

Meeting title:	Public Trust Board Public Trust Board paper K				
Date of the meeting:	8 June 2023				
Title:	Safer Staffing Bi-Annual Establishment Review				
Report presented by:	Julie Hogg, Chief Nurse				
Report written by:	Pippa Clark, Lead Nurse Safe Staffing and Eleanor Meldrum, Deputy Chief Nurse				
Action – this paper is for:	Decision/Approval		Assurance	x	Update
Where this report has been discussed previously	People and Process Committee				

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which
Provides assurance around the risks relating to Nursing & Midwifery safer staffing specifically relating to the current risk (ref.3148) for Nursing Workforce Vacancies: inability to recruit

Acronyms used: UHL - University Hospitals of Leicester NMAHPC – Nursing, Midwifery and Allied Healthcare Profession Committee SNCT – Safer Nursing Care Tool CHPPD – Care Hours Per Patient Day NQB – National Quality Board DWS – Developing Workforce Safeguards	MAC - Maternity Assurance Committee
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Purpose of the Report

As per the [National Quality Board \(2016\)](#) pg. 15 'Expectation 1: Right Staff' and [NHS Improvement \(2018\)](#) pg. 11 'The planning cycle'; the purpose of this report is to assure the Board of the six-monthly establishment review which took place for Nursing across March and April 2023.

Recommendations

The recommendation from the Chief Nurse and Medical Director is there is good compliance with the Developing Workforce Safeguards (DWS) and that staffing is safe, effective, and sustainable. Evidence for compliance is provided in section nine and appendices of the report. The Board is asked to receive this report and note the ongoing plans to provide safe staffing levels within nursing, midwifery across the Trust

Summary

This report provides the Board with an overview of the Bi-Annual Establishment Reviews which took place during March and April 2023 for all CMGs except for Gynaecology, CSI and Theatres due to the specialist nature of the areas requiring a more bespoke approach to a safer staffing as there is currently no national process. The results of the establishment reviews for these areas will be provided in the December 2023 Annual Safer Staffing Board.

For Maternity, Birthrate Plus is currently undergoing analysis and a separate Safer Staffing Review will be presented to the Maternity Assurance Committee and included in the December 2023 Annual Safer Staffing Board Report

The workforce tool currently being utilised at UHL is the Safer Nursing Care Tool (SNCT) and SNCT data collection took place during February 2023 with results contributing to the bi-annual establishment reviews.

UHL compares favourably with our peers in relation to Care Hours per Patient Day (CHPPD) and an action from the review was to undertake some further benchmarking to better understand the CHPPD results.

The use of Red Flags relating to staffing have been refreshed and are now aligned with NICE 2014 guidance. A more detailed analysis on Red Flag reporting will be included within the Bi-Annual Establishment Reviews in Oct-23.

Bank and Agency fill rates were included within the Bi-Annual Establishment Reviews and showed an increase in requests and fill over winter due to the opening of additional bed capacity.

The number of Hospital Acquired Pressure Ulcers (HAPUs) and Falls was highest during the month of December 2022; this correlates with unfilled duties. The triangulation of safe staffing metrics and patient outcomes is a priority for the Corporate Nursing Team, which will undergo examination during the monthly safe staffing paper.

Registered Nurses, Midwives and Nursing/ Healthcare Assistants accounted for 33.5% of respondents to the UHL Staff Survey. Survey results showed UHL has scored above the worst responses nationally, however, there is need to focus on the “recognised and rewarded” element which was shown to be a significantly lower result than 2021.

UHL scored ‘6.3’ for “Promise element 3: we each have a voice that counts- raising concerns”; this is slightly below the average NHS Trust at ‘6.4’ (worst scoring ‘5.7’; best scoring ‘7.1’); it is acknowledged that nursing and midwifery colleagues should feel that they are able to raise concerns and receive a timely response. The revised UHL Red Flags Policy (raising and resolving staffing issues) will support this ambition alongside the bi-annual establishment review process and monthly safer Staffing reports. To further support our retention strategies, Heads of Nursing are working towards the ambition of significantly reducing redeployment of nurses and healthcare support workers aligned with the ongoing reduction in nurse vacancies. Redeployment rates will be reported in the monthly safe staffing report presented at NMAHPC

Nursing

Evidence-based workforce planning

Safer Staffing Bi-Annual Establishment Reviews

Mar/Apr-23

Title:	Nursing Bi-Annual Establishment Review Board Report
Responsible Director:	Julie Hogg, Chief Nurse
Lead:	Julie Hogg, Chief Nurse and Eleanor Meldrum, Deputy Chief Nurse

Purpose:	As per the National Quality Board (2016) pg. 15 'Expectation 1: Right Staff' and NHS Improvement (2018) pg. 11 'The planning cycle'; the purpose of this report is to assure the Board of the six-monthly establishment review which took place for Nursing across March and April 2023.
Key issues Summary:	<ul style="list-style-type: none"> The core issue which arose within the Bi-Annual Establishment Reviews was the discrepancy of financial plans between Finance, HealthRoster and ESR; this has prompted a "Nursing Establishment Finance Task and Finish Group", chaired by Eleanor Meldrum, Deputy Chief Nurse supported by CMG Heads of Financial Management and workforce informatics. There are various actions which arose from the March and April 2023 Bi-Annual Establishment Reviews set out within the following categories: ensuring financial planning is aligned across all applications, electronic rostering, recruitment and retention, safe staffing metrics, the Safer Nursing Care Tool (SNCT) and workforce transformation. Neonatal services prompted questions around the expansion of the service and future supply of the nursing and AHP workforce. A report on neonatal safe staffing for Nursing and AHPs was presented at NMAHPC in May 2023 and provided assurance around nurse staffing and future supply to open additional cots but a further update on AHP staffing was requested for NMAHPC in August..
Recommendations:	The recommendation from the Chief Nurse and Medical Director is there is good compliance with the Developing Workforce Safeguards and that staffing is safe, effective and sustainable. Evidence for compliance is provided in section nine of the report. The Board is asked to receive this report and note the ongoing plans to provide safe staffing levels within nursing, midwifery, and AHP disciplines across the Trust.

1. Introduction

- 1.1 This report provides the Board with an overview of the Bi-Annual Establishment Reviews which took place across Nursing during March and April 2023. The following format will be structured as per the 'Expectations' set out by the National Quality Board's (2016) 'Safe sustainable and productive staffing' guidance.
- 1.2 For the scheduling, presentations, attendance and actions of the Bi-Annual Establishment Reviews, please refer to the appendices.

2. Background

- 2.1 There was previous approval from the Board in relation to the Annual Nursing and Midwifery Staffing Report (October 2022) of an increase of 248.66wte to be phased over three years in 97 ward-based establishments and departments (located within the appendices).

At this current time, there is ongoing consideration for application of the increase in Nursing establishment as per the three year implementation plan.

3. Recommendations

- 3.1 The recommendation from the Chief Nurse and Medical Director is there is good compliance with the Developing Workforce Safeguards and that staffing is safe, effective and sustainable. Evidence for compliance is provided in section nine of the report. The Board is asked to receive this report and note the ongoing plans to provide safe staffing levels within nursing, midwifery, and AHP disciplines across the Trust.
- 3.2 There are various actions that arose from the March and April 2023 Bi-Annual Establishment Reviews set out within the following categories: ensuring financial planning is aligned across all applications, electronic rostering, recruitment and retention, safe staffing metrics, the Safer Nursing Care Tool (SNCT) and workforce transformation.
- 3.3 Neonatal services prompted questions surrounding required workforce and skill mix of the workforce; but a separate advisory paper was presented at NMAHPC in May 2023 that provided additional assurance around safe staffing within the Neonatal service.
- 3.4 With oversight and insight into the safe staffing metrics and current positioning during the Bi-Annual Establishment Reviews; UHL Safe Staffing for Nursing Aspirations have been developed; the intention for this piece is to provide a long-term vision and direction for Safe Staffing for Nursing (located within appendices).
- 3.5 The current Bi-Annual Establishment Review packs will undergo further development to ensure meaningful information which can aid workforce decision-making is shared.

4. Expectation 1: Right Staff

4.1 Evidence-based workforce planning

4.1.1 Evidence-based guidance

- UHL adheres to the recommendations set out in the “Safe staffing for nursing in adult inpatient wards in acute hospitals” guideline ([National Institute for Health and Care Excellence, 2014](#)); for example, incorporating ward factors (such as ward layout and size) into the Bi-Annual Establishment Review.
- UHL acknowledges and incorporates specialty safe staffing recommendations within the Bi-Annual Establishment Reviews (consistently verbally but will be included within the Bi-Annual Establishment Review packs Oct-23); for example for Stroke Services; discussing the Nursing WTE within the National Clinical Guideline for Stroke (pg. 16, [Royal College of Physicians, 2016](#)).

4.1.2 Workforce tool

- The workforce tool currently being utilised at UHL is the Safer Nursing Care Tool (SNCT); data collection for the SNCT occurred in February 2023; of which the results were shared prior to and during the Bi-Annual Establishment Reviews (SNCT Feb-23 project plan and results are located within the appendices).
- UHL currently has valid licences to the following SNCTs: adult inpatient ward, adult acute assessment, children and young people and emergency department.
- All inpatient areas within UHL have been assigned a particular SNCT; i.e. UHL Children’s Hospital will utilise the children and young people SNCT.
- Extensive SNCT data collection training occurred within UHL during the month of January, in attempt to maintain reliability and validity.

Progressing with SNCT

- The determination of the correct nursing establishment cannot occur following one set of results from SNCT and must be in conjunction with the ‘Principles of Safe Staffing’ (‘Developing Workforce Safeguards’, pg. 5, NHS Improvement, 2018).
- As Feb-23 is the first SNCT data collection and calculation at UHL; no decision-making incorporating SNCT results can occur, however, the next SNCT data collection and calculation will take place in June and September 2023; this will show trends and support determining nursing establishments whereby service delivery and patient demand is the utmost priority.

4. Expectation 1: Right Staff

4.2 Professional judgement

- As per the skill mix of staffing; the current RN proportion % is included within the SNCT Results (located within the appendices); this was highlighted throughout the Bi-Annual Establishment Reviews and has been included within the UHL Safe Staffing for Nursing Aspirations.
- Professional judgement was encouraged by the Chair of the Bi-Annual Establishment Reviews; prompting discussions around the recording of patient acuity and dependency and the reflectiveness of this on the service.

4.2.1 Red Flags

- The use of Red Flags relating to staffing have been refreshed and are now aligned with NICE 2014 guidance. A more detailed analysis on Red Flag reporting will be included within the Bi-Annual Establishment Reviews in Oct-23.
- Table 2 confirms the number of Red Flags raised on SafeCare and table 3 for Datix incidents reported related to staffing.

Table 2: Red Flag type "2 or more RNs below planned" raised on SafeCare

Count of Red Flag Type	
2022	
Oct	2
Day	2
Nov	87
Day	41
Night	46
Dec	131
Day	66
Night	65
2023	
Jan	114
Day	61
Night	53
Feb	85
Day	49
Night	36
Mar	104
Day	59
Night	45
Apr	65
Day	38
Night	27
Grand Total	588

Table 3: **Datix** Adverse Event codes: Lack of Nursing/Midwifery staff (All Incidents) by month of Reported date (excluding rejected)

	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023
CMG 1 - Cancer, Haematology, Urology, Gastroenterology and Surgery (CHUGGS)	11	18	28	12	11	5
CMG 2 - Renal, Respiratory, Cardiac and Vascular (RRCV)	3	1	1	2	3	1
CMG 3 - Emergency and Specialist Medicine (ESM)	83	93	25	35	43	6
CMG 4 - Intensive Care, Theatres, Anaesthesia, Pain Management and Sleep (ITAPS)	1	2	1	0	1	2
CMG 5 - Musculoskeletal and Specialist Surgery (MSK and SS)	10	11	2	5	2	3
CMG 6 - The Alliance	0	0	0	0	0	0
CMG 7 - Women's and Children's (W&C)	23	11	11	13	11	11
Human Resources	0	0	0	0	0	0
Operations (Corporate)	0	0	0	0	0	0
Total	131	136	68	67	71	28

* Changes to reporting/ escalating staffing concerns within Nursing

- Red Flag type "2 or more RNs below planned" has been discontinued as of May-23

4. Expectation 1: Right Staff

4.3 Compare staffing with peers

- Within the monthly Safe Staffing paper for Nursing and Midwifery, there is a comparison nationally and with peers in relation to Care Hours per Patient Day (CHPPD), as demonstrated below.
- A number of the actions which arose during the Bi-Annual Establishment Reviews was to benchmark our staffing with peers and parallel services nationally.

Chart 1: UHL CHPPD in comparison to peers and national median

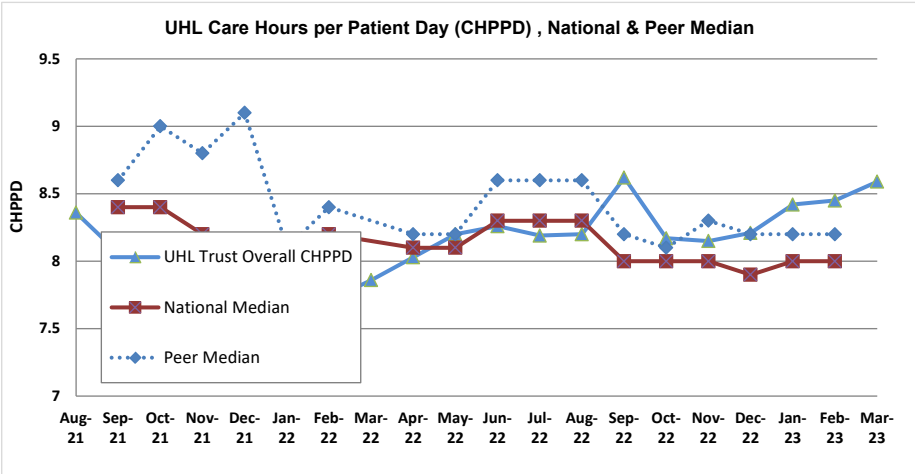
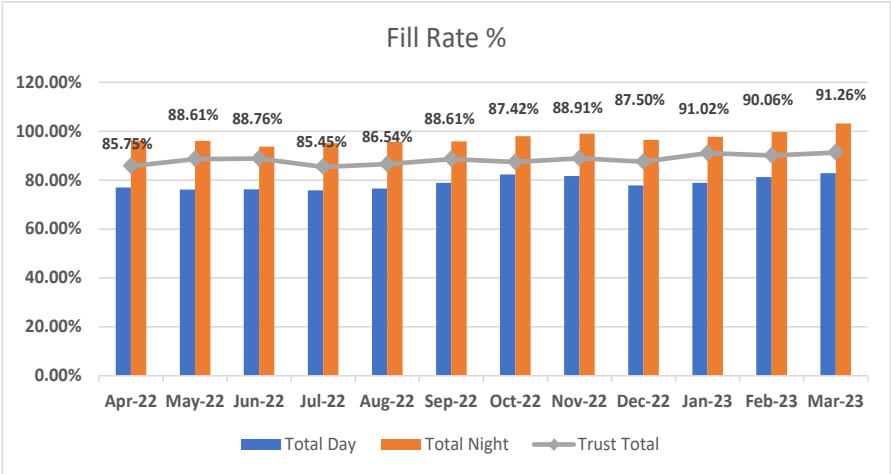


Chart 2: UHL Fill Rate %



5. Expectation 2: Right Skills

5.1 Mandatory training, development and education

- The Bi-Annual Establishment Review packs specify the Annual Appraisal Review percentage per area; as shown within table 2.
- During the development of the Bi-Annual Establishment Review packs; mandatory training averages were not visible nor obtainable; this however, this will be rectified for the Bi-Annual Establishment Reviews taking place in Oct-23.

5.2 Working as a multi-professional team

- Workforce transformation was included within discussions; in particular, the role of Nursing Associates, Advanced Clinical Practitioners and Clinical Nurse Specialists.
- The inclusion of Allied Healthcare Professional (AHP) roles in future Bi-Annual Establishment Reviews from Oct-23; particularly, the demonstration of AHP contribution to care within rehabilitation units was agreed as an action.

Table 4: Annual Appraisal Review average for Nursing per CMG sub-group

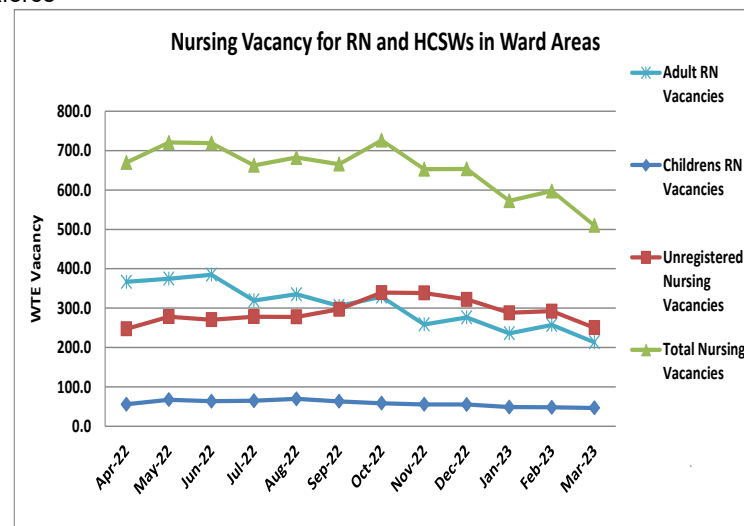
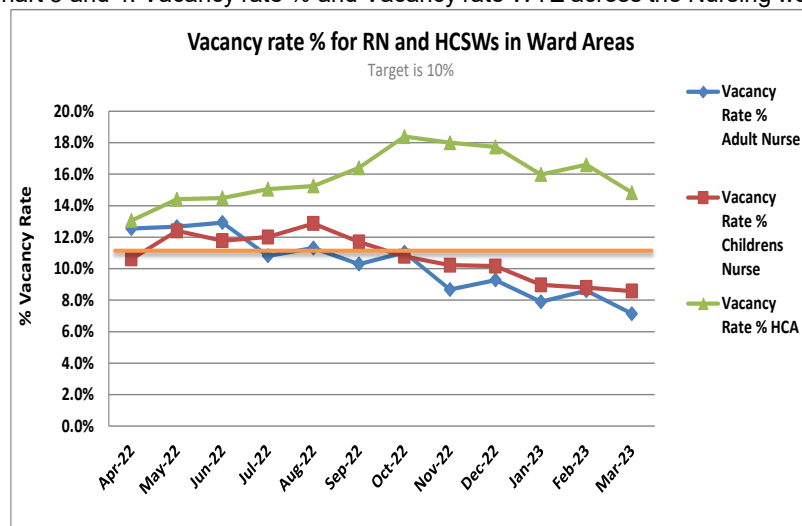
CMG		Annual Appraisal Review Average	Mandatory Training Average
CMG	CMG sub-group	Average	Average
Alliance		92.33%	NA
ED	ED Floor	90.17%	NA
SM	Care of the Elderly	87.76%	NA
CHUGGS	Urology, Gastroenterology and General Surgery	86.56%	NA
Women's and Children's	Gynaecology	83.27%	NA
CHUGGS	Cancer and Haematology	81.98%	NA
RRCV	Respiratory	81.73%	NA
SM	Speciality Medicine	81.61%	NA
Women's and Children's	Children's	79.73%	NA
RRCV	Cardiac and Vascular	79.00%	NA
RRCV	CDU and SDEC	78.18%	NA
RRCV	Renal	77.65%	NA
ITAPS	Theatres	77.39%	NA
Women's and Children's	Neonates	76.68%	NA
SM	General Medicine	75.10%	NA
MSS		75.07%	NA
ED	ED	74.90%	NA
ITAPS	ICU	72.67%	97.39%

4. Expectation 2: Right Skills

4.3 Recruitment and retention

- Budgeted establishment and actual establishment, including vacancies were included within the Bi-Annual Establishment Reviews; this prompted the discussion regarding whether HealthRoster was reflective of financial plans, further indicating the need to review this and ensure staffing financial plans were aligned across all applications as a priority action.
- In Mar-23 there was a -3.4% decrease in vacancy rate since Apr-22 for Registered Nurses (adult field); Registered Nurses (child field) have also seen similar reductions.
- Within the past year the trends for the HCA vacancy rate increased to 18% in Oct-22; this is now on a downward trend with a HCA Recruitment and Retention Task and Finish Group set up and chaired by the Deputy Chief Nurse, Eleanor Meldrum.
- The Nursing and Midwifery microsite, hosted on the UHL website, was launched in Apr-22; The aim of the site is to attract and inspire future nurses, Midwives and healthcare workers to work in UHL
- There are a range of retention strategies currently being implemented which will be evaluated in more detail within the Bi-Annual Establishment Reviews taking place Oct-23; such as self-rostering, themes of exit interviews and reward and recognition programmes.
- The Safe Staffing for Nursing Aspiration number 2: "Ensure Band 6 Registered Nurse presence within every inpatient area on every duty" will increase career development opportunities across UHL.

Chart 3 and 4: Vacancy rate % and Vacancy rate WTE across the Nursing workforce



6. Expectation 3: Right Place and Time

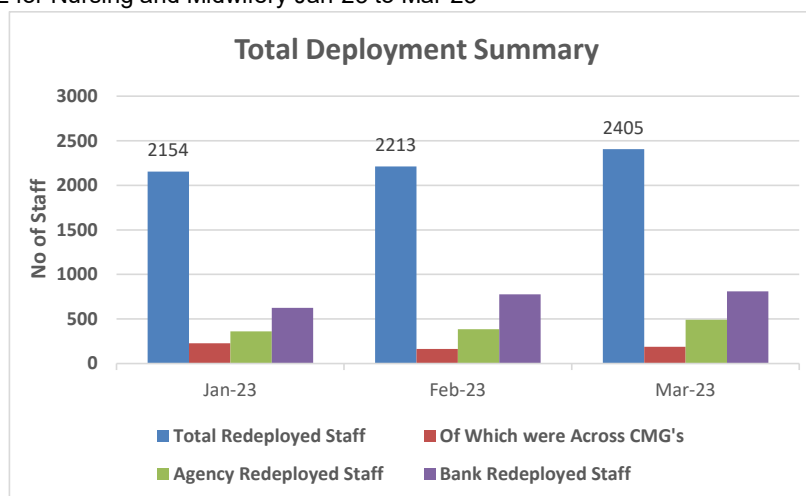
6.1 Productive working and eliminating waste

- The redeployment of staff is captured on HealthRoster and SafeCare (interchangeably); this is included within the monthly Safe Staffing paper for Nursing and Midwifery and also within Bi-Annual Establishment Reviews.
- As shown in chart 4; there is a +192 variance between Feb-23 to Mar-23 for redeployment across UHL; this is presumed to be due to the increase of reporting by Maternity (which previously did not report movements within CMG).
- The UHL Safe Staffing for Nursing and Midwifery Trust Policy and Procedure (2023) sets out considerations when redeploying staff as well as escalation guidance and scorecards when reviewing staffing. To support our retention strategies, Heads of Nursing are working towards the ambition of significantly reducing redeployment of nurses and healthcare support workers aligned with the ongoing reduction in nurse vacancies. Redeployment rates will be reported in the monthly safe staffing report presented at NMAHPC

6.2 Efficient deployment and flexibility

- Rostering templates were reviewed to assess whether they matched service demand; for areas whereby the rostering templates did not correspond with service demand the action was taken to review and submit/ resubmit *roster change forms*.
- The use of new roles and skill mix was discussed during the 'workforce planning' element of the Bi-Annual Establishment Reviews; with many CMG sub-groups making reference to clinical professional development opportunities.
- Neonatal services prompted questions surrounding required workforce and skill mix of the workforce; there will be a separate advisory paper to follow regarding the safe staffing of Neonatal services.
- Adhering to the NQB (2016) recommendations; on a daily basis, there are a number of *check-ins* for Senior Nursing Leaders to review staffing capacity and capability.

Chart 5: Total deployments across UHL for Nursing and Midwifery Jan-23 to Mar-23

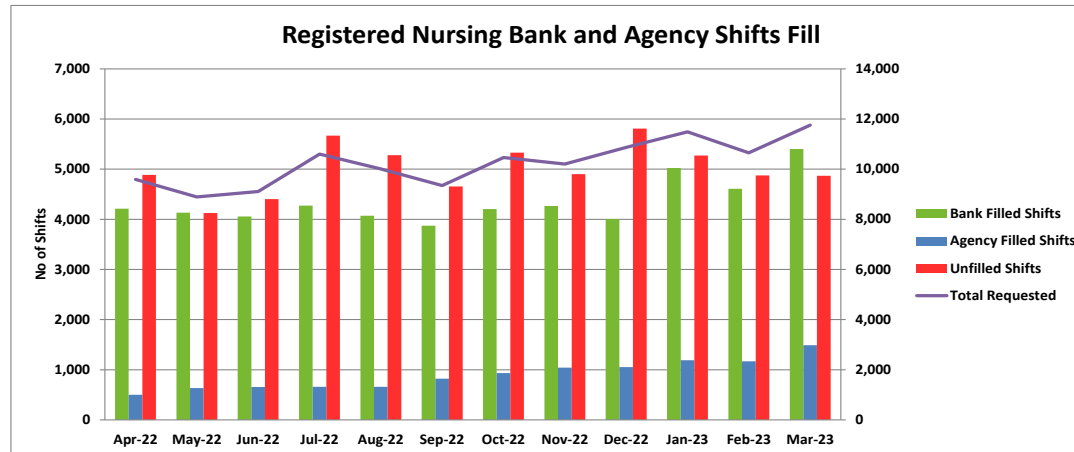


6. Expectation 3: Right Place and Time

6.3 Efficient employment and minimising agency

- Bank and Agency fill rates were included within the Bi-Annual Establishment Reviews.
- Temporary staffing is included within the monthly Safe Staffing paper for Nursing and Midwifery with commentary on trends.
- Feedback from trainees and students is frequently and actively sought by both by the UHL Nursing and Midwifery Education Team; at this current time, feedback from trainees and students is incorporated into the Bi-Annual Establishment Reviews; included within the friends and family, staff survey feedback towards the end of the review.

Chart 6: Temporary staffing filled shifts



7. Measure and Improve

7.1 Patient outcomes

- Both total Hospital Acquired Pressure Ulcers (HAPUs) and Falls was highest during the month of Dec-22; this correlates with unfilled duties (chart 5, pg.8), Dec-22 shows a decline in Fill Rate % during day duty, however, the CHPPD for Dec-22 was aligned to peer median and higher than national median.
- The triangulation of safe staffing metrics and patient outcomes is a priority for the Corporate Nursing Team, which will undergo examination during the monthly safe staffing paper.

Chart 7: Total Hospital Acquired Pressure Ulcers

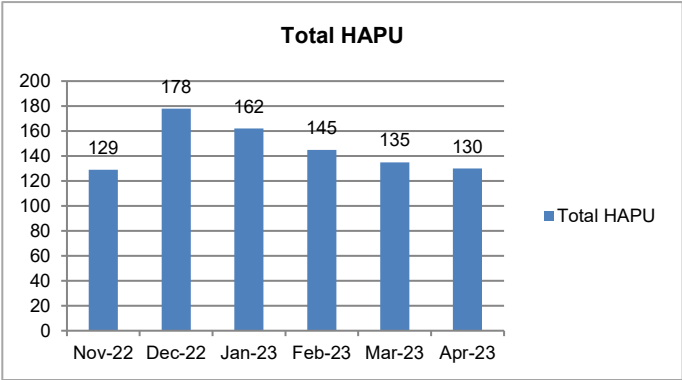
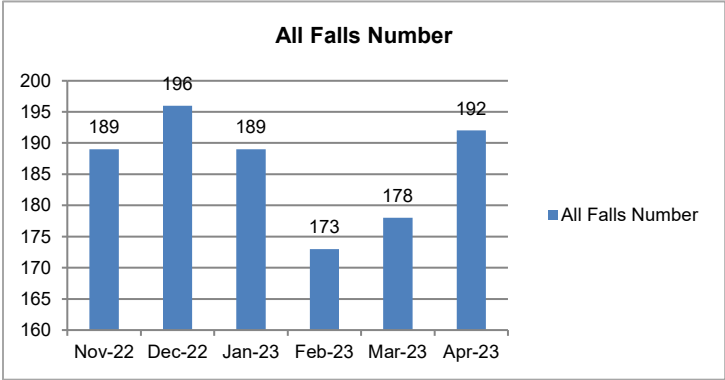


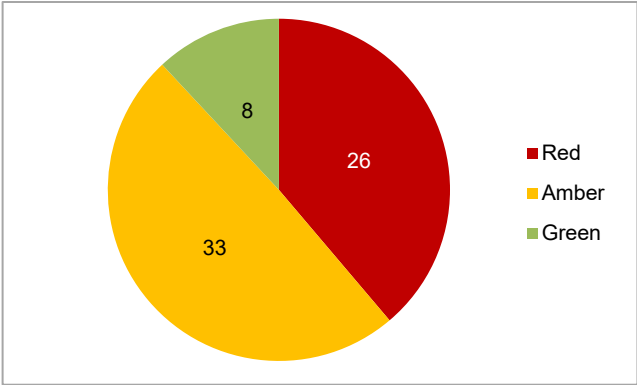
Chart 8: Total Falls



7.2 Assessment & Accreditation Programme

- As it stands currently; 67 inpatient units have been assessed via UHL's Assessment and Accreditation programme, with overall results shared in chart 8. For a break-down of Assessment & Accreditation results, please refer to the appendices.

Chart 9: Assessment & Accreditation overall results (red, amber, green status)



7. Measure and Improve

7.3 Staff Survey results

- Registered Nurses, Midwives and Nursing/ Healthcare Assistants accounted for 33.5% of respondents to the UHL Staff Survey.
- Survey results showed UHL has scored above the worst responses nationally, however, there is need to focus on the “recognised and rewarded” element which was shown to be a significantly lower result than 2021 (pg. 147, located within appendices).
- UHL scored ‘6.3’ for “Promise element 3: we each have a voice that counts- raising concerns”; this is slightly below the average NHS Trust at ‘6.4’ (worst scoring ‘5.7’; best scoring ‘7.1’); it is acknowledged that nursing and midwifery colleagues should feel that they are able to raise concerns and receive a timely response. The revised UHL Red Flags Policy (raising and resolving staffing issues) will support this ambition alongside the bi-annual establishment review process and monthly safer Staffing reports

Chart 10: UHL Staff Survey Results 2022

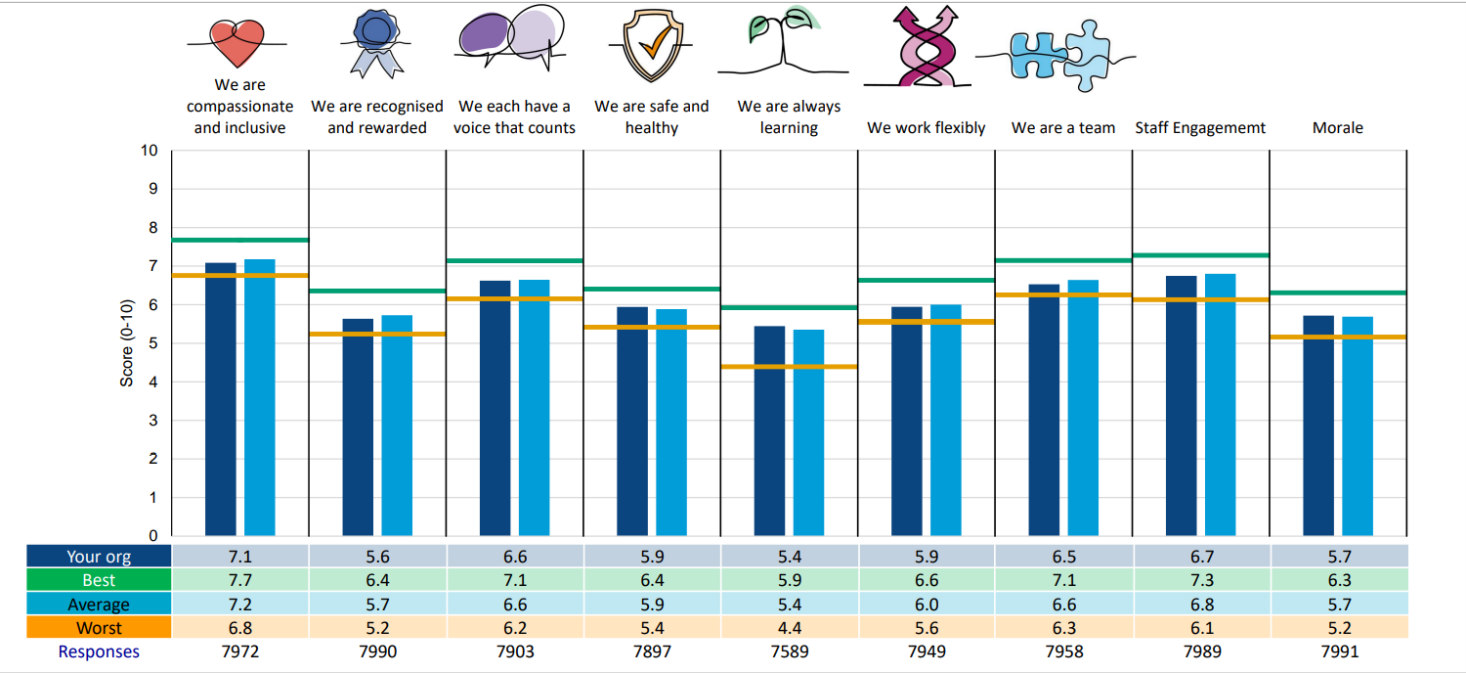
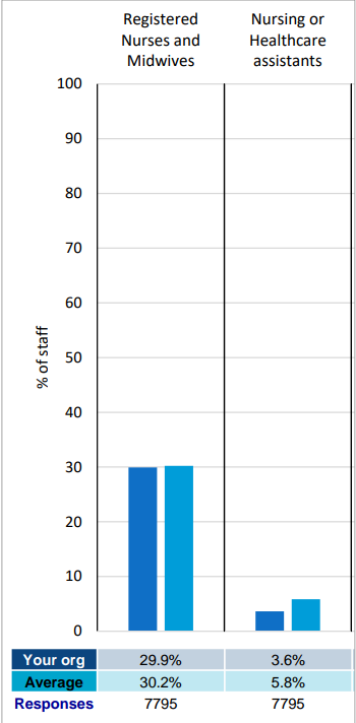


Chart 11: Responders to the UHL Staff Survey (Nursing and Midwifery workforce)



8. Additional Information

8.1 Bi-Annual Establishment Reviews for Speciality Areas


- CMG specialty sub-groups listed within table 3 below need to complete their Bi-Annual Establishment Review. This is due to the specialist nature of some areas requiring a more bespoke approach to a safer staffing as there is currently no national process. These areas have participated in the annual business planning cycle to support any additional investment for nursing or midwifery staffing. The results of the establishment reviews for these areas will be provided in the December 2023 Annual Safer Staffing Board report

Table 5: Delayed Bi-Annual Establishment Reviews for Specialty areas

CMG sub-group	
Gynaecology	
Maternity	Birthrate Plus is currently undergoing analysis and a separate Safer Staffing Review will be presented to the Maternity Assurance Committee and included in the December 2023 Annual Safer Staffing Board Report
CSI	Outpatients
Theatres	Awaiting activity plans to map against workforce requirements


9. Appendices

Annual Nursing and Midwifery Staffing Report (October 2022)




Microsoft Word Document

UHL Nursing and Midwifery Establishment Review Cycle




Microsoft PowerPoint Presentation

SNCT Project Plan (Feb-23)



Microsoft PowerPoint Presentation

NHS Staff Survey Benchmark report 2022




Adobe Acrobat Document

UHL Safe Staffing for Nursing Aspirations



Microsoft PowerPoint Presentation

Safe Staffing for Nursing and Midwifery Trust Policy and Procedure (2023)



Adobe Acrobat Document

9. DWS Recommendation Compliance (1) [NHS Improvement \(2018\)](#)

Recommendation	Compliance	Evidence
1. Trusts must formally ensure NQB's 2016 guidance is embedded in their safe staffing governance	Compliant	<ul style="list-style-type: none"> Monthly Nursing & Midwifery Safe Staffing paper set out as per expectations of the NQB (2016) Safer Nursing Care Tool implementation Feb-23 (to follow in June and Sept-23) CHPPD reported monthly in comparison with peers
2. Trusts must ensure the three components (see Figure 1 below) are used in their safe staffing processes: <ul style="list-style-type: none"> – evidence-based tools (where they exist) – professional judgement – outcomes 	Compliant	<ul style="list-style-type: none"> Evident within the Bi-Annual Establishment Review packs
3. We will base our assessment on the annual governance statement, in which trusts will be required to confirm their staffing governance processes are safe and sustainable	Compliant	<ul style="list-style-type: none"> Confirmation included in annual governance statement that our staffing governance processes are safe and sustainable
4. We will review the annual governance statement through our usual regulatory arrangements and performance management processes, which complement quality outcomes, operational and finance performance measures	Compliant	<ul style="list-style-type: none"> Confirmation included in annual governance statement that our staffing governance processes are safe and sustainable
5. As part of this yearly assessment we will also seek assurance through the SOF, in which a provider's performance is monitored against five themes	Partially compliant	<ul style="list-style-type: none"> Monthly reporting of organisational health; i.e. staffing sickness, turnover % and temporary staffing usage Quality dashboard currently within development Electronic rostering LOA reported and areas of improvement acknowledged
6. As part of the safe staffing review, the director of nursing and medical director must confirm in a statement to their board that they are satisfied with the outcome of any assessment that staffing is safe, effective and sustainable	Compliant	<ul style="list-style-type: none"> The Chief Nurse attends and chairs the Bi-Annual Establishment Review meetings The Chief Nurse is positioned as responsible director for monthly Nursing & Midwifery safe staffing metrics The Chief Nurse plays an active leadership role for Safe Staffing evolution and aspirations at UHL
7. Trusts must have an effective workforce plan that is updated annually and signed off by the chief executive and executive leaders. The board should discuss the workforce plan in a public meeting	Compliant	<ul style="list-style-type: none"> Evident in the Annual Nursing and Midwifery Staffing Report (October 2022) with Board agreement to uplift in the Nursing establishment

9. DWS Recommendation Compliance (2) [NHS Improvement \(2018\)](#)

Recommendation	Compliance	Evidence
8. They must ensure their organisation has an agreed local quality dashboard that cross-checks comparative data on staffing and skill mix with other efficiency and quality metrics such as the Model Hospital dashboard. Trusts should report on this to their board every month	Partially compliant	<ul style="list-style-type: none"> Safe staffing metrics reported within the Monthly Nursing & Midwifery Safe Staffing paper Quality dashboard currently within development
9. An assessment or re-setting of the nursing establishment and skill mix (based on acuity and dependency data and using an evidence-based toolkit where available) must be reported to the board by ward or service area twice a year, in accordance with NQB guidance ⁵ and NHS Improvement resources. This must also be linked to professional judgement and outcomes	Compliant	<ul style="list-style-type: none"> Evident in the format of this paper Establishment Review Cycle, located within the appendices, demonstrates bi-annual reporting process following review of establishments
10. There must be no local manipulation of the identified nursing resource from the evidence-based figures embedded in the evidence-based tool used, except in the context of a rigorous independent research study, as this may adversely affect the recommended establishment figures derived from the use of the tool	Compliant	<ul style="list-style-type: none"> Evident and continuously reviewed by the Lead Nurse for Safe Staffing Lead Nurse for Safe Staffing responsible for the training of the Safer Nursing Care Tool (SNCT) and ensuring staff are aware that adaptations to the tool are not condoned
11. As stated in CQC's well-led framework guidance (2018) ⁶ and NQB's guidance ⁷ any service changes, including skill-mix changes, must have a full quality impact assessment (QIA) review	Compliant	<ul style="list-style-type: none"> QIAs evident
12. Any redesign or introduction of new roles (including but not limited to physician associate, nursing associates and advanced clinical practitioners – ACPs) would be considered a service change and must have a full QIA	Compliant	<ul style="list-style-type: none"> QIAs evident
13. Given day-to-day operational challenges, we expect trusts to carry out business-as-usual dynamic staffing risk assessments including formal escalation processes. Any risk to safety, quality, finance, performance and staff experience must be clearly described in these risk assessments	Compliant	<ul style="list-style-type: none"> Escalation process and guidance included within the Safe Staffing for Nursing and Midwifery Trust Policy and Procedure (2023) Daily operational oversight and leadership for staffing led by allocated Senior Nurse
14. Should risks associated with staffing continue or increase and mitigations prove insufficient, trusts must escalate the issue (and where appropriate, implement business continuity plans) to the board to maintain safety and care quality. Actions may include part or full closure of a service or reduced provision: for example, wards, beds and teams, realignment, or a return to the original skill mix.	Compliant	<ul style="list-style-type: none"> Escalation process and guidance included within the Safe Staffing for Nursing and Midwifery Trust Policy and Procedure (2023) Daily operational oversight and leadership for staffing led by allocated Senior Nurse

Meeting title:	Trust Board Public Trust Board paper L				
Date of the meeting:	1 st December 2022				
Title:	Annual Nursing and Midwifery Staffing Report October 2022				
Report presented by:	Julie Hogg, Chief Nurse				
Report written by:	Carol Stiles, Clinical Workforce Lead (NHS England) & Debbie McBride, Assistant Chief Nurse				
Action – this paper is for:	Decision/Approval	x	Assurance	x	Update
Where this report has been discussed previously	Executive Finance and Performance Board Finance Investment Committee				

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

This report provides the Trust Board with an update on the latest UHL nurse establishment reviews that were undertaken in August / September 2022. Nurse establishment reviews must be undertaken by Trusts twice a year and reported to Board in order to comply with the National Institute for Clinical Excellence (NICE) safe staffing, National Quality Board (NQB) standards and the RCN nursing workforce standards. The review must provide the Board with the assurance that the Trust has a nursing workforce with sufficient planned safe staffing resources to meet the patient care requirements.

Impact assessment

The recommended establishment change for 2023/24 is an increase of 248.66 wte posts in the ward-based establishment across 97 wards and/or departments. Appendix 2 details the wte recommendations in full.

ANNUAL NURSING AND MIDWIFERY STAFFING REPORT NOVEMBER 2022

1. Purpose

- 1.1 The purpose of this paper is to provide the board of directors with the outcome of the 2022 annual staffing reviews which use professional judgement triangulated with outcomes to make recommendations for the inpatient nursing and midwifery establishments for the 2023/24 financial year.
- 1.2 It provides an overview of nurse staffing capacity and compliance with the National Quality Board (NQB, 2016) standards and Developing Workforce Safeguards (NHS Improvement, 2018). It is a requirement that every Board of Directors receive a report on a six-monthly basis.
- 1.3 It provides cumulative oversight of care hours per patient day (CHPPD) over the last six months (Mar – Aug 2022). This new metric replaces the previously reported planned and actual staffing and is now published on NHS Choices.

2. Recommendation

- 2.1 The Board of Directors is asked to note the work currently being undertaken and accept assurance that in the main, there is sufficient nursing and midwifery staffing capacity and compliance with national safe staffing guidance.
- 2.2 The Board of Directors is asked to endorse the clinical boards proposed establishments, supported, and challenged by corporate nursing for 2023/24.
- 2.3 Note our efforts to ensure nursing and midwifery pay expenditure remains within budget for the coming year with plans for additional challenge and risk management for enhanced observations.
- 2.4 Note that with the recommended changes to the establishment the Chief Nurse and Medical Director that planned staffing is safe, effective and sustainable.

3. EXECUTIVE SUMMARY

- 3.1 The Chief Nurse and Heads of Nursing continue to work with our Medical Director and Clinical Management Groups to ensure our wards and departments are safely staffed and to help identify further opportunities to increase efficiency and reduce costs, whilst monitoring the impact on quality and safety of care relating to the nursing and midwifery workforce.
- 3.2 At UHL the vacancy rate for nursing and midwifery in August 2022 was 13.7% in totality; 12.4% in ward areas and 20.8% in non-ward areas. We have seen a slight increase in adult and children's nursing vacancies, whilst midwifery vacancies have remained static. We have a strong pipeline of international nurses running alongside further national and local recruitment campaigns. In addition, People Partners are working with nursing and midwifery colleagues on retention plans to reduce increased leavers rates and new Heads of Nursing roles for Recruitment Retention and Pastoral support have been created.
- 3.8 In our last report, the Chief Nurse and Director of Workforce were content that UHL has good compliance with the National Quality Board (NQB) standards and Developing Workforce Safeguards, and this remains the case. Appendix 1 provides more detail on our compliance with the nursing and midwifery component of Developing Workforce Safeguards (NHS Improvement, 2018).

- 3.9 Overall staffing levels have fluctuated between 83.07% and 88.76% of our planned hours. Underutilisation of RN hours is related to the flexing of staffing in relation to increased sickness, shielding and self-isolation in relation to Covid-19. This skill-mix adjustment is driving staffing that is more than plan for Health Care Assistants; however, one HCA is not the equivalent of one Registered Nurse. Filling vacant RN posts remains a key focus.
- 3.10 Alongside this, RMN's and Health Care Assistants are deployed to support the provision of 1:1 care for patients at risk of avoidable harm and those under the mental health liaison team (which are not part of the existing budgets). Corporate nursing continues to lead our strategic approach to managing both the patient safety and financial risks associated focusing on assessing the overall use of specials/enhanced therapeutic observations.
- 3.12 The recommended establishment change for 2023/24 is an increase of 248.66wte posts in the ward-based establishment across 97 wards and/or departments.

4. NATIONAL NURSING AND MIDWIFERY STAFFING CONTEXT

- 4.1 Members of the Royal College of Nursing (RCN) have been balloted over strike action and the outcome is awaited. This action has been followed by 6 further trade unions which ballots taking place between November 2022 and February 2023.
- 4.2 The Health and Social Care Committee has published the Workforce: recruitment, training and retention report, stating that the NHS and social care face the “greatest workforce crisis in their history”. The report points to research which suggests that the NHS in England is short of 12,000 hospital doctors and more than 50,000 nurses and midwives. Evidence on workforce projections say an extra 475,000 jobs will be needed in health and an extra 490,000 jobs in social care by the early part of the next decade.
The NHS Confederation also published a member survey outlining the impact workforce shortages in social care are having on NHS services.
The key findings of the survey are:
- More than 9 in 10 NHS leaders warn of a social care workforce crisis in their area which they expect will get worse this winter.
 - Nearly all NHS leaders say the lack of capacity in social care is putting the care and safety of patients at risk and is the main reason why medically fit patients are stuck in hospital longer than they should be.
 - Almost all NHS leaders say that the most impactful solution would be better pay for social care staff and want the Government to increase investment in social care as a priority.
- 4.3 The government has outlined details of the NHS pay deal, which will see a million NHS staff get a pay rise of at least £1,400, with lowest earners to receive up to 9.3%. Eligible dentists and doctors will also receive a 4.5% pay rise. In addition, very senior NHS managers (VSM) will receive a 3% increase after they accepted recommendations of the senior salaries review board, which found “well-founded concerns about possible loss of leadership capacity”. The pay awards are to be back dated to 1 April 2022. All NHS pay awards are below the current rate of inflation, and the Royal College of Nursing is currently balloting its members on whether to take strike action. In his first interview since taking over as the British Medical Association's chair of council, Professor Philip Banfield has also warned ministers that a doctor's strike is “inevitable”. Strikes will most likely happen in spring 2023, he said.
- 4.4 Research carried out by the Health Foundation's REAL Centre has found that the next decade will see increases in demand for services from rising levels of chronic disease and a rapidly ageing population – putting pressure on hospital services that are already stretched with bed occupancy rates of close to 90%. The analysis finds that even if the NHS continues to reduce

the length of time people stay in hospital, 23,000 to 39,000 extra beds could be needed in 2030/31 to maintain pre-pandemic standards of care – a 20–35% increase.

- 4.5 The government has published the first ever Women's Health Strategy for England to help tackle the gender health gap. Following a call for evidence, and building on Our Vision for Women's Health, the strategy includes key commitments around new research and data gathering, the expansion of women's health-focused education and training for incoming doctors, improvements to fertility services, ensuring women have access to high quality health information, and updating guidance for female specific health conditions.
- 4.6 Figures published by the Nursing and Midwifery Council (NMC) reveal that the number of nurses and midwives registered to work in the UK has grown. Statistics show that there were 758,303 nurses, midwives and nursing associates on its register on March 21, up 26,403 from a year earlier. However, the number of people leaving the register has also risen for the first time in five years, with many citing increased workloads and a lack of staff as factors behind their decision. Meanwhile, almost half of those joining the register have trained outside the UK. Andrea Sutcliffe, chief executive and registrar at the NMC, said the high levels of international recruitment should sound "a note of caution". She went on to say that "a future pandemic or global disruption could see history repeat itself, but with an even bigger impact on the overall growth of the register".
- 4.10 The independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust carried out by Donna Ockendon and team, published a set of 7 immediate and essential actions to improve safety in maternity services across England. One of its recommendations is that minimum staffing levels should be those agreed nationally or, where there are no agreed national levels, staffing levels should be locally agreed with the local maternity and neonatal system (LMNS). Further, minimum staffing levels must include a locally calculated uplift, representative of the 3 previous years' data, for all absences including sickness, mandatory training, annual leave and maternity leave.

5. LOCAL NURSING AND MIDWIFERY STAFFING CONTEXT

- 5.1 At UHL the vacancy rate for nursing and midwifery in August 2022 was 13.7% in totality; 12.4% in ward areas and 20.8% in non-ward areas. Adult nursing vacancies have increased slightly to 11.3% as we await the intake of 67 international nurses in September. Plans are on track for the recruitment of a further 70 international nurses prior to December 2022, this is running alongside further national and local recruitment campaigns. There has been a small increase in the numbers of Paediatric Nursing vacancies and HCSW. A number of Paediatric Nurses are expected to be recruited from local training providers and through national recruitment campaigns between October 22 and January 23. There has also been a small intake of Internationally Educated Children's Nurses. Healthcare support worker vacancies have increased slightly and induction events planned for September, October and November are expected to be filled. New Heads of Nursing roles for Recruitment Retention and Pastoral support have been created. Listening events are being held to support an improvement in retention.
- 5.2 Midwifery vacancies have remained static. A bespoke community midwifery recruitment campaign has led to the appointment of 8 midwives and 28 new midwives are expected to commence to support the two acute units. Maternity HCSW and Support worker vacancy position has remained static with a review of apprenticeship schemes at Band 2 and 3 and funding available to support recruitment and retention. A new development pathway is planned to be in place for March 2023.
- 5.3 Long term plans are in place to increase the number of registered Nursing Associate roles on

wards. UHL has 64 Registered Nursing Associates and 92 Trainee Nursing Associates (TNAs) across the Trust with a further 19 trainees due to commence the programme in October 2022. All Nursing Associates (NAs) complete preceptorship, alongside newly registered nurses, and international nurses.

- 5.4 UHL has 18 registered nursing associates on the RN Degree Apprenticeship (RNA) with three due to complete in 2022 and the remaining 15 in November 2023. A further cohort of 10 apprentices is due to commence the degree apprenticeship in October 2022.
- 5.5 Sickness levels have increased as a result of Covid related absence although early indications are that these are starting to reduce in August 2022. There have been national changes to terms and conditions such that staff who have been off sick with long covid since 7th July will resume normal contractual sickness entitlement with effect from Sept 1st. Staff will continue to be supported if they are absent as a result of Covid with absence not counting towards triggers (with some case by case review) and bank staff receiving payment for pre booked shifts – this will remain in place until March 31st 2023.
- 5.6 In our last report, the Chief Nurse and Director of Workforce were content that UHL has good compliance with the National Quality Board (NQB) standards and Developing Workforce Safeguards, and this remains the case; UHL is fully compliant with 11 of the recommendations and partially compliant with the remaining 3. Appendix 1 provides more detail on our compliance with the nursing and midwifery component of Developing Workforce Safeguards (NHS Improvement, 2018).

6.0 SETTING EVIDENCE BASED MIDWIFERY ESTABLISHMENTS

- 6.1 Birthrate Plus was developed in 1986 and is currently used in more than 100 maternity services to plan midwifery staffing requirement, which is expressed as the midwife to birth ratio (Ball, Washbrook and Royal College of Midwives 2018a). Birthrate plus categories women based on clinical indicators that considers the process and outcome of labour for the mother and her baby and is done retrospectively at the point the mother and baby leave the labour ward. Birthrate plus uses five categories ranging from I - V, where category I is of lowest acuity and dependency and category V highest
- 6.2 The principles underpinning the Birthrate plus methodology is consistent with the National Institute for Health and Care Excellence (NICE 2015) guideline on safe midwifery staffing for maternity settings, which states that Trust should ensure there is a systematic process in place to set midwifery staffing.
- 6.3 The independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust carried out by Donna Ockendon and team, published a set of 7 immediate and essential actions to improve safety in maternity services across England. One of its recommendations is that minimum staffing levels should be those agreed nationally or, where there are no agreed national levels, staffing levels should be locally agreed with the local maternity and neonatal system (LMNS). Further, minimum staffing levels must include a locally calculated uplift, representative of the 3 previous years' data, for all absences including sickness, mandatory training, annual leave and maternity leave
- 6.4 The service is partially compliant with 11 of the 15 IEAs identified by the Ockenden response following the publication of the final report in March 2022 with actions in place for compliance. The majority of actions are expected to be complete by December 2022. It should be noted however that UHL's compliance is significantly lower than other trusts across the midlands region. There are 3 elements of significant challenge:

- IEA 1: Compliance is demonstrated with the actions specified, however there is still a significant shortfall in midwifery staffing which impacts on service delivery and staff morale.
- IEA 10: Centralised CTG monitoring requires significant investment and redesign of labour wards. Awaiting steer from the national fetal monitoring group
- IEA 14: The risks from the split site neonatal services is on UHL risk register. Reconfiguration pause workstreams set up to mitigate these risks.

6.5 The national response to the Ockendon report included a £95.6m investment into maternity services across England, including funding for, 1200 additional midwifery roles, 100wte equivalent consultant obstetricians, backfill for MDT training, international recruitment programmes for midwives and support to the recruitment and retention of maternity support workers.

6.6 UHL maternity service undertook a systematic midwifery staffing review using the Birthrate Plus tool in April 2021. In line with the Ockenden report recommendation, the department's midwifery funded establishment was amended to reflect that of the Birthrate+ recommendations. Birthrate plus also recommend that specialist midwifery positions accounts for 8-10% of the funded establishment, which the maternity service is appropriately funded for.

7.0 SETTING EVIDENCE BASED NURSING ESTABLISHMENTS

7.1 The Executive board have agreed the process for setting nursing and midwifery establishments. This process includes several important components:

- Using the Safer Nursing Care Tools (SNCT) to assess the acuity and dependency, daily for 1 calendar month across all Adult and Children's and Young Person's inpatient wards and the Emergency Department. The assessment is undertaken by staff trained in the use of the tool. The Birth-rate plus tool is used for midwifery.
- Repeating this exercise twice per year to ensure validity noting no changes if poor data quality.
- External (to the CMG) validation to ensure that the data collection is accurate and robust
- A multi-professional meeting with the Ward/Unit Manager, Matron, Clinical Management Group Heads of Nursing, Finance & Workforce to triangulate the SNCT data with outcomes and professional judgement to make informed establishment proposals. The group ensures that where there is significant seasonality to an individual ward's patient group; professional judgement is applied to ensure we are not staffed beyond activity requirements.
- Sign off by the Board before proposals are fed into the annual planning cycle and budgets.

7.2 Train the trainer sessions for all of the SNCT tools have been provided by NHS England and a comprehensive cascade training plan is in place to ensure all staff using the tool in practice have been assessed as competent to do so. UHL has recruited a lead nurse for safer staffing commencing in post in October 2022 to support the SNCT roll out and support embedding of this process.

7.3 Due to continued ward and staffing challenges relating to the Covid-19 pandemic and elective recovery plan, SNCT audits of patient acuity and dependency would not have provided assurance of staff requirements. This is due to many wards nursing cohorts of patients outside of their speciality, wards changing between blue and green pathways, changes in bed numbers due to IPC precautions and staffing challenges related to increased sickness and self-isolation. UHL could not be assured that data collected would have been an accurate representation of patient acuity and dependency and therefore its use to support establishment setting processes would not be sufficiently robust. Therefore, application of

professional judgement of ward manager, Matrons and Heads of Nursing, alongside review of patient and staff quality outcomes, was used to inform the establishment setting review processes for 2022/23. This is fully supported by the Chief Nurse.

8.0 RECOMMENDED NURSING ESTABLISHMENTS FOR 2022/23

- 8.1 Boards should ensure there is sufficient and sustainable staffing capacity and capability to always provide safe and effective care to patients, across all care settings in NHS provider organisations. They should ensure there is an annual strategic staffing review, with evidence that this is developed using a triangulated approach (i.e., the use of evidence-based tools, professional judgement and comparison with peers), which takes account of all healthcare professional groups and is in line with financial plans (NQB 2013 and 2016).
- 8.2 Staffing establishments take account of the need to allow nursing, midwifery and care staff the time to undertake continuous professional development, and to fulfil mentorship and supervision roles. Core principles in determining the nursing and midwifery establishment have been identified, namely:
- The ward sister role is supervisory, and they use their time to direct care, undertake front line clinical leadership, focus on discharges and support unfilled shifts. At UHL the ward manager supervisory time is not allocated.
 - 23% 'headroom' is allocated to ward establishments to allow for annual leave, sickness, maternity leave, training and development. The Carter report recommends 25%, however, 22% is the minimum 'headroom' allowed with the SNCT and represents a built-in efficiency.
- 8.3 The recommended establishment change for nursing in 2023/24 is an increase of 224.66wte posts in the ward-based establishment across 97 wards and/or departments. The Tables below identify by CMG the whole time equivalents and respective costs. Appendix 2 and Appendix 3 details the recommendations in full.

	WTE required						
CMG	Nurse Band 7	Nurse Band 6	Nurse Band 5	Nurse Band 4	Nurse Band 3 (TNA)	Nurse Band 2	Total
RRCV	-	-	24.99	-	-	21.76	46.75
MSS	-	-	22.77	-	-	2.43	25.20
CHUGGS	-	1.89	29.16	-	2.21	4.73	37.99
ESM	-	5.03	45.46	-	-	4.08	54.57
W&C	-	-	49.88	-	-	8.04	57.92
ITAPS	2.31	1.29	22.63	-	-	-	26.23
Total	2.31	8.21	194.89	-	2.21	41.04	248.66

8.4 University Hospitals of Leicester - UHL:

Ward Manager: supervisory hours 1.0wte not presently funded needs investment to support leadership and safety within the inpatient wards across areas where not allocated.

RN: The increase in RN is predominantly on nights to increase the RN to patient ratio and ensure the delivery of safe care. In smaller wards the increase of RN has been offset with a skill review and a reduction of HCSW.

HCSW: Areas with high HCSW additional duties to provide increased observation have been some wards recommended to increase HCSW on shifts improve the visibility of patients and increase patient safety and support the harm free care. This has been in some wards with increased establishments however there are wards across UHL that are balancing skill and rotas to ensure the delivery of this agenda.

NA: There are plans in place to build more Nursing Associates into the establishment workforce with particular reference to nights; this obviously needs increased training and time. Areas that have identified these within plans have at present been funded at band 5 due to the lack of supply to meet the required demand. In the future these posts may be able to convert to funded band 4 positions.

8.5 **RRCV: Professional Judgement recommends an increase of 46.75wte**

There are 2 predominant factors impacting on the recommendations for RRCV. Firstly the safety at night and the need to increase the RN workforce and RN to patient safety in particular reference to wards with cardiac monitored patients and the ward layout.

Secondly the renal wards following reconfiguration are delivering an increase in ward attendee services, inpatient treatments alongside the inpatients require specialist treatment presently supported by the LD Nurse in Charge who is not in a supervisory capacity. The recommendation is that renal wards Nurse in Charge should be in a Supervisory capacity on LD to oversee activity and staff education, supervision.

The Clinical Decisions Unit and SDEC review is ongoing in line with the ECIST review and the present Safer Nursing Care Tool review being undertaken. It must be noted that there is no recommended investment at this time but following the reviews a further investment maybe identified to deliver service and altered patient pathways.

8.6 **MSS: Professional Judgement recommends an increase of 25.20wte**

In MSS the establishment reviews have recommended increases across the night shifts in the acute wards for patient safety and an improved RN to patient ratio. This is in addition in wards at the LRI site and as a skill mix review at the LGH site. Furthermore additional HCSW have been recommended on the trauma wards due to the acuity and dependency of patients.

8.7 **CHUGGS: Professional Judgement recommends an increase of 37.99wte**

Reconfiguration has impacted on the recommendations in part for CHUGGS, the environment and services within them have required a review and some recommended RN, HCSW uplifts in particular at the GH site wards and triage area.

The wards across Oncology, Haematology, Surgery, and Urology have recommendations to increase RN on night for patient safety and to increase RN to patient ratio given the high acuity of many specialty patients.

8.8 **ESM: Professional Judgement recommends an increase of 54.57wte**

EM

The ED, GPAU and EM floor is presently being reviewed by ECIST and completing a SNCT audit therefore minimal recommendations to establishments at this time although GPAU is presently staffed at premium spend and will likely need future investment along with the discharge lounge as service changes are confirmed.

The Childrens ED is staffed safely to meet acuity but this does not cover the CSSU area which is increasingly open due to the increase in activity: this will need investment of 22.12 wte.

SM

Specialist Medicine HoN professional judgement has recommended RN increase in specialist areas to increase the RN to patient ratio due to increased acuity. Ongoing SNCT reviews in 2 wards to support this recommendation.

There are 7 wards that are completing a skill mix review within budget to balance the day and night with roster realignment of RN and HCSW to increase the skill mix and observation of patients at night.

8.9 **W&C: Professional Judgement recommends an increase of 57.92wte**

Childrens – 48.88wte recommended within the children's hospital to ensure all commissioned beds are fully established to meet demand. This requires increased RCN/RN predominantly to ensure ongoing compliance of the nurse to child ratios. The children's team are keen to incorporate RN and NA into the present and future workforce as part of the ongoing plan.

Neonates – There are no increased recommendations for Neonates at this time. Ongoing business cases are in place with increasing commissioned cots to meet the BAPM standards.

Gynaecology – Minimal recommendation, supervisory WM only, within gynaecology as skill mix and rota reviews are underway within budget.

Women / Maternity- A review took place in 2022 with midwifery of the establishment; this is pending a full service review in 2023. The Head of Midwifery identified there is Birth rate + compliance. It was discussed that rota need clarity of MAU, wards, delivery suite's, birthing centre. Rota's all to be reviewed with ACN and HoM to ensure templates correct - all changes will be achievable within envelope. Birthrate + MCA band 3 realignment costs from Band 2 with competencies for total compliance in planning. No present investment requested across both Delivery suites and Midwifery at this time.

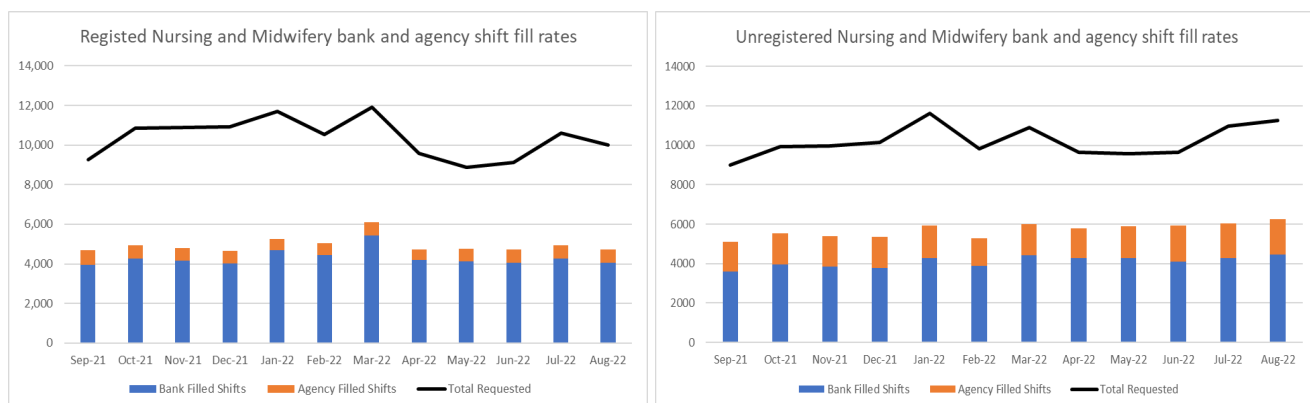
8.10 **ITAPS: Professional Judgement recommends an increase of 26.23**

Theatres - Theatres has been reviewed against AfPP recommendations and following reconfiguration and the planned roster template changes no uplift to wte or budget is required. This is supported by the Matron and Head of Nursing.

Intensive Care Unit - This ITU has been reviewed against GPICS recommendations and requires an increased in establishment of 12.42wte at LRI ITU and 11.51wte at GH ITU. This is supported by the Matron and Head of Nursing recognising LRI as the priority due to the high occupancy and environment and impacting on the present constant inability to provide GPICS standards.

9.0 AGENCY USAGE

- 9.1 47% of registered nursing and midwifery bank and agency shifts were filled in August 2022 compared to a 55% fill rate for unregistered staff. We are working closely with the bank team to increase staffing fill. There is an embedded programme for existing substantive staff to join the Staff Bank with their manager's support through a recommendation process. Alongside this pay initiatives for all nursing bands with a 20% pay uplift are in place until 31st March 2023.
- 9.2 Alongside regular recruitment drives for Bank nursing and healthcare assistant roles, there has been a targeted programme for engaging local student nurses as healthcare assistants facilitated between the Trust and university by a dedicated Practice Learning Lead working with the Bank recruitment team. This is also being rolled out for medical students who attend a mandated healthcare skills as part of their first phase of medical training. This is delivered by a dedicated Education team who arrange a small number of clinical placements and encourage joining the Staff Bank to work as a healthcare assistant enhance these skills further. This programme is in its third year of running and it is hoped to reach 100 medical students this year.
- 9.3 The 'Confirm and Challenge' monthly meetings continue to drive identified benefits and roster efficiencies across the nursing teams. These meetings are led by the Assistant Chief Nurse and Lead Nurse for Rostering with the CMG HoN and identified members of the senior nursing team. These Carter efficiency meetings review and provide assurance that rosters and workforce plans are appropriately managed in line with the roster key performance indicators. Any remedial actions are dealt with and monitored. The HON have identified potential roster efficiency opportunities and are working with their senior nursing teams on ongoing and further improvement strategies.



10.0 MEASUREMENT AND IMPROVEMENT

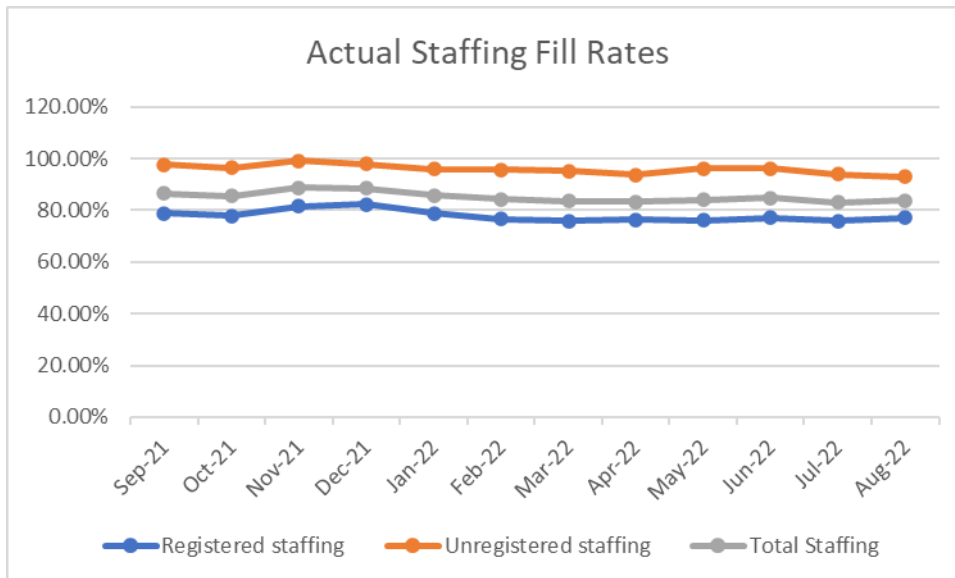
- 10.1 The clinical and executive team review workforce metrics, indicators of quality and outcomes, and measures of productivity monthly as a whole and not in isolation from each other.
- 10.2 During the last 6 months, 1576 safer staffing red flags have been reported across the trust. There have been no reported incidents of Less than 2 registered Nurses present during a shift however, incidents of medication omissions, reports staffing shortfalls and failure to monitor care have increased.

	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Less than 2 registered Nurses present on a shift	0	0	0	0	0	0
Medicine Administration Omissions	67	45	63	60	45	63
Staffing shortfalls	75	283	145	88	207	231
Failure to monitor	32	25	34	37	33	43

- 10.6 Our compliance with Duty of Candour requirements and an annual declaration of our commitment to telling patients if a serious incident has occurred is published in our annual quality account.
- 10.7 The Board at UHL ensures that they support and enable their executive team to take decisive action when necessary. Commissioners, regulators and other stakeholders are involved any decision to open or close a care environment or suspend services due to concerns about safe staffing.

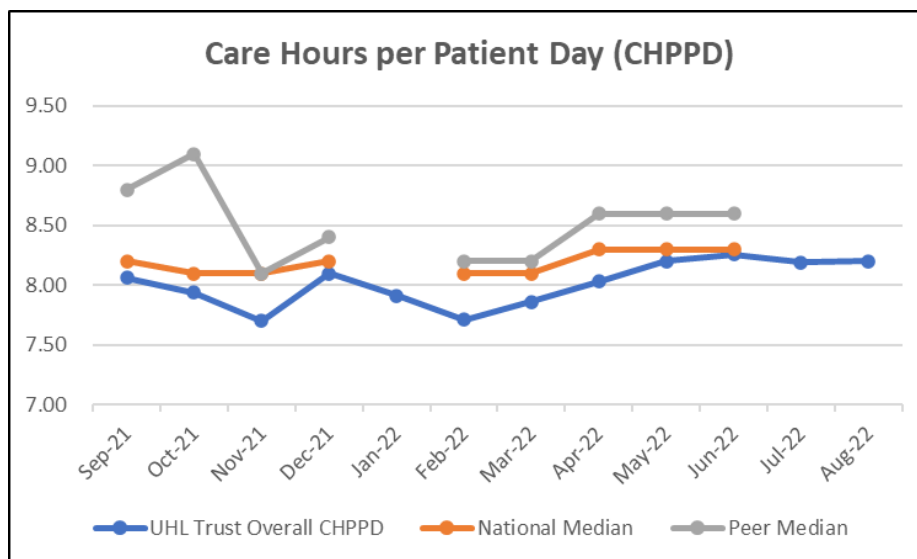
11.0 PLANNED VERSUS ACTUAL STAFFING & CARE HOURS PER PATIENT DAY

- 11.1 All NHS provider trusts are required to publish nursing and midwifery staffing data monthly. This data shows the planned staffing hours (i.e., those that were planned in the roster) against actual staffing hours (i.e., actual hours worked by substantive and temporary staff). In addition to these, care hours per patient day (CHPPD) are now reportable monthly. Data is published on the trust internet and an exception report is submitted to the SDT every month.
- 11.2 Overall staffing levels have fluctuated between 83.07% and 88.76% of our planned hours. Underutilisation of RN hours is related to the flexing of staffing in relation to increased sickness, shielding and self-isolation in relation to Covid-19. This skill-mix adjustment is driving staffing that is more than plan for Health Care Assistants; however, one HCA is not the equivalent of one Registered Nurse. Filling vacant RN posts remains a key focus.
- 11.3 Alongside this, RMN's and Health Care Assistants are deployed to support the provision of 1:1 care for patients at risk of avoidable harm and those under the mental health liaison team (which are not part of the existing budgets). Corporate nursing continues to lead our strategic approach to managing both the patient safety and financial risks associated focusing on assessing the overall use of specials/enhanced therapeutic observations.
- 11.4 In addition there is a wider organisational focus assessing the overall of specials/enhanced therapeutic observations staff use with recommendations reporting to the pay review group to reduce the use of specials overall. The graph below demonstrates the actual staffing fill rates over the last year.



Graph 3. Published Nurse Staffing Data (data is substantive and temporary staff combined)

- 11.5 CHPPD is calculated by adding the hours of registered nurses to hours of healthcare support workers and dividing the total by every 24 hours of inpatient admissions. NHS Improvement began collecting care hours per patient day formally in May 2016 as part of the Carter Programme. Whilst the data remains in its infancy the CHPPD reported at UHL over the last 6 months is stable. This demonstrates that we are flexing our workforce in line with activity. We remain in the lower quartile when compared to our peers.



- 11.6 Whilst CHPPD is stable internally, preliminary benchmarking data suggests that at a trust level UHL sits below the median (inclusive of critical care units). The median has been derived from the monthly return to NHSI and includes all 132 acute providers. We continue to review and challenge unwarranted ward variation in the coming year using ward level benchmarking data available via the model hospital. This will enable us to identify individual wards that are outside the national median for specialty and to investigate whether it is warranted. This will require ongoing support from the Medical Director as well as the Chief Nurse. It should be noted that due to Covid-19, data exported to the model hospital did not always reflect ward specialities due to ward changes to accommodate blue/green/red pathways during covid, therefore benchmarking against this period is unlikely to provide an accurate reflection of the speciality.

12.0 RECRUITMENT PLAN

The recommended establishment change for 2023/24 is an increase of 248.66 wte posts in the ward-based establishment across 97 wards and/or departments (circa 200 RNs). There will be a staged approach to the recruitment of registrants over a three-year period commencing April 1st 2023.

The national and global challenges of nurse recruitment are well documented but to support our domestic supply of nurses and HCAs, we have two Heads of Nursing who will focus purely on recruitment, retention and pastoral care in partnership with our People Partners. Our Pathway to Excellence® journey will also provide significant opportunities to transform recruitment and retention for nurses and midwives at UHL.

We continue to achieve significant success with international nurse recruitment with over 1000 nurses choosing UHL as a place to work since 2017. We have increased placement capacity for student nurses across the system to support our long-term workforce plan and will be working with our local universities to minimise student attrition and ensure that students choose UHL as a place to commence their NHS career when they qualify.

As part of the operational planning process for 2023/24, we will identify the areas where the impact of increasing establishments will have a positive impact on emergency flow and discharge (i.e. the LRI and in-patient wards at the Glenfield). Key Performance Indicators (KPIs) linked to quality, safety and improved patient flow will also be identified and used to measure the benefits of increasing establishments in terms of quality, safety and productivity.

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 Nursing and Midwifery Council (2017), **The NMC register**, London, NMC
 The Shelford Group (2013), **The Safer Nursing Care Tool**.
<http://shelfordgroup.org/resource/shelfordgroup-chiefnurses-scnt-launch/safer-nursing-care-tool>

15.0 APPENDIX

Appendix 1 - Compliance with Developing Workforce Safeguards, Nursing and Midwifery October 2022

The Workforce Safeguards published by NHSI in October 2018 are used to assess compliance with the Triangulated approach to staff planning in accordance with the NQB guidance.

The guidance applies to all staff, this paper will outline nursing and midwifery current compliance with the 14 safeguards recommendations and identify any areas of improvement.

Recommendation:	Compliance:
Recommendation 1: Trusts must formally ensure NQB's 2016 guidance is embedded in their safe staffing governance.	Partial Compliant Evidence: SNCT currently not used to inform establishment setting processes, training programme implemented across all adult and paediatric in patient areas and the emergency department and comprehensive plan in place to collect bi-annual data to inform future establishment setting cycles. Our staffing policy was updated to incorporate the revised establishment setting process February 2020. Setting and reviewing nurse staffing establishments SOP approved June 2020.
Recommendation 2: Trust must ensure the three components are used in their safe staffing process.	Partial Compliant Evidence: SNCT currently not used to inform establishment setting processes, training programme implemented across all adult and paediatric in patient areas and the emergency department and comprehensive plan in place to collect bi-annual data to inform future establishment setting cycles. National guidance and specialty guidance for nurse to patient ratio's is built into SafeCare for analysis. Professional judgement discussions with review of quality outcomes are held bi-annually at establishment review meetings.
Recommendation 3 & 4: Assessment will be based on review of the annual governance statement in which Trusts	Compliant

will be required to confirm their staffing governance processes are safe and sustainable.	Evidence: Confirmation included in annual governance statement that our staffing governance processes are safe and sustainable.
Recommendation 5: As part of the yearly assessment assurance will be sought through the Single Oversight Framework (SOF) in which performance is monitored against five themes.	Compliant Evidence: In nursing the monthly data for all workforce metrics and quality indicators is reported and reviewed. Efficiency is driven through confirm and challenge meetings alongside all workforce data, for nursing and midwifery all reviewed not themes in isolation. This all relates to the SOF 5 themes.
Recommendation 6: As part of the safe staffing review the Chief Nurse and Medical Director must confirm in a statement to their Board that they are satisfied with the outcome of any assessment that staffing is safe, effective and sustainable.	Compliant Evidence: Bi Annual Nursing, Midwifery Staffing Establishment review to board.
Recommendation 7: Trusts must have an effective workforce plan that is updated annually and signed off by the Chief Executive and Executive Leaders. The Board should discuss workforce planning in a public meeting.	Compliant Evidence: Annual workforce plan with people services support
Recommendation 8: They must ensure their organisation has an agreed local quality dashboard that cross-checks comparative data on staffing and skill mix with other efficiency and quality metrics such as the Model Hospital dashboard. Trusts should report on this to their Board monthly.	Compliant Evidence: Increased to Monthly Safe Staffing paper with staffing metrics and performance alongside quality metrics. (includes clinical measures dashboard with staffing metrics) Exception reporting within report for executive information and monitoring.
Recommendation 9: An assessment or resetting of the nursing establishment and skill mix (based on acuity and dependency data and using an evidence-based toolkit where available) must be reported to the Board by ward or service area twice a year, in accordance with NQB guidance and NHS Improvement resources. This must also be linked to professional judgement and outcomes.	Partial Compliant. Evidence: Bi-annual review for nursing is completed across all services; the acuity data is collected daily throughout the year through SafeCare and cycles reported bi annually. Actual biannual audit process under review for implementation and SNCT data analysis. (20 days data, unique weekly validation plan once trained register complete) A bi-annual staffing report is presented to the Nursing, Midwifery Board, Executive People and Culture Board, Executive Quality Board and

	Trust Board. New audit data review and variations of nurse staffing to be presented will change the bi annual paper.
Recommendation 10: There must be no local manipulation of the identified nursing resource from the evidence-based figures embedded in the evidence-based tool used, except in the context of a rigorous independent research study, as this may adversely affect the recommended establishment figures derived from the use of the tool.	Compliant Evidence: All Nursing and Midwifery staffing tools are implemented as per guidance.
Recommendation 11 & 12: As stated in CQC's well-led framework guidance (2018) and NQB's guidance any service changes, including skill-mix changes and new roles, must have a full quality impact assessment (QIA) review.	Compliant Evidence: As part of establishment setting process Head of Nursing are required to complete a QIA review for any service change and business cases. UHL utilises a change to establishment document for approval and sign off by the Chief Nursing Officer which ensures governance and confirmation of no local manipulation.
Recommendation 13 & 14: Given day-to-day operational challenges, we expect trusts to carry out business-as-usual dynamic staffing risk assessments including formal escalation processes. Any risk to safety, quality, finance, performance and staff experience must be clearly described in these risk assessments. Should risks associated with staffing continue or increase and mitigations prove insufficient, trusts must escalate the issue (and where appropriate, implement business continuity plans) to the Board to maintain safety and care quality.	Compliant Evidence: Twice daily tactical staffing meetings. Staffing discussed at the tactical operational meetings throughout the day. Safe Staffing Standard Operating Procedure. Monthly Report for Nursing and Midwifery Safe Staffing.

Appendix 2

Board	Ward (beds)	Current Budget WTE	Suggested WTE from template rotas	Variance to WTE	RN:NA:HC A skill mix
RRCV	GH-CDU (60)	149.68	137.15	-12.53	59:3:38
	GH-CCU (19)	48.76	46.89	-1.87	73:2:25
	GH-SECU (12)	33.34	33.49	0.15	65:11:24
	GH- Wd 15 Cardiology (29)	39.02	46.31	7.29	62:0:38
	GH-Wd 16 Respiratory (30)	38.18	40.58	2.4	63:0:37
	GH-Wd 17 Respiratory (30)	39.7	42.9	3.2	49:2:49
	GH-Wd 20 Respiratory (28)	58.04	59.41	1.37	63:2:35
	GH-Wd 23 (33)	56.84	47.69	-9.15	57:2:41
	GH-Wd 24 Respiratory (25)	38.9	43.32	4.42	51:0:49
	GH-Wd 26 Thoracic (25)	32.06	35.32	3.26	70:0:30
	GH-Wd 27 CAPD Renal (25)	38.08	45.66	7.58	64:0:36
	GH-Wd 28 Cardiology (31)	39.35	43.22	3.87	57:2:41
	GH-Wd 29 Respiratory (25)	33.08	34.49	1.41	59:0:41
	GH-Wd 30 Nephrology (21)	49.92	54.5	4.58	59:2:39
	GH-Wd 31 Cardiac Surgery (25)	35.73	47.92	12.19	69:0:31

	GH-Wd 32 Cardiology Procedures(17)	20.9	27.48	6.58	61:0:39
	GH-Wd 33 Cardiology (29)	37.05	37.94	0.89	65:3:32
	GH-Wd 33a Cardiology (20)	25.63	30.12	4.49	56:0:44
	GH-Wd 37 Renal Transplant (12)	26.04	28.78	2.74	58:0:42
MSS	LRI-ASU (30) now 20 beds	9.06	12.36	3.3	77:1:21
	LGH-Wd 14 Elective Ortho (20)	28.03	29.21	1.18	54:7:39
	LGH-Wd 16 (20)	30.29	30.21	-0.08	56:7:37
	LGH-Wd 18 Elective Ortho (17)	19.02	29.21	10.19	52:3:45
	LRI-Kinmonth Unit Head, Neck, ENT Surg (14)	26.8	32.76	5.96	65:3:32
	LRI-Wd 17 Spinal/Trauma Ortho (24)	43.34	49.49	6.15	52:4:44
	LRI-Wd 18 Trauma (29)	40.53	47.05	6.52	54:6:40
	LRI-Wd 32 Trauma Ortho (29)	42.51	52.38	9.87	49:10:41
	LRI-Wd 9 Spec Surg Admission (17)	30.41	48.3	17.89	53:2:45
	GH- Wd 34 Breast (10)	14.97	11.66	-3.3	100:0:0
CHUGGS	LGH-Wd 20 Surgery (15)	22.33	25.57	3.24	59:0:41
	LGH-Wd 28 (Urology) (25)	35.3	35.9	0.6	59:0:41
	LGH-Wd 29 (Urology) (Brand New Roster) (14)	24.47	25.46	0.9864	55:4:41
	GH-Wd 35 (HPB) (28)	42.54	44.05	1.51	55:5:44
	GH-Wd 36 (HPB) (24)	35.5824	37.31	1.7276	62:0:38
	LRI-Wd 15 (Surgery) (28)	44.26	44.86	0.6	55:2:43
	LRI-Bone Marrow Transplant Unit (5)	15.32	20.05	4.73	91:0:9
	LRI-Osborne Day Care (0)	13.76	20.19	6.43	76:0:24
	LRI-Wd 16 Surgical Assessment Unit (Prev Wd 8) (30)	58.25	56.9	-1.35	50:4:46
	LRI-Wd 21 Surgery (Prev LRI 22 Surgery) (28)	50.1	50.7	0.6	54:0:46
	LRI-Wd 22 (Surgery) (22)	31.06	31.66	0.6	56:0:44

	LRI-Wd 39 & OAU Onc (18)	38.14	30.27	-7.87	54:7:39
	LRI-Wd 40 Onc (19)	25.85	28.09	2.24	65:4:31
	LRI-Wd 41 Haem (21)	29.41	32.45	3.04	73:0:27
	LRI-Wd 42 Gastro Med (28)	43.22	45.54	2.32	56:2:42
	LRI-Wd 43 Gastro Med/Hepat (28)	43.22	45.54	2.32	55:3:42
	LRI- Chemo Suite	22.35	20.76	-1.59	83:5:12
ESM	LRI-ED (0)				
	LRI-A & E Paeds (0)			22.12	
	LRI-AFU(16)	37.25	37.96	0.71	49:2:49
	LRI-AMU & Wd 7 (70)	159.28	168.73	9.45	54:0:46
	LRI-AMU South(16)	36.90	37.96	1.06	51:0:49
	LRI-EDU(18)	26.80	27.40	0.6	61:0:39
	LRI-GPAU(9)	24.42	28.21	3.79	63:0:37
	LGH-MDCU (Day Case)	12.97	14.69	1.72	67:0:33
	LGH-BIU(9)	28.22	26.38	-1.84	57:0:43
	LGH-NRU(16)	34.36	35.36	1	
	LGH-Wd 1(28)	43.00	44.96	1.96	55:0:45
	LGH-Wd 15 (33)	57.67	59.08	1.41	55:0:45
	LGH-Wd 3 (15)	28.28	27.40	-0.88	52:0:48
	LRI-Hampton (26)	33.91		5.32	62:0:38
	LRI-IDU (18)	25.71	28.63	3.19	59:0:41
	LRI-Stroke/HASU(36)				
	LRI-Wd 23(28)	42.00	41.83	-0.17	50:3:47
	LRI-Wd 24(27)	43.48	44.47	0.99	57:5:38
	LRI-Wd 29(29)	43.25	41.83	-1.42	51:2:47
	LRI-Wd 30(28)	43.00	41.83	-1.17	53:0:47
	LRI-Wd 31(30)	43.00	41.83	-1.17	53:0:47
	LRI-Wd 33 (28)	43.00	41.83	-1.17	50:3:47
	LRI-Wd 34 (26)	43.00	41.83	-1.17	53:0:47
	LRI-Wd 36 (28)	43.29	41.83	-1.46	50:3:47
	LRI-Wd 38 (28)	42.00	44.47	2.47	59:3:38
	LRI-Cardiac PICU (Previously GH-Paed ITU) (7)				
	LRI-Wd 1 Childrens Cardiology (Previously GH-Wd 30) (17)	33.57	46.59	13.02	85:2:13
	LRI-Childrens Day Care Unit (0)	10.96	18.78	7.82	54:0:46
	LRI-Childrens Intensive Care Unit (6)				

W&C	LRI-Wd 10 Childrens Surgery (18)	28.11	33.74	5.63	66:0:34
	LRI-Wd 11 Childrens Med (18)	42.30	45.31	3.01	76:0:24
	LRI-Wd 12 Childrens Med (12)	28.20	40.03	11.83	86:0:14
	LRI-Wd 14 Childrens Med (18)	24.28	38.58	14.3	71:0:29
	LRI-Wd 19 Childrens Surgery (18)	26.00	33.74	7.74	66:0:34
	LRI-Wd 27 Childrens Onc & Haem (12)	31.25	46.00	14.75	71:0:28
	LGH-Delivery Suite (61)	125.90	134.20	8.3	74:0:26
	LGH-GSU (0)	8.40	12.21	3.81	0:7:93
	LGH-NICU Neo-Natal Intensive Care (12)	0.00	0.00	0	
	LGH-Wd 11 Gynae Day Case (8)	6.29	7.70	1.41	50:0:50
	LGH-Wd 31 Gynae (23)	28.70	30.54	1.84	65:0:35
	LRI-Delivery Suite (65)	201.23	224.44	23.21	74:0:26
	LRI-Wd 8 GAU (12)	26.10	23.76	-2.34	58:8:33
	LRI-Neo-Natal Unit (30)				
ITAPS	GH Theatres				70:2:28
	LGH Theatres				70:2:28
	LRI theatres				76:1:23
	TAA (LRI/LGH)				43:0:57
	ITAPS Development Team				40:9:51
	GH- ITU	223.63	209.16		92:0:8
	LGH-ITU	26.08	23.53		74:0:26
	LRI-ITU	172.25	161.64		91:3:7



Nursing Establishment Review Cycle

November

- Financial analysis
- Approval at appropriate Boards
- Outcome actioned by CMG planning processes with Corporate Nursing oversight

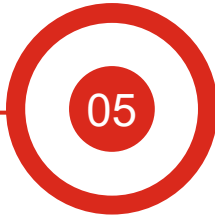
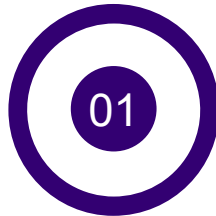
*Annual Board Report

October

- Annual Establishment Review meetings (incorporating subject headings of the Bi-Annual Establishment Review meeting)
- Additional- professional consultation and planning process (establishments reflective of service requirements)

September

- 30 day acuity and dependency data collection
- Data analysis (results shared with appropriate recipients)
- Previous trends captured and included



February- March

- 30 day acuity and dependency data collection
- Data analysis (results shared with appropriate recipients)
- Previous trends captured and included

March- April

- *April- new budgets with revised establishments stemming from November's final outcome
- Principles of safe staffing incorporated within the Bi-Annual Establishment Review meetings

*Bi-Annual Board Report

June

- 30 day acuity and dependency data collection
- Data analysis (results shared with appropriate recipients)
- Previous trends captured and included



Midwifery Establishment Review Cycle

November

- Financial analysis
- Approval at appropriate Boards
- Outcome actioned by CMG planning processes with Corporate Nursing oversight

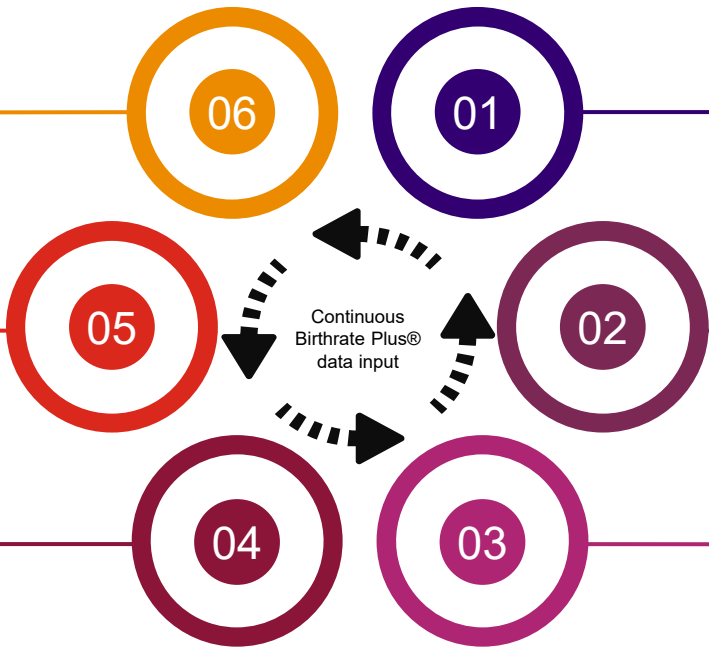
*Annual Board Report

October

- Annual Establishment Review meetings (incorporating subject headings of the Bi-Annual Establishment Review meeting)
- Additional- professional consultation and planning process (establishments reflective of service requirements)

September

- Data analysis of Birthrate Plus® from previous 6 months (results shared with appropriate recipients)
- Previous trends captured and included



February- March

- Data analysis of Birthrate Plus® from previous 6 months (results shared with appropriate recipients)
- Previous trends captured and included

March- April

- *April- new budgets with revised establishments stemming from November's final outcome
- Principles of safe staffing incorporated within the Bi-Annual Establishment Review meetings

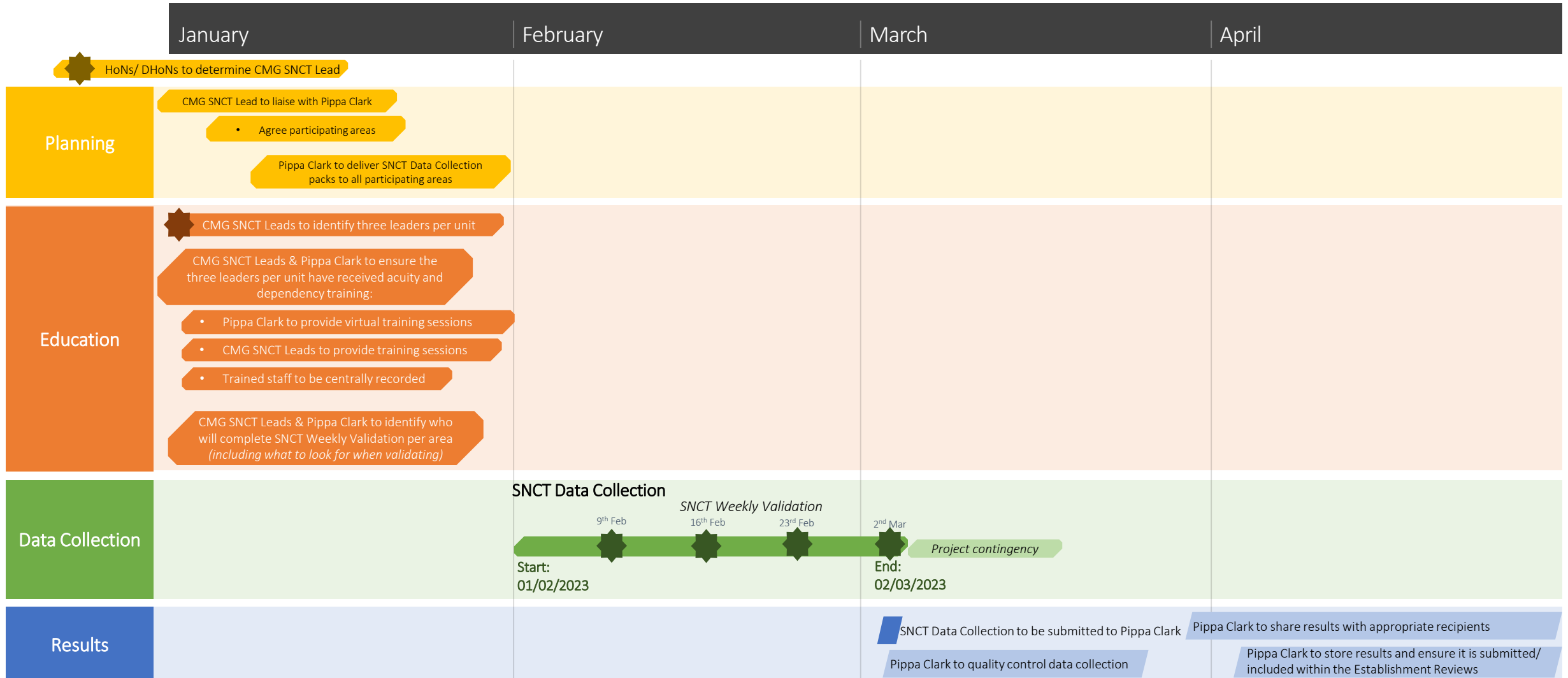
*Bi-Annual Board Report

June

- Quality control of Birthrate Plus® utilisation by the Midwifery Matron for Safe Staffing (i.e. monitoring compliance and training)

Safer Nursing Care Tool (SNCT)

Project Plan February 2023



University Hospitals of Leicester NHS Trust

NHS Staff Survey Benchmark report 2022



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Introduction

About this report

This benchmark report for University Hospitals of Leicester NHS Trust contains results for the 2022 NHS Staff Survey, and historical results back to 2018 where possible. These results are presented in the context of best, average and worst results for similar organisations where appropriate*. Data in this report are weighted** to allow for fair comparisons between organisations.

Please note: Results for Q1, Q10a, Q24d, Q25a-c, Q26a-c, Q27, Q28, Q29, Q30a, Q31a-b, Q32a-b and Q33 are not weighted or benchmarked because these questions ask for demographic or factual information.

Full details of how the data are calculated and weighted are included in the Technical Document, available to download from our results website.

How results are reported

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:



In support of this, the results of the NHS Staff Survey are measured against the seven People Promise elements and against two of the themes reported in previous years (Staff Engagement and Morale). The reporting also includes sub-scores, which feed into the People Promise elements and themes. The next slide shows how the People Promise elements, themes and subscores are related and mapped to individual survey questions.

*The data included in this report are weighted to the national benchmarking groups. The figures in this report may be different to the figures produced by your contractor.

**Please see Appendix C for a note on the revision to 2019 historical benchmarking for Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts, and Community Trust benchmarking groups.

People Promise elements, themes and sub-scores

People Promise elements	Sub-scores	Questions
We are compassionate and inclusive	Compassionate culture	Q6a, Q23a, Q23b, Q23c, Q23d
	Compassionate leadership	Q9f, Q9g, Q9h, Q9i
	Diversity and equality	Q15, Q16a, Q16b, Q20
	Inclusion	Q7h, Q7i, Q8b, Q8c
We are recognised and rewarded	No sub-score	Q4a, Q4b, Q4c, Q8d, Q9e
We each have a voice that counts	Autonomy and control	Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q5b
	Raising concerns	Q19a, Q19b, Q23e, Q23f
We are safe and healthy	Health and safety climate	Q3g, Q3h, Q3i, Q5a Q11a, Q13d, Q14d
	Burnout	Q12a, Q12b, Q12c, Q12d, Q12e, Q12f, Q12g
	Negative experiences	Q11b, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c
We are always learning	Development	Q22a, Q22b, Q22c, Q22d, Q22e
	Appraisals	Q21a*, Q21b, Q21c, Q21d *Q21a is a filter question and therefore influences the sub-score without being a directly scored question.
We work flexibly	Support for work-life balance	Q6b, Q6c, Q6d
	Flexible working	Q4d
We are a team	Team working	Q7a, Q7b, Q7c, Q7d, Q7e, Q7f, Q7g, Q8a
	Line management	Q9a, Q9b, Q9c, Q9d
Themes	Sub-scores	Questions
Staff Engagement	Motivation	Q2a, Q2b, Q2c
	Involvement	Q3c, Q3d, Q3f
	Advocacy	Q23a, Q23c, Q23d
Morale	Thinking about leaving	Q24a, Q24b, Q24c
	Work pressure	Q3g, Q3h, Q3i
	Stressors	Q3a, Q3e, Q5a, Q5b, Q5c, Q7c, Q9a

Questions not linked to the People Promise elements or themes

Introduction

This section provides a brief introduction to the report, including how questions map to the People Promise elements, themes and sub-scores, as well as features of the graphs used throughout.

Organisation details

This slide contains **key information** about the NHS organisations participating in this survey and details for your own organisation, such as response rate.

People Promise Elements, Themes and Sub-scores: Overview

This section provides a high-level **overview** of the results for the seven elements of the People Promise and the two themes, followed by the results for each of the **sub-scores** that feed into these measures.

People Promise Elements, Themes and Sub-scores: Trends

This section provides trend results for the seven elements of the People Promise and the two themes, followed by the trend results for each of the sub-scores that feed into these measures.

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score. For example, the Burnout sub-score, a higher score (closer to 10) means a lower proportion of staff are experiencing burnout from their work. These scores are created by scoring questions linked to these areas of experience and grouping these results together. Your organisation results are benchmarked against the benchmarking group average, the best scoring organisation and the worst scoring organisation. These graphs are reported as percentages. The meaning of the value is outlined along the y axis. The questions that feed into each sub-score are detailed on slide 5.

The Covid-19 pandemic

This section contains results for the People Promise elements and themes split by staff experience related to the Covid-19 pandemic.

Questions not linked to People Promise

Results for the questions that do not contribute to the result for any People Promise element or theme are included in this section.

Workforce Equality Standards

This section shows that data required for the indicators used in the **Workforce Race Equality Standard (WRES)** and the **Workforce Disability Equality Standard (WDES)**.

About your respondents

This section provides details of the staff responding to the survey, including their **demographic and other classification questions**.

Appendices

Here you will find:

- Response rate.
- Significance testing of the People Promise element and Theme results for 2021 vs 2022.
- Data in the benchmark reports.
- Additional reporting outputs.
- Tips on action planning and interpreting the results.
- Contact information.



Please note, where there are less than 11 responses for a question this data is not shown to protect the confidentiality of staff and reliability of results.

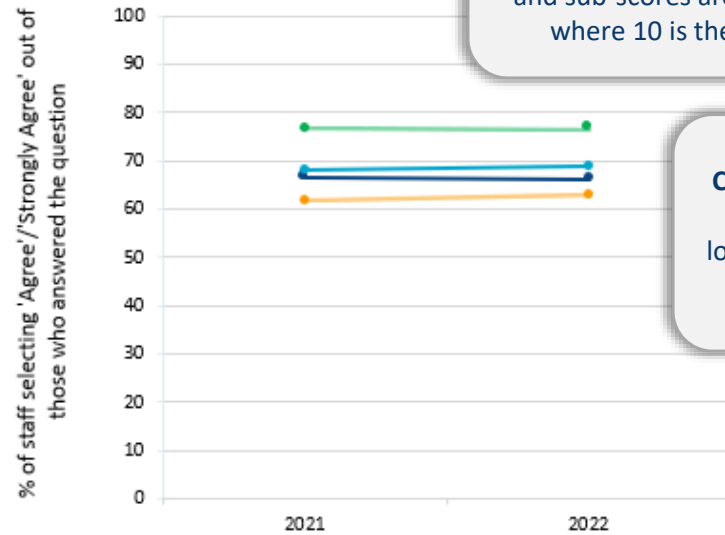
Please note this is example data

Key features

Question-level results are always reported as percentages; the **meaning of the value** is outlined along the axis. Summary measures and sub-scores are always on a 0-10pt scale where 10 is the best score attainable.

Question number and text (for summary measure) specified at the top of each slide.

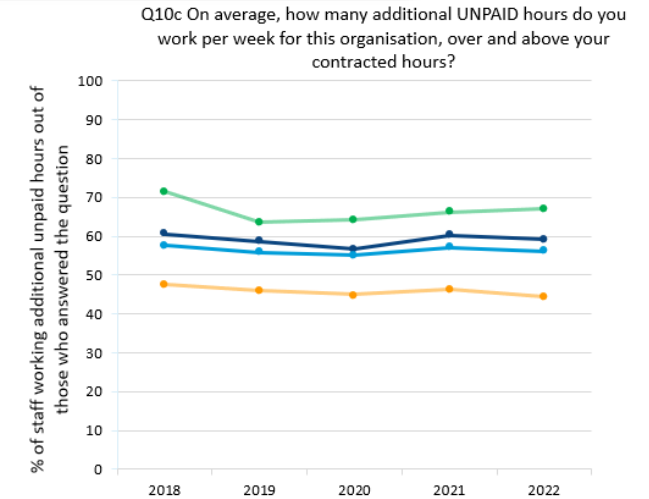
The home icon on each slide is **hyperlinked** and takes you back to the contents page (which is also hyperlinked to each section).



Colour coding highlights best / worst results, making it easy to spot questions where a lower percentage is better – in such instances 'Best' is the bottom line in the table.

Number of responses for the organisation for the given question.

Tips on how to read, interpret and use the data are included in the Appendices



'Best', 'Average', and 'Worst' refer to the **benchmarking group's** best, average and worst results.

Organisation details

University Hospitals of Leicester NHS Trust

Organisation details

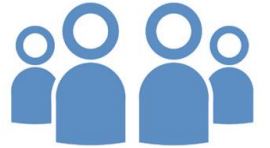
Completed questionnaires **8012**

2022 response rate **48%**

Survey details

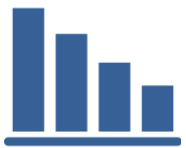
Survey mode **Mixed**

2022 NHS Staff Survey



This organisation is benchmarked against:

Acute and Acute & Community Trusts



2022 benchmarking group details

Organisations in group: 124

Median response rate: 44%

No. of completed questionnaires: 431292



People Promise Elements, Themes and sub-score results

People Promise Elements, Themes and Sub-scores: Overview

People Promise Elements and Themes: Overview

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score.**



We are
compassionate
and inclusive

We are recognised
and rewarded

We each have a
voice that counts

We are safe and
healthy

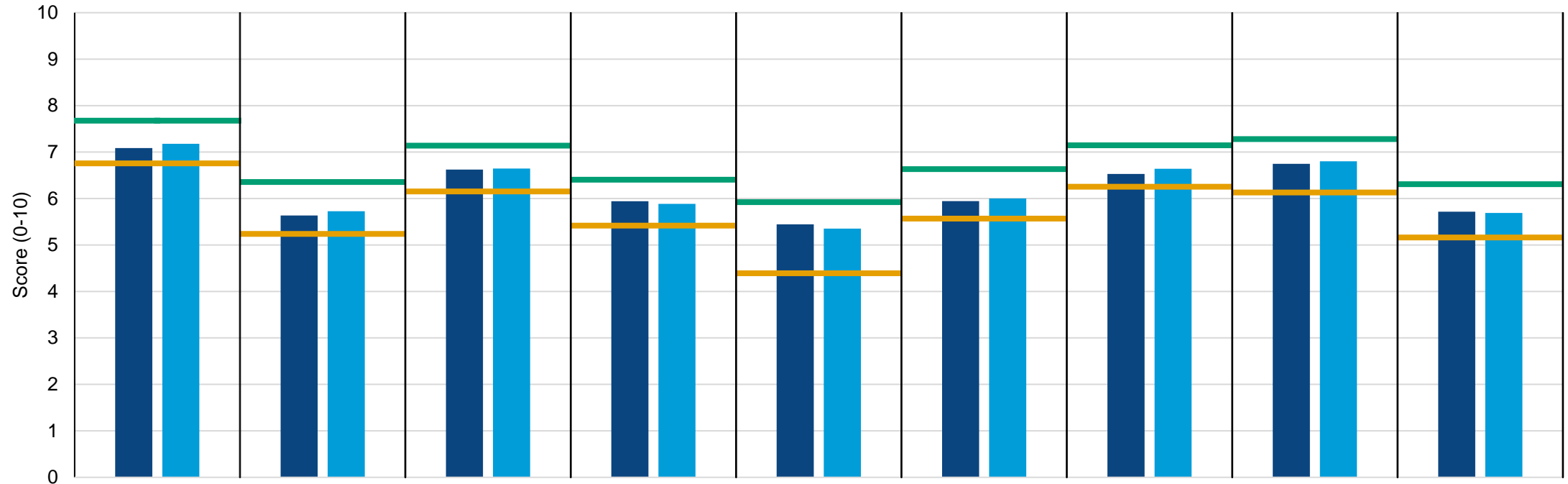
We are always
learning

We work flexibly

We are a team

Staff Engagement

Morale



Your org	7.1	5.6	6.6	5.9	5.4	5.9	6.5	6.7	5.7
Best	7.7	6.4	7.1	6.4	5.9	6.6	7.1	7.3	6.3
Average	7.2	5.7	6.6	5.9	5.4	6.0	6.6	6.8	5.7
Worst	6.8	5.2	6.2	5.4	4.4	5.6	6.3	6.1	5.2
Responses	7972	7990	7903	7897	7589	7949	7958	7989	7991

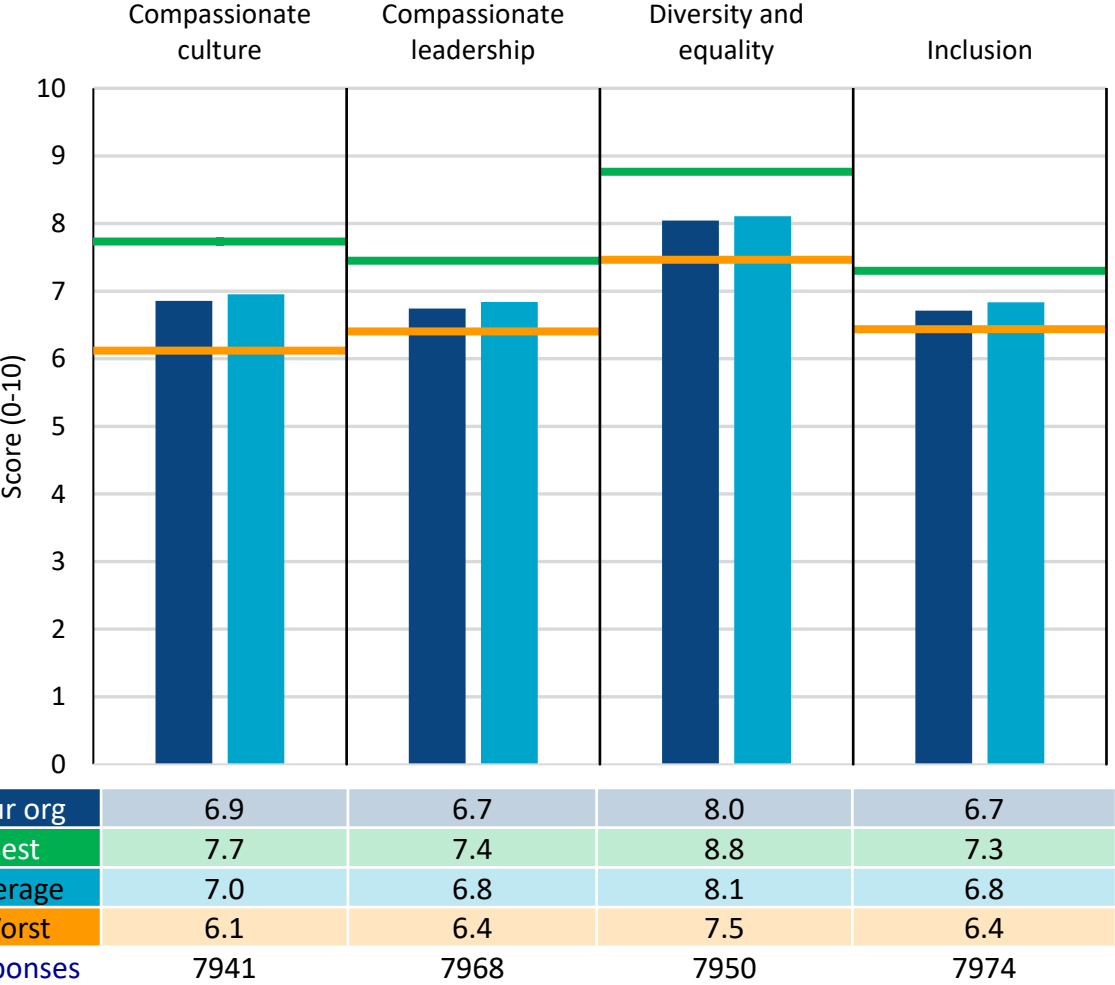


People Promise Elements, Themes and Sub-scores: Sub-score Overview

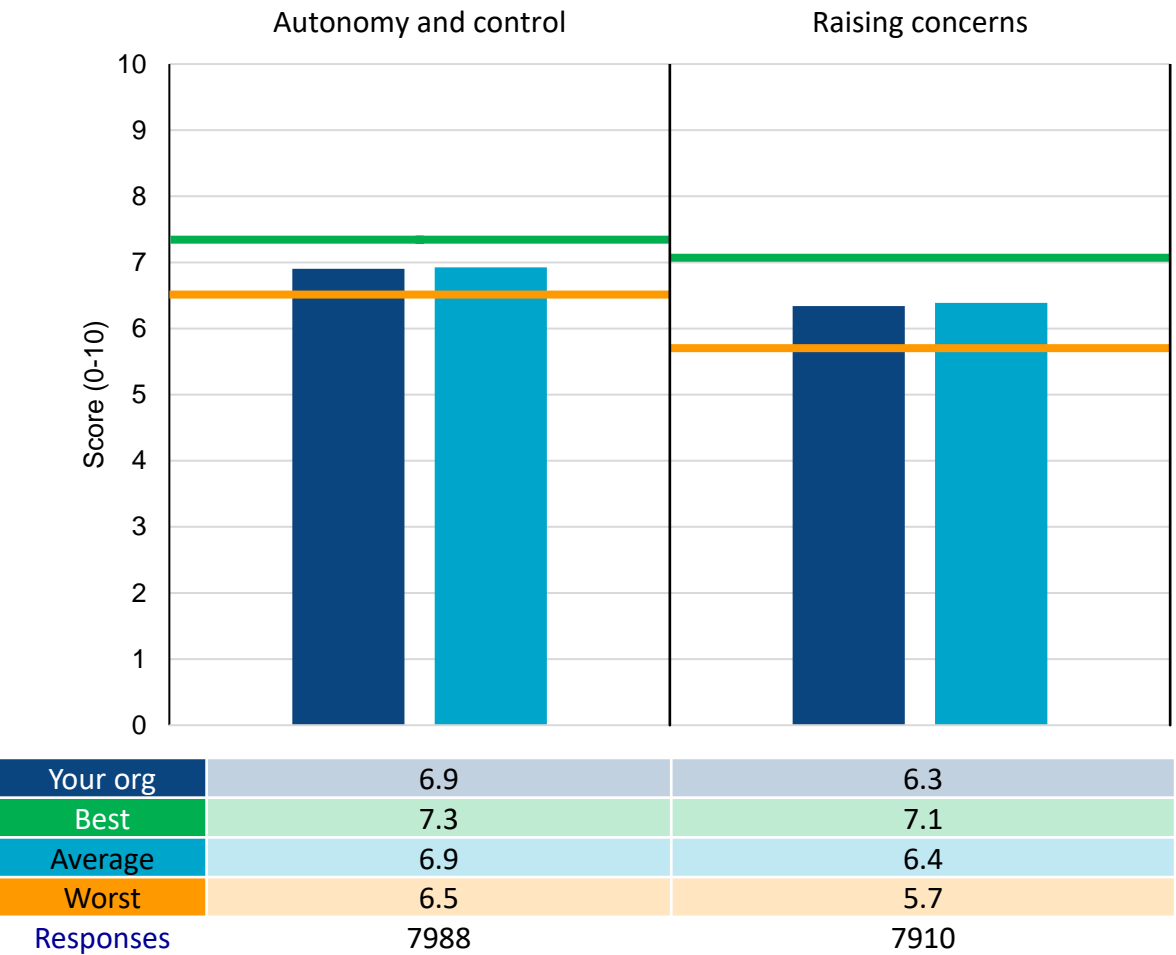
All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 1: We are compassionate and inclusive



Promise element 3: We each have a voice that counts



N.B. People Promise Element 2 ‘We are recognised and rewarded’ does not have any sub-scores. Overall trend score data for this element is reported on slide 20.

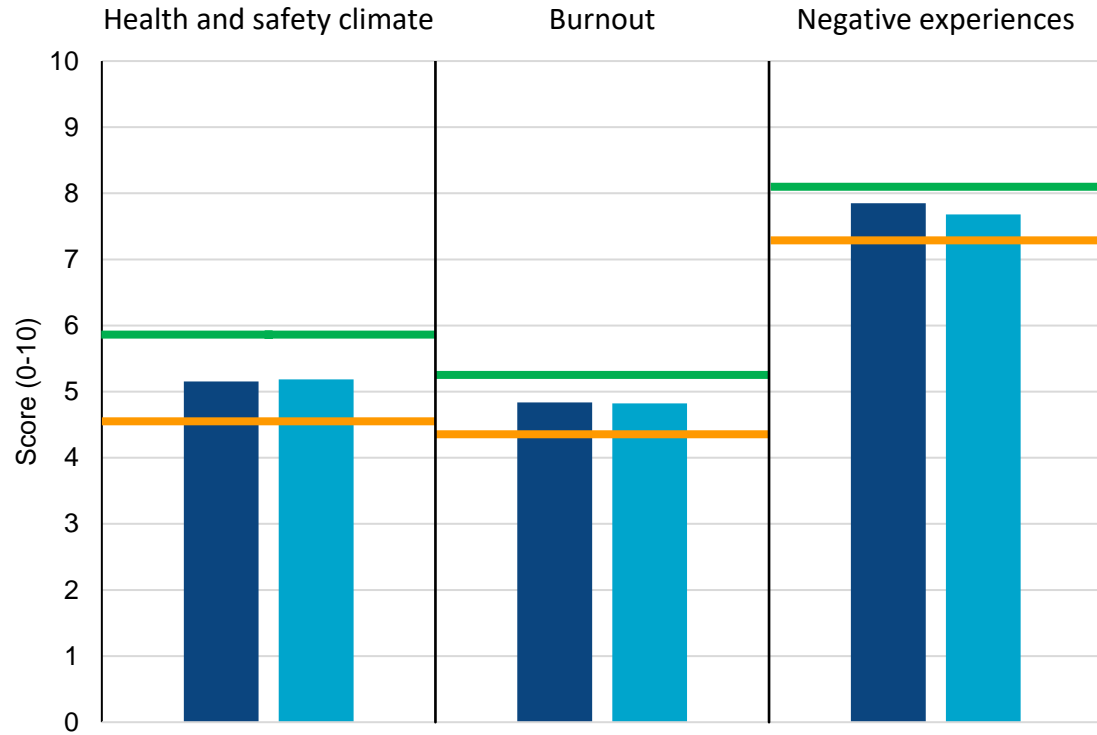


People Promise Elements, Themes and Sub-scores: Sub-score Overview

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



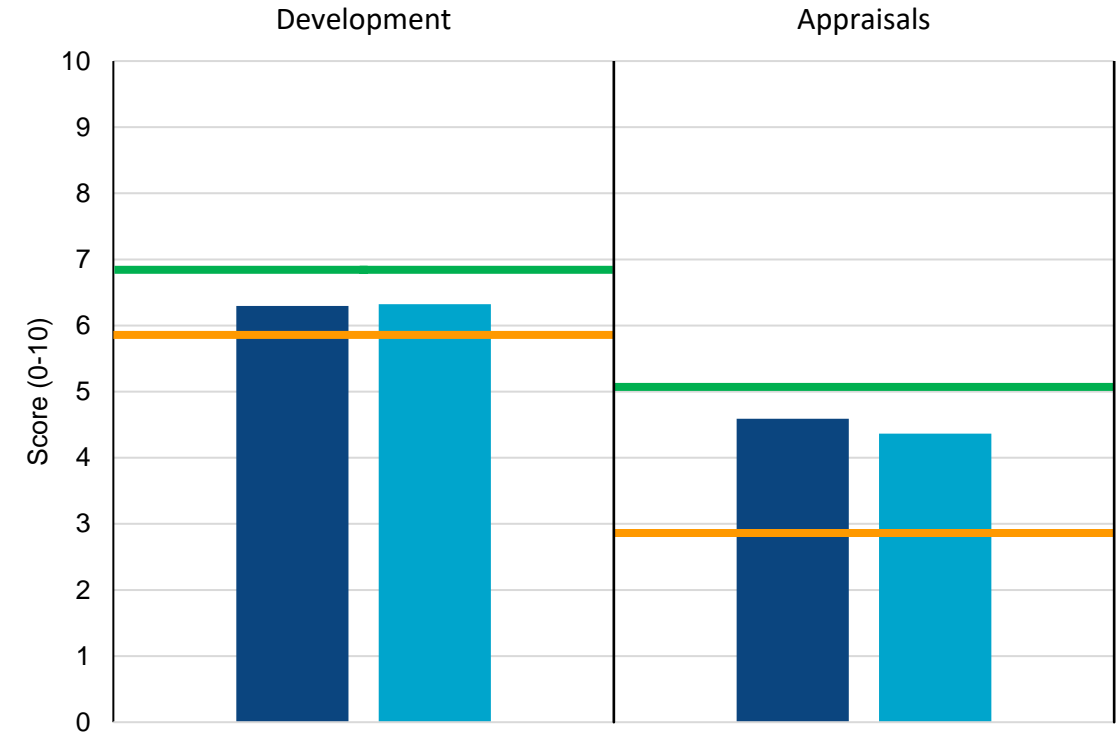
Promise element 4: We are safe and healthy



Your org	5.2	4.8	7.9
Best	5.9	5.3	8.1
Average	5.2	4.8	7.7
Worst	4.6	4.4	7.3
Responses	7986	7962	7930



Promise element 5: We are always learning



Your org	6.3	4.6
Best	6.8	5.1
Average	6.3	4.4
Worst	5.9	2.9
Responses	7943	7632

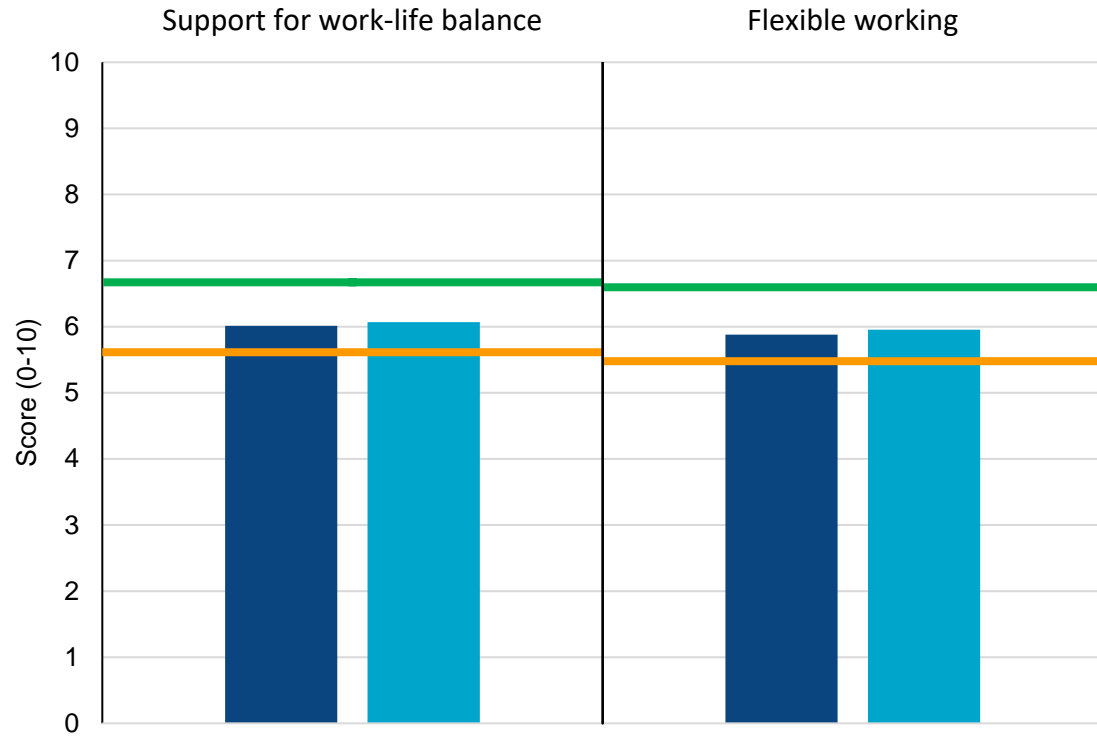


People Promise Elements, Themes and Sub-scores: Sub-score Overview

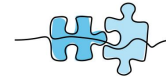
All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 6: We work flexibly



Your org	6.0	5.9
Best	6.7	6.6
Average	6.1	6.0
Worst	5.6	5.5
Responses	7966	7976



Promise element 7: We are a team



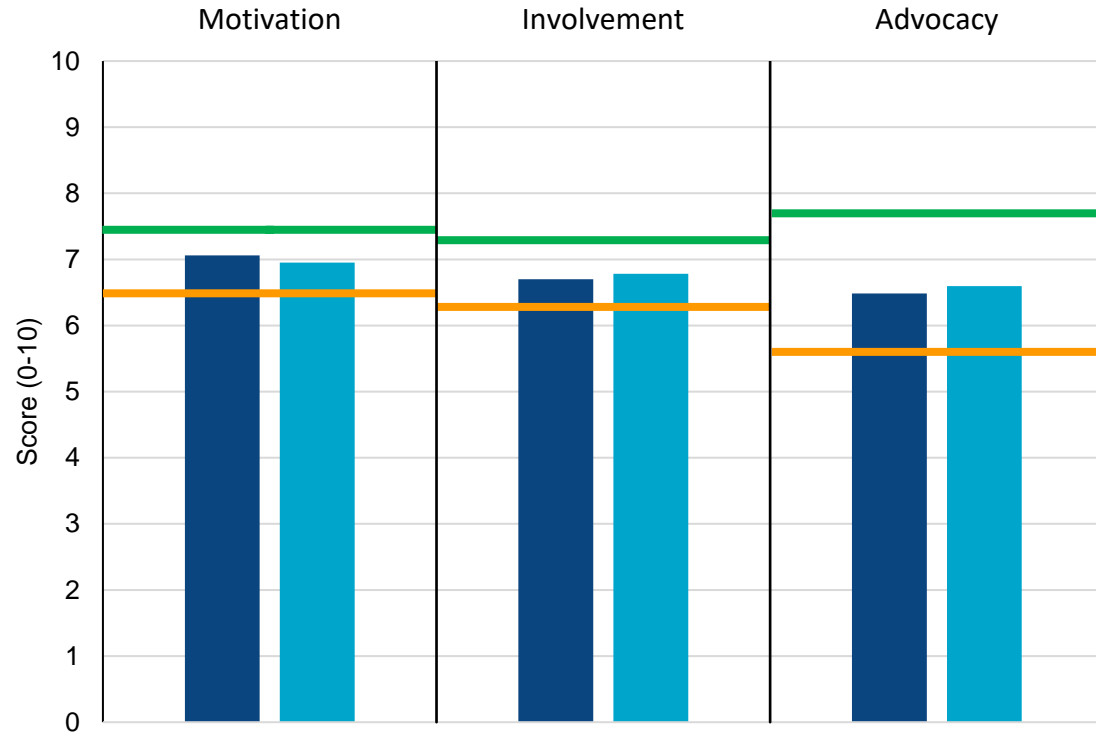
Your org	6.5	6.6
Best	7.0	7.3
Average	6.6	6.7
Worst	6.2	6.2
Responses	7975	7970



People Promise Elements, Themes and Sub-scores: Sub-score Overview

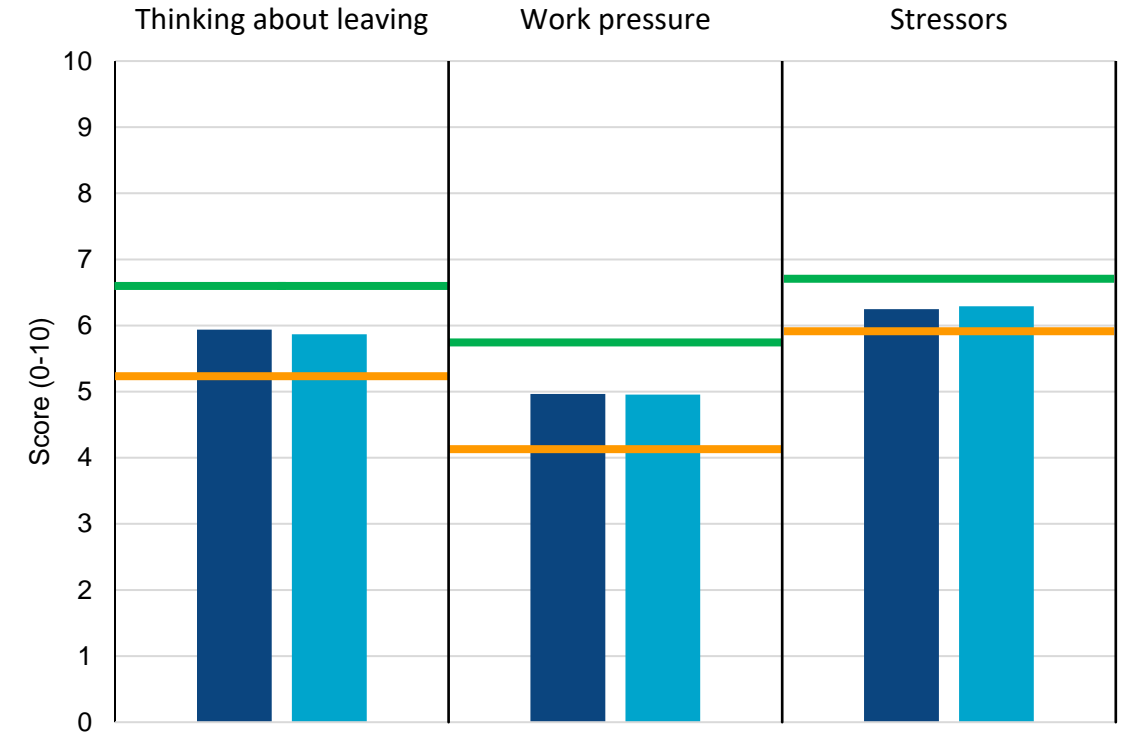
All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

Theme: Staff engagement



Your org	7.1	6.7	6.5
Best	7.4	7.3	7.7
Average	7.0	6.8	6.6
Worst	6.5	6.3	5.6
Responses	7855	7989	7939

Theme: Morale



Your org	5.9	5.0	6.2
Best	6.6	5.7	6.7
Average	5.9	5.0	6.3
Worst	5.2	4.1	5.9
Responses	7906	7982	7964

People Promise Elements, Themes and Sub-scores: Trends

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 1: We are compassionate and inclusive

We are compassionate and inclusive



	2021	2022
Your org	7.1	7.1
Best	7.8	7.7
Average	7.2	7.2
Worst	6.7	6.8
Responses	6891	7972



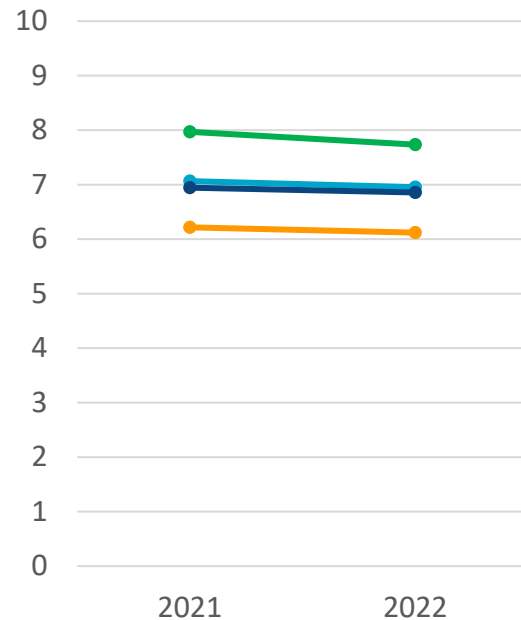
People Promise Elements, Themes and Sub-scores: Sub-score trends

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

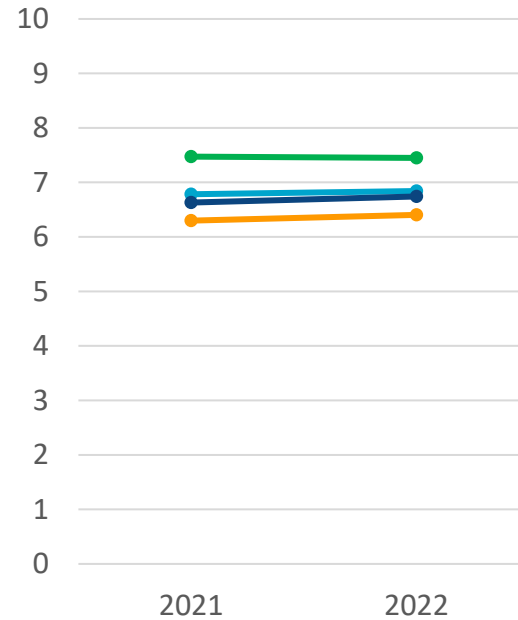


Promise element 1: We are compassionate and inclusive

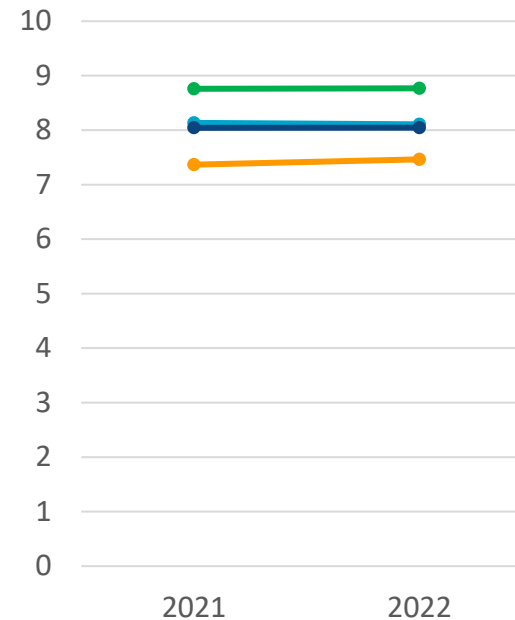
Compassionate culture



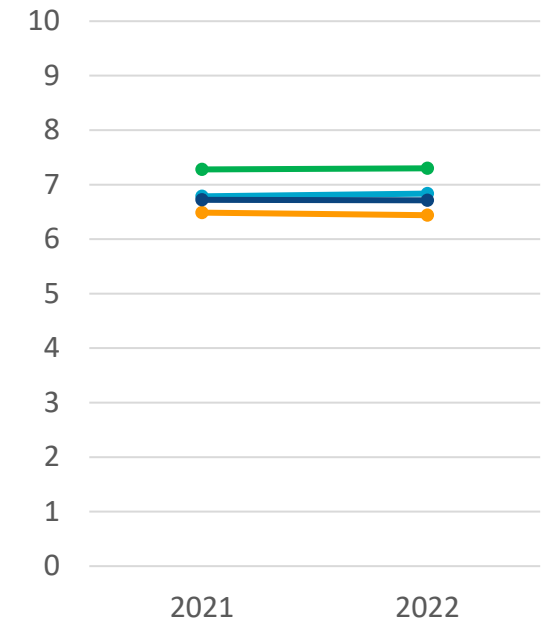
Compassionate leadership



Diversity and equality



Inclusion



	2021	2022
Your org	6.9	6.9
Best	8.0	7.7
Average	7.1	7.0
Worst	6.2	6.1
Responses	6787	7941

	2021	2022
Your org	6.6	6.7
Best	7.5	7.4
Average	6.8	6.8
Worst	6.3	6.4
Responses	6951	7968

	2021	2022
Your org	8.0	8.0
Best	8.8	8.8
Average	8.1	8.1
Worst	7.4	7.5
Responses	6895	7950

	2021	2022
Your org	6.7	6.7
Best	7.3	7.3
Average	6.8	6.8
Worst	6.5	6.4
Responses	6996	7974

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 2: We are recognised and rewarded

We are recognised and rewarded



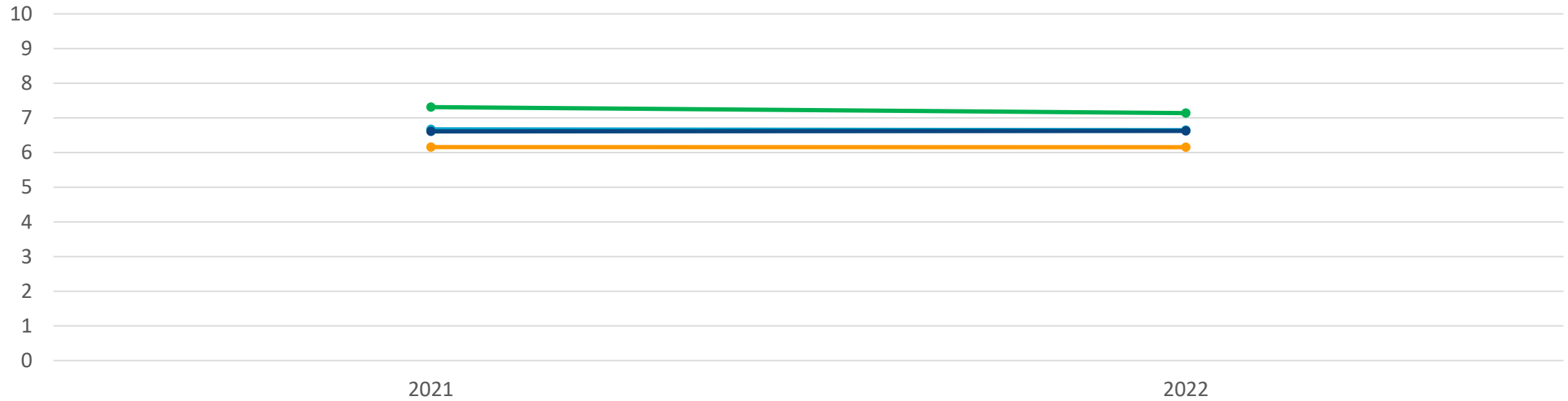
	2021	2022
Your org	5.7	5.6
Best	6.5	6.4
Average	5.8	5.7
Worst	5.3	5.2
Responses	7132	7990

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 3: We each have a voice that counts

We each have a voice that counts



	2021	2022
Your org	6.6	6.6
Best	7.3	7.1
Average	6.7	6.6
Worst	6.2	6.2
Responses	6773	7903



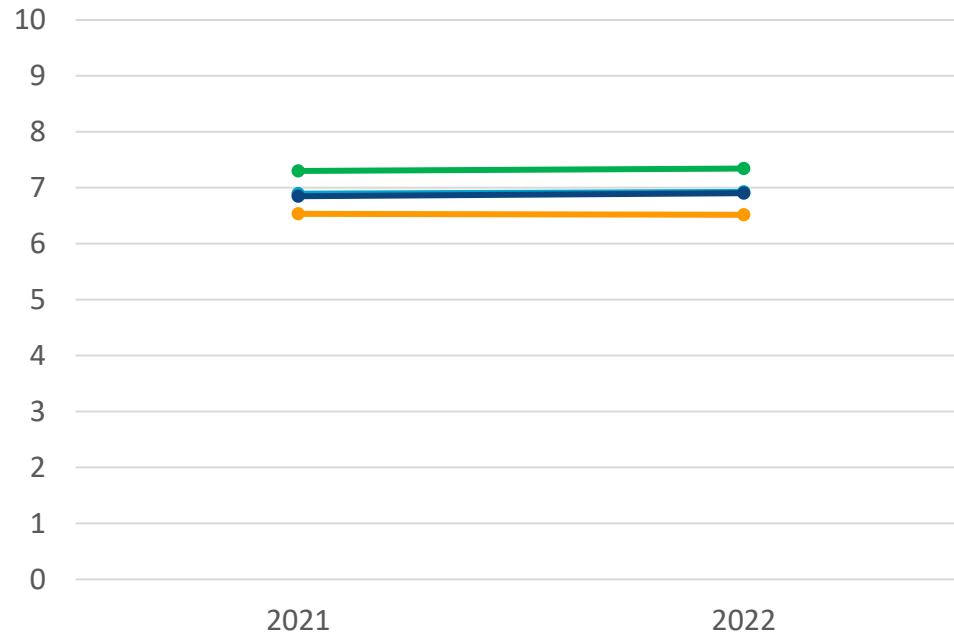
People Promise Elements, Themes and Sub-scores: Sub-score trends

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



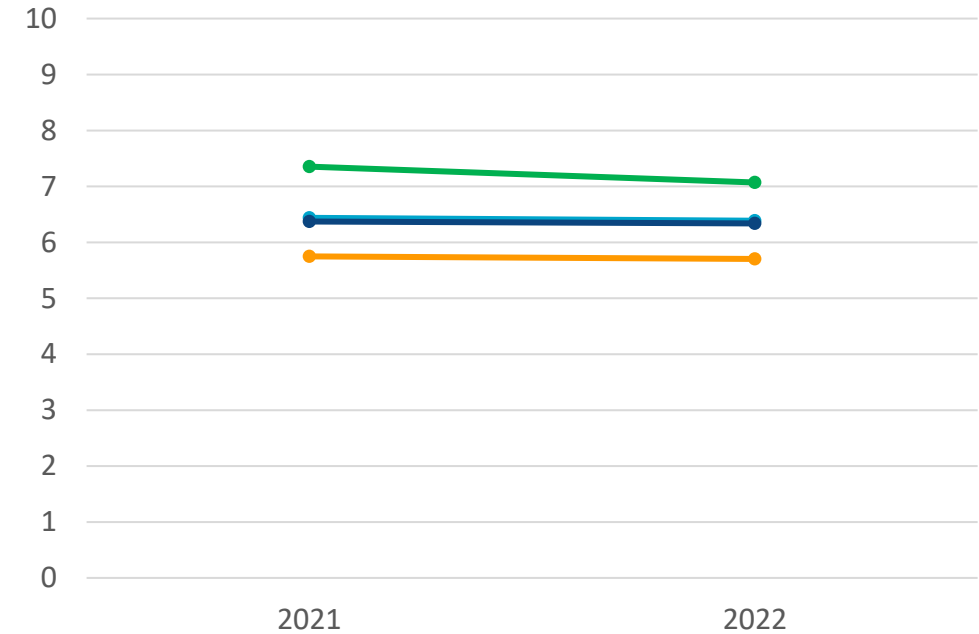
Promise element 3: We each have a voice that counts

Autonomy and control



	2021	2022
Your org	6.8	6.9
Best	7.3	7.3
Average	6.9	6.9
Worst	6.5	6.5
Responses	7154	7988

Raising concerns



	2021	2022
Your org	6.4	6.3
Best	7.4	7.1
Average	6.4	6.4
Worst	5.7	5.7
Responses	6776	7910

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 4: We are safe and healthy

We are safe and healthy



	2021	2022
Your org	6.0	5.9
Best	6.5	6.4
Average	5.9	5.9
Worst	5.5	5.4
Responses	6868	7897



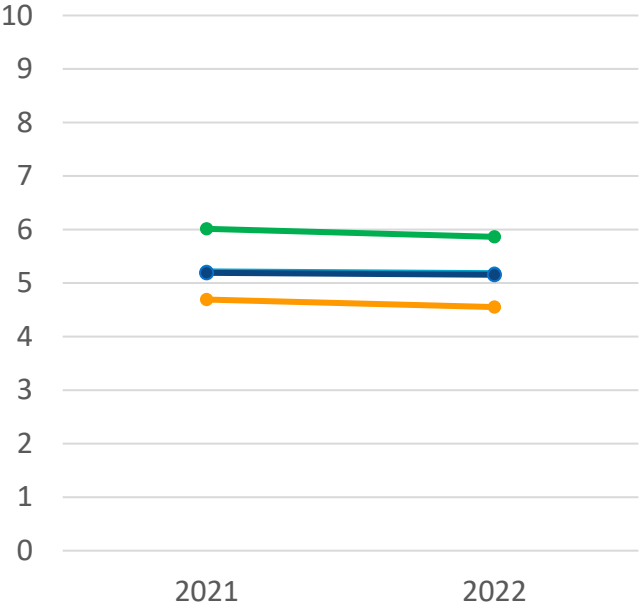
People Promise Elements, Themes and Sub-scores: Sub-score trends

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



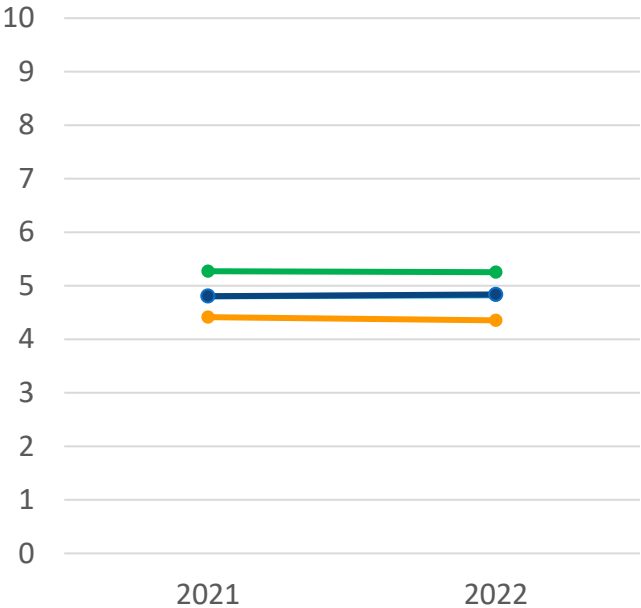
Promise element 4: We are safe and healthy

Health and safety climate



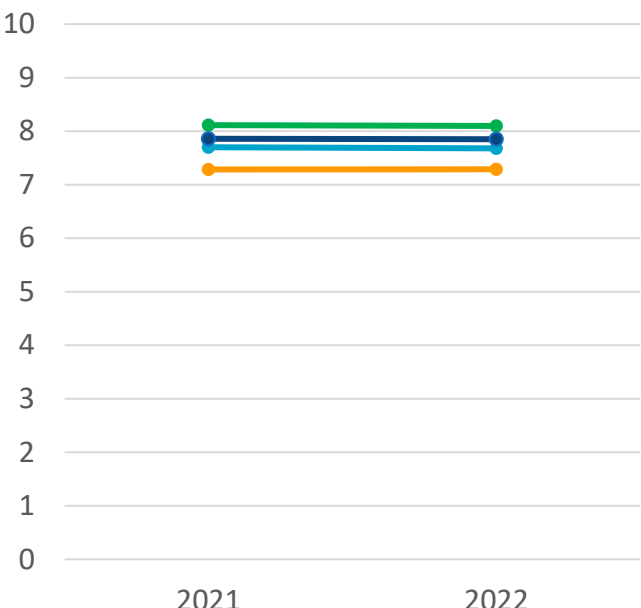
	2021	2022
Your org	5.2	5.2
Best	6.0	5.9
Average	5.2	5.2
Worst	4.7	4.6
Responses	7149	7986

Burnout



	2021	2022
Your org	4.8	4.8
Best	5.3	5.3
Average	4.8	4.8
Worst	4.4	4.4
Responses	6910	7962

Negative experiences



	2021	2022
Your org	7.9	7.9
Best	8.1	8.1
Average	7.7	7.7
Worst	7.3	7.3
Responses	6883	7930

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 5: We are always learning

We are always learning



	2021	2022
Your org	5.3	5.4
Best	6.0	5.9
Average	5.2	5.4
Worst	4.3	4.4
Responses	6603	7589

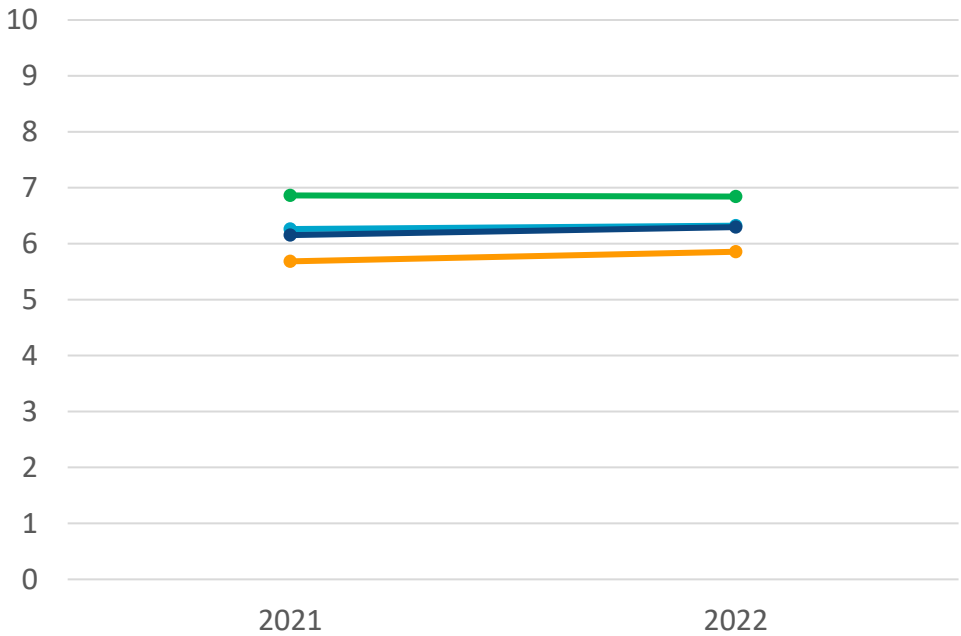


All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



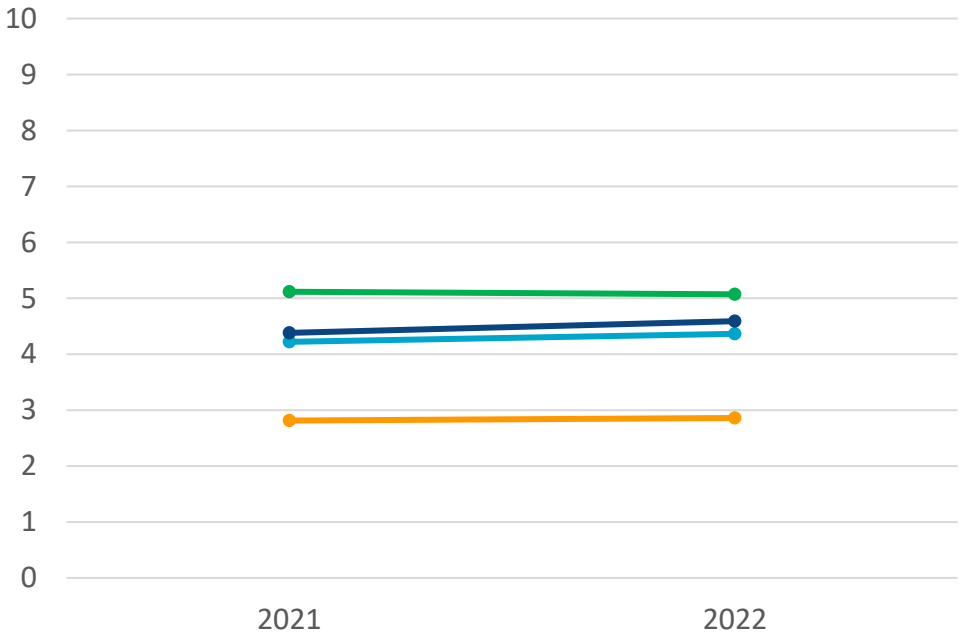
Promise element 5: We are always learning

Development



	2021	2022
Your org	6.2	6.3
Best	6.9	6.8
Average	6.3	6.3
Worst	5.7	5.9
Responses	6848	7943

Appraisals



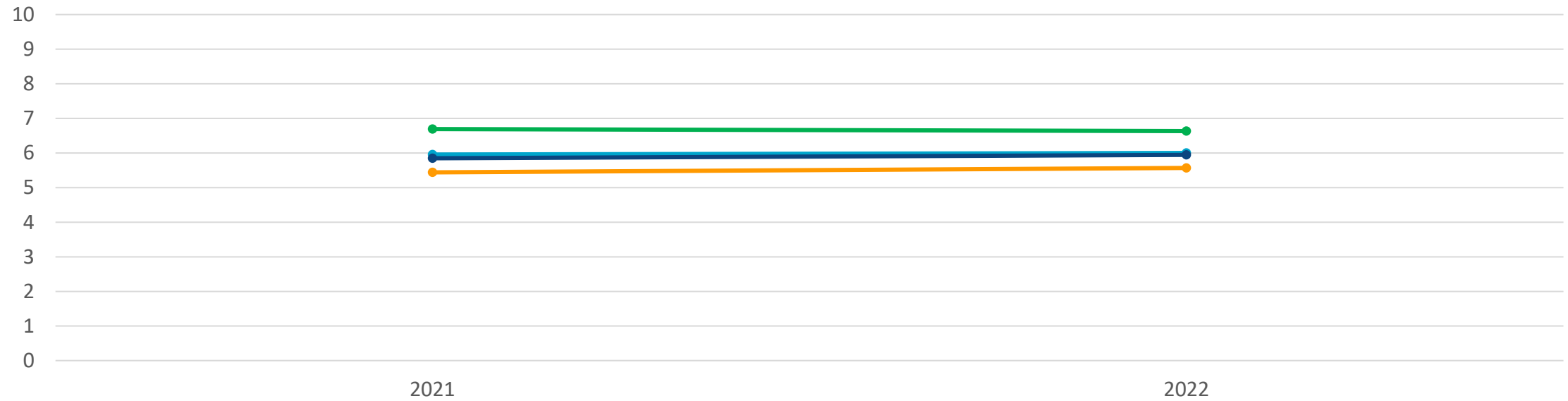
	2021	2022
Your org	4.4	4.6
Best	5.1	5.1
Average	4.2	4.4
Worst	2.8	2.9
Responses	6638	7632

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 6: We work flexibly

We work flexibly



	2021	2022
Your org	5.8	5.9
Best	6.7	6.6
Average	6.0	6.0
Worst	5.4	5.6
Responses	7074	7949

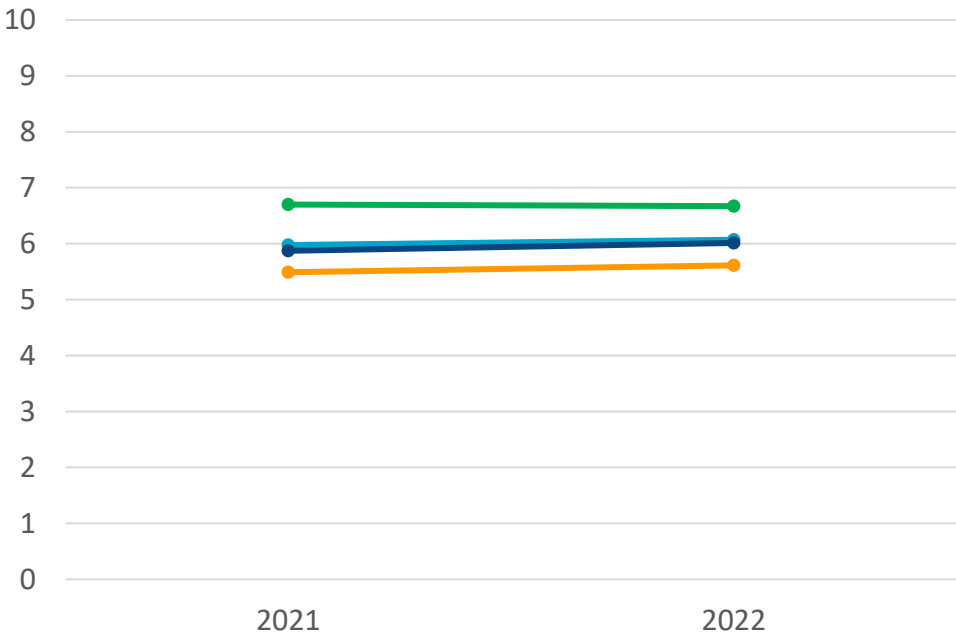


All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



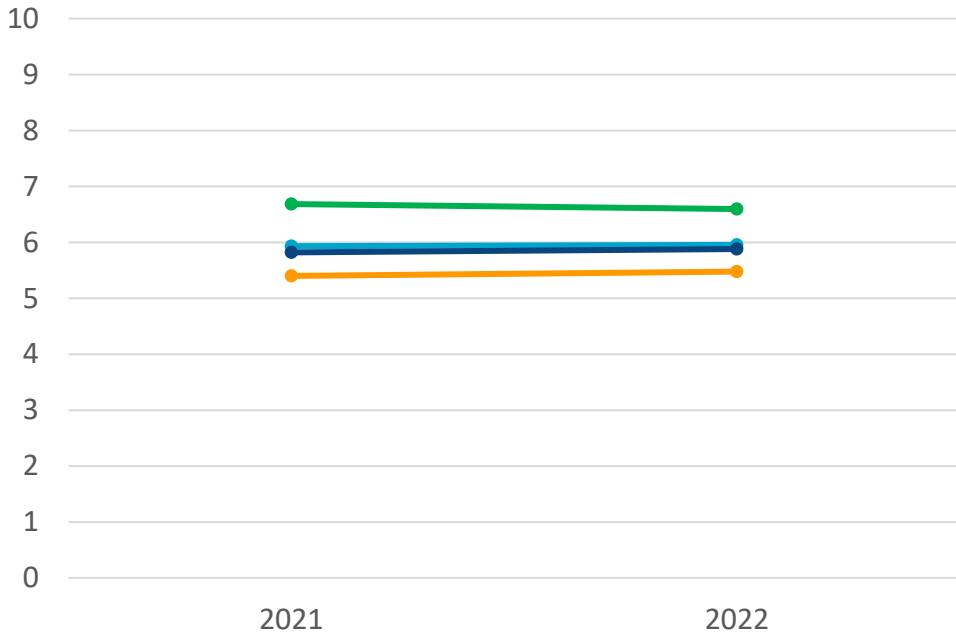
Promise element 6: We work flexibly

Support for work-life balance



	2021	2022
Your org	5.9	6.0
Best	6.7	6.7
Average	6.0	6.1
Worst	5.5	5.6
Responses	7088	7966

Flexible working



	2021	2022
Your org	5.8	5.9
Best	6.7	6.6
Average	5.9	6.0
Worst	5.4	5.5
Responses	7122	7976

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 7: We are a team

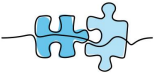
We are a team



	2021	2022
Your org	6.5	6.5
Best	7.1	7.1
Average	6.6	6.6
Worst	6.2	6.3
Responses	6948	7958

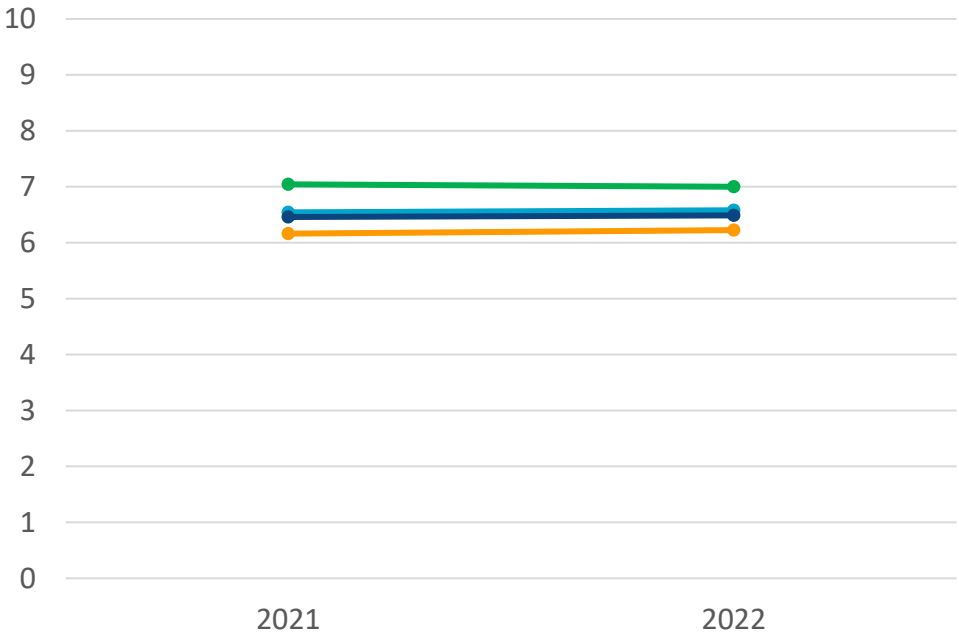


All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 7: We are a team

Team working



2021

2022

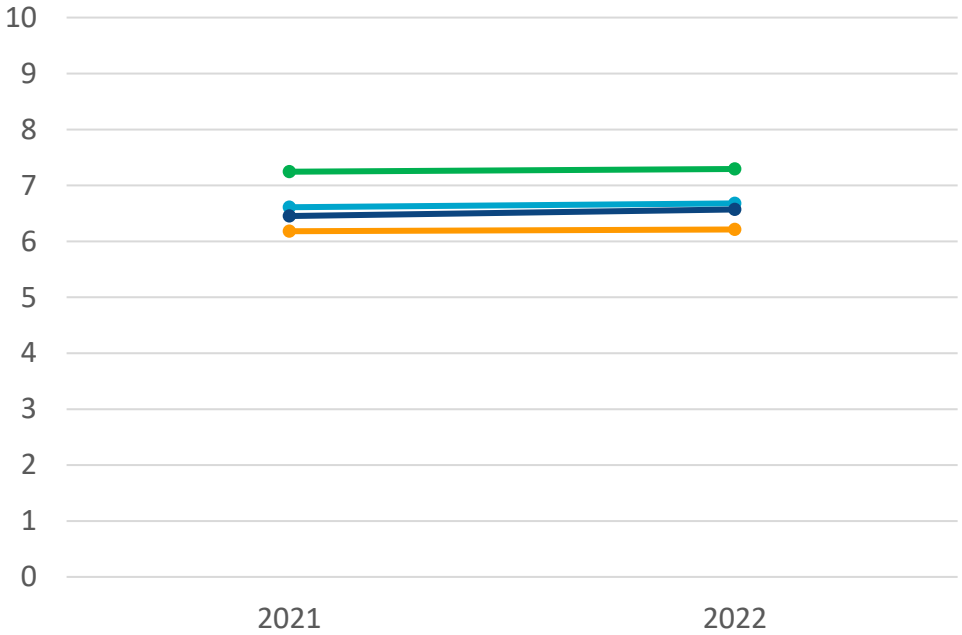
	2021	2022
Your org	6.5	6.5
Best	7.0	7.0
Average	6.5	6.6
Worst	6.2	6.2

Responses

7029

7975

Line management



2021

2022

	2021	2022
Your org	6.5	6.6
Best	7.2	7.3
Average	6.6	6.7
Worst	6.2	6.2

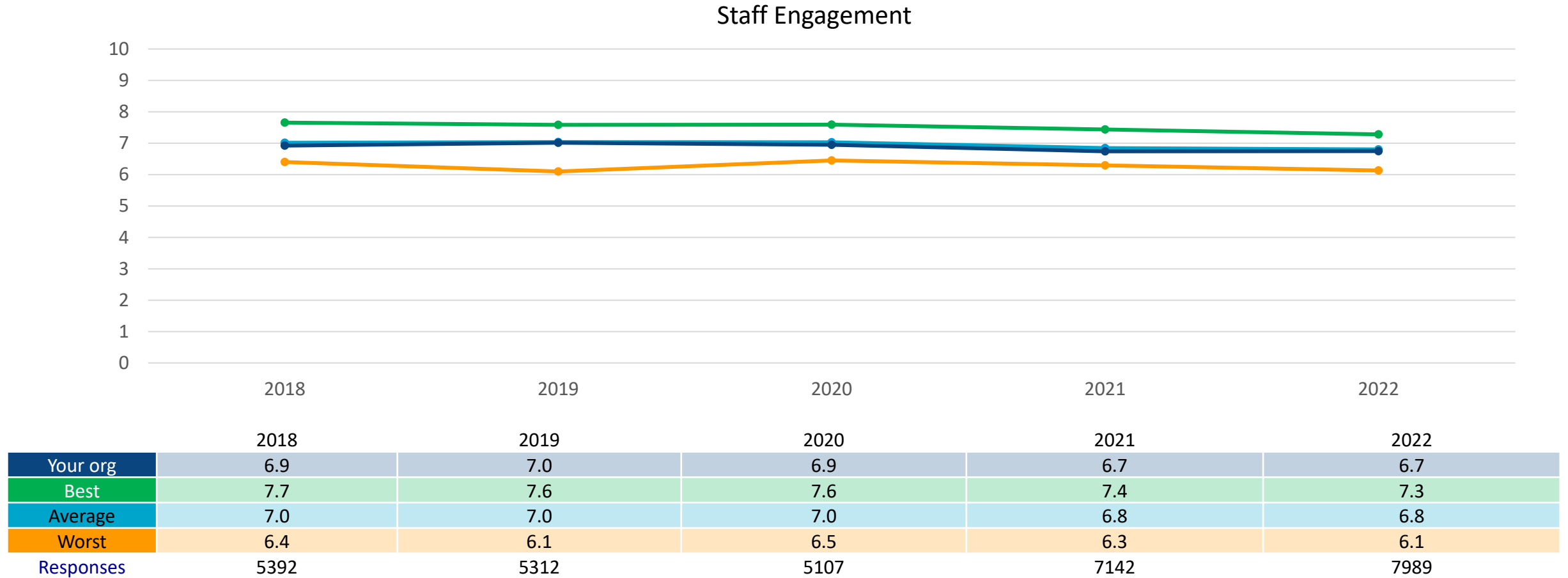
Responses

6955

7970

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

Theme: Staff Engagement



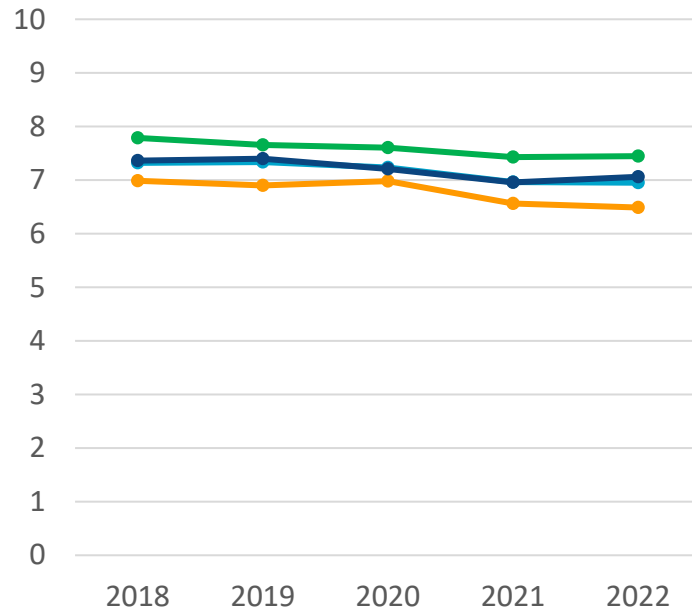


People Promise Elements, Themes and Sub-scores: Sub-score trends

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

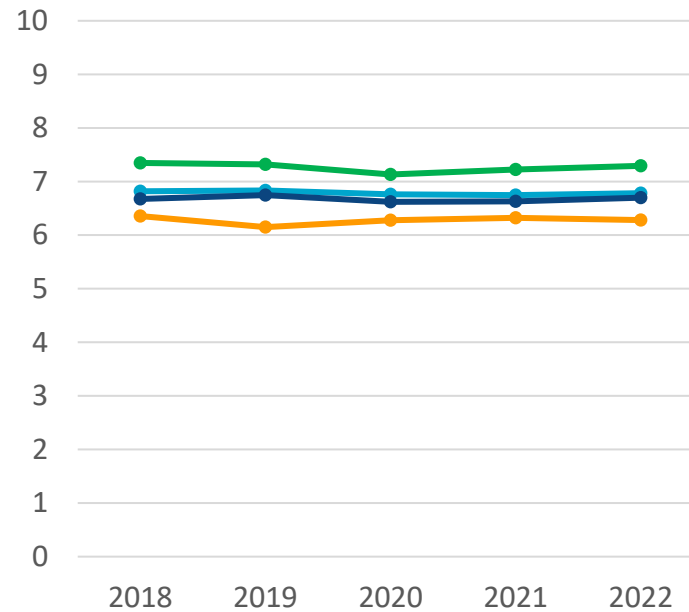
Theme: Staff Engagement

Motivation



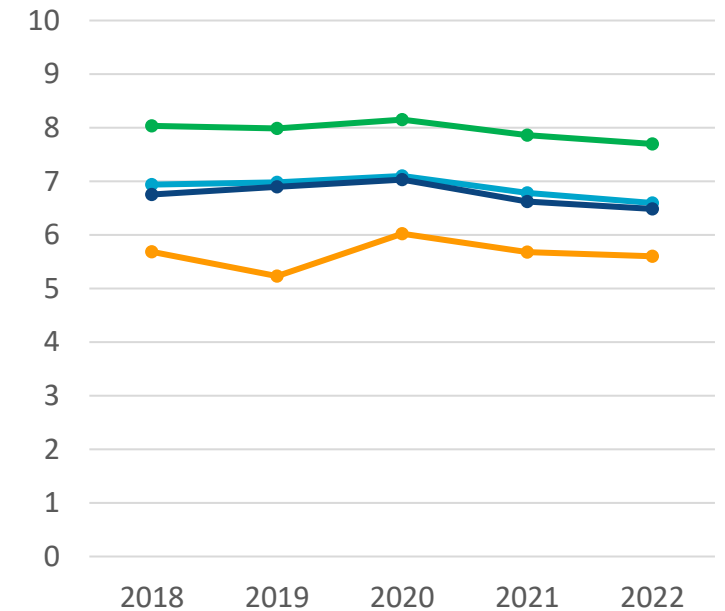
	2018	2019	2020	2021	2022
Your org	7.4	7.4	7.2	7.0	7.1
Best	7.8	7.7	7.6	7.4	7.4
Average	7.3	7.3	7.2	7.0	7.0
Worst	7.0	6.9	7.0	6.6	6.5
Responses	5280	5251	5043	7143	7855

Involvement



	2018	2019	2020	2021	2022
Your org	6.7	6.7	6.6	6.6	6.7
Best	7.3	7.3	7.1	7.2	7.3
Average	6.8	6.8	6.8	6.7	6.8
Worst	6.4	6.2	6.3	6.3	6.3
Responses	5393	5303	5101	7155	7989

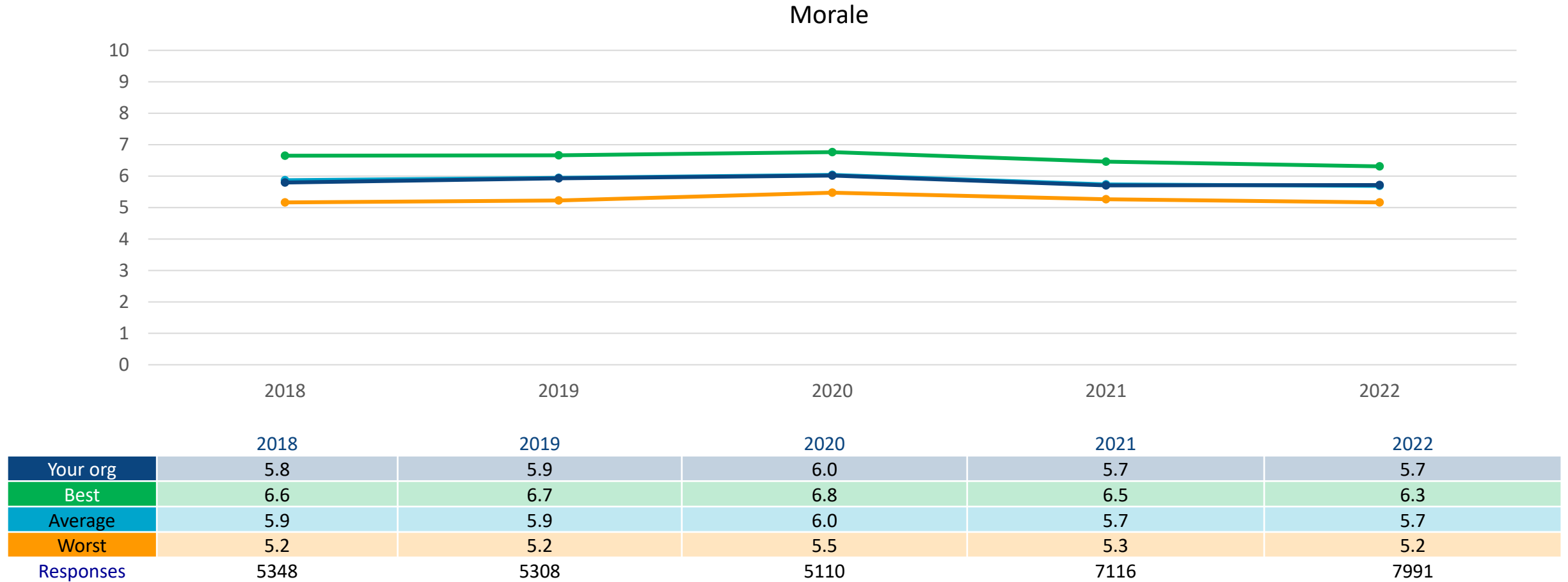
Advocacy



	2018	2019	2020	2021	2022
Your org	6.8	6.9	7.0	6.6	6.5
Best	8.0	8.0	8.2	7.9	7.7
Average	6.9	7.0	7.1	6.8	6.6
Worst	5.7	5.2	6.0	5.7	5.6
Responses	5189	5183	5086	6786	7939

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

Theme: Morale



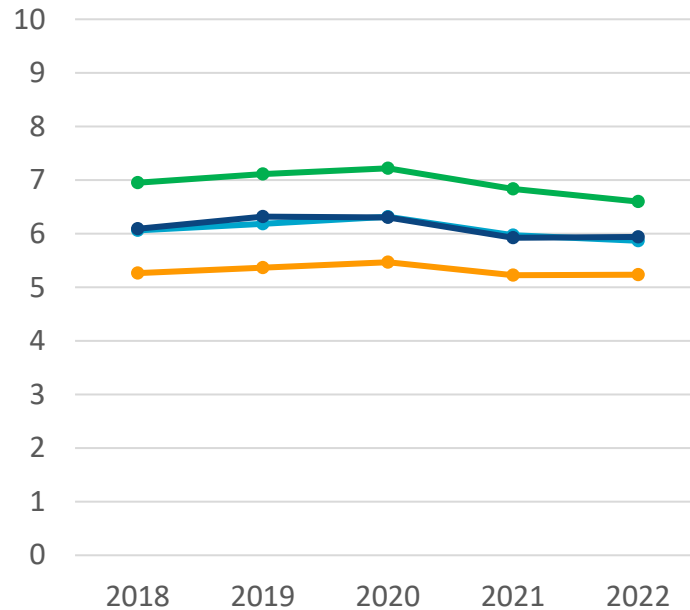


People Promise Elements, Themes and Sub-scores: Sub-score trends

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

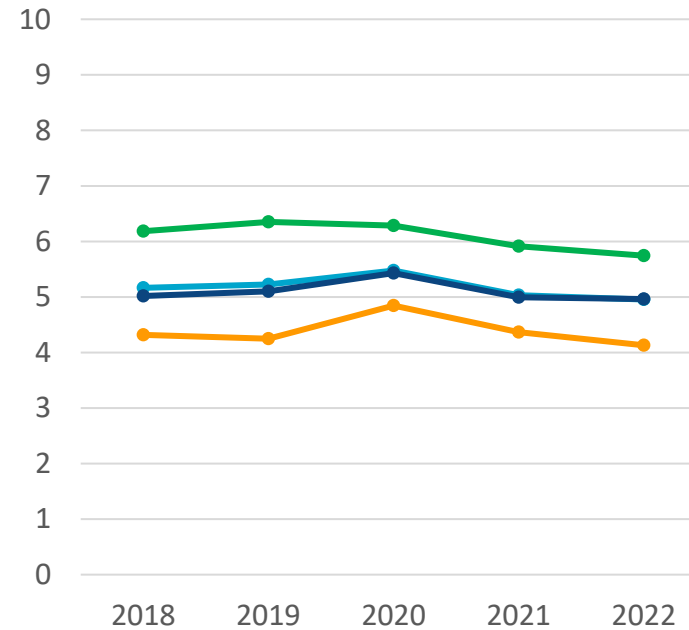
Theme: Morale

Thinking about leaving



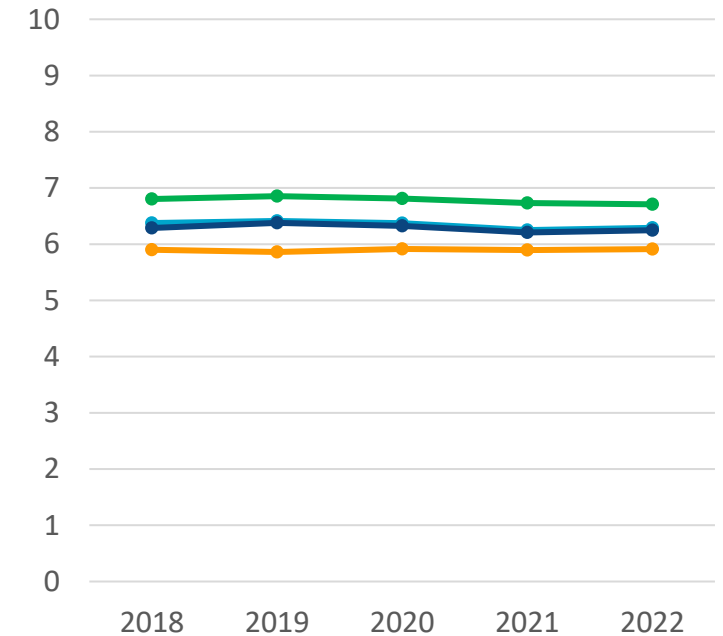
	2018	2019	2020	2021	2022
Your org	6.1	6.3	6.3	5.9	5.9
Best	6.9	7.1	7.2	6.8	6.6
Average	6.1	6.2	6.3	6.0	5.9
Worst	5.3	5.4	5.5	5.2	5.2
Responses	5211	5199	5099	6767	7906

Work pressure



	2018	2019	2020	2021	2022
Your org	5.0	5.1	5.4	5.0	5.0
Best	6.2	6.4	6.3	5.9	5.7
Average	5.2	5.2	5.5	5.0	5.0
Worst	4.3	4.2	4.8	4.4	4.1
Responses	5380	5300	5100	7150	7982

Stressors



	2018	2019	2020	2021	2022
Your org	6.3	6.4	6.3	6.2	6.2
Best	6.8	6.9	6.8	6.7	6.7
Average	6.4	6.4	6.4	6.3	6.3
Worst	5.9	5.9	5.9	5.9	5.9
Responses	5338	5249	5026	7084	7964

Covid-19 Classification breakdowns



Covid-19 classification breakdowns

Covid-19 questions

In the 2022 survey, staff were asked three classification questions relating to their experience during the Covid-19 pandemic:

- | | | |
|---|---|--|
| a. In the past 12 months, have you worked on a Covid-19 specific ward or area at any time? | ₁ <input type="checkbox"/> Yes | ₂ <input type="checkbox"/> No |
| b. In the past 12 months, have you been redeployed due to the Covid-19 pandemic at any time? | ₁ <input type="checkbox"/> Yes | ₂ <input type="checkbox"/> No |
| c. In the past 12 months, have you been required to work remotely/from home due to the Covid-19 pandemic? | ₁ <input type="checkbox"/> Yes | ₂ <input type="checkbox"/> No |

The charts on the following pages show the breakdown of People Promise elements scores for staff answering 'yes' to each of these questions, compared with the results for all staff at your organisation. Results are presented in the context of highest, average and lowest scores for similar organisations.

Comparing your data

To improve overall comparability, the data have been weighted to match the occupation group profile of staff at your organisation to that of the benchmarking group, as in previous charts. However, there may be differences in the occupation group profiles of the individual COVID-19 subgroups. For example, the mix of occupational groups across redeployed staff at your organisation may differ from similar organisations. This difference would not be accounted for by the weighting and therefore may affect the comparability of trend results. As such, a degree of caution is advised when interpreting your results.

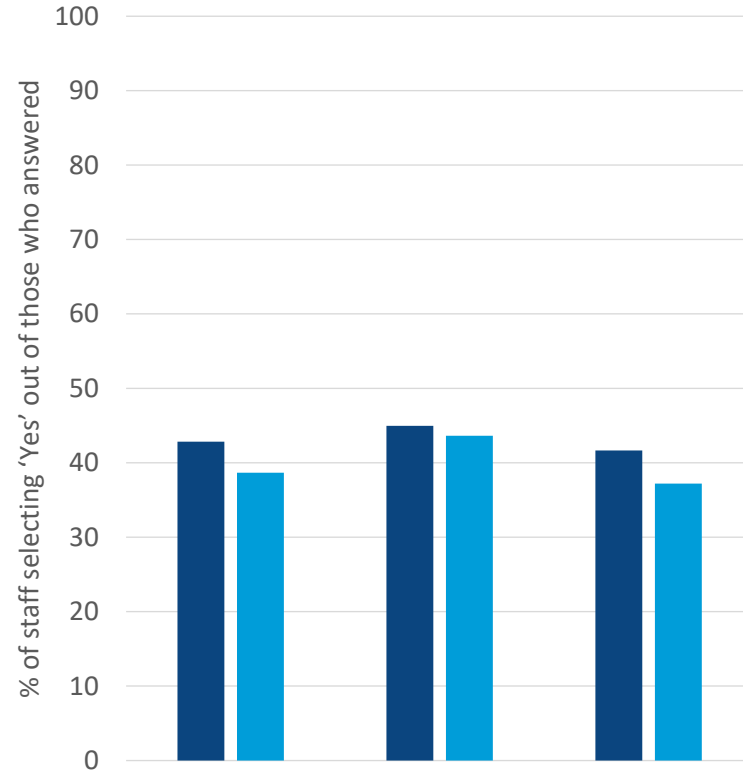
Further information

Results for these groups of staff, including data for individual questions, are also available via the online dashboards. Please note that results presented in these dashboards have not been weighted where no benchmarking takes place and so may vary slightly from those shown in this report.



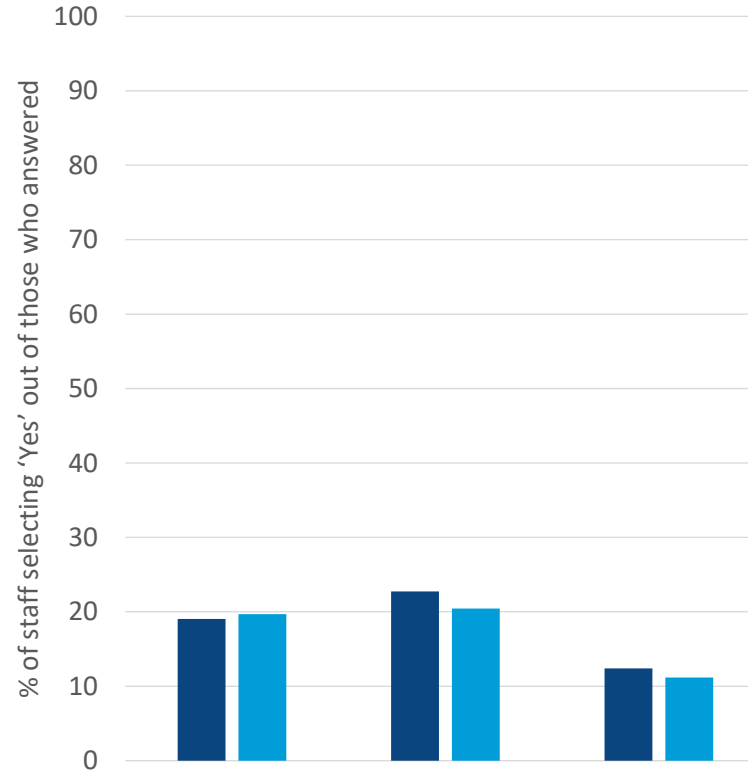
The Covid-19 pandemic – Your experience during the Covid-19 pandemic

Q25a In the past 12 months, have you worked on a Covid-19 specific ward or area at any time?



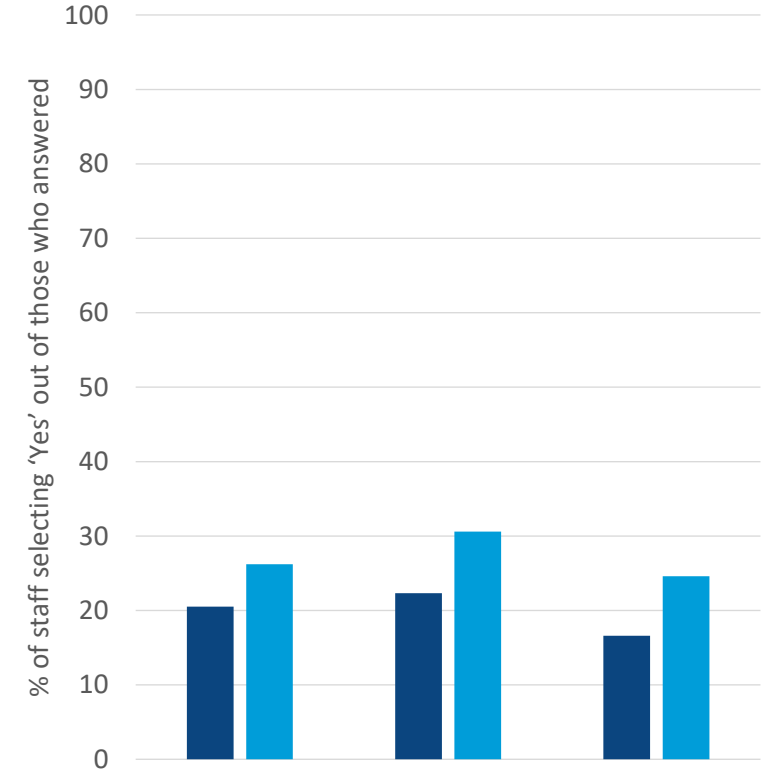
	2020	2021	2022
Your org	42.8%	45.0%	41.6%
Average	38.7%	43.6%	37.2%
Responses	5095	6781	7952

Q25b In the past 12 months, have you been redeployed due to the Covid-19 pandemic at any time?



	2020	2021	2022
Your org	19.0%	22.7%	12.4%
Average	19.7%	20.4%	11.2%
Responses	5056	6767	7918

Q25c In the past 12 months, have you been required to work remotely/from home due to the Covid-19 pandemic?



	2020	2021	2022
Your org	20.5%	22.3%	16.6%
Average	26.2%	30.6%	24.6%
Responses	5013	6771	7924



The Covid-19 pandemic – Your experience during the Covid-19 pandemic

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



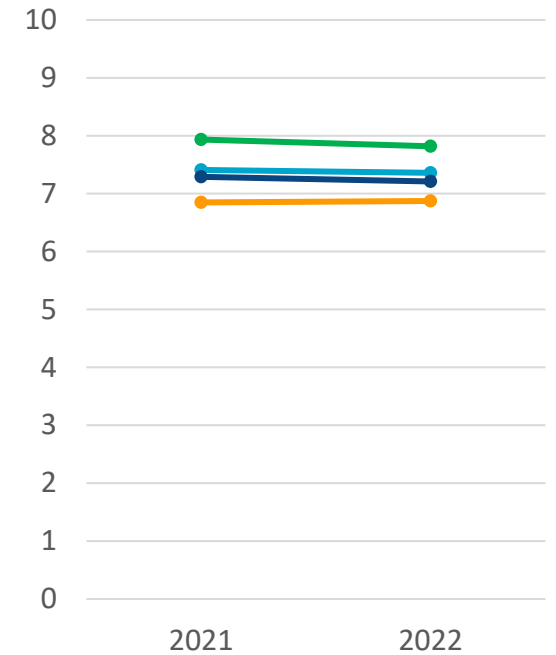
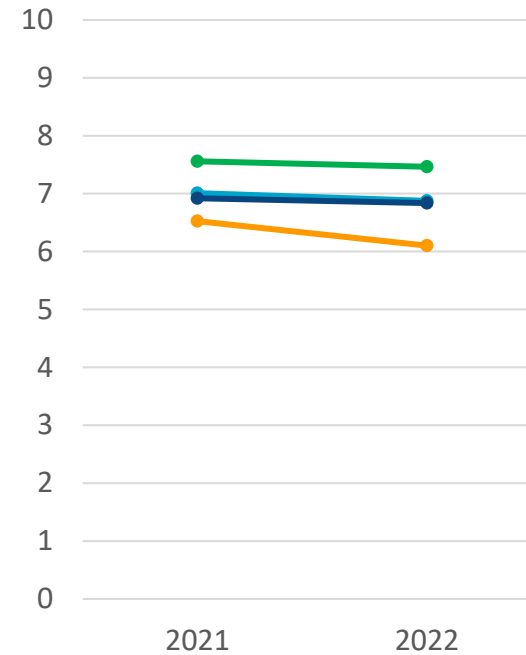
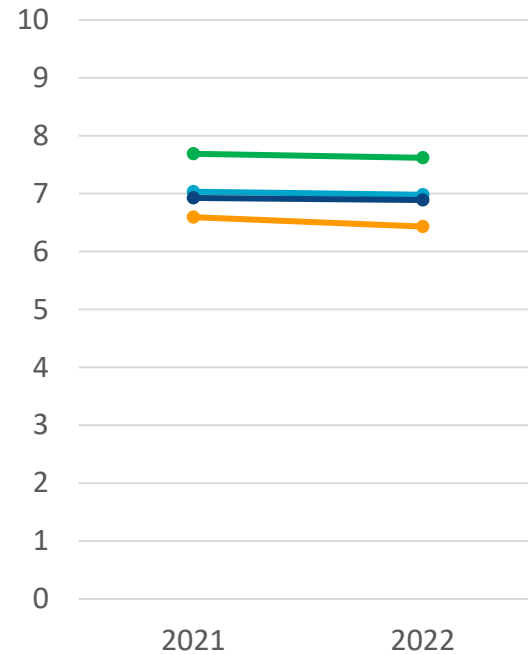
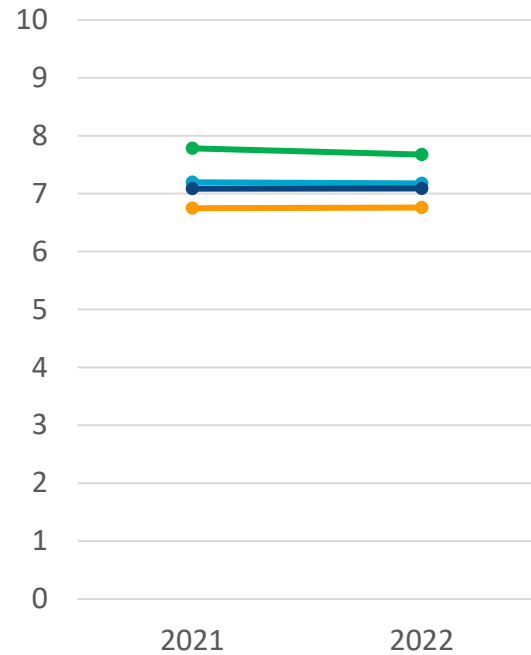
Promise element 1: We are compassionate and inclusive

All staff

Worked on a Covid-19 ward or
specific area

Redeployed

Required to work remotely / from
home



	2021	2022
Your org	7.1	7.1
Highest	7.8	7.7
Average	7.2	7.2
Lowest	6.7	6.8
Responses	6891	7972

	2021	2022
Your org	6.9	6.9
Highest	7.7	7.6
Average	7.0	7.0
Lowest	6.6	6.4
Responses	3042	3296

	2021	2022
Your org	6.9	6.8
Highest	7.6	7.5
Average	7.0	6.9
Lowest	6.5	6.1
Responses	1535	978

	2021	2022
Your org	7.3	7.2
Highest	7.9	7.8
Average	7.4	7.4
Lowest	6.8	6.9
Responses	1510	1311



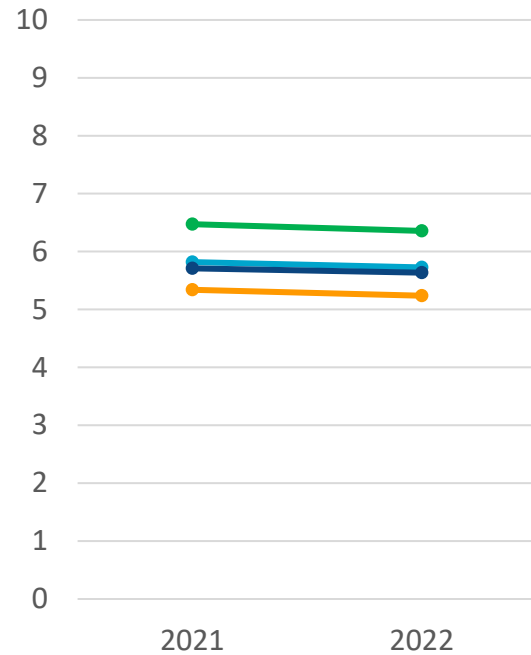
The Covid-19 pandemic – Your experience during the Covid-19 pandemic

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



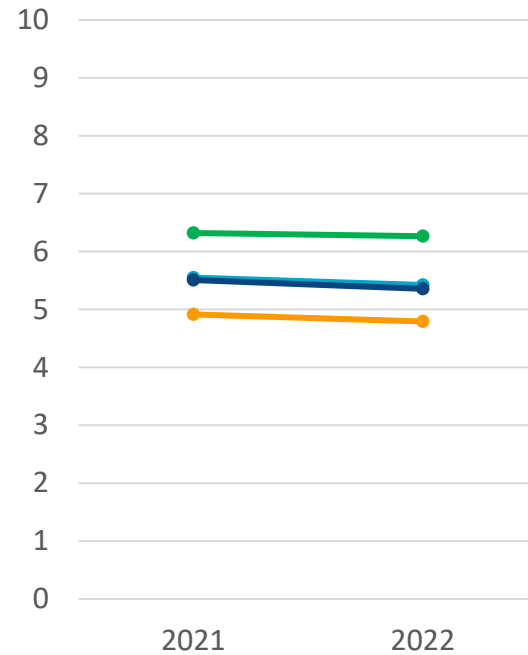
Promise element 2: We are recognised and rewarded

All staff



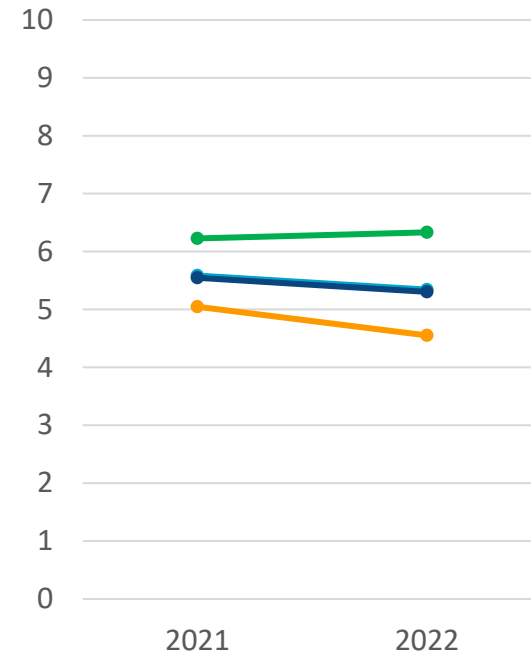
	2021	2022
Your org	5.7	5.6
Highest	6.5	6.4
Average	5.8	5.7
Lowest	5.3	5.2
Responses	7132	7990

Worked on a Covid-19 ward or specific area



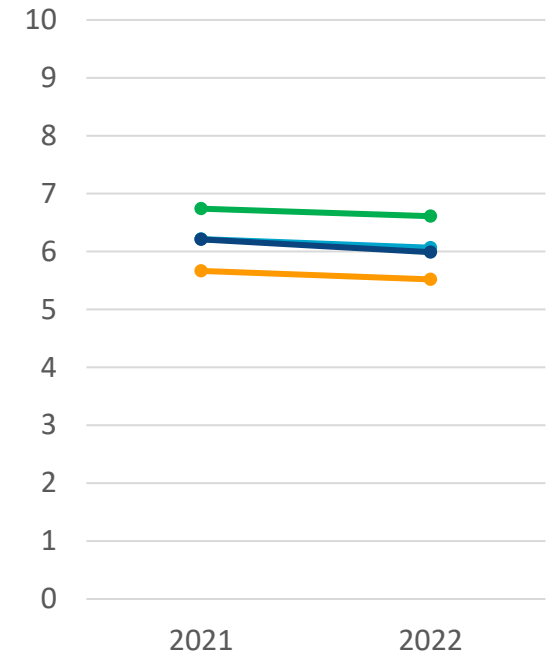
	2021	2022
Your org	5.5	5.4
Highest	6.3	6.3
Average	5.6	5.4
Lowest	4.9	4.8
Responses	3046	3300

Redeployed



	2021	2022
Your org	5.5	5.3
Highest	6.2	6.3
Average	5.6	5.3
Lowest	5.0	4.6
Responses	1537	981

Required to work remotely / from home



	2021	2022
Your org	6.2	6.0
Highest	6.7	6.6
Average	6.2	6.1
Lowest	5.7	5.5
Responses	1510	1314



The Covid-19 pandemic – Your experience during the Covid-19 pandemic

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



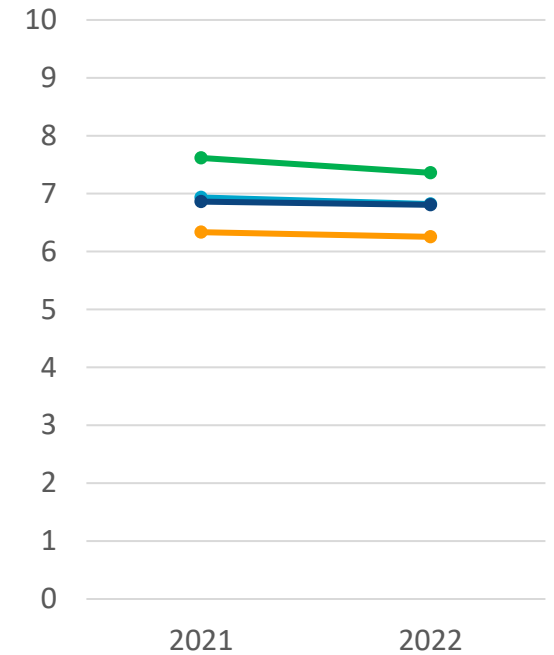
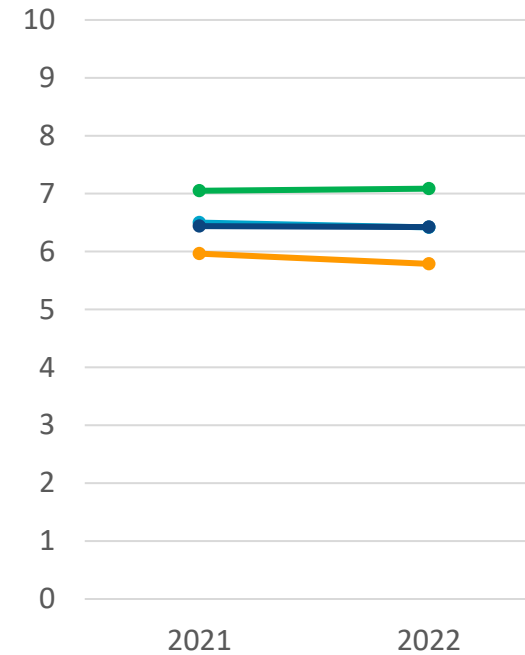
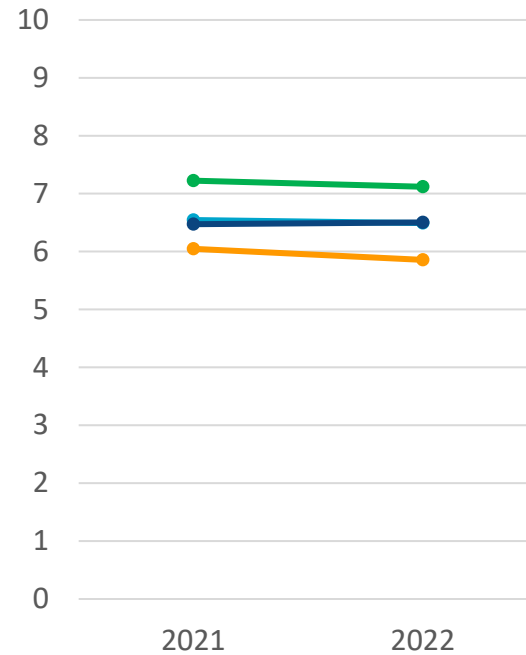
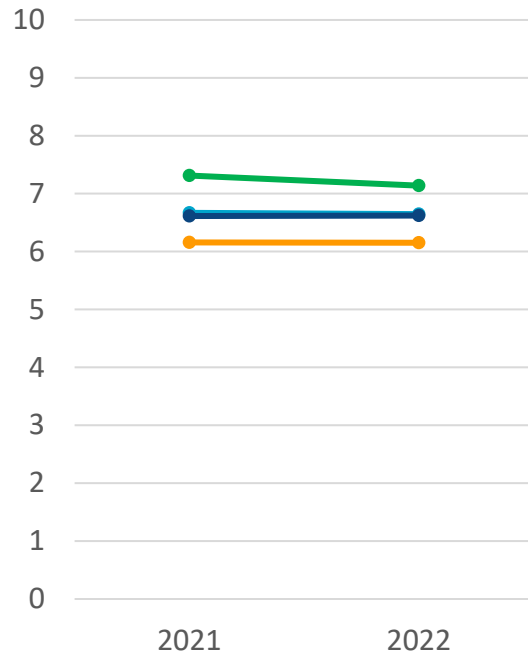
Promise element 3: We each have a voice that counts

All staff

Worked on a Covid-19 ward or
specific area

Redeployed

Required to work remotely / from
home



	2021	2022
Your org	6.6	6.6
Highest	7.3	7.1
Average	6.7	6.6
Lowest	6.2	6.2
Responses	6773	7903

	2021	2022
Your org	6.5	6.5
Highest	7.2	7.1
Average	6.5	6.5
Lowest	6.0	5.9
Responses	3040	3280

	2021	2022
Your org	6.4	6.4
Highest	7.1	7.1
Average	6.5	6.4
Lowest	6.0	5.8
Responses	1534	975

	2021	2022
Your org	6.9	6.8
Highest	7.6	7.4
Average	6.9	6.8
Lowest	6.3	6.3
Responses	1505	1305



The Covid-19 pandemic – Your experience during the Covid-19 pandemic

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



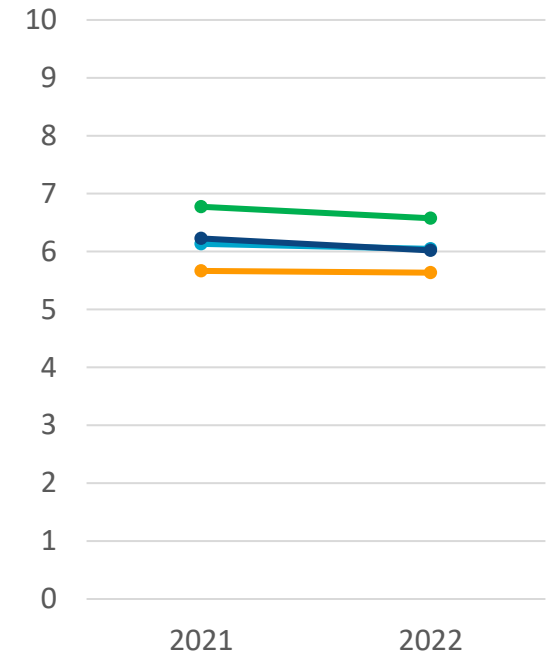
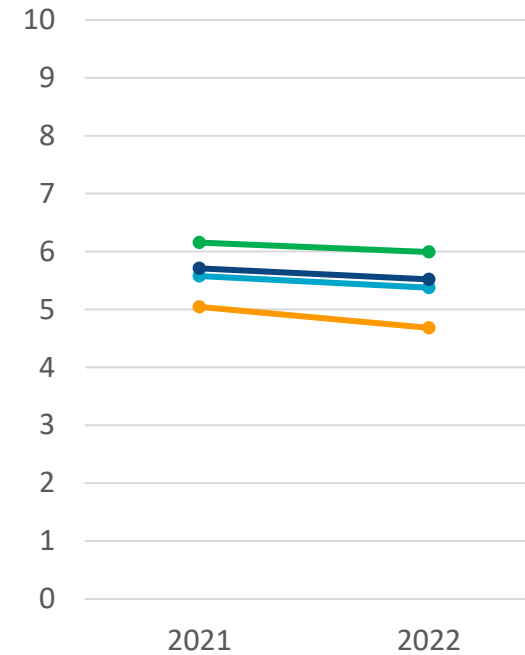
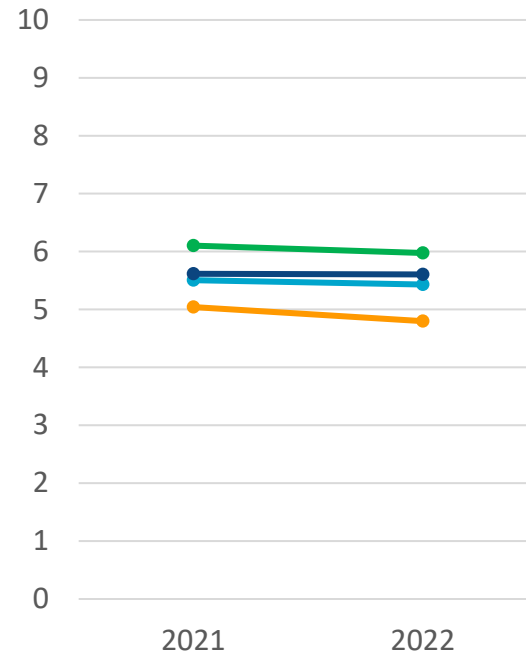
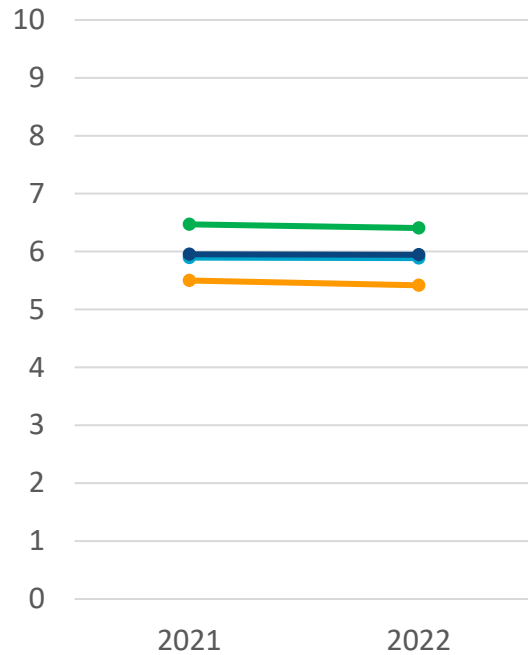
Promise element 4: We are safe and healthy

All staff

Worked on a Covid-19 ward or
specific area

Redeployed

Required to work remotely / from
home



	2021	2022
Your org	6.0	5.9
Highest	6.5	6.4
Average	5.9	5.9
Lowest	5.5	5.4
Responses	6868	7897

	2021	2022
Your org	5.6	5.6
Highest	6.1	6.0
Average	5.5	5.4
Lowest	5.0	4.8
Responses	3022	3253

	2021	2022
Your org	5.7	5.5
Highest	6.2	6.0
Average	5.6	5.4
Lowest	5.0	4.7
Responses	1531	969

	2021	2022
Your org	6.2	6.0
Highest	6.8	6.6
Average	6.1	6.0
Lowest	5.7	5.6
Responses	1506	1306



The Covid-19 pandemic – Your experience during the Covid-19 pandemic

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



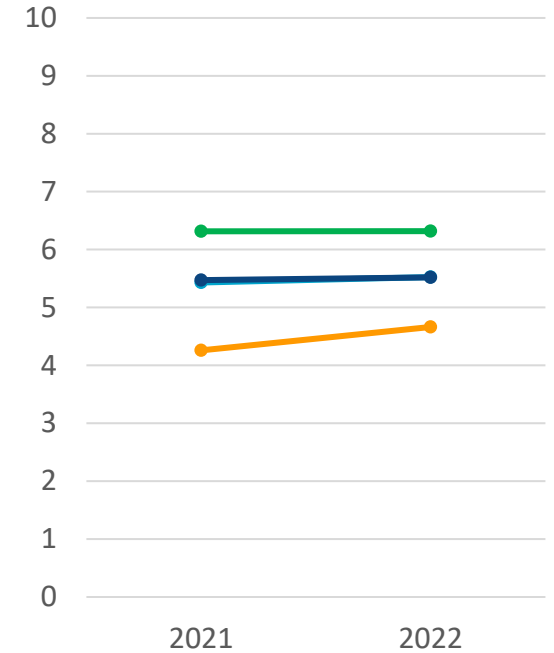
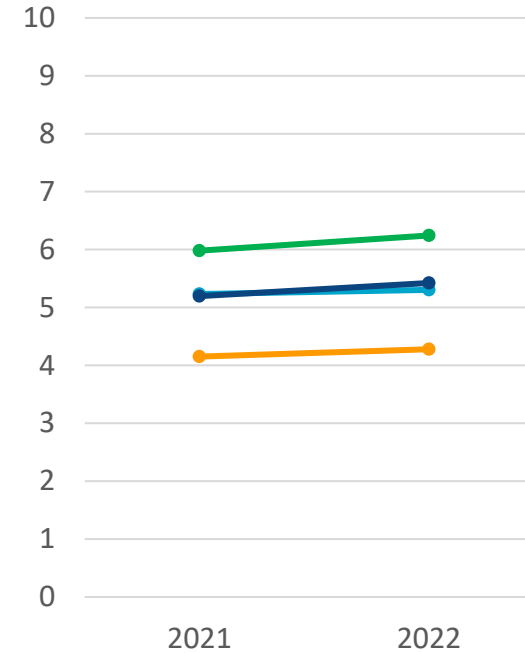
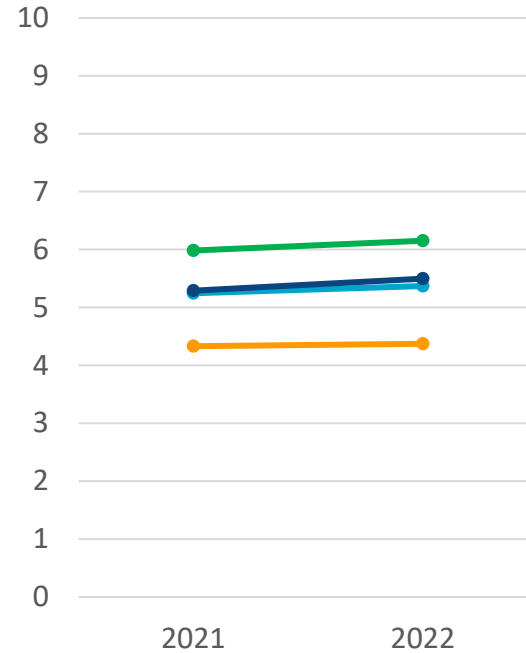
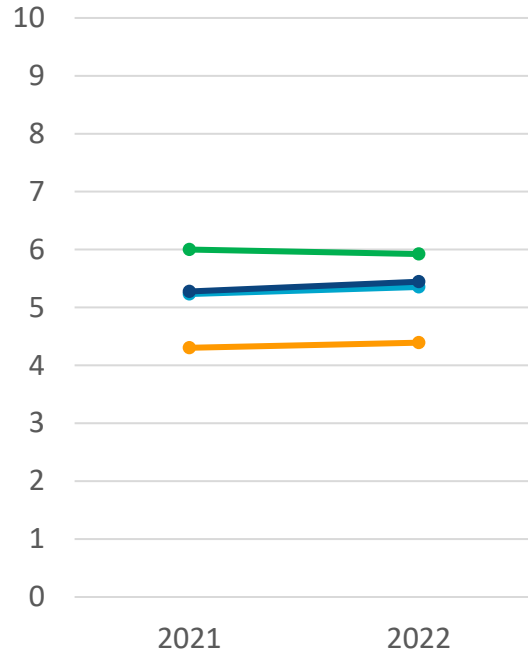
Promise element 5: We are always learning

All staff

Worked on a Covid-19 ward or
specific area

Redeployed

Required to work remotely / from
home



	2021	2022
Your org	5.3	5.4
Highest	6.0	5.9
Average	5.2	5.4
Lowest	4.3	4.4
Responses	6603	7589

	2021	2022
Your org	5.3	5.5
Highest	6.0	6.2
Average	5.2	5.4
Lowest	4.3	4.4
Responses	2929	3130

	2021	2022
Your org	5.2	5.4
Highest	6.0	6.2
Average	5.2	5.3
Lowest	4.2	4.3
Responses	1483	930

	2021	2022
Your org	5.5	5.5
Highest	6.3	6.3
Average	5.4	5.5
Lowest	4.3	4.7
Responses	1465	1269



The Covid-19 pandemic – Your experience during the Covid-19 pandemic

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



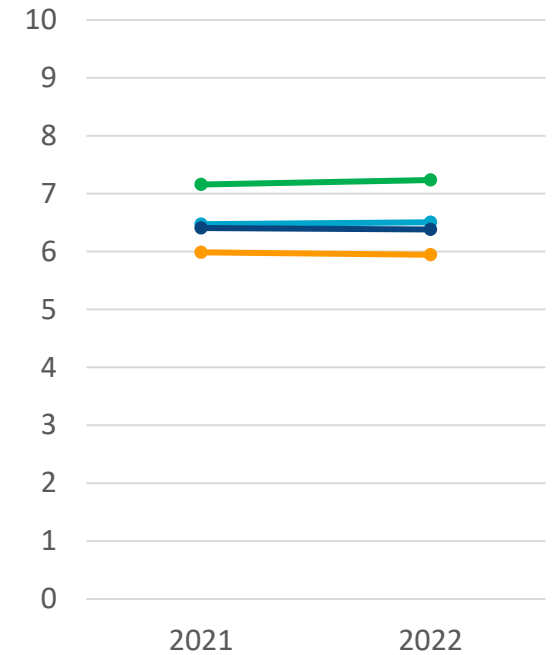
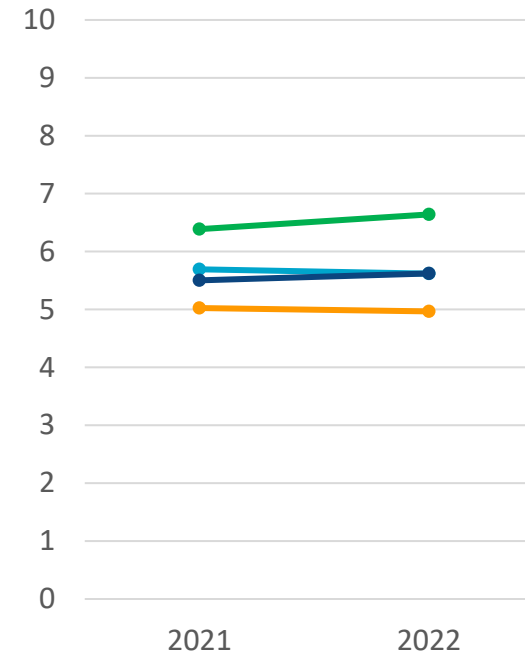
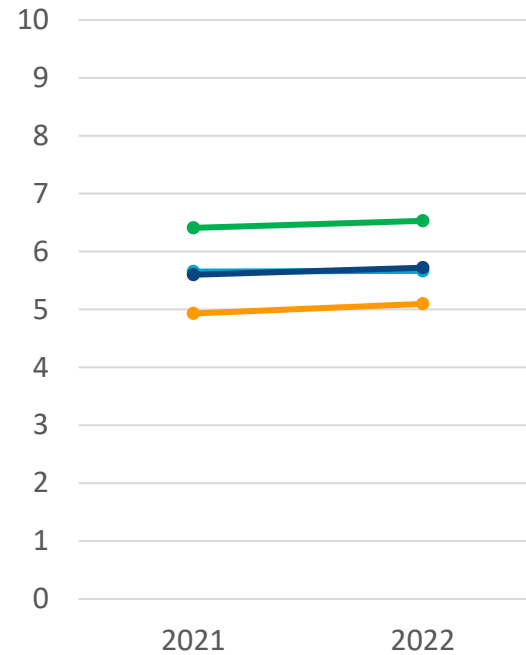
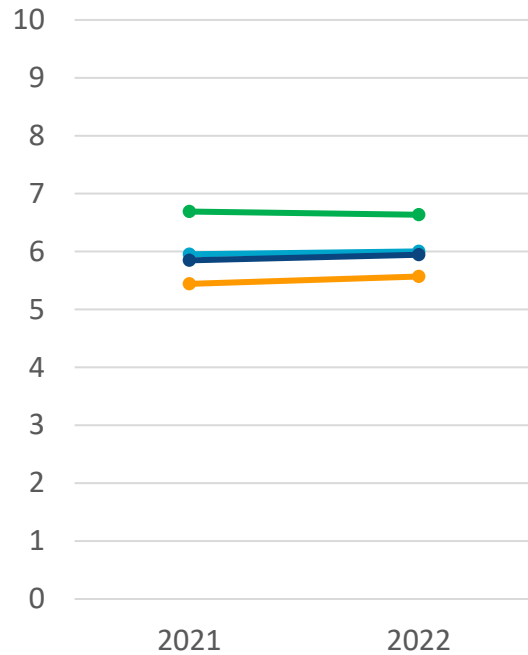
Promise element 6: We work flexibly

All staff

Worked on a Covid-19 ward or
specific area

Redeployed

Required to work remotely / from
home



	2021	2022
Your org	5.8	5.9
Highest	6.7	6.6
Average	6.0	6.0
Lowest	5.4	5.6
Responses	7074	7949

	2021	2022
Your org	5.6	5.7
Highest	6.4	6.5
Average	5.7	5.7
Lowest	4.9	5.1
Responses	3037	3280

	2021	2022
Your org	5.5	5.6
Highest	6.4	6.6
Average	5.7	5.6
Lowest	5.0	5.0
Responses	1535	978

	2021	2022
Your org	6.4	6.4
Highest	7.2	7.2
Average	6.5	6.5
Lowest	6.0	5.9
Responses	1506	1311



The Covid-19 pandemic – Your experience during the Covid-19 pandemic

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



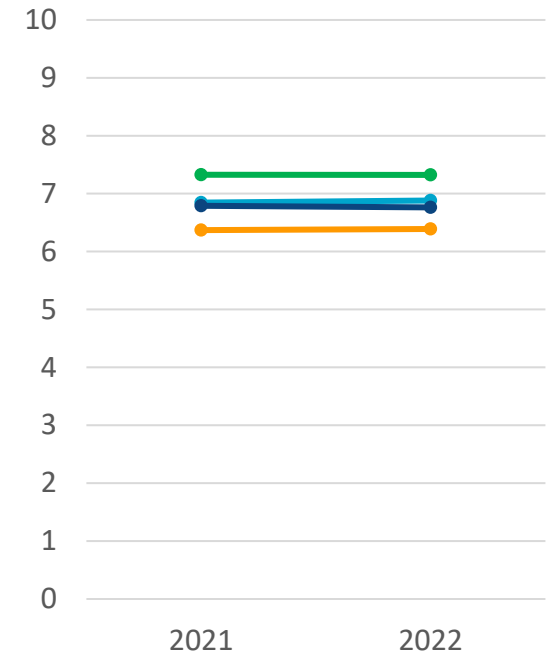
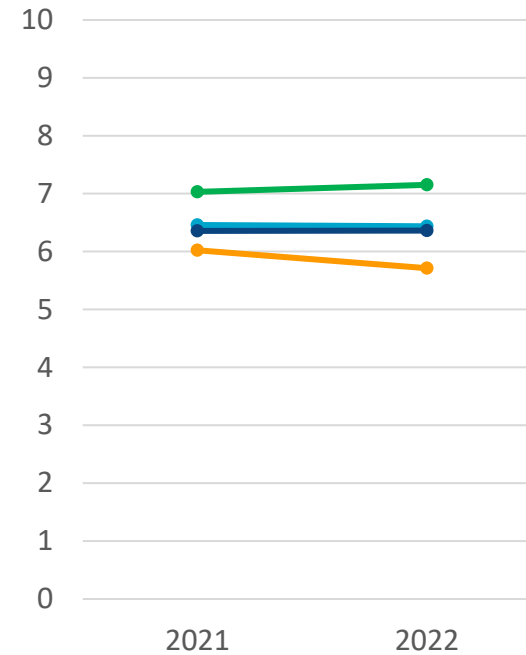
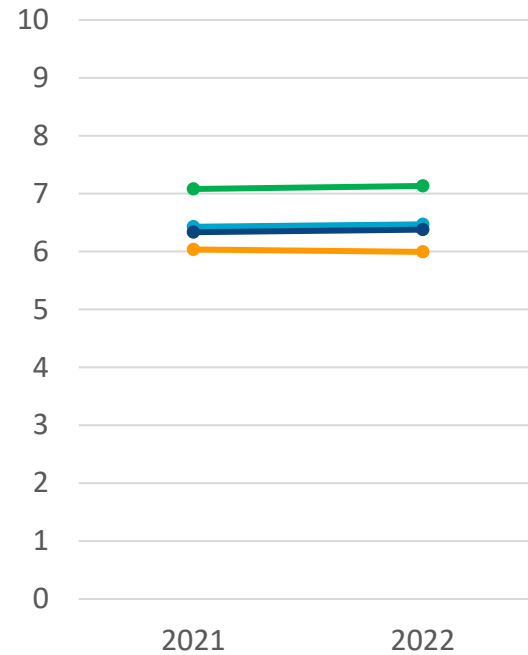
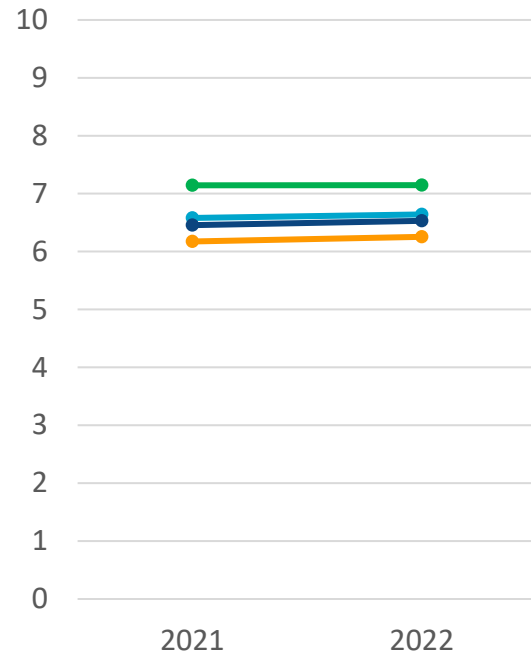
Promise element 7: We are a team

All staff

Worked on a Covid-19 ward or
specific area

Redeployed

Required to work remotely / from
home



	2021	2022
Your org	6.5	6.5
Highest	7.1	7.1
Average	6.6	6.6
Lowest	6.2	6.3
Responses	6948	7958

	2021	2022
Your org	6.3	6.4
Highest	7.1	7.1
Average	6.4	6.5
Lowest	6.0	6.0
Responses	3036	3286

	2021	2022
Your org	6.4	6.4
Highest	7.0	7.2
Average	6.5	6.4
Lowest	6.0	5.7
Responses	1534	977

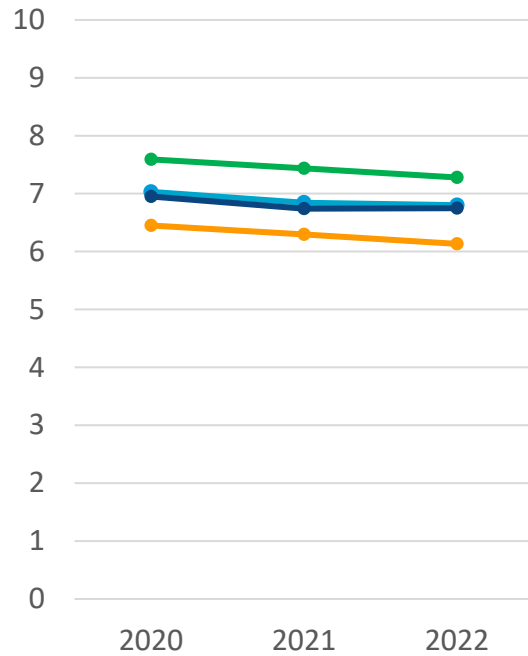
	2021	2022
Your org	6.8	6.8
Highest	7.3	7.3
Average	6.8	6.9
Lowest	6.4	6.4
Responses	1508	1310

The Covid-19 pandemic – Your experience during the Covid-19 pandemic

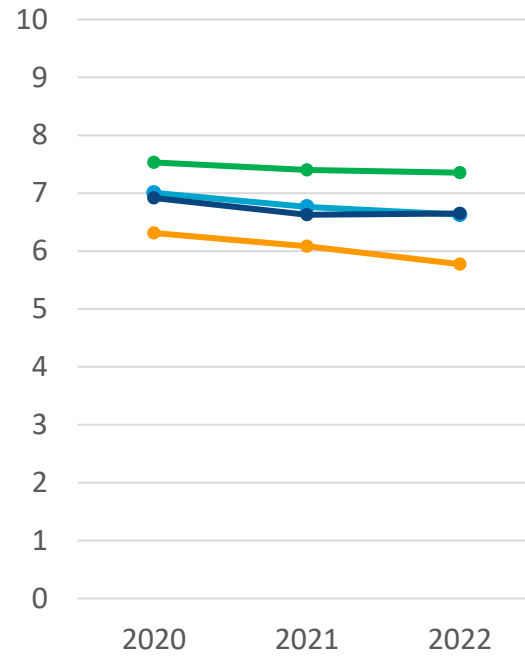
All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score.**

Theme: Staff Engagement

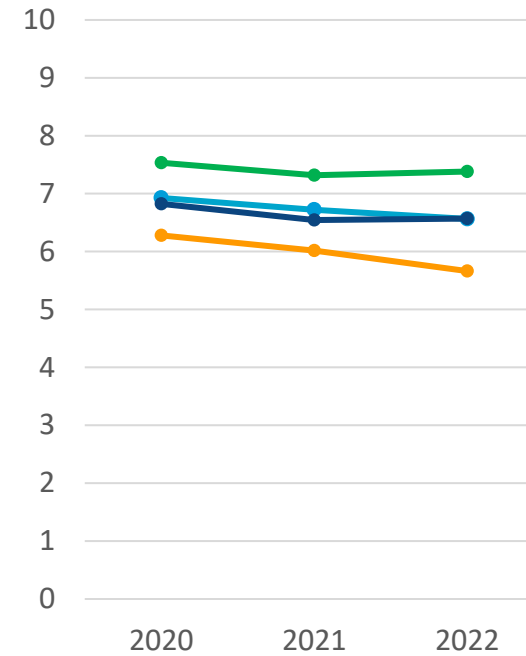
All staff



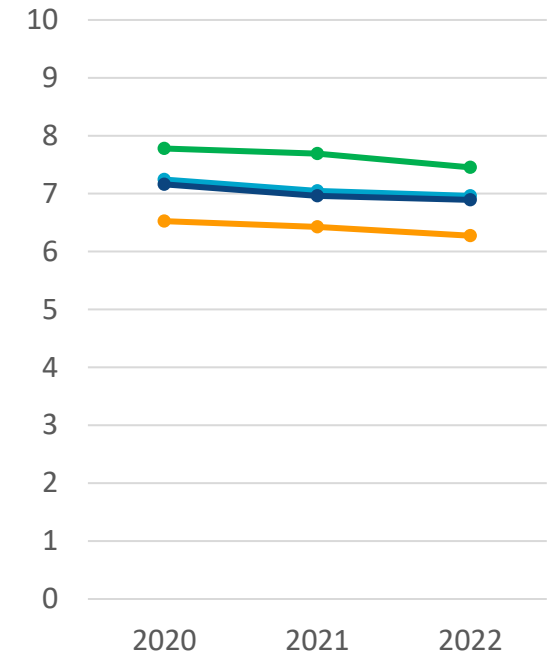
Worked on Covid-19 specific ward or area



Redeployed



Required to work remotely / from home



	2020	2021	2022
Your org	6.9	6.7	6.7
Highest	7.6	7.4	7.3
Average	7.0	6.8	6.8
Lowest	6.5	6.3	6.1
Responses	5107	7142	7989

	2020	2021	2022
Your org	6.9	6.6	6.6
Highest	7.5	7.4	7.4
Average	7.0	6.8	6.6
Lowest	6.3	6.1	5.8
Responses	2175	3046	3303

	2020	2021	2022
Your org	6.8	6.5	6.6
Highest	7.5	7.3	7.4
Average	6.9	6.7	6.6
Lowest	6.3	6.0	5.7
Responses	962	1537	979

	2020	2021	2022
Your org	7.2	7.0	6.9
Highest	7.8	7.7	7.5
Average	7.2	7.0	7.0
Lowest	6.5	6.4	6.3
Responses	1027	1511	1314

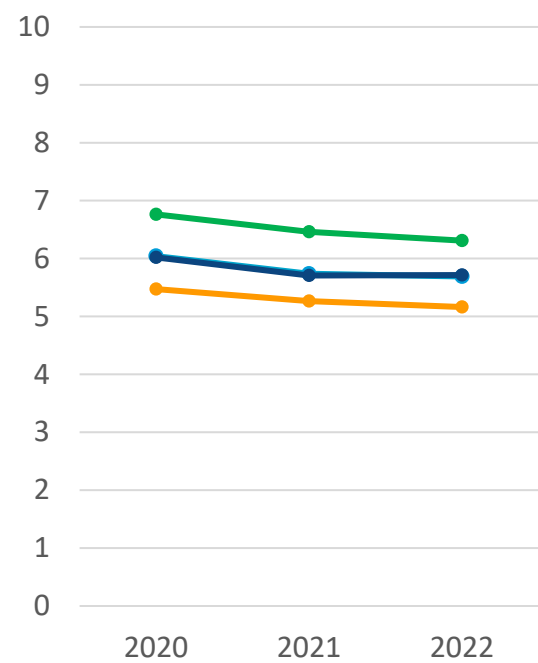


The Covid-19 pandemic – Your experience during the Covid-19 pandemic

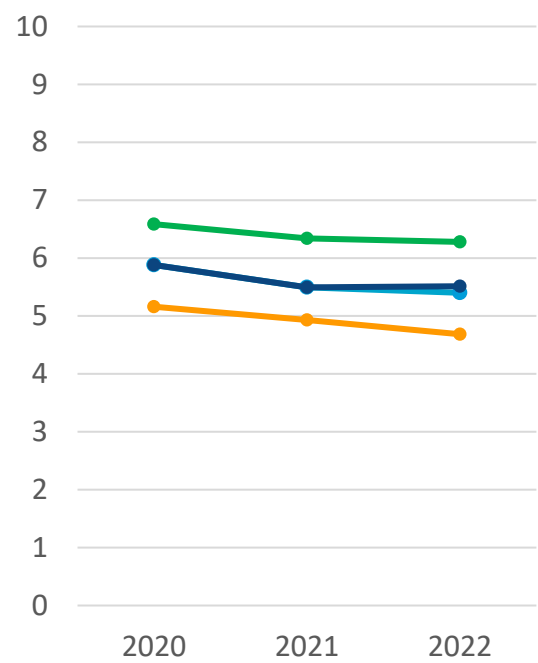
All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

Theme: Morale

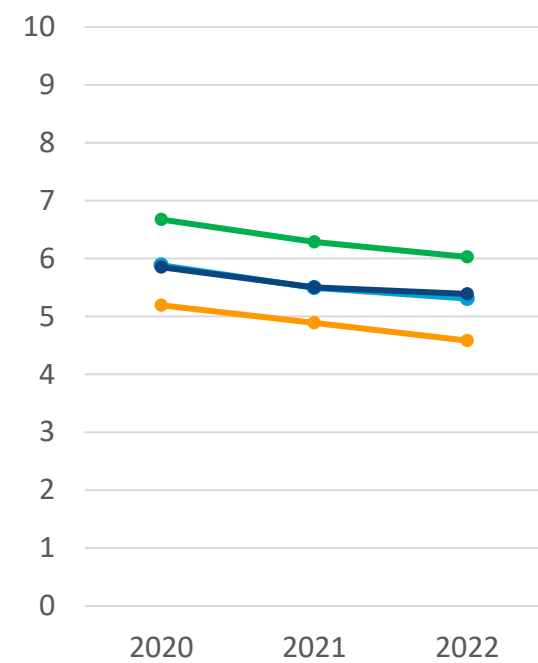
All staff



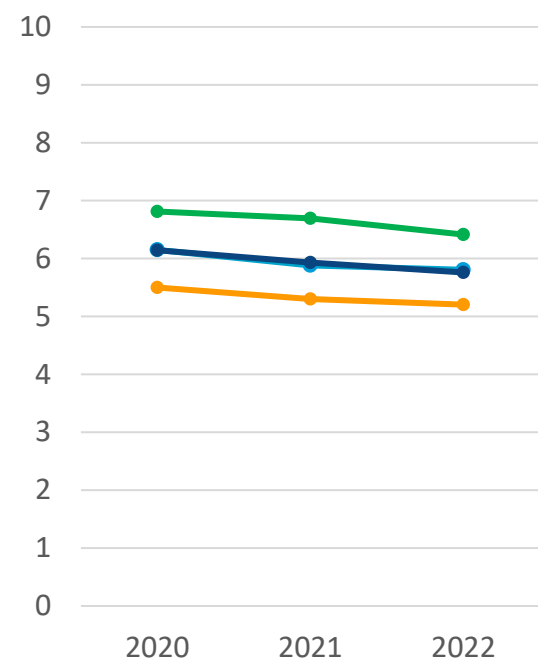
Worked on Covid-19 specific ward or area



Redeployed



Required to work remotely / from home



	2020	2021	2022
Your org	6.0	5.7	5.7
Highest	6.8	6.5	6.3
Average	6.0	5.7	5.7
Lowest	5.5	5.3	5.2
Responses	5110	7116	7991

	2020	2021	2022
Your org	5.9	5.5	5.5
Highest	6.6	6.3	6.3
Average	5.9	5.5	5.4
Lowest	5.2	4.9	4.7
Responses	2177	3046	3303

	2020	2021	2022
Your org	5.9	5.5	5.4
Highest	6.7	6.3	6.0
Average	5.9	5.5	5.3
Lowest	5.2	4.9	4.6
Responses	963	1538	981

	2020	2021	2022
Your org	6.1	5.9	5.8
Highest	6.8	6.7	6.4
Average	6.1	5.9	5.8
Lowest	5.5	5.3	5.2
Responses	1027	1510	1313

People Promise element – We are compassionate and inclusive



Questions included:

Compassionate culture – Q6a, Q23a, Q23b, Q23c, Q23d

Compassionate leadership – Q9f, Q9g, Q9h, Q9i

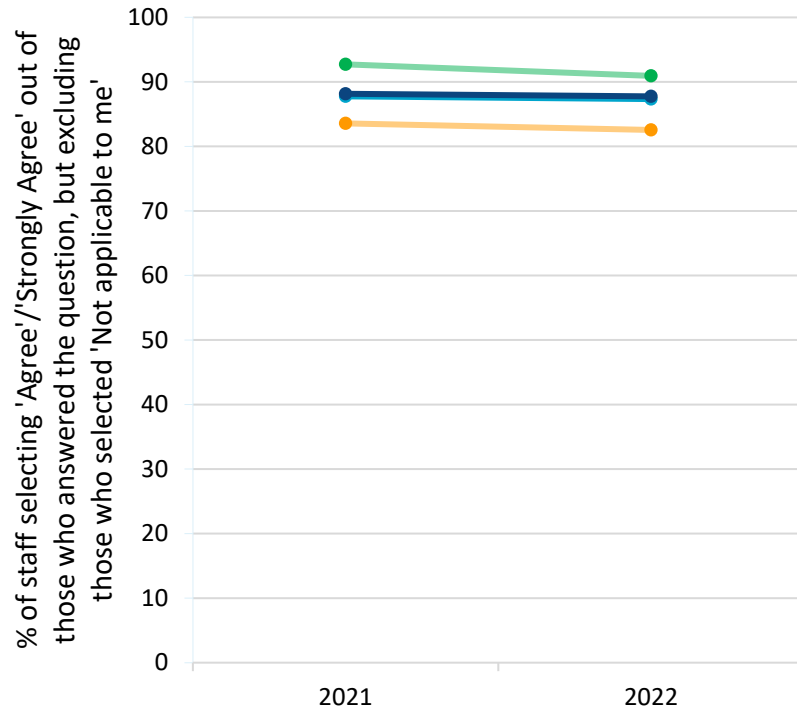
Diversity and equality – Q15, Q16a, Q16b, Q20

Inclusion – Q7h, Q7i, Q8b, Q8c

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.



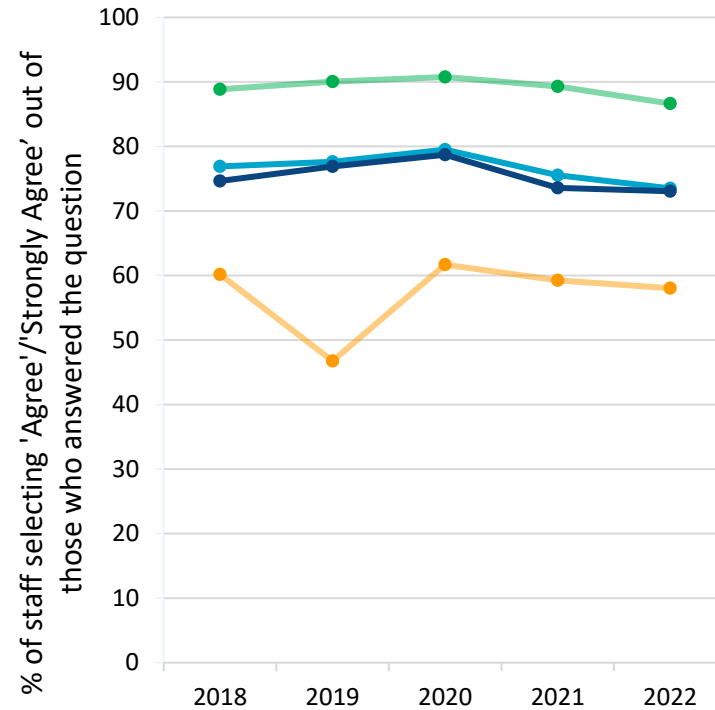
Q6a I feel that my role makes a difference to patients / service users.



	2021	2022
Your org	88.1%	87.8%
Best	92.7%	90.9%
Average	87.7%	87.3%
Worst	83.6%	82.5%

Responses 6862 7738

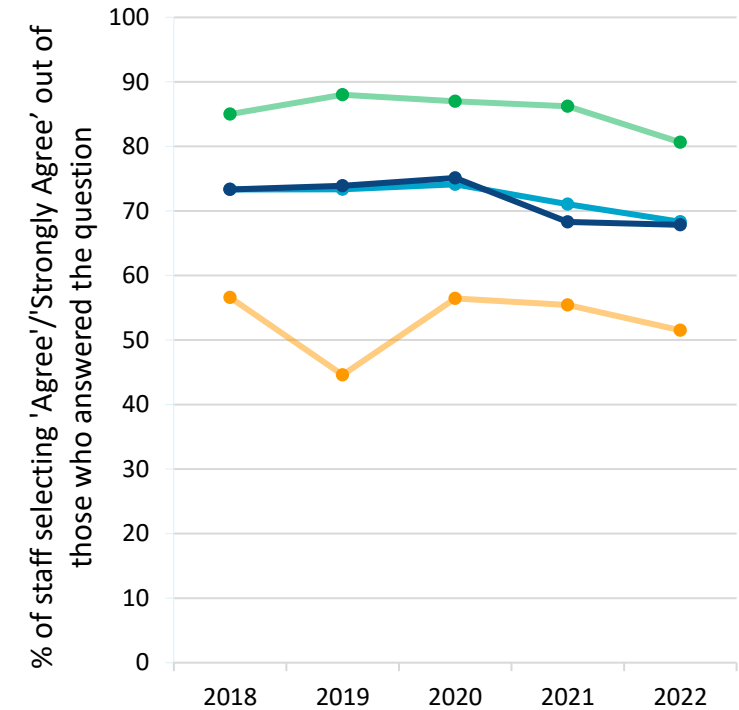
Q23a Care of patients / service users is my organisation's top priority.



	2018	2019	2020	2021	2022
Your org	74.6%	76.9%	78.7%	73.6%	73.0%
Best	88.8%	90.0%	90.8%	89.3%	86.6%
Average	76.9%	77.6%	79.5%	75.5%	73.5%
Worst	60.1%	46.7%	61.7%	59.2%	58.0%

Responses 5183 5186 5080 6780 7930

Q23b My organisation acts on concerns raised by patients / service users.

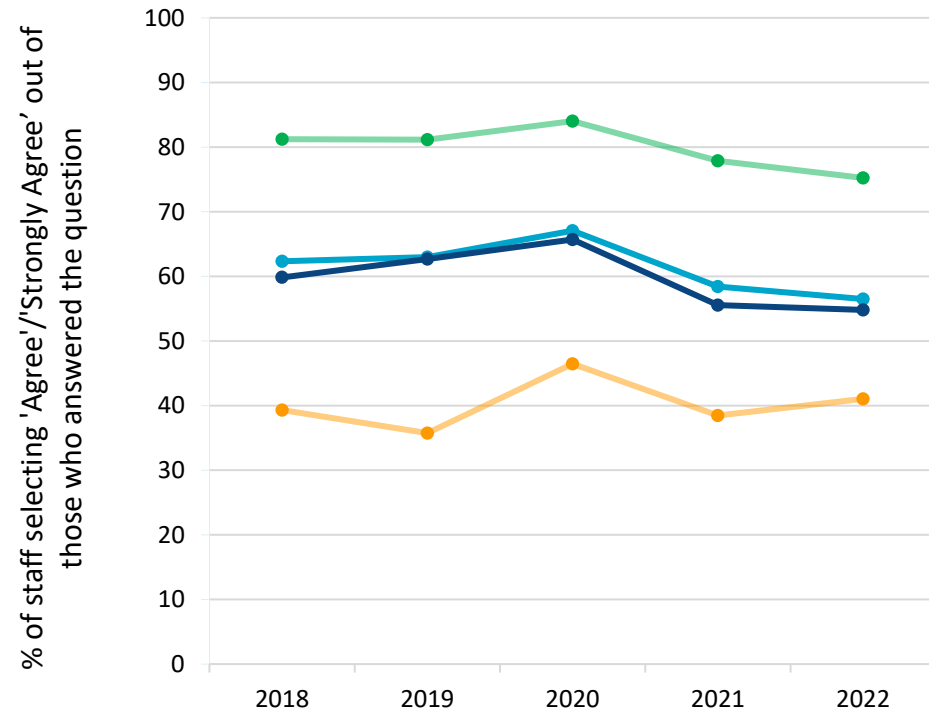


	2018	2019	2020	2021	2022
Your org	73.3%	73.9%	75.1%	68.3%	67.9%
Best	85.0%	88.0%	87.0%	86.2%	80.6%
Average	73.3%	73.3%	74.1%	71.0%	68.3%
Worst	56.6%	44.6%	56.4%	55.4%	51.5%

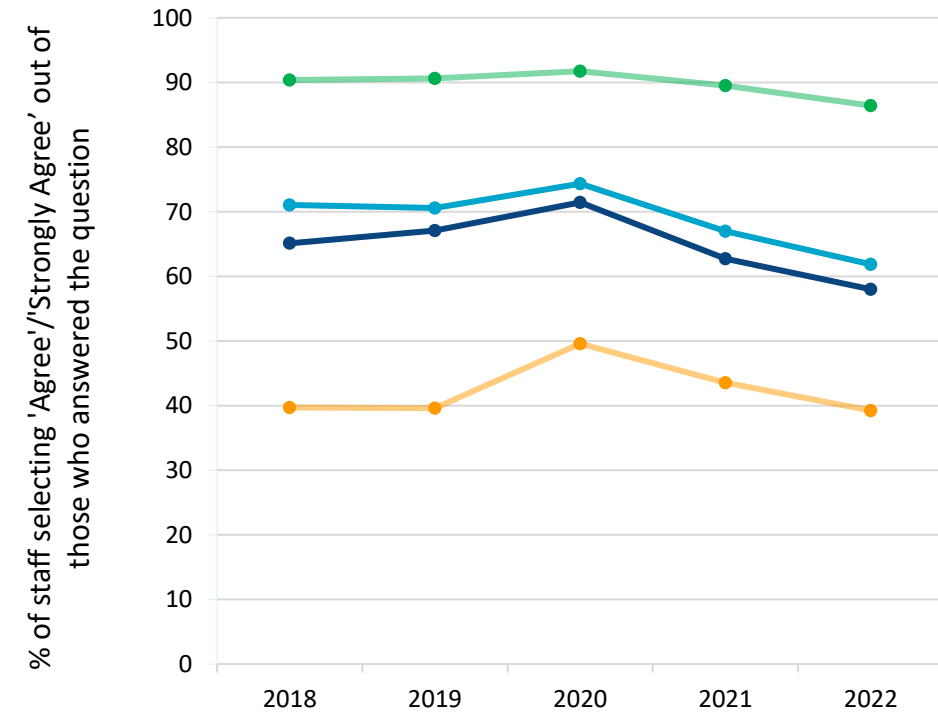
Responses 5177 5168 5069 6776 7925



Q23c I would recommend my organisation as a place to work.



Q23d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.

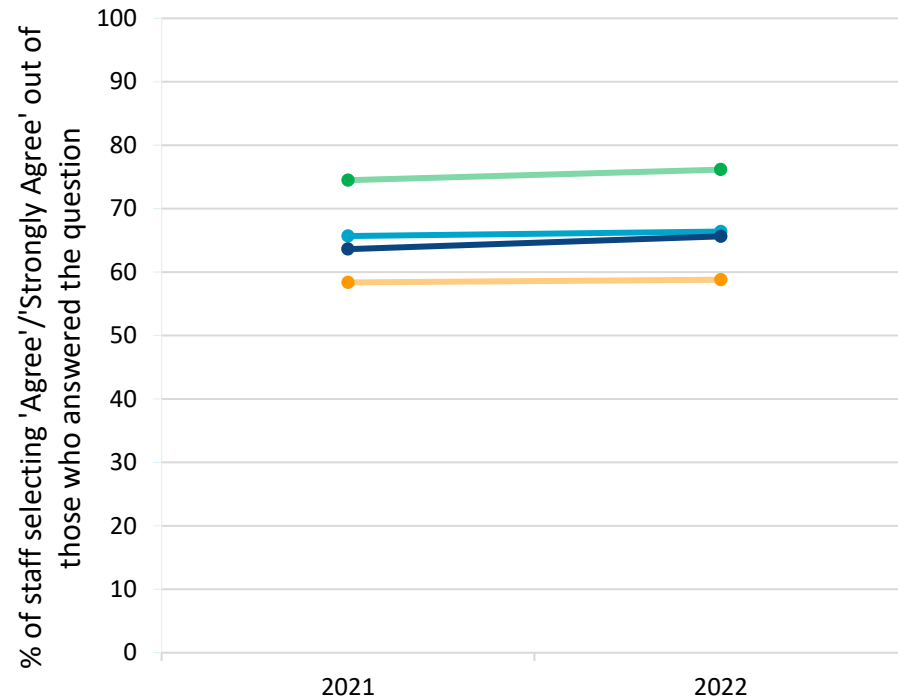


	2018	2019	2020	2021	2022
Your org	59.8%	62.7%	65.7%	55.6%	54.8%
Best	81.2%	81.2%	84.0%	77.9%	75.2%
Average	62.3%	63.0%	67.1%	58.4%	56.5%
Worst	39.3%	35.7%	46.5%	38.5%	41.0%
Responses	5179	5171	5077	6787	7931

	2018	2019	2020	2021	2022
Your org	65.1%	67.1%	71.4%	62.7%	58.0%
Best	90.4%	90.6%	91.8%	89.5%	86.4%
Average	71.1%	70.6%	74.3%	67.0%	61.9%
Worst	39.7%	39.6%	49.6%	43.5%	39.2%
Responses	5175	5144	5065	6781	7925

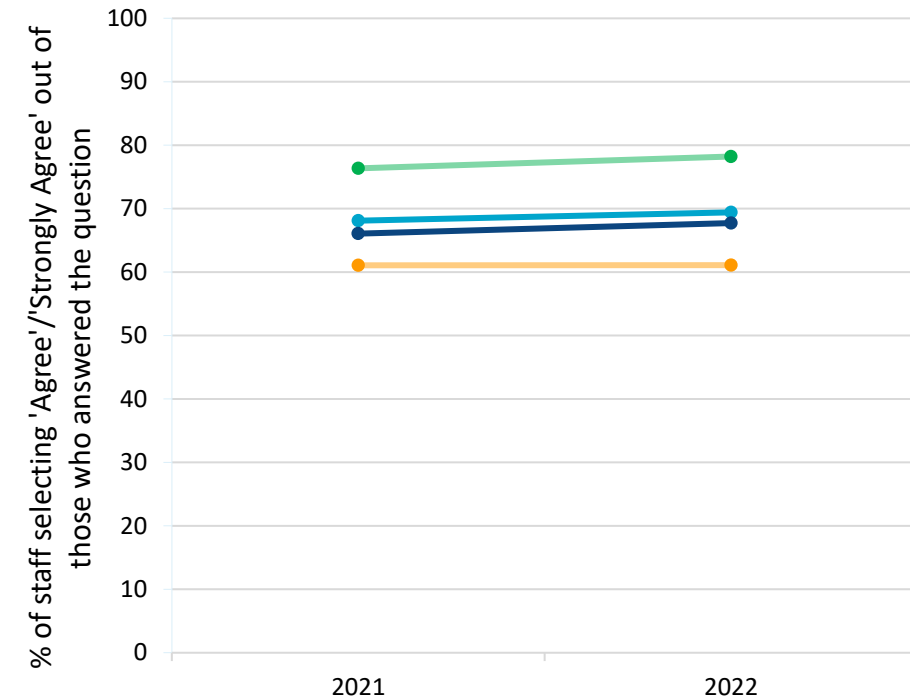


Q9f My immediate manager works together with me to come to an understanding of problems.



	2021	2022
Your org	63.6%	65.6%
Best	74.5%	76.2%
Average	65.7%	66.4%
Worst	58.4%	58.8%
Responses	6948	7959

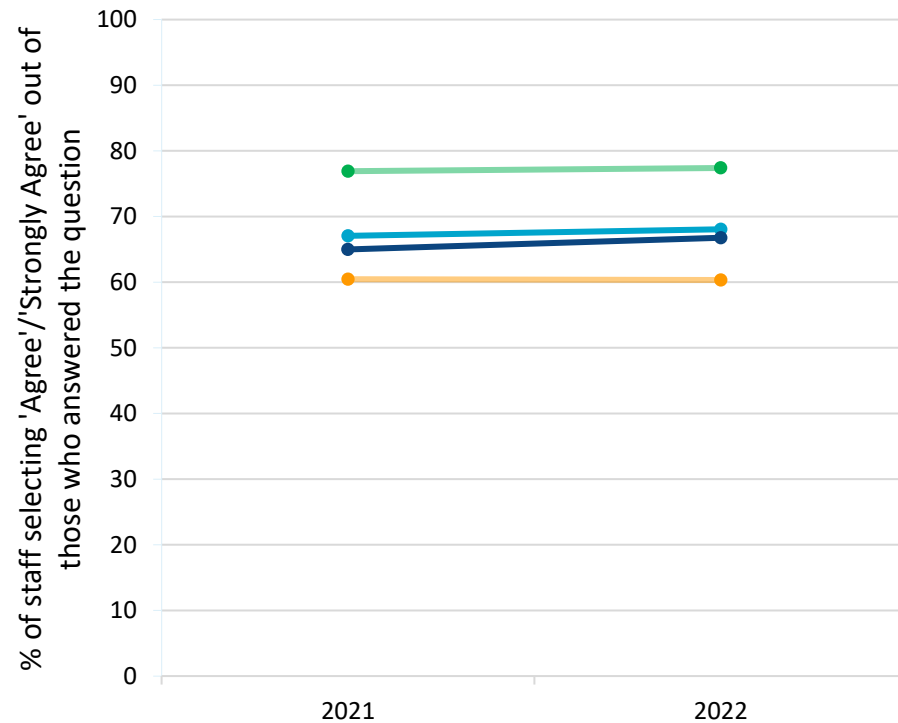
Q9g My immediate manager is interested in listening to me when I describe challenges I face.



	2021	2022
Your org	66.1%	67.7%
Best	76.4%	78.2%
Average	68.1%	69.4%
Worst	61.1%	61.1%
Responses	6945	7965

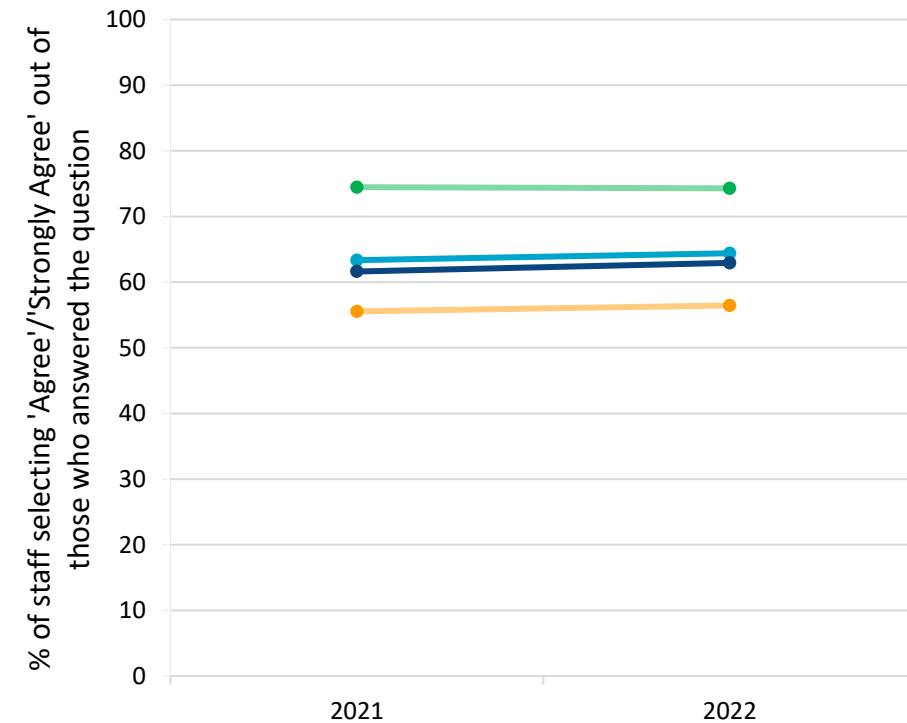


Q9h My immediate manager cares about my concerns.



	2021	2022
Your org	65.0%	66.8%
Best	76.9%	77.4%
Average	67.1%	68.1%
Worst	60.5%	60.3%
Responses	6939	7968

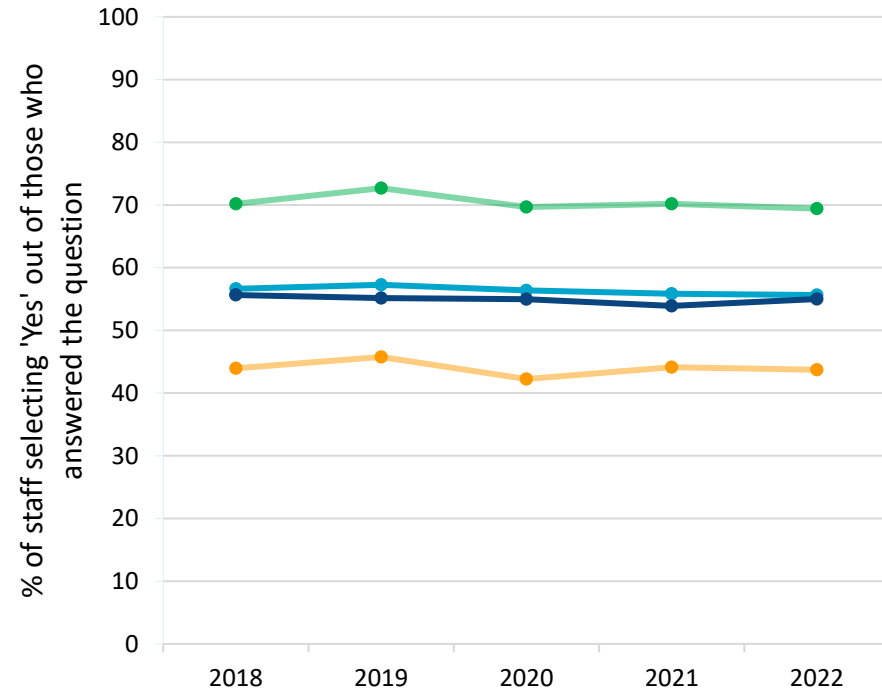
Q9i My immediate manager takes effective action to help me with any problems I face.



	2021	2022
Your org	61.6%	62.9%
Best	74.5%	74.3%
Average	63.4%	64.4%
Worst	55.6%	56.4%
Responses	6943	7956

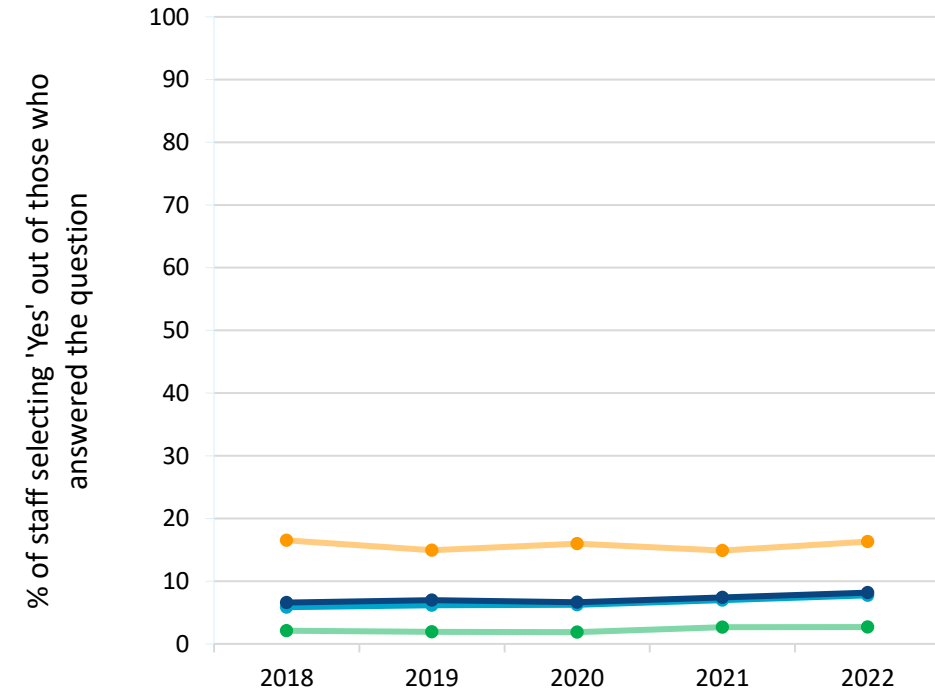


Q15 Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?



	2018	2019	2020	2021	2022
Your org	55.6%	55.2%	55.0%	53.9%	55.0%
Best	70.2%	72.7%	69.7%	70.2%	69.4%
Average	56.6%	57.3%	56.4%	55.8%	55.6%
Worst	44.0%	45.8%	42.2%	44.1%	43.7%
Responses	5251	5216	5096	6802	7863

Q16a In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?

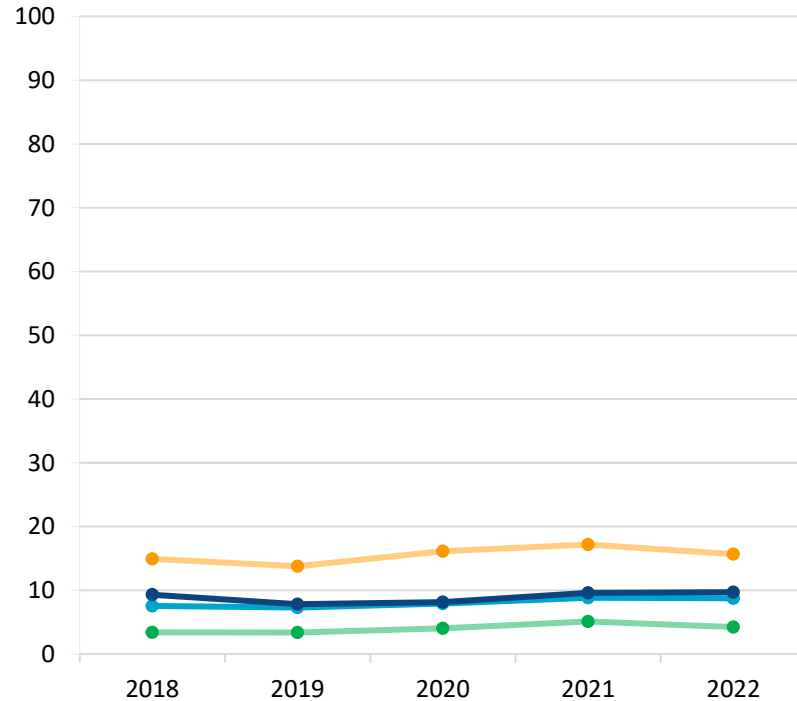


	2018	2019	2020	2021	2022
Your org	6.6%	7.0%	6.7%	7.4%	8.2%
Best	2.1%	1.9%	1.9%	2.7%	2.7%
Average	5.9%	6.2%	6.3%	7.0%	7.8%
Worst	16.5%	14.9%	16.0%	14.9%	16.3%
Responses	5242	5227	5072	6878	7913



Q16b In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?

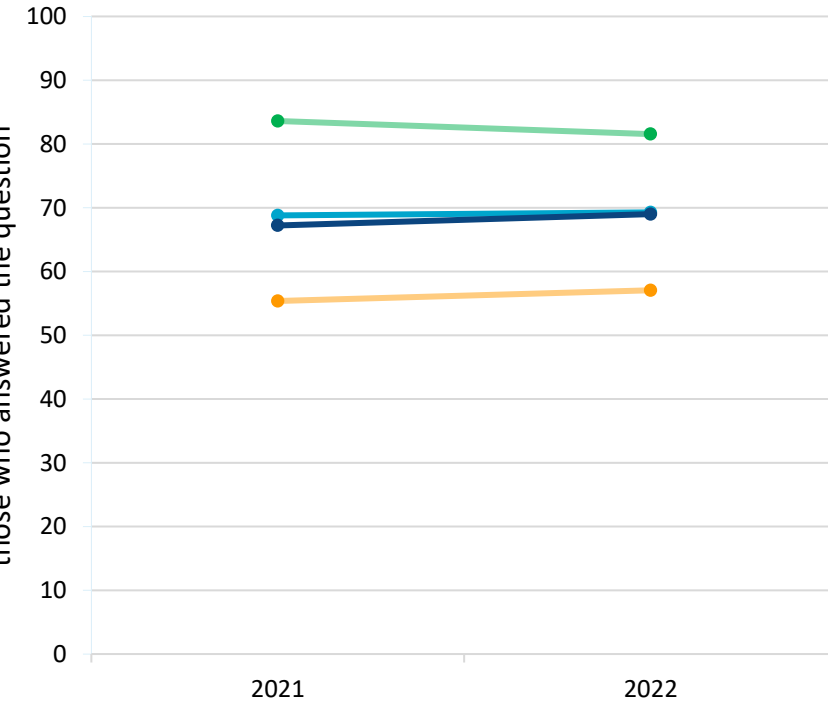
% of staff selecting 'Yes' out of those who answered the question



	2018	2019	2020	2021	2022
Your org	9.3%	7.8%	8.2%	9.6%	9.7%
Best	3.4%	3.4%	4.0%	5.1%	4.2%
Average	7.5%	7.3%	7.9%	8.8%	8.7%
Worst	14.9%	13.8%	16.1%	17.2%	15.7%
Responses	5236	5182	5035	6868	7909

Q20 I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc).

% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question

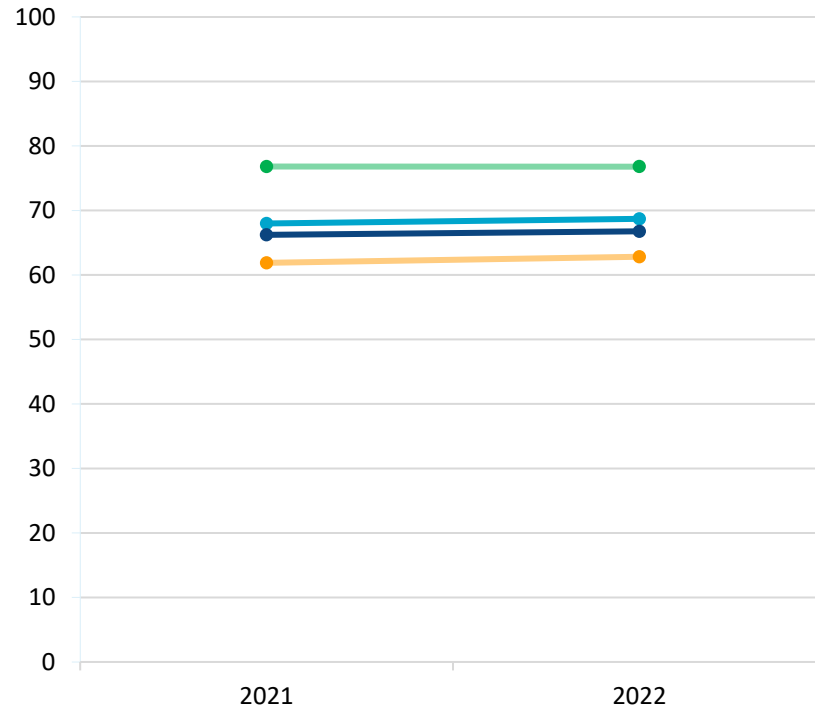


	2021	2022
Your org	67.2%	69.0%
Best	83.6%	81.6%
Average	68.8%	69.3%
Worst	55.4%	57.1%
Responses	6864	7955



Q7h I feel valued by my team.

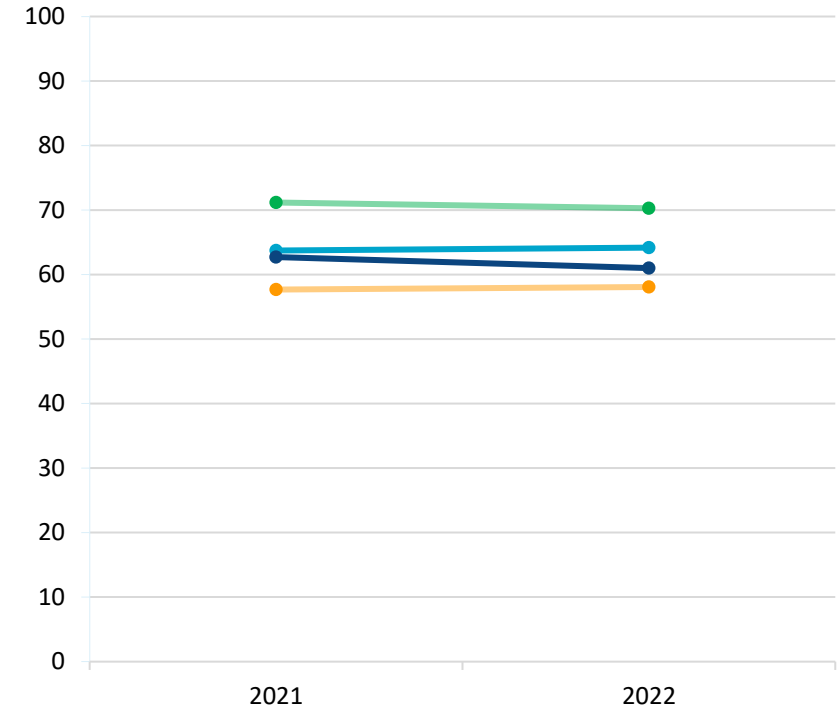
% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question



	2021	2022
Your org	66.2%	66.8%
Best	76.8%	76.8%
Average	68.0%	68.7%
Worst	61.9%	62.8%
Responses	7015	7972

Q7i I feel a strong personal attachment to my team.

% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question

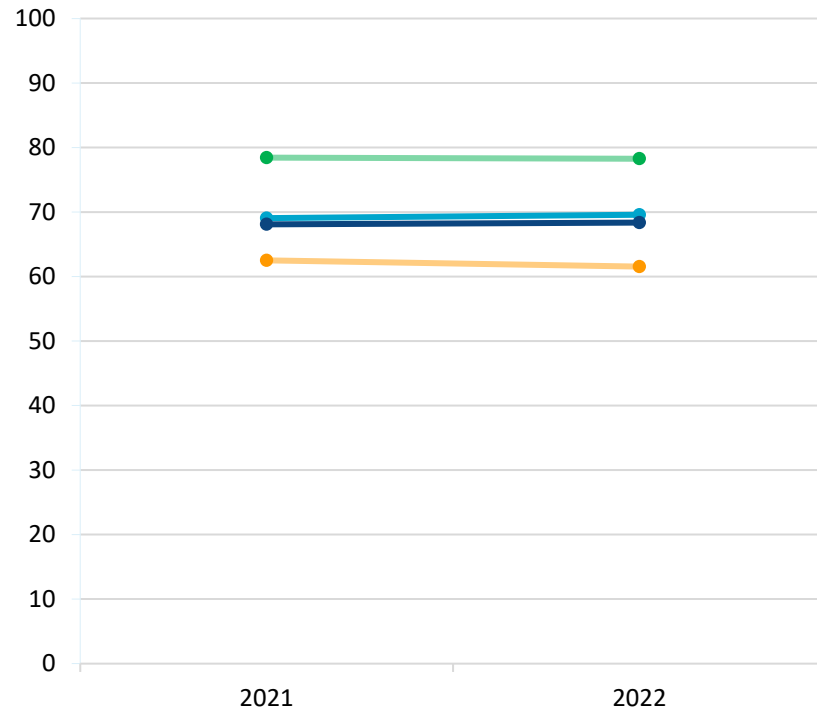


	2021	2022
Your org	62.7%	61.0%
Best	71.2%	70.3%
Average	63.7%	64.2%
Worst	57.7%	58.1%
Responses	7017	7969



Q8b The people I work with are understanding and kind to one another.

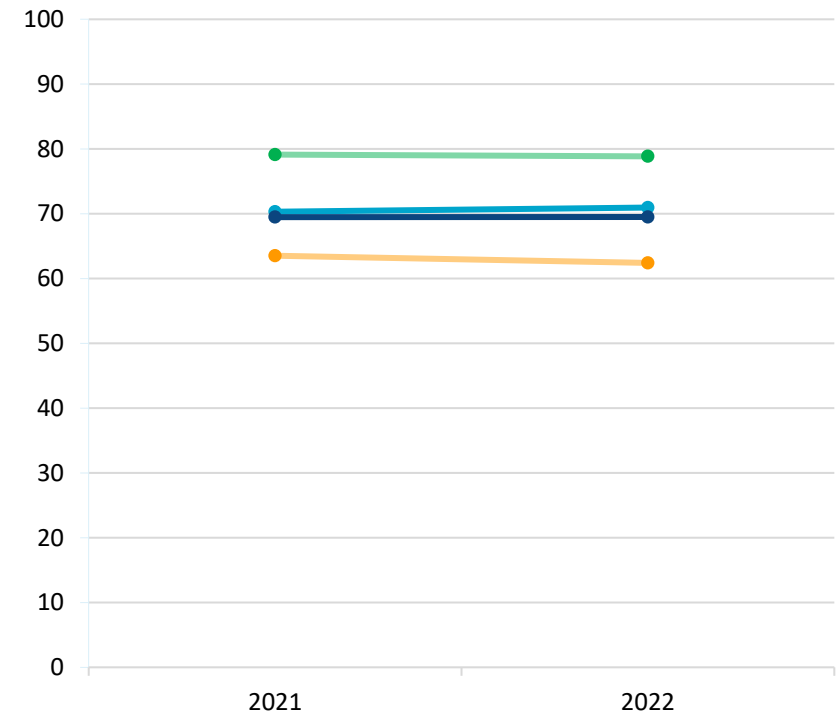
% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question



	2021	2022
Your org	68.1%	68.4%
Best	78.4%	78.3%
Average	69.0%	69.6%
Worst	62.5%	61.6%
Responses	7004	7973

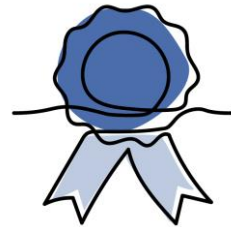
Q8c The people I work with are polite and treat each other with respect.

% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question



	2021	2022
Your org	69.5%	69.5%
Best	79.1%	78.9%
Average	70.3%	71.0%
Worst	63.5%	62.4%
Responses	7000	7977

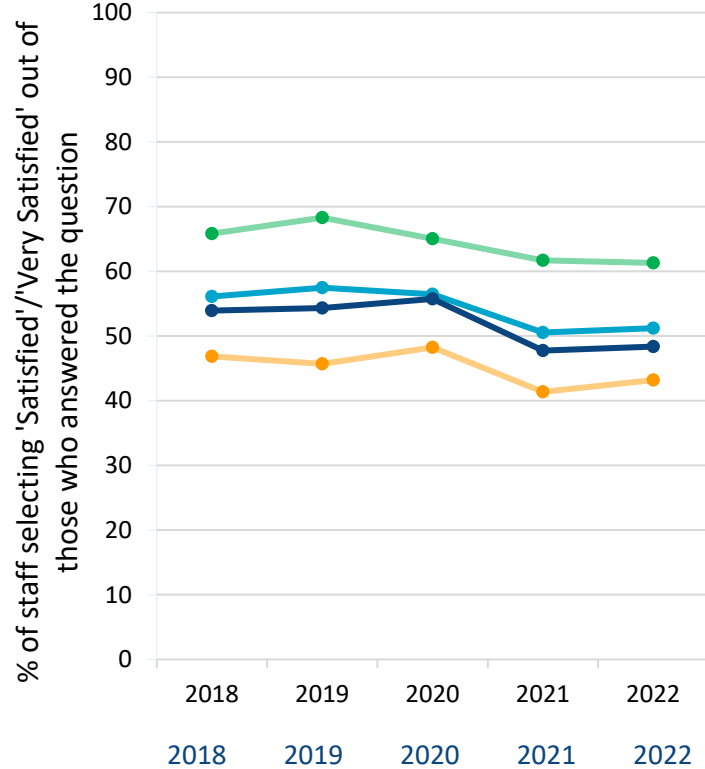
People Promise element – We are recognised and rewarded



Questions included:
Q4a, Q4b, Q4c, Q8d, Q9e

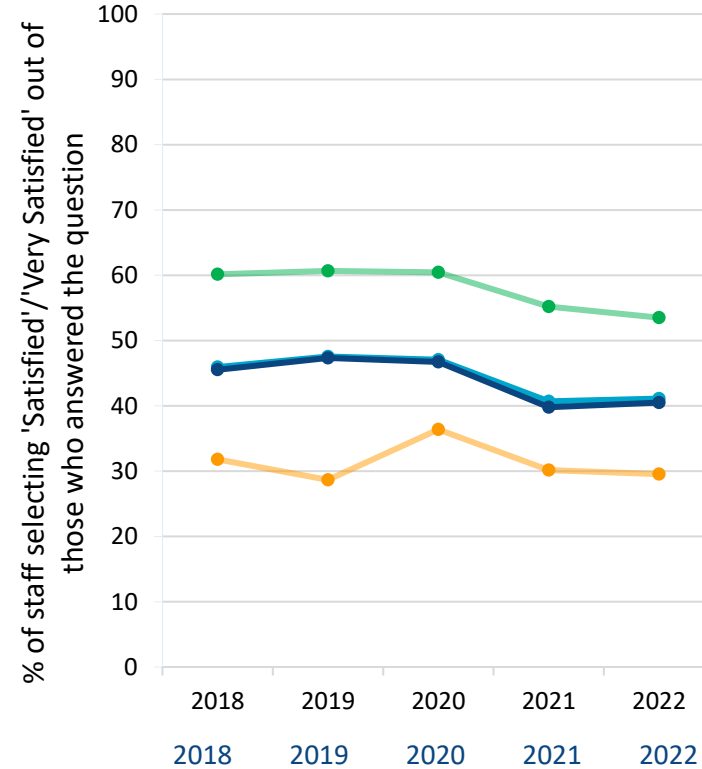


Q4a How satisfied are you with each of the following aspects of your job? The recognition I get for good work.



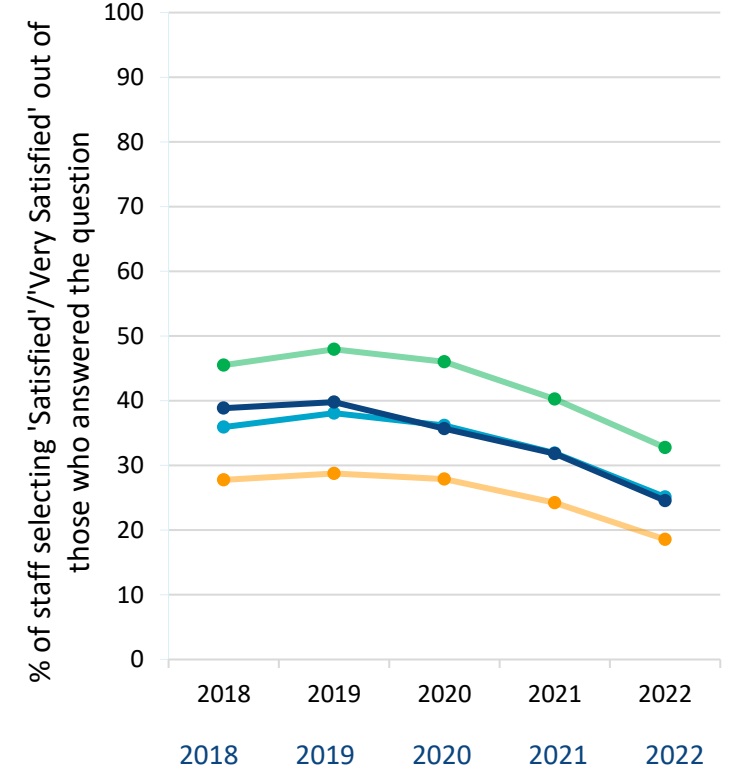
	2018	2019	2020	2021	2022
Your org	53.9%	54.3%	55.7%	47.7%	48.4%
Best	65.8%	68.3%	65.0%	61.7%	61.3%
Average	56.1%	57.5%	56.4%	50.5%	51.2%
Worst	46.8%	45.7%	48.2%	41.4%	43.2%
Responses	5350	5286	5095	7133	7987

Q4b How satisfied are you with each of the following aspects of your job? The extent to which my organisation values my work.



	2018	2019	2020	2021	2022
Your org	45.5%	47.3%	46.7%	39.8%	40.5%
Best	60.1%	60.7%	60.4%	55.2%	53.5%
Average	45.9%	47.5%	47.1%	40.7%	41.1%
Worst	31.8%	28.7%	36.4%	30.1%	29.5%
Responses	5302	5268	5077	7124	7973

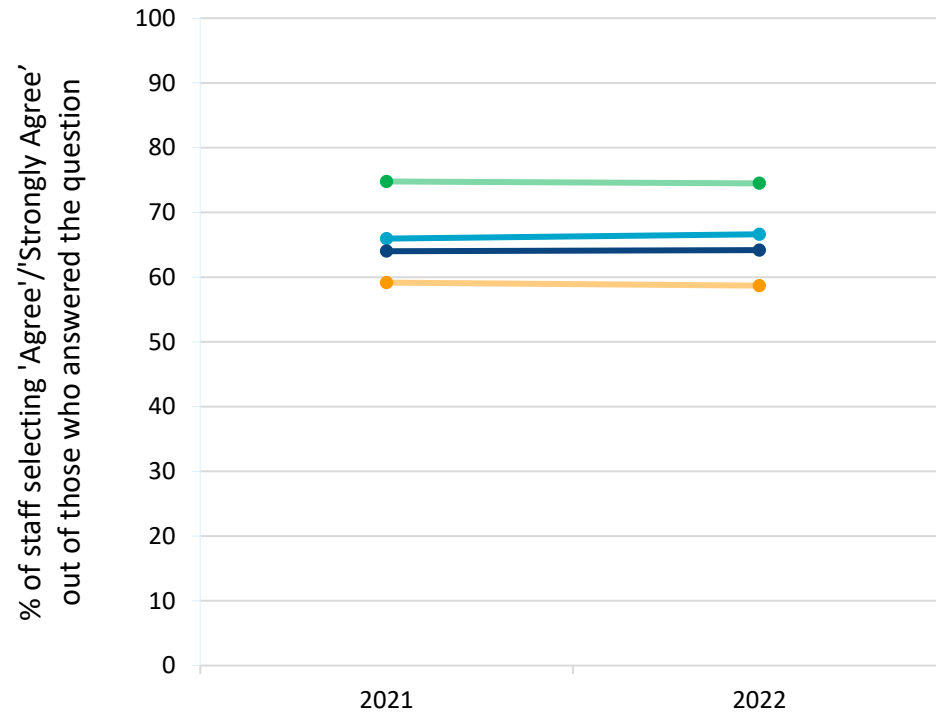
Q4c How satisfied are you with each of the following aspects of your job? My level of pay.



	2018	2019	2020	2021	2022
Your org	38.8%	39.8%	35.7%	31.8%	24.6%
Best	45.5%	47.9%	46.0%	40.3%	32.8%
Average	35.9%	38.1%	36.2%	31.9%	25.1%
Worst	27.7%	28.7%	27.9%	24.2%	18.5%
Responses	5323	5266	5071	7128	7976



Q8d The people I work with show appreciation to one another.



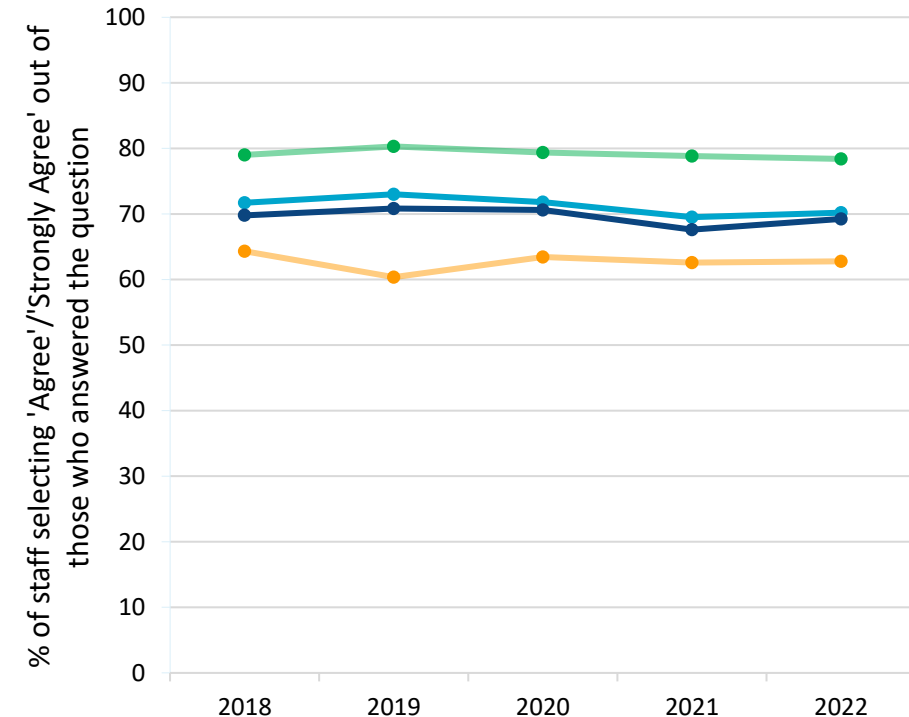
	2021	2022
Your org	64.0%	64.2%
Best	74.8%	74.5%
Average	66.0%	66.6%
Worst	59.2%	58.7%

Responses

7000

7973

Q9e My immediate manager values my work.



	2018	2019	2020	2021	2022
Your org	69.8%	70.8%	70.6%	67.6%	69.2%
Best	79.0%	80.3%	79.4%	78.8%	78.4%
Average	71.7%	73.0%	71.8%	69.5%	70.2%
Worst	64.3%	60.4%	63.4%	62.6%	62.8%

Responses

5301

5255

5075

6944

7959

People Promise element – We each have a voice that counts



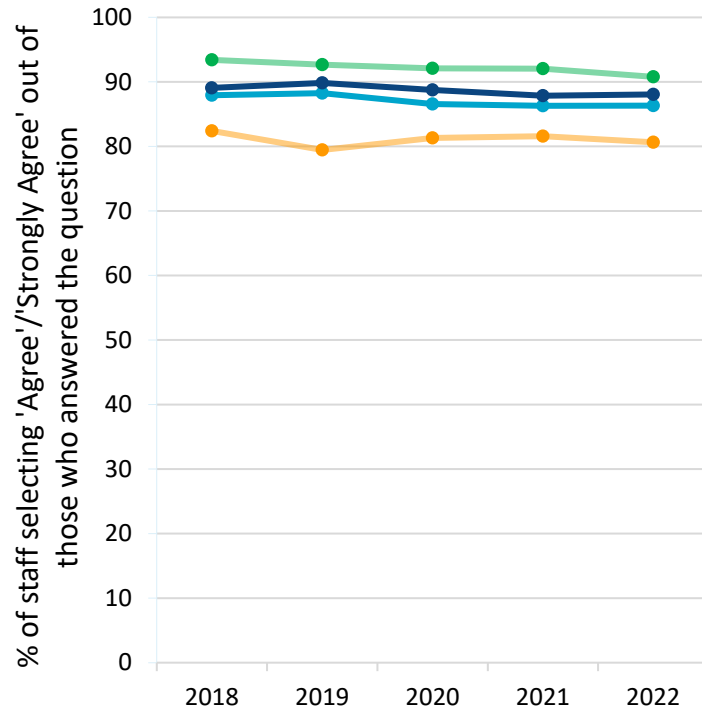
Questions included:

Autonomy and control – Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q5b

Raising concerns – Q19a, Q19b, Q23e, Q23f

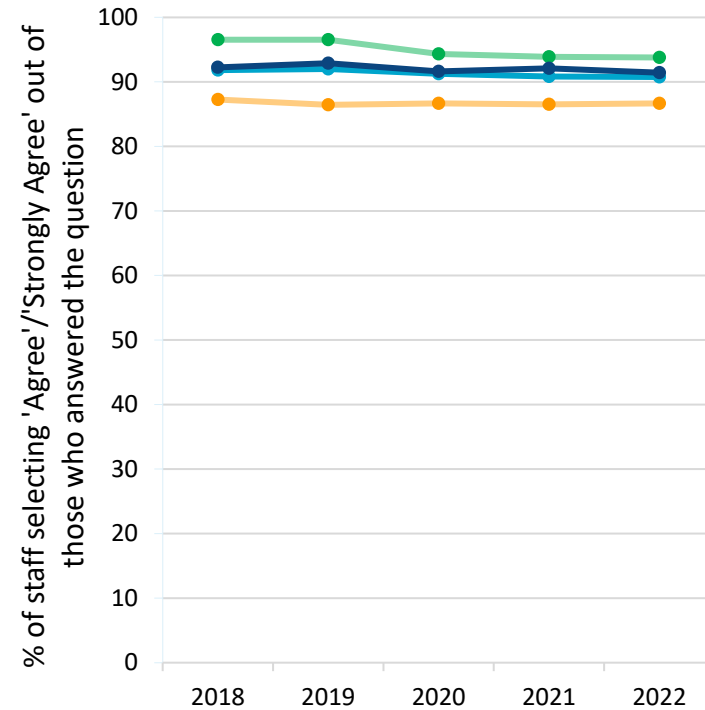


Q3a I always know what my work responsibilities are.



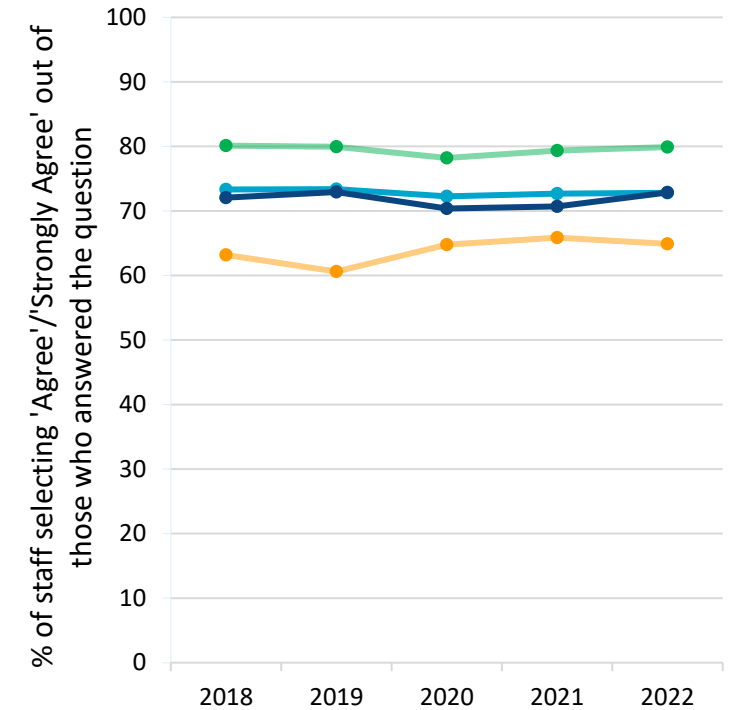
	2018	2019	2020	2021	2022
Your org	89.1%	89.8%	88.7%	87.9%	88.0%
Best	93.4%	92.7%	92.1%	92.0%	90.8%
Average	87.9%	88.2%	86.6%	86.3%	86.3%
Worst	82.4%	79.5%	81.3%	81.6%	80.6%
Responses	5396	5246	4982	7156	7988

Q3b I am trusted to do my job.



	2018	2019	2020	2021	2022
Your org	92.2%	92.9%	91.6%	92.1%	91.4%
Best	96.5%	96.5%	94.3%	93.9%	93.8%
Average	91.8%	92.0%	91.2%	90.8%	90.7%
Worst	87.3%	86.5%	86.7%	86.5%	86.7%
Responses	5359	5218	4949	7151	7987

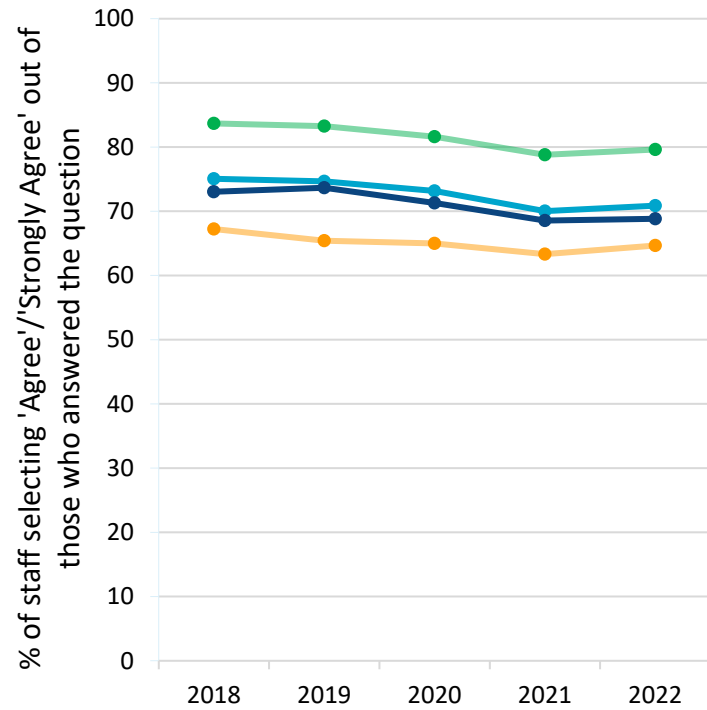
Q3c There are frequent opportunities for me to show initiative in my role.



	2018	2019	2020	2021	2022
Your org	72.1%	72.9%	70.4%	70.7%	72.8%
Best	80.1%	79.9%	78.2%	79.3%	79.9%
Average	73.3%	73.4%	72.3%	72.7%	72.8%
Worst	63.2%	60.6%	64.8%	65.9%	64.9%
Responses	5385	5292	5097	7146	7964

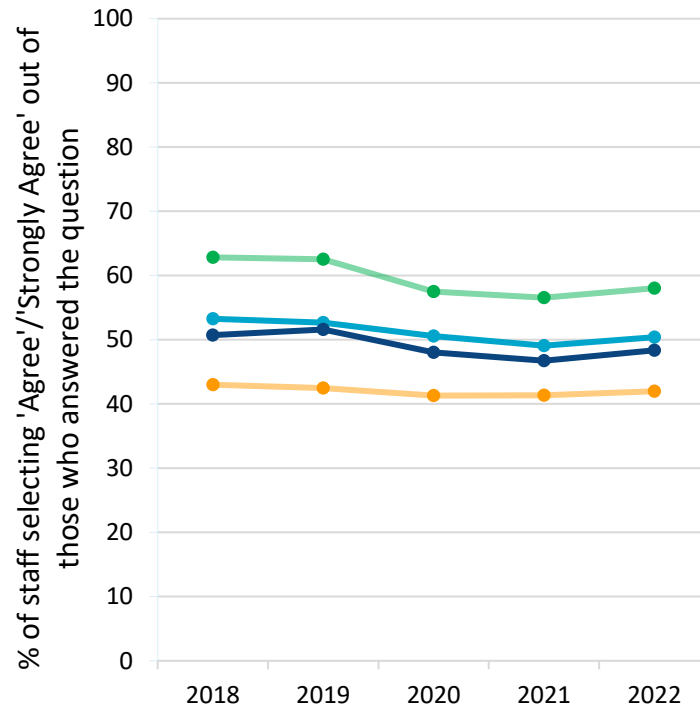


Q3d I am able to make suggestions to improve the work of my team / department.



	2018	2019	2020	2021	2022
Your org	73.0%	73.7%	71.3%	68.6%	68.8%
Best	83.7%	83.3%	81.6%	78.8%	79.6%
Average	75.0%	74.7%	73.2%	70.0%	70.9%
Worst	67.2%	65.4%	65.0%	63.3%	64.7%
Responses	5379	5286	5085	7152	7974

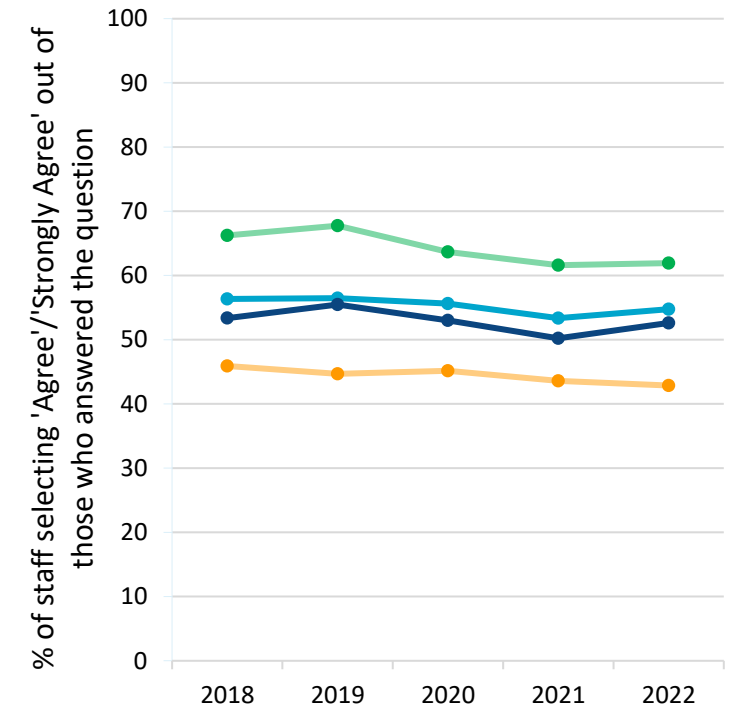
Q3e I am involved in deciding on changes introduced that affect my work area / team / department.



	2018	2019	2020	2021	2022
Your org	50.7%	51.6%	48.0%	46.7%	48.3%
Best	62.8%	62.5%	57.5%	56.5%	58.0%
Average	53.3%	52.7%	50.6%	49.1%	50.4%
Worst	43.0%	42.5%	41.3%	41.3%	42.0%
Responses	5374	5268	5080	7138	7980

University Hospitals of Leicester NHS Trust Benchmark report

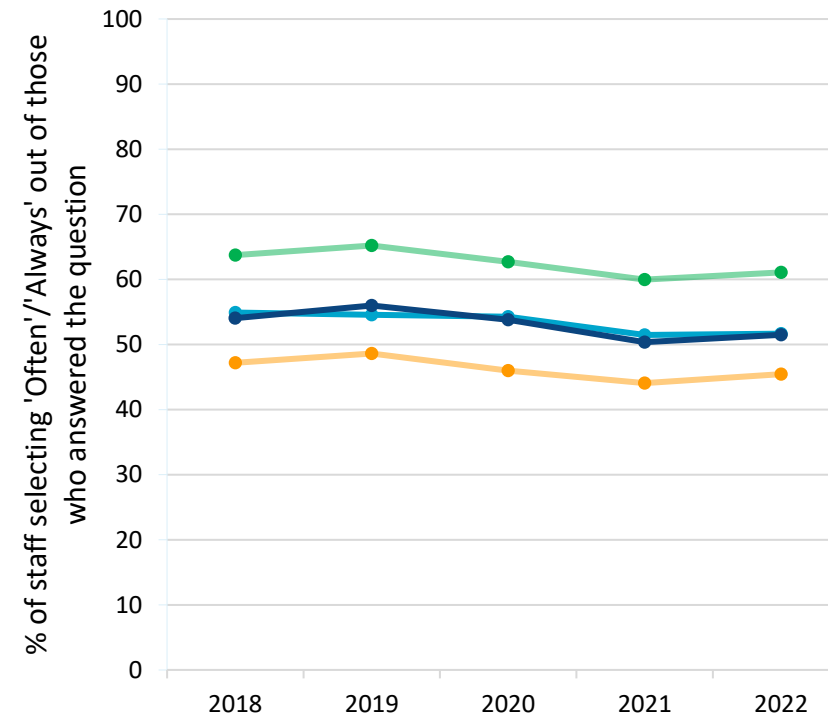
Q3f I am able to make improvements happen in my area of work.



	2018	2019	2020	2021	2022
Your org	53.4%	55.5%	53.0%	50.2%	52.6%
Best	66.2%	67.8%	63.7%	61.6%	61.9%
Average	56.4%	56.5%	55.6%	53.4%	54.7%
Worst	45.9%	44.7%	45.1%	43.6%	42.9%
Responses	5375	5263	5066	7129	7956



Q5b I have a choice in deciding how to do my work.

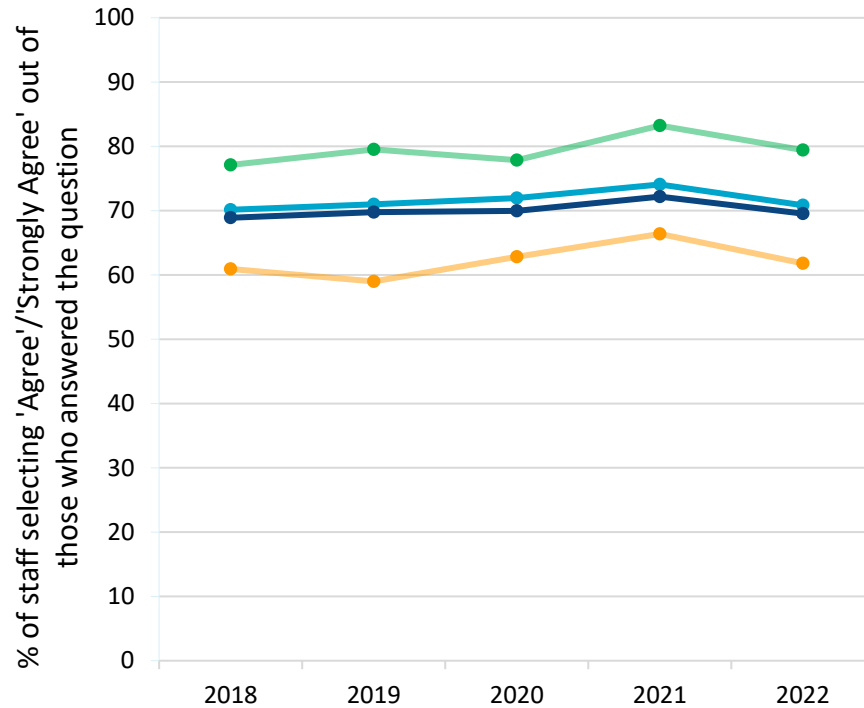


	2018	2019	2020	2021	2022
Your org	54.0%	56.0%	53.8%	50.4%	51.5%
Best	63.7%	65.2%	62.7%	60.0%	61.1%
Average	54.9%	54.6%	54.3%	51.5%	51.7%
Worst	47.2%	48.6%	46.0%	44.1%	45.4%

Responses 5332 5240 5004 7088 7955



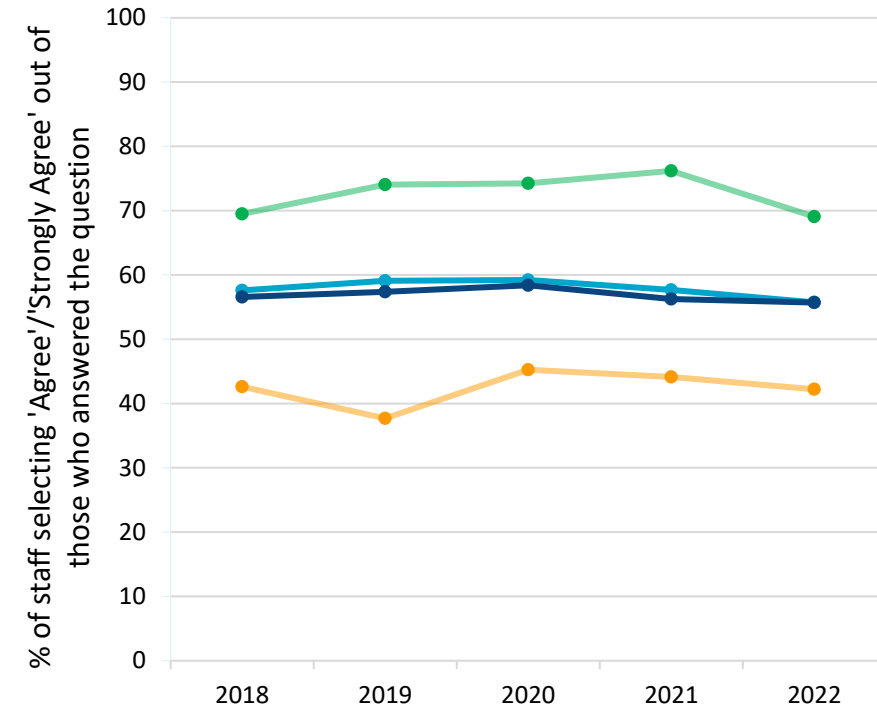
Q19a I would feel secure raising concerns about unsafe clinical practice.



	2018	2019	2020	2021	2022
Your org	68.9%	69.8%	70.0%	72.2%	69.5%
Best	77.1%	79.5%	77.9%	83.2%	79.4%
Average	70.1%	71.0%	71.9%	74.1%	70.8%
Worst	60.9%	59.0%	62.8%	66.4%	61.8%

Responses 5208 5196 5064 6874 7947

Q19b I am confident that my organisation would address my concern.

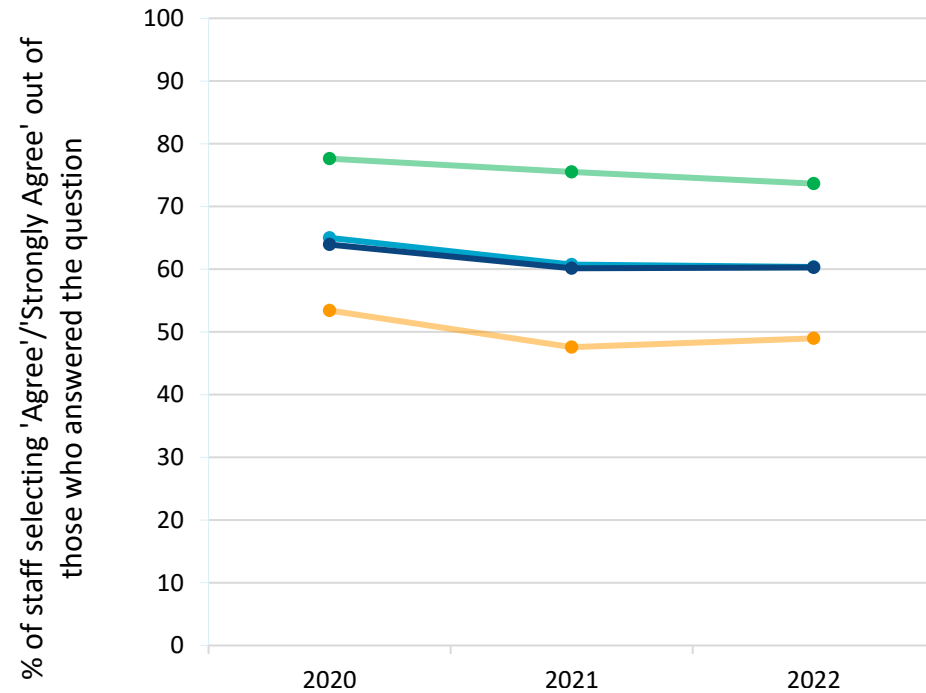


	2018	2019	2020	2021	2022
Your org	56.6%	57.4%	58.4%	56.2%	55.7%
Best	69.5%	74.0%	74.2%	76.2%	69.1%
Average	57.6%	59.1%	59.2%	57.7%	55.7%
Worst	42.6%	37.7%	45.3%	44.1%	42.2%

Responses 5203 5196 5062 6877 7940

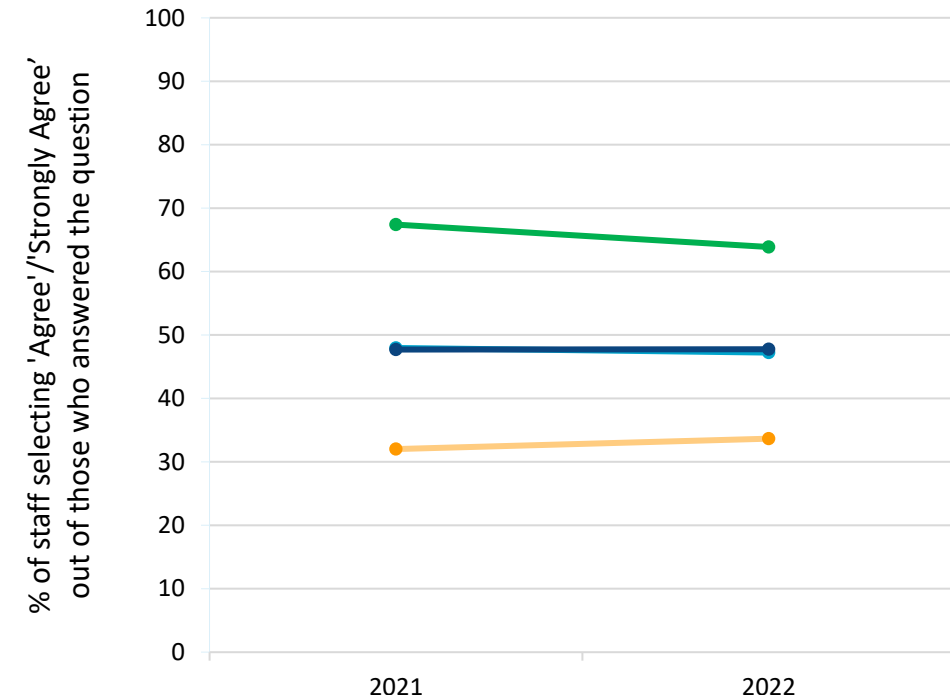


Q23e I feel safe to speak up about anything that concerns me in this organisation.



	2020	2021	2022
Your org	63.9%	60.1%	60.3%
Best	77.6%	75.5%	73.6%
Average	65.0%	60.7%	60.3%
Worst	53.4%	47.6%	49.0%
Responses	5054	6778	7934

Q23f If I spoke up about something that concerned me I am confident my organisation would address my concern.



	2021	2022
Your org	47.7%	47.7%
Best	67.4%	63.9%
Average	48.0%	47.2%
Worst	32.0%	33.7%
Responses	6777	7935

People Promise element – We are safe and healthy



Questions included:

Health and safety climate: Q3g, Q3h, Q3i, Q5a, Q11a, Q13d, Q14d

Burnout: Q12a, Q12b, Q12c, Q12d, Q12e, Q12f, Q12g

Negative experiences: Q11b, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

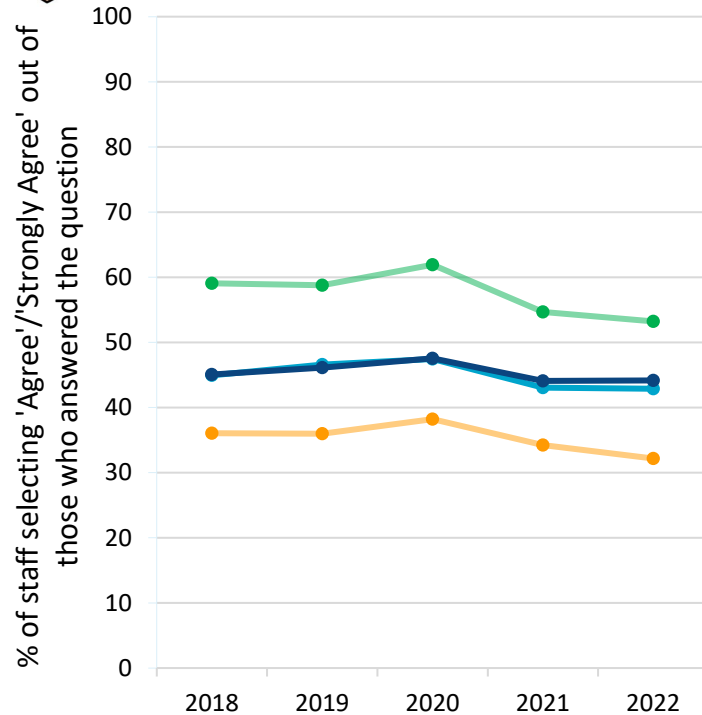


People Promise elements and theme results – We are safe and healthy: Health and safety climate

Survey
Coordination
Centre

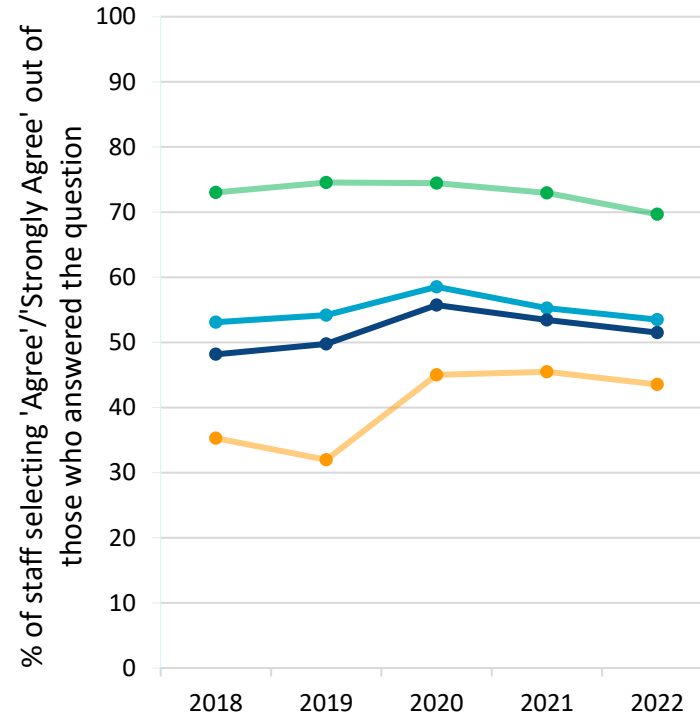


Q3g I am able to meet all the conflicting demands on my time at work.



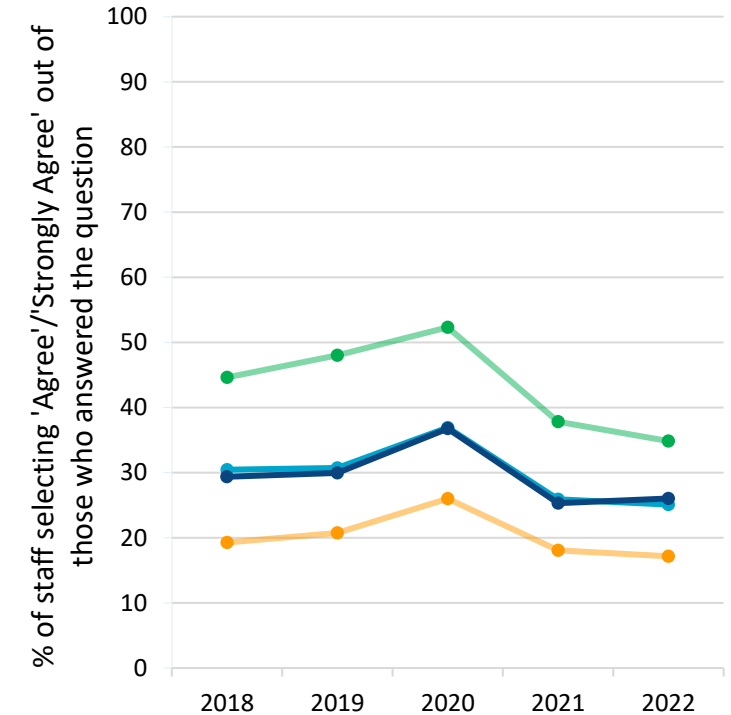
	2018	2019	2020	2021	2022
Your org	45.1%	46.1%	47.6%	44.1%	44.2%
Best	59.1%	58.8%	61.9%	54.7%	53.2%
Average	44.9%	46.6%	47.4%	43.1%	42.9%
Worst	36.0%	36.0%	38.2%	34.2%	32.2%
Responses	5349	5275	5068	7123	7955

Q3h I have adequate materials, supplies and equipment to do my work.



	2018	2019	2020	2021	2022
Your org	48.2%	49.8%	55.7%	53.4%	51.5%
Best	73.0%	74.6%	74.5%	72.9%	69.7%
Average	53.1%	54.2%	58.5%	55.3%	53.5%
Worst	35.3%	32.0%	45.0%	45.5%	43.6%
Responses	5357	5271	5060	7131	7963

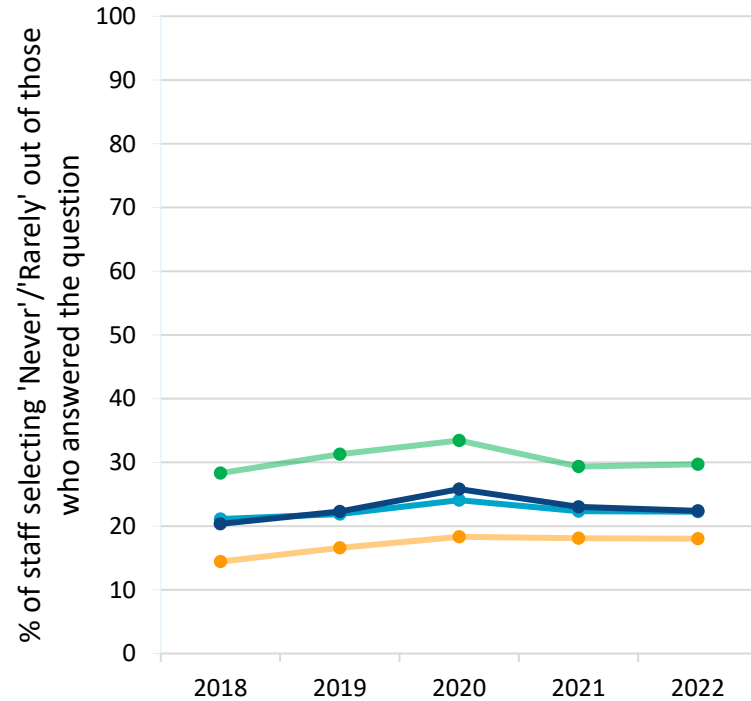
Q3i There are enough staff at this organisation for me to do my job properly.



	2018	2019	2020	2021	2022
Your org	29.4%	30.0%	36.8%	25.3%	26.0%
Best	44.6%	48.0%	52.3%	37.8%	34.8%
Average	30.5%	30.7%	36.9%	25.9%	25.1%
Worst	19.3%	20.8%	26.0%	18.1%	17.2%
Responses	5358	5271	5072	7146	7979

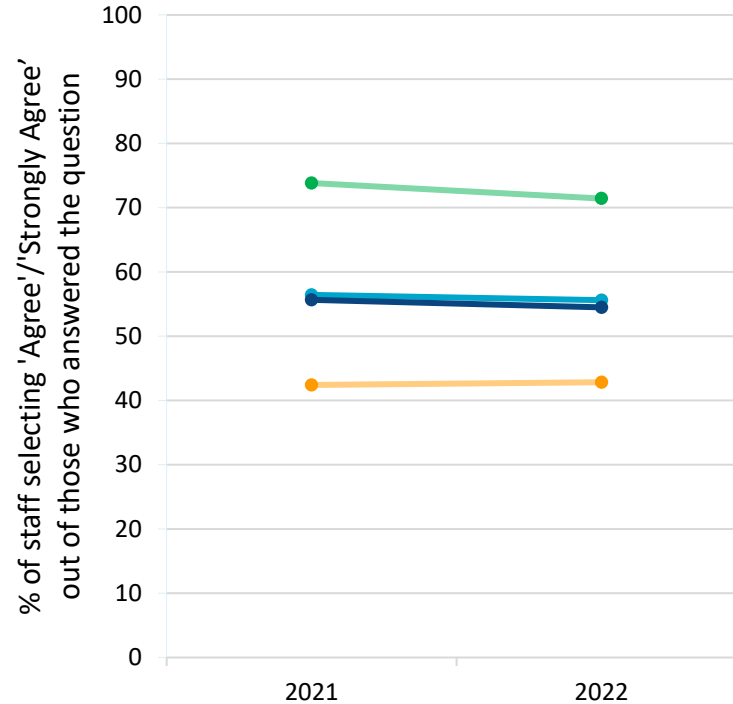


Q5a I have unrealistic time pressures.



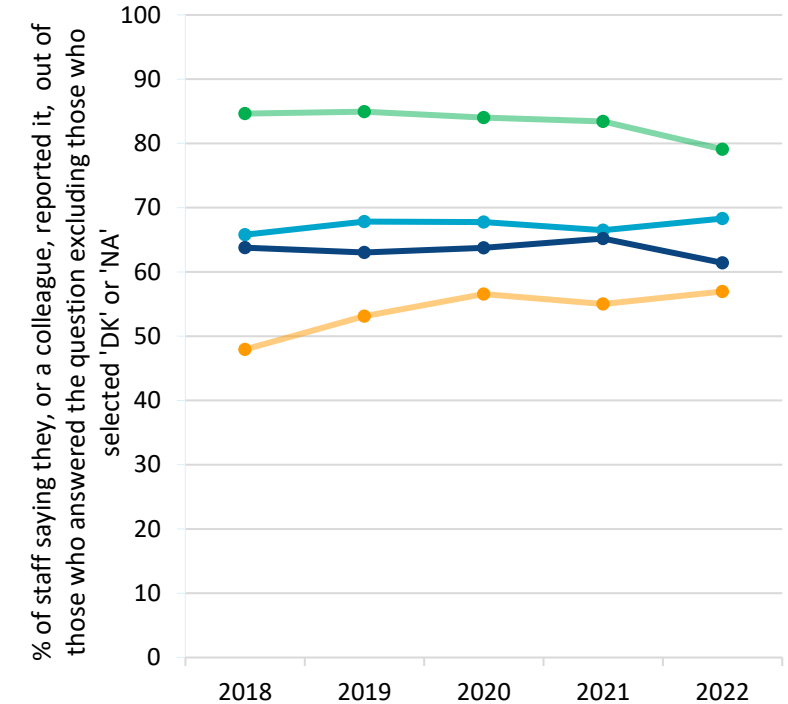
	2018	2019	2020	2021	2022
Your org	20.3%	22.3%	25.8%	23.0%	22.4%
Best	28.3%	31.3%	33.4%	29.3%	29.7%
Average	21.1%	21.9%	24.1%	22.4%	22.3%
Worst	14.4%	16.6%	18.3%	18.1%	18.0%
Responses	5342	5239	5016	7079	7944

Q11a My organisation take positive action on health and well-being.



	2021	2022
Your org	55.7%	54.5%
Best	73.8%	71.4%
Average	56.4%	55.6%
Worst	42.4%	42.8%
Responses	6927	7885

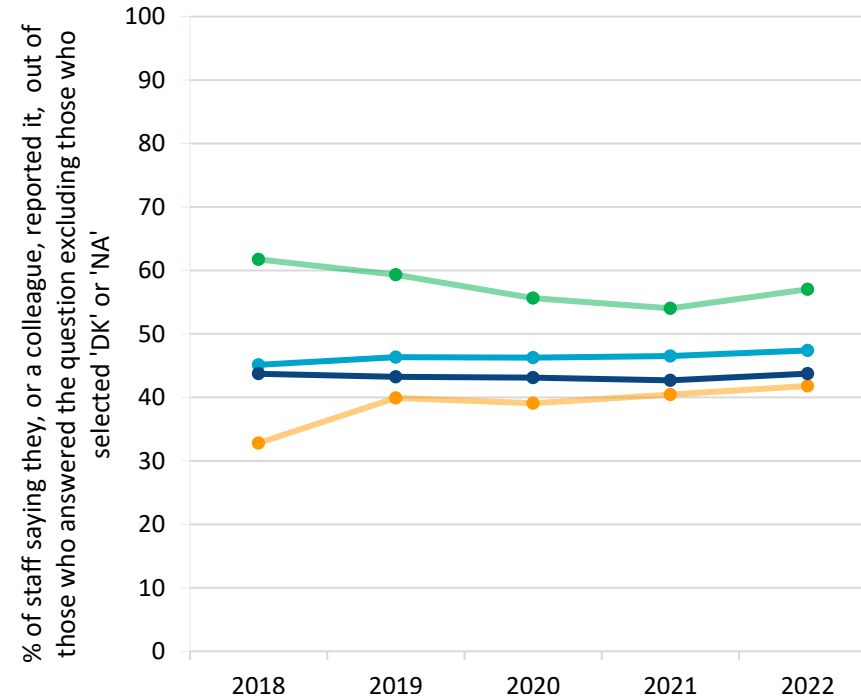
Q13d The last time you experienced physical violence at work, did you or a colleague report it?



	2018	2019	2020	2021	2022
Your org	63.8%	63.0%	63.8%	65.2%	61.4%
Best	84.6%	84.9%	84.0%	83.4%	79.1%
Average	65.8%	67.8%	67.8%	66.5%	68.3%
Worst	47.9%	53.1%	56.6%	55.0%	57.0%
Responses	588	511	468	719	847



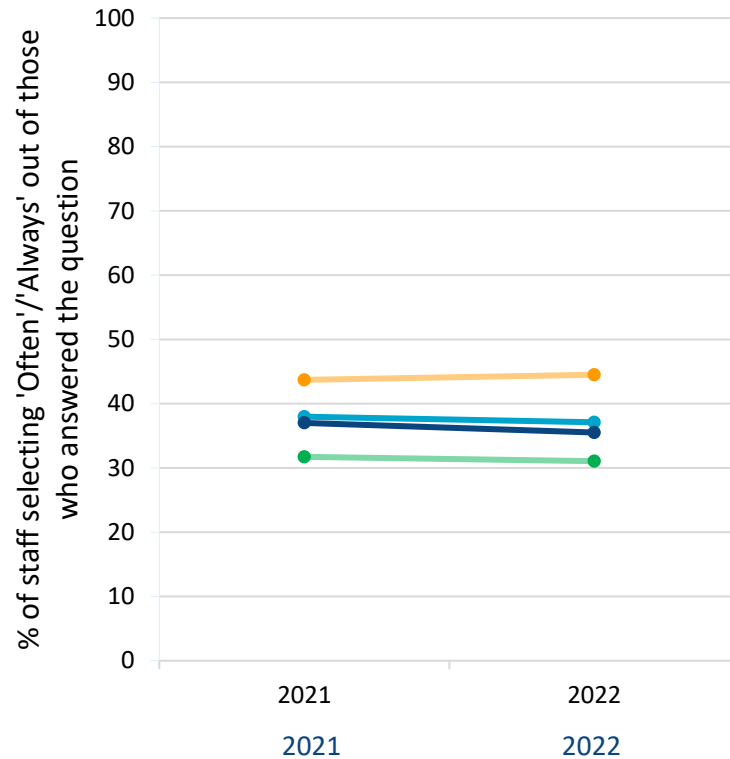
Q14d The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?



	2018	2019	2020	2021	2022
Your org	43.7%	43.2%	43.1%	42.7%	43.8%
Best	61.7%	59.3%	55.6%	54.0%	57.0%
Average	45.1%	46.4%	46.3%	46.5%	47.4%
Worst	32.8%	39.9%	39.1%	40.5%	41.8%
Responses	1871	1765	1712	2138	2574



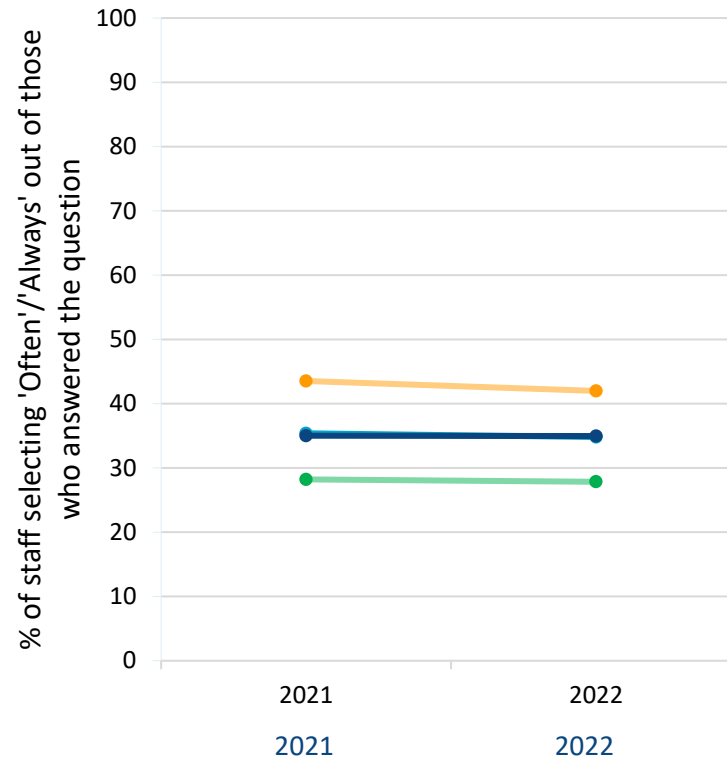
Q12a How often, if at all, do you find your work emotionally exhausting?



Your org	2021	2022
Best	31.7%	31.0%
Average	38.0%	37.1%
Worst	43.7%	44.5%

Responses 6920 7964

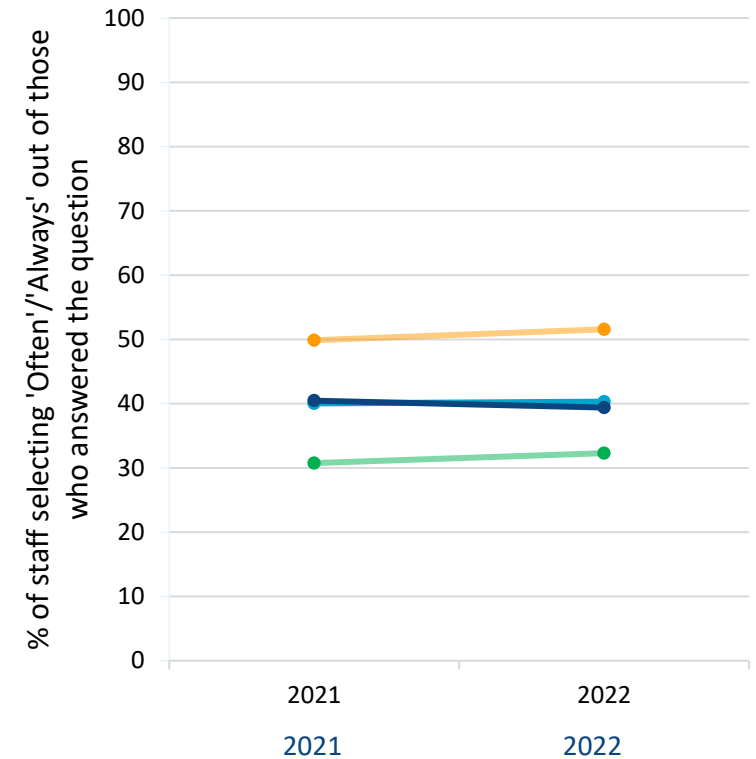
Q12b How often, if at all, do you feel burnt out because of your work?



Your org	2021	2022
Best	28.2%	27.9%
Average	35.4%	34.8%
Worst	43.5%	42.0%

Responses 6909 7956

Q12c How often, if at all, does your work frustrate you?

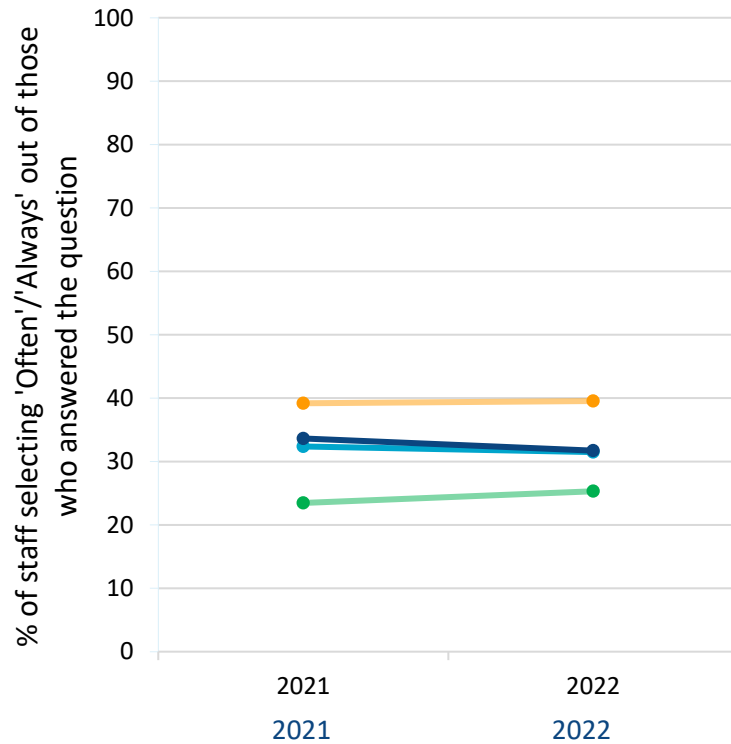


Your org	2021	2022
Best	30.8%	32.3%
Average	40.1%	40.3%
Worst	49.9%	51.6%

Responses 6902 7946



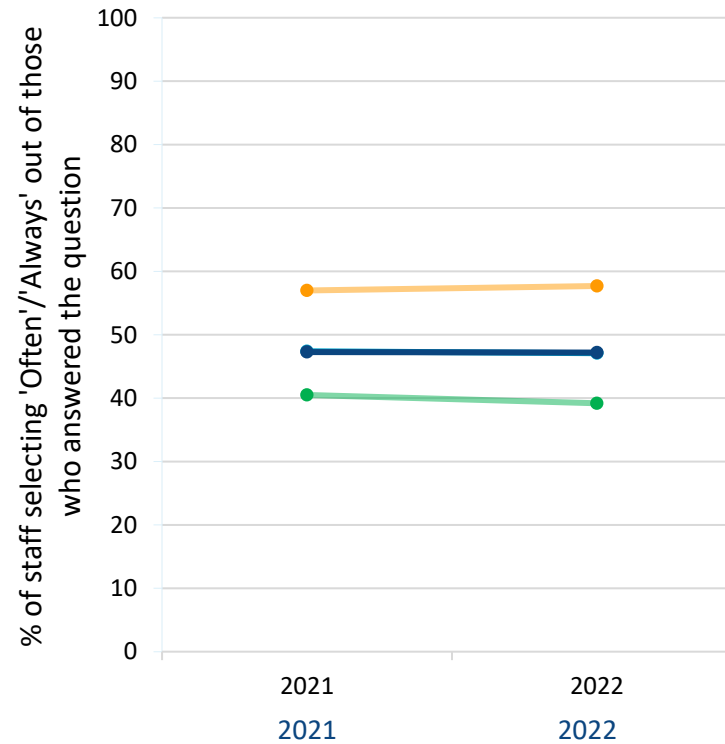
Q12d How often, if at all, are you exhausted at the thought of another day/shift at work?



	2021	2022
Your org	33.6%	31.7%
Best	23.5%	25.3%
Average	32.4%	31.5%
Worst	39.2%	39.5%

Responses 6893 7943

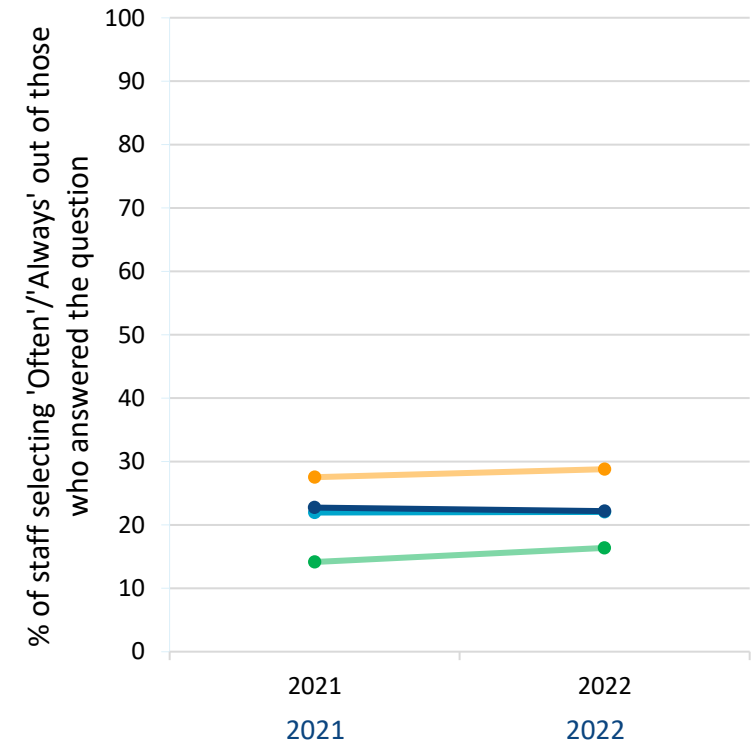
Q12e How often, if at all, do you feel worn out at the end of your working day/shift?



	2021	2022
Your org	47.3%	47.2%
Best	40.5%	39.2%
Average	47.4%	47.1%
Worst	57.0%	57.7%

Responses 6897 7937

Q12f How often, if at all, do you feel that every working hour is tiring for you?

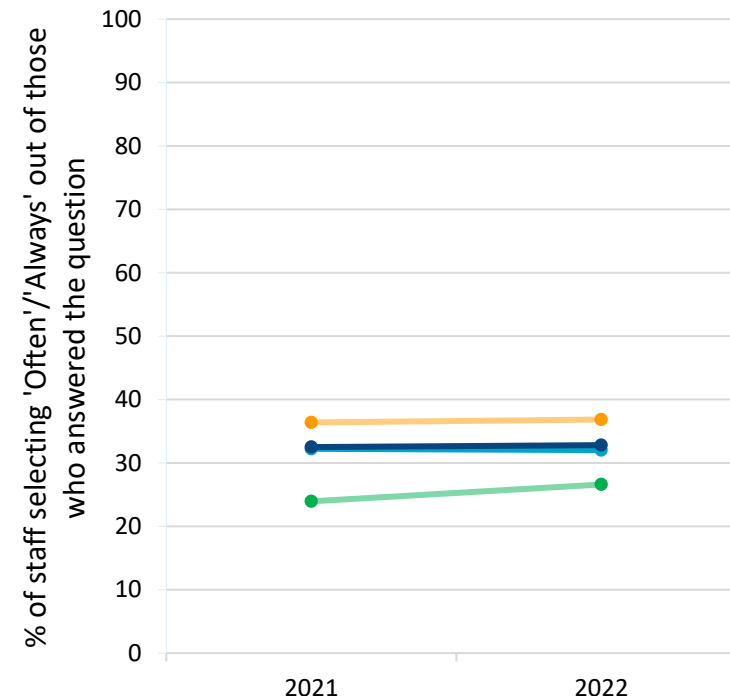


	2021	2022
Your org	22.7%	22.2%
Best	14.2%	16.4%
Average	21.9%	22.0%
Worst	27.5%	28.8%

Responses 6896 7956



Q12g How often, if at all, do you not have enough energy for family and friends during leisure time?



	2021	2022
Your org	32.5%	32.8%
Best	23.9%	26.6%
Average	32.2%	32.0%
Worst	36.4%	36.8%

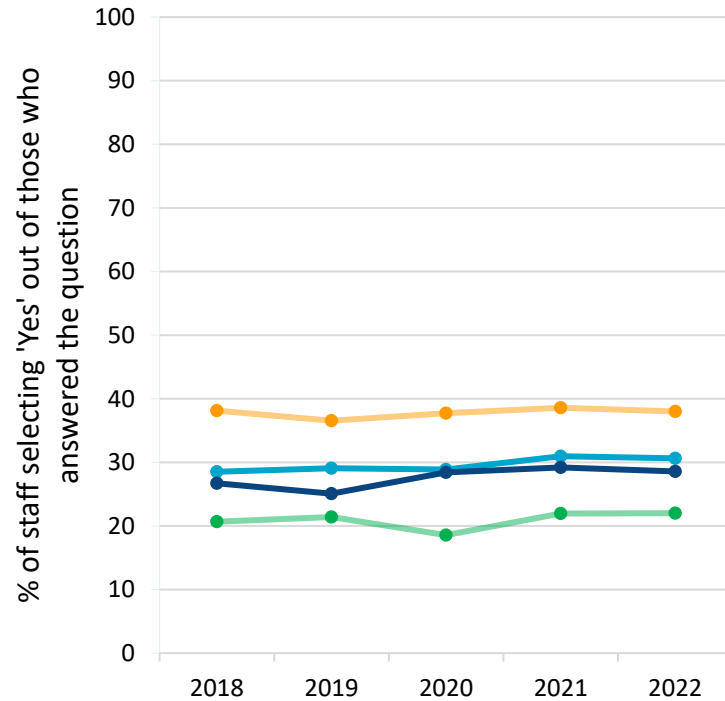
Responses 6909 7952
University Hospitals of Leicester NHS Trust Benchmark report



People Promise elements and theme results – We are safe and healthy: Negative experiences

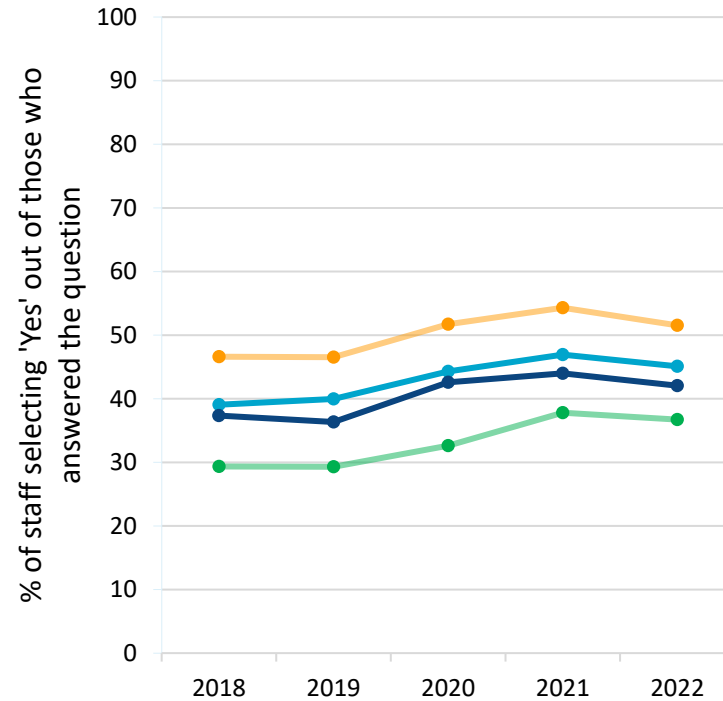


Q11b In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?



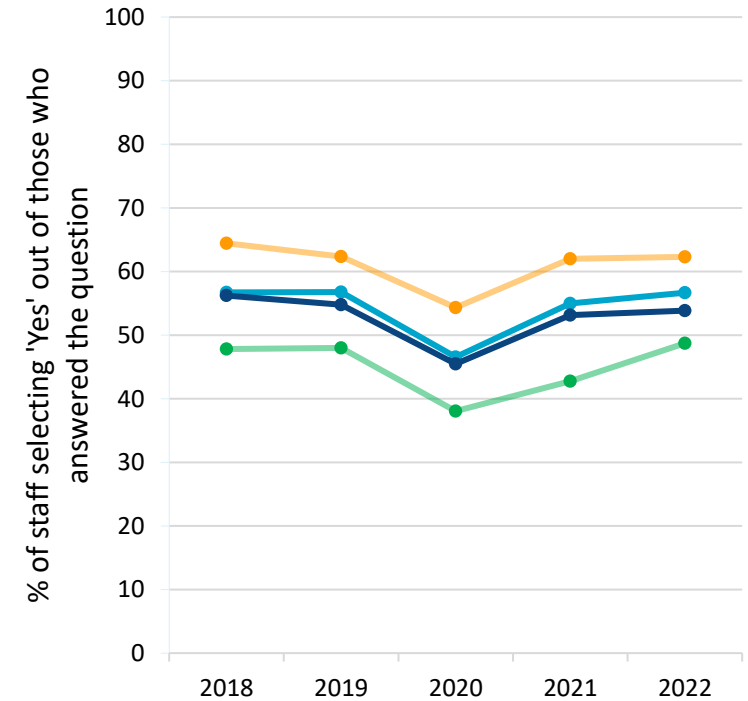
	2018	2019	2020	2021	2022
Your org	38.1%	36.5%	37.7%	38.6%	38.0%
Best	20.7%	21.4%	18.6%	21.9%	22.0%
Average	28.5%	29.1%	28.9%	31.0%	30.6%
Worst	26.7%	25.1%	28.4%	29.2%	28.6%
Responses	5255	5220	5066	6936	7962

Q11c During the last 12 months have you felt unwell as a result of work related stress?



	2018	2019	2020	2021	2022
Your org	46.6%	46.5%	51.7%	54.3%	51.5%
Best	29.3%	29.3%	32.6%	37.8%	36.7%
Average	39.1%	40.0%	44.3%	46.9%	45.1%
Worst	37.3%	36.3%	42.6%	44.0%	42.1%
Responses	5265	5226	5077	6928	7962

Q11d In the last three months have you ever come to work despite not feeling well enough to perform your duties?



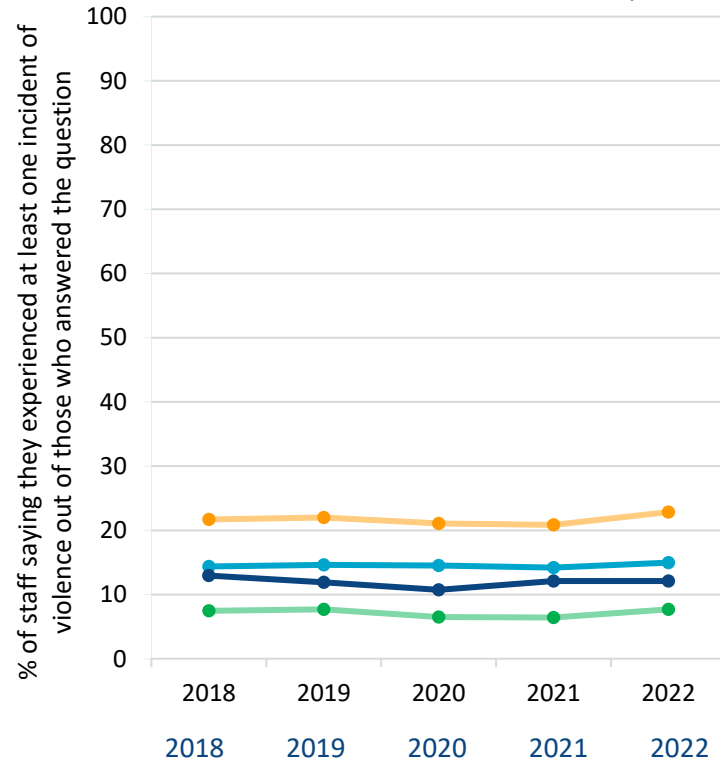
	2018	2019	2020	2021	2022
Your org	64.5%	62.4%	54.3%	62.0%	62.3%
Best	47.8%	48.0%	38.0%	42.8%	48.7%
Average	56.7%	56.8%	46.6%	55.0%	56.7%
Worst	56.2%	54.8%	45.5%	53.1%	53.9%
Responses	5267	5228	5076	6935	7949



People Promise elements and theme results – We are safe and healthy: Negative experiences

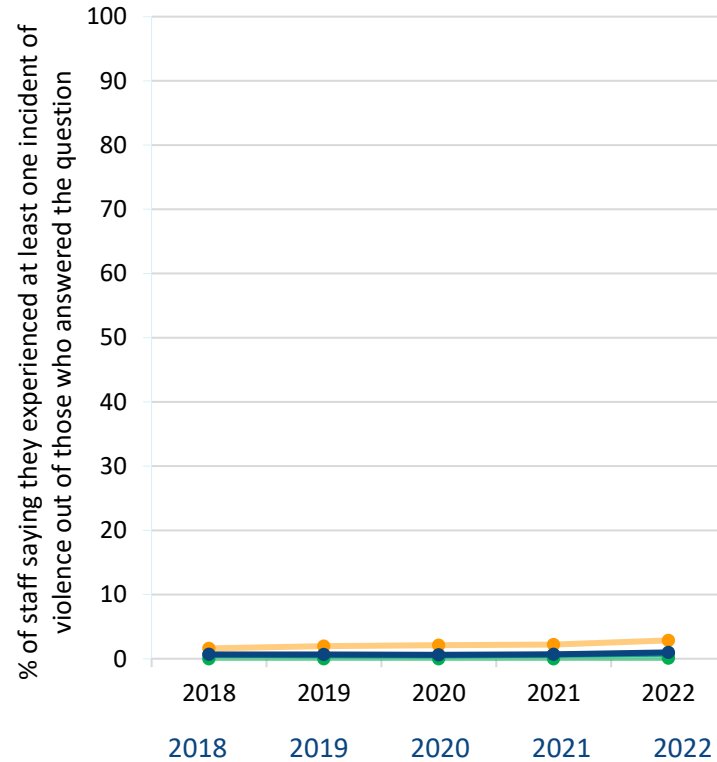


Q13a In the last 12 months how many times have you personally experienced physical violence at work from...? Patients / service users, their relatives or other members of the public.



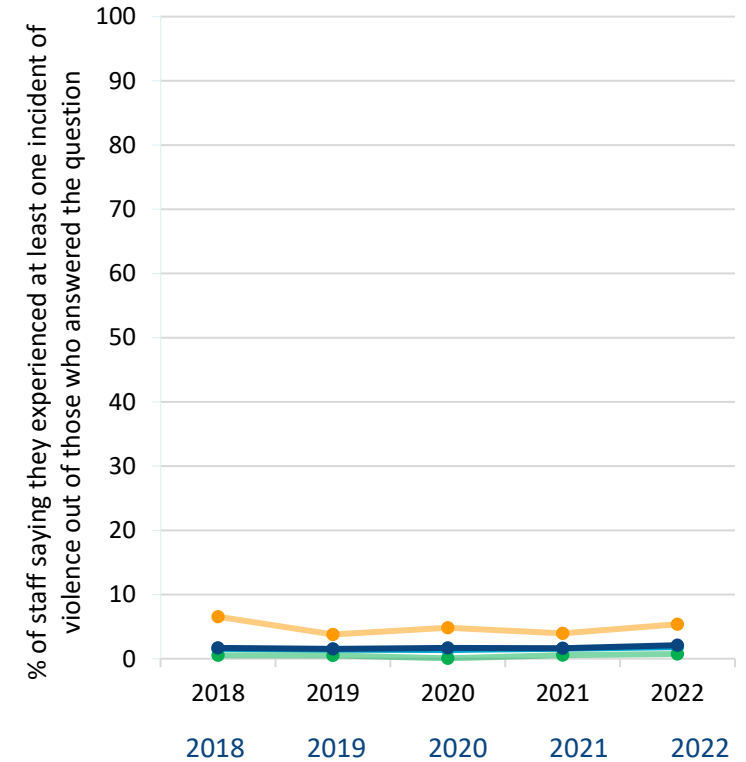
Your org	2018	2019	2020	2021	2022
Best	7.5%	7.7%	6.5%	6.4%	7.7%
Average	14.4%	14.6%	14.5%	14.2%	15.0%
Worst	12.9%	11.9%	10.7%	12.1%	12.1%
Responses	5285	5234	5092	6909	7933

Q13b In the last 12 months how many times have you personally experienced physical violence at work from...? Managers.



Your org	2018	2019	2020	2021	2022
Best	0.0%	0.0%	0.0%	0.0%	0.1%
Average	0.6%	0.5%	0.5%	0.6%	0.8%
Worst	0.7%	0.7%	0.6%	0.7%	1.0%
Responses	5095	5205	5056	6862	7833

Q13c In the last 12 months how many times have you personally experienced physical violence at work from...? Other colleagues.



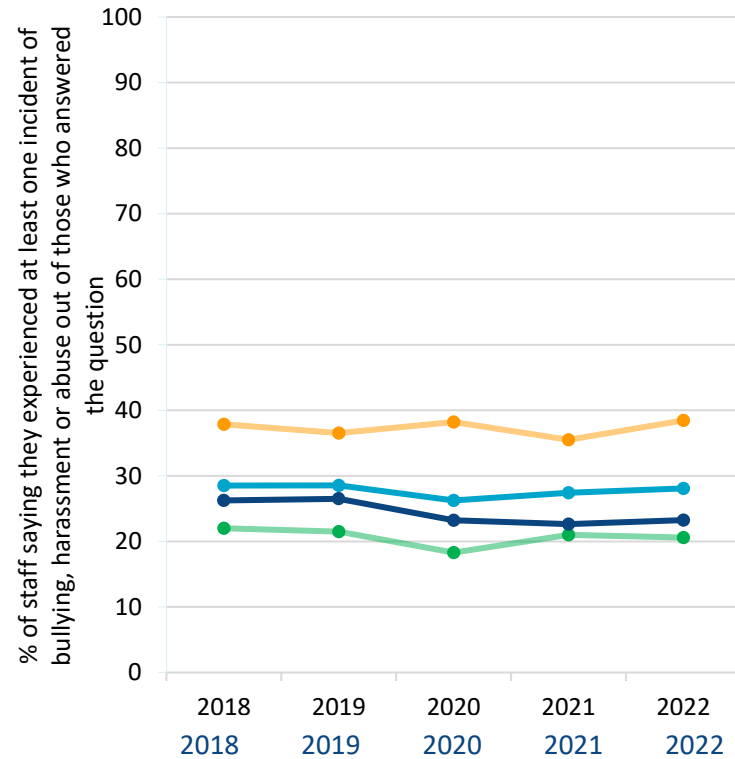
Your org	2018	2019	2020	2021	2022
Best	0.6%	0.5%	0.1%	0.6%	0.7%
Average	1.5%	1.4%	1.4%	1.6%	1.8%
Worst	1.7%	1.5%	1.7%	1.6%	2.1%
Responses	5128	5165	4999	6834	7816



People Promise elements and theme results – We are safe and healthy: Negative experiences

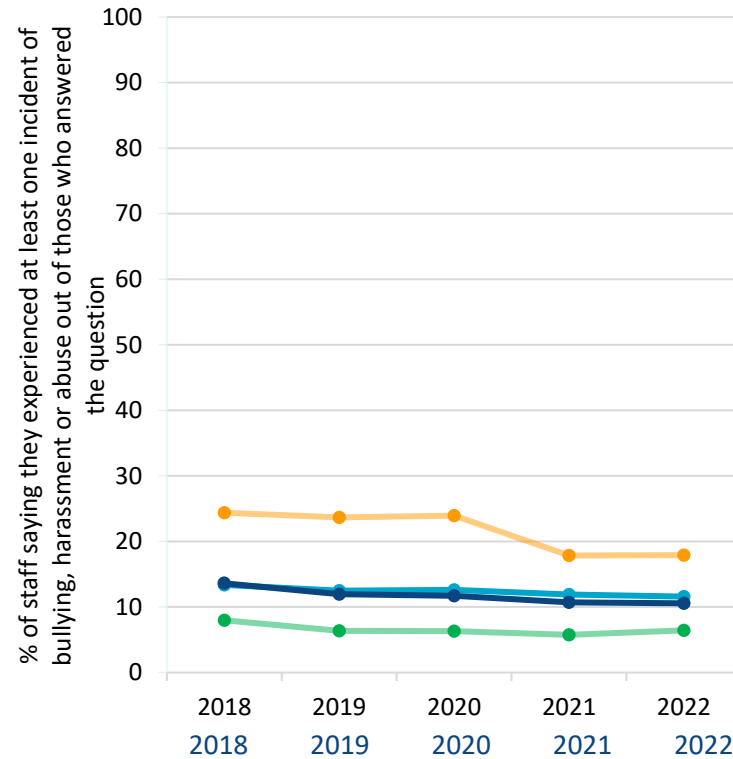


Q14a In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Patients / service users, their relatives or other members of the public.



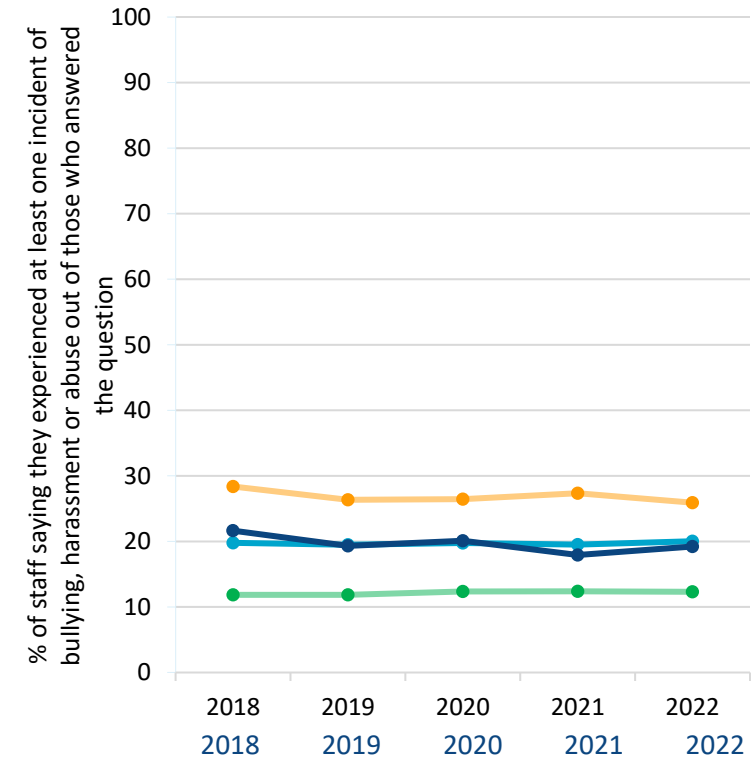
Your org	26.2%	26.5%	23.2%	22.6%	23.2%
Best	22.0%	21.5%	18.3%	21.0%	20.6%
Average	28.5%	28.5%	26.3%	27.4%	28.1%
Worst	37.9%	36.5%	38.2%	35.5%	38.5%
Responses	5261	5224	5080	6585	7941

Q14b In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Managers.



Your org	13.6%	12.0%	11.7%	10.7%	10.6%
Best	8.0%	6.4%	6.3%	5.7%	6.4%
Average	13.3%	12.5%	12.6%	11.9%	11.6%
Worst	24.4%	23.7%	23.9%	17.8%	17.9%
Responses	5130	5198	5041	6559	7857

Q14c In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Other colleagues.



Your org	21.6%	19.3%	20.1%	17.9%	19.2%
Best	11.8%	11.9%	12.4%	12.4%	12.3%
Average	19.8%	19.5%	19.8%	19.5%	20.0%
Worst	28.4%	26.3%	26.5%	27.3%	25.9%
Responses	5131	5146	5012	6537	7851

People Promise element – We are always learning



Questions included:

Development – Q22a, Q22b, Q22c, Q22d, Q22e

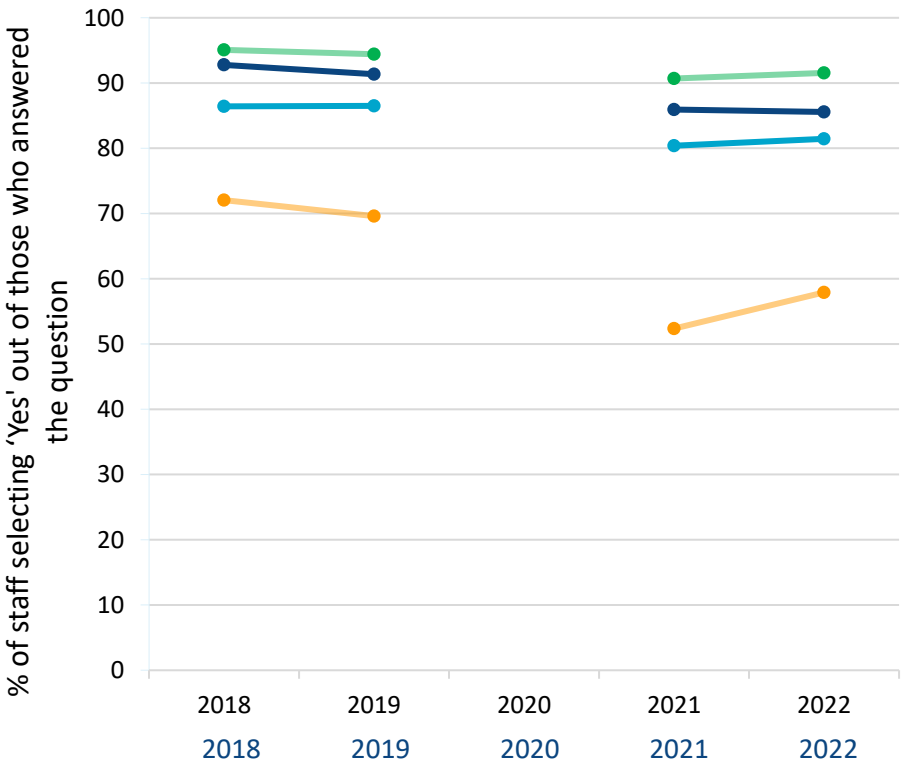
Appraisals – Q21b, Q21c, Q21d



*Q21a is a filter question and therefore influences the sub-score without being a directly scored question.

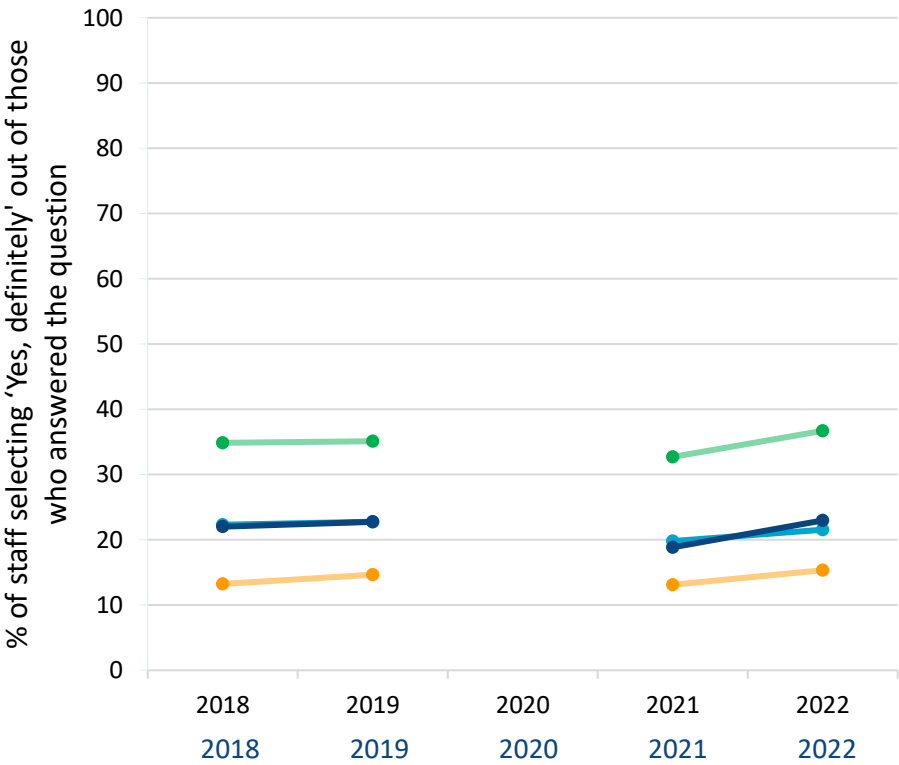


Q21a In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?



Your org	92.8%	91.4%	-	85.9%	85.6%
Best	95.1%	94.4%	-	90.7%	91.5%
Average	86.4%	86.5%	-	80.4%	81.4%
Worst	72.1%	69.6%	-	52.4%	57.9%
Responses	5216	5192	-	6857	7928

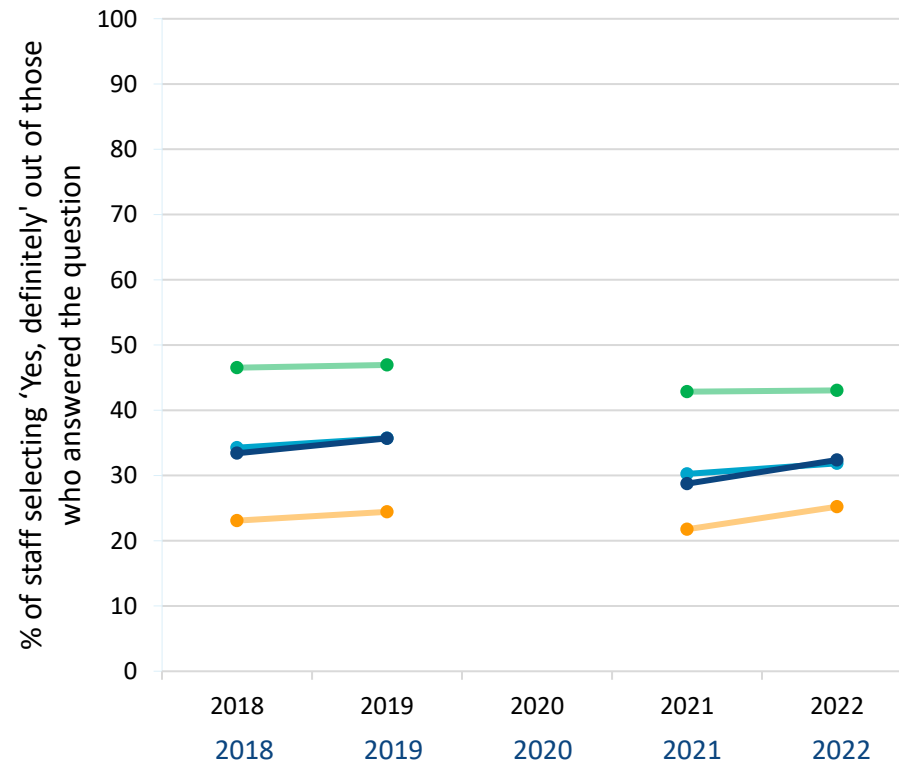
Q21b It helped me to improve how I do my job.



Your org	22.0%	22.7%	-	18.8%	22.9%
Best	34.8%	35.1%	-	32.7%	36.7%
Average	22.3%	22.8%	-	19.8%	21.5%
Worst	13.2%	14.7%	-	13.1%	15.3%
Responses	4715	4643	-	5828	6719

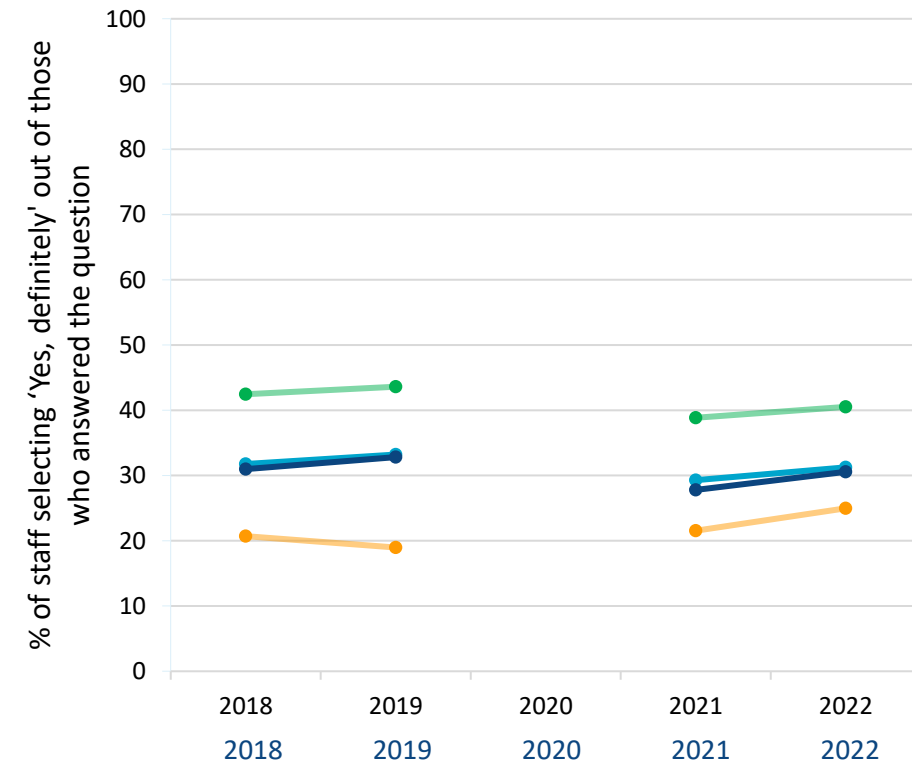


Q21c It helped me agree clear objectives for my work.



	2018	2019	2020	2021	2022
Your org	33.4%	35.7%	-	28.7%	32.4%
Best	46.5%	46.9%	-	42.8%	43.0%
Average	34.3%	35.7%	-	30.2%	31.9%
Worst	23.1%	24.4%	-	21.8%	25.2%
Responses	4706	4632	-	5826	6701

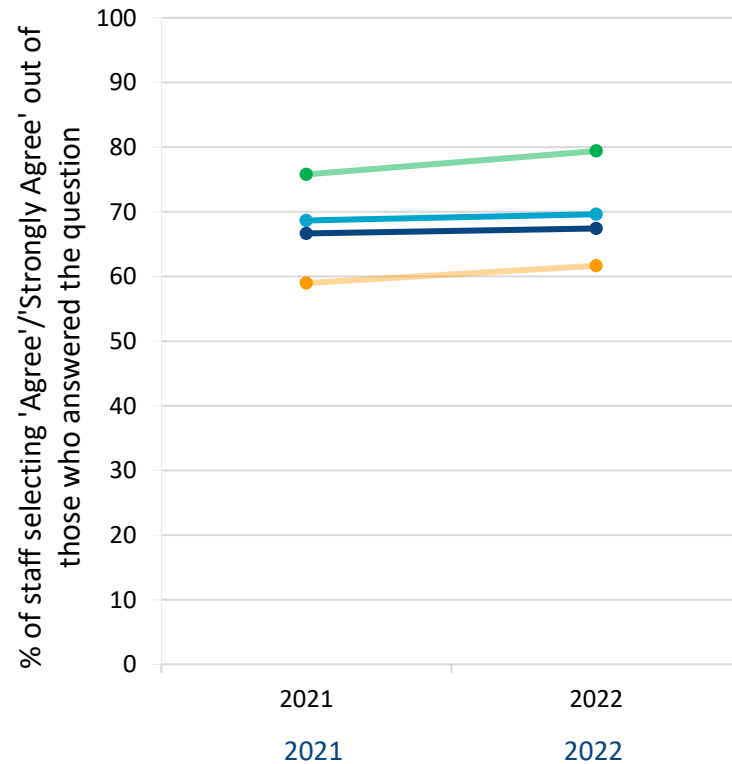
Q21d It left me feeling that my work is valued by my organisation.



	2018	2019	2020	2021	2022
Your org	31.0%	32.8%	-	27.8%	30.6%
Best	42.4%	43.6%	-	38.9%	40.5%
Average	31.8%	33.2%	-	29.3%	31.3%
Worst	20.7%	19.0%	-	21.5%	25.0%
Responses	4708	4604	-	5822	6714

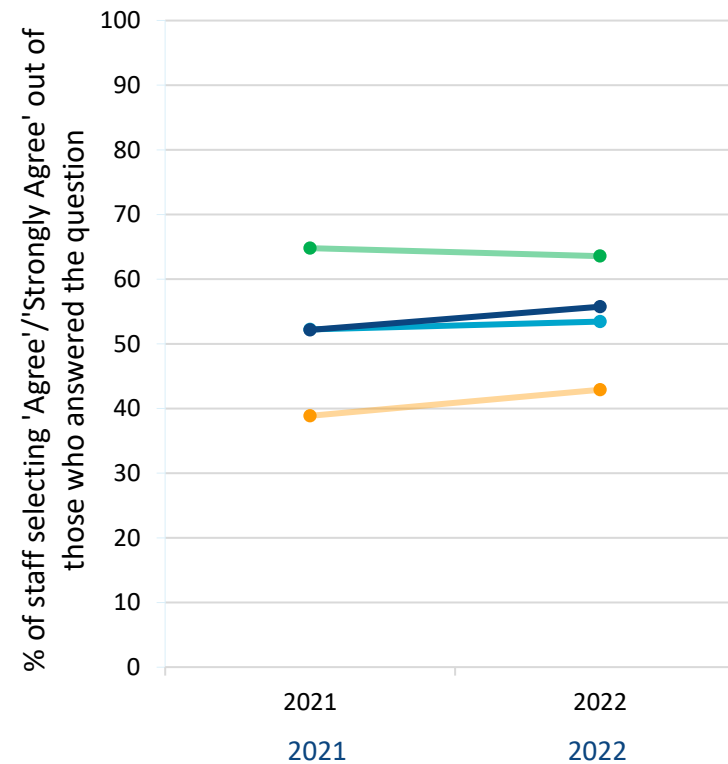


Q22a This organisation offers me challenging work.



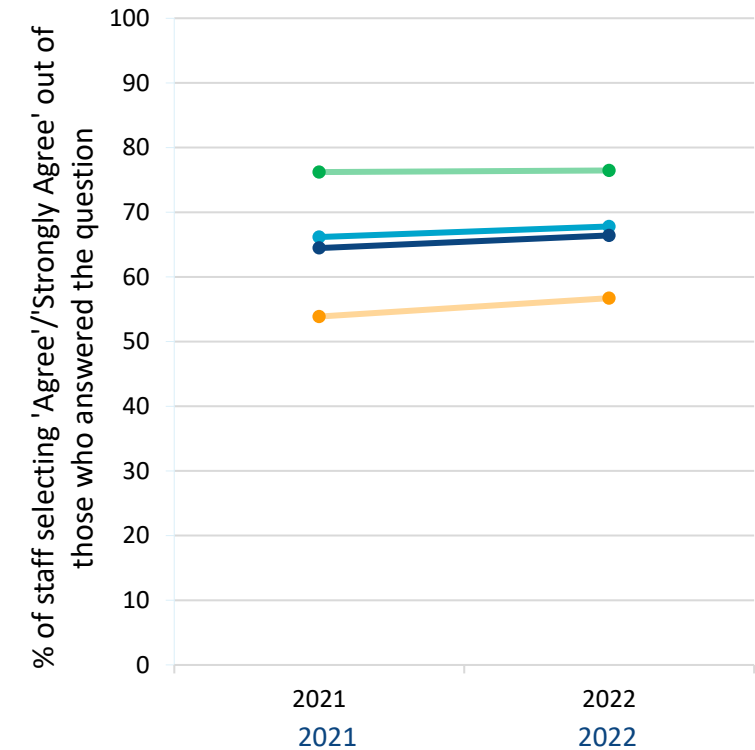
	2021	2022
Your org	66.6%	67.4%
Best	75.8%	79.4%
Average	68.7%	69.6%
Worst	59.0%	61.7%

Q22b There are opportunities for me to develop my career in this organisation.



	2021	2022
Your org	52.1%	55.7%
Best	64.8%	63.6%
Average	52.2%	53.4%
Worst	38.9%	42.9%

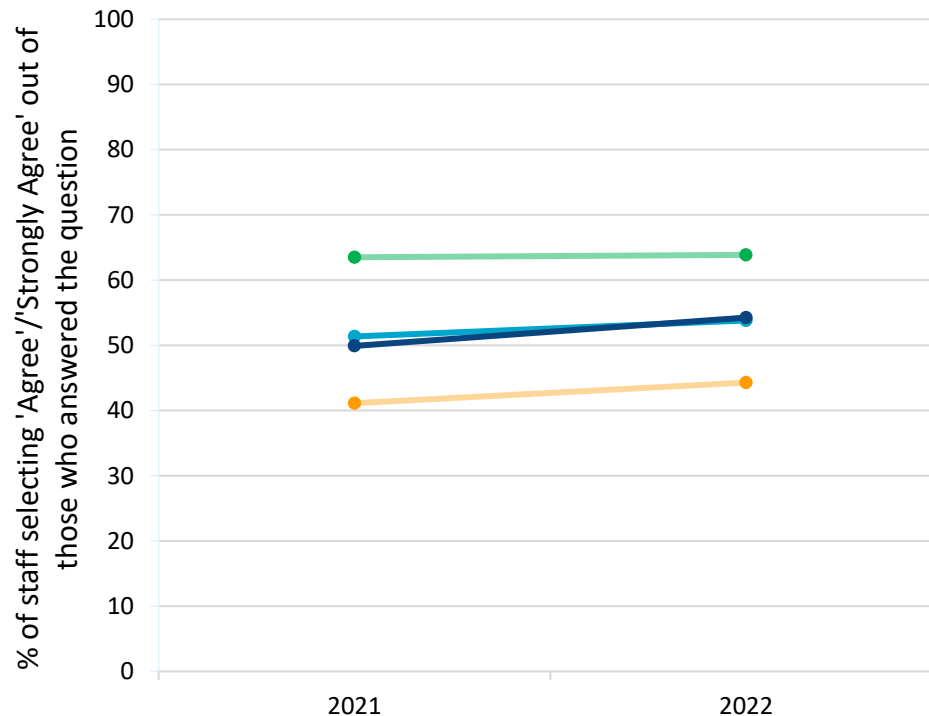
Q22c I have opportunities to improve my knowledge and skills.



	2021	2022
Your org	64.5%	66.4%
Best	76.2%	76.5%
Average	66.2%	67.8%
Worst	53.9%	56.7%



Q22d I feel supported to develop my potential.



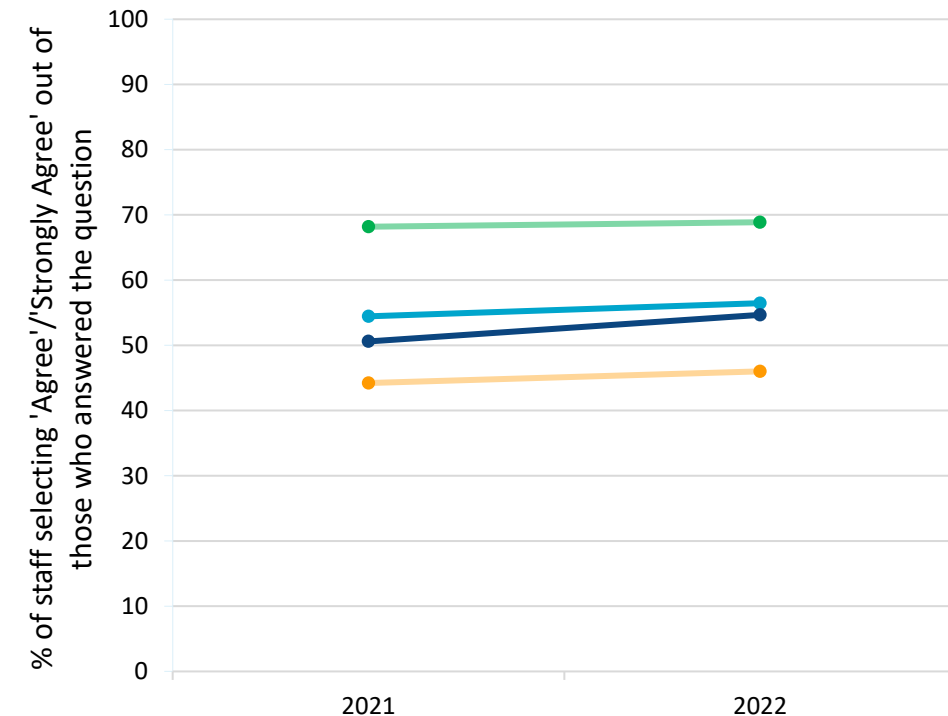
	2021	2022
Your org	49.9%	54.2%
Best	63.5%	63.9%
Average	51.4%	53.8%
Worst	41.1%	44.3%

Responses

6837

7935

Q22e I am able to access the right learning and development opportunities when I need to.



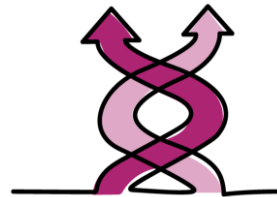
	2021	2022
Your org	50.6%	54.7%
Best	68.2%	68.9%
Average	54.4%	56.4%
Worst	44.2%	46.0%

Responses

6843

7939

People Promise element – We work flexibly



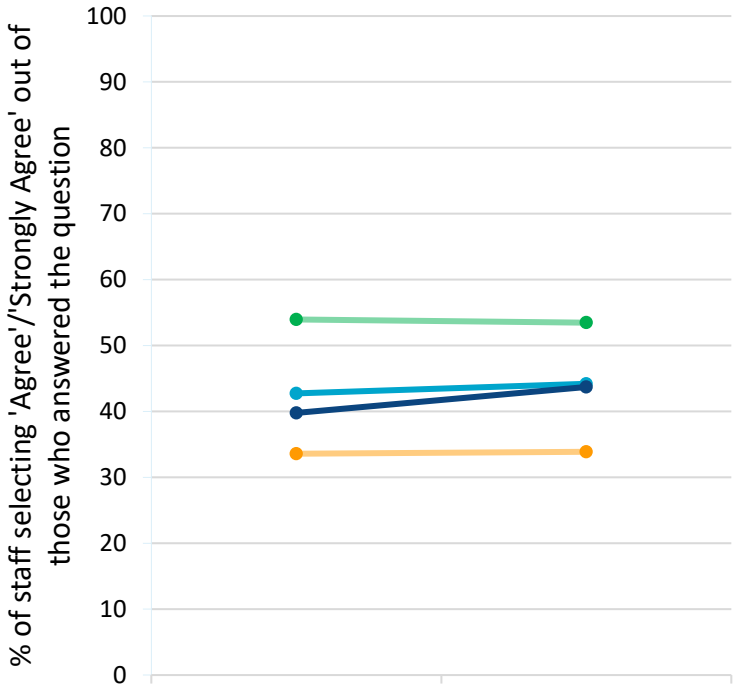
Questions included:

Support for work-life balance – Q6b, Q6c, Q6d

Flexible working – Q4d

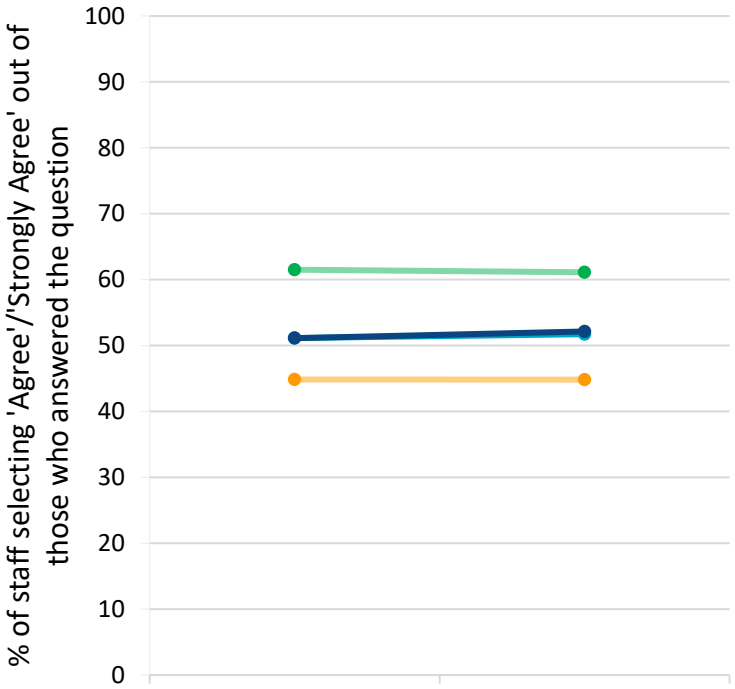


Q6b My organisation is committed to helping me balance my work and home life.



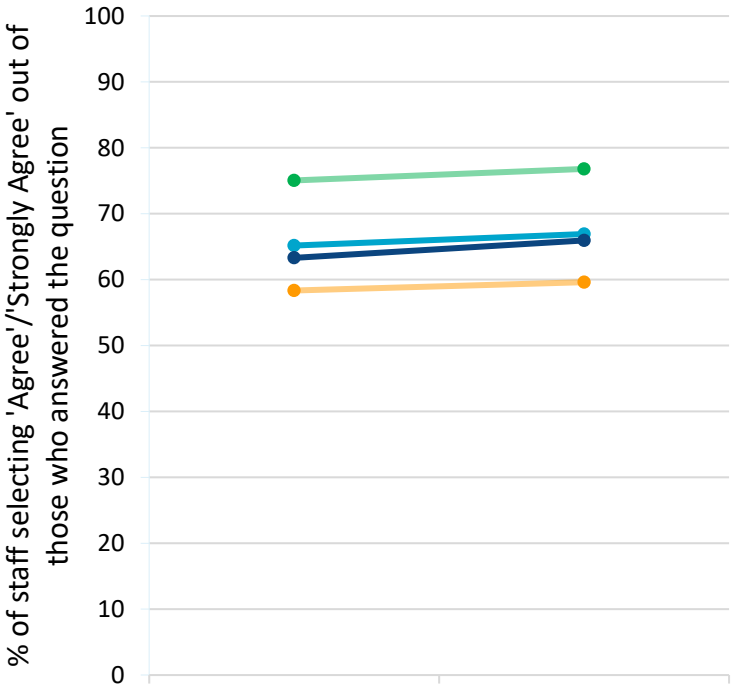
	2021	2022
Your org	39.8%	43.7%
Best	54.0%	53.5%
Average	42.7%	44.2%
Worst	33.6%	33.9%
Responses	7078	7963

Q6c I achieve a good balance between my work life and my home life.



	2021	2022
Your org	51.1%	52.1%
Best	61.5%	61.1%
Average	51.1%	51.7%
Worst	44.9%	44.8%
Responses	7083	7959

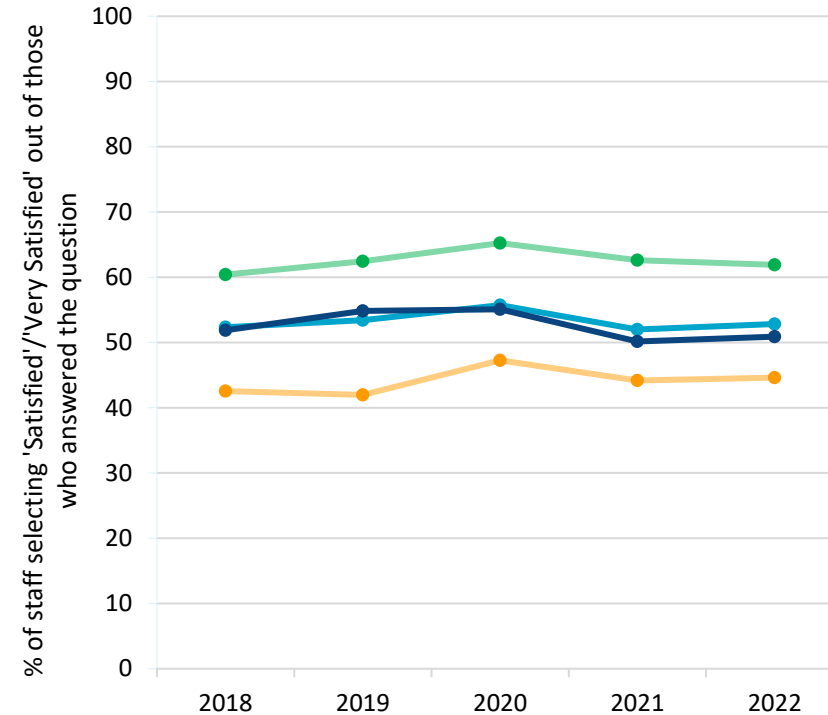
Q6d I can approach my immediate manager to talk openly about flexible working.



	2021	2022
Your org	63.3%	66.0%
Best	75.0%	76.8%
Average	65.2%	66.9%
Worst	58.4%	59.6%
Responses	7088	7962

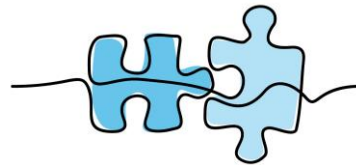


Q4d How satisfied are you with each of the following aspects of your job? The opportunities for flexible working patterns.



	2018	2019	2020	2021	2022
Your org	51.9%	54.8%	55.1%	50.2%	50.9%
Best	60.4%	62.4%	65.2%	62.6%	61.9%
Average	52.3%	53.4%	55.7%	52.0%	52.8%
Worst	42.5%	42.0%	47.3%	44.2%	44.6%
Responses	5325	5275	5077	7122	7976

People Promise element – We are a team



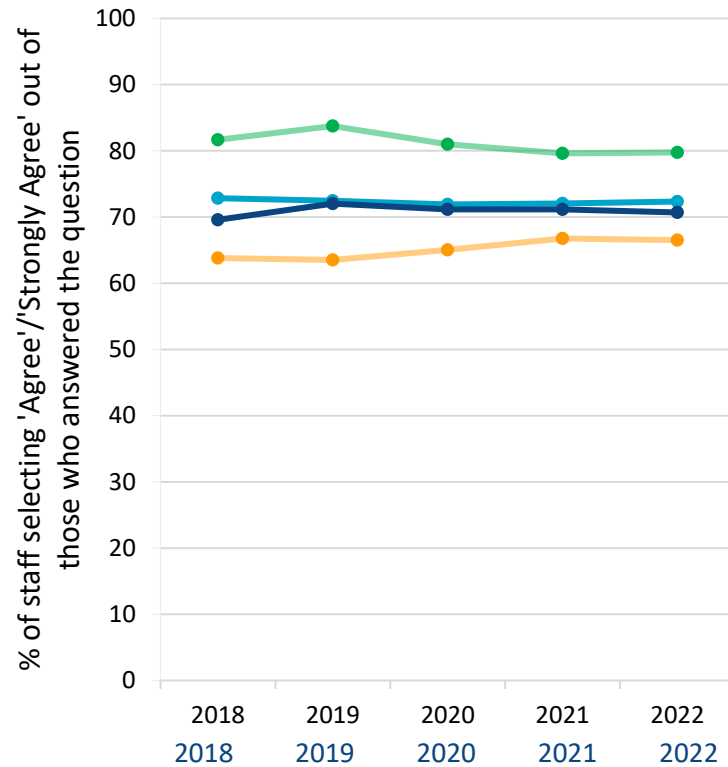
Questions included:

Teamworking – Q7a, Q7b, Q7c, Q7d, Q7e, Q7f, Q7g, Q8a

Line management – Q9a, Q9b, Q9c, Q9d

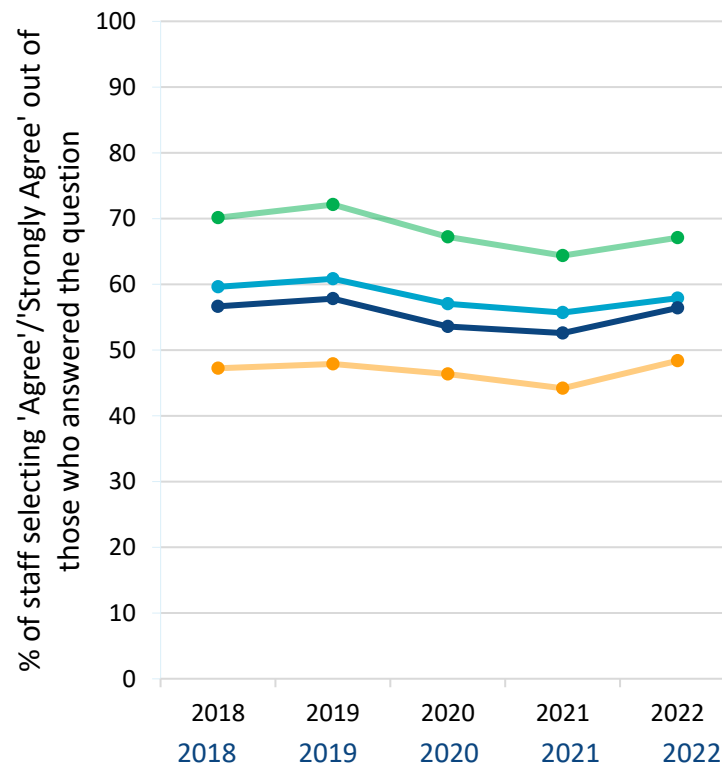


Q7a The team I work in has a set of shared objectives.



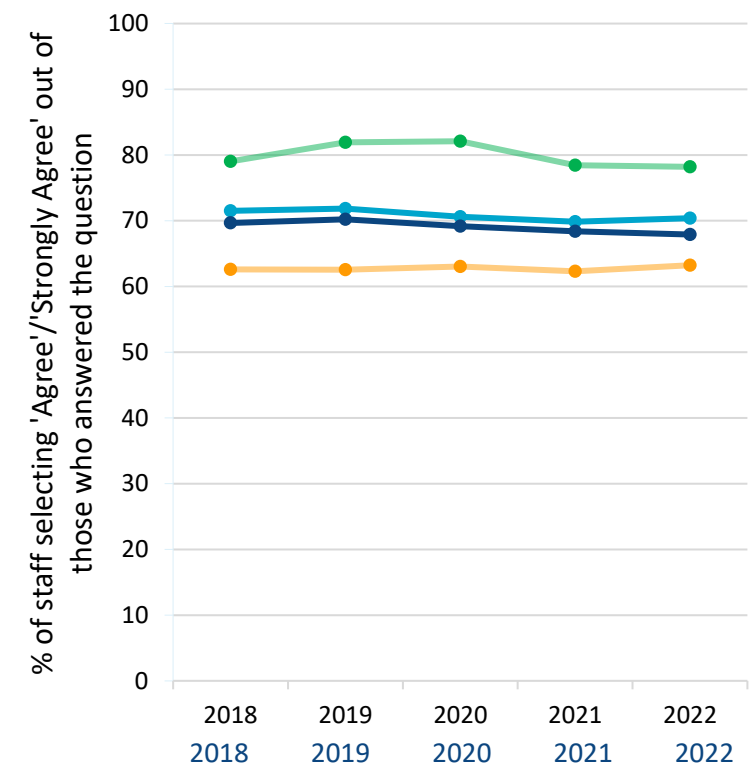
Your org	69.6%	72.0%	71.2%	71.2%	70.7%
Best	81.7%	83.8%	81.0%	79.6%	79.8%
Average	72.8%	72.5%	71.9%	72.1%	72.3%
Worst	63.8%	63.5%	65.0%	66.8%	66.5%
Responses	5348	5246	5044	7016	7961

Q7b The team I work in often meets to discuss the team's effectiveness.



Your org	56.6%	57.8%	53.6%	52.6%	56.4%
Best	70.1%	72.1%	67.2%	64.4%	67.1%
Average	59.6%	60.8%	57.0%	55.7%	57.9%
Worst	47.2%	47.9%	46.4%	44.2%	48.4%
Responses	5356	5264	5053	7010	7964

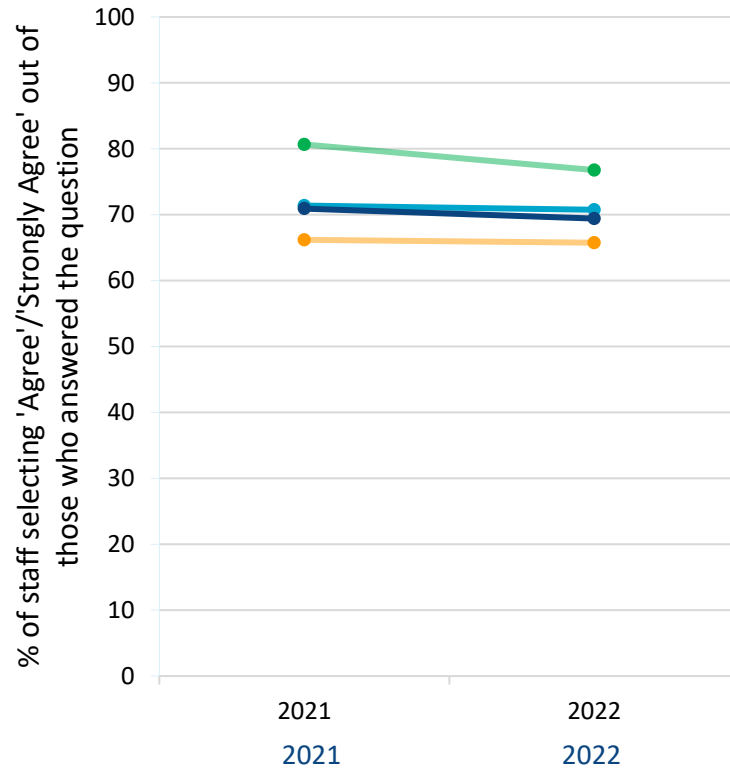
Q7c I receive the respect I deserve from my colleagues at work.



Your org	69.7%	70.2%	69.2%	68.4%	67.9%
Best	79.0%	81.9%	82.1%	78.4%	78.2%
Average	71.5%	71.8%	70.6%	69.9%	70.4%
Worst	62.6%	62.5%	63.0%	62.3%	63.2%
Responses	5379	5270	5089	7026	7972



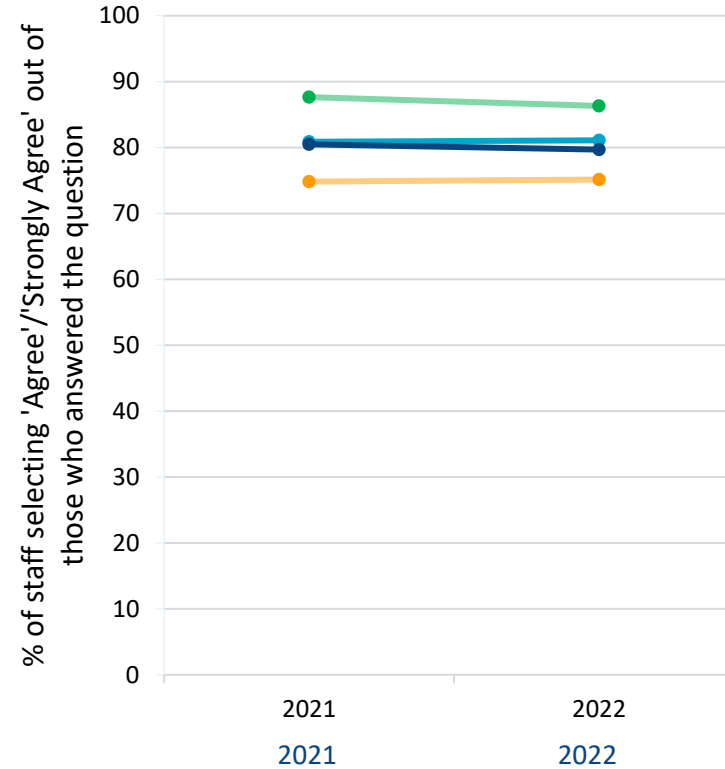
Q7d Team members understand each other's roles.



Your org	2021	2022
Best	80.6%	76.8%
Average	71.4%	70.7%
Worst	66.2%	65.8%

Responses 7020 7972

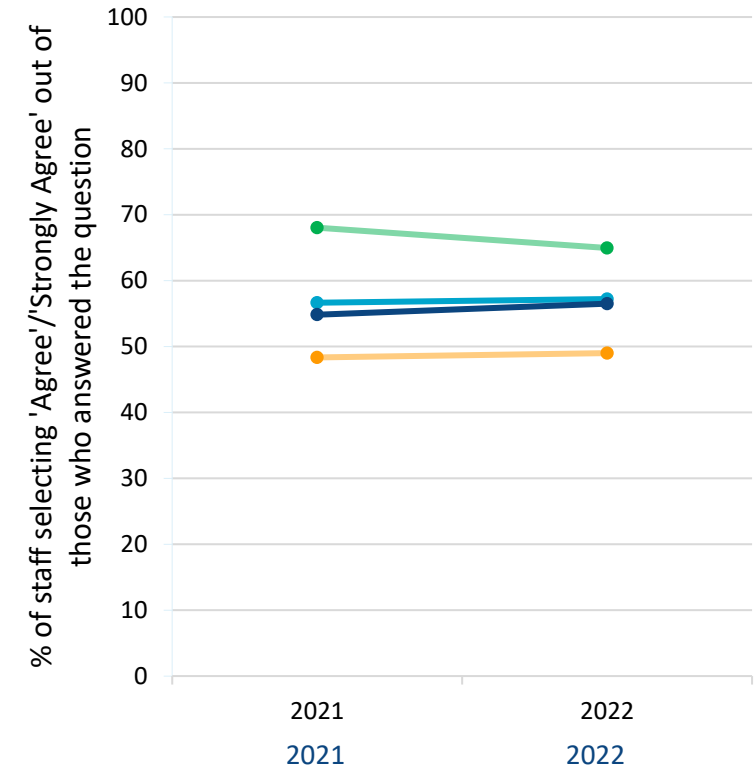
Q7e I enjoy working with the colleagues in my team.



Your org	2021	2022
Best	87.6%	86.3%
Average	80.9%	81.1%
Worst	74.8%	75.1%

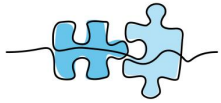
Responses 7013 7963

Q7f My team has enough freedom in how to do its work.

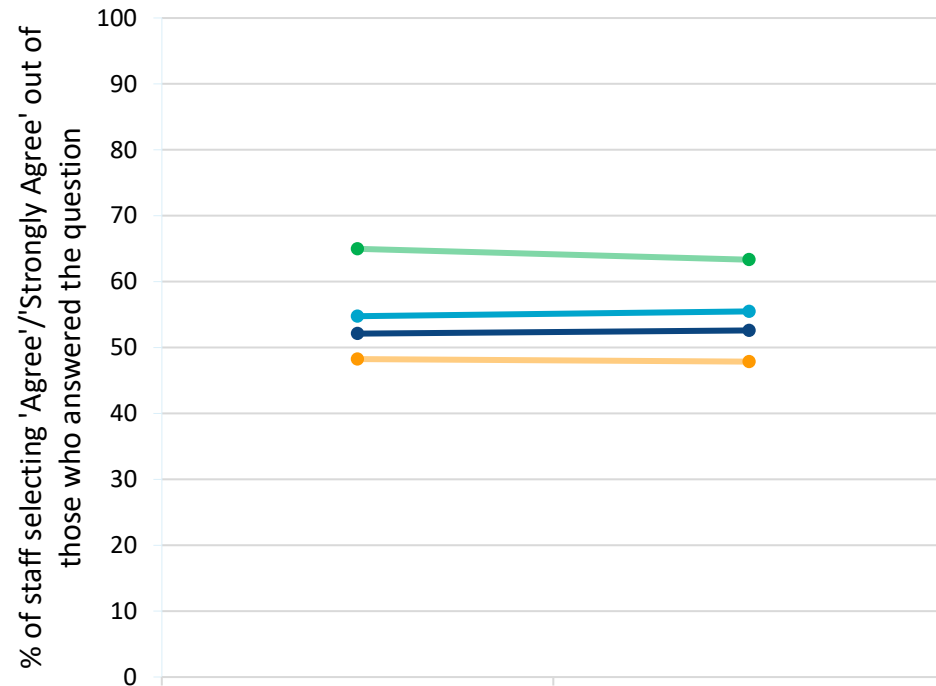


Your org	2021	2022
Best	68.0%	64.9%
Average	56.6%	57.2%
Worst	48.3%	49.0%

Responses 7012 7952



Q7g In my team disagreements are dealt with constructively.



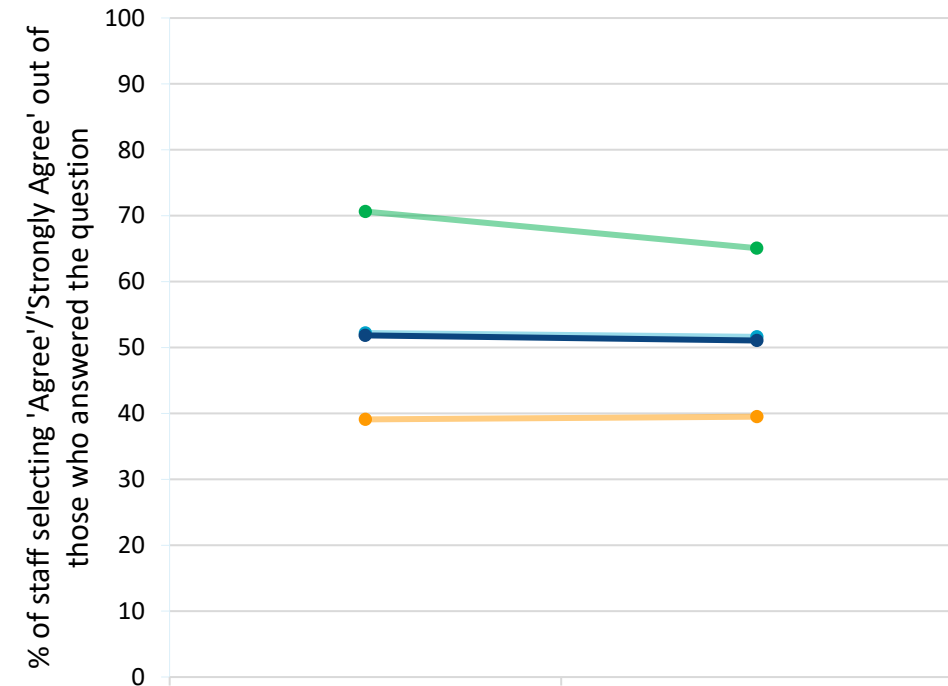
Your org	2021	2022
Best	65.0%	63.3%
Average	54.8%	55.5%
Worst	48.2%	47.9%

Responses

7014

7954

Q8a Teams within this organisation work well together to achieve their objectives.

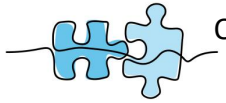


Your org	2021	2022
Best	70.6%	65.1%
Average	52.2%	51.6%
Worst	39.1%	39.5%

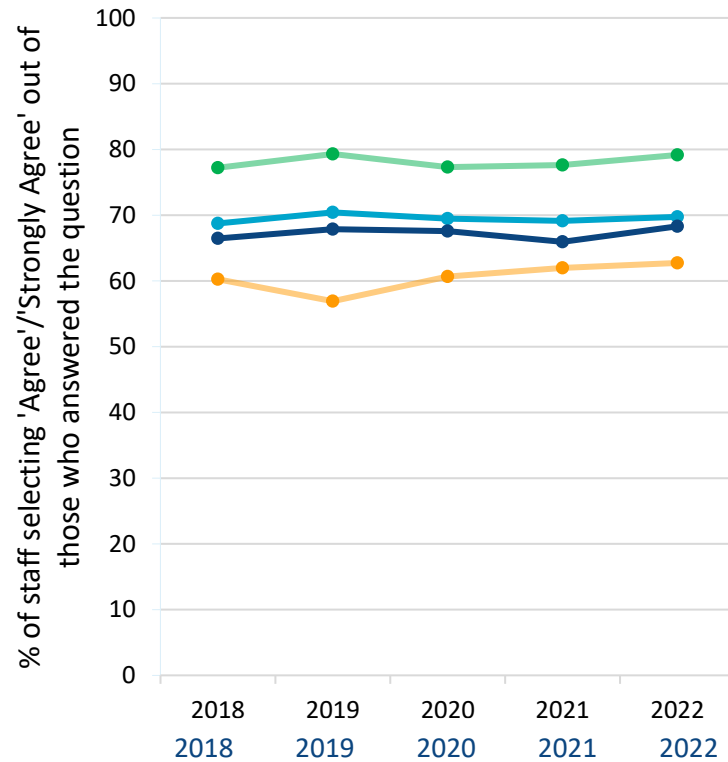
Responses

7004

7968

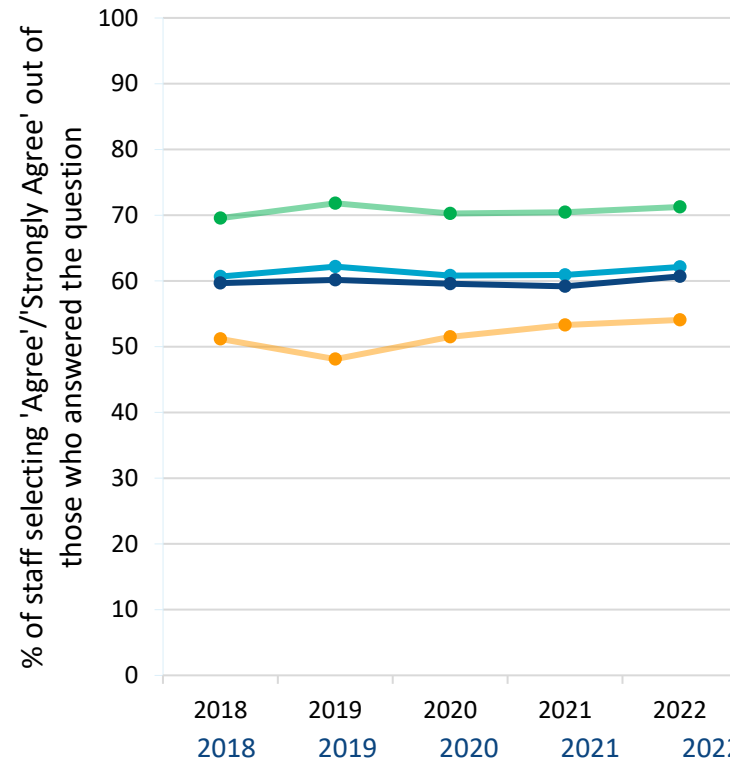


Q9a My immediate manager encourages me at work.



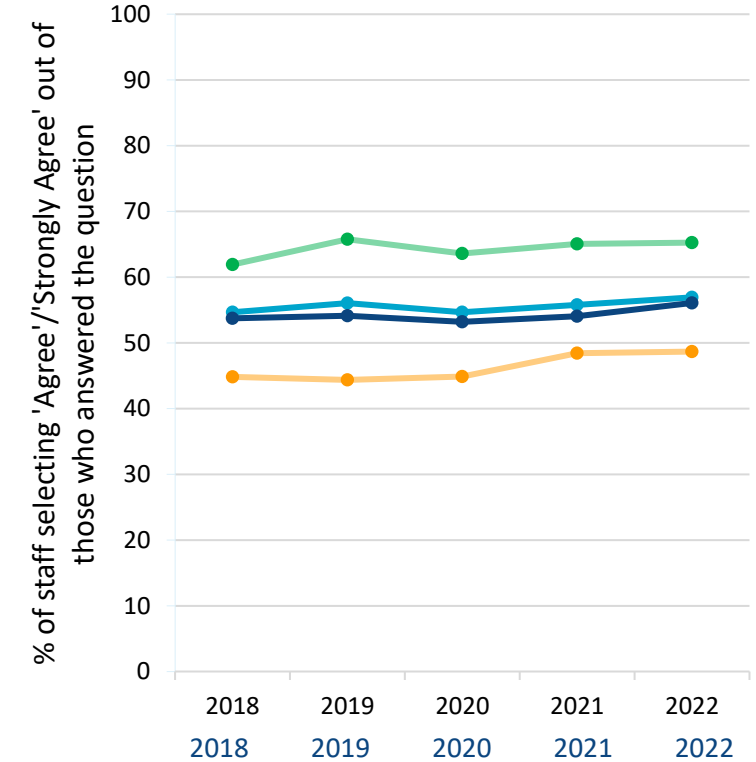
Your org	2018	2019	2020	2021	2022
Best	77.2%	79.3%	77.3%	77.6%	79.2%
Average	68.7%	70.4%	69.5%	69.1%	69.7%
Worst	60.3%	56.9%	60.7%	62.0%	62.7%
Responses	5302	5262	5098	6950	7971

Q9b My immediate manager gives me clear feedback on my work.

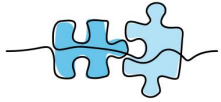


Your org	2018	2019	2020	2021	2022
Best	69.5%	71.8%	70.3%	70.4%	71.3%
Average	60.7%	62.2%	60.8%	60.9%	62.1%
Worst	51.2%	48.1%	51.5%	53.3%	54.1%
Responses	5297	5259	5085	6948	7957

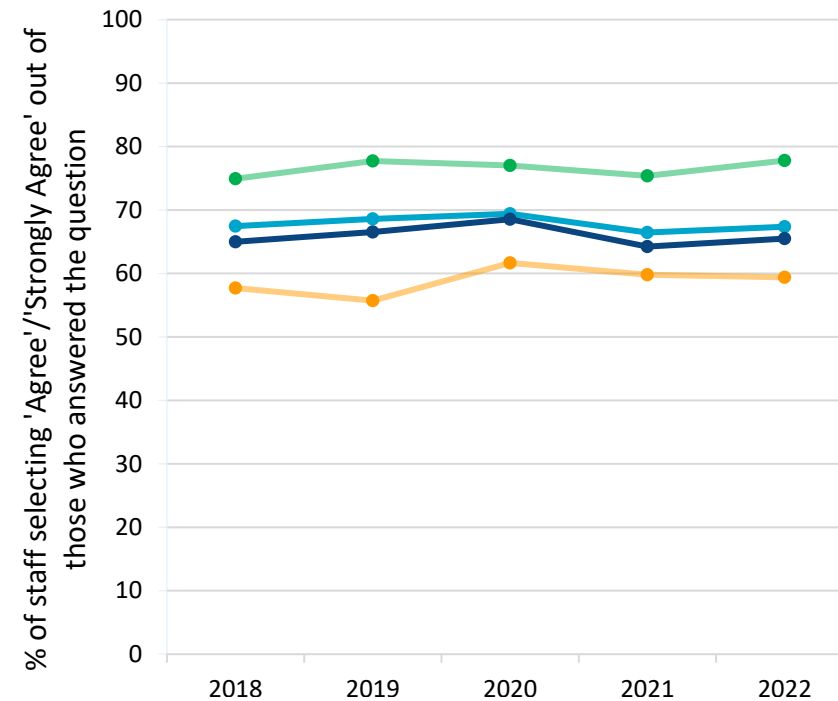
Q9c My immediate manager asks for my opinion before making decisions that affect my work.



Your org	2018	2019	2020	2021	2022
Best	61.9%	65.8%	63.6%	65.1%	65.3%
Average	54.7%	56.0%	54.7%	55.8%	56.9%
Worst	44.8%	44.4%	44.9%	48.4%	48.7%
Responses	5292	5252	5087	6951	7963



Q9d My immediate manager takes a positive interest in my health and well-being.



	2018	2019	2020	2021	2022
Your org	65.0%	66.5%	68.5%	64.2%	65.5%
Best	74.9%	77.7%	77.0%	75.4%	77.8%
Average	67.5%	68.6%	69.4%	66.4%	67.4%
Worst	57.7%	55.7%	61.7%	59.8%	59.4%

Responses 5303 5249 5092 6951 7964

University Hospitals of Leicester NHS Trust Benchmark report

Theme – Staff engagement

Questions included:

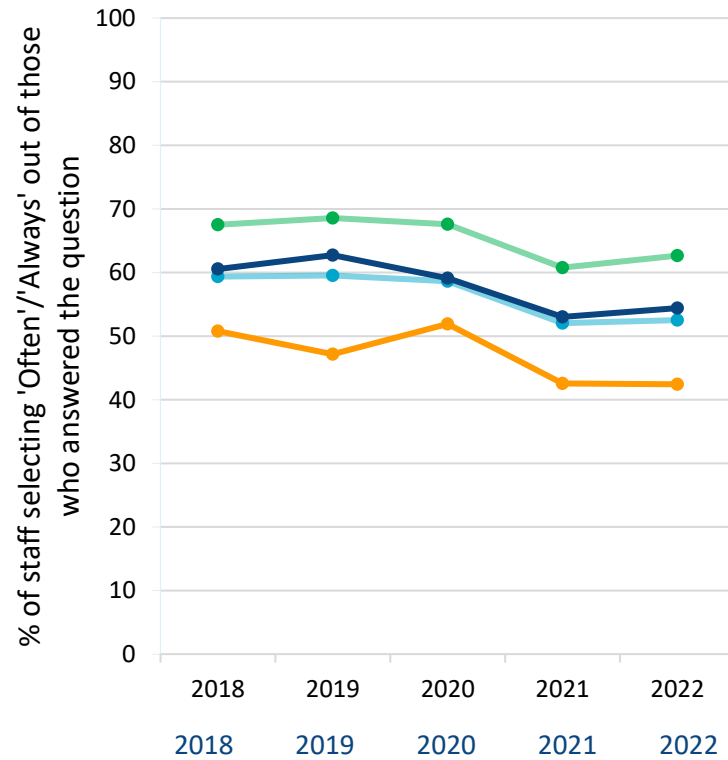
Motivation – Q2a, Q2b, Q2c

Involvement – Q3c, Q3d, Q3f

Advocacy – Q23a, Q23c, Q23d

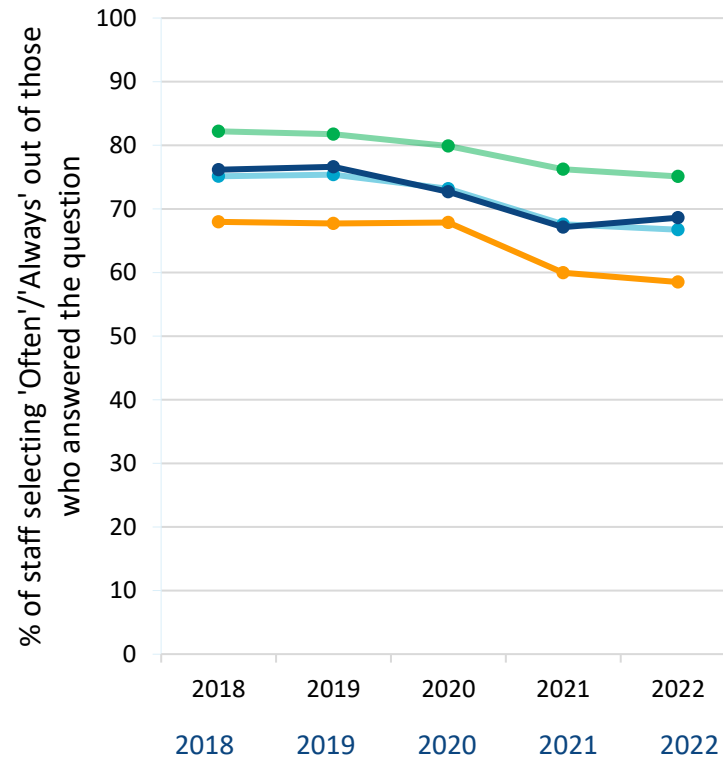
Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Q2a I look forward to going to work.



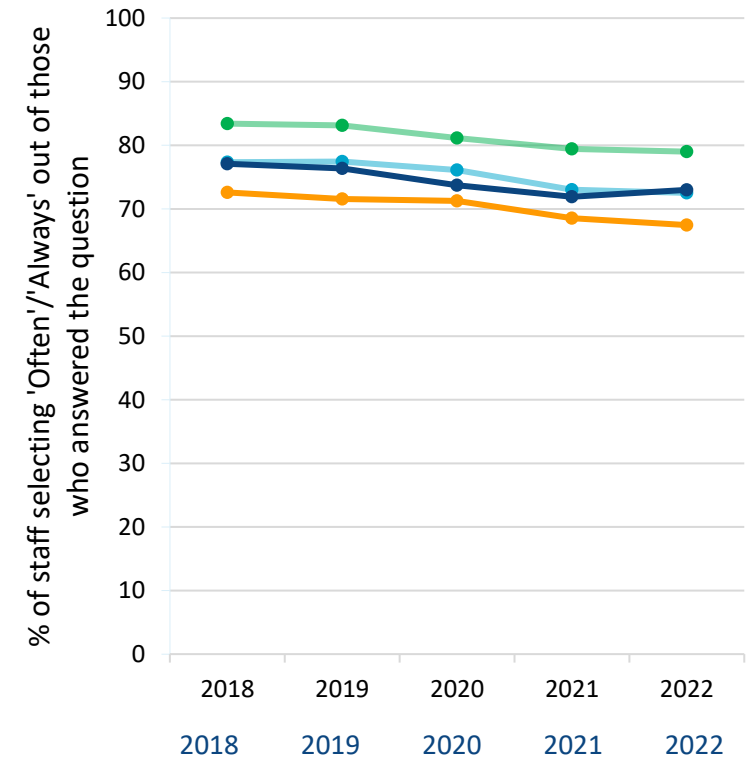
	2018	2019	2020	2021	2022
Your org	60.5%	62.7%	59.1%	53.0%	54.4%
Best	67.5%	68.6%	67.6%	60.8%	62.7%
Average	59.4%	59.5%	58.6%	52.0%	52.5%
Worst	50.8%	47.2%	51.9%	42.5%	42.4%
Responses	5364	5298	5072	7202	7935

Q2b I am enthusiastic about my job.



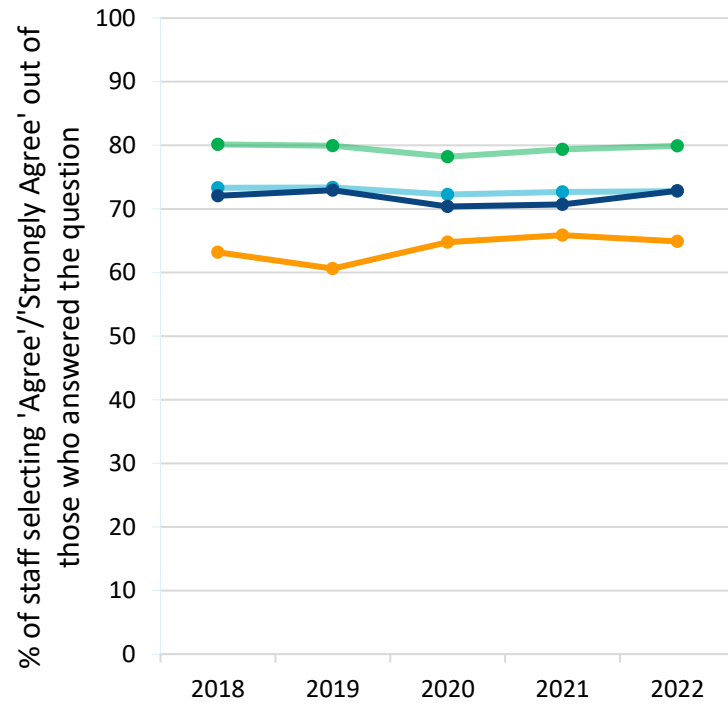
	2018	2019	2020	2021	2022
Your org	76.2%	76.6%	72.7%	67.1%	68.6%
Best	82.2%	81.7%	79.9%	76.2%	75.1%
Average	75.1%	75.4%	73.2%	67.6%	66.7%
Worst	68.0%	67.7%	67.9%	60.0%	58.5%
Responses	5298	5247	5033	7158	7863

Q2c Time passes quickly when I am working.



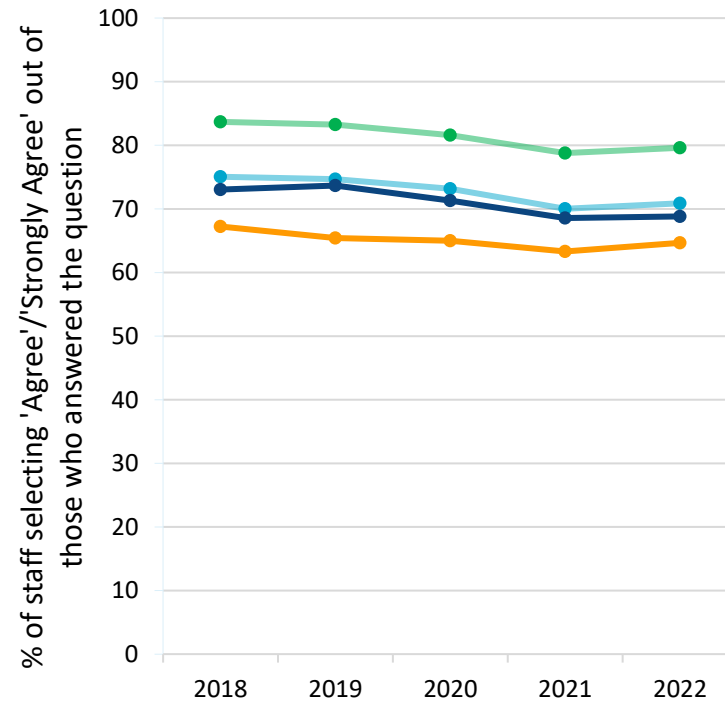
	2018	2019	2020	2021	2022
Your org	77.1%	76.4%	73.7%	71.9%	73.0%
Best	83.4%	83.1%	81.1%	79.4%	79.0%
Average	77.3%	77.4%	76.1%	73.0%	72.5%
Worst	72.6%	71.6%	71.3%	68.5%	67.5%
Responses	5284	5245	5024	7167	7887

Q3c There are frequent opportunities for me to show initiative in my role.



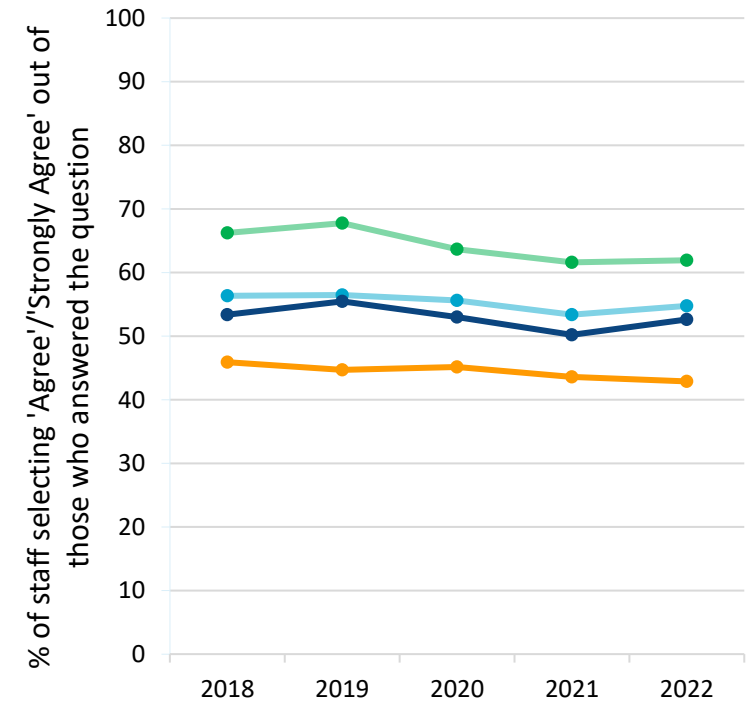
	2018	2019	2020	2021	2022
Your org	72.1%	72.9%	70.4%	70.7%	72.8%
Best	80.1%	79.9%	78.2%	79.3%	79.9%
Average	73.3%	73.4%	72.3%	72.7%	72.8%
Worst	63.2%	60.6%	64.8%	65.9%	64.9%
Responses	5385	5292	5097	7146	7964

Q3d I am able to make suggestions to improve the work of my team / department.



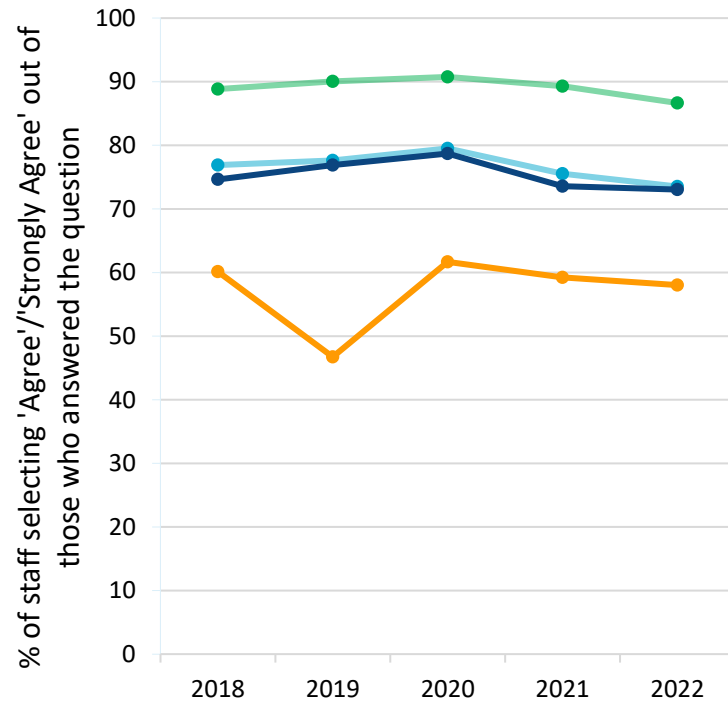
	2018	2019	2020	2021	2022
Your org	73.0%	73.7%	71.3%	68.6%	68.8%
Best	83.7%	83.3%	81.6%	78.8%	79.6%
Average	75.0%	74.7%	73.2%	70.0%	70.9%
Worst	67.2%	65.4%	65.0%	63.3%	64.7%
Responses	5379	5286	5085	7152	7974

Q3f I am able to make improvements happen in my area of work.



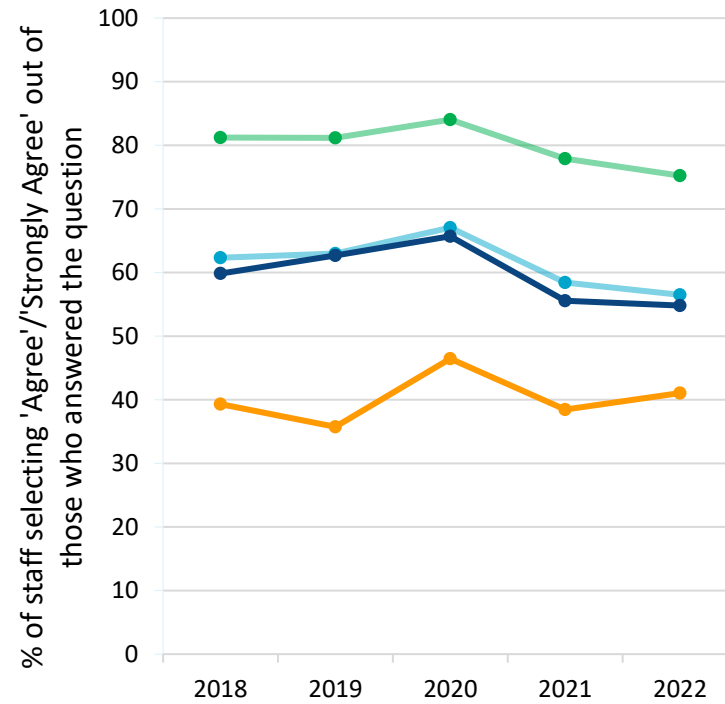
	2018	2019	2020	2021	2022
Your org	53.4%	55.5%	53.0%	50.2%	52.6%
Best	66.2%	67.8%	63.7%	61.6%	61.9%
Average	56.4%	56.5%	55.6%	53.4%	54.7%
Worst	45.9%	44.7%	45.1%	43.6%	42.9%
Responses	5375	5263	5066	7129	7956

Q23a Care of patients / service users is my organisation's top priority.



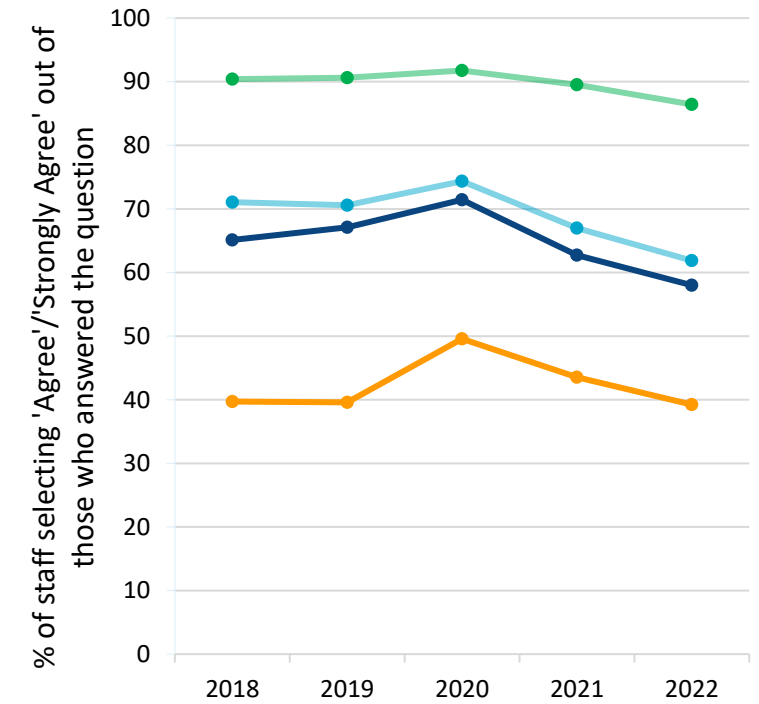
	2018	2019	2020	2021	2022
Your org	74.6%	76.9%	78.7%	73.6%	73.0%
Best	88.8%	90.0%	90.8%	89.3%	86.6%
Average	76.9%	77.6%	79.5%	75.5%	73.5%
Worst	60.1%	46.7%	61.7%	59.2%	58.0%
Responses	5183	5186	5080	6780	7930

Q23c I would recommend my organisation as a place to work.



	2018	2019	2020	2021	2022
Your org	59.8%	62.7%	65.7%	55.6%	54.8%
Best	81.2%	81.2%	84.0%	77.9%	75.2%
Average	62.3%	63.0%	67.1%	58.4%	56.5%
Worst	39.3%	35.7%	46.5%	38.5%	41.0%
Responses	5179	5171	5077	6787	7931

Q23d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.



	2018	2019	2020	2021	2022
Your org	65.1%	67.1%	71.4%	62.7%	58.0%
Best	90.4%	90.6%	91.8%	89.5%	86.4%
Average	71.1%	70.6%	74.3%	67.0%	61.9%
Worst	39.7%	39.6%	49.6%	43.5%	39.2%
Responses	5175	5144	5065	6781	7925

Theme - Morale

Questions included:

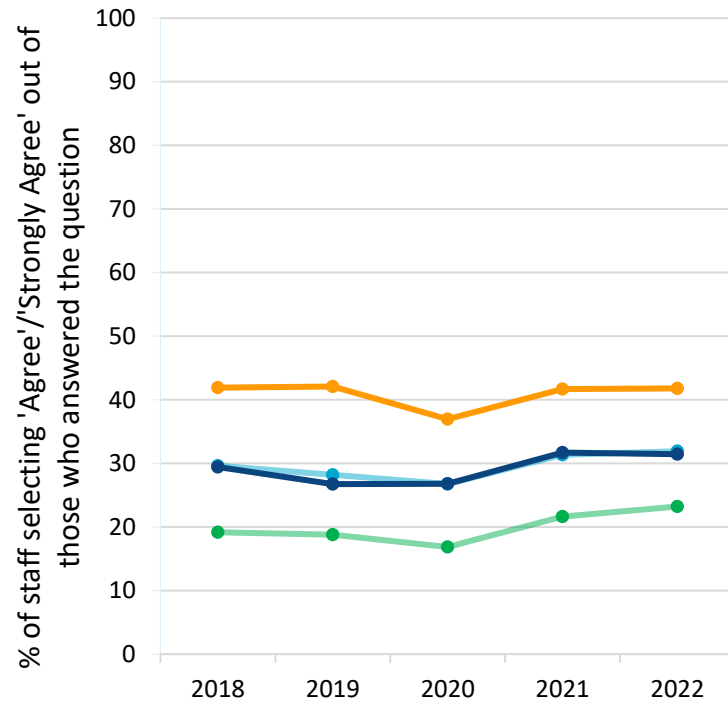
Thinking about leaving – Q24a, Q24b, Q24c

Work pressure – Q3g, Q3h, Q3i

Stressors – Q3a, Q3e, Q5a, Q5b, Q5c, Q7c, Q9a

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

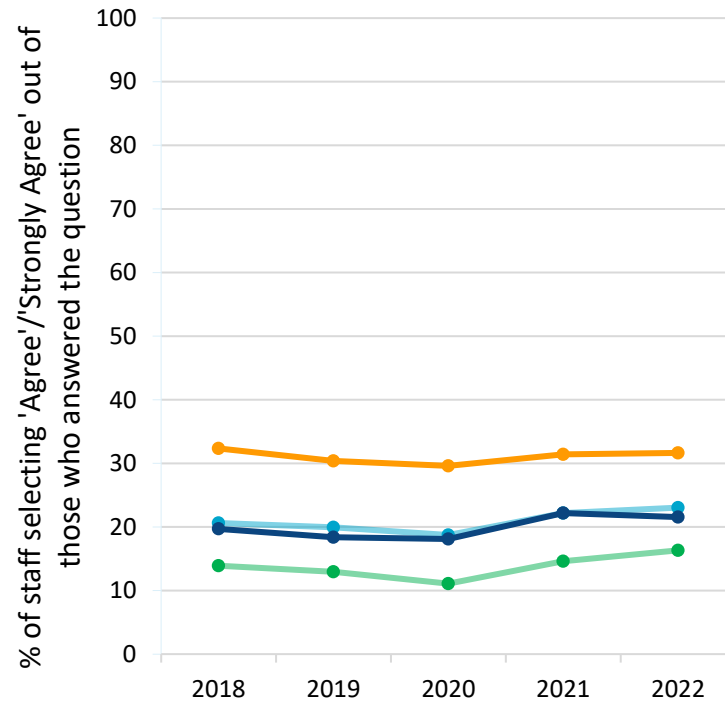
Q24a I often think about leaving this organisation.



Your org	2018	2019	2020	2021	2022
Best	19.2%	18.8%	16.9%	21.6%	23.2%
Average	29.6%	28.2%	26.8%	31.3%	31.9%
Worst	41.9%	42.1%	36.9%	41.7%	41.8%

Responses 5219 5198 5105 6764 7911

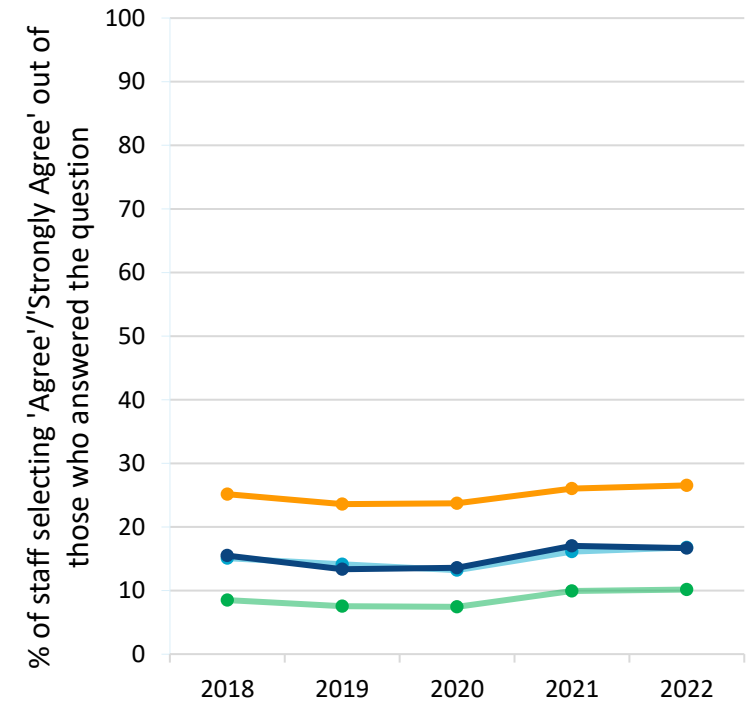
Q24b I will probably look for a job at a new organisation in the next 12 months.



Your org	2018	2019	2020	2021	2022
Best	13.9%	12.9%	11.1%	14.6%	16.3%
Average	20.6%	19.9%	18.7%	22.2%	23.0%
Worst	32.3%	30.4%	29.6%	31.4%	31.6%

Responses 5208 5191 5081 6764 7905

Q24c As soon as I can find another job, I will leave this organisation.

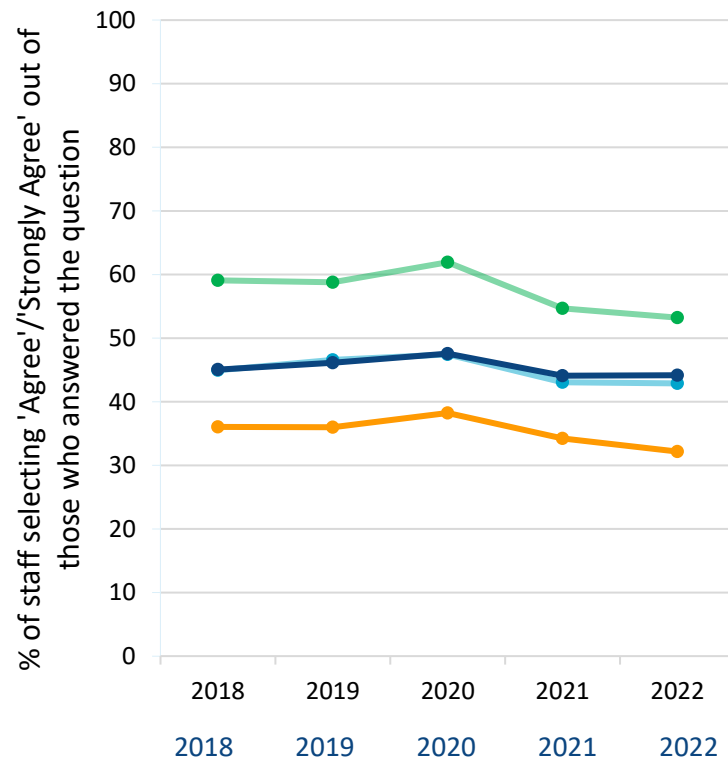


Your org	2018	2019	2020	2021	2022
Best	8.5%	7.5%	7.5%	9.9%	10.2%
Average	15.1%	14.1%	13.2%	16.1%	16.8%
Worst	25.2%	23.6%	23.7%	26.0%	26.5%

Responses 5040 5152 5060 6759 7889

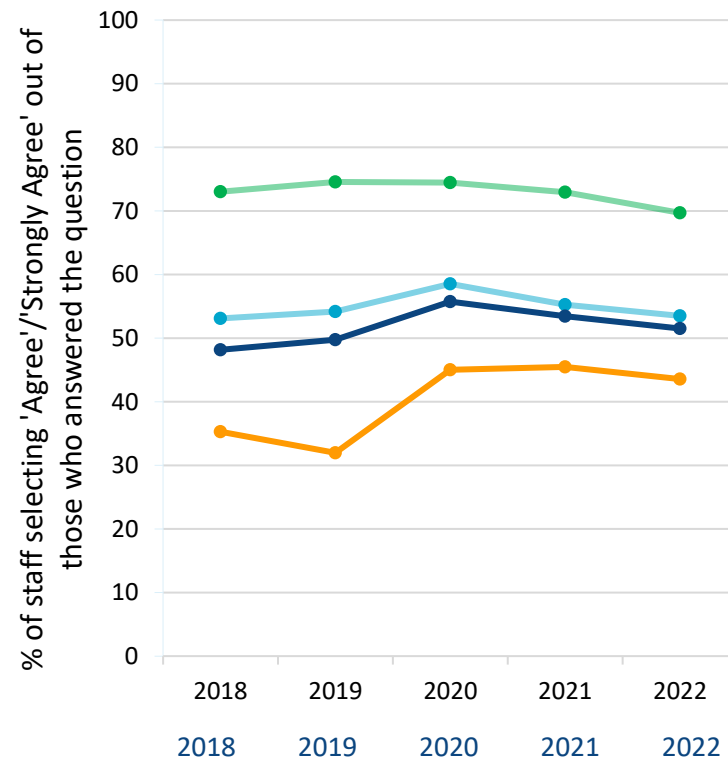


Q3g I am able to meet all the conflicting demands on my time at work.



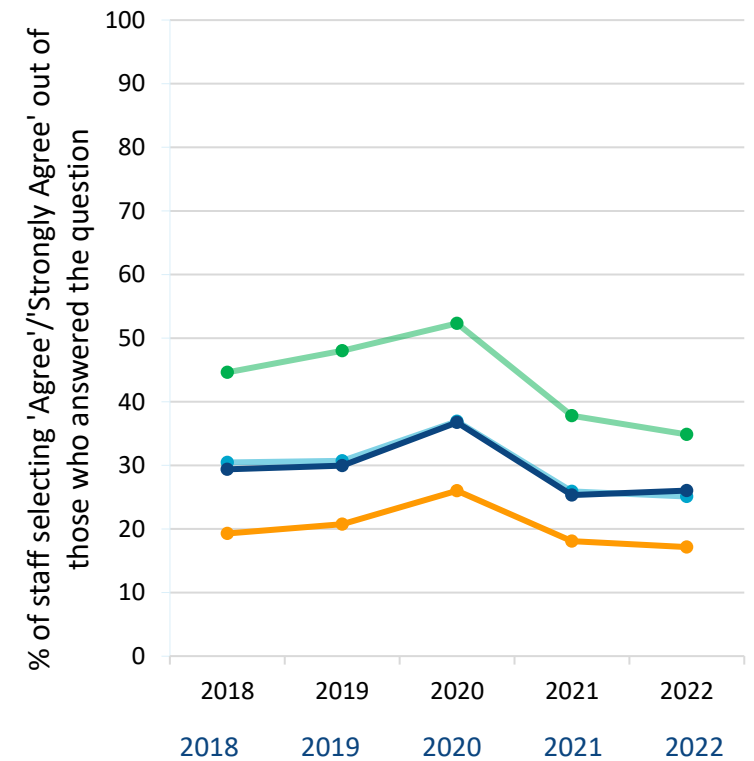
	2018	2019	2020	2021	2022
Your org	45.1%	46.1%	47.6%	44.1%	44.2%
Best	59.1%	58.8%	61.9%	54.7%	53.2%
Average	44.9%	46.6%	47.4%	43.1%	42.9%
Worst	36.0%	36.0%	38.2%	34.2%	32.2%
Responses	5349	5275	5068	7123	7955

Q3h I have adequate materials, supplies and equipment to do my work.



	2018	2019	2020	2021	2022
Your org	48.2%	49.8%	55.7%	53.4%	51.5%
Best	73.0%	74.6%	74.5%	72.9%	69.7%
Average	53.1%	54.2%	58.5%	55.3%	53.5%
Worst	35.3%	32.0%	45.0%	45.5%	43.6%
Responses	5357	5271	5060	7131	7963

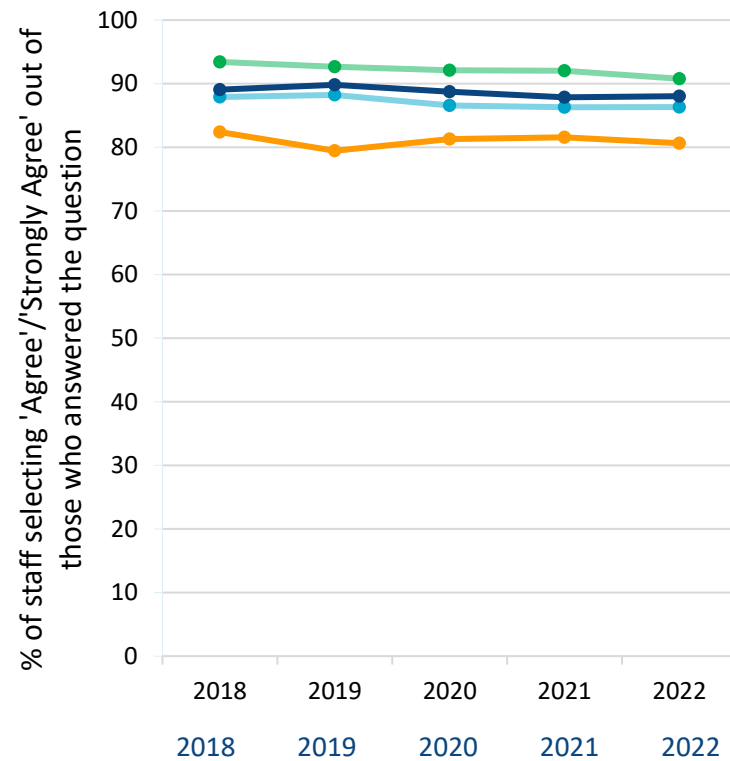
Q3i There are enough staff at this organisation for me to do my job properly.



	2018	2019	2020	2021	2022
Your org	29.4%	30.0%	36.8%	25.3%	26.0%
Best	44.6%	48.0%	52.3%	37.8%	34.8%
Average	30.5%	30.7%	36.9%	25.9%	25.1%
Worst	19.3%	20.8%	26.0%	18.1%	17.2%
Responses	5358	5271	5072	7146	7979

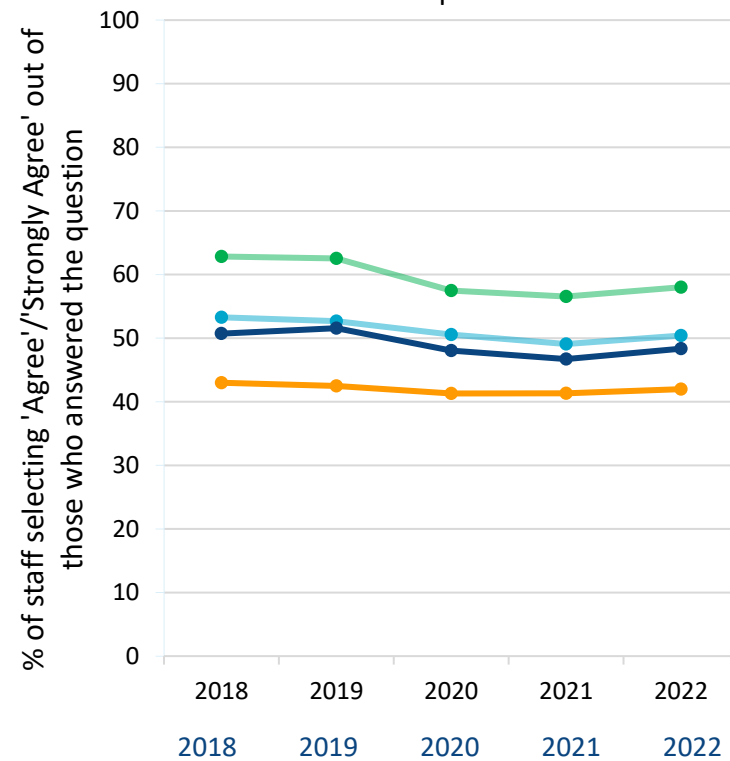


Q3a I always know what my work responsibilities are.



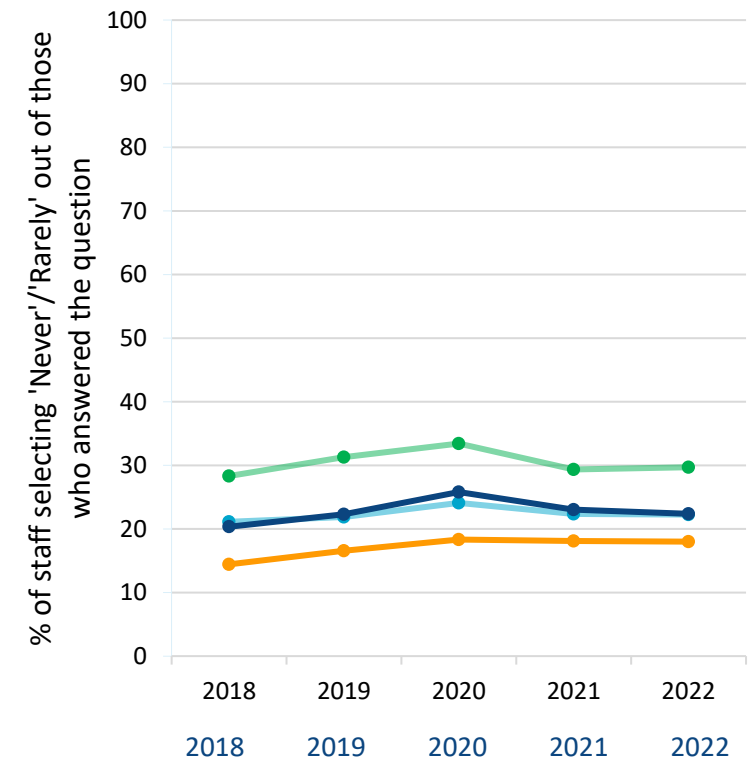
	2018	2019	2020	2021	2022
Your org	89.1%	89.8%	88.7%	87.9%	88.0%
Best	93.4%	92.7%	92.1%	92.0%	90.8%
Average	87.9%	88.2%	86.6%	86.3%	86.3%
Worst	82.4%	79.5%	81.3%	81.6%	80.6%
Responses	5396	5246	4982	7156	7988

Q3e I am involved in deciding on changes introduced that affect my work area / team / department.



	2018	2019	2020	2021	2022
Your org	50.7%	51.6%	48.0%	46.7%	48.3%
Best	62.8%	62.5%	57.5%	56.5%	58.0%
Average	53.3%	52.7%	50.6%	49.1%	50.4%
Worst	43.0%	42.5%	41.3%	41.3%	42.0%
Responses	5374	5268	5080	7138	7980

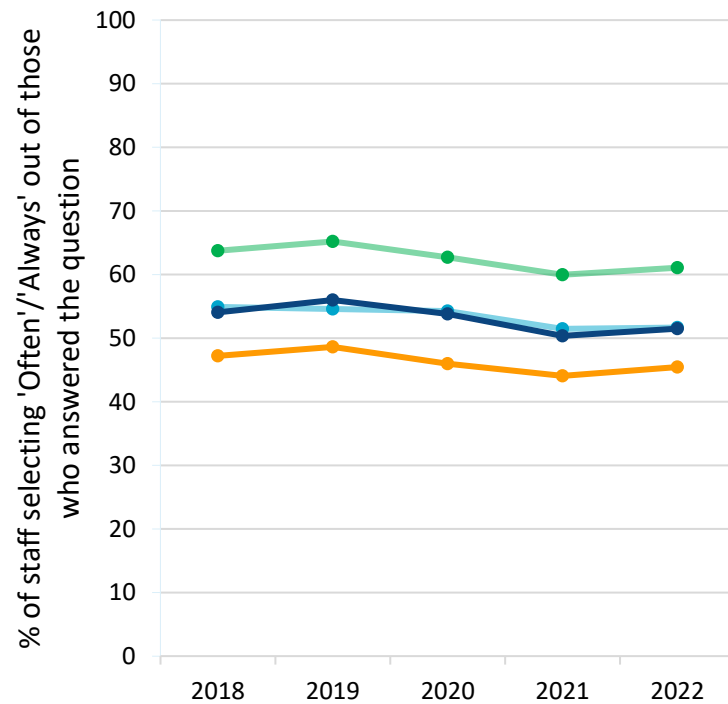
Q5a I have unrealistic time pressures.



	2018	2019	2020	2021	2022
Your org	20.3%	22.3%	25.8%	23.0%	22.4%
Best	28.3%	31.3%	33.4%	29.3%	29.7%
Average	21.1%	21.9%	24.1%	22.4%	22.3%
Worst	14.4%	16.6%	18.3%	18.1%	18.0%
Responses	5342	5239	5016	7079	7944



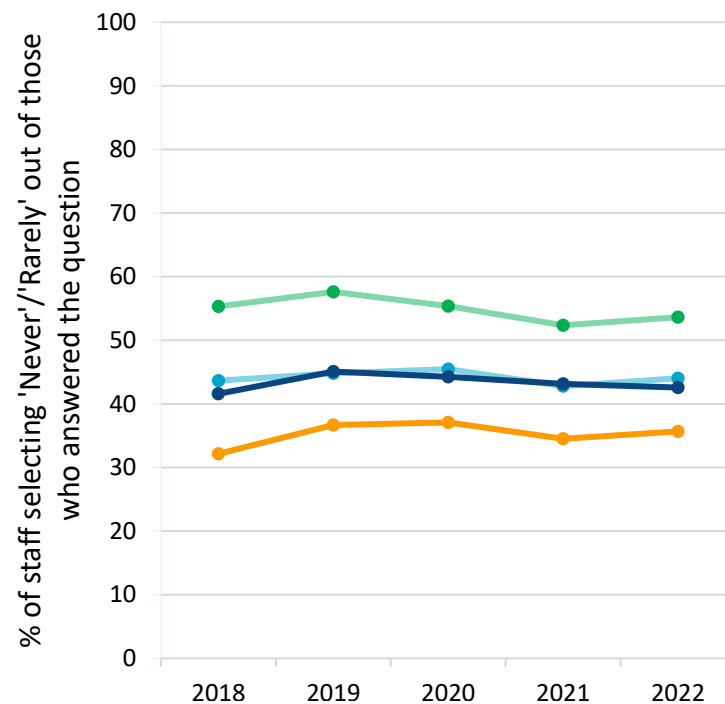
Q5b I have a choice in deciding how to do my work.



	2018	2019	2020	2021	2022
Your org	54.0%	56.0%	53.8%	50.4%	51.5%
Best	63.7%	65.2%	62.7%	60.0%	61.1%
Average	54.9%	54.6%	54.3%	51.5%	51.7%
Worst	47.2%	48.6%	46.0%	44.1%	45.4%

Responses 5332 5240 5004 7088 7955

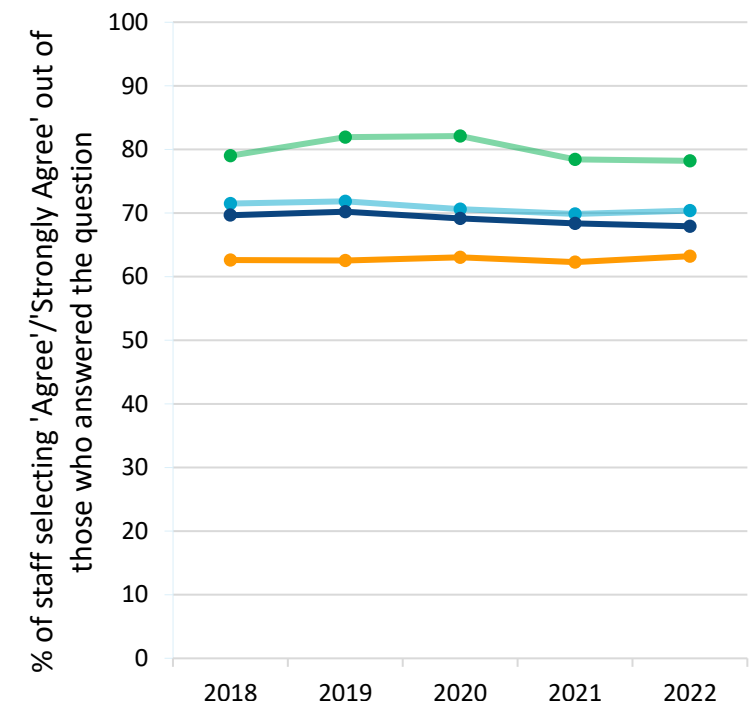
Q5c Relationships at work are strained.



	2018	2019	2020	2021	2022
Your org	41.6%	45.1%	44.3%	43.2%	42.6%
Best	55.3%	57.6%	55.4%	52.4%	53.6%
Average	43.6%	44.8%	45.4%	42.8%	44.0%
Worst	32.2%	36.7%	37.1%	34.5%	35.7%

Responses 5307 5225 5011 7074 7947

Q7c I receive the respect I deserve from my colleagues at work.

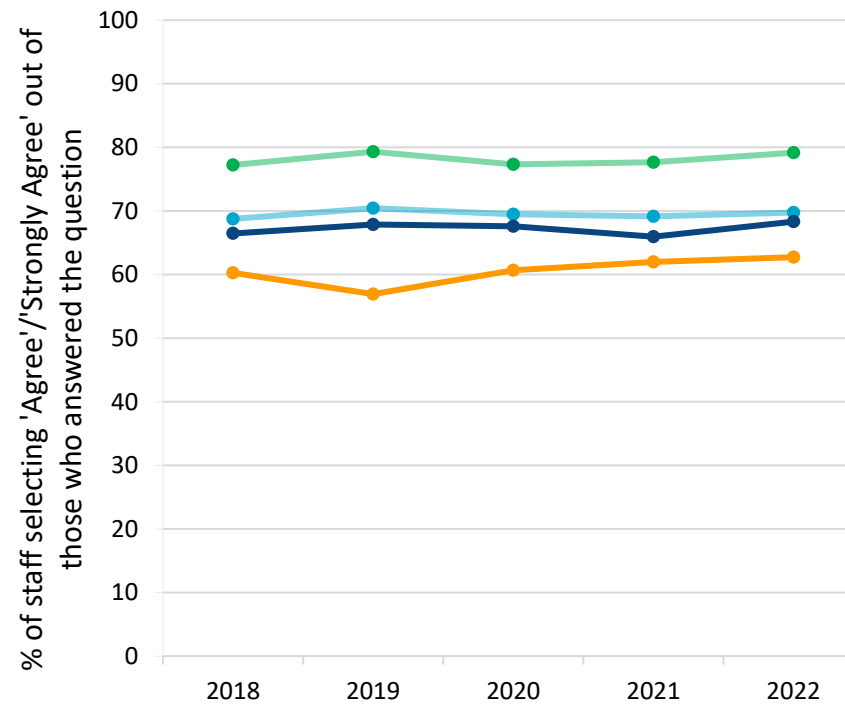


	2018	2019	2020	2021	2022
Your org	69.7%	70.2%	69.2%	68.4%	67.9%
Best	79.0%	81.9%	82.1%	78.4%	78.2%
Average	71.5%	71.8%	70.6%	69.9%	70.4%
Worst	62.6%	62.5%	63.0%	62.3%	63.2%

Responses 5379 5270 5089 7026 7972



Q9a My immediate manager encourages me at work.



	2018	2019	2020	2021	2022
Your org	66.5%	67.9%	67.6%	65.9%	68.3%
Best	77.2%	79.3%	77.3%	77.6%	79.2%
Average	68.7%	70.4%	69.5%	69.1%	69.7%
Worst	60.3%	56.9%	60.7%	62.0%	62.7%
Responses	5302	5262	5098	6950	7971

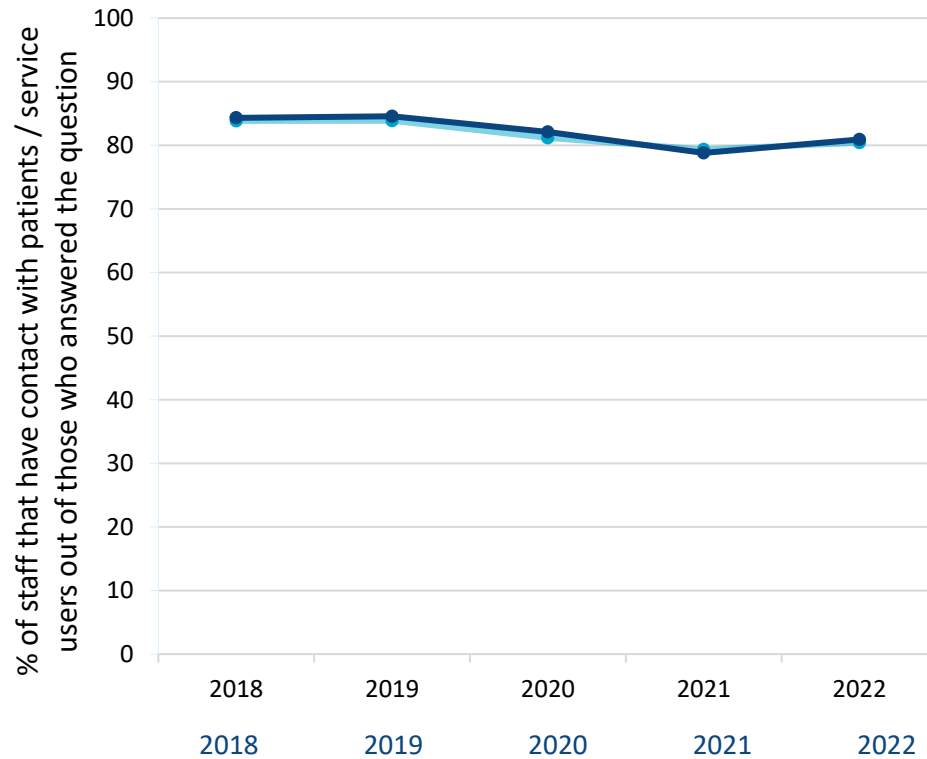
Question not linked to People Promise elements or themes

Questions included:

Q1, Q10a, Q10b, Q10c, Q11e, Q16c, Q17, Q18a, Q18b, Q18c, Q18d, Q24d, Q30b

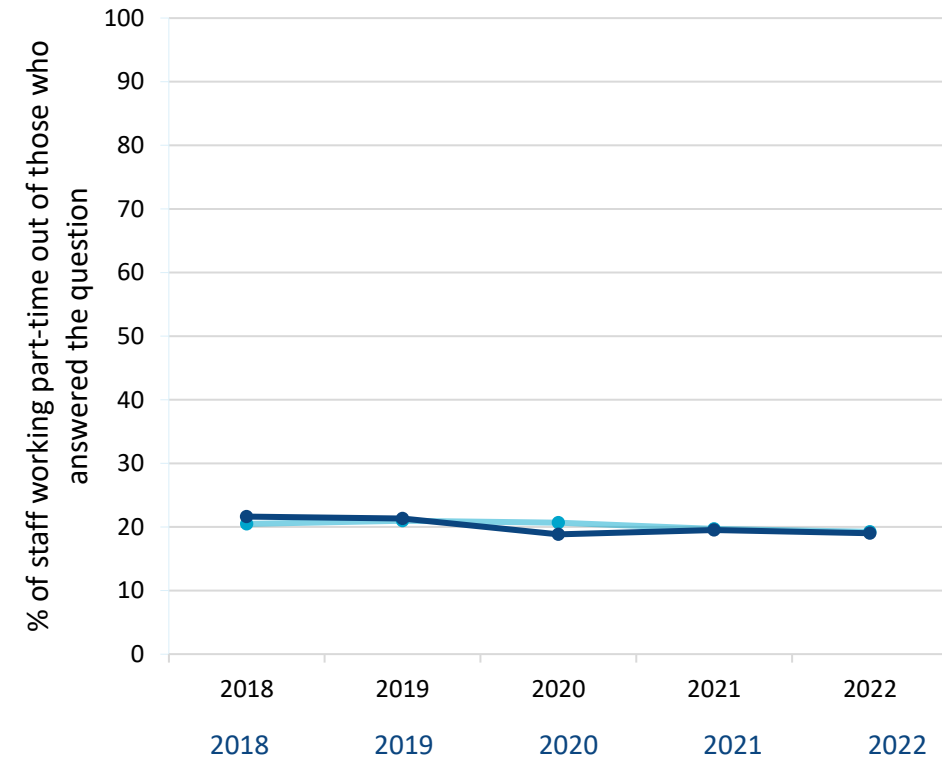


Q1 Do you have face-to-face, video or telephone contact with patients / service users as part of your job?



	2018	2019	2020	2021	2022
Your org	84.3%	84.6%	82.1%	78.8%	80.9%
Average	83.8%	83.9%	81.2%	79.4%	80.4%
Responses	5193	5263	5097	7204	7901

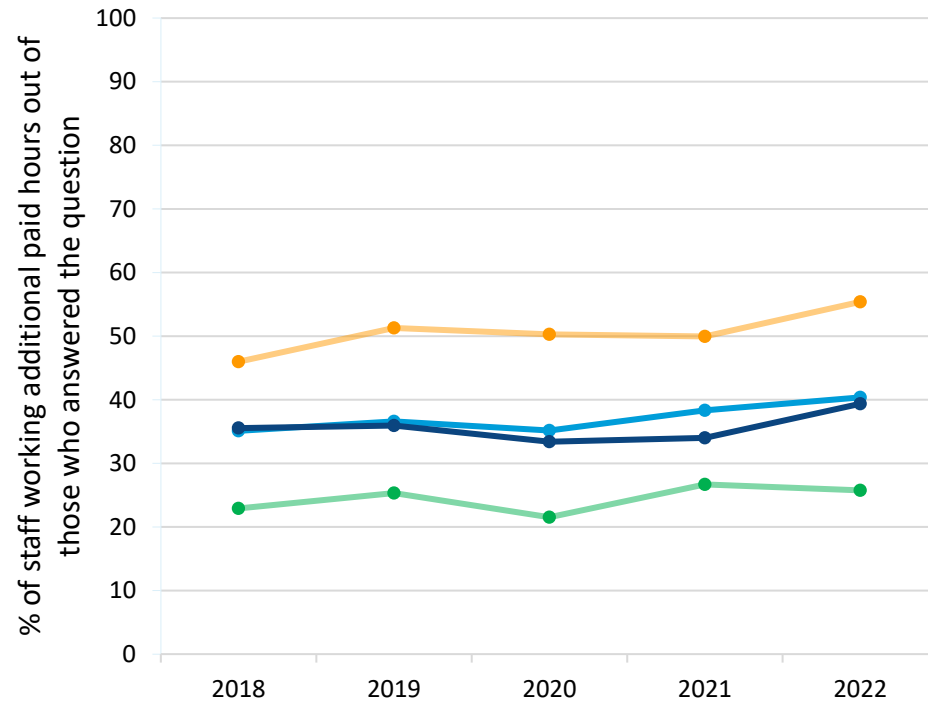
Q10a How many hours a week are you contracted to work?



	2018	2019	2020	2021	2022
Your org	21.6%	21.3%	18.8%	19.5%	19.0%
Average	20.5%	21.0%	20.7%	19.7%	19.2%
Responses	5225	4832	4696	6734	7768



Q10b On average, how many additional PAID hours do you work per week for this organisation, over and above your contracted hours?

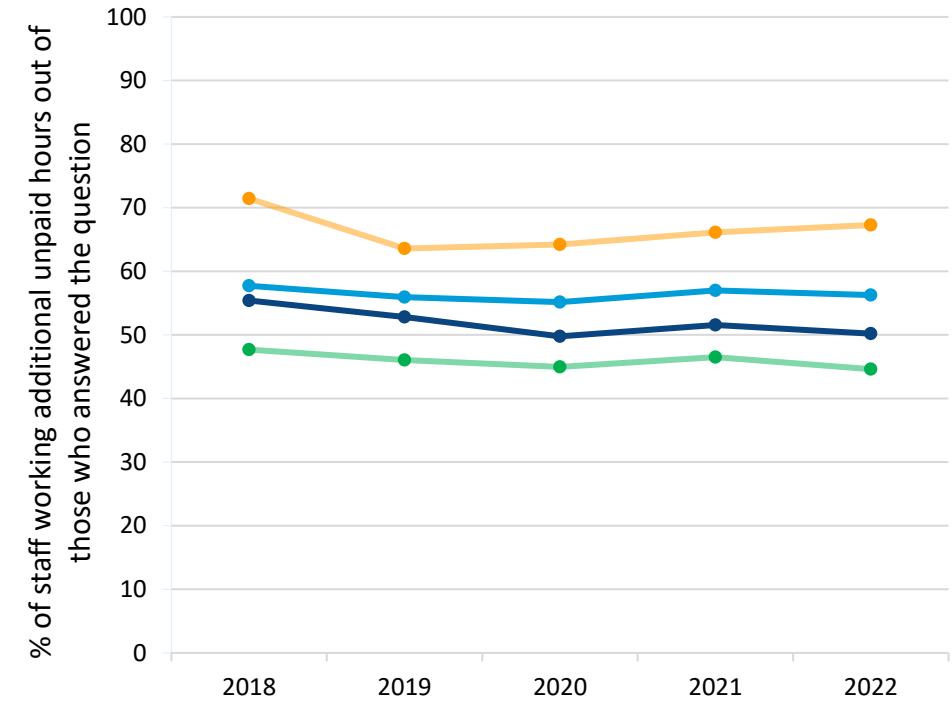


2018 2019 2020 2021 2022

Your org	35.5%	35.9%	33.4%	34.0%	39.4%
Lowest	22.9%	25.3%	21.5%	26.7%	25.8%
Average	35.1%	36.6%	35.2%	38.3%	40.4%
Highest	46.0%	51.3%	50.3%	50.0%	55.4%

Responses 5037 4980 4957 6915 7857

Q10c On average, how many additional UNPAID hours do you work per week for this organisation, over and above your contracted hours?



2018 2019 2020 2021 2022

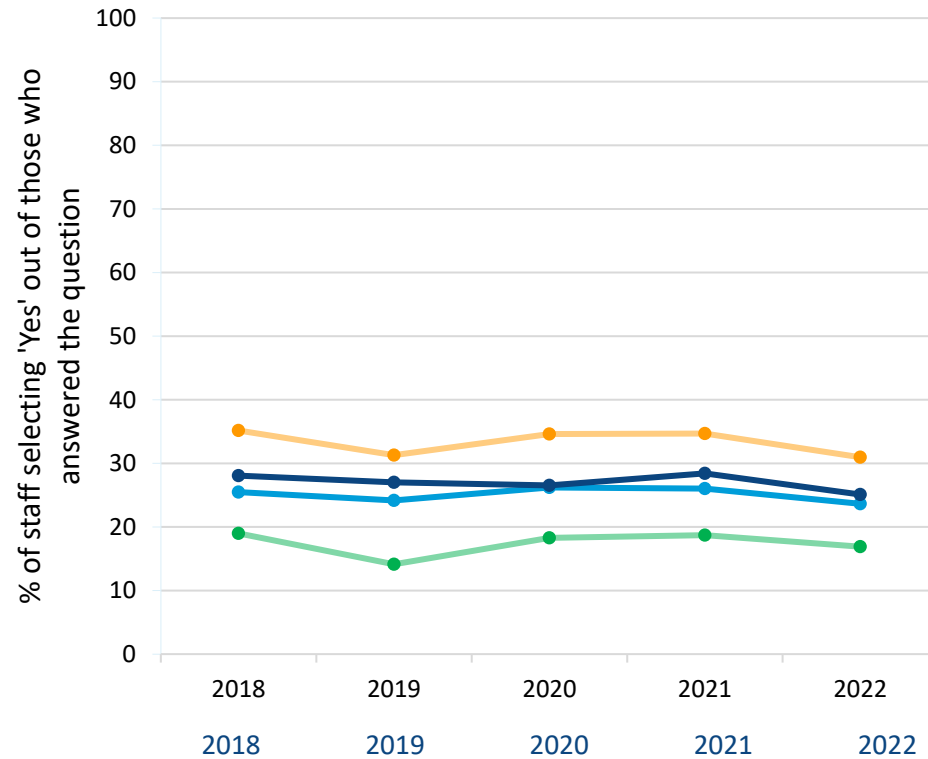
Your org	55.4%	52.8%	49.8%	51.6%	50.2%
Lowest	47.7%	46.0%	45.0%	46.5%	44.6%
Average	57.7%	55.9%	55.1%	57.0%	56.3%
Highest	71.4%	63.6%	64.2%	66.1%	67.3%

Responses 5043 5002 4957 6913 7832



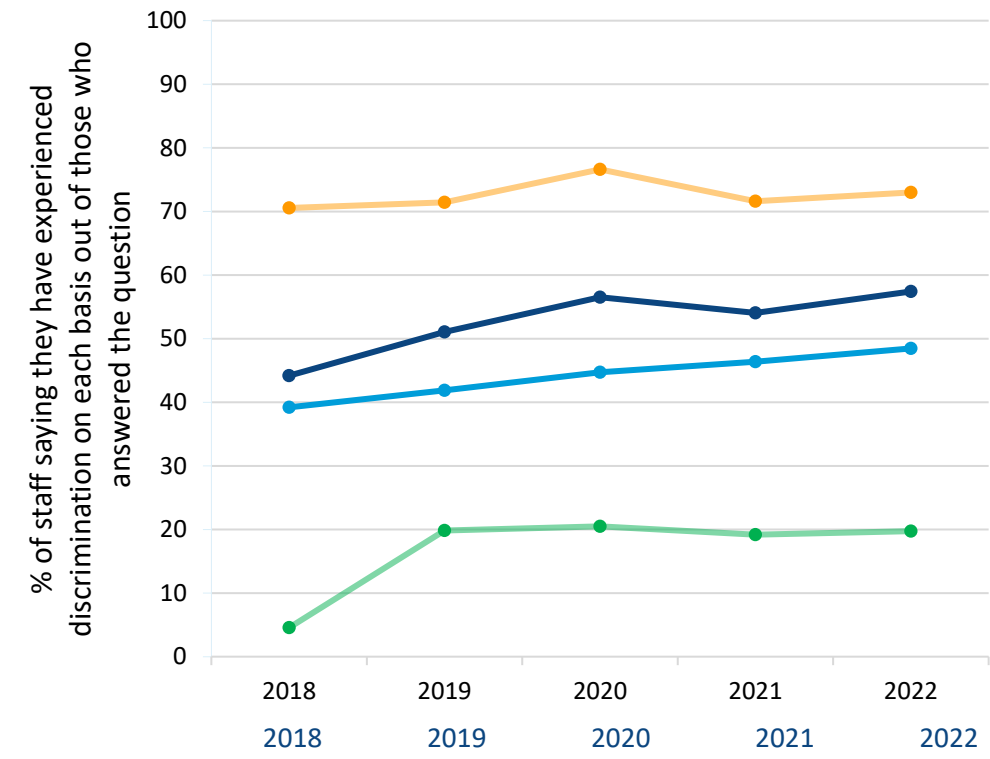
*Q11e is only answered by staff who responded 'Yes' to Q11d.

Q11e Have you felt pressure from your manager to come to work?



	2018	2019	2020	2021	2022
Your org	28.1%	27.0%	26.5%	28.4%	25.1%
Best	19.0%	14.1%	18.3%	18.7%	16.9%
Average	25.5%	24.2%	26.2%	26.0%	23.6%
Worst	35.2%	31.3%	34.6%	34.7%	30.9%
Responses	2881	2818	2275	3654	4223

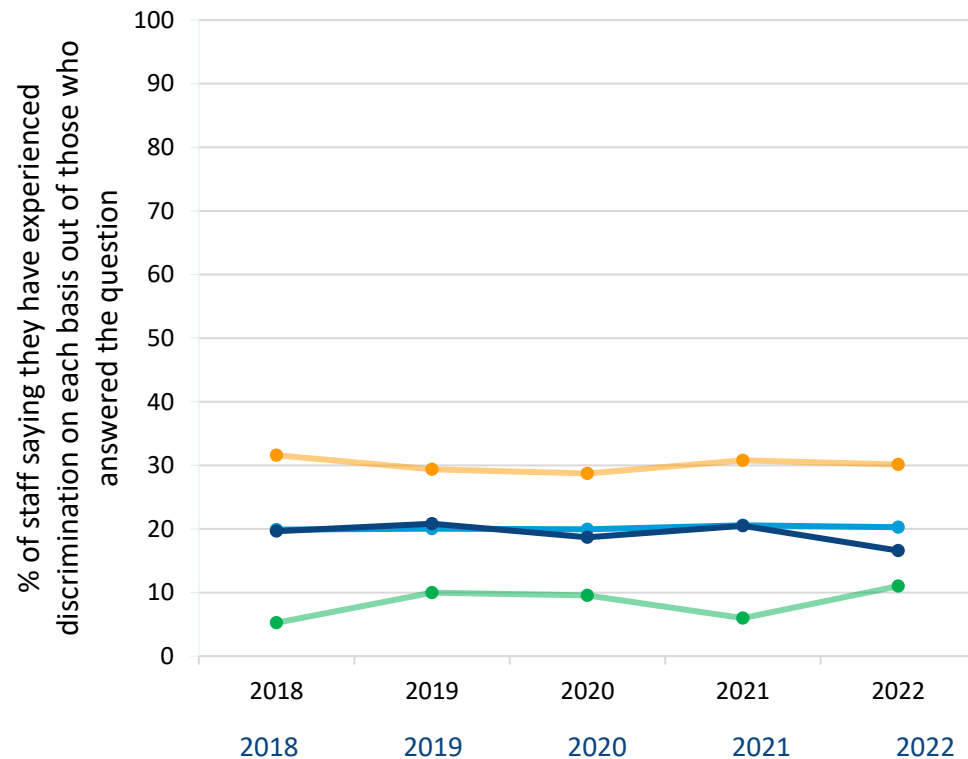
Q16c.1 On what grounds have you experienced discrimination?
- Ethnic background.



	2018	2019	2020	2021	2022
Your org	44.2%	51.1%	56.5%	54.1%	57.4%
Best	4.6%	19.8%	20.5%	19.2%	19.7%
Average	39.2%	41.9%	44.7%	46.4%	48.5%
Worst	70.5%	71.4%	76.6%	71.6%	73.0%
Responses	706	622	616	971	1184

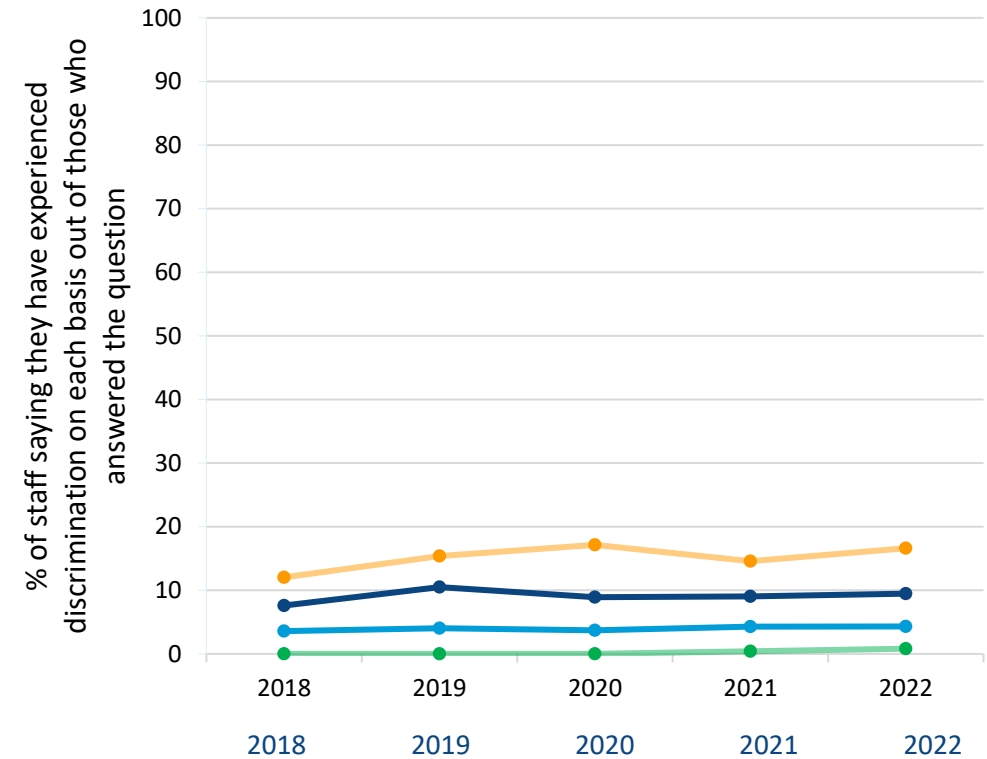


Q16c.2 On what grounds have you experienced discrimination?
– Gender.



	2018	2019	2020	2021	2022
Your org	31.6%	29.4%	28.7%	30.8%	30.1%
Best	5.2%	10.0%	9.6%	6.0%	11.0%
Average	19.9%	20.1%	20.0%	20.6%	20.3%
Worst	19.6%	20.8%	18.7%	20.5%	16.6%
Responses	706	622	616	971	1184

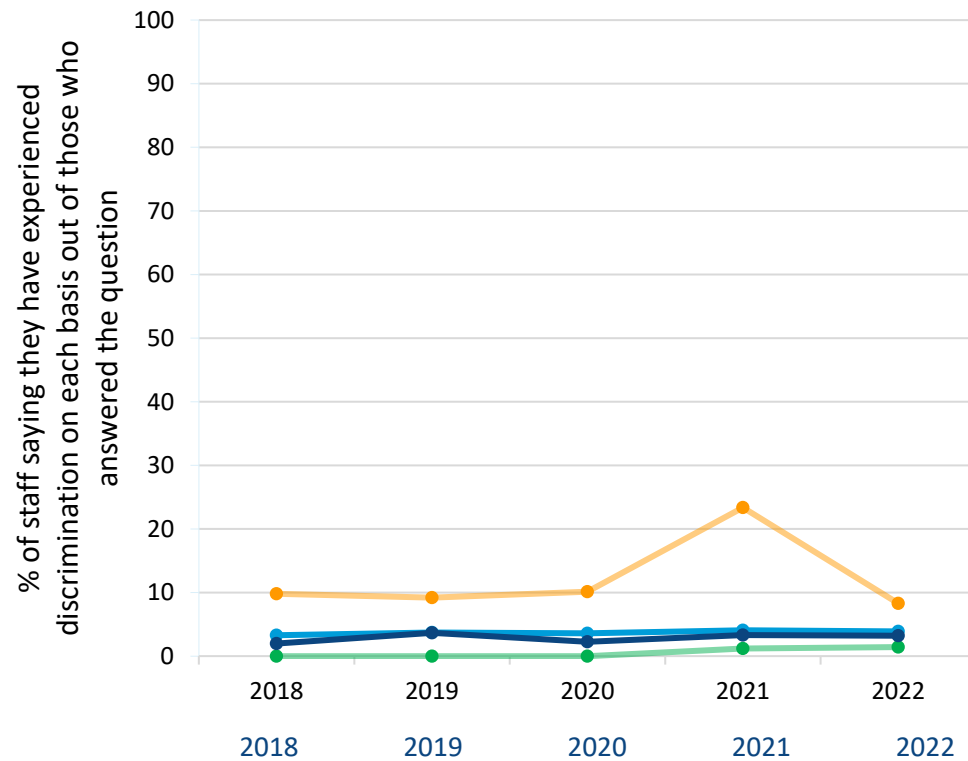
Q16c.3 On what grounds have you experienced discrimination?
– Religion.



	2018	2019	2020	2021	2022
Your org	12.0%	15.4%	17.1%	14.6%	16.6%
Best	0.0%	0.0%	0.0%	0.4%	0.8%
Average	3.6%	4.0%	3.7%	4.3%	4.3%
Worst	7.6%	10.5%	8.9%	9.1%	9.5%
Responses	706	622	616	971	1184

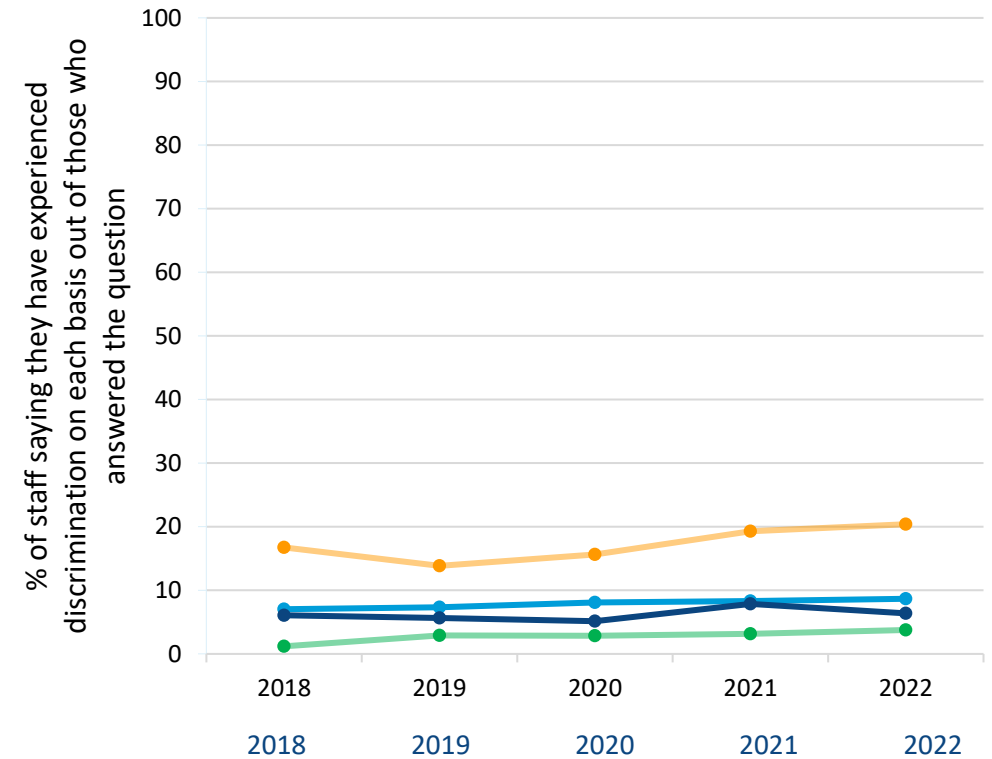


Q16c.4 On what grounds have you experienced discrimination?
– Sexual orientation.



Your org	2.0%	3.7%	2.3%	3.3%	3.2%
Best	0.0%	0.0%	0.0%	1.2%	1.4%
Average	3.3%	3.7%	3.6%	4.1%	3.9%
Worst	9.8%	9.2%	10.1%	23.4%	8.3%
Responses	706	622	616	971	1184

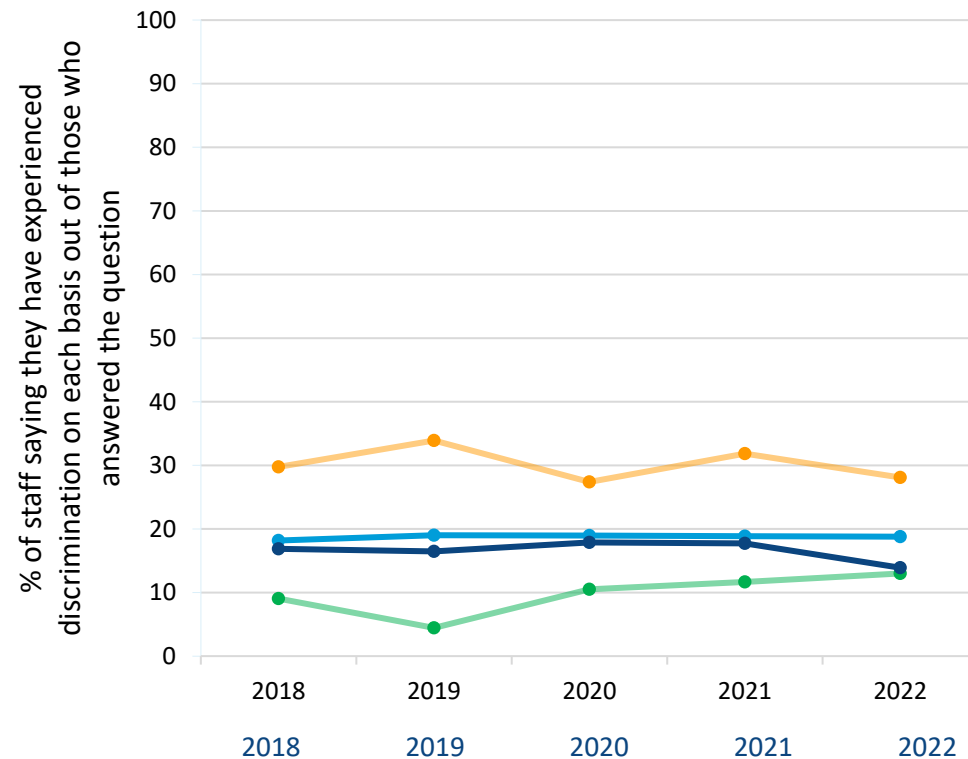
Q16c.5 On what grounds have you experienced discrimination?
– Disability.



Your org	6.1%	5.7%	5.1%	7.9%	6.4%
Best	1.2%	2.9%	2.8%	3.2%	3.8%
Average	7.0%	7.3%	8.1%	8.3%	8.7%
Worst	16.7%	13.8%	15.6%	19.3%	20.4%
Responses	706	622	616	971	1184

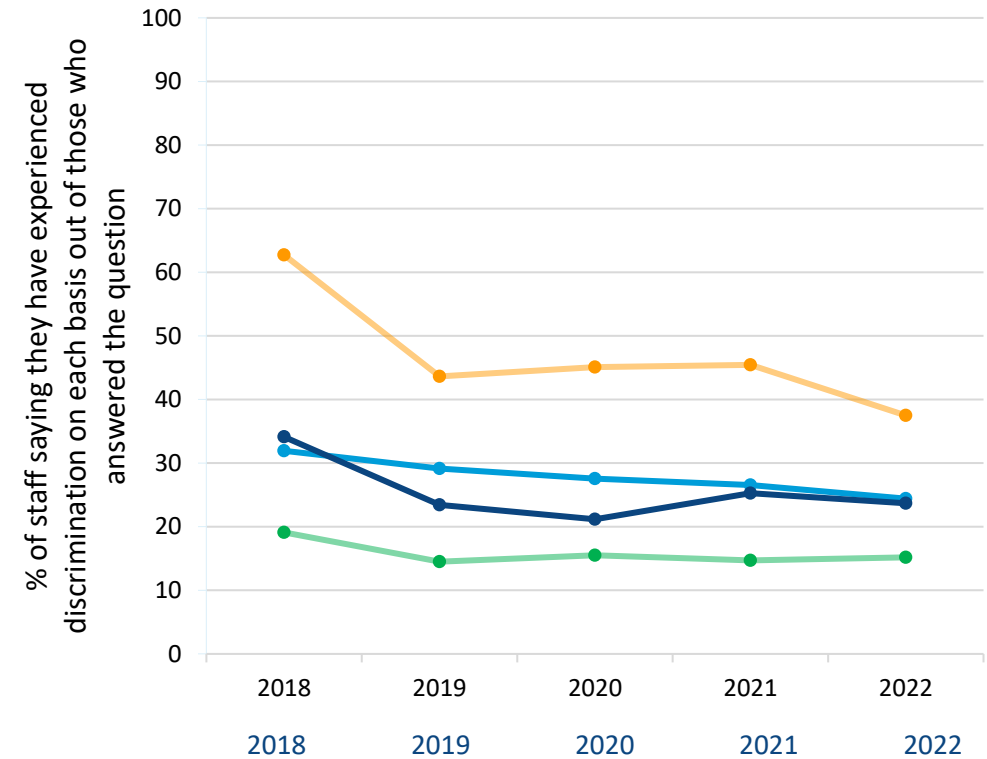


Q16c.6 On what grounds have you experienced discrimination?
– Age.



	2018	2019	2020	2021	2022
Your org	16.9%	16.5%	17.9%	17.7%	13.9%
Best	9.0%	4.5%	10.5%	11.7%	13.0%
Average	18.2%	19.0%	19.0%	18.9%	18.8%
Worst	29.8%	33.9%	27.4%	31.8%	28.1%
Responses	706	622	616	971	1184

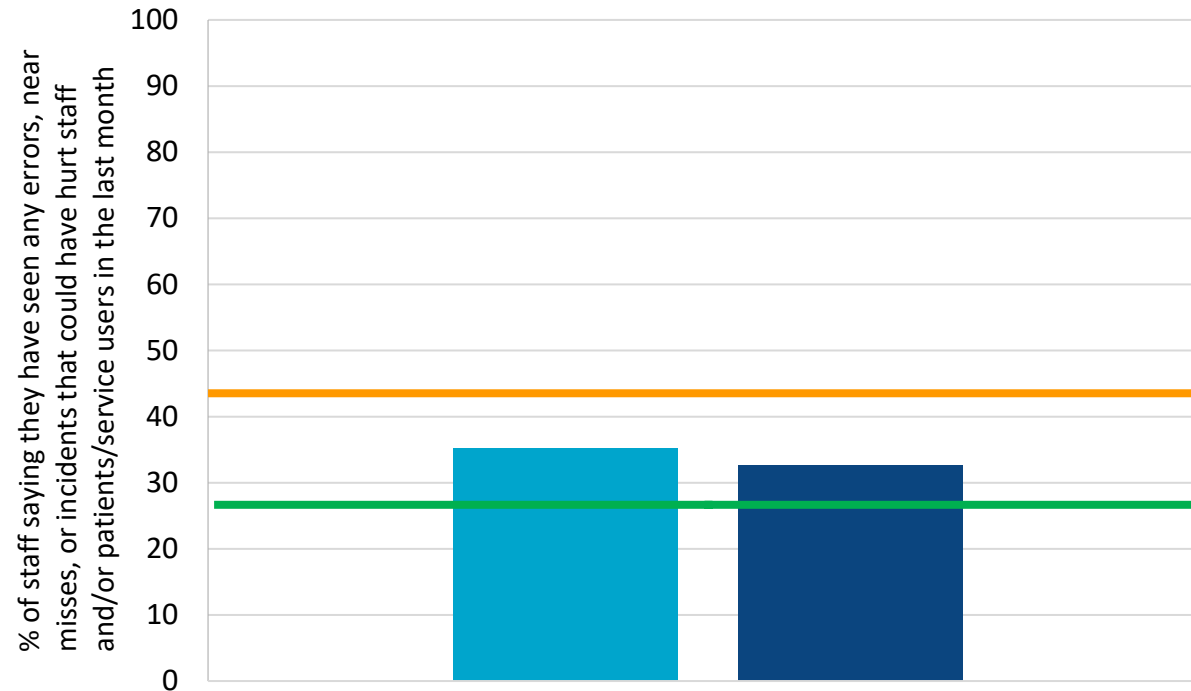
Q16c.7 On what grounds have you experienced discrimination?
– Other.



	2018	2019	2020	2021	2022
Your org	34.1%	23.4%	21.2%	25.3%	23.7%
Best	19.1%	14.5%	15.5%	14.7%	15.2%
Average	31.9%	29.1%	27.6%	26.6%	24.4%
Worst	62.7%	43.6%	45.1%	45.4%	37.5%
Responses	706	622	616	971	1184



Q17 In the last month have you seen any errors, near misses, or incidents that could have hurt staff and/or patients/service users?

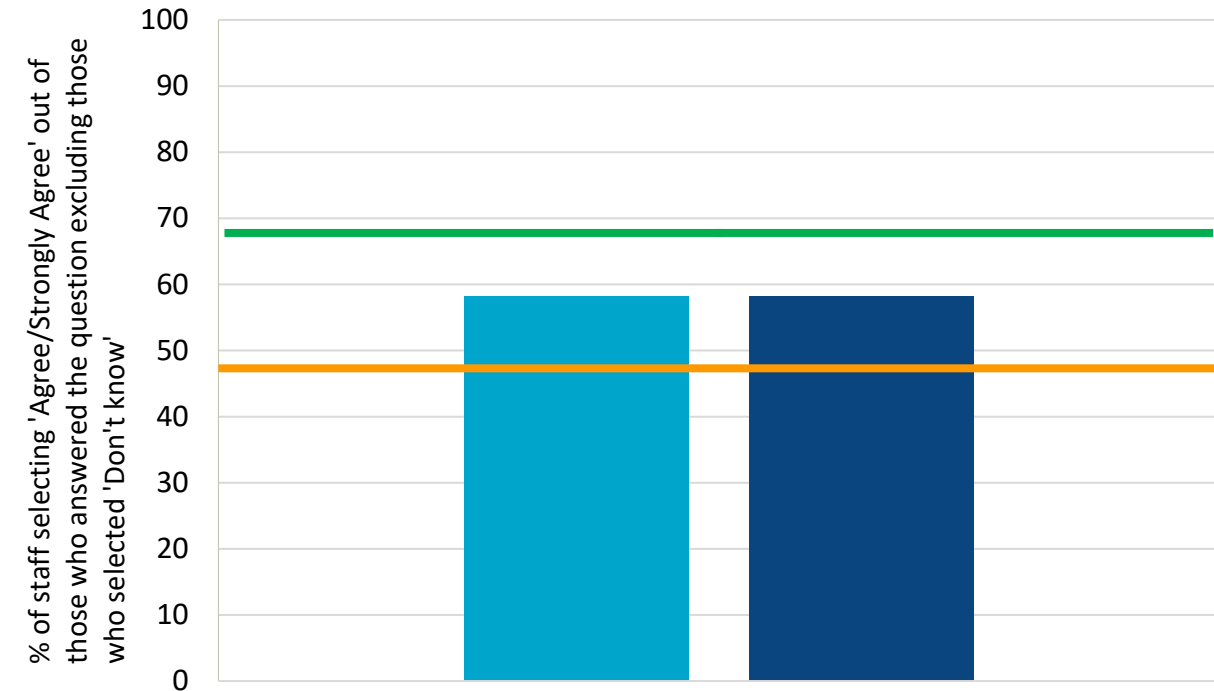


2022

Your org	32.7%
Best	26.7%
Average	35.2%
Worst	43.5%

Responses 7785

Q18a My organisation treats staff who are involved in an error, near miss or incident fairly.



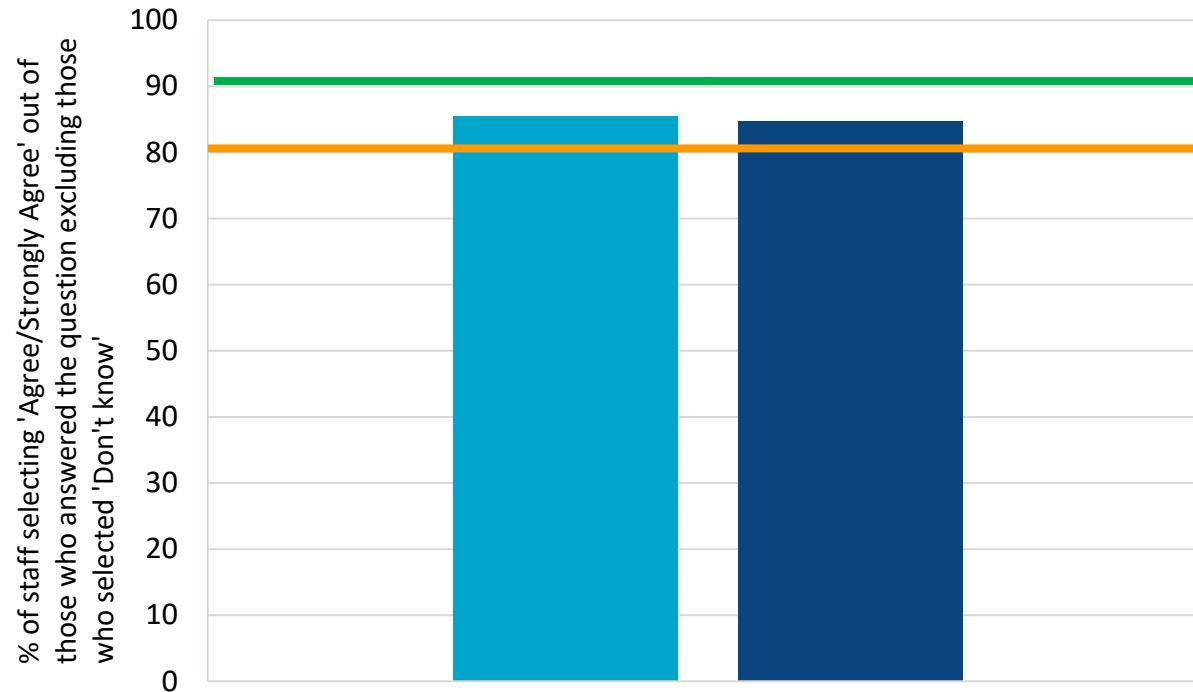
2022

Your org	58.1%
Best	67.8%
Average	58.2%
Worst	47.3%

Responses 6013



Q18b My organisation encourages us to report errors, near misses or incidents.



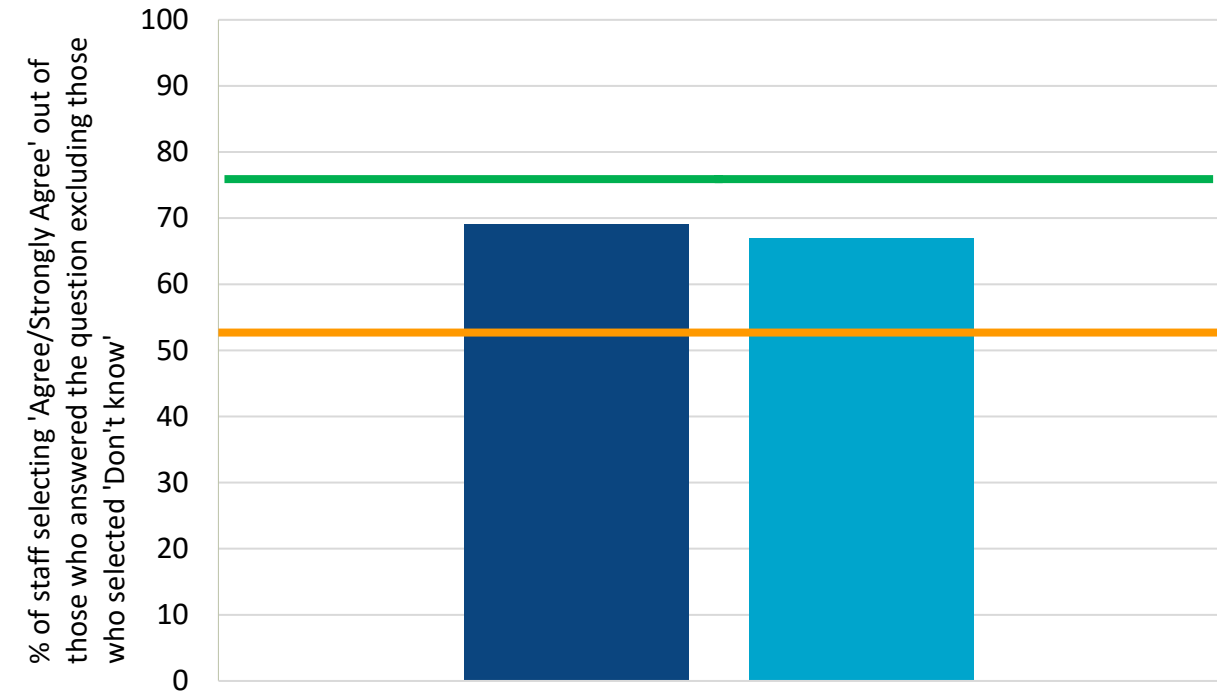
2022

Your org	84.8%
Best	90.8%
Average	85.5%
Worst	80.6%

Responses

7577

Q18c When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.



2022

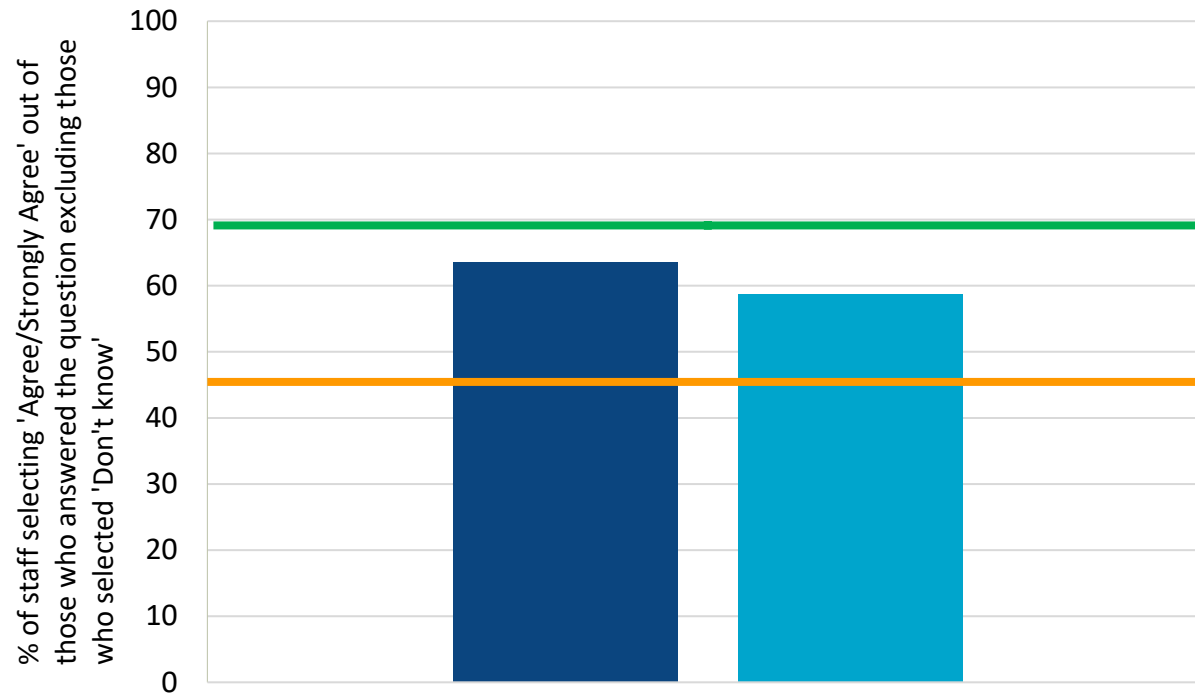
Your org	69.1%
Best	75.9%
Average	67.0%
Worst	52.7%

Responses

7035



Q18d We are given feedback about changes made in response to reported errors, near misses and incidents.



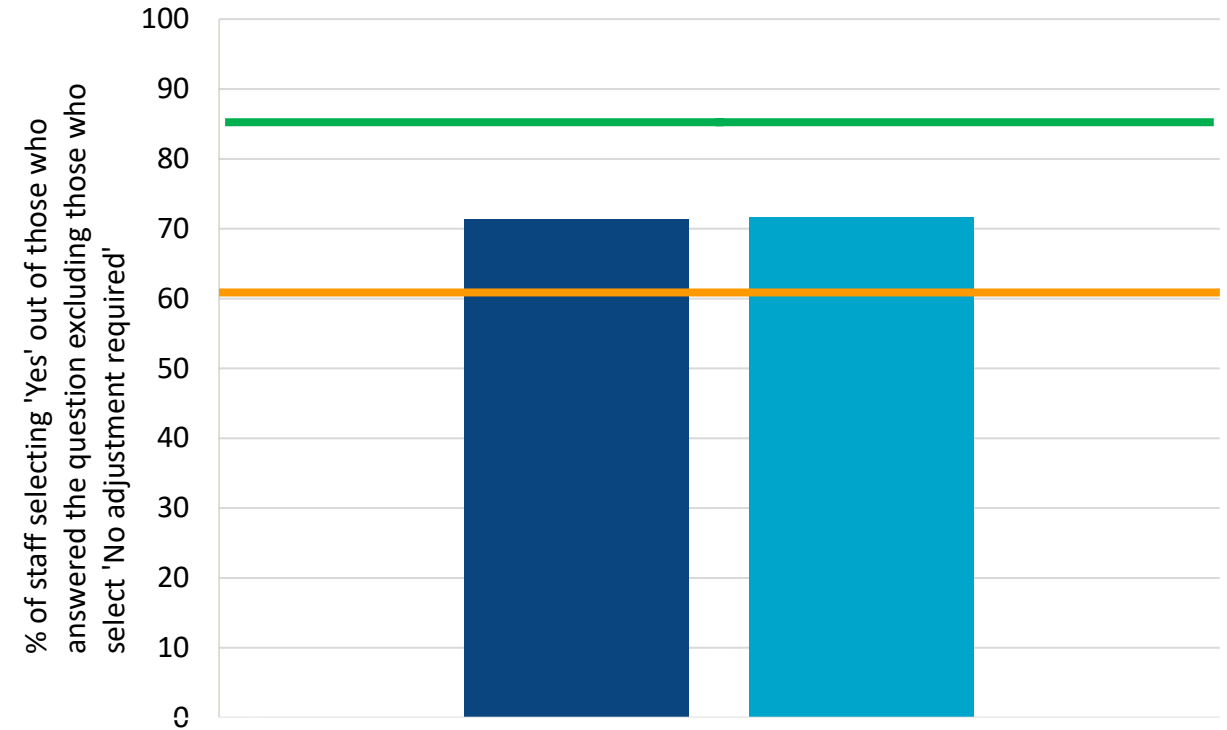
2022

Your org	63.5%
Best	69.1%
Average	58.8%
Worst	45.4%

Responses

7127

Q30b Has your employer made reasonable adjustment(s) to enable you to carry out your work?



2022

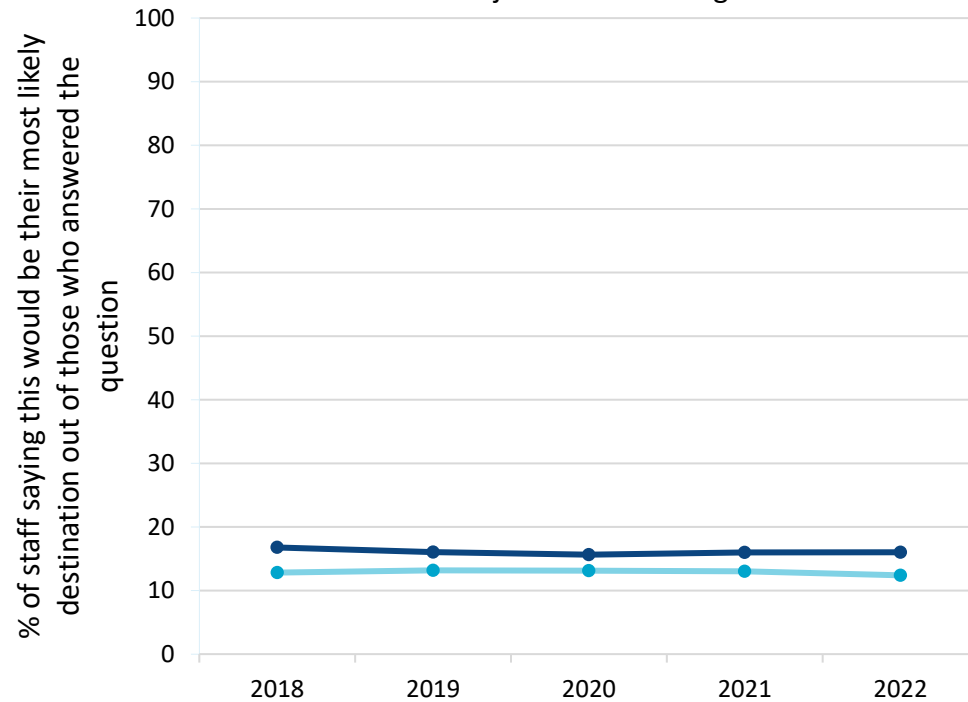
Your org	71.4%
Best	85.3%
Average	71.7%
Worst	60.9%

Responses

921



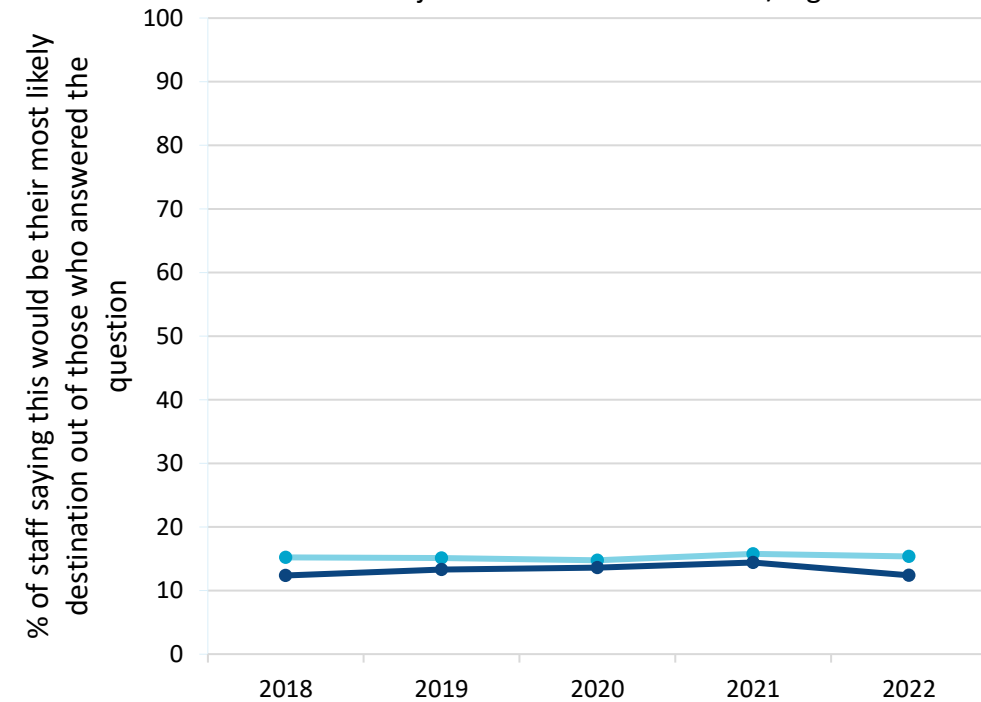
Q24d.1 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to another job within this organisation.



2018 2019 2020 2021 2022

Your org	16.8%	16.0%	15.7%	16.0%	16.0%
Average	12.8%	13.2%	13.1%	13.0%	12.4%
Responses	4738	4577	4638	6470	7427

Q24d.2 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to another job in a different NHS Trust/organisation.

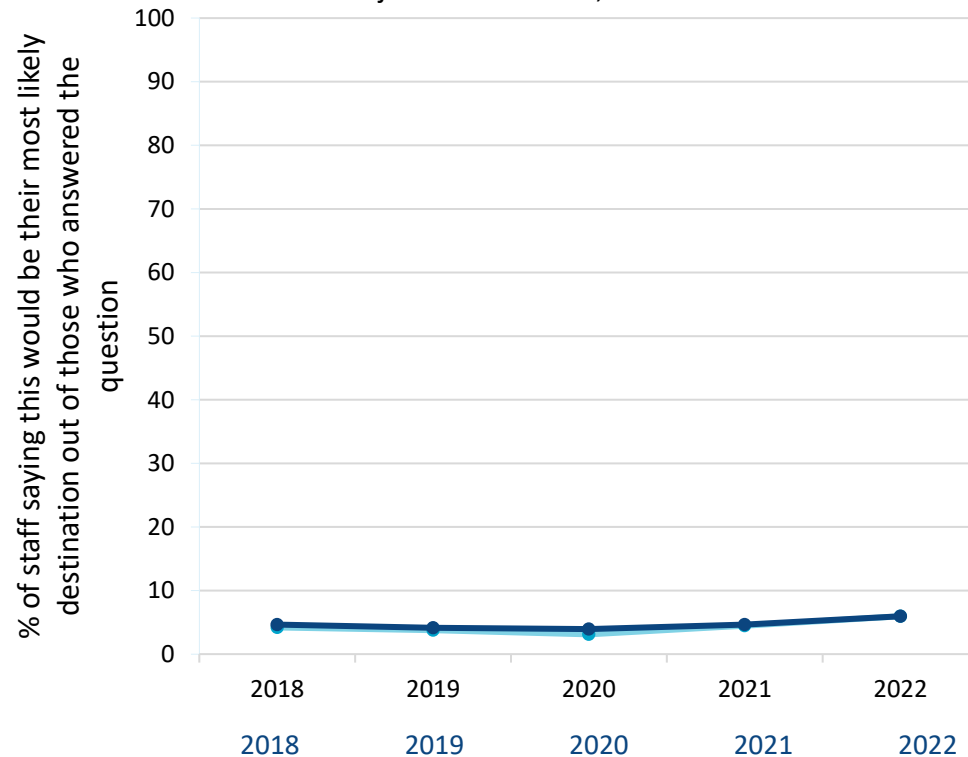


2018 2019 2020 2021 2022

Your org	12.4%	13.3%	13.6%	14.4%	12.4%
Average	15.2%	15.1%	14.8%	15.8%	15.4%
Responses	4738	4577	4638	6470	7427

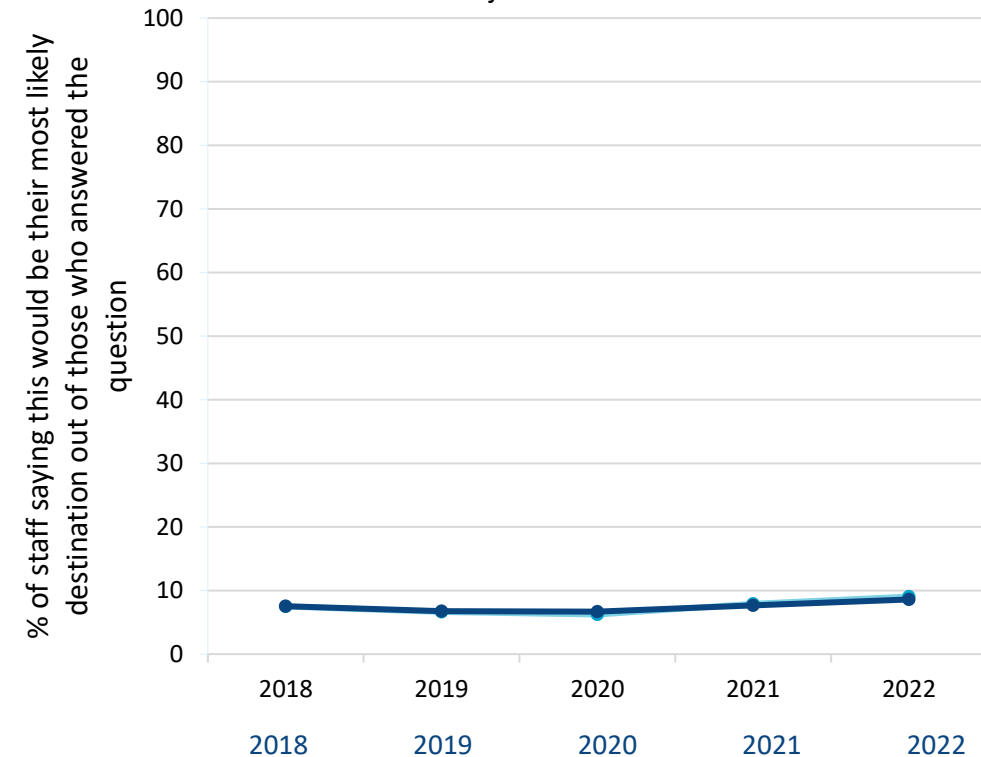


Q24d.3 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to a job in healthcare, but outside the NHS.



Your org	4.6%	4.2%	3.9%	4.7%	6.0%
Average	4.2%	3.8%	3.1%	4.5%	6.0%
Responses	4738	4577	4638	6470	7427

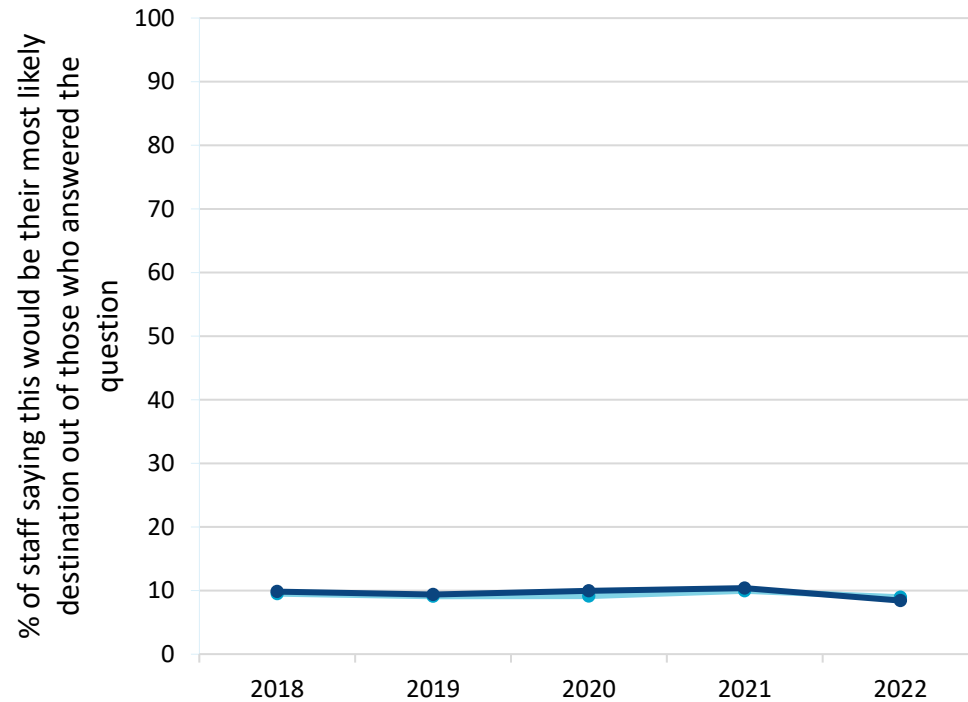
Q24d.4 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to a job outside healthcare.



Your org	7.5%	6.8%	6.7%	7.7%	8.6%
Average	7.5%	6.6%	6.2%	7.9%	9.1%
Responses	4738	4577	4638	6470	7427

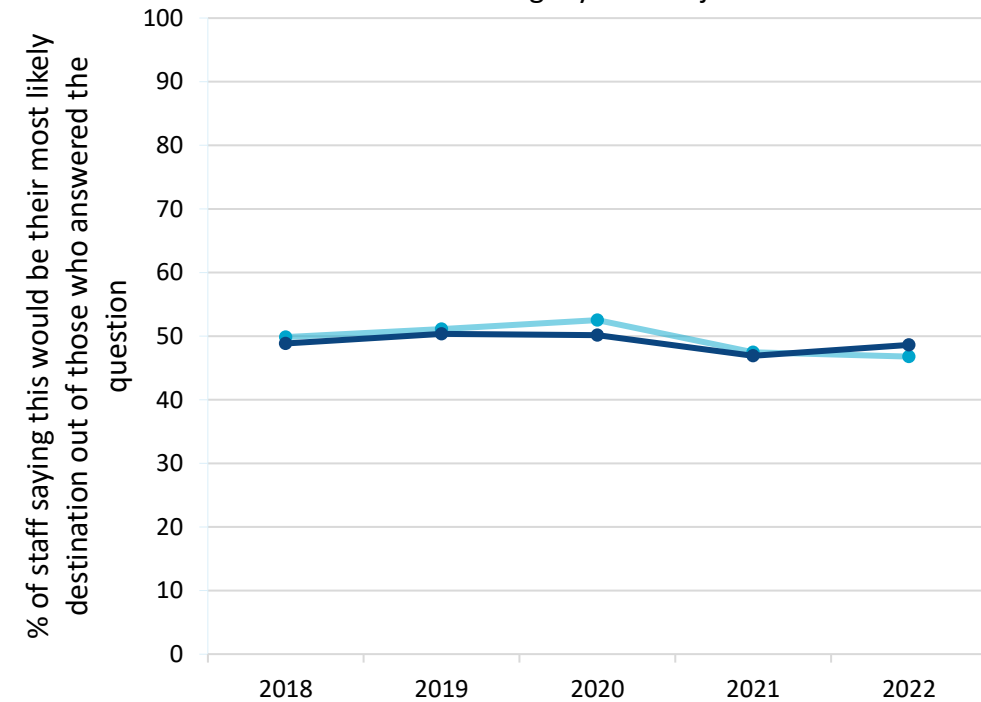


Q24d.5 If you are considering leaving your current job, what would be your most likely destination? - I would retire or take a career break.



	2018	2019	2020	2021	2022
Your org	9.8%	9.4%	10.0%	10.4%	8.4%
Average	9.5%	9.1%	9.1%	10.0%	8.9%
Responses	4738	4577	4638	6470	7427

Q24d.9 If you are considering leaving your current job, what would be your most likely destination? - I am not considering leaving my current job.



	2018	2019	2020	2021	2022
Your org	48.8%	50.4%	50.2%	46.9%	48.6%
Average	49.9%	51.1%	52.5%	47.5%	46.8%
Responses	4738	4577	4638	6470	7427

Workforce Equality Standards

Please note, when there are less than 11 responses for a question, results are suppressed to protect staff confidentiality and reliability of data.

Workforce Race Equality Standards (WRES)

This section contains data for the organisation required for the NHS Staff Survey indicators used in the Workforce Race Equality Standard (WRES). It includes the 2018-2022 organisation and benchmarking group median results for q13a, q13b&c combined, q15, and q16b split by ethnicity (by white staff / staff from all other ethnic groups combined).

Workforce Disability Equality Standards (WDES)

This section contains data for the organisation required for the NHS Staff Survey indicators used in the Workforce Disability Equality Standard (WDES). It includes the 2018-2022 organisation and benchmarking group median results for q4b, q11e, q14a-d, and q15 split by staff with a long lasting health condition or illness compared to staff without a long lasting health condition or illness. It also shows results for q30b (for staff with a long lasting health condition or illness only), and the staff engagement score for staff with a long lasting health condition or illness, compared to staff without a long lasting health condition or illness and the overall engagement score for the organisation.

This year, the text for q30b was updated and the word 'adequate' was updated to 'reasonable'.

The WDES breakdowns are based on the responses to q30a Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?

This section contains data required for the staff survey indicators used in the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES). Data presented in this section are unweighted.

Workforce Race Equality Standards (WRES)

Indicator	Qu No	Workforce Race Equality Standard
For each of the following indicators, compare the outcomes of the responses for white staff and staff from all other ethnic groups combined		
5	14a	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6	14b & 14c	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7	15	Percentage believing that their practice provides equal opportunities for career progression or promotion
8	16b	In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues

Workforce Disability Equality Standards (WDES)

Indicator	Qu No	Workforce Disability Equality Standard
For each of the following indicators, compare the responses for staff with a LTC* or illness vs staff without a LTC or illness		
4ai	14a	Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public
4aii	14b	Percentage of staff experiencing harassment, bullying or abuse from managers
4aiii	14c	Percentage of staff experiencing harassment, bullying or abuse from other colleagues
4b	14d	Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it
5	15	Percentage believing that their practice provides equal opportunities for career progression or promotion
6	9e	Percentage of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties
7	4b	Percentage staff saying that they are satisfied with the extent to which their organisation values their work
8	30b	Percentage of staff with a long lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work
9a	theme_engagement	The staff engagement score for staff with LTC or illness vs staff without a LTC or illness

Workforce Race Equality Standards (WRES)

N.B.

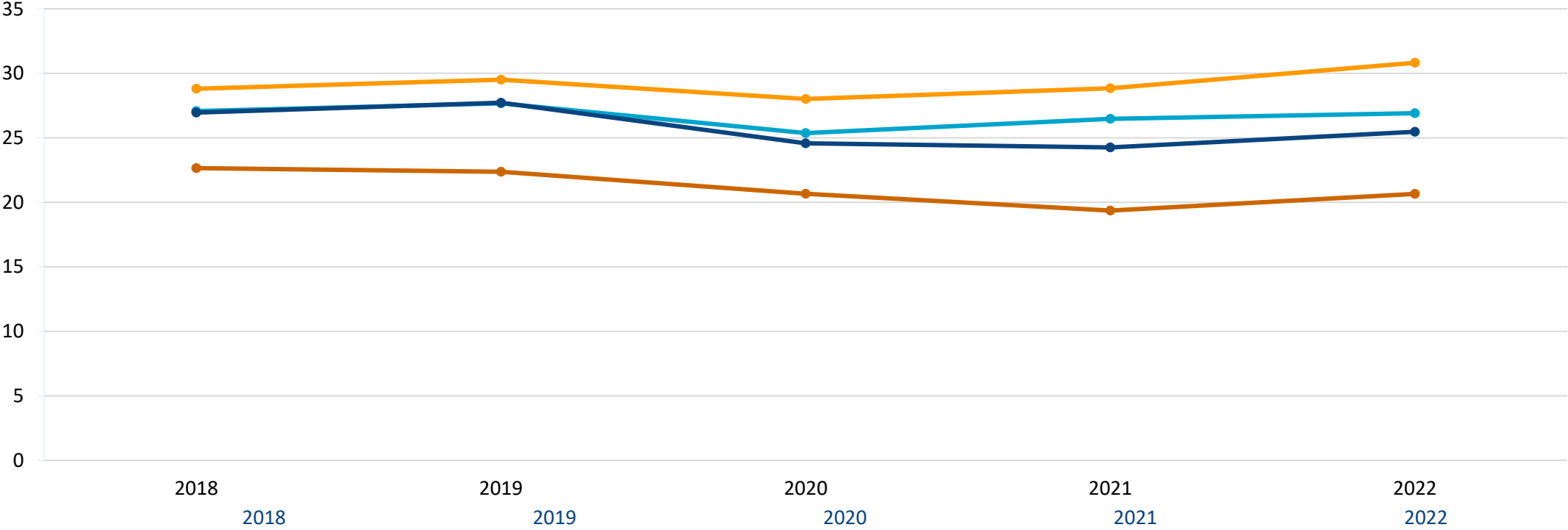
Vertical scales on the following charts vary from slide to slide and this effects how results are displayed.
Data shown in the WRES charts are unweighted.

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.



Workforce Race Equality Standard (WRES)

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months



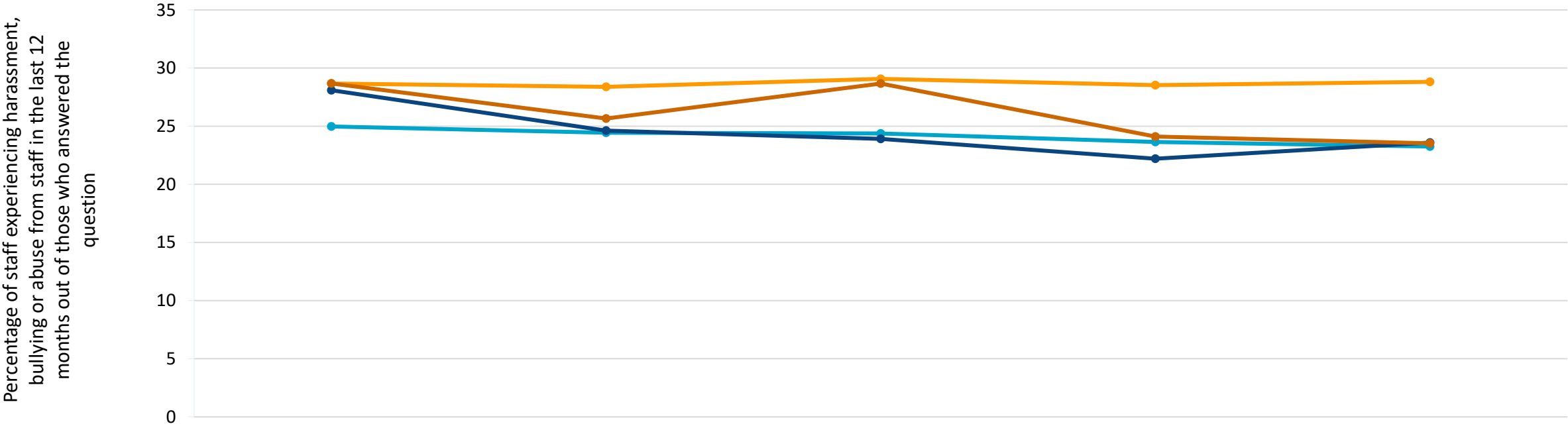
	2018	2019	2020	2021	2022
White staff: Your org	27.0%	27.7%	24.6%	24.3%	25.5%
All other ethnic groups*: Your org	22.6%	22.4%	20.7%	19.4%	20.6%
White staff: Average	27.1%	27.7%	25.4%	26.5%	26.9%
All other ethnic groups*: Average	28.8%	29.5%	28.0%	28.8%	30.8%
White staff: Responses	3755	3640	3548	4370	4971
All other ethnic groups*: Responses	1338	1435	1442	1963	2862

*Staff from all other ethnic groups combined
Average calculated as the median for the benchmark group



Workforce Race Equality Standard (WRES)

Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months



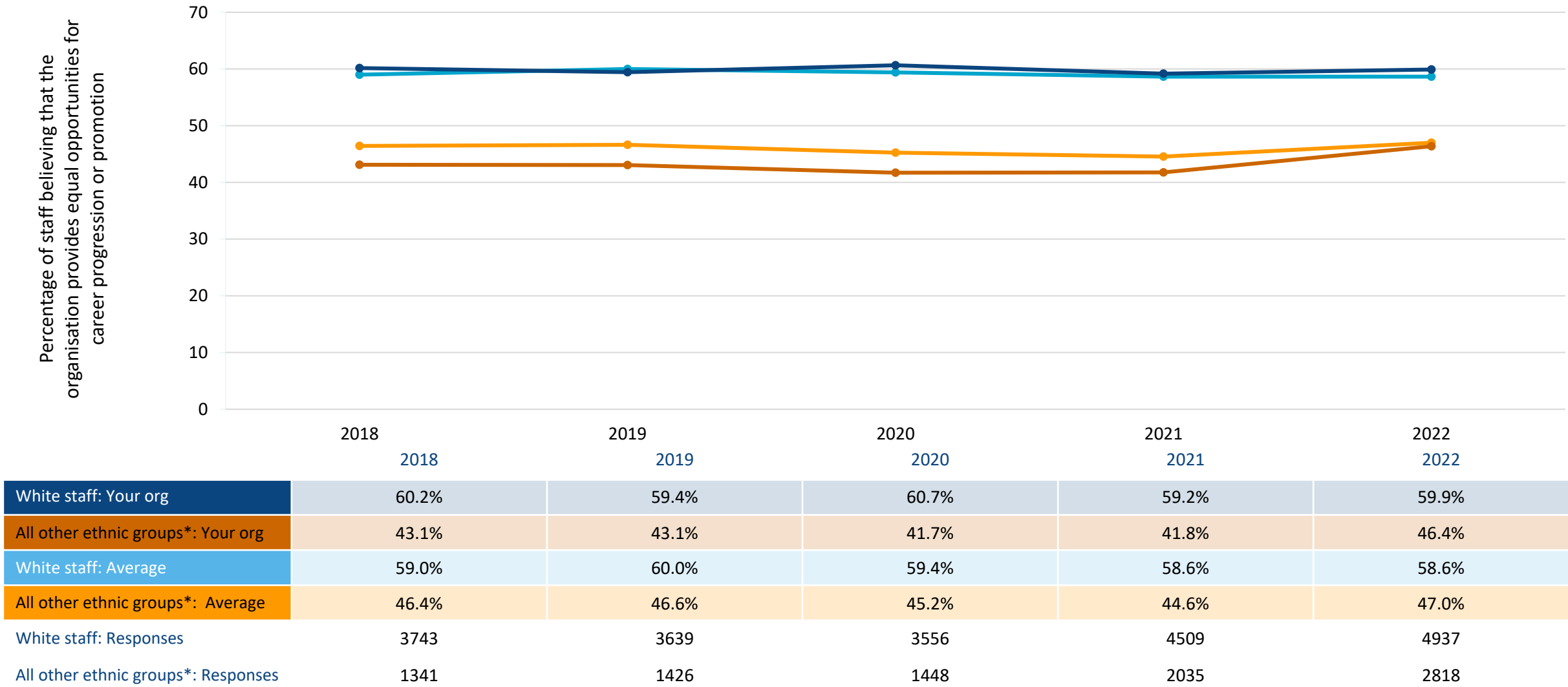
	2018	2019	2020	2021	2022
White staff: Your org	28.1%	24.6%	23.9%	22.2%	23.6%
All other ethnic groups*: Your org	28.7%	25.7%	28.7%	24.1%	23.5%
White staff: Average	25.0%	24.4%	24.4%	23.6%	23.3%
All other ethnic groups*: Average	28.7%	28.4%	29.1%	28.5%	28.8%
White staff: Responses	3709	3648	3551	4377	4951
All other ethnic groups*: Responses	1311	1434	1444	1958	2852

*Staff from all other ethnic groups combined
Average calculated as the median for the benchmark group



Workforce Race Equality Standard (WRES)

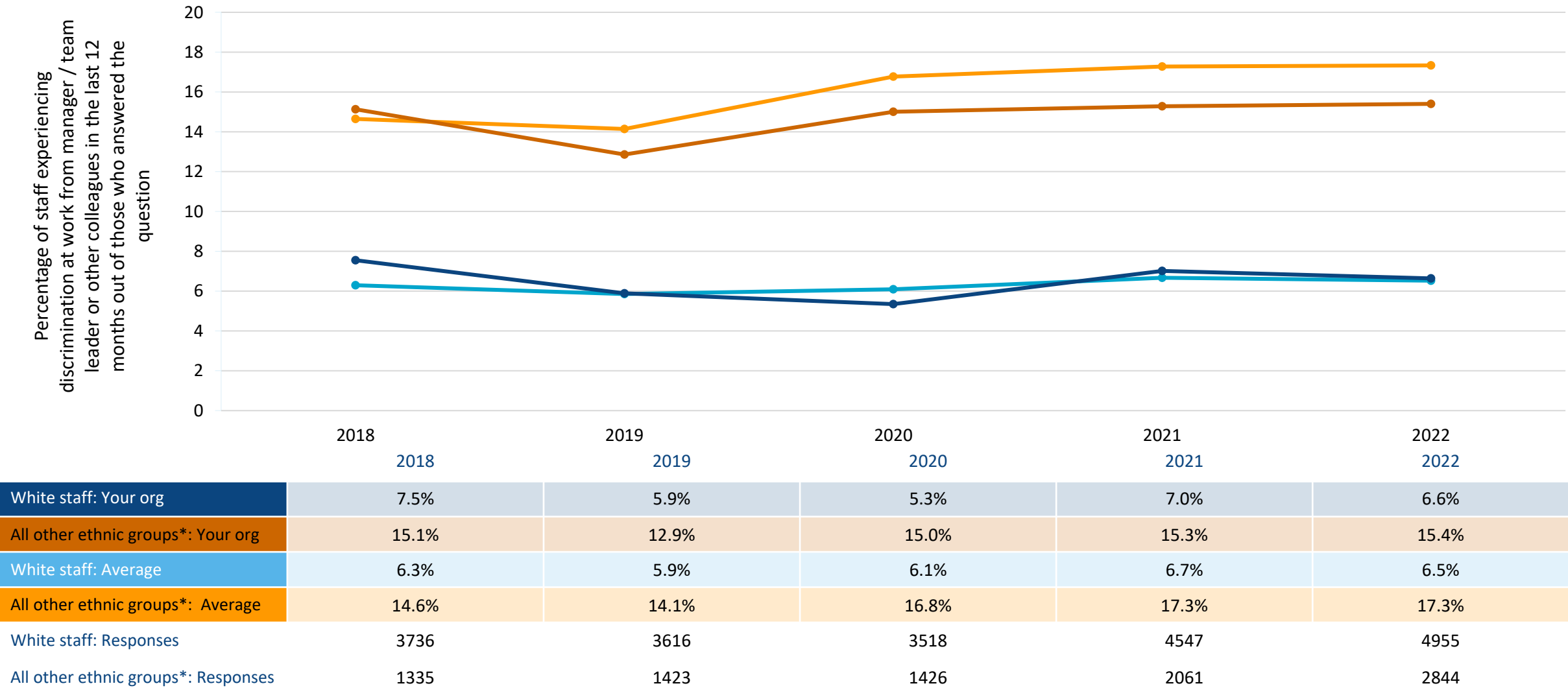
Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion.



*Staff from all other ethnic groups combined
Average calculated as the median for the benchmark group



Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months.



*Staff from all other ethnic groups combined
Average calculated as the median for the benchmark group

Workforce Disability Equality Standards (WDES)

N.B.

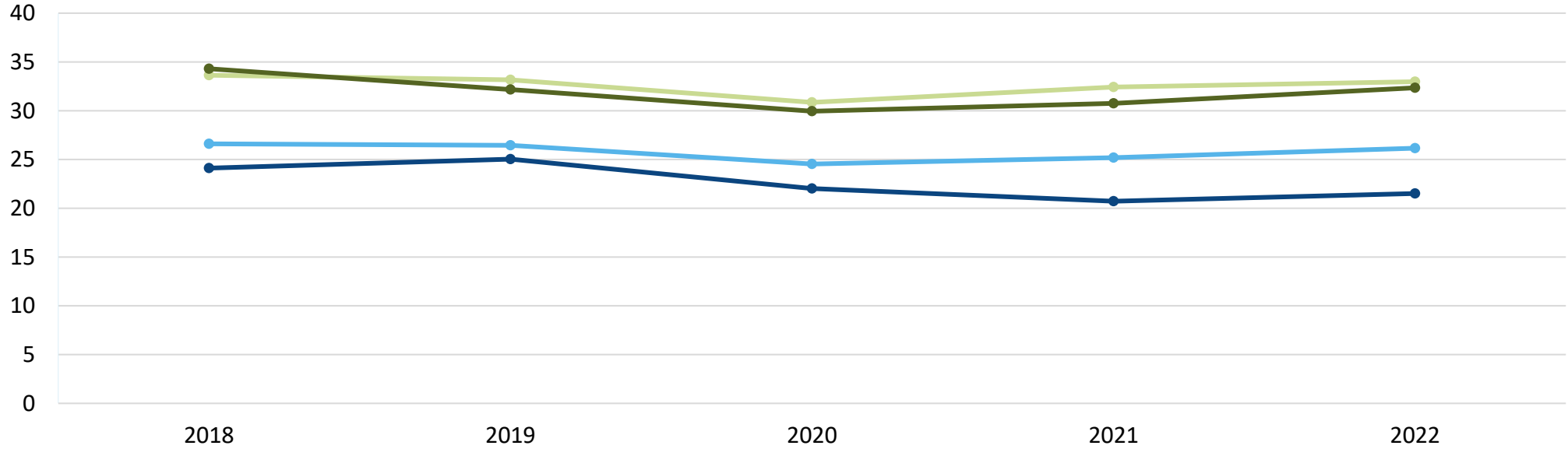
Vertical scales on the following charts vary from slide to slide and this effects how results are displayed.
Data shown in the WDES charts are unweighted.

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.



Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months out of those who answered the question

Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months.

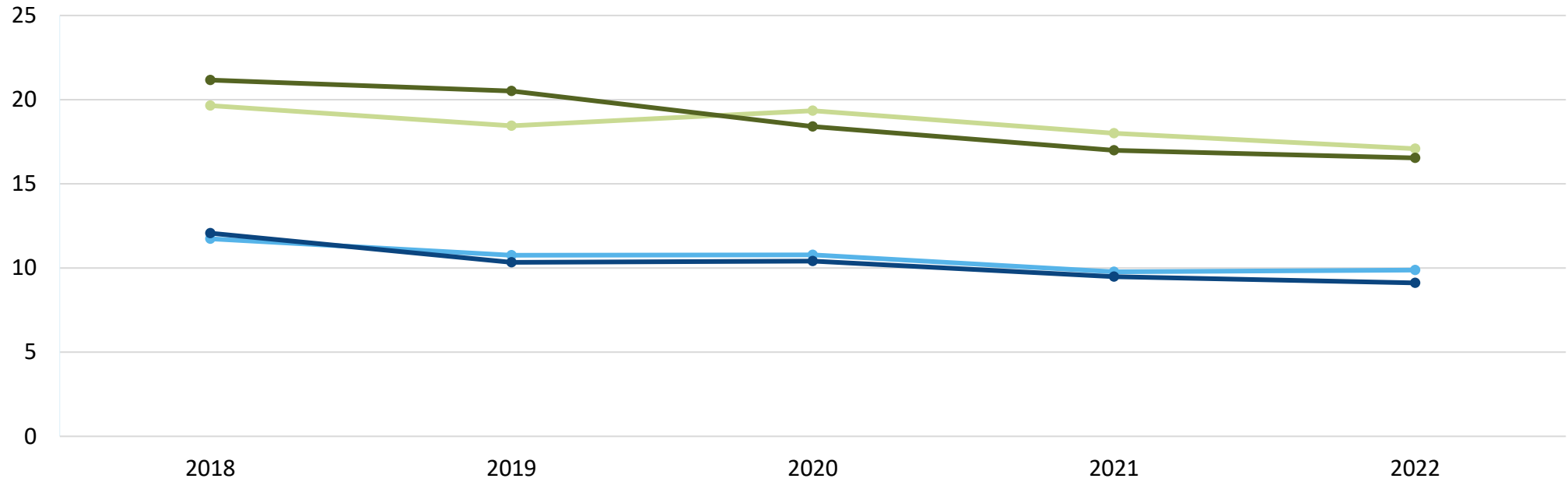


	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	34.3%	32.2%	30.0%	30.8%	32.3%
Staff without a LTC or illness: Your org	24.1%	25.0%	22.0%	20.7%	21.5%
Staff with a LTC or illness: Average	33.6%	33.2%	30.9%	32.4%	33.0%
Staff without a LTC or illness: Average	26.6%	26.5%	24.5%	25.2%	26.2%
Staff with a LTC or illness: Responses	793	867	908	1333	1592
Staff without a LTC or illness: Responses	4230	4257	4127	5092	6258



Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months out of those who answered the question

Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months.

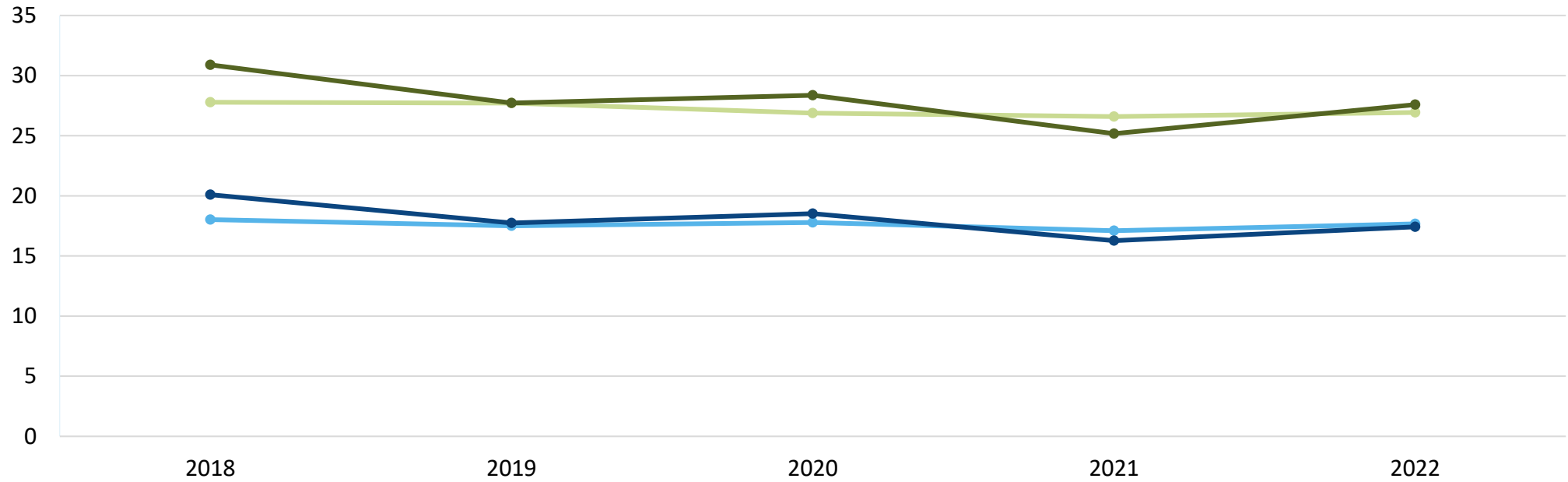


	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	21.2%	20.5%	18.4%	17.0%	16.5%
Staff without a LTC or illness: Your org	12.1%	10.3%	10.4%	9.5%	9.1%
Staff with a LTC or illness: Average	19.6%	18.4%	19.3%	18.0%	17.1%
Staff without a LTC or illness: Average	11.7%	10.8%	10.8%	9.8%	9.9%
Staff with a LTC or illness: Responses	775	863	902	1330	1572
Staff without a LTC or illness: Responses	4135	4238	4093	5071	6198



Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months out of those who answered the question

Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months.

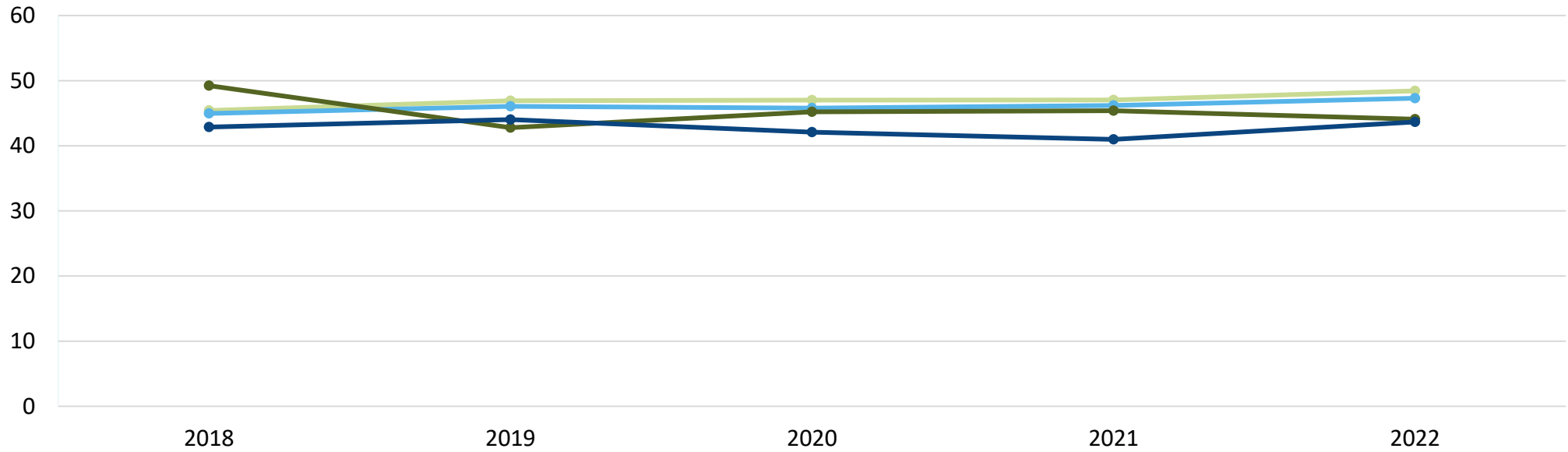


	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	30.9%	27.7%	28.4%	25.2%	27.6%
Staff without a LTC or illness: Your org	20.1%	17.7%	18.5%	16.3%	17.4%
Staff with a LTC or illness: Average	27.8%	27.7%	26.9%	26.6%	26.9%
Staff without a LTC or illness: Average	18.0%	17.5%	17.8%	17.1%	17.7%
Staff with a LTC or illness: Responses	780	855	899	1327	1577
Staff without a LTC or illness: Responses	4131	4192	4066	5053	6186



Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it out of those who answered the question

Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.

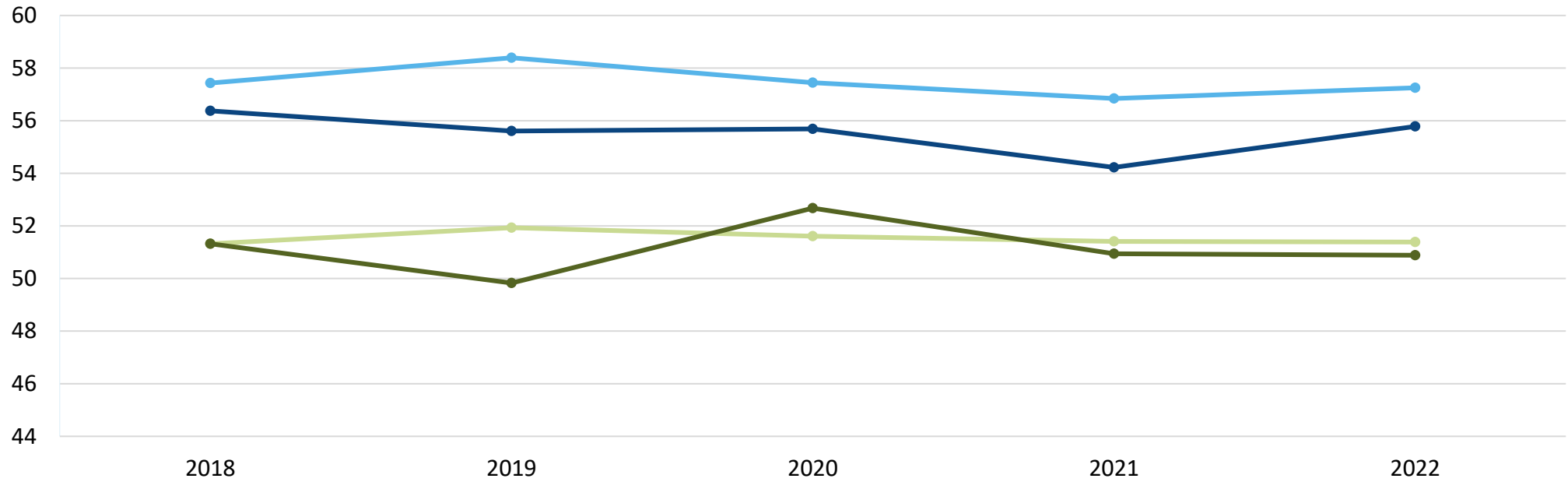


	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	49.2%	42.8%	45.2%	45.4%	44.1%
Staff without a LTC or illness: Your org	42.9%	44.0%	42.1%	41.0%	43.7%
Staff with a LTC or illness: Average	45.4%	46.9%	47.0%	47.0%	48.4%
Staff without a LTC or illness: Average	45.0%	46.1%	45.8%	46.2%	47.3%
Staff with a LTC or illness: Responses	392	395	418	597	694
Staff without a LTC or illness: Responses	1404	1340	1278	1493	1857



Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion out of those who answered the question

Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion.

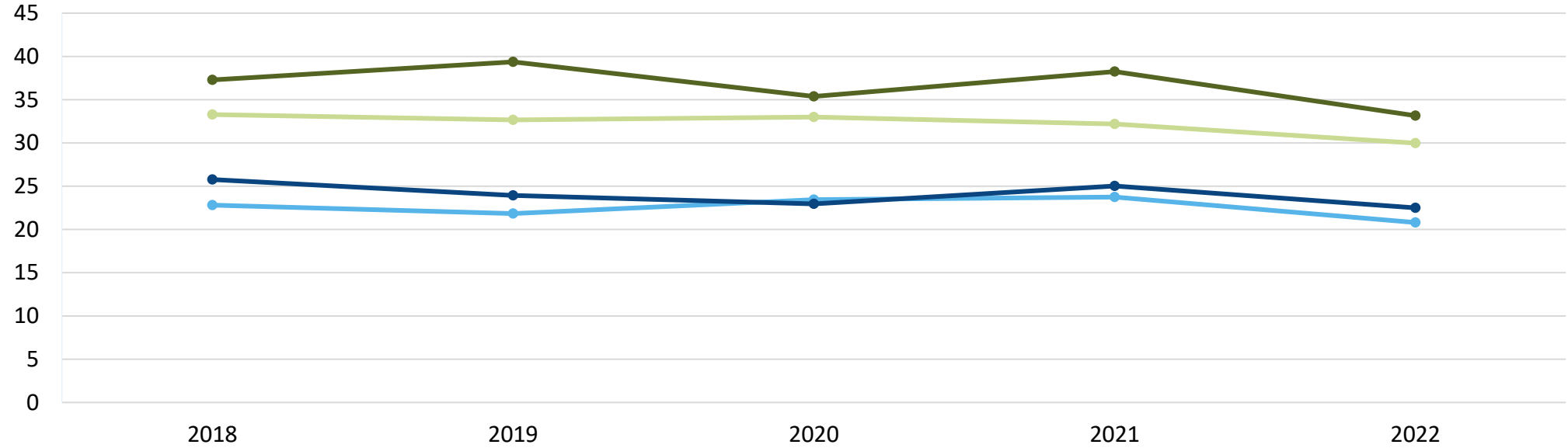


	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	51.3%	49.8%	52.7%	50.9%	50.9%
Staff without a LTC or illness: Your org	56.4%	55.6%	55.7%	54.2%	55.8%
Staff with a LTC or illness: Average	51.3%	51.9%	51.6%	51.4%	51.4%
Staff without a LTC or illness: Average	57.4%	58.4%	57.4%	56.8%	57.3%
Staff with a LTC or illness: Responses	795	869	915	1380	1582
Staff without a LTC or illness: Responses	4227	4246	4132	5256	6190



Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties out of those who answered the question

Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

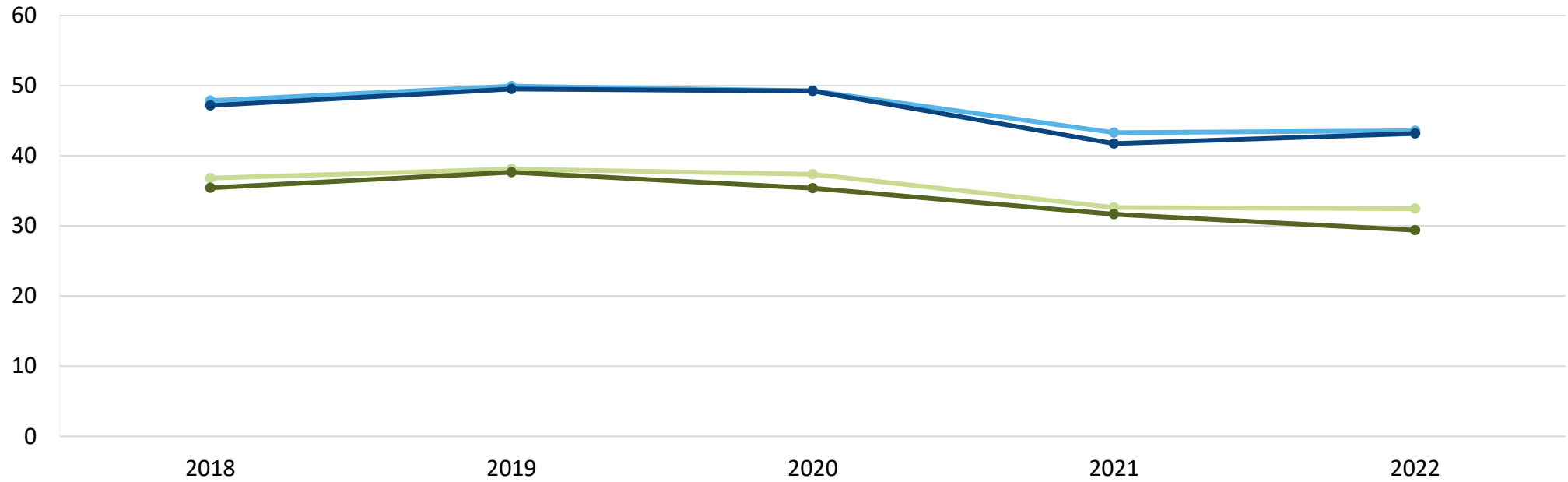


	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	37.3%	39.4%	35.4%	38.3%	33.2%
Staff without a LTC or illness: Your org	25.8%	23.9%	23.0%	25.0%	22.5%
Staff with a LTC or illness: Average	33.3%	32.7%	33.0%	32.2%	30.0%
Staff without a LTC or illness: Average	22.8%	21.8%	23.4%	23.7%	20.8%
Staff with a LTC or illness: Responses	598	640	602	996	1140
Staff without a LTC or illness: Responses	2161	2123	1647	2542	3040



Percentage of staff satisfied with the extent to which
their organisation values their work out of those who
answered the question

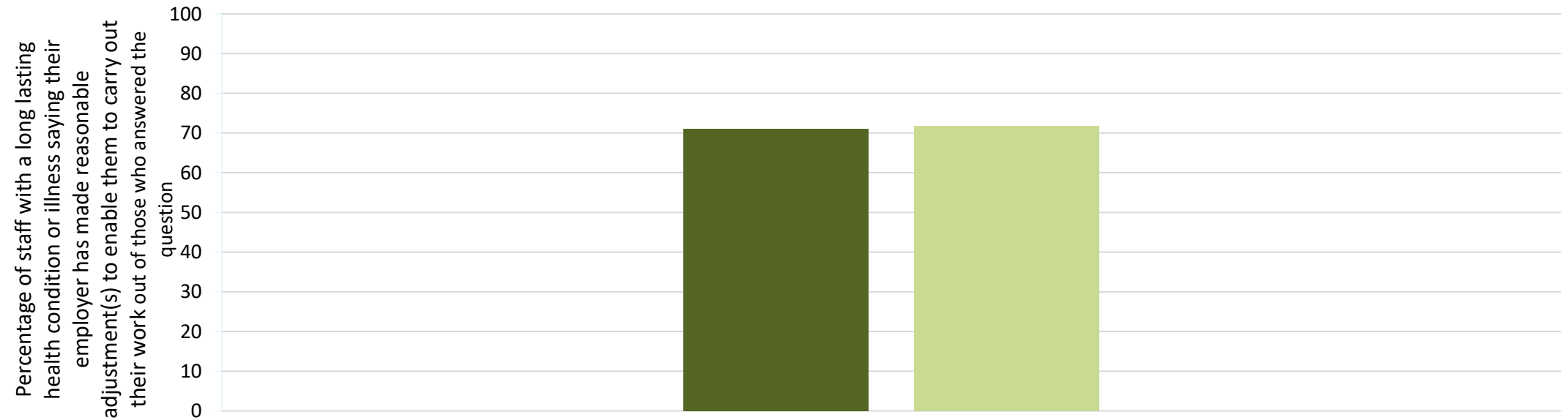
Percentage of staff satisfied with the extent to which their organisation values their work.



	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	35.4%	37.6%	35.4%	31.7%	29.4%
Staff without a LTC or illness: Your org	47.2%	49.5%	49.2%	41.7%	43.2%
Staff with a LTC or illness: Average	36.8%	38.1%	37.4%	32.6%	32.5%
Staff without a LTC or illness: Average	47.9%	49.9%	49.3%	43.3%	43.6%
Staff with a LTC or illness: Responses	796	866	913	1396	1599
Staff without a LTC or illness: Responses	4221	4251	4115	5327	6278



Percentage of staff with a long lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work.



2022

Staff with a LTC or illness: Your org

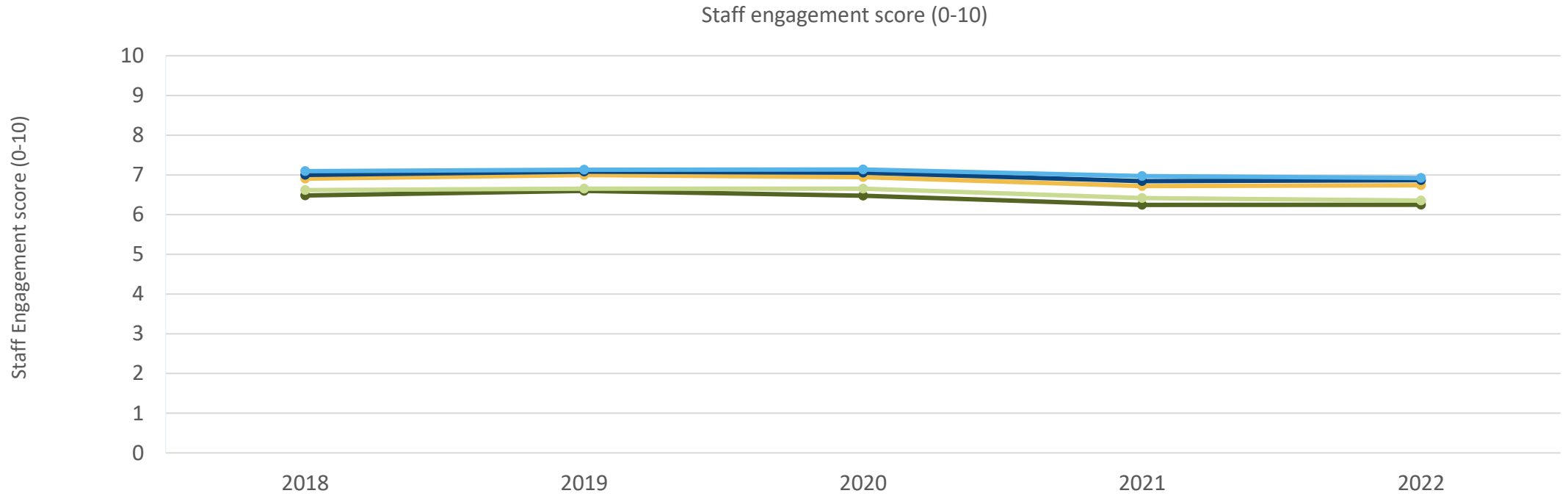
71.1%

Staff with a LTC or illness: Average

71.8%

Staff with a LTC or illness: Responses

921



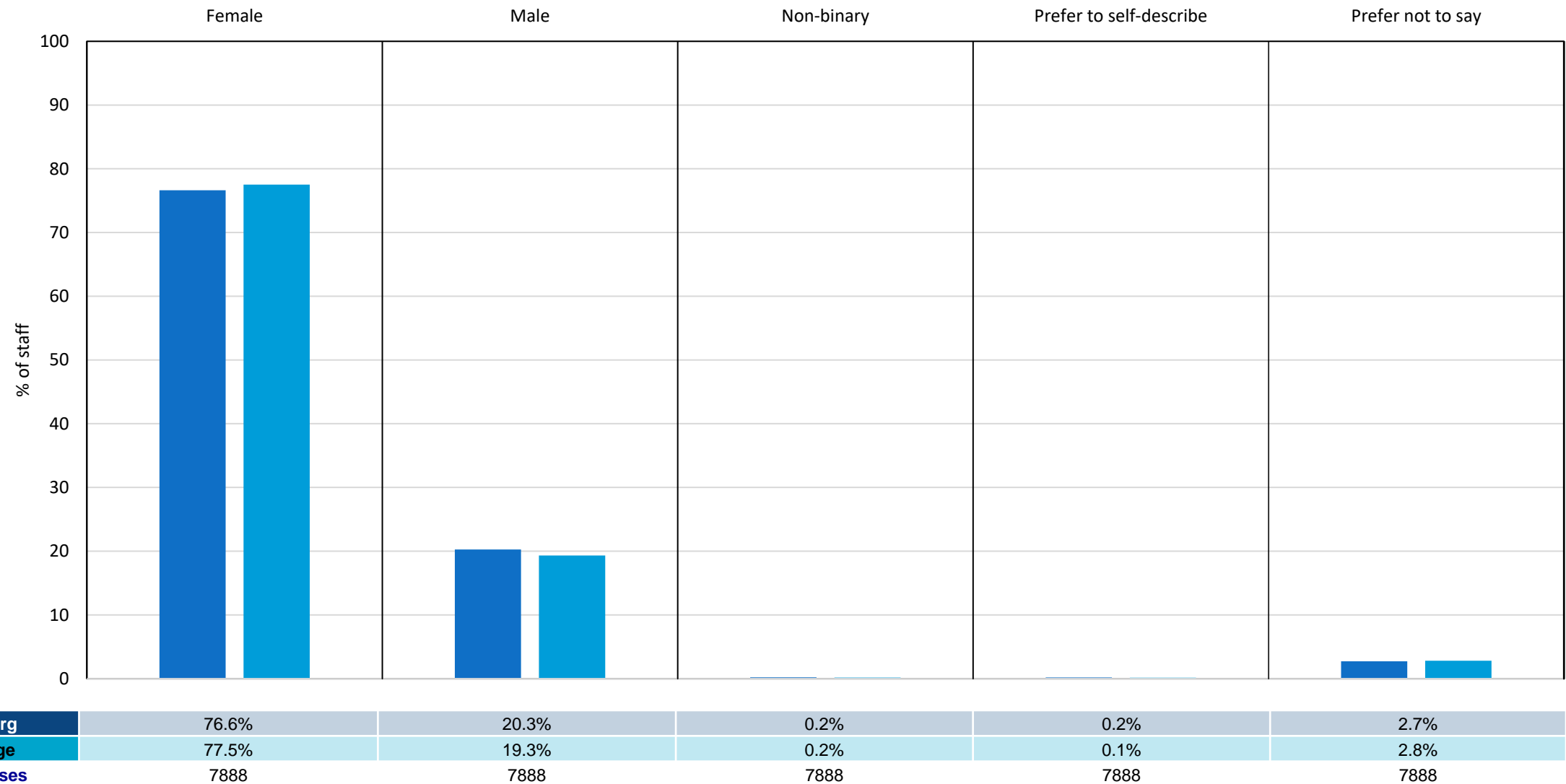
	2018	2019	2020	2021	2022
Organisation average	6.9	7.0	6.9	6.7	6.7
Staff with a LTC or illness: Your org	6.5	6.6	6.5	6.2	6.2
Staff without a LTC or illness: Your org	7.0	7.1	7.1	6.8	6.9
Staff with a LTC or illness: Average	6.6	6.7	6.7	6.4	6.4
Staff without a LTC or illness: Average	7.1	7.1	7.1	7.0	6.9
Staff with a LTC or illness: Responses	798	876	915	1396	1599
Staff without a LTC or illness: Responses	4256	4281	4143	5336	6296

N.B. Data shown in this chart are unweighted therefore will not match weighted staff engagement scores in other outputs.

About your respondents

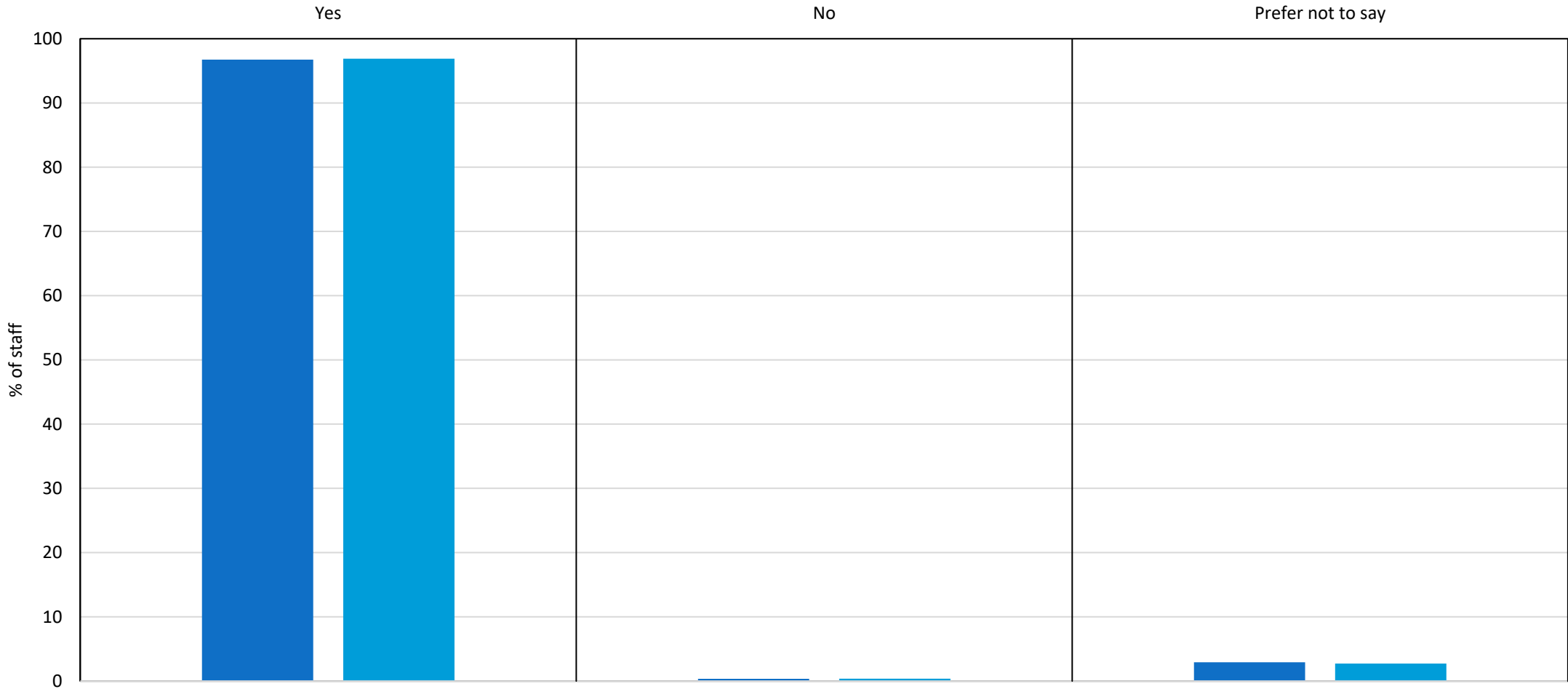
This section will show demographic information for 2022.

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.





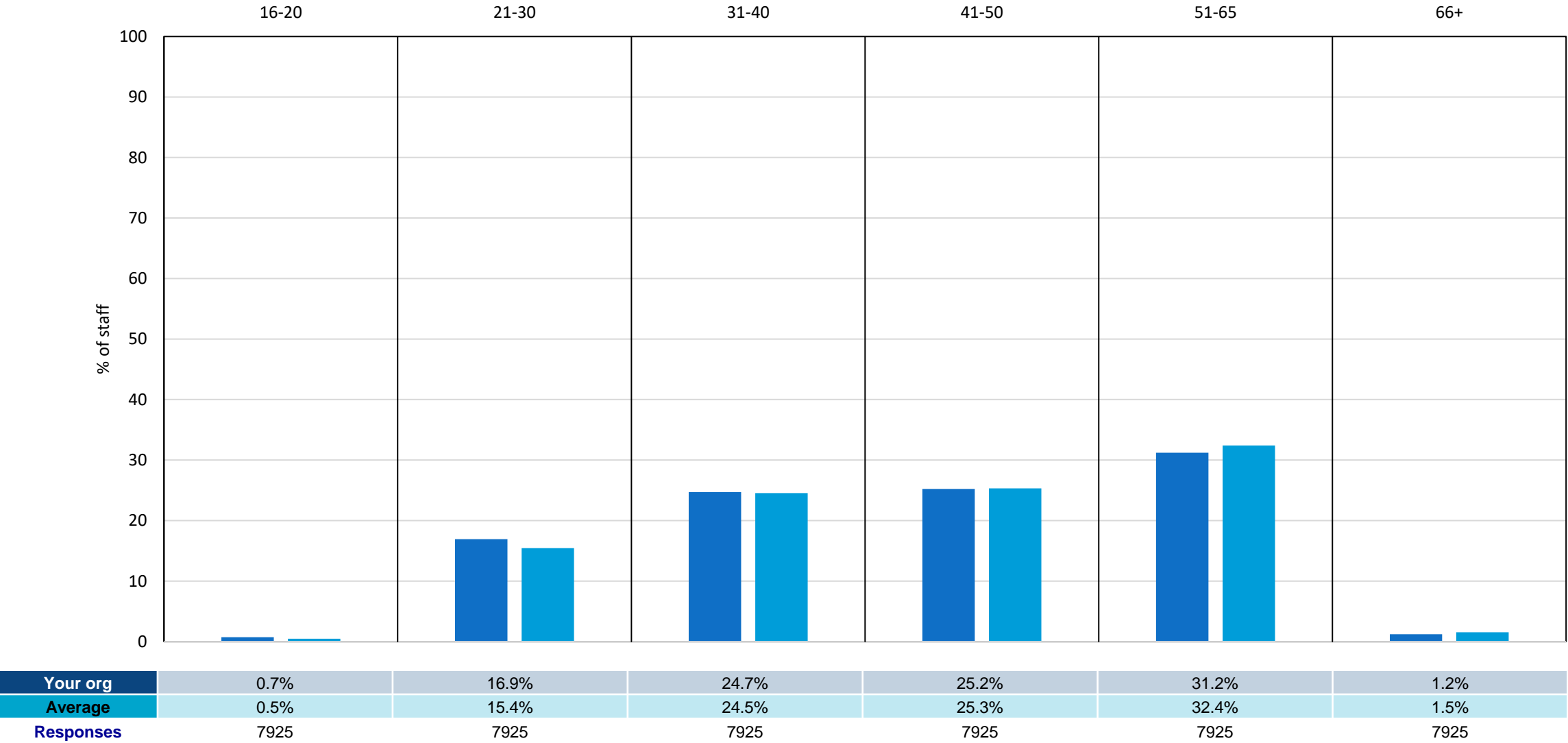
Background details – Is your gender identity the same as the sex you were assigned at birth?



Your org	96.7%	0.3%	2.9%
Average	96.9%	0.4%	2.7%
Responses	7627	7627	7627

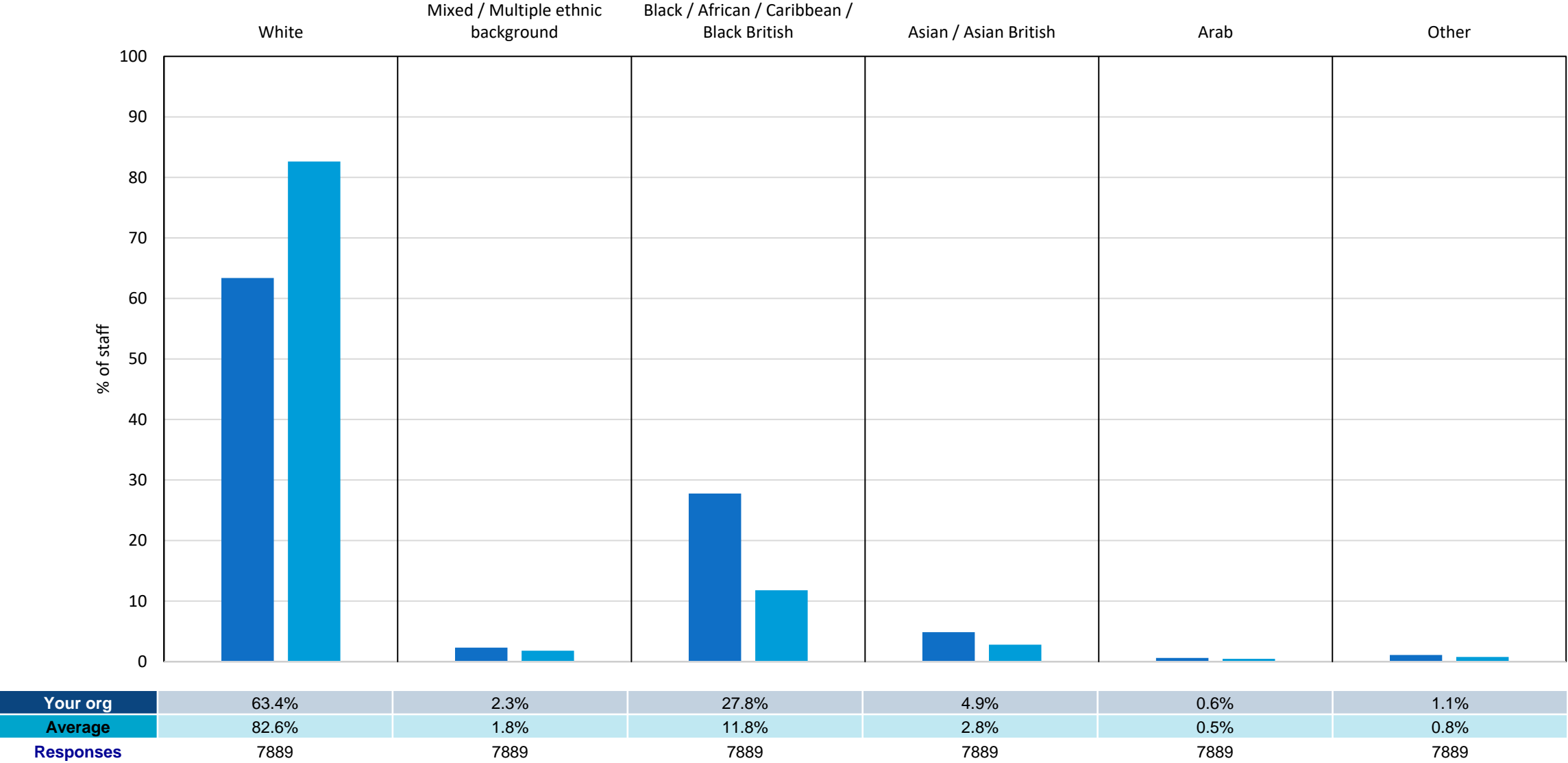


Background details - Age



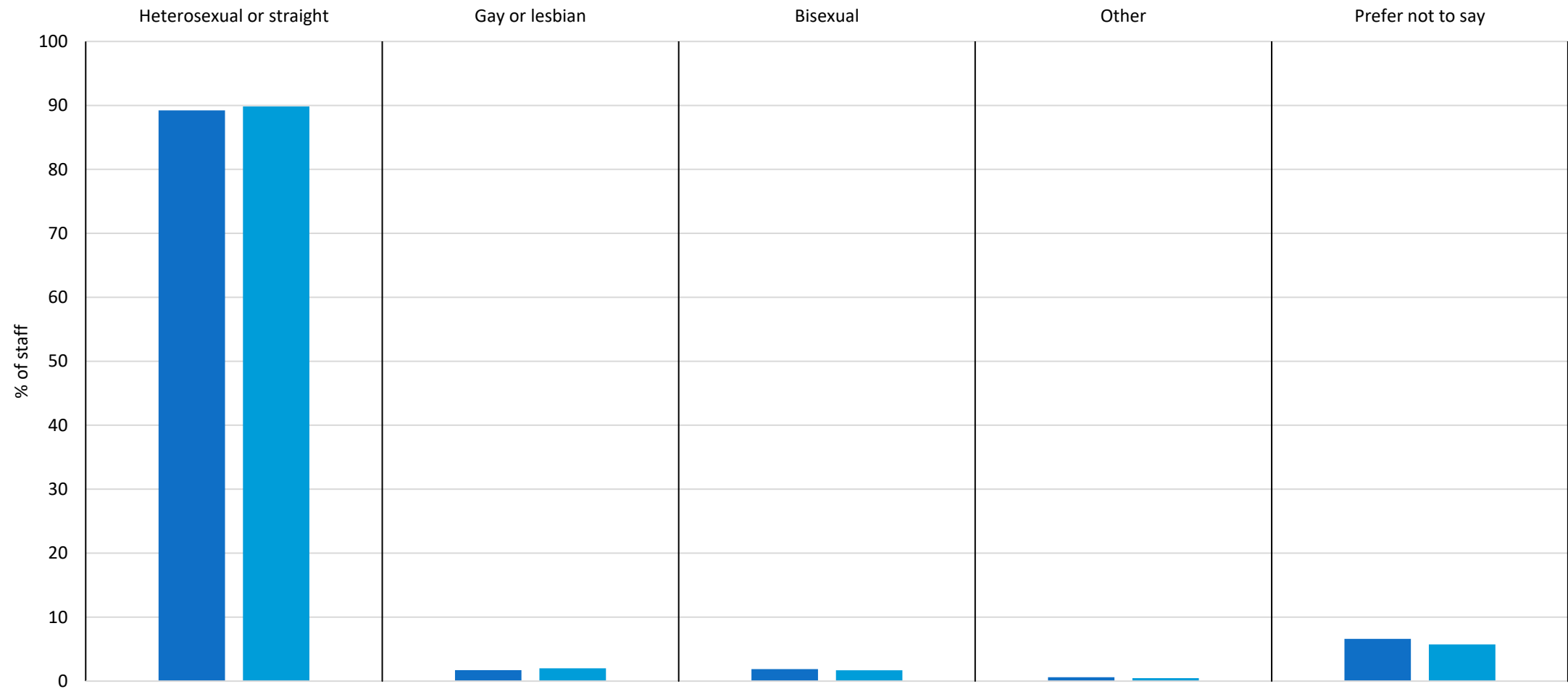


Background details - Ethnicity





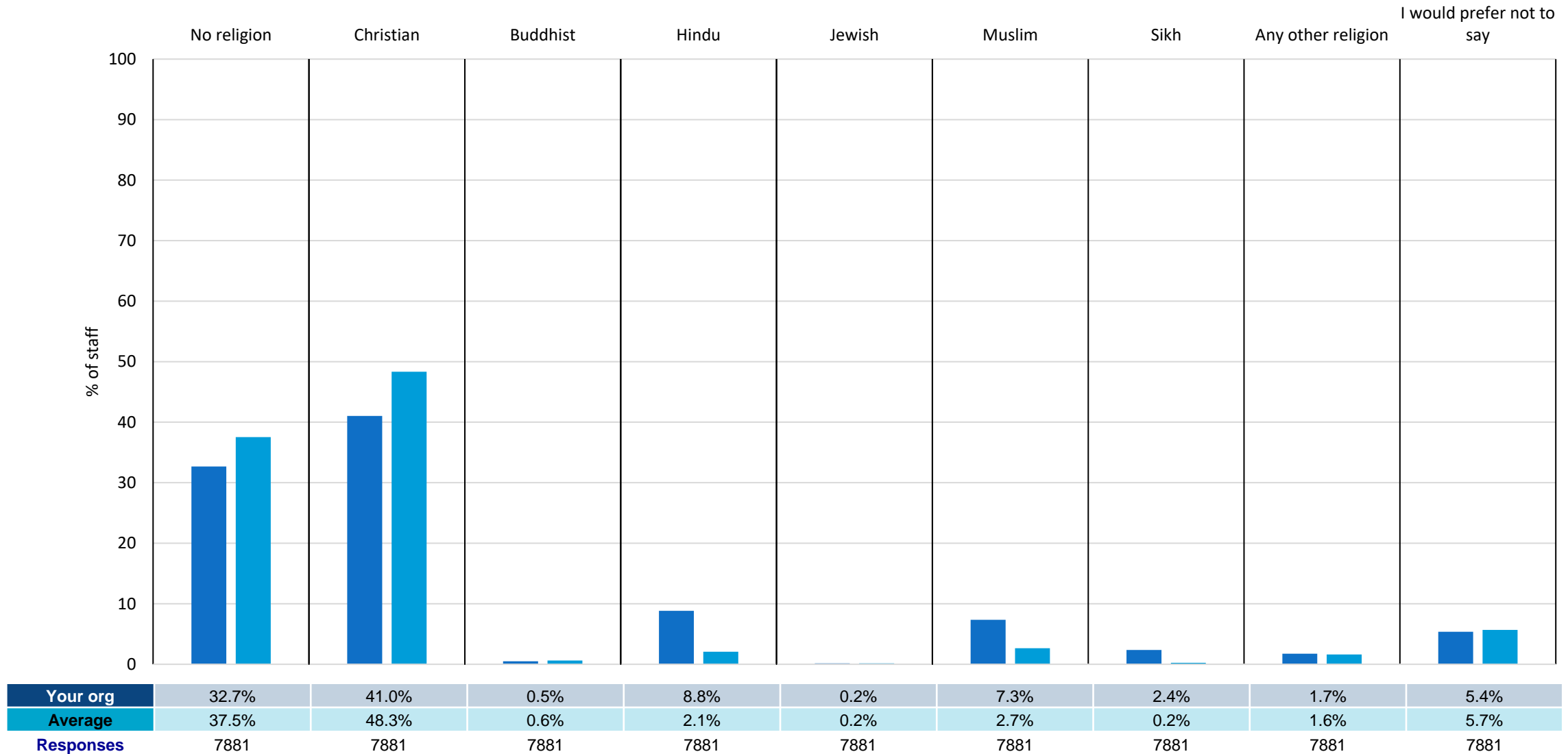
Background details – Sexual orientation



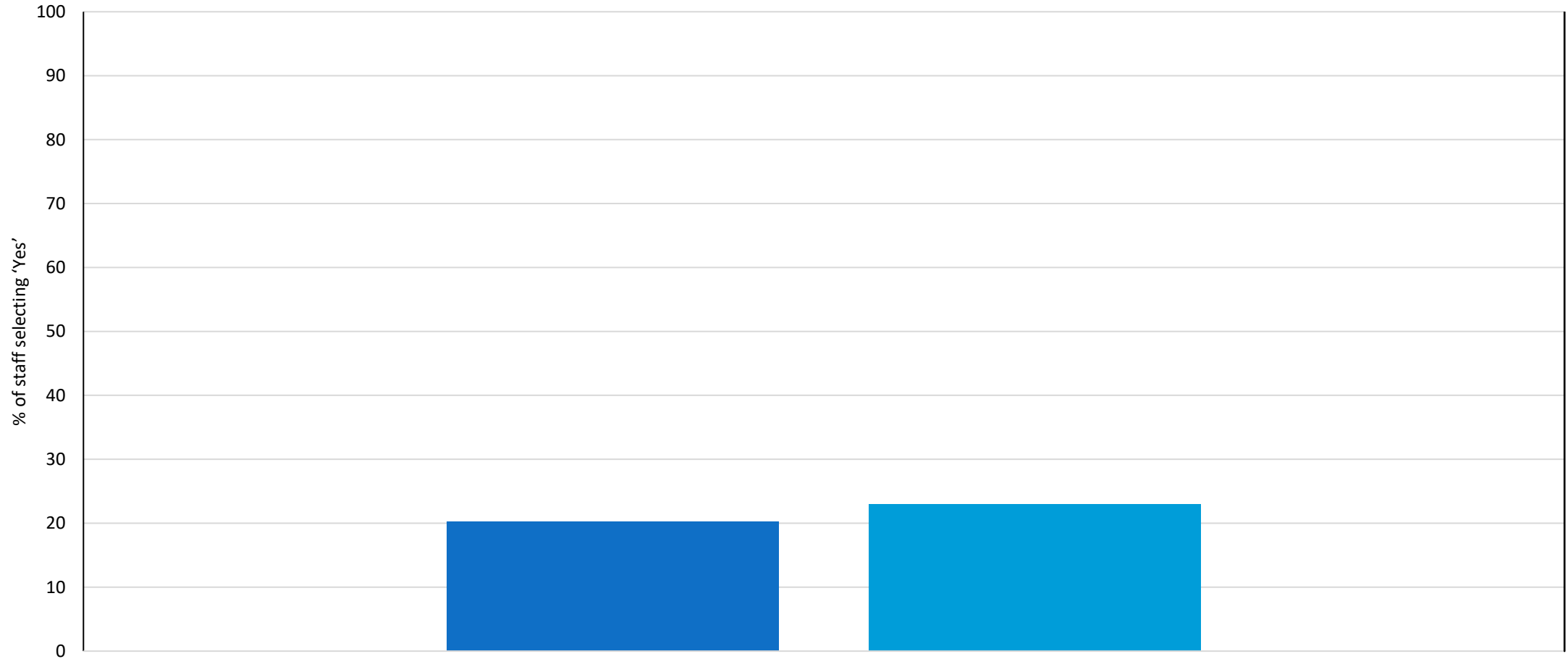
Your org	89.2%	1.7%	1.9%	0.6%	6.6%
Average	89.8%	2.0%	1.7%	0.5%	5.7%
Responses	7856	7856	7856	7856	7856



Background details - Religion



Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?

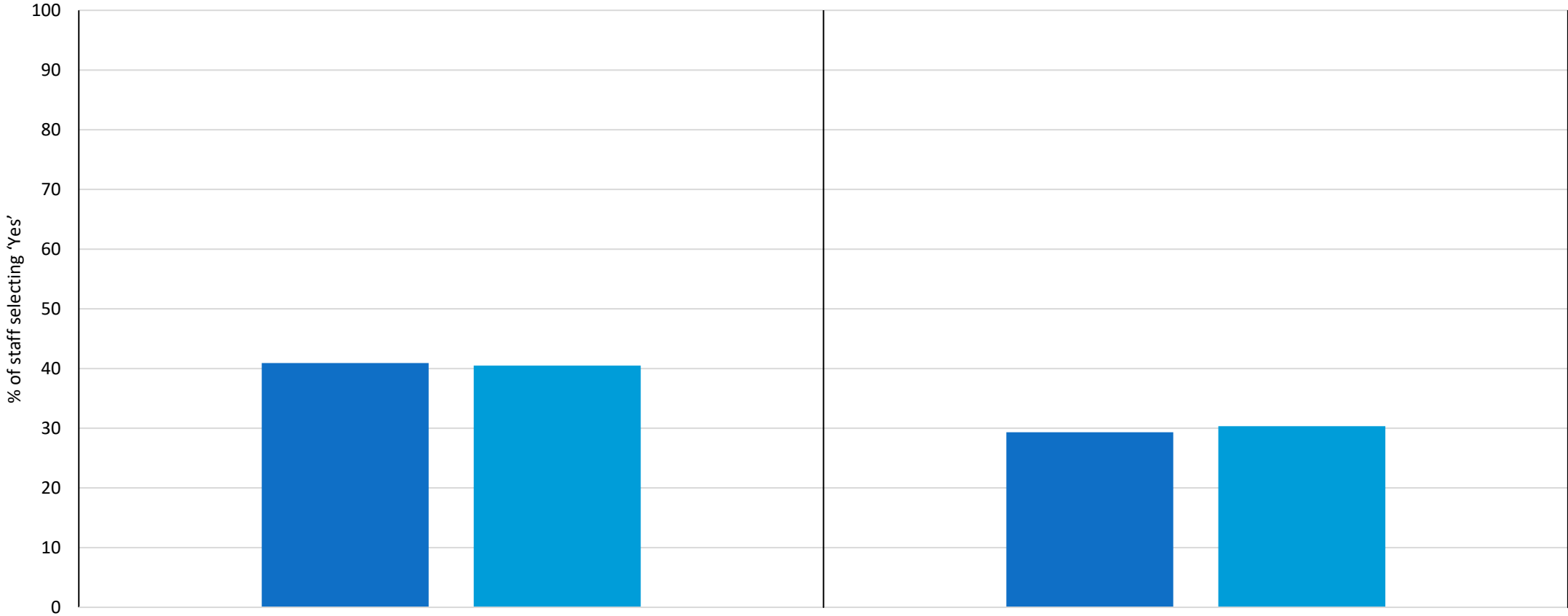


Your org	20.3%
Average	22.9%
Responses	7907



Do you have any children aged from 0 to 17 living at home with you or who you have regular caring responsibility for?

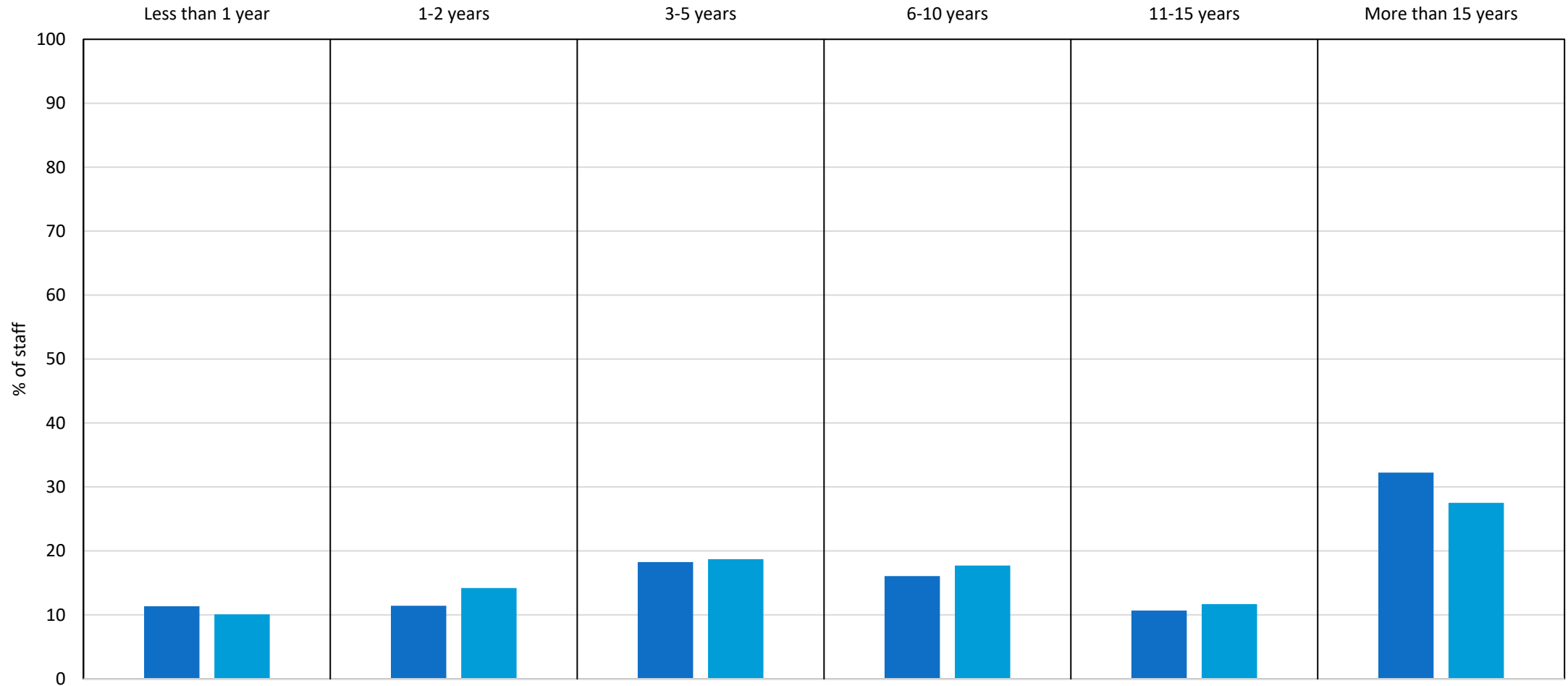
Do you look after or give any help or support to family members, friends, neighbours or others because of either: long term physical or mental ill health / disability, or problems related to old age.



Your org	40.9%	29.3%
Average	40.5%	30.3%
Responses	7924	7916



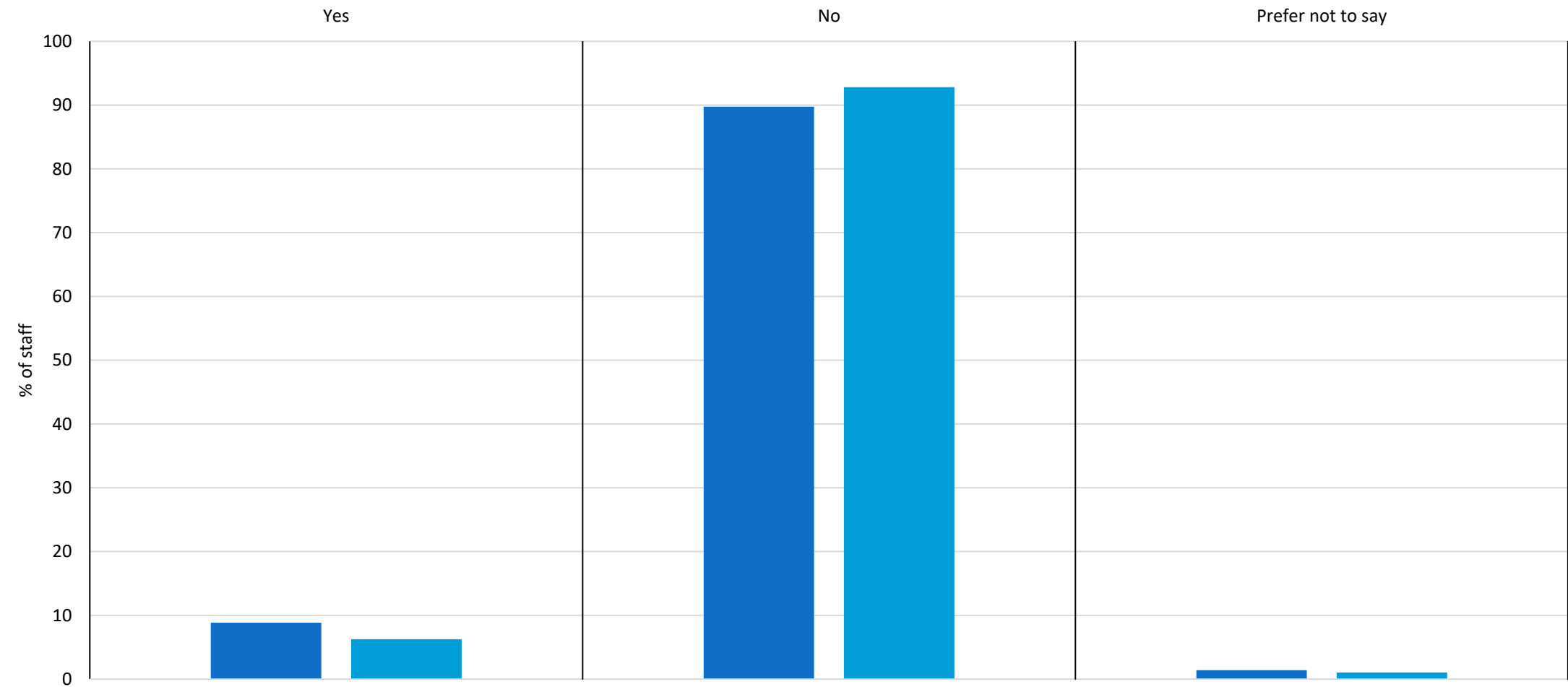
Background details – Length of service



Your org	11.3%	11.4%	18.2%	16.1%	10.7%	32.2%
Average	10.1%	14.2%	18.7%	17.7%	11.7%	27.5%
Responses	7902	7902	7902	7902	7902	7902



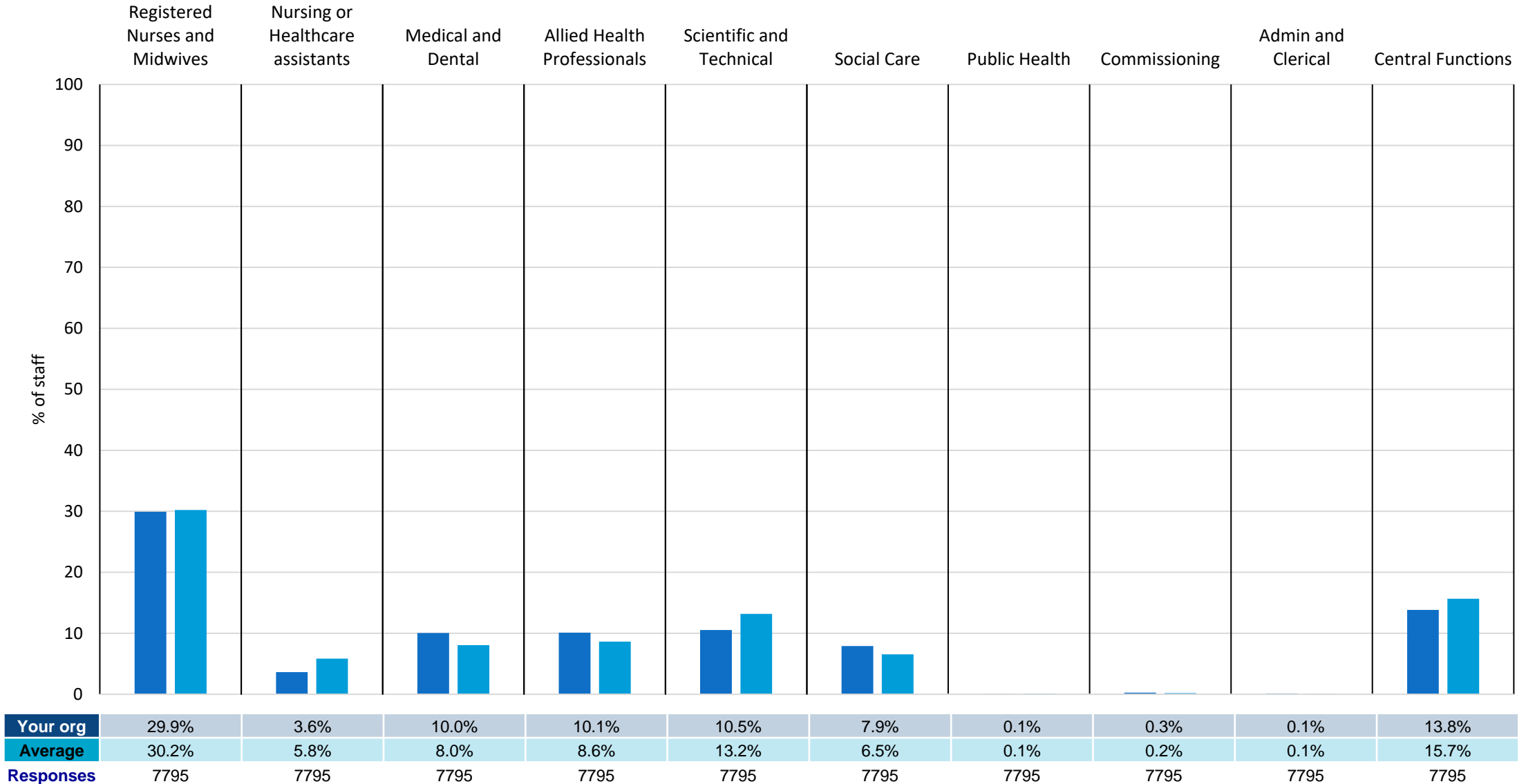
Background details — When you joined this organisation were you recruited from outside of the UK?



Your org	8.9%	89.8%	1.4%
Average	6.2%	92.8%	1.0%
Responses	7760	7760	7760

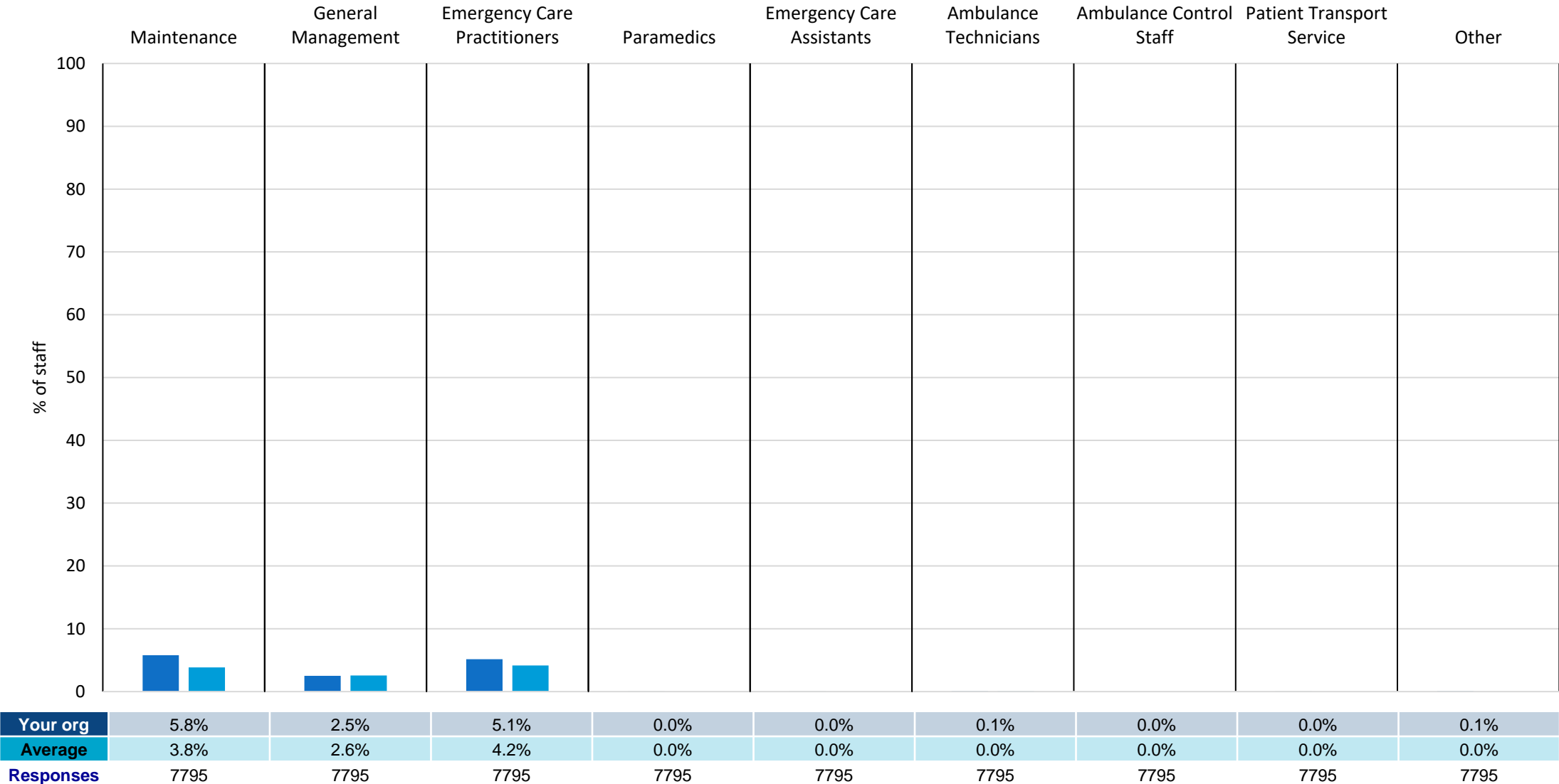


Background details – Occupational group





Background details – Occupational group



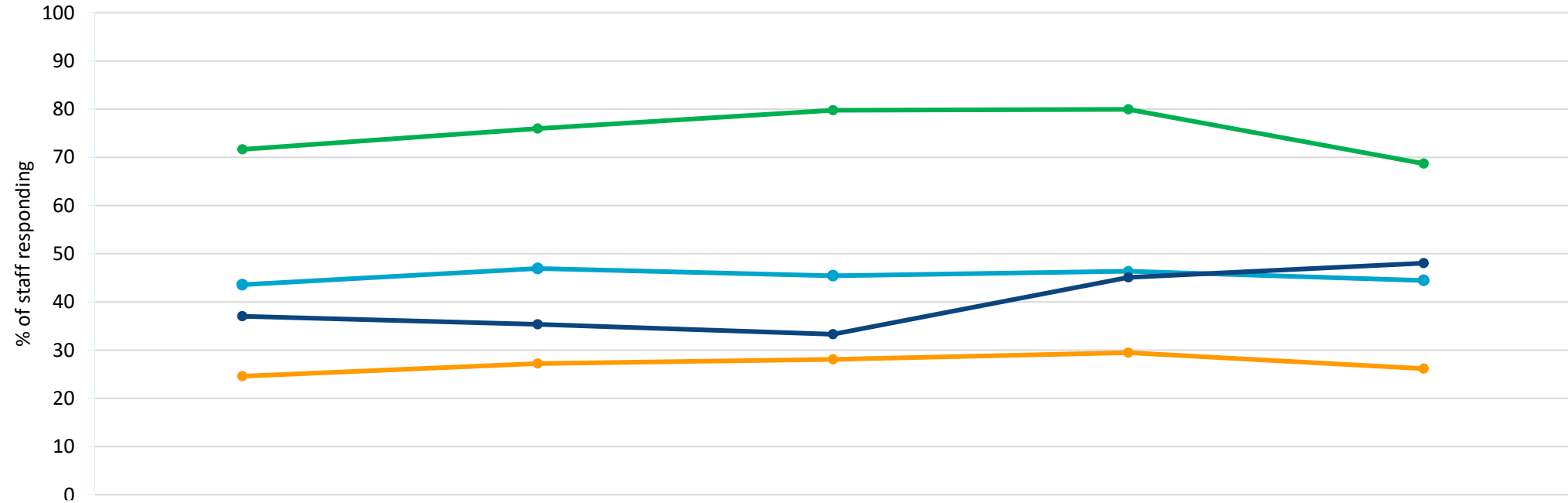
Appendices

Appendix A: Response rate



Appendix A: Response rate

Response rate



	2018	2019	2020	2021	2022
Your org	37.0%	35.4%	33.3%	45.1%	48.1%
Highest	71.6%	76.0%	79.8%	79.9%	68.7%
Average	43.6%	46.9%	45.4%	46.4%	44.5%
Lowest	24.6%	27.2%	28.1%	29.5%	26.2%
Responses	5448	5347	5130	7271	8012

Appendix B: Significance testing 2021 vs 2022

➤ Appendix B: Significance testing – 2021 vs 2022

The table below presents the results of significance testing conducted on the theme scores calculated in both 2021 and 2022*.

People Promise elements	2021 score	2021 respondents	2022 score	2022 respondents	Statistically significant change?
We are compassionate and inclusive	7.1	6891	7.1	7972	Not significant
We are recognised and rewarded	5.7	7132	5.6	7990	Significantly lower
We each have a voice that counts	6.6	6773	6.6	7903	Not significant
We are safe and healthy	6.0	6868	5.9	7897	Not significant
We are always learning	5.3	6603	5.4	7589	Significantly higher
We work flexibly	5.8	7074	5.9	7949	Significantly higher
We are a team	6.5	6948	6.5	7958	Significantly higher
Themes					
Staff Engagement	6.7	7142	6.7	7989	Not significant
Morale	5.7	7116	5.7	7991	Not significant

* Statistical significance is tested using a two-tailed t-test with a 95% level of confidence. For more details please see the [technical document](#).

Appendix C: Tips on using your benchmark report

The following pages include tips on how to read, interpret and use the data in this report. The **suggestions are aimed at users who would like some guidance on how to understand the data** in this report. These suggestions are by no means the only way to analyse or use the data, but have been included to aid users.

Key points to note



The seven People Promise elements, the two themes and the sub-scores that feed into them cover key areas of staff experience and present results in these areas in a clear and consistent way. All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score. These scores are created by scoring questions linked to these areas of experience and grouping these results together. Details of how the scores are calculated can be found in the technical document available on the [Staff Survey website](#).



A key feature of the reports is that they **provide organisations with up to five years of trend data**. Trend data provides a much more reliable indication of whether the most recent results represent a change from the norm for an organisation than comparing the most recent results only to those from the previous year. Taking a longer term view will help organisations to identify trends over several years that may have been missed when comparisons are drawn solely between the current and previous year.



People Promise elements, themes and sub-scores are benchmarked so that organisations can make comparisons to their peers on specific areas of staff experience. Question results provide organisations with more granular data that will help them to identify particular areas of concern. The trend data are benchmarked so that organisations can identify how results on each question have changed for themselves and their peers over time by looking at a single graph.

N.B. Historical benchmarking data for 2019 has been revised for the Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts, and Community Trusts benchmarking groups. This is due to a revision in the occupation group weighting to correctly reflect historical benchmarking group changes. Historical data is reweighted each year according to the latest results and so historical figures change with each new year of data; however it is advised to keep the above in mind when viewing historical results released in 2022.

Appendix C: 1. Reviewing People Promise and theme results

When analysing People Promise element and theme results, it is easiest to start with the [overview](#) page to quickly identify areas which are doing better or worse in comparison to other organisations in the given benchmarking group.

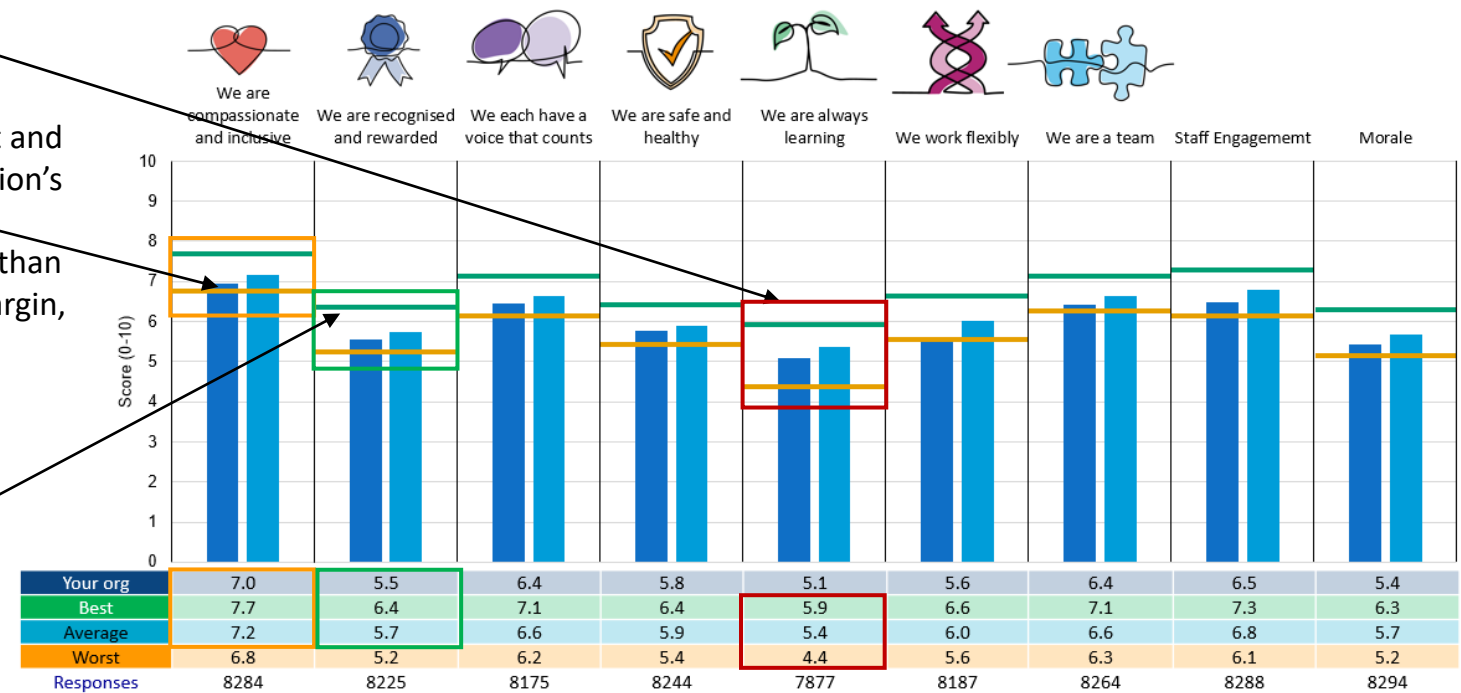
It is important to **consider each result within the range of its benchmarking group 'Best' and 'Worst' scores**, rather than comparing People Promise element and theme scores to one another. Comparing organisation scores to the benchmarking group average is another important point of reference.

Areas to improve

- By checking where the 'Your org' column/value is lower than the benchmarking group 'Average' you can quickly identify areas for improvement.
- It is worth looking at the difference between the 'Your org' result and the benchmarking group 'Worst' score. The closer your organisation's result is to the worst score, the more concerning the result.
- Results where your organisation's score is only marginally better than the 'Average', but still lags behind the best result by a notable margin, could also be considered as areas for further improvement.

Positive outcomes

- Similarly, using the overview page it is easy to identify People Promise elements and themes which show a positive outcome for your organisation, where 'Your org' scores are distinctly higher than the benchmarking group 'Average' score.
- Positive stories to report could be ones where your organisation approaches or matches the benchmarking group's 'Best' score.

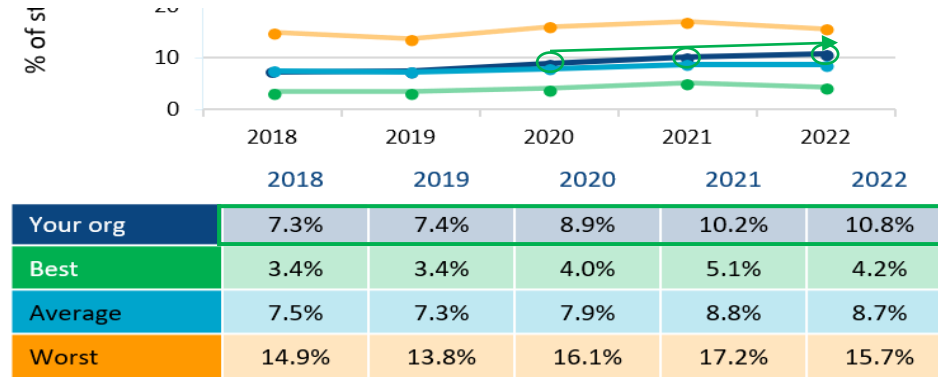


Only one example is highlighted for each point

Appendix C: 2. Reviewing results in more detail

Review trend data

Trend data can be used to identify measures which have been consistently improving for your organisation (i.e. showing an upward trend) over the past years and ones which have been declining over time. These charts can **help establish if there is genuine change in the results** (if the results are consistently improving or declining over time), or whether a change between years is just a minor **year-on-year** fluctuation.

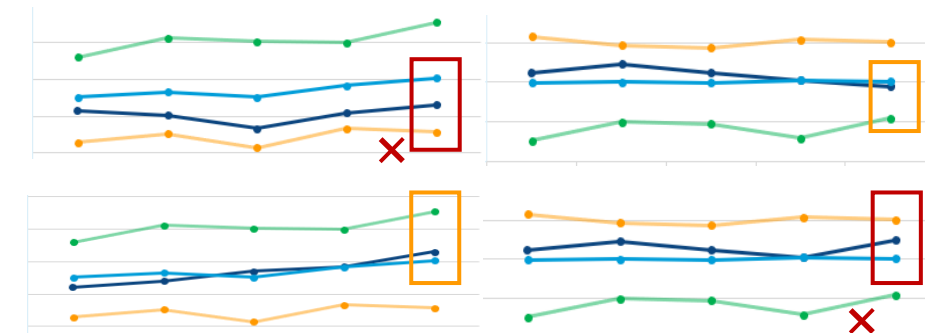


Benchmarked trend data also allows you to review local changes and benchmark comparisons at the same time, allowing for various types of questions to be considered: e.g. how have the results for my organisation changed over time? Is my organisation improving faster than our peers?

Review the sub-scores and questions feeding into the People Promise elements and themes

In order to understand exactly which factors are driving your organisation's People Promise element and theme scores, you should review the sub-scores and questions feeding into these scores. The **sub-score results** and the **'Question results'** section contain the sub-scores and questions contributing to each People Promise element and theme, grouped together. By comparing 'Your org' scores to the benchmarking group 'Average', 'Best' and 'Worst' scores for each question, the **questions which are driving your organisation's People Promise element and theme results can be identified**.

For areas of experience where results need improvement, action plans can be formulated to **focus on the questions where the organisation's results fall between the benchmarking group average and worst results**. Remember to keep an eye out for questions where a lower percentage is a better outcome – such as questions on violence or harassment, bullying and abuse.



✗ = Negative driver, org result falls between average & worst benchmarking group result for question

This benchmark report displays results for all questions in the questionnaire, including benchmarked trend data wherever available. While this a key feature of the report, at first glance the amount of information contained on more than 140 pages might appear daunting. The below suggestions aim to provide some guidance on how to get started with navigating through this set of data.

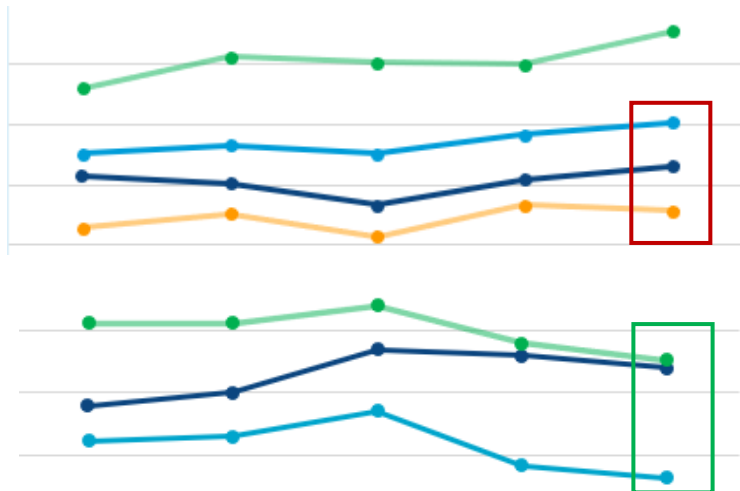
Identifying questions of interest

➤ Pre-defined questions of interest – key questions for your organisation

Most organisations will have questions which have traditionally been a focus for them - questions which have been targeted with internal policies or programmes, or whose results are of heightened importance due to organisation values or because they are considered a proxy for key issues. Outcomes for these questions can be assessed on the backdrop of benchmark and historical trend data.

➤ Identifying questions of interest based on the results in this report

The methods recommended to review your People Promise and theme results can also be applied to pick out question level results of interest. However, **unlike People Promise elements, themes and sub-scores where a higher score always indicates a better result, it is important to keep an eye out for questions where a lower percentage relates to a better outcome** (see details on the 'Using the report' page in the 'Introduction' section).



- **To identify areas of concern:** look for questions where the organisation value falls between the benchmarking group average and the worst score, particularly questions where your organisation result is very close to the worst score. Review changes in the trend data to establish if there has been a decline or stagnation in results across multiple years, but consider the context of how the trust has performed in comparison to its benchmarking group over this period. A positive trend for a question that is still below the average result can be seen as good progress to build on further in the future.
- **When looking for positive outcomes:** search for results where your organisation is closest to the benchmarking group best result (but remember to consider results for previous years), or ones where there is a clear trend of continued improvement over multiple years.

Appendix D: Additional reporting outputs

Below are links to other key reporting outputs that complement this report. A full list and more detailed explanation of the reporting outputs is included in the Technical Document.

Supporting documents



Basic Guide: Provides a brief overview of the NHS Staff Survey data and details on what is contained in each of the reporting outputs.



Technical Document: Contains technical details about the NHS Staff Survey data, including: data cleaning, weighting, benchmarking, People Promise, historical comparability of organisations and questions in the survey.

Other local results



Local Dashboards: Online dashboards containing results for each participating organisation, similar those provided in this report, with trend data and benchmark results for up to five years where possible. These dashboards additionally show the full breakdown of response options for each question.



Breakdown reports: Reports containing People Promise and theme results split by breakdown (locality) for University Hospitals of Leicester NHS Trust.

National results



National Dashboards: Online dashboards containing national results for NHS trusts with trend data for up to five years where possible. These dashboards show the results for different trust types and include the full breakdown or response options for each question.



Regional / System overview and Regional / System breakdown Dashboards containing results for each region and each ICS.

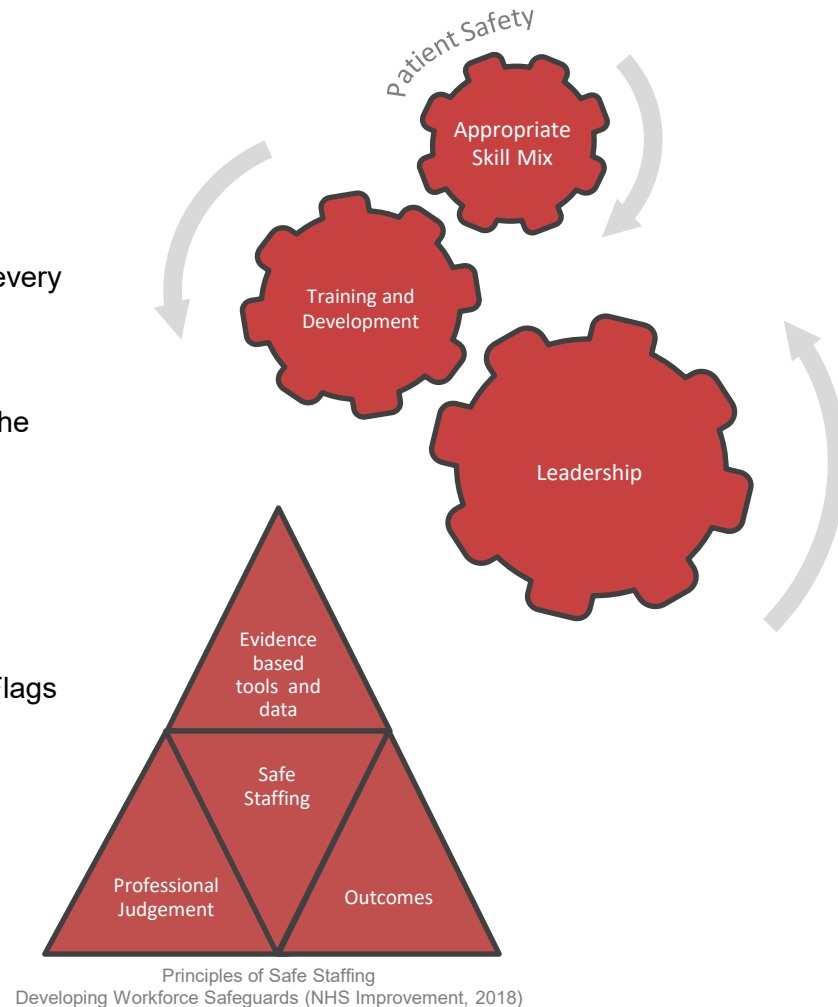


Detailed spreadsheets Contain detailed weighted results for all participating organisations, all trusts nationally, and for each region and ICS.

University Hospitals of Leicester NHS Trust

Safe Staffing for Nursing Aspirations

- 1 Ensure Registered 65% proportion within establishments is met
- 2 Ensure Band 6 Registered Nurse presence within every inpatient area on every duty
- 3 Enhanced care is prescribed in line with the Safer Nursing Care Tool and the UHL Enhanced Care risk assessment
- 4 Registered Nurse to Patient ratio does not exceed 1:8
- 5 Embedding the use of UHL Red Flags; closely monitoring the raised Red Flags and the resolution of the Red Flags



• Areas that deviate from the 'Safe Staffing for Nursing Aspirations' will need formal agreement from the Chief Nurse, Quality Impact Assessment completion, with corporate oversight from the Lead Nurse for Safe Staffing.

Safe Staffing for Nursing and Midwifery

Trust Policy and Procedure

Approved By:	Policy and Guideline Committee
Date of Original Approval:	<i>New document superseding 'Safe Staffing UHL Nursing Policy'</i> January 2023
Trust Reference:	B7/2023
Version:	1
Supersedes:	Safe Staffing UHL Nursing Policy (November 2017- February 2023)
Trust Lead:	Lead Nurse for Safe Staffing
Board Director Lead:	Chief Nurse
Date of Latest Approval	
Next Review Date:	January 2025

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3	Definitions and Abbreviations	4
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5	Policy Implementation and Associated Documents	10
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REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

The Safe Staffing for Nursing and Midwifery Policy & Procedure supersedes the UHL Safe Staffing Nursing Policy (Nov-17 to Feb-23).

1 INTRODUCTION AND OVERVIEW

- 1.1 This policy outlines the guidelines and expectations in relation to safe staffing for nursing and midwifery at University Hospitals of Leicester NHS Trust (UHL). It has been developed to ensure the Trust is adhering to relevant national guidance; specifically, documents published by the National Quality Board, NQB, (2016) and NHS England and Improvement (2018).
- 1.2 There are a number of corresponding reports which identify the direct influence between nursing and midwifery staffing and patient outcomes. Consequently, to ensure the provision of safe, effective and high quality care it is necessary to have 'the right staff, with the right skills, in the right place at the right time'; the NQB (2016) further states that providers:
- Must deploy sufficient suitably qualified, competent, skilled and experienced staff to meet care and treatment needs safely and effectively.
 - Should have a systematic approach to determining the number of staff and range of skills required to meet the needs of people using the service and keep them safe at all times.
 - Must use an approach that reflects current legislation and guidance where it is available.
- 1.3 The systematic approach to determining and reviewing nursing and midwifery establishments and skill mix will utilise the 'Principles of safe staffing' which incorporates evidence based tools and data, professional judgement and outcomes (NHS Improvement, 2018). Evidence of this process will be reported to the board on a bi-annual basis as per NQB (2016) guidance.
- 1.4 Acuity and dependency data in acute inpatient areas will be captured and applied in daily operational real-time management of staffing and long term staffing establishment reviews. To support obtaining real-time representative data, the Trust utilises cloud based applications such as daily staffing software and electronic rostering as recommended by Carter (2016).
- 1.5 The following will also outline the escalation process of when and how to raise concerns when staffing levels fall below the requirements; with the objective to prevent potential impact on patient and staff safety and/ or wellbeing. The following questions will be addressed:
1. How do we ensure our wards are safely staffed?
 2. What do we do if there is not enough staff on duty to maintain patient safety?
 3. How are concerns escalated?
 4. How do we make decisions to deploy staff appropriately?
 5. What are the governance and assurance processes in place for Safe Staffing?

2 POLICY SCOPE

- 2.1 This policy applies to all Nursing and Midwifery staff to ensure understanding of safe staffing procedure across the Trust.
- 2.2 This policy should be used in all areas which record patient acuity and dependency, staff attendance and raising concerns on staffing levels which fall below the required level. Where facilitated by SafeCare (daily staffing software) these areas will be required to make use of the functionalities, with alternative methods outlined in this policy for all other areas.

3 DEFINITIONS AND ABBREVIATIONS

- Bank Office – Temporary staffing team
- CHPPD – Care Hours Per Patient Day
- CMG – Clinical Management Group
- HCA – Health Care Assistant
- HealthRoster – Electronic Rostering cloud based software
- Key Performance Indicators- KPIs
- NerveCentre – Software used to record patient acuity
- NQB - National Quality Board
- RM- Registered Midwife
- RN – Registered Nurse
- University Hospitals of Leicester NHS Trust- UHL
- SafeCare – cloud based software used for live visibility of staffing levels and patient demand
- Safer Nursing Care Tool (Shelford Group, 2013)- SNCT

4 ROLES

4.1 Executive Lead - Chief Nurse

The Chief Nurse is accountable within the Executive Team for ensuring safe nursing and midwifery staffing levels and for the effective implementation and utilisation of this policy and procedure. The Chief Nurse is responsible for ensuring that reviews of the nursing and midwifery establishments are carried out on a bi-annual basis.

4.1.2 Chief Executive

The Chief Executive retains overall responsibility for the Trust's policies, however may delegate operational responsibility for the development and implementation of policies created by nursing staff to the Chief Nurse.

4.2 Chief People Officer

- Support the Chief Nurse to ensure that the Trust has a robust strategic workforce plan for Nursing.
- Support the Chief Nurse to minimise Trust reliance on temporary staffing, by delivering a robust strategic recruitment plan for nursing.

4.3 Out of Hours Tactical Command (Nursing)

The Out of Hours Tactical Nurse will cover the period 12pm-9pm weekdays and 9am-9pm weekends. Pre-12pm Weekdays Tactical Nurse will be within each CMG and sit with the Head of Nursing / Midwifery or Deputy.

The role of the Tactical Nurse is to provide strategic oversight for whole Trust safe staffing ensuring:

- Attendance and chairing of the safe staffing meetings (1200hrs, 1630hrs and optionally at 2000hrs). Ensuring all actions taken to date by the Matron/CMG Bleep Holder at the UHL daily staffing meetings (1200hrs, 1630hrs and optionally at 2000hrs) are safe and appropriate, suggesting any additional measures that may be taken to support the safety of patients. For unmitigated red wards this will include reviewing the potential actions highlighted in the Safe Staffing Escalation Cards – Appendix 1.
- Attend and raise issues at Tactical meetings and complete any actions from the outcome of this meeting in liaison with the CMG Matron and/or Bleep Holder to address and reduce the risk to staff and patients. Feedback outcome to parties involved in the escalation as required.
- Where staffing issues occur that have a potential clinical impact, a Red Flag should be raised on SafeCare and the Out of Hours Tactical Nurse should resolve the red flag documenting the mitigations put in place. Red Flags raised and resolved out of hours should be highlighted to the appropriate CMG Head of Nursing.
- Complete Tactical Nurse Safe Care Action Log saving copy in On Call Managers Shared Drive Silver Command Folder – Silver Daily Records and email copy to all Heads of Nursing / Midwifery, Deputy HoN, Deputy Chief Nurses, Assistant Chief Nurses & Senior Operations Managers

4.4 Assistant Chief Nurse (Workforce), Lead Nurse for Safe Staffing and Matron for Safe Staffing in Maternity

- Support safe staffing decision-making across the organisation; reporting and escalating concerns where appropriate.
- Obtain and report accurate safe staffing data, liaising with the CMGs, collating exception reports and summarising outcomes and recommendations to the appropriate recipients.
- Ensure safe staffing processes at UHL are frequently reviewed, supported by up-to-date literature/ published documents and benchmarking staffing data

internally and externally to explore alternatives for continuous improvement.

- Provide educational opportunities to increase understanding of the 'Safe Staffing Principles', including evidence based tools (i.e. SNCT, Birthrate Plus Tool etc.)
- Responsible for ensuring the completion of evidence based tools and to accurately present the findings to the Chief Nurse and other appropriate recipients within the bi-annual establishment reviews.
- Attend the bi-annual establishment reviews, highlighting the outcomes of safe staffing evidence based tools, raising concerns and providing recommendations for consideration.

4.5 CMG Heads of Nursing & Midwifery / Deputy Heads of Nursing

- To be accountable for the nursing and midwifery response to safe staffing of the relevant CMG and accountable for the escalation of staffing concerns.
- In response to staffing challenges, review clinical activity within the CMG and mitigate appropriately liaising with the CMG Nursing Leadership Team.
- Discuss and/or escalate with the Chief Nurse and the Chief Operating Officer the potential mitigations to optimise staffing and reduce capacity should staffing challenges persist.
- Support Matrons in proactive daily workforce planning across the CMG to ensure staff are allocated according to clinical need, acknowledging skill set and relevant experience.
- Develop the CMG Nursing Leadership team to share and demonstrate an understanding of the 'Principles of Safe Staffing' and creating a reflective environment whereby responses and mitigations to staffing challenges are conversed; enabling continuous improvement.
- Ensure that there are systems and processes in place to capture accurate data on establishment, staffing levels, red flags and skill mix. Support the Lead Nurse for Safe Staffing, Assistant Chief Nurse (Workforce) and the Chief Nurse to report accurate and timely data to the Trust Board.
- Provide exception reporting should safe staffing data and metrics differ from daily operational real-time and professional judgement.
- Responsible for ensuring their workforce review is completed within their areas of responsibility within agreed timeframes.
- Twice a year (March and September) undertake a review of ward nursing establishments with the team and plan staffing resources required to meet the needs of their patients by reviewing the required and actual staffing, patient acuity and dependency, red flags and redeployment statistics from the previous year, including service requirements, activity, developments and quality indicators.
- Oversee and lead the CMG Recruitment Team to develop a practical CMG

recruitment and retention plan for nursing and midwifery; responding to vacancies and providing the required resource to fill vacant postings.

- Responsible for ensuring that staffing numbers are maintained by timely recruitment into vacant positions. Other absences such as parenting leave and long term sickness absence are mitigated by the use of temporary staffing/recruitment of staff on short term contracts with the agreement of the CMG.

4.6 **Matron**

- Lead the local staffing meeting to review the planned vs. actual staffing, patient demand and temporary staffing fill rate within the CMG.
- To determine mitigations to staffing challenges, such as staff redeployment; taking into consideration areas of expertise and skill; compassionately supporting staff who are affected by the mitigation outcome.
- Support the CMG bleep holder as per the Safe Staffing Escalation Cards and aid development and competence of the role.
- Include the CMG bleep holder with any staffing concerns and liaise with the Ward Managers/Ward Sisters/ Charge Nurses to review required vs. actual staffing across the CMG, ensuring a communication feedback loop and appropriate mitigations are in place.
- Staffing challenges which cannot be mitigated at a local level require escalating to the Deputy Head of Nursing and the Head of Nursing / Midwifery of the CMG as per the Safe Staffing Escalation Cards.
- Represent the CMG at the UHL daily staffing meetings with accurate reporting on actual staffing, action taken and assist with further potential mitigations.
- Review electronic rostering for assigned areas within the CMG, pre-empting and mitigating potential staffing challenges as per the Non-Medical Staff Rostering Policy (Trust Ref B5/2013).
- Send and approve vacant shifts to the Bank Office, escalate shifts for Agency as per Temporary Staffing Policy (Trust Ref B35/2016).
- Monitor the ward/ department daily census on SafeCare and ensure the correct e-rostering access is granted to review non-clinically based nurses within the CMG (i.e. Clinical Nurse Specialists, Research Nurses and Clinical Educators etc.).
- Assess the 'Sunburst' on SafeCare and review the metrics per allocated area which would signify the correlation between patient acuity and dependency and staff on duty; indicating which areas require prioritisation and mitigations. If it is felt that the metrics and colour coding (green, amber and red) are inaccurate/ not reflective to use the Professional Judgement override functionality.
- Review raised Red Flags, close and resolve the Red Flag, documenting the

mitigations in place and utilise the Professional Judgement tool if necessary.

- To account for timely recruitment into vacant postings, reporting to the Head of Nursing / Midwifery and Deputy Head of Nursing within the CMG.
- To have oversight and recurrently review absences such as parenting leave and long term sickness absence and formulating appropriate mitigations.
- Support the Head of Nursing/Midwifery and Deputy with the bi-annual establishment reviews (March and September) with the Ward Managers; contributing professional judgement and exception reporting whereby supporting data is not representative of the wards/ units.
- Participate in the collection of data for safe staffing evidence based tools (i.e. SNCT, Birthrate Plus Tool etc.); ensuring Nurses and Midwives within the CMG are equipped to collect data with the required knowledge of acuity and dependency scoring and validating as per recommendations for the selected tool (i.e. on a weekly basis for an area allocated within another specialty/ CMG to reduce potential bias).

4.7 CMG Bleep Holder

- Undertake proactive daily workforce planning, across respective areas of responsibility to ensure staff are distributed according to clinical need, taking into account skills and relevant experience.
- Ensure the Nurse/ Midwife in Charge on the ward have updated and confirmed their patient Acuity/Dependency and staff check-in has been confirmed at the beginning of each shift in SafeCare.
- Escalate any staffing concerns to the Matron as per the Safe Staffing Escalation Cards providing updates throughout the duration of the duty.
- Maintain effective communication with Ward Managers/Ward Sisters/ Charge Nurses and ensure all are kept up-to-date in relation to escalation and mitigations.
- Review raised Red Flags, close and resolve the Red Flag, documenting the mitigations in place with oversight from the Matron.

4.8 Ward Managers/Ward Sisters/ Charge Nurses

- Support the Nurse/ Midwife in Charge, reviewing the staffing and recommending resolutions where possible.
- Ensure that there is enough staff in the right place and the right time, based on the agreed and funded establishment, with the required competencies to meet the needs of the service.
- Compassionately communicating and supporting staff affected by mitigations (i.e. staff member who has been deployed).
- To escalate staffing concerns as outlined in the Safe Staffing Escalation

Cards and delegate this responsibility to the Nurse/ Midwife in Charge in their absence.

- Ensure the Registered workforce have the ability to correctly apply acuity and dependency measurements when assessing their patients and updating NerveCentre and SafeCare or collecting data for safe staffing evidence based tools (i.e. SNCT, Birthrate Plus Tool etc.).
- Support the Deputy Head of Nursing/ Head of Nursing / Midwifery with the bi-annual establishment reviews (March and September) with the Matrons; contributing professional judgement and providing recommendations for consideration.

4.9 Nurse/ Midwife in Charge

- At the earliest convenience to plan the duty ahead; including the setting of breaks for all staff members within the ward/ unit.
- Access and update SafeCare at the beginning of the duty and HealthRoster where appropriate.
- Ensure the acuity and dependency measurements on SafeCare are representative of the patients admitted and support Registered Nurses and Midwives with accurate reporting.
- Review upcoming duties and send vacant duties to the Bank Office via HealthRoster to be filled.
- Liaise with the Ward Manager in the first instance if they are on shift to address shortfalls in staffing to identify actions to mitigate the risk.
- In line with the Safe Staffing Escalation Cards, escalate to the Matron/CMG Bleep Holder any challenging shifts that cannot be mitigated.
- Feedback to the CMG safer staffing meeting on mitigation plans or actions.
- Update the Ward / Unit Board with staffing details at the beginning of every duty.
- Refer to Appendix 2 for Nurse in Charge Escalation Guidance.

4.10 All Staff

- All staff have a responsibility to adhere to this policy.
- To escalate to the Nurse/ Midwife in Charge concerns relating to staffing levels that prevent them to safely care for patients.
- To ensure patient safety, all staff must be aware that they may be deployed to another area; this includes all staff who work for UHL Bank or with an agency. Staff skills and experience will be taken into account for any proposed move.
- Where staffing issues occur, that have an actual clinical impact affect, a Datix incident report must be completed to reflect staffing concerns and

mitigation/actions taken.

- Must report absence from work as soon as possible to the respective line manager or the Nurse/ Midwife in Charge of the ward they are due to attend.
- Ensuring they have given up to date personal details to their Line Manager.

4.11 Electronic Rostering Team

- The Electronic Rostering Team will monitor and report on the completion of the process and the recording of a professional judgement on every shift. To ensure the system accurately records the staffing data to support local and national reporting.
- To support and provide training for Nurses and Midwives as required for system optimisation.

5 POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS

5.1 Monitoring of acuity, dependency and staffing levels

- Acute inpatient areas are required to collect the acuity and dependency levels of patients on a shift-by-shift basis in conjunction with the levels of Registered Nursing/ Midwifery staff and unregistered staff (i.e. Healthcare Assistant/ Maternity Support Worker).
- Acuity and dependency levels of patients and the total Registered and Unregistered workforce should be updated via agreed platforms such as SafeCare and Birthrate Plus.
- Collecting acuity, dependency and staffing levels data allows monitoring and can prompt action when levels fall below the expected requirements. The information allows determination of daily operational support in addition to providing intelligence to support workforce planning.

5.2 Bi-Annual Establishment Reviews

- The Assistant Chief Nurse (Workforce), Lead Nurse for Safe Staffing and Matron for Safe Staffing in Maternity are responsible for ensuring the correct evidence based tools are included within the Bi-Annual Establishment Reviews.
- Bi-Annual SNCT data collection will take place over a 30 day period for the Adult and Children and Young People Inpatient tools, with guidance from the Lead Nurse of Safe Staffing, to provide intelligence to support workforce planning as part of the Bi-Annual Establishment Reviews.
- The Bi-Annual Establishment Reviews are led in partnership by the Corporate Nursing Team and the CMG Senior Nursing Team. Additionally, the Bi-Annual Establishment Review format will be reviewed for necessity by the Corporate Nursing Team and the CMG Senior Nursing Team prior to

each Bi-Annual Establishment Review; ensuring relevancy.

- The Nursing and Midwifery Establishment Review Cycle is located in Appendix 3 and 4.

5.3 Skill Mix

- Each department will have an agreed total number of staff and skill mix for each shift, this will be agreed by the Head of Nursing/ Deputy Head of Nursing/ Matron within the CMG.
- Any changes in staffing configuration outside the Bi-annual Establishment Reviews should be subject to a quality impact assessment with final sign off by the Head of Nursing and any associated governance process.
- Each area will have an agreed level of staff with specific competencies on each shift. Detailed competencies will be specified for safety reasons and skills should be assigned to staff via HealthRoster for reference.
- Senior nursing/ midwifery staff should be rostered evenly to cover the department with senior presence.
- There should be a designated Nurse/ Midwife in Charge per shift that has been identified as possessing the necessary skills and competence required for a coordinating role. This allocation should also be reflected on HealthRoster.
- If a Senior Nurse/ Midwife has been allocated to work a managerial duty but is deployed to work clinically to cover a vacant duty (instigated by sickness etc.) this should be changed on HealthRoster. A Red Flag should be raised to evidence the mitigations required to maintain safe staffing levels.

5.4 Temporary Staffing (Bank and Agency)

- Temporary staff cannot take charge of a department unless they are known to the organisation and have been assessed as competent to do so. Approval for this will be made by the Ward Sister/Charge Nurse/Matron for the area.
- No unit/ ward should be staffed solely by temporary staffing and in particularly challenging circumstances; there should be at least one substantive registered member of staff on duty.

5.5 Escalation Process

- In order to ensure potential unsafe levels of staffing are raised, escalated appropriately and consistency across UHL, the Safe Staffing Escalation Cards have been developed to support staff in understanding their responsibilities (Appendix 1).
- The Safe Staffing Escalation Cards outlines actions required when it has been determined there is not enough staff with the right skills to provide the care to patients and ensuring staff can all take their breaks.

5.6 Red Flags

- Red Flags should be used to indicate potential staffing issues; Red Flags can be raised via SafeCare or HealthRoster (whereby SafeCare is not in use). In Maternity, Red Flags should be raised within Birthrate Plus whereby Birthrate Plus is in use.
- Red Flags should be raised within the same shift period, i.e. not to raise Red Flags for the following shifts; this should be raised to the Matron, Deputy Head of Nursing/ Head of Nursing for mitigation prior to shift commencement.
- There are five Red Flag types in UHL for Nursing as specified in Table 1. If the answer is 'yes', you should raise a red flag.

Table 1: Types of Red Flags (Nursing)

- | |
|--|
| <ul style="list-style-type: none">• Are you 2 or more Registered Nurses below your <u>planned</u> number on this duty?• Do you have patients that require 1:1 nursing care but you are unable to allocate a nurse to 'special' the patient?• Do you have concerns about being able to provide safe care for patients with the current level of staffing?• Is it unlikely, due to staffing, that the staff will be able to take their breaks?• Does the unit have Rapid Flow/ Boarding of patients?<ul style="list-style-type: none">• If "yes" to the question above, is staffing below 3 Registered Nurses and 2 Healthcare Assistants on the unit? |
|--|
- When raising a Red Flag the comments section should be used to provide rationale and transparency as to which type of Red Flag has been raised and why the Red Flag has been raised.
 - Any increasing trend or escalation in Red Flags within a given area will undergo further investigation and include quality and performance data triangulating information to provide comprehensive understanding of staffing concerns and impact on patient care.
 - Any Red Flags raised by a department will need to be reviewed and actioned by a Senior Nurse at the earliest opportunity to ensure safe staffing levels.
 - Once actioned, the Senior Nurse is required to resolve the Red Flag and add a note of the mitigation.
 - If a Red Flag is raised out of normal working hours, the responsibility of reviewing and resolving the Red Flag is by the CMG Bleep Holder (Nursing) and the Duty Managers.
 - Red Flags should be reviewed and resolved within the same shift period as it was raised.

5.7 Redeployment

- When staffing levels fall below the requirement, staff may be required to work in other clinical areas to provide a safe and effective service. The Head of Nursing/ Deputy Head of Nursing and the Matron will be responsible for the redeployment of staff predominantly in the CMG and any changes must be reflected through SafeCare or HealthRoster.
- Redeployment should be voluntary where possible, with individual discussions and risk assessments undertaken with the staff to understand personal circumstance as well as competence and skills prior to redeployment.
- It is recognised that staffing should be viewed as whole across the organisation. Should a staff member be required to be moved to an area outside their specialty or CMG, the Matron, Deputy Head of Nursing or Head of Nursing should make an assessment of the Nurse's competence outside their area of practice. A staff skills report can be extracted from HealthRoster to aid the assessment.
- In the event of a Major Incident, staff may be redeployed, taking into consideration their skills and competencies in order to provide the best patient care. HealthRoster will be used to manage redeployment and deployment in the event of a Major Incident.
- In the event of a major incident (such as a pandemic); the Corporate Nursing Team will lead on the response to staff redeployment at a considerable scale in partnership with the CMG Workforce Leads, Matrons, Deputy Heads of Nursing and Heads of Nursing.

5.8 Safer Staffing Meetings

- Safer Staffing Meetings will be held either locally across CMGs and Trust wide as outlined in the Escalation Process and chaired by the Out of Hours Tactical Command (Nursing).
- All Safer Staffing Meetings are to be held via Microsoft Teams for optimal attendance.
- All staff redeployment to be recorded using the SafeCare redeployment functionality or via HealthRoster.

5.9 Key Performance Indicators (KPIs)

- CMG performance against a number of KPIs for safe, effective and efficient rostering is monitored on a monthly basis by the Lead Nurse for Safe Staffing and the Matron for Safe Staffing in Maternity.
- Exception reporting received from the CMG per performance of each CMG and sent to the Lead Nurse for Safe Staffing and the Matron for Safe Staffing in Maternity.
- Overall summary reported to the Chief Nurse, Deputy Chief Nurse (for Workforce and Education) and the Assistant Chief Nurse (Workforce) for

oversight of performance by the Lead Nurse for Safe Staffing and the Matron for Safe Staffing in Maternity.

- Bi-Annual Establishment Reviews are undertaken by the CMG in association with the Corporate Nursing Team, which include KPIs where applicable, including planned vs. actual hours, required vs. actual CHPPD, redeployment statistics and Red Flags etc.
- Table 2 shows the KPIs for each roster as per the Non-Medical Staff Rostering Policy (Trust Ref B5/2013).

Table 2: Safe, Efficient and Effective rostering KPIs

		<i>Amber threshold</i>	<i>Red threshold</i>
Safety	Red Flags	≥ 1 Red Flag remaining open	
	Planned vs. Actual Hours	Planned Hours ≤ Actual Hours	
	Required vs. Actual CHPPD	Required CHPPD ≤ Actual CHPPD	
Efficiency/ Affordability	Additional duties (No of shifts over budget)	No additional shifts	
	Bank Usage	N/A	
	Agency Usage	3-5%	
	Net Hours	The total net hours to be neutral.	
Effectiveness	Annual Leave	10- 10.9% / 17.1- 19.9%	<9.9% / >20%
	Sickness	3.5- 3.9%	>4%
	Study Leave	2.5- 2.9%	>3%
	Total Unavailability/ Headroom/ Uplift Allowance	23- 29.9%	>30%
	Roster Approval (Full) Lead Time Days	42 days	

6 EDUCATION AND TRAINING REQUIREMENTS

- All Registered Nurses/ Midwives who are competent to take charge will be trained to follow this policy and procedure on induction.
- Training on the use of SafeCare and HealthRoster will be delivered to Matrons, Ward Managers and their deputies by the Electronic Rostering Team. Matrons and Ward Managers will then cascade this training to all Registered Nurses that are required to act as a Nurse in Charge of a ward.
- Acuity assessment of a patient and recording on NerveCentre will be covered by Matrons and Ward Managers at the induction of each Registered Nurse.
- CMG Bleep Holders will be a Deputy Sister (band 6) or above with a minimum of 6months Deputy Sister post experience or UHL experience if new to UHL. CMG line manager Matron will be responsible for arranging shadowing experience over a period of 3months with number of shadow shifts dependent on individual need.

- CMG Matrons will undertake CMG daily safe staffing lead role within 3months of post if previous UHL Bleep Holder experience or 6months if new to UHL with any required shadow shift being planned and determined on an individual basis by the CMG Deputy HoN line manager.
- All Assistant Chief Nurses, CMG and Corporate Heads of Nursing or Nursing Services (e.g. IPC, Safeguarding, digital, staffing etc.) and respective deputies along with Lead Nurses 8b and above will undertake the Out of Hours Tactical Command (Nursing) role. Individuals will commence on rota three months from commencement if internal promotion and six months from commencement in role if new to UHL.

7 Process for Monitoring Compliance

Elements to be monitored	Lead	Tool	Frequency	Assurance
Daily publication of staffing information on ward display boards	Ward Managers and Matrons	Observation	Daily	N/A
Safe staffing metrics (i.e. Planned vs. Actual Hours and Required vs. Actual CHPPD)	Assistant Chief Nurse/ Lead Nurse for Safe Staffing/ Matron for Safe Staffing in Maternity	Unify Report E-Roster Performance Metrics (safety, effectiveness and efficiency) Red Flag Report ≤2 RN/ RM on duty Report Redeployment Report SafeCare Compliance Report	Monthly	Reports to be shared with Deputy Heads of Nursing/ Heads of Nursing, Assistant Chief Nurses, Deputy Chief Nurses and Chief Nurse. Exception reports to be summarised and shared with the Chief Nurse and appropriate recipients.
Record and report patient acuity levels and actual staffing levels	Chief Nurse/ Assistant Chief Nurse/ Lead Nurse for Safe Staffing/ Matron for Safe Staffing in Maternity	Evidence Based Tools (i.e. SNCT and Birthrate Plus etc.)	Twice a year	Reported to Trust Board
Risk register entries	Chief Nurse	Risk register	Monthly	Monthly review at Nursing and Midwifery Workforce and Staffing Group and then Bimonthly to Executive People and Culture Board

8 EQUALITY, IMPACT AND ASSESSMENT

- 8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.

- 8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

Carter (2016). *Operational productivity and performance in English NHS acute hospitals: Unwarranted variations an independent report for the Department of Health by Lord Carter of Coles*. [online] Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/499229/Operational_productivity_A.pdf.


National Quality Board (2016). *Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time*. [online] Available at: <https://www.england.nhs.uk/wp-content/uploads/2013/04/nqb-guidance.pdf>.

NHS Improvement (2018). *Developing workforce safeguards Supporting providers to deliver high quality care through safe and effective staffing*. [online] Available at: <https://www.england.nhs.uk/wp-content/uploads/2021/04/Developing-workforce-safeguards.pdf>.

10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

- The policy and procedure will be reviewed by the Corporate Nursing Team each year. Required changes to go to P&G Committee for approval.
- The updated version of the policy will be uploaded and available through INsite Documents and the Trust's externally-accessible Freedom of Information publication scheme. It will be archived through the Trust's PAGL System.

Appendix 1- Safe Staffing Escalation Cards


University Hospitals
of Leicester
NHS Trust

Nursing
Safe Staffing

Types of Red Flags

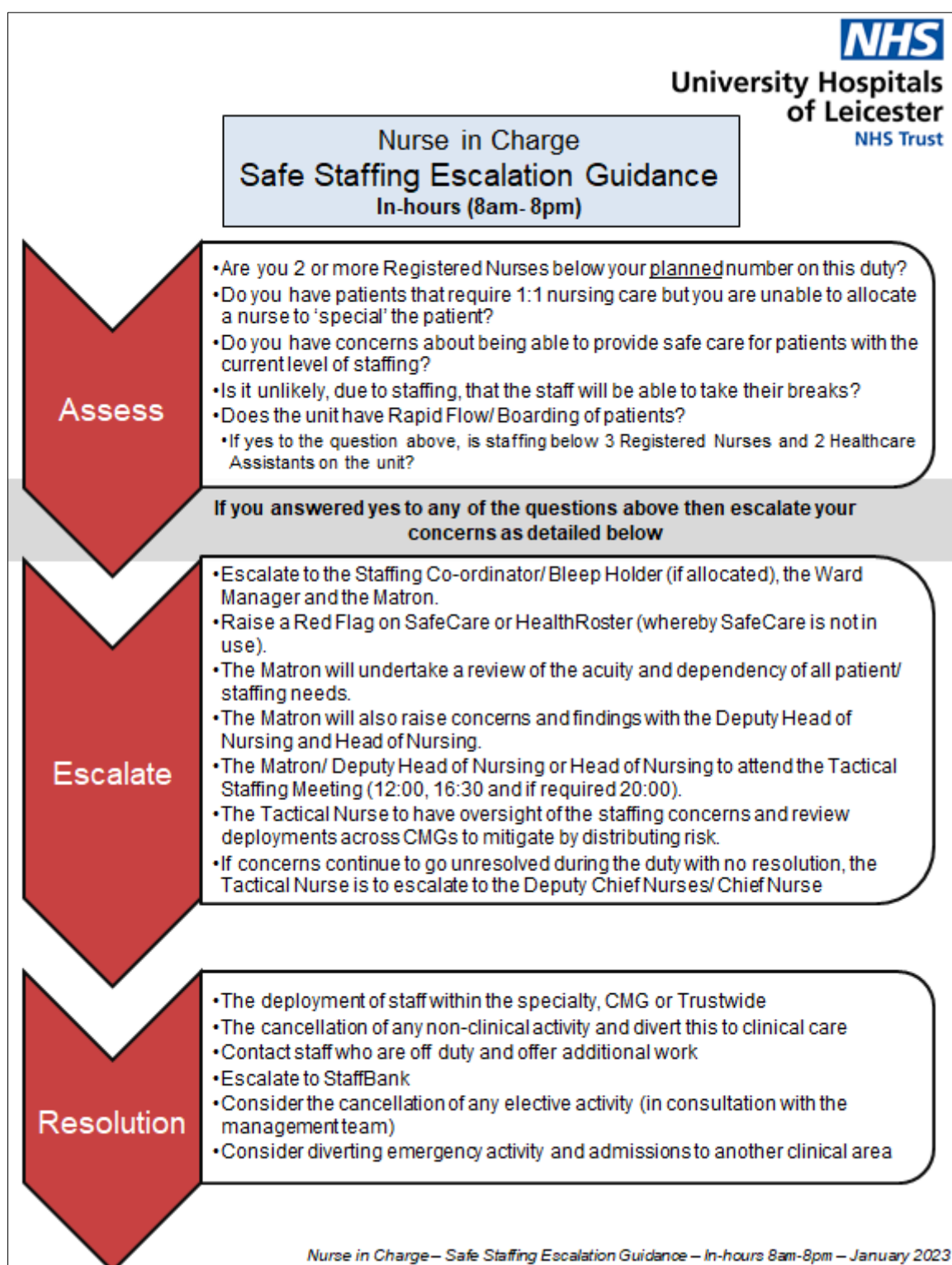
1. Are you 2 or more Registered Nurses below your planned number on this duty?
2. Do you have patients that require 1:1 nursing care but you are unable to allocate a nurse to 'special' the patient?
3. Do you have concerns about being able to provide safe care for patients with the current level of staffing?
4. Is it unlikely, due to staffing, that the staff will be able to take their breaks?
5. Does the unit have Rapid Flow/ Boarding of patients?
 - If "yes" to the question above, is staffing below 3 Registered Nurses and 2 Healthcare Assistants on the unit?

Types of Red Flags– Safe Staffing Escalation Cards– February 2023

Green	<ul style="list-style-type: none"> • Ensure staff absence is reported on SafeCare or HealthRoster • Complete daily SafeCare census in areas whereby SafeCare is in use 	Tactical Nurse/ Tactical Command (Silver Nurse)
Amber	In Corporate Working Hours	
	<ol style="list-style-type: none"> 1. Raise Red Flag 2. Ensure the Ward Manager and Matron are aware 3. Nurse in Charge to be included within the numbers 4. Include student/ apprentice contribution to patient care when assessing staffing requirements 5. Contact StaffBank to prioritise duties 6. Ward Manager to be included within the numbers 7. Escalate to Matron and Deputy Head of Nursing 8. Consider staff deployment within specialty/ CMG 9. Document deployment on SafeCare or HealthRoster 10. Continual review during duty and within the Safety Huddles 11. Review staff on non-clinical shifts, such as non-mandatory study days. <ul style="list-style-type: none"> • If the above actions have provided the right staff with the right skills to deliver the care to our patients and staff can take their breaks to close the Red Flag 	
	Out of Normal Working Hours	
	<ol style="list-style-type: none"> 1. Raise Red Flag 2. Inform CMG Bleep Holder 3. Consider staff deployment within specialty/ CMG 4. Document deployment on SafeCare or HealthRoster 5. Contact StaffBank to prioritise duties 6. CMG Bleep Holder to inform Duty Manager 7. Prioritise patient need and adjust workload throughout the shift 8. Continual review during duty and within the Safety Huddles 9. Duty Manager to consider additional support from outside the CMG <p>If the above actions have provided the right staff with the right skills to deliver the care to our patients and staff can take their breaks to close the Red Flag</p>	

Red	In Corporate Working Hours	Tactical Nurse/ Tactical Command (Silver Nurse)
	<ol style="list-style-type: none"> 1. Ensure all Green and Amber actions are completed 2. Matron/ Deputy Head of Nursing to inform Head of Nursing 3. Head of Nursing to review clinical need across the CMG and if able to flex with all areas Amber or Green, no further escalation required 4. Consider and action the deployment of Clinical Nurse Specialists, Practice Development Nurse, Matrons, Deputy Heads of Nursing and Head of Nursing to work within Clinical Teams. 5. Head of Nursing to liaise closely with the Silver Nurse on Call 6. Head of Nursing to inform DMT to determine if they expedite discharges and inform the Bed Management Team of potential impact on available beds 7. Head of Nursing to consider the cancellation of mandatory study days 8. Head of Nursing to resolve the Red Flag on SafeCare, including the note "Unresolved Red Flag"; this will be captured and looked into by the Lead Nurse for Safe Staffing 	<ul style="list-style-type: none"> • Ensure all Green and Amber Tactical Nurse/ Tactical Command (Silver Nurse) responsibilities are met • Liaise closely with the Head of Nursing • Continual exploration of potential mitigations across the organisation • Override existing decisions to minimise overall organisation impact on staffing; such as orchestrating further deployments • Liaise closely with the operational team to minimise further potential risks
	Out of Normal Working Hours	
	<ol style="list-style-type: none"> 1. Ensure all Green and Amber actions are completed 2. CMG Bleep Holder to escalate to Duty Manager 3. Duty Manager to review clinical need across the organisation and if able to flex with all areas Amber or Green, no further escalation required 4. Duty Manager to resolve the Red Flag on SafeCare, including the note "Unresolved Red Flag"; this will be captured and looked into by the Lead Nurse for Safe Staffing 	

Appendix 2- NIC Safe Staffing Escalation Guidance



Nurse in Charge
Safe Staffing Escalation Guidance
Out of hours (8pm- 8am)

Assess

- Are you 2 or more Registered Nurses below your planned number on this duty?
- Do you have patients that require 1:1 nursing care but you are unable to allocate a nurse to 'special' the patient?
- Do you have concerns about being able to provide safe care for patients with the current level of staffing?
- Is it unlikely, due to staffing, that the staff will be able to take their breaks?
- Does the unit have Rapid Flow/ Boarding of patients?
- If yes to the question above, is staffing below 3 Registered Nurses and 2 Healthcare Assistants on the unit?

If you answered yes to any of the questions above then escalate your concerns as detailed below

Escalate

- Escalate to the Staffing Co-ordinator/ Bleep Holder (if allocated)/ Matron/ CMG Senior Nurse to discuss concerns.
- Raise a Red Flag on SafeCare or HealthRoster (whereby SafeCare is not in use).
- Staffing Co-ordinator/ Bleep Holder (if allocated)/ Matron/ CMG Senior Nurse will undertake a review of the acuity and dependency of all patient/ staffing needs.
- Staffing Co-ordinator/ Bleep Holder (if allocated)/ Matron/ CMG Senior Nurse to highlight concerns with the Duty Manager.
- The Duty Manager to have oversight of the staffing concerns and review deployments across CMGs to mitigate by distributing risk.
- If concerns continue to go unresolved during the duty with no resolution, the Duty Manager should escalate to the Director On-Call via Switchboard.

Resolution

- The deployment of staff within the specialty, CMG or Trustwide
- Escalate to StaffBank
- Consider diverting emergency activity and admissions to another clinical area

Nurse in Charge – Safe Staffing Escalation Guidance – Out of hours 8pm-8am – January 2023

**Nurse in Charge
Safe Staffing Escalation Guidance
Key Contacts**

Area: _____

Head of Nursing
Mobile: _____

Deputy Head of Nursing
Mobile: _____

CMG Matron on-call
Mobile: _____

**Staffing Co-ordinator/ Bleep
Holder**
Mobile: _____

Duty Manager
Mobile: _____

Other: _____
Mobile: _____

Corporate Nursing
(available via Switchboard)

Chief Nurse
Julie Hogg

Deputy Chief Nurse
Eleanor Meldrum

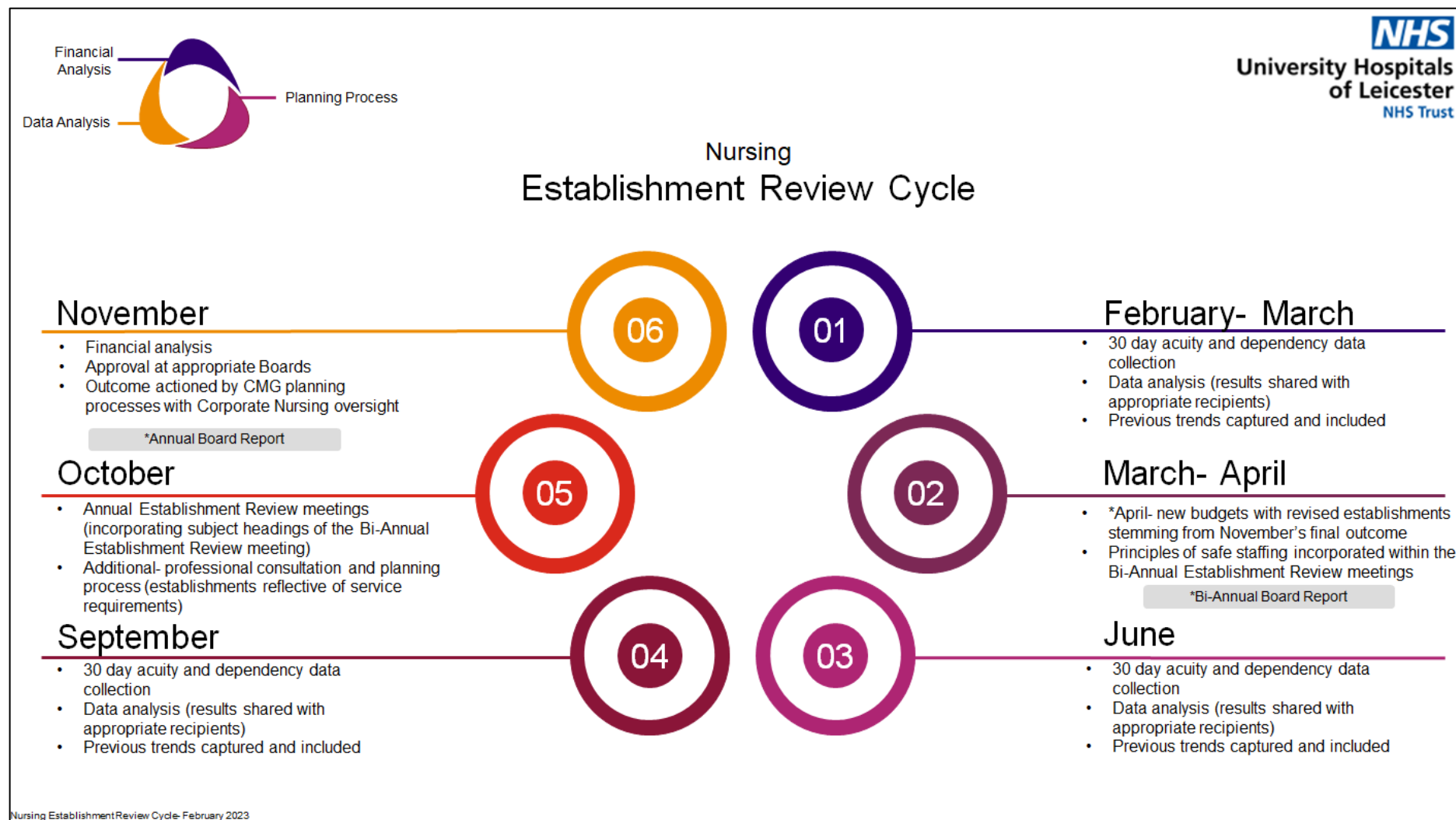
Deputy Chief Nurse
Sue Burton

Deputy Chief Nurse
Robin Binks

Lead Nurse for Safe Staffing
Pippa Clark

Nurse in Charge – Safe Staffing Escalation Guidance – Key Contacts – January 2023

Appendix 3- Nursing Establishment Review Cycle



Appendix 4- Midwifery Establishment Review Cycle

