Boards in Common Paper L

Meeting title:	Boards of Directors of Kettering General Hospital NHS Foundation Trust (KGH), Northampton General Hospital NHS Trust (NGH) (University Hospitals of Northamptonshire NHS Group – UHN) and the University Hospitals of Leicester NHS Trust (UHL) Meeting together (Public)					
Date of the meeting:	11 June 2026					
Title:	6.1 Paper L Response to the NHS Staff Survey 2025 and Staff Standards					
Report presented by:	UHL/UHN Chief People Officers: Clare Teeney (UHL) and Paula Kirkpatrick (UHN)					
Report written by:	Daniel Del Greco, People Lead for Experience and Engagement (UHL), Alex Ridley, Organisational Culture Lead (UHN)					
Report written by:	Decision/Approval		Assurance	x	Update	x
Which Group Priorities does this link to	Transform patient care		Strengthen our culture	x	Deliver our financial plan	

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which
UHN18 Failure to address poor behaviours in the workplace or to provide key components of a safe workplace culture will lead to a culture in which colleagues feel unsafe and under-valued, unsupported or excluded, resulting in poor staff engagement, retention and morale, elevated sickness absence and will ultimately impact patient care.

Impact assessment
No direct financial, legal or equality implications arising from this assurance report.

Acronyms used:
UHL – University Hospitals of Leicester NHS Trust
NGH - Northampton General Hospital
KGH - Kettering General Hospital
DHSC – Department for Health and Social Care
NOF - National Oversight Framework
NSS – National Staff Survey

1. Purpose of the Report

This paper provides an update on the delivery of the response to the results from the 2025 NHS Staff Survey (NSS) across both UHL and UHN. Staff Survey results within UHN are split across NGH and KGH. The report also summarises the narrative feedback themes.

2. Recommendation

The Boards are asked to receive the information, noting and indicating assurance regarding the plans for

responding to the staff survey results, highlighting both the similarities and differences between the trusts. The detailed plans are contained within the RISE framework at UHL and the Culture Improvement Plan at UHN. The assurance on delivery of these plans will be overseen through the people committees.

This year we will place much more emphasis on the local accountability of each leadership team in improving the experience of colleagues of work.

3. Main report detail

The 2025 NHS Staff Survey (NSS) ran during October and November 2025 with final response rates being good but slightly lower than 2024 across UHL, NGH and KGH. This decline in responses has been seen nationally and in local comparator trusts (Appendix 1).

4. "Net promoter" questions

The staff survey contains 2 key advocacy questions (25c and 25d) which are often used as overall indicators of satisfaction within NHS trusts.

In respect of 25c, "I would recommend my organisation as a place to work", UHL, KGH and NGH all saw a decline compared to 2024, a trend which has been seen nationally and amongst local comparator trusts. NGH and UHL also saw a decline against 25d "If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation", again a trend which is in line with national average. KGH however saw an improvement against this question. (Appendix 2)

5. Staff Survey Theme/Sub Theme Scores and National context

The staff survey is broken into 7 themes. With these themes being further broken down into 15 sub themes. Scores out of 10, at a theme and sub theme level are calculated based on groups of questions from the staff survey. It should be noted that some themes e.g. burnout, consistently score lower across all NHS trusts. When looking at the average scores for all Acute and Acute Community Trusts nationally, there has been a decline in 5 of the 7 staff survey themes, and a decline in 9 of the 15 sub themes.

6. High level Staff Survey 2025 Results by Trust

UHL saw a decrease in scores against all 7 themes in 2025 compared to 2024. At a sub theme level, in 2025 UHL saw an improvement in 2 of the 15 subthemes (namely appraisals and line management), with the remaining 13 sub themes seeing a decline in score. UHL's significant improvements over recent years, means that UHL scores for all themes, and all but 1 sub theme, remain higher than benchmark comparator scores.

KGH has seen improvements in all themes with the exception of 'We are recognised and rewarded' and 'We are safe and healthy'. 'We work flexibly' saw a statistically significant improvement. For the other themes, Staff Engagement has remained static, with Staff Morale declining from the 2024 results. When comparing the theme results to the national average KGH are below the national average.

NGH saw declines across all themes; with four being noted as statistically significant declines. The Staff Engagement and Staff Morale themes have also declined from the 2024 results. When comparing the theme results to the National Average, NGH are below the National Average for all themes, except 'We are safe and healthy' which is higher. (Appendix 3 – theme scores)

7. Common themes across UHL and UHN

Further analysis of the quantitative data highlights common themes across both UHL and UHN, particularly relating to colleagues' sense of belonging, experiences of discrimination, and the need to

further develop leadership capability. Staff survey feedback indicates that while many colleagues feel proud of the work they do, experiences of inclusion and belonging are not consistent across all staff groups. Reports of discrimination and unfair treatment continue to feature within the survey data, suggesting the need for sustained focus on creating inclusive, respectful working environments. In addition, the data points to variation in perceptions of leadership capability, with feedback highlighting the importance of visible, compassionate and inclusive leadership at all levels. Together, these themes reinforce the critical role of leadership in shaping team culture.

Free-text comments add essential context and have been used alongside numerical data to inform trust priorities. Common themes across free text comments highlight and reinforce the impact that quality leadership and everyday working conditions have on morale, as well as reflecting the impact of pressures which are being faced as a result of recruitment restrictions. (Appendix 4)

8. NOF and Staff Standards

During May DHSC will be launching the 10-year Workforce Plan, alongside six staff standards, currently indicated as being:

- Reducing violence against colleagues
- Improving Sexual Safety
- Tackling Racism
- Promoting Flexible Working
- Line Manager Effectiveness
- Creating Supportive Environments

Although final details are yet to be communicated, it has been indicated that these standards will contribute to the NOF, and that metrics taken from the staff survey, will be used to inform Trust segmentation.

9. Responding to Staff Survey feedback/Staff Standards

Each Trust has its own plans/frameworks and priorities for responding to the staff survey, within UHL this is RISE (Recognised, Included, Supported and Equipped), within UHN this is the Culture Improvement Plan.

Communications plans are in place for these respective plans which refer both to the launching of the plans/frameworks as well as continued updates throughout the year as we approach the 2026 staff survey, reinforcing that the staff survey is a continual improvement process.

Alongside these plans, UHL and UHN have a number of workstreams which are aimed at addressing the topics of the 6 staff standards. Below highlights some of the key workstreams. Colleagues from UHN and UHL communicate regularly for alignment and collaboration.

10. Reducing violence against colleagues

Both UHL and UHN have established multidisciplinary Violence and Aggression Reduction Groups to provide Trust-wide coordination and oversight of activity to prevent and manage violence, aggression, harassment and abuse affecting colleagues, particularly from patients and visitors. These groups draw on a range of intelligence sources, including NHS Staff Survey results, Datix incidents, security reports

and direct feedback, to understand the drivers of violence and target prevention and response activity. As a result, there has been increased confidence among colleagues in reporting incidents. There has been shared learning on aspects such as lone worker application (safezone) and in relation management of individual patients, which provides scope for future joined up working. Ongoing oversight through these groups, provides assurance that risks are being actively monitored and actions taken to improve colleague safety and wellbeing.

11. Improving Sexual Safety

Both UHL and UHN have established Sexual Safety Working Groups to lead and coordinate activity to prevent, respond to and learn from sexual harassment, misconduct and assault affecting colleagues, whether from patients, visitors or other staff. These groups oversee implementation of the NHSE Sexual Safety Framework and support consistent approaches across the organisations. This has strengthened clarity around reporting routes, support mechanisms and organisational accountability, helping to reinforce a culture where concerns are taken seriously. Continued review against the Sexual Safety Self-Assessment within both Trusts ensures that progress is monitored, gaps are identified, and assurance is provided that the approach remains effective and responsive to colleague feedback.

12. Tackling Racism

Governance for tackling racism at both UHL and UHN is led through the respective EDI Steering Groups, providing oversight and coordination of work on equality, diversity, inclusion and health inequalities. Both trusts have established belonging strategies and delivery plans, supported by clear organisational statements and targeted interventions, including anti-racism training and explicit behavioural expectations. This work has contributed to improvements in colleague experience, with UHL reporting the lowest levels of colleague-to-colleague discrimination in five years. Regular collaboration between UHL and UHN enables shared learning and alignment of approaches, providing assurance that work to address racism and discrimination is embedded and sustained.

13. Promoting Flexible Working

Promoting flexible working at UHL and UHN is underpinned by a formal policy framework with clear manager accountability and board level leadership. At both Trusts flexible working is positioned as a core leadership responsibility, supported by agile working arrangements, aligned to national NHS staff standards, and overseen through wider people governance to support attraction, retention and colleague wellbeing. Policy and guidance emphasise that flexible working is for everyone, not an exception, and that managers are expected to consider requests positively and creatively, subject to service needs. Flexible working will be a joint focus for UHN and UHL with the intention that this is a key contributor to reducing colleagues feelings of stress and burnout as well as supporting areas such as gender pay gap improvements.

14. Line Manager Effectiveness

Leadership effectiveness at both UHN and UHL is governed through People and Culture governance, with assurance provided on leadership capability, appraisal and development. This includes preparation for the NHS Management and Leadership Development Framework (MALD), a refreshed appraisal process (UHN circa 18 months ago, UHL due to launch in June) embedding trust values,

leadership standards and self-assessment. Across both UHL and UHN, these provide a coherent and accountable approach to strengthening leadership quality across the organisation. National appraisal guidance is expected to be shared this autumn, with indication that current approaches and guidance align to what is in development nationally. UHL and UHN will be using this national launch as an opportunity to work together to review existing practice.

15. Creating Supportive Environments

Creating supportive environments at both UHL and UHN is governed through our wellbeing strategy and supporting people policies, with coordinated oversight primarily across People Services, Health and Wellbeing and EDI. This ensures wellbeing, psychological safety and inclusion are embedded into everyday leadership and management practice and aligned to wider people and culture governance. UHN has recently piloted a civility programme, which will be rolled out organisationally this year. Learning from this work will inform UHL's approach, where civility has been identified as a priority, providing assurance that evidence-based interventions are being used to strengthen culture and colleague experience.

16. Conclusion and Staff Survey 2026

2025 proved to be a challenging year for many trusts, both in engaging colleagues to participate in the NHS Staff Survey and in sustaining positive colleague experience. This is reflected in both local and national staff survey results.

The 2026 NHS Staff Survey is expected to run in a similar window (October–November), with final dates yet to be confirmed. UHL and UHN will commence joint planning from June, with a renewed focus on aligning approaches to maximise response rates and ensure strong representation across all staff groups.

UHL and UHN will continue to work collaboratively to engage key influencers, and reinforce the importance of culture and colleague experience as organisational priorities. This shared approach will support meaningful engagement, more impactful action in response to feedback, and continued improvement in culture, leading to higher response rates, increased feelings of being heard among colleagues, and ultimately improved patient outcomes.

Note:

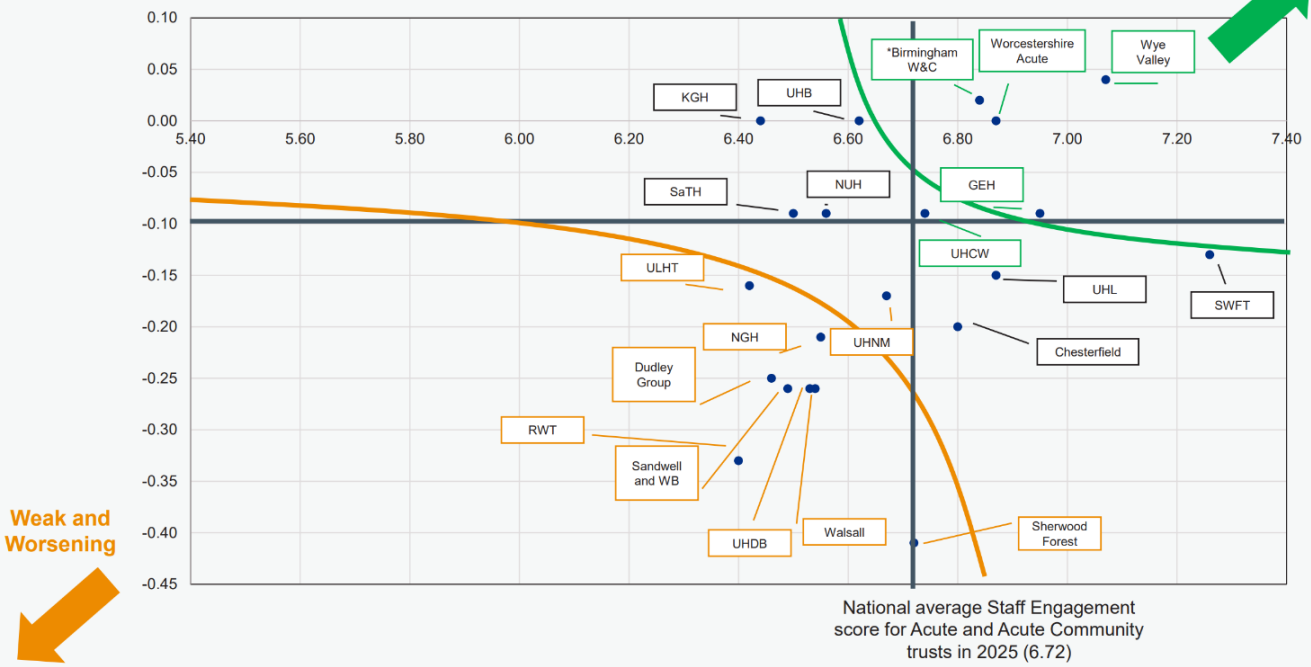
Full benchmark reports by trust are available here: Local results for every organisation | NHS Staff Survey

Appendix 1 – Response rate data including local comparator trusts

Trust	Response Rate 2024	Response Rate 2025	Change 24-25
Chesterfield	66.57%	63.35%	-3.22%
UHL	65.70%	58.68%	-7.02%
SFHFT	63.10%	57.69%	-5.41%
UHDB	54.13%	53.80%	-0.33%
KGH	51.50%	50.68%	-0.82%
ULH	35.88%	49.28%	13.40%
NGH	56.98%	49.19%	-7.79%
NUH	39.60%	44.12%	4.52%

Note - Good representation was seen across staff groups, including protected characteristics and pay bands. The exception being medical colleagues who were and have historically been more challenging to engage in the staff survey. Continued efforts will be made to better engage medical colleagues in feedback.

Engagement map: Acute and Acute Community Trusts



*No historical comparability data for Birmingham Women's and Children's Trusts for 2024; the change therefore appears as 0.00.

Appendix 2 – Net promoter question scores

25c I would recommend my organisation as a place to work (Agree/Strongly agree).

Trust	Place to work 2024	Place to work 2025	2024 - 2025 change
Chesterfield	65.10%	61.86%	-3.24%
UHL	65.47%	60.31%	-5.16%
SFHFT	70.57%	59.36%	-11.21%
NUH	55.68%	52.32%	-3.36%
UHDB	61.32%	52.29%	-9.03%
NGH	58.23%	50.98%	-7.25%
KGH	48.28%	47.48%	-0.80%
ULH	51.61%	44.75%	-6.86%

25d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation (Agree/Strongly agree).

Trust	Standard of Care 2024	Standard of Care 2025	2024-2025 change
SFHFT	73.12%	66.83%	-6.29%
Chesterfield	67.00%	64.48%	-2.52%
UHL	63.50%	60.95%	-2.55%
UHDB	64.45%	57.82%	-6.63%
NUH	60.05%	57.78%	-2.27%
NGH	57.73%	51.92%	-5.81%
KGH	45.76%	48.59%	2.83%
ULH	48.96%	43.05%	-5.91%

Appendix 3 – Staff Survey 2025 theme scores by trust

UHL	Compassionate and inclusive	Recognised and rewarded	A voice that counts	Safe and healthy	Always learning	Work flexibly	We are a team	Staff engagement	Morale
2024	7.39	5.97	6.84	6.33	5.99	6.5	6.85	7.03	6.21
2025	7.33	5.94	6.74	6.25	5.92	6.42	6.83	6.87	6.05
Change	-0.06	-0.03	-0.1	-0.08	-0.07	-0.08	-0.02	-0.16	-0.16

KGH	Compassionate and inclusive	Recognised and rewarded	A voice that counts	Safe and healthy	Always learning	Work flexibly	We are a team	Staff engagement	Morale
2024	6.94	5.6	6.33	5.96	5.42	6.01	6.47	6.44	5.75
2025	6.97	5.58	6.36	5.92	5.48	6.16	6.52	6.44	5.67
Change	0.03	-0.02	0.03	-0.04	0.06	0.15	0.05	0	-0.08

NGH	Compassionate and inclusive	Recognised and rewarded	A voice that counts	Safe and healthy	Always learning	Work flexibly	We are a team	Staff engagement	Morale
2024	7.18	5.84	6.56	6.09	5.62	6.3	6.68	6.76	5.98
2025	7.04	5.66	6.42	5.97	5.55	6.24	6.59	6.55	5.76
Change	-0.14	-0.18	-0.14	-0.12	-0.07	-0.06	-0.09	-0.21	-0.22

Appendix 4 - Free text themes by trust, with example narrative.

UHL

Rank	Theme	Count
1	Management / Leadership Quality	**370**
2	Staffing Levels / Vacancies	**260**
3	Pay / Benefits / Reward	**228**
4	Workload / Pressure / Burnout	**188**
5	Recognition / Appreciation	**169**
6	Parking / Commute / Transport	**123**
7	Resources / Equipment / Supplies	**112**
8	Bullying / Harassment / Civility	**95**
9	Rota / Scheduling / Shifts	**87**
10	Equality, Diversity & Inclusion (EDI)	**84**

Example comments

I find it difficult to feel supported, on several occasions I have raised concerns related to my wellbeing and workplace challenges but these have not been acknowledged. I have experienced situations where I was visibly upset or unwell yet my concerns were brushed off and ignored. I believe more compassionate, responsive, and supportive leadership is essential.

Disappointment in the changes to prices in the canteen and the change in cost for Park and Ride/hospital Hopper. I think food, water and travel to work should be simple and cheap.

There has been a significant impact on my ability to carry out my professional responsibilities since the Trust financial restraints have restricted recruitment to patient facing roles. I have personally experienced increased professional risk and safety incidents as a direct result.

KGH

Theme	Count
Leadership capability	154
Development opportunities	47
Parking/commute/transport	38
Facilities/Estates/Environment	36
Health and wellbeing	32
Communication	31
Recognition	28

Resources/Equipment/Supplies	27
Team work	22
Rostering	20

There needs to be improved visibility of executives across the organisation with genuine interest in successes and challenges so that genuine support can be provided to make improvements in patient care. This will also help improve trust in senior leadership teams and psychological safety across the organisation.

Food at KGH is extremely expensive. If the organisation wishes to encourage its staff to eat well, then meals must be made affordable.

The trust needs to stop cutting staffing numbers. Staff are burnt out, the pressure is escalating until something bad will happen. Staff turn over is terrible due to stress or poor work life balance.

NGH

Theme	Count
Leadership capability	124
Resources/Equipment/Supplies	122
Communication	93
Leadership visibility	73
Health and wellbeing	63
Parking/commute/transport	41
Continuous improvement	37
Behaviours between colleagues	28
Development opportunities	27
Team work	24

Bullyish behaviour is not dealt with. I feel constant stress to meet targets, and the way we are challenged in certain meetings is inappropriate and makes me fearful. It's not team work from some of the wider team.

I am currently off work with stress, feel massively unappreciated and undervalued by my directorate.

The number of restructures running concurrently within the organisation and not getting concluded in a timely manner is very unsettling and is impacting negatively on myself and teams that I work in and with.