Trust Board public paper M

| Meeting title: | Trust Board | | | | | |
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| Date of the meeting: | 14 August 2025 | | | | | |
| Title: | NHS Staff Survey 2025 | | | | | |
| Report presented by: | Clare Teeney, Chief People Officer | | | | | |
| Report written by: | Daniel Del Greco, People Lead, Experience and Engagement | | | | | |
| Action – this paper is for: | Decision/Approval | | Assurance | Χ | Update | Х |
| | | | | | | |
| Where this report has | N/A | | | | | |
| been discussed | | | | | | |
| previously | | | | | | |

| detail which | |
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| Acronyms used: | |
| UHL – University Hospitals of Leicester NHS Trust | |

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please

Purpose of the Report

The annual staff survey provides colleagues with the opportunity to provide feedback on their experience of working at UHL. It provides insights into how we can improve UHL as a place to work which is integral to; transforming patient care, strengthening our culture and delivering our financial plan.

This paper provides an update on the delivery plan in response to the 2024 staff survey, along with plans for the 2025 NHS Staff Survey. It gives an outline of work that is both underway and planned, in relation to how we improve response rates in 2025. This is in line with our commitment this year to; take action on the 2024 staff survey feedback and deliver year one of our People Strategy.

Recommendation

- Trust Board are asked to receive the information
- To note the position in respect of the action taken in response to the 2024 staff survey
- To note the timescales and plans for the launch of the 2025 staff survey

Main report detail

Our 2024 staff survey saw significant improvements in response rate which resulted in UHL having the 4th highest response rate amongst acute and community trusts; we also saw continued improvement across most of our themes and sub themes of the staff survey.

Improvements made through our RISE campaign (Recognised, Included, Supported, Equipped) have continued to be embedded across the organisation, and a delivery plan was presented to EPM that continues to build on this work, with the continuation of the RISE framework.

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Below is a summary overview of the progress being made against the high-level actions and planned activities for the coming months.

| Promise | Key Actions | | | |
|------------|---|--|--|--|
| Recognised | Build on our long service, inclusion and annual recognition award | | | |
| | Enhance Recognition at team and department level – a toolkit will be shared including case studies/examples of good practice. | | | |
| Included | Embedding civility and respect and active bystander programmes, Recruit EDI champions to develop and deliver local action plans and introduce a disability and neuro diversity toolkit | | | |
| | Increase our leadership and development offer - Leadership, Leadership self- assessment and leadership development offer mapping and coaching skills workshops | | | |
| | Focused health and wellbeing activities on burnout , suicide prevention , and menopause | | | |
| | Provide easier access to flu vaccinations – we will run a flu vaccination campaign with increased accessibility to vaccinations | | | |
| | Reduce violence, aggression, harassment and discrimination against colleagues. Launching of a new Security Policy and a revised Preventing and Managing Violence and Aggression policy including individual patient risk assessment to help colleagues and teams identify and communicate risks. Investments in our security infrastructure - CCTV / control rooms. | | | |
| Equipped | Launch of new Patient Administration System , introduced NHS.net to improve connectivity with others across the NHS, launched BadgerNet , and began a programme of tailored AI solutions. | | | |
| | Upgrades to our estates, such as the Endoscopy Unit, and Hinckley Community Diagnostics Centre | | | |
| | Prioritise the replacement of obsolescent medical equipment, like older CT and MRI scanners. | | | |

Clinical Management Groups and teams have progressed local responses to their staff survey feedback.

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2025 Staff Survey Engagement Plans

Given the current pace of change and competing priorities, engaging colleagues in this year's survey may be more challenging. The Trust will aim to improve on the 65% response rate achieved in 2024. CMGs and departments are also being asked to agree local engagement targets. Focus will be on:

- Communicating the importance of the staff survey through sharing actions taken in response.
- Improving local ownership of response rates, results and actions.

Targeted efforts

We will use 2024 data to target support at areas and staff groups which have historically achieved lower response rates:

- Medical colleagues as a staff group but also specifically Medical trainee grade colleagues 37.3%
- Colleagues on pay band 2 63.7% response rate, of which there were 2839 in 2024.
- Services with more than 100 colleagues and had lower than 55% response rate.

Approximate timescales:

- 22 September to 28 November Staff Survey Live (10 weeks)
- 28 November onwards sharing of results and response delivery plan
- 15 December Initial organisation level results
- 30 January Data available via online platform (enabling breakdowns)
- 10 February Data shared with CMG/Directorate senior management teams (via UHL Dashboard)
- 20 February Benchmark reports received (allowing comparison with benchmark average)
- 9 March Embargo lifted (allowing comparison with other trusts)

In light of recent decisions aimed at ensuring the long-term financial sustainability of the NHS we recognise that some colleagues may feel concerned about the impact on their working environment and experience. While actions under this year's RISE programme continue to support engagement and improvement, there may be a modest shift in sentiment in some areas. A clear communication plan will be developed to share outcomes from the 2025 Staff Survey, and a focused delivery plan will respond to the findings to ensure staff voice continues to shape our improvement efforts.