



Cover Sheet

Trust Board Meeting in Public: Wednesday 12 May 2021

TB2021.33

Title: NHS Staff Survey 2020 Results

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Board Lead: Chief People Officer

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Executive Summary

1. The national NHS Staff Survey results were published on Thursday 11 March. Our results have been benchmarked against 128 Acute and Acute and Community Trusts in England. This report sets out our key results for Oxford University Hospitals compared to the average score within our benchmarking group, with supporting narrative.

The 2020 key findings include:

- our highest response rate to date of 53.1% (up from 48.2% in 2019 and above the median for all Acute and Acute and Community Trusts in 2020 of 45%).
- responses to 23 out of the 78 questions are significantly better than 2019; 51 questions are not significantly different; one is statistically worse (Q11c 'In the last 12 months I have not felt unwell due to work related stress' as 2% less answered positively to this question).
- the areas showing significant improvement are health and well-being, and advocacy (i.e. recommending OUH as a place to work / be treated).
- The areas showing least improvement are reporting experience of bullying and harassment, coming to work when feeling unwell or under work related stress, and being involved in decision making.

Responding to the messages in the survey:

- We will continue to build on the improvements seen in the 2020 survey, specifically in relation to the improvements in wellbeing as this remains an organisational focus as part of our 'Growing Stronger Together – Rest, Reflect, Recover initiative in 2021.
- It is encouraging to see an overall reduction in staff experiencing bullying, harassment or abuse from patients, managers and colleagues. However, an area of concern is that we have seen a reduction in staff reporting their "last experience of harassment/bullying/abuse" which is in both our bottom 5 scores for 2020 and our least improved scores from 2019.
- Learning from what has worked well to date within the national best in class trusts, as well as identifying areas of internal good practice is important to enable collective improvement. The findings and action plans emerging from the analysis of our results will be embedded and owned within teams and divisions, as well as identifying 3 cross-cutting themes that will also be driven forward corporately.
- We have shared the survey results with a number of relevant people groups/forums, including the staff survey steering group, equality diversity inclusion steering group and trust alliance committee to support engagement and together make OUH a great place to work.
- We have undertaken an options appraisal on the best approach for commencing quarterly pulse surveys this year and will agree the best course of action in May 2021. This will give us a better idea of how things are changing on an ongoing basis rather than once a year.

- Our survey results have helped inform our wider people objectives, including the 'Growing Stronger Together – Rest, Reflect Recover programme' in 2021.

Recommendations

2. The Trust Board is asked to note the 2020 staff survey findings and next steps.

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NHS Staff Survey 2020 Results

Staff Survey 2020

1. Background and Context

- 1.1. Participation in the annual NHS Staff Survey is a mandatory requirement for all NHS organisations. NHS England sets the framework and questions for the survey and we commission Picker to manage the survey for us.
- 1.2. The National Team provides us with valuable benchmarking data against 128 Acute and Acute and Community Trusts across England. This is the benchmark group against which average scores are calculated. We have also provided benchmarking data for BOB ICS (appendix 2) and the Shelford group (appendix 3).
- 1.3. The survey was issued to staff substantively employed by OUH using a mixed method of email and postal surveys. The survey was open from 28 September to 27 November 2020.
- 1.4. Completion of the survey by staff is not compulsory. We strongly encouraged participation and automated reminders were periodically issued by Picker. This was supported by a number of incentives developed by us and regular monitoring and communication.
- 1.5. The 2020 survey questions were categorised into four key themes: i) your job, ii) your manager iii) your health, well-being and safety at work and iv) your organisation.
- 1.6. Additional questions on values, leadership and experience of Covid-19 were included for OUH only. This report sets out our organisational results compared to the average score within our benchmarking group, with supporting narrative.

2. Response rate

- 2.1. We received our highest response rate to date in the 2020 NHS Staff Survey of **53.1%** (6,971 people) compared to 2019 response rate of 48.2% (5,926 people) and 48.1% (5,767 people) in 2018. This is an increase of 1,045 completions, and above the median average for response rates in Acute and Acute and Community Trusts of 45% 2020.
- 2.2. There was considerable variation in response rates across our divisions, with the highest response rate being 62.6% (Corporate) and the lowest being Education and Training (Medical Staff Training) 8.5%. The results for 2020 are consistent with 2019 with Corporate being the highest (60.7%) and Education and Training being lowest (13.3%). The breakdown of response rate by divisions, compared to the 2019 results, is shown in Table 1 on page 4.

Table 1: 2020 response rate by division compared to 2019

Response rates by Division	2020 Response Rate	Total People	2019 Response Rate	Total People
OUH TRUST	53.1%	6,971	48.2%	5,926
Clinical Support Services	55.8%	1,168	52%	1,002
Corporate	62.6%	573	60.7%	516
Education and Training	8.5%	5	13.3%	8
Estates	30.3%	61	22.1%	45
Medicine, Rehabilitation and Cardiac	48.2%	1,411	44.7%	1,198
Neurosciences Orthopaedics Trauma Specialist Surgery &	48.6%	1,625	45.7%	1,452

Children's				
Operational Services	58.2%	110	46.6%	102
Research & Development	55.6%	114	58.5%	124
Surgery Oncology and Women's	60%	1,885	50.2%	1,460

2.3. The overall improvement to our Trust response rate is contributable to the following actions undertaken in 2020:

2.3.1. Further development of personal incentives introduced in 2019 whereby all our people completing the survey were entered into a prize draw for the opportunity to win: a) 15 prizes of £50 John Lewis Vouchers; b) 5 day's annual leave for the year 2021/22.

2.3.2. Increased communication and engagement with all staff during the Covid-19 pandemic, and a commitment to act on the feedback given about staff experience of the pandemic.

3. What our survey results show us

3.1. Table 2 shows the breakdown of staff voices represented in the survey results.

Staff Group	Response rate	Respondents
Registered Nurses & Midwives	30.9%	2,023
Admin & Clerical	14.6%	956
AHPs	13.9%	910
Medical & Dental	11.6%	760
Healthcare Scientists	10.3%	674
Nursing or Healthcare Assistants	7.0%	458
Central / Corporate Functions/ Other	7.2%	471
General Management	2.5%	164
Maintenance / Ancillary	1.1%	72
Social & Public Health, Commission	0.8%	53
Total		6,548

Table 2

Table 3 on page

4 shows the themes identified in the National Staff Survey 2020, and how responses to these themes have changed within OUH over the past year. This demonstrates the incremental improvement (0.1 point increase) being made across the majority of themes, and the significant improvement in well-being (0.4 point increase).

Theme	2020 Score	2020 respondents	2019 Score	2019 respondents	Change
Safe Environment (Violence)	9.5	6760	9.5	5779	–
Equality, Diversion and Inclusion	9.1	6747	9.0	5785	↑
Safe Environment (Bullying/ harassment)	8.1	6596	8.0	5749	↑
Quality of Care	7.5	6299	7.5	5328	–
Staff Engagement	7.2	6868	7.1	5915	↑

Immediate Managers	7	6791	6.9	5831	↑
Safety Culture	6.9	6727	6.8	5768	↑
Team Working	6.6	6787	6.5	5813	↑
Health & Well-being	6.3	6778	5.9	5823	↑
Morale	6.3	6697	6.2	5717	↑

Table 3

3.2. Table 4 below shows our top 5 scores for 2020 compared to the national average for Acute and Acute and Community Trusts and how they have improved on our 2019 scores.

Top 5 scores (compared to average)	National Average	OUH 2020	OUH 2019
Q18d. If friend/relative needed treatment would be happy with standard of care provided by organisation	73.4%	83%	78%
Q26b. Disability: organisation made adequate adjustment(s) to enable me to carry out work	75.6%	82%	*
Q11d. In last 3 months, have not come to work when not feeling well enough to perform duties	46.6%	58%	46%
Q11e. Not felt pressure from manager to come to work when not feeling well enough	73.7%	79%	80%
Q16a. Organisation treats staff involved in errors/near misses/incidents fairly	61.4%	66%	64%

Table 4

3.3. Table 5 below shows our 5 most improved scores in 2020 compared to 2019

Most Improved from 2019 survey	National Average	2020	2019
Q11d. In the last 3 months, I have not come to work when not feeling well enough to perform duties	46.6%	58%	46%
Q4g. There are enough staff within my organisation to do my job properly	37%	39%	31%
Q11a. My organisation definitely takes positive action on HWB	31.7%	33%	27%
Q18c. I would recommend my organisation as a place to work	66.9%	70%	64%
Q4f. I have adequate materials, supplies equipment to do my work	58.5%	62%	56%

Table 5

- 3.4. It is positive to see significant improvements (and above average scores) in our people feeling that they would recommend the organisation both for treatment as well as a place to work. This appears to correlate with improvements in our people's own health and wellbeing as well as our safety culture; two areas of organisational focus during 2020.
- 3.5. There have also been some improvements in questions focusing on the theme of 'my immediate line manager', especially in terms of taking an interest in health and wellbeing.
- 3.6. Table 6 below shows our lowest 5 scores for 2020 compared to the national average and how they compare to our 2019 scores.

Bottom 5 scores (compared to average)	National Average	OUH 2020	OUH 2019
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Q12d. Last experience of physical violence reported	67.5%	62%	60%
Q10c. Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	54.9%	41%	42%
Q13d. Last experience of harassment/bullying/abuse reported	46.3%	44%	45%
Q5g. Satisfied with level of pay	36.1%	33%	32%
Q10b. Don't work any additional paid hours per week for this organisation, over and above contracted hours	65%	63%	60%

Table 6

3.7. Table 7 below shows our 5 least improved scores in 2020 compared to the national average and how they compare to our 2019 scores.

Least improved from 2019 survey	National Average	OUH 2020	OUH 2019
Q11c. In last 12 months, have not felt unwell due to work related stress	44.1%	58%	60%
Q13d. Last experience of harassment/bullying/abuse reported	46.3%	44%	45%
Q4c. Involved in deciding changes that affect work	50.3%	53%	54%
Q3a. Always know what work responsibilities are	86.5%	87%	88%
Q11g. Not put myself under pressure to come to work when not feeling well enough	7%	7%	8%

Table 7

- 3.8. It is encouraging to see an overall reduction in staff experiencing bullying, harassment or abuse from patients, managers and colleagues. However, an area of concern is that we have seen a reduction in staff reporting their “last experience of harassment/bullying/abuse” which is in both our bottom 5 scores for 2020 and our least improved scores from 2019.
- 3.9. Anaesthetics have the lowest percentage of staff reporting harassment/bullying/abuse at 20%; Procurement has 25% reporting and both Palliative Care and Gastroenterology have 26% of staff reporting. Clinical Genetics has the highest percentage of staff reporting at 76%. Appendix 1 shows further breakdown of the services which have the highest and lowest scores for Q13d and will form the basis of an action plan to improve staff experience by learning from the best and replicating good practice where appropriate.
- 3.10. We are showing no improvement in the number of our people not experiencing harassment, bullying or abuse in the workplace from the public (remains at 74%).
- 3.11. We are also showing a 1% decrease in our people not experiencing violence in the workplace from the public (87% in 2020 compared to 88% in 2019).
- 3.12. In 2021 we will be focusing on raising confidence in our procedures by implementing a ‘Just Culture’ into our leadership practice. The ‘Just Culture’ practices will support conversations between managers about whether specific action is needed in relation to a concern about an individual. The ‘Just Culture’ practice has already been applied to our suspension procedure, and will continue to be integrated into our suite of HR Policies during 2021.
- 3.13. We will also be rolling out our leadership behaviours framework in 2021 which is underpinned by our trust values along with our ‘leading with care’ package of leadership and management development. Respect, compassion and civility will be at the heart of this and will integrate the freedom to speak up implementation plan actions to develop our leaders in having the skills and confidence to manage and de-escalate difficult situations.

- 3.14. Overall, in 2020 we have seen from the 78 staff survey questions: 23 are significantly better than 2019; 51 questions are not significantly different; one is statistically worse (2% decrease in the number of staff answering positively to 'have not felt unwell due to work related stress').
- 3.15. With regards to the employee engagement index (EEI) score, out of a score of 10, we have seen a positive improvement to 7.2 from 7.1 in 2019 (6.9 in 2018.) This is also above the national average for Acute and Acute and Community Trusts of 7.0.
- 3.16. Table 8 shows the staff survey questions that make up the EEI score compared against the 2020 national average and our 2019 and 2018 scores. We positively improved on 5 of the 9 questions, and the increase in our people recommending our trust both as a place for treatment and to work is notable (Questions 18d and 18c in Table 8).

Theme	Question /Statements	OUH 2020 Score	OUH 2020 %	OUH 2019 %	OUH 2018 %
Motivation	Q2a. Often/always look forward to going to work	6.8	64%	63%	59%
	Q2b. Often/always enthusiastic about my job	7.5	75%	75%	74%
	Q2c. Time often/always passes quickly when I am working	7.7	77%	77%	75%
Involvement	Q4a. Opportunities to show initiative frequent in my role	7.1	75%	73%	72%
	Q4b. Able to make suggestions to improve the work of my team/dept	7.2	75%	75%	73%
	Q4d. Able to make improvements happen in my area of work	6.3	57%	57%	55%
Advocacy	Q18a. Care of patients/service users is organisation's top priority	7.6	82%	79%	74%
	Q18c. I would recommend organisation as place to work	7.0	70%	64%	57%
	Q18d. If a friend/relative needed treatment would be happy with standard of care provided by organisation	7.6	83%	78%	74%

Table 8

- 3.17. The division with the highest EEI is Research and Development (7.4). The statement 'I am able to make suggestions to improve the work of the team/department' being the highest rated question (7.9). Estates has the lowest EEI (6.5) with 'often looking forward to going to work' being the lowest overall (5.5).
- 3.18. Of our four clinical divisions, Neurosciences, Orthopaedic and Trauma, Special Surgery and Children's has the highest EEI of 7.3, with 'time passing quickly whilst at work' being the highest rated question (7.8). Clinical Support Services has the lowest score of the four clinical divisions with an EEI of 7.0. The lowest score in CSS was given to the statement 'I am able to make improvements happen in my area of work'.
- 3.19. Table 9 shows our workforce race equality standards (WRES) scores for 2020 and how they compare more favourably to the national average for Acute and Acute and Community trusts as well as to our trust scores in 2019. However, the increase in the % of BAME staff experiencing discrimination, and the disproportion with the experience of white staff is a concern and will be a focus for improvement in 2021. Our 'Just Culture' and leadership development actions outlined in 3.12-3.13 along with our 'Growing Stronger Together – Rest, Reflect, Recover' programme, ever-growing BAME staff network, newly appointed Cultural Ambassadors and Health and Wellbeing BAME lead, will be enablers for improvement.

Question – WRES Data OUH	BAME National Average 2020	OUH BAME 2020	OUH BAME 2019	White National Average 2020	OUH White 2020	OUH White 2019
% of staff experiencing harassment, bullying or abuse from patients or relatives in last 12 months	28.0%	24.7%	26.4%	25.4%	25.8%	25.8%
% of staff experiencing harassment, bullying or abuse from staff in last 12 months	29.1%	28.1%	28.8%	24.4%	25.3%	26.8%
% of staff believing organisation provides equal opportunity for career progression / promotion	72.5%	78.8%	75.9%	87.7%	88.9%	88.3%
% of staff experienced discrimination at work from manager / team leader or colleague in last 12 months	16.8%	16.0%	15.1%	6.1%	5.9%	6.8%

Table 9

3.20. Table 10 shows our workforce disability equality standard (WDES) scores for 2020. Despite seeing improvements on our 2019 scores, we compare less well to the national average for Acute and Acute and Community Trusts. Through the actions outlined in 3.12-3.13 along with our 'Growing Stronger Together' and disabled staff network we will work together to improve the experience for our disabled people.

Question – WDES Data OUH	National Average 2020	Staff with LTC/illness 2020	Staff with LTC/illness 2019	National Average 2020	Without LTC/illness 2020	Without LTC/illness 2019
% of staff experiencing harassment, bullying or abuse from patients or relatives in last 12 months	30.9%	31.5%	33.2%	24.5%	24.2%	24.4%
% of staff experiencing harassment, bullying or abuse from managers in last 12 months	19.3%	17.0%	18.0%	10.8%	10.2%	11.0%
% of staff experiencing harassment, bullying or abuse from colleagues in last 12 months	26.9%	30.4%	30.9%	17.8%	19.6%	21.1%
% of staff who reported last experience of harassment, bullying or abuse	47.0%	48%	46.8%	45.8%	42%	45.2%

Table 10

4. Responding to the messages of the survey

4.1. We will continue to build on the improvements seen in the 2020 survey, specifically in relation to the improvements in well-being, and our engagement scores. These remain an organisational focus as part of our Trust Strategy, NHS People Plan commitments and National Planning Guidance as well as our Trust 'Growing Stronger Together – Rest, Reflect, Recover' programme in 2021 which is built on five priorities: i) meet the immediate need for rest and recovery; ii) build a culture of learning, compassion and inclusion; iii) facilitate post traumatic growth; iv) support sustainable service recovery & workforce planning; and v) build working lives that have more flexibility and autonomy

- 4.2. Whilst it is encouraging to see an overall reduction in staff experiencing bullying, harassment or abuse from patients, managers and colleagues, the lack of staff reporting their “last experience of harassment/bullying/abuse” is a priority focus for 2021. The Culture and Leadership Review held in 2019 provided insights into the leadership behaviours contributing to staff feelings of bullying and harassment. The review also provided an evidence base of the behaviours staff associated with a positive and empowering experience. In response to the review, we have designed and developed a Leadership Behaviours Framework which will provide the foundations for our Leadership Development Pathways, to develop our leaders at all levels to lead with care.
- 4.3. We are also embedding ‘Just Culture’ and ‘Civility Saves Lives’ principles into our leadership practices and procedures. Specific training modules for building and nurturing a just culture are being developed and will be incorporated into our development offer for our leaders.
- 4.4. Learning from what has worked well to date within the national best in class trusts, as well as identifying areas of internal good practice is important to enable collective improvement. The findings and action plans emerging from the analysis will be embedded and owned within teams and divisions, as well as identifying cross-cutting themes that will also be driven forward corporately.
- 4.5. Actions we have completed or are currently undertaking include:
- 4.5.1. The Culture and Leadership Service has provided divisional leads with their findings. The service is supporting divisions with their local discussions and action planning around patterns emerging from the 2020 results. Divisional Teams have taken a creative approach to communicating the results, including posting short videos on social media.
 - 4.5.2. Survey results have been shared with the EDI Steering Group and with our staff network leads for analysis and recommendation. Actions will be built into our refreshed EDI objectives in 2021.
 - 4.5.3. Results by theme have been shared with our ‘Growing Stronger Together - Rest, Reflect, Recover’ programme steering group and the task and finish groups. The survey has provided valuable insight into what staff would like to see specifically in regards to staff recognition and wellbeing. We will look to integrate objectives into the ‘Growing Stronger Together – Rest, Reflect, Recover’ initiative in 2021.
 - 4.5.4. A survey engagement workshop is planned for June 2021 to explore ideas and agree what, when, where, why and how we’ll undertake trust wide engagement events around key cross-cutting themes as well as enabling a collaborative approach that promotes meaningful conversation, results in action and embeds change in real practice.
 - 4.5.5. It is proposed that the top 3 themes in divisions are shared as part of a collaborative staff survey engagement task and finish group. This will support the identification of corporate cross-cutting themes as part of the overarching culture and leadership work-stream and enable the sharing of good practice across the trust.
- 4.6. It is important that the staff survey becomes an integrated part of our cultural barometer rather than an annual standalone initiative. We will be undertaking quarterly staff surveys from July 2021 and will discuss the results in quarterly feedback sessions throughout the year to keep the conversation active.

5. Recommendation

- 5.1. The Board is asked to note the 2020 staff survey findings and next steps.

Appendix 1

Last Experience of Harassment/Bullying/Abuse Reported

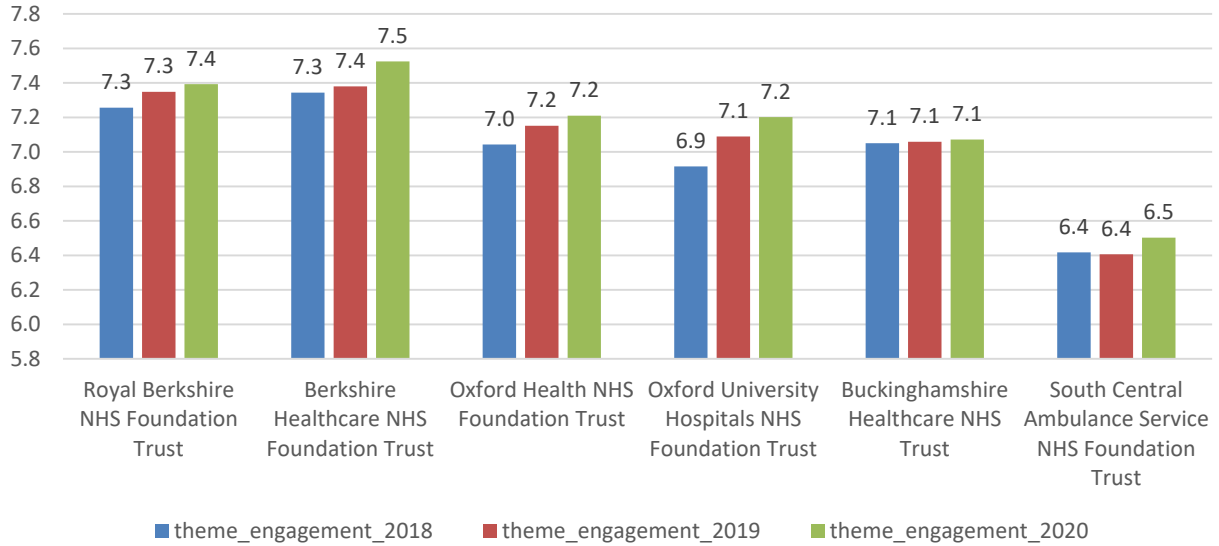
The main area of concern in the 2020 staff survey relates to question 13d: “last experience of harassment/bullying/abuse reported”. This question is in both our bottom 5 scores for 2020 and our least improved scores from the 2019 survey. It is also below the national average for Acute and Acute and Community Trusts.

The table below shows the breakdown of the services which have below 30% of people reporting their “last experience of harassment/bullying/abuse” (lowest percentages), along with the services reporting the highest percentage (above 60%). This will form the basis of an action plan to improve staff experience by learning from the best and replicating good practice where appropriate.

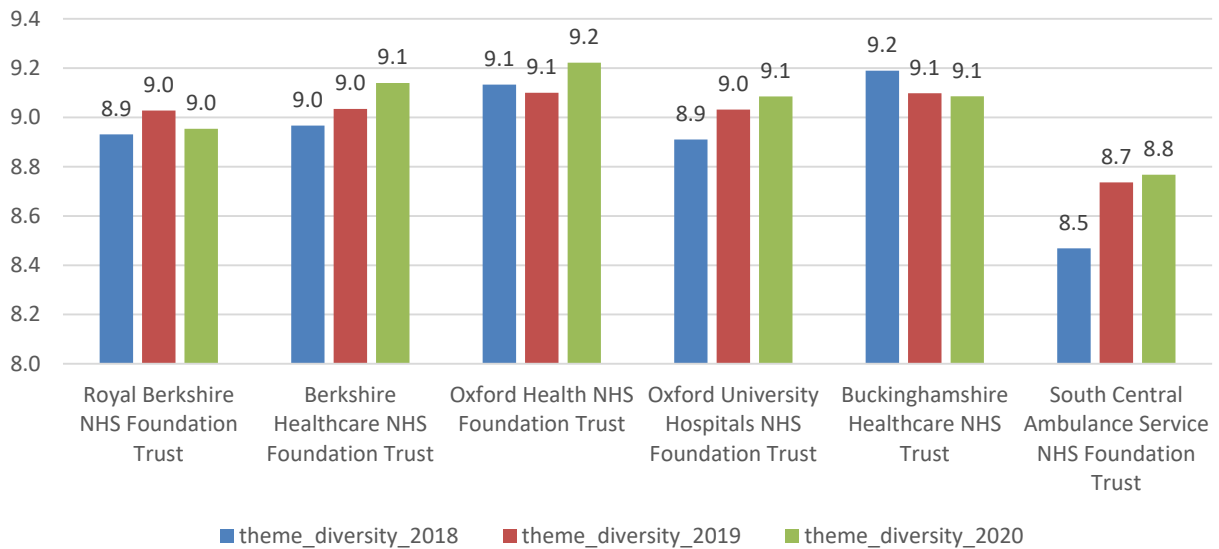
Question	National Average	O U H 20 20	Lowest (Below 30%)					Highest (Above 60%)			
			Anaesthetics	Procurement	Palliative Care & Gastroenterology	Paed ITU; Specialist Nurses & Geratology	Pharmacy	Clinical Genetics	Estates	Neonatology	Acute Gen Med JR
Q13d. Last experience of harassment/bullying/abuse reported	46.30%	44%	20%	25%	26%	27%	29%	76%	69%	67%	64%

• **Appendix 2 – BOB ICS Comparisons**

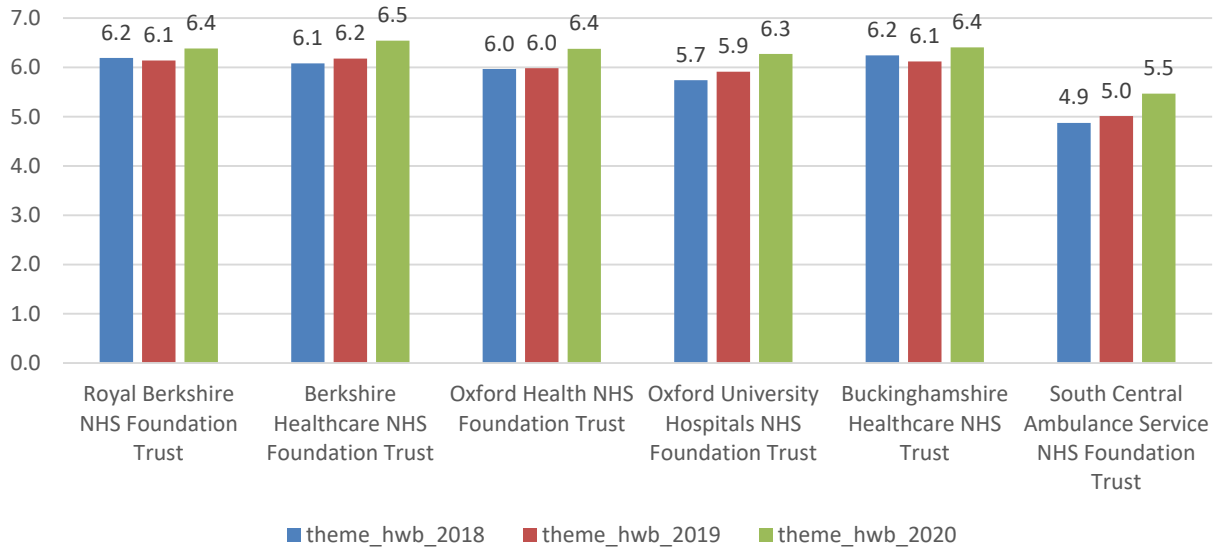
Staff engagement



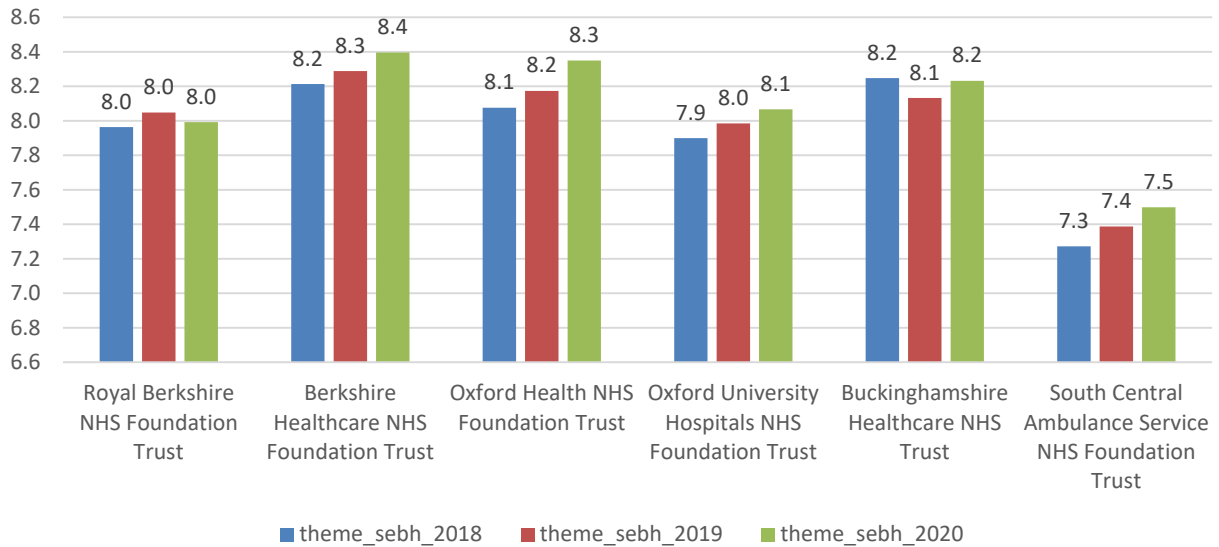
Equality, diversity and inclusion



Health and wellbeing

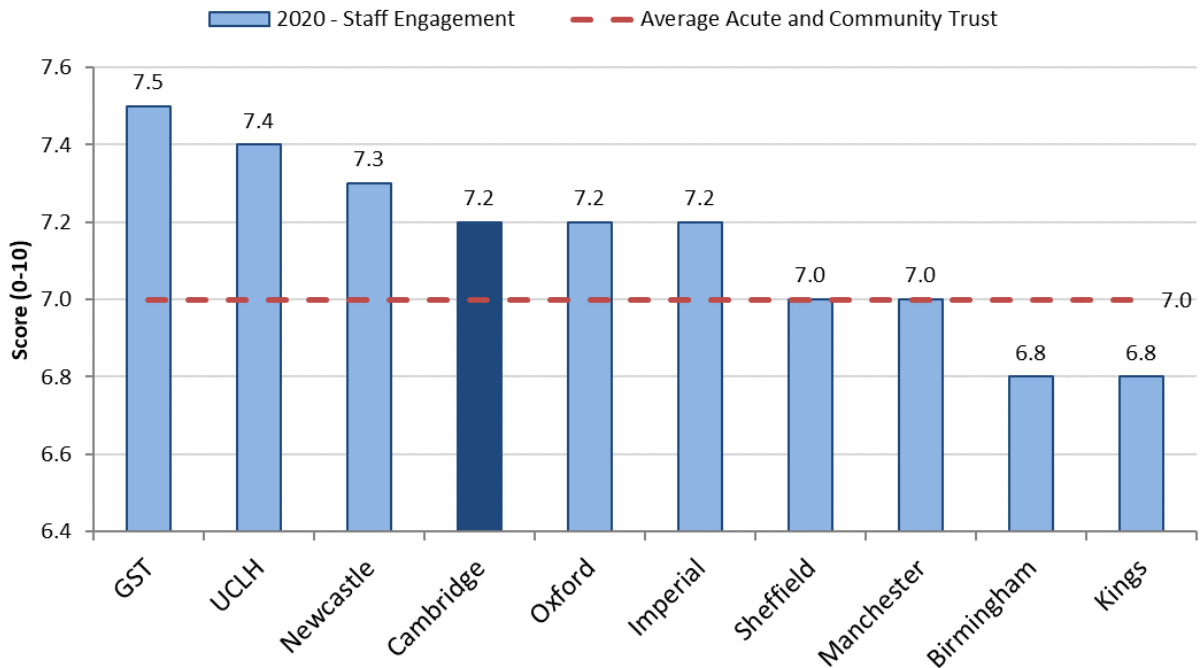


Safe environment – Bullying & harassment

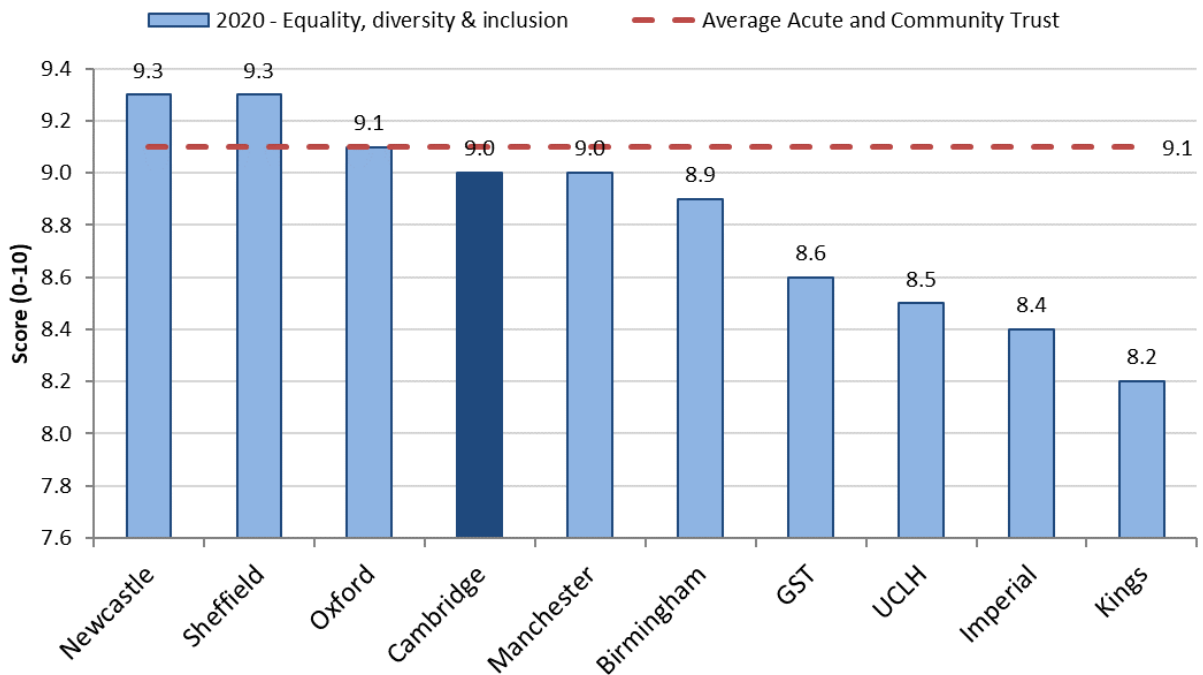


- **Appendix 3 – Shelford Group Comparisons**

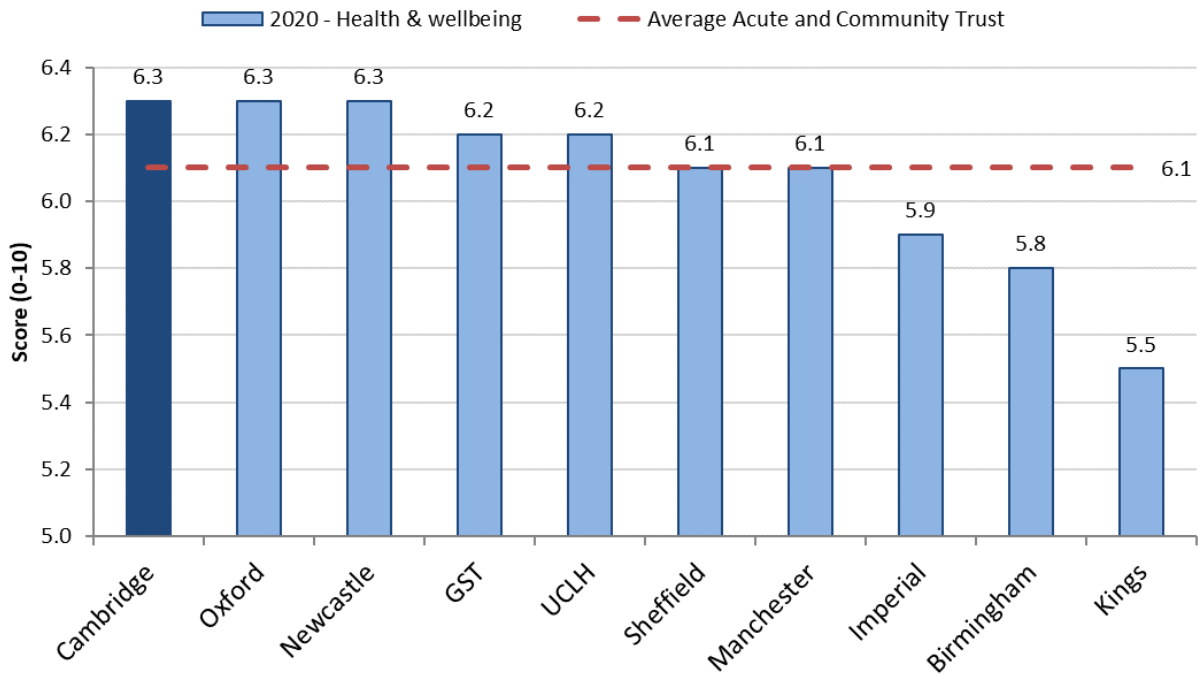
2020 NSS - Shelford Group Staff Engagement



2020 NSS - Shelford Group Equality, diversity & inclusion



2020 NSS - Shelford Group Health & wellbeing



2020 NSS - Shelford Group Safe environment - Bullying & harassment

