

REPORT TO BOARD OF DIRECTORS (BoD)

Report title: NHS Staff Survey 2025: Results, Analysis & Organisational Response

Meeting date: 2 April 2026

Board sponsor: Norman Blissett, Chief People Officer (CPO)

Paper Author: Rob Fordham, Head of Culture and Inclusion

Appendices:

Appendix 1: NHS Staff Survey 2025: Open Board

Executive summary:

Action required:	For Discussion
<p>Purpose of the Report:</p>	<p>The purpose of this paper is to provide the Board with a comprehensive overview of the 2025 NHS Staff Survey results, the analysis undertaken, and the Trust-wide organisational response.</p> <p>The report summarises the national context, response rates, headline findings, variation across the Trust, and the triangulated priority outcomes areas. It also outlines the actions being taken to strengthen the underlying conditions that shape staff experience, and the governance and accountability arrangements that will support improvement across care groups.</p> <p>The report acknowledges the wider operational and financial context, including operational pressures affecting flow and capacity, which continue to impact patient and therefore staff experience. The Board is asked to consider the findings, discuss the proposed organisational response, and endorse the governance approach, with the Board and People & Culture Committee (P&CC) closely involved.</p>
<p>Summary of key issues:</p>	<p>The 2025 NHS Staff Survey provides an honest and representative view of staff experience across the Trust, with more than 5,300 responses and a 53% response rate. The results show a continued decline in staff engagement and experience over the past five years, with further deterioration in the most recent year.</p> <p>Analysis of the results identifies three priority outcome areas: advocacy, compassionate culture and professional development. These reflect the areas where staff experience is furthest from national standards and where the largest year-on-year changes have occurred. The triangulation of year-on-year change, national benchmarking and statistical correlations provides a consistent evidence base for these priorities.</p>



	<p>The evidence also confirms that improvements in these areas depend on improving three underlying conditions: leadership, team climate and facilitating professional growth. National and local analysis shows that these conditions explain the majority of the variance in staff engagement, making them the most effective levers for improvement.</p> <p>The paper also acknowledges the wider operational and financial context, including operational pressures affecting flow and capacity, which continue to impact patients and therefore influence staff experience. Work to address these pressures is being progressed separately through the appropriate Trust structures.</p> <p>The Board is asked to note the findings, discuss the organisational response, and endorse the strengthened governance and accountability arrangements.</p>
Key recommendations:	<p>The Board of Directors is asked to:</p> <ol style="list-style-type: none"> 1) NOTE the 2025 NHS Staff Survey results and the analysis undertaken. 2) ENDORSE the three Trust-wide actions focused on leadership, team climate and development. 3) SUPPORT the strengthened governance model, including care group accountability for 1-2 priority areas and reporting with increased frequency to People & Culture Committee and Board. 4) NOTE the contextual factors influencing staff experience, including operational pressures affecting flow and capacity.

Implications:

Links to Strategic Theme:	<ul style="list-style-type: none"> • People
Link to the Trust Risk Register:	RR1679 – Risk of failure to address poor organisational culture.
Resource:	None
Legal and regulatory:	None
Subsidiary:	N/A

Assurance route:

Previously considered by: Earlier and focused iterations of this paper have been considered by: Executive Management Team (EMT) (07.01.26), Trust Management Committee (TMC) (21.01.26, 18.02.26) and P&CC (17.03.26).



NHS Staff Survey 2025: Results, Analysis & Organisational Response

1. Purpose of the report

- 1.1 The purpose of this paper is to provide the Board with a comprehensive overview of the 2025 NHS Staff Survey results, the analysis undertaken, and the Trust-wide organisational response.
- 1.2 The report summarises the national context, response rates, headline findings, variation across the Trust, and the triangulated priority outcomes areas. It also outlines the actions being taken to strengthen the underlying conditions that shape staff experience, and the governance and accountability arrangements that will support improvement across care groups.
- 1.3 The report acknowledges the wider operational and financial context, including operational pressures affecting flow and capacity, which continue to influence staff experience. The Board is asked to consider the findings, discuss the proposed organisational response, and endorse the governance approach.

2. Executive Summary

- 2.1 The 2025 NHS Staff Survey provides a robust and representative view of staff experience across the Trust, with more than 5,300 responses and a 53% response rate. The results show a continued decline in staff engagement and experience over the past five years, with further deterioration in the most recent year.
- 2.2 Analysis of the results identifies three priority outcome areas: advocacy, compassionate culture and development. These reflect the areas where staff experience is furthest from national standards and where the largest year-on-year changes have occurred. The triangulation of year-on-year change, national benchmarking and statistical correlations provides a consistent evidence base for these priorities.
- 2.3 The evidence also confirms that improvements in these areas depend on strengthening three underlying issues: leadership, team climate and professional growth. National and local analysis shows that these conditions explain the majority of the variance in staff engagement, making them the most effective levers for improvement.
- 2.4 The paper also acknowledges the wider operational and financial context, including operational pressures affecting flow and capacity, which continue to influence staff experience. Work to address these pressures is being progressed separately through the appropriate Trust structures.
- 2.5 The Board is asked to note the findings, discuss the organisational response, and endorse the strengthened governance and accountability arrangements.

3. National Context

- 3.1 The national NHS Staff Survey continues to show pressure across the service, with many Trusts reporting further deterioration in staff experience. Nationally, the People Promise themes



relating to morale, workload, advocacy and development have seen the most consistent declines.

3.2 East Kent benchmarks below the national average across all seven People Promise themes, Staff Engagement and Morale (**see Appendix 1**). The Trust's relative position has also declined:

- Positioned toward the lower end of the Picker Acute cohort for overall positive score;
- Positioned in the lower quartile nationally for staff engagement.

3.3 These positions reflect both absolute scores and the relative pace of improvement compared to peers.

4. Response Rate & Representativeness

4.1 A total of 5,379 colleagues completed the survey, giving a 53% response rate, the second highest in the Trust's history and 6% above the national average. This provides a reliable and representative picture of staff experience.

4.2 Response rates varied across care groups and staff groups (**see Appendix 1**), but all groups achieved sufficient representation to support robust analysis.

5. Headline Results

5.1 The headline findings include:

- Staff engagement score: 6.22;
- Five-year decline from 6.42 to 6.22;
- 60% of measures deteriorated year on year;
- 23% improved, notably inclusion and line management;
- Six of nine People Promise themes show statistically significant deterioration;
- No statistically significant improvements observed.

5.2 Engagement correlates strongly with the combined People Promise themes ($r = 0.86$), confirming that engagement is a reliable proxy for overall staff experience and culture.

6. Five-year Trend

6.1 Engagement has declined steadily over five years, with the largest year-on-year change occurring in 2025 (*see slide 5*). This trend aligns with national pressures but also reflects local organisational factors, including operational pressures, financial constraints and the absence of a consistently applied organisational approach to staff experience over this period.

7. Variation Across the Trust

7.1 Engagement varies significantly across the Trust:

- Range across 292 wards/departments: 4.60 to 7.73;
- 61 areas above the national average;



- 92 areas below the Trust average.

7.2 Variation is also evident across care groups and staff groups (see slide 4). This variation reinforces the importance of local leadership, team climate and development as determinants of staff experience.

8. National Benchmarking

8.1 Across all nine People Promise themes, the Trust scores below the national average, with significant gaps to the highest performing Trusts. The Trust's relative position has declined year on year within the Picker cohort, reflecting both absolute performance and the relative pace of improvement.

9. Triangulation and Priority Outcome Areas

9.1 To identify the areas requiring the greatest organisational focus, three lenses were triangulated:

- Year-on-year change
- Gaps to national standards
- Correlation with staff engagement

9.2 This analysis identifies three priority outcome areas:

- 1) **Advocacy:** largest gaps to national standards (12 - 16 percentage points);
- 2) **Compassionate Culture:** significant gap and one of the most deteriorated areas;
- 3) **Development:** largest year on year decline (21 points).

9.3 These areas represent where staff experience is currently lowest and where improvement would have the greatest impact on engagement.

10. Contextual Factors

10.1 Staff experience reflects the wider operational and financial context in which colleagues are working.

10.2 Operational pressures, including those affecting flow and capacity, continue to influence staff experience. Work to address these pressures is being progressed separately through the appropriate Trust structures. This paper focuses on the staff survey findings and the organisational response to those findings.

11. The Three Levers

11.1 Analysis confirms that improvements in the priority outcome areas depend on strengthening three underlying conditions:

11.2 Leadership

National and local analysis shows a strong positive relationship between compassionate leadership and staff engagement ($r = 0.81$), with leadership explaining 66% of the variance in



engagement. Leadership behaviours, visibility and consistency remain critical determinants of everyday experience.

11.3 **Team Climate**

There is an even stronger relationship between compassionate culture (team climate) and staff engagement ($r = 0.90$), with team climate explaining more than 80% of the variance. This indicates that while leadership is necessary, engagement is amplified when teams have shared purpose, trust and supportive practices.

11.4 **Professional Growth**

Locally, development is the strongest correlate with engagement and has seen the steepest decline. Feeling supported to grow, develop and progress is a key determinant of belonging and connection to the organisation.

11.5 These levers form the basis of the organisational response.

12. **Trust-wide Actions**

12.1 1. Modernised Leadership & Management Curriculum

- Launch of refreshed 3-6-month immersive, identity-shaping programmes;
- Development of 'on-demand' leadership development (60-90 minute sessions);
- Prioritised access for areas requiring more targeted, intensive support.

12.2 2. Building High Performing, Compassionate Teams

- Scaling Team Engagement & Development (TED) to support team climate;
- Increasing follow-up sessions to measure progress and improvement;
- Integration of TED into leadership programmes (*i.e.* pre- and post-course).

12.3 3. Enhancing Personal & Professional Development

- Expanded access to funded development;
- Fairer distribution of opportunities;
- Increasing utilisation of the apprenticeship levy.

12.4 These actions are aligned to the People Strategy and monitored through corporate Performance Review Meetings (PRMs).

13. **Governance & Accountability**

13.1 A strengthened governance model will ensure sustained focus and oversight:

- Corporate PRMs will monitor Trust-wide progress;
- Strengthened staff experience governance model to be introduced;
- Care groups to identify 1 to 2 priority areas;
- Local plans to be presented to TMC April – June;



- Simple process measures to track progress;
- Community of Practice to support shared learning;
- Reporting and accountability to Board and sub-committees.

14. Care Group Responsibilities

14.1 Each care group has received a detailed data pack and is required to:

- Identify 1 to 2 priority themes;
- Set out actions and process measures;
- Report progress at agreed intervals.

14.2 This ensures local ownership and alignment with Trust wide priorities.

15. Risks & Dependencies

15.1 Key risks include:

- RR1679 – organisational culture;
- Operational pressures affecting flow and capacity;
- Workforce sustainability;
- Capacity to deliver improvement at pace.

15.2 Dependencies include leadership capacity, Organisational Development (OD) resource, and operational stability.

16. Next Steps

- Care group plans to TMC April – June;
- Continued analysis of local variation;
- Integration with People Strategy;
- Regular reporting to P&CC and Board.

16.1 Closing Summary:

The organisational response is grounded in a simple principle: culture is created by the conditions we set. Strengthening leadership, team climate and offering professional growth provides the consistency required for values and behaviours to be experienced reliably across the Trust.

These conditions are the levers that will shift our three priority outcome areas over time. The actions outlined in this paper represent the first phase of a sustained, evidence-based approach to improving staff experience and rebuilding engagement.

17. Recommendations

17.1 The Board of Directors is asked to:

- Note the 2025 NHS Staff Survey results and the analysis undertaken.



- Endorse the three Trust-wide actions focused on leadership, team climate and development.
- Support the strengthened governance model, including care group accountability for 1-2 priority areas.
- Note the contextual factors influencing staff experience, including operational pressures affecting flow and capacity.



2025 NHS Staff Survey

Our Organisational Response

Culture = Values + Behaviour x Consistency

Our Organisational Response to the 2025 Staff Survey



East Kent
Hospitals University
NHS Foundation Trust

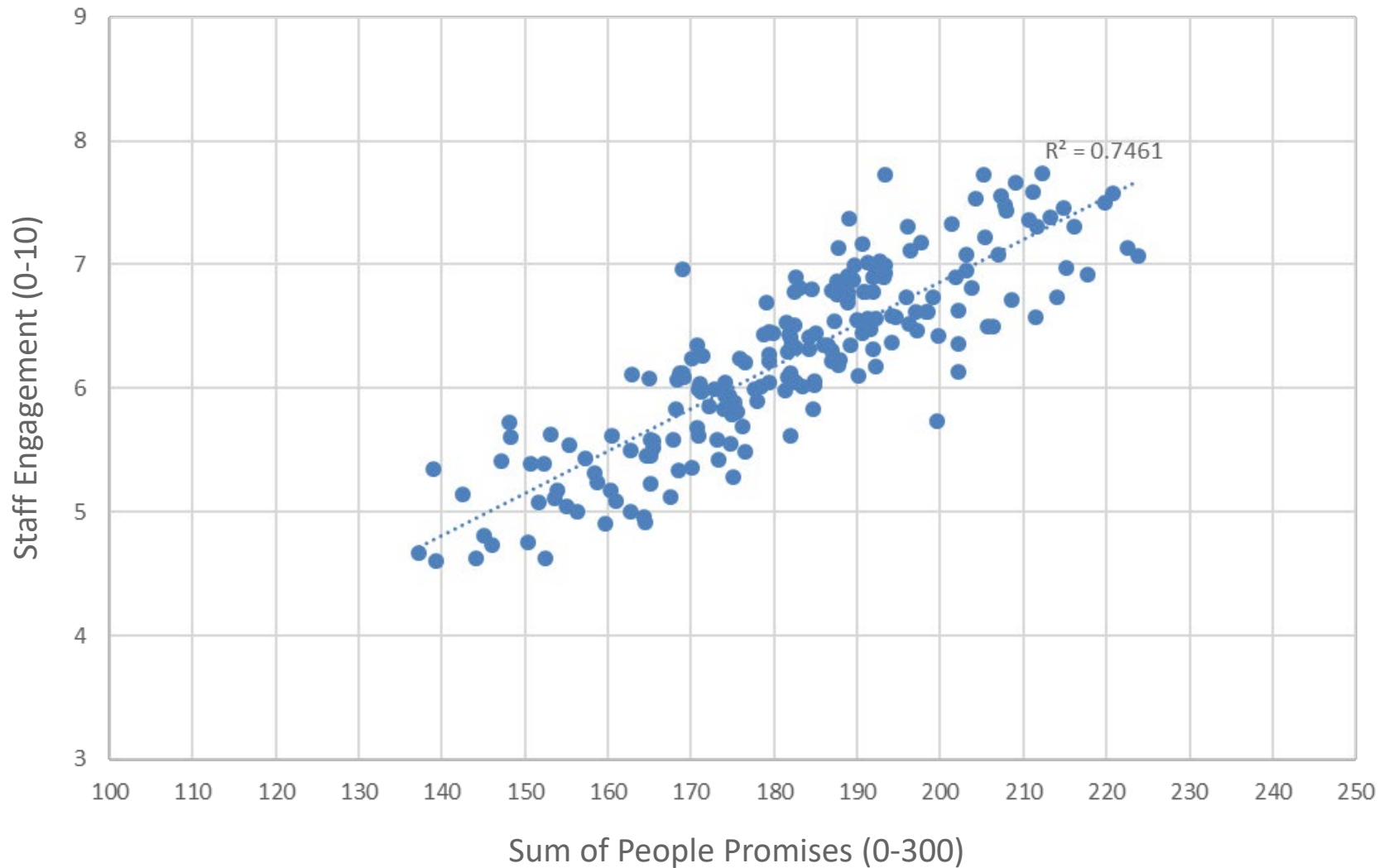
Contents

A clear, evidence-based and person-centred narrative: engagement – context – outcomes – levers – response.

1. **Engagement:** *why it is our core indicator, how it varies across the Trust & the five-year trend*
2. **National Benchmarking:** *how East Kent compares across the wider NHS*
3. **Headline Results:** *summary of results, statistical significance testing and triangulation*
4. **Our Outcomes:** *the three priority outcome areas – where experience is weakest*
5. **Our Levers:** *leadership, team climate and growth – the conditions that shift our outcomes*
6. **Governance & Accountability:** *how we ensure discipline, visibility and sustained focus across the Trust*
7. **Our Organisational Response:** *strengthening the conditions that shape culture and engagement*

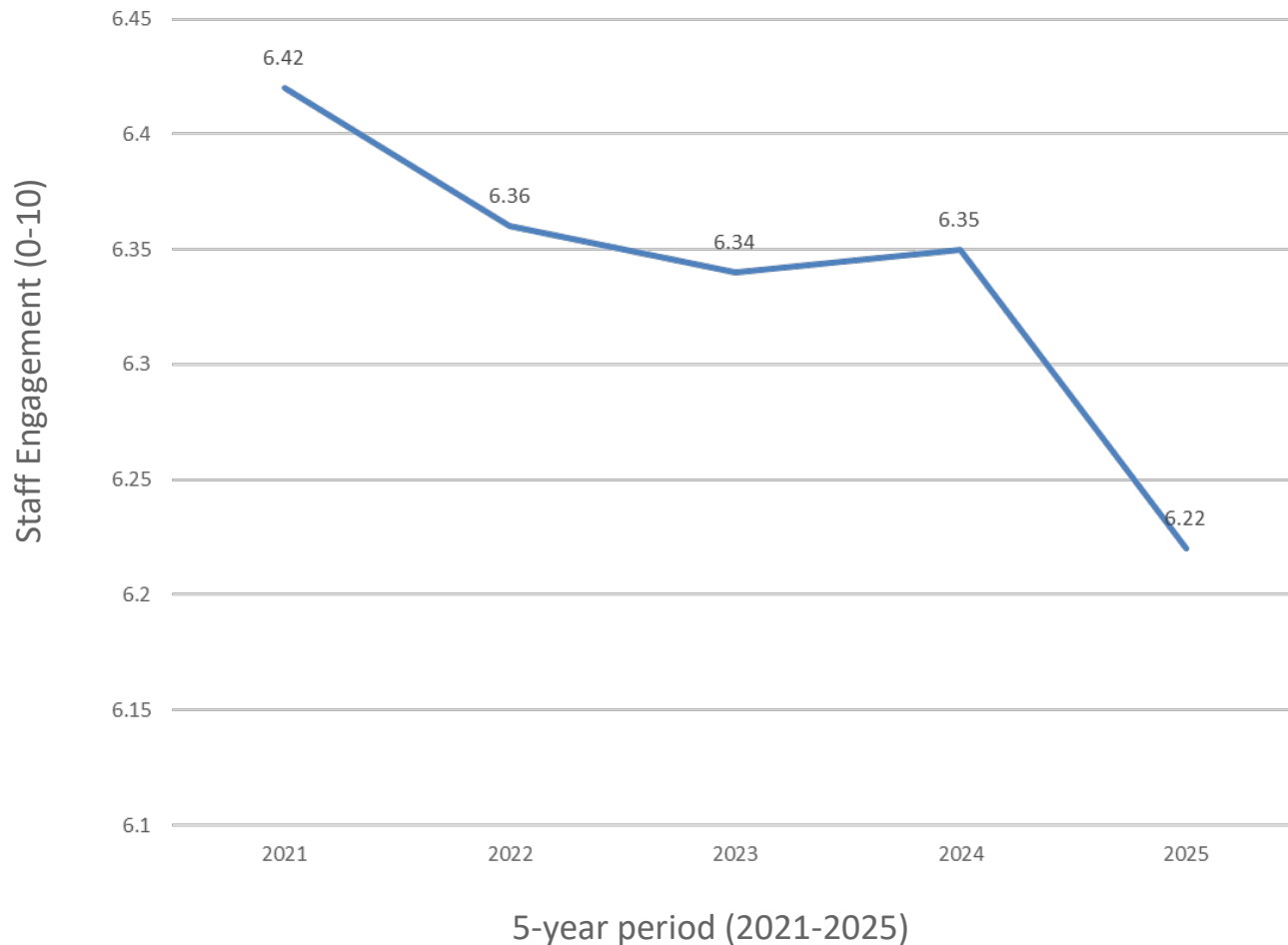
Appendices: *Additional detail is available in hidden slides and can be opened if required.*

Why engagement is our culture indicator



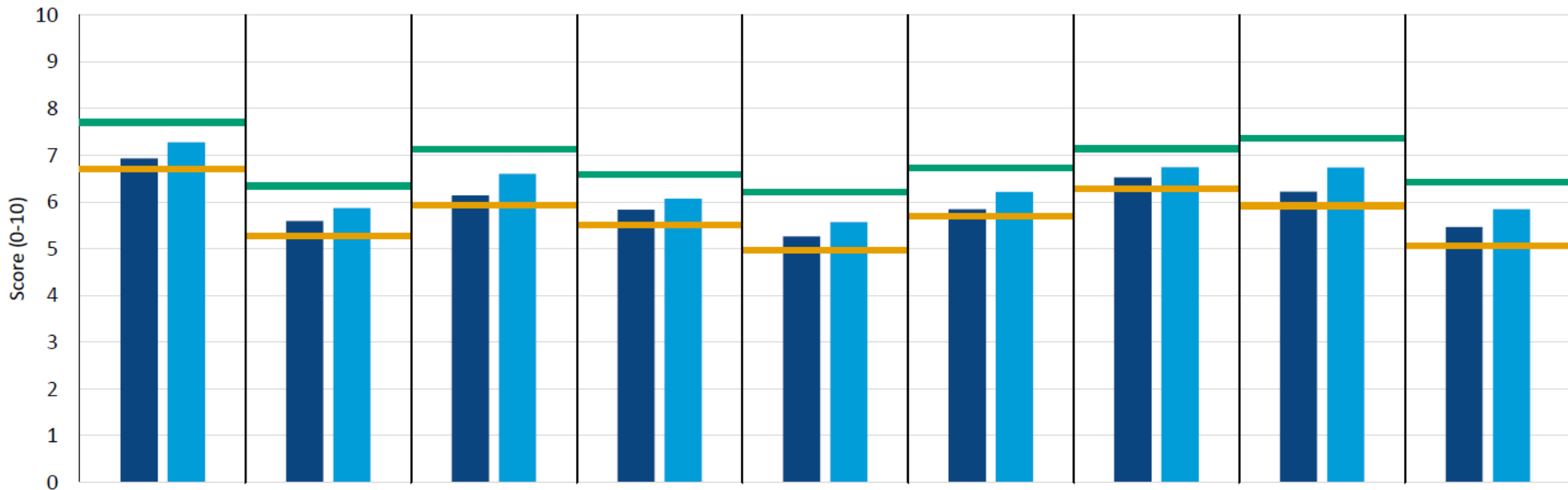
- Staff engagement is strongly correlated with the combined experience of all 30 People Promise themes ($r=0.86$, $R^2=0.75$)
- This strong relationship gives us a high degree of confidence that staff engagement is a **reliable proxy** for overall staff experience and **culture**.
- And engagement matters – it's one of the clearest indicators of cultural health and organisational performance.

Five-year decline in staff engagement



- Engagement has fallen from 6.42 to 6.22 over five years, with this year’s drop the largest in the series.
- This indicates a gradual weakening in how people are experiencing their working environment and, in turn, our culture.

How we compare to the wider NHS



This shows how East Kent benchmarks against 121 Acute and Acute & Community Trusts across the country.

Across the nine themes, our scores sit consistently below the national average, with a significant gap between us and the highest-performing Trusts.

Your org	6.94	5.59	6.14	5.84	5.26	5.85	6.53	6.22	5.47
Best result	7.71	6.34	7.12	6.58	6.21	6.74	7.14	7.36	6.42
Average result	7.28	5.87	6.60	6.07	5.57	6.22	6.75	6.74	5.84
Worst result	6.71	5.27	5.93	5.51	4.98	5.69	6.29	5.92	5.06
Responses	5365	5368	5333	5344	5059	5343	5355	5372	5371

Our headline results at a glance



Experience deteriorated across 60% of measures, with only 5 remaining stable.

Improvements were seen in 23% of measures, notably inclusion and line management.

Staff engagement fell to 6.22, the largest year-on-year drop in the series.

NSS: Results Summarised | NSS: Summary vs National | NSS: Questions Summarised

Sub Theme	Score	Year on Year	Sub Theme	Score	Year on Year	Sub Theme	Score	Year on Year
♥ Diversity and equality	8.14	0.39 ▲	🧬 Support for work-life balance	5.94	-0.05 ▾	M Thinking about leaving	5.44	-0.13 ▾
🛡️ Negative experiences	7.73	0.16 ▲	🗣️ Autonomy and control	6.54	-0.06 ▾	M Work pressure	4.89	-0.13 ▾
♥ Inclusion	6.67	0.08 ▲	E Involvement	6.38	-0.06 ▾	♥ Compassionate culture	6.21	-0.13 ▾
🧑‍💼 Line management	6.67	0.08 ▲	🛡️ Burnout	4.72	-0.07 ▾	E Motivation	6.65	-0.15 ▾
♥ Compassionate leadership	6.80	0.04 ▾	🧬 Flexible working	5.74	-0.09 ▾	E Advocacy	5.63	-0.17 ▾
🧑‍💼 Team working	6.41	0.03 ▾	🛡️ Health and safety climate	5.10	-0.10 ▾	🌳 Appraisals	4.59	-0.18 ▾
M Stressors	6.09	-0.03 ▾	🗣️ Raising concerns	5.74	-0.11 ▾	🌳 Development	5.94	-0.21 ▾

x4 ↑

x13 ↓

Statistically significant changes across key themes

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	6.94	6207	6.94	5365	Not significant
We are recognised and rewarded	5.59	6209	5.59	5368	Not significant
We each have a voice that counts	6.22	6150	6.14	5333	Significantly lower
We are safe and healthy	5.90	6167	5.84	5344	Significantly lower
We are always learning	5.43	5894	5.26	5059	Significantly lower
We work flexibly	5.96	6177	5.85	5343	Significantly lower
We are a team	6.50	6203	6.53	5355	Not significant
Themes					
Staff Engagement	6.35	6205	6.22	5372	Significantly lower
Morale	5.58	6211	5.47	5371	Significantly lower

Statistical significance testing conducted by the NHS Staff Survey Co-ordination Centre indicates that staff experience is statistically significantly lower against six of the nine People Promise themes:

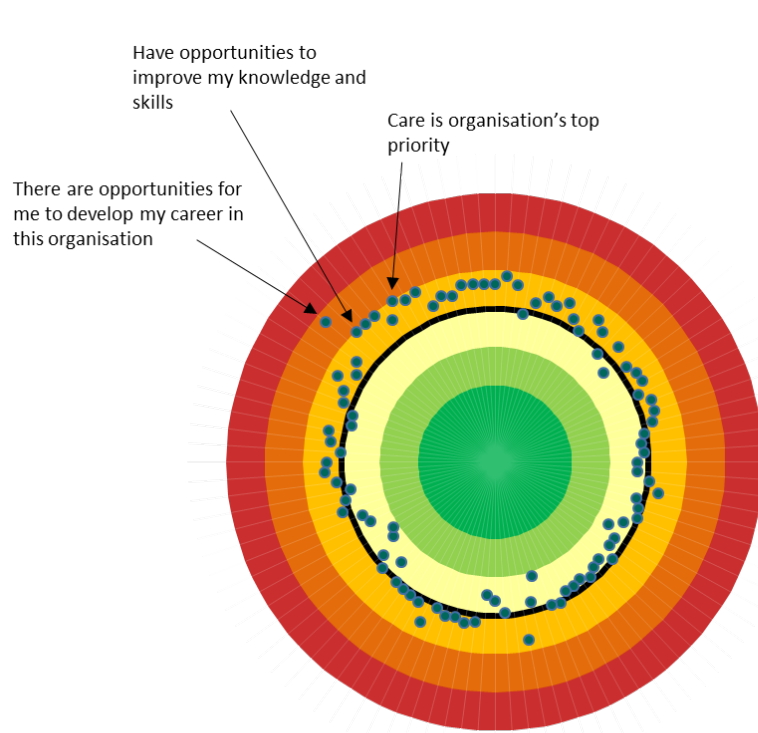
- We each have a voice
- We are safe & healthy
- We are always learning
- We work flexibly
- Staff engagement
- Morale

No statistically significant improvements were observed.

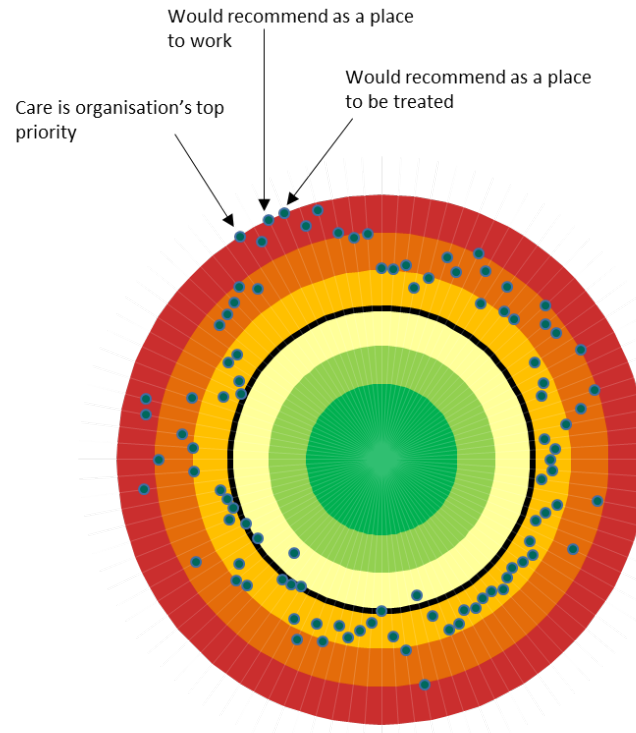
* Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.

Triangulating the evidence to identify our priority areas

We brought together **three sources of evidence** to identify where we need to focus: year-on-year-change, gaps to national standards, and the factors most strongly linked to staff engagement. Triangulating these lenses gives us a **clear, consistent picture of the areas that matter most** for improving staff experience – and culture.

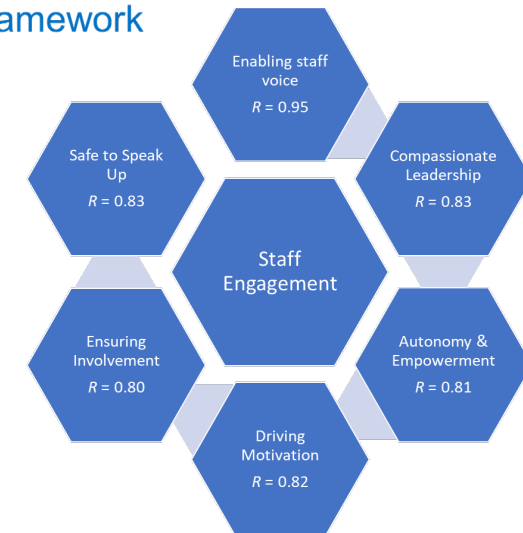


All scores vs. 2024




All scores vs. National Average

Staff Engagement Framework



Our three priority outcome areas

These are our three priority **outcome** areas. They show where staff experience is weakest – but they are not levers for improvement. In the past we have focused on these outcomes directly; the evidence shows we must now focus on the conditions that shift them.



Advocacy

87 points below the national average. **Biggest gap** to the national standard and third most deteriorated year-on-year.



Compassionate Culture

66 points below the national average. **Second furthest** from national standards and in the **bottom five** for deterioration.



Development

Most deteriorated year-on-year. Strongest correlate with engagement in EKHUFT ($r=0.98$)

*See **Appendix 2** for triangulation detail.

The three levers that shift engagement

These are the **levers** – the conditions that shift our three priority *outcome* areas.

Compassionate Leadership

Leadership is the strongest lever for improving staff engagement and everyday experience.

Action: Launching a modernised Leadership & Management Curriculum

Team Climate

High-quality team climate is one of the most effective levers for sustaining engagement.

Action: Scaling Team Engagement & Development (TED) to build high-performing, compassionate teams

Growth & Development

Growth, support and investment in staff are critical conditions for sustaining engagement.

Action: Enhancing development pathways and support

*See **Appendix 1** for statistical analysis of levers.

How we will strengthen these levers

Our organisational response focuses on strengthening the conditions that most influence staff experience leadership, team climate and personal growth.



Leadership is the strongest lever for improving staff engagement and everyday experience.

- Modernised leadership & management curriculum
- Immersive 3-6 month programmes
- On-demand leadership content library
- Prioritised access for areas needing intensive support



High-quality team climate is one of the most effective levers for sustaining engagement.

- Scaling TED across the Trust
- Increased follow-up to embed practice
- Integration of TED into leadership programmes
- Prioritisation of hotspots and high-pressure areas



Growth, support and investment in staff are critical conditions for sustaining engagement.

- Expanded access to funded development
- Fairer distribution of opportunities
- Increased apprenticeship levy utilisation
- Strengthened appraisal quality

Governance and accountability

A strengthened governance model will ensure sustained focus, clear accountability and regular oversight of progress.

Trust-level Governance

- Corporate Performance Review Meetings (PRMs) will monitor progress through the People Strategy
- Strengthened staff experience governance model to provide regularity, visibility and continuity
- Simple, clear process measures used to track progress (not waiting for NHS Staff Survey (NSS) results)
- Targeted support from Culture & Inclusion for high-pressure services

Care Group Accountability

- Each care group receives a detailed data pack showing strengths, challenges and suggested priorities
- Care groups must identify 1-2 priority themes and their top three areas
- Plans to be presented to Trust Management Committee (TMC) throughout April - June
- Progress reported at agreed intervals with disciplined follow through
- Potential Community of Practice to support shared learning

Oversight Model

- Review whether PRMs remain the right forum or whether a dedicated staff experience forum is required
- Ensure regularity visibility and accountability for staff experience actions
- Maintain continuity of focus across the year

Our organisational response



Culture = Values + Behaviour x Consistency

- Culture is created by the **conditions we set** – leadership, team climate and growth.
- Strengthening these conditions shifts our three priority **outcome** areas
- This is how we **rebuild engagement** and improve how it feels to work in East Kent.

REPORT TO BOARD OF DIRECTORS (BoD)

Report title: Progress on Implementation of the NHS England (NHSE) Resident Doctor 10 Point Plan

Meeting date: 2 April 2026

Board sponsor: Dr Helen Mackie, Acting Chief Medical Officer (CMO)

Paper Author: Dr Helen Mackie, Acting CMO

Appendices:

None

Executive summary:

Action required:	Assurance
Purpose of the Report:	To provide an update to Board on the delivery of the 10 Point Plan.
Summary of key issues:	The Trust continues to make steady, demonstrable progress in delivering the NHSE Resident Doctor 10 Point Plan (10PP). The Trust has taken forward actions across all ten domains, with several areas already embedded, others on track, and some requiring system level support or national guidance before completion.
Key recommendations:	<p>The Board of Directors is asked to discuss and NOTE this progress report on the Implementation of the NHSE Resident Doctor 10PP and the following:</p> <ul style="list-style-type: none"> • Note substantial progress and strengthened governance across the 10PP. • Endorse ongoing actions to improve rota timeliness, rest facilities, and annual leave equity. • Support continued alignment with national payroll, rotations, and training frameworks as guidance becomes available. • Receive a further consolidated update once Phase 2 requirements are issued nationally.

Implications:

Links to Strategic Theme:	<ul style="list-style-type: none"> • Quality and Safety • People • Partnerships
Link to the Trust Risk Register:	None
Resource:	N



Legal and regulatory:	N
Subsidiary:	N

Assurance route:

Previously considered by: None



PROGRESS ON IMPLEMENTATION OF THE NHS ENGLAND RESIDENT DOCTOR 10 POINT PLAN

1. Improving the Working Environment & Wellbeing of Resident Doctors

The Trust has participated fully in NHSE's update sessions and established a fortnightly Steering Group to oversee delivery. It has promoted the Safe Learning Environment Charter and ensured visibility through induction.

The links with the Health & Wellbeing team have been strengthened, with wellbeing discussions embedded through the Doctors' Voices Group. Work has begun to improve mess visibility, rest spaces, locker access, and 24/7 food provision, including hot-food vending where catering is limited. Gaps remain at the Canterbury site and are being taken forward with the Chief Strategy and Partnerships Officer (CSPO). The Trust has also commenced work to ensure consistent access to Self-Directed Training (SDT) time, addressing variation across specialties.

National survey results discussed regionally highlight improvements in hot food, parking, and rest facilities, which align with the Trust's current trajectory.

2. Timely Work Schedules & Rotas

Compliance monitoring is in place via the Guardian of Safe Working (GoSW) and the South East GoSW network. The Trust has appointed a second GoSW to strengthen oversight. The Trust has also improved timeliness of rota production, with approximately 65% of rotas now submitted by the eight week publication point, demonstrating steady improvement. A formalised escalation framework is being developed to achieve full compliance, and a new monitoring processes are being introduced for personalised six-week rotas, enhancing accountability.

Work is also underway to extend exemption reporting to Locally employed doctors. A recent trial at Queen Elizabeth the Queen Mother Hospital (QEQM) was disappointing with limited engagement. The introduction of a new e-rostering platform "Patchwork" across the Trust provides the opportunity for data to be managed within a single system.

3. Fair & Equitable Annual Leave

The Trust's annual leave policy is under review, with resident-doctor-specific provisions now incorporated. One key issue is the inability to request leave before joining rota systems. Mitigation is underway through the rollout of "Patchwork", which will enable pre-start leave requests.

4. Appointment of Senior & Peer Representatives

The senior Board-level lead is the Acting Chief Executive Officer (CEO)/Chief Medical Officer (CMO), Dr Des Holden. Peer representative recruitment is in progress, with interviews scheduled following Trust-wide advertisement. The engagement mechanisms have also been strengthened, including a proposal to merge the Doctors' Voices Group with the Resident Doctor Forum for streamlined governance. A paper has been submitted to the Trust Management Committee (TMC).



5. Eliminating Payroll Errors

The Trust has established Board-level governance, with the Chief People Officer (CPO) leading oversight. Trust representatives attended the national Payroll Improvement Webinars, and preparatory work is underway for national data submissions. Final national guidance is awaited before full implementation. National conversations emphasise that payroll errors should be treated similarly to incident reporting, a principle the Trust supports.

6. Avoiding Repetition of Statutory & Mandatory Training

The Trust implemented a redesigned Electronic Staff Record (ESR) onboarding process in 2024 using pre-hire Inter Authority Transfers (IATs) to transfer training records. A new training capture form mitigates inconsistent data transfers from previous employers. Further alignment is expected through the national Lead Employer workstream.

7. Embedding Exception Reporting Culture

Significant progress has been made, including GoSW participation in the regional network. The Trust has strengthened processes ahead of the new national framework through timely onboarding to the Doctors Rostering System (DRS), QR-based mobile access, monitoring and follow-up of unaddressed reports, improved confidentiality through the removal of grades, and transitioning towards centralised closure of exception reports by February 2026. The 28 day submission window and education specific reporting routes have also been reinforced.

8. Timely Reimbursement of Course Fees

Mandatory courses are now reimbursed at the point of expense. Wider reimbursement processes were reviewed at local faculty groups, with strengthened communication to ensure resident doctors understand their entitlement.

9. Minimising the Impact of Rotations

Minimising the Impact of Rotations depends on national rotations and lead-employer workstreams, with trusts awaiting further guidance. The Trust is prepared to respond once the national framework is finalised. Early regional discussion emphasised the need to reduce disruption and embed Phase 2 cultural work, including Non-Executive Director (NED) oversight of Resident Doctor Peer Lead roles.

Table demonstrates progress in the initial three months from baseline audit until October 2025.



Improving Doctors Working Lives Programme - The 10 Point Plan

Provider: EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

Amenities	Baseline survey	12-week progress
Access to Lockers	Yes, <50%	Yes, <50%
Rest facilities	Yes, <50%	Yes
Designated on-call parking access	No	Yes
Access to hot and cold food 24/7	Yes, <50%	Yes, >50%
Access to cold food 24/7	Yes	Yes
Inductions specifically designed to meet the needs of Resident Doctors	Yes	Yes, >50%
Beds/sleeping pods available free of charge	Yes, <50%	Yes
Are Resident doctors able to work from home for portfolio and self-directed learning?	Yes, <50%	Yes
Access to free psychological support treatment?	Yes	Yes
Positive feedback mechanisms in place to reward and promote staff?	Yes, <50%	Yes, <50%
Protected breaks?	Yes, <50%	Yes, <50%
Do you promote the Safe Learning Environment Charter?	Yes, <50%	Plan to
Sexual safety/harassment training and awareness?	Yes	Yes

Annual Leave	Baseline survey	12-week progress
Is there a local policy to encourage good annual leave management which references resident doctors?	Yes	Yes
Good annual leave practice covered at resident doctor induction?	Yes	Plan to
Allow resident doctors to carry over annual leave between rotations?	Yes (internal rotations)	No
Do rostering systems for Resident Doctors allow for self/preferential rostering?	No	No

Appointing senior leads to take action on Resident Doctor issues	Baseline survey	12-week progress
Has your Trust Board appointed a senior named, accountable Resident Doctor Lead?	No	Yes
Has your Trust Board appointed a Resident Doctor Peer Lead?	Yes	Yes
At what levels of your organisation have you reviewed and discussed the following surveys? (None, Executive team, Trust Board, People Committee, Two out of Three, or All)		
GMC Training survey	Trust Board	Two of the Three
NETS survey	People Committee	None
National Staff Survey		All
National Student Survey		People Committee

Payroll and Expenses	Baseline survey	12-week progress
Implemented local SLAs and introduced board-level governance for tracking/reporting payroll errors?	No	Yes
Changes in payroll errors over the last 12 months?	Do not monitor	Do not monitor
Processing of course related expenses?	After course attendance	When course is booked

Mandatory Training & Learning	Baseline survey	12-week progress
Do you accept resident doctors' mandatory training from other sites and follow the People Policy Framework (May 2025)?	Yes, both	Yes, both

Does the Resident Doctor Peer Lead support the findings as set out in this survey?	Fully supports
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* 12-week progress survey 75% (Improvement of 16pp)

* The survey score is calculated by averaging the percentage scores of each scored question. Please refer to the points scheme for specific scoring criteria.

10. Conclusion

The Trust is making meaningful, sustained progress across most elements of the 10PP.

Good progress has been made on engagement, mandatory training and induction.

Areas which actions are well developed and on track, include, hot food provision at all three sites (re-tender underway for catering), strengthening Quality Assurance (QA) processes around payroll errors (regular audit and monitoring).

Opportunity to carry over leave remains limited and requires further exploration. Car parking for doctors coming on to shift during midday periods also remains an issue. Further work is underway to scope the number of rosters affected and consider solutions.

Progress is lacking in two areas which require national interventions such as the NHSE rotations workstream, which aims to reduce the impact of rotations and the practical impact of moving employers. The Trust remains an active participant in the SE regional group.

