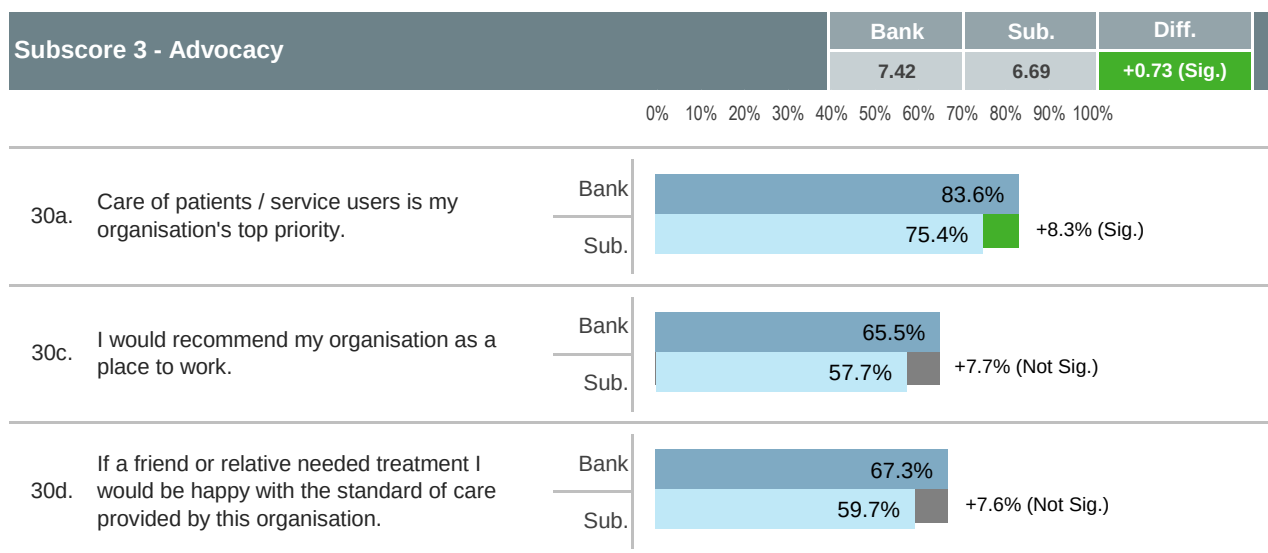
Subscore 2 - Involvement	Bank	Sub.	Diff.
	6.38	6.88	-0.50 (Sig.)



2.3.1. Benchmarking

2.3.1. Measuring Significance

Advocacy



2.3.1. Benchmarking

2.3.1. Measuring Significance

Morale

Theme - Morale	Bank	Sub.	Diff.
	5.99	6.10	-0.11 (Not Sig.)

Future intentions

Subscore 1 - Future intentions	Bank	Sub.	Diff.
	5.28	6.28	-1.00 (Sig.)

Morale Sub-score 1 is made up of non evaluative questions and so cannot be displayed

Work pressure

Subscore 2 - Work pressure	Bank	Sub.	Diff.
	6.33	5.45	+0.89 (Sig.)

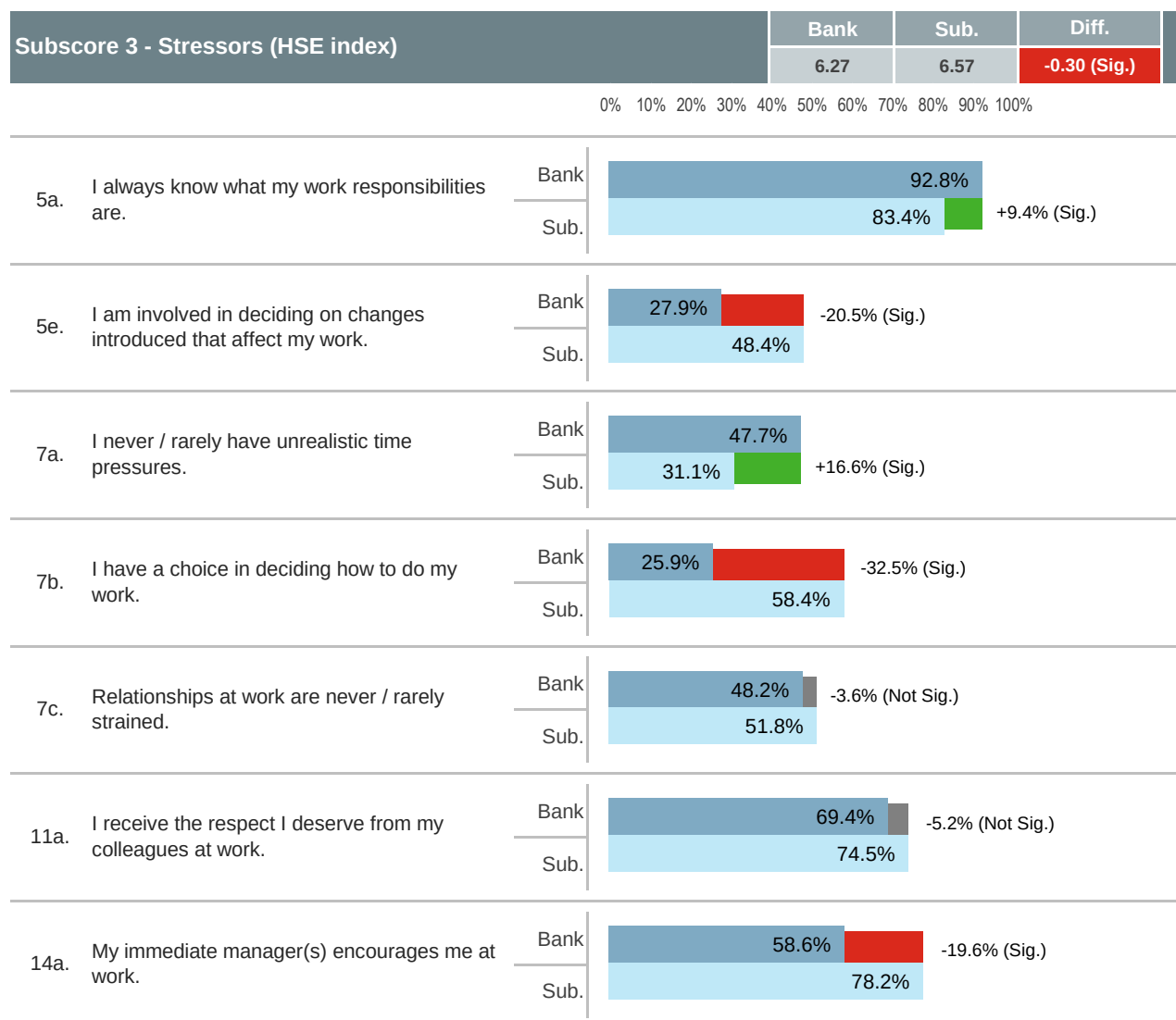
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

5g.	I am able to meet all the conflicting demands on my time at work.	Bank	61.3%		
		Sub.	48.0%	+13.2% (Sig.)	
5h.	I have adequate materials, supplies and equipment to do my work.	Bank	74.3%		
		Sub.	62.9%	+11.4% (Sig.)	
5i.	When I am at work, there are enough staff for me to do my job properly.	Bank	42.3%		
		Sub.	31.6%	+10.7% (Sig.)	

2.3.1. Benchmarking

2.3.1. Measuring Significance

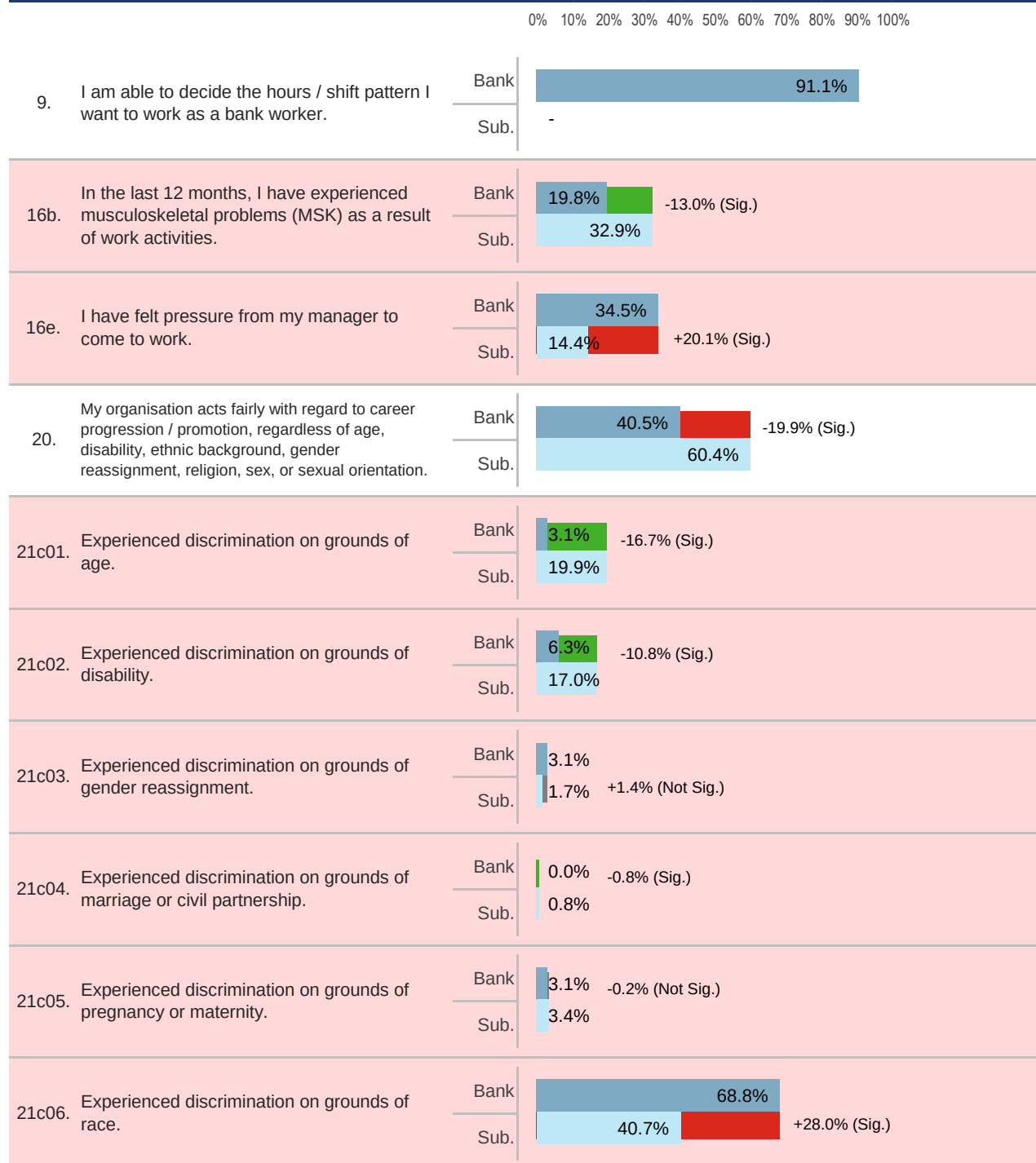
Stressors (HSE index)



2.3.1. Benchmarking

2.3.1. Measuring Significance

QUESTIONS NOT LINKED TO PEOPLE PROMISES / THEMES

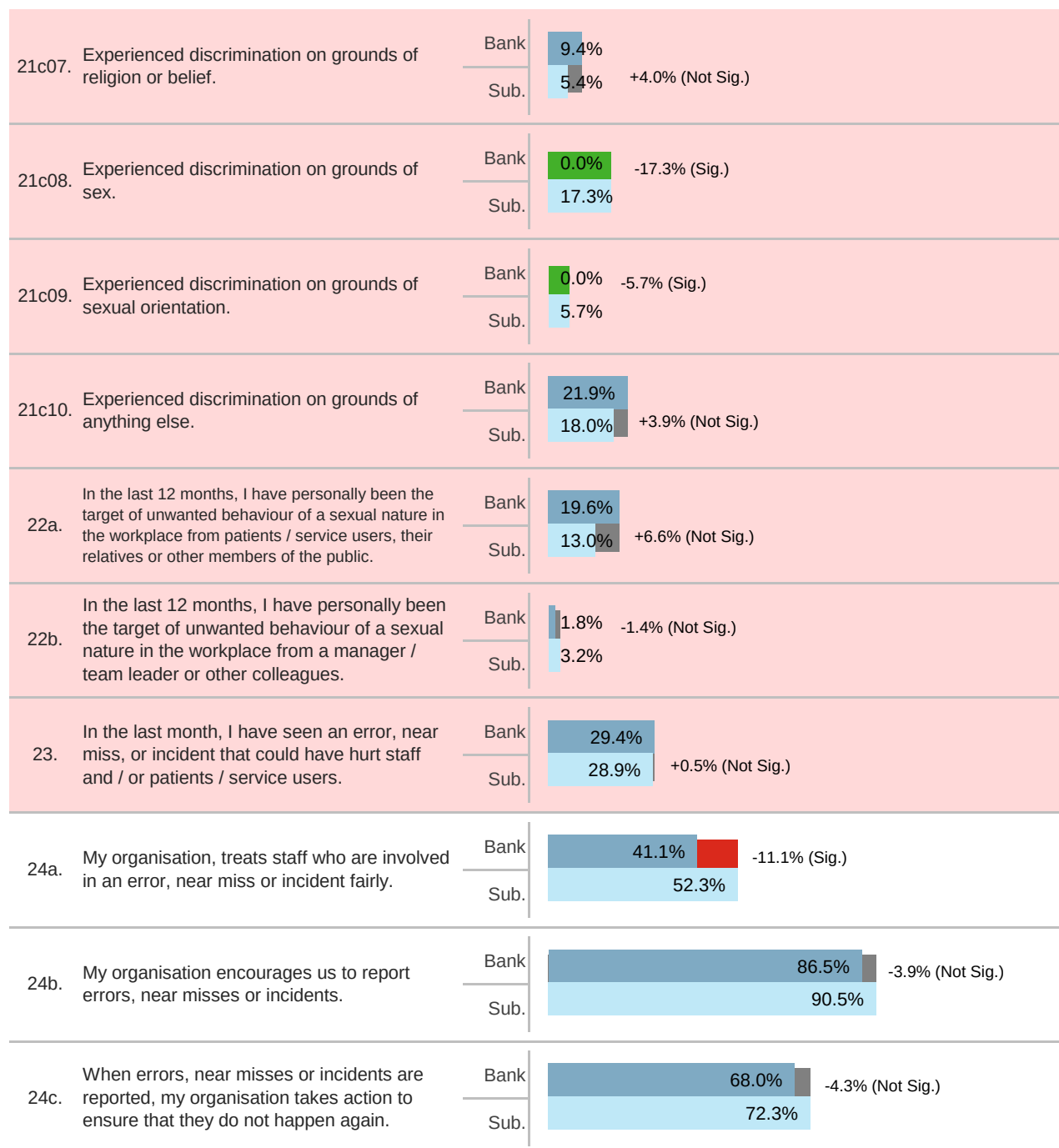


2.3.1. Benchmarking

2.3.1. Measuring Significance

QUESTIONS NOT LINKED TO PEOPLE PROMISES / THEMES (Continued)

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

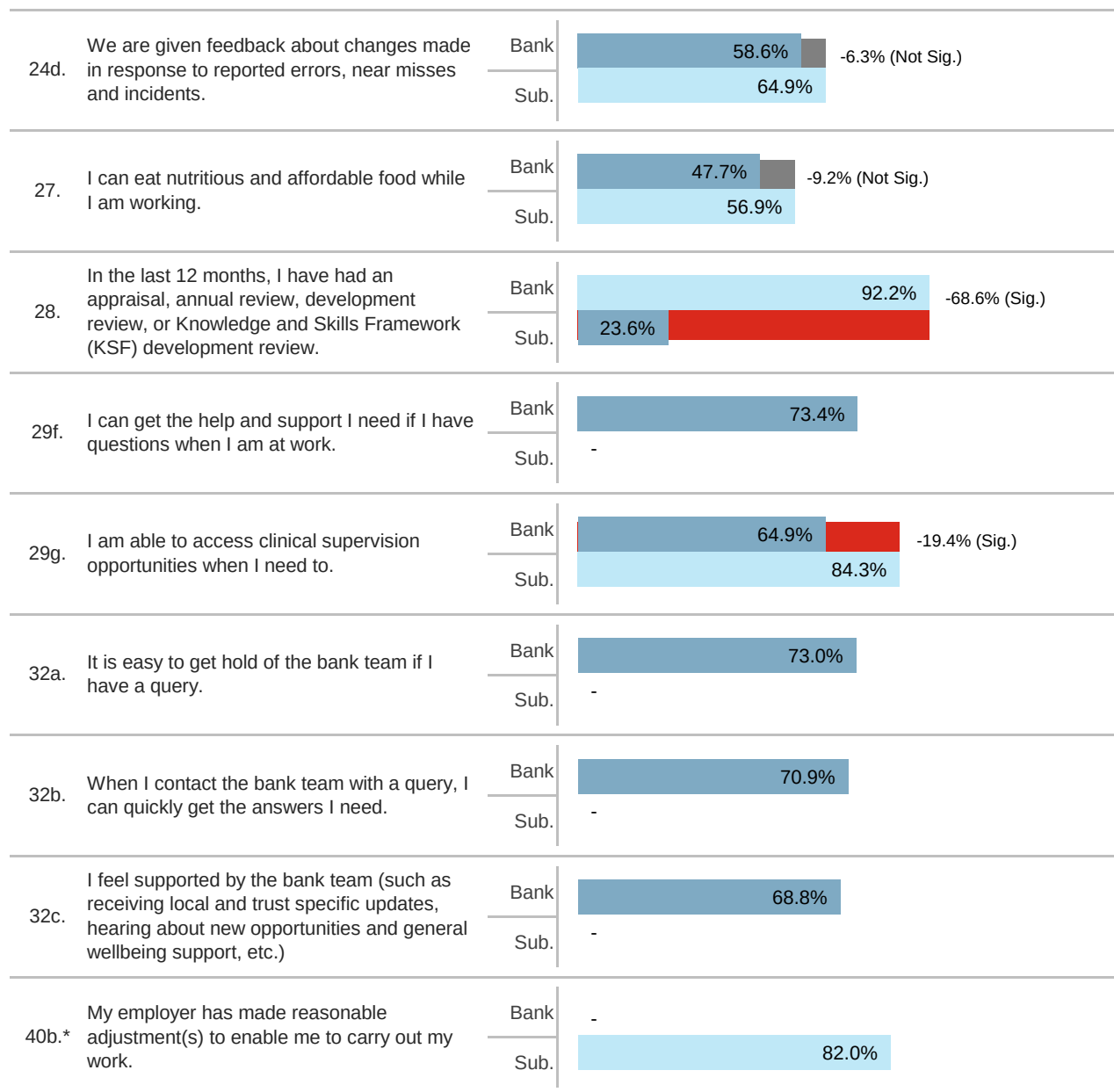


2.3.1. Benchmarking

2.3.1. Measuring Significance

QUESTIONS NOT LINKED TO PEOPLE PROMISES / THEMES (Continued)

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%



*Result suppressed due to low response count and / or non-comparable measure

2.3.2. Local Changes

In this section, the percentage movements of your organisation's score since 2024 are shown. Where your organisation has made significant improvements or declines, the charts are coloured green or red respectively.

Please note that some questions will appear below more than once as they comprise both a People Promise score and a Theme score.

We are compassionate and inclusive

People Promise 1 - We are compassionate and inclusive	2024	2025	Diff.	
	7.03	7.11	+0.08 (Not Sig.)	

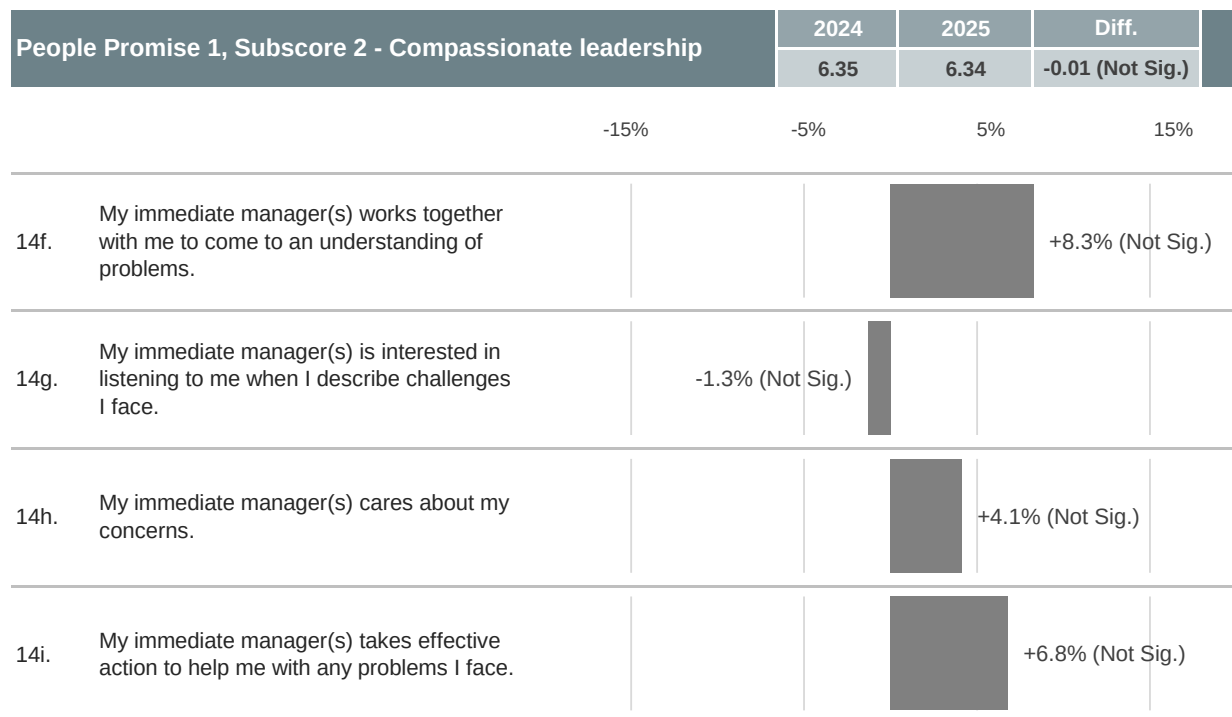
Compassionate culture

People Promise 1, Subscore 1 - Compassionate culture	2024	2025	Diff.	
	7.50	7.67	+0.17 (Not Sig.)	

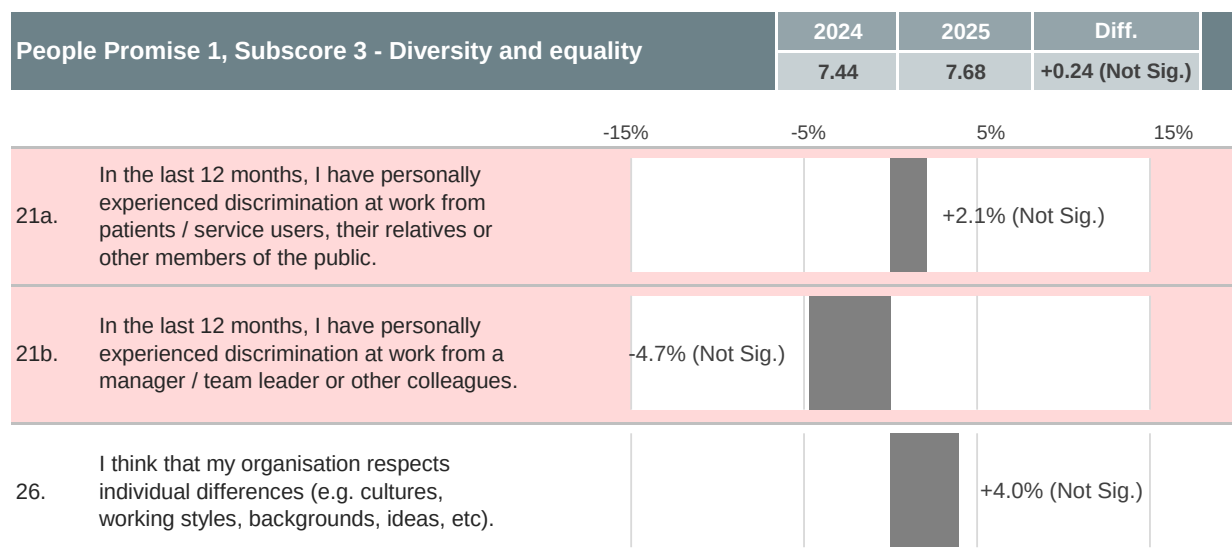
		-15%	-5%	5%	15%
8a.	I feel that my role makes a difference to patients / service users.				+3.7% (Not Sig.)
30a.	Care of patients / service users is my organisation's top priority.		-0.5% (Not Sig.)		
30b.	My organisation acts on concerns raised by patients / service users.		-1.6% (Not Sig.)		
30c.	I would recommend my organisation as a place to work.			+0.1% (Not Sig.)	
30d.	If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.		-3.0% (Not Sig.)		

2.3.2. Local Changes

Compassionate leadership



Diversity and equality



2.3.2. Local Changes

Inclusion

People Promise 1, Subscore 4 - Inclusion		2024	2025	Diff.	
		6.78	6.76	-0.02 (Not Sig.)	
		-15%	-5%	5%	15%
11f.	I feel valued by my team.			+5.2% (Not Sig.)	
11g.	I feel a strong personal attachment to my team.	-8.6% (Not Sig.)			
12b.	The people I work with are understanding and kind to one another.			+2.5% (Not Sig.)	
12c.	The people I work with are polite and treat each other with respect.			+0.1% (Not Sig.)	

2.3.2. Local Changes

We are recognised and rewarded

People Promise 2 - We are recognised and rewarded		2024	2025	Diff.	
		6.00	6.17	+0.17 (Not Sig.)	
		-15%	-5%	5%	15%
6a.	I am satisfied with the recognition I get for good work.	-2.8% (Not Sig.)			
6b.	I am satisfied with the extent to which my organisation values my work.	+0.4% (Not Sig.)			
6c.	I am satisfied with my level of pay.	+8.5% (Not Sig.)			
12d.	The people I work with show appreciation to one another.	+1.0% (Not Sig.)			
14e.	My immediate manager(s) values my work.	+12.7% (Not Sig.)			

2.3.2. Local Changes

We each have a voice that counts

People Promise 3 - We each have a voice that counts	2024	2025	Diff.	
	6.53	6.71	+0.19 (Not Sig.)	

Autonomy and control

People Promise 3, Subscore 1 - Autonomy and control	2024	2025	Diff.	
	6.41	6.46	+0.05 (Not Sig.)	

		-15%	-5%	5%	15%
5a.	I always know what my work responsibilities are.			+1.7% (Not Sig.)	
5b.	I am trusted to do my job.	-1.3% (Not Sig.)			
5c.	There are frequent opportunities for me to show initiative in my role.	-9.9% (Not Sig.)			
5d.	I am able to make suggestions to improve the work we do.			+2.2% (Not Sig.)	
5e.	I am involved in deciding on changes introduced that affect my work.			+1.2% (Not Sig.)	
5f.	I am able to make improvements happen at work.	-0.1% (Not Sig.)			
7b.	I have a choice in deciding how to do my work.			+1.2% (Not Sig.)	

2.3.2. Local Changes

Raising concerns

People Promise 3, Subscore 2 - Raising concerns		2024	2025	Diff.	
		6.68	7.00	+0.33 (Not Sig.)	
		-15%	-5%	5%	15%
25a.	I would feel secure raising concerns about unsafe clinical practice.				+6.6% (Not Sig.)
25b.	I am confident that my organisation would address my concern.				-2.6% (Not Sig.)
30e.	I feel safe to speak up about anything that concerns me in this organisation.				+8.6% (Not Sig.)
30f.	If I spoke up about something that concerned me I am confident my organisation would address my concern.				+3.2% (Not Sig.)

2.3.2. Local Changes

We are safe and healthy

People Promise 4 - We are safe and healthy	2024	2025	Diff.	
	6.89	6.92	+0.03 (Not Sig.)	

Health and safety climate

People Promise 4, Subscore 1 - Health and safety climate	2024	2025	Diff.	
	6.75	6.72	-0.04 (Not Sig.)	

		-15%	-5%	5%	15%
5g.	I am able to meet all the conflicting demands on my time at work.		-1.1% (Not Sig.)		
5h.	I have adequate materials, supplies and equipment to do my work.			+1.3% (Not Sig.)	
5i.	When I am at work, there are enough staff for me to do my job properly.		-1.2% (Not Sig.)		
7a.	I never / rarely have unrealistic time pressures.			+1.2% (Not Sig.)	
16a.	My organisation takes positive action on health and well-being.			+1.5% (Not Sig.)	
18d.	The last time I experienced physical violence at work, myself or a colleague reported it.			0.0% (Not Sig.)	
19d.	The last time I experienced harassment, bullying or abuse at work, myself or a colleague reported it.			+3.7% (Not Sig.)	

2.3.2. Local Changes

Burnout

People Promise 4, Subscore 2 - Burnout		2024	2025	Diff.	
		6.24	6.20	-0.04 (Not Sig.)	
		-15%	-5%	5%	15%
17a.	I often / always find my work emotionally exhausting.	-3.5% (Not Sig.)			
17b.	I often / always feel burnt out because of my work.	-2.1% (Not Sig.)			
17c.	My work often / always frustrates me.	+0.6% (Not Sig.)			
17d.	I am often / always exhausted at the thought of another day / shift at work.	-0.9% (Not Sig.)			
17e.	I often / always feel worn out at the end of my working day / shift.	-4.7% (Not Sig.)			
17f.	I often / always feel that every working hour is tiring for me.	+0.5% (Not Sig.)			
17g.	I do not have enough energy for family and friends during leisure time.	-3.4% (Not Sig.)			

2.3.2. Local Changes

Negative experiences

People Promise 4, Subscore 3 - Negative experiences		2024	2025	Diff.	
		7.70	7.85	+0.15 (Not Sig.)	
		-15%	-5%	5%	15%
18a.	In the last 12 months, I have personally experienced physical violence at work from patients / service users, their relatives or other members of the public.			+0.4%...	
18b.	In the last 12 months, I have personally experienced physical violence at work from managers.	-3.2% (Not Sig.)			
18c.	In the last 12 months, I have personally experienced physical violence at work from other colleagues.	-2.6% (Not Sig.)			
19a.	In the last 12 months, I have personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public.			+0.3% (Not Sig.)	
19b.	In the last 12 months, I have personally experienced harassment, bullying or abuse at work from managers.	-2.5% (Not Sig.)			
19c.	In the last 12 months, I have personally experienced harassment, bullying or abuse at work from other colleagues.	-3.0% (Not Sig.)			
16c.	During the last 12 months, I have felt unwell as a result of work related stress.			+5.9% (Not Sig.)	
16d.	In the last three months I have come to work despite not feeling well enough to perform my duties.	-3.8% (Not Sig.)			

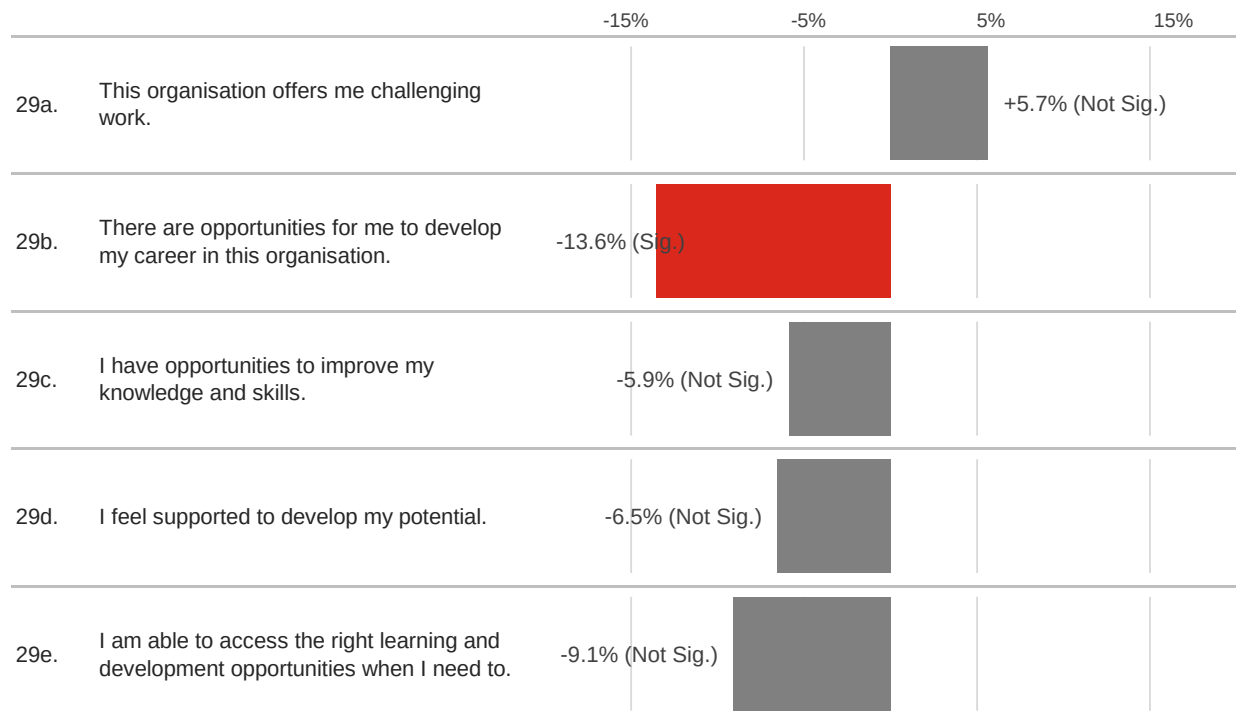
2.3.2. Local Changes

We are always learning

People Promise 5 - We are always learning	2024	2025	Diff.	
	6.30	6.17	-0.13 (Not Sig.)	

Development

People Promise 5, Subscore 1 - Development	2024	2025	Diff.	
	6.30	6.17	-0.13 (Not Sig.)	



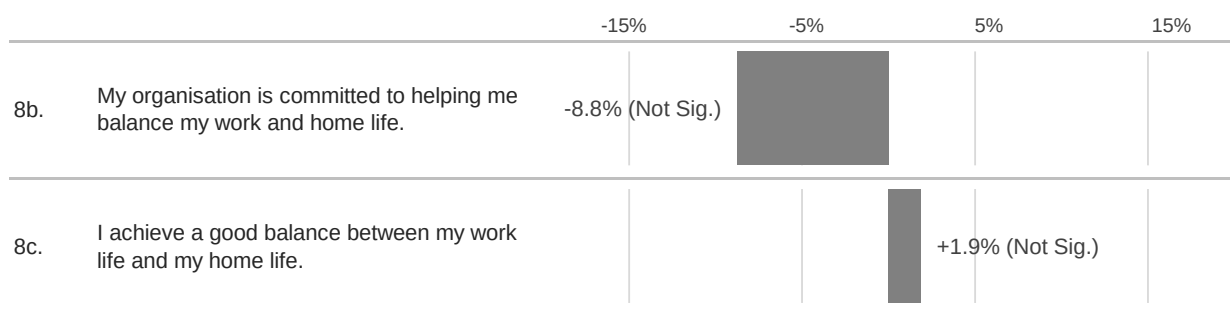
2.3.2. Local Changes

We work flexibly

People Promise 6 - We work flexibly	2024	2025	Diff.	
	6.76	6.66	-0.09 (Not Sig.)	

Support for work-life balance

People Promise 6, Subscore 1 - Support for work-life balance	2024	2025	Diff.	
	6.76	6.66	-0.09 (Not Sig.)	



2.3.2. Local Changes

We are a team

People Promise 7 - We are a team	2024	2025	Diff.
	6.41	6.56	+0.15 (Not Sig.)

Team working

People Promise 7, Subscore 1 - Team working	2024	2025	Diff.
	6.91	6.85	-0.05 (Not Sig.)

		-15%	-5%	5%	15%
11a.	I receive the respect I deserve from my colleagues at work.	-6.9% (Not Sig.)			
11b.	Team members understand each other's roles.			+5.0% (Not Sig.)	
11c.	I enjoy working with the colleagues in my team.			+3.0% (Not Sig.)	
11d.	My team has enough freedom in how to do its work.	-2.7% (Not Sig.)			
11e.	In my team disagreements are dealt with constructively.	-6.4% (Not Sig.)			
12a.	Teams within this organisation work well together to achieve their objectives.			+2.0% (Not Sig.)	

2.3.2. Local Changes

Line management

People Promise 7, Subscore 2 - Line management		2024	2025	Diff.	
		5.92	6.27	+0.36 (Not Sig.)	
		-15%	-5%	5%	15%
14a.	My immediate manager(s) encourages me at work.			+0.1% (Not Sig.)	
14b.	My immediate manager(s) gives me clear feedback on my work.			+6.4% (Not Sig.)	
14c.	My immediate manager(s) asks for my opinion before making decisions that affect my work.			+9.7% (Not Sig.)	
14d.	My immediate manager(s) takes a positive interest in my health and well-being.			+9.2% (Not Sig.)	

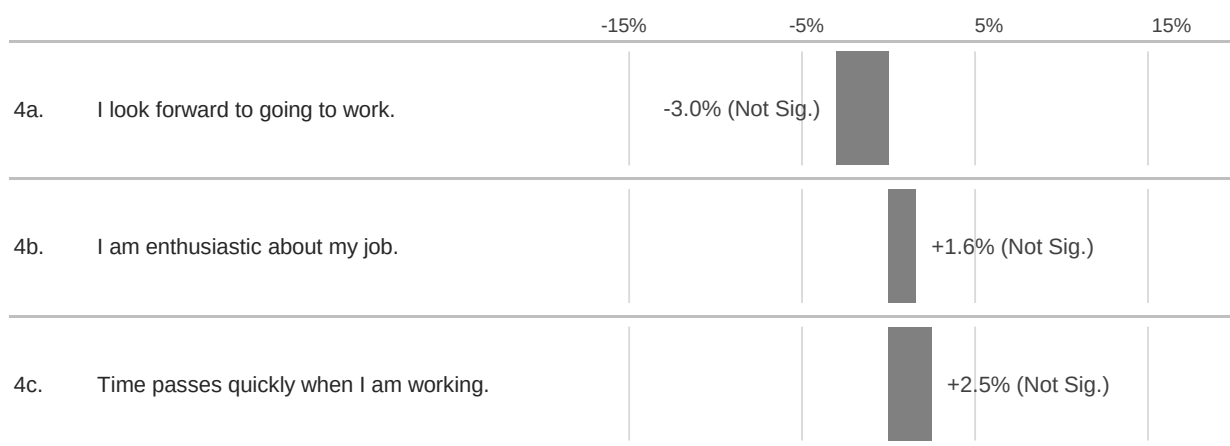
2.3.2. Local Changes

Staff engagement

Theme - Staff engagement	2024	2025	Diff.	
	7.01	7.01	-0.00 (Not Sig.)	

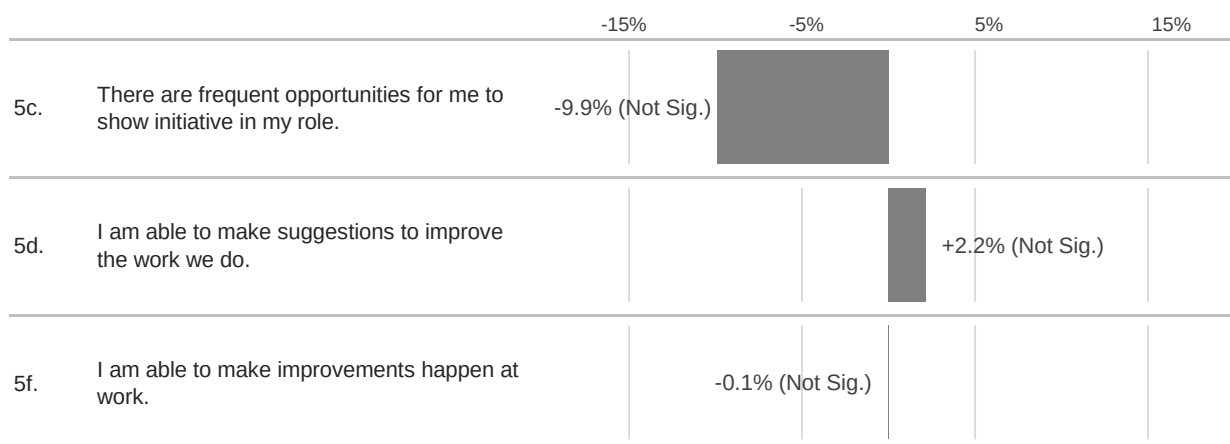
Motivation

Subscore 1 - Motivation	2024	2025	Diff.	
	7.32	7.22	-0.10 (Not Sig.)	



Involvement

Subscore 2 - Involvement	2024	2025	Diff.	
	6.42	6.38	-0.04 (Not Sig.)	



2.3.2. Local Changes

Advocacy

Subscore 3 - Advocacy	2024	2025	Diff.	
	7.27	7.42	+0.16 (Not Sig.)	

		-15%	-5%	5%	15%
30a.	Care of patients / service users is my organisation's top priority.		-0.5% (Not Sig.)		
30c.	I would recommend my organisation as a place to work.			+0.1% (Not Sig.)	
30d.	If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.		-3.0% (Not Sig.)		

2.3.2. Local Changes

Morale

Theme - Morale	2024	2025	Diff.	
	6.35	5.99	-0.36 (Not Sig.)	

Future intentions

Subscore 1 - Future intentions	2024	2025	Diff.	
	7.50	5.28	-2.22 (Sig.)	

-15% -5% 5% 15%

Morale Sub-score 1 is made up of non evaluative questions and so cannot be displayed

Work pressure

Subscore 2 - Work pressure	2024	2025	Diff.	
	6.34	6.33	-0.00 (Not Sig.)	

-15% -5% 5% 15%

5g. I am able to meet all the conflicting demands on my time at work.

-1.1% (Not Sig.)

5h. I have adequate materials, supplies and equipment to do my work.

+1.3% (Not Sig.)

5i. When I am at work, there are enough staff for me to do my job properly.

-1.2% (Not Sig.)

2.3.2. Local Changes

Stressors (HSE index)

Subscore 3 - Stressors (HSE index)		2024	2025	Diff.	
		6.20	6.27	+0.07 (Not Sig.)	
		-15%	-5%	5%	15%
5a.	I always know what my work responsibilities are.			+1.7% (Not Sig.)	
5e.	I am involved in deciding on changes introduced that affect my work.			+1.2% (Not Sig.)	
7a.	I never / rarely have unrealistic time pressures.			+1.2% (Not Sig.)	
7b.	I have a choice in deciding how to do my work.			+1.2% (Not Sig.)	
7c.	Relationships at work are never / rarely strained.			+0.7% (Not Sig.)	
11a.	I receive the respect I deserve from my colleagues at work.	-6.9% (Not Sig.)			
14a.	My immediate manager(s) encourages me at work.			+0.1% (Not Sig.)	

2.3.2. Local Changes

QUESTIONS NOT LINKED TO PEOPLE PROMISES / THEMES

		-15%	-5%	5%	15%
9.	I am able to decide the hours / shift pattern I want to work as a bank worker.				+9.3% (Not Sig.)
16b .*	In the last 12 months, I have experienced musculoskeletal problems (MSK) as a result of work activities.				
16e.	I have felt pressure from my manager to come to work.				+14.5% (Not Sig.)
20 .*	My organisation acts fairly with regard to career progression / promotion, regardless of age, disability, ethnic background, gender reassignment, religion, sex, or sexual orientation.				
21c01 .*	Experienced discrimination on grounds of age.				
21c02 .*	Experienced discrimination on grounds of disability.				
21c03 .*	Experienced discrimination on grounds of gender reassignment.				
21c04 .*	Experienced discrimination on grounds of marriage or civil partnership.				
21c05 .*	Experienced discrimination on grounds of pregnancy or maternity.				
21c06 .*	Experienced discrimination on grounds of race.				

*Result suppressed due to low response count and / or non-comparable measure

2.3.2. Local Changes

QUESTIONS NOT LINKED TO PEOPLE PROMISES / THEMES (Continued)

		-15%	-5%	5%	15%
21c07.*	Experienced discrimination on grounds of religion or belief.				
21c08.*	Experienced discrimination on grounds of sex.				
21c09.*	Experienced discrimination on grounds of sexual orientation.				
21c10.*	Experienced discrimination on grounds of anything else.				
22a.	In the last 12 months, I have personally 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.	-4.4% (Not Sig.)			
22b.	In the last 12 months, I have personally been the target of unwanted behaviour of a sexual nature in the workplace from a manager / team leader or other colleagues.	-7.5% (Sig.)			
23.	In the last month, I have seen an error, near miss, or incident that could have hurt staff and / or patients / service users.			+0.8% (Not Sig.)	
24a.	My organisation, treats staff who are involved in an error, near miss or incident fairly.			+2.2% (Not Sig.)	
24b.	My organisation encourages us to report errors, near misses or incidents.			+1.1% (Not Sig.)	
24c.	When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.	-4.8% (Not Sig.)			

*Result suppressed due to low response count and / or non-comparable measure

2.3.2. Local Changes

QUESTIONS NOT LINKED TO PEOPLE PROMISES / THEMES (Continued)					
		-15%	-5%	5%	15%
24d.	We are given feedback about changes made in response to reported errors, near misses and incidents.		-1.9% (Not Sig.)		
27.	I can eat nutritious and affordable food while I am working.	-13.3% (Not Sig.)			
28.	In the last 12 months, I have had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review.			+0.4% (Not Sig.)	
29f.	I can get the help and support I need if I have questions when I am at work.	-4.4% (Not Sig.)			
29g.	I am able to access clinical supervision opportunities when I need to.			+14.9% (Sig.)	
32a.	It is easy to get hold of the bank team if I have a query.	-1.3% (Not Sig.)			
32b.	When I contact the bank team with a query, I can quickly get the answers I need.			+1.6% (Not Sig.)	
32c.	I feel supported by the bank team (such as receiving local and trust specific updates, hearing about new opportunities and general wellbeing support, etc.)			+2.5% (Not Sig.)	
40b.*	My employer has made reasonable adjustment(s) to enable me to carry out my work.				

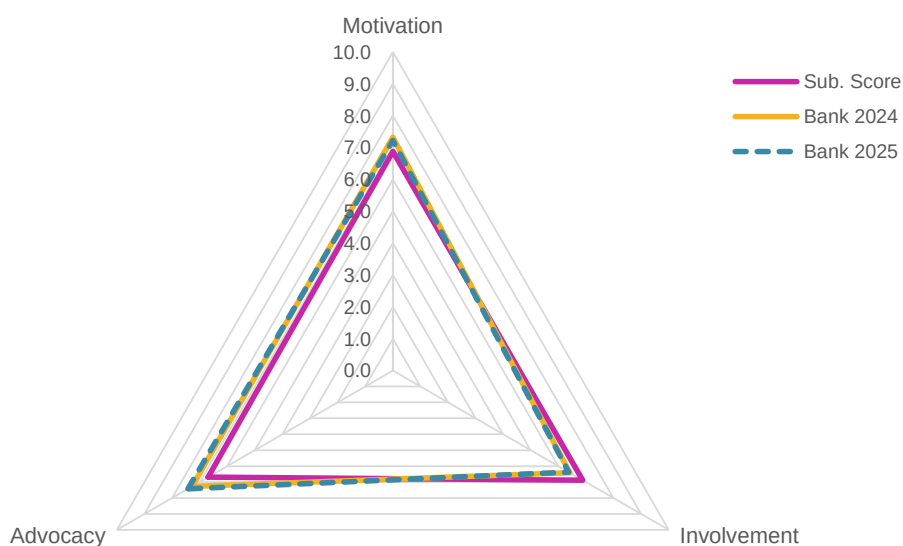
*Result suppressed due to low response count and / or non-comparable measure

2.3.3. Staff Engagement

In the National Staff Survey, Staff Engagement is measured across three subscores:

- **Motivation**, measured by Q4a, Q4b and Q4c (Staff motivation at work).
- **Involvement**, measured by Q5c, Q5d and Q5f (Staff ability to contribute towards improvement at work).
- **Advocacy**, measured by Q30a, Q30c and Q30d (Staff recommendation of the organisation as a place to work or receive treatment).

Overall Staff Engagement is measured as an average across these three scores. Staff Engagement scores fall between 0 and 10, where the higher the score, the more engaged the staff.



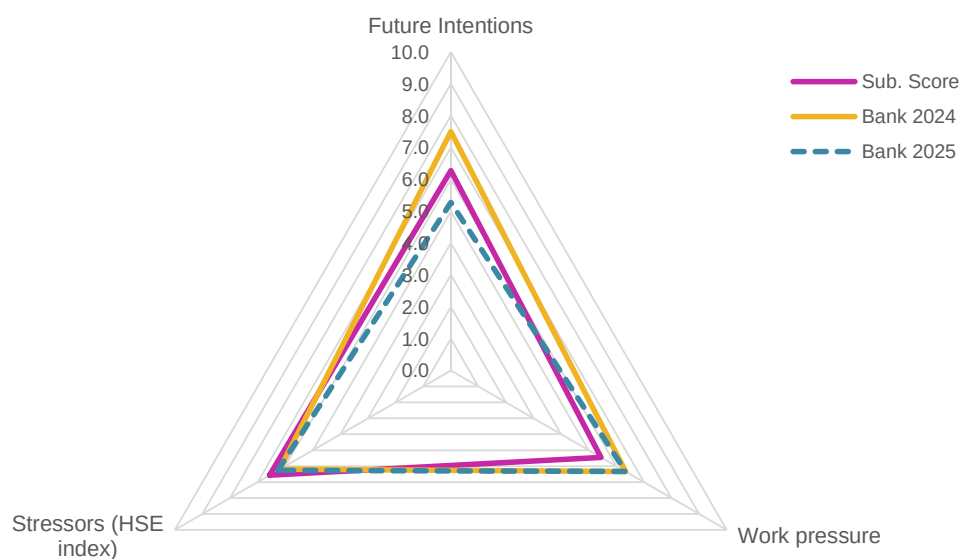
	Bank 2025	Bank 2024	Diff	Sub. Score	Diff
Motivation	7.22	7.32	-0.10 (Not Sig.)	6.88	+0.35 (Not Sig.)
Involvement	6.38	6.42	-0.04 (Not Sig.)	6.88	-0.50 (Sig.)
Advocacy	7.42	7.27	+0.16 (Not Sig.)	6.69	+0.73 (Sig.)
Overall Staff Engagement	7.01	7.01	-0.00 (Not Sig.)	6.82	+0.19 (Not Sig.)

2.3.4. Morale

In the National Staff Survey, Morale is measured across three subscores:

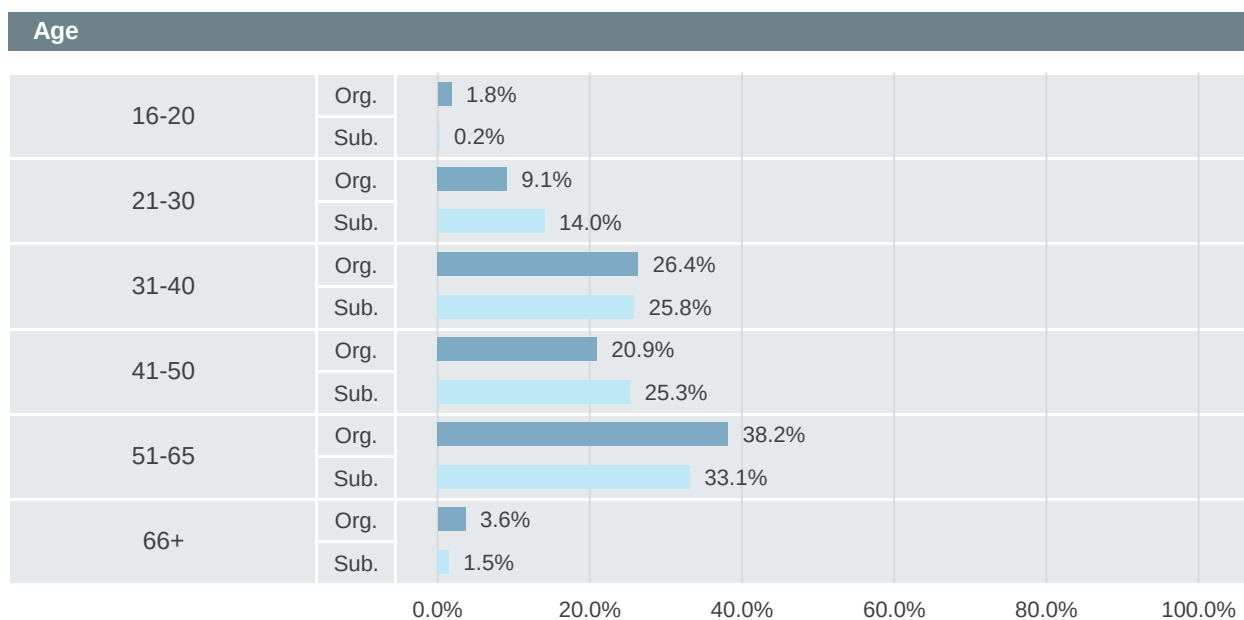
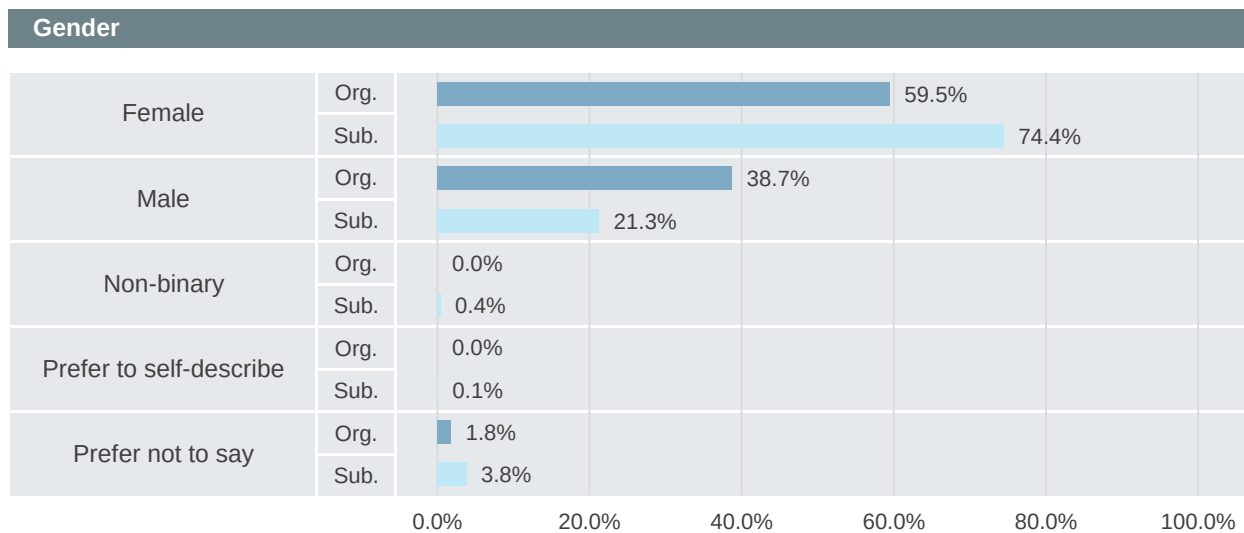
- **Future intentions**, measured by Q31a, Q31b, Q31c, Q31d, Q31e, Q31f, Q31g, Q31h, Q31i, Q31j, Q31k and Q31l
- **Work pressure**, measured by Q5g, Q5h and Q5i (Staff having resources to do their work).
- **Stressors (HSE index)**, measured by Q5a, Q5e, Q7a, Q7b, Q7c, Q11a and Q14a (Indicators of stress).

Morale is measured as an average across these three scores. Morale scores fall between 0 and 10, where the higher the score, the higher the morale amongst staff.

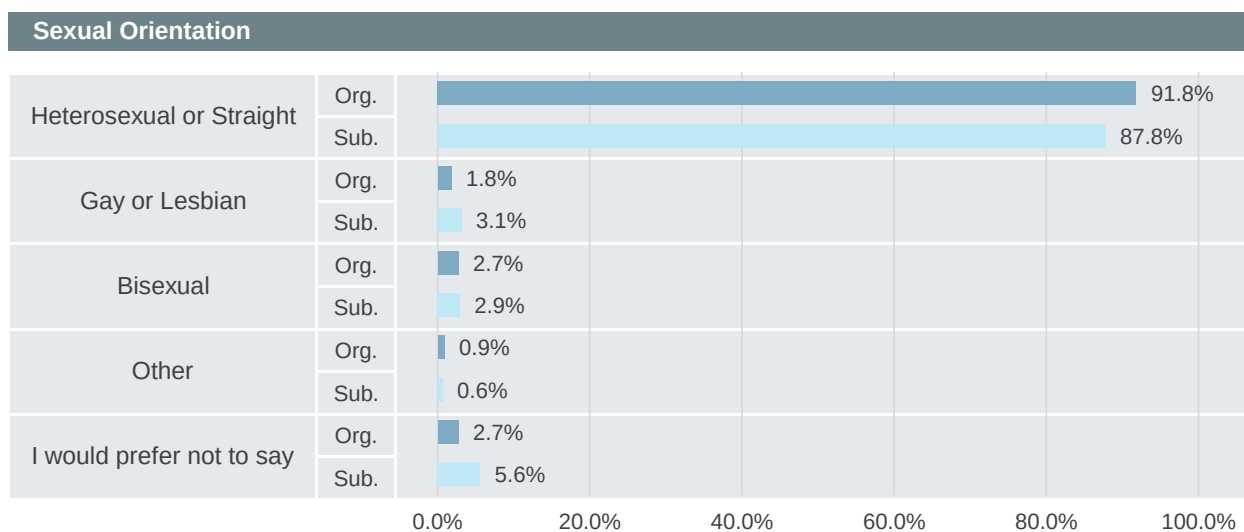
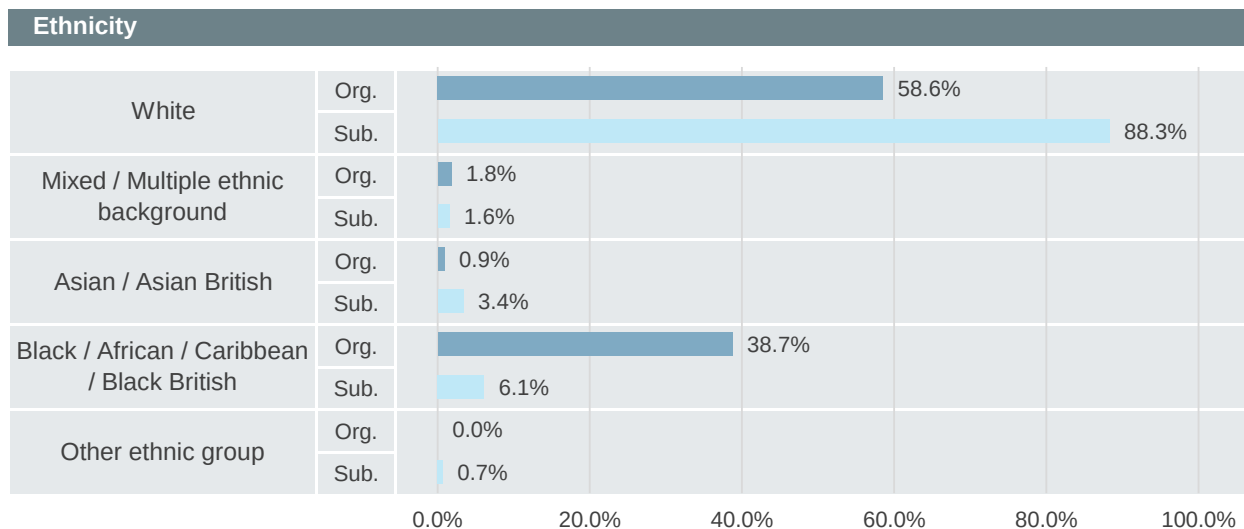


	Bank 2025	Bank 2024	Diff	Sub. Score	Diff
Future Intentions	5.28	7.50	-2.22 (Sig.)	6.28	-1.00 (Sig.)
Work pressure	6.33	6.34	-0.00 (Not Sig.)	5.45	+0.89 (Sig.)
Stressors (HSE index)	6.27	6.20	+0.07 (Not Sig.)	6.57	-0.30 (Sig.)
Morale	5.99	6.35	-0.36 (Not Sig.)	6.10	-0.11 (Not Sig.)

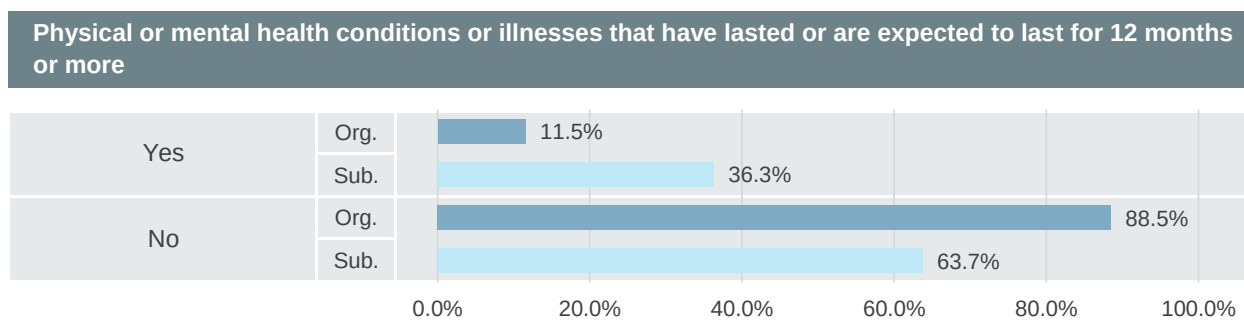
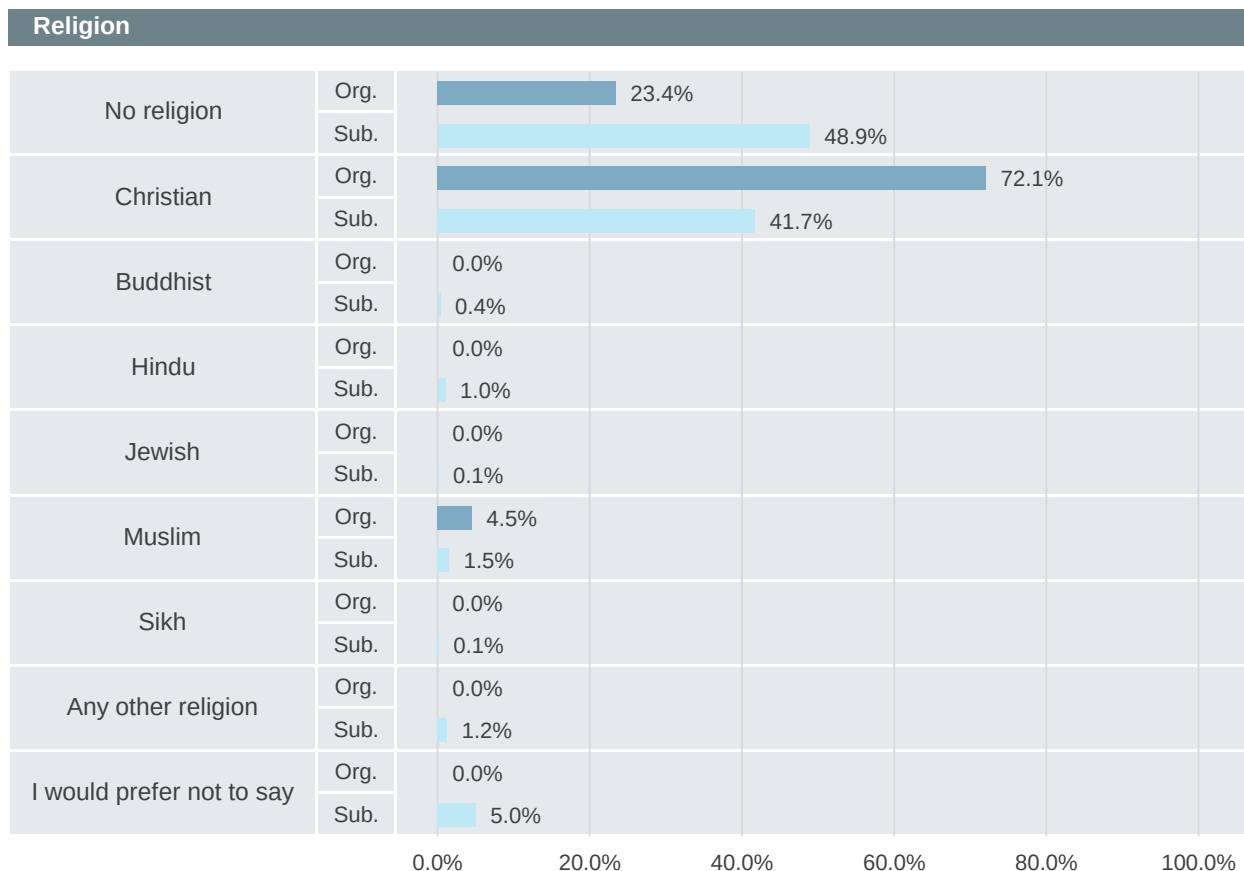
2.4. Demographics



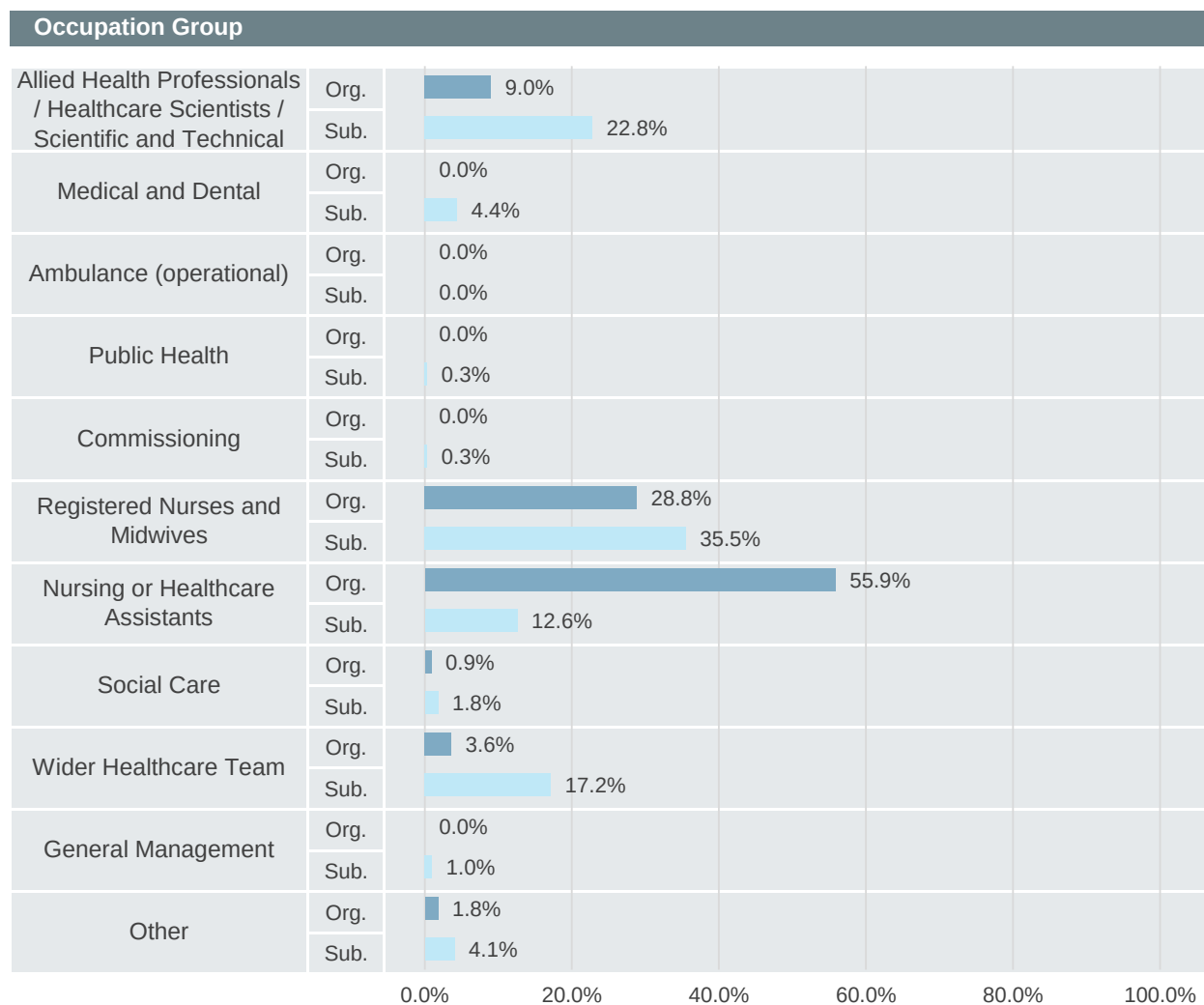
2.4. Demographics



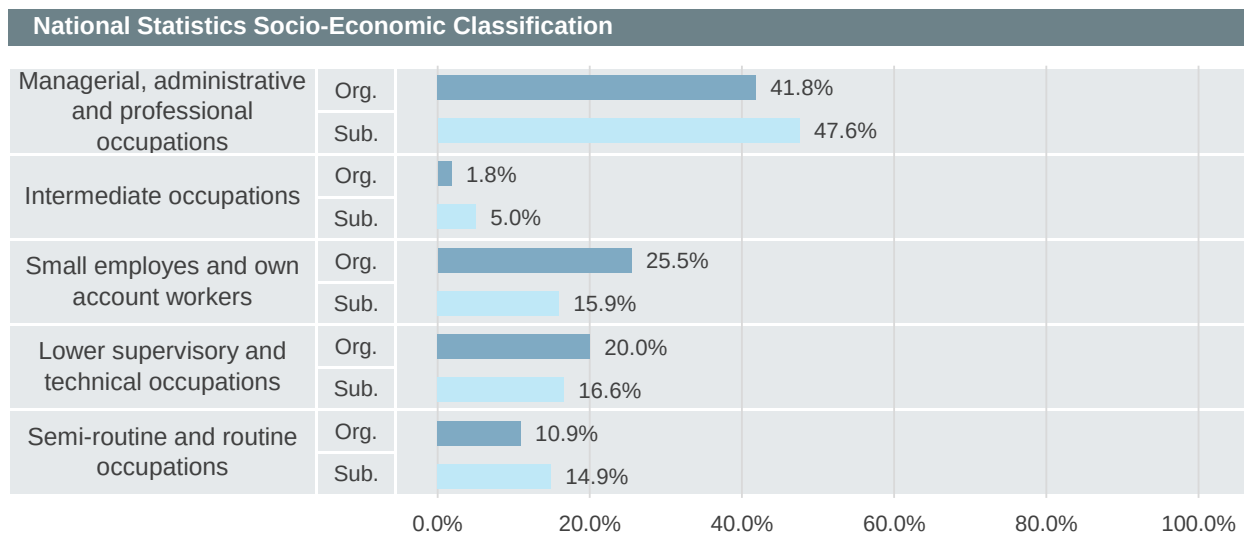
2.4. Demographics



2.4. Demographics



2.4. Demographics



Final Detailed Results Tables

The following tables set out your final results for the 2025 NHS National Bank Staff Survey at response level. If your organisation requested local questions or any additional samples, the responses for these are summarised in the following tables too.

The response rate for your substantive staff is 57.9%. The response rate for your bank staff is 25.7%, 112 responses from a usable sample of 435.

In addition to the response breakdowns normally provided, scores have been included for each evaluative question. Further detail on how to read your results can be found in the subsections below.

Reading the columns of figures

Results for each question are presented firstly as response breakdowns in the form of absolute numbers and percentage responses. The first two columns show your results for the 2024 bank survey if applicable, the next two columns show your results for the 2025 bank survey, and the final two columns show your results for the substantive survey. The purpose of presenting the figures in this way is to give a direct, at-a-glance, comparison between your organisation's bank and substantive results.

Conventions

Percentage responses are calculated after excluding those respondents that did not answer that particular question. All percentages are rounded to the nearest whole number. When added together, the percentages for all answers to a particular question may not total 100% because of this rounding.

The number of respondents that did not answer a particular question is shown as the "Missing" figure at the bottom of the actual number of responses. In some cases, the "Missing" figure is quite high, because it includes respondents who did not answer that question, or group of questions, because it was not applicable to their circumstances.

On some questions there are also some figures which are italicised. These figures have been recalculated to exclude responses where the respondent has provided a non-specific response or where the question was not applicable to the respondent's circumstances. For example, questions such as Q28 ("In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?") where the "Can't remember" response and those not answering ("Missing"), are excluded.

Final Detailed Results Tables

Reading the scores

For each evaluative question, scores are presented beneath the response breakdowns. The positive and negative scores for a question are shown in the green and red bands respectively. The 'base size', or number of participants contributing to the scores, is shown in the grey band at the bottom.

The responses that contribute to a given score are indicated by the colour coding to the left of the response. Responses that contribute to the positive scores are colour coded green, and responses that contribute to the negative scores are colour coded red. As an illustration, if 45% were to respond "Often" and 24% were to respond "Always" to Q4a ("I look forward to going to work."), the question would receive a positive score of 69%. If 2% were to respond "Never" and 5% were to respond "Rarely" to the same question, a negative score of 7% would be arrived at.

Please keep in mind that percentage responses are rounded to one decimal place. As such, they may not always equal the score when summed together.

The scores in these tables have been generated using the **unweighted** data, which (aside from the application of data cleaning) represent the exact responses of staff completing the survey within your organisation.

Data cleaning

Data cleaning is undertaken on the raw survey data to ensure that incorrect or inappropriate responses are removed from certain questions. Data cleaning has been applied where there is routing (i.e. where respondents are directed to a subsequent question depending on their answer to the lead question). Sometimes there are conflicts in the answers that respondents give to these questions and the data is corrected to account for this. For example, respondents answering "No" to Q16d ("In the last three months, have you ever come to work despite not feeling well enough to perform your duties?") are directed to go to Q17a. If a respondent answers "No" to Q16d and also answers Q16e about pressure from the organisation to come to work when unwell, then their response to Q16e will be deleted.

Metric		Response Option	Results					
			2024		2025		Substantive	
			<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>
Your Job								
1	Thinking about the bank work you do within this organisation, how often do you work in the same department or work area?	Never	1	1.0%	0	0.0%	-	-
		Rarely	2	2.0%	1	0.9%	-	-
		Sometimes	20	20.0%	27	24.3%	-	-
		Often	42	42.0%	57	51.4%	-	-
		Always	35	35.0%	26	23.4%	-	-
		Missing	1		1		-	-
2	Do you work the same hours / shift pattern each week?	Yes – I always work the same hours / shift pattern each week	14	13.9%	16	14.3%	-	-
		Yes – I usually work the same hours / shift pattern each week	49	48.5%	45	40.2%	-	-
		No	38	37.6%	51	45.5%	-	-
		Missing	0		0		-	-
3	Do you have face-to-face, video or telephone contact with patients / service users as part of your job?	Yes, frequently	73	72.3%	83	74.1%	3,466	76.1%
		Yes, occasionally	7	6.9%	10	8.9%	530	11.6%
		No	21	20.8%	19	17.0%	560	12.3%
		Missing	0		0		29	
4a	I look forward to going to work.	Never	1	1.0%	1	0.9%	123	2.7%
		Rarely	2	2.0%	8	7.3%	497	10.9%
		Sometimes	27	26.7%	27	24.5%	1,571	34.4%
		Often	40	39.6%	39	35.5%	1,837	40.2%
		Always	31	30.7%	35	31.8%	539	11.8%
		Missing	0		2		18	
		Staff selecting Often/Always	101	70.3%	110	67.3%	4,567	52.0%
		Staff selecting Never/Rarely	101	3.0%	110	8.2%	4,567	13.6%

Metric		Response Option	Results					
			2024		2025		Substantive	
			n	value	n	value	n	value
4b	I am enthusiastic about my job.	Never	0	0.0%	0	0.0%	49	1.1%
		Rarely	3	3.0%	4	3.7%	254	5.6%
		Sometimes	24	24.2%	24	22.0%	1,104	24.3%
		Often	31	31.3%	41	37.6%	2,002	44.1%
		Always	41	41.4%	40	36.7%	1,135	25.0%
		Missing	2		3		41	
		Staff selecting Often/Always	99	72.7%	109	74.3%	4,544	69.0%
		Staff selecting Never/Rarely	99	3.0%	109	3.7%	4,544	6.7%
4c	Time passes quickly when I am working.	Never	0	0.0%	2	1.9%	76	1.7%
		Rarely	9	9.2%	6	5.6%	243	5.4%
		Sometimes	37	37.8%	40	37.0%	1,087	24.0%
		Often	26	26.5%	34	31.5%	1,709	37.7%
		Always	26	26.5%	26	24.1%	1,420	31.3%
		Missing	3		4		50	
		Staff selecting Often/Always	98	53.1%	108	55.6%	4,535	69.0%
		Staff selecting Never/Rarely	98	9.2%	108	7.4%	4,535	7.0%
5a	I always know what my work responsibilities are.	Strongly disagree	0	0.0%	0	0.0%	55	1.2%
		Disagree	4	4.0%	4	3.6%	314	6.9%
		Neither agree nor disagree	5	5.0%	4	3.6%	391	8.6%
		Agree	55	54.5%	54	48.6%	2,381	52.1%
		Strongly agree	37	36.6%	49	44.1%	1,432	31.3%
		Missing	0		1		12	
		Staff selecting Agree/Strongly agree	101	91.1%	111	92.8%	4,573	83.4%
		Staff selecting Strongly disagree/Disagree	101	4.0%	111	3.6%	4,573	8.1%

Metric		Response Option	Results					
			2024		2025		Substantive	
			n	value	n	value	n	value
5b	I am trusted to do my job.	Strongly disagree	1	1.0%	0	0.0%	52	1.1%
		Disagree	0	0.0%	2	1.8%	142	3.1%
		Neither agree nor disagree	4	4.0%	5	4.5%	330	7.2%
		Agree	44	44.4%	53	48.2%	2,000	43.8%
		Strongly agree	50	50.5%	50	45.5%	2,044	44.7%
		Missing	2		2		17	
		Staff selecting Agree/Strongly agree	99	94.9%	110	93.6%	4,568	88.5%
		Staff selecting Strongly disagree/Disagree	99	1.0%	110	1.8%	4,568	4.2%
5c	There are frequent opportunities for me to show initiative in my role.	Strongly disagree	1	1.0%	1	0.9%	102	2.2%
		Disagree	8	8.0%	7	6.4%	372	8.2%
		Neither agree nor disagree	22	22.0%	37	33.6%	718	15.7%
		Agree	44	44.0%	38	34.5%	2,048	44.9%
		Strongly agree	25	25.0%	27	24.5%	1,324	29.0%
		Missing	1		2		21	
		Staff selecting Agree/Strongly agree	100	69.0%	110	59.1%	4,564	73.9%
		Staff selecting Strongly disagree/Disagree	100	9.0%	110	7.3%	4,564	10.4%
5d	I am able to make suggestions to improve the work we do.	Strongly disagree	4	4.0%	3	2.7%	134	2.9%
		Disagree	9	9.0%	12	10.9%	350	7.7%
		Neither agree nor disagree	31	31.0%	31	28.2%	733	16.1%
		Agree	35	35.0%	44	40.0%	2,153	47.3%
		Strongly agree	21	21.0%	20	18.2%	1,182	26.0%
		Missing	1		2		33	
		Staff selecting Agree/Strongly agree	100	56.0%	110	58.2%	4,552	73.3%
		Staff selecting Strongly disagree/Disagree	100	13.0%	110	13.6%	4,552	10.6%

Metric		Response Option	Results					
			2024		2025		Substantive	
			n	value	n	value	n	value
5e	I am involved in deciding on changes introduced that affect my work.	Strongly disagree	10	9.9%	10	9.0%	370	8.1%
		Disagree	28	27.7%	31	27.9%	821	18.0%
		Neither agree nor disagree	36	35.6%	39	35.1%	1,161	25.4%
		Agree	18	17.8%	25	22.5%	1,501	32.9%
		Strongly agree	9	8.9%	6	5.4%	709	15.5%
		Missing	0		1		23	
		Staff selecting Agree/Strongly agree	101	26.7%	111	27.9%	4,562	48.4%
		Staff selecting Strongly disagree/Disagree	101	37.6%	111	36.9%	4,562	26.1%
5f	I am able to make improvements happen at work.	Strongly disagree	6	6.0%	7	6.3%	224	4.9%
		Disagree	21	21.0%	18	16.2%	604	13.3%
		Neither agree nor disagree	27	27.0%	35	31.5%	1,149	25.3%
		Agree	32	32.0%	36	32.4%	1,823	40.1%
		Strongly agree	14	14.0%	15	13.5%	747	16.4%
		Missing	1		1		38	
		Staff selecting Agree/Strongly agree	100	46.0%	111	45.9%	4,547	56.5%
		Staff selecting Strongly disagree/Disagree	100	27.0%	111	22.5%	4,547	18.2%
5g	I am able to meet all the conflicting demands on my time at work.	Strongly disagree	1	1.0%	1	0.9%	328	7.2%
		Disagree	13	12.9%	12	10.8%	919	20.2%
		Neither agree nor disagree	24	23.8%	30	27.0%	1,119	24.6%
		Agree	49	48.5%	53	47.7%	1,747	38.4%
		Strongly agree	14	13.9%	15	13.5%	439	9.6%
		Missing	0		1		33	
		Staff selecting Agree/Strongly agree	101	62.4%	111	61.3%	4,552	48.0%
		Staff selecting Strongly disagree/Disagree	101	13.9%	111	11.7%	4,552	27.4%

Metric		Response Option	Results					
			2024		2025		Substantive	
			n	value	n	value	n	value
5h	I have adequate materials, supplies and equipment to do my work.	Strongly disagree	2	2.0%	2	1.8%	231	5.1%
		Disagree	7	7.0%	8	7.3%	644	14.2%
		Neither agree nor disagree	18	18.0%	18	16.5%	803	17.7%
		Agree	53	53.0%	54	49.5%	2,094	46.2%
		Strongly agree	20	20.0%	27	24.8%	757	16.7%
		Missing	1		3		56	
		Staff selecting Agree/Strongly agree	100	73.0%	109	74.3%	4,529	62.9%
		Staff selecting Strongly disagree/Disagree	100	9.0%	109	9.2%	4,529	19.3%
5i	When I am at work, there are enough staff for me to do my job properly.	Strongly disagree	8	7.9%	11	9.9%	803	17.6%
		Disagree	23	22.8%	25	22.5%	1,271	27.8%
		Neither agree nor disagree	26	25.7%	28	25.2%	1,050	23.0%
		Agree	32	31.7%	36	32.4%	1,103	24.1%
		Strongly agree	12	11.9%	11	9.9%	341	7.5%
		Missing	0		1		17	
		Staff selecting Agree/Strongly agree	101	43.6%	111	42.3%	4,568	31.6%
		Staff selecting Strongly disagree/Disagree	101	30.7%	111	32.4%	4,568	45.4%
6a	The recognition I get for good work.	Very dissatisfied	6	5.9%	5	4.5%	230	5.0%
		Dissatisfied	16	15.8%	9	8.1%	604	13.2%
		Neither satisfied nor dissatisfied	17	16.8%	32	28.8%	1,093	23.9%
		Satisfied	48	47.5%	48	43.2%	1,997	43.6%
		Very satisfied	14	13.9%	17	15.3%	655	14.3%
		Missing	0		1		6	
		Staff selecting Satisfied/Very satisfied	101	61.4%	111	58.6%	4,579	57.9%
		Staff selecting Very dissatisfied/Dissatisfied	101	21.8%	111	12.6%	4,579	18.2%

Metric		Response Option	Results					
			2024		2025		Substantive	
			n	value	n	value	n	value
6b	The extent to which my organisation values my work.	Very dissatisfied	9	8.9%	11	9.9%	384	8.4%
		Dissatisfied	17	16.8%	14	12.6%	857	18.8%
		Neither satisfied nor dissatisfied	29	28.7%	35	31.5%	1,338	29.3%
		Satisfied	31	30.7%	41	36.9%	1,534	33.6%
		Very satisfied	15	14.9%	10	9.0%	455	10.0%
		Missing	0		1		17	
		Staff selecting Satisfied/Very satisfied	101	45.5%	111	45.9%	4,568	43.5%
		Staff selecting Very dissatisfied/Dissatisfied	101	25.7%	111	22.5%	4,568	27.2%
6c	My level of pay.	Very dissatisfied	16	16.0%	8	7.2%	578	12.7%
		Dissatisfied	26	26.0%	27	24.3%	1,254	27.5%
		Neither satisfied nor dissatisfied	26	26.0%	31	27.9%	1,059	23.2%
		Satisfied	25	25.0%	41	36.9%	1,386	30.4%
		Very satisfied	7	7.0%	4	3.6%	282	6.2%
		Missing	1		1		26	
		Staff selecting Satisfied/Very satisfied	100	32.0%	111	40.5%	4,559	36.6%
		Staff selecting Very dissatisfied/Dissatisfied	100	42.0%	111	31.5%	4,559	40.2%
7a	I have unrealistic time pressures.	Never	13	12.9%	9	8.1%	280	6.1%
		Rarely	34	33.7%	44	39.6%	1,142	25.0%
		Sometimes	47	46.5%	45	40.5%	2,076	45.5%
		Often	3	3.0%	12	10.8%	853	18.7%
		Always	4	4.0%	1	0.9%	215	4.7%
		Missing	0		1		19	
		Staff selecting Never/Rarely	101	46.5%	111	47.7%	4,566	31.1%
		Staff selecting Often/Always	101	6.9%	111	11.7%	4,566	23.4%

Metric		Response Option	Results					
			2024		2025		Substantive	
			<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>
7b	I have a choice in deciding how to do my work.	Never	17	16.8%	12	11.1%	187	4.1%
		Rarely	27	26.7%	24	22.2%	452	9.9%
		Sometimes	32	31.7%	44	40.7%	1,255	27.6%
		Often	19	18.8%	22	20.4%	1,948	42.8%
		Always	6	5.9%	6	5.6%	713	15.7%
		Missing	0		4		30	
		Staff selecting Often/Always	101	24.8%	108	25.9%	4,555	58.4%
		Staff selecting Never/Rarely	101	43.6%	108	33.3%	4,555	14.0%
7c	Relationships at work are strained.	Never	17	16.8%	20	18.2%	631	13.8%
		Rarely	31	30.7%	33	30.0%	1,731	37.9%
		Sometimes	44	43.6%	44	40.0%	1,572	34.5%
		Often	7	6.9%	12	10.9%	489	10.7%
		Always	2	2.0%	1	0.9%	140	3.1%
		Missing	0		2		22	
		Staff selecting Never/Rarely	101	47.5%	110	48.2%	4,563	51.8%
		Staff selecting Often/Always	101	8.9%	110	11.8%	4,563	13.8%
8a	I feel that my role makes a difference to patients / service users.	Not applicable to me	1	1.0%	3	2.7%	150	3.3%
		<i>Strongly disagree</i>	3	3.0%	1	0.9%	47	1.1%
		<i>Disagree</i>	2	2.0%	3	2.8%	112	2.5%
		<i>Neither agree nor disagree</i>	8	8.0%	6	5.6%	473	10.7%
		<i>Agree</i>	51	51.0%	57	52.8%	2,268	51.4%
		<i>Strongly agree</i>	36	36.0%	41	38.0%	1,514	34.3%
		Missing	0		1		21	
		Staff selecting Agree/Strongly agree	100	87.0%	108	90.7%	4,414	85.7%
		Staff selecting Strongly disagree/Disagree	100	5.0%	108	3.7%	4,414	3.6%

Metric		Response Option	Results					
			2024		2025		Substantive	
			<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>
8b	My organisation is committed to helping me balance my work and home life.	Strongly disagree	6	5.9%	9	8.1%	205	4.5%
		Disagree	7	6.9%	9	8.1%	571	12.5%
		Neither agree nor disagree	30	29.7%	39	35.1%	1,262	27.6%
		Agree	37	36.6%	37	33.3%	1,932	42.2%
		Strongly agree	21	20.8%	17	15.3%	604	13.2%
		Missing	0		1		11	
		Staff selecting Agree/Strongly agree	101	57.4%	111	48.6%	4,574	55.4%
		Staff selecting Strongly disagree/Disagree	101	12.9%	111	16.2%	4,574	17.0%
8c	I achieve a good balance between my work life and my home life.	Strongly disagree	2	2.0%	3	2.8%	200	4.4%
		Disagree	9	8.9%	7	6.4%	639	14.0%
		Neither agree nor disagree	15	14.9%	16	14.7%	982	21.5%
		Agree	55	54.5%	51	46.8%	2,093	45.9%
		Strongly agree	20	19.8%	32	29.4%	644	14.1%
		Missing	0		3		27	
		Staff selecting Agree/Strongly agree	101	74.3%	109	76.1%	4,558	60.0%
		Staff selecting Strongly disagree/Disagree	101	10.9%	109	9.2%	4,558	18.4%
9	I am able to decide the hours / shift pattern I want to work as a bank worker.	Not applicable – I always work the same hours/shift pattern	1	1.0%	10	9.0%	-	-
		<i>Never</i>	1	1.0%	1	1.0%	-	-
		<i>Rarely</i>	5	5.1%	3	3.0%	-	-
		<i>Sometimes</i>	12	12.1%	5	5.0%	-	-
		<i>Often</i>	27	27.3%	30	29.7%	-	-
		<i>Always</i>	54	54.5%	62	61.4%	-	-
		Missing	1		1		-	-
		Staff selecting Often/Always	99	81.8%	101	91.1%	-	-
		Staff selecting Never/Rarely	99	6.1%	101	4.0%	-	-

Metric		Response Option	Results					
			2024		2025		Substantive	
			<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>
Your Team								
10	The next set of questions asks about your experience of teamwork at this organisation. How would you like to answer these questions?	I will answer about the team I always/usually work in	53	53.0%	60	53.6%	-	-
		I don't regularly work in the same team so I will answer about my general experience of teamwork at this organisation	47	47.0%	52	46.4%	-	-
		Missing	1		0		-	-
11a	I receive the respect I deserve from my colleagues at work.	Strongly disagree	4	4.0%	1	0.9%	109	2.4%
		Disagree	5	5.0%	9	8.1%	315	6.9%
		Neither agree nor disagree	15	14.9%	24	21.6%	741	16.2%
		Agree	46	45.5%	52	46.8%	2,313	50.6%
		Strongly agree	31	30.7%	25	22.5%	1,097	24.0%
		Missing	0		1		10	
		Staff selecting Agree/Strongly agree	101	76.2%	111	69.4%	4,575	74.5%
		Staff selecting Strongly disagree/Disagree	101	8.9%	111	9.0%	4,575	9.3%
11b	Team members understand each other's roles.	Strongly disagree	1	1.0%	1	0.9%	123	2.7%
		Disagree	7	6.9%	6	5.4%	535	11.7%
		Neither agree nor disagree	18	17.8%	16	14.4%	741	16.2%
		Agree	48	47.5%	67	60.4%	2,326	50.9%
		Strongly agree	27	26.7%	21	18.9%	847	18.5%
		Missing	0		1		13	
		Staff selecting Agree/Strongly agree	101	74.3%	111	79.3%	4,572	69.4%
		Staff selecting Strongly disagree/Disagree	101	7.9%	111	6.3%	4,572	14.4%
11c	I enjoy working with the colleagues in my team.	Strongly disagree	2	2.0%	1	0.9%	43	0.9%
		Disagree	0	0.0%	1	0.9%	125	2.7%
		Neither agree nor disagree	21	20.8%	20	18.0%	598	13.1%
		Agree	47	46.5%	70	63.1%	2,296	50.3%
		Strongly agree	31	30.7%	19	17.1%	1,506	33.0%
		Missing	0		1		17	
		Staff selecting Agree/Strongly agree	101	77.2%	111	80.2%	4,568	83.2%
		Staff selecting Strongly disagree/Disagree	101	2.0%	111	1.8%	4,568	3.7%

Metric		Response Option	Results					
			2024		2025		Substantive	
			n	value	n	value	n	value
11d	My team has enough freedom in how to do its work.	Strongly disagree	3	3.0%	1	0.9%	161	3.5%
		Disagree	17	17.0%	10	9.0%	579	12.7%
		Neither agree nor disagree	25	25.0%	42	37.8%	1,258	27.6%
		Agree	42	42.0%	46	41.4%	1,954	42.8%
		Strongly agree	13	13.0%	12	10.8%	610	13.4%
		Missing	1		1		23	
		Staff selecting Agree/Strongly agree	100	55.0%	111	52.3%	4,562	56.2%
		Staff selecting Strongly disagree/Disagree	100	20.0%	111	9.9%	4,562	16.2%
11e	In my team disagreements are dealt with constructively.	Strongly disagree	5	5.0%	4	3.6%	199	4.4%
		Disagree	10	9.9%	8	7.3%	503	11.0%
		Neither agree nor disagree	29	28.7%	43	39.1%	1,167	25.6%
		Agree	41	40.6%	40	36.4%	2,026	44.5%
		Strongly agree	16	15.8%	15	13.6%	662	14.5%
		Missing	0		2		28	
		Staff selecting Agree/Strongly agree	101	56.4%	110	50.0%	4,557	59.0%
		Staff selecting Strongly disagree/Disagree	101	14.9%	110	10.9%	4,557	15.4%
11f	I feel valued by my team.	Strongly disagree	6	6.1%	1	0.9%	144	3.2%
		Disagree	9	9.1%	7	6.4%	311	6.8%
		Neither agree nor disagree	18	18.2%	23	20.9%	817	18.0%
		Agree	39	39.4%	58	52.7%	2,219	48.8%
		Strongly agree	27	27.3%	21	19.1%	1,059	23.3%
		Missing	2		2		35	
		Staff selecting Agree/Strongly agree	99	66.7%	110	71.8%	4,550	72.0%
		Staff selecting Strongly disagree/Disagree	99	15.2%	110	7.3%	4,550	10.0%

Metric		Response Option	Results					
			2024		2025		Substantive	
			<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>
11g	I feel a strong personal attachment to my team.	Strongly disagree	4	4.0%	1	0.9%	158	3.5%
		Disagree	8	7.9%	13	11.7%	393	8.6%
		Neither agree nor disagree	33	32.7%	45	40.5%	1,099	24.1%
		Agree	37	36.6%	33	29.7%	1,854	40.6%
		Strongly agree	19	18.8%	19	17.1%	1,059	23.2%
		Missing	0		1		22	
		Staff selecting Agree/Strongly agree	101	55.4%	111	46.8%	4,563	63.8%
		Staff selecting Strongly disagree/Disagree	101	11.9%	111	12.6%	4,563	12.1%

Metric		Response Option	Results					
			2024		2025		Substantive	
			<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>
People in Your Organisation								
12a	Teams within this organisation work well together to achieve their objectives.	Strongly disagree	3	3.0%	2	1.8%	201	4.4%
		Disagree	7	6.9%	7	6.3%	662	14.5%
		Neither agree nor disagree	22	21.8%	24	21.6%	1,240	27.1%
		Agree	55	54.5%	60	54.1%	1,999	43.8%
		Strongly agree	14	13.9%	18	16.2%	466	10.2%
		Missing	0		1		17	
		Staff selecting Agree/Strongly agree	101	68.3%	111	70.3%	4,568	54.0%
		Staff selecting Strongly disagree/Disagree	101	9.9%	111	8.1%	4,568	18.9%
12b	The people I work with are understanding and kind to one another.	Strongly disagree	1	1.0%	2	1.8%	98	2.1%
		Disagree	7	7.0%	5	4.5%	279	6.1%
		Neither agree nor disagree	26	26.0%	28	25.2%	752	16.5%
		Agree	46	46.0%	60	54.1%	2,361	51.7%
		Strongly agree	20	20.0%	16	14.4%	1,077	23.6%
		Missing	1		1		18	
		Staff selecting Agree/Strongly agree	100	66.0%	111	68.5%	4,567	75.3%
		Staff selecting Strongly disagree/Disagree	100	8.0%	111	6.3%	4,567	8.3%
12c	The people I work with are polite and treat each other with respect.	Strongly disagree	2	2.0%	3	2.7%	96	2.1%
		Disagree	6	6.1%	7	6.3%	292	6.4%
		Neither agree nor disagree	23	23.5%	25	22.5%	703	15.4%
		Agree	47	48.0%	57	51.4%	2,370	52.0%
		Strongly agree	20	20.4%	19	17.1%	1,095	24.0%
		Missing	3		1		29	
		Staff selecting Agree/Strongly agree	98	68.4%	111	68.5%	4,556	76.1%
		Staff selecting Strongly disagree/Disagree	98	8.2%	111	9.0%	4,556	8.5%

Metric		Response Option	Results					
			2024		2025		Substantive	
			<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>
12d	The people I work with show appreciation to one another.	Strongly disagree	2	2.0%	2	1.8%	103	2.3%
		Disagree	4	4.0%	8	7.3%	294	6.4%
		Neither agree nor disagree	25	25.3%	23	21.1%	866	19.0%
		Agree	46	46.5%	59	54.1%	2,286	50.1%
		Strongly agree	22	22.2%	17	15.6%	1,012	22.2%
		Missing	2		3		24	
		Staff selecting Agree/Strongly agree	99	68.7%	109	69.7%	4,561	72.3%
		Staff selecting Strongly disagree/Disagree	99	6.1%	109	9.2%	4,561	8.7%

Metric		Response Option	Results					
			2024		2025		Substantive	
			<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>
Your Managers								
13	How would you like to answer these questions?	I will answer about the manager I always/usually report to	44	44.0%	54	49.1%	-	-
		I don't regularly report to the same person so I will answer about my general experience of managers at this organisation	56	56.0%	56	50.9%	-	-
		Missing	1		2		-	-
14a	My immediate manager(s) encourages me at work.	Strongly disagree	4	4.0%	1	0.9%	114	2.5%
		Disagree	12	11.9%	11	9.9%	264	5.8%
		Neither agree nor disagree	26	25.7%	34	30.6%	620	13.6%
		Agree	40	39.6%	44	39.6%	1,950	42.7%
		Strongly agree	19	18.8%	21	18.9%	1,624	35.5%
		Missing	0		1		13	
		Staff selecting Agree/Strongly agree	101	58.4%	111	58.6%	4,572	78.2%
		Staff selecting Strongly disagree/Disagree	101	15.8%	111	10.8%	4,572	8.3%
14b	My immediate manager(s) gives me clear feedback on my work.	Strongly disagree	4	4.0%	3	2.7%	143	3.1%
		Disagree	19	18.8%	8	7.2%	400	8.8%
		Neither agree nor disagree	28	27.7%	38	34.2%	764	16.7%
		Agree	30	29.7%	42	37.8%	1,820	39.8%
		Strongly agree	20	19.8%	20	18.0%	1,441	31.5%
		Missing	0		1		17	
		Staff selecting Agree/Strongly agree	101	49.5%	111	55.9%	4,568	71.4%
		Staff selecting Strongly disagree/Disagree	101	22.8%	111	9.9%	4,568	11.9%
14c	My immediate manager(s) asks for my opinion before making decisions that affect my work.	Strongly disagree	9	8.9%	7	6.3%	230	5.0%
		Disagree	20	19.8%	20	18.0%	552	12.1%
		Neither agree nor disagree	39	38.6%	37	33.3%	866	18.9%
		Agree	19	18.8%	32	28.8%	1,651	36.1%
		Strongly agree	14	13.9%	15	13.5%	1,273	27.8%
		Missing	0		1		13	
		Staff selecting Agree/Strongly agree	101	32.7%	111	42.3%	4,572	64.0%
		Staff selecting Strongly disagree/Disagree	101	28.7%	111	24.3%	4,572	17.1%

Metric		Response Option	Results					
			2024		2025		Substantive	
			n	value	n	value	n	value
14d	My immediate manager(s) takes a positive interest in my health and well-being.	Strongly disagree	8	8.1%	8	7.2%	139	3.0%
		Disagree	12	12.1%	12	10.8%	266	5.8%
		Neither agree nor disagree	31	31.3%	27	24.3%	567	12.4%
		Agree	30	30.3%	43	38.7%	1,822	39.8%
		Strongly agree	18	18.2%	21	18.9%	1,781	38.9%
		Missing	2		1		10	
		Staff selecting Agree/Strongly agree	99	48.5%	111	57.7%	4,575	78.8%
		Staff selecting Strongly disagree/Disagree	99	20.2%	111	18.0%	4,575	8.9%
14e	My immediate manager(s) values my work.	Strongly disagree	4	4.0%	3	2.7%	122	2.7%
		Disagree	9	9.1%	7	6.3%	225	4.9%
		Neither agree nor disagree	29	29.3%	23	20.7%	687	15.0%
		Agree	37	37.4%	57	51.4%	1,905	41.7%
		Strongly agree	20	20.2%	21	18.9%	1,632	35.7%
		Missing	2		1		14	
		Staff selecting Agree/Strongly agree	99	57.6%	111	70.3%	4,571	77.4%
		Staff selecting Strongly disagree/Disagree	99	13.1%	111	9.0%	4,571	7.6%
14f	My immediate manager(s) works together with me to come to an understanding of problems.	Strongly disagree	5	5.1%	6	5.4%	147	3.2%
		Disagree	13	13.1%	9	8.1%	285	6.2%
		Neither agree nor disagree	33	33.3%	33	29.7%	698	15.3%
		Agree	30	30.3%	47	42.3%	1,898	41.6%
		Strongly agree	18	18.2%	16	14.4%	1,538	33.7%
		Missing	2		1		19	
		Staff selecting Agree/Strongly agree	99	48.5%	111	56.8%	4,566	75.3%
		Staff selecting Strongly disagree/Disagree	99	18.2%	111	13.5%	4,566	9.5%

Metric		Response Option	Results					
			2024		2025		Substantive	
			n	value	n	value	n	value
14g	My immediate manager(s) is interested in listening to me when I describe challenges I face.	Strongly disagree	3	3.0%	8	7.3%	157	3.4%
		Disagree	13	12.9%	8	7.3%	275	6.0%
		Neither agree nor disagree	24	23.8%	29	26.4%	599	13.1%
		Agree	40	39.6%	46	41.8%	1,875	41.0%
		Strongly agree	21	20.8%	19	17.3%	1,664	36.4%
		Missing	0		2		15	
		Staff selecting Agree/Strongly agree	101	60.4%	110	59.1%	4,570	77.4%
		Staff selecting Strongly disagree/Disagree	101	15.8%	110	14.5%	4,570	9.5%
14h	My immediate manager(s) cares about my concerns.	Strongly disagree	4	4.1%	8	7.2%	157	3.4%
		Disagree	11	11.2%	8	7.2%	273	6.0%
		Neither agree nor disagree	27	27.6%	27	24.3%	634	13.9%
		Agree	37	37.8%	49	44.1%	1,837	40.3%
		Strongly agree	19	19.4%	19	17.1%	1,660	36.4%
		Missing	3		1		24	
		Staff selecting Agree/Strongly agree	98	57.1%	111	61.3%	4,561	76.7%
		Staff selecting Strongly disagree/Disagree	98	15.3%	111	14.4%	4,561	9.4%
14i	My immediate manager(s) takes effective action to help me with any problems I face.	Strongly disagree	4	4.0%	7	6.4%	179	3.9%
		Disagree	11	10.9%	10	9.1%	310	6.8%
		Neither agree nor disagree	35	34.7%	30	27.3%	759	16.7%
		Agree	32	31.7%	47	42.7%	1,742	38.2%
		Strongly agree	19	18.8%	16	14.5%	1,566	34.4%
		Missing	0		2		29	
		Staff selecting Agree/Strongly agree	101	50.5%	110	57.3%	4,556	72.6%
		Staff selecting Strongly disagree/Disagree	101	14.9%	110	15.5%	4,556	10.7%

Metric		Response Option	Results					
			2024		2025		Substantive	
			<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>
Your Health, Well-being and Safety at Work								
15	On average, how many hours per week do you usually undertake for bank in this organisation?	0-15 hours	25	25.0%	39	35.8%	-	-
		16-29 hours	28	28.0%	34	31.2%	-	-
		30 hours or more	47	47.0%	36	33.0%	-	-
		Missing	1		3		-	-
16a	My organisation takes positive action on health and well-being.	Strongly disagree	4	4.0%	7	6.3%	229	5.1%
		Disagree	7	6.9%	9	8.0%	518	11.4%
		Neither agree nor disagree	32	31.7%	30	26.8%	1,180	26.1%
		Agree	38	37.6%	48	42.9%	1,930	42.6%
		Strongly agree	20	19.8%	18	16.1%	671	14.8%
		Missing	0		0		57	
		Staff selecting Agree/Strongly agree	101	57.4%	112	58.9%	4,528	57.4%
		Staff selecting Strongly disagree/Disagree	101	10.9%	112	14.3%	4,528	16.5%
16b	In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?	Yes	-	-	22	19.8%	1,498	32.9%
		No	-	-	89	80.2%	3,062	67.1%
		Missing	-		1		25	
		Staff selecting No	0	0.0%	111	80.2%	4,560	67.1%
		Staff selecting Yes	0	0.0%	111	19.8%	4,560	32.9%
16c	During the last 12 months have you felt unwell as a result of work related stress?	Yes	22	22.0%	31	27.9%	1,965	43.1%
		No	78	78.0%	80	72.1%	2,589	56.9%
		Missing	1		1		31	
		Staff selecting No	100	78.0%	111	72.1%	4,554	56.9%
		Staff selecting Yes	100	22.0%	111	27.9%	4,554	43.1%
16d	In the last three months have you ever come to work despite not feeling well enough to perform your duties?	Yes	30	29.7%	29	25.9%	2,566	56.2%
		No	71	70.3%	83	74.1%	1,997	43.8%
		Missing	0		0		22	
		Staff selecting No	101	70.3%	112	74.1%	4,563	43.8%
		Staff selecting Yes	101	29.7%	112	25.9%	4,563	56.2%

Metric		Response Option	Results					
			2024		2025		Substantive	
			n	value	n	value	n	value
16e	Have you felt pressure from the organisation to come to work?	Yes	6	20.0%	10	34.5%	367	14.4%
		No	24	80.0%	19	65.5%	2,176	85.6%
		Missing	71		83		2,042	
		Staff selecting No	30	80.0%	29	65.5%	2,543	85.6%
		Staff selecting Yes	30	20.0%	29	34.5%	2,543	14.4%
17a	How often, if at all, do you find your work emotionally exhausting?	Never	13	12.9%	5	4.5%	184	4.0%
		Rarely	26	25.7%	23	20.7%	639	13.9%
		Sometimes	43	42.6%	66	59.5%	2,047	44.7%
		Often	18	17.8%	16	14.4%	1,469	32.1%
		Always	1	1.0%	1	0.9%	242	5.3%
		Missing	0		1		4	
		Staff selecting Never/Rarely	101	38.6%	111	25.2%	4,581	18.0%
		Staff selecting Often/Always	101	18.8%	111	15.3%	4,581	37.3%
17b	How often, if at all, do you feel burnt out because of your work?	Never	15	14.9%	13	11.7%	338	7.4%
		Rarely	29	28.7%	40	36.0%	1,107	24.2%
		Sometimes	43	42.6%	45	40.5%	1,839	40.2%
		Often	12	11.9%	13	11.7%	1,098	24.0%
		Always	2	2.0%	0	0.0%	192	4.2%
		Missing	0		1		11	
		Staff selecting Never/Rarely	101	43.6%	111	47.7%	4,574	31.6%
		Staff selecting Often/Always	101	13.9%	111	11.7%	4,574	28.2%
17c	How often, if at all, does your work frustrate you?	Never	16	16.0%	14	12.6%	191	4.2%
		Rarely	25	25.0%	43	38.7%	791	17.3%
		Sometimes	47	47.0%	40	36.0%	2,033	44.6%
		Often	8	8.0%	12	10.8%	1,343	29.4%
		Always	4	4.0%	2	1.8%	205	4.5%
		Missing	1		1		22	
		Staff selecting Never/Rarely	100	41.0%	111	51.4%	4,563	21.5%
		Staff selecting Often/Always	100	12.0%	111	12.6%	4,563	33.9%

Metric		Response Option	Results					
			2024		2025		Substantive	
			n	value	n	value	n	value
17d	How often, if at all, are you exhausted at the thought of another day / shift at work?	Never	22	21.8%	21	19.1%	502	11.0%
		Rarely	35	34.7%	37	33.6%	1,303	28.5%
		Sometimes	33	32.7%	41	37.3%	1,664	36.4%
		Often	10	9.9%	9	8.2%	897	19.6%
		Always	1	1.0%	2	1.8%	207	4.5%
		Missing	0		2		12	
		Staff selecting Never/Rarely	101	56.4%	110	52.7%	4,573	39.5%
		Staff selecting Often/Always	101	10.9%	110	10.0%	4,573	24.1%
17e	How often, if at all, do you feel worn out at the end of your working day / shift?	Never	14	13.9%	10	9.1%	178	3.9%
		Rarely	25	24.8%	23	20.9%	725	15.9%
		Sometimes	38	37.6%	56	50.9%	1,808	39.6%
		Often	20	19.8%	17	15.5%	1,451	31.8%
		Always	4	4.0%	4	3.6%	401	8.8%
		Missing	0		2		22	
		Staff selecting Never/Rarely	101	38.6%	110	30.0%	4,563	19.8%
		Staff selecting Often/Always	101	23.8%	110	19.1%	4,563	40.6%
17f	How often, if at all, do you feel that every working hour is tiring for you?	Never	28	27.7%	26	23.4%	891	19.5%
		Rarely	39	38.6%	48	43.2%	1,683	36.9%
		Sometimes	30	29.7%	32	28.8%	1,276	28.0%
		Often	3	3.0%	4	3.6%	554	12.1%
		Always	1	1.0%	1	0.9%	156	3.4%
		Missing	0		1		25	
		Staff selecting Never/Rarely	101	66.3%	111	66.7%	4,560	56.4%
		Staff selecting Often/Always	101	4.0%	111	4.5%	4,560	15.6%

Metric		Response Option	Results					
			2024		2025		Substantive	
			n	value	n	value	n	value
17g	How often, if at all, do you not have enough energy for family and friends during leisure time?	Never	24	23.8%	28	25.5%	521	11.4%
		Rarely	26	25.7%	31	28.2%	1,165	25.5%
		Sometimes	32	31.7%	34	30.9%	1,612	35.3%
		Often	15	14.9%	15	13.6%	1,030	22.5%
		Always	4	4.0%	2	1.8%	244	5.3%
		Missing	0		2		13	
		Staff selecting Never/Rarely	101	49.5%	110	53.6%	4,572	36.9%
		Staff selecting Often/Always	101	18.8%	110	15.5%	4,572	27.9%
18a	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?	Never	49	49.0%	54	48.6%	3,584	78.6%
		1-2	21	21.0%	25	22.5%	447	9.8%
		3-5	13	13.0%	18	16.2%	221	4.8%
		6-10	4	4.0%	9	8.1%	100	2.2%
		More than 10	13	13.0%	5	4.5%	210	4.6%
		Missing	1		1		23	
		Staff selecting Never	100	49.0%	111	48.6%	4,562	78.6%
		Staff selecting One or more times	100	51.0%	111	51.4%	4,562	21.4%
18b	In the last 12 months how many times have you personally experienced physical violence at work from managers?	Never	91	96.8%	106	100.0%	4,525	99.8%
		1-2	1	1.1%	0	0.0%	7	0.2%
		3-5	1	1.1%	0	0.0%	0	0.0%
		6-10	0	0.0%	0	0.0%	2	0.0%
		More than 10	1	1.1%	0	0.0%	2	0.0%
		Missing	7		6		49	
		Staff selecting Never	94	96.8%	106	100.0%	4,536	99.8%
		Staff selecting One or more times	94	3.2%	106	0.0%	4,536	0.2%

Metric		Response Option	Results					
			2024		2025		Substantive	
			<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>
18c	In the last 12 months how many times have you personally experienced physical violence at work from other colleagues?	Never	87	94.6%	103	97.2%	4,471	99.1%
		1-2	5	5.4%	2	1.9%	31	0.7%
		3-5	0	0.0%	1	0.9%	3	0.1%
		6-10	0	0.0%	0	0.0%	1	0.0%
		More than 10	0	0.0%	0	0.0%	4	0.1%
		Missing	9		6		75	
		Staff selecting Never	92	94.6%	106	97.2%	4,510	99.1%
		Staff selecting One or more times	92	5.4%	106	2.8%	4,510	0.9%
18d	The last time you experienced physical violence at work, did you or a colleague report it?	<i>Yes, I reported it</i>	33	66.0%	32	60.4%	726	76.9%
		<i>Yes, a colleague reported it</i>	10	20.0%	16	30.2%	108	11.4%
		<i>Yes, both myself and a colleague reported it</i>	7	14.0%	5	9.4%	71	7.5%
		<i>No</i>	0	0.0%	0	0.0%	39	4.1%
		<i>Don't know</i>	0	0.0%	3	5.3%	13	1.3%
		<i>Not applicable</i>	2	3.8%	1	1.8%	22	2.2%
		<i>Missing</i>	49		55		3,606	
		Staff selecting Yes	50	100.0%	53	100.0%	944	95.9%
		Staff selecting No	50	0.0%	53	0.0%	944	4.1%
19a	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?	Never	58	58.0%	64	57.7%	3,258	71.3%
		1-2	20	20.0%	22	19.8%	588	12.9%
		3-5	8	8.0%	10	9.0%	287	6.3%
		6-10	2	2.0%	8	7.2%	121	2.6%
		More than 10	12	12.0%	7	6.3%	313	6.9%
		Missing	1		1		18	
		Staff selecting Never	100	58.0%	111	57.7%	4,567	71.3%
		Staff selecting One or more times	100	42.0%	111	42.3%	4,567	28.7%

Metric		Response Option	Results					
			2024		2025		Substantive	
			n	value	n	value	n	value
19b	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers?	Never	91	92.9%	102	95.3%	4,244	93.4%
		1-2	3	3.1%	4	3.7%	188	4.1%
		3-5	2	2.0%	0	0.0%	66	1.5%
		6-10	1	1.0%	1	0.9%	16	0.4%
		More than 10	1	1.0%	0	0.0%	32	0.7%
		Missing	3		5		39	
		Staff selecting Never	98	92.9%	107	95.3%	4,546	93.4%
		Staff selecting One or more times	98	7.1%	107	4.7%	4,546	6.6%
19c	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?	Never	79	80.6%	92	83.6%	3,909	86.0%
		1-2	10	10.2%	13	11.8%	428	9.4%
		3-5	5	5.1%	4	3.6%	125	2.8%
		6-10	0	0.0%	1	0.9%	37	0.8%
		More than 10	4	4.1%	0	0.0%	44	1.0%
		Missing	3		2		42	
		Staff selecting Never	98	80.6%	110	83.6%	4,543	86.0%
		Staff selecting One or more times	98	19.4%	110	16.4%	4,543	14.0%
19d	The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?	<i>Yes, I reported it</i>	22	55.0%	24	51.1%	962	61.6%
		<i>Yes, a colleague reported it</i>	7	17.5%	8	17.0%	92	5.9%
		<i>Yes, both myself and a colleague reported it</i>	1	2.5%	5	10.6%	68	4.4%
		No	10	25.0%	10	21.3%	440	28.2%
		Don't know	2	4.5%	2	3.6%	48	2.8%
		Not applicable	2	4.5%	6	10.9%	105	6.1%
		Missing	57		57		2,870	
		Staff selecting Yes	40	75.0%	47	78.7%	1,562	71.8%
		Staff selecting No	40	25.0%	47	21.3%	1,562	28.2%

Metric		Response Option	Results					
			2024		2025		Substantive	
			n	value	n	value	n	value
20	Does your organisation act fairly towards staff regardless of ethnic background, gender, religion, sexual orientation, disability or age, for example with regards to career progression or development opportunities?	Yes	-	-	45	76.3%	2,752	87.5%
		No	-	-	14	23.7%	392	12.5%
		Don't know	-	-	52	46.8%	1,409	30.9%
		Missing	-	-	1		32	
		Staff selecting Yes	0	0.0%	59	76.3%	3,144	87.5%
		Staff selecting No	0	0.0%	59	23.7%	3,144	12.5%
21a	In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?	Yes	22	22.2%	27	24.3%	389	8.5%
		No	77	77.8%	84	75.7%	4,174	91.5%
		Missing	2		1		22	
		Staff selecting No	99	77.8%	111	75.7%	4,563	91.5%
		Staff selecting Yes	99	22.2%	111	24.3%	4,563	8.5%
21b	In the last 12 months have you personally experienced discrimination at work from a manager / team leader or other colleagues?	Yes	20	20.6%	17	15.9%	309	6.8%
		No	77	79.4%	90	84.1%	4,226	93.2%
		Missing	4		5		50	
		Staff selecting No	97	79.4%	107	84.1%	4,535	93.2%
		Staff selecting Yes	97	20.6%	107	15.9%	4,535	6.8%
21c 01	On what grounds have you experienced discrimination? Age	Age	-	-	1	3.1%	118	19.9%
		Not selected	-	-	31	96.9%	476	80.1%
		Staff not selecting	-	-	32	96.9%	594	80.1%
		Staff selecting Age	-	-	32	3.1%	594	19.9%
21c 02	On what grounds have you experienced discrimination? Disability	Disability	-	-	2	6.3%	101	17.0%
		Not selected	-	-	30	93.8%	493	83.0%
		Staff not selecting	-	-	32	93.8%	594	83.0%
		Staff selecting Disability	-	-	32	6.3%	594	17.0%
21c 03	On what grounds have you experienced discrimination? Gender reassignment	Gender reassignment	-	-	1	3.1%	10	1.7%
		Not selected	-	-	31	96.9%	584	98.3%
		Staff not selecting	-	-	32	96.9%	594	98.3%
		Staff selecting Gender reassignment	-	-	32	3.1%	594	1.7%

Metric		Response Option	Results					
			2024		2025		Substantive	
			<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>
21c 04	On what grounds have you experienced discrimination? Marriage and civil partnership	Marriage and civil partnership	-	-	0	0.0%	5	0.8%
		Not selected	-	-	32	100.0%	589	99.2%
		Staff not selecting	-	-	32	100.0%	594	99.2%
		Staff selecting Marriage and civil partnership	-	-	32	0.0%	594	0.8%
21c 05	On what grounds have you experienced discrimination? Pregnancy and maternity	Pregnancy and maternity	-	-	1	3.1%	20	3.4%
		Not selected	-	-	31	96.9%	574	96.6%
		Staff not selecting	-	-	32	96.9%	594	96.6%
		Staff selecting Pregnancy and maternity	-	-	32	3.1%	594	3.4%
21c 06	On what grounds have you experienced discrimination? Race	Race	-	-	22	68.8%	242	40.7%
		Not selected	-	-	10	31.3%	352	59.3%
		Staff not selecting	-	-	32	31.3%	594	59.3%
		Staff selecting Race	-	-	32	68.8%	594	40.7%
21c 07	On what grounds have you experienced discrimination? Religion or belief	Religion or belief	-	-	3	9.4%	32	5.4%
		Not selected	-	-	29	90.6%	562	94.6%
		Staff not selecting	-	-	32	90.6%	594	94.6%
		Staff selecting Religion or belief	-	-	32	9.4%	594	5.4%
21c 08	On what grounds have you experienced discrimination? Sex	Sex	-	-	0	0.0%	103	17.3%
		Not selected	-	-	32	100.0%	491	82.7%
		Staff not selecting	-	-	32	100.0%	594	82.7%
		Staff selecting Sex	-	-	32	0.0%	594	17.3%
21c 09	On what grounds have you experienced discrimination? Sexual Orientation	Sexual Orientation	-	-	0	0.0%	34	5.7%
		Not selected	-	-	32	100.0%	560	94.3%
		Staff not selecting	-	-	32	100.0%	594	94.3%
		Staff selecting Sexual Orientation	-	-	32	0.0%	594	5.7%

Metric		Response Option	Results					
			2024		2025		Substantive	
			n	value	n	value	n	value
21c 10	On what grounds have you experienced discrimination? Other	Other	-	-	7	21.9%	107	18.0%
		Not selected	-	-	25	78.1%	487	82.0%
		Staff not selecting	-	-	32	78.1%	594	82.0%
		Staff selecting Other	-	-	32	21.9%	594	18.0%
22a	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?	Never	76	76.0%	90	80.4%	3,974	87.0%
		1-2	11	11.0%	15	13.4%	336	7.4%
		3-5	5	5.0%	2	1.8%	130	2.8%
		6-10	4	4.0%	1	0.9%	54	1.2%
		More than 10	4	4.0%	4	3.6%	74	1.6%
		Missing	1		0		17	
		Staff selecting Never	100	76.0%	112	80.4%	4,568	87.0%
		One or more times	100	24.0%	112	19.6%	4,568	13.0%
22b	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?	Never	88	90.7%	109	98.2%	4,414	96.8%
		1-2	6	6.2%	0	0.0%	102	2.2%
		3-5	2	2.1%	1	0.9%	31	0.7%
		6-10	1	1.0%	1	0.9%	5	0.1%
		More than 10	0	0.0%	0	0.0%	9	0.2%
		Missing	4		1		24	
		Staff selecting Never	97	90.7%	111	98.2%	4,561	96.8%
		One or more times	97	9.3%	111	1.8%	4,561	3.2%
23	In the last month have you seen any errors, near misses or incidents that could have hurt staff and/or patients/service users?	Yes	28	28.6%	32	29.4%	1,299	28.9%
		No	70	71.4%	77	70.6%	3,196	71.1%
		Missing	3		3		90	
		Staff selecting No	98	71.4%	109	70.6%	4,495	71.1%
		Staff selecting Yes	98	28.6%	109	29.4%	4,495	28.9%

Metric		Response Option	Results					
			2024		2025		Substantive	
			n	value	n	value	n	value
24a	My organisation treats staff who are involved in an error, near miss or incident fairly.	Don't know	28	28.0%	21	18.9%	975	21.3%
		Strongly disagree	6	8.3%	12	13.3%	185	5.1%
		Disagree	11	15.3%	10	11.1%	350	9.7%
		Neither agree nor disagree	27	37.5%	31	34.4%	1,184	32.9%
		Agree	19	26.4%	30	33.3%	1,510	41.9%
		Strongly agree	9	12.5%	7	7.8%	371	10.3%
		Missing	1		1		10	
		Staff selecting Agree/Strongly agree	72	38.9%	90	41.1%	3,600	52.3%
		Staff selecting Strongly disagree/Disagree	72	23.6%	90	24.4%	3,600	14.9%
24b	My organisation encourages us to report errors, near misses or incidents.	Don't know	5	5.0%	7	6.3%	135	3.0%
		Strongly disagree	4	4.2%	3	2.9%	51	1.1%
		Disagree	5	5.2%	2	1.9%	68	1.5%
		Neither agree nor disagree	5	5.2%	9	8.7%	303	6.8%
		Agree	52	54.2%	60	57.7%	2,561	57.7%
		Strongly agree	30	31.3%	30	28.8%	1,453	32.8%
		Missing	0		1		14	
		Staff selecting Agree/Strongly agree	96	85.4%	104	86.5%	4,436	90.5%
		Staff selecting Strongly disagree/Disagree	96	9.4%	104	4.8%	4,436	2.7%
24c	When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.	Don't know	9	8.9%	11	9.9%	479	10.5%
		Strongly disagree	4	4.3%	9	9.0%	120	2.9%
		Disagree	6	6.5%	3	3.0%	197	4.8%
		Neither agree nor disagree	15	16.3%	20	20.0%	814	19.9%
		Agree	50	54.3%	44	44.0%	2,147	52.6%
		Strongly agree	17	18.5%	24	24.0%	807	19.8%
		Missing	0		1		21	
		Staff selecting Agree/Strongly agree	92	72.8%	100	68.0%	4,085	72.3%
		Staff selecting Strongly disagree/Disagree	92	10.9%	100	12.0%	4,085	7.8%

Metric		Response Option	Results					
			2024		2025		Substantive	
			n	value	n	value	n	value
24d	We are given feedback about changes made in response to reported errors, near misses and incidents.	Don't know	8	8.1%	12	10.8%	404	8.9%
		Strongly disagree	4	4.4%	6	6.1%	180	4.3%
		Disagree	15	16.5%	8	8.1%	381	9.2%
		Neither agree nor disagree	17	18.7%	27	27.3%	897	21.6%
		Agree	40	44.0%	45	45.5%	2,002	48.2%
		Strongly agree	15	16.5%	13	13.1%	693	16.7%
		Missing	2		1		28	
		Staff selecting Agree/Strongly agree	91	60.4%	99	58.6%	4,153	64.9%
		Staff selecting Strongly disagree/Disagree	91	20.9%	99	14.1%	4,153	13.5%
25a	I would feel secure raising concerns about unsafe clinical practice.	Strongly disagree	3	3.0%	3	2.7%	123	2.7%
		Disagree	7	7.0%	4	3.6%	270	5.9%
		Neither agree nor disagree	20	20.0%	19	17.1%	669	14.6%
		Agree	45	45.0%	57	51.4%	2,358	51.6%
		Strongly agree	25	25.0%	28	25.2%	1,148	25.1%
		Missing	1		1		17	
		Staff selecting Agree/Strongly agree	100	70.0%	111	76.6%	4,568	76.8%
		Staff selecting Strongly disagree/Disagree	100	10.0%	111	6.3%	4,568	8.6%
25b	I am confident that my organisation would address my concern.	Strongly disagree	5	5.0%	8	7.2%	191	4.2%
		Disagree	8	8.0%	3	2.7%	429	9.4%
		Neither agree nor disagree	24	24.0%	33	29.7%	1,285	28.2%
		Agree	43	43.0%	46	41.4%	1,875	41.1%
		Strongly agree	20	20.0%	21	18.9%	782	17.1%
		Missing	1		1		23	
		Staff selecting Agree/Strongly agree	100	63.0%	111	60.4%	4,562	58.2%
		Staff selecting Strongly disagree/Disagree	100	13.0%	111	9.9%	4,562	13.6%
26	I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc).	Strongly disagree	4	4.0%	4	3.6%	121	2.7%
		Disagree	9	9.0%	6	5.4%	263	5.8%
		Neither agree nor disagree	18	18.0%	20	18.0%	895	19.6%
		Agree	48	48.0%	52	46.8%	2,261	49.6%
		Strongly agree	21	21.0%	29	26.1%	1,018	22.3%
		Missing	1		1		27	
		Staff selecting Agree/Strongly agree	100	69.0%	111	73.0%	4,558	71.9%
		Staff selecting Strongly disagree/Disagree	100	13.0%	111	9.0%	4,558	8.4%

Metric		Response Option	Results					
			2024		2025		Substantive	
			<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>
27	I can eat nutritious and affordable food while I am working. Please note, this could be food you buy or prepare yourself.	Never	4	4.0%	6	5.4%	116	2.5%
		Rarely	7	7.0%	11	9.9%	551	12.1%
		Sometimes	28	28.0%	41	36.9%	1,302	28.5%
		Often	28	28.0%	28	25.2%	1,484	32.5%
		Always	33	33.0%	25	22.5%	1,118	24.5%
		Missing	1		1		14	
		Staff selecting Often/Always	100	61.0%	111	47.7%	4,571	56.9%
		Staff selecting Never/Rarely	100	11.0%	111	15.3%	4,571	14.6%

Metric		Response Option	Results					
			2024		2025		Substantive	
			<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>
Your Personal Development								
28	In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?	Yes	23	23.2%	26	23.6%	4,198	92.2%
		No	62	62.6%	68	61.8%	254	5.6%
		Can't remember	14	14.1%	16	14.5%	101	2.2%
		Missing	2		2		32	
		Staff selecting Yes	99	23.2%	110	23.6%	4,553	92.2%
		Staff selecting No	99	62.6%	110	61.8%	4,553	5.6%
29a	This organisation offers me challenging work.	Strongly disagree	5	5.1%	3	2.7%	69	1.5%
		Disagree	8	8.1%	10	9.1%	190	4.2%
		Neither agree nor disagree	43	43.4%	43	39.1%	939	20.6%
		Agree	35	35.4%	45	40.9%	2,416	52.9%
		Strongly agree	8	8.1%	9	8.2%	953	20.9%
		Missing	2		2		18	
		Staff selecting Agree/Strongly agree	99	43.4%	110	49.1%	4,567	73.8%
		Staff selecting Strongly disagree/Disagree	99	13.1%	110	11.8%	4,567	5.7%
29b	There are opportunities for me to develop my career in this organisation.	Strongly disagree	9	9.0%	5	4.6%	327	7.2%
		Disagree	14	14.0%	12	11.0%	688	15.1%
		Neither agree nor disagree	24	24.0%	49	45.0%	1,058	23.1%
		Agree	35	35.0%	33	30.3%	1,866	40.8%
		Strongly agree	18	18.0%	10	9.2%	632	13.8%
		Missing	1		3		14	
		Staff selecting Agree/Strongly agree	100	53.0%	109	39.4%	4,571	54.6%
		Staff selecting Strongly disagree/Disagree	100	23.0%	109	15.6%	4,571	22.2%
29c	I have opportunities to improve my knowledge and skills.	Strongly disagree	4	4.0%	3	2.8%	139	3.0%
		Disagree	10	10.0%	5	4.6%	336	7.4%
		Neither agree nor disagree	15	15.0%	30	27.5%	741	16.2%
		Agree	51	51.0%	56	51.4%	2,486	54.5%
		Strongly agree	20	20.0%	15	13.8%	860	18.9%
		Missing	1		3		23	
		Staff selecting Agree/Strongly agree	100	71.0%	109	65.1%	4,562	73.3%
		Staff selecting Strongly disagree/Disagree	100	14.0%	109	7.3%	4,562	10.4%

Metric		Response Option	Results					
			2024		2025		Substantive	
			n	value	n	value	n	value
29d	I feel supported to develop my potential.	Strongly disagree	8	8.0%	6	5.5%	255	5.6%
		Disagree	10	10.0%	7	6.4%	482	10.6%
		Neither agree nor disagree	30	30.0%	47	42.7%	1,049	23.1%
		Agree	36	36.0%	39	35.5%	2,030	44.7%
		Strongly agree	16	16.0%	11	10.0%	725	16.0%
		Missing	1		2		44	
		Staff selecting Agree/Strongly agree	100	52.0%	110	45.5%	4,541	60.7%
		Staff selecting Strongly disagree/Disagree	100	18.0%	110	11.8%	4,541	16.2%
29e	I am able to access the right learning and development opportunities when I need to.	Strongly disagree	4	4.0%	4	3.6%	213	4.7%
		Disagree	10	10.0%	10	9.1%	529	11.7%
		Neither agree nor disagree	16	16.0%	29	26.4%	1,042	23.0%
		Agree	50	50.0%	54	49.1%	2,080	45.9%
		Strongly agree	20	20.0%	13	11.8%	663	14.6%
		Missing	1		2		58	
		Staff selecting Agree/Strongly agree	100	70.0%	110	60.9%	4,527	60.6%
		Staff selecting Strongly disagree/Disagree	100	14.0%	110	12.7%	4,527	16.4%
29f	I can get the help and support I need if I have questions when I am at work.	Strongly disagree	3	3.0%	2	1.8%	-	-
		Disagree	8	8.1%	9	8.3%	-	-
		Neither agree nor disagree	11	11.1%	18	16.5%	-	-
		Agree	58	58.6%	61	56.0%	-	-
		Strongly agree	19	19.2%	19	17.4%	-	-
		Missing	2		3		-	-
		Staff selecting Agree/Strongly agree	99	77.8%	109	73.4%	-	-
		Staff selecting Strongly disagree/Disagree	99	11.1%	109	10.1%	-	-

Metric		Response Option	Results					
			2024		2025		Substantive	
			<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>
29g	I am able to access clinical supervision opportunities when I need to.	<i>Strongly disagree</i>	-	-	4	4.3%	64	1.7%
		<i>Disagree</i>	-	-	10	10.6%	134	3.5%
		<i>Neither agree nor disagree</i>	-	-	19	20.2%	407	10.5%
		<i>Agree</i>	-	-	47	50.0%	1,890	49.0%
		<i>Strongly agree</i>	-	-	14	14.9%	1,366	35.4%
		Not applicable	-	-	11	10.5%	668	14.7%
		Missing	-	-	7		56	
		Staff selecting Agree/Strongly agree	-	-	94	64.9%	3,861	84.3%
		Staff selecting Strongly disagree/Disagree	-	-	94	14.9%	3,861	5.1%

Metric		Response Option	Results					
			2024		2025		Substantive	
			<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>
Your Organisation								
30a	Care of patients / service users is my organisation's top priority.	Strongly disagree	5	5.0%	2	1.8%	106	2.3%
		Disagree	2	2.0%	3	2.7%	382	8.4%
		Neither agree nor disagree	9	8.9%	13	11.8%	638	14.0%
		Agree	44	43.6%	44	40.0%	2,074	45.4%
		Strongly agree	41	40.6%	48	43.6%	1,368	29.9%
		Missing	0		2		17	
		Staff selecting Agree/Strongly agree	101	84.2%	110	83.6%	4,568	75.4%
		Staff selecting Strongly disagree/Disagree	101	6.9%	110	4.5%	4,568	10.7%
30b	My organisation acts on concerns raised by patients / service users.	Strongly disagree	3	3.0%	1	0.9%	56	1.2%
		Disagree	2	2.0%	4	3.6%	167	3.7%
		Neither agree nor disagree	9	8.9%	12	10.9%	824	18.1%
		Agree	53	52.5%	50	45.5%	2,319	50.9%
		Strongly agree	34	33.7%	43	39.1%	1,191	26.1%
		Missing	0		2		28	
		Staff selecting Agree/Strongly agree	101	86.1%	110	84.5%	4,557	77.0%
		Staff selecting Strongly disagree/Disagree	101	5.0%	110	4.5%	4,557	4.9%
30c	I would recommend my organisation as a place to work.	Strongly disagree	7	6.9%	3	2.7%	278	6.1%
		Disagree	7	6.9%	7	6.4%	476	10.4%
		Neither agree nor disagree	21	20.8%	28	25.5%	1,176	25.7%
		Agree	39	38.6%	38	34.5%	1,808	39.6%
		Strongly agree	27	26.7%	34	30.9%	830	18.2%
		Missing	0		2		17	
		Staff selecting Agree/Strongly agree	101	65.3%	110	65.5%	4,568	57.7%
		Staff selecting Strongly disagree/Disagree	101	13.9%	110	9.1%	4,568	16.5%

Metric		Response Option	Results					
			2024		2025		Substantive	
			n	value	n	value	n	value
30d	If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	Strongly disagree	2	2.0%	4	3.6%	218	4.8%
		Disagree	9	8.9%	6	5.5%	454	9.9%
		Neither agree nor disagree	19	18.8%	26	23.6%	1,170	25.6%
		Agree	40	39.6%	40	36.4%	1,940	42.5%
		Strongly agree	31	30.7%	34	30.9%	786	17.2%
		Missing	0		2		17	
		Staff selecting Agree/Strongly agree	101	70.3%	110	67.3%	4,568	59.7%
		Staff selecting Strongly disagree/Disagree	101	10.9%	110	9.1%	4,568	14.7%
30e	I feel safe to speak up about anything that concerns me in this organisation.	Strongly disagree	5	5.0%	0	0.0%	244	5.3%
		Disagree	10	9.9%	5	4.5%	492	10.8%
		Neither agree nor disagree	24	23.8%	28	25.5%	964	21.1%
		Agree	36	35.6%	46	41.8%	2,016	44.2%
		Strongly agree	26	25.7%	31	28.2%	845	18.5%
		Missing	0		2		24	
		Staff selecting Agree/Strongly agree	101	61.4%	110	70.0%	4,561	62.7%
		Staff selecting Strongly disagree/Disagree	101	14.9%	110	4.5%	4,561	16.1%
30f	If I spoke up about something that concerned me I am confident my organisation would address my concern.	Strongly disagree	7	6.9%	3	2.8%	284	6.2%
		Disagree	10	9.9%	7	6.4%	579	12.7%
		Neither agree nor disagree	27	26.7%	34	31.2%	1,376	30.2%
		Agree	35	34.7%	40	36.7%	1,647	36.2%
		Strongly agree	22	21.8%	25	22.9%	670	14.7%
		Missing	0		3		29	
		Staff selecting Agree/Strongly agree	101	56.4%	109	59.6%	4,556	50.9%
		Staff selecting Strongly disagree/Disagree	101	16.8%	109	9.2%	4,556	18.9%

Metric		Response Option	Results					
			2024		2025		Substantive	
			<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>
31a	In the next 12 months, which of the following are you planning to do or considering doing?	Continuing to work on the bank at this organisation	60	98.4%	85	75.9%	-	-
		Missing	1		27		-	-
31b		Continuing to do NHS bank work but not at this organisation	1	50.0%	4	3.6%	-	-
		Missing	1		108		-	-
31c		Moving to a permanent contract at this organisation	33	97.1%	24	21.4%	-	-
		Missing	1		88		-	-
31d		Moving to a permanent contract at another NHS organisation	7	87.5%	11	9.8%	-	-
		Missing	1		101		-	-
31e		Working in the NHS but paid by an external agency	2	66.7%	0	0.0%	-	-
		Missing	1		112		-	-
31f		Moving to a job in healthcare, but outside the NHS	8	88.9%	6	5.4%	-	-
		Missing	1		106		-	-
31g		Moving to a job outside healthcare	7	87.5%	6	5.4%	-	-
		Missing	1		106		-	-
31h		Taking a career break	1	50.0%	1	0.9%	-	-
		Missing	1		111		-	-
31i		Retiring	7	87.5%	2	1.8%	-	-
		Missing	1		110		-	-
31j		Going into full time training or studying	6	85.7%	8	7.1%	-	-
		Missing	1		104		-	-
31k		Don't know	4	80.0%	12	10.7%	-	-
		Missing	1		100		-	-
31l		Prefer not to say	5	83.3%	8	7.1%	-	-
		Missing	1		104		-	-

Metric		Response Option	Results					
			2024		2025		Substantive	
			<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>
Bank Work at This Organisation								
32a	It is easy to get hold of the bank team if I have a query.	Strongly disagree	2	2.0%	2	1.8%	-	-
		Disagree	3	3.0%	8	7.2%	-	-
		Neither agree nor disagree	21	20.8%	20	18.0%	-	-
		Agree	53	52.5%	50	45.0%	-	-
		Strongly agree	22	21.8%	31	27.9%	-	-
		Missing	0		1		-	-
		Staff selecting Agree/Strongly agree	101	74.3%	111	73.0%	-	-
		Staff selecting Strongly disagree/Disagree	101	5.0%	111	9.0%	-	-
32b	When I contact the bank team with a query, I can quickly get the answers I need.	Strongly disagree	2	2.0%	3	2.7%	-	-
		Disagree	5	5.0%	12	10.9%	-	-
		Neither agree nor disagree	24	23.8%	17	15.5%	-	-
		Agree	50	49.5%	48	43.6%	-	-
		Strongly agree	20	19.8%	30	27.3%	-	-
		Missing	0		2		-	-
		Staff selecting Agree/Strongly agree	101	69.3%	110	70.9%	-	-
		Staff selecting Strongly disagree/Disagree	101	6.9%	110	13.6%	-	-
32c	I feel supported by the bank team (such as receiving local and trust specific updates, hearing about new opportunities and general wellbeing support, etc.)	Strongly disagree	4	4.0%	4	3.7%	-	-
		Disagree	6	5.9%	9	8.3%	-	-
		Neither agree nor disagree	24	23.8%	21	19.3%	-	-
		Agree	47	46.5%	43	39.4%	-	-
		Strongly agree	20	19.8%	32	29.4%	-	-
		Missing	0		3		-	-
		Staff selecting Agree/Strongly agree	101	66.3%	109	68.8%	-	-
		Staff selecting Strongly disagree/Disagree	101	9.9%	109	11.9%	-	-

Metric		Response Option	Results					
			2024		2025		Substantive	
			n	value	n	value	n	value
33a	Which of the following best describes why you chose to work as a bank worker for the NHS?	As an additional source of income	22	100.0%	41	36.6%	-	-
		Missing	0		71		-	-
33b		Quickest route into employment in the NHS	12	100.0%	11	9.8%	-	-
		Missing	0		101		-	-
33c		To develop or maintain skills / gain work experience	37	100.0%	49	43.8%	-	-
		Missing	0		63		-	-
33d		I enjoy the variety of working in different teams / areas	33	100.0%	42	37.5%	-	-
		Missing	0		70		-	-
33e		The skills and experience I gain will help me obtain a substantive role in the NHS	30	100.0%	26	23.2%	-	-
		Missing	0		86		-	-
33f		It offers flexible working arrangements / I am in control of the hours I work	63	100.0%	63	56.3%	-	-
		Missing	0		49		-	-
33g		I am a student	17	100.0%	14	12.5%	-	-
		Missing	0		98		-	-
33h		I am returning to work after a career break	2	100.0%	1	0.9%	-	-
		Missing	0		111		-	-
33i		I am approaching retirement	2	100.0%	4	3.6%	-	-
		Missing	0		108		-	-
33j		I have retired and want to work part-time	25	100.0%	29	25.9%	-	-
		Missing	0		83		-	-
33k		It is the only contract available	5	100.0%	1	0.9%	-	-
		Missing	0		111		-	-
33l		It pays more money per shift	1	100.0%	2	1.8%	-	-
		Missing	0		110		-	-
33m		Other reason	1	100.0%	4	3.6%	-	-
		Missing	0		108		-	-

Metric		Response Option	Results					
			2024		2025		Substantive	
			<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>
Background Information								
34	Which of the following best describes you?	Female	67	67.0%	66	59.5%	3,391	74.4%
		Male	33	33.0%	43	38.7%	968	21.3%
		Non-binary	0	0.0%	0	0.0%	19	0.4%
		Prefer to self-describe	0	0.0%	0	0.0%	3	0.1%
		Prefer not to say	0	0.0%	2	1.8%	174	3.8%
		Missing	1		1		30	
35	Is your gender identity the same as the sex you were registered at birth?	Yes	99	98.0%	95	96.0%	4,188	95.8%
		No	2	2.0%	2	2.0%	26	0.6%
		Prefer not to say	0	0.0%	2	2.0%	156	3.6%
		Missing	0		13		215	
36	Age:	16-20	1	1.0%	2	1.8%	11	0.2%
		21-30	14	13.9%	10	9.1%	634	14.0%
		31-40	30	29.7%	29	26.4%	1,166	25.8%
		41-50	17	16.8%	23	20.9%	1,142	25.3%
		51-65	32	31.7%	42	38.2%	1,497	33.1%
		66+	7	6.9%	4	3.6%	67	1.5%
		Missing	0		2		68	

Metric		Response Option	Results					
			2024		2025		Substantive	
			<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>
37	What is your ethnic group?	White: English / Welsh / Scottish / Northern Irish / British	46	46.0%	64	57.7%	3,897	85.7%
		White: Irish	0	0.0%	0	0.0%	32	0.7%
		White: Gypsy or Irish Traveller	0	0.0%	0	0.0%	3	0.1%
		White: Any other White background	3	3.0%	1	0.9%	84	1.8%
		Mixed/Multiple ethnic background: White and Black Caribbean	0	0.0%	0	0.0%	10	0.2%
		Mixed/Multiple ethnic background: White and Black African	1	1.0%	1	0.9%	19	0.4%
		Mixed/Multiple ethnic background: White and Asian	0	0.0%	1	0.9%	28	0.6%
		Mixed/Multiple ethnic background: Any other Mixed / Multiple ethnic background	0	0.0%	0	0.0%	14	0.3%
		Asian/Asian British: Indian	2	2.0%	0	0.0%	93	2.0%
		Asian/Asian British: Pakistani	0	0.0%	1	0.9%	16	0.4%
		Asian/Asian British: Bangladeshi	0	0.0%	0	0.0%	12	0.3%
		Asian/Asian British: Chinese	0	0.0%	0	0.0%	9	0.2%
		Asian/Asian British: Filipino	-	-	0	0.0%	9	0.2%
		Asian/Asian British: Any other Asian background	1	1.0%	0	0.0%	16	0.4%
		Black/African/Caribbean/Black British: African	46	46.0%	42	37.8%	267	5.9%
		Black/African/Caribbean/Black British: Caribbean	1	1.0%	1	0.9%	3	0.1%
		Black/African/Caribbean/Black British: Any other Black / African / Caribbean background	0	0.0%	0	0.0%	7	0.2%
		Other ethnic group: Arab	0	0.0%	0	0.0%	14	0.3%
		Other ethnic group: Any other ethnic background	0	0.0%	0	0.0%	16	0.4%
		Missing	1		1		36	

Metric		Response Option	Results					
			2024		2025		Substantive	
			n	value	n	value	n	value
38	Which of the following best describes how you think of yourself?	Heterosexual or Straight	95	94.1%	101	91.8%	3,993	87.8%
		Gay or Lesbian	1	1.0%	2	1.8%	142	3.1%
		Bisexual	3	3.0%	3	2.7%	132	2.9%
		Other	0	0.0%	1	0.9%	29	0.6%
		I would prefer not to say	2	2.0%	3	2.7%	254	5.6%
		Missing	0		2		35	
39	What is your religion? Are you...	No religion	18	17.8%	26	23.4%	2,226	48.9%
		Christian	70	69.3%	80	72.1%	1,900	41.7%
		Buddhist	1	1.0%	0	0.0%	17	0.4%
		Hindu	1	1.0%	0	0.0%	47	1.0%
		Jewish	0	0.0%	0	0.0%	4	0.1%
		Muslim	10	9.9%	5	4.5%	68	1.5%
		Sikh	0	0.0%	0	0.0%	6	0.1%
		Any other religion	1	1.0%	0	0.0%	56	1.2%
		I would prefer not to say	0	0.0%	0	0.0%	229	5.0%
		Missing	0		1		32	
40a	Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?	Yes	13	13.0%	12	11.5%	1,646	36.3%
		No	87	87.0%	92	88.5%	2,889	63.7%
		Missing	1		8		50	
40b	Has your employer made reasonable adjustment(s) to enable you to carry out your work?	Yes	3	60.0%	1	50.0%	929	82.0%
		No	2	40.0%	1	50.0%	204	18.0%
		No adjustment required	8	61.5%	10	83.3%	508	31.0%
		Missing	88		100		2,944	
		Staff selecting Yes	5	60.0%	2	50.0%	1,133	82.0%
		Staff selecting No	5	40.0%	2	50.0%	1,133	18.0%
41a	Do you have any children aged from 0 to 17 living at home with you, or who you have regular caring responsibility for?	Yes	33	33.3%	47	42.7%	1,877	41.3%
		No	66	66.7%	63	57.3%	2,668	58.7%
		Missing	2		2		40	

Metric		Response Option	Results					
			2024		2025		Substantive	
			<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>
41b	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?	Yes	28	28.6%	44	40.0%	1,826	40.1%
		No	70	71.4%	66	60.0%	2,729	59.9%
		Missing	3		2		30	
42	When you were aged about 14, was the main or highest income earner in your household an employee, self-employed, or not working?	Employee	-	-	68	31.5%	3,285	36.0%
		Self-employed with employees	-	-	15	6.9%	309	3.4%
		Self-employed or freelancer without employees	-	-	8	3.7%	302	3.3%
		They were not working	-	-	6	2.8%	241	2.6%
		Prefer not to say	-	-	13	6.0%	417	4.6%
		Missing	-	-	2		31	
43	When you were aged about 14, how many people worked for the main or highest income earner's employer?	1-24	-	-	16	23.5%	541	16.5%
		25 or more	-	-	19	27.9%	1,386	42.4%
		I don't know	-	-	31	45.6%	1,291	39.5%
		Prefer not to say	-	-	2	2.9%	53	1.6%
		Missing	-	-	44		1,314	
44	When you were aged about 14, how many people did the main or highest income earner employ?	1-24	-	-	9	60.0%	217	70.5%
		25 or more	-	-	3	20.0%	21	6.8%
		I don't know	-	-	3	20.0%	58	18.8%
		Prefer not to say	-	-	0	0.0%	12	3.9%
		Missing	-	-	97		4,277	
45	When you were aged about 14, did the main or highest income earner formally supervise any other employees?	Yes	-	-	28	41.2%	1,290	39.5%
		No	-	-	22	32.4%	915	28.0%
		I don't know	-	-	17	25.0%	1,026	31.4%
		Prefer not to say	-	-	1	1.5%	36	1.1%
		Missing	-	-	44		1,318	

Metric		Response Option	Results					
			2024		2025		Substantive	
			n	value	n	value	n	value
46	When you were aged about 14, what was the occupation of the main or highest income earner?	Professional occupations	-	-	23	25.0%	1,191	30.5%
		Managers, including senior, middle, or junior	-	-	15	16.3%	659	16.9%
		Clerical and intermediate occupations	-	-	5	5.4%	244	6.2%
		Routine, semi-routine manual or service occupations	-	-	17	18.5%	740	18.9%
		Technical and craft occupations	-	-	15	16.3%	689	17.6%
		I don't know	-	-	11	12.0%	254	6.5%
		Prefer not to say	-	-	6	6.5%	131	3.4%
		Missing	-	-	20	-	677	-
47	Thinking about your current role, how often, if at all, do you work at/from home?	Never	84	83.2%	87	40.3%	1,415	15.5%
		Rarely	6	5.9%	7	3.2%	1,002	11.0%
		Sometimes	6	5.9%	4	1.9%	1,267	13.9%
		Often	5	5.0%	5	2.3%	731	8.0%
		Always	0	0.0%	3	1.4%	146	1.6%
		Missing	-	-	2	-	31	-
48a	How long have you worked for this organisation in your current role? Please only include time spent working solely on the bank.	Less than 1 year	35	35.0%	21	18.8%	228	5.0%
		1-2 years	20	20.0%	29	25.9%	579	12.7%
		3-5 years	22	22.0%	27	24.1%	1,071	23.5%
		6-10 years	8	8.0%	22	19.6%	821	18.0%
		11-15 years	2	2.0%	1	0.9%	489	10.7%
		More than 15 years	13	13.0%	12	10.7%	1,379	30.2%
		Missing	1	-	0	-	18	-
48b	Prior to working on the bank, were you recruited directly to the NHS from outside of the UK?	Yes	10	9.9%	4	3.6%	104	2.3%
		No	90	89.1%	107	96.4%	4,405	96.8%
		Prefer not to say	1	1.0%	0	0.0%	41	0.9%
		Missing	0	-	1	-	35	-
49	Is bank work in the NHS your main source of paid work?	Yes	79	78.2%	80	71.4%	-	-
		No	17	16.8%	26	23.2%	-	-
		Prefer not to say	5	5.0%	6	5.4%	-	-
		Missing	0	-	0	-	-	-
50	Have you previously worked on a substantive contract for the NHS?	Yes	43	42.6%	64	57.7%	-	-
		No	58	57.4%	47	42.3%	-	-
		Missing	0	-	1	-	-	-

Metric		Response Option	Results					
			2024		2025		Substantive	
			<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>
51	What is your occupational group?	Allied Health Professionals / Healthcare Scientists / Scientific and Technical: Occupational Therapy	1	1.0%	0	0.0%	252	5.6%
		Allied Health Professionals / Healthcare Scientists / Scientific and Technical: Physiotherapy	0	0.0%	0	0.0%	36	0.8%
		Allied Health Professionals / Healthcare Scientists / Scientific and Technical: Radiography	0	0.0%	0	0.0%	0	0.0%
		Allied Health Professionals / Healthcare Scientists / Scientific and Technical: Pharmacy	0	0.0%	0	0.0%	76	1.7%
		Allied Health Professionals / Healthcare Scientists / Scientific and Technical: Clinical Psychology	1	1.0%	1	0.9%	217	4.8%
		Allied Health Professionals / Healthcare Scientists / Scientific and Technical: Psychotherapy	0	0.0%	1	0.9%	92	2.0%
		Allied Health Professionals / Healthcare Scientists / Scientific and Technical: Operating Department Practitioner	0	0.0%	0	0.0%	0	0.0%
		Allied Health Professionals / Healthcare Scientists / Scientific and Technical: Speech and Language Therapy	0	0.0%	0	0.0%	60	1.3%
		Allied Health Professionals / Healthcare Scientists / Scientific and Technical: Other qualified Allied Health Professionals (e.g. dietetics, podiatry, osteopathy)	0	0.0%	0	0.0%	65	1.4%
		Allied Health Professionals / Healthcare Scientists / Scientific and Technical: Support to Allied Health Professionals (e.g. support worker, therapy helper, therapy assistant)	10	10.0%	7	6.3%	200	4.4%

Metric		Response Option	Results					
			2024		2025		Substantive	
			<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>
51	What is your occupational group? (continued)	Allied Health Professionals / Healthcare Scientists / Scientific and Technical: Other qualified Scientific and Technical or Healthcare Scientists (e.g. haematology, clinical biochemistry, microbiology)	0	0.0%	0	0.0%	13	0.3%
		Allied Health Professionals / Healthcare Scientists / Scientific and Technical: Support to healthcare scientists (e.g. technicians, assistants or students)	0	0.0%	1	0.9%	18	0.4%
		Medical and Dental: Medical / Dental - Consultant	0	0.0%	0	0.0%	134	3.0%
		Medical and Dental: Medical / Dental - In Training (e.g. Foundation Y1, Foundation Y2, Core Trainees, Specialty Trainees (including GPs))	0	0.0%	0	0.0%	2	0.0%
		Medical and Dental: Medical / Dental - SAS doctor (Specialty Doctor, Specialist, Staff Grade or Associate Specialist)	0	0.0%	0	0.0%	53	1.2%
		Medical and Dental: Medical / Dental - Other (e.g. Locally Employed Doctor, Trust Grade Doctor, Clinical Fellow, etc)	0	0.0%	0	0.0%	9	0.2%
		Medical and Dental: Salaried Primary Care Dentists	0	0.0%	0	0.0%	0	0.0%
		Ambulance (operational): Emergency Care Practitioner	0	0.0%	0	0.0%	0	0.0%
		Ambulance (operational): Paramedic	0	0.0%	0	0.0%	0	0.0%
		Ambulance (operational): Emergency Care Assistant	0	0.0%	0	0.0%	0	0.0%
		Ambulance (operational): Ambulance Technician	0	0.0%	0	0.0%	0	0.0%

Metric	Response Option	Results					
		2024		2025		Substantive	
		n	value	n	value	n	value
51 What is your occupational group? (continued)	Ambulance (operational): Ambulance Control Staff (e.g. call handler, dispatchers, PTS controllers)	0	0.0%	0	0.0%	0	0.0%
	Ambulance (operational): Patient Transport Service (e.g. ambulance drivers, support staff)	0	0.0%	0	0.0%	0	0.0%
	Public Health: Public Health / Health Improvement	0	0.0%	0	0.0%	15	0.3%
	Commissioning: Commissioning managers / support staff	0	0.0%	0	0.0%	15	0.3%
	Registered Nurses and Midwives: Adult / General	1	1.0%	1	0.9%	74	1.6%
	Registered Nurses and Midwives: Mental health	9	9.0%	24	21.6%	1,218	27.0%
	Registered Nurses and Midwives: Learning disabilities	5	5.0%	7	6.3%	272	6.0%
	Registered Nurses and Midwives: Children	0	0.0%	0	0.0%	14	0.3%
	Registered Nurses and Midwives: Midwives	0	0.0%	0	0.0%	0	0.0%
	Registered Nurses and Midwives: Health Visitors	0	0.0%	0	0.0%	2	0.0%
	Registered Nurses and Midwives: District / Community	1	1.0%	0	0.0%	8	0.2%
	Registered Nurses and Midwives: Other Registered Nurses	0	0.0%	0	0.0%	13	0.3%
	Nursing or Healthcare Assistants: Nursing auxiliary / Nursing assistant / Healthcare assistant (including Health / Clinical / Nursing Support Worker)	68	68.0%	62	55.9%	568	12.6%
	Social Care: Social workers	0	0.0%	1	0.9%	74	1.6%
	Social Care: Social care managers	0	0.0%	0	0.0%	3	0.1%
	Social Care: Social care support staff	0	0.0%	0	0.0%	5	0.1%

Metric		Response Option	Results					
			2024		2025		Substantive	
			<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>	<i>n</i>	<i>value</i>
51	What is your occupational group? (continued)	Wider Healthcare Team: Admin & Clerical (including Medical Secretary)	3	3.0%	2	1.8%	584	12.9%
		Wider Healthcare Team: Central Functions / Corporate Services (e.g. HR, Finance, Information Systems, Information Technology)	0	0.0%	1	0.9%	188	4.2%
		Wider Healthcare Team: Maintenance / Ancillary (e.g. housekeeping, domestic staff, maintenance, facilities, estates)	1	1.0%	1	0.9%	2	0.0%
		General Management: General Management	0	0.0%	0	0.0%	45	1.0%
		Other: Other occupational group	0	0.0%	2	1.8%	183	4.1%
		Missing	1		1		75	



CONTACT US

To know more on our NHS solutions, visit www.iqvia.com/uk-nhs-solutions
If you want to learn more about how our solutions can specifically
help your Trust to improve value and patient outcomes,
please contact **+44 (0) 1785 238 009** or nhssolutions@iqvia.com
iqvia.com



CNTW People & Culture Strategy 2026 – 2031

About CNTW

CNTW provides specialist mental health, learning disability, neurodevelopmental and neurorehabilitation services to people across the North East of England and North Cumbria. We support people in North Cumbria, Northumberland, Newcastle, North Tyneside, Gateshead, South Tyneside and Sunderland. We work with a range of partners to deliver care and support to people in their own homes, in the community and in hospital.

We are one of the largest mental health and disability organisations in the country. We employ over 8,000 staff, operate from over 70 sites and provide a range of services, including regional and national services. The Trust has an annual turnover of around £647 million.



Our Vision

With You In Mind is our Trust strategy. It describes our vision for the future:

To work together, with compassion and care,
to keep you well over the whole of your life.

Our Values

Our strategy also describes the values that underpin how we work as an organisation. This includes our approach to working with others including patients, colleagues and partner organisations. Our values are:

We are honest and transparent...

because we want to be fair and open, and to help people to make informed decisions.

We are respectful...

because everyone is of equal value, is born with equal rights and is entitled to be treated with dignity. We want to protect the rights of future generations and the planet that sustains us all.

We are caring and compassionate...

because that is how we'd want others to treat those we love.

Our People & Culture Strategy

Our Trust strategy describes five strategic ambitions for our organisation:

Quality care,
every day



Person-led care,
when and where
it is needed



A great place
to work



Sustainable for the
long term, innovating
every day



Working with
and for our
communities



Achieving our strategic ambitions is only possible if all our staff are empowered to deliver change. Our People and Culture Strategy sets out how we will create the conditions for our staff to thrive in an organisation where everyone feels valued and supported to realise their potential. Our People and Culture Strategy is focused on the achievement of four aims:

1. **Building a compassionate culture**
2. **Caring for our people**
3. **Leading and managing to empower others**
4. **Developing our future workforce**

Our changing workforce

To protect the future of the NHS, we must continue to evolve and adapt to changes in the world around us. There are several strategic frameworks and feedback mechanisms which will shape our People and Culture Strategy priorities and how we implement them over the next five years:

Fit for the Future: 10 Year Health Plan for England

The 10 Year Health Plan describes the strategic shifts which will transform the NHS into a modern healthcare organisation able to meet the needs of a changing population. Reforming NHS culture and working environments is a key element of this transformational change. The plan describes a vision of a future NHS workforce which is digitally-enabled, empowered and autonomous, and supported to develop their potential. Staff will be enabled by their working environments which will protect their wellbeing and offer flexibility, and will be supported by skilled leaders and managers. A new 10 Year Workforce Plan will also be published.

NHS People Promise

The NHS People Promise is a commitment NHS organisations make to their staff to improve workplace experience. There are 7 elements to the Promise, which was

co-designed with NHS staff: 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.

NHS Staff Survey

Since 2021 the NHS Staff Survey has been structured around the People Promise themes. Our staff survey results show that we have more work to do to deliver the People Promise, and that we need to renew our commitment to improving staff experience and creating a positive culture and working environment.

People and Culture Strategy – North East and North Cumbria Integrated Care Board

We are committed to working together with regional and system partners including the North East and North Cumbria Integrated Care Board and local Health and Wellbeing Boards to support the development and delivery of regional health and care workforce transformation plans.

Aim One – Building a compassionate culture

We will create a culture where every member of staff is respected and is able to speak openly without fear of repercussions. We will be pro-active in tackling all forms of discrimination and abuse at work.

Why is this important?

Building a culture of respect, trust and psychological safety is one of the key commitments we made in our Trust strategy, [With You In Mind](#).

Transforming our culture is key to:

- Making our Trust a great place to work.
- Protecting patient safety.
- Creating the conditions for successful service transformation, innovation, and continuous improvement.

Negative behaviours including violence, abuse, discrimination, bullying and harassment have no place in our Trust. We have a legal duty to protect our staff from these behaviours. To do this, we must work in partnership with our staff networks and colleagues across the organisation to create a culture where these negative behaviours are recognised, challenged, and prevented.

Our objectives:

- A healthy trauma-informed workplace culture based on kindness and respect.
- High psychological safety (staff feel they can express themselves, share ideas, ask questions, and make mistakes without fear of negative consequences).
- Staff have the confidence and skills to resolve conflict effectively.
- Tackling violence, abuse, and discrimination against our staff.
- Actively addressing bullying and harassment.
- Using positive action to deliver equal outcomes for staff with protected characteristics.

Aim Two – Caring for our people

We will prioritise the wellbeing of our staff and ensure every member of staff feels valued and supported.

Why is this important?

As well as protecting our staff, we need to support them to thrive at work. This means transforming our ways of working to improve staff wellbeing, increase flexibility, and support staff from all backgrounds to develop their potential, in line with [Fit for the Future: 10 Year Health Plan for England](#) and the [10 point plan to improve resident doctor's working lives](#).

Caring for our staff and supporting them to stay well:

- Improves patient care and safety
- Reduces burnout

- Improves retention and recruitment

Our objectives

- Creating a culture that supports flexible working across the Trust, aligned with the best interests of patients and service delivery.
- Wellbeing culture embedded consistently across the Trust.
- All staff groups feel valued / their work is valued.
- Staff feel a sense of belonging to the organisation.

Aim Three – Leading and managing to empower others

We will develop compassionate leaders and managers who build engaged, empowered teams that work collaboratively across our organisation and wider system.

Why is this important?

Transforming our Trust culture and the way we deliver care requires leaders at all levels of the organisation to empower individuals and teams and build strong working relationships across the Trust and wider health and care system, including with VCSE and primary care partners. Developing skilled and effective NHS leaders and managers is a key element of [Fit for the Future: 10 Year Health Plan for England](#).

Our objectives

- Staff feel empowered to make decisions about the way they do their job.
- Managers effectively build and maintain positive team relationships and culture and this is a priority.
- Good performance is recognised and rewarded.
- Team members from all backgrounds and professions are valued equally and inclusive decision-making is the norm within teams.
- Effective collaboration is the norm across teams, departments and organisations.

Aim Four – Developing our workforce

We will develop a people pipeline which supports service transformation and innovation.

Why is this important?

To be sustainable our Trust must respond to the major challenges and opportunities facing the NHS in the coming years:

- A greater focus on community care and reducing reliance on hospital-based care.
- Adopting digital- and AI-enabled ways of working.
- Achieving a greater focus on prevention.
- Supporting a multi-generational workforce to thrive.
- A greater focus on productivity and efficiency in the context of public funding challenges.

To do this and deliver our Trust strategy, Model of Care, and [Fit for the Future: 10 Year Health Plan for England](#) we must develop our future workforce, making sure we have the roles and skills we will need in the future.

Our objectives

- Staff pipeline (both clinical and non-clinical) and workforce development aligned to transformation of care at local, system and national level.
- All staff have the training and resources to excel in their role and develop their career.
- Leadership pipelines aligned to workforce needs and future service demands.
- Taking positive action to widen access to employment with the Trust for our local communities, particularly for underrepresented groups.

This report is available on request in other formats. We will do our best to provide a version of this report in a format that meets your needs.

For other versions telephone 0191 246 6877 or email us at communications@cntw.nhs.uk

CNTW People & Culture Strategy 2026 – 2031

Delivery Roadmap

Your role in delivering our People & Culture Strategy

Every member of CNTW staff has an important role to play in delivering the aims set out in our People and Culture Strategy.

This document describes our approach to achieving those aims. It is a framework for action which says what our key priorities and areas of focus will be in the coming years, and how we will measure success. It is not a detailed action plan. Over the life of this strategy, individuals and teams from across the Trust will work together to agree what we need to do to deliver change in each of our priority areas and to put those plans into action.

Each year key priorities and actions which support the delivery of our People and Culture Strategy will form part of our Trust's Annual Plan, and delivery against the plan priorities will be monitored in line with the Trust's annual business planning arrangements. Our Trust People Committee and Workforce Group will oversee the delivery of our People and Culture Strategy, ensuring our activities are aligned to the Trust's Medium Term Financial Plan. We will review our strategy regularly to make sure we are delivering on our commitment to making the Trust a great place to work.

The key priorities and areas of focus in this document build on the excellent work our staff deliver every day across the Trust. As we look ahead, it is important we don't lose sight of what we already do well, and where we are already making progress towards becoming a great place to work. This plan also reflects what we hear from staff about where we need to improve.



Our priorities are based on feedback from the NHS Staff Survey, as well as the key challenges and opportunities our Trust and the wider NHS will need to respond to in the coming years.

Aim One – Building a compassionate culture

Where we want to be:	Key priorities:	Measuring success:
A healthy trauma-informed workplace culture based on kindness and respect.	- Develop an organisational development (OD) approach to strengthen organisational culture including a framework which sets out the behaviours expected from all staff in line with our Trust values, and transforming our approach to employee relations including conflict resolution and Freedom to Speak Up. - Ensure our staff with protected characteristics, specifically those from culturally diverse backgrounds or with a disability play a key role in supporting cultural change. - Launch Compassionate Leadership and Management Framework which sets clear expectations for leading and managing people, aligned to the NHS Management and Leadership Standards, Competencies and Code of Practice. - Strengthen our approach to tackling negative behaviours including violence, abuse, bullying and discrimination, providing a framework for identifying and challenging negative behaviours. - Embed accountability mechanisms into Behavioural Framework to ensure positive behaviours are role modelled across the organisation and negative	Consistent improvement in NHS Staff Survey theme sub-scores and question scores: - Compassionate culture - Compassionate leadership - Inclusion - Raising concerns 'We are recognised and rewarded' - Morale - Diversity and equality - Health and safety climate - Negative experiences Additional metrics: - Reduction in number of formal grievances - Reduction in frequency and duration of sickness absence - Improved recruitment and retention - Improved operational performance - Number and types of concerns raised via Freedom to Speak Up Guardians - Reduction in number of incidents - Increased reporting of incidents - Increase in representation of staff with
High psychological safety; openness to debate, challenge, and diverse perspectives.		
Staff have the confidence and skills to resolve conflict effectively.		
Tackling violence, abuse, and discrimination against our staff.		
Actively addressing bullying and harassment.		
Using positive action to deliver equal outcomes for staff with protected		

Where we want to be:	Key priorities:	Measuring success:	
Creating a culture that supports flexible working across the Trust, aligned with the best interests of patients and service delivery.	- Address cultural and other barriers to implementation of flexible working - Deliver a new Health and Wellbeing Action Plan, aligned to NHS England's Health and Wellbeing Framework	Consistent improvement in NHS Staff Survey theme sub-scores and question scores: Flexible working / support for	protected characteristics at all levels of the organisation - Improvement in Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) metrics - Reduction in number of employment tribunals
Wellbeing culture embedded consistently across the Trust.	and the Health and Safety Executive's Management Standards. - Develop and strengthen our approach to supporting individual and team wellbeing through delivery of a Compassionate Leadership and Management Framework which sets clear expectations about the role of line managers in supporting staff wellbeing. - Improving the confidence and skills of line managers to support disabled staff and colleagues with different health and wellbeing needs, creating inclusive working practices and environments which	work-life balance - Burnout - Health and safety climate - Negative experiences - Morale Additional metrics: - Reduction in frequency and duration of sickness absence - Improved recruitment and retention - Improvement in Workforce Disability Equality Standard (WDES) metrics	Aim Two – Caring for our people
All staff groups feel valued / their work is valued			

Aim Three – Leading and managing to empower others

Where we want to be:	Key priorities:	Measuring success:
Staff feel empowered to make decisions about the way they do their job.	- Launch Compassionate Leadership and Management Framework which sets clear expectations for leading and managing teams, including resources to support implementation and ensure accountability. This will be aligned to the national NHS Management and Leadership Framework, and Code of Practice, Standards and Competencies. - Review and re-launch Leadership and Management Development Programme, building on our existing programme which draws on the King's Fund Healthy Cultures model.	Consistent improvement in NHS Staff Survey theme sub-scores and question scores:
Managers effectively build and maintain positive team relationships and culture and this is a priority.		- Autonomy and control - Appraisals - Team working - Line management - Staff engagement
Good performance is recognised and rewarded.		Additional metrics:
Team members from all backgrounds and professions are valued equally and inclusive decision-making is the norm within teams.		- Increase in protected time for leaders and managers - Reduction in frequency and duration of sickness absence - Improved recruitment and retention - Improved operational performance
Effective collaboration is the norm across teams, departments and organisations.		

Aim Four – Developing our workforce

Where we want to be:	Key priorities:	Measuring success:
Staff pipeline (both clinical and non-clinical) and workforce development aligned to transformation of care at local, system and national level.	• Develop and implement a Strategic Workforce Plan, aligned to NHS National Development Curriculum, NICE guidelines, and the Trust's Model of Care and wider cultural transformation. ○ Launch Talent Management Framework. ○ Continue to develop our apprenticeship pathways and engagement with underrepresented groups to support widening access to employment and the development of local talent pipelines. ○ Ensure all staff have access to career development opportunities including Continuous Professional Development • Develop and implement Resource Plan which will outline expenditure on staffing and associated resources (e.g. digital, training, estates) during 2026-29. • Develop and implement our approach to becoming a digital- and AI-enabled workforce including the adoption of digital workforce solutions. • Embed a focus on learning and evidence-based practice across the Trust through delivery of the Library and Knowledge Services strategic plan.	Consistent improvement in NHS Staff Survey theme sub-scores and question scores: • Development • Health and safety climate • Morale Additional metrics: • Improved financial and operational performance • Increase in representation of staff from diverse backgrounds at all levels of the organisation
All staff have the training and resources to excel in their role and develop their career.		
Leadership pipelines aligned to workforce needs and future service demands.		
Taking positive action to widen access to employment with the Trust for our local communities, particularly for underrepresented groups.		

WORKFORCE PLAN

2026 / 27 to 2028 / 9

1. EXECUTIVE SUMMARY

The development of this workforce plan forms a key strategic function in ensuring we have the right numbers of staff, with the right skills in the right places at the right time. Effective workforce planning supports the delivery of safe and effective care.

In July 2025 "Fit for the Future" 10-Year Health Plan was published aiming to modernise the NHS through three main shifts: moving care from hospitals to communities, from treatment to prevention, and transitioning from analogue to digital.

This was supported with a Medium Term Planning Framework for the NHS which aims to allow organisations to move from annual short-term planning to 3-year plans for investment and savings in order to restore financial discipline across the NHS. The service changes we have set out in our Service Change Plan describe the priority areas for change to support the shift we want to see in our model of care.

We will only realise these changes through ensuring we have staff in the right place with the right skills to support all people across our communities.

At the heart of the financial framework are the assumptions we have made on the size, shape, sustainability and skills we need to be an organisation which is financially sustainable and thrives as a great place to work. This includes embedding the NHS people promise in all we do and supporting the delivery of our People and Culture Strategy.

The Trust has identified four overarching aims as part of our People and Culture Strategy:

- **Building a compassionate culture**
- **Caring for our people**
- **Leading and managing to empower others**
- **Developing our future workforce**

This plan focusses on the development of our future workforce and will be reviewed in line with the service change plans and our medium term financial plan.

1.1 Methodology for workforce planning

Our agreed Trust approach to strategic workforce planning follows the Skills for Health Six Steps Methodology to Integrated Workforce Planning (six step methodology) which is cited in the NHS Long Term Workforce Plan and widely used and recognised across the NHS. This combined with our '4s' model provides the framework for the workforce plan for the Trust.

OUR MODEL OF CARE

The size, sustainability, shape and skills outlined in this plan support the delivery of our model of care.

Model of care and support

Help and treatment for people with mental health and wellbeing needs, learning disability, neurodivergence, or neurological disorders.



2. OUR PEOPLE TODAY

Before we look to the future, we need to start with where we are today and what our data is telling us about the shape of our workforce.

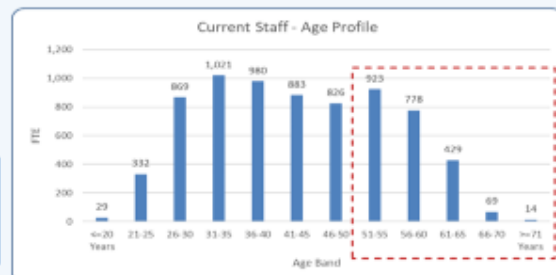
OUR PEOPLE

Our People

All roles and professions

We **Employ 7869 WTE***
TRUST SUBSTANTIVE ONLY

with **9.4% Turnover**



2452 Nurses

2059 Clinical Support Staff

466 Allied Health Professionals

303 Doctors

646 Admin and clerical

550 Scientific, professional and technical

32% of our workforce are approaching retirement age



22% of our staff work part time

174 nursing staff and 25 AHP staff are currently in an apprenticeship programme

14% of our staff are from a BAME background

2.1 The challenges and opportunities we face

Due to the scale of transformation in line with the model of care, it will bring both challenges and opportunities. The opportunity for a sustainable workforce model requires us to understand our current position and redefine what staffing models are required to meet the demands of our population and national frameworks.

Utilising the skills of our workforce will enable us to support the three main shifts: moving care from hospitals to communities, from treatment to prevention, and transitioning from analogue to digital. We know we have to continue to develop the skills of our workforce which will also support us in areas where we have challenges with recruitment and retention. We acknowledge the challenges faced with the geography of our organisation, with North Cumbria a particular challenge. Partnerships with Medical Schools, local universities and colleges, our 'grow-your-own' model of Apprenticeships and other staff development opportunities will be a key focus to enable our supply pipeline both on a locality basis and with hard to recruit professions where training places may be limited.

There will also be opportunities to think about how we do things differently. By considering what skills our future workforce will require we can target staff development in areas such as apprenticeships to deliver services that meet the needs of the population. Significant progress has been made in supporting the workforce of today and developing the workforce of tomorrow. A major development this year has been the completion of a detailed mapping exercise. This work charts the number of staff working in each registered role, broken down by professional body, Clinical Business Unit, and local area. The outcome provides a clearer picture of our workforce and creates a more robust foundation for identifying training needs and planning future development priorities.

Services have also been supported to gather and organise their relevant training information, enabling directorates to better target their development pathways. Regular meetings with directorate teams ensure staff groups receive tailored advice on training options and career progression routes.

Our Digital Strategy will be a key enabler to support our service delivery in the future as we continue to explore greater automation and use of artificial intelligence across both clinical and support services. This is likely to impact on both the future shape and skills of staff across the Trust.

Our medium term plan for 2026/27 has a focus on stabilisation to provide a baseline for the organisation going forward. We will use our staff data to support this move and to identify opportunities to reduce our staffing numbers to minimise the need for compulsory redundancies.

In 2025/26 we opened up a voluntary severance scheme and will not backfill posts which have been vacated, many of which will be in the 2026/7 financial year. Consideration may be given to a further phase of voluntary severance to support us to achieve our aims and align our staff with the model of care.

Despite a continued focus, we recognise that our Trust absence rate is still higher than we would like and above our Trust target. This is seen as a risk to the delivery of the plan and we have reflected our continued commitment to reducing absence as part of the medium term planning submission. Improving attendance is a key priority under Ambition 3 of our Trust Strategy for this year. As we aim to achieve this, the focussed work will continue through the next financial year as we work towards our 5.5% target.

3. WORKFORCE PLAN, MODEL OF CARE AND FINANCIAL DELIVERY

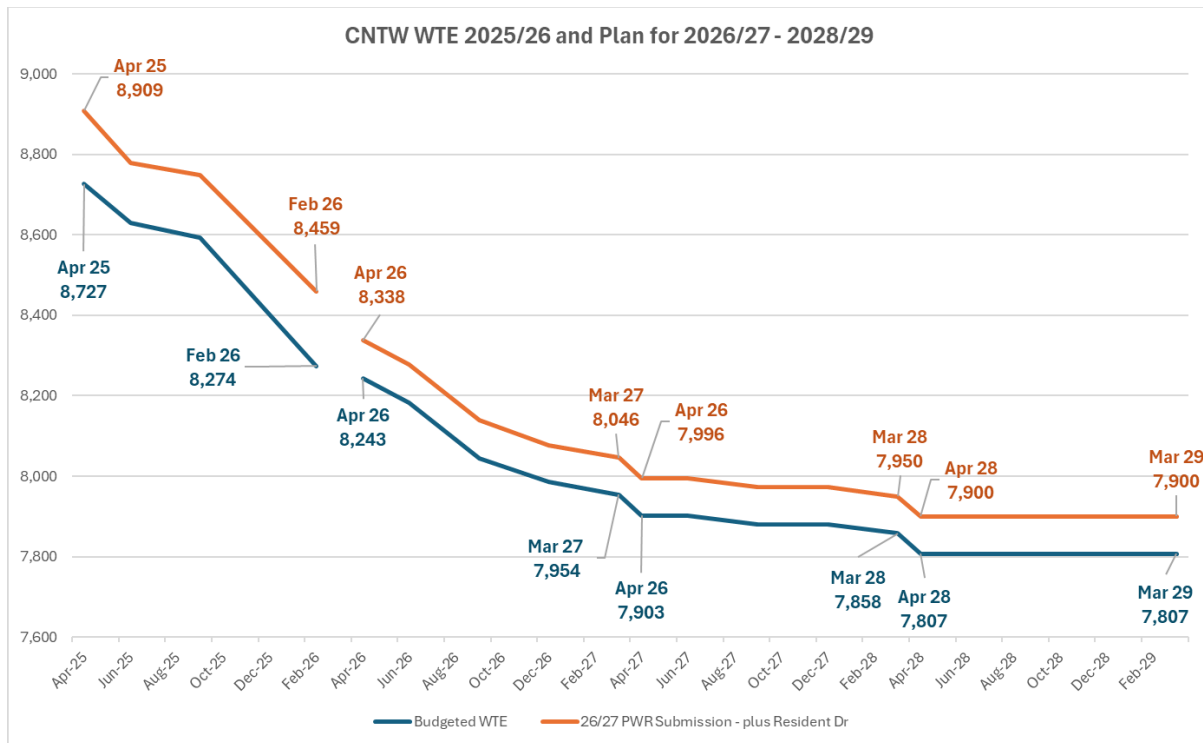
Each of the key changes identified in the service change plan and model of care have been reviewed against the following core questions:

- Will the **size** of the teams grow or reduce?
- Will the **shape** of how teams are configured change?
- What **skills** do we need more of and less of to deliver the model of care?
- Is this service **sustainable** from an I&E perspective and is the workforce supply sustainable?

A detailed summary is attached at Appendix 1 on the priority areas linked to the service change plan and model of care.

3.1 Size

As part of the development of the service change plan and supporting medium term financial plan the overall size of our workforce will reduce by circa 600 WTE from the end of 2025/26 to the end of 2028/29 in order to achieve the level of financial sustainability required across the Trust. The graph below shows the WTE reduction managed through 2025/26 and the planned reduction over the life of the plan. The graph includes two lines as the Trust reports total WTE from two perspectives. Nationally the NHS collects the total WTE staff recorded on the Electronic Staff Record (ESR) system, reflecting all staff employed by the Trust including staff on long term leave (maternity, sickness and career breaks), shown on the orange lines on the graph and noted as PWR submission. The Trust also reports monthly through the finance system the total staff paid (the run rate), and the staff budgeted for throughout the planning period, shown by the blue line on the graph. The blue line below shows the actual staff paid until February 2026 and then the budgeted establishment beyond that month.



The organisation will be monitored externally against the PWR submission presented as table 3 below (orange line above) but internally we will manage against the run rate (blue line) to ensure that we remain financially in line with our planned reductions.

The February 2026 position in table 1 below showing run rate illustrates that for both community and infrastructure we are currently below the established levels of staff for these groups. The key drivers of the vacancies in infrastructure are clinical support roles and estates, catering and domestic roles within NTW solutions. These are posts that will be reviewed through vacancy control but they are currently established roles.

Table 2 below shows the planned establishment reductions throughout the medium term plan totalling just over 600 WTE and will be critically important internally to ensure we are delivering against plan.

WTE Paid	Feb-26	Budget	Difference
		2026/27	
Inpatients	1,689	1,514	174
Community	3,001	3,004	-4
Specialist	1,853	1,667	186
Infrastructure	1,732	1,768	-36
Total budgeted	8,274	7,954	320

Budgeted WTE	2025/26	2026/27	Difference	2027/28	Difference	2028/29	Difference
Inpatients	1,648	1,514	133	1,469	45	1,469	0
Community	3,071	3,004	66	2,980	24	2,947	33
Specialist	1,883	1,667	216	1,649	18	1,632	17
Infrastructure	1,818	1,768	50	1,760	8	1,760	0
Total budgeted	8,419	7,954	465	7,858	96	7,808	50

PWR Submission					
Total ESR	8,459	8,046	413	7,950	96
				7,900	50

The graph and tables show that the reduction of staff numbers is higher in the first years of the plan based on the changes expected to inpatient services, with transformation of Community services being more equally phased through the period. The phasing reflects the planned implementation of the model of care.

The age profile of our staff demonstrates that we now have five generations within our workforce; this means we have different groups of staff who may have different expectations, skills, motivations and work styles. Using this information should help us to predict and plan more effectively for the size of our future workforce.

Our data suggests that turnover amongst the staff in younger age brackets is higher when compared across the Trust. It also suggests that there is approximately 32% of our overall workforce who are approaching retirement age and may therefore exit the Trust, which is based on the assumption of state pension age or those staff who still have mental health officer status as a provision of their NHS pension. This will need to be considered alongside the workforce requirements outlined in the model of care and any gaps in numbers, skills or professions identified.

3.2 Shape

In the move from hospital to community and developments in neighbourhood health the shape of our teams will evolve and change ensuring more patient facing clinical capacity. Maximising senior clinical capacity into direct care and senior decision making will also change the shape and structure of some of our clinical teams, thus enabling better patient experience through clearer and more consistent service provision.

The Community Care Group is remodelling the workforce to meet new ways of working, ensuring that the right staff and skill mix is in place to meet the anticipated capacity and projected demand. This includes an increase in nursing and psychology professionals to provide care and treatment at the right level.

To improve the urgent care pathway and establish dedicated crisis assessment centres the shape of teams to provide assessment and home-based treatment will need to change. This includes the role liaison services has in the context of mental health emergency departments.

Our services work closely with a growing number of non-NHS services including Safehavens and Hope Haven (24/7 Mental Health Hub) in Cumbria to manage escalation and ensure people have their needs met at the earliest opportunity. Working more closely with partner organisations will be a key feature of many of our services in the future.

3.3 Skills

Our commitment to deliver timely, evidence-based interventions and treatments in line with the NHS Long Term Plan has led us to undertake a detailed analysis of the skills and expertise of our workforce, for the first time at this scale. In creating a systematic approach to understanding and documenting the skill base at depth, we can use tools such as ESR to help us to accurately and sustainably plan for the future.

The model of care sets out how the Trust will prioritise and tailor clinical skills and resource to meet the needs of the local populations we serve, and how we will do that in line with best practice, the latest research and national directives.

As our populations are unique in many ways, we are mindful that one size workforce and skills modelling will not fit all. We aim to ensure that everyone receiving our services will benefit from a core set of principles, tailored in its delivery mechanism to match the needs of that neighbourhood, and in collaboration with local system partners. This will be achieved through:

- Realignment of senior, experienced clinicians to where their skills and knowledge are most needed, in decision-making and management of risk collaboratively with the most complex individuals over a 7 day week
- Holistic treatment delivery:
 - plans for expansion of the psychological therapies outlined in national guidance
 - continuing to develop the innovative biological treatments for which CNTW is a world leader
 - challenging ourselves to increase the prescribing of medications such as Clozapine and Lithium where these are known to have significant benefits for complex patients
 - within all of the above, creating opportunities for specialist clinicians to share

their skills and knowledge with the wider Trust

- Job planning and skills development approaches previously well known to medical staff are being expanded across all professional groups, in some cases taking the opportunity to develop these where no clear precedent exists. In that, we are creating models which maximise effectiveness and productivity of staff so waiting time is minimised, while protecting time for staff skills development as part of a strategic framework.

In mapping the skills of our workforce in depth, we have sought to understand not only the levels of formal, accredited training of staff such as our Clinical Psychologists, but also where other professionals such as nurses, Allied Health Professionals and medical staff have both formal training and widespread informal intervention skills developed over time, some of which may have been previously unidentified and therefore underutilised.

Initial analysis has identified that significant gaps exist across the Trust not only in formal training in evidence-based treatments such as CBT, DBT, EMDR, CAT and Family Therapy, but also in the level of expertise required to provide the regular clinical supervision to safely practice. For this reason, the development of the workforce plan includes building sustainability in both the delivery of identified treatments and the supervision of that delivery. Supervision models which share expertise across localities, pathways and care groups are being explored.

3.4 Sustainability

There are two main priorities identified in the plan for sustainability.

The first priority relates to the services where income does not meet the expenditure for those services. All of those services will have a workforce review in order to determine whether expenditure can be reduced or whether the service requires reprovision. This will ensure that the model of care delivery and the resources to enable this will align to the service specification.

The second relates to the services where there is sustained use of temporary staff (agency and bank) to deliver the service. This includes sustained vacancies and inability to recruit into key pathways and services. By using our resources efficiently we can make sure we have the right number of staff with the right skills in the right places to deliver safe and effective services. Reducing the reliance on temporary staff will have a positive impact on wellbeing and experience.

4. PEOPLE IMPACT AND WORKFORCE CONSIDERATIONS

We recognise the importance of ensuring our people are supported through these changes and are prepared for the emerging and evolving landscape of our model of care. We will be asking our staff to work differently and while there are many benefits to this, including stronger relationships with partners and stakeholders, role redesign and career development, changing workloads, more sustainable staffing models with

less reliance on temporary staffing we also acknowledge that some of this change will be unsettling.

At the People Committee in December 2025, we shared principles we will consider for our workforce as we move through our transformation journey:

- **Fair process and support** – meeting our legal obligations
- **Two-way engagement** - people need to understand *why* change is happening, employee voice is critical
- **Role and structure changes** - impacts on job descriptions, banding, responsibilities, and career pathways
- **Workforce wellbeing** - consider stress and morale, acknowledging the human side of change, reaffirming support routes
- **Support for line managers** – help with difficult and compassionate conversations
- **Ongoing review and adjustment** – OD support post changes with continual learning and feedback loops

We will continue to work in partnership with our Staff Side colleagues as we move through staff engagement and formal consultation processes and we commit to ensuring processes are completed in a timely manner to reduce uncertainty for staff. We will also review and reflect our wellbeing and support offer for staff to meet their needs.

5. RISKS TO DELIVERY OF THE WORKFORCE PLAN

The Trust has a high number of service change priorities which have been identified, particularly for the 2026/27 financial year to review how services will be delivered in the future as set out in this document. Our workforce numbers and required skills will reflect these changes and we recognise that due to the scale and ambition of these plans there are risks associated with delivery. For example, slippage on timescales will have a significant impact on delivery of our medium term plan.

A programme governance approach for the medium term financial plan has been developed which details all of the schemes and this is being used to track progress and ensure a Trust wide overview.

There are a number of workforce challenges including the impact on morale and staff wellbeing due to the significant changes and uncertainty over the period of the plan. As outlined above, every effort will be made to support staff through this period and we will have an open and honest approach to the changes required.

A further workforce challenge will be changes to the skill mix and ways of working whilst aligning to our financial delivery plan through our transformation programmes which will lead to a reduction in the overall WTE of the organisation.

As we move from short-term planning into medium and long term strategic workforce planning, it will be necessary to better align the required workforce skills and supply to ensure the future delivery of services.

Further work will take place in Quarter 1 of 2026/27 using staff demographic data, service data and staff supply data to further triangulate our workforce predictions.

Appendix 1: Model of Care & Workforce plan deliverables

2026/27

Understanding you and helping you to stay well

What: Review talking therapy services

Why? Doesn't require secondary care mainstream service, should be community facing as part of neighbourhood health, could be provided with VCSE to achieve better VFM

Size	Sustainability	Shape	Skills
Reduces CNTW headcount in line with workforce planning requirements	Services in Sunderland and North Cumbria operate at a significant financial loss.	Early intervention provided by Talking Therapies addresses 'lower level' mental health difficulties which prevent escalation of conditions and ultimately support the 'hospital to community' and 'sickness to prevention' shifts. The shape of neighbourhood health and work with VCSE partners needs to change in this area.	Talking Therapies rely on skilled MH nurses who offer evidence based therapies such as CBT, EMDR within the 'getting help' part of the model.

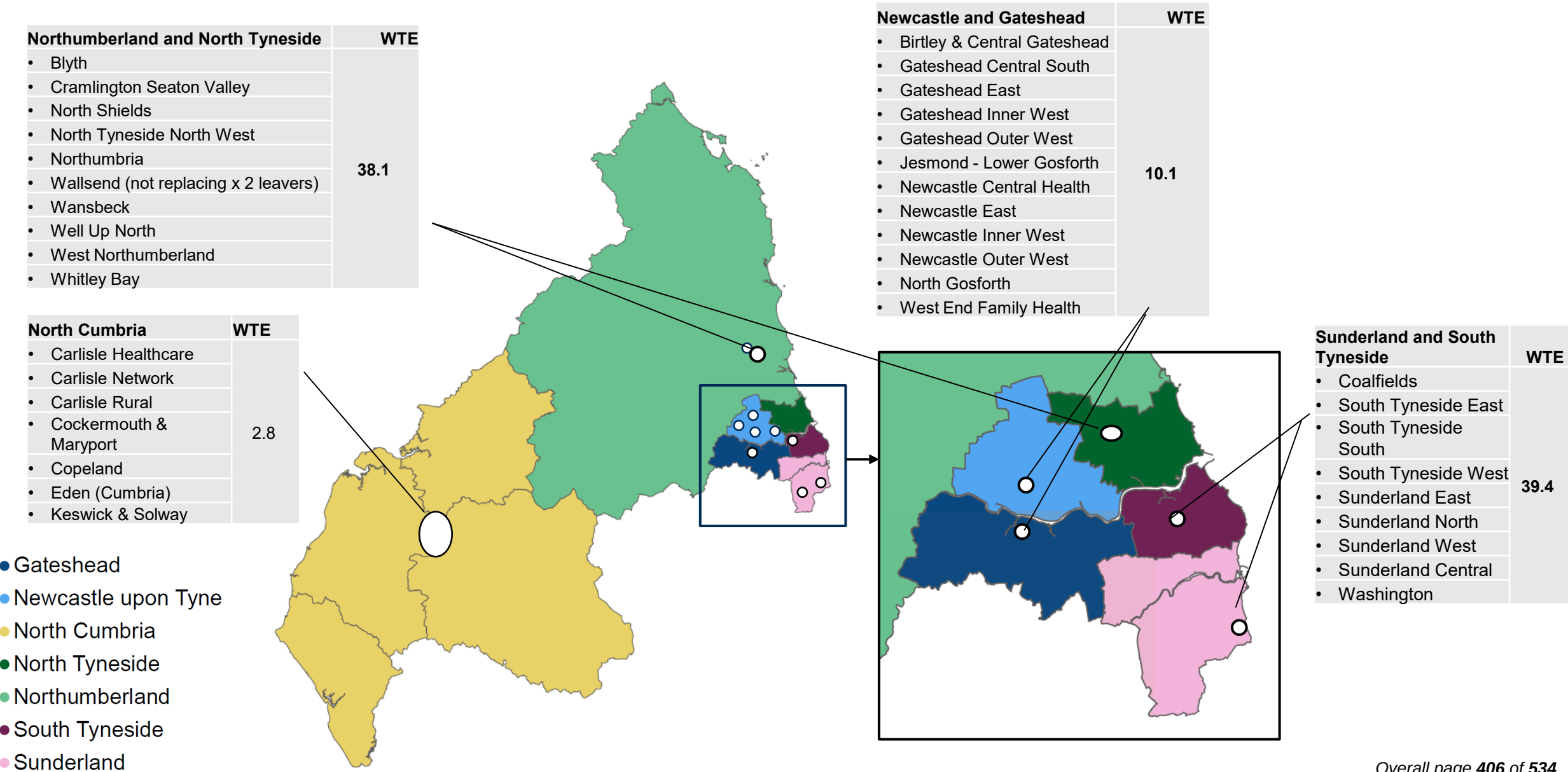
Understanding you and helping you to stay well

What: PCN/ARRS Roles

**Why: Highly skilled workforce. No standard primary care model given individual GP prioritisation.
Must be configured to prioritise patients with long term needs**

Size	Sustainability	Shape	Skills
Currently 85.7 WTEs are deployed across the Trust's PLACE areas in ARRS posts but this is disproportionately spread with high numbers of staff in South, and very low numbers in North Cumbria (see below)	• Despite 50/50 funding, PCNs tend to dictate the role and function of posts thus limiting the value for money that CNTW gets from them. • Financial risk with the funding available often being insufficient to cover the actual salaries of the people in post. • If we return these staff to CNTW we would lose 50% funding from the PCNs. • Some posts in North Tyneside and South Tyneside that are already 100% ICB funded. • These workers must have a sustainable income stream linked to neighbourhood health.	Bringing ARRS workers back into Trust would offer an opportunity to deliver consistent and sufficient services across all areas provided through neighbourhood/primary care hubs.	Re-alignment of senior nursing and therapy skills back into CNTW to support prevention and development of neighbourhood health models.

ARRs Posts by Location



Community treatment

What: Realignment of workforce to serve three essential patient groups, SMI, Affective Disorder and Complex Trauma

Why? We must prioritise this cohort of patients as part of the core offer of community care

Size	Sustainability	Shape	Skills
Team size will reflect population served to prioritise delivery of safe, high-quality care to SMI, affective disorders and complex trauma patients.	The Community Care Group have approx. 3,000 WTE staff in total across all localities and a staff turnover over the last 12 months of 7.23% There is no additional income to deliver Intensive and Assertive approaches, or community rehabilitation and these need to come from our existing workforce, partnership with third sector or workforce transferred from other groups as part of their transformation eg rehabilitation.	The Community Care Group are remodelling the workforce to meet new ways of working, ensuring that the right staff and skill mix is in place to meet the anticipated capacity and projected demand/whilst reducing headcount for financial savings. The development of a clear service for patients with Assertive and Intensive needs, will see caseloads capped to allow for the level of support needed. The transfer of skilled workforce from inpatient rehabilitation to community, in conjunction with other system partners will allow for a re-imagined rehabilitation pathway that will build in specialist housing, relapse prevention and community treatment The movement of additional resources from RADS and Specialist psychological services to community will reshape the offer available to patients in secondary care in relation to Affective Disorder and Complex Trauma – making support more accessible to prevent a worsening of symptoms which might result in crises.	The skill mix needs to deliver evidence based treatments and best outcomes for patients. This includes medical, nursing, AHP, psychosocial and psychological therapies Our workforce plan looks to put more senior clinical decision makers at the front end of this pathway for people with complex SMI needs We will offer a biopsychosocial model that works with other system partners (for eg local authorities, VCSE and primary care) to offer holistic treatment and support, on a needs led and non-episodic basis to those who have long term needs.

Long term complex needs

What: Services for people in the community with severe mental health needs and other complex needs.
Why? We need to improve continuity of care for patients who have lifelong care needs for mental illness increasing our community rehabilitation services

Size	Sustainability	Shape	Skills
Team size will reflect population served to prioritise delivery of safe, high-quality care to SMI, affective disorders and complex trauma patients. This will mean the size of some teams will grow or reduce.	The workforce required to deliver care to the SMI and complex needs pathways needs is being aligned across the whole Trust to ensure every locality has sufficient and sustained capacity to deliver a capped caseload/intensive approach	We have scoped the clinical pathways and current workforce, and understand the shape of the workforce we need going forward. This includes more nursing skills and psychology in order to meet the need of this population. A review of clinical leadership roles will allow more senior capacity at the frontline. This fits with our financial scheme to reduce the number of managerial roles to direct clinical care and senior decision makers.	We know that we need staff in nursing, psychology, AHP, social work and medical posts who can deliver evidence based treatment and interventions Our nursing workforce need to be able to offer clinical interventions (CBT, DBT etc) as well as medication management We need to train more people in CBTP, EMDR, CBT, DBT, and PSI.

Urgent and crisis care

What: Services for people in the community with urgent needs

Why? Our urgent care pathway needs to respond to the national directives of MHEDs

Size	Sustainability	Shape	Skills
To implement the national changes and improve our ability to offer places of safety/crisis assessment centres / MHEDs we will need to reallocate resources to deliver this element of the urgent care pathway.	There is no additional income to deliver urgent and crisis care. There are currently capital funding bids for Mental Health Emergency Departments, without revenue funding, therefore if successful the workforce will need to come from existing workforce.	We will have to ensure our ability to provide an assessment function and home based treatment are dedicated functions/teams. Options are being considered for increased integration with planned care services. Our services work closely with a growing number of Non-NHS services including Safehavens and Hope Haven (24/7 MH Hub) in Cumbria to manage escalation.	MDT skill mix including medical, nursing, social work, occupational therapy, Psychology and pharmacy, supported by core group of skilled unregistered staff. Core skills include: Triage, signposting, biopsychosocial assessment of needs, and risks, with formulation and management of these. Home based treatment, delivering evidence based interventions. Supporting alternatives to hospital admission. Supporting inpatient admission pathway and facilitated discharge.

Inpatient care

What: Ward baseline staffing Model Phase 2

Why? The plan is to work towards standardisation across the Adult Acute wards and help support the remaining wards achieve the same baseline staffing numbers as the others

Size	Sustainability	Shape	Skills
Should the remaining Adult wards reach the standardised baseline position as the other wards, then this would deliver a 16 wte reduction. Reduction in level of temporary workforce.	Development local staff pools to ensure that safe care delivery can be maintained particularly at times of clinical pressure. Reviews of ward staffing models within Acute, aim to standardise care delivery and embed best practice across CBUs. Supports cultural improvements such as 7-day working and MDT collaboration.	Baseline staffing ensures alignment with the Trust's Model of Care by maintaining safe, effective inpatient services while supporting transformation. This would help achieve standardisation across Adult Acute wards which would reduce variation in service delivery.	Clinical professional decision making. Level loading and e-rostering best practice. Skilled workforce through: • Training trajectory management (Stat & Man) • Trust HCSW Induction & Leadership programme • Inpatient HCSW development programme Strong Leadership: • Leadership & Management programme • Enhanced Multi-Disciplinary Team (EMDT) / 7-day working

Inpatient care

What: PICU staffing Model

Why? The proposal is to reduce the staffing back to the original baseline numbers; however, this may require a 2-bed reduction across the ward to help achieve this

Size	Sustainability	Shape	Skills
2-bed reduction back to a 12 bedded ward. Reduction in level of temporary workforce. The reduction back down to original baseline would be a reduction of 10 wte, this would be temporary staffing rather than substantive workforce.	Supported by the hospital to home service, and the daily bed management input to ensure the positive flow remains across the full pathway. This potential 2 bed reduction would help improve the overall position across the ward, specifically in terms of team morale and resilience. Development of bespoke enhanced female offer within mainstream wards. Collaboration with TEWV to develop shared approach to management of female patients.	Reduction to original baseline, resulting in the removal of temporary staffing.	Clinical professional decision making. Level loading and e-rostering best practice. Skilled workforce : • Training trajectory management (Stat & Man) • Trust HCSW Induction & Leadership programme • Inpatient HCSW development programme Strong Leadership: • Leadership & Management programme • Enhanced Multi-Disciplinary Team (EMDT) / 7-day working Clinical, interpersonal, and risk-management competencies influenced by QNPICU (Quality Network for Psychiatric Intensive Care Units) and NAPICU (National Association of Psychiatric Intensive Care Units).

Inpatient care

What: Older Adult Review (2 bedded reduction and consolidation of organic wards)

Why? Affordability, purpose of admission and demand

Size	Sustainability	Shape	Skills
2-bed reduction to a 16 bedded ward. This resulted in the reduction of 5 wte, this would be temporary staffing rather than substantive workforce.	Strengthening quality and safety and enabling a recalibration of the base staffing model. Staffing model that is responsive to local variation, supports equitable access to high-quality care, and ensures that resources are deployed where they are needed most.	Apply a structured, evidence-led approach to reviewing the Older Persons' staffing model. This includes analysing establishment, skill mix, acuity, and demand, alongside key workforce metrics.	Level loading and e-rostering best practice. Strong Leadership: • Leadership & Management programme • Enhanced Multi-Disciplinary Team (EMDT) / 7-day working

Inpatient care

What: Review of Level 1 and Level 2 Rehabilitation Inpatient Services

Why? Invest in community rehabilitation (as per long term complex needs)

Size	Sustainability	Shape	Skills
Reduction in the numbers of inpatient rehabilitation wards will result in staff reductions in these areas combined with reallocation of staff into more community facing models.	For Level 1 services, we have a responsibility to ensure that the provision of this service is robust and sustainable for care to be optimised in the medium to long term. A supportive service in the form of 7-day week community rehabilitation would go some way to make model more robust.	Aiming to provide a 7-day MDT community offer, with support from partners. The success criteria for Phase 1, coupled with service user and stakeholder feedback will influence our approach for Phase 2 & 3. The enhanced community offer would potentially have a positive impact on the number of admissions into acute beds via the adoption of a more flexible rehabilitation offer and strengthen transitions.	Assertive outreach approach to the delivery of community-based services. Collaborative skills with local authorities and third sector. Enhanced commissioning knowledge and skills.

Specialist – bed based

What: Northgate Park site

Why? The cost base of the Northgate site must be covered from the income and services provided across the site in order to ensure this is not a recurring financial gap

Size	Sustainability	Shape	Skills
We will reduce gaps in medical and non medical workforce, repatriate secure patients back to the Northeast, deliver a clear LD&A pathway, align the workforce to the right beds and clinical models and eliminate avoidable estate and infrastructure inefficiencies. This will result in the size of the workforce growing in this area with new recruits and realignment of staff across services.	• The secure consultant gap reduced to 0 WTE by incorporating other pathways • Enhanced non-medical RC cover • Nursing model aligned to acuity and demand • HCA workforce supporting all pathways across the site resulting in stability of workforce, retained skills across the site, reduced vacancies and temporary staffing	Secure Services • 18 OOA patients repatriated • Secure estate fully utilised • Reduced reliance on external placements LD&A Pathway • New LD&A model • Integrated in-reach + inpatient model • Supports step-down from secure and prevents future OOA Estate Efficiency • No wholly empty buildings Financial Position • £2.9m OOA saving from repatriation • £3.8m Autism block contract	Planned nursing skill mix review to understand future needs of RNLD qualified nurses

Specialist – community provision

Secure Care – Westbridge Hostel / Forensic Community Service

Why? Streamline existing management capacity creating closer links between community and residential placement

Size	Sustainability	Shape	Skills
This scheme proposes to merge the Westbridge Hostel and Forensic Community Service (FCS) into a single service. Westbridge Hostel is an ICB funded 14 bed residency for individuals transitioning from prison or secure care. Tyne Housing provides the accommodation and domestic services. CNTW provides care coordination, joint working for individuals transitioning and inreach for those on a discharge pathway. FCS is PC funded and provides care coordination for patients discharged into the community.	The proposed merger is expected to: • Create efficiencies across the pathway. • Provide a single community assessment. • Improve equity of access to MDT services. • Support transitions to independent living. • Reduce average length of stay by enabling earlier MDT involvement	The merging of the service will offer an opportunity to reduce overall wte head count at a local management level and a small number of clinical posts. Overall savings are proposed to be 5wte at a cost saving of £345k	Current skills would be absorbed into the new model (save for those posts identified in efficiency). Efficiency savings will be realised with no impact on service capacity and care delivery

Specialist – bed based services

What: Specialist CYPS CBU

Why? Maximise the bed provision across the CYP pathway aligning this to the new service specification for CYP

Size	Sustainability	Shape	Skills
We are undertaking a structured review of all inpatient wards across Lotus and Ferndene to assess the impact of the new national Tier 4 children's inpatient specification. Identify required bed numbers across each pathway (based on new specification). Determine where beds should be provided to ensure sustainable staffing and reduce reliance on temporary staff and consider cost alongside quality and workforce sustainability, recognising current NHS financial pressures.	The review will assess whether the current number, type, and location of beds are optimal to meet clinical demand, operational sustainability, and population need, while ensuring that specialist inpatient services remain available where required. This work will support informed decisions on service configuration, investment, and collaboration to deliver safe, high-quality care aligned with future commissioning expectations.	• A review of capacity and demand of inpatient services (across pathways) • Focused on future readiness, sustainability and value to deliver services across the Provider Collaborative • About developing a case for change to meet new service specification • Exploring whether efficiencies could be reinvested into community-based services	Current skills would be absorbed into the new model. The review may identify further skills development needs depending on pathway development.

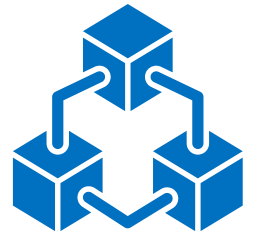
Specialist – bed based services

What: Adult Eating Disorder Provision

Why? Longer term decision required on NENC bed provision

Size	Sustainability	Shape	Skills
This work will undertake a clinical model review of adult eating disorder services to ensure that current and future provision is clinically effective, sustainable, and aligned with best practice. It will consider the implications of a required temporary ward relocation and the opportunities this presents to review models of care, pathways, and capacity. Delivered through the Provider Collaborative.	The review will take a regional perspective to ensure access to appropriate specialist inpatient beds while supporting care closer to home wherever possible. The work will assess whether the number, type, and geographical distribution of beds optimally meet clinical need, workforce constraints, and operational requirements, supporting informed decisions on service configuration and longer-term investment.	Temporary relocation of CNTW bed-based services to non-Trust premises. Adding to the Intensive Day Service in terms of interventions, in reach, and moving to a seven day service.	Some reskilling required for staff moving from an inpatient to a community-based setting.

Infrastructure – including corporate services and other enabling services



Examples of core programmes for delivery

- Skill mix review in all Support/Corporate areas
- Review of legal spend
- Review of Trust Estate
- Monitored via Infrastructure Programme Board

Our trust strategic ambitions

2025-26 : Q4 Final Position



Strategic ambition 1
Quality care, every day



Strategic ambition 2
Person-led care, when
and where it is needed



Strategic ambition 3
A great place to work



Strategic ambition 4
Sustainable for the long term,
innovating every day



Strategic ambition 5
Working with and for
our communities

Strategic ambition 1

Quality care, every day



Quality aims

To continue to develop and embed a positive and safe culture	To improve physical health care	To reduce levels of restrictive practice and violence and aggression	To reduce levels of self-harm	To improve the care of people with a severe and enduring mental illness

Strategic ambition 1

Quality care, every day



Quality priorities 2025/26

✓	✓	✓	✓	✓	Strengthen communication with families and carers, ensuring they are actively involved in care decisions and when a patient deteriorates.
✓	✓	✓	✓	✓	Promote care planning that is person-centred, co-produced, and informed by the multidisciplinary team.
✓	✓	✓	✓	✓	Develop a consistent and evidence-based approach to risk assessment and safety planning across all services.
✓	✓	✓		✓	Ensure safe and coordinated transitions between services.
✓	✓				Improve the early recognition and response to deteriorating patients
✓		✓	✓		Continue to improve sexual safety by reducing incidents and strengthening prevention and response.
✓	✓	✓	✓	✓	Improve handovers of care across inpatient services.
✓	✓	✓	✓	✓	Improve therapeutic engagement and observation across inpatient services.
	✓				Manage and reduce the risk of cardiorespiratory arrest caused by sedative medication
	✓			✓	Manage and reduce the risk of severe clozapine-induced constipation
✓		✓			Support staff wellbeing through increased access to resources, compassionate leadership, and healthy workplace culture.



Quality priorities 2025/26

	Continue as QP in 26/27?	Where will continued oversight / improvement be monitored?
Strengthen communication with families and carers, ensuring they are actively involved in care decisions and when a patient deteriorates.	No	Trust and Group Quality meetings
Promote care planning that is person-centred, co-produced, and informed by the multidisciplinary team.	No	Trust and Group Quality meetings
Develop a consistent and evidence-based approach to risk assessment and safety planning across all services.	Yes	Self Harm Group
Ensure safe and coordinated transitions between services.	No	Trust and Group Quality meetings
Improve the early recognition and response to deteriorating patients	No	Physical Health Group
Continue to improve sexual safety by reducing incidents and strengthening prevention and response.	No	Trust and Group Quality meetings
Improve handovers of care across inpatient services.	No	Trust and Group Quality meetings
Improve therapeutic engagement and observation across inpatient services.	Yes	Trust and Group Quality meetings
Manage and reduce the risk of cardiorespiratory arrest caused by sedative medication	No	MOC
Manage and reduce the risk of severe clozapine-induced constipation	No	MOC
Support staff wellbeing through increased access to resources, compassionate leadership, and healthy workplace culture.	No	Strategic Workforce Group

Strategic ambition 1
Quality care, every day
Quality priorities 2025/26



**Continue as
QP in 26/27?**

**Where will continued
oversight / improvement be
monitored?**

Strengthen communication with families and carers, ensuring they are actively involved in care decisions and when a patient deteriorates

No

Trust and Group Quality meetings

Quality Objectives	RAG	Comments	Improvement Measures
Strengthened responsiveness to families and carers who raise concerns		- Feedback from Service User & Carer Reference Group - Reviewing themes from patient safety incidents / complaints - Focus on Your Voice feedback for our most vulnerable in the community (428 SMI cohort) - Mandatory roll out of carers awareness training - Roll out of a carers care plan across all inpatient wards	The number of biopsychosocial risk frameworks that have had carer input – Change: +3.6% Apr-25: 40.9%; Feb-26: 44.5% The Number of Service Users who have been involved in developing their Care Plan – Change: -3.2% Apr-25: 98.7%; Feb-26: 95.5% How was your experience? (Trust) - Change: -0.1% Apr-25: 87.6%; Feb-26: 87.5%; Target: 90% How was the care we provided? (Trust) - Change: +1.5% Apr-25: 88.4%; Feb-26: 89.9% Target: 90% Did you feel safe? (Trust) – Change: +1.0% Apr-25: 93.2%; Feb-26: 94.2%; Target: 90%
Introduce "Martha's Rule" framework		- Involvement team engagement with carers and staff - Promotion during Carers Week in June 26 - Develop the call for concern standard in CNTW (underpinned by TOC) - Review national training material to support staff awareness of Martha's Rule	

Strategic ambition 1
Quality care, every day
Quality priorities 2025/26



**Continue as
QP in 26/27?**

**Where will continued
oversight / improvement be
monitored?**

Promote care planning that is person-centred, co-produced, and informed by the multidisciplinary team

No

Trust and Group Quality meetings

Quality Objectives	RAG	Comments	Improvement Measures
All service users have a person-centred care plan which is personalised to them and involves, where appropriate, their family or carers		- Redesign of care planning platform on RIO home screen (one area) used by all services. - Staff guides produced by experts are within the platform to ensure quality is prioritised and standardised across the Trust. - The evaluation and assurance that copies are offered to patients and carers are within the care plan, reducing the need for clinicians to use separate forms on RiO.	% service users with Care Plan Reviewed in last 6 months - Change: +12.8% Apr-25: 59.6%; Feb-26: 72.4% % service users with Care Plan Complete - Change: +8.9% Apr-25: 82.3%; Feb-26: 91.2% % service users with complete risk management and safety plans - Change: +8.3% Apr-25: 85.4%; Feb-26: 93.7%
All clinical staff have a full understanding of the person centre care planning		- The care planning platform goes live on the 1st April 2026. - All care plans will be reviewed and moved during the month of April. - Care plan audit and training has been reviewed and updated. - Communications and a 7 minute briefing have been circulating on screen savers, in the bulletin and via weekly updates during the month of March ready for changeover.	
Metrics identified within the Community CQC Action Plan (February visit) to be monitored. 2508 Safety Plan 2505 Care Planning		Process embedded whereby ongoing monitoring takes place via the Community Care Group weekly Safety Meeting.	
Policies to be streamlined across the Trust in line with CPA		Policies and PGNs reviewed and rewrite underway, including all references to CPA	

Quality priorities 2025/26



Continue as
QP in 26/27?

Where will continued
oversight / improvement be
monitored?

Develop a consistent and evidence-based approach to risk assessment and safety planning across all services

Yes

Self Harm Group

Quality Objectives

RAG

Comments

Improvement Measures

Continuous QI in risk assessments and safety planning aligned with NHSE, NCISH, NICE & RCPsych and other guidance

Complete

% service users with complete risk management and safety plans -
Change: +8.3%

Apr-25: 85.4%; Feb-25: 93.7%

Support training to underpin effective risk assessment and safety planning

Complete

Clinical Risk and Suicide Prevention Training - Change: +0.5%

Apr-25: 84.0%; Feb-26: 84.5%

Increase opportunities for reflective practice and learning from incidents

Complete

Evaluation of assessments of risk to others and associated safety plans in patient cohort requiring intensive or assertive support (SMI/complex needs)

Complete

Policy updates to reflect latest guidance – BPS, Self Harm & Suicide prevention

Complete

Strategic ambition 1
Quality care, every day
Quality priorities 2025/26



**Continue as
QP in 26/27?**

**Where will continued
oversight / improvement be
monitored?**

Ensure safe and coordinated transitions between services

No

Trust and Group Quality
meetings

Quality Objectives

RAG

Comments

Improvement Measures

Ensure the Trust has a robust Transitions Policy

Policy and associated PGNs updated
August 2025

Community Transition audit complete -
Results mid April, work ongoing with
Transitions Group and Associate
Directors to agree action plan.

Finalise and implement the deteriorating patient pathway
and Hospital to Home service to support smooth
transitions for adults moving between community to
inpatient to community

Hospital to Home is now operating as
business as usual. The deteriorating patient
pathway consists a daily huddle, followed
by escalation to flow and Trustwide
discussion as necessary

In patient audit ongoing through April.

RiO Transition File - Work complete, to go
live mid April once comms agreed.

Align CYPS and adult Learning Disability service models
to offer lifespan approach

Initial workshops have been undertaken to
get service agreement on the work to take
forward. Agreed to move forward under the
new structure across community in 2026

Eating Disorders PGN - PGN currently in
draft and PGN expected to go through
normal consultation process in April.

In patient to Community PGN - Work
ongoing.

Comply with NG181 and Commissioner guidance for
adult community mental health rehabilitation services
published June 2025 in terms of rehabilitation transitions

Clinical teams are working to NG181 with
further development of community pathways
underway. Aim for new L1 pathway to be
developed Q2 2026

Design of MMOP - Work complete with
Involvement Team and Young People ,
design now in final stages.

Specific improvement measures to be
reviewed in 26/27 to show the impact

Strategic ambition 1
Quality care, every day
Quality priorities 2025/26



**Continue
as QP in
26/27?**

**Where will continued
oversight / improvement be
monitored?**

Improve the early recognition and response to deteriorating patients **(Part 1 of 2)** No Physical Health Group

Quality Objectives	RAG	Comments	Improvement Measures
Enhanced recognition and management of physically deteriorating patients		Training gaps identified with low medic compliance (43%). A revised training package is required, and work is underway to improve simulation uptake and address poor practice.	Incident rates related to choking - Change: +6 Apr-25: 22; Feb-26: 28 BLS Training Compliance - Change: +3.1% Apr-25: 78.8%; Feb-26: 81.9% ILS Training Compliance – Change: +0.8% Apr-25: 73.5%; Feb-26: 74.3%
To improve the identification, management, and communication of choking, aspiration, and dysphagia risks among inpatients, ensuring that assessments, care plans, and interventions are carried out in accordance with Trust Policy and national guidance		New training package developed, awaiting decision re wider rollout. Changes to RiO Physical health assessment form. Dysphagia training Not yet added to medics dashboards.	
To strengthen the handover process between the mental health trust and the acute hospital when transferring physically deteriorating patients, reducing the risk of information gaps and improving continuity of care		Evaluation/audit of handover form to acute Trusts being discussed across all areas	
Conduct a trust-wide audit on resuscitation incidents and staff responses in 100% of inpatient settings, with action plans developed and implemented in all areas with identified gaps by Q4		Not possible to complete as resuscitation isn't captured as an incident. Work is ongoing with the incident team to determine how this can be recorded in future.	

Strategic ambition 1
Quality care, every day
Quality priorities 2025/26



Continue as QP in 26/27?	Where will continued oversight / improvement be monitored?

Improve the early recognition and response to deteriorating patients **(Part 2 of 2)**

No	Physical Health Group

Quality Objectives	RAG	Comments	Improvement Measures
Implementation of My Kit Check as a digitised approach to management of medical equipment		Roll out has commenced across all inpatient areas and will be followed by the community.	As per previous page.
Ensure learning from near misses/deaths related to poor management of physical/deteriorating health is embedded across services		Learning is a standard agenda item at all Physical and public health meetings	

Quality priorities 2025/26

	Continue as QP in 26/27?	Where will continued oversight / improvement be monitored?
Continue to improve sexual safety by reducing incidents and strengthening prevention and response	No	Trust and Group Quality meetings

Quality Objectives	RAG	Comments	Improvement Measures
Compliance with legal requirements		Sessions delivered by Trust solicitor to a range of audiences. PGN now in place for all staff to follow.	In the initial phase of raising the profile there could be an increase in reporting of cases after which we would hope to see a reduction based on understanding behaviours. Incidents relating to sexual safety to be reported to Q&P. Report out will be at the end of Q4 25-26
Complete Sexual Safety Charter Assurance Framework and embed the principles		This has ensured compliance with the Sexual Safety Charter which was signed by the Trust in July 2024 and any identified gaps became part of the project plan	
Ensure appropriate, specific, clear training is in place		Online ESR training is available. Active Bystander training is being developed in collaboration with another Trust.	
Clear communications plan around our priority to address any sexual harassment in the workplace and to give the staff the information and confidence to report any incidents		Comms plan in use. Real life examples to promote the campaign. Promotion has been via various platforms and will continue to weave into other work as we embed.	
Ensure appropriate reporting mechanisms are in place		In place and compliant with the charter and legal requirements.	

Strategic ambition 1
Quality care, every day
Quality priorities 2025/26



**Continue as
QP in 26/27?**

**Where will continued
oversight / improvement be
monitored?**

Improve handovers of care across inpatient services

No

Trust and Group Quality
meetings

Quality Objectives

RAG

Comments

Improvement Measures

Standardisation of the handover process

Workshops have taken place with front line staff to support development of the handover policy on 26/11/2025 & 28/01/2026. The workshops included:

- Importance of handover:
- Purpose of handover:
- Risks of poor communication:
Patient harm, safety incidents, and adverse events
- Where handovers occur:
 - Shift-to-shift
 - Between professions
 - Across departments
 - Between care settings (e.g. hospital to community)
- Common challenges
- Key techniques for effective handover
- Standardisation and Streamlining

From this the draft policy has been amended and pending the digital form being complete, is ready for consultation.

Delivery throughout Q4, outcomes/metrics to follow on reduction in safety incidents as a result of poor handovers of care.

Effective use of technology :
Handover systems to be more accessible
secure and updated in real time

Final amendments being completed by digital colleagues to align form and guidance with draft policy

Increase time allocated for handovers

Complete as per shift pattern consultation. Handovers observed to ensure they are compliant with policy

Strategic ambition 1
Quality care, every day
Quality priorities 2025/26



Continue as
 QP in 26/27?

Where will continued
 oversight / improvement be
 monitored?

Improve therapeutic engagement and observation across inpatient services

Yes

Trust and Group Quality
 meetings

Quality Objectives	RAG	Comments	Improvement Measures
Develop Best Practice Guidelines for the use of enhanced care in inpatient mental health, learning disability, and autism services		Partial delivery of ETOC programme over 25/26. First face to face meeting took place in March 26 to understand the NHSE requirements for the national work. In response, dashboard has been developed in order for the Trust to understand numbers of patients on enhanced Engagement and Observations and this is now routinely being submitted to NHSE. Information is broken down to allow us to understand the split between Registered and non registered professionals carrying out enhanced engagement and observations. NHSE are reviewing our current policy to align with other MH Trusts, identify gaps and suggest any amendments. Review of training materials will also need to take place as per above process. Engagement with the national team will assist in being clear on the objectives for 26/27	How was your experience? (Inpatients) - Change: +1.4% Apr-25: 85.3%; Feb-26: 86.7% How was the care we provided? (Inpatients) - Change: +5.6% Apr-25: 88.2%; Feb-26: 93.8% Did you feel safe? (Inpatients) - Change: -2.0% Apr-25: 93.6%; Feb-26: 91.6% Target 90% Engagement & Observation Training Compliance – Change: +2.5% Apr-25: 86.5%; Feb-26: 89.0% Green Inpatient Bed Days - Change: +7.1% Apr-25: 76.1%; Feb-26: 83.2%
Full review of Engagement & Observation policy update		Development of best practice guidelines will inform policy change.	

Strategic ambition 1
Quality care, every day
Quality priorities 2025/26



**Continue as
QP in 26/27?**

**Where will continued
oversight / improvement be
monitored?**

Manage and reduce the risk of cardiorespiratory arrest caused by sedative medication

No

Medicines Optimisations
Committee

Quality Objectives

RAG

Comments

Improvement Measures

Review availability of cardiopulmonary risk assessment tools for sedative medications

Complete

Review CNTW serious incidents to document learning

Complete

Review of safety alerts related to sedative medications (National, Regional and Local)

Complete

Assess the current prescribing practice on inpatient wards

Complete

Improve patient and carers knowledge on the risk of taking multiple sedative medications

Originally the plan was to produce a CNTW patient infographic. The MHRA produced new patient information resources in January 2026 - agreed to use national guidance rather than produce a local document.

Document of relative potencies of sedative medication

Complete

Criteria for identifying 'at risk' patients

Complete

Completed literature search; completed safety alert review; completed service evaluation for inpatient sedative medication prescribing.

Completed thematic review of CNTW serious incidents and metrics analysis.

Created prescribing aids: relative potency and 'at risk' criteria documents.

Signpost prescribers to the new MHRA guidance and the Choice and Medication website to improve patient and carer knowledge on the risk of taking sedative medications.

Strategic ambition 1
Quality care, every day
Quality priorities 2025/26



**Continue as
QP in 26/27?**

**Where will continued
oversight / improvement be
monitored?**

Manage and reduce the risk of severe clozapine-induced constipation

No

Medicines Optimisations
Committee

Quality Objectives

RAG

Comments

Improvement Measures

Review CNTW incidents for learning

Thematic review (SER-25-423) complete. Recommended actions included in Clozapine PGN and RiO Form updates to be presented at Medicines Optimisation Committee (MOC) on 08.04.26.

**Number of staff completed
Clozapine Training - Change: +16**
Apr-25: 6; Dec-25: 22

Re-audit of CA-25-123 to be completed within 12 months of updated guidance.

Establish baseline data for compliance with current guidance in relation to questioning on bowel habit as per PPT-PGN-05

Clinical audit (CA-25-123) complete and presented at MOC on 11.02.26. Recommended actions included in Clozapine PGN and RiO Form updates to be presented at Medicines Optimisation Committee (MOC) on 08.04.26.

Re-evaluation of primary care leaflet feedback (SER-25-433) to be completed within 12 months of updated guidance.

Ensure Trust guidance on prevention, identification and management of clozapine-induced constipation is in line with best practice, established evidence and guidelines

Evidence review complete. Presented at MOC on 14.1.26. Recommended actions included in Clozapine PGN and RiO Form updates to be presented at MOC on 08.04.26.

Improved identification and management of clozapine-induced constipation in Primary Care and Acute Trust settings

Primary care leaflet evaluation (SER-25-433) completed and presented at MOC on 14.1.26. Updated Acute Trust guidance to be presented at MOC on 08.04.26.

Strategic ambition 1
Quality care, every day
Quality priorities 2025/26



**Continue as
QP in 26/27?**

**Where will continued
oversight / improvement be
monitored?**

Support staff wellbeing through increased access to resources, compassionate leadership, and healthy workplace culture

No

Strategic Workforce Group

Quality Objectives

RAG

Comments

Improvement Measures

Re-highlight current offers of financial wellbeing resources and ensure still fit for purpose

Continued promotion of offers including Oaktree Pension webinars and TRS linked to financial wellbeing. Review of financial education offer with a new provider.

% Sickness Absence (Monthly) - Change:
-0.2%

Apr-25: 6.6%; Dec-25: 7.1%; Feb-26: 6.4%

Increase awareness and understanding of flexible working and flexible retirement options among both staff and managers to support wellbeing and retain talent.

Continuous promotion via a range of methods. Flexible working data from ESR reviewed and discussed regularly.

Please note, the Staff Survey in Q3 was replaced with the NHS National Staff Survey, so not all questions could be updated:

Staff Survey – In my team we support each other – Change: +1.4%

Delivery of Trust leadership programme across the trust

Delivery of programme with a number of cohorts for band 7 and above throughout 2025. Dates to continue into 2026/27.

Apr-25: 74.6%; Jul-25: 76.0%

Staff Survey – My organisation is proactively supporting my health and wellbeing – Change: +4.8%

Support the Trust objective to reduce sickness absence by 1% (Regional Target)

Reduction in absence figure but not to target. Action plans and trajectories in place in Groups which are regularly discussed and reviewed. Health and Wellbeing Steering Group considers themes and data from various sources to tailor initiatives and support.

Apr-25: 53.4% Jul-25: 54.4%; 2025 National Survey: 58.2%

Staff Survey – I feel well informed about important changes taking place in my organisation – Change: +1.3%

Apr-25: 43.6% Jul-25: 44.9%
Overall page 435 of 534

Strategic ambition 2

Person led care, when and where it is needed





Person led care, when and where it is needed

Priority	RAG	Comments	Outcomes/metrics
Redesign and improve the pathway for specialist children and young people's eating disorder service		We are yet to agree implementation of the new specification, but are working to resolve this. Quality Improvement Group work is progressing well, with the Inpatient Eating Disorder toolkit being rolled out to support more consistent clinical practice. The inpatient element is underway to improve flow and purpose of admission, while the specialist community element is on hold pending a system-wide response.	Proactive support for patients who require effective discharge from inpatient care
Implementation of a new Psychosis Review and Community Clozapine Initiation Service (PRECCIS) Increase the numbers of patients accessing depot medication for SMI Develop Intensive Case Management to improve care for individuals with Severe Mental Illness (SMI)		PRECCIS went live 30th March and is operational for phase one. We are increasing the numbers of patients accessing depot medication for SMI and introducing more depot clinics. Workforce plan is being finalised for this patient group and clinical offer is being developed. Implemented Intensive & Assertive digital flag on RiO.	Intensive and Assertive cohort mean appts: change: -1 Jan-Jun 2025: 23; Jul-Dec 2025: 22 Intensive and Assertive cohort mean DNAs: Change: -1 Jan-Jun 2025: 6; Jul-Dec 2025: 5 3% increase in the number of antipsychotic injections in 2025
Develop, agree and progress the implementation of a new model of care for the Mitford Unit Autism Spectrum Disorder Inpatient Unit		Engagement process commenced and part of MTFP for 26/27.	Plan delayed due to broader engagement on LD and A inpatient pathway.
Reconfiguration of inpatient provision in West Cumbria		Complete	
Review of Learning Disability inpatient provision and reconfiguration		Complete	

Strategic ambition 2

Person led care, when and where it is needed



Priority	RAG	Comments	Outcomes/metrics
Delivery of partnership hub working across all other areas and embedding of Neighbourhood Health working		Hope Haven building is open. 4 more capital bids in delivery similar schemes across CNTW	434 people have been opened on the Hope Haven single care record access system since services went live last year. Since opening 140 people have accessed the service in 10 days
Collaborate with TEWV, Primary Care, VCSE, and other partners to design a significantly different pathway for ADHD and Autism Spectrum Disorder needs		Pathway designed. CNTW, TEWV and ICB are in the late stages of agreeing implementation. AQP and system offer to manage all other cases in development by ICB.	CMH - Number of ADHD/ASD Patients Waiting (full clock stop) – Change: +2,143 Apr-25: 22,788; Feb-26: 24,931 CYP - Number of ADHD/ASD Patients Waiting (full clock stop) – Change: -627 (stabilised following a 1418 increase in the same period 24/25) Apr-25: 7,365; Feb-26: 6,738
Improve UEC interface and alternatives for crisis support and intervention		PLT/Crisis timeliness performing well exc. 4 hr Crisis. 3 Capital bids submitted for MHEDs. 136 suite changes agreed. Temporary Beds at Hope Haven. Developing existing Crisis alternatives and safe havens.	Crisis % Very Urgent seen within 4 hours (WAAA&OP) – Change: +1.5% Apr-25: 61.3%; Feb-26: 62.8% Target: 65% Crisis % Urgent seen within 24 hours (WAA&OP) – Change: +7.4% Apr-25: 75.2%; Feb-26: 82.6% Target: 85%
Developing a strong interface between Crisis, Community, and Inpatient services to effectively meet patients' needs during a crisis, including admission pathway for UEC (community and emergency departments)		3 Capital bids submitted for MHEDs. We have implemented a clear flow pathway for hospital to home and the deteriorating patient that all services.	% PLT ED Referrals seen within 1 hour – Change: -7.2% Apr-25: 84.7%; Feb-26: 77.5%; Target: 80% % PLT Ward Referrals seen within 24 hours – Change: -3.3% Apr-25: 96.4%; Feb-26: 93.1% Target: 85%

Person led care, when and where it is needed



Priority	RAG	Comments	Outcomes/metrics
Reduce waiting times for assessment and access to treatment		- Trust have agreed a new, clearer Waiting Times Policy. - Improve in recording of referral actions to monitor treatments and other pathway waits. - New set of measures with trajectories developed to monitor waiting times, adherence to policy and clinical recording keeping quality.	No. of CMH referral-spells waiting for full clock stop at end of month - Change: -1360 Apr-25: 5785; Jan-26: 4425 No. of CYP referral-spells waiting for full clock stop at end of month – Change: +165 Apr-25: 13,700; Jan-26: 13,865 Number of CYP Referral Spells (exc. Autism, Neurodevelopmental or Gender Identify) waiting more than 104 weeks for full clock stop – Change: +125 Oct-2025: 1820; Jan-26: 1945
Proactive support for patients who require effective discharge from inpatient care		Hospital to Home programme has been implemented managing clear patient flow in a more joined up way. It has increased the number of discharges, and CRFD are being managed more effectively with the new dashboard and tiering system to provide a priority focus for teams and partners.	Active Inappropriate Out of Area Placements – Change: -8 Apr-25: 13; Feb-26: 5 Number of Inpatient Discharges (Older Adults, Adult Acute and Rehab only) – Change: -8 Apr-25: 140 ; Feb-26: 132 % of Adult Inpatients Discharged with LoS >60 days – Change: -2.4% Apr-25: 25.9%; Feb-26: 23.5% Clinically Ready for Discharge – Change: +5.6% Apr-25: 13.6%; Feb-26: 19.2%

Person led care, when and where it is needed



Priority	RAG	Comments	Outcomes/metrics
Management of frequent attenders to inpatients		There has been a significant reduction in the admissions of the patients on the frequent attenders list.	Average Admissions of “Frequent Attenders” cohort in comparing previous and most recent 18 months – Change: -1.28 Mar-23 to Aug-24: 2.24; Sep-24 to Feb-26: 0.96
Successfully deliver and sustain the Hope Haven 24/7 Neighbourhood Health Centre as part of the government flagship Neighbourhood Health approach		This has gone live and received national attention across SKY TV, BBC and ITV. There have been 140 people accessing the service after only 10 days of opening.	Delivered services and single shared care record system. Temporary accommodation open, main building to open in Mar-26
Reconfigure Inpatient services to optimise the estate to have the maximum impact on the quality and safety of patient care		Yewdale ward has closed and been reprovisioned at Carleton Clinic but there is more to achieve in the coming year with optimising the estate subject to further public engagement across a wider set of inpatient wards.	Active Inappropriate Out of Area Placements – Change: -8 Apr-25: 13; Feb-26: 5 Number of Inpatient Discharges (all wards) – Change: -50 2024: 1,738; 2025: 1,688 % of Adult Inpatients Discharged with LoS >60 days – Change: -2.4% Apr-25: 25.9%; Feb-26: 23.5%

Strategic ambition 3

A great place to work





Priority	RAG	Comments	Outcomes/metrics
Roll out Leadership Programme (3 modules) and Clinical Support Worker Development Programme		Leadership programme continued to roll out during 2025/26 with around 150 Band 7 and above managers attending. Remains a priority for 2026/7 to get all managers at that level through the programme. Clinical Support Worker Development Programme paused due to operational pressures.	% Sickness Absence (Monthly) - Change: -0.2% Apr-25: 6.6%; Dec-25: 7.1%; Feb-26: 6.4% Staff Turnover Rate – Change: +1.2% Apr-25: 8.3%; Mar-26: 9.5% % Clinical Supervision Completed – Change: +12.3% Apr-25 – 70.9%; Feb-26 – 83.2% Appraisal Rate – Change: +5.9% Apr-25: 74.5%; Feb-26: 80.4%
Map current and future clinical support workforce requirements in line with organisational change, immigration policy changes.		Workforce plan and Medium Term plan approved at Trust Board. Workforce requirements are outlined in the plans with regular review as the service changes progress.	Staff Survey Response Rate – Change: +14.99% 2024: 42.19%; 2025: 57.18% Staff Survey – In my team we support each other – Change: +1.4% Apr-25: 74.6%; Jul-25: 76.0%
1% sickness absence reduction across all operational and corporate areas		Changes to Health, Wellbeing and Attendance policy approved. Focus across the Trust on absence (particularly short term) with particular emphasis on those services where absence is particularly high and individual staff with the highest numbers of absences. Many areas have reduced significantly but not consistent across the Trust and this will continue to be a priority for 2026/27.	Staff Survey – My organisation is proactively supporting my health and wellbeing – Change: +4.8% Apr-25: 53.4% Jul-25: 54.4%; 2025 National Survey: 58.2% Staff Survey – I feel well informed about important changes taking place in my organisation – Change: +1.3% Apr-25: 43.6% Jul-25: 44.9%
Ensure that the legal framework is followed in all staff consultations and that appropriate support is put in place for staff as required		Legal framework consistently applied with no issues raised. Support for staff in place for all formal consultation processes. This will continue as a priority for 2026/27 in line with significant changes outlined in the Medium Term plan.	
Raise awareness across the Trust of the Sexual Safety Legislation and individual and collective responsibilities therein		Sexual Safety legal updates delivered by the Trust solicitor to various forums. NHS Sexual Safety Charter Framework Assurance document completed to assess our compliance and close any gaps. Comms plan in use. Real life examples to promote the campaign and set out reporting routes. Promotion has been via various platforms and will continue to weave into other work as we embed.	

Strategic ambition 4

Sustainable for the long term, innovating every day





Priority	RAG	Comments
Deliver the Trust annual plan for 2025/26 as part of the North-East & North Cumbria ICB's financial plan to deliver financial break-even		The trust have delivered on the revenue annual plan for 25/26 with a surplus of £6.6m (includes additional deficit support funding of £3.3m as notified in M12 (increase to cash balance).
Roll out paperless working in the last two remaining clinical services areas (Therapeutic Observations in Inpatients and Electronic prescriptions in the Community)		The RIO upgrade, including the required fixes, was re-provided by the supplier in Q4 2025/26 and full testing has now been completed successfully. We are liaising with the supplier to agree a suitable deployment window that works for both parties to implement the upgrade into the live environment, which will enable progress on the remaining work required to support paperless therapeutic observations.
Recognise and address the underlying financial pressure across services within the Trust and support the NHS development of Medium-Term Planning		The CNTW 3-year plan is built from the carried forward underlying deficit and identifies how to be financially sustainable by the end of the planning period. The plan has been approved as compliant but at the time of submission there are unidentified cost improvements so, the trust must continue to work together to identify areas to strengthen this as this will be monitored closely by our regulators.
Develop our digital strategy to support the model of care		The Digital Strategy has been refreshed to ensure full alignment with the Trust's medium-term plan, the NHS 10 year-plan and CNTW's evolving Models of Care. Updates reflecting this refresh have been shared and discussed across a range of forums, to ensure engagement and coherence across the organisation. The strategy document has been reformatted with support from the Communications team to ensure clarity, accessibility, and consistency with Trust standards. The updated Digital Strategy will be presented to the Executive Management Group (EMG) for review and endorsement prior to wider publication, providing clear governance and a strong platform for delivery.
Ensure CNTW is a leader and an influencer in local and national research networks and partnerships		CNTW has cemented its position in regional and national research networks and collaborations. Q4 has focussed on the closing of ARC1 (the Applied Research collaboration hosted by CNTW on behalf of NENC) and the set up of ARC2 which began on 1st April 2026 and will last for another 5 years. CNTW is a key partner in the NIHR Biomedical Research Centre the Newcastle Health Research Partnership (formerly AHSC), the NIHR Patient Safety Research Centre (the expected renewal in 2028 should include a mental health theme) and the NIHR Clinical Research Facility. CNTW host the new Health Care Practitioners internships programme, a £800k, 3 year initiative to increase the number of non medical academic researchers in NENC. Nationally we continue to provide one of the lead centres for the Translational Research Centre in Mood Disorders and co-leadership for the Dementia Goals research initiative.
Green plan		Following Trust board approval, the revised Green Plan has now been formally launched, and work continues in this space aligned to National objectives.

Strategic ambition 5

Working with and for our communities



Working with and for our communities



Priority	RAG	Comments
Develop an effective partnership between TEWV and CNTW and support the Provider Collaborative to be successful		Work ongoing to consolidate the governance arrangements and make the commissioning sub-groups more effective in our impact. This priority will continue over the next year.
Engage with and support the 10-year plan, transforming how services are commissioned for patients		Trust has been involved with the ICB over the past year. However there has not been anything specific in relation to the left-side shift for mental health, none-the-less we have continued with the implementation of the Hope Haven model which is fully functional.
Support the Neighbourhood Health Models by engaging with partners to develop new and cohesive ways of working		We continue to engage with localities and will do so over the following year as some of the governance arrangements might become clearer. This priority will continue over the next year.
Roll out the Patient and Carer Race Equality Framework (PCREF) across all marginalised groups		This priority will be continued over the following year to deliver the milestones described within the framework.

Annual Priorities 2026/2027

2026/27 – Board of Directors April 2026

Our five trust ambitions: aims and priorities

Our vision

To work together, with compassion and care,
to keep you well over the whole of your life.

Our values

We are honest and transparent...

because we want to be fair and open, and to help people to make informed decisions.

We are respectful...

because everyone is of equal value, is born with equal rights and is entitled to be treated with dignity. We want to protect the rights of future generations and the planet that sustains us all.

We are caring and compassionate...

because that is how we'd want others to treat those we love

Our strategic ambitions

**Quality care,
every day**



**Person-led care,
when and where
it is needed**



**A great place
to work**



**Sustainable for the
long term, innovating
every day**



**Working with
and for our
communities**



What is an ambition?

It is our longer-term aspiration that is the driving force behind our strategy

What is an aim?

It is the specific areas we want to target over the next 3 years in order to reach our longer-term ambitions

What is a priority?

It is the specific tasks we want to focus on now to support the achievement of the aims we have committed to

Strategic ambition 1

Quality care, every day



Aims					Strategic ambition 1 Quality care, every day
To continue to develop and embed a positive and safe culture	To improve physical health care	To reduce levels of restrictive practice and violence and aggression	To reduce levels of self-harm	To improve the care of people with a severe and enduring mental illness	Priorities 2026/27 
		✓	✓	✓	Improving risk formulation and safety planning
✓		✓	✓		Embedding engagement and observation in bed-based and Health Based Place of Safety (HBPoS/136) services
	✓			✓	Improving diagnostic clarity and recording
✓	✓	✓	✓	✓	Improving the sharing and embedding of learning

Priority	What will the impact be?	How will this be measured?	Baseline
Improving risk formulation and safety planning	- Personalised, biopsychosocial risk assessments and safety plans in the record of every patient presenting with a MH need - Family and carer engagement will be evident in all risk assessments and safety plans - Overall improvement in staff competency and confidence in completing in risk assessments/safety plans	<i>Propose as IPR Measure</i> - 90% compliance in all relevant services for biopsychosocial risk framework (new methodology) <i>Existing IQR Measure</i> - Achieve and maintain 85% Clinical Risk Training completion <i>Ad-hoc Report</i> - Qualitative assessment of the risk formulations and safety planning in the NICHE action plan – 85% being a good or excellent.	In dev 87.3% In dev
Embedding engaging therapeutic observation and care (ETOC) in bed based and 136 services	Development of a culture whereby leaders set the conditions for us to know the day to day variance in practice and understand the challenges faced to those delivering care (<i>Terminology Shift, Human Rights Focus, Leadership and Culture, Training and Competency, Improved Governance and Oversight, Patient-Centred Planning, Digital Integration</i>)	<i>Propose as IQR Measure</i> - Zero incidents of moderate or severe harm incidents in HBPOS (136) <i>Propose as IQR Measure</i> - Zero incidents of severe harm associated with ligature incidents in all bed based services <i>Existing IPR Measure, but break down into IQR for bed-based</i> - Sustain and maintain 90% of patients feeling safe in bed based services <i>Inpatient IPR</i> – Increase ETOC recording to 90% coverage by Mar-27	1 1 89.7% 75%
Improving diagnostic clarity and recording	- Patients receive evidenced based treatments - Better access to treatment through Corelation of Diagnosis to patients current pathway (e.g. EIP/ Intensive ACT etc)	<i>Propose as IQR Measure</i> - 65% of all adult and older people taken on for treatment in CTT and EIP will have a diagnosis recorded on Rio <i>Propose as IQR Measure</i> - 90% of inpatients with diagnosis recorded on RiO in adults and older people in treatment	8.1% - In dev
Improving the sharing and embedding of learning	Consistent governance of sharing of learning across group and professional forums	Standardisation of reporting flows: <i>Learning Report</i> - Deliver ALL the requirements from the national NICHE action plan for ELRs and AARs to ensure effectiveness of learning and improvement <i>IQR</i> - Deliver improvements in the specific metrics of the 5 quality aims through the relevant subgroups via the quality report to Q&P. (i.e ambitions for MRE & Prone restraint through the RRIVR group)	Commentary based measure

Strategic ambition 2

Person led care, when and where it is needed



Aims					Strategic ambition 2 Person led care, when and where it is needed
Focussing on prevention and improving the front door	Improving services for people receiving treatment in the community	Improving services for people in the community with severe mental health needs and other complex needs	Improving Services for people in the community with urgent needs	Improving services for people who require additional treatment within Inpatient setting	
✓	✓		✓		Develop our Neighbourhood Health approaches and improve access to help and evidence-based community treatments
	✓	✓	✓		Implement across all CTTs an intensive and assertive management approach for patients with an SMI
✓			✓		Improving the Urgent Care pathway for Mental Health
✓	✓			✓	Deliver the reconfiguration of bed base services to deliver a shift from hospital to community
✓	✓				Transform the rehabilitation pathway
✓				✓	Develop the model of care across Secure Services

Priority	What will the impact be?	How will this be measured?	Baseline
Neighbourhood Health and Access to Community Services	- Build on the learning from Hope Haven for the next Neighbourhood Mental Health Centres across CNTW - Support only those with co-occurring mental health needs who require ADHD and Autism assessment	<i>Propose as IQR Measure</i> – Reduction of 10% in inappropriate referrals for community support - patients discharged without receiving assessment/treatment. <i>Ad-hoc Report</i> - Evaluation of Hope Haven to inform future schemes <i>Propose as IQR Measure</i> - Reduction by 20% in number of adults waiting for ADHD or autism assessment who are open to another service <i>Ad-hoc Report</i> - Measuring progress towards opening four further 24/7 NMHCs	- In dev - N/Ap - In dev - N/Ap
Implement across all CTTs the intensive and assertive management for patients with an SMI	- Focus our resources on people with the most complex and enduring mental health needs - This will help us deliver better outcomes, improve safety and provide more consistent support to people who may struggle to access services or present higher levels of risk - Expanding access to evidence-based interventions for treatment resistive conditions within the psychosis and affective disorder pathway	<i>Propose as IQR Measure</i> - Reduction by 25% in the number of patients with SMI who relapse and require inpatient admission for their care needs <i>New IQR measure</i> – 95% of patients with an SMI to have an up-to-date BPS <i>Will need further work to identify construction</i> - Increased by 25% the percentage of patients with affective disorder on treatment in the community	- In dev - In dev - In dev
Improving the Urgent Care pathway for Mental Health & establish dedicated MHEDs/crisis assessment alternatives	- Reduced waits in A&E where there are no physical health needs - Reduction in frequent attenders - Reduction in conversion to admission through easy access to crisis support and intervention - Crisis and PLT performance improved	<i>Existing IPR/IQR/MoC Measures</i> - Crisis and PLT performance metrics to all be in the top national quartile <i>Ad-hoc Report</i> - Successful plans approved to establish 3 MHEDs linked to Crisis Teams, streamlining crisis and psychiatric liaison teams (co-located with 136 suites) – First MHED to be implemented at Acorn by Mar-27	See latest IPR – 4 metrics Commentary based measure
Deliver the reconfiguration of bed base services to deliver a shift from hospital to community services - CYPS - Adult Eating Disorder - Older Adult - Learning Disabilities & Autism - Inpatient rehabilitation	- Reduction in restrictive care via the provision of more community alternatives - Rationalise inpatient provision in order to strengthen community alternatives in line with best practice - Efficient use of bed-based services for these pathways result in more value for money	<i>Existing IPR measure</i> – Top quartile for % inappropriate out of area bed days - Reduce bed days to wards per service in adjacent priority column <i>subject to engagement and or consultation.</i> - Overall patient experience FFT meeting 90% target for each service area <i>Ad-hoc Report</i> - Expansion of community offer across all pathways - Implementation of targeted approach to specialist hospital-based Level 2 rehab - Implementation of optimisation the community-based rehabilitation offer	- In dev - In dev 87.5% all services - N/Ap - In dev - In dev
Model of Care for Secure Services	Modernising secure services at the Northgate site: - Clearer pathways into, through and out of secure care - A stronger, more resilient workforce model - More efficient use of buildings and estate - Reduced admissions and out of area placements	<i>Existing IPR Measure</i> – Top quartile for % inappropriate out of area bed days <i>Bed Occupancy</i> – Increase secure beds occupancy level from 65% to 85% <i>Proposed new measure in IQR</i> - Reduce by 50% in 26/27 reliance on external inappropriate placements for a secure bed	- In dev 65% 16

Strategic ambition 3

A great place to work



Aims				Strategic ambition 3 A great place to work 
Building a compassionate culture	Caring for our people	Leading and Managing to empower others	Developing our future workforce	
✓	✓	✓		Priorities 2026/27
				Refresh employee relations policies and practices and improve consistency in application
				Continue to roll out the Leadership Development Programme for Senior and Middle Managers
				Align the Freedom to Speak Up arrangements to reflect best practice nationally
	✓	✓		Refresh the Trust's approach to Reasonable Adjustments and flexible working
				Embed the revised health, wellbeing and attendance policy to support improvements in absence management
				Review the current health and wellbeing approach and update to align with People and Culture strategy
			✓	Implementation of the model of care and workforce plan

Priority	What will the impact be?	How will this be measured?	Baseline
Strengthen organisational culture by creating a positive and inclusive workplace and empower all staff to speak up Refresh employee relations policies and practices and improve consistency in application Continue to roll out the Leadership Development Programme for senior and middle managers Align the Freedom to Speak Up arrangements to reflect best practice nationally	- Improvement in staff morale and engagement - Improve managers ability to act - Improve staff confidence in being able to speak up	- Reduce the number of fact finds with no case to answer to 20% - Halve the average number of staff on non-clinical duties / suspension - Improvements in WRES metrics for BME staff entering formal processes - Meet the agreed KPIs for employee relations. - Improvement in staff survey metrics: - Speaking up - Line management questions - Engagement - Morale - Improvement in staff survey scores for people with protected characteristics	41% 69 – non-clin 17 – suspended - BME staff 1.69x more likely to enter formal disciplinary - As per policy - See Staff survey and WRES multiple metric baselines
Improve levels of attendance Refresh the Trust’s approach to Reasonable Adjustments and flexible working Embed the revised health, wellbeing and attendance policy to support improvements in absence management Review the current health and wellbeing approach and update to align with People and Culture strategy	- Improve managers ability to act - Effective team working - Continuity of patient care and improvement in patient experience - Improved morale	Reduction in sickness absence to 5.5% by the end of 2026/27	6.69% full year to Feb-26
Implementation of the model of care and workforce plan	- Consultations are carried out which are compliant with Employment legislation - Staff will feel supported through the organisational changes	Deliver the changes in the workforce plan: - Reduction in headcount - Reduction in vacancies - Less reliance on bank/agency staff	Meet all trajectories as per the medium-term plan <i>Overall page 459 of 534</i>

Strategic ambition 4

Sustainable for the long term, innovating every day



Aims				Strategic ambition 4 Sustainable for the long term, innovating every day
To meet the Trusts statutory and mandated targets	Deliver the analogue to digital shift	Embed research into services and practice across the Trust	Trust aim to reduce carbon emissions to 'net zero' by 2040	Priorities 2026/27 
✓				Deliver financial break-even in year 1 of the Trust medium-term plan for 2026/27
✓			✓	Ensure our Estates strategy supports the ambition of the medium-term plan, focusing on the neighbourhood health care model, closer working with partner organisations and rationalising the overall estates footprint to drive efficiencies through making best use of our owned estate
✓	✓			Refresh and align our digital strategy so that it strengthens the new models of care, enabling service transformation and supporting delivery of the medium-term plan
✓			✓	Continued delivery of our 3 year Green plan with completion of the major de-steaming project at SNH
✓	✓	✓		Ensure we are at the forefront of digital innovation in health research, leveraging our data and IG expertise to promote new and innovative ways of developing and delivering research

Priority	What will the impact be?	How will this be measured?	Baseline
Deliver financial break-even in year 1 of the Trust medium-term plan for 2026/27	Achieve financial compliance and prevent additional regulatory oversight	Monthly reporting on revenue, workforce, capital & cash plans	As per Medium Term Plan
Ensure our Estates strategy supports the ambition of the medium-term plan, focusing on the neighbourhood health care model, closer working with partner organisations and rationalising the overall estates footprint to drive efficiencies through making best use of our owned estate	Optimal effective use of our estate	Develop a plan to deliver a reduced trust estate and achieves cost per square metre reductions and improves ERIC return benchmarking	In dev
Refresh and align our digital strategy so that it strengthens the new models of care, enabling service transformation and supporting delivery of the medium-term plan	- Effective use of digital methods by staff to deliver high quality care and positive patient experience - Reduced clinical documentation burden - Better operational oversight and planning through improved use of digital tools across neighbourhood and community pathways - Resilient and safe digital infrastructure	Implementation of the digital plan: - Improved patient access and communication through use of PEP for appointments and early digital forms and messaging - Introduction of digital prescribing for ADHD - Introduce Ambient Voice Technology in community services	Commentary based measure relating to what is delivered.
Continued delivery of our 3-year Green plan with completion of the major de-steaming project at SNH	Contribute to the NHS and broader system plan for environmental sustainability. In 2025/26, we secured £7.45m of external grant funding for decarbonisation projects. Once delivered, these schemes are expected to reduce the CNTW Group's energy-related carbon footprint by circa 10-12%, supporting progress towards our 47% reduction target by 2032 (against a 2019/20 baseline).	The delivery of these schemes will be undertaken across 2026/27 therefore the full carbon emission reduction benefit is only expected to be realised in FY 2027/28. in 26/27 we must ensure delivery of the scheme.	Reduce against 19/20 baseline 12,523 tonnes of CO2 a year towards govt target (47% less) by 2032
Continue to implement our strategy for research and innovation, remaining at the forefront of clinical research in mental health	- Embedding research within clinical services and practice, ensuring that those who use our services are offered the opportunity to participate in research - Remain a leading research organisation in mental health with successful grant funding applications and income generation - Continued focus on research careers and opportunities for our NMAHP colleagues through support, mentorship and career development	- Increase numbers of research studies by 5% (baseline 40) and % of studies meeting recruitment targets (^2% from baseline 70%) - Increase numbers of funding applications led by or in partnership with CNTW (10% increase from baseline 10) - Increase numbers of NMAHPs with successful fellowship applications (baseline 0)	See adjacent included baselines

Strategic ambition 5

Working with and for our communities



Aims		Strategic ambition 5 Working with and for our communities
Act as a system enabler and influencer	Drive action to reduce health inequalities	Priorities 2026/27 
	✓	Targeted action to reduce ethnic inequalities in access, experience and outcomes from Trust services, in line with Patient and Carer Race Equality Framework
✓		Strengthen the alliance between TEVV and CNTW under the Provider Collaborative and be successful in the re-procurement for Provider Collaborative services set for Q3 and Q4
✓		Embedding CNTW leadership in the governance of neighbourhood health

Priority	What will the impact be?	How will this be measured?	Baseline
Targeted action to reduce ethnic inequalities in access, experience and outcomes from Trust services, in line with Patient and Carer Race Equality Framework	- An increase in the number of activities planned and delivered in partnership with communities to raise awareness and support people from minoritised backgrounds to access mental health support in the community - An increase in the number of patients from minoritised ethnic backgrounds being offered support to develop an Advance Choice Document	- Number of patients from minoritised ethnic backgrounds offered support to develop an Advance Choice Document - Proportion of patients (%) from each ethnic group who accepted the offer of an Advance Choice Document	In development
Strengthen the alliance between TEWV and CNTW under the Provider Collaborative and be successful in the re-procurement for Provider Collaborative services set for Q3 and Q4	- Streamlined governance and management of existing arrangements Q1 - Strategic agreement with TEWV of our alliance approach to re-procurement by NHSE (ICBs) Q2 - Response to PSR requirements Q3	- New Governance and management model - Provider Collaborative strategy for the alliance - Submission of a bid for April 27 provision	Commentary based measure relating to what is delivered
Embedding CNTW leadership in the Governance of neighbourhood health	Achieving the desired outcome in the ten-year plan of leading the shift from hospital to community	Through the developing governance arrangements of neighbourhood health in localities and the involvement of CNTW leaders in those forums	Commentary based measure relating to what is delivered

Thank you

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
Risk Appetite Framework – April 2026

Risk Appetite Statement

The Trust recognises that its long-term sustainability depends upon the delivery of its strategic ambitions and its relationships with its service users, carers, staff, public and partners.

The Trust has a low tolerance to taking risks which may impact on service users or staff safety but are more willing to accept opportunity risks such as innovation, service developments and partnership working. This reflects the organisations willingness to take opportunities which are in the best interests of the population we serve without compromising patient care.

Category	Risk Appetite	Risk Appetite Score
Quality (replaces and combines quality (effectiveness and experience) and quality (safety))	CNTW has a LOW appetite for risks which fail to ensure we can implement consistent, effective and innovative approaches to high quality care, safety, effectiveness and experience.	6-10
Statutory, Regulatory Compliance and Governance (replaces statutory and regulatory compliance)	CNTW has a LOW appetite for risks which may fail to ensure our governance structures, principles and behaviours help us achieve our vision.	6-10
Financial Sustainability (replaces financial)	CNTW has a LOW appetite for risks which fail to ensure we manage our finances appropriately to focus on waste reduction and sustainability.	6-10
Capacity, Capability, Leadership and Skills (replaces workforce and staffing)	CNTW has a LOW appetite for risks which fail to ensure we have the capacity, capability, leadership and skills to consistently deliver the highest quality, safe and effective care.	6-10
Digital Infrastructure (replaces digital cyber-threats)	CNTW has a LOW appetite for risks which may compromise the Trust's digital infrastructure and digital security.	6-10
Continuous improvement and Innovation (replaces Model of Care and innovation)	CNTW has a MODERATE appetite for risks which fail to ensure we have the ability to continuously learn, improve and innovate.	12-15
Estate infrastructure (remains the same)	CNTW has a MODERATE risk appetite for risks which fail to ensure our estates are safe, well maintained and optimised to deliver.	12-15
Agility (New appetite category)	CNTW has a MODERATE appetite for risks which fail to ensure that we can overcome new challenges and adapt to external changes.	12-15
Collaboration (replaces partnership working)	CNTW has a HIGH appetite for risks which fail to ensure we can work together with our partners to consistently design and deliver joined up proactive, high-quality care	16-25

Document Title	Risk Management Policy
Reference Number	CNTW(O)33
Executive Lead	Sarah Rushbrooke, Executive Director of Nursing and Therapies
Lead Officer	Debbie Henderson Director of Communications and Corporate Affairs
Author(s) (name and designation)	Yvonne Newby, Risk Management Lead
Ratified by	Board of Directors
Date ratified	April 2026
Implementation Date	May 2026
Date of full implementation	May 2026
Review Date	April 2029
Version number	V08

Review and Amendment Log	Version	Type of change	Date	Description of change
	V07.2	Amendment	05.03.24	Amendments made to sections 5.1, 10, 15 and 20. Appendix 5 Risk Assessment Form has been removed from Policy.
	V07.3	Amendment	06.03.24	RMP-PGN-01 withdrawn.
	V07.4	Amendment	31.07.24	Risk descriptor diagram in section 4.2 amended. Section 12 added
	V07.5	Amendment	07.05.25	Updated section 12 policy link, Appendix 5 link updated
	V07.6	Amendment	03.07.25	Appendix 5 amended
	V07.7	Amendment	12.08.25	Business Delivery Group – Risk (BDG-R) has been replaced with Trust Business Delivery Group (TBDG). Risk Register descriptor section 5.2 amended. Operational Management Group (OMG) has been replaced with Operational Business Delivery Group (OBDG) Appendix 7 amended
	V08	Amendment	15.04.26	Reviewed to reflect amended risk appetite statement. (Appendix 1). Trust Business Delivery Group (TBDG) has been replaced with Trustwide Performance Group (TPG) Reviewed to reflect approved new Risk Scoring Tool (Appendix 4)

This policy supersedes:

Document Number	Title
CNTW(O)33 V08	Risk Management Policy

Risk Management Policy

Section	Contents	Page No.
1	Introduction	3
2	Purpose and scope of the policy	3
3	Principles of risk management in CNTW	4
4	Risk management process	4
5	Risk registers	9
6	Accountability and ownership for risk management	11
7	Escalation, de-escalation and archiving of risks as appropriate	12
8	What is our risk management process – at a glance	14
9	Reassessment and review	15
10	Risk Assessment Form	15
11	Clinical Environment Risk Assessment	15
12	Violence and Aggression Risk Assessment Towards Staff	15
13	Fire Risk Assessments	16
14	Monitoring, Reviewing and Auditing	16
15	Risk Management Training and Support.	16
16	Consultation and Communication with Stakeholders	17
17	Implementation	17
18	Equality and Diversity	17
19	Fraud and Corruption	18
20	Monitoring	18
21	Associated documents	18
22	References	18
Standard Appendices – attached to policy		
1	Risk Appetite	19
2	Role and responsibilities	21
3	Definition of terms	24
4	Risk scoring tool (impact and likelihood)	25
5	Risk Register template	29
6	Equality Analysis Screening Toolkit	31
7	Communication and Training Checklist for policies	33
8	Monitoring tool	35
E	Link to Business Continuity Plan – click here	

1. Introduction

The Trust is faced with several factors that may impact upon its ability to meet its objectives. The effect of uncertainty on those objectives is known as risk.

Risk Management can be defined as the identification, assessment, evaluation and treatment of risks including by a coordinated and economical application of resources to minimise, monitor, and control the probability and/or impact of unfortunate events. Risks should also be reviewed at regular intervals to ensure they continue to be appropriately mitigated.

This policy describes the sources of Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust's (the Trust's) risks and its approach to risk management within the organisation. This policy is predicated on the belief that risk management is an important and necessary activity and should be an inclusive and integrative process in day to day service delivery, set against a common set of principles. It is an important responsibility which requires strong leadership and regular review.

2. Purpose and scope of the policy

The purpose of the policy is to:

- Define the framework and systems the Trust will use to identify, manage, eliminate, or reduce to a reasonable level, risks that threaten the Trust's ability to meet its objectives.
- Ensure that all staff are adequately trained and competent to execute their duties in respect of risk management.
- Ensure that risk management issues are considered in decision-making.
- Reinforce the importance of effective risk management as part of the everyday work of all staff employed or engaged by the Trust.
- Support staff to be confident in their ability to maintain registers of risks and ensuring these are reviewed on a regular basis.
- Ensure controls are in place to effectively mitigate risks and that such controls are understood by those expected to apply them.
- Ensure processes are in place to identify gaps in controls and that assurances and actions are reviewed and acted upon in a timely manner.
- Ensure that adequate monitoring arrangements are in place.
- Provide clarity on the definitions of risk types.
- Provide clarity on thresholds for escalation of risks from ward to Board.
- Ensure all staff Band 7 and above where holding a risk register is an integral part of their role, and a required competency, have completed mandatory risk training via the e-Learning package for the Web Risk System reporting and risk management awareness. This will also apply to NTW Solutions staff.
- All members of staff, including NTW Solutions staff, regardless of their Band will have access to the e-Learning package via their dashboards and they will be encouraged to complete this training by their managers to gain a greater understanding of risk management.

3. Principles of risk management in CNTW

The Board seeks to encourage a culture in which risk assessment and management of risks are an integral part of decision-making, and where necessary, resources are directed to manage risks to the safety of people, quality of care and assets of the Trust. The principles of our risk management culture are based on:

- Development of a strong risk management culture within the Trust to aid decision making from ward to Board.
- To review and refresh the Trust's framework for risk management i.e., risk appetite, governance, and reporting arrangements.
- To provide staff with the tools and training to support effective risk management at all levels within the organisation.
- To ensure a robust recording system is in place for risk management across the Trust and we use information and data appropriately to monitor and manage risks.
- To ensure risk management systems align to our strategic ambitions, commitments and objectives including our vision.
- That risk is managed at the lowest level possible, as close to the risk as possible.

For the Trust to be successful it is important that risk has a suitably high profile, and everyone recognises the part they play in helping to manage risk. Risk should not be seen as an 'add on' to your role or something that someone else does. Risk is all around us and is part of our day-to-day life and therefore it is important that each, and every one of us can recognise a risk and can raise concerns appropriately. Effective risk management is the responsibility of every member of staff, either permanent, temporary or to those contracted working within, or for, the Trust.

4. Risk management process

4.1 What is risk?

In simple terms, risk is the possibility of something bad happening.

Risk involves uncertainty about the effect something can have to something that we value, this can include, health, safety, well-being, wealth, property, or the environment, often focusing on negative, undesirable consequences. Many different definitions have been proposed. The international standard definition of risk is "the effect of uncertainty on objectives" the definition of risk management is "the actions we need to take to reduce the chances of failure in achieving what we want to achieve".

4.2 How do we identify and describe risks?

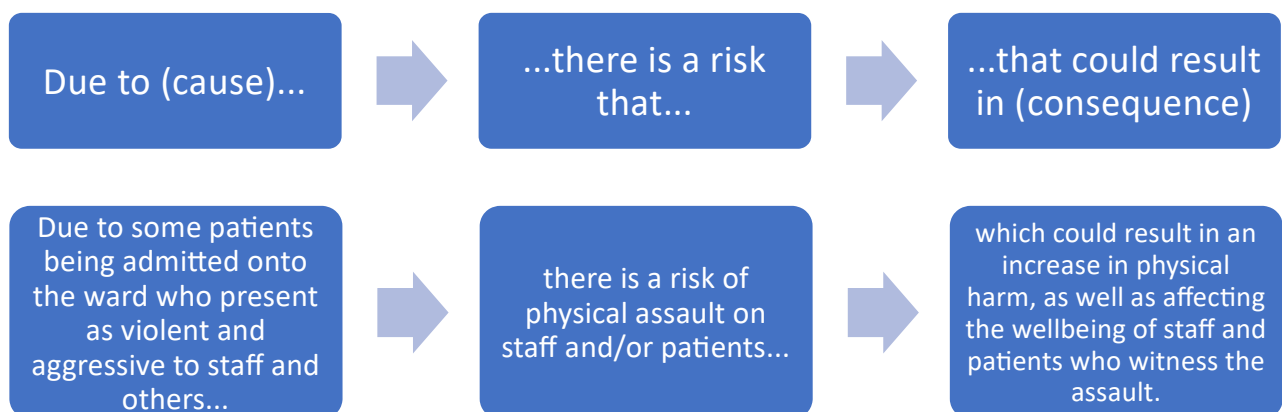
There are two ways in which we can identify risk. Either by looking ahead and thinking what **might** happen (**proactively**), or by something that **has** happened and learning from experience (**reactively**).

Examples of how risk might be identified in this context are:

Proactive	Reactive
• Visual assessments, day to day work related tasks or activities. • Annual planning and objective setting. • Performance monitoring and trends. • Internal and external engagement and consultations with staff, service users and carers, and stakeholders. • Integrated risk management self-assessment tool. • Quality and other impact assessments of new developments, service reviews and cost improvement programmes. • Mandatory/statutory standards. • National independent reviews. • Horizon scanning and internal and external policy reviews. • Benchmarking.	• Review of cases where things have gone wrong and has resulted in harm, incident or complaint. • Review of cases where things have gone right and learning from best practice. • Health and safety inspections, external visits, and reviews. • External decisions and recommendations impacting on the Trust. • Audit outcomes (clinical, internal, and external). • CQC and other regulatory reports. • Shared learning from other organisations/professional bodies/forums (i.e., fire assessments, regional forums)

The identification, assessment, and control of risk is delegated to directors, managers, departments, wards, and teams within CNTW, together with the management and data entry onto a paper or electronic risk management system.

Clearly describing risks is key for ensuring they are clear and can be well understood. When describing the risk, it is important to explain the cause of the risk (**due to...**), which is an uncertain event (there is a risk that....) and the consequence (**could result in....**) if the risk was to happen. An example is given below:



RISK DESCRIPTOR

Due to some patients being admitted onto the ward who present as violent and aggressive towards staff and others, there is a risk of physical assault on staff and/or patients, which may result in an increase in physical harm, as well as affecting the wellbeing of staff and patients who witness the assault.

to monitor and ensure we are managing the risk. A risk owner is the person best

Once a risk has been identified, owners must record it so that the Trust can continue to monitor and ensure we are managing the risk. A risk owner is the person best placed to manage the risk, as risks escalate, they may change ownership to reflect seniority and responsibility associated with the required actions to manage the risk.

4.3 How do we assess and measure risk?

The Trust uses a 5x5 risk scoring matrix which helps assess the **likelihood** and **impact** of each risk using scores of 1-5 (see below). Each risk must be given:

- An Initial score (the risk score before controls are considered) based on there being nothing in place to help manage the risk. The initial score cannot be changed.
- A Current score (also known as its residual score) i.e., where we believe it sits today based on what we are doing to prevent the risk from happening, and what we have in place to reduce the consequences should the risk occur. This helps us monitor how we know the actions in place are having an impact on managing the risk. The current score effects how the risk will be reported through the Trust and whether it needs to be escalated for further awareness/ action.
- A Target score to demonstrate where we would like the risk to be once all controls are in place and actions are complete. This helps us to know what we need to do to reduce the risk occurring or close the risk completely.

Likelihood – evaluating the likelihood (how often) a risk may occur. The table below gives the descriptions of the likelihood or a risk occurring.

Score	Likelihood descriptor	Likelihood Description
1	Rare	Very good control in place: or <1 in 1000 chance or less within 12 months The risk is unlikely to be realized within the next 3 years if action is not taken
2	Unlikely	Good control in place: or >1 in 1000 chance within 12 months; or The risk is unlikely to be realized within the next 12 months if action is not taken
3	Possible	Limited effective control in place: or >1 in 100 chance within 12 months; or The risk will be realized in 6 months if action is not taken
4	Likely	Weak control in place; or >=1 in 10 chance within 12 months; or The risk will be realized within 1 month if action is not taken
5	Almost Certain	No effective Control in place; or >=1 in 2 chance within 12 months; or Realisation of the risk is imminent if action is not taken

Impact – Evaluating the consequence of a risk occurring if no plans exist to control, mitigate, or reduce the impact of it occurring. The impact score has five descriptors.

Score	Impact descriptor	Impact Description
1	Negligible	Please see appendix 4 for risk impact descriptions.
2	Minor	
3	Moderate	
4	Significant	
5	Major	

To calculate the risk score you must then multiply the impact score with the likelihood score.

IMPACT score x LIKELIHOOD score = RISK score

LIKELIHOOD	IMPACT				
	1. Negligible	2. Minor	3. Moderate	4. Significant	5. Major
1 – Rare Not expected to occur	1 Very Low	2 Very Low	3 Very Low	4 Very Low	5 Very Low
2 – Unlikely Occurs infrequently	2 Very Low	4 Very Low	6 Low	8 Low	10 Low
3 – Possible Once or twice a year	3 Very Low	6 Low	9 Low	12 Moderate	15 Moderate
4 – Likely Hazard will occur but is not persistent.	4 Very Low	8 Low	12 Moderate	16 High	20 High
5 – Almost Certain Constant threat is custom and practice	5 Very Low	10 Low	15 Moderate	20 High	25 High

By multiplying the Consequence and Likelihood scores together a total risk score will be created. The score will then determine the level of risk as shown below:

	Very Low (1 – 5) (Assessment will not appear on live risk register)
	Low (6 - 10)
	Moderate (12 - 15)
	High (16 - 25)

For example, an impact score of 5 (major) is multiplied by the likelihood score of 3 (possible) which gives a risk score of 15. This would then be shown as Moderate or amber risk.

The Risk Scoring Tool (Appendix 4) gives a guide to help determine the impact and likelihood score of the risk.

4.4 How do we manage risk?

Also known as controls and mitigation. Put simply, what do we currently do to stop the risk from happening but also, if it did happen do we have any back up plans.

Risk should be managed at the lowest level possible, as close to the source of the risk as possible. Risks that fall within the risk appetite scores should always be maintained on risk registers.

Risks should be closed if they fall below the risk appetite score (if they are scored 1 – 5). Decisions regarding the closure of risks will be made following discussion with the risk owner and their clinical/operational manager. Quality checks on risk closures will be undertaken by the Risk Management Lead.

4.4.1 What is risk appetite?

Risk appetite is 'the amount and type of risk that an organisation is willing to take in order to meet their strategic objectives'. The same risk appetite is applied to the assessment of risk across the organisation.

The Board of Directors has adopted a risk appetite statement, the amount of risk it is willing to accept in seeking to achieve the Trust's strategic ambitions. This allows the Trust to measure, monitor, and adjust, the actual risk positions against the risk appetite so people can focus on the level of attention a particular risk may need, whether a risk needs to be escalated for more senior oversight or intervention.

The Trust has a low tolerance to taking risks which may impact on service users or staff safety but are more willing to accept opportunity risks such as innovation, service developments and partnership working. The Trust's risk appetite statement can be found in Appendix 1.

4.4.2 Controls and Actions

Once we have defined our risk and its score (how much focus and attention it needs), staff need to develop and consider the actions that can be put in place. A control is an action which has been completed and can now help reduce the likelihood of the risk occurring or the impact should the risk occur. Examples of controls are:

- There is an up-to-date policy and has been communicated to all key staff.
- Processes are in place and discussed regularly within the relevant forums.
- Annual audit programme in place to monitor physical health checks are being undertaken.

Actions are put in place to help reduce the risk's likelihood or its impact. Actions are things that do not already exist and are specific to the risk. When an action is completed, it can then be moved into the controls/assurances section of the risk. Examples of actions are:

- Ligature Risk – Action: Estates to be contacted to look at ligature points. Procedures and plans in place to ensure as safe an environment as possible.
- Fire Risk – Action: ensure all staff are up to date with mandatory fire training.
- Staff Shortages – Action: Ongoing recruitment – current vacancies are being advertised.

Target dates are set against actions as a guide as to when the action will hopefully be completed. If action is not completed at target date, then the date is amended to give action more time to be completed.

4.4.3 What is assurance and how do we get it?

A key element of the Trust's risk management system is providing assurance that we manage risks effectively by ensuring the effectiveness of controls and actions being put in place to mitigate the impact of any risks.

First line	Service delivery and day to day management Having policies and procedures in place and line management controls
Second line	Trust wide oversight from corporate functions i.e., risk management, quality teams, workforce, finance etc. Quality assurance, monitoring, and reporting activities i.e., clinical audit
Third line	Independent and objective assurance regarding the integrity and effectiveness of controls i.e., internal audit, external audit, CQC etc.

5. How do we assure ourselves that we're managing risk well?

5.1 Risk registers

A risk register is a log of risks of all kinds that threaten the delivery of ambitions and the delivery of services. It should be a live document which is populated through the risk assessment and evaluation process. A risk assessment must be completed on the Web Risk System when a risk is identified to determine the risk score. If the risk assessment score is between 1-5 this will be added to the Web Risk System but not to the live risk register. Registers of risks scoring 6–25 are held on the web-based live risk register system (in line with the agreed Trust appetite). This allows risk and action owners to update the status of assigned risks and actions. The system holds a structured set of risk registers for each area and corporate directorates, as well as strategic (Board Assurance Framework) and Trust-wide risks (Corporate Risk Register).

5.1.1 Ward/service level risk registers

Each ward/service will have their own risk register. Risks on these risk registers meet the following criteria:

- All risks with a current (residual) score of below 12, and
- Risks with a current risk score that is 'within' the risk appetite score. These risks require continual review to ensure existing controls are maintained, and
- Risks that 'exceed' the risk appetite score. These should be escalated for review and discussion and a decision made by the CBU/speciality as to whether the risk should be managed at ward/service level or escalated to CBU/speciality given the significance of the risk.

These risks are reviewed and discussed collectively monthly at local ward/team meetings with clinical managers.

5.1.2 Clinical Business Unit (CBU)/speciality risk register

Each CBU/speciality will have their own risk register. Risks on these risk registers meet the following criteria:

- All risks with a current (residual) score of 12 – 15 including NTW Solutions.
- Risks with a current risk score that is 'within' the risk appetite score. These risks require continual review to ensure existing controls are maintained.
- Risks scoring 16+ - Risk owner will inform the relevant Operational Support Manager (OSM) who then will discuss the risk score with the Group Director. The Group Director will in turn, discuss with the relevant Executive Director and if agreed, the risk will be escalated by the OSM to the Corporate Risk Register 16+, with an Executive Director identified as the owner. The risk will remain in place until the risk score can be mitigated and deescalated. These risks will be discussed at [Trustwide Performance Group \(TPG\)](#) and reported to EMG.
- NTW Solutions risks scoring 16+ - Risk Owners will inform the Head of Performance, Assurance and Transcription Services (HPATS) who will then discuss the risk score with the Group Director. The Group Director will in turn discuss with the relevant Executive Director and, if agreed, the risk will be escalated to the Corporate Risk Register 16+ level by HPATS with Executive Director as the risk owner until the risk score can be mitigated and deescalated. These risks will be reported through [\(TPG\)](#) and discussed within EMG.

The Trust must ensure appropriate representation on key Trust forums with responsibility for oversight of risk including [\(TPG\)](#) and EMG.

- These risks are reviewed and discussed monthly at Operational Business Delivery Group meetings and quarterly Well Led Review meetings.

5.1.3 Corporate Directorate/Group Risk Register

Each Corporate Directorate/Group (i.e., finance, workforce, medical director, safer care etc.), will have their own risk level on the risk register. Risks on these risk registers meet the following criteria:

- All risks within named corporate directorate, Group Director level and NTW Solutions.
- Risks scoring 16+ at corporate directorate/group level – the risk owner will inform the relevant Director who will in turn, discuss with relevant Executive Director. If the risk score of 16+ is agreed, the risk will be escalated to the Corporate Risk Register 16+ by the Director with the Executive Director as the owner. The risk will remain in place until the risk score can be mitigated and deescalated. These risks will be discussed at [\(TPG\)](#) and reported to EMG.

These risks are reviewed at EMG.

5.1.4 Corporate Risk Register

Where the risks across the organisation meet the following criteria are maintained, monitored, and reviewed:

- Risks with a current (residual) score of 16+, and
- Cross-cutting themes across localities, as determined and escalated by the (TPG) and
- Any risks with an impact of 5 'major'

These risks are reviewed at EMG. They are also reviewed by the Board Committees and Board of Directors as part of the Board Assurance Framework review.

5.1.5 Board Assurance Framework (strategic risks)

A record of all the strategic risks affecting the Trust's ability to deliver the organisation's strategic ambitions.

These risks are reviewed at the Board Committees and Board of Directors.

5.2 Trustwide Performance Group (TPG)

Organisational risks (with the exception of the strategic risks documented on the Board Assurance Framework) are discussed collectively at (TPG) to review any cross-cutting themes, trust-wide risks or risks reflected in more than one area.

(TPG) will also receive the CRR and ensure this has been reviewed collectively across the Care Groups and Corporate Departments for any cross learning or impact across operational services. (TPG) will undertake areas of deep dives against risks on the Trustwide risk register in key subject or themed areas to encourage cross learning and awareness across operational services. (TPG) will escalate any key areas of risk to EMG as part of its terms of reference.

6. Accountability and Ownership for Risk Management

6.1 Risk Owners

The risk management process specifies risks which need to be actively managed. These are assigned a risk owner who is accountable for owning and reporting on the risk and overseeing the development and maintenance of appropriate controls and mitigation. While the risk owner has overall accountability for the management of the risk, they might not own or operate the control(s) which relates to the risk. In this case, the role of the risk owner is to oversee that the control(s) are owned, are fit for purpose, and operate effectively and that identified actions are implemented by the action owners.

6.2 Risk Handler

A risk handler is the person with responsibility for the day-to-day management of the specific risk assigned. If a risk is escalated the **original owner** of the risk becomes

the handler who will manage the risk until it is deescalated back to them., The person the risk was escalated to becomes the new owner and will be accountable for the overall management of the risk.

6.3 Action Owners

Risk owners may not be able to take all the necessary actions to mitigate a risk. Action owners are nominated individuals with responsibility for taking the required actions. An individual risk may have several identified actions – and each of these may have a different action owner.

6.4 Risk Controls

Controls are the actions put in place as preventative measures to reduce the likelihood or consequence of the risk happening, and the severity if it does i.e., policies, procedures, protocols, training, or physical safeguards to mitigate or manage the risk and secure the delivery of an objective. The risk owner should also consider what level of assurance is required to understand whether the controls are effective and how these assurances will be obtained and evaluated. This includes identifying who can provide assurance on the adequacy and continued application of the controls and mapping the actual assurance obtained over a period, or at a point, in time.

6.5 Identifying mitigating actions

Once a risk has been identified, it is important to consider the additional control measures which can be put in place to reduce the risk. A balance must be found between the potential impact if the risk comes to fruition and the costs of additional controls. The Trust is required to manage its risks in such a way that people are not harmed, and losses are minimised to the lowest acceptable level. Action plans for all high risks in the organisation (scoring 16 or above) will be monitored by the Executive Management Team.

7. Escalation, De-escalation and Archiving of Risks as Appropriate

The consequences of some risks, or the action needed to mitigate them, can require escalation of the risk to a higher management level. For example, from a ward to a Clinical Business Unit/Speciality risk register. Risks will be escalated and de-escalated within the defined appetite for each level. The risk owner should discuss and seek approval from their manager for escalation and de-escalation consideration.

7.1 Escalation of risks

Where a ward/service risk scoring 12 – 15 or above is identified, following appropriate scrutiny from the ward/department or service risk owner, it will be discussed and reviewed with the CBU/Speciality Associate Director. If the risk score

is agreed, the Operational Business Delivery Group (OBDG) will then agree escalation of the risk to the CBU/Speciality risk register. The ownership of the risk is automatically transferred once the escalation has been completed on the Web Risk System. The previous owner of the risk then becomes the handler until mitigated and deescalated to original risk level.

Again, if a ward/service/CBU/NTW Solutions or speciality risk is identified and has a risk score of 16+, it will be discussed and reviewed with the Group Director and Executive Director for directorate risks. If the risk score is agreed, it will be escalated to EMG for inclusion on the Corporate Risk Register.

7.2 De-escalation of risks

Risks for de-escalation due to sufficient controls and mitigations in place, and actions completed, will be considered at the forum where such risks are regularly monitored and reviewed as outlined in the diagram in section 8 and narrative in section 5.

7.3 Closure of risks

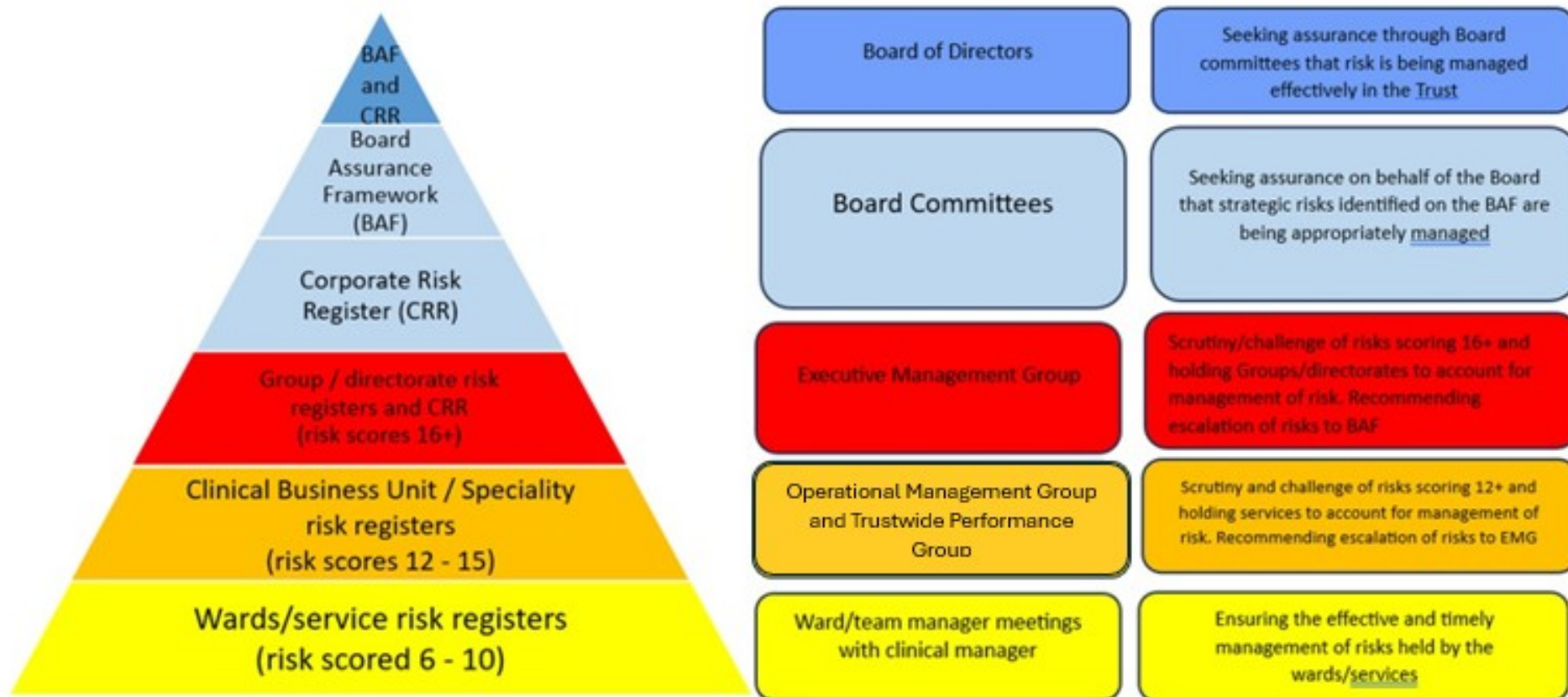
Only those risks which fall **below** the risk appetite score can be considered for closure. Decisions regarding the closure of risks will be made following discussion with the risk owner, and their clinical/operational manager. Quality checks on risk closures will be undertaken by the Risk Management Lead.

Risks that fall within the risk appetite scores should always be maintained on risk registers. Risks should be closed if they fall **below** the risk appetite score and **following** discussion and review.

NOTE: risks which fall **within** the risk appetite, can also be considered for closure if sufficient controls are in place. These decisions **must** be made within the escalation process below.

8. What is our risk management process – at a glance

Risk Management Escalation framework



* Risks that fall within the risk appetite scores should always be maintained on risk registers. Risks should be closed if they fall **below** the risk appetite score and **following** discussion and review.

NOTE: risks which fall **within** the risk appetite, can also be considered for closure if sufficient controls are in place. These decisions **must** be made within the above escalation process.

9. Reassessment and Review

All risks must be periodically reviewed and re-assessed in view of contextual changes. It is recommended that reviews of risks take place within all areas anytime a process change is about to occur, or a new risk is identified.

However, throughout the Trust, risk management is an on-going process with risk registers being constantly updated. Every team should be reviewing their risk registers on a monthly basis.

10. Risk Assessment Form

On initial identification of a risk, a risk assessment must be completed on the Web Risk System when a risk is identified to determine the risk score. If the risk assessment score is between 1-5 this will be added to the Web Risk System but not to the live risk register. Registers of risks scoring 6–25 are held on the web-based live risk register system (in line with the agreed Trust appetite).

11. Clinical Environment Risk Assessment

The Clinical Environmental Risk Assessment (CERA) is a process used to identify the risks associated with the clinical environment. The CERA process is completed for all inpatient wards, 136 suites and Psychiatric Liaison interview rooms across the trust on an annual basis.

Other reasons why a CERA will be carried out over and above the 12-month planned activity are as follows: -

- Where there has been a significant change to the patient population which changes the clinical risk.
- Due to a previously unknown risk, highlighted by an incident, complaint, claim etc.
- Where there has been significant change to an in-patient environment following a renovation or total re-provision of service.
- Where information comes to light due to a national alert / communication.

The risk assessment form (as above) should be used to assess the identified risks for inclusion on the risk register within the parameters of the Risk Appetite. The CERA process is coordinated by the Safety Team. Please refer to [CNTW\(O\)20 – Health and Safety Policy - HS-PGN-13.](#)

12. Violence and Aggression Risk Assessment Towards Staff

CNTW acknowledges that aggression and behaviour that challenges is a recognised risk in healthcare settings but does not accept that the occurrence of incidents of aggression and behaviour that challenges, and the restrictive interventions required to manage such incidents, should be inevitable in our services.

Teams and wards should undertake regular structured assessments utilising the Trust's [Risk Assessment Form \(PMVA\)](#) (Appendix 4 from CNTW(C)16) [Reducing Restrictive Interventions and Violence Reduction Policy](#) this should be used with [Managing Violence and Aggression - Existing Control Measures](#) (Appendix 5 from CNTW(C)16 Reducing Restrictive Interventions and Violence Reduction Policy) at

least on an Annual basis, this should also be utilised following incidents or concerns which would benefit from a structured review.

Other reasons why a Risk Assessment will be carried out over and above the 12 month planned activity are as follows: -

- Where there has been a significant change to the patient population which changes the risk of violence and aggression which may be evident upon admission and from previous risk assessment of the patient from previous admissions.
- Due to a previously unknown risk, highlighted by an incident or threat of violence and aggression.

It is important to note that Appendix 4 is generally about the ward or teams' response to risk around violence and aggression rather than around an individual patient's clinical risk (although this could contribute to the increased risk for a particular Team or ward).

It is also important to note that the likelihood and impact thresholds and descriptors in Appendix 4 Risk Assessment Form (PMVA) are different from those in Section 4.3 of this policy.

13. Fire Risk Assessments

Under the Regulatory Reform (Fire Safety) Order 2005, every NHS workplace, ward, department, and community premises must have a fire risk assessment and the responsibility for ensuring it is carried out lies with the responsible person. The responsible person in any place of work, i.e. the ward/department manager, has a duty of care for the safety of all persons in that workplace with regard to fire. The fire risk assessment is a process used to identify the risks associated with fire in each of these areas. These fire risk assessments are completed on an annual basis by the Fire Safety Advisors along with the responsible person for each area.

14. Monitoring, Reviewing and Auditing

EMG continually review and monitor the development of, and ensure compliance with, the Trust's risk assessment and management systems and processes. EMG will make any recommendations to the Board Committees and Board of Directors to ensure all aspects of the Trust's risk management system and play a key role in highlighting risks exceeding the tolerate risk score of 16+.

In accordance with Public Sector Internal Audit Standards, the Head of Internal Audit (HoIA) provides an annual opinion, based upon, and limited to the work performed on the overall adequacy and effectiveness of the organisation's risk management, control and governance processes.

15. Risk Management Training and Support

Risk management training, support and advice is provided through the Director of Communications and Corporate Affairs and Risk Management Lead. Risk management training is made available for existing staff and new members of staff. An

e-Learning package for all staff is available which is mandatory for Band 7 staff and above if a risk register is an integral part of their role.

The Risk Management Lead will also have planned weekly audits in place to capture any risk appetite breaches, new risks added, risk closures, inadequate control/mitigation reporting etc., and provide additional 1:1 and team training and advice where required.

16. Consultation and Communication with Stakeholders

This is an existing policy which has had major changes that relate to operational and/or clinical practice therefore has undergone a full 2-week Trust wide consultation process.

Systems of communication that contribute to minimising risk are in place and include a Trust intranet for staff, customer satisfaction surveys with service users and carers, and regular Council of Governors Meetings. Communication with staff is particularly important and risk management issues can be communicated through line management team briefing, the Chief Executive's bulletin and the communication of alerts to relevant staff groups via email.

- Clinical Care Groups
- Executive Management Group
- [Trustwide Performance Group](#)
- Safer Care Group
- Communications and Corporate Affairs
- Finance and Digital Services
- Workforce and Organisational Development
- NTW Solutions
- Local Negotiating Committee
- Medical Directorate
- Staff Side
- Internal Audit
- Safety, Security and Resilience

17. Implementation

Taking into consideration the major implications associated with this Policy review a robust communications plan about the requirements of this Policy will be developed with any specific training being implemented on an ongoing basis. This will be monitored by the Audit Committee through the review process.

18. Equality and Diversity

In conjunction with the Trust's Equality and Diversity Officer this policy has undergone an Equality and Diversity Impact Assessment which has taken into account all human rights in relation to disability, ethnicity, age and gender. The Trust undertakes to improve the working experience of staff and to ensure everyone is treated in a fair and consistent manner.

19. Fraud and Corruption

In accordance with the Trust's policy CNTW(O)23 – Counter Fraud, Bribery and Corruption Policy and Strategy, all suspected cases of fraud, bribery and corruption should be reported immediately to the Trust's Counter Fraud Specialist or to the Executive Director of Finance.

The Trust recognises the risks that fraud, bribery and corruption pose to its resources and have included this risk in the Corporate Risk Register. Operational identification, assessment and recording of detailed fraud, bribery and corruption risks will be undertaken in line with the Government Counter Fraud Profession (GCFP) risk assessment methodology, as referenced in requirement 3 of NHS Counter Fraud Authority's requirements.

Fraud risk assessment will be undertaken collaboratively by the Trust's risk manager, designated risk owners and the Trust counter fraud specialist, as agreed in the counter fraud work plan and using the fraud risk assessment (FRA).

Regular meetings will be held between key Trust staff (i.e., Executive Director of Finance, risk staff, designated risk owners) and the counter fraud specialist to review existing and emerging risks and to ensure effective executive level monitoring.

20. Monitoring

Monitoring of compliance with this policy will be undertaken on a day-to-day basis by the Risk Management Lead, discussing any issues with the relevant Corporate/Group and, if necessary, reporting to the Director of Communications and Corporate Affairs.

21. Associated Documents

- CNTW(C)16 Reducing Restrictive Interventions and Violence Reduction Policy
- CNTW(C)20 Care Coordination/Care Programme Approach (CPA)
- CNTW(C)48 Care Coordination/Care Programme Approach for Children and Young People.
- CNTW(O)01 Development and Management of Procedural Documents.

All other Trust Policies are also in place to help reduce risks and can be accessed through the following link to the Trust intranet site:

<https://ntwnhs.sharepoint.com/sites/Policies>

22. References

- Management of Health & Safety Regulations 1999
- NHS Litigation Authority Risk Management Standards for Mental Health and Learning Disability Trusts.
- ISO3100 Risk Management Standard.
- Baker, Tilly, Board Assurance Framework Toolkit.
- NHS Provider Risk Management Guidance 2016.
- NHS Audit Committee Handbook
- Institute of Risk Management

Risk Appetite Statement

The Trust recognises that its long-term sustainability depends upon the delivery of its strategic ambitions and its relationships with its service users, carers, staff, public and partners.

The Trust has a low tolerance to taking risks which may impact on service users or staff safety but are more willing to accept opportunity risks such as innovation, service developments and partnership working. This reflects the organisations willingness to take opportunities which are in the best interests of the population we serve without compromising patient care.

Risk appetite is linked to the Web-based Risk Management System. The system will ask the risk owner to select a risk appetite category when recording a risk. The categories are linked to the risk appetite scores and where a risk breaches the Trust Risk Appetite the user will see the risk appetite rag rating change to red.

Category	Risk Appetite	Risk Appetite Score
Quality	CNTW has a LOW appetite for risks which fail to ensure we can implement consistent, effective and innovative approaches to high quality care, safety, effectiveness and experience.	6-10
Statutory, Regulatory Compliance and Governance	CNTW has a LOW appetite for risks which may fail to ensure our governance structures, principles and behaviours help us achieve our vision.	6-10
Financial Sustainability	CNTW has a LOW appetite for risks which fail to ensure we manage our finances appropriately to focus on waste reduction and sustainability.	6-10
Capacity, Capability, Leadership and Skills	CNTW has a LOW appetite for risks which fail to ensure we have the capacity, capability, leadership and skills to consistently deliver the highest quality, safe and effective care.	6-10
Digital Infrastructure	CNTW has a LOW appetite for risks which may compromise the Trust's digital infrastructure and digital security.	6-10
Continuous improvement and Innovation	CNTW has a MODERATE appetite for risks which fail to ensure we have the ability to continuously learn, improve and innovate.	12-15
Estate infrastructure	CNTW has a MODERATE risk appetite for risks which fail to ensure our estates are safe, well maintained and optimised to deliver.	12-15
Agility	CNTW has a MODERATE appetite for risks which fail to ensure that we can overcome new challenges and adapt to external changes.	12-15
Collaboration	CNTW has a HIGH appetite for risks which fail to ensure we can work together with our partners to consistently design and deliver joined up proactive, high-quality care	16-25

The below table shows risk appetite scores for each risk appetite. When a risk exceeds a risk appetite score this will be used as a framework for a risk to be communicated and reported upwards.

High (16-25)	the Trust is willing to take risks such as being innovative or engaging in partnership working
Moderate (12-15)	the Trust is willing to consider all potential options and recognises there will be exposure to risk
Low (6-10)	The Trust will accept the safest options only with almost no risk exposure.

Appendix 2 – Roles and Responsibilities

4. Roles and responsibilities

Risk Management is an integral part of the Trust's Corporate, quality, [safety](#), governance, and performance management processes. All staff have a role in considering risk and helping to ensure it does not prevent the delivery of safe and high-quality services. Staff are responsible for reporting and actively managing risks, following Trust risk management policies and procedures, and attending training.

The Executive Director Team is accountable to the Board for ensuring that the risk management process is implemented across the Trust in line with the risk management policy. Oversight of Risk Management is the responsibility of the Executive Management Team.

Board of Directors (Executive and Non-Executive Directors)	The Board has collective responsibility to ensure that risk management processes are providing them with adequate and appropriate information and assurances relating to risks against the Trust's objectives. The Board is responsible for ensuring that they are adequately equipped with the knowledge and skills to fulfil this role.
Chief Executive Officer (CEO)	The CEO as the accountable officer, has overall responsibility for ensuring that the Trust operates effective risk management processes in order to protect all persons who may be affected by the Trust's business. The CEO is required to sign annually on behalf of the Board, an Annual Governance Statement, in which the Board acknowledges and accepts its responsibility for maintaining and reviewing the effectiveness of a sound system of internal control, including risk management.
Executive Directors	Executive Directors are responsible for managing risk as delegated by the CEO and set out in the risk management policy. Executive Directors are also responsible for risks allocated to them on the Corporate Risk Register.
Executive Director of Nursing, Therapies and Quality Assurance	The Executive Director of Nursing, Therapies and Quality Assurance is the named Executive Lead for the risk management policy. The post is also responsible the named responsible officer for the Care Quality Commission.
Director of Communications and Corporate Affairs	The Director of Communications and Corporate Affairs has responsibility for ensuring that the Trust has a robust Risk Management policy in place, integrated with the Trust's Strategy and the Trust's governance framework. The post is responsible for ensuring that the Board is cognisant of its duties towards risk and governance and ensuring these

	duties are incorporated into the Board's agenda planning. The post is responsible for the coordination of the Trust's Board Assurance Framework to ensure that the Board remains focused on the key risks facing the Trust.
Risk Management Lead	The Risk Management Lead develops, implements, and monitors compliance with the risk management policy and is responsible for maintaining the overall structure for risk management within the Trust. The post-holder facilitates the development of a risk aware culture within the Trust, compiles risk information and prepares reports for the Senior Leadership Team, key forums with a focus on risk management and the Board of Directors.
Audit Committee	The Audit Committee has delegated responsibility from the Board for reviewing the overall effectiveness of the Trust's internal control systems and ensures the Trust's risk management arrangements are robust.
Board Committees	Each Board committee has a role for overseeing the management of risks pertaining to their area of focus. They review the management of the Board Assurance Framework to ensure that effective controls are in place to manage strategic risks and report to the Board on any significant risks and gaps in assurance.
Executive Management Group (EMG)	EMG reports to the Board and leads on the management and oversight of the Corporate Risk Register and organisational risks scoring 16+ and makes any recommendations to the Board on escalation of any risks to the Board Assurance Framework. They are responsible for the implementation of this policy at Corporate and service level including the establishment and continual management of risk registers and project risks registers.
Trust Wide Performance Group (TPG)	TPG is comprised of all Locality and Corporate Directors/Heads of service to review organisational risks collectively across care groups and corporate departments to ensure oversight of appropriate recording, management and mitigation of operational risks, and review risk themes at Trust-wide level. TPG escalates any key areas of risk to EMG as part of its terms of reference.
Operational Business Delivery Group (OBDG)	Locality OBDGs lead on the management and oversight of the clinical business unit/speciality risks scoring 12 - 15 and makes any recommendations to

	EMG on escalation of any risks to the Corporate Risk Register. They are responsible for the implementation of this policy at CBU/speciality and ward/service level including the establishment and continual management of risk registers and project risks registers.
Groups Directors and Head of corporate services	Senior managers are responsible for ensuring risk assessments are completed with implementation of suitable and sufficient control measures and for communicating the risk assessment to those affected. Line managers must allocate sufficient time for the risk owners to complete their responsibilities for risk management within normal working hours. Ensuring the risk management process is embedded in every-day business and forms an integral part of decision-making. Supporting those with a disability that may prevent the identification and management of risk.
Clinical Managers/Associate Directors	Routinely review operational risks within their respective localities that are escalated for their attention. Offer advice, resource, and direction on risk treatment or escalation. Receive and consider risks de-escalated and how these impact operational risks. Ensure that the risk management processes are embedded in every-day business and forms an integral part of decision-making.
All staff	Notwithstanding the identification of the above key personnel, the Trust recognises that organisational risk management is the responsibility of all members of staff. Every member of staff (including clinicians, temporary staff, contractors and volunteers) are responsible for ensuring that their own actions contribute to the wellbeing of patients, staff, visitors and the Trust. All staff must ensure that identified risks and incidents are reported in order to ensure appropriate actions are taken. These requirements also extend to agency staff.
Partner Organisations and Contractors	Specific risks identified in the Trust will be shared with any other relevant organisation working in partnership with the Trust.

Appendix 3 – Definition of terms

Definition of Risk Management Terms

Term	Definition
Action	A response to control or mitigate risk.
Action plan	A collection of actions that are specific, measurable, achievable, realistic and targeted.
Assessment	A review of evidence leading to the formulation of an opinion.
Assurance	Confidence based on sufficient evidence that internal controls are in place, operating effectively and objectives are achieved.
Board Assurance Framework	A document setting out the organisation's strategic objectives, the risks to achieving them, the controls in place to manage them and the assurance that is available.
Control	Action taken to reduce the likelihood and or impact of a risk.
Escalation	Referring an issue to the next appropriate management level for resolution, action or attention.
Gaps in control	Actions to be put in place to manage risk and achieve objectives.
Frequency	A measure of the rate of occurrence of an event.
Impact	The result of a threat or opportunity.
Internal audit	The team responsible for evaluating and forming an opinion of the robustness of the system of internal control.
Initial risk	The score on identification before any controls are added
Likelihood	A qualitative measure/description of probability or frequency. Any negative impact, financial or otherwise.
Mitigation	Actions taken to reduce the risk or the negative impact of the risk.
Current risk score (residual risk)	The score with controls/actions in place.
Risk appetite	An informed decision taken by the Trust Board on the level of risk deemed acceptable.
Risk matrix	A grid that cross references impact against likelihood to assist in assessing a risk.
Risk owner	The person/group responsible for the management and control of all aspects of individual risks.
Risk rating	The total risk score work out by multiplying the impact and likelihood scores on the risk matrix.
Risk register	The tool for recording identified risks and monitoring action plans against them.

Risk Scoring Tool – Impact

Risk Category	Impact				
	1. Insignificant	2. Minor	3. Moderate	4. Significant	5. Major
Quality (6-10) (includes quality / clinical effectiveness, experience and quality safety)	Any Immaterial incident resulting in no harm (near miss). Minimal/ low effect on service delivery >1 hour. Minimal impact on service user experience. Unsatisfactory service user experience not directly related to patient care.	Any unexpected/ unintended incident that could cause minimal harm. Temporary effect on service delivery >1 day. Minor impact on service user experience. Unsatisfactory service user experience readily resolvable.	Any unexpected/ unintended incident that could result in significant but not permanent harm. Significant effect on service delivery/ late delivery of objectives >3 days. Negative effect on service user experience.	Any unexpected/ unintended incident that could result in permanent harm. Significant effect on service delivery/ uncertain delivery of key objectives >1 week. Significant effect on service user experience.	Any unexpected/ unintended incident that could result in Serious harm/ death. Severe effect on service delivery/ non-delivery of key objectives resulting in permanent loss of service. Major impact on service user experience.
Statutory, Regulatory Compliance and Governance (6-10)	No or minimal impact or breach of guidance/ regulation and/or statutory duty.	Breach of statutory legislation. Reduced performance rating if unresolved.	Single breach in statutory duty. Challenging external recommendations/ improvement notice.	Enforcement action. Multiple breaches in statutory duty. Improvement notices. Low performance rating Critical report.	Multiple breaches in statutory duty. Prosecution. Complete systems change required. Zero performance rating Severely critical report.
Financial Sustainability (6-10)	Impact of <£50,000	Impact of £50,000 - £500,000	Impact of £500,000 - £1m	Impact of £1m - £5m	Impact of >£5m
Digital Infrastructure (6-10)	Potential loss of non-critical ICT systems or services in a single specialty.	Potential loss of a non-critical ICT systems or services in multiple specialties.	Potential degradation of critical ICT systems or services in a single specialty.	Potential degradation of critical ICT systems or services in multiple specialties.	Potential loss of critical ICT systems or services in multiple specialties. Potential for a catastrophic

	Potential degradation of non-critical digital systems or services in multiple specialties. Absolute certainty that no adverse effect can arise even when a data or security breach may occur.	Potential for some minor adverse effect from a data or security breach or any event involving vulnerable groups even if no adverse effect is expected.	Potential for some adverse effect from a data or security breach e.g., embarrassment from release of information into the public domain.	Potential loss of critical ICT systems or services in a single specialty. Potential pain and suffering/ financial loss from a data or security breach.	event or death as a result of a data or security breach.
Capacity, Capability, Leadership and Skills (6-10)	Short-term low staffing level that temporarily reduces service quality (< 1 day).	Low staffing level that reduces the service quality.	Late delivery of key objective/ service due to lack of staff. Unsafe staffing level or competence (>1 day). Low staff morale. Poor staff attendance for mandatory/key training.	Uncertain delivery of key objective/service due to lack of staff. Unsafe staffing level or competence (>5 days). Loss of key staff. Very low staff morale. No staff attending mandatory/ key training.	Non-delivery of key objective/service due to lack of staff. Ongoing unsafe staffing levels or competence. Loss of several key staff. No staff attending mandatory training /key training on an ongoing basis.
Continuous improvement and Innovation (12-15)	Minimal disruption to aspects of service provision affecting one or more services.	Minor disruption to aspects of service provision affecting one or more services.	Moderate disruption to service provision affecting one or more services or disruption to services across more than one locality.	Significant disruption to service provision i.e., temporary service closure affecting one or more services. Key objectives not met.	Extended service closure affecting one or more services or prolonged disruption to services across multiple localities. Key objectives not met.
Estate infrastructure (12-15)	No/minimal potential for injury requiring no/minimal intervention or treatment. No/minimal impact or breach of guidance/ statutory duty. Minimal or no impact on care environment.	Potential for minor injury or illness. Breach of statutory duty (no harm caused). Minor impact on care environment.	Potential for injury requiring professional intervention. Breach of statutory duty (harm caused). Moderate impact on care environment.	Potential for major injury/long-term incapacity/ disability. Multiple breaches in statutory duty (harm caused). Significant impact on care environment.	Event may lead directly to death. Multiple permanent injuries or irreversible health effects. Major impact on care environment.

Agility (12-15)	No / minimal impact on service provision affecting one or more services due to unexpected changes in the external environment.	Minor impact to aspects of service provision affecting one or more services as a result of unexpected changes in the external environment.	Moderate impact to service provision affecting one or more services or disruption to services across more than one locality as a result of unexpected changes in the external environment.	Significant impact to service provision i.e., temporary service closure affecting one or more services.	Extended / long term impact affecting one or more services or prolonged disruption to services across multiple localities.
Collaboration (16-25)	No adverse impact on partnerships. Extremely likely to support and benefit those we serve and work with.	Minor impact on partnerships. Likely to support and benefit those we serve and work with.	Moderate impact on partnerships. Likely to have an adverse impact on those we serve and work with.	Significant impact on partnerships. Extremely likely to have an adverse impact on those we serve and work with.	Severe effect on partnerships Extremely likely to have a negative effect on those we support and serve

Likelihood Score	Likelihood Descriptor	Likelihood Description
1	Rare	Very good control in place: or <1 in 1000 chance or less within 12 months The risk is unlikely to be realized within the next 3 years if action is not taken
2	Unlikely	Good control in place: or >1 in 1000 chance within 12 months; or The risk is unlikely to be realized within the next 12 months if action is not taken
3	Possible	Limited effective control in place: or >1 in 100 chance within 12 months; or The risk will be realized in 6 months if action is not taken
4	Likely	Weak control in place; or >=1 in 10 chance within 12 months; or The risk will be realized within 1 month if action is not taken
5	Almost Certain	No effective Control in place; or >=1 in 2 chance within 12 months; or Realisation of the risk is imminent if action is not taken

Appendix 5 – Risk Register template

Risk Register Template – click here to link to [template in Business Continuity Plan](#) (page 13)

Risk Description:		Risk Rating:		Likelihood	Impact	Score	Rating
		Risk on Identification					Very Low
		Residual Risk (with current controls in place):					Very Low
		Target Risk (after improved controls):					Very Low
		Risk Appetite					Very Low
Risk Appetite - Sub Category							
Controls & Mitigation (what are we currently doing about the risk)		Internal Assurances/ Evidence (how do we know we are making an impact within CNTW)		External Assurances/ Evidence (how do we know we are making an impact not CNTW)			
Action Number	Actions	Actions previous progress	Actions New Progress	Target Date	Responsible Person		

Ref:
Risk Owner:

Last Updated/Reviewed:
Reviewed by:

Review Frequency:
Next Review Date:

Appendix 6 – Equality Analysis Screening Toolkit

Equality Analysis Screening Toolkit			
Names of Individuals involved in Review	Date of Initial Screening	Review Date	Service Area / Locality
Debbie Henderson Yvonne Newby Christopher Rowlands	Feb 2024	April 2026	Trust-Wide
Policy to be analysed		Is this policy new or existing?	
Risk Management Policy V08		Existing	
What are the intended outcomes of this work? Include outline of objectives and function aims			
To ensure staff have the knowledge and tools to ensure effective risk management processes/systems throughout the Trust.			
Who will be affected? e.g. staff, service users, carers, wider public etc			
Staff			
Protected Characteristics under the Equality Act 2010. The following characteristics have protection under the Act and therefore require further analysis of the potential impact that the policy may have upon them			
Disability	N/A		
Sex	N/A		
Race	N/A		
Age	N/A		
Gender reassignment (including transgender)	N/A		
Sexual orientation.	N/A		
Religion or belief	N/A		
Marriage and Civil Partnership	N/A		
Pregnancy and maternity	N/A		
Carers	N/A		
Other identified groups	N/A		

How have you engaged stakeholders in gathering evidence or testing the evidence available?
Through standard policy process procedure
How have you engaged stakeholders in testing the policy or programme proposals?

Through standard policy process procedure	
For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:	
Appropriate policy review – author/team	
Summary of Analysis Considering the evidence and engagement activity you listed above, please summarise the impact of your work. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups. How you will mitigate any negative impacts. How you will include certain protected groups in services or expand their participation in public life.	
Positive Monitor for impact during policy review.	
Now consider and detail below how the proposals impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups. Where there is evidence, address each protected characteristic	
Eliminate discrimination, harassment and victimisation	
Advance equality of opportunity	
Promote good relations between groups	
What is the overall impact?	Positive
Addressing the impact on equalities	
From the outcome of this Screening, have negative impacts been identified for any protected characteristics as defined by the Equality Act 2010?	
If yes, has a Full Impact Assessment been recommended? If not, why not?	
Manager's signature: Debbie Henderson, Director of Communications and Corporate Affairs Date: April 2026	

Communication and Training Check list for policies

Key Questions for the accountable committees designing, reviewing or agreeing a new Trust policy

Is this a new policy with new training requirements or a change to an existing policy?	Changes to existing policy with new training requirements.
If it is a change to an existing policy are there changes to the existing model of training delivery? If yes specify below.	Yes, training will be via E-Learning on Dashboards mandatory for Band 7 and above where holding a risk register is an integral part of their role and a required competency. This will also apply to NTW Solutions staff.
Are the awareness/training needs required to deliver the changes by law, national or local standards or best practice?	Awareness/training needs required to deliver changes to local standards.
Please specify which staff groups need to undertake this awareness/training. Please be specific. It may well be the case that certain groups will require different levels e.g., staff group A requires training and staff group B requires. awareness	Group A - Band 7 and above where holding a risk register is an integral part of their role and a required competency will require mandatory training via E-Learning package for the Safeguard Web Risk System reporting and risk management awareness. This will be attached to their Dashboards. This will also apply to NTW Solutions staff. Group B - All other members of staff, including NTW Solutions staff, regardless of their Band will have access to the E-Learning package via their dashboards so if managers want their staff to have an understanding of risk, they can ask them to complete the E-Learning package.
Is there a staff group that should be prioritised for this training / awareness?	Band 7 and above also certain levels of staff within NTW Solutions. This will be mandatory training where holding a risk register is an integral part of their role and a required competency.
Please outline how the training will be delivered. Include who will deliver it and by what method.	Local Induction Training for members of staff new to NTW Solutions and CNTW Band 7 and above where holding a risk register is an integral part of their role and a required competency will require mandatory training via E-Learning package. Existing members of staff who are promoted into a Band 7 or above role where holding a risk register is an integral part of their role and a required competency will require mandatory training via E-

	Learning package. All other members of staff regardless of their Band will have access to the E-Learning package via their dashboards so if managers want their staff to have an understanding of risk, they can ask them to complete the E-Learning package. Staff Guidance handbook summary for easy reference on Risk Management Intranet page.
Please identify a link person who will liaise with the training department to arrange details Administration needs etc.	Yvonne Newby

Training Needs Analysis

Staff/Professional Group	Type of training	Duration of Training	Frequency of Training
Staff new to CNTW Band 7 and above where holding a risk register is an integral part of their role and a required competency.	Web Risk Register/Risk Management reporting E-learning	1 hour	Mandatory then 3 yearly refresher
Staff promoted into a Band 7 and above role where holding a risk register is an integral part of their role and a required competency.	Web Risk Register/Risk Management reporting E-learning	1 hour	Mandatory then 3 yearly refresher
All staff	Web Risk Register/Risk Management reporting E-learning	1 hour	All staff will be able to complete the Risk Register training via their Dashboard, so they can gain an understanding of risk management. Not mandatory however it will be expected any one requiring access to the risk register as a risk handler (who are generally Band 5 & 6) to complete the E-Learning training so they have an understanding of risk to assist the risk Owner

Should any advice be required, please contact: - 07976893266 (Option 1)

Appendix 8 – Monitoring Tool

Monitoring Tool

Statement

The Trust is working towards effective clinical governance and governance systems. To demonstrate effective care delivery and compliance, policy authors are required to include how monitoring of this policy is linked to auditable standards/key performance indicators will be undertaken using this framework.

Risk Management Policy - Monitoring Framework			
Auditable Standard/Key Performance Indicators		Frequency/Method/Person Responsible	Where results and any Associate Action plan will be reported to implemented and monitored; (this will usually be via the relevant Governance Group).
1.	Identified staff groups attend training as outlined in appendix B in accordance with policy requirements.	Monthly via Dashboard managed by individual staff groups/areas and monitored by Risk Management Lead.	Executive Management Group
2.	Risk Management Standards set in policy.	Quarterly quality/compliance checks by Risk Management Lead.	Executive Management Group
3.	Quality checks carried out on all New Risk added to Web Risk System since 01/09/2021.	Daily report produced from ULYSSES, monitored by Risk Management Lead.	Executive Management Group
4.	Quality checks carried out on all Risk closed on Web Risk System.	Daily report produced from ULYSSES, monitored by Risk Management Lead.	Executive Management Group
5.	Oversight of the overall effectiveness of the Trust's policy and systems for risk management	Annual Internal Audit process (Head of Internal Audit Opinion) Risk Management Policy annual review and assurance report	Audit Committee

The Author(s) of each policy is required to complete this monitoring template and ensure that these results are taken to the appropriate Quality and Performance Governance Group in line with the frequency set out.

Fit and Proper Persons Register / Declaration of Interests - April 2026

Name & Designation	Recruitment Checks completed	DBS Check	Individual is of Good Character	Date of Last Annual Appraisal	Annual Self-Declaration Signed	Disqualified Director Register	Insolvency Service Bankruptcy Register	Charity Trustees Register	Social Media	UK Civil Litigation Check
Non-Executive Directors (NEDs)										
Darren Best, Chair	Yes	Yes	✓	06.03.2025 21.04.2026	✓	✓	✓	✓	✓	✓
Brendan Hill, Non-Executive Director	Yes	Yes	✓	23.04.2025 13.05.2026	✓	✓	✓	✓	✓	✓
Emma Moir Non-Executive Director	Yes	Yes	✓	19.05.2026	✓	✓	✓	✓	✓	✓
Louise Nelson, Non-Executive Director	Yes	Yes	✓	23.04.2025 07.05.2026	✓	✓	✓	✓	✓	✓
Thomas Webb Non-Executive Director	Yes	Yes	✓	12.05.2026	✓	✓	✓	✓	✓	✓
Vikas Kumar, Non-Executive Director	Yes	Yes	✓	12.05.2026	✓	✓	✓	✓	✓	✓
Rachael Bourne, Non-Executive Director	Yes	Yes	✓	29.04.2025	✓	✓	✓	✓	✓	✓
Robin Earl, Non-Executive Director	Yes	Yes	✓	08.04.2025	✓	✓	✓	✓	✓	✓
Richard Lee Associate Non-Executive Director	Yes	Yes	✓	21.05.2026	✓	✓	✓	✓	✓	✓
Trust Executive Directors										
James Duncan, Chief Executive	Yes	Yes	✓	06.05.2025 28.04.2026	✓	✓	✓	✓	✓	✓
Rajesh Nadkarni, Deputy Chief Executive / Medical Director	Yes	Yes	✓	09.05.2025 13.05.2026	✓	✓	✓	✓	✓	✓
Ramona Duguid, Chief Operating Officer	Yes	Yes	✓	29.05.2025 07.05.2026	✓	✓	✓	✓	✓	✓

Name & Designation	Recruitment Checks completed	DBS Check	Individual is of Good Character	Date of Last Annual Appraisal	Annual Self-Declaration Signed	Disqualified Director Register	Insolvency Service Bankruptcy Register	Charity Trustees Register	Social Media	UK Civil Litigation Check
Lis Dunning, Executive Director of Finance	Yes	Yes	✓	22.05.2026	✓	✓	✓	✓	✓	✓
Sarah Glacken, Executive Director of Nursing and Therapies	Yes	Yes	✓	29.05.2025 09.07.2026	✓	✓	✓	✓	✓	✓
Lynne Shaw, Executive Director People and OD	Yes	Yes	✓	09.05.2025 06.05.2026	✓	✓	✓	✓	✓	✓
Other staff with 'Director' in the title										
Debbie Henderson, Director of Communications and Corporate Affairs / Board Secretary	Yes	Yes	✓	08.05.2025 05.05.2026	✓	✓	✓	✓	✓	✓
Gillian Colquhoun, Chief Information Officer	Yes	Yes	✓	23.04.2025 10.12.2026	✓	✓	✓	✓	✓	✓
Andrew Buckley Non-Executive Director, NTW Solutions Limited	Yes	Yes	✓	10.07.2025 08.08.2026	✓	✓	✓	✓	✓	✓
Matthew Lessells Director of Estates, NTW Solutions Limited	Yes	Yes	✓	05.02.2025 03.02.2026	✓	✓	✓	✓	✓	✓
Tracey Sopp Managing Director, NTW Solutions Limited	Yes	Yes	✓	04.06.2025 03.06.2026	✓	✓	✓	✓	✓	✓
Malcolm Aiston Chair, NTW Solutions	Yes	Yes	✓	08.08.2025	✓	✓	✓	✓	✓	✓
Shauna McMohan	Yes	Yes	✓	12.01.2027	✓	✓	✓	✓	✓	✓

Fit and Proper Person Test Results April 2026

Please type your name and designation in BLOCK CAPITALS	Agree to Paragraph 3 of Regulation 5 of the Regulated Activities Regulations	The person is an undischarged bankrupt or a person who estate has had sequestration awarded in respect of it and who has not been discharged	The person is the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order or an order to like effect made in Scotland or Northern Ireland.	The person is a person to whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986.	The person has made a composition or arrangement with, or granted a trust deed for, creditors and not been discharged in respect of it.	The person is included in the Children's barred list or the adults barred list maintained under Section 2 of the Safeguarding Vulnerable Groups Act 2006	The person is prohibited from holding the relevant office or position, or in the case of an individual from carrying on the regulated activity, by or under any enactment.	Convicted in the UK of any offence or been convicted elsewhere of any offence	Whether the person has been erased, removed or struck-off a register of professionals maintained by a regulator of health care of social work professionals.	I confirm that I MEET the Fit and Proper Persons and Good Character requirements set out above.
NON-EXECUTIVE DIRECTORS										
DARREN BEST CHAIR CNTW	Agree	No	No	No	No	No	No	No	No	Yes
Louise Nelson	Agree	No	No	No	No	No	No	No	No	Yes
Mr. Brendan Hill	Agree	No	No	No	No	No	No	No	No	Yes
Emma Moir, NED	Agree	No	No	No	No	No	No	No	No	Yes
ROBIN EARL	Agree	No	No	No	No	No	No	No	No	Yes
RACHEL E BOURNE	Agree	No	No	No	No	No	No	No	No	Yes
MR THOMAS WEBB	Agree	No	No	No	No	No	No	No	No	Yes
Vikas Kumar NED	Agree	No	No	No	No	No	No	No	No	Yes
RICHARD LEE ANED	Agree	No	No	No	No	No	No	No	No	Yes
EXECUTIVE DIRECTORS										
James Duncan Chief Executive	Agree	No	No	No	No	No	No	No	No	Yes
RAJESH NADKARNI	Agree	No	No	No	No	No	No	No	No	Yes
SARAH GLACKEN EXECUTIVE DIRECTOR OF NURSING AND THERAPY	Agree	No	No	No	No	No	No	No	No	Yes
Lynne Shaw, Executive Director of People and OD	Agree	No	No	No	No	No	No	No	No	Yes
RAMONA DUGUID CHIEF OPERATING OFFICER	Agree	No	No	No	No	No	No	No	No	Yes
Lis Dunning, Executive Director of Finance	Agree	No	No	No	No	No	No	No	No	Yes
DEBBIE HENDERSON, DIRECTOR OF COMMUNICATIONS AND CO-ORDINATOR	Agree	No	No	No	No	No	No	No	No	Yes
OTHER STAFF WITH DIRECTOR IN THE TITLE										
MR ANDREW BUCKLEY	Agree	No	No	No	No	No	No	No	No	Yes
Malcolm Aiston	Agree	No	No	No	No	No	No	No	No	Yes
TRACEY SOPP MANAGING DIRECTOR NTW SOLUTIONS	Agree	No	No	No	No	No	No	No	No	Yes
GILLIAN COLQUHOUN EXECUTIVE CHIEF DIGITAL INFORMATION	Agree	No	No	No	No	No	No	No	No	Yes
MATTHEW LESSELLS EXECUTIVE DIRECTOR OF ESTATES	Agree	No	No	No	No	No	No	No	No	Yes

Board of Directors Register of Interests: as at April 2026

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust is committed to openness and transparency in its work and decision making. As part of that commitment, we maintain and publish this Register of Interests which draws together Declarations of Interest made by members of the Board of Directors. In addition, at the commencement of each Board meeting, members of the Board are required to declare any interests on items on the agenda.

NAME AND DESIGNATION	Directorships or Positions of Authority	Employment and Consultancy	Commercial Interests	Membership of any public body, organisation (voluntary or otherwise), charity or pressure group	Donations and Sponsorship	Other Interests
Non-Executive Directors (NEDs)						
Darren Best Chair	Wife is a Headteacher of a Primary School on Teesside, within that role she has contact with the NHS, mainly in the context of safeguarding related matters. Until standing down in April 2024, I was the Chair for the Teesside Safeguarding Adults Board.	NIL	NIL	NIL	NIL	NIL
Robin Earl Non-Executive Director	Sit on Finance Committee of Newcastle/Gateshead Initiative ("NGI") in an unremunerated, Non-Executive capacity. NGI is the place marketing organisation and inward investment agency for the Tyne area (and wider), and thus engages with many organisations across the region, including NHS bodies.	NIL	NIL	NIL	NIL	Brother is employed as a Consultant in Anaesthesia and Critical Care with Harrogate & District NHS Foundation Trust
Rachel Bourne Non-Executive Director	NIL	NIL	NIL	NIL	NIL	Brother-in-law is a Clinical Psychologist in CNTW Neuro-Rehabilitation Services. Husband has also undertaken freelance illustration projects with Newcastle Hospitals Chariry in the last year

Louise Nelson Non-Executive Director	Chair of Carlisle Eden Mind	NIL	NIL	Chair of Carlisle Eden Mind	NIL	NIL
Brendan Hill Non-Executive Director	Trustee/Non-Exec of the charity Ways to Wellness. It works in the field of health inequalities and prevention and therefore could be potential to work with CNTW	NIL	NIL	Trustee/Non-Exec of the charity Ways to Wellness. It works in the field of health inequalities and prevention and therefore there could be potential to work with CNTW	NIL	NIL
Emma Moir, Non-Executive Director	NIL	NIL	NIL	I am employed as a Director at the NHS Business Service Authority.	NIL	Husband, sits on the CNTW Mental Health Panel as a Lay Panel Member where appeals against mental health sections are discussed.
Thomas Webb, Non-Executive Director	Ethical Healthcare Ltd- Digital Health Consultancy Ethical Healthcare Consulting CIC- Digital Health Consultancy	Thomas Webb CEO- Ethical Healthcare Ltd. Digital Health Consultancy. Chloe Watson (wife)- Principal Consultant, Ethical Healthcare Ltd.	Ethical Healthcare Ltd. Digital Health Consultancy 22% equity	NIL	NIL	NIL
Vikas Kumar Non-Executive Director	Wife is Head of Strategic Commissioning Newcastle / Gateshead ICB	NIL	NIL	CEO/Director GemArts – a charity which delivers arts, health and wellbeing programmes in collaboration with NHS	NIL	Deputy Lieutenant of Tyne and Wear
Richard Lee, Associated Non-Executive Director (non-voting)	Citizens Advice Gateshead / Society Matters Group: Non-Exec Director (Sep 22) Northumbria Police: Independent Scrutiny and Oversight Board (Jan 23)	Partner - Head of Service: Darlington Council (Social Care)	StreamGo: IP Owner (2016) Adeptable Ltd: Director (Nov 22) Both have potential to work in healthcare or the wider NHS.	College of Optometrists: Lay Advisory Panel (Sep 24) Local CIC: Non-Exec Director (Nov 25)	NIL	Partner - Head of Service: Darlington Council (Social Care) Burnside Academy: Governor (Sep 23) Groundwork South and North Tyneside: Non-Exec Director(Sep 23)
Executive Directors						

James Duncan Chief Executive	Non-Executive Director of Health Innovation North East and North Cumbria	Two sons employed by NTW Solutions Limited	NIL	Member of the Labour Party	NIL	NIL
Rajesh Nadkarni, Deputy Chief Executive, Medical Director	NIL	Daughter employed as Bank Worker for CNTW Wife works for TEWV.	NIL	- Member of the Mental Health Economics Collaborative Steering Group, which is hosted by the Mental Health Network of NHS Confederation. - Member of the General Medical Council Advisory Forum on Doctors Health. - Member of Integrated Care Board and Finance and Quality and Transition Committee. - Member of the North East and North Cumbria Mental Health Provider Collaborative Board.	NIL	Medico-Legal work for Courts
Ramona Duguid, Chief Operating Officer	NIL	NIL	NIL	NIL	NIL	NIL
Sarah Glacken Executive Director of Nursing and Therapies	NIL	NIL	NIL	NIL	NIL	NIL
Lynne Shaw, Executive Director of People and OD	NIL	NIL	NIL	NIL	NIL	NIL
Lis Dunning, Executive Director of Finance	Sibling Marc Farr, CAO at Kent Hospital University NHS and NHS chief analytical officers network	NIL	NIL	Sibling CAON is a professional NHS body.	NIL	NIL
Debbie Henderson, Director of Communications and Corporate Affairs (Non-Voting)	Trustee, Vice Chair and Senior Independent Director for RISE North East Charity.	NIL	NIL	NIL	NIL	NIL

CQC Core Service Improvement Plan

Core service inspection and year	Breach of regulation	What have we done about it?	What still needs to be done?	Identified Lead	Timescale for completion
Theme 1: Learning Regulation: 17 Good governance					
CAMHS Wards Year: 2025	Systems and processes for monitoring the safety and quality of services were not always effective. Management of incidents was not always effective.	CBU has developed a local operating procedure which outlines outward reporting system for incidents that meet the set criteria to ensure consistency. Host Commissioner Forum has been established. CBU have re-issued Incident Review and Escalation flowchart within Incident Reporting and Immediate Management Policy. CBU has developed a structured process for evaluating impact of actions to ensure learning is feedback to teams to assist in optimising and strengthening lessons learnt. A thematic review of security /	Audit of Policy will take place in March against a snapshot of incidents. Results from audit will be actioned as appropriate and shared through the CBU Learning and Improvement Group. The established CBU Learning and Improvement Group will formalise this process through clinical systems. Next meeting scheduled for 06/04/2026 to finalise reporting process and trial throughout April and May. Local operating procedure for conducting environmental and security checks in place. To be audited again in May 2026.	Group Director – Specialist Care	30/06/2026 for all actions

Core service inspection and year	Breach of regulation	What have we done about it?	What still needs to be done?	Identified Lead	Timescale for completion
		safety incidents was undertaken by the CBU in June 2025. The findings of which were considered within the CBUs governance meeting structure and shared with the LA, ICB and Provider Collaborative. A learning event following several safety and security incidents took place on 12/03/2026. Several stakeholders (NEAS, Police, TEVV) were in attendance.	Outputs from event to be written into an action plan.		
Theme 2: Environmental risk / concerns Regulation: 12 Safe care and treatment					
Older Peoples Wards and CAMHS Wards Year: 2025	Staff did not always assess risks to people's health and safety or mitigate them where identified. Oversight of ligatures was managed via several different documents, none of which instructed staff on how to safely manage the environment and where there were hot spots.	The Trust has considered the outputs from a ligature pilot using the CQC Ligature Point Recording template. This has been completed for all inpatient areas and considered at Executive Management Group. Based on incident data, this methodology will be adopted within female adult acute wards and inpatient CAMHS settings in the first instance which are the highest risk pathways. Ligature assessments and heat maps have now been completed for all female adult acute wards	Trustwide Safety Group received an update on 20/01/2026 and supported the proposal for the roll out of ligature risk management training and assessments for older people's wards. As of 24/02/2026, 22 ligature risk assessments and heat maps have been completed using the new templates. Training proposal concerning the roll out of this priority training and timescale for completion of assessments within other	Deputy Chief Operating Officer	31/03/2026 – Extended to 30/06/2026 for older persons ligature risk assessments/heat maps to be in place and training programme launched. Note: all remaining inpatient wards will have a ligature assessment/heat map in place by 31/12/2026.

Core service inspection and year	Breach of regulation	What have we done about it?	What still needs to be done?	Identified Lead	Timescale for completion
		and CAMHS wards. A bespoke ligature management e-learning training package has been developed by Safety Team and CNTW Academy.	inpatient wards was considered at the Trustwide Quality Improvement Group on 03/03/2026.		
CAMHS Wards Year: 2025	Young people did not have personal evacuation plans as outlined in fire procedures. There were gaps in environmental checks and multiple incidents where young people had accessed areas where they were at risk of self-harm or harm to others.	Fire risk assessment for Fraser ward has been completed. Personal emergency evacuation plans for current cohort of young people on Fraser ward have been completed. Local operating procedure and audit tool in place for conducting environmental and security checks. Admission checklist now includes personal emergency evacuation plans.		Group Director – Specialist Care	Complete
Theme 7: Safety and quality metrics Regulation: 18 Staffing					
CAMHS Wards Year: 2025	There was insufficient management of staff training. Staff compliance for learning disability and autism training	Director level oversight of training compliance in place, with a standing agenda item and monthly progress reports on training completion at the Specialist Care Group Performance meetings. Teams consistently	Improvements in LDA and ILS training performance has been noted since the inspection with trajectories in place to meet the standard by April 2026.	Group Director – Specialist Care	30/06/2026

Core service inspection and year	Breach of regulation	What have we done about it?	What still needs to be done?	Identified Lead	Timescale for completion
	was low. Training in resuscitation was also low for Fraser ward.	underperforming against training standards have been identified with clear actions to improve compliance.			

Appendix 1 (Item 8.4.11a)

Suggested IPR measures for 2026/27 & removed measures from 2025/26 IPR

Strategic Area	IPR Measure Name	Proposed Target	Comments
Commitments	How was your experience? (FFT)	90%	
	How was the care we provided?	90%	
	Did you feel safe?	90%	
People	Sickness in Month	Monthly trajectory to 5.5% YTD in Mar-27	
	Sickness Cumulative FYTD		New
	Appraisal rate	85%	
	% Clinical Supervision completed	80%	
	Temporary Staffing Spend as a % of total paybill	MTP Target	New
Quality Care	MRE Restraints (outside of policy)	0	Revised definition
	Prone Restraints (face down)	0	Revised definition
	% of safety incidents causing harm	NOF Top Quartile	New
	Incidents of Severe Harm	0	
	Percentage of patients with a current BPS Risk Framework	90%	Revised definition
	Rights at Point of Detention	100%	
	Record of Capacity/ CTT at point of detention	100%	
Person Led Care	Proportion of Inappropriate Out of Area Bed Days	3% (Top NOF Quartile)	Revised definition
	ALOS Adults (3 month rolling)	Monthly reduction trajectories as per MTP	Revised definition
	ALOS Older Adults (3 month rolling)		Revised definition
	Proportion of discharges with rapid readmission (within 14 days) to adult acute beds	Top Quartile of NOF	New
	Clinically Ready for Discharge	Q1: 16% Q2: 14% Q3: 12% Q4: 10%	
	Proportion of adult acute and rehab discharges followed up within 72 hours**	Top Quartile of NOF	New
	Crisis % Very urgent seen within 4 hours (WAA&OP)	80% (Top Quartile)	
	Crisis % Urgent seen within 24 hours (WAA&OP)	80% (Top Quartile)	
	% PLT ED Referrals seen within 1 hour	80% (Top Quartile)	
	% PLT Ward Referrals seen within 24 hours	85% (Top Quartile)	
	Number of CYPS referral-spells waiting 104 weeks and over for full clock stop (Mental Health only)	Monthly Trajectories down to zero by Mar-27	New
	Number of CMH referral-spells waiting 104 weeks and over for full clock stop		New
	WAA Median Weeks Currently Waiting	Target to be added once measure is developed	Revised Definition
	CYP Median Weeks Currently Waiting		Revised Definition
	Percentage of people accessing mental health services with at least 2 contacts and a paired Patient Reported Outcome Measure score (CYP and Adult)*	Top Quartile of NOF	New
	EIP - starting treatment in 14 days	60% (National Target)	
	Talking Therapies % Reliable Recovery	51% (MTP Target)	New
	Talking Therapies % Reliable Improvement	69% (MTP Target)	New
Sustainability	YTD plan variance (Surplus/Deficit)	£0	
	Forecast Annual plan variance (Surplus/Deficit)	£0	
	Monthly worked WTE	8,161 by Mar-27	
	Variance to Plan YTD - Capital	£0	
	Variance to Plan YTD - Cash	£0	

Removed measures from 2025/26

	Ref	Indicator Name	Rationale
Quality	Q03	Long term segregation and prolonged seclusion	To be monitored in IQR
	Q04	Assaults on Patients	To be monitored in IQR
	Q05	Assaults on staff	To be monitored in IQR
	Q07	Reducing incidents of self-harm	To be monitored in IQR
	Q06	% of patients with a Safety & Risk Management Plan	Superseded by new measure in IPR 26/27 on Biopsychosocial Risk Framework
Person led Care	A01	Active Inappropriate Out of Area Placements	Superseded by OAP Bed Days measure to align with the NOF
	A02	Bed Occupancy including leave (open beds)	New length of stay metrics and CRFD will provide a measure of patient flow, this measure will be reported in the Care Group IPRs and IQR
	A04	%OP inpatients discharged with LOS >90 days	Superseded by ALOS Older Adults measure to align with NOF
	A03	% of Adult Inpatients Discharged With LoS >60 days	Superseded by ALOS Adult Acute measure to align with NOF
	A05	Adult & Older Adult Wards - ALoS Rolling 3 months	Superseded by ALOS Adults and ALOS Older Adults measures to align with NOF
	A11	% Waiting 4 wks or less to treatment (WAAOP)	Superseded by WAA Median Weeks Currently Waiting measure to be more representative of whole waiting list
	A12	% Waiting 4 wks or less to receive help (CYPS)	Superseded by CYP Median Weeks Currently Waiting measure to be more representative of whole waiting list

Trust Board of Directors

Integrated Performance Report

Patients | Quality | People | Person Led Care | Sustainability

Quarter Four – 2025-26 Report

(Reporting Data to Mar-26)

With **YOU** in mind

What's going well?

Performance across the three patient experience measures has improved notably in Quarter 4 with all three measures at 90% and on target for the first time. The measure “How was your experience?” has exceeded the 90% standard for the first time since April 2023, reported at 90.3% in March 2026. Similarly, “How was the care we provided?” exceeded the 90% standard in March 2026 for the first time since March 2025. The measure “Did you feel safe?” continues to consistently meet the 90% standard, with March 2026 performance above the historic average.

Sickness is at 5.5% and the best performance in 2 years

The percentage of patients with a Safety and Risk Management Plan continues to improve at 94%, although performance remains below the 100% standard.

PLT Ward referrals seen within 24 hours continue to perform consistently above the 85% standard. The percentage of Crisis Urgent Referrals seen within 24 hours was above the 85% standard in March 2026, albeit not yet consistently achieved month-on-month.

Early Intervention in Psychosis (EIP) waiting times are consistently above the 60% standard, with an average performance of 84% from April 2023 to date.

Clinical supervision completion remains consistently above the 80% standard and continues to be maintained at that level.

Of the “All Staff Priority” training courses, 11 courses are above target, 1 course is 1.1% below target but has improved significantly over the last six months.

The Trust has exceeded delivery across all sustainability measures in the financial year.

What's of concern?

Appraisal completion has stabilised at approximately 81% and continues to fall short of the Trust standard of 85%.

Bed occupancy, the proportion of patients clinically ready for discharge, and overall length of stay all remain challenging in Quarter 4. It is anticipated that length of stay performance will temporarily deteriorate in early 2026/27 as patients with the longest stays are discharged from inpatient care. The position will then improve to be representative of the action plans implemented throughout 25/26. Clinically Ready for Discharge (CRFD) rates have now stabilised at a higher level. The full Hospital to Home model, implemented in November 2025, includes a CRFD pathway focused on patients ready for discharge and working across the wider system.

Rights at Point of Detention continues to fall short of the 100% standard, with an average performance of 93.41% since April 2023. Record of Capacity / Consent to Treatment (CTT) at Point of Detention also remains below the 100% standard, averaging 90.04% since July 2025.

What's of concern? - continued

The use of prone restraint has triggered a statistical concern based on February and March 2026 data points and will require monitoring. Specialist services accounted for 87.5% of uses of prone in March 2026. The changes in environment for Mitford Ward is believed to be a significant cause of the recent performance increase. There is a robust senior review, oversight and de-brief process in place for all uses of restrictive intervention, and all patients who are known to require restrictive interventions including restraint have a trauma informed and individualised care plan in place. 75% of the 31 prone restraints in March 2026 related to 2 patients a specialist inpatient ward. The team are working to discharge the two patients to a more suitable setting.

PLT ED referrals seen within 1 hour has been deteriorating, and performance is off target. The percentage of Crisis Very Urgent Referrals seen within 4 hours has also been deteriorating and is off target. A specific performance group is being set up to improve the performance of these Urgent Care measures.

Access standards remain off target in community services. Four-week waiting times for Children and Young People's Services (CYPS) and Adult services continue to fall short of the target and are subject to ongoing action plans.

What's worth watching?

Clinical Staff Priority Training metrics should continue to be closely monitored. Although performance has improved over the last 24 months since the introduction of training prioritisation, compliance rates are still very close to, or below, target.

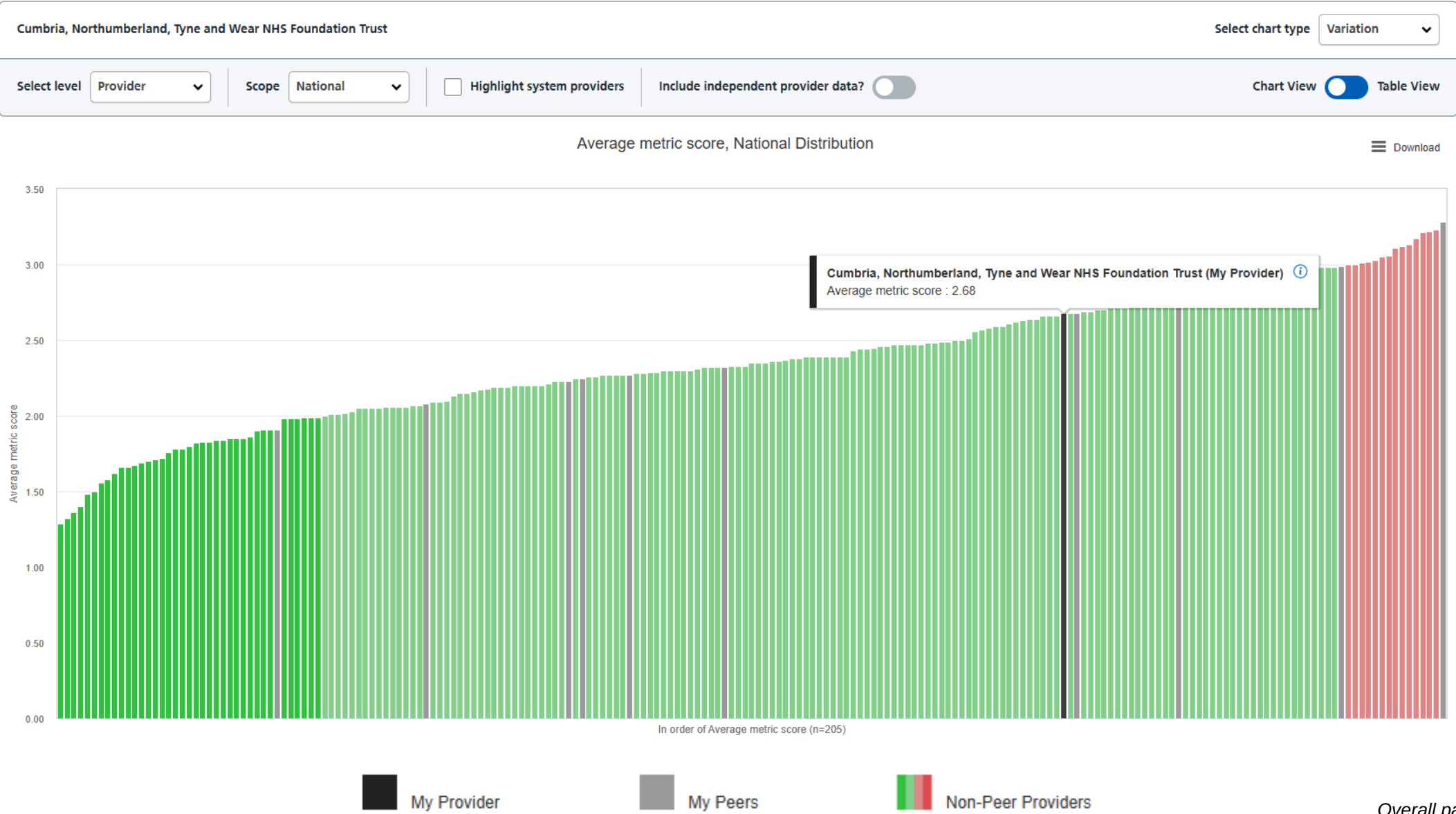
Clinical Supervision rates have been on target but steadily declining for the last six months and are now close to being off target.

NHS Oversight Framework - CNTW Q3 25/26 domain Scoring

Segments	Segment Domain (Change vs. Q2)	Measure	Data Period	Actual	Actual (Previous Quarter)	Peer Median/ Mean	NOF Score	Updated in Q3 25/26?
Access to services	4 (==)	Annual change in the number of children and young people accessing NHS-funded MH services	Dec-25	3.77% decrease	-1.33%	3.63% increase	3.43	Yes
Effectiveness and experience	4 (-1) ↓	CQC community mental health survey satisfaction rate	2024	2	-	-	2	No
		Percentage of inpatients aged 18-65 with over 60 day length of stay	Dec-25	26.29%	26.07%	21.01%	3.04	Yes
Patient safety	2 (==)	NHS Staff survey - raising concerns sub-score	2024	6.7	-	6.79	2.9	No
		Percentage of patients in mental health crisis to receive face-to-face contact within 24 hours	Dec-25	76.95%	75.78%	62.26%	1.56	Yes
People and workforce	4 (==)	Sickness absence rate	Sep-25	6.69%	6.65%	5.79%	3.74	Yes
		NHS staff survey engagement theme sub-score	Dec-24	6.97	-	7.02	3.15	No
Finance and productivity	2 (==)	Planned surplus/deficit	Apr-25	0.39%	-	-0.96%	1	No
		Variance year-to-date to financial plan	Dec-25	0.44%	0.68	0	1	Yes
		Relative difference in costs	Mar-25	112.32%	-	106.45%	3.27	No
Overall Segment	3 of 4 ↑	Average NOF Score:						2.68

Note: Measures shaded BLUE have been updated in the NOF in Q3 25/26

NHS Oversight Framework – Q3 25-26 national distribution



Headline SPC performance measure summary

Reporting Period: Mar-2026

		Target assurance			
		Consistently achieve	Achieve at Random	Consistently off target	No Target
Variation	Improvement		All staff WTEs against plan	% of patients with a Safety & Risk Management Plan	
	Normal Variation	- Did you feel safe? % Clinical Supervision completed % PLT Ward referrals seen within 24hrs - EIP – Starting Treatment in 14 days	- How was your experience? (FFT) - How was the care we provided? - Rights at point of Detention - Records of Capacity/CTT at point of detention - Active Inappropriate Out of Areas % Older Adult inpatients discharged with LOS >90 days - Crisis % Urgent seen within 24 hours	- Sickness - Appraisal rate - Bed Occupancy % Adult inpatients discharged with LOS >60 days (rolling 3m) - Crisis % Very urgent seen within 4 hours % 4 week or less to treatment (WAAOP)	- MRE Restraints - Long Term Seg & prolonged seclusion - Assaults on Patients - Assaults on Staff - Reducing incidents of self harm
	Concern		% PLT ED referrals seen within 1hr	- Clinically Ready for Discharge % Waiting 4 weeks or less to receive help (CYPS)	Prone Restraints

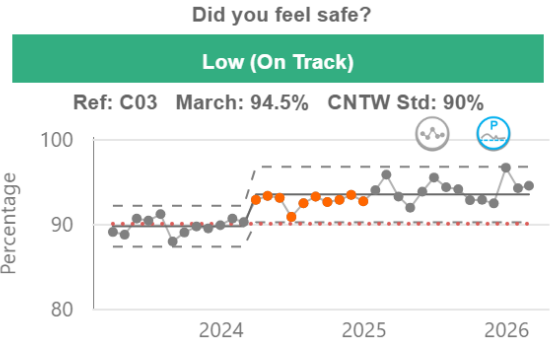
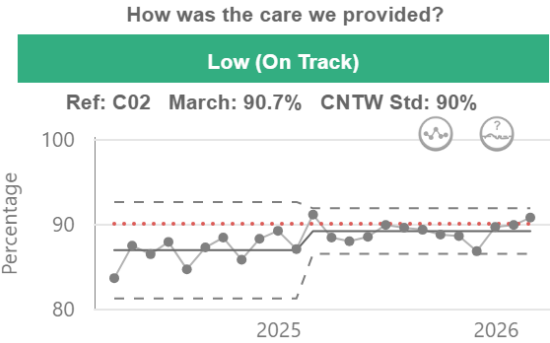
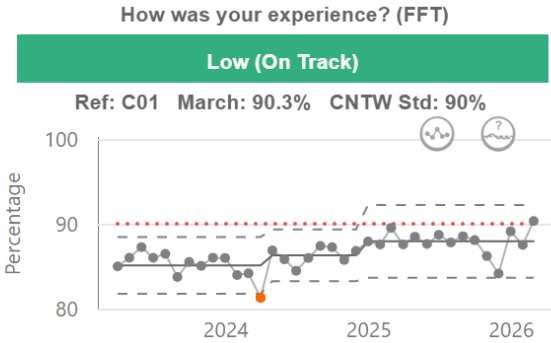
Core Trust Integrated Outcome Measures - Summary Overview

Reporting Period: Mar-2026

	Ref	Indicator Name	Variation	Assurance	Performance	Target	Target Type	Risk Rating	Summary Narrative	Exec
Commitments	C01	How was your experience? (FFT)	Normal Variation	Achieve at Random	90.3%	90%	CNTW Std	Low (On Track)	Reported at 0.3% above target for 1st time	SG
	C02	How was the care we provided?	Normal Variation	Achieve at Random	90.7%	90%	CNTW Std	Low (On Track)	Reported at 0.7% above target for 1st time	SG
	C03	Did you feel safe?	Normal Variation	Consistently Achieve	94.5%	90%	CNTW Std	Low (On Track)	Reported consistently above target	SG
People	P01	Sickness in Month	Normal Variation	Consistently Off Target	5.5%	5%	NHSE Std	High (Action)	Lowest position reported since March 2023 (excludes NTWS)	LS
	P04	Appraisal rate	Normal Variation	Consistently Off Target	81.0%	85%	CNTW Std	Med (Monitoring)	Performance improved by 0.6% in the month (excludes NTWS)	LS
	P05	% Clinical Supervision completed	Normal Variation	Consistently Achieve	81.6%	80%	CNTW Std	Low (On Track)	Performance remains consistently above the target	LS
Quality Care	Q01	MRE Restraints	Normal Variation	SPC not applicable	4	n/a	n/a	Med (Monitoring)	4 restraints reported in the month, but within normal variation	SG
	Q02	Prone Restraints	Concern	SPC not applicable	32	n/a	n/a	Med (Monitoring)	Position deteriorated in the month triggering concern in SPC	SG
	Q03	Long term segregation and prolonged seclusion	Normal Variation	SPC not applicable	19	n/a	n/a	Med (Monitoring)	Position deteriorated in the month, but within normal variation	SG
	Q04	Assaults on Patients	Normal Variation	SPC not applicable	103	n/a	n/a	Med (Monitoring)	Deteriorated in the month, but within normal variation	RN
	Q05	Assaults on staff	Normal Variation	SPC not applicable	456	n/a	n/a	Med (Monitoring)	Position improved in the month (464 reported February 2026)	RN
	Q06	% of patients with a Safety & Risk Management Plan	Improvement	Consistently Off Target	94.0%	100%	CNTW Std	Med (Monitoring)	Position improved, continual improvement since April 24	RN
	Q07	Reducing incidents of self-harm	Normal Variation	SPC not applicable	1,160	n/a	n/a	Med (Monitoring)	Position deteriorated in the month (1,050 reported February 2026)	RN
	Q08	Rights at Point of Detention	Normal Variation	Achieve at Random	95.8%	100%	CNTW Std	Med (Monitoring)	5.4% improvement from February 2026, but within normal variation.	RN
	Q09	Record of Capacity/ CTT at point of detention	Normal Variation	Achieve at Random	95.5%	100%	CNTW Std	Med (Monitoring)	Remains consistently off target, position improved in the month	RN
Person Led Care	A01	Active Inappropriate Out of Area Placements	Normal Variation	Achieve at Random	0	0	NHSE LTP	Low (On Track)	There were no active Out of Area Placements at the end of March	RD
	A02	Bed Occupancy including leave (open beds on RiO)	Normal Variation	Consistently Off Target	93.8%	85%	NHSE Std	High (Action)	Improved in the month, but remains above 85% target	RD
	A03	% Adults discharged with LoS >60 days (rolling 3m)	Normal Variation	Consistently Off Target	25.7%	20%	CNTW Std	High (Action)	Remains consistently off target	RD
	A04	% OP inpatients discharged with LOS > 90 days	Normal Variation	Achieve at Random	42.1%	40%	CNTW Std	Med (Monitoring)	Reported above target in March, but within normal variation	RD
	A06	Clinically Ready for Discharge (formerly DTOC)	Concern	Consistently Off Target	18.7%	7.5%	NHSE Std	High (Action)	Remains consistently off target, improved in the month	RD
	A07	Crisis % Very urgent seen within 4 hours (WAA&OP)	Normal Variation	Consistently Off Target	52.9%	80%	CNTW Traj	Med (Monitoring)	37 out of 70, position deteriorated in the month, below target	RD
	A08	Crisis % Urgent seen within 24 hours (WAA&OP)	Normal Variation	Achieve at Random	86.9%	85%	CNTW Std	Low (On Track)	404 out of 465, improved in the month, reported above target	RD
	A09	% PLT ED Referrals seen within 1 hour	Concern	Achieve at Random	75.4%	80%	CNTW Std	High (Action)	Position deteriorated in the month remains as concern in SPC	RD
	A10	% PLT Ward Referrals seen within 24 hours	Normal Variation	Consistently Achieve	93.8%	85%	CNTW Std	Low (On Track)	Reported consistently above the internal target	RD
	A11	% Waiting 4 weeks or less to treatment (WAA&OP)	Normal Variation	Consistently Off Target	26.5%	75%	CNTW Traj	High (Action)	73.5% (1,860 of 2,531) have been waiting longer than 4 weeks	RD
	A12	% Waiting 4 weeks or less to receive help (CYPs)	Concern	Consistently Off Target	8.2%	55%	CNTW Traj	High (Action)	91.8% (7,836 of 8,531) have been waiting longer than 4 weeks	RD
	A13	EIP – starting treatment in 14 days	Normal Variation	Consistently Achieve	81.5%	60%	CNTW Std	Low (On Track)	Reported consistently above target	RD
Sustainable	S01	Live within our means (I&E Surplus/Deficit £)	SPC not applicable	SPC not applicable	£6.6m	£3.3m	n/a	Low (No Target)	The Trust has delivered in line with the financial plan	LD
	S02	Income & Expenditure Forecast	SPC not applicable	SPC not applicable	£6.6m	£3.3m	n/a	Low (No Target)	The Trust has delivered against the requirements for the year	LD
	S03	All staff WTEs	Improvement	Achieve at Random	8,267	8,453.3	CNTW Traj	Low (On Track)	The Trust was 222 WTE under established at month 12	LD
	S04	Capital spend compared to plan (£)	SPC not applicable	SPC not applicable	£14.9m	£1.1m	n/a	Low (No Target)	Capital programme delivered as planned	LD
	S05	Cash balance compared to plan (£)	SPC not applicable	SPC not applicable	£29.7m	£20.7m	n/a	Low (No Target)	The Trust cash balances are higher than plan at month 12	LD

Commitments to our Carers and Patients

Reporting Period: Mar-2026



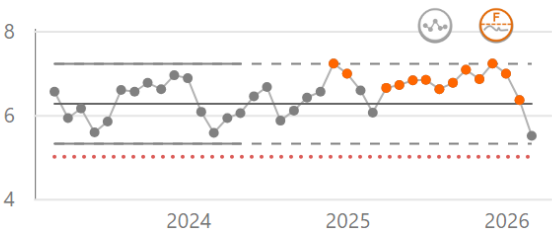
Great Place to Work

Reporting Period: Mar-2026

Sickness in Month

High (Action)

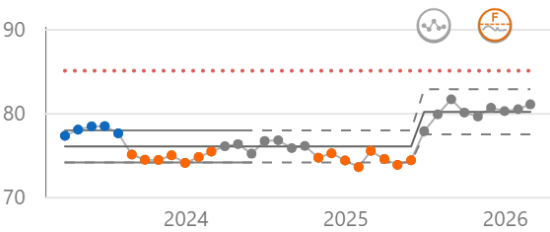
Ref: P01 March: 5.5% NHSE Std: 5%



Appraisal rate

Med (Monitoring)

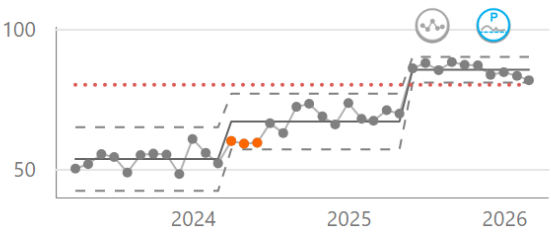
Ref: P04 March: 81.0% CNTW Std: 85%



% Clinical Supervision completed

Low (On Track)

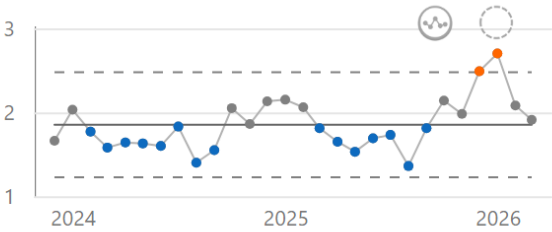
Ref: P05 March: 81.6% CNTW Std: 80%



Short Term Sickness in Month

Low (No Target)

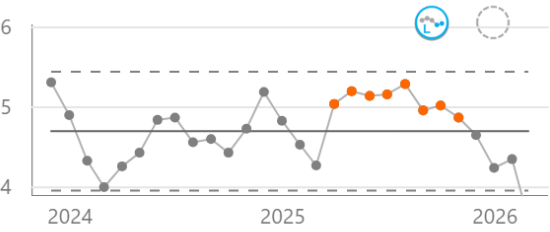
Ref: P06 March: 1.9% Plan: n/a



Long Term Sickness in Month

Low (No Target)

Ref: P07 March: 3.6% Plan: n/a



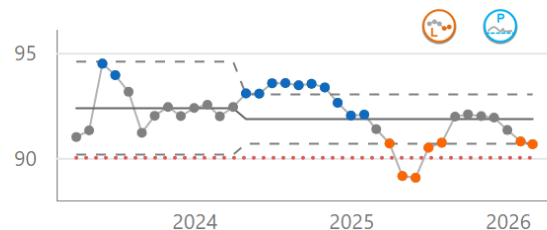
All Staff Priority Training Compliance %

Reporting Period: Mar-2026

Information Governance

Med (Monitoring)

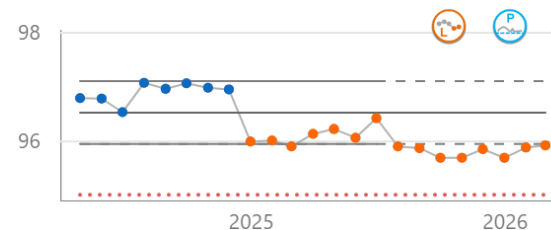
Ref: TA01 March: 90.6% CNTW Std: 90%



Corporate Induction

Med (Monitoring)

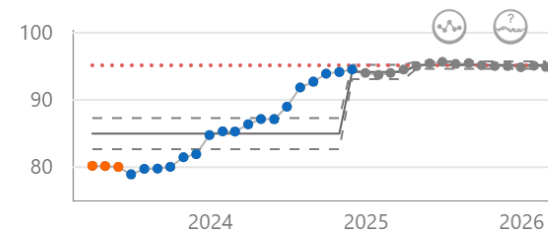
Ref: TA02 March: 95.9% CNTW Std: 95%



Local Induction

Med (Monitoring)

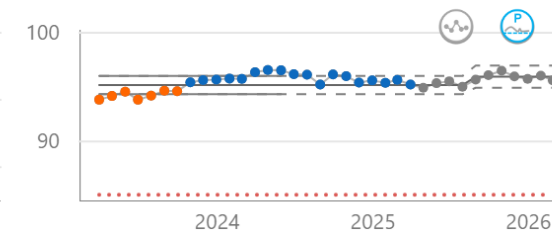
Ref: TA03 March: 94.8% CNTW Std: 95%



Safeguarding Adults Level 1

Low (On Track)

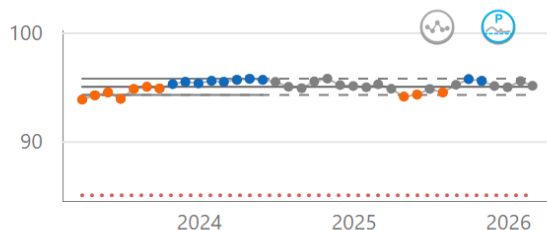
Ref: TA04 March: 95.5% CNTW Std: 85%



Safeguarding Children Level 1

Low (On Track)

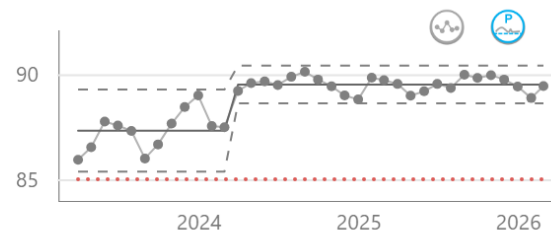
Ref: TA05 March: 95.1% CNTW Std: 85%



Fire

Low (On Track)

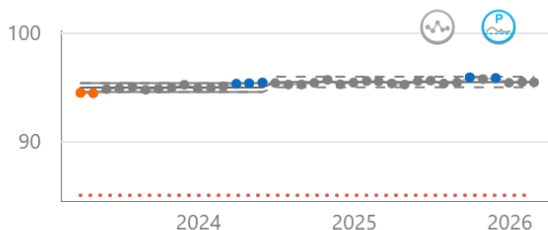
Ref: TA06 March: 89.4% CNTW Std: 85%



Equality & Diversity Introduction

Low (On Track)

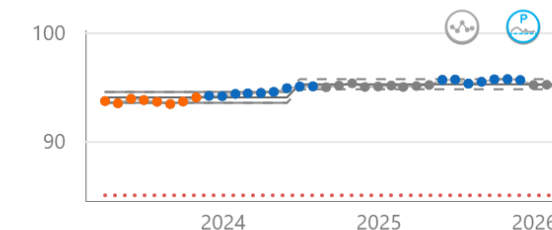
Ref: TA07 March: 95.4% CNTW Std: 85%



Health & Safety

Low (On Track)

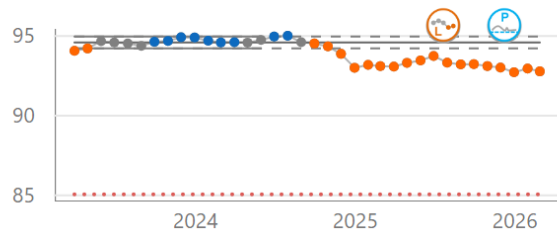
Ref: TA08 March: 94.8% CNTW Std: 85%



Infection Prevention & Control (IPC)

Med (Monitoring)

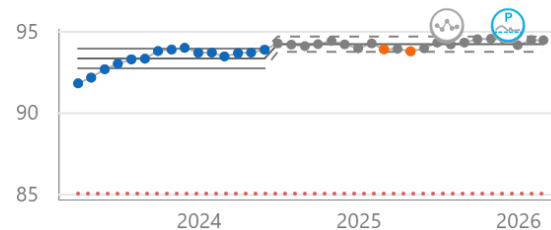
Ref: TA09 March: 92.7% CNTW Std: 85%



Moving & Handling Awareness Training

Low (On Track)

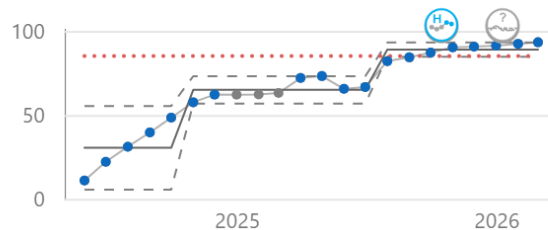
Ref: TA10 March: 94.4% CNTW Std: 85%



Web Risk Register

Low (On Track)

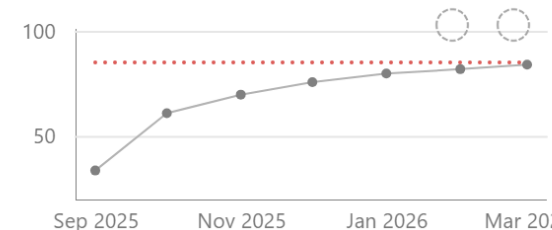
Ref: TA11 March: 93.2% CNTW Std: 85%



Oliver McGowan Mandatory Training

Med (Monitoring)

Ref: TA12 March: 83.9% CNTW Std: 85%



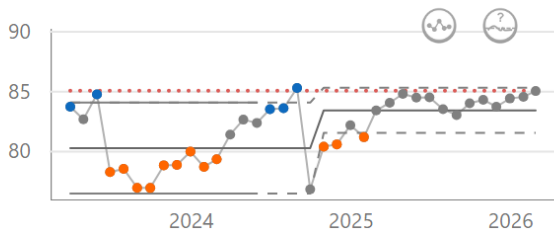
Clinical Staff Priority Training Compliance %

Reporting Period: Mar-2026

Clinical Risk and Suicide Prevention

Med (Monitoring)

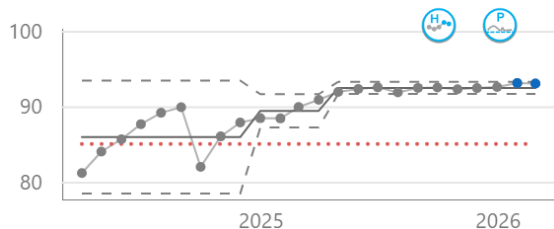
Ref: TC01 March: 85.0% CNTW Std: 85%



Biopsychosocial at Risk Assess. & Safety Planning

Low (On Track)

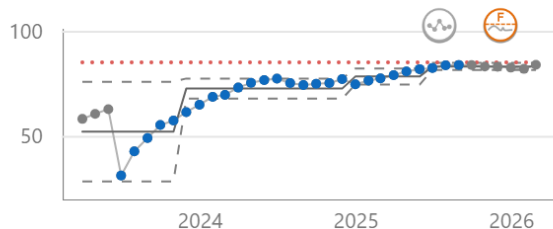
Ref: TC02 March: 93.0% CNTW Std: 85%



Resuscitation L2 Adult Basic Life Support

Med (Monitoring)

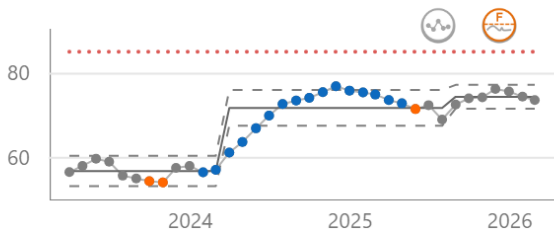
Ref: TC03 March: 83.8% CNTW Std: 85%



Resuscitation L3 Adult Immediate Life Support

High (Action)

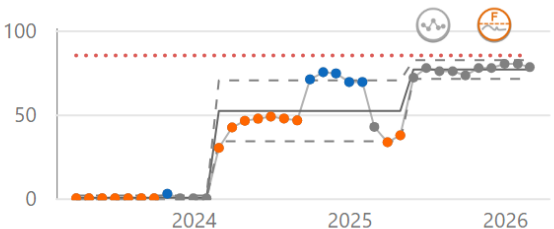
Ref: TC04 March: 73.5% CNTW Std: 85%



Resuscitation L3 Paediatric Immed Life Support

High (Action)

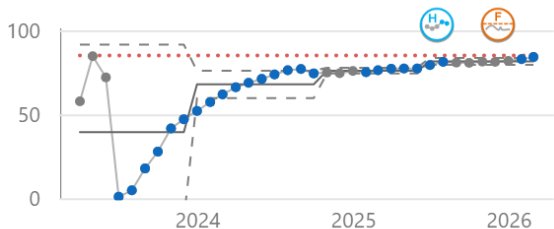
Ref: TC05 March: 78.1% CNTW Std: 85%



Resuscitation L2 Paediatric Basic Life Support

Med (Monitoring)

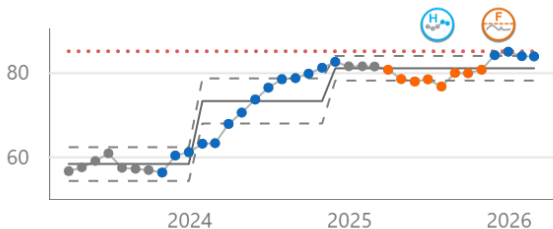
Ref: TC06 March: 84.1% CNTW Std: 85%



PMVA Basic

Med (Monitoring)

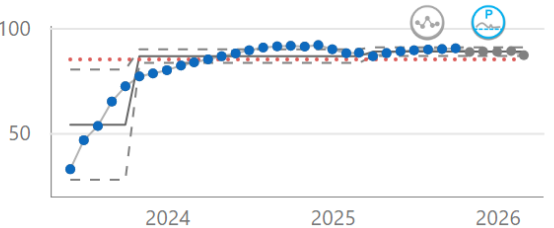
Ref: TC07 March: 83.8% CNTW Std: 85%



Engagement & Observation

Low (On Track)

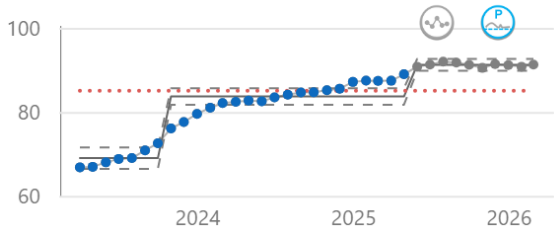
Ref: TC09 March: 87.0% CNTW Std: 85%



Dysphagia Awareness

Low (On Track)

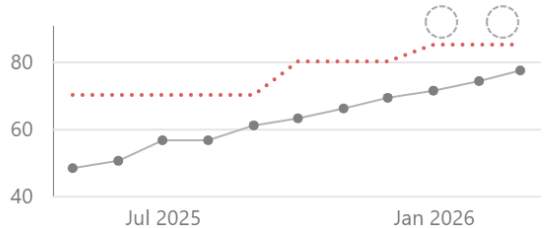
Ref: TC10 March: 91.3% CNTW Std: 85%



Autism Core Capabilities: Tier 1 & 2

High (Action)

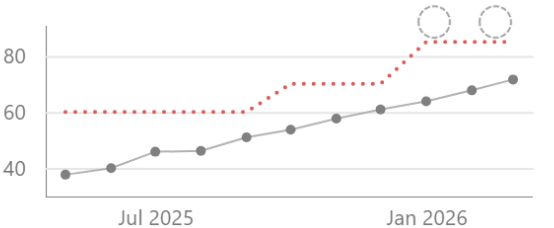
Ref: TC11 March: 77.3% CNTW Std: 85%



Learning Disability Tier 1

High (Action)

Ref: TC12 March: 71.5% CNTW Std: 85%



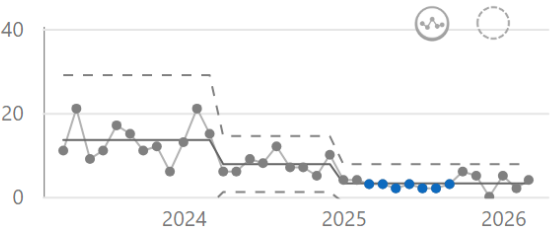
Quality Care, Every Day

Reporting Period: Mar-2026

MRE Restraints

Med (Monitoring)

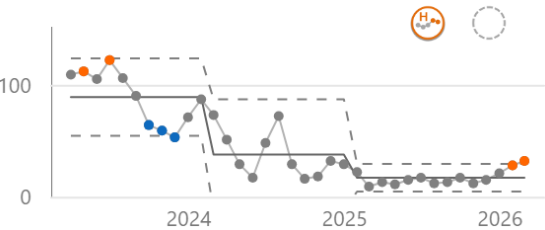
Ref: Q01 March: 4 Plan: n/a



Prone Restraints

Med (Monitoring)

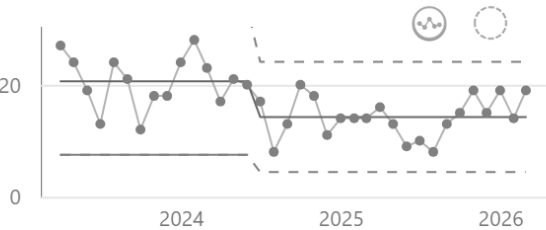
Ref: Q02 March: 32 Plan: n/a



Long term segregation and prolonged seclusion

Med (Monitoring)

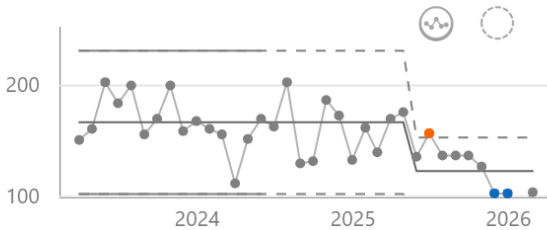
Ref: Q03 March: 19 Plan: n/a



Assaults on Patients

Med (Monitoring)

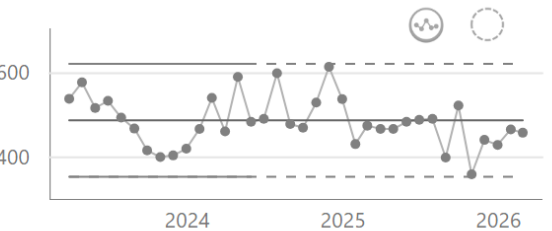
Ref: Q04 March: 103 Plan: n/a



Assaults on staff

Med (Monitoring)

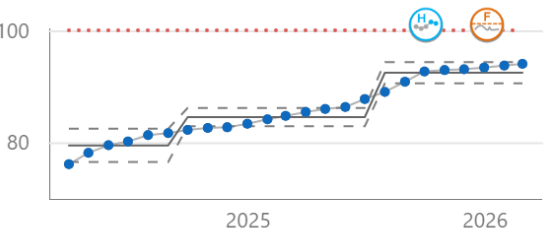
Ref: Q05 March: 456 Plan: n/a



% of patients with a Safety & Risk Management Plan

Med (Monitoring)

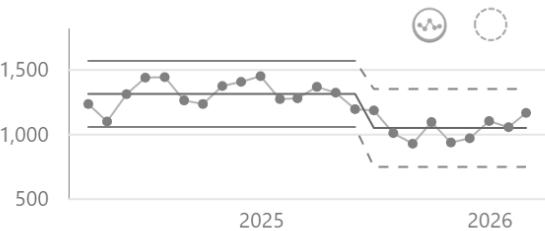
Ref: Q06 March: 94.0% CNTW Std: 100%



Reducing incidents of self-harm

Med (Monitoring)

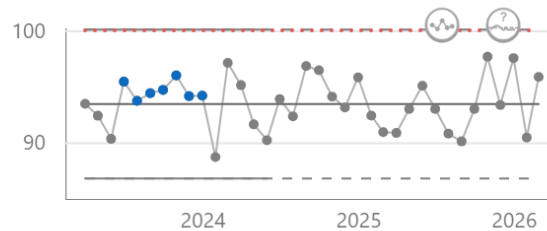
Ref: Q07 March: 1,160 Plan: n/a



Rights at Point of Detention

Med (Monitoring)

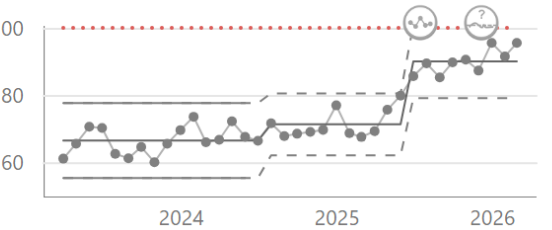
Ref: Q08 March: 95.8% CNTW Std: 100%



Record of Capacity/ CTT at point of detention

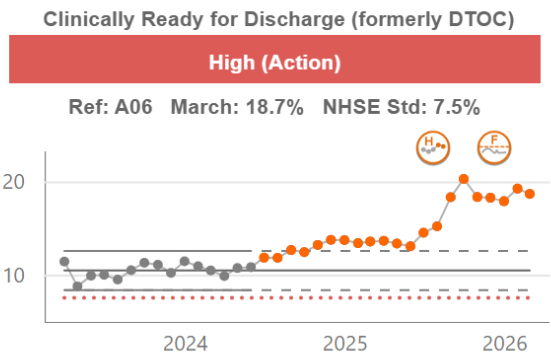
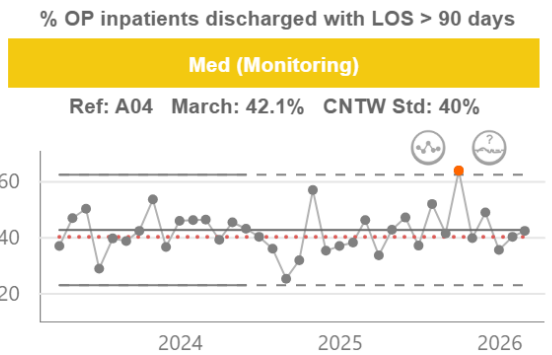
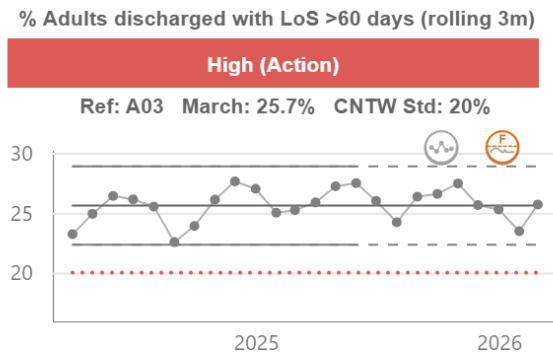
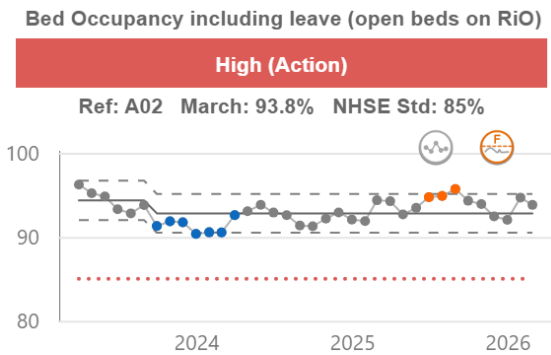
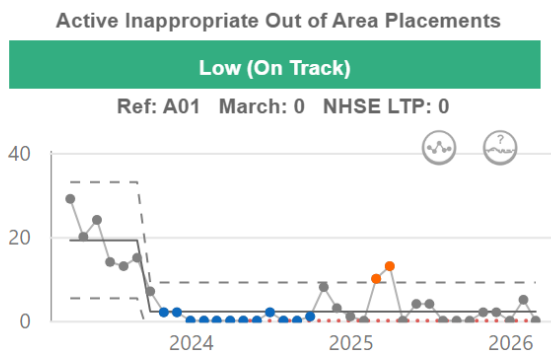
Med (Monitoring)

Ref: Q09 March: 95.5% CNTW Std: 100%



Person-led Care, when and where needed

Reporting Period: Mar-2026



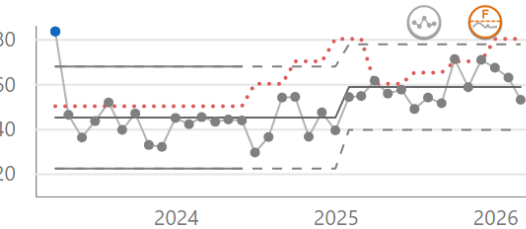
Person-led Care, when and where needed

Reporting Period: Mar-2026

Crisis % Very urgent seen within 4 hours (WAA&OP)

Med (Monitoring)

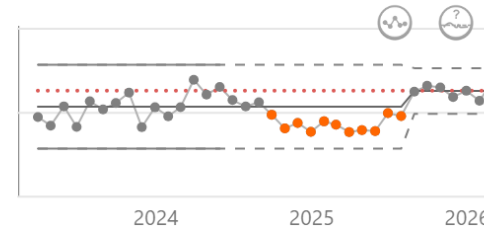
Ref: A07 March: 52.9% CNTW Traj: 80%



Crisis % Urgent seen within 24 hours (WAA&OP)

Low (On Track)

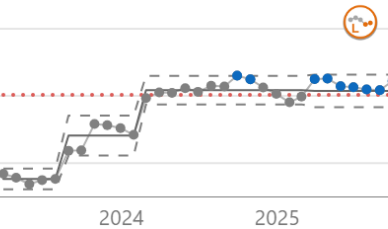
Ref: A08 March: 86.9% CNTW Std: 85%



% PLT ED Referrals seen within 1 hour

High (Action)

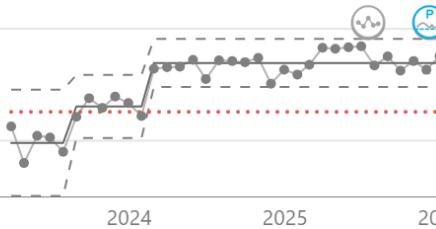
Ref: A09 March: 75.4% CNTW Std: 80%



% PLT Ward Referrals seen within 24 hours

Low (On Track)

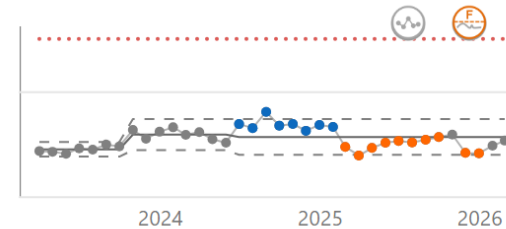
Ref: A10 March: 93.8% CNTW Std: 85%



% Waiting 4 weeks or less to treatment (WAA&OP)

High (Action)

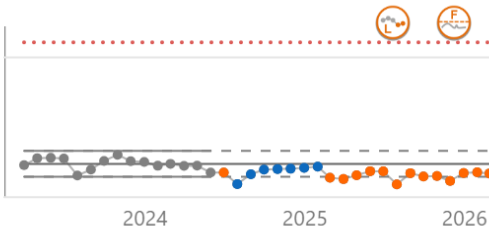
Ref: A11 March: 26.5% CNTW Traj: 75%



% Waiting 4 weeks or less to receive help (CYPS)

High (Action)

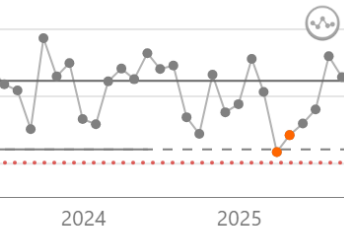
Ref: A12 March: 8.2% CNTW Traj: 55%



EIP – starting treatment in 14 days

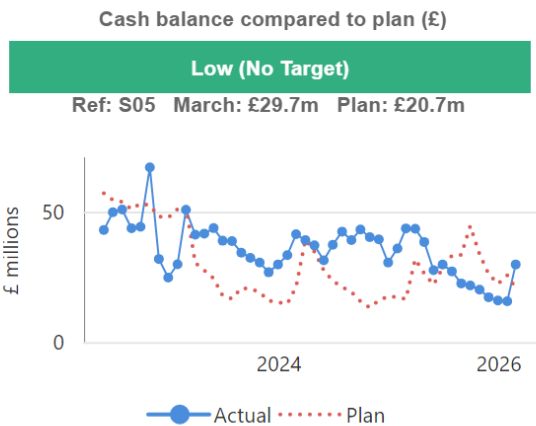
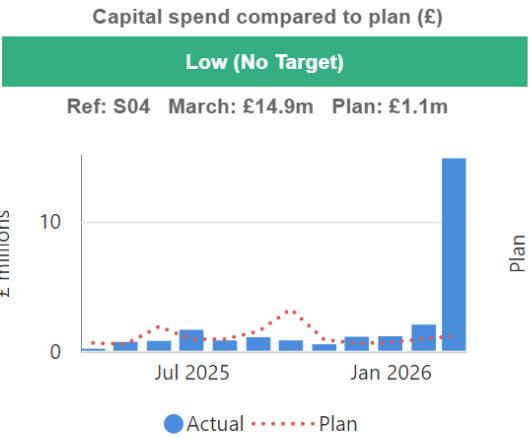
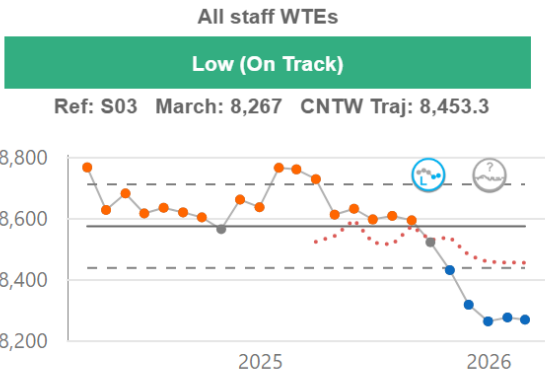
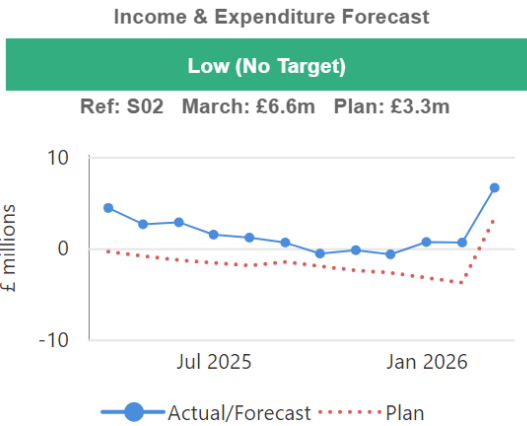
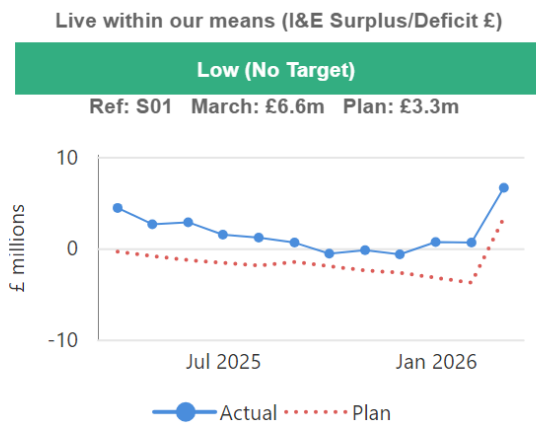
Low (On Track)

Ref: A13 March: 81.5% CNTW Std: 60%



Sustainable for the Long Term

Reporting Period: Mar-2026



Interpreting summary icons

These icons provide a summary view of the important messages from SPC charts.

Variation / performance Icons			
Icon	Technical description	What does this mean?	What should we do?
	Normal Variation Common cause variation, NO SIGNIFICANT CHANGE.	This system or process is currently not changing significantly . It shows the level of natural variation you can expect from the process or system itself.	Consider if the level/range of variation is acceptable. If the process limits are far apart you may want to change something to reduce the variation in performance.
	Concern Special cause variation of a CONCERNING nature.	Something's going on! Something, a one-off or a continued trend or shift of numbers in the wrong direction	Investigate to find out what is happening / has happened. Is it a one off event that you can explain? Or do you need to change something?
	Improvement Special cause variation of an IMPROVING nature.	Something good is happening! Something, a one-off or a continued trend or shift of numbers in the right direction. Well done!	Find out what is happening / has happened. Celebrate the improvement or success. Is there learning that can be shared to other areas?
Assurance icons			
Icon	Technical description	What does this mean?	What should we do?
	Achieve at random This process will not consistently HIT OR MISS the target as the target lies between the process limits.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies within those limits then we know that the target may or may not be achieved. The closer the target line lies to the mean line the more likely it is that the target will be achieved or missed at random.	Consider whether this is acceptable and if not, you will need to change something in the system or process.
	Consistently off target This process is not capable and will consistently FAIL to meet the target.	If a target lies outside of those limits in the wrong direction then you know that the target cannot be achieved.	You need to change something in the system or process if you want to meet the target. The natural variation in the data is telling you that you will not meet the target unless something changes.
	Consistently achieve This process is capable and will consistently PASS the target if nothing changes.	If a target lies outside of those limits in the right direction then you know that the target can consistently be achieved.	Celebrate the achievement. Understand whether this is by design (!) and consider whether the target is still appropriate; should be stretched, or whether resource can be directed elsewhere without risking the ongoing achievement of this target.

Interpreting SPC charts

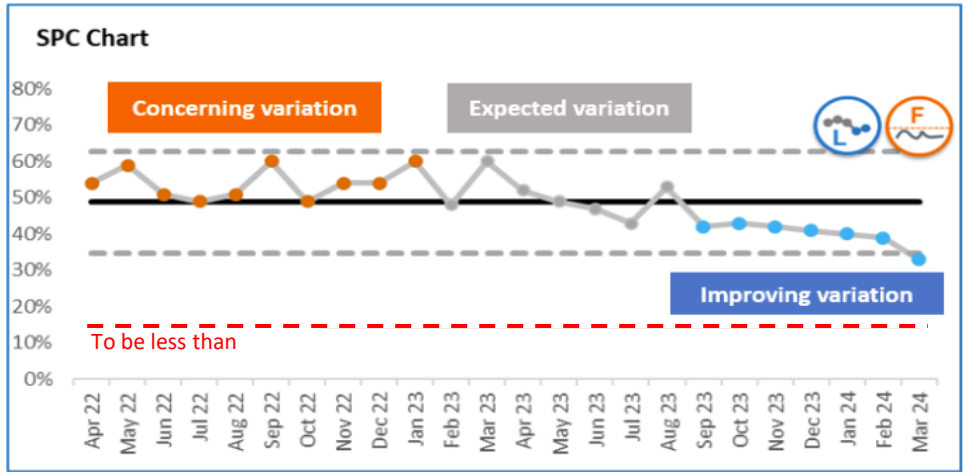
A statistical process control (SPC) chart is a useful tool to help distinguish between signals (which should be reacted to) and noise (which should not as it is occurring randomly).

The following colour convention identifies important patterns evident within the SPC charts in this report.

Orange – there is a concerning pattern of data which needs to be investigated and improvement actions implemented

Blue – there is a pattern of improvement which should be learnt from

Grey – the pattern of variation is to be expected. The key question to be asked is whether the level of variation is acceptable



The dotted lines on SPC charts (upper and lower process limits) describe the range of variation that can be expected.

Process limits are very helpful in understanding whether a target or standard (the **red** line) can be achieved always, never (as in this example) or sometimes.

SPC charts therefore describe not only the type of variation in data, but also provide an indication of the likelihood of achieving target.

Summary icons have been developed to provide an at-a-glance view. These are described on the following page.

Risk scoring process

Step 1

Guide to Risk scoring		Target Assurance		
		Consistently Achieve	Achieve at Random	Consistently off target
Variation	Improving	Risk: LOW	Risk MED	Risk MED
	Normal Variation	Risk: LOW	Risk MED	Risk: HIGH
	Concern	Risk MED	Risk: HIGH	Risk: HIGH

Step 2

Risk level is worked out using the SPC variation and target assurance in step 1. Then a step 2 test is applied.

- Is the metric something without a target such as safety incidents and we want to continue to monitor the actions
- A common-sense check of the SPC interpretation and risk may lead to a slight adjustment of the risk

Step 3

Risk score of med or high means that an exception report pages is added to the IPR with a full SPC graph, Care Group data breakdown, reasons for performance issue, list of actions and expected improvement timescales.

Appendix 8.4.10 - Board Equality, Diversity and Inclusion (EDI) Objectives (2025/26)

	Objective	How will this be achieved?	How will this be measured?	Progress to Date
A	Increase awareness / understanding of Ableism and Internalised Ableism (All Board Members)	Through training and / or workshop with the Disability Staff Network	Greater understanding of challenges faced by disabled staff and service users, using this knowledge as part of Committee/Board decision-making Feedback from DSN	Board Development session scheduled for 22 April 2026 via Teams.
B	Increase awareness / understanding of Anti-Racism and Anti-Discrimination (All Board Members)	Through Board Development session and / or awareness training	Greater understanding of challenges faced by global majority staff and service users, using this knowledge as part of Committee/Board decision-making	BRAP (Birmingham Race Action Partnership) led a Board Development Day on 19 March 2025.
C	Increase awareness / understanding of homophobia, biphobia, transphobia and other issues within affect the LGBTQ+ community (All Board Members)	Through training/workshops with the LGBTQ+ Staff Network	Greater understanding of the challenges faced by LGBTQ+ staff and service users, using this knowledge as part of Committee/Board decision-making	- Not yet actioned. - This will be arranged over the next 6 months within a Board Development session via Teams.
D	Continue to support Network Meetings and wider Trustwide EDI or Health Inequalities initiatives (All Board Members)	Increased visibility at a range of network meetings and events (minimum 4 during the year)	Attendance/participation at events	There has been attendance at Network Meetings and Trustwide EDI or Health Inequalities initiatives, however this has been inconsistent across Board Members.
E	Participate in the Trust's Inclusive Mentoring Programme (Some Board Members)	Mentor/mentee relationship with member of a staff network	Increased understanding of issues and challenges faced by staff Feedback from mentors as part of evaluation	- A small number of relationships continued throughout the period. - Board to discuss future Inclusive Mentoring Programme.
F	To ensure that Board members have sufficient opportunities for development across EDI/Health Inequalities (Chair)	Board Development Programme to cover any gaps in skills or knowledge identified	Board Development Programme participation	- Agreed sessions completed or in progress. - Board to discuss future opportunities for development.

Appendix 8.4.10 - Board Equality, Diversity and Inclusion (EDI) Objectives (2025/26)

G	Oversee the delivery of the Patient Carer Race Equality Framework (Chief Executive)	Through the development / implementation of the annual action plans which have been co-produced with communities	Improved relationships with communities Improvements in core data measurements	PCREF continues to progress in line with the national. framework and actions and milestones identified under Strategic Ambition 5 priorities for 2026/7.
H	Lead the delivery/implementation of the Patient Carer Race Equality Framework (Executive Director of Workforce and OD)	Through the development / implementation of the annual action plans which have been co-produced with communities	Improved relationships with communities Improvements in core data measurements	PCREF continues to progress in line with the national. framework and actions and milestones identified under Strategic Ambition 5 priorities for 2026/7.
I	Ensure that EDI/Health Inequalities is embedded in the work of (relevant) Committees, ensuring the voices of underrepresented people are heard and understood (Committee Chairs)	Agenda and Papers to reflect EDI/Health Inequality priorities relevant to the (relevant) Committee	Review of Minutes Combined assurance reports through to Board	- EDI is discussed within the work of the People Committee - PCREF is discussed within the work of the Mental Health Legislation Committee. - To be further embedded into all Assurance Committees as required.
J	Continue to sponsor (relevant) Staff Network and support the co-chairs in the development of the Network and its objectives (Exec Sponsors)	Attendance at Network Meetings Regular meetings with co-chairs Review of Network priorities to feed into the Trustwide EDI action plan	Feedback from co-chairs as part of appraisal process Successful completion of Network specific objectives	- All networks had an Exec sponsor during 25/26. - Discussions ongoing to change the model to quarterly meetings between all execs/ network chairs.