

Cover Sheet

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Title: NHS Staff Survey 2022 Results

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Board Lead: Chief People Officer

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Executive Summary

1. This report sets out the key 2022 staff survey results for Oxford University Hospitals NHS Foundation Trust (OUH) which were published in March 2023. The report provides comparisons against 2021 data and the 2022 national average scores, along with supporting narrative.
2. The 2022 survey asked 97 questions which were categorised into 5 key themes, as follows:
 - a. Individual's job
 - b. Team and people in your organisation
 - c. Individual's health, wellbeing and safety at work
 - d. Personal development and organisation (92 of these can be historically compared).
3. The OUH response rate dropped from 57% to 51%, though this is still 5% above the Picker average for Acute Trusts (at 46%). Details of our response rate are in Annex 1. The Trust's decline in response rates reflects a broader national trend and OUH still compares favourably against other Acute and Community trusts.
4. Compared to the results for 2021, of the 97 questions, the Trust saw 10 of the questions improve, 62 with no significant difference and 20 decline. 5 of the questions had no historical data.
5. The Employee Engagement Index (EEI) score, out a score of 10, has remained at 7.0, the same as 2021 and all engagement themes score above the Picker Group average. This is shown in the table in Annex 2.
6. The top 5 questions versus the average for organisations within the Picker Group show a significant improvement in appraisals being completed over the past 12 months, and people not coming to work when not feeling well. These can both be attributed to the effort placed last year on values-based appraisals (VBAs) being completed and the strong focus on wellbeing.
7. While the higher numbers of staff receiving an appraisal is a significant achievement this year, there is more work to be done on the quality of the appraisal conversation. The Trust does not think the 'appraisal window' has caused lower quality, as there is no significant difference in these scores when compared to previous years. The focus now needs to be on both number *and* quality of appraisals.
8. Work-life balance and time pressures were also areas of lowest scoring; these are a concern from a national picture. Overall, more than a third of staff across NHS Trust surveyed (34.3%) that said they 'always' or 'often' feel burnt out because of their work.

9. Satisfaction with level of pay is a part of an ongoing national dispute that is outside of the Trust's control. It is, however, fair to note, that the Trust continues to strive to provide platforms for recognition with opportunities to shape and improve the culture of the organisation, to make OUH a great place to work.
10. Annex 4 shows the Workforce Race Equality Standard (WRES) scores for 2022. Across the WRES metrics, the Trust has seen a decline in performance when compared with 2021. For WRES metric 5, the percentage of staff experiencing harassment, bullying or abuse from patients or relative in the last 12 months, there was a slight improvement of 0.3 percentage points for White staff, however there was a decline of 3.2 percentage points for Black, Asian, and Minority Ethnic Staff, widening the inequality between the two groups.
11. The Trust is running its 'No Excuses' campaign which aims to improve the experience for all our staff, however the results could indicate that taking a Trust-wide approach may not enable us to make improvements on our WRES metrics and further work will be underway to look at this.
12. There will be a continued focus moving forwards on targeted approaches such as Kindness into Action and the No Excuses campaign for specific groups as part of wider improvement campaigns and further analysis to understand these changes further.
13. There has been a decline in Trust performance against some of the Workforce Disability Equality Standard (WDES) metrics (Annex 5) when compared to the previous year.
14. Metric 6 (percentage of staff who felt pressure from their manager to come into work when not feeling well enough) saw an improvement for both disabled and non-disabled staff, although that improvement was greater for non-disabled staff (3 percentage points, compared with 0.6 percentage points).
15. The staff survey findings show a need to concentrate on improving the experience of disabled staff, especially as the proportion of staff who complete the staff survey seems to be increasing year -on-year, with over 19% of respondents identifying as disabled as compared with 18%, last year and 16% the year before.

16. Local actions following the results include:

- Analysing local results in relation to the positives, improvements and declines since 2021, this is already underway.
- Holding Time to Talk sessions with teams to share and discuss the results and agree the top 3 areas to work on and co-create solutions to improve ways of working between May and July 2023.

- Developing local action plans with timescales and owners by the end of August 2023, uploading the plans into Ulysses and progressing the actions plus feedback to the teams.
- Utilising the monthly performance reviews to show progress of actions.
- Ensuring each team member has an EDI objective as part of their Values Based Appraisal (VBA).
- All leaders and managers within hot spot directorates and CSUs attending Kindness into Action workshop training.

17. In addition, the Trust focus areas will be:

- Meetings with Divisional leadership teams to share data analysis and discuss issues and support needed, particularly where there are local hotspots indicated by the data; and
- Attending Divisional Director's meetings to share data analysis and discuss issues and support; and
- Holding workshops with specific areas to identify and agree actions, next steps and agreed plan; and
- Supporting managers in utilising the Time to Talk methodology, with a stronger focus on accountability in relations to local action to feed into monthly divisional performance reviews.

18. Our response to the Staff Survey will also be driven through delivery of the OUH People Plan 2022- 2025. The Plan was approved by the Trust Board in July 2022 and the proposed actions in this paper sit within the overarching framework that has been agreed. This is illustrated in the main paper.

19. Specific priorities for year two of the Plan have been identified through engagement with our people in a series of listening events, and through discussions with senior stakeholders. These are:

- **Health & Wellbeing** – continuing to focus on basic needs, including the environment, with an increased emphasis on psychological wellbeing.
- **Our inclusive culture** – including EDI objectives for everyone and supporting development of our staff networks.
- **Leadership and management training** – ensuring quality appraisal conversations and further rolling out our in-house leadership and management training.
- **Staff recognition, reward and career development** – developing talent through career planning and succession planning and continuing to review our benefits, rewards and recognition programmes.

Recommendations

20. The Trust Board is asked to:

- Note the analysis and actions in relation to the 2022 NHS Staff Survey Results.
- Provide feedback on the focus areas for action that are outlined.

Contents

Cover Sheet	1
Executive Summary	2
NHS Staff Survey 2022 Results	7
1. Purpose.....	7
2. Background.....	7
3. Response Rate	8
4. Employee Engagement Index (EEI) Score and People Promise Theme	8
5. Key Findings – Overall Scores (High/ Low, Increase/ Decrease).....	9
6. Key Findings – Workforce Race Equality Standard (WRES)	12
7. Key Findings – Workforce Disability Equality Standard (WDES).....	13
8. Responding to the messages in the survey	13
9. Conclusion	16
10. Recommendations	16
11. Annex 1 – Response Rates.....	17
12. Annex 2 – Staff survey questions that make up the EEI score for 2022.....	18
13. Annex 3 – Workforce Disability Equality Standard (WDES).....	19
14. Annex 4 – Workforce Race Equality Standard (WRES).....	20

NHS Staff Survey 2022 Results

1. Purpose

- 1.1. The purpose of this paper is to share the Oxford University Hospitals NHS Foundation Trust (OUH) 2022 Staff Survey results and preliminary analysis with the Trust Board in public.

2. Background

- 2.1. Participation in the annual NHS Staff Survey is as a mandatory requirement for all NHS organisations. NHS England sets the framework and questions for the survey, and OUH commissioned Picker to manage the survey on the Trust's behalf.
- 2.2. The Survey Coordination Centre provides valuable benchmarking data against 126 Acute, and Acute and Community Trusts across England. This is the benchmark group against which, average scores are calculated.
- 2.3. The survey was issued to staff substantively employed by OUH and was open from 26th September 2022 to 25th November 2022.
- 2.4. **The survey was completed by 6,979 of OUH staff (51%).**
- 2.5. The 2022 survey asked 97 questions which were categorised into 5 key themes, as follows:
 - 2.5.1. Individual's job
 - 2.5.2. Team and people in your organisation
 - 2.5.3. Your manager
 - 2.5.4. Individual's health, wellbeing and safety at work
 - 2.5.5. Personal development and organisation (92 of these can be historically compared).
- 2.6. A series of local questions were included again this year to allow for continued analysis of feedback and trends.
- 2.7. This report sets out:
 - 2.7.1. Response rates and overall engagement scores (annex 1); and
 - 2.7.2. Our organisational results compared to 2021 data, along with supporting narrative, including Workforce Race Equality Standards (WRES) and Disability Equality Standards (WDES metrics; and
 - 2.7.3. Key findings and themes from the results; and
 - 2.7.4. Key hot spot areas indicated by the initial data analysis; and

- 2.7.5. Areas of focus and interventions in response to the preliminary findings.

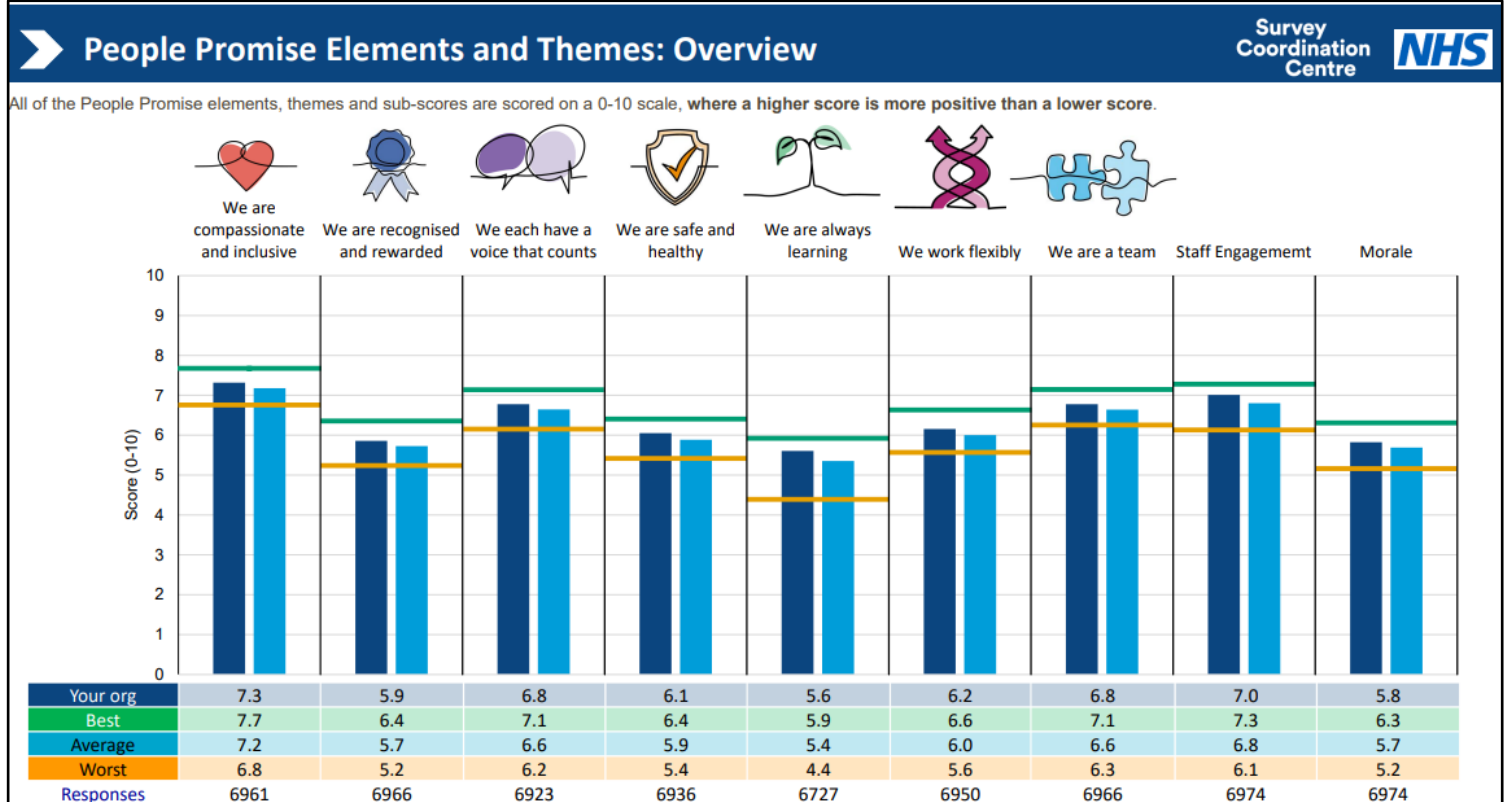
3. Response Rate

- 3.1. Response rate dropped from 57% to 51%, though this is still 5% above the Picker Group average for Acute Trusts (at 46%). Details of the OUH response rate can be found in annex 1.
- 3.2. Response rates fell for all divisions except Corporate and Estates, and for all staff groups except for Allied Health Professionals, who are the only staff group to increase in their response rate.
- 3.3. Whilst the Trust has seen a decline in response rates, this reflects a broader national trend, and OUH still compares favourably against other Acute Trusts within the Picker Group. Even with declining response rates, OUH have made notable improvements in some areas. For example, appraisals and not coming to work when feeling unwell.
- 3.4. Compared to the results for 2021, of the 97 questions, we saw **10 of the questions improve, 62 with no significant difference** and **20 decline**. 5 of the questions had no historical data.

4. Employee Engagement Index (EEI) Score and People Promise Theme

- 4.1. The Employee Engagement Index (EEI) score, out of a score of 10, has remained at 7.0, the same as 2021, and all engagement themes score above the Picker Group average. This is shown in the table in annex 2, which shows the questions that make up the EEI score for 2022, and how they compare to 2021, and the average across the Picker Group for Acute and Community Trusts.
- 4.2. From the 2022 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 nine elements. Table 1 below, shows that OUH is better than the average across all nine elements and themes.

Figure 1 - Survey Coordination Centre People Promise Elements and Themes (Overview)



5. Key Findings – Overall Scores (High/ Low, Increase/ Decrease)

Table 1 - Top 5 scores vs organisation average (Picker Group)

Top 5 scores vs Organisation Average	OUH Score	Picker Group Average
Q23D – If friend/ relative needed treatment would you be happy with standard of care provided by organisation?	74%	61%
Q21A – received appraisal in the past 12 months	91%	80%
Q18A – Staff involved in an error/ near miss/ incident treated fairly	64%	58%
Q18C – Organisation ensure errors/ near misses/ incidents do not repeat	72%	67%
Q11D – In last 3 months, have not come to work when not feeling well enough to perform duties	49%	44%

- 5.1. The top 5 questions vs the average for organisations within the Picker Group (see table 1 above), show a significant improvement in appraisals being completed over the past 12 months, and people are not coming to work when not feeling well.
- 5.2. These can both be attributed to the effort placed last year on values-based appraisals (VBAs) being completed and the strong focus on wellbeing. This shows encouraging comparison against other Acute and Community Trusts.

Table 2 - Most improved scores for the organisation from 2021 to 2022

Most improved scores	Org 2022	Org 2021
Received appraisals in the past 12 months (up 19%)	91%	72%
Last experience of physical violence reported (up 4%)	72%	68%
Involved in deciding changes that affect work (up 3%)	54%	51%
In last 12 months, have not felt unwell due to work related stress (up 3%)	58%	55%
Not felt pressure from manager to come to work when not feeling well enough (up 2%)	80%	78%

- 5.3. Table 2, above, shows the Trusts' most improved scores and again indicated positive improvements in our staff receiving appraisals, their last experience of physical violence reported, and more involvement in deciding changes that affect work.
- 5.4. The improvement in deciding changes that affect work could be related to the impact of the Time to Talk session introduced after last years' survey, though more analysis is needed to understand this.
- 5.5. The positive results for 'Not felt pressure from manager to come to work when not feeling well enough', again demonstrates the impact of the wellbeing initiatives that OUH implemented last year.

Table 3 - Lowest 5 scores vs organisation average (Picker Group)

Bottom 5 scores vs organisation average	Organisation	Picker Group Average
Q10C – Don't work any additional unpaid hours per week for this organisation, over and above contracted hours (less 2%)	42%	44%
Q21D – Appraisal left me feeling organisation values my work (less 3%)	29%	31%

Q5A – Have realistic time pressures (less 1%)	21%	22%
Q6C – Achieve a good balance between work and home life (less 2%)	50%	52%
Q15 – Organisation acts fairly: Career progression (less 2%)	55%	57%

- 5.6. Table 3 above, highlights the lowest scores when compared to the average of Acute and Community Trusts within the Picker Group. While these results are not so far from the Picker Group average, there are areas that merit further exploration.
- 5.7. While the higher numbers of staff receiving an appraisal is a significant achievement this year, there is more work to be done on the quality of appraisal. Questions relating to the quality of appraisal have dipped slightly from 2021, but not significantly. The Trust does not think the 'appraisal window' has caused lower quality – Instead that there are multiple other contributing factors.
- 5.8. Work-life balance and time pressures are also areas of lowest scoring; these are a concern from a national picture. Overall, more than a third of staff across NHS Trusts surveyed (34.3%) said that they 'always' or 'often' feel burnt out because of their work.
- 5.9. Table 3 above also shows that OUH continues to need to do more to address concerns in relation to fairness in career progression. Further analysis on how this affects different staff groups will be conducted.

Table 4 - Most declined scores for 2022 and how they compare to 2021

Most declined scores	Org 2022	Org 2021
Q4C – Satisfied with level of pay (less 6%)	25%	31%
Q30B – Disability; Organisation made reasonable adjustment(s) to enable me to carry out work (less 4%)	75%	79%
Q19B – Would feel confident that organisation would address concerns about unsafe clinical practice (less 4%)	57%	61%
Q23D – If friend/ relative needed treatment would be happy with standard of care provided by organisation (less 4%)	74%	78%
Q23C – Would recommend organisation as place to work (less 3%)	61%	64%

- 5.10. Table 4 above, shows the Trust's most declined scores in comparison to the previous year.
- 5.11. Satisfaction with level of pay is part of an ongoing national dispute that is outside of the Trust's control. It is, however, fair to note, that the Trust continues to strive to provide platforms for recognition with opportunities to shape and improve the culture of the organisation, to make OUH a great place to work.
- 5.12. The Trust has seen increased pressure on its resources in recent months, and it is likely that the ongoing concerns at a national level about levels of vacancies in the NHS, along with lack of investment are contributory factors to a decrease in score for 'recommend organisation as place to work' and 'If friend/ relative needed treatment would be happy with standard of care provided by organisation'.
- 5.13. From a national perspective, almost one-in-three (31.1%) say they "often think about leaving" their organisation. This is an increase of 4.5% points versus the 26.5% recorded in 2020. And one-in-six (16.6%) say they will leave their organisation "as soon as I can find another job" which represents a 2.7% increase from 2020).
- 5.14. The scores above also indicate specific concerns in relation to staff with a disability not feeling that the organisation makes reasonable adjustments to enable them to carry out their work. This is explored further below.

6. Key Findings – Workforce Race Equality Standard (WRES)

- 6.1. Please refer to annex 4 for the Workforce Race Equality Standard (WRES) scores for 2022.
- 6.2. Across the WRES metrics, the Trust has seen an overall decline in performance when compared with 2021. For WRES metric 5, the percentage of staff experiencing harassment, bullying or abuse from patients or relative in the last 12 months, there was a slight improvement of 0.3 percentage points for White staff, however there was a decline of 3.2 percentage points for Black, Asian, and Minority Ethnic Staff, widening the inequality between the two groups.
- 6.3. The Trust is running its 'No Excuses' campaign which aims to improve the experience for all OUH staff, however the results could indicate that taking a Trust-wide approach will not enable us to make improvements on our WRES metrics and further work will be underway to look at this.

- 6.4. There will be a continued focus moving forwards on targeted approaches such as Kindness into Action and the No Excuses campaign for specific groups as part of wider improvement campaigns and further analysis to understand these changes further.

7. Key Findings – Workforce Disability Equality Standard (WDES)

- 7.1. Please refer to annex 3 for the Workforce Disability Equality Standard (WDES) scores for 2022.
- 7.2. There has been a decline in Trust performance against some of the WDES metrics when compared to the previous year.
- 7.3. Metric 6 (percentage of staff who felt pressure from their manager to come into work when not feeling well enough) saw an improvement for both disabled and non-disabled staff, although that improvement was greater for non-disabled staff (3 percentage points, compared with 0.6 percentage points).
- 7.4. The staff survey findings show a need to concentrate on improving the experience of disabled staff, especially as the proportion of staff who complete the staff survey seems to be increasing year-on-year with over 19% of respondents identifying as disabled as compared with 18% last year, and 16% the year before.

8. Responding to the messages in the survey

- 8.1. Based on the further analysis completed, the following interventions and actions are recommended at both an overall trust level and local level. The local level actions would be completed by the divisions, with support where needed from Heads of Workforce, and the Culture and Leadership Service.

Local level actions:

- 8.2. The divisions will take a proactive approach on following up on the staff survey feedback by:
 - 8.2.1. Analysing local results in relation to the positives, improvements and declines since 2021, this is already underway; and
 - 8.2.2. Holding Time to Talk sessions with their teams to share and discuss the results and agree the top 3 areas to work on and co-create solutions to improve ways of working between May and June 2023; and

- 8.2.3. Developing local action plans with timescales and owners by the end of August 2023, which are reviewed regularly and progress fed back to the teams; and
- 8.2.4. Utilising the monthly performance reviews to show progress against actions; and
- 8.2.5. Ensuring each team member has an EDI objective as part of their Values Based Appraisal (VBA); and
- 8.2.6. All leaders and managers within hotspot directorates and CSUs attending Kindness into Action workshop training.

Trust level action:

- 8.3. The Trust will be offering targeted and bespoke support to nurture a range of improvement activity. Examples include:
 - 8.3.1. Meetings with Divisional leadership teams to share data analysis and discuss issues and support needed, particularly where there are local hotspots indicated by the data; and
 - 8.3.2. Attending Divisional Director's meetings to share data analysis and discuss issues and support; and
 - 8.3.3. Holding workshops with specific areas to identify and agree actions, next steps and agreed plan; and
 - 8.3.4. Supporting managers in utilising the Time to Talk methodology, with a stronger focus on accountability in relations to local action to feed into monthly divisional performance reviews.
- 8.4. Our response to the Staff Survey will also be driven through delivery of the OUH People Plan 2022- 2025. The Plan was approved by the Trust Board in July 2022 and the proposed actions in this paper sit within the overarching framework that has been agreed. This is illustrated in the main paper.
- 8.5. Specific priorities for year two of the Plan have been identified through engagement with our people in a series of listening events, and through discussions with senior stakeholders. These are:
 - i. **Health & Wellbeing** – continuing to focus on basic needs, including the environment, with an increased emphasis on psychological wellbeing.
 - ii. **Our inclusive culture** – including EDI objectives for everyone and supporting development of our staff networks.
 - iii. **Leadership and management training** – ensuring quality appraisal conversations and further rolling out our in-house leadership and management training.

- iv. **Staff recognition, reward and career development** – developing talent through career planning and succession planning and continuing to review our benefits, rewards and recognition programmes.

8.6. The table below links the People Plan’s strategic themes to the key areas of the Staff Survey that need action and the relevant specific actions from the Plan.

Table 5 - OUH People Plan and strategic priority actions

People Plan Strategic Theme	Specific issues identified from the Staff Survey	People Plan Priorities
<p>Health, Wellbeing and belonging for all our people</p>	<ul style="list-style-type: none"> • Staff working unpaid hours • Realistic time pressures • Bullying and harassment • Violence and aggression experiences from patients • Recommend OUH as a place to work 	<p>Continue to embed existing year 1 actions:</p> <ul style="list-style-type: none"> • Capturing basic wellbeing needs, reviewing and actioning • Development of ‘How to Guides’ • Continue to roll out ‘Kindness into Action’ and build a culture of civility and respect <p>Focus for year 2:</p> <ul style="list-style-type: none"> • Focus on psychological wellbeing including the Staff Support Service and enabling better management of workplace stress • Tailoring wellbeing support as required for international colleagues • Capital investment for health and wellbeing
<p>Making OUH a great place to work</p>	<ul style="list-style-type: none"> • Career progression – fairness • Bullying and harassment • Quality of appraisals 	<p>Continue to embed existing and year 1 actions:</p> <ul style="list-style-type: none"> • Promotion of staff networks • Launch onboarding programme for all new employees – programme designed and piloted in year 1 • Continue to deliver values-based interview training <p>Focus for year 2 to be on:</p> <ul style="list-style-type: none"> • Support for career progression • Ensuring EDI objectives for everyone • Introduce inclusive recruitment training • Improving the experience of overseas recruits • Agreeing a Trust wide leadership development approach and programme(s) • Making the expectations and responsibilities around disability in relation to reasonable adjustments clearer whilst also strengthening the passport tool

<p>More people working differently</p>	<ul style="list-style-type: none"> • Morale – perceptions of not enough staff and resources to deliver • Systems and process improvements 	<p>Continue to embed existing and year 1 actions:</p> <ul style="list-style-type: none"> • Continued work to streamline recruitment processes and development of a medical recruitment service level agreements (SLAs) • Continue to automate processes to speed up recruitment times and improve experience <p>Focus for year 2 to be on:</p> <ul style="list-style-type: none"> • Continue to focus on recruitment and ensuring the right staffing and skills are in place • Increase knowledge and skills to support workforce planning
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9. Conclusion

- 9.1. This report sets out the key staff survey results for Oxford University Hospitals NHS Foundation Trust with comparison against 2021 data and national benchmarking data, along with supporting narrative.
- 9.2. The report also sets out the actions the Trust will take, set within context of the delivery of our Trust-agreed People Plan 2022-2025.
- 9.3. We will continue to monitor the impact of our actions through a range of feedback, including more staff listening events as well as the impact on our workforce metrics and range of other data sources.

10. Recommendations

The Trust Board is asked to:

- Note the analysis and actions in relation to the 2022 NHS Staff Survey Results.
- Provide feedback on the focus areas for action that are outlined.

11. Annex 1 – Response Rates

Table 6 - 2022 Response Rates by Division, compared to 2021

Divisions	2022	2021	People	Increase
Corporate	73.3%	69.8%	693	3.5%
Estates	58.9%	56.6%	132	2.3%
Research and Development	61.4%	62.1%	132	-0.7%
Medicine, Rehabilitation and Cardiac (MRC)	45.0%	48.6%	1413	-3.6%
Operational Services	65.8%	70.1%	129	-4.3%
Clinical Support Services (CSS)	51.6%	58.3%	1157	-6.7%
Neurosciences, Orthopaedic, Trauma, Specialist Surgery, Childrens and Neonates (NOTSSCaN)	48.2%	55.8%	1686	-7.6%
Surgery, Oncology and Womens (SuWoN)	50.4%	60.9%	1618	-10.5%
Hosted Services DIV	37.0%	47.9%	17	-10.9%
Education and Training	3.6%	25.8%	2	-22.2%

Table 7 - 2022 Response Rates by Staff Group, compared to 2021

Staff Group	2022	2021	People	Increase
Allied Health Professionals	64.5%	63.6%	551	0.9%
Administrative Clinical Services	65.7%	67.4%	1858	-1.7%
Estates and Ancillary	52.8%	56.7%	131	-3.9%
Healthcare Scientists	64.9%	69.3%	375	-4.4%
Medical and Dental	36.1%	43.4%	781	-7.3%
Additional Clinical Services	38.8%	47.0%	877	-8.2%
Nursing and Midwifery Registered	48.9%	57.8%	2089	-8.9%
Add Prof Scientific and Technical	55.9%	67.8%	317	-11.9%

12. Annex 2 – Staff survey questions that make up the EEI score for 2022, and how they compare to 2021, and the average across the Picker Group for Acute and Community Trusts.

Table 8 - Staff survey questions that make up the EEI score for 2022, and how they compare to 2021, and the average across the Picker Group for Acute and Community Trusts

Theme	Theme Score (2022)	Theme Score (2021)	Question/ Statement(s)	Question % 2022	Question % 2021	Picker Group Average
Motivation	7.1	7.1	Q2A – Often/ always look forward to going to work	57%	58%	53%
			Q2B – Often enthusiastic about my job	69%	70%	67%
			Q2C – Time often/ always passes quickly passes when I am working	74%	75%	73%
Involvement	6.9	6.9	Q3C – Opportunities to show initiative frequent in my role	75%	74%	73%
			Q3D – Able to make suggestions to improve the work of my team/ dept	74%	72%	72%
			Q3F – Able to make improvements happen in my area of work	57%	56%	54%
Advocacy	7.0	7.2	Q23A – Care of patients/ service users is organisation's top priority	78%	79%	73%
			Q23C – I would recommend organisation as place to work	61%	64%	57%
			Q23D – If a friend/ relative needed treatment would be happy with standard of care provided by organisation	74%	78%	61%

13. Annex 3 – Workforce Disability Equality Standard (WDES)

Table 9 - Workforce Disability Equality Standard (WDES)

Question – WDES Data OUH	Disabled 2022	Disabled 2021	Disabled 2020	Non-Disabled 2022	Non-Disabled 2021	Non-Disabled 2020
Metric 4ai: % Of staff experiencing harassment, bullying or abuse from patients or relatives in last 12 months	29.5%	29.4%	31.5%	23.3%	22.4%	24.2%
Metric 4aii: % Of staff experiencing harassment, bullying or abuse from managers in last12 months	17.5%	16.4%	17.0%	9.1%	8.6%	10.2%
Metric 4aiii: % Of staff experiencing harassment, bullying or abuse from colleagues in last12 months	27.6%	25.3%	30.4%	17.9%	25.3%	19.6%
Metric 4b: % Of staff who reported last experience of harassment, bullying or abuse	44.9%	45.4%	48.0%	48.2%	45.0%	42.0%
Metric 5: % Staff who feel the organisation acts fairly with regard to career progression/promotion	50.2%	51.8%	50.0%	56.6%	56.8%	59.5%
Metric 6: % Staff who felt pressure from their manager to come into work when not feeling well enough	26.5%	27.1%	26.8%	16.8%	19.8%	18.3%
Metric 7: % Staff who are satisfied with the extent the organisation values their work	34.9%	36.3%	40.8%	45.6%	45.4%	51.9%
Metric 8: % Staff who say their employer has made adequate adjustments to enable them to carry out their work	75.2%	79.4%	81.3%	N/A	N/A	N/A
Metric 9: Staff Engagement Score	6.5	6.7	6.8	7.1	7.1	7.3

14. Annex 4 – Workforce Race Equality Standard (WRES)

Table 10 - Workforce Race Equality Standard (WRES)

Question – WRES Data OUH	OUH BAME	OUH BAME	OUH BAME	OUH White	OUH White	OUH White
	2022	2021	2020	2022	2021	20220
Metric 5: % Of staff experiencing harassment, bullying or abuse from patients or relatives in last 12 months	26.7%	23.5%	24.7%	23.6%	23.9%	25.8%
Metric 6: % Of staff experiencing harassment, bullying or abuse from staff in last 12 months	27.1%	25.6%	28.1%	23.0%	22.0%	25.3%
Metric 7: % Of staff believing organisation provides equal opportunity for career progression / promotion	49.8%	48.3%	51.6%	57.7%	58.7%	60.3%
Metric 8: % Of staff experienced discrimination at work from manager / team leader or colleague in last 12 months	16.9%	15.3%	16.0%	7.5%	6.6%	5.9%