

# BRIEFING NOTE: ISSUES HIGHLIGHTED BY THE 2016 NHS STAFF SURVEY IN ENGLAND

7<sup>th</sup> March 2017

## Introduction

This briefing note provides an overview of results from the 14<sup>th</sup> annual national survey of NHS staff.

The 2016 NHS Staff Survey involved 316 NHS organisations in England. Over 982,000 NHS staff were invited to participate using an online or postal self-completion questionnaire. We received responses from over 423,000 NHS staff, a response rate of 44% (41% in 2015). Full-time and part-time staff who were directly employed by an NHS organisation on September 1<sup>st</sup> 2016 were eligible. Fieldwork for the survey was carried out between late September and early December 2016.

The questionnaire used for the 2016 survey was unchanged from 2015. There have, however, been some minor changes to the Key Findings for 2016. The names of Key Findings 17 and 18 have been amended to more accurately reflect what they are measuring. In addition, the calculations for Key Findings 24 and 27 have been updated to bring them in line with how other, similar, Key Findings are calculated. This report contains recalculated historical data for Key Findings 24 and 27 so that comparisons can be made across years. Due to this, 2016 results for these two Key Findings are not comparable with data that was published in previous years. Details of each of these changes can be found in the explanatory document, comparability spreadsheet, and '*Making Sense of your Staff Survey Data*' document available at [www.nhsstaffsurveys.com](http://www.nhsstaffsurveys.com).

The results are primarily intended for use by NHS organisations to help them review and improve staff experience. The Care Quality Commission will use the results from the survey to monitor ongoing compliance with essential standards of quality and safety. The survey will also support accountability of the Secretary of State for Health to Parliament for delivery of the NHS Constitution.

This briefing note provides an overview of the national-level results for NHS trusts from the 2016 staff survey, with comparisons over the past five years where appropriate. Much of the analysis included relates to 'Key Findings' – scores on a scale of one to five, or percentages, which comprise data gathered from a number of questions. Question-level data is also included where appropriate. A table of Key Finding scores from 2012-2016 can be found in Appendix 1. Question-level data for all 2016 questions, with comparisons to 2015 where appropriate, can be found in the latest results section at [www.nhsstaffsurveys.com](http://www.nhsstaffsurveys.com).

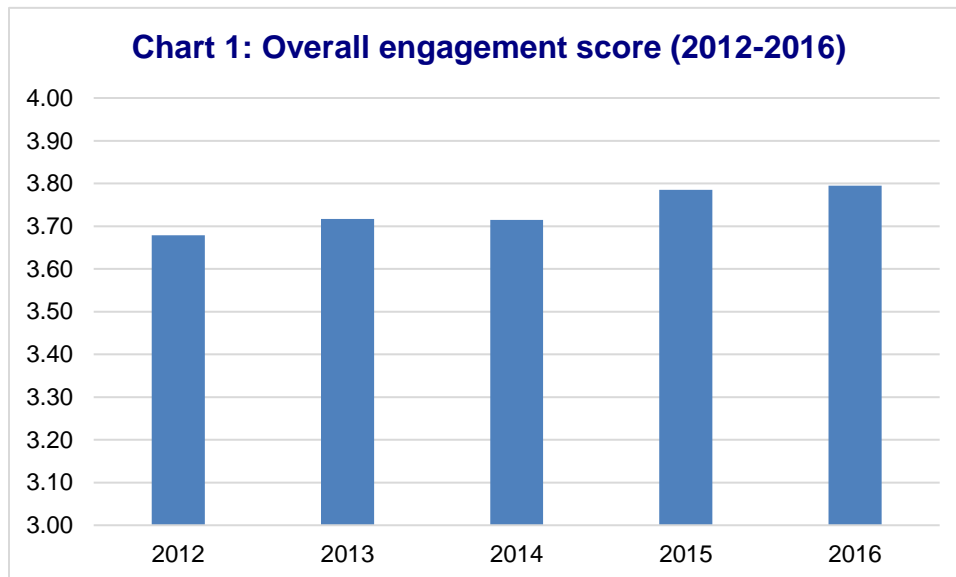
Data for organisations taking part in the survey on a voluntary basis has not been included in this report. Please see Appendix 2 at the end of this document for further details.

This briefing note provides national results for the 'overall staff engagement' measure, as well as results from the 2016 survey structured around nine key themes, as shown below.

- Appraisals and support for development
- Equality and diversity
- Errors and incidents
- Health and wellbeing
- Working patterns
- Job satisfaction
- Managers
- Patient care and experience
- Violence, harassment and bullying

## OVERALL STAFF ENGAGEMENT

The overall staff engagement score represents staff members' perceived ability to contribute to improvements at work, their willingness to recommend the organisation as a place to work or receive treatment, and the extent to which they feel motivated and engaged with their work. As detailed in Chart 1 below, the overall engagement score has increased since 2012, reaching a peak score of 3.79 in 2016.



### Contribution to improvements

Seventy-three percent of staff agreed or strongly agreed that there are frequent opportunities for them to show initiative in their role, and 75% reported that they are able to make suggestions to improve the work of their team or department. A slightly lower proportion, 56%, said they are able to make improvements happen in their area of work.

### Recommendation of the organisation

Seventy-five percent of staff agreed or strongly agreed that care of patients/service users is their organisation's top priority, and 60% said they would recommend their organisation as a place to work. When asked whether they would be happy with the standard of care provided by their organisation if a friend or relative needed treatment, 70% of staff agreed or strongly agreed.

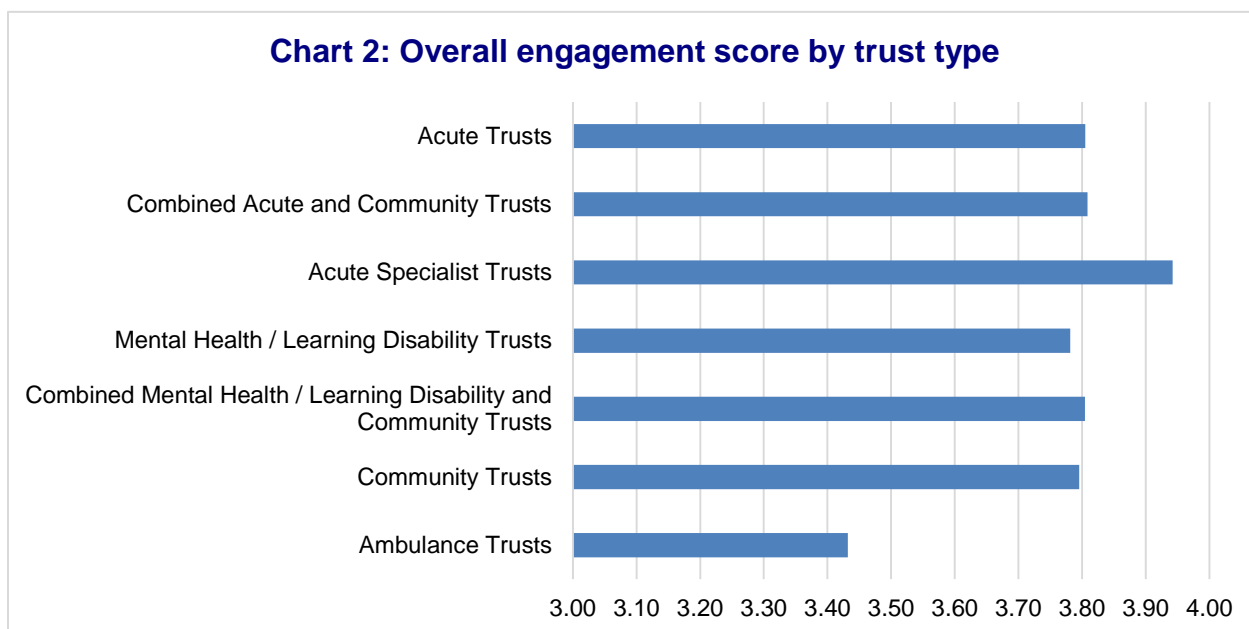
### Motivation and engagement

Over half of all staff (59%) reported that they often or always look forward to going to work, with 74% of staff feeling enthusiastic about their job. Seventy-seven percent of staff also felt that time passes quickly whilst they are at work.

### Overall engagement score in different trust types

As shown in Chart 2, below, the overall engagement score differed between trust types, with acute specialist trusts scoring the highest, at 3.94, while ambulance trusts scored lower than all other trust types, with a score of 3.43.

**Chart 2: Overall engagement score by trust type**



## APPRAISALS AND SUPPORT FOR DEVELOPMENT

This year's survey indicated that appraisals and development reviews are common in all trust types, with 87% of all staff undergoing one in the last 12 months. The figure for ambulance trusts has increased from 66% in 2015 to 77% in 2016, but is still lower than for other trust types. Staff assessments of the quality of appraisals follow a very similar pattern. For example, across all organisations 72% of staff who had had a recent appraisal said that it 'definitely' or 'to some extent' helped them to improve how they did their job; ambulance trusts had the lowest figure at 57%.

With regard to the quality of non-mandatory training, learning or development, 83% of staff who had had recent training agreed that it had enabled them to perform in their role more effectively and a similar proportion (79%) felt that the training allowed them to provide a better experience for patients or service users.

## EQUALITY AND DIVERSITY

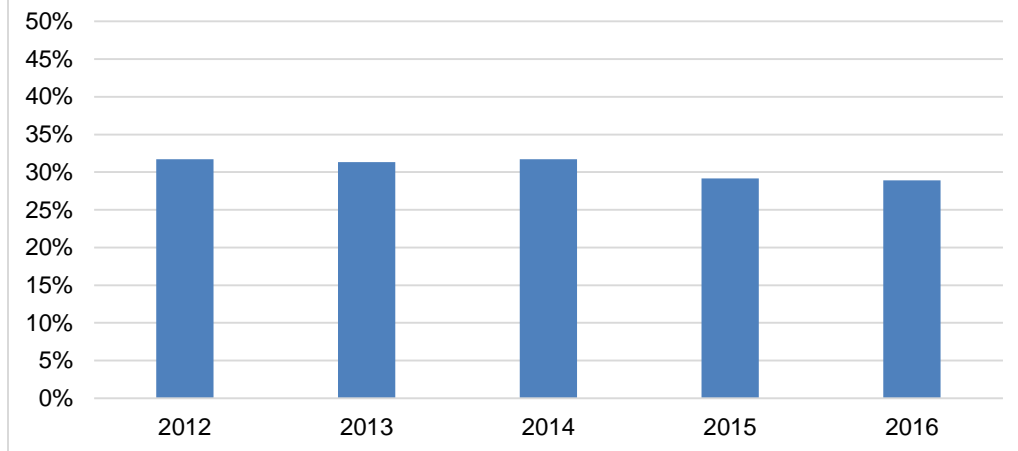
The proportion of staff reporting that they experience discrimination at work has remained stable since 2012, at 11-12%. In 2016, 6% of staff reported that they have faced discrimination from patients or service users. The proportion of staff who reported facing discrimination from their team or managers was two percent higher at 8%.

Eighty-five percent of staff reported that they believe their organisation acts fairly with respect to promotion or progression (note, figure excludes "don't know" responses).

## ERRORS AND INCIDENTS

The proportion of staff reporting that they have witnessed errors and incidents is the lowest it has been since 2012 (see Chart 3, below). In this year's survey, 17% of staff reported seeing an error or incident that could have harmed staff, while a quarter of staff (25%) witnessed an error or incident that could have harmed patients or service users. The majority (90%) of staff who had witnessed an error or incident said that it had been reported, either by themselves or by a colleague.

**Chart 3: Percentage of staff witnessing potentially harmful errors, near misses or incidents in the last month (Key Finding 28)**



When asked whether their organisation treated staff involved in near misses, errors and incidents fairly, less than half of all staff (45%) reported that this is the case, but 31% responded that they 'neither agreed nor disagreed' and 17% said they 'didn't know'. Eighty-five percent agreed that their organisation encourages staff to report incidents. When incidents are reported, 63% of staff felt that action is taken to prevent the incident happening again, and only 6% disagreed that this is the case. In addition, 53% of staff reported that their organisation gives feedback to staff about any changes that have been made in response to the reported incident, with 16% disagreeing that this happens.

Findings on unsafe clinical practice were similar, with 70% of staff feeling secure in raising any concerns they may have regarding clinical practice. Fifty-eight percent of staff had confidence that their organisation would address their concerns if they were raised.

## HEALTH AND WELLBEING

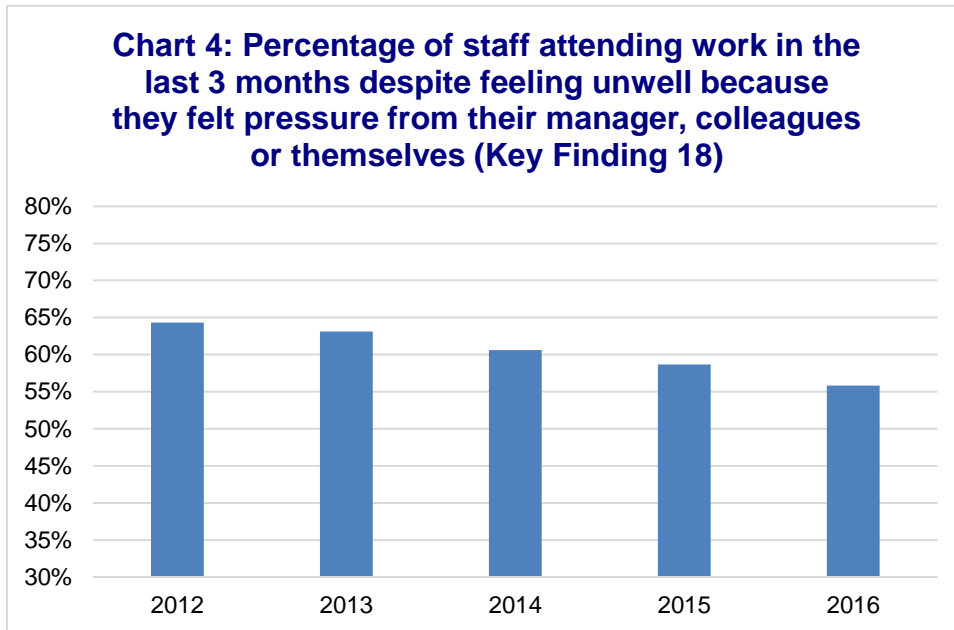
In the 2016 survey staff were asked about a number of aspects that contribute to the overall theme of health and wellbeing, including managerial and organisational interest in staff health, musculoskeletal problems, and stress.

The majority of staff reported positively on organisational and managerial interest in staff health and wellbeing. Approximately two-thirds of staff (67%) reported that their manager took a positive interest in their individual health and wellbeing, and 90% said that their organisation 'definitely' or 'to some extent' took positive action on health and wellbeing.

Overall, a quarter (25%) of staff reported experiencing musculoskeletal (MSK) problems as a result of work activities. This figure varied between 19% and 26% in most trust types, however staff in ambulance trusts reported higher rates, with 41% of staff in these trusts reportedly experiencing MSK problems due to work activities.

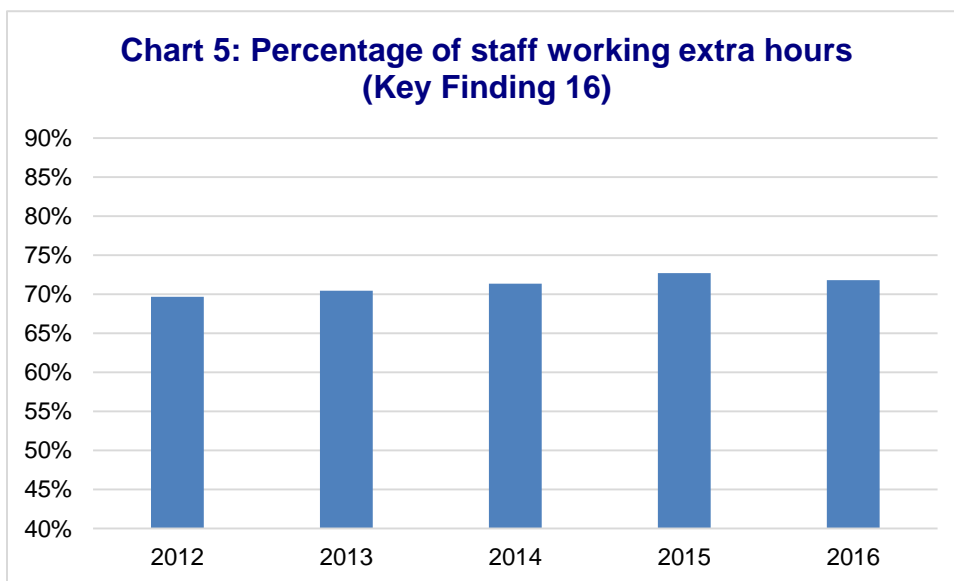
In 2016 the proportion of staff who reported feeling unwell due to work related stress is at its lowest since 2012, at 37%. However, three in five staff (60%) reported coming to work in the previous three months despite feeling unable to perform their duties or the requirements of their role. The majority of staff acknowledged that this was a result of pressure from themselves (92%) rather than from other colleagues (20%) or their manager (26%). As shown in Chart 4, below, the proportion of staff

attending work while feeling unwell because they felt pressure from themselves or others has decreased from 64% in 2012 to 56% in 2016.



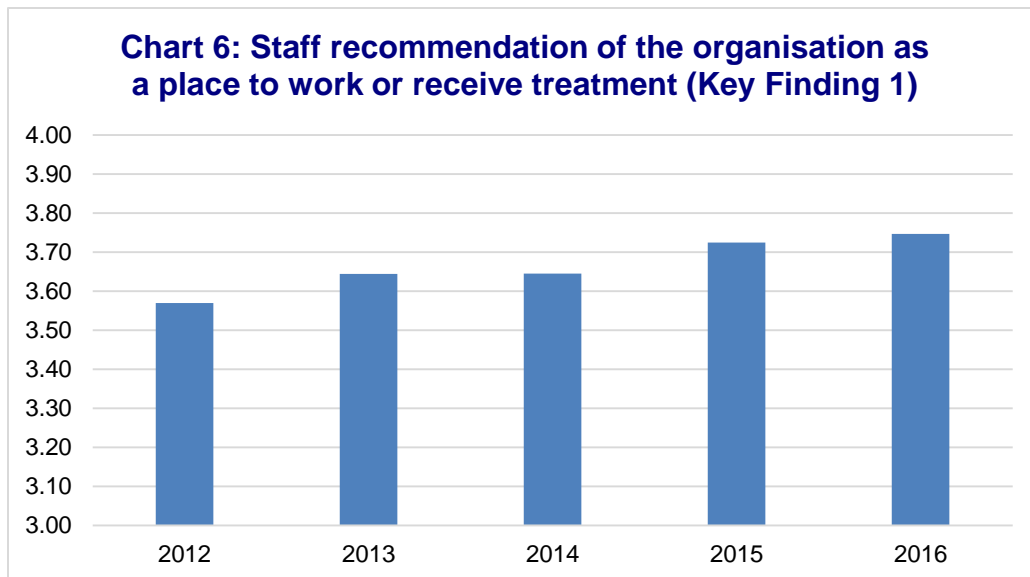
## WORKING PATTERNS

Fifty-two percent of staff were satisfied with the flexible working opportunities provided by their organisation. Over two-thirds of staff (68%) reported that they did not work any *paid* overtime above their contracted weekly hours, but 59% of staff reported working *unpaid* overtime each week. The percentage of staff working any extra hours (paid or unpaid) increased between 2012 and 2015, but has decreased between 2015 and 2016 (see Chart 5).



## JOB SATISFACTION

Staff recommendation of their organisation as a place to work or receive treatment has gradually increased since 2012, as shown in Chart 6. On a scale of one to five, trusts received an average staff recommendation rating of 3.57 in 2012, increasing to 3.75 in 2016. Scores differ between trust types, with the highest 2016 rating provided by staff at specialist acute trusts (4.09) and the lowest by staff at ambulance trusts (3.44). However, scores at all trust types have improved since 2012.



Staff satisfaction with levels of responsibility and involvement has increased slightly over time, from 3.83 in the 2012 survey to 3.90 in 2016. Nearly three-quarters (74%) of staff reported feeling satisfied with the level of responsibility they are personally given, with 52% being involved in deciding on changes in their team, department or work area. Seventy-one percent of staff were satisfied with the opportunities they have to use their skills.

Effective team working is an important component of staff experience, and the survey showed generally favourable results for questions on this topic. For example, 73% of staff agreed that their team has a set of shared objectives. An area for improvement was evident though, with 60% of staff reporting that they felt their team meets often enough to discuss how effective they are at working together.

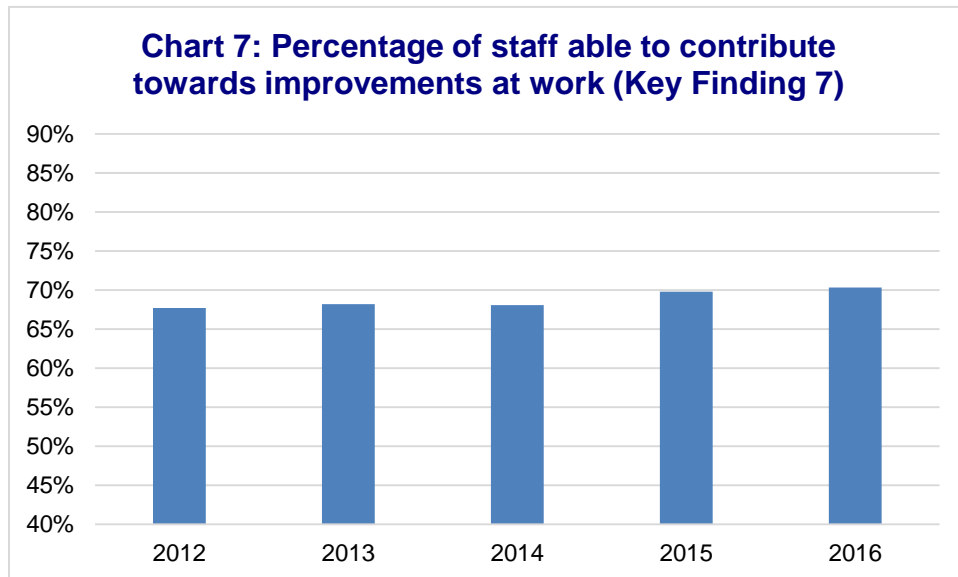
With regard to motivation at work, almost three-quarters (74%) of staff reported feeling enthusiastic about their job, and a similar percentage (77%) felt that time passes quickly whilst they are at work, with 59% reporting that they often or always look forward to going to work.

The majority (81%) of staff feel happy with the level of support they receive from their work colleagues. However, many staff felt unable to meet all the conflicting demands on their time at work: 45% agreed that they are able to manage these demands, whilst nearly one in three (30%) disagreed. Furthermore, 55% of staff felt that they have adequate supplies or equipment to do their job effectively. In terms of understaffing 31% of staff agreed (and 47% disagreed) that there are enough staff at their organisation for them to do their job properly.

Thirty-seven percent of staff reported that they are satisfied with their level of pay. This proportion has not changed since 2015.

Staff in the NHS should be given the opportunity to be involved in their work and decisions that affect them. In the survey, the proportion of staff reporting that they are able to contribute towards

improvements has increased since 2012 (see Chart 7 below). Three-quarters of staff (75%) agreed that they are able to make suggestions to improve the work of their team or department, with 73% feeling that there are frequent opportunities for them to show initiative in their role. Over half of staff (56%) felt that they are personally able to make improvements happen at work.

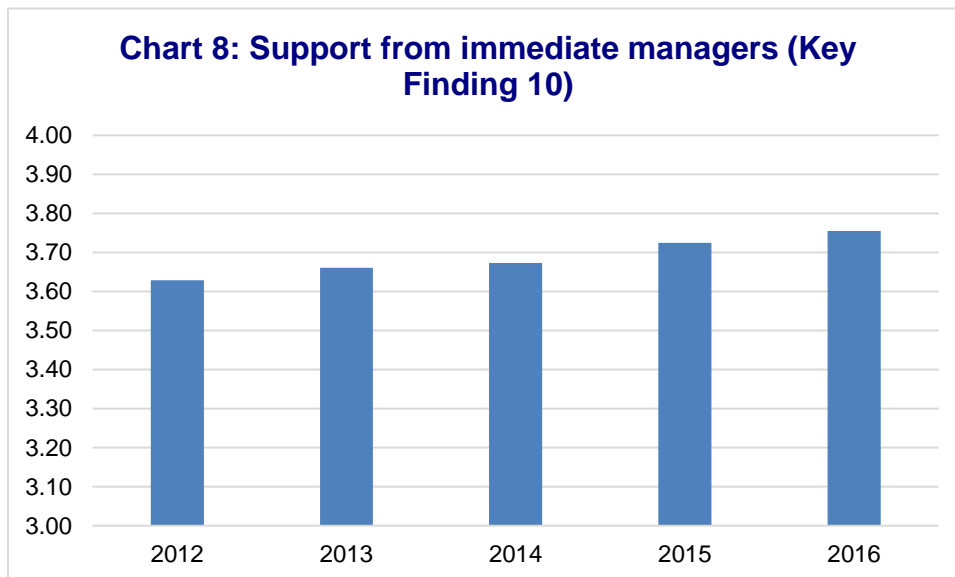


## MANAGERS

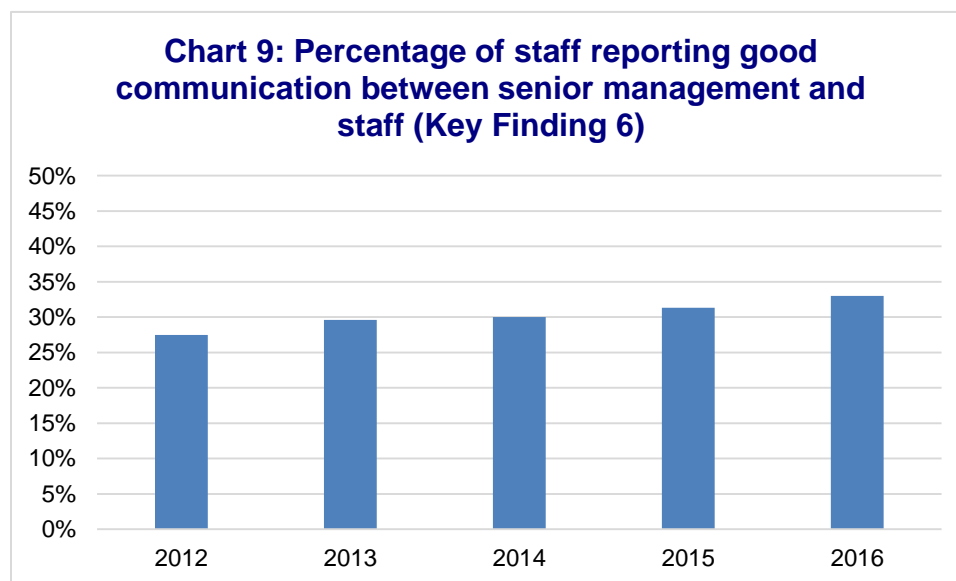
The survey included questions about the extent to which staff feel valued for their work and the recognition their personal contribution receives. Over two-thirds of staff (71%) agreed that they feel valued by their immediate manager, 43% were satisfied with the extent to which their work is valued by their organisation. Improvement is needed in staff recognition, with just over half of staff (53%) reporting that they are satisfied with the recognition they receive for their contribution at work.

Around two-thirds of staff (68%) were satisfied with the support that they receive from their immediate manager. Similar proportions of staff agreed that their immediate manager encourages their staff to work as a team (74%) and can be counted on to help with difficult tasks at work (71%). Fewer staff agreed that their immediate manager gives clear feedback (61%) and asks for staff opinions before making decisions that affect their work (55%).

In 2016, staff reported greater satisfaction with the support they receive from immediate managers compared to 2015 (3.76, up from 3.72). The increase reported in this year's survey follows the general upwards trend of staff satisfaction with managerial support since 2012 (see Chart 8, below).



Staff reporting satisfaction with communication between themselves and senior management has been increasing since 2012 (see Chart 9 below). Over four-fifths (83%) of staff reported that they know who the senior managers are at their organisation, less than half (40%) agreed that communication between senior management and staff is effective. Even fewer staff (33%) felt that senior management tries to involve staff in important decisions, and only 32% reported that senior managers act on the feedback given by staff.



## PATIENT CARE AND EXPERIENCE

Patient and service user experience is an important element of the services that NHS organisations provide. Nearly three-quarters of staff (73%) agreed that their organisation acts on patient and service user concerns when they are raised. Around three in five (59%) staff said that they receive regular updates on patient/service user experience in their team, whilst half (51%) said that this feedback is used to make informed decisions.

The majority of respondents (80%) agreed that they are able to do their job to a standard they are personally pleased with, but somewhat fewer staff (59%) reported feeling able to deliver the care they aspire to. Ninety percent of staff agreed that their role makes a difference to patients/service users

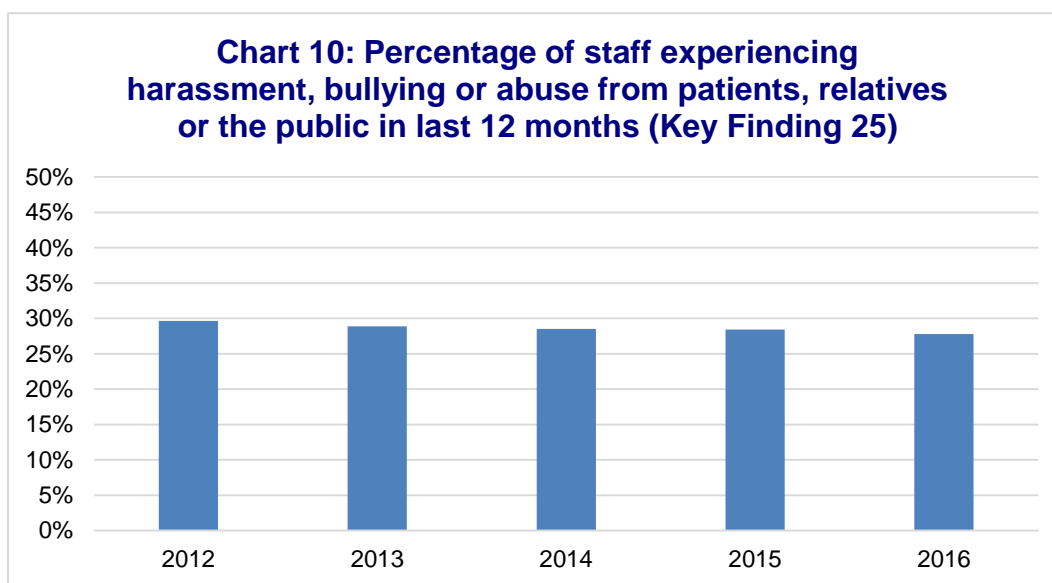


(figure excludes “not applicable” responses), while 71% of staff agreed that they feel satisfied with the quality of care they provide to patients.

## VIOLENCE, HARASSMENT AND BULLYING

In 2016, 15% of staff reported that they have experienced physical violence from patients, relatives or members of the public in the last 12 months, a proportion which has remained static since 2012. In contrast, nearly all staff who participated in the survey reported that they have never experienced violence from a colleague (98%) or their manager (99%) in the last 12 months.

Whilst 15% of staff have experienced physical violence from patients, relatives or the public in the last 12 months, the proportion of staff who have experienced harassment on at least one occasion from these groups was higher at 28%, although this figure has decreased since 2012 (see Chart 10). Across all trust types, one in eight staff (13%) reported that they have experienced harassment or bullying from their manager one or more times. A slightly higher proportion of staff (18%) reported experiencing harassment or bullying from other colleagues on one or more occasions.



Less than half of staff who experienced bullying or harassment at work (47%) indicated that either they or a colleague had reported their most recent experience of bullying or harassment. However, a greater proportion of staff (72%) reported their most recent experience of physical violence at work.

## Appendix 1: National Key Finding scores 2012-2016

National Key Findings Scores 2012-2016					
	2012	2013	2014	2015	2016
KF1. Staff recommendation of the organisation as a place to work or receive treatment	3.57	3.64	3.65	3.72	3.75
KF2. Staff satisfaction with the quality of work and care they are able to deliver				3.92	3.93
KF3. Percentage of staff agreeing that their role makes a difference to patients / service users				90.0%	90.1%
KF4. Staff motivation at work	3.82	3.84	3.83	3.92	3.92
KF5. Recognition and value of staff by managers and the organisation				3.43	3.46
KF6. Percentage of staff reporting good communication between senior management and staff	27.5%	29.6%	30.0%	31.3%	33.0%
KF7. Percentage of staff able to contribute towards improvements at work	67.7%	68.2%	68.1%	69.8%	70.3%
KF8. Staff satisfaction with level of responsibility and involvement	3.83	3.85	3.85	3.89	3.90
KF9. Effective team working				3.75	3.77
KF10. Support from immediate managers	3.63	3.66	3.67	3.72	3.76
KF11. Percentage of staff appraised in last 12 months	83.0%	84.3%	84.4%	85.8%	86.7%
KF12. Quality of appraisals				3.05	3.10
KF13. Quality of non-mandatory training, learning or development				4.02	4.06
KF14. Staff satisfaction with resourcing and support				3.30	3.32
KF15. Percentage of staff satisfied with the opportunities for flexible working patterns				50.4%	51.7%
*KF16. Percentage of staff working extra hours	69.7%	70.5%	71.4%	72.7%	71.8%
*KF17. Percentage of staff feeling unwell due to work related stress in last 12 months	38.1%	38.6%	38.9%	37.0%	36.7%
*KF18. Percentage of staff attending work in the last 3 months despite feeling unwell because they felt pressure from their manager, colleagues or themselves	64.3%	63.1%	60.6%	58.7%	55.8%
KF19. Organisation and management interest in and action on health and wellbeing				3.58	3.62
*KF20. Percentage of staff experiencing discrimination at work in the last 12 months	11.8%	11.5%	12.1%	11.4%	11.9%
KF21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	87.5%	87.5%	86.2%	86.0%	85.4%

National Key Findings Scores 2012-2016					
	2012	2013	2014	2015	2016
*KF22. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months	14.9%	14.9%	14.6%	14.8%	14.9%
*KF23. Percentage of staff experiencing physical violence from staff in last 12 months	2.7%	2.7%	2.7%	2.0%	2.0%
KF24. Percentage of staff/colleagues reporting most recent experience of violence	73.8%	72.6%	72.3%	71.6%	72.0%
*KF25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	29.6%	28.9%	28.5%	28.4%	27.8%
*KF26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	23.6%	23.2%	23.5%	24.8%	24.1%
KF27. Percentage of staff/colleagues reporting most recent experience of harassment, bullying or abuse	47.6%	47.7%	47.1%	44.7%	47.5%
*KF28. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month	31.7%	31.3%	31.7%	29.1%	28.9%
KF29. Percentage of staff reporting errors, near misses or incidents witnessed in the last month	90.1%	89.9%	90.1%	89.5%	90.4%
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents				3.70	3.72
KF31. Staff confidence and security in reporting unsafe clinical practice			3.62	3.63	3.67
KF32. Effective use of patient / service user feedback			3.64	3.68	3.69
Overall engagement score	3.68	3.72	3.71	3.78	3.79

\* An asterisk indicates a Key Finding for which a lower score is better

**Please note:** Key Finding calculations usually exclude 'don't know' and 'not applicable' responses from calculation base sizes, meaning Key Finding percentages sometimes differ from question-level percentages on the same topic. Further detail on the Key Findings can be found in Section 2.3 of the document 'Making Sense of your Staff Survey Data', available with the survey results at [www.nhsstaffsurveys.com](http://www.nhsstaffsurveys.com).

National weighted data for all Key Findings and questions can be found in the national weighted data spreadsheet available at [www.nhsstaffsurveys.com](http://www.nhsstaffsurveys.com).

## Appendix 2: Notes

### 1. Organisations included in this briefing note

Data for the following organisation types are not included in this report, as participation in the survey is voluntary for these organisations, and the data is therefore not representative of all such organisations: clinical commissioning groups (CCGs), commissioning support units (CSUs), mental health social enterprises, community social enterprises, scientific and technical organisations, and community surgical services. Results for these organisations can be found in the organisation feedback reports and detailed spreadsheets available at [www.nhsstaffsurveys.com](http://www.nhsstaffsurveys.com).

### 2. Eligibility criteria

For details of the criteria used to determine staff eligibility for inclusion in the 2016 NHS Staff Survey, please see Appendix A of the document *'Making Sense of your Staff Survey Data'*, available with the survey results at [www.nhsstaffsurveys.com](http://www.nhsstaffsurveys.com).

### 3. Weighting

This briefing note provides percentage results for England as a whole by aggregating responses from individual respondents at each organisation. As employees in smaller organisations have a higher chance of being selected to participate in the survey, and because response rates vary between organisations, the results are weighted by the size of the trust in each year, so that they reflect unbiased estimates of all NHS staff in England. Doing this means that responses from each organisation contribute an amount to the total that is directly proportional to the number of staff employed.

The weighting approach for the five-year comparisons reported in this briefing additionally takes account of occupational group differences between trusts of the same type and between years. This is important because the profile of survey respondents has changed over the years, partly because of the increased use of online surveys, and certain occupational groups are known to respond more positively than others. In order to make the national data comparable, individuals' scores within each trust are weighted so that the occupational group profile of each organisation reflects that of the typical organisation of its type in 2016. This ensures that no year will appear better or worse than others simply because of any occupational group differences. This weighting method is based on that used in the organisation feedback reports, further explanation of which can be found in the document *'Making Sense of your Staff Survey Data'* available at [www.nhsstaffsurveys.com](http://www.nhsstaffsurveys.com).

Please note, an error was identified in the weighting used in the 2014 national briefing, where data was weighted by number of respondents per trusts rather than by trust size. Results have been recalculated, and some differences are seen in the national data, however these do not exceed 1.5 percentage points for any question, and the trends discussed in the 2014 national briefing remain correct. All data presented in this 2016 national briefing has been recalculated using the correct trust sizes. As the new weighting approach standardises to the 2016 respondent profile, results presented in this report should not be compared to those appearing in previous reports.

### 4. Summary of research findings

A supporting document has been published this year which summarises the key research findings from the NHS Staff Survey and suggests what NHS organisations can do to learn from these, in order to create better conditions for both staff and patients. This is available at [www.nhsstaffsurveys.com](http://www.nhsstaffsurveys.com).

### 5. Other reports

All participating organisations have now received their individual survey results, including detailed feedback on how they compare with organisations of a similar type. A report for each participating organisation is available on the NHS Staff Surveys website: [www.nhsstaffsurveys.com](http://www.nhsstaffsurveys.com).

Also available on this website are detailed spreadsheets containing unweighted data for all organisations and organisation types across all years the survey has taken place, and a spreadsheet

containing 2016 and 2015 national-level data for all 2016 questions and Key Findings, weighted using the same method as the data presented in this national briefing.