

# Logframe Matrix for the Kent and Medway Integrated Care Strategy

■ Indicators highlighted grey are still work in progress.

## Version control

Version date	Details
2024-05-20	Working draft shared widely for comment
2024-06-18	Indicator 3.3 (adult overweight / obese) wording clarified to specify the measurement of interest is the gap between most and least deprived
2024-07-01	Removed text 'Included in Strategy' from multiple indicators because these do not hold any special status compared to the other indicators.

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## Goal

Narrative: To reduce economic and health inequalities in Kent and Medway

No.	Objectively verifiable indicators (OVIs)	Means of verification (MOV)	Notes
G.1	By 2032, the Index of Multiple Deprivation rank of average score will have increased by 15 places so that both Kent and Medway become relatively less deprived.	<p>Department for Levelling Up, Housing and Communities and Ministry of Housing, Communities &amp; Local Government. English indices of deprivation.</p> <p>Align more closely with best performing CIPFA nearest neighbours in 2019. Swindon (Medway) and Hampshire (Kent).</p>	
G.2	By 2026-28, life expectancy at birth in Kent and Medway will increase by 1.5 years for males and 1 year for females. Additionally, the slope index of inequality for life expectancy at birth will decrease by 2 years for males and 0.5 years for females.	<p>Office for Health Improvement and Disparities (OHID). Fingertips. Life expectancy at birth (indicator ID 90366) and inequality in life expectancy at birth (indicator ID: 92901).</p> <p>Align more closely with best performing CIPFA nearest neighbours in 2018-20. Swindon (Medway) and Hampshire (Kent).</p>	
G.3	By 2026-28, healthy life expectancy at birth in Kent and Medway will increase by 3 years for males and 1.5 year for females.	<p>Align more closely with best performing CIPFA nearest neighbours in 2018-20. Plymouth (Medway) and Surrey (Kent).</p>	New indicator added following stakeholder feedback.
G.4	By 2031, the proportion of people from minority ethnic groups living in less deprived neighbourhoods will increase by 1 percentage point in Kent and 2 percentage points in Medway to align more closely with the underlying minority ethnic group population distributions.	<p>Deprivation: Department for Levelling Up, Housing and Communities and Ministry of Housing, Communities &amp; Local Government. English indices of deprivation.</p> <p>Ethnicity: Nomis. Office for National Statistics. Census. TS021 - Ethnic group.</p> <p>Match CIPFA nearest neighbours in 2019. Swindon (Medway) and Hampshire (Kent).</p>	

## Purpose

Narrative: To support social and economic development, improve public service outcomes, and ensure services for citizens are of excellent quality and good value for money

No.	Objectively verifiable indicators (OVIs)	Means of verification (MOV)	Notes
P.1	By XXXX, the spend by public sector organisations in Kent and Medway that is in K&M will be a%, with b% of the total spend with local SMEs.	OVI work in progress. Should be possible to develop an indicator around anchor institutions and the commitment to boost K&M SMEs	Indicator to be changed to align with priorities in the Kent & Medway Economic Framework.  The Kent & Medway Economic partnership has committed to 5 high level ambitions with 21 action areas. The targets have not yet been agreed. Following approval at scrutiny committee recently, these will be turned into an implementation plan by June 2024. Indicator monitoring is being provided by the Kent Analytics team.
P.2	By 2028, average income in Kent and Medway will be 5% higher than the national average, up from 2% higher in 2022.	Average weekly earnings - Annual Survey of Hours and Earnings (\$ASHE), Office for National Statistics. <a href="https://publichealthprofiles.org.uk">Public health profiles - OHID (phe.org.uk)</a>	Indicator to be changed to align with priorities in the Kent & Medway Economic Framework.  See comment above.
P.3	By 2028, the proportion of children living in relative poverty in Kent and Medway will be reduced from 18% in 2022 to 17%.	Children in Low Income Families: local area statistics, United Kingdom, financial years ending (FYE) 2015 to 2022. <a href="https://www.gov.uk/government/collections/children-in-low-income-families-local-area-statistics">https://www.gov.uk/government/collections/children-in-low-income-families-local-area-statistics</a> <i>Relative low income is defined as a family in low income before housing costs in the refence year. A family must have claimed Child Benefit and at least one other household benefit at any point in the year to be classed as low income in these statistics.</i>	

## Shared outcome 1: Give children and young people the best start in life

Narrative: We will ensure that the conditions and support are in place for all children and young people to be healthy, resilient and ambitious for their future.

No.	Objectively verifiable indicators (OVIs)	Means of verification (MOV)	Notes
1.1	By 2028, pupils achieving a good level of development at the end of the Early Years Foundation Stage will have improved from 65.8% in 2021/22 to at least 70%.	Department for Education (DfE). Fingertips, Indicator ID: 90631 In line with best performing CIPFA nearest neighbour in 2021/22	
1.2	By 2028, the proportion of children in Year 6 who are healthy weight will be maintained at the current level of 63% and severe obesity will have reduced from 5%.	OHID, using National Child Measurement Programme, NHS Digital. Fingertips Indicator ID: 90323 A return to pre-pandemic levels.	
1.3	By 2028, the difference in rates of overweight and obesity in year 6 children in the top and bottom local quintiles of deprivation in Kent and Medway will have reduced from 13.2% in 2021/22 to 10%. This will be achieved by a reduction among the most deprived groups.	National Child Measurement Programme (NCMP) Return to gap in 2016/17	Original wording updated to highlight a reduction is needed among the most deprived group.
1.4	By 2028/29, the percentage of pupils who meet the expected standard in reading, writing and maths at Key Stage 2 for both SEN and non-SEN pupils will have increased and the gap between the two will be lower than or similar to the national average.	Department for Education (DfE)	New indicator added following stakeholder feedback.
1.5	By 2028/29, the average attainment 8 scores for both SEN and non-SEN pupils will have increased, and the gap between the two will be lower than or similar to the national average.	Department for Education (DfE): Pupils' attainment across eight government approved qualifications. In line with best performing CIPFA nearest neighbour in 2021/22	Wording updated following stakeholder feedback. Was: <i>By 2028/29, the average attainment 8 scores for both SEN and non-SEN pupils will have increased, and the gap between the two groups will be 5 points lower than the national average.</i>
1.6	By 2028/29, the percentage of pupils who meet the expected standard in reading, writing and maths at Key Stage 2 will have increased for both disadvantaged and non-disadvantaged pupils, and the gap between the two will be lower than or similar to the national average.	Department for Education (DfE)	New indicator added following stakeholder feedback.
1.7	By 2028/29, the average attainment 8 scores for both disadvantaged and non-disadvantaged pupils will have increased, and the gap between the two will be lower than or similar to the national average.	Department for Education (DfE)	New indicator added following stakeholder feedback.
1.8	By 2028 pupil absence rates will have fallen from 7.9% in 2021/22 to below 5%.	Department for Education (DfE). The overall absence rate in state funded primary, secondary and special schools. In line with national targets.	
1.9	Asthma - Address over reliance on reliever medications; and decrease the number of asthma attacks in children.	TBC. Awaiting national agreement on CORE20PLUS5 indicators.	Indicator wording to be confirmed. Awaiting national agreement on CORE20PLUS5 indicators. To be reviewed against national inequalities metrics.  Also, consider switching to asthma admissions deprivation gap as a proxy.
1.10	Diabetes - Increase access to real-time continuous glucose monitors and insulin pumps for children across the most deprived quintiles and from ethnic minority backgrounds.	TBC. Awaiting national agreement on CORE20PLUS5 indicators.	Indicator wording to be confirmed. Awaiting national agreement on CORE20PLUS5 indicators. To be reviewed against national inequalities metrics.

No.	Objectively verifiable indicators (OVIs)	Means of verification (MOV)	Notes
1.11	Increase proportion of children with Type 2 diabetes receiving recommended NICE care processes.	TBC. Awaiting national agreement on CORE20PLUS5 indicators.	Indicator wording to be confirmed. Awaiting national agreement on CORE20PLUS5 indicators. To be reviewed against national inequalities metrics.
1.12	Epilepsy - Increase access to epilepsy specialist nurses and ensure access in the first year of care for children with a learning disability or autism.	TBC. Awaiting national agreement on CORE20PLUS5 indicators.	Indicator wording to be confirmed. Awaiting national agreement on CORE20PLUS5 indicators. To be reviewed against national inequalities metrics.
1.13	Oral health - Tooth extractions due to decay for children admitted as inpatients in hospital, aged 10 years and under.	TBC. Awaiting national agreement on CORE20PLUS5 indicators.	Indicator wording to be confirmed. Awaiting national agreement on CORE20PLUS5 indicators. This is now part of the NHSE mandated health inequalities metrics: Reduce the gap for tooth extractions due to decay for children admitted as inpatients to hospital, aged 10 years and under caused by deprivation.  There are likely to be significant data quality issues with this indicator as many extractions are performed in high street dentists on behalf of hospitals, but the data isn't necessarily available in hospital data.
1.14	Mental health - Improve access rates to children and young people's mental health services for 0-17 year olds, for certain ethnic groups, age, gender and deprivation.	TBC. Awaiting national agreement on CORE20PLUS5 indicators.	Awaiting national agreement on CORE20PLUS5 indicators. Going to review against national inequalities metrics.  Also, exploring creating an indicator related to children in care and mental health needs following stakeholder feedback.
1.15	By 2028/29, the proportion of mothers smoking at time of delivery will have reduced from 10.2% in 2021/22 to no more than 6%.	Office for Health Improvement and Disparities (OHID). Fingertips. Indicator ID: 93085.	
1.16	By 2028, the proportion of children who are up to date with the vaccinations in the NHS routine list meets the national benchmark (95%).		
1.17	By 2028, the proportion of children in care who are up to date with the vaccinations in the NHS routine list meets the national benchmark (95%).	Office for Health Improvement and Disparities (OHID). Fingertips. Indicator ID: 811.	
1.18	By 2028, 80% of initial health assessments completed within 28 calendar days (20 working days) of a child or young person becoming looked after.	Department for Education (DfE)	New indicator added following stakeholder feedback.

## Shared outcome 2: Tackle the wider determinants to prevent ill health

Narrative: Address the wider determinants of health (social, economic and environmental), to improve the physical and mental health of all residents, tackle inequalities, and focus on those who are most vulnerable.

No.	Objectively verifiable indicators (OVIs)	Means of verification (MOV)	Notes
2.1	By 2028/29, the proportion of people who feel lonely often or always will have reduced from 7.3% in 2020/21 to no more than 5% across Kent and Medway.	Office for Health Improvement and Disparities (OHID). Fingertips. Indicator ID: 93758.	
2.2	By 2028/29, the percentage of the population who are in contact with secondary mental health services that are in paid employment (aged 18 to 69) will increase from 8% in 2020/21 to above 10% in Kent and Medway.	Office for Health Improvement and Disparities (OHID). Fingertips. Indicator ID: 93886. NHS Digital. ASCOF indicator 1F.	
2.3	By 2028/29, the percentage of the population who are in receipt of long-term support for a learning disability that are in paid employment (aged 18 to 64) will increase and go from worse than the national average to similar or better than the national average.	Office for Health Improvement and Disparities (OHID). Fingertips. Indicator ID: 93884. NHS Digital. ASCOF indicator 1E.	
2.4	By 2028, the proportion of closed safeguarding enquires where risk is reduced or removed is better than the national percentage.	NHS Digital. <a href="#">Safeguarding adults</a> . Section 42 and other enquiries.	
2.5	By 2028, smoking prevalence in adults in routine and manual occupations (18-64) will have decreased by 9 percentage points from 28.1% in Kent and 20.1% in Medway in 2021.	Office for Health Improvement and Disparities (OHID). Fingertips. Indicator ID: 92445. Match best performing CIPFA nearest neighbours in 2020. Bury (Medway) and Hampshire (Kent).	
2.6	For the emissions we control directly, to achieve net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032		Replacement indicator suggested by Kent and Medway Strategic Environment and Sustainability Steering Group to replace: <i>All NHS organisations and local authorities will make progress towards their net-zero targets.</i>
2.7	For the emissions we can influence to achieve net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.		Replacement indicator suggested by Kent and Medway Strategic Environment and Sustainability Steering Group to replace: <i>All NHS organisations and local authorities will make progress towards their net-zero targets.</i>
2.8	By 2028, prevent or relieve more than 60% of homeless households where a homeless duty has been triggered	HCLIC statistical returns	Indicator suggested by Medway Council to replace: <i>By 2028, the rate of households owed a homelessness prevention or relief duty will have decreased in Medway from is 15.8 per 1,000 households to 12.0 per 1,000, and the rate in Kent rate will not exceed 12.0 per 1,000.</i>
2.9	By 2028, XXX of new affordable homes will be delivered each year in Kent and Medway.		Alternative housing indicators suggested by Kent Housing Group. Level of ambition to be added and awaiting approval by stakeholders.
2.10	By 2028, X% percentage of social homes meet the Decent Homes Standard in Kent and Medway.		Alternative housing indicators suggested by Kent Housing Group. Level of ambition to be added and awaiting approval by stakeholders.
2.11	By 2028, X% privately rented homes in Kent and Medway have a category 1 hazard identified using Housing Health and Safety Rating System (HHSRS).		Alternative housing indicators suggested by Kent Housing Group. Level of ambition to be added and awaiting approval by stakeholders.
2.12	By 2028, the rate of serious violence will be lower or similar compared to the national average.	Home Office <a href="#">Police recorded crime and outcomes open data tables</a> <ul style="list-style-type: none"> <li>• Homicide (Offence Subgroup)</li> <li>• Assault with injury (Offence Subgroup)</li> </ul> Robbery of personal property (Offence Description)	Indicator amended to focus on serious violence following stakeholder feedback.
2.13	Increase employment rates in Kent and Medway.		Indicator to be added to align with priorities in the Kent & Medway Economic Framework. See comment in P.1.

No.	Objectively verifiable indicators (OVIs)	Means of verification (MOV)	Notes
			Also suggested that this should be a purpose level indicator.
2.14	Attract and support businesses in Kent and Medway, i.e. providing new employment opportunities		Indicator to be added to align with priorities in the Kent & Medway Economic Framework. See comment in P.1. Also suggested that this should be a purpose level indicator.

## Shared outcome 3: Supporting happy and healthy living

Narrative: Help people to manage their own health and wellbeing and be proactive partners in their care so they can live happy, independent and fulfilling lives; adding years to life and life to years.

No.	Objectively verifiable indicators (OVIs)	Means of verification (MOV)	Notes
3.1	By 2028, the proportion of adults in Kent and Medway who are physically inactive will have fallen from 22.3% in 2020/21 to 20%.	OHID (Active Lives Adult Survey Sport England) Fingertips, Indicator ID: 93015. The weighted number of respondents aged 19 and over, with valid responses to questions on physical activity, doing less than 30 moderate intensity equivalent physical activity per week in bouts of 10 minutes or more in the previous 28 days.  In line with best performing CIPFA nearest neighbour in 2020/21	
3.2	By 2028, the proportion of adults in Kent and Medway who are overweight or obese will have fallen from 64.1% in 2020/21 to 62%.	OHID (based on the Active Lives Adult Survey, Sport England), Fingertips ID 93088. the number of adults aged 18+ with a BMI classified as overweight (including obesity).  In line with best performing CIPFA nearest neighbour in 2020/21	
3.3	By 2028, the gap in overweight and obesity rates in adults between the top and bottom local quintiles of deprivation in Kent and Medway will have reduced to 2%, from 3.3% in 2021/22.	Quality and Outcomes Framework (QOF), Fingertips, Indicator ID: 92588. The percentage of patients aged 18 or over with a BMI greater than or equal to 30 in the previous 12 months.  Smallest combined gap in past 7 years	Change made 18/06/2024. Wording edited to improve readability.
3.4	By 2028, hospital admissions in Kent and Medway due to alcohol will have fallen from 418.7 in 2021/22 to 395 per 100,000.	OHID, Fingertips indicators 91414 and 93764. Admissions to hospital where the primary diagnosis is an alcohol-attributable code, or a secondary diagnosis is an alcohol-attributable external cause code.  In line with best performing CIPFA nearest neighbour in 2020/21	
3.5	By 2028, 75% of cancers will be diagnosed at stage 1 or stage 2 (CORE20PLUS5).	NHS Digital's National Disease Registration Service. Fingertips, Indicator ID: 93671  In line with national target	
3.6	By 2028, maintain the rate of emergency admissions for those with one or more long term condition to the level it was in 2024.	OBH LTC3	Data source will need to change.
3.7	By 2028, the rate of emergency admissions for those who are frail will	OBH FD33	Data source will need to change.

No.	Objectively verifiable indicators (OVIs)	Means of verification (MOV)	Notes
	have reduced by at least 1.5% to the rate it was in 2018 (4,556 per 100,000).		
3.8	By 2028, diabetes complications such as stroke, heart attacks, amputations, etc., will have reduced by at least 10% (baseline 2018-19: 177 per 100,000).	OBH DM49	Data source will need to change.
3.9	By 2028, the suicide rate for persons will be similar or better than the England average (England currently 10 per 100,000).	OBH MH69	Due to data quality issues for self-harm admissions, indicator switched to suicide.
3.10	By 2028, we will increase the proportion of people who receive long-term support who live in their home or with family.		
3.11	By 2028, the mortality rate from drug misuse in Kent and Medway will remain at a similar level, which is similar to or better than the national average.	OHID. Fingertips. Indicator ID: 92432.	
3.12	By 2028, the STI testing rate will increase, going from worse than the national average to similar or better.	OHID. Fingertips. Indicator ID: 91307.	
3.13	By 2028, flu vaccination uptake for healthcare professionals will reach or exceed the WHO target of 75%.		
3.14	By 2028, flu vaccination uptake for at-risk groups will reach or exceed the WHO target of 75%.		
3.15	By 2028, bowel cancer screening will meet or exceed the national acceptable performance level of 52%. <a href="#">Bowel cancer screening programme standards.</a>	OHID. Fingertips. Indicator ID: 91720.	
3.16	By 2028, cervical cancer screening will meet or exceed the national acceptable performance level of 80%. <a href="#">Cervical screening programme screening standards.</a>	OHID. Fingertips. Indicator ID: 93560 & 93561.	
3.17	By 2028, breast cancer screening will meet or exceed the national acceptable performance level of 70%. <a href="#">Breast screening programme screening standards.</a>	OHID. Fingertips. Indicator ID: 22001.	
3.18	By 2028, at least 75% of people aged 14 or over with a learning disability will have had an annual health check.	NHS Digital. <a href="#">Learning Disabilities Health Check Scheme.</a>	New indicator added following stakeholder feedback.



## Shared outcome 4: Empower people to best manage their health conditions

Narrative: Support people with multiple health conditions to be part of a team with health and social care professionals working compassionately to improve their health and wellbeing.

No.	Objectively verifiable indicators (OVIs)	Means of verification (MOV)	Notes
4.1	By 2028, 67% of patients with long term conditions say they have had enough support from local services or organisations in the last 12 months.	GP survey	
4.2	By 2028, the people describing their overall experience of making a GP appointment as good will have increased from 49% in 2022 to at least 60%.	GP survey	
4.3	By 2028/29, the inequality in unplanned hospitalisation for chronic ambulatory care sensitive conditions will have reduced. The ratio of the rate between the most and least deprived 20% of the population will have fallen below 2.0, and will be similar to or lower than the national average.	NHS Digital. Hospital Episode Statistics.	Indicator wording amended to focus on reducing the deprivation gap, not just the rate.
4.4	By 2028, the proportion of carers who report that they are very satisfied or extremely satisfied with social services will have improved from 32.3% in 2020/21 to at least 45%.	<a href="#">Survey of Adult Carers in England (SACE)</a>  In line with best performing CIPFA nearest neighbour	Wording amended slightly to reflect survey question.
4.5	By 2028, reduce the rate of emergency admissions for those with learning disabilities from the 2024 baseline.		
4.6	Maintain the Talking Therapies recovery rate at the 2024 value		
4.7	There will be an increasing percentage of patients with high or very high needs being supported through INTs as evidenced by having active care plans.		
4.8	By 2028, the proportion of deaths in hospital across Kent and Medway will reduce from 41% to 36%.	OHID, Fingertips indicator 93474. The annual percentage of registered deaths in each area for persons and where the place of death is recorded as hospital.  In line with best performing CIPFA nearest neighbour in 2020/21	
4.9	By 2027 we will have implemented our organisational carers strategies.		

## Shared outcome 5: Improve health and care services

Narrative: Improve access for all to health and care services, providing services as locally as possible and creating centres of excellence for specialist care where that improves quality, safety and sustainability.

No.	Objectively verifiable indicators (OVIs)	Means of verification (MOV)	Notes
5.1	By 2025 we will meet national expectations for patients with length of stay of 21+ days who no longer meet with criteria to reside.	SUS data	
5.2	By 2028, reduce readmissions for frail patients.		
5.3	By 2025, percentage of 2-hour urgent community response referrals that achieved the 2-hour standard will be at or above the national standard.	UCR stats available from nationally at ICB level	
5.4	Inappropriate out of area mental health placements will be at or close to zero.	Available nationally	
5.5	By 2028, the percentage of patients spending more than 12 hours in an emergency department before admission matches best performing nearest neighbours.	Available nationally	
5.6	By 2028, ambulance handover delays greater than 60 minutes matches best performing nearest neighbours.	Available nationally UEC sitrep	
5.7	By 2028, waits for diagnostics will meet national ambitions.	Available nationally	
5.8	By 2028/29, the percentage of people aged 65 and over who were still at home 91 days after discharge from hospital into reablement services will have increased in Kent to at least 85% (2021/22: Kent 84.5%) and in Medway to be similar to, or higher than, our statistical neighbours (2021/22: Medway lower at 61.7%).	Office for Health Improvement and Disparities (OHID). Fingertips. Indicator ID: 90584.  NHS Digital, ASCOF indicator 2B(1).	Wording amended slightly following stakeholder feedback. Wording was: <i>By 2028/29, the percentage of people aged 65 and over who were still at home 91 days after discharge from hospital into reablement services will have increased in Kent to at least 85% (2021/22: Kent 84.5%) and in Medway to be in line with the national average (2021/22: Medway lower at 61.7%).</i>

## Shared outcome 6: Support and grow our workforce

Narrative: Make Kent and Medway a great place for our colleagues to live, work and learn

No.	Objectively verifiable indicators (OVIs)	Means of verification (MOV)	Notes
6.1	By XXXX, all organisations achieve a staff retention rate of at least X%.	Individual organisation HR data	Draft wording created during recent working groups. Final wording and level of ambition TBC.
6.2	By XXXX, the staff vacancy rate of all organisations will have reduced by X%.	Individual organisation HR data	Draft wording created during recent working groups. Final wording and level of ambition TBC.
6.3	By XXXX, X% of employees report that their managers/organisation support their learning and development.	Individual organisation staff surveys. Wording currently different. Look to align in time.	Draft wording created during recent working groups. Final wording and level of ambition TBC.
6.4	By XXXX, X% of employees have completed their organisation's mandatory leadership training.	Individual organisation workforce development data.	Draft wording created during recent working groups. Final wording and level of ambition TBC.
6.5	By XXXX, X% of employees would recommend their organisation as a place to work.	Individual organisation staff surveys. Wording currently different. Look to align in time.	Draft wording created during recent working groups. Final wording and level of ambition TBC.
6.6	By XXXX, all organisations will have made progress towards workforce mobility.	TBC	Draft wording created during recent working groups. Final wording and level of ambition TBC.
6.7	By XXXX, all organisations will achieve a minimum staff survey participation rate of X%.	Individual organisation staff surveys.	Draft wording created during recent working groups. Final wording and level of ambition TBC.
6.8	By XXXX, X% of employees feel that their role makes a difference to patients / service users / residents.	Individual organisation staff surveys. Wording currently different. Look to align in time.	Draft wording created during recent working groups. Final wording and level of ambition TBC.
6.9	By XXXX, X% of employees feel that their manager/organisation takes positive action on health and wellbeing.	Individual organisation staff surveys. Wording currently different. Look to align in time.	Draft wording created during recent working groups. Final wording and level of ambition TBC.
6.10	By XXXX, the staff sickness rate will have reduced by X%.	Individual organisation HR data	Draft wording created during recent working groups. Final wording and level of ambition TBC.
6.11	By XXXX, the staff survey diversity declaration rates will have increased by X%.	Individual organisation staff surveys. Wording currently different. Look to align in time.	Draft wording created during recent working groups. Final wording and level of ambition TBC.
6.12	By XXXX, each organisation's workforce is representative compared to the general working age population by each protected characteristic (TBC).	Individual organisation HR data. ONS/Census population data.	Draft wording created during recent working groups. Final wording and level of ambition TBC.
6.13	By XXXX, X% of employees rate their inclusion and fair treatment in their organisation positively.	Individual organisation staff surveys. Wording currently different. Look to align in time.	Draft wording created during recent working groups. Final wording and level of ambition TBC.
6.14	By XXXX, X% of employees feel their organisation acts fairly regarding career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age.	Individual organisation staff surveys. Wording currently different. Look to align in time.	Draft wording created during recent working groups. Final wording and level of ambition TBC.
6.15	By XXXX, the proportion of staff who experienced internal harassment, bullying or abuse will have reduced by X%.	Individual organisation staff surveys. Wording currently different. Look to align in time.	Draft wording created during recent working groups. Final wording and level of ambition TBC.
6.16	By XXXX, the proportion of staff who experienced external harassment, bullying or abuse will have reduced by X%.	Individual organisation staff surveys. Wording currently different. Look to align in time.	Draft wording created during recent working groups. Final wording and level of ambition TBC.