

Cover Sheet

Trust Board Meeting in Public: Wednesday 27 May 2026

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Title: OUH NHS Staff Survey Post Embargo Nationally Benchmarked Report 2025

Status: For Discussion

History: New Paper

Board Lead: Chief People Officer

**Author: Nikki Greenall, Senior OD Practitioner and Byron Currie,
Director Culture, Leadership and Organisational Development
Service**

Confidential: No

Key Purpose: Performance and Assurance

Executive Summary

1. In 2025, 6072 colleagues, (40.2%) of our workforce completed the NHS Annual Staff Survey. This was down 8% from the previous year. The Shelford Group average response rate was 49.1% and the National Acute trust average was 47.9%.
2. This paper provides a summary of the key findings within the Oxford University Hospitals 2025 NHS Annual Staff Survey results.
3. The paper will also detail how the OUH NHS Staff Survey 2025 results will be shared throughout the Trust, enabling managers and teams to co-create, co-implement and co-own local actions to improve staff experience.
4. The Trust Board are requested to note the content of this report.

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OUH NHS Staff Survey Post Embargo Nationally Benchmarked Report 2025

1. Key Findings

1.1. The NHS Annual Staff Survey comprises of 9 specific elements that are aligned to the NHS People Promise. OUH's performance against these elements is set out below.

1.2. OUH is above the national benchmarked average in relation to the following elements:

- We are compassionate and inclusive
- We are recognised and rewarded
- We each have a voice that counts
- We are safe and healthy
- We are always learning
- We work flexibly
- We are a team
- Staff Engagement

1.3. OUH is slightly below the national average in relation to:

- Morale

1.4. OUH has performed significantly better than comparative organisations within 5 out of the 9 elements. OUH has no significantly worse scores than comparative organisations.

Significantly Better Scores

People Promise / Theme	Your Org.	Sector	Difference
People Promise 1 We are compassionate and inclusive	7.34	7.28	+0.06
People Promise 4 We are safe and healthy	6.15	6.09	+0.06
People Promise 5 We are always learning	5.73	5.64	+0.10
People Promise 7 We are a team	6.84	6.75	+0.09
Theme Staff engagement	6.85	6.75	+0.11

Significantly Worse Scores

People Promise / Theme	Your Org.	Sector	Difference
There are no significantly worse scores than the sector average.			

- 1.5. OUH has declined in 6 out of the 9 elements based on responses to our 2025 NHS Annual Staff Survey. There has been a decline nationally across 8 People Promise elements, We are a Team remained the same.

2. Individual questions

- 2.1. When looking at individual questions, the Trust declined on 32 questions compared to 2024, with the greatest declines for:

- Q24b There are opportunities for me to develop my career in this organisation – OUH 2025 score 50.85% - national average 50.39%
- Q25a Care of patients / service users is my organisation's top priority – OUH score 72.81% - national average 71.63%
- Q11a My organisation takes positive action on health and well-being – OUH score 51.74% - national average 53.16%

- 2.2. The Trust significantly improved on 3 questions compared to 2024:

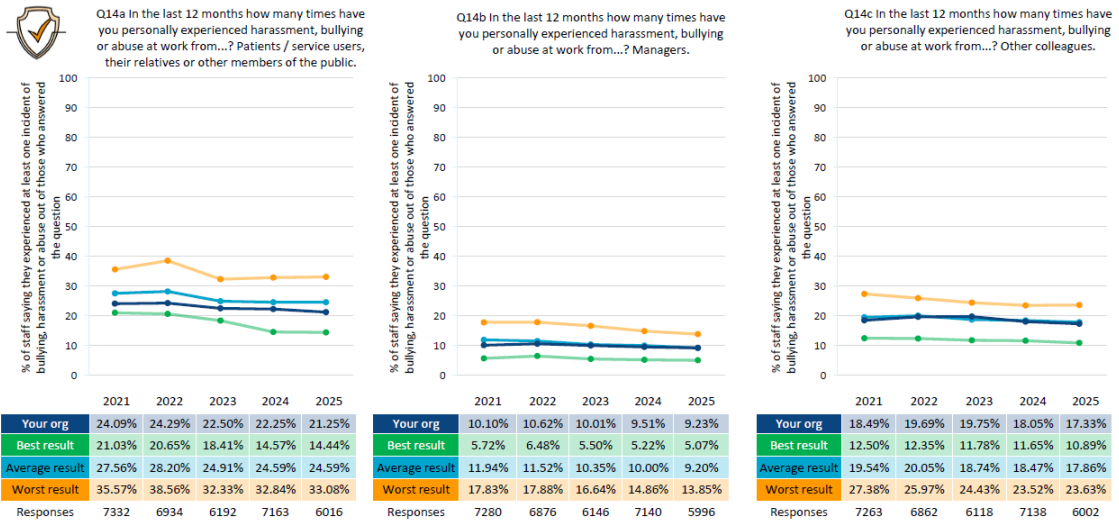
Q10b I work additional PAID hours for this organisation, over and above my contracted hours.

Q16b In the last 12 months, I have personally experienced discrimination at work from a manager / team leader or other colleagues and

Q23a In the last 12 months, I have had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review.

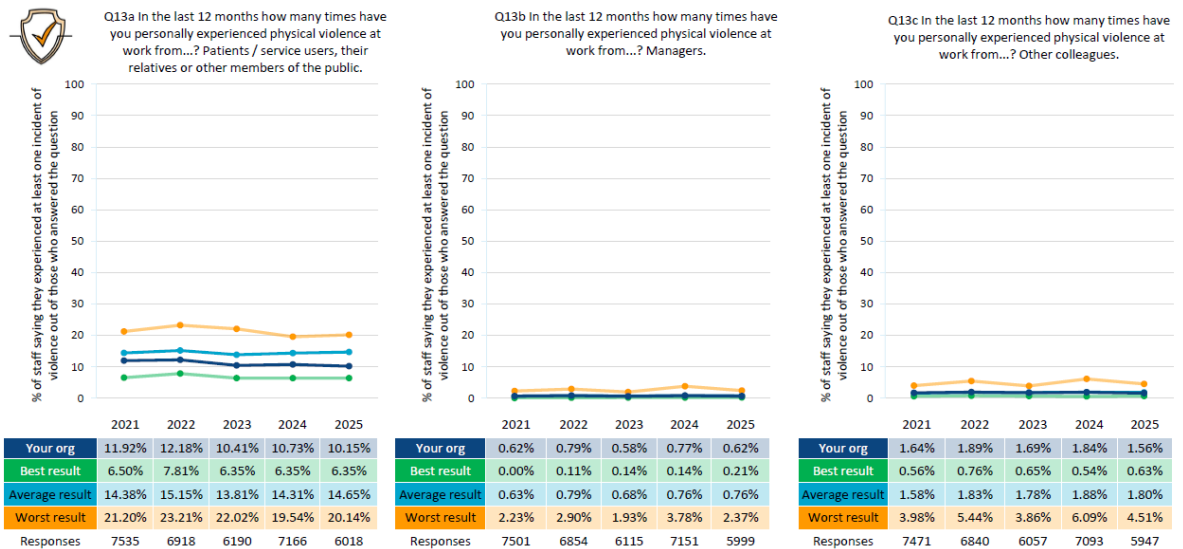
3. Other staff survey categories

- 3.1. We saw some improvement in the Negative Experiences Staff Survey category; reflecting efforts from the 'Eradication of Bullying and Harassment Programme' to improve support for staff who have experienced bullying and eradicate these behaviours from our organisation. The three questions related to experiences of bullying and harassment (Q14a from patients/service users, their relatives and other members of the public, Q14b from managers, Q14c from other colleagues) have all shown improvement and two are better than the national average – Q14a and Q14c. See the graphs below from the National Benchmark report which shows the OUH score plotted against the highest, lowest and national average scores.

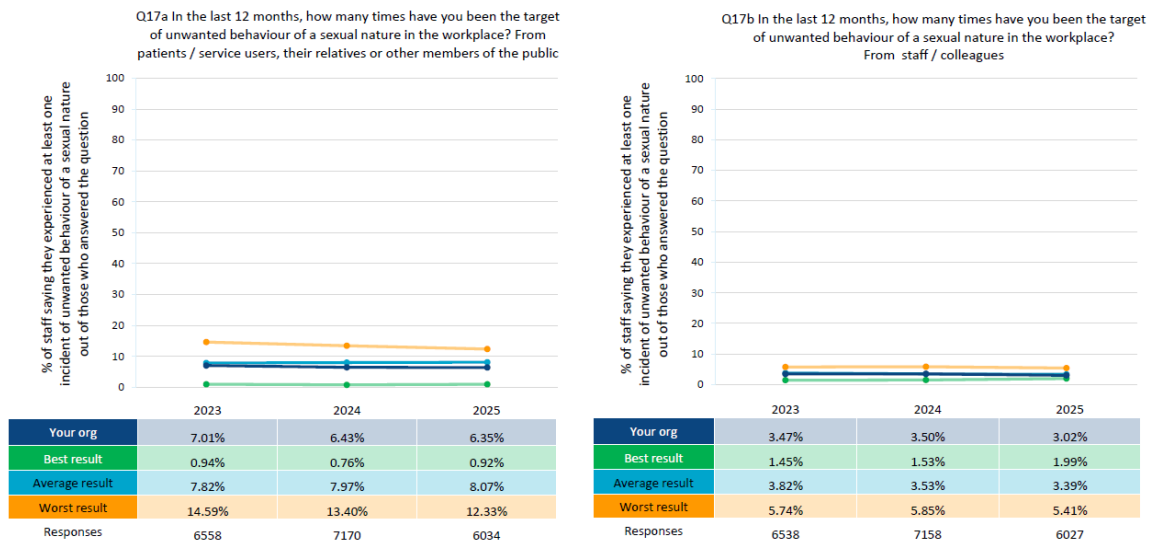


3.2. The three questions related to experiences of violence (Q13a from patients/service users, their relatives and other members of the public, Q13b from managers, Q13c from other colleagues) have all shown improvement and are better than the national average. Improvements to the two questions on sexual safety have also been made (Q17a from patients/service users, their relatives and other members of the public and Q17b from staff/colleagues) and are better than the national average. See the graphs below from the National Benchmark report which shows the OUH score plotted against the highest, lowest and national average scores.

Experiences of violence



Sexual Safety



3.3. The Staff Survey category for Flexible Working has improved Q4d How satisfied are you with each of the following aspects of your job? The opportunities for flexible working patterns. This score has improved and is better than the national average.

4. Engagement and Morale themes at Trust level

4.1. Two themes, engagement and morale are collectively made up of 22 questions and therefore provides a comprehensive overview of the level of involvement, advocacy, and motivation amongst OUH staff.

4.2. The engagement score has decreased in the three sub scores of Motivation, Involvement and Advocacy. The Advocacy sub score contains the following three questions which have seen the biggest declines:

Q25a Care of patients / service users is my organisation's top priority

Q25c I would recommend my organisation as a place to work.

Q25d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation

OUH ranks 5th in the Shelford Group in terms of Q25c recommended place to work with a score of 58.2% and UCLH was the highest with 79.4%. For Q25d, if a friend or relative needed treatment I would be happy with the standard of care provided by this organisation, OUH is at 6th Position with a score of 70.7% in the Shelford group and the top score was UCLH with 87.2%

4.3. The Morale theme has decreased in the three sub scores of Thinking about Leaving, Work Pressure and Stressors. The largest contributors to

this decline is a decrease in the 'Work Pressure' sub score particularly in relation to:

Q3g I am able to meet all the conflicting demands on my time at work and

Q3i There are enough staff at this organisation for me to do my job properly.

These scores have declined and are below the national average.

OUH scored 6.85/10 in the engagement metric in the Shelford group and is placed at 5th position with UCLH being the highest with a score of 7.36/10. In terms of Morale, OUH sits in 9th position in the Shelford group with a score of 5.83/10. UCLH was the highest with a score of 6.25/10.

5. Individual questions at Trust level

- 5.1. The top five most improved scoring questions relate to not working additional paid hours, reasonable adjustments made in the workplace, reporting physical violence, discrimination from managers and colleagues and bullying, harassment or abuse from patients/service users, their relatives and other members of the public. See table below for details.

Question	Diff Score 2024 vs 2025	Rank	2024 score	2025 score	National Average
10b On average, how many additional PAID hours do you work per week for this organisation, over and above your contracted hours (0 hours).	4.50%	1	64.90%	69.40%	33.20%
31b Has your employer made reasonable adjustment(s) to enable you to carry out your work (Yes).	2.70%	2	75.20%	77.90%	73.70%
13d The last time you experienced physical violence at work, did you or a colleague report it (Yes).	1.90%	3	73.90%	75.70%	71.80%
16b In the last 12 months have you personally experienced discrimination at work from a manager / team leader or other colleagues (No).	1.20%	4	89.80%	91.00%	86.90%
14a In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public (Never).	1.20%	5	77.60%	78.80%	73.70%

- 5.2. The bottom five most decreased questions relate to career development, care of patients being OUH's top priority and action on health and wellbeing. See table below for details.

Question	Diff Score 2024 vs 2025	Rank	2024 score	2025 score	National Average
24b There are opportunities for me to develop my career in this organisation (Agree/Strongly agree).	-6.30%	1	57.10%	50.80%	50.30%
25a Care of patients/service users is my organisation's top priority (Agree/Strongly agree).	-4.70%	2	77.50%	72.80%	71.60%
11a My organisation takes positive action on health and well-being (Agree/Strongly agree).	-4.70%	3	56.40%	51.70%	53.10%
24d I feel supported to develop my potential (Agree/Strongly agree).	-4.10%	4	57.80%	53.80%	54.00%
24e I am able to access the right learning and development opportunities when I need to (Agree/Strongly agree).	-3.70%	5	61.20%	57.40%	57.40%

6. Workforce Race Equality Standard

Workforce Race Equality Standard

- 6.1. There have been improvements for BME staff in terms of experiences of B&H from patients and from other staff. BME experiences of B&H from patients and the public decreased by 2.09 percentage points to 22.43%. This brings it 6.55 percentage points below the benchmark, which had risen in comparison to the previous year to 29.89%, demonstrating positive movement on this question compared to the national picture. This drop has reduced the gap in experience for BME and White staff.
- 6.2. BME staff experiences of B&H from other staff has positively decreased by 2.06 percentage points. This is a greater decrease than the benchmark had compared to last year (0.72 percentage points to 24.06%). There is near equity in the experience of BME and White staff with a difference of 0.19 percentage points.
- 6.3. There has been a decrease from 15.72% to 13.71% in BME staff experiencing discrimination from managers and colleagues. This is below the benchmark (at 14.70%) however it is significantly higher than the experience of white staff at 6.59% representing a large inequity of experience that must be addressed.

Workforce Disability Equality Standard

- 6.4. There have been slight drops in the proportion of disabled staff experiencing bullying and harassment from patients and from managers, with a slight rise of 0.19 percentage points for experience from colleagues. All three of these dropped for non-disabled staff and are lower than they are for disabled staff indicating that the Trust's Eradication of Bullying and Harassment programme may not be as effective for disabled staff than it is for non-disabled staff.
- 6.5. There has been a significant decline of 6.86 percentage points (to 46.79%) in the percentage of disabled staff who reported bullying or harassment that they experienced. They are now 4.86 percentage points below non-disabled staff who saw an improvement of 2.87 percentages points for this question. This raises a concern about disabled staff feeling safe to speak up about instances of bullying and harassment and that programmes to support this are not as effective for disabled staff.
- 6.6. The percentage of disabled staff who said they received reasonable adjustments has risen by 1.98 percentage points to 77.48%. This may be reflective of the new Reasonable Adjustments Procedure that was published just prior to the staff survey window opening.
- 6.7. The percentage of staff feeling pressure to come into work despite not feeling well enough has stagnated for both disabled and non-disabled

staff, dropping only 0.31 and 0.21 percentage points respectively. Disabled staff remain significantly more likely to experience this, at 9.80 percentage points above non-disabled staff.

7. Staff Survey Next Steps

- 7.1. Oxford University Hospitals NHS Foundation Trust is committed to creating a culture that actively seeks the collaboration, inclusion, and voice of all our people to improve our experience of working in our Trust. This collaborative approach will be embedded in how we continuously engage and involve our teams in designing and implementing actions to improve our experience of working at OUH. This should be standard work that we routinely undertake with our teams.
- 7.2. There is significant academic evidence that shows that when our people are more engaged, they are more connected, committed, motivated and focused. This ultimately correlates to improved patient care and patient outcomes, as well as reduced staff turnover.
- 7.3. We have developed the Growing Stronger Together model of continuous staff engagement and involvement, based on appropriate challenge and feedback received from the Trust Management Executive. Our messaging to managers will include local staff survey results and guidance on how to co-design and co-implementation of local solutions utilising an engagement model – see appendix one. The six key cyclical steps within this model include:
 - Share Feedback
 - Listen to responses
 - Identify priorities
 - Co-create and agree solutions
 - Implement solutions together
 - Review impact
- 7.4. This year we have identified 5 key Trust wide corporate priorities which will be addressed via Trust wide initiatives and will enable teams to add these priorities to their local Growing Stronger Together conversations. The five corporate priorities are:
 - Care of patients is my organisation's top priority
 - We take positive action on health and wellbeing
 - Appraisals reflect how we value our people's work
 - We take positive action on reducing bullying and harassment

- Our people have opportunities to grow and develop their careers
- 7.5. These five corporate priority areas are aligned to areas of improvement required from our survey results, and the outcomes of the People Plan listening events which have helped to shape our People Plan.
- 7.6. We need to put more focus on Health and Wellbeing, Bullying and Harassment, fundamentals of digital, and estates and facilities. This may require greater prioritisation and investment in these areas.

Health and Wellbeing

Wellbeing & Occupational Health Programme of Support and toolkit has been successfully launched. A bespoke Health and Wellbeing offer has been delivered in both Maternity and Neonatal Services. An extensive programme of delivery fundamental repairs to our estate is under way. However, more work is needed to create a suitable environment for our people and measuring the impact of our wellbeing tool kit. **Appraisal**

Appraisal training is being redesigned with manager support sessions planned throughout the appraisal window. The focus will be on more on the equipping managers to have an effective appraisal and career conversations.

Bullying and Harassment

The Trust wide bullying and harassment programme continues with positive improvements in our survey results again this year.

Trust improvements

Digital fundamentals such as co-pilot and associated training have been introduced to help improve our people's digital skills. However, we have some way to go to address the themes that we heard in our people listening events.

Progress and updates on the corporate priority areas will be reviewed at People and Communications Committee meetings.

- 7.7. Divisional Staff Survey data has been shared with Divisional Leads and Heads of Workforce, results at Division, Directorate, CSU and Department level - with top/bottom most improved/decreased questions identified for each.
- 7.8. Divisional leads have cascaded the results to Directorate leads and team leaders enabling Growing Stronger Together conversations to commence in March 2026.
- 7.9. Progress on Divisional improvement actions sourced from local Growing Stronger Together conversations will be monitored monthly via Performance Review meetings, ensuring best practice and learning is

shared. Heads of Service will report on progress in terms of numbers and percentages of teams that have completed Growing Stronger Actions Plans to each forthcoming People Governance meeting.

- 7.10. We are connecting with Trusts that have consistently high staff survey participation rates to learn from their approach. For example, UCLH, Royal Berkshire and Frimley. We will also connect with Trusts who have scored highly in our identified priority areas to inform our approach throughout the forthcoming year.
- 7.11. The Trust Management Executive are requested to note the content of this report.

8. Appendix 1- The Growing Stronger Together Engagement Model

