

Agenda Item 2 ii

Report to:	Trust Board	Date: 04 April 2024
Report from:	Oonagh Monkhouse, Director of Workforce and OD	
Principal Objective/ Strategy and Title:	2023 Staff Survey Results	
Board Assurance Framework Entries:	Staff Engagement Retention	
Regulatory Requirement:	Well Led	
Equality Considerations:	This report supports the requirements laid out in the Equality Act 2010 and the Public Sector Equality Duty.	
Key Risks:	<ul style="list-style-type: none"> • Staff retention • Staff engagement • Patient experience • Quality and Safety of services provided 	
For:	Information and noting	

1. Purpose/Background/Summary

1.1 The purpose of this paper is to provide an overview of the results from the following surveys, their key themes and how we will use these results to inform our work programmes:

- 2022 Staff Survey Results
- 2022 Bank Worker Survey Results
- Workforce Race Equality Results
- Workforce Disability Equality Results
- Q4 22/23 Pulse Survey Results

1.2 Appendix 1,2 and 3 provides a summary of the key areas of the results. The full reports are included in the reference pack.

2. 2023 Staff Survey Results

2.1 The 2022 survey was undertaken October 2022 to December 2022. We had a response rate of 56% which is a reduction from 2021 (61%) but is above the average for our peer group (54%) and the national response rate (48%). Our results are benchmarked against our peer group of 13 acute specialist hospitals.

2.2 The survey questions are organised against nine themes. In approximately 30% of questions our scores were significantly better than 2022. In 70% of questions there was no significant change (ie they will have increased or decreased but this may be normal variation). However, despite positive progress, we remain below our scores in 2021.

2.3 Our recommender scores as a place to work and as a place to be treated improved to 69% and 88% respectively. The average scores for these questions for our peer group was 71% and 88% respectively and nationally 61% and 65% respectively. In the Appendix is a chart that shows this is the second most improved score in our peer group.

2.4 The report in the Appendix includes benchmarking information with our system partners.

2.5 The Executive Team have identified three key areas for focus on in 24/25 arising from our survey results:

- I. Appraisal: Improving the appraisal process and its role in talent management/career progression and staff feeling valued.
- II. Staff feeling confident to raise concerns: Although our results are close to our peer average we have not seen them return to the levels reported in 2021. Staff confidence in raising concerns is an important part of a psychologically safe working environment and we will continue to work with the Freedom to Speak up Guardian to improve staff confidence in this area.
- III. Bullying and discrimination: The continuing high levels of staff reporting bullying and discrimination, from colleagues and line managers is particularly concerning particularly the differential experience between white staff and staff from a BAME background. There is for the first time a question on staff experience of unwanted behaviour of a sexual nature and the percentage of staff reporting this type of behaviour, both from patients/relatives and colleagues is higher than our peers and national results.

2.6 We have been sharing the survey results with staff and with managers and with staff through our normal communication channels and in specific briefings. They are also being shared and discussed with Staff Networks. They will inform the work of the Compassionate and Collective Leadership Programme and the Resourcing and Retention Improvement Programme and influence the decisions made on workforce investment.

3. Workforce Race Equality Standard (WRES) Results

3.1 The WRES requires NHS trusts to self-assess against nine indicators of workplace experience and opportunity. Four indicators relate specifically to workforce data, four are based on data from the national NHS staff survey questions, and one considers BME representation on boards.

Workforce Indicators – Compare the data for white and BME staff	
1	Percentage of staff in each of the AFC Bands 1-9 compared with the percentage of staff in the overall workforce disaggregated, if appropriate, by: <ul style="list-style-type: none"> • Non-clinical staff • Clinical staff
2	Relative likelihood of staff being appointed from shortlisting across all posts
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation
4	Relative likelihood of staff accessing non-mandatory training and CPD
Staff survey indicators – Compare the outcomes of the responses for white and BMS staff	
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months
6	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months

7	Percentage believing that the Trust provides equal opportunities for career progression or promotion
8	In the last 12 months have you personally experienced discrimination at work from a manager, team leader or other colleagues
Board representation indicator – Compare the difference for white and BME staff	
9	Percentage difference between the organisations' board membership and its overall workforce disaggregated: <ul style="list-style-type: none"> • By voting membership of the Board • By executive membership of the Board

3.2 The 2023 WRES results on indicators 5 -8 are set out in the Appendix. We have not yet received the full 2023 Trust WRES report.

3.3 The 2022 national overview of the WRES trends has been published and can be accessed via this link: [NHS England » NHS Workforce Race Equality Standard 2023 data analysis report for NHS trusts](#)

3.4 Our 2023 staff survey results for the WRES questions show an improvement in the experience of staff from a BAME background. Attached as Appendix 2 is an analysis of the results by high level ethnicity. It demonstrates that the gap between the experience reported by white staff and staff from a BAME background is reducing. In Indicator 7 our results for staff from a BAME background are now average for our peer group. We remain below the average for our peer group on Indicators 5,6 and 8 and below the national average for Indicators 6 and 8. However when we disaggregate the ethnicity data it highlights difference between ethnic minorities, with staff from a black African ethnicity and White non-British staff have a much less positive working experience than other ethnic groups. We need to address this in our WRES action plan which to date has not really considered the difference in experience of different ethnic minority groups.

3.5 Clearly this is one of most concerning aspects of the results of the staff survey and how we address the racism, discrimination and bullying within our organisation will continue to be a priority for 24/25. We are required to develop a WRES action plan which we do in conjunction with our BAME Network. The 24/25 WRES action plan will be presented to the Committee when it is completed.

4. Workforce Disability Equality Standard (WDES)

4.1 WDES is a set of ten specific measures (metrics) which enables NHS organisations to compare the workplace and career experiences of disabled and non-disabled staff. It is a mandated evidence-based standard that aims to help improve the experiences of Disabled staff in the NHS. It is mandated by the NHS Standard Contract. NHS and Foundation trusts are required to publish a WDES annual report, which should contain:

- A report that sets out the organisation's data for each metric.
- A WDES action plan, which should set out how they will address the differences highlighted by the metrics data in the forthcoming 12 months.
- A narrative on what progress has been made in delivering the objectives detailed in their WDES action plan.

4.2 The WDES metrics are as follows:

1	Percentage of staff in AfC pay-bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce.
2	Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts
3	Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure

4 Staff Survey	Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from: i) Patients/Service users, their relatives or other members of the public ii) Managers iii) Other colleagues Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it
5 Staff Survey	Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.
6 Staff Survey	Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.
7 Staff Survey	Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.
8 Staff Survey	Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.
9 Staff Survey	The staff engagement score for Disabled staff, compared to non-disabled staff. Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No)
10	Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated: <ul style="list-style-type: none"> • By voting membership of the Board. • By Executive membership of the Board.

4.3 Indicators 4-9 are measured through the staff survey and we saw a deterioration in Indicator 4 and 8 , marginal change in Indicators 6, 7 and 9 and an improvement in Indicator 5. This is disappointing and concerning after experiencing improvements in 2022. It is not clear at this stage what has driven this deterioration in the experience of staff with a long term health condition or illness. We will be discussing this with the Disability and Difference and Working Carers Network and also the Health and Wellbeing Facilitators.

4.4 As with the WRES we are required to develop an action plan and publish it on the Trust website. We will be reviewing our action plan and developing our 24/25 plan in conjunction with the Disability and Difference and Working Carers Network and this will be shared with the Committee in due course.

5. Quarter 4 Pulse Survey Results

5.1 Prior to the hospital move in 2018 we started undertaking a monthly anonymous pulse survey via Survey Monkey to gather feedback on the issues concerning staff regarding the move and some key questions about their experience of work. Following the move we adapted it to a quarterly survey and, whilst maintaining a set of core questions that seek to track staff experience of work and levels of engagement we have also focused on specific issues that are pertinent in that quarter.

5.2 The latest survey was undertaken in February 2024. We had 380 staff respond to the survey which is approximately 18% of our workforce and an acceptable response rate for this type of survey. We focused on gathering feedback on the staff benefits/cost of living support being provided for staff and provided the opportunity for suggestions of how we continue to improve what is provided.

5.3 An overview of the responses to the questions asked is in the Appendix 3 .

5.4 We collect free text information which is helpful in understand the drivers for the ratings given by staff. The key themes from the results, which broadly triangulates with the national survey results, are:

- Lots of positive comments about culture, standards of care, expertise, team working
- Areas of concern raised were:
 - Staffing levels
 - Over-work
 - Not feeling listened to
 - Lack of progression
 - Bullying culture
 - Poor management practices
 - Wellbeing support not addressing causes of stress and pressure ie staffing levels and work pressure

5.5 It was clear from the pulse and national survey that staff very much value and appreciate the subsidises on food and travel costs.

5.6 The feedback on the health and wellbeing support is used by the Health and Wellbeing Collaborative to prioritise investment and to develop the services offered. We have confirmed that we will continue to provide the subsidies in 24/25 and are currently assessing whether how we apply the subsidies can be improved to ensure that they benefit the most number of staff.

6. The Trust Board is asked to:

- Note and discuss the information contained in the report.