

TG ICFT & SFT Public Board Meeting Held in Common

Thu 26 March 2026, 09:30 - 13:05

TG ICFT, Boardroom, Silver Springs Building, Ground Floor

Agenda

09:30 - 09:45 **1. Welcome & Apologies for Absence**

15 min

David Wakefield

09:45 - 09:45 **2. Declaration of Interests**

0 min

All

09:45 - 09:45 **3. Patient Story**

0 min

Information

Jacqui Burrow

(This patient story features a TG ICFT patient. Future patient & staff stories will cover both SFT and TG ICFT)

09:45 - 09:45 **4. Minutes of Previous Meetings:**

0 min

Decision

David Wakefield

4.1. TG ICFT - Held on 29 January 2026

☐ 04.1 - TGICFT Public Board Minutes - January 2026.pdf (11 pages)

4.2. SFT - Held on 5 February 2026

☐ 04.2 - SFT Public Board Minutes - 5 February 2026.pdf (10 pages)

09:45 - 09:45 **5. Matters Arising**

0 min

David Wakefield

09:45 - 09:45 **6. Action Log:**

0 min

Information

David Wakefield

6.1. TG ICFT

☐ 06.1 - TGICFT Public Action Log - March 2026.pdf (1 pages)

6.2. SFT

☐ 06.2 - SFT Public Board Action Log - March 2026.pdf (1 pages)

09:45 - 09:55 **7. Joint Chair's Report**

10 min

Discussion

David Wakefield

☐ 07 - Joint Chair Report - March 2026.pdf (5 pages)

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09:55 - 10:05 8. Chief Executive's Report

10 min

Discussion

Karen James

☐ 08 - Chief Executive Report - March 2026.pdf (4 pages)

STRATEGY & PLANNING

10:05 - 10:15 9. SFT and TG ICFT Medium Term Plan 2026/27 - 2028/29

10 min

Discussion

Paul Buckley

☐ 09 - Operational Plan Submission 11 February.pdf (2 pages)

10:15 - 10:25 10. SFT & TG ICFT Capital Plan 2026/27 - 2028/29

10 min

Discussion

Paul Buckley

☐ 10 - SFT & TG ICFT Cover sheet Capital Plan.pdf (5 pages)

☐ 10a - SFT & TG ICFT Capital Plan.pdf (15 pages)

FINANCE & PERFORMANCE

10:25 - 10:35 11. Finance & Performance Committee Alert, Advise & Assure Report:

10 min

11.1. TG ICFT

Discussion

David Curtis

☐ 11.1 - TGICFT Finance and Performance Committee Alert Assure & Advise Report - March 2026.pdf (2 pages)

11.2. SFT

Discussion

Anthony Bell

☐ 11.2 - SFT Finance & Performance Committee AAA Report - Feb & Mar 2026.pdf (2 pages)

10:35 - 11:05 12. Integrated Performance Report - Month 11:

30 min

Discussion

Executive Directors

12.1. TG ICFT

☐ 12.1 - TGICFT Integrated Performance Report.pdf (15 pages)

12.2. SFT

☐ 12.2a - SFT Integrated Performance Dashboard Front Sheet.pdf (2 pages)

☐ 12.2b - SFT Integrated Performance Dashboard - March 26.pdf (23 pages)

11:05 - 11:20 13. Finance Report - Month 11:

15 min

Discussion

John Graham

13.1. TG ICFT

☐ 13.1a - TG ICFT M11 Finance Report - Front Sheet.pdf (2 pages)

☐ 13.1b - TG ICFT M11 Finance Report - March 2026.pdf (23 pages)

13.2. SFT

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- ☐ 13.2a - SFT M11 Finance Report.pdf (2 pages)
- ☐ 13.2b - SFT M11 Finance Report - March 2026.pdf (20 pages)

11:20 - 11:25 **14. Update: Opening Budgets 2026/27**

5 min

Discussion *John Graham*

- ☐ 14 - Opening Budget 2026-27 Update.pdf (2 pages)

11:25 - 11:30 **15. Board Resolution: Revenue Support 2026/27**

5 min

Decision *John Graham*

15.1. TG ICFT

- ☐ 15.1 - TG ICFT Board Resolution 2026-27.pdf (5 pages)

15.2. SFT

- ☐ 15.2 - SFT Board Resolution 2026-27.pdf (5 pages)

11:30 - 11:45 ***BREAK***

15 min

QUALITY

11:45 - 11:55 **16. Quality Committee Alert, Advise & Assure Report:**

10 min

16.1. TG ICFT

Discussion *Hina Khan*

- ☐ 16.1 - TGICFT Quality Committee Alert, Advise & Assure Report.pdf (2 pages)

16.2. SFT

Discussion *Louise Sell*

- ☐ 16.2 - SFT Quality Committee AAA Report - February 2026.pdf (3 pages)

PEOPLE

11:55 - 12:05 **17. Workforce / People Performance Committee Alert, Advise & Assure Report:**

10 min

17.1. TG ICFT

Discussion *Michael Forrest*

- ☐ 17.1 - TGICFT Workforce Committee Alert, Advise & Assure Report.pdf (2 pages)

17.2. SFT

Discussion *David Curtis*

- ☐ 17.2 - SFT People Performance Committee AAA Report - March 2026.pdf (2 pages)

12:05 - 12:30 **18. NHS Staff Survey Results:**

25 min

Discussion *Karen James*

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18.1. TG ICFT

- ☐ 18.1 - TGICFT Staff Survey 2025.pdf (15 pages)
- ☐ 18.1a - Appendix 1 TGICFT Benchmark Report.pdf (154 pages)

18.2. SFT

- ☐ 18.2 - SFT Staff Survey 2025.pdf (16 pages)
- ☐ 18.2a - Appendix 1 SFT Benchmark Report.pdf (154 pages)

GOVERNANCE

12:30 - 12:35 5 min **19. SFT Audit Committee Alert, Advise & Assure Report: Including Approval of the Policy for Engagement of External Auditor for Non-Audit Purposes**

Decision David Hopewell

- ☐ 19 - SFT Audit Committee AAA Report - 17 February 2026.pdf (2 pages)
- ☐ 19a - Policy for Non-Audit Services - February 2026.pdf (14 pages)

12:35 - 12:45 10 min **20. Approval of SFT and TG ICFT Joint Governance Arrangements & Documentation**

Decision Paul Buckley / Rebecca McCarthy

- ☐ 20 - Approval of SFT & TG ICFT Joint Corporate Governance Arrangements & Documentation.pdf (12 pages)

12:45 - 12:50 5 min **21. Non-Executive Director Roles & Responsibilities**

Decision David Wakefield

- ☐ 21 - Non-Executive Director Roles & Responsibilities - March 2026.pdf (4 pages)

12:50 - 13:00 10 min **22. TG ICFT & SFT Board Assurance Framework Q4 2025/26**

Decision Karen James

- ☐ 22 - TGICFT & SFT Board Assurance Framework Q4 2026-26 - March 2026.pdf (3 pages)
- ☐ 22a - Appendix 1 - TG ICFT Board Assurance Framework Q4 2025-26.pdf (22 pages)
- ☐ 22b - Appendix 2 - SFT Board Assurance Framework Q4 2025-26.pdf (25 pages)
- ☐ 22c - Appendix 3 - TG ICFT Significant Risk Register Report.pdf (3 pages)
- ☐ 22d - Appendix 4 - SFT Significant Risk Register Report.pdf (2 pages)

13:00 - 13:05 5 min **23. TG ICFT & SFT Trust Seal Report**

Discussion Rebecca McCarthy

- ☐ 23 - SFT & TG ICFT Trust Seal Report.pdf (2 pages)

CLOSING MATTERS

13:05 - 13:05 0 min **24. Any Other Business**

David Wakefield

DATE & TIME OF NEXT MEETING

13:05 - 13:05 0 min **25. Thursday 4 June 2026, 9.30am**

Subject to approval of the SFT and TG ICFT Joint Governance Arrangements, this will be the inaugural meeting of the Joint

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13:05 - 13:05

26. Resolution:

0 min

"To move the resolution that the representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to commercial interests, sensitivity and confidentiality of patients and staff, publicity of which would be premature and/or prejudicial to the public interest".

Tameside and Glossop Integrated Care NHS Foundation Trust

Minutes of a public meeting of the Board of Directors,
Thursday 29 January 2026
 at 9.30am, Board Room, Silver Springs House and via MS Teams

Present

David Wakefield	Joint Chair
Fara Arshad	Non-Executive Director
Jacqui Burrow	Chief Nurse
Michael Forrest	Non-Executive Director
John Graham	Chief Finance Officer
David Curtis	Non-Executive Director
Dilraj Sandher	Chief Medical Officer
Hina Khan	Non-Executive Director
Jonathan O'Brien	Chief Operating Officer

In Attendance

Rebecca McCarthy	Company Secretary
Nonye Izu-Obi	Deputy Trust Secretary
Amanda Bromley	Director of People and Organisational Development (OD)
Paul Buckley	Director of Strategy & Partnerships (Items 156/25, 157/25)
Rachel Alexander-Patton	Divisional Nursing and Midwifery Director (Item 162/25)
Helen Purves	Clinical Director Women's and Children's Services (Item 162/25)

Observers

Rob Little	Business Development Manager, Abbott Rapid Diagnostics Ltd
Nicola Withington	Staff Governor
Champak Mistry	Public Governor
Mike Ramsden	Public Governor
Nigel Lenegan	Staff Governor
Lesley Surman	Public Governor, Stockport NHS Foundation Trust

REF No/Yr.	ITEM	ACTION OWNER
149/25	Apologies for Absence Michael Forrest, Non-Executive Director, welcomed everyone to the meeting. Apologies for absence were received from Karen James, Chief Executive, and it was noted that the Joint Chair would be joining the meeting in due course.	
150/25	Declarations of Interest No potential conflicts of interest were declared for open agenda items.	
151/25	Minutes of Previous Meeting The minutes of the previous meeting held on 27 November 2025 were agreed as a true and accurate record.	
152/25	Matters Arising & Action Log There were no matters arising in addition to those included on the agenda and there were no open actions.	

153/25	Staff Story The Director of People & OD introduced the Staff Story and provided an overview of a shared Knowledge and Library Service between the Trust and Stockport NHS Foundation Trust (SFT). The Board of Directors noted the Staff Story.	
154/25	Joint Chair's Report The Joint Chair's report highlighted the continued progress made in implementing the new collaboration arrangements between the Trust and SFT, national provider leadership updates, Board of Directors changes and the key meetings & visits. The Board of Directors received and noted the Joint Chair's Report.	
155/25	Chief Executive's Report The Chief Operating Officer/Deputy Chief Executive presented the Chief Executive's report and highlighted progress towards finalising the Medium-Term Plan, early delivery of the Outpatient Transformation Programme, alignment with new national guidance on sexual safety and chaperoning, the start of staff engagement on the North West neonatal services review, and operational performance marked by continued urgent & emergency care (UEC) pressures alongside elective and diagnostic strengths, noting recent capital developments including the opening of the MRI suite and progress on women's health refurbishments. Fara Arshad, Non-Executive Director, enquired about the impact of a national online NHS trust, possible income effects of patients choosing any consultant nationally. The Chief Operating Officer explained that the evolving NHS App model would broaden access and require outpatient pathways to adapt as more advice, guidance and referral management move online. David Curtis, Non-Executive Director, expressed a view that long distance consultant choice was likely limited and that shifting activity into community settings for some services carried estates and safety considerations. Financially, the Chief Finance Officer advised that block contracting meant the income impact of national digital reforms was uncertain. The Chief Operating Officer noted that wider reforms would support patient choice and digital referral routes. The Chief Medical Officer added that, while national ambition for expanded virtual pathways was clear, a costed implementation plan would require further provider input. In response to a question from Hina Khan, Non-Executive Director, the Chief Operating Officer confirmed it was too early to evidence improvement against the 4-hour standard from GP-led front door streaming given wider pressures, albeit early staff and patient feedback indicated faster routing and improved safety and responsiveness. The Joint Chair joined the meeting. The Board of Directors received and noted the Chief Executive's Report.	
156/25	Stockport NHS Foundation Trust and Tameside & Glossop Integrated Care Foundation Trust Collaboration	

	The Director of Strategy & Partnerships presented the collaboration update and confirmed continued progress across the corporate and clinical workstreams, noting that a draft joint clinical strategy, aligned with emerging site and estate plans, was nearing completion. He highlighted that benefits were being tracked through an established framework and invited the Board to consider the proposed next steps. In response to a question from Hina Khan, Non-Executive Director, on NHS App implementation and the role of collaboration in strengthening advice and guidance, the Chief Medical Officer explained that full functionality depended on deploying the new Electronic Patient Record (EPR). The Director of Strategy & Partnerships noted that advice and guidance formed part of wider demand management initiatives, and the Chief Operating Officer added that performance varied by specialty, with GPs using both the Greater Manchester (GM) commissioned Consultant Connect for general queries and direct secondary care advice depending on patient need. Michael Forrest, Non-Executive Director, sought assurance on how priorities would be focused given the breadth of collaboration work. The Director of Strategy & Partnerships explained that the emerging joint clinical strategy would provide a more structured, clinically led basis for prioritisation at divisional level. Responding to a query from Fara Arshad, Non-Executive Director, on whether safeguarding functions could be combined, the Chief Nurse advised that safeguarding would remain separate due to differing locality arrangements and statutory interfaces. The Joint Chair challenged whether the programme was ambitious enough in light of national expectations for more radical change, with Michael Forrest emphasising the need for pace. The Director of Strategy & Partnerships outlined the range of options in the joint clinical strategy, from shared practice through to potential single-service models and confirmed that further clinical and operational engagement would determine the best approach for each specialty. The Director of People and OD highlighted that corporate collaboration had shifted from opportunistic to deliberate, with joint structures progressing through shared governance. The Chief Finance Officer noted alignment with GM-wide developments such as procurement and the GM single-ledger programme, while the Chief Operating Officer emphasised that material infrastructure and resourcing differences meant that significant consolidation would require substantial investment. The Joint Chair encouraged continued exploration of single-service opportunities under unified leadership where these would improve outcomes and efficiency. The Board of Directors received and discussed the update on the corporate and clinical collaboration work.	
157/25 Curtis-Soile 24/03/2026 14:08:35	Joint Corporate Governance Model: Go / No Go Criteria Assessment The Director of Strategy & Partnerships presented the Go/No-Go assessment for the joint corporate governance model, providing evidence of readiness for joint arrangements. He explained how Board and Committee functioning would change under the new model, positioned governance as an enabler of legally robust joint working, and recommended a Go decision.	

	The Chief Operating Officer commended the thoroughness of the work and noted that the documentation, due diligence and legal advice provided sufficient assurance for the Board to proceed. In response to a question from the Joint Chair, the Director of Strategy & Partnerships confirmed that external legal advice had identified areas to test pooled budget mechanisms, and the Chief Finance Officer advised that any such arrangements must preserve year-end audit assurance for two separate statutory bodies. Fara Arshad, Non-Executive Director, sought clarification on engagement with Local Authorities and Healthwatch. The Joint Chair confirmed that stakeholders were sighted on the direction of travel but were not being asked to approve internal governance changes. The Chief Operating Officer added that both organisations would remain separate statutory providers, with no immediate change to local pathways such as children's services. David Curtis, Non-Executive Director, noted that statutory safeguarding interfaces and named roles would continue to be maintained locally. The Director of Strategy & Partnerships advised that the legal framework provided flexibility to tailor the arrangements within clear parameters and that some elements would continue to mature post-implementation. The Company Secretary added that the assessment created the framework needed to support decision-making and manage subsequent change. The Joint Chair concluded by confirming that the reading room would open to provide the supporting evidence base ahead of the March board development session to progress implementation planning. The Board of Directors approved the implementation of joint corporate governance arrangements with Stockport NHS Foundation Trust from 1 April 2026 and commended the work of all involved.	
158/25	Report from Finance and Performance Committee David Curtis, Non-Executive Director, and Chair of Finance and Performance Committee, presented the 'Alert, Advise & Assure' report from the Finance and Performance Committee, highlighting key matters for escalation from the January 2026 Committee meeting. Michael Forrest, Non-Executive Director, recognised the substantial work undertaken and observed that external dependencies in the 2025/26 plan had not materialised, urging tighter management in future planning. David Curtis agreed on the need for firmer partner commitments with prompt escalation where delivery risk emerged. The Chief Finance Officer reminded the Board that additional income assumed at plan sign-off had not crystallised, necessitating a revised control total, and emphasised that financial grip and control remained strong with a clear focus on delivering the year-end outturn. The Chief Finance Officer noted the challenge of reconciling headcount commitments with quality and safety given the predominance of pay costs. David Curtis added that workforce reduction targets were unlikely to be met	

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	in-year due to operational pressures, with recovery actions to carry into 2026/27. In response to questions from Fara Arshad, Non-Executive Director, on potential loan support, the Chief Finance Officer explained that GM finances were being managed at system level, with limited scope for provider-to-provider support while surpluses were scarce and any re-allocations unconfirmed. David Curtis outlined that multiple regulatory steps would precede any failure and that a more strategic ICB approach should enable targeted support to maintain overall system balance. The Joint Chair summarised recent national messages, stressing the need to deliver the year-end position, reduce run rates and submit plans that meet control totals, and reiterated that Boards were accountable for both quality standards and financial performance. The Board of Directors noted the report from the Finance and Performance Committee.	
159/25	Integrated Performance Report The Chief Operating Officer introduced the Integrated Performance Report and highlighted exceptions in infection prevention and control (IPC), urgent and emergency care (UEC) waits and staff sickness. He reported continued strong delivery in cancer and diagnostics, with elective access on track and a time-limited outpatient sprint underway to accelerate long-wait reductions. He noted that elective backlogs had reduced materially while UEC performance remained constrained by bed capacity. The Chief Nurse reported that IPC performance remained challenged, although E. coli trends had improved on last year and MSSA performance had strengthened. She noted that December corridor and escalation pressures had impeded progress but were now receding, falls with harm continued to trend down and that inpatient experience (FFT) remained top-quartile, while outpatient response rates and scores lagged, with actions agreed to raise engagement. The Director of People and OD reported an expected seasonal rise in short-term sickness linked to winter respiratory illness, outlined vaccination and wellbeing support, and advised that rates would be expected to decline as the winter passed. In response to queries from the Joint Chair and Fara Arshad, Non-Executive Director, the Chief Nurse outlined a targeted E. coli improvement programme and strengthened antimicrobial stewardship; the Chief Medical Officer confirmed work to align prescribing with the GM formulary under shared microbiology leadership. David Curtis, Non-Executive Director, emphasised the importance of hand hygiene and sepsis management, and the Chief Nurse reported constructive staff-side support. Hina Khan, Non-Executive Director, encouraged greater use of digital prompts to improve outpatient FFT engagement. The Chief Nurse explained that digital routes were in place but willingness to respond remained the constraint, and the Director of People and OD noted that	

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	many patients preferred to submit feedback after being seen, indicating the need to adjust timing and approach. Responding to a query from the Joint Chair on rising mortality indicators, the Chief Medical Officer and the Chief Operating Officer outlined contributory factors and confirmed an audit focus on respiratory pathways. The Joint Chair requested further detail was provided clarifying the Trust's Summary Hospital-level Mortality Indicator (SHMI) position relative to peers and planned actions (ACTION). In response to questions from the Joint Chair on the outpatient sprint, the Chief Operating Officer confirmed delivery through additional weekend waiting list initiatives for long-wait new outpatients and noted the consequent increase in diagnostic demand. The Chief Nurse advised that staffing the sprint with bank and agency would temporarily inflate WTE even where costs remained controlled. Michael Forrest, Non-Executive Director, questioned the impact of Emergency Care Improvement Support Team (ECIST) actions. The Chief Operating Officer reported that streaming to the Urgent Treatment Centre (UTC) and early routing to Same Day Emergency Care (SDEC), with length of stay (LoS) benchmarking remaining strong, and he emphasised that the principal constraint remained the limited bed base despite full winter actions. Hina Khan highlighted the need for more radical system-wide collaboration to reduce avoidable attendances and admissions. The Joint Chair suggested review of winter plan delivery and an update on system-level engagement affecting flow and discharge via Finance and Performance Committee (ACTION). The Board of Directors received the Integrated Performance Report and the actions being taken to improve performance.	Dilraj Sandher Jonathan O'Brien
160/25	Finance Report The Chief Finance Officer presented the Finance Report and confirmed a shortfall against the revised year-end control total, with mitigations in train to deliver the agreed outturn. He reported that the GM system expected to meet plan and had received Q4 deficit support with associated cash, so no cash support was anticipated for 2025/26 provided system delivery was maintained, while noting that national teams could adjust or withdraw support if the system missed plan. He noted that WTE remained above plan with in-year reductions unlikely and under detailed scrutiny at provider oversight meetings, and emphasised the need to maintain strong grip and control. Michael Forrest, Non-Executive Director, questioned the availability of further national funding for industrial action costs and the suitability of WTE as a planning metric. In response, the Chief Finance Officer confirmed no additional national funding was expected and reiterated the need to deliver the control total. He and the Joint Chair acknowledged that WTE was a simplistic metric and that service investments were predicated on TEP savings offsetting headcount, with delivery of the financial plan strengthening that position. The Director of People and OD added that the latest corporate benchmarking focused on revenue rather than headcount, limiting scope to reduce WTE this year.	

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	In response to Fara Arshad, Non-Executive Director, on support to secure payment from Derbyshire, the Chief Finance Officer advised that the latest offer followed national rules but did not address the gap between activity delivered and income received. He confirmed escalation routes were being pursued and clarified that non-elective activity could not be terminated, so any change would need to focus on electives and be managed carefully. The Joint Chair queried movements in “other” categories, and the Chief Finance Officer confirmed they related primarily to impairments rather than interest. The Board of Directors noted the Trust’s financial position.	
161/25	Report from Quality Committee Hina Khan, Non-Executive Director, and Chair of Quality Committee, presented the Alert, Advise & Assure report from the Quality Committee, highlighting key matters for escalation from the March 2026 Committee meeting. The Board of Directors noted the report from the Quality Committee.	
162/25	Maternity Services The Chief Nurse introduced the Maternity Services Highlight Report, confirmed compliance with all ten CNST Year 7 maternity safety actions, and presented the evidence pack for Board sign-off. The Divisional Nursing and Midwifery Director presented the service update, highlighting current priorities to reduce the caesarean rate, monitor term admissions within expected ranges, sustain preterm optimisation and embed transitional care. Fara Arshad, Non-Executive Director, questioned whether the Maternity Outcome Signal System (MOSS) had flagged any concerns. The Divisional Nursing and Midwifery Director confirmed none had been issued to date and that monitoring continued. Hina Khan, Non-Executive Director, raised the Trust’s outlier position on category 1 caesareans and the link to neonatal readmissions, and the Divisional Nursing and Midwifery Director reported a thematic review in progress with early quality improvement actions on respiratory support and thermoregulation. In response to the Joint Chair, the Clinical Director of Women and Children Services confirmed that term admissions remained broadly within expected ranges, with a single high month influencing the average, that contributing clinical factors were being addressed, and that the Trust was not a regional outlier. Responding to the Joint Chair’s challenge on the pace of incident closure, the Divisional Nursing and Midwifery Director confirmed strengthened triage, clear managerial accountability and increased capacity within the team. The Clinical Director Women and Children’s Services explained that grouping similar incidents and closing them against shared actions helped maintain focus on the most significant risks. On experience and engagement, David Curtis, Non-Executive Director, cited recurring feedback about women not feeling listened to. The Divisional Nursing and Midwifery Director described work to strengthen feedback loops, leadership visibility and engagement through Maternity Voice	

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	Partnership (MVP) and patient experience colleagues. Fara Arshad, Non-Executive Director and Maternity Safety Champion, reflected positively on staff approachability and responsiveness seen during visits, and welcomed proactive work on the new maternal care bundle and on sustaining a safe home-birth offer. The Clinical Director Women and Children's Services acknowledged that pressure peaks could affect experience and described cultural work to address avoidable dissatisfaction. In response to the Joint Chair, the Chief Nurse confirmed that CNST compliance was evidenced against the ten safety actions and was not affected by the CQC survey outcome. The Board of Directors: • noted the Maternity Services Highlight Report and progress from the previous report. • acknowledged the current compliance against CNST year 7; and • accepted the evidence submitted and provided approval for the Chief Executive to sign the declaration form (Appendix 1) and the CEO letter (Appendix 2).	
163/25	Report from the Workforce Committee Michael Forrest, Non-Executive Director, and Chair of Workforce Committee, presented the Alert, Advise & Assure report from the Workforce Committee, highlighting key matters for escalation from the March 2026 Committee meeting. The Board of Directors noted the report from the Workforce Committee.	
164/25	People & Organisational Development Plan Progress Report The Director of People and OD presented the update and confirmed generally positive workforce performance against key indicators with continued delivery against organisational development priorities. She highlighted progress on compassionate culture actions, widening participation initiatives with local partners, and collaboration across the Trust and SFT, and noted that the next report would include a light refresh of objectives, particularly to strengthen the digital strand. David Curtis, Non-Executive Director, reflected on the potential impact of talent management and succession work, particularly where structured mentorship supports newer leaders and Band 7 appointees. The Joint Chair sought clarity and scope on the proposed Women's Network. The Director of People and OD explained that it stemmed from the gender pay gap action plan to address underrepresentation at senior bands across the Trust and SFT, where caring responsibilities and access to development could impede progression. The Non-Executive Directors supported the proposal emphasising a clear narrative, stronger early career talent pipelines, and framing the network around aspiration and leadership. The Chief Operating Officer noted recent HR cases highlighting inappropriate behaviours in pockets of the workforce further supported the need for a dedicated forum. The Joint Chair concluded that a clear,	

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	issue-led remit would be essential to avoid overlap with existing forums and maximise impact. The Board of Directors noted and endorsed the report's key insights, which provide assurance and support informed strategic oversight.	
165/25	Bi-annual Nursing & Midwifery Establishments The Chief Nurse presented the bi-annual Nursing & Midwifery Establishment Review, explaining that it reflected current nurse-sensitive need and showed sustained rises in acuity and complexity. She highlighted a generally balanced skill mix with targeted gaps on specific wards and confirmed that findings were based on ward level data and professional judgement rather than funded establishment alone. Responding to Fara Arshad, Non-Executive Director, the Chief Nurse confirmed that Nursing and Midwifery Council (NMC) pre-registration standards prohibited deploying students to fill rota gaps and explained that trained volunteers were used for appropriate non-clinical observation and engagement. The Joint Chair queried whether care remained safe within the current resources and whether the acuity tool was nationally recognised. The Chief Nurse assured the Board that care was safe, noted that the immediate focus was rebalancing skill mix towards more registered staff before any business case, and confirmed use of a nationally recognised nursing acuity tool. David Curtis, Non-Executive Director, questioned the tool's flexibility and the effect of timing. The Chief Nurse confirmed that the tool was responsive to dependency and noted that recent escalation pressures stretched available staffing. The Chief Finance Officer stressed triangulation with quality and risk information and the need to prioritise any additional resource within the budget. Michael Forrest, Non-Executive Director, noted that the respiratory ward issue was on the risk register and under Workforce Committee oversight. The Joint Chair concluded that where national tools indicate minimum safe staffing, the Board expected clear plans to address gaps, noting the current registered/unregistered rebalance provided assurance. The Board of Directors: • Received the annual staffing establishment review, in line with the national recommendations from Developing Workforce Safeguards 2018 and NQB Staffing guidance 2016, triangulated with professional judgement and outcomes. • Reviewed and accepted the recommendations in the report. • Accepted that the Divisional Nurse Directors will review and revise their workforce requirements and move staffing resources (in the form of WTE) from areas of excess to areas of deficit as required.	
166/25	Report from Audit Committee Michael Forrest, Non-Executive Director, presented the Alert, Advise & Assure report from the Audit Committee, highlighting key matters for escalation from the January 2026 Committee meeting.	

	The Joint Chair stressed that missed actions should reduce assurance and called for firmer consequences for slippage. Michael Forrest confirmed the Committee's expectation that Internal Audit update recommendations when contexts change and that management own timelines so follow-ups remain active. The Chief Finance Officer added that reports should have clear owners and dates from the outset, with actions proactively reset if circumstances shift. The Joint Chair queried scope choices in the draft audit plan and suggested that more in-depth efficiency reviews be taken through the Finance & Performance Committee. Michael Forrest noted that the plan showed proposed topics and deferred items for discussion and that any additions would require like-for-like substitutions to keep the plan deliverable. The Board of Directors noted the report from the Audit Committee.	
167/25	Board Assurance Framework (BAF) Q3 2025/26 & Significant Risks The Chief Operating Officer presented the BAF & Significant Risks and highlighted two principal risks (PR) changes since the last report. PR 6.1 (failure to deliver annual revenue including cash and capital plans) had increased to reflect the revised control total risk. PR 4.1 (failure to recruit and retain the optimal workforce) had been updated to recognise continued reliance on bank usage. The Joint Chair queried whether the BAF had become too focused on the current-year position and how it distinguished annual delivery risk from medium-term financial sustainability. The Company Secretary confirmed that PR 6.1 covered the current year plan while PR 6.2 captured the medium-term position. The Chief Finance Officer added that the split was intentional so the BAF shows both the annual view and the forward look, with scores recalibrated annually and adjusted in-year as needed, and will be aligned to emerging three-year plans through updated descriptions and trajectories. The Joint Chair noted that the Trust carried a relatively large number of principal risks and that the finance risks illustrated the value of separating annual and medium-term perspectives. The Board of Directors: • Reviewed and approved the Board Assurance Framework 2025/26 at Q3; and • Confirmed the Trust's current significant risk profile ensuring alignment between operational and principal risks.	
168/25	Any Other Business The Joint Chair expressed the Board's appreciation to Fara Arshad, Non-Executive Director, as she prepared to step down from her role. He acknowledged her significant contribution over five years, visible support to colleagues, and leadership as Maternity Safety Champion. He thanked her for her commitment to the Trust and wished her well for the future.	
169/25	Date and Time of Next Meeting 26 March 2026 at 9.30am.	

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STOCKPORT NHS FOUNDATION TRUST
Minutes of a meeting of the Board of Directors held in public
Held on Thursday 5 February 2026, at 9.30am in Pinewood House Education
Centre, Stepping Hill Hospital

Members Present:

Mr David Wakefield	Joint Chair
Dr Samira Anane	Non-Executive Director
Mr Anthony Bell	Non-Executive Director
Mrs Amanda Bromley	Director of People & OD
Mr David Curtis	Non-Executive Director
Mrs Nicola Firth	Chief Nurse
Mr John Graham	Chief Finance Officer / Deputy Chief Executive (from item 13/26)

Mr David Jago	Non-Executive Director

Mrs Jackie McShane	Director of Operations
Dr Louise Sell	Non-Executive Director
Mr Dilraj Sandher	Chief Medical Officer

In attendance:

Mrs Soile Curtis	Deputy Trust Secretary
Mrs Rebecca McCarthy	Trust Secretary
Mr Paul Buckley	Director of Strategy & Partnerships (for items 09&10/26)
Ms Sharon Hyde	Divisional Director Midwifery & Nursing (for item 16/26)
Dr Lucy Tomlinson	Associate Medical Director, Women & Children's (for item 16/26)

Apologies:

Mr David Hopewell	Non-Executive Director
Mrs Karen James	Chief Executive

Quoracy:

To be quorate the meeting requires:
At least six voting Directors including not less than two Executive Directors (one of whom must be the Chief Executive, or another Executive Director nominated by the Chief Executive), and not less than two Non-Executive Directors (one of whom must be the Chair or the Deputy Chair of the Board of Directors)

Quorate: Yes

REF No/Yr.	ITEM	ACTION OWNER
01/26	Apologies for Absence The Joint Chair welcomed everyone to the meeting. Apologies for absence were noted as above and it was noted that the Chief Finance Officer would be late joining the meeting.	
02/26	Declarations of Interest There were no declarations of interest.	
03/26	Staff Story The Director of People & Organisational Development (OD) introduced a staff story providing an overview of a joint Knowledge & Library Services model established in 2023 between Stockport NHS Foundation Trust (SFT) and Tameside & Glossop Integrated Care NHS Foundation Trust (TG ICFT).	

	The Board watched a video which highlighted successes of the joint model, including an aligned system, expanded services, increased engagement and improved training and development. The Joint Chair welcomed the integrated model, noting that it should be used as a good example for other areas as well, including clinical collaboration. The Board of Directors received and noted the Staff Story.	
04/26	Minutes of Previous Meeting The minutes of the previous meeting held on 4 December 2025 were agreed as a true and accurate record. Dr Louise Sell, Non-Executive Director, referred to minute 134/25, where she had highlighted the importance of the Board being sighted on KPIs and outcomes for GM and Place transformation schemes. She noted that the Chief Executive had advised that KPIs and measurable outcomes were in development and queried associated timescales. It was agreed that the Director of Strategy & Partnerships would be asked to provide an update regarding timescales. (ACTION)	Director of Strategy & Partnerships
05/26	Matters Arising There were no matters arising.	
06/26	Action Log There were no open actions.	
07/26	Joint Chair's Report The Joint Chair presented a report providing an update on national, regional and Trust developments, including: - Tameside & Glossop Integrated Care NHS Foundation Trust (T&G) and Stockport NHS Foundation Trust (SFT) Collaboration - National Provider Leadership Update - Key Meetings & Trust Visits The Joint Chair briefed the Board on a recent GM Chairs' meeting, where discussions had focused on a GM-wide elective transformation programme and operational planning. Furthermore, he provided an overview of a meeting held with the NHS England Regional Director. Mr Anthony Bell, Non-Executive Director, welcomed the move from short term planning to a three-year planning framework. The Board of Directors received and noted the Joint Chair's Report.	
08/26	Chief Executive's Report The Chief Nurse presented a report providing an update on local and national strategic and operational developments, including: - Medium Term Planning Framework for the NHS in England - National Guidance: Sexual Safety, Misconduct Prevention and Chaperoning - North-West Neonatal Services Review - Trust Operational Pressures - Key Successes & Celebrations	

	The Board of Directors thanked staff for continuing to manage the safety of services during the significant operational pressures. In response to a question from Mr David Curtis, Non-Executive Director, the Chief Nurse confirmed early stages of the North-West Neonatal Services Review, noting that the Trust had identified executive and divisional leads while feedback was awaited. Mr David Curtis, Non-Executive Director, highlighted the importance of keeping No Criteria to Reside (NCTR) performance under system-wide focus. In response to a question from Mr Anthony Bell, Non-Executive Director, the Director of People & OD provided an overview of the training that was involved in the “Gold Standard” work experience accreditation, noting Trust links with schools and pathways through which some students and cadets returned to work at the Trust. The Board of Directors received and noted the Chief Executive’s Report.	
09/26	Stockport NHS Foundation Trust and Tameside & Glossop Integrated Care NHS Foundation Trust Collaboration The Director of Strategy & Partnerships presented a report providing an update on the corporate and clinical services collaborative work between Stockport NHS Foundation Trust (SFT) and Tameside and Glossop Integrated Care NHS Foundation Trust (TG ICFT). The Joint Chair expressed his view that the clinical and non-clinical collaboration required pace and further ambition, with timescales to drive the development of new models of care. The Director of Strategy & Partnerships stated that this would be explored further through the development of a Joint Clinical Strategy, noting that each clinical service would be asked to assess whether collaboration or full integration was appropriate. Mr David Jago, Non-Executive Director, highlighted the importance of having defined metrics, expected outcomes and clarity on how learning is cascaded across the organisations. The Director of Strategy & Partnerships confirmed that these would be addressed through the service assessments over the next 3-6 months. Dr Louise Sell, Non-Executive Director, requested attention to community models and health inequalities, and noted benefit of stronger programme management to support the strategic development in a more robust way. The Director of Strategy & Partnerships acknowledged the requirements and, in response to a question from Dr Sell querying when the Board would be sighted on the draft strategy, he noted that while the final timescales were to be confirmed, the draft strategy would be shared with the Board within 3-6 months. Dr Louise Sell, Non-Executive Director, expressed concern that the outpatient transformation plans lacked the level of innovation needed to deliver more radical change. The Chief Medical Officer advised that this would be addressed as part of the outpatient transformation programme.	

	The Joint Chair summarised the discussion noting that the clinical strategy needed to be robust, ambitious and at faster-paced, aligned with GM transformation. Mr David Curtis, Non-Executive Director, endorsed the comments and stressed the importance of clear and transparent internal and external communication. The Board of Directors received and noted the Stockport NHS Foundation Trust and Tameside & Glossop Integrated Care NHS Foundation Trust Collaboration Report.	
10/26	Joint Corporate Governance Model: Go / No Go Criteria Assessment The Director of Strategy & Partnership confirmed that in November and December 2025, the Boards of Directors of TG ICFT and SFT had approved the move to joint corporate governance arrangements from 1 April 2026. As this was a significant and complex change, a detailed Go / No Go Criteria framework was approved by the Boards to test readiness, ensure that statutory and legal requirements were met and the Boards and Committees were able to function safely and effectively from day one. The Director of Strategy & Partnerships presented a report outlining the outcome of the Go / No Go criteria assessment, confirming that the programme was on track. He advised that several key documents were planned for approval at the Boards at the end of March 2026. It was noted that based on current drafts, there were no issues to escalate to the Board. Given the progress made and the positive assessment against all Go / No Go Criteria, the Board of Directors was asked to support a 'Go' decision to implement joint corporate governance arrangements from 1 April 2026. It was noted that this recommendation had been endorsed by the TG ICFT Board on 29 January 2026. The Board of Directors welcomed the report and acknowledged the work that continued to take place to support the transition and strengthened collaboration. In response to a question from the Joint Chair, the Director of Strategy & Partnerships confirmed that work on pooled budgets was continuing with Executive colleagues, noting that this would not delay the commencement of the joint governance arrangements. The Board heard that final versions of the documents would be uploaded to the Reading Room on AdminControl to provide Board members early sight of the materials ahead of the Joint Board Development Session on 5 March 2026, and the decision to be taken at the Board meeting on 26 March 2026. In response to a question from Dr Louise Sell, Non-Executive Director, regarding underpinning subgroups reporting to Board Committees and associated data flows, the Trust Secretary confirmed that this was being addressed as part of the Work Plan reviews. The Board of Directors received and noted the report and approved the implementation of joint corporate governance arrangements between Stockport NHS Foundation Trust and Tameside & Glossop Integrated Care NHS Foundation Trust from 1 April 2026.	

11/26	Finance & Performance Committee Alert, Assure & Advise (AAA) Report Mr Anthony Bell, Non-Executive Director, presented the AAA report from the Finance & Performance Committee meeting held in January 2026. He briefed the Board on the content of the report and detailed key financial and operational issues and associated key risks considered, highlighting the alert section of the report. The Board of Directors acknowledged significant challenges expected in meeting the 2026/27 planning requirements. In response to a comment from Mr David Jago, Non-Executive Director, the Board of Directors congratulated colleagues on the achievement of the non-recurrent and recurrent Cost Improvement Plan (CIP) targets in 2025/26. The Board of Directors reviewed and confirmed the Finance & Performance Committee AAA Report, including actions taken.	
12/26	Integrated Performance Report The Board of Directors considered the Integrated Performance Report (IPR), which included exception reports for areas of most significant note. Quality The Chief Nurse and Chief Medical Officer presented the quality section of the IPR and highlighted challenges and mitigating actions regarding sepsis, Infection Prevention & Control (IPC), hospital and community pressure ulcers, complaints, incidents and maternity due to under-achievement in month. With regard to sepsis, the Chief Medical Officer highlighted ongoing issues with out of hours antibiotic administration and briefed the Board on mitigating actions. The Board heard that new sepsis NICE guidance was being implemented, and further work was required to evaluate a gap analysis, identify the level of risk and mitigations for bridging that risk. Dr Louise Sell, Non-Executive Director, noted that the Quality Committee had considered a report on the sepsis transformation work, which had not, at that time provided sufficient assurance. She welcomed the further update from the Chief Medical Officer regarding out of hours antibiotic administration. The Joint Chair raised concerns about the rise in prescribing errors and queried whether delayed handovers were affecting pharmacist checks. The Chief Medical Officer outlined the various types of prescribing errors and the pharmacist's role, noting that audit-identified issues relating to handovers required further review. In response to a question from Mr David Jago, Non-Executive Director, regarding pressure ulcers, the Chief Nurse advised that previous improvement work had strengthened the Trust's position on pressure ulcers. She briefed the Board on mitigations in place during periods of extreme pressure and noted a robust staffing and medical models, ongoing monitoring of harms and incidents and the Learning from Deaths process, with triangulation via Quality Committee. In response to a question from the Joint Chair regarding Level 3 pressure ulcers, the Chief Nurse advised that further work was required to ensure	

	correct recording of pressure ulcers. In response to a question from the Joint Chair querying the increased incidents in December 2025 in comparison to the previous year, the Director of Operations noted that the key difference was the levels of No Criteria to Reside (NCTR) compared to previous years. Operations The Director of Operations presented the operational performance section of the IPR and highlighted challenges and mitigating actions regarding patient flow, diagnostics, Referral to Treatment (RTT), virtual ward, DNA rates, outpatient procedures and theatre efficiency metrics due to under-achievement in month. She reported positive performance regarding elective care, including RTT and cancer care, and diagnostics. The Board heard that 12-hour waits in ED remained a significant concern, with NCTR, bed occupancy and flow issues adversely impacting the position. In response to a question from the Joint Chair regarding the NCTR issue, the Director of Operations noted that the St Thomas intermediate care facility expected to open in January 2027 should help the position, however assurance from the Local Authority was still awaited regarding the operating model to ensure it meets the demands of the local population. Mr David Curtis, Non-Executive Director, reaffirmed the importance of a clear operating model and noted the risk of harm in relation to NCTR. In response to a question from the Joint Chair querying the decline in virtual ward performance, the Director of Operations noted seasonal variance and advised that funding for virtual wards was due to reduce by 14% next year. People The Director of People & Organisational Development (OD) presented the people section of the IPR and highlighted challenges and mitigating actions regarding sickness absence and appraisal rates due to under-achievement in month. In response to a question from Dr Louise Sell, Non-Executive Director, seeking further clarity on data relating to stress-related sickness, the Director of People & OD noted that Electronic Staff Record (ESR) categories were generic, and the detailed understanding of issues came from managerial conversations. Finance The Board received and noted the finance section of the IPR, noting that more detailed financial information was provided within the Finance Report. The Board of Directors received and noted the Integrated Performance Report.	
13/26 <i>Curtis, Solie 24/03/2026 14:54:23</i>	Finance Report The Chief Finance Officer presented a report providing an update on the financial performance for Month 9 2025/26. In response to a question from the Joint Chair querying year-end capital expenditure, the Chief Finance Officer stated that whilst delivery of the year-	

	end position was complicated by late funding allocations, the capital position was monitored weekly to enable year-end delivery. In response to the Joint Chair expressing concern regarding the Trust's balance sheet value, the Chief Finance Officer acknowledged historical weaknesses in this area and the need to consider a strategic reset. The Board of Directors received and noted the Finance Report.	
14/26	Quality Committee Alert, Assure & Advise (AAA) Report The Chair of Quality Committee (Dr Louise Sell, Non-Executive Director) presented the AAA report from the Quality Committee meeting held in January 2026. She briefed the Board on the content of the report and detailed key quality related issues considered, highlighting the alert section of the report. It was noted that the report triangulated with the Integrated Performance Report. The Board of Directors reviewed and confirmed the Quality Committee AAA Report, including actions taken.	
15/26	People Performance Committee Alert, Assure & Advise (AAA) Report The Chair of People Performance Committee (Mr David Curtis, Non-Executive Director) presented the AAA report from the People Performance Committee meeting held in January 2026. He briefed the Board on the content of the report and detailed key people related issues and associated key risks considered. The Board of Directors reviewed and confirmed the People Performance Committee AAA Report, including actions taken.	
16/26	Clinical Negligence Scheme for Trusts (CNST) Year 7 Maternity Incentive Scheme – Board Declaration The Divisional Director of Midwifery & Nursing and Associate Medical Director, Women & Children's presented a report detailing the position of the Trust's maternity service in relation to the 10 Safety Actions required as part of the CNST Year 7 maternity incentive national scheme. The Divisional Director of Midwifery & Nursing confirmed that, on review of the standards and in line with the submission requirements of the board assurance framework, the Trust would be compliant with ten out of ten safety actions, noting that compliance for safety action 7 is achieved through Board approved escalation in line with CNST requirements. She added that the submission was subject to the approval of action plans in relation to safety actions 5 and 8, included within the report. The Board heard that the Quality Committee had considered the report and recommended it to the Board for approval. The Divisional Director of Midwifery & Nursing and Associate Medical Director, Women & Children's provided an overview of the evidence for Safety Actions 1 – 10 including: - Action plan safety action 5d – One to one care in labour - Action plans safety action 8 – Rotational medical staff MDT training - Action plan safety action 8 – Rotational medical staff training - Escalation for safety action 7 – MNVP	

	· CNST Year 7 Overall action plan and evidence · CNST Year 7 Board declaration form The Board heard that the submission of the Trust Board declaration form of compliance for CNST was due by 3 March 2026. It was noted that following review of the CNST Year 7 Maternity Incentive Scheme submission and approval of the Board declaration form, the signature of the Chief Executive would be applied to the Board declaration form. Furthermore, the Chief Executive had ensured that the Accountable Officer for the Integrated Care Board was apprised of the Maternity Incentive Scheme safety actions' evidence and Board declaration form requirements. Dr Louise Sell, Non-Executive Director, advised that the Quality Committee had discussed the compliance issue relating to Maternity & Neonatal Voices Partnership (MNVP), noting that the issue had been resolved in Year 8 guidance. Mr David Curtis, Non-Executive Director, advised that Maternity Oversight Group meetings included representation from GM Integrated Care Board and NHS England, providing external scrutiny. In response to a question from the Joint Chair, the Divisional Director of Midwifery & Nursing provided further clarity regarding maternity telephone triage and associated staffing model. The Board of Directors: • Received assurance that action plans are in place against safety actions 5 and 8. • Approved that the evidence provided meets the necessary sub requirements to be able to submit the Trust Board declaration. • Approved the submission of the Trust Board declaration form, to be signed by the Chief Executive, for the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS), noting compliance is demonstrated with ten out of ten safety actions, noting that compliance for safety action 7 is achieved through Board approved escalation in line with CNST requirements. There are two safety actions that require action plans as part of the submission, which do not impact on achieving full compliance with the ten safety actions.	
17/26	People & Organisational Development (OD) Plan Progress Report The Director of People & Organisational Development (OD) presented a report providing a progress update against the People & OD Plan. She briefed the Board on the content of the report, providing an overview of key achievements, challenges and strategic alignment with national workforce priorities. The Board heard that the Trust continued to make steady progress despite operational and financial pressures, with early indicators of improvement across several people metrics and strategic workforce initiatives. In response to a question from the Joint Chair querying how the effectiveness of the People & OD Plan would be assessed, the Director of People & OD provided an overview of return of investment work being led across both TG ICFT and SFT.	

	In response to a question from the Joint Chair regarding place-based programmes, the Director of People & OD confirmed that the Trust was hosting a T-Level Industry Placement Coordinator in GM, given positive progress made by the Trust in this area. In response to a question from Dr Louise Sell, Non-Executive Director, regarding medical leadership training and development in the context of the new Chief Medical Officer model, the Director of People & OD and Chief Medical Officer briefed the Board on plans in this area, noting that the Leading with Impact Programme covered medical staff. Furthermore, it was noted that the development needs of the new Site Medical Directors would be reviewed. The Joint Chair sought further clarity regarding the remit of the proposed Women's Staff Network, noting the potential overlap with other staff networks. The Director of People & OD confirmed that the establishment of a Women's Staff Network linked to the Gender Pay Gap Report and noted the importance of triangulation between the staff networks. The Board of Directors received and noted the People & Organisational Development Plan Progress Report.	
18/26	Board Assurance Framework 2025/26 – Quarter 3 The Deputy Chief Executive presented the Board Assurance Framework (BAF) 2025/26 as at the end of Quarter 3, noting that all BAF risks were regularly reviewed by relevant Board Committees. The Board heard that a management review of the risks had taken place, including consideration of the controls, assurances and mitigating actions, and subsequently the consequence and likelihood had been scored, with current and target risk scores identified. In response to a question from the Joint Chair seeking further clarity regarding financial risk scoring, the Trust Secretary explained separation of in-year and longer-term financial sustainability risks. In response to a question from Mr David Jago, Non-Executive Director, querying whether some of the target scores were overly ambitious, the Chief Finance Officer explained longer-term financial challenges that were reflected by the risk scores. Mr Anthony Bell, Non-Executive Director queried whether the risks relating to neighbourhood working and collaboration that were assigned to the Board rather than a specific Board Committee received the appropriate level of scrutiny. The Joint Chair echoed the challenge, expressing view that the collaboration report considered earlier in the meeting had been at a high level and lacked sufficient detail. The Board of Directors reviewed and approved the Board Assurance Framework 2025/26 as at Quarter 3, including action proposed to mitigate risks.	
19/26	Any Other Business The Joint Chair noted that this would be the last Board meeting attended by	

	Dr Samira Anane, Non-Executive Director. He thanked Dr Anane for her contribution to the Board of Directors during her tenure and wished her the very best for the future.	
20/26	Date and Time of Next Meeting Thursday 26 March 2026, 9.30am. It was noted that this meeting would be held in common with Tameside & Glossop Integrated Care NHS Foundation Trust.	
21/26	Resolution <i>"To move the resolution that the representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to commercial interests, sensitivity and confidentiality of patients and staff, publicity of which would be premature and/or prejudicial to the public interest".</i>	

Signed: _____ Date: _____

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Board (held in Public) Action Log - March 2026

Min Ref	Title	Assigned To	Due Date	Description	Comment	Status
100/25	Maternity Workforce Bi-Annual Staffing Report	Jacqui Burrow	jun-26	Provide evidence demonstrating improved outcomes linked to the staffing enhancements in maternity.	To be included in the next maternity staffing report due in June 2026.	Open
137/25	Integrated Performance Report	Jonathan O'Brien	jan-26	Regarding the spike in readmission rates, provide an update including validation of latest data and any correlation with early discharge.	Chief Operating Officer provided update. Propose to close.	Closed
137/25	Integrated Performance Report	Jonathan O'Brien	jan-26	Provide feedback on the reasons for high 'Did Not Attend' (DNA) rates in audiology.		Open
146/25	EPRR Core Standards	Jonathan O'Brien	jan-26	Review and benchmark EPRR resource levels and compliance ratings across Greater Manchester trusts, highlighting any correlation between staffing and compliance and implications for the Trust's resilience.		Open
159/25	Integrated Performance Report	Dilraj Sandher	mar-26	Provide a briefing to the Board explaining the Trust's SHMI position, including the impact of coding changes, peer comparisons and assurance on underlying quality.		On Agenda
159/25	Integrated Performance Report	Jonathan O'Brien		- Report on the delivery of the Winter Plan, comparing assumptions with actual performance to Finance & Performance Committee. - Provide an update on system-level engagement relating to flow and discharge to the Finance & Performance Committee.	Referred to F & P Committee. Propose to close action.	Closed

Overdue
Not yet due
Closed / On Agenda
Closed at Previous Meeting

Closed actions will be removed from the action log once agreed by the Committee.

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BOARD OF DIRECTORS PUBLIC MEETING ACTION TRACKER

Action Log Ref No/Yr.	Meeting Date	Minute Ref	Item	Action	Responsible	Status
01/26	4 Dec 2025	134/25	Collaboration Report: GM Acute Provider and Place	Dr Louise Sell, Non-Executive Director, referred to minute 134/25, where she had stressed the importance for the Board to be sighted on KPIs and outcomes for GM and Place transformation schemes. It was agreed that the Director of Strategy & Partnership would be asked to provide an update regarding timescales for the development of transformational KPIs and measurable outcomes. Update for March 2026 – Update to be provided as part of the next system partnership report to the Joint Board.	Director of Strategy & Partnerships	October 2026

On agenda
Not due
Overdue
Closed

Closed actions will be removed from the Action Log once confirmed by the Committee/Group.

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				SFT Paper	
Meeting date	26 March 2026	Joint Paper	X	TG ICFT Paper	
Meeting	Stockport NHS Foundation Trust (SFT) Board of Directors. Tameside and Glossop Integrated NHS Foundation Trust (TGICFT) Board of Directors				
Report Title	Joint Chair's Report				
Director Lead	David Wakefield Joint Chair	Author	Rebecca McCarthy Company Secretary		

Recommendations made/ Decisions requested

The SFT Board of Directors is asked to receive the report and seek any further clarification.

The TG ICFT is asked to receive the report and seek any further clarification.

This paper relates to the following Strategic Objectives

X	1	Deliver personalised, safe, and caring services
X	2	Support the health and wellbeing needs of our community and colleagues
X	3	Develop effective partnerships to address health and wellbeing inequalities
X	4	Develop a diverse, talented, and motivated workforce to meet future service and user needs
X	5	Drive service improvement through high quality research, innovation, and transformation
X	6	Use our resources efficiently, effectively, and sustainably
X	7	Develop our Estate and Digital infrastructure to meet service and user needs

The paper relates to the following CQC domains

	Safe		Effective
	Caring		Responsive
X	Well-Led		Use of Resources

This paper is related to these BAF risks	

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Where issues are addressed in the paper-

	Section of paper where covered
Equality and Diversity impacts	N/A
Financial impacts if agreed/ not agreed	N/A
Regulatory and legal compliance	N/A
Sustainability (including environmental impacts)	N/A

Executive Summary

This report highlights key matters for the attention of the Board, covering national, regional and Trusts' matters including: • Tameside & Glossop Integrated Care NHS Foundation Trust (TG ICFT) and Stockport NHS Foundation Trust (SFT) Collaboration • Board of Directors Changes • Council of Governors Joint Development Session • National Cancer Plan • Key Meetings & Trust Visits

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1. **Tameside & Glossop Integrated Care NHS Foundation Trust (TG ICFT) and Stockport NHS Foundation Trust (SFT) Collaboration**

Since the last Board meetings, we have continued to make progress towards implementing our joint corporate governance arrangements. At the recent Board Development Session, a structured review of the joint corporate governance documentation was undertaken to ensure a shared understanding of the purpose, structure and implications of the proposed documents, and to identify any areas requiring refinement ahead of the final sequencing of approvals. Feedback has been captured and incorporated into the iteration of the documentation both Boards will be asked to approve at the meeting.

The Good Governance Institute (GGI) delivered a session on Well Led Governance, exploring the characteristics of effective governance within jointly governed organisations. The presentation emphasised the importance of clarity of roles, behaviours, decision-making discipline and consistent expectations across both Trusts. This provided a strong and common foundation for the next phase of our collaborative governance work.

Additionally, an update was provided on the development of the Joint Organisational Strategy, reflecting the outcomes of recent internal engagement and enabling further direction to support final drafting, prior to wider consultation in April and May 2026. I want to acknowledge and thank all colleagues who have contributed to the extensive discussions that have enabled us to reach this stage.

2. **Board of Directors Changes**

As we enter 2026/27, a number of changes will take place across our Boards of Directors.

Samira Anane and David Hopewell will step down as Non-Executive Directors at SFT, and Hina Khan will step down as a Non-Executive Director at TG ICFT at the end of March. In addition to Fara Arshad, Non-Executive Director at TG ICFT, having stepped down at the end of February. I would like to express my sincere thanks to all Non-Executive Directors for their valuable contributions and to wish each of you the very best in your future endeavours.

From February 2026, David Jago was appointed as a joint Non-Executive Director and Audit Committee Chair across both Trusts (SFT from April 2026). Following appointment by both Councils of Governors, Peter Blythin, David Coorey and Farooq Hakim will commence as joint Non-Executive Directors from 1 April 2026. All remaining Non-Executive Directors at SFT and TG ICFT will also move into joint Non-Executive Director roles from 1 April.

On behalf of the Board, I look forward to working with you all as we implement and strengthen our new joint governance arrangements.

And finally, Nic Firth, Chief Nurse at SFT (and formerly of TG ICFT), will step down at the end of March 2026, marking the close of a fantastic career. On behalf of the Board, we extend our sincere thanks and wish her a well-deserved retirement and all the very best for the future. Jacqui Burrow, currently Chief Nurse at TGICFT, will take

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on the role of Chief Nurse across both Trusts, providing continuity as we move into our new joint governance arrangements.

3. Council of Governors Joint Development Session

In alignment with the work taking place with the Board of Directors to transition to a joint governance model, engagement with both Councils of Governors has continued to progress well. A joint development session was held in January 2026, building on the discussions initiated last year, to support governors' understanding of the proposed joint arrangements and their implications for the future role of the Council of Governors. Following this session, both Councils met separately and have confirmed their agreement to hold their formal meetings "in common" and work jointly from April 2026, marking an important step in strengthening the collaborative governance foundations across the two Trusts.

Again, I would like to extend my thanks to all colleagues who have contributed to and supported this collaborative approach. While we recognise that there will be logistical challenges ahead, this work reflects the maturity, commitment, and shared understanding of both Councils of Governors that system-wide working is vital as we strive to improve services for our staff and the populations across our conurbations.

4. National Cancer Plan

NHS England has recently published the new National Cancer Plan, setting out a modernised national approach to cancer diagnosis, treatment and long-term outcomes. The Plan introduces an ambition that by 2035, three in four people diagnosed with cancer will either be cancer-free or living well five years after diagnosis, alongside a renewed focus on meeting cancer waiting time standards and improving equity of access and outcomes across the country.

While implementation details are still to follow, the Plan sets a clear national direction for improvements in early diagnosis, pathway modernisation and performance standards. I will continue to keep the Board updated as national guidance and implementation requirements are issued.

5. Trust Activities

Since the last Board meeting, I have continued my programme of national, system and local engagement. I attended the NHS England CEO Induction as a speaker, which provided an opportunity to share reflections on leadership, governance and collaborative working, and to contribute to national discussions with newly appointed Chief Executives on the import relationship between Chair and Chief Executive. In addition, I attended the Greater Manchester Trust Chairs' meeting, supporting system-wide discussions on collaborative priorities and shared operational challenges. I also participated in the Executive Leadership Medium Term Planning meeting with NHS England, contributing to forward planning conversations for the 2026/27 planning cycle.

Across SFT, I have undertaken a series of visits, including Accident & Emergency (A&E), Paediatric Outpatients, the Treehouse, Paediatric Same Day Emergency Care (SDEC), the Margery Warren Unit, Ophthalmology Outpatients, as well as Wards A10 (Stroke) and Ward A1 (Medical Escalation Unit). As always, these visits

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offered valuable insight into patient care, the pressures facing teams, and the commitment and professionalism colleagues continue to demonstrate.

I also visited several services across TGICFT, including Same Day Emergency Care (SDEC), the Acute Medical Unit (AMU) and A&E, meeting teams and gaining direct insight into current operational pressures and areas of good practice.

As always, I remain grateful to colleagues across both Trusts for their openness and the professionalism shown during these visits.

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				SFT Paper	
Meeting date	26 March 2026	Joint Paper	X	TG ICFT Paper	
Meeting	Stockport NHS Foundation Trust (SFT) Board of Directors Tameside and Glossop Integrated NHS Foundation Trust (TGICFT) Board of Directors				
Report Title	Chief Executive's Report				
Director Lead	Karen James, Chief Executive	Author	Rebecca McCarthy, Company Secretary		

Recommendations made/ Decisions requested

The SFT Board of Directors is asked to receive the report and seek any further clarification.

The TG ICFT is asked to receive the report and seek any further clarification.

This paper relates to the following Strategic Objectives

X	1	Deliver personalised, safe, and caring services
X	2	Support the health and wellbeing needs of our community and colleagues
X	3	Develop effective partnerships to address health and wellbeing inequalities
X	4	Develop a diverse, talented, and motivated workforce to meet future service and user needs
X	5	Drive service improvement through high quality research, innovation, and transformation
X	6	Use our resources efficiently, effectively, and sustainably
X	7	Develop our Estate and Digital infrastructure to meet service and user needs

The paper relates to the following CQC domains

	Safe		Effective
	Caring		Responsive
X	Well-Led		Use of Resources

This paper is related to these BAF risks	

Where issues are addressed in the paper-

	Section of paper where covered
Equality and Diversity impacts	N/A
Financial impacts if agreed/ not agreed	N/A
Regulatory and legal compliance	N/A
Sustainability (including environmental impacts)	N/A

Executive Summary

This report provides an update on matters of interest, which have arisen since the last Board meetings held in January and February 2026 including: - NHS Oversight Framework - NHS Staff Survey 2025 - Trust Operational Pressures - Leadership Appointments - Success & Celebrations

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1. **NHS Oversight Framework**

NHS England (NHSE) has now confirmed the 2025/26 Provider Capability assessment for SFT and TGICFT. Following regional review and national moderation, the Trusts have been rated Amber Green. This acknowledges the improving trajectory seen across several domains of quality, people, delivery, productivity and financial oversight. NHS England will continue to monitor performance, with ratings subject to in year- adjustment should further improvements, or emerging concerns, materialise.

The latest NHSE Oversight Framework data also shows continued improvement in performance indicators across both SFT and TG ICFT. Both organisations have improved from their previous position, albeit we remain in Segment 3, as the methodology prevents movement into higher segments while a material financial deficit persists. SFT is now ranked 45th of 134 (improving from 62nd) acute and specialist providers and TG ICFT is ranked 40th of 134 (improving from 44th). The improvement trajectory is positive, and both Trusts remain focused on consolidating performance gains while delivering the financial recovery required to progress further in future cycles.

2. **NHS Staff Survey 2025**

The 2025 NHS Staff Survey results were published on 12 March 2026, and line managers across both Trusts are now cascading divisional and team level findings.

At TGICFT, the Trust performed above the benchmark average for recognition and reward, with results highlighting positive teamworking and strong support from line managers. Areas requiring further improvement include building confidence in raising concerns, addressing issues related to sexual safety and violence at work, and strengthening career progression.

At SFT, the Trust performed above the benchmark average on all people promise elements, with colleagues reporting that they feel valued, respected, and well-supported by their teams and managers. Areas for development include embedding learning from Civility Saves Lives, strengthening implementation of the sexual safety policy and associated training, and supporting career development and reducing underrepresentation.

Divisions across both organisations will update their Improving Staff Experience Plans over the coming weeks, and further detail is provided within the separate reports to the Board of Directors meetings.

3. **Trust Operational Pressures**

Operational performance across both Trusts continues to reflect sustained pressures in urgent and emergency care (UEC), with 4-hour and 12-hour indicators remaining below trajectory due to high demand, constrained bed capacity and flow challenges. Recent national attention on corridor care reflects a position mirrored in our organisations, where demand has outstripped available beds and contributed to increased time spent in corridor areas.

NHS England has introduced a single national definition requiring Trusts to report any patient who spends 45 minutes or more in such areas. We are participating in NHSE sprint initiatives aimed at accelerating improvements in ED waiting times, including a targeted Emergency Care Intensive Support Team (ECIST) led sprint drive this month seeking to improve performance by five percent.

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Elective care, diagnostics, and cancer services continue to demonstrate relative strength across both Trusts, particularly at TGICFT. SFT's performance has been additionally affected by the recent norovirus outbreak, which reduced bed availability and contributed to flow pressures earlier in the month. Colleagues continue to show significant resilience in maintaining safe, high-quality care under these challenging conditions.

4. Leadership Appointments

We have now established our senior leadership team to support Dilraj Sandher in his role as Chief Medical Officer (CMO). Maryna Brochwicz-Lewinski has been appointed as Medical Director for the Stockport site, taking up the role from mid April 2026. As a longstanding member of staff, she is already known to many. In Tameside, Nicola Penrose will join the team. Nicola is currently Divisional Clinical Director at the Northern Care Alliance, where she is also an emergency medicine consultant. Nicola will be taking up the role from the end of April 2026.

5. Successes & Celebrations

5.1 National Recognition – Vocational Learning

Our Vocational Learning Lead has been invited to The King's Trust 50th Anniversary Garden Party at Buckingham Palace in May, following the impact and visibility of our King's Trust programme, including Netflix filming for the anniversary documentary. This is a notable endorsement of our work with young people.

5.2 Grant Awarded - TGICFT Charity

A grant of £24,900 has been awarded to the TGICFT Charity for the transformation of a hospital green space into an accessible, biodiverse sanctuary, benefiting patients, visitors, colleagues and the wider community.

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				SFT Paper	
Meeting date	26 March 2026	Joint Paper	x	TGH Paper	
Meeting	Board of Directors				
Report Title	Operational Planning Submission – 11 February				
Director Lead	Paul Buckley, Director of Strategy & Partnerships	Author	Andy Bailey, Deputy Director of Strategy & Partnerships		

Paper For:	Information		Assurance		Decision	
Recommendation:	The Board is requested to note the summary of the operational plan submission made on 11 February 2026.					

The paper relates to the following CQC domains

x	Safe	x	Effective
x	Caring	x	Responsive
x	Well-Led	x	Use of Resources

Where issues are addressed in the paper

	Section of paper where covered
Equality, diversity and inclusion impacts	-
Financial impacts if agreed/not agreed	-
Regulatory and legal compliance	-
Sustainability (including environmental impacts)	-

Executive Summary

This paper provides a summary of the operational plan submission made on 11 February 2026. The detailed content was considered and discussed by the Board of Directors on 5th February 2026 with the following points of decision noted by the Board: - Confirmation that 5% CIP to be included for each of the 3 years of the numerical plan return – noting that large parts remain unidentified. - There should be no growth assumptions included (or the costs of delivering this activity) unless a specific mandate has been set out for us to do so (e.g., RTT, diagnostics). Any changes need to reconcile back to cost pressures and WTE movement. - The activity, costs, and income to achieve the 7% RTT improvement will be included for each of the 3 years of the numerical plan return linked to the GM contract file with the associated risks to delivery set out.

- The financial plan should deliver the control total by Year 3 on the assumption of delivering 5% recurrent CIP year on year (with a significant element unidentified), and additional deconstructing the block income from respective ICBs.

With several aspects of our plan remaining non-compliant, key areas of focus were expected to be on:

- UEC performance – non-compliant for 4hr performance target (adults & paediatrics).
- Finance and workforce plans triangulation – specifically the WTE decreases required to achieve the level of CIP stated in plans.
- Risks to delivery of the financial plan - delivering the control total by Year 3 is completely dependent on delivery of 5% recurrent CIP year on year (with a significant element unidentified), and additional deconstructing the block income.

A supporting narrative setting out the key assumptions within the plan along with the Board Assurance Statements were also submitted.

Following submission, feedback has been received by the GM ICB and NHS England that set out the requirements for an additional submission on 18 March covering the areas identified above. The Trusts were asked to work with the ICB in support of an improved plan.

In response to GM ICB and NHS England feedback, a revised plan was submitted on 18 March that:

- Resolves the data quality issues and strengthens triangulation.
- Refines risk descriptions and describes where assumptions have been made.
- Provides clearer justification for planned trajectories and interdependencies in achieving compliant plans.
- Updated the Board Assurance Statements and supporting narrative.

The updated submission is now undergoing review by NHS England, with further feedback expected shortly. The Board will be provided with a final operational plan at its next meeting along with any feedback.

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				SFT Paper	
Meeting date	26 March 2026	Joint Paper	X	TGH Paper	
Meeting	Board of Directors				
Report Title	5 Year Capital Plan & 2026/27 Priorities				
Director Lead	Paul Buckley, Executive Director of Strategy & Partnerships	Author	Andy Bailey, Deputy Director of Strategy & Partnerships		

Paper For:	Information		Assurance		Decision	
Recommendation:	The Board is asked to: a) Approve the 5 Year Capital Plan subject to the acceptance and confirmation of the Trust's Operational Plan; and b) Approve priority schemes for early commencement in support of delivering the Capital Plan in 2026/27.					

The paper relates to the following CQC domains

	Safe		Effective
	Caring		Responsive
X	Well-Led		Use of Resources

Where issues are addressed in the paper

	Section of paper where covered
Equality, diversity and inclusion impacts	-
Financial impacts if agreed/not agreed	3
Regulatory and legal compliance	-
Sustainability (including environmental impacts)	-

Executive Summary

This report is presented to the Board of Directors and provides an update to our 5-year capital requirements that occurred alongside the development of the operational plan submission process.

Theme leads covering Estates, Digital and Equipment with input from Clinical and Corporate Divisions have refreshed capital plans as part of this process and are detailed in **Appendix 1**. This represents a comprehensive assessment of the capital requirements for each Trust.

A list of priority schemes including where an early commitment to fees is required, and in lieu of the required business cases where relevant, is included.

There is a risk of committing significant capital expenditure in advance of acceptance of the Trust's medium term operational plan and in context of each Trust's cash position, which is more acute for Tameside & Glossop Integrated Care NHS Foundation Trust. There is also a clear risk of not proceeding with any schemes for each Trust, which could impact on service delivery, the safety of our estate and mean that many will not be completed in year.

5 Year Capital Plan & 2026/27 Priorities

1. Purpose

- 1.1 This report is presented to the Board of Directors and sets out each Trust's 5 Year Capital Plan and priority schemes for 2026/27.

2. Introduction

- 2.1 The revised national approach to capital planning and delivery with multi-year operational capital envelopes allocated directly to providers (NHS England Capital Guidance 2026/27–2029/30) ensures a firm funding arrangement until 2029/30 albeit with some constraints.
- 2.2 The Trust's capital groups are being reviewed as part of the new corporate governance changes from 1 April and will see a single capital management group in place covering both Trusts during the year.
- 2.3 In response to the national guidance, an update to our 5-year capital requirements has occurred alongside the development of the overall operational plan submission process. Theme leads covering Estates, Digital and Equipment with input from Clinical and Corporate Divisions have refreshed capital plans.
- 2.4 Development of capital schemes and the associated risks is an iterative process throughout the year, however priority schemes for 2026/27 have been identified and require approval in order that schemes can be delivered within the year.
- 2.5 Plans will need to be continually reviewed and for future years consider the opportunities to incorporate capital schemes that support the 10 Year Health Plan, specifically the strategic shifts of care.
- 2.6 The capital plan has been presented to the Joint Executive Team and Finance & Performance Committees who supported the plan having considered the cash risks set out in this paper.

3. Proposed Plans

- 3.1 Detailed plans are included in **Appendix 1**. The proposed approach is to proceed with all priority 1 schemes assessed by theme leads in 2026/27, which are those with the highest risk scores and most serious consequences of non-delivery.
- 3.2 The tables below present a subset of the priority 1 schemes and those which are existing contractual commitments.
- 3.3 For Stockport NHS Foundation Trust (SFT) these are:

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Category	Scheme	2026/27
Estates	Wayfinding	645,000
	Lift Refurbishments	1,300,000
	Electrical Substation Upgrades	500,000
	Pathology - electrical resilience upgrades	175,658
	Bramhall Moor Road - pedestrian crossing improvements	288,000
	Mortuary Fridges	175,000
Digital	EPR (Internal Contribution)	1,600,000
	Endoscopy System Replacement	300,000
	Maternity System Replacement	300,000
	LIMS Integration - DAWN	7,000
Design Fees	Pathology replacement laboratory	965,000
	Pharmacy Shop	111,000
	New Wards x2	1,340,000
Total		7,706,658

****Lines highlighted are contractual commitments***

- 3.4 For Tameside and Glossop Integrated Care NHS Foundation Trust (TGICFT) these are:

Category	Scheme	2026/27
Estates	AHU MRI	90,000
	Paediatric Audiology	166,000
	Urgent Treatment Centre	1,200,000
	Decarbonisation	-
Digital	Digital Wayfinder App	126,000
	Cardiac Echo Reporting	60,000
	LIMS	745,000
	Cabinet Switches	500,000
Design Fees	Urgent Treatment Centre	54,000
Total		2,941,000

****Lines highlighted are contractual commitments***

- 3.5 Proposed plans are based on:
- Fully utilising each Trust's Operational Capital Allocation.
 - Confirmed PDC awards (EPR).
 - Indicative allocations of PDC from the national planning process.

4. Risks

- 4.1 Operational Capital Allocations (OCA) are shown for both Trusts in the table below.

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2026/27	TGH	SFT
Operational Capital Allocation	11,601	14,178
Total CDEL Available	11,601	14,178
Short fall in funding	5,277	-
Depreciation	6,324	14,178
Total	11,601	14,178

- 4.2 **TGICFT** – Operational Capital Allocation (OCA) exceeds internal depreciation.
- 4.3 The ICB has indicated it will support an application from the Trust for PDC to utilise the full OCA. Guidance for 2026/27 is still awaited, but we understand this will change to a Provider application whereas previously this has been a system level process. PDC is charged at 3.5%, which for the £5.2m required equates to £185k.
- 4.4 The Trust will need to borrow cash in Q1 (likely by June). This presents a significant risk in committing any capital expenditure in Q1 until it is known whether cash support will be via 'Deficit Support Funding' or a cash loan. If capital expenditure is committed in Q1 there will not be sufficient cash to pay for capital schemes as this will need to be prioritised for salaries and creditors.
- 4.5 Therefore, an evaluation of all capital schemes and their respective start dates linked to delivery in-year will be undertaken. A further report to the Joint Executive Team will consider the risks of not proceeding with any capital schemes in Q1 and risks of pausing schemes where approval has been given to proceed.
- 4.6 **SFT** – Operational Capital Allocation is within affordable CDEL limits and there is not the same need for PDC funding.
- 4.7 The cash position for the Trust is better, albeit cash borrowing may be needed later in the year (Q2 onwards). The immediate risk to fund capital schemes differs to TGICFT, however as above the commitment to schemes may need to be reviewed or stopped later in the year if cash support is not secured.
- 4.8 The risk of not committing to priority capital schemes immediately reduces the likelihood that schemes can be delivered in-year (by the end of March 2027) specifically for estates works.
- 4.9 Although PDC funding is not confirmed, the process for scheme approvals has commenced early. An element of estates safety funding is certain and included within plans as are indicative allocations for diagnostics. It is proposed that any schemes with an identified PDC funding source should commence in Q1.
- 4.10 Fee requirements for major estates schemes have been calculated up to RIBA stage 4 by each estates lead (**Appendix 1**). This will ensure a consistent approach is taken across both Trust's.
- 4.11 Commitment to these fees is essential to developing the schemes at pace and submitting the required business cases for PDC funding approval as per expected timelines by regional and national process (e.g. UEC and Pathology schemes).

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5. Summary

- 5.1 The detail of the recommended capital plans is within **Appendix 1**. The proposed approach is to proceed with all priority 1 schemes assessed by theme leads in 2026/27, which are those with the highest risk scores and most serious consequences of non-delivery.
- 5.2 With acceptance and confirmation of the operational plan acceptance, the plan will incorporate any schemes identified as priority 2 which are affordable within capital funding envelopes, and then priority 3 and so on.
- 5.3 Like this year, we will maintain a pipeline of schemes (**Table B**) where theme leads are requested to develop these schemes in the background, without cost where possible, to be ready to proceed in-year should additional funding become available.
- 5.4 The capital plan has been presented to the Joint Executive Team and Finance & Performance Committees who supported the plan having considered the cash risks set out in this paper.

6. Recommendation

- 6.1 The Board is asked to:
 - a) Approve the 5 Year Capital Plan subject to the acceptance and confirmation of the Trust's Operational Plan; and
 - b) Approve priority schemes for early commencement in support of delivering the Capital Plan in 2026/27.

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**Tameside and Glossop
Integrated Care**
NHS Foundation Trust



Stockport
NHS Foundation Trust

5 Year Capital Plan & 2026/27 Priorities

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Five Year Plan overview - Stockport

Table 1 - Funding Assumptions

	2026/27	2027/28	2028/29	2029/30	2030/31
Operational Capital Allocation	14,178	20,063	20,422	20,782	-
PDC					
PDC - EPR	5,583	7,324	-	-	-
2026:2030 Estates Safety: Other Schemes	9,134	7,684	7,645	8,704	
2026:2030 Estates Safety: High Value Schemes	1,351	13,662	8,987		
2026:2030 Diagnostics: Equipment for Physiological Science	340	60	125	300	
2026:2030 Diagnostics: Imaging	335	1,980	270		
Total (excluding Pathology allocation)	30,921	50,773	37,449	29,786	-

Table 2 - Capital requirements vs funding

	2026/27	2027/28	2028/29	2029/30	2030/31
Operational Capital Allocation	14,178	20,063	20,422	20,782	
Digital	7,932	12,758	3,920	5,560	7,040
Estates	30,023	14,291	8,727	6,900	5,250
Equipment	6,325	6,189	2,983	5,081	3,099
IFRS16	1,442	1,200	1,200	1,200	1,200
Total	45,722	34,438	16,830	18,741	16,589
Variance	- 31,544	- 14,375	3,592	2,041	- 16,589

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Recommended Plan 2026/27 - Stockport

- Table 1 below is the summary of the highest priority schemes which are not subject to a business case not yet agreed and / or decision about proceeding with a scheme where an operational mitigation plan is required e.g. does not include Beech House, Theatre refurbishment scheme and Endoscopy AHU
- Table 1 – Recommended affordable plan. Assumes no external PDC funding

Category	Scheme	2026/27
Estates Total		6,558,658
Equipment Total		1,439,870
Digital Total		3,912,000
Grand Total		11,910,528

- Incorporated within each table will be an element of schemes which have applied for PDC funding.
- However, Table 1 captures the must do's based on a worse case scenario that no external funding is received.

- Table 2 – Pipeline Table B

Category	Scheme	2026/27
Estates Total		17,766,666
Equipment Total		1,063,898
Digital Total		300,000
Grand Total		19,591,222

Recommended Plan 2026/27 - Stockport

- These tables show the detail of schemes from Table 1 on the previous slide.
- Equipment schemes are still subject to final prioritisation as the capital lead continues to work alongside divisions to ensure the highest priorities are captured

Category	Scheme	2026/27
Estates	Wayfinding	645,000
	Lift Refurbishments	1,300,000
	Electrical Substation Upgrades	500,000
	Bramhall Moor Road - pedestrian crossing improvements	288,000
	Medical Gas Plant Replacement	350,000
	Replacements of AHU (exc HSDU and Endo)	450,000
	Fire compartmentation remedial works & surveys	250,000
	Fire door replacement	200,000
	Provision of emergency lighting	250,000
	Mains Electrical Boards Replacement	300,000
	Roof replacement	350,000
	Replacement water/heating/steam pipework	500,000
	Generator Replacement	500,000
	Design fees/professional	200,000
	Chiller replacements - wider site	300,000
	Pathology - electrical resilience upgrades	175,658
	Estates Total	6,558,658

Digital	Mobile Devices e.g. ePMA Trolleys	20,000
	EPR (Internal Contribution)	1,600,000
	Service Desk Solution Replacement	350,000
	Secondary Storage System Replacement	400,000
	Community Connectivity	750,000
	Infrastructure / Network Monitoring Solution	150,000
	Endoscopy System Replacement	300,000
	Maternity System Replacement	300,000
	LIMS Integration - DAWN	7,000
	LIMS & Patient Track Integration - AKI	35,000
Digital Total		3,912,000

Recommended Plan 2026/27 - Stockport

- These tables show the detail of schemes from Table 1 on the previous slide.
- Equipment schemes are still subject to final prioritisation as the capital lead continues to work alongside divisions to ensure the highest priorities are captured

Equipment	Bladder Scanner	9,000	SLIT LAMPS WITH IMAGINE	70,000
	Telecom	-	DENTAL CHAIR	25,000
	Ultrasound	180,000	GLOOKO BOXES DIABETES DATA	20,000
	Tango 2	27,000	ECG MACHINES	30,000
	Transport Ventilator	60,000	Communication aids	5,000
	CTG Monitor	9,000	DENSHI DYNASCOPE	30,000
	ECG Recorder	66,000	MYKIT RESUS TROLLEY EQUIPMENT	21,000
	Endoscopy Ultrasound	90,000	SIMULATION SUITE UPGRADE	40,000
	Optical tomography Camera	55,000	RHYTHM GENERATORS FOR RESUS	9,000
	Patient Trolley	6,000	Camera stack + Aida + insufflator	200,000
	Treadmill	-	Laser Machine x2	68,870
	THERMOSCIENTIFIC HERAEUS MEGAFUGE 40 CENTRIFUGE	8,000	Stress Exercise Monitoring system - Tango Multiple physiological para	5,000
	FASTER SAFETEST CLASSIC CLASS 2 SAFETY CABINET	10,000	BV Pulsera mobile C-Arm (Fluoroscopy 3)	100,000
	LEC FRIDGE	5,000	GAS CHROMATOGRAPH 10 AND AUTOSAMPLER	25,000
	COLDKIT ISARK COLD ROOM	5,000	GAS CHROMATOGRAPH 6 AND AUTOSAMPLER	35,000
	MICROBIOLOGY COLD ROOM (FOSTER)	17,000	VACUUM OVEN (OV2)	7,000
	HISTOLOGY CONSULTANT GRADE MICROSCOPE	42,000	TOE Probe	45,000
	VITEK ID AND SENSITIVITY ANALYSERV	70,000	Calibration of trust temperature monitoring system for treatment room	20,000
	OPULSE SYSTEM	25,000	Equipment Total	1,439,870

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Fee requirements

- Table below summarise the fee requirements associated to significant estates schemes

	Project						Total
	Pathology (estimate based on modular, hot lab only)	Theatre 3 and 4 Refurb (Estimate)	Endoscopy (Stage 2 cost plan)	Pharmacy Shop (Estimate)	New Wards x2 (Estimate)	Beech House Data Centre (Stage 1 cost plan)	
Scheme Value (est)	£38m	£3.1m	£3.4m (exc mitigation)	£750k	£78m	£8.7m	
RIBA Stage							
0-1	£190,220.61	£132,805.08 (in progress)	Complete	£7,916.90	£267,922.92	£25,303.58	£491,364.01
2	£774,666.55			£31,667.58	£1,071,691.70	£212,414.31	£2,090,440.14
3	£385,954.87			£15,833.79	£535,845.85	£106,207.15	£1,185,262.66
4	£1,350,842.00	£139,356.00	£144,621.00	£55,418.27	£1,875,460.47	£371,725.04	£3,937,422.78
Total to Stage 4	£2,701,684.03	£139,356.00	£286,042.00	£110,836.54	£3,750,920.94	£715,650.08	£7,704,489.59

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Summary of external bids – 2026-2030

- UEC

Category	Scheme	2026/27	2027/28	2028/29	2029/30	Grand Total
Developments	New wards	3,751,000	10,851,000	38,226,000	25,484,000	78,312,000
	Pharmacy Shop - (UEC link via Pharmacy First)	344,000	1,217,000			1,561,000
	Reconfiguration of day hopsital (MWU)	291,000				291,000
Developments Total		4,386,000	12,068,000	38,226,000	25,484,000	80,164,000
Grand Total		4,386,000	12,068,000	38,226,000	25,484,000	80,164,000

- Diagnostics

Category	Scheme	2026/27	2027/28	2028/29	2029/30	Grand Total
Equipment	Ultrasound	180,000	580,000	180,000		940,000
	ECG Recorder	66,000	33,000	88,000		187,000
	Urodynamics Machine			36,000		36,000
	Flexible Cystoscopes				221,298	221,298
	Aurical	195,000				195,000
	Stress Exercise Monitoring system - Tango Multiple phy	5,000				5,000
	Stress Exercise Monitoring system -CASE Cardiopulm	25,000				25,000
	DEXA IDXA		100,000			100,000
	Fluoroscopy scanner room 3 Toshiba Ultimax Fixed II		1,200,000			1,200,000
	Ultrasound Juniper			70,000		70,000
	TOE Probe	45,000				45,000
Equipment Total		516,000	1,913,000	374,000	221,298	3,024,298
Grand Total		516,000	1,913,000	374,000	221,298	3,024,298

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Summary of external bids 2026-2030

Estates Safety

- Table below shows total value of our submission against the indicative funding allocated

Table 3 - Funding Assumptions

	2026/27	2027/28	2028/29	2029/30
2026:2030 Estates Safety: Other Schemes	9,134	7,684	7,645	8,704
Submission Value	24,935	10,367	8,987	6,200
Variance	- 15,801	- 2,683	- 1,342	2,504
2026:2030 Estates Safety: High Value Schemes	1,351	13,662	8,987	
Submission Value	1,351	13,662	8,987	
Variance	-	-	-	-

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Summary of external bids 2026-2030

Estates Safety

Detail of schemes

Category	Scheme	2026/27	2027/28	2028/29	2029/30	Grand Total
Estates	Flooring Replacements	50,000	50,000	50,000	50,000	200,000
	Road Re-Surfacing	200,000	200,000	200,000	200,000	800,000
	External Waste Compounds	-	-	-	-	-
	Guttering Replacement	20,000	20,000	20,000	20,000	80,000
	Upgrade of clinical WHB	20,000	20,000	20,000	20,000	80,000
	Car park deck replacements	2,066,666	2,066,666	2,066,666		6,199,998
	Chimney Remedial Works	150,000	200,000	200,000	200,000	750,000
	Medical Gas Plant Replacement	350,000				350,000
	Lift Refurbishments			1,300,000	1,300,000	2,600,000
	New HSDU Power Supply	250,000				250,000
	Replacements of AHU (exc HSDU and Endo)	450,000	450,000	450,000	450,000	1,800,000
	Fire compartmentation remedial works & surveys	250,000	250,000	150,000	150,000	800,000
	Fire door replacement	200,000	200,000	200,000	200,000	800,000
	Provision of emergency lighting	250,000	250,000	250,000	250,000	1,000,000
	Window replacement	250,000	250,000	250,000	250,000	1,000,000
	Mains Electrical Boards Replacement	300,000	300,000	300,000	300,000	1,200,000
	Roof replacement	350,000	350,000	350,000	350,000	1,400,000
	Electrical Substation Upgrades	500,000	1,000,000	500,000	1,000,000	3,000,000
	Replacement water/heating/steam pipework	500,000	500,000	500,000	500,000	2,000,000
	Replacement of aged/non compliant bed head services	50,000	50,000	50,000	50,000	200,000
	Replacement water storage tanks (various)	-	-	-	-	-
	Fire alarm monitoring system replacement	50,000	50,000	50,000	50,000	200,000
	Replacement fire dampers	-				-
	Generator Replacement	500,000	500,000	500,000	500,000	2,000,000
	BMS panel and controller replacements	-				-
	Boiler House control panel replacements	-				-
	Nurse call replacement	60,000	60,000	60,000	60,000	240,000
	HSDU - Air Handling Unit (AHU)	1,630,000				1,630,000
	Endoscopy Air Handling Unit (AHU)(exc service reprovision)	3,400,000				3,400,000
	Bramhall Moor Road - pedestrian crossing improvements	288,000				288,000
	Belisha Beacons	25,000				25,000
	Beech House	7,500,000				7,500,000
	Pinewood		1,300,000			1,300,000
	Chiller replacements - wider site	300,000	300,000	300,000	300,000	1,200,000
	Pathology - electrical resilience upgrades	175,658				175,658
	Full refurb of T3&4 including canopies and AHU, pendants, panels	4,800,000				4,800,000
	Full refurb of T7 including canopies and AHU, pendants, panels		2,000,000			2,000,000
Estates Total		24,935,324	10,366,666	7,766,666	6,200,000	49,268,656
Developments	New Pathology Lab	1,350,842	13,662,295	8,986,863		24,000,000
Developments Total		1,350,842	13,662,295	8,986,863		24,000,000
Grand Total		26,286,166	24,028,961	16,753,529	6,200,000	73,268,656

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Five Year Plan overview - Tameside

Table 1 - Funding Assumptions

	2026/27	2027/28	2028/29	2029/30	2030/31
Operational Capital Allocation	11,601	12,498	12,689	12,880	-
PDC					
PDC - EPR	6,900	6,478	-	-	-
Decarbonisation grant	7,206	5,909			
<i>Estates Safety Funding (indicative)</i>	6,586	6,419			
Total	32,293	31,304	12,689	12,880	-

Table 2 - Capital requirements vs funding

	2026/27	2027/28	2028/29	2029/30	2030/31
Operational Capital Allocation	11,601	12,498	12,689	12,880	
Digital	2,520	1,610	260	1,290	20
Estates	4,448	13,871	2,452	573	305
Equipment	4,319	2,865	6,044	3,299	2,136
IFRS16	1,000	1,000	1,000	1,000	1,000
Unallocated (e.g. Invest to save)	250	250	250	250	250
Total	12,537	19,596	10,006	6,412	3,711
Variance	- 936	- 7,098	2,683	6,468	- 3,711

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Recommended Plan 2026/27 - Tameside

- Table 1 below is the summary of the highest priority schemes – this includes the UTC scheme – subject to business case approval and design fees for other major estates schemes outlined on slide 8
- Table 1 – Recommended affordable plan. Assumes no external PDC funding

Category	Scheme	2026/27
Estates		4,448,250
Equipment		1,332,114
Digital		2,080,780
Grand Total		7,861,144

- Table 2 – Pipeline Table B

Category	Scheme	2026/27
Equipment		3,466,700
Digital		2,401,000
Unallocated		250,000
Grand Total		6,117,700

- Incorporated within each table will be an element of schemes which have applied for PDC funding.
- However, Table 1 captures the must do's based on a worse case scenario that no external funding is received. This is schemes with risk score of 12+

Recommended Plan 2026/27 - Tameside

- These tables show the detail of schemes from Table 1 on the previous slide.

Category	Scheme	2026/27
Estates	5 Year Fixed Wiring Tests	150,000
	Capital Scheme Development Budget	120,750
	Fire Related Budgets	100,000
	Pathology Labs HVAC Systems and Controls	400,000
	Portland Roof Replacement (Block 18)	240,000
	Silver Spings DDA Comp Lift 63	60,000
	Lift 28 Refurbishment and doors replacement	200,000
	Paediatric Audiology	166,000
	AHU MRI	90,000
	UTC & Pharmacy development	1,200,000
	Lift 35 Dumbwaiter for food segregation	60,000
	L17 Main bed lift Charlesworth	200,000
	Nurse Call Replacements	50,000
	Decarbonisation (internal contribution)	200,000
	Design Fees (major infrastructure schemes)	1,211,500
Estates Total		4,448,250

Equipment	Angiography & Fluoro Ultimax Dcc-05B (Toshiba) X1	500,000
	UV Treatment Unit 200Uval (Athrodax) X2	40,000
	UV Treatment Unit 181Uval (Athrodax) X2	14,000
	Cough Assist X 2	20,000
	Patient Monitor Carescape B850 (Gemedical) X7	210,000
	Microscope Leica F40 (Leica) X1	90,000
	Cardiac Output Monitor Cardioq (Deltex) X2	50,000
	ENT Unit Futurent (Entamed) X3	180,000
	Doppler Evolution (Thd) X1	14,000
	Electrosurgical Diathermy Force Fx (Covidien) X1	13,000
	Microscope Colposcope X1	90,000
	Patient Transport Service Ambulances X4	76,800
	Maintenance Vehicle	10,200
	3.5 Luton Van	12,114
	Brat Pans X2	12,000
Equipment Total		1,332,114

Digital	Cisco ACS switch and network authentication (Cisco ISE)	136,000
	Cisco 3750 x 17	170,000
	DC1 & 2 Nutanix	600,000
	Vectra Infrastructure Vulnerability scanner	112,000
	PAM (Stealth Bits)	23,000
	SolarWinds - Estate monitoring	200,000
	Vitrea (Sectra solution)	60,000
	Central Control Tower	100,000
	Silver Springs Conference Screen & Eq	10,000
	Cabinet Switches 2960-X/XR (x123)	500,000
	Cabinet UPS	19,780
	XG550 x 2 Core Firewalls	150,000
Digital Total		2,080,780

Fee requirements

- Tables below summarise the fee requirements associated to significant estates schemes
- **Tameside**

RIBA Stage	% Est of Project Value	2 x Mod Theatres £10.0m (Est)	Main Theatres £6.0m (Costed)	Mat Theatre Ext. £3.5m (Costed)	Ladysmith Vent AHUs £4.0m (Est)	UTC/Pharmacy £1.2m (Costed)	Total Project Design Values
Stage 0-2	1.0 – 1.5%	Contractor	£60,000 (Progress)	Contractor (Done)	£40,000	Complete	£100,000
Stage 3	1.5 - 2.0%	£150,000	£90,000	£52,500	£60,000	£18,000	£370,500
Stage 4	3.0 – 5.0%	£300,000	£180,000	£105,000	£120,000	£36,000	£741,000
Total to stage 4	6.0 – 9.0%	£450,000	£330,000	£157,500	£220,000	£54,000	£1,211,500

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Summary of external bids – 2026-2030

Category	Scheme	2026/27
Estates	UTC & Pharmacy development	1,200,000
	New Ward development	14,000,000
Estates Total		15,200,000
Grand Total		15,200,000

UEC – ward development was also included in Estates Safety (strategic element not supported)

Diagnostics – schemes highlighted 'green' are included in provisional GM planning assumptions

Category	Scheme	2026/27	2027/28	2028/29	2029/30	Grand Total
Equipment	Angiography & Fluoro Ultimax Dcc-05B (Toshiba) X1	500,000				500,000
	Ultrasound Scanner Aplio I700 X2	200,000				200,000
	Ultrasound Scanner Sequoia C256 (Acuson) X1	120,000				120,000
	Mini C Arm Hologic Fluroscan (Vertec) X1	90,000				90,000
	Ultrasound Scanner Nanomaxx (Sonosite) X1	32,000				32,000
	Dose Calibrator Capintec (Southern) X1	12,000				12,000
	Ultrasound Scanner Vivid S70N X1		150,000			150,000
	Ultrasound Scanner Aplio I700 X1		60,000			60,000
	Ultrasound Scanner Juniper X1		120,000	60,000		180,000
	CT Scanner Aquilion Prime Ct X1			1,000,000		1,000,000
	CT Scanner Somatom Go.All Ct X1			800,000		800,000
	Ultrasound Scanner Vivid E95 V206 X1			150,000		150,000
	MR Scanner 2				1,500,000	1,500,000
	Ultrasound scanner				440,000	440,000
	C Arm Pulsara 718095 (Philips) X1	120,000				120,000
	New MR Scanner			3,300,000		3,300,000
Equipment Total		1,074,000	330,000	5,310,000	1,940,000	8,654,000
Grand Total		1,074,000	330,000	5,310,000	1,940,000	8,654,000

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Summary of external bids 2026-2030

Estates Safety

Category	Scheme	2026/27	2027/28	2028/29	2029/30	2030/31	Grand Total
Estates	5 Year Fixed Wiring Tests	150,000					150,000
	Chillers				200,000		200,000
	Existing Maternity Theatre	3,500,000					3,500,000
	Fire Doors			100,000	200,000	300,000	600,000
	Fire Related Budgets	100,000	100,000	100,000	100,000		400,000
	Mellor House DDA Lift 59				60,000		60,000
	New Ventilation Plant Ladysmith C		2,000,000	2,000,000			4,000,000
	Pathology Labs HVAC Systems and Controls	400,000					400,000
	Portland Roof Replacement (Block 18)	240,000	240,000				480,000
	Relacement Substations 3		600,000				600,000
	Silver Spings DDA Comp Lift 63	60,000					60,000
	Stores Roof Replacement		350,000				350,000
	Werneth House DDA Lift 54			60,000			60,000
	Hartshead Theatre refurbishment 1 & 2	3,000,000					3,000,000
	Hartshead Theatre refurbishment 3 & 4	3,000,000					3,000,000
	Laundry DDA Lift 60		60,000				60,000
	Lift 28 Refurbishment and doors replacement	200,000					200,000
	Lift 35 Dumbwaiter for food segregation	60,000					60,000
	L17 Main bed lift Charlesworth	200,000					200,000
	Modular Theatre Development	10,000,000					10,000,000
	Nurse Call Replacements	50,000					50,000
	Stamford Unit (purchase/reprovision)	30,000,000					30,000,000
Estates Total		50,960,000	3,350,000	2,260,000	560,000	300,000	57,430,000
Grand Total		50,960,000	3,350,000	2,260,000	560,000	300,000	57,430,000

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ALERT, ADVISE & ASSURE (AAA) REPORT	
Name of Committee/Group	Finance & Performance Committee
Chair of Committee/Group	David Curtis, Non-Executive Director
Date of Meeting	19 February & 19 March 2026
Quorate	Yes
The Finance & Performance Committee draw the following key issues and matters to the Trust Board of Directors' attention:	

1. Agenda	In February, the Committee considered an agenda which included the following: • Finance Report Month 10 • Operational Performance Update • Medium Term Operational Planning 2026/27-2028/29 • Capital Programme - Key Issues & Risks In March, the Committee considered an agenda which included the following: • Finance Report Month 11 • Operational Performance Update • Medium Term Operational Planning 2026/27-2028/29 • Financial Plan • Capital Plan • Capital Programme – Key Issues & Risks • BAF & Aligned Significant Risks • DRAFT Joint Finance & Performance Committee Terms of Reference & Work Plan • Business Cases & Contracts ○ Tameside Hospital Heat Decarbonisation Project – Approval of Contract Award ○ Proposed Extension of NHS Professionals ○ Direct award for the provision of a Point of Care Managed Service (to include blood gas and urinalysis) and Direct award for the provision of a blood glucose and ketone testing ○ Independent Sector Contract
2. Alert	No matters from this meeting to alert to the Board of Directors.
3. Advise	The Trust anticipates achieving its year-end financial plan, supported by a non-recurrent settlement from the Greater Manchester system. While this enables delivery of the 2025/26 control total, the Committee noted the underlying structural challenge and agreed that this will be explored further as part of ongoing discussions on the three-year operational plan. Urgent and Emergency Care performance continues to present a significant operational challenge. While actions are being taken to stabilise flow and test new models, the volume of attendances and high bed occupancy continue to constrain performance. Albeit challenging, these sustained pressures are being actively managed.

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		The Committee noted that no additional bed capacity will be made available to the Trust, contrary to earlier expectations. This constrains the Trust's ability to sustain flow and achieve the trajectory set out in planning assumptions, and system-level support will be required to address the bed deficit in-year. Noted a national shortage of bone cement affecting orthopaedic elective activity. Some hip and knee procedures may need to be rescheduled if supply constraints continue, which could impact admitted waiting list recovery into next year. The position continues to be monitored closely. The Committee reviewed and supported the Joint Finance & Performance Committee Terms of Reference & Work Plan 2026/27 for Board approval. The Finance & Performance Committee reviewed the following contracts and recommended them to Board for approval: • Proposed Extension of NHS Professionals • Point of Care Managed Service • Blood Glucose and Ketone Testing • Independent Sector Contract The Committee supported the Tameside Hospital Heat Decarbonisation Project Full Business Case and recommended approval to the Board. Reviewed and approved the finance and performance related principal risks to be presented as part of the Board Assurance Framework 2025/26 to the Board of Directors in March 2026.
4.	Assure	Positive assurance received on performance against key elective standards, diagnostics, cancer targets and ambulance handover times. Despite sustained operational pressures, performance in these areas remains strong and consistent.
5.	Referral of Matters/Action to Board/Committee	The Finance & Performance Committee reviewed and recommended the following for approval: • Proposed Extension of NHS Professionals • Point of Care Managed Service • Blood Glucose and Ketone Testing • Independent Sector Contract • Tameside Hospital Heat Decarbonisation Project Full Business Case • Joint Finance & Performance Committee Terms of Reference & Work Plan 2026/27
6.	Report compiled by:	David Curtis, Non-Executive Director
7.	Minutes available from:	Nonye Izu-Obi, Deputy Trust Secretary

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ALERT, ADVISE & ASSURE (AAA) REPORT

Name of Committee/Group	Finance & Performance Committee
Chair of Committee/Group	Anthony Bell, Non-Executive Director (David Curtis, Non-Executive Director, chaired the March meeting)
Date of Meeting	19 February 2026 & 19 March 2026
Quorate	Yes

The Finance & Performance Committee draw the following key issues and matters to the Board of Directors' attention:

1. Agenda	In February, the Committee considered an agenda which included the following: • Operational Performance Report • Winter Resilience Planning • Finance Report • Operational Planning 2026/27 • Contracts for Approval • Post Implementation Appraisal of Emergency & Urgent Care Campus • Electronic Patient Record Update • Standing Committees Alert, Advise & Assure Reports: - Digital & Informatics Group - Capital Programme Management Group In March, the Committee considered an agenda which included the following: • Operational Planning 2026/27 • Capital Plan 2026/27 • Finance Report • Operational Performance Report • Winter Resilience Planning • Contracts for Approval • Electronic Patient Record Update • Joint Finance & Performance Committee Terms of Reference and Work Plan 2026/27 • Board Assurance Framework and Aligned Significant Risks • Standing Committees Alert, Advise & Assure Reports: - Capital Programme Management Group
2. Alert	Concerns regarding the Medium Term Operational Planning given the scale of associated risks. Concerns regarding No Criteria to Reside (NCTR), noting impact on flow, capacity and quality.
3. Advise	The Committee received the Finance Report for Month 11 and noted: • At Month 11, the Trust is reporting breakeven against plan for system reporting purposes and a net deficit of £6.9m. It was noted that following the release of Greater Manchester (GM) funding, the Trust anticipates achieving the year-end forecast. • The Stockport Trust Efficiency Plan (STEP) for 2025/26 has been delivered in full in year, exceeding the plan.

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		• The Trust has maintained sufficient cash to operate during the month. • The Capital forecast for 2025/26 is £30.8m in line with plan. The Committee received the Operational Performance Report for Month 11, acknowledging the continued operational pressures and action being taken to improve performance. The Committee heard that the Trust continued to perform below the national target against some of the core operating standards, whilst improvement was being sustained particularly around elective and cancer care. The Committee received an update on the Electronic Patient Record (EPR) Programme, noting ongoing activities in this area. The Committee highlighted the importance of maintaining pace and ensuring timely implementation of the programme, and noted that the Board would receive an EPR update at its June meeting. The Committee reviewed the following contracts and recommended them to the Board of Directors for approval: • NHS Professionals • Microsoft Office 365 Licences The Committee reviewed and supported the Joint Finance & Performance Committee Terms of Reference & Work Plan 2026/27 for Board approval. The Committee reviewed and approved the finance and performance related principal risks to be presented as part of the Board Assurance Framework 2025/26 to the Board of Directors in March 2026.
4.	Assure	The Committee acknowledged positive assurance regarding a number of operational performance targets, including Cancer 62-day and Referral to Treatment performance. The Committee acknowledged positive assurance regarding STEP delivery, which had exceeded the plan, and the year-end delivery of the Financial Plan 2025/26. The Committee received updates on winter resilience performance and was advised that the Opel 4 escalations declared in January and February 2026 had been managed effectively. Furthermore, the Committee noted that the Trust's strong flu vaccination uptake had been formally recognised by NHS England.
5.	Referral of Matters/Action to Board/Committee	The Committee recommended the following contracts to the Board of Directors for approval: • NHS Professionals • Microsoft Office 365 Licences
6.	Report compiled by:	Anthony Bell, Non-Executive Director / David Curtis, Non-Executive Director
7.	Minutes available from:	Soile Curtis, Deputy Company Secretary

Tameside and Glossop Integrated Care NHS Foundation Trust

Meeting date	26 th March 2026	x	Public		Confidential	Agenda item
Title	Integrated Performance Report					12.1
Lead Directors	Jonathan O'Brien, Chief Operating Officer Dilraj Sandher, Medical Director Jacqui Burrow, Chief Nurse Amanda Bromley, Director of People and Organisational Development					
Author	Peter Nuttall, Director of Informatics					

Recommendations made/ Decisions requested.

The dashboard is organised under the headings of 'Quality', 'Operations', and 'Workforce'. Performance against the associated metrics for the latest available month (February 2026, for most indicators) is shown.

This paper relates to the following Strategic Objectives (2025-26)

x	1	Deliver personalised, safe, and caring services.
x	2	Support the health- and- wellbeing needs of our community and colleagues.
x	3	Develop effective partnerships to address health- and- wellbeing inequalities.
x	4	Develop a diverse, talented, and motivated workforce to meet future service and user needs.
x	5	Drive service improvement through high- quality research, innovation, and transformation.
x	6	Use our resources efficiently, effectively, and sustainably.
x	7	Develop our estate and digital infrastructure to meet service and user needs.

The paper relates to the following CQC domains.

x	Safe	x	Effective
x	Caring	x	Responsive
x	Well-Led	x	Use of Resources

This paper is related to these BAF risks:	Relates to numerous aspects of Board Assurance Framework and Significant Risk Report.

Where issues are addressed in the paper

	Section of paper where covered
Equality and Diversity impacts	Not considered
Financial impacts if agreed/ not agreed	Dashboard
Regulatory and legal compliance	Dashboard
Sustainability (including environmental impacts)	Dashboard

Executive Summary

Exception reports are included for a number of performance indicators: infection prevention; cancer waiting times; friends- and- family test (Trust- level); 12 hours in the emergency department, 12-hour trolley waits, and the emergency 4-hour standard; and staff sickness.

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**Board of Director's Meeting 26th March 2026
Integrated Performance Report 2025-26**

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List of Abbreviations and Acronyms

AMU	Acute Medical Unit
<i>C.diff</i>	<i>Clostridium difficile</i>
COO	Chief Operating Officer
CQC	Care Quality Commission
CT	Computerised Tomography
CWT	Cancer Waiting Times
DNA	Did Not Attend
DOC	Duty of Candour
DTA	Decision to Admit
ECIST	Emergency Care Improvement Support Team
ED	Emergency Department
<i>E. coli</i>	<i>Escherichia coli</i>
FDS	Faster Diagnosis Standard (Cancer 28-day)
FFT	Friends & Family Test
GM	Greater Manchester
GMCA	Greater Manchester Cancer Alliance
GMCCN	Greater Manchester & Cheshire Cancer Network
HCA	Healthcare Assistant
HCAI	Healthcare Associated Infections
HED	Health Evaluation Data
IAU	Integrated Assessment Unit
ICS	Integrated Care System
IPC	Infection Prevention and Control
ISCAN	Integrated Service for Children with Additional Needs
IUCT	Integrated Urgent Care Team
KLOE	Key Lines of Enquiry
LoS	Length of Stay
MDT	Multi-Disciplinary Team
MOD	Manager of the Day
MRSA	Methicillin-resistant <i>staphylococcus aureus</i>
MSSA	Methicillin-sensitive <i>staphylococcus aureus</i>
NCtR	Inpatients with 'No Criteria to Reside'
NHSE	NHS England
NOF	NHS Oversight Framework
NWAS	Northwest Ambulance Service
PIFU	Patient Initiated Follow Up
PSIRG	Patient Safety Incident Response Group
PTL	Patient Tracking List
QAR	Quality Assurance Round
QPET	Quality and Patient Experience Team
RAG	Red Amber Green (a visual indication of performance / compliance)
RN/RM	Registered Nurse / Registered Midwife
RTT	Referral-to-Treatment
SDEC	Same Day Emergency Care
SHMI	Summary Hospital-level Mortality Indicator
SPC	Statistical Process Control
UEC	Urgent and Emergency Care
UTC	Urgent Treatment Centre
WOW	Wellbeing on Wheels
YTD	Year-to-Date

Introduction

This report provides the Trust Board with an overview of the Trust's performance across a range of quality and operational indicators for the relevant month; and year-to-date performance, along with a RAG rating, to support the Board in evaluating performance against each indicator. The dashboard is organised using the headings Quality, Operations, and Workforce.

January 2026

The Trust did not meet the **four-hour, emergency- care standard** in January 2026, with performance of 60.3%. Performance against several other indicators did not meet the required thresholds: **E. coli, MRSA, emergency re-admissions, Friends- and Family test, 12-hour trolley waits, 12- hour waits in the Emergency Department; cancer waits (>104 days) and (>62 days), no criteria to reside, and staff sickness.**

February 2026

Mortality

In the latest publication (August 2024 – October 2025), the Trust's **SHMI** is 115.82 and is rated 'as expected'. It has been rated 'as expected' since the period March 2019 to February 2020; however, this is the highest rate since the period June 2018 - May 2019 (117.78).

Diagnostics

In February there were 15 patients waiting more than six weeks for a key diagnostic. The Trust has met the national standard (<5%) dating back to November 2024 (for the 16th consecutive month) and is ranked in the best decile in the country for the seventh consecutive month.

Maternity Metrics

Of the maternity metrics, three were rated 'green', one was rated 'amber' (smoking at time of delivery) and one was rated 'red' (stillbirths per 1000). Stillbirths are reviewed at the Trust's Mortality Steering Group.

Emergency re-admissions within 30 days

The **re-admission rate** for January 2026 was 12.8% (amber). Using a relative- risk model, the Trust's rate is described as 'very low' for the rolling twelve-month period relating to December 2024 – November 2025.

Ambulance arrival to vehicle handover time (45+ mins)

In February, 81 handovers exceeded 45 minutes. The is the highest figure since June 2025. A performance threshold has not been set, but the figure is provided to allow for shadow monitoring.

Referral- To- Treatment

There were zero patients waiting for more than **52 weeks** at the end of February 2026. The **% of the waiting list at < 18 weeks** was 74.7% (*green*). The Trust is required to reach performance of 73.3% by March 2026 and remains above the trajectory (most providers are required to meet a 65% standard). The Trust is participating in NHSE 'sprint' initiative to see additional outpatient new attendances during quarter 4 and, as a result, is seeing sustained improvements. The **percentage of patients waiting < 18 weeks for their first appointment** was 86.7% (*green*), which is above trajectory for the year-end target of 83.44%. This performance ranks amongst the best in the country and is the best in Greater Manchester.

Theatre utilisation

The (capped) utilisation rate for February was 87.7%, against the latest peer median of 77.9%.

Workforce metrics

Of the workforce metrics reported in the IPR, two were rated 'green' (**all staff turnover, and appraisals**), one rated as 'amber' (**mandatory training**), and one 'red' (**staff sickness**).

Community waiting times

The Trust reported zero **52- week waits** for the 16th consecutive month.

Tameside and Glossop Integrated Care FT Quality Account 2025/26

Key Performance Indicators	Target 25/26	Actual YTD	4 month Trend	Actual Month	Current Period	1 month Forecast
Quality						
Mortality						
SHMI (rolling 12 months-to October 2025)	≤ 100	115.82	🟡	NA	🟡	NA
Infection Prevention and Control						
MRSA - actual cases (YTD)	0	7	🟡	NA	🟢	🟢
C. difficile - actual cases (YTD)	< 59	89	🟡	NA	🟡	🟡
E.coli (YTD)	< 119	108	🟡	NA	🟡	🟡
MSSA (YTD)	< 48	42	🟡	NA	🟢	🟢
Patient Safety and Experience						
Re-admissions within 30 days (January 2026)	≤ 12%	13.7%	🟡	12.8%	🟡	🟡
Serious Incidents Confirmed	> 1	1	🟡	0	🟢	🟢
Pressure Ulcers: hospital-acquired (category 3 and 4)	NA	50	🟡	3	-	-
Number of falls with harm incidents reported	< 16	30	🟡	1	🟢	🟢
Falls With Harm (rate per 1000 bed days)	NA	NA	🟡	0.08	-	-
Medication Incidents With Harm	0	5	🟡	0	🟢	🟢
FFT positive responses (all)	≥ 95%	89.7%	🟡	89.7%	🟡	🟡
Complaints Responded within agreed timescale	≥ 90%	90.8%	🟡	95.2%	🟢	🟢
Emergency Department						
Trolley waits in ED (>12 hrs)	0	6864	🟡	706	🔴	🔴
Arrival to Vehicle Handover ⇒45mins	TBC	673	🟡	81	-	-
Maternity						
Early Neonatal Deaths (⇒24weeks)	0	0	🟡	0	🟢	🟢
Number of Stillbirths	NA	8	🟡	1	-	-
Stillbirths- rate per 1000	3.37 per 1000	NA	🟡	7.19	🔴	🔴
Smoking at time of delivery	4.0%	4.3%	🟡	4.3%	🟡	🟡
Cesarean- Number of occasions (November 2025)	≤ 4	17	🟡	2	🟢	🟢
Neonates With a diagnosis of HIE (Grade 2 and 3) ≥ 37 weeks	0 per 1000	NA	🟡	0.0	🟢	🟢
Regulatory						
CQC Rating*	-	Good	-	-	-	-

* Governance indicators, which appear in the Single Oversight Framework

1-month forecast	4-month trend
The one-month forecast is an informed prediction of the next month's performance, which may be based on part-month data, operational intelligence and historical trends.	
🟢 on target 🟡 below target 🔴 not performing	🟢 strong improvement 🟡 improvement 🟡 no significant change 🔴 deterioration 🔴 strong deterioration

Key Performance Indicators	Target
Operational	
Emergency Department	
4-hour wait (Type 1 and Type 3 activity)	≤ 1%
12-hour waits in Emergency Department	≤ 5%
Waiting Times	
RTT 18 weeks incomplete	85
RTT waits over 52 weeks (incomplete)	85
RTT Time to First Appointment	83
Diagnostic- six-week-wait target	≤ 5%
Cancer	
Cancer waits over 104 days	2.1
Cancer FDS (January 2026)	2.1
Cancer 31 day All Stages (January 2026)	2.1
Cancer waits over 62 days	2.1
Cancer- 62-day standard (January 2026)	2.1
Outpatient	
Outpatient slot utilisation	≥ 95%
Outpatient DNA rate	≤ 5%
Theatre utilisation (capped)	≥ 95%
Adult Bed Occupancy	92-95%
Patient Flow and Access	
UCR 2-hour response	≥ 95%
PIFU (% of patients on PIFU)	> 95%
Advice & Guidance (rate per 100) (January 2026)	18 per 100
Long Length of Stay (21+ days)	≤ 5%
No Criteria To Reside	< 5%
Community Services	
Community Services (>52-week waits)	≤ 5%
Workforce	
Mandatory training (overall)	
All Staff Turnover	≤ 1%
Staff Sickness	≤ 5%
Appraisals	≥ 1%
RNRM hrs on shift (% of planned)	> 95%
HCA hrs on shift (% of planned)	> 95%

Q3/26

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Integrated Performance Exception Report: Chief Nurse (1/2)

Quality: Infection Prevention and Control		Target	Current Performance	4 Month Trend	Previous Performance	Forecast																																																																																			
E coli: (Reporting Period: February 2026)		≤8	19	↘️	🔴 🔴 🟢 🔴 🟢	🔴																																																																																			
ISSUE E. coli The current position for E. coli reflects improved rates for both hospital- and community- acquired classifications compared to 24/2025 position. - Four acute cases associated with urinary cause and device risks. - Three cases were chest related, with complex risk factors for the development of infection. - The remaining cases identified risks associated with biliary infection, neutropenia, and cancer. - Four of the cases met a hospital- acquired classification due to admission within the previous four- weeks. Additionally, in January 2026, three MRSA cases were reported. Immediate actions have been implemented and shared across the Trust to minimise the risk of additional cases. Actions focused upon improving compliance with Trust screening criteria and monitoring; management and oversight of invasive devices, including staff competency checks and access to training; and sharing of themes across the clinical staff group. There is zero tolerance for the occurrence of MRSA incidents, and the importance of improved practice has been reinforced.		MRSA <table><thead><tr><th>Month</th><th>Total</th></tr></thead><tbody><tr><td>Total</td><td>7</td></tr><tr><td>Apr-25</td><td>1</td></tr><tr><td>May-25</td><td>0</td></tr><tr><td>Jun-25</td><td>0</td></tr><tr><td>Jul-25</td><td>1</td></tr><tr><td>Aug-25</td><td>1</td></tr><tr><td>Sep-25</td><td>1</td></tr><tr><td>Oct-25</td><td>0</td></tr><tr><td>Nov-25</td><td>0</td></tr><tr><td>Dec-25</td><td>0</td></tr><tr><td>Jan-26</td><td>3</td></tr><tr><td>Feb-26</td><td>0</td></tr></tbody></table> Ecoli <table><thead><tr><th>Month</th><th>Total</th><th>Acute</th><th>Community</th></tr></thead><tbody><tr><td>Total</td><td>188</td><td>61</td><td>127</td></tr><tr><td>Apr-25</td><td>16</td><td>4</td><td>12</td></tr><tr><td>May-25</td><td>8</td><td>2</td><td>6</td></tr><tr><td>Jun-25</td><td>17</td><td>4</td><td>13</td></tr><tr><td>Jul-25</td><td>22</td><td>7</td><td>15</td></tr><tr><td>Aug-25</td><td>26</td><td>7</td><td>19</td></tr><tr><td>Sep-25</td><td>17</td><td>6</td><td>11</td></tr><tr><td>Oct-25</td><td>17</td><td>7</td><td>10</td></tr><tr><td>Nov-25</td><td>11</td><td>3</td><td>8</td></tr><tr><td>Dec-25</td><td>19</td><td>4</td><td>15</td></tr><tr><td>Jan-26</td><td>16</td><td>7</td><td>9</td></tr><tr><td>Feb-26</td><td>19</td><td>10</td><td>9</td></tr></tbody></table> Benchmarking Latest Trust's Value: 40.02 Show Annotation: ☐ Show Decile: ☐ Expected date to meet target 2026-27 Signed off by Yvonne Doherty					Month	Total	Total	7	Apr-25	1	May-25	0	Jun-25	0	Jul-25	1	Aug-25	1	Sep-25	1	Oct-25	0	Nov-25	0	Dec-25	0	Jan-26	3	Feb-26	0	Month	Total	Acute	Community	Total	188	61	127	Apr-25	16	4	12	May-25	8	2	6	Jun-25	17	4	13	Jul-25	22	7	15	Aug-25	26	7	19	Sep-25	17	6	11	Oct-25	17	7	10	Nov-25	11	3	8	Dec-25	19	4	15	Jan-26	16	7	9	Feb-26	19	10	9	E. Coli- Hospital Onset (HED): The latest data relates to the period January 2025 – December 2025. The methodology is based on a rate, using bed days as the denominator. The Trust has an E. Coli rate of 40.02 which puts it in the upper quartile nationally. Blue bars represent other GM providers.				
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Executive Lead Jacqui Burrow																																																																																									

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Integrated Performance Report: Chief Operating Officer (1/4)

Operational: Cancer Waiting Times				Target	Current Performance	4 Month Trend	Previous Performance	Forecast
62-day GP Referral to Treatment-Overall: (Reporting Period: January 2026)				≥ 75%	77.4%	➡		
ISSUE Acute trusts are required to support NHS England's commitment to 'Improving and Sustaining Cancer Performance'. One action required of trusts is that they report tumour-site-specific performance against the 62-day cancer target to their Board, irrespective of performance against the aggregate target. This report highlights the Trust's overall, and tumour-site-specific, performance against the Greater Manchester Cancer Alliance (GMCA) threshold. The performance relates to January 2026, and the position stated has been fully validated in line with the national Reallocation Policy. For January 2026, the aggregate 62-day position was 77.4% against the 75% interim standard. The Trust reported 18.5 accountable breaches (affecting 27 patients) in January, resulting from complex pathways, multi-treatments, multiple co-morbidities, and internal and external diagnostic delays. 'Near misses' Acute trusts are also required to include data, relating to patients treated within 48 hours of their breach date, in the reports provided to their Board. In January, 4.5 patients were classified as 'near misses'. The 'near misses' resulted from complex diagnostic pathways, multi-tumour sites, and internal/external diagnostic delays.								
Expected date to meet target				NA		Signed off by		Ashleigh Smith
Executive Lead				Jonathan O'Brien				

62 Day cancer Performance

Moving Average

Lower Control Limit

Upper Control Limit

January 2026 Breaches and Performance by Tumour Site

Breaches

62 Day Performance

Tumour Site	Breaches	62 Day Performance
Breast	4.5	70%
Brain	0	100%
Lower GI	1	67%
Gynae	1	67%
Head & Neck	1	50%
Other	0	100%
Skin	0	100%
Upper GI	0	100%
Urology	1	93%
Lung	9	45%
Haem	0.5	80%

Integrated Performance Report: Chief Operating Officer (2/4)

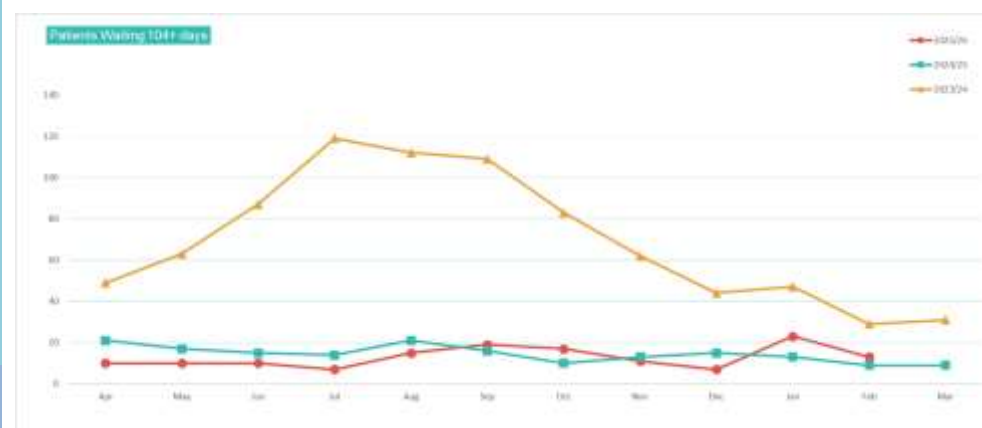
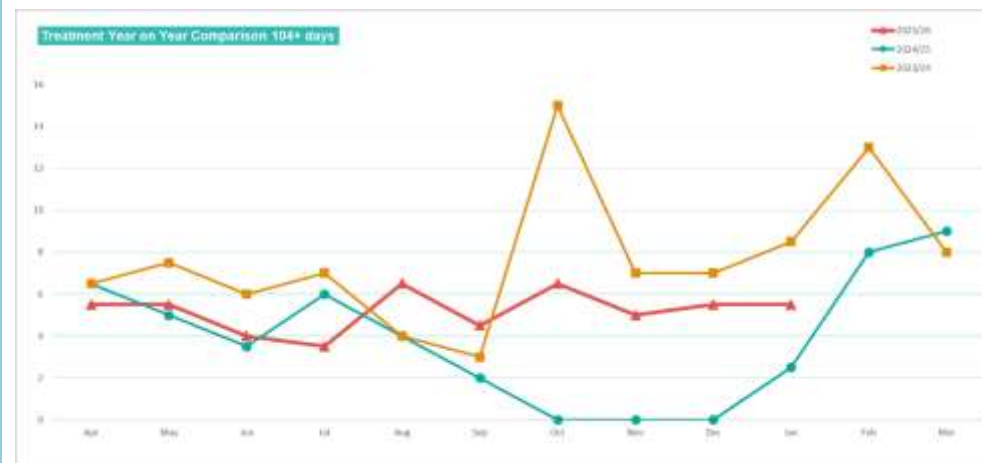
Operational: Cancer Waiting Times		Target	Current Performance	4 Month Trend	Previous Performance	Forecast
Patients Treated Over Day 104: (Reporting Period: January 2026)		0	5.5	➡	◆◆◆◆◆	◆
Patients Waiting Over Day 104: (Reporting Period: February 2026)		0	13	➡	◆◆◆◆◆	◆
ISSUE Patients treated on day- 104 or beyond In the month of January, 7 patients were treated on or past day 104, resulting in 5.5 accountable breaches.						
The reasons for delays, affecting this cohort of patients, are listed below. It should be noted that most delays resulted from a combination of factors.						
2 external treatments, allocated as full breaches due to late referral for treatment. 1.5 external treatments, allocated as shared breaches due to both late referral for treatment, and late treatment. 2 full breaches, due to a combination of external diagnostic delay, and patient disengagement.						
A complete breach analysis and clinical assessment must be conducted for patients treated externally by the organisation which treated them.						
Suspected cancer patients on cancer PTL over 104 days The number of patients (referred by a GP) on the suspected cancer waiting list for more than 104 days gradually increased in 2021-22. Over the past few months, the number has continued to reduce, largely due to reduced radiology waiting times. Collaboration with the directorate management teams continues to facilitate a further reduction in patients waiting for diagnosis.						
From October 2023, consultant upgrades have been included in the 28- and 62-day cancer standards but are not being monitored by the national team as part of the Trust's 'backlog' numbers.						
Expected date to meet target	NA	Signed off by	Ashleigh Smith			
Executive Lead	Jonathan O'Brien					

Treatment Year on Year Comparison 104+ days

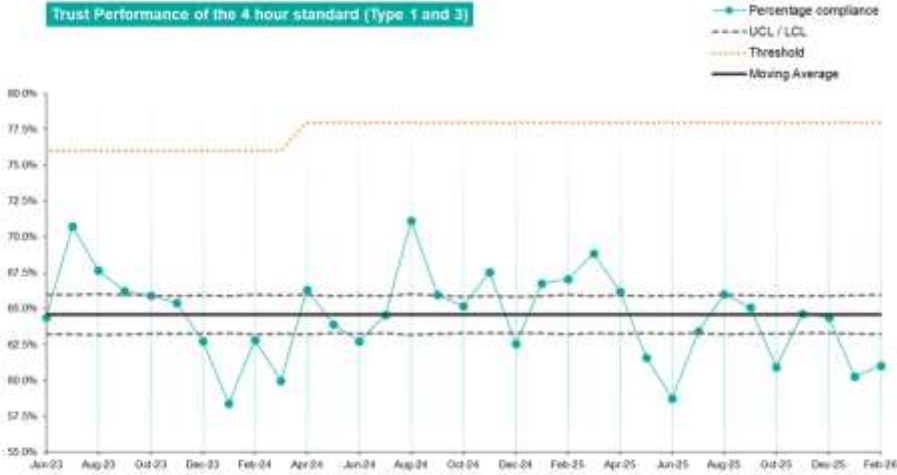
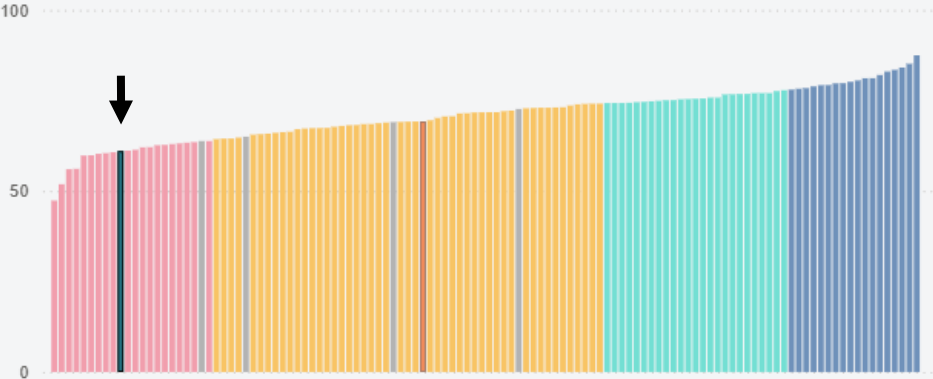
Month	2021/22	2022/23	2023/24
Apr	5.5	5.5	5.5
May	5.5	5.5	6.5
Jun	5.5	5.5	5.5
Jul	5.5	5.5	6.5
Aug	5.5	5.5	5.5
Sep	5.5	5.5	5.5
Oct	5.5	5.5	15.0
Nov	5.5	5.5	5.5
Dec	5.5	5.5	5.5
Jan	5.5	5.5	6.5
Feb	5.5	5.5	13.5
Mar	5.5	5.5	5.5

Patients Waiting 104+ days

Month	2021/22	2022/23	2023/24
Apr	10	10	50
May	10	10	60
Jun	10	10	80
Jul	10	10	120
Aug	10	10	110
Sep	10	10	110
Oct	10	10	80
Nov	10	10	60
Dec	10	10	40
Jan	10	10	50
Feb	10	10	20
Mar	10	10	30



Integrated Performance Report: Chief Operating Officer (3/4)

Operational: Emergency Department			Target	Current Performance	4 Month Trend	Previous Performance	Forecast
Type- 1 and Type- 3 Four- Hour Standard: (Reporting Period: February 2026)			≥ 78%	61%			
ISSUE The Trust did not meet the four-hour emergency-care standard in February 2026, with performance of 61%, against national improvement target of 78%, and the local improvement trajectory of 71.0%. ACTIONS • The relocation of the Urgent Treatment Centre has enabled the pilot of an 'ambulatory majors' model. This dedicated pathway is designed to manage suitable major-case patients in a same-day ambulatory format, improving flow, reducing congestion in majors, and positively impacting 4-hour performance. Early observations indicate improved streaming efficiency, reduced delays, and enhanced overall departmental flow. • The Emergency Care Improvement Support Team (ECIST) is supporting an audit on NWS primary care conveyances in March. • GP front-door streaming continues, supporting increased diversion of appropriate patients from Type- 1 activity into UTC/SDEC pathways. This continues to improve front-door flow and reduce pressure within the ED. • The Urgent and Emergency Care Transformation Programme continues to develop initiatives to support flow in the department, and feeds into the Urgent Care Delivery Board. From this, the Division reviews priority areas identified to improve 4-hour performance. • The bi-weekly UEC- Performance Meetings, chaired by the Chief Operating Officer/ Deputy Chief Executive, reviews performance, clinical safety incidents, and recruitment. • Bronze commander, Manager of the Day, consultant, nurse team leader oversight, and safety huddles used to review clinical safety and patient risk. • NWS- to- SDEC- direct pilot continues to reduce unnecessary ambulance conveyance to ED.			Trust Performance of the 4 hour standard (Type 1 and 3)  Benchmarking (Public View): 4- hour standard – all types. The Trust is in the National Oversight Framework's segment 4 (February 2026). Grey bars represent other GM providers (dark orange bar represents Stockport). National Rank and NOF Segment (Latest Month) 				
Expected date to meet target	2025-26	Signed off by	Kathryn Gaskell do Carmo				
Executive Lead	Jonathan O'Brien						

Integrated Performance Exception Report: Chief Operating Officer (4/4)

Quality/ Operational: A&E	Target	Current Performance	4 Month Trend	Previous Performance	Forecast
12-hour trolley waits: (Reporting Period: February 2026)	0	706	↘	◆◆◆◆◆	◆
12 hours in Department: (Reporting Period: February 2026)	≤ 8.7%	16.7%	↘	◆◆◆◆◆	◆
ISSUE 706 12-hour trolley waits reported in February. 1,285 patients (16.7%) waited >12-hours in the department. ACTIONS - The Chief Operating Officer is working with Adult Social Care, Locality, and ICS colleagues to improve the discharge from wards to reduce the numbers of patients in beds with ‘no criteria to reside’. - Front-door improvement work to support deflection to other services. - Additional post- take team seven days a week, and a second- day review team seven days a week, are now based within the ED to support plans of care for medical patients awaiting admission. - Intentional- rounding document now embedded to support quality and safety when patients experience an extended length of stay in ED. - Inpatient flow and pathway work continues to reduce length- of- stay impacting on DTAs remaining in the Emergency Department. - Workstreams are ongoing for “front door” initiatives, in line with the GM 4 Pillars of UEC Improvement. - Bi-weekly reviews to discuss progress, issues, and successes. - Weekly executive length- of- stay meetings review ‘no criteria to reside’. Cross- divisional twice weekly reviews of all patients with stays of more than 21 days. - Governance and performance oversight and performance dashboards reviewed, with escalation of risk. Clinical incident submissions relating to crowding and caring for patients in non-patient escalation areas. - Bronze Command and Manager- of- the- Day roles based in the Department to work with the ED team to support flow and performance.					
Expected date to meet target	2025-26	Signed off by	Kathryn Gaskell Do Carmo		
Executive Lead	Jonathan O'Brien				

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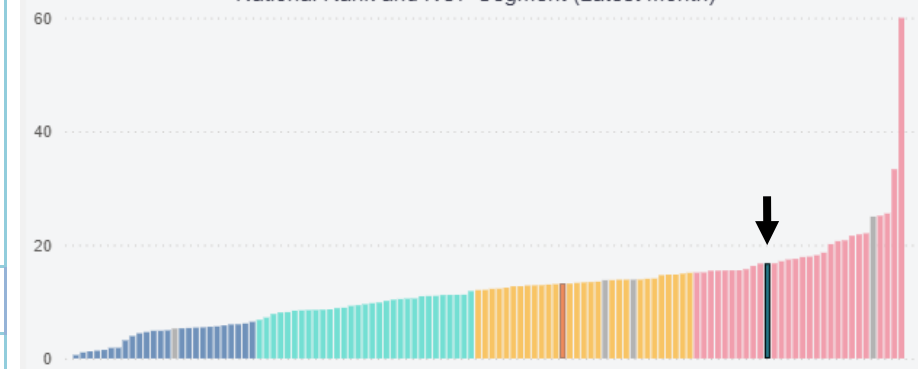
Benchmarking: For 12- hour trolley waits, Tameside was ranked fifth worst in GM for actual numbers and worst when calculated as a rate vs admission.

DTA to Admission >12 Hours - GM Benchmark (latest month available)



Benchmarking (Public View): ED attendances in department for over 12 hours. The Trust is in the National Oversight Framework's segment 4 (February 2026). Grey bars represent other GM providers (dark orange bar represents Stockport).

National Rank and NOF Segment (Latest Month)



Integrated Performance Exception Report: Director of People and Organisational Development (1/1)

Workforce: People	Target	Current Performance	4 Month Trend	Previous Performance	Forecast
Staff Sickness (Reporting Period: February 2026)	≤ 5.23%	5.93%	➡	▲◆◆◆◆	◆
ISSUE In- month sickness decreased in February 2026 to 5.93%, from the previous high levels of December 2025 and January 2026 (6.37% and 6.51% respectively). Short- term sickness has remained at raised levels since October 2025, averaging 2% in these months, compared to 1.48% in rest of the year. These absences are, primarily, linked to seasonal illnesses (e.g. flu, and norovirus). The expectation is that this will begin to reduce from next month. The rolling average for the past 12 months shows a reduction from 5.77% in February 2025 to 5.7% in February 2026, which is linked to reducing the long-term sickness figure from 3.99% in February 2025 to 3.91% in February 2026. ACTIONS Continue regular monitoring meetings between Divisional Directors and the Business Partner Team to provide assurance in relation to timely and appropriate management of individuals. The first joint Health- and- Wellbeing Champion meeting has taken place and was well attended. The session offered a valuable opportunity for colleagues interested in the role to connect, learn more about expectations, and gain insight into the Wellbeing on Wheels (WOW) initiative. WOW presentations are now being introduced at Tameside. Several early sessions have already taken place, including at the ISCAN Development Day, Multi-Professional Preceptorship Forum, and an Apprenticeship Forum, with a full rollout planned in the coming months. Recent relaunch of the Vivup email communications, reinforcing the commitment to improving engagement with the employee benefits platform. Within the first update, the sign-up email reached 3,297 users. This proactive approach aims to raise awareness. Run Chart: Trust performance of Staff Sickness as a percentage of monthly FTE Percentage Staff Sickness Median Threshold Benchmarking (Public View): Sickness Absence Rate The Trust is in the National Oversight Framework's segment 3 (November 2025). Grey bars represent other GM providers (dark orange bar represents Stockport). National Rank and NOF Segment (Latest Month) Expected date to meet target. 2025-26 Signed off by Mark White Executive Lead Amanda Bromley					

Indicator Thresholds for 2025/26 (threshold for 'green' performance unless otherwise stated)

Indicator	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Quality				
SHMI (amber if 'as expected' but > 100)	≤100	≤100	≤100	≤100
MRSA - actual cases	0	0	0	0
Ecoli	29	28	38	37
MSSA	15	10	12	14
C. difficile - actual Cases	16	16	18	13
Re-admissions within 30 days	12%	12%	12%	12%
Serious Incidents reported	0	0	0	0
Number of Falls With Harm	6	4	9	8
Medicine Incidents With Harm	0	0	0	0
FFT positive responses (all)	95%	95%	95%	95%
Complaints Responded within agreed timescale	90%	90%	90%	90%
Trolley waits in A&E	0	0	0	0
Arrival to Vehicle Handover 45 mins+	TBC	TBC	TBC	TBC
Early Neonatal Deaths	0	0	0	0
Stillbirths (rate per 1000)	3.37 per 1000	3.37 per 1000	3.37 per 1000	3.37 per 1000
Smoking at time of Delivery (national)	4.0%	4.0%	4.0%	4.0%
Diverts- Number of occasions	≤ 4	≤ 4	≤ 4	≤ 4
Neonates with Diagnosis of HIE(Grade 2 and 3) >37 weeks	0 per 1000	0 per 1000	0 per 1000	0 per 1000
Finance				
CQC Rating	Good	Good	Good	Good
Operational				
4-hour wait (Type 1 and Type 3 activity)	78%	78%	78%	78%
12-hour waits in ED department	8.7%	8.7%	8.7%	8.7%
RTT 18 weeks (incomplete)	73.3%	73.3%	73.3%	73.3%
RTT waits over 52 weeks (incompletes)	0	0	0	0
Diagnostic Six-Week-Wait Target	5%	5%	5%	5%
Cancer waits over 104 days	0	0	0	0
Cancer FDS	80%	80%	80%	80%
Cancer waits over 62 days	0	0	0	0
Cancer- 62-day standard (national)	75%	75%	75%	75%
Outpatient Slot Utilisation	92%	92%	92%	92%
Outpatient DNA rate	7.0%	7.0%	7.0%	7.0%
Theatre utilisation (capped)	85%	85%	85%	85%
Adult Bed Occupancy	92-95%	92-95%	92-95%	92-95%
UCR 2-hour response	≥70%	≥70%	≥70%	≥70%
PIFU (% of patients on PIFU)	<5%	<5%	<5%	<5%
Advice & Guidance (rate per 100)	16 per 100	16 per 100	16 per 100	16 per 100
Long Length of Stay (LLOS)- >21 days	≤272	≤259	≤269	≤272
Community Services (>52-week waits)	0	0	0	0
No criteria to reside	≤130	≤117	≤118	≤120
Workforce				
Mandatory Training	95%	95%	95%	95%
All Staff Turnover	12.6%	12.6%	12.6%	12.6%
Staff Sickness	5.23%	5.23%	5.23%	5.23%
Appraisals	87%	90%	90%	90%
RN/RM hrs on shift (% of planned)	>86%	>86%	>86%	86%
HCA hrs on shift (% of planned)	>86%	>86%	>86%	86%

Curtis Soile
24/03/2026 12:54:52

				Agenda No.	12. 2
Meeting date	26 th March 2026	Public	x	Confidential	
Meeting	Stockport NHS Foundation Trust (SFT) Board of Directors				
Report Title	SFT Integrated Performance Report				
Director Lead	Chief Executive	Author	Peter Nuttall, Director of Informatics		

Paper For:	Information	x	Assurance	x	Decision	x
Recommendation:	The SFT Board of Directors is asked to note and discuss performance against the reported metrics. This includes the described issues that are affecting performance and any mitigating actions to improve performance that are described in the exception reports.					

This paper relates to the following Annual Corporate Objectives

x	1	Deliver personalised, safe and caring services
x	2	Support the health and wellbeing needs of our community and colleagues
	3	Develop effective partnerships to address health and wellbeing inequalities
x	4	Develop a diverse, talented and motivated workforce to meet future service and user needs
x	5	Drive service improvement through high quality research, innovation and transformation
x	6	Use our resources efficiently and effectively
	7	Develop our estate and digital infrastructure to meet service and user needs

The paper relates to the following CQC domains

x	Safe	x	Effective
x	Caring	x	Responsive
x	Well-Led	x	Use of Resources

This paper relates to the following Board Assurance Framework risks

x	PR1.1	There is a risk that the Trust does not deliver high quality care to service users
x	PR1.2	There is a risk that patient flow across the locality is not effective
x	PR1.3	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan
x	PR2.1	There is a risk that the Trust is unable to sufficiently engage and support our people's wellbeing
	PR2.2	There is a risk that the Trust does not actively participate in local collaborative programmes/neighbourhood working to improve primary and secondary health outcomes
x	PR3.1	There is a risk that place-based partnership working does not effectively support delivery of Stockport ONE Health & Care (Locality) Board priorities and address health inequalities in

		Stockport
x	PR3.2	There is a risk that partnership working in Greater Manchester do not effectively address unwarranted variation of services and improve health inequalities
x	PR3.3	There is a risk that opportunities for collaboration between Stockport NHS Foundation Trust and Tameside & Glossop Integrated Care NHS Foundation Trust are not optimised
x	PR4.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit and retain the optimal number of staff, with appropriate skills and values
	PR4.2	There is a risk that the Trust's workforce is not reflective of the communities served
	PR5.1	There is a risk that the Trust does not implement high quality service improvement programmes
	PR5.2	There is a risk that the Trust does not implement high quality research & development programmes
x	PR6.1	There is a risk that the Trust does not deliver the annual financial plan
x	PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial sustainability plan
	PR7.1	There is a risk that the Trust does not implement the Digital Strategy to ensure a resilient and responsive digital infrastructure
	PR7.2	There is a risk that the estate is not fit for purpose and/or meets national standards
	PR7.3	There is a risk that the Trust does not materially improve environmental sustainability
	PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus

Where issues are addressed in the paper

	Section of paper where covered
Equality, diversity and inclusion impacts	
Financial impacts if agreed/not agreed	Highlight section and Finance exception report
Regulatory and legal compliance	All sections
Sustainability (including environmental impacts)	

Executive Summary

This report provides an overview of the Trust's performance across a range of Quality, Operational, Workforce and Financial metrics. The report includes a scorecard that incorporates metrics from the Single Oversight Framework, as well as other high priority metrics. The scorecard details the in-month and year- to- date performance for each metric along with an indicative forecast for next month and summary indicator of performance trend. Exception reports are included for each metric group that is not currently achieving target thresholds and includes metric descriptions, in-month performance and target thresholds, as well SPC charts clearly showing performance trends. Exception reports also include detailed narrative from the relevant services detailing key issues affecting performance, and mitigating actions of note. Please see introduction page of the report, which includes summary highlights for each section.

Integrated Performance Report

Reporting period

February 2026

Curtis Soile
24/03/2026 12:54:52

Introduction

This report provides the Trust Board with an overview of the Trust's performance across a range of Quality, Operational, Workforce and Financial metrics. The report includes a dashboard that incorporates metrics from the Single Oversight Framework. The dashboard details the in-month, and year- to- date performance for each metric along with an indicative forecast for next month.

Quality Highlight

14 of 25 quality metrics are now achieving their performance targets.

Exception reports included this month relate to performance against Sepsis, E. Coli and MRSA Infections, Hospital and Community Pressure Ulcers, Complaints, Incidents, and Maternity.

- Sepsis performance measure for timely recognition continue to report above the 90% threshold. Although antibiotic administration performance has shown some improvement in recent months, there are no significant changes, and the reported rate is still below the target threshold.
- The number E. coli infections continues to be high, and rates have increased each month consecutively since September 2025. No further MRSA infections have been reported since September 2025, but rates will now continue to be above the planned improvement trajectory for the rest of the financial year.
- The rate of Hospital-acquired pressure ulcers continues to drop month on month. Although the fall in overall numbers is positive, the number reported due to lapses in care have not fallen at the same rate, which has led to an increase in the report percentage due to lapses in care. This affects both Hospital and Community-acquired pressures ulcers.
- The rate of informal complaints has seen a significant increase across November and December 2025, whilst the rate of formal complaints continues at the higher rate reported since September 2025. The timely response to complaints has dropped over the same period.
- Rates of patient safety incidents causing moderate and above harm have not changed significantly, varying between 2.6 and 3 incidents for every 10000 bed days.
- Most Maternity metrics are performing well, but 3rd and 4th degree tears continue to report above the 2% national target.

Operations Highlight

17 of 26 operational metrics now achieving their performance targets, including all ED and Cancer metrics.

Exception reports included this month relate to performance against Patient Flow, Diagnostics, RTT, Virtual Ward, DNA rates, Outpatient Procedures, and Theatres.

- Performance against most patient flow metrics continues to be challenging, with 3 of 4 metrics reporting above their target threshold or planned improvement trajectories.
- Diagnostic performance is showing improvement and continues to be below the planned performance trajectory. Patients over 6-weeks are now decreasing in Endoscopy, and Echo is now reporting below the target, but performance in Audiology has been challenged due to available service capacity in December.
- 4 out of 5 RTT metrics are achieving their performance targets in December. Performance against the wait for first attendance does show improvement but is below the improvement threshold. We now report 0 patients waiting over 65-weeks for treatment.
- Virtual Ward has seen some strong improvements in recent months but has dropped below the 80% target in November and December 2025.
- 2 of the 3 metrics for Outpatient Efficiencies are achieving their performance targets in December. DNA rates have been increasing since October 2025, with seasonality and industrial action identified as potential drivers.
- Performance in theatre capped touch time utilisation has not seen any significant changes and remains challenging. Action plans are in place to support improvement by end of March 2026.

Introduction

This report provides the Trust Board with an overview of the Trust's performance across a range of Quality, Operational, Workforce and Financial metrics. The report includes a dashboard that incorporates metrics from the Single Oversight Framework. The dashboard details the in-month, and year- to- date performance for each metric along with an indicative forecast for next month.

Workforce Highlight

4 of 6 workforce metrics are now achieving their performance targets.

Exception reports included this month relate to performance against Sickness Absence and Appraisal rates.

- Monthly sickness absence rates have continued to increase month to month since June 2025. This increase is expected during winter periods and is consistent with rates from December 2024.
- Appraisal rates continue to show strong improvement around 90% for the last 3 months, reflecting the continued organisational focus on completion and recording.

Curtis Soile
24/03/2026 12:54:52

Finance Highlight

3 of 4 finance metrics are now achieving their performance targets.

After 10 months of the financial year the Trust is reporting a breakeven position against plan for system reporting purposes and a net deficit of £7.2m.

- The forecast at month 10 is that the Trust will achieve the annual plan.
- STEP of £30.3m has been transacted, delivering 104% of the in-year target. The recurrent target has also been over-delivered, following review of non-recurrent delivery during 2026/27 planning £23.0m (112%) has been delivered against the £20.6m recurrent target.
- The Trust has maintained sufficient cash to operate during January. Cash balances at the end of January were £32.9m - £32.7m for the Trust and £0.2m for the Pharmacy Shop, a reduction of £3m from December. Trust cash balances are forecasted to be £29.5m in March 2026. This year end forecast balance is an increase of £5.6m from the figure reported previously primarily due to the receipt of additional revenue and capital funding.
- The capital programme has increased by £1.8m from last month from £28.8m to £30.6m due to additional funding for £1.2m histopathology automation, £0.4m physiological science equipment and £0.1m EV charging points.

Integrated Performance Report

Scorecard

	Reporting Period	Latest Target	Actual YTD	6-mth Trend	Actual Month	Current Period	1-mth Forecast
Quality Scorecard							
Mortality: SHMI	Dec-24 to Nov-25	≤ 100		→	90	●	●
Sepsis: Timely recognition	Mar-25 to Feb-26	≥ 90%		↓	96.8%	●	●
Sepsis: Antibiotic administration	Mar-25 to Feb-26	≥ 90%		→	76.2%	▲	▲
C.diff infection rate	Mar-25 to Feb-26	≤ 37.56		↑	22.75	●	●
MRSA infection rate	Mar-25 to Feb-26	≤ 0		→	0.91	▲	▲
E. coli infection rate	Mar-25 to Feb-26	≤ 31.86		→	35.49	▲	▲
Hospital-Acquired Pressure Ulcers	Feb-26	≤ 74	45	→	7	▲	●
Rate of HAPU - Overall	Mar-25 to Feb-26	≤ 3.42		→	2.41	●	●
Rate of HAPU due to Lapses in Care	Dec-25	≤ 30%	44.8%	→	40%	▲	▲
Community-Acquired Pressure Ulcers	Feb-26	≤ 175	185	→	13	●	▲
Rate of CAPU due to Lapses in Care	Dec-25	≤ 5%	5.4%	→	0%	●	●
Written Complaints Rate	Feb-26	≤ 9.3	10.87	↓	14.73	▲	▲
PALs and Informal Enquiry Rate	Feb-26	≤ 86.8	81.98	→	74.36	●	●
Timely Response to Complaints	Feb-26	≥ 95%	89.1%	→	83.9%	▲	▲
Rate of Re-opened Complaints	Feb-26	≤ 10%	12.2%	→	9.4%	●	●
Parliamentary & Health Service Ombudsman ...	Feb-26	≤ 0	18	→	0	●	●
Incident Rate - Moderate+ Harm	Sep-25 to Feb-26	≤ 2.7		→	2.81	▲	▲
Patient Safety Alert Breaches	Feb-26	≤ 0	0	→	0	●	●
Duty of Candour Breaches	Feb-26	≤ 0	4	→	0	●	●
Never Event Incidence	Feb-26	≤ 0	2	→	0	●	●
Rate of Registrable Stillbirths	Feb-26	≤ 0	4.14	→	0	●	●
Smoking at Time of Delivery (SATOD)	Feb-26	≤ 4.9%	2.9%	→	1%	●	●
3rd or 4th degree tears	Dec-25 to Feb-26	≤ 2%		→	2.2%	▲	▲
Postpartum Haemorrhage	Feb-26	≤ 2.5%	3.7%	→	4.3%	▲	▲
Avoiding Term Admissions	Feb-26	≤ 5%		→	4.7%	●	●

	Reporting Period	Latest Target	Actual YTD	6-mth Trend	Actual Month	Current Period	1-mth Forecast
Operational Scorecard							
4hr Standard	Feb-26	≥ 67%	68.5%	→	69.2%	●	●
Patients in department over 12hrs	Feb-26	≤ 10.5%	12.2%	→	13.1%	▲	▲
Ambulance handover time	Feb-26	≤ 27.13		→	26.23	●	●
No criteria to reside (NCTR)	Feb-26	≤ 45	877	→	88	▲	▲
Adult G&A Bed Occupancy	Feb-26	≤ 92%	95.8%	→	95.9%	▲	▲
Timely discharge	Feb-26	≤ 78.2%	81.1%	→	82.3%	▲	▲
Average discharge delay	Feb-26	≤ 6.8		→	4.5	●	●
Length of stay: Elective	Jul-25 to Dec-25			↑	1.93		
Length of stay: Non-elective	Jul-25 to Dec-25			↑	9.7		
Diagnostics: 6-week Standard	Feb-26	≤ 8.8%	20.2%	↑	16.3%	▲	▲
62-day standard	Feb-26	≥ 73%	74.3%	↑	75.9%	●	●
31-day standard	Feb-26	≥ 90.6%	89.7%	→	93.9%	●	●
28-day standard (FDS)	Feb-26	≥ 79.6%	81.8%	→	84.8%	●	●
14-day standard (2WW)	Feb-26	≥ 93%	97.3%	→	97.1%	●	●
Incomplete pathways 18-week %	Feb-26	≥ 58.9%		↑	60.1%	●	●
52-week breaches	Feb-26	≤ 546		↑	346	●	●
65-week breaches	Feb-26	≤ 0		→	0	●	●
52-week breach %	Feb-26	≤ 1.8%		↑	1%	●	●
Wait for first attendance 18-week %	Feb-26	≥ 66.5%	64.8%	↑	68.1%	●	●
Hospital at Home Utilisation	Feb-26	≥ 80%	73.7%	→	64.7%	▲	▲
Urgent Community Response	Jan-26	≥ 70%		→	83.9%	●	●
Outpatient DNA rate	Feb-26	≤ 6.3%	6.8%	→	6.5%	▲	▲
Outpatient clinic utilisation	Feb-26	≥ 90%	94%	↓	92.6%	●	●
Patient initiated follow up (PIFU)	Feb-26	≥ 5%	6%	→	5.9%	●	●
OP First Attend and Procedure	Feb-26	≥ 44%	43.3%	→	44.1%	●	●
Capped Touch Time Utilisation	Feb-26	≥ 85%	78.1%	→	79%	▲	▲

Workforce Scorecard							
Substantive Staff-in-Post	Feb-26	≥ 90%	95.6%	↑	96.7%	●	●
Sickness Absence: Monthly Rate	Feb-26	≤ 5.5%	5.7%	↓	6.3%	▲	▲
Workforce Turnover	Feb-26	≤ 12.7%	11.2%	↑	11.4%	●	●
Appraisal Rate: Overall	Feb-26	≥ 95%	85.9%	→	88.8%	▲	▲
Mandatory Training	Feb-26	≥ 95%	94.9%	→	95%	●	●
Agency Costs %	Feb-26	≤ 3.2%	1.6%	↑	0.9%	●	●

Finance Scorecard							
Capital Expenditure	Feb-26	≤ 10%		↑	8%	●	●
Cash Balance	Feb-26			→	33.5		
CIP Cumulative Achievement	Feb-26	≥ 0%		↑	7.1%	●	●
Financial Controls: I&E Position	Feb-26	≤ 0%		→	87.8%	▲	▲

Legend

1-month Forecast

The 1-month Forecast is an informed prediction of the next month's performance, which may be based on part-month data, operational intelligence, or historical trends.

● target achieved
▲ target not achieved

↑ strong improvement
→ improvement
→ no significant change
→ deterioration
↓ strong deterioration

Curtis Soile
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Quality Sepsis

Sepsis: Timely recognition	The number of patients who are screened for sepsis, as a percentage of those eligible patients audited.
Sepsis: Antibiotic administration	The number of patients who received IV antibiotics within agreed timescales for sepsis patients, as a percentage of eligible patients audited and found to have sepsis.

Performance is based on an audit sample of patients, and is based on data from a rolling 12-month period. Performance for the current month is based on pre-validated data, and a fully validated position is updated one month in arrears.

Timely Recognition

- In-month performance for February 2026 was 95%, with the 12-month rolling average at 96.8%. Performance remains consistently strong.
- 16 of 19 suspected as high-risk were reviewed on time, with 11 confirmed as sepsis positive at clinician review. 4 out of 4 suspected as moderate-risk were assessed by clinician within timeframe, with 1 confirmed as sepsis positive. 34 suspected triggers had no clinical suspension of infection.
- All 3 delays involved were suspected high-risk sepsis occurring out of hours (OOH), with an average delay time of 183 minutes.

Antibiotic Administration

- In-month performance for February 2026 was 50%, representing a significant decrease from 92% in January, with the rolling 12-month position at 76.2%.
- 6 of 12 patients received antibiotics within the agreed timescales.
- 6 of 11 were suspected high-risk sepsis, and 0/1 was suspected moderate-risk sepsis.
- 5 of 6 delays occurred OOH. The average delay time was 212 minutes.

Key Events/Ongoing Issues

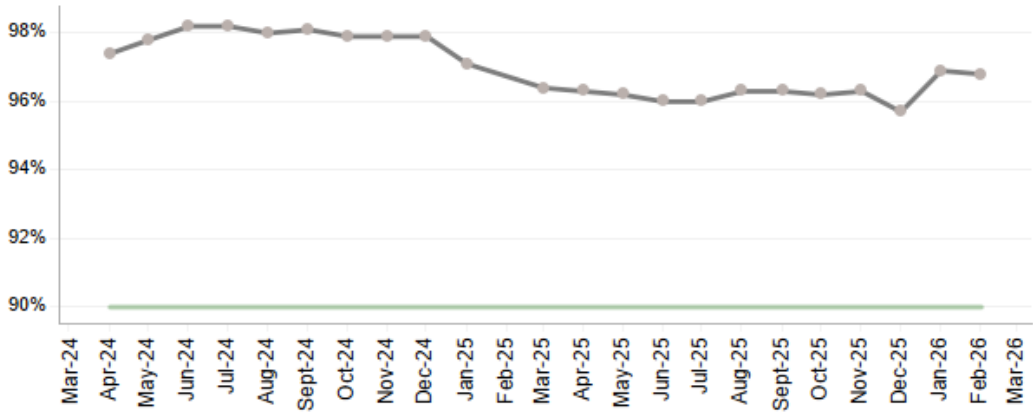
- The updated Patienttrack sepsis screening tool is scheduled to go live this spring.
- AMAT Audit pilot: Second stage of pilot starts on 1st March, to run for 2 weeks
- Wards that achieved 100% for both timely recognition and antibiotic administration for the month of February:
 - MSEC
 - B4
 - E1
 - E3
- Sepsis link nurse meeting dates: 29th April 2026, 29th July 2026 and 28th October 2026
- Sepsis engagement drop-in at Pinewood house on 23rd March 2026 between 13:00-16:00
- A Sepsis Easter Challenge is planned in 1st and 2nd of April to coincide with the Patienttrack sepsis screening tool go-live on this spring.
- Key themes identified:
 - Antibiotic administration delay was due to delay in prescription.
 - Most of performance fails occurs during OOH period.

Update provided by	Christe Bolanio
Executive Lead	Dilraj Sandher

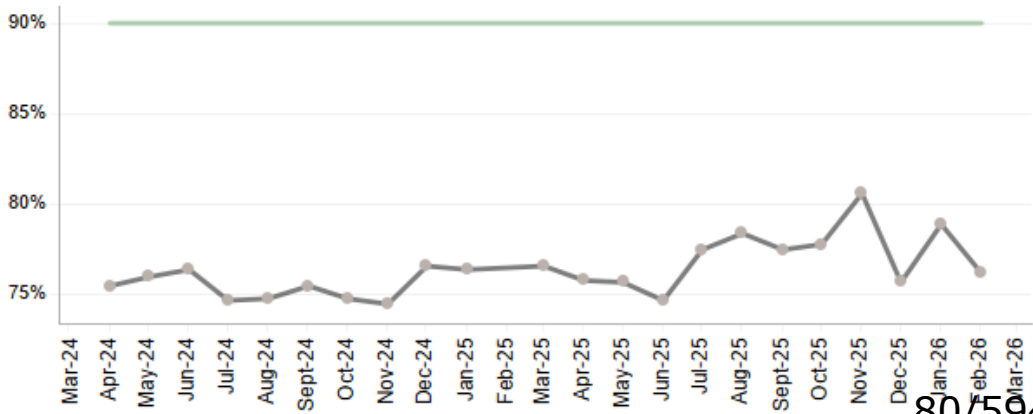
Target	Actual	6-month trend	Previous Performance						1-month Forecast
>= 90%	96.8%	↓	S	O	N	D	J	F	●
>= 90%	76.2%	→	▲	▲	▲	▲	▲	▲	▲

■ Performance ■ Target / Improvement Trajectory ■ Average ■ Control Limits

Performance for Sepsis: Timely recognition (12-month rolling)



Performance for Sepsis: Antibiotic administration (12-month rolling)



Quality Infection Prevention E. coli

Target	Actual	6-month trend	Previous Performance						1-month Forecast

E. coli infection rate The number of Escherichia Coli (E. coli) bacteraemia infections per 100,000 bed days.

Performance is based on data from a rolling 12-month period. Performance for the current month is based on pre-validated data, and a fully validated position is updated one month in arrears.

There were 6 HOHA cases in February totalling 75 YTD. The Trust is over the projected threshold of 32.25 for this point in the financial year and the total threshold for 2025-26.

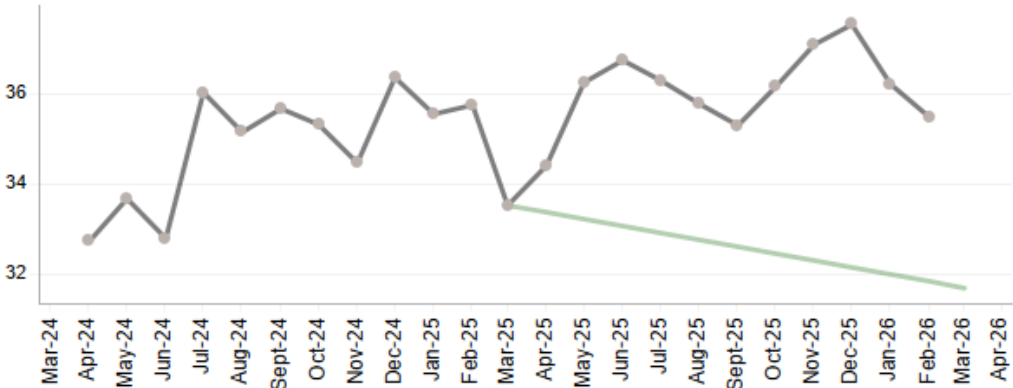
The latest National figures (Dec 2025) rank Stockport 5th of the 7 GM Trusts, which is a 1 place worse position than the previous month.

Following the presentation of the deep dive to PSG in November 2025 where it was acknowledged the work being taken forward by the team and that the data provided good assurance, identified themes, areas of focus and expectations for improvement. The Matron for IPC is working with Bolton IPC team to gain an understanding of the work undertaken there and to seek opportunities for shared learning who currently have the lowest rates in GM.

<= 31.86	35.49	➡	S	O	N	D	J	F	▲

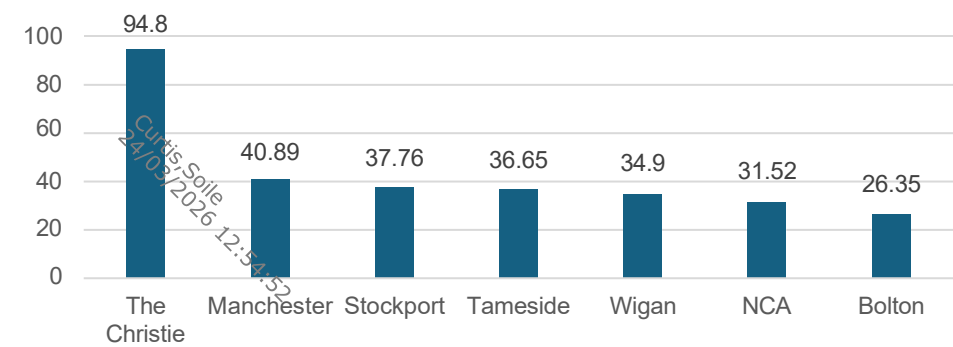
■ Performance ■ Target / Improvement Trajectory ■ Average ■ Control Limits

Performance for E. coli infection rate

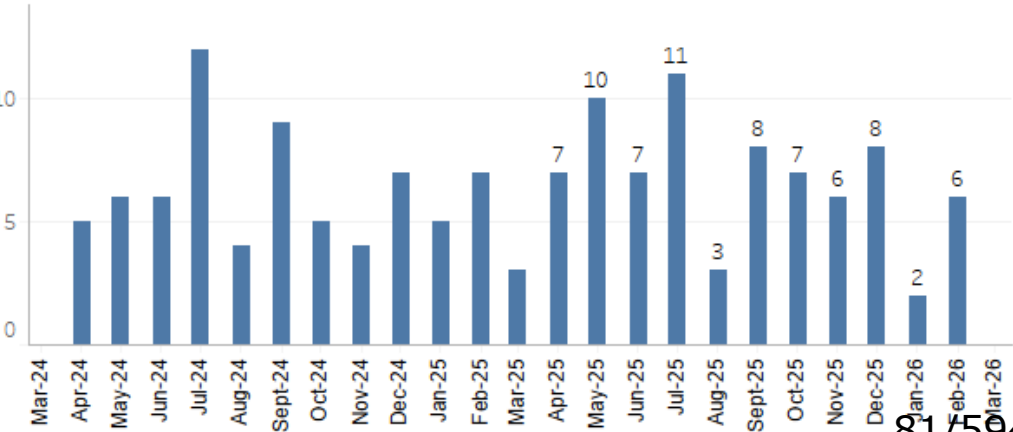


The latest data point is within the control limits. This is viewed as common cause or normal variation.

Benchmark data for E. coli infections from NHSE – December 2025



Performance for E.Coli Infection Count



Update provided by	Nesta Featherstone
Executive Lead	Nic Firth

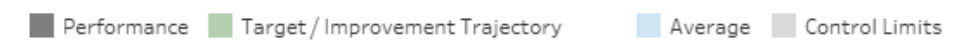
Quality Infection Prevention MRSA

Target	Actual	6-month trend	Previous Performance						1-month Forecast

MRSA infection rate The number of hospital-onset Methicillin Resistant Staphylococcus Aureus (MRSA) bacteraemia infections per 100,000 bed days.

<= 0	0.91								

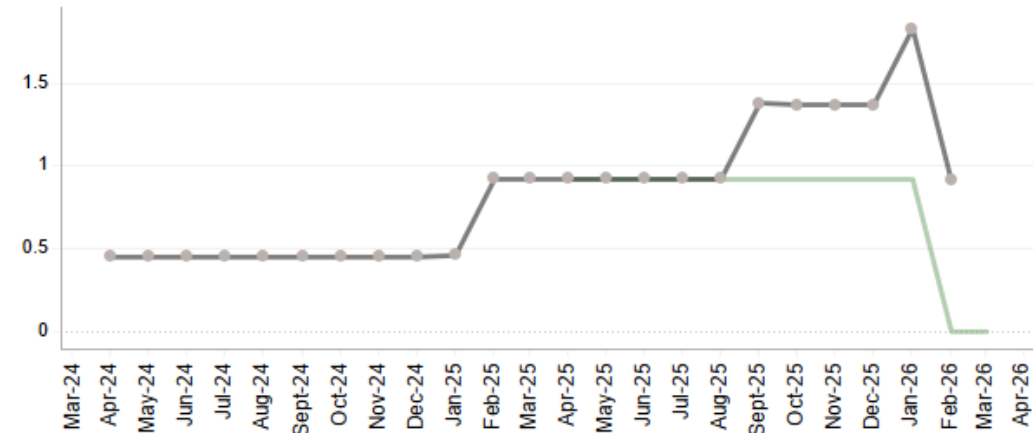
Performance is based on data from a rolling 12-month period. Performance for the current month is based on pre-validated data, and a fully validated position is updated one month in arrears.



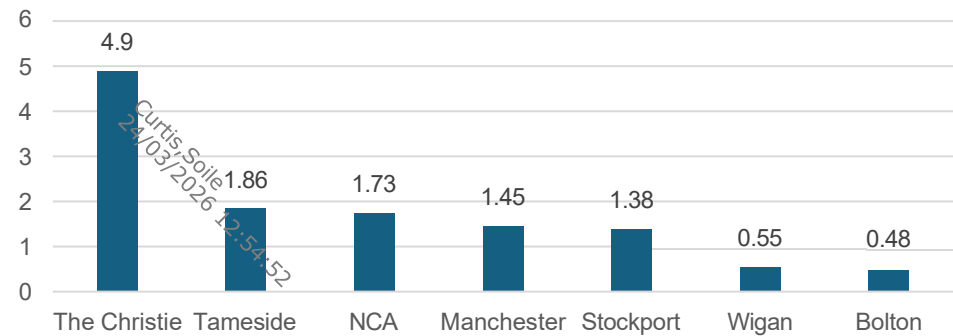
The Trust had no cases of MRSA Bacteraemia in February. The Trust now has 2 cases in 2025-26 against a zero-tolerance threshold.

Performance for MRSA infection rate

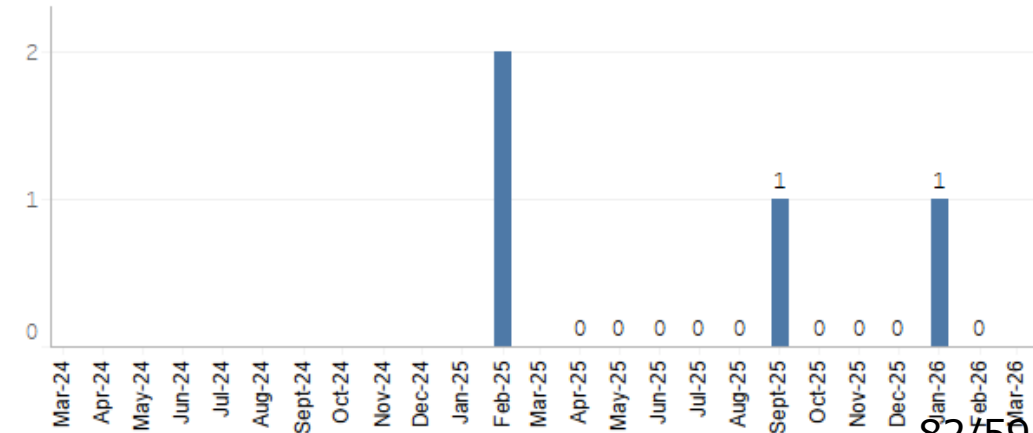
The latest National figures (Dec 2025) rates show Stockport is ranked 3rd of the 7 GM Trusts which is the same as the previous month.



Benchmark data for MRSA infections from NHSE – December 2025



Performance for MRSA Infection Count



Update provided by Nesta Featherstone

Executive Lead Nic Firth

Quality Pressure Ulcers Hospital

Hospital-Acquired Pressure Ulcers	Total number of pressure ulcers acquired in a hospital setting.	<= 6	7	↘	S O N D J F	●
Rate of HAPU - Overall	The number of hospital-acquired pressure ulcers, calculated as a rate per 10,000 bed days. Reported as a rolling 12-month average.	<= 3.42	2.41	↗	S O N D J F	●
Rate of HAPU due to Lapses in Care	Hospital-acquired pressure ulcers determined to be as a result of lapses in care, as a percentage of all hospital-acquired pressure ulcers.	<= 30%	40%	➡	S O N D	▲

HAPU Rate performance is based on data from a rolling 12-month period.

The Trust has set a target to reduce the number of hospital-acquired pressure ulcers caused by lapses in care. Additionally, targets have been established for the timely investigation of pressure ulcer incidents, focusing on learning from these incidents according to the PSIR framework.

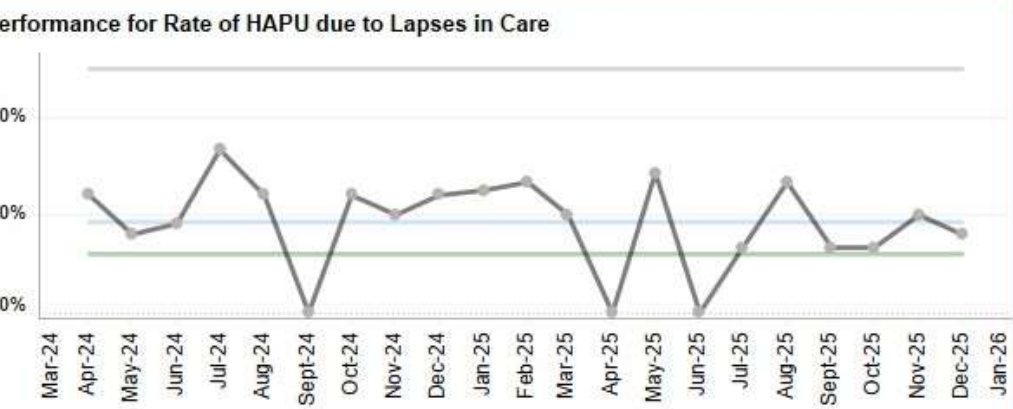
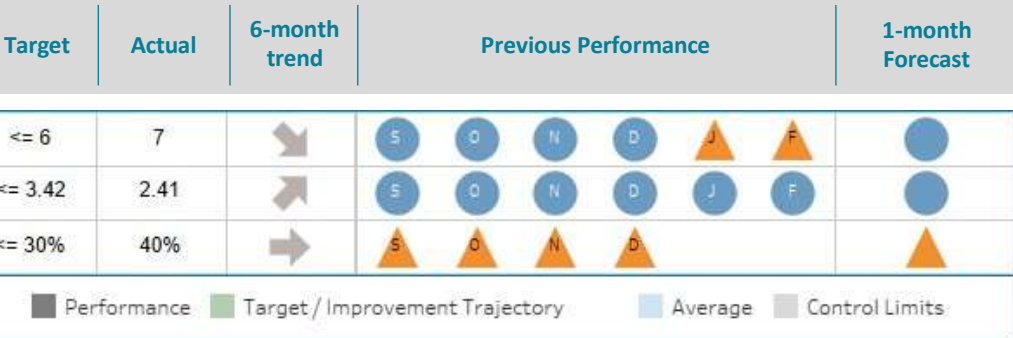
- Performance**
- This month (February), there have been 7 pressure ulcer incidents, which is a decrease of 2 since last month. There has been 1 Category 4 pressure ulcer and 6 Category 2.

- Strategies**
- Pressure ulcer figures for February have decreased from January; however they still remain higher than previous months through 2025/26. There were 3 pressure ulcers developed in ED in January; however there were none in February which marks a significant improvement. Investigation outcomes are still needed to determine the root causes of the majority of the February incidents; due to the cancellation of HFC panel there are a higher number of incidents awaiting investigation than usual. The Category 4 pressure ulcer is still under discussion to determine the true aetiology of the wound and an After Action Review is taking place later in March.

- Please note:**
- Rates due to Lapses in Care are reported 2 months in arrears to allow investigations to take place. Numbers are correct at the time of reporting but will be subject to change dependant on the number of pressure ulcers still awaiting investigation.

Pressure Ulcers Awaiting Investigation by month of incident reporting								
	Total	Aug 2025	Sept 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026
Hospital acquired	6	1	0	0	0	0	1	4

Update provided by	Stephanie Mulcahy
Executive Lead	Nic Firth



The latest data point is within the control limits. This is viewed as common cause or normal variation.

Quality Pressure Ulcers Community

Target	Actual	6-month trend	Previous Performance						1-month Forecast

Community-Acquired Pressure Ulcers	Total number of pressure ulcers acquired in a community setting.
Rate of CAPU due to Lapses in Care	Community-acquired pressure ulcers determined to be as a result of lapses in care, as a percentage of all community-acquired pressure ulcers.

The Trust has set a target to reduce the number of community-acquired pressure ulcers due to lapses in care. Targets have also been set for the timely investigation of pressure ulcer incidents, focusing on learning from these incidents according to the PSIR framework.

Performance

- This month (February), 10 Category 2, 2 Category 3 and 1 Category 4 pressure ulcers were reported. This is a significant decrease in the number of incidents from the previous months, the lowest number reported since October.
- Despite the high numbers of incidents reported through the winter, the majority of pressure ulcers acquired in the Community are not due to lapses in care.

Strategies

- There are still a large number of pressure ulcer incidents with outstanding investigations; however this number has dropped since January and work is ongoing to ensure this continues to improve. The Pressure Ulcer project alongside Go MAD Thinking is releasing 2 new cohorts in March/April – these cohorts will have a strong focus on the Community, working with colleagues to find ways to make a difference in relation to pressure ulcers.

Please note:

- Rates due to Lapses in Care are reported 2 months in arrears to allow investigations to take place. Numbers are correct at the time of reporting but will be subject to change dependant on the number of pressure ulcers still awaiting investigation.

Pressure Ulcers Awaiting Investigation | by month of incident reporting

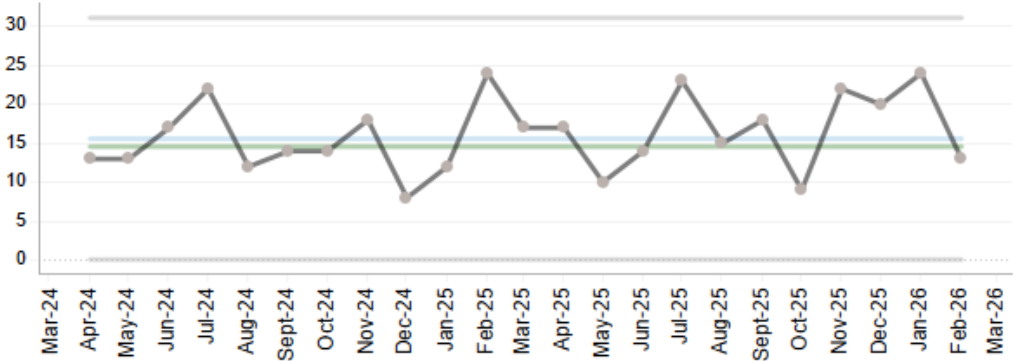
	Total	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	Jun 2025	Jul 2025	Aug 2025	Sept 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026
Community acquired	46	3	1	0	4	0	0	0	0	0	0	1	2	9	8	7	11

Update provided by	Stephanie Mulcahy
Executive Lead	Nic Firth

<= 14	13	➡	S	O	N	D	J	F	▲
<= 5%	0%	➡	S	O	N	D			●

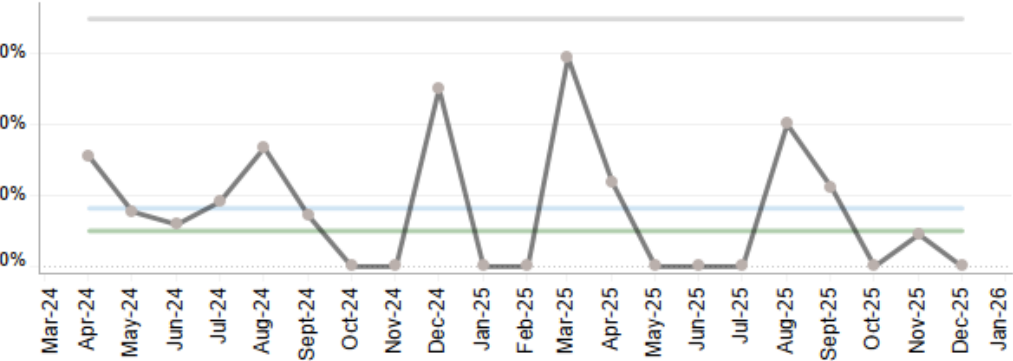
■ Performance ■ Target / Improvement Trajectory ■ Average ■ Control Limits

Performance for Community-Acquired Pressure Ulcers



The latest data point is within the control limits. This is viewed as common cause or normal variation.

Performance for Rate of CAPU due to Lapses in Care



The latest data point is within the control limits. This is viewed as common cause or normal variation.

Quality Complaints Rates

Written Complaints Rate	Number of formal written complaints received, calculated as an incidence rate for every 1000 whole time equivalent staff in post.
PALs and Informal Enquiry Rate	The number of PALs and informal enquiries received, calculated as an incidence rate for every 1000 whole time equivalent staff in post.

Note: In lieu of national targets, local target thresholds based on average rates from previous financial year

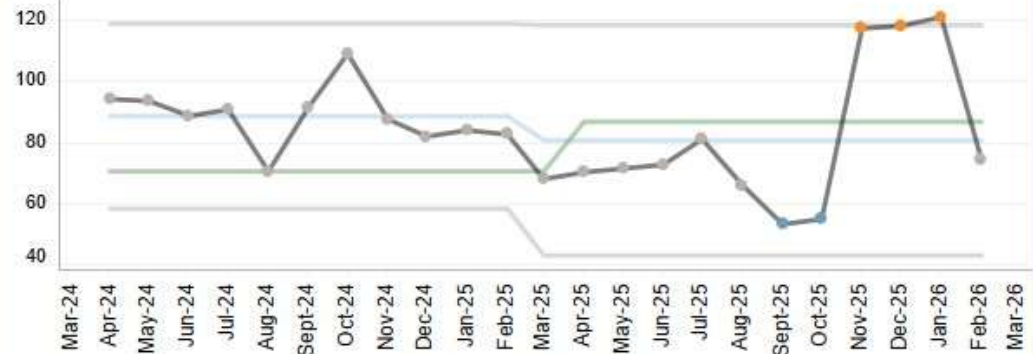
- Written Complaints Rate**
- 85 formal complaints were received in February 2026.
 - There has been a sustained year-on-year increase in formal complaints received. This upward trend has continued into 2026, with December, January and February each showing a month-on-month increase.
 - February recorded the highest number of formal complaints received in the year to date.
 - Recent national data published by NHS England indicates that the volume of formal complaints across the NHS has reached record levels and continues to rise year-on-year. This national position reflects the increasing trend being observed locally.
 - Top Five Themes – Formal Complaints (February 2026):
 - 1. Communication
 - 2. Clinical Treatment
 - 3. Patient Care
 - 4. Administrative procedures and record management
 - 5. Admissions and discharges
- PALs and Informal Enquiry Rate**
- In addition to formal complaints, during February 2026 the team opened 185 informal concerns and managed 310 PALs enquiries.
 - The PALs Team continues to experience a high volume of contacts across all routes. As a result of this, together with unplanned absence within the team, we are currently managing a backlog with responding to enquiries. We are approximately 6-weeks behind.
 - Recruitment to an interim vacancy to support the reduction of this backlog has been challenging; however, the post has now been filled and once the individual has commenced in post, the team will be in a better position to reduce the backlog and improve response times.
 - Top Five Themes – Informal Concerns (February 2026)
 - 1. Appointments
 - 2. Communication
 - 3. Access to treatment or medication
 - 4. Clinical treatment
 - 5. Staff values and behaviours

Update provided by	Rebecca Harrison
Executive Lead	Nic Firth

Target	Actual	6-month trend	Previous Performance						1-month Forecast
<= 9.3	14.73	↓	S	O	N	D	J	F	▲
<= 86.8	74.36	↘	S	O	N	D	J	F	●

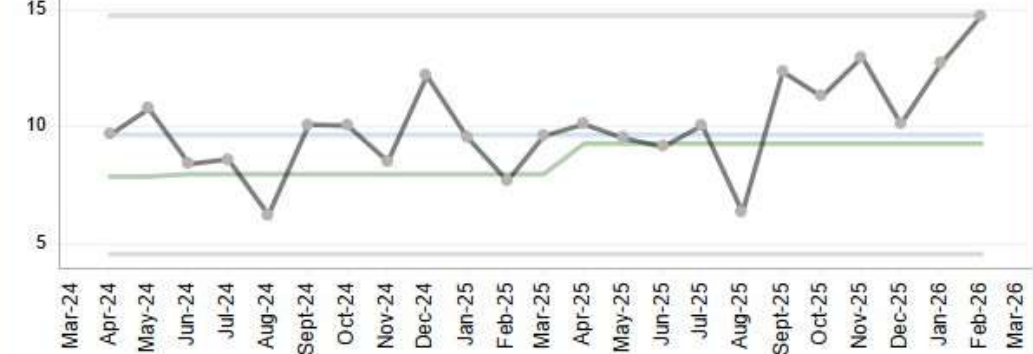
■ Performance ■ Target / Improvement Trajectory ■ Average ■ Control Limits

Performance for PALs and Informal Enquiry Rate



The latest data point is within the control limits. This is viewed as common cause or normal variation.

Performance for Written Complaints Rate



The latest data point is within the control limits. This is viewed as common cause or normal variation.

Quality Complaints Other

		Target	Actual	6-month trend	Previous Performance	1-month Forecast
Timely response to complaints	The total number of formal complaints responded to within agreed timescales, as a percentage of all formal complaints responded to.	$\geq 95\%$	83.9%	↘	S O N D J F	▲
Re-opened complaints	The number of formal complaints returned by the complainant where they were not happy with our response, as a % of total complaints received.	$\leq 10\%$	9.4%	↗	S O N D J F	●
Parliamentary & Health Service Ombudsman Cases	The total number of open Ombudsman cases.	≤ 0	0	↗	S O N D J F	●

Timely Response to Complaints

- In February 2026, 62 responses were sent out from the Trust with the outcome of the investigation into formal complaint. 52 of 62 were sent within the agreed timeframe.
- A review of delayed cases found that response times were partly affected by internal capacity pressures within the Complaints Team caused by secondments and sickness absence. Alongside a continued rise in formal complaints, this has significantly impacted the team's ability to progress and conclude investigations within expected timescales.
- The Division of WCICS has strengthened its oversight of complaints, introducing earlier review at CRS stage to identify and address gaps in responses. Weekly reviews are undertaken through keep-in-touch meetings.
- The Division of Medicine continues to closely monitor engagement with the complaints process, supported by Complaints Team representation at weekly governance meetings to review open cases, track progress and escalate timeliness concerns. Delays are followed up directly with responsible staff and reviewed at divisional level where required.

Re-opened complaints

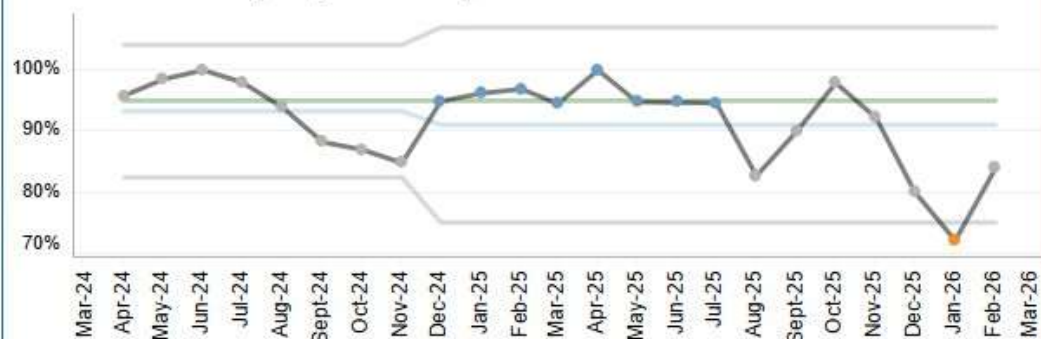
- In February 2026, eight complainants re-contacted the Trust to express dissatisfaction following receipt of their formal response.
- Improving the quality, clarity and transparency of the Trust's complaint responses remains a key priority. It is anticipated that strengthening the depth of investigation, ensuring responses fully address all concerns raised and clearly demonstrating learning and actions taken will help to reduce the number of complaints that are returned for further review.

Parliamentary & Health Service Ombudsman Cases

- In February 2026, the Trust received one new enquiry from the Parliamentary and Health Service Ombudsman (PHSO), requesting information to determine whether a formal investigation should proceed. Also during February 2026, one existing case was confirmed as progressing to a full investigation.
- One case was concluded, with the PHSO issuing a final report in which the complaint was partially upheld. In its findings, the PHSO concluded that the patient was not provided with appropriate medication, specifically anticoagulation therapy, prior to discharge following surgery for acid reflux. The Ombudsman has requested a formal response, an action plan and has recommended financial recompense of £600 in recognition of the impact on the patient.

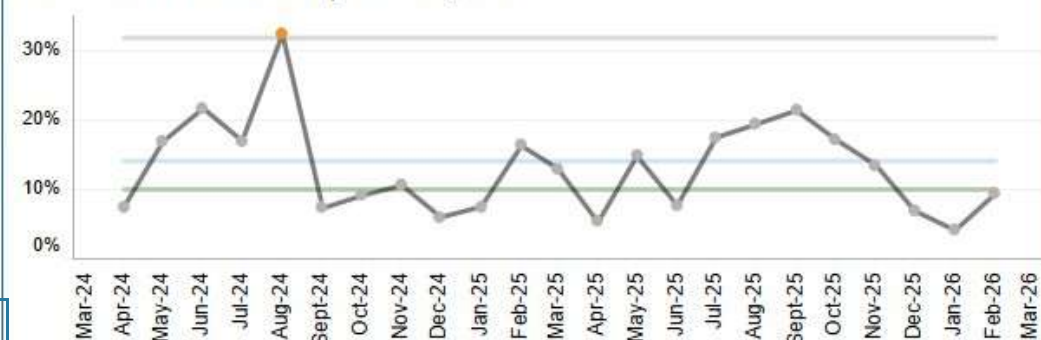
■ Performance ■ Target/Improvement Trajectory ■ Average ■ Control Limits

Performance for Timely Response to Complaints



The latest data point is within the control limits. This is viewed as common cause or normal variation.

Performance for Rate of Re-opened Complaints



The latest data point is within the control limits. This is viewed as common cause or normal variation.

Update provided by

Rebecca Harrison

Executive Lead

Nic Firth

Quality Incidents & Risk

Incident Rate - Moderate+ Harm	The number of patient safety incidents causing moderate+ harm, calculated as an incidence rate for every 10,000 bed days.
Patient Safety Alert Breaches	The number of national patient safety alerts not completed to deadline.
Duty of Candour Breaches	Total number of duty of candour breaches of regulation in month.
Never Event Incidence	Total number of never events. Never events are serious, largely preventable patient safety incidents that should not occur.

Target	Actual	6-month trend	Previous Performance						1-month Forecast
<= 2.7	2.81	➡	S	O	N	D	J	F	▲
<= 0	0	➡	S	O	N	D	J	F	●
<= 0	0	➡	S	O	N	D	J	F	●
<= 0	0	➡	S	O	N	D	J	F	●

Incident rate performance is based on data from a rolling 6-month period. Performance is based on date of incident reporting, not date of incident.

Patient Safety Incident Rate

- In February there has been a decrease in the overall number of patient incidents reported, but still within normal variance.
- Four Moderate+ of above harm incidents have been reported (note: the harm level for some is yet to be confirmed):
 - One incident where a patient with dementia left the Emergency Department and hospital site without staff being aware, the patient then suffered a fall and fractured her arm.
 - One incident of a preterm delivery and subsequent transfer out of twins at 23+6 weeks gestation.
 - One Paediatric Audiology incident.
 - One incident where a blood transfusion was delayed and the patient subsequently passed away. The incident is SHOT reportable and Learning From Death Review has been requested.
- The Incident Review Group meets weekly to review patient incidents, identify trends, escalate new issues, implement learnings, and take immediate actions.
- Pressure ulcer incidents are reviewed at the Pre Harm Free Care Panel on a weekly basis.
- Patient falls incidents are reviewed at the Falls Review Panel on a weekly basis.
- Security related incidents are reviewed at the Security & Safeguarding Meeting on a weekly basis.
- Discharge incidents are reviewed at the Discharge Concerns Panel on a monthly basis.

Patient Safety Alert Breaches

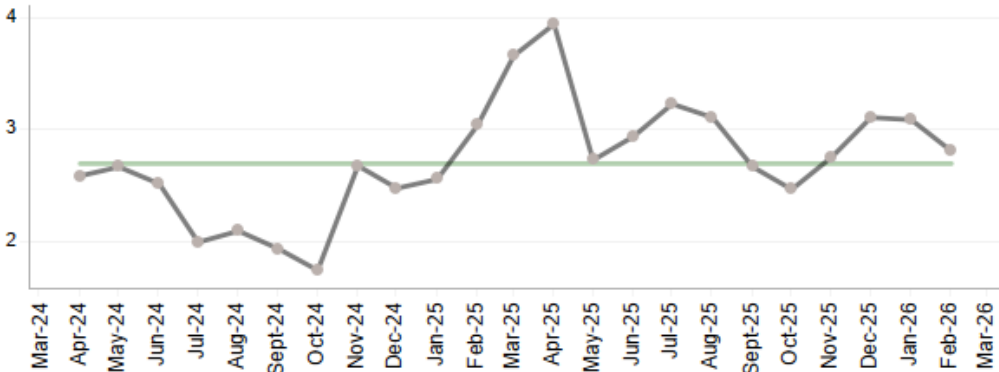
- There were 2 National Patient Safety Alerts with a completion deadline in February 2026. Both alerts were completed by their deadline date.
- At the end of February there were no overdue National Patient Safety Alerts.

Duty of Candour Breaches

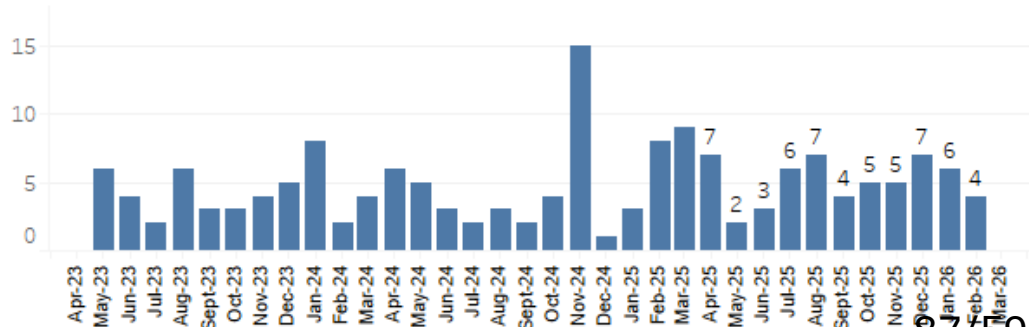
- There was 1 incident where letters opening Duty of Candour were due to be sent in February 2026.
- At the end of February there were no incidents that breached its due date.

■ Performance ■ Target/Improvement Trajectory ■ Average ■ Control Limits

Performance for Incident Rate - Moderate+ Harm | per 10000 bed days



Number of Incidents - Moderate+ harm



Update provided by	Catherine Toksoy
Executive Lead	Nic Firth

Quality Maternity

Target	Actual	6-month trend	Previous Performance						1-month Forecast

3rd or 4th degree tears	The number of women who had a 3rd or 4th degree tear at delivery, calculated as a percentage of all women with a vaginal birth. Calculated as a rolling 3 months average.	<= 2%	2.2%	↗	S	O	N	D	J	F	▲
Postpartum Haemorrhage	Number of women with a recorded postpartum haemorrhage of 1,500ml or more, calculated as a percentage of all women with submitted birth record.	<= 2.5%	4.3%	↘	S	O	N	D	J	F	▲

Performance for 3rd or 4th degree tears is based on data from a rolling 3-month period.

3rd or 4th degree tears

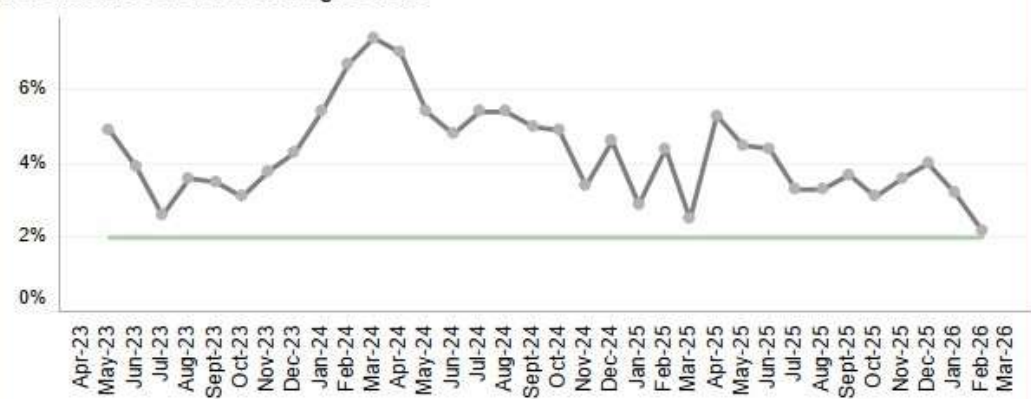
- February 2026 reports 2 deliveries with a 3rd degree tear.
 - x2 Normal vaginal deliveries (NVD), 3b tear
- In-month performance for February is 1.89% of all singleton vaginal deliveries, which excluding below 37 weeks gestation and breech deliveries. Performance for the rolling 3-month period is 2.2%.
- GM regional targets have been agreed at 2.6%

Postpartum Haemorrhage

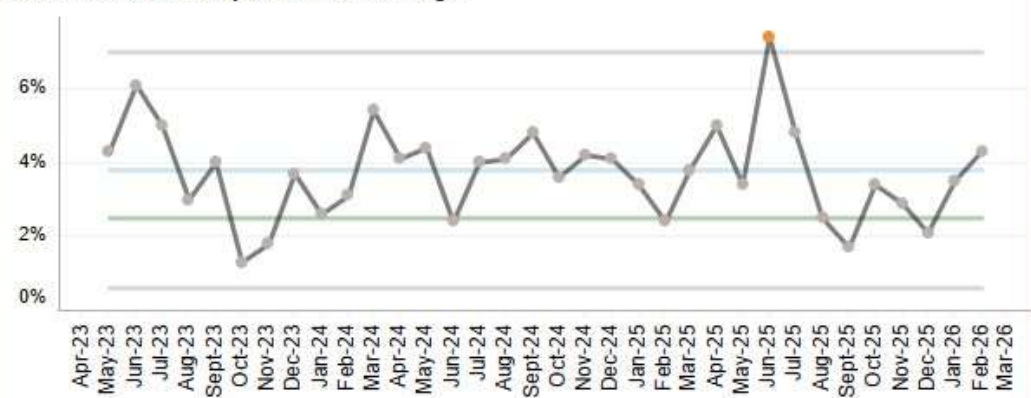
- In February 2026, a total of 9 PPHs ≥1500mL were recorded, representing 4.3% of deliveries.
- This is above the Trust target and forms part of a rising trend observed over recent months.
- To note, the introduction of the uterotonic Carbetocin commenced 28th July.

■ Performance ■ Target / Improvement Trajectory ■ Average ■ Control Limits

Performance for 3rd or 4th degree tears



Performance for Postpartum Haemorrhage



The latest data point is within the control limits. This is viewed as common cause or normal variation.

Update provided by	Stephanie Bray
Executive Lead	Nic Firth

Operations Emergency Department 12-hour

Target	Actual	6-month trend	Previous Performance	1-month Forecast
<= 10.5%	13.1%	➡	S O N D J F	▲

Patients in department over 12 hours The number of type-1 patients spending 12 hours or more in department, as a percentage of all type-1 patients attending the emergency department.

Performance Summary

- A decrease in the overall number of patients waiting in the department for longer than 12 hours
- A decrease in patients waiting more than 12 hours from the decision for admission
- A decrease in patients in temporary escalation spaces, on average 12 patients per day down from 20 per day in January

Risks and Issues

- Requirement to use non designated, unstaffed corridor space in times of escalation – delay to ambulance handover, patient dignity and privacy
- Challenges with organisational flow
- Ward closures as a result of infection outbreaks
- High demand for side rooms due to increase in patients admitted with respiratory virus
- Community bed closures restricting patient flow out of the hospital
- Continued high numbers of patients with NCTR

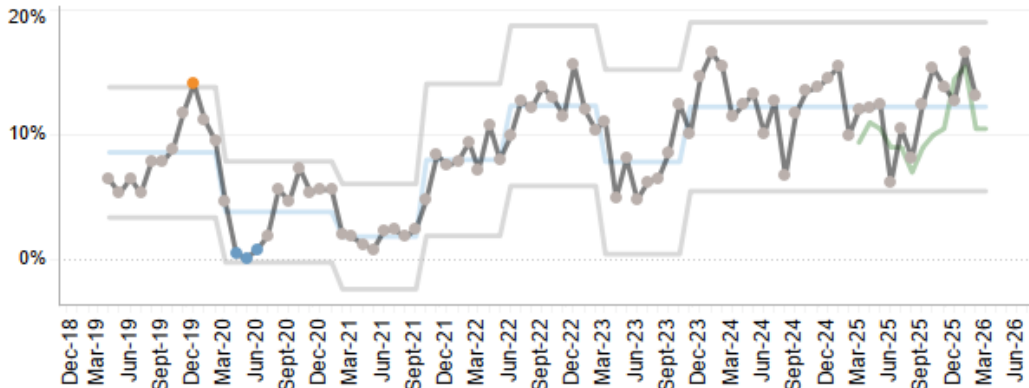
Actions and Mitigations

- Targeted discharge trajectory by ward
- Long length of stay reviews on wards
- Revised SOP to manage patients with care on the corridor
- Specialty escalation process now in use
- Transport options later into the evening
- Appropriate escalation processes for long waiting patients
- Agreement to jointly staff the mental health suite
- Focus on flow programme

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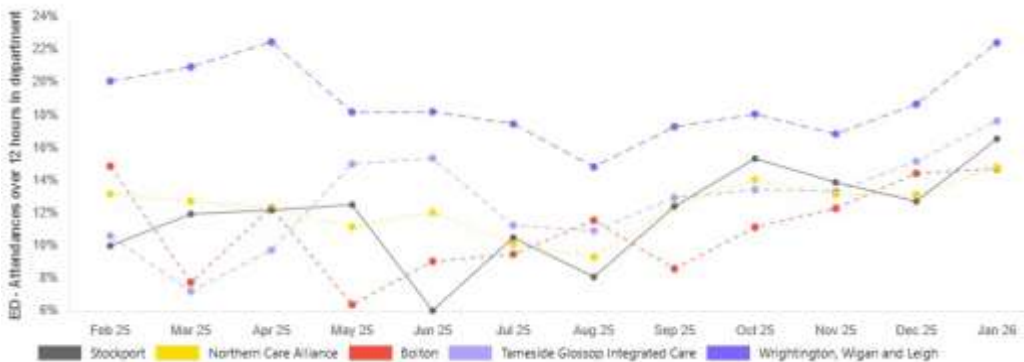
■ Performance ■ Target / Improvement Trajectory ■ Average ■ Control Limits

Performance for Patients in department over 12hrs



The latest data point is within the control limits. This is viewed as common cause or normal variation.

Benchmark data for 12hr Standard from Public View – Jan 26



Please note: All benchmarking data is latest available at time of report production

Signed off by Ruth McNulty

Executive Lead Jackie McShane

Operations Patient Flow

No criteria to reside (NCTR)	Number of patients with "No Criteria to Reside". This metric is a mean average per day for each month.
Adult G&A Bed Occupancy	The total number of occupied adult general & acute bed days, as a percentage of all available adult general & acute beds.
Timely discharge	The number of patients discharged from hospital on the same day as their discharge ready date, as a percentage of all patients patient discharges.

Target	Actual	6-month trend	Previous Performance						1-month Forecast
<= 45	88	↘	▲	▲	▲	▲	▲	▲	▲
<= 92%	95.9%	↘	▲	▲	▲	▲	▲	▲	▲
<= 78.2%	82.3%	↘	▲	▲	▲	▲	▲	▲	▲

Performance Summary

- The average number of patients with a No Criteria to Reside was 88 in February. With the exceptions of September, November and February, we have seen a month-on-month increase in numbers since March last year. For comparison, the number reported in February 2025 was 84.
- Adult G&A bed occupancy for February was 95.9% but has not changed significantly since January 2025.
- The percentage of discharges made on the Discharge Ready Date for February is 82.3% and has been above the monthly trajectory since April 2025.

Risks and Issues

- Ongoing reduction in community capacity for pathways 2 - 3 for Stockport has resulted in a significant increase in unmet need placements since September 2025.
- High levels of sickness have impacted capacity in Stockport pathway 1 (included ReACH)
- Community capacity in pathways 1 - 3, for Derbyshire, East Cheshire and other areas.
- Extended length-of-stay for fast-tracks and pathway 3 Derbyshire patients whilst awaiting ASC to complete a financial review as part of new process
- Ambulance availability for patients who cannot return to the community any other way.
- Delays in completing HCRs, impacting on medication availability and preventing discharge earlier in the day.
- Wards closed due to Norovirus preventing transfer to care homes.

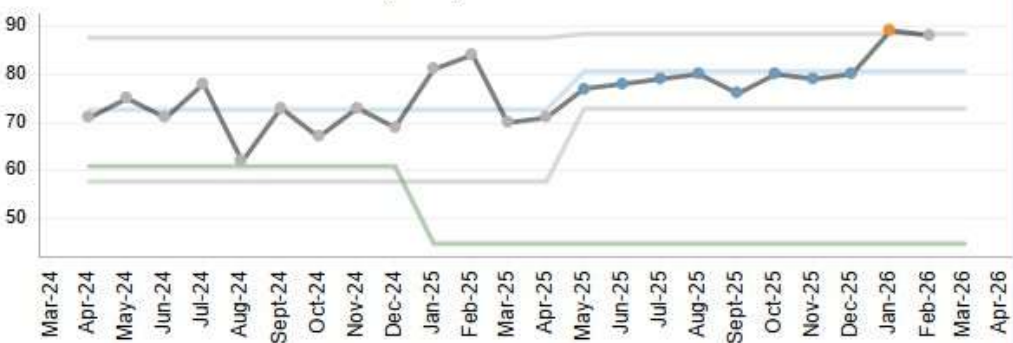
Actions and Mitigations

- System partner agreement for pathway 3 identified referrals to be discharged via Spot purchase. Supported by nurse and therapy input to facilitate complex discharge planning. 5 Nursing beds to be funded at Newlands to support flow, with a view to increase to 10 following review.
- Continue twice weekly system meetings in place to review Stockport Pathway 2/3 delays over 48 hours.
- Review of escalation processes, database create on Microsoft teams to evidence system wide escalations.
- Three times weekly meetings with ReACH to ensure continual flow via pathway 1, patients leaving D2A bed bases.
- Continued Programme of Flow on stroke wards to support earlier conversations with stroke patients and their families re discharge planning and ongoing therapy support.
- Proof of concept ongoing to use trust minibuses for pathway 1 Stockport discharges and D2a bed bases to support earlier discharges – Business case in development
- P1 review in progress monitoring length of stay following ready for discharge date. Data and narrative of

Signed off by	Janine Cartner
Executive Lead	Jackie McShane

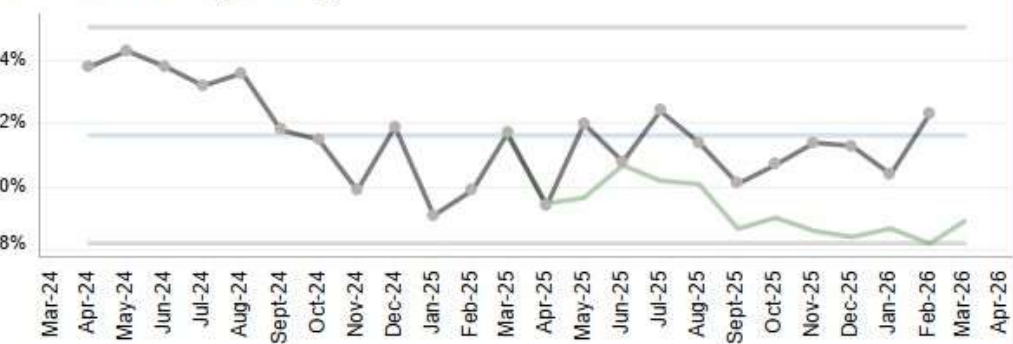
■ Performance ■ Target/Improvement Trajectory ■ Average ■ Control Limits

Performance for No criteria to reside (NCTR)



The latest data point is within the control limits. This is viewed as common cause or normal variation.

Performance for Timely discharge



The latest data point is within the control limits. This is viewed as common cause or normal variation.

Operations Diagnostics Audiology

Target	Actual	6-month trend	Previous Performance	1-month Forecast
<= 25.9%	82.9%		S O N D J F	

Diagnostics: Audiology The percentage of patients referred for diagnostic tests who have been waiting for more than 6 weeks.

Performance Summary

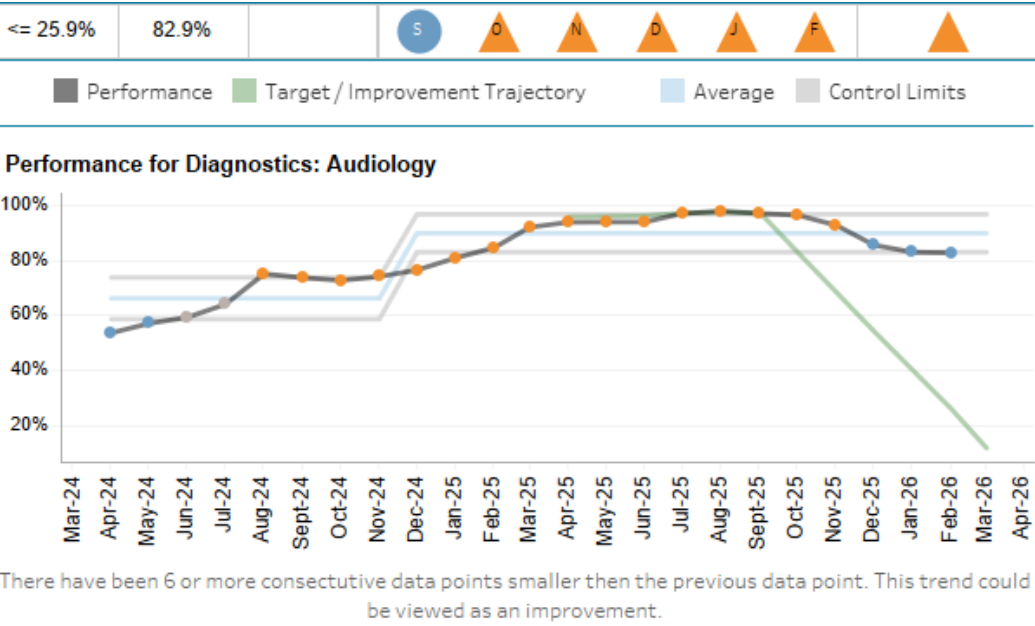
- The number of diagnostic assessments carried out in February 2026 which has been delivered by the Stockport service (254) and Health Harmonie (181)
- HH have now seen 931 patients in total since October 2025.
- Despite an increase in December, total number of diagnostic breaches for Audiology has reduced in January and overall performance continues to improve.

Risks and Issues

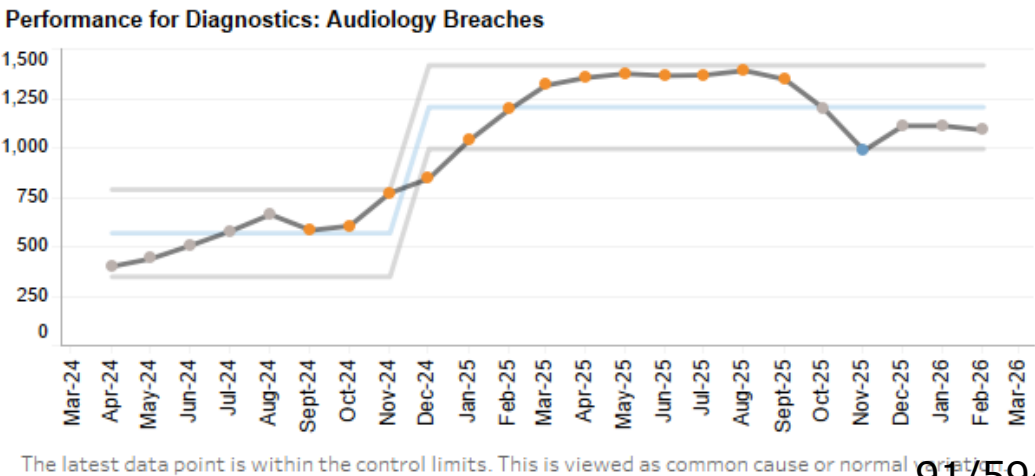
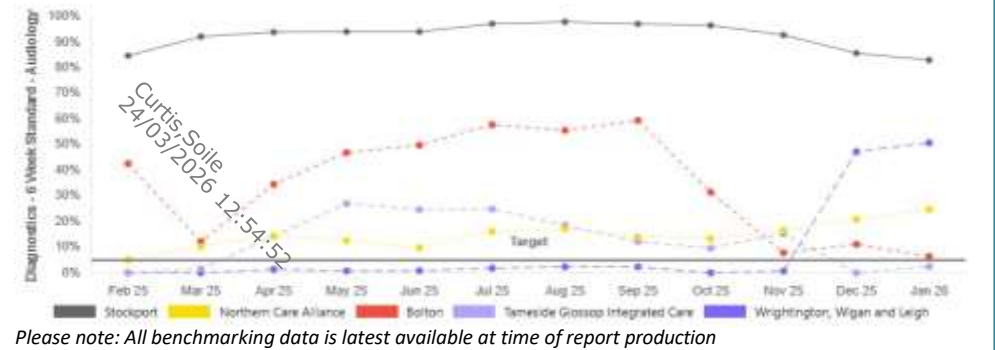
- Paediatric (5yrs and under) service remains paused
- Look back ongoing since November 2024

Key Actions

- Head of Service has now started in post. Following an induction and period of time to review the service, a roadmap for ‘unpausing’ will be prepared and presented.
- Super clinics to support the look back patients commenced 31 January 2026
- Continual Monitoring of long waits , booking longest waits in order
- HH have now opened clinics at Woodley for under 5’s (7 days per week)
- Ongoing Strategy Meetings with ICB, Executive Team and Division



Benchmark data from Public View – Jan 26



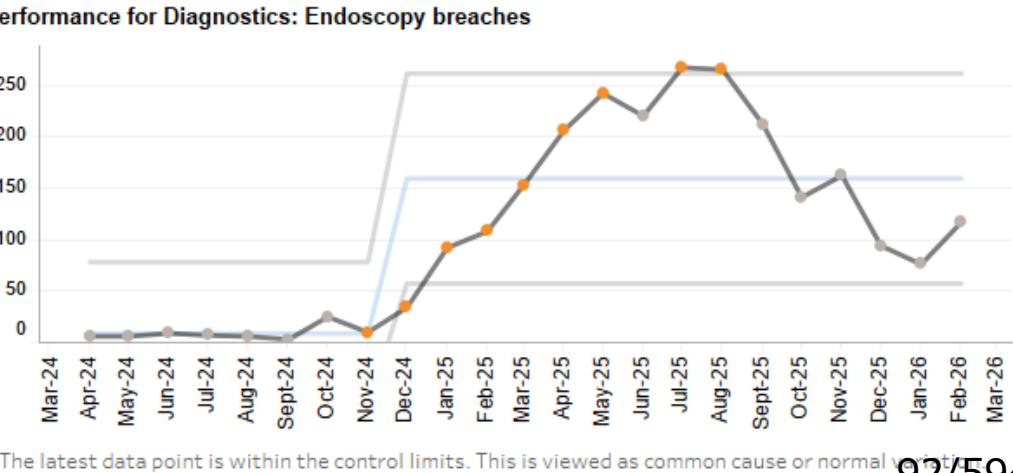
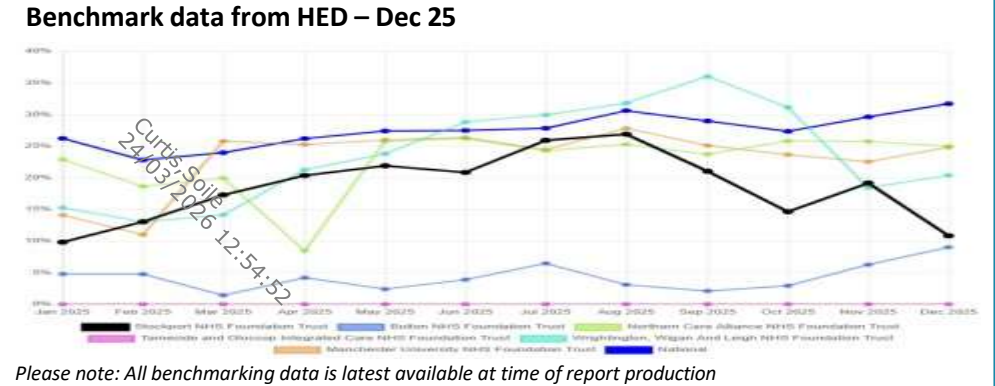
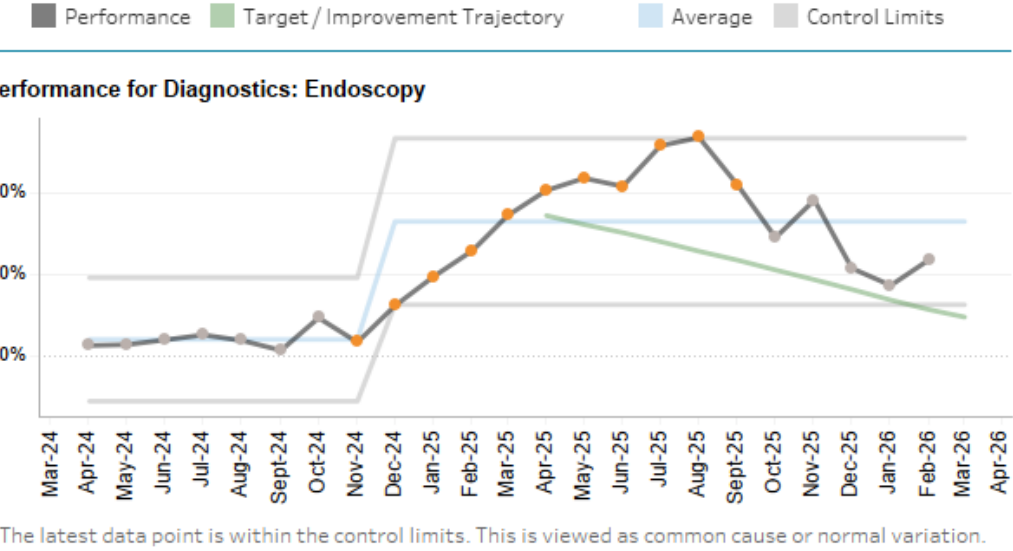
Signed off by	Karen Hatchell
Executive Lead	Jackie McShane

Operations Diagnostics Endoscopy

Target	Actual	6-month trend	Previous Performance						1-month Forecast
<= 5.7%	11.9%		S	O	N	D	J	F	▲

Diagnostics: Endoscopy The percentage of patients referred for diagnostic tests who have been waiting for more than 6 weeks.

- Performance Summary**
- Deterioration in DM01 position due to high January referrals.
 - Total waiting list size increase due to record high January referrals.
 - Additional activity supported through WLIs to enable DM01 recovery. Funded for 8 WLI sessions per week in Q4.
 - Projected DM01 recovery by May 2026.
- Risks and Issues**
- Continued high volume of TWW referrals causing pressure on routine and urgent patients.
 - Locum Endoscopist fixed term contract has ended. Funding has been approved for a full-time Consultant Endoscopist. Activity gap is being filled with WLI sessions in the short term.
- Key Actions**
- Recruit to Consultant Endoscopist post.



Signed off by	Mike Allison
Executive Lead	Jackie McShane

Operations Community

Target	Actual	6-month trend	Previous Performance					1-month Forecast

Hospital at Home Utilisation The number of occupied bed days in the hospital at home service, as a percentage of the available bed days in the hospital at home service.

>= 80%

64.7%

↘

S

O

N

D

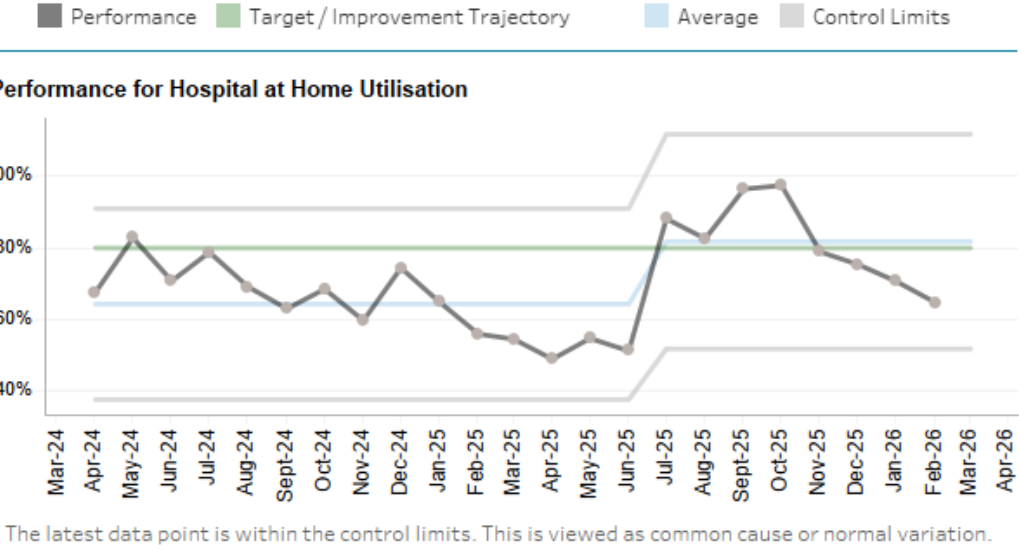
J

F

▲

Please note: Virtual Ward service has now been rebranded as Hospital @ Home. Besides the naming, there is no other change to the calculation of this metric.

- Performance Summary**
- Performance within H@H has been affected by the implementation of the One Stockport Care Coordination Hub and recruitment process which has led to a decrease in utilisation / performance.
 - It has been necessary to reduce the number of patients that can be accepted into the service due to the reduced staffing capacity within the Hub that directly supports patient care on Hospital @ Home
- Risks and Issues**
- Unexpected staff turnover, linked to recent service changes, has created additional staffing pressures.
 - Unable to expand referral numbers without impacting safety, due to reduced staffing in the H@H service.
- Actions and Mitigations**
- Ongoing recruitment underway – workforce gaps predicted until end of June 2026.
 - Workforce development ongoing.
 - Escalation Matrix in operation to identify bed capacity at 08.00, 12.00 and 15.00.
 - Ongoing pathway development, discussion commenced with Pennine re: support to Saffron.



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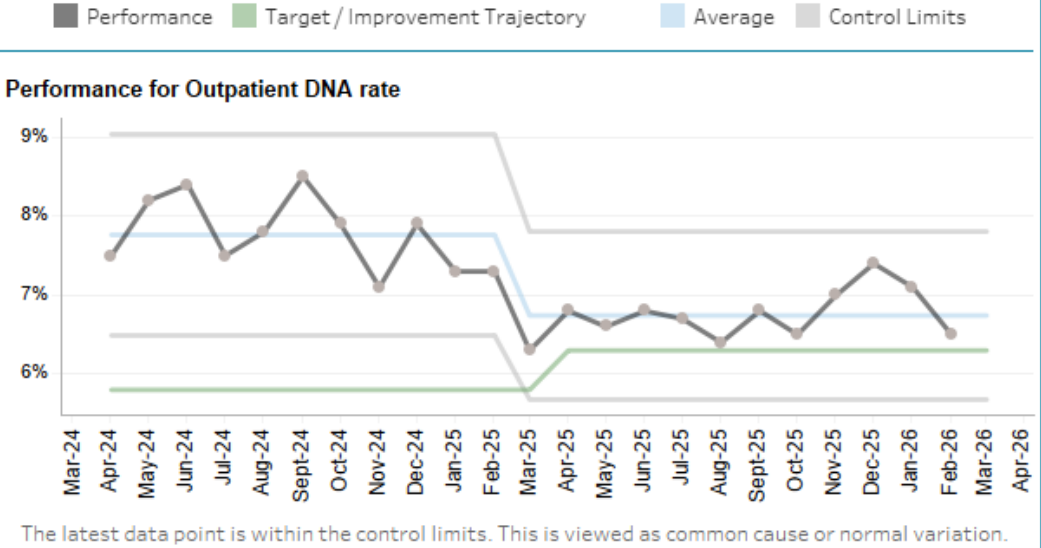
Signed off by	Janine Cartner
Executive Lead	Jackie McShane

Operations Outpatient Efficiencies DNA

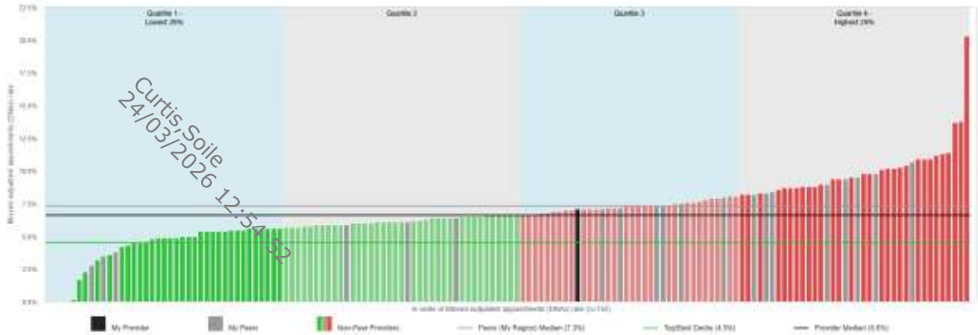
Target	Actual	6-month trend	Previous Performance						1-month Forecast
≤ 6.3%	6.5%	➡	▲	▲	▲	▲	▲	▲	▲

Outpatient DNA rate The number of appointments where the patient did not attend, as a percentage of all booked appointments.

- Performance Summary**
- The DNA rate for February was 6.5%.
 - Seasonality & industrial action seem to have impacted performance given the position is restored, and March to date is also at 6.4%.
- Risks and Issues**
- Fluctuation in outpatient booking team capacity could impact DNA rates. Recruitment to turnover and increased. WTE from IPT funding remains in place.
 - Management gaps due to vacancy and unplanned leave
 - Processes relating to reminders service.
- Actions and Mitigations**
- DNA rate reviews completed at Elective Performance and OP Operational groups.
 - Ongoing reviews of booking processes.
 - Validation of reminders continues.
 - Ongoing review of current inpatients with upcoming outpatient appointments.
 - Calls to high-risk patients continue.
 - Undeliverable mobile number to be scheduled.
 - Meet with the GM System Improvement team.

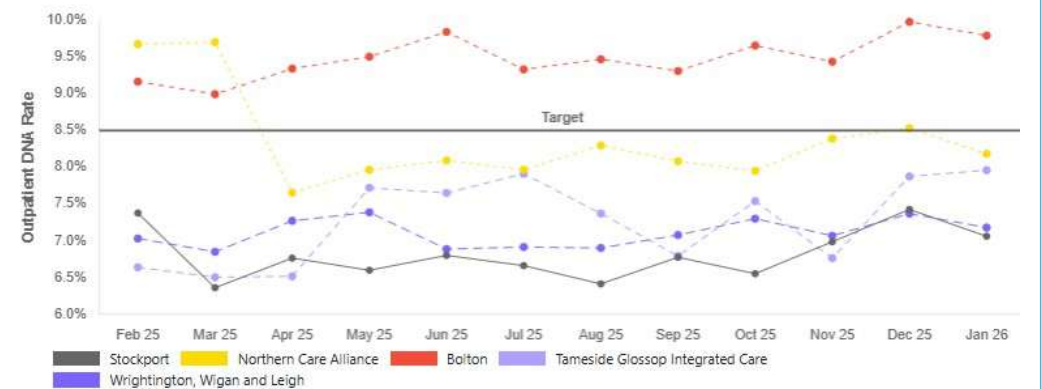


Outpatient DNAs rate – Benchmark data from Model Hospital – Jan 26



Signed off by	Mike Allison
Executive Lead	Jackie McShane

Benchmark data from Public View – Jan 26



Please note: All benchmarking data is latest available at time of report production

Operations Theatres

Target	Actual	6-month trend	Previous Performance						1-month Forecast

Capped Touch Time Utilisation The overall time spent operating, calculated as a percentage of the overall planned session time. Session overrun time is excluded.

Performance Summary

- Capped touch-time utilisation performance was 79% for February 2026. This is a slight improvement on the January position of 78.5%. Performance has not changed significantly in the weekly or monthly trend data.

Key Risks/Issues

- HSDU – Turnaround times and HSDU being on average 5 – 7 days behind. This has impacted activity.
- Planning of additional 4-joint lists has been challenging due to the national shortage of bone cement.

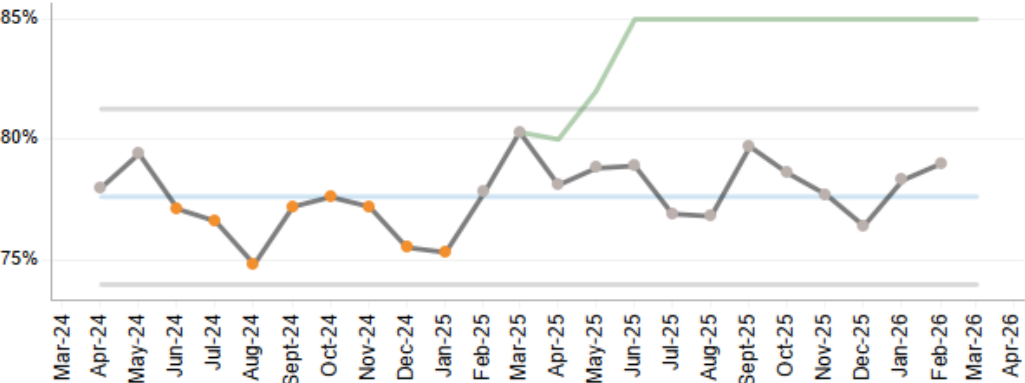
Actions and Mitigations

- Daily theatre utilisation meetings to discuss performance. This highlights and enables any learnings to improve utilisation and to ensure we reach 85% capped utilisation.
- To improve utilisation, we are now running 4-joint lists instead of 3. There have been 3 lists so far.
- QI projects commencing in March 2026 for Stockport Eye Centre and Maple Suite. Both projects are aimed at increasing utilisation in these areas.

>= 85%	79%	➡	S	O	N	D	J	F	▲

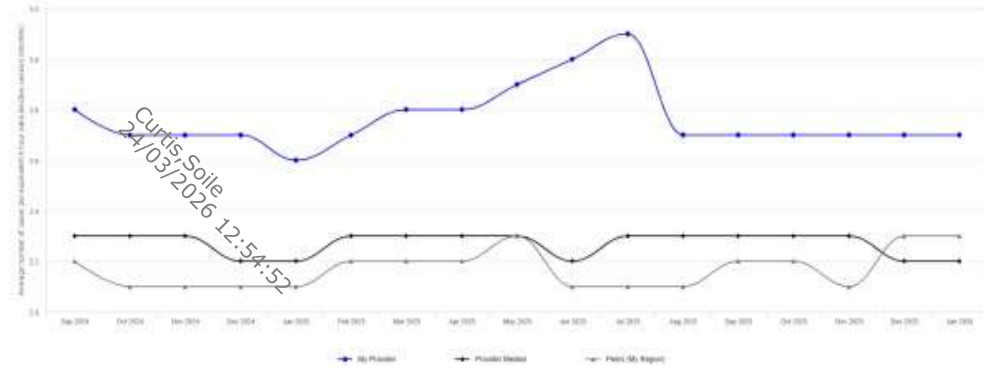


Performance for Capped Touch Time Utilisation

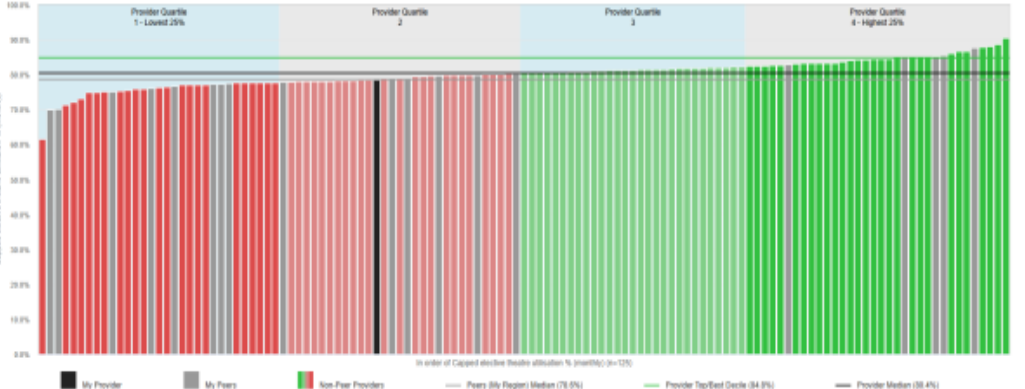


The latest data point is within the control limits. This is viewed as common cause or normal variation.

Averages cases per session - Benchmark data from Model Hospital – Jan 26



Capped touch time utilisation - Benchmark data from Model Hospital – Jan 26



Signed off by	Karen Hatchell
Executive Lead	Jackie McShane

Please note: All benchmarking data is latest available at time of report production

Workforce Sickness Absence

Target	Actual	6-month trend	Previous Performance						1-month Forecast

Sickness Absence: Monthly Rate The total number of staff on sickness absence, calculated as a percentage of all staff-in-post whole time equivalent.

Sickness absence increased marginally in February to 6.29% (0.79% above the 5.5% Trust target). The rolling 12-month position also rose slightly to 5.63%. This pattern is consistent with expected winter seasonal trends and aligns with levels seen in previous years.

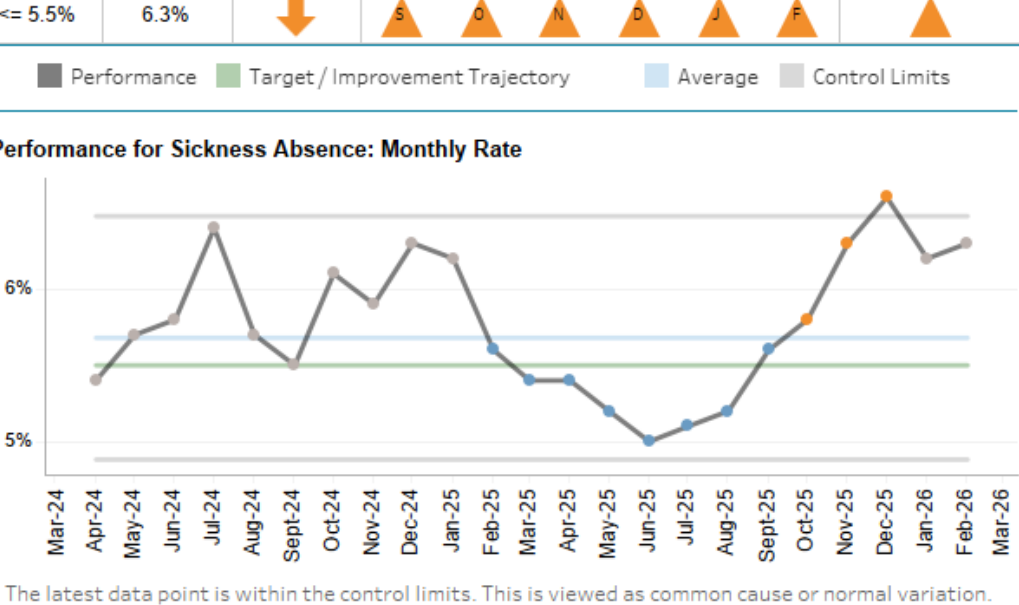
Most divisions experienced an increase compared with January, except for CSS and M&UC, which both reported reductions. Only Corporate (4.26%) and M&UC (5.36%) remained below target.

Mental health conditions remain the leading cause of absence (27.24%). Gastrointestinal illness rose significantly (up 52%) due to the norovirus outbreak and is now the second-highest reason (15.17%). The divisions most affected were M&UC, Surgery, and WC&ICS. Cough/Cold/Flu accounted for 13.9%, showing improvement from January (18.78%).

Long-term sickness continues to be robustly managed, with cases escalated promptly to final Supporting Attendance meetings. This approach has contributed to a sustained reduction in long-term absence.

Short-term sickness increased during February, largely driven by norovirus. Infection-control measures—including limiting staff movement between wards and rescheduling training within affected areas—helped to contain transmission and minimise operational disruption.

Over the last 12 months, 132 managers have completed the Managing Attendance and Supporting Wellbeing training, which has been positively received. Further sessions are being scheduled to maintain momentum.



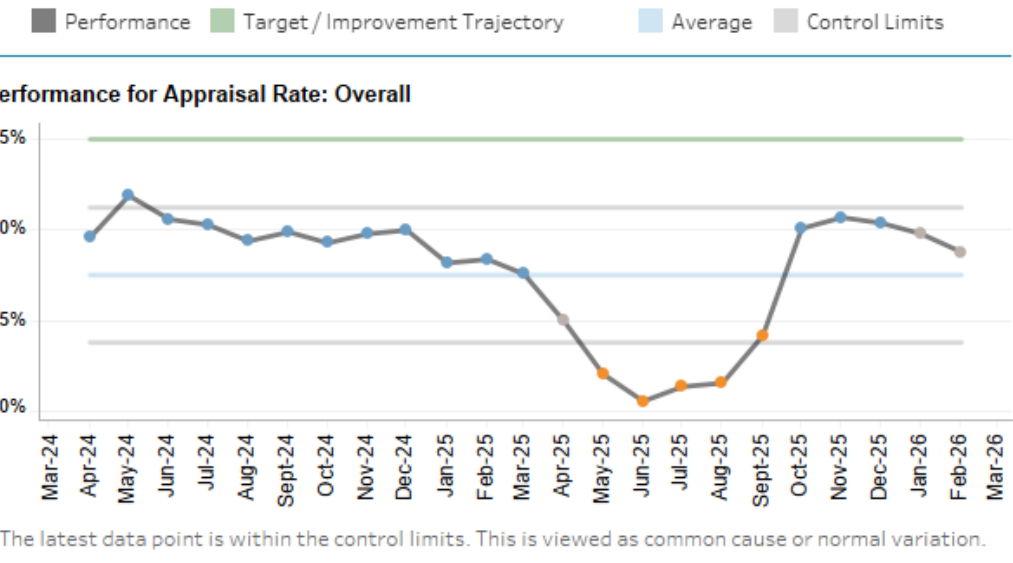
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Signed off by	Emma Cain
Executive Lead	Amanda Bromley

Workforce Appraisal Rate

Appraisal Rate: Overall	The percentage of overall staff that have been appraised within the last 15 months. Includes both medical staff and non-medical staff.
The Trust's overall appraisal compliance in February was 88.8%, a slight decrease on January's figure (89.68%) explained by individuals who did not complete a 2025 appraisal during the cascade window, and whose original renewal date has now passed. This is expected at this point of the year given that the <i>Let's Talk</i> appraisal cascade is closed. The cascade window opens annually from 1 April until 31 October, with the extension to the end of October following feedback about school holiday periods and to enable higher participation in the cascade approach. Preparations are underway for the 2026 appraisal cascade: - Exec, directors and their deputies have received <i>Let's Talk</i> appraisal planning guidance emphasising preparing as an appraiser team, aligning objectives to service priorities, discussing development and career goals, and booking appraisal meetings in line with the cascade deadlines. - Appraiser and appraisee guidance and the intranet resources have also been updated. This includes additional guidance to address last year's bottlenecks, particularly delays caused by the long-term absence of appraisers. Where interim line management arrangements are in place, these should now include responsibility for holding appraisal conversations. - Training dates for the <i>Appraisals with Impact</i> sessions are being advertised. Overall, these steps will support the continued embedding of timely, meaningful appraisal conversations cascaded consistently across all levels of the organisation.	

Target	Actual	6-month trend	Previous Performance						1-month Forecast
>= 95%	88.8%	↗	S	O	N	D	J	F	▲



Signed off by	Emma Cain
Executive Lead	Amanda Bromley

Finance Risks

Financial Controls: I&E Position	The actual financial position, displayed as a percentage variance from the planned financial position.
Cash Balance	The amount of cash balance in Trust accounts. Figures displayed are millions per month.
CIP Cumulative Achievement	The value of the actual CIP achievement, displayed as a percentage variance from the planned CIP achievement.
Capital Expenditure	The actual capital expenditure, as a percentage of the planned capital expenditure. Performance is displayed as a percentage variance from the planned amount.

Target	Actual	6-month trend	Previous Performance						1-month Forecast
<= 0%	87.8%	➡	S	O	N	D	J	F	▲
	33.5	➡	S	O	N	D	J	F	
>= 0%	7.1%	⬆	S	O	N	D	J	F	●
<= 10%	8%	⬆	S	O	N	D	J	F	●

Risks

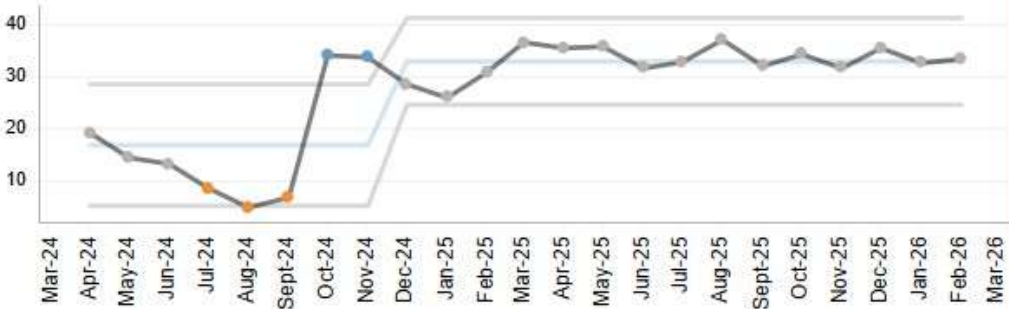
- There are some key risks in the plan, which are being monitored throughout the year:
- Payments for variable activity within ICB contracts which have now been formally rejected and will not be paid in 2025/26.
 - Costs of industrial action – mitigations for the July £0.6m cover costs were identified, and NHSE funding towards November and December’s strikes has now been received.
 - Risk to clawback of deficit support funding due to overall GM financial position at year end. Q4 DSF has been confirmed subject to this condition.
 - Although we aren’t currently forecasting to require revenue support funding in 2025/2026 this is subject to the assumptions above.

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Signed off by	Kay Wiss
Executive Lead	John Graham

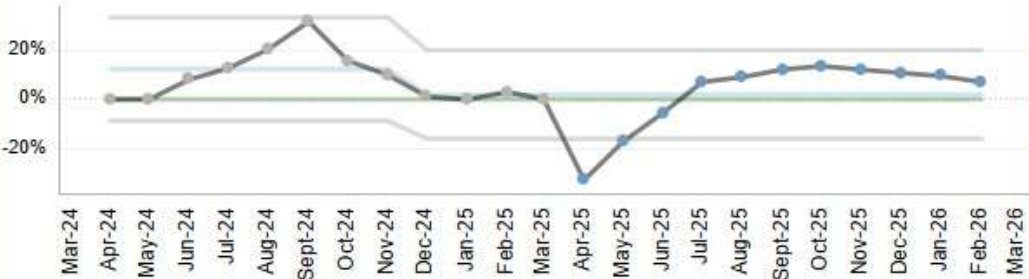
■ Performance ■ Target / Improvement Trajectory ■ Average ■ Control Limits

Performance for Cash Balance



The latest data point is within the control limits. This is viewed as common cause or normal variation.

Performance for CIP Cumulative Achievement



There have been 7 or more consecutive data points above the mean. This shift could be viewed as an improvement.

Tameside and Glossop Integrated Care NHS Foundation Trust

Meeting date	26 th March 2026	Public	x	Confidential		Agenda item
Meeting	Trust Board					13.1
Title	Finance Report, Month 11					
Lead Director	John Graham, Chief Finance Officer					
Author	Andrew Budory, Director of Finance					

Recommendations made/ Decisions requested

The Board are asked to discuss the contents of the report and note the financial position.

This paper relates to the following Strategic Objectives-

	1	Deliver personalised, safe and caring services
	2	Support the health and wellbeing needs of our community and colleagues
	3	Develop effective partnerships to address health and wellbeing inequalities
	4	Develop a diverse, talented and motivated workforce to meet future service and user needs
	5	Drive service improvement through high quality research, innovation and transformation
X	6	Use our resources efficiently, effectively and sustainably
	7	Develop our Estate and Digital infrastructure to meet service and user needs

The paper relates to the following CQC domains-

	Safe		Effective
	Caring		Responsive
	Well-Led	X	Use of Resources

This paper is related to these BAF risks-	

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Where issues are addressed in the paper-

	Section of paper where covered
Equality and Diversity impacts	N/A
Financial impacts if agreed/ not agreed	Exec Summary
Regulatory and legal compliance	N/A
Sustainability (including environmental impacts)	N/A

Executive Summary

The paper provides the Board with an update on the Month 11 position regarding revenue, capital and cash.

- In month 11 the Trust is reporting a £30k deficit position against plan, a net surplus of £388k, YTD the net deficit is £8.6m in line with plan.
- To ensure the Trust has remained on plan is has been necessary to:
- Release £5.6m of balance sheet technical adjustments
- Undertake a £1.5m revenue to capital transfer
- Although these items were planned, without them the Trust would be £7.1m behind plan.
- TEP of £23.4m has been delivered (YTD) which is above plan by £0.6m.
- The Trust expects to achieve a breakeven year end outturn, inline with plan.

Key Metrics

- Agency spend of £1.7m YTD is £0.8m better than plan. This represents a 52% reduction on 2024/25 run rate vs NHSE expectation of a 30% reduction
- Bank spend of £21.3m YTD is £0.2m worse than plan including industrial action costs of £0.7m. This represents a 15% reduction (20% excluding IA) on 2024/25 run rate vs NHSE expectation of 15%.
- The cash balance at the end of February was £16.4m
- In month 11 there has been £3.7m of capital spend with a YTD spend of £12.1m.
- ERF is £0.7m above plan at month 11 (excluding Drugs & Diagnostics)
- WTE have increase by 37 from January to 4,692, this is 155 above the WTE plan

Curtis Soile
24/03/2026 12:54:52

Tameside & Glossop ICFT

Finance Report Month 11 (February) 2025/26



John Graham – Chief Finance Officer

Month 11 Key Messages

Summary of Financial Position

- In month 11 the Trust is reporting a **£30k** deficit position against plan, a net **surplus of £388k**, YTD the net deficit is **£8.6m** in line with plan.
- To ensure the Trust has remained on plan it has been necessary to:
 - **Release £5.6m of balance sheet technical adjustments**
 - **Undertake a £1.5m revenue to capital transfer**
- Although these items were planned, without them the Trust would be **£7.1m behind plan**.
- **TEP of £23.4m** has been delivered (YTD) which is above plan by £0.6m.

Key Metrics

- **Agency spend of £1.7m YTD** is £0.8m better than plan. This represents a **52% reduction** on 2024/25 run rate vs NHSE expectation of a 30% reduction
- **Bank spend of £21.3m YTD** is £0.2m worse than plan including industrial action costs of £0.7m. This represents a **15% reduction** (20% excluding IA) on 2024/25 run rate vs NHSE expectation of 15%.
- The cash balance at the end of February was **£16.4m**
- In month 11 there has been **£3.7m** of capital spend with a YTD spend of **£12.4m**.
- **ERF** is **£0.7m** above plan at month 11 (excluding Drugs & Diagnostics)
- WTE have increase by 37 from January to **4,692**, **this is 155 above the WTE plan**

Other Key Points

- Following discussions with GM ICB, an £8.9m settlement has been agreed. This income reflects recognition of underpayment of the block and provides support to offset the additional cost pressures arising from increased UEC demand and higher acuity levels experienced throughout December and January.
- The receipt of this income expected in M12, means that the trust can now mitigate it's financial position and achieve a breakeven financial outturn for the financial year.
- Similarly, the trust also expects to achieve it's full TEP target for the year with remaining schemes to the value of £0.7m expected to be transacted in M12. Currently there are no remaining schemes with a high-risk rating.
- The Trust also expects to achieve its capital programme limit in full.
- The forecast Cash position at 31st March 2026 is £24.1m

Financial Position as at Month 11

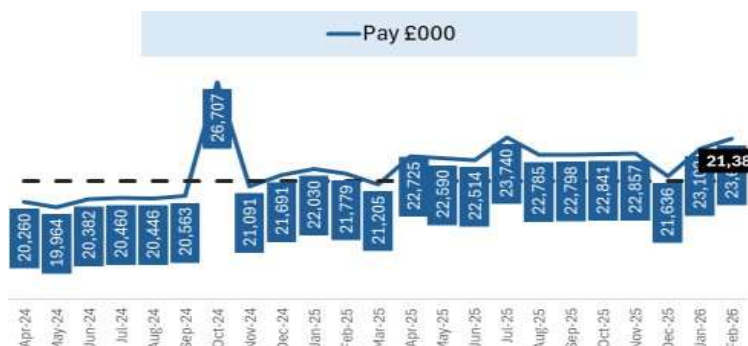
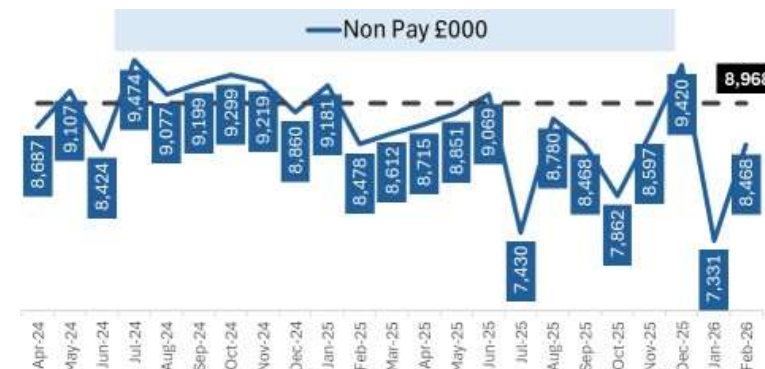
Income & Expenditure summary	Annual Plan £000s	Month 11 (Feb-26)				YTD Position				FOT			
		Plan	Actual	Variance	%	Plan	Actual	Variance	%	Plan	FOT	Variance	%
		£000s				£000s				£000s			
Operating income from patient care activities	358,166	29,139	30,643	1,504	5%	320,528	320,470	(58)	(0%)	358,166	361,046	2,880	1%
Other operating income	16,548	1,276	1,924	648	51%	14,128	17,441	3,313	23%	16,548	19,081	2,533	15%
Total Operating income	374,714	30,415	32,566	2,151	7.1%	334,656	337,911	3,255	1.0%	374,714	380,127	5,413	1.4%
Substantive Staff	(246,310)	(20,569)	(21,236)	(667)	(3%)	(225,741)	(227,340)	(1,599)	(1%)	(246,310)	(248,872)	(2,562)	(1%)
Bank Staff	(22,672)	(1,572)	(2,100)	(528)	(34%)	(21,101)	(21,310)	(209)	(1%)	(22,672)	(23,326)	(654)	(3%)
Agency Staff	(2,606)	(157)	(249)	(92)	(59%)	(2,449)	(1,686)	763	31%	(2,606)	(1,993)	613	24%
Apprenticeship Levy	0	0	(85)	(85)	0%	0	(923)	(923)	0%	0	(1,006)	(1,006)	0%
Pay total	(271,588)	(22,298)	(23,671)	(1,373)	(6.2%)	(249,291)	(251,259)	(1,968)	(0.8%)	(271,588)	(275,197)	(3,609)	(1.3%)
Drugs	(11,873)	(994)	(836)	158	16%	(10,879)	(10,895)	(16)	(0%)	(11,873)	(12,021)	(148)	(1.2%)
Clinical Supplies and Services	(18,675)	(1,530)	(1,722)	(192)	(13%)	(17,145)	(17,449)	(304)	(2%)	(18,675)	(19,174)	(499)	(2.7%)
Other Non Pay Costs	(61,351)	(4,622)	(5,272)	(650)	(14%)	(56,695)	(61,137)	(4,442)	(8%)	(61,351)	(67,376)	(6,025)	(9.8%)
Operating non pay	(91,899)	(7,146)	(7,831)	(685)	(10%)	(84,719)	(89,481)	(4,762)	(6%)	(91,899)	(98,571)	(6,672)	(7%)
Total operating surplus / (deficit)	11,227	971	1,151	180	(18.5%)	646	(2,829)	(3,475)	538%	11,227	6,358	(4,869)	43.4%
Non operating items	(8,790)	(711)	(638)	(163)	(23%)	(8,049)	(6,983)	1,066	13%	(8,790)	(7,268)	1,522	17%
Surplus / (deficit) before tech adj	2,437	260	513	17	(6.6%)	(7,403)	(9,812)	(2,409)	(32.5%)	2,437	(910)	(3,347)	137.3%
Technical adjustments	(887)	21	(50)	(71)	338%	231	(858)	(1,089)	471%	(887)	(1,040)	(153)	(17%)
PFI IFRS 16 adjustment*	(1,550)	(99)	(75)	24	24%	(1,420)	(1,392)	28	2%	(1,550)	(1,524)	26	2%
Add back all I&E impairments/(reversals)	0	0	0	0	0%	0	3,474	3,474	0%	0	3,474	3,474	0%
Adjusted surplus/(deficit)	0	182	388	(30)	16.5%	(8,592)	(8,588)	4	0.0%	0	(0)	(0)	0.0%
I&E margin		0.6%	1.2%	0.6%		(2.6%)	(2.5%)	0.0%					
Trust Efficiency Programme	25,339	2,493	2,493	0	0%	22,846	23,417	571	2%				
Of which recurrent	66%	56%	63%			61%	62%						
Efficiencies as a % of OPEX	6.5%	8.5%	7.9%			6.8%	6.9%						
Capital Expenditure	17,824	1,184	3,764	(2,580)		10,907	12,195	(1,288)		17,824	17,824	0	
Cash and Equivalents						6,700	16,442	9,742		6,050	24,050	18,000	

The SOCI represents the position reported to NHSE within the PFR, with the forecast being in line with plan (Adjusted position). Forecast outturn for financial year 2025/26 is expected to be breakeven against plan with all risks mitigated.

Run Rate – Analysis

24/25 v 25/26 Run-rate change and in-month movement - £000

*excludes fixed asset impairment				
Month	Income £000	Pay £000	* Non Pay £000	Total £000
Apr-24	25,590	(20,260)	(8,687)	(3,356)
May-24	25,807	(19,964)	(9,107)	(3,263)
Jun-24	25,926	(20,382)	(8,424)	(2,880)
Jul-24	26,569	(20,460)	(9,474)	(3,366)
Aug-24	25,895	(20,446)	(9,077)	(3,627)
Sep-24	45,996	(20,563)	(9,199)	16,234
Oct-24	35,261	(26,707)	(9,299)	(745)
Nov-24	29,897	(21,091)	(9,219)	(413)
Dec-24	30,010	(21,691)	(8,860)	(540)
Jan-25	30,833	(22,030)	(9,181)	(378)
Feb-25	31,303	(21,779)	(8,478)	1,046
Mar-25	30,491	(21,205)	(8,612)	674
24/25 Run-rate	£30,298	(£21,381)	(£8,968)	(£51)
Apr-25	30,115	(22,725)	(8,715)	(1,324)
May-25	30,106	(22,590)	(8,851)	(1,335)
Jun-25	30,286	(22,514)	(9,069)	(1,297)
Jul-25	30,203	(23,740)	(7,430)	(968)
Aug-25	30,598	(22,785)	(8,780)	(967)
Sep-25	30,365	(22,798)	(8,468)	(901)
Oct-25	30,924	(22,841)	(7,862)	221
Nov-25	31,226	(22,857)	(8,597)	(228)
Dec-25	30,846	(21,636)	(9,420)	(210)
Jan-26	30,675	(23,102)	(7,331)	243
M1-M10 RR	£30,534	(£22,759)	(£8,452)	(£677)
Feb-26	32,566	(23,671)	(8,468)	428
M1-M10 RR v Feb-26	2,032	(912)	(16)	1,104
25/26 YTD RR	£30,719	(£22,842)	(£8,454)	(£576)
24/25 v 25/26 RR	421	(1,460)	514	(525)
% Mvmt	1.4%	-6.4%	6.1%	
Feb 26 v Jan 26	1,891	(568)	(1,137)	185
% Mvmt	5.8%	2.4%	13.4%	



Key Movements (unadjusted):

24/25 v 25/26 run-rate

£525k (adverse)

Pay movement due to NI and Pay award impact; non-pay movement is due to bank interest and expected increase in H2 due to seasonality winter pressures.

M11 v M1-M10 run-rate £1,104k

favourable mainly due to release of technical adjustments and a revenue to capital transfer in year of £1,500k.

M11 v M10 - £185k favourable

Income £1,891k favourable

Due to additional income accrued in M11 to reflect sprint activity and additional elective income expected.

Pay £568k (adverse) linked to vacancy fill and increase in temporary bank spend in M11.

Non-Pay £1,137k (favourable) due to reduced costs with drugs/ bedwatch costs and consumables.

Activity & Elective Recovery

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Contract Performance – M11

	Activity Actuals vs Activity Plan (YTD)				Price Actuals vs Price Plan (YTD)			
	Activity Plan	Activity Actual	Activity Variance	%	Price Plan (£m)	Price Actual (£m)	Price Variance (£m)	%
A&E	133,091	128,409	(4,681)	(3.5%)	£27.7	£27.5	(£0.2)	(0.7%)
Non Elective	54,771	54,909	138	0.3%	£96.5	£106.1	£9.6	10.0%
Non Elective Excess Bed Days	12,968	11,763	(1,205)	(9.3%)	£4.4	£4.0	(£0.4)	(8.9%)
Same Day Emergency Care (SDEC)	19,165	20,351	1,186	6.2%	£18.3	£19.5	£1.1	6.2%
Sub Total - NEL / Urgent Care	219,993	215,432	(4,561)	(2.1%)	£146.9	£157.1	£10.2	6.9%
Crit Care	2,561	2,616	54	2.1%	£6.5	£6.5	£0.0	0.3%
GP Direct Access	1,329,227	1,464,574	135,347	10.2%	£6.2	£6.5	£0.2	3.4%
Maternity	4,412	4,188	(224)	(5.1%)	£5.7	£5.4	(£0.4)	(6.3%)
Outpatient Follow Up Attendance	110,113	106,204	(3,909)	(3.5%)	£15.0	£14.5	(£0.5)	(3.4%)
Other	25,864	27,396	1,532	5.9%	£4.6	£4.3	(£0.3)	(5.7%)
Sub Total - Other POD's	1,472,177	1,604,977	132,800	9.0%	£38.0	£37.1	(£0.9)	(2.4%)
Total - Fixed	1,692,170	1,820,409	128,239	7.6%	£184.9	£194.2	£9.3	5.0%
Day Case	17,713	18,157	444	2.5%	£14.2	£15.7	£1.5	10.5%
Elective	2,495	2,010	(486)	(19.5%)	£10.4	£9.7	(£0.8)	(7.2%)
Outpatient First Attendance	68,588	70,669	2,082	3.0%	£15.0	£15.4	£0.4	2.6%
Outpatient Procedure	30,103	27,771	(2,331)	(7.7%)	£5.9	£5.5	(£0.4)	(7.4%)
Sub Total - Elective Variable	118,899	118,608	(291)	(0.2%)	£45.5	£46.2	£0.7	1.5%
Drugs & Devices	0	0	0	0.0%	£4.3	£4.4	£0.1	0.0%
Unbundled Diagnostics	44,058	40,770	(3,288)	(7.5%)	£5.1	£4.3	(£0.7)	(14.4%)
Sub Total - Other Variable	44,058	40,770	(3,288)	(7.5%)	£9.4	£8.7	(£0.7)	(7.2%)
Total - Variable	162,957	159,378	(3,579)	(2.2%)	£54.9	£54.9	£0.0	0.0%
TOTAL M11 POSITION (ACUTE)	1,855,127	1,979,787	124,659	6.7%	£239.8	£249.1	£9.3	3.9%

This table opposite shows the Trusts SLAM income and activity position (Acute) against the Trust's 2025/26 internal plans, split by point of delivery.

M1-M11 performance shows that the Trust is above plan, with an overperformance of c.£9.3m 3.9%.

- The majority of this over performance sits within Non Elective point of delivery. In particularly within General Medicine, Endocrinology and Geriatric Medicine.

Elective Variable points of delivery - £46.2m (YTD)

Elective Variable POD's (activity x price) show a breakeven position, further detail can be seen on the next slide.

Key items to note:

Uncoded data

The m10 position includes an estimate of c.£5.8m of uncoded activity (based on planned avg tariffs).

Elective Performance & Other API Position – M11

Elective Variable Position (Month 11):

	Target £m	Actual £m	Variance £m	%
In Month Position	£3.95	£4.3	£0.3	8.7%
YTD Position	£45.5	£46.2	£0.7	1.5%
2025/26 Forecast	£49.5	£50.8	£1.3	2.6%

Activity x
Price:



POD Detail:	YTD Activity Plan	YTD Activity Actual	YTD Activity Var	%	YTD Price Var (£m)
Elective	2,495	2,010	(486)	(19.5%)	(£0.8)
Daycase	17,713	18,157	444	2.5%	£1.5
Outpatients (Firsts & Procedures)	98,690	98,441	(250)	(0.3%)	(£0.0)
Grand Total - YTD	118,899	118,608	(291)	(0.2%)	£0.7

*Daycase over performance of £1.5m, £0.4m relates to increased activity above planned levels and c£1.1m relates to favourable movements in case mix.

Elective Variable Forecast (activity x price) vs Target:



- YTD Position:** M11 YTD position shows an overperformance performance of **c.£0.7m**. **Elective delivery** has remained consistent at **c.£4.3m** (for the last 3 months) resulting in an overperformance of c£0.3m in M11.
- 25/26 Forecast:** Based on 'current' activity levels plus additional outsourced activity to the independent in March (circa 50 cases). GM ICB have confirmed that all elective variable overperformance in 25/26 will be paid, but will be subject to true up payment (+/-) in Q1 26/27 based on final M12 freeze data.

More detail of elective activity by commissioner is detailed on the next slide.

- Uncoded data:** M11 elective position includes uncoded/accrued spells costed at an average case mix (c.£0.9m), this is subject to change as part of the fully coded position (this could also impact the forecast position in point 2 above).
- Other API:** M11 position shows an under performance of **c.£0.7m**, which is driven by unbundled diagnostics. In 2025/26 unbundled diagnostics remained under the fixed element of the contract, therefore not subject to financial recovery. In 26/27 unbundled diagnostics will move to a variable based payment.

**YTD Activity x
Price**
(Previously ERF
POD's)

£46.2m

**Elective
YTD
Variance**

£0.7m

**2025/26
Estimate
Forecast
Variance**

£1.3m

*including
Independent sector
activity in March.

YTD: Other API
(Drugs & Devices /
Unbundled
Radiology)

(£0.7m)



**Tameside and Glossop
Integrated Care**
NHS Foundation Trust

Workforce

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Month 11 – WTE movement and variance to plan

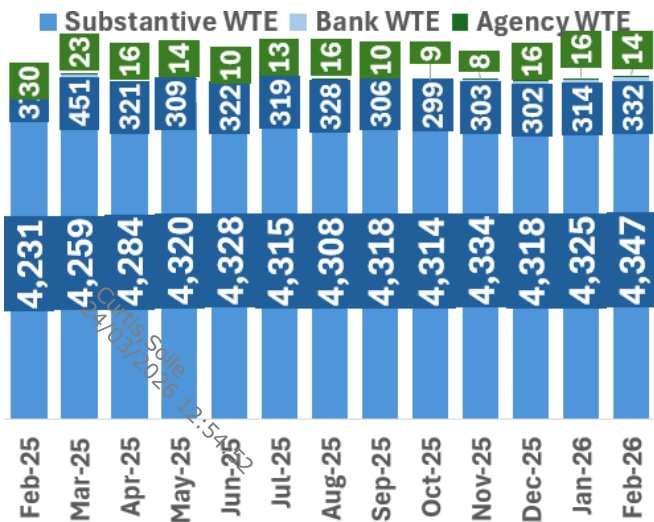
WTE trend and in-month movement



37 WTE increase
M11 v M10

The in month (M10 v M11) increase of 37 WTE, broken down as follows:

- Escalation & Sickness (operational pressures / corridor care) **10 WTE**
- Sprint activity **10 WTE**
- Enhanced Care **8 WTE**
- Recruitment **7 WTE**
- Other **2 WTE**



Period	Substantive	Bank	Agency	Total	Bank	Agency
Month	WTE	WTE	WTE	WTE	%	%
Feb-25	4,231	370	30	4,630	8.0%	0.6%
Mar-25	4,259	451	23	4,734	9.5%	0.5%
Apr-25	4,284	321	16	4,621	7.0%	0.3%
May-25	4,320	309	14	4,643	6.6%	0.3%
Jun-25	4,328	322	10	4,660	6.9%	0.2%
Jul-25	4,315	319	13	4,647	6.9%	0.3%
Aug-25	4,308	328	16	4,652	7.1%	0.3%
Sep-25	4,318	306	10	4,634	6.6%	0.2%
Oct-25	4,314	299	9	4,622	6.5%	0.2%
Nov-25	4,334	303	8	4,645	6.5%	0.2%
Dec-25	4,318	302	16	4,636	6.5%	0.3%
Jan-26	4,325	314	16	4,655	6.7%	0.4%
Feb-26	4,347	332	14	4,692	7.1%	0.3%
Movement in-month	(22)	(18)	3	(37)	-0.3%	0.1%

WTE Actual v Plan

2025/26 WTE Bridge	M11	M12
Baseline - 2024/25 M10 WTE	4,592	4,592
Planning adjustments:		
Recruitment for approved pressures - Pathology / Maternity / Biochemistry / DSEU	14	43
TEP - Clinical efficiency / workforce review	(43)	(74)
TEP - Productivity / Corporate efficiencies	(25)	(48)
Adjustment sub-total	(55)	(79)
Plan	4,537	4,513
Actuals	4,692	
Variance	(155)	

Key reasons for variance:

Enhanced care	50
TEP under-achievement	30
Corridor care / operational pressures / sickness	50
Sprint Activity	15
Other	10
Total	155

The plan requires 123 WTE savings via TEP schemes linked to Clinical efficiency, workforce productivity review and Corporate efficiency by M12. Failure to achieve these efficiencies will result in a significant adverse WTE variance by M12.

Temporary Staffing – WTE

Bank: movement v plan & run-rate WTEs

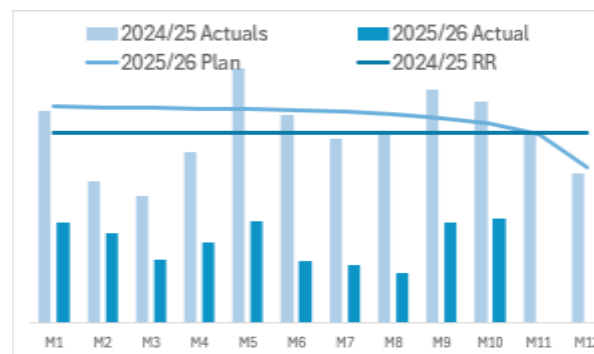
Month	2024/25 Actuals	2025/26 Plan	2025/26 Actual	2025/26 Variance
M1	303.9	365.2	321.0	44.2
M2	340.9	362.6	309.0	53.6
M3	339.7	361.5	322.0	39.5
M4	369.0	360.2	319.0	41.2
M5	374.2	358.6	328.3	30.3
M6	362.4	356.6	305.6	51.0
M7	371.2	353.8	299.1	54.7
M8	365.3	350.0	303.5	46.5
M9	349.9	344.2	302.3	41.9
M10	374.9	334.6	313.6	21.0
M11	369.9	315.4	331.7	-16.4
M12	451.1	257.7		
Run-rate	364.4	343.4	314.1	37.1

24/25 v 25/26 Bank WTE RR
movement 50 WTE (14%)

Bank WTE run-rate graph



Agency WTE run-rate graph



Agency - movement v plan & run-rate WTEs

Month	2024/25 Actuals	2025/26 Plan	2025/26 Actual	2025/26 Variance
M1	33.2	33.8	15.7	18.1
M2	22.2	33.8	14.0	19.7
M3	19.9	33.7	10.0	23.7
M4	26.7	33.5	12.6	20.9
M5	39.8	33.4	15.9	17.5
M6	32.5	33.2	9.8	23.4
M7	28.8	33.0	9.1	23.8
M8	30.0	32.6	7.8	24.8
M9	36.4	32.1	15.6	16.5
M10	34.7	31.2	16.4	14.9
M11	29.9	29.5	13.8	15.7
M12	23.5	24.3		
Run-rate	29.8	32.0	12.8	19.9

24/25 v 25/26 Agency WTE
RR movement 17 WTE, 57%

Bank
16.4wte
above plan in
M11

74 WTE reduction in
Bank required by
Mar-26 to achieve
M12 plan

Agency
15.7wte
below plan
in M11

- As per rules set out in the planning guidance 2025/26 the Trust has submitted plans to reduce Bank and Agency WTE compared to 2024/25 out-turn.
- The Trust's internal plan includes a further reduction on top of the national target of 59 WTE relating to enhanced care TEP.
- At Feb-26 temporary staffing is 1 WTE above plan, 16.4 Bank WTE above plan and 15.7 Agency WTE below plan.
- Industrial Action cover accounts for 12 WTE in Month 4, 15 WTE in M8 and 12 WTE in M9,
- The planned reduction in temporary staffing is significantly concentrated towards the latter part of 2025/26 (see graphs).

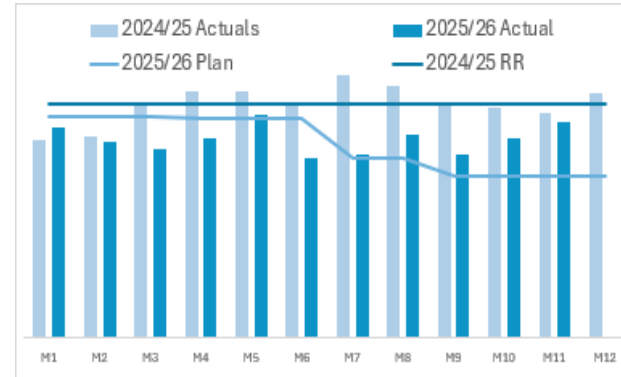
Temporary Staffing – Cost

Bank - movement v plan & run-rate cost - £000

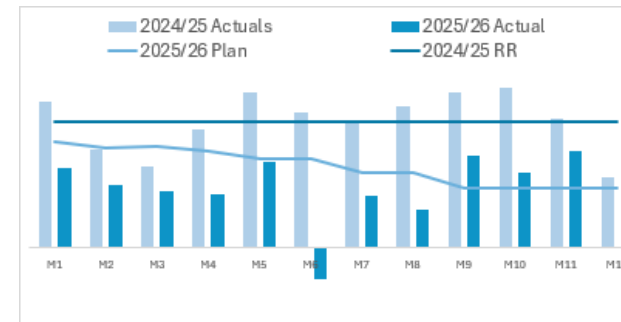
Month	2024/25 Actuals	2025/26 Plan	2025/26 Actual	2025/26 Variance
M1	1,923	2,157	2,051	106
M2	1,963	2,157	1,917	240
M3	2,264	2,156	1,842	314
M4	2,400	2,142	1,939	203
M5	2,409	2,140	2,182	(42)
M6	2,267	2,139	1,752	387
M7	2,565	1,747	1,794	(48)
M8	2,449	1,747	1,984	(238)
M9	2,307	1,572	1,795	(224)
M10	2,250	1,572	1,951	(380)
M11	2,187	1,572	2,100	(529)
M12	2,384	1,572		
Total	27,367	22,672	21,310	(209)
Run-rate	2,281	1,889	1,937	(19)

24/25 v 25/26 Bank Cost RR movement
£343k, 15%

Bank run-rate graph



Agency run-rate graph



Agency - movement v plan & run-rate cost - £000

Month	2024/25 Actuals	2025/26 Plan	2025/26 Actual	2025/26 Variance
M1	372	294	203	91
M2	250	294	159	135
M3	207	272	146	127
M4	301	252	136	116
M5	397	235	221	13
M6	347	235	(83)	317
M7	317	198	131	67
M8	363	198	98	100
M9	397	157	234	(77)
M10	409	157	192	(35)
M11	329	157	249	(92)
M12	179	157		
Total	3,867	2,606	1,686	762
Run-rate	322	217	153	69

24/25 v 25/26 Agency Cost RR movement
£169k, 52%

Bank
£529k
above plan in M11

15% reduction on
run rate vs 15%
NHSE target

Agency
£92k
above plan in M11

52% reduction on
run rate vs 30%
NHSE target

- As per rules set out in the planning guidance 2025/26 the Trust submitted plans to reduce Bank and Agency costs by £6M in 2025/26 compared to 2024/25 out-turn. In M11 the Trust has spent £621K more than plan (Bank £529K adverse, Agency £92K adverse) and exceeded NHSE targets for reduction.
- Industrial Action cover accounts for £270K in Month 4, £250K in M8 and £232K in M9.
- The planned reduction in temporary staffing costs is more significantly concentrated towards the latter part of 2025/26 (see graphs above) and will require a sustained effort from all divisions and corporate directorates to achieve.**

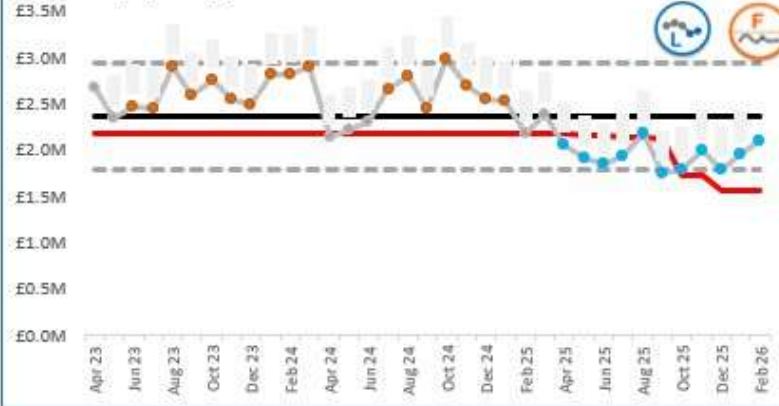
Workforce trend

All Staff Groups

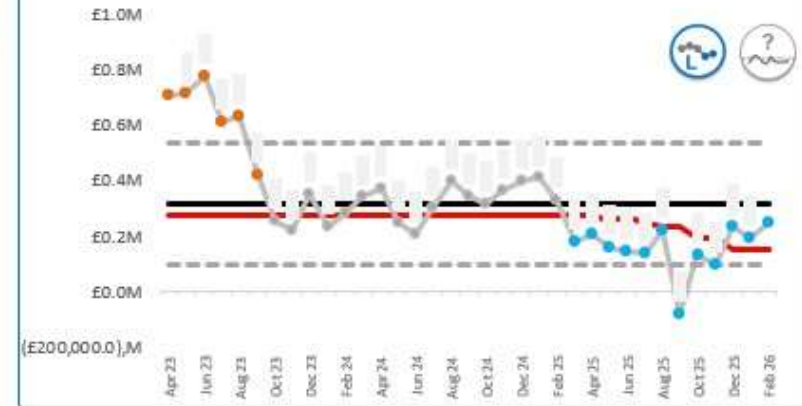
Substantive staff pay cost (£)



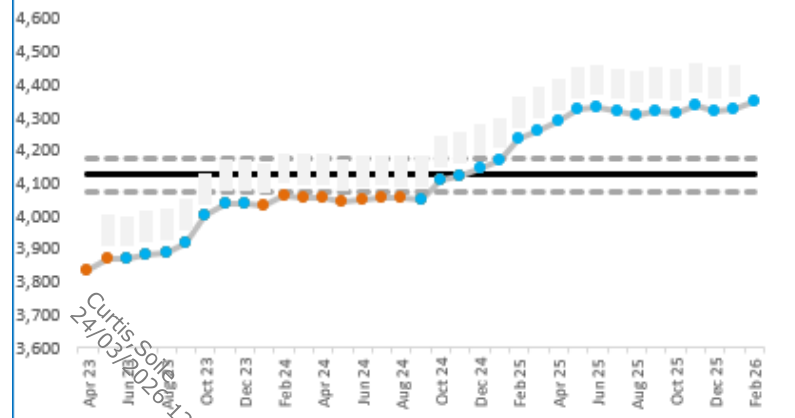
Bank staff pay cost (£)



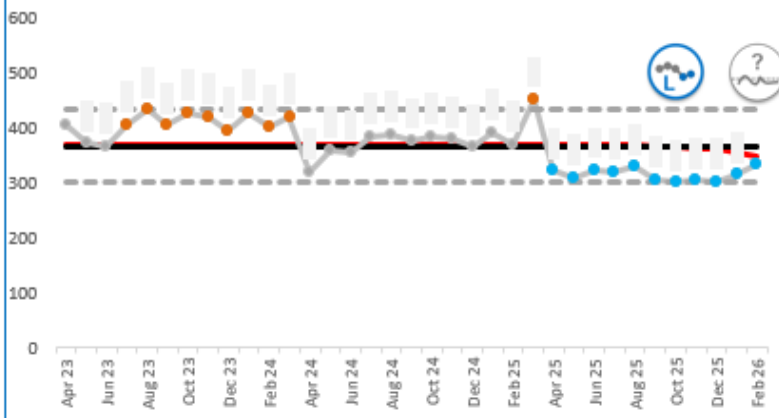
Agency staff pay cost (£)



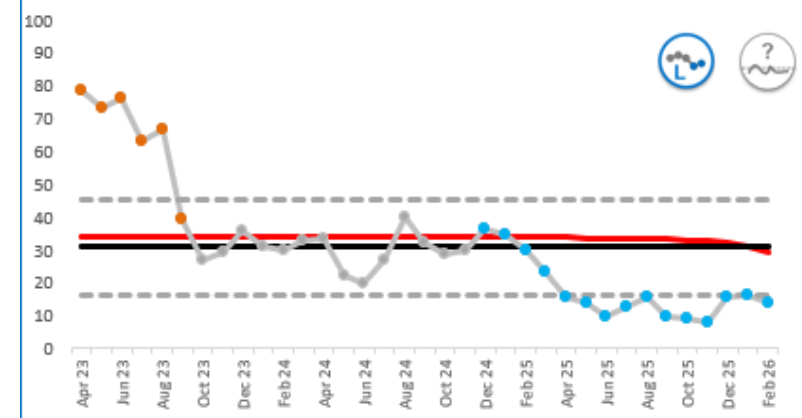
Substantive staff worked (WTE)



Bank staff worked (WTE)



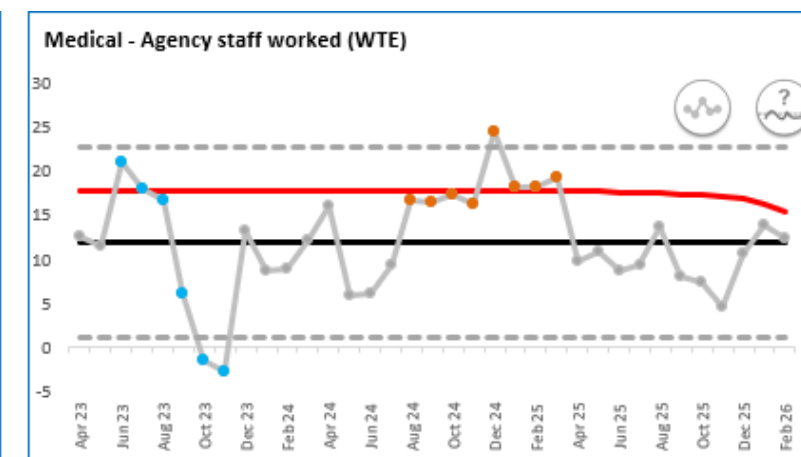
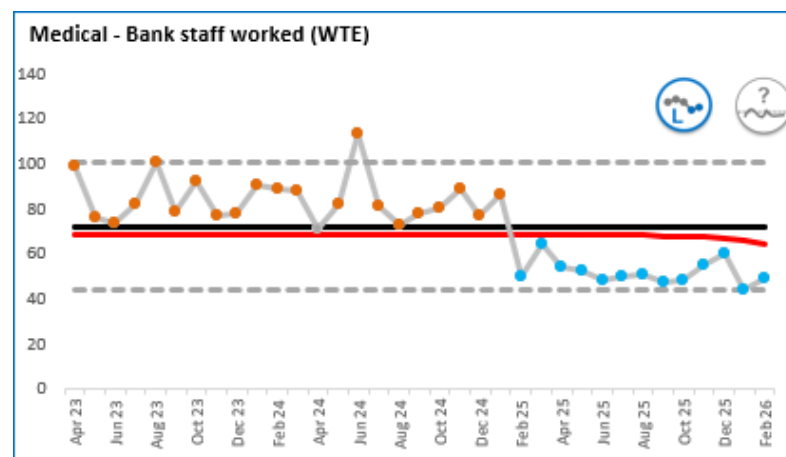
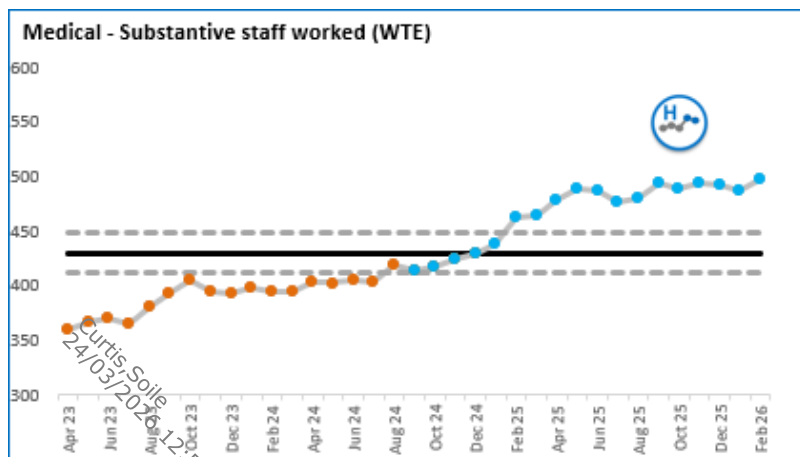
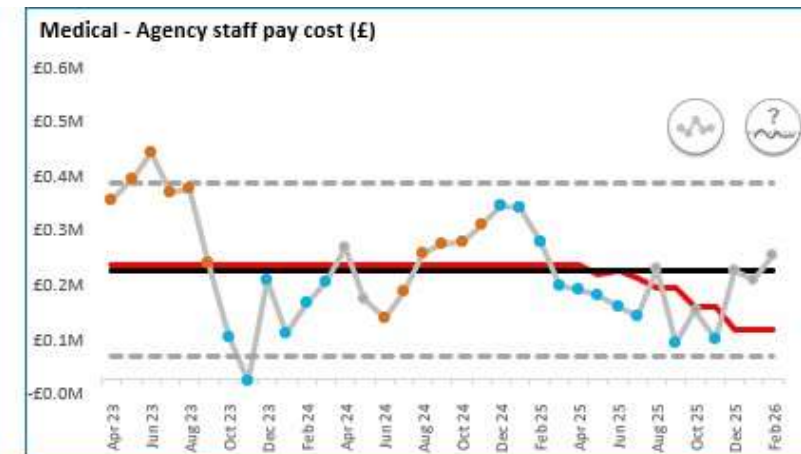
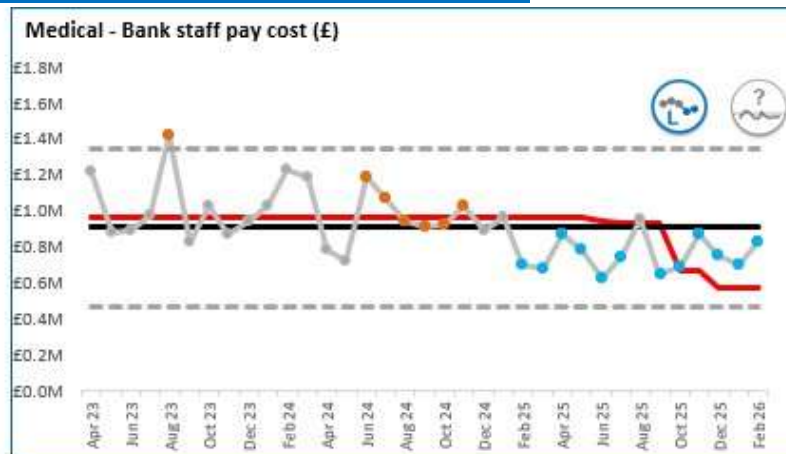
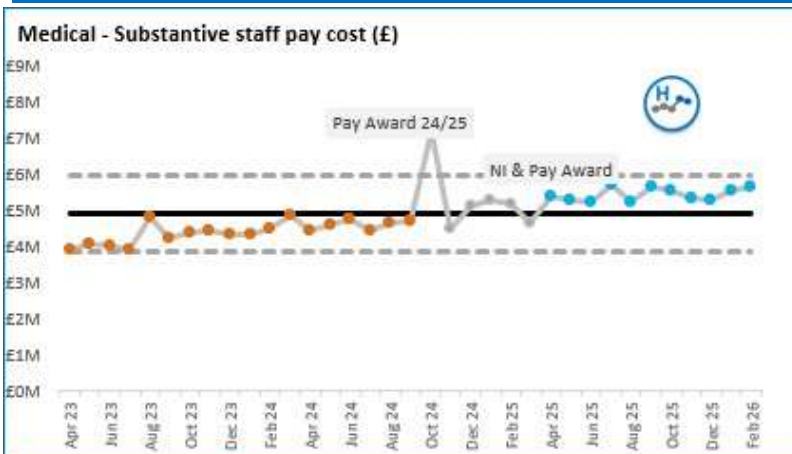
Agency staff worked (WTE)



- Substantive spend and WTEs have plateaued after recruitment to business cases and filling vacancies in a bid to bring down temporary staffing usage. Increase in Jul-25 substantive costs is due to additional Pay Award costs accrued into position and paid in Aug-25 (resulting in a spike in July for substantive £ SPC charts in the following slides as well)
- Within the reduction in costs on Bank is reduction in NHSP and Medical Bank rates in addition to usage due to recruitment, reduced variability and greater scrutiny
- Reliance on Agency staff continues to be low and trending downward

Workforce trend

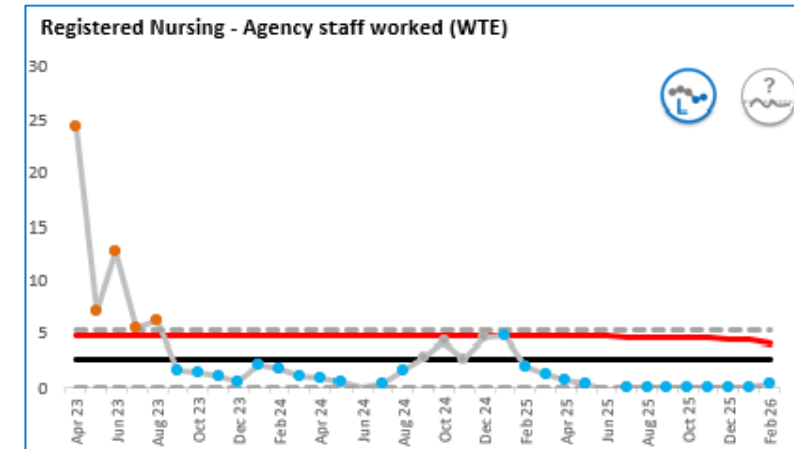
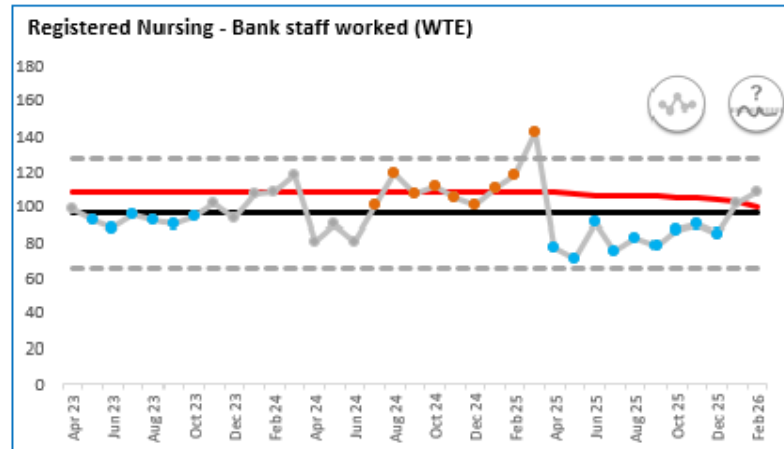
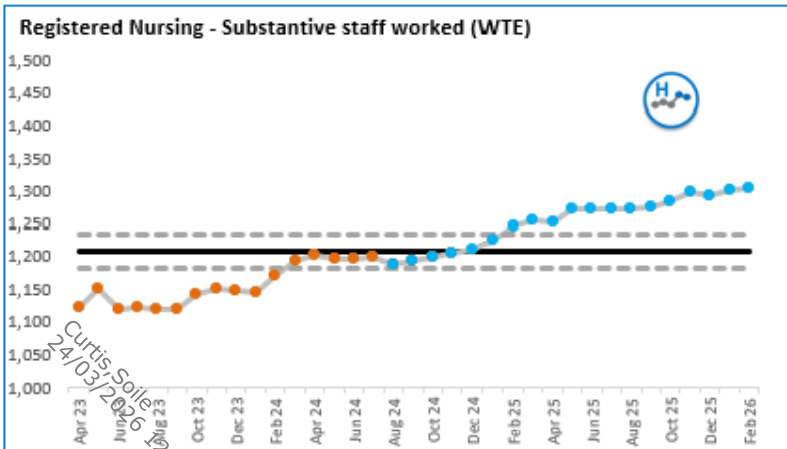
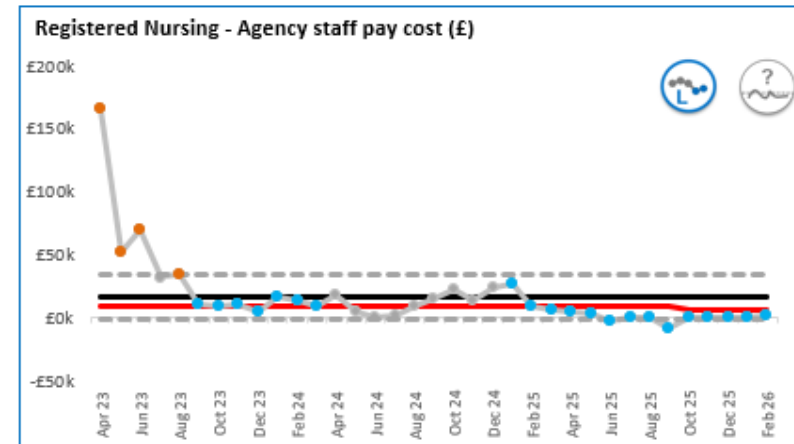
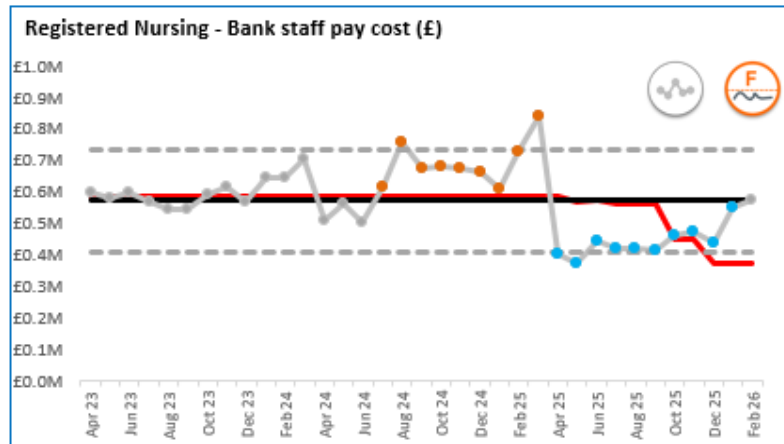
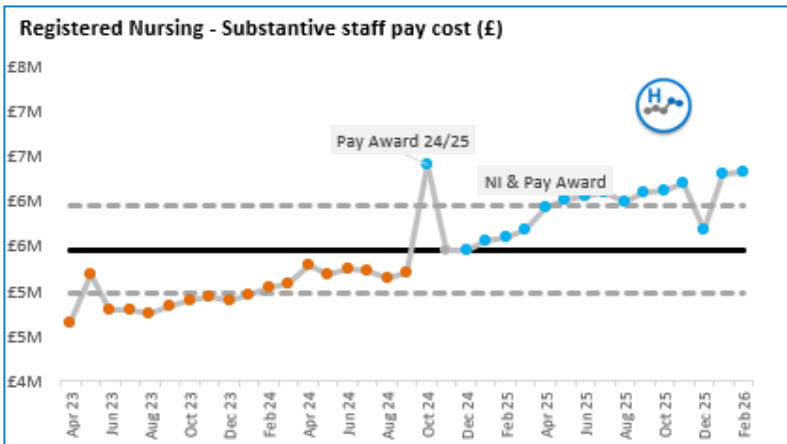
Medical Staff



- Recruitment to substantive medical vacancies resulting in an upward trend with a corresponding reduction in temporary staffing usage. Reduction in Medical Bank in May-25 and Jun-25 is linked to a reduction in rates as well as usage due to recent substantive recruitment of posts. Increase in Medical Bank costs in Nov-25 & Dec-25 is due to IA cover.

Workforce trend

Qualified Nursing and Midwifery



- Recruitment linked to substantive vacancies and ED business case has resulted in a decrease in Bank usage in recent months however this is off-set by an increase in Bank usage due to pressures and corridor care since Mar-25. Included within the reduction in Bank costs is de-escalation of NHSP rates from Apr-25 onwards. Increase in RN Bank costs in Oct-25 is linked to increase sickness in the month.
- There continues to be minimal reliance on Agency for RN backfill.



**Tameside and Glossop
Integrated Care**
NHS Foundation Trust

Trust Efficiency Programme

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Efficiency Programme at M11: In Year

Theme	In Month £000			YTD £000			In-year £000		In Year Forecast				Movement £000		Total Programme Including High Risk - £000			
	Plan	Actual Delivered	Variance	Plan	Actual Delivered	Variance	2025/26 TEP Target	Delivered FYE	Low (100%)	Medium (at 70%)	Total Trust Forecast (Excl High Risk)	GAP	Previous Gap	Change	Medium (30%)	High Risk	Total TEP Programme (Incl High Risk)	Revised GAP
Community Services	£58	£66	£8	£442	£685	£243	£500	£696	£40	£0	£736	£236	£216	£19	£0	£0	£736	£236
Clinical Support Services	£130	£180	£50	£1,401	£1,564	£163	£1,531	£1,691	£35	£0	£1,726	£195	£103	£92	£0	£0	£1,726	£195
Surgery / Women & Childrens	£349	£272	(£77)	£2,542	£3,367	£824	£2,891	£3,592	£24	£0	£3,616	£725	£536	£189	£0	£0	£3,616	£725
Medicine	£488	£376	(£112)	£3,237	£3,486	£249	£3,725	£3,780	£21	£0	£3,801	£76	(£164)	£239	£0	£0	£3,801	£76
Estates & Facilities	£92	£206	£114	£984	£1,125	£142	£1,076	£1,208	£105	£0	£1,313	£238	£123	£115	£0	£0	£1,313	£238
Performance & Informatics	£39	£59	£21	£424	£625	£201	£463	£657	£8	£0	£665	£203	£146	£57	£0	£0	£665	£203
Finance & Procurement	£10	£114	£104	£96	£375	£279	£106	£385	£7	£0	£392	£286	£119	£167	£0	£0	£392	£286
Operations	£8	£50	£42	£90	£529	£439	£98	£554	£0	£0	£554	£456	£413	£43	£0	£0	£554	£456
Trust Board	£6	£0	(£6)	£65	£0	(£65)	£71	£0	£13	£0	£13	(£58)	(£32)	(£26)	£0	£0	£13	(£58)
Human Resources	£10	£9	(£0)	£107	£109	£2	£117	£115	£2	£0	£117	£0	£0	(£0)	£0	£0	£117	£0
Nursing, Quality & Governance	£17	£231	£214	£188	£755	£567	£205	£770	£32	£0	£802	£598	£384	£214	£0	£0	£802	£598
Sub Total	£1,206	£1,564	£358	£9,576	£12,619	£3,043	£10,782	£13,449	£287	£0	£13,736	£2,954	£1,844	£1,110	£0	£0	£13,736	£2,954
Clinical Productivity / Independent Sector / Reduction in Premium Bank Spend / ERF	£1,141	£784	(£358)	£11,667	£9,194	(£2,473)	£12,808	£9,481	£373	£0	£9,854	(£2,954)	(£3,231)	£276	£0	£0	£9,854	(£2,954)
Total Trust TEP - 2025/26 Programme	£2,347	£2,347	£0	£21,243	£21,813	£570	£23,590	£22,930	£660	£0	£23,590	£0	(£1,387)	£1,387	£0	£0	£23,590	£0
2024/25 FYE - Delivered Schemes	£146	£146	£0	£1,604	£1,604	£0	£1,749	£1,749	£0	£0	£1,749	£0	£0	£0	£0	£0	£1,749	£0
GRAND TOTAL - 2025/26	£2,493	£2,493	£0	£22,846	£23,417	£570	£25,339	£24,679	£660	£0	£25,339	£0	(£1,387)	£1,387	£0	£0	£25,339	£0

Key messages:

- Month 11 delivered savings are **£2,493k** which is inline with plan.
- YTD position shows a delivery of **£23,417k** against a plan of **£22,846k** which is an over performance of **£570k**.
- The TEP Programme at Month 11 anticipates achievement of **£25,339k** in efficiency savings, which equates to **6.3% of operating expenditure**. This assumes the full delivery of the TEP for Financial Year 2025/26.
- Work continues to progress the remaining low risk schemes, c. **£660k** in savings.



Year to date **delivered** schemes totals **£23.4m (92% of plan)**.



In Year Forecast position to achieve full target of **£25.3m**



Total Programme savings **YTD** are above target by **£570k**.

Efficiency Programme at M11

Theme	In Month Recurrent £000			YTD Recurrent			Recurrent 2025/26 Forecast £000				Total Programme Including High Risk - £000					
	Plan	Actual Delivered	Variance	Plan	Actual Delivered	Variance	2025/26 Recurrent TEP Target	Delivered FYE	Low (100%)	Medium (at 70%)	Total Trust Forecast (Excl High Risk)	Recurrent GAP	Medium (30%)	High Risk	Total TEP Programme (Incl High Risk)	Revised Recurrent GAP
Community Services	£42	£11	(£30)	£458	£130	(£328)	£500	£142	£0	£0	£142	(£358)	£0	£0	£142	(£358)
Clinical Support Services	£128	£105	(£23)	£1,403	£1,166	(£238)	£1,531	£1,272	£0	£0	£1,272	(£259)	£0	£0	£1,272	(£259)
Surgery / Women & Childrens	£241	£224	(£16)	£2,650	£2,616	(£34)	£2,891	£2,853	£46	£0	£2,899	£8	£0	£0	£2,899	£8
Medicine	£310	£285	(£26)	£3,415	£3,184	(£231)	£3,725	£3,474	£0	£0	£3,474	(£251)	£0	£0	£3,474	(£251)
Estates & Facilities	£90	£162	£72	£986	£866	(£120)	£1,076	£944	£100	£0	£1,044	(£31)	£0	£0	£1,044	(£31)
Performance & Informatics	£39	£32	(£7)	£424	£331	(£93)	£463	£361	£0	£0	£361	(£102)	£0	£0	£361	(£102)
Finance & Procurement	£9	£10	£1	£97	£106	£9	£106	£116	£0	£0	£116	£10	£0	£0	£116	£10
Operations	£8	£26	£18	£90	£284	£194	£98	£309	£0	£0	£309	£211	£0	£0	£309	£211
Trust Board	£6	£0	(£6)	£65	£0	(£65)	£71	£0	£0	£0	£0	(£71)	£0	£0	£0	(£71)
Human Resources	£10	£9	(£0)	£107	£112	£5	£117	£122	£0	£0	£122	£5	£0	£0	£122	£5
Nursing, Quality & Governance	£17	£16	(£1)	£188	£188	£0	£205	£205	£0	£0	£205	£0	£0	£0	£205	£0
Sub Total - Divisions / Directorates	£898	£879	(£19)	£9,883	£8,982	(£901)	£10,782	£9,799	£146	£0	£9,945	(£837)	£0	£0	£9,945	(£837)
Clinical Productivity / Independent Sector / Reduction in Premium Bank Spend / ERF	£344	£288	(£57)	£3,785	£5,611	£1,825	£4,129	£6,121	£0	£0	£6,121	£1,992	£0	£0	£6,121	£1,992
Total Trust TEP - 2025/26 Programme	£1,243	£1,167	(£76)	£13,669	£14,592	£924	£14,910	£15,920	£146	£0	£16,066	£1,155	£0	£0	£16,066	£1,155
2024/25 FYE - Delivered Schemes	£146	£146	£0	£1,604	£1,604	£0	£1,749	£1,749	£0	£0	£1,749	£0	£0	£0	£1,749	£0
GRAND TOTAL - 2025/26	£1,388	£1,312	(£76)	£15,272	£16,196	£924	£16,660	£17,669	£146	£0	£17,815	£1,155	£0	£0	£17,815	£1,155

Key messages:

- Based on transacted schemes the Trust has delivered in full the recurrent TEP target for 2025/26 and is reporting recurrent savings at Month 11 is **£16,196k** which is 97% of the annual plan, **with a FYE of £17,669k**. The **FOT is £17,815k** which includes 'low risk' schemes to be transacted in month 12.
- Although the Trust did achieve its overall TEP target in 2024/25, clinical divisions underachieved by £2.9m and the decision was taken to for them to remain accountable for their individual TEP targets, and therefore this shortfall was included in 2025/26 opening plans and formed part of their budgets.
- At the conclusion of 2025/26, the £2.9m carry forward remains unachieved. The recommendation has been made to JET to remove this from the 2026/27 budgets in part of setting 2026/27 TEP targets.

Delivered the Annual Plan

£924k
above plan



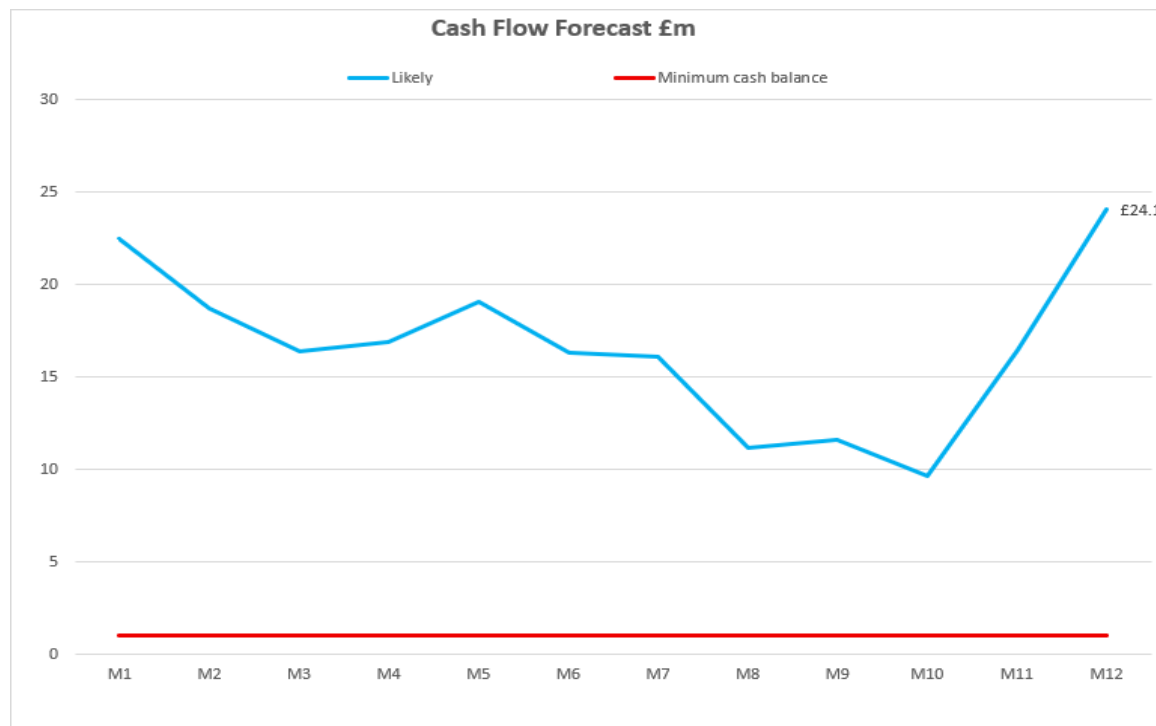
£146k (100% Green)

Total expected delivery £17,815 – Overperformance £1,155k above plan

Cash & Capital

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Cash



	Likely
Derbyshire ICB	£0.0
GM ICB FFF	£0.0
Revenue to capital	£1.5
EPR Revenue	£2.1
Deficit Support Q4	£7.9
ICB Settlement	£8.9
Closing Cash balance	£24.1
Month Cash Falls below minimum balance	N/A

- The cash balance at the end of February 2026 was **£16.44m**, representing a **£6.79m increase** compared with January. This movement is due to receiving **£6.1m** of PDC capital funding within the month. Capital creditors will be settled as invoices fall due.
- Settlement of **£8.9m** agreed with GM ICB.
- The forecast closing cash position has been prepared based on the most likely scenario.
- Deficit Support Funding (DSF) for the year has now been received by the Trust, **£31.77m**.

Better Payment Practice Code Number (BPPC)

Better Payment Practice Code

The Better Payment Practice Codes (BPPC) sets the target for 95% of all valid invoices to be paid within the agreed timeframe.

Performance against the standard is reported for both NHS and non-NHS number of invoices and value of invoices.

The number of total invoices paid within the period has slightly increased within month and are within BPPC target. All targets have increased in month; this is due to the Accounts Payable (AP) team proactively developing ways to monitor and flag transactions earlier to avoid breaching targets.

Better Payment Practice Code Number Non NHS- starting 01/04/24

Better Payment Practice Code Value £000's Non NHS- starting 01/04/24

Better Payment Practice Code Number NHS- starting 01/04/24

Better Payment Practice Code Value £000's NHS- starting 01/04/24

Better Payment Practice Code	BPPC - Month 10		BPPC - Month 11	
	Number	Value £000's	Number	Value £000's
Non NHS				
Total bills paid in the year	39,549	£158,477	43,648	£175,164
Total bills paid within target	38,295	£152,624	42,312	£168,783
Percentage of bills paid within target	96.83%	96.31%	96.94%	96.36%
NHS				
Total bills paid in the year	1,190	£53,238	1,323	£58,802
Total bills paid within target	1,113	£52,516	1,241	£57,968
Percentage of bills paid within target	93.53%	98.64%	93.80%	98.58%
Total				
Total bills paid in the year	40,739	211,715	44,971	233,966
Total bills paid within target	39,408	205,140	43,553	226,751
Percentage of bills paid within target	96.73%	96.89%	96.85%	96.92%

Key Points

- Total Capital Plan for 25/26 is £17.824m.
- Expenditure to date up to M11 is £12.195m, which is below plan for IFRS16 (£483k), and CDEL (£291k) and above plan for PDC (£355k). The Trust also received its fifth drawdown in relation the Salix Grant, the income received (£397k) was fully utilised in month.
- All funds for PDC has been received by the Trust.
- Schemes are being closely monitored by scheme leads and finance colleagues. Variance to schemes are reported to Capital Planning Group (CPG), who will subsequently recommend progression of high-risk schemes, which had previously been unaffordable.

Theme Lead	Scheme Description	Plan	In Month			YTD			Forecast		
		£000's	Budget £000's	Actual £000's	Var £000's	Budget £000's	Actual £000's	Var £000's	Plan £000's	Forecast £000's	Var £000's
Estates	Estates Schemes	156	-	9	- 9	156	111	45	156	139	17
Equipment	Equipment Schemes	425	-	94	- 94	473	204	269	425	351	74
IT	IT Schemes	1,084	-	-	-	1,084	1,072	12	1,084	1,072	12
MESD	MESD Schemes	2,100	-	272	- 272	2,100	2,135	- 35	2,100	2,823	- 723
Total Trust Core Capital Programme		3,765	-	375	- 375	3,813	3,522	291	3,765	4,385	- 620
Estates	UEC Capital incentive	1,500	-	21	- 21	-	1,486	- 1,486	1,500	1,500	-
Equipment	ROP Model and Camera Funding	69	-	-	-	-	69	- 69	69	69	-
System PDC		1,569	-	21	- 21	-	1,555	- 1,555	1,569	1,569	-
Finance	Lease liability remeasurement	3,200	-	673	- 673	3,200	2,717	483	3,200	2,717	483
IFRS 16		3,200	-	673	- 673	3,200	2,717	483	3,200	2,717	483
Operational Capital		8,534	-	1,069	- 1,069	7,013	7,794	- 781	8,534	8,671	- 137
Estates	PDC - Estates Safety Maternity	1,648	460	241	219	1,550	598	952	1,648	1,669	- 21
Estates	PDC - Estates Safety Phase 2	300	-	-	-	-	-	-	300	201	99
Estates	PDC - Estates Safety Maternity Phase 2	700	-	94	- 94	-	126	- 126	700	694	6
Estates	PDC - Elective Recovery	1,613	600	644	- 44	1,200	794	406	1,613	1,656	- 43
IT	PDC - Cyber Improvement Programme	220	-	127	- 127	-	193	- 193	220	220	-
Estates	Electric Vehicle Charger	210	-	-	-	-	-	-	210	210	-
IT	Digital Diagnostic Capability Programme	21	-	-	-	-	-	-	21	21	-
MESD	Maternity Triage Equipment	56	-	-	-	-	-	-	56	55	1
Information	PDC - Wayfinder funding	305	-	14	- 14	-	24	- 24	305	180	125
MESD	NW -Physiological Sciences	13	-	7	- 7	-	7	- 7	13	13	-
IT	PDC - Front Line Digitisation (EPR)	2,907	-	1,171	- 1,171	-	1,363	- 1,363	2,907	2,937	- 30
Public Dividend Capital		7,993	1,060	2,298	- 1,238	2,750	3,105	- 355	7,993	7,856	137
Salix Grant	Decarbonisation fund	1,297	124	397	- 273	1,144	1,296	- 152	1,297	1,297	-
Grants		1,297	124	397	- 273	1,144	1,296	- 152	1,297	1,297	-
Total Trust Capital Programme		17,824	1,184	3,764	- 2,580	10,907	12,195	- 1,288	17,824	17,824	-

Statement of Financial Position

	31st Jan 2026 £'000s	28th Feb 2026 £'000s
Total Non Current Assets	192,177	195,161
Current Assets		
Inventories	2,434	2,364
Trade & Other Receivables:-		
NHS Trade Receivables	5,024	4,557
Non NHS Trade Receivables	3,329	2,963
Provision for doubtful debt	(1,385)	(1,435)
Other Receivables	2,840	2,536
Accrued Income	(332)	862
Prepayments	5,330	3,732
Cash	9,651	16,441
Total Current Assets	26,891	32,020
Current Liabilities		
Trade & Other Payables:-		
Nhs Trade Payables	(3,830)	(3,083)
Non Nhs Trade Payables	(6,711)	(7,750)
Other Payables	(11,548)	(11,592)
Capital Creditors	(696)	(1,884)
Other Liabilities:-		
Accruals	(12,351)	(11,389)
Deferred Income	(2,881)	(3,675)
Obligations under PFI	(3,211)	(3,211)
Provisions Current	(168)	(168)
Obligations Under Rou Contract	(5,182)	(5,182)
Total Current Liabilities	(46,578)	(47,932)
Net Current Assets/Liabilities	(19,687)	(15,912)
Non Current Liabilities		
Other Financial Liabilities:-		
Obligations under PFI > 1yr	(72,654)	(72,606)
Provisions Non Current	(1,767)	(1,777)
Obligations Under Rou Contract >1yr	(9,634)	(9,840)
Total Non Current Liabilities	(84,055)	(84,223)
TOTAL ASSETS EMPLOYED	88,435	95,025
Financed By Taxpayers Equity		
Public Dividend Capital	221,888	228,050
Revaluation Reserve	63,449	63,449
Income & Expenditure Reserve	(186,662)	(186,662)
I&E reserve 2025/26	(10,240)	(9,812)
TOTAL TAXPAYERS EQUITY	88,435	95,025

Overall movement slide **29**.

I&E reserve £9,812 includes donated asset income and depreciation, impairment of assets and PFI technical adjustment that is adjusted to the Trust's financial performance YTD £8,587 relates to movement in deficit; further details on movement is on slide 29.

Run Rate – Analysis

13 Month Run Rate Trends - Rolling months - £000

Month	Non Current Assets £'000s	Current Assets £'000s	Current Liabilities £'000s	Non Current Liabilities £'000s	Total
Feb-25	204,605	38,364	(60,744)	(87,523)	94,701
Mar-25	198,643	32,238	(45,146)	(87,059)	98,675
Apr-25	197,529	35,337	(49,067)	(86,448)	97,351
May-25	196,651	32,856	(46,806)	(86,686)	96,016
Jun-25	195,691	33,714	(48,499)	(86,186)	94,719
Jul-25	196,208	32,521	(47,656)	(87,321)	93,752
Aug-25	195,119	32,465	(48,025)	(86,777)	92,783
Sep-25	194,433	27,327	(43,636)	(86,240)	91,884
Oct-25	192,095	26,557	(44,317)	(85,704)	88,403
Nov-25	191,511	26,311	(44,441)	(84,978)	88,403
Dec-25	190,879	25,560	(43,645)	(84,601)	88,192
Jan-26	192,177	26,891	(46,578)	(84,055)	88,435
Feb-26	195,161	32,020	(47,932)	(84,223)	95,025
Run-rate	195,439	30,935	(47,423)	(85,985)	92,967
Feb 26 v RR	(278)	1,084	(510)	1,761	2,058
% Mvmt	-0.1%	3.5%	1.1%	-2.0%	
Feb 26 v Jan 26	2,983	5,129	(1,354)	(168)	6,590

Key Movements:

M11 v run-rate £6,590k (favourable) movement

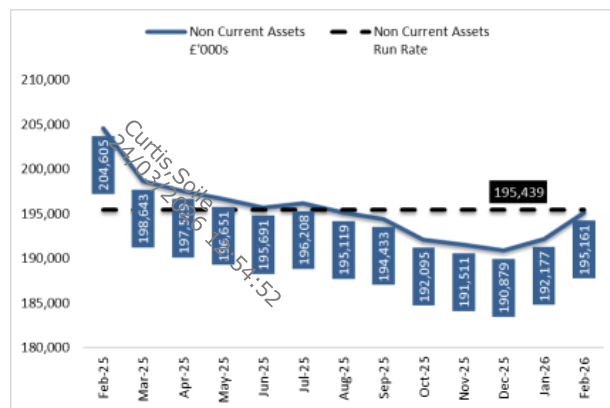
Non-Current Assets **£2,983k (favourable)** M10 to M11 is due to asset additions exceeding depreciation during the period.

Current Assets **£5,129k (favourable)** M10 to M11 movement is an increase in cash, circ. £6.8m (movement is due to receiving £6.1m of PDC capital funding within the month) offset with the release of NHS resolution expenditure which related to February.

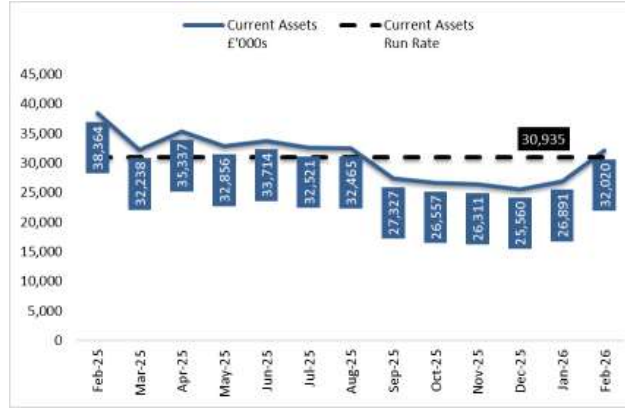
Current Liabilities **£1,354k (adverse)** the movement from M10 to M11 is in relation to an increase in accrued capital expenditure.

Non-Current Liabilities **£168k (adverse)** increase is in relation to Right Of Use (ROU) obligations.

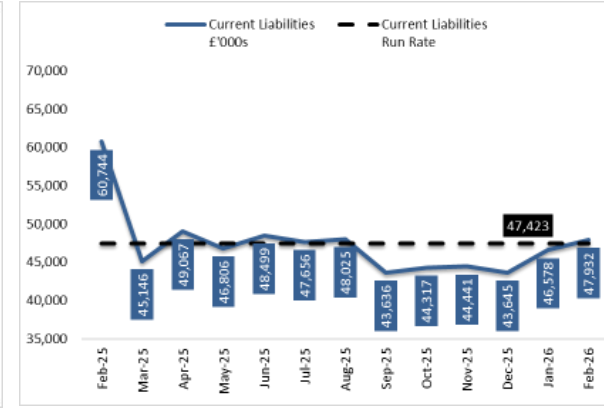
Non-Current Assets £000:



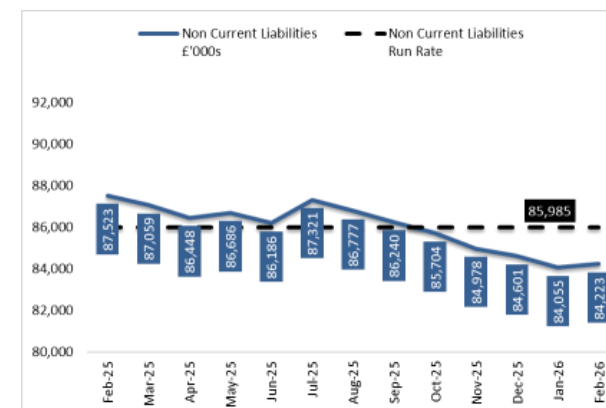
Current Assets £000:



Current Liabilities £000:



Non-Current Liabilities £000:



				SFT Paper	X
Meeting date	26 th March 2026	Joint Paper		TG ICFT Paper	
Meeting	Stockport NHS Foundation Trust (SFT) Board of Directors				
Report Title	Financial position Month 11 2025/26				
Director Lead	John Graham, Chief Finance Officer	Author	Kay Wiss, Director of Finance		

Paper For:	Information		Assurance	X	Decision	
Recommendation:	The SFT Board of Directors is asked to receive the Financial Position Report for Month 11 2025/26, to update on the current financial position in support of the Integrated Performance Report.					

The paper relates to the following CQC domains

	Safe		Effective
	Caring		Responsive
X	Well-Led	X	Use of Resources

Where issues are addressed in the paper

	Section of paper where covered
Equality, diversity and inclusion impacts	n/a
Financial impacts if agreed/not agreed	Whole paper
Regulatory and legal compliance	Whole paper
Sustainability (including environmental impacts)	n/a

Executive Summary

SFT The Trust has a planned deficit of £6.9m at the end of Month 11 and the Trust is in line with this plan. A detailed finance paper was presented to the Finance & Performance Committee on the 19th March 2026 and this paper is the summarised key extracts from that paper. From an overall plan perspective with the last month of the financial year to complete the Trust is forecasting a balanced year-end position. The Trust has transacted its full year savings target of £29.2m and at Month 11 £30.4m has been delivered in total for the year, which is £1.3m ahead of plan. £22.9m (112%) of the recurrent

requirement of £20.6m has been delivered.

Agency expenditure to Month 11 is £5.4m against a plan of £5.8m and therefore the required 30% reduction in-year has been delivered. Agency worked WTE has reduced from 65 in April 2025 to 27 in February 2026.

Bank costs to Month 7 are £26.8m against a plan of £28.3m and again the in-year reduction of 10% has been achieved. In month there has been a small increase in WTE which is driven by higher sickness and acuity.

The Trust's cash balance at the end of February 2026 was £33.5m against a plan of £30.4m. The Trust has received additional cash allocations linked to revenue and capital and at this stage of the year capital creditors are high, with an expectation of reduction in the first quarter of 2026/27.

The Trust has spent £14.7m on capital costs to Month 11 against a plan of £27.2m. The forecast is to deliver the plan of £30.8m for the year.

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Stockport Foundation Trust

Finance Report Month 11

2025/2026



John Graham - Chief Finance Officer

1.	Overall Financial Position & Forecast	Slides 3-5
2.	Income & Variable Activity Payments	Slides 6-9
3.	Workforce & Temporary Staffing	Slides 10-12
4.	Trust Efficiency Programme	Slide 13-14
5.	Cash, Capital & SoFP	Slides 15-20

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Key Messages

Summary of Financial Position

- After 11 months of the financial year the Trust is reporting a **breakeven position against plan** for system reporting purposes and a **net deficit of £6.9m**.
- The STEP target in year and recurrently as been delivered and exceeded.

Key Metrics

- **Both agency and bank spend are below plan in month and to date.** This means the respective target reduction of 30% for agency and 10% for bank have been delivered and exceeded, and would have been even better without industrial action cover.
- The cash balance at the end of February 2026 was **£27.2m**, which is £0.7m higher than plan.
- The Capital forecast for 2025/26 is in line with the £30.6m plan, with the on-going underspend risks being continually monitored and mitigated as required.
- WTE worked in February was 6,208 which is **40wte above plan**. This is the first time WTE has been above plan, driven by an in-month growth of 37 wte worked compared to last month. There are increased bank WTE due to sickness and whilst agency WTE has reduced, the overall reduction in temporary staffing is not sufficient to offset the substantive increase.

Forecast Outturn & Key Risks

Agreement has been reached at GM system level for an additional allocation of income which will enable the Trust to deliver the planned break-even position. This is a positive outcome, however without this additional support the Trust could not have delivered the plan, and it does not improve the underlying position for the Trust going into 2026/27.

Key risks ahead for 2026/27 are:

- **Resubmission of the plan** on 18/03/2026 following regional and national feedback. This is covered elsewhere on the agenda.
- Identification and delivery of the required **£26.8m recurrent CIP savings**. Spend needs to reduce by £2.23m every month, and schemes are not yet fully developed enough to deliver this from April 2026. Without these savings it is likely that the Trust will be unable to delivered the plan from M01 2026/27.
- **Cash:** As the plan exceeds the control total, the Trust will not receive deficit support funding (DSF) in 2026/27. Therefore there is a £37m requirement for revenue support from the summer, assuming delivery of the CIP in line with plan from April. Management of cash, hand in hand with grip and control of expenditure, is vital to allow the Trust to maintain cash balances and support borrowing requests.

Overall Financial Position

Income & expenditure Position	February 2026 (M11)			Year to Date			Forecast		
	Budget £m	Actual £m	Variance £m	Budget £m	Actual £m	Variance £m	Budget £m	Actual £m	Variance £m
Total Income	43.2	43.3	0.2	469.6	471.1	1.5	519.3	526.1	6.8
Substantive Staff	(28.7)	(28.5)	0.2	(309.9)	(308.9)	1.0	(337.5)	(337.2)	0.3
Bank Staff	(2.6)	(2.3)	0.2	(28.3)	(26.8)	1.5	(30.9)	(29.1)	1.8
Agency Staff	(0.5)	(0.3)	0.2	(5.8)	(5.4)	0.4	(6.3)	(5.8)	0.5
Pay Costs	(31.8)	(31.1)	0.7	(344.0)	(341.1)	2.9	(374.7)	(372.1)	2.6
Drugs	(1.8)	(1.9)	(0.1)	(22.8)	(22.9)	(0.0)	(24.9)	(25.0)	(0.1)
Clinical Supplies & Services	(2.3)	(2.8)	(0.5)	(26.4)	(29.7)	(3.3)	(28.7)	(32.4)	(3.7)
Other Non Pay Costs	(4.8)	(6.7)	(1.9)	(59.3)	(61.7)	(2.4)	(64.6)	(70.8)	(6.2)
Below the Line	(2.3)	(0.5)	1.8	(24.3)	(29.3)	(5.0)	(26.7)	(31.6)	(4.9)
Total Expenditure	(42.9)	(43.0)	(0.1)	(476.9)	(484.7)	(7.8)	(519.6)	(532.0)	(12.3)
TRUST SURPLUS / (DEFICIT)	0.3	0.3	0.0	(7.2)	(13.6)	(6.3)	(0.3)	(5.8)	(5.5)
System reporting adjustments	0.0	(0.0)	(0.0)	0.3	6.6	6.3	0.3	5.8	5.5
Adjusted financial performance surplus/(deficit) for the purposes of system achievement	0.3	0.3	(0.0)	(6.9)	(6.9)	0.0	0.0	0.0	0.0
Stockport Trust Efficiency Programme (STEP)	2.8	2.1	(0.7)	26.4	27.2	0.7	29.2	29.2	-
Efficiencies as % of expenditure	6.4%	4.9%		5.5%	5.6%		5.6%	5.5%	
Capital expenditure	(7.7)	(2.6)	5.1	(27.2)	(14.7)	12.5	(30.8)	(30.8)	-
Cash & equivalents				30.7	33.8	3.1	31.6	37.3	5.7

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Run Rate Analysis

Run Rate Trends - Rolling 15 months - £000s

Month	Income	Non-Pay	Pay	Total
Dec-24	40,629	(12,165)	(28,841)	(377)
Jan-25	39,868	(10,340)	(29,189)	339
Feb-25	40,154	(10,387)	(28,820)	947
Mar-25	64,303	(29,909)	(51,217)	(16,823)
Apr-25	41,342	(12,124)	(30,458)	(1,241)
May-25	41,976	(12,483)	(30,822)	(1,328)
Jun-25	42,602	(13,100)	(31,095)	(1,593)
Jul-25	43,602	(11,549)	(32,766)	(713)
Aug-25	41,614	(13,069)	(30,194)	(1,649)
Sep-25	42,578	(12,881)	(30,761)	(1,064)
Oct-25	42,387	(19,047)	(30,218)	(6,878)
Nov-25	43,885	(11,428)	(31,311)	1,146
Dec-25	44,655	(14,033)	(31,299)	(677)
Jan-26	43,128	(11,974)	(31,020)	134
Feb-26	43,345	(11,885)	(31,149)	311
FOT 2025/26	524,034	(157,808)	(372,062)	(5,836)

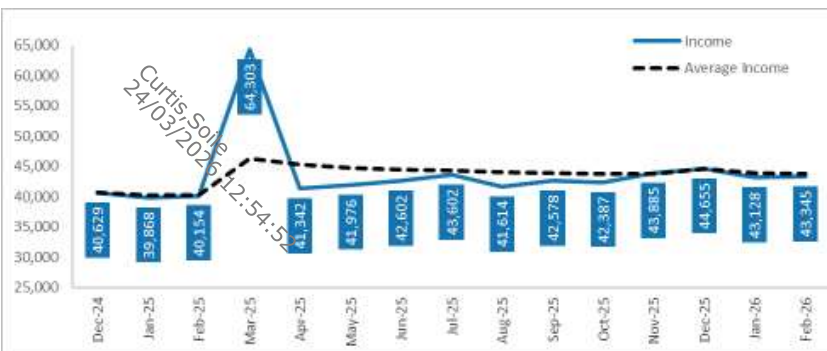
Previous Month Actuals	43,128	(11,974)	(31,020)	134
M11 Actuals	43,345	(11,885)	(31,149)	311
Movement (M11 v M10)	218	89	(129)	177
% Movement	0.5%	-0.7%	0.4%	

Key Movements

The graphs and tables in this slide give a rolling 15-month view of income, pay and non-pay expenditure trends.

These show that income, pay and non-pay are in line with seasonal trends, with the £7.1m asset transfer of the Meadows taking place in October as previously reported. Next month adjustments required for annual accounts reporting will show spikes similar to last March, but this is purely a reflection of mandated notional income and expenditure reporting requirements and not a change to the underlying position.

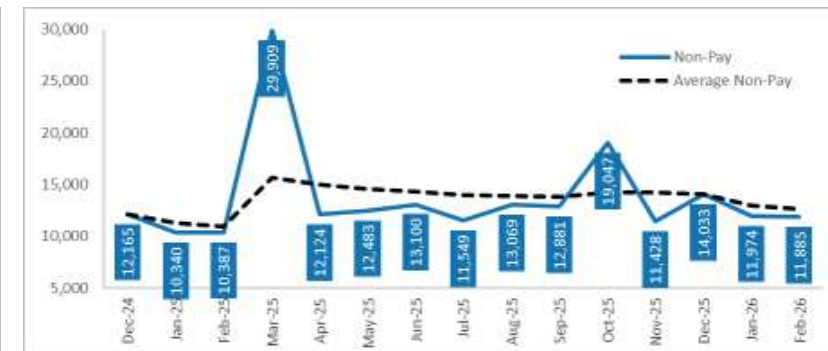
Income £000s



Pay £000s



Non-Pay £000s



Income & Variable Activity Payments

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Income Position

Income & expenditure Position	February 2026 (M11)			Year to Date			Forecast		
	Budget £m	Actual £m	Variance £m	Budget £m	Actual £m	Variance £m	Budget £m	Actual £m	Variance £m
Greater Manchester ICB (Core and delegated)	32.6	32.7	0.0	359.8	361.1	1.2	393.2	398.7	5.5
Derby and Derbyshire ICB (Core and delegated)	3.2	3.0	(0.2)	35.4	35.4	(0.0)	38.6	38.6	(0.0)
Cheshire and Merseyside ICB (Core and delegated)	1.8	1.8	(0.0)	20.3	20.2	(0.1)	22.1	22.1	(0.0)
Specialised Commissioning	0.1	0.3	0.2	3.0	3.3	0.3	3.3	3.6	0.4
Low value activity	0.2	0.2	0.0	1.8	1.8	0.0	1.9	1.9	0.0
Local Authority	0.5	0.5	0.0	6.2	6.3	0.1	6.8	6.8	0.1
Injury cost recovery scheme	0.1	0.1	0.0	0.6	0.8	0.2	0.7	1.0	0.3
Other income from patient care	0.0	0.0	(0.0)	0.3	0.3	(0.0)	0.3	0.3	(0.0)
Clinical Income from Patient Care Activities	38.6	38.6	(0.0)	427.4	429.1	1.7	466.9	473.0	6.1

The clinical income year-to-date position is favourable to plan by £1.7m. The Trust year end forecast is £6.1m favourable to plan for year end linked to additional income allocations expected at year end to delivered the break-even position.

The main variances to the year-to-date plan are:

- GM ICB pass through income from NHSE to support industrial action costs £1.3m.
- Income offset to fund divisional drug overspend £0.2m
- An increase in RTA claims £0.2m

Income and expenditure have been adjusted in month to reflect the Phase 2 Neuro-rehab service transfer to NCA from March 2026.

Contract Performance – Variable Activity

Clinical Income	Year to Date at February 2025									
	Activity Actuals vs Activity Plan					Price Actuals vs Price Plan				
	Activity Plan	Activity Actual	Activity Variance	%	% change from Jan	Price Plan	Price Actual	Price Variance	%	% change from Jan
						£m	£m	£m		
Day Case	29,620	32,237	2,617	9%	0%	26.0	28.4	2.3	9%	0%
Elective	5,577	5,078	(499)	-9%	0%	23.5	21.1	(2.4)	-10%	1%
Elective Excess Bed Days	793	598	(195)	-25%	-2%	0.3	0.2	(0.1)	-26%	-2%
Outpatient Procedure	39,965	45,957	5,992	15%	0%	8.6	9.7	1.1	12%	0%
Outpatient First Attendance	96,888	94,991	(1,897)	-2%	1%	21.0	20.8	(0.2)	-1%	1%
Sub Total - Elective Plan	172,844	178,861	6,017			79.4	80.1	0.7	1%	1%
Drugs	-	-	-	0%	0%	12.4	13.1	0.7	6%	-1%
Devices	-	-	-	0%	0%	1.7	2.5	0.9	52%	0%
Other Variable	1,995	1,692	(303)	-15%	9%	0.7	0.7	(0.1)	-10%	2%
Sub Total - Other Variable	1,995	1,692	(303)			14.8	16.2	1.5	10%	-1%
Total - Variable	174,839	180,553	5,714			94.2	96.4	2.2	2%	0%

The elective plan is showing overperformance of £0.7m to the end of February, an in month improvement of £0.55m. This has not been factored into the financial position due to volatility of income streams. The information is based on actual activity.

Key areas of underperformance continue in elective inpatients for trauma and orthopaedics and urology. This has been offset by day case overperformance in endoscopy, general surgery and gynaecology.

There is an overperformance against plan of £0.9m for devices and on drugs of £0.7m. In line with ICB discussions and national guidance this is being treated as pass through; corresponding expenditure budgets have been set to cover the net increase in expenditure.

Contract Performance – Variable Activity Forecast Scenarios

Clinical Income - Elective Plan	ICB Annual Contract Plan £m	Year to Date at February 2025 Price Actuals vs Price Plan				
		ICB Contract Plan £m	Price Actual £m	Price Variance %		% change from Jan
NHS Greater Manchester ICB	66.0	60.2	60.2	0.1	0%	0%
NHS Derby & Derbyshire ICB	9.4	8.6	9.6	1.0	12%	3%
NHS Cheshire & Merseyside ICB	5.8	5.3	5.1	(0.2)	-4%	1%
Spec Comm / Other NHSE	5.0	4.8	4.6	(0.2)	-4%	8%
Other	0.9	0.6	0.6	0.0	4%	-5%
Total - Elective Plan	87.1	79.4	80.1	0.7	1%	1%

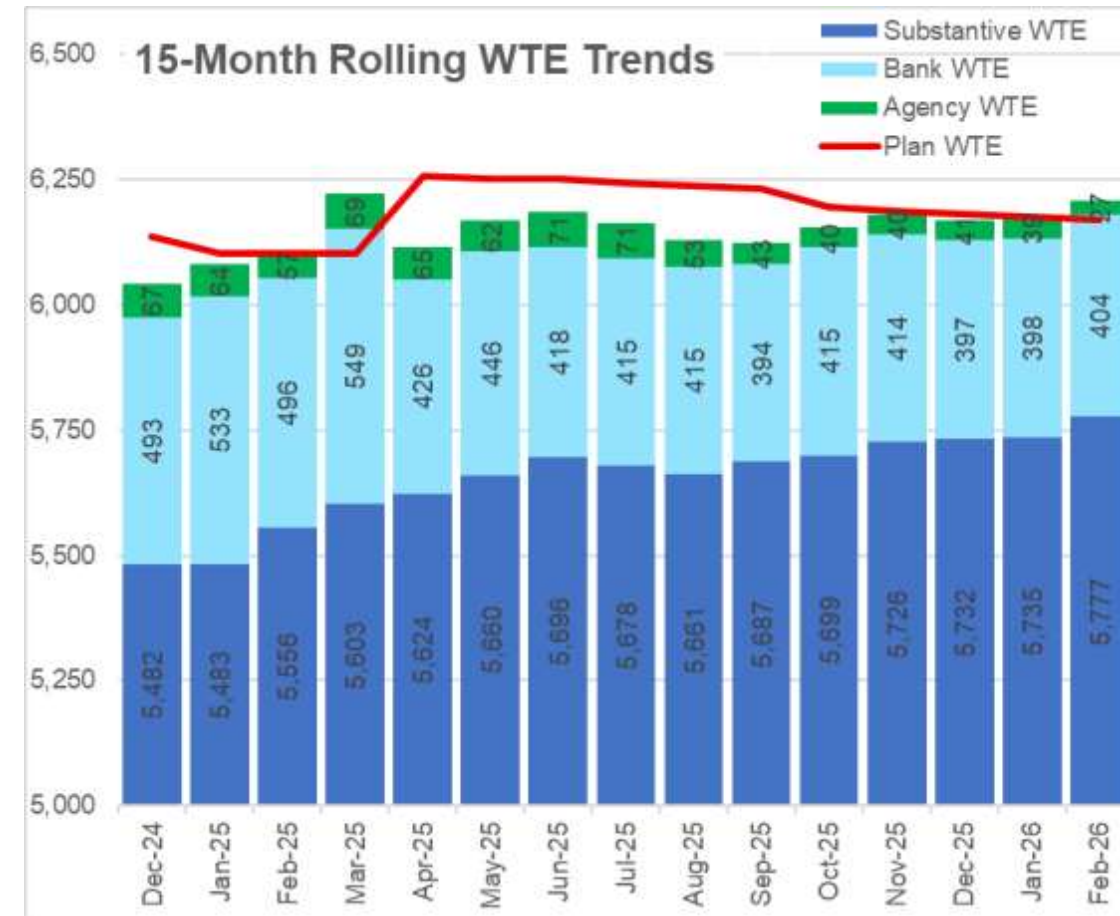
As previously stated, elective activity under / over performance is not currently factored into the Trust financial position due to volatility of income streams.

GM ICB now have additional funds available to support increased activity in Q4. They have proposed a year end settlement for elective variable income and drugs & devices which is in line with Trust expectations, but this is not a full and final agreement. This calculation is an upside risk for the Trust that additional income may be received in 2026/27 relating to 2025/26 when the activity and income position for March is reconciled.

Workforce & Temporary Staffing

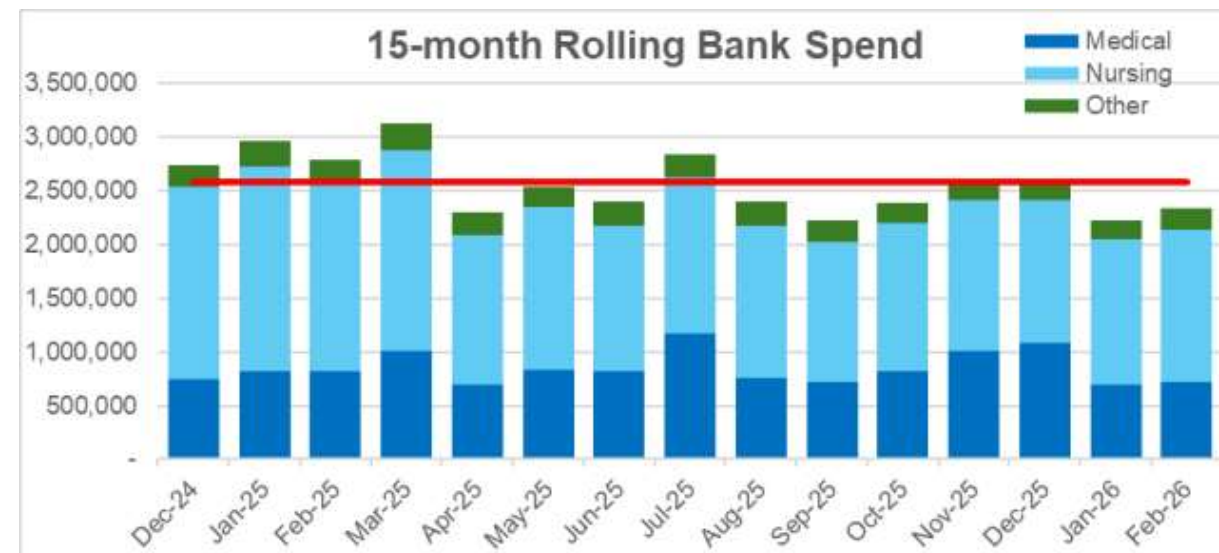
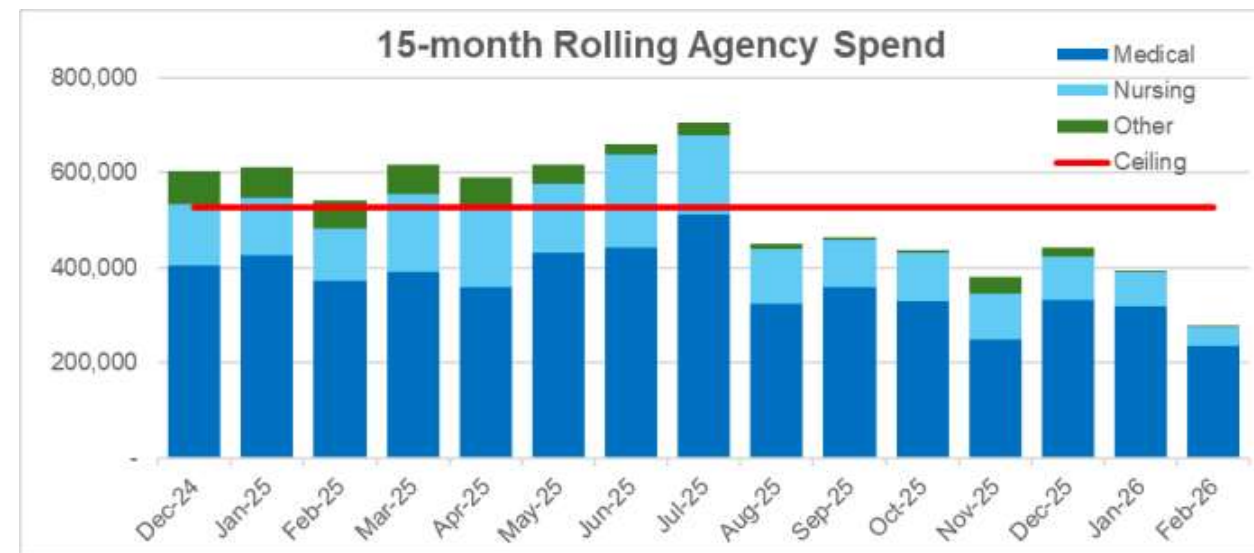
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Staff and WTE reconciliation - WTE



For the first time in 2025/26 the Trust is now above plan for WTE worked. This is due to a 43 wte increase in substantive staff in month, spread across all staff groups. Agency WTE have reduced by 11.5wte from last month, but bank staff have risen for the second month running. Healthroster analysis shows that this will spike further in March as annual leave has not been equitably taken throughout the year and there is a backlog to take in March, notably in ED and on the wards. This is under review.

Staff and WTE reconciliation - £



February agency costs are £0.3m, which is almost half what it was last February. This is now well below the in-year ceiling. Forecast agency spend in 2025/26 is now £5.8m, and the ceiling for 2026/27 is £3.8m. The Trust has not committed to delivering this ceiling until the final quarter, with a full year plan of £4.4m. If spend continues at February's reduced level, then the Trust's plan for 2026/27 will be delivered and could potentially deliver the NHSE ceiling value.

February bank costs are £2.3m, which is again below the in-year ceiling, however this has risen slightly as there has been an increase in short term sickness.

Forecast bank spend in 2025/26 is now £29.1m, and the ceiling for 2026/27 is £23.7m. The Trust has not committed to delivering this ceiling until the final quarter, with a full year plan of £25.8m. Firm plans are not yet in place to reduce spend to this level, and if spend continues at February's level the Trust may exceed its internal plan as well as the external ceiling.

Trust Efficiency Programme

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STEP (Stockport Trust Efficiency Programme)

The in year and recurrent STEP targets have been delivered and exceeded.

For external reporting purposes STEP is reported in line with plan in year; however, divisions are encouraged to keep transacting in year schemes to support identification of non-recurrent underspends being removed from individual cost centre positions in year and prompt recurrent review.

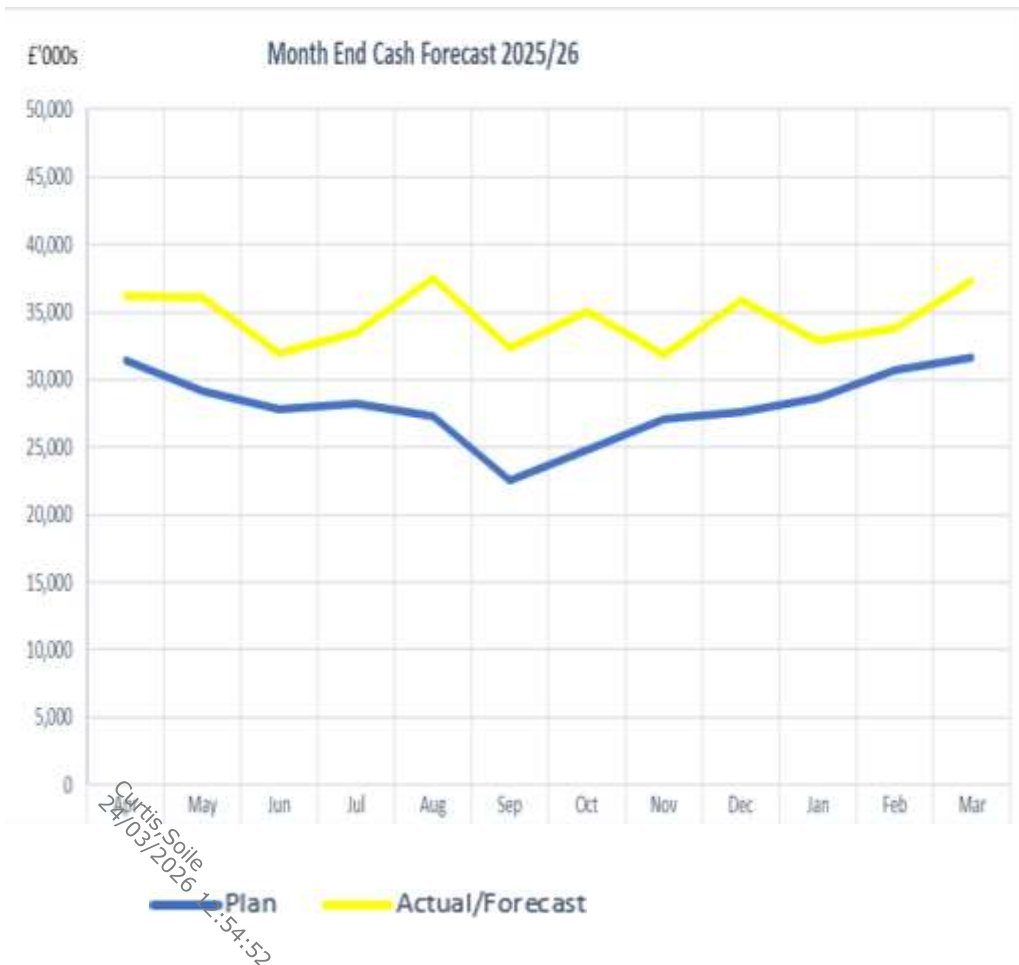
Planned establishment reduction for STEP in 2025/26 was 49.7 WTE. 55.4 WTE has been removed directly linked to STEP schemes, an increase of 1.17 WTE from last month with the Surgery division management restructure.

			2025/26 In Year £'000						2025/26 Recurrent £'000							
Division	Target YTD	Delivered YTD	Target - FYE	Delivered	Green	Amber	Red	Gap	% Identified	Target Recurrent	Delivered	Green	Amber	Red	GAP	% Identified
Medicine and Urgent Care	4,521	4,470	4,933	4,933	-	-	-	(0)	100%	3,476	4,344	-	-	-	(868)	125%
Surgery	3,564	3,564	3,889	3,833	36	20	-	(0)	100%	2,740	2,852	-	-	-	(112)	104%
Women & Children	2,017	3,008	2,228	3,177	-	-	-	(949)	143%	1,570	3,134	-	-	-	(1,564)	200%
Integrated Care	1,700	2,128	1,854	2,291	-	-	-	(437)	124%	1,307	1,190	-	-	-	117	91%
Clinical Support Services	2,081	2,563	2,305	2,712	-	-	-	(407)	118%	1,624	2,144	-	-	-	(520)	132%
Estates & Facilities	1,347	706	1,470	756	-	-	-	714	51%	1,036	485	-	-	-	551	47%
Corporate	1,491	1,515	1,627	1,658	-	-	-	(31)	102%	1,146	1,003	-	-	-	144	87%
Sub-total Divisions	16,723	17,954	18,306	19,362	36	20	-	(1,112)	106%	12,899	15,151	-	-	-	(2,252)	117%
General Trust	9,719	10,372	10,894	11,068	-	-	-	(174)	102%	7,676	7,809	-	-	-	(133)	102%
TOTAL	26,442	28,326	29,200	30,429	36	20	-	(1,285)		20,575	22,960	-	-	-	(2,385)	
TOTAL IDENTIFIED		28,326	TOTAL IDENTIFIED		30,485		TOTAL IDENTIFIED		22,960		TOTAL IDENTIFIED		22,960		TOTAL IDENTIFIED	
YTD gap		(1,884)	In Year gap		(1,285)		Recurrent gap		(2,385)		Recurrent gap		(2,385)		Recurrent gap	
% Identified		107%	% Identified		104%		% Identified		112%		% Identified		112%		% Identified	

Cash, Capital & PFI

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Cash 2025/26



Cash balances at the end of February were £33.8m - £33.5m for the Trust and £0.2m for the Pharmacy Shop. This is an increase of £0.9m from January, and £3.1m favourable to plan.

The cash forecast has been updated based on current run rate, known cash commitments with a forecast balance at the end of March 2026 of £37.3m. The Trust has continued to receive payment of Q4 Deficit Support Funding (DSF). It is important to note that the approval of DSF is still subject to clawback in the event the system fails to deliver the 2025/26 financial plan. The year end forecast balance is an increase of £7.8m from the figure reported previously.

The £2.1m reduction in depreciation funding has not been transacted in year and will now be included in the forecast for repayment in 2026/27. The Trust also received an additional £3.9m ICB funding in March. The year end forecast does assume a repayment of capital PDC of £3.1m (largely relating to Aseptic Scheme) in March however confirmation of repayment details are still yet to be received.

Capital creditors at the end March 2026 are forecast to be £15.6m.

Cash 2026/27

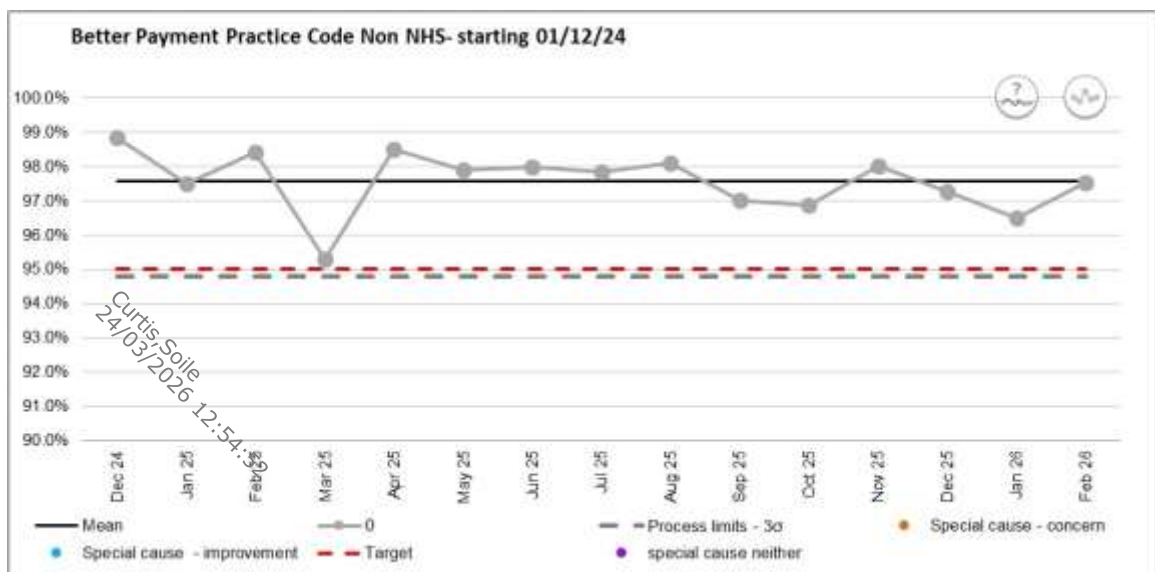
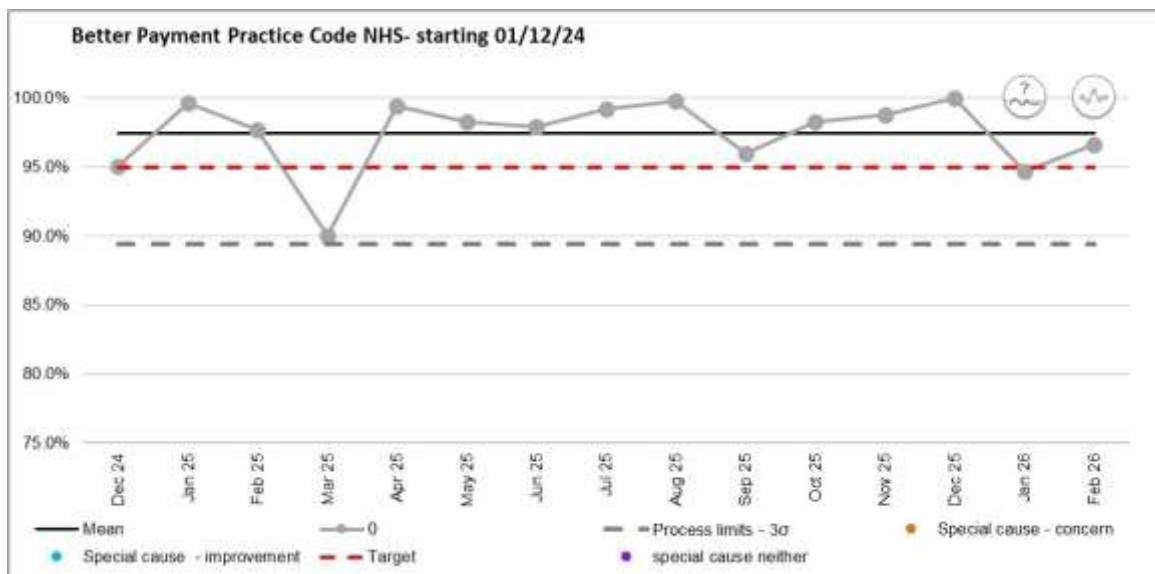


This graph outlines the forecast cash position for 2026/27 as submitted in the February plan, alongside an updated indicative forecast based on initial cashflow estimates.

The plan includes PDC revenue support of £37m, and the forecast shown reflects the receipt of this PDC in line with the submitted February plan, with drawdown commencing from August 2026.

This forecast will be subject to further review and assessment by the Cash Monitoring Group as part of the ongoing refresh of the Trust's cashflow forecasts and in line with a revised plan submission scheduled for 18th March 2026.

Better Payments Practice Code



- The Better Payment Practice Codes (BPPC) sets the target for 95% of all valid invoices to be paid within the agreed timeframe.
- Performance against the standard is reported for both NHS and non-NHS invoices, as shown as a trend in the charts opposite and summary in the table below.

Better payment practice code	BPPC M09		BPPC M10		BPPC M11	
	Number	Value £000's	Number	Value £000's	Number	Value £000's
Non NHS						
Total Bills paid in the year	4322	15865	5,293	21,773	4,076	20,172
Total bills paid within target	4204	15788	5,107	19,792	3,975	19,347
Percentage of bills paid within target	97%	99%	96%	91%	98%	96%
NHS						
Total Bills paid in the year	498	518	769	1,553	536	2,736
Total bills paid within target	498	518	728	813	518	2,621
Percentage of bills paid within target	100%	100%	95%	52%	97%	96%
Total						
Total Bills paid in the year	4820	16383	6,062	23,326	4,612	22,908
Total bills paid within target	4702	16305	5,835	20,605	4,493	21,968
Percentage of bills paid within target	98%	99%	96%	88%	97%	96%

Capital Summary

	February 2026 (M11)			Year to Date			Forecast		
Division £m	Budget £m	Actual £m	Variance £m	Budget £m	Actual £m	Variance £m	Budget £m	Actual £m	Variance £m
Estates	(3.2)	(1.0)	2.2	(15.9)	(9.2)	6.7	(16.8)	(16.8)	-
Equipment	(0.2)	(0.5)	(0.3)	(1.8)	(2.0)	(0.2)	(3.4)	(3.4)	-
Digital	(4.3)	(0.8)	3.5	(8.7)	(2.7)	6.0	(9.8)	(9.8)	-
Sub-total	(7.7)	(2.4)	5.3	(26.5)	(13.9)	12.5	(30.0)	(30.0)	-
IFRS16	-	(0.2)	(0.2)	(0.8)	(0.8)	-	(0.8)	(0.8)	-
Total Capital	(7.7)	(2.6)	5.1	(27.2)	(14.7)	12.5	(30.8)	(30.8)	-

Key Points

- The forecast capital expenditure in March is £16.1m.
- Weekly meetings are now in place throughout March to manage the forecasts, ensuring delivery and identifying concerns and risks as they arise.
- The plan has increased by £0.159m following disposal of existing leases (Regent House & South Reddish). Under NHSE capital guidance the Net Book Value from the disposal can be utilised as part of internal capital budgets.

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Statement of Financial Position

	As at 31/03/2025 £000's	As at 28/02/2026 £000's
Total Non-current assets	243,326	238,913
Current assets and (Liabilities)		
<i>Inventories</i>	951	969
<i>Trade receivables and accrued income</i>	15,184	24,039
<i>Assets held for sale</i>	7,050	-
<i>Cash and cash equivalents</i>	36,725	33,542
<i>Current liabilities</i>	(69,480)	(76,641)
<i>Provisions</i>	(1,443)	(1,305)
Net Current Assets/Liabilities	(11,012)	(19,395)
Total Assets Less Current Liabilities	232,313	219,518
Non-current (Liabilities)		
<i>Borrowings: leases</i>	(8,040)	(8,391)
<i>Borrowings: DHSC Capital Loans</i>	(12,223)	(10,812)
<i>Provisions</i>	(2,789)	(2,789)
Total Non Current Liabilities	(23,052)	(21,992)
Total Assets Employed	209,261	197,526
Financed By Taxpayers Equity		
<i>Public dividend capital</i>	262,692	264,508
<i>Revaluation reserve</i>	59,614	59,614
<i>Income and expenditure reserve</i>	(113,046)	(126,597)
Total Taxpayers Equity	209,261	197,526

- The increase in receivables includes prepayments totalling £3.6m. Significant prepayments includes clinical negligence insurance, business rates, IT Software contracts, theatre maintenance contracts and business rates.
- Current liabilities include a £3m accrual for the PDC dividend payable in March; a £1.7m refund of this payment is expected in 2026/27 and has been recognised within receivables.
- Current liabilities as at month 11 includes £3.8m for payment for Electricity (scheduled to be paid by the end of Quarter 1 2026/27), and £2.1m for the repayment of depreciation funding which is now expected to be repaid in 2026/27.

				SFT Paper	
Meeting date	26 th March 2026	Joint Paper	X	TG ICFT Paper	
Meeting	Tameside & Glossop Integrated Care NHS Foundation Trust (TG ICFT) Board of Directors Stockport NHS Foundation Trust (SFT) Board of Directors				
Report Title	Opening Budgets 2026/27 – Update				
Director Lead	John Graham, Chief Finance officer	Author	Kay Wiss, Director of Finance Andrew Budory, Director of Finance		

Paper For:	Information	X	Assurance		Decision	X
Recommendation:	Due to the delay in the approval of the final annual financial plan for 2026/27 for both organisations, the Boards of Directors are not able to formally approve the opening budgets for the year prior to the 1st April 2026. The TG ICFT Board of Directors is asked to: - Confirm the current position - Confirm that the directors have the approved authority to operate under the Standing Financial Instructions and Scheme of Reservation & Delegation. The SFT Board of Directors is asked to: - Confirm the current position - Confirm that the directors have the approved authority to operate under the Standing Financial Instructions and Scheme of Reservation & Delegation.					

The paper relates to the following CQC domains

	Safe		Effective
	Caring		Responsive
X	Well-Led	X	Use of Resources

Where issues are addressed in the paper

	Section of paper where covered
Equality, diversity and inclusion impacts	n/a
Financial impacts if agreed/not agreed	Whole paper
Regulatory and legal compliance	Whole paper
Sustainability (including environmental impacts)	n/a

Executive Summary

Both Trusts have submitted a three year financial plan commencing in 2026/27 subject to further discussion with GM ICB and NHSE. The latest version of the plans was submitted on the 18th March 2026.

Both sets of plans comply with a control total in Year 3 but not in years 1 and 2; this is the subject of further discussion.

Due to the timing delay in confirmation and approval of the plans, the Board of Directors for both organisations are not able to formally approve the opening budgets for the year 2026/27 prior to the 1st April 2026. The Boards of Directors are asked to confirm that the directors have the approved authority to operate under the Standing Financial Instructions and the Scheme of Reservation and Delegation (which have previously received Board of Directors approval).

For assurance all the budgets within financial ledgers reconcile to the annual plan and indicative savings targets have been shared based on the productivity and efficiency metrics, as well as divisional requirements. These have been presented in previous planning updates to the Finance & Performance Committees.

Once the final plans are agreed a further update paper will be presented to the Joint Finance & Performance Committee and to the Joint Board.

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Tameside and Glossop Integrated Care NHS Foundation Trust

Meeting date	26 th March 2026	Public	x	Confidential		Agenda item
Meeting	Tameside & Glossop Integrated Care NHS Foundation Trust (TG ICFT) Board of Directors					
Title	TG ICFT Board Resolution - Revenue Support 2026/27					15.1
Lead Director	John Graham, Chief Finance Officer					
Author	Lindsey Hulme, Assistant Director of Finance					

Recommendations made/ Decisions requested.

The Board are requested to ratify the Board Resolution attached in Appendix A.

This paper relates to the following Strategic Objectives-

	1	Deliver personalised, safe, and caring services
	2	Support the health and wellbeing needs of our community and colleagues
	3	Develop effective partnerships to address health and wellbeing inequalities
	4	Develop a diverse, talented, and motivated workforce to meet future service and user needs
	5	Drive service improvement through high quality research, innovation, and transformation
x	6	Use our resources efficiently, effectively, and sustainably
	7	Develop our Estate and Digital infrastructure to meet service and user needs

The paper relates to the following CQC domains-

	Safe		Effective
	Caring		Responsive
	Well-Led	x	Use of Resources

This paper is related to these BAF risks-	

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Where issues are addressed in the paper-

	Section of paper were covered
Equality and Diversity impacts	N/A
Financial impacts if agreed/ not agreed	N/A
Regulatory and legal compliance	N/A
Sustainability (including environmental impacts)	N/A

Executive Summary

The purpose of this report is to update the Trust Board on the position regarding the 2026/27 Interim Revenue Support arrangements provided by the Department of Health & Social Care (DHSC).

Recommendation

The Board is asked to ratify the Board Resolution set out in *Appendix A*, which recommends that the Trust submits multiple requests for Public Dividend Capital (PDC) revenue support during 2026/27, up to a maximum value of **£23,000,000**.

Approval of this resolution will give the Trust the authority and flexibility to draw down revenue support if required. This approach reflects the current cashflow scenario in which the Trust does not receive DSF allocation.

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Tameside and Glossop Integrated Care NHS Foundation Trust

Revenue Support – 2026/27 Arrangements

Purpose

The purpose of this paper is to inform the Trust Board of the position regarding the 2026/27 Interim Revenue Support arrangements from the Department of Health & Social Care (DHSC) and to request Board ratification of the associated Board Resolution (Appendix A).

Background

The Trust has submitted its financial plan for 2026/27, reporting a deficit for financial performance of **£35.2m** excluding any Deficit Support Funding (DSF). This does not comply with the required NHSE control limit, and it is yet to be confirmed whether the Trust is to receive deficit support funding.

As set out in the NHS finance business rules 2026/27 guidance, Trusts are assumed to deliver a breakeven revenue position as individual bodies. This reflects a change from the 2025/26 NHS finance business rules where NHS trusts were required to support the delivery of breakeven in aggregate across their system. There is an assumption if organisations are delivering plans, there should be no need for additional cash support, and Trusts can expect any requests to come with additional scrutiny and potential escalation.

In line with DHSC requirements, the Trust is required to access interim revenue support through monthly applications. The DHSC issues personalised revenue support documentation each month, and submissions must be accompanied by:

- Board Resolution
- Completed revenue support templates
- Working capital information
- Updated cash flows
- A detailed utilisation request

Key Financial Risks

The Trust's 2026/27 financial plan contains significant risks which will be monitored and reported to the Board through the monthly finance reports. These include:

Cost Improvement Programme (CIP) Delivery

- The plan assumes a **5.2% CIP requirement** for 2026/27.
- A material proportion of CIP remains **unidentified** at this stage.

System Support

Delivery of the planned position will require continued support from system partners and commissioners to mitigate emerging pressures. To achieve the 26/27 Plan, it forecasts a £2.0m revenue to capital transfers, £3.7m of Strategic Commissioning reserve from Greater Manchester ICB, and £3.9m of income from Derbyshire ICB in month twelve, also additional TEP of £0.8m.

These risks create a financial challenge which is likely to require access to DHSC revenue support to maintain liquidity throughout the year.

There is still a presumption that Trusts requiring cash should first discuss requirements with the region to assess whether neighbours can provide cash, via intra provider cash transfer.

Revenue Support Requirements

The Trust must **apply monthly** for interim revenue support. The current Board Resolution authorises applications based on a cash flow scenario assuming **no receipt of DSF**.

Approval of the updated resolution provides the Board's authority for the Trust to access revenue support should it be required during the year. Importantly:

- Approval **does not oblige** the Trust to draw down funding.
- Utilisation of revenue support will be based solely on **actual cash requirements** and the prevailing financial position.

The approved resolution must be signed by the **Chair** and **Chief Executive** prior to submission to DHSC.

Appendix A

The Board Resolution for approval is provided at **Appendix A**. Once ratified, this will form part of the documentation submitted to DHSC to support draw-down of revenue Public Dividend Capital (PDC).

Recommendation

The Board is asked to:

- **Ratify the Board Resolution** attached at Appendix A.

John Graham
Chief Finance Officer
19th March 2026

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Appendix A

Board Resolution

Statement from the Chair and Chief Executive of Tameside and Glossop Integrated Care NHS Foundation Trust regarding Trust Board approval of Revenue Public Dividend Capital (PDC) Support

We certify that a paper was presented to the Trust Board on **Thursday 26 March 2026** setting out the proposed Revenue Public Dividend Capital (PDC) support arrangements for 2026/27 (the *Finance Documents*). The paper recommended that the Trust may submit multiple requests for PDC revenue support during 2026/27, up to a maximum value of **£23,000,000**.

We confirm that the Board has considered and accepted this recommendation and therefore approves the establishment of this facility on behalf of the Trust.

In accordance with the Finance Documents, we further confirm that the Board has:

- a) **approved the terms of, and the transactions contemplated by, the Finance Documents** to which the Trust is a party, and resolved that the Trust shall execute those Finance Documents;
- b) **authorised the Director of Finance to execute the Finance Documents** to which the Trust is a party, on behalf of the Trust; and
- c) **authorised the Director of Finance to sign and/or dispatch all documents and notices**, including any Utilisation Request, in connection with the Finance Documents to which the Trust is a party, on behalf of the Trust.

David Wakefield - Chair
Tameside and Glossop Integrated Care NHS Foundation Trust

Signature:

Karen James - Chief Executive
Tameside and Glossop Integrated Care NHS Foundation Trust

Signature

Dated:

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24/03/2026 12:54:52

				SFT Paper	X
Meeting date	26 th March 2026	Joint Paper		TG ICFT Paper	
Meeting	Stockport NHS Foundation Trust (SFT) Board of Directors				
Report Title	SFT Board Resolution: Revenue Support 2026/27				
Director Lead	John Graham, Chief Finance officer	Author	Lisa Byers Associate Director of Finance – Financial Services		

Paper For:	Information	X	Assurance		Decision	X
Recommendation:	The SFT Board of Directors is asked to ratify the Board Resolution attached in Appendix A.					

This paper relates to the following Annual Corporate Objectives

	1	Deliver personalised, safe and caring services
	2	Support the health and wellbeing needs of our community and colleagues
	3	Develop effective partnerships to address health and wellbeing inequalities
	4	Develop a diverse, talented and motivated workforce to meet future service and user needs
	5	Drive service improvement through high quality research, innovation and transformation
X	6	Use our resources efficiently and effectively
	7	Develop our estate and digital infrastructure to meet service and user needs

The paper relates to the following CQC domains

	Safe		Effective
	Caring		Responsive
	Well-Led	X	Use of Resources

This paper relates to the following Board Assurance Framework risks

	PR1.1	There is a risk that the Trust does not deliver high quality care to service users
	PR1.2	There is a risk that patient flow across the locality is not effective
	PR1.3	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan
	PR2.1	There is a risk that the Trust is unable to sufficiently engage and support our people's wellbeing
	PR2.2	There is a risk that the Trust does not actively participate in local collaborative programmes/neighbourhood working to improve primary and secondary health outcomes
	PR3.1	There is a risk that place-based partnership working does not effectively support delivery of

		Stockport ONE Health & Care (Locality) Board priorities and address health inequalities in Stockport
	PR3.2	There is a risk that partnership working in Greater Manchester do not effectively address unwarranted variation of services and improve health inequalities
	PR3.3	There is a risk that opportunities for collaboration between Stockport NHS Foundation Trust and Tameside & Glossop Integrated Care NHS Foundation Trust are not optimised
	PR4.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit and retain the optimal number of staff, with appropriate skills and values
	PR4.2	There is a risk that the Trust's workforce is not reflective of the communities served
	PR5.1	There is a risk that the Trust does not implement high quality service improvement programmes
	PR5.2	There is a risk that the Trust does not implement high quality research & development programmes
X	PR6.1	There is a risk that the Trust does not deliver the annual financial plan
	PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial sustainability plan
	PR7.1	There is a risk that the Trust does not implement the Digital Strategy to ensure a resilient and responsive digital infrastructure
	PR7.2	There is a risk that the estate is not fit for purpose and/or meets national standards
	PR7.3	There is a risk that the Trust does not materially improve environmental sustainability
	PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus

Where issues are addressed in the paper-

	Section of paper where covered
Equality, diversity and inclusion impacts	n/a
Financial impacts if agreed/ not agreed	Whole paper
Regulatory and legal compliance	Whole paper
Sustainability (including environmental impacts)	n/a

Executive Summary

The purpose of this report is to update the Trust Board on the position regarding the 2026/27 Interim Revenue Support arrangements provided by the Department of Health & Social Care (DHSC).

Recommendation

The Board is asked to ratify the Board Resolution set out in Appendix A, which recommends that the Trust submits multiple requests for Public Dividend Capital (PDC) revenue support during 2026/27, up to a maximum value of £42,700,000.

Approval of this resolution will give the Trust the authority and flexibility to draw down revenue support if required. This approach reflects the current cashflow scenario in which the Trust does not receive Deficit Support Funding (DSF) allocation.

1. Purpose

- 1.1 The purpose of this report is to inform the Board of Directors of the position regarding the 2026/27 Provider Revenue Support arrangements from the Department of Health & Social Care (DHSC).

2. Background

- 2.1 The Trust financial plan for 2026/27 is a £42.7m deficit. This does not comply with the required NHSE control limit, and the Trust will probably not qualify for deficit support funding.
- 2.2 As set out in the NHS finance business rules 2026/27 guidance, Trusts are assumed to deliver a breakeven revenue position as individual bodies. This reflects a change from the 2025/26 NHS finance business rules where NHS trusts were required to support the delivery of breakeven in aggregate across their system. There is an assumption if organisations are delivering plans, there should be no need for additional cash support, and Trusts can expect any requests to come with additional scrutiny and potential escalation.
- 2.3 In line with DHSC requirements, the Trust is required to access interim revenue support through monthly applications. The DHSC issues personalised revenue support documentation each month, and submissions must be accompanied by:
- Board Resolution
 - Completed revenue support templates
 - Working capital information
 - Updated cash flows
 - A detailed utilisation request

Key Financial Risks

- 2.4 There are still key risks associated with delivery of the 2026/27 plan which will be monitored and reported monthly, they are:

Cost Improvement Programme (CIP) Delivery

- 2.5 The plan assumes a 5% CIP (£26.8m) requirement of cash releasing efficiencies for 2026/27, A material proportion of CIP remains unidentified at this stage. This is weighted towards the end of the financial year as below:

Q1	Q2	Q3	Q4	Total
14%	23%	32%	32%	100%

System Support

- 2.6 Delivery of the planned position will require continued support from system partners and commissioners to mitigate emerging pressures. To achieve the 26/27 Plan, it forecasts a £0.9m revenue to capital transfers, and £6.6m of income from Derbyshire ICB in month 12.
- 2.7 These risks create a financial challenge which is likely to require access to DHSC Revenue Support PDC to maintain liquidity throughout the year.
- 2.8 There is still a presumption that Trusts requiring cash should first discuss requirements with the region to test whether neighbours can provide cash, via intra provider cash transfer.

Revenue Support Requirements

- 2.9 The Trust must apply monthly for interim revenue support. The current board resolution is based on the cash scenario of not receiving DSF and has explored all regional support for inter cash transfers.
- 2.10 Approval of this resolution provides the Trust with the authority and flexibility to access additional funding if required. Importantly, this does not create an obligation to draw down or fully use the facility. Utilisation will be determined strictly by actual cash requirements and prevailing circumstances.
- 2.11 All revenue support requests will also require a joint letter from the Chief Executive and Chair to demonstrate senior oversight and accountability of cash. This should outline that the Trust is on track against plans; measures are in place on cash and cost controls; and confirmation that workforce plans (WTE) are on track.
- 2.12 Each application for support will require Board/Finance Committee papers quarterly or monthly that evidence the cash position is discussed, and that the cash plan and Revenue Support PDC application are challenged.
- 2.13 Attached at Appendix A is the resolution to be ratified by the Board, which is to be signed by the Chair and Chief Executive and sent to DHSC, in line with the draw-down of the revenue PDC.

3. Recommendation

- 3.1 The Board is requested to ratify the Board Resolution attached in Appendix A which recommends that multiple requests for PDC revenue support in 2026/27, to a maximum of £42,700,000, is taken.

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Appendix A

Board Resolution

Statement from the Chair and Chief Executive of Stockport NHS Foundation Trust, regarding the Board of Director's approval of Revenue Public Dividend Capital Support.

We certify that a paper was presented to the Board of Directors on Thursday 26th March 2026 regarding the proposed Revenue Public Dividend Capital (PDC) (henceforth referred to as the Finance Documents). This recommends that multiple requests for PDC revenue support for 2026/27 up to a total of £42,700,000 is taken.

We confirm that the Board has accepted this recommendation and therefore approves the facility on behalf of the Trust.

In line with the Finance Documents, we also confirm that the Board has:

- a) approved the terms of, and the transactions contemplated by, the Finance Documents to which it is a party; and resolved to execute the Finance Documents to which the Trust is a party;
- b) authorised the Chief Finance Officer to execute the Finance Documents to which the Trust is a party, on its behalf; and
- c) authorised the Chief Finance Officer to sign and/or dispatch all documents and notices (including the Utilisation Request) in connection with the Finance Documents to which the Trust is a party, on its behalf.

David Wakefield - Chair
Stockport NHS Foundation Trust

Signature:

Karen James - Chief Executive
Stockport NHS Foundation Trust

Signature

Dated:

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24/03/2026 12:54:52

ALERT, ADVISE & ASSURE (AAA) REPORT

Name of Committee/Group	Quality Committee
Chair of Committee/Group	Hina Khan, Non-Executive Director
Date of Meeting	3 March 2026
Quorate	Yes

The Quality Committee draw the following key issues and matters to the Trust Board of Directors' attention:

1. Agenda	The Committee considered an agenda which included the following: • Patient Story Presentation • Quality Dashboard • Maternity Services ○ Perinatal Quality Oversight Model ○ Perinatal Mortality Review Tool (PMRT) October – December 2025 • External Visits & Inspections Register Report • Patient Safety Report Q3 2025-26 • T&G STARS Progress Report Q3 2025-26 • Patient Experience Update (including PLACE) • Quality Strategy • DRAFT Joint Quality Committee Terms of Reference & Work Plan • BAF & Aligned Significant Risks • Quality Committee Subgroup 3As Report ○ Safety Quality Assurance Group ○ Patient Experience Group ○ Health & Safety Group
Alert	No matters from this meeting to alert to the Board of Directors.
3. Advise	The Committee noted an increase in deaths related to pulmonary embolism (PE) within 90 days of discharge, with the Trust's rate almost double the national average. A review is being initiated, focusing on discharge pathways and the quality of Venous Thromboembolism (VTE) risk assessments. A timescale for completion will be confirmed and reported back to the Committee. Summary Hospital-level Mortality Indicator (SHMI) remains high, influenced by denominator effects linked to admission pathways and Same Day Emergency Care (SDEC) activity. Albeit improvements have been noted in indicators such as sepsis and pneumonia, the overall position continues to require close oversight. Inpatient falls remains an area of focus with increases recorded in December and January following a low month in November. While this remains within

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		expected variation, continued monitoring is required as further data becomes available. Sustained operational pressures in the Emergency Department (ED) continue to impact care environments, with ongoing reliance on corridor care and constraints within critical care capacity. Although recent case reviews have not identified concerns about the quality of care, the combination of patient complexity, overcrowding, and capacity limitations present heightened risk and requires ongoing oversight. Quality Committee reviewed and approved the Joint 2026-2029 Quality Strategy for Stockport NHS Foundation Trust and Tameside and Glossop Integrated Care Trust. The Committee emphasised the importance of clear communication and implementation planning to ensure the strategic aims are understood and effectively embedded across clinical and operational services.
4.	Assure	Positive assurance received regarding maternity outcomes, noting that there have been no stillbirths since October and no early neonatal deaths recorded so far this year. The Committee received positive assurance that the Trust has met all 10 of the required Clinical Negligence Scheme for Trusts (CNST) Year 7 safety actions, with the full submission completed and submitted, demonstrating continued compliance with national maternity safety standards. Incident management processes have strengthened, supported by the establishment of weekly review meetings with specialist leads and clearer accountability for responsible officers. Early evidence of impact was noted, including improved real-time closure of incidents as the new process embeds.
5.	Referral of Matters/Action to Board/Committee	None
6.	Report compiled by:	Hina Khan, Non-Executive Director
7.	Minutes available from:	Nonye Izu-Obi, Deputy Trust Secretary

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ALERT, ADVISE & ASSURE (AAA) REPORT

Name of Committee/Group	Quality Committee
Chair of Committee/Group	Louise Sell, Non-Executive Director
Date of Meeting	24 February 2026
Quorate	Yes

The Quality Committee draw the following key issues and matters to the Board of Directors' attention:

1. Agenda	The Committee considered an agenda which included the following: • Paediatric Audiology – Quarterly Update • Quality & Safety Integrated Performance Report • Winter Resilience Planning Alert, Advise & Assure Report • Cost Improvement Programme (CIP) Quality Impact Assessment (QIA) Reviews: - Newly Progressing and Newly Developed CIP High Level Plans - Quarterly Review of Quality and Safety Impact of CIPs and Other Savings • Trust Health Inequalities Report • Maternity Services Report - Maternity Perinatal Quality Report Q3 - Quarterly Perinatal Mortality Review Tool (PMRT) Report – Q3 • Patient Family & Carer Experience Strategy Progress Report • Standing Subgroup Alert, Advise & Assure Reports: - Patient Experience Group - Health & Safety Joint Consultative Group - Patient Safety Group • Internal Audit Forward Plan • Quality Committee Work Plan & Attendance 2025/26
2. Alert	<u>Paediatric Audiology – Quarterly Update</u> The committee received a report detailing significant progress in the review of patients in the backlog and management of the current waiting list. The committee received information about the ongoing identification of harm to children through the harm review process and the application of Duty of Candour. The harm review process is now led by the national NHSE team. While NHSE harm definitions are different from the Trust approach, the committee received assurance that both approaches continue and that management of the child's needs is determined by harm identified locally. <u>Quality & Safety Integrated Performance Report - Complaints</u> – This remains an area of concern. The informal inquiry rate is above target and the actions taken to improve the backlog of 6 weeks to respond to informal enquiries have not yet been successful, recruitment to vacant posts is ongoing. The formal complaint rate is above target and our ability to respond within agreed timescales is below target. Actions to resolve this focus on process review and improvement is anticipated.

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		<u>Trust Health Inequalities Report</u> – The committee received a report but was unable to gain assurance that this addresses the Trust self-assessment or the principal risk in relation to Health Inequalities. Action will be taken to address this, including clarifying reporting routes.
3.	Advise	<u>Quality & Safety Integrated Performance Report</u>; <u>Sepsis recognition</u> remains above target and there has been improvement in antibiotic administration, with no harm identified. <u>Infection prevention</u> – Clostridium difficile bacteraemia remains positive with continued improvement while the positions for escherichia coli and methicillin resistant staphylococcus aureus are yet to show improvement in response to the actions in place. <u>Pressure ulcers</u> – while the number of hospital acquired pressure ulcers within the year remains within target, there has been a deterioration in month and the rate of ulcers due to lapses in care remains above target. The committee received assurance that no lapses in care have been identified in the emergency department setting despite the extreme pressure on services, and that this remains an area of scrutiny. In community services the overall rate remains above target but the lapse in care rate is within target. Work continues with locality partners to improve practice in care and care home settings. <u>Quality Incidents and Risk</u> – the rate of moderate harm incidents remains above target but it is anticipated that this will show improvement following the recent change in process. One Never Event occurred this month in relation to which no harm was identified. <u>Maternity</u> – the committee discussed the ongoing work to improve 3rd and 4th degree tears and were assured about the actions being taken. <u>Cost Improvement Programme (CIP) Quality Impact Assessment (QIA) Reviews:</u> - <u>Newly Progressing and Newly Developed CIP High Level Plans</u> – the committee received high level CIP plans of two recently approved schemes and received assurance about the rationale and basis for decision making - <u>Quarterly Review of Quality and Safety Impact of CIPs and Other Savings</u> – this paper was not received in the expected form and this will be addressed in the governance guidance for the Joint Quality Committee going forward. <u>Maternity Services Report</u> including Maternity Perinatal Quality Report Q3 and Quarterly Perinatal Mortality Review Tool (PMRT) Report – Q3 – the committee received assurance that we are compliant with external regional and national reporting requirements.
4.	Assure	<u>Quality & Safety Integrated Performance Report</u> – standardised hospital mortality ratio (SHMI) - The committee received assurance that good clinical recording and coding underlies our continued good performance on SHMI <u>Patient Family & Carer Experience Strategy Progress Report</u> – the committee received information about the continuing programmes of work to enhance patient, family and carer experience, based on thematic review of data sources. Data sources included 1682 inpatient surveys and 12,004 friends and family test

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		responses, a response rate of 17% with 90% likely or extremely likely to recommend Trust services.
5.	Referral of Matters/Action to Board/Committee	None
6.	Report compiled by:	Dr Louise Sell (Chair of Quality Committee / Non-Executive Director)
7.	Minutes available from:	Mrs Soile Curtis (Deputy Company Secretary)

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ALERT, ADVISE & ASSURE (AAA) REPORT

Name of Committee/Group	Workforce Committee
Chair of Committee/Group	Michael Forrest, Non-Executive Director
Date of Meeting	11 March 2026
Quorate	Yes

The Workforce Committee draw the following key issues and matters to the Trust Board of Directors' attention:

1. Agenda	The Committee considered an agenda which included the following: • Workforce Dashboard • Operational Plan (Workforce) Update • Resourcing & Retention • Annual Workforce Equality, Diversity and Inclusion (EDI) Monitoring • Gender Pay Gap Report • Safer Care (Staffing) Report • Freedom to Speak Up Q3 Report • Guardian of Safe Working • Violence & Aggression Standard • Staff Survey Results • BAF & Aligned Significant Risks • DRAFT Joint People Committee Terms of Reference & Work Plan • Key Issues Reports: - Joint Health & Wellbeing Group - Equality, Diversity & Inclusion Group - Education Governance Group
2. Alert	No matters from this meeting to alert to the Board of Directors.
3. Advise	Workforce Committee will continue to seek assurance in the following areas: • Sickness absence: Noting continued pressures from winter-related short-term sickness and the need for sustained improvement in absence management. • Mandatory training compliance: Particularly the persistent challenges in accessing IT systems for some staff groups and ongoing monitoring of compliance against the accountability framework. • Bank usage: Although bank spend has reduced, reliance remains above target and reduced bank shift pick-up continues to place operational pressure on services. • Achievement of reductions in workforce whole time equivalents (WTE) both in-year and in the coming year, recognising the scale of the financial challenge and the reliance on transformational change rather than large scale headcount reduction. • The performance of Black, Asian and Minority Ethnic (BAME) staff through the recruitment process, and actions taken to improve equity of outcomes, and progress in reducing the gender pay gap.

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		Updates on actions in response to issues raised through the Staff Survey, with particular focus on areas of low response and lower scores, including Medicine and Surgery, where further engagement and improvement activity is required. The Committee received and approved the Annual Workforce EDI Report and endorsed the Gender Pay Gap Report for submission and publication on the Trust website.
4.	Assure	Workforce Committee received positive assurance in relation to the following People metrics: - Appraisal compliance has met the Trust target, with supporting positive feedback in the Staff Survey. 10 of 13 workforce measures are currently rated green. Significant improvement has been achieved within Women's Services in the Staff Survey across response rates, Friends & Family Test scores and workforce indicators. The Trust continues to compare favourably with national benchmarks, with a vacancy rate of 3.3% against a national benchmark of 6.7%.
5.	Referral of Matters/Action to Board/Committee	None
6.	Report compiled by:	Michael Forrest, Non-Executive Director
7.	Minutes available from:	Nonye Izu-Obi, Deputy Trust Secretary

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ALERT, ADVISE & ASSURE (AAA) REPORT

Name of Committee/Group	People Performance Committee
Chair of Committee/Group	David Curtis, Non-Executive Director (Committee Chair)
Date of Meeting	12 March 2026
Quorate	Yes
The People Performance Committee draw the following key issues and matters to the Board of Directors' attention:	

1. Agenda	The Committee considered an agenda which included the following: • People Integrated Performance Report • Operational Plan (Workforce) Update • Freedom to Speak Up – Q3 • Guardian of Safe Working – Q3 • Violence & Aggression Standard • Annual Workforce Equality Monitoring Report • Gender Pay Gap Report • Staff Survey • Resourcing & Retention Update • Safer Care (Staffing) Report • Joint People Performance Committee Terms of Reference and Work Plan 2026/27 • Board Assurance Framework and Aligned Significant Risks • Alert, Advise & Assure Reports: - Joint Health & Wellbeing Group - Equality, Diversity & Inclusion Group - Educational Governance Group
2. Alert	No matters from this meeting to alert to the Board of Directors.
3. Advise	The Committee will continue to seek assurance in areas below trajectory including: • Sickness absence – Decreased in January, however remains above the target at 6.21% (target: 5.50%) • Appraisals – Overall appraisal compliance in January was 89.68%, a decrease from 90.23% in December (target 95%) Ongoing improvement actions relating to the above metrics were acknowledged. The Committee received the Violence & Aggression Report and noted reductions in incidents involving members of the public. The Committee further noted that systems and processes were in place to support staff, including the provision of conflict resolution training. The Committee received the Annual Workforce Equality Monitoring Report and the Gender Pay Gap Report. A detailed discussion took place regarding the gender pay gap, and the Committee noted the opportunities identified to help reduce the gap.

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		The Committee received the first draft of the Staff Survey results. The Committee welcomed the increase in response rates and noted that early indications showed the Trust compared favourably with Greater Manchester (GM) Trusts. A more detailed report will be presented to the Board in March 2026. The Committee received a Safer Care (Staffing) Report, which provided assurances and risks associated with safe staffing, alongside actions to mitigate the risks to patient safety and quality, based on patients' needs, acuity, dependency and risks. The Committee welcomed the strong widening participation and apprenticeship processes and agreed to seek clearer evidence of return on investment to demonstrate the impact of pastoral initiatives beyond qualitative benefits. The Committee reviewed and approved the people related principal risks to be presented as part of the Board Assurance Framework 2025/26 to the Board of Directors in March 2026.
4.	Assure	Positive assurance received around the following People metrics: • Time to hire, which measures the time between vacancy authorisation to start date booked, decreased in January to 50.5 days from 50.9 days in December, and meets the overall Trust target of 57 days. • Mandatory training compliance at 96.54%, which is above target of 95%. The Committee noted that a system was in place to ensure that staff who have not completed their mandatory training are not placed in roles or situations where that training would be required. • Agency spend reduced to 1.27%, a 0.10% decrease from December and below the 1.5% target. • Turnover (adjusted) remains compliant at 9.38% and is below target of 11.5%. The Committee received a report from the Freedom to Speak Up Guardian, which provided positive assurance regarding improvements in staff confidence to raise concerns and progress in the recruitment of Freedom to Speak Up Champions. The Committee received a report from the Guardian of Safe Working, which provided positive assurance that resident doctors were appropriately supported during the OPEL 4 escalation and that their training requirements continued to be met.
5.	Referral of Matters/Action to Board/Committee	No matters to refer to the Board or other Committees.
6.	Report compiled by:	David Curtis, Non-Executive Director
7.	Minutes available from:	Soile Curtis, Deputy Company Secretary

				SFT Paper	
Meeting date	26 th March 2026	Joint Paper		TG ICFT Paper	X
Meeting	Tameside & Glossop Integrated Care NHS Foundation Trust (TG ICFT) Board of Directors Stockport NHS Foundation Trust (SFT) Board of Directors				
Report Title	2025 NHS Staff Survey Results (TGICFT)				
Director Lead	Amanda Bromley, Director of People and OD	Authors	Lisa Gammack, Deputy Director of OD, Stuart McKenna, Assistant Director of HR (Inclusion and Colleague Experience)		

Paper For:	Information		Assurance	X	Decision	
Recommendation:	The TGICFT Board of Directors is asked to: - Note the 2025 NHS Staff Survey results and the key themes arising. - Note that divisions are refreshing their action plans in response to the findings, supported by the Organisational Development Service. - Support the continued use of survey insights to inform the refreshed People and OD Plan.					

The paper relates to the following CQC domains

X	Safe	X	Effective
X	Caring	X	Responsive
X	Well-Led	X	Use of Resources

Where issues are addressed in the paper

	Section of paper where covered
Equality, diversity and inclusion impacts	Appendix 1
Financial impacts if agreed/not agreed	N/A
Regulatory and legal compliance	N/A
Sustainability (including environmental impacts)	N/A

Executive Summary

The 2025 NHS Staff Survey achieved an improved Trust response rate of 45.9%, reflecting increased engagement from colleagues across most divisions. The results present a mixed picture, with some encouraging improvements alongside significant areas for concern.

At Trust level, there has been a statistically significant improvement in staff reporting that they have had an appraisal or annual review in the last 12 months, aligning with increased appraisal compliance. Several question-level improvements were also seen in areas such as reporting violence, confidence in organisational response, and reductions in certain types of discrimination and bullying.

However, the survey highlights ongoing and worsening challenges, particularly in relation to staff health and wellbeing, work-related stress, exhaustion, and presenteeism. Scores relating to involvement in decision-making, the ability to suggest improvements, and enthusiasm for work have significantly declined.

Across the NHS People Promise themes, the Trust scores below the sector benchmark in most areas. When benchmarked against Greater Manchester partners, the Trust recorded the lowest score in three of the nine themes, with the remaining six also positioned towards the lower end of the GM range. North-West benchmarking reflects a similar pattern, with mid-to-lower ranking positions across most themes.

Divisional variation is evident, with Women's Services demonstrating the most improved response rate and some of the strongest FFT scores, while Medicine and Urgent Care continue to score poorly across several indicators. Unwanted sexual behaviours from patients/service users remain most prevalent in clinical divisions, particularly Medicine and Intermediate Tier Services.

A structured communications and engagement plan is underway to ensure staff understand the results, the emerging themes and the actions being taken. Divisions are refreshing their action plans with support from the Organisational Development Service. Trust-wide programmes addressing leadership development, staff wellbeing, inclusion, and working relationships are already in progress, and the survey findings are informing the refreshed People and OD Plan.

Overall, the results reinforce the need for sustained organisational focus on culture, wellbeing and leadership. While some improvements are evident, the scale and consistency of the challenges highlighted require continued, coordinated action across all divisions and strong oversight from the Board.

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1. Introduction

- 1.1 The 2025 NHS staff survey was open from 1st October until 28th November 2025. The Trust appointed a third party called IQVIA as its survey administrator.
- 1.2 The number of completed surveys, and the overall response rate is provided in the table below, with comparisons since 2023.

Trust	Tameside		
Year	2023	2024	2025
Completed surveys	1,871	1,985	2247
Response rate	42.1%	43.2%	45.9%

- 1.3 This report summarises the Trust's 2025 survey results including national benchmarking data, which was released from embargo on 12th March 2026.

2. Response Rates

- 2.1 The table below shows the response rates for Divisions/Directorates for 2024 and 2025, and the change in the last 12 months:

Division / Directorate	2024	2025	Change
Finance Directorate	88%	83%	-5%
Trust Board & Support	97%	91%	-6%
Corporate Nursing Directorate	80%	83%	3%
People & OD Directorate	69%	68%	-1%
Service Planning & Performance	59%	59%	No change
Transformation	67%	77%	10%
Children's Services	54%	66%	12%
Clinical Support Services	43%	46%	3%
Intermediate Tier Services	45%	58%	13%
Estates and Facilities	56%	46%	-10%
Medicine	31%	27%	-4%
Surgery	32%	31%	-1%
Urgent Care	31%	31%	No change
Women's Services	24%	43%	19%
Overall	43%	46%	3%

- 2.2 Women's services achieved the most improved response rate, with an improvement of 19%. Disappointingly (after an improvement last year) the Estates and Facilities Division has seen a decline in their response rate of 10%.

Both Medicine and Surgery also saw declines, and the response rates for both Divisions remains poor.

- 2.4 The table below provides a breakdown of response rates by staff group, over the last two years.

Staff Group	2024	2025	Difference compared to last year
Add Prof Scientific and Technic	45.45%	55.26%	9.81%
Additional Clinical Services	26.72%	33.92%	7.20%
Administrative and Clerical	62.07%	64.29%	2.22%
Allied Health Professionals	49.35%	58.28%	8.93%
Estates and Ancillary	49.56%	41.29%	-8.27%
Healthcare Scientists	48.15%	36.36%	-11.79%
Medical and Dental	36.90%	32.88%	-4.02%
Nursing and Midwifery Registered	38.55%	43.48%	4.93%
Tameside & Glossop ICFT Overall	43.24%	45.85%	2.61%

- 2.5 The data above shows a significant decrease in the respondents from the Estates and Ancillary staff group which is reflected in the overall increase in responses from the Estates and Facilities Division. Whilst this is disappointing the new Director of Estates & Facilities was undertaking a series of listening events during the summer/autumn and the feedback from staff is that they gave their feedback at these rather than the Staff Survey, there are some lessons to be learnt about the timing of such events.
- 2.6 There was a significant decrease in the response rate for the healthcare scientists' group, although the overall number of this group is relatively small.
- 2.7 Medical staff also saw a reduction in response rate by 4%.
- 2.8 The table below shows the proportion of answers to question 1 in the survey (*Do you have face to face, video or telephone contact with patients/service users as part of your job?*):

Answer	No. of respondents	% respondents
Yes, frequently	1518	67.6%
Yes, occasionally	286	12.7%
No	428	19.0%
Missing	15	0.7%

3. People Promise Scores

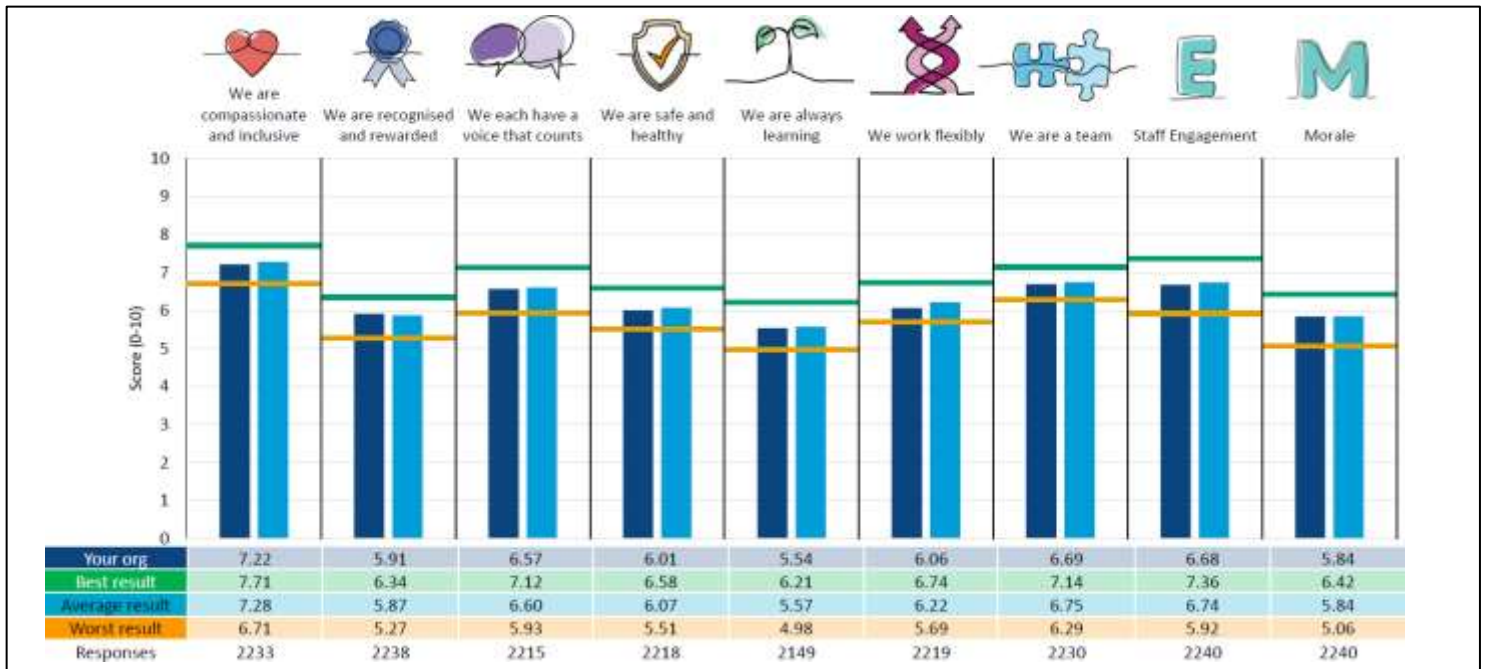
- 3.1 For the fifth consecutive year, the staff survey questions have been mapped to the elements and themes within the NHS People Promise. Each element and sub-theme of the People Promise is scored out of a possible 10.
- 3.2 The table below shows the 2024-2025 scores. Statistical analysis has now been undertaken, which shows, that the statistically significant changes are in the "We work Flexibly" and "We are safe and healthy" domains.

People Promise Element / Theme	Tameside		
	2024	2025	Change
We are compassionate and inclusive	7.26	7.22	Not statistically significant
We are recognised and rewarded	5.99	5.91	
We each have a voice that counts	6.59	6.57	
We are safe and healthy	6.11	6.01	Significant
We are always learning	5.49	5.54	Not statistically significant
We work flexibly	6.24	6.06	Significant
We are a team	6.76	6.69	

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Theme - staff engagement	6.77	6.68	Not statistically significant
Theme – morale	5.88	5.84	

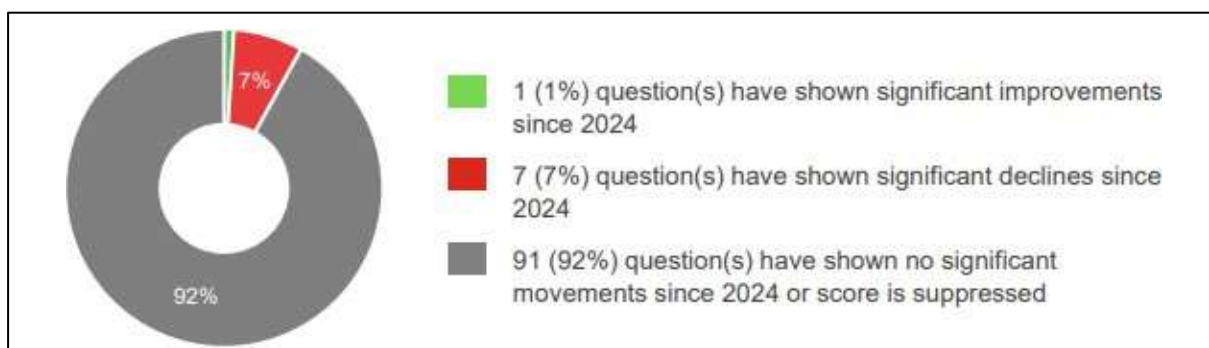
- 3.3 The chart below shows the Trust scores against each of the elements of the NHS People Promise, along with comparisons of the sector benchmark group, and the best and worst performing scores.



- 3.4 The data shows that the Trust scores slightly better than the benchmark average for “We are recognised and rewarded”, scores equal to the benchmark average in respect of staff morale, and the remaining scores are all less than the benchmark average.
- 3.5 **Appendix one** provides the Trust’s benchmark report which was published by the National Co-ordination Centre on 12th March 2026.

4. Our Question Scores

- 4.1 Statistical analysis has now been undertaken at individual question level.
- 4.2 The illustration below shows the question level changes, and the number of questions that have shown statistically significant improvement or decline.



- 4.3 The one question with a significant improvement was for staff saying they had had an appraisal or annual review in the last 12 months. This positive shift aligns with the increase we have seen in our overall appraisal compliance rates, indicating that the actions taken to strengthen our appraisal processes are being reflected in staff experience.
- 4.4 The significantly worsening scores included scores relating to looking forward to going to work, being enthusiastic about their job, being able to make suggestions to improve

their area, being involved in decisions that affect their area, disagreements are dealt with constructively, feeling unwell as a result of work related stress and coming into work despite not feeling well enough to perform duties.

- 4.5 The questions with significant improvement or decline are listed with the relevant scores in [Appendix two](#).

4.6 Most Improved Question Scores

- 4.6.1 The table below shows the ten questions with the most improved scores compared to last year.

Question	Response	Change in Score
On what grounds have you experienced discrimination? Sex	Staff not selecting	9.5%
On what grounds have you experienced discrimination? Other	Staff not selecting	4.1%
In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?	Staff selecting Yes	3.3%
The last time you experienced physical violence at work, did you or a colleague report it?	Staff selecting Yes	3.1%
I am confident that my organisation would address my concern.	Staff selecting Agree/Strongly agree	1.9%
Team members understand each other's roles.	Staff selecting Agree/Strongly agree	1.8%
On average, how many additional PAID hours do you work per week for this organisation, over and above your contracted hours?	Staff selecting 0 hours	1.6%
My immediate manager is interested in listening to me when I describe challenges I face.	Staff selecting Agree/Strongly agree	1.5%
I feel that my role makes a difference to patients / service users.	Staff selecting Agree/Strongly agree	1.4%
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?	Staff selecting Never	1.2%

- 4.6.2 The most improved scores were related to discrimination, in particular sex discrimination or 'Other' (i.e. discrimination on the basis of a characteristic not listed). There has also been a reduction in the proportion of respondents reporting bullying or harassment from colleagues. Since the last survey, the Trust has continued to roll out the second part of the Civility Saves Lives Programme, "Having the conversation" sessions.

- 4.6.3 There has been an increase in the proportion of respondents who reported incidents of violence at work when it occurred. Colleagues also felt more confident that the organisation would address concerns when issue were raised. As part of the Trust's programme in delivering against the Violence and Aggression Standards, work has been undertaken to encourage reporting of incidents when they occur via an anonymous reporting form.

4.7. Most Declined Question Scores

- 4.7.1 The table below shows the ten questions with the most declined scores compared to last year.

Question	Response	Change in Score
How often, if at all, do you feel worn out at the end of your working day/shift?	Staff selecting Never/Rarely	-3.0%
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?	Staff selecting Never	-3.0%
During the last 12 months have you felt unwell as a result of work-related stress?	Staff selecting No	-3.4%

How often, if at all, are you exhausted at the thought of another day/shift at work?	Staff selecting Never/Rarely	-3.4%
I am involved in deciding on changes introduced that affect my work area / team / department.	Staff selecting Agree/Strongly agree	-3.6%
I am able to make suggestions to improve the work of my team / department.	Staff selecting Agree/Strongly agree	-4.4%
On what grounds have you experienced discrimination? Disability	Staff not selecting	-4.7%
On what grounds have you experienced discrimination? Religion or belief	Staff not selecting	-5.0%
In the last three months have you ever come to work despite not feeling well enough to perform your duties?	Staff selecting No	-5.9%
In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?	Staff selecting No	-13.3%

- 4.7.2 The majority of questions with a declining score relate to the health and wellbeing, including MSK problems, exhaustion, work related stress and presenteeism.
- 4.7.3 Disappointingly, there has been an increase in the proportion of staff reporting disability discrimination and discrimination because of religion or belief.
- 4.7.4 In addition, the scores relating to making suggestions in work and involvement in decision making also saw declines compared to 2024.

5. Divisional People Promise Results

- 5.1 The table below displays the People Promise scores by division/directorate. The table is formatted as a heat map, with the highest scores in green the lowest in red (for each people promise element), and the gradient between.

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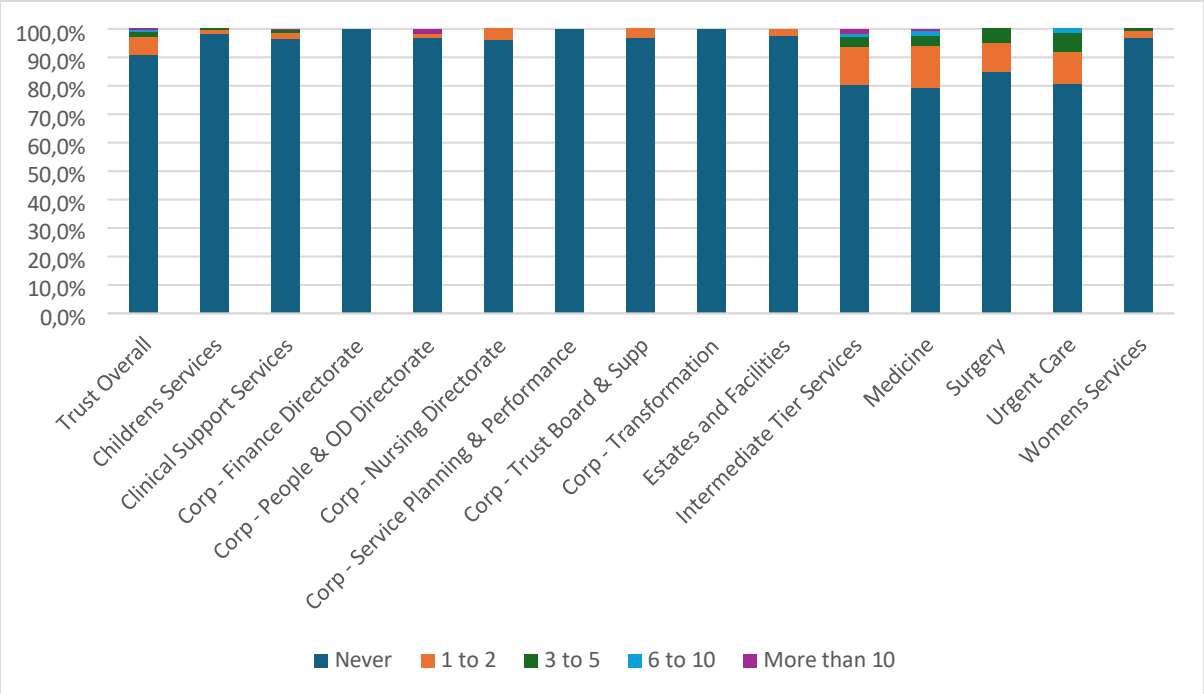
People Promise Results (Tameside):

	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
Trust Overall	7.22	5.91	6.57	6.01	5.54	6.06	6.69	6.68	5.84
Finance Directorate	7.44	6.36	6.80	6.72	6.39	6.79	7.08	6.69	6.10
Nursing Directorate	7.53	6.44	6.97	6.40	5.83	7.09	7.15	6.89	6.19
People & OD Directorate	6.89	5.89	6.31	6.09	5.60	6.59	6.72	6.33	5.63
Service Planning & Performance	7.74	6.82	7.06	6.99	6.20	7.08	7.45	6.98	6.70
Transformation	6.69	6.15	<i>No result available</i>	6.20	6.36	5.79	6.81	5.90	5.01
Trust Board & Support	8.46	7.60	8.28	7.15	7.07	7.63	8.16	8.12	7.38
Children's Services	7.82	6.37	7.02	6.20	5.94	7.12	7.16	7.03	6.05
Clinical Support Services	7.16	5.74	6.30	6.24	5.19	5.43	6.52	6.49	5.98
Estates and Facilities	7.25	5.91	6.54	6.58	5.26	6.02	6.51	6.71	6.10
Intermediate Tier Services	7.43	6.07	6.76	5.80	5.66	5.77	7.05	6.73	5.62
Medicine	7.08	5.83	6.65	5.65	5.60	6.25	6.75	6.77	5.81
Surgery	6.70	5.42	6.11	5.78	5.26	5.75	6.25	6.49	5.73
Urgent Care	6.48	5.18	6.00	5.26	5.07	5.59	5.81	6.28	5.22
Women's Services	7.28	5.82	6.79	5.91	5.59	6.27	6.51	6.99	5.98

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6. Sexual Safety

6.1 The chart below shows the divisional/directorate responses in relation to sexual safety, specifically the answers to the question "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?".



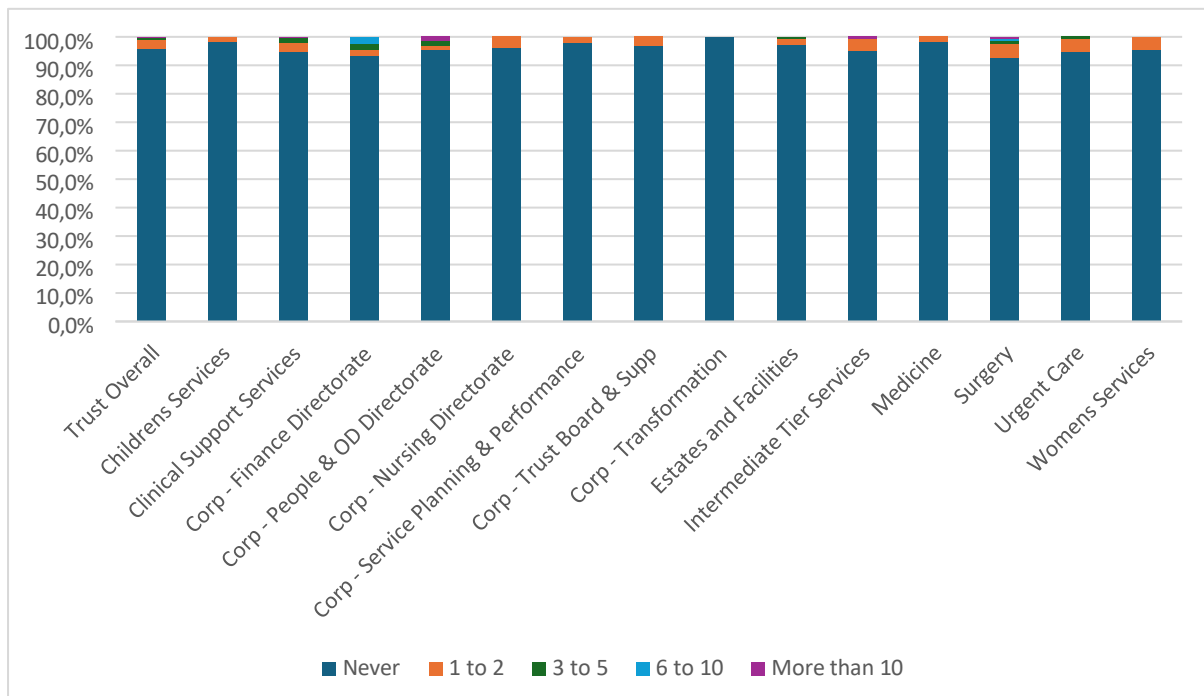
6.2 The overall Trust figure shows that 9.0% of all respondents had experienced at least one episode of unwanted conduct of a sexual nature from patients / service users, their relatives or other members of the public (an increase from 7.6% in the previous year). The data shows that these incidents are more prevalent in the clinical divisions, than in corporate functions. However, three directorates have seen increases in these incidents since 2024. The benchmark score for this question is 8.0%.

6.3 The table below shows the proportion of staff who stated they have experienced at least one incidence of unwanted conduct of a sexual nature from patients / service users, their relatives or other members of the public (i.e. sum of staff not answering "Never").

Division / Directorate	% experiencing at least one incident
TGICFT Overall	9.0% (201)
Finance Directorate	0.0% (0)
People and OD	3.0% (2)
Nursing Directorate	3.9% (4)
Service Planning & Performance Dir	0.0% (0)
Trust Board & Supp	3.2% (1)
Transformation	0.0% (0)
Children's Services	1.7% (4)
Clinical Support Services	3.6% (14)
Estates and Facilities	2.3% (5)
Intermediate Tier Services	19.7% (76)
Medicine	20.5% (34)
Surgery	14.9% (30)
Urgent Care	19.1% (27)

6.4 The areas with the highest percentage of respondents who said they had experienced at least one incident was the Medicine Division, followed by Intermediate Tier Services.

6.5 The following chart shows the answers to the question *"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?"*.



6.6 The overall Trust figure shows that 4.2% of all respondents had experienced at least one episode of unwanted conduct of a sexual nature from staff/colleague. The table below shows the proportion of staff who have experienced at least one incidence of unwanted conduct of a sexual nature from staff (i.e. sum of staff not answering "Never").

Area	% experiencing at least one incident
Trust Overall	4.2% (93)
Finance Directorate	6.7% (3)
People and OD Directorate	4.5% (3)
Nursing Directorate	3.9% (4)
Service Planning & Performance Directorate	1.9% (2)
Trust Board & Support	3.2% (1)
Transformation	0.0% (0)
Children's Services	1.7% (4)
Clinical Support Services	5.1% (20)
Estates and Facilities	2.9% (6)
Intermediate Tier Services	4.9% (19)
Medicine	1.8% (3)
Surgery	7.4% (15)
Urgent Care	5.0% (7)
Women's Services	4.4% (6)

- 6.7 The areas with the highest percentage of respondents who said they had experienced at least one incident was the Surgery Division, followed by the Finance Directorate and Clinical Support Services.

7. Friends and Family Test

- 7.1 The table below shows the scores for the questions recommending the Trust, either as a place of work, or as a place for a friend or relative to be treated.

Division / Directorate	I would recommend my organisation as a place to work (agree/strongly agree)	If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation (agree/strongly agree)
Trust Overall	55.5%	53.2%
Finance Directorate	64.4%	48.9%
People and OD Directorate	37.3%	43.9%
Nursing Directorate	49.5%	42.7%
Service Planning & Performance	67.3%	59.6%
Trust Board & Support	93.5%	71.0%
Transformation	60.0%	70.0%
Children's Services	65.0%	58.8%
Clinical Support Services	53.2%	53.9%
Estates and Facilities	57.7%	59.7%
Intermediate Tier Services	52.7%	49.2%
Medicine	48.5%	43.9%
Surgery	50.0%	49.5%
Urgent Care	46.1%	48.9%
Women's Services	69.3%	66.9%

- 7.2 The highest scoring clinical division for the friends and family test questions was Women's Services (which was the lowest scoring division in 2024), and the Medicine & Urgent Care Division scored the lowest.
- 7.3 The sector benchmark, and highest and lowest scores nationally for this question are provided below:

Question	Sector Benchmark Scores		
	Highest Score	Average Score	Lowest Score
I would recommend my organisation as a place to work (agree/strongly agree)	79.4%	57.8%	34.2%
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation (agree/strongly agree)	88.4%	60.8%	34.7%

8. Greater Manchester & North-West Region Benchmarking Scores

- 8.1 The table below shows the People Promise scores for Acute and Combined Acute and Community Trusts across Greater Manchester, RAG rated to show the highest and lowest scores for each organisation. Disappointingly our Trust has the lowest scores in three of the nine themes, with the remaining six also sitting toward the lower end of the GM range. These findings underline the importance of the improvement actions currently in progress.

Trust	2025 Response Rate	We are compassionate & inclusive	We are recognised & rewarded	We each have a voice that counts	We are safe & healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Bolton NHS FT	43%	7.28	5.85	6.55	5.91	5.33	6.15	6.79	6.49	5.61
Manchester University NHSFT	35%	7.27	5.90	6.63	6.16	5.55	6.15	6.72	6.73	5.86
Northern Care Alliance	48%	7.23	5.85	6.60	6.06	5.53	6.42	6.72	6.60	5.78
Stockport NHSFT	47%	7.46	6.11	6.75	6.17	5.73	6.33	6.92	6.85	5.96
Tameside & Glossop IC NHSFT	46%	7.22	5.91	6.57	6.01	5.54	6.06	6.69	6.68	5.84
WWL NHS FT	48%	7.33	5.91	6.65	6.25	5.34	6.29	6.78	6.73	6.03
Overall Acute & Acute and Community Benchmark	47%	47%	5.87	6.6	6.07	5.57	6.22	6.75	6.74	5.84

- 8.2 The table below shows how our Trust ranks on each of the People Promise scores compared with our benchmarking group across the North-West and England. Our benchmarking indicates a mid-range regional position but lower-tier national performance. The Trust performs comparatively better in 'We Are Recognised & Rewarded' (and 'We Are Always Learning' regionally), with the greatest areas for improvement in 'We Work Flexibly' and 'We Are Safe & Healthy'

	We are Compassionate & Inclusive	We are Recognised & Rewarded	We each have a Voice That Counts	We are Safe & Healthy	We are Always Learning	We Work Flexibly	We are a Team	Staff Engagement	Morale
North-West (out of 18 orgs)	11 th	6 th	10 th	12 th	6 th	12 th	11 th	8 th	8 th
England (out of 121 orgs)	68 th	53 rd	69 th	82 nd	69 th	93 rd	73 rd	73 rd	62 nd

9. Communicating Our Results

- 9.1 The Trust's overall results have been formally reported to the Joint Executive Management Team, the People Performance Committee and relevant sub-committees. At an organisational level, we have launched a targeted communications plan designed to ensure our workforce clearly understands the outcomes, key messages and actions arising from the results. This approach reinforces our commitment to transparency and demonstrates, in a visible and meaningful way, that employee feedback directly informs our decision-making. Our intention is to strengthen trust, build engagement and reaffirm our position as an employer of choice.

- 9.2 Divisional Leadership Teams have received their respective divisional and directorate-level results and have been tasked with sharing these insights with their

staff by the end of March. To support this, divisions have been provided with a structured communications template to ensure consistent, accessible and timely messaging across all areas of the Trust.

- 9.4 The Organisational Development Service is offering tailored support to each division to aid effective understanding and interpretation of their results. This includes dedicated sessions with senior leadership teams to explore divisional outcomes, identify key themes and agree evidence-based next steps. This collaborative approach ensures that actions are well-informed, strategically aligned and capable of driving measurable improvement.

10. **Actions Underway to Drive Improvement**

- 10.1 The Organisational Development Service is supporting divisions and directorates to take targeted, evidence-based action by facilitating structured action-planning sessions and promoting the sharing of learning and good practice across areas. To further strengthen local improvement efforts, a comprehensive managers' toolkit – complete with resources aligned to each People Promise theme – will be issued in early April. This will equip leaders with practical, consistent tools to identify priorities, embed meaningful change and drive sustained improvement in staff experience.
- 10.2 Since the completion of the 2025 staff survey, we have initiated a programme of Trust-wide actions that builds on the improvement activity established in response to previous years' survey findings. The early themes emerging from the 2025 results reinforce that we are focusing on the right priority areas, and the actions now underway are designed to accelerate progress and ensure a sustained, organisation-wide response to the issues that matter most to our people.

The actions currently underway are outlined below.

10.2.1 **Leadership and Management Development:**

A programme of leadership and management development is already in motion through the rollout of the *C.A.R.E. Leadership Way*. Since December 2025, a dedicated SharePoint hub has been launched across both Trusts to consolidate development sessions, tools, diagnostics and resources, including materials aligned to the NHS People Management Excellence 'Moments that Matter' and the draft NHS Leadership and Management Framework expected in Spring 2026.

New development offers have also been introduced, including *Engaging Your Team* sessions, an on-demand *AI in Everyday Leadership* webinar, and a curated leadership reading list through our Library Services, alongside promotion of relevant NWLA opportunities aligned to our leadership approach.

10.2.2 **Career Progression:**

This month, we launched a new leadership development programme for Band 5 and 6 BAME colleagues across both Trusts, responding to our EDI data which shows reduced BAME representation at Band 7 and above. We have also established a new Women's Network to strengthen women's voices in shaping actions to address barriers to career progression – particularly in medical roles – reflecting gender pay gap findings that, despite women making up around 80% of our workforce, they remain under-represented in senior positions.

10.2.3 **Improving Working Relationships:**

Building on the Civility Saves Lives Programme we have introduced a new manager's guide which provides practical tools and examples of good practice. The guide was directly informed by an in-depth evaluation of the CSL programme, reported to the Educational Governance Group in October 2025. We are currently exploring options to introduce further training that helps colleagues value difference, enhance cultural competence and strengthen inclusive behaviours across teams.

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10.2.4 Staff Health and Wellbeing:

In 2025, the Health and Wellbeing Steering Groups from both Trusts were merged, enabling a more collaborative and coordinated approach to improvement. The 2025 staff survey results are now being used to define priority wellbeing actions and to target interventions where need is greatest.

To further strengthen our staff health and wellbeing offer, in April 2026 we will launch a 12-month pilot of the Pleaz app. Pleaz provides short, evidence-based physical, mental and social wellbeing activities and is designed to integrate seamlessly into the working day, supporting improved energy, reduced stress and stronger team connection. A communications plan will accompany the launch to maximise staff awareness and engagement. The pilot is being offered at no cost to both Trusts and will be fully evaluated to inform future decisions.

10.2.5 Cases of Discrimination:

The joint Workforce Equality, Diversity and Inclusion Strategy was introduced at the start of 2026. As part of this, a comprehensive review of the EDI training offer is underway. The 2025 survey findings are being used to prioritise specific training modules and to target EDI-related interventions where teams are experiencing the greatest challenge.

- 10.3 The 2025 staff survey results are being used to inform the development of the refreshed People and OD Plan, providing assurance that our priorities are grounded in robust workforce insight. The Plan will be aligned with the Joint Organisational Strategy to ensure a clear and coherent connection between staff experience, organisational ambition and system-wide priorities. The Board can be assured that the refreshed Plan will also be shaped to incorporate the forthcoming 10-year NHS Workforce Plan – expected to be published in spring 2026 – ensuring our long-term workforce approach remains strategically aligned, forward-looking and consistent with emerging national direction.

11. Conclusion

- 11.1 The 2025 NHS Staff Survey results highlight a mixed position for the Trust. Increased participation and improvements in areas such as appraisal completion, discrimination reporting, and confidence in organisational response demonstrate that some of our targeted interventions are having a positive impact. However, significant challenges remain – particularly around staff wellbeing, involvement in decision-making, and overall morale. Benchmarking shows that we are performing at the lower end of the Greater Manchester and North-West ranges across most People Promise themes, with the lowest scores in three within GM.
- 11.2 These results confirm the need to sustain and accelerate our current improvement programmes, including leadership development, wellbeing initiatives, and strengthened EDI activity. Divisional action planning is underway with OD support, and Trust-wide actions are already aligned to the issues raised. The insights from this year's survey will continue to shape the refreshed People and OD Plan and ensure focused, evidence-based improvement.

12. Recommendation

- 12.1 The Board of Directors is asked to:

- Note the 2025 NHS Staff Survey results and the key themes arising.
- Note that divisions are refreshing their action plans in response to the findings, supported by the Organisational Development Service.
- Support the continued use of survey insights to inform the refreshed People and OD Plan.

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Appendix 2: Question Level Changes

Significantly better scores

Question		2024	2025	Difference	
23a	In the last 12 months, I have had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review.	84.6%	88.7%		+4.1%

Significantly worse scores

Question		2024	2025	Difference	
2a	I look forward to going to work.	56.2%	53.2%		-3.0%
2b	I am enthusiastic about my job.	71.3%	68.3%		-3.0%
3d	I am able to make suggestions to improve the work of my team / department.	71.2%	66.5%		-4.8%
3e	I am involved in deciding on changes introduced that affect my work area / team / department.	51.4%	46.6%		-4.8%
7g	In my team disagreements are dealt with constructively.	58.1%	54.7%		-3.4%
11c	During the last 12 months, I have felt unwell as a result of work related stress.	41.0%	44.9%		+3.9%
11d	In the last three months I have come to work despite not feeling well enough to perform my duties.	56.7%	62.5%		+5.9%

Tameside and Glossop Integrated Care NHS Foundation Trust

2025 NHS Staff Survey Benchmark Report



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Introduction

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

About this report

This benchmark report for Tameside and Glossop Integrated Care NHS Foundation Trust contains results for the 2025 NHS Staff Survey, and historical results back to 2021 where possible. These results are presented in the context of best, average and worst results for similar organisations where appropriate. Data in this report are weighted to allow for fair comparisons between organisations.

Results for Q1, Q10a, Q26d, Q27a-c, Q28, Q29, Q30, Q31a, Q32a-b, Q33, Q34, Q35, Q36, Q37, Q38, Q39a-b and Q40 are not weighted or benchmarked because these questions ask for demographic or factual information.

How results are reported

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



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

People Promise elements, themes and sub-scores

People Promise elements	Sub-scores	Questions
We are compassionate and inclusive	Compassionate culture	Q6a, Q25a, Q25b, Q25c, Q25d
	Compassionate leadership	Q9f, Q9g, Q9h, Q9i
	Diversity and equality	Q15*, Q16a, Q16b, Q21 *Due to changes in the Q15 question wording in 2025, Q15 is not included in the score calculation for this theme or sub-score.
	Inclusion	Q7h, Q7i, Q8b, Q8c
We are recognised and rewarded	No sub-score	Q4a, Q4b, Q4c, Q8d, Q9e
We each have a voice that counts	Autonomy and control	Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q5b
	Raising concerns	Q20a, Q20b, Q25e, Q25f
We are safe and healthy	Health and safety climate	Q3g, Q3h, Q3i, Q5a, Q11a, Q13d, Q14d
	Burnout	Q12a, Q12b, Q12c, Q12d, Q12e, Q12f, Q12g
	Negative experiences	Q11b**, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c **Due to changes in the Q11b question wording in 2025, Q11b is not included in the score calculation for this theme or sub-score.
	Other questions [Not scored]	Q17a***, Q17b***, Q22*** ***Q17a, Q17b and Q22 do not contribute to the calculation of any scores or sub-scores.
We are always learning	Development	Q24a, Q24b, Q24c, Q24d, Q24e
	Appraisals	Q23a****, Q23b, Q23c, Q23d ****Q23a is a filter question and therefore influences the sub-score without being a directly scored question.
We work flexibly	Support for work-life balance	Q6b, Q6c, Q6d
	Flexible working	Q4d
We are a team	Team working	Q7a, Q7b, Q7c, Q7d, Q7e, Q7f, Q7g, Q8a
	Line management	Q9a, Q9b, Q9c, Q9d
Themes	Sub-scores	Questions
Staff Engagement	Motivation	Q2a, Q2b, Q2c
	Involvement	Q3c, Q3d, Q3f
	Advocacy	Q25a, Q25c, Q25d
Morale	Thinking about leaving	Q26a, Q26b, Q26c
	Work pressure	Q3g, Q3h, Q3i
	Stressors	Q3a, Q3e, Q5a, Q5b, Q5c, Q7c, Q9a

Questions not linked to the People Promise elements or themes



Introduction

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

Organisation details

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

People Promise elements, themes and sub-scores: Overview

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

People Promise elements, themes and sub-scores: Trends

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

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



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

People Promise elements, themes and sub-scores: Questions

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

Questions not linked to People Promise

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

Workforce Equality Standards

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

About your respondents

This section provides details of the staff responding to the survey, including their **demographic and other classification questions**. It also includes the socio-economic background questions.

Appendices

Here you will find:

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

Key features

Note this is example data

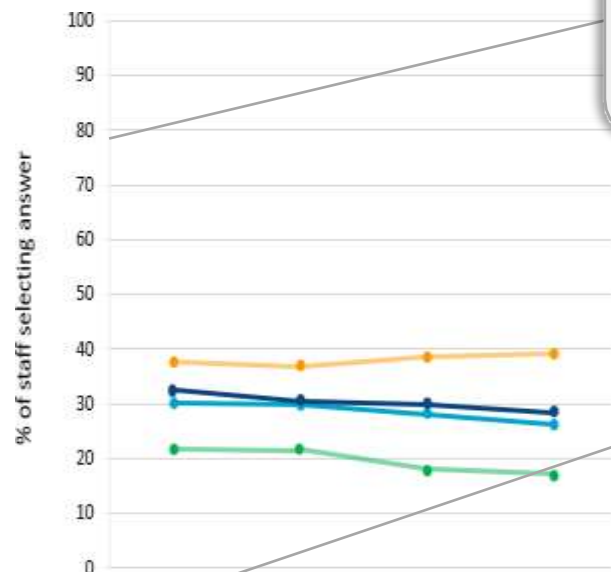
Question number and text (or summary measure) specified at the top of each slide.

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

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

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

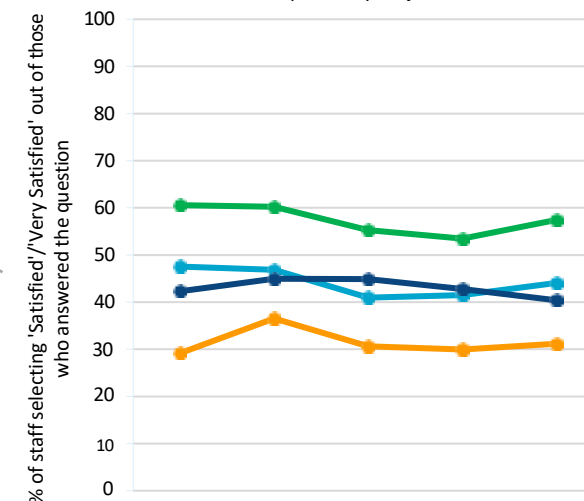
Number of responses for the organisation for the given question.



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

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

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



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

Note: Charts will only display data for the years where an organisation has data. For example, an organisation with three years of trend data will see charts such as q4b with data only in the 2023, 2024 and 2025 portions of the chart and table.

Organisation details

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

Tameside and Glossop Integrated Care NHS Foundation
Trust

2025 NHS Staff Survey



Organisation details

Completed questionnaires **2247**

2025 response rate **46%**

Survey details

Survey mode **Mixed**

◀ This organisation is benchmarked against:

Acute and Acute & Community Trusts



2025 benchmarking group details

Organisations in group: 121

Median response rate: 47%

No. of completed questionnaires: 524528

For more information on benchmarking group definitions please see the [Technical Guide](#).



People Promise elements, themes and sub-score results

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

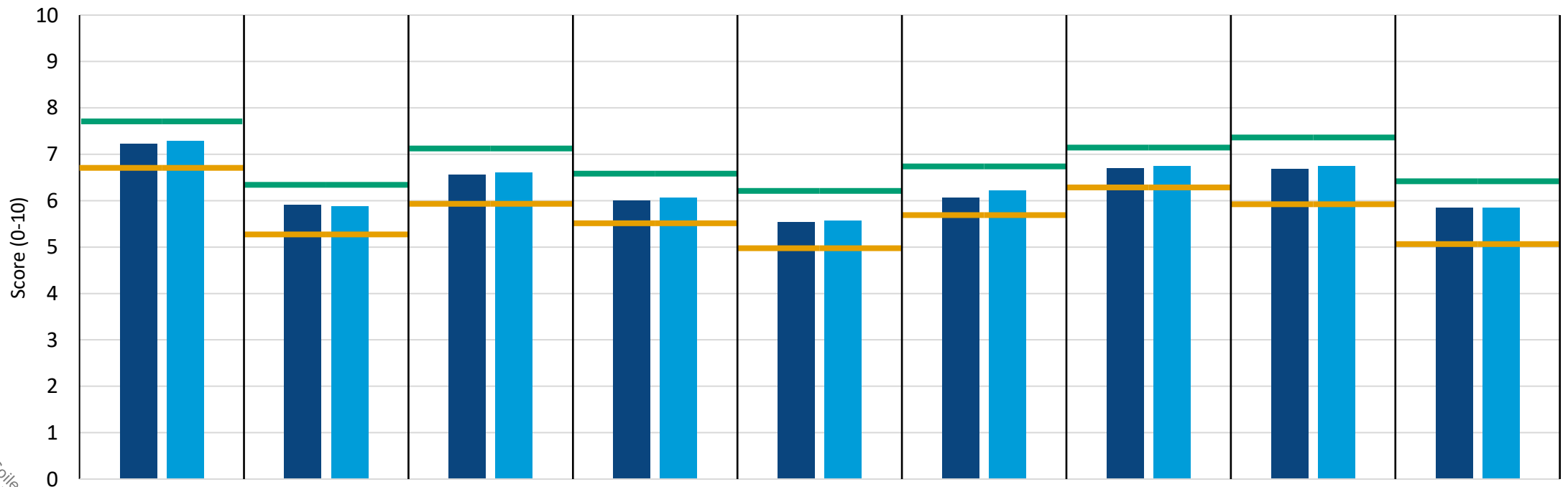
People Promise elements, themes and sub-scores: Overview

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

People Promise elements and themes: Overview

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



Responses	2233	2238	2215	2218	2149	2219	2230	2240	2240
Your org	7.22	5.91	6.57	6.01	5.54	6.06	6.69	6.68	5.84
Best result	7.71	6.34	7.12	6.58	6.21	6.74	7.14	7.36	6.42
Average result	7.28	5.87	6.60	6.07	5.57	6.22	6.75	6.74	5.84
Worst result	6.71	5.27	5.93	5.51	4.98	5.69	6.29	5.92	5.06

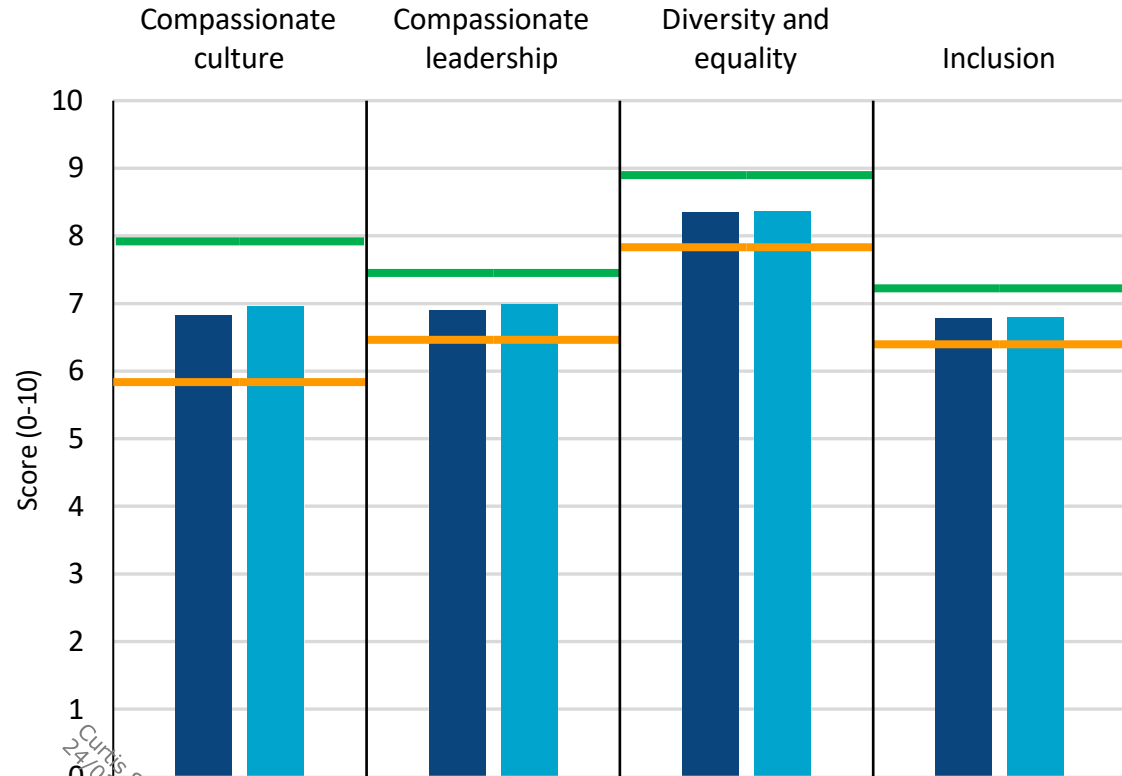


People Promise elements, themes and sub-scores: Sub-score overview

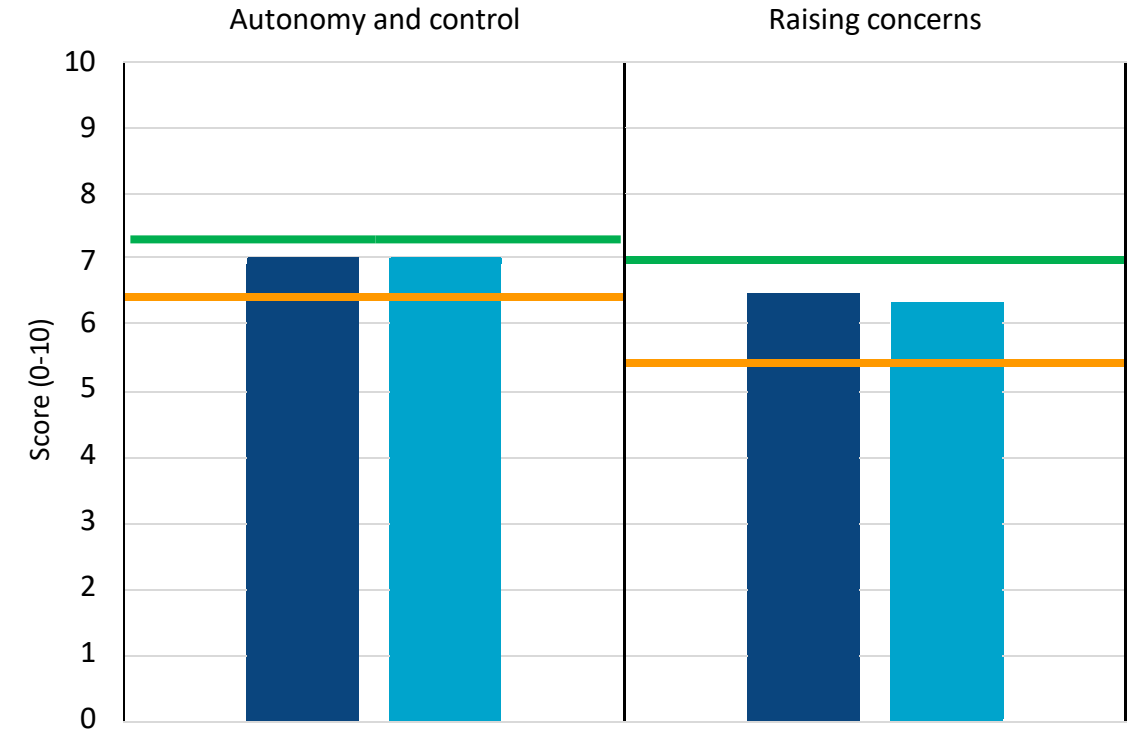
People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 1: We are compassionate and inclusive



Promise element 3: We each have a voice that counts



Your org	6.82	6.86	6.28
Best result	7.92	7.31	7.02
Average result	6.97	6.92	6.30
Worst result	5.84	6.43	5.43
Responses	2226	2240	2217

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

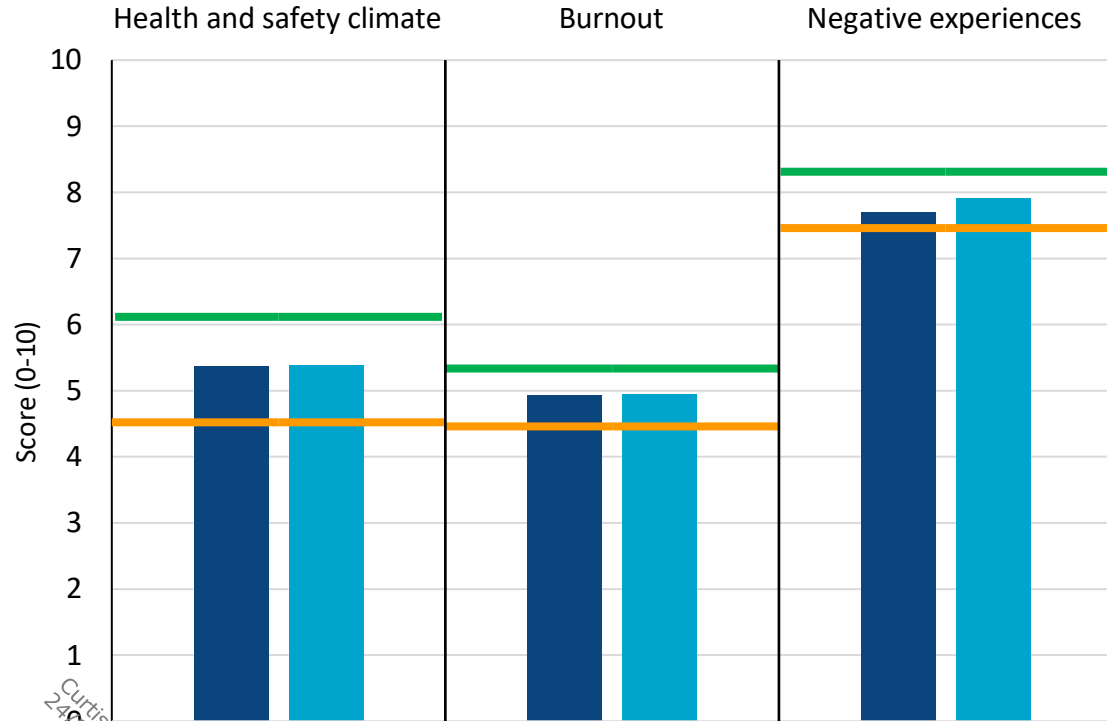


People Promise elements, themes and sub-scores: Sub-score overview

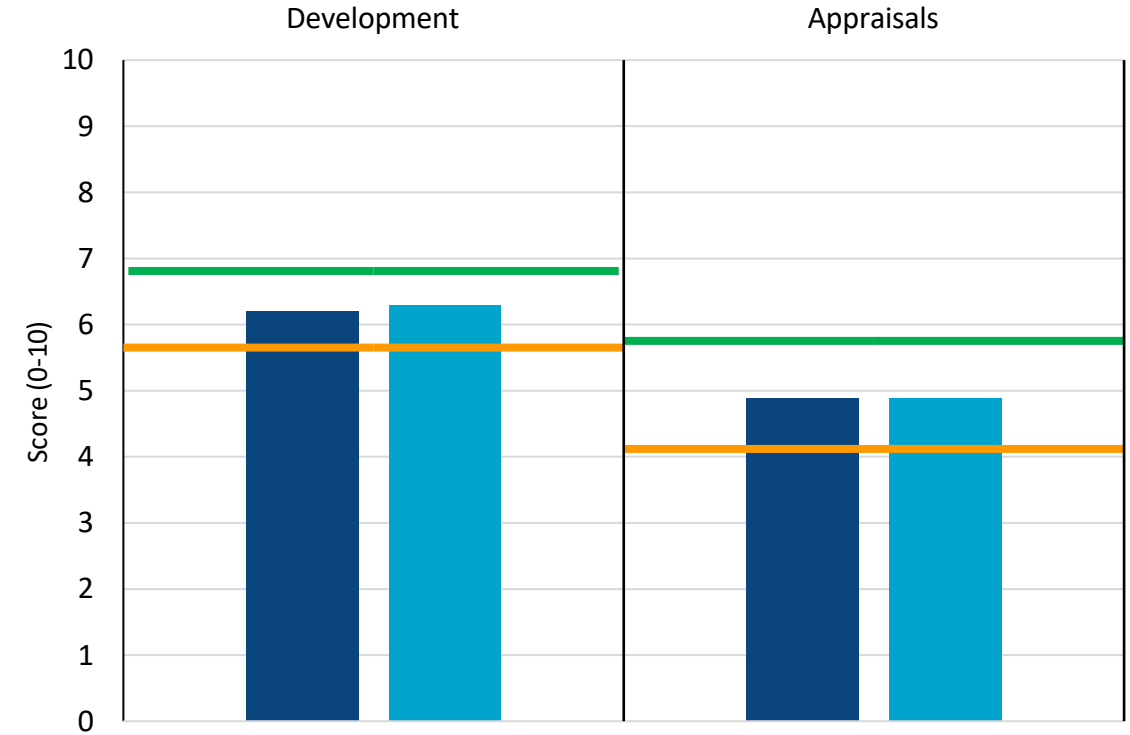
People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 4: We are safe and healthy



Promise element 5: We are always learning



Your org	6.19	4.89
Best result	6.81	5.75
Average result	6.29	4.89
Worst result	5.65	4.12

Responses

2226

2154

Responses

2239

2236

2223

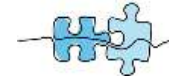
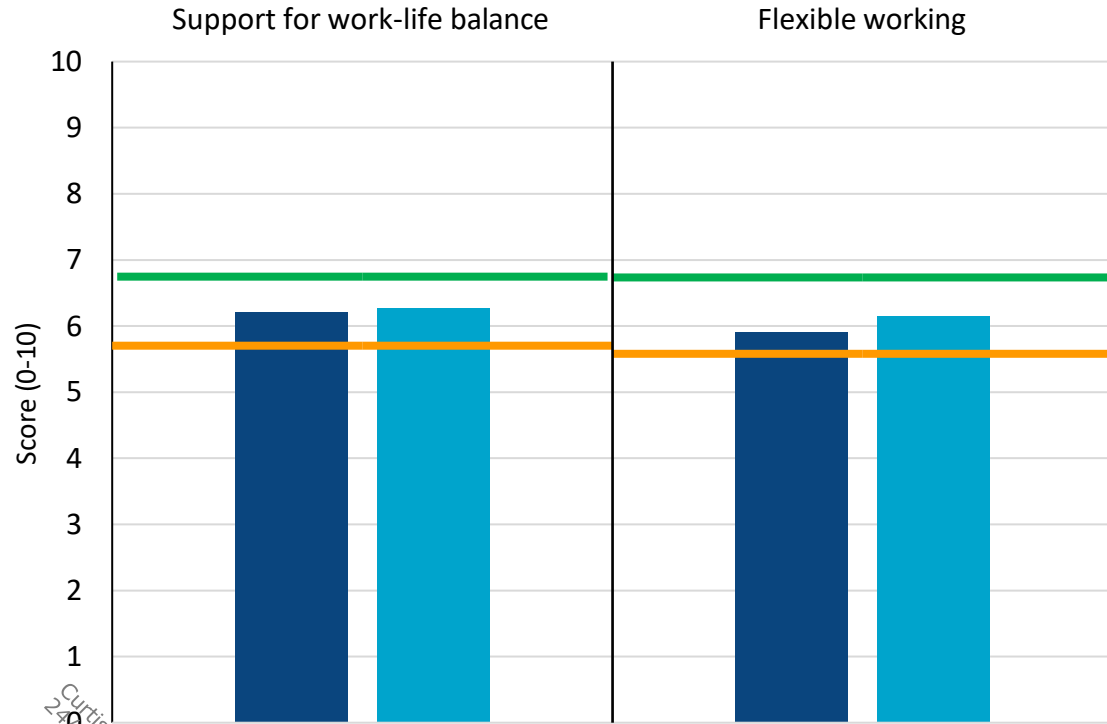


People Promise elements, themes and sub-scores: Sub-score overview

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



Promise element 6: We work flexibly



Promise element 7: We are a team



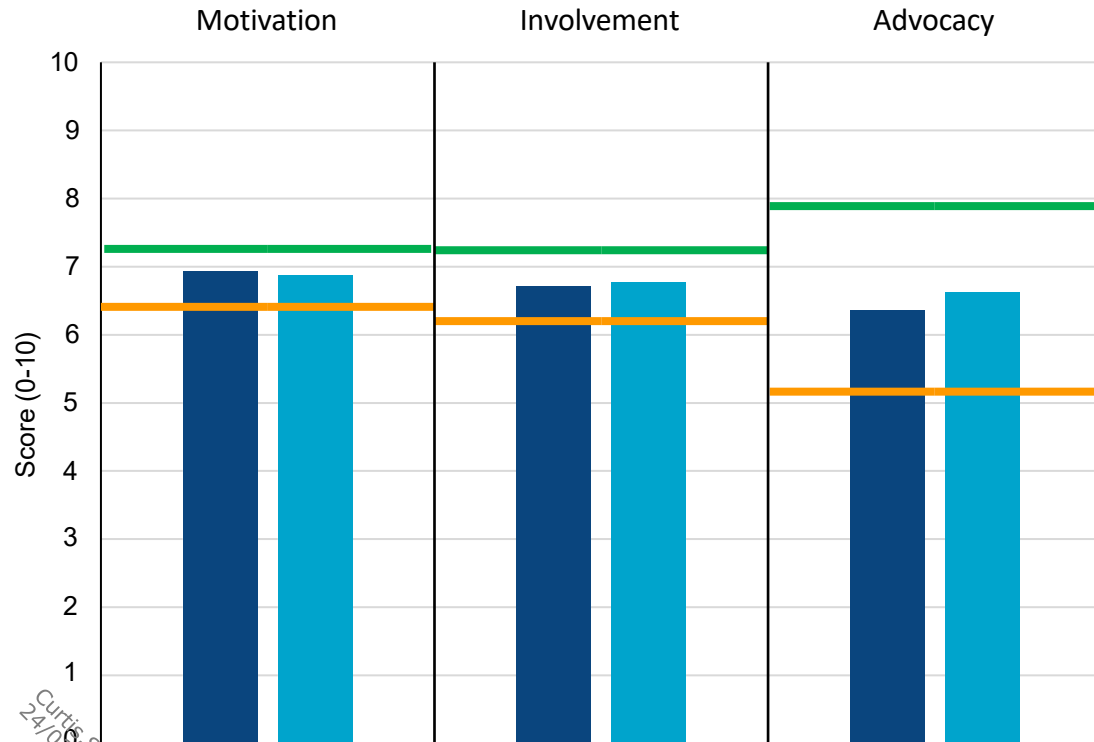


People Promise elements, themes and sub-scores: Sub-score overview

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



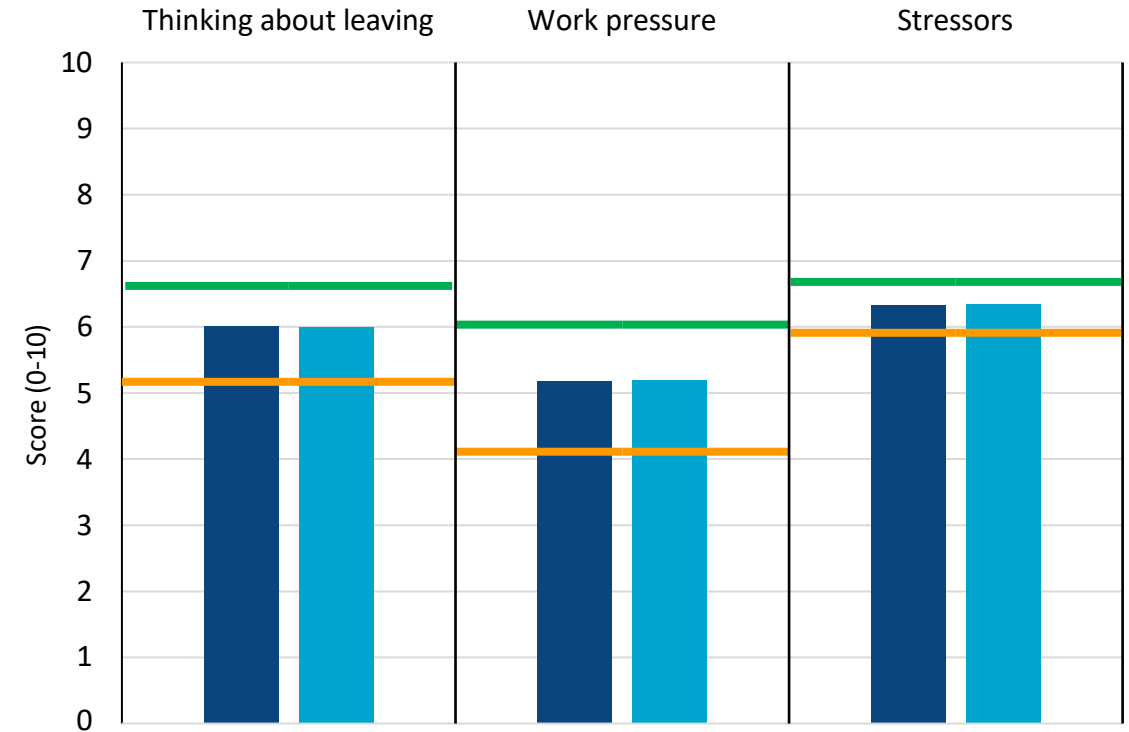
Theme: Staff engagement



Your org	6.94	6.72	6.37
Best result	7.26	7.24	7.89
Average result	6.87	6.77	6.63
Worst result	6.41	6.20	5.17
Responses	2208	2240	2226



Theme: Morale



Your org	6.01	5.18	6.33
Best result	6.62	6.03	6.68
Average result	6.00	5.20	6.35
Worst result	5.17	4.11	5.91
Responses	2226	2237	2238

People Promise elements, themes and sub-scores: Trends

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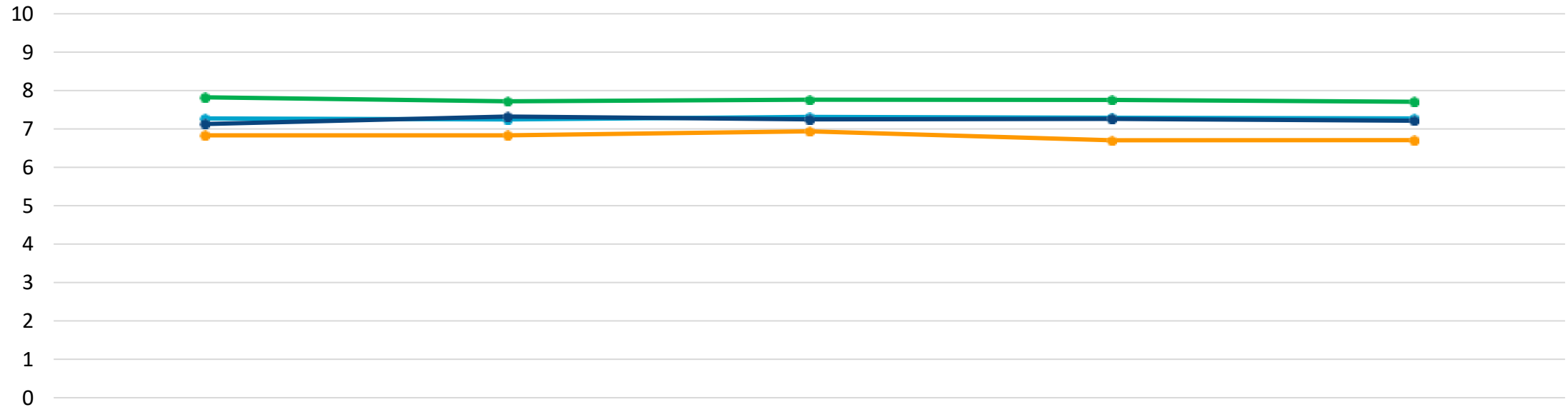
Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

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



Promise element 1: We are compassionate and inclusive

We are compassionate and inclusive



	2021	2022	2023	2024	2025
Your org	7.13	7.32	7.25	7.26	7.22
Best result	7.82	7.72	7.76	7.76	7.71
Average result	7.27	7.25	7.31	7.29	7.28
Worst result	6.83	6.83	6.94	6.71	6.71
Responses	1543	1732	1865	1973	2233

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

<https://www.nhsstaffsurveys.com/survey-documents/>



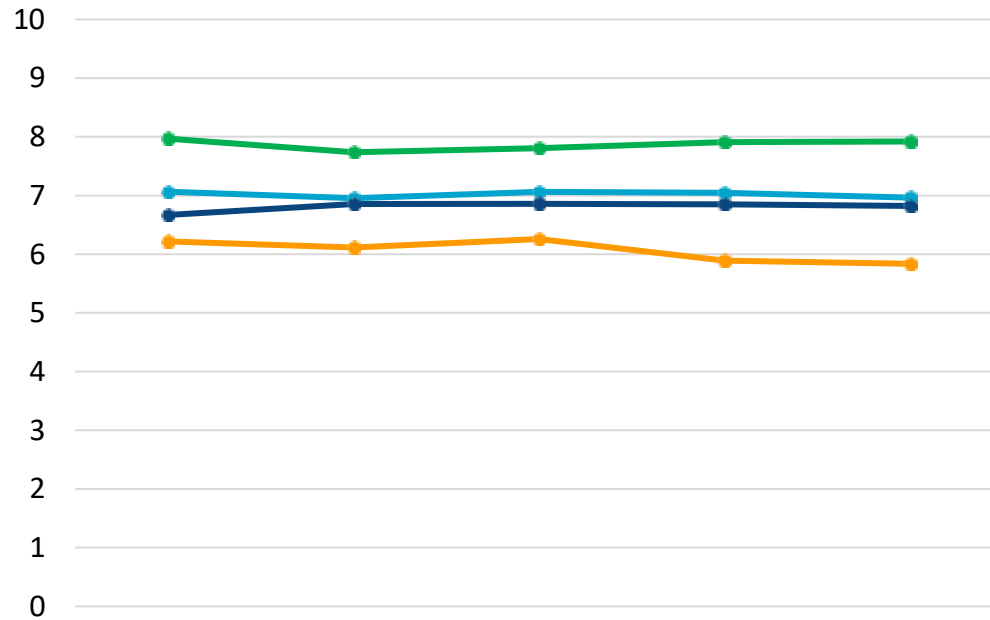
People Promise elements, themes and sub-scores: Sub-score trends

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



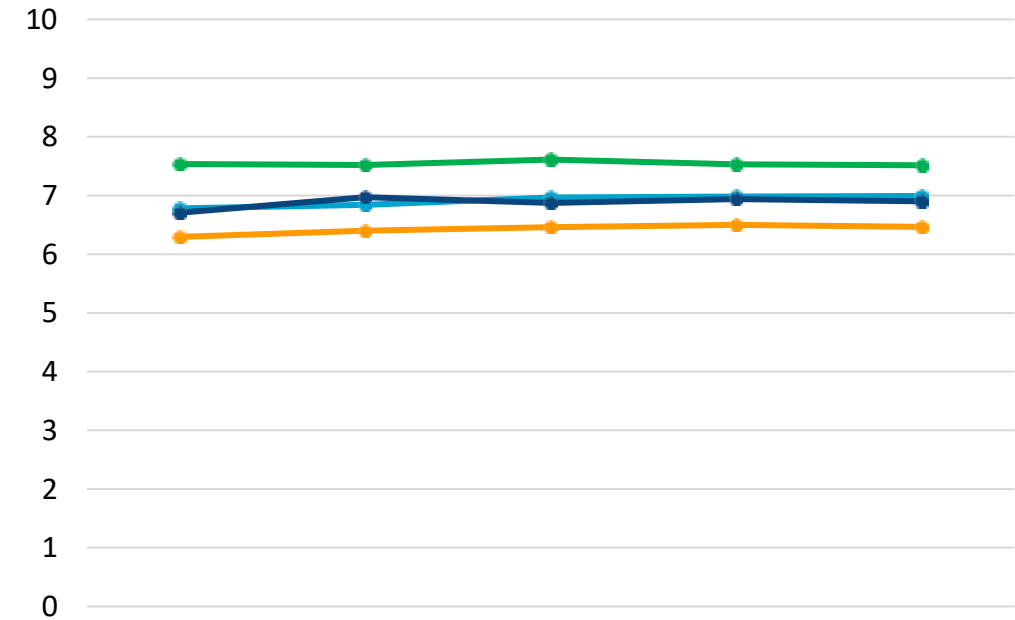
Promise element 1: We are compassionate and inclusive (1)

Compassionate culture



	2021	2022	2023	2024	2025
Your org	6.67	6.86	6.86	6.85	6.82
Best result	7.97	7.73	7.81	7.91	7.92
Average result	7.07	6.96	7.06	7.05	6.97
Worst result	6.22	6.12	6.26	5.89	5.84
Responses	1534	1725	1862	1966	2226

Compassionate leadership



	2021	2022	2023	2024	2025
Your org	6.71	6.97	6.87	6.94	6.90
Best result	7.48	7.46	7.55	7.47	7.45
Average result	6.78	6.84	6.96	6.98	6.99
Worst result	6.29	6.40	6.46	6.50	6.46
Responses	1540	1734	1862	1974	2232



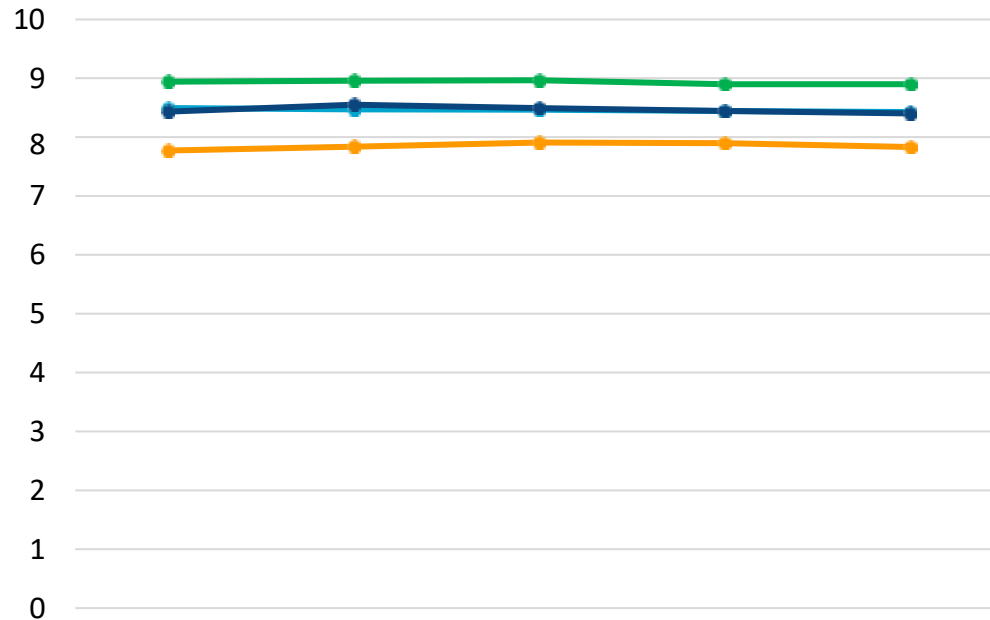
People Promise elements, themes and sub-scores: Sub-score trends

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



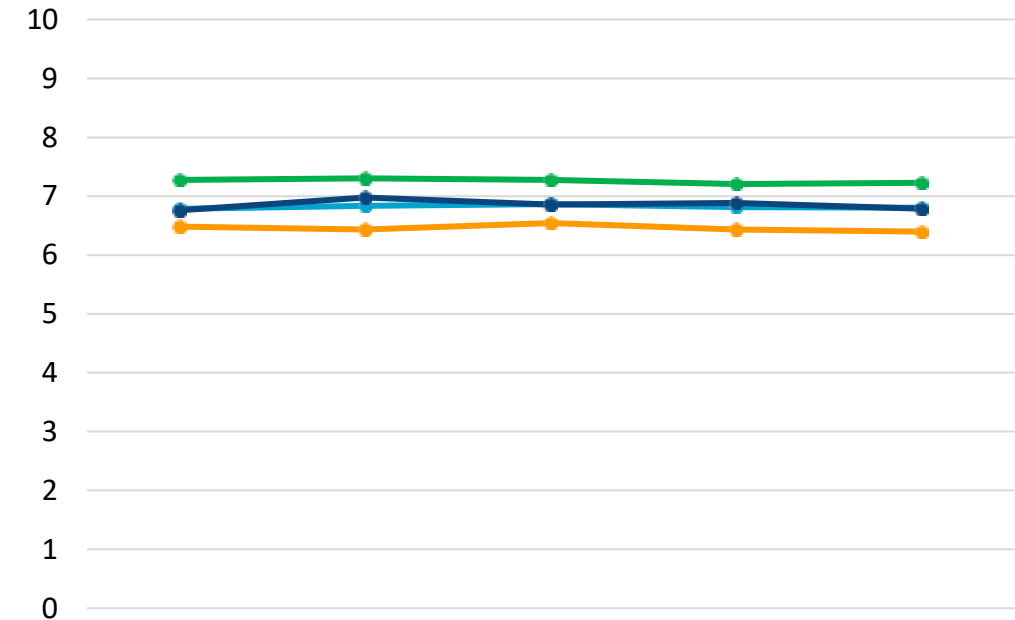
Promise element 1: We are compassionate and inclusive (2)

Diversity and equality



	2021	2022	2023	2024	2025
Your org	8.37	8.49	8.44	8.38	8.35
Best result	8.94	8.96	8.97	8.90	8.90
Average result	8.44	8.41	8.41	8.39	8.37
Worst result	7.77	7.84	7.91	7.90	7.83
Responses	1543	1732	1860	1971	2231

Inclusion



	2021	2022	2023	2024	2025
Your org	6.76	6.98	6.85	6.88	6.79
Best result	7.28	7.30	7.27	7.20	7.22
Average result	6.78	6.84	6.86	6.81	6.80
Worst result	6.48	6.43	6.54	6.43	6.40
Responses	1535	1726	1859	1966	2225

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

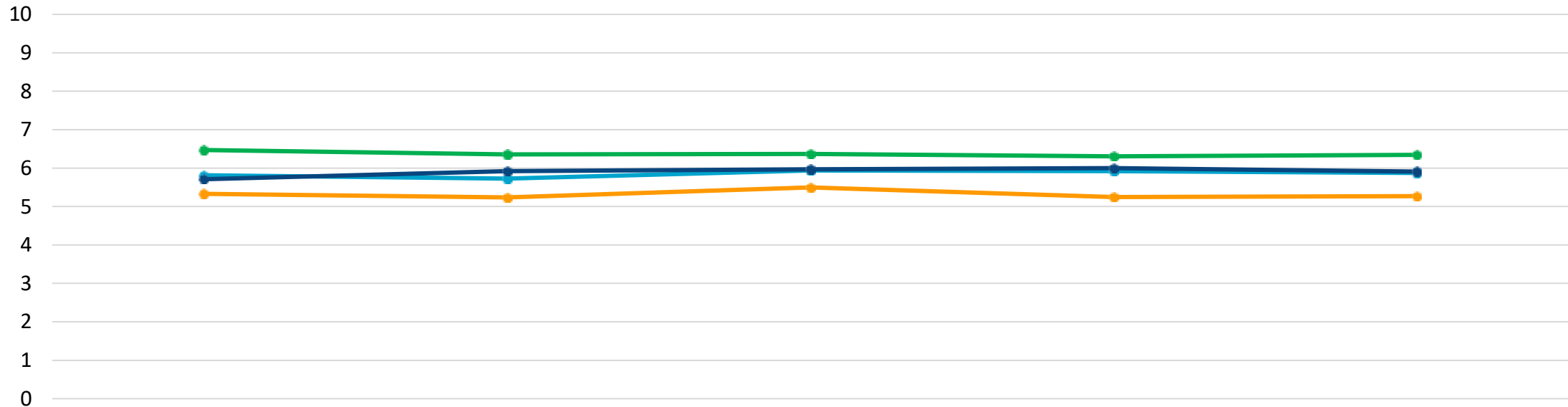
<https://www.nhsstaffsurveys.com/survey-documents/>

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



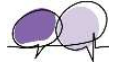
Promise element 2: We are recognised and rewarded

We are recognised and rewarded



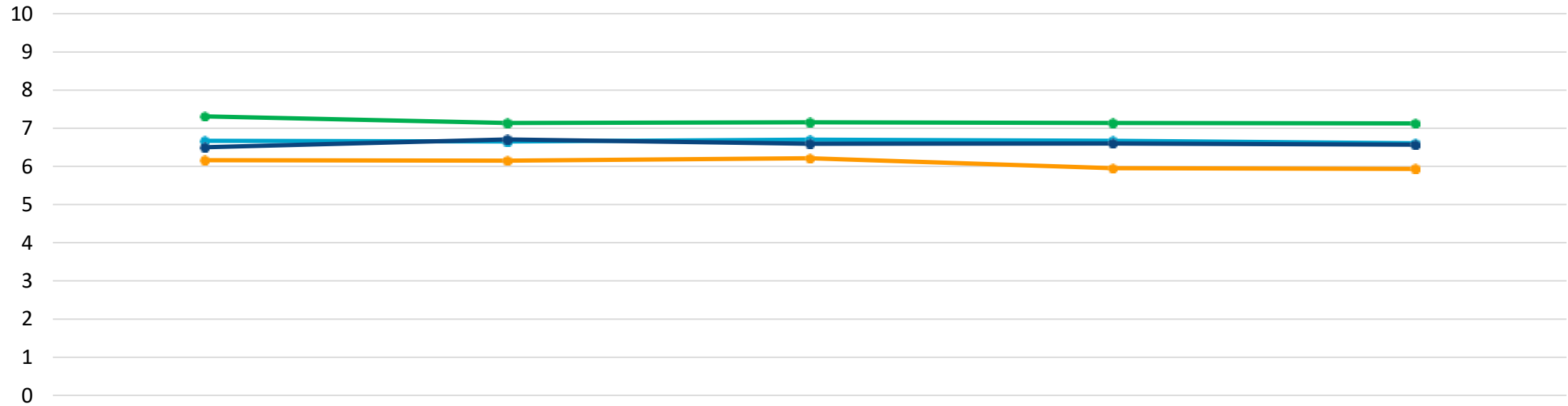
	2021	2022	2023	2024	2025
Your org	5.71	5.92	5.97	6.00	5.91
Best result	6.47	6.36	6.37	6.31	6.34
Average result	5.81	5.73	5.94	5.92	5.87
Worst result	5.33	5.24	5.50	5.25	5.27
Responses	1541	1737	1866	1975	2238

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



Promise element 3: We each have a voice that counts

We each have a voice that counts

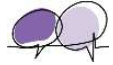


	2021	2022	2023	2024	2025
Your org	6.50	6.70	6.60	6.60	6.57
Best result	7.31	7.14	7.16	7.14	7.12
Average result	6.67	6.65	6.70	6.67	6.60
Worst result	6.16	6.15	6.21	5.95	5.93
Responses	1518	1701	1844	1942	2215



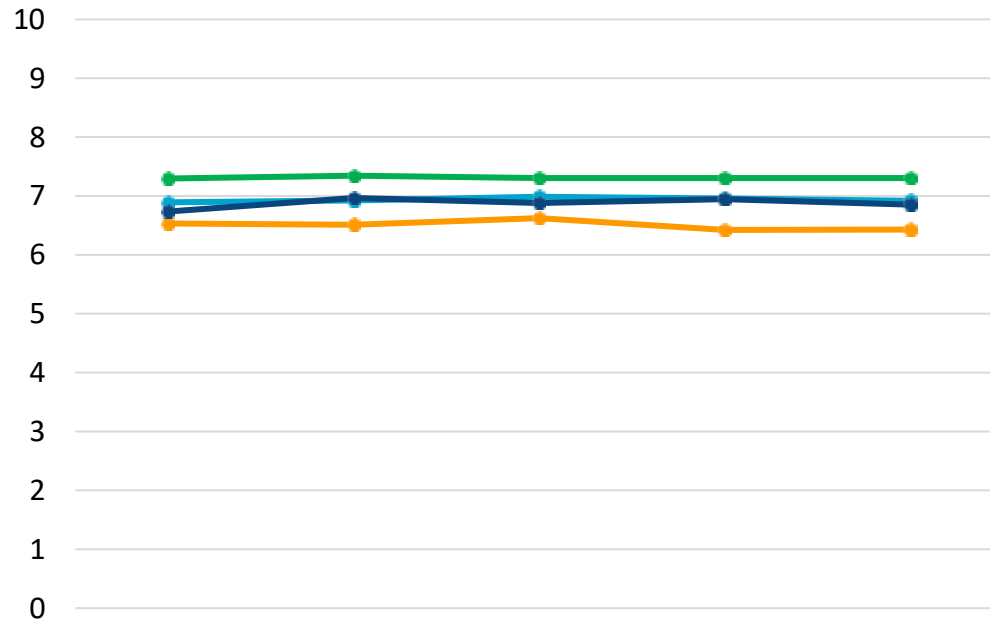
People Promise elements, themes and sub-scores: Sub-score trends

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



Promise element 3: We each have a voice that counts

Autonomy and control

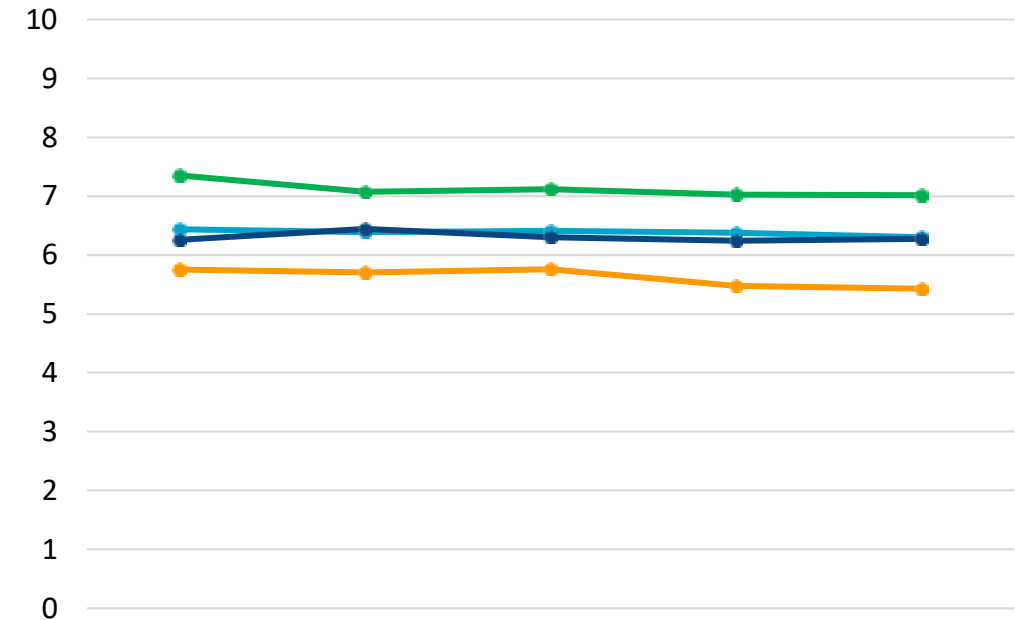


2021 2022 2023 2024 2025

Your org	6.74	6.97	6.88	6.95	6.86
Best result	7.30	7.35	7.31	7.31	7.31
Average result	6.89	6.93	6.99	6.96	6.92
Worst result	6.53	6.51	6.63	6.42	6.43

Responses 1546 1736 1865 1974 2240

Raising concerns



2021 2022 2023 2024 2025

Your org	6.26	6.44	6.30	6.24	6.28
Best result	7.35	7.07	7.12	7.02	7.02
Average result	6.44	6.39	6.41	6.38	6.30
Worst result	5.75	5.70	5.76	5.48	5.43

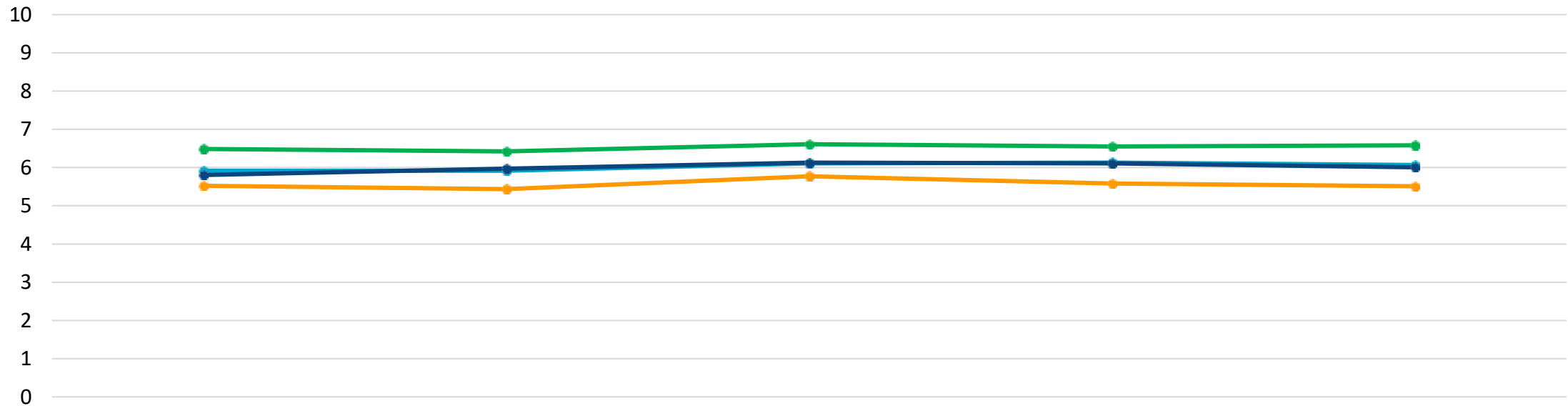
Responses 1525 1708 1850 1949 2217

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



Promise element 4: We are safe and healthy

We are safe and healthy



	2021	2022	2023	2024	2025
Your org	5.81	5.97	6.13	6.11	6.01
Best result	6.48	6.42	6.61	6.55	6.58
Average result	5.92	5.92	6.11	6.13	6.07
Worst result	5.52	5.44	5.77	5.58	5.51
Responses	1517	1718	1841	1952	2218

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



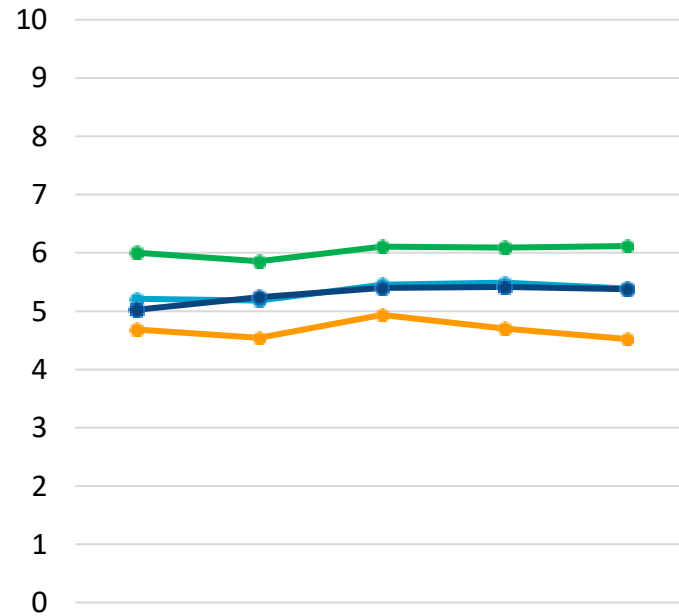
People Promise elements, themes and sub-scores: Sub-score trends

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



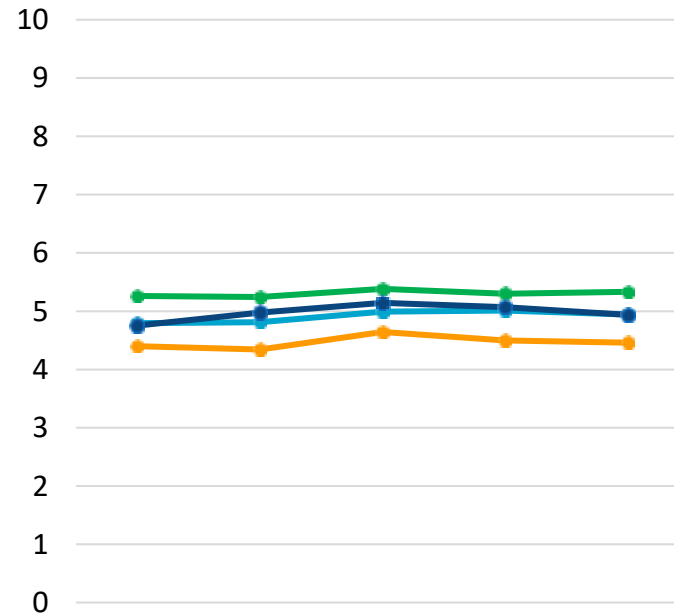
Promise element 4: We are safe and healthy

Health and safety climate



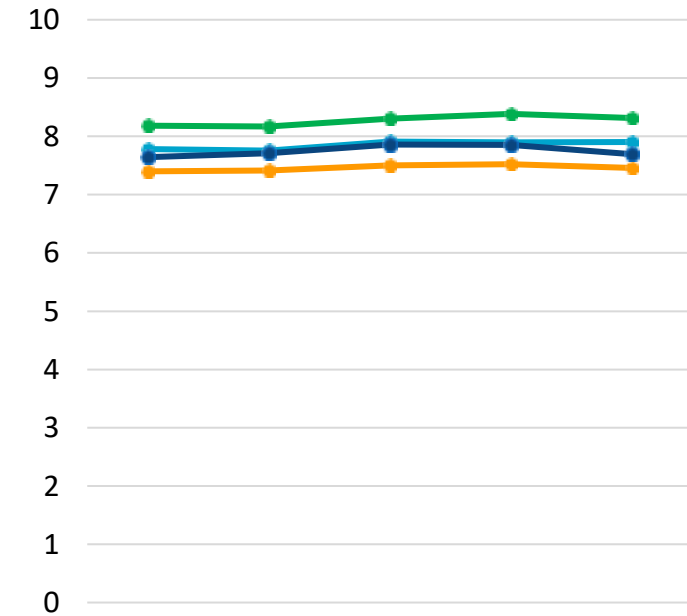
	2021	2022	2023	2024	2025
Your org	5.02	5.24	5.40	5.42	5.38
Best result	6.01	5.86	6.11	6.09	6.12
Average result	5.21	5.18	5.45	5.49	5.39
Worst result	4.68	4.54	4.94	4.70	4.52
Responses	1547	1737	1864	1978	2239

Burnout



	2021	2022	2023	2024	2025
Your org	4.75	4.98	5.14	5.07	4.94
Best result	5.26	5.24	5.38	5.30	5.33
Average result	4.79	4.81	4.99	5.01	4.94
Worst result	4.40	4.34	4.64	4.50	4.46
Responses	1542	1731	1864	1970	2236

Negative experiences



	2021	2022	2023	2024	2025
Your org	7.64	7.71	7.86	7.85	7.70
Best result	8.18	8.17	8.30	8.39	8.31
Average result	7.78	7.76	7.91	7.90	7.90
Worst result	7.40	7.41	7.50	7.52	7.46
Responses	1529	1725	1850	1960	2223

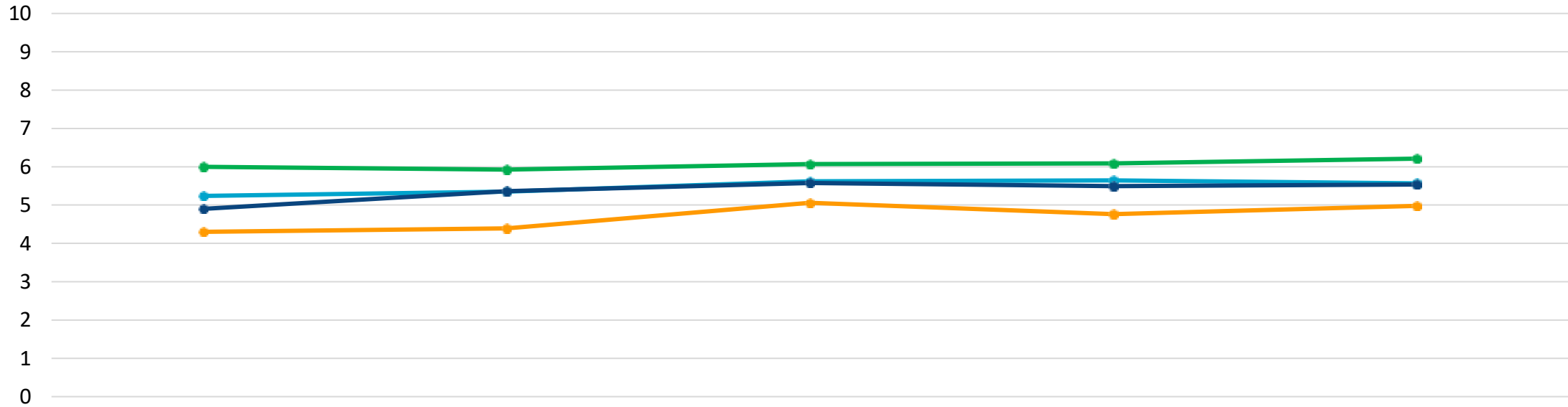
Note: 2023 results for 'Health and safety climate' and 'Negative experiences' are reported using corrected data. In addition, due to changes in the Q11b question wording in 2025, reported results for 'Negative experiences' have been recalculated to exclude Q11b for all years. Please see *Additional Information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

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



Promise element 5: We are always learning

We are always learning



	2021	2022	2023	2024	2025
Your org	4.90	5.36	5.58	5.49	5.54
Best result	6.00	5.92	6.07	6.09	6.21
Average result	5.24	5.35	5.62	5.64	5.57
Worst result	4.30	4.39	5.06	4.76	4.98
Responses	1416	1639	1798	1891	2149



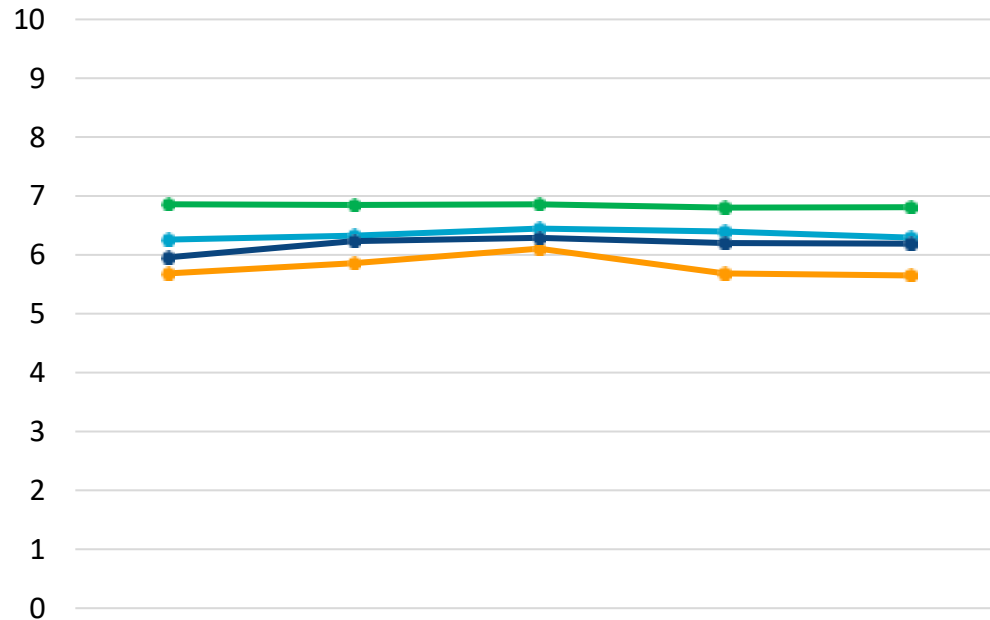
People Promise elements, themes and sub-scores: Sub-score trends

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



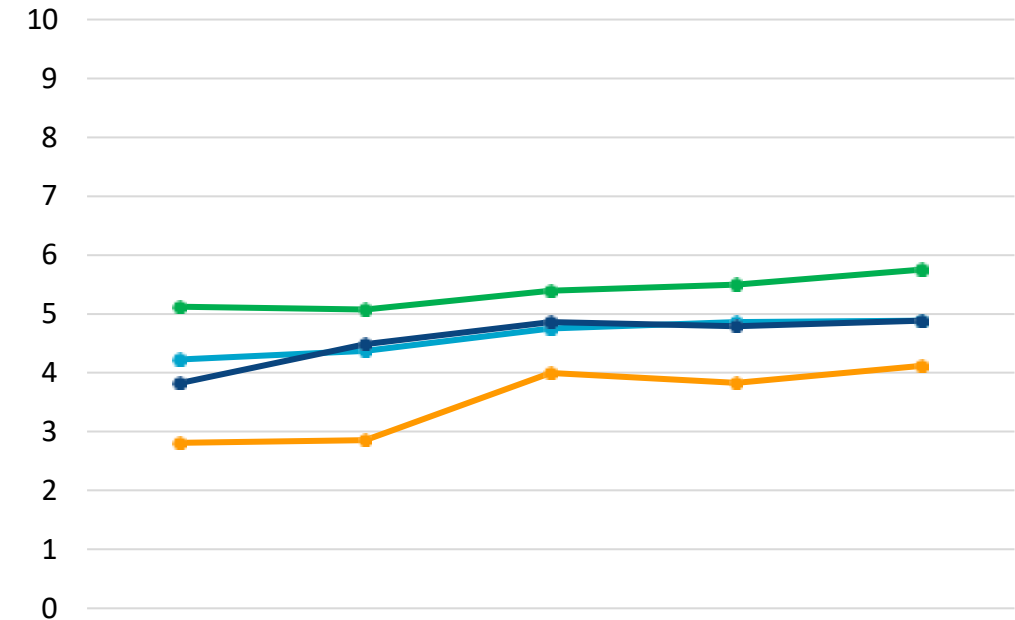
Promise element 5: We are always learning

Development



	2021	2022	2023	2024	2025
Your org	5.96	6.24	6.29	6.20	6.19
Best result	6.86	6.85	6.86	6.80	6.81
Average result	6.26	6.33	6.45	6.40	6.29
Worst result	5.68	5.86	6.11	5.69	5.65
Responses	1528	1731	1865	1969	2226

Appraisals



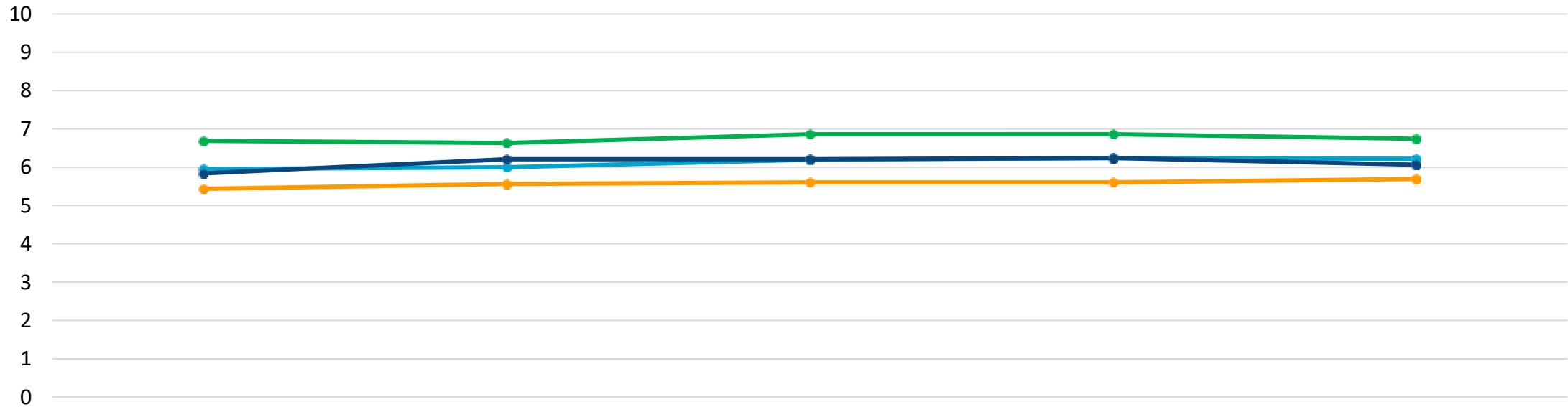
	2021	2022	2023	2024	2025
Your org	3.82	4.49	4.86	4.79	4.89
Best result	5.12	5.07	5.39	5.50	5.75
Average result	4.23	4.37	4.75	4.86	4.89
Worst result	2.81	2.86	3.99	3.83	4.12
Responses	1422	1648	1799	1895	2154

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



Promise element 6: We work flexibly

We work flexibly



	2021	2022	2023	2024	2025
Your org	5.84	6.20	6.21	6.24	6.06
Best result	6.69	6.63	6.86	6.86	6.74
Average result	5.95	6.00	6.20	6.24	6.22
Worst result	5.43	5.56	5.60	5.60	5.69
Responses	1522	1723	1856	1955	2219



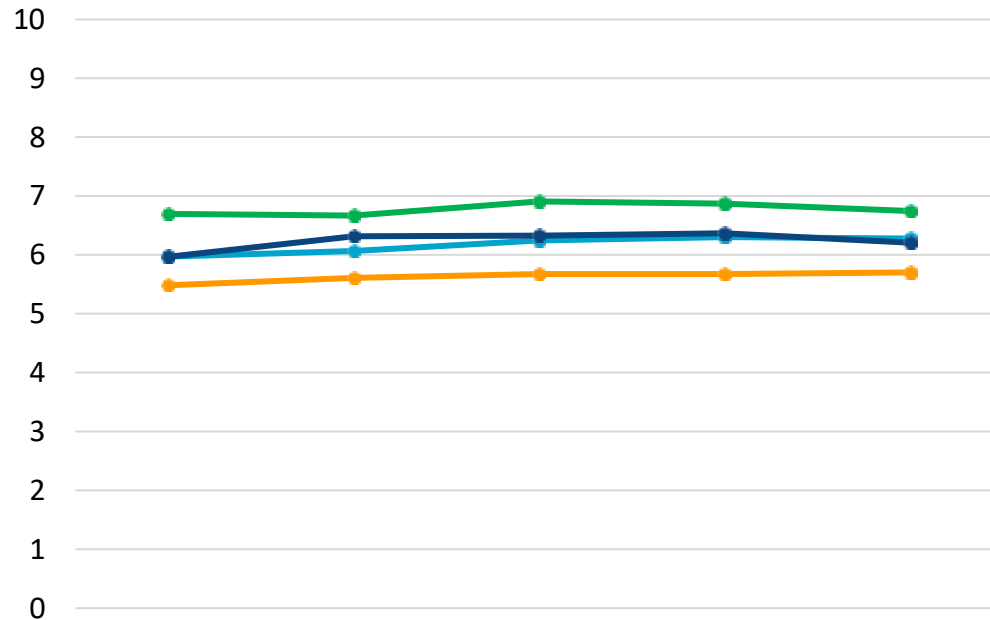
People Promise elements, themes and sub-scores: Sub-score trends

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



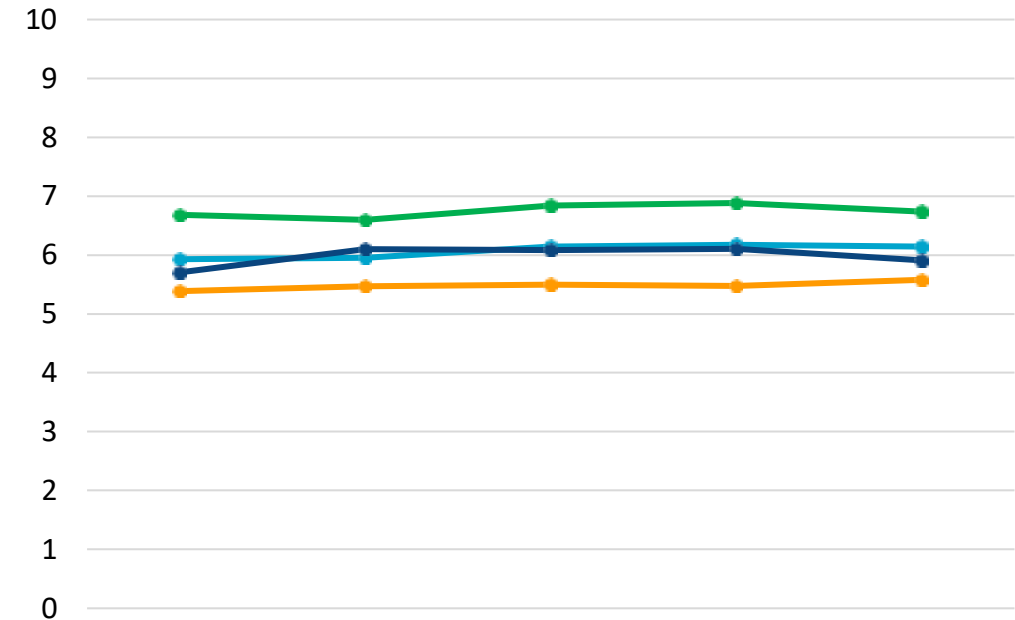
Promise element 6: We work flexibly

Support for work-life balance



	2021	2022	2023	2024	2025
Your org	5.97	6.32	6.33	6.37	6.21
Best result	6.70	6.67	6.91	6.87	6.75
Average result	5.97	6.07	6.25	6.30	6.28
Worst result	5.48	5.61	5.67	5.67	5.70
Responses	1537	1734	1861	1970	2234

Flexible working



	2021	2022	2023	2024	2025
Your org	5.71	6.10	6.08	6.11	5.91
Best result	6.68	6.60	6.84	6.88	6.73
Average result	5.93	5.95	6.15	6.17	6.15
Worst result	5.39	5.47	5.50	5.48	5.58
Responses	1532	1728	1861	1963	2226

People Promise elements and themes: Trends

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



Promise element 7: We are a team

We are a team



	2021	2022	2023	2024	2025
Your org	6.46	6.72	6.70	6.77	6.69
Best result	7.15	7.15	7.19	7.12	7.14
Average result	6.58	6.64	6.75	6.75	6.75
Worst result	6.18	6.25	6.34	6.25	6.29
Responses	1535	1729	1861	1964	2230



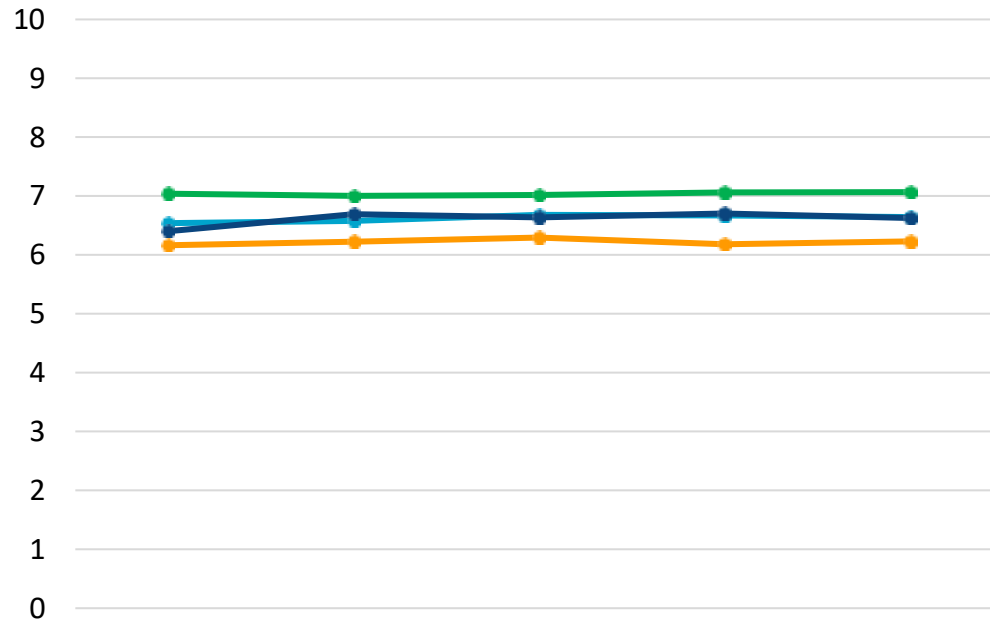
People Promise elements, themes and sub-scores: Sub-score trends

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



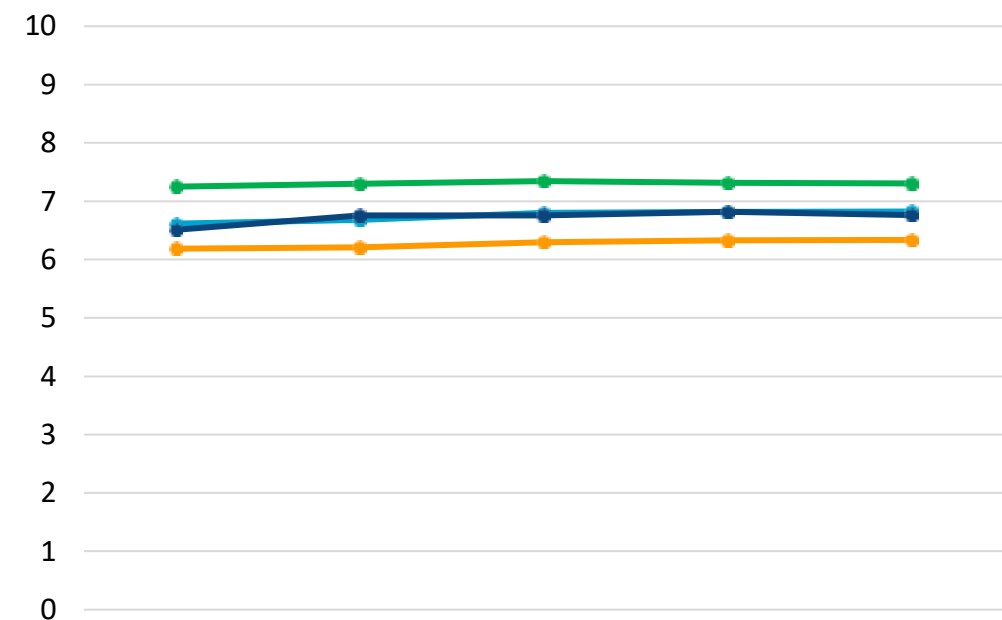
Promise element 7: We are a team

Team working



	2021	2022	2023	2024	2025
Your org	6.40	6.69	6.64	6.70	6.63
Best result	7.04	7.00	7.02	7.06	7.07
Average result	6.54	6.58	6.68	6.67	6.64
Worst result	6.16	6.22	6.29	6.18	6.23
Responses	1549	1731	1865	1969	2235

Line management



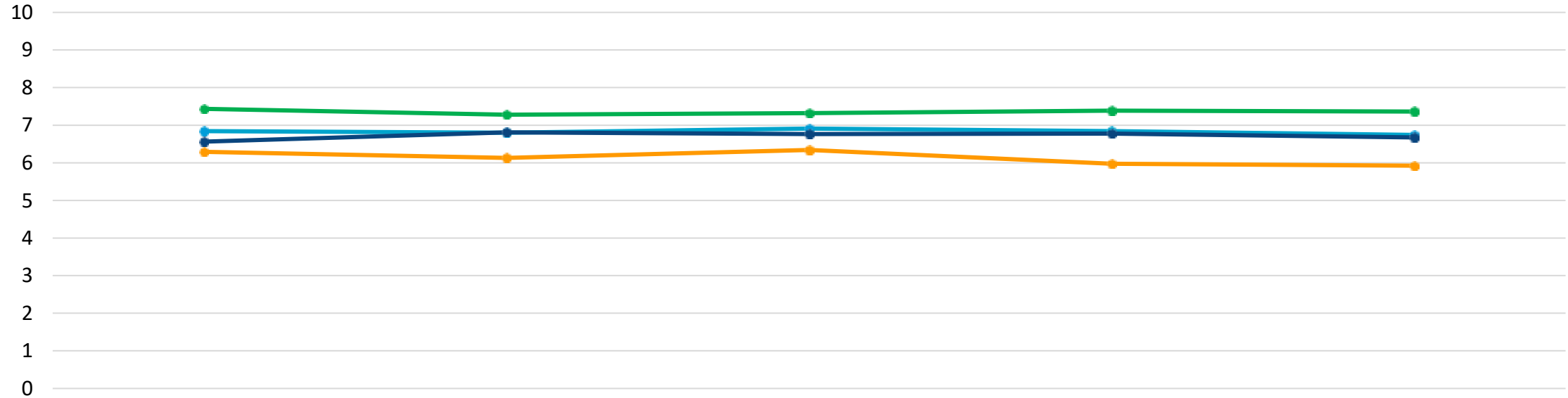
	2021	2022	2023	2024	2025
Your org	6.51	6.76	6.76	6.82	6.76
Best result	7.25	7.30	7.35	7.31	7.31
Average result	6.62	6.68	6.80	6.82	6.82
Worst result	6.19	6.21	6.30	6.33	6.34
Responses	1538	1735	1863	1971	2233

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



Theme: Staff Engagement

Staff Engagement



	2021	2022	2023	2024	2025
Your org	6.56	6.81	6.77	6.78	6.68
Best result	7.43	7.28	7.32	7.39	7.36
Average result	6.84	6.80	6.91	6.84	6.74
Worst result	6.29	6.13	6.34	5.98	5.92
Responses	1550	1737	1864	1978	2240



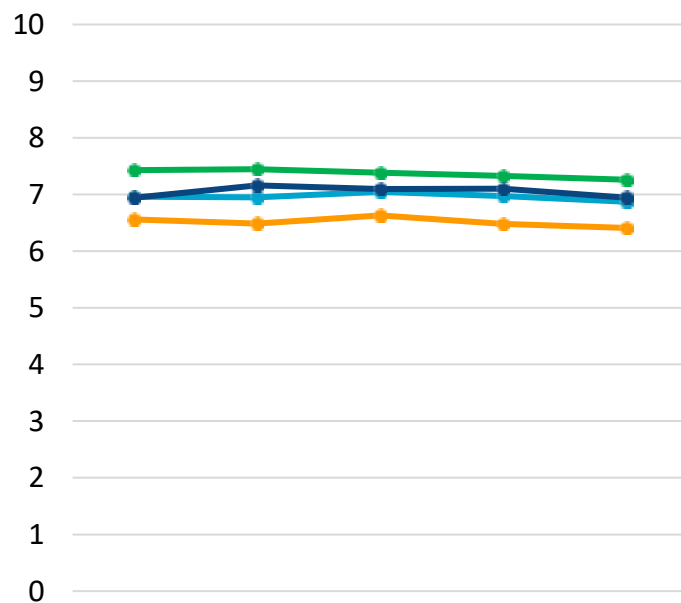
People Promise elements, themes and sub-scores: Sub-score trends

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



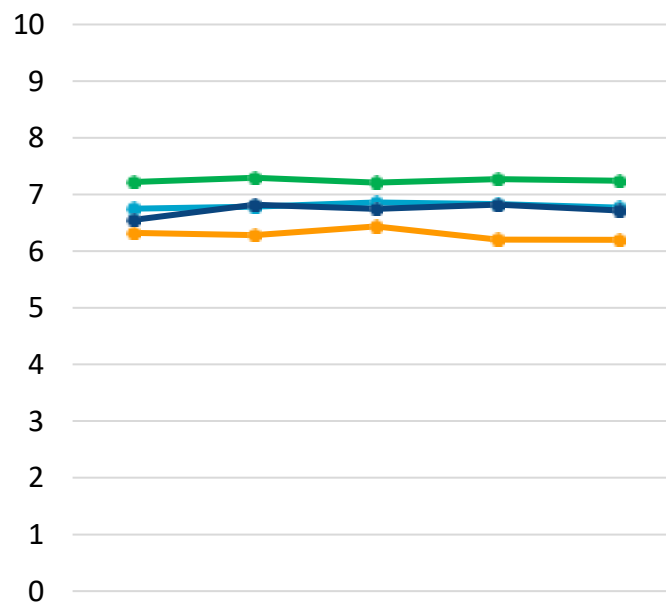
Theme: Staff Engagement

Motivation



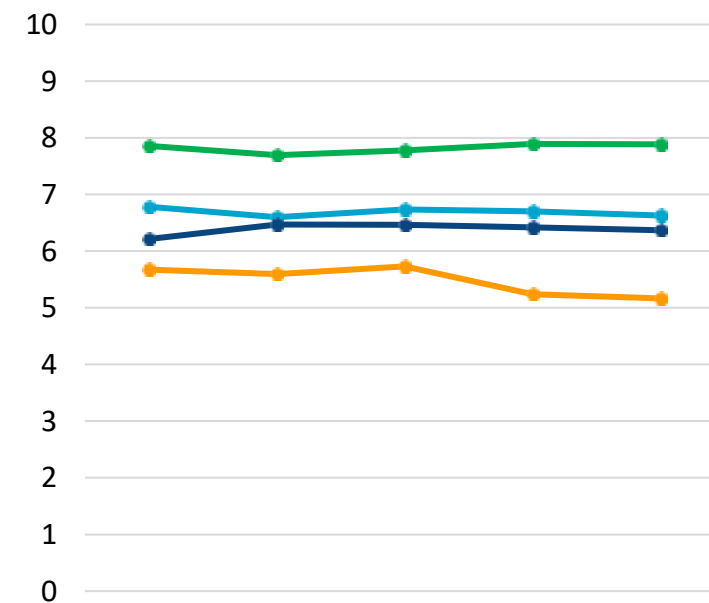
	2021	2022	2023	2024	2025
Your org	6.94	7.16	7.10	7.10	6.94
Best result	7.43	7.45	7.39	7.33	7.26
Average result	6.96	6.95	7.05	6.98	6.87
Worst result	6.56	6.48	6.63	6.48	6.41
Responses	1525	1704	1838	1946	2208

Involvement



	2021	2022	2023	2024	2025
Your org	6.55	6.82	6.75	6.82	6.72
Best result	7.22	7.30	7.21	7.27	7.24
Average result	6.75	6.78	6.86	6.83	6.77
Worst result	6.32	6.28	6.44	6.20	6.20
Responses	1544	1737	1863	1977	2240

Advocacy



	2021	2022	2023	2024	2025
Your org	6.21	6.47	6.46	6.42	6.37
Best result	7.86	7.70	7.78	7.89	7.89
Average result	6.78	6.60	6.74	6.70	6.63
Worst result	5.67	5.60	5.73	5.24	5.17
Responses	1535	1726	1862	1965	2226

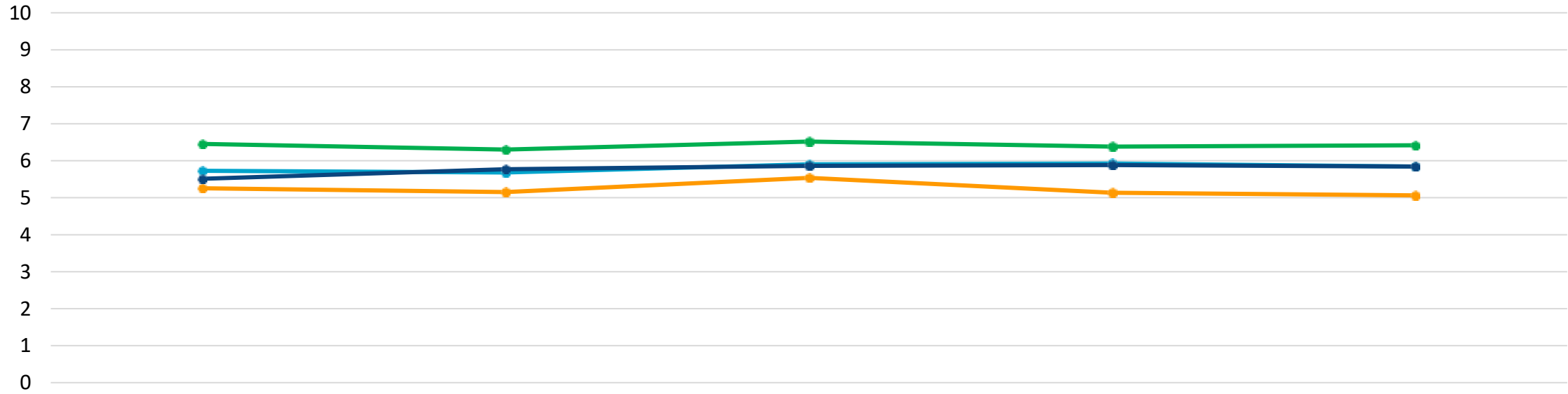
People Promise elements and themes: Trends

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



Theme: Morale

Morale



	2021	2022	2023	2024	2025
Your org	5.51	5.77	5.86	5.88	5.84
Best result	6.45	6.30	6.52	6.38	6.42
Average result	5.73	5.68	5.90	5.93	5.84
Worst result	5.26	5.16	5.54	5.13	5.06
Responses	1551	1737	1865	1980	2240



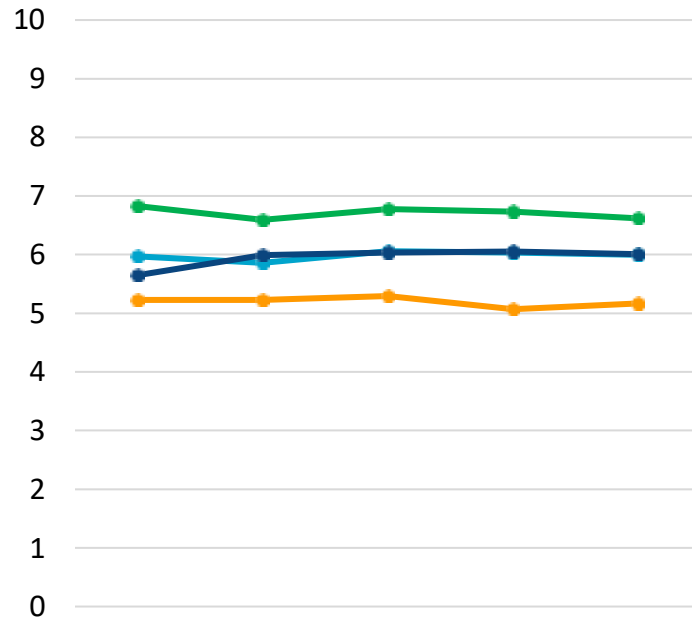
People Promise elements, themes and sub-scores: Sub-score trends

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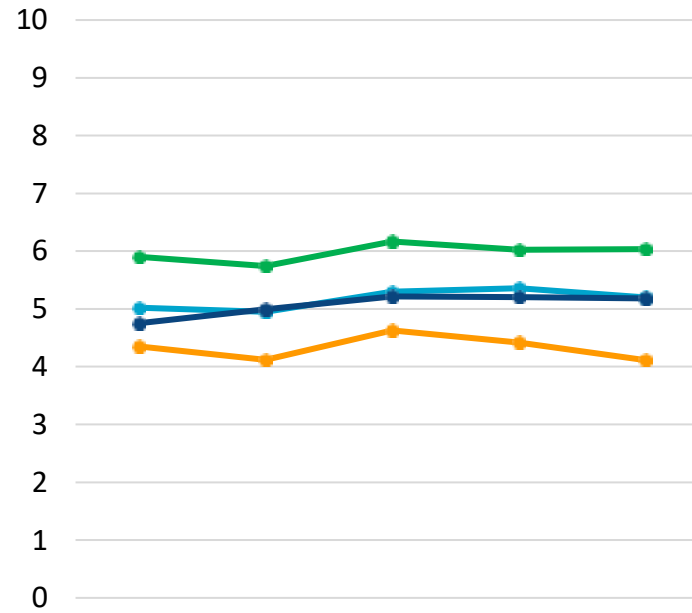
Theme: Morale

Thinking about leaving



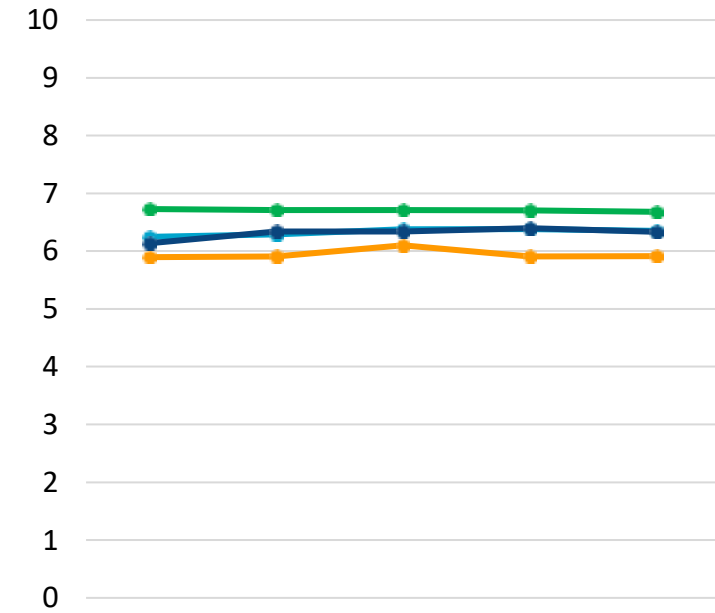
	2021	2022	2023	2024	2025
Your org	5.65	5.99	6.04	6.05	6.01
Best result	6.83	6.59	6.78	6.73	6.62
Average result	5.97	5.86	6.06	6.04	6.00
Worst result	5.23	5.23	5.29	5.07	5.17
Responses	1537	1727	1865	1971	2226

Work pressure



	2021	2022	2023	2024	2025
Your org	4.75	4.99	5.22	5.21	5.18
Best result	5.90	5.74	6.17	6.03	6.03
Average result	5.02	4.95	5.30	5.36	5.20
Worst result	4.35	4.12	4.63	4.42	4.11
Responses	1543	1736	1861	1977	2237

Stressors



	2021	2022	2023	2024	2025
Your org	6.14	6.34	6.34	6.40	6.33
Best result	6.73	6.71	6.71	6.70	6.68
Average result	6.25	6.29	6.38	6.38	6.35
Worst result	5.90	5.91	6.10	5.91	5.91
Responses	1545	1732	1859	1974	2238

People Promise element – We are compassionate and inclusive



Questions included:

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

Compassionate leadership – Q9f, Q9g, Q9h, Q9i

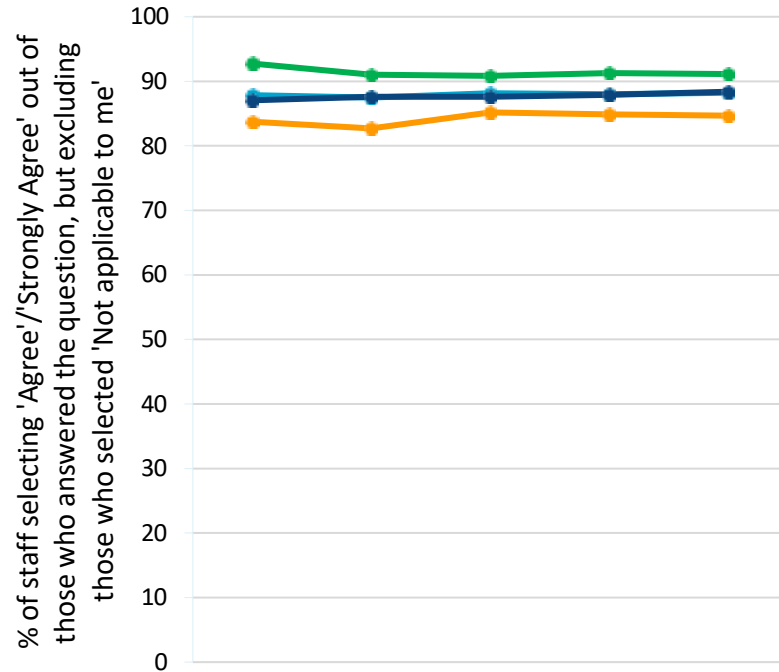
Diversity and equality – Q15, Q16a, Q16b, Q21

Inclusion – Q7h, Q7i, Q8b, Q8c

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

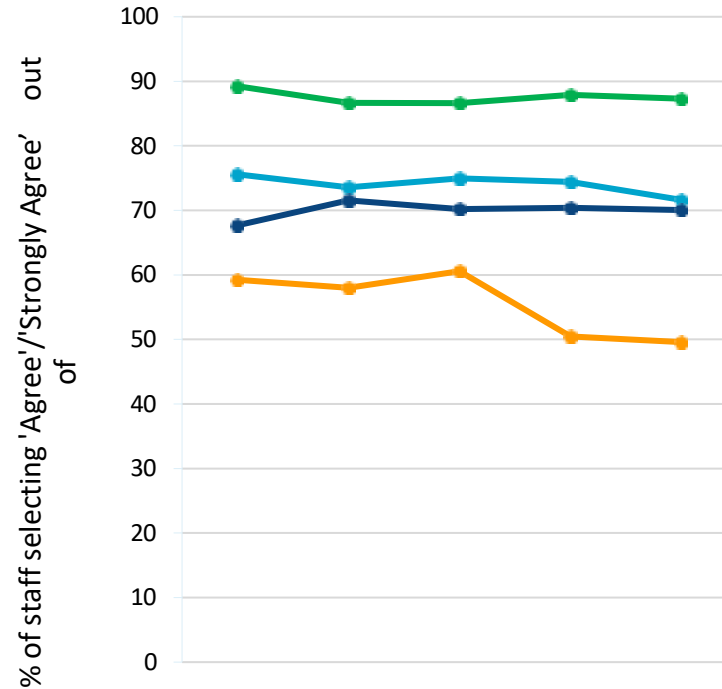


Q6a I feel that my role makes a difference to patients / service users.



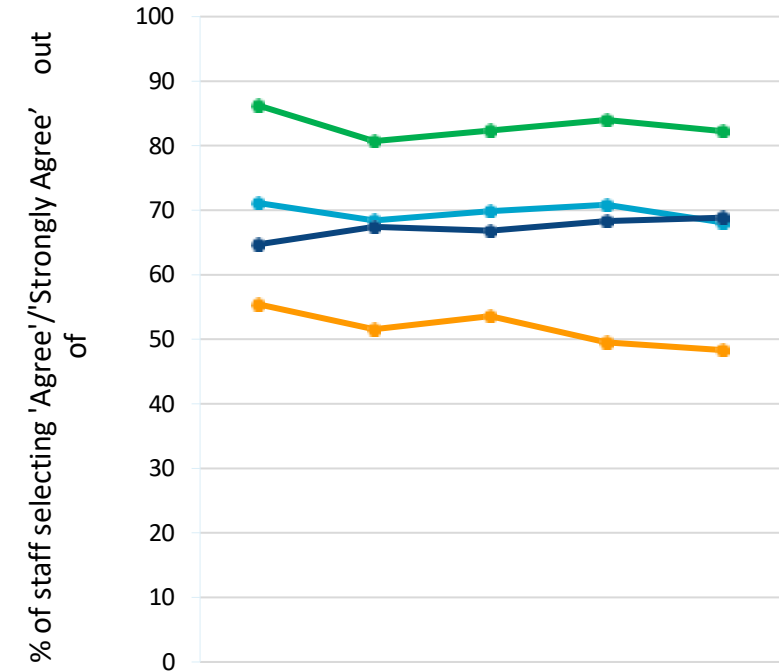
	2021	2022	2023	2024	2025
Your org	87.06%	87.59%	87.60%	87.92%	88.39%
Best result	92.75%	91.05%	90.85%	91.30%	91.11%
Average result	87.85%	87.48%	88.14%	88.02%	88.22%
Worst result	83.75%	82.70%	85.18%	84.88%	84.67%
Responses	1467	1669	1772	1894	2155

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



	2021	2022	2023	2024	2025
Your org	67.69%	71.55%	70.19%	70.41%	70.04%
Best result	89.24%	86.64%	86.62%	87.88%	87.31%
Average result	75.58%	73.58%	74.95%	74.42%	71.63%
Worst result	59.25%	57.99%	60.58%	50.48%	49.59%
Responses	1530	1723	1861	1965	2225

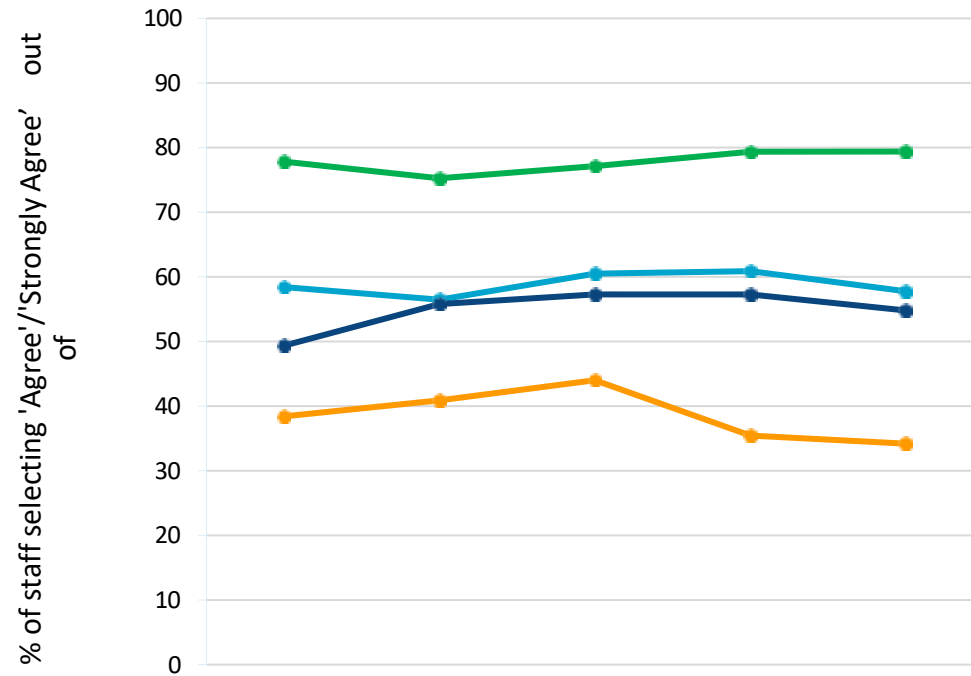
Q25b My organisation acts on concerns raised by patients / service users.



	2021	2022	2023	2024	2025
Your org	64.71%	67.41%	66.84%	68.31%	68.84%
Best result	86.24%	80.70%	82.35%	83.97%	82.23%
Average result	71.13%	68.39%	69.84%	70.86%	68.11%
Worst result	55.43%	51.54%	53.61%	49.53%	48.33%
Responses	1531	1720	1857	1962	2223

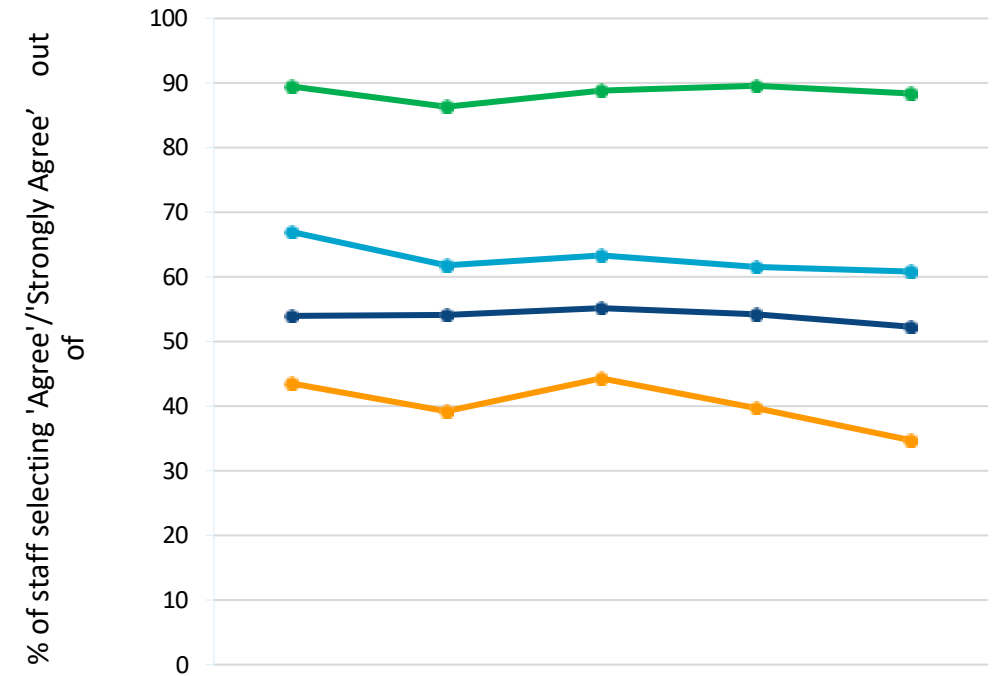


Q25c I would recommend my organisation as a place to work.



	2021	2022	2023	2024	2025
Your org	49.36%	55.79%	57.29%	57.27%	54.81%
Best result	77.86%	75.26%	77.14%	79.37%	79.40%
Average result	58.41%	56.47%	60.52%	60.89%	57.77%
Worst result	38.40%	40.90%	44.01%	35.43%	34.20%
Responses	1534	1722	1855	1963	2222

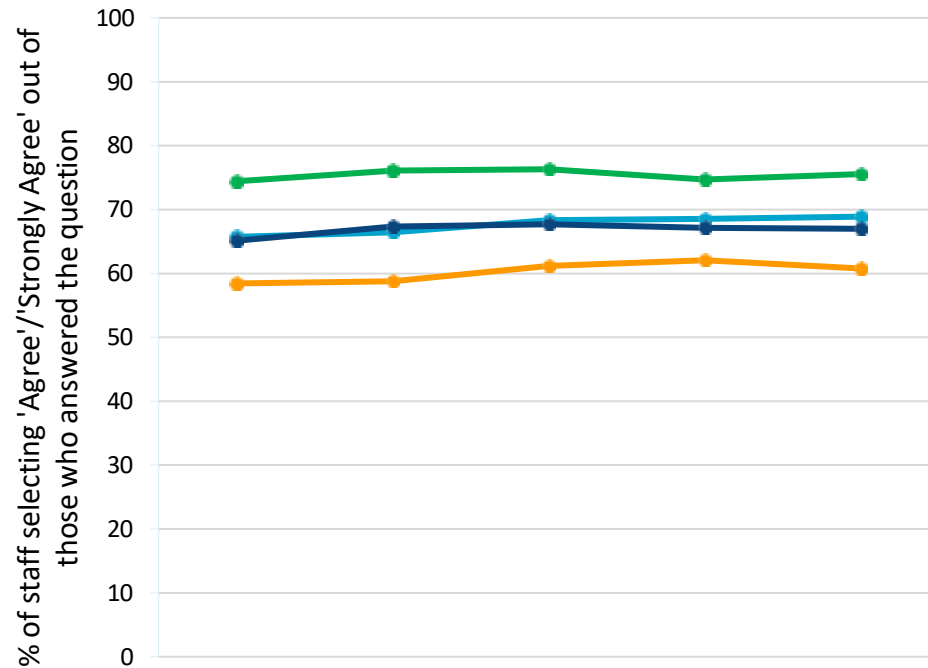
Q25d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.



	2021	2022	2023	2024	2025
Your org	53.99%	54.09%	55.16%	54.22%	52.28%
Best result	89.49%	86.33%	88.81%	89.58%	88.41%
Average result	66.97%	61.78%	63.32%	61.55%	60.83%
Worst result	43.50%	39.20%	44.30%	39.68%	34.73%
Responses	1532	1723	1858	1956	2216

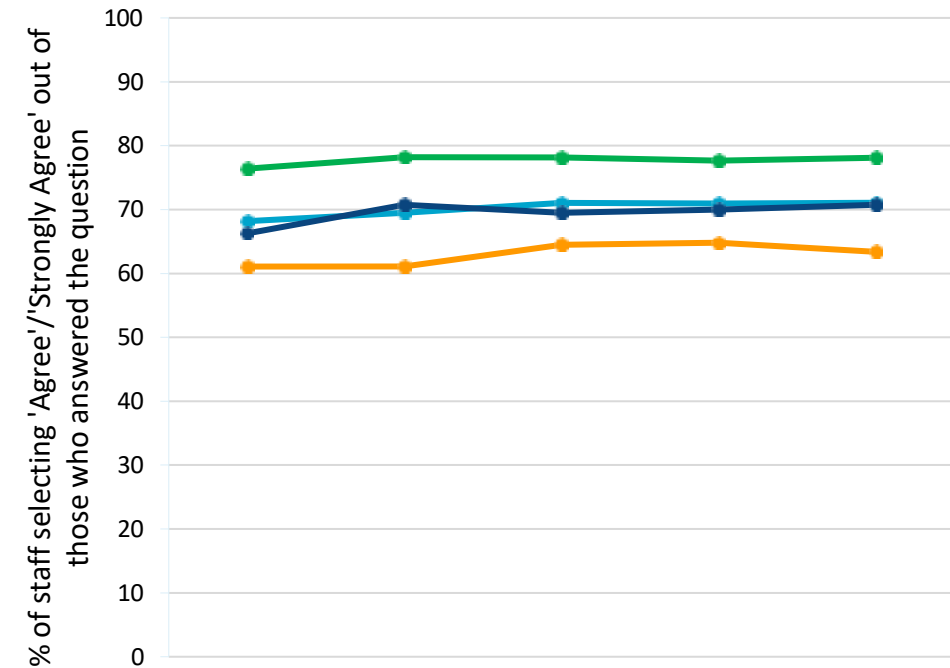


Q9f My immediate manager works together with me to come to an understanding of problems.



	2021	2022	2023	2024	2025
Your org	65.13%	67.33%	67.70%	67.16%	67.01%
Best result	74.43%	76.09%	76.31%	74.72%	75.54%
Average result	65.73%	66.46%	68.37%	68.54%	68.89%
Worst result	58.44%	58.76%	61.17%	62.06%	60.79%
Responses	1540	1732	1859	1970	2234

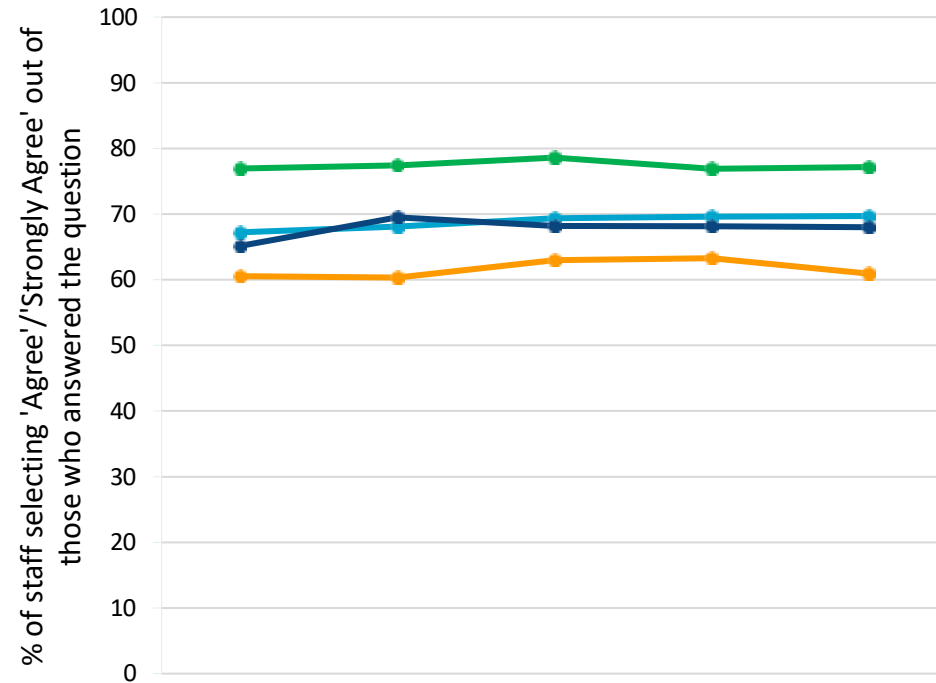
Q9g My immediate manager is interested in listening to me when I describe challenges I face.



	2021	2022	2023	2024	2025
Your org	66.28%	70.73%	69.49%	70.01%	70.74%
Best result	76.40%	78.20%	78.14%	77.64%	78.12%
Average result	68.18%	69.47%	71.04%	70.96%	71.07%
Worst result	61.09%	61.09%	64.49%	64.81%	63.37%
Responses	1540	1733	1862	1971	2236

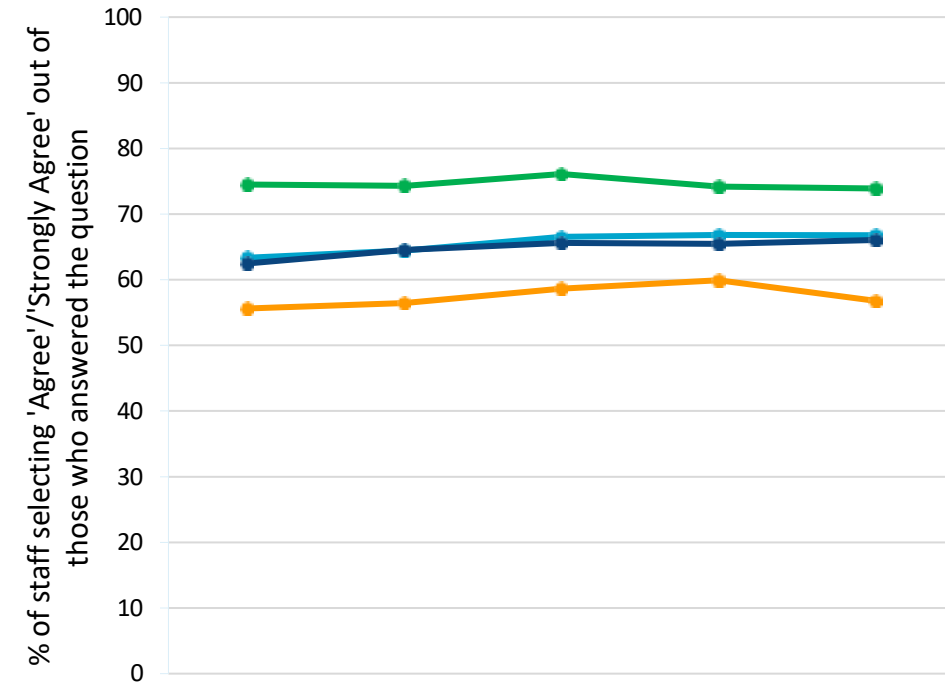


Q9h My immediate manager cares about my concerns.



	2021	2022	2023	2024	2025
Your org	65.15%	69.50%	68.20%	68.12%	68.01%
Best result	76.94%	77.42%	78.60%	76.90%	77.15%
Average result	67.22%	68.07%	69.38%	69.63%	69.71%
Worst result	60.56%	60.33%	62.96%	63.28%	60.93%
Responses	1537	1730	1860	1968	2222

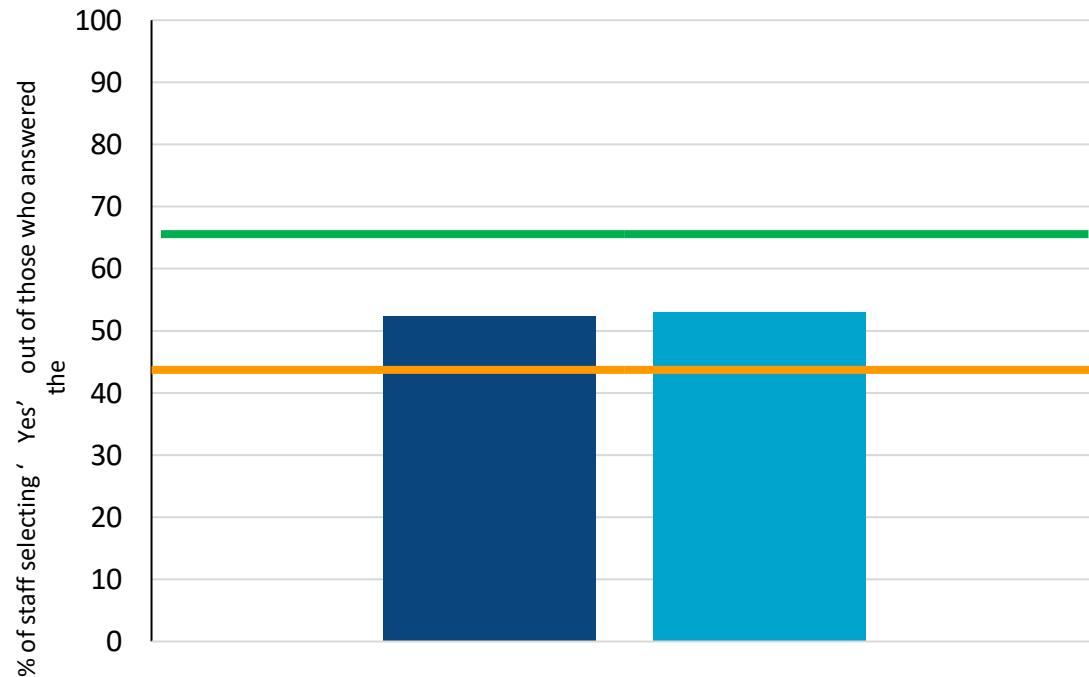
Q9i My immediate manager takes effective action to help me with any problems I face.



	2021	2022	2023	2024	2025
Your org	62.47%	64.53%	65.62%	65.47%	66.05%
Best result	74.50%	74.31%	76.10%	74.19%	73.90%
Average result	63.35%	64.44%	66.52%	66.82%	66.79%
Worst result	55.62%	56.43%	58.66%	59.92%	56.79%
Responses	1535	1728	1856	1967	2226

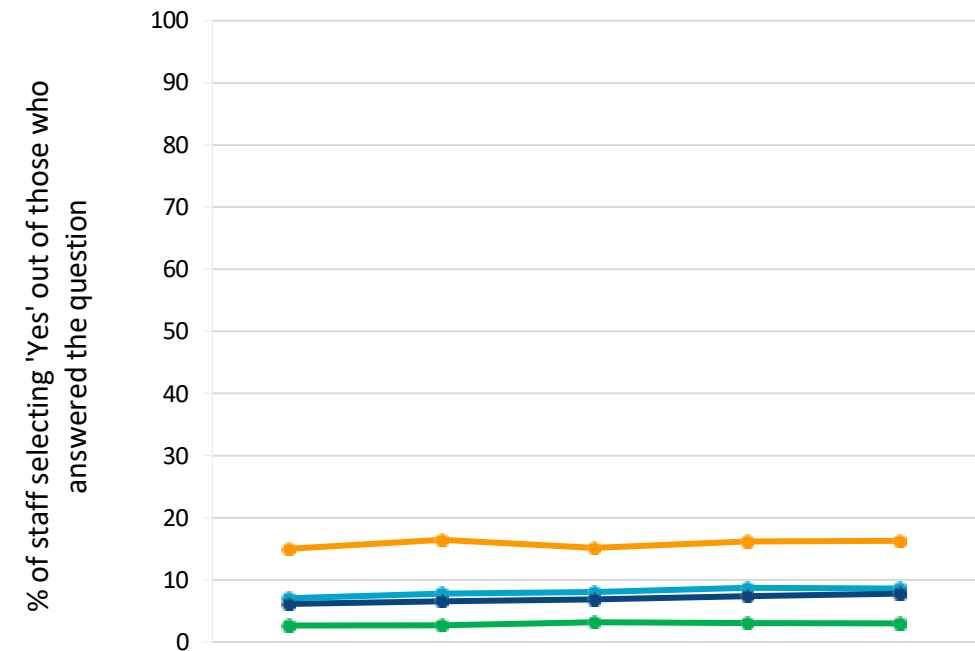


Q15 Does your organisation act fairly with regard to career progression/promotion, regardless of e.g. age, disability, ethnic background, gender reassignment, religion, sex, or sexual orientation?



	2025
Your org	52.40%
Best result	65.57%
Average result	53.05%
Worst result	43.72%
Responses	2210

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

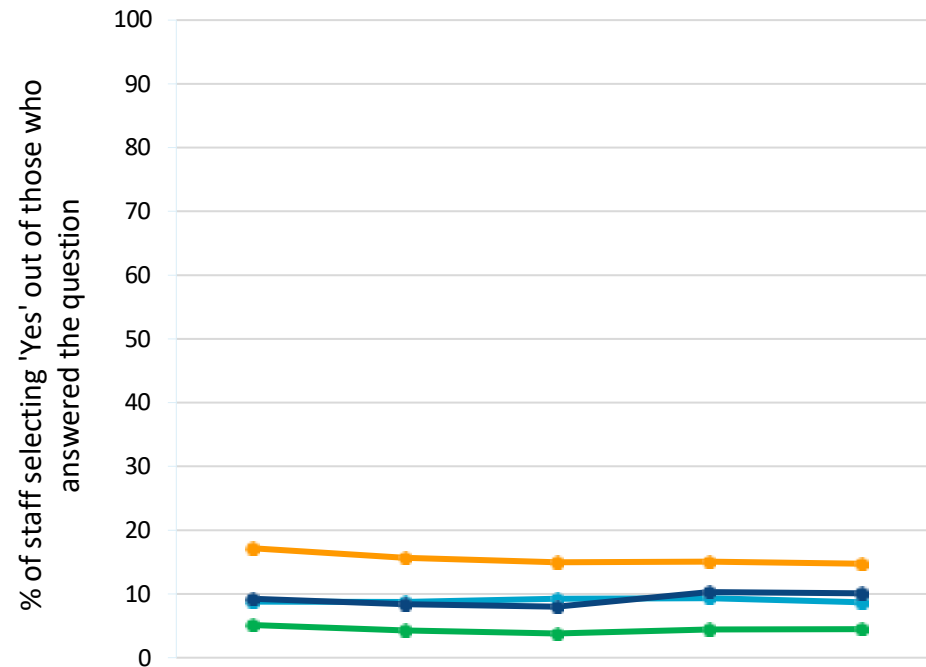


	2021	2022	2023	2024	2025
Your org	6.12%	6.57%	6.84%	7.39%	7.78%
Best result	2.65%	2.70%	3.17%	3.02%	2.97%
Average result	7.04%	7.76%	8.06%	8.72%	8.58%
Worst result	15.00%	16.44%	15.14%	16.17%	16.28%
Responses	1534	1727	1849	1967	2228

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

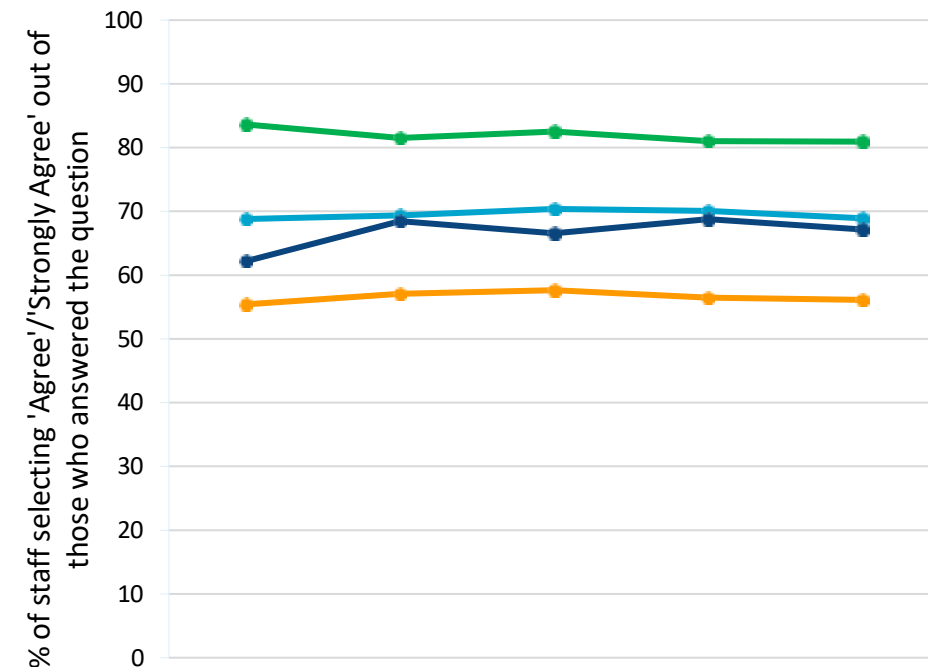


Q16b In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?



	2021	2022	2023	2024	2025
Your org	9.22%	8.39%	8.00%	10.29%	10.07%
Best result	5.12%	4.25%	3.80%	4.45%	4.46%
Average result	8.81%	8.73%	9.24%	9.33%	8.69%
Worst result	17.16%	15.67%	14.95%	15.07%	14.74%
Responses	1528	1719	1847	1954	2203

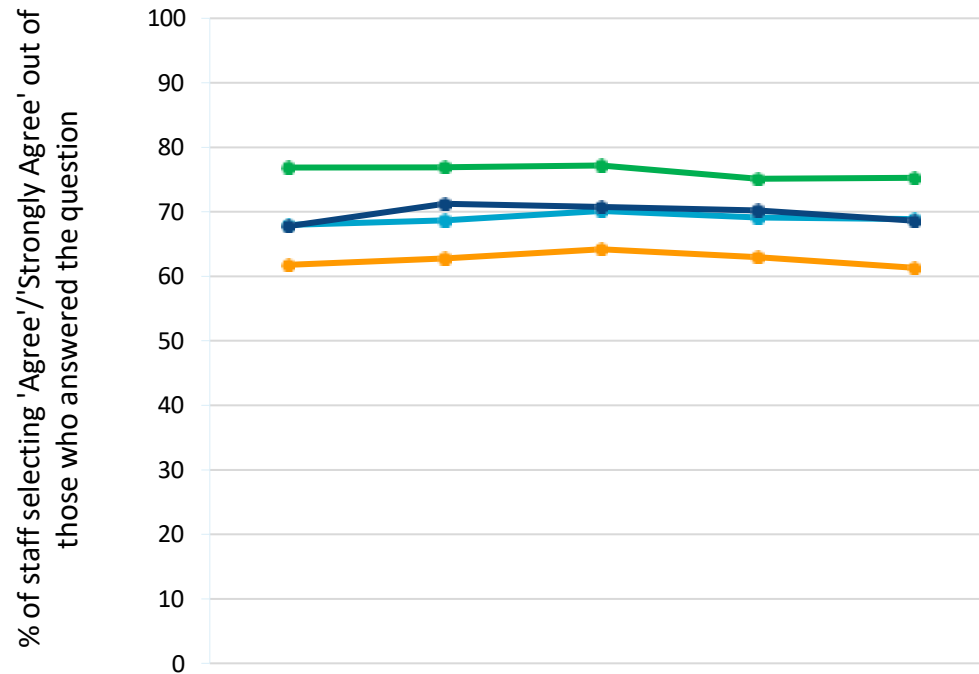
Q21 I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc).



	2021	2022	2023	2024	2025
Your org	62.18%	68.47%	66.57%	68.78%	67.16%
Best result	83.63%	81.52%	82.54%	81.00%	80.94%
Average result	68.80%	69.36%	70.39%	70.09%	68.91%
Worst result	55.41%	57.05%	57.64%	56.48%	56.12%
Responses	1527	1728	1857	1968	2223

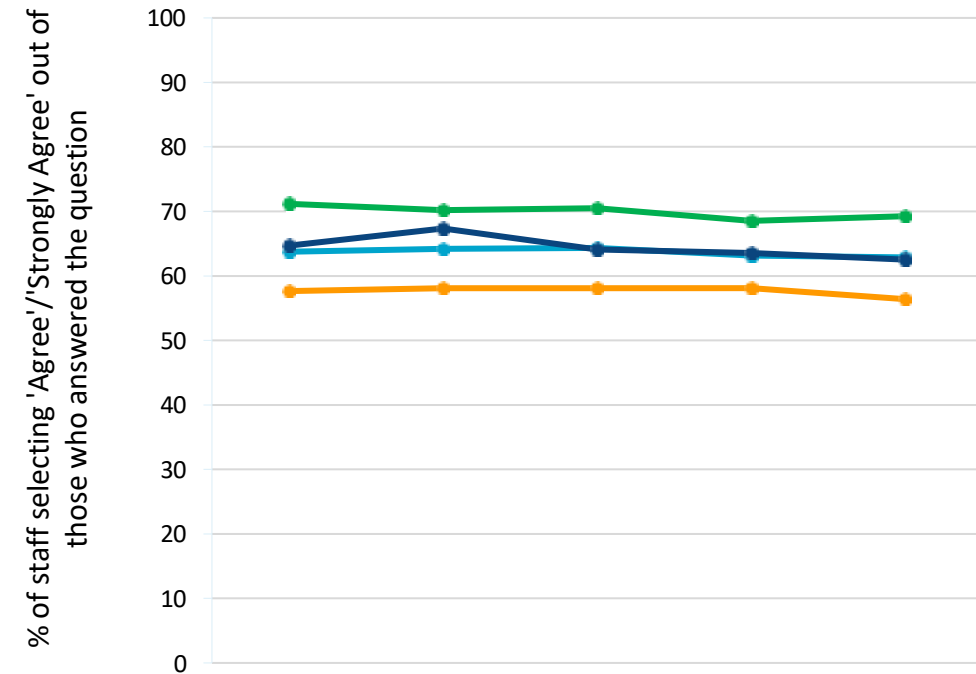


Q7h I feel valued by my team.



	2021	2022	2023	2024	2025
Your org	67.77%	71.24%	70.76%	70.23%	68.62%
Best result	76.87%	76.89%	77.18%	75.13%	75.29%
Average result	67.97%	68.70%	70.14%	69.10%	68.86%
Worst result	61.78%	62.75%	64.19%	62.95%	61.33%
Responses	1535	1729	1860	1958	2222

Q7i I feel a strong personal attachment to my team.

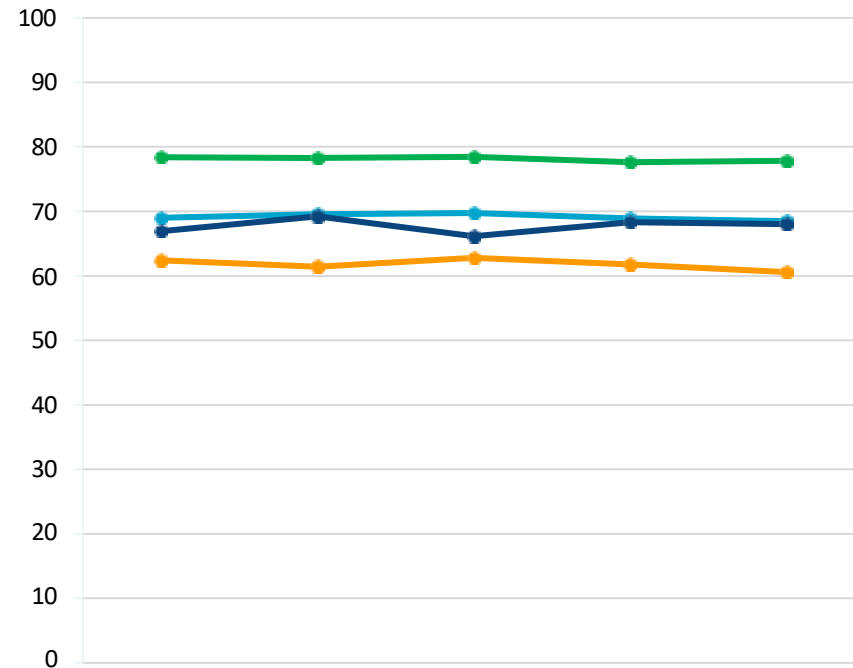


	2021	2022	2023	2024	2025
Your org	64.69%	67.35%	64.11%	63.54%	62.53%
Best result	71.18%	70.19%	70.51%	68.53%	69.25%
Average result	63.76%	64.19%	64.34%	63.17%	62.88%
Worst result	57.67%	58.08%	58.09%	58.10%	56.40%
Responses	1542	1727	1862	1960	2222



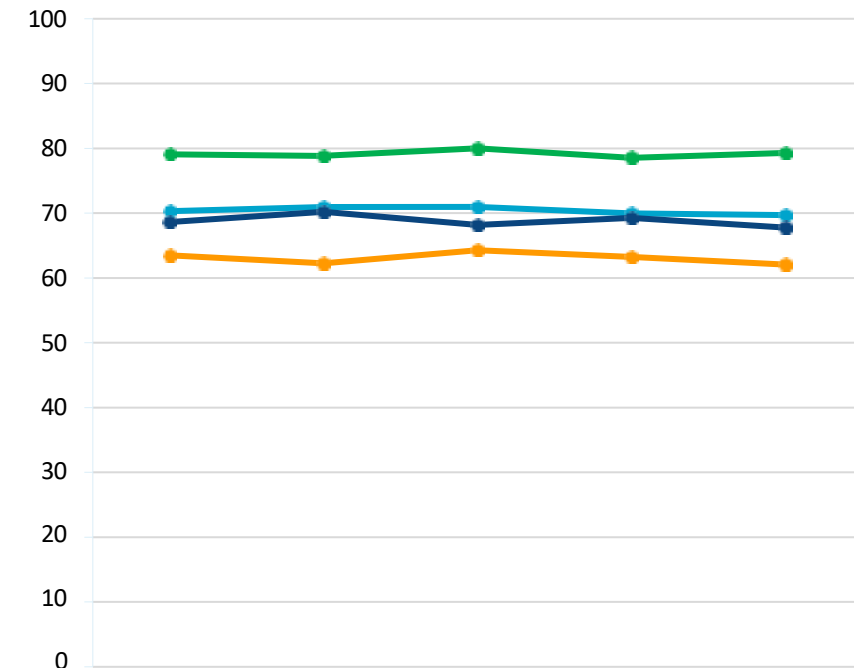
Q8b The people I work with are understanding and kind to one another.

% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question



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

% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question



	2021	2022	2023	2024	2025
Your org	66.91%	69.23%	66.15%	68.30%	68.02%
Best result	78.39%	78.27%	78.45%	77.62%	77.85%
Average result	69.03%	69.58%	69.74%	68.91%	68.48%
Worst result	62.41%	61.43%	62.79%	61.79%	60.58%
Responses	1540	1726	1859	1968	2228

	2021	2022	2023	2024	2025
Your org	68.62%	70.21%	68.19%	69.29%	67.78%
Best result	79.08%	78.83%	80.01%	78.54%	79.30%
Average result	70.33%	70.95%	70.97%	69.96%	69.71%
Worst result	63.50%	62.24%	64.28%	63.25%	62.07%
Responses	1536	1727	1858	1968	2224

People Promise element – We are recognised and rewarded

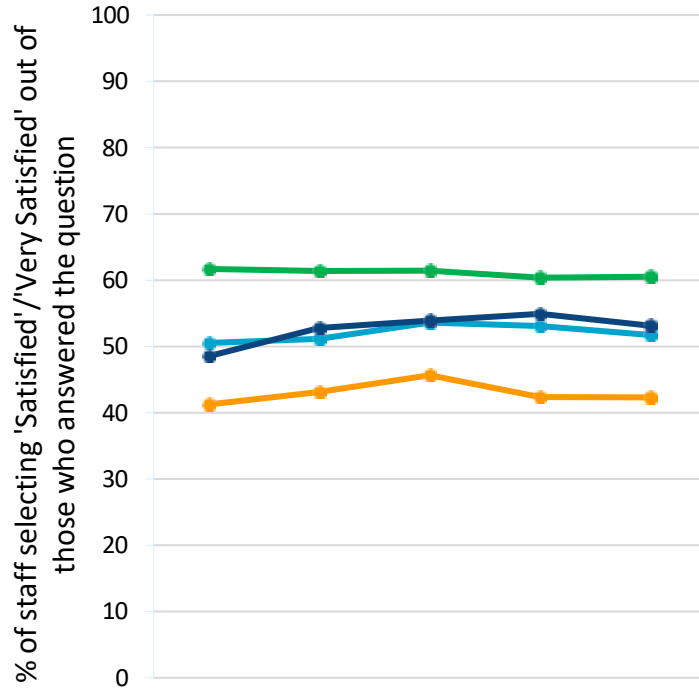


Questions included:
Q4a, Q4b, Q4c, Q8d, Q9e

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

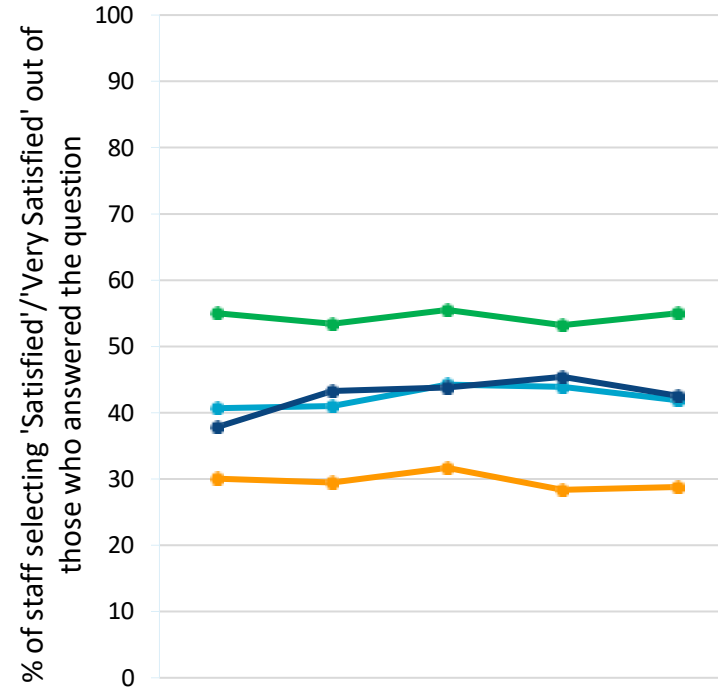


Q4a How satisfied are you with each of the following aspects of your job? The recognition I get for good work.



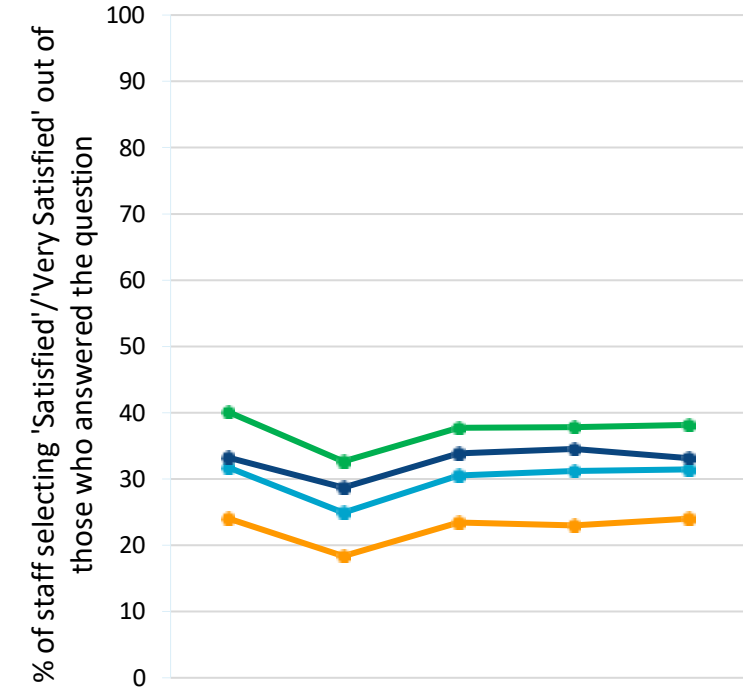
	2021	2022	2023	2024	2025
Your org	48.53%	52.80%	53.92%	54.92%	53.11%
Best result	61.69%	61.38%	61.41%	60.38%	60.51%
Average result	50.53%	51.13%	53.60%	53.06%	51.72%
Worst result	41.25%	43.14%	45.66%	42.36%	42.31%
Responses	1536	1737	1866	1975	2240

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



	2021	2022	2023	2024	2025
Your org	37.82%	43.26%	43.79%	45.42%	42.54%
Best result	55.03%	53.44%	55.51%	53.21%	55.01%
Average result	40.68%	41.02%	44.24%	43.91%	41.90%
Worst result	30.03%	29.48%	31.68%	28.36%	28.77%
Responses	1534	1730	1859	1968	2229

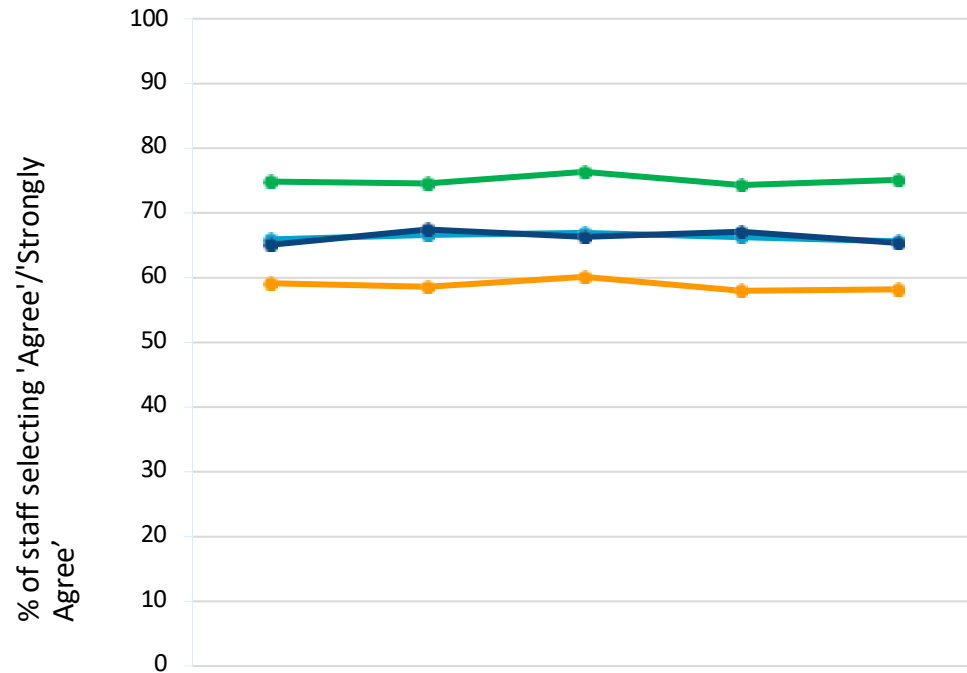
Q4c How satisfied are you with each of the following aspects of your job? My level of pay.



	2021	2022	2023	2024	2025
Your org	33.25%	28.70%	33.86%	34.53%	33.16%
Best result	40.11%	32.64%	37.73%	37.83%	38.14%
Average result	31.75%	24.92%	30.54%	31.19%	31.45%
Worst result	24.05%	18.36%	23.42%	22.97%	24.01%
Responses	1540	1734	1863	1968	2231

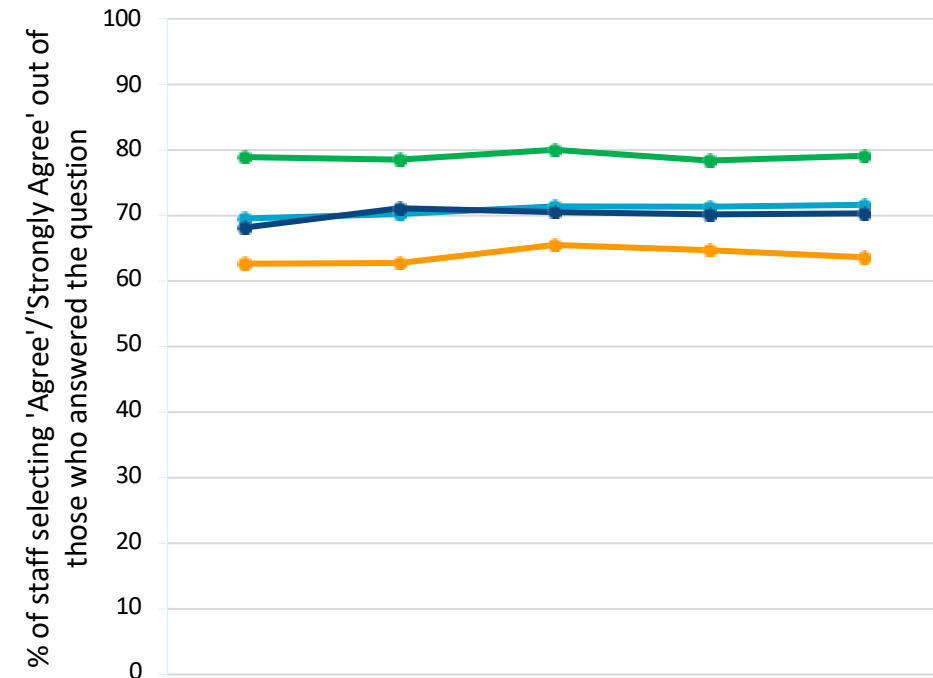


Q8d The people I work with show appreciation to one another.



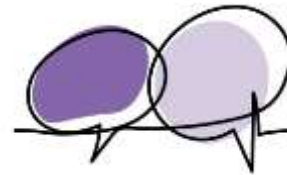
	2021	2022	2023	2024	2025
Your org	65.09%	67.44%	66.33%	67.10%	65.37%
Best result	74.84%	74.56%	76.35%	74.30%	75.09%
Average result	65.91%	66.62%	66.92%	66.23%	65.62%
Worst result	59.15%	58.58%	60.13%	57.98%	58.20%
Responses	1537	1726	1856	1968	2223

Q9e My immediate manager values my work.



	2021	2022	2023	2024	2025
Your org	68.16%	71.11%	70.49%	70.16%	70.32%
Best result	78.90%	78.53%	80.02%	78.38%	79.12%
Average result	69.55%	70.22%	71.41%	71.32%	71.63%
Worst result	62.65%	62.75%	65.51%	64.72%	63.64%
Responses	1538	1734	1860	1970	2235

People Promise element – We each have a voice that counts

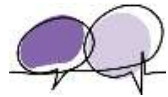


Questions included:

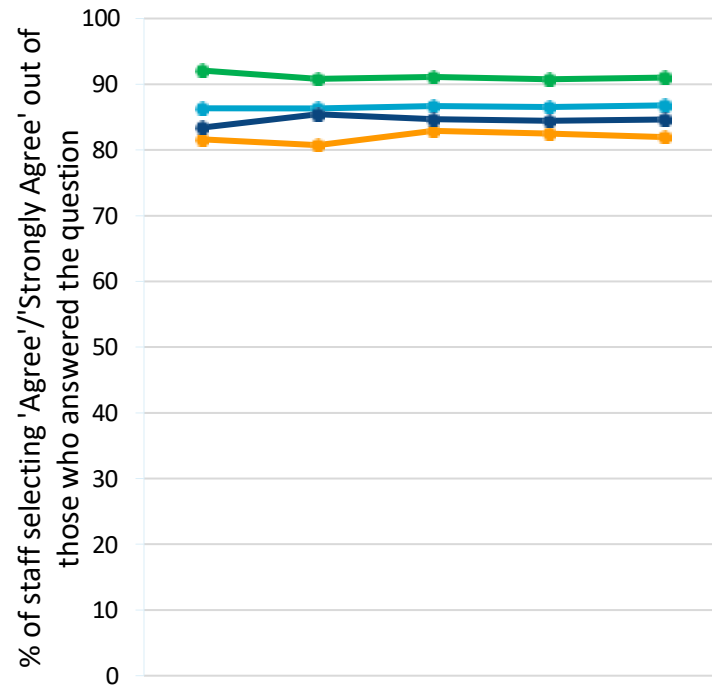
Autonomy and control – Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q5b

Raising concerns – Q20a, Q20b, Q25e, Q25f

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

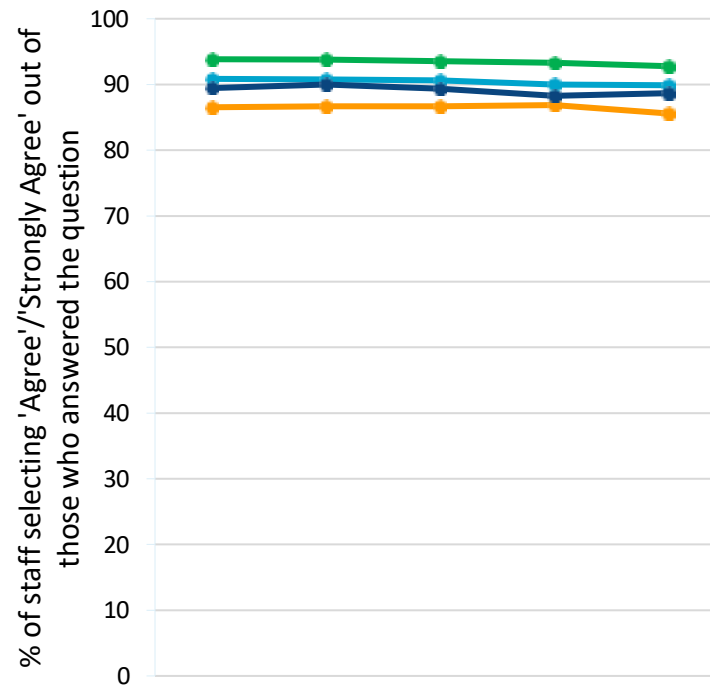


Q3a I always know what my work responsibilities are.



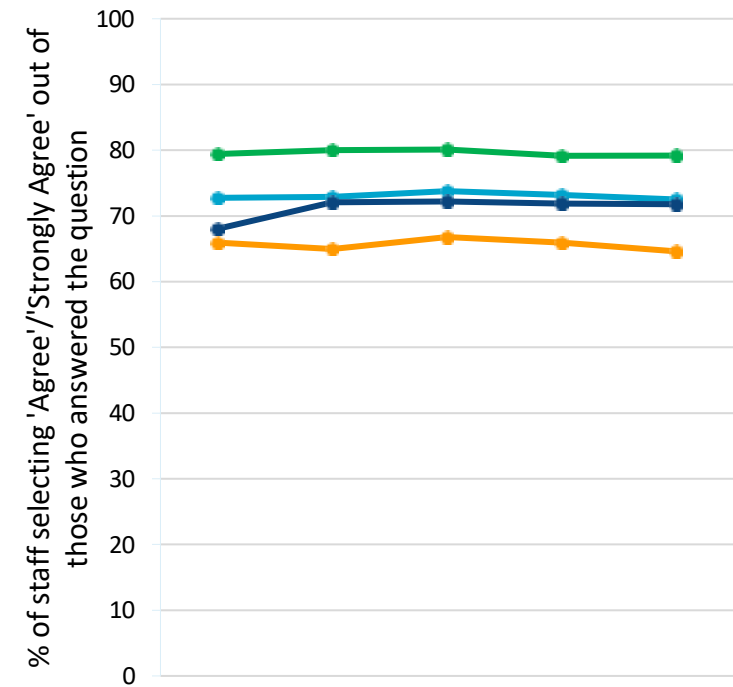
	2021	2022	2023	2024	2025
Your org	83.39%	85.43%	84.66%	84.42%	84.61%
Best result	92.09%	90.81%	91.10%	90.75%	91.00%
Average result	86.33%	86.32%	86.69%	86.53%	86.79%
Worst result	81.63%	80.73%	82.90%	82.49%	81.95%
Responses	1543	1740	1862	1977	2240

Q3b I am trusted to do my job.

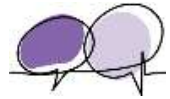


	2021	2022	2023	2024	2025
Your org	89.45%	90.00%	89.34%	88.27%	88.66%
Best result	93.84%	93.80%	93.54%	93.29%	92.78%
Average result	90.85%	90.77%	90.61%	89.98%	89.88%
Worst result	86.54%	86.65%	86.66%	86.87%	85.58%
Responses	1539	1739	1862	1975	2235

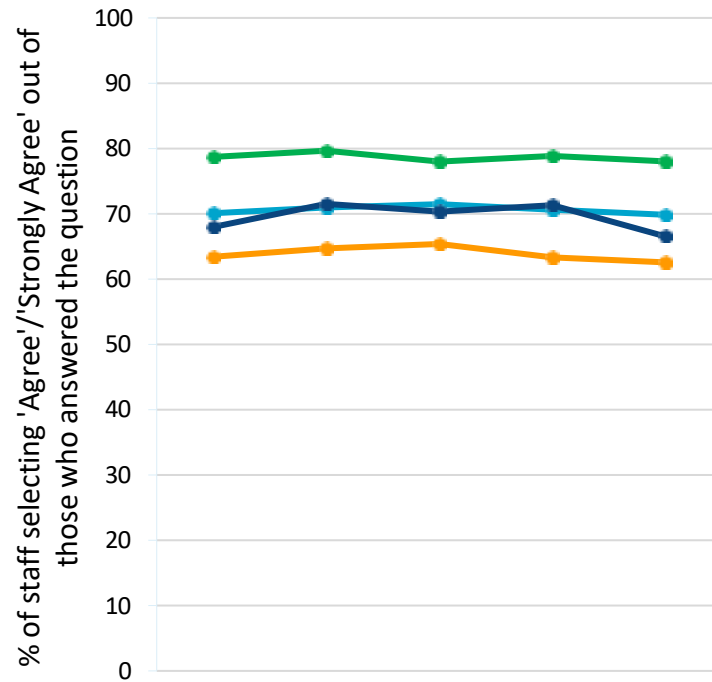
Q3c There are frequent opportunities for me to show initiative in my role.



	2021	2022	2023	2024	2025
Your org	68.04%	72.05%	72.20%	71.88%	71.78%
Best result	79.41%	80.01%	80.10%	79.15%	79.17%
Average result	72.75%	72.91%	73.77%	73.20%	72.51%
Worst result	65.92%	64.98%	66.78%	65.94%	64.60%
Responses	1530	1733	1857	1971	2232

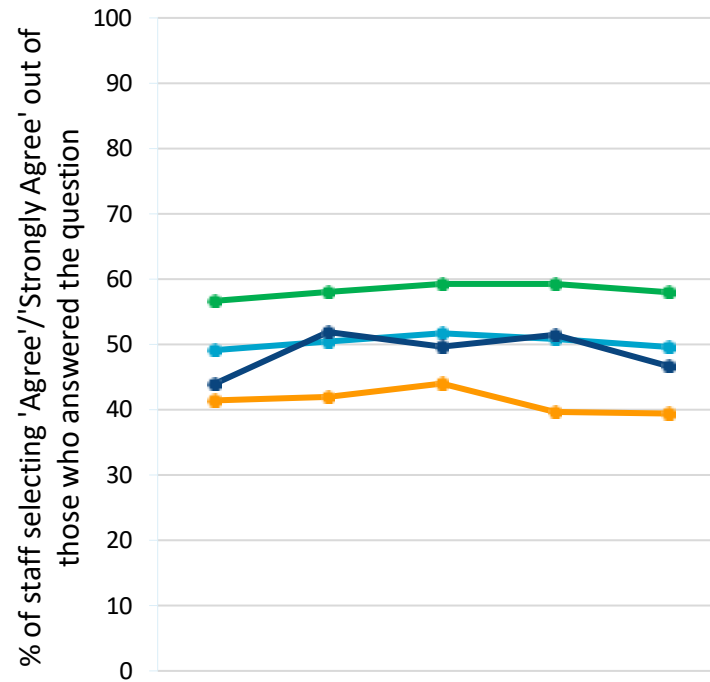


Q3d I am able to make suggestions to improve the work of my team / department.



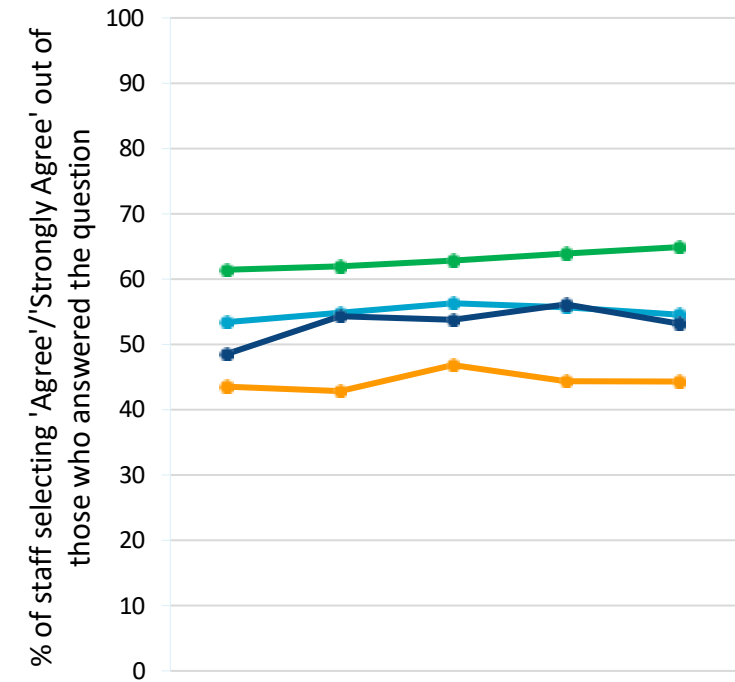
	2021	2022	2023	2024	2025
Your org	67.97%	71.52%	70.33%	71.31%	66.54%
Best result	78.70%	79.67%	78.00%	78.84%	78.03%
Average result	70.10%	70.97%	71.47%	70.61%	69.85%
Worst result	63.42%	64.70%	65.38%	63.33%	62.56%
Responses	1539	1727	1855	1967	2231

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

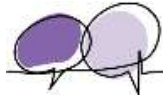


	2021	2022	2023	2024	2025
Your org	43.95%	51.90%	49.68%	51.46%	46.66%
Best result	56.66%	58.05%	59.27%	59.26%	58.01%
Average result	49.12%	50.45%	51.71%	50.82%	49.59%
Worst result	41.44%	41.94%	44.00%	39.68%	39.41%
Responses	1540	1728	1860	1970	2231

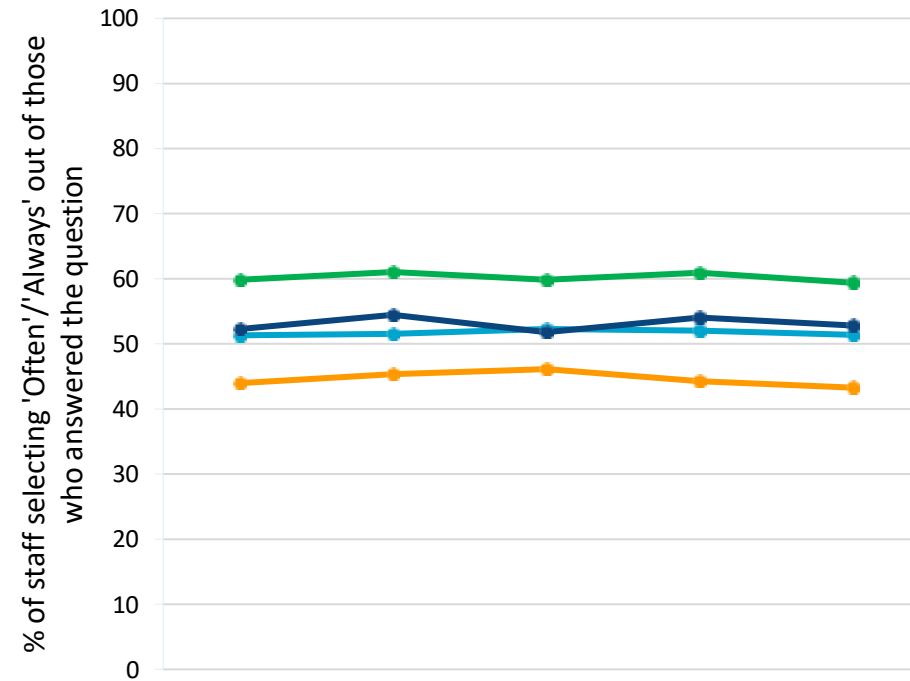
Q3f I am able to make improvements happen in my area of work.



	2021	2022	2023	2024	2025
Your org	48.54%	54.31%	53.78%	56.13%	53.19%
Best result	61.43%	61.98%	62.84%	63.94%	64.90%
Average result	53.41%	54.86%	56.30%	55.71%	54.54%
Worst result	43.54%	42.85%	46.84%	44.35%	44.33%
Responses	1537	1722	1852	1964	2231

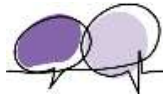


Q5b I have a choice in deciding how to do my work.

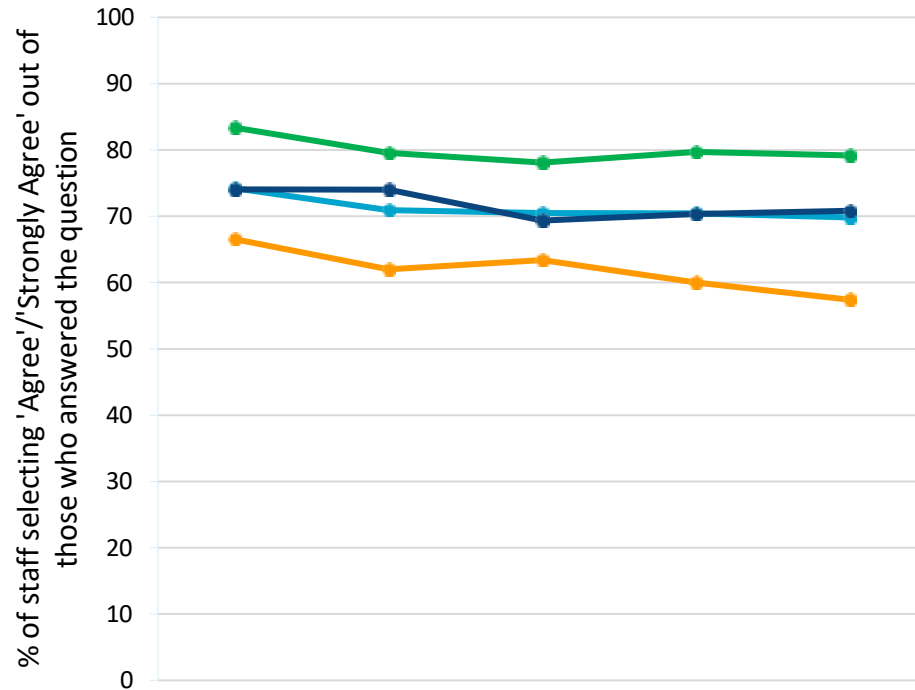


	2021	2022	2023	2024	2025
Your org	52.27%	54.46%	51.79%	54.06%	52.83%
Best result	59.84%	61.04%	59.83%	60.94%	59.39%
Average result	51.31%	51.54%	52.28%	52.02%	51.37%
Worst result	43.95%	45.34%	46.12%	44.25%	43.28%
Responses	1540	1732	1853	1968	2235

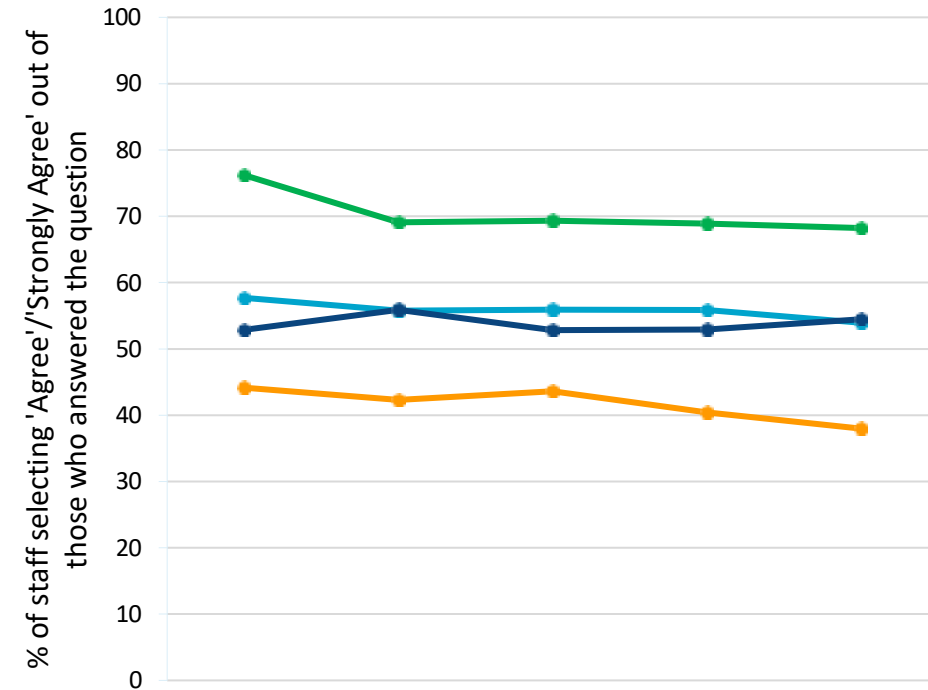
Curtis Soile
24/03/2026 12:54:52



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

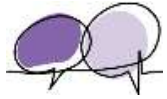


Q20b I am confident that my organisation would address my concern.

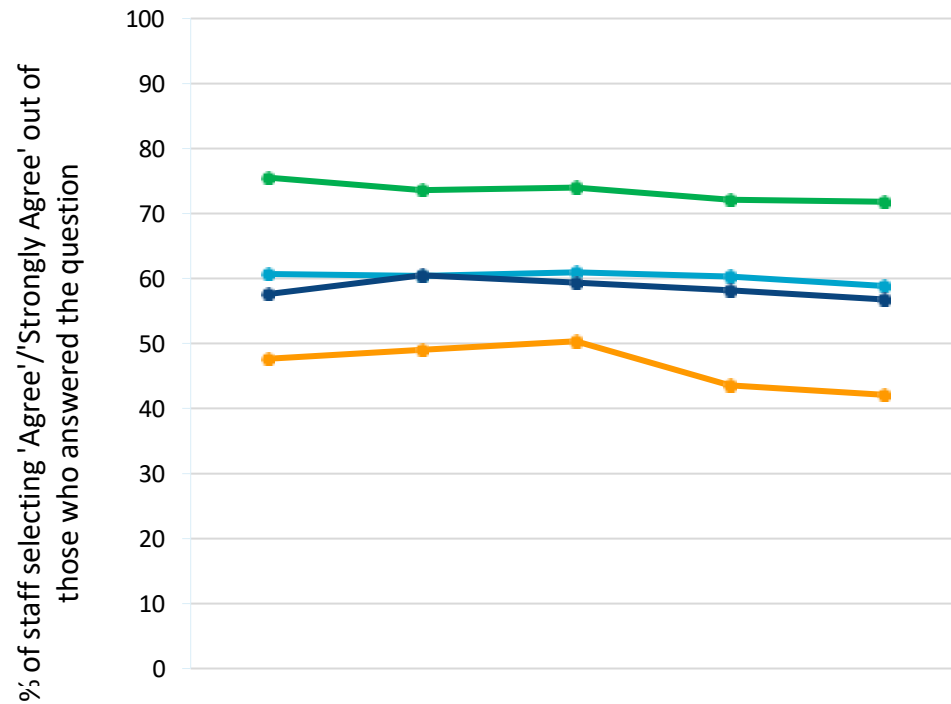


	2021	2022	2023	2024	2025
Your org	74.06%	74.02%	69.35%	70.36%	70.82%
Best result	83.36%	79.55%	78.09%	79.72%	79.16%
Average result	74.22%	70.95%	70.47%	70.44%	69.82%
Worst result	66.54%	61.98%	63.38%	60.04%	57.41%
Responses	1524	1719	1854	1960	2227

	2021	2022	2023	2024	2025
Your org	52.86%	55.89%	52.83%	52.92%	54.45%
Best result	76.20%	69.10%	69.34%	68.88%	68.23%
Average result	57.69%	55.78%	55.93%	55.88%	53.94%
Worst result	44.15%	42.28%	43.60%	40.40%	37.97%
Responses	1528	1720	1852	1954	2222



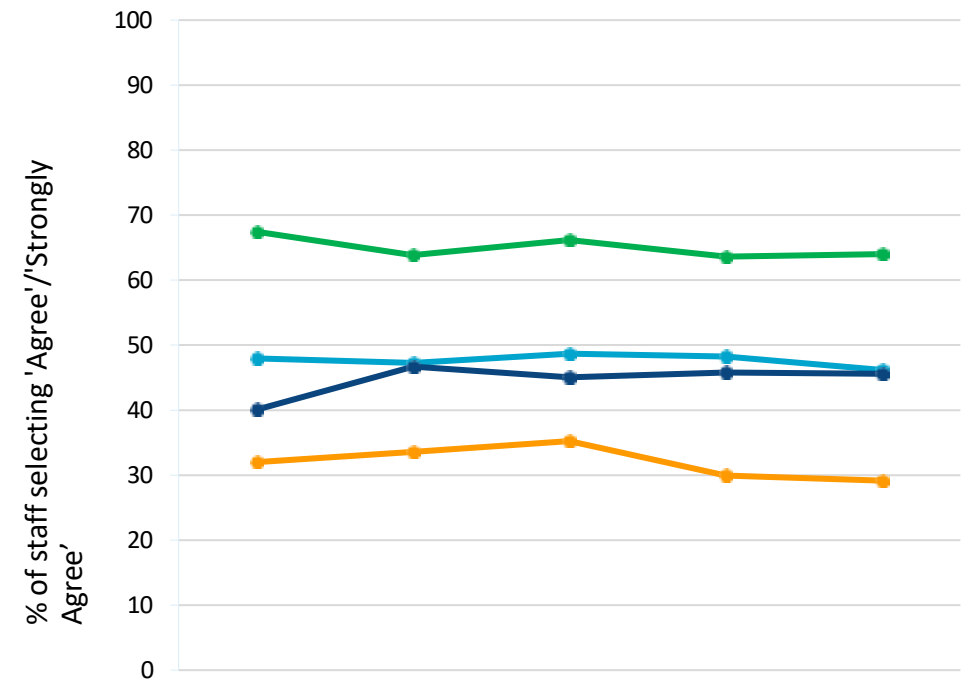
Q25e I feel safe to speak up about anything that concerns me in this organisation.



	2021	2022	2023	2024	2025
Your org	57.62%	60.50%	59.36%	58.20%	56.78%
Best result	75.53%	73.59%	73.99%	72.14%	71.81%
Average result	60.69%	60.38%	60.95%	60.31%	58.85%
Worst result	47.63%	49.02%	50.35%	43.57%	42.11%

Responses 1533 1722 1861 1959 2223

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



	2021	2022	2023	2024	2025
Your org	40.08%	46.69%	45.03%	45.77%	45.59%
Best result	67.44%	63.83%	66.16%	63.62%	63.99%
Average result	47.96%	47.24%	48.68%	48.24%	46.18%
Worst result	32.01%	33.60%	35.23%	29.95%	29.15%

Responses 1528 1723 1858 1956 2219

People Promise element – We are safe and healthy



Questions included:

Health and safety climate: Q3g, Q3h, Q3i, Q5a, Q11a, Q13d, Q14d

Burnout: Q12a, Q12b, Q12c, Q12d, Q12e, Q12f, Q12g

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

Other questions:* Q17a, Q17b, Q22

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

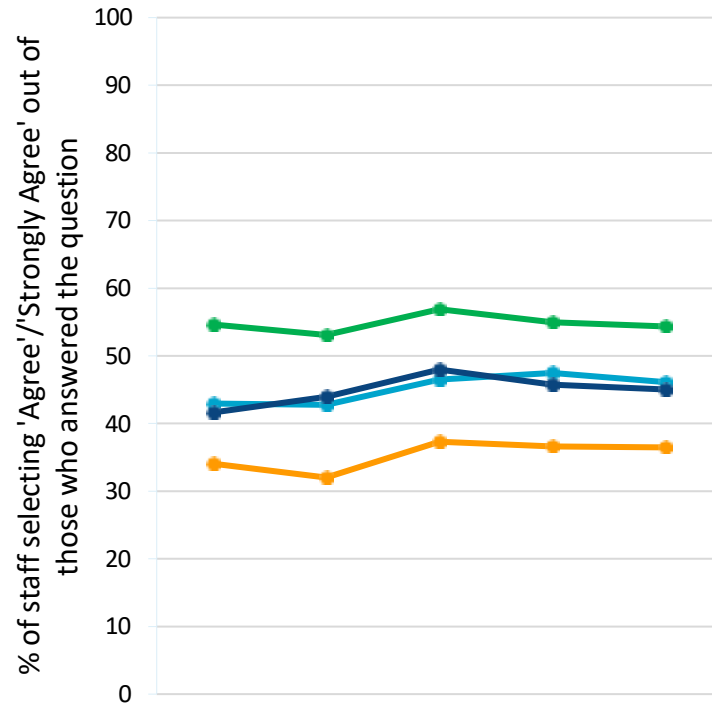
Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.



People Promise elements and theme results – We are safe and healthy: Health and safety climate

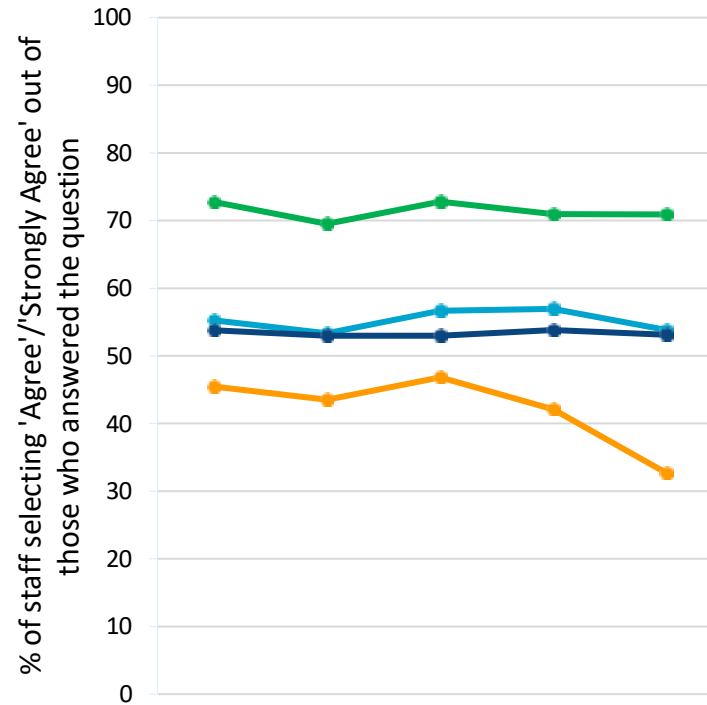


Q3g I am able to meet all the conflicting demands on my time at work.



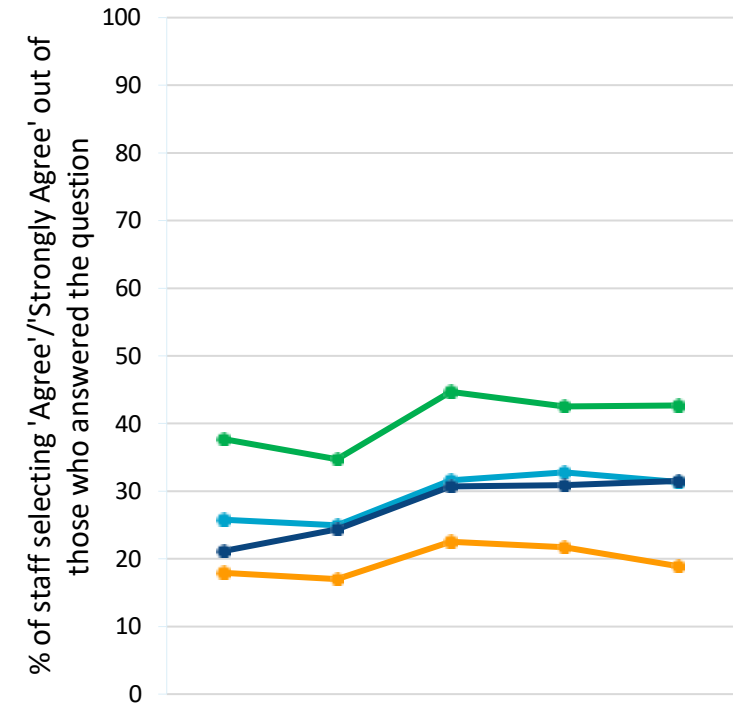
	2021	2022	2023	2024	2025
Your org	41.63%	43.96%	47.98%	45.74%	45.01%
Best result	54.61%	53.09%	56.89%	54.99%	54.34%
Average result	42.96%	42.76%	46.52%	47.47%	46.14%
Worst result	34.06%	32.02%	37.31%	36.63%	36.45%
Responses	1535	1723	1856	1969	2225

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



	2021	2022	2023	2024	2025
Your org	53.76%	52.98%	52.98%	53.82%	53.12%
Best result	72.77%	69.52%	72.79%	70.96%	70.92%
Average result	55.26%	53.34%	56.68%	56.94%	53.84%
Worst result	45.45%	43.54%	46.82%	42.11%	32.70%
Responses	1536	1733	1855	1963	2228

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



	2021	2022	2023	2024	2025
Your org	21.15%	24.36%	30.71%	30.89%	31.51%
Best result	37.72%	34.72%	44.68%	42.50%	42.65%
Average result	25.79%	24.95%	31.62%	32.78%	31.34%
Worst result	17.94%	17.00%	22.52%	21.73%	18.91%
Responses	1538	1731	1858	1971	2228

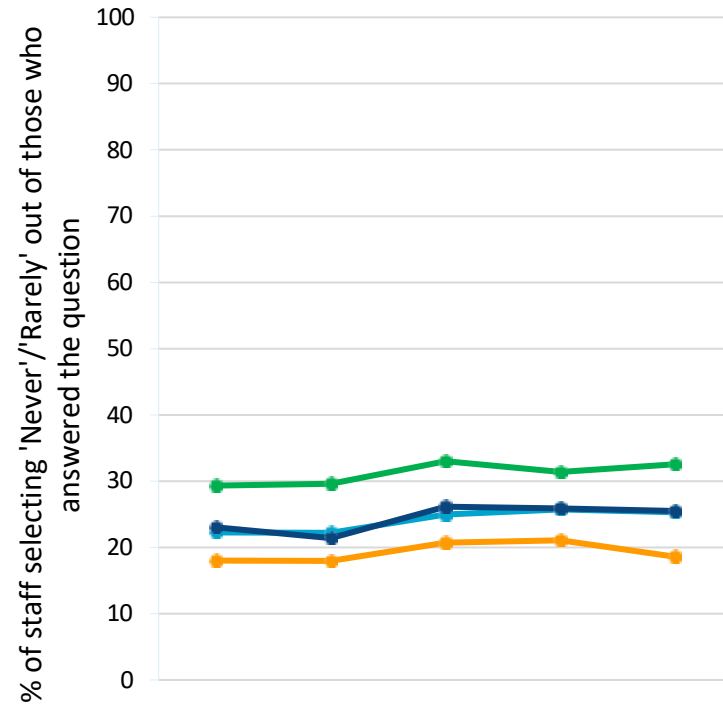


People Promise elements and theme results – We are safe and healthy: Health and safety climate

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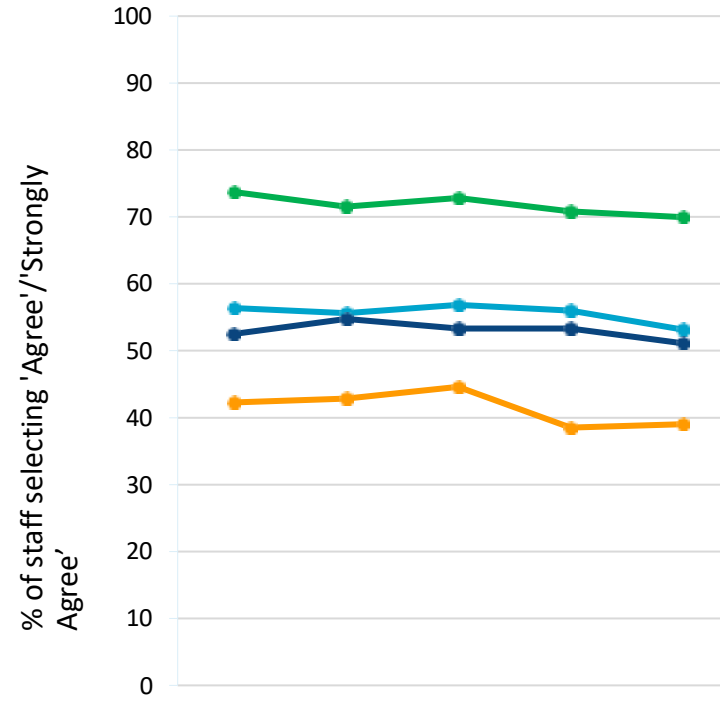


Q5a I have unrealistic time pressures.



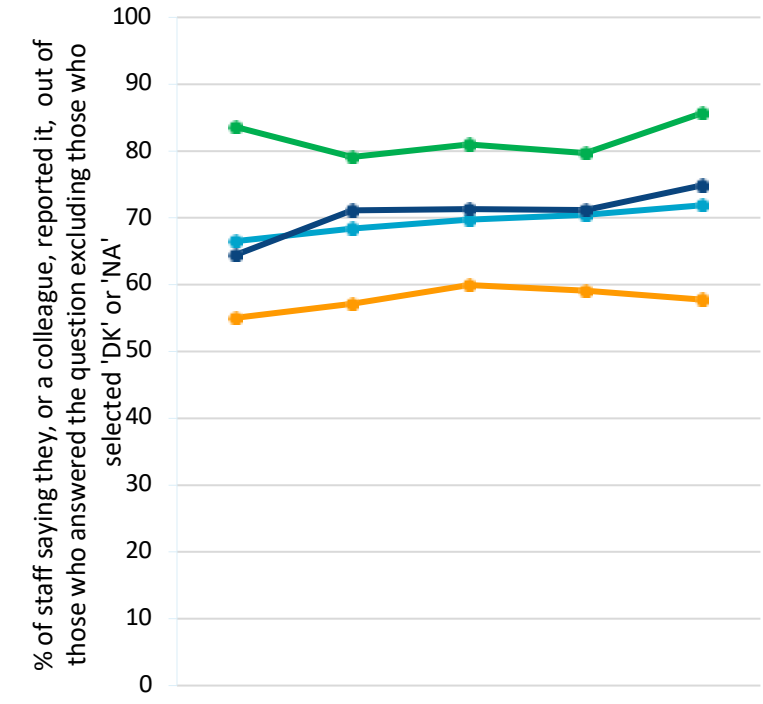
	2021	2022	2023	2024	2025
Your org	23.02%	21.40%	26.15%	25.91%	25.49%
Best result	29.33%	29.60%	33.01%	31.38%	32.55%
Average result	22.28%	22.20%	24.97%	25.73%	25.30%
Worst result	18.03%	17.97%	20.72%	21.07%	18.61%
Responses	1539	1727	1857	1971	2231

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



	2021	2022	2023	2024	2025
Your org	52.51%	54.76%	53.34%	53.31%	51.12%
Best result	73.72%	71.53%	72.84%	70.83%	69.96%
Average result	56.37%	55.63%	56.85%	56.02%	53.16%
Worst result	42.30%	42.86%	44.61%	38.52%	39.02%
Responses	1527	1724	1847	1946	2217

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

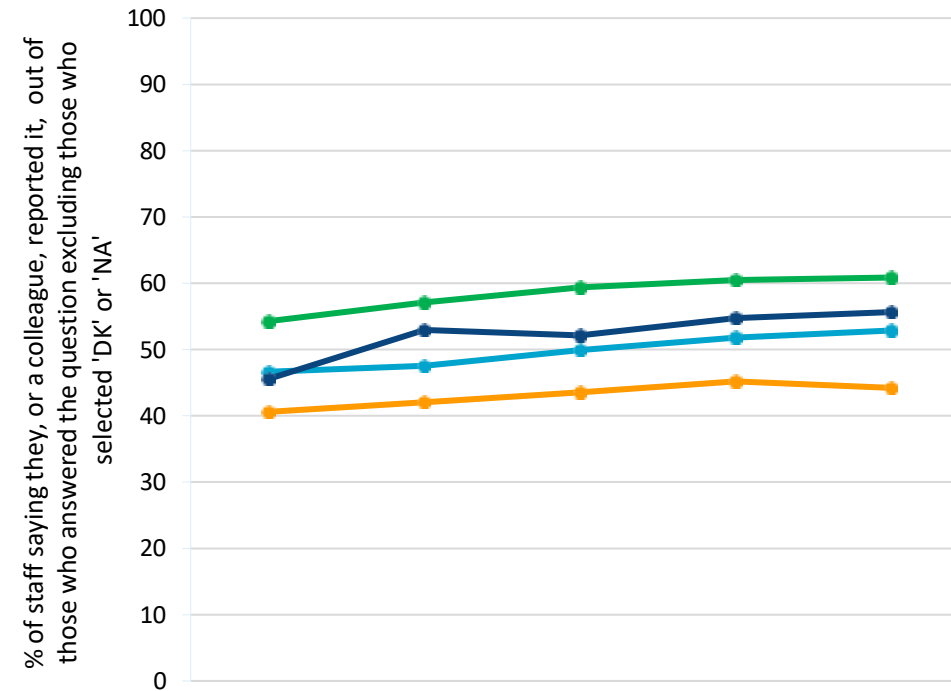


	2021	2022	2023	2024	2025
Your org	64.43%	71.11%	71.31%	71.18%	74.86%
Best result	83.62%	79.11%	80.97%	79.69%	85.67%
Average result	66.50%	68.40%	69.72%	70.46%	71.88%
Worst result	55.03%	57.15%	59.94%	59.09%	57.77%
Responses	145	184	194	220	306

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



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

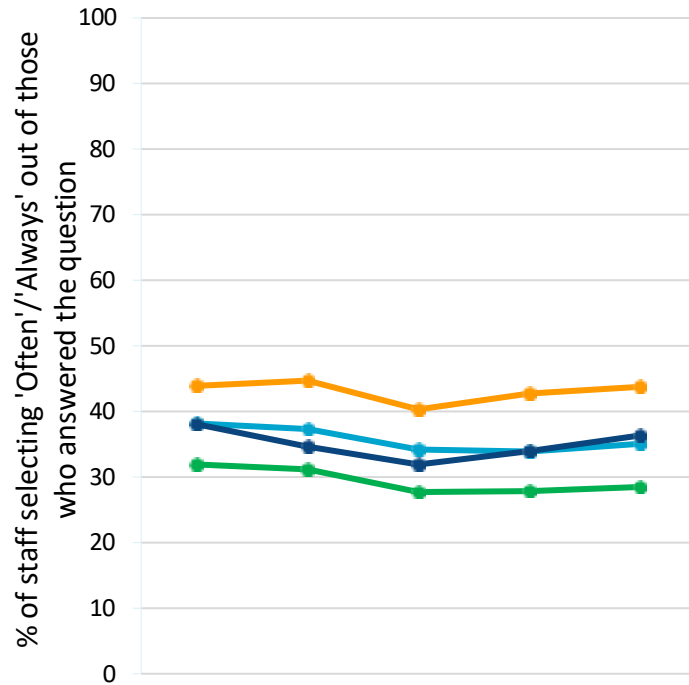


	2021	2022	2023	2024	2025
Your org	45.57%	52.96%	52.15%	54.73%	55.65%
Best result	54.28%	57.12%	59.37%	60.49%	60.86%
Average result	46.65%	47.56%	49.90%	51.81%	52.88%
Worst result	40.60%	42.04%	43.56%	45.19%	44.24%
Responses	504	573	608	652	771

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

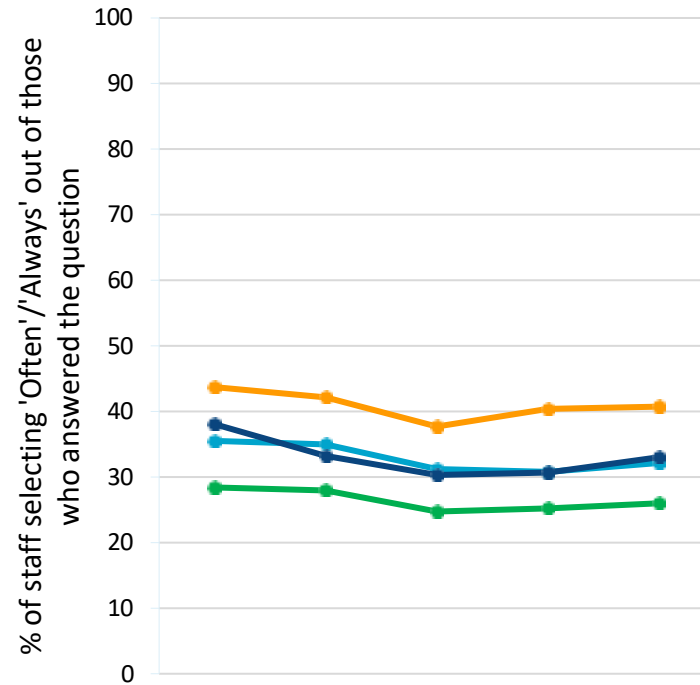


Q12a How often, if at all, do you find your work emotionally exhausting?



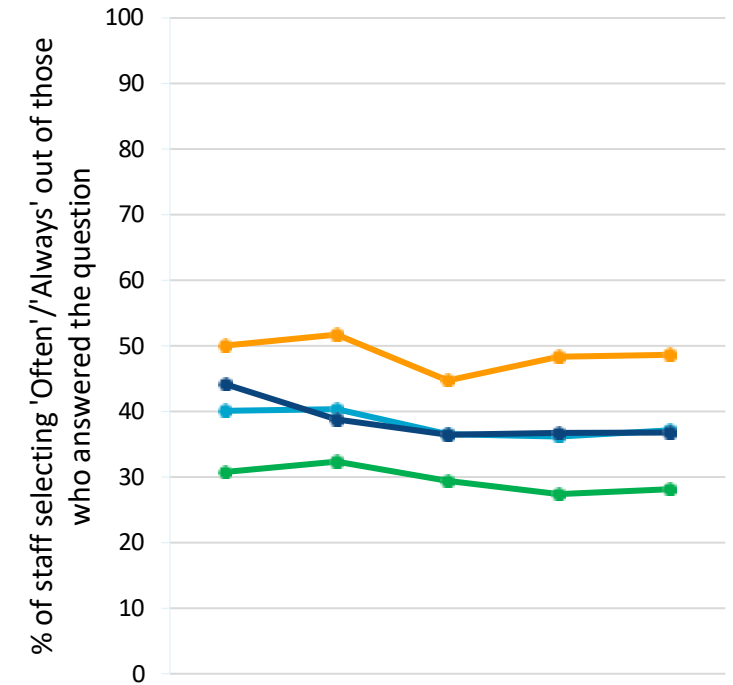
	2021	2022	2023	2024	2025
Your org	38.06%	34.65%	31.91%	33.97%	36.36%
Best result	31.92%	31.17%	27.71%	27.83%	28.48%
Average result	38.17%	37.33%	34.18%	33.89%	35.08%
Worst result	43.92%	44.70%	40.31%	42.73%	43.76%
Responses	1542	1732	1866	1970	2237

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



	2021	2022	2023	2024	2025
Your org	38.06%	33.20%	30.31%	30.69%	33.01%
Best result	28.41%	27.95%	24.74%	25.23%	26.01%
Average result	35.51%	34.97%	31.21%	30.79%	32.12%
Worst result	43.71%	42.17%	37.70%	40.37%	40.74%
Responses	1536	1730	1863	1967	2233

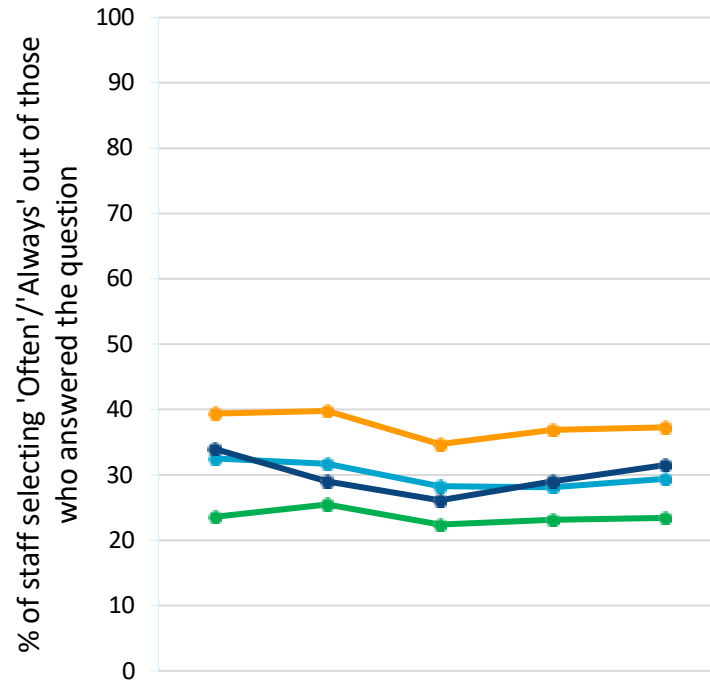
Q12c How often, if at all, does your work frustrate you?



	2021	2022	2023	2024	2025
Your org	44.16%	38.77%	36.45%	36.74%	36.79%
Best result	30.78%	32.35%	29.42%	27.39%	28.16%
Average result	40.10%	40.35%	36.55%	36.17%	37.11%
Worst result	50.03%	51.71%	44.72%	48.35%	48.62%
Responses	1537	1729	1864	1970	2232

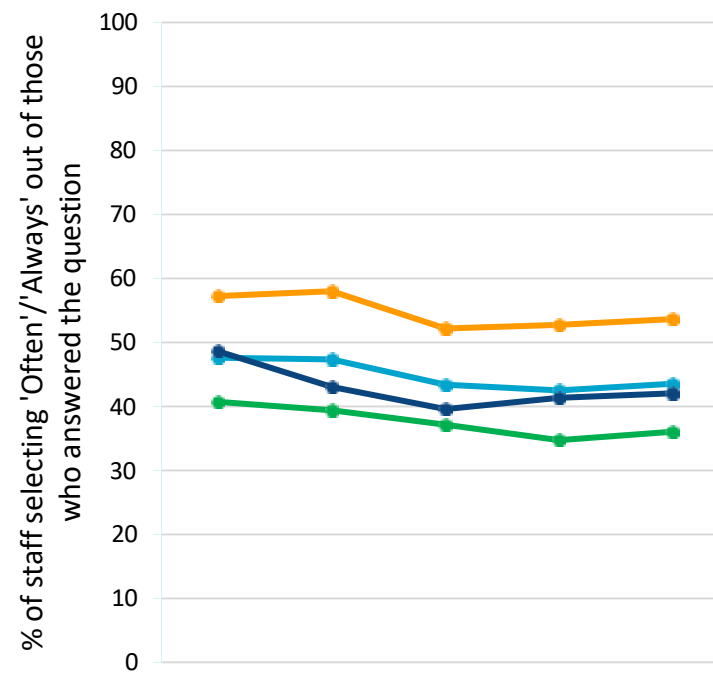


Q12d How often, if at all, are you exhausted at the thought of another day/shift at work?



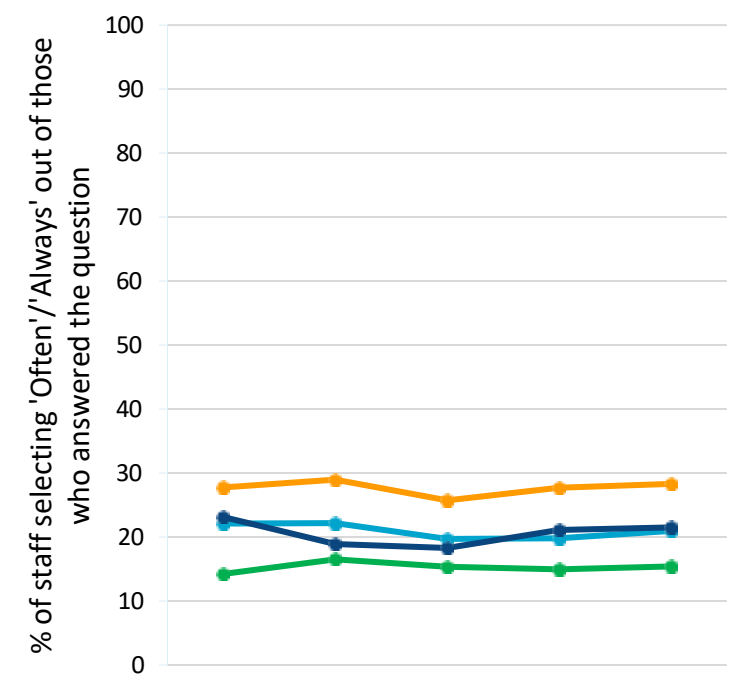
	2021	2022	2023	2024	2025
Your org	33.96%	29.01%	26.10%	28.99%	31.51%
Best result	23.58%	25.47%	22.39%	23.14%	23.42%
Average result	32.51%	31.67%	28.24%	28.10%	29.40%
Worst result	39.40%	39.79%	34.70%	36.90%	37.26%
Responses	1539	1728	1856	1960	2229

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



	2021	2022	2023	2024	2025
Your org	48.59%	43.04%	39.58%	41.36%	42.02%
Best result	40.70%	39.38%	37.14%	34.72%	36.06%
Average result	47.60%	47.34%	43.37%	42.49%	43.54%
Worst result	57.24%	58.00%	52.17%	52.73%	53.62%
Responses	1539	1725	1855	1962	2223

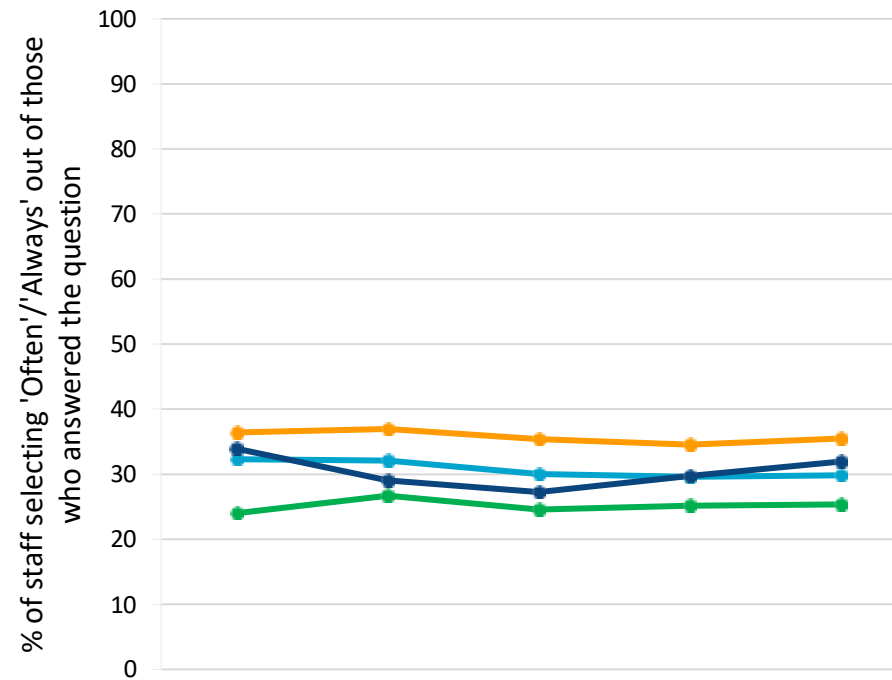
Q12f How often, if at all, do you feel that every working hour is tiring for you?



	2021	2022	2023	2024	2025
Your org	23.12%	18.91%	18.29%	21.12%	21.52%
Best result	14.23%	16.51%	15.35%	14.92%	15.41%
Average result	22.08%	22.17%	19.70%	19.78%	20.95%
Worst result	27.73%	28.96%	25.73%	27.72%	28.30%
Responses	1537	1722	1851	1959	2228



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



	2021	2022	2023	2024	2025
Your org	33.92%	29.05%	27.25%	29.75%	31.96%
Best result	24.01%	26.70%	24.58%	25.16%	25.35%
Average result	32.30%	32.10%	30.03%	29.60%	29.85%
Worst result	36.45%	36.95%	35.41%	34.55%	35.50%
Responses	1539	1731	1862	1964	2232

Curtis Soile
24/03/2026 12:54:52

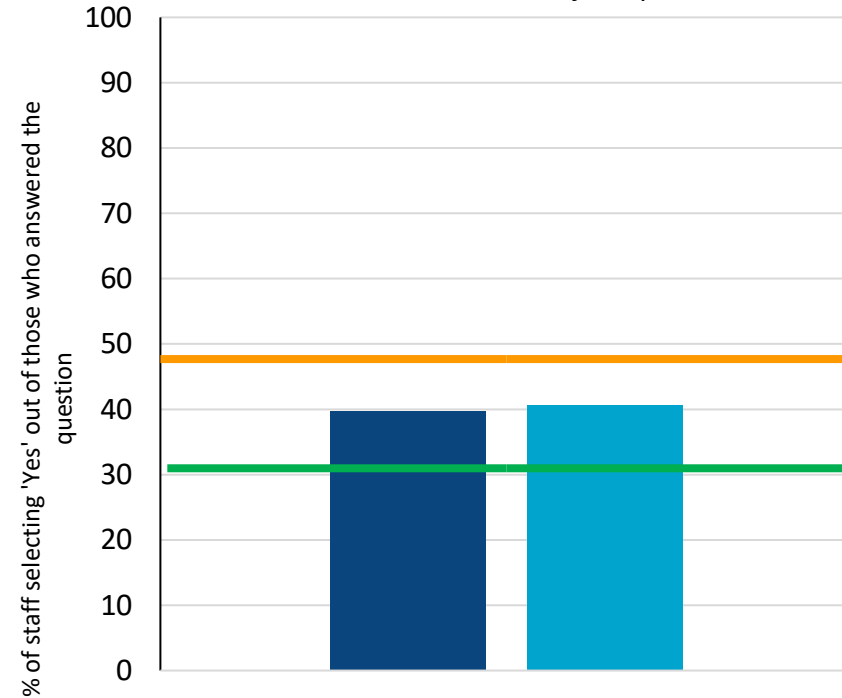


People Promise elements and theme results – We are safe and healthy: Negative experiences

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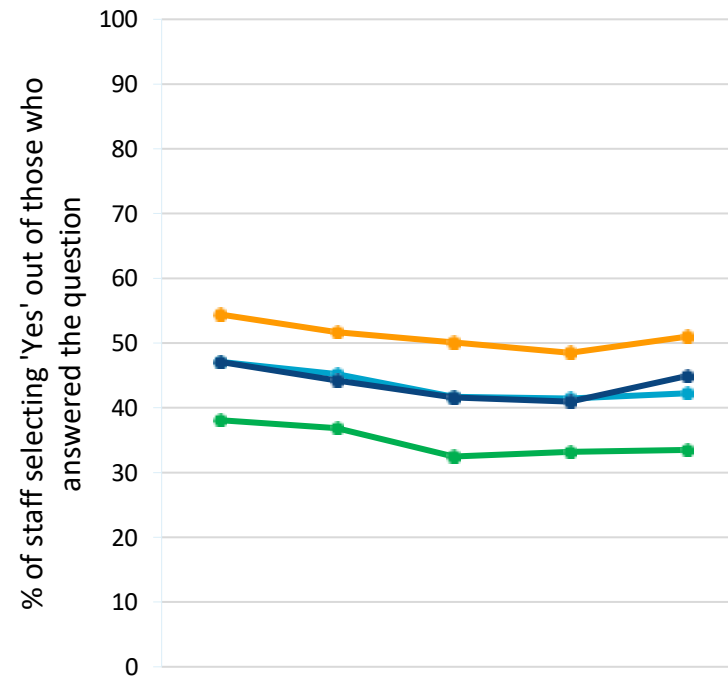


Q11b In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities? Examples may include back pain, neck or arm strains, and joint pain.



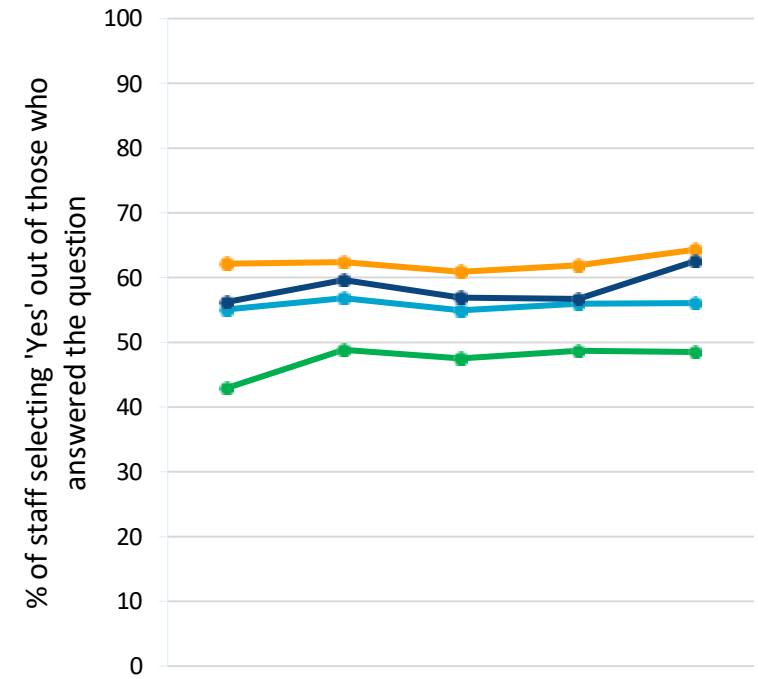
	2025
Your org	39.78%
Best result	30.97%
Average result	40.70%
Worst result	47.69%
Responses	2229

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



	2021	2022	2023	2024	2025
Your org	47.09%	44.23%	41.61%	40.96%	44.93%
Best result	38.09%	36.86%	32.48%	33.18%	33.51%
Average result	47.11%	45.20%	41.72%	41.44%	42.26%
Worst result	54.42%	51.68%	50.08%	48.50%	50.97%
Responses	1528	1719	1849	1957	2221

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



	2021	2022	2023	2024	2025
Your org	56.22%	59.64%	56.89%	56.71%	62.55%
Best result	42.92%	48.84%	47.51%	48.71%	48.53%
Average result	55.08%	56.82%	54.94%	55.96%	56.08%
Worst result	62.16%	62.39%	60.90%	61.90%	64.31%
Responses	1527	1717	1855	1959	2227

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

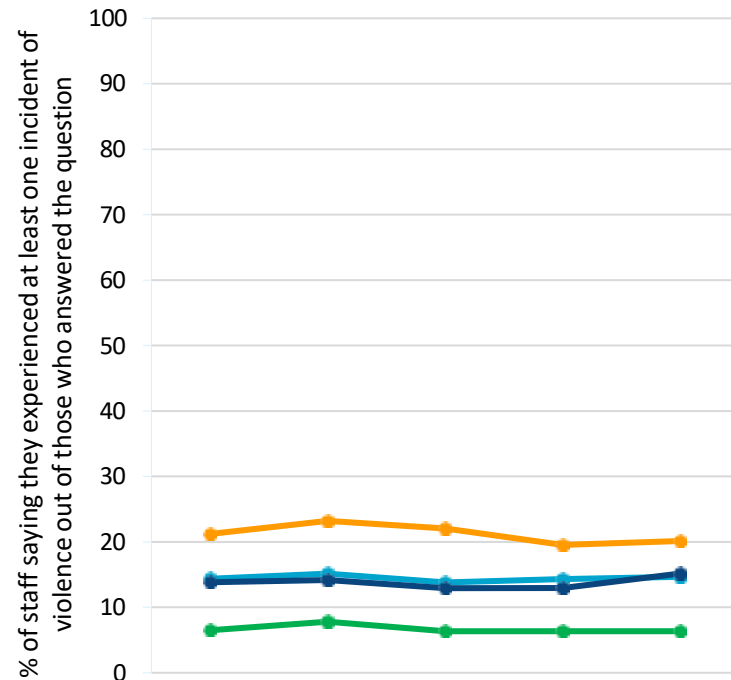


People Promise elements and theme results – We are safe and healthy: Negative experiences

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Q13a In the last 12 months how many times have you personally experienced physical violence at work from...? Patients / service users, their relatives or other members of the public.

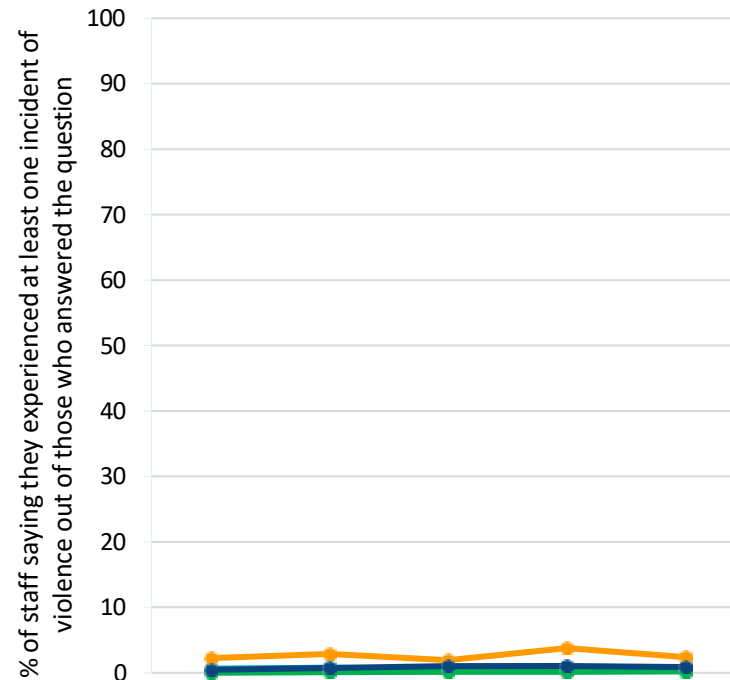


2021 2022 2023 2024 2025

Your org	13.82%	14.17%	12.93%	12.94%	15.17%
Best result	6.50%	7.81%	6.35%	6.35%	6.35%
Average result	14.38%	15.15%	13.81%	14.31%	14.65%
Worst result	21.20%	23.21%	22.02%	19.54%	20.14%

Responses 1543 1731 1853 1965 2227

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

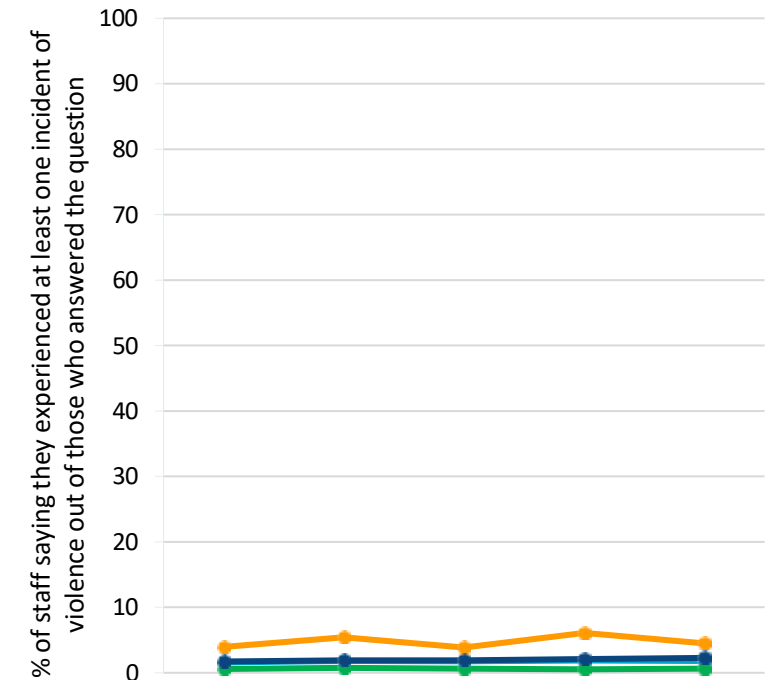


2021 2022 2023 2024 2025

Your org	0.45%	0.75%	1.02%	1.04%	0.86%
Best result	0.00%	0.11%	0.14%	0.14%	0.21%
Average result	0.63%	0.79%	0.68%	0.76%	0.76%
Worst result	2.23%	2.90%	1.93%	3.78%	2.37%

Responses 1511 1718 1838 1951 2213

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



2021 2022 2023 2024 2025

Your org	1.73%	1.92%	1.89%	2.10%	2.27%
Best result	0.56%	0.76%	0.65%	0.54%	0.63%
Average result	1.58%	1.83%	1.78%	1.88%	1.80%
Worst result	3.98%	5.44%	3.86%	6.09%	4.51%

Responses 1507 1719 1831 1934 2195

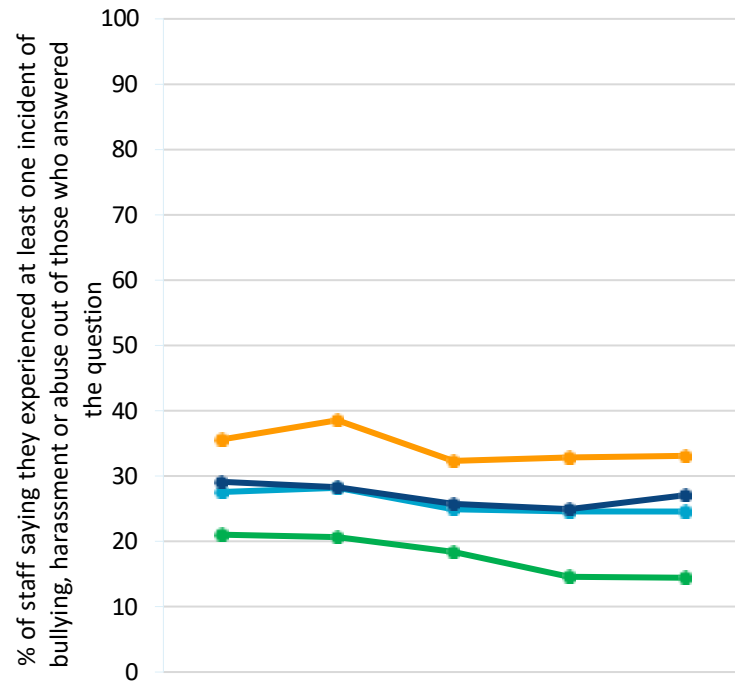
Note: 2023 results for Q13a-c are reported using corrected data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.



People Promise elements and theme results – We are safe and healthy: Negative experiences

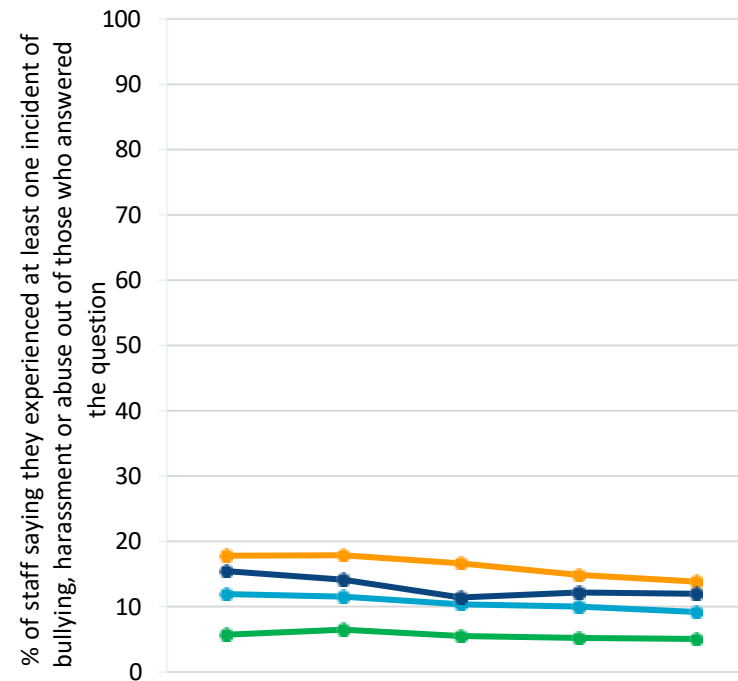


Q14a In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Patients / service users, their relatives or other members of the public.



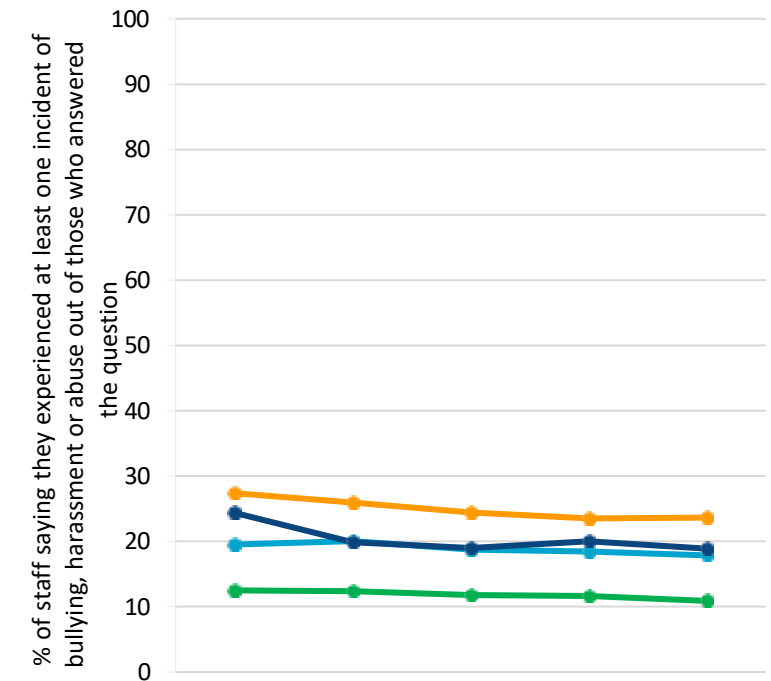
	2021	2022	2023	2024	2025
Your org	29.13%	28.27%	25.75%	24.94%	27.05%
Best result	21.03%	20.65%	18.41%	14.57%	14.44%
Average result	27.56%	28.20%	24.91%	24.59%	24.59%
Worst result	35.57%	38.56%	32.33%	32.84%	33.08%
Responses	1535	1729	1850	1959	2221

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



	2021	2022	2023	2024	2025
Your org	15.46%	14.13%	11.41%	12.19%	11.99%
Best result	5.72%	6.48%	5.50%	5.22%	5.07%
Average result	11.94%	11.52%	10.35%	10.00%	9.20%
Worst result	17.83%	17.88%	16.64%	14.86%	13.85%
Responses	1515	1707	1838	1945	2205

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



	2021	2022	2023	2024	2025
Your org	24.37%	19.88%	19.01%	20.03%	18.89%
Best result	12.50%	12.35%	11.78%	11.65%	10.89%
Average result	19.54%	20.05%	18.74%	18.47%	17.86%
Worst result	27.38%	25.97%	24.43%	23.52%	23.63%
Responses	1509	1697	1840	1939	2203

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

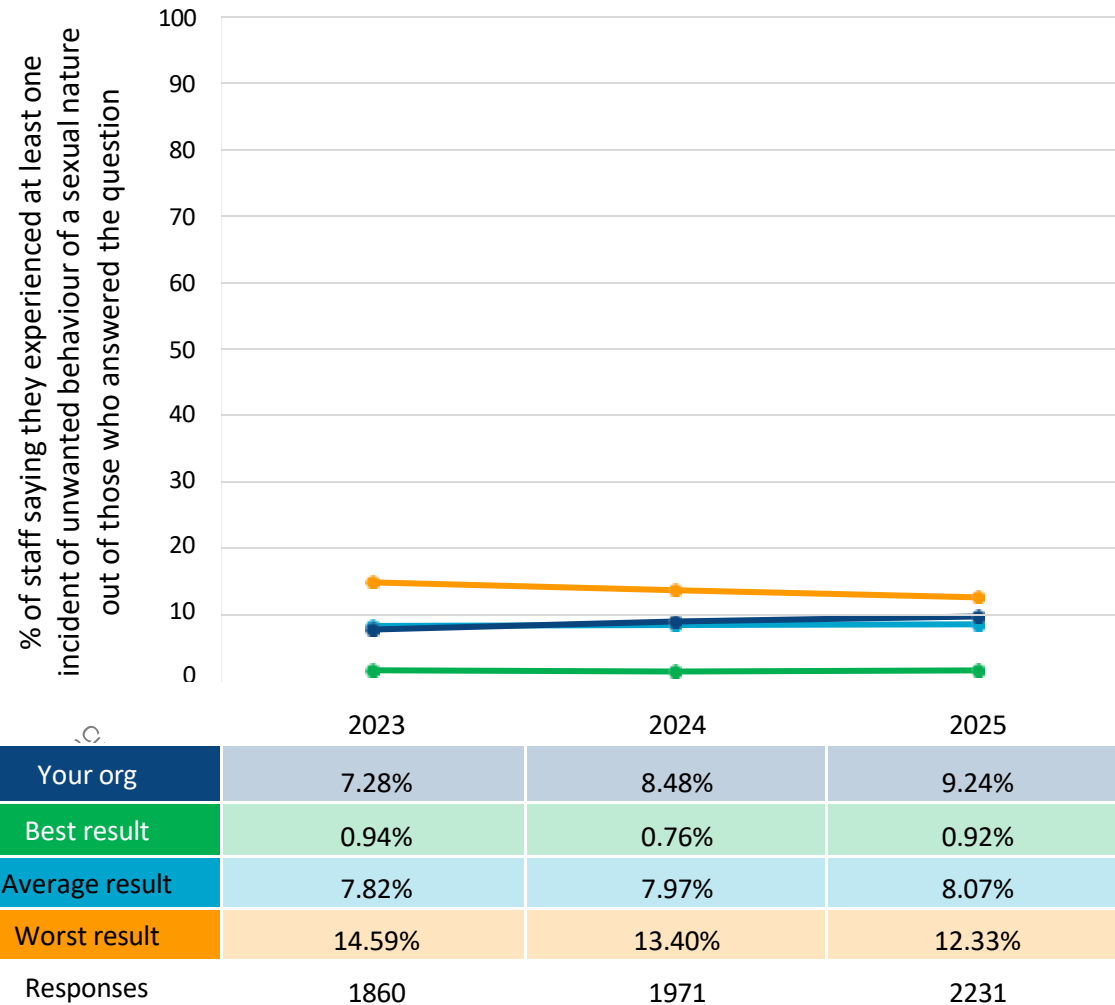


People Promise elements and theme results – We are safe and healthy: Other questions*

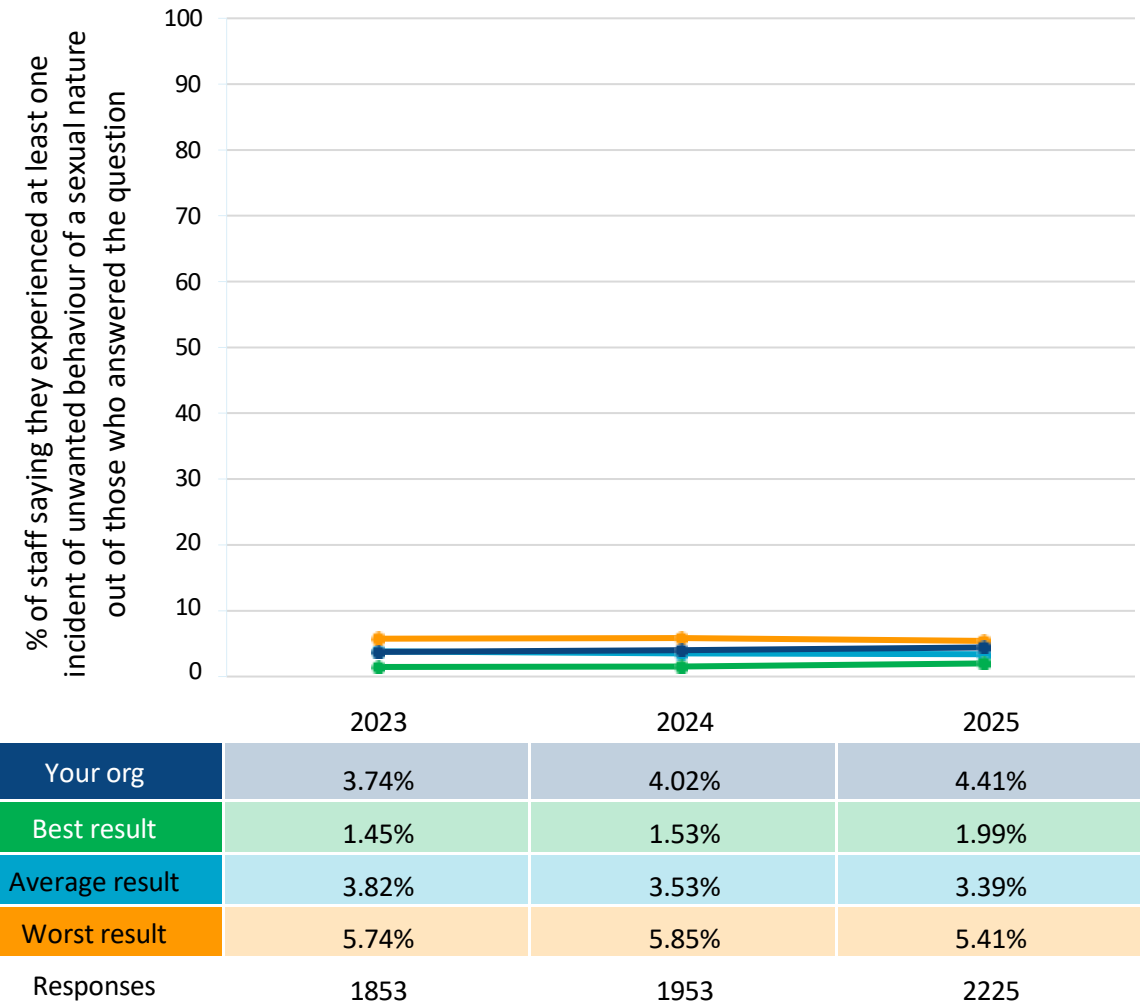
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Q17a In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? From patients / service users, their relatives or other members of the public



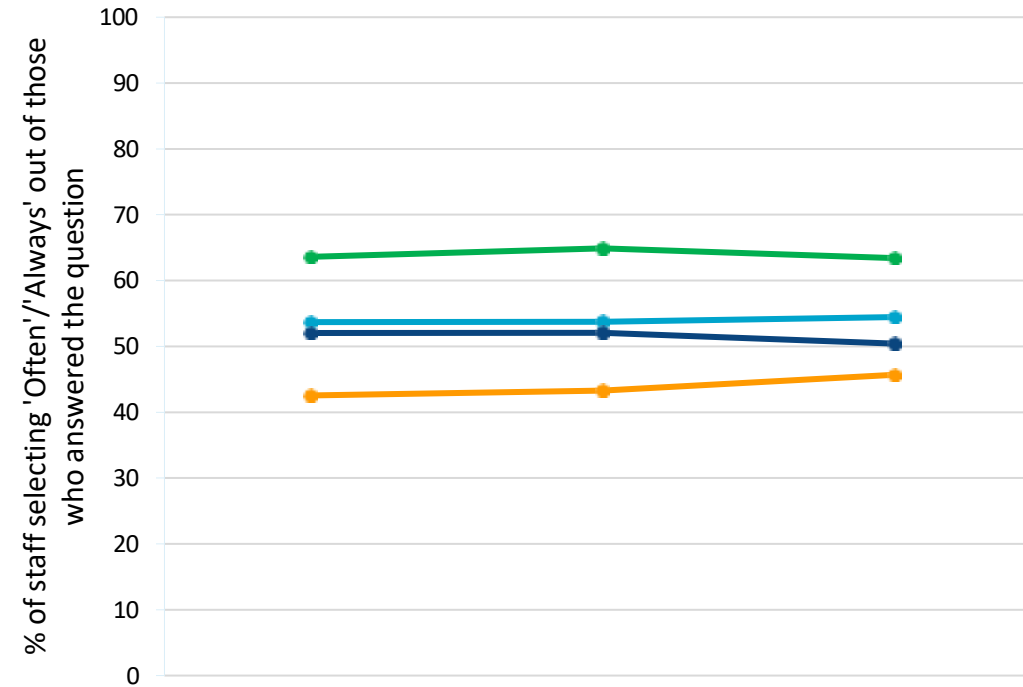
Q17b In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? From staff / colleagues



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



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



	2023	2024	2025
Your org	52.05%	52.06%	50.42%
Best result	63.60%	64.89%	63.41%
Average result	53.68%	53.75%	54.45%
Worst result	42.55%	43.27%	45.69%
Responses	1861	1967	2237

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

Curtis Soile
24/03/2026 12:54:52

People Promise element – We are always learning



Questions included:

Development – Q24a, Q24b, Q24c, Q24d, Q24e

Appraisals – Q23a*, Q23b, Q23c, Q23d

Other questions** - Q24f

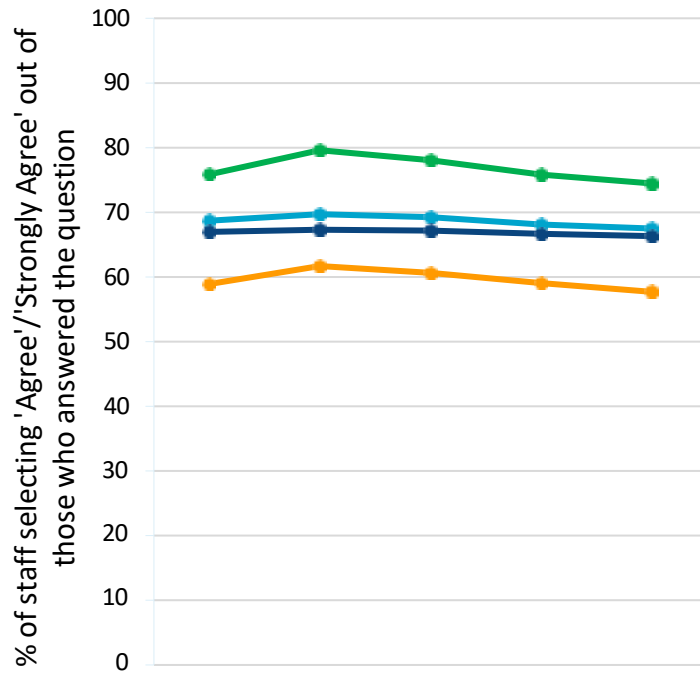
*Q23a is a filter question and therefore influences the sub-score without being a directly scored question.

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

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

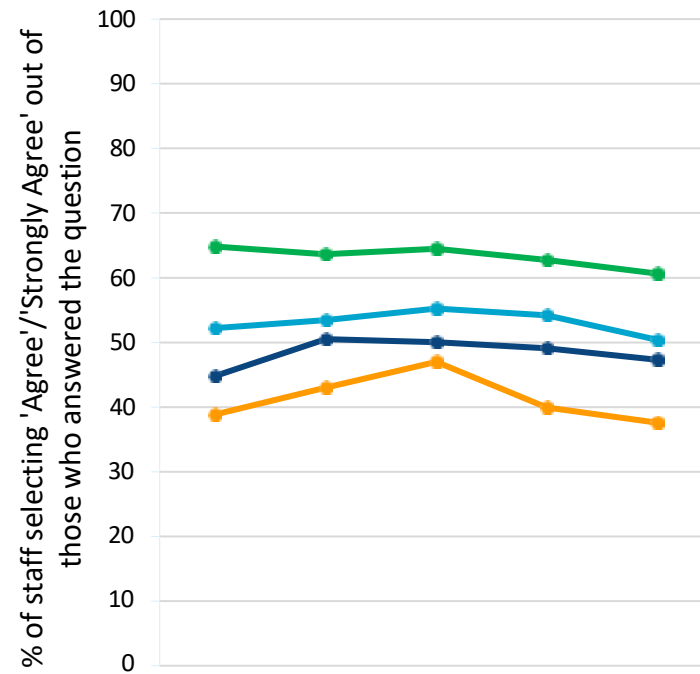


Q24a This organisation offers me challenging work.



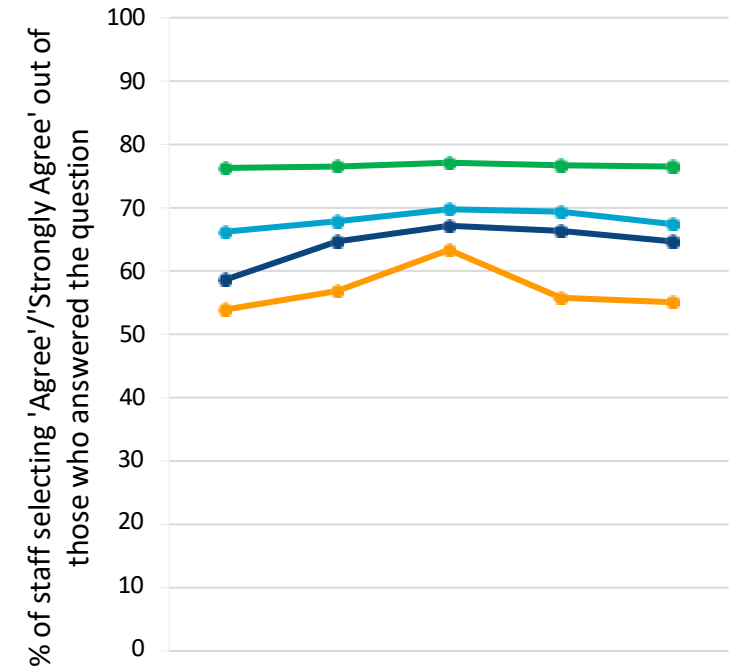
	2021	2022	2023	2024	2025
Your org	66.98%	67.30%	67.16%	66.67%	66.32%
Best result	75.85%	79.60%	78.03%	75.85%	74.46%
Average result	68.69%	69.71%	69.25%	68.11%	67.49%
Worst result	58.89%	61.69%	60.64%	59.07%	57.70%
Responses	1523	1728	1860	1963	2218

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



	2021	2022	2023	2024	2025
Your org	44.80%	50.51%	50.04%	49.08%	47.32%
Best result	64.83%	63.62%	64.46%	62.76%	60.64%
Average result	52.20%	53.45%	55.24%	54.21%	50.39%
Worst result	38.86%	43.01%	46.99%	39.92%	37.58%
Responses	1527	1733	1861	1968	2226

Q24c I have opportunities to improve my knowledge and skills.



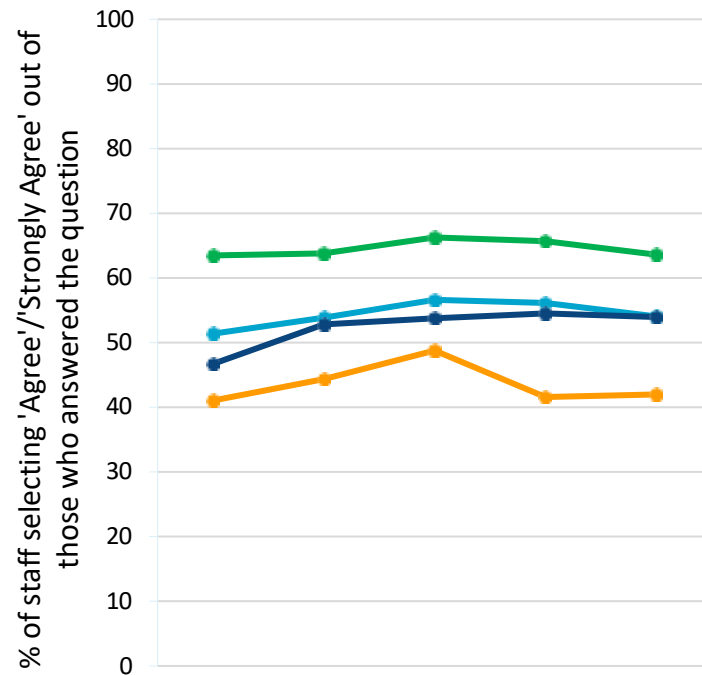
	2021	2022	2023	2024	2025
Your org	58.62%	64.67%	67.15%	66.36%	64.65%
Best result	76.28%	76.50%	77.10%	76.67%	76.47%
Average result	66.20%	67.85%	69.75%	69.36%	67.41%
Worst result	53.91%	56.82%	63.34%	55.77%	55.05%
Responses	1530	1731	1859	1968	2219



People Promise elements and theme results – We are always learning: Development

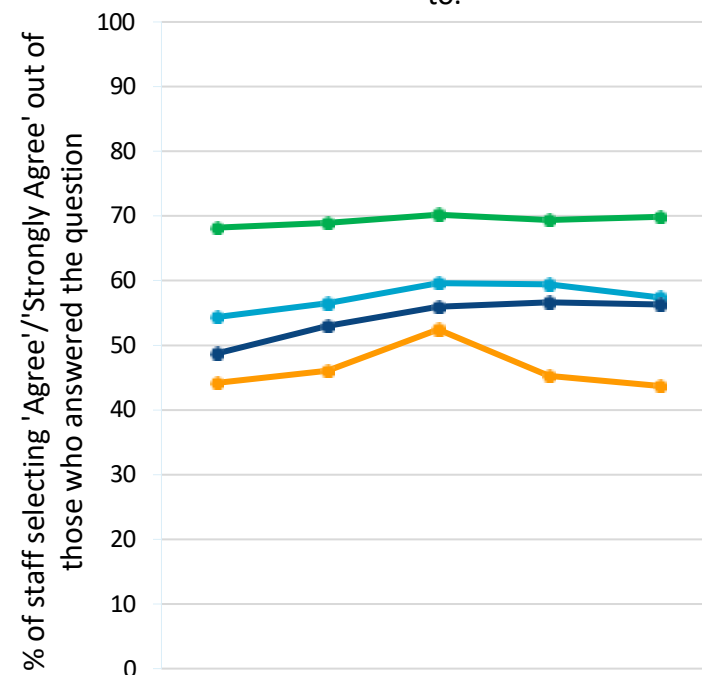


Q24d I feel supported to develop my potential.



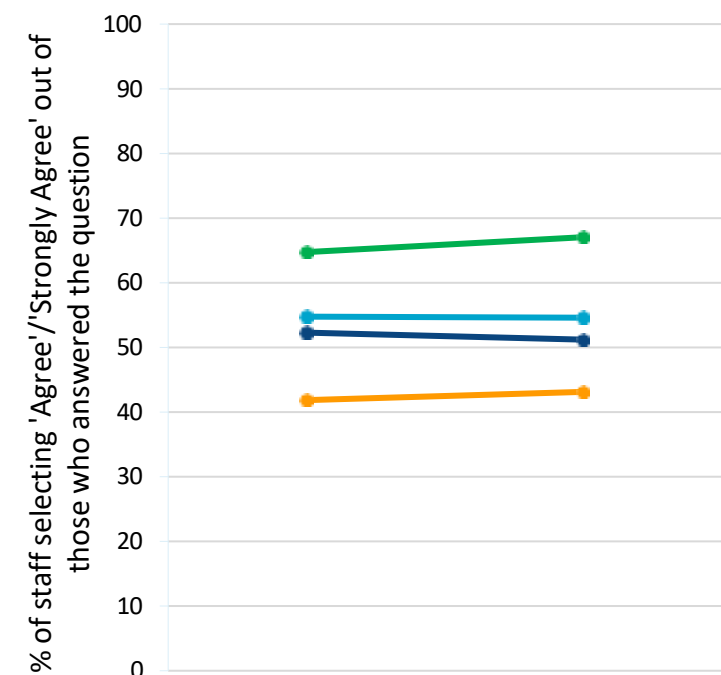
	2021	2022	2023	2024	2025
Your org	46.71%	52.80%	53.77%	54.52%	53.95%
Best result	63.48%	63.80%	66.26%	65.67%	63.62%
Average result	51.38%	53.86%	56.62%	56.16%	54.06%
Worst result	41.05%	44.35%	48.78%	41.57%	41.97%
Responses	1523	1728	1860	1967	2212

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



	2021	2022	2023	2024	2025
Your org	48.74%	52.97%	55.99%	56.65%	56.33%
Best result	68.20%	68.93%	70.19%	69.39%	69.85%
Average result	54.36%	56.52%	59.61%	59.41%	57.42%
Worst result	44.17%	46.07%	52.44%	45.25%	43.71%
Responses	1523	1724	1859	1951	2208

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

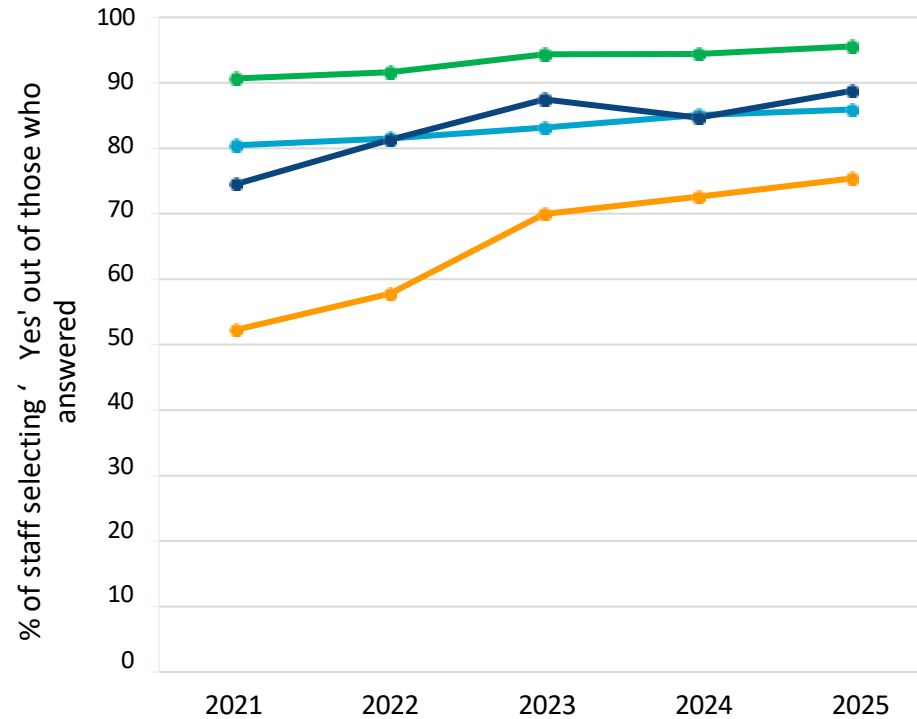


	2024	2025
Your org	52.29%	51.20%
Best result	64.74%	67.04%
Average result	54.76%	54.60%
Worst result	41.85%	43.13%
Responses	1456	1683

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



Q23a* In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?

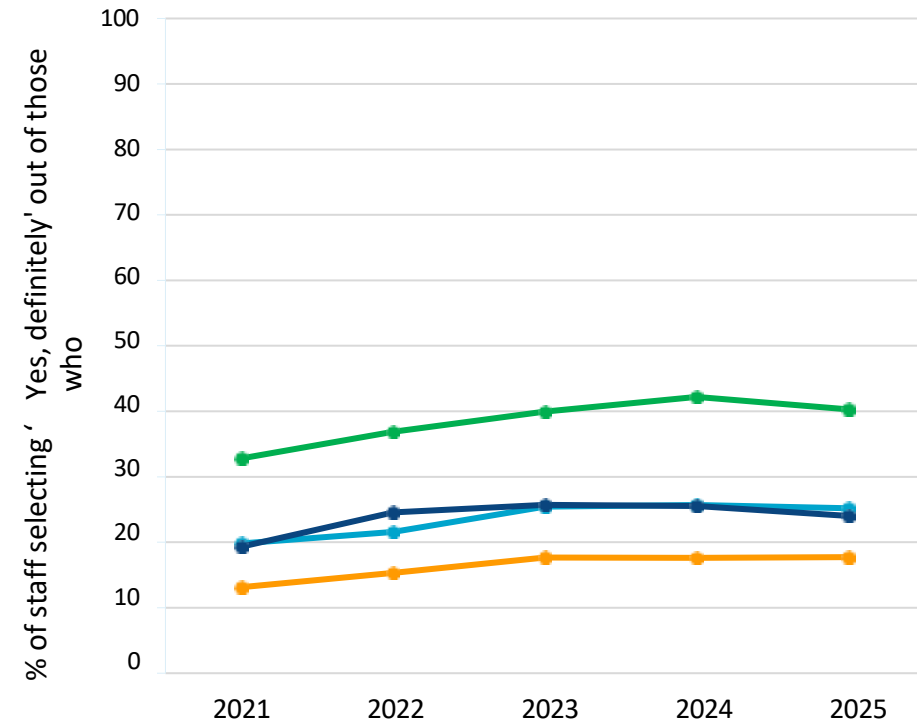


	2021	2022	2023	2024	2025
Your org	74.53%	81.28%	87.46%	84.67%	88.77%
Best result	90.66%	91.61%	94.34%	94.40%	95.55%
Average result	80.45%	81.49%	83.18%	85.05%	85.91%
Worst result	52.28%	57.78%	69.95%	72.59%	75.40%

Responses 1511 1715 1849 1951 2212

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

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

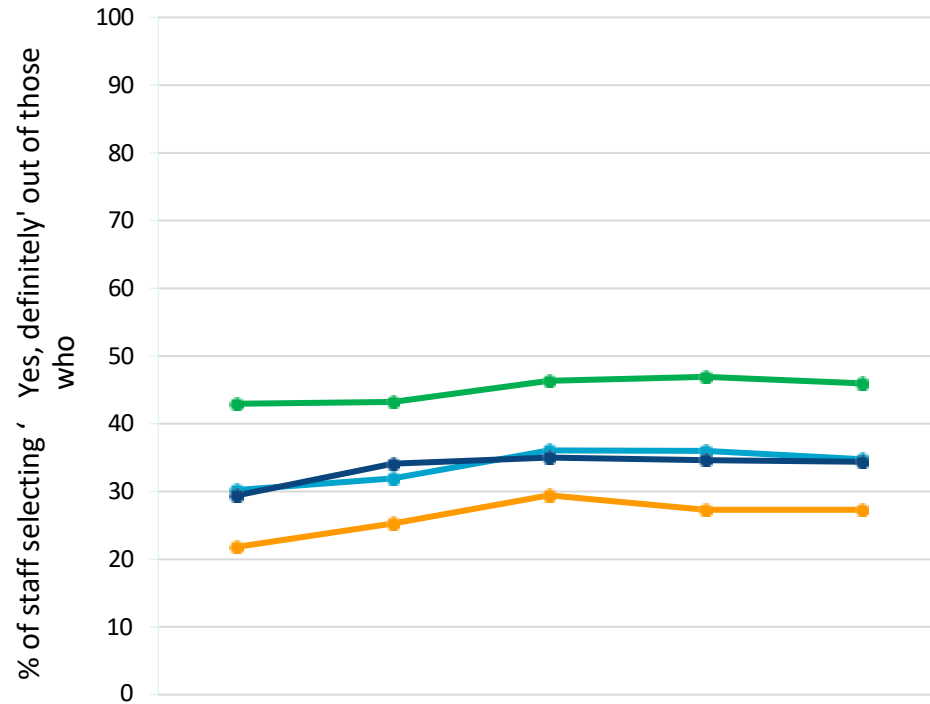


	2021	2022	2023	2024	2025
Your org	19.32%	24.58%	25.71%	25.55%	24.02%
Best result	32.81%	36.90%	39.96%	42.20%	40.32%
Average result	19.82%	21.57%	25.45%	25.69%	25.20%
Worst result	13.14%	15.33%	17.68%	17.62%	17.73%

Responses 1088 1387 1611 1668 1964

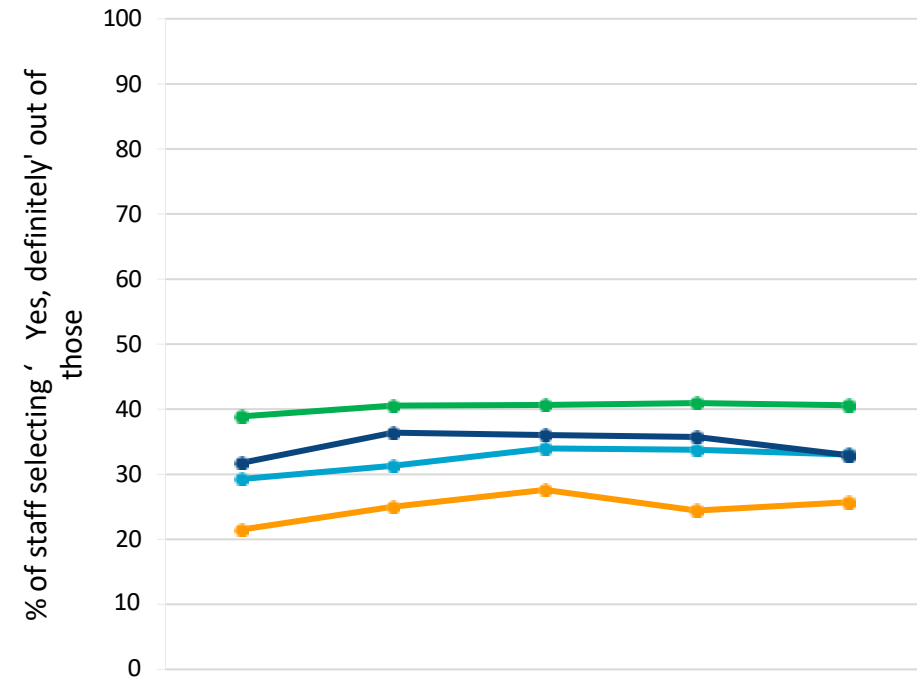


Q23c It helped me agree clear objectives for my work.



	2021	2022	2023	2024	2025
Your org	29.41%	34.12%	35.00%	34.65%	34.39%
Best result	42.95%	43.23%	46.32%	46.93%	45.99%
Average result	30.21%	31.94%	36.06%	36.01%	34.79%
Worst result	21.81%	25.28%	29.43%	27.29%	27.28%
Responses	1081	1382	1611	1662	1960

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



	2021	2022	2023	2024	2025
Your org	31.74%	36.39%	36.05%	35.73%	32.92%
Best result	38.89%	40.56%	40.66%	40.93%	40.58%
Average result	29.26%	31.28%	33.97%	33.76%	33.02%
Worst result	21.49%	24.98%	27.60%	24.42%	25.69%
Responses	1083	1381	1614	1661	1958

People Promise element – We work flexibly



Questions included:

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

Flexible working – Q4d

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

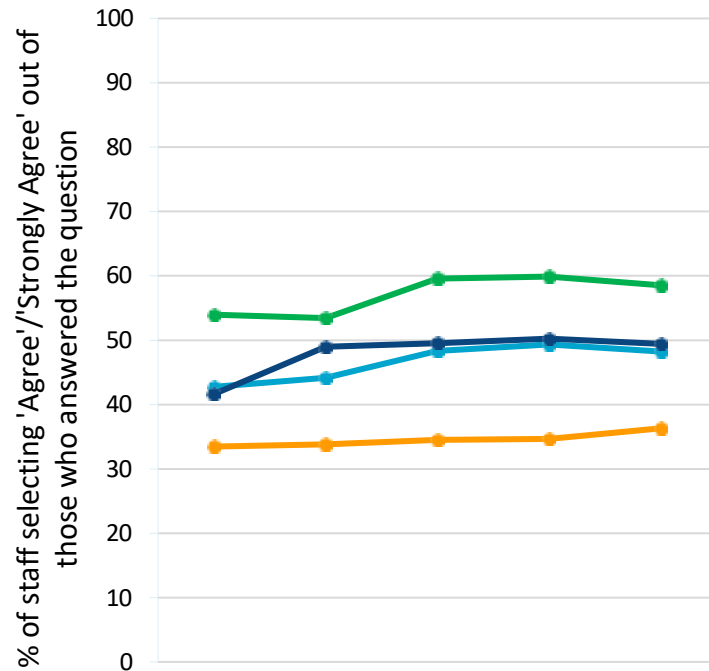


People Promise elements and theme results – We work flexibly: Support for work-life balance

Survey
Coordination
Centre

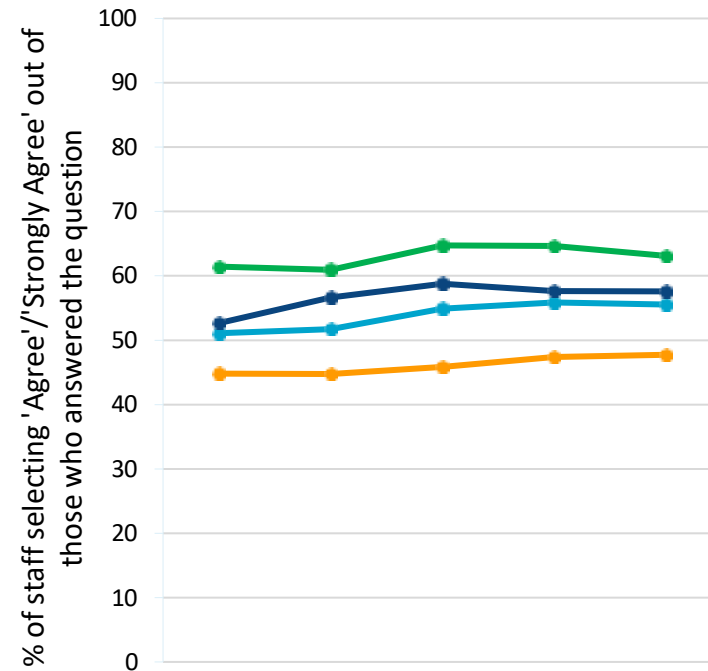


Q6b My organisation is committed to helping me balance my work and home life.



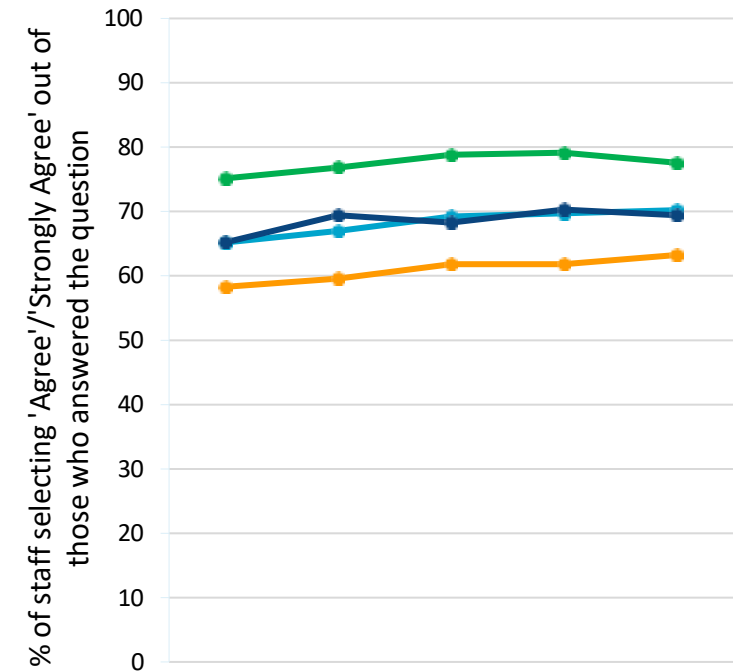
	2021	2022	2023	2024	2025
Your org	41.63%	48.97%	49.54%	50.24%	49.45%
Best result	53.96%	53.44%	59.57%	59.88%	58.52%
Average result	42.75%	44.15%	48.33%	49.34%	48.24%
Worst result	33.47%	33.80%	34.49%	34.65%	36.31%
Responses	1533	1733	1854	1963	2230

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



	2021	2022	2023	2024	2025
Your org	52.65%	56.62%	58.78%	57.66%	57.59%
Best result	61.44%	60.94%	64.73%	64.67%	63.10%
Average result	51.08%	51.70%	54.92%	55.86%	55.53%
Worst result	44.80%	44.75%	45.84%	47.38%	47.73%
Responses	1537	1727	1860	1964	2231

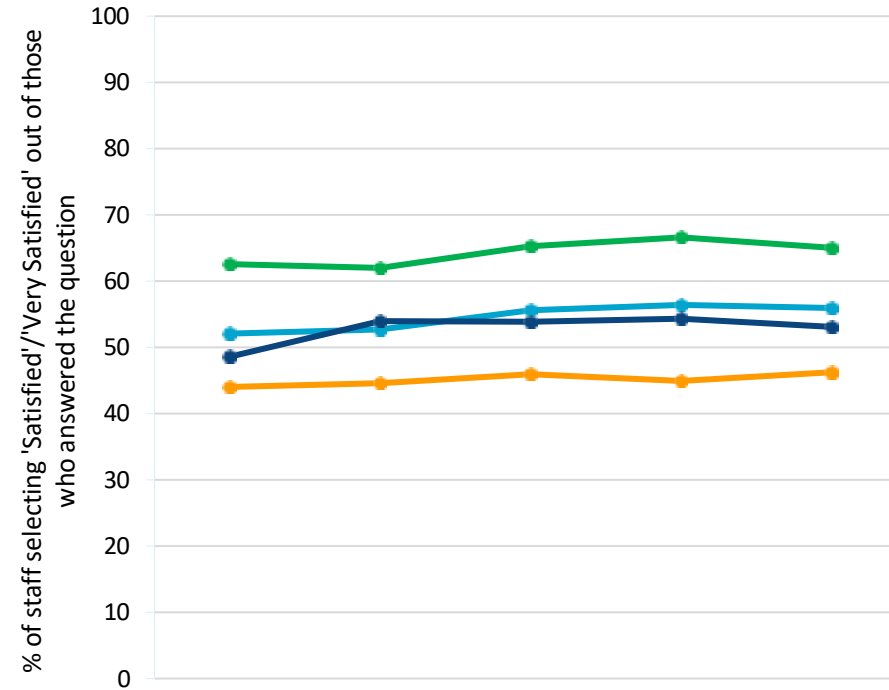
Q6d I can approach my immediate manager to talk openly about flexible working.



	2021	2022	2023	2024	2025
Your org	65.20%	69.42%	68.26%	70.30%	69.42%
Best result	75.15%	76.83%	78.81%	79.14%	77.58%
Average result	65.19%	66.98%	69.20%	69.72%	70.21%
Worst result	58.30%	59.56%	61.83%	61.82%	63.24%
Responses	1531	1732	1854	1965	2228



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



	2021	2022	2023	2024	2025
Your org	48.59%	53.94%	53.85%	54.33%	53.07%
Best result	62.56%	62.00%	65.26%	66.61%	65.03%
Average result	52.07%	52.73%	55.60%	56.41%	55.94%
Worst result	44.02%	44.60%	45.93%	44.94%	46.25%
Responses	1532	1728	1861	1963	2226

Curtis Soile
24/03/2026 12:54:52

People Promise element – We are a team



Questions included:

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

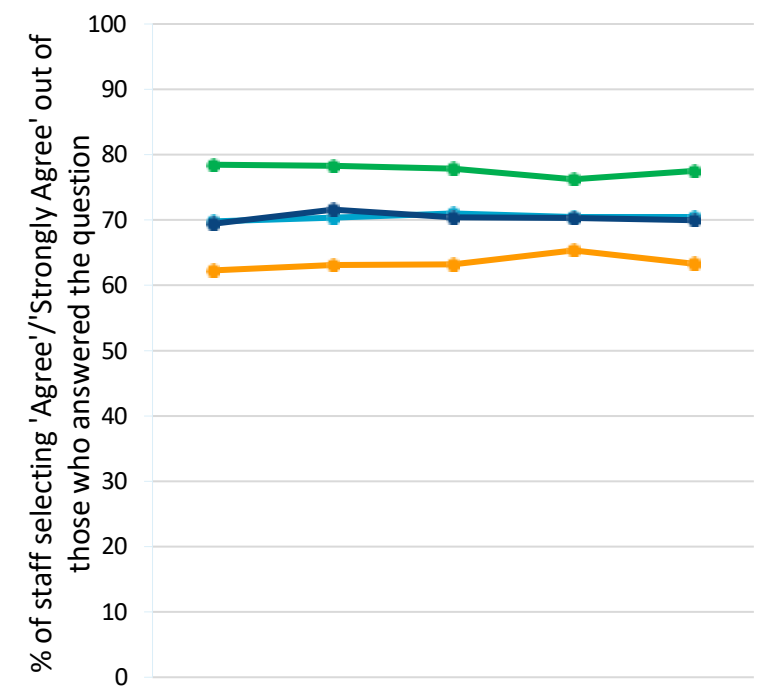
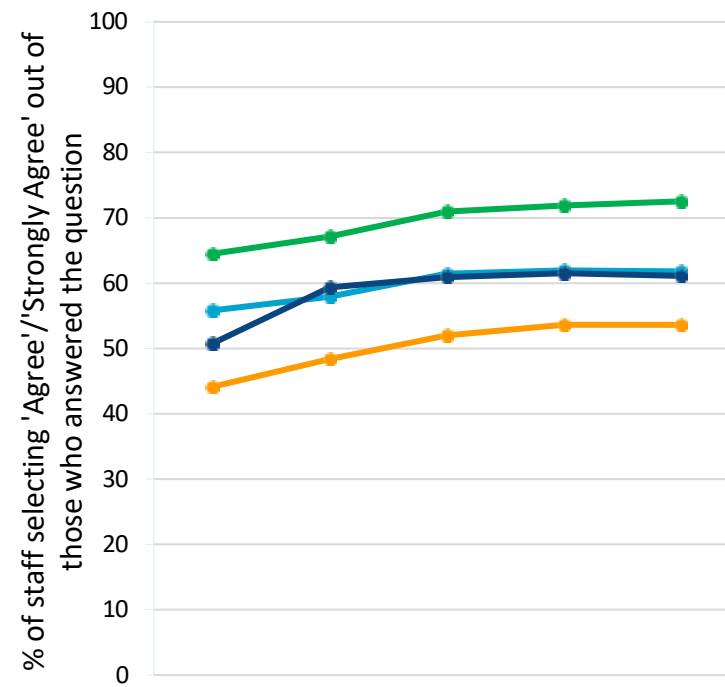
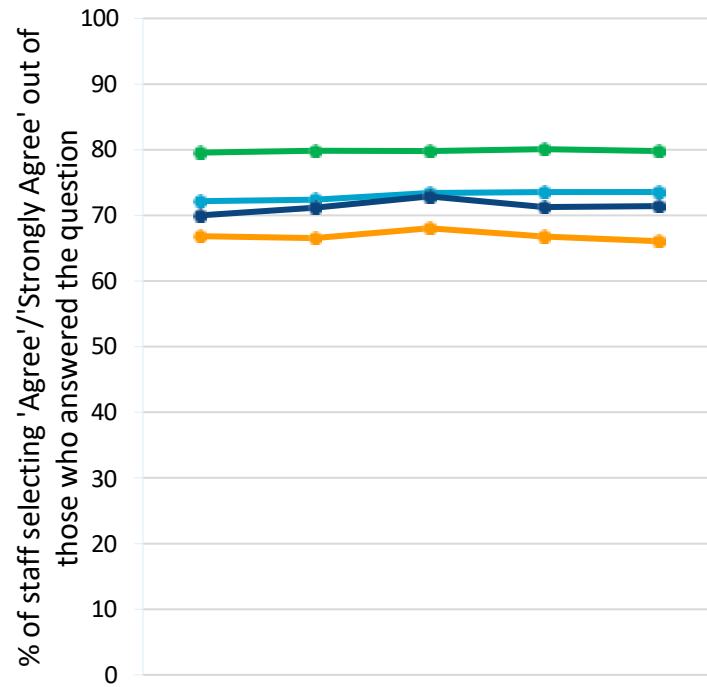
Line management – Q9a, Q9b, Q9c, Q9d

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

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

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

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



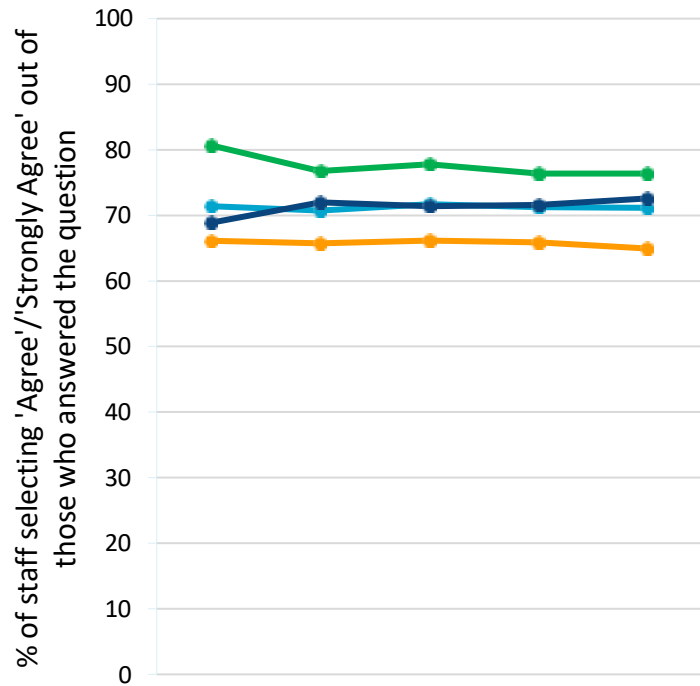
	2021	2022	2023	2024	2025
Your org	69.99%	71.15%	72.88%	71.27%	71.41%
Best result	79.56%	79.85%	79.81%	80.08%	79.77%
Average result	72.16%	72.38%	73.39%	73.54%	73.53%
Worst result	66.82%	66.53%	68.03%	66.79%	66.06%
Responses	1542	1725	1862	1968	2226

	2021	2022	2023	2024	2025
Your org	50.76%	59.36%	60.90%	61.52%	61.12%
Best result	64.49%	67.15%	70.95%	71.90%	72.53%
Average result	55.83%	57.91%	61.47%	61.95%	61.78%
Worst result	44.13%	48.38%	52.03%	53.63%	53.60%
Responses	1542	1725	1861	1964	2227

	2021	2022	2023	2024	2025
Your org	69.41%	71.58%	70.40%	70.30%	69.97%
Best result	78.46%	78.30%	77.85%	76.23%	77.49%
Average result	69.78%	70.35%	71.00%	70.47%	70.43%
Worst result	62.28%	63.13%	63.18%	65.35%	63.28%
Responses	1550	1732	1862	1968	2232

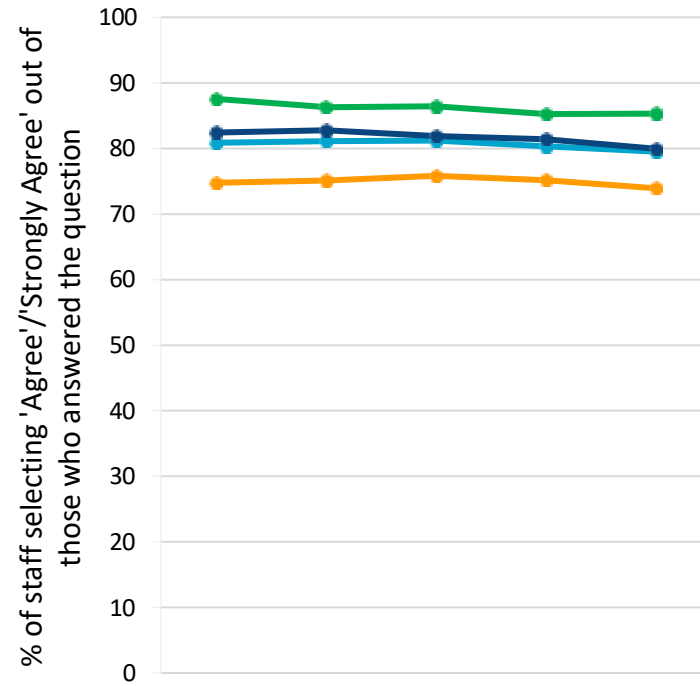


Q7d Team members understand each other's roles.



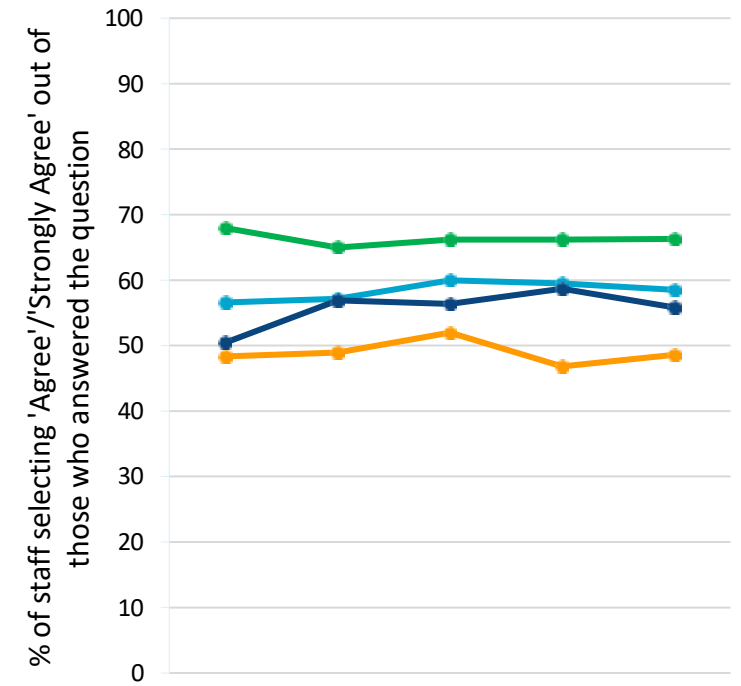
	2021	2022	2023	2024	2025
Your org	68.88%	71.99%	71.38%	71.59%	72.58%
Best result	80.67%	76.74%	77.77%	76.37%	76.38%
Average result	71.40%	70.73%	71.70%	71.27%	71.18%
Worst result	66.12%	65.71%	66.15%	65.90%	64.94%
Responses	1547	1728	1861	1966	2234

Q7e I enjoy working with the colleagues in my team.



	2021	2022	2023	2024	2025
Your org	82.41%	82.77%	81.89%	81.42%	79.96%
Best result	87.56%	86.31%	86.45%	85.24%	85.30%
Average result	80.87%	81.11%	81.20%	80.33%	79.52%
Worst result	74.78%	75.10%	75.82%	75.15%	73.93%
Responses	1543	1732	1856	1965	2235

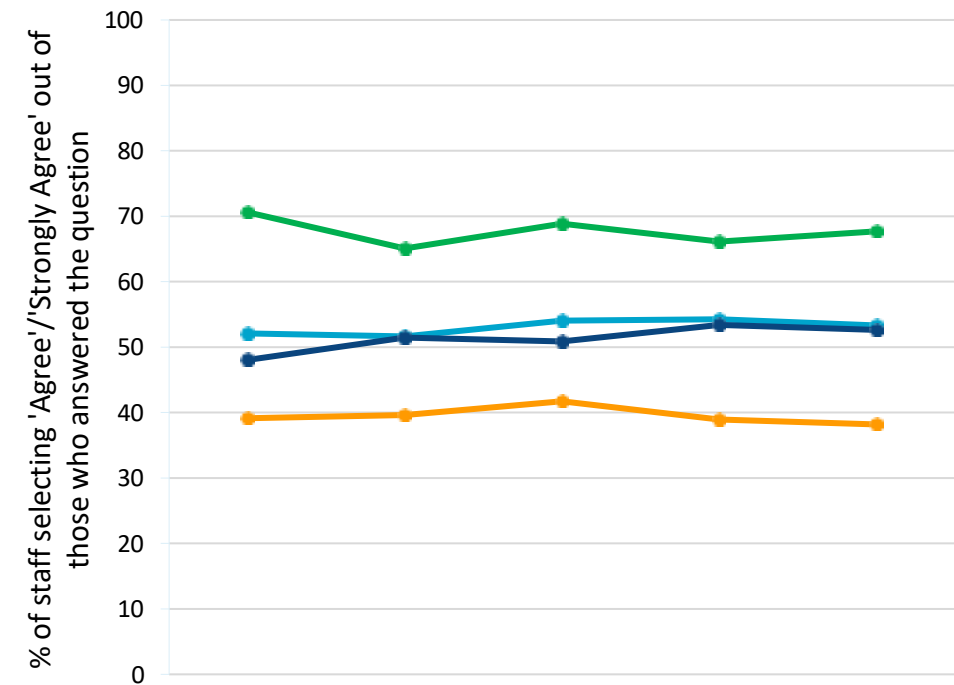
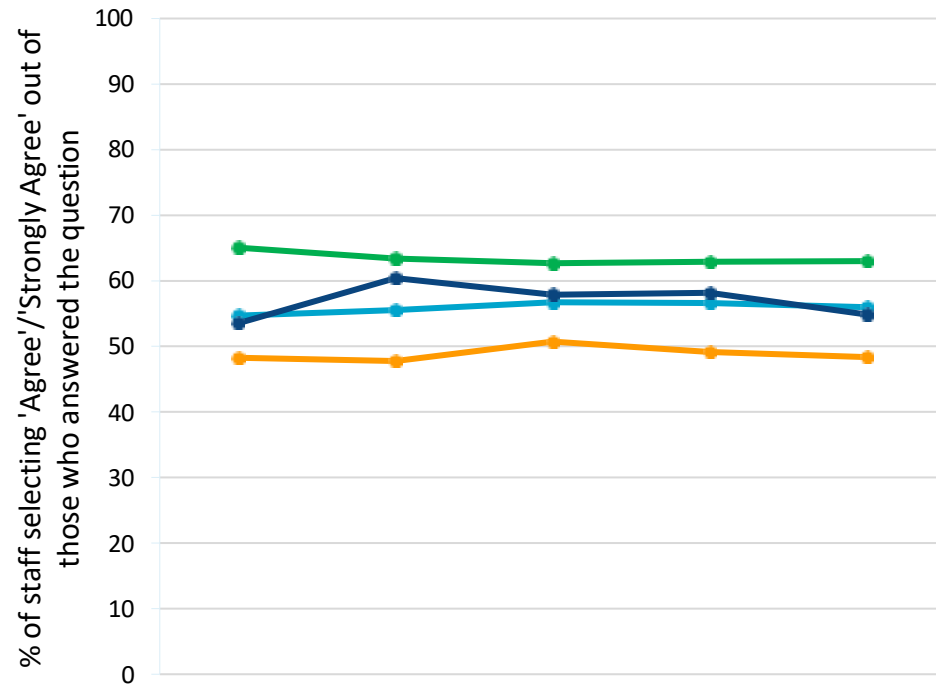
Q7f My team has enough freedom in how to do its work.



	2021	2022	2023	2024	2025
Your org	50.45%	56.91%	56.38%	58.68%	55.83%
Best result	67.96%	64.97%	66.19%	66.17%	66.26%
Average result	56.58%	57.13%	59.97%	59.48%	58.51%
Worst result	48.34%	48.92%	51.98%	46.82%	48.57%
Responses	1542	1726	1860	1962	2232

Q7g In my team disagreements are dealt with constructively.

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

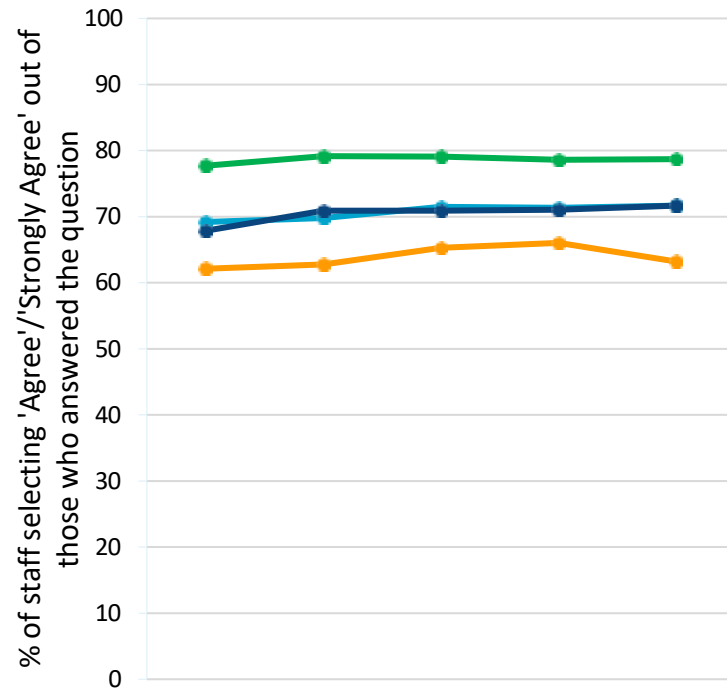


	2021	2022	2023	2024	2025
Your org	53.53%	60.41%	57.90%	58.18%	54.86%
Best result	65.05%	63.39%	62.68%	62.92%	63.01%
Average result	54.69%	55.52%	56.73%	56.61%	55.99%
Worst result	48.27%	47.76%	50.72%	49.15%	48.38%
Responses	1539	1727	1859	1958	2226

	2021	2022	2023	2024	2025
Your org	48.05%	51.48%	50.85%	53.40%	52.64%
Best result	70.61%	65.08%	68.87%	66.14%	67.71%
Average result	52.10%	51.64%	54.07%	54.26%	53.30%
Worst result	39.15%	39.64%	41.73%	38.96%	38.19%
Responses	1536	1727	1860	1972	2229

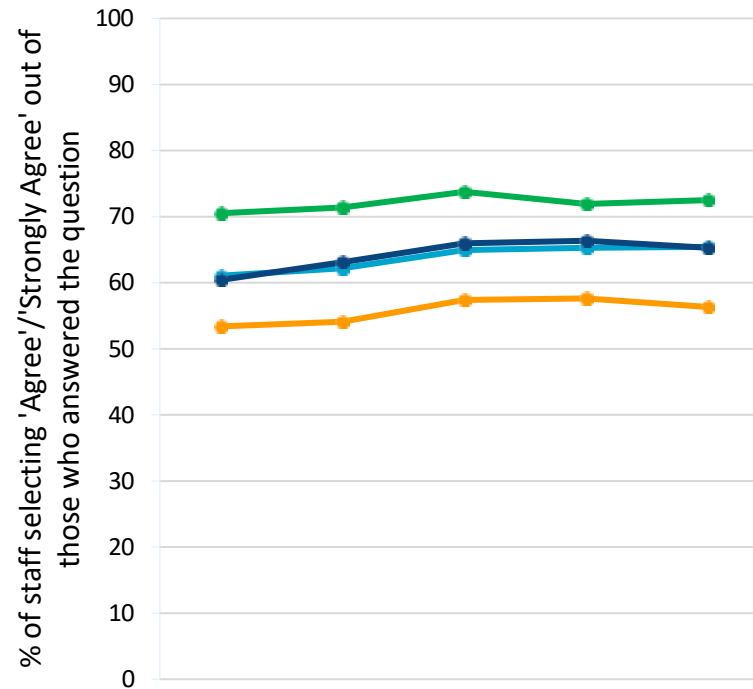


Q9a My immediate manager encourages me at work.



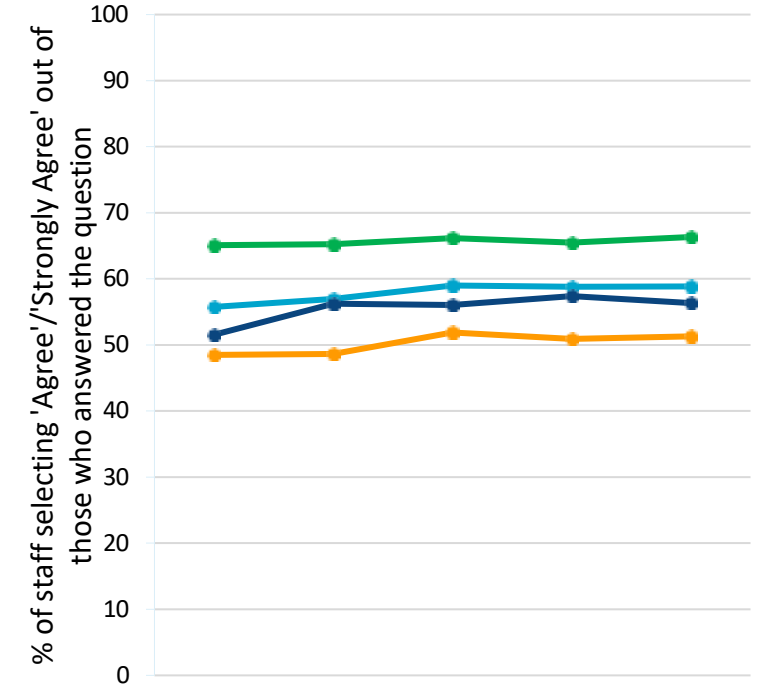
	2021	2022	2023	2024	2025
Your org	67.87%	70.92%	70.92%	71.06%	71.67%
Best result	77.71%	79.16%	79.07%	78.62%	78.70%
Average result	69.20%	69.81%	71.47%	71.36%	71.67%
Worst result	62.12%	62.77%	65.31%	66.03%	63.21%
Responses	1537	1733	1863	1971	2230

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



	2021	2022	2023	2024	2025
Your org	60.43%	63.11%	65.98%	66.35%	65.28%
Best result	70.52%	71.41%	73.77%	71.91%	72.48%
Average result	61.07%	62.18%	64.95%	65.31%	65.43%
Worst result	53.39%	54.10%	57.39%	57.63%	56.34%
Responses	1539	1733	1859	1968	2231

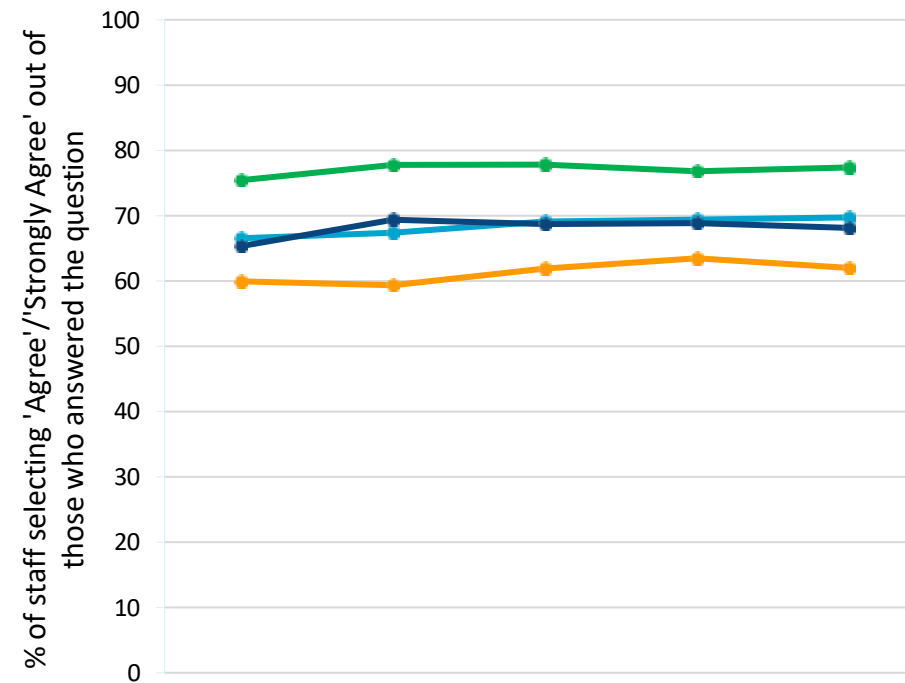
Q9c My immediate manager asks for my opinion before making decisions that affect my work.



	2021	2022	2023	2024	2025
Your org	51.54%	56.23%	56.05%	57.39%	56.36%
Best result	65.10%	65.24%	66.18%	65.48%	66.34%
Average result	55.76%	56.95%	59.00%	58.82%	58.84%
Worst result	48.50%	48.63%	51.89%	50.94%	51.30%
Responses	1536	1730	1857	1963	2228



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



	2021	2022	2023	2024	2025
Your org	65.33%	69.38%	68.72%	68.85%	68.12%
Best result	75.43%	77.79%	77.82%	76.82%	77.40%
Average result	66.55%	67.41%	69.13%	69.39%	69.74%
Worst result	59.95%	59.35%	61.92%	63.48%	62.01%
Responses	1540	1735	1863	1969	2234

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24/03/2026 12:54:52

Theme – Staff engagement



Questions included:

Motivation – Q2a, Q2b, Q2c

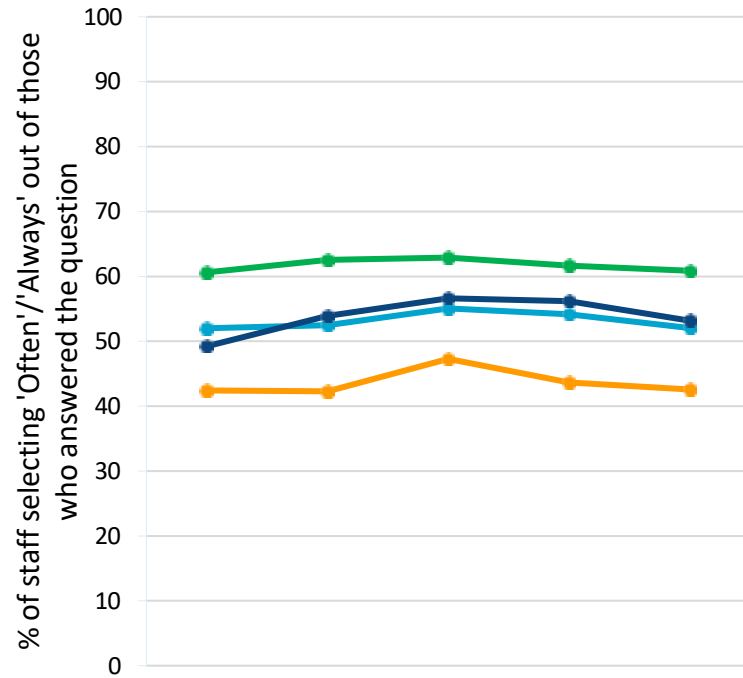
Involvement – Q3c, Q3d, Q3f

Advocacy – Q25a, Q25c, Q25d

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

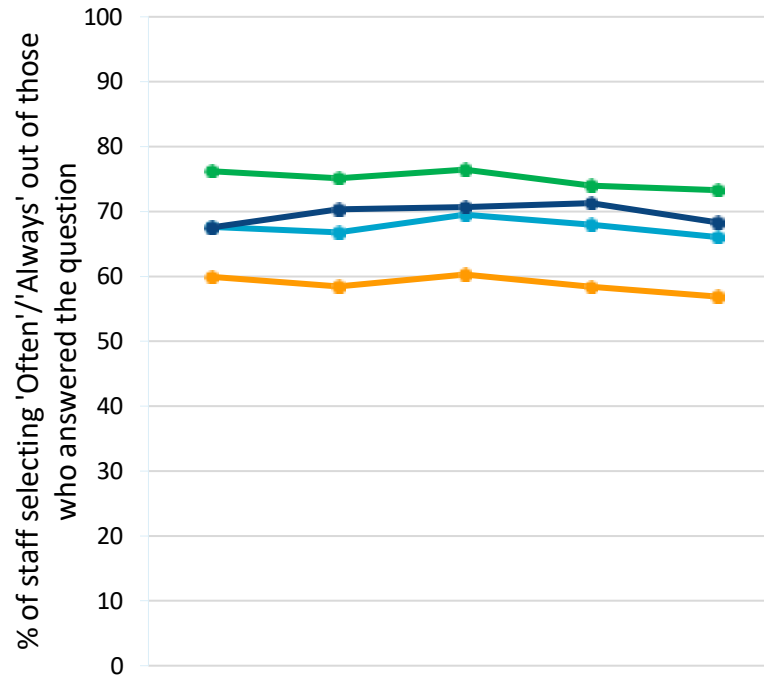


Q2a I look forward to going to work.



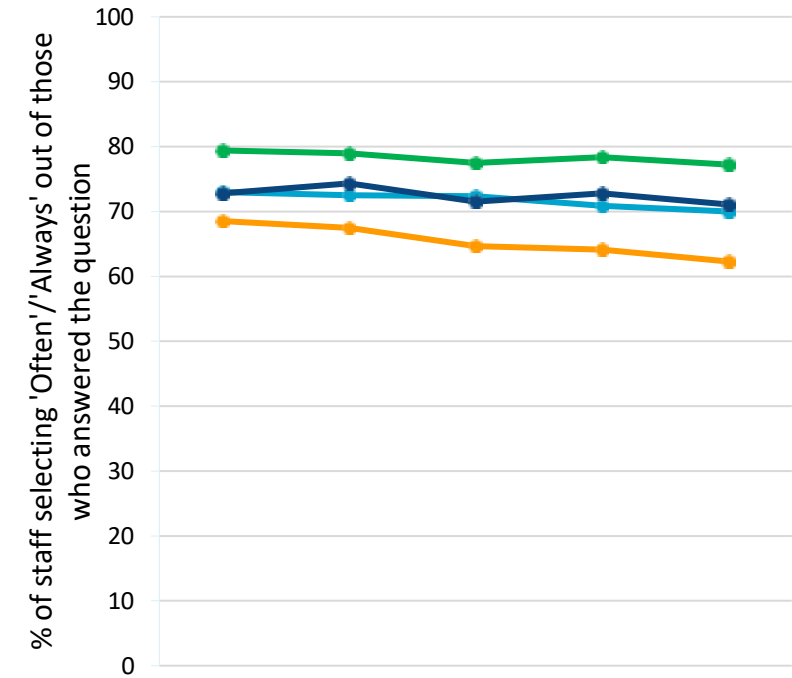
	2021	2022	2023	2024	2025
Your org	49.23%	53.92%	56.62%	56.20%	53.15%
Best result	60.62%	62.54%	62.89%	61.67%	60.88%
Average result	52.00%	52.48%	55.06%	54.17%	52.04%
Worst result	42.40%	42.29%	47.28%	43.67%	42.57%
Responses	1542	1724	1845	1967	2225

Q2b I am enthusiastic about my job.



	2021	2022	2023	2024	2025
Your org	67.55%	70.35%	70.68%	71.29%	68.30%
Best result	76.21%	75.11%	76.45%	73.98%	73.28%
Average result	67.62%	66.77%	69.51%	67.95%	66.05%
Worst result	59.95%	58.47%	60.29%	58.42%	56.88%
Responses	1520	1712	1843	1945	2212

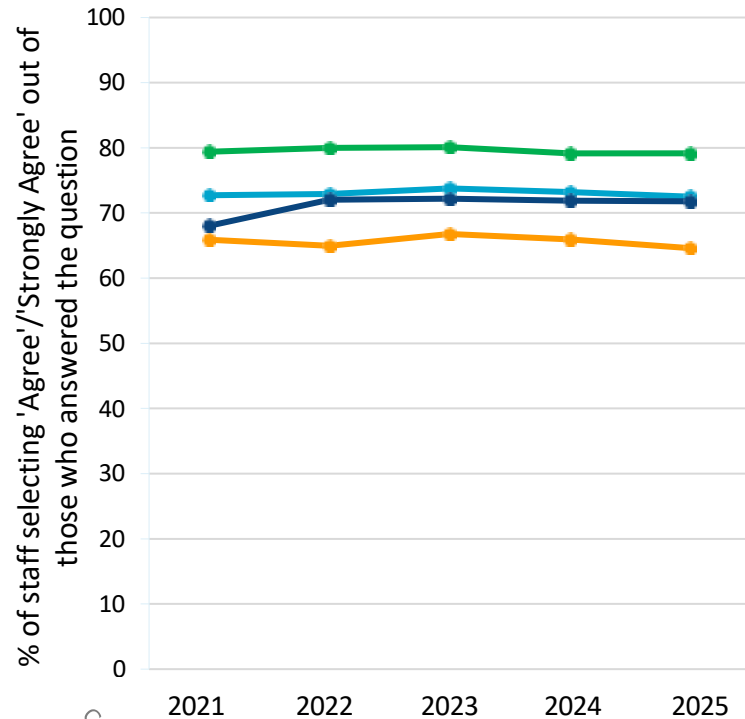
Q2c Time passes quickly when I am working.



	2021	2022	2023	2024	2025
Your org	72.81%	74.33%	71.50%	72.80%	71.07%
Best result	79.40%	78.98%	77.46%	78.39%	77.22%
Average result	72.98%	72.52%	72.34%	70.90%	70.00%
Worst result	68.52%	67.46%	64.64%	64.12%	62.29%
Responses	1522	1709	1840	1945	2209

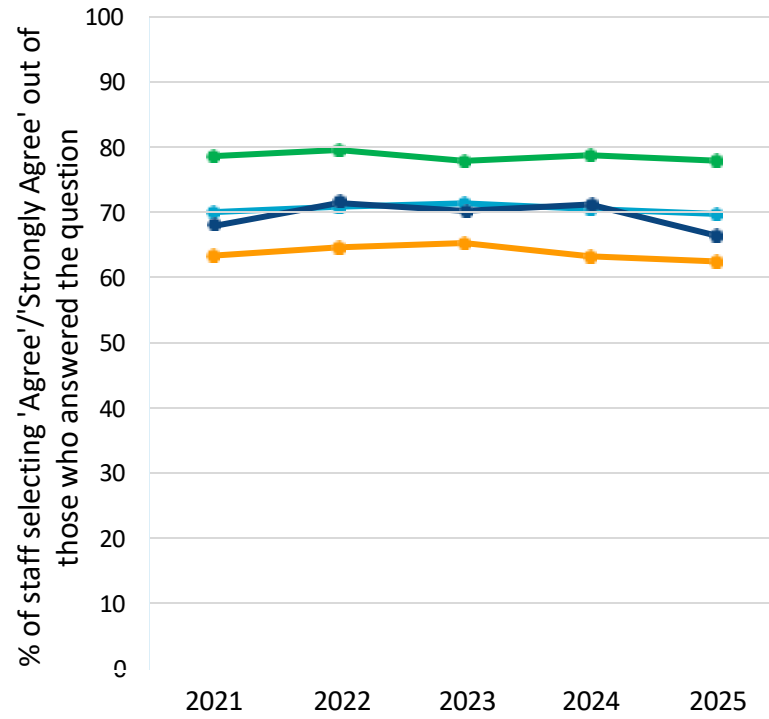


Q3c There are frequent opportunities for me to show initiative in my role.



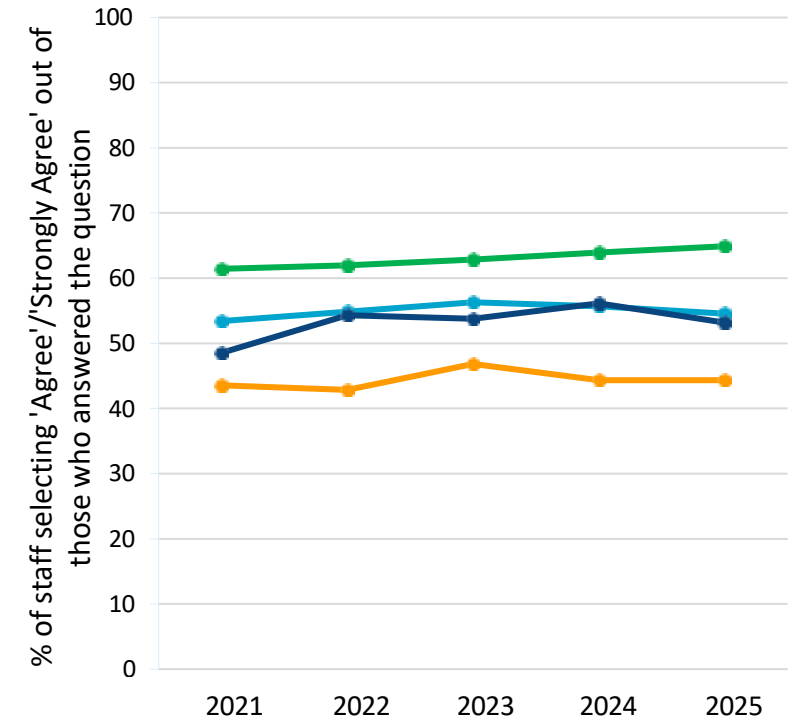
Your org	2021	2022	2023	2024	2025
Best result	79.41%	80.01%	80.10%	79.15%	79.17%
Average result	72.75%	72.91%	73.77%	73.20%	72.51%
Worst result	65.92%	64.98%	66.78%	65.94%	64.60%
Responses	1530	1733	1857	1971	2232

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



Your org	2021	2022	2023	2024	2025
Best result	78.70%	79.67%	78.00%	78.84%	78.03%
Average result	70.10%	70.97%	71.47%	70.61%	69.85%
Worst result	63.42%	64.70%	65.38%	63.33%	62.56%
Responses	1539	1727	1855	1967	2231

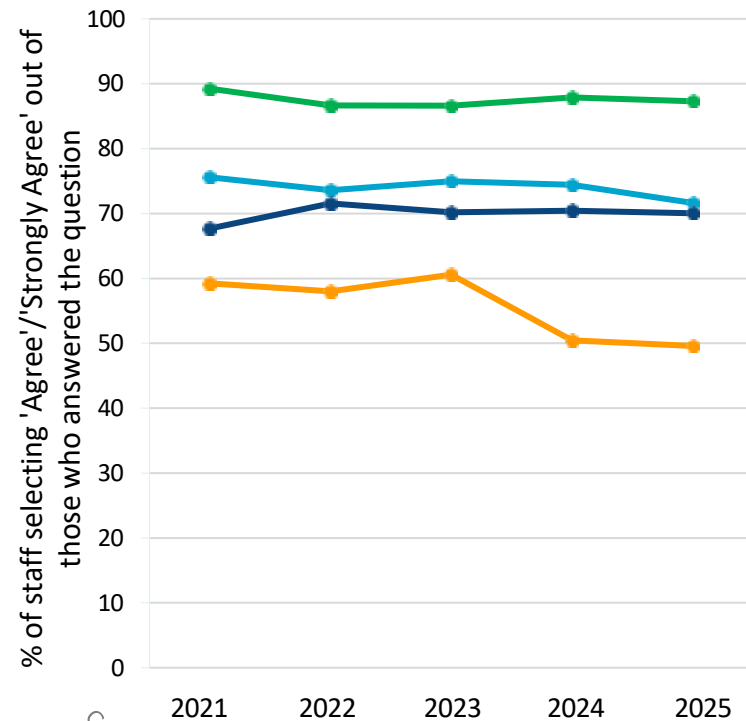
Q3f I am able to make improvements happen in my area of work.



Your org	2021	2022	2023	2024	2025
Best result	61.43%	61.98%	62.84%	63.94%	64.90%
Average result	53.41%	54.86%	56.30%	55.71%	54.54%
Worst result	43.54%	42.85%	46.84%	44.35%	44.33%
Responses	1537	1722	1852	1964	2231

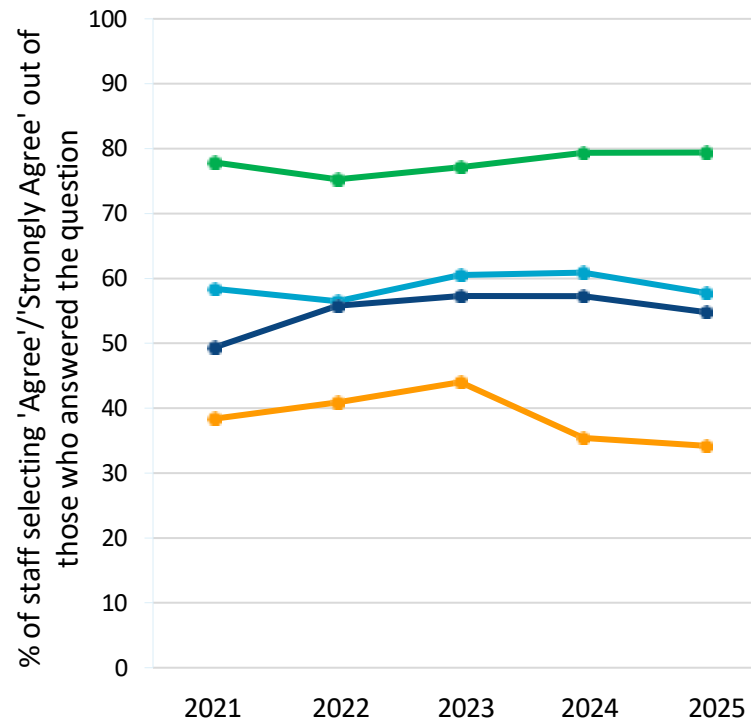


Q25a Care of patients / service users is my organisation's top priority.



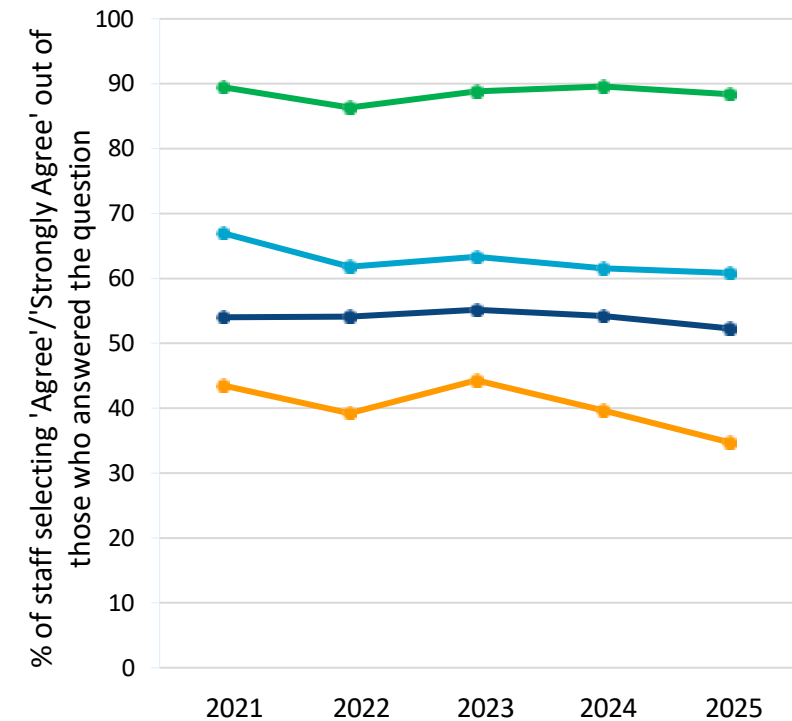
Your org	67.69%	71.55%	70.19%	70.41%	70.04%
Best result	89.24%	86.64%	86.62%	87.88%	87.31%
Average result	75.58%	73.58%	74.95%	74.42%	71.63%
Worst result	59.25%	57.99%	60.58%	50.48%	49.59%
Responses	1530	1723	1861	1965	2225

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



Your org	49.36%	55.79%	57.29%	57.27%	54.81%
Best result	77.86%	75.26%	77.14%	79.37%	79.40%
Average result	58.41%	56.47%	60.52%	60.89%	57.77%
Worst result	38.40%	40.90%	44.01%	35.43%	34.20%
Responses	1534	1722	1855	1963	2222

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



Your org	53.99%	54.09%	55.16%	54.22%	52.28%
Best result	89.49%	86.33%	88.81%	89.58%	88.41%
Average result	66.97%	61.78%	63.32%	61.55%	60.83%
Worst result	43.50%	39.20%	44.30%	39.68%	34.73%
Responses	1532	1723	1858	1956	2216

Theme - Morale



Questions included:

Thinking about leaving – Q26a, Q26b, Q26c

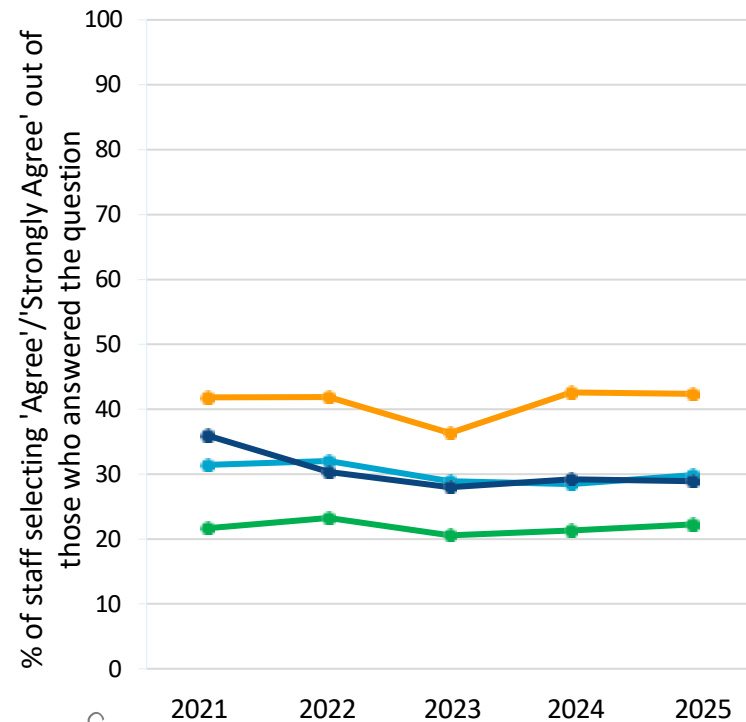
Work pressure – Q3g, Q3h, Q3i

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

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

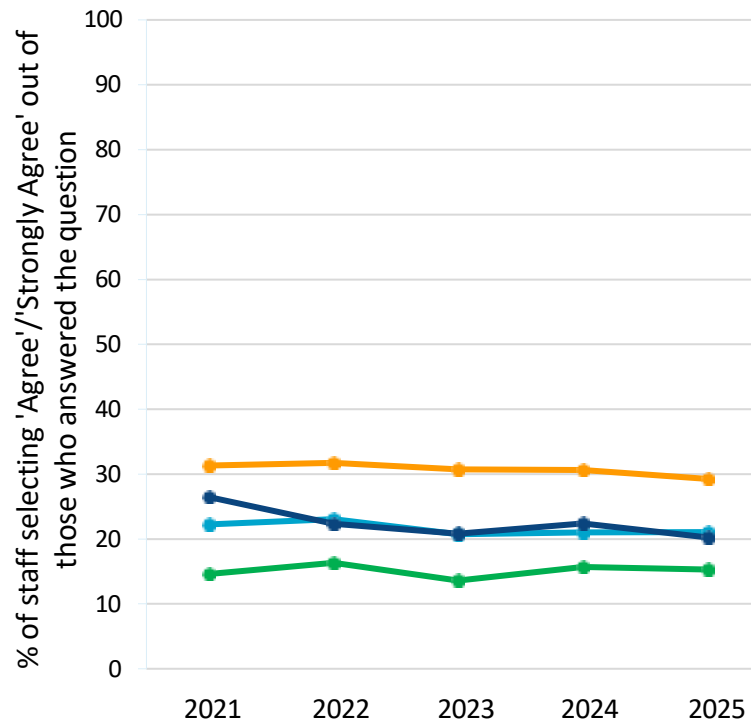


Q26a I often think about leaving this organisation.



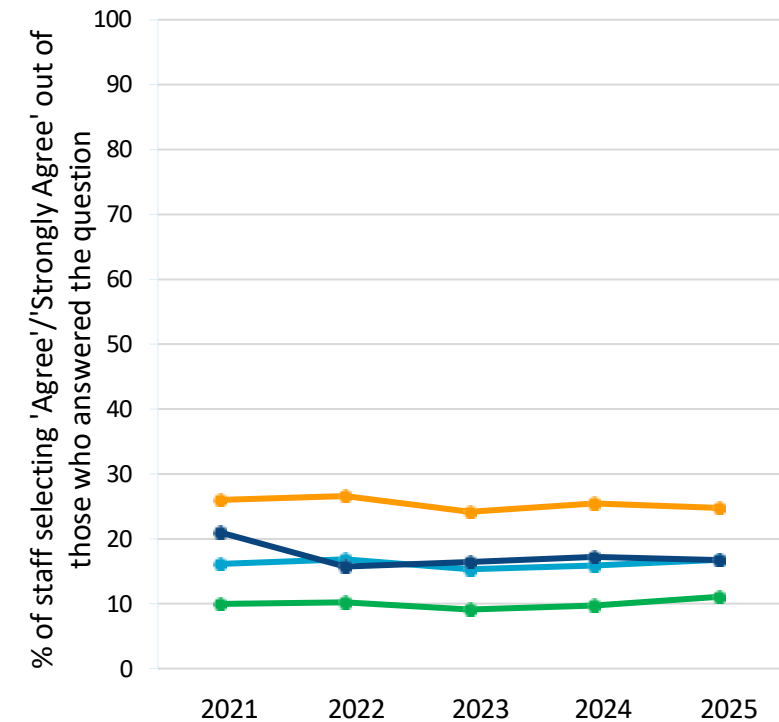
Your org	35.95%	30.34%	27.98%	29.19%	28.90%
Best result	21.67%	23.25%	20.56%	21.31%	22.27%
Average result	31.44%	32.02%	28.90%	28.46%	29.83%
Worst result	41.82%	41.89%	36.33%	42.59%	42.38%
Responses	1537	1730	1866	1971	2230

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



Your org	26.47%	22.34%	20.82%	22.41%	20.24%
Best result	14.63%	16.33%	13.60%	15.69%	15.29%
Average result	22.24%	23.06%	20.73%	21.00%	21.07%
Worst result	31.33%	31.73%	30.75%	30.62%	29.26%
Responses	1537	1726	1859	1964	2222

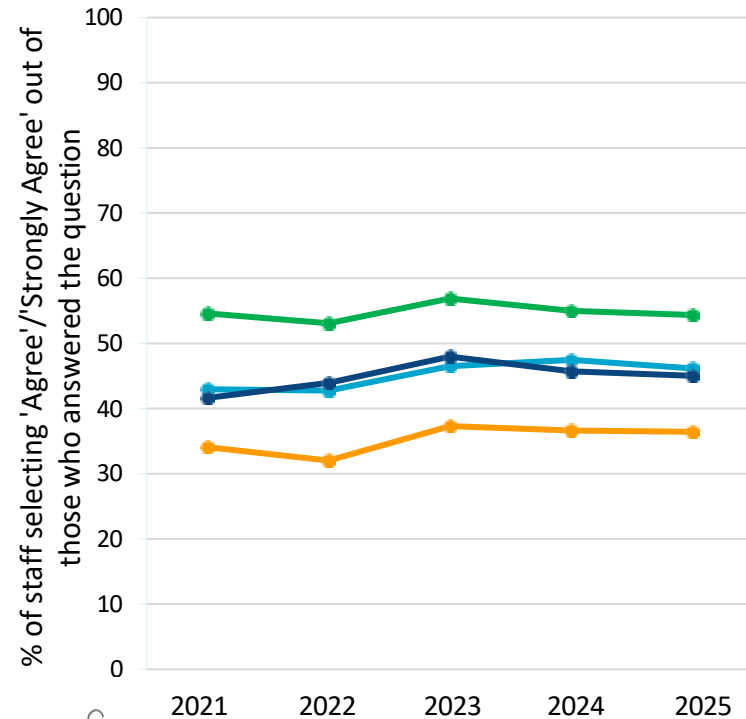
Q26c As soon as I can find another job, I will leave this organisation.



Your org	20.99%	15.73%	16.45%	17.22%	16.72%
Best result	9.95%	10.19%	9.11%	9.75%	11.07%
Average result	16.15%	16.84%	15.32%	15.87%	16.77%
Worst result	25.98%	26.59%	24.17%	25.47%	24.76%
Responses	1527	1722	1854	1956	2213

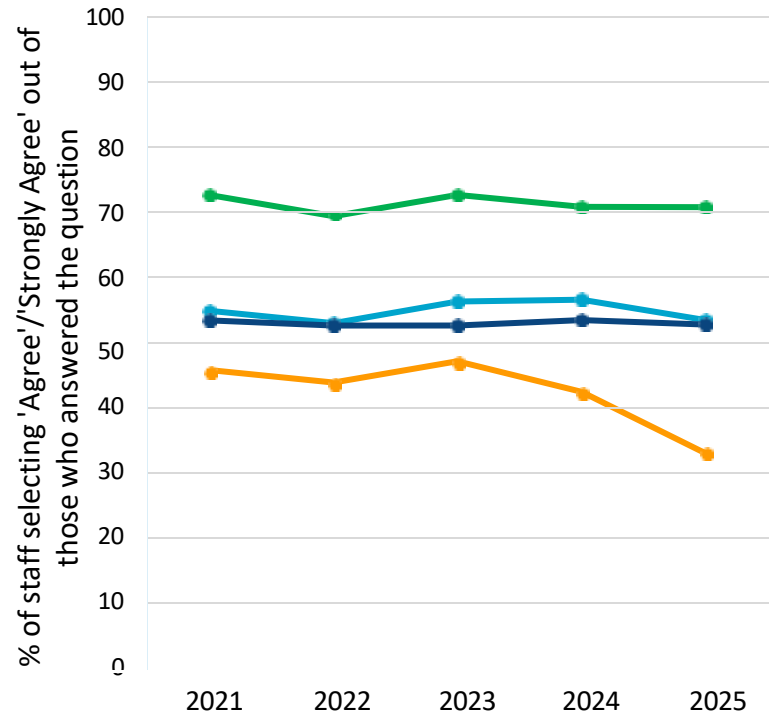


Q3g I am able to meet all the conflicting demands on my time at work.



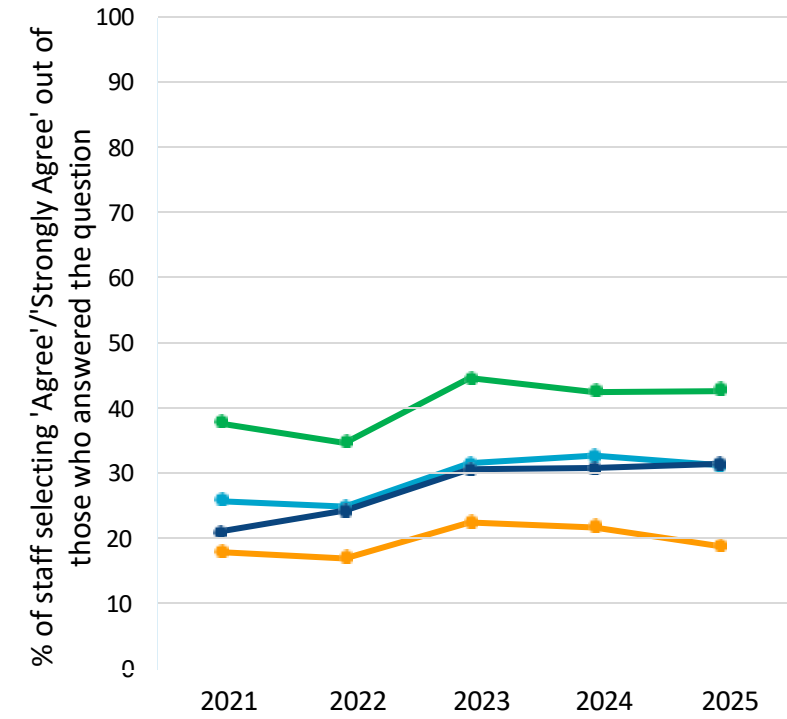
Your org	41.63%	43.96%	47.98%	45.74%	45.01%
Best result	54.61%	53.09%	56.89%	54.99%	54.34%
Average result	42.96%	42.76%	46.52%	47.47%	46.14%
Worst result	34.06%	32.02%	37.31%	36.63%	36.45%
Responses	1535	1723	1856	1969	2225

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



Your org	53.76%	52.98%	52.98%	53.82%	53.12%
Best result	72.77%	69.52%	72.79%	70.96%	70.92%
Average result	55.26%	53.34%	56.68%	56.94%	53.84%
Worst result	45.45%	43.54%	46.82%	42.11%	32.70%
Responses	1536	1733	1855	1963	2228

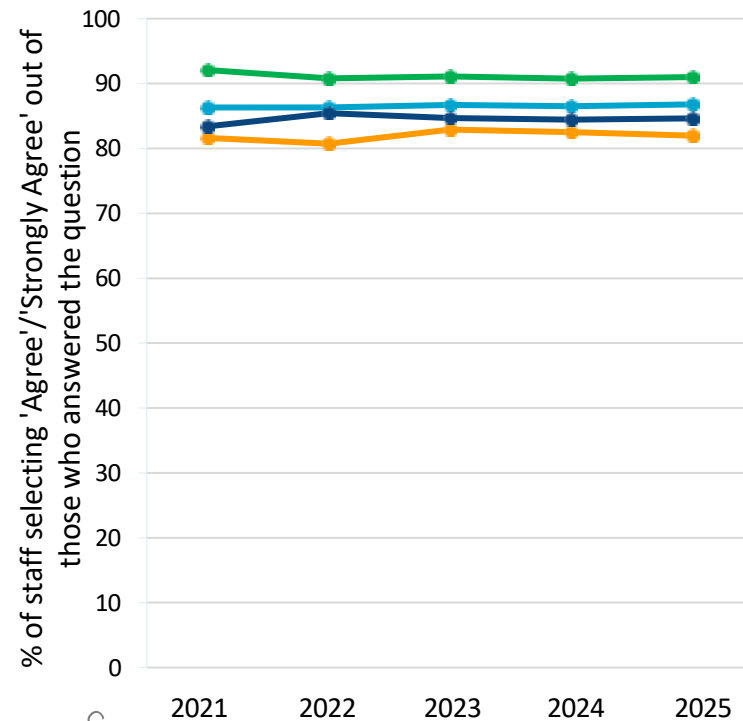
Q3i There are enough staff at this organisation for me to do my job properly.



Your org	21.15%	24.36%	30.71%	30.89%	31.51%
Best result	37.72%	34.72%	44.68%	42.50%	42.65%
Average result	25.79%	24.95%	31.62%	32.78%	31.34%
Worst result	17.94%	17.00%	22.52%	21.73%	18.91%
Responses	1538	1731	1858	1971	2228

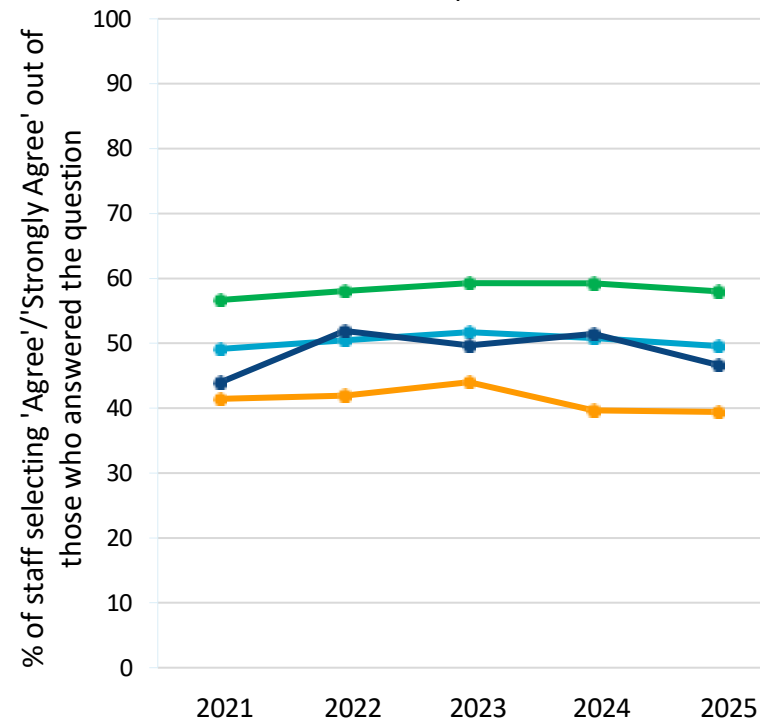


Q3a I always know what my work responsibilities are.



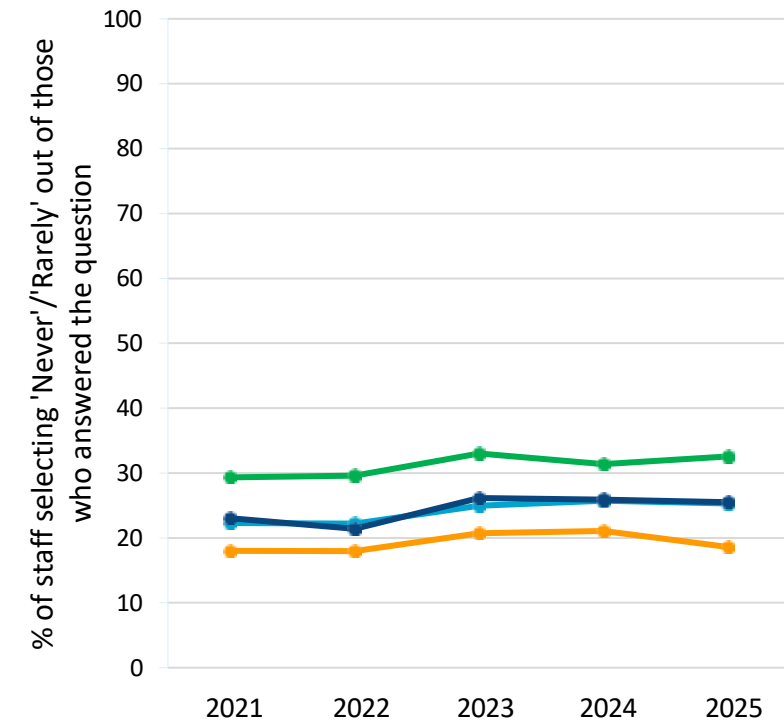
Your org	83.39%	85.43%	84.66%	84.42%	84.61%
Best result	92.09%	90.81%	91.10%	90.75%	91.00%
Average result	86.33%	86.32%	86.69%	86.53%	86.79%
Worst result	81.63%	80.73%	82.90%	82.49%	81.95%
Responses	1543	1740	1862	1977	2240

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



Your org	43.95%	51.90%	49.68%	51.46%	46.66%
Best result	56.66%	58.05%	59.27%	59.26%	58.01%
Average result	49.12%	50.45%	51.71%	50.82%	49.59%
Worst result	41.44%	41.94%	44.00%	39.68%	39.41%
Responses	1540	1728	1860	1970	2231

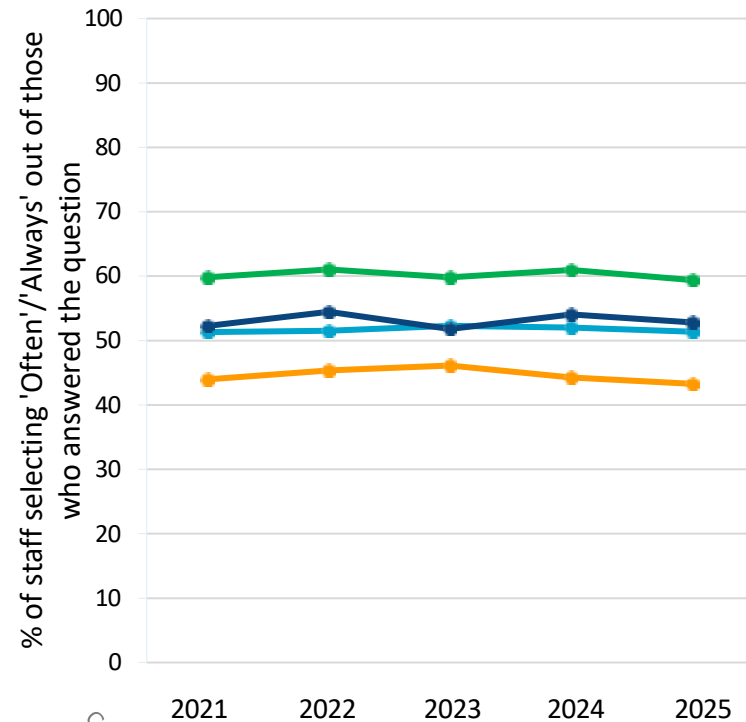
Q5a I have unrealistic time pressures.



Your org	23.02%	21.40%	26.15%	25.91%	25.49%
Best result	29.33%	29.60%	33.01%	31.38%	32.55%
Average result	22.28%	22.20%	24.97%	25.73%	25.30%
Worst result	18.03%	17.97%	20.72%	21.07%	18.61%
Responses	1539	1727	1857	1971	2231

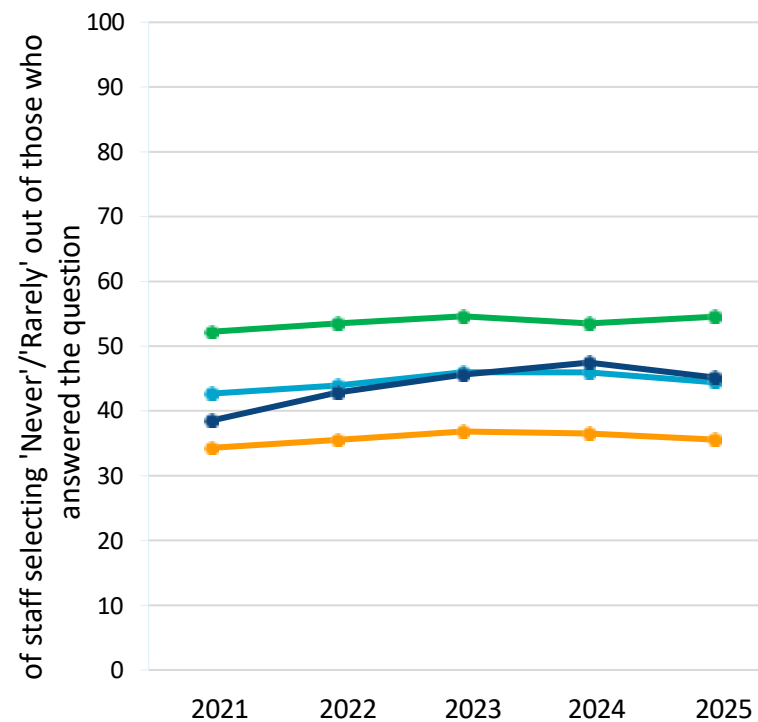


Q5b I have a choice in deciding how to do my work.



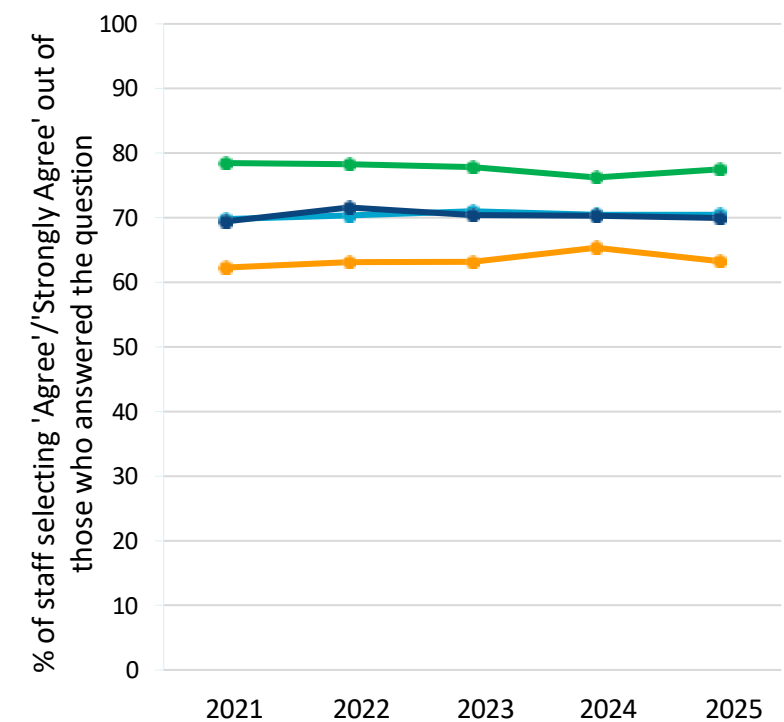
Your org	52.27%	54.46%	51.79%	54.06%	52.83%
Best result	59.84%	61.04%	59.83%	60.94%	59.39%
Average result	51.31%	51.54%	52.28%	52.02%	51.37%
Worst result	43.95%	45.34%	46.12%	44.25%	43.28%
Responses	1540	1732	1853	1968	2235

Q5c Relationships at work are strained.



Your org	38.51%	42.86%	45.62%	47.46%	45.14%
Best result	52.22%	53.50%	54.61%	53.52%	54.55%
Average result	42.67%	43.93%	45.97%	45.95%	44.43%
Worst result	34.29%	35.52%	36.82%	36.49%	35.57%
Responses	1543	1724	1853	1965	2230

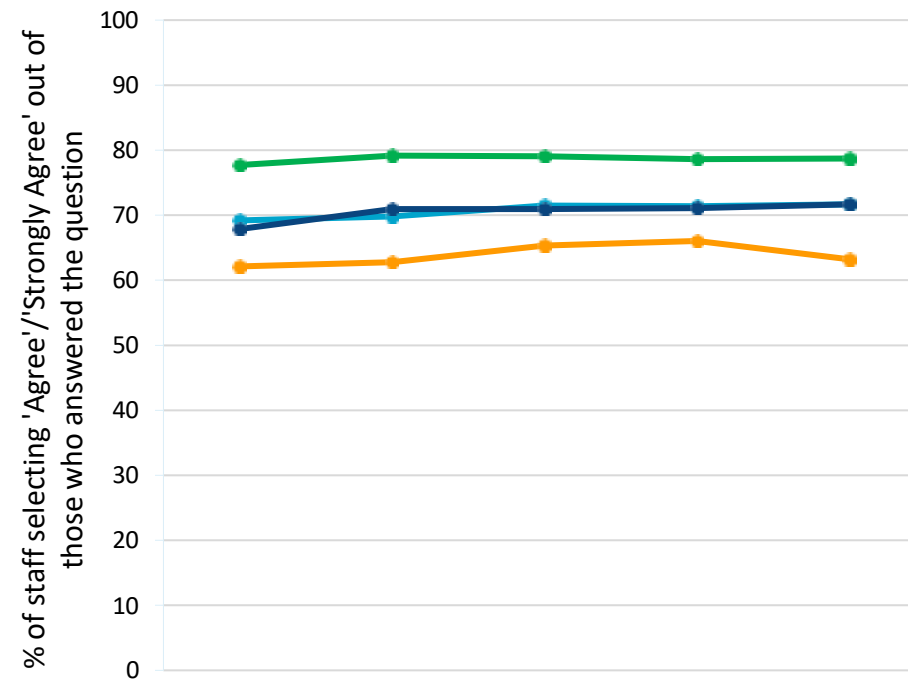
Q7c I receive the respect I deserve from my colleagues at work.



Your org	69.41%	71.58%	70.40%	70.30%	69.97%
Best result	78.46%	78.30%	77.85%	76.23%	77.49%
Average result	69.78%	70.35%	71.00%	70.47%	70.43%
Worst result	62.28%	63.13%	63.18%	65.35%	63.28%
Responses	1550	1732	1862	1968	2232



Q9a My immediate manager encourages me at work.



	2021	2022	2023	2024	2025
Your org	67.87%	70.92%	70.92%	71.06%	71.67%
Best result	77.71%	79.16%	79.07%	78.62%	78.70%
Average result	69.20%	69.81%	71.47%	71.36%	71.67%
Worst result	62.12%	62.77%	65.31%	66.03%	63.21%
Responses	1537	1733	1863	1971	2230

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24/03/2026 12:54:52

Questions not linked to People Promise elements or themes

Questions included:*

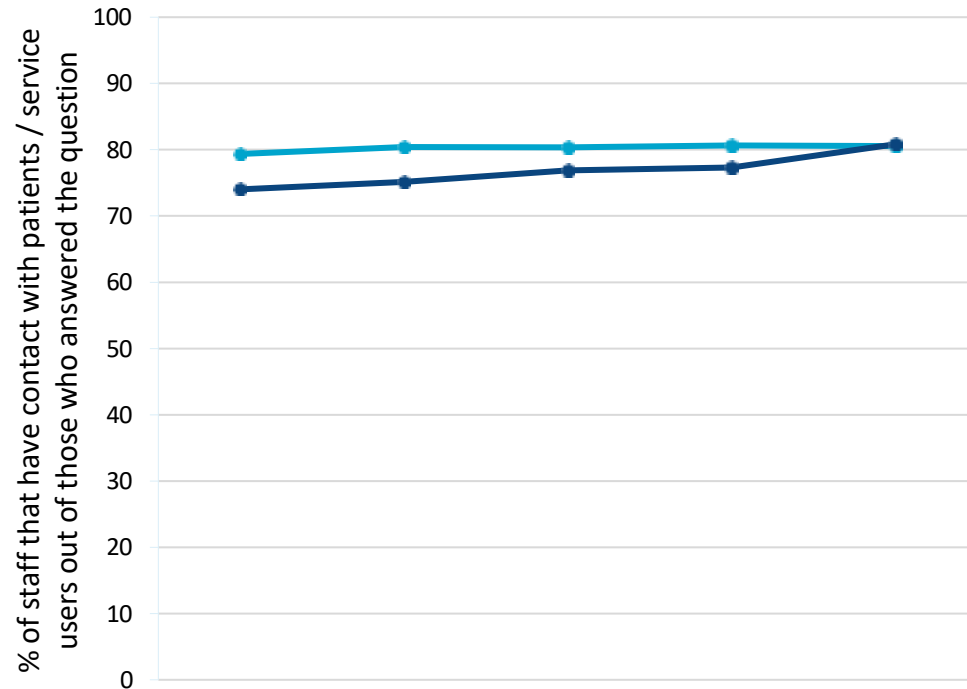
Q1, Q10a, Q10b, Q10c, Q11e, Q16c, Q18, Q19a, Q19b, Q19c, Q19d, Q31b, Q26d

*The results for Q17a, Q17b and Q22 are reported in the section for People Promise element 4: We are safe and healthy. The results for Q24f are reported in the section for People Promise element 5: We are always learning. These questions do not contribute to any score or sub-score calculations.

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



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



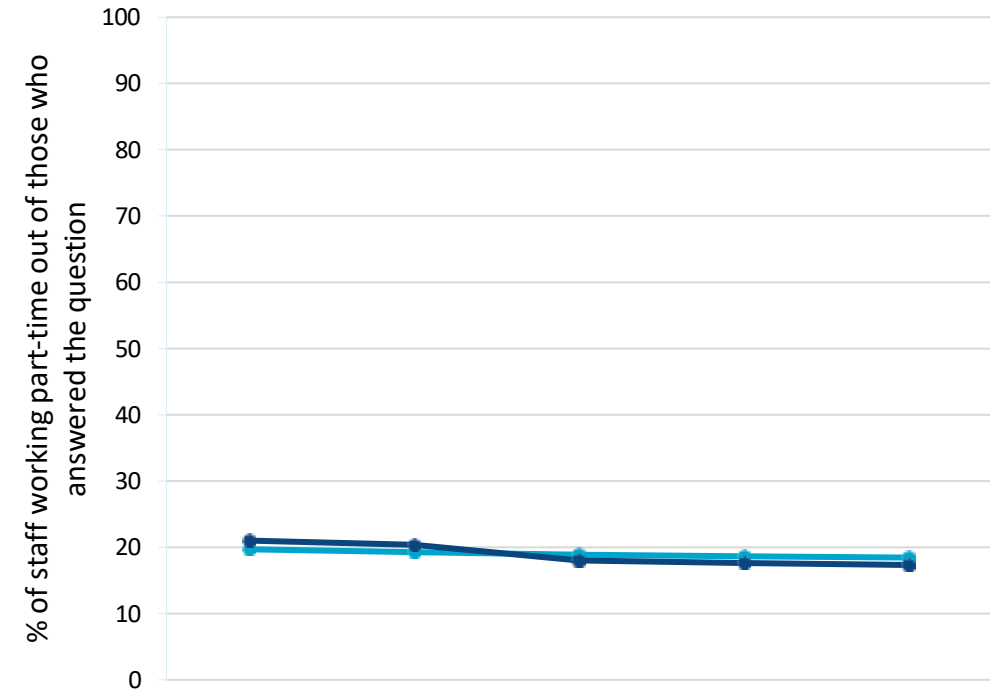
2021 2022 2023 2024 2025

Your org 74.02% 75.16% 76.87% 77.32% 80.82%

Average 79.36% 80.42% 80.37% 80.65% 80.54%

Responses 1524 1719 1846 1962 2232

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



2021 2022 2023 2024 2025

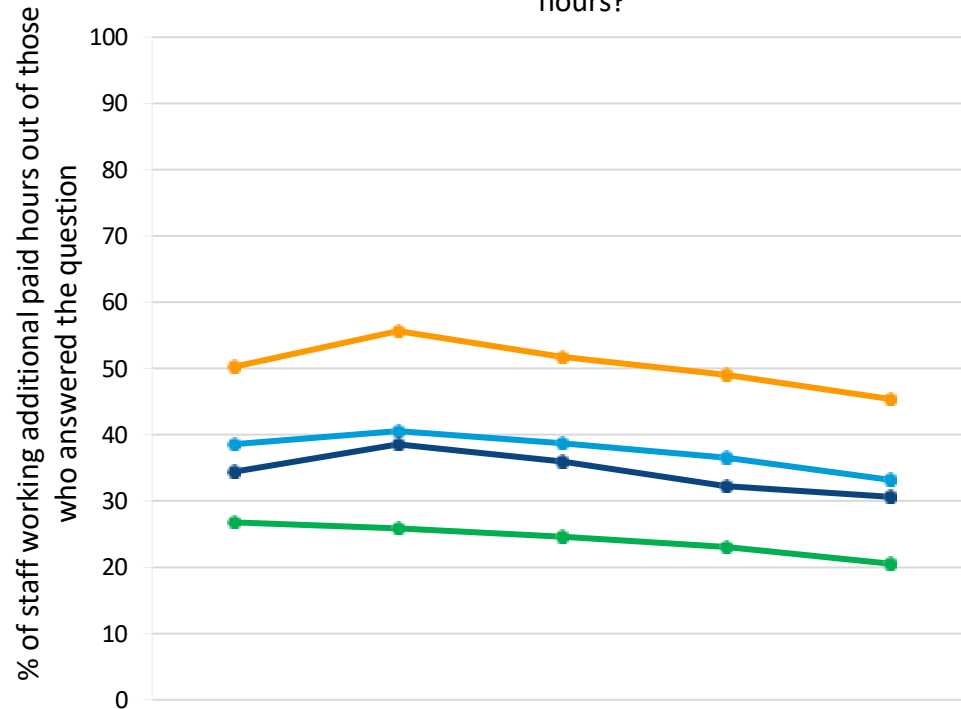
Your org 21.01% 20.37% 18.01% 17.64% 17.33%

Average 19.69% 19.24% 18.88% 18.64% 18.44%

Responses 1490 1620 1732 1848 2089



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

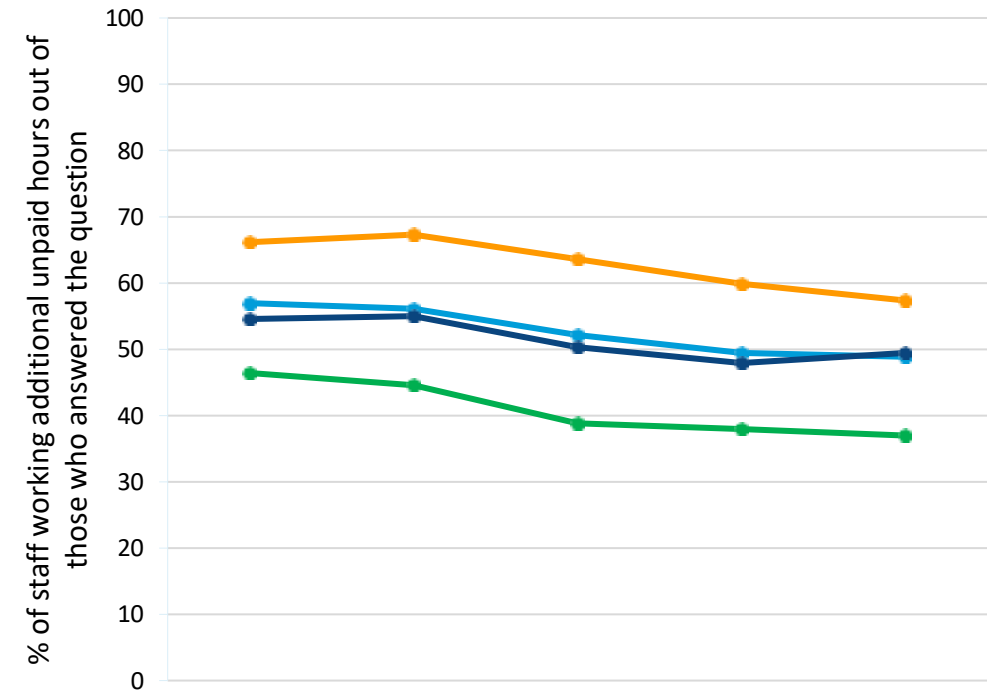


2021 2022 2023 2024 2025

Your org	34.42%	38.55%	35.97%	32.24%	30.63%
Lowest	26.78%	25.89%	24.62%	23.04%	20.54%
Average	38.55%	40.56%	38.69%	36.54%	33.20%
Highest	50.26%	55.65%	51.73%	49.05%	45.40%

Responses 1426 1662 1781 1877 2150

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



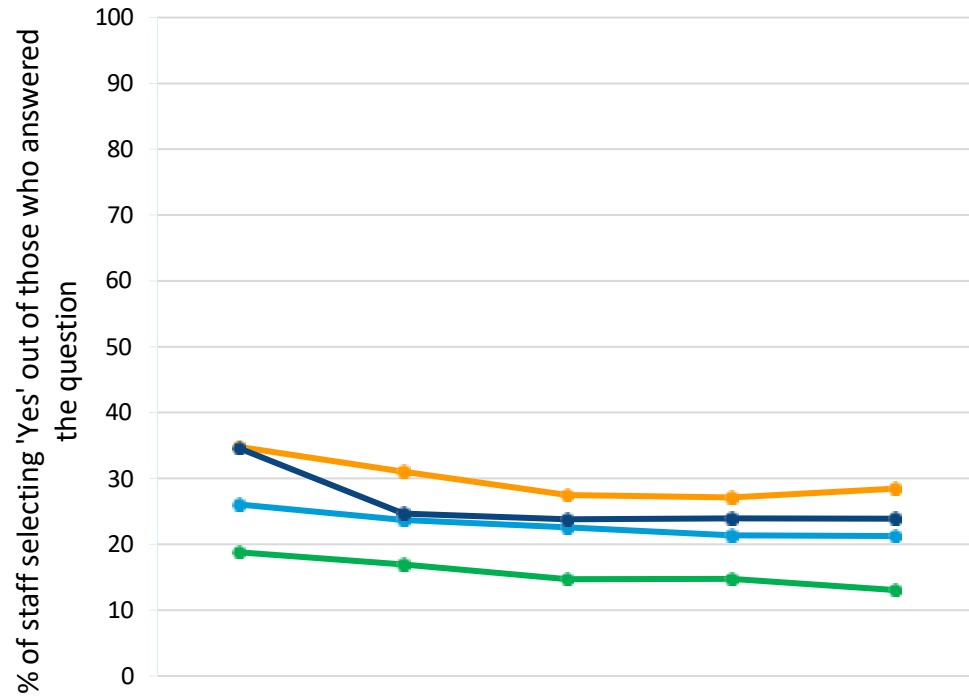
2021 2022 2023 2024 2025

Your org	54.57%	55.00%	50.33%	47.92%	49.46%
Lowest	46.42%	44.57%	38.81%	37.94%	36.98%
Average	56.96%	56.11%	52.13%	49.47%	48.87%
Highest	66.17%	67.31%	63.58%	59.88%	57.36%

Responses 1445 1654 1787 1885 2159

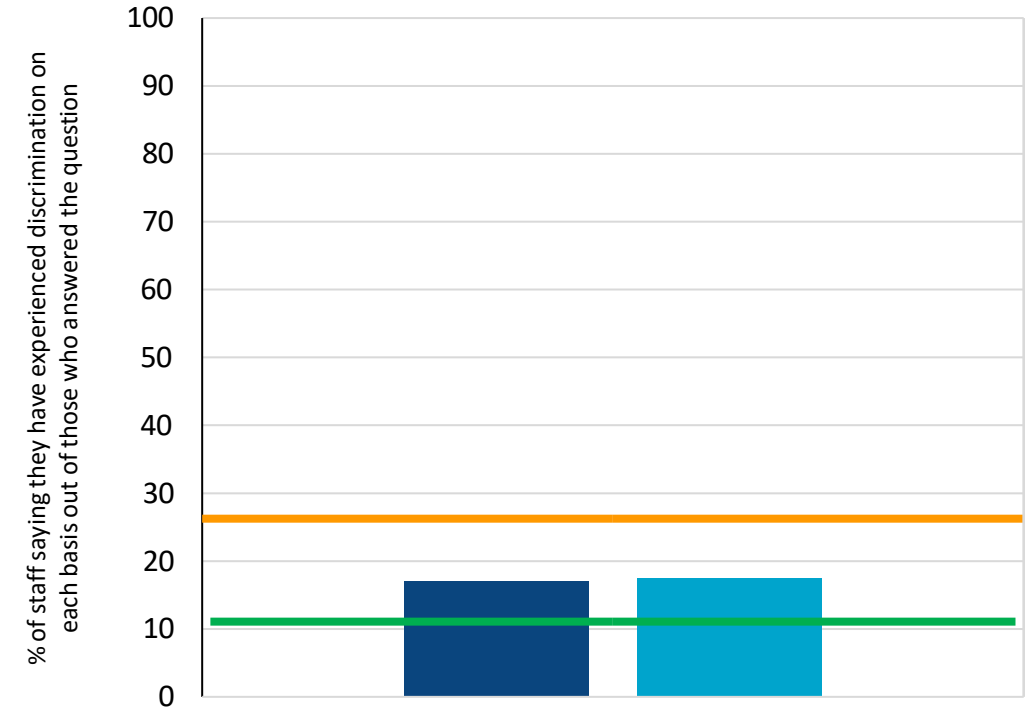


Q11e* Have you felt pressure from your manager to come to work?



	2021	2022	2023	2024	2025
Your org	34.56%	24.68%	23.80%	23.95%	23.91%
Best result	18.79%	16.95%	14.72%	14.76%	13.05%
Average result	26.04%	23.70%	22.58%	21.34%	21.25%
Worst result	34.79%	31.04%	27.49%	27.11%	28.45%
Responses	735	973	1018	1057	1354

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



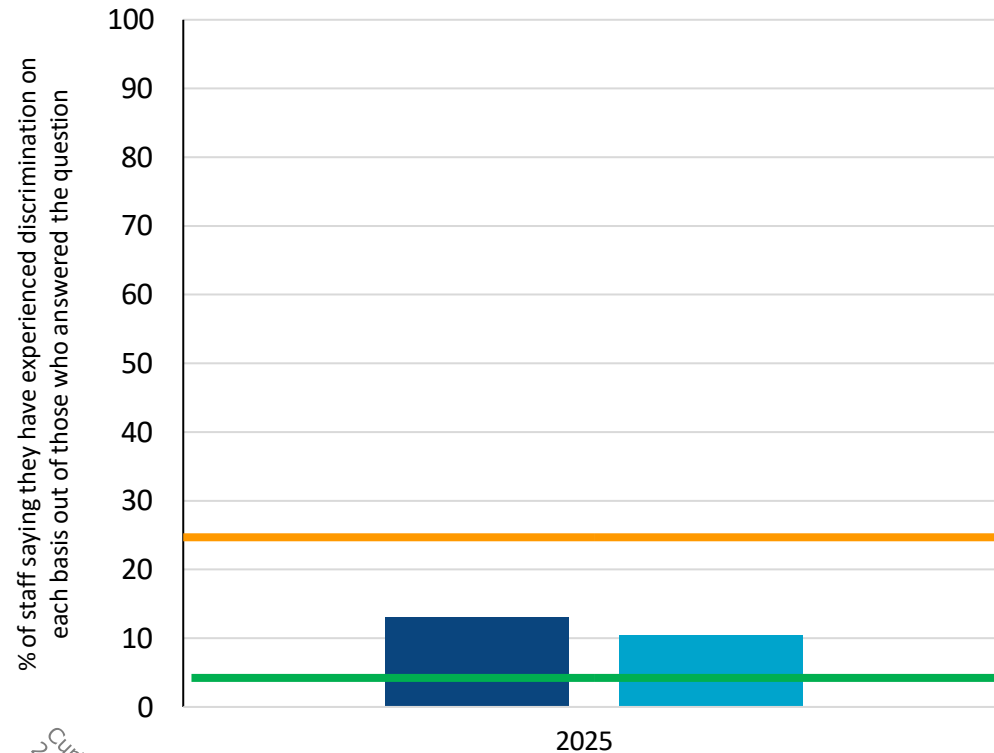
	2025
Your org	16.98%
Best result	11.08%
Average result	17.46%
Worst result	26.25%
Responses	297

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

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

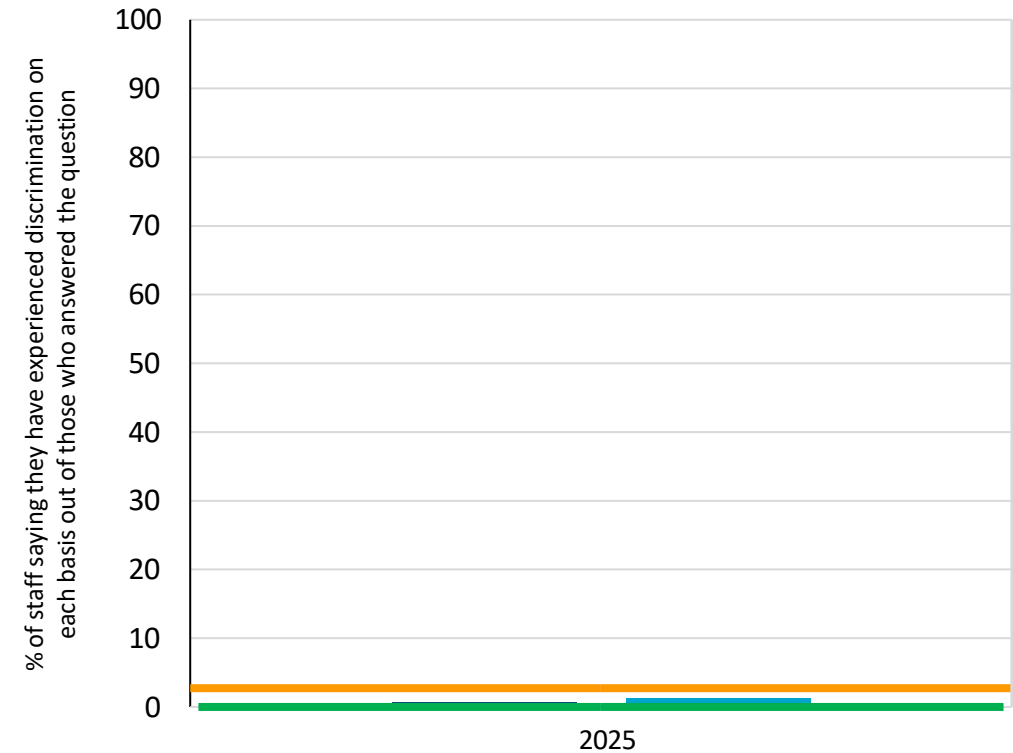


Q16c.2 On what grounds have you experienced discrimination?
– Disability.



Your org	13.07%
Best result	4.23%
Average result	10.47%
Worst result	24.69%
Responses	297

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

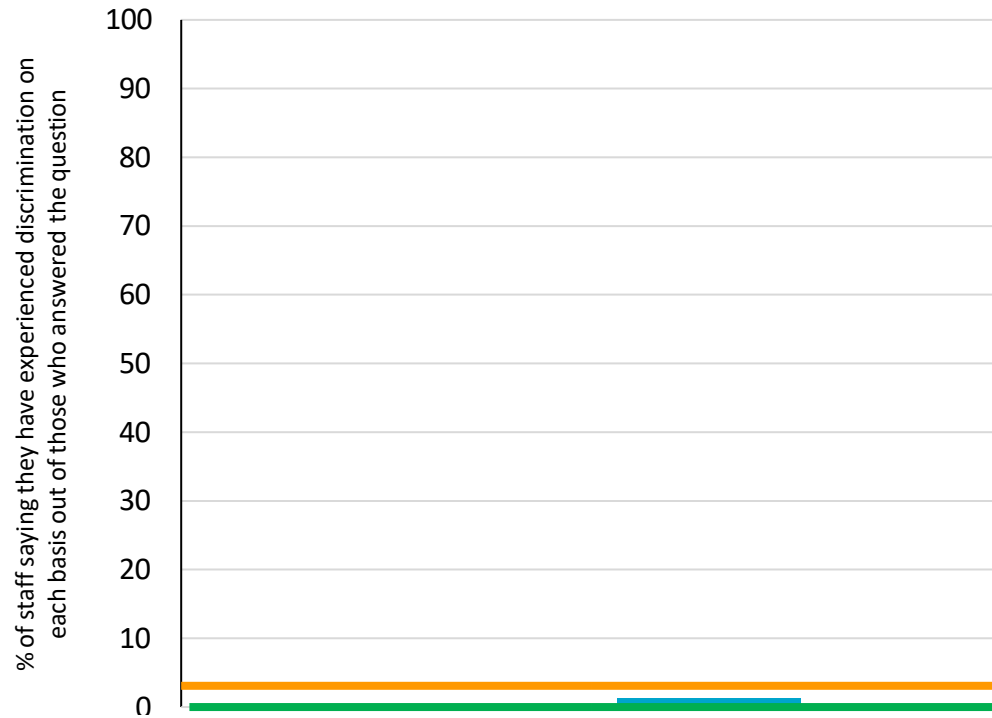


Your org	0.64%
Best result	0.00%
Average result	1.25%
Worst result	2.73%
Responses	297

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



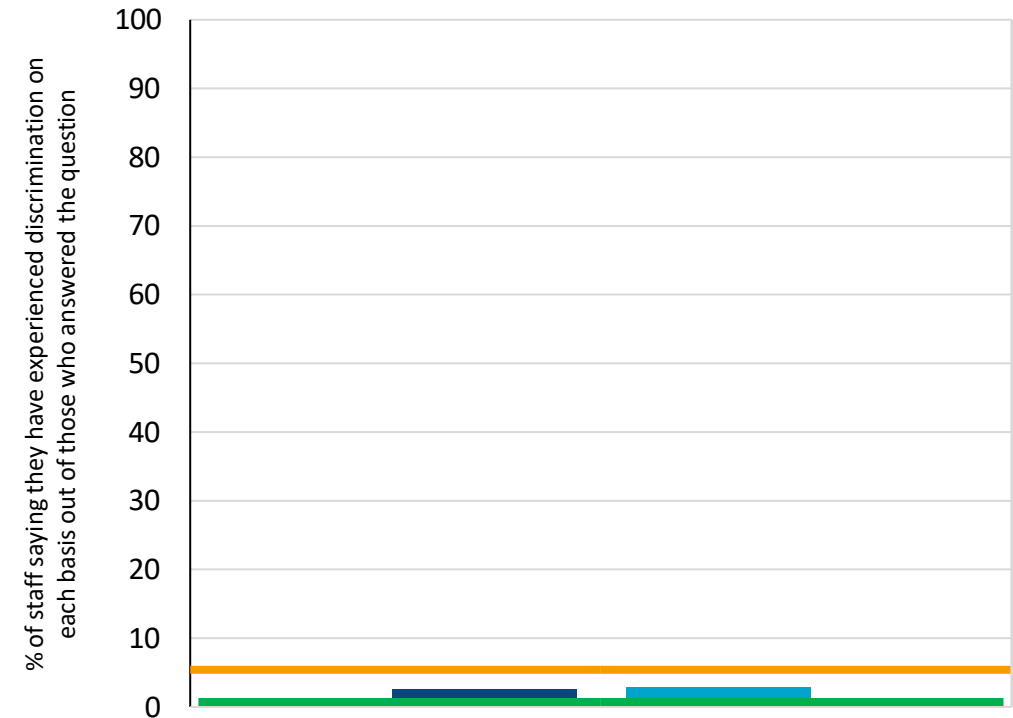
Q16c.4 On what grounds have you experienced discrimination?
– Marriage and civil partnership.



Curt: 24

	2025
Your org	0.29%
Best result	0.00%
Average result	1.23%
Worst result	3.09%
Responses	297

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

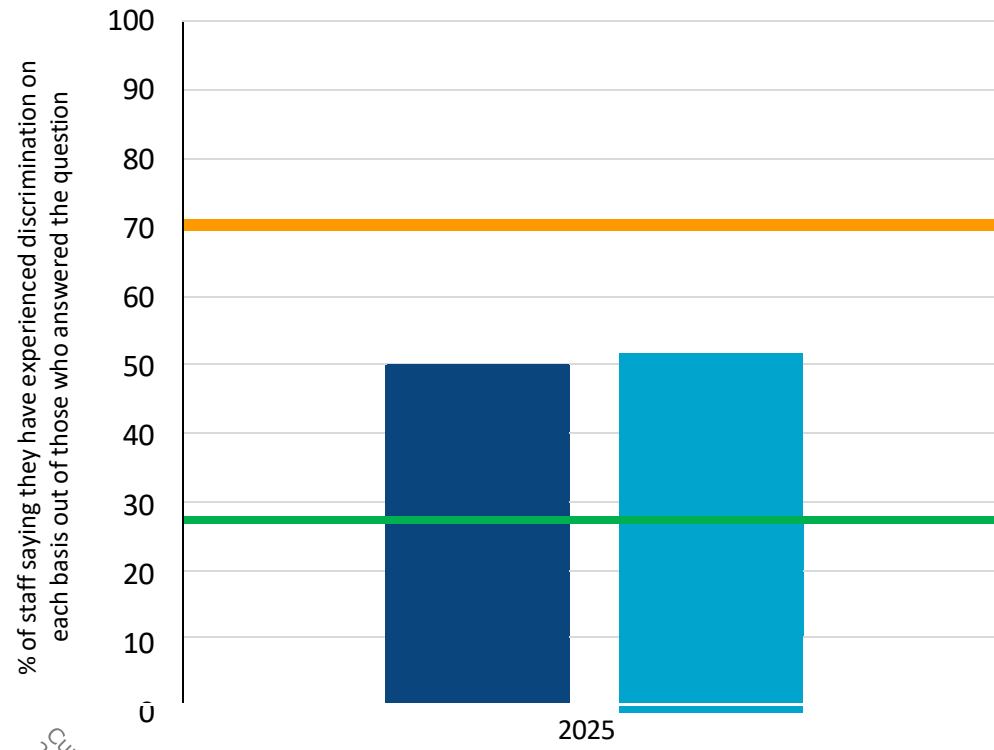


	2025
Your org	2.58%
Best result	0.72%
Average result	2.83%
Worst result	5.41%
Responses	297

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



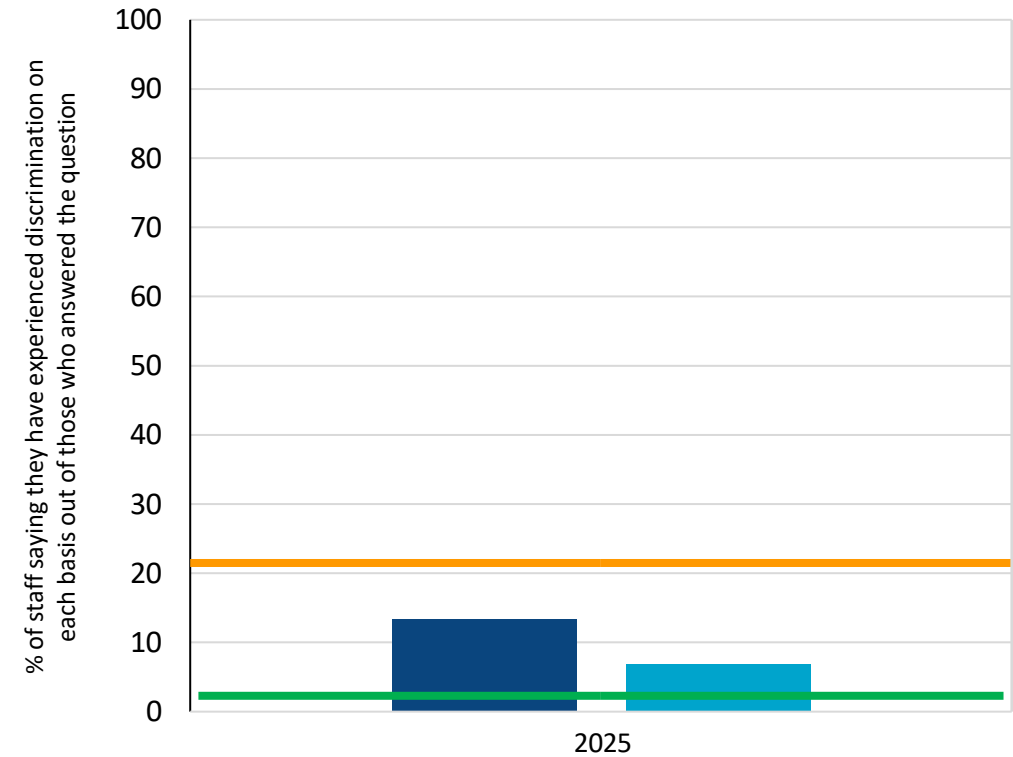
Q16c.6 On what grounds have you experienced discrimination?
– Race.



Your org	49.29%
Best result	27.76%
Average result	52.00%
Worst result	70.56%

Responses 297

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



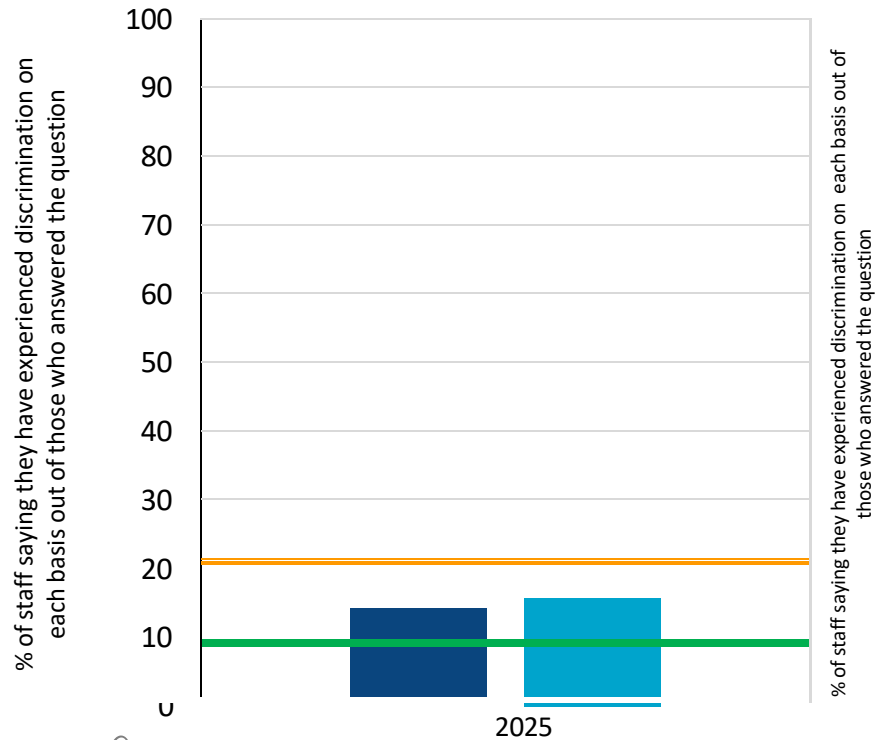
Your org	13.39%
Best result	2.29%
Average result	6.87%
Worst result	21.49%

Responses 297

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



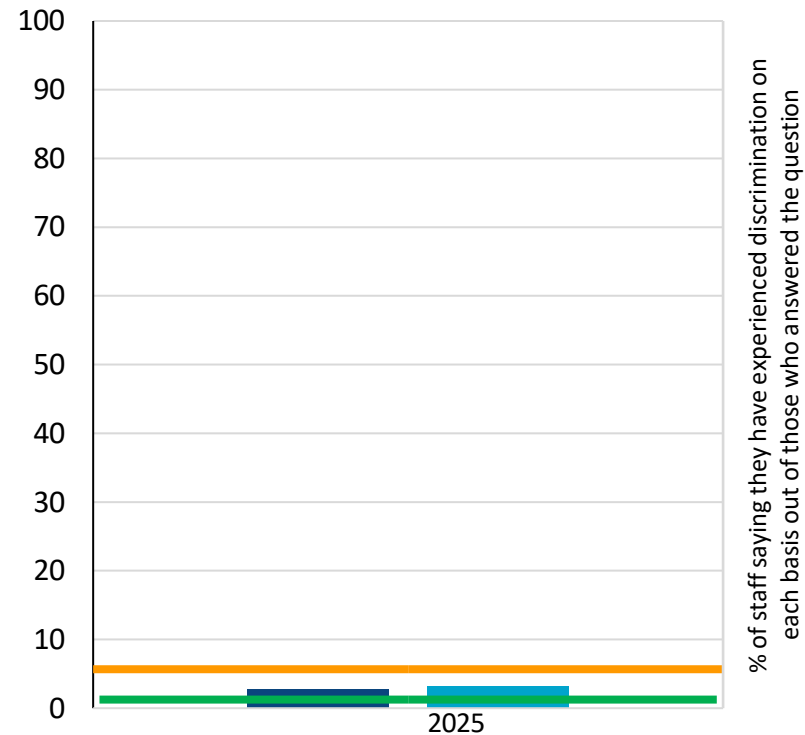
Q16c.8 On what grounds have you experienced discrimination? -- Sex.



Your org	13.42%
Best result	8.47%
Average result	15.75%
Worst result	20.93%

Responses 297

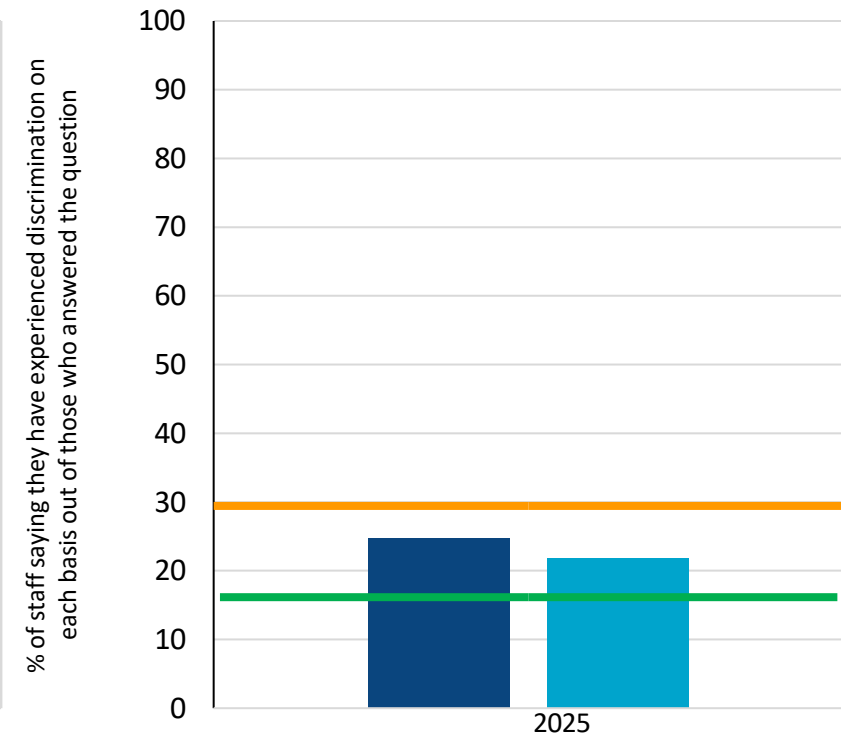
Q16c.9 On what grounds have you experienced discrimination? -- Sexual orientation.



Your org	2.68%
Best result	1.25%
Average result	3.12%
Worst result	5.67%

Responses 297

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



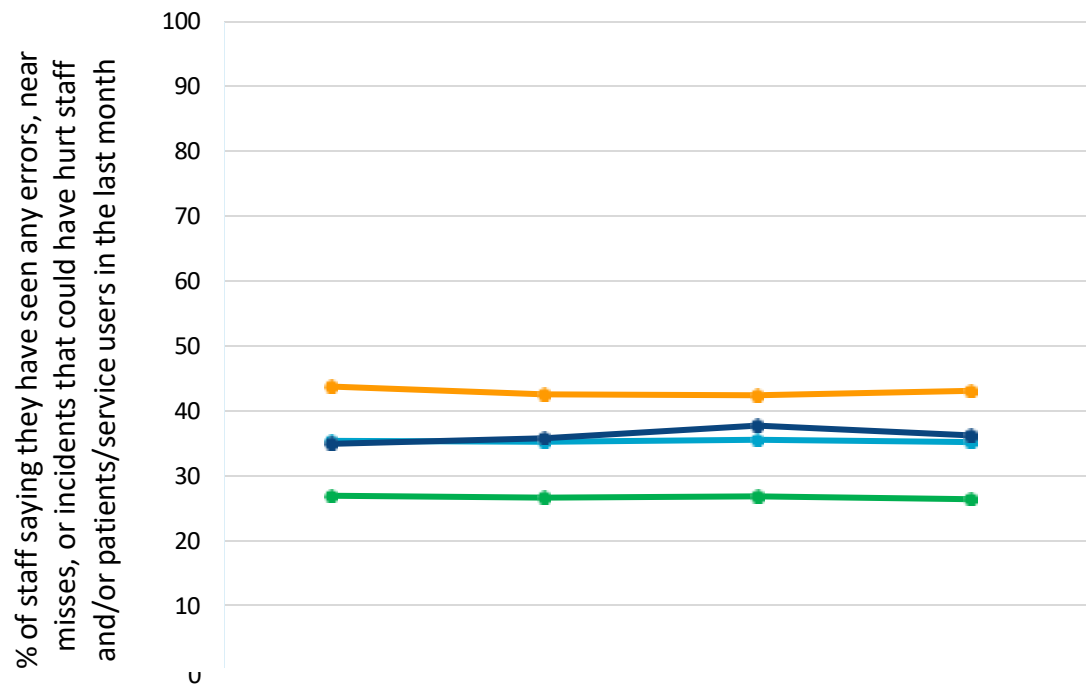
Your org	24.75%
Best result	16.16%
Average result	21.87%
Worst result	29.43%

Responses 297

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



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

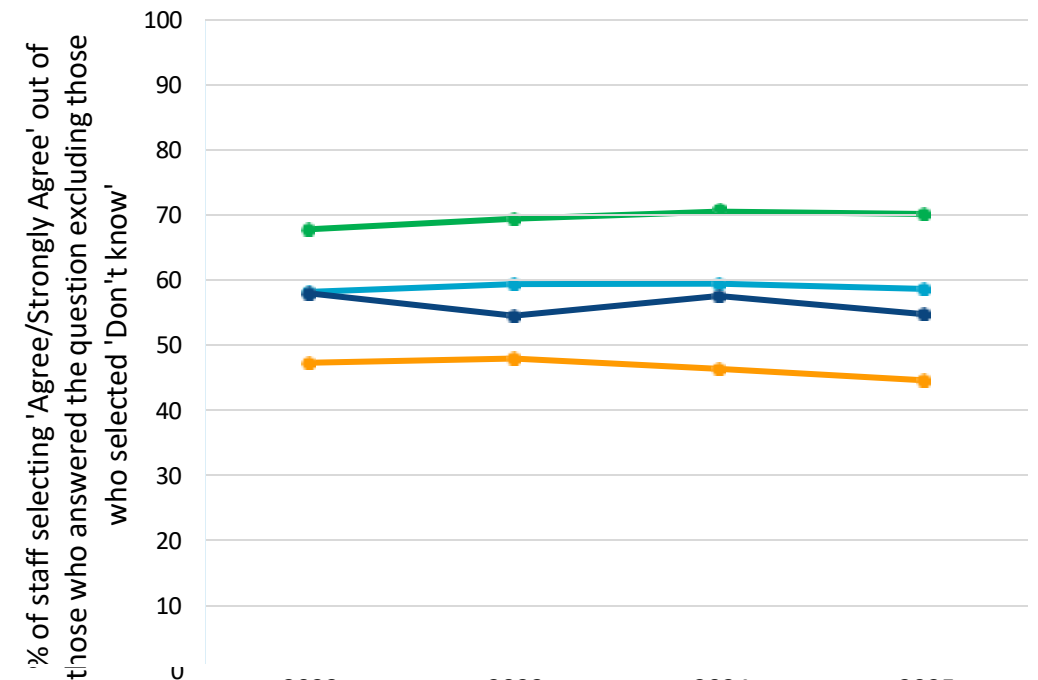


Cut-off
24/03/25

	2022	2023	2024	2025
Your org	34.95%	35.83%	37.76%	36.25%
Best result	26.83%	26.55%	26.76%	26.30%
Average result	35.40%	35.27%	35.58%	35.22%
Worst result	43.77%	42.55%	42.43%	43.10%

Responses 1713 1821 1944 2199

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

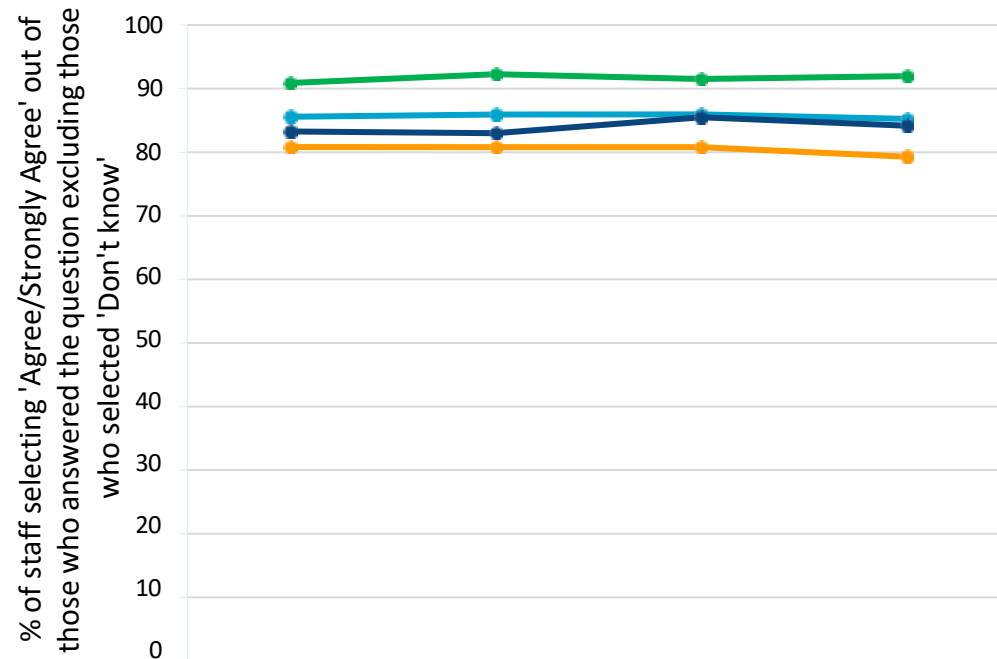


	2022	2023	2024	2025
Your org	58.03%	54.58%	57.61%	54.82%
Best result	67.83%	69.44%	70.55%	70.22%
Average result	58.23%	59.41%	59.50%	58.69%
Worst result	47.33%	47.99%	46.42%	44.65%

Responses 1293 1415 1501 1705

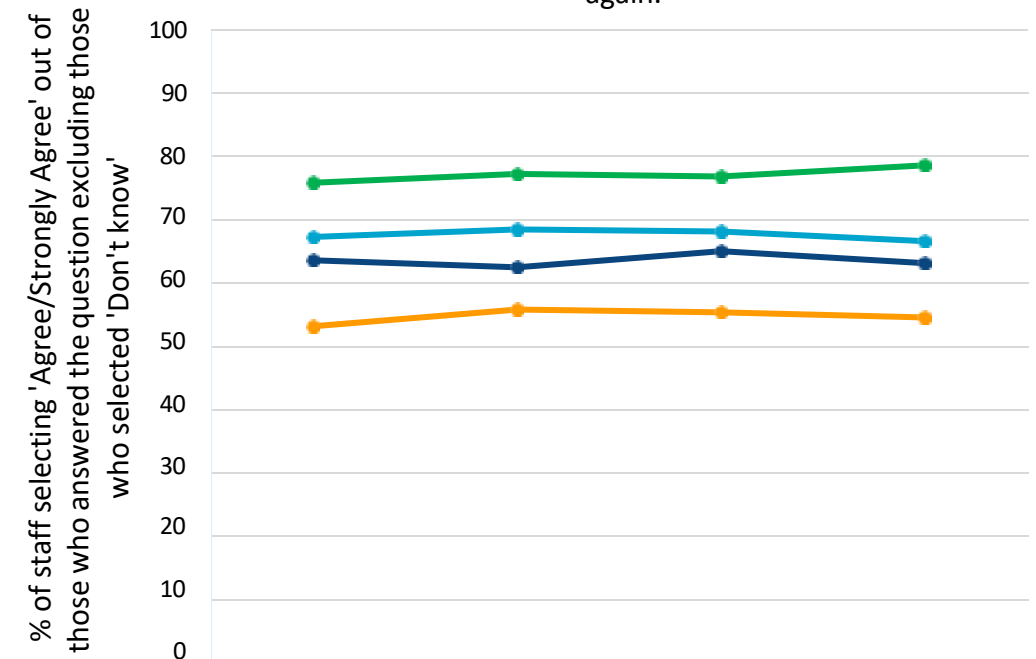


Q19b My organisation encourages us to report errors, near misses or incidents.



	2022	2023	2024	2025
Your org	83.24%	82.99%	85.50%	84.16%
Best result	90.89%	92.27%	91.54%	91.95%
Average result	85.58%	85.93%	85.95%	85.24%
Worst result	80.81%	80.78%	80.79%	79.29%
Responses	1677	1774	1876	2140

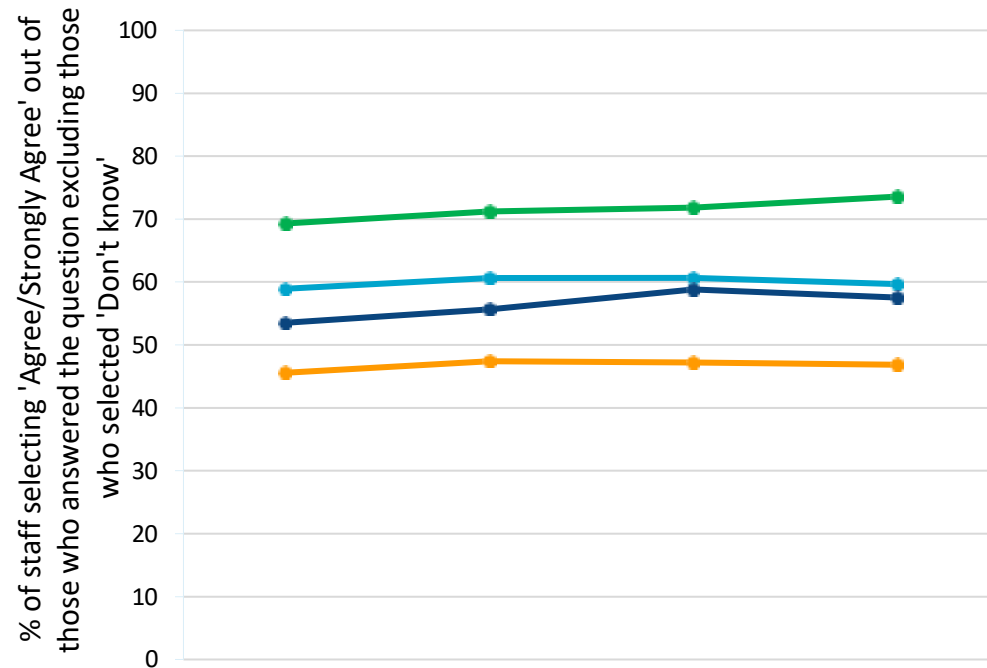
Q19c When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.



	2022	2023	2024	2025
Your org	63.46%	62.37%	64.92%	63.02%
Best result	75.93%	77.33%	76.90%	78.69%
Average result	67.15%	68.35%	68.04%	66.50%
Worst result	52.84%	55.47%	55.03%	54.21%
Responses	1528	1630	1732	1981



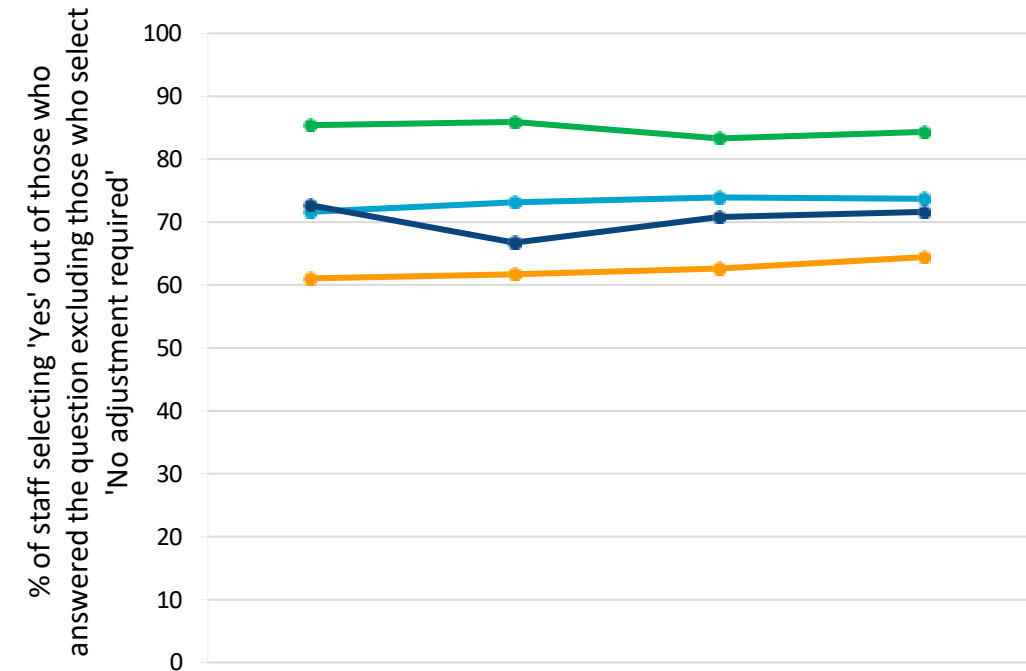
Q19d We are given feedback about changes made in response to reported errors, near misses and incidents.



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24/05/2024
11:11 AM

	2022	2023	2024	2025
Your org	53.52%	55.65%	58.82%	57.54%
Best result	69.30%	71.19%	71.81%	73.58%
Average result	58.93%	60.62%	60.66%	59.69%
Worst result	45.58%	47.41%	47.19%	46.87%
Responses	1530	1646	1757	1995

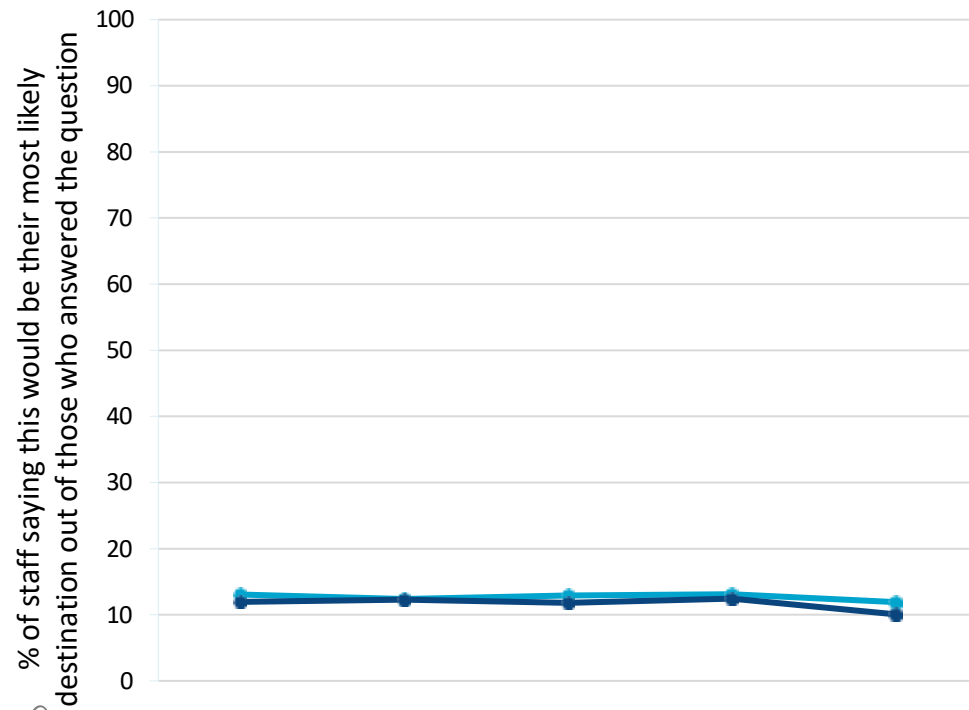
Q31b Has your employer made reasonable adjustment(s) to enable you to carry out your work?



	2022	2023	2024	2025
Your org	72.70%	66.73%	70.81%	71.62%
Best result	85.42%	85.92%	83.30%	84.36%
Average result	71.63%	73.15%	73.92%	73.70%
Worst result	61.05%	61.73%	62.61%	64.44%
Responses	273	310	325	380



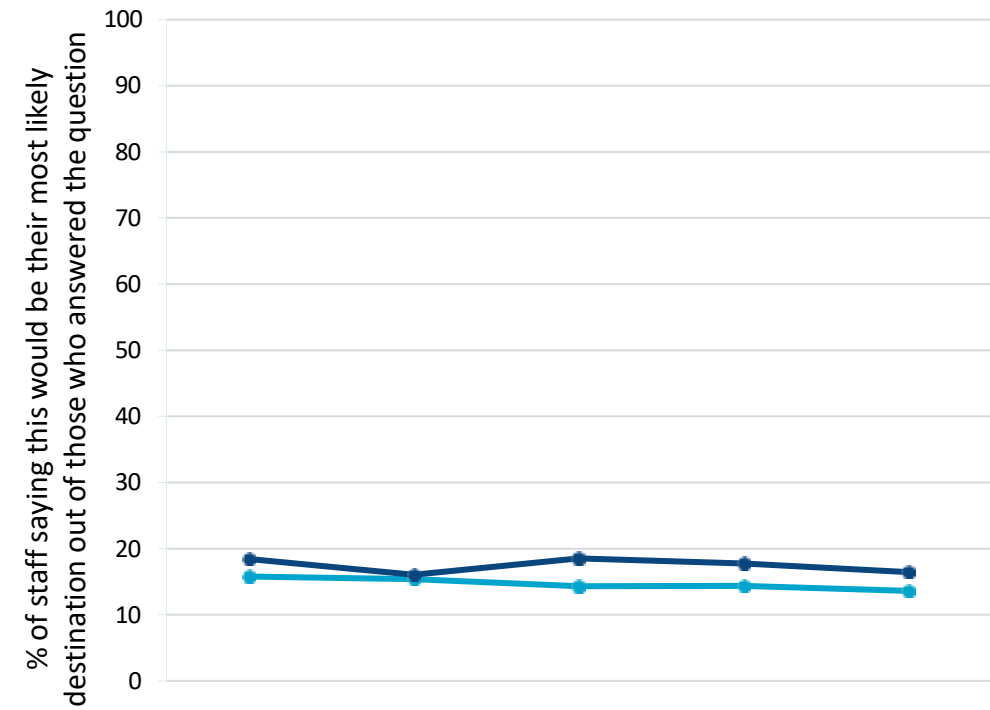
Q26d.1 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to another job within this organisation.



2021 2022 2023 2024 2025

Your org	11.94%	12.30%	11.80%	12.44%	10.06%
Average	13.04%	12.40%	12.94%	13.10%	11.91%
Responses	1340	1545	1652	1785	2017

Q26d.2 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to another job in a different NHS Trust/organisation.

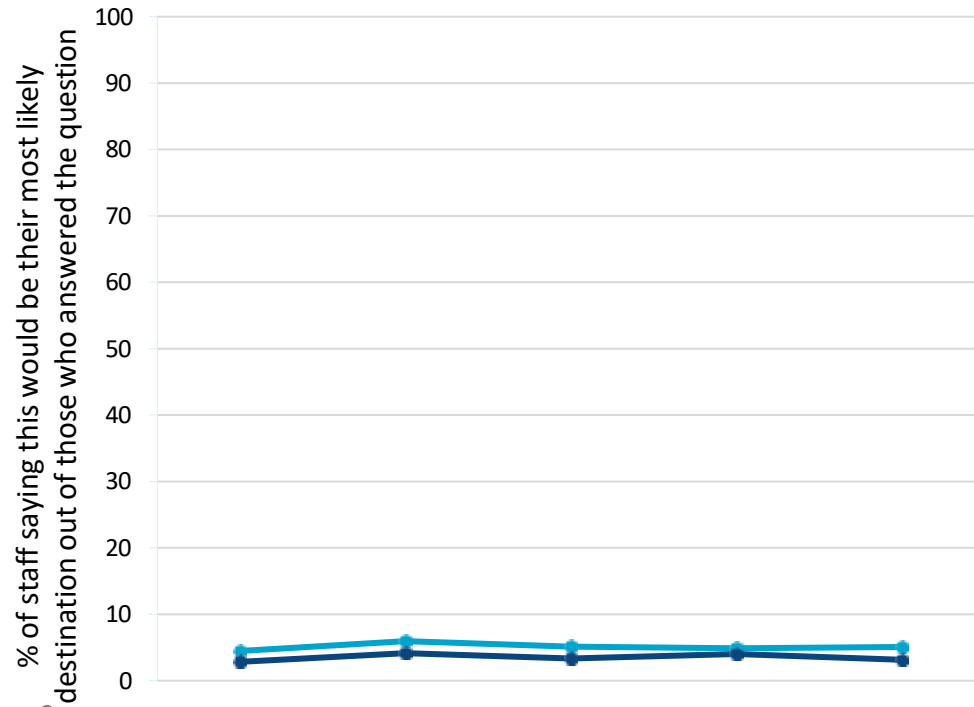


2021 2022 2023 2024 2025

Your org	18.43%	16.05%	18.52%	17.76%	16.46%
Average	15.78%	15.37%	14.32%	14.36%	13.61%
Responses	1340	1545	1652	1785	2017



Q26d.3 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to a job in healthcare, but outside the NHS.



2021 2022 2023 2024 2025

Your org

2.84% 4.14% 3.33% 4.03% 3.12%

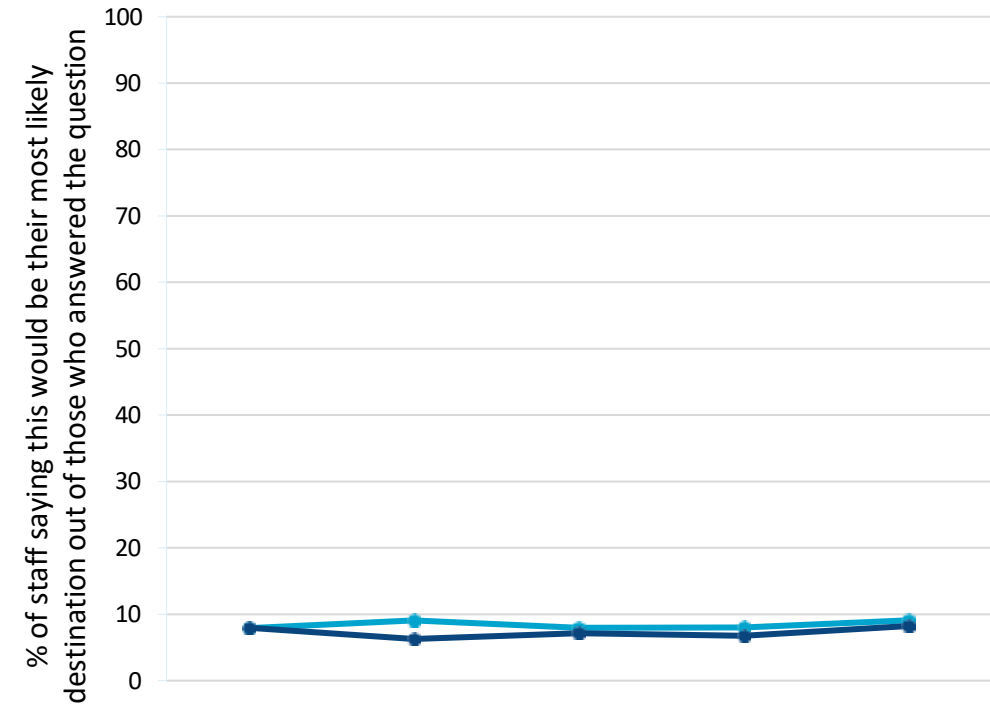
Average

4.47% 5.95% 5.12% 4.90% 5.07%

Responses

1340 1545 1652 1785 2017

Q26d.4 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to a job outside healthcare.



2021 2022 2023 2024 2025

Your org

7.99% 6.28% 7.14% 6.78% 8.23%

Average

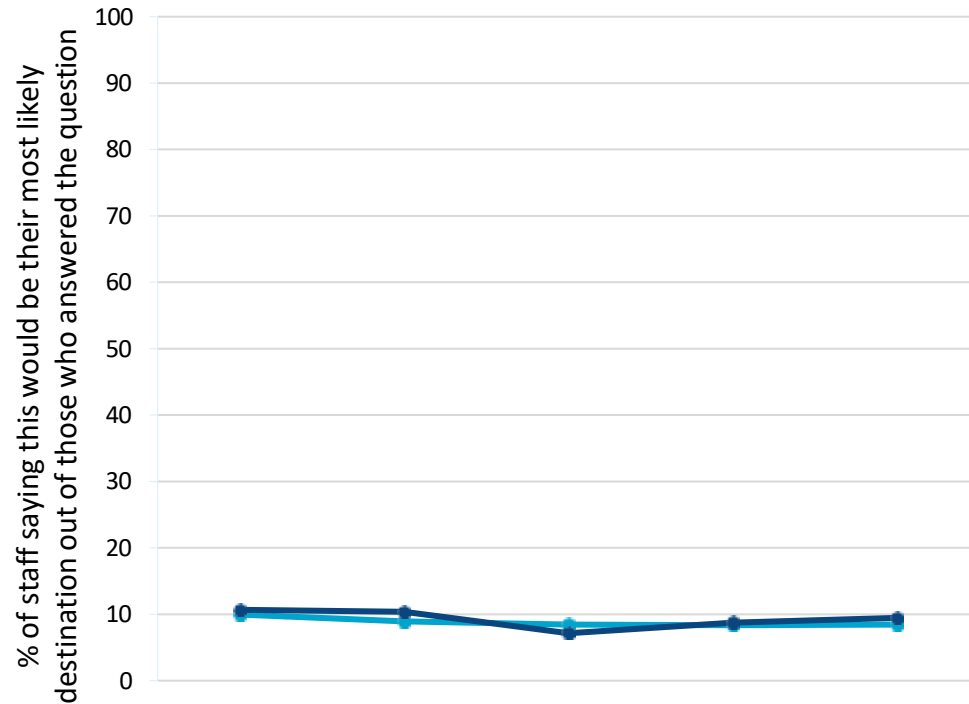
7.91% 9.06% 7.96% 8.00% 9.09%

Responses

1340 1545 1652 1785 2017



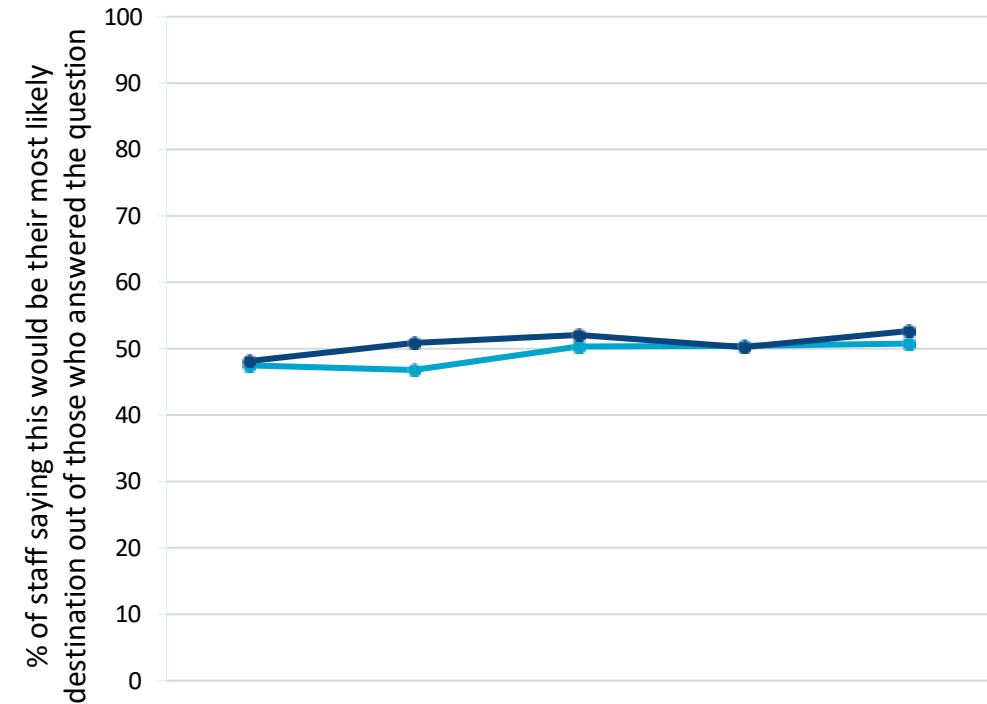
Q26d.5 If you are considering leaving your current job, what would be your most likely destination? - I would retire or take a career break.



2021 2022 2023 2024 2025

Your org	10.67%	10.36%	7.14%	8.74%	9.47%
Average	9.95%	8.94%	8.46%	8.35%	8.42%
Responses	1340	1545	1652	1785	2017

Q26d.9 If you are considering leaving your current job, what would be your most likely destination? - I am not considering leaving my current job.



2021 2022 2023 2024 2025

Your org	48.13%	50.87%	52.06%	50.25%	52.65%
Average	47.46%	46.79%	50.34%	50.41%	50.77%
Responses	1340	1545	1652	1785	2017

Workforce Equality Standards

Note where there are fewer than 10 responses for a question, results are suppressed to protect staff confidentiality and reliability of data.

Workforce Race Equality Standards (WRES)

This section contains data for the organisation required for the NHS Staff Survey indicators used in the Workforce Race Equality Standard (WRES). It includes the 2021-2025 organisation and benchmarking group median results for q13a, q13b&c combined, and q16b split by ethnicity (by white staff / staff from all other ethnic groups combined). Organisation and benchmarking group median results for q15 are included for 2025 only*.

Workforce Disability Equality Standards (WDES)

This section contains data for the organisation required for the NHS Staff Survey metrics used in the Workforce Disability Equality Standard (WDES). It includes the 2021-2025 organisation and benchmarking group median results for q4b, q11e, and q14a-d split by staff with a long lasting health condition or illness compared to staff without a long lasting health condition or illness. Organisation and benchmarking group median results for q15 split by staff with a long lasting health condition or illness compared to staff without a long lasting health condition or illness are shown for 2025 only*. It also shows results for q31b (for staff with a long lasting health condition or illness only), and the staff engagement score for staff with a long lasting health condition or illness, compared to staff without a long lasting health condition or illness and the overall engagement score for the organisation.

In 2022, the text for q31b was updated and the word 'adequate' was changed to 'reasonable'.

The WDES breakdowns are based on the responses to q31a Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?

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

This section contains data required for the staff survey indicators used in the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES). Data presented in this section are unweighted.

Workforce Race Equality Standards (WRES)

Indicator	Qu No	Workforce Race Equality Standard
For each of the following indicators, compare the outcomes of the responses for white staff and staff from all other ethnic groups combined		
5	Q14a	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6	Q14b & Q14c	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7	Q15	Percentage believing that their organisation provides equal opportunities for career progression or promotion (2025 only)
8	Q16b	In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues

Workforce Disability Equality Standards (WDES)

Metric	Qu No	Workforce Disability Equality Standard
For each of the following metrics, compare the responses for staff with a LTC* or illness vs staff without a LTC or illness		
4a	Q14a	Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public
4b	Q14b	Percentage of staff experiencing harassment, bullying or abuse from managers
4c	Q14c	Percentage of staff experiencing harassment, bullying or abuse from other colleagues
4d	Q14d	Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it
5	Q15	Percentage believing that their organisation provides equal opportunities for career progression or promotion (2025 only)
6	Q11e	Percentage of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties
7	Q4b	Percentage staff saying that they are satisfied with the extent to which their organisation values their work
8	Q31b	Percentage of staff with a long lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work
9a	theme_engagement	The staff engagement score for staff with LTC or illness vs staff without a LTC or illness

*Staff with a long term condition

Workforce Race Equality Standards (WRES)

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

Data shown in the WRES charts are unweighted.

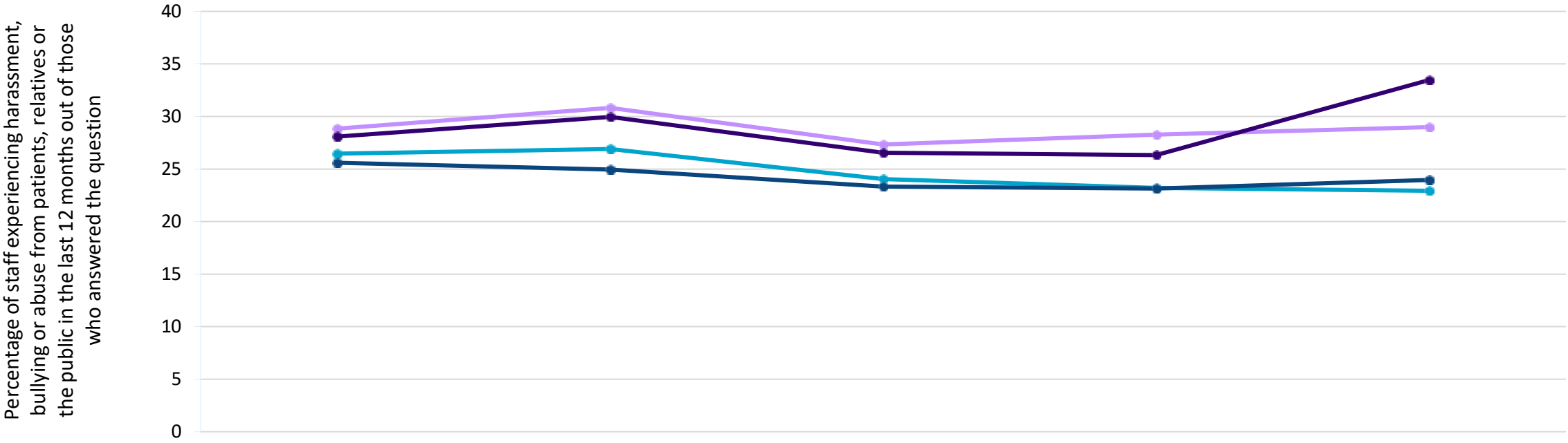
Averages are calculated as the median for the benchmark group.

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



Workforce Race Equality Standard (WRES)

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months



	2021	2022	2023	2024	2025
White staff: Your org	25.60%	24.95%	23.34%	23.14%	23.97%
All other ethnic groups*: Your org	28.09%	29.96%	26.54%	26.33%	33.48%
White staff: Average	26.47%	26.91%	24.05%	23.21%	22.93%
All other ethnic groups*: Average	28.84%	30.82%	27.34%	28.27%	28.98%
White staff: Responses	1336	1447	1504	1534	1723
All other ethnic groups*: Responses	178	257	324	395	466

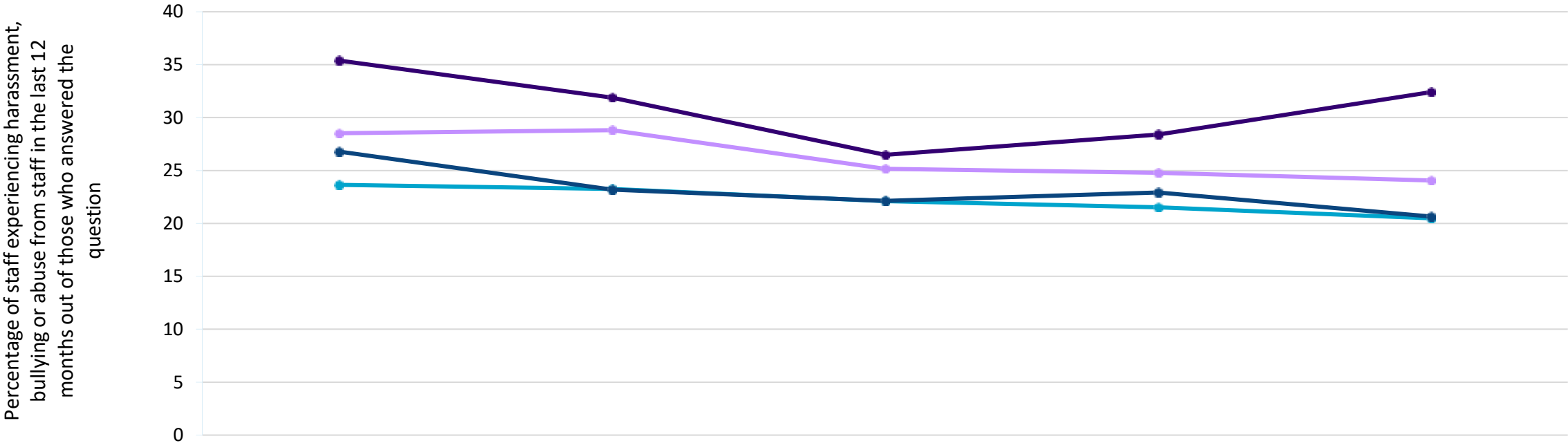
*Staff from all other ethnic groups combined

Note: 2023 results for WRES indicator 5 (Q14a) are reported using corrected data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.



Workforce Race Equality Standard (WRES)

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



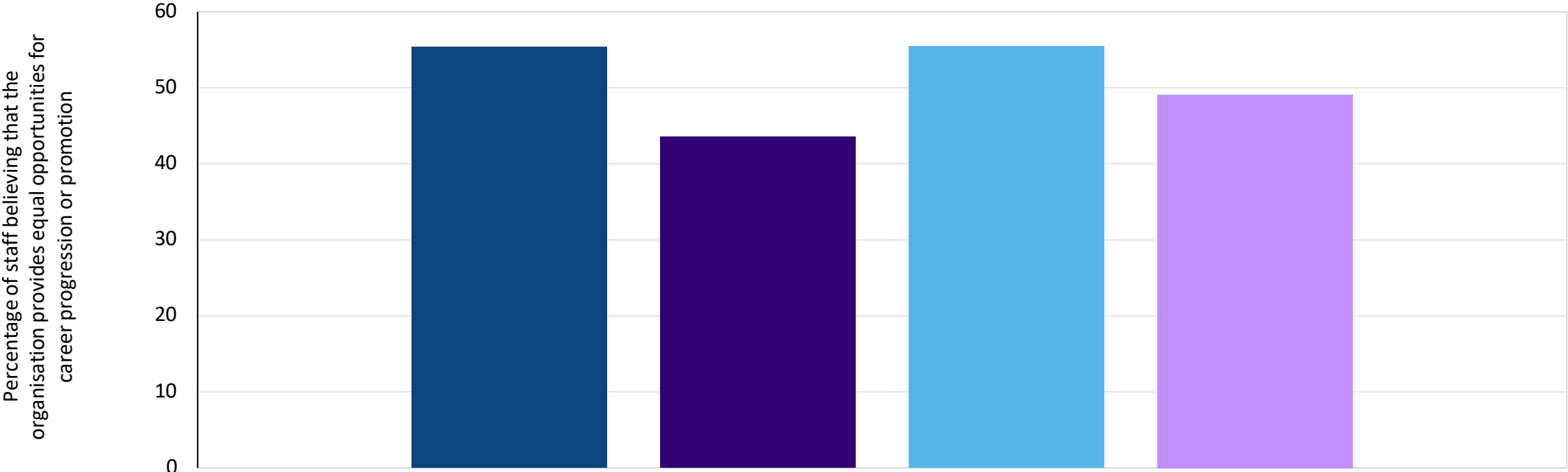
	2021	2022	2023	2024	2025
White staff: Your org	26.79%	23.20%	22.13%	22.92%	20.65%
All other ethnic groups*: Your org	35.39%	31.89%	26.48%	28.39%	32.40%
White staff: Average	23.65%	23.25%	22.12%	21.53%	20.48%
All other ethnic groups*: Average	28.53%	28.81%	25.16%	24.78%	24.06%
White staff: Responses	1325	1444	1505	1527	1719
All other ethnic groups*: Responses	178	254	321	398	466

*Staff from all other ethnic groups combined

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



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



2025

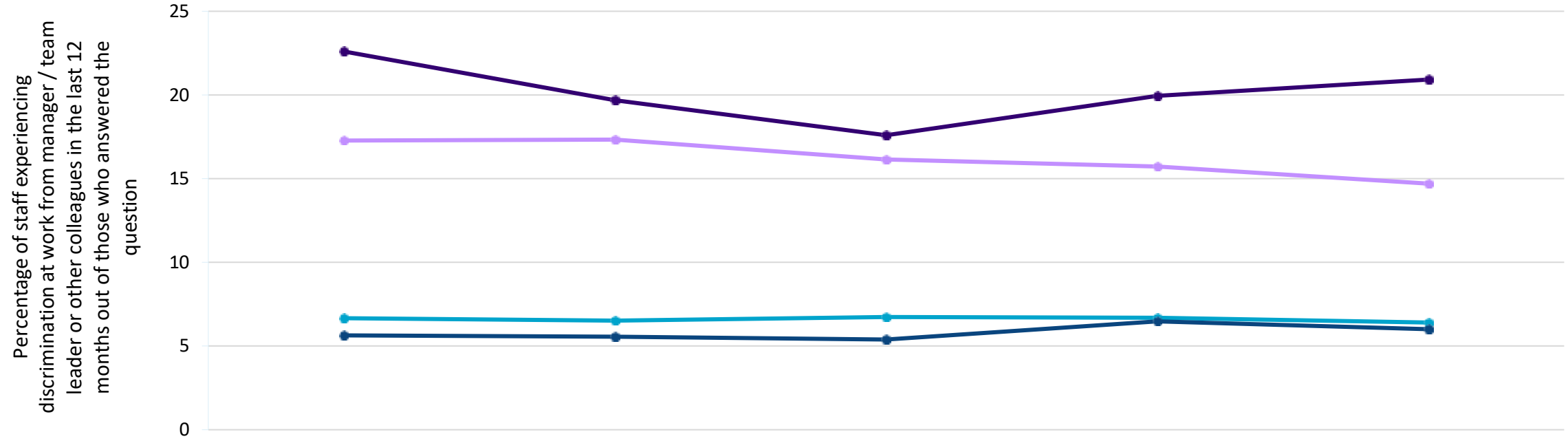
White staff: Your org	55.40%
All other ethnic groups*: Your org	43.56%
White staff: Average	55.46%
All other ethnic groups*: Average	49.11%
White staff: Responses	1713
All other ethnic groups*: Responses	466

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



Workforce Race Equality Standard (WRES)

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



	2021	2022	2023	2024	2025
White staff: Your org	5.64%	5.56%	5.39%	6.47%	6.01%
All other ethnic groups*: Your org	22.60%	19.69%	17.59%	19.95%	20.92%
White staff: Average	6.67%	6.52%	6.73%	6.69%	6.40%
All other ethnic groups*: Average	17.28%	17.33%	16.14%	15.72%	14.70%
White staff: Responses	1329	1440	1503	1529	1714
All other ethnic groups*: Responses	177	254	324	396	459

*Staff from all other ethnic groups combined

Workforce Disability Equality Standards (WDES)

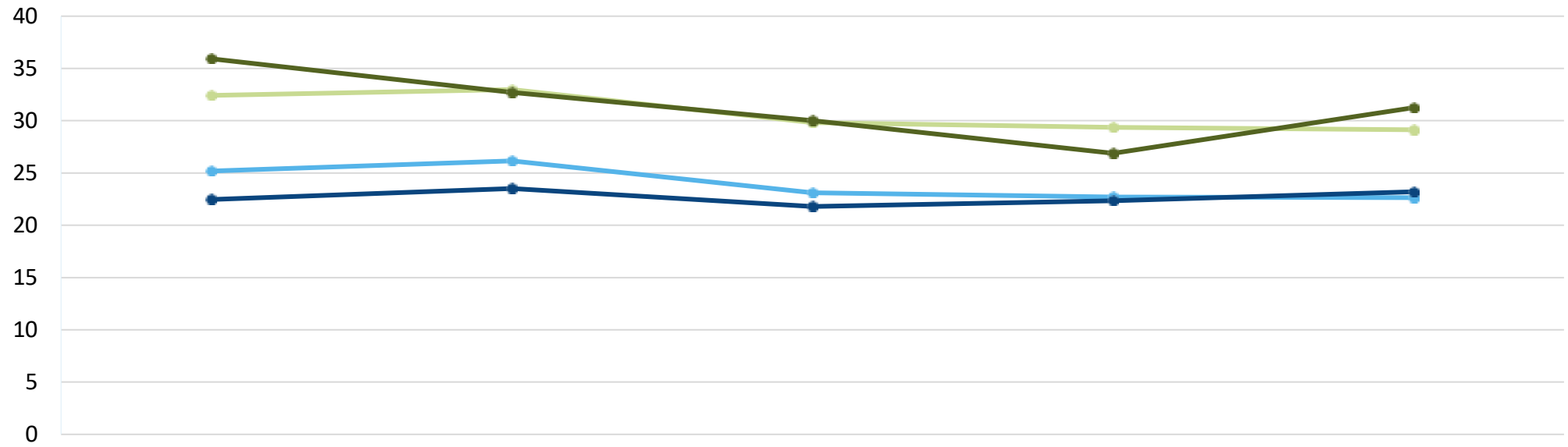
Vertical scales on the following charts vary from slide to slide and this effects how results are displayed. This allows incremental changes and small differences between results for subgroups to be more easily interpreted.
Data shown in the WDES charts are unweighted.

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



Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months out of those who answered the question

Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months.



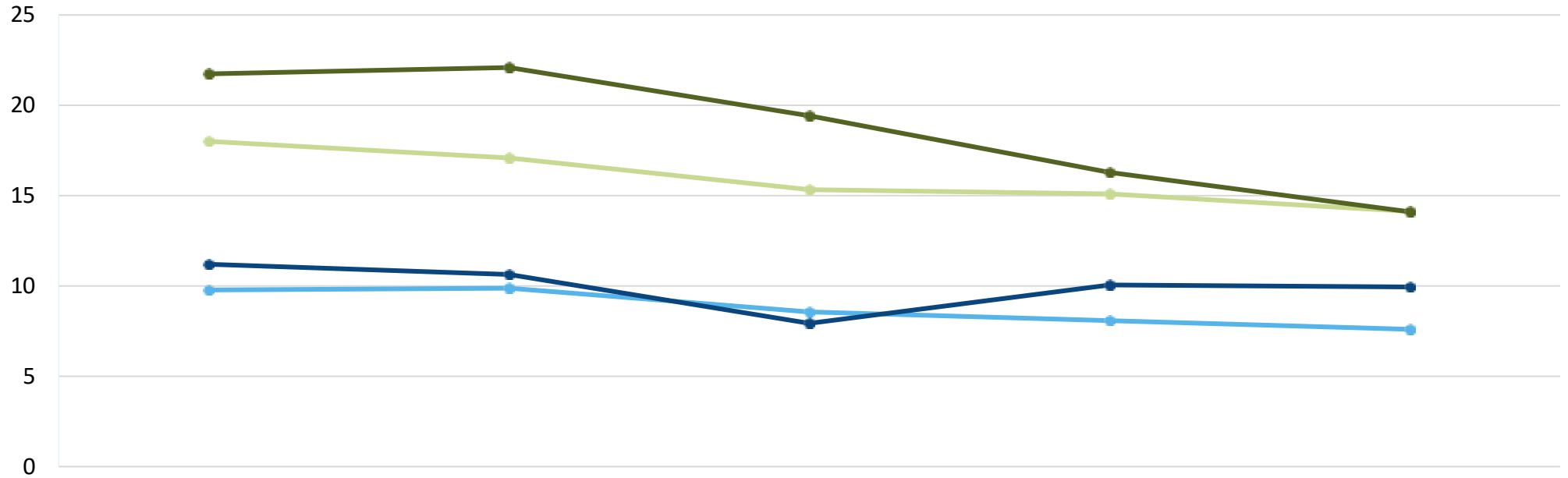
	2021	2022	2023	2024	2025
Staff with a LTC or illness: Your org	35.92%	32.71%	30.00%	26.89%	31.26%
Staff without a LTC or illness: Your org	22.48%	23.52%	21.80%	22.35%	23.22%
Staff with a LTC or illness: Average	32.43%	32.98%	29.83%	29.37%	29.14%
Staff without a LTC or illness: Average	25.19%	26.16%	23.11%	22.71%	22.64%
Staff with a LTC or illness: Responses	373	431	480	517	627
Staff without a LTC or illness: Responses	1139	1280	1335	1405	1542

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



Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months out of those who answered the question

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



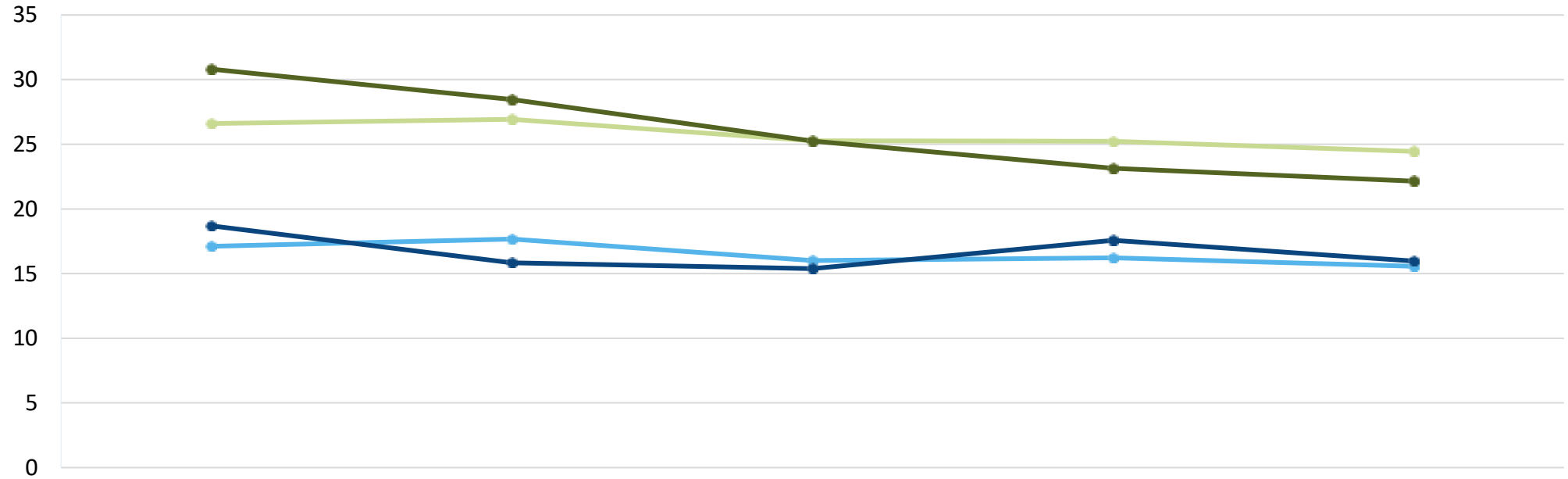
	2021	2022	2023	2024	2025
Staff with a LTC or illness: Your org	21.74%	22.09%	19.42%	16.28%	14.10%
Staff without a LTC or illness: Your org	11.20%	10.63%	7.93%	10.06%	9.94%
Staff with a LTC or illness: Average	18.00%	17.09%	15.33%	15.10%	14.12%
Staff without a LTC or illness: Average	9.77%	9.88%	8.56%	8.08%	7.60%
Staff with a LTC or illness: Responses	368	421	479	516	624
Staff without a LTC or illness: Responses	1125	1270	1324	1392	1529

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



Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months out of those who answered the question

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



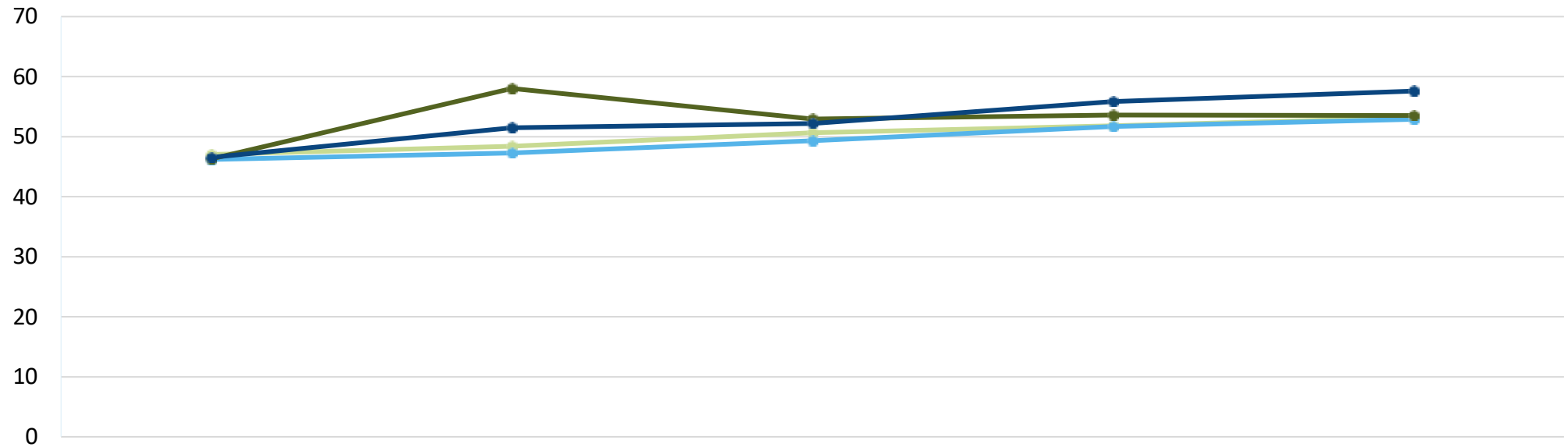
	2021	2022	2023	2024	2025
Staff with a LTC or illness: Your org	30.81%	28.47%	25.26%	23.15%	22.15%
Staff without a LTC or illness: Your org	18.69%	15.84%	15.38%	17.57%	15.97%
Staff with a LTC or illness: Average	26.60%	26.93%	25.26%	25.24%	24.45%
Staff without a LTC or illness: Average	17.11%	17.67%	16.01%	16.22%	15.57%
Staff with a LTC or illness: Responses	370	418	479	514	623
Staff without a LTC or illness: Responses	1118	1263	1326	1389	1528

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



Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it out of those who answered the question

Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.



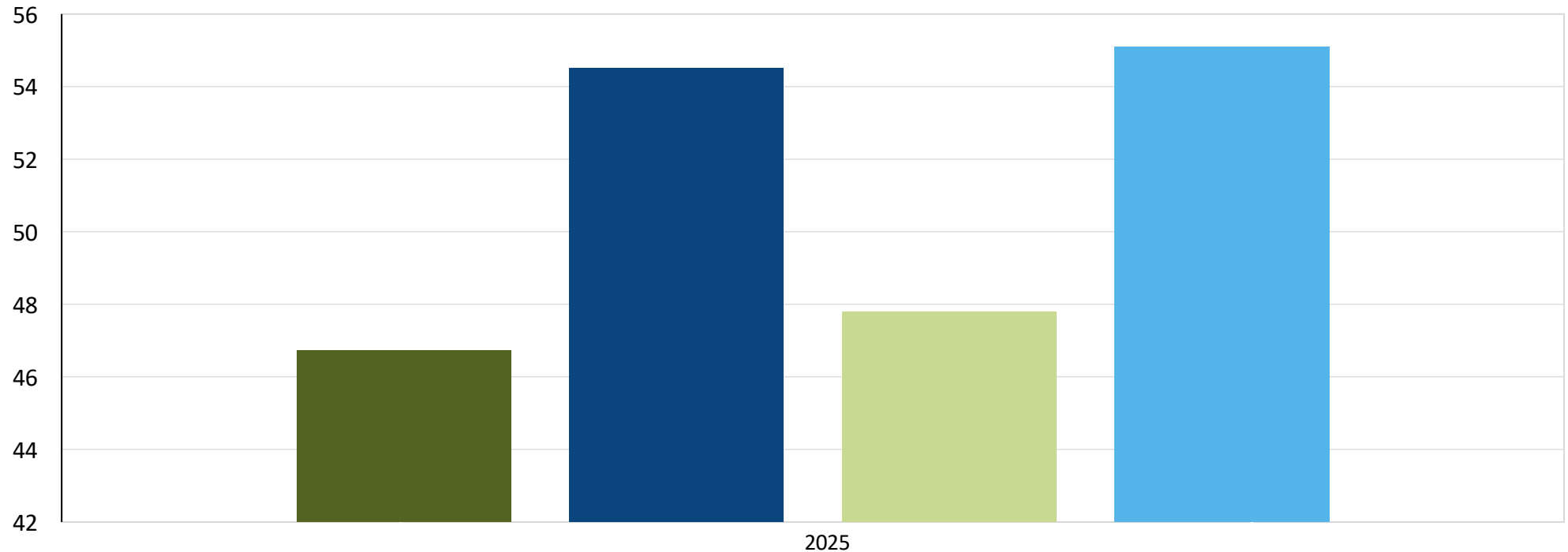
	2021	2022	2023	2024	2025
Staff with a LTC or illness: Your org	46.30%	58.03%	52.94%	53.59%	53.53%
Staff without a LTC or illness: Your org	46.55%	51.47%	52.19%	55.84%	57.59%
Staff with a LTC or illness: Average	47.03%	48.43%	50.64%	51.82%	53.16%
Staff without a LTC or illness: Average	46.20%	47.30%	49.31%	51.71%	52.89%
Staff with a LTC or illness: Responses	162	193	204	209	269
Staff without a LTC or illness: Responses	333	373	389	428	474

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



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

Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion out of those who answered the question



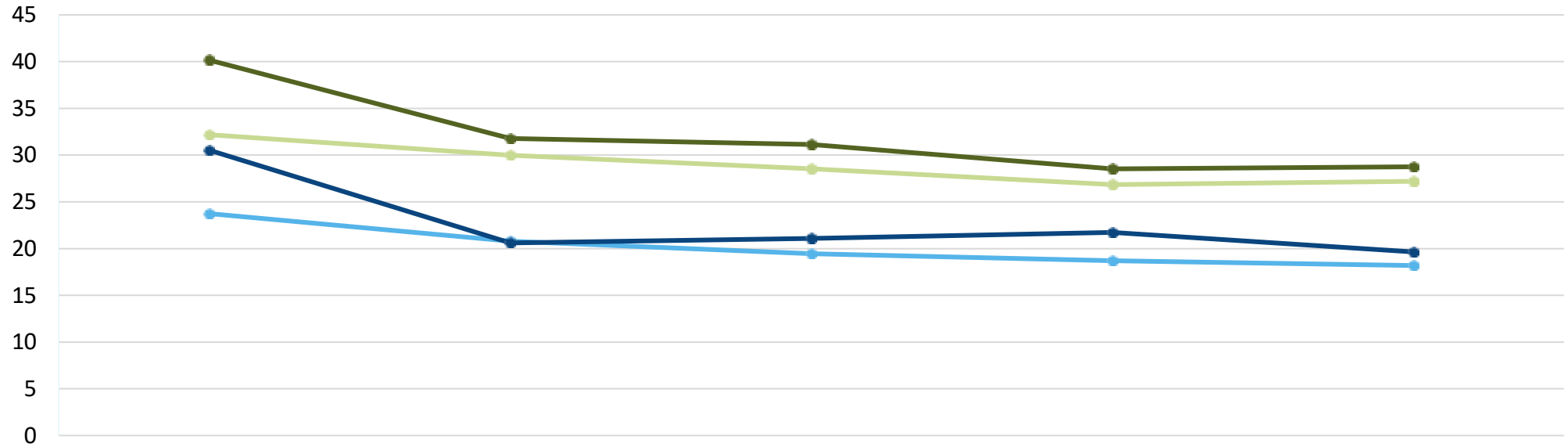
Staff with a LTC or illness: Your org	46.72%
Staff without a LTC or illness: Your org	54.50%
Staff with a LTC or illness: Average	47.79%
Staff without a LTC or illness: Average	55.09%
Staff with a LTC or illness: Responses	625
Staff without a LTC or illness: Responses	1534

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



Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties out of those who answered the question

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

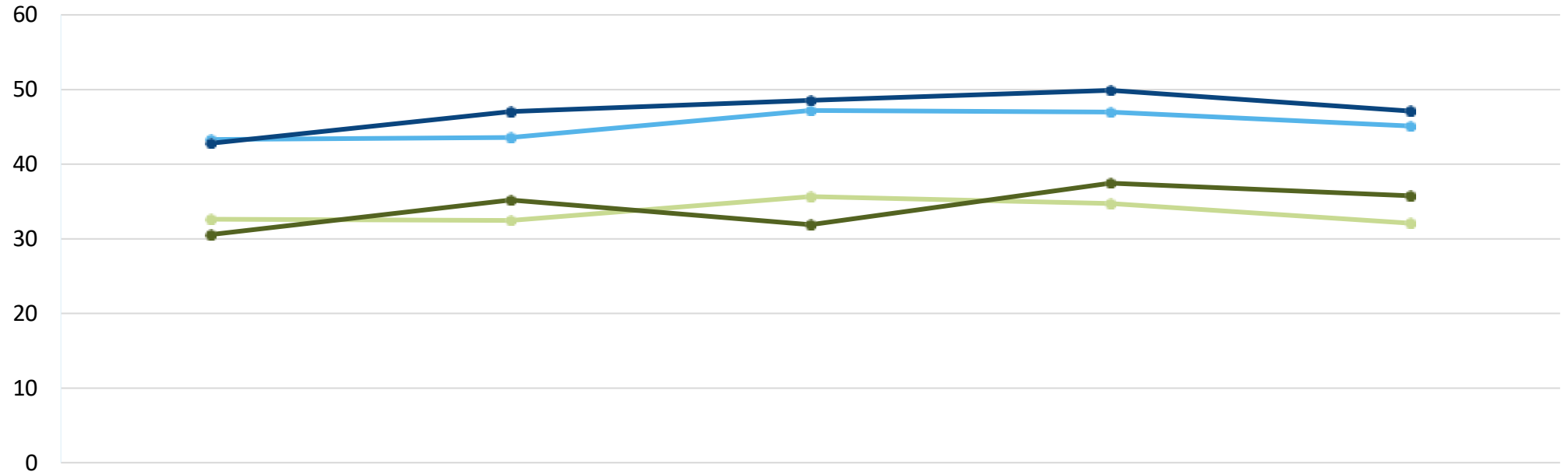


	2021	2022	2023	2024	2025
Staff with a LTC or illness: Your org	40.16%	31.79%	31.14%	28.53%	28.75%
Staff without a LTC or illness: Your org	30.53%	20.61%	21.09%	21.73%	19.64%
Staff with a LTC or illness: Average	32.18%	29.97%	28.55%	26.85%	27.19%
Staff without a LTC or illness: Average	23.74%	20.80%	19.46%	18.71%	18.19%
Staff with a LTC or illness: Responses	249	302	334	340	473
Staff without a LTC or illness: Responses	475	660	659	704	845



Percentage of staff satisfied with the extent to which
their organisation values their work out of those who
answered the question

Percentage of staff satisfied with the extent to which their organisation values their work.

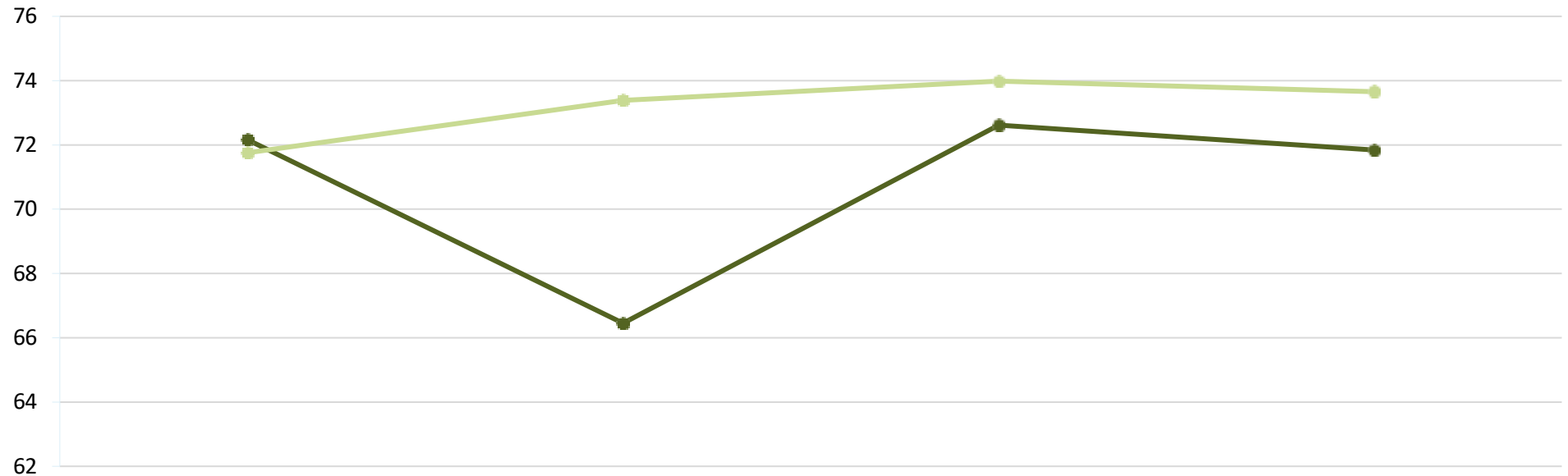


	2021	2022	2023	2024	2025
Staff with a LTC or illness: Your org	30.56%	35.20%	31.88%	37.45%	35.77%
Staff without a LTC or illness: Your org	42.79%	47.04%	48.55%	49.89%	47.12%
Staff with a LTC or illness: Average	32.62%	32.46%	35.66%	34.73%	32.09%
Staff without a LTC or illness: Average	43.30%	43.56%	47.19%	46.98%	45.10%
Staff with a LTC or illness: Responses	373	429	480	518	629
Staff without a LTC or illness: Responses	1138	1282	1343	1413	1547



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

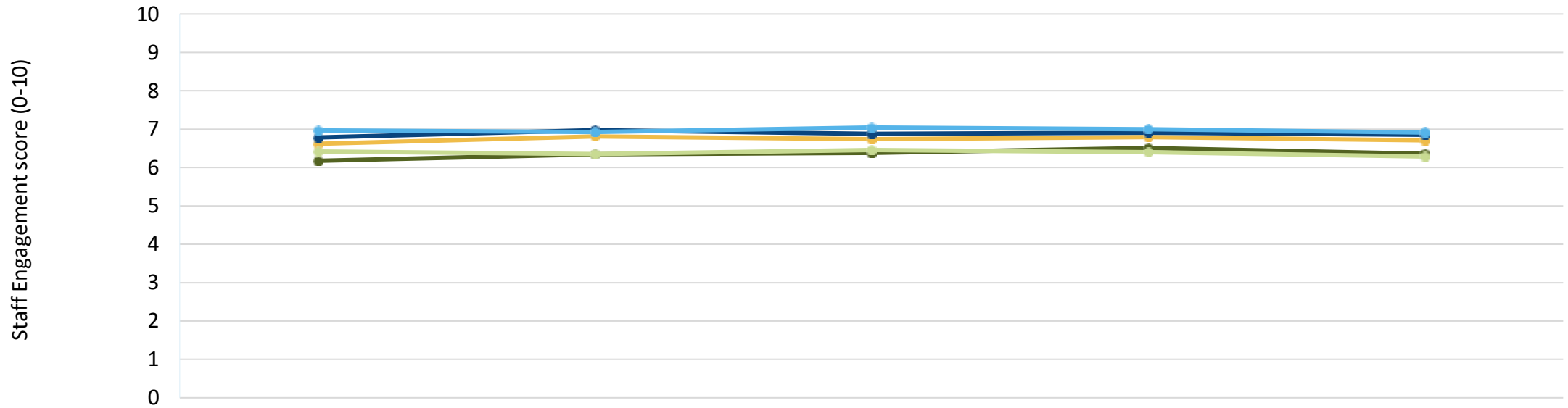
Percentage of staff with a long lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work out of those who answered the question



	2022	2023	2024	2025
Staff with a LTC or illness: Your org	72.16%	66.45%	72.62%	71.84%
Staff with a LTC or illness: Average	71.76%	73.38%	73.98%	73.65%
Staff with a LTC or illness: Responses	273	310	325	380



Staff engagement score (0-10)



	2021	2022	2023	2024	2025
Organisation average	6.62	6.81	6.74	6.80	6.71
Staff with a LTC or illness: Your org	6.18	6.34	6.38	6.51	6.36
Staff without a LTC or illness: Your org	6.78	6.97	6.88	6.91	6.85
Staff with a LTC or illness: Average	6.42	6.35	6.46	6.40	6.29
Staff without a LTC or illness: Average	6.97	6.92	7.04	7.00	6.91
Staff with a LTC or illness: Responses	378	430	481	522	632
Staff without a LTC or illness: Responses	1148	1288	1347	1417	1554

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

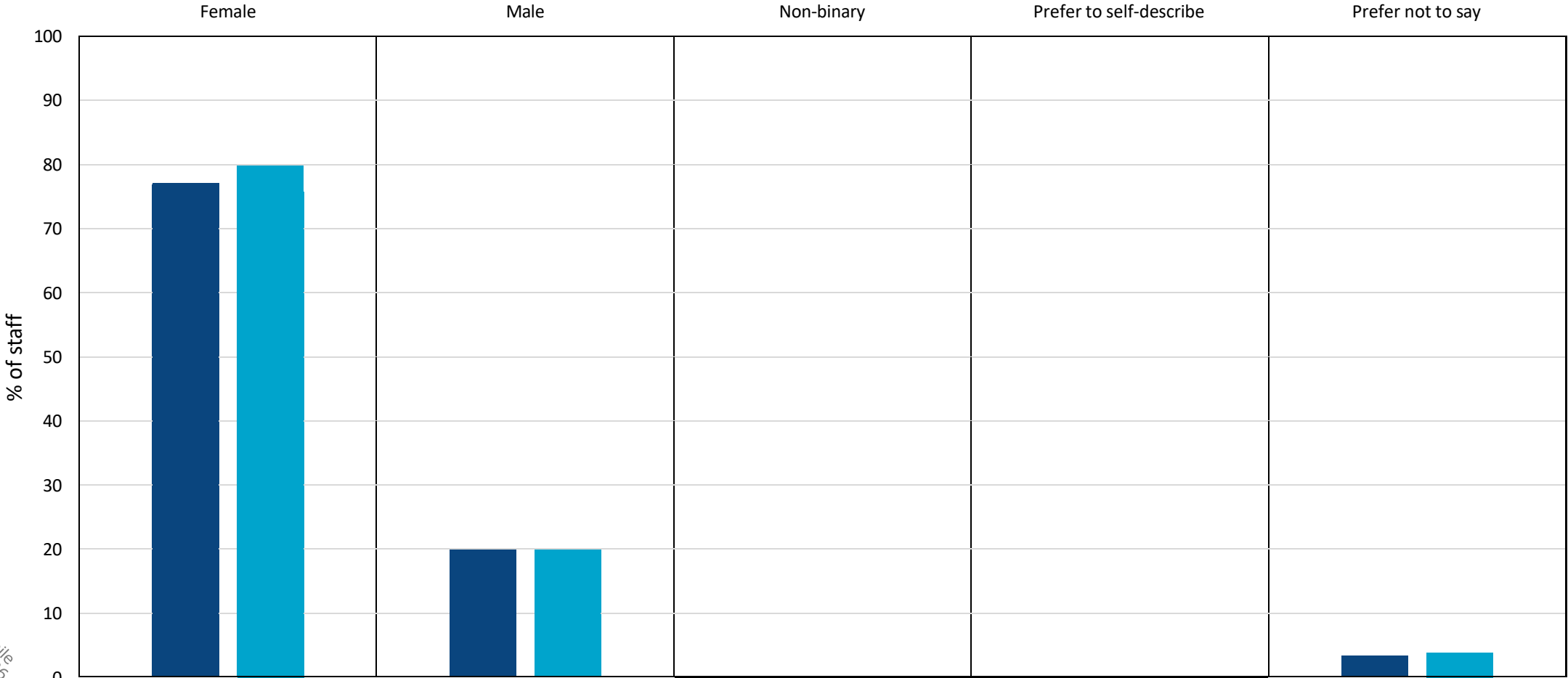
About your respondents

This section shows demographic and other background information for 2025.

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



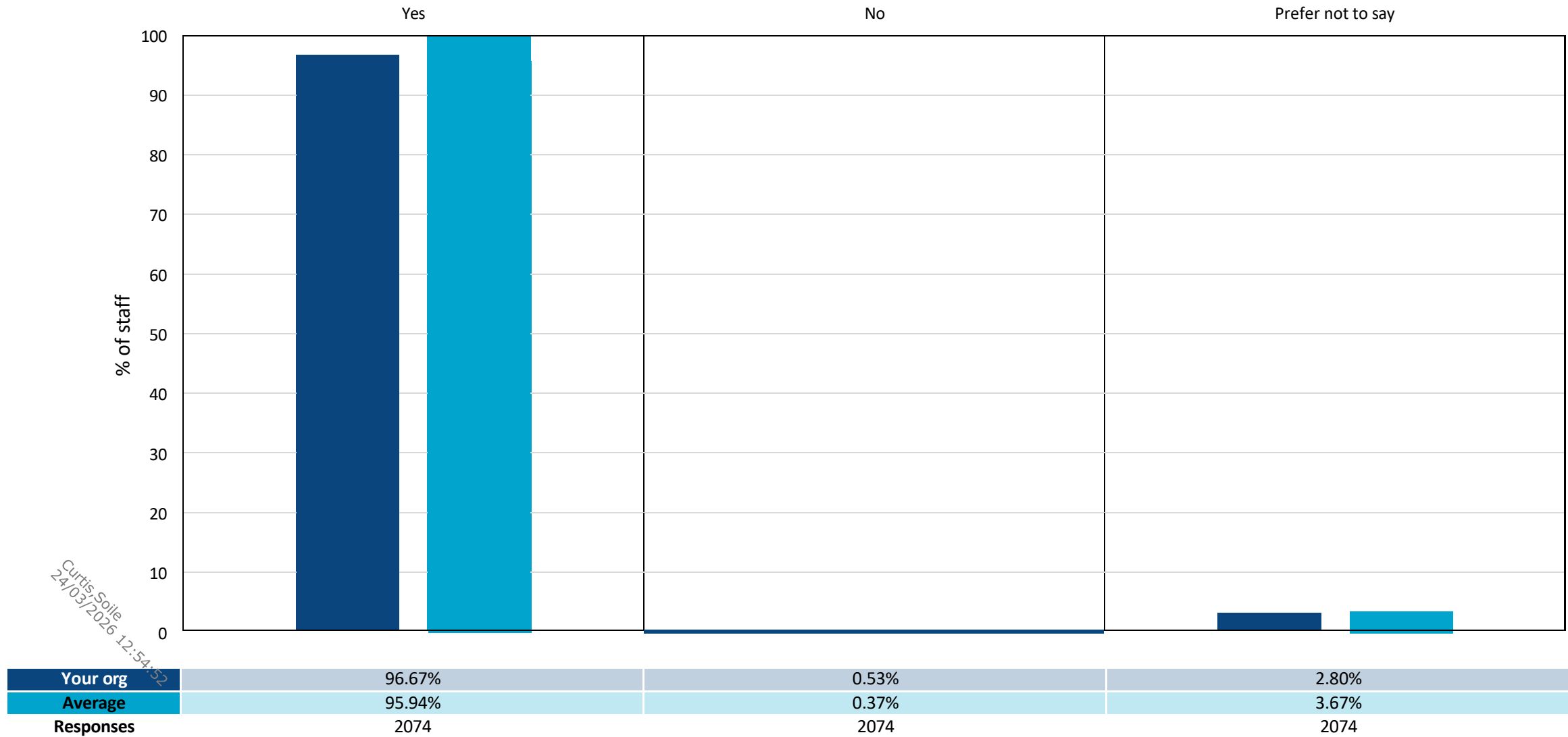
Background details - Which of the following best describes you?



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24/03/2026 12:54:52

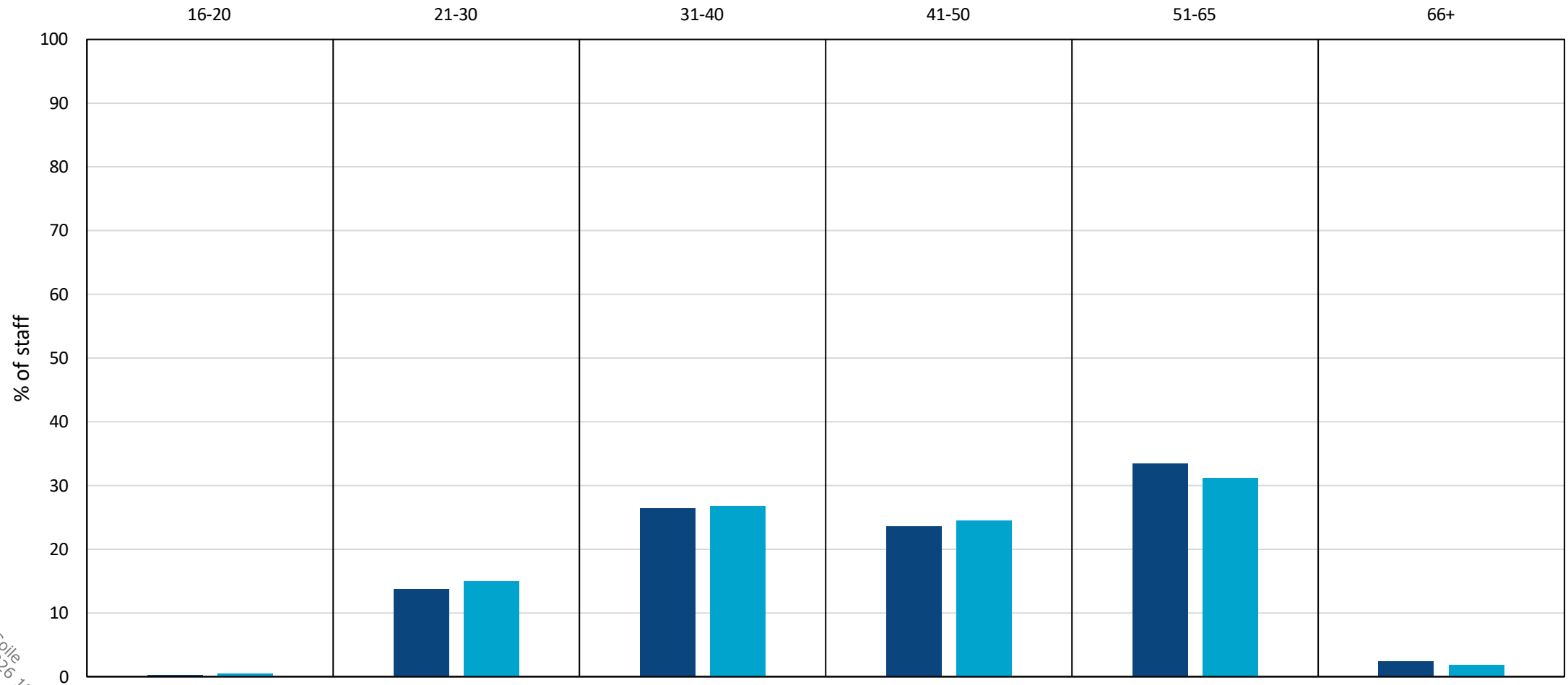


Background details - Is your gender identity the same as the sex you were registered at birth?





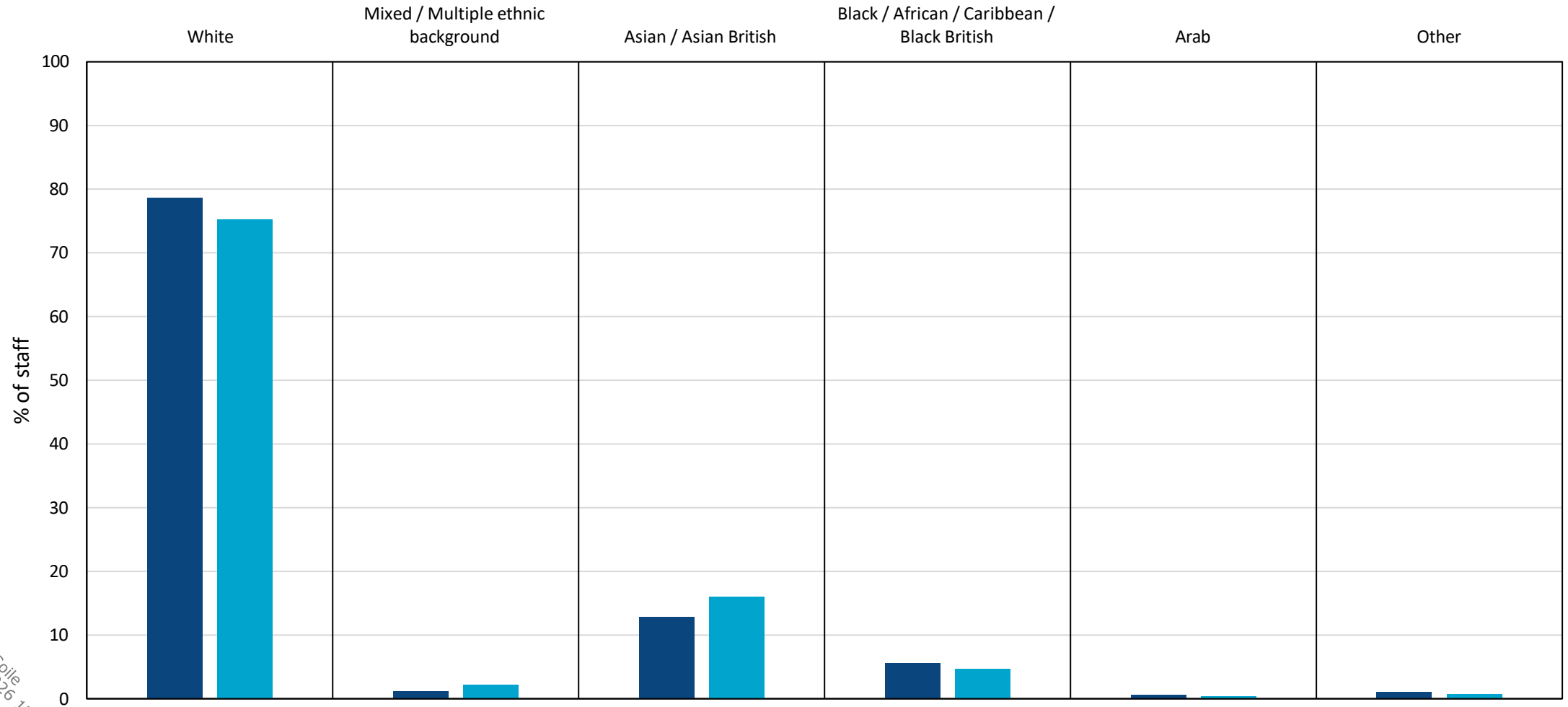
Background details - Age



Your org	0.27%	13.73%	26.42%	23.60%	33.47%	2.50%
Average	0.44%	14.95%	26.81%	24.51%	31.23%	1.89%
Responses	2199	2199	2199	2199	2199	2199



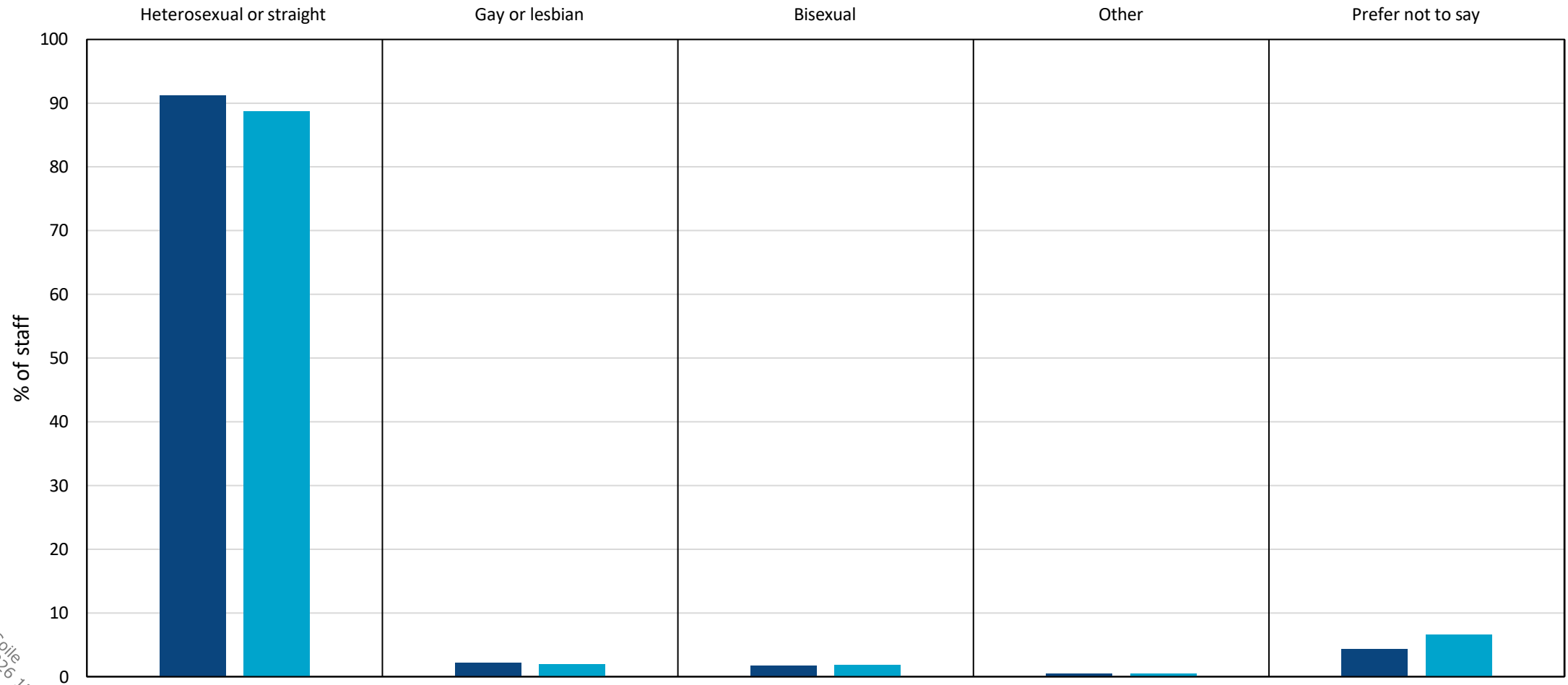
Background details - Ethnic group



Your org	78.68%	1.22%	12.86%	5.57%	0.59%	1.09%
Average	75.23%	2.15%	16.00%	4.74%	0.47%	0.69%
Responses	2209	2209	2209	2209	2209	2209



Background details - Sexual orientation

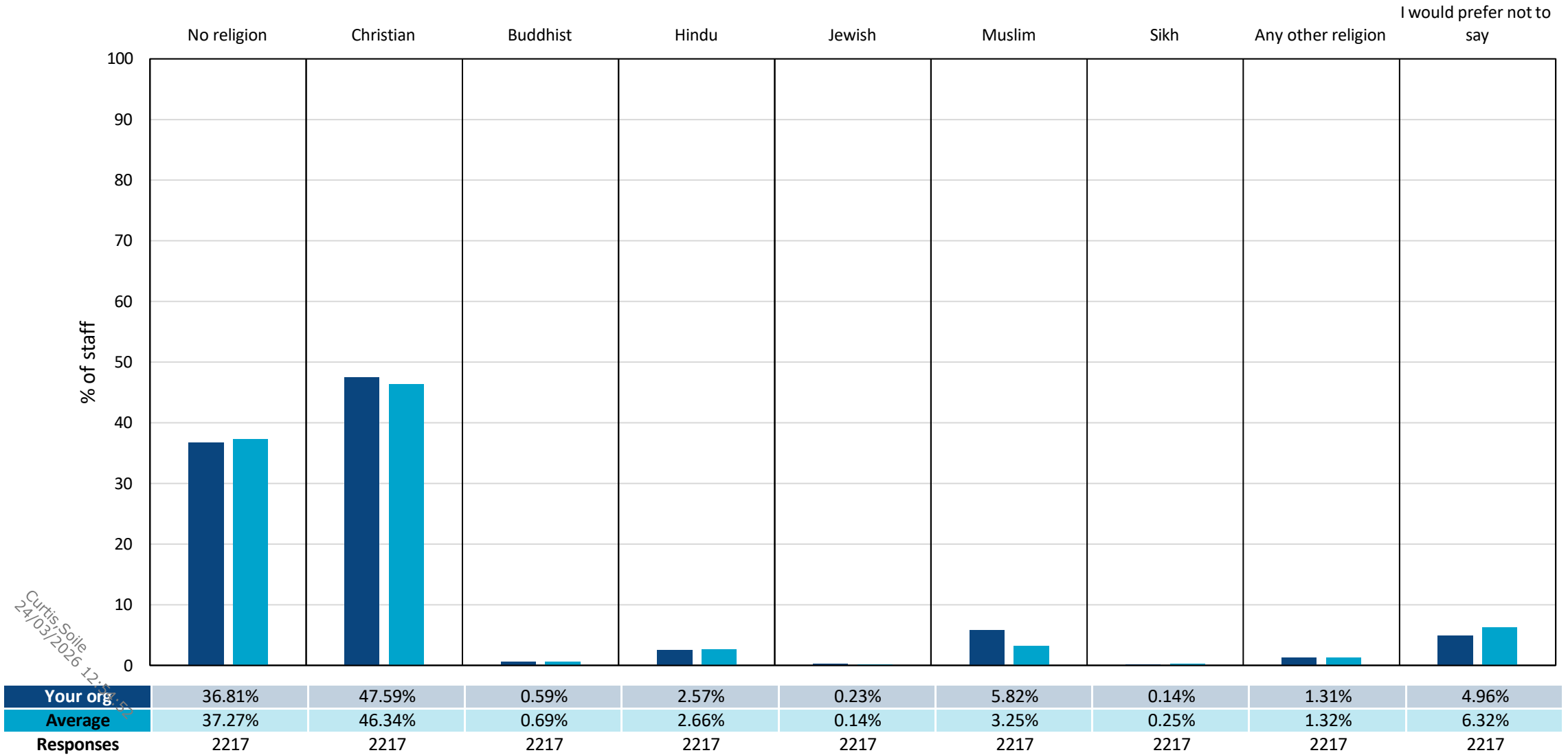


Curtis Soile
24/03/2026 12:54:52

Your org	91.19%	2.20%	1.75%	0.45%	4.41%
Average	88.76%	2.01%	1.86%	0.49%	6.59%
Responses	2224	2224	2224	2224	2224



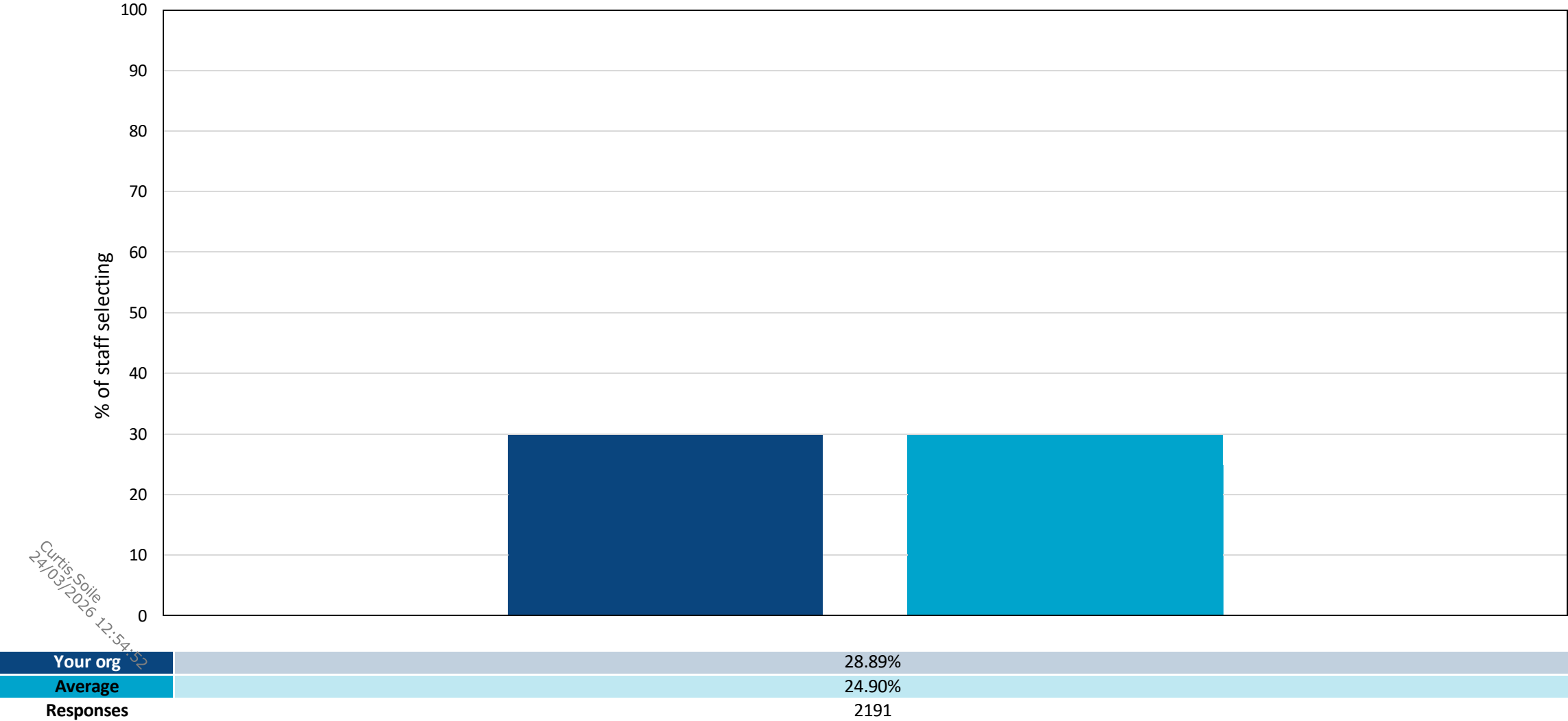
Background details - Religion or belief





Background details - Long lasting health condition or illness

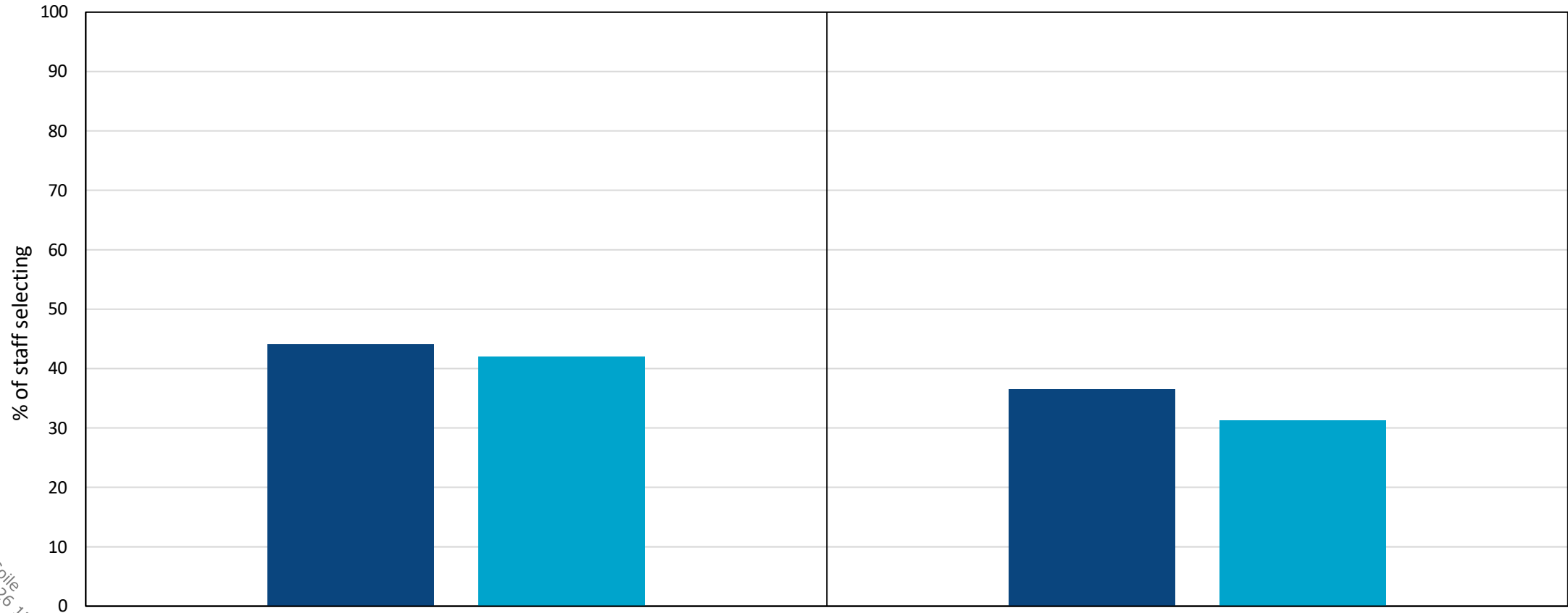
Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?



Background details - Parental / caring responsibilities

Do you have any children aged from 0 to 17 living at home with you or who you have regular caring responsibility for?

Do you look after or give any help or support to family members, friends, neighbours or others because of either: long term physical or mental ill health / disability, or problems related to old age.

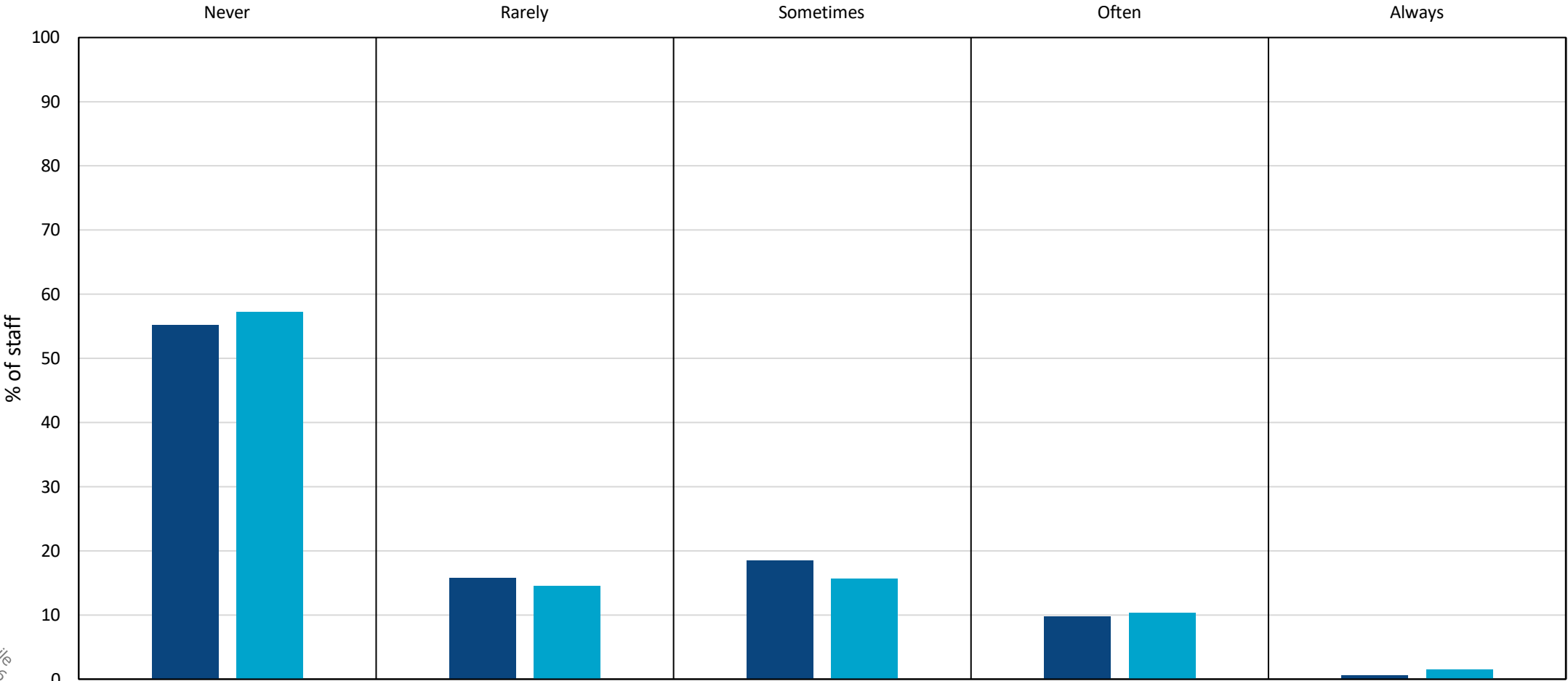


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Your org	44.06%	36.49%
Average	42.03%	31.25%
Responses	2206	2209



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

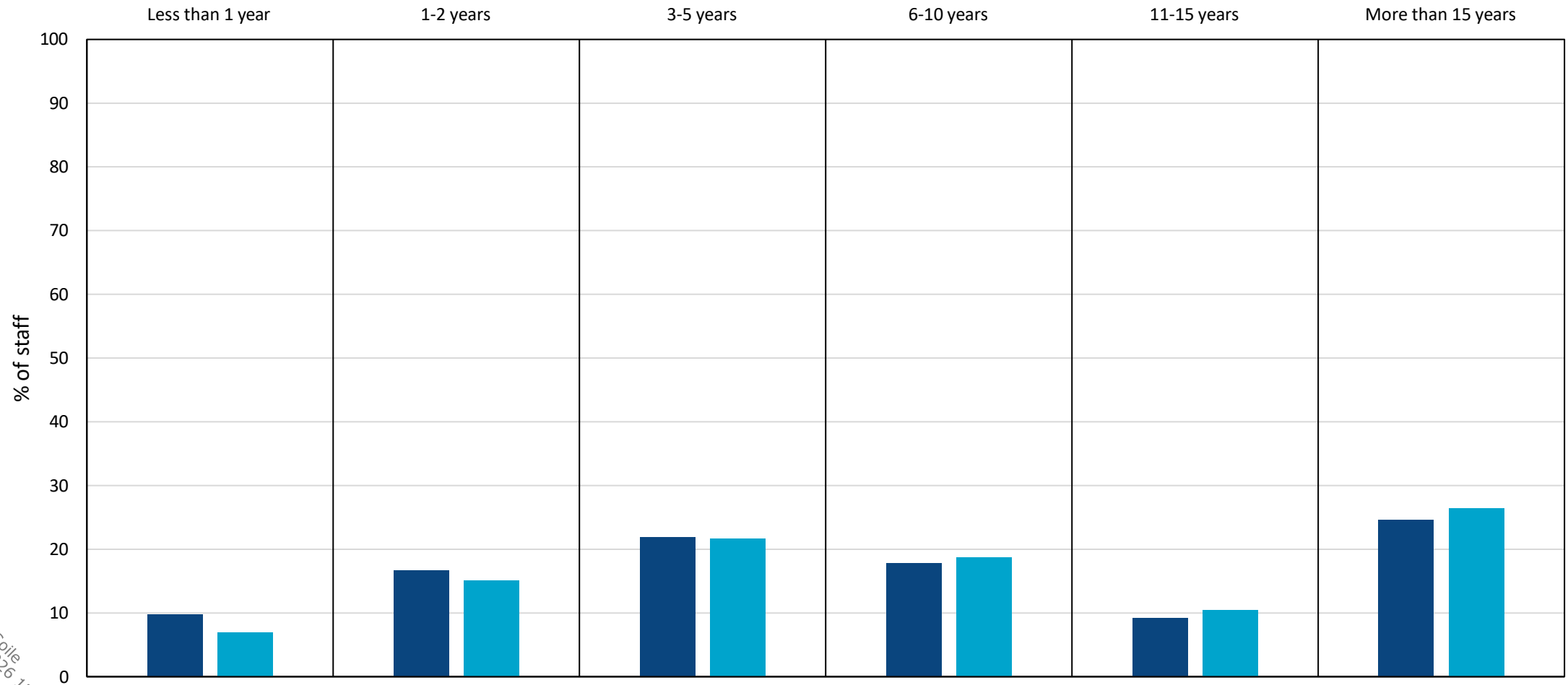


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Your org	55.27%	15.75%	18.52%	9.78%	0.68%
Average	57.23%	14.54%	15.67%	10.40%	1.48%
Responses	2209	2209	2209	2209	2209



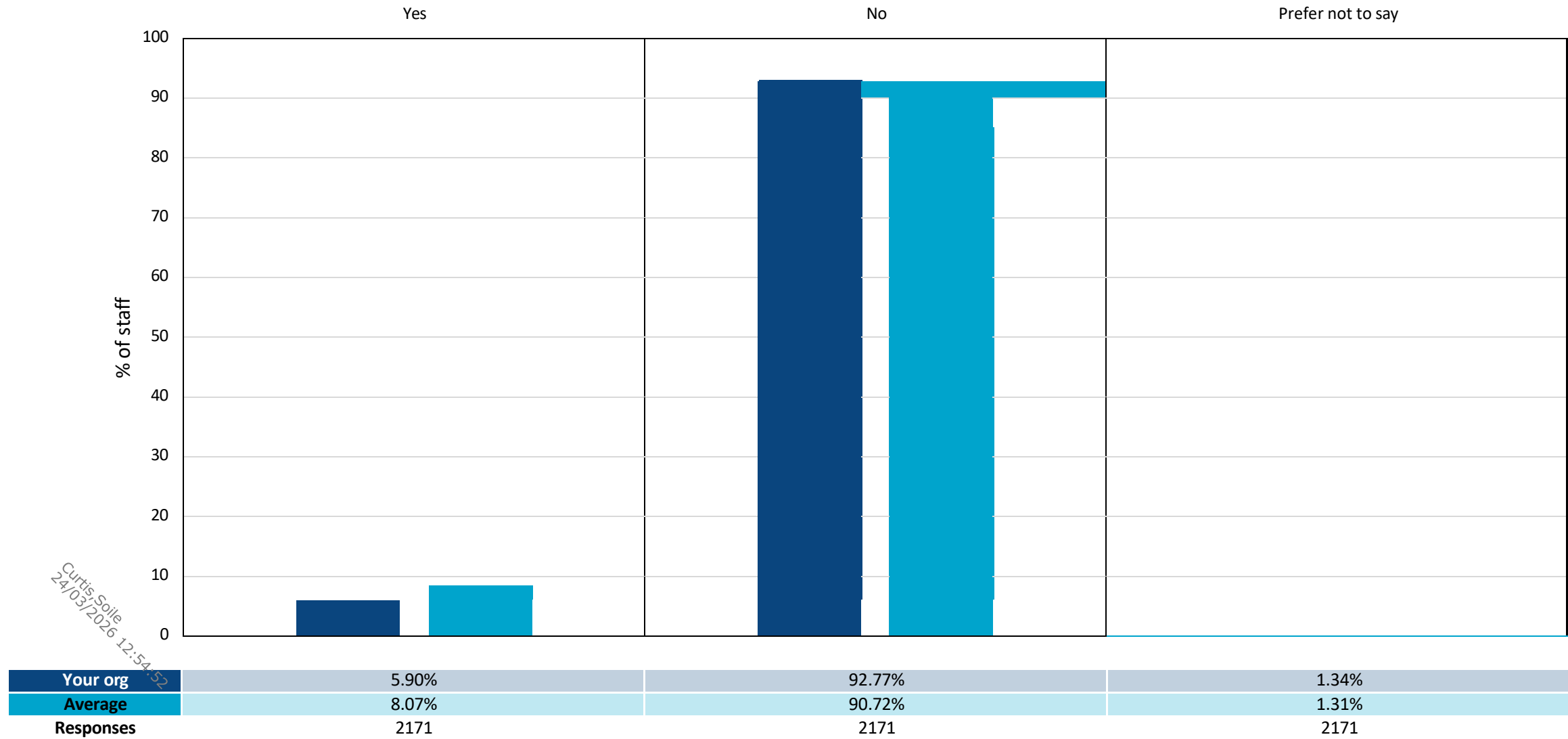
Background details - Length of service



Your org	9.78%	16.69%	21.89%	17.81%	9.24%	24.59%
Average	7.03%	15.07%	21.68%	18.76%	10.47%	26.44%
Responses	2229	2229	2229	2229	2229	2229

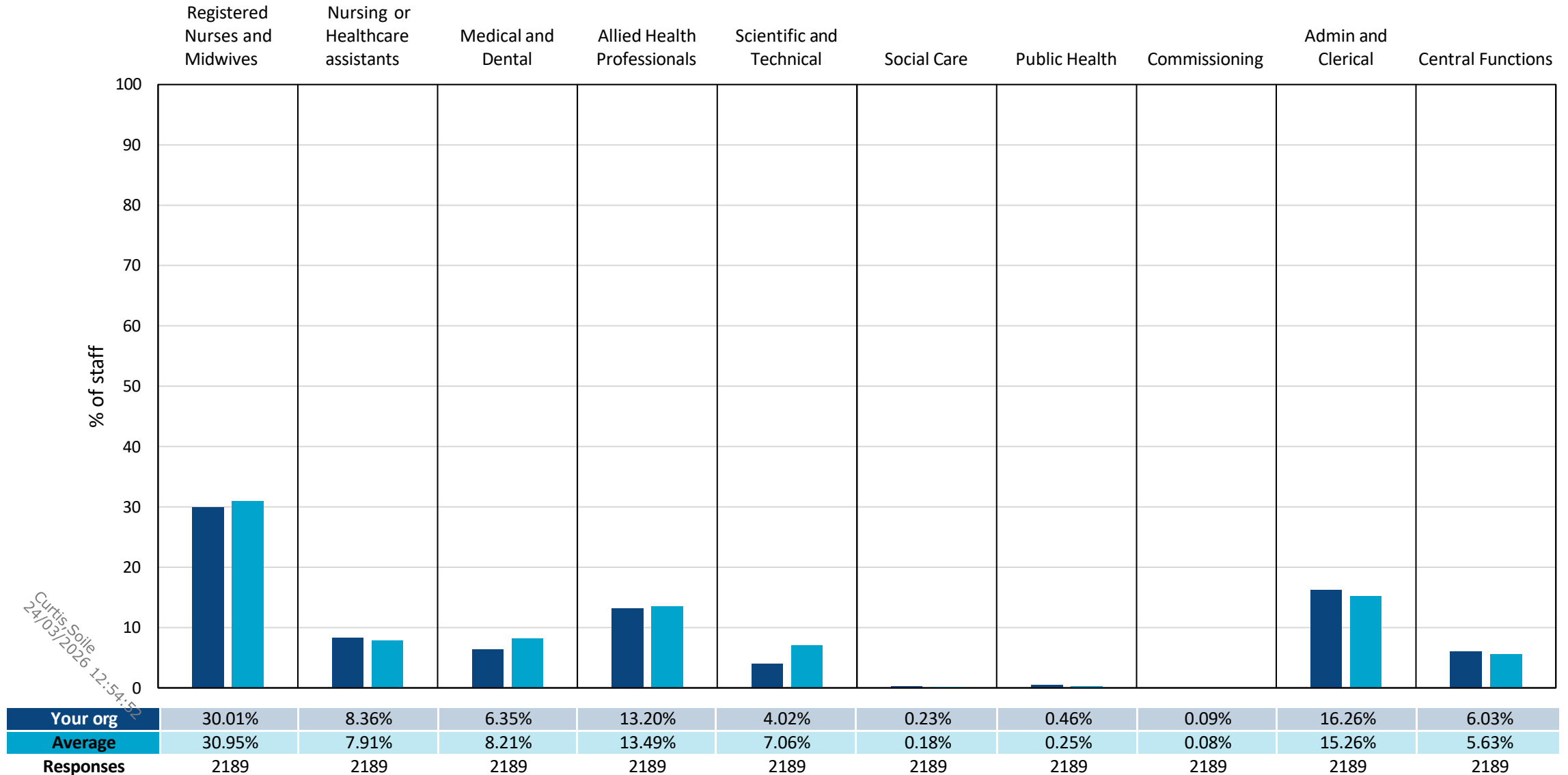


Background details - When you joined this organisation, were you recruited from outside of the UK?



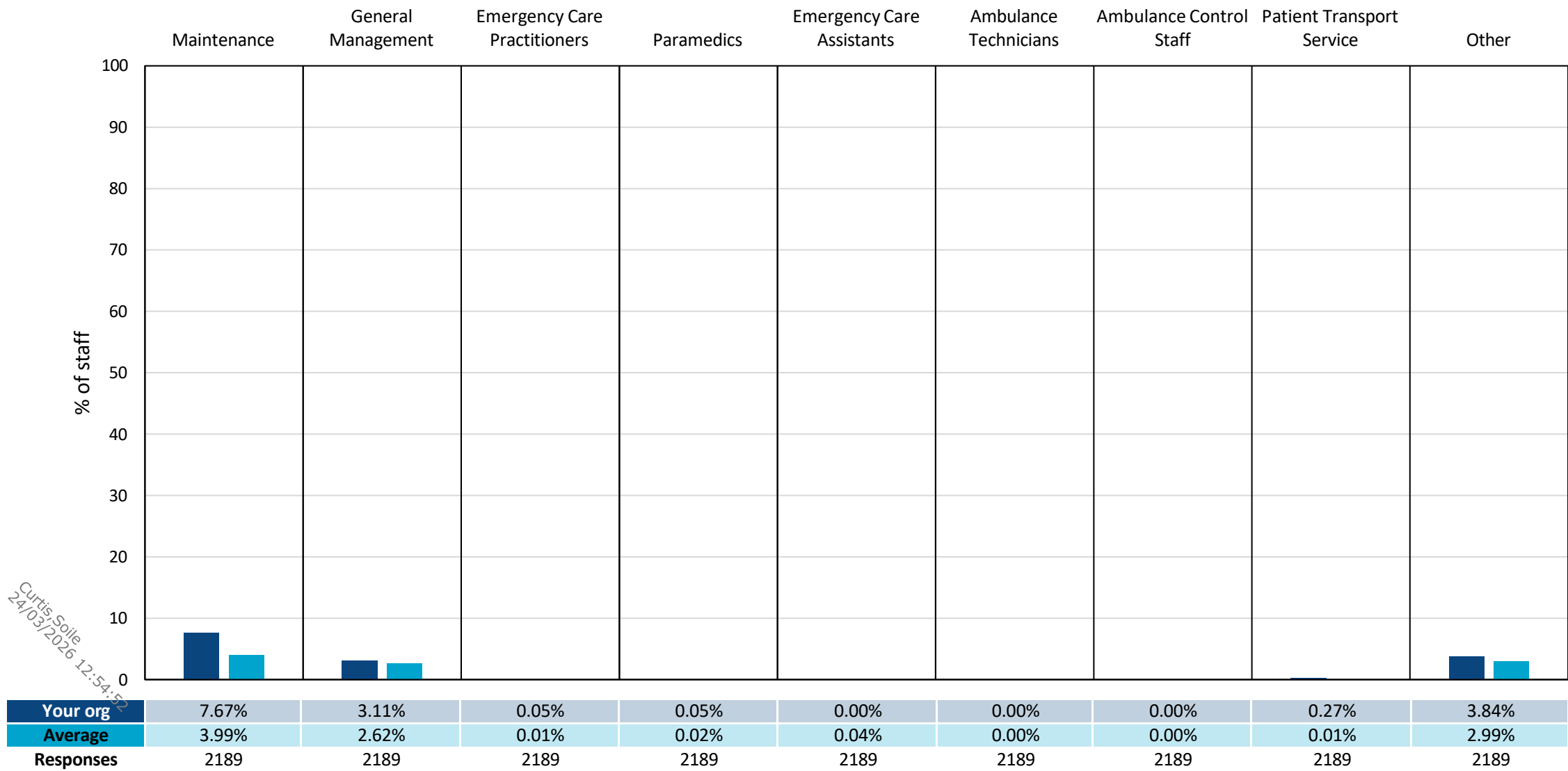


Background details - Occupational group





Background details - Occupational group



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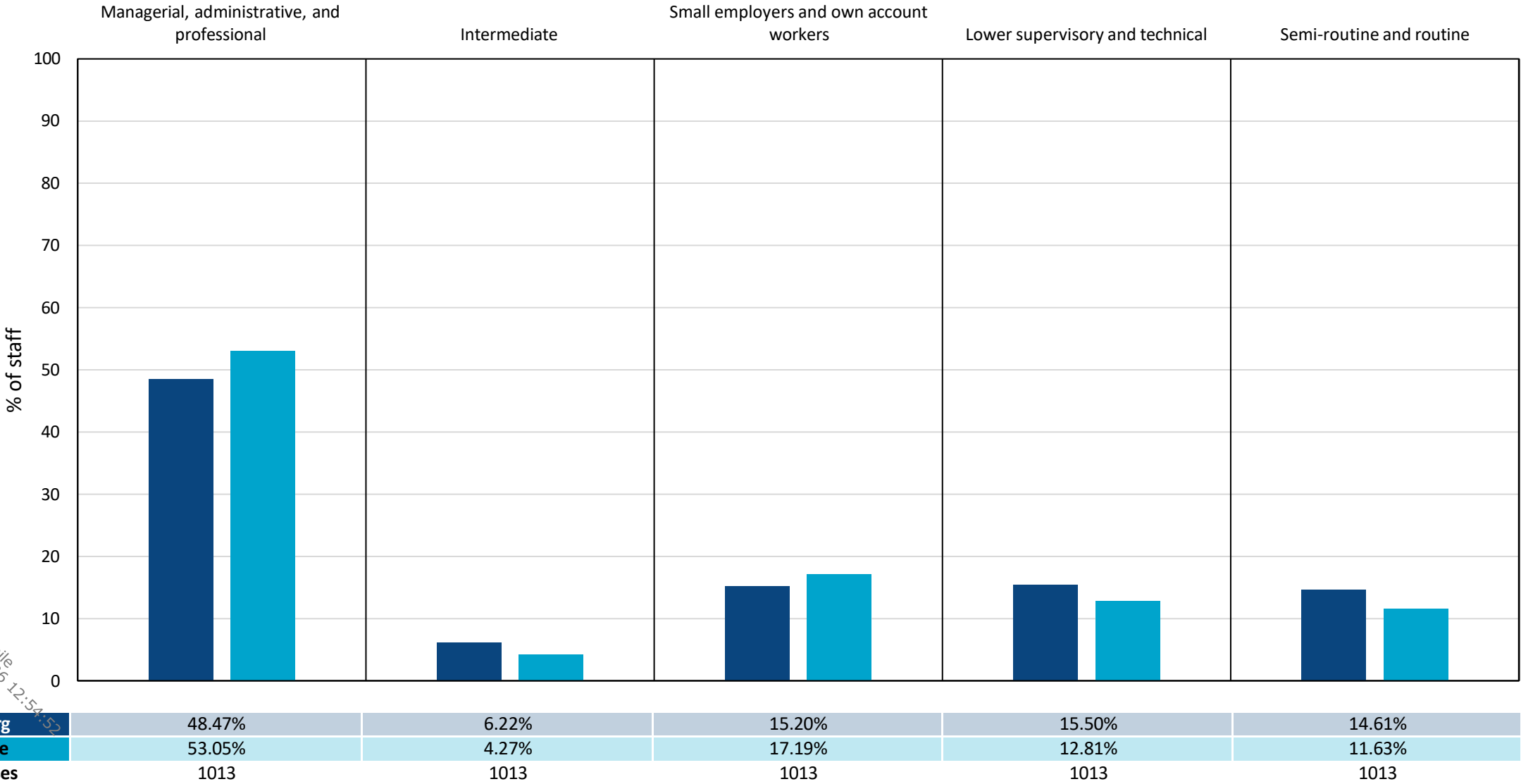
Socio-economic Background

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

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

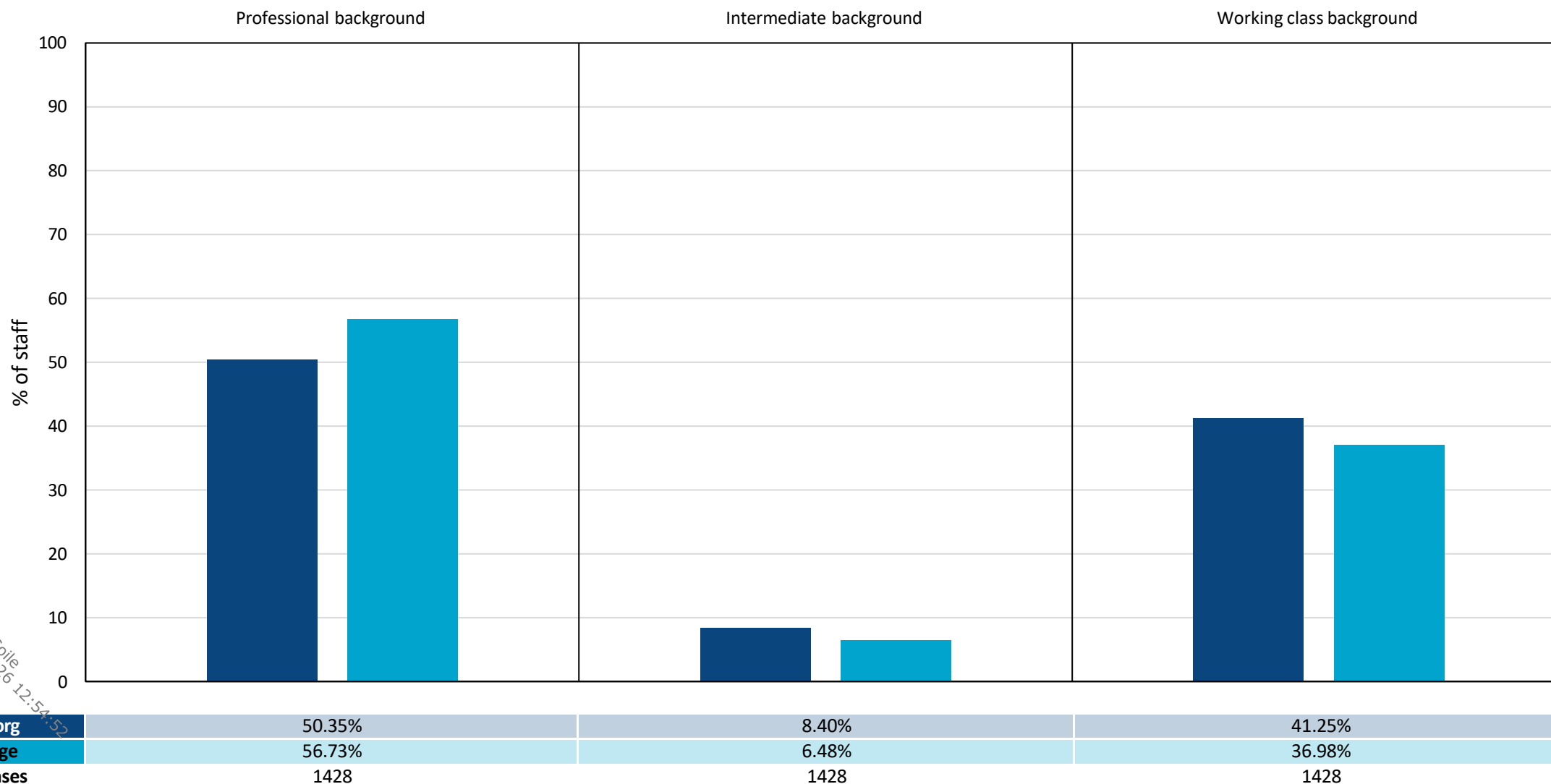


Socio-economic background: Five classes



Please note – These questions are online only.
There was a higher than typical level of non-response to the socio-economic background questions, which resulted in 48.02% of respondents not receiving a Five class score at the national level. For more information about socio-economic background, please see [appendix D](#).

Socio-economic background: Three classes



Please note – These questions are online only.
There was a higher than typical level of non-response to the socio-economic background questions, which resulted in 28.32% of respondents not receiving a Three class score at the national level. For more information about socio-economic background, please see [appendix D](#).



Socio-economic background: People Promise elements and themes

People Promise elements and themes in your organisation by socio-economic background (Five class)	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff engagement	Morale
1 Managerial, administrative and professional	7.42	6.13	6.69	6.06	5.73	6.20	6.96	6.77	5.95
2 Intermediate	7.58	5.93	6.92	5.92	5.96	6.20	6.86	6.90	5.74
3 Small employers and own account workers	7.57	6.40	7.03	6.26	5.96	6.49	7.16	6.97	6.19
4 Lower supervisory and technical	7.33	5.96	6.71	6.05	5.43	6.14	6.74	6.88	5.84
5 Semi-routine and routine	7.44	6.23	6.75	6.18	5.88	6.35	6.88	6.78	5.90

People Promise elements and themes in your organisation by socio-economic background (Three class)	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff engagement	Morale
1 Professional	7.35	6.08	6.64	6.03	5.70	6.19	6.88	6.74	5.90
2 Intermediate	7.36	5.88	6.73	5.84	5.78	6.17	6.83	6.76	5.69
3 Working class	7.42	6.15	6.79	6.17	5.63	6.26	6.86	6.84	6.01

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Please note – These questions are online only.

There was a higher than typical level of non-response to the socio-economic background questions. For more information about interpreting socio-economic background data, please see [appendix D](#).

Appendices

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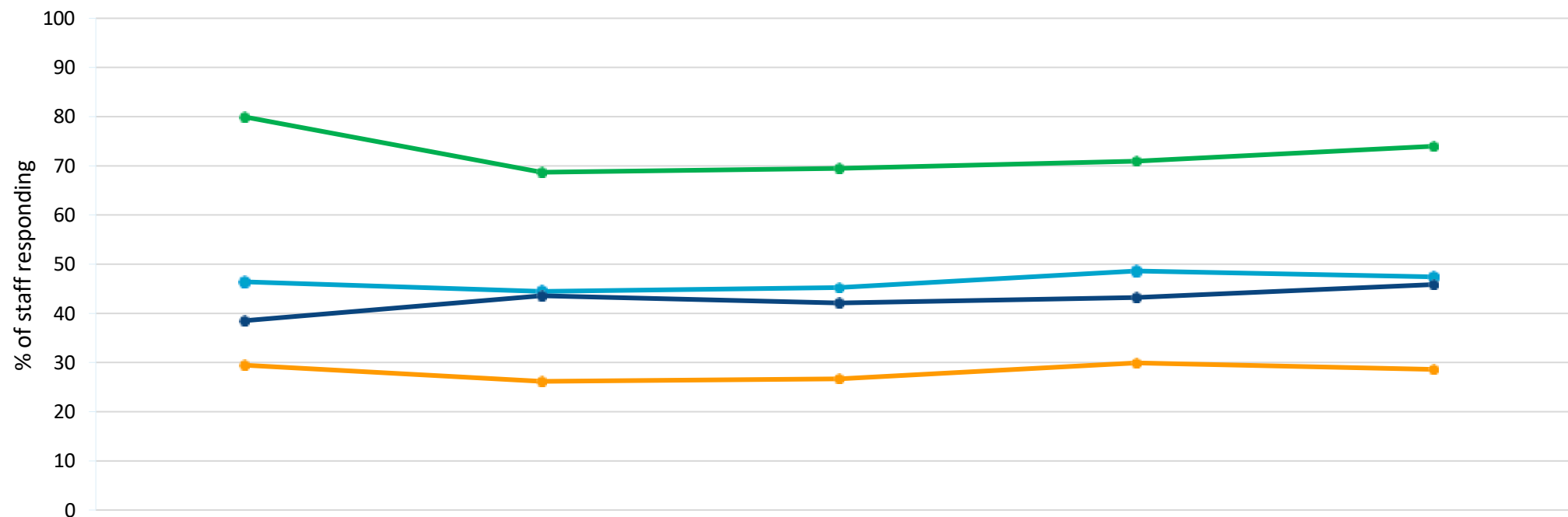
Appendix A: Response rate

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Appendix A: Response rate

Response rate



	2021	2022	2023	2024	2025
Your org	38.50%	43.59%	42.11%	43.24%	45.85%
Highest	79.95%	68.69%	69.45%	70.92%	73.97%
Average	46.38%	44.46%	45.23%	48.61%	47.42%
Lowest	29.47%	26.17%	26.65%	29.91%	28.60%
Responses	1555	1747	1871	1985	2247

Appendix B: Significance testing 2024 vs 2025

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Appendix B: Significance testing – 2024 vs 2025

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

People Promise elements	2024 score	2024 respondents	2025 score	2025 respondents	Statistically significant change?
We are compassionate and inclusive	7.26	1973	7.22	2233	Not significant
We are recognised and rewarded	6.00	1975	5.91	2238	Not significant
We each have a voice that counts	6.60	1942	6.57	2215	Not significant
We are safe and healthy	6.11	1952	6.01	2218	Significantly lower
We are always learning	5.49	1891	5.54	2149	Not significant
We work flexibly	6.24	1955	6.06	2219	Significantly lower
We are a team	6.77	1964	6.69	2230	Not significant
Themes					
Staff Engagement	6.78	1978	6.68	2240	Not significant
Morale	5.88	1980	5.84	2240	Not significant

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

Appendix C: Tips on using your benchmark report

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

Key points to note



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



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



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

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Appendix C: 1. Reviewing People Promise and theme results

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

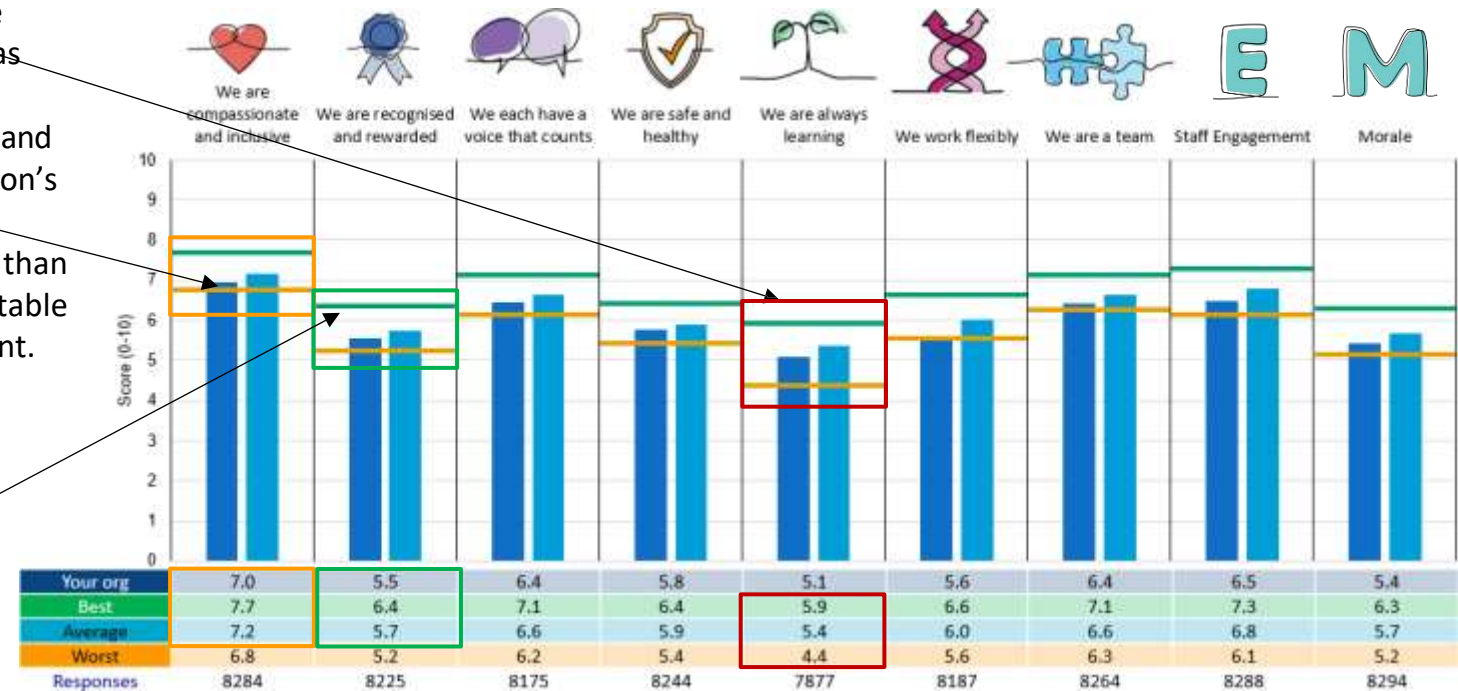
It is important to **consider each result within the range of its benchmarking group 'Best result' and 'Worst result'**, rather than comparing People Promise element and theme results to one another. Comparing organisation results to the benchmarking group average is another point of reference.

Areas to improve

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

Positive outcomes

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

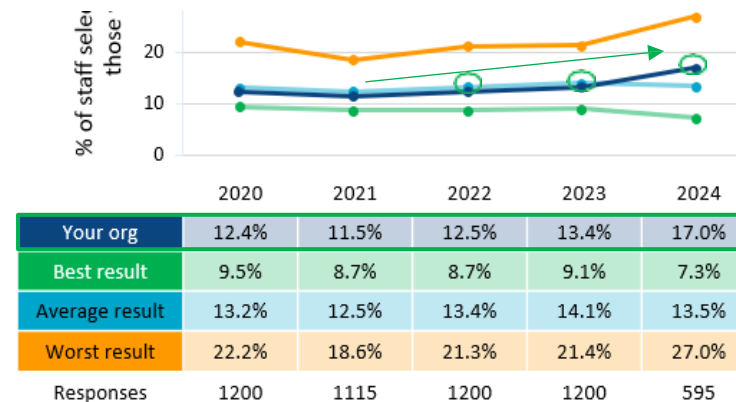


Only one example is highlighted for each point

Appendix C: 2. Reviewing results in more detail

Review trend data

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

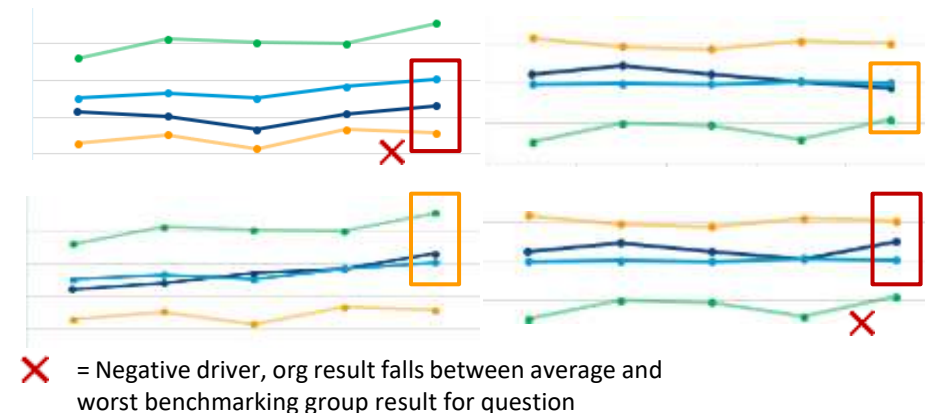


Benchmarked trend data also allows you to review local changes and benchmark comparisons at the same time, allowing for various types of questions to be considered: e.g. how have the results for my organisation changed over time? Is my organisation improving faster than our peers?

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

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

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



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

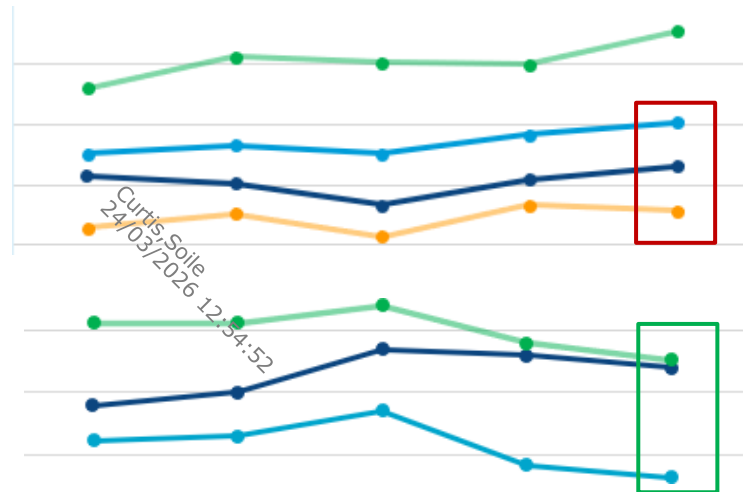
Identifying questions of interest

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

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

➤ Identifying questions of interest based on the results in this report

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



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

Appendix D: Socio-economic background

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

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

What is socio-economic background?

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

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

Measuring socio-economic background

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

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

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

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

Comparison of Three and Five Class approaches

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

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

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

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

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

Appendix E: Additional reporting outputs

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

Below are links to other key reporting outputs that complement this report. A full list and more detailed explanation of the reporting outputs is included in the Technical Guide.

Supporting documents



[Guide to Understanding and Using Results](#): Provides a brief overview of the NHS Staff Survey data and details on what is contained in each of the reporting outputs.



[Technical Guide](#): Contains technical details about the NHS Staff Survey data, including data cleaning, weighting, benchmarking, People Promise, historical comparability of organisations and questions in the survey.

Other reporting outputs



[Online Dashboards](#): Interactive dashboards containing results for all trusts nationally, each participating organisation (local), and for each region and ICS. Results are shown with trend data for up to five years where possible and show the full breakdown of response options for each question.



[Breakdown reports](#): Reports containing People Promise and theme results split by breakdown (locality) for Tameside and Glossop Integrated Care NHS Foundation Trust.



[National Briefing Document](#): Report containing the national results for the People Promise elements, themes and sub-scores. Results are shown with trend data for up to five years where possible.



[Detailed spreadsheets](#) Contain detailed weighted results for all participating organisations, all trusts nationally, and for each region and ICS.

				SFT Paper	X
Meeting date	26 th March 2026	Joint Paper		TG ICFT Paper	
Meeting	Tameside & Glossop Integrated Care NHS Foundation Trust (TG ICFT) Board of Directors Stockport NHS Foundation Trust (SFT) Board of Directors				
Report Title	2025 NHS Staff Survey Results (Stockport FT)				
Director Lead	Amanda Bromley, Director of People and OD	Authors	Lisa Gammack, Deputy Director of OD, Stuart McKenna, Assistant Director of HR (Inclusion and Colleague Experience)		

Paper For:	Information		Assurance	X	Decision	
Recommendation:	The SFT Board of Directors is asked to: - Note the 2025 NHS Staff Survey results and the key themes arising. - Note that divisions are refreshing their action plans in response to the findings, supported by the Organisational Development Service. - Support the continued use of survey insights to inform the refreshed People and OD Plan.					

The paper relates to the following CQC domains

X	Safe	X	Effective
X	Caring	X	Responsive
X	Well-Led	X	Use of Resources

Where issues are addressed in the paper

	Section of paper where covered
Equality, diversity and inclusion impacts	Appendix 1
Financial impacts if agreed/not agreed	N/A
Regulatory and legal compliance	N/A
Sustainability (including environmental impacts)	N/A

Executive Summary

The 2025 NHS Staff Survey results for Stockport NHS Foundation Trust show improved engagement in terms of participation, with 3,046 completed surveys and an improved response rate of 47% (up from 45% in 2023). The Trust continues to perform strongly overall against national and regional benchmarks,

achieving higher-than-average scores across all elements of the NHS People Promise and consistently ranking among the highest-performing organisations across Greater Manchester and the North-West region.

While none of the People Promise score changes were statistically significant this year, the Trust maintained or slightly improved performance across most themes, with notable strengths in compassion and inclusion, teamworking, and staff engagement. Benchmarking confirms Stockport FT as a regional leader, achieving the highest score in six out of nine People Promise themes within Greater Manchester.

At question level, statistically significant improvements were recorded in several areas relating to violence reduction, bullying and harassment, discrimination (sex and race), clinical supervision, and appraisals. These improvements align with the Trust's continued investment in programmes such as Civility Saves Lives, enhanced appraisal training, and strengthened approaches to psychological safety.

The survey highlights some key areas requiring focused attention. These include career progression, work-related stress and MSK concerns, work-life balance, and involvement in decision-making. In addition, increases in reports of disability and religion/belief discrimination are a concern and will be addressed through refreshed EDI training and targeted divisional support. Sexual safety results show prevalence remains higher in clinical areas, and this will continue to inform local action planning and safeguarding initiatives.

Friends and Family Test results remain broadly stable, with 59.8% recommending the Trust as a place to work and 60.5% recommending it for care. Variation between divisions mirrors broader survey themes, reinforcing the need for tailored, locally driven improvement plans.

The Trust has already initiated a structured programme of response actions. These include strengthened leadership development through the C.A.R.E. Leadership Way, new career progression pathways including targeted programmes for under-represented groups, enhanced working relationships and civility training, a more coordinated approach to health and wellbeing, and the upcoming 12-month Pleaz App wellbeing pilot. Divisions have received their detailed results and are being supported by the Organisational Development Service to complete evidence-based action plans by the end of March.

Overall, the survey findings indicate that Stockport FT is performing strongly in a challenging national context. Staff report a positive experience relative to peer organisations, and the early actions underway demonstrate that the Trust is responding proactively and strategically to areas requiring improvement. The results will directly inform the refresh of the Trust's People and OD Plan, ensuring alignment with local priorities and the forthcoming 10-year NHS Workforce Plan.

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1. Introduction

- 1.1 The 2025 NHS staff survey was open from 1st October until 28th November 2025. The Trust appointed a third party called IQVIA as its survey administrator.
- 1.2 The number of completed surveys, and the overall response rate for the Trust is provided in the table below, with comparisons since 2023.

Trust	Stockport		
Year	2023	2023	2025
Completed surveys	2,642	2,642	3046
Response rate	43.5%	43.5%	47.4%

- 1.3 This report summarises the Trust's 2025 survey results including national benchmarking data, which was released from embargo on 12th March 2026.

2. Response Rates

- 2.1 The table below shows the response rates for divisions/directorates for 2024 and 2025, and the change in the last 12 months:

Division / Directorate	2024	2025	Change
Finance and Procurement	91%	98%	7%
Chief Executive's Department	94%	80%	-14%
Corporate Nursing	68%	67%	-1%
People & OD Directorate	72%	79%	7%
IT & Information Services	79%	76%	-3%
Performance & Transformation	74%	68%	-6%
Strategy & Planning	100%	100%	No change
Research & Innovation	86%	79%	-7%
Children's Services	54%	60%	6%
Clinical Support Services	60%	60%	No change
Integrated Care	51%	53%	2%
Estates and Facilities	40%	37%	-3%
Medicine	31%	31%	No change
Surgery	34%	38%	4%
Urgent Care	26%	20%	-6%
Women's Services	43%	57%	14%
Overall	45%	47%	2%

- 2.2 Women's Services achieved the most improved response rate, with an improvement of 14%.
- 2.3 There were declines in response rates in Chief Executives Department, Performance & Transformation, Research & Innovation (although all of these teams are small). Estates and Facilities Division saw a 3% decline in their response rate. This has been attributed to the new Director of Estates and Facilities undertaking a series of listening events just before/about the time the Staff Survey commenced.

- 2.4 The table below provides a breakdown of response rates by staff group, over the last two years.

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Staff Group	2024	2025	Difference compared to last year
Add Prof Scientific and Technic	62.24%	61.11%	-1.13%
Additional Clinical Services	32.31%	36.13%	3.82%
Administrative and Clerical	68.86%	69.99%	1.13%
Allied Health Professionals	60.16%	54.98%	-5.18%
Estates and Ancillary	31.26%	34.09%	2.83%
Healthcare Scientists	57.85%	65.87%	8.02%
Medical and Dental	33.78%	32.41%	-1.37%
Nursing and Midwifery Registered	39.92%	44.48%	4.56%
Stockport FT Overall	45.26%	47.42%	2.16%

- 2.5 The data above shows a significant decrease in the respondents the Allied Health Professionals group, and a small decrease in the proportion of Medical respondents.
- 2.6 There was a significant increase in the response rate for the Healthcare Scientists' group, and a 4.5% increase in Nursing and Midwifery respondents.
- 2.7 The table below shows the proportion of answers to question 1 in the survey (*Do you have face to face, video or telephone contact with patients/service users as part of your job?*):

Answer	No. of respondents	% respondents
Yes, frequently	1862	66.6%
Yes, occasionally	374	13.4%
No	531	19.0%
Missing	29	1.0%

- 2.8 This shows that approximately four fifths of respondents have some patient contact.

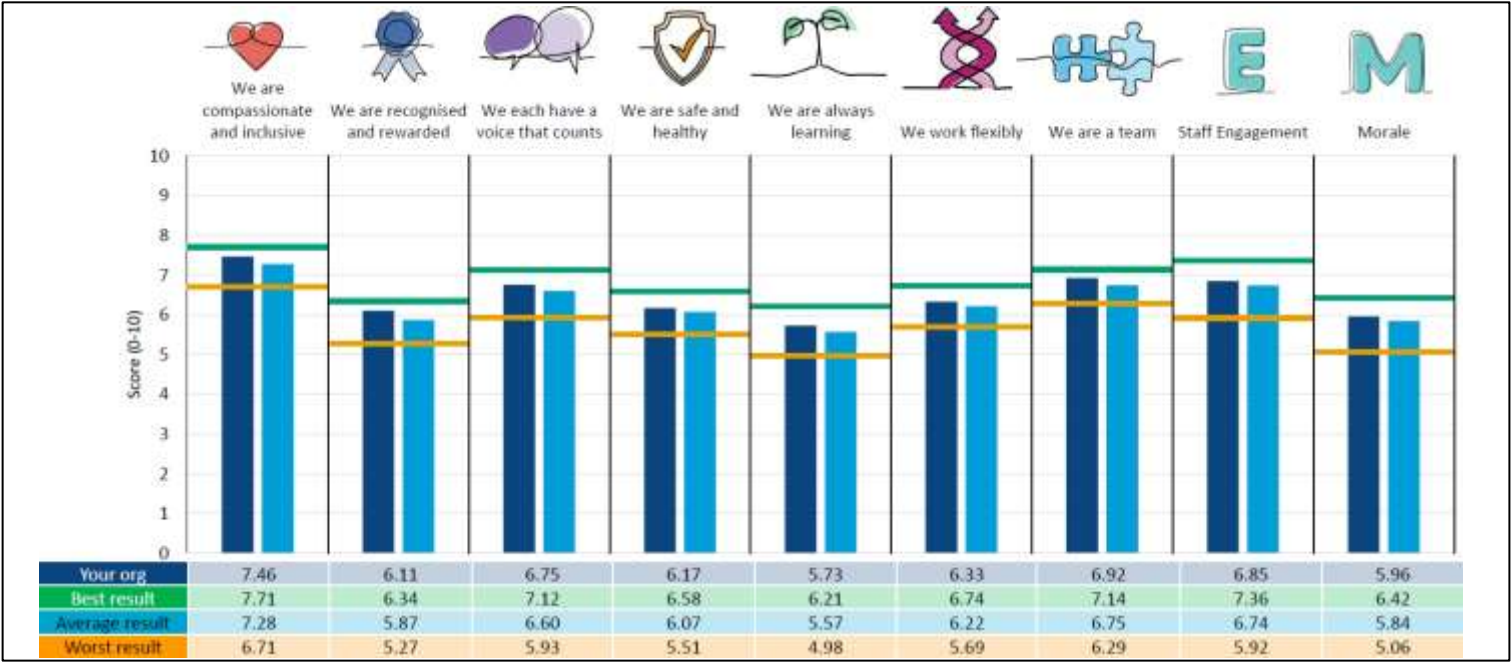
3. People Promise Scores

- 3.1 For the fifth consecutive year, the staff survey questions have been mapped to the elements and themes within the NHS People Promise. Each element and sub-theme of the People Promise is scored out of a possible 10.
- 3.2 The table below shows the 2024-2025 scores. Statistical analysis has now been undertaken, which shows, that none of the People Promise score changes were statistically significant.

People Promise Element / Theme	Stockport		
	2024	2025	Change
We are compassionate and inclusive	7.35	7.46	Not statistically significant
We are recognised and rewarded	6.07	6.11	
We each have a voice that counts	6.75	6.75	
We are safe and healthy	6.12	6.17	
We are always learning	5.70	5.73	
We work flexibly	6.40	6.33	
We are a team	6.91	6.92	
Theme - staff engagement	6.87	6.85	
Theme – morale	5.96	5.96	

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3.3 The chart below shows the Trust scores against each of the elements of the NHS People Promise, along with comparisons of the sector benchmark group, and the best and worst performing scores.



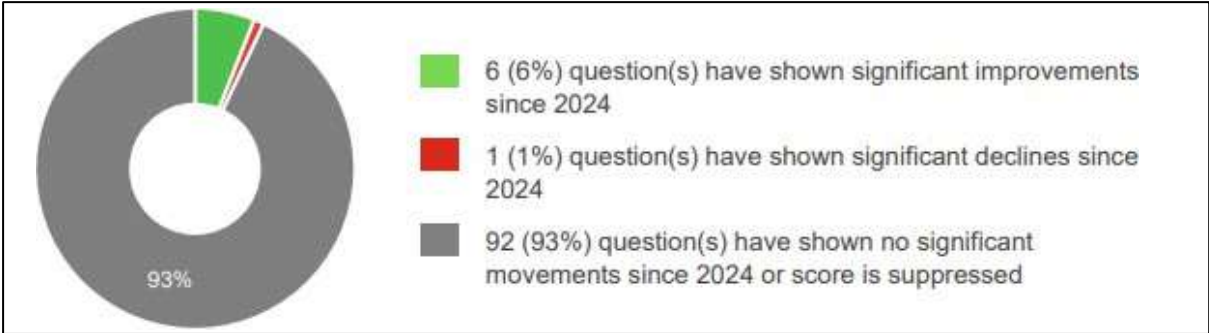
3.4 The data shows that the Trust scores better than the benchmark average for all of the elements of the NHS People Promise.

3.5 [Appendix one](#) provides the Trust's benchmark report which was published by the National Co-ordination Centre on 12th March 2026.

4. Our Question Scores

4.1 Statistical analysis has now been undertaken at individual question level.

4.2 The illustration below shows the question level changes, and the number of questions that have shown statistically significant improvement or decline



4.3 The significantly improved questions included experience of physical violence from patients, harassment/abuse at work from patients and colleagues, experiencing discrimination from patients and colleagues/managers and having had an appraisal in the last 12 months.

4.4 The significantly worsening score was around opportunities for staff to develop their career. A theme we have also seen from feedback via the Exit Questionnaire process.

4.5 The questions with significant improvement or decline are listed with the relevant scores in [appendix two](#).

4.6 Most Improved Question Scores

4.6.1 The table below shows the ten questions with the most improved scores compared to last year.

Question	Response	Change in score
On what grounds have you experienced discrimination? Sex	Staff not selecting	4.1%
I am able to access clinical supervision opportunities when I need to.	Staff selecting Agree/Strongly agree	2.7%
In the last 12 months, how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?	Staff selecting Never	2.5%
I feel valued by my team.	Staff selecting Agree/Strongly agree	2.3%
In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?	Staff selecting Yes	2.2%
On what grounds have you experienced discrimination? Race	Staff not selecting	2.2%
On what grounds have you experienced discrimination? Other	Staff not selecting	2.1%
On average, how many additional PAID hours do you work per week for this organisation, over and above your contracted hours?	Staff selecting 0 hours	2.0%
The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?	Staff selecting Yes	2.0%
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?	Staff selecting Never	1.8%

4.6.2 The most improved scores were related to sex discrimination and race discrimination. Improvements were also seen in opportunities for clinical supervision, and a reduction in bullying and harassment from other colleagues, as well as an increase in reporting of such incidents. There has also been a reduction in the proportion of respondents reporting bullying or harassment from colleagues. Since the last survey, the Trust has continued to roll out the Civility Saves Lives Programme.

4.6.3 The proportion of respondents having an annual appraisal also increased. Since the last survey, the OD service has rolled out training in relation to effective appraisal conversations plus implemented the new appraisal cascade approach and annual appraisal window.

4.7 Most Declined Question Scores

4.7.1 The table below shows the ten questions with the most declined scores compared to last year.

Question	Response	Change in score
There are enough staff at this organisation for me to do my job properly.	Staff selecting Agree/Strongly agree	-2.0%
On what grounds have you experienced discrimination? Disability	Staff not selecting	-2.0%
How often, if at all, do you feel that every working hour is tiring for you?	Staff selecting Never/Rarely	-2.1%
On what grounds have you experienced discrimination? Religion or belief	Staff not selecting	-2.1%
Does your organisation act fairly with regard to career progression / promotion, regardless of e.g. age, disability, ethnic background, gender reassignment, religion, sex or sexual orientation?	Staff selecting Yes	-2.3%
My organisation takes positive action on health and well-being.	Staff selecting Agree/Strongly agree	-2.5%

My organisation is committed to helping me balance my work and home life.	Staff selecting Agree/Strongly agree	-2.6%
There are opportunities for me to develop my career in this organisation.	Staff selecting Agree/Strongly agree	-2.8%
I am involved in deciding on changes introduced that affect my work area / team / department.	Staff selecting Agree/Strongly agree	-2.8%
In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?	Staff selecting No	-7.7%

- 4.7.2 A number of questions with a declining score relate to the health and wellbeing, including MSK problems, exhaustion and work-related stress.
- 4.7.3 Disappointingly, there has been an increase in the proportion off respondents reporting disability discrimination and religion discrimination.
- 4.7.4 In addition, the scores relating to involvement in decision making also saw declines compared to 2024.

5. Divisional People Promise Results

- 5.1 The following table displays the People Promise scores by division/directorate. The table is formatted as a heat map, with the highest scores in green the lowest in red (for each people promise element), and the gradient between.

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People Promise Results (Stockport):

	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
Trust Overall	7.46	6.11	6.75	6.17	5.73	6.33	6.92	6.85	5.96
Chief Exec Dept	7.43	6.04	7.46	6.22	6.12	5.94	6.63	7.06	5.59
Corporate Clinical Site	7.72	6.69	6.75	5.99	5.96	6.89	7.53	6.63	6.30
Finance & Procurement	7.89	7.02	7.20	7.03	6.99	6.65	7.56	7.09	6.73
IT & Information Services	7.34	5.91	6.61	6.58	5.62	7.20	6.88	6.54	5.97
Corporate Medical Directorate	8.35	7.50	8.17	8.05	7.03	8.85	8.18	8.17	8.05
Corporate Nursing	7.80	6.64	7.40	6.45	5.93	6.92	7.39	7.26	6.05
People & OD	7.67	6.54	6.98	6.45	6.16	6.96	7.36	6.95	6.05
Performance & Transformation	8.25	7.67	7.56	7.01	6.93	7.07	8.13	7.56	7.00
Research & Innovation	8.12	7.37	7.62	7.49	7.03	8.22	8.53	7.51	7.26
Clinical Support Services	7.28	5.78	6.58	6.35	5.43	5.96	6.63	6.60	5.97
Estates & Facilities	7.17	6.02	6.50	6.65	5.29	5.90	6.51	6.64	6.16
Integrated Care	7.50	6.09	6.61	6.02	5.68	6.30	6.94	6.73	5.72
Medicine & Urgent Care	7.26	5.97	6.66	5.84	5.92	6.16	6.76	6.90	5.90
Surgery	7.34	5.94	6.72	5.94	5.55	6.28	6.83	6.84	5.88
Women & Children	7.76	6.28	6.93	5.98	5.73	6.48	7.14	7.09	5.89

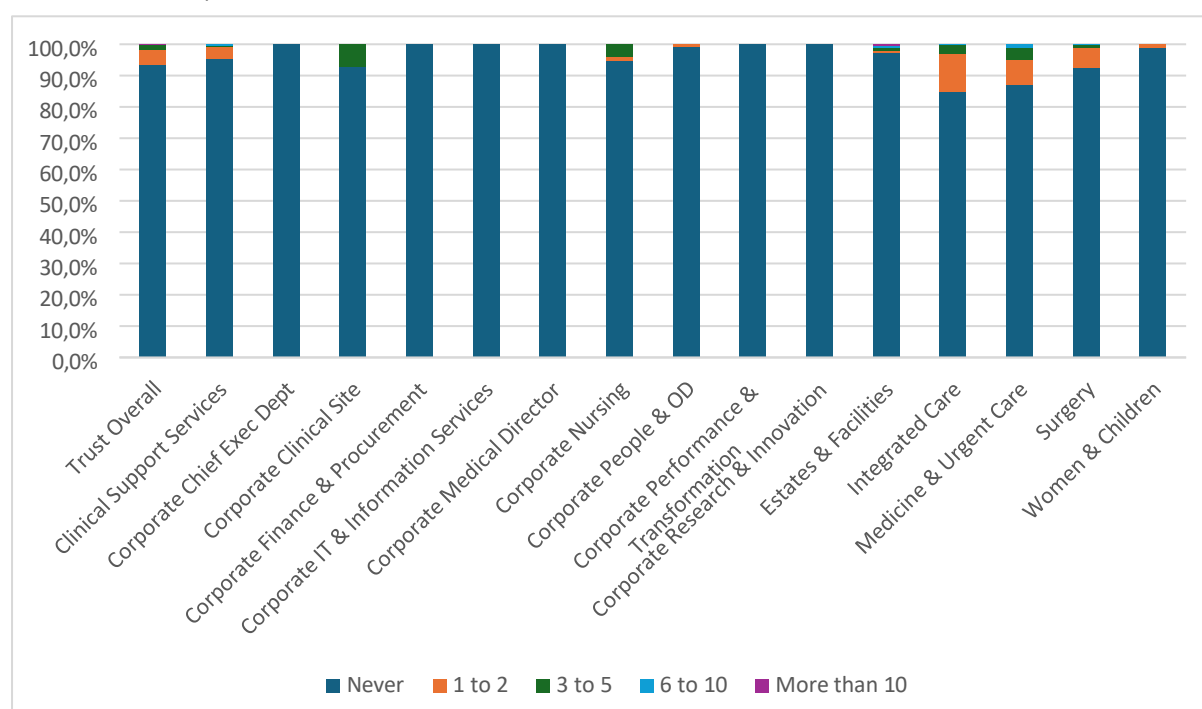
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6. Sexual Safety

6.1 The chart below shows the divisional/directorate responses in relation to sexual safety, specifically the answers to the question "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?".

6.2 The overall Trust figure shows that 7.6% (149) of all respondents had experienced at least one episode of unwanted conduct of a sexual nature from patients / service users, their relatives or other members of the public. The data shows that these incidents are more prevalent in the clinical divisions, than in corporate functions.

6.3 The table below shows the proportion of staff who stated they have experienced at least one incidence of unwanted conduct of a sexual nature from patients / service users, their relatives or other members of the public (i.e. sum of staff not answering "Never").



6.2 The overall Trust figure shows that 6.7% of all respondents had experienced at least one episode of unwanted conduct of a sexual nature from patients / service users, their relatives or other members of the public. The data shows that these incidents are more prevalent in the clinical divisions, than in corporate functions. The benchmark score for this question is 8.0%.

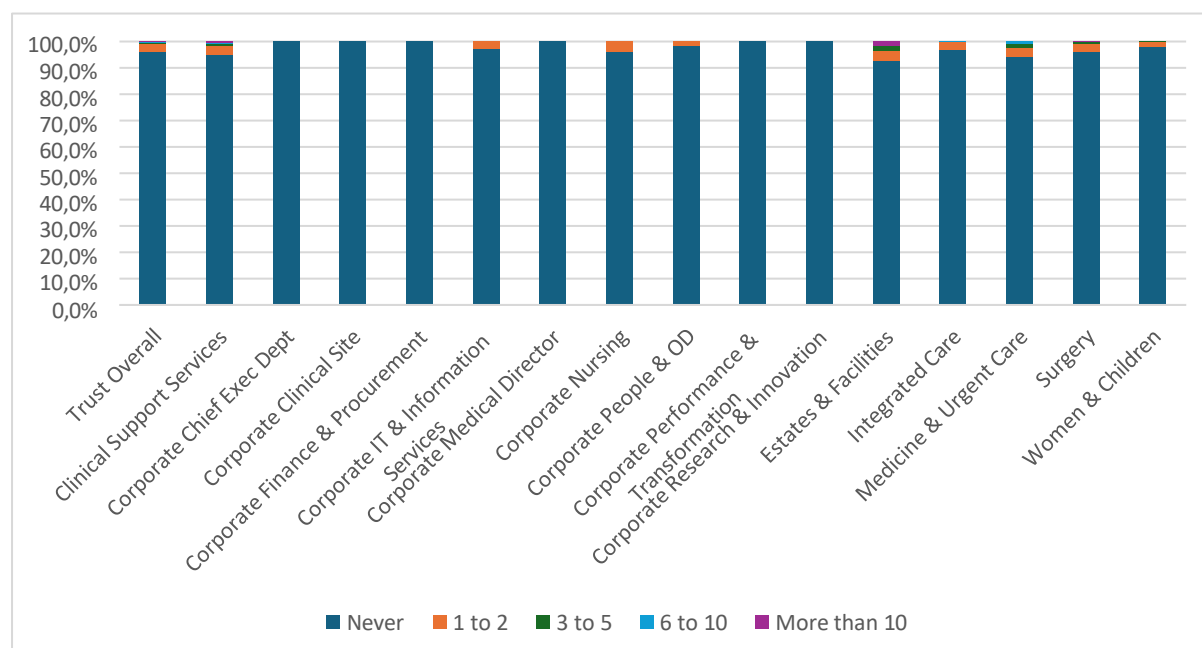
6.3 The table below shows the proportion of staff who have experienced at least one incidence of unwanted conduct of a sexual nature from patients / service users, their relatives or other members of the public (i.e. sum of staff not answering "Never").

Division / Directorate	% experiencing at least one incident
Trust Overall	6.7% (203)
Finance and Procurement	0.0% (0)
Chief Executive's Department	0.0% (0)
Clinical Site	7.1% (1)
Corporate Nursing	5.1% (4)
Medical Director	0.0% (0)

People & OD Directorate	0.9% (1)
IT & Information services	0.0% (0)
Performance & Transformation	0.0% (0)
Research & Innovation	0.0% (0)
Clinical Support Services	4.6% (25)
Integrated Care	15.1% (76)
Estates and Facilities	2.8% (5)
Medicine and Urgent Care	13.0% (54)
Surgery	7.5% (32)
Women's and Children's Services	1.0% (5)

6.4 The areas with the highest percentage of incidents were Integrated Care followed by Medicine and Urgent Care.

6.5 The following chart shows the answers to the question *"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?"*.



6.6 The overall Trust figure shows that 3.8% of all respondents had experienced at least one episode of unwanted conduct of a sexual nature from staff/colleague. The table below shows the proportion of staff who have experienced at least one incidence of unwanted conduct of a sexual nature from staff (i.e. sum of staff not answering "Never").

Division / Directorate	% experiencing at least one incident
Trust Overall	3.8% (113)
Finance and Procurement	0.0% (0)
Chief Executive's Department	0.0% (0)
Clinical Site	0.0% (0)
Corporate Nursing	3.8% (3)
Medical Director	0.0% (0)
People & OD Directorate	1.8% (2)
IT & Information services	3.0% (3)

Performance & Transformation	0.0% (0)
Research & Innovation	0.0% (0)
Clinical Support Services	4.8% (26)
Integrated Care	3.0% (15)
Estates and Facilities	7.4% (13)
Medicine and Urgent Care	5.8% (24)
Surgery	4.0% (17)
Women's and Children's Services	2.0% (10)

6.7 The areas with the highest incident rates were within the Estates and Facilities Division followed by Medicine and Urgent Care.

7. Friends and Family Test

7.1 The table below shows the scores for the questions recommending the Trust, either as a place of work, or as a place for a friend or relative to be treated.

Division / Directorate	I would recommend my organisation as a place to work (agree/strongly agree)	If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation (agree/strongly agree)
Trust Overall	59.8%	60.5%
Finance and Procurement	73.8%	67.2%
Chief Executive's Department	41.7%	75.0%
Clinical Site	50.0%	35.7%
Corporate Nursing	69.3%	58.4%
Medical Director	83.3%	83.3%
People & OD Directorate	59.5%	55.9%
IT & Information services	48.5%	55.4%
Performance & Transformation	80.0%	76.7%
Research & Innovation	68.4%	47.4%
Clinical Support Services	54.5%	56.2%
Integrated Care	54.6%	54.5%
Estates and Facilities	55.2%	57.6%
Medicine & Urgent Care	61.4%	62.4%
Surgery	59.9%	65.4%
Women's & Children's Services	68.3%	66.9%

7.2 The highest scoring clinical division for recommended the Trust as a place to work was Women's Services, with Clinical Support and Integrated Care scoring the lowest for recommending as a place to work and Integrated Care scoring the lowest for recommending for care or treatment.

7.3 The sector benchmark, and highest and lowest scores nationally for this question are provided below:

Question	Sector Benchmark Scores		
	Highest Score	Average Score	Lowest Score
I would recommend my organisation as a place to work (agree/strongly agree)	79.4%	57.8%	34.2%

If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation (agree/strongly agree)	88.4%	60.8%	34.7%

8. Greater Manchester & North-West Region Benchmarking Scores

8.1 The table below shows the People Promise scores for Acute and Combined Acute and Community Trusts across Greater Manchester, RAG rated to show the highest and lowest scores for each organisation. Stockport has achieved the highest score in 6 of the 9 themes, and 2nd place for the remaining 3 themes.

Trust	2025 Response Rate	We are compassionate & inclusive	We are recognised & rewarded	We each have a voice that counts	We are safe & healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Bolton NHS FT	43%	7.28	5.85	6.55	5.91	5.33	6.15	6.79	6.49	5.61
Manchester University NHSFT	35%	7.27	5.90	6.63	6.16	5.55	6.15	6.72	6.73	5.86
Northern Care Alliance	48%	7.23	5.85	6.60	6.06	5.53	6.42	6.72	6.60	5.78
Stockport NHSFT	47%	7.46	6.11	6.75	6.17	5.73	6.33	6.92	6.85	5.96
Tameside & Glossop IC NHSFT	46%	7.22	5.91	6.57	6.01	5.54	6.06	6.69	6.68	5.84
VWL NHS FT	48%	7.33	5.91	6.65	6.25	5.34	6.29	6.78	6.73	6.03
Overall Acute & Acute and Community Benchmark	47%	47%	5.87	6.6	6.07	5.57	6.22	6.75	6.74	5.84

8.2 The table below shows how our Trust ranks on each of the People Promise scores compared with our benchmarking group across the North-West and England. Stockport have performed strongly within a significantly challenging landscape.

	We are Compassionate & Inclusive	We are Recognised & Rewarded	We each have a Voice That Counts	We are Safe & Healthy	We are Always Learning	We Work Flexibly	We are a Team	Staff Engagement	Morale
North-West (out of 18 orgs)	3 rd	1 st	3 rd	4 th	1 st	5 th	2 nd	3 rd	4 th
England (out of 121 orgs)	21 st	18 th	27 th	34 th	38 th	37 th	21 st	38 th	38 th

9. Communicating Our Results

9.1 The Trust's overall results have been formally reported to the Joint Executive Management Team, the People Performance Committee and relevant sub-committees. At an organisational level, we have launched a targeted

communications plan designed to ensure our workforce clearly understands the outcomes, key messages and actions arising from the results. This approach reinforces our commitment to transparency and demonstrates, in a visible and meaningful way, that employee feedback directly informs our decision-making. Our intention is to strengthen trust, build engagement and reaffirm our position as an employer of choice.

- 9.2 Divisional Leadership Teams have received their respective divisional and directorate-level results and have been tasked with sharing these insights with their staff by the end of March. To support this, divisions have been provided with a structured communications template to ensure consistent, accessible and timely messaging across all areas of the Trust.
- 9.4 The Organisational Development Service is offering tailored support to each division to aid effective understanding and interpretation of their results. This includes dedicated sessions with senior leadership teams to explore divisional outcomes, identify key themes and agree evidence-based next steps. This collaborative approach ensures that actions are well-informed, strategically aligned and capable of driving measurable improvement.

10. **Actions Underway to Drive Improvement**

- 10.1 The Organisational Development Service is supporting divisions and directorates to take targeted, evidence-based action by facilitating structured action-planning sessions and promoting the sharing of learning and good practice across areas. To further strengthen local improvement efforts, a comprehensive managers' toolkit – complete with resources aligned to each People Promise theme – will be issued in early April. This will equip leaders with practical, consistent tools to identify priorities, embed meaningful change and drive sustained improvement in staff experience.
- 10.2 Since the completion of the 2025 staff survey, we have initiated a programme of Trust-wide actions that builds on the improvement activity established in response to previous years' survey findings. The early themes emerging from the 2025 results reinforce that we are focusing on the right priority areas, and the actions now underway are designed to accelerate progress and ensure a sustained, organisation-wide response to the issues that matter most to our people.

The actions currently underway are outlined below.

10.2.1 **Leadership and Management Development:**

A programme of leadership and management development is already in motion through the rollout of the *C.A.R.E. Leadership Way*. Since December 2025, a dedicated SharePoint hub has been launched across both Trusts to consolidate development sessions, tools, diagnostics and resources, including materials aligned to the NHS People Management Excellence 'Moments that Matter' and the draft NHS Leadership and Management Framework expected in Spring 2026.

New development offers have also been introduced, including *Engaging Your Team* sessions, an on-demand *AI in Everyday Leadership* webinar, and a curated leadership reading list through our Library Services, alongside promotion of relevant NWLA opportunities aligned to our leadership approach.

10.2.2 **Career Progression:**

This month, we launched a new leadership development programme for Band 5 and 6 BAME colleagues across both Trusts, responding to our EDI data which shows reduced BAME representation at Band 7 and above. We have also established a new Women's Network to strengthen women's voices in shaping actions to address barriers to career progression – particularly in medical roles – reflecting gender pay gap findings that, despite women making up around 80% of our workforce, they remain under-represented in senior positions.

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10.2.3 Improving Working Relationships:

Work to strengthen working relationships is progressing at pace. The final *Civility Saves Lives: Having the Conversation* sessions have now been delivered, with over 4,000 colleagues trained in practical approaches to address incivility. This is complemented by a new manager's guide - developed as part of the People Management Excellence strand of the *C.A.R.E. Leadership Way* – which provides practical tools and examples of good practice. Building on this foundation, we are exploring options to introduce further training that helps colleagues value difference, enhance cultural competence and strengthen inclusive behaviours across teams.

10.2.4 Staff Health and Wellbeing:

In 2025, the Health and Wellbeing Steering Groups from both Trusts were merged, enabling a more collaborative and coordinated approach to improvement. The 2025 staff survey results are now being used to define priority wellbeing actions and to target interventions where need is greatest.

To further strengthen our staff health and wellbeing offer, in April 2026 we will launch a 12-month pilot of the Pleaz app. Pleaz provides short, evidence-based physical, mental and social wellbeing activities and is designed to integrate seamlessly into the working day, supporting improved energy, reduced stress and stronger team connection. A communications plan will accompany the launch to maximise staff awareness and engagement. The pilot is being offered at no cost to both Trusts and will be fully evaluated to inform future decisions.

10.2.5 Cases of Discrimination:

The joint Workforce Equality, Diversity and Inclusion Strategy was introduced at the start of 2026. As part of this, a comprehensive review of the EDI training offer is underway. The 2025 survey findings are being used to prioritise specific training modules and to target EDI-related interventions where teams are experiencing the greatest challenge.

- 10.3 The 2025 staff survey results are being used to inform the development of the refreshed People and OD Plan, providing assurance that our priorities are grounded in robust workforce insight. The Plan will be aligned with the Joint Organisational Strategy to ensure a clear and coherent connection between staff experience, organisational ambition and system-wide priorities. The Board can be assured that the refreshed Plan will also be shaped to incorporate the forthcoming 10-year NHS Workforce Plan – expected to be published in spring 2026 – ensuring our long-term workforce approach remains strategically aligned, forward-looking and consistent with emerging national direction.

11. Conclusion

- 11.1 The 2025 NHS Staff Survey results show that Stockport FT continues to perform strongly in comparison with regional and national benchmarks, maintaining above-average scores across all NHS People Promise themes. The Trust's strengths remain in compassion and inclusion, teamworking and staff engagement, with several positive shifts in areas such as reductions in bullying, harassment and discrimination, improved access to clinical supervision, and increased appraisal completion.

- 11.2 The findings also highlight clear priorities for improvement. Staff continue to report challenges around career progression, involvement in decision-making, work-related stress, MSK issues, work-life balance, and increased disability and religion/belief discrimination. These themes are being directly addressed through strengthened leadership development, targeted career pathways, enhanced civility and inclusion interventions, and a more coordinated approach to health and wellbeing.

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- 11.3 Divisions are now developing focused, evidence-based action plans with support from the Organisational Development Service. The results will inform the refreshed People and OD Plan, ensuring alignment with the Joint Organisational Strategy and the forthcoming 10-year NHS Workforce Plan.
- 11.4 Overall, the survey provides assurance of continued strong performance alongside a clear and proactive programme of actions to address areas requiring improvement. The Trust remains committed to acting on staff feedback and driving further improvements in colleague experience and patient care.

12. Recommendation

- 12.1 The Board of Directors is asked to:
- Note the 2025 NHS Staff Survey results and the key themes arising.
 - Note that divisions are refreshing their action plans in response to the findings, supported by the Organisational Development Service.
 - Support the continued use of survey insights to inform the refreshed People and OD Plan.

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Appendix 2: Question Level Changes

Significantly better scores:

Question		2024	2025	Difference	
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.	11.7%	9.7%		-2.0%
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.	23.0%	20.5%		-2.4%
14c	In the last 12 months, I have personally experienced harassment, bullying or abuse at work from other colleagues.	16.8%	14.0%		-2.8%
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%	5.4%		-2.2%
16b	In the last 12 months, I have personally experienced discrimination at work from a manager / team leader or other colleagues.	7.9%	6.4%		-1.5%
23a	In the last 12 months, I have had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review.	87.9%	90.3%		+2.4%

Significantly worse scores:

Question		2024	2025	Difference	
24b	There are opportunities for me to develop my career in this organisation.	51.4%	48.8%		-2.6%

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Stockport NHS Foundation Trust

2025 NHS Staff Survey Benchmark Report



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

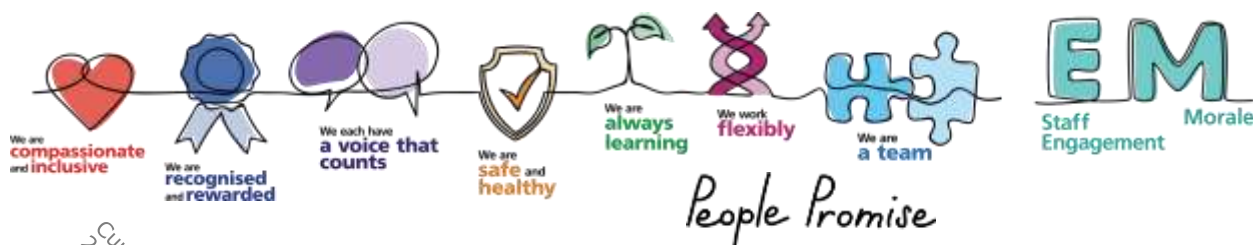
About this report

This benchmark report for Stockport NHS Foundation Trust contains results for the 2025 NHS Staff Survey, and historical results back to 2021 where possible. These results are presented in the context of best, average and worst results for similar organisations where appropriate. Data in this report are weighted to allow for fair comparisons between organisations.

Results for Q1, Q10a, Q26d, Q27a-c, Q28, Q29, Q30, Q31a, Q32a-b, Q33, Q34, Q35, Q36, Q37, Q38, Q39a-b and Q40 are not weighted or benchmarked because these questions ask for demographic or factual information.

How results are reported

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



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

People Promise elements, themes and sub-scores

People Promise elements	Sub-scores	Questions
We are compassionate and inclusive	Compassionate culture	Q6a, Q25a, Q25b, Q25c, Q25d
	Compassionate leadership	Q9f, Q9g, Q9h, Q9i
	Diversity and equality	Q15*, Q16a, Q16b, Q21 *Due to changes in the Q15 question wording in 2025, Q15 is not included in the score calculation for this theme or sub-score.
	Inclusion	Q7h, Q7i, Q8b, Q8c
We are recognised and rewarded	No sub-score	Q4a, Q4b, Q4c, Q8d, Q9e
We each have a voice that counts	Autonomy and control	Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q5b
	Raising concerns	Q20a, Q20b, Q25e, Q25f
We are safe and healthy	Health and safety climate	Q3g, Q3h, Q3i, Q5a, Q11a, Q13d, Q14d
	Burnout	Q12a, Q12b, Q12c, Q12d, Q12e, Q12f, Q12g
	Negative experiences	Q11b**, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c **Due to changes in the Q11b question wording in 2025, Q11b is not included in the score calculation for this theme or sub-score.
	Other questions [Not scored]	Q17a***, Q17b***, Q22*** ***Q17a, Q17b and Q22 do not contribute to the calculation of any scores or sub-scores.
We are always learning	Development	Q24a, Q24b, Q24c, Q24d, Q24e
	Appraisals	Q23a****, Q23b, Q23c, Q23d ****Q23a is a filter question and therefore influences the sub-score without being a directly scored question.
We work flexibly	Support for work-life balance	Q6b, Q6c, Q6d
	Flexible working	Q4d
We are a team	Team working	Q7a, Q7b, Q7c, Q7d, Q7e, Q7f, Q7g, Q8a
	Line management	Q9a, Q9b, Q9c, Q9d
Themes	Sub-scores	Questions
Staff Engagement	Motivation	Q2a, Q2b, Q2c
	Involvement	Q3c, Q3d, Q3f
	Advocacy	Q25a, Q25c, Q25d
Morale	Thinking about leaving	Q26a, Q26b, Q26c
	Work pressure	Q3g, Q3h, Q3i
	Stressors	Q3a, Q3e, Q5a, Q5b, Q5c, Q7c, Q9a

Questions not linked to the People Promise elements or themes



Report structure

Introduction

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

Organisation details

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

People Promise elements, themes and sub-scores: Overview

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

People Promise elements, themes and sub-scores: Trends

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

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



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

People Promise elements, themes and sub-scores: Questions

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

Questions not linked to People Promise

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

Workforce Equality Standards

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

About your respondents

This section provides details of the staff responding to the survey, including their **demographic and other classification questions**. It also includes the socio-economic background questions.

Appendices

Here you will find:

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

Key features

Note this is example data

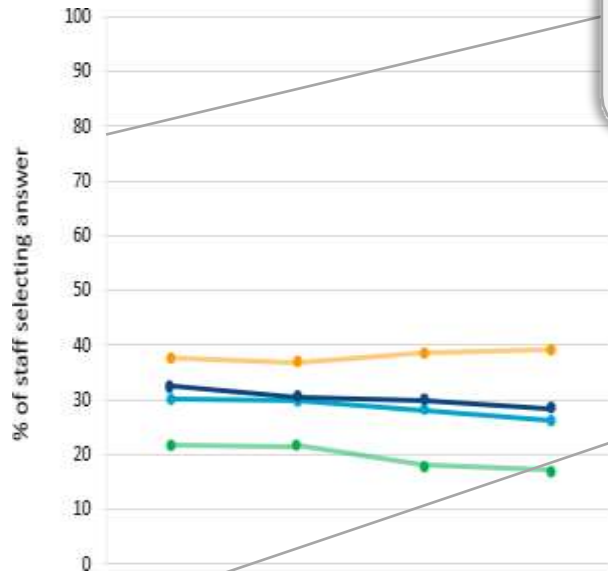
Question number and text (or summary measure) specified at the top of each slide.

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

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

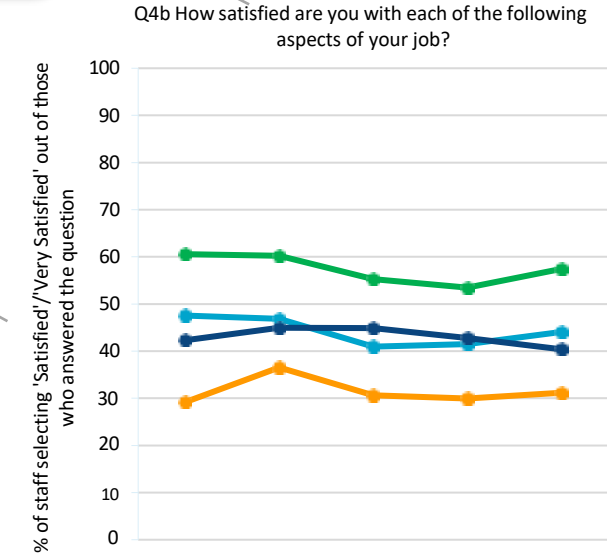
'Best result', 'Average result', and 'Worst result' refer to the **benchmarking group's** best, average and worst results.

Number of responses for the organisation for the given question.



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

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



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

Note: Charts will only display data for the years where an organisation has data. For example, an organisation with three years of trend data will see charts such as q4b with data only in the 2023, 2024 and 2025 portions of the chart and table.

Organisation details

Curtis Soile
24/03/2026 12:54:52

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

Stockport NHS Foundation Trust

2025 NHS Staff Survey



Organisation details

Completed questionnaires **3046**

2025 response rate **47%**

Survey details

Survey mode **Mixed**

◀ This organisation is benchmarked against:

Acute and Acute & Community Trusts



2025 benchmarking group details

Organisations in group: 121

Median response rate: 47%

No. of completed questionnaires: 524528

For more information on benchmarking group definitions please see the [Technical Guide](#).



People Promise elements, themes and sub-score results

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

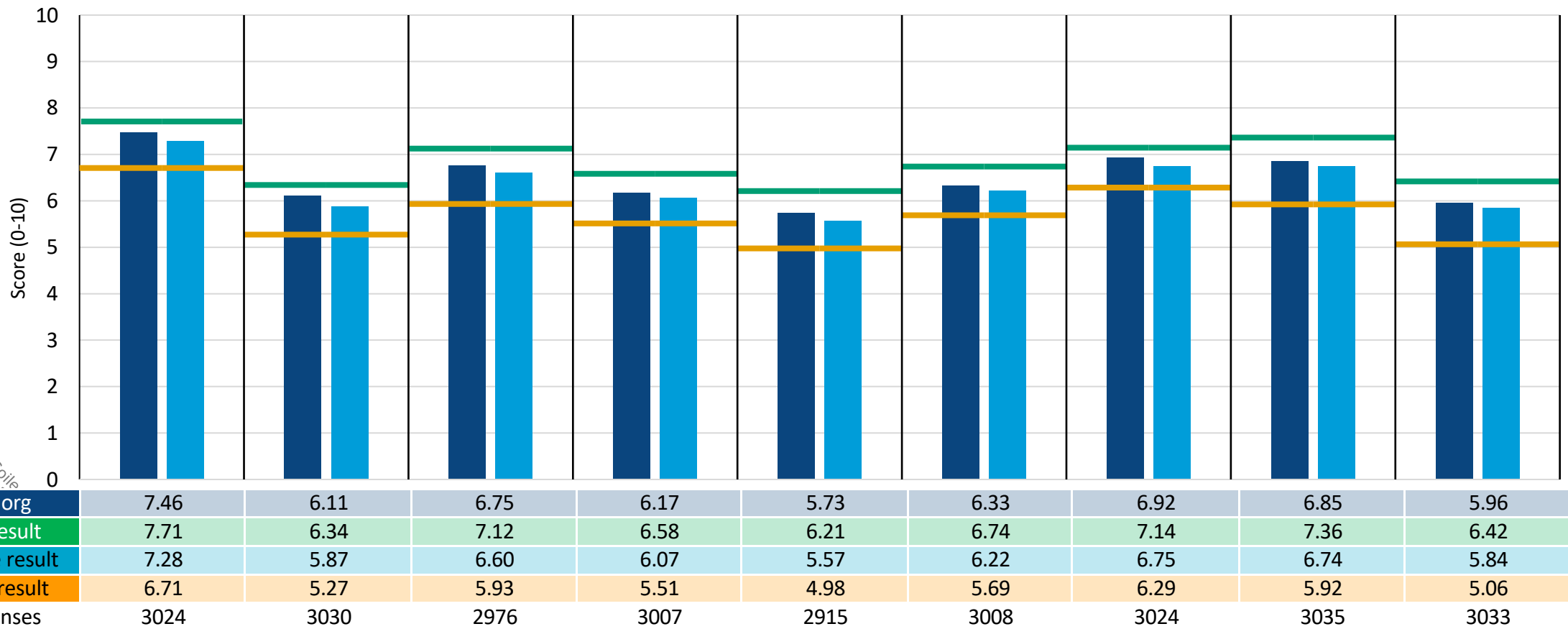
People Promise elements, themes and sub-scores: Overview

Curtis Soile
24/03/2026 12:54:52

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

People Promise elements and themes: Overview

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



Curtis Soile
24/03/20

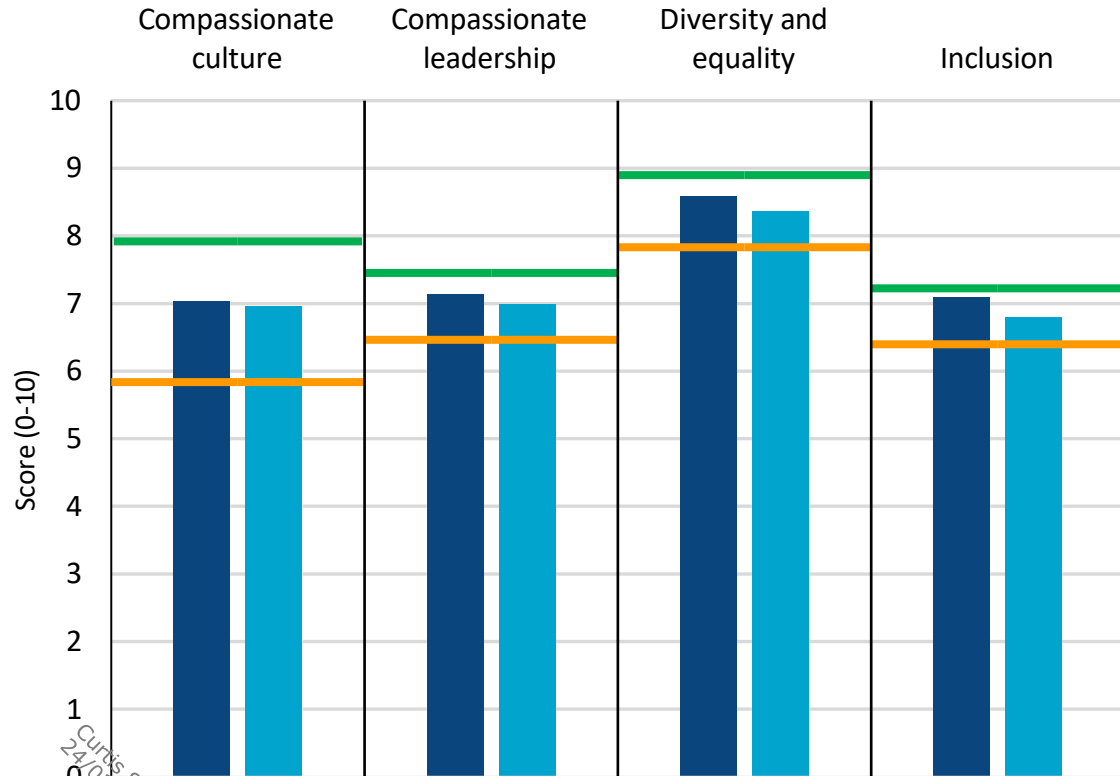


People Promise elements, themes and sub-scores: Sub-score overview

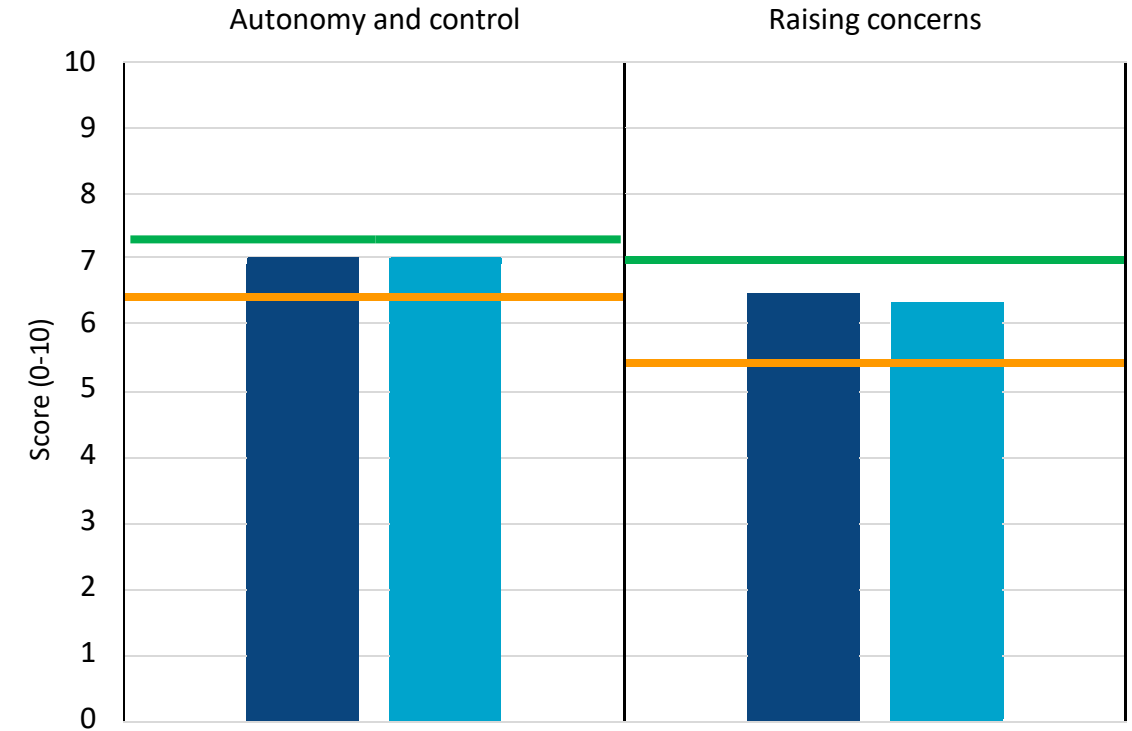
People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 1: We are compassionate and inclusive



Promise element 3: We each have a voice that counts



Your org	7.01	6.49
Best result	7.31	7.02
Average result	6.92	6.30
Worst result	6.43	5.43
Responses	3033	2981

Your org	7.04	7.14	8.59	7.09
Best result	7.92	7.45	8.90	7.22
Average result	6.97	6.99	8.37	6.80
Worst result	5.84	6.46	7.83	6.40
Responses	3016	3027	3021	3016

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

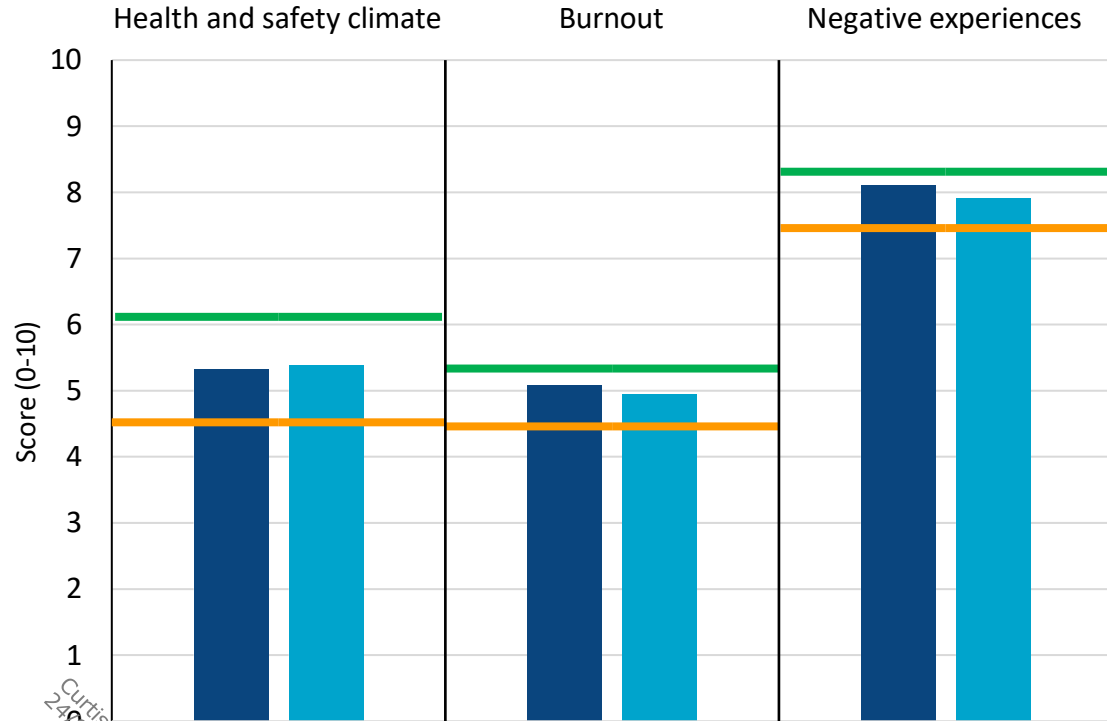


People Promise elements, themes and sub-scores: Sub-score overview

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



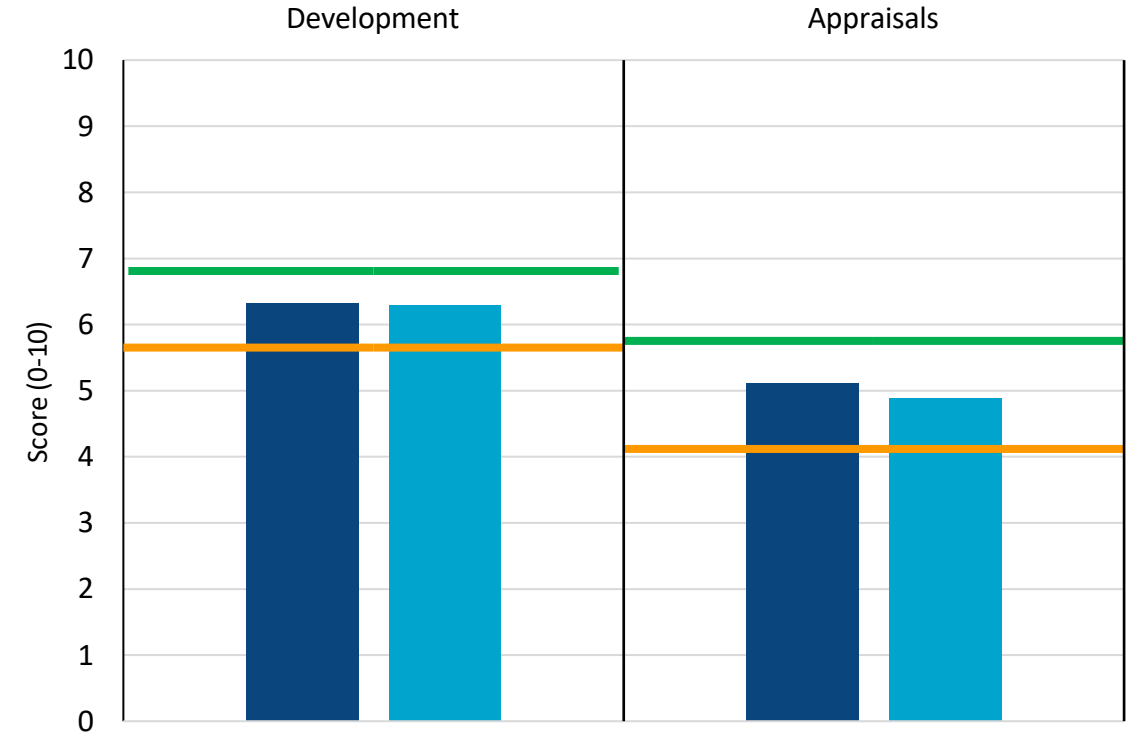
Promise element 4: We are safe and healthy



Your org	5.33	5.08	8.11
Best result	6.12	5.33	8.31
Average result	5.39	4.94	7.90
Worst result	4.52	4.46	7.46
Responses	3031	3029	3018



Promise element 5: We are always learning



Your org	6.33	5.11
Best result	6.81	5.75
Average result	6.29	4.89
Worst result	5.65	4.12
Responses	3017	2925

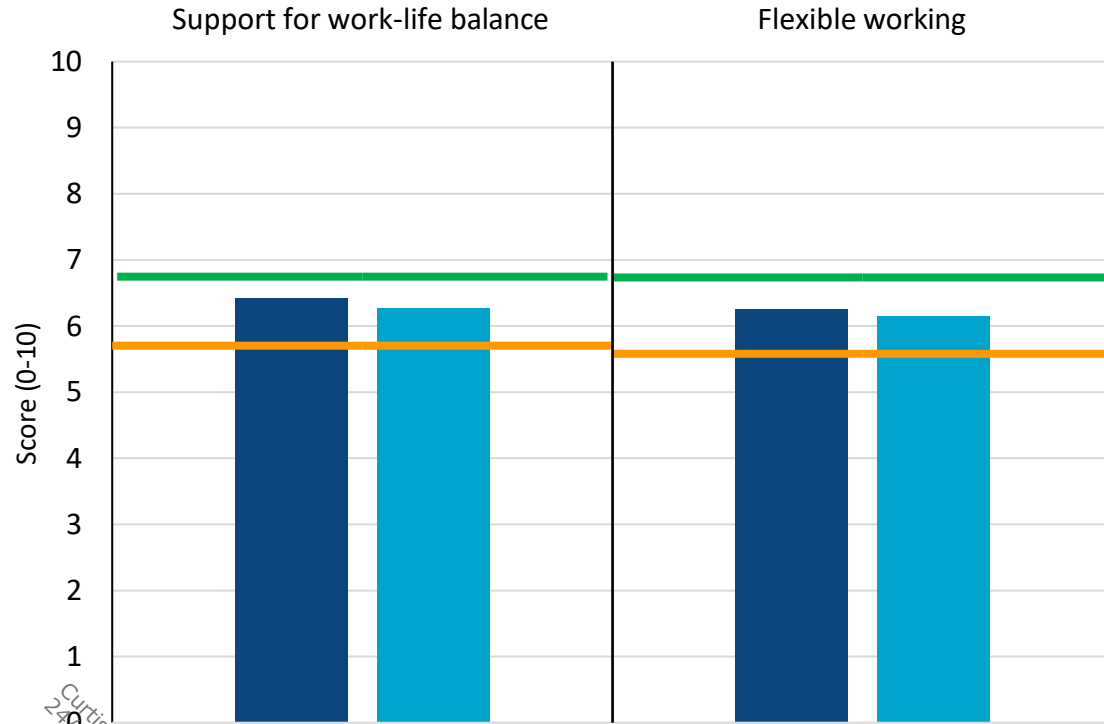


People Promise elements, themes and sub-scores: Sub-score overview

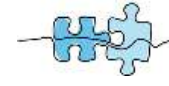
People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 6: We work flexibly



Your org	6.42	6.25
Best result	6.75	6.73
Average result	6.28	6.15
Worst result	5.70	5.58
Responses	3028	3012



Promise element 7: We are a team



Your org	6.84	7.01
Best result	7.07	7.31
Average result	6.64	6.82
Worst result	6.23	6.34
Responses	3030	3029

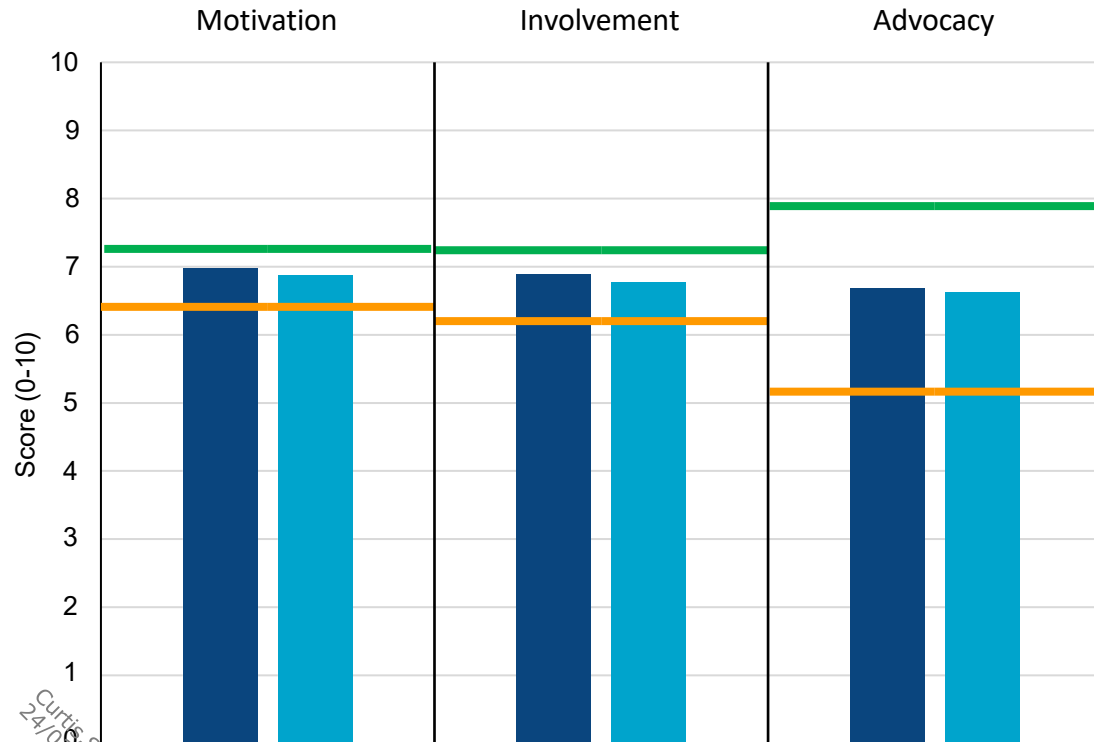


People Promise elements, themes and sub-scores: Sub-score overview

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



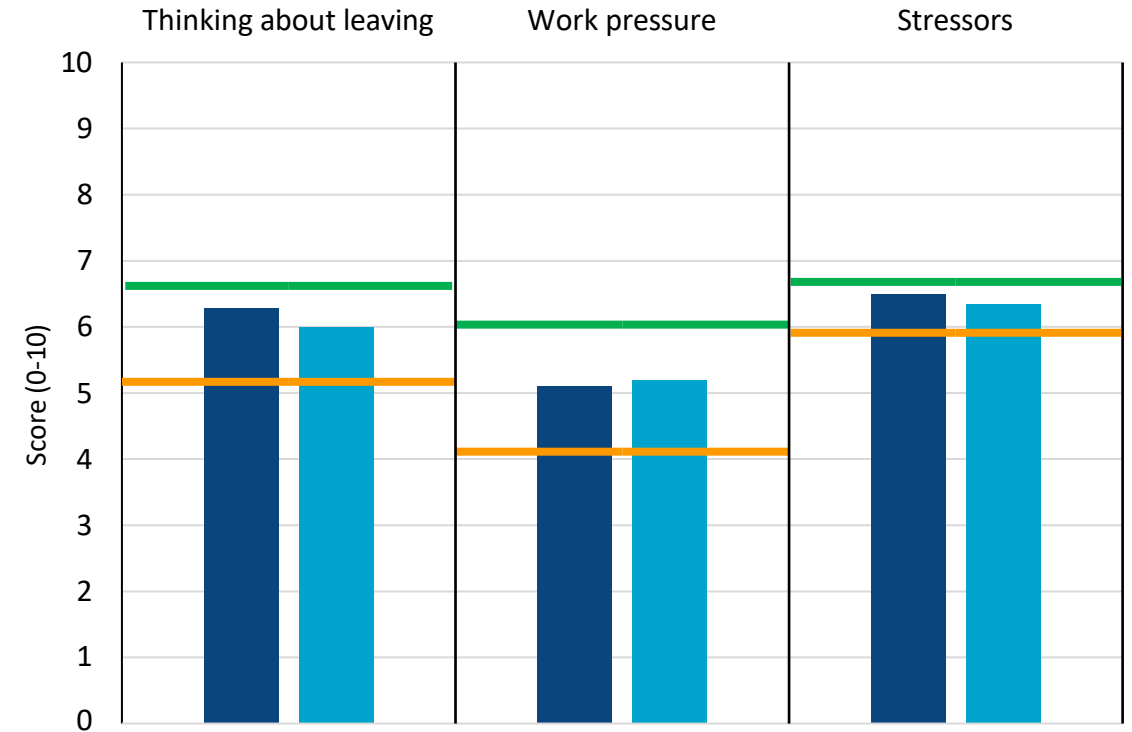
Theme: Staff engagement



Your org	6.98	6.89	6.68
Best result	7.26	7.24	7.89
Average result	6.87	6.77	6.63
Worst result	6.41	6.20	5.17
Responses	2994	3034	3017



Theme: Morale



Your org	6.28	5.11	6.49
Best result	6.62	6.03	6.68
Average result	6.00	5.20	6.35
Worst result	5.17	4.11	5.91
Responses	3017	3030	3028

People Promise elements, themes and sub-scores: Trends

Curtis Soile
24/03/2026 12:54:52

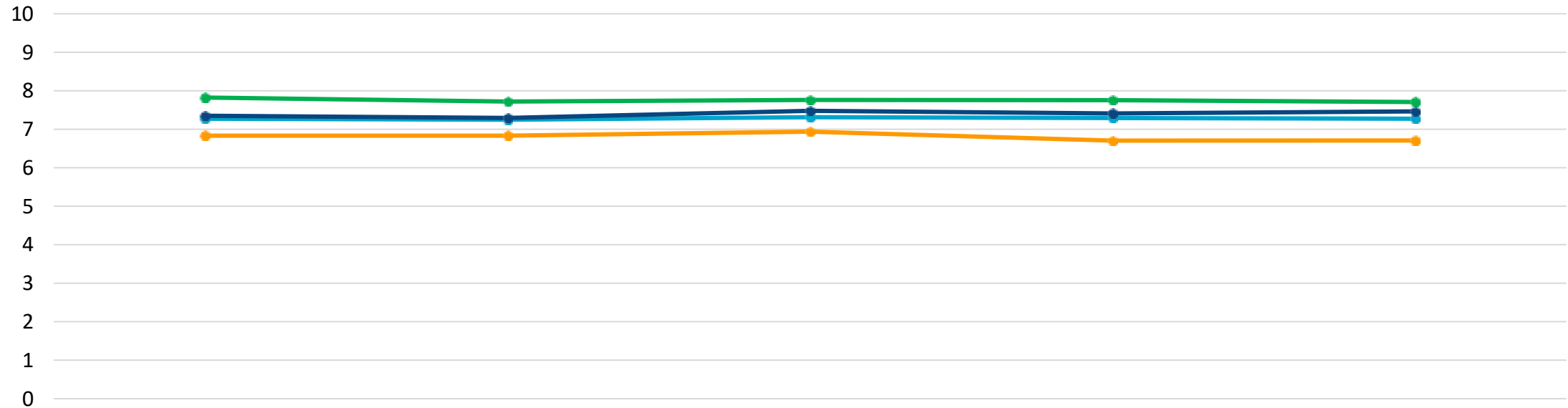
Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

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



Promise element 1: We are compassionate and inclusive

We are compassionate and inclusive



	2021	2022	2023	2024	2025
Your org	7.35	7.30	7.48	7.41	7.46
Best result	7.82	7.72	7.76	7.76	7.71
Average result	7.27	7.25	7.31	7.29	7.28
Worst result	6.83	6.83	6.94	6.71	6.71
Responses	2257	2470	2628	2777	3024

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

<https://www.nhsstaffsurveys.com/survey-documents/>



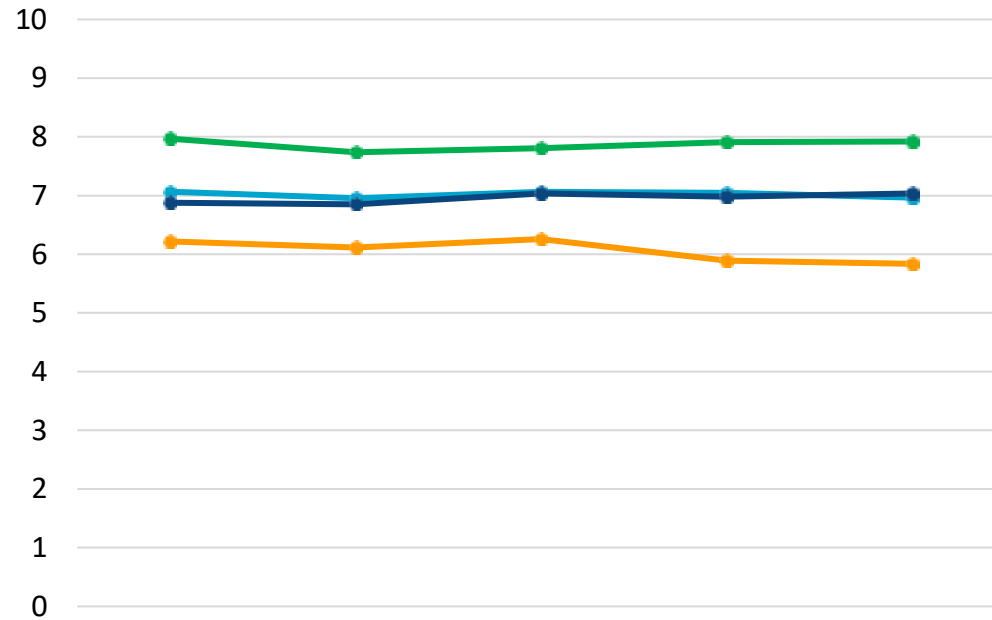
People Promise elements, themes and sub-scores: Sub-score trends

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



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

Compassionate culture

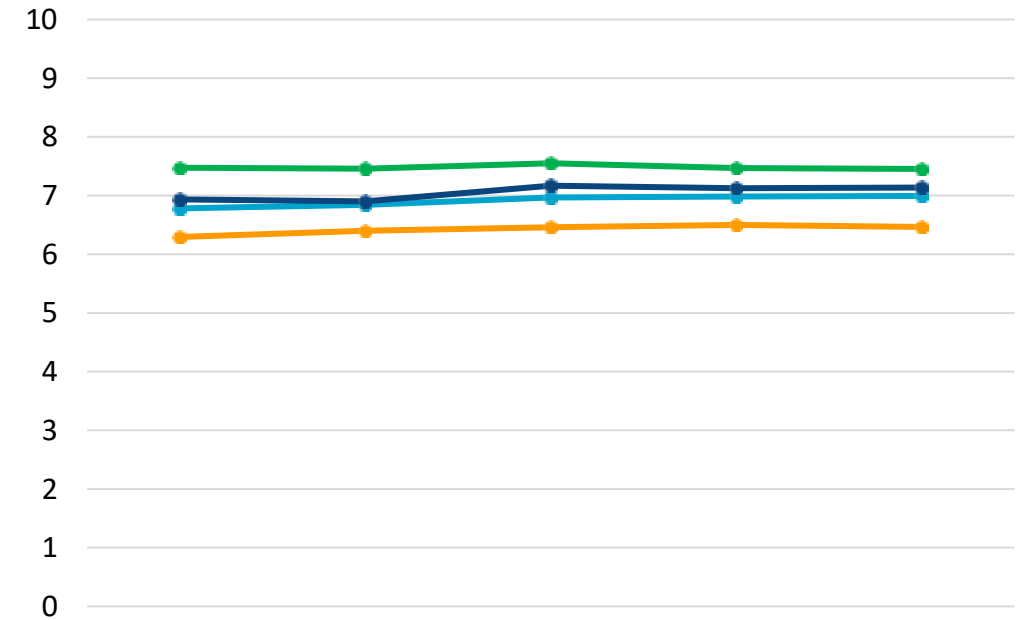


2021 2022 2023 2024 2025

Your org	6.88	6.85	7.03	6.98	7.04
Best result	7.97	7.73	7.81	7.91	7.92
Average result	7.07	6.96	7.06	7.05	6.97
Worst result	6.22	6.12	6.26	5.89	5.84

Responses 2235 2458 2614 2768 3016

Compassionate leadership



2021 2022 2023 2024 2025

Your org	6.93	6.90	7.17	7.12	7.14
Best result	7.48	7.46	7.55	7.47	7.45
Average result	6.78	6.84	6.96	6.98	6.99
Worst result	6.29	6.40	6.46	6.50	6.46

Responses 2270 2470 2629 2777 3027



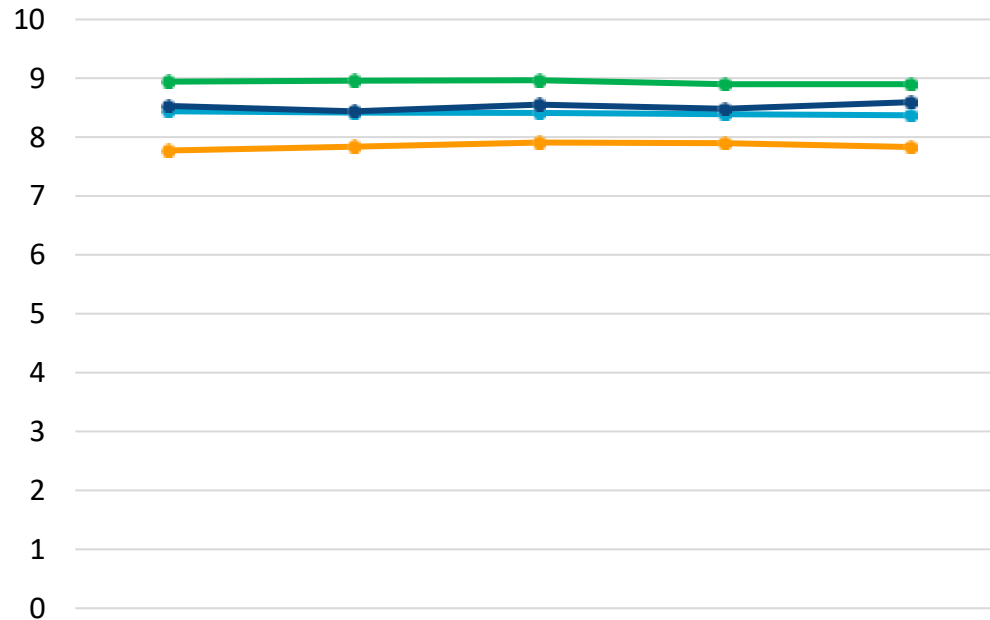
People Promise elements, themes and sub-scores: Sub-score trends

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



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

Diversity and equality



	2021	2022	2023	2024	2025
Your org	8.53	8.44	8.55	8.48	8.59
Best result	8.94	8.96	8.97	8.90	8.90
Average result	8.44	8.41	8.41	8.39	8.37
Worst result	7.77	7.84	7.91	7.90	7.83
Responses	2263	2459	2628	2779	3021

Inclusion



	2021	2022	2023	2024	2025
Your org	7.07	7.00	7.16	7.04	7.09
Best result	7.28	7.30	7.27	7.20	7.22
Average result	6.78	6.84	6.86	6.81	6.80
Worst result	6.48	6.43	6.54	6.43	6.40
Responses	2285	2454	2621	2771	3016

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

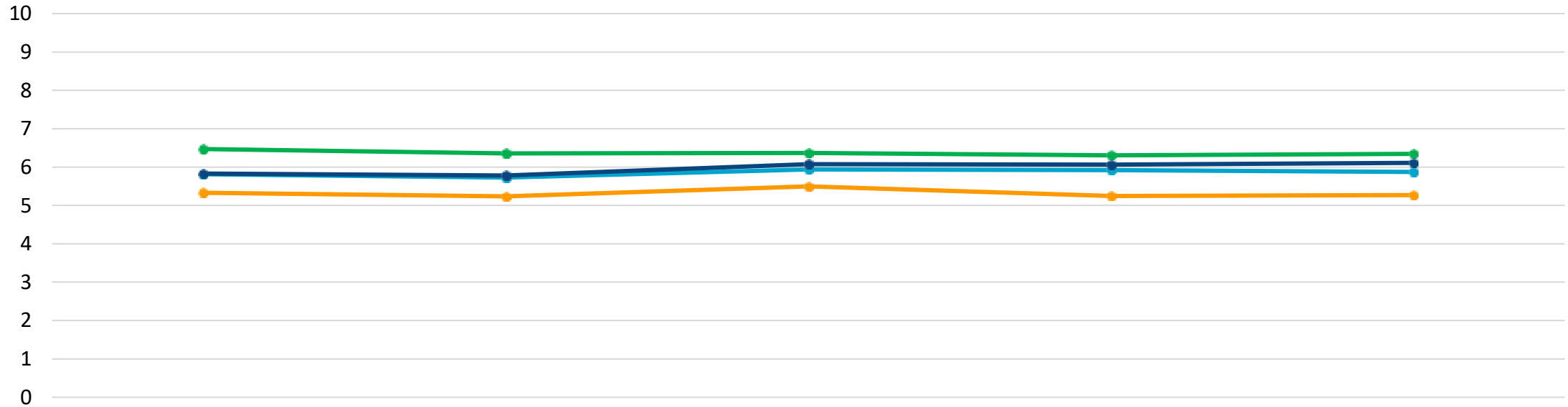
<https://www.nhsstaffsurveys.com/survey-documents/>

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



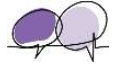
Promise element 2: We are recognised and rewarded

We are recognised and rewarded



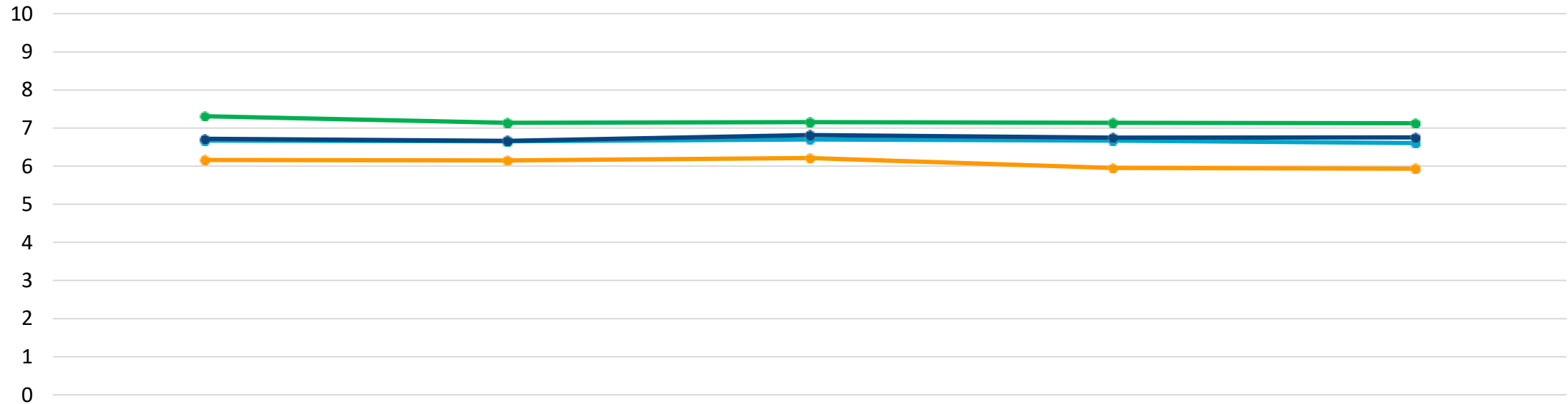
	2021	2022	2023	2024	2025
Your org	5.83	5.78	6.08	6.06	6.11
Best result	6.47	6.36	6.37	6.31	6.34
Average result	5.81	5.73	5.94	5.92	5.87
Worst result	5.33	5.24	5.50	5.25	5.27
Responses	2304	2460	2627	2785	3030

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



Promise element 3: We each have a voice that counts

We each have a voice that counts

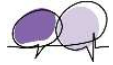


	2021	2022	2023	2024	2025
Your org	6.72	6.66	6.82	6.75	6.75
Best result	7.31	7.14	7.16	7.14	7.12
Average result	6.67	6.65	6.70	6.67	6.60
Worst result	6.16	6.15	6.21	5.95	5.93
Responses	2226	2429	2593	2739	2976



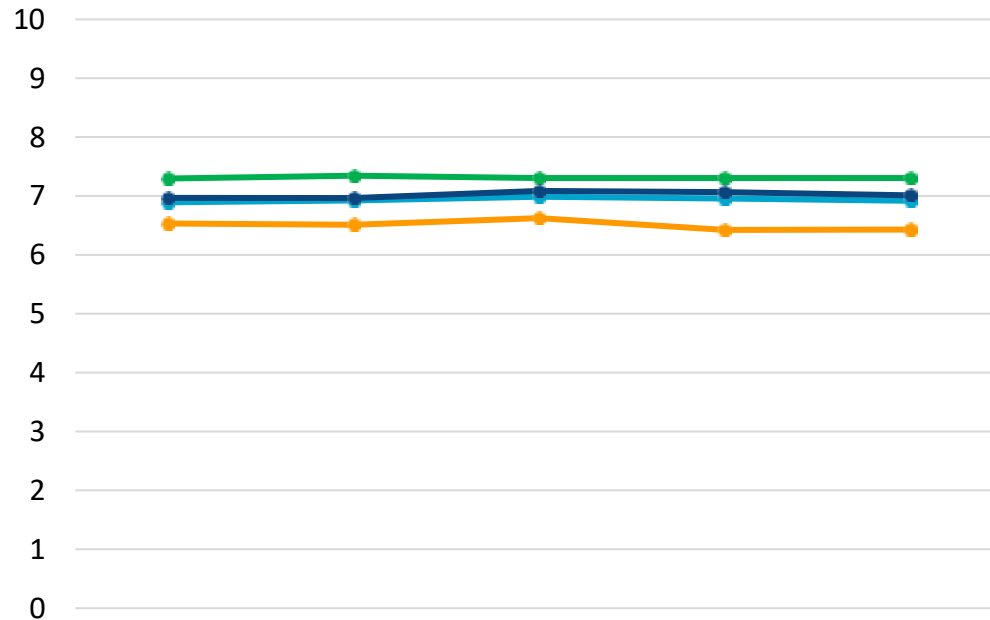
People Promise elements, themes and sub-scores: Sub-score trends

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



Promise element 3: We each have a voice that counts

Autonomy and control

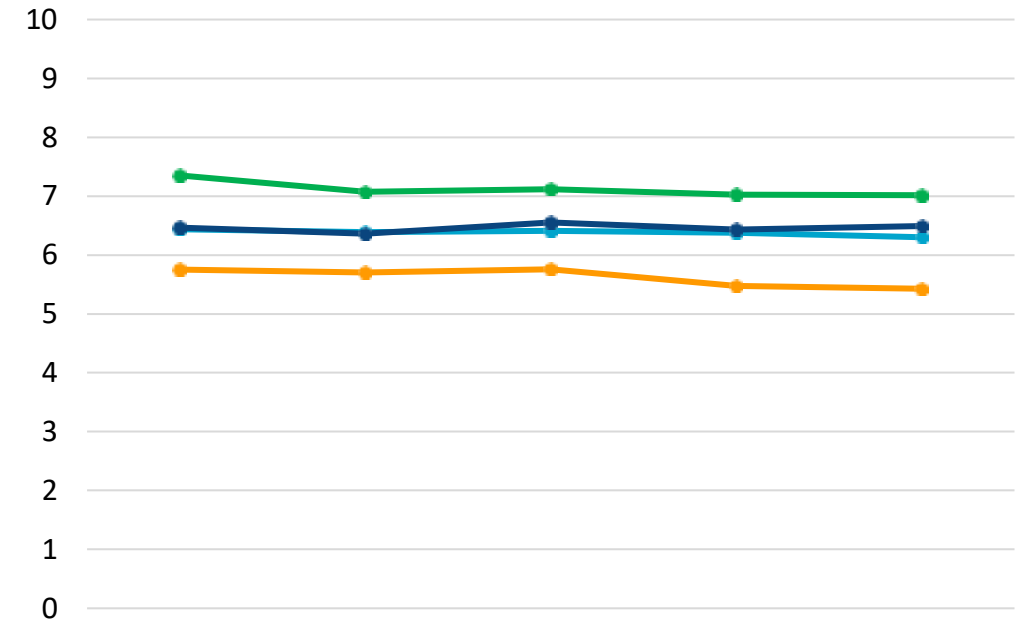


2021 2022 2023 2024 2025

Your org	6.97	6.97	7.09	7.07	7.01
Best result	7.30	7.35	7.31	7.31	7.31
Average result	6.89	6.93	6.99	6.96	6.92
Worst result	6.53	6.51	6.63	6.42	6.43

Responses 2309 2468 2629 2780 3033

Raising concerns



2021 2022 2023 2024 2025

Your org	6.47	6.36	6.55	6.43	6.49
Best result	7.35	7.07	7.12	7.02	7.02
Average result	6.44	6.39	6.41	6.38	6.30
Worst result	5.75	5.70	5.76	5.48	5.43

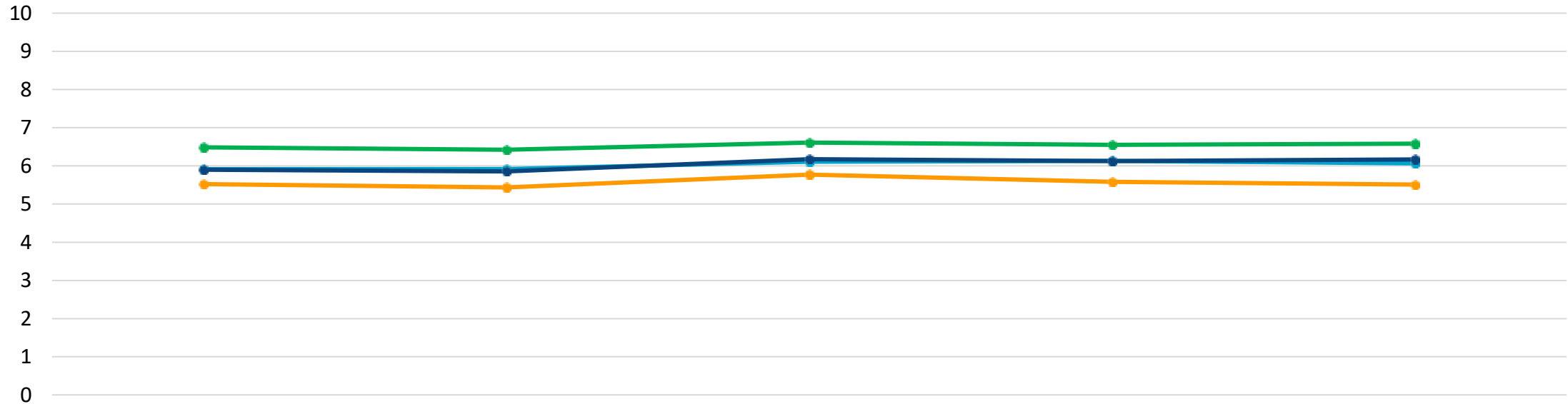
Responses 2232 2437 2602 2748 2981

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



Promise element 4: We are safe and healthy

We are safe and healthy



	2021	2022	2023	2024	2025
Your org	5.90	5.86	6.18	6.13	6.17
Best result	6.48	6.42	6.61	6.55	6.58
Average result	5.92	5.92	6.11	6.13	6.07
Worst result	5.52	5.44	5.77	5.58	5.51
Responses	2248	2445	2596	2759	3007

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



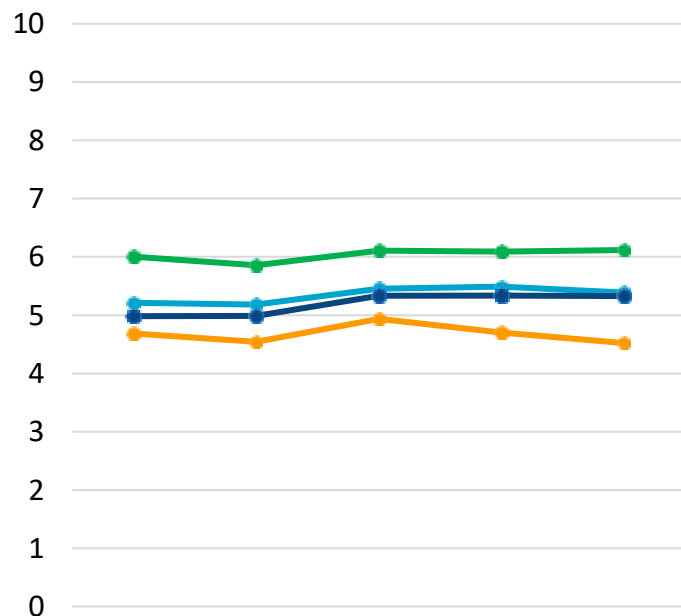
People Promise elements, themes and sub-scores: Sub-score trends

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



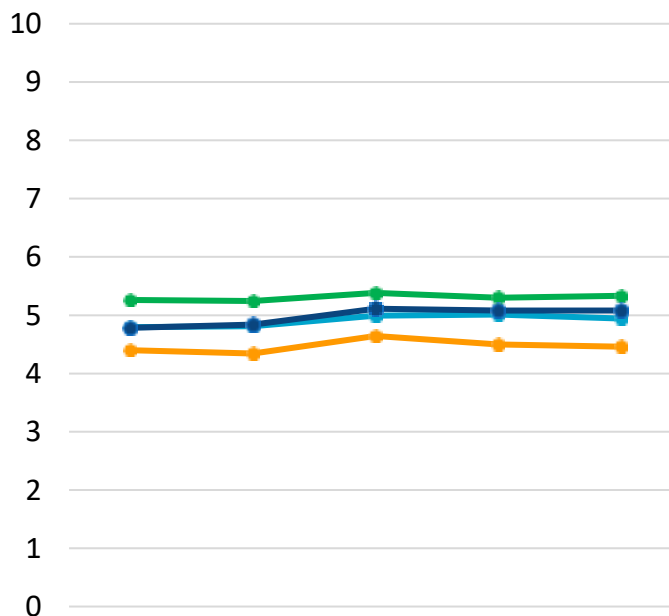
Promise element 4: We are safe and healthy

Health and safety climate



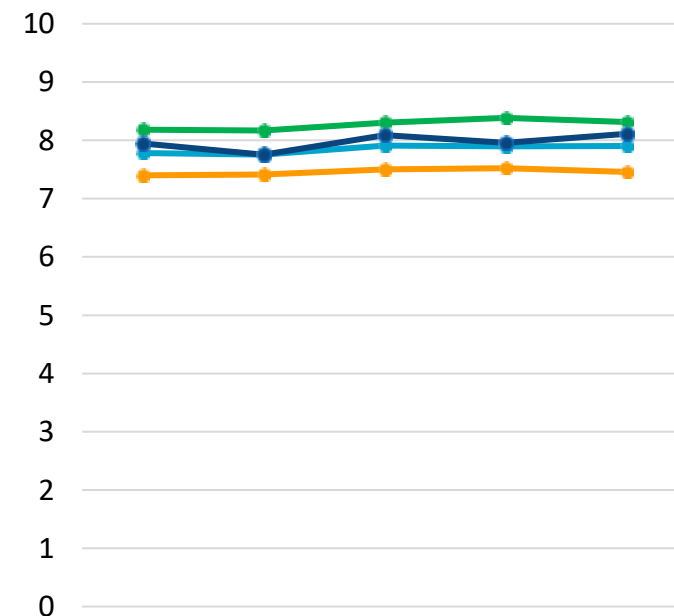
	2021	2022	2023	2024	2025
Your org	4.98	4.99	5.34	5.34	5.33
Best result	6.01	5.86	6.11	6.09	6.12
Average result	5.21	5.18	5.45	5.49	5.39
Worst result	4.68	4.54	4.94	4.70	4.52
Responses	2310	2468	2630	2779	3031

Burnout



	2021	2022	2023	2024	2025
Your org	4.78	4.84	5.11	5.08	5.08
Best result	5.26	5.24	5.38	5.30	5.33
Average result	4.79	4.81	4.99	5.01	4.94
Worst result	4.40	4.34	4.64	4.50	4.46
Responses	2259	2461	2629	2778	3029

Negative experiences



	2021	2022	2023	2024	2025
Your org	7.95	7.75	8.09	7.96	8.11
Best result	8.18	8.17	8.30	8.39	8.31
Average result	7.78	7.76	7.91	7.90	7.90
Worst result	7.40	7.41	7.50	7.52	7.46
Responses	2256	2457	2610	2775	3018

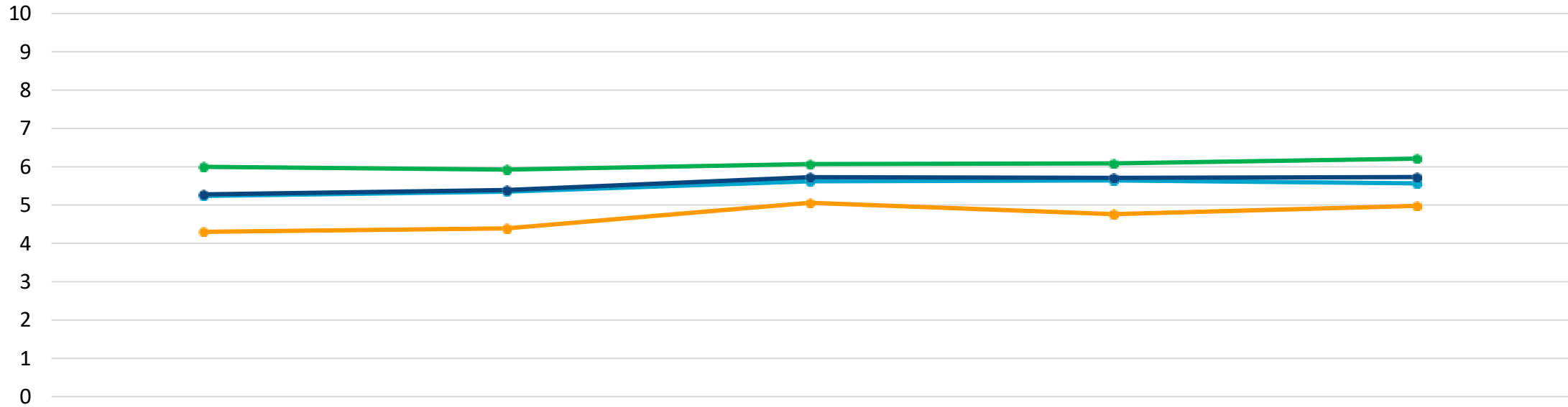
Note: 2023 results for 'Health and safety climate' and 'Negative experiences' are reported using corrected data. In addition, due to changes in the Q11b question wording in 2025, reported results for 'Negative experiences' have been recalculated to exclude Q11b for all years. Please see *Additional Information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

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



Promise element 5: We are always learning

We are always learning



	2021	2022	2023	2024	2025
Your org	5.28	5.39	5.73	5.71	5.73
Best result	6.00	5.92	6.07	6.09	6.21
Average result	5.24	5.35	5.62	5.64	5.57
Worst result	4.30	4.39	5.06	4.76	4.98
Responses	2159	2366	2493	2670	2915



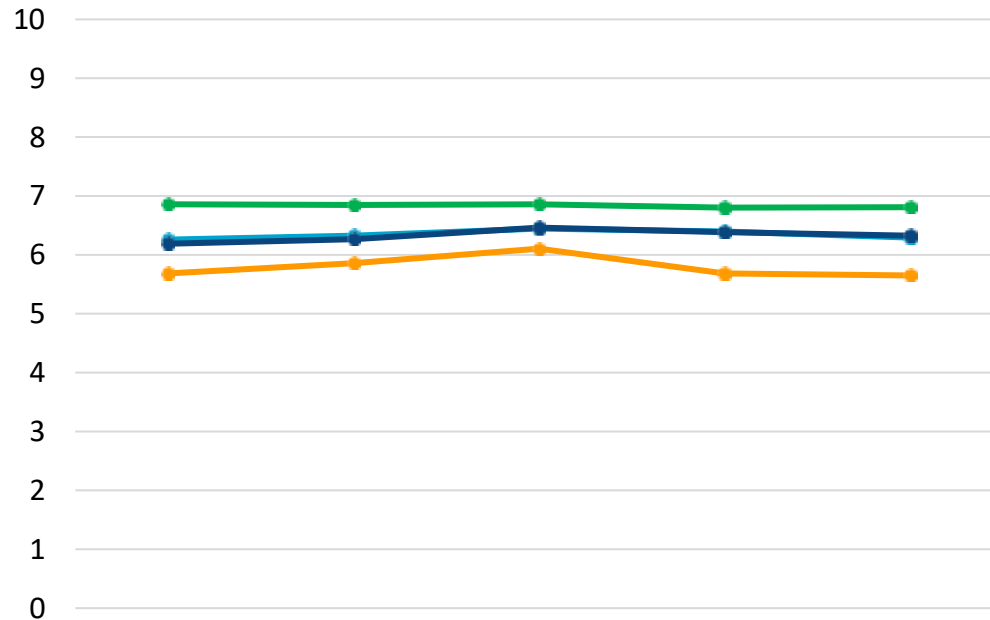
People Promise elements, themes and sub-scores: Sub-score trends

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



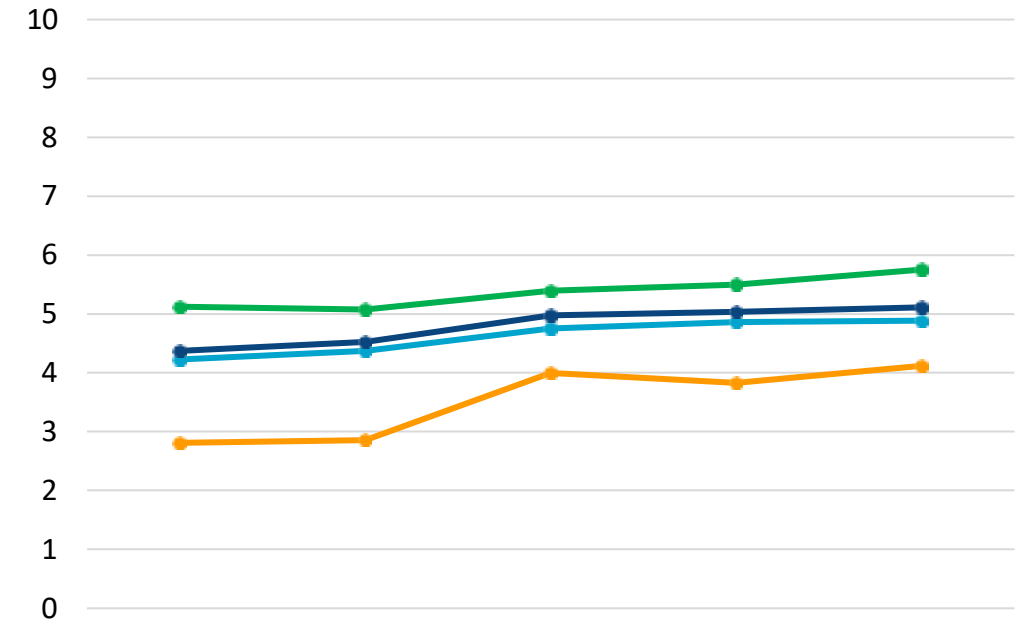
Promise element 5: We are always learning

Development



	2021	2022	2023	2024	2025
Your org	6.19	6.27	6.46	6.39	6.33
Best result	6.86	6.85	6.86	6.80	6.81
Average result	6.26	6.33	6.45	6.40	6.29
Worst result	5.68	5.86	6.11	5.69	5.65
Responses	2250	2462	2626	2771	3017

Appraisals



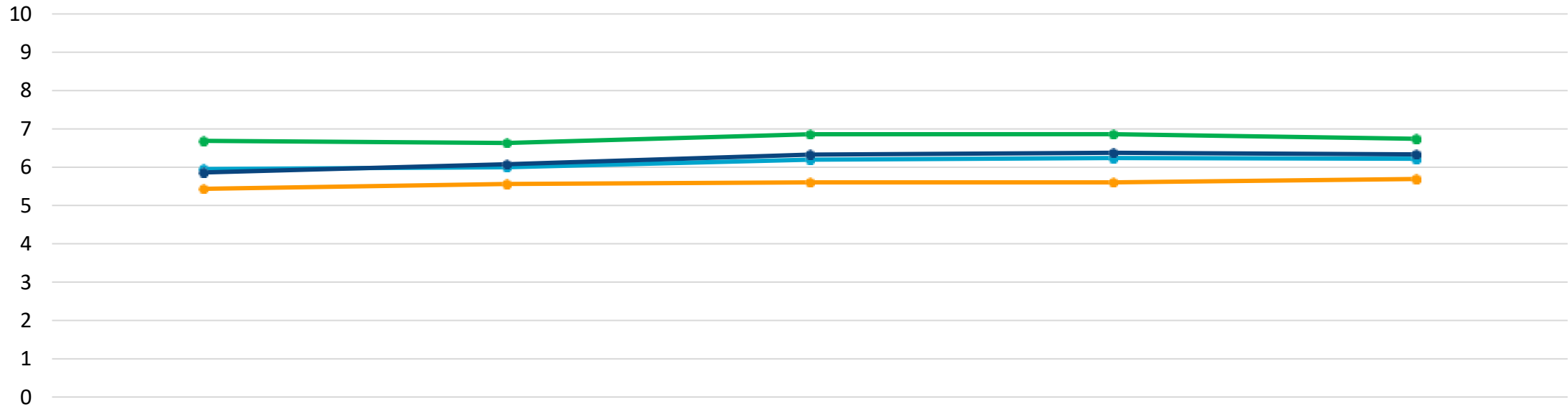
	2021	2022	2023	2024	2025
Your org	4.37	4.52	4.97	5.03	5.11
Best result	5.12	5.07	5.39	5.50	5.75
Average result	4.23	4.37	4.75	4.86	4.89
Worst result	2.81	2.86	3.99	3.83	4.12
Responses	2168	2374	2499	2678	2925

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



Promise element 6: We work flexibly

We work flexibly



	2021	2022	2023	2024	2025
Your org	5.86	6.07	6.33	6.37	6.33
Best result	6.69	6.63	6.86	6.86	6.74
Average result	5.95	6.00	6.20	6.24	6.22
Worst result	5.43	5.56	5.60	5.60	5.69
Responses	2289	2451	2605	2754	3008



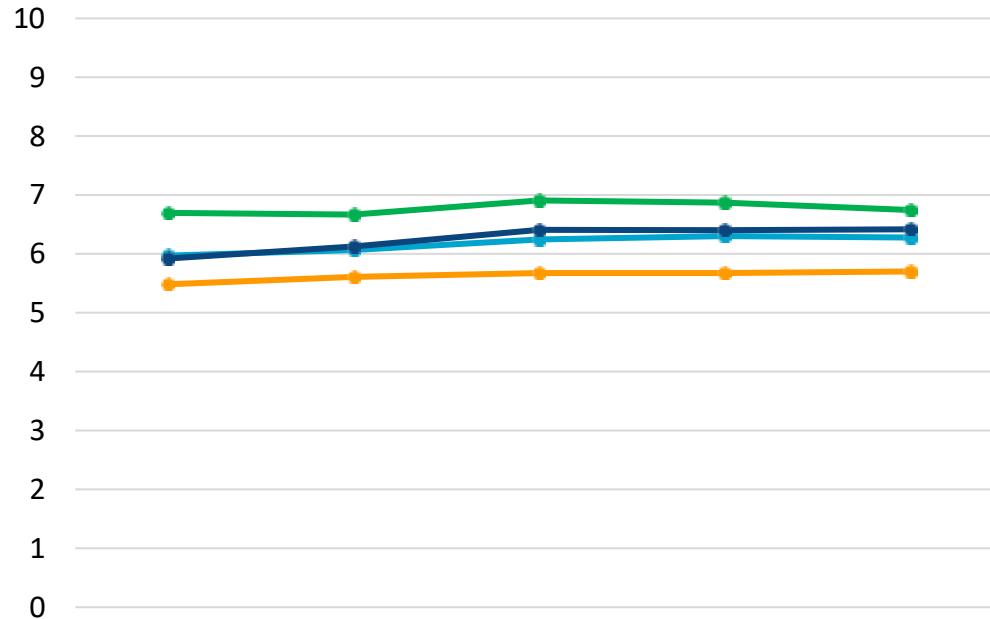
People Promise elements, themes and sub-scores: Sub-score trends

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



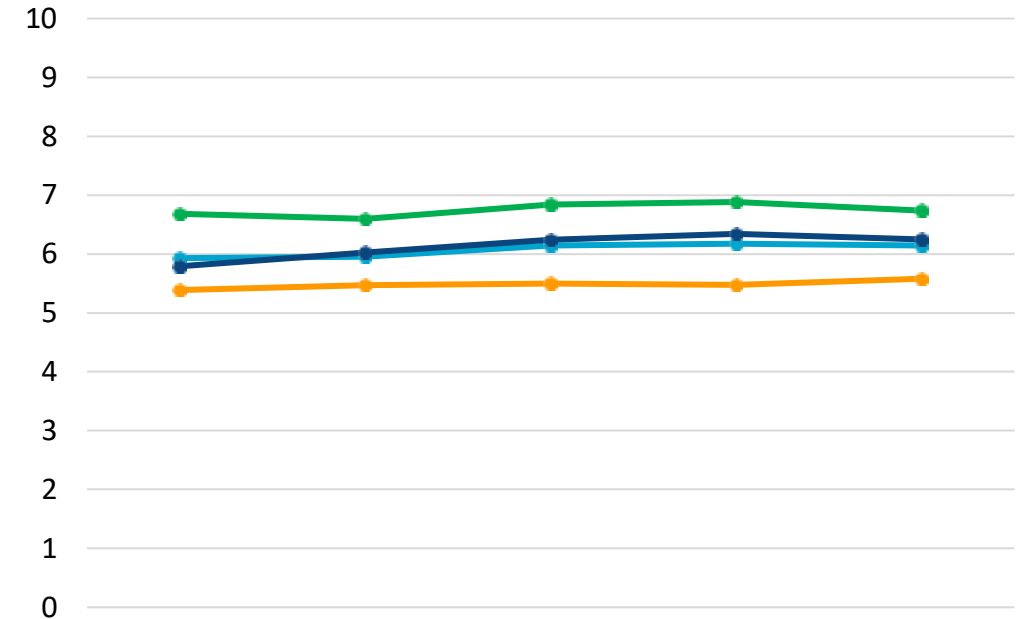
Promise element 6: We work flexibly

Support for work-life balance



	2021	2022	2023	2024	2025
Your org	5.92	6.12	6.41	6.40	6.42
Best result	6.70	6.67	6.91	6.87	6.75
Average result	5.97	6.07	6.25	6.30	6.28
Worst result	5.48	5.61	5.67	5.67	5.70
Responses	2299	2466	2622	2780	3028

Flexible working



	2021	2022	2023	2024	2025
Your org	5.79	6.02	6.24	6.34	6.25
Best result	6.68	6.60	6.84	6.88	6.73
Average result	5.93	5.95	6.15	6.17	6.15
Worst result	5.39	5.47	5.50	5.48	5.58
Responses	2299	2457	2614	2761	3012

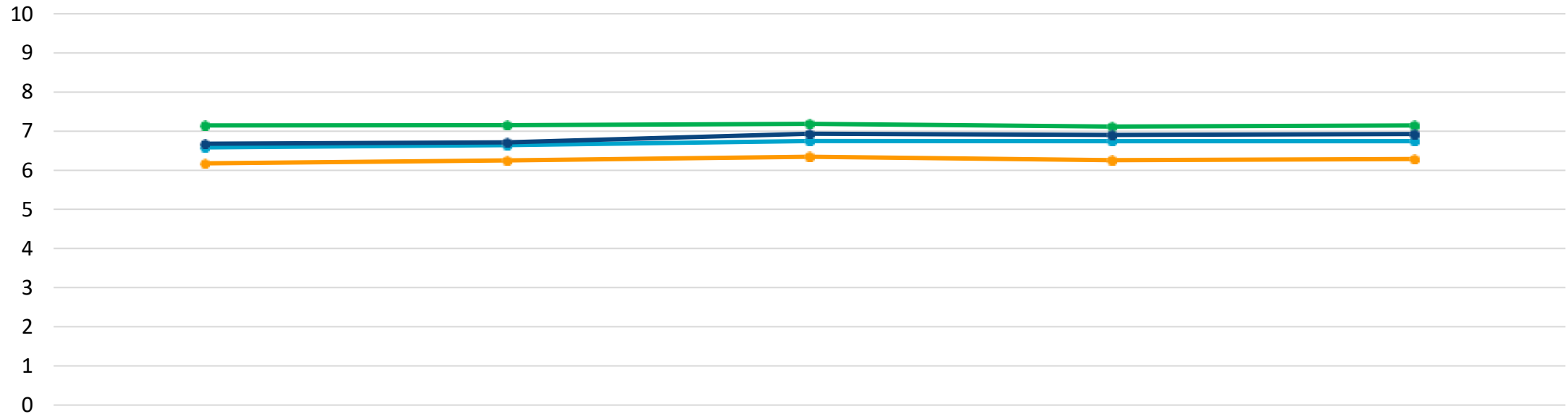
People Promise elements and themes: Trends

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



Promise element 7: We are a team

We are a team



	2021	2022	2023	2024	2025
Your org	6.68	6.72	6.93	6.90	6.92
Best result	7.15	7.15	7.19	7.12	7.14
Average result	6.58	6.64	6.75	6.75	6.75
Worst result	6.18	6.25	6.34	6.25	6.29
Responses	2271	2464	2628	2776	3024



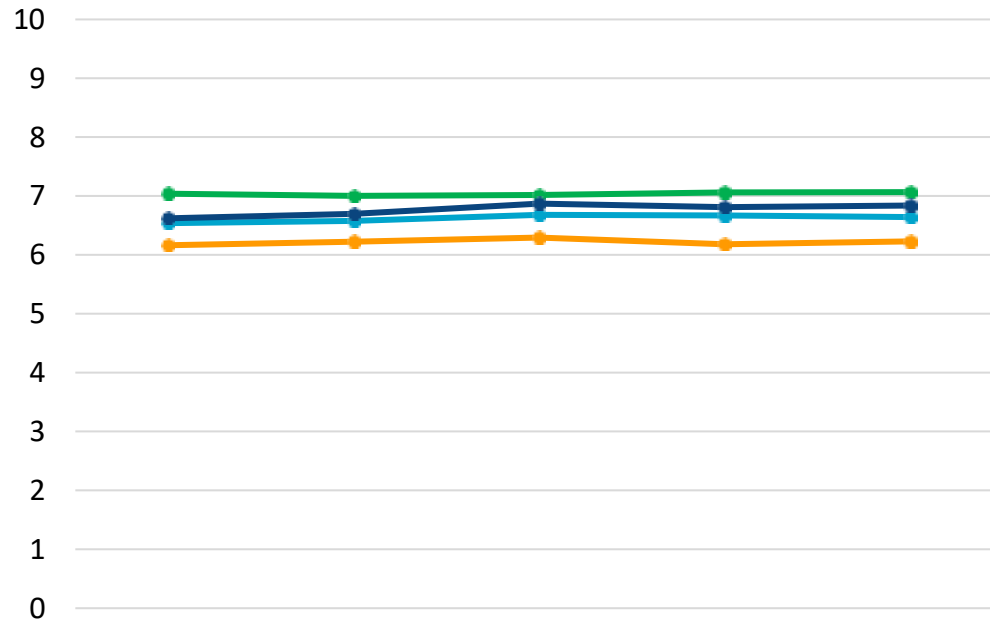
People Promise elements, themes and sub-scores: Sub-score trends

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



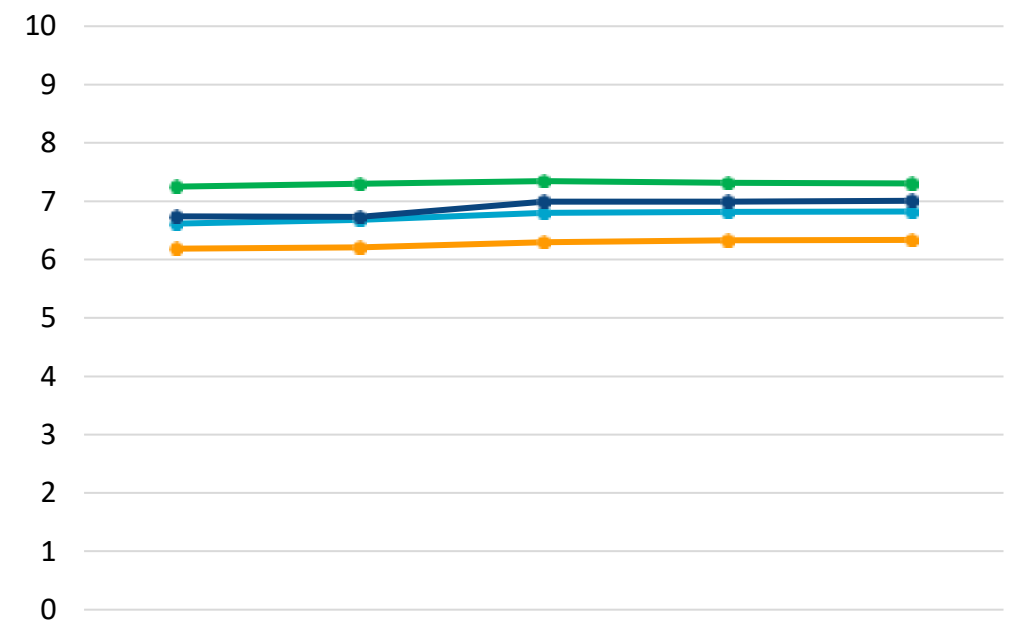
Promise element 7: We are a team

Team working



	2021	2022	2023	2024	2025
Your org	6.62	6.70	6.87	6.81	6.84
Best result	7.04	7.00	7.02	7.06	7.07
Average result	6.54	6.58	6.68	6.67	6.64
Worst result	6.16	6.22	6.29	6.18	6.23
Responses	2293	2467	2629	2779	3030

Line management



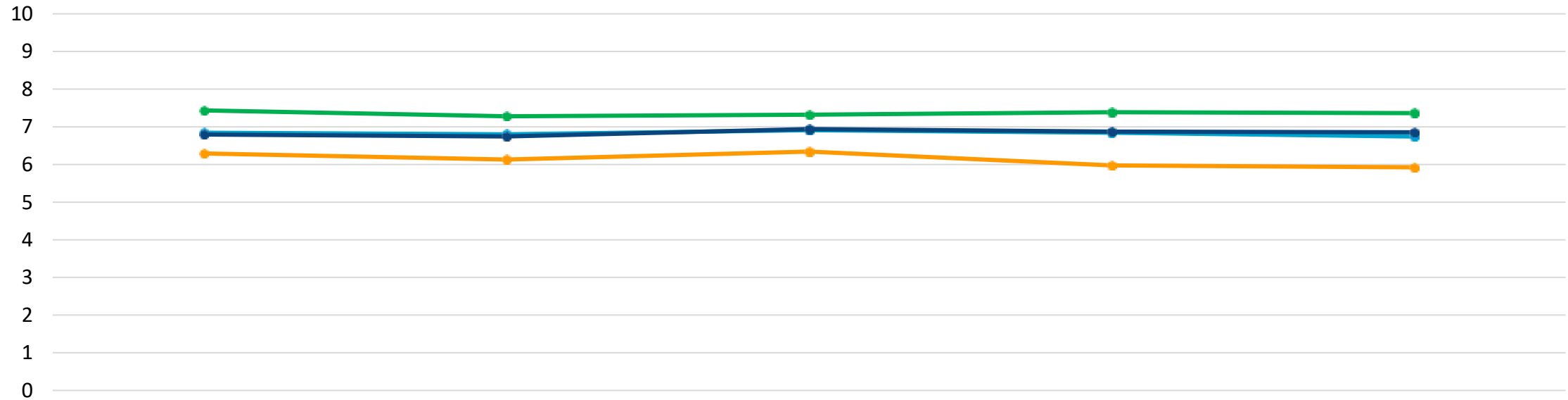
	2021	2022	2023	2024	2025
Your org	6.74	6.73	6.99	6.99	7.01
Best result	7.25	7.30	7.35	7.31	7.31
Average result	6.62	6.68	6.80	6.82	6.82
Worst result	6.19	6.21	6.30	6.33	6.34
Responses	2271	2470	2631	2779	3029

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



Theme: Staff Engagement

Staff Engagement



	2021	2022	2023	2024	2025
Your org	6.79	6.74	6.94	6.87	6.85
Best result	7.43	7.28	7.32	7.39	7.36
Average result	6.84	6.80	6.91	6.84	6.74
Worst result	6.29	6.13	6.34	5.98	5.92
Responses	2309	2468	2628	2781	3035



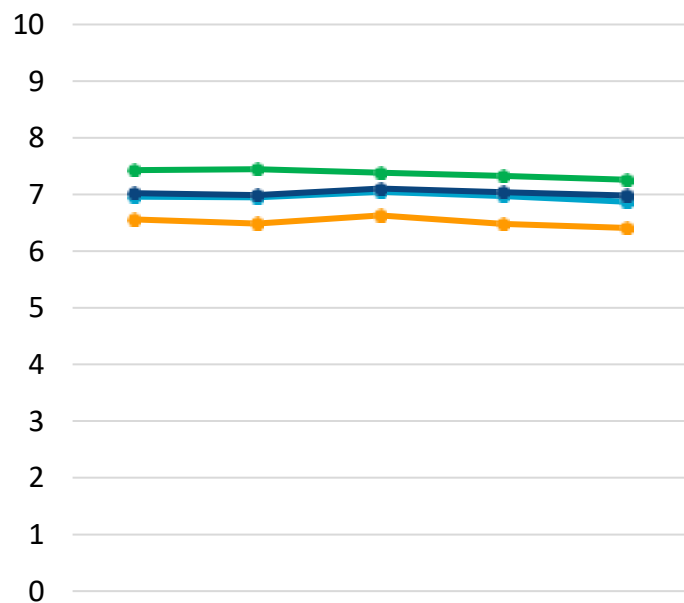
People Promise elements, themes and sub-scores: Sub-score trends

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



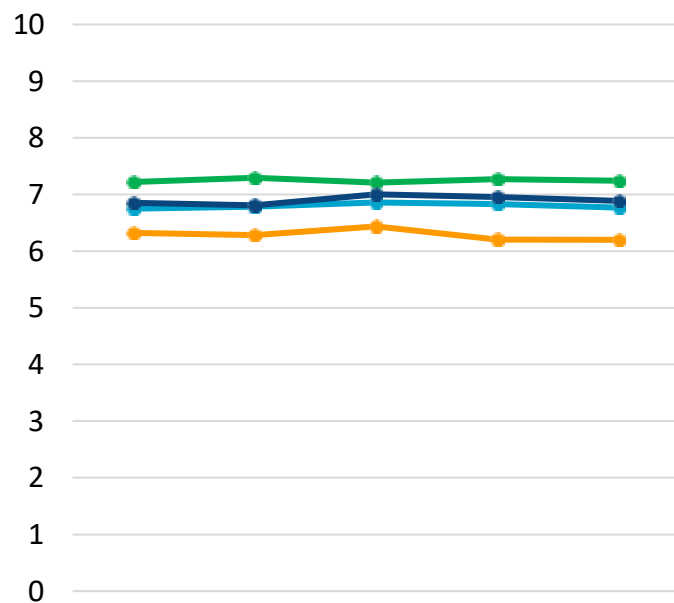
Theme: Staff Engagement

Motivation



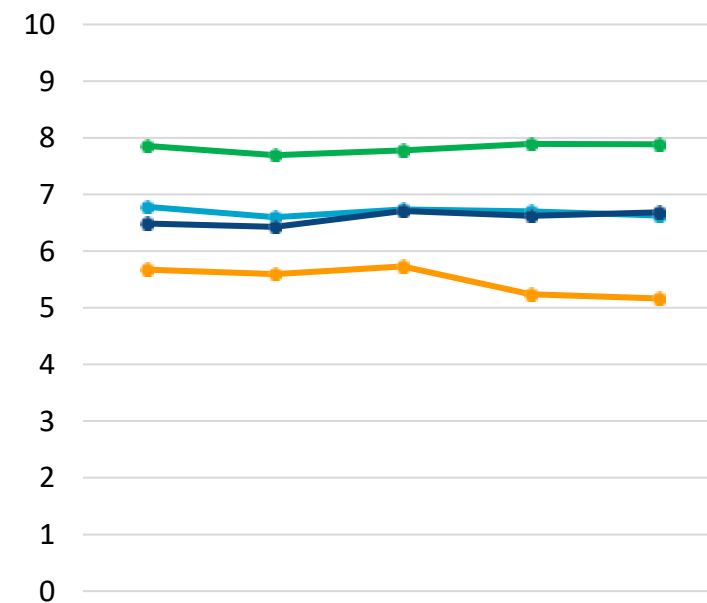
	2021	2022	2023	2024	2025
Your org	7.03	6.99	7.10	7.04	6.98
Best result	7.43	7.45	7.39	7.33	7.26
Average result	6.96	6.95	7.05	6.98	6.87
Worst result	6.56	6.48	6.63	6.48	6.41
Responses	2316	2437	2594	2740	2994

Involvement



	2021	2022	2023	2024	2025
Your org	6.85	6.81	7.00	6.96	6.89
Best result	7.22	7.30	7.21	7.27	7.24
Average result	6.75	6.78	6.86	6.83	6.77
Worst result	6.32	6.28	6.44	6.20	6.20
Responses	2310	2465	2630	2781	3034

Advocacy



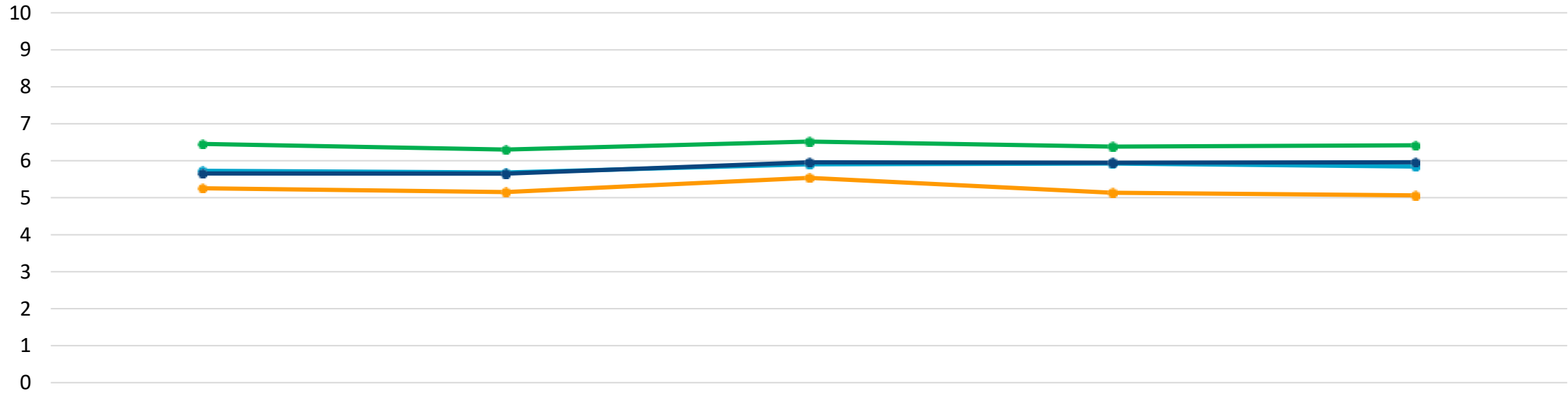
	2021	2022	2023	2024	2025
Your org	6.49	6.43	6.71	6.62	6.68
Best result	7.86	7.70	7.78	7.89	7.89
Average result	6.78	6.60	6.74	6.70	6.63
Worst result	5.67	5.60	5.73	5.24	5.17
Responses	2236	2459	2617	2768	3017

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



Theme: Morale

Morale



	2021	2022	2023	2024	2025
Your org	5.65	5.65	5.96	5.95	5.96
Best result	6.45	6.30	6.52	6.38	6.42
Average result	5.73	5.68	5.90	5.93	5.84
Worst result	5.26	5.16	5.54	5.13	5.06
Responses	2303	2471	2632	2784	3033



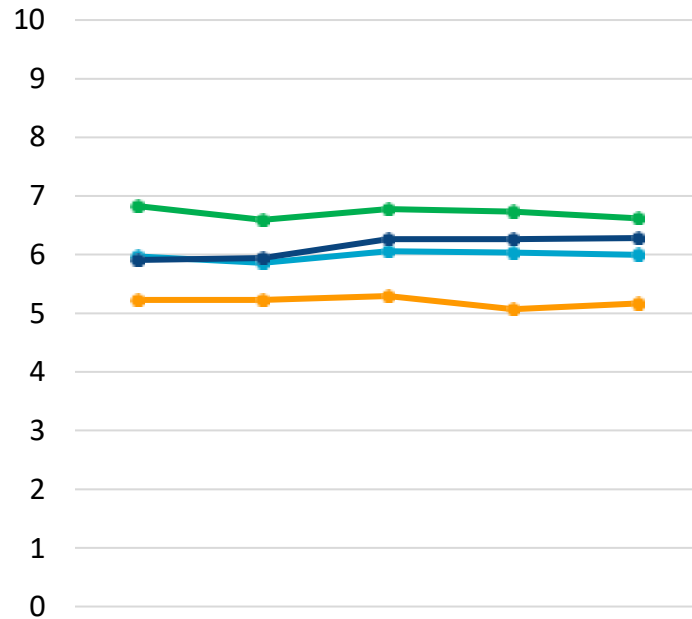
People Promise elements, themes and sub-scores: Sub-score trends

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



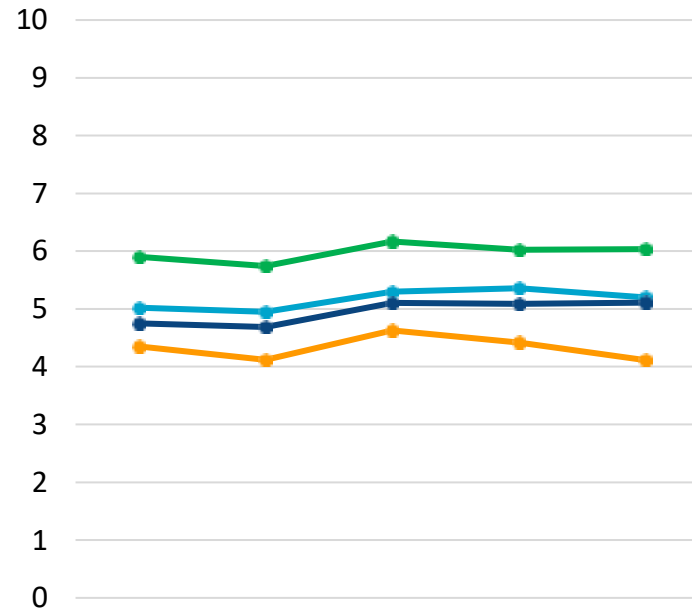
Theme: Morale

Thinking about leaving



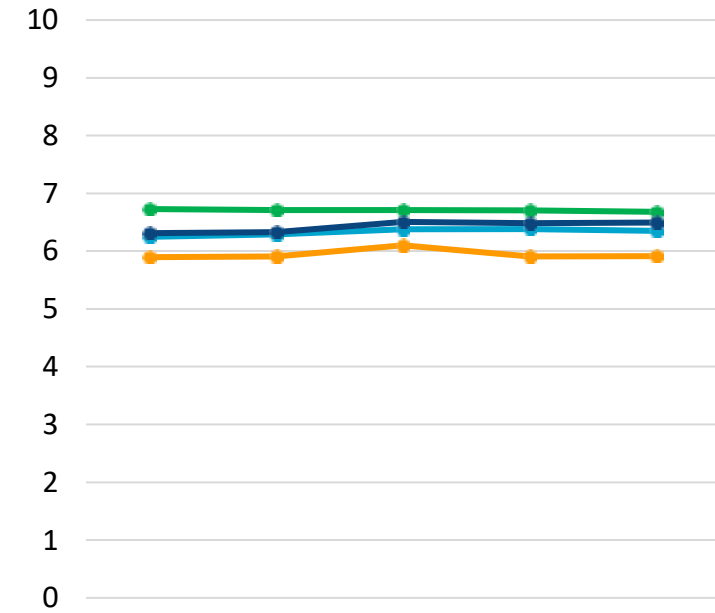
	2021	2022	2023	2024	2025
Your org	5.91	5.94	6.26	6.26	6.28
Best result	6.83	6.59	6.78	6.73	6.62
Average result	5.97	5.86	6.06	6.04	6.00
Worst result	5.23	5.23	5.29	5.07	5.17
Responses	2230	2466	2621	2766	3017

Work pressure



	2021	2022	2023	2024	2025
Your org	4.75	4.69	5.10	5.09	5.11
Best result	5.90	5.74	6.17	6.03	6.03
Average result	5.02	4.95	5.30	5.36	5.20
Worst result	4.35	4.12	4.63	4.42	4.11
Responses	2310	2467	2629	2779	3030

Stressors



	2021	2022	2023	2024	2025
Your org	6.31	6.33	6.51	6.49	6.49
Best result	6.73	6.71	6.71	6.70	6.68
Average result	6.25	6.29	6.38	6.38	6.35
Worst result	5.90	5.91	6.10	5.91	5.91
Responses	2294	2460	2625	2778	3028

People Promise element – We are compassionate and inclusive



Questions included:

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

Compassionate leadership – Q9f, Q9g, Q9h, Q9i

Diversity and equality – Q15, Q16a, Q16b, Q21

Inclusion – Q7h, Q7i, Q8b, Q8c

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

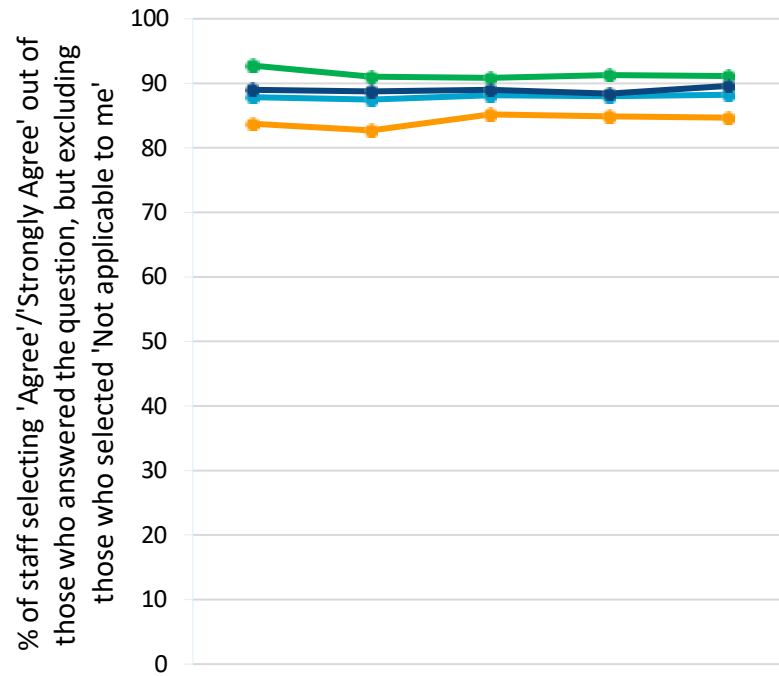


People Promise elements and theme results – We are compassionate and inclusive: Compassionate culture

Survey
Coordination
Centre

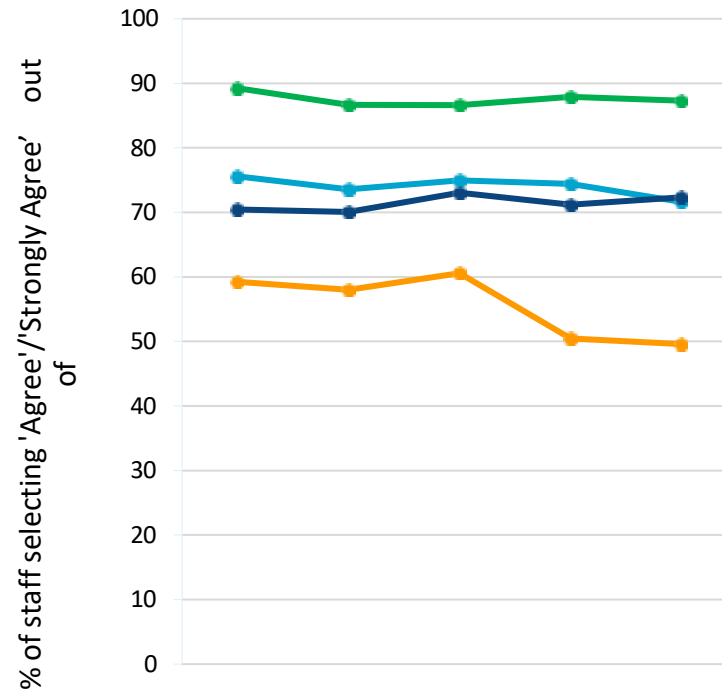


Q6a I feel that my role makes a difference to patients / service users.



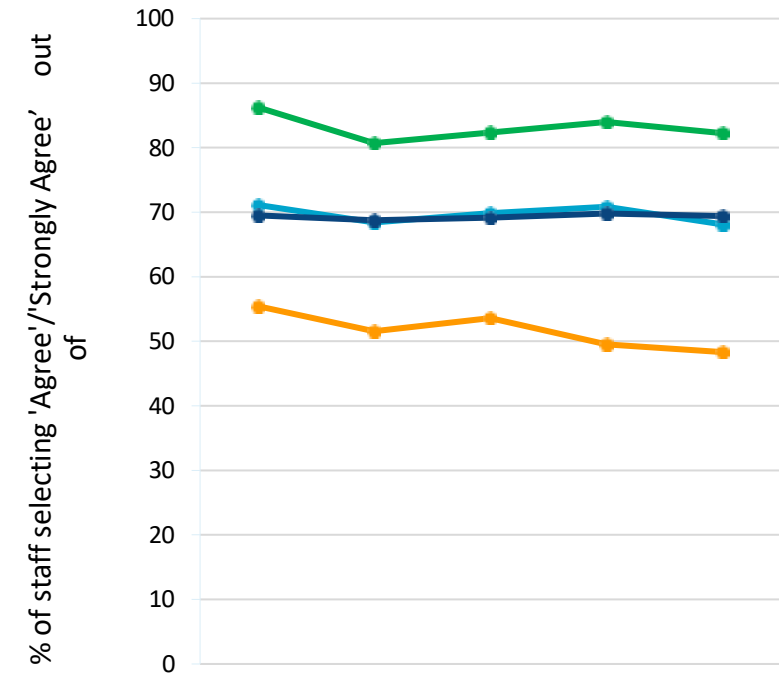
	2021	2022	2023	2024	2025
Your org	89.00%	88.72%	89.00%	88.40%	89.60%
Best result	92.75%	91.05%	90.85%	91.30%	91.11%
Average result	87.85%	87.48%	88.14%	88.02%	88.22%
Worst result	83.75%	82.70%	85.18%	84.88%	84.67%
Responses	2224	2382	2520	2679	2907

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



	2021	2022	2023	2024	2025
Your org	70.44%	70.06%	73.05%	71.22%	72.32%
Best result	89.24%	86.64%	86.62%	87.88%	87.31%
Average result	75.58%	73.58%	74.95%	74.42%	71.63%
Worst result	59.25%	57.99%	60.58%	50.48%	49.59%
Responses	2234	2454	2610	2768	3015

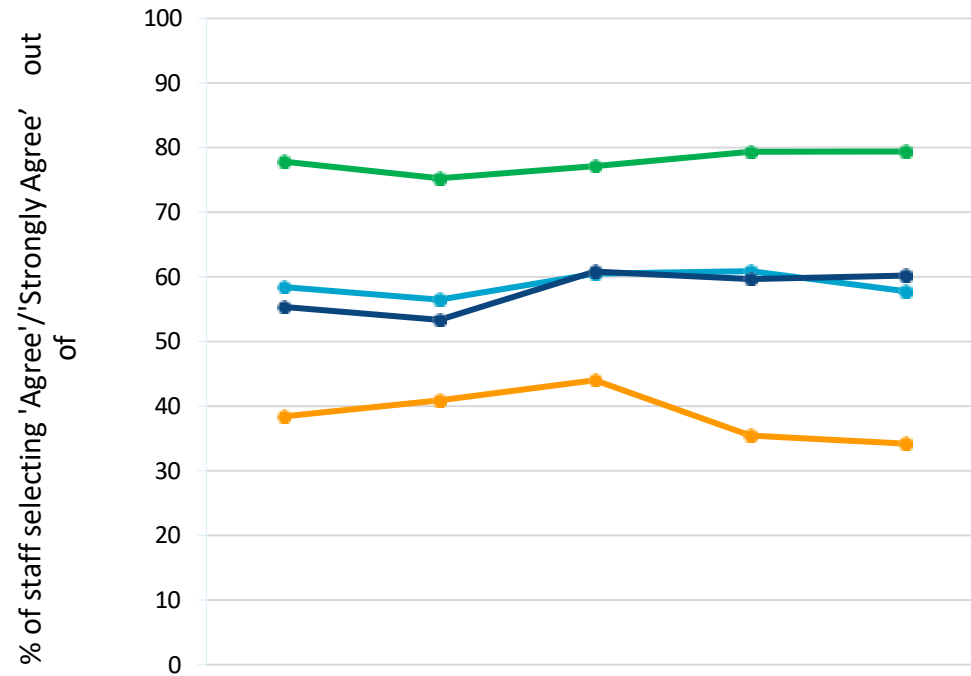
Q25b My organisation acts on concerns raised by patients / service users.



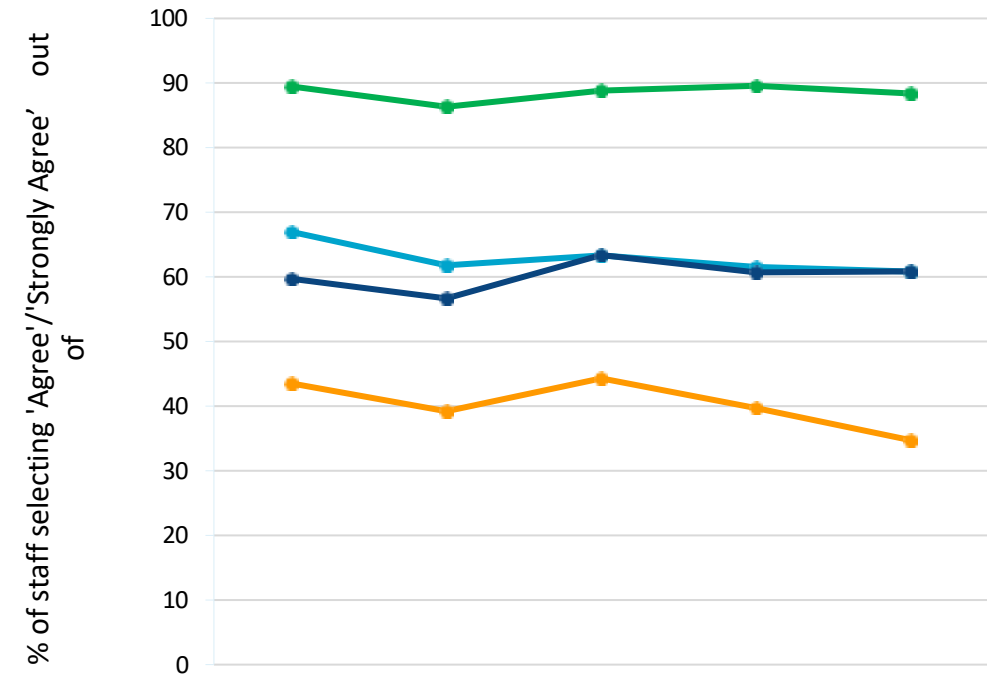
	2021	2022	2023	2024	2025
Your org	69.53%	68.76%	69.18%	69.80%	69.42%
Best result	86.24%	80.70%	82.35%	83.97%	82.23%
Average result	71.13%	68.39%	69.84%	70.86%	68.11%
Worst result	55.43%	51.54%	53.61%	49.53%	48.33%
Responses	2231	2455	2609	2762	3007



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



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

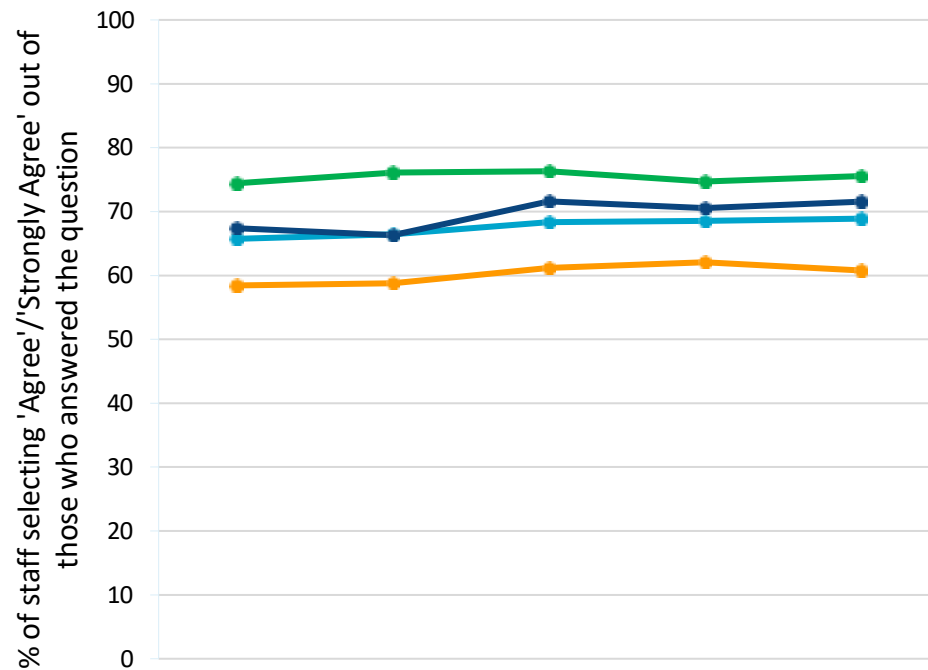


	2021	2022	2023	2024	2025
Your org	55.37%	53.35%	60.83%	59.68%	60.21%
Best result	77.86%	75.26%	77.14%	79.37%	79.40%
Average result	58.41%	56.47%	60.52%	60.89%	57.77%
Worst result	38.40%	40.90%	44.01%	35.43%	34.20%
Responses	2235	2459	2612	2766	3008

	2021	2022	2023	2024	2025
Your org	59.69%	56.67%	63.38%	60.69%	60.83%
Best result	89.49%	86.33%	88.81%	89.58%	88.41%
Average result	66.97%	61.78%	63.32%	61.55%	60.83%
Worst result	43.50%	39.20%	44.30%	39.68%	34.73%
Responses	2235	2454	2617	2763	3010

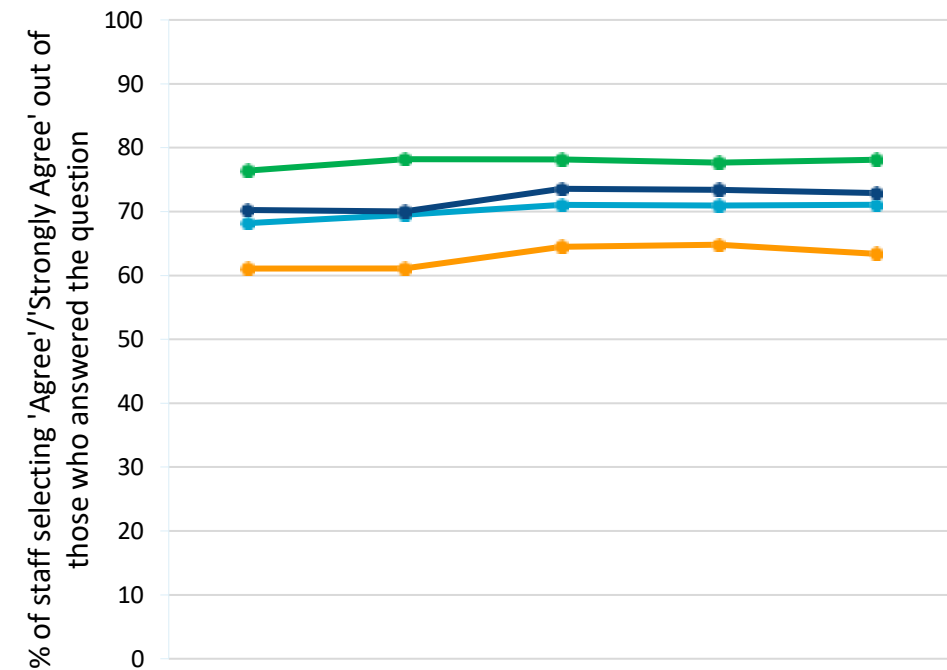


Q9f My immediate manager works together with me to come to an understanding of problems.



	2021	2022	2023	2024	2025
Your org	67.40%	66.31%	71.60%	70.53%	71.53%
Best result	74.43%	76.09%	76.31%	74.72%	75.54%
Average result	65.73%	66.46%	68.37%	68.54%	68.89%
Worst result	58.44%	58.76%	61.17%	62.06%	60.79%
Responses	2268	2462	2625	2775	3023

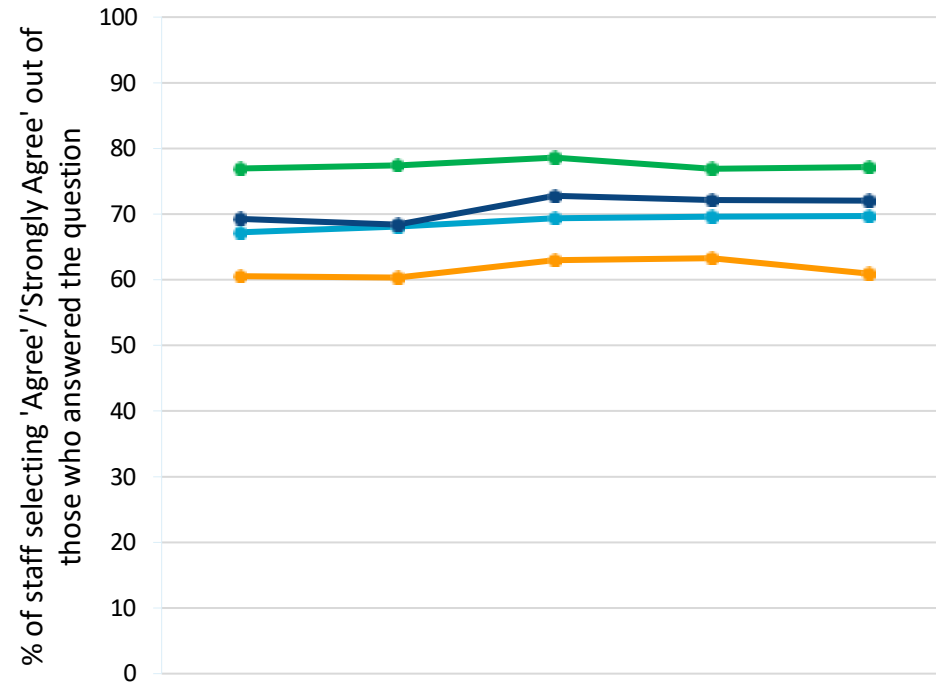
Q9g My immediate manager is interested in listening to me when I describe challenges I face.



	2021	2022	2023	2024	2025
Your org	70.23%	70.02%	73.56%	73.38%	72.90%
Best result	76.40%	78.20%	78.14%	77.64%	78.12%
Average result	68.18%	69.47%	71.04%	70.96%	71.07%
Worst result	61.09%	61.09%	64.49%	64.81%	63.37%
Responses	2267	2469	2622	2772	3025

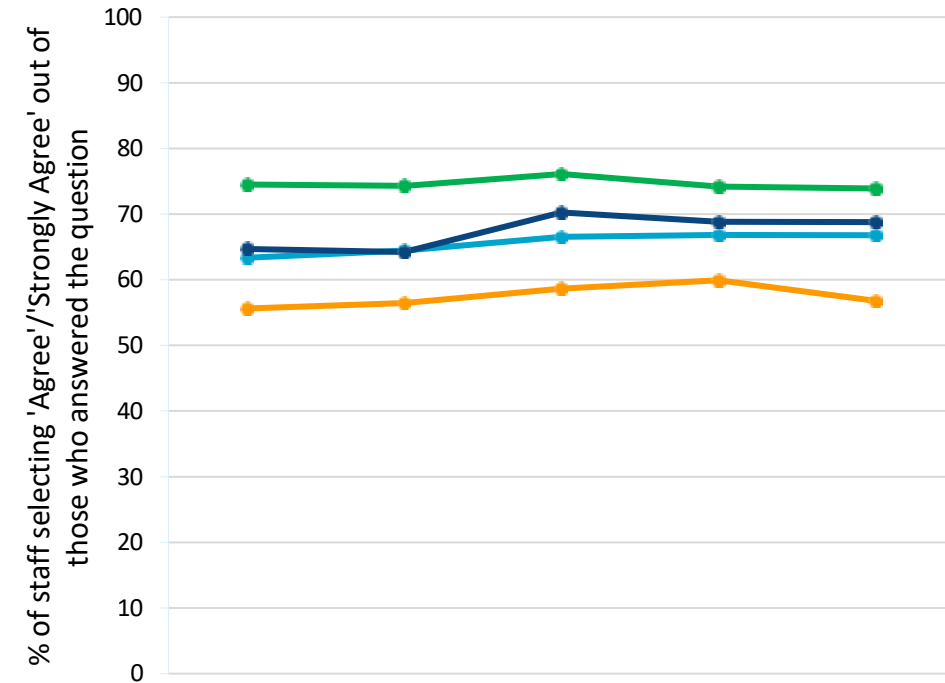


Q9h My immediate manager cares about my concerns.



	2021	2022	2023	2024	2025
Your org	69.28%	68.40%	72.78%	72.16%	72.03%
Best result	76.94%	77.42%	78.60%	76.90%	77.15%
Average result	67.22%	68.07%	69.38%	69.63%	69.71%
Worst result	60.56%	60.33%	62.96%	63.28%	60.93%
Responses	2270	2464	2621	2769	3024

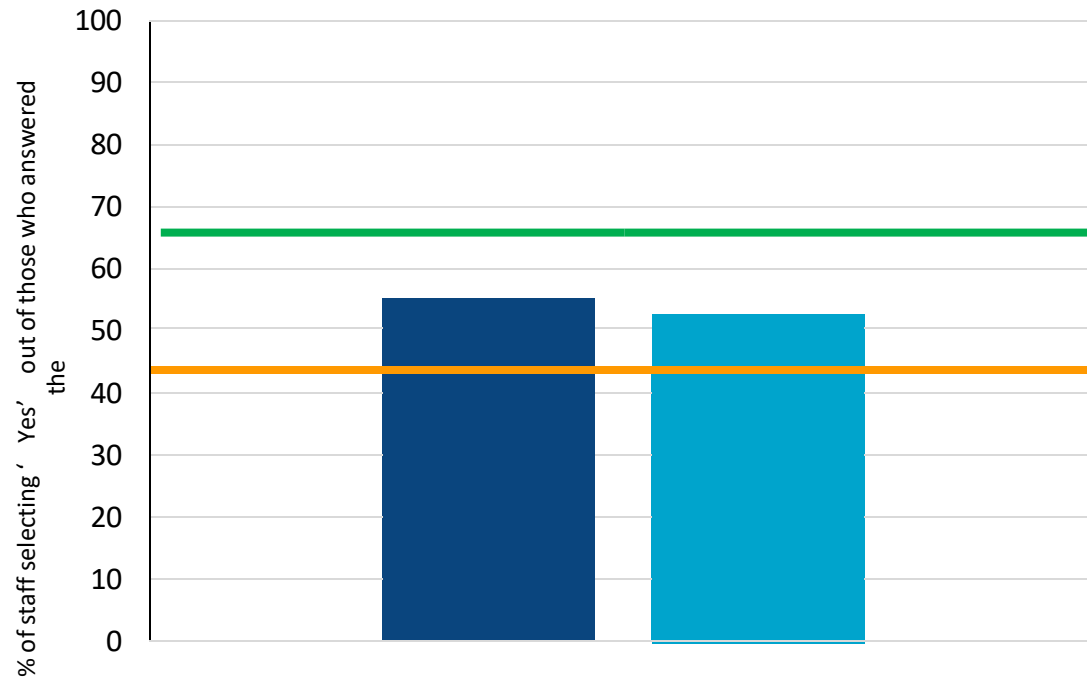
Q9i My immediate manager takes effective action to help me with any problems I face.



	2021	2022	2023	2024	2025
Your org	64.69%	64.22%	70.25%	68.85%	68.77%
Best result	74.50%	74.31%	76.10%	74.19%	73.90%
Average result	63.35%	64.44%	66.52%	66.82%	66.79%
Worst result	55.62%	56.43%	58.66%	59.92%	56.79%
Responses	2265	2468	2622	2770	3022

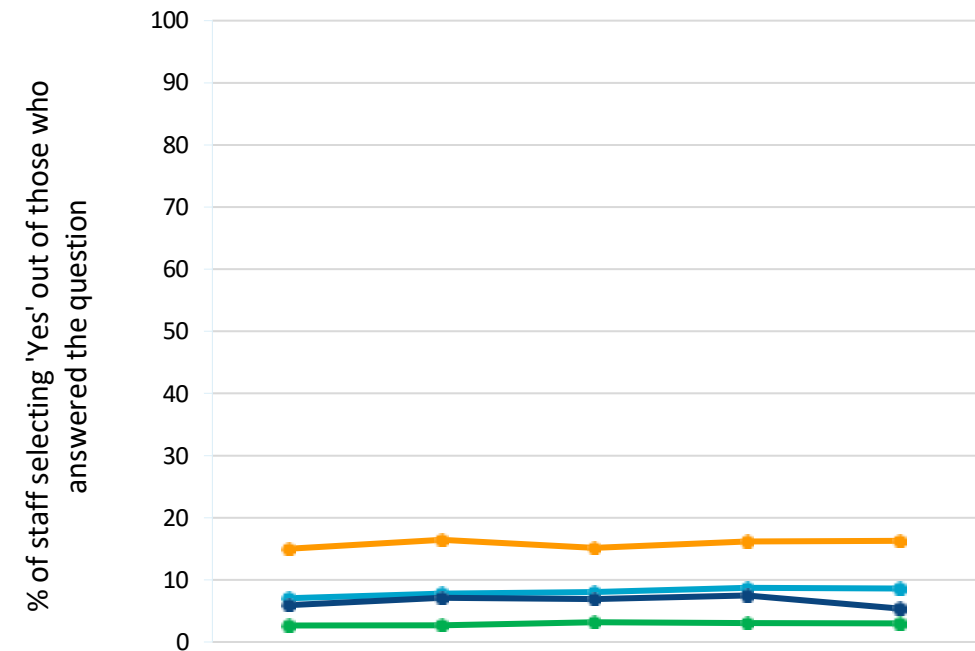


Q15 Does your organisation act fairly with regard to career progression/promotion, regardless of e.g. age, disability, ethnic background, gender reassignment, religion, sex, or sexual orientation?



	2025
Your org	54.68%
Best result	65.57%
Average result	53.05%
Worst result	43.72%
Responses	2997

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

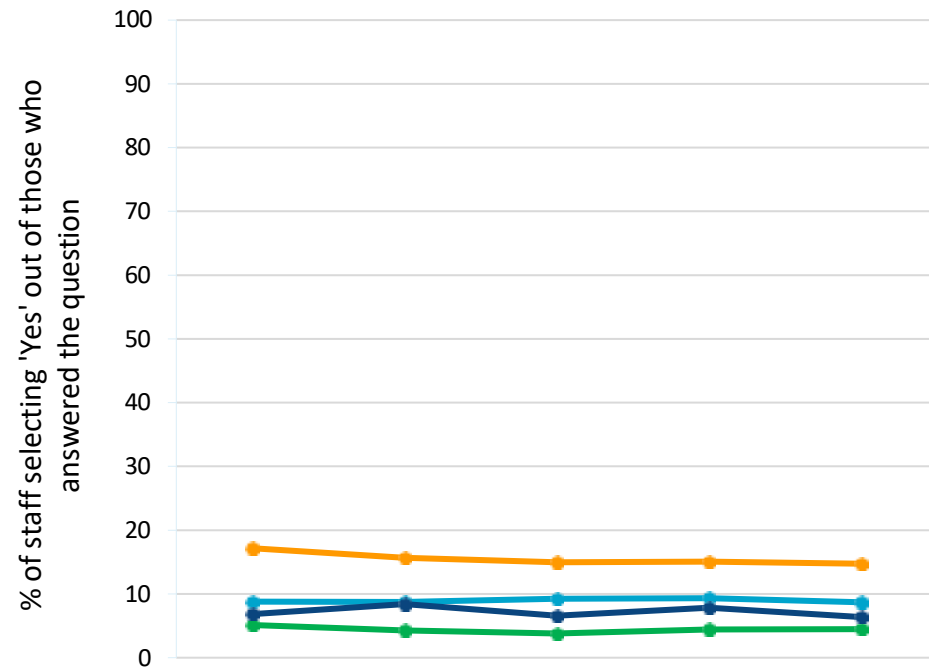


	2021	2022	2023	2024	2025
Your org	5.92%	7.11%	6.91%	7.48%	5.37%
Best result	2.65%	2.70%	3.17%	3.02%	2.97%
Average result	7.04%	7.76%	8.06%	8.72%	8.58%
Worst result	15.00%	16.44%	15.14%	16.17%	16.28%
Responses	2259	2450	2619	2770	3018

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

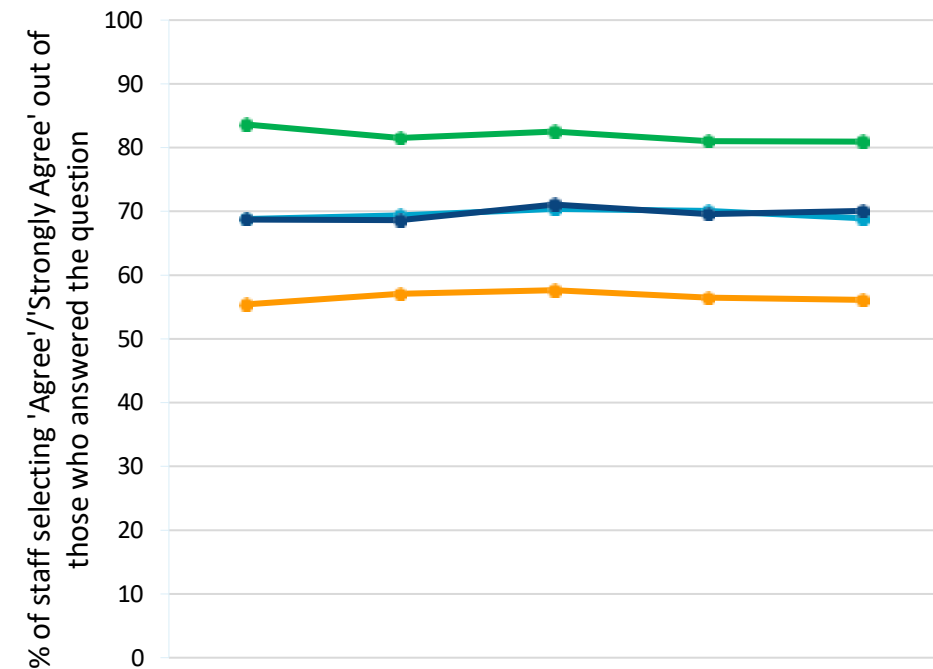


Q16b In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?



	2021	2022	2023	2024	2025
Your org	6.84%	8.40%	6.58%	7.83%	6.37%
Best result	5.12%	4.25%	3.80%	4.45%	4.46%
Average result	8.81%	8.73%	9.24%	9.33%	8.69%
Worst result	17.16%	15.67%	14.95%	15.07%	14.74%
Responses	2257	2433	2598	2755	3002

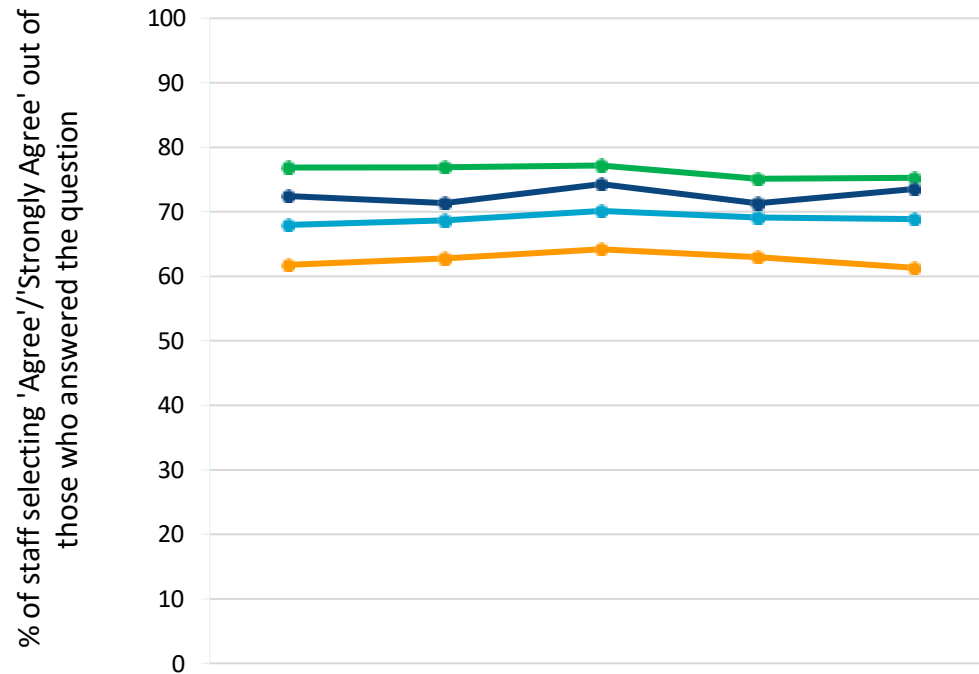
Q21 I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc).



	2021	2022	2023	2024	2025
Your org	68.73%	68.63%	71.07%	69.59%	70.06%
Best result	83.63%	81.52%	82.54%	81.00%	80.94%
Average result	68.80%	69.36%	70.39%	70.09%	68.91%
Worst result	55.41%	57.05%	57.64%	56.48%	56.12%
Responses	2253	2462	2623	2757	3009

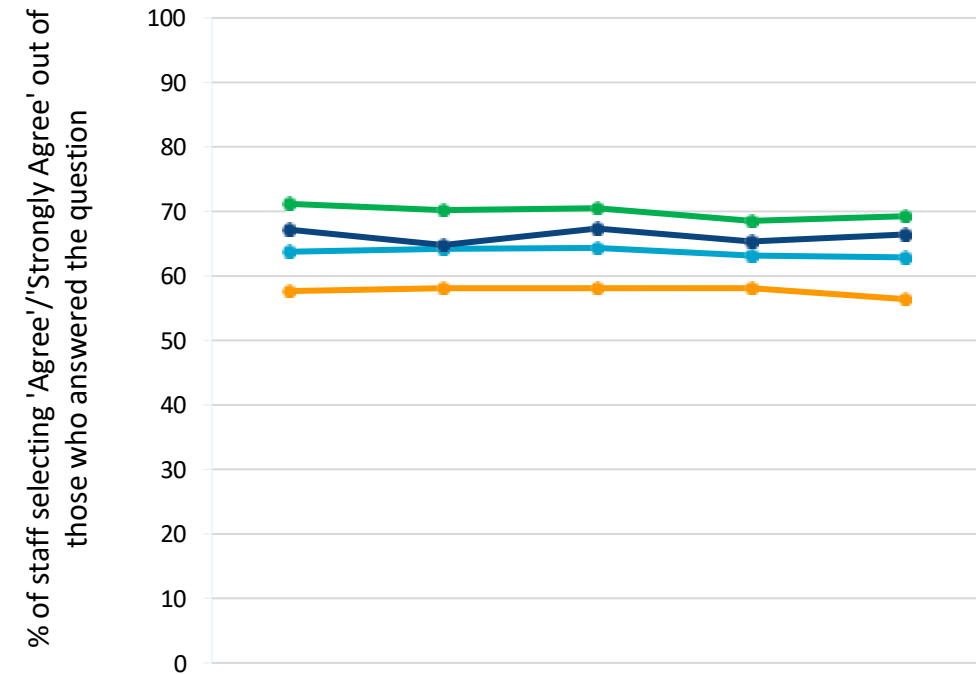


Q7h I feel valued by my team.



	2021	2022	2023	2024	2025
Your org	72.46%	71.38%	74.30%	71.32%	73.56%
Best result	76.87%	76.89%	77.18%	75.13%	75.29%
Average result	67.97%	68.70%	70.14%	69.10%	68.86%
Worst result	61.78%	62.75%	64.19%	62.95%	61.33%
Responses	2292	2455	2623	2763	3017

Q7i I feel a strong personal attachment to my team.

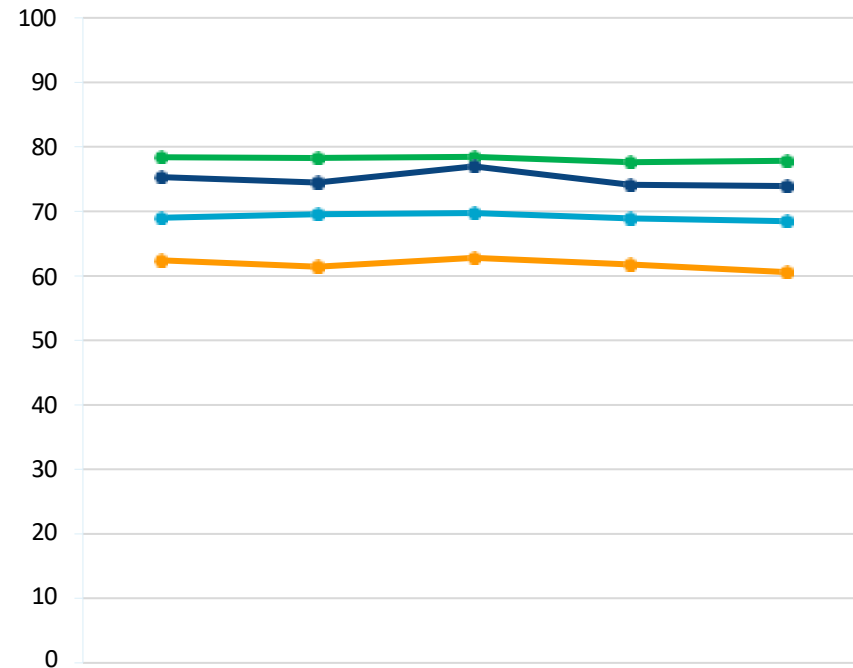


	2021	2022	2023	2024	2025
Your org	67.19%	64.79%	67.35%	65.35%	66.42%
Best result	71.18%	70.19%	70.51%	68.53%	69.25%
Average result	63.76%	64.19%	64.34%	63.17%	62.88%
Worst result	57.67%	58.08%	58.09%	58.10%	56.40%
Responses	2288	2462	2617	2769	3025



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

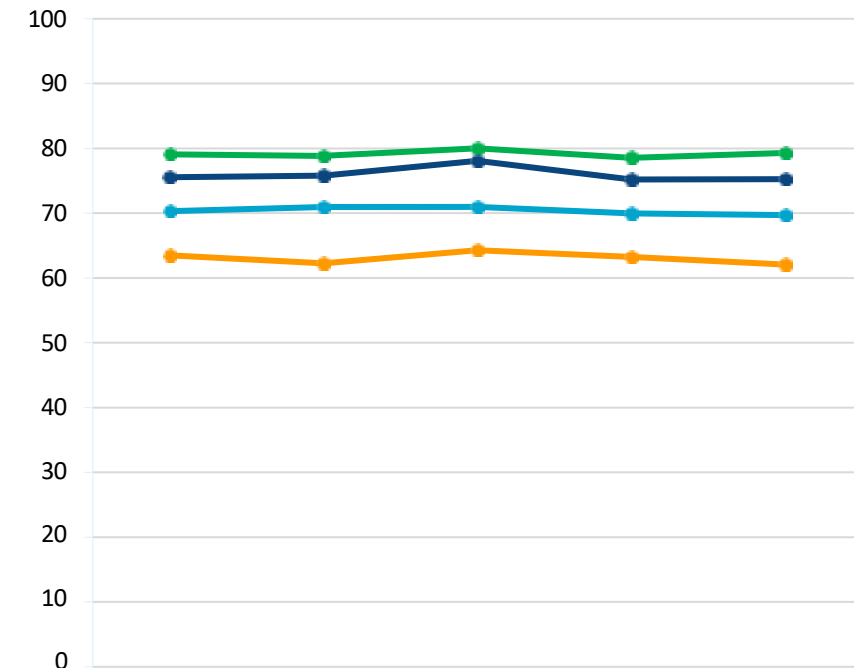
% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question



	2021	2022	2023	2024	2025
Your org	75.31%	74.45%	76.98%	74.11%	73.92%
Best result	78.39%	78.27%	78.45%	77.62%	77.85%
Average result	69.03%	69.58%	69.74%	68.91%	68.48%
Worst result	62.41%	61.43%	62.79%	61.79%	60.58%
Responses	2286	2457	2622	2772	3015

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

% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question



	2021	2022	2023	2024	2025
Your org	75.55%	75.81%	78.08%	75.20%	75.24%
Best result	79.08%	78.83%	80.01%	78.54%	79.30%
Average result	70.33%	70.95%	70.97%	69.96%	69.71%
Worst result	63.50%	62.24%	64.28%	63.25%	62.07%
Responses	2286	2454	2621	2764	3005

People Promise element – We are recognised and rewarded

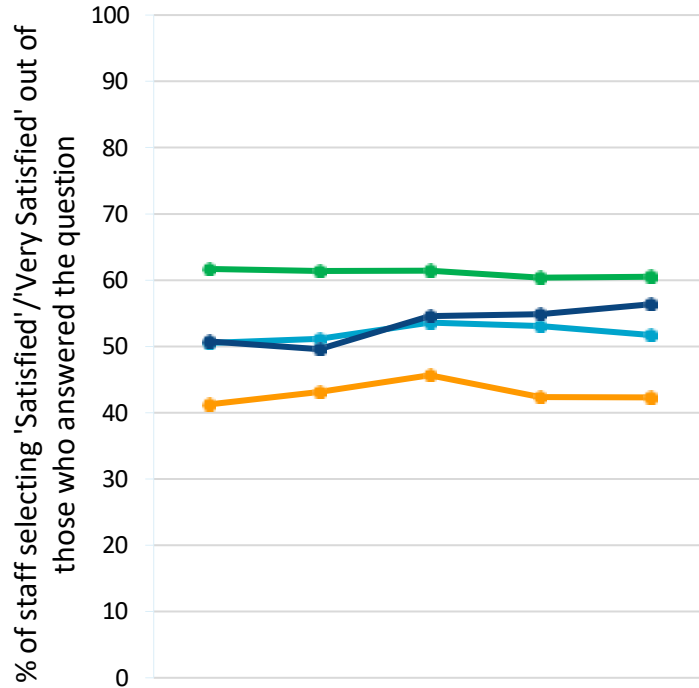


Questions included:
Q4a, Q4b, Q4c, Q8d, Q9e

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

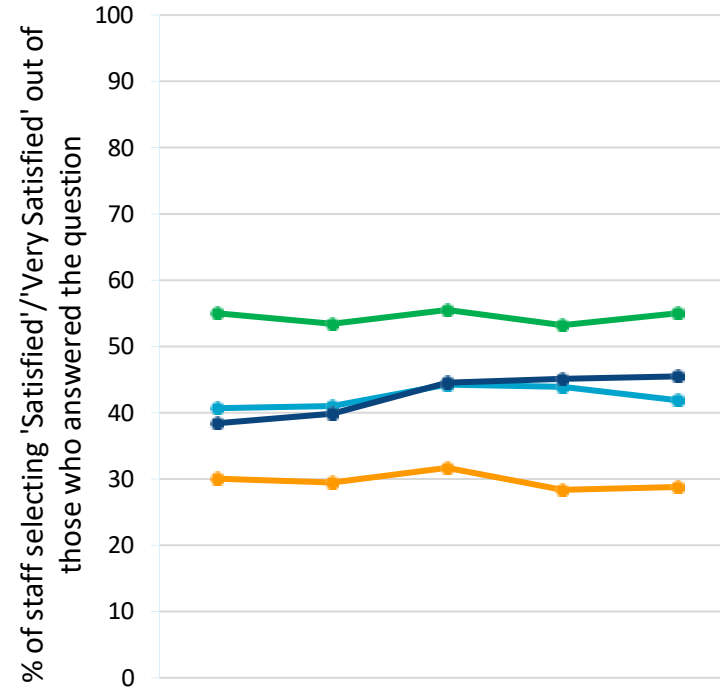


Q4a How satisfied are you with each of the following aspects of your job? The recognition I get for good work.



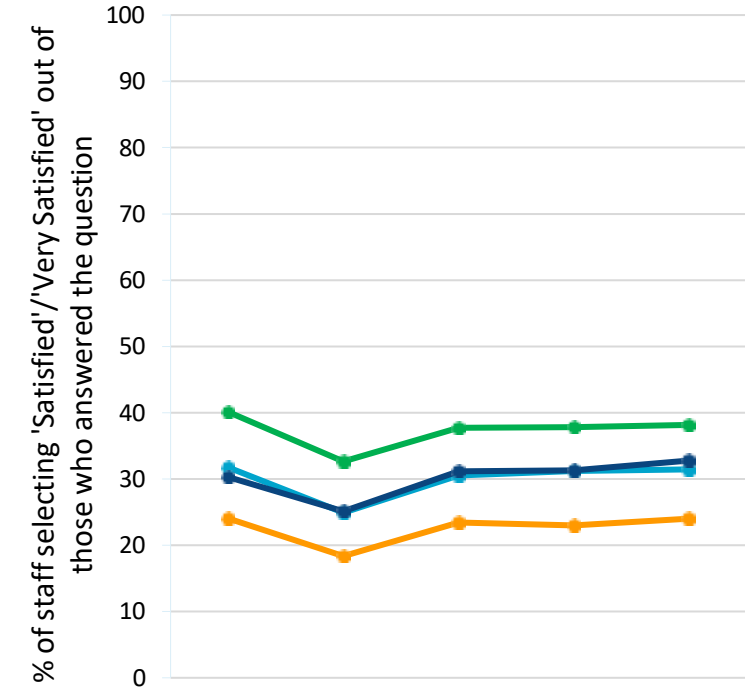
	2021	2022	2023	2024	2025
Your org	50.74%	49.58%	54.57%	54.85%	56.36%
Best result	61.69%	61.38%	61.41%	60.38%	60.51%
Average result	50.53%	51.13%	53.60%	53.06%	51.72%
Worst result	41.25%	43.14%	45.66%	42.36%	42.31%
Responses	2306	2459	2628	2785	3031

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



	2021	2022	2023	2024	2025
Your org	38.41%	39.83%	44.56%	45.11%	45.48%
Best result	55.03%	53.44%	55.51%	53.21%	55.01%
Average result	40.68%	41.02%	44.24%	43.91%	41.90%
Worst result	30.03%	29.48%	31.68%	28.36%	28.77%
Responses	2303	2448	2616	2766	3018

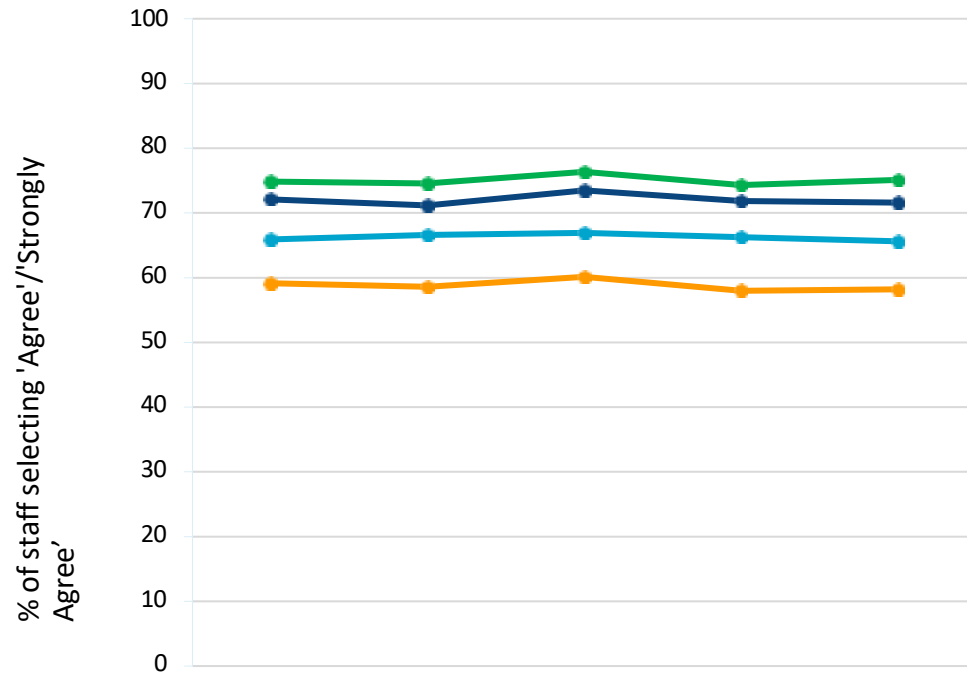
Q4c How satisfied are you with each of the following aspects of your job? My level of pay.



	2021	2022	2023	2024	2025
Your org	30.28%	25.12%	31.17%	31.31%	32.78%
Best result	40.11%	32.64%	37.73%	37.83%	38.14%
Average result	31.75%	24.92%	30.54%	31.19%	31.45%
Worst result	24.05%	18.36%	23.42%	22.97%	24.01%
Responses	2298	2454	2622	2779	3019

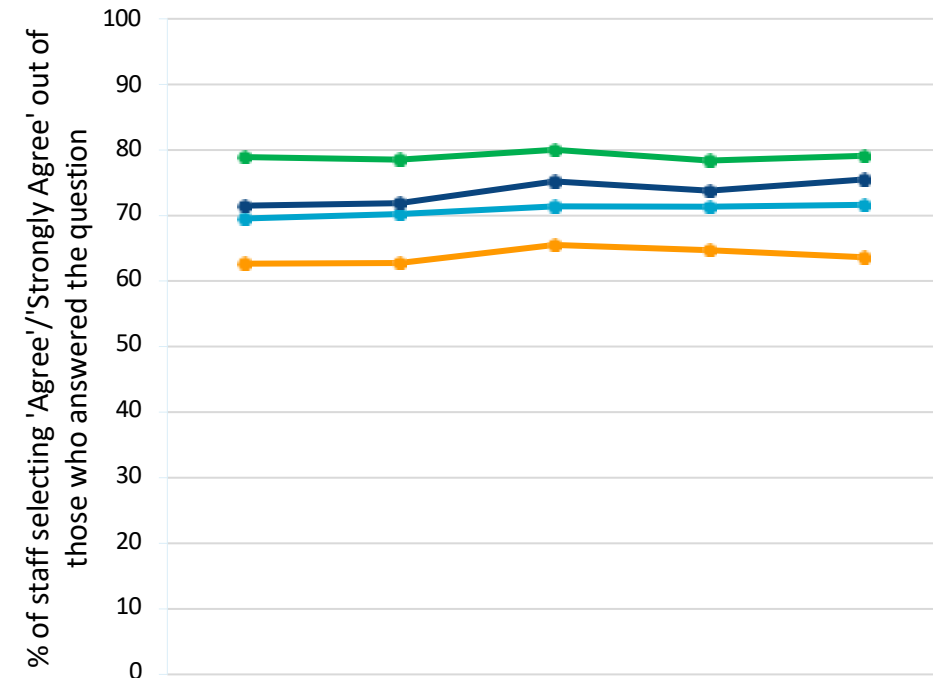


Q8d The people I work with show appreciation to one another.



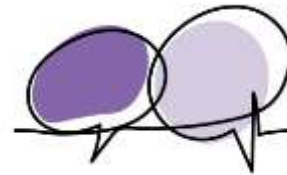
	2021	2022	2023	2024	2025
Your org	72.10%	71.16%	73.49%	71.86%	71.61%
Best result	74.84%	74.56%	76.35%	74.30%	75.09%
Average result	65.91%	66.62%	66.92%	66.23%	65.62%
Worst result	59.15%	58.58%	60.13%	57.98%	58.20%
Responses	2281	2456	2616	2764	3010

Q9e My immediate manager values my work.



	2021	2022	2023	2024	2025
Your org	71.50%	71.88%	75.22%	73.81%	75.50%
Best result	78.90%	78.53%	80.02%	78.38%	79.12%
Average result	69.55%	70.22%	71.41%	71.32%	71.63%
Worst result	62.65%	62.75%	65.51%	64.72%	63.64%
Responses	2270	2470	2630	2776	3026

People Promise element – We each have a voice that counts

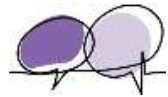


Questions included:

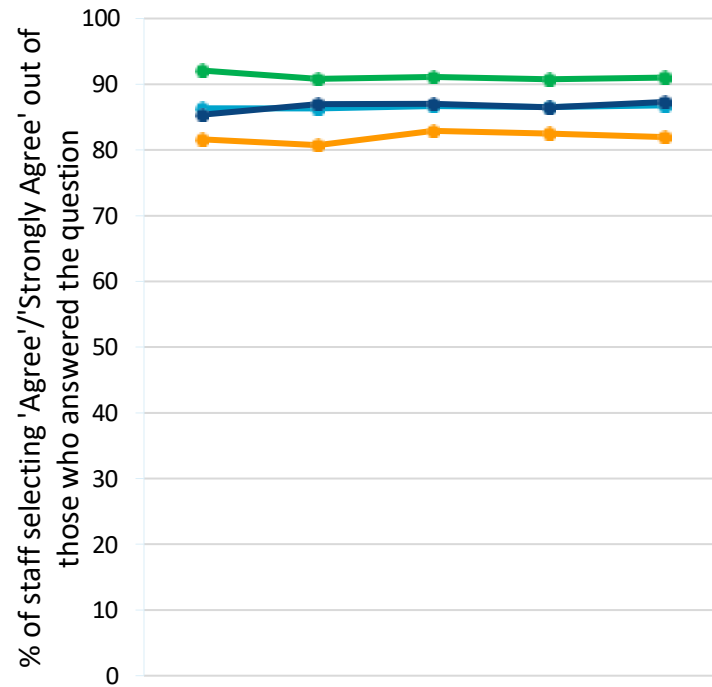
Autonomy and control – Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q5b

Raising concerns – Q20a, Q20b, Q25e, Q25f

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

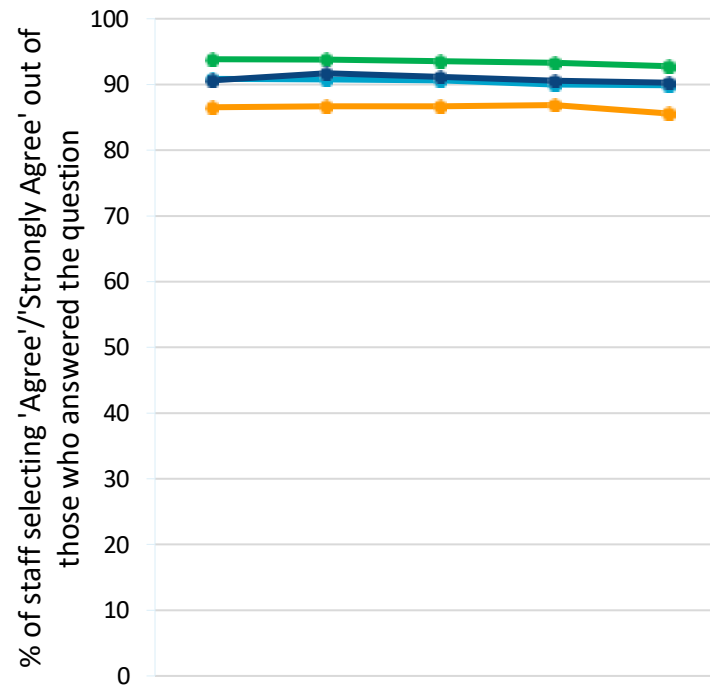


Q3a I always know what my work responsibilities are.



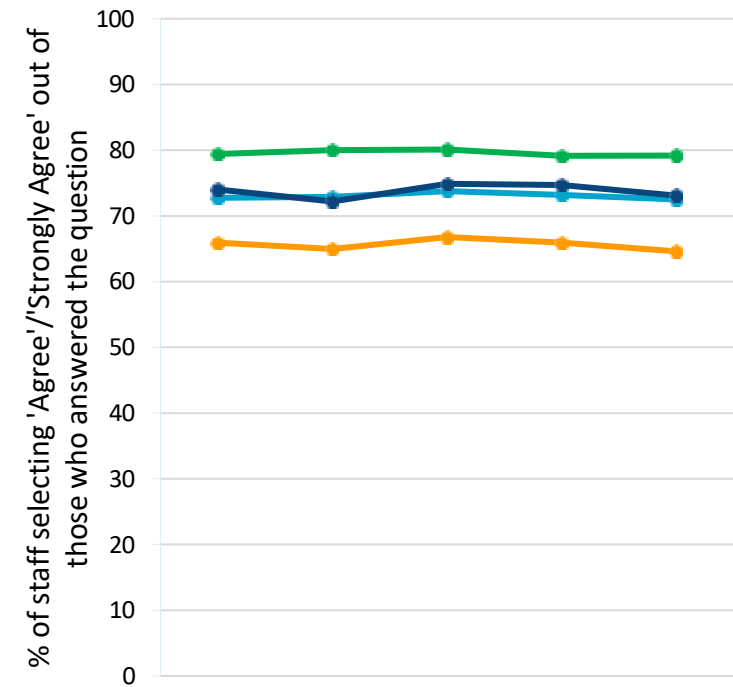
	2021	2022	2023	2024	2025
Your org	85.36%	86.97%	87.00%	86.50%	87.30%
Best result	92.09%	90.81%	91.10%	90.75%	91.00%
Average result	86.33%	86.32%	86.69%	86.53%	86.79%
Worst result	81.63%	80.73%	82.90%	82.49%	81.95%
Responses	2307	2471	2633	2785	3034

Q3b I am trusted to do my job.

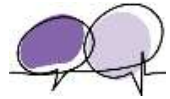


	2021	2022	2023	2024	2025
Your org	90.65%	91.70%	91.16%	90.59%	90.27%
Best result	93.84%	93.80%	93.54%	93.29%	92.78%
Average result	90.85%	90.77%	90.61%	89.98%	89.88%
Worst result	86.54%	86.65%	86.66%	86.87%	85.58%
Responses	2306	2467	2629	2773	3029

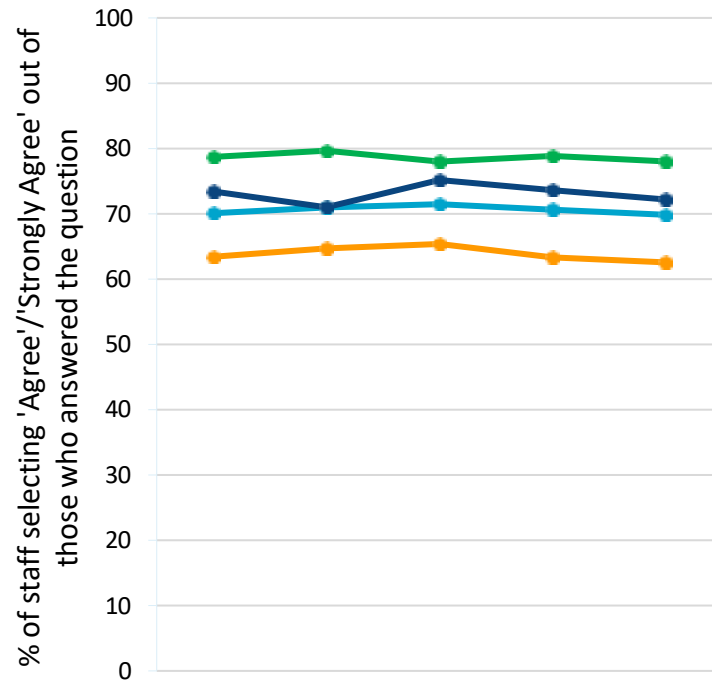
Q3c There are frequent opportunities for me to show initiative in my role.



	2021	2022	2023	2024	2025
Your org	74.02%	72.20%	74.89%	74.68%	73.09%
Best result	79.41%	80.01%	80.10%	79.15%	79.17%
Average result	72.75%	72.91%	73.77%	73.20%	72.51%
Worst result	65.92%	64.98%	66.78%	65.94%	64.60%
Responses	2310	2456	2620	2772	3025

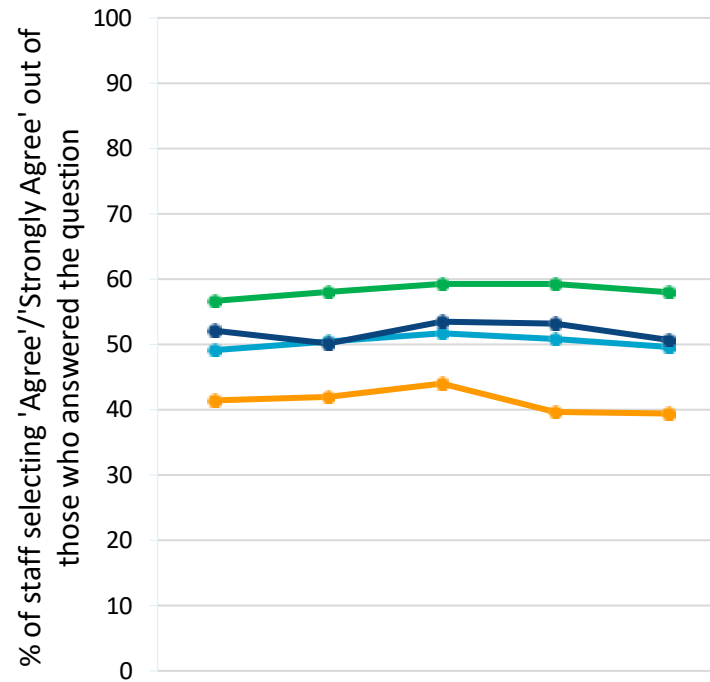


Q3d I am able to make suggestions to improve the work of my team / department.



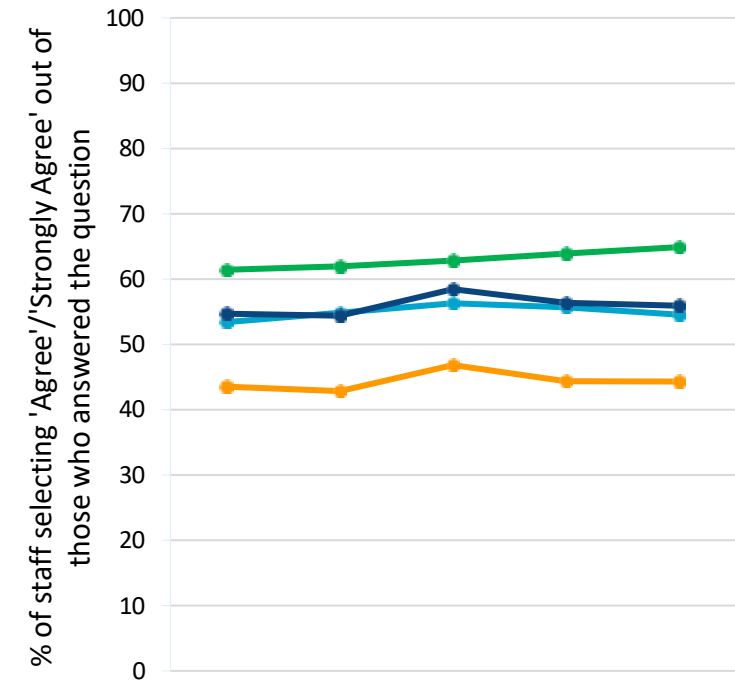
	2021	2022	2023	2024	2025
Your org	73.44%	71.00%	75.17%	73.64%	72.22%
Best result	78.70%	79.67%	78.00%	78.84%	78.03%
Average result	70.10%	70.97%	71.47%	70.61%	69.85%
Worst result	63.42%	64.70%	65.38%	63.33%	62.56%
Responses	2310	2457	2621	2769	3014

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

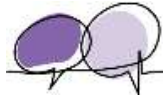


	2021	2022	2023	2024	2025
Your org	52.09%	50.14%	53.48%	53.17%	50.67%
Best result	56.66%	58.05%	59.27%	59.26%	58.01%
Average result	49.12%	50.45%	51.71%	50.82%	49.59%
Worst result	41.44%	41.94%	44.00%	39.68%	39.41%
Responses	2310	2457	2619	2770	3023

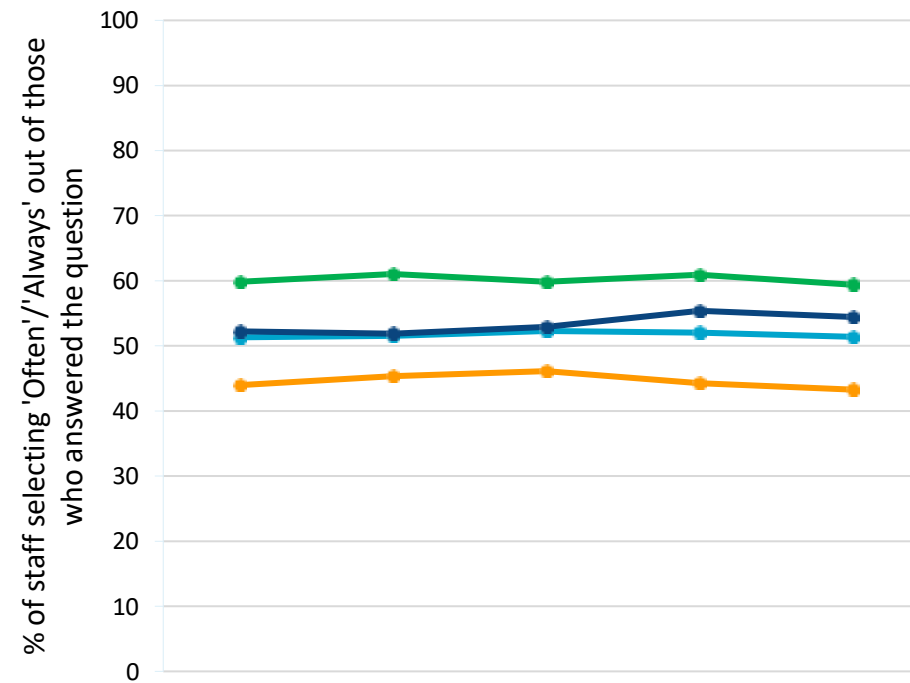
Q3f I am able to make improvements happen in my area of work.



	2021	2022	2023	2024	2025
Your org	54.70%	54.40%	58.46%	56.35%	55.93%
Best result	61.43%	61.98%	62.84%	63.94%	64.90%
Average result	53.41%	54.86%	56.30%	55.71%	54.54%
Worst result	43.54%	42.85%	46.84%	44.35%	44.33%
Responses	2307	2460	2616	2769	3015

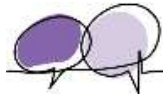


Q5b I have a choice in deciding how to do my work.

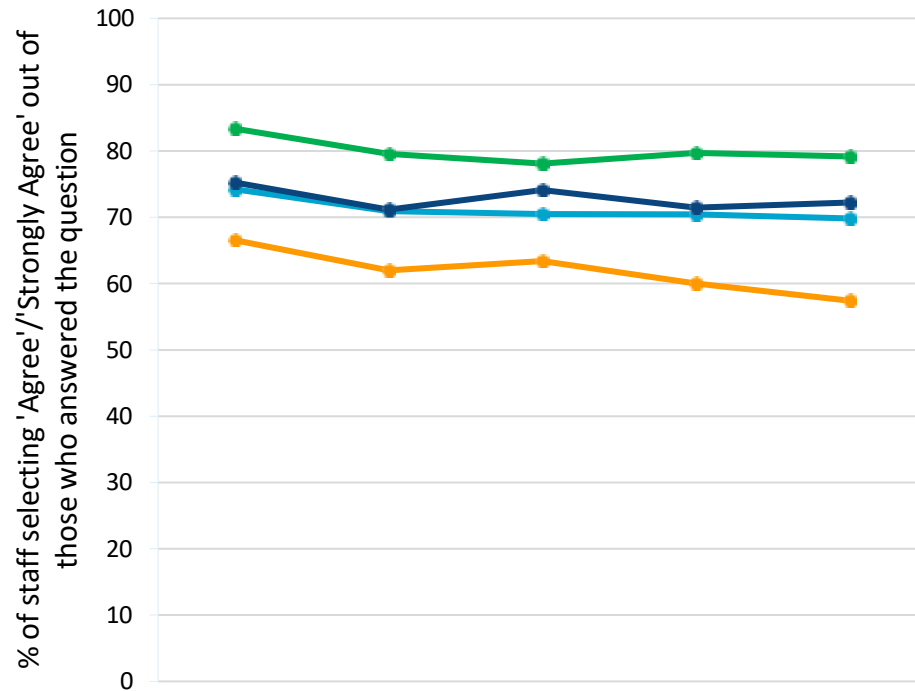


	2021	2022	2023	2024	2025
Your org	52.21%	51.87%	52.92%	55.39%	54.45%
Best result	59.84%	61.04%	59.83%	60.94%	59.39%
Average result	51.31%	51.54%	52.28%	52.02%	51.37%
Worst result	43.95%	45.34%	46.12%	44.25%	43.28%
Responses	2295	2458	2613	2765	3019

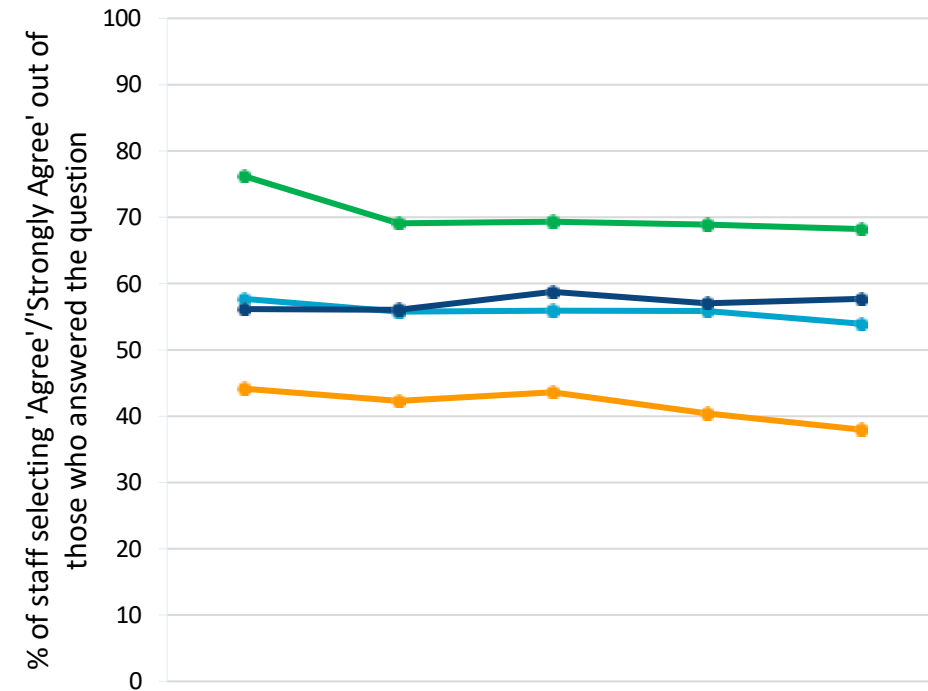
Curtis Soile
24/03/2026 12:54:52



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



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

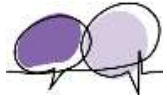


	2021	2022	2023	2024	2025
Your org	75.24%	71.15%	74.11%	71.45%	72.21%
Best result	83.36%	79.55%	78.09%	79.72%	79.16%
Average result	74.22%	70.95%	70.47%	70.44%	69.82%
Worst result	66.54%	61.98%	63.38%	60.04%	57.41%

Responses 2260 2444 2617 2757 2998

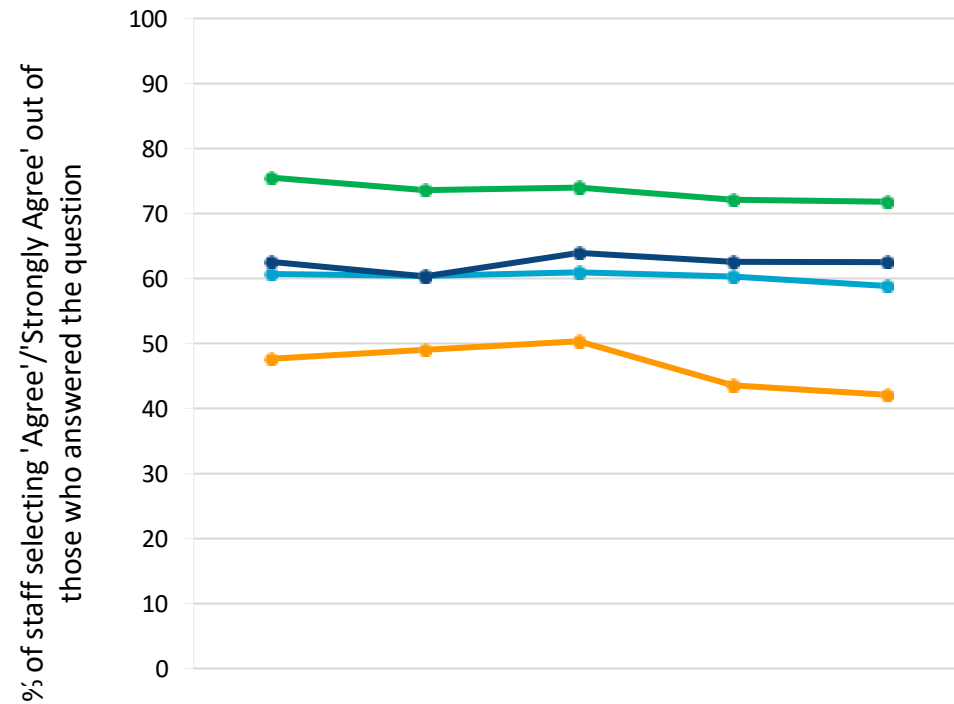
	2021	2022	2023	2024	2025
Your org	56.16%	56.04%	58.75%	57.00%	57.69%
Best result	76.20%	69.10%	69.34%	68.88%	68.23%
Average result	57.69%	55.78%	55.93%	55.88%	53.94%
Worst result	44.15%	42.28%	43.60%	40.40%	37.97%

Responses 2258 2437 2607 2758 2982



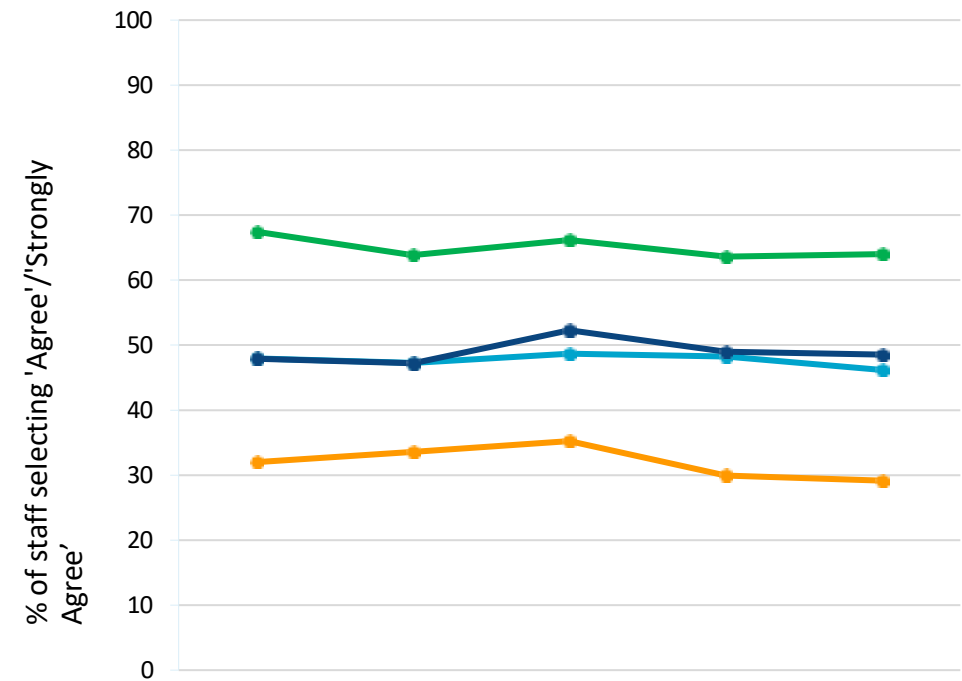
Q25e I feel safe to speak up about anything that concerns me in this organisation.

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



	2021	2022	2023	2024	2025
Your org	62.58%	60.33%	63.94%	62.57%	62.54%
Best result	75.53%	73.59%	73.99%	72.14%	71.81%
Average result	60.69%	60.38%	60.95%	60.31%	58.85%
Worst result	47.63%	49.02%	50.35%	43.57%	42.11%

Responses 2233 2456 2616 2761 3009



	2021	2022	2023	2024	2025
Your org	47.91%	47.21%	52.29%	48.99%	48.54%
Best result	67.44%	63.83%	66.16%	63.62%	63.99%
Average result	47.96%	47.24%	48.68%	48.24%	46.18%
Worst result	32.01%	33.60%	35.23%	29.95%	29.15%

Responses 2235 2452 2604 2754 3005

People Promise element – We are safe and healthy



Questions included:

Health and safety climate: Q3g, Q3h, Q3i, Q5a, Q11a, Q13d, Q14d

Burnout: Q12a, Q12b, Q12c, Q12d, Q12e, Q12f, Q12g

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

Other questions:* Q17a, Q17b, Q22

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

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

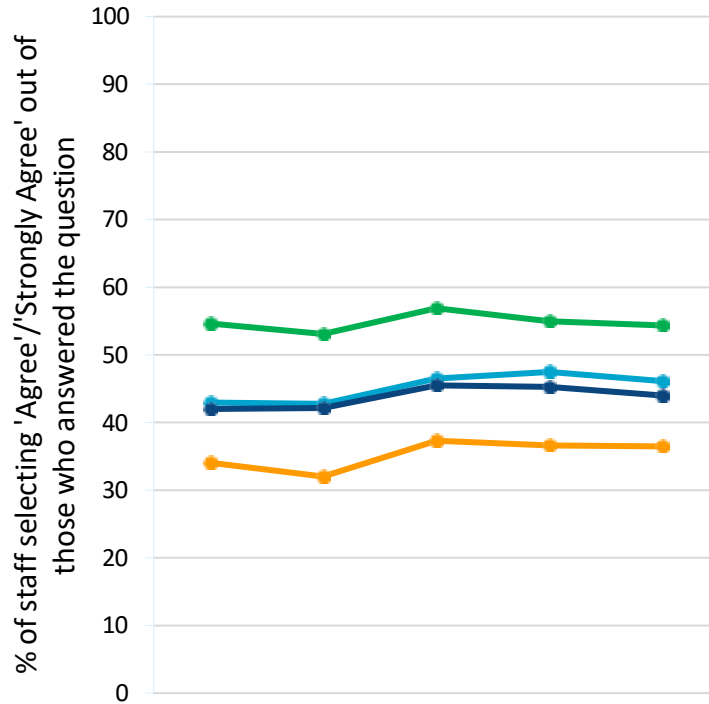


People Promise elements and theme results – We are safe and healthy: Health and safety climate

Survey
Coordination
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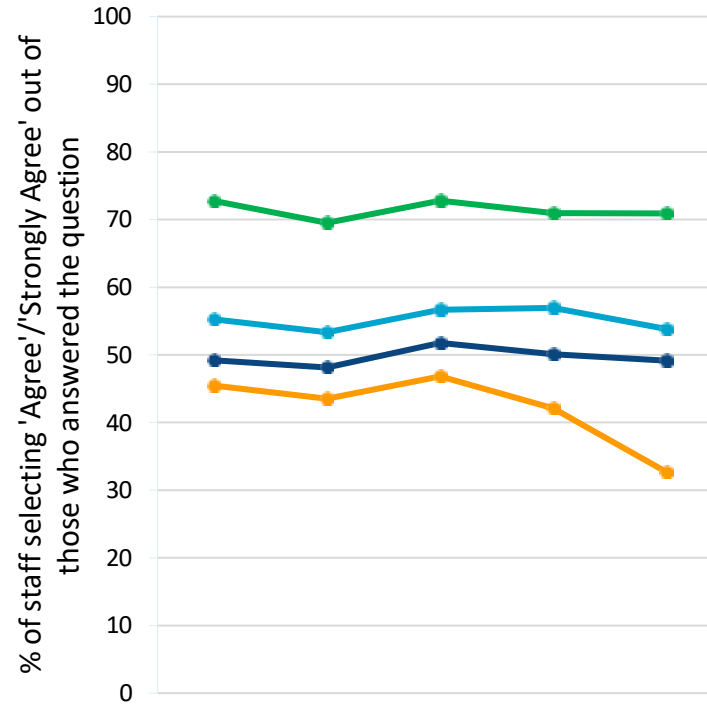


Q3g I am able to meet all the conflicting demands on my time at work.



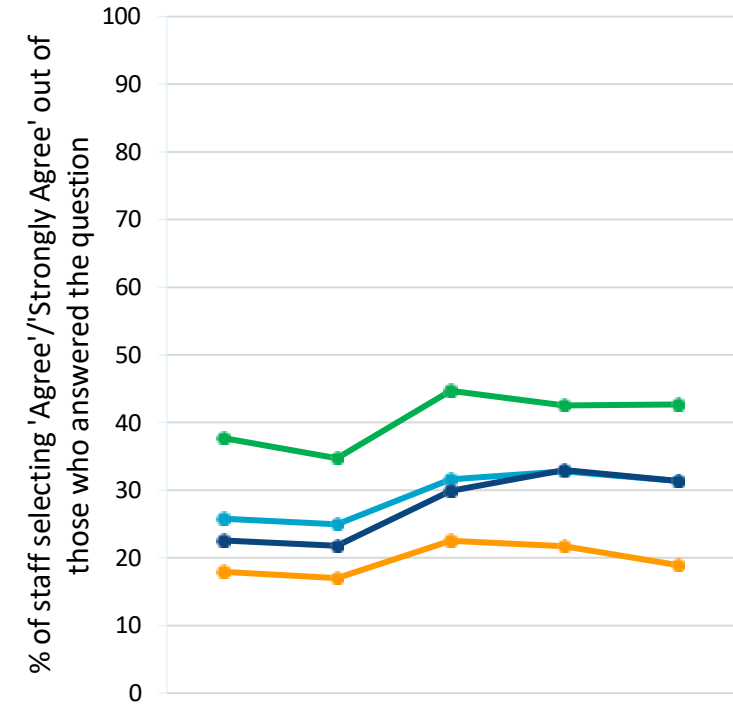
	2021	2022	2023	2024	2025
Your org	42.00%	42.15%	45.49%	45.28%	44.01%
Best result	54.61%	53.09%	56.89%	54.99%	54.34%
Average result	42.96%	42.76%	46.52%	47.47%	46.14%
Worst result	34.06%	32.02%	37.31%	36.63%	36.45%
Responses	2302	2454	2613	2769	3012

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



	2021	2022	2023	2024	2025
Your org	49.18%	48.13%	51.77%	50.08%	49.16%
Best result	72.77%	69.52%	72.79%	70.96%	70.92%
Average result	55.26%	53.34%	56.68%	56.94%	53.84%
Worst result	45.45%	43.54%	46.82%	42.11%	32.70%
Responses	2308	2449	2612	2759	3010

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



	2021	2022	2023	2024	2025
Your org	22.56%	21.78%	29.90%	32.97%	31.35%
Best result	37.72%	34.72%	44.68%	42.50%	42.65%
Average result	25.79%	24.95%	31.62%	32.78%	31.34%
Worst result	17.94%	17.00%	22.52%	21.73%	18.91%
Responses	2308	2466	2620	2772	3028

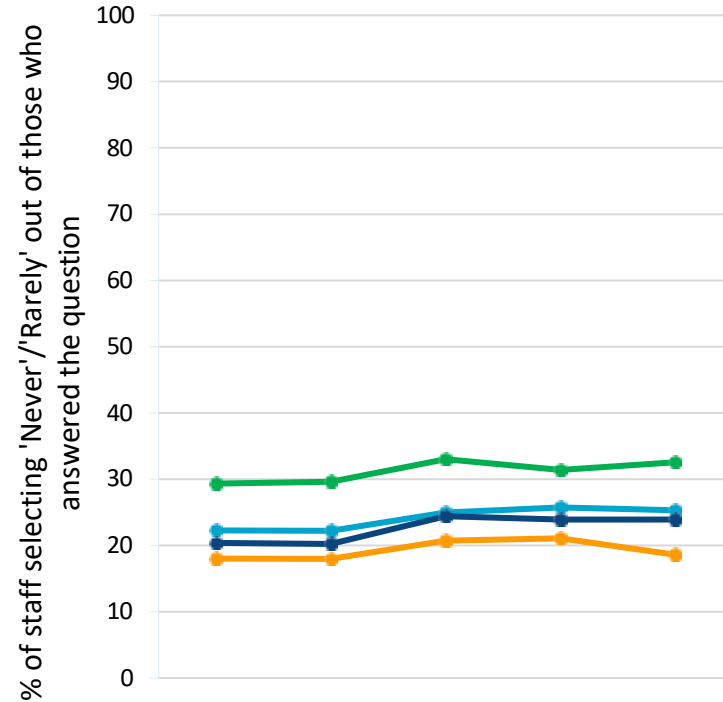


People Promise elements and theme results – We are safe and healthy: Health and safety climate

Survey
Coordination
Centre

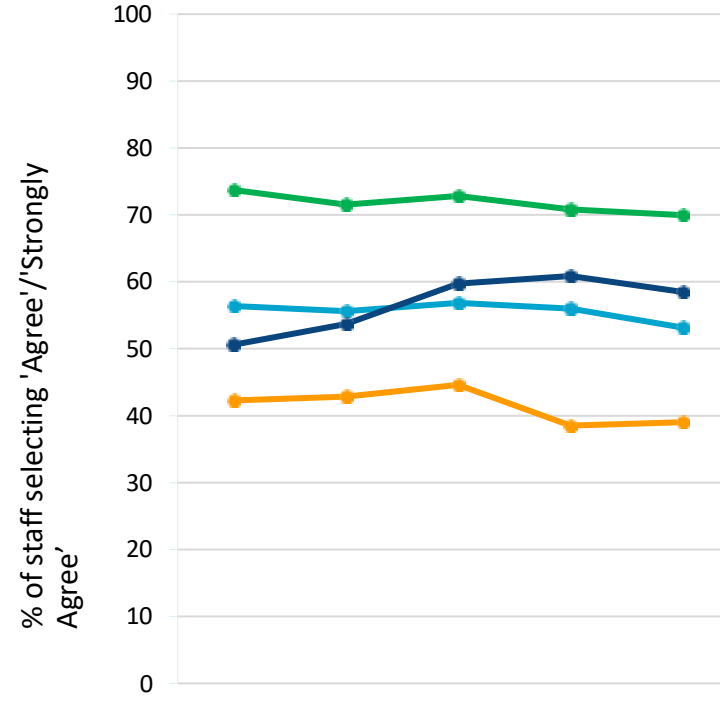


Q5a I have unrealistic time pressures.



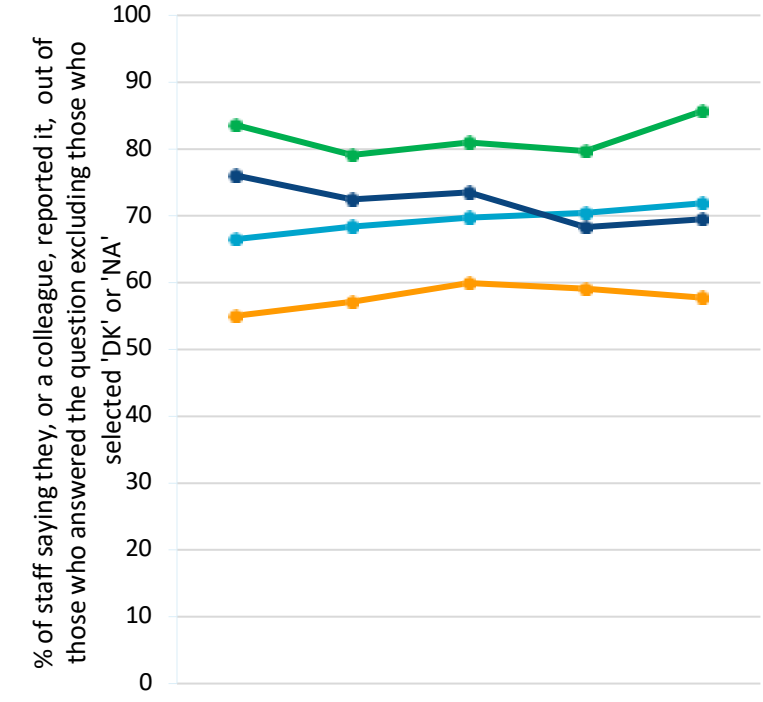
	2021	2022	2023	2024	2025
Your org	20.37%	20.22%	24.41%	23.91%	23.91%
Best result	29.33%	29.60%	33.01%	31.38%	32.55%
Average result	22.28%	22.20%	24.97%	25.73%	25.30%
Worst result	18.03%	17.97%	20.72%	21.07%	18.61%
Responses	2292	2457	2619	2777	3019

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



	2021	2022	2023	2024	2025
Your org	50.61%	53.72%	59.74%	60.87%	58.47%
Best result	73.72%	71.53%	72.84%	70.83%	69.96%
Average result	56.37%	55.63%	56.85%	56.02%	53.16%
Worst result	42.30%	42.86%	44.61%	38.52%	39.02%
Responses	2224	2453	2592	2744	2993

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

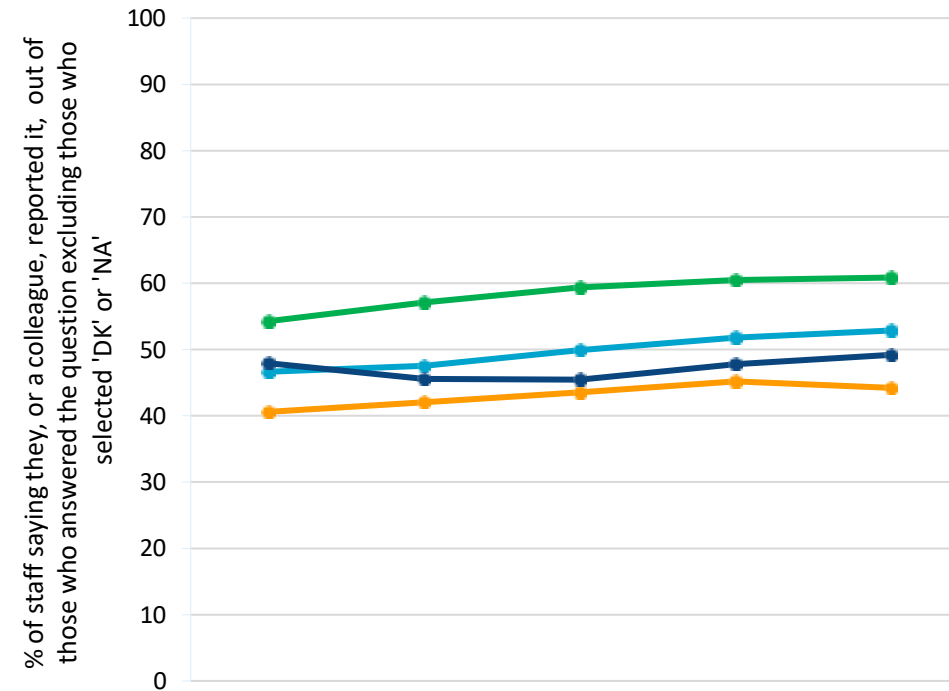


	2021	2022	2023	2024	2025
Your org	76.06%	72.48%	73.53%	68.31%	69.49%
Best result	83.62%	79.11%	80.97%	79.69%	85.67%
Average result	66.50%	68.40%	69.72%	70.46%	71.88%
Worst result	55.03%	57.15%	59.94%	59.09%	57.77%
Responses	244	299	272	282	257

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



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

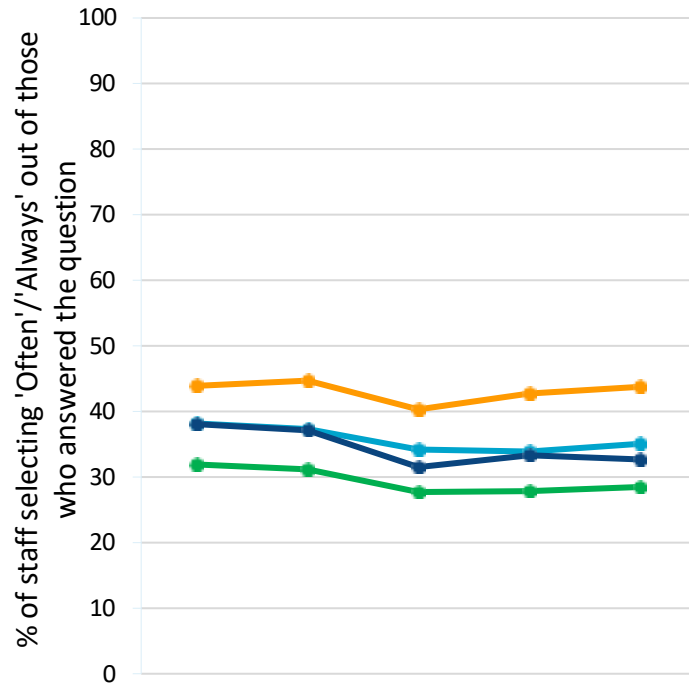


	2021	2022	2023	2024	2025
Your org	47.93%	45.59%	45.45%	47.77%	49.20%
Best result	54.28%	57.12%	59.37%	60.49%	60.86%
Average result	46.65%	47.56%	49.90%	51.81%	52.88%
Worst result	40.60%	42.04%	43.56%	45.19%	44.24%
Responses	678	831	738	861	837

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

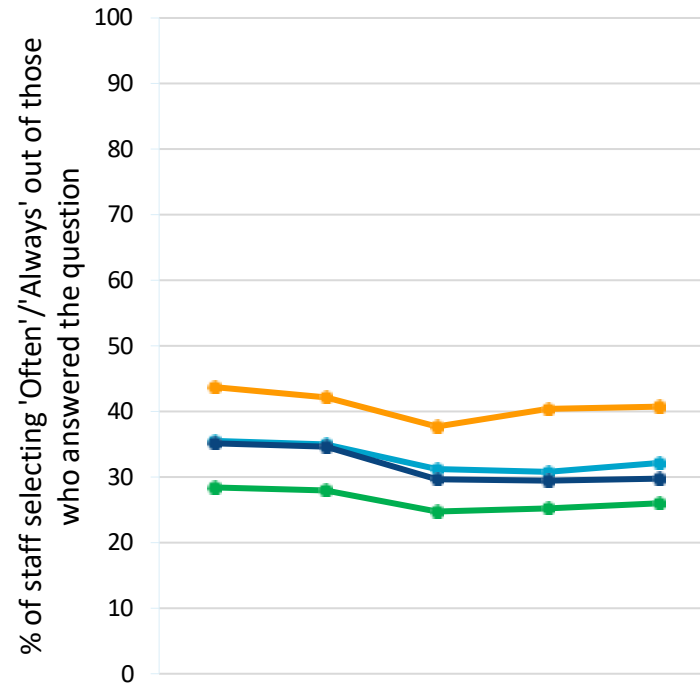


Q12a How often, if at all, do you find your work emotionally exhausting?



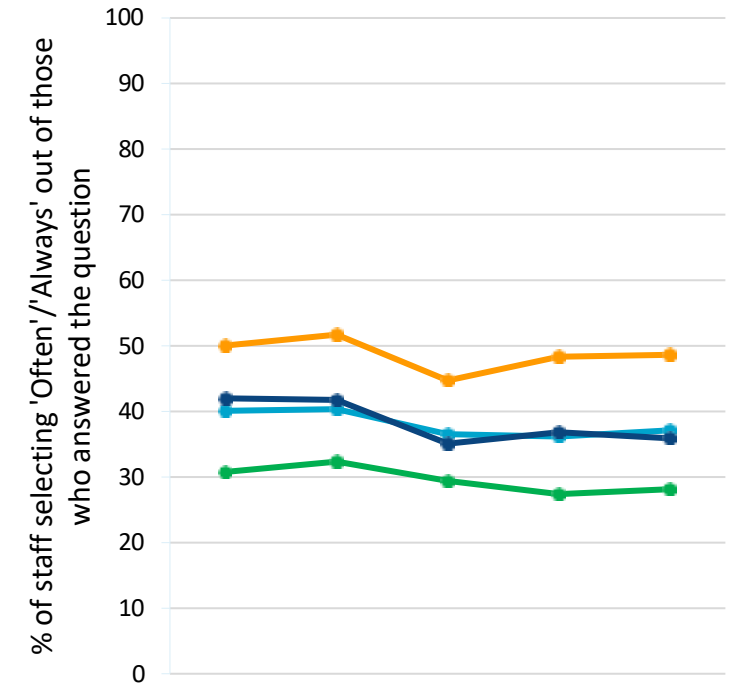
	2021	2022	2023	2024	2025
Your org	38.06%	37.12%	31.51%	33.34%	32.69%
Best result	31.92%	31.17%	27.71%	27.83%	28.48%
Average result	38.17%	37.33%	34.18%	33.89%	35.08%
Worst result	43.92%	44.70%	40.31%	42.73%	43.76%
Responses	2261	2462	2631	2780	3029

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



	2021	2022	2023	2024	2025
Your org	35.14%	34.65%	29.66%	29.45%	29.75%
Best result	28.41%	27.95%	24.74%	25.23%	26.01%
Average result	35.51%	34.97%	31.21%	30.79%	32.12%
Worst result	43.71%	42.17%	37.70%	40.37%	40.74%
Responses	2259	2455	2629	2774	3024

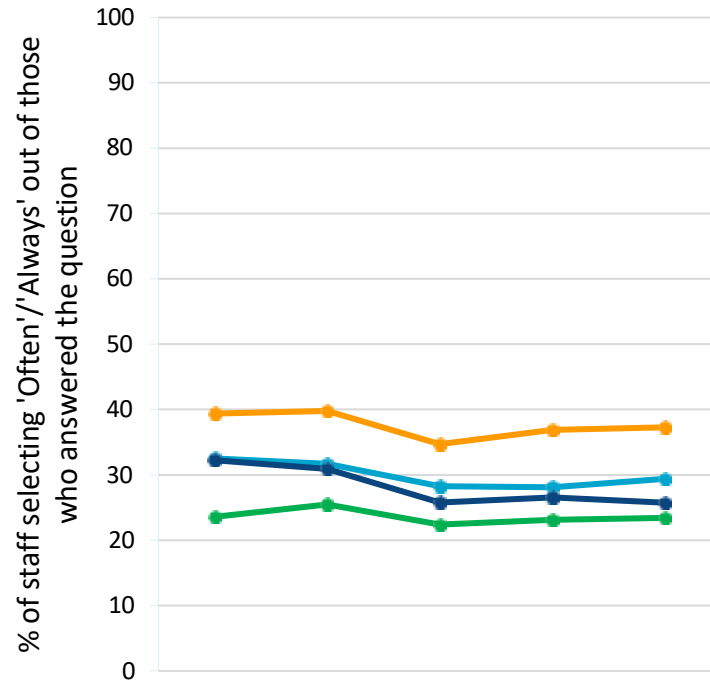
Q12c How often, if at all, does your work frustrate you?



	2021	2022	2023	2024	2025
Your org	42.00%	41.77%	35.09%	36.83%	35.92%
Best result	30.78%	32.35%	29.42%	27.39%	28.16%
Average result	40.10%	40.35%	36.55%	36.17%	37.11%
Worst result	50.03%	51.71%	44.72%	48.35%	48.62%
Responses	2261	2457	2625	2779	3025

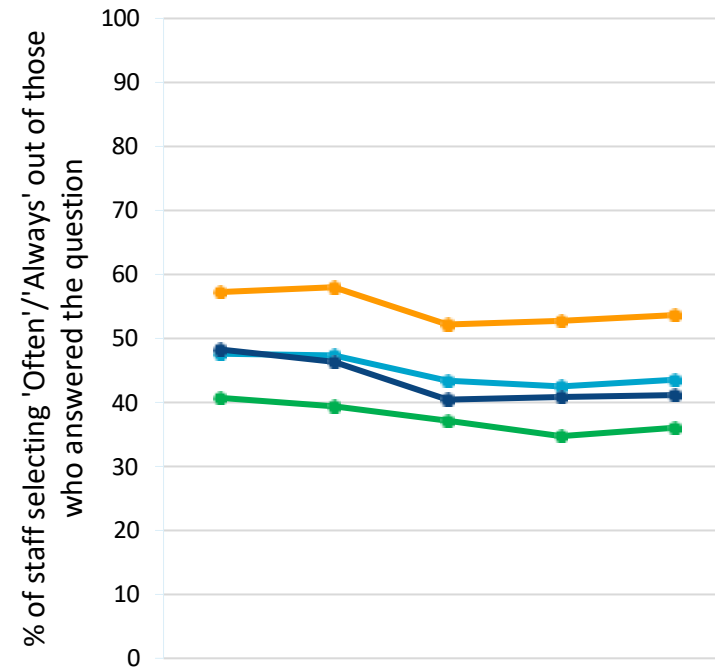


Q12d How often, if at all, are you exhausted at the thought of another day/shift at work?



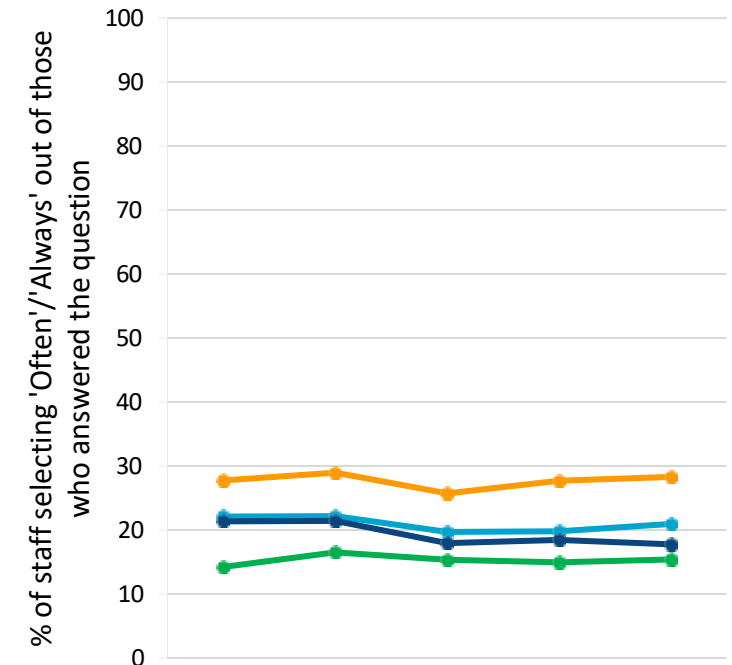
	2021	2022	2023	2024	2025
Your org	32.23%	30.92%	25.78%	26.56%	25.74%
Best result	23.58%	25.47%	22.39%	23.14%	23.42%
Average result	32.51%	31.67%	28.24%	28.10%	29.40%
Worst result	39.40%	39.79%	34.70%	36.90%	37.26%
Responses	2253	2457	2623	2772	3019

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



	2021	2022	2023	2024	2025
Your org	48.26%	46.36%	40.43%	40.86%	41.14%
Best result	40.70%	39.38%	37.14%	34.72%	36.06%
Average result	47.60%	47.34%	43.37%	42.49%	43.54%
Worst result	57.24%	58.00%	52.17%	52.73%	53.62%
Responses	2257	2455	2620	2777	3017

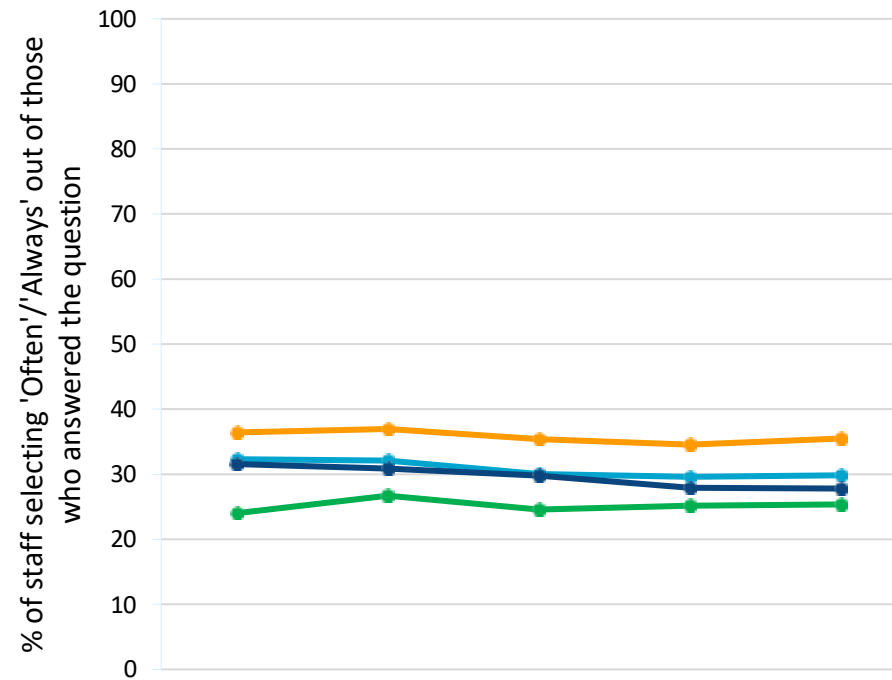
Q12f How often, if at all, do you feel that every working hour is tiring for you?



	2021	2022	2023	2024	2025
Your org	21.37%	21.43%	17.97%	18.45%	17.76%
Best result	14.23%	16.51%	15.35%	14.92%	15.41%
Average result	22.08%	22.17%	19.70%	19.78%	20.95%
Worst result	27.73%	28.96%	25.73%	27.72%	28.30%
Responses	2257	2454	2619	2760	3017



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



	2021	2022	2023	2024	2025
Your org	31.56%	30.88%	29.76%	27.91%	27.80%
Best result	24.01%	26.70%	24.58%	25.16%	25.35%
Average result	32.30%	32.10%	30.03%	29.60%	29.85%
Worst result	36.45%	36.95%	35.41%	34.55%	35.50%
Responses	2257	2461	2623	2778	3018

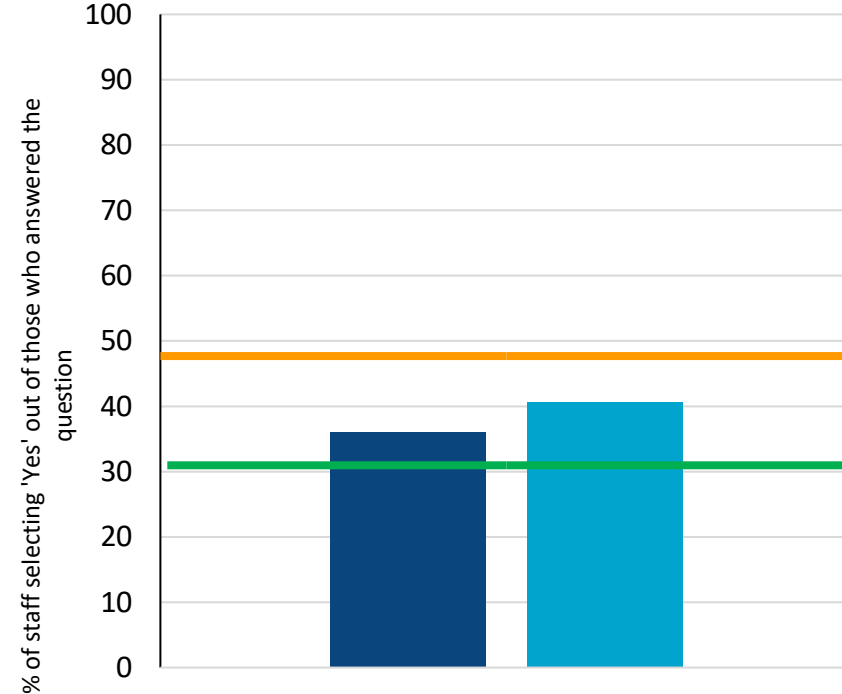
Curtis Soile
24/03/2026 12:54:52



People Promise elements and theme results – We are safe and healthy: Negative experiences

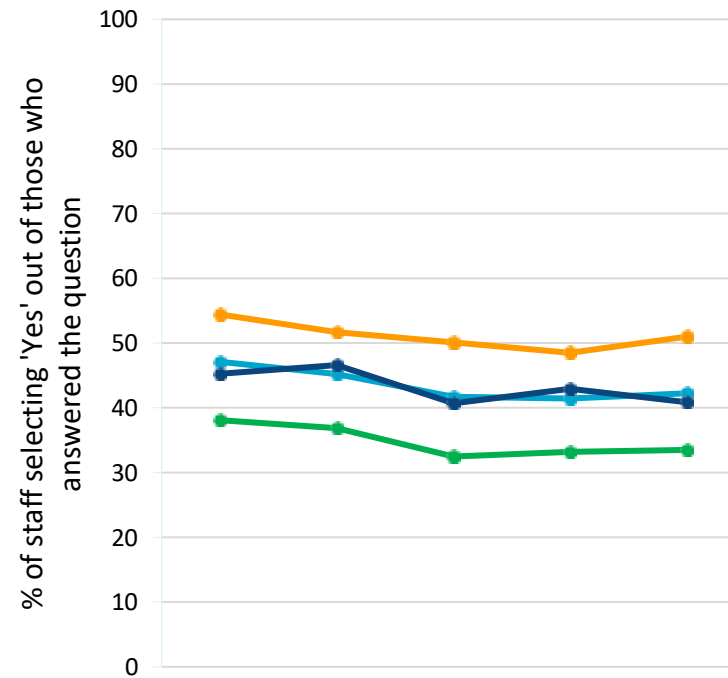


Q11b In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities? Examples may include back pain, neck or arm strains, and joint pain.



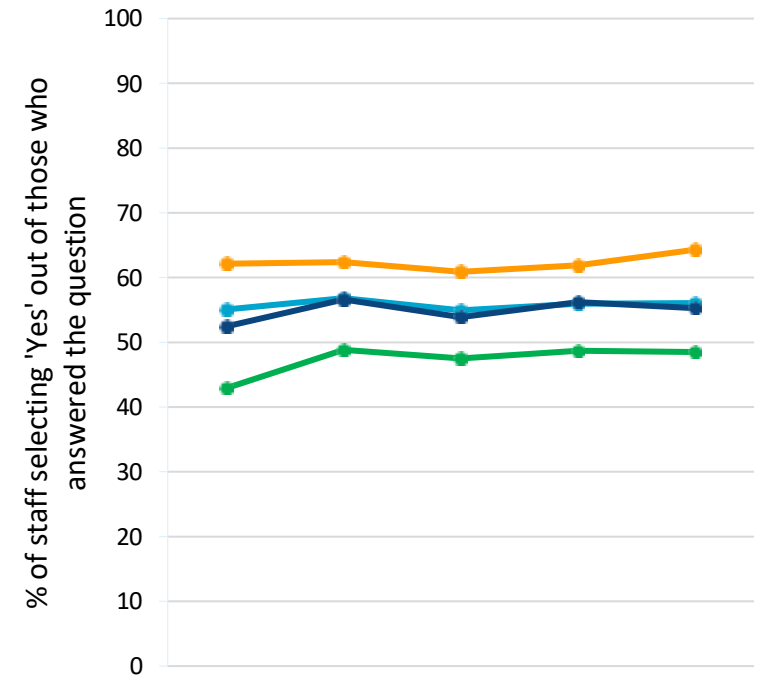
	2025
Your org	36.00%
Best result	30.97%
Average result	40.70%
Worst result	47.69%
Responses	3013

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



	2021	2022	2023	2024	2025
Your org	45.26%	46.59%	40.70%	42.95%	40.84%
Best result	38.09%	36.86%	32.48%	33.18%	33.51%
Average result	47.11%	45.20%	41.72%	41.44%	42.26%
Worst result	54.42%	51.68%	50.08%	48.50%	50.97%
Responses	2267	2453	2608	2765	3004

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



	2021	2022	2023	2024	2025
Your org	52.46%	56.62%	53.91%	56.20%	55.25%
Best result	42.92%	48.84%	47.51%	48.71%	48.53%
Average result	55.08%	56.82%	54.94%	55.96%	56.08%
Worst result	62.16%	62.39%	60.90%	61.90%	64.31%
Responses	2264	2457	2606	2766	3006

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

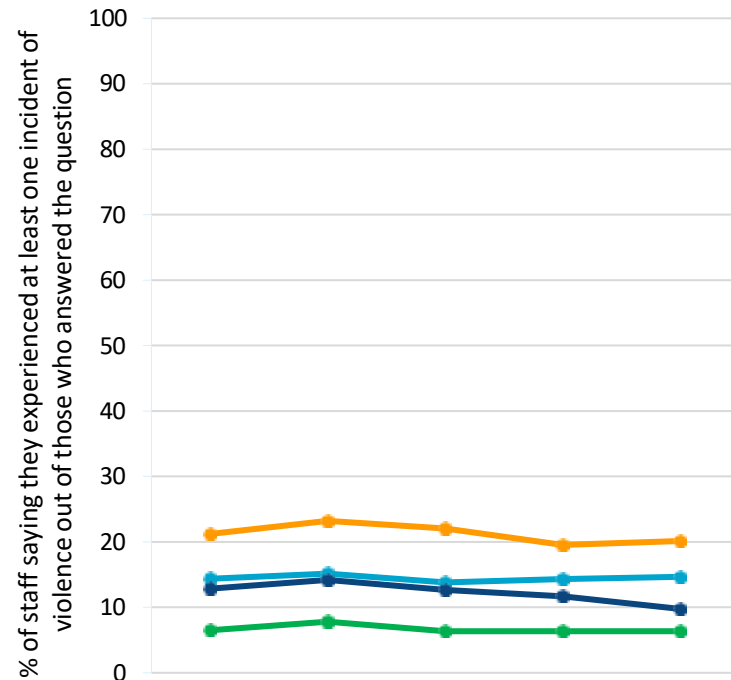


People Promise elements and theme results – We are safe and healthy: Negative experiences

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Q13a In the last 12 months how many times have you personally experienced physical violence at work from...? Patients / service users, their relatives or other members of the public.

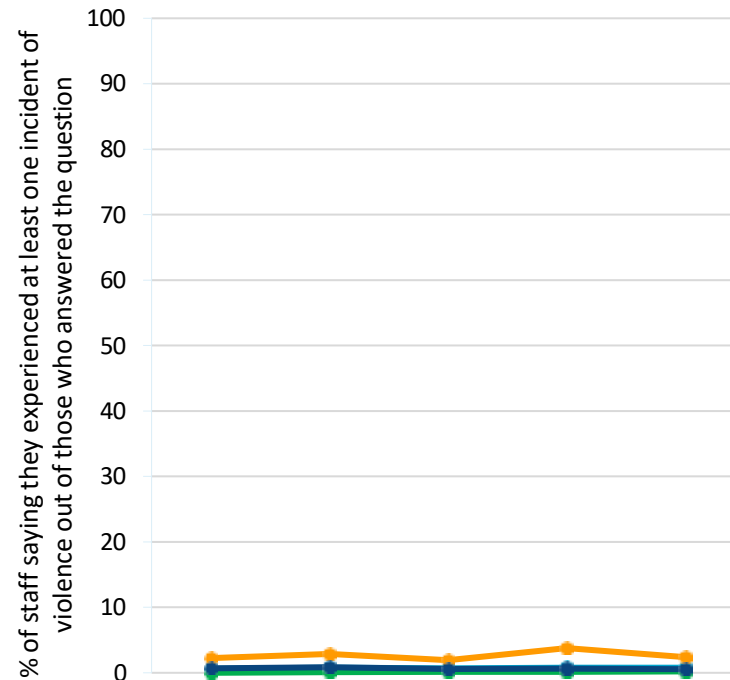


2021 2022 2023 2024 2025

Your org	12.86%	14.19%	12.66%	11.68%	9.76%
Best result	6.50%	7.81%	6.35%	6.35%	6.35%
Average result	14.38%	15.15%	13.81%	14.31%	14.65%
Worst result	21.20%	23.21%	22.02%	19.54%	20.14%

Responses 2258 2464 2612 2775 3022

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

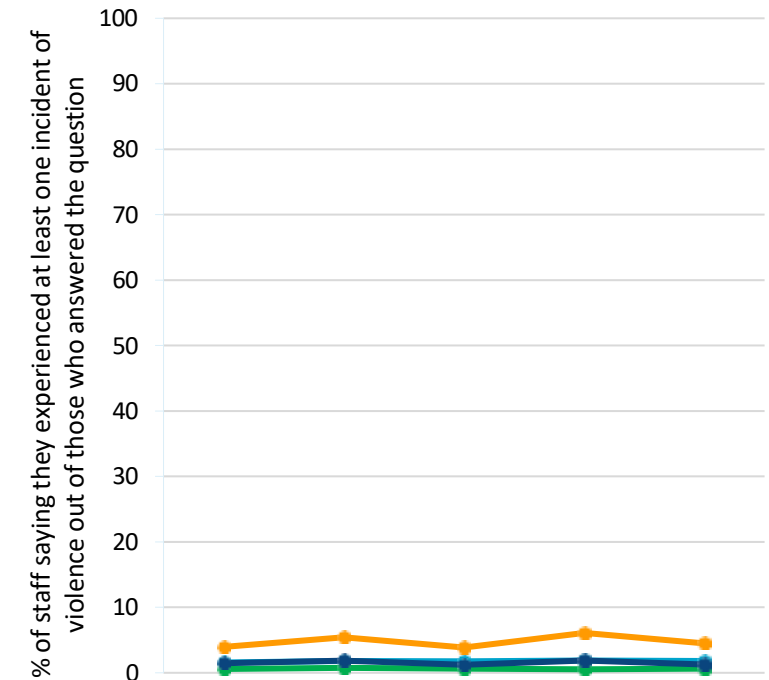


2021 2022 2023 2024 2025

Your org	0.67%	0.85%	0.59%	0.65%	0.55%
Best result	0.00%	0.11%	0.14%	0.14%	0.21%
Average result	0.63%	0.79%	0.68%	0.76%	0.76%
Worst result	2.23%	2.90%	1.93%	3.78%	2.37%

Responses 2245 2449 2604 2764 3010

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



2021 2022 2023 2024 2025

Your org	1.46%	1.85%	1.23%	1.88%	1.25%
Best result	0.56%	0.76%	0.65%	0.54%	0.63%
Average result	1.58%	1.83%	1.78%	1.88%	1.80%
Worst result	3.98%	5.44%	3.86%	6.09%	4.51%

Responses 2241 2434 2585 2747 2984

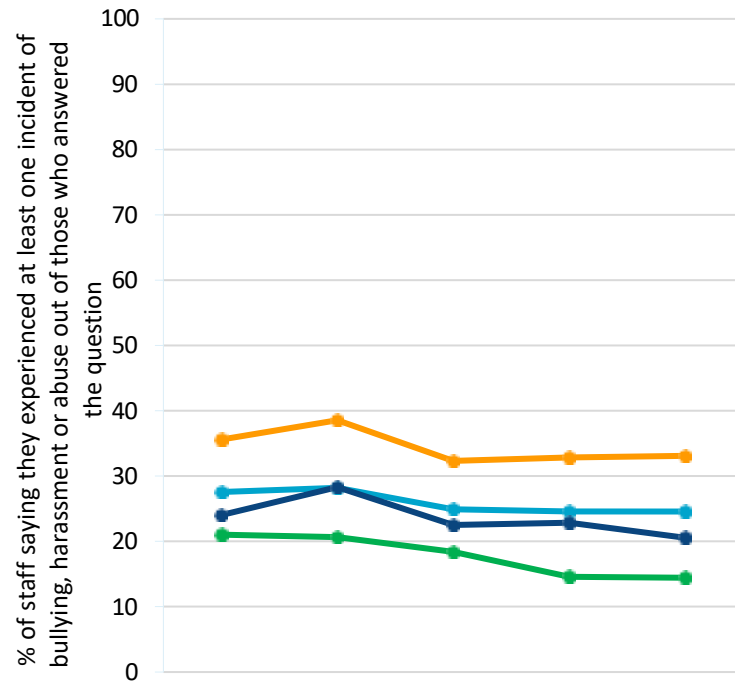
Note: 2023 results for Q13a-c are reported using corrected data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.



People Promise elements and theme results – We are safe and healthy: Negative experiences

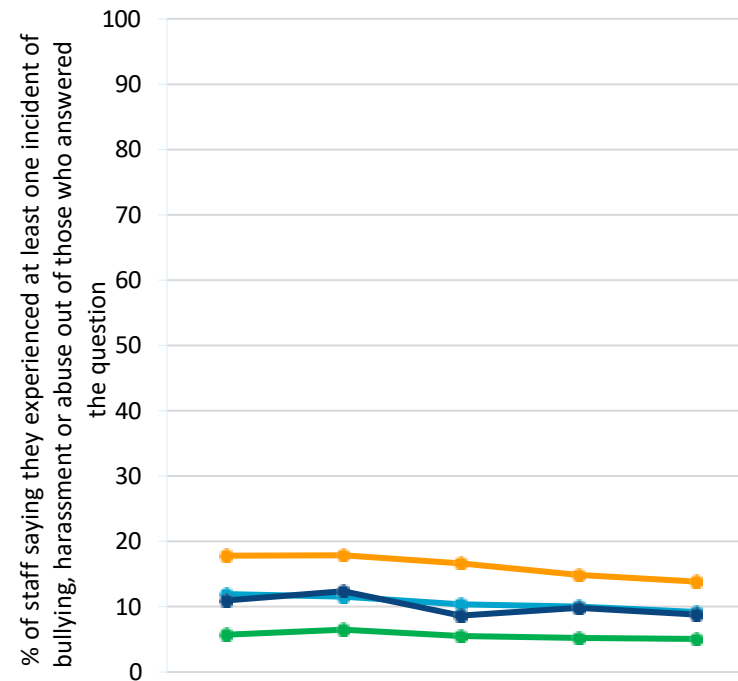


Q14a In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Patients / service users, their relatives or other members of the public.



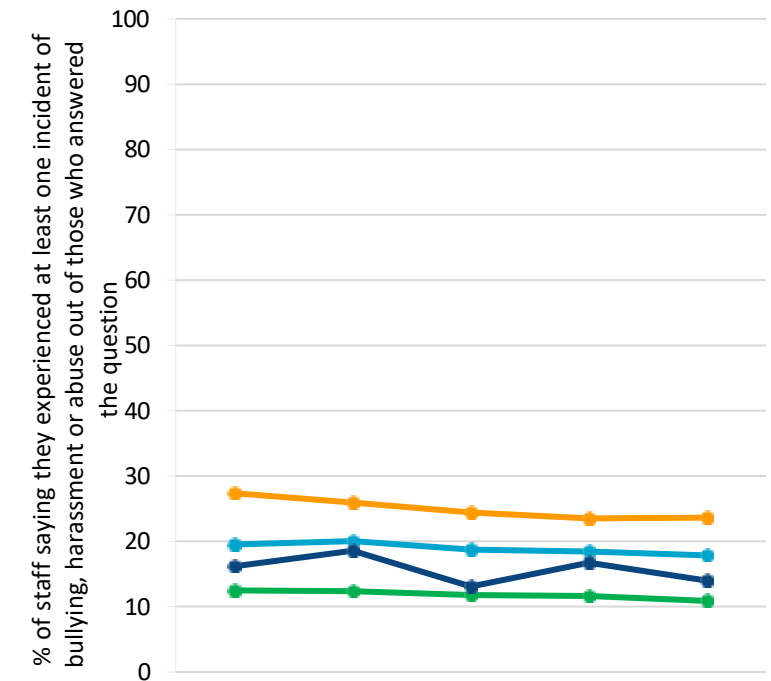
	2021	2022	2023	2024	2025
Your org	24.03%	28.31%	22.52%	22.86%	20.56%
Best result	21.03%	20.65%	18.41%	14.57%	14.44%
Average result	27.56%	28.20%	24.91%	24.59%	24.59%
Worst result	35.57%	38.56%	32.33%	32.84%	33.08%
Responses	2169	2450	2604	2771	3019

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



	2021	2022	2023	2024	2025
Your org	10.93%	12.37%	8.64%	9.84%	8.78%
Best result	5.72%	6.48%	5.50%	5.22%	5.07%
Average result	11.94%	11.52%	10.35%	10.00%	9.20%
Worst result	17.83%	17.88%	16.64%	14.86%	13.85%
Responses	2159	2431	2603	2758	3008

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



	2021	2022	2023	2024	2025
Your org	16.19%	18.57%	13.09%	16.76%	13.97%
Best result	12.50%	12.35%	11.78%	11.65%	10.89%
Average result	19.54%	20.05%	18.74%	18.47%	17.86%
Worst result	27.38%	25.97%	24.43%	23.52%	23.63%
Responses	2156	2418	2603	2763	3010

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

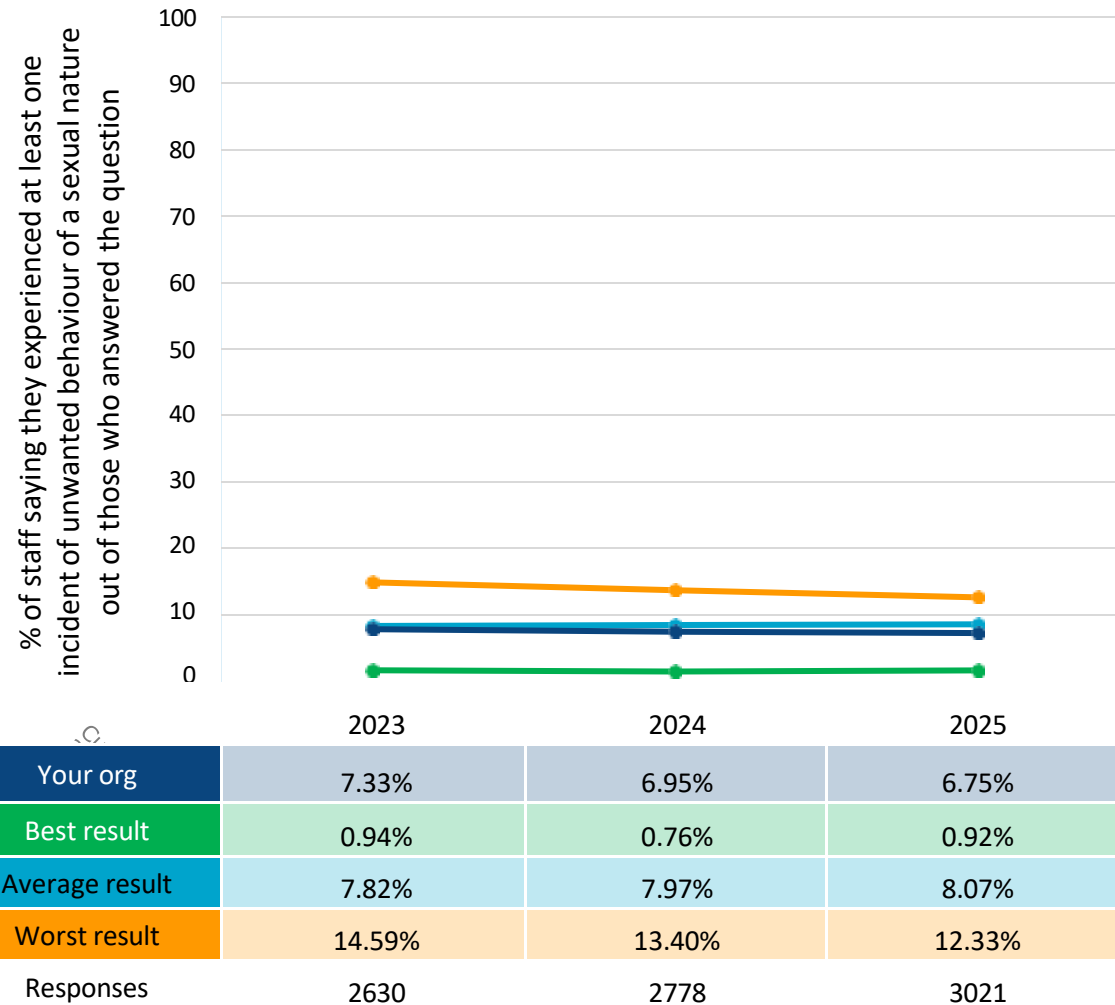


People Promise elements and theme results – We are safe and healthy: Other questions*

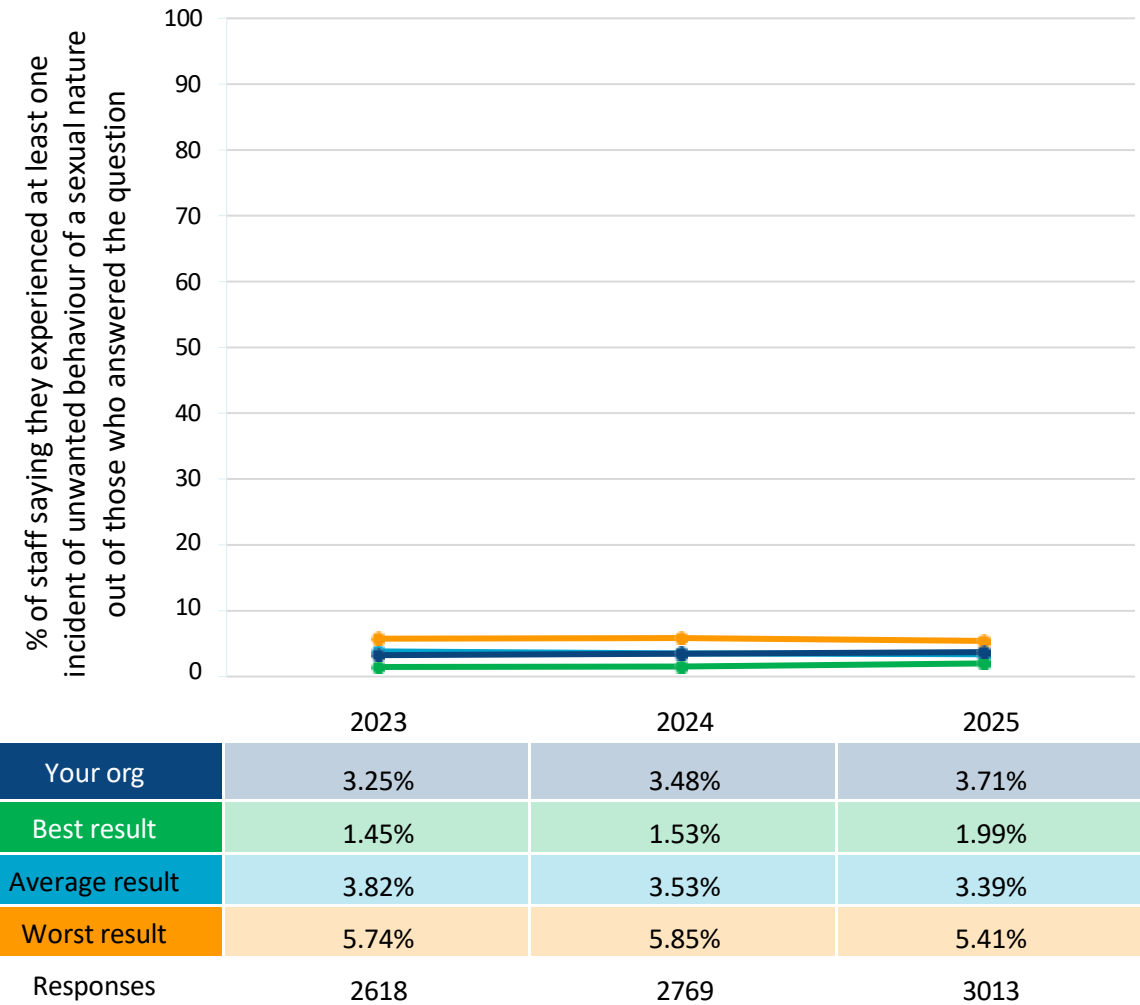
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Q17a In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? From patients / service users, their relatives or other members of the public



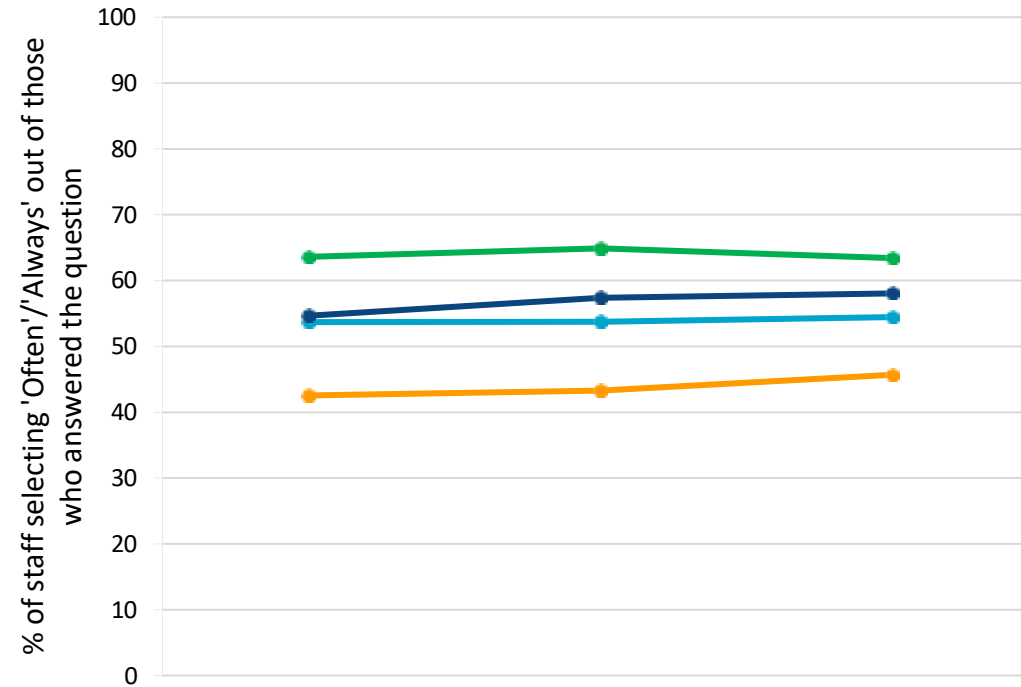
Q17b In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? From staff / colleagues



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



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



	2023	2024	2025
Your org	54.65%	57.37%	58.04%
Best result	63.60%	64.89%	63.41%
Average result	53.68%	53.75%	54.45%
Worst result	42.55%	43.27%	45.69%
Responses	2633	2775	3023

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

Curtis Soile
24/03/2026 12:54:52

People Promise element – We are always learning



Questions included:

Development – Q24a, Q24b, Q24c, Q24d, Q24e

Appraisals – Q23a*, Q23b, Q23c, Q23d

Other questions** - Q24f

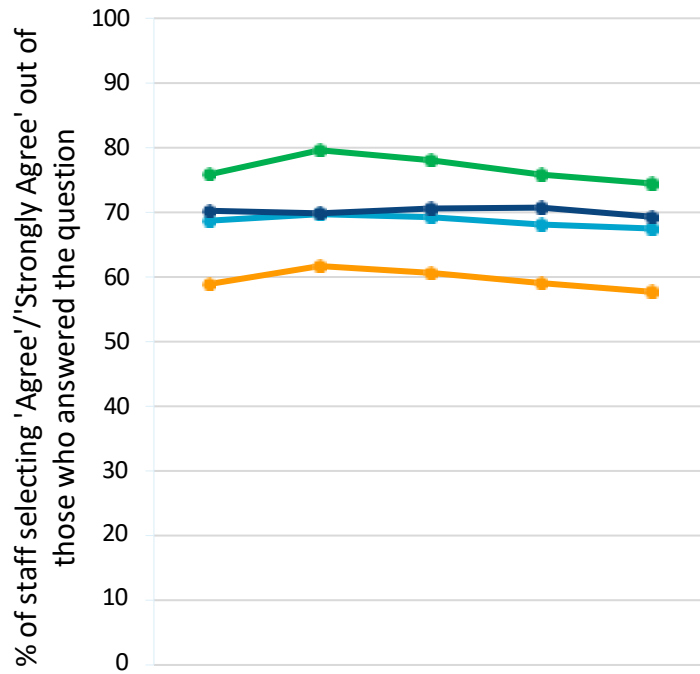
*Q23a is a filter question and therefore influences the sub-score without being a directly scored question.

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

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

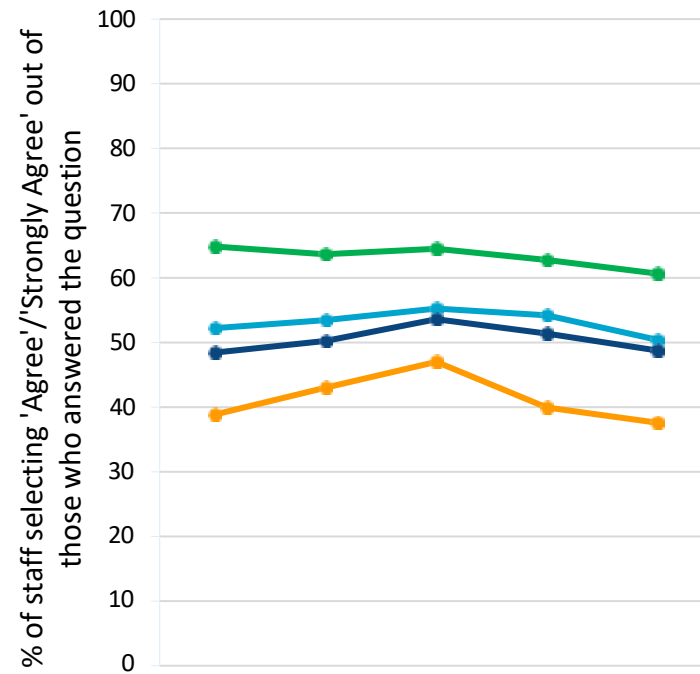


Q24a This organisation offers me challenging work.



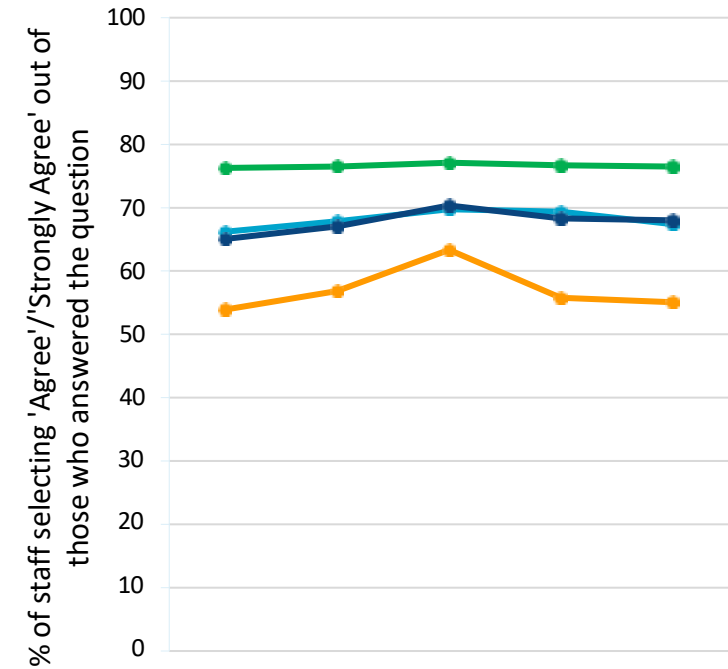
	2021	2022	2023	2024	2025
Your org	70.23%	69.83%	70.56%	70.72%	69.31%
Best result	75.85%	79.60%	78.03%	75.85%	74.46%
Average result	68.69%	69.71%	69.25%	68.11%	67.49%
Worst result	58.89%	61.69%	60.64%	59.07%	57.70%
Responses	2249	2461	2621	2765	3013

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



	2021	2022	2023	2024	2025
Your org	48.43%	50.21%	53.59%	51.36%	48.76%
Best result	64.83%	63.62%	64.46%	62.76%	60.64%
Average result	52.20%	53.45%	55.24%	54.21%	50.39%
Worst result	38.86%	43.01%	46.99%	39.92%	37.58%
Responses	2248	2463	2622	2771	3017

Q24c I have opportunities to improve my knowledge and skills.



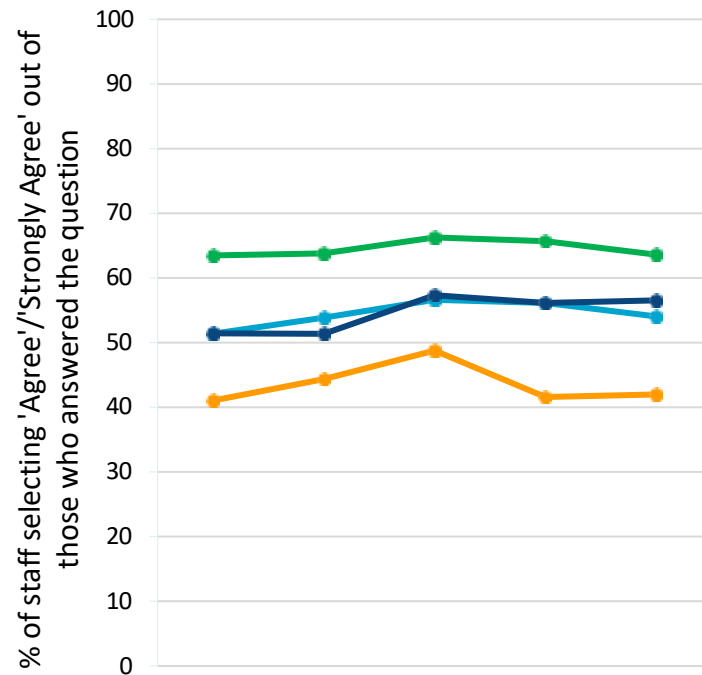
	2021	2022	2023	2024	2025
Your org	65.06%	67.03%	70.35%	68.30%	68.00%
Best result	76.28%	76.50%	77.10%	76.67%	76.47%
Average result	66.20%	67.85%	69.75%	69.36%	67.41%
Worst result	53.91%	56.82%	63.34%	55.77%	55.05%
Responses	2249	2458	2622	2758	3011



People Promise elements and theme results – We are always learning: Development

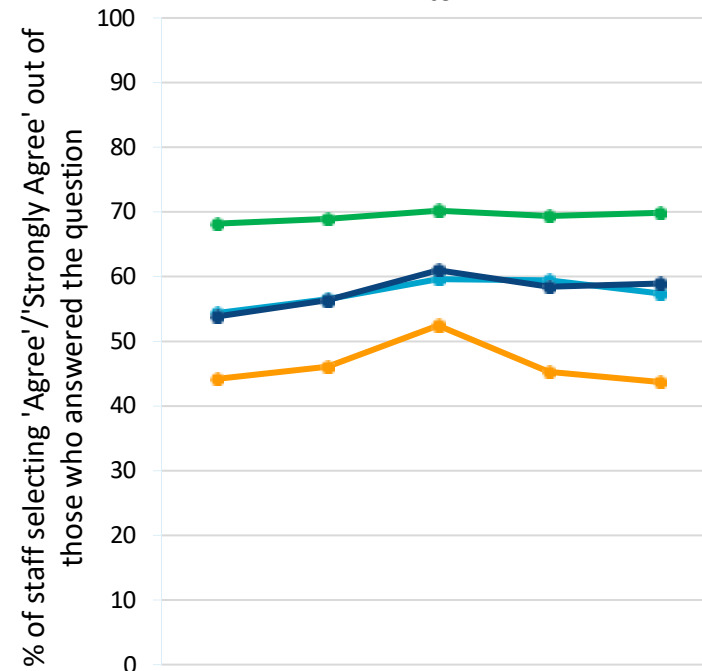


Q24d I feel supported to develop my potential.



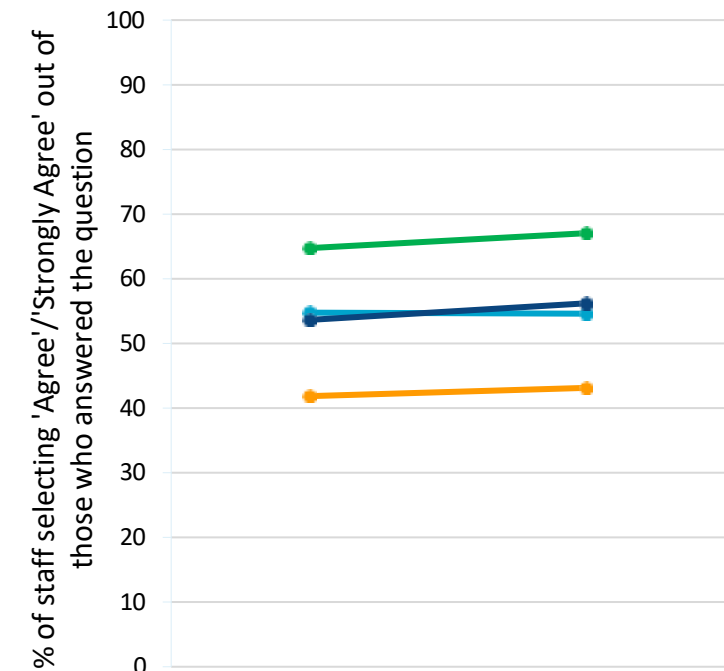
	2021	2022	2023	2024	2025
Your org	51.41%	51.36%	57.33%	56.12%	56.53%
Best result	63.48%	63.80%	66.26%	65.67%	63.62%
Average result	51.38%	53.86%	56.62%	56.16%	54.06%
Worst result	41.05%	44.35%	48.78%	41.57%	41.97%
Responses	2250	2453	2618	2759	3001

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



	2021	2022	2023	2024	2025
Your org	53.83%	56.35%	60.99%	58.44%	58.95%
Best result	68.20%	68.93%	70.19%	69.39%	69.85%
Average result	54.36%	56.52%	59.61%	59.41%	57.42%
Worst result	44.17%	46.07%	52.44%	45.25%	43.71%
Responses	2249	2453	2621	2737	2975

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

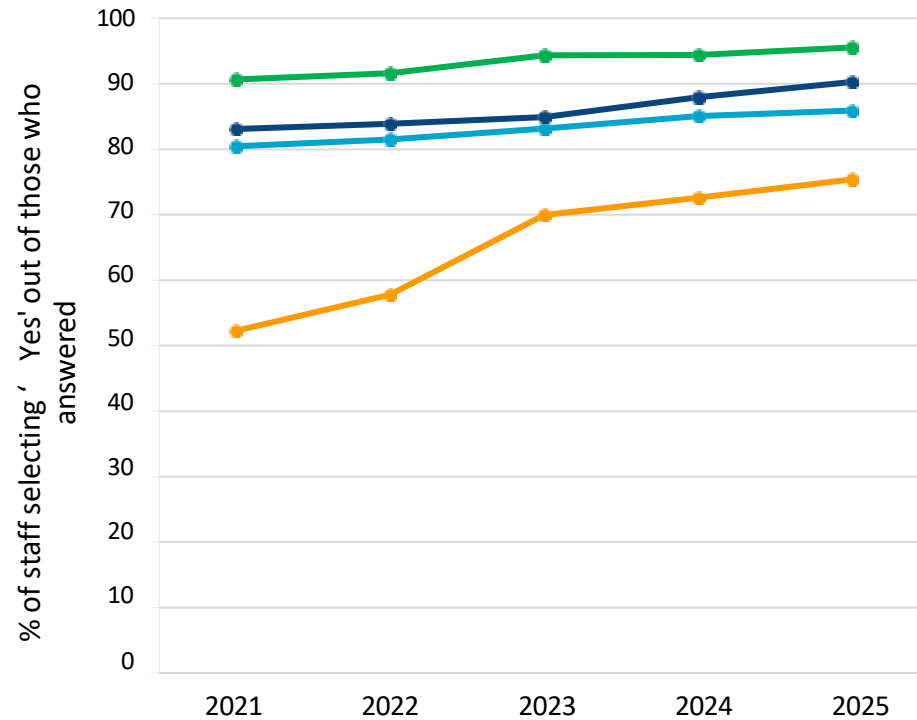


	2024	2025
Your org	53.64%	56.20%
Best result	64.74%	67.04%
Average result	54.76%	54.60%
Worst result	41.85%	43.13%
Responses	2034	2193

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



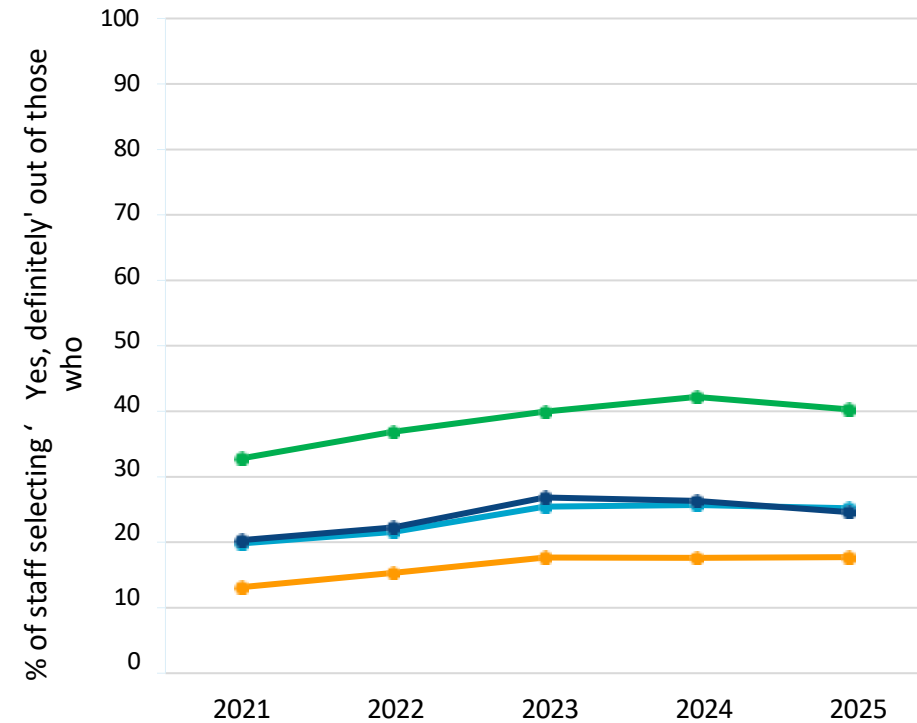
Q23a* In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?



	2021	2022	2023	2024	2025
Your org	83.09%	83.88%	84.89%	87.93%	90.28%
Best result	90.66%	91.61%	94.34%	94.40%	95.55%
Average result	80.45%	81.49%	83.18%	85.05%	85.91%
Worst result	52.28%	57.78%	69.95%	72.59%	75.40%

Responses 2258 2444 2592 2752 3002

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



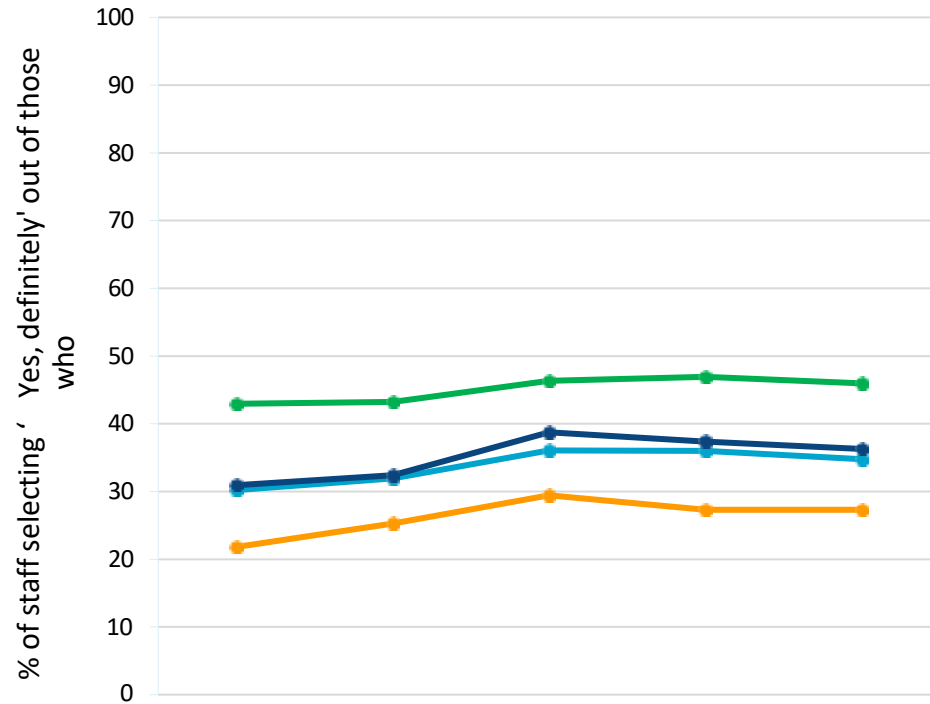
	2021	2022	2023	2024	2025
Your org	20.32%	22.25%	26.84%	26.34%	24.59%
Best result	32.81%	36.90%	39.96%	42.20%	40.32%
Average result	19.82%	21.57%	25.45%	25.69%	25.20%
Worst result	13.14%	15.33%	17.68%	17.62%	17.73%

Responses 1860 2037 2184 2410 2691

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

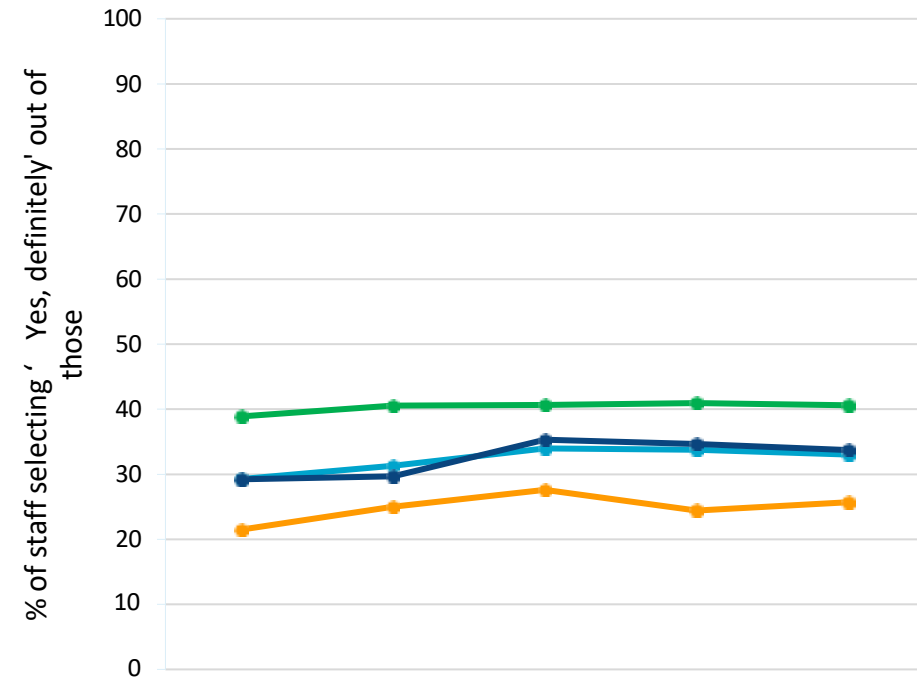


Q23c It helped me agree clear objectives for my work.



	2021	2022	2023	2024	2025
Your org	30.93%	32.39%	38.74%	37.35%	36.26%
Best result	42.95%	43.23%	46.32%	46.93%	45.99%
Average result	30.21%	31.94%	36.06%	36.01%	34.79%
Worst result	21.81%	25.28%	29.43%	27.29%	27.28%
Responses	1859	2034	2175	2405	2687

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



	2021	2022	2023	2024	2025
Your org	29.22%	29.70%	35.31%	34.64%	33.70%
Best result	38.89%	40.56%	40.66%	40.93%	40.58%
Average result	29.26%	31.28%	33.97%	33.76%	33.02%
Worst result	21.49%	24.98%	27.60%	24.42%	25.69%
Responses	1857	2035	2177	2404	2680

People Promise element – We work flexibly



Questions included:

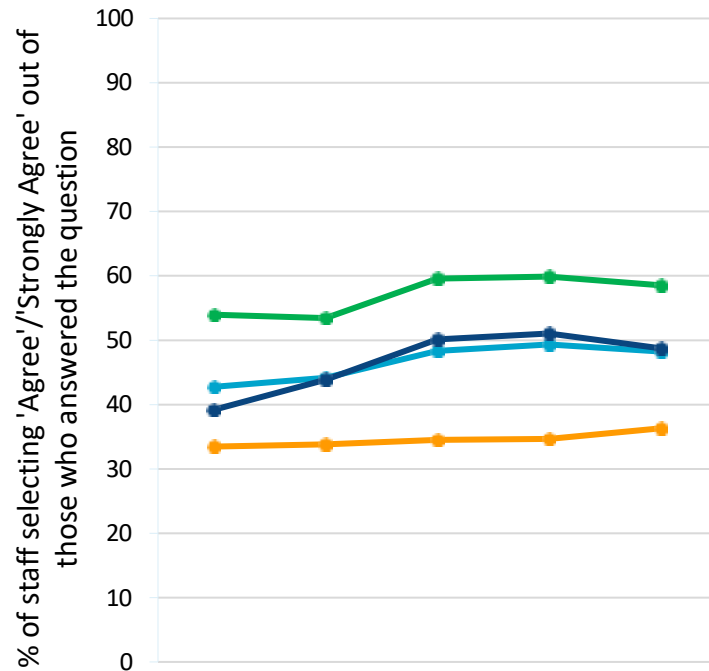
Support for work-life balance – Q6b, Q6c, Q6d

Flexible working – Q4d

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

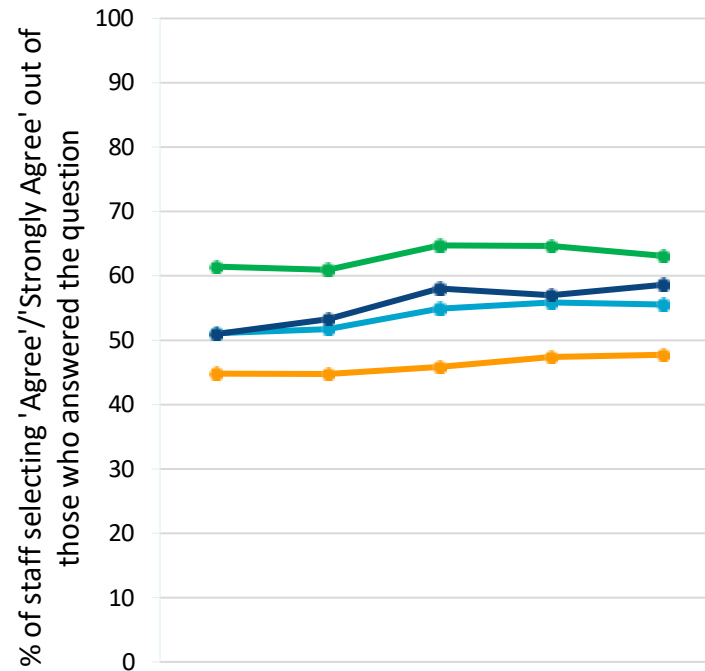


Q6b My organisation is committed to helping me balance my work and home life.



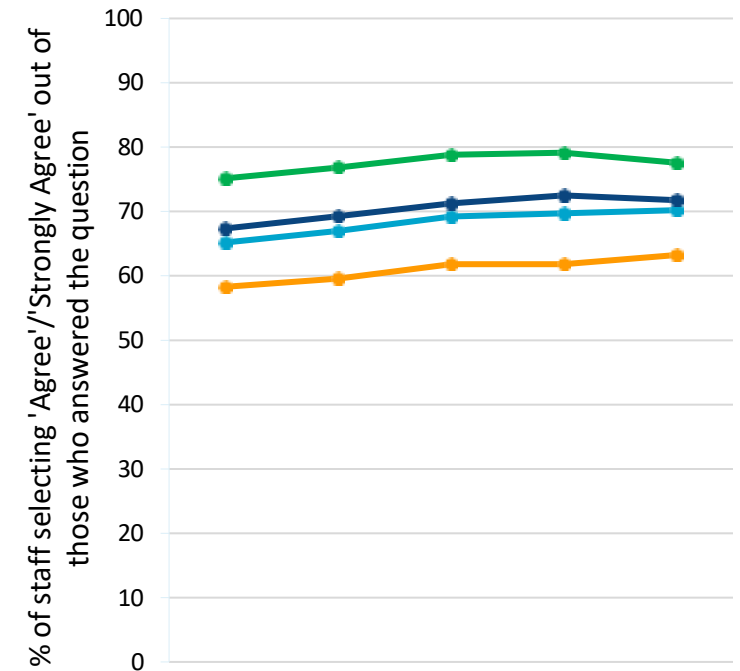
	2021	2022	2023	2024	2025
Your org	39.18%	43.83%	50.13%	51.04%	48.73%
Best result	53.96%	53.44%	59.57%	59.88%	58.52%
Average result	42.75%	44.15%	48.33%	49.34%	48.24%
Worst result	33.47%	33.80%	34.49%	34.65%	36.31%
Responses	2296	2468	2619	2776	3024

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



	2021	2022	2023	2024	2025
Your org	50.95%	53.24%	58.02%	56.99%	58.61%
Best result	61.44%	60.94%	64.73%	64.67%	63.10%
Average result	51.08%	51.70%	54.92%	55.86%	55.53%
Worst result	44.80%	44.75%	45.84%	47.38%	47.73%
Responses	2300	2463	2615	2774	3024

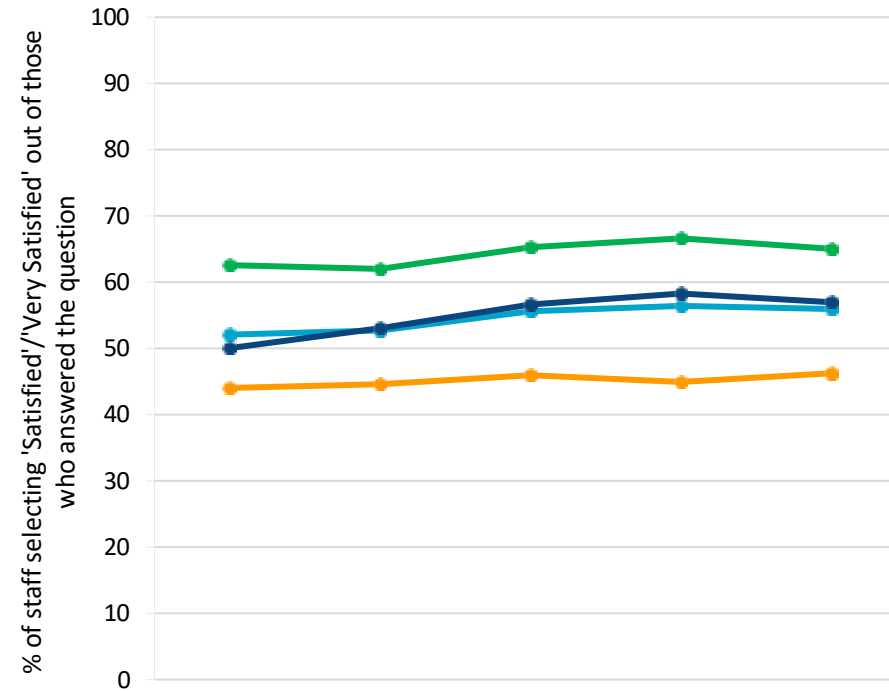
Q6d I can approach my immediate manager to talk openly about flexible working.



	2021	2022	2023	2024	2025
Your org	67.36%	69.27%	71.28%	72.50%	71.78%
Best result	75.15%	76.83%	78.81%	79.14%	77.58%
Average result	65.19%	66.98%	69.20%	69.72%	70.21%
Worst result	58.30%	59.56%	61.83%	61.82%	63.24%
Responses	2299	2462	2621	2779	3024



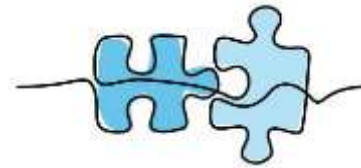
Q4d How satisfied are you with each of the following aspects of your job? The opportunities for flexible working patterns.



	2021	2022	2023	2024	2025
Your org	50.04%	53.03%	56.61%	58.29%	56.98%
Best result	62.56%	62.00%	65.26%	66.61%	65.03%
Average result	52.07%	52.73%	55.60%	56.41%	55.94%
Worst result	44.02%	44.60%	45.93%	44.94%	46.25%
Responses	2299	2457	2614	2761	3012

Curtis Soile
24/03/2026 12:54:52

People Promise element – We are a team



Questions included:

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

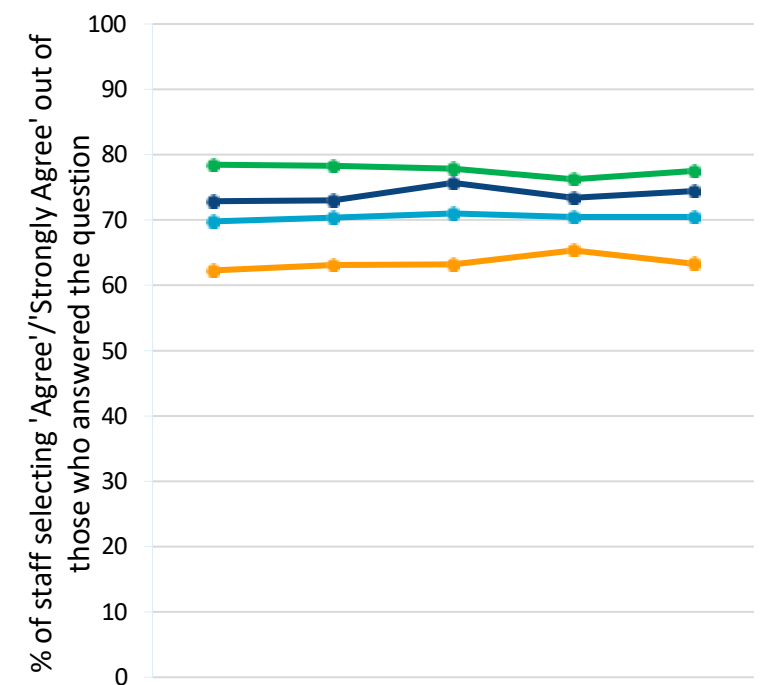
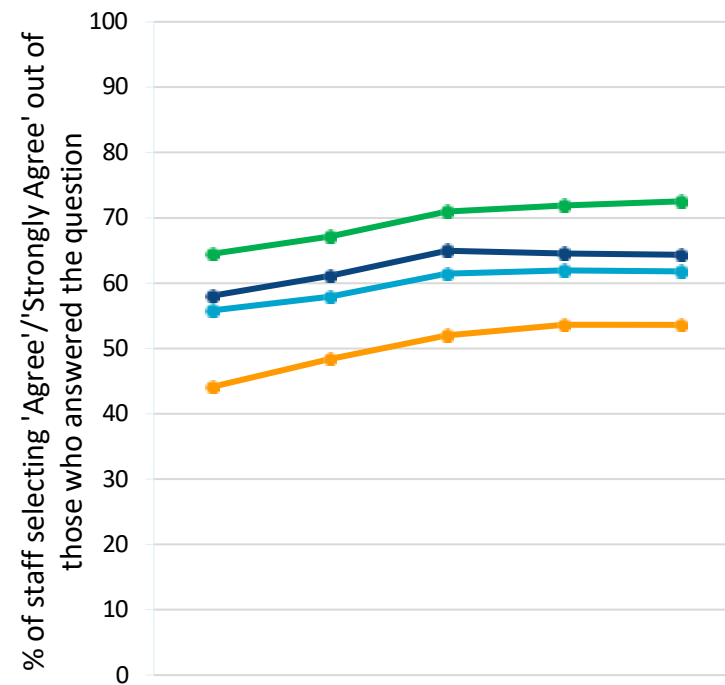
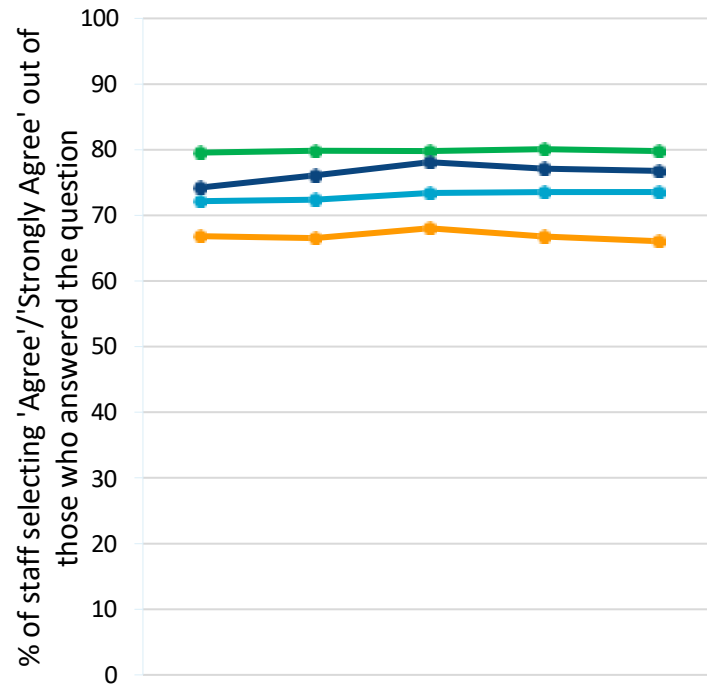
Line management – Q9a, Q9b, Q9c, Q9d

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

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

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

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



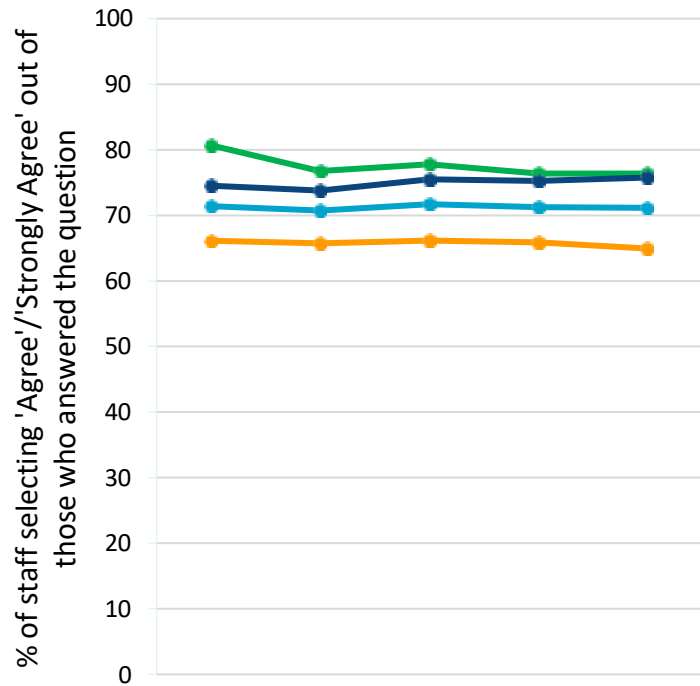
	2021	2022	2023	2024	2025
Your org	74.23%	76.11%	78.10%	77.12%	76.75%
Best result	79.56%	79.85%	79.81%	80.08%	79.77%
Average result	72.16%	72.38%	73.39%	73.54%	73.53%
Worst result	66.82%	66.53%	68.03%	66.79%	66.06%
Responses	2289	2464	2627	2777	3025

	2021	2022	2023	2024	2025
Your org	58.07%	61.09%	64.96%	64.52%	64.33%
Best result	64.49%	67.15%	70.95%	71.90%	72.53%
Average result	55.83%	57.91%	61.47%	61.95%	61.78%
Worst result	44.13%	48.38%	52.03%	53.63%	53.60%
Responses	2293	2461	2624	2775	3019

	2021	2022	2023	2024	2025
Your org	72.87%	73.01%	75.68%	73.40%	74.42%
Best result	78.46%	78.30%	77.85%	76.23%	77.49%
Average result	69.78%	70.35%	71.00%	70.47%	70.43%
Worst result	62.28%	63.13%	63.18%	65.35%	63.28%
Responses	2296	2466	2625	2776	3025

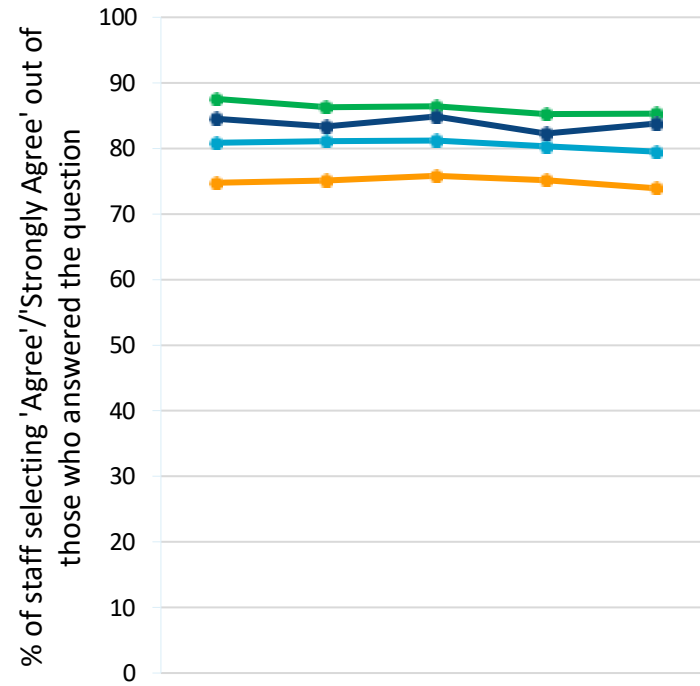


Q7d Team members understand each other's roles.



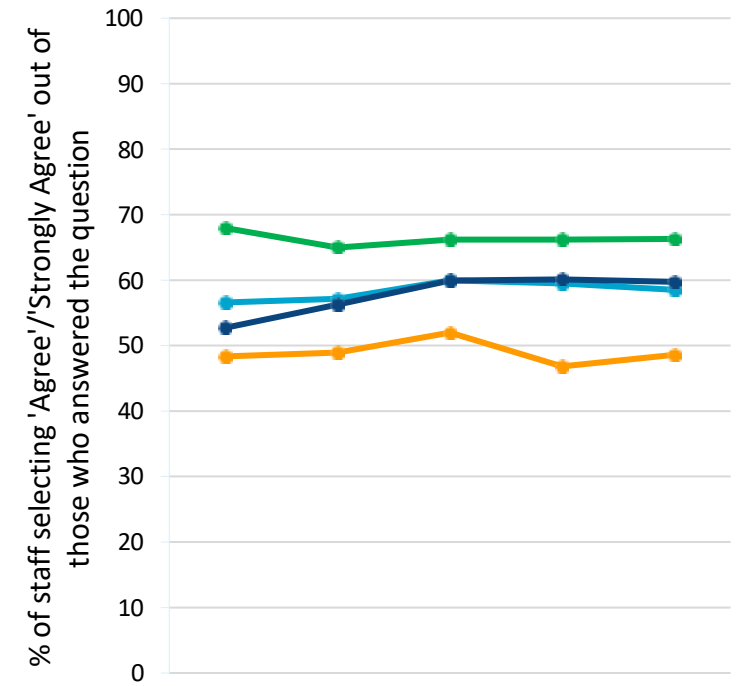
	2021	2022	2023	2024	2025
Your org	74.54%	73.78%	75.49%	75.25%	75.77%
Best result	80.67%	76.74%	77.77%	76.37%	76.38%
Average result	71.40%	70.73%	71.70%	71.27%	71.18%
Worst result	66.12%	65.71%	66.15%	65.90%	64.94%
Responses	2290	2464	2618	2768	3027

Q7e I enjoy working with the colleagues in my team.



	2021	2022	2023	2024	2025
Your org	84.54%	83.35%	84.88%	82.27%	83.81%
Best result	87.56%	86.31%	86.45%	85.24%	85.30%
Average result	80.87%	81.11%	81.20%	80.33%	79.52%
Worst result	74.78%	75.10%	75.82%	75.15%	73.93%
Responses	2292	2462	2617	2774	3023

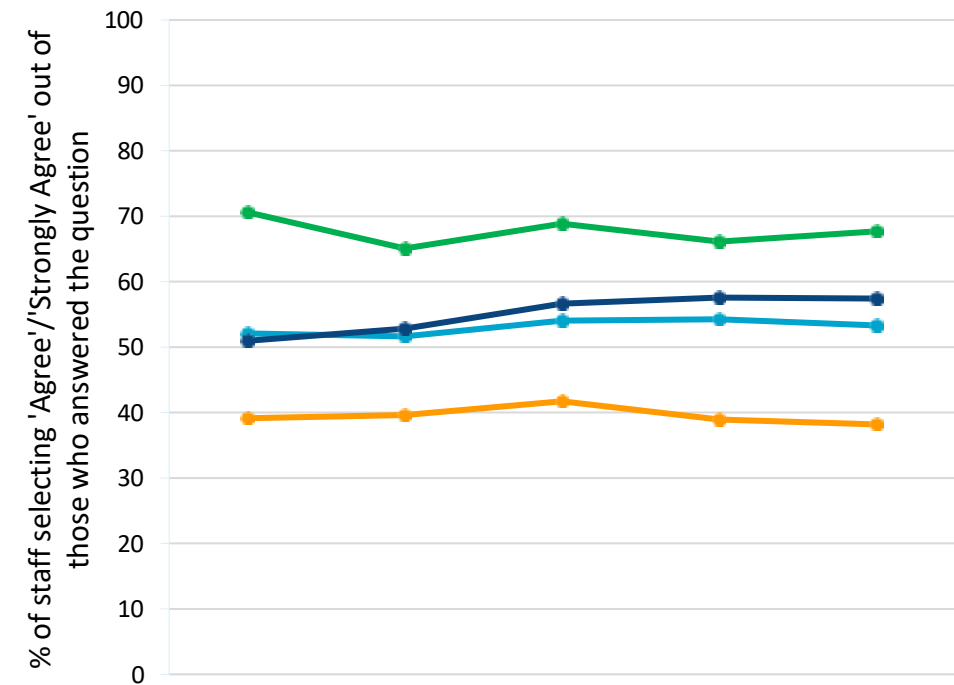
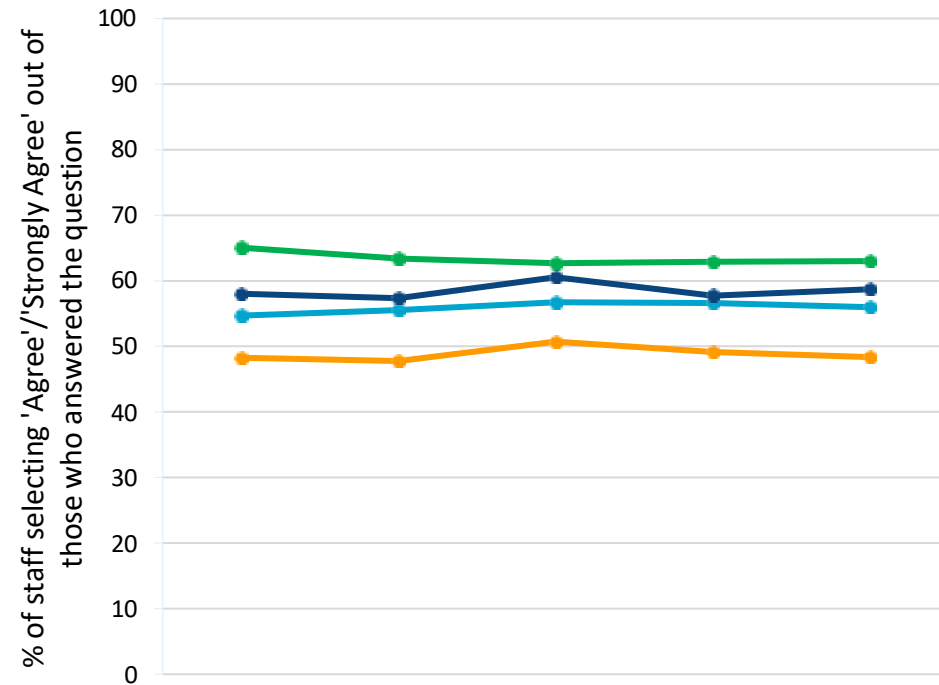
Q7f My team has enough freedom in how to do its work.



	2021	2022	2023	2024	2025
Your org	52.72%	56.29%	59.94%	60.11%	59.76%
Best result	67.96%	64.97%	66.19%	66.17%	66.26%
Average result	56.58%	57.13%	59.97%	59.48%	58.51%
Worst result	48.34%	48.92%	51.98%	46.82%	48.57%
Responses	2291	2460	2621	2763	3018

Q7g In my team disagreements are dealt with constructively.

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

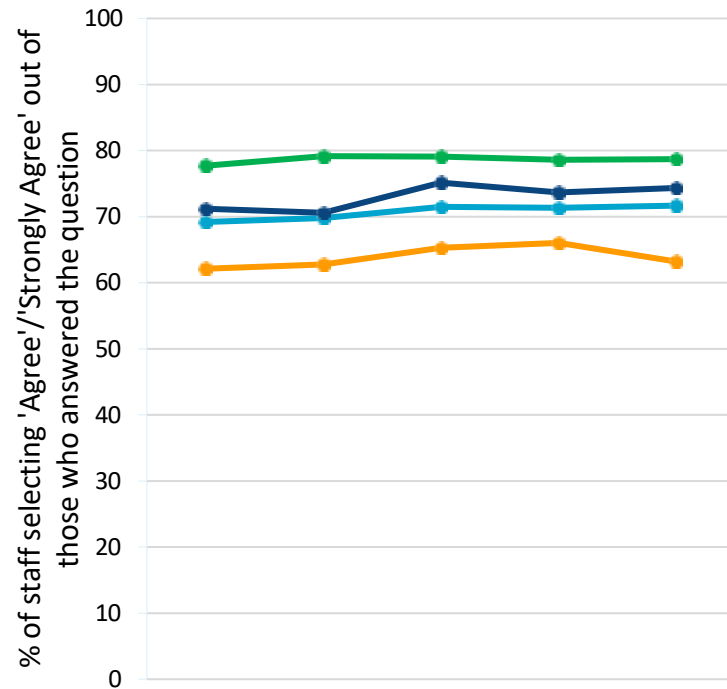


	2021	2022	2023	2024	2025
Your org	58.02%	57.35%	60.54%	57.75%	58.69%
Best result	65.05%	63.39%	62.68%	62.92%	63.01%
Average result	54.69%	55.52%	56.73%	56.61%	55.99%
Worst result	48.27%	47.76%	50.72%	49.15%	48.38%
Responses	2293	2463	2622	2769	3022

	2021	2022	2023	2024	2025
Your org	50.97%	52.83%	56.64%	57.58%	57.41%
Best result	70.61%	65.08%	68.87%	66.14%	67.71%
Average result	52.10%	51.64%	54.07%	54.26%	53.30%
Worst result	39.15%	39.64%	41.73%	38.96%	38.19%
Responses	2284	2457	2621	2777	3012

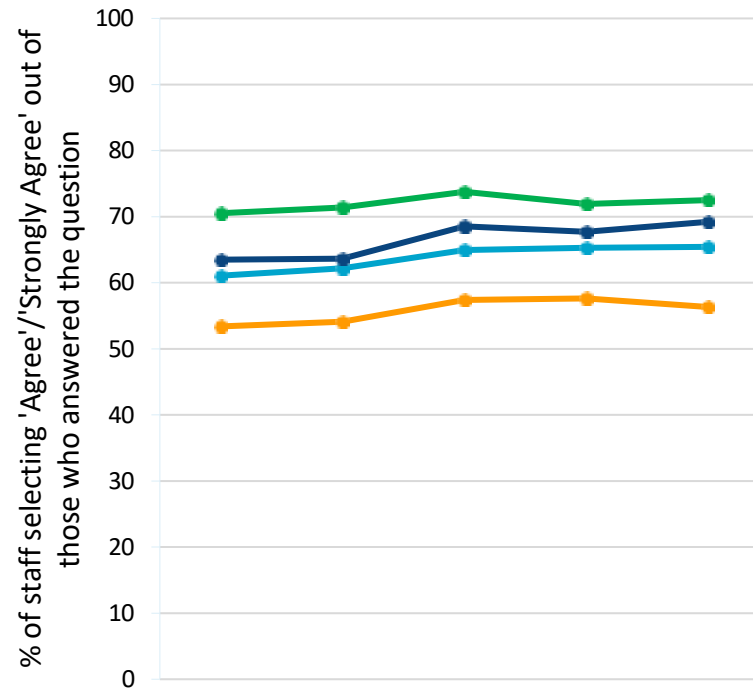


Q9a My immediate manager encourages me at work.



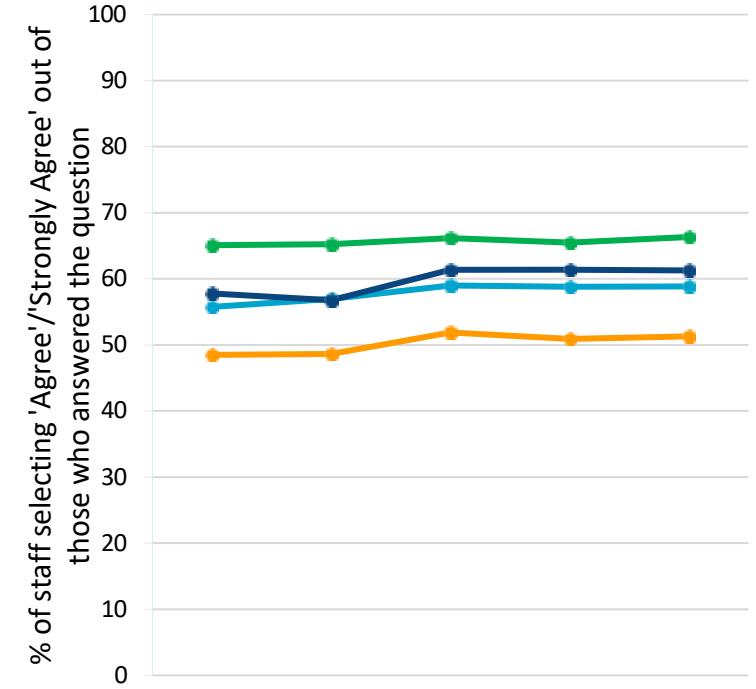
	2021	2022	2023	2024	2025
Your org	71.18%	70.59%	75.15%	73.65%	74.34%
Best result	77.71%	79.16%	79.07%	78.62%	78.70%
Average result	69.20%	69.81%	71.47%	71.36%	71.67%
Worst result	62.12%	62.77%	65.31%	66.03%	63.21%
Responses	2269	2469	2624	2777	3029

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



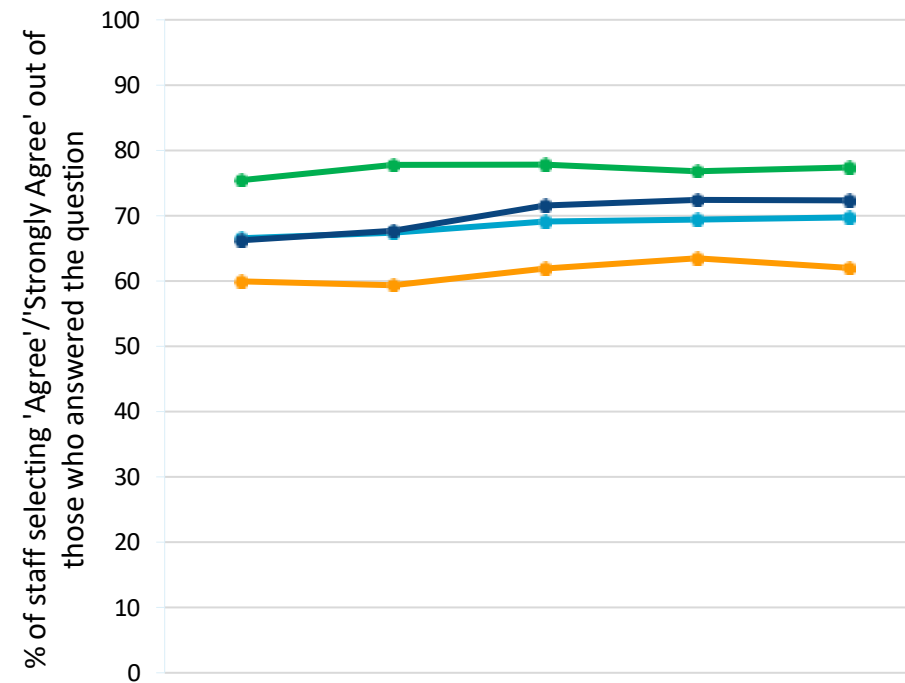
	2021	2022	2023	2024	2025
Your org	63.50%	63.64%	68.52%	67.71%	69.23%
Best result	70.52%	71.41%	73.77%	71.91%	72.48%
Average result	61.07%	62.18%	64.95%	65.31%	65.43%
Worst result	53.39%	54.10%	57.39%	57.63%	56.34%
Responses	2270	2468	2629	2777	3024

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



	2021	2022	2023	2024	2025
Your org	57.80%	56.78%	61.35%	61.38%	61.26%
Best result	65.10%	65.24%	66.18%	65.48%	66.34%
Average result	55.76%	56.95%	59.00%	58.82%	58.84%
Worst result	48.50%	48.63%	51.89%	50.94%	51.30%
Responses	2270	2466	2627	2771	3027

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



	2021	2022	2023	2024	2025
Your org	66.23%	67.68%	71.57%	72.42%	72.33%
Best result	75.43%	77.79%	77.82%	76.82%	77.40%
Average result	66.55%	67.41%	69.13%	69.39%	69.74%
Worst result	59.95%	59.35%	61.92%	63.48%	62.01%
Responses	2267	2468	2627	2777	3032

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Theme – Staff engagement



Questions included:

Motivation – Q2a, Q2b, Q2c

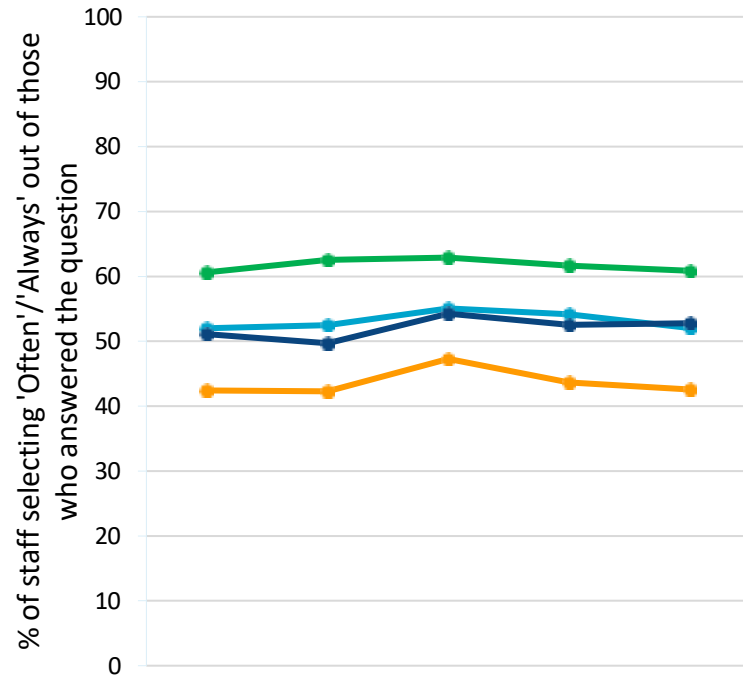
Involvement – Q3c, Q3d, Q3f

Advocacy – Q25a, Q25c, Q25d

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

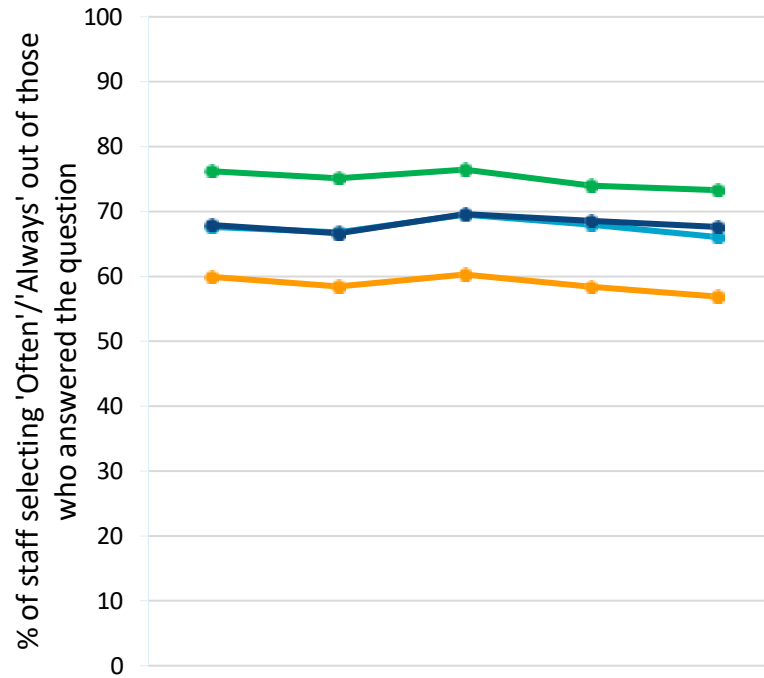


Q2a I look forward to going to work.



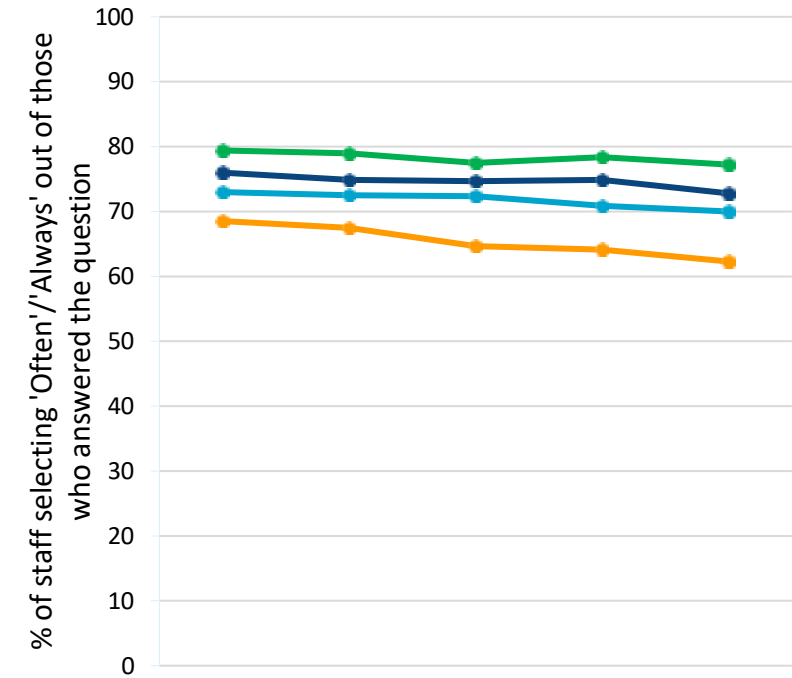
	2021	2022	2023	2024	2025
Your org	51.10%	49.69%	54.25%	52.52%	52.76%
Best result	60.62%	62.54%	62.89%	61.67%	60.88%
Average result	52.00%	52.48%	55.06%	54.17%	52.04%
Worst result	42.40%	42.29%	47.28%	43.67%	42.57%
Responses	2330	2450	2620	2758	3013

Q2b I am enthusiastic about my job.



	2021	2022	2023	2024	2025
Your org	67.92%	66.64%	69.60%	68.56%	67.62%
Best result	76.21%	75.11%	76.45%	73.98%	73.28%
Average result	67.62%	66.77%	69.51%	67.95%	66.05%
Worst result	59.95%	58.47%	60.29%	58.42%	56.88%
Responses	2324	2437	2591	2746	2997

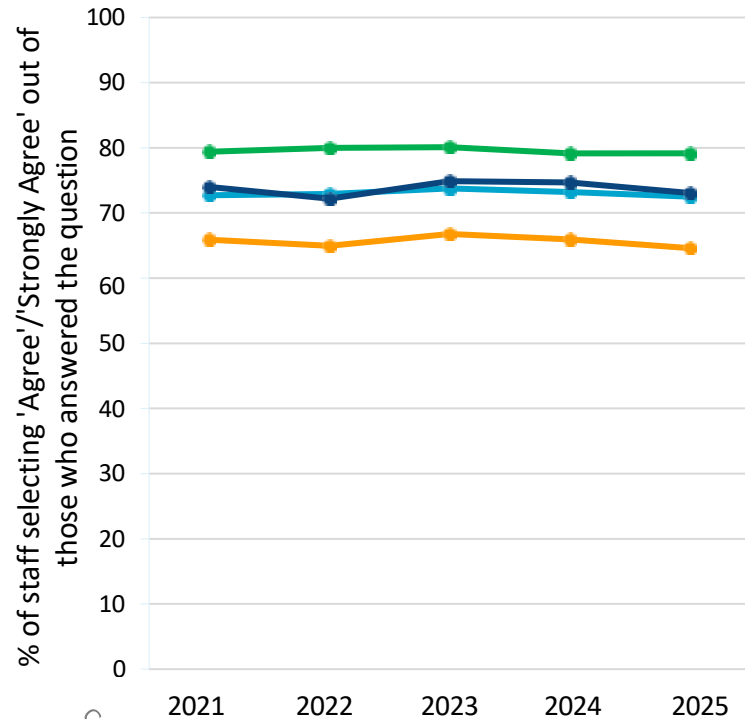
Q2c Time passes quickly when I am working.



	2021	2022	2023	2024	2025
Your org	75.98%	74.87%	74.66%	74.88%	72.79%
Best result	79.40%	78.98%	77.46%	78.39%	77.22%
Average result	72.98%	72.52%	72.34%	70.90%	70.00%
Worst result	68.52%	67.46%	64.64%	64.12%	62.29%
Responses	2320	2446	2599	2743	2994

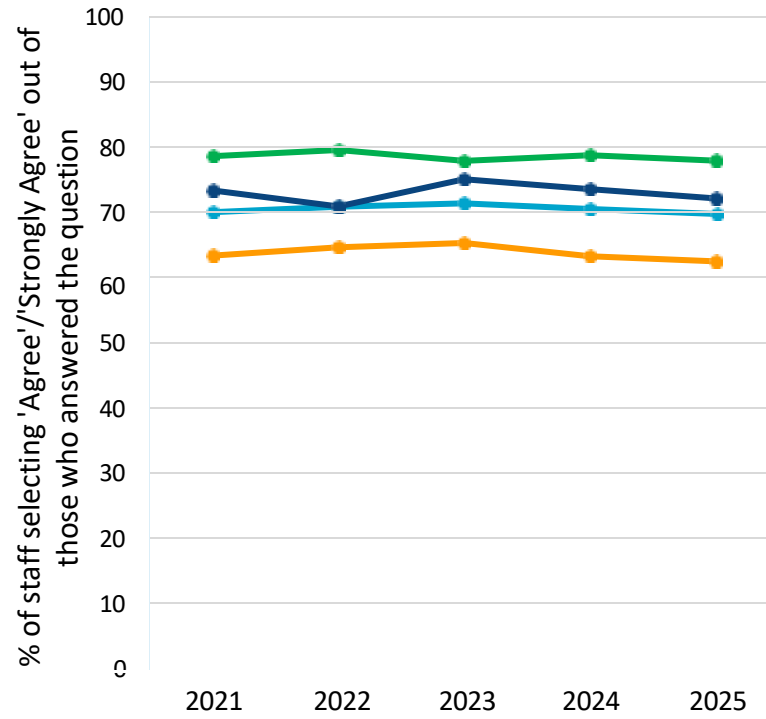


Q3c There are frequent opportunities for me to show initiative in my role.



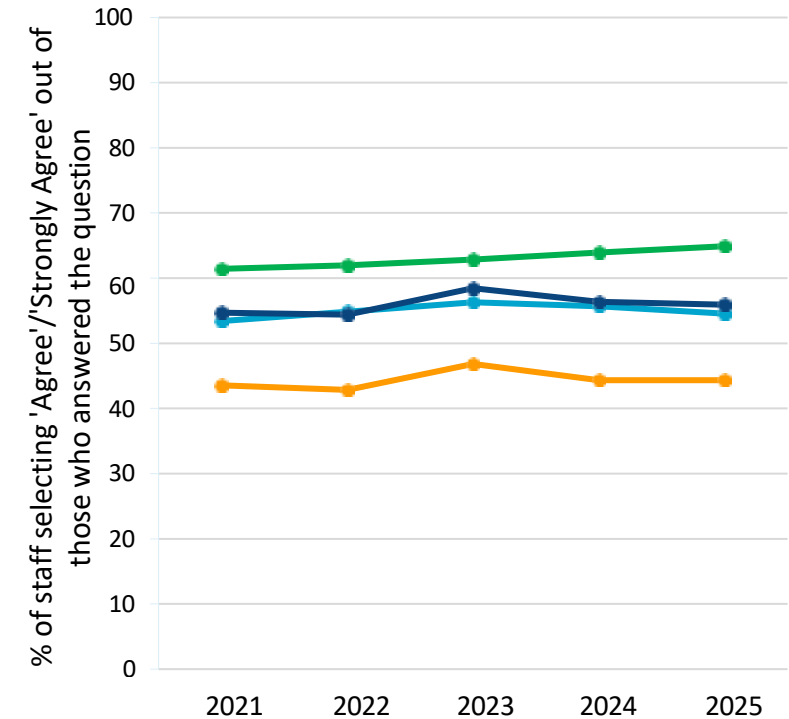
Your org	74.02%	72.20%	74.89%	74.68%	73.09%
Best result	79.41%	80.01%	80.10%	79.15%	79.17%
Average result	72.75%	72.91%	73.77%	73.20%	72.51%
Worst result	65.92%	64.98%	66.78%	65.94%	64.60%
Responses	2310	2456	2620	2772	3025

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



Your org	73.44%	71.00%	75.17%	73.64%	72.22%
Best result	78.70%	79.67%	78.00%	78.84%	78.03%
Average result	70.10%	70.97%	71.47%	70.61%	69.85%
Worst result	63.42%	64.70%	65.38%	63.33%	62.56%
Responses	2310	2457	2621	2769	3014

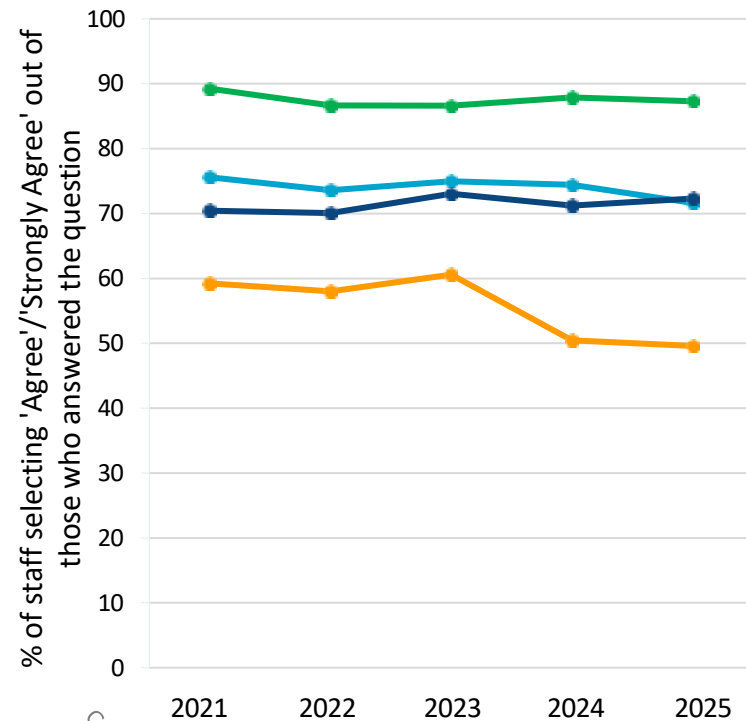
Q3f I am able to make improvements happen in my area of work.



Your org	54.70%	54.40%	58.46%	56.35%	55.93%
Best result	61.43%	61.98%	62.84%	63.94%	64.90%
Average result	53.41%	54.86%	56.30%	55.71%	54.54%
Worst result	43.54%	42.85%	46.84%	44.35%	44.33%
Responses	2307	2460	2616	2769	3015

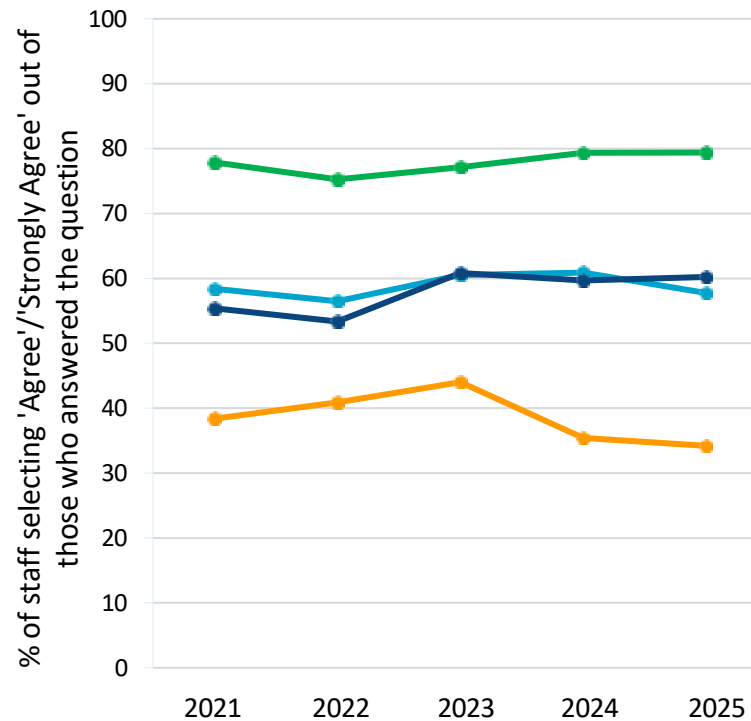


Q25a Care of patients / service users is my organisation's top priority.



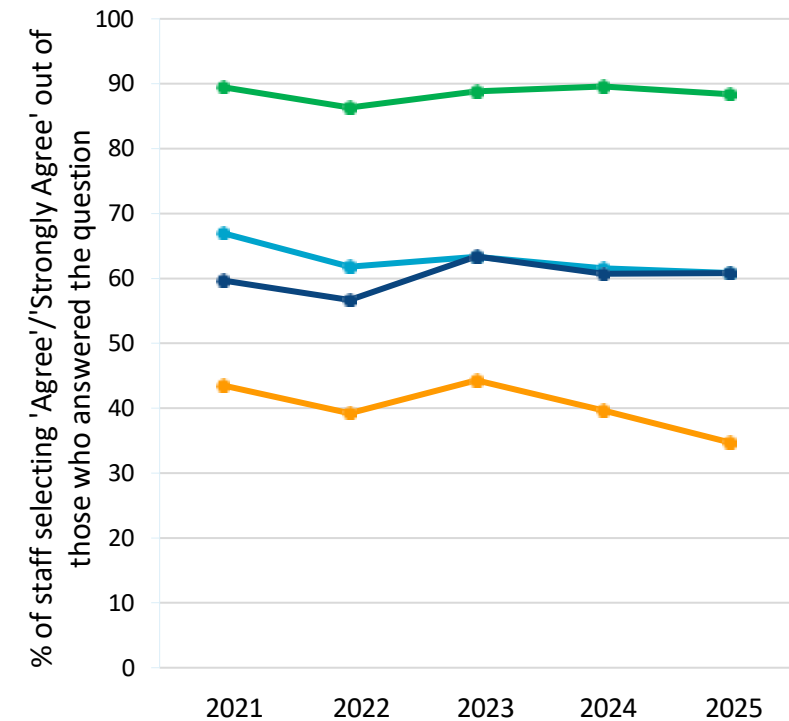
Your org	70.44%	70.06%	73.05%	71.22%	72.32%
Best result	89.24%	86.64%	86.62%	87.88%	87.31%
Average result	75.58%	73.58%	74.95%	74.42%	71.63%
Worst result	59.25%	57.99%	60.58%	50.48%	49.59%
Responses	2234	2454	2610	2768	3015

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



Your org	55.37%	53.35%	60.83%	59.68%	60.21%
Best result	77.86%	75.26%	77.14%	79.37%	79.40%
Average result	58.41%	56.47%	60.52%	60.89%	57.77%
Worst result	38.40%	40.90%	44.01%	35.43%	34.20%
Responses	2235	2459	2612	2766	3008

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



Your org	59.69%	56.67%	63.38%	60.69%	60.83%
Best result	89.49%	86.33%	88.81%	89.58%	88.41%
Average result	66.97%	61.78%	63.32%	61.55%	60.83%
Worst result	43.50%	39.20%	44.30%	39.68%	34.73%
Responses	2235	2454	2617	2763	3010

Theme - Morale



Questions included:

Thinking about leaving – Q26a, Q26b, Q26c

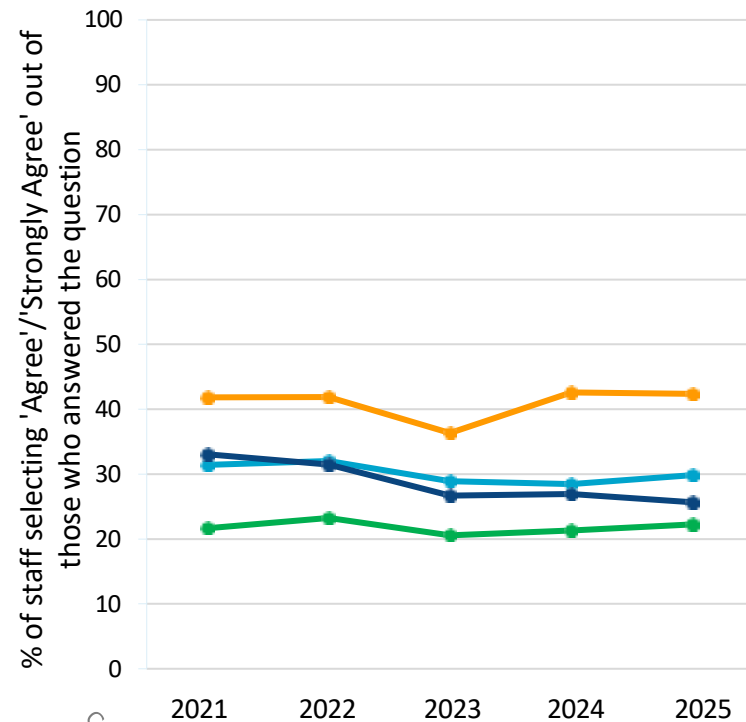
Work pressure – Q3g, Q3h, Q3i

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

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

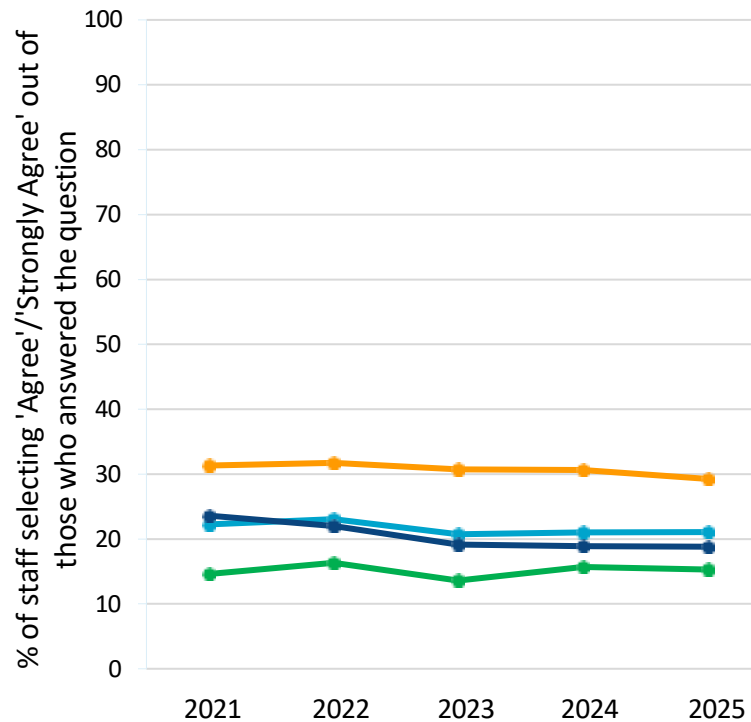


Q26a I often think about leaving this organisation.



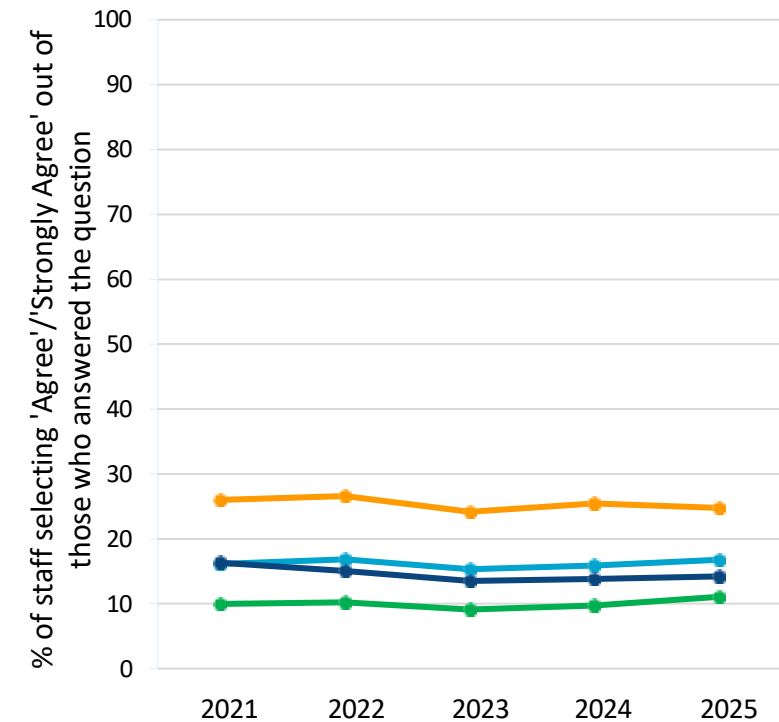
Your org	33.06%	31.48%	26.70%	26.91%	25.66%
Best result	21.67%	23.25%	20.56%	21.31%	22.27%
Average result	31.44%	32.02%	28.90%	28.46%	29.83%
Worst result	41.82%	41.89%	36.33%	42.59%	42.38%
Responses	2231	2467	2624	2772	3019

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



Your org	23.60%	21.98%	19.14%	18.89%	18.81%
Best result	14.63%	16.33%	13.60%	15.69%	15.29%
Average result	22.24%	23.06%	20.73%	21.00%	21.07%
Worst result	31.33%	31.73%	30.75%	30.62%	29.26%
Responses	2228	2459	2615	2762	3013

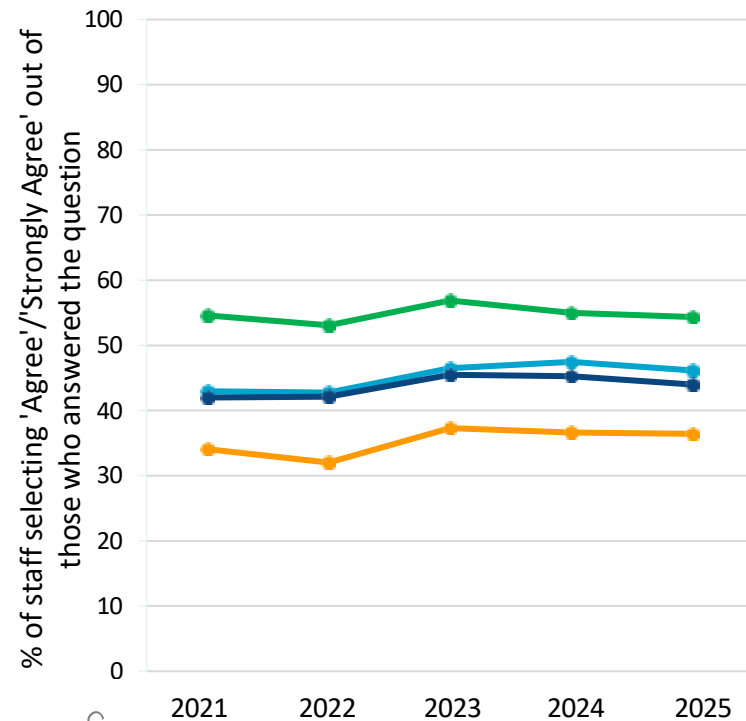
Q26c As soon as I can find another job, I will leave this organisation.



Your org	16.32%	15.04%	13.51%	13.81%	14.20%
Best result	9.95%	10.19%	9.11%	9.75%	11.07%
Average result	16.15%	16.84%	15.32%	15.87%	16.77%
Worst result	25.98%	26.59%	24.17%	25.47%	24.76%
Responses	2229	2451	2601	2741	2993

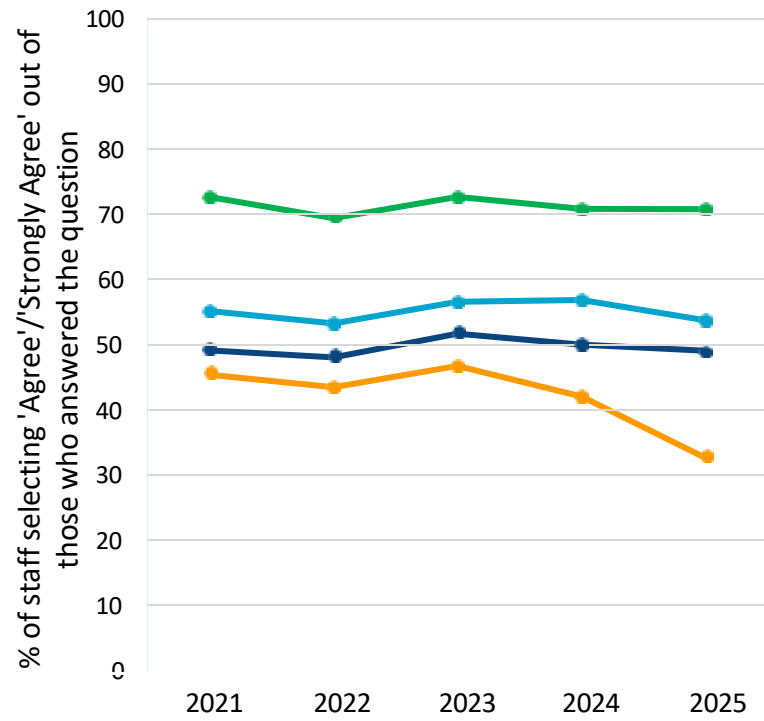


Q3g I am able to meet all the conflicting demands on my time at work.



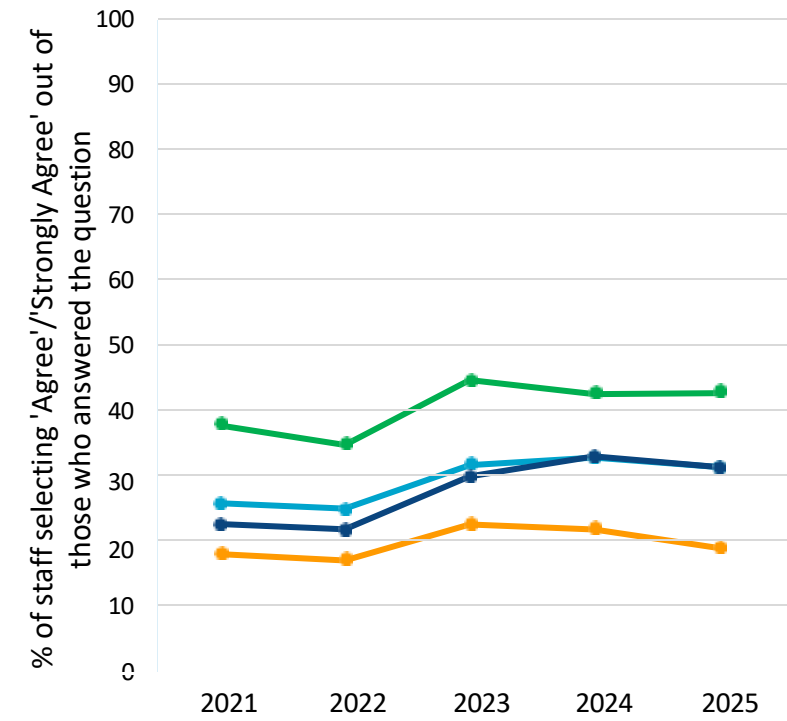
Your org	42.00%	42.15%	45.49%	45.28%	44.01%
Best result	54.61%	53.09%	56.89%	54.99%	54.34%
Average result	42.96%	42.76%	46.52%	47.47%	46.14%
Worst result	34.06%	32.02%	37.31%	36.63%	36.45%
Responses	2302	2454	2613	2769	3012

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



Your org	49.18%	48.13%	51.77%	50.08%	49.16%
Best result	72.77%	69.52%	72.79%	70.96%	70.92%
Average result	55.26%	53.34%	56.68%	56.94%	53.84%
Worst result	45.45%	43.54%	46.82%	42.11%	32.70%
Responses	2308	2449	2612	2759	3010

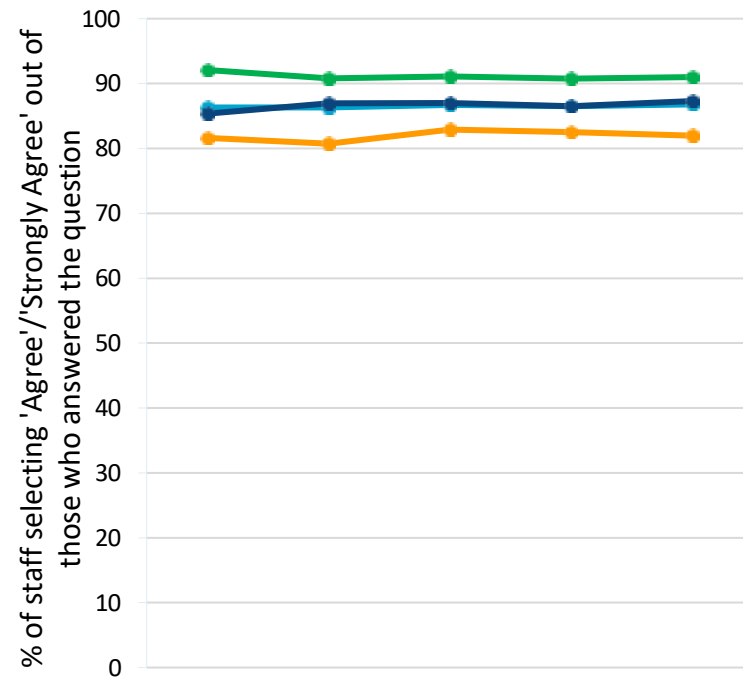
Q3i There are enough staff at this organisation for me to do my job properly.



Your org	22.56%	21.78%	29.90%	32.97%	31.35%
Best result	37.72%	34.72%	44.68%	42.50%	42.65%
Average result	25.79%	24.95%	31.62%	32.78%	31.34%
Worst result	17.94%	17.00%	22.52%	21.73%	18.91%
Responses	2308	2466	2620	2772	3028

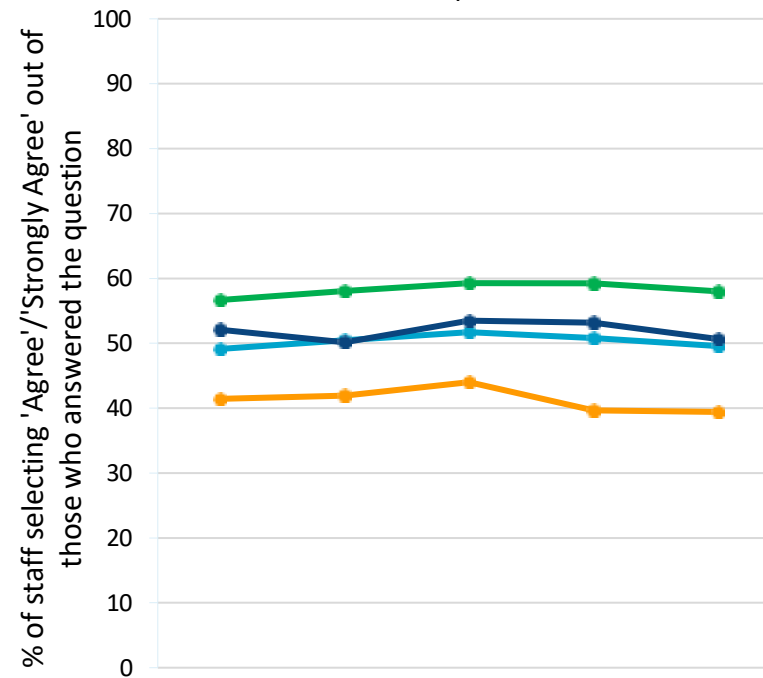


Q3a I always know what my work responsibilities are.



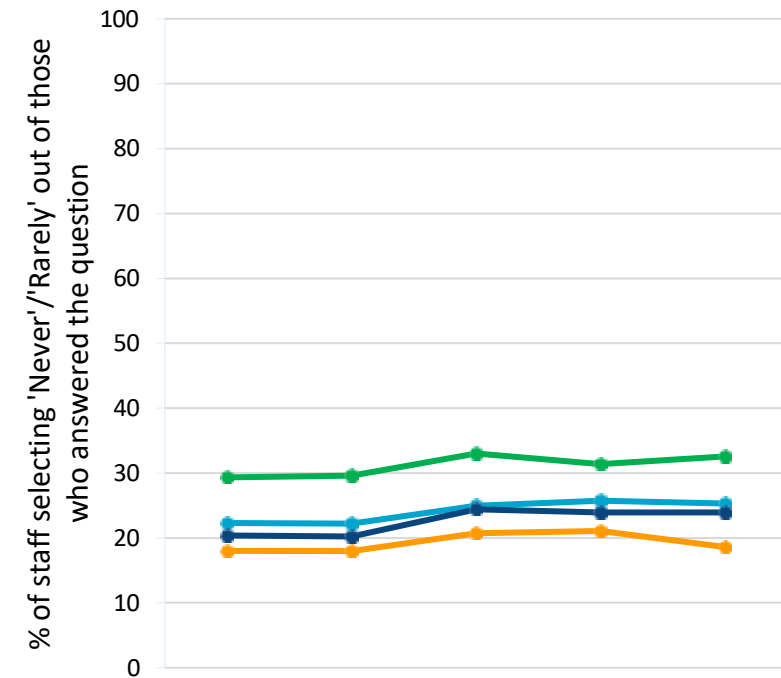
	2021	2022	2023	2024	2025
Your org	85.36%	86.97%	87.00%	86.50%	87.30%
Best result	92.09%	90.81%	91.10%	90.75%	91.00%
Average result	86.33%	86.32%	86.69%	86.53%	86.79%
Worst result	81.63%	80.73%	82.90%	82.49%	81.95%
Responses	2307	2471	2633	2785	3034

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



	2021	2022	2023	2024	2025
Your org	52.09%	50.14%	53.48%	53.17%	50.67%
Best result	56.66%	58.05%	59.27%	59.26%	58.01%
Average result	49.12%	50.45%	51.71%	50.82%	49.59%
Worst result	41.44%	41.94%	44.00%	39.68%	39.41%
Responses	2310	2457	2619	2770	3023

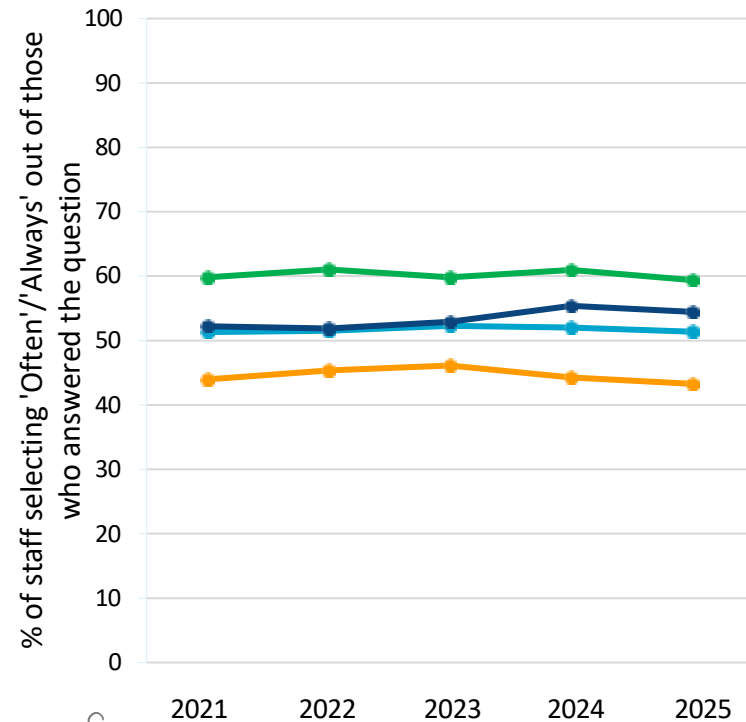
Q5a I have unrealistic time pressures.



	2021	2022	2023	2024	2025
Your org	20.37%	20.22%	24.41%	23.91%	23.91%
Best result	29.33%	29.60%	33.01%	31.38%	32.55%
Average result	22.28%	22.20%	24.97%	25.73%	25.30%
Worst result	18.03%	17.97%	20.72%	21.07%	18.61%
Responses	2292	2457	2619	2777	3019

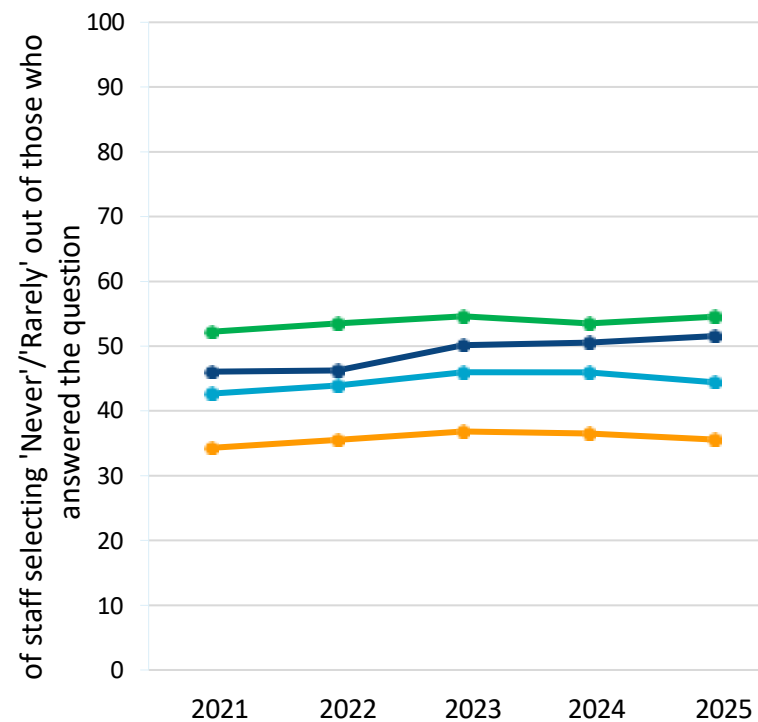


Q5b I have a choice in deciding how to do my work.



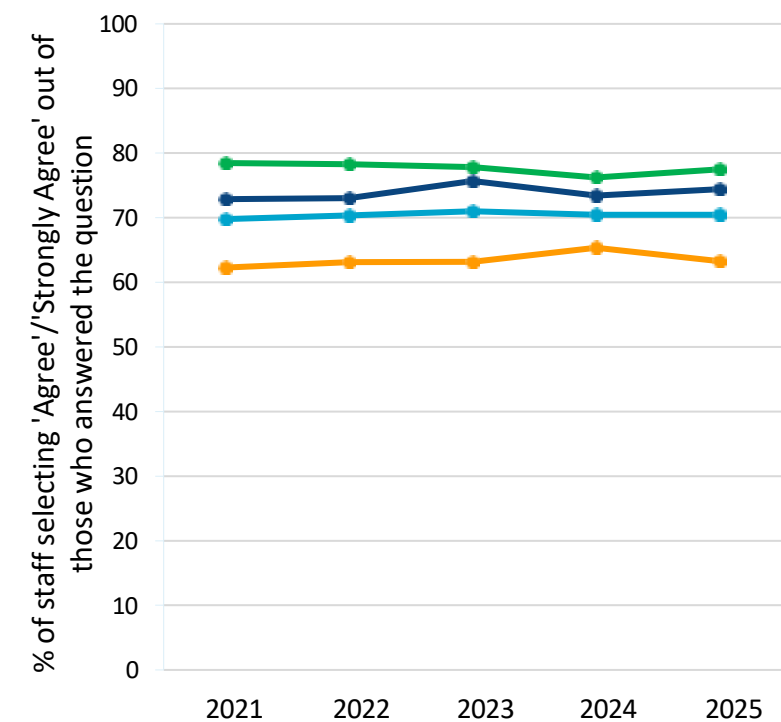
Your org	52.21%	51.87%	52.92%	55.39%	54.45%
Best result	59.84%	61.04%	59.83%	60.94%	59.39%
Average result	51.31%	51.54%	52.28%	52.02%	51.37%
Worst result	43.95%	45.34%	46.12%	44.25%	43.28%
Responses	2295	2458	2613	2765	3019

Q5c Relationships at work are strained.



Your org	46.06%	46.26%	50.13%	50.53%	51.55%
Best result	52.22%	53.50%	54.61%	53.52%	54.55%
Average result	42.67%	43.93%	45.97%	45.95%	44.43%
Worst result	34.29%	35.52%	36.82%	36.49%	35.57%
Responses	2291	2453	2618	2773	3018

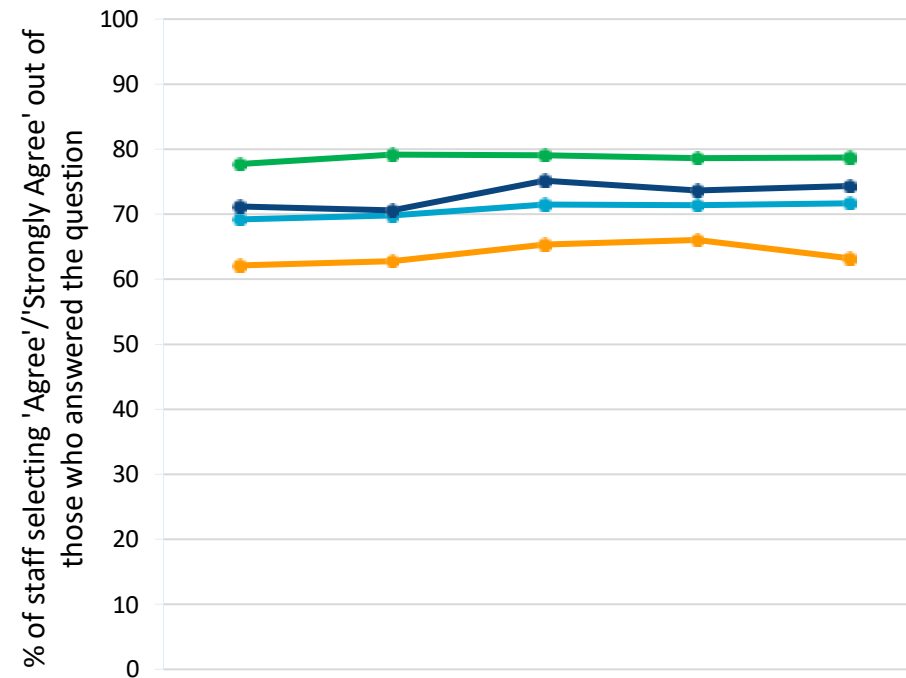
Q7c I receive the respect I deserve from my colleagues at work.



Your org	72.87%	73.01%	75.68%	73.40%	74.42%
Best result	78.46%	78.30%	77.85%	76.23%	77.49%
Average result	69.78%	70.35%	71.00%	70.47%	70.43%
Worst result	62.28%	63.13%	63.18%	65.35%	63.28%
Responses	2296	2466	2625	2776	3025



Q9a My immediate manager encourages me at work.



	2021	2022	2023	2024	2025
Your org	71.18%	70.59%	75.15%	73.65%	74.34%
Best result	77.71%	79.16%	79.07%	78.62%	78.70%
Average result	69.20%	69.81%	71.47%	71.36%	71.67%
Worst result	62.12%	62.77%	65.31%	66.03%	63.21%
Responses	2269	2469	2624	2777	3029

Curtis Soile
24/03/2026 12:54:52

Questions not linked to People Promise elements or themes

Questions included:*

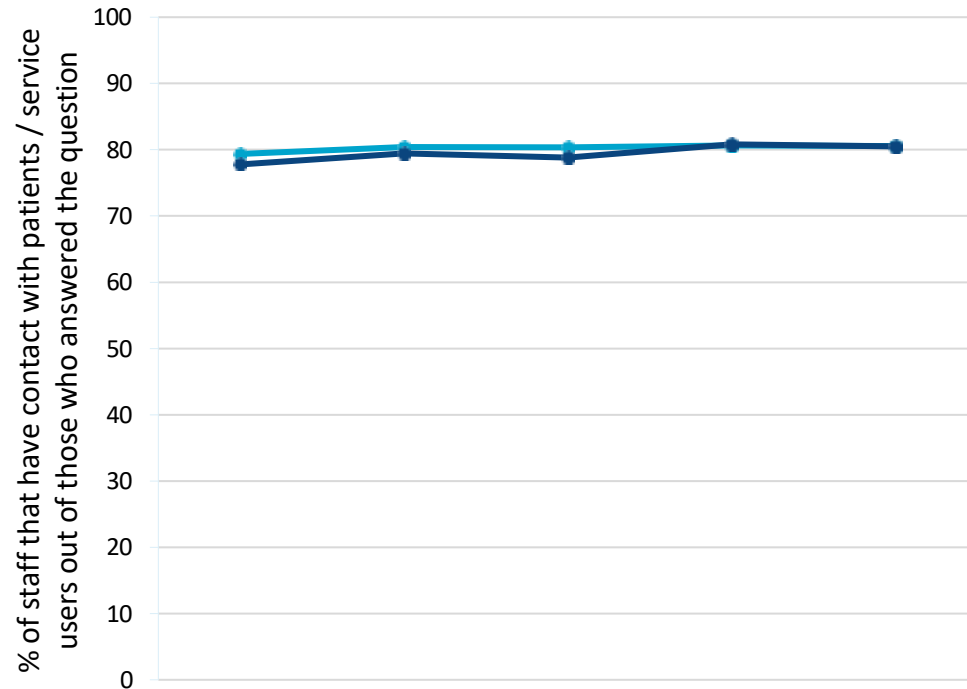
Q1, Q10a, Q10b, Q10c, Q11e, Q16c, Q18, Q19a, Q19b, Q19c, Q19d, Q31b, Q26d

*The results for Q17a, Q17b and Q22 are reported in the section for People Promise element 4: We are safe and healthy. The results for Q24f are reported in the section for People Promise element 5: We are always learning. These questions do not contribute to any score or sub-score calculations.

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



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



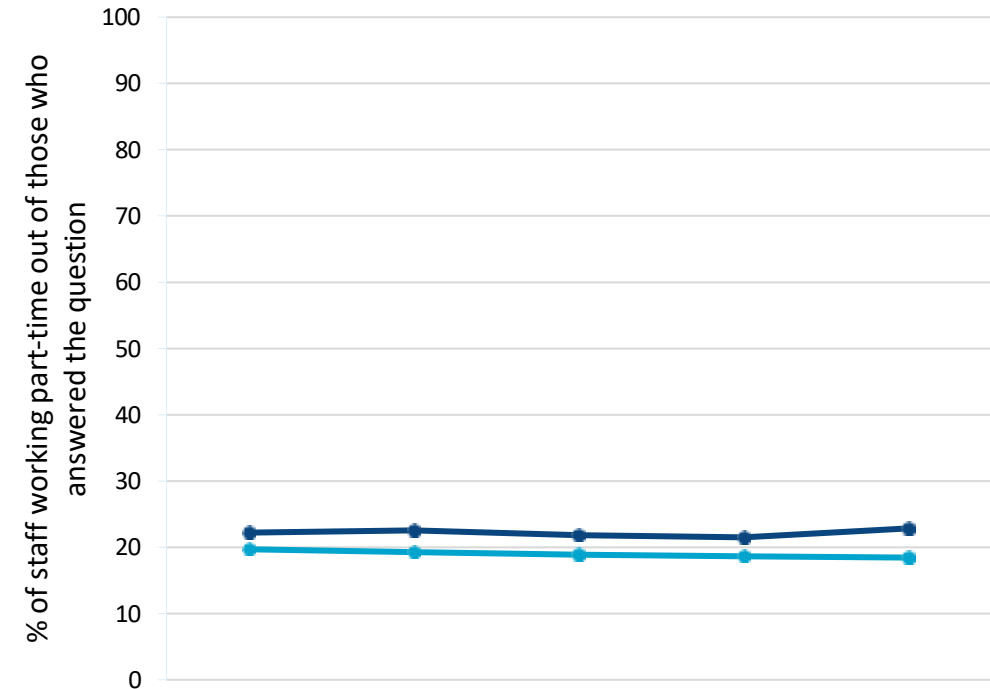
2021 2022 2023 2024 2025

Your org 77.78% 79.42% 78.79% 80.81% 80.52%

Average 79.36% 80.42% 80.37% 80.65% 80.54%

Responses 2331 2459 2612 2767 3018

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



2021 2022 2023 2024 2025

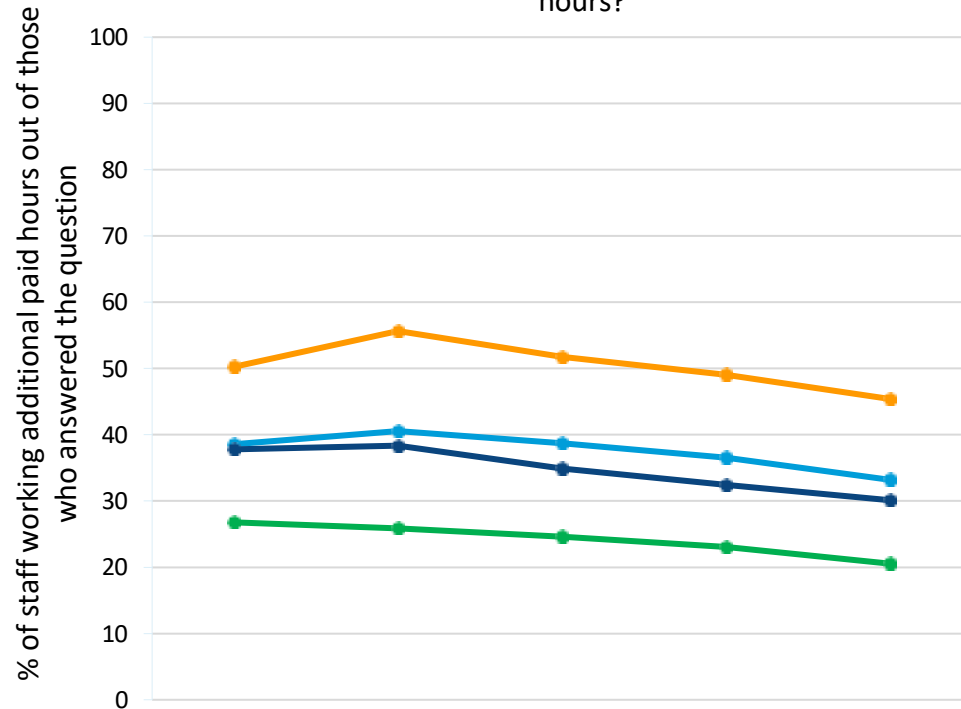
Your org 22.23% 22.54% 21.82% 21.50% 22.85%

Average 19.69% 19.24% 18.88% 18.64% 18.44%

Responses 2231 2311 2456 2614 2845



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

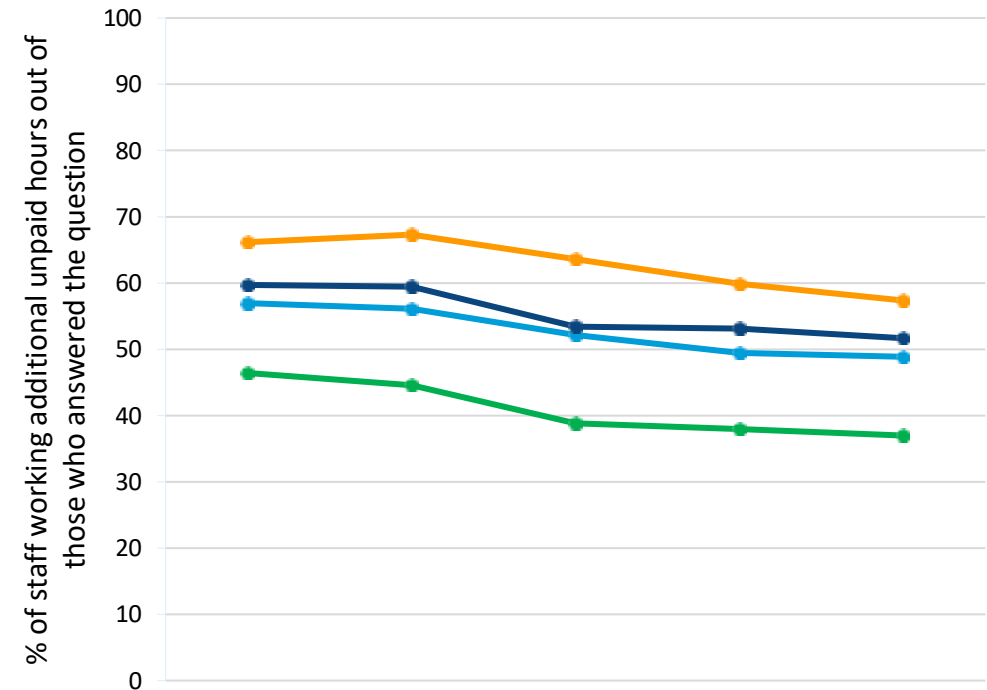


2021 2022 2023 2024 2025

Your org	37.80%	38.35%	34.90%	32.42%	30.12%
Lowest	26.78%	25.89%	24.62%	23.04%	20.54%
Average	38.55%	40.56%	38.69%	36.54%	33.20%
Highest	50.26%	55.65%	51.73%	49.05%	45.40%

Responses 2259 2346 2510 2648 2913

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



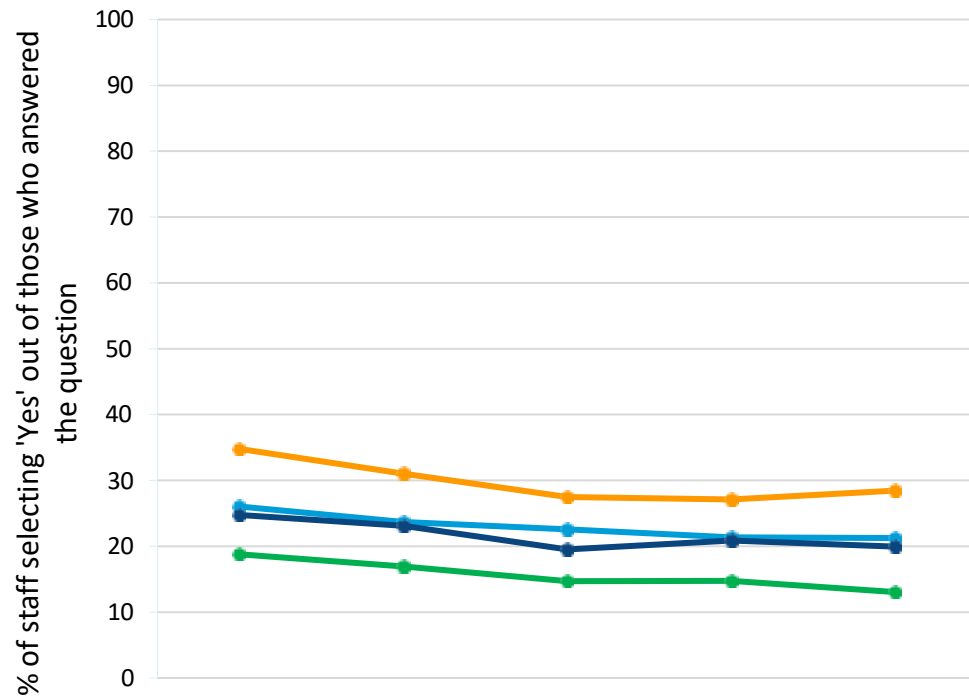
2021 2022 2023 2024 2025

Your org	59.71%	59.47%	53.43%	53.10%	51.66%
Lowest	46.42%	44.57%	38.81%	37.94%	36.98%
Average	56.96%	56.11%	52.13%	49.47%	48.87%
Highest	66.17%	67.31%	63.58%	59.88%	57.36%

Responses 2251 2349 2513 2656 2924

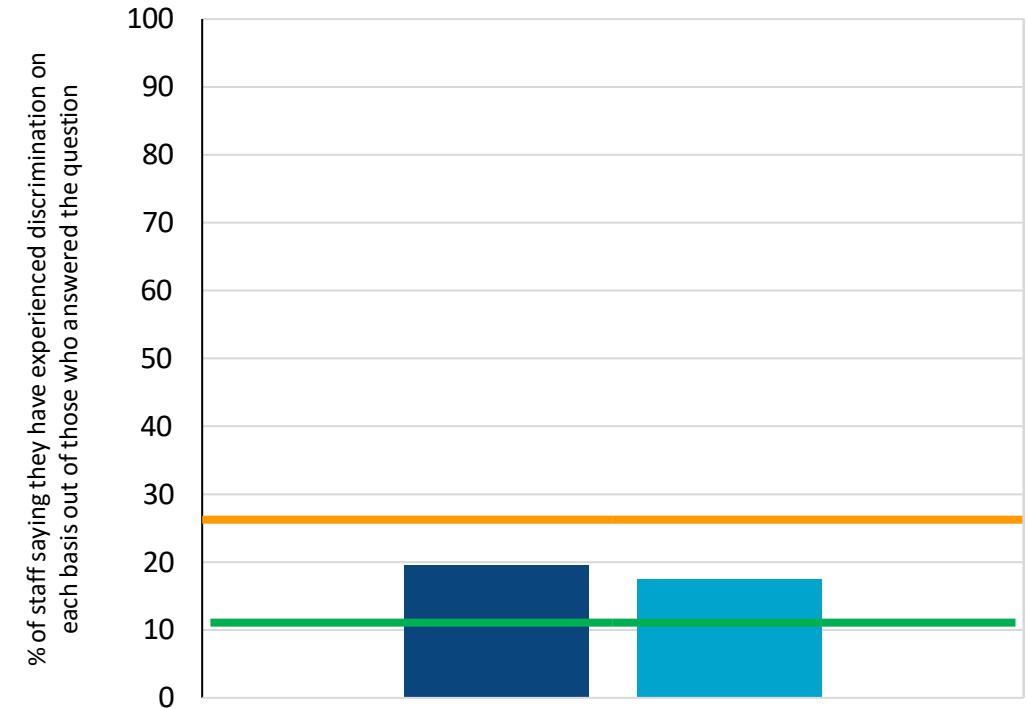


Q11e* Have you felt pressure from your manager to come to work?



	2021	2022	2023	2024	2025
Your org	24.76%	23.11%	19.53%	20.89%	19.95%
Best result	18.79%	16.95%	14.72%	14.76%	13.05%
Average result	26.04%	23.70%	22.58%	21.34%	21.25%
Worst result	34.79%	31.04%	27.49%	27.11%	28.45%
Responses	1171	1362	1367	1510	1625

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



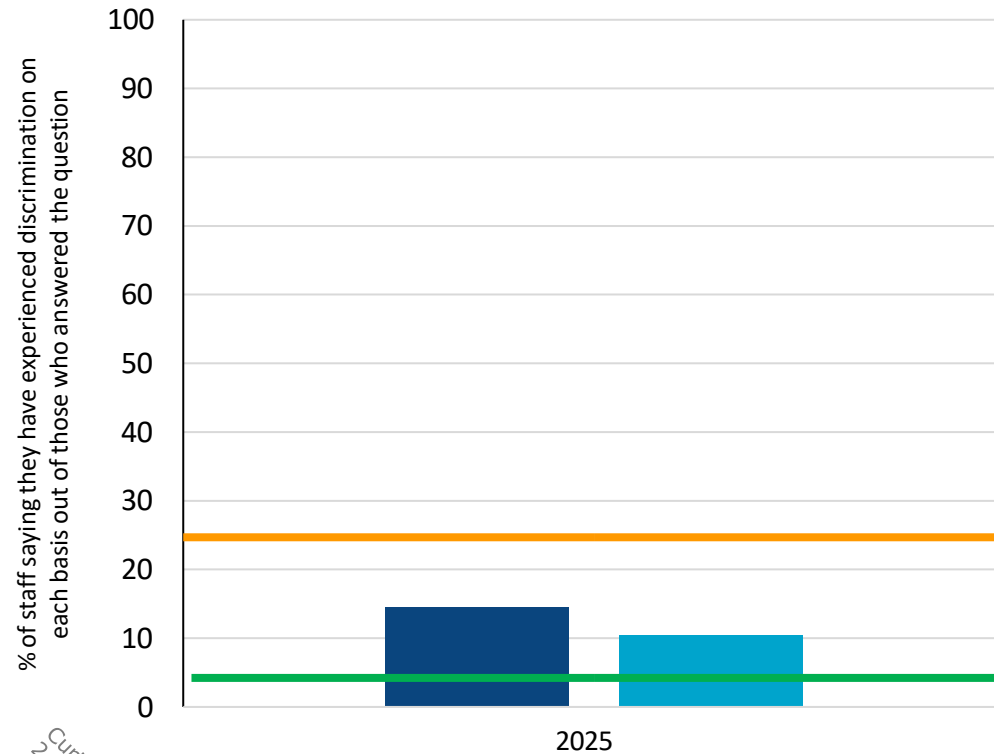
	2025
Your org	19.57%
Best result	11.08%
Average result	17.46%
Worst result	26.25%
Responses	296

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

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

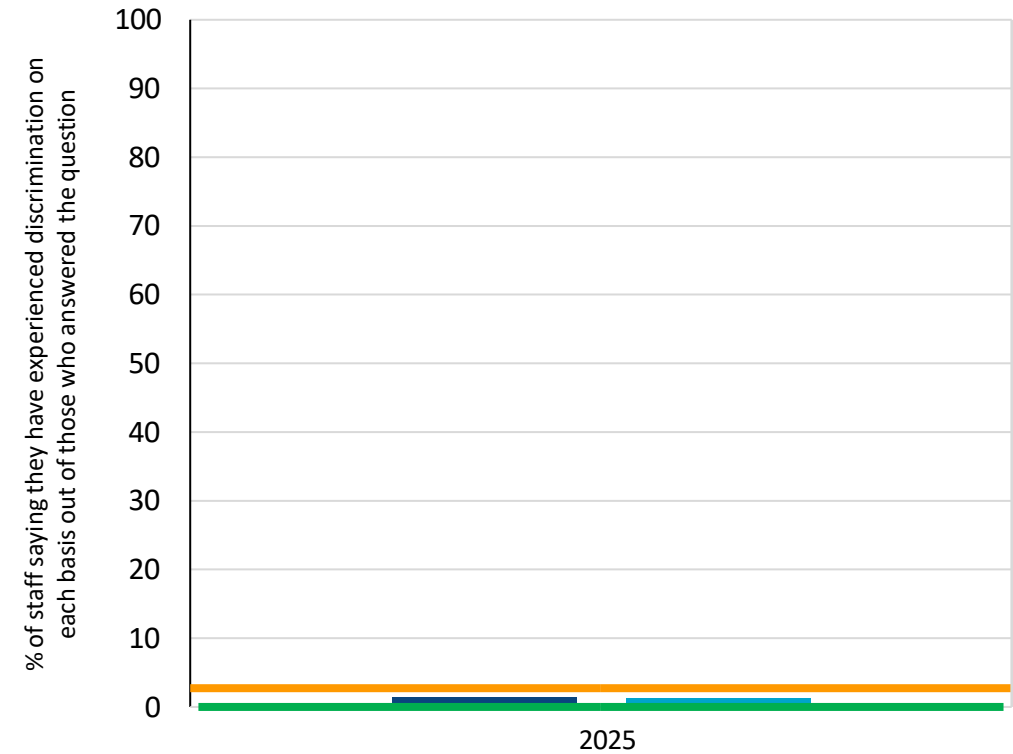


Q16c.2 On what grounds have you experienced discrimination?
– Disability.



Your org	14.54%
Best result	4.23%
Average result	10.47%
Worst result	24.69%
Responses	296

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

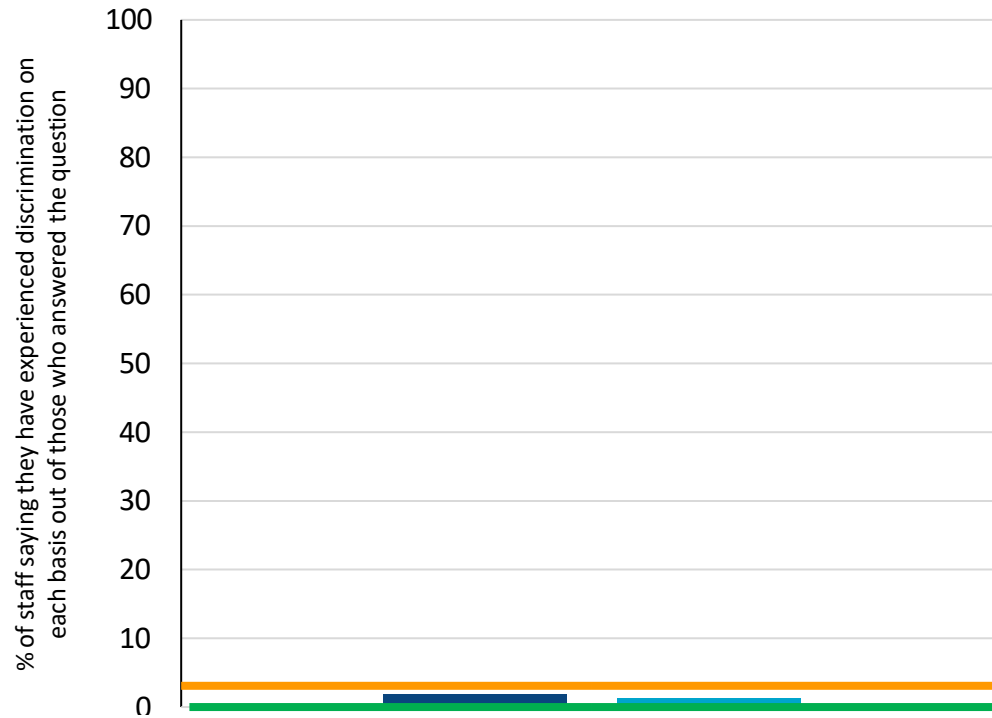


Your org	1.32%
Best result	0.00%
Average result	1.25%
Worst result	2.73%
Responses	296

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



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

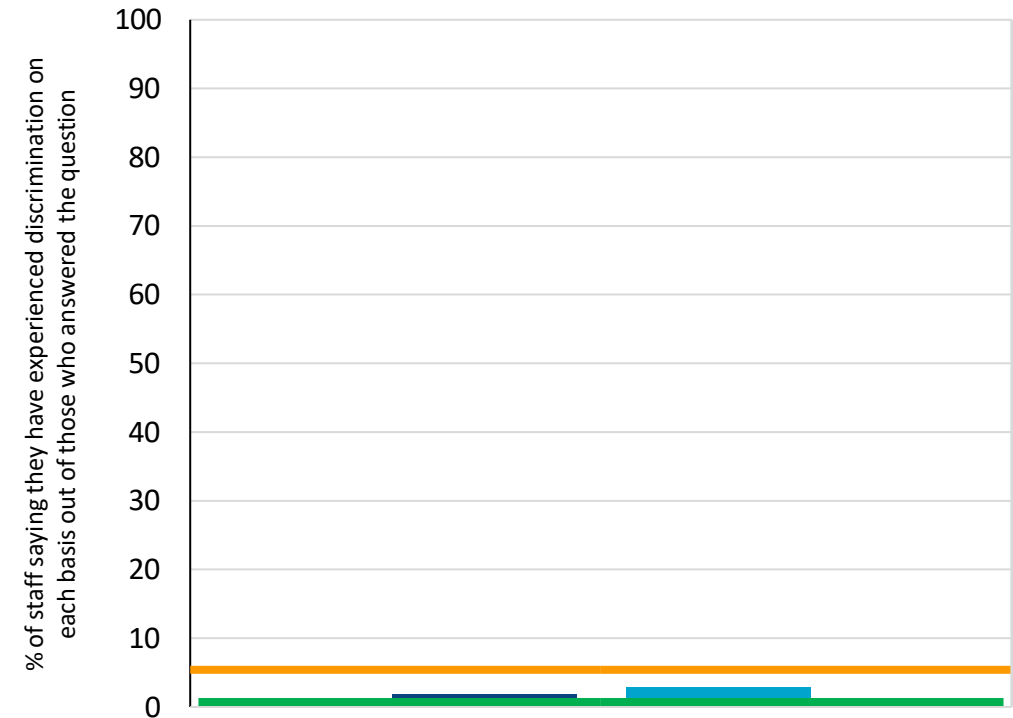


Curr:
24

Your org	2025	1.78%
Best result		0.00%
Average result		1.23%
Worst result		3.09%

Responses 296

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



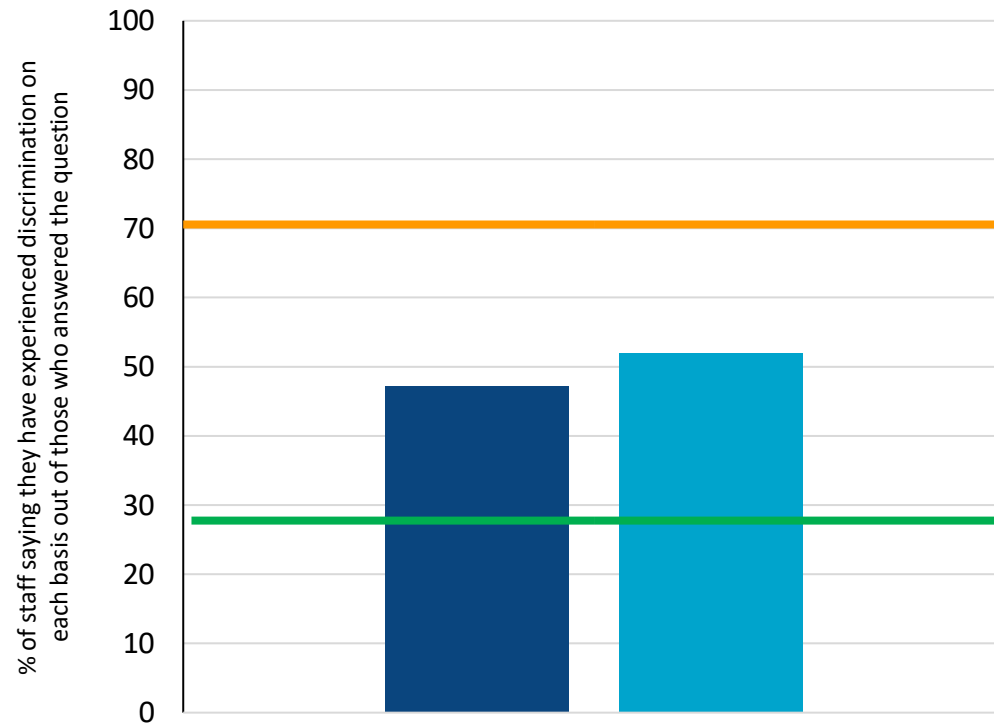
Your org	2025	1.80%
Best result		0.72%
Average result		2.83%
Worst result		5.41%

Responses 296

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



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

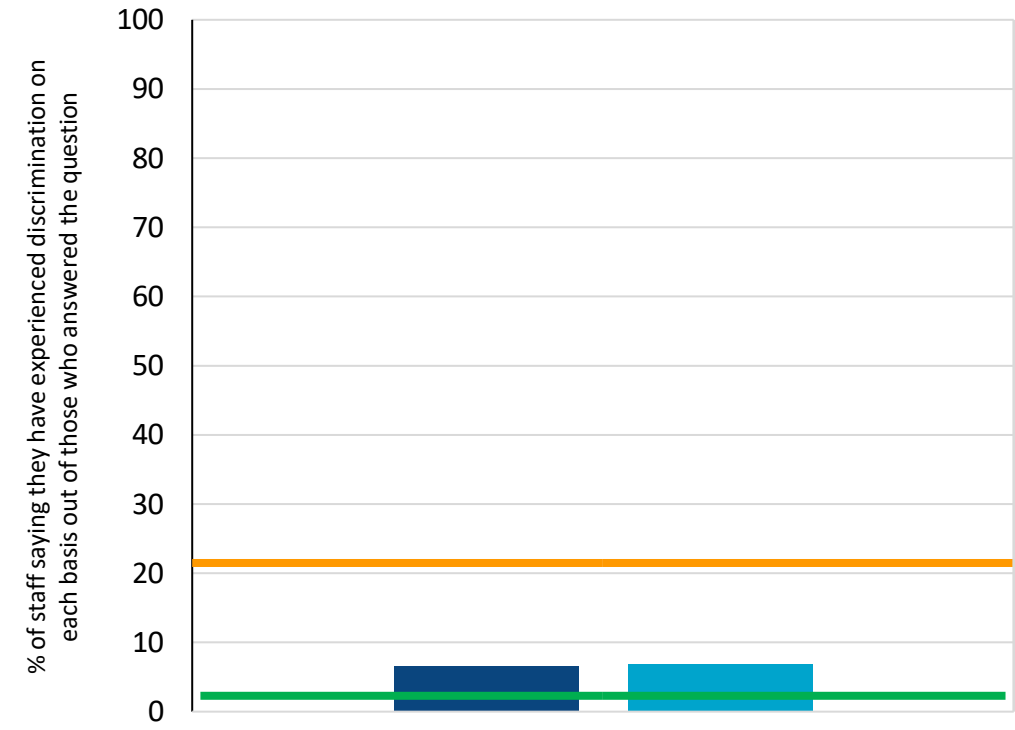


Your org	47.16%
Best result	27.76%
Average result	52.00%
Worst result	70.56%

Responses

296

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



Your org	6.65%
Best result	2.29%
Average result	6.87%
Worst result	21.49%

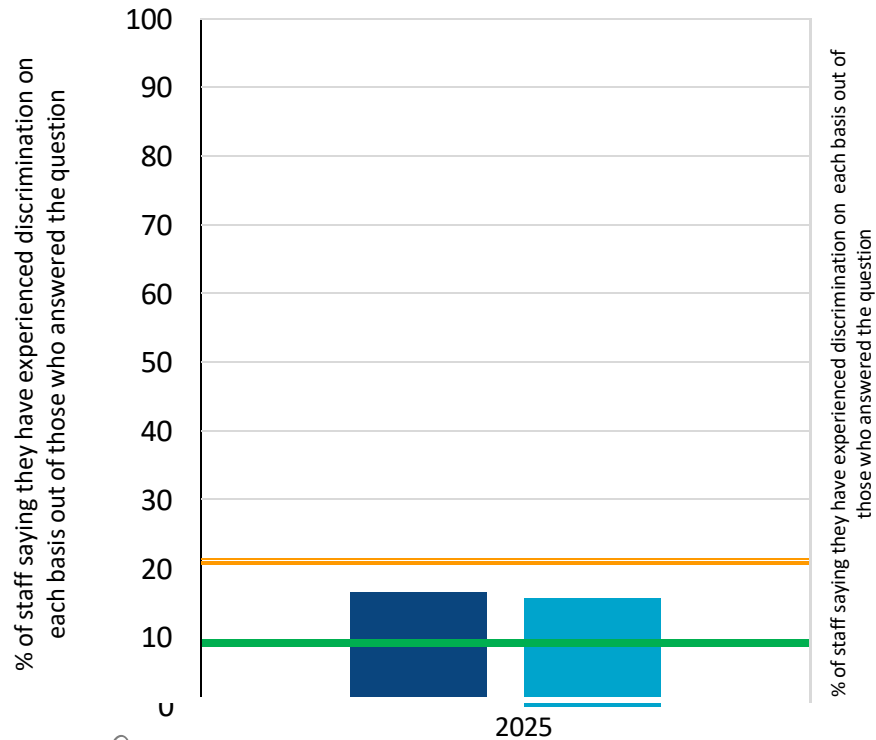
Responses

296

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



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

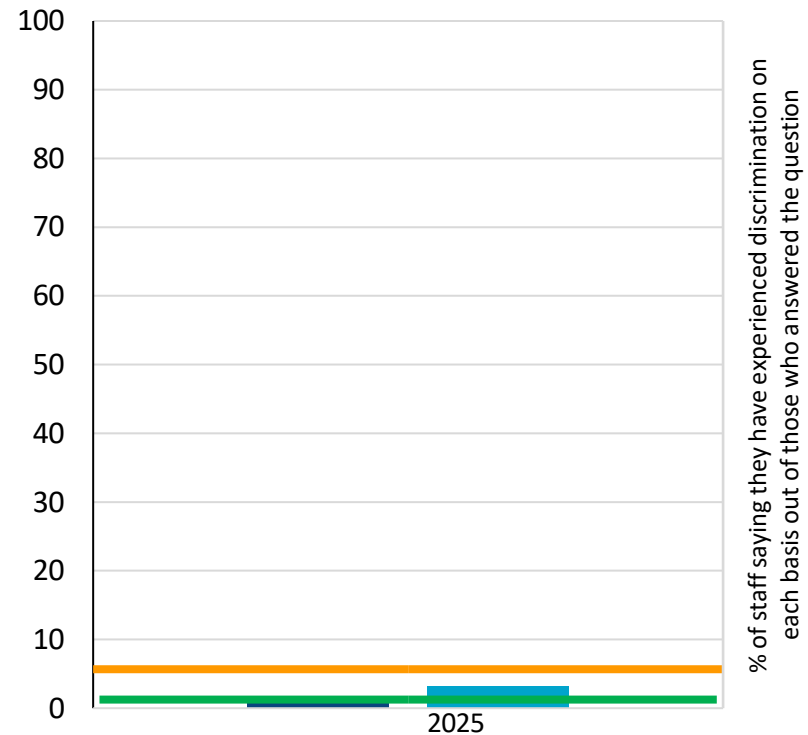


% of staff saying they have experienced discrimination on each basis out of those who answered the question

Your org	15.69%
Best result	8.47%
Average result	15.75%
Worst result	20.93%

Responses 296

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

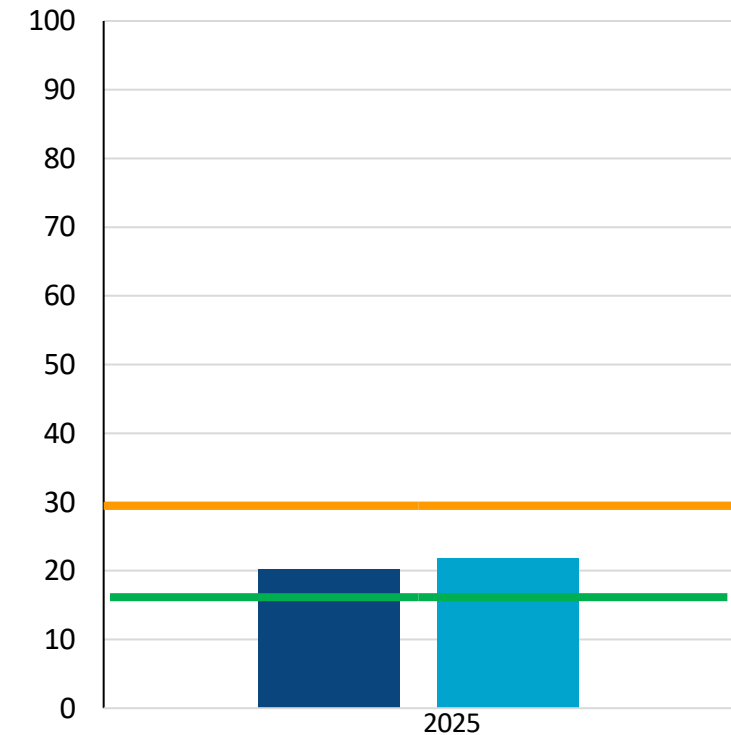


% of staff saying they have experienced discrimination on each basis out of those who answered the question

Your org	1.46%
Best result	1.25%
Average result	3.12%
Worst result	5.67%

Responses 296

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



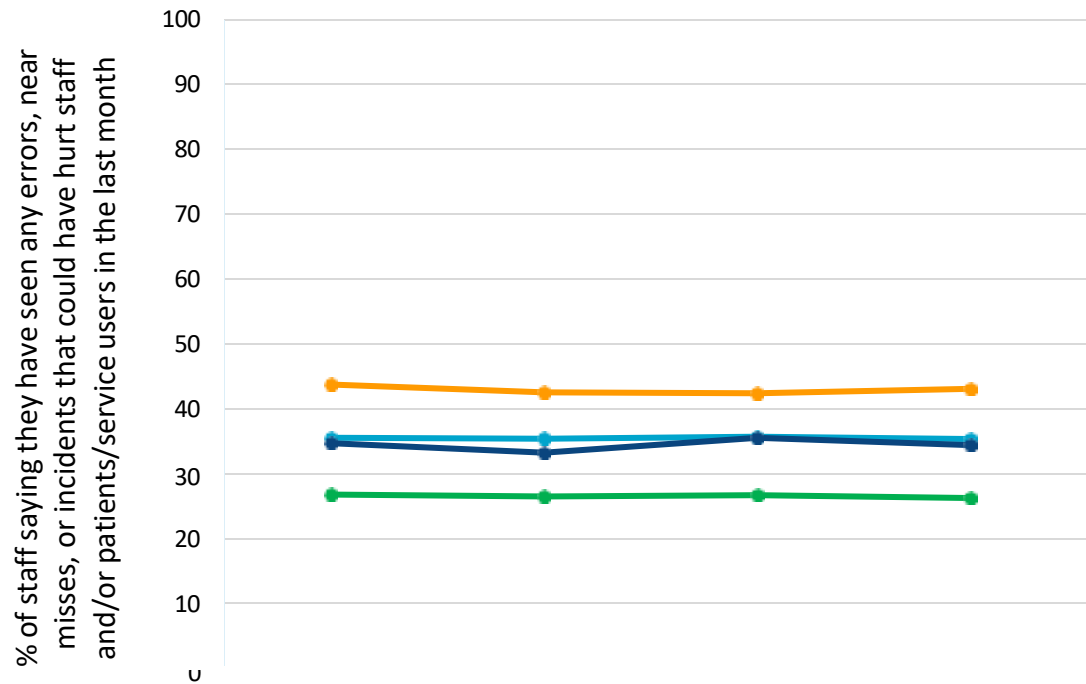
Your org	20.18%
Best result	16.16%
Average result	21.87%
Worst result	29.43%

Responses 296

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



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

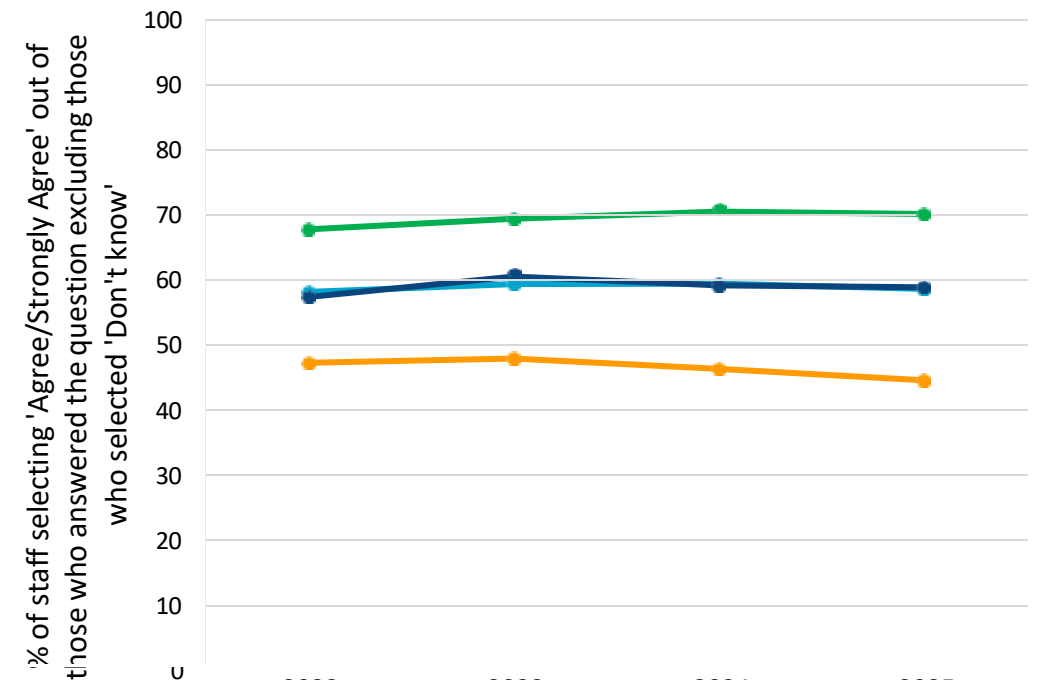


Cut-off
24/03/25

	2022	2023	2024	2025
Your org	34.59%	33.12%	35.41%	34.28%
Best result	26.83%	26.55%	26.76%	26.30%
Average result	35.40%	35.27%	35.58%	35.22%
Worst result	43.77%	42.55%	42.43%	43.10%

Responses	2437	2574	2740	2963

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

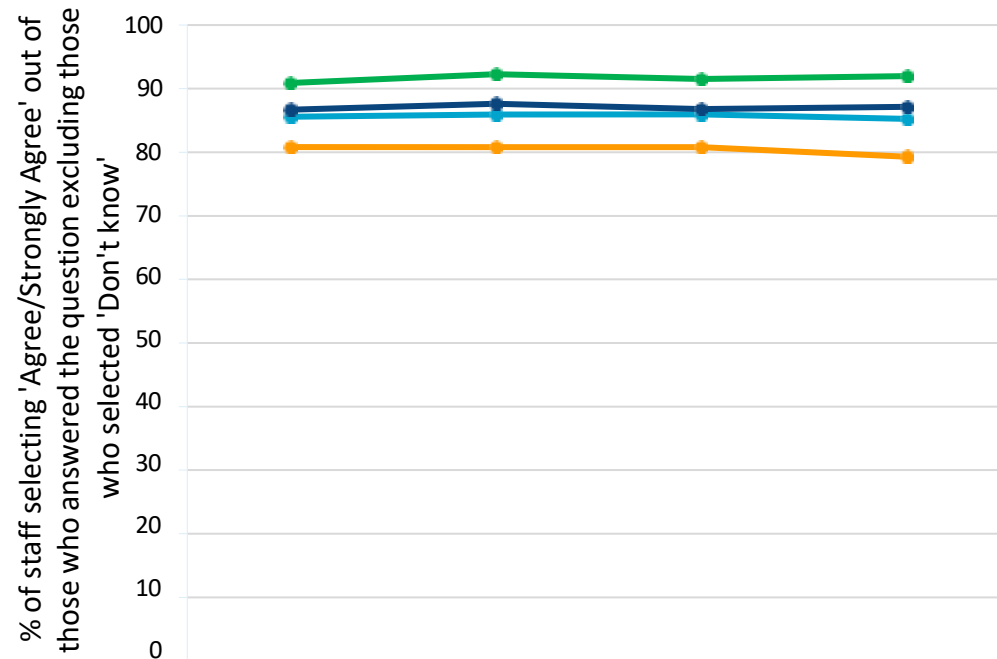


	2022	2023	2024	2025
Your org	57.44%	60.58%	59.25%	58.94%
Best result	67.83%	69.44%	70.55%	70.22%
Average result	58.23%	59.41%	59.50%	58.69%
Worst result	47.33%	47.99%	46.42%	44.65%

Responses	1893	2055	2121	2305



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

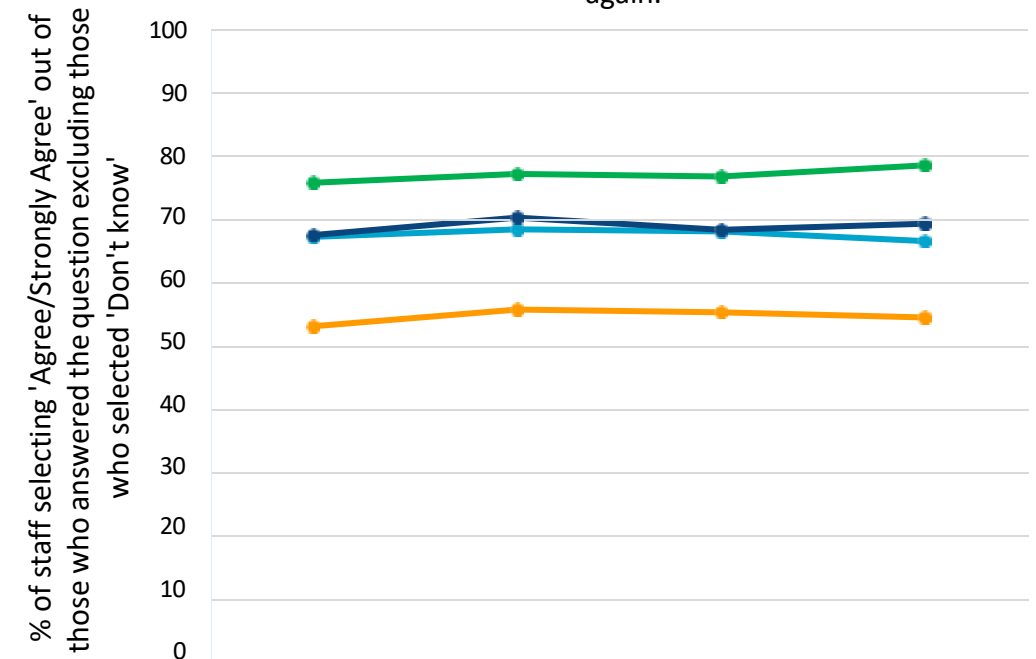


Cut-off
24/05

	2022	2023	2024	2025
Your org	86.68%	87.62%	86.79%	87.15%
Best result	90.89%	92.27%	91.54%	91.95%
Average result	85.58%	85.93%	85.95%	85.24%
Worst result	80.81%	80.78%	80.79%	79.29%

Responses 2343 2519 2656 2880

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

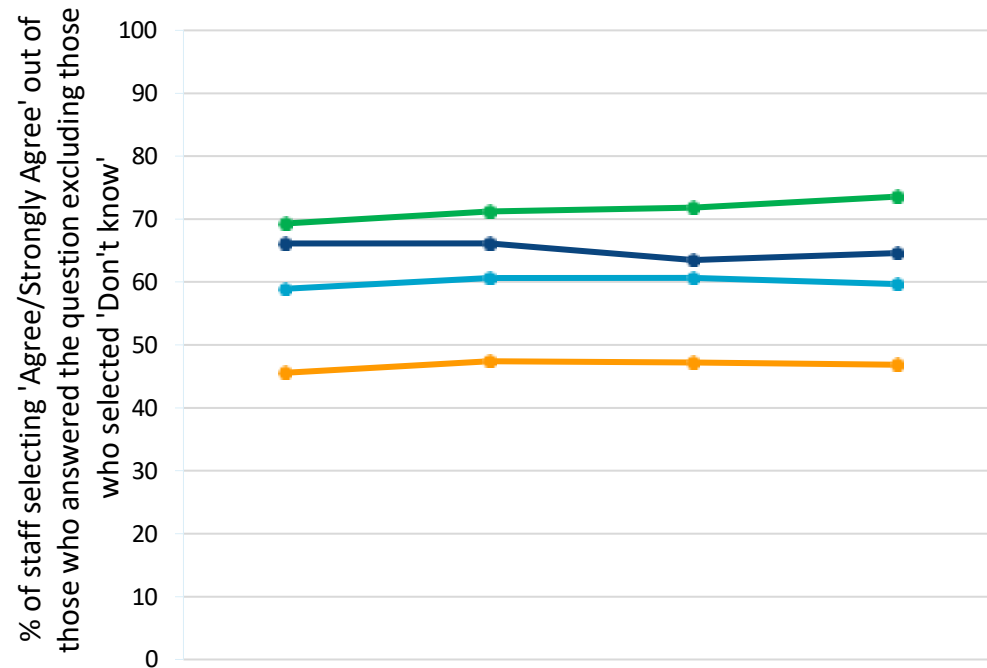


	2022	2023	2024	2025
Your org	67.45%	70.21%	68.27%	69.24%
Best result	75.93%	77.33%	76.90%	78.69%
Average result	67.15%	68.35%	68.04%	66.50%
Worst result	52.84%	55.47%	55.03%	54.21%

Responses 2158 2326 2456 2625



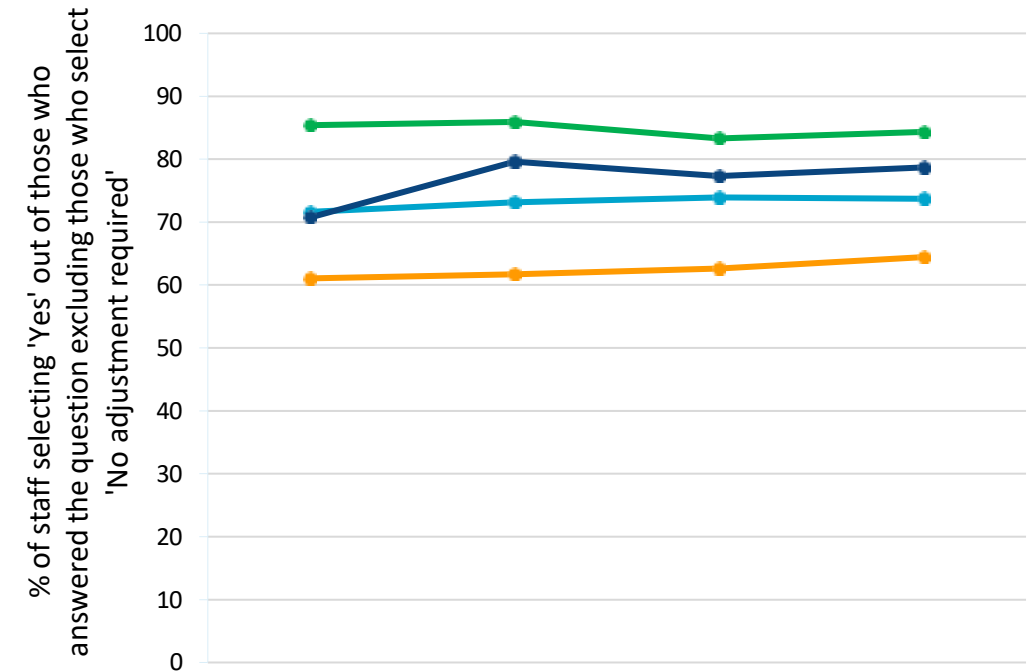
Q19d We are given feedback about changes made in response to reported errors, near misses and incidents.



	2022	2023	2024	2025
Your org	66.11%	66.14%	63.49%	64.58%
Best result	69.30%	71.19%	71.81%	73.58%
Average result	58.93%	60.62%	60.66%	59.69%
Worst result	45.58%	47.41%	47.19%	46.87%

Responses	2195	2378	2485	2689

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

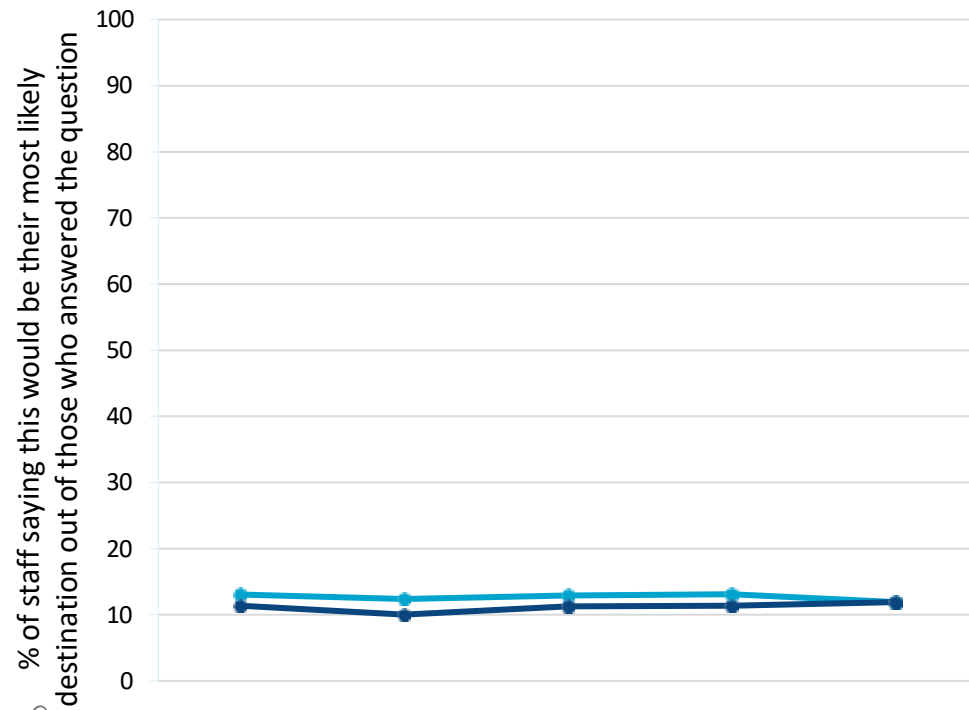


	2022	2023	2024	2025
Your org	70.73%	79.60%	77.34%	78.70%
Best result	85.42%	85.92%	83.30%	84.36%
Average result	71.63%	73.15%	73.92%	73.70%
Worst result	61.05%	61.73%	62.61%	64.44%

Responses	331	394	442	481



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

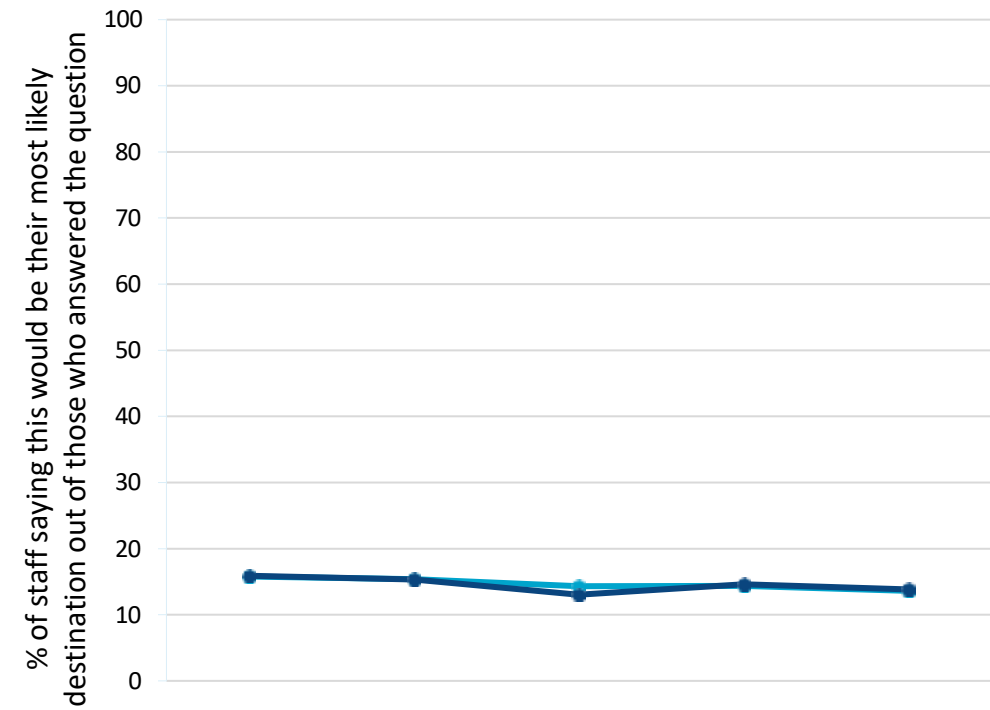


2021 2022 2023 2024 2025

Your org	11.37%	10.02%	11.27%	11.38%	11.91%
Average	13.04%	12.40%	12.94%	13.10%	11.91%

Responses 2120 2215 2333 2451 2686

Q26d.2 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to another job in a different NHS Trust/organisation.



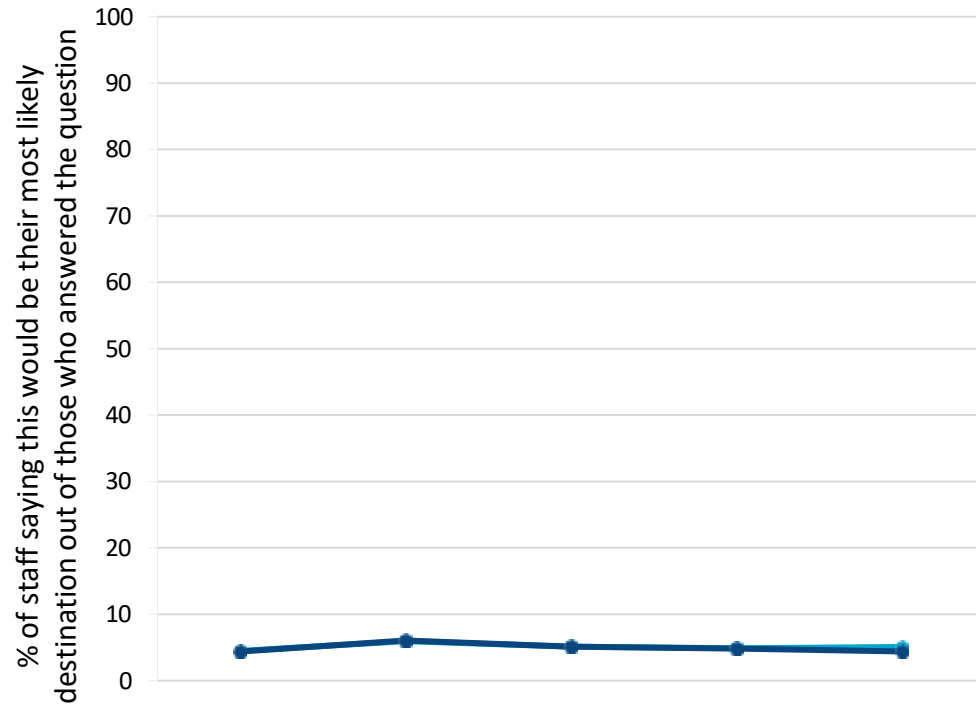
2021 2022 2023 2024 2025

Your org	15.90%	15.35%	13.03%	14.61%	13.85%
Average	15.78%	15.37%	14.32%	14.36%	13.61%

Responses 2120 2215 2333 2451 2686



Q26d.3 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to a job in healthcare, but outside the NHS.



2021 2022 2023 2024 2025

Your org

4.39% 6.05% 5.10% 4.86% 4.39%

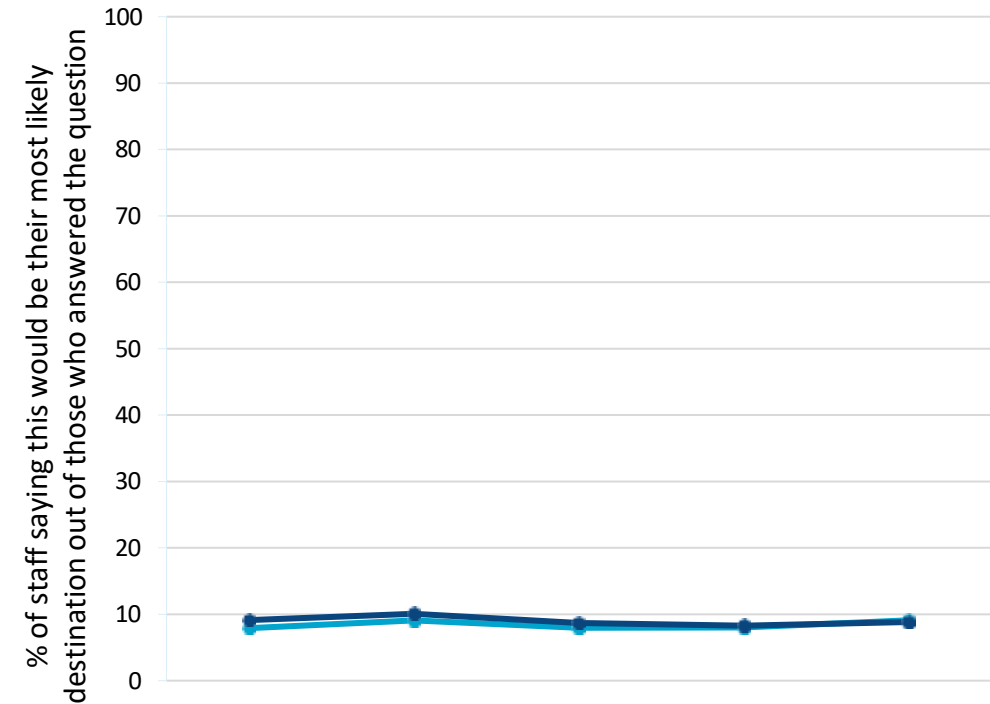
Average

4.47% 5.95% 5.12% 4.90% 5.07%

Responses

2120 2215 2333 2451 2686

Q26d.4 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to a job outside healthcare.



2021 2022 2023 2024 2025

Your org

9.10% 10.07% 8.70% 8.28% 8.82%

Average

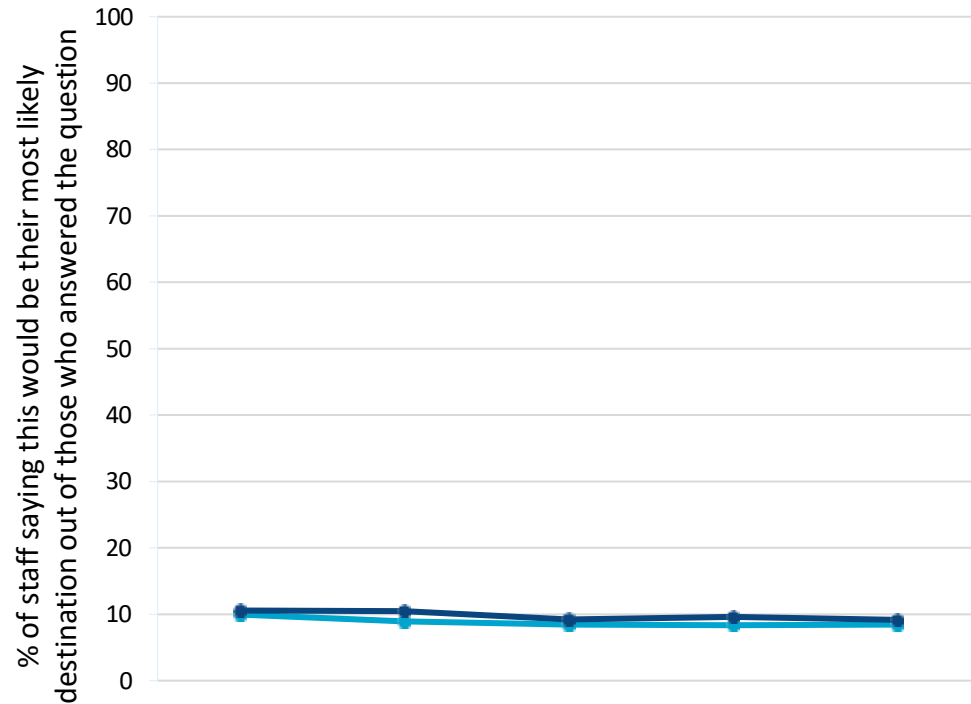
7.91% 9.06% 7.96% 8.00% 9.09%

Responses

2120 2215 2333 2451 2686



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

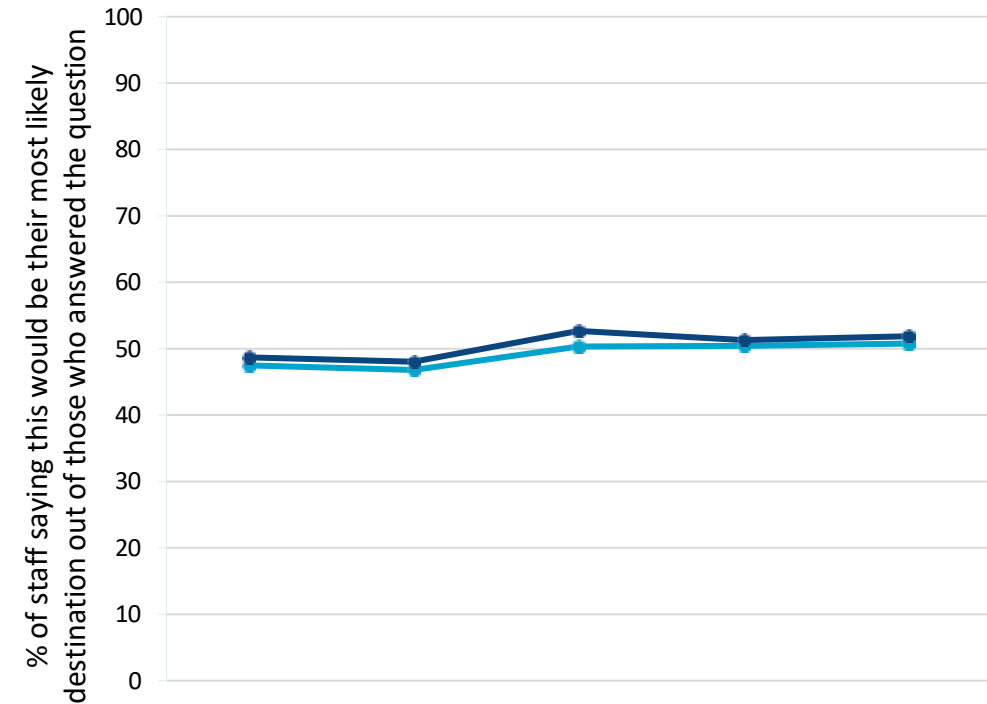


2021 2022 2023 2024 2025

Your org	10.57%	10.47%	9.22%	9.59%	9.16%
Average	9.95%	8.94%	8.46%	8.35%	8.42%

Responses 2120 2215 2333 2451 2686

Q26d.9 If you are considering leaving your current job, what would be your most likely destination? - I am not considering leaving my current job.



2021 2022 2023 2024 2025

Your org	48.68%	48.04%	52.68%	51.29%	51.86%
Average	47.46%	46.79%	50.34%	50.41%	50.77%

Responses 2120 2215 2333 2451 2686

Workforce Equality Standards

Note where there are fewer than 10 responses for a question, results are suppressed to protect staff confidentiality and reliability of data.

Workforce Race Equality Standards (WRES)

This section contains data for the organisation required for the NHS Staff Survey indicators used in the Workforce Race Equality Standard (WRES). It includes the 2021-2025 organisation and benchmarking group median results for q13a, q13b&c combined, and q16b split by ethnicity (by white staff / staff from all other ethnic groups combined). Organisation and benchmarking group median results for q15 are included for 2025 only*.

Workforce Disability Equality Standards (WDES)

This section contains data for the organisation required for the NHS Staff Survey metrics used in the Workforce Disability Equality Standard (WDES). It includes the 2021-2025 organisation and benchmarking group median results for q4b, q11e, and q14a-d split by staff with a long lasting health condition or illness compared to staff without a long lasting health condition or illness. Organisation and benchmarking group median results for q15 split by staff with a long lasting health condition or illness compared to staff without a long lasting health condition or illness are shown for 2025 only*. It also shows results for q31b (for staff with a long lasting health condition or illness only), and the staff engagement score for staff with a long lasting health condition or illness, compared to staff without a long lasting health condition or illness and the overall engagement score for the organisation.

In 2022, the text for q31b was updated and the word 'adequate' was changed to 'reasonable'.

The WDES breakdowns are based on the responses to q31a Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?

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

This section contains data required for the staff survey indicators used in the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES). Data presented in this section are unweighted.

Workforce Race Equality Standards (WRES)

Indicator	Qu No	Workforce Race Equality Standard
For each of the following indicators, compare the outcomes of the responses for white staff and staff from all other ethnic groups combined		
5	Q14a	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6	Q14b & Q14c	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7	Q15	Percentage believing that their organisation provides equal opportunities for career progression or promotion (2025 only)
8	Q16b	In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues

Workforce Disability Equality Standards (WDES)

Metric	Qu No	Workforce Disability Equality Standard
For each of the following metrics, compare the responses for staff with a LTC* or illness vs staff without a LTC or illness		
4a	Q14a	Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public
4b	Q14b	Percentage of staff experiencing harassment, bullying or abuse from managers
4c	Q14c	Percentage of staff experiencing harassment, bullying or abuse from other colleagues
4d	Q14d	Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it
5	Q15	Percentage believing that their organisation provides equal opportunities for career progression or promotion (2025 only)
6	Q11e	Percentage of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties
7	Q4b	Percentage staff saying that they are satisfied with the extent to which their organisation values their work
8	Q31b	Percentage of staff with a long lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work
9a	theme_engagement	The staff engagement score for staff with LTC or illness vs staff without a LTC or illness

*Staff with a long term condition

Workforce Race Equality Standards (WRES)

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

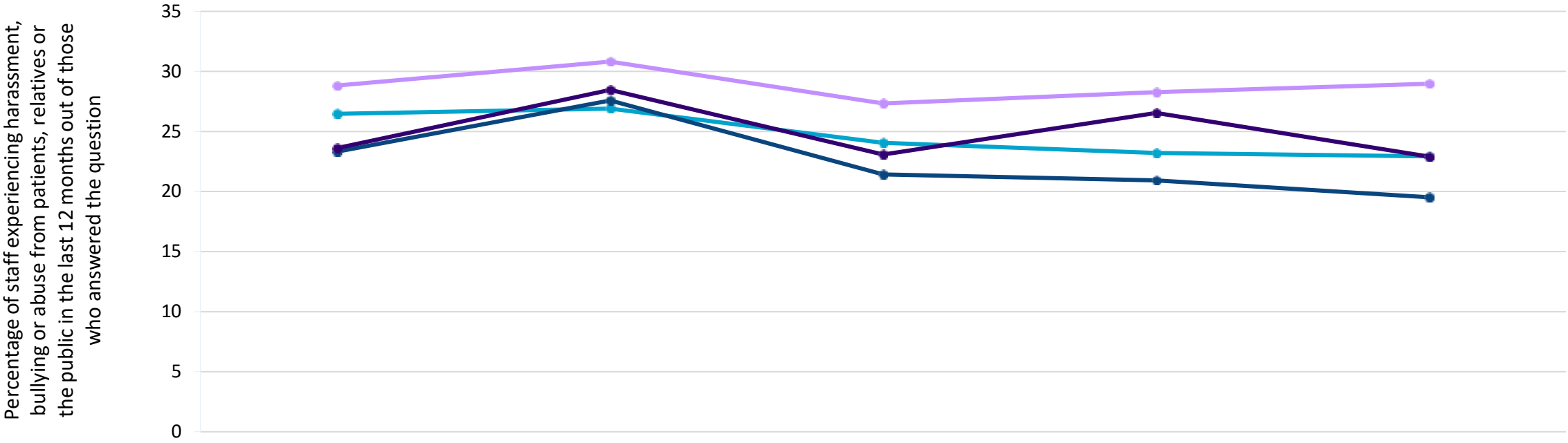
Data shown in the WRES charts are unweighted.

Averages are calculated as the median for the benchmark group.

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



Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months



	2021	2022	2023	2024	2025
White staff: Your org	23.32%	27.58%	21.43%	20.93%	19.52%
All other ethnic groups*: Your org	23.61%	28.47%	23.08%	26.55%	22.91%
White staff: Average	26.47%	26.91%	24.05%	23.21%	22.93%
All other ethnic groups*: Average	28.84%	30.82%	27.34%	28.27%	28.98%
White staff: Responses	1831	2012	2081	2227	2341
All other ethnic groups*: Responses	288	404	494	516	633

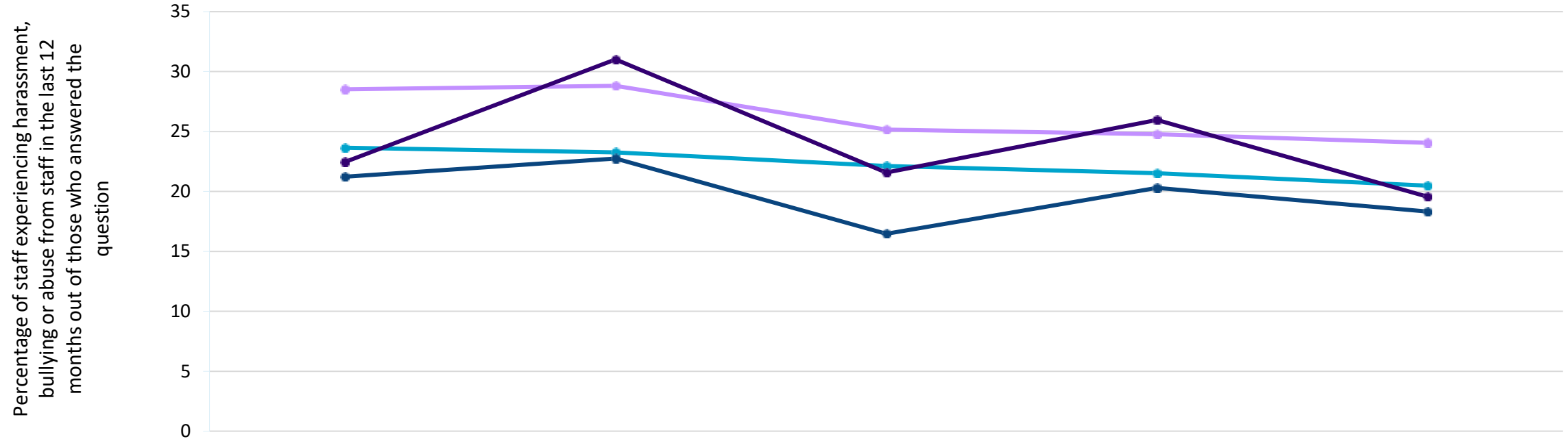
*Staff from all other ethnic groups combined

Note: 2023 results for WRES indicator 5 (Q14a) are reported using corrected data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.



Workforce Race Equality Standard (WRES)

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



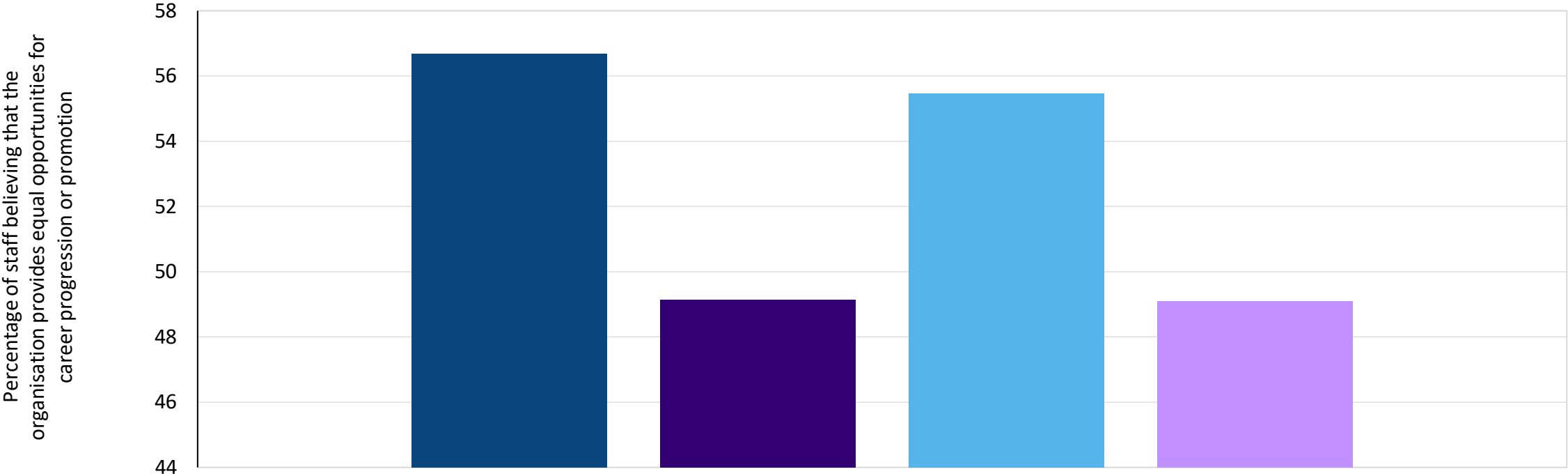
	2021	2022	2023	2024	2025
White staff: Your org	21.22%	22.75%	16.47%	20.31%	18.33%
All other ethnic groups*: Your org	22.46%	31.02%	21.57%	25.97%	19.56%
White staff: Average	23.65%	23.25%	22.12%	21.53%	20.48%
All other ethnic groups*: Average	28.53%	28.81%	25.16%	24.78%	24.06%
White staff: Responses	1833	2009	2089	2226	2341
All other ethnic groups*: Responses	285	403	496	516	634

*Staff from all other ethnic groups combined

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



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



2025

White staff: Your org	56.68%
All other ethnic groups*: Your org	49.13%
White staff: Average	55.46%
All other ethnic groups*: Average	49.11%

White staff: Responses2322

All other ethnic groups*: Responses633

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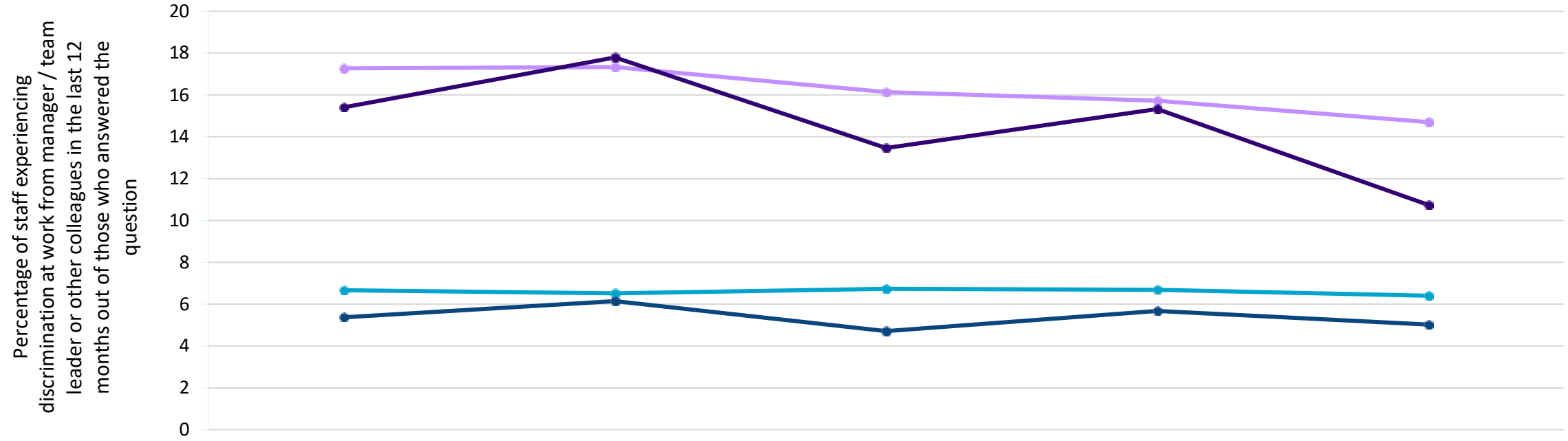
*Staff from all other ethnic groups combined.

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



Workforce Race Equality Standard (WRES)

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



	2021	2022	2023	2024	2025
White staff: Your org	5.37%	6.15%	4.71%	5.68%	5.03%
All other ethnic groups*: Your org	15.41%	17.79%	13.47%	15.32%	10.74%
White staff: Average	6.67%	6.52%	6.73%	6.69%	6.40%
All other ethnic groups*: Average	17.28%	17.33%	16.14%	15.72%	14.70%
White staff: Responses	1899	2001	2079	2220	2326
All other ethnic groups*: Responses	305	399	490	509	633

*Staff from all other ethnic groups combined

Workforce Disability Equality Standards (WDES)

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

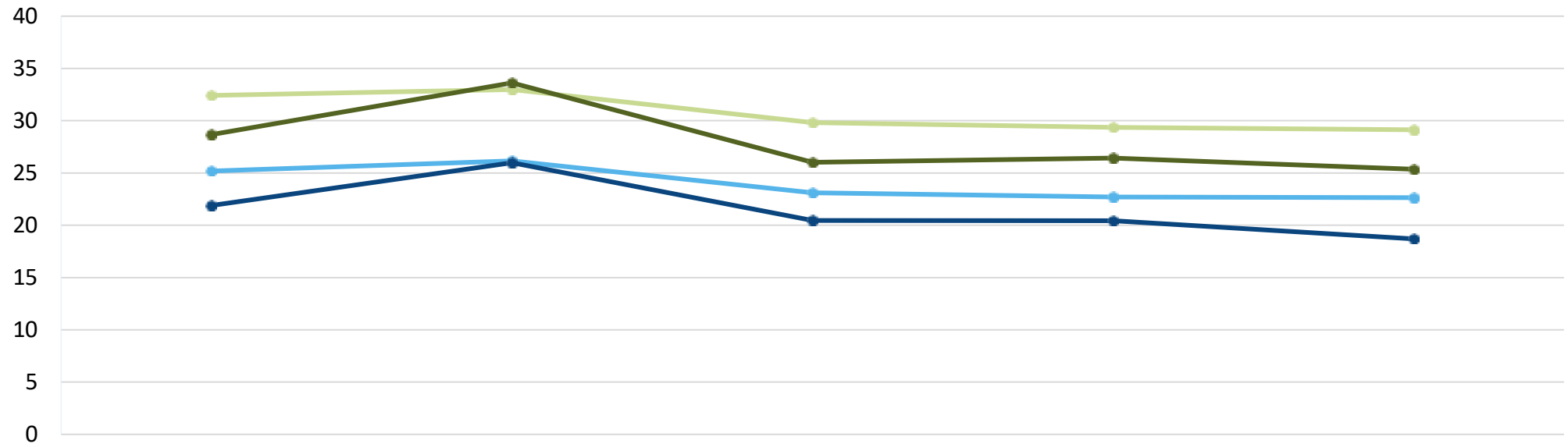
Data shown in the WDES charts are unweighted.

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



Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months out of those who answered the question

Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months.



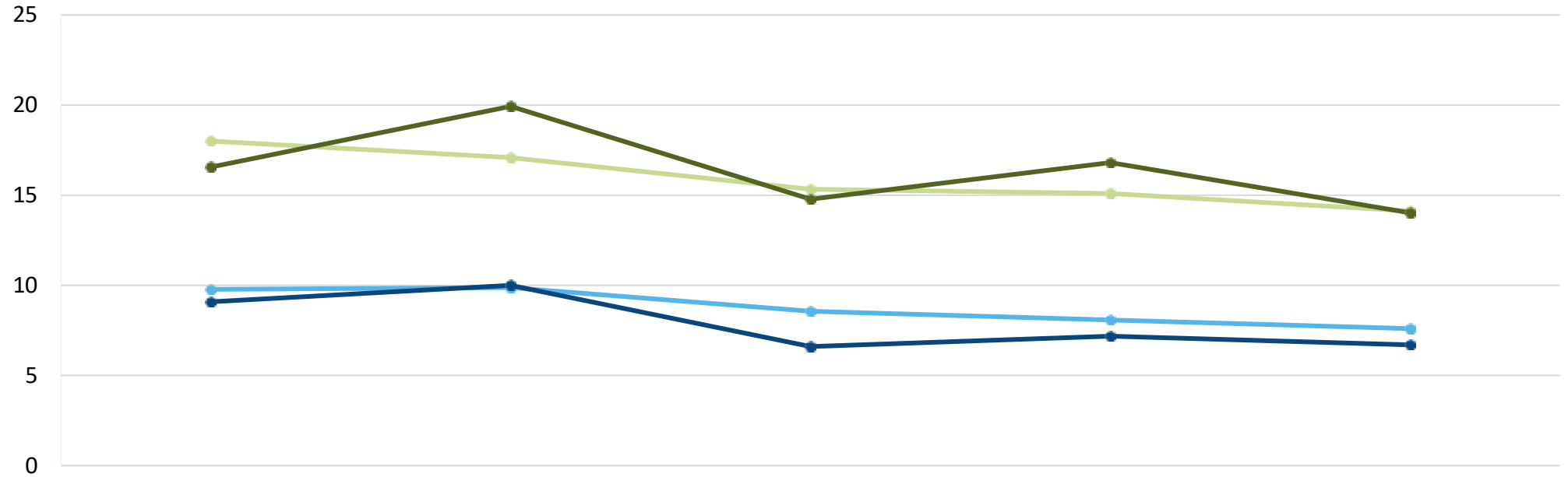
	2021	2022	2023	2024	2025
Staff with a LTC or illness: Your org	28.66%	33.62%	26.03%	26.42%	25.36%
Staff without a LTC or illness: Your org	21.89%	25.98%	20.47%	20.44%	18.70%
Staff with a LTC or illness: Average	32.43%	32.98%	29.83%	29.37%	29.14%
Staff without a LTC or illness: Average	25.19%	26.16%	23.11%	22.71%	22.64%
Staff with a LTC or illness: Responses	464	577	634	704	761
Staff without a LTC or illness: Responses	1672	1855	1925	2016	2198

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



Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months out of those who answered the question

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



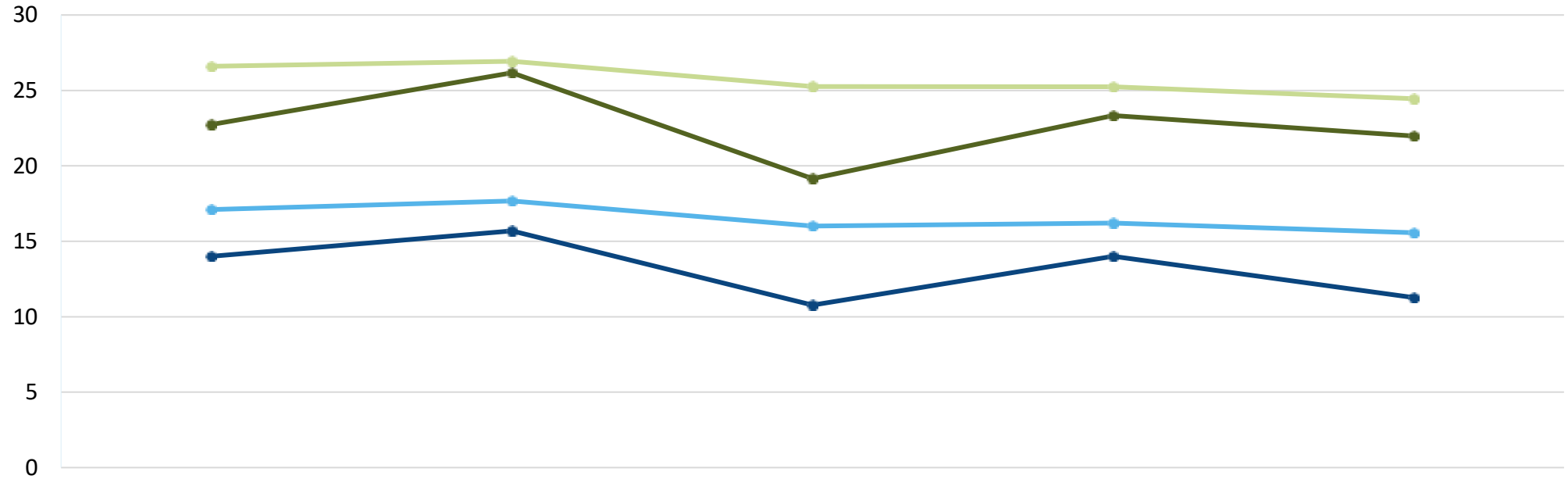
	2021	2022	2023	2024	2025
Staff with a LTC or illness: Your org	16.56%	19.93%	14.78%	16.81%	14.02%
Staff without a LTC or illness: Your org	9.09%	10.00%	6.60%	7.18%	6.70%
Staff with a LTC or illness: Average	18.00%	17.09%	15.33%	15.10%	14.12%
Staff without a LTC or illness: Average	9.77%	9.88%	8.56%	8.08%	7.60%
Staff with a LTC or illness: Responses	465	572	636	702	756
Staff without a LTC or illness: Responses	1661	1840	1923	2005	2193

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



Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months out of those who answered the question

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



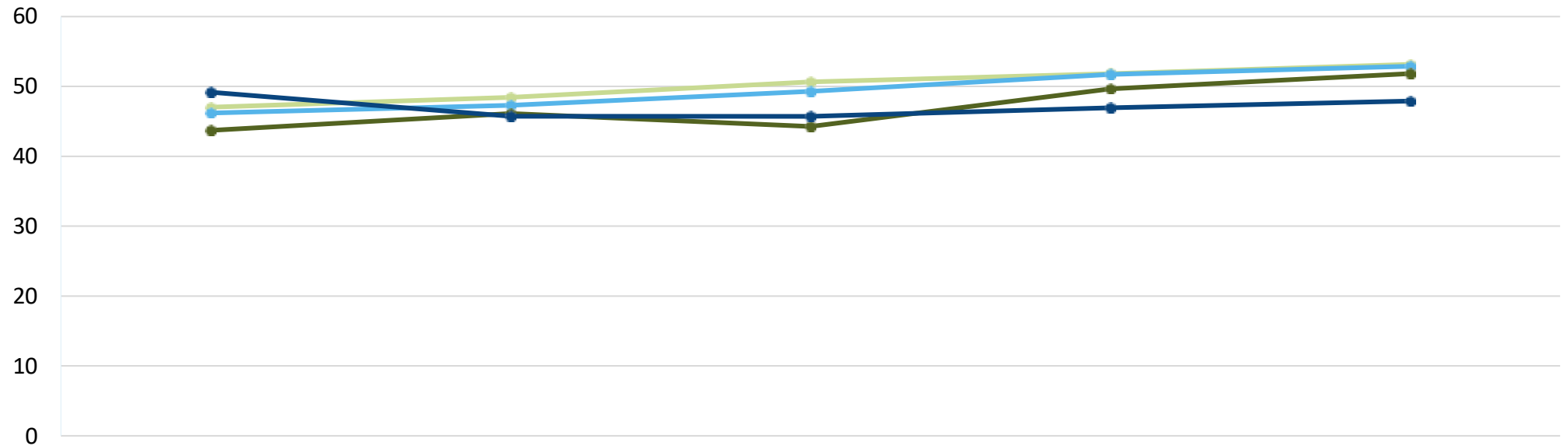
	2021	2022	2023	2024	2025
Staff with a LTC or illness: Your org	22.75%	26.17%	19.15%	23.34%	21.97%
Staff without a LTC or illness: Your org	14.00%	15.69%	10.77%	14.01%	11.27%
Staff with a LTC or illness: Average	26.60%	26.93%	25.26%	25.24%	24.45%
Staff without a LTC or illness: Average	17.11%	17.67%	16.01%	16.22%	15.57%
Staff with a LTC or illness: Responses	466	577	637	707	760
Staff without a LTC or illness: Responses	1657	1823	1922	2006	2192

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



Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it out of those who answered the question

Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.



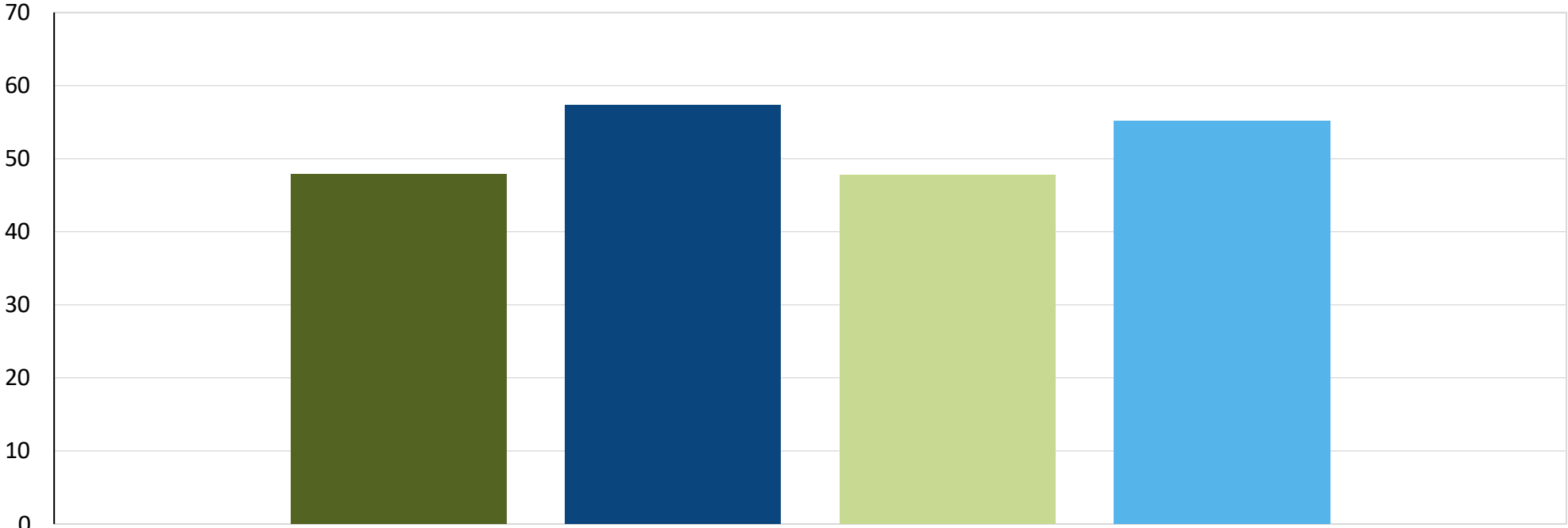
	2021	2022	2023	2024	2025
Staff with a LTC or illness: Your org	43.72%	46.12%	44.26%	49.65%	51.84%
Staff without a LTC or illness: Your org	49.17%	45.74%	45.72%	46.96%	47.90%
Staff with a LTC or illness: Average	47.03%	48.43%	50.64%	51.82%	53.16%
Staff without a LTC or illness: Average	46.20%	47.30%	49.31%	51.71%	52.89%
Staff with a LTC or illness: Responses	183	258	244	282	299
Staff without a LTC or illness: Responses	484	564	479	560	524

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



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

Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion out of those who answered the question



2025

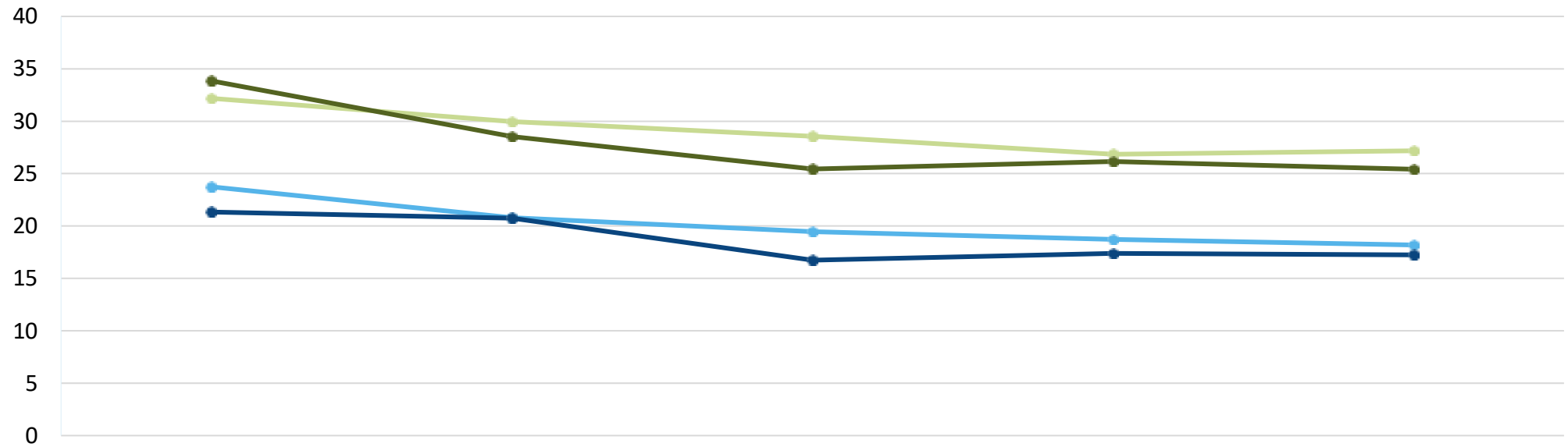
Staff with a LTC or illness: Your org	47.88%
Staff without a LTC or illness: Your org	57.35%
Staff with a LTC or illness: Average	47.79%
Staff without a LTC or illness: Average	55.09%
Staff with a LTC or illness: Responses	754
Staff without a LTC or illness: Responses	2185

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



Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties out of those who answered the question

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

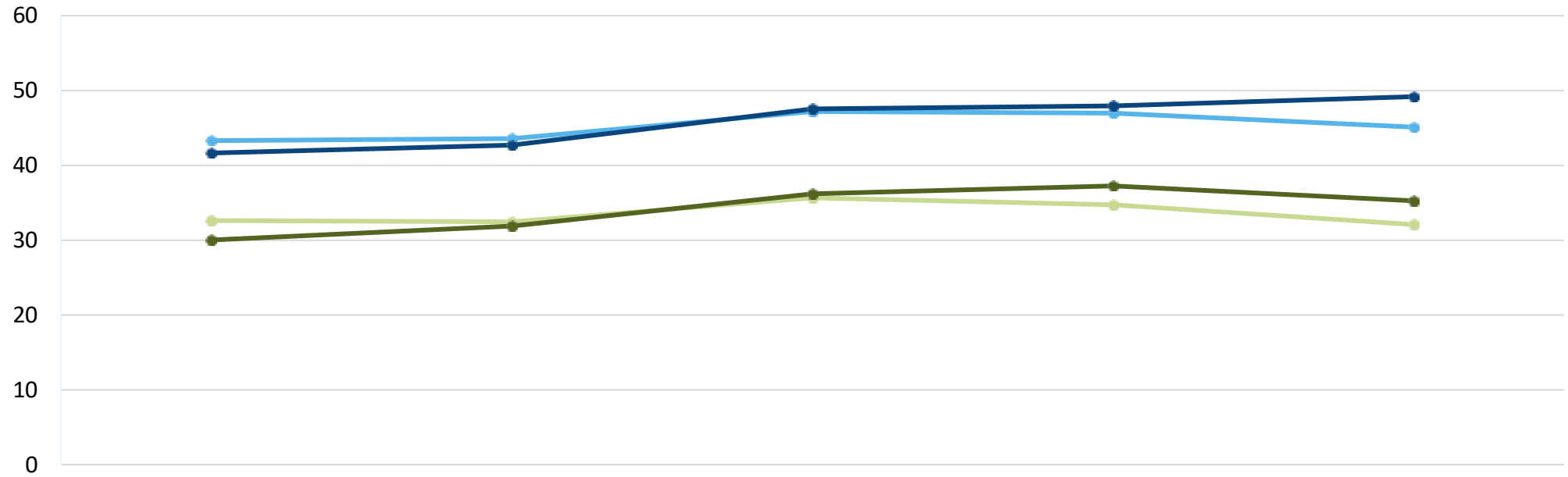


	2021	2022	2023	2024	2025
Staff with a LTC or illness: Your org	33.85%	28.54%	25.45%	26.15%	25.42%
Staff without a LTC or illness: Your org	21.33%	20.74%	16.74%	17.40%	17.25%
Staff with a LTC or illness: Average	32.18%	29.97%	28.55%	26.85%	27.19%
Staff without a LTC or illness: Average	23.74%	20.80%	19.46%	18.71%	18.19%
Staff with a LTC or illness: Responses	322	403	444	524	539
Staff without a LTC or illness: Responses	825	950	902	960	1055



Percentage of staff satisfied with the extent to which
their organisation values their work out of those who
answered the question

Percentage of staff satisfied with the extent to which their organisation values their work.

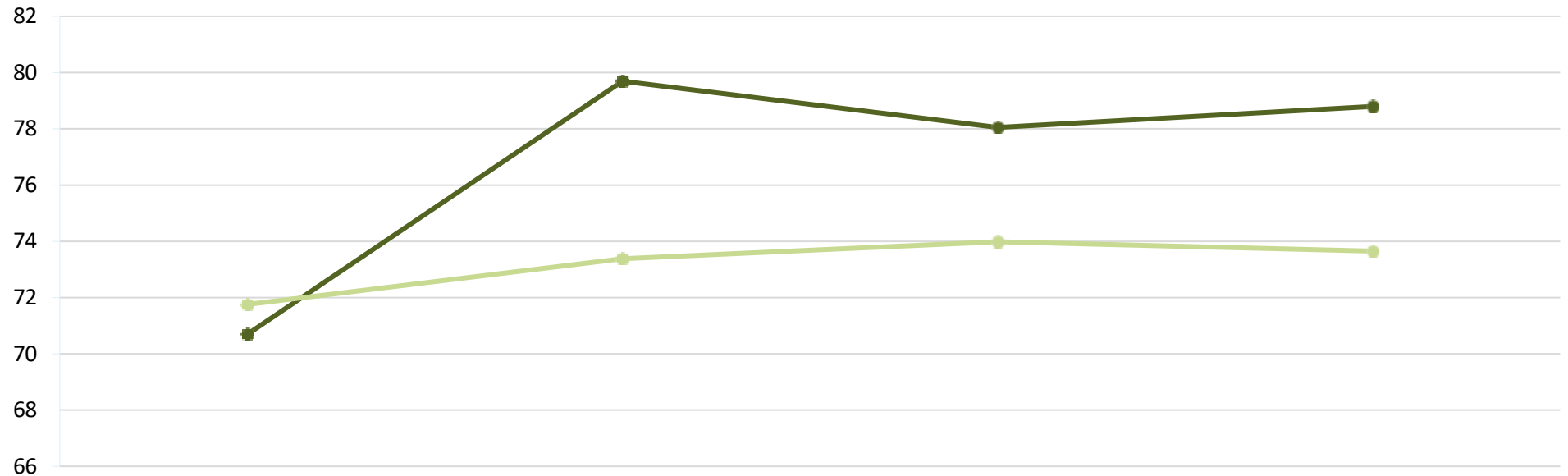


	2021	2022	2023	2024	2025
Staff with a LTC or illness: Your org	30.02%	31.90%	36.19%	37.25%	35.27%
Staff without a LTC or illness: Your org	41.65%	42.69%	47.54%	47.96%	49.18%
Staff with a LTC or illness: Average	32.62%	32.46%	35.66%	34.73%	32.09%
Staff without a LTC or illness: Average	43.30%	43.56%	47.19%	46.98%	45.10%
Staff with a LTC or illness: Responses	483	580	641	706	757
Staff without a LTC or illness: Responses	1736	1848	1929	2008	2198



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

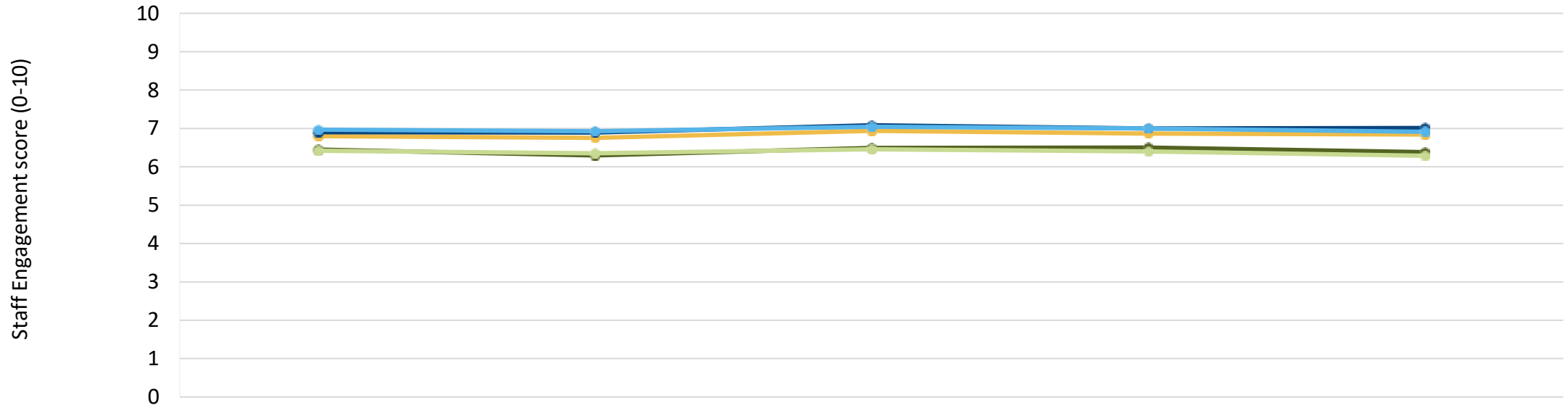
Percentage of staff with a long lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work out of those who answered the question



	2022	2023	2024	2025
Staff with a LTC or illness: Your org	70.69%	79.70%	78.05%	78.79%
Staff with a LTC or illness: Average	71.76%	73.38%	73.98%	73.65%
Staff with a LTC or illness: Responses	331	394	442	481



Staff engagement score (0-10)



	2021	2022	2023	2024	2025
Organisation average	6.80	6.75	6.94	6.87	6.84
Staff with a LTC or illness: Your org	6.45	6.30	6.49	6.50	6.38
Staff without a LTC or illness: Your org	6.90	6.89	7.08	7.00	7.01
Staff with a LTC or illness: Average	6.42	6.35	6.46	6.40	6.29
Staff without a LTC or illness: Average	6.97	6.92	7.04	7.00	6.91
Staff with a LTC or illness: Responses	485	584	642	708	763
Staff without a LTC or illness: Responses	1739	1864	1941	2019	2209

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

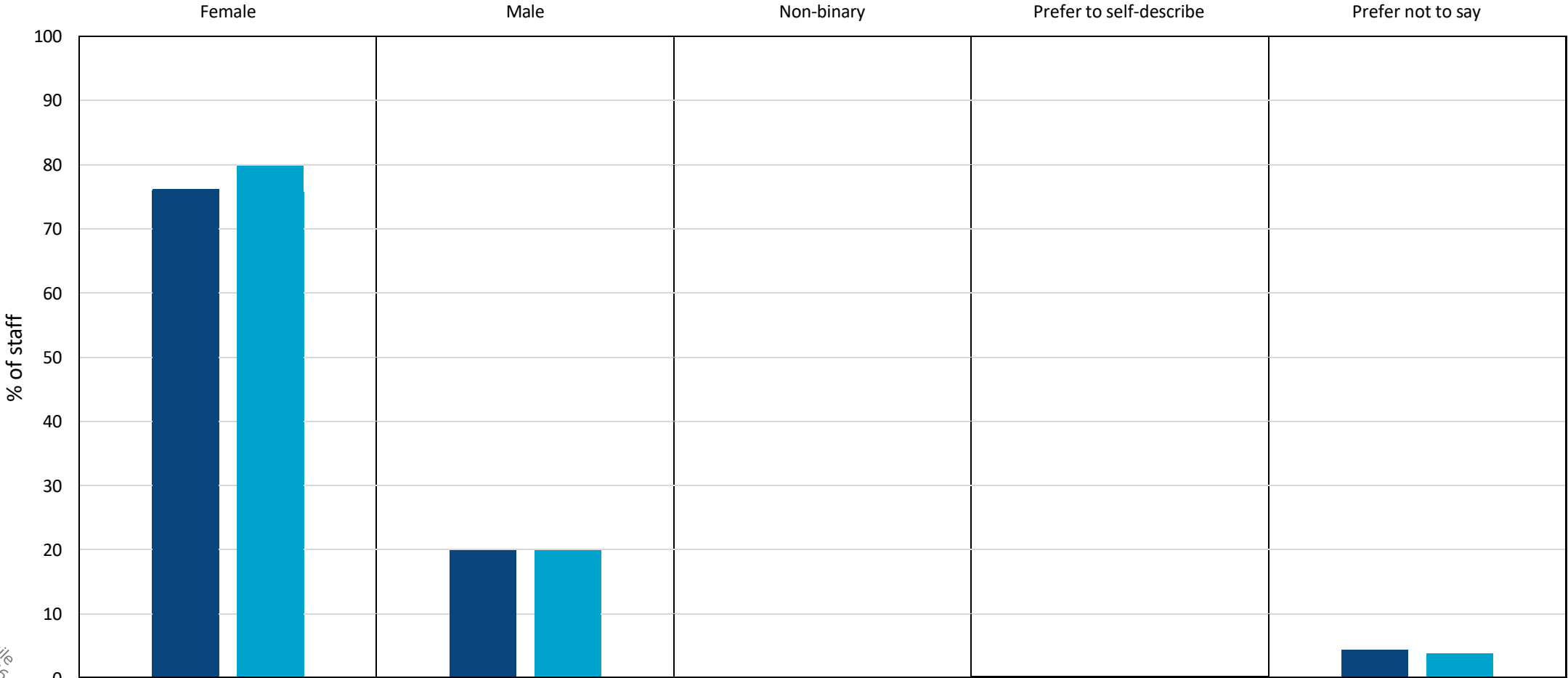
About your respondents

This section shows demographic and other background information for 2025.

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



Background details - Which of the following best describes you?

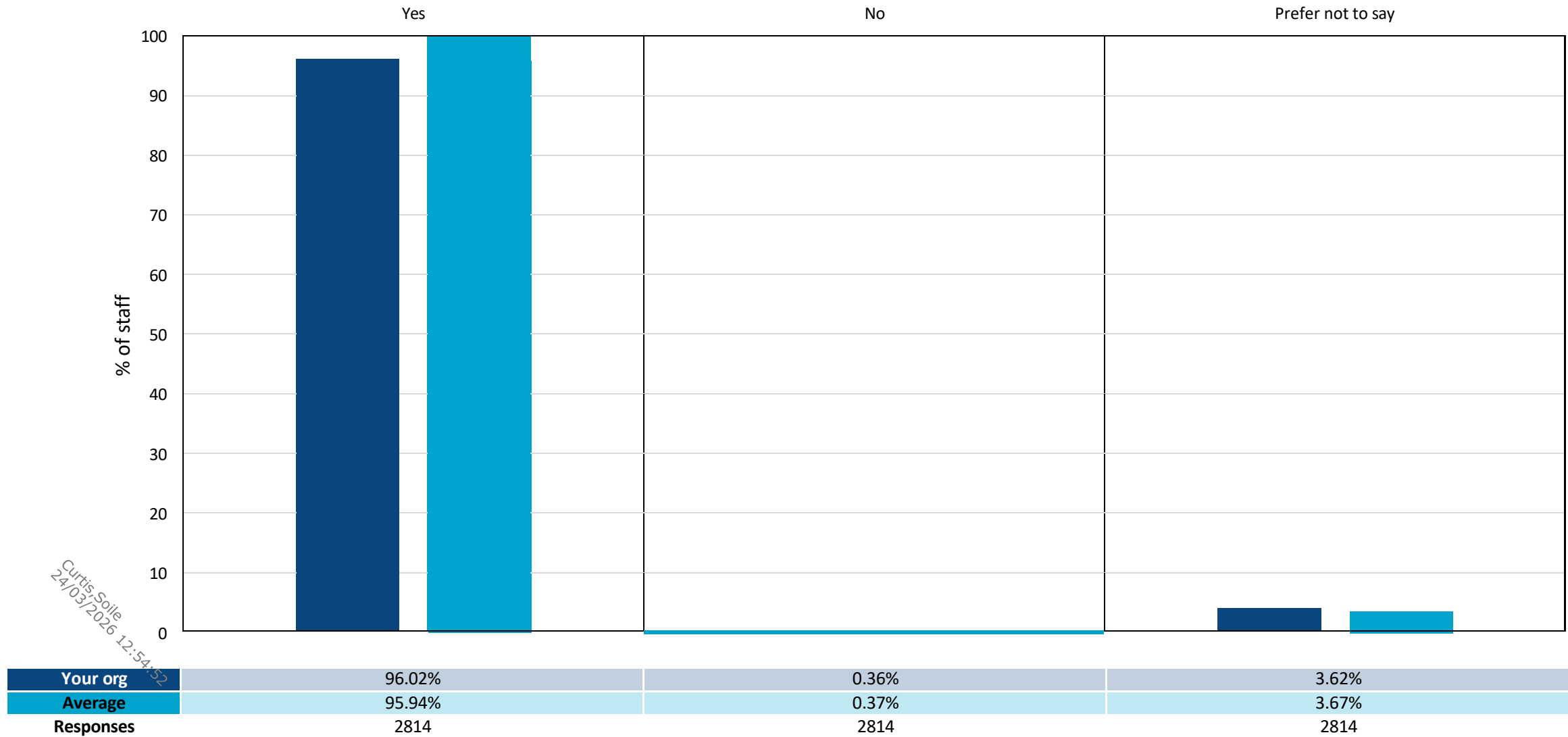


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Your org	76.11%	19.41%	0.20%	0.13%	4.15%
Average	75.82%	20.10%	0.19%	0.12%	3.92%
Responses	3009	3009	3009	3009	3009

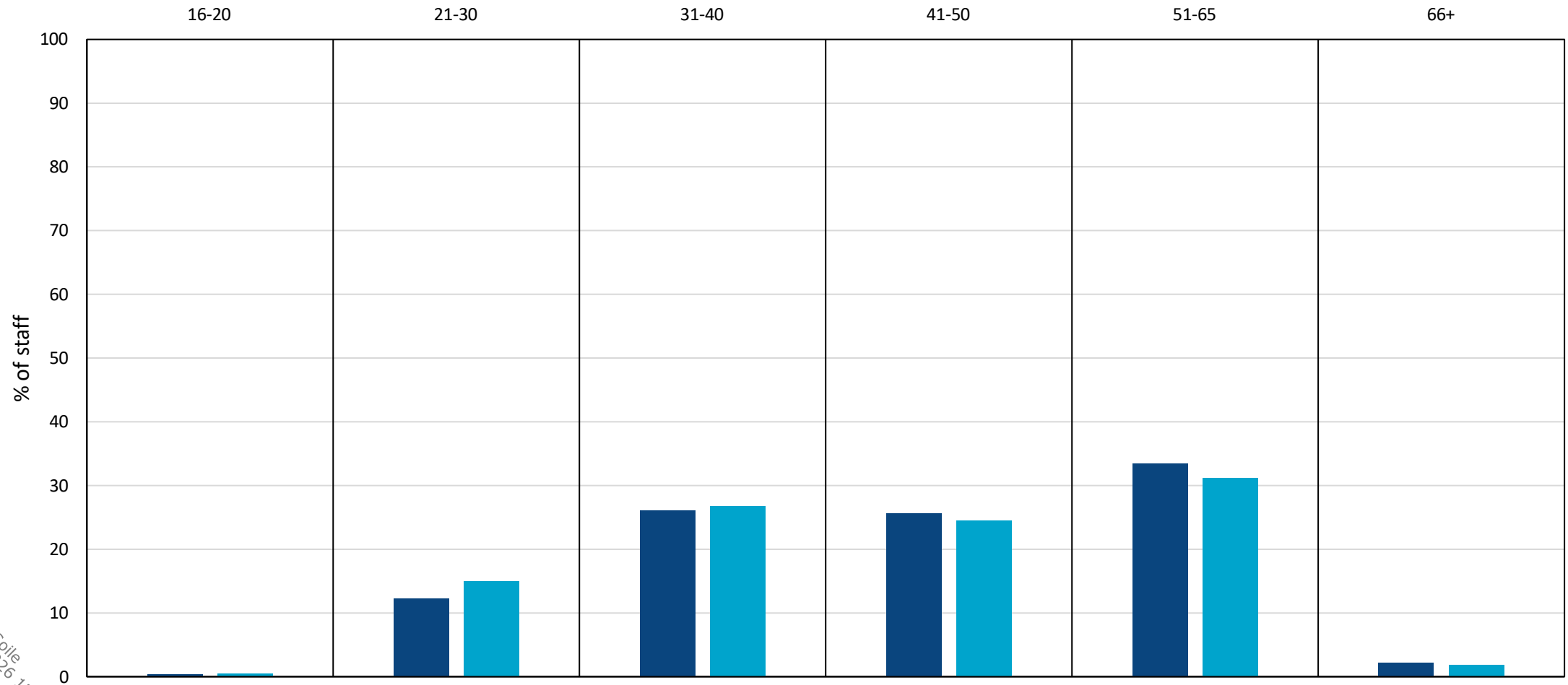


Background details - Is your gender identity the same as the sex you were registered at birth?





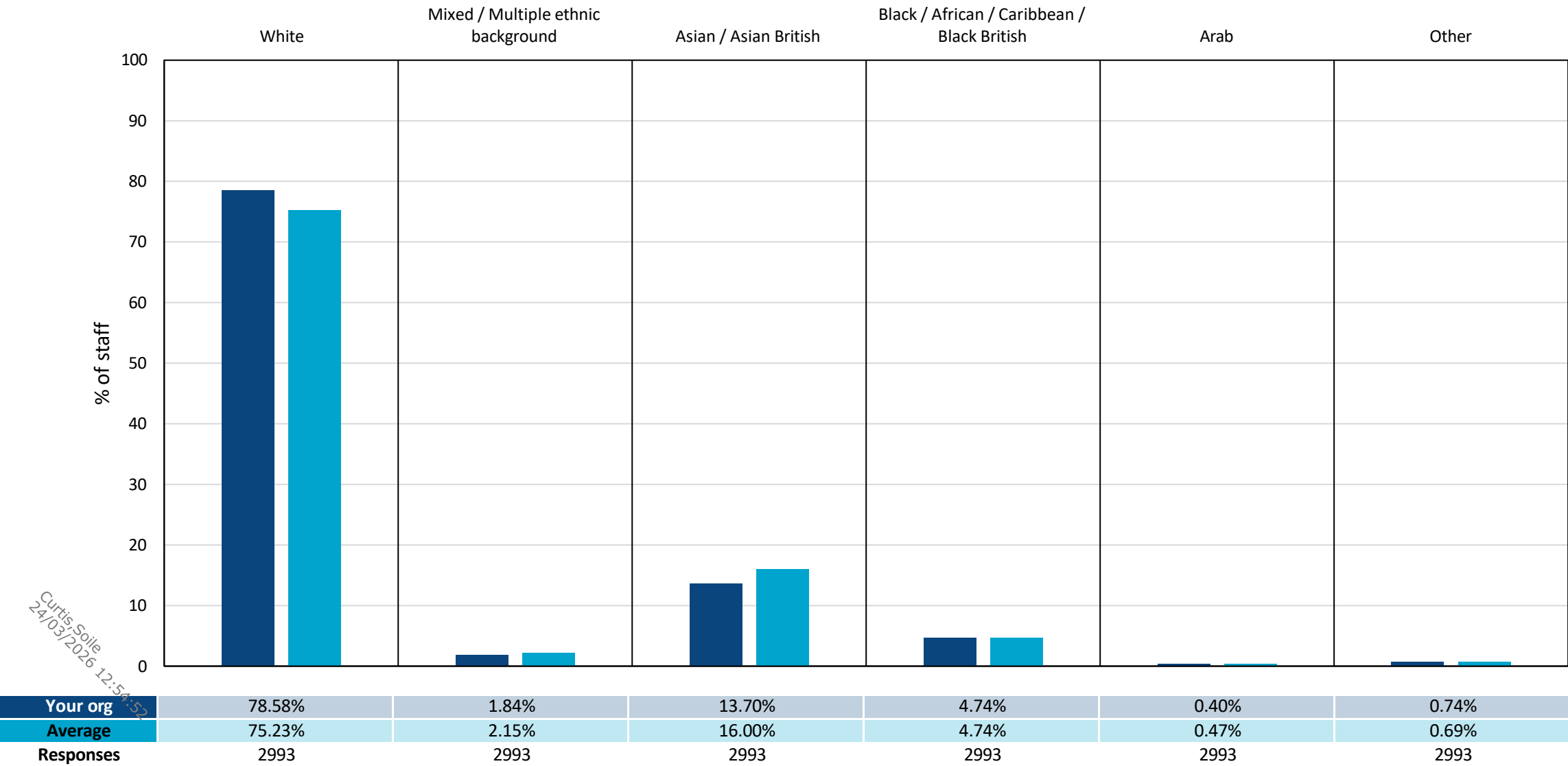
Background details - Age



Your org	0.34%	12.22%	26.15%	25.65%	33.50%	2.15%
Average	0.44%	14.95%	26.81%	24.51%	31.23%	1.89%
Responses	2979	2979	2979	2979	2979	2979

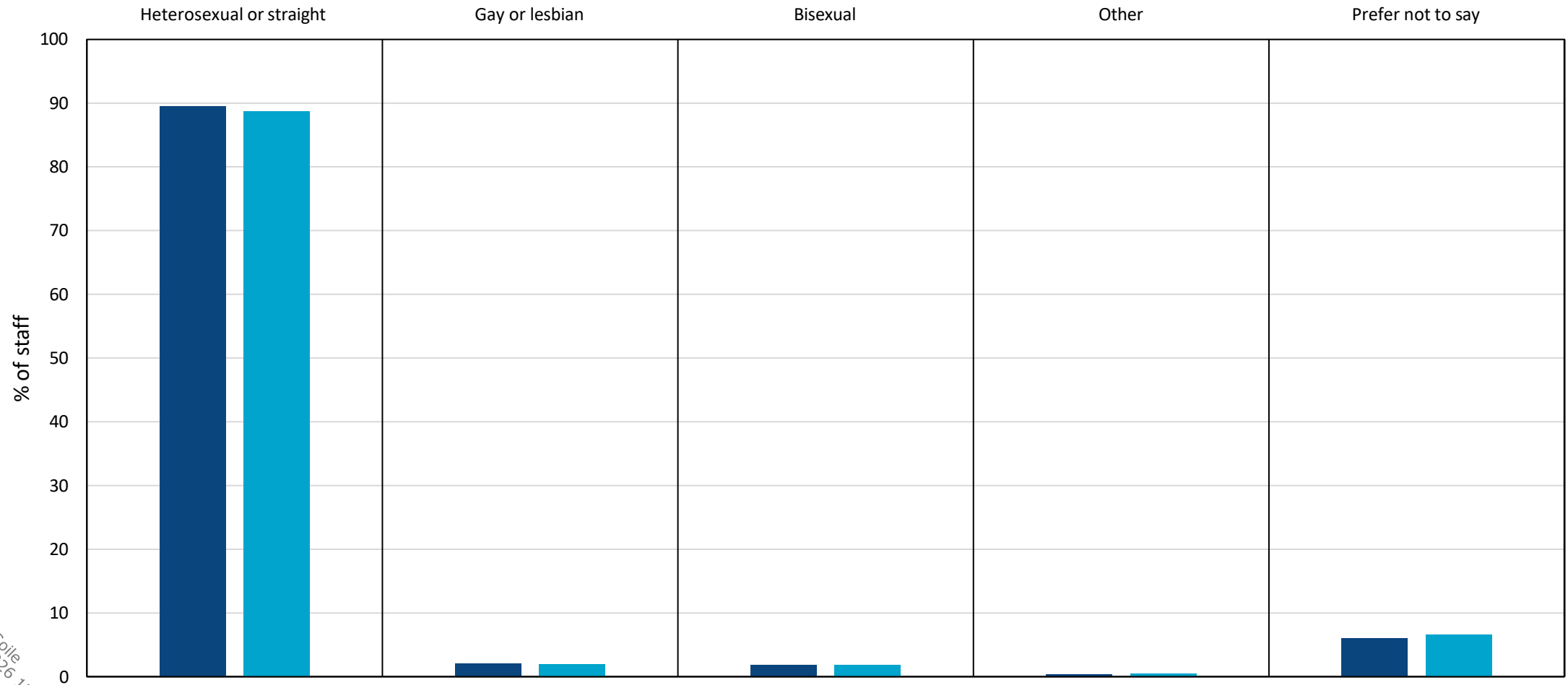


Background details - Ethnic group





Background details - Sexual orientation

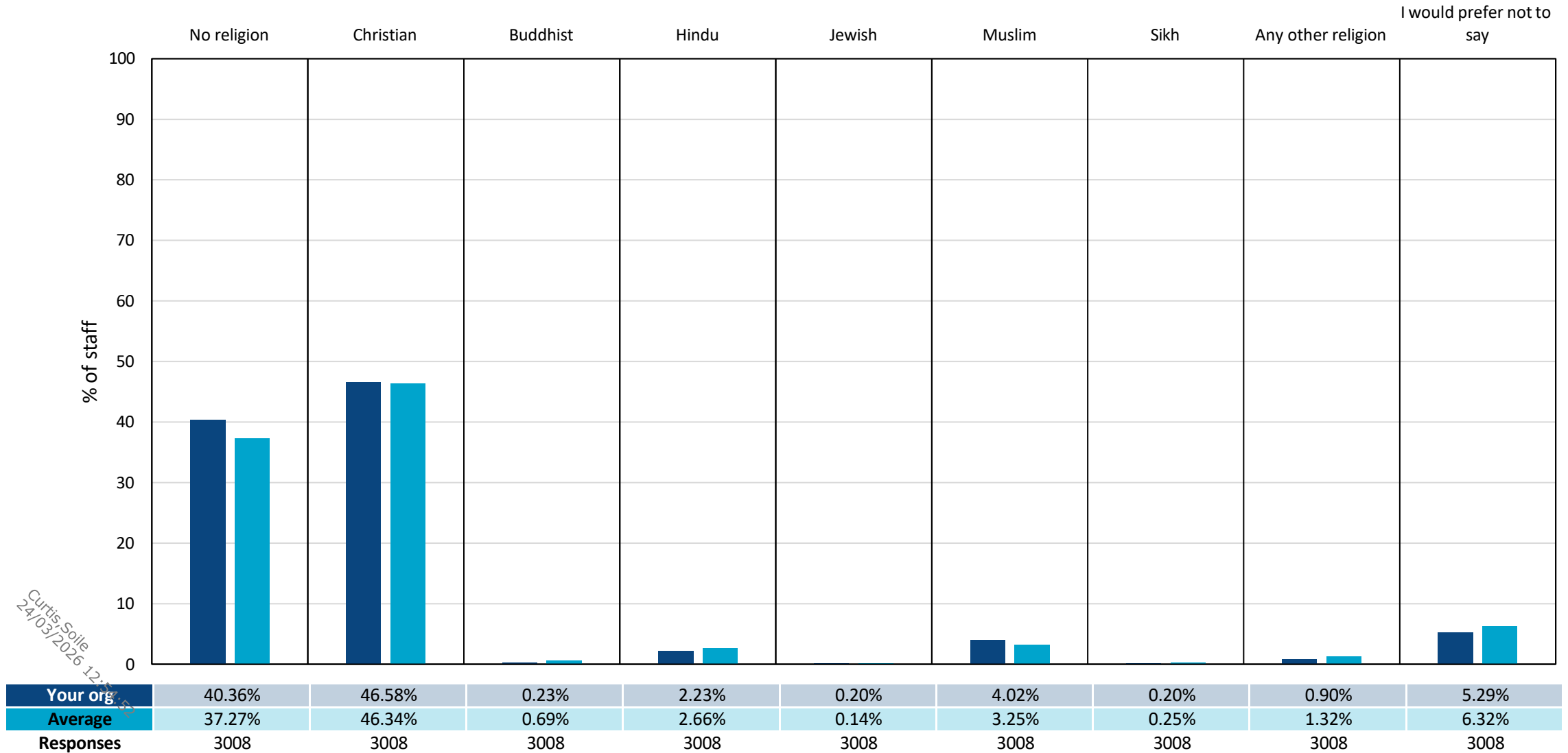


Curtis Soile
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Your org	89.56%	2.13%	1.86%	0.40%	6.05%
Average	88.76%	2.01%	1.86%	0.49%	6.59%
Responses	3007	3007	3007	3007	3007

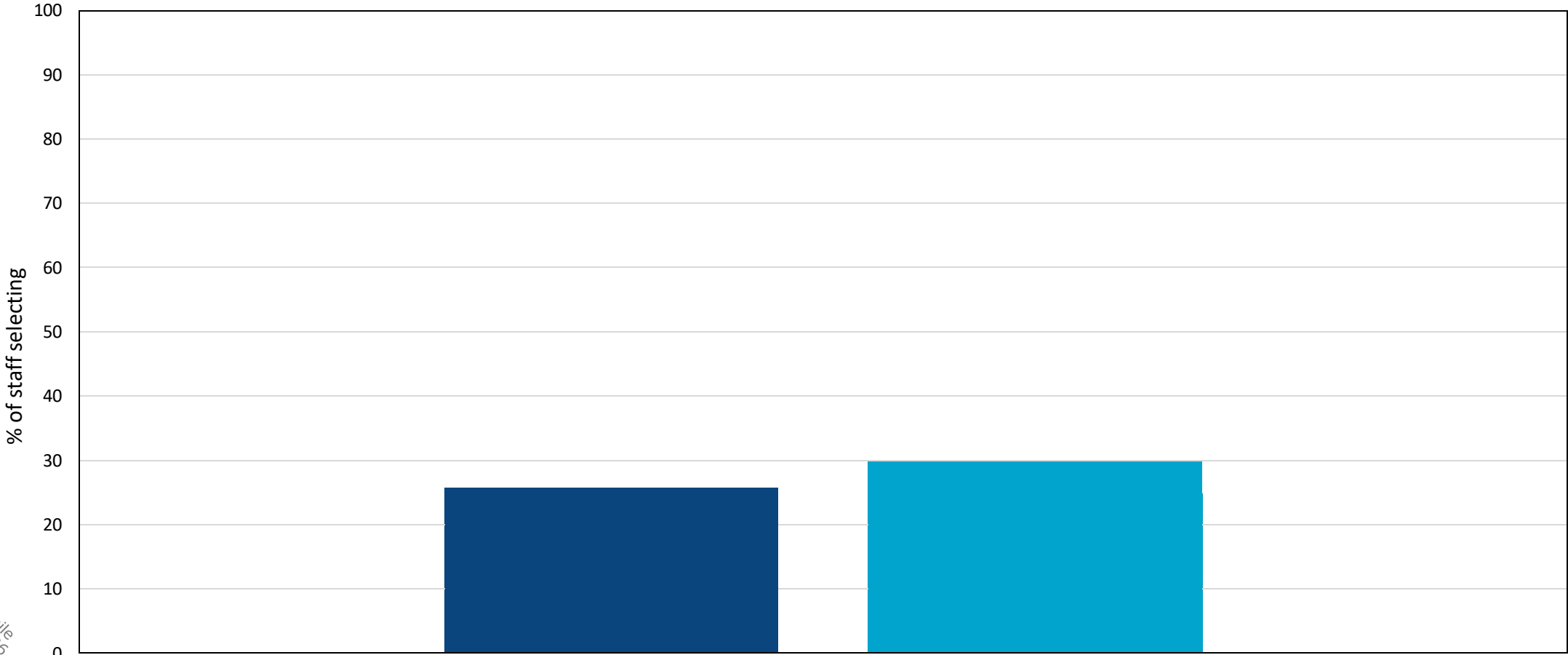


Background details - Religion or belief





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

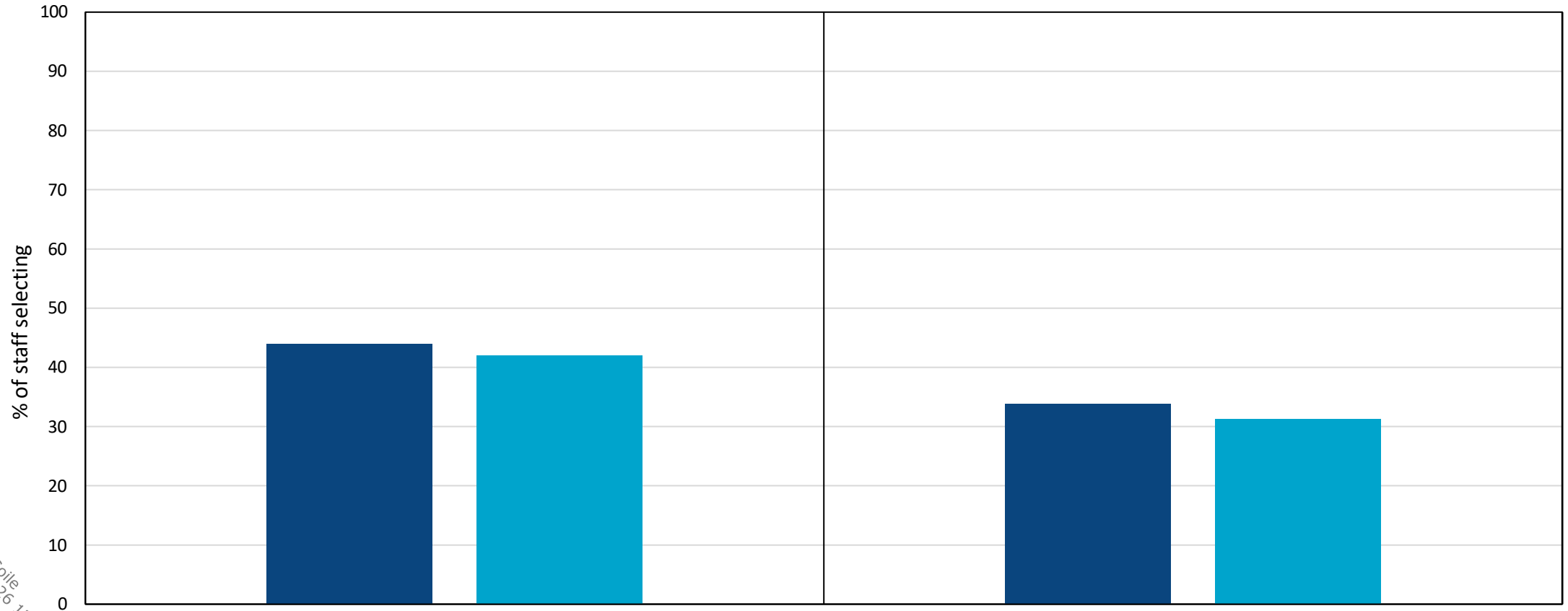


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Your org	25.65%
Average	24.90%
Responses	2979

Do you have any children aged from 0 to 17 living at home with you or who you have regular caring responsibility for?

Do you look after or give any help or support to family members, friends, neighbours or others because of either: long term physical or mental ill health / disability, or problems related to old age.

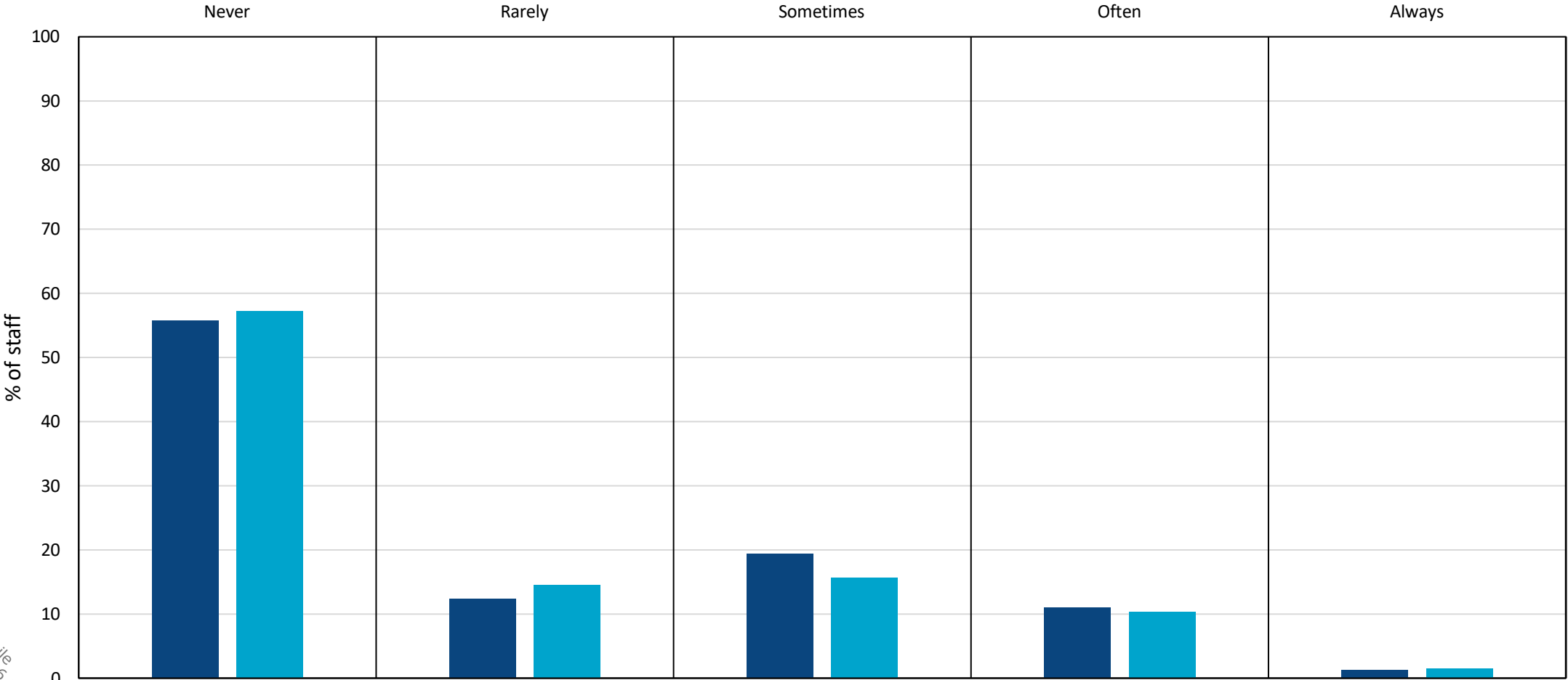


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Responses	2995	2986
Your org	44.04%	33.86%
Average	42.03%	31.25%



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

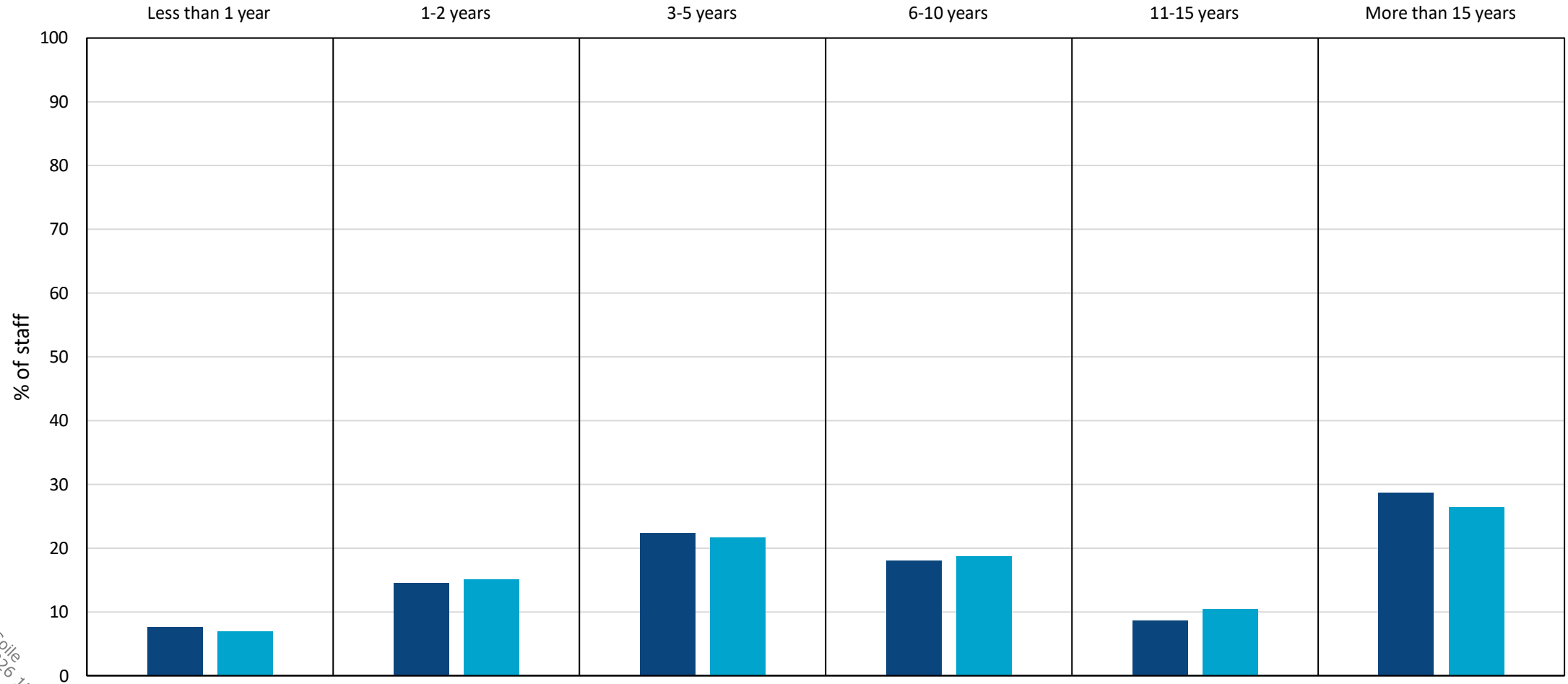


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Your org	55.79%	12.45%	19.43%	11.02%	1.30%
Average	57.23%	14.54%	15.67%	10.40%	1.48%
Responses	2995	2995	2995	2995	2995



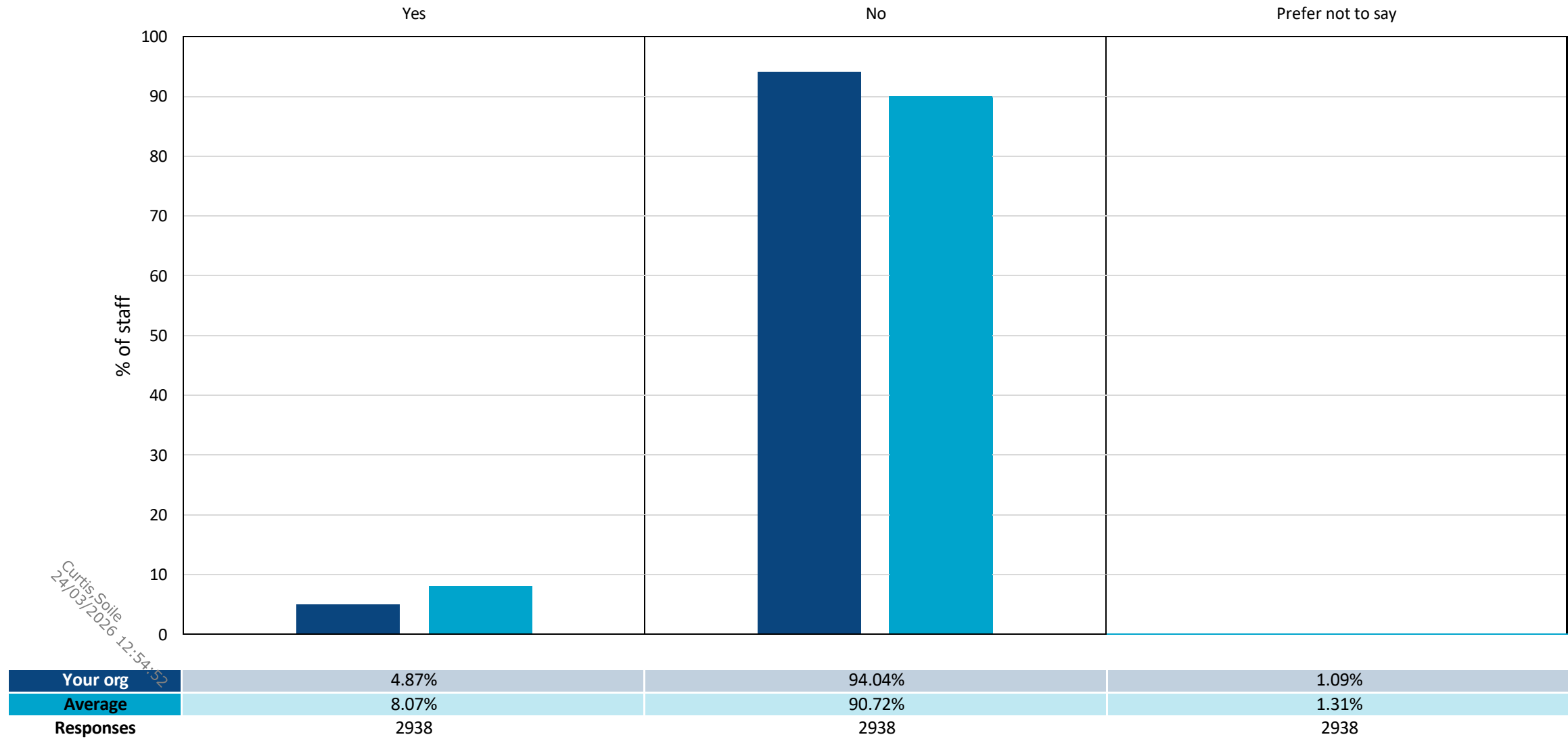
Background details - Length of service



Your org	7.58%	14.59%	22.30%	18.10%	8.67%	28.76%
Average	7.03%	15.07%	21.68%	18.76%	10.47%	26.44%
Responses	3022	3022	3022	3022	3022	3022



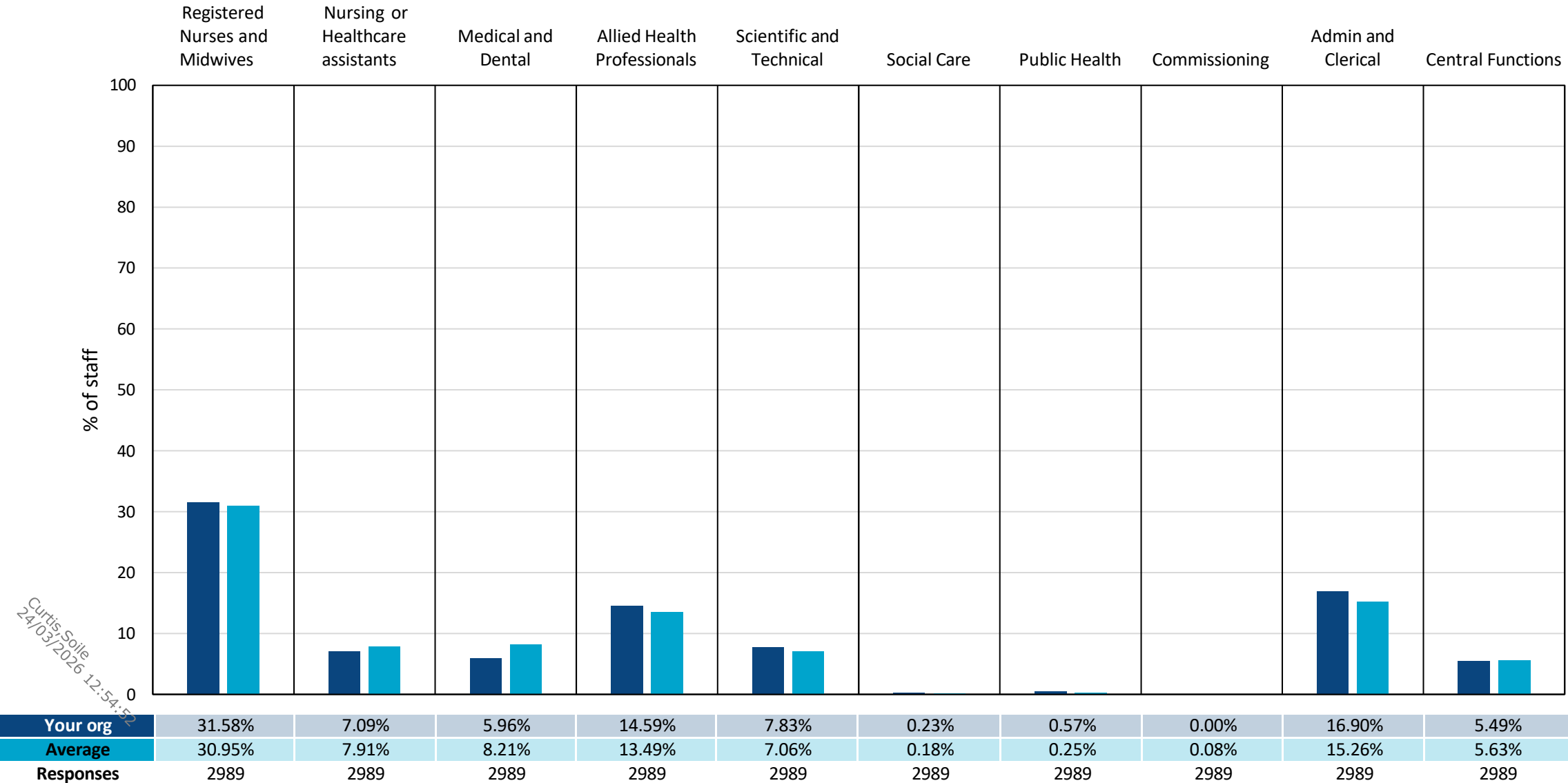
Background details - When you joined this organisation, were you recruited from outside of the UK?



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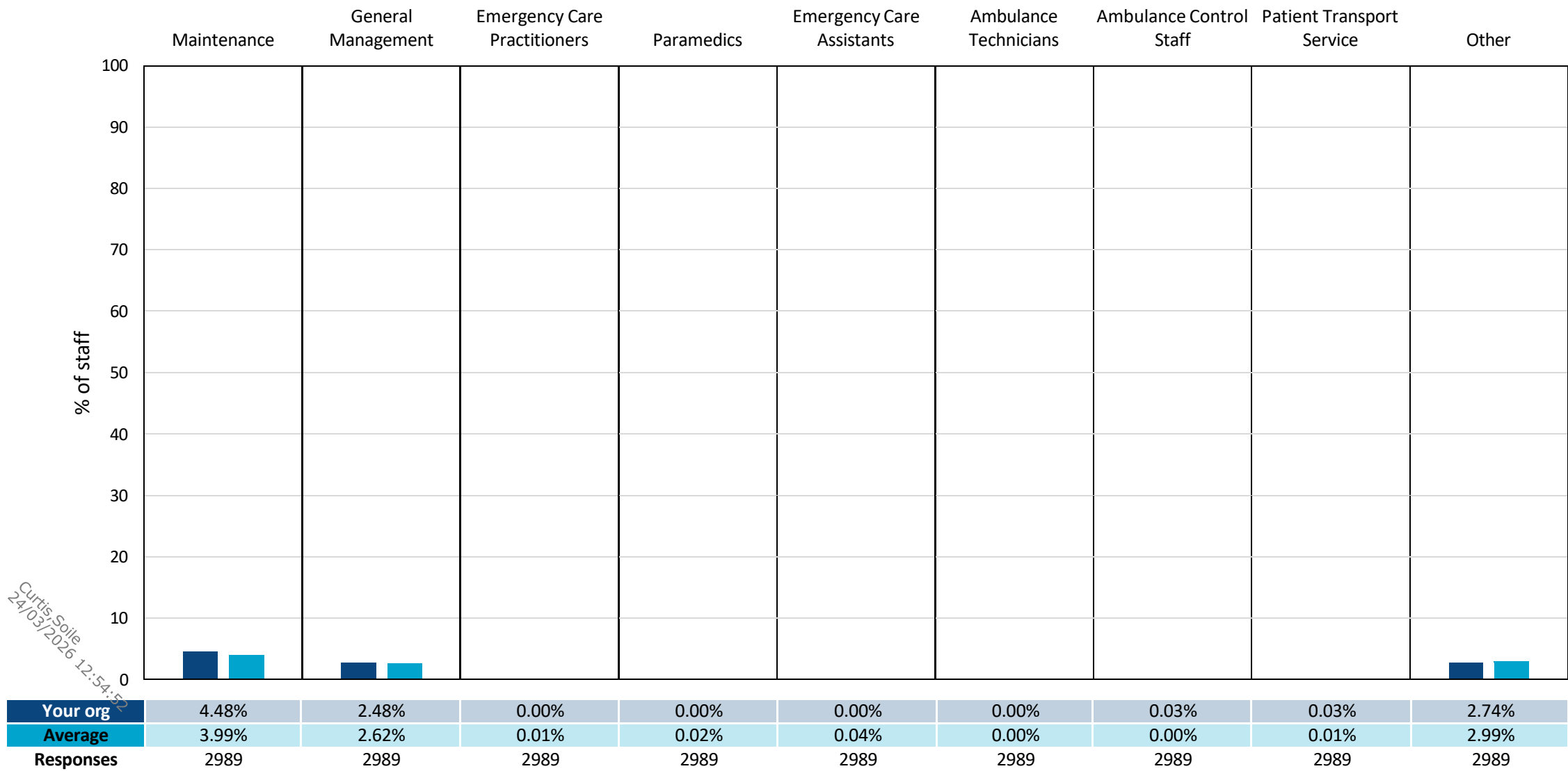
Background details - Occupational group



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Background details - Occupational group



Curtis Soile
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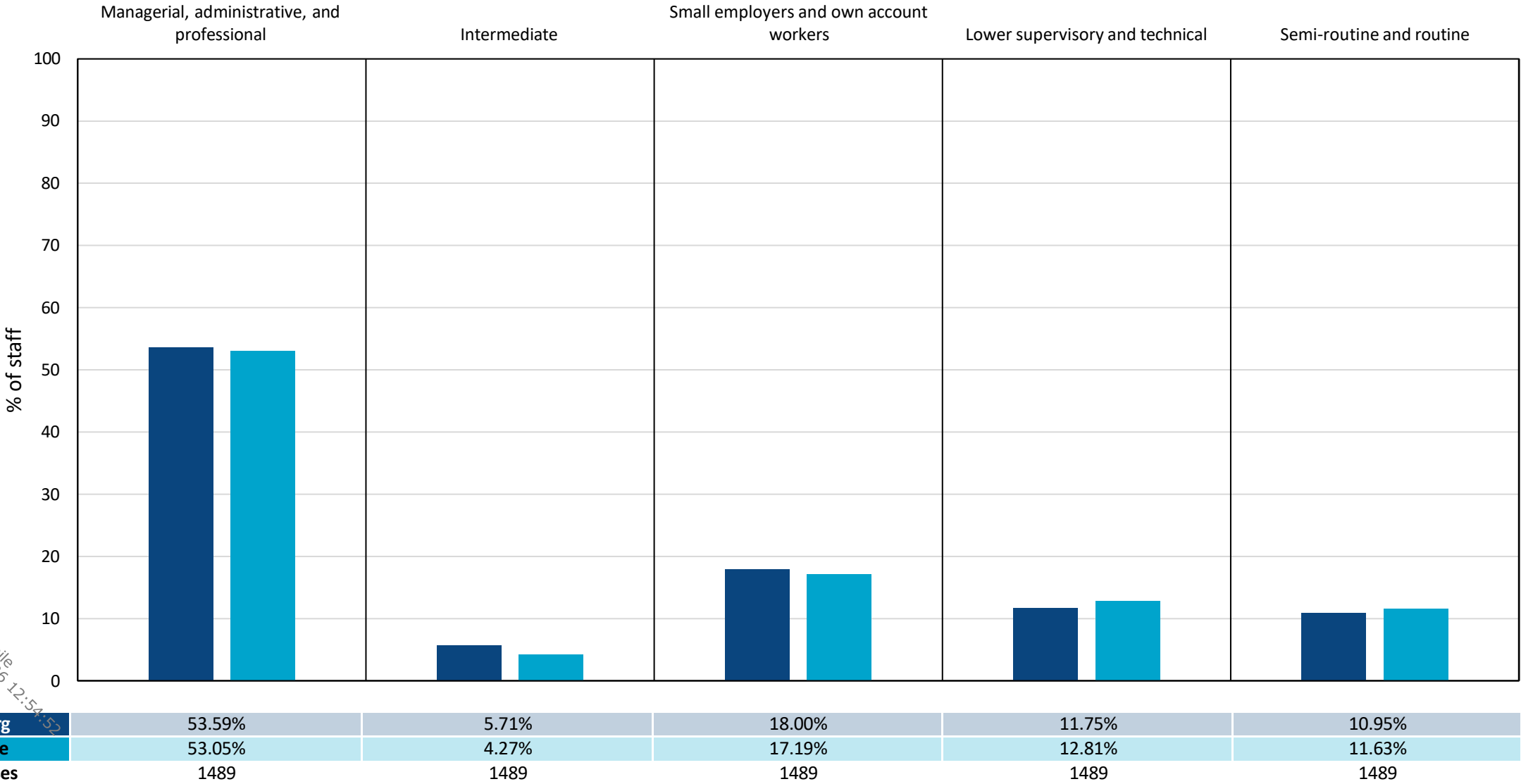
Socio-economic Background

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

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



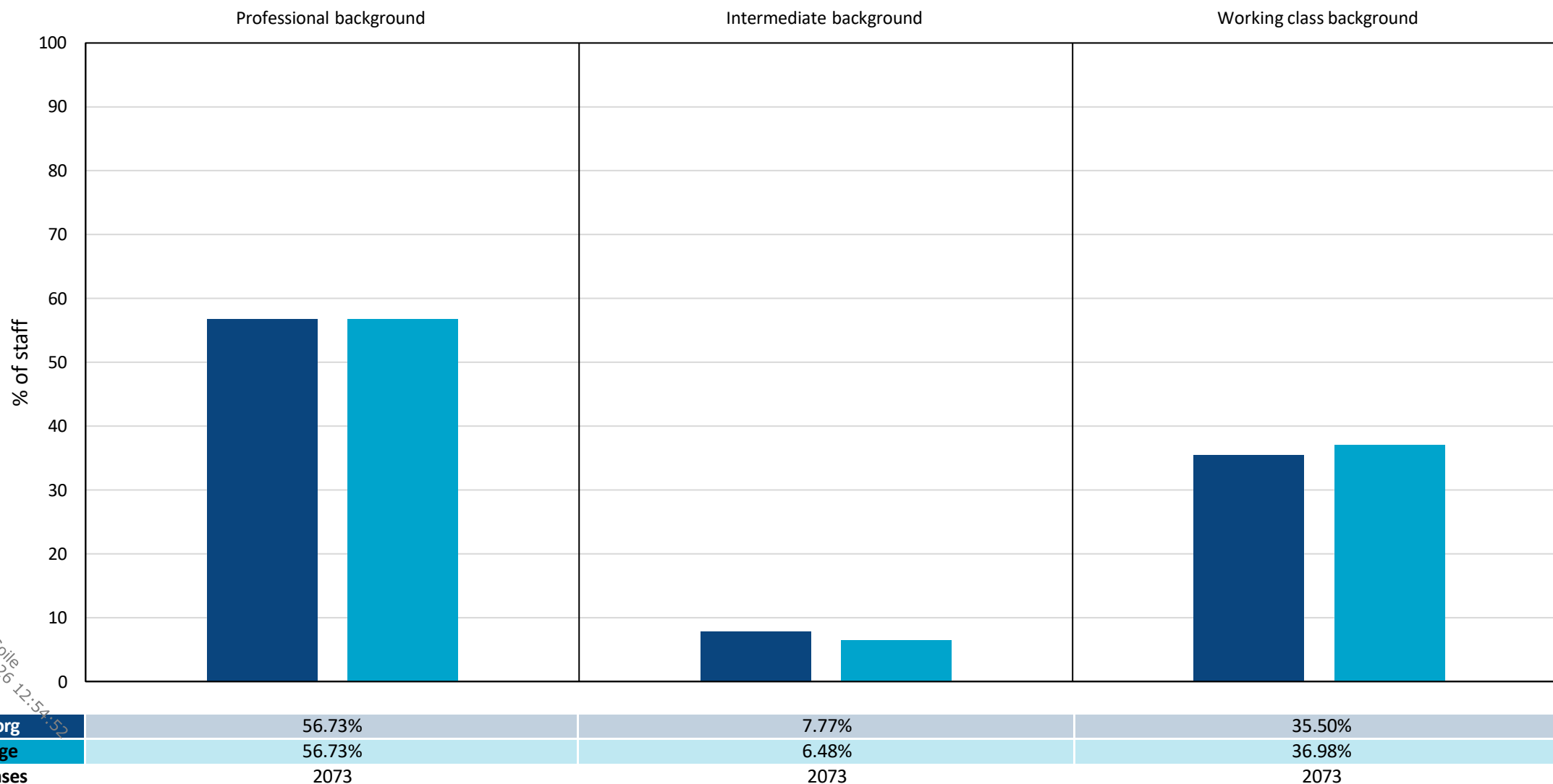
Socio-economic background: Five classes



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Please note – These questions are online only.
There was a higher than typical level of non-response to the socio-economic background questions, which resulted in 48.02% of respondents not receiving a Five class score at the national level. For more information about socio-economic background, please see [appendix D](#).

Socio-economic background: Three classes



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Please note – These questions are online only.

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

information about socio-economic background, please see [appendix D](#).



Socio-economic background: People Promise elements and themes

People Promise elements and themes in your organisation by socio-economic background (Five class)	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff engagement	Morale
1 Managerial, administrative and professional	7.58	6.31	6.88	6.11	5.93	6.39	7.06	6.95	5.96
2 Intermediate	7.63	6.02	6.68	6.26	5.67	6.52	7.02	6.94	6.31
3 Small employers and own account workers	7.45	6.06	6.75	6.13	5.59	6.47	6.87	6.85	5.85
4 Lower supervisory and technical	7.59	6.26	6.87	6.19	5.83	6.20	7.06	6.98	5.97
5 Semi-routine and routine	7.48	6.13	6.66	6.23	5.39	6.50	7.03	6.81	5.97

People Promise elements and themes in your organisation by socio-economic background (Three class)	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff engagement	Morale
1 Professional	7.53	6.22	6.83	6.09	5.81	6.38	6.99	6.90	5.91
2 Intermediate	7.48	5.94	6.66	6.24	5.73	6.40	6.95	6.84	6.14
3 Working class	7.54	6.19	6.74	6.19	5.60	6.42	7.04	6.85	5.95

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Please note – These questions are online only.

There was a higher than typical level of non-response to the socio-economic background questions. For more information about interpreting socio-economic background data, please see [appendix D](#).

Appendices

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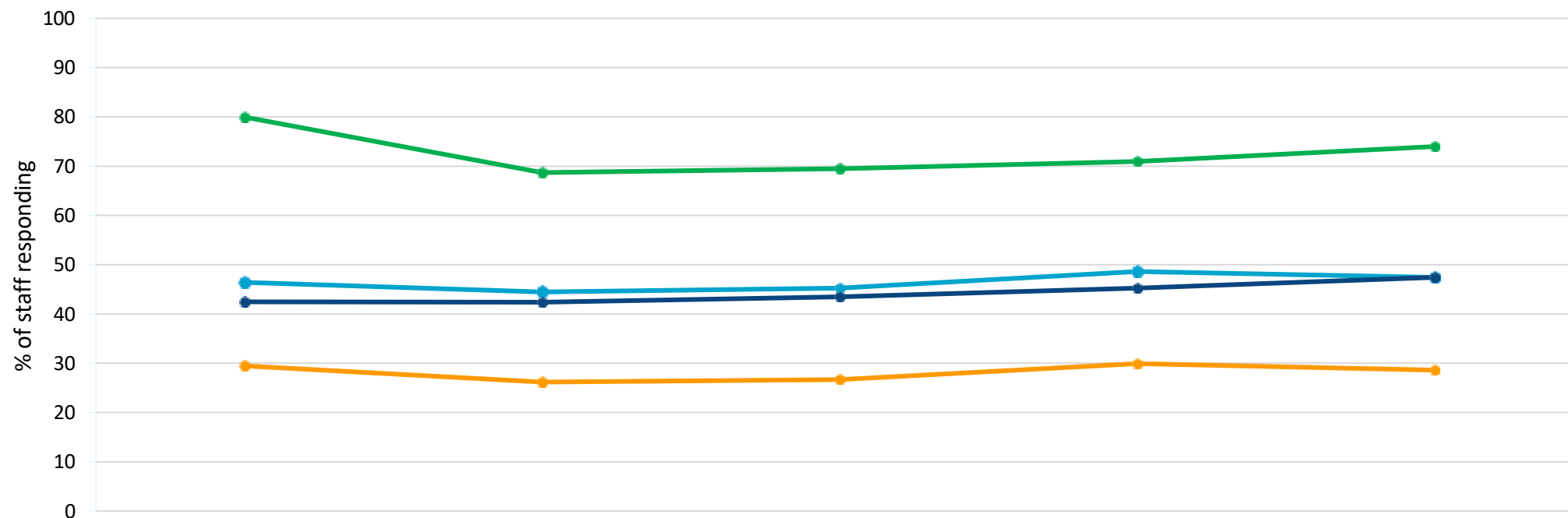
Appendix A: Response rate

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Appendix A: Response rate

Response rate



	2021	2022	2023	2024	2025
Your org	42.48%	42.37%	43.49%	45.26%	47.42%
Highest	79.95%	68.69%	69.45%	70.92%	73.97%
Average	46.38%	44.46%	45.23%	48.61%	47.42%
Lowest	29.47%	26.17%	26.65%	29.91%	28.60%
Responses	2358	2481	2642	2796	3046

Appendix B: Significance testing 2024 vs 2025

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Appendix B: Significance testing – 2024 vs 2025

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

People Promise elements	2024 score	2024 respondents	2025 score	2025 respondents	Statistically significant change?
We are compassionate and inclusive	7.41	2777	7.46	3024	Not significant
We are recognised and rewarded	6.06	2785	6.11	3030	Not significant
We each have a voice that counts	6.75	2739	6.75	2976	Not significant
We are safe and healthy	6.13	2759	6.17	3007	Not significant
We are always learning	5.71	2670	5.73	2915	Not significant
We work flexibly	6.37	2754	6.33	3008	Not significant
We are a team	6.90	2776	6.92	3024	Not significant
Themes					
Staff Engagement	6.87	2781	6.85	3035	Not significant
Morale	5.95	2784	5.96	3033	Not significant

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

Appendix C: Tips on using your benchmark report

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

Key points to note



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



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



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

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Appendix C: 1. Reviewing People Promise and theme results

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

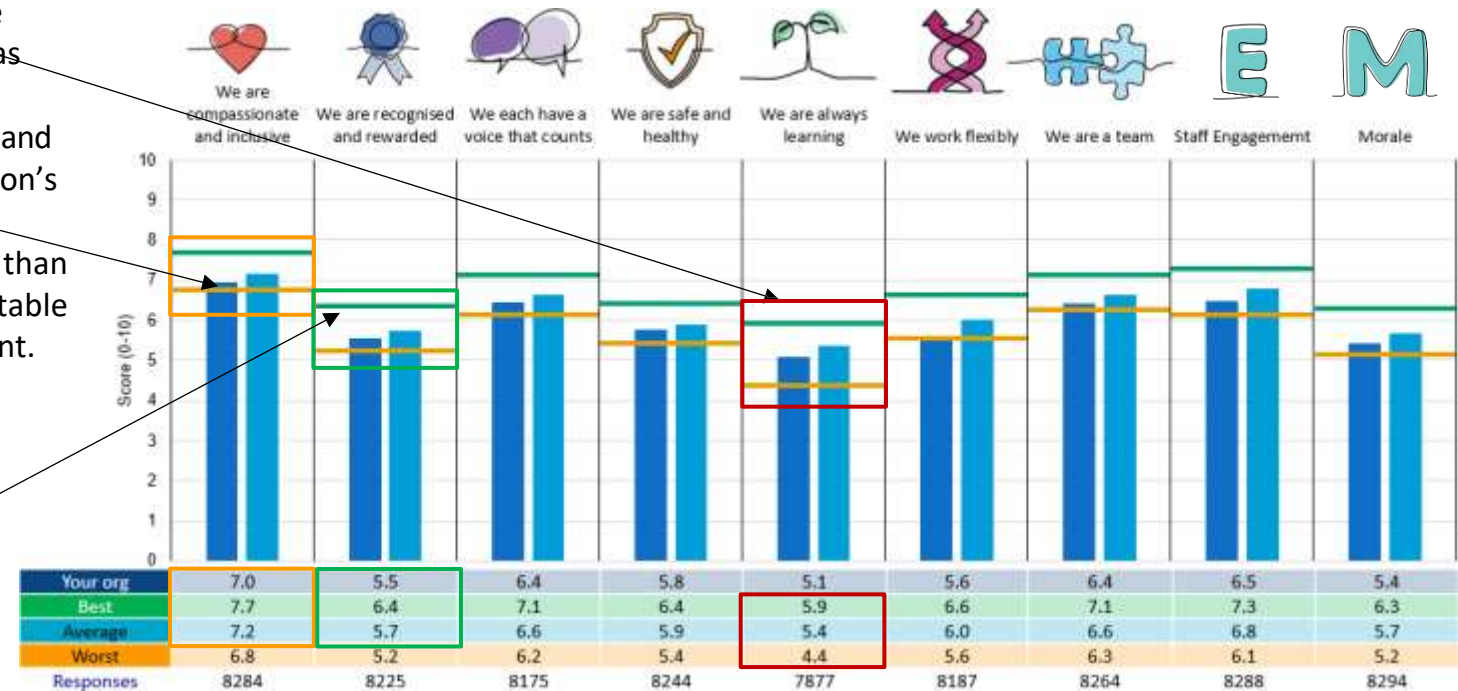
It is important to **consider each result within the range of its benchmarking group 'Best result' and 'Worst result'**, rather than comparing People Promise element and theme results to one another. Comparing organisation results to the benchmarking group average is another point of reference.

Areas to improve

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

Positive outcomes

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

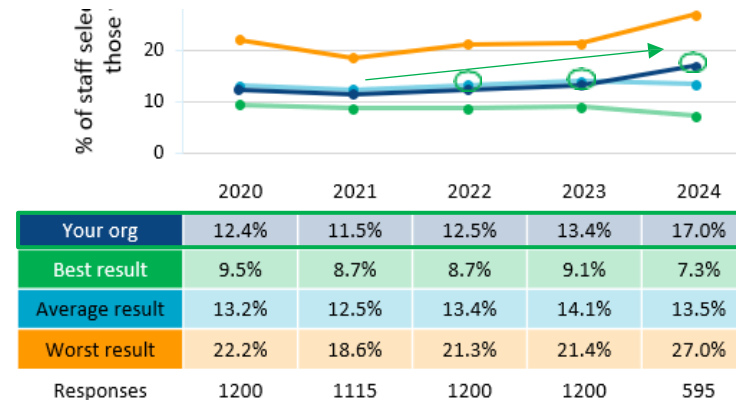


Only one example is highlighted for each point

Appendix C: 2. Reviewing results in more detail

Review trend data

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

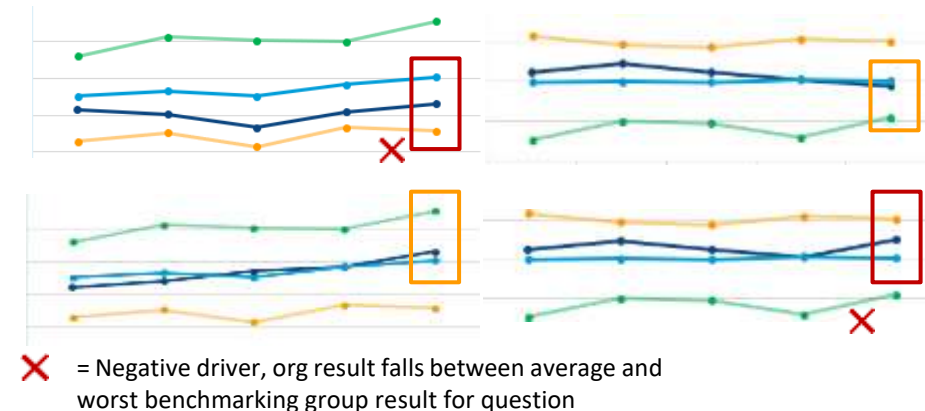


Benchmarked trend data also allows you to review local changes and benchmark comparisons at the same time, allowing for various types of questions to be considered: e.g. how have the results for my organisation changed over time? Is my organisation improving faster than our peers?

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

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

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



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

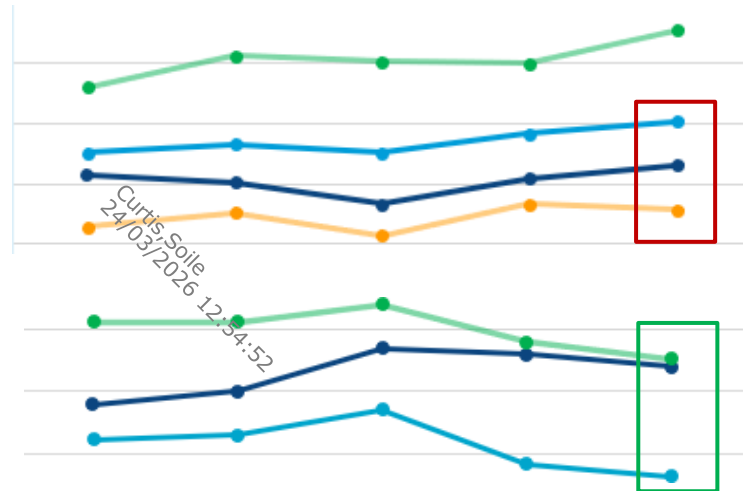
Identifying questions of interest

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

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

➤ Identifying questions of interest based on the results in this report

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



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

Appendix D: Socio-economic background

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

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

What is socio-economic background?

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

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

Measuring socio-economic background

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

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

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

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

Comparison of Three and Five Class approaches

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

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

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

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

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

Appendix E: Additional reporting outputs

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

Below are links to other key reporting outputs that complement this report. A full list and more detailed explanation of the reporting outputs is included in the Technical Guide.

Supporting documents



[Guide to Understanding and Using Results](#): Provides a brief overview of the NHS Staff Survey data and details on what is contained in each of the reporting outputs.



[Technical Guide](#): Contains technical details about the NHS Staff Survey data, including data cleaning, weighting, benchmarking, People Promise, historical comparability of organisations and questions in the survey.

Other reporting outputs



[Online Dashboards](#): Interactive dashboards containing results for all trusts nationally, each participating organisation (local), and for each region and ICS. Results are shown with trend data for up to five years where possible and show the full breakdown of response options for each question.



[Breakdown reports](#): Reports containing People Promise and theme results split by breakdown (locality) for Stockport NHS Foundation Trust.



[National Briefing Document](#): Report containing the national results for the People Promise elements, themes and sub-scores. Results are shown with trend data for up to five years where possible.



[Detailed spreadsheets](#) Contain detailed weighted results for all participating organisations, all trusts nationally, and for each region and ICS.

ALERT, ADVISE & ASSURE (AAA) REPORT

Name of Committee/Group	Audit Committee
Chair of Committee/Group	David Hopewell
Date of Meeting	17th February 2026
Quorate	Yes

The Audit Committee draw the following key issues and matters to the Board of Director's attention:

1.	Agenda	The Committee considered an agenda which included the following: • Audit Committee Work Plan and Attendance 2025/26 • Risk Management Committee Key Issues Report – February 2026 • Feedback from Board Committees • Internal Audit Progress Report • Internal Audit Plan 2025/26 Report • Draft Terms of Reference – 2025/26 Digital Resilience and Cyber Security Review Report • Draft Internal Audit Plan 2026/27 • Anti-Fraud Progress Report February 2026 • Draft Anti-Fraud Audit Plan 2026/27 • External Audit Update Report • Review of Draft Accounting Policies • Review of Losses and Special Payments • Update Scheme of Reservation and Delegation • Policy on the Engagement of the External Auditor to Supply Non-Audit Services • Key Issues and Risks for the Board of Directors • Review of Meeting Effectiveness
2.	Alert	Continued concern relating to long-standing IT audit recommendations, and the challenge of progressing historic actions, particularly around legacy systems, system downtime events and overall digital stability, ahead of EPR implementation.
3.	Advise	Risk Management Committee continues to oversee several significant risks which remain persistent, primarily related to ageing estates and digital infrastructure. Financial controls relating to salary overpayments have highlighted opportunity to strengthen processes around early identification and communication. The Committee requested further consideration of the draft 2026/27 Internal Audit Plan, seeking a balance between finance, digital, and quality governance. The Committee further advised that the Terms of Reference for the IT Resilience and Cybersecurity Audit required broader focus incorporating digital stability. The Committee noted the substantial requirements associated with the forthcoming fraud risk assessment demanded by the NHS Counter Fraud Authority.

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4.	Assure	Internal Audit reported progress against the audit plan, with Substantial Assurance ratings for both the Recruitment/Onboarding and Key Financial Systems audits and noted follow-up processes for outstanding actions. Positive assurance regarding counter-fraud awareness and the introduction of mandatory training, and the structured approach to risk-specific fraud interventions. Assurance on the 2024/25 External Audit, with the audit certificate issued in December 2025 following confirmation from the National Audit Office that no further work was required on the whole of government accounts. Risk management framework is robust, supported by regular deep dives, positive divisional engagement, and maturing governance around significant risks. Reviewed and supported the Policy on the Engagement of the External Auditor to Supply Non-Audit Services.
5.	Referral of Matters/Action to Board/Committee	Recommended the Policy on the Engagement of the External Auditor to Supply Non-Audit Services for approval to the Board of Directors.
6.	Report compiled by:	David Hopewell, Chair of Audit Committee (Non-Executive Director)
7.	Minutes available from:	Soile Curtis, Deputy Company Secretary

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POLICY FOR THE APPROVAL OF NON-AUDIT AND ADDITIONAL SERVICES BY THE TRUST'S EXTERNAL AUDITORS

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1. CONTENTS AND PAGE NUMBERS

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Date of Approval:	DRAFT	Date for Review:	February 2029
To Note:	Printed documents may be out of date – check the intranet for the latest version.		

2. EXECUTIVE SUMMARY

NHS Foundation Trust auditors are required to comply with the National Audit Office's Code of Audit Practice and the NHS Act 2006.

The statutory responsibilities and powers of the auditor are set out in the 2006 Act. In discharging these specific statutory responsibilities and powers, auditors are required to carry out their work in accordance with the Code.

The NHS Foundation Trust Code of Governance, 2022 states that:

“Legislation requires an NHS trust to have a policy on its purchase of non-audit services from its external auditor. An NHS foundation trust's audit committee should develop and implement a policy on the engagement of the external auditor to supply non-audit services”

This is based upon the requirement contained within the UK Corporate Governance Code published by the Financial Reporting Council.

This policy describes the framework the Trust will utilise in agreeing any further additional services with its external auditor that falls outside its statutory audit responsibilities.

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3. PURPOSE

- 3.1 The purpose of this policy is to ensure compliance with the Revised Ethical Standard of 2016 for Audit and Assurance as issued by the Financial Reporting Council (FRC). This sets out principles covering non-audit and additional services provided by external auditors which are outside the scope of the statutory audit. This ethical standard has regard to the non-audit work undertaken by external auditors but also covers the subject of internal auditors and taxation or other services supplied, setting out what safeguards are required.
- 3.2 The ethical standard applies to all statutory external audit (or assurance) engagements; the purpose being to ensure the audit opinion (or assurance statement) is professionally sound and objective. This should in turn, enhance the credibility of information covered by the audit opinion (or assurance statement).
- 3.3 For NHS Foundation Trusts, the external auditors issue an audit opinion on the Statutory Accounts (Financial Statements). This is a requirement of NHS England and is linked to the Trust's licence to operate.
- 3.4 The standard limits the amount of non-audit work or services an external auditor can provide in order to avoid potential conflicts of interest from arising. Should a conflict of interest arise, this could create a potential risk that the external audit is unduly influenced by other factors. Further guidance is provided in the National Audit Office: 'Auditor Guidance Note 1 (AGN 01)'.
- 3.5 The users of the financial statements (including the general public) require confidence that the external auditor is independent of the Trust, impartial and unbiased. Whilst the audit firm in question may be satisfied itself that it is independent, given any particular condition or relationship with the client, the users of published information may draw a different conclusion.
- 3.6 The standard sets out the ethical rules and guidance necessary to ensure that the users of published information have the required assurance that the auditor is professionally independent.

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4. STANDARD

- 4.1 The standard sets out that the fundamental objective of any audit engagement is that users trust, and have confidence, that the audit or assurance opinion is professionally sound and objective. This in turn should enhance the credibility to users of the information that the opinion covers. It should also enhance the intended users' understanding of the underlying 'subject matter'.
- 4.2 Users' interest in the audit engagement usually arises because they have an actual or prospective stake in an entity (e.g., patients, staff, governors, regulators or the general public) but do not have direct access to the subject matter.
- 4.3 Although auditors are reporting to users, they are engaged to do so by the Trust whose information they are reporting on. Accordingly, their 'contractual client' (the Trust) is different to their 'beneficial client' (users). These principal (the user) agent (Trust and auditor) relationships give rise to potential for conflicts of interest that need to be addressed if the user is to have trust and confidence in the audit process. Regulation and oversight of audit practitioners, including professional and ethical codes and standards, addresses the need for trust and confidence between users and practitioners.
- 4.4 The National Audit Office Guidance Note AGN 01 is the NAO's interpretation of the Ethical Standard as applied to the public sector. Links to this document, along with the FRC ethical standard are included at the end of this Policy. These provide more details on the specific requirements designed to achieve the confidence described above.
- 4.5 The ethical standard places various duties upon the external audit firm with regard to both the external audit itself and other services. These include:
- Rotation of audit partners after a maximum of 5 years
 - Having a different partner (not the external audit partner) to lead any additional work
 - No one from the external audit firm can have a key management position at the client (the Trust) or membership of the Audit Committee
 - If any close family member of the engagement partner takes a role at the client this must be subject to review
- 4.6 The National Audit Office AGN 01 provides further guidance on the limits to non-audit services provided by the external auditor. It includes the prohibitions list in the ethical standard and prescribes a 70% cap on other permitted non-audit services.
- 4.7 Permitted non-audit services carried out by the external auditor are defined as work that is: *not relating to the financial statements and/or financial controls, is not integrated with the external audit work plan nor performed by the existing audit team.*
- 4.8 The external audit firm are prohibited from providing the following non-audit services:
- Tax services, including preparation of tax forms and the giving of tax advice

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- Any services that include taking part in the key management decision making process of the audited entity
- Book keeping and preparation of accounting records
- Payroll services
- Designing or implementing internal controls
- Actuarial or litigation services
- The client entity's (the Trust) internal audit process
- Human resource services

Such non-audit services must be communicated to those charged with governance.

- 4.10 The NAO AGN 01 defines some exclusions from what is included in non-audit services; this includes audits of subsidiaries (as this is part of the external audit process) and any other services required by law or the parent body (NHS England).
- 4.11 The Audit Committee must be informed of any non-audit work to be carried out by the external auditor in order for it to be reviewed for compliance with the above standard. The cap is defined as: the total fees for non-audit services to the audited entity (the Trust and its controlled entities) in any one year should not exceed 70% of the total external audit fee (including subsidiaries) for the same year.
- 4.12 The ethical standard also refers to internal auditors, by default these are not suppliers of the external audit, therefore they may supply other services, such as taxation services or consultancy advice, so long as separate partners lead those processes and there is no cap quantified. The ethical standard does place certain conditions and prohibitions on what the internal auditors can do: for example internal audit cannot be part of the key management decision making process of the entity (the Trust).

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5. RESPONSIBILITIES

5.1 Responsibilities for the review and approval of non-audit services provided by auditors are outlined in the Trusts' Scheme of Reservation and Delegation and Standing Financial Instructions. To ensure the Trust and its appointed auditors continue to meet the ethical standards, more detailed responsibilities are set out below.

5.2 The Council of Governors

The Council of Governors will be notified of the policy, given that it is the Council which appoints the external auditors.

5.3 Board of Directors

Approve the overall policy regarding non-audit and additional services by the external auditor.

5.4 Audit Committee

Commissioning additional services from the external auditors by the Trust's Audit Committee, will be on the understanding that:

- the Audit Committee is responsible for agreeing additional work to be undertaken in line with compliance with the above standard;
- the Audit Committee considers whether external audit or another organisation is best placed to provide the service, based on such factors as relevant experience and expertise in that particular area;
- the Audit Committee confirms that the external auditor's ability to undertake its statutory responsibilities will not be compromised by the undertaking of this work;
- the Audit Committee agrees an Engagement Letter with the external auditor covering each piece of additional work, which will specify the scope of the work, timetable for delivery and fee. The Letter will also explain how the work does not compromise the independence of the external auditor;
- any additional work will be included in the Annual Report and the external auditor's Management Letter as reported to the Board of Directors and Council of Governors; and
- the Audit Committee will report to the Council of Governors as soon as possible following application of the policy, including if there are any matters arising from any such additional work, which raise significant concerns.

5.4 Chief Finance Officer

The Chief Finance Officer has responsibility for ensuring this policy is adhered to and for ensuring that the policy remains up to date and appropriate.

The Chief Finance Officer will be informed of any proposed non-audit services or additional work before any further steps are taken. Subject to review via Audit Committee, the Chief Finance Officer is required to authorise any non-audit expenditure with the External Auditors.

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Where required, the Chief Finance Officer will ensure compliance with the requirement for engagement with a management consultant over £50k being subject to approval from NHS England.

The Chief Finance Officer will maintain a log of all requests for non-audit services to record decision-making processes undertaken, enabling appropriate monitoring of compliance with this policy.

5.5 Budget holders and managers

All staff within Stockport NHS Foundation Trust are responsible for ensuring that the principles outlined within this policy are universally applied.

For the avoidance of doubt, the Audit Committee requires the business sponsor of the proposed work to obtain a proposed scope and fee estimate before the work commences.

The business sponsor should also seek written confirmation that the external auditor will be able to safeguard their independence in relation to the proposed work.

5.6 The External Auditor

Auditors must carry out their work with independence and objectivity. The auditors' opinions, conclusions and recommendations should both be, and be seen to be, impartial. Auditors and their staff should exercise their professional judgement and act independently of the NHS foundation trust.

They should ensure that they maintain an objective attitude at all times and that they do not act in any way that might give rise to, or be perceived to give rise to, a conflict of interest.

Auditors must provide written confirmation that proposed appointments adhere with the relevant ethical guidelines and do not compromise independence and objectivity prior to undertaking any non-audit work.

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6. IMPLEMENTATION & MONITORING

This policy and its associated procedures will be made available on the Trust intranet and will be disseminated to staff throughout the Trust.

Requests for non-audit services which are agreed by the Chief Finance Officer will be reported to Audit Committee and the Council of Governors as described within the above 'Responsibilities' section.

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7. REFERENCES

This document is drafted with reference to the following guidance, including national and international standards:

- Financial Reporting Council Revised Ethical Standard 2016 - Audit and Assurance
- National Audit Office Auditor Guidance Note 01
- NHS Foundation Trust Code of Governance
- National Audit Office's Code of Audit Practice
- Audit Firm Governance Code 2016, Financial Reporting Council
- UK Corporate Governance Code 2018, Financial Reporting Council
- National Health Service Act 2006 (the 2006 Act)

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8. EQUALITY IMPACT ASSESSMENT

Office Use Only	
Submission Date:	
Approved By:	
Full EIA needed:	Yes/No

To be completed by document author			
1	Name of the Policy / SOP	Policy for the Approval of Non-Audit and Additional Services by the Trust's External Auditors	
2	Department / Business Group	Finance/Corporate	
3	Details of the Person responsible for the EIA	Name: Rebecca McCarthy Job Title: Company Secretary Contact Details: rebecca.mccarthy@stockport.nhs.uk	
4	What are the main aims and objectives of the Policy / SOP?	The purpose of this policy is to ensure compliance with the Revised Ethical Standard of 2016 for Audit and Assurance as issued by the Financial Reporting Council (FRC). This policy describes the framework the Trust will utilise in agreeing any further additional services with its external auditor that falls outside its statutory audit responsibilities.	

For the following question, please use the EIA Guidance document for reference:		
5	A) IMPACT Is the policy / SOP likely to have a differential impact on any of the protected characteristics below? Please state whether it is positive or negative. What data do you have to evidence this? Consider: - What does existing evidence show? E.g. consultations, demographic data, questionnaires, equality monitoring data, analysis of complaints. - Are all people from the protected characteristics equally accessing the service?	B) MITIGATION Can any potential negative impact be justified? If not, how will you mitigate any negative impacts? - Think about reasonable adjustment and/or positive action - Consider how you would measure and monitor the impact going forward e.g. equality monitoring data, analysis of complaints. - Assign a responsible lead. - Produce action plan if further data/evidence needed - Re-visit after the designated time period to check for improvement.

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Age	No impact	
Carers	No impact	
Disability	No impact	
Race / Ethnicity	No impact	
Gender	No impact	
Gender Reassignment	No impact	
Marriage & Civil Partnership	No impact	
Pregnancy & Maternity	No impact	
Religion & Belief	No impact	
Sexual Orientation	No impact	
General Comments across all equality strands	No impact	

Action Plan			
What actions have been identified to ensure equal access and fairness for all?			
Action	Lead	Timescales	Review & Comments

EIA Sign-off	Your completed EIA and document should be sent to Equality, Diversity & Inclusion Manager for approval: equality@stockport.nhs.uk 0161 419 4784

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9. DOCUMENT INFORMATION

Type of Document:	Policy
Title:	Policy for the Approval of Non-Audit and Additional Services by the Trust’s External Auditors
Version Number:	2
Recommended By:	
Approved By:	
Approval Date:	Policy Review Group: xx-xxx-xx Audit Committee: xx-xxx-xx
Next Review Date	
Document Author:	Kay Wiss, Director of Finance
Document Director:	Chief Finance Officer
For use by:	All Trust employees
Specialty / Ward / Department (if local procedure document)	

Version	Date of change	Date of release	Changed by	Reason for change
2	February 2023		R McCarthy K Wiss	Review required

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				SFT Paper	
Meeting date	26 March 2026	Joint Paper	X	TG ICFT Paper	
Meeting	Tameside & Glossop Integrated Care NHS Foundation Trust (TG ICFT) Board of Directors Stockport NHS Foundation Trust (SFT) Board of Directors				
Report Title	Approval of SFT and TG ICFT Joint Governance Arrangements & Documentation				
Director Lead	David Wakefield, Joint Chair Karen James, Chief Executive	Author	Rebecca McCarthy, Trust Secretary		

Paper For:	Information	Assurance	X	Decision	X
Recommendation:	The TG ICFT Board of Directors is asked to approve the following: – Board Committee Membership – TG ICFT Constitution – Joint Board Terms of Reference & Work Plan 2026/27 – Joint Finance & Performance Committee Terms of Reference & Work Plan 2026/27 – Joint People Committee Terms of Reference & Work Plan 2026/27 – Joint Quality Committee Terms of Reference & Work Plan 2026/27 – TG ICFT Charitable Funds Committee Terms of Reference & Work Plan (in Common with SFT) 2026/27 – TG ICFT Remuneration Committee Terms of Reference & Work Plan (in Common with TG ICFT) 2026/27 – TG ICFT Audit Committee Terms of Reference & Work Plan 2026/27 – TG ICFT Scheme of Reservation & Delegation – Collaboration Agreement – Go/No Go Assessment which, following approval of the above, confirms all relevant requirements have been met to formally adopt the joint governance arrangements with SFT from 1 April 2026. The SFT Board of Directors is asked to approve the following: – Board Committee Membership – SFT Constitution – Joint Board Terms of Reference & Work Plan 2026/27 – Joint Finance & Performance Committee Terms of Reference & Work Plan 2026/27 – Joint People Committee Terms of Reference & Work Plan 2026/27 – Joint Quality Committee Terms of Reference & Work Plan 2026/27 – SFT Charitable Funds Committee Terms of Reference & Work Plan (in Common with SFT) 2026/27 – SFT Remuneration Committee Terms of Reference & Work Plan (in Common with TG ICFT) 2026/27 – SFT Audit Committee Terms of Reference & Work Plan 2026/27 – SFT Scheme of Reservation & Delegation – Collaboration Agreement – Go/No Go Assessment which, following approval of the above, confirms all relevant requirements have been met to formally adopt				

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	the joint governance arrangements with SFT from 1 April 2026.

The paper relates to the following CQC domains

	Safe		Effective
	Caring		Responsive
X	Well-Led	X	Use of Resources

Where issues are addressed in the paper

	Section of paper where covered
Equality, diversity and inclusion impacts	N/A
Financial impacts if agreed/not agreed	N/A
Regulatory and legal compliance	Entire report
Sustainability (including environmental impacts)	N/A

Executive Summary

This paper presents for approval key corporate governance documentation to support the implementation of joint governance arrangements between Tameside & Glossop Integrated Care NHS Foundation Trust (TG ICFT) and Stockport NHS Foundation Trust (SFT), from 1 April 2026. This follows the decisions made by both Boards in early 2026 to proceed with a jointly governed operating model, supported by detailed assessment against an agreed Go/No-Go Framework. The Go/No-Go assessment included a review of readiness against criteria such as Board delegations, committee structures, constitutional amendments, and legal compliance. The proposed governance structure includes a Joint Board Committee with maximum delegation from both statutory Boards, Joint Committees for Quality, People, and Finance & Performance, and aligned Remuneration and Charitable Funds Committees operating in common. Audit Committees will remain separate during 2026/27 to ensure statutory compliance but will operate with aligned work plans. A comprehensive suite of governance documents underpins the new arrangements. These include revised Trust Constitutions, Terms of Reference and Work Plans for the Joint Board and Committees, aligned Schemes of Reservation and Delegation (SoRDs), and a legally binding Collaboration Agreement setting out principles and expectations for future integration. Due to volume, Appendices 3 – 25 referenced in this paper, have not been included in the ‘<i>Meeting Book</i>’ but have been uploaded to the ‘<i>Documents</i>’ section of AdminControl for Board members. The documents had also been made available in advance of the meeting, accompanied by a ‘Headlines’ summary setting out key changes and points of note, with collective discussion taking place at the joint board development session on 5th March 2026. All appendices are available to the public, via the SFT and TG ICFT Company Secretariat: corporateoffice@stockport.nhs.uk or corporatemeetings@tgh.nhs.uk for both Trusts and specific documents will be published on the respective Trust websites following formal approval. With all preparatory work now complete, and subject to Board approval of the documents, both Trusts meet the necessary requirements to formally adopt the joint governance arrangements from 1 April 2026. The Go/No-Go assessment (Appendix 1) has been updated to reflect this position.

1. Introduction

1.1 Throughout 2025/26, extensive work has been undertaken to design and prepare for the implementation of joint corporate governance arrangements between TG ICFT and SFT. In early 2026, each Board endorsed a 'Go' decision to proceed, on the basis of a comprehensive assessment against the Go/No-Go Framework.

1.2 The assessment confirmed readiness across statutory, legal and operational domains and identified a suite of governance documents requiring approval by 31 March 2026 to ensure safe and effective functioning from the first day of operation.

2. Joint Governance Framework

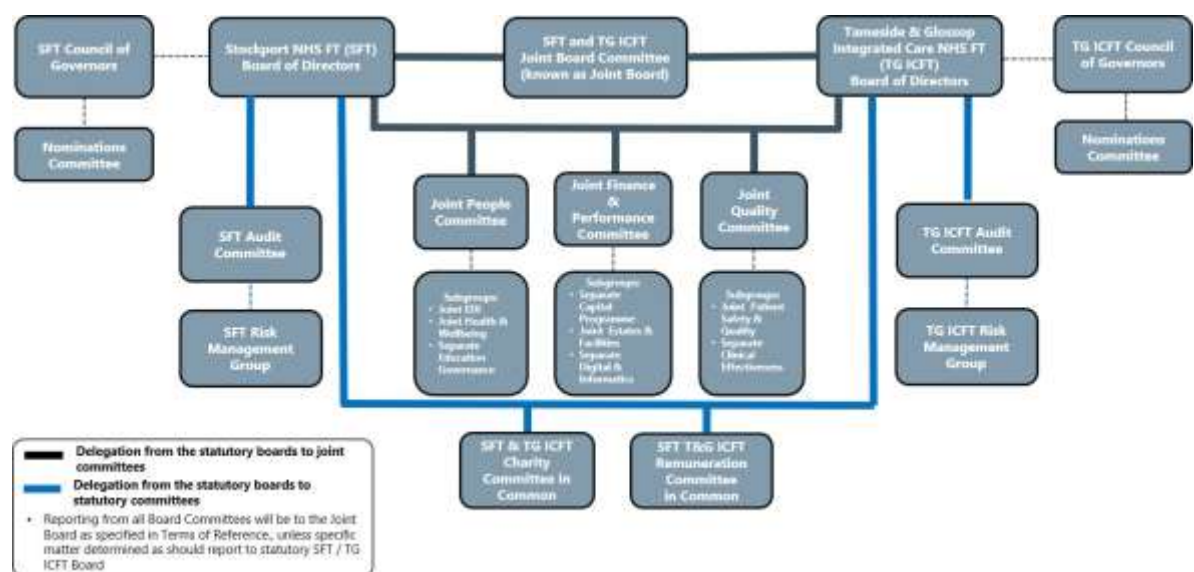
2.1 The agreed governance structure (Figure 1) establishes a Joint Board Committee ("Joint Board") with maximum delegation from both statutory Boards.

2.2 The structure also includes Joint Committees for Quality, People, and Finance & Performance, and aligned Remuneration and Charitable Funds Committees operating in common across both Trusts.

2.3 Statutory requirements necessitate separate Audit Committees for 2026/27; however, their work plans have been aligned with the intention to move to 'meetings in common' in 2027/28.

2.4 This governance model supports integrated leadership, consistent decision-making and strengthened oversight across both organisations while maintaining statutory compliance.

Figure 1: SFT and TG ICFT Joint Corporate Governance Framework



3. Corporate Governance Documentation

3.1 A comprehensive package of governance documents has been developed to support implementation of the new framework. Board members received early access to all materials via AdminControl from early February 2026, with the Scheme of Reservation & Delegation and the Collaboration Agreement uploaded by the end of February. A joint development session on 5 March 2026 enabled collective review and refinement of the materials.

3.2 Trust Constitutions

- 3.2.1 The Trust Constitutions for SFT and TG ICFT were drafted with legal advice and now mirror each other in structure and content, apart from Annexes 1-3, which remain specific to each organisation (Council of Governors).
- 3.2.2 The Constitutions reflect the requirements for the establishment of the Joint Board and aligned governance model.
- 3.2.3 Approval of Trust Constitutions requires both Council of Governors and Board of Directors approval. Both Councils of Governors approved the respective Constitutions in March 2026, ahead of Board consideration.

3.3 Joint Board Terms of Reference & Work Plan (& SFT & TG ICFT Board of Directors Work Plan)

- 3.3.1 The Terms of Reference clearly define the Joint Board's delegated authority, including oversight of strategy, governance, risk, quality, major business decisions and financial planning within the limits set by the Scheme of Reservation & Delegation.
- 3.3.2 Matters that cannot be delegated (e.g. approval of Constitutions, annual accounts, significant transactions, statutory duties) remain with the individual Trust Boards.
- 3.3.3 The Work Plan provides full coverage of statutory requirements and current strategic priorities and will be refreshed following approval of the Joint Organisational Strategy in June 2026.
- 3.3.4 Each statutory Board will continue to meet separately at least annually to discharge functions that cannot be delegated.

3.4 Board Committees – Terms of Reference & Work Plans

- 3.4.1 Joint Committees have been established for Quality, People, and Finance & Performance, supported by aligned Remuneration and Charitable Funds Committees operating in common.
- 3.4.2 Audit Committees remain separate for 2026/27 but have aligned work plans to ensure consistent oversight.
- 3.4.3 Committee membership is set out in Appendix 2 and reflects the agreed joint role structure for Executives and Non-Executives.
- 3.4.4 Committee work plans have been reviewed to ensure alignment with NHS England's Insightful Provider Board Guidance, NHS Oversight Framework and operational planning requirements.
- 3.4.5 There is a minor amend to highlight, regarding the Joint Finance & Performance Committee subgroups. The Capital Programmes Management Group (SFT) and Capital Programmes Group (TG ICFT) will remain as separate subgroups as of 1 April 2026, with the intention to move to a joint group during the year.
- 3.4.6 More than 90 senior leaders have received training in effective report writing to support high-quality Board Committee (and Board) reporting. Reporting schedules and reporting will continue to evolve as governance maturity develops.

3.5 Scheme of Reservation & Delegation (SoRD)

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- 3.5.1 The SoRDs for both Trusts have been aligned, differing only where local structures require role-specific references and reference to the Subsidiary Company at SFT.
- 3.5.2 The SoRDs specify those decisions that must remain with the statutory Boards and those that are delegated to the Joint Board and therefore are mirrored in the Joint Board Terms of Reference to ensure clarity and consistency in delegated authority.

3.6 Collaboration Agreement

- 3.6.1 The Collaboration Agreement provides the legal and operational framework for collaboration and integration between the two Trusts.
- 3.6.2 It sets out the principles of joint working, service integration intentions, governance expectations, and information-sharing requirements.
- 3.6.3 The Collaboration Agreement has been reviewed with legal advice and reflects best practice for collaborative NHS governance.

4. Go / No Go Criteria – Assessment

- 4.1 The Go/No Go Assessment has been updated to reflect progress against all requirements – Appendix 1. Subject to approval of the documents listed in the appendices, all criteria have been met to enable the governance arrangements to go live on 1 April 2026:

Appendix	Document
3	SFT Trust Constitution
4	TG ICFT Trust Constitution
5	Joint Board Terms of Reference
6	Joint Board Work Plan 2026/27
7	Joint Finance & Performance Committee Terms of Reference
8	Joint Finance & Performance Committee Work Plan 2026/27
9	Joint People Committee Terms of Reference
10	Joint People Committee Work Plan 2026/27
11	Joint Quality Committee Terms of Reference
12	Joint Quality Committee Work Plan 2026/27
13	SFT Remuneration Committee Terms of Reference
14	TG ICFT Remuneration Committee Terms of Reference
15	SFT & TG ICFT Remuneration Committee in Common Work Plan 2026/27
16	SFT Charitable Funds Committee Terms of Reference
17	TG ICFT Charitable Funds Committee Terms of Reference
18	SFT & TG ICFT Charitable Funds Committee in Common Work Plan 2026/27
19	SFT Audit Committee Terms of Reference
20	SFT Audit Committee Work Plan 2026/27
21	TG ICFT Audit Committee Terms of Reference
22	TG ICFT Audit Committee Work Plan 2026/27
23	SFT Scheme of Reservation & Delegation
24	TG ICFT Scheme of Reservation & Delegation

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25	Collaboration Agreement

5. Document Access

- 5.1 All documents above have been uploaded in the '*Documents*' section of the 'Board – Public, 26 March 2026' folder in AdminControl for Board members' review. Owing to their volume, they have not been included within the '*Meeting Book*'.
- 5.2 All documents are available to the public, via the SFT and TG ICFT Company Secretariat: corporateoffice@stockport.nhs.uk or corporatemeetings@tgh.nhs.uk
- 5.3 Specific documents will also be made available on the respective Trust websites following formal approval.

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Appendix 1: Go / No Go Criteria Assessment

Criteria (Go)	Criteria (No go)	Assessment
In line with the legal advice received, establish a joint committee of the two Trust Boards, with maximum delegation, and a single term of reference, and revise the governance documents of each Trust to reflect its establishment		
Legal advice has confirmed the proposed structure, delegation, and terms of reference are compliant with statutory requirements and the NHS England Statutory Guidance on delegation and joint working.	Legal advice identifies that the proposed committee structure, delegation or terms of reference are non-compliant with statutory requirements or the NHS England Statutory Guidance on delegation and joint working, creating for the Trusts a risk of challenge or regulatory intervention.	Go: Legal advice note obtained confirming the proposed arrangements provide a sound legal basis on which to proceed. Statutory Boards will meet annually to undertake matters that cannot be delegated. Additional statutory Board meetings only if required. Dates/Evidence: Joint SFT & TGICFT board development session 6th November 2025 - Legal Advice Note & Presentation from Legal Advisors.
The joint committee's terms of reference are finalised, clearly detailing its delegated functions, scope, and decision-making process, and are approved by both Trust Boards.	The terms of reference are not finalised, are vague on the delegated functions, or they include functions which should not be exercised jointly and are vague on the decision-making process. The terms of reference are not approved by both Trust Boards.	Go: Joint Board Terms of Reference, developed with legal advice. Delegated authority reflects maximum delegation from each statutory Board and clarifies the matters not delegated to the Joint Board. Draft reviewed at joint board development, 5th March. Dates/Evidence: Joint Board Terms of Reference & Work Plan presented for approval at SFT and TG ICFT Board of Directors, 26th March 2026
All necessary constitutional amendments have been made in accordance with the process for amendments set out in each Trust's Constitution and aligned Schemes of Reservation and Delegation (SORDs) for both SFT and TGICFT to delegate agreed functions to the joint committee have been drafted and approved by their respective Boards.	One or both Trusts' Constitutions and/or SORDs have not been updated or aligned to clearly reflect the establishment of the joint committee and delegate functions to it, or amendments are incomplete/not yet approved.	Go: Trust Constitutions, developed with legal advice, reflecting all required amendments. Standardised with exception of Annexes 1-3 (Council of Governors). Schemes of Reservation and Delegation (SORDs), developed with legal advice and Finance Teams review. Standardised with exception of Divisional/Role Titles. Draft reviewed at joint board development, 5th March. Dates/Evidence: SFT and TG ICFT Trust Constitution and SoRDs presented for approval at SFT and TG ICFT Board of Directors, 26th March 2026
Include all Executives and Non-Executive Directors on both Boards as members of joint committee		
The Boards have reached agreement on the total number of joint posts across the two Boards and on whether to retain non-joint Non-Executive Directors (NEDs), balancing	There is ongoing unresolved debate or disagreement between the Boards regarding the total number of joint posts and the optimal long-term composition of non-executive leadership and	Go: Agreement reached on the number of the joint posts for Executive and Non-Executive Directors, with Remuneration Committees and Nominations Committees/Councils of Governors respectively. All NED roles will be joint, and legal

Criteria (Go)	Criteria (No go)	Assessment
the desire for closer integration with the need for independent scrutiny.	how to manage the potential for conflicts in any future statutory transaction.	advice has confirmed that this approach is compliant and legally sound. Outcome of board composition review approved by SFT and TG ICFT CoGs in January 2026 (for Non-Executive directors) and SFT and TG ICFT Boards in February and January 2026 respectively. Dates/Evidence: SFT & TG ICFT Remuneration Committee in Common - 27th November 2025 SFT & TG ICFT Nominations Committee in Common - 7th November and 18th December 2025 SFT & TG ICFT CoG - 21st January 2026 TG ICFT Board of Directors - 29th January 2026 SFT Board of Directors - 5th February 2026
The Boards have reached agreement on Executive Director posts, ensuring that the Executive Director members of the Trust Boards meet statutory requirements and have the skills, knowledge and experience to ensure the Trusts comply with their statutory responsibilities as well-led organisations.	There is ongoing unresolved debate or disagreement between the Boards regarding Executive Director posts and/or the Executive Director members of the Trust Boards do not meet statutory requirements or have the skills, knowledge and experience to ensure the Trusts comply with their statutory responsibilities as well-led organisations.	Go: Agreement reached on the number of Executive Director posts by SFT and TG ICFT Remuneration Committees. Outcome of board composition approved by SFT and TG ICFT Boards in February and January 2026 respectively. Dates/Evidence: SFT & TG ICFT Remuneration Committee in Common – 27th November 2026 TG ICFT Board of Directors - 29th January 2026 SFT Board of Directors - 5th February 2026
The Councils of Governors have reached agreement on Non-Executive Director posts, ensuring that the Non-Executive Director members of the Trust Boards have the skills, knowledge and experience to ensure the Trusts comply with their statutory responsibilities as well-led organisations.	There is ongoing unresolved debate or disagreement between the Councils of Governors regarding Non-Executive Director posts and/or the Non-Executive Director members of the Trust Boards do not have the skills, knowledge and experience to ensure the Trusts comply with their statutory responsibilities as well-led organisations.	Go: Agreement reached on the number of joint NEDs with SFT and TG ICFT Nominations Committees. All current NEDs appointed to required Trust, therefore a NED of both statutory Boards, and appointment of new joint NED appointments concluded at SFT and TG ICFT CoGs on 11th and 17th March respectively. Dates/Evidence: SFT & TG ICFT Nominations Committee in Common – 18th December 2025 SFT & TGICFT CoG - 21st January 2026 SFT CoG – 11th March 2026 TG ICFT CoG – 17th March 2026
The above agreements are appropriately documented in Board and/or Council of Governor resolutions.	The Boards and/or Council of Governors have not agreed one or more of the above and therefore agreements are not documented in Board / Council of Governor resolutions.	Go: Decisions documented in Minutes of all meetings referenced above. Dates/Evidence: Minutes of all meetings referenced above.

Criteria (Go)	Criteria (No go)	Assessment
Each Trust Board to delegate as many of the Boards' functions to the joint committee as is permitted, in line with the NHS England Statutory Guidance on the delegation and joint exercise of functions, to realise its potential for efficiency and joint decision-making in line with the agreed joint Organisational Strategy		
To decide whether to delegate all such functions on day one of the joint committee's operation or gradually over a period of time		
The Boards have agreed the remit of the joint committee and the functions that will be delegated to it from day one, and the joint committee's terms of reference and each Trust's SORD has been finalised/amended to reflect those delegations. The Boards have agreed that the proposed operation of the joint committee is in line with the developing joint Organisational Strategy.	There is ongoing unresolved debate or disagreement between the Boards regarding the remit of the joint committee and the functions that will be delegated to it and/or the joint committee's terms of reference and each Trust's SORD have not been finalised / amended to reflect agreed delegations and/or the proposed operation of the joint committee is not deemed to be in line with the developing joint Organisational Strategy.	Go: SFT and TGICFT Boards agreed to establish a Joint Committee with maximum delegation from each statutory Board to support the Trusts strategic ambitions. As above regarding Joint Board Terms of Reference and SoRD. Dates/Evidence: TGICFT Board of Directors - 27th November 2025 SFT Board of Directors - 5th December 2025
The Boards have considered the establishment of a pooled fund concurrent with the establishment of the joint committee and if confirmed they are to be implemented to enable the joint committee to implement its decisions swiftly and efficiently		
The pooled fund arrangements are agreed and clearly documented in the collaboration agreement or otherwise, with all necessary detail as recommended by legal advice and as advised by Trust finance teams.	The pooled fund arrangements are not agreed and/or are not clearly documented leading to delays and bureaucracy once the joint committee begins making decisions which require financial input.	Go: Legal advice has confirmed the appropriate scope for pooled budget arrangements. Following an initial assessment, pooled budgets will not be implemented from 1 April. This decision does not restrict or diminish the Joint Board Committee's ability to exercise its delegated authority as set out in the SoRD and Terms of Reference. A further, more detailed evaluation of a corporate and clinical function will be undertaken during 2026/27 to determine whether pooled budgets would be viable and beneficial in the future. Dates/Evidence: Discussion at joint board development session 5th March 2026.
Retain separate Audit, Charity, and Remuneration Committees to meet statutory requirements and comply with NHS England guidance on functions excluded from joint exercise but hold meetings "in common" with aligned agendas, where this is determined as appropriate		
The separate statutory committees (Audit, Remuneration, Charity) have made decision to remain separate or operate 'in common'. Where meeting 'in common' aligned terms of reference are in place to ensure a collaborative approach to their sovereign responsibilities has been agreed. Where remaining separate, work plans have been standardised.	The statutory committees are not aligned on their processes, with no 'meetings in common', suggesting a lack of operational integration needed for the overall joint governance model to function efficiently and effectively.	Go: SFT and TGICFT Boards agreed to Remuneration Committee and Charitable Funds Committee operating in common. Audit Committees to operate separately, with aligned workplans for 2026/27, proposed to move to in common in 2027/28. Terms of Reference, developed with legal advice. Each Committee will report to the Joint Board. Draft reviewed at joint board development, 5th March. Dates/Evidence: TGICFT Board of Directors - 27th November 2025 SFT Board of Directors - 5th December 2025 Audit Committee and Charitable Funds Committee Terms of

Criteria (Go)	Criteria (No go)	Assessment
		Reference & Work Plan presented for approval at SFT and TG ICFT Board of Directors, 26 th March 2026.
Consider structure and operation of other Board committees and whether joint committees or meetings “in common”		
Each Trust Board has agreed the structure and operation of other Board committees. The committee's terms of reference are finalised, clearly detailing its delegated functions, scope, and decision-making process, and are approved by both Trust Boards, along with work plans.	There is disagreement as to the structure and operation of other Board committees and the respective committees of each Trust are not aligned on their processes or have not committed to a joint committee or 'meetings in common'.	Go: SFT and TGICFT Boards agreed to establish Joint People; Quality and Finance & Performance Committees. Draft Terms of Reference, developed with legal advice, in place. Each Committee will report to the Joint Board. Draft reviewed at joint board development, 5th March. Dates/Evidence: TGICFT Board of Directors - 27th November 2025 SFT Board of Directors - 5th December 2025 Terms of References & Work Plans presented for approval at SFT and TG ICFT Board of Directors, 26th March 2026.
Draft and execute a formal collaboration agreement between SFT and TGICFT		
A collaboration agreement is approved and entered into by both Trusts, setting out matters such as collaborative principles and behaviours, the role of each Trust and governance arrangements, in line with legal advice.	The Trusts do not have an agreed, finalised collaboration agreement, or the drafted agreement fails to include necessary detail recommended by legal advice.	Go: Collaboration agreement, developed with legal advice, including principles for collaboration. Draft reviewed at joint board development, 5th March. Dates/Evidence: Collaboration Agreement presented for approval at SFT and TG ICFT Board of Directors, 26th March 2026.
Establish a reporting framework		
A consistent reporting template has been agreed and implemented across both Trusts. Training delivered to all relevant staff on reporting expectations and template use. Reporting cycle aligned with joint governance calendar and escalation routes clearly defined. Agendas and papers produced in consistent style, with confidence papers can be distributed within agreed timescales.	A consistent reporting template has not been agreed across both Trusts and relevant staff are unclear on reporting expectations. Reporting timelines unclear or misaligned with governance schedules	Go: New report template in place. 'Effective Report Writing' training delivered by Good Governance Institute (GGI) for 90+ senior leaders. New joint corporate calendar has been drafted considering the requirements for timely distribution of papers. Draft Reporting Template and Corporate Calendar reviewed and supported at the joint board development, 5th March. Dates/Evidence: Reporting Template & Corporate Calendar made available in AdminControl Reading Room.
Establish information sharing & document management procedures		
Shared document management system implemented and tested for storing and sharing papers Board/Board Committee level papers. Information-sharing protocols agreed and embedded in governance processes.	No common system for document storage/sharing. Protocols not agreed or tested.	Go: Shared document management system in place for internal storing of Board/Board Committee papers. A single SFT and TG ICFT AdminControl portal in place for dissemination and access of papers. All Board members invited to access portal. Dates/Evidence:

Criteria (Go)	Criteria (No go)	Assessment
		N/A
Engage with and report on above activity to Councils of Governors.		
The respective Councils of Governors have been engaged throughout, have shared views and provided support for the proposed changes.	There has been minimal engagement with the Councils of Governors and explicit support is absent.	Go: Both Trusts Council of Governors have been engaged on the proposed changes and confirmed support for the decision to implement joint governance arrangements from 1 April 2026. Councils of Governors have also agreed to meet in common from 1st April 2026. Dates/Evidence: SFT Council of Governors - 10th December 2025 & 11TH March 2026 TGICFT Council of Governors - 11th December 2025 & 17th March 2026

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Appendix 2: Board Committee Membership

- All statutory Directors have a standing invitation to attend any non-statutory Board Committee meeting.
- Other senior leaders can be invited to attend the Committee meetings to support specific matters as required (*Attendance to support known specific matters highlighted)

	Joint Quality Committee	Joint Finance & Performance Committee	Joint People Committee	Audit Committee (SFT / TG ICFT)	Charitable Funds Committee (In Common)	Remuneration Committee (In Common)
Members	Louise Sell, Non-Executive Director (Chair of Committee)	Anthony Bell, Non-Executive Director (Chair of Committee)	Michael Forrest, Non-Executive Director (Chair of Committee)	David Jago, Non-Executive Director (Chair of Committee)	David Coorey, Non-Executive Director (Chair of Committee)	David Wakefield, Joint Chair (Chair of Committee)
	Peter Blythin, Non-Executive Director	David Coorey, Non-Executive Director	Peter Blythin, Non-Executive Director	Anthony Bell, Non-Executive Director	Peter Blythin, Non-Executive Director	Anthony Bell, Non-Executive Director
	David Curtis, Non-Executive Director	Farooq Hakim, Non-Executive Director	David Curtis, Non-Executive Director	Michael Forrest, Non-Executive Director	Farooq Hakim, Non-Executive Director	Peter Blythin, Non-Executive Director
	David Coorey, Non-Executive Director	David Jago, Non-Executive Director	Farooq Hakim, Non-Executive Director	Louise Sell, Non-Executive Director	David Jago, Non-Executive Director	David Coorey, Non-Executive Director
	Chief Medical Officer	Chief Finance Officer	Chief People Officer		Chief Finance Officer	David Curtis, Non-Executive Director
	Chief Nurse	Chief Operating Officer (SFT)	Chief Nurse		Chief People Officer	Michael Forrest, Non-Executive Director
	Chief Operating Officer (SFT)	Chief Operating Officer (TGICFT)	Chief Medical Officer			Farooq Hakim, Non-Executive Director
	Chief Operating Officer (TGICFT)	Chief Nurse	Chief Finance Officer			David Jago, Non-Executive Director
						Louise Sell, Non-Executive Director
Regular Attendees	Company Secretary	Director of Strategy & Partnerships	Company Secretary	Chief Finance Officer	Assistant Director of Financial Services SFT / TG ICFT	Chief Executive
		Director of Informatics		Director of Finance SFT / TG ICFT	Head of Communications SFT / TGICFT	Chief People Officer
		Director of Estates & Facilities		Assistant Director of Financial Services SFT / TG ICFT	Company Secretary	Company Secretary
		Company Secretary		Chief Executive (Chair of Risk Management Group)		
				Company Secretary		
				Internal Audit Representative		
				External Audit Representative		
				Counter Fraud Lead		
*Attendance to report specific standing matters	Director of Midwifery SFT / TGICFT		Freedom to Speak Up Guardian			
			Guardian of Safe Working			
			Resident Doctor Peer Lead			

				SFT Paper	
Meeting date	26 th March 2026	Joint Paper	X	TG ICFT Paper	
Meeting	Tameside & Glossop Integrated Care NHS Foundation Trust (TG ICFT) Board of Directors Stockport NHS Foundation Trust (SFT) Board of Directors				
Report Title	Non-Executive Director Roles & Responsibilities including: • Deputy Chair • Senior Independent Director • Non-Executive Director Champions				
Director Lead	David Wakefield, Joint Chair	Author	Rebecca McCarthy, Trust Secretary		

Paper For:	Information	X	Assurance		Decision	X
Recommendation:	The TG ICFT Board of Directors is asked to: • Approve the ongoing appointment of Mr David Curtis as the Senior Independent Director from 1st April 2026 • Receive confirmation of the ongoing appointment of Mr Michael Forrest as the Deputy Chair from 1st April 2026 • Confirm the allocation of Non-Executive Directors to the Champion Roles as specified from 1st April 2026. The SFT Board of Directors is asked to: • Approve the appointment of Mr David Curtis as the Senior Independent Director from 1st April 2026 • Receive confirmation of the appointment of Mr Michael Forrest as the Deputy Chair from 1st April 2026 • Confirm the allocation of Non-Executive Directors to the Champion Roles as specified from 1st April 2026.					

The paper relates to the following CQC domains

X	Safe	X	Effective
X	Caring	X	Responsive
X	Well-Led		Use of Resources

Where issues are addressed in the paper

	Section of paper where covered
Equality, diversity and inclusion impacts	
Financial impacts if agreed/not agreed	
Regulatory and legal compliance	
Sustainability (including environmental impacts)	

Executive Summary

This paper sets out the roles and responsibilities of key Non-Executive Director positions across both Tameside & Glossop ICFT and Stockport NHS FT, including the Deputy Chair, Senior Independent Director and the five NED Champion roles required under NHS England guidance.

In line with the agreed joint governance model, from 1 April all NEDs will serve on both statutory Boards, and a single named NED will hold each role across both organisations to ensure consistency, clarity of accountability and strong leadership during a period of organisational transition.

The Councils of Governors for both Trusts met on 11 and 17 March and supported the appointment of Michael Forrest as Deputy Chair and a recommendation to be made to the Board of Directors to appoint David Curtis as Senior Independent Director.

Confirmation of the allocation of NED Champion roles from 1 April 2026, ensuring compliance with national guidance and providing a stable and coherent governance framework is as follows:

Maternity Safety Champion – David Curtis
Wellbeing Guardian – Michael Forrest
Freedom to Speak Up Lead – Peter Blythin
Doctors' Disciplinary Lead – Louise Sell
Security Management Lead – Farooq Hakim

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1. Introduction

- 1.1 This paper sets out appointments to the roles of Deputy Chair, Senior Independent Director and the Non-Executive Director (NED) Champion Roles across both Tameside & Glossop ICFT (TG ICFT) and Stockport NHS Foundation Trust (SFT).
- 1.2 From 1 April 2026, all NEDs will serve as joint NEDs across both statutory Boards. To ensure coherence, clear accountability, and consistency of leadership within the new joint governance model, each role will be held by a single named NED for both Trusts.

2. Deputy Chair Appointment

- 2.1 The Council of Governors is responsible for appointing one of the Non-Executive Directors as Deputy Chair.
- 2.2 In broad terms, the role of the Deputy Chair is to support the Chair in leading the Board and Council of Governors, acting as a sounding board where required, and to deputise for the Chair during periods of absence.
- 2.3 The SFT and TG ICFT Council of Governors considered this matter on 11th and 17th March respectively and endorsed the appointment of Mr Michael Forrest as Deputy Chair of SFT and TG ICFT from 1st April 2026.

3. Senior Independent Director (SID) Appointment

- 3.1 The Board of Directors is responsible for appointing the SID, following consultation with the Council of Governors.
- 3.2 In broad terms, the SID provides an additional source of support and scrutiny for the Board, acting as a trusted intermediary where issues cannot be raised through the usual channels. They are also responsible for leading the Chair's appraisal process and serve as a key conduit between the Board and the Council of Governors.
- 3.3 Following consultation, and support, from the SFT and TG ICFT Council of Governors at their respective meetings in March, it is recommended that David Curtis is appointed as the SID for both SFT and TG ICFT, from 1st April 2026.

4. Allocation of Non-Executive Director Champion Roles

- 4.1 In line with NHS England's guidance on strengthening Board oversight, both Trusts have adopted the five recommended NED Champion roles. Each role will be held jointly across both Boards.

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Champion Role	Role Overview	Non-Executive Director
Maternity Safety Champion	Oversight of maternity safety, ensuring effective learning, improvement and assurance on care quality. Acts as a senior advocate for safer maternity services, escalating concerns and keeping the board sighted on key risks.	David Curtis
Wellbeing Guardian	Oversees the organisation's approach to staff wellbeing, ensuring that workforce health and wellbeing are treated as core components of organisational performance.	Michael Forrest
Freedom to Speak Up Lead	Ensures the board supports a culture where staff feel safe to speak up, and that concerns raised are heard, acted upon and used to drive improvement.	Peter Blythin
Doctors' Disciplinary Lead	Independent oversight of the application of the Maintaining High Professional Standards (MHPS) framework when concerns arise about medical staff.	Louise Sell
Security Management Lead	Oversees how the Trust manages security risks, including violence, aggression and fraud-related issues.	Farooq Hakim

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				SFT Paper	
Meeting date	26 th March 2026	Joint Paper	X	TG ICFT Paper	
Meeting	Tameside & Glossop Integrated Care NHS Foundation Trust (TG ICFT) Board of Directors Stockport NHS Foundation Trust (SFT) Board of Directors				
Report Title	Board Assurance Framework Q4 2025/26				
Director Lead	Karen James, Chief Executive	Author	Rebecca McCarthy, Trust Secretary		

Paper For:	Information		Assurance		Decision	X
Recommendation:	The TG ICFT Board of Directors is asked to: - Review and approve the TG ICFT Board Assurance Framework 2025/26 at Q4 - Confirm the Trust's current significant risk profile The SFT Board of Directors is asked to: - Review and approve the SFT Board Assurance Framework 2025/26 at Q4 - Confirm the Trust's current significant risk profile					

The paper relates to the following CQC domains

X	Safe	X	Effective
X	Caring	X	Responsive
X	Well-Led		Use of Resources

Where issues are addressed in the paper

	Section of paper where covered
Equality, diversity and inclusion impacts	
Financial impacts if agreed/not agreed	
Regulatory and legal compliance	All
Sustainability (including environmental impacts)	

Executive Summary

The Trusts maintains a Board Assurance Framework (BAF) as a key mechanism for identifying and managing the principal risks that may impact delivery of the corporate objectives agreed by the Board. As both Trusts share the same corporate objectives, the corresponding principal risks are also aligned. For Q4, principal risks have been reviewed by the respective Lead Directors and/or the delegated Board Committees during March 2026. Revisions to risks are shown in blue text within the TG ICFT BAF (Appendix 1) and SFT BAF (Appendix 2).

Changes to risk scores since the end of Q3 2025/26 are summarised below:

TG ICFT and SFT: Principal Risk 6.1 – Delivery of the annual financial plan 2025/26

Risk scores have decreased significantly from 20 (Impact 4 × Likelihood 5) to 8 (Impact 4 × Likelihood 2). This follows confirmation of additional income that supports delivery of the financial plan, rather than the revised control total previously discussed with Greater Manchester ICB and NHS England Regional Team. While confidence in delivering the current year's plan has strengthened, the Trust recognises an ongoing and substantial challenge regarding future financial sustainability, as reflected in Principal Risk 6.2.

TG ICFT: Principal Risk 1.2: Delivery of personalised care and experience

The risk score has reduced from 12 (I3 × L4) to 9 (I3 × L3). This improvement reflects positive trends in complaints handling and FFT response rates in both inpatient and community settings, supported by initiatives such as Interpreter on Wheels and the Patient Experience Volunteer Service.

SFT: Principal Risk 1.4: Delivery of elective care

The risk has reduced from 12 (Impact 4 × Likelihood 3) to 8 (Impact 4 × Likelihood 2). This improvement is underpinned by increased confidence in meeting elective and cancer standards. The main remaining area of concern relates to diagnostics within paediatric audiology.

SFT Principal Risk 5.2: Delivery of research & innovation (subject to agreement at SFT Quality Committee, 24 March 2026)

The risk has reduced in score from 9 (3C × 3L) to 6 (3C × 2L), reflecting the establishment of an appropriately resourced Research Team and secured funding to support its ongoing operation.

Overview of 2025/26

Across the year, several risks have remained consistently high and outside the agreed risk appetite for both Trusts. The urgent and emergency care risks continue to be driven by sustained front-door demand, compounded at TG ICFT by a longstanding constrained bed base, and at SFT, by challenges with patient flow. Similarly, risks relating to digital and estates infrastructure remained elevated due to limits on capital investment.

Despite improved confidence in delivering the 2025/26 annual financial plan, the level of financial risk remained high throughout most of the year, and longer-term financial sustainability has yet to improve. The Medium Term Plan represents the start of a more strategic, multi-year approach, with a delivery plan required to support meaningful risk reduction in 2026/27.

At TG ICFT, patient safety and clinical effectiveness risks also remained high and static. Strengthened safe-staffing measures and procedures to maintain quality & safety have prevented deterioration in a challenging operational context. There is now a clearer understanding of the underlying causal factors behind several persistent challenges, including those linked to infection prevention and control (IPC). While resolution will take time, this improved insight enables more targeted interventions in 2026/27.

Significant Risks – Corporate Risk Register

Significant risks from the corporate risk register, as considered by the Risk Management Group / Risk Management Committee (TG ICFT / SFT) in February 2026, are summarised in Appendices 3 and 4 respectively. These continue to relate primarily to capacity and demand pressures, workforce challenges, ageing infrastructure and equipment, and quality and regulatory/clinical standards.

At TG ICFT, following a steady rise in the number of significant risks, further significant risk review sessions will be undertaken in March 2026. These will ensure that the significant risk register accurately

reflects key organisational challenges as the Trust enters 2026/27 and supports alignment of risk management systems across both Trusts.

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Tameside & Glossop Integrated Care NHS Foundation Trust

Board Assurance Framework

2025/26

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Corporate Objectives 2025/26

1. Deliver personalised, safe and caring services.
2. Support the health and wellbeing needs of our community and colleagues.
3. Develop effective partnerships to address health and wellbeing inequalities.
4. Develop a diverse, talented and motivated workforce to meet future service and user needs.
5. Drive service improvement through high quality research, innovation and transformation.
6. Use our resources efficiently and effectively.
7. Develop our estate and digital Infrastructure to meet service and user needs.

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Board Assurance Framework Key

Risk Matrix					
Impact	Likelihood				
	1 - Rare	2 - Unlikely	3 - Possible	4 - Likely	5 - Certain
1 - Negligible	1	2	3	4	5
2 - Minor	2	4	6	8	10
3 - Moderate	3	6	9	12	15
4 - Major	4	8	12	16	20
5 - Catastrophic	5	10	15	20	25

Gap Score Matrix (Difference between Target Score and Current Score)	
Gap score ≤0	Risk target achieved
Gap score 1 - 5	Tolerable
Gap score 6 - 9	Close monitoring
Gap score 10	Concern
Gap score > 10	Serious

Risk Appetite Framework

Risk Level → Key Elements ↓	Avoid Avoidance of risk is a key organisational objective.	Minimal Preference for very safe delivery options that have a low degree of inherent risk and may only have a limited reward potential.	Cautious Preference for safe delivery options that have a low degree of residual risk and may only have a limited reward potential.	Open Willing to consider all potential delivery options and choose while also providing an acceptable level of reward.	Seek Eager to be innovative and to choose options which may offer higher levels of reward, despite greater inherent risk.	Mature Confident in setting high levels of risk appetite because controls, forward scanning and responsive systems are robust and highly embedded.
Financial / Value for Money How will we use our resources	We have no appetite for decisions or actions that may result in financial loss.	We are only willing to accept the possibility of very limited financial risk.	We are prepared to accept the possibility of limited financial risk. However, VFM is our primary concern.	We are prepared to accept some financial risk as long as appropriate controls are in place. We have a holistic understanding of VFM with price not the overriding factor	We will invest for the best possible return and accept the possibility of increased financial risk.	We will consistently invest for the best possible return for stakeholders, recognising that the potential for substantial gain outweighs inherent risks.
Compliance / Regulatory How will we be perceived by our regulator	We have no appetite for decisions that may compromise compliance with statutory, regulatory or policy requirements.	We will avoid any decisions that may result in heightened regulatory challenge unless essential.	We are prepared to accept the possibility of limited regulatory challenge. We would seek to understand where similar actions had been successful elsewhere before taking any decision.	We are prepared to accept the possibility of some regulatory challenge as long as we can be reasonably confident, we would be able to challenge this successfully	We are willing to take decisions that will likely result in regulatory intervention if we can justify these and where the potential benefits outweigh the risks.	We are comfortable challenging regulatory practice. We have a significant appetite for challenging the status quo in order to improve outcomes for stakeholders.
Quality / Outcomes How will we deliver quality services	We have no appetite for decisions that may have an uncertain impact on quality outcomes.	We will avoid anything that may impact on quality outcomes unless essential. We will avoid innovation unless established and proven to be effective in a variety of settings.	Our preference is for risk avoidance. However, if necessary, we will take decisions on quality where there is a low degree of inherent risk and the possibility of improved outcomes, and appropriate controls are in place.	We are prepared to accept the possibility of a short-term impact on quality outcomes with potential for longer-term rewards. We support innovation.	We will pursue innovation wherever appropriate. We are willing to take decisions on quality where there may be higher inherent risks but the potential for significant longer-term gains.	We seek to lead the way and will prioritize new innovations, even in emerging fields. We consistently challenge current working practices in order to drive quality improvement.
Reputation How will we be perceived by the public and our partners	We have no appetite for decisions that could lead to additional scrutiny or attention on the organisation.	Our appetite for risk taking is limited to those events where there is no chance of significant repercussions.	We are prepared to accept the possibility of limited reputational risk if appropriate controls are in place to limit any fallout.	We are prepared to accept the possibility of some reputational risk as long as there is the potential for improved outcomes for our stakeholders.	We are willing to take decisions that are likely to bring scrutiny of the organisation. We outwardly promote new ideas and innovations where potential benefits outweigh the risks.	We are comfortable to take decisions that may expose the organisation to significant scrutiny or criticism as long as there is a commensurate opportunity for improved outcomes for our stakeholders.
People How will we be perceived by our workforce	We have no appetite for decisions that could have a negative impact on our workforce development, recruitment and retention. Sustainability is our primary interest.	We will avoid all risks relating to our workforce unless absolutely essential. Innovative approaches to workforce recruitment and retention are not a priority and will only be adopted if established and proven to be effective elsewhere.	We are prepared to take limited risks with regards to our workforce. Where attempting to innovate, we would seek to understand where similar actions had been successful elsewhere before taking any decision.	We are prepared to accept the possibility of some workforce risk, as a direct result from innovation as long as there is the potential for improved recruitment and retention, and developmental opportunities for staff.	We will pursue workforce innovation. We are willing to take risks which may have implications for our workforce but could improve the skills and capabilities of our staff. We recognize that innovation is likely to be disruptive in the short term but with the possibility of long-term gains.	We seek to lead the way in terms of workforce innovation. We accept that innovation can be disruptive and are happy to use it as a catalyst to drive a positive change.
Innovation How will we transform services	We have no appetite for decisions to innovate, our aim is to maintain or protect, rather than to create or innovate. General avoidance of system / technology developments.	We will avoid innovations unless essential or commonplace elsewhere. Only essential systems / technology developments to protect current operations.	We tend to stick to the status quo, innovations generally in practice avoided unless really necessary. Systems / technology developments limited to improvements to protection of current operations.	We support innovation, with demonstration of commensurate improvements in management control. Systems / technology developments used routinely to enable operational delivery.	We will pursue innovation – desire to 'break the mould' and challenge current working practices. New systems / technologies viewed as a key enabler of operational delivery.	Innovation is the priority – consistently 'breaking the mould' and challenging current working practices. Investment in new systems / technologies as catalyst for operational delivery.
Appetite	None	Low	Moderate	High	Significant	

Summary: Board Assurance Framework 2025/26

Heat Map Q4

Risk Matrix					
Impact	Likelihood				
	1 - Rare	2 - Unlikely	3 - Possible	4 – Likely	5 - Certain
1 - Negligible					
2 - Minor					
3 - Moderate		3.2	1.2, 2.1, 2.2, 3.1, 3.2, 4.2	7.3, 4.1	
4 - Major		1.4, 6.1		1.3, 6.2	
5 - Catastrophic			1.1, 5.1, 7.1	7.2	

Gap Score Matrix (Difference between Target Score and Current Score)	
Gap score ≤0	1.2, 1.4, 5.2, 6.1
Gap score 1 - 5	1.1, 2.1, 2.2, 3.1, 3.2, 4.1, 4.2, 5.1, 6.2, 7.1, 7.3
Gap score 6 - 9	1.3
Gap score 10	7.2
Gap score > 10	

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Summary: Board Assurance Framework

Risk Ref	Risk Description	Q4 24/25 (IxL)	Q1 25/26 (IxL)	Q2 25/26 (IxL)	Q3 25/26 (IxL)	Q4 25/26 (IxL)	Target Score (IxL)	Lead Committee	Risk Appetite	Risk Gap
Objective 1. Deliver personalised, safe and caring services.										
1.1	Failure to maintain standards of patient safety which may lead to potential harm to patients receiving care and non-compliance with regulatory standards.	15 (5x3)	15 (5x3)	15 (5x3)	15 (5x3)	15 (5x3)	10 (5x2)	Quality Committee	Moderate	5
1.2	Failure to deliver personalised care and experience, which may lead to poorer patient outcomes and satisfaction.	12 (3x4)	12 (3x4)	12 (3x4)	12 (3x4)	9 (3x3)	9 (3x3)	Quality Committee	Moderate	0
1.3	Failure to achieve mandatory access standards for urgent & emergency care which may lead to suboptimal quality of care for patients and increased regulatory intervention.	16 (4x4)	16 (4x4)	16 (4x4)	16 (4x4)	16 (4x4)	8 (4x2)	Finance and Performance Committee	Moderate	8
1.4	Failure to achieve mandatory access standards for elective, diagnostic & cancer care which may lead to suboptimal quality of care for patients and increased regulatory intervention.	16 (4x4)	12 (4x3)	8 (4x2)	8 (4x2)	8 (4x2)	8 (4x2)	Finance and Performance Committee	Moderate	0
Objective 2. Support the health and wellbeing needs of our community and colleagues.										
2.1	Failure to sufficiently engage and support our people's wellbeing which may lead to low morale, higher turnover and sickness absence.	9 (3x3)	9 (3x3)	9 (3x3)	9 (3x3)	9 (3x3)	6 (3x2)	Workforce Committee	High	3
2.2	Failure to actively participate in and progress neighbourhood working which may lead to suboptimal improvement in primary and secondary health and well-being outcomes	NEW	9 (3x3)	9 (3x3)	9 (3x3)	9 (3x3)	6 (3x2)	Board of Directors	Moderate	3
Objective 3. Develop effective partnerships to address health and wellbeing inequalities.										
3.1	Failure to recognise and manage the impacts of health inequalities on service provision, at a Trust, Locality and Greater Manchester (GM) System, which may lead to unwarranted variation of services and inequality in health outcomes for the populations served.	9 (3x3)	9 (3x3)	9 (3x3)	9 (3x3)	9 (3x3)	6 (3x2)	Board of Directors	Moderate	3
3.2	Failure to deliver on the collaborative working opportunities that exist between Stockport NHS Foundation Trust and Tameside & Glossop Integrated Care NHS Foundation Trust which may lead to suboptimal pathways of care for the populations served and/or limited-service resilience across the footprint of both Trusts.	NEW	9 (3x3)	9 (3x3)	9 (3x3)	9 (3x3)	6 (3x2)	Board of Directors	Significant	3
Objective 4. Develop a diverse, talented and motivated workforce to meet future service and user needs.										
4.1	Failure to recruit and retain the optimal number of staff, with appropriate skills, which may lead to gaps in the workforce and suboptimal quality of care.	12 (3x4)	12 (3x4)	9 (3x3)	12 (3x4)	12 (3x4)	12 (3x3)	Workforce Committee	High	3
4.2	Failure to create an inclusive and equitable culture which may lead to lack of equality of opportunity and experience for the workforce.	9 (3x3)	9 (3x3)	9 (3x3)	9 (3x3)	9 (3x3)	6 (3x2)	Workforce Committee	High	3
Objective 5. Drive service improvement through high quality research, innovation and transformation.										
5.1	Failure to ensure clinical effectiveness which may lead to poorer patient outcomes, preventable harm to patients and suboptimal use of resources.	10 (5x2)	15 (5x3)	15 (5x3)	15 (5x3)	15 (5x3)	10 (5x2)	Quality Committee	Moderate	5
5.2	Failure to implement high quality research & development programmes which may lead to poorer quality of outcomes for our patients and communities.	NEW	6 (3x2)	6 (3x2)	6 (3x2)	6 (3x2)	6 (3x2)	Quality Committee	Significant	0
Objective 6. Use our resources efficiently and effectively										
6.1	Failure to deliver annual revenue (including cash) and capital financial plans which may lead to increased regulatory intervention.	12 (4x3)	16 (4x4)	16 (4x4)	20 (4x5)	8 (4x2)	8 (4x2)	Finance and Performance Committee	High	0
6.2	Failure to achieve financial sustainability through improved productivity & efficiency and system effectiveness, which may lead to suboptimal use of resources and increased regulatory intervention.	NEW	16 (4x4)	16 (4x4)	16 (4x4)	16 (4x4)	12 (4x3)	Finance and Performance Committee	High	4
Objective 7. Develop our Estate and Digital infrastructure to meet service and user needs.										

7.1	Failure to maintain and develop a resilient and responsive digital infrastructure which may lead to inability to support improvements in quality of care and compromise of data/information.	15 (5x3)	15 (5x3)	15 (5x3)	15 (5x3)	15 (5x3)	10 (5x2)	Finance and Performance Committee	Moderate	5
7.2	Failure to maintain suitability of premises and environments which may lead to increased health & safety incidents, breach of regulation and suboptimal patient and staff experience.	20 (5x4)	20 (5x4)	20 (5x4)	20 (5x4)	20 (5x4)	10 (5x2)	Quality / Finance and Performance Committee	Moderate	10
7.3	Failure to deliver the Green Plan / Net Zero targets and prepare for the impacts of climate change which may lead to worsening population health.	12 (3x4)	12 (3x4)	12 (3x4)	12 (3x4)	12 (3x4)	9 (3x3)	Finance & Performance Committee	Moderate	3

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Board Assurance Framework 2025/26

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores					Target Risk Score		
								Impact	Likelihood	Current	Q4 2024/25	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 1 - Deliver personalised, safe and caring services																		
Principal Risk Number: PR1.1		Risk Appetite: Moderate																
Failure to maintain standards of patient safety which may lead to potential harm to patients receiving care and non-compliance with regulatory standards.	Quality Committee	T&G Quality Strategy 2023-2026	Policy management review process require review. Indirect harm from operational pressures challenging to identify & quantify.	Level 1 - Management: Safe Staffing Meetings (Weekly) Divisional Governance: Quality Dashboards (Monthly) Mortality Steering Group Incident Response Group (IRG) Patient Safety Incident Response Group (PSIRG) Antimicrobial Resistance Working Group Quality Committee Subgroups: Safety & Quality Assurance Subgroup Health & Safety Subgroup Safeguarding Subgroup		Implementation Evaluation of Patient Trac Pilot & Full Business Case for implementation.	Q3 2026/27	5	3	15	15	15	15	15	15	5	2	10
		Board established Quality Committee with responsibility for patient safety & approved Quality Committee Terms of Reference & Work Plan. Quality Committee Subgroups established including Safety & Quality Assurance / Clinical Effectiveness / Patient Experience / Health & Safety, Safeguarding & approved Terms of Reference & Work Plans. Patient Safety Work Streams – Nutrition and Hydration, Deteriorating Patient, Tissue Viability, Falls, Venous Thromboembolism (VTE), Sepsis, Acute Kidney Injuries (AKI), IPC, End of Life Care Patient Safety Incident Response Framework Policy & Patient Safety Incident Response Plan Established process for managing and learning from: - Incidents - Duty of Candour - Complaints - Legal Claims Learning from deaths process established including: - Mortality Review Policy - Learning from Deaths Review Process - Medical Examiner Team Safe staffing process established including: - Defined Nurse Establishments - Defined Medical Establishments - Healthcare Scientist Establishments - Medical Job Planning process - Medical Appraisal & Revalidation process in place including quality assessment Established Accreditation Programme (T&G STARS) & Quality Assurance Rounds Maternity Improvement Plan in place including action plan in response to CQC Maternity Inspection and LMNS. Executive & Non-Executive Maternity Safety Champions in place with Visits & Meetings schedule.		Level 2 – Corporate Quality Committee: - Quality Dashboard - CQC Report including CQC Action Plan Update, CQC Preparation (Biannually) - T&G StARS Position Statement & Key Themes (Quarterly) - Patient Safety Report (Quarterly) (Incidents, PALS/Complaints, Inquests, Claims) - Quality Strategy Progress Report (Biannually) - Maternity Services Report - Incorporates all Improvement/Action Plans - Learning from Deaths Report (Quarterly) - Management of External Visits, Inspections & Accreditations Report (Biannually) - Alert, Advise, Assure Reports: o Safety & Quality o Clinical Effectiveness o Patient Experience o Health & Safety o Safeguarding Workforce / People Performance Committee: - Guardian of Safe Working / Freedom to Speak Up Report to Board (Quarterly) Board of Directors: - Integrated Performance Report (Quality & Safety Metrics) - Safe Care Report (Quarterly) and Bi-Annual Nursing Establishments Review - Guardian of Safe Working / Freedom to Speak Up Report to Board (Bi-annually) Annual Quality Accounts	Development Approval of Joint Quality Strategy (SFT and T&G) Development of SharePoint for a policy management system and capacity requirements to implement & maintain the system Implementation of NHSE recommended QIA process Thematic Review: End of Life Care & Action Plan Antimicrobial Stewardship Programme of Work Implementation of Safe Prescribing & Reaudit	January-March 2026 Q1 2026/27 March 26 May 2026 Q4 2025/26 Q4 2025/26 Q2 2026/27 Q2 2026/27												
				Level 3 - Independent MIAA Internal Audits 2024-25 - Quality Spot Checks (Limited) LMNS & Region Visits & Report CNST Submission – Year 6														

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Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores					Target Risk Score		
								Impact	Likelihood	Current	Q4 2024/25	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 1 - Deliver personalised, safe and caring services																		
		Established Quality Impact Assessment (QIA) in place for Trust Efficiency Programme & Business Cases		CQC Inspection (Children & Young Peoples Services) – Good, June 2025 CQC Engagement Visits Emergency Department Visit from GM ICB (Dec 2024) & Report. GM Clinical Quality & Effectiveness Group														
Principal Risk Number: PR1.2		Risk Appetite: Moderate																
Failure to deliver personalised care and experience, which may lead to poorer patient outcomes and satisfaction.	Quality Committee	Patient Experience Strategy 2024-2027	Analysis of patient experience analysis by demographics to enable targeted improvement initiative.	Level 1 - Management: Divisional Governance: Quality Dashboards (Monthly) Patient Experience Subgroup (Monthly)		Divisional improvement plans to national inpatient & outpatient FFT Surveys	Q1 2026/27	3	4 3	12	12	12	12	12	9	3	3	9
		Board established Quality Committee with responsibility for patient experience & approved Quality Committee Terms of Reference & Work Plan.		Level 2 - Corporate: Quality Committee: - T&G StARS / StARS Position Statement & Key Themes (Quarterly) - Patient Safety Report (Quarterly) (Incidents, PALS/Complaints, Inquests, Claims) - Maternity Services Report – Maternity Safety Champion Walk Rounds & Maternity Voices Partnership - Patient Experience Report (Biannual) - Annual Complaints Report - Alert, Advise, Assure Report: o Patient Experience Board of Directors: - Patient Story - Integrated Performance Report (Quality & Safety Metrics) Council of Governors: - Quarterly Formal Meetings - Quarterly Informal Governor & Joint Chair, Non-Executive Director, Chief Executive Meetings	Increase number of online responses across the Trust including community services.	March 26												
		Quality Committee Subgroup established including Patient Experience with approved Terms of Reference & Work Plan.			Work with Maternity Voice Partnership to improve personalised care & experience in Maternity Services	Q4-2025/26												
		Subgroup of Patient Experience Group: Membership includes representation from: Divisions, Health Watch, Patient Network/Council of Governors.			Outpatients Experience Programme – Improve response rate and experience	Q4-2025/26 Q1-2025/26												
		Patient Experience Team with accountability and responsibility for: Patient Experience, Personalised Care, Patient and User Involvement, Communication between Services Users and Board.				Mobile interpretation services pilot.	Q1 2026/27											
		Processes in place to gather patient experience: - Family & Friends - Carers Opinion - Patient Stories - Site Visits - Senior Nurse Walkarounds				Relaunch of John's Campaign (Commenced)	Q2 2026/27											
		Established process for managing and learning from incidents & complaints.																
		Complaints Policy																
		Established Accreditation Programme (T&G STARS) & Quality Assurance Rounds include Personalised Care assessment.																
		Council of Governors (CoG) established, including public, staff and appointed governor from HealthWatch & attendance from Executive Directors.																
		Volunteer Service to support Patient Experience																
		Maternity Voices Partnership – Programme of work established to improve personalised care & experience in Maternity Services																
Principal Risk Number: PR1.3		Risk Appetite: Moderate																

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores					Target Risk Score		
								Impact	Likelihood	Current	Q4 2024/25	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 1 - Deliver personalised, safe and caring services																		
Failure to achieve mandatory access standards for urgent & emergency care which may lead to suboptimal quality of care for patients and increased regulatory intervention.	Finance & Performance Committee	Board approved Operational Plan 2025/26, Corporate Objectives & Outcome Measures including Activity Standards & Trajectories. Board established Finance & Performance Committee with responsibility for operational performance. Approved Finance & Performance Committee Terms of Reference & Work Plan. Established models of emergency and urgent care in place in line with national standards. Rapid ambulance handover process in place. Trust and system escalation process in place, aligned to a single OPEL system – Including divert of resource from elective activity to support flow. Virtual Ward established. Acute Frailty Unit opened Bed modelling undertaken to assess capacity gaps. Workforce models in place – Flexible to adapt to surges. Locality wide Urgent & Emergency Care (UEC) Delivery Board in place - Oversight of patient flow management plans.	Increased demand for urgent & emergency care within constrained bed base. Bed capacity gap acknowledged by Trust, GM ICB and ECIST as insufficient. Business Case for additional bed capacity developed and provided to GM ICB – No funding available. Mitigations for pressures in availability of primary care and community beds (nursing and residential, in particular EMI nursing) ineffective, leading to increased attendances & admissions, LoS and NCTR.	Level 1 - Management: Divisional Governance: Performance (Weekly) Urgent & Emergency Care GIRFT Meeting.				4	4	16	16	16	16	16	16	4	2	8
				Level 2 – Corporate Joint Executive Team: Performance Report (Weekly) Trust Performance Meetings (Monthly) Finance & Performance Committee - Operational Performance Report - Urgent & Emergency Care Metrics (Monthly) - Urgent & Emergency Care & Patient Flow Metrics Deep Dive Board of Directors: - Integrated Performance Report (Operational Performance) (Bimonthly) - Urgent & Emergency Care & Patient Flow Metrics Deep Dive (July 2025) Locality: - Urgent & Emergency Care Delivery Board - Locality Board		Revision of costs for additional bed capacity business case based on up to date modelling. Enhancement of digital health offer	Q4 2025/26 Ongoing											
				Level 3 – Independent NHS England – Activity Returns NHS GM: - Urgent & Emergency Care Oversight Meeting (Trust & Locality) - Contract Monitoring Meeting - Provider Oversight Meeting GM ICB and ECIST Urgent Care Review		Escalation to ICB Commissioners via Monthly Contract Meeting & Provider Oversight Meeting regarding insufficient acute capacity for demand & Tier 1 UEC Escalation Meeting Collaboration with ECIST including onsite support ongoing	Ongoing Q3/Q4 2025/26											
Principal Risk Number: PR1.4		Risk Appetite: Moderate																
Failure to achieve mandatory access standards for elective, diagnostic & cancer care which may lead to suboptimal quality of care for patients and increased regulatory intervention.	Finance & Performance Committee	Board approved Operational Plan 2025/26, Corporate Objectives & Outcome Measures including Activity Standards & Trajectories. Board established Finance & Performance Committee with responsibility for operational performance. Approved Finance & Performance Committee Terms of Reference & Work Plan. GIRFT Programmes in place for all Surgical & Medical Specialties. Trust escalation process in place if required. Independent sector contracts in place to support activity if required. Additional funding secured to support elective care in 2026/27.	Ability of GM partners to provide mutual aid and fulfil service SLAs Increased demand for non-elective care within constrained bed base, preventing timely flow and treatment of elective and non-elective patients.	Level 1 – Management Divisional Governance: Performance Performance Meetings (Weekly) GIRFT Meetings (Specialty Level) Joint Executive Team: Performance Report (Weekly)				4	2	12	16	12	8	8	8	4	2	8
				Level 2 – Corporate Trust Performance Meetings (Elective, Cancer & Diagnostics) (Monthly) Finance & Performance Committee: Operational Performance Report - Elective, Cancer, Diagnostics Board of Directors														

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores					Target Risk Score		
								Impact	Likelihood	Current	Q4 2024/25	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 1 - Deliver personalised, safe and caring services																		
				- Integrated Performance Report (Operational Performance)														
				Level 3 – Independent NHSE – Activity Returns GM & NHS England Productivity Benchmarking NHS GM: - Contract Monitoring Meeting - Provider Oversight Meeting		Escalation to ICB Commissioners via Monthly Contract Meeting & Provider Oversight Meeting regarding insufficient acute capacity for demand. Request to commissioners to clarify funding arrangements for elective care Q3-Q4 2025/26	Ongoing November 2025											

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores					Target Risk Score			
								Impact	Likelihood	Current	Q4 2024/25	Q1	Q2	Q3	Q4	Impact	Likelihood	Target	
Objective 2 - Support the health and wellbeing needs of our communities and colleagues																			
Principal Risk Number: PR2.1		Risk Appetite: High																	
Failure to recruit and retain the optimal number of staff, with appropriate skills, which may lead to gaps in the workforce and suboptimal quality of care.	Workforce Committee	Approved People Plan in line with national People Strategy objectives – Including enabling approaches to Workforce Transformation (Planning); Leadership Development; Health & Wellbeing; Coaching; Resourcing; Organisational Development; Equality, Diversity & Inclusion, Talent Management & Succession planning. Board established Workforce Committee & approved Workforce Committee Terms of Reference & Work Plan. Board approved Operational Plan 2025/26 including Workforce Plan. Model Hospital / NHS Productivity & Efficiency Benchmarking - Workforce Defined Medical and Nurse Staffing levels for all wards and departments. Safe Staffing Standard Operating Procedure deployed. Weekly Staffing Approval Group (SAG) Temporary staffing and approval processes with defined authorisation levels Workforce Strategy & Divisional Workforce Plans Joint NHS England Stat Mand Programme Review completed and revised programme refresher period implemented. Mandatory Training Accountability Framework agreed and implemented. Range of leadership and management development training sessions. Local/ Regional/National Education Partnerships - Widening Participation Programme in place - Degree Apprenticeships, Medical Support Workers, Cadet Programmes. Board approved Trust Values Appraisal Process Established partnerships with Locality / GM. Director of People & OD part of GM HR Directors Forum	National workforce shortages particularly for some medical posts exist (e.g. Radiologists, Acute/Stroke Physicians) Mandatory/statutory training non-compliance WTE above Workforce Plan - Primarily in response to increased demand and acuity	Level 1 - Management Divisional Governance: Divisional reports on workforce standards, establishments, recruitment, and retention, absence, and turnover and recovery/mitigation action plan Educational Governance Group - Exception reports for Mandatory & Role Essential Training, Attendance Staff Side Partnership Meetings Industrial Action Planning Group Nurse Bank Meetings (Weekly)		Weekly review of Temporary and Substantive Staffing via Staffing Approval Group	Ongoing	3	4	9	9	9	9	12	12	3	2	6	
				Level 2 – Corporate Financial Assurance Meetings (Pay) (Monthly) Workforce Committee – - Workforce Integrated Performance Report (Sickness Absence / Substantive Staff /Recruitment Pipeline / Appraisal, Turnover, Training Compliance Flexible Working Requests, Bank & Agency) - Safe Staffing Report (Bimonthly) - Biannual Nursing & Midwifery Establishments - Annual Medical Job Planning - Annual Medical Revalidation Report Staffing Approval Group (Weekly) Board of Directors: - Integrated Performance Report (People Metrics) (Bimonthly) - Safer Care (Staffing) Report (Bimonthly) - Nursing & Midwifery Establishments (Biannual) - People & Organisational Development Plan Progress Report (Biannual)		Review Workforce Plan— WTE Amalgamation of Staffing Approval Group SFT and TG ICFT Finalisation of Workforce Plan 2026/27 (Medium Term Plan)	Q3-2025/26 From April 2026 Q1 2026/27												
				Level 3 - Independent NHS National Staff Survey GMC Survey & NETS Survey Health Education Visits & Deanery Assurance Reports/Visits															
Principal Risk Number: PR2.2		Risk Appetite: Moderate																	
Failure to actively participate and progress	Board of Directors	Trust Strategy: Beyond Patient Care to Population Health 2023-2026 Tameside Joint Health and Wellbeing Strategy and Locality Plan 2023-28.	Unfunded growth in demand for community services.	Level 1 – Management Divisional Quality & Operations Group (Monthly) Performance Management Report Area Leadership Team (Monthly)					3	3	9	NEW	9	9	9	9	3	2	6

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores					Target Risk Score		
								Impact	Likelihood	Current	Q4 2024/25	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 2 - Support the health and wellbeing needs of our communities and colleagues																		
neighbourhood working which may lead to suboptimal improvement in primary and secondary health and well-being outcomes		Board of Directors – Place Collaboration Reporting in place. Neighbourhood profiles produced by Local Authority. Executive Director representation in established Locality Structures including: - Health & Wellbeing & Locality Board Review of implication of 10 Year Plan on development of new Joint Organisational Strategy	Capacity & demand modelling for community services to support appropriate deployment of resources. Implications arising from the Planning Guidance 2025/26, Neighbourhood Health Guidelines and 10 Year Plan re. neighbourhood working. GM Community Service Review	Health and Care Collaborative – Delivery Group (Monthly)														
				Level 2 – Corporate Divisional Performance Review (Monthly) including targeted ‘Deep Dives’		Plans to be put in place to respond to further guidance following review of the neighbourhood health guidelines arising from Planning Guidance 2026/27 Neighbourhood Plan Outcome of GM community services review led by GM ICB Deconstruction of block contract exercise by GM ICB	Q4 2025-26 Q1 2022-27 Q3-2025-26 Q1/Q2 2026/27											
				Level 3 – Independent Locality Board (Monthly)														

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores				Target Risk Score			
								Impact	Likelihood	Current	Q4 2024/25	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 3 - Develop effective partnerships to address health and wellbeing inequalities																		
Principal Risk Number: PR3.1		Risk Appetite: Significant																
Failure to deliver on the collaborative working opportunities that exist between Stockport NHS Foundation Trust & T&G Integrated Care NHS Foundation Trust which may lead to suboptimal pathways of care for the populations served and/or limited-service resilience across the footprint of both Trusts	Board of Directors	Board of Directors – SFT and T&G Collaboration Reporting in place	Failure to gain key support from staff and agreement on the resulting service by service Case for Change. No current revenue or capital or recurrent funding identified to support future service changes. Collaboration Agreement	Level 1 – Management Clinical Service Partnerships Group				3	3	9	NEW	9	9	9	9	3	2	6
		Steering Group in place (TASCC) between both Trusts with Case for Change for clinical services for Radiology, Gastroenterology, Pathology and Pharmacy		Level 2 – Corporate Executive Team - Oversight of Key Issues		Development of Joint Clinical Strategy, based on learning from case for change and development of divisional plans.	Q4 2025/26											
		Updated Divisional Plans in place		Board of Directors SFT and T&G Collaboration Report		New Joint Organisational Strategy	Q1 2026/27											
		Corporate services collaborative working in place.		Finalise & approve Collaboration Agreement.	Q4 2025/26													
		Joint Executive Director and Senior Manager roles in place, with single Joint Executive Team. Joint Chair in post.		Level 3 – Independent Legal advice note in support of corporate governance and wider collaboration work														
		Programme Group established to support delivery of joint governance arrangements																
		Joint Board Development Sessions & Board of Directors – Structure of joint governance arrangements approved by SFT and TGICFT Boards with legal opinion																
Principal Risk Number: PR3.2		Risk Appetite: Significant																
Failure to recognise and manage the impacts of health inequalities on service provision, as a Trust, Locality and Greater Manchester (GM) System, which may lead to unwarranted variation of services and inequality in health outcomes for the populations served.	Board of Directors	Greater Manchester (GM) Integrated Care Partnership (ICP) Strategy, GM Sustainability Plan & GM Annual Plan 2025/26	Factors that are the primary responsibility of partner organisations (Education, Social Housing, etc.) where the Trust has less interface with the factors affecting health. Resource decisions by partner organisations.	Level 1 – Management Locality Workstream Meetings		Updated Health Inequalities Workplan – Plan for each workstream with identified improvement metrics	Q4 2025/26	3	3	9	9	9	9	9	9	3	2	6
		Tameside Joint Health and Wellbeing Strategy and Locality Plan 2023-28.		Level 2 – Corporate Quality Committee - Annual Mortality Report - Annual Complaints Report - Annual Patient Experience Report - Annual Safeguarding Inspections and Report - Maternity Services Report	Consistent data provision for disadvantaged groups: - Access to services - Outcomes of treatments													
		Neighbourhood profiles produced by Local Authority.		Board of Directors - Locality/Place Report														
		Executive Director representation in established GM & Locality Structures (Strategic & Operational) including: - Health & Wellbeing & Locality Board - Locality System Quality Group. - GM Trust Provider Collaborative - GM Health Inequalities Group - GM Medical Directors Group		Level 3 – Independent GM Meetings - Trust Provider Collaborative (TPC) - Relevant Directors part of GM TPC System Boards (Cancer, Elective, Urgent & Emergency Care, Diagnostics, Mental Health and Sustainable Services) - GM Medical Directors - GM Health Inequalities Group – Elective Data Set Analysis	Explore implementation of GM Prioritisation Tool to support health inequalities and system wide approach and matrix	Q4 2025/26 Q2 2026/27												
		Trust Strategy: Beyond Patient Care to Population Health 2023-2026																
		NHS Providers Health Inequalities Self-Assessment Report																
		Executive (Medical Director) & Non-Executive Director Lead for Health Inequalities																
		Patient Experience Strategy 2024-2027: Including workstreams to support health inequalities.																

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores					Target Risk Score		
								Impact	Likelihood	Current	Q4 2024/25	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 3 - Develop effective partnerships to address health and wellbeing inequalities																		
		Public health representation in Trust level forums e.g. Mortality Steering Group, Maternity. Partnership and involvement with Community & Third Sector.																

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores					Target Risk Score		
								Impact	Likelihood	Current	Q4 2024/25	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 4 - Develop a diverse, capable and motivated workforce to meet future service and user needs																		
Principal Risk Number: PR4.1		Risk Appetite: High																
Failure to recruit and retain the optimal number of staff, with appropriate skills, which may lead to gaps in the workforce and suboptimal quality of care.	Workforce Committee	Approved People Plan in line with national People Strategy objectives – Including enabling approaches to Workforce Transformation (Planning); Leadership Development; Health & Wellbeing; Coaching; Resourcing; Organisational Development; Equality, Diversity & Inclusion, Talent Management & Succession planning. Board established Workforce Committee & approved Workforce Committee Terms of Reference & Work Plan. Board approved Operational Plan 2025/26 including Workforce Plan. Model Hospital / NHS Productivity & Efficiency Benchmarking - Workforce Defined Medical and Nurse Staffing levels for all wards and departments. Safe Staffing Standard Operating Procedure deployed. Weekly Staffing Approval Group (SAG) Temporary staffing and approval processes with defined authorisation levels Workforce Strategy & Divisional Workforce Plans Joint NHS England Stat Mand Programme Review completed and revised programme refresher period implemented. Mandatory Training Accountability Framework agreed and implemented. Range of leadership and management development training sessions. Local/ Regional/National Education Partnerships - Widening Participation Programme in place - Degree Apprenticeships, Medical Support Workers, Cadet Programmes. Board approved Trust Values Appraisal Process Established partnerships with Locality / GM. Director of People & OD part of GM HR Directors Forum	National workforce shortages particularly for some medical posts exist (e.g. Radiologists, Acute/Stroke Physicians) Mandatory/statutory training non-compliance WTE above Workforce Plan - Primarily in response to increased demand and acuity	Level 1 - Management Divisional Governance: Divisional reports on workforce standards, establishments, recruitment, and retention, absence, and turnover and recovery/mitigation action plan Educational Governance Group - Exception reports for Mandatory & Role Essential Training, Attendance Staff Side Partnership Meetings Industrial Action Planning Group Nurse Bank Meetings (Weekly)		Weekly review of Temporary and Substantive Staffing via Staffing Approval Group	Ongoing	3	4	12	12	12	9	12	12	3	3	9
				Level 2 – Corporate Financial Assurance Meetings (Pay) (Monthly) Workforce Committee – - Workforce Integrated Performance Report (Sickness Absence / Substantive Staff /Recruitment Pipeline / Appraisal, Turnover, Training Compliance Flexible Working Requests, Bank & Agency) - Safe Staffing Report (Bimonthly) - Biannual Nursing & Midwifery Establishments - Annual Medical Job Planning - Annual Medical Revalidation Report Staffing Approval Group (Weekly) Board of Directors: - Integrated Performance Report (People Metrics) (Bimonthly) - Safer Care (Staffing) Report (Bimonthly) - Nursing & Midwifery Establishments (Biannual) - People & Organisational Development Plan Progress Report (Biannual)		Review Workforce Plan – WTE Amalgamation of Staffing Approval Group SFT and TG ICFT Finalisation of Workforce Plan 2026/27 (Medium Term Plan)	Q3-2025/26 From April 2026 Q1 2026/27											
				Level 3 - Independent NHS National Staff Survey GMC Survey & NETS Survey Health Education Visits & Deanery Assurance Reports/Visits														
Principal Risk Number: PR4.2		Risk Appetite: High																
Failure to create an inclusive and equitable culture	Workforce Committee	Approved People Plan in line with national People Strategy objectives – Including Equality, Diversity & Inclusion, Organisational Development (OD) Talent Management & Succession Planning	Career development programmes for staff with protected characteristics	Level 1 - Management WRES / WDES Steering Group - Oversight of WRES / WDES Annual Report and Action Plan		EDI Action Plan Implementation	Ongoing (Action Plan includes various action dates)	3	3	9	9	9	9	9	9	3	2	6

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores					Target Risk Score		
								Impact	Likelihood	Current	Q4 2024/25	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 4 - Develop a diverse, capable and motivated workforce to meet future service and user needs																		
which may lead to lack of equality of opportunity and experience for the workforce.		Equality, Diversity & Inclusion Strategy & Implementation Plan: Board approved Joint SFT and TG ICFT Equality, Diversity & Inclusion Strategy including Divisional Action Plans Board established Workforce Committee with responsibility for equality, diversity & inclusion (EDI) & approved Workforce Committee Terms of Reference & Work Plan. Workforce Committee established Subgroup: - Joint EDI Group Established cross-divisional WRES/WDES Group Staff Networks (BAME / Disability / Carer/ LGBTQ+) established with Board level sponsors. BAME Leadership Development Programme Pilot EDI Mandatory Training requirement. Hate Crime Reduction Policy in place (Red/Yellow Card) Accessible Scheme Civility Saves Lives Programme established. Peer Review of Disciplinary Cases SFT & T&G	Formal recruitment/ disciplinary processes operating as barriers to achieving greater diversity	Equality, Diversity & Inclusion Steering Group - Oversight of the EDI Action Plan EDI metrics for applicants included in People Analytics dashboard Career Progression for All Task Group														
				Level 2 – Corporate Workforce Committee - EDI Report (Biannually) - WRES and WDES Annual Report - Gender Pay Gap - NHS Staff Survey & Action Plans - Freedom to Speak Up Report (Quarterly) - Widening Participation Report (Biannually) Board of Directors - Annual EDI Report - NHS Staff Survey - Freedom to Speak Up Report (Biannually)		~~Inclusion of the wider EDI metrics in People Analytics Dashboard~~ ~~Joint Equality, Diversity & Inclusion Strategy launched~~ ~~Launch BAME Leadership Development Programme Pilot~~ Review of NHS Staff Survey results via Staff Networks & EDI Steering Group	~~Q3-2025-26~~ ~~January-2026~~ ~~March-26~~ Q1 2026/27											
				Level 3 - Independent NHS National Staff Survey														

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores					Target Risk Score		
								Impact	Likelihood	Current	Q4 2024/25	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 5 – Drive service improvement through high quality research, innovation and transformation																		
Principal Risk Number: PR5.1		Risk Appetite: Moderate																
Failure to ensure clinical effectiveness which may lead to poorer patient outcomes, preventable harm to patients and suboptimal use of resources.	Quality Committee	T&G Quality Strategy 2023-2026	Policy management processes require review. Medical leadership engagement in improvement workstreams	Level 1 - Management: Divisional Governance: Quality Dashboards (Monthly)		Full implementation of AMAT System – Digital collation of local/national audits and NICE assessments.	April 2026	5	3	15	10	15	15	15	15	5	2	10
		Board established Quality Committee with responsibility for clinical effectiveness. Approved Quality Committee Terms of Reference & Work Plan.		Incident Response Group (IRG) Patient Safety Incident Response Group (PSIRG) Deteriorating Patient Group		Implementation of new medical leadership model - Consultation underway.	Q1 2026/27											
		Quality Committee Subgroups established including Clinical Effectiveness		Clinical Effectiveness Subgroup (Monthly) Clinical Audit, NICE Compliance, NatSSIPs & LocSSIPs, Results Governance, Transfusion		Response to Royal College of Physicians Review – Gastroenterology 0-3 Month Action Plan underway.	Q1 2026/27											
		Annual Clinical Audit Programme: Including national and locally prioritised audit based on risk assessment.																
Assurance Programme for audit and assess their implementation of NatSSIPs and LocSSIPs	NICE Guidance Compliance Review Process established.	Clinical Benchmarking & GIRFT Programme established.	Clinical Advisory Group and Professional Forums	Divisional Clinical Accreditation Programmes and Royal College Audit Programmes	Learning from deaths process established including: - Mortality Review Policy - Learning from Deaths Review Process - Medical Examiner Team	Level 2 - Corporate: Quality Committee: - Learning from Deaths Report (Quarterly) - External Visits & Inspections Register Report (Biannual) - Clinical Audit Programme (Biannual) - Annual Quality Account - Alert, Advise, Assure Report: o Clinical Effectiveness Board of Directors: - Integrated Performance Report (Quality & Safety Metrics)	Development of SharePoint for a policy management system and capacity requirements to implement & maintain the system Programme of work with ECIST: Ward Standards Meeting GIRFT UEC Clinical Standards – Action Plan development	Q1 2026/27	Q4 2025/26									
				Level 3 - Independent National Clinical Audits														
Principal Risk Number: PR5.2		Risk Appetite: Significant																
Failure to implement high quality research & development programmes which may lead to poorer quality of outcomes for our patients and communities.	Quality Committee	Joint SFT & T&G Research Team established. Recruitment completion to support initiation of new studies.		Level 1 – Management Joint SFT & T&G RD&I Governance Group		Review of timeliness of initiating new studies.	Q1-2026/27	3	2	6	NEW	6	6	6	6	3	2	6
		Joint Clinical Research, Development & Innovation Strategy 2022-2027 (SFT & T&G) & governance meetings in place to review work programme (as derived from strategy)		Clinical Effectiveness Subgroup - Research & Innovation Progress Report - Annual Research & Innovation Report														
		Annual Research Programme in place.		Level 2 – Corporate Quality Committee: - Annual Research & Innovation Report - Alert, Advise, Assure Report: Clinical Effectiveness Board of Directors: - Annual RD&I Report														
		Annual Joint RD&I Celebration Event: Shared Learning																
RD&I – 5 year financial stability projection.		Level 3 - Independent DHSC KPIs for Research NIHR North West CRN KPIs for Research Participant Research Experience Survey (PRES)																

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores					Target Risk Score		
								Impact	Likelihood	Current	Q4 2024/25	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 6 – Use our resources efficiently and effectively																		
Principal Risk Number: PR6.1		Risk Appetite: High																
Failure to deliver annual revenue and capital financial plans which may lead to increased regulatory intervention.	Finance & Performance Committee	Financial planning processes and central Finance Team for coordination of delivery.	Assumptions in Financial Plan including: Income from commissioners Pay award funding CDEL cover Non-elective care demand Inflation costs	Level 1 – Management Divisional Governance - Finance Metrics/CIP/Forecast Finance Training Group Cash Monitoring Group (Monthly) Operational Board (Monthly) – Review of business cases, emerging and new pressures and developments. Joint Activity Management Group (Finance and Business Intelligence): - Costing, counting and charging of clinical and non-clinical income revenue.				4	4	16	12	16	16	16	8	4	2	8
		Board approved Financial (Revenue & Capital) Plan 2025/26. Agreed as part of Greater Manchester Integrated Care System (GM ICS). Subsequent control total agreed with GM ICS & NHS England Regional Team.	System deficit funding withdrawn if Operational Plans not achieved - Quarterly Review by NHS Regional Condition of estate and unavailability of equipment due to failure, resulting in impact to service delivery, productivity and revenue. Tameside Locality market conditions potentially impacting on T&G position e.g. exit from Care Home market. £1.8m residual risk to the agreed control total not yet mitigated.			Balance sheet review, subject to audit considerations. Ongoing review of all expenditure, with immediate controls applied to mitigate financial risk.	Ongoing											
		Board approved Opening Budgets based on submitted Financial Plan.																
		Established Trust Efficiency Programme (CIP) and oversight process																
Curtis Soile 24/03/2026 12:54:52		Cash Management Plan & Forecast procedures, including sensitivity and scenario planning. Board approval of cash support applications																
		Joint T&G & SFT Finance Improvement Group established, chaired by Chief Executive.																
		Board established Finance & Performance Committee with responsibility for financial performance. Approved Finance & Performance Committee Terms of Reference & Work Plan.																
		Key financial policies including: Standing Financial Instructions Scheme of Delegation Budgetary systems and procedures Procurement Policy Fraud management process Treasury management policy																
		Delivery of budget holder training workshops and enhancements to financial reporting.																
		Internal Audit Programme – Key Financial Controls																
		Annual Review of PFI Model – with Project Company																
		Authorisation processes for recruitment and agency spend in place via Staffing Approval Group.																
		NHS Productivity/Benchmarking data to support monitoring of service delivery, productivity & efficiency.																
		Submission of National Cost Collection exercise (PLICS).																
		Divisional Finance Review Process																

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores					Target Risk Score		
								Impact	Likelihood	Current	Q4 2024/25	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 6 – Use our resources efficiently and effectively																		
		GM System Efficiency Group established including Trust representation. GM Provider Oversight Meetings established, chaired by GM ICB CEO, attended by NHS England (NHSE). GM Trust Provider Collaborative (TPC) established, chaired by SFT & T&G CEO.		GM ICS Monthly Provider Finance Return including detailed commentary on financial position and reconciliation of workforce, productivity/finance and performance data. Monthly Provider Oversight Meeting (Information Pack) NHSE NHSE - North West Region oversight and triangulation of finance, activity and workforce data including productivity metrics Monthly Finance Return – Detailed commentary on financial position and Oversight of GM ICS based on the GM NHS SOF Rating 3. NHS Oversight Framework – Segment 3 (Improved position end Q3)		Independent assurance on 2025/26 Key Financial Systems	Q4-2025/26											
Principal Risk Number: PR6.2		Risk Appetite: High																
Failure to improve productivity & efficiency and system effectiveness, which may lead to lack of organisational financial sustainability and increased regulatory intervention.	Finance & Performance Committee	Board established Finance & Performance Committee with responsibility for financial performance. Approved Finance & Performance Committee Terms of Reference & Work Plan.	Underlying financial deficit driven by structural drivers.	Level 1 - Management Divisional Governance - Finance Metrics/CIP/Forecast				4	4	16	NEW	16	16	16	16	4	3	12
		GM ICS and Locality Financial Planning & Oversight processes in place including GM, Local Authority & Trust representation.	Realignment of deficit funding from 2025/26	Level 2 – Corporate Trust Efficiency Programme Group: Delivery against Plans and Milestones, Recovery Actions and Forecast.		Medium Term Plan to be developed in line with national planning guidance	Q4-2025/26											
		T&G Financial Sustainability Plan (January 2024), which presents medium term financial plan 2024/25 – 2026/27.	Delivery / Implementation Plan to support GM Sustainability Plan.	Finance & Performance Committee - Finance Report (Monthly) - Productivity & CIP (Quarterly) - Financial Sustainability (Biannual)		Actions to be developed in response to feedback to Medium Term Plan submission	Q4 2025/26											
		Productivity/Benchmarking data to support monitoring of service delivery, productivity & efficiency GM business case assessment process in place. GM System Efficiency Group established including Trust representation. GM Provider Oversight Meetings established, chaired by GM ICB CEO, attended by NHS England (NHSE). GM Trust Provider Collaborative (TPC) established, chaired by SFT & T&G CEO.		Level 3 - Independent GM ICS Provider Director of Finance GM Meeting Monthly Provider Finance Return including detailed commentary on financial position and reconciliation of workforce, productivity/finance and performance data. GM Provider Oversight Meeting (Monthly) NHSE NHSE - North West Region oversight and triangulation of finance, activity and workforce data including productivity metrics Monthly Finance Return – Detailed commentary on financial position and Oversight of GM ICS based on the GM NHS SOF Rating 3 NHS Oversight Framework – Segment 3 (Improved position end Q3)		Escalation of Commissioning/Contracting Issues & Planning Assumptions via GM Provider Oversight Meeting (POM)	Monthly											

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores				Target Risk Score			
								Impact	Likelihood	Current	Q4 2024/25	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 7 - Develop our estate & digital infrastructure to meet service and user needs																		
Principal Risk Number: PR7.1		Risk Appetite: Moderate																
Failure to maintain and develop a resilient and responsive digital infrastructure which may lead to inability to support improvements in quality of care and compromise of data/information.	Finance & Performance Committee	T&G Digital Strategy 2023-2032	Insufficient capital investment to support the replacement of all ageing and/or unsupported hardware & software, and cyber-security resource, resulting in assets beyond 'end of life'	Level 1 – Management		External bids for capital funding.	Ongoing	5	3	15	15	15	15	15	15	5	2	10
		Capital Programme in place to support funding of Digital Strategy		Digital Team Governance: Monitoring of data/incidents.														
		Board established Finance & Performance Committee with responsibility for digital strategy oversight. Approved Finance & Performance Committee Terms of Reference & Work Plan.		Medical Equipment Group														
Digital Team established dedicated delivery of the Digital Strategy, with project management infrastructure in place.	Cyber Meetings – CareCert.																	
Information Governance Assurance Framework (IGAF) & NHIS Cyber Security Strategy	TGICFT IM&T Group.																	
Information Governance mandatory training.																		
Change control process in place.																		
Major incident & business continuity plans in place.																		
Annual penetration testing by independent organisation																		
Anti-virus & spam and malware update programme in place																		
Process in place to respond to Care Cert notifications																		
Cyber Assessment Framework Submission, auditing and reporting. Action Plan submitted to NHS England																		
Principal Risk Number: PR7.2		Risk Appetite: Moderate																
Failure to maintain suitability of premises and environments which may lead to increased health & safety incidents, breach of regulation and suboptimal patient and staff experience.	Finance & Performance Committee	Board established Finance & Performance Committee with responsibility for estates & facilities oversight and Quality Committee for health & safety. Approved Terms of Reference & Work Plan.	Inability to deliver required levels of estates backlog maintenance due to lack of funding.	Level 1 – Management		Operational review of backlog maintenance funding (SFT & T&G)	Q3-2025/26	5	4	20	20	20	20	20	20	5	2	10
		Quality Committee established Subgroup: Health & Safety. Approved Terms of Reference & Work Plan		Health & Safety Group		Ongoing Ward Improvement Action Plan	Ongoing											
		Estates and Facilities Control Risk and Governance (CRAG) Group established.		Health & Safety Incidents														
PFI Monitoring Group	Estates Strategy Group																	
Operational review of backlog maintenance funding	Site Development Strategy Progress																	

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores					Target Risk Score		
								Impact	Likelihood	Current	Q4 2024/25	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 7 - Develop our estate & digital infrastructure to meet service and user needs																		
		Approved Capital Programme in place including backlog maintenance. Six-Facet Survey Process. Premises Assurance Model (PAM) Process & Action Plan. HTM Compliance Assurance Groups established. Appointment of Authorising Engineers in accordance with the requirements of HTM00. Project Board and Senior Responsible Officer identified for major capital developments. Training and Continuing Professional Development of Estates Technical and Operational staff.		o Health & Safety Group Finance & Performance Committee - Estates & Facilities Assurance Report - Capital Programme Management Group		Completion of Strategic Estates Vision to establish baseline for master planning.	Q4 2025/26											
				Level 3 - Independent Estates Return Information Collection (ERIC) Six Facet Survey PLACE Assessment														
Principal Risk Number: PR7.3		Risk Appetite: Moderate																
Failure to deliver the Green Plan / Net zero targets and prepare for the impacts of climate change which may lead to worsening population health.	Finance & Performance Committee	New Joint Green Plan for T&G and SFT approved by Board, July 2025. Action Tracker in place to monitor progress. Joint SFT & T&G Green Plan Delivery Group established, meeting bimonthly Joint appointment of Sustainability Manager and Sustainability Officer between SFT and T&G Six Facet Survey Process Decarbonisation Plan in place & £14million Public Sector Decarbonisation Scheme (PSDS) funding secured to decarbonise the hospital site. Preferred bidder appointed. Mechanisms in place to explore and develop sustainability approach across Locality. Engagement with GM Sustainability Group Working group established to address nitrous oxide waste and funding secured (£25k) to support implementation. Agreement on replacement of manifold with cylinders with Theatres & Anaesthetist.	Inability to deliver required levels of environmental and sustainability improvements due to lack of funding and awareness / ownership across all departments Climate Change Adaptation Plan	Level 1 – Management Capital Programme Management Group - Compliance with agreed delivery programme - Confirmation of spend against approved budget Joint Green Plan Delivery Group - Monitoring of Green Plan delivery - Development of sustainability opportunities				3	4	12	12	12	12	12	12	3	3	9
				Level 2 – Corporate Finance & Performance Committee: - Green Plan (Sustainability) Progress Report (Biannual) Board of Directors - Annual Green Plan Report Annual Report including: Sustainability Report		Delivery of £14.4m PSDS Funded decarbonisation project with CEF and Vital Energy Capping of the nitrous oxide manifold system (£25k funding) Development of a Climate Change Adaptation Plan	2028 Q4 2025/26 Q4 2025/26											
				Level 3 - Independent Estates Return Information Collection (ERIC) ICB Contacting Requirement Annual Check														

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Stockport NHS Foundation Trust

Board Assurance Framework

2025/26

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Corporate Objectives 2025/26

1. Deliver personalised, safe and caring services.
2. Support the health and wellbeing needs of our community and colleagues.
3. Develop effective partnerships to address health and wellbeing inequalities.
4. Develop a diverse, talented and motivated workforce to meet future service and user needs.
5. Drive service improvement through high quality research, innovation and transformation.
6. Use our resources efficiently and effectively.
7. Develop our estate and digital Infrastructure to meet service and user needs.

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Board Assurance Framework Key

Risk Matrix					
Impact	Likelihood				
	1 - Rare	2 - Unlikely	3 - Possible	4 - Likely	5 - Certain
1 - Negligible	1	2	3	4	5
2 - Minor	2	4	6	8	10
3 - Moderate	3	6	9	12	15
4 - Major	4	8	12	16	20
5 - Catastrophic	5	10	15	20	25

Gap Score Matrix (Difference between Target Score and Current Score)	
Gap score ≤0	Risk target achieved
Gap score 1 - 5	Tolerable
Gap score 6 - 9	Close monitoring
Gap score 10	Concern
Gap score > 10	Serious

CONSEQUENCE MARKERS		LIKELIHOOD MARKERS		
5	Multiple deaths caused by an event; ≥£5m loss; May result in Special Administration or Suspension of CQC Registration; Hospital closure; Total loss of public confidence	5	Very Likely	No effective control; or ≥1 in 5 chance within 12 months
4	Severe permanent harm or death caused by an event; £1m - £5m loss; Prolonged adverse publicity; Prolonged disruption to one or more Directorates; Extended service closure	4	Somewhat Likely	Weak control; or ≥1 in 10 chance within 12 months
3	Moderate harm – medical treatment required up to 1 year; £100k – £1m loss; Temporary disruption to one or more Directorates; Service closure	3	Possible	Limited effective control; or ≥1 in 100 chance within 12 months
2	Minor harm – first aid treatment required up to 1 month; £50k - £100K loss; or Temporary service restriction	2	Unlikely	Good control; or ≥1 in 1000 chance within 12 months
1	No harm; 0 - £50K loss; or No disruption – service continues without impact	1	Extremely Unlikely	Very good control; or < 1 in 1000 chance (or less) within 12 months

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Risk Appetite Framework

Risk Level → Key Elements ↓	Avoid Avoidance of risk is a key organisational objective.	Minimal Preference for very safe delivery options that have a low degree of inherent risk and may only have a limited reward potential.	Cautious Preference for safe delivery options that have a low degree of residual risk and may only have a limited reward potential.	Open Willing to consider all potential delivery options and choose while also providing an acceptable level of reward.	Seek Eager to be innovative and to choose options which may offer higher levels of reward, despite greater inherent risk.	Mature Confident in setting high levels of risk appetite because controls, forward scanning and responsive systems are robust and highly embedded.
Financial / Value for Money How will we use our resources	We have no appetite for decisions or actions that may result in financial loss.	We are only willing to accept the possibility of very limited financial risk.	We are prepared to accept the possibility of limited financial risk. However, VFM is our primary concern.	We are prepared to accept some financial risk as long as appropriate controls are in place. We have a holistic understanding of VFM with price not the overriding factor	We will invest for the best possible return and accept the possibility of increased financial risk.	We will consistently invest for the best possible return for stakeholders, recognising that the potential for substantial gain outweighs inherent risks.
Compliance / Regulatory How will we be perceived by our regulator	We have no appetite for decisions that may compromise compliance with statutory, regulatory or policy requirements.	We will avoid any decisions that may result in heightened regulatory challenge unless essential.	We are prepared to accept the possibility of limited regulatory challenge. We would seek to understand where similar actions had been successful elsewhere before taking any decision.	We are prepared to accept the possibility of some regulatory challenge as long as we can be reasonably confident, we would be able to challenge this successfully	We are willing to take decisions that will likely result in regulatory intervention if we can justify these and where the potential benefits outweigh the risks.	We are comfortable challenging regulatory practice. We have a significant appetite for challenging the status quo in order to improve outcomes for stakeholders.
Quality / Outcomes How will we deliver quality services	We have no appetite for decisions that may have an uncertain impact on quality outcomes.	We will avoid anything that may impact on quality outcomes unless essential. We will avoid innovation unless established and proven to be effective in a variety of settings.	Our preference is for risk avoidance. However, if necessary, we will take decisions on quality where there is a low degree of inherent risk and the possibility of improved outcomes, and appropriate controls are in place.	We are prepared to accept the possibility of a short-term impact on quality outcomes with potential for longer-term rewards. We support innovation.	We will pursue innovation wherever appropriate. We are willing to take decisions on quality where there may be higher inherent risks but the potential for significant longer-term gains.	We seek to lead the way and will prioritize new innovations, even in emerging fields. We consistently challenge current working practices in order to drive quality improvement.
Reputation How will we be perceived by the public and our partners	We have no appetite for decisions that could lead to additional scrutiny or attention on the organisation.	Our appetite for risk taking is limited to those events where there is no chance of significant repercussions.	We are prepared to accept the possibility of limited reputational risk if appropriate controls are in place to limit any fallout.	We are prepared to accept the possibility of some reputational risk as long as there is the potential for improved outcomes for our stakeholders.	We are willing to take decisions that are likely to bring scrutiny of the organisation. We outwardly promote new ideas and innovations where potential benefits outweigh the risks.	We are comfortable to take decisions that may expose the organisation to significant scrutiny or criticism as long as there is a commensurate opportunity for improved outcomes for our stakeholders.
People How will we be perceived by our workforce	We have no appetite for decisions that could have a negative impact on our workforce development, recruitment and retention. Sustainability is our primary interest.	We will avoid all risks relating to our workforce unless absolutely essential. Innovative approaches to workforce recruitment and retention are not a priority and will only be adopted if established and proven to be effective elsewhere.	We are prepared to take limited risks with regards to our workforce. Where attempting to innovate, we would seek to understand where similar actions had been successful elsewhere before taking any decision.	We are prepared to accept the possibility of some workforce risk, as a direct result from innovation as long as there is the potential for improved recruitment and retention, and developmental opportunities for staff.	We will pursue workforce innovation. We are willing to take risks which may have implications for our workforce but could improve the skills and capabilities of our staff. We recognize that innovation is likely to be disruptive in the short term but with the possibility of long-term gains.	We seek to lead the way in terms of workforce innovation. We accept that innovation can be disruptive and are happy to use it as a catalyst to drive a positive change.
Innovation How will we transform services	We have no appetite for decisions to innovate, our aim is to maintain or protect, rather than to create or innovate. General avoidance of system / technology developments.	We will avoid innovations unless essential or commonplace elsewhere. Only essential systems / technology developments to protect current operations.	We tend to stick to the status quo, innovations generally in practice avoided unless really necessary. Systems / technology developments limited to improvements to protection of current operations.	We support innovation, with demonstration of commensurate improvements in management control. Systems / technology developments used routinely to enable operational delivery.	We will pursue innovation – desire to 'break the mould' and challenge current working practices. New systems / technologies viewed as a key enabler of operational delivery.	Innovation is the priority – consistently 'breaking the mould' and challenging current working practices. Investment in new systems / technologies as catalyst for operational delivery.
Appetite	None	Low	Moderate	High	Significant	

Summary: Board Assurance Framework 2025/26

Heat Map Q4

Risk Matrix					
Impact	Likelihood				
	1 - Rare	2 - Unlikely	3 - Possible	4 - Likely	5 - Certain
1 - Negligible					
2 - Minor			2.1		
3 - Moderate		5.2	1.2, 2.2, 3.1, 4.2, 5.1	3.2, 4.1, 7.3	7.4
4 - Major		6.1, 1.4	1.1, 7.1	1.3, 6.2	
5 - Catastrophic				7.2	

Gap Score Matrix (Difference between Target Score and Current Score)	
Gap score ≤0	1.4, 4.1, 5.2, 6.1
Gap score 1 - 5	1.1, 2.1, 1.2, 2.2, 3.1, 4.2, 5.1, 6.2, 7.1, 7.3
Gap score 6 - 9	1.3, 3.2, 7.4
Gap score 10	7.2
Gap score > 10	

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Summary: Board Assurance Framework

Risk Ref	Risk Description	Q4 24/25 (IxL)	Q1 25/26 (IxL)	Q2 25/26 (IxL)	Q3 25/26 (IxL)	Q4 25/26 (IxL)	Target Score (IxL)	Lead Committee	Risk Appetite	Risk Gap
Objective 1. Deliver personalised, safe and caring services.										
1.1	Failure to maintain standards of patient safety which may lead to potential harm to patients receiving care and non-compliance with regulatory standards.	15 (5x3)	12 (4x3)	12 (4x3)	12 (4x3)	12 (4x3)	8 (4x2)	Quality Committee	Moderate	4
1.2	Failure to deliver personalised care and experience, which may lead to poorer patient outcomes and satisfaction.	NEW	9 (3x3)	9 (3x3)	9 (3x3)	9 (3x3)	6 (3x2)	Quality Committee	Moderate	3
1.3	Failure to achieve mandatory access standards for urgent & emergency care which may lead to suboptimal quality of care for patients and increased regulatory intervention.	16 (4x4)	16 (4x4)	16 (4x4)	16 (4x4)	16 (4x4)	8 (4x2)	Finance and Performance Committee	Moderate	8
1.4	Failure to achieve mandatory access standards for elective, diagnostic & cancer care which may lead to suboptimal quality of care for patients and increased regulatory intervention.	12 (4x3)	12 (4x3)	12 (4x3)	12 (4x3)	8 (4x2)	8 (4x2)	Finance and Performance Committee	Moderate	0
Objective 2. Support the health and wellbeing needs of our community and colleagues.										
2.1	Failure to sufficiently engage and support our people's wellbeing which may lead to low morale, higher turnover and sickness absence.	9 (3x3)	9 (3x3)	9 (3x3)	6 (2x3)	6 (2x3)	4 (2x2)	People Performance Committee	High	2
2.2	Failure to actively participate in and progress neighbourhood working which may lead to suboptimal improvement in primary and secondary health and well-being outcomes	9 (3x3)	9 (3x3)	9 (3x3)	9 (3x3)	9 (3x3)	6 (3x2)	Board of Directors	Moderate	3
Objective 3. Develop effective partnerships to address health and wellbeing inequalities.										
3.1	Failure to deliver on the collaborative working opportunities that exist between Stockport NHS Foundation Trust and Tameside & Glossop Integrated Care NHS Foundation Trust which may lead to suboptimal pathways of care for the populations served and/or limited-service resilience across the footprint of both Trusts.	9 (3x3)	9 (3x3)	9 (3x3)	9 (3x3)	9 (3x3)	6 (3x2)	Board of Directors	Significant	3
3.2	Failure to recognise and manage the impacts of health inequalities on service provision, at a Trust, Locality and Greater Manchester (GM) System, which may lead to unwarranted variation of services and inequality in health outcomes for the populations served.	NEW	12 (4x3)	12 (4x3)	12 (4x3)	12 (4x3)	8 (4x2)	Quality Committee	Moderate	4
Objective 4. Develop a diverse, talented and motivated workforce to meet future service and user needs.										
4.1	Failure to recruit and retain the optimal number of staff, with appropriate skills, which may lead to gaps in the workforce and suboptimal quality of care.	12 (3x4)	12 (3x4)	9 (3x3)	9 (3x3)	9 (3x3)	9 (3x3)	People Performance Committee	High	0
4.2	Failure to create an inclusive and equitable culture which may lead to lack of equality of opportunity and experience for the workforce.	9 (3x3)	9 (3x3)	9 (3x3)	9 (3x3)	9 (3x3)	6 (3x2)	People Performance Committee	High	3
Objective 5. Drive service improvement through high quality research, innovation and transformation.										
5.1	Failure to ensure clinical effectiveness which may lead to poorer patient outcomes, preventable harm to patients and suboptimal use of resources.	NEW	9 (3x3)	9 (3x3)	9 (3x3)	9 (3x3)	6 (3x2)	Quality Committee	Moderate	3
5.2	Failure to implement high quality research & development programmes which may lead to poorer quality of outcomes for our patients and communities.	6 (3x2)	9 (3x3)	9 (3x3)	9 (3x3)	6 (3x2)	6 (3x2)	Quality Committee	Significant	0
Objective 6. Use our resources efficiently and effectively										
6.1	Failure to deliver annual revenue (including cash) and capital financial plans which may lead to increased regulatory intervention.	12 (4x3)	16 (4x4)	16 (4x4)	20 (4x5)	8 (4x2)	8 (4x2)	Finance and Performance Committee	High	0
6.2	Failure to achieve financial sustainability through improved productivity & efficiency and system effectiveness, which may lead to suboptimal use of resources and increased regulatory intervention.	16 (4x4)	16 (4x4)	16 (4x4)	16 (4x4)	16 (4x4)	12 (4x3)	Finance and Performance Committee	High	4

Objective 7. Develop our Estate and Digital infrastructure to meet service and user needs.										
7.1	Failure to maintain and develop a resilient and responsive digital infrastructure which may lead to inability to support improvements in quality of care and compromise of data/information.	12 (4x3)	12 (4x3)	12 (4x3)	12 (4x3)	12 (4x3)	8 (4x2)	Finance and Performance Committee	Moderate	4
7.2	Failure to maintain suitability of premises and environments which may lead to increased health & safety incidents, breach of regulation and suboptimal patient and staff experience.	20 (5x4)	20 (5x4)	20 (5x4)	20 (5x4)	20 (5x4)	10 (5x2)	Quality / Finance and Performance Committee	Moderate	10
7.3	Failure to deliver the Green Plan / Net Zero targets and prepare for the impacts of climate change which may lead to worsening population health.	12 (3x4)	12 (3x4)	12 (3x4)	12 (3x4)	12 (3x4)	9 (3x3)	Finance & Performance Committee	Moderate	3
7.4	Failure to identify or insufficient funding mechanism to support the strategic regeneration of the hospital campus which may lead to an adverse long-term impact on the Trust's capability to deliver modern and effective care.	20 (4x5)	15 (3x5)	15 (3x5)	15 (3x5)	15 (3x5)	9 (3x3)	Finance & Performance Committee	Moderate	6

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Board Assurance Framework 2025/26

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores					Target Risk Score		
								Impact	Likelihood	Current	Q4 2024/25	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 1 - Deliver personalised, safe and caring services																		
Principal Risk Number: PR1.1		Risk Appetite: Moderate																
Failure to maintain standards of patient safety which may lead to potential harm to patients receiving care and non-compliance with regulatory standards.	Quality Committee	SFT Quality Strategy: Outcome Measures 2025/26	Indirect harm from operational pressures challenging to identify & quantify	Level 1 - Management:		Interrogation & triangulation of data relating to incidents due to operational pressures (Development of Patient Safety Report)	September 2025	4	3	12	15	12	12	12	12	4	2	8
		Board established Quality Committee with responsibility for patient safety & approved Quality Committee Terms of Reference & Work Plan.		Expired SFT Quality Strategy		Divisional Governance: Quality Dashboards (Monthly)	Review of Violence & Aggression Standards (Patient & Staff) commissioned by Risk Management Committee											
		Quality Committee Subgroups established including Safety & Quality Assurance / Patient Safety, Health & Safety, Safeguarding & approved Terms of Reference & Work Plans.	Compliance with new NICE Sepsis Guidance	Quality Committee Subgroups: Patient Safety Group Health & Safety Subgroup Safeguarding Subgroup		Update Advantis (Go Live) to monitor patients in line with new NICE Sepsis Guidance.	Q4 2025/26											
		Patient Safety Work Streams – Nutrition and Hydration, Deteriorating Patient, Resuscitation, Transfusion, Tissue Viability, Falls, Venous Thromboembolism (VTE), Sepsis, Acute Kidney Injuries (AKI)				Review of staffing risk in relation to NICE Sepsis Guidance	Q4 2025/26											
		Patient Safety Incident Response Framework Policy & Patient Safety Incident Response Plan		Level 2 – Corporate		Approval of Joint Quality Strategy (SFT and T&G)	March 2026											
		Quarterly Patient Safety Report – Considers impact of operational pressures.		Quality Committee:														
		Established process for managing and learning from:		- Quality & Safety Dashboard														
		- Incidents including harms due to long waits		- CQC Report including CQC Action Plan Update, CQC Preparation (Biannually)														
		- Duty of Candour		- StARS Position Statement & Key Themes (Quarterly)														
		- Complaints		- Patient Safety Report (Quarterly) (Incidents, PALS/Complaints, Inquests, Claims)														
		- Legal Claims		- Intermittent Review – Long Waits in ED														
		Learning from deaths process established including:		- Quality Strategy Progress Report (Biannually)														
		- Learning from Deaths Review Process		- Maternity Services Report - Incorporates all Improvement/Action Plans														
		- Medical Examiner Team		- Learning from Deaths Report (Quarterly)														
		Safe staffing process established including:		- Management of External Visits, Inspections & Accreditations Report (Biannually)														
		- Defined Nurse Establishments		- Alert, Advise, Assure Reports:														
		- Defined Medical Establishments		o Safety & Quality														
		- Healthcare Scientist Establishments		o Health & Safety														
		- Medical Job Planning process		o Safeguarding														
		- Medical Appraisal & Revalidation process in place including quality assessment		People Performance Committee:														
		- Medical & Nursing Rostering in place		- Guardian of Safe Working / Freedom to Speak Up Report to Board (Quarterly)														
		Established Accreditation Programme (StARS) – Inpatients, Community, Theatres, Outpatients		Board of Directors:														
				- Integrated Performance Report (Quality & Safety Metrics)														
				- Safe Care Report (Quarterly) and Bi-Annual Nursing Establishments Review														
				- Guardian of Safe Working / Freedom to Speak Up Report to Board (Annually / Bi-annually)														

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores					Target Risk Score		
								Impact	Likelihood	Current	Q4 2024/25	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 1 - Deliver personalised, safe and caring services																		
		Maternity Improvement Plan in place including action plan in response to CQC Maternity Inspection and LMNS. Executive & Non-Executive Maternity Safety Champions in place with Visits & Meetings schedule. External Visits & Accreditations Policy & Register Freedom to Speak Up process established. Guardian of Safe Working process established Violence & Aggression Standard Framework – Established (and monitored by People Committee) Established Quality Impact Assessment (QIA) in place for Trust Efficiency Programme & Business Cases		- Learning from Deaths (Annual) Annual Quality Accounts Clinical Audit Forward Programme – Local & National Audit Level 3 - Independent MIAA Internal Audits - Quality Spot Checks 2024-25 (Limited) - PSIRF 2025-26 (Substantial) LMNS & Region Visits & Report GM ICB Enhanced Monitoring Programme CNST Submission – Year 6 Emergency Department Visit from GM ICB (Dec 2024) & Report. GM Clinical Quality & Effectiveness Group														
Principal Risk Number: PR1.2		Risk Appetite: Moderate																
Failure to deliver personalised care and experience, which may lead to poorer patient outcomes and satisfaction.	Quality Committee	Patient Experience Strategy 2025-2026 Board established Quality Committee with responsibility for patient experience & approved Quality Committee Terms of Reference & Work Plan.	Evidence of continued hospitalisation and investigation at end of life care (EoL) out with expressed preferences.	Level 1 - Management: Divisional Governance: Quality Dashboards (Monthly) Patient Experience Subgroup (Monthly)		End of Life Care: Programme of work with Stockport system to reduce inappropriate admissions and expedite discharge	Q4 2025/26	3	3	9	NEW RISK	9	9	9	9	3	2	6
		Quality Committee Subgroup established including Patient Experience with approved Terms of Reference & Work Plan. Subgroup of Patient Experience Group: Membership includes representation from: Divisions, Health Watch. Patient Experience Team with accountability and responsibility for: Patient Experience, Personalised Care, Patient and User Involvement, Communication between Services Users and Board. Processes in place to gather patient experience: - Family & Friends - Carers Opinion - Patient Stories - Site Visits - Senior Nurse Walkarounds Trust End of Life Care Committee & Stockport End of Life Care Group.	Emergent themes from Complaint Analysis / Surveys	Level 2 - Corporate: Quality Committee: - StARS Position Statement & Key Themes (Quarterly) - Patient Safety Report (Quarterly) (Incidents, PALS/Complaints, Inquests, Claims) - Maternity Services Report – Maternity Safety Champion Walk Rounds & Maternity Voices Partnership - Patient Experience Report (Biannual) - Annual Complaints Report - Alert, Advise, Assure Report: o Patient Experience Board of Directors: - Patient Story - Integrated Performance Report (Quality & Safety Metrics) Council of Governors: - Quarterly Formal Meetings - Quarterly Informal Governor & Joint Chair, Non-Executive Director, Chief Executive Meetings		Implementation of Action Plans from National Surveys & Complaints Learning Resume Mental Health Partnership Board with Pennine care NHS FT and Tameside & Glossop NH ICFT	Ongoing (Action Plan includes actions spanning the year with differing dates for completion) Q1 2026/27											

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Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores					Target Risk Score		
								Impact	Likelihood	Current	Q4 2024/25	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 1 - Deliver personalised, safe and caring services																		
		Electronically assisted sharing of Care Plans across multiple organisations at Locality. Mental Health Partnership Board established with Pennine Care NHS Foundation Trust including Service User Representation Complaints Policy & established process for managing and learning from Complaints & PALS Established Accreditation Programme (StARS) includes Personalised Care assessment. Council of Governors (CoG) established, including public, staff and appointed governor from HealthWatch & attendance from Executive Directors.		Level 3 - Independent Friends & Family Test National Patient Experience Surveys: - Adult Inpatient Survey - National Cancer Survey - Emergency Department Survey - Maternity Survey PLACE Assessment														
Principal Risk Number: PR1.3		Risk Appetite: Moderate																
Failure to achieve mandatory access standards for urgent & emergency care which may lead to suboptimal quality of care for patients and increased regulatory intervention.	Finance & Performance Committee	Board approved Operational Plan 2025/26, Corporate Objectives & Outcome Measures including Activity Standards & Trajectories.	Increased demand for urgent & emergency care.	Level 1 – Management: Divisional Governance: Performance Weekly Performance Meetings (Urgent Care) 4 Hour Clinical Standard Improvement Group (Weekly) Urgent & Emergency Care GIRFT Meeting				4	4	16	16	16	16	16	16	4	2	8
		Board established Finance & Performance Committee with responsibility for operational performance. Approved Finance & Performance Committee Terms of Reference & Work Plan. Established models of emergency and urgent care in place in line with national standards.	Patient flow management due to: - Constraints in domiciliary & bed-based care impacting patients with NCTR - Financial constraints resulting in lack of 24/7 medical & surgical specialties to support discharge of non-elective patients.	Level 2 – Corporate Joint Executive Team: Performance Report (Weekly) Trust Performance Meetings (Monthly) & Divisional Performance Reviews (Quarterly) Finance & Performance Committee - Operational Performance Report – Urgent & Emergency Care Metrics (Monthly) Board of Directors: - Integrated Performance Report (Operational Performance) (Bimonthly) Locality: - Urgent & Emergency Care Delivery Board: Agreed priority metrics - Locality Board	Review Frailty Offer following deep dive & options appraisal Review St Thomas Intermediate Care offer for future development.	Q1 2026/27 Q2 2026/27												
		Rapid ambulance handover process in place.	Locality Plan relating to intermediate care capacity not agreed with Trust – Reduction in capacity for Pathway 2.															
		Trust and system escalation process in place, aligned to a single OPEL system – Including divert of resource from elective activity to support flow.	Change in Derbyshire ICB hospital discharge process for complex discharges, impacting patient flow due to increased length of stay.															
		Virtual Ward established. Deep dive undertaken and actions implemented to achieve 80% daily occupancy.																
		Bed modelling undertaken to assess capacity gaps.																
		Urgent & Emergency Care GIRFT Programme – Chaired by Medical Director																
		Workforce models in place – Flexible to adapt to surges.																
		Locality wide Urgent & Emergency Care (UEC) Delivery Board in place - Oversight of patient flow management plans.																
		Urgent Care Delivery Board: Frailty Review																

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Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores					Target Risk Score							
								Impact	Likelihood	Current	Q4 2024/25	Q1	Q2	Q3	Q4	Impact	Likelihood	Target					
Objective 1 - Deliver personalised, safe and caring services																							
		Locality Winter Resilience Plan		- Urgent & Emergency Care Oversight Meeting (Trust & Locality) - Contract Monitoring Meeting - Provider Oversight Meeting ECIST Review & Discharge Mapping		Monthly Contract Meeting & Provider Oversight Meeting																	
Principal Risk Number: PR1.4																							
Failure to achieve mandatory access standards for elective, diagnostic & cancer care which may lead to suboptimal quality of care for patients and increased regulatory intervention.	Finance & Performance Committee	Board approved Operational Plan 2025/26, Corporate Objectives & Outcome Measures including Activity Standards & Trajectories.	Agreed Trust sustainability plan for MR	Level 1 – Management Divisional Governance: Performance Performance Meetings (Elective, Cancer & Diagnostics) (Weekly) Divisional Access Meetings (Weekly) GIRFT Meetings (Specialty Level) Joint Executive Team: Performance Report (Weekly)		Agree plan to increase forecast demand in MR capacity utilising CDC	Q4 2025/26	4	3 2	12	12	12	12	12	8	4	2	8					
		Board established Finance & Performance Committee with responsibility for operational performance. Approved Finance & Performance Committee Terms of Reference & Work Plan.	Agreed exit criteria for Paediatric Audiology				Implementation of AI Tool to validate elective waiting list (following delay due to Advantis issues)												Q4 2025/26				
		GIRFT Programmes in place for all Surgical & Medical Specialties.	Ability of GM partners to provide mutual aid and fulfil service SLAs																				
		Escalation Process in place with Performance Team: 65+ week wait patients and any P2/cancer patients that are not dated.	Increased demand for elective care, including from out of area.	Level 2 – Corporate Trust Performance Meetings (Monthly) & Divisional Performance Review Finance & Performance Committee: Operational Performance Report - Elective, Cancer, Diagnostics Board of Directors - Integrated Performance Report (Operational Performance)		Review investment to right size elective care including non-recurrent investment for medical specialties.	Q4 2025/26													Mitigation Plan deployed to address loss of robotic assisted surgery capacity at The Christie.	Q4 2025/26		
		Booking & Scheduling centralisation																					
		Board approved Expanding Elective Care Business Case 2024/25																					
		Plan to increase forecast demand in MR capacity utilising CDC		Level 3 – Independent NHSE – Activity Returns GM & NHS England Productivity Benchmarking NHS GM: - Contract Monitoring Meeting - Provider Oversight Meeting																			

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Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores					Target Risk Score		
								Impact	Likelihood	Current	Q4 2024/25	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 2 - Support the health and wellbeing needs of our communities and colleagues																		
Principal Risk Number: PR2.1		Risk Appetite: High																
Failure to sufficiently engage and support our people’s wellbeing which may lead to low morale, sickness absence and higher turnover.	People Performance Committee	Trust Health and Wellbeing (HWB) Plan and Strategy in place which presents delivery against ambitions / trajectories set by NHS England – Approved by Workforce / People Performance Committee and Board of Directors.	Impact of continuing operational & external/internal financial pressures Impact of ageing estate/quality of environment.	Level 1 – Management Joint Health and Wellbeing Group (Bimonthly) Staff Side Partnership Meetings Industrial Action Planning Group		Establish Wellbeing Champion Roles	March-26	2	3	9	9	9	9	6	6	2	2	4
		Wellbeing Champion roles established.			Health & Well Being Plan	Q1 2026/27												
		Board established People Performance Committee with responsibility for staff wellbeing & approved People Performance Committee Terms of Reference & Work Plan. People Performance Committee Subgroup established: Joint Health & Wellbeing Group. Approved Terms of Reference & Work Plan Approved people policies, procedures, guidelines in place including: - Organisational Development - Flexible Working - Appraisal - Sickness Absence - Relationships at Work Policy - National Parent Support (Paternity) Policy - National Sexual Safety Policy Sexual harassment in the workplace training in place. Violence Prevention & Reduction Standard – Review & Actions Plan Regular sickness absence deep dive - Led by Deputy Director of People Collaborative Occupational Health Service with SFT & T&G – Including Staff Counselling Service & Physio Fast Track Service. Staff Vaccination Programme - Pertussis Influenza, Covid and MMR Board level Well Being Guardian (Non-Executive Director). FTSU Guardian and FTSU Champions Guardian of Safe Working Appraisal Process includes Wellbeing Discussion Big Conversation Programme		Level 2 – Corporate Divisional Performance Review / Divisional Meetings: Workforce standards, Establishments, Recruitment, Absence, Turnover & Recovery/Mitigation Actions NHS People Plan Self-Assessment People Performance Committee: - Workforce Dashboard: Sickness Absence, Turnover (Bimonthly) - Sickness Absence Report (Biannually) - Freedom to Speak-up Report (Quarterly) - Guardian of Safe Working Report (Bi-annually) Board of Directors: - Staff Story - Integrated Performance Report: Workforce (Bimonthly) - Freedom to Speak Up (Bi-annually) - National Staff Survey														
		Level 3 - Independent NHS National Staff Survey MIAA Staff Wellbeing Review, February 2024 – Substantial Assurance.																

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Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores					Target Risk Score		
								Impact	Likelihood	Current	Q4 2024/25	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 2 - Support the health and wellbeing needs of our communities and colleagues																		
		Staff Side Partnerships established Health & Wellbeing Environmental Audit Health & Safety Mandatory Training Reasonable Adjustments Training Staff Survey Action Plans – Themed: Health and Well Being, Equality Diversity and Inclusion and Safety Culture Award & Recognition Programme including Staff Awards, Long Service Awards Established partnerships with Locality & GM System e.g. Resilience Hub																
Principal Risk Number: PR2.2		Risk Appetite: Moderate																
Failure to actively participate and progress neighbourhood working which may lead to suboptimal improvement in primary and secondary health and well-being outcomes.	Board of Directors	Stockport: The One Health & Care Plan 2024-2029 Board of Directors – Place Collaboration Reporting in place. Neighbourhood profiles produced by Local Authority. Executive Director representation in established Locality Structures (strategic & operational) including: - Health & Wellbeing & Locality Board Review of implication of 10 Year Plan on development of new Joint Organisational Strategy	Unfunded growth in demand for community services. Capacity & demand modelling for community services to support appropriate deployment of resources. Implications arising from the Planning Guidance 2025/26, Neighbourhood Health Guidelines and 10 Year Plan re. neighbourhood working. GM Community Service Review	Level 1 – Management Divisional Quality & Operations Group (Monthly) Performance Management Report Area Leadership Team (Monthly) Health and Care Collaborative – Delivery Group (Monthly) Children's: - Joint Public Health Oversight Group - SEND Joint Commissioning Group - CYP mental health & Well-being Partnership Board Adult and Children: - Joint Safeguarding Board	Community Services Dashboard			3	3	9	9	9	9	9	9	3	2	6
				Level 2 – Corporate Divisional Performance Review (Monthly) including targeted 'Deep Dives' Locality Provider Partnership (Monthly) Locality Board (Monthly)	Plans to be put in place to respond to neighbourhood health guidelines arising from Planning Guidance 2026/27 Outcome of GM community services review led by GM ICB Deconstruction of block contract exercise by GM ICB	Q3-2025-26 Q4 2025-26 Q3-2025-26 Q1/Q2 2026/27												
				Level 3 – Independent Children's – SEND Inspection Ofsted Report – 'Good' SALT – External multiagency review – Pathways & capacity and demand														

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores					Target Risk Score					
								Impact	Likelihood	Current	Q4 2024/25	Q1	Q2	Q3	Q4	Impact	Likelihood	Target			
Objective 3 - Develop effective partnerships to address health and wellbeing inequalities																					
Principal Risk Number: PR3.1		Risk Appetite: Significant																			
Failure to deliver on the collaborative working opportunities that exist between Stockport NHS Foundation Trust & T&G Integrated Care NHS Foundation Trust which may lead to suboptimal pathways of care for the populations served and/or limited-service resilience across the footprint of both Trusts	Board of Directors	Board of Directors – SFT and T&G Collaboration Reporting in place	Failure to gain key support from staff and agreement on the resulting service by service Case for Change. No current revenue or capital or recurrent funding identified to support future service changes. Collaboration Agreement.	Level 1 – Management Clinical Service Partnerships Group		Develop case for change for clinical services for Pathology and Pharmacy	Q3 2025/26	3	3	9	9	9	9	9	9	2	2	6			
		Clinical Service Partnership Group in place between both Trusts with Case for Change for clinical services for Radiology & Gastroenterology Steering Group in place (TASCC) between both Trusts with Case for Change for clinical services for Radiology, Gastroenterology, Pathology and Pharmacy		Level 2 – Corporate Executive Team - Oversight of Key Issues Board of Directors SFT and T&G Collaboration Report	Development of Joint Clinical Strategy, based on learning from case for change and development of divisional plans. Commission legal opinion to support development of joint governance models New Joint Organisational Strategy	Q3 Q4 2025/26 October 2025 Q4 2025/26 Q1 2026/27															
		Updated Divisional Plans in place Corporate services collaborative working in place. Joint Executive Director and Senior Manager roles in place, with single Joint Executive Team. Joint Chair in post. Programme Group established to support delivery of joint governance arrangements Joint Board Development Sessions & Board of Directors – Structure of joint governance arrangements approved by SFT and TGICFT Boards with legal opinion-High Level Road Map.		Level 3 – Independent Legal advice note in support of corporate governance and wider collaboration work																	
Principal Risk Number: PR3.2		Risk Appetite: Significant																			
Failure to manage service provision in a way that reduces health inequalities at Trust, Locality and Greater Manchester (GM) level, which may lead to inequities in outcomes for the populations served. Curtis Soile 24/03/2026 12:54:52	Quality Committee	Greater Manchester (GM) Integrated Care Partnership (ICP) Strategy, GM Sustainability Plan & GM Annual Plan 2025/26	Factors that are the primary responsibility of partner organisations (Education, Social Housing, etc.) where the Trust has less interface with the factors affecting health No Trust employed medical public health expertise & alcohol care team	Level 1 – Management Provider Partnership Workstream Meetings SFT Health Inequalities Forum				3	4	12	NEW RISK	12	12	12	12	3	2	6			
		ONE Stockport One Future Plan and ONE Stockport Health and Care Plan. Executive Director representation in established GM & Locality Structures (Strategic & Operational) including: - Health & Wellbeing & Locality Board - Provider Partnership - Locality System Quality Group - GM Trust Provider Collaborative - GM Health Inequalities Group - GM Medical Directors Group		Lack of data provision for disadvantaged groups: - Access to services - Outcomes of treatments	BI development underway to improve data provision as part of Health Inequalities Group key workstream Embed Health Inequalities Dashboard Report to reflect outcomes.	Q4 2025/26 Q1 2025/26															
		Locality Provider Partnership chaired by CEO. Identified workstreams based on population health metrics. Executive Director led Health Inequalities Forum. Established programmes: Alcohol Harm, Health Literacy.		Level 3 – Independent GM Meetings - Trust Provider Collaborative (TPC)	Explore implementation of GM Prioritisation Tool to support health inequalities	Q2 2026/27															

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores					Target Risk Score		
								Impact	Likelihood	Current	Q4 2024/25	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 3 - Develop effective partnerships to address health and wellbeing inequalities																		
		Core20PLUS Ambassadors established. Trust employed Public Health Nurse (0.8 WTE) NHS Providers Health Inequalities Self-Assessment Report & Action Plan Executive (Medical Director) & Non-Executive Director Lead for Health Inequalities Patient Experience Strategy 2025-2026: Including workstreams to support health inequalities. Mental Health Partnership Board established with Pennine Care NHS Foundation Trust. Partnership and involvement with community & third sector.		- Relevant Directors part of GM TPC System Boards (Cancer, Elective, Urgent & Emergency Care, Diagnostics, Mental Health and Sustainable Services) - GM Medical Directors Locality Meetings - One Stockport Health & Care Locality Board		and system wide approach and matrix.												

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores					Target Risk Score		
								Impact	Likelihood	Current	Q4 2024/25	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 4 - Develop a diverse, capable and motivated workforce to meet future service and user needs																		
Principal Risk Number: PR4.1		Risk Appetite: High																
Failure to recruit and retain the optimal number of staff, with appropriate skills, which may lead to gaps in the workforce and suboptimal quality of care.	People Performance Committee	Approved People Plan in line with national People Strategy objectives – Including enabling approaches to Workforce Transformation (Planning); Leadership Development; Health & Wellbeing; Coaching; Resourcing; Organisational Development; Equality, Diversity & Inclusion, Talent Management & Succession planning.	National workforce shortages particularly for some medical posts exist (e.g. Radiologists, Acute/Stroke Physicians) Escalation areas remaining open – staffing additional areas required. Mandatory training compliance.	Level 1 - Management Divisional Governance: Divisional reports on workforce standards, establishments, recruitment, and retention, absence, and turnover and recovery/mitigation action plan Educational Governance Group - Exception reports for Mandatory & Role Essential Training, Attendance Staff Side Partnership Meetings Industrial Action Planning Group		Weekly review of Temporary and Substantive Staffing via Staffing Approval Group	Ongoing	3	3	9	12	12	9	9	9	3	3	9
		Board established People Performance Committee & approved Workforce / People Performance Committee Terms of Reference & Work Plan. Board approved Operational Plan 2025/26 including Workforce Plan. Model Hospital / NHS Productivity & Efficiency Benchmarking - Workforce Defined Medical and Nurse Staffing levels for all wards and departments. Safe Staffing Standard Operating Procedure deployed. E-rostering and Job Planning in place to support staff deployment. E-Rostering Workforce Group established. Weekly Staffing Approval Group (SAG) Temporary staffing and approval processes with defined authorisation levels Workforce Strategy & Divisional Workforce Plans ~~Joint NHS England Stat Mand Programme Implementation Group established~~ Joint NHS England Stat Mand Programme Review completed and revised programme refresher period implemented. Mandatory Training Accountability Framework agreed and implemented. Range of leadership and management development training sessions. Local/ Regional/National Education Partnerships - Widening Participation Programme in place - Degree Apprenticeships, Medical Support Workers, Cadet Programmes. E.g. roles identified as national shortage occupations Board approved Trust Values Appraisal Process		Level 2 – Corporate People Performance Committee - Workforce Integrated Performance Report (Sickness Absence / Substantive Staff /Recruitment Pipeline / Appraisal, Turnover, Training Compliance Flexible Working Requests, Bank & Agency) - Safe Staffing Report (Bimonthly) - Biannual Nursing & Midwifery Establishments - Annual Medical Job Planning - Annual Medical Revalidation Report Staffing Approval Group (Weekly) Workforce Efficiency Group Board of Directors: - Integrated Performance Report (People Metrics) (Bimonthly) - Safer Care (Staffing) Report (Bimonthly) - Nursing & Midwifery Establishments (Biannual) - People & Organisational Development Plan Progress Report (Biannual)		Amalgamation of Staffing Approval Group SFT and TG ICFT Finalisation of Workforce Plan 2026/27 (Medium Term Plan)	From April 2026 Q1 2026/27											

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Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores					Target Risk Score		
								Impact	Likelihood	Current	Q4 2024/25	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 5 – Drive service improvement through high quality research, innovation and transformation																		
Principal Risk Number: PR5.1		Risk Appetite: Significant																
Failure to ensure clinical effectiveness which may lead to poorer patient outcomes, preventable harm to patients and suboptimal use of resources	Quality Committee	SFT Quality Strategy: Outcome Measures 2025/26	Some elements of clinical effectiveness out with Trust control where interface with other organisations / professional groups Compliance with new NICE Sepsis Guidance	Level 1 - Management:		Update Advantis (Go Live) to monitor patients in line with new NICE Sepsis Guidance (On Track for Roll Out)	Q4 2025/26	3	3	9	NEW RISK	9	9	9	9	3	2	6
		Divisional Governance: Quality Dashboards (Monthly)		Review of staffing risk in relation to NICE Sepsis Guidance to understand gap via Deteriorating Patient Group		Q4 2025/26												
		Incident Response Group (IRG) Patient Safety Incident Response Group (PSIRG)																
		Clinical Effectiveness Subgroup (Monthly) Clinical Audit, NICE Compliance, NatSSIPs & LocSSIPs, Results Governance, Transfusion, GIRFT																
Level 2 - Corporate:		Approval of Joint Quality Strategy (SFT and T&G)	March 2026															
Quality Committee: - External Visits & Inspections Register Report (Biannual) - Clinical Audit Forward Programme Report (Biannual) - Annual Clinical Audit Report - Annual Quality Account - Alert, Advise, Assure Report: o Clinical Effectiveness																		
Board of Directors: - Integrated Performance Report (Quality & Safety Metrics)																		
Level 3 - Independent																		
National Clinical Audit																		

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores					Target Risk Score		
								Impact	Likelihood	Current	Q4 2024/25	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 5 – Drive service improvement through high quality research, innovation and transformation																		
		External funding covers		- Annual RD&I Report														
				Level 3 - Independent DHSC KPIs for Research														
				NIHR North West CRN KPIs for Research														
				Participant Research Experience Survey (PRES)														

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores					Target Risk Score		
								Impact	Likelihood	Current	Q4 2024/25	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 6 – Use our resources efficiently and effectively																		
Principal Risk Number: PR6.1		Risk Appetite: High																
Failure to deliver annual revenue and capital financial plans which may lead to increased regulatory intervention.	Finance & Performance Committee	Financial planning processes and central Finance Team for coordination of delivery.	Assumptions in Financial Plan including: Income from commissioners Pay award funding CDEL cover Non-elective care demand Inflation costs	Level 1 – Management Divisional Governance - Finance Metrics/CIP/Forecast Finance Training Group Cash Monitoring Group (Monthly) Operational Board (Monthly) – Review of business cases, emerging and new pressures and developments.				4	5 2	16	12	16	16	20	8	4	3	12
		Board approved Financial (Revenue & Capital) Plan 2025/26. Agreed as part of Greater Manchester Integrated Care System (GM ICS). Subsequent control total agreed with GM ICS & NHS England Regional Team. Board approved Opening Budgets based on submitted Financial Plan. Established Trust Efficiency Programme (CIP) and oversight process Cash Management Plan & Forecast procedures, including sensitivity and scenario planning. Board approval of cash support applications Joint T&G & SFT Finance Improvement Group established, chaired by Chief Executive. Board established Finance & Performance Committee with responsibility for financial performance. Approved Finance & Performance Committee Terms of Reference & Work Plan. Key financial policies including: o Standing Financial Instructions o Scheme of Delegation o Budgetary systems and procedures o Procurement Policy o Fraud management process o Treasury management policy Delivery of budget holder training workshops and enhancements to financial reporting. Internal Audit Programme – Key Financial Controls Authorisation processes for recruitment and agency spend in place via Staffing Approval Group. Workforce Efficiency Group – Oversight of temporary staffing spend. NHS Productivity/Benchmarking data to support monitoring of service delivery, productivity & efficiency.	Identification & implementation of recurrent CIP Plan System deficit funding withdrawn if Operational Plans not achieved - Quarterly Review by NHS Regional Condition of estate and unavailability of equipment due to failure, resulting in impact to service delivery, productivity and revenue. Stockport System finance deficit potentially impacting on SFT position e.g. reduction on spot purchase beds.	Level 2 – Corporate Trust Efficiency Programme Group: Delivery against Plans and Milestones, Recovery Actions and Forecast. Staffing Approval Group (Weekly) Capital Planning and Monitoring Group (Monthly): Scheme level monitoring to support capital programme Divisional Performance Review (Monthly) - Financial Position, CIP, Forecast, Recovery Actions. Joint T&G & SFT Finance Improvement Group: Reports on I&E, Run Rate, TEP, Cash and Capital. Finance & Performance Committee: - Finance Report (Monthly) - CPMG – Capital Position (Monthly) - Productivity (including national productivity benchmarking) & TEP (Quarterly) Board of Directors: - Financial Position Report (Bimonthly) - Financial Plan – Review of Key Risks Stockport System Financial Recovery Group (Monthly)		Ongoing review all expenditure, with immediate controls applied to mitigate financial risk.	Ongoing											
			Level 3 - Independent Independent assurance on 2025/26 Financial Plan by Seagry under instruction of NHS England. Internal Audit Reports - Key Financial Systems (Substantial) 2025/26 - HFMA Financial Sustainability Review: Confirmation of Self-Assessment. - Data Quality (High/Substantial)		Escalation of Commissioning/Contracting Issues & Planning Assumptions via GM Provider Oversight Meeting (POM) Deconstruction of block contract exercise by GM ICB	Monthly Q1/Q2 2026/27												

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Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores					Target Risk Score		
								Impact	Likelihood	Current	Q4 2024/25	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 6 – Use our resources efficiently and effectively																		
		Submission of National Cost Collection exercise (PLICS). Divisional Performance Review Process including Finance Review Stockport System Finance Recovery Group established (Monthly) including Trust representation. GM System Efficiency Group established including Trust representation. GM Provider Oversight Meetings established, chaired by GM ICB CEO, attended by NHS England (NHSE). GM Trust Provider Collaborative (TPC) established, chaired by SFT & T&G CEO.		GM ICS Monthly Provider Finance Return including detailed commentary on financial position and reconciliation of workforce, productivity/finance and performance data. Monthly Provider Oversight Meeting (Information Pack) NHSE NHSE - North West Region oversight and triangulation of finance, activity and workforce data including productivity metrics Monthly Finance Return – Detailed commentary on financial position and Oversight of GM ICS based on the GM NHS SOF Rating 3. NHS Oversight Framework – SFT: Segment 3 (Improved position end Q3)		Independent assurance on 2025/26 Key Financial Systems & Controls	Q4 2025/26											
Principal Risk Number: PR6.2		Risk Appetite: High																
Failure to improve productivity & efficiency and system effectiveness, which may lead to lack of organisational financial sustainability and increased regulatory intervention.	Finance & Performance Committee	Board established Finance & Performance Committee with responsibility for financial performance. Approved Finance & Performance Committee Terms of Reference & Work Plan.	Underlying financial deficit driven by structural drivers.	Level 1 - Management Divisional Governance - Finance Metrics/CIP/Forecast				4	4	16	16	16	16	16	16	4	3	12
		GM ICS and Locality Financial Planning & Oversight processes in place including GM, Local Authority & Trust representation.	Realignment of deficit funding from 2025/26	Level 2 – Corporate Trust Efficiency Programme Group: Delivery against Plans and Milestones, Recovery Actions and Forecast.	Escalation of Commissioning/Contracting Issues & Planning Assumptions via GM Provider Oversight Meeting (POM)	Monthly												
		GM ICS commissioned Drivers of Deficit Review.	Delivery / Implementation Plan to support GM Sustainability Plan.	Finance & Performance Committee - Finance Report (Monthly) - Productivity & CIP (Quarterly) - Financial Sustainability (Biannual)	Deconstruction of block contract exercise by GM ICB	Q1/Q2 2026/27												
		Stockport System Financial Recovery Group established – Chief Finance Officer, Director of Finance & Director of Operations.	Delivery / Implementation Plan to support GM Sustainability Plan.	Joint T&G & SFT Finance Improvement Group: Productivity & Efficiency	Medium Term Plan to be developed in line with national planning guidance	Q4 2025/26												
		Productivity/Benchmarking data to support monitoring of service delivery, productivity & efficiency		Stockport System Financial Recovery Group (Monthly)														
		GM business case assessment process in place.																
		GM System Efficiency Group established including Trust representation.		Level 3 - Independent														
		GM Provider Oversight Meetings established, chaired by GM ICB CEO, attended by NHS England (NHSE).		Internal Audit CIP Process (Substantial Assurance)														
		GM Trust Provider Collaborative (TPC) established, chaired by SFT & T&G CEO.		GM ICS Provider Director of Finance GM Meeting														
				Monthly Provider Finance Return including detailed commentary on financial position and reconciliation of workforce, productivity/finance and performance data.														

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores					Target Risk Score		
								Impact	Likelihood	Current	Q4 2024/25	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 6 – Use our resources efficiently and effectively																		
				GM Provider Oversight Meeting (Monthly) NHSE NHSE - North West Region oversight and triangulation of finance, activity and workforce data including productivity metrics Monthly Finance Return – Detailed commentary on financial position and Oversight of GM ICS based on the GM NHS SOF Rating 3 NHS Oversight Framework – SFT: Segment 3 (Improved position end Q3)														

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores					Target Risk Score											
								Impact	Likelihood	Current	Q4 2024/25	Q1	Q2	Q3	Q4	Impact	Likelihood	Target									
Objective 7 - Develop our estate & digital infrastructure to meet service and user needs																											
Failure to maintain suitability of premises and environments which may lead to increased health & safety incidents, breach of regulation and suboptimal patient and staff experience.	Finance & Performance Committee	Board established Finance & Performance Committee with responsibility for estates & facilities oversight and Quality Committee for health & safety. Approved Terms of Reference & Work Plan.	Inability to deliver required levels of estates backlog maintenance due to lack of funding.	Level 1 – Management Capital Programme Management Group: - Compliance with agreed delivery programme - Confirmation of spend against approved budget		Operational review of backlog maintenance funding (SFT & T&G) Aligning SFT and TG ICFT governance & risk model	Q3-2025/26 Q1 2025/26	5	4	20	20	20	20	20	20	5	2	10									
		Finance & Performance Committee established Subgroup: Estates Strategy Group. Approved Terms of Reference & Work Plan	Inability to deliver required upgrades due to access limitations related to clinical activity pressures	Health & Safety Group - Compliance with regulatory standards - Health & Safety Incidents																							
		Quality Committee established Subgroup: Health & Safety. Approved Terms of Reference & Work Plan	Delivery/Transition Plan to address highest risk capital stock and decompression of site.	Estates Strategy Group - Site Development Strategy Progress		Procurement of master planning exercise for SFT & T&G to support development of estates strategy	Q3-2025/26																				
		Estates and Facilities Risk Forum established, including clinical and non-clinical representation.		Level 2 – Corporate Quality Committee - Annual Health & Safety Report - Alert, Advise & Assure Report Health & Safety Group		Completion of Strategic Estates Vision to establish baseline for master planning.	Q4 2025/26																				
		Approved Capital Programme in place including backlog maintenance.		Finance & Performance Committee - Estates & Facilities Assurance Report - Site Development Strategy Progress Report - Alert, Advise & Assure Reports: - Capital Programme Management Group - Estates Strategy Group																							
		Six-Facet Survey Process. Additional structural surveys completed for Category D and poor condition property assets by Structural Engineers, in line with Six Facet Survey.		Board of Directors - Site Development Strategy Progress Report																							
		Premises Assurance Model (PAM) Process & Action Plan.		Level 3 – Independent Estates Return Information Collection (ERIC)																							
		HTM Compliance Assurance Groups established.		Six Facet Survey																							
		Appointment of Authorising Engineers in accordance with the requirements of HTM00.		PLACE Assessment																							
		Project Board and Senior Responsible Officer identified for major capital developments.																									
		Training and Continuing Professional Development of Estates Technical and Operational staff.																									
Principal Risk Number: PR7.3		Risk Appetite: Moderate																									
Failure to deliver the Green Plan / Net zero targets and prepare for the impacts of climate change which may lead to	Finance & Performance Committee	New Joint Green Plan for T&G and SFT approved by Board, August 2025. Action tracker in place to monitor progress.	Inability to deliver required levels of environmental and sustainability improvements due to lack of funding and awareness / ownership across all departments	Level 1 – Management Capital Programme Management Group - Compliance with agreed delivery programme - Confirmation of spend against approved budget				3	4	12	12	12	12	12	12	3	3	9									
		Joint SFT & T&G Green Plan Delivery Group established, meeting bimonthly.	Climate Change Adaptation Plan	Joint Green Plan Delivery Group - Monitoring of Green Plan delivery - Development of sustainability opportunities																							
		Joint appointment of Sustainability Manager and Sustainability Officer between SFT and T&G																									

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores					Target Risk Score		
								Impact	Likelihood	Current	Q4 2024/25	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 7 - Develop our estate & digital infrastructure to meet service and user needs																		
worsening population health.		Six Facet Survey Process		Level 2 – Corporate		Work with Carbon Energy Fund (CEF) to procure a contractor to deliver the decarbonisation of heat at Stepping Hill Hospital site	Q3 2026/27											
		Finance & Performance Committee: - Green Plan (Sustainability) Progress Report (Biannual)		Development of a Climate Change Adaptation Plan		Q4 2025/26												
		Board of Directors - Annual Green Plan Report Annual Report including Sustainability Report																
		Level 3 - Independent Estates Return Information Collection (ERIC) ICB Contacting Requirement Annual Check																
Principal Risk Number: PR7.4		Risk Appetite: Moderate																
Failure to identify or insufficient funding mechanism to support the strategic regeneration of the hospital campus which may lead to an adverse long-term impact on the Trust’s capability to deliver modern and effective care.	Finance & Performance Committee	Strategic Regeneration Framework Prospectus completed, and New Hospital Building Programme Expression of Interest produced.	Insufficient financial resources to enable optimum levels of investment to deliver regeneration ambitions including Project Hazel.	Level 1 - Management				3	5	15	20	15	15	15	15	3	3	9
		Site Development Strategy to support and inform immediate site development and maintenance aspirations		Level 2 – Corporate Strategic Regeneration Framework Prospectus and Expression of Interest – Reviewed by Board.			Review of funding approach with partners.											
		Estates Strategy Steering Group (ESSG) established, reporting to Finance & Performance Committee.		Finance & Performance Committee Site Development Strategy Progress Report (Biannual)														
		Joint working arrangements with SMBC established to explore strategic regeneration of the hospital campus.		Board of Directors Site Development Strategy Report (Biannually)														
		Level 3 - Independent																

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TG ICFT Significant Risks – Corporate Risk Register

All Clinical Directorates							
Risk number	Risk description	Current Risk Score (L X C)	Division	Committee	Original Risk Score (L X C)	Risk Target & Risk Gap	Risk Direction
6266 RMG Approved	There is a risk of poor patient experience, harm and non-compliance with statutory access standards due to insufficient acute bed capacity within the Trust's hospital footprint.	20 5x4	All Clinical Directorates	Quality	20 5x4	8 2x4 Gap: 12	↔
All Trust Wide							
6212 RMG Approved	IF controlled documents and policies are not up to date THEN there is a risk of the Trust not meeting regulatory requirements of CQC regulation 17.	16 4x4	All Divisions Trust Wide	Quality	16 4x4	4 1x4 Gap:12	↔
5441 RMG Approved	IF the application and documentation of the Mental Capacity Act remain inconsistent due to low compliance with MCA mandatory training THEN there will be a failure to protect those who lack capacity to consent to their treatment and care.	15 3x5	All Divisions Trust Wide	Quality	10 2x5	5 1x5 Gap: 10	↔
Clinical Support Services							
6424 RMG Approved	The risk to the functionality of pathology laboratory information management system services.	15 3x5	Clinical Support Services	Finance & Performance	20 4x5	5 1x5 Gap: 10	↔
6462 RMG Approved	IF the Division is unable to remain in budget due to financial overspend and the ongoing impact of cost of agency, bank and ECP's THEN There is a risk of not delivering Trust Efficiency Program (TEP).	15 5x3	Clinical Support Services	Finance & Performance	15 5x3	3 1x3 Gap: 12	↔
6283 RMG Approved	The introduction of a New Laboratory Information Management System (LIMS) into the Transfusion laboratory.	15 3x5	Clinical Support Services	Quality	12 3x4	5 1x5 Gap: 10	↔
6415 RMG Approved	There is a risk that patient diagnosis and treatment could be delayed due a lack of capacity for MRI scans for ED, Inpatients and Outpatients.	15 5x3	Clinical Support Services	Quality	15 5x3	6 2x3 Gap: 9	↔
Corporate Services							
3612 RMG Approved	Aging Cisco Network hardware supporting both Clinical and non-clinical services	15 5x3	Corporate Services	Finance & Performance	6 2x3	3 1x3 Gap:12	↔
6352 RMG Approved	There is a risk of a loss of service due to the age of the iLab IBM server which would result in the failure of blood transfusion services impacting on the Trusts ability to support its patients.	15 3x5	Corporate Services	Finance & Performance	12 3x4	8 2x4 Gap: 8	↔
6455 RMG Approved	Clinical and Staffing Systems - Single Point of Failure of single server.	15 3x5	Corporate Services	Finance & Performance	16 4x4	5 1x5 Gap: 10	↔
5881 RMG Approved	Risk to the adherence to complaints response times.	15 5x3	Corporate Services	Workforce	15 5x3	3 1x3 Gap:12	↔
6483 RMG Approved	Unauthorised or Unmanaged Devices Connecting to the Wired Network	16 4x4	Corporate Services	Finance & Performance	16 4x4	8 2x4 Gap: 8	↔
Estates and Facilities							
5270 RMG Approved	Risk of harm due to the age and condition of building fabric and Trust wide infrastructure.	16 4x4	Estates & Facilities	Finance & Performance	25 5x5	8 2x4 Gap 8	↔
6130 RMG Approved	Risk of harm and loss of services due to the continued use of End of Life (EOL) medical equipment.	16 4x4	Estates & Facilities	Finance & Performance	20 4x5	5 1x5 Gap:15	↔
6107 RMG Approved	There is a risk of the loss of mains electrical supply to NICU, Maternity Theatre and Theatres 1 and 2 within Hartshead Building.	15 3x5	Estates & Facilities	Finance & Performance	15 3x5	5 1x5 Gap:10	↔
6172 RMG Approved	There is a risk of harm to patients, staff and visitors from the lack of safe storage of departmental equipment, waste bins, furnishings and cages, which are currently being stored on the hospital corridors.	15 3x5	All Divisions Trust Wide	Finance & Performance	15 3x5	5 1x5 Gap: 10	↔

Intermediate Tier Services							
6500 RMG Approved	Virtual Ward Service review	16 4x4	Intermediate Tier Services	Quality	16 4x4	4 1x4 Gap: 12	↔
6451 RMG Approved	There is a risk to the provision of therapy services within Intermediate Tier Services due to very low staffing levels to meet service demand.	15 5x3	Intermediate Tier Services	Workforce	15 5x3	6 2x3 Gap: 9	↔
4946 RMG Approved	Capacity and demand on District Nursing Service.	15 5x3	Intermediate Tier Services	Workforce	9 3x3	6 2x3 Gap: 9	↔
6475 RMG Approved	Finance risk of not delivering TEP, financial overspend, being unable to remain in budget.	15 5x3	Intermediate Tier Services	Finance & Performance	15 5x3	3 1x3 Gap: 12	↔
Surgery Women's & Children's Services							
6271 RMG Approved	There is a risk of poor patient outcomes due to lack of availability of critical care beds with currently insufficient space or funding to expand bed capacity.	20 5x4	Surgery Women's & Children's	Finance & Performance	16 4x4	8 2x4 Gap: 12	↔
5657 RMG Approved	There is a risk to the wait to be seen for a new patient paediatric audiology appointment is not achieving DMO1 standard which is 6 weeks and there is also a high number of overdue follow-ups within the service	16 4x4	Surgery Women's & Children's	Quality	12 3x4	8 2x4 Gap: 8	↔
5984 RMG Approved	There is a current risk due to the lack of equipment to cool babies' temperature to preserve brain function, following suspected hypoxic brain injury at birth.	16 4x4	Surgery Women's & Children's	Finance & Performance	12 3x4	8 2x4 Gap: 8	↔
6509 RMG Approved	Inadequate infection and prevention control Surgery Women's and Children's	16 4x4	Surgery Women's & Children's	Quality	16 4x4	4 1x4 Gap: 12	↔
6348 RMG Approved	Reduction in NHSP rates impacting shift coverage in Critical Care	16 4x4	Surgery Women's & Children's	Workforce	12 3x4	8 2x4 Gap: 8	↔
6188 RMG Approved	There is a risk of increased high and worsening HbA1c (poor control) associated with poorer health outcomes and increased admissions in Diabetic Ketoacidosis (DKA)	16 4x4	Surgery Women's & Children's	Quality	12 3x4	4 1x4 Gap: 12	↔
6492 RMG Approved	Sustainability of consultant workforce to deliver service and maintain standards	16 4x4	Surgery Women's & Children's	Workforce	16 4x4		↑
6459 RMG Approved	Finance risk of not delivering TEP, financial overspend, being unable to remain in budget and cost of agency and ECP's	15 5x3	Surgery Women's & Children's	Finance & Performance	12 3x4	3 1x3 Gap: 12	↔
5870 RMG Approved	There is a risk that the cared for children's service is unable to deliver a full provision of service due to insufficient commissioning arrangements, lack of SLA, staffing capacity within the team	15 5x3	Surgery Women's & Children's	Workforce	16 4x4	3 1x3 Gap: 12	↔
6255 RMG Approved	There is a risk that nurses in paediatrics may not safely open 15 beds and a HDU bed, operate an 11 bed O&A and undertake surgical elective activity during winter or escalation periods.	15 5x3	Surgery Women's & Children's	Workforce	12 4x3	3 1x3 Gap: 12	↔
Medicine & Urgent Care							
5603 RMG Approved	Emergency Department Crowding - Patient Safety / Poor patient experience - Non-Patient Escalation Areas	20 5x4	Medicine & Urgent Care	Quality	16 4x4	4 1x4 Gap: 16	↔
6427 RMG Approved	There is a risk that the Emergency Department is unable to meet the national Urgent and Emergency Care performance targets.	20 5x4	Medicine & Urgent Care	Quality	16 4x4	8 2x4 Gap: 12	↔
6471 RMG Approved	Risk of patient Harm as a result of Inadequate Bathroom Facilities & Environmental Issues within Ladysmith building.	16 4x4	Medicine & Urgent Care	Quality	16 4x4	4 1x4 Gap: 12	↔
6507 RMG Approved	Poor Infection Prevention and Control Standards Medicine & Urgent Care	16 4x4	Medicine & Urgent Care	Quality	16 4x4	4 1x4 Gap: 12	↔
5769 RMG Approved	There is a risk to patients' health and well-being due to delayed discharge to social care caused by a lack of capacity.	16 4x4	Medicine & Urgent Care	Quality	10 2x5	4 1x4 Gap: 12	↔
5941 RMG Approved	Finance risk of not delivering TEP, financial overspend, being unable to remain in budget and ongoing impact leading to significant cost in NHSP, agency and ECP's spend.	15 5x3	Medicine & Urgent Care	Finance & Performance	12 3x4	12 3x4 Gap: 4	↔

6510 RMG Approved	Patients with acute respiratory conditions are at risk of receiving compromised care.	15 5x3	Medicine & Urgent Care	Workforce	15 5x3	6 2x3 Gap: 9	
6493 RMG Approved	Limited Physical Space Within the UTC Modular Building Impacting Service Delivery.	15 5x3	Medicine & Urgent Care	Quality	12 4x3	6 2x3 Gap: 9	

SFT Significant Risks – Corporate Risk Register

Risk ID	Division	Risk Title	Consequence	Likelihood	Rating	Target Rating	Change
3015	Surgery	There is a risk of failure to deliver safe ENT/Cancer service due to not having adequate scopes in outpatient clinics.	4	4	16	4	↑
3113	Medical Director	There is a risk of patient harm if results are not actioned due to poor IT systems and inadequate governance processes.	4	4	16	6	↑
2010	Medicine & Urgent	There is a risk of injury to staff, patients and relatives due to violence and aggression incidents involving patients in ED.	4	4	16	3	↑
2765	Estates & Facilities	There is a risk that limitations in capital resource will impact on ability to repair, replace and retain a fully functioning site	4	5	20	4	↔
586	Estates & Facilities	There is a risk of deterioration of the hospital site due to a significant increase in Estate Backlog Maintenance	4	5	20	8	↔
2908	Corporate - IT	There is a risk that the Trust could lose all access to the PAS system due to the age of the hardware	4	5	20	8	↔
2596	Corporate – IT	There is a risk of total failure of the cooling in the Beech House Data Centre	5	4	20	8	↔
2650	Surgery	Risk of harm to paediatric patients if the audiology service does not comply with best practice recommendations	4	5	20	3	↔
3018	Surgery	There is a risk to patients in the Stockport locality due to the pause of the paediatric audiology service	4	5	20	8	↔
2682	Estates and Facilities	There is a risk of service disruption impacting on care delivery due to standard of estate (blocks 30/31 & 52 Pathology)	4	4	16	4	↔
2949	Corporate – IT	There is a risk to the organisations Cyber security from the large number of unsupported and end of life end user devices.	4	4	16	9	↔

2304	Medicine & Urgent Care	There Is a risk of harm if patients cannot be transferred from ambulances to ED then there are delays in treatment	4	4	16	8	↔
3074	Operations (Cancer performance)	Risk of delayed or missed cancer diagnosis or recurrence due to deficiencies in follow-up processes.	4	4	16	8	↔
2452	Clinical Support Services	The risk of the pathology estate not being fit for purpose or safe	3	5	15	3	↔
2247	Estates and Facilities	There is a risk that electrical capacity could prevent future electrical schemes and electrical purchases	3	5	15	3	↔
2971	Corporate – Learning & Education	There is risk of Health and Safety to staff and visitors from water leaks in Pinewood House	5	3	15	6	↔
3091	Estates & Facilities	There is a fire risk to the Trust due to an inadequate amount of fire safety resource.	4	4	16	4	↔
1711	HR	Deterioration in employee relations and industrial action.	4	4	16	4	↔
2964	Microbiology	There is a risk associated with the microbiology estate. Floor damaged, remedial work is required and CL3 needs to be maintained.	5	3	15	6	↔
101	Finance	There is a risk that the Trust will run out of cash and therefore have insufficient cash reserves to operate.	5	3	15	5	↔

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				SFT Paper	
Meeting date	26 March 2026	Joint Paper	X	TG ICFT Paper	
Meeting	Stockport NHS Foundation Trust (SFT) Board of Directors Tameside & Glossop Integrated Care NHS Foundation Trust (TG ICFT) Board of Directors				
Report Title	Use of Common Seal 2025/26				
Director Lead	Karen James, Chief Executive	Author	Rebecca McCarthy, Trust Secretary		

Paper For:	Information		Assurance	X	Decision	X
Recommendation:	The SFT Board of Directors is asked to: - Confirm the use of the SFT Common Seal during 2025/26. The TG ICFT Board of Directors is asked to: - Receive confirmation that the TG ICFT Common Seal was not applied during 2025/26.					

The paper relates to the following CQC domains

	Safe		Effective
	Caring		Responsive
	Well-Led	X	Use of Resources

Where issues are addressed in the paper

	Section of paper where covered
Equality, diversity and inclusion impacts	N/A
Financial impacts if agreed/not agreed	N/A
Regulatory and legal compliance	Entire report
Sustainability (including environmental impacts)	N/A

Executive Summary

The purpose of this report is to report the use of the SFT and TG ICFT Common Seal during 2025/26 to the SFT and TG ICFT Board of Directors respectively.

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1. Introduction

- 1.1 The purpose of this report is to report the use of the SFT and TG ICFT Common Seal during 2025/26 to the SFT and TG ICFT Board of Directors respectively.

2. Use of Common Seal

- 2.1 Authority to apply the Seal to relevant documents is detailed at Section 38 of the SFT Scheme of Reservation and Delegation and Section 40 of the TGICFT Constitution. For both Trusts, authority to apply the Seal is delegated to the Chair / Chief Executive or two Executive Directors/Trust Secretary. The occasions of use of the Seal is reported to the Board of Directors on an annual basis.
- 2.2 During the period 1 April 2025 – 26 March 2026, the SFT Common Seal was applied on five occasions. These were:

Reg No	Date	Reason
150	9 May 2025	Parent Company Guarantee – relating to a project at Stepping Hill Hospital, Outpatients Department (MTX Holdings Ltd / SNHSFT)
151	19 September 2025	Contract for the sale and leaseback of the land on the north side of Chadwell Road – The Meadows
152	19 September 2025	TRI – The Land Registry – The Meadows
153	19 September 2025	Lease – The Meadows
154	19 September 2025	The Meadows – Side Letter

- 2.3 The TG ICFT Common Seal was not applied to any documents during the period 1 April 2025 – 26 March 2026.

3. Recommendations

- 3.1 The SFT Board of Directors is asked to confirm the use of the SFT Common Seal during 2025/26 as at s2.2 of this report.
- 3.2 The TG ICFT Board of Directors is asked to receive confirmation that the TG ICFT Common Seal was not applied during 2025/26.

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