

Cover Sheet

Integrated Assurance Committee: Wednesday 13 April 2022

IAC2022.23

Title: NHS 2021 Staff Survey Results

Status: For Discussion

History: People and Communications Committee on 14 February 2022

Board Lead: Chief People Officer

Author: Jane Smith, Interim Head of Engagement, Inclusion and Experience

Confidential: Yes

Key Purpose: Performance

Executive Summary

| |
|--|
| <p>1. This report sets out the key staff survey results for Oxford University Hospitals Trust, with comparisons against 2020 data and the 2021 national average scores along with supporting narrative.</p> |
| <p>2. The report has been agreed at Trust Management Executive on 10 March 2022 following discussion at the People and Communications Committee on 14 February 2022. It also includes feedback from the Trade Alliance Committee on 10 February 2022 on how we make 'Our Engagement Promise' a success.</p> |
| <p>3. Our results are benchmarked against 126 Acute, and Acute and Community Trusts in England and compared against the national average scores.</p> |
| <p>4. The 2021 key findings include:</p> <ul style="list-style-type: none"> • our highest response rate to date of 57% (up from 53.1% in 2020). • when comparing the results to 2020, we saw 11% of the questions improve, 39% remain very similar and 50% declined against some very high results in 2020 following the first wave of Covid-19 and the Trust response to that. It should be noted that preliminary results are highlighting that there has been a general decline across the NHS in England in the 2021 Staff Survey results. • the Employee Engagement index (EEI) score, out of a score of 10, has declined to 7.0 from 7.2 in 2020 and 7.1 in 2019. Whilst the levels of involvement remained the same, the scores for advocacy and motivation declined this year. • the areas showing most improvement in the Trust include improved reporting of immediate manager asking my opinion, not experiencing harassment, bullying or abuse from other colleagues, and a slight increase in the last experience of harassment/bullying/abuse being reported. • the areas showing the most decline since 2020 include in the last 3 months have not come to work when not feeling well enough to perform duties, satisfied with extent the organisation values my work, and would recommend the organisation as a place to work. • The Trust's focus on wellbeing has led to a significant increase (25%) in our staff feeling that the Trust is taking positive action on staff health and wellbeing. Health and Wellbeing is also a Quality priority again in 2022/23. |
| <p>Responding to the messages in the survey</p> <ul style="list-style-type: none"> • We want to continue the journey of improvement which has seen the response rate increase for the last 4 years, so that we continue to develop an inclusive culture and make OUH a great place to work for all. Our intent is to achieve this through implementing a divisional led cascade approach to engagement that enables a deeper dive with the analysis to understand the results, and more consistent and local action planning. This will be supported by a range of activities across the year to demonstrate and build understanding of the behaviours we are looking to change, in response to our people's feedback. This approach is called 'Our Engagement Promise'. • To position 'Our Engagement Promise; it demonstrates that we are committed to a culture that actively seeks the collaboration, inclusion, and voice of all our people, as we develop our plans and improvement activity to meet existing and future opportunities and challenges. The aim is to create and implement activities across the full year that demonstrate our commitment as a Trust to listen to our people's feedback, through the gathering, analysing, |

co-creation, reviewing and feeding back of solutions that bring better ways of working for our people.

- The success to 'Our Engagement promise' is based on a trust-wide approach, with all Divisional leaders responsible for cascading the results, and team leads undertaking 'Time to Talk' conversations with their teams to co-design, embed and own local action plans. These need to be regularly reviewed as part of team meetings, and next steps feedback to teams. Our people need to be a part of the change to feel and see the improvements.
- Time to Talk templates will be created and given to support team discussions, which will help to give structure; highlighting key questions to ask, identifying what went well, what could be even better with a focus on co-creating better ways of working across the team.
- It is also suggested by the Trade Union Committee that all line managers have an objective as part of their Appraisal of reviewing and actioning staff survey results, and co creating improved ways of working with their teams. This was agreed at the Trust Management Executive meeting on 10 March 2022.
- We have reviewed the potential of utilising Ulysses as a vehicle to ensure co-created action plans are SMART and documented, monitored and regularly updated and progressed. This has been agreed as a viable option with the Ulysses team and will be rolled out as part of 'Our Engagement Promise' approach.
- We will continue to build on the improvements seen in the 2020 survey in relation to wellbeing as this remains an organisational focus as part of our 'Growing Stronger Together (GST) – Rest, Reflect, Recover' programme.
- We will also continue to address trust wide priorities with a focus on Equality, Diversity and Inclusion, Bullying and Harassment, and Violence and Aggression, to continue to make a difference to the working experience of our people and monitor results through our quarterly and annual surveys
- We will continue to learn from what has worked well to date within the national best in class trusts, as well as through the extended data analysis and identifying areas of internal good practice within divisions and project leads from our GST programme, 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 key cross-cutting themes that will also be driven forward corporately where required.
- Following the lifting of the embargo on Wednesday 30 March 2022 at 9.30 am, we will be sharing the survey results with several relevant people groups/forums, including the Equality Diversity and Inclusion steering group, Trust Alliance Committee and Joint Local Negotiating Committee (JLNC), to support engagement, and together make OUH a great place to work.

5. Recommendations

5.1 The Integrated Assurance Committee is asked to:

5.1.1 Note the 2021 NHS Staff Survey results

5.1.2 Note 'Our Engagement Promise' proposal with a clear focus on a divisional cascade approach to engagement and co-creation of action plans to bring about local improvements and make OUH a great place to work.

Contents

Cover Sheet 1

Executive Summary 2

NHS Staff Survey 2021 Results 5

 1. Background and Context 5

 2. Response rate 5

 3. The People Promise Theme 7

 4. What our survey results show us 8

 5. Responding to the messages of the survey 11

 6. Further actions on focus areas 13

 7. Conclusion 14

 6 Recommendations 15

NHS 2021 Staff Survey Results

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 126 Acute and Acute and Community Trusts across England. This is the benchmark group against which average scores are calculated within this report.
- 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 27 September to 26 November 2021.
- 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 several incentives developed by us and regular monitoring and communication.
- 1.5. In line with the commitment in 2021/22 to the People Plan, the national Annual Survey has been redeveloped to align with the People Promise. This change includes the addition of 32 new questions and the removal of others, which impacts slightly on some of the comparability to previous years.
- 1.6. The 2021 survey asked 117 questions which were categorised into five key themes: i) your job, ii) your team and people in your organisation iii) your manager iv) your health, well-being and safety at work and v) your personal development and organisation, 60 of these can be historically compared.
- 1.7. A series of local questions have been included again this year to allow us to analyse feedback and trends, continuing from our 2019 and 2020 survey around Values and Leadership. We have also included a Covid module of questions to help us understand how best we can continue to support our workforce in terms of their working environment and Health and Wellbeing.
- 1.8. This report sets out our organisational results compared to 2020 data and the national average scores for 2021, along with supporting narrative. When compared to the national average scores overall our staff have feedback a more favourable experience.

2. Response rate

- 2.1. We received our highest response rate to date in the 2021 NHS Staff Survey of **57%** (7,774 people) compared to 2020 response rate of 53.1% (6,971 people) and 48.2% (5,926 people) in 2019. This is an increase of 803 completions. This compares very favourably to the national average for our benchmark group in 2021 of 46%
- 2.2. There was considerable variation in response rates across our divisions, with the highest response rate being 70.1% (Operational Services) and 69.8% (Corporate). The lowest being Education and Training (Medical Staff Training) at 25.8% and MRC Division was lowest for the clinical divisions at 48.6%. The most improved was Estates who increased from 30.3% in 2020 to 56.6% in 2021. The breakdown of response rate by divisions, compared to the 2020 results, is shown in Table 1.

Table 1: 2021 response rate by division compared to 2020

| Divisions | 2021 | 2020 | People | Increase |
|---|-------|-------|--------|----------|
| Clinical Support Services | 58.3% | 55.8% | 1288 | 2.5% |
| Corporate | 69.8% | 62.6% | 666 | 7.2% |
| Education and Training | 25.8% | 8.5% | 16 | 17.3% |
| Estates | 56.6% | 30.3% | 125 | 26.3% |
| Hosted Services DIV | 47.9% | 35.6% | 23 | 12.3% |
| Medicine, Rehabilitation and Cardiac | 48.6% | 48.2% | 1513 | 0.4% |
| Neurosciences Orthopaedics Trauma Specialist Surgery and Children's | 55.8% | 48.6% | 1931 | 7.2% |
| Operational Services | 70.1% | 58.2% | 136 | 11.9% |
| Research & Development | 62.1% | 55.6% | 133 | 6.5% |
| Surgery Oncology and Womens | 60.9% | 60.0% | 1922 | 0.9% |

2.3. The overall improvement to our Trust response rate is contributable to the following actions undertaken in 2021:

2.3.1. Further development of personal incentives introduced in 2020, whereby all our people completing the survey were entered into a prize draw for the opportunity to win: a) 15 prizes of £50 *Love to Shop* vouchers; b) 1 special prize of an iPad and c) 1 person to win 5 day's annual leave for the year 2022/23. Which have now been issued and presented to the prize winners.

2.3.2. We increased communication and engagement with all staff during the Covid-19 pandemic, and a commitment to act on the feedback was given about staff experience of the pandemic and beyond. A clear Communications plan with key messages, including an overall visual identity which brought together Autumn internal communications under the 'Have your say – make your voice heard' umbrella and made connections between Staff Survey, Speak Up Month, Black History Month and other staff engagement activities, and Executive visibility in encouraging staff to complete the survey, led by the Chief People Officer.

2.4. Table 2 shows the breakdown of Staff Groups represented in the survey results compared to 2020. This shows an increase in all Staff groups responding to the survey with a significant increase in Estates and Ancillary. Medical and Dental, although again, made a slight increase in responses from 2020, is still only achieving 43.40%.

Table 2: 2021 response rate by staff group compared to 2020

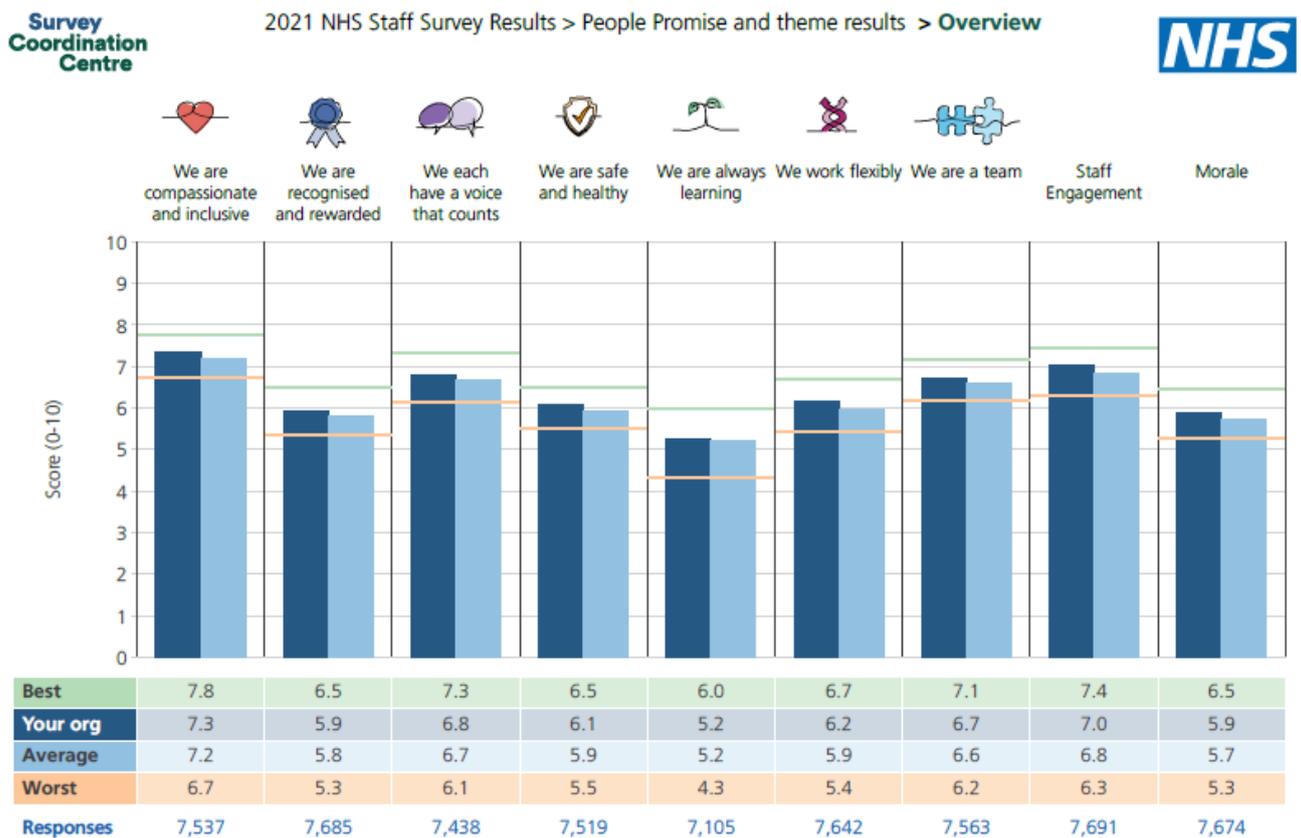
| Staff Group | 2021 | 2020 | People | Increase |
|----------------------------------|--------|--------|--------|----------|
| ADD PROF SCIENTIFIC AND TECHNIC | 67.80% | 59.30% | 384 | 8.50% |
| ADDITIONAL CLINICAL SERVICES | 47.00% | 46.40% | 1062 | 0.60% |
| ADMINISTRATIVE CLINICAL SERVICES | 67.40% | 62.70% | 1951 | 4.70% |
| ALLIED HEALTH PROFESSIONALS | 63.60% | 61.50% | 532 | 2.10% |
| ESTATES AND ANCILLARY | 56.70% | 27.20% | 140 | 29.50% |
| HEALTHCARE SCIENTISTS | 69.30% | 65.00% | 201 | 4.30% |
| MEDICAL AND DENTAL | 43.40% | 39.30% | 928 | 4.10% |
| NURSING AND MIDWIFERY REGISTERED | 57.80% | 54.30% | 2375 | 3.50% |

3. The People Promise Theme

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



3.2. In support of this, the results of the NHS Staff Survey are now measured against the seven People Promise elements and against two of the themes reported in previous years (Staff Engagement and Morale).



4. What our survey results show us

Table 3: 5 most improved scores in 2021 compared to 2020 and the national average for 2021

| Most Improved from 2020 survey | OUH 2021 | OUH 2020 | National Average |
|--|------------|----------|------------------|
| q13d. Last experience of physical violence reported | 68% | 62% | 67% |
| q14c. Not experienced harassment, bullying or abuse from other colleagues | 82% | 79% | 81% |
| q9c. Immediate manager asks for my opinion before making decisions that affect my work | 61% | 58% | 55% |
| q14d. Last experience of harassment/bullying/abuse reported | 46% | 44% | 46% |
| q14a. Not experienced harassment, bullying or abuse from patients/service users, their relatives, or members of the public | 76% | 74% | 72% |

- 4.1. Table 3 above shows positive improvements in our people not experiencing harassment, bullying or abuse from colleagues and the public, as well as an improvement in reporting of incidents when it does happen. This has been an ongoing focus for several years and will continue. Violence and Aggression from patients to our people is a quality priority for us in 2022/23.
- 4.2. There have also been some improvements in questions focusing on the theme of 'my immediate line manager', especially in terms of asking my opinion before making changes that affect my work.

Table 4: Most declined scores for 2021 and how they compare to 2020 and the national average for 2021

| Most Declined from 2020 survey | OUH 2021 | OUH 2020 | National Average |
|--|------------|----------|------------------|
| q3i. Enough staff at organisation to do my job properly | 30% | 39% | 30% |
| q11d. In last 3 months, have not come to work when not feeling well enough to perform duties | 51% | 58% | 56% |
| q2b. Satisfied with extent the organisation values my work | 43% | 50% | 43% |
| q2a. Often/always look forward to going to work | 58% | 64% | 58% |
| q21c Would recommend organisation as a place to work | 64% | 70% | 61% |

- 4.3. The continued consequences of coping with the sustained impact of Covid-19 on staffing levels, sickness levels and operational pressures are reflected in some of our results that have seen a decline since 2020, especially in terms of advocacy for the Trust as a place to work, feeling valued by the Trust and therefore looking forward to going to work.

- 4.4. During 2021 we launched the Growing Stronger Together programme to support our people with Rest, Reflection and Recovery to cope with the trauma of 2020 and the ongoing workload, complexities, and stress. Multiple initiatives across 5 primary themes were introduced as part of this programme. The themes can be summarised as follows:
- 4.4.1. Meeting the immediate need for rest and recovery
 - 4.4.2. Building a culture of learning, compassion, and inclusion
 - 4.4.3. Facilitating post traumatic growth
 - 4.4.4. Supporting sustainable service recovery and workforce planning
 - 4.4.5. Building work lives that have more flexibility and autonomy
- 4.5. These programmes take time to have the kind of impact they are designed for especially in context of a continuing pandemic and the resultant levels of continued stress, exhaustion, and lack of relief. The continuation of the focus and delivery of these initiatives will remain an area of investment in the coming year
- 4.6. Wellbeing Check-ins were introduced on the 6th of September 2021, with over 2000 having been completed to date. Manager briefings were provided during the first two months of launch and are now run when required. We have taken feedback on board and made the Check-ins as flexible and helpful as possible. For example, they can now be incorporated into appraisals and regular 1-2-1 conversations.
- 4.7. **The Employee Engagement Index (EEI) score**, out of a score of 10, has declined to 7.0 from 7.2 in 2020 and 7.1 in 2019. Whilst the levels of involvement remained the same, the scores for advocacy and motivation declined this year, see Table 5 below. Our EEI remains favourable compared to the national average for our benchmark group in 2021 of 6.8

Table 5: Staff survey questions that make up the EEI score for 2021 and how they compare to 2020 and 2019 scores, along with the national average for 2021.

| Theme | Question /Statements | OUH 2021 score | OUH 2020 % | OUH 2019 % | National Average 2021 |
|-------------|---|----------------|------------|------------|-----------------------|
| Motivation | Q2a. Often/always look forward to going to work | 58% | 64% | 63% | 52% |
| | Q2b. Often/always enthusiastic about my job | 70% | 75% | 75% | 68% |
| | Q2c. Time often/always passes quickly when I am working | 75% | 77% | 77% | 73% |
| Involvement | Q4a. Opportunities to show initiative frequent in my role | 74% | 75% | 73% | 72% |
| | Q4b. Able to make suggestions to improve the work of my team/dept | 72% | 75% | 75% | 70% |
| | Q4d. Able to make improvements happen in my area of work | 56% | 57% | 57% | 53% |
| Advocacy | Q18a. Care of patients/service users is organisation's top priority | 80% | 82% | 79% | 76% |
| | Q18c. I would recommend organisation as place to work | 64% | 70% | 64% | 58% |
| | Q18d. If a friend/relative needed treatment would be happy with standard of care provided by organisation | 78% | 83% | 78% | 67% |

- 4.8. The clinical division with the highest EEI is Surgery, Oncology and Womens (SUWON) at 7.2. Estates and SUWON are the only 2 divisions to see a slight increase overall, although Estates has the lowest EEI at 6.6.
- 4.9. **Workforce Disability Equality Standard (WDES)** scores for 2021. When comparing scores to the previous year, for disabled staff improvements were seen on 4 questions, with declines on the other 5. Non-disabled staff also saw improvements on 4 questions, although only 3 of the improved questions were the same with non-disabled staff improving on the % of staff reporting bullying, where disabled staff saw a decline. Conversely, disabled staff saw an improvement on the % of staff feeling the organisation acts fairly regarding career progression, where there was a decline for non-disabled staff.
- 4.10. For both groups, improvements were seen on % of staff experiencing bullying and harassment from patients and from managers; bullying and harassment from colleagues also improved for disabled staff but not for non-disabled staff. Comparing the scores of disabled and non-disabled staff also show that scores for disabled staff are worse on every question.

Table 6: Workforce Disability Equality Standards (WDES) scores for 2021

| Question – WDES Data OUH | Disabled 2021 | Disabled 2020 | Disabled 2019 | Non-Disabled 2021 | Non-Disabled 2020 | Non-Disabled 2019 |
|--|---------------|---------------|---------------|-------------------|-------------------|-------------------|
| % Of staff experiencing harassment, bullying or abuse from patients or relatives in last 12 months | 29.4% | 31.5% | 33.2% | 22.4% | 24.2% | 24.4% |
| % Of staff experiencing harassment, bullying or abuse from managers in last12 months | 16.4% | 17.0% | 18.0% | 8.6% | 10.2% | 11.0% |
| % Of staff experiencing harassment, bullying or abuse from colleagues in last12 months | 25.3% | 30.4% | 30.9% | 25.3% | 19.6% | 21.1% |
| % Of staff who reported last experience of harassment, bullying or abuse | 45.4% | 48% | 46.8% | 45% | 42% | 45.2% |
| % Staff who feel the organisation acts fairly with regard to career progression/promotion | 51.8% | 50% | Not Available | 56.8% | 59.5% | Not Available |
| % Staff who felt pressure from their manager to come into work when not feeling well enough | 27.1% | 26.8% | 29% | 19.8% | 18.3% | 17.5% |
| % Staff who are satisfied with the extent the organisation values their work | 36.3% | 40.8% | 37.2% | 45.4% | 51.9% | 50% |

| | | | | | | |
|---|-------|-------|-------|-----|-----|-----|
| % Staff who say their employer has made adequate adjustments to enable them to carry out their work | 79.4% | 81.3% | 74.3% | N/A | N/A | N/A |
| Staff Engagement Score | 6.7 | 6.8 | 6.7 | 7.1 | 7.3 | 7.2 |

4.11. **Workforce Race Equality Standard (WRES)** - In comparison with the 2020 scores, there are improvements for BAME staff on 3 of the 4 questions, with a decline on the % of staff believing the organisation provides equal opportunities for career progression. This is only true for 2 out of 4 questions for White staff.

4.12. Comparing the scores for BAME and White staff, scores are worse for BAME staff across 3 of the 4 questions, with a comparable score on the % of staff experiencing bullying, harassment, or abuse from patients, relatives, or the public in the last 12 months.

Table 7: Workforce Race Equality Standards (WRES) scores for 2021

| Question – WRES Data OUH | OUH BAME 2021 | OUH BAME 2020 | OUH BAME 2019 | OUH White 2021 | OUH White 2020 | OUH White 2019 |
|---|---------------|---------------|---------------|----------------|----------------|----------------|
| % Of staff experiencing harassment, bullying or abuse from patients or relatives in last 12 months | 23.5% | 24.7% | 26.4% | 23.9% | 25.8% | 25.8% |
| % Of staff experiencing harassment, bullying or abuse from staff in last 12 months | 25.6% | 28.1% | 28.8% | 22% | 25.3% | 26.8% |
| % Of staff believing organisation provides equal opportunity for career progression / promotion | 48.3% | 51.6% | 50.8% | 58.7% | 60.3% | 60.5% |
| % Of staff experienced discrimination at work from manager / team leader or colleague in last 12 months | 15.3% | 16.0% | 15.1% | 6.6% | 5.9% | 6.8% |

4.13. There has been a change in how the score is calculated for Q15, ‘% of staff believing the organisation provides equal opportunity for career progression’. For this year, the calculation includes those who responded “Don’t know” to the question, where they previously were excluded, creating an artificial decline in the score from 51.6% in 2020 to 48.3% in 2021. Where possible, this has been adjusted for previous years, so that we have a historical comparison; data was not available for the WDES 2019 submission as the question used to determine disability changed between 2019 and 2020 and therefore Picker do not provide this historical comparison.

5. Responding to the messages of the survey

5.1. We want to continue the journey of improvement which has seen the response rate increase for the last 4 years, so that we continue to develop an inclusive culture and make OUH a great place to work for all. Our intent is to achieve this through implementing a divisional led cascade approach to engagement that enables a deeper dive with the analysis to understand the results, and more consistent and local action planning. This will be supported by a range of activities across the year to demonstrate

and build understanding of the behaviours we are looking to change, in response to our people's feedback. This approach is called 'Our Engagement Promise'.

- 5.2. To position 'Our Engagement Promise; it demonstrates that we are committed to a culture that actively seeks the collaboration, inclusion, and voice of all our workforce, as we develop our plans and improvement activity to meet existing and future opportunities and challenges. The aim is to create and implement activities across the full year that demonstrate our commitment as a Trust to listen to our people's feedback, through the gathering, analysing, co-creation, reviewing and feeding back of solutions that bring better ways of working for our people.
- 5.3. The success to 'Our Engagement promise' is based on a trust-wide approach, with all Divisional leaders responsible for cascading the results, and team leads undertaking 'Time to Talk' conversations with their teams to co-design, embed and own local action plans. These need to be regularly reviewed as part of team meetings, and next steps fed back to teams. Our people need to be a part of the change to feel and see the improvements.
- 5.4. Within this approach, there are several stages involved, which commence with the following approach to data analysis:
 - extended data analysis from Picker and our Workforce Information Team to further assess the themes and trends of the current results.
 - a deep dive analysis into key themes and areas of interest such as Wellbeing, EDI, Harassment and Bullying and Violence and Aggression.
 - a thematic analysis on the free text comments to examine the free text data and identify common themes.
- 5.5. The Divisional Workforce teams will attend a Data analysis workshop in March 2022 to enable the greater sharing and interpretation of the data with divisional leadership teams, to encourage greater ownership of data and co-designing of action plans and ways of working to continually improve.
- 5.6. The results will be shared with the Trust Management Executive and divisional senior leadership teams. This will enable early conversations and insights, commitment to be gained to drive engagement activity from divisional leadership teams with the support of Heads of Workforce and for divisional leaders to work with their teams to understand local issues and co-design action plans for improvement.
- 5.7. Time to Talk templates will be created and given to support team sessions, which will help to give structure; highlighting key questions to ask, identifying what went well, what could be even better with a focus on co-creating better ways of working across the team.
- 5.8. Trust Management Executive agreed the Trade Union Committee suggestion for all line managers to have an objective as part of their Appraisal of reviewing and actioning staff survey results and co-creating improved ways of working with their teams.
- 5.9. We will hold focus groups with Growing Stronger Together leads and contributors to understand and correlate the impact between the actions and survey specific questions. The survey has provided valuable insight into what staff would like to see specifically regarding staff recognition and wellbeing. We will also look to integrate objectives into the 'Growing Stronger Together – Rest, Reflect, Recover' programme and Quality Priority in 2022/23.
- 5.10. We recommend holding several workshops and activities between June and August 2022 to promote ways of working and actions in relation to some Trust strategic

priorities, focusing on: Wellbeing, EDI, Violence and Aggression and Bullying and Harassment. This will include arranging meaningful conversations to demonstrate and build understanding of the behaviours we are looking to change in response to our people's feedback. This will support people's ongoing development, as well as involve people in being part of the change we want to see.

- 5.11. Ongoing Engagement steering group meetings will be used to support the Divisional Heads of Workforce, survey leads and divisional leadership teams in sharing results and learning from best practice, inside and outside the Trust. This will include discussing and sharing good practice to implementing the 'Our Engagement Promise' actions at a local level.
- 5.12. A key success factor to continuing to increase the response rate of the survey each year and hear more from our people about their experience of working within OUH is for divisional leadership teams to actively encourage team leaders to participate in 'Time to Talk' sessions with their teams and co-design, embed and own local action plans. These local conversations enable us to better understand the issues and to collectively make recommendations that will help resolve issues locally and give our people more opportunities to be part of the changes they wish to see. People will participate more when they feel, not just see, the change. Cross-cutting themes from divisions will also be supported corporately to drive forward change where required.
- 5.13. We also need to identify ways to increase participation from areas which are lower responding, e.g., medical colleagues. We will connect with our Shelford colleagues to identify how they encourage medical engagement in the survey.
- 5.14. Prior to the start of the 2022 annual staff survey, a follow up communication / pre 2022 survey messages of our progress against the divisional and Trust priorities will be undertaken.
- 5.15. Survey results, including performance on the WRES and WDES metrics, will be shared with the EDI Steering Group and with our staff network leads for analysis and recommendation. The analysis and recommendations will be detailed in the Trust's Combined Equality Standards Report, including WRES and WDES, that will be published in September 2022.
- 5.16. It is important that the staff survey becomes an integrated part of our cultural barometer rather than an annual standalone initiative. We will continue to undertake quarterly staff surveys and will discuss the results in feedback sessions throughout the year to keep the conversation active.
- 5.17. We will be reviewing the potential of utilising Ulysses as a vehicle to ensure co-created action plans are SMART and documented, monitored and regularly updated and progressed.

6. Further actions on focus areas

- 6.1. We are continuing to focus on the areas of Wellbeing, EDI, Bullying and Harassment and Violence and Aggression to continue to make a difference to the working experience of our people and monitor results through our quarterly and annual surveys.
- 6.2. **Wellbeing** - We will continue to build on the improvements seen in the 2020 survey, specifically in relation to the improvements in wellbeing and our engagement scores. These remain an organisational focus as part of our Trust Strategy and the integration of both the NHS People Plan and Future of HR/OD programme.
- 6.3. Our Trust's Growing Stronger Together people recovery programme has been key in ensuring a focus on staff wellbeing. It is built on five priorities, referenced under 3.4.

The Trust's focus on wellbeing has led to significant increase (25%) in our staff feeling that the Trust is taking positive action on staff health and wellbeing.

- 6.4. In 2022/23 we will continue the emphasis on wellbeing by incorporating key elements of Growing Stronger Together into our Wellbeing Quality Priority and therefore expect to see a continued positive trend in the wellbeing of our people.
- 6.5. **EDI** – We will be refreshing our EDI Objectives and a paper will be proposed to TME in March 2022. A primary focus of these Objectives, and the activity that arises from them, will be to develop the capability of staff and teams to progress EDI and increase accountability. This will include supporting teams and leaders to use staff survey data to identify potential barriers to equality and inclusion and take appropriate action. To progress this, we are developing the capability of senior leaders in the People and Comms Directorate, to embed anti-racist approaches into our work.
- 6.6. We will be reviewing our recruitment processes to ensure they are inclusive and free from bias; this will include implementing the recommendations from the no more tick boxes report, and from reviewing our approach to Values Based Interviewing.
- 6.7. In March 2022 we re-launched the Values Based Conversations workshop which emphasises the power of values led interactions at work and enables participants to consider what the values mean to them and how they bring them to life every day. This course also supports our Values Based Appraisal approach.
- 6.8. **Bullying and Harassment** - We will continue the focus on raising confidence in our procedures by undertaking the national 'Civility and Respect' framework diagnostic to inform our priorities in this area. We are also designing and implementing a Values Based Leadership framework which will be embedded within our Core Leadership programmes which will be based on compassionate leadership. We have also included compassionate leadership and EDI within our Clinical Directors' development programme in 2021 and this will continue to be embedded within our senior leadership programmes in 2022.
- 6.9. The 'Civility and Respect' practices will support conversations between managers about whether specific action is needed in relation to a concern about an individual.
- 6.10. The 'Civility and Respect' practice has already been applied to our disciplinary procedure, and we have introduced welfare support to employees going through a disciplinary process; this has been informally extended to employees who have raised concerns via the Respect and Dignity at Work Procedure.
- 6.11. The Grievance, Collective Disputes and Respect and Dignity at Work Procedures are all currently under review and will be adopting a Civility & Respect approach. The Civility & Respect framework will continue to be integrated into our suite of HR Policies, Leadership development and ways of working during 2022/23.
- 6.12. **Violence and Aggression** – We recognise that despite improvements there is still opportunity for improvement to provide a safe environment free from violence and aggression (V&A) from our patients. Our Chief Nursing Officer is leading a quality priority in 2022/23 to identify areas most at risk and pilot interventions to improve conditions for our people. The V&A group will use insights and feedback from our staff survey results to inform this quality priority.

7. Conclusion

- 7.1. This report sets out the key staff survey results for Oxford University Hospitals Trust, with comparisons against 2020 data, and national benchmarking data, along with supporting narrative.

- 7.2. We want to continue the journey of improvement which has seen the response rate increase for the last 4 years, so that we continue to develop an inclusive culture and make OUH a great place to work for all. Our intent is to achieve this through implementing a divisional led approach to engagement that enables a deeper dive on the analysis to understand the results, and more consistent and local action planning. This will be supported with a range of activities across the year to demonstrate and build understanding of the behaviours we are looking to change, and what good looks like in response to our people's feedback. This approach is called 'Our Engagement Promise'.
- 7.3. The success to the 'Our Engagement Promise' is based on a trust-wide, divisional led approach to team leaders undertaking 'Time to Talk' conversations with their teams and co-designing, embedding and owning local action plans. Our people need to be part of the change to feel and see the improvements.

8. Recommendations

8.1 The Integrated Assurance Committee is asked to:

- 8.1.1 Note the 2021 NHS Staff Survey results
- 8.1.2 Note 'Our Engagement Promise' proposal with a clear focus on a divisional cascade approach to engagement and co-creation of action plans to bring about local improvements to make OUH a great place to work

