

Health and Adult Social Care Overview and Scrutiny Committee

BRIEFING NOTE – No. 04/24

Date: September 2024

Briefing paper to: All Members of the Health and Adult Social Care Overview and Scrutiny Committee

Purpose: To provide responses to the queries raised by the Health and Adult Social Care Committee in June 2024

KENT AND MEDWAY NHS AND SOCIAL CARE PARTNERSHIP TRUST BRIEFING NOTE

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1. Ruby Ward Transport Service

- 1.1 In the consultation document in Aug/ Sept 2021 (see appendix 1), the impact on travel for staff, patients and visitors was assessed due to the, then proposed, moving of Ruby ward from Medway Maritime Hospital to Maidstone. It was determined that the impact to patients would be minimal since patients are almost always transported to the ward either by ambulance or patients transport and so focus was given to those who may visit loved ones in the new Ruby ward.
- 1.2 As part of the consultation document (page 32), KMPT committed to providing designated parking spaces for Ruby ward away from the main hospital car park and benches to allow visitors to rest whilst walking from the car park if necessary. This has been realised in the opening of Ruby ward and there are a number of dedicated parking spaces outside the new ward.
- 1.3 Also, within the public consultation, KMPT outlined the below ambitions:
 - Provide clear, easy to understand information, using a range of methods, about transport options for staff and visitors, on travel to the new location

- Make sure this information is available in an accessible way for people with disabilities and people who do not speak English as their first language
 - Continue to support the use of technology and 'virtual visiting' (in addition to, rather than instead of, face-to-face visits) as has become common during the Covid pandemic
- 1.4 In relation to staff travel, all staff have had their travel expenses fixed for a period of time to support travel and when they were temporarily relocated to Dartford, taxis were provided. For patient's loved ones, information is shared upon admission on the travel arrangements available, including parking and volunteer driver information. This can be given in large print and interpreters are available if required.
- 1.5 In relation to virtual visiting, this is available on request via video calls.
- 1.6 In addition, KMPT committed to making sure we identified visitors who may need support to get to Ruby ward to see a loved one and would make best use of our volunteer transport service to provide free or subsidised transport where needed. To date, we have had very few requests from visitors to use our volunteer transport service but we are currently supporting a relative from Ashford to attend weekly visits with their loved one using our volunteer's driver service. There have been no requests for this service from Medway based relatives specifically.
- 1.7 KMPT also stated that we would 'look at how we can help increase capacity in existing community transport services (e.g. Dial-A-Ride services), and how we can support the development and ease of use of new community transport services.
- 1.8 In the last 12 months, there was 1 admission (Sept 23) to the previous Ruby ward at Medway Maritime from the Medway population and a further 1 admission (May 24) since the opening of the new Ruby ward at Maidstone.
- 1.9 Given the small number of admissions from the Medway area, KMPT is currently monitoring demand from visitors to establish long-term requirements for transport from Medway to Ruby ward.

2. Well-Led review

2.1 In March 2023, Deloitte concluded a well-led review of KMPT and provided 13 recommendations. The table below highlights these recommendations and indicates which have been actioned.

2.2 The Board are committed to continuing to act on these recommendations over the next few 3-6 months as outlined in the report conducted by Deloitte.

#	Recommendation	Status	Actioned
1	Future board development activities should cover best practice in relation to challenge, style, scrutiny, and tone to support committees and the Board to operate in a unitary manner. This exercise would benefit from a 360-degree peer appraisal to customise feedback for individuals and to support content for a group workshop.		Ongoing. We will have the December development day devoted to exploring the meaning of the new trust values to us as a board. Trust Chair also contributes to all Executive appraisals as well as NEDs and covers this area.
2	The CEO should ensure that executive team development plans specifically consider best practice in relation to cross portfolio executive working in board and committees and peer-to-peer challenge and scrutiny in preparation for board level forums. This would also be supported by the 360-peer appraisal covered under R1. The CEO should also ensure that the weekly Exec Management Team meeting has sufficient time for Exec Directors to scrutinise the content and robustness of assumptions being presented to the Board and committees.		Exec management team meetings have been extended since November 23, this includes prep for Board meetings First Executive team development day with new company takes place in September
3	The Board should consider the responses to our board survey with a view to taking additional measures aimed at improving board succession planning, including using this process to further build the diversity of board membership.		
4	The Board should review the benefits of developing more granular enabling strategies to support delivery of the corporate plan, including greater emphasis on a clinical strategy, workforce strategy, estates strategy and digital strategy. This review should also consider the need for more specific executive responsibility for coordinating an integrated approach to the enabling strategies.		There is only one strategy, but various departments will need to have a strategic work plan and this is what they will be called
5	The Board should review the Terms of Reference and forward plans for the Board and committees to ensure that the agendas align with the Trust strategic objectives and		

	that forums get the right balance between operational matters and strategic oversight.		
6	The Board should consider whether the board has sufficient oversight of the People and Culture agenda or if forward plans need to be adjusted to provide enhanced coverage, especially in relation to getting some of the 'basics' right.		<p>Culture, identity and staff experience is one of our 6 organisational priorities, and is being reported to board through strategy reporting.</p> <p>Agreed various touchpoints for next financial year to bring this work to board. - complete</p> <p>High level plans agreed with Board 30.5.2024. New proposed Trust identity discussed at June Board seminar. Board paper for September. Agree any further touch point dates – on-going</p>
7	The Trust should look at the possibility of consolidating available leadership development courses into a more structured leadership development framework that will serve the needs of divisional leaders and support the succession planning of service level leaders. In addition, going forward, the middle management leadership development programme should have a clear focus on compassionate leadership behaviours.		Update pending
8	The Trust should assign responsibility for board and committee administration to a corporate secretariat with a view to improving consistency, alignment and sharing of good practice across board and committee meetings, including the consistent use of the Board Assurance Framework and Trust Risk Register to guide agendas. This should be done alongside reviewing scope for streamlining papers, agendas and for introducing an 'Advise, Assure, Alert' model for escalation reports		<p>Complete and transition back to Trust Secretariat has taken place.</p> <p>Plan to take governance review to EMT on 08.05.24; ARC on 11.06.24; Board on 25.07.24</p> <p>Trust Secretariat circulated email to Committee Chairs on 25.04.24, new reports in use at Board meetings.</p>
9	The Trust should consider the commentary in this report to further enhance the effectiveness of directorate leadership teams. This includes clarifying individual accountabilities; carving-out enough time for Clinical Directors to perform their leadership role; and ensuring the right balance of resourcing for central support within directorates and at the corporate level. In addition, consideration should be given to a SLT, a more structured approach to engaging directorate leaders in board committees, building awareness regarding directorate objectives and empowering leaders at the service level to address leadership styles		<p>Confirmation of accountabilities meeting took place in June. The Service Directors have the ultimate accountability for the Directorates.</p> <p>Clinical Director time for role under consideration with recommendations due by the end of July – on-going</p> <p>A new Trust Leadership Team (TLT) meeting will be set up for EMT, deputies and Directorate and Corporate leadership to attend. The meeting will take place fortnightly, this starts from the 1st week of</p>

			October. TOR drafted and ready for review and sign off at the first meeting.
10	The Board should ensure that the Trust Risk Register and Business Assurance Framework are used as dynamic documents and that the risk management framework is comprehensively updated to reflect the move to InPhase and the creation of the directorates. This refresh should also incorporate the Trust position in relation to risk appetite.		<p>Interim review of the Policy and SOP to reflect the changes to InPhase and the Directorates, when the systems and structures changed over in March last year, completed in June 2023. This is being reviewed again in light of further experience of the InPhase system and to automate away from manual extraction of data from InPhase to ensure reports are timely and easy to access and cover risk descriptions and related actions. Due to complete end of September 24.</p> <p>To discuss with Audit and Risk Committee in June and to explore options of external support in helping to set the risk appetite. Board seminar to be scheduled.</p> <p>To align the BAF and TRR (through the BAF Oversight meeting with Executives and going forward the TLT) so that movement is captured as near to real time as possible and that the quality of actions and controls is reviewed to ensure adequacy and credibility. - complete</p>
11	The Board should consider increasing its focus on digital with a view to accelerating progress with this critical agenda item. This would be aided by enhanced coverage from committees, a refreshed digital strategy and dedicated executive digital leadership. The Trust should also use the opportunity as a mechanism for further promoting clinical engagement at the Trust.		<p>No specific board oversight required, over and above current approaches.</p> <p>Responsibility delegated to QC and to FPC as appropriate, with escalation to board if there are significant delays/issues.</p>
12	The Board should review opportunities for further enhancing NED visibility, such as participation in webinars, improved use of directorate alignment or attendance at other staff forums. In addition, it should consider a 'You said, we did' framework to address perceptions that actions are not taken because of staff feedback and develop an engagement strategy to enhance engagement with its two Local Authorities and primary care colleagues.		Update pending

13	The Trust should consider the benefits of more closely aligning and consolidating the QI portfolio with the transformation portfolio.		<p>The QI and Transformation teams merged to form the Improvement Team in April. It has resulted in a harmonisation of methodologies and further development and upskilling of the new form team is underway to assist in driving the organisational strategy and further improvements across the organisation.</p> <p>Closer work is now being achieved with the Research and Clinical Audit teams with a single point of access that will allow for closer tracking of interdependencies and benefits realisation.</p>
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3 Workforce Data

- 3.1 Following out previous report on workforce recruitment and retention the committee requested a briefing on workforce for Medway including agency staff figures.
- 3.2 Below is a table which shows the in-month absences for June 2024 for teams based in Medway, the 12-month absence rate and the current substantive vacancy rate for each team. The table also shows the organisational development data for the Medway teams including mandatory training, appraisal and supervision compliance.
- 3.3 Please note; the data below shows only those teams who are based in Medway AND are servicing the population of Medway. It does not show staff who may be contractually based in Medway but do not work for a Medway team i.e. those who work remotely from a Medway site.

Team/ Department	Establishment	In month absences rate (June'24)	12-month absence rate	Current Vacancy rate (June '24)	Essential training compliance (July 24)	Appraisal rates (2023)	Supervision Rates (June 24)
Medway CMHT	57	8.88%	6.54%	22.03%	92.3%	91.18%	61.82%
Medway CMHT Admin	1	100%	57.11%	72.22%	75.0%	N/A	0%
Medway CMHTOP	19	8.56%	6.73%	-26.12%	91.6%	100%	91.67%
Medway CRHT	36	2.98%	6.14%	2.72%	94.4%	91.3%	57.14%
CRHT – Medway Intervention Team	0	0%	0%	100%			
Medway Liaison Services	23	1.49%	6.45%	0.04%	93.4%	100%	47.62%
Overall Trust data		4.4%	4.6%	11.9%	94.4%	96.8%	73.09%

- 3.4 Medway CMHT currently has 57 whole time equivalents (WTE's) staff in post, and a vacancy rate of 22%. This is higher than the Trust average, although more aligned with vacancy rates in other CMHTs. The team is stable with a 5.61% turnover rate. Sickness absence is 6.5%, which is aligned with current absence levels in other similar teams, although absence levels across the Trust are higher than normal for this time of year. There is satisfactory compliance with mandatory training and appraisal, but work to do to increase 1:1 frequency.
- 3.5 Medway CMHTOP currently has 19 WTE staff in post and no vacancies. It also is a relatively stable team, with no recent leavers. Sickness absence is currently 6.73%, which is aligned with absence levels in other similar teams at present. Engagement is satisfactory with mandatory training, appraisal and 1:1. Medway CMHTOP has relied on 75 hours of agency

- staffing each week in July to cover absences, making it one of the teams in KMPT with the highest levels of agency use.
- 3.6 Medway CRHT currently has 36 WTE staff in post and a minimal vacancy rate of 2.7%. The team is stable with a 3.14% turnover rate, and is seeing sickness absence aligned to current levels in similar teams. Engagement with mandatory training is good at 94.4%, and with appraisal at 91.3%. There is more work to do to increase 1:1 frequency.
 - 3.7 Medway Liaison currently has 23 WTE staff in post and no live vacancies. It does however have a high turnover rate of 8.85%, and is in KMPT's top 10 teams for agency hours used, having used 337 hours of agency staffing in July. Sickness absence levels are aligned to those in other similar teams at KMPT, although similarly higher than normal for this time of year. Completion of mandatory training and appraisal is good at 93.4% and 100% respectively, but there is more work to do to increase 1:1 frequency.
 - 3.8 In terms of the organisational development data shown on the far side of the table. The trust target for the completion of essential training is 95%. Essential training includes various training sessions including infection control, basic life support safeguarding etc. The courses that need to be completed by a staff member will differ depending on role, for example clinical staff will have additional/ different modules compared to non-clinical staff.
 - 3.9 The trust operates an appraisal window system whereby all appraisals are completed between June – October each year. The data above shows figures for 2023 as the current appraisal window is still active.
 - 3.10 Supervision data refers to regular one to one meeting that staff have with their line manager. This data is recorded online via the iLearn platform. In May '24, the process for this was simplified to encourage staff and line managers to record supervisions appropriately. This new process is still embedding and therefore we anticipate numbers to increase in the coming weeks/ month

4 Staff Survey Results

- 4.1 The committee requested an overview of the national staff survey results for staff in Medway – see Appendix 2. Please note; it is only possible to show data for teams with 11 or more members of staff.
- 4.2 There is a significant difference in the experiences of teams in Medway with Medway CMHTOP having positive results. Medway CRHT having very varied results and Medway CMHT unfortunately having results which are far below our ambitions for all our staff
- 4.3 In Medway CMHT, the Staff Survey suggests some material challenges in relation to staff experience, and we are focusing on improving the sense of feeling valued (we've introduced a new staff recognition scheme), and how we involve the team in decisions around change, which will in turn reduce some of the frustration we know the team experience.

5 Incidences of Violence

- 5.1 Incidents in Medway make up a small proportion of our organisation's overall violence and aggression incident rates – approximately just under 2% of all incidents relate to teams who operate primarily in Medway according to InPhase (our internal incident reporting system). Our Acute and Forensic & Specialist wards, in contrast, see approximately 85% of all reported incidents of violence and aggression. For these reasons our focus as an organisation has been on our inpatient wards/units.
- 5.2 The graph below shows the number of incidences of violence and aggression which occurred between March 2023 and June 2024. Of the 32 incidents that occurred on four KMPT sites within the Medway area, 4 incidents were categorised as 'physical contact', and 0 of the 32 incidents were reported to have resulted in any degree of physical harm caused

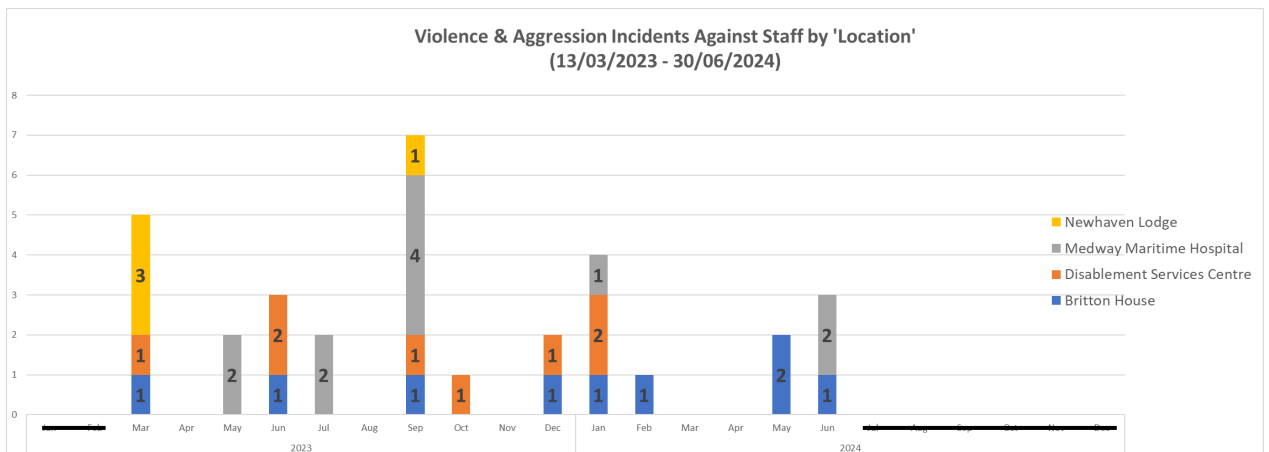


Figure 1: InPhase incident data for the following categories: patient to staff, visitor/other to staff, staff to staff.

5.3 The graph below shows the total number of acts of violence and aggression which occurred against staff in the Medway team. Those in orange serve only the Medway population whereas those in blue are teams which serve Medway plus other areas such as Swale or West Kent

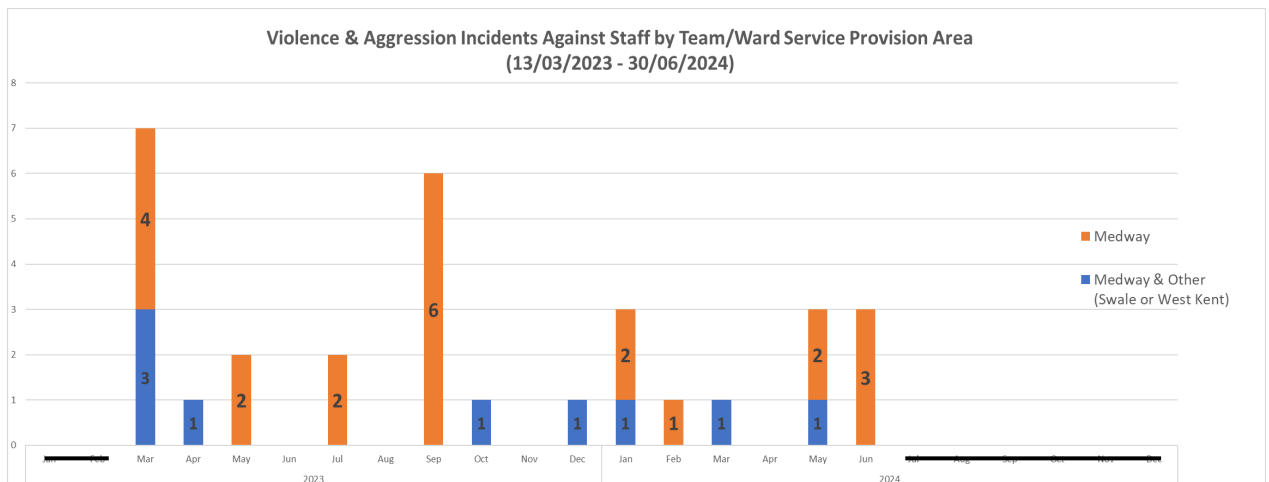


Figure 2: InPhase incident data for the following categories: patient to staff, visitor/other to staff, staff to staff. Teams/wards included within Medway: Newhaven Lodge; Medway CMHT; Medway Liaison Psychiatry Team; Medway CMHSOP. Teams/wards included in Medway & Other: West Kent and Medway OA Psychology; Medway and Swale CRHT; West Kent and Medway Community Rehabilitation; Home Treatment Team Medway and Swale; Rapid Response Medway and Swale.

5.4 Kent and Medway NHS and Social Care Partnership Trust's 2023-2026 strategy includes two outcome measures relating to the reduction of violence and aggression in our organisation:

- Decrease violence and aggression on our wards by 15%
- Reduce racist violence and aggression incidents to 15%, in line with national average

5.5 To help achieve these aims, we have established a Violence & Aggression programme which has been selected as a strategic priority for our

organisation in year 1 and year 2 of our strategy delivery plan – along with five other areas of focus. The violence and aggression programme have maintained close alignment to our security strategy, through which we have delivered a new telephone verbal aggression SOP and reporting process, upgraded/updated CCTV infrastructure and policies, launched a pilot project on body-worn cameras, and received agreement to include a commitment to delivering on an ‘acceptable behavioural agreement’ and implementing ‘restorative justice’.

- 5.6 A core element of the programme is the implementation of the Safety Culture Bundle. The bundle consists of four elements: 1. Safety crosses; 2. Safety huddle; 3. Brosset violence checklist; 4. Community meetings.
- 5.7 With support from the Improvement team, the Safety Culture Bundle has been implemented across 17 wards in our Acute directorate, and we will soon be further supporting the Forensic & Specialist directorate with their roll-out. Where the Culture Bundle helps identify specific problem areas, we are utilising A3 improvement methodology to respond in a targeted way.
- 5.8 The programme has identified there are improvements that need to be made to our culture of incident reporting to ensure we have a complete and accurate understanding of violence and aggression in our organisation to effectively respond to trends and rates. This has made it difficult to know whether any increase in reporting is due to improved reporting culture, or a real increase in incidents. A new working group to review our InPhase incident reporting system will explore opportunities to streamline the reporting process and understand how we can better capture incidents – particular verbal incidents. Additionally, the violence and aggression programme will be capturing additional data such as staff sickness rates, restraints/seclusions, harm, A&E attendance, etc to ensure we are comprehensively monitoring our violence and aggression position.

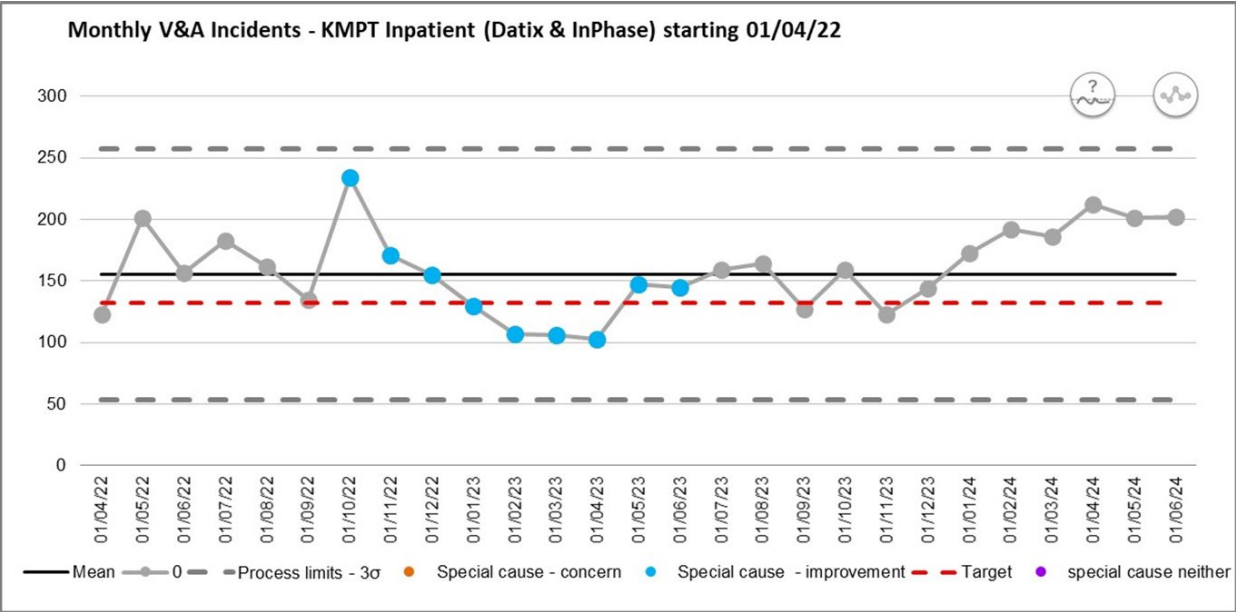


Figure 3: InPhase incident data for all categories, including only inpatient wards/areas within scope of the violence and aggression programme. Process control limits and the mean is locked according to our 22-23 baseline. Red target line represents an equal monthly division of our 15% reduction target.

Appendices

Appendix 1 – Below the public consultation documents relating to Ruby ward

[Improving inpatient mental health care in Kent and Medway \(August 2021\)](#)

Appendix 2 – A table to show the National Staff Survey Results, 2023 for Medway teams.

Locality 4 - Medway	KMPT Overall	Medway CMHT	Medway CRHT	Medway CMHTOP
Description	n = 1916	n = 32	n = 12	n = 10
Often/always look forward to going to work	55.4%	46.9%	50.0%	40.0%
Often/always enthusiastic about my job	69.4%	71.9%	58.3%	60.0%
Time often/always passes quickly when I am working	72.6%	53.1%	66.7%	70.0%
Always know what work responsibilities are	84.3%	75.0%	66.6%	90.0%
Feel trusted to do my job	90.3%	87.5%	91.6%	90.0%
Opportunities to show initiative frequently in my role	77.0%	71.9%	58.3%	90.0%
Able to make suggestions to improve the work of my team/dept	77.7%	62.5%	50.0%	90.0%
Involved in deciding changes that affect work	51.4%	25.0%	25.0%	60.0%
Able to make improvements happen in my area of work	60.3%	37.5%	41.6%	60.0%
Able to meet conflicting demands on my time at work	49.2%	45.2%	33.3%	60.0%
Have adequate materials, supplies and equipment to do my work	66.9%	50.0%	41.6%	60.0%
Enough staff at organisation to do my job properly	33.6%	21.9%	16.6%	30.0%
Satisfied with recognition for good work	61.7%	37.5%	33.3%	40.0%
Satisfied with extent organisation values my work	48.3%	21.9%	33.3%	30.0%

Satisfied with level of pay	31.4%	18.8%	8.3%	0.0%
Satisfied with opportunities for flexible working patterns	67.6%	46.9%	66.6%	80.0%
Have realistic time pressures	31.3%	21.9%	33.3%	10%
Have a choice in deciding how to do my work	60.3%	53.1%	25.0%	30.0%
Relationships at work are unstrained	54.2%	46.9%	75.0%	60.0%
Feel my role makes a difference to patients/service users	83.7%	70.0%	81.8%	90.0%
Organisation is committed to helping balance work and home life	55.7%	34.4%	50.0%	40.0%
Achieve a good balance between work and home life	59.9%	50.0%	66.7%	40.0%
Can approach immediate manager to talk openly about flexible working	81.1%	71.9%	66.7%	80.0%
Team members have a set of shared objectives	76.9%	62.5%	75.0%	90.0%
Team members often meet to discuss the team's effectiveness	68.7%	50.0%	58.3%	100.0%
Receive the respect I deserve from my colleagues at work	75.4%	68.8%	66.7%	90.0%
Team members understand each other's roles	70.5%	56.3%	75.0%	80.0%
Enjoy working with colleagues in team	83.7%	81.3%	75%	90.0%
Team has enough freedom in how to do its work	61.4%	43.8%	66.7%	60.0%
Team deals with disagreements constructively	61.1%	50.0%	58.3%	60.0%
Feel valued by my team	74.3%	68.8%	58.3%	100.0%
Feel a strong personal attachment to my team	66.3%	59.4%	58.3%	70.0%
Teams within the organisation work well together to achieve objectives	50.4%	28.1%	50.0%	80.0%
Colleagues are understanding and kind to one another	75.2%	71.9%	83.3%	90.0%
Colleagues are polite and treat each other with respect	77.1%	71.9%	75.0%	100.0%

Colleagues show appreciation to one another	73.3%	75.0%	66.7%	100.0%
Immediate manager encourages me at work	80.5%	65.6%	58.3%	90.0%
Immediate manager gives clear feedback on my work	77.7%	68.8%	66.7%	90.0%
Immediate manager asks for my opinion before making decisions that affect my work	68.0%	43.8%	66.7%	60.0%
Immediate manager takes a positive interest in my health & well-being	79.9%	71.9%	66.76%	70.0%
Immediate manager values my work	81.0%	75.0%	75.0%	90.0%
Immediate manager works with me to understand problems	77.5%	65.6%	58.3%	80.0%
Immediate manager listens to challenges I face	78.6%	62.5%	66.7%	80.0%
Immediate manager cares about my concerns	77.9%	62.5%	66.7%	60%
Immediate manager helps me with problems I face	75.7%	59.3%	66.7%	70%
Don't work any additional paid hours per week for this organisation, over and above contracted hours	74.9%	75.0%	50.0%	40%
Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	40.9%	56.3%	50.0%	*
Organisation takes positive action on health and well-being	58.4%	34.4%	50.0%	30.0%
In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	80.2%	75.0%	83.3%	40.0%
In last 12 months, have not felt unwell due to work related stress	60.6%	58.1%	41.7%	50.0%
In last 3 months, have not come to work when not feeling well enough to perform duties	49.0%	46.9%	16.7%	30.0%
Not felt pressure from manager to come to work when not feeling well enough	85.1%	93.3%	90.0%	*
Never/rarely find work emotionally exhausting	23.1%	12.5%	16.7%	10%
Never/rarely feel burnt out because of work	33.9%	25%	33.3%	20.0%

Never/rarely frustrated by work	24.1%	62.5%	33.3%	20.0%
Never/rarely exhausted by the thought of another day/shift at work	42.2%	43.8%	25.0%	20.0%
Never/rarely worn out at the end of work	20.9%	15.6%	16.7%	10.0%
Never/rarely feel every working hour is tiring	55.9%	43.8%	50.0%	30.0%
Never/rarely lack energy for family and friends	38.4%	28.1%	25.0%	20.0%
Not experienced physical violence from patients/service users, their relatives or other members of the public	83.7%	93.8%	83.3%	80.0%
Not experienced physical violence from managers	99.3%	100%	100%	100%
Not experienced physical violence from other colleagues	98.6%	96.8%	100%	100%
Last experience of physical violence reported	*	*	*	*
Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	72.5%	71.0%	41.6%	70.0%
Not experienced harassment, bullying or abuse from managers	91.1%	90.6%	100%	100%
Not experienced harassment, bullying or abuse from other colleagues	85.0%	78.1%	66.6%	100%
Last experience of harassment/bullying/abuse reported	63.6%	63.6%	*	*
Organisation acts fairly: career progression	57.6%	40.6%	72.7%	*
Not experienced discrimination from patients/service users, their relatives or other members of the public	89.5%	93.8%	75.0%	60.0%
Not experienced discrimination from manager/team leader or other colleagues	91.3%	96.8%	91.7%	100%
Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	89.4%	96.9%	83.3%	100%
Not experienced unwanted behaviour of a sexual nature from other colleagues	96.5%	96.9%	100%	100%

Not seen any errors/near misses/incidents that could have hurt staff/patients/service users	72.3%	67.7%	66.6%	90.0%
Staff involved in an error/near miss/incident treated fairly	54.2%	37.5%	45.5%	*
Encouraged to report errors/near misses/incidents	88.9%	80.6%	100%	90.0%
Organisation ensure errors/near misses/incidents do not repeat	67.6%	65.4%	66.6%	90.0%
Feedback given on changes made following errors/near misses/incidents	63.7%	67.9%	91.7%	80.0%
Would feel secure raising concerns about unsafe clinical practice	72.5%	68.8%	58.3%	60.0%
Would feel confident that organisation would address concerns about unsafe clinical practice	56.8%	37.5%	41.7%	60.0%
Feel organisation respects individual differences	70.7%	65.6%	63.6%	30.0%
I can eat nutritious and affordable food at work	54.4%	68.8%	50.0%	30.0%
Received appraisal in the past 12 months	87.8%	68.8%	83.3%	*
Appraisal helped me improve how I do my job	27.3%	18.1%	20.0%	*
Appraisal helped me agree clear objectives for my work	39.5%	31.2%	30.0%	*
Appraisal left me feeling organisation values my work	36.6%	22.7%	30.0%	*
Organisation offers me challenging work	71.5%	65.6%	75.0%	70.0%
There are opportunities for me to develop my career in this organisation	55.5%	34.4%	58.3%	60.0%
Have opportunities to improve my knowledge and skills	74.5%	53.1%	66.7%	70.0%
Feel supported to develop my potential	63.1%	40.6%	50.0%	60.0%
Able to access the right learning and development opportunities when I need to	66.0%	40.6%	66.6%	80.0%
Care of patients/service users is organisation's top priority	73.2%	62.5%	66.6%	90.0%
Organisation acts on concerns raised by patients/service users	72.5%	68.8%	66.6%	90.0%

Would recommend organisation as place to work	57.8%	31.3%	41.7%	30.0%
If friend/relative needed treatment would be happy with standard of care provided by organisation	53.2%	28.1%	33.3%	80.0%
Feel safe to speak up about anything that concerns me in this organisation	62.8%	56.3%	66.7%	30.0%
Feel organisation would address any concerns I raised	50.8%	31.3%	33.3%	30.0%
I don't often think about leaving this organisation	42.6%	31.3%	25.0%	20.0%
I am unlikely to look for a job at a new organisation in the next 12 months	50.3%	34.4%	41.7%	20.0%
I am not planning on leaving this organisation	56.9%	43.8	41.7%	20.0%
Disability: organisation made reasonable adjustment(s) to enable me to carry out work	78.4%	*	*	*