

BRIEFING NOTE: ISSUES HIGHLIGHTED BY THE 2015 NHS STAFF SURVEY IN ENGLAND

UPDATED 22ND MARCH 2016

Introduction

This briefing note provides an overview of results from the thirteenth annual national survey of NHS staff.

The 2015 NHS Staff Survey involved 297 NHS organisations in England. Over 741,000 NHS staff were invited to participate using a self-completion postal questionnaire survey or online. We received responses from 299,000 NHS staff, a response rate of 41% (42% in 2014). Full-time and part-time staff who were directly employed by an NHS organisation on September 1st 2015 were eligible. Fieldwork for the survey was carried out between late September and early December 2015.

To ensure the data meets the needs of NHS organisations and associated bodies, the questionnaire, key findings and benchmarking groups have all undergone substantial revision since the previous staff survey. These changes mean that some questions and key findings are not comparable to 2014. A document explaining the changes is available at 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 2015 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 2011-2015 can be found in Appendix 1. Question-level data for all 2015 questions, with comparisons to 2014 where appropriate, can be found in the latest results section at www.nhsstaffsurveys.com.

Data for organisations taking part in the survey on a voluntary basis has not been included in this report. Due to the introduction of these five-year comparisons, the method used to standardise the data has been updated since the 2014 national briefing. Please see Appendix 2 at the end of this document for further details on all the above.

Background

This briefing note provides results from the 2015 survey structured around four of the pledges in the NHS Constitution, with the additional themes relating to 'equality and diversity', 'errors and incidents' and 'patient experience measures'. It also includes the national results for the 'overall staff engagement' measure.

The NHS Constitution outlines the principles and values of the NHS in England including four pledges that set out what staff should expect from NHS employers. The following pledges are part of the commitment of the NHS to provide high-quality working environments for staff:

Pledge 1: To provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities.

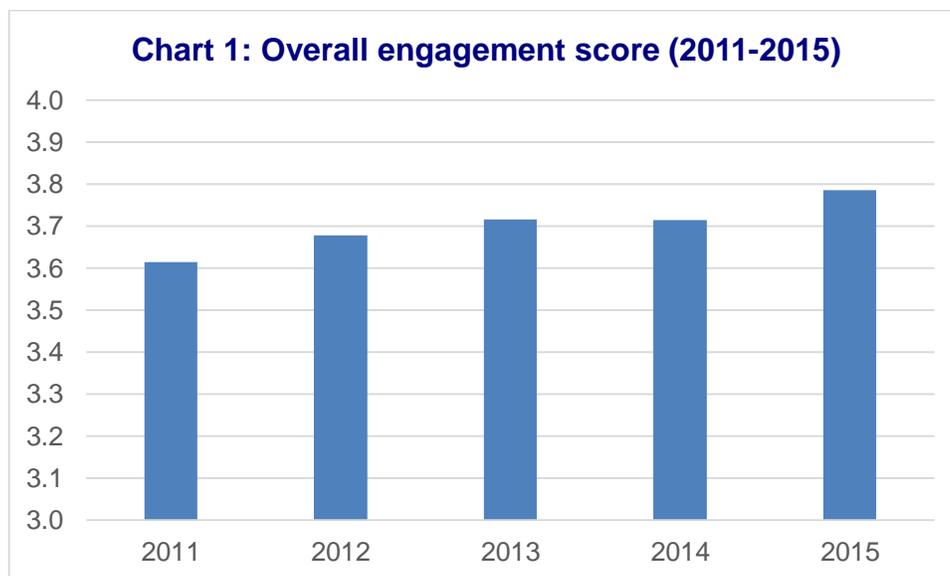
Pledge 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.

Pledge 3: To provide support and opportunities for staff to maintain their health, wellbeing and safety

Pledge 4: To engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families.

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 2011 reaching a peak score of 3.78 in 2015.



Motivation and engagement

Over half of all staff (58%) report that they often or always look forward in going to work, with 74% of staff feeling enthusiastic about their job. Seventy eight percent of staff also felt that time passed quickly whilst they were at work.

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

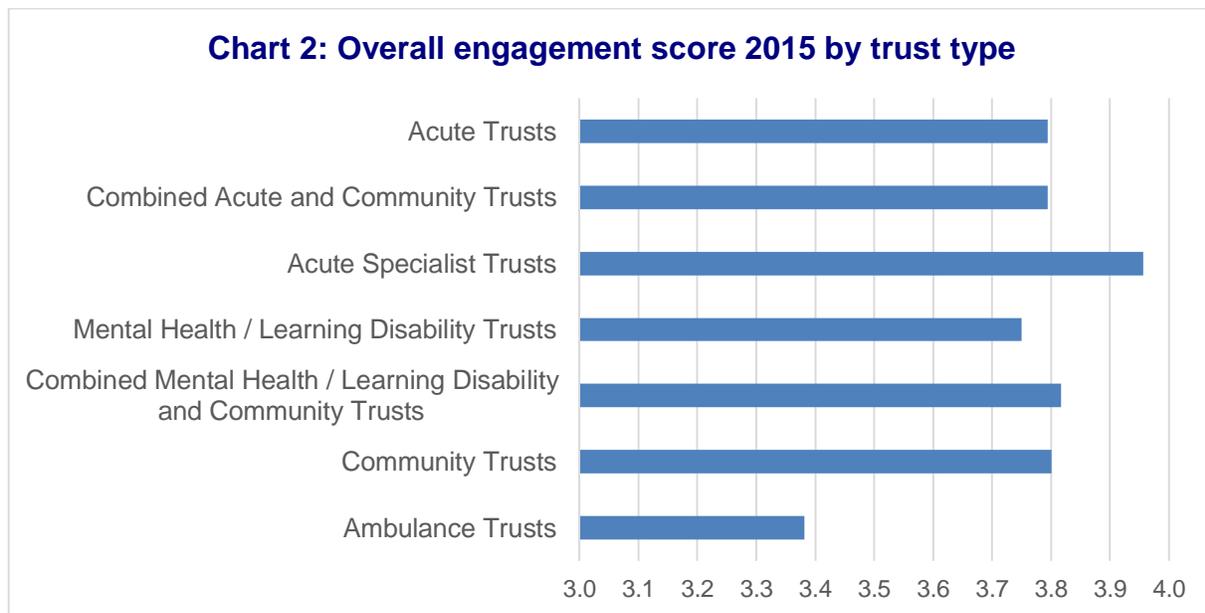
suggestions to improve the work of their team or department. A slightly lower proportion, 56%, said they are able to make improvements happen in their area of work.

Recommendation of the organisation

Seventy-three percent of staff agreed or strongly agreed that care of patients/service users is their organisation's top priority, and 59% said they would recommend their organisation as a place to work. When asked whether, if a friend or relative needed treatment, they would be happy with the standard of care provided by their organisation, 69% of staff agreed or strongly agreed.

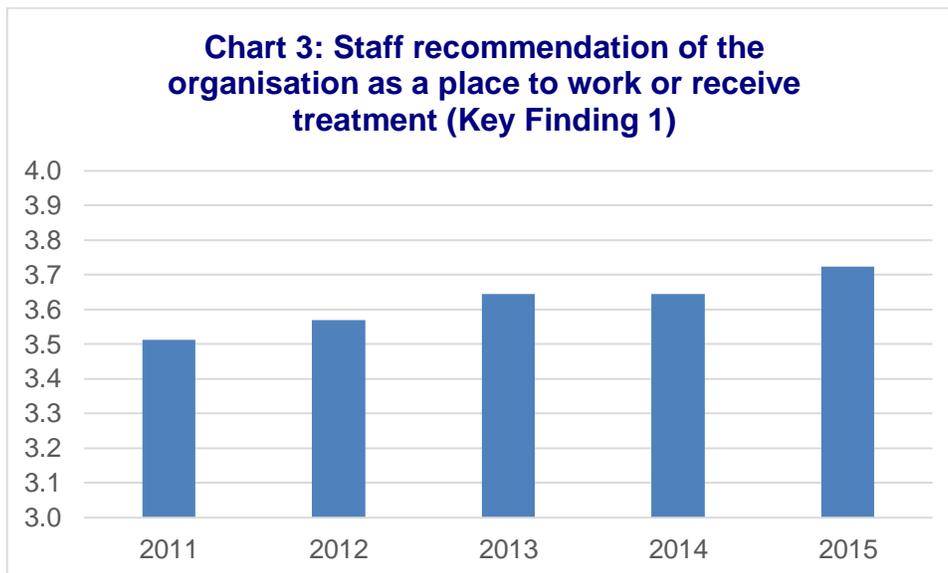
Overall engagement score in different trust types

As shown in the chart 2, below, the overall engagement score differed between trust types, with acute specialist trusts scoring the highest, at 3.96, while ambulance trusts came in lower than all other trust types, with a score of 3.38.



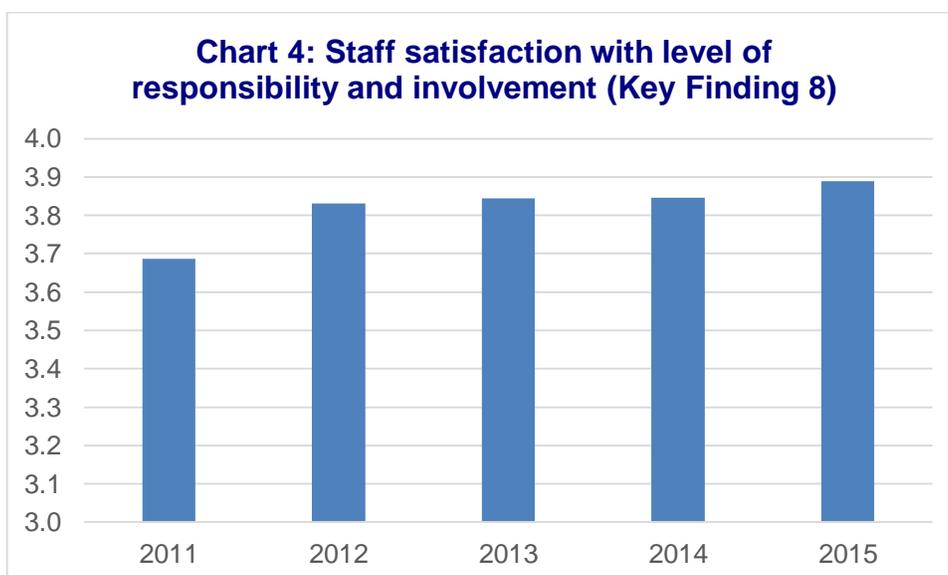
PLEDGE 1: ROLES, RESPONSIBILITIES AND REWARDING JOBS

Staff recommendation of their organisation as a place to work or receive treatment has increased since 2014, following a generally improving trend since 2011, as can be seen in chart 3. On a scale of one to five, trusts received an average rating of 3.51 in 2011, increasing to 3.72 in 2015. Scores differ between trust types, with the highest 2015 rating provided by staff at specialist acute trusts (4.10) and the lowest by staff at ambulance trusts (3.33). However, scores at all trust types have improved since 2011.



Intrinsically linked to pledge 1 is the extent to which staff feel valued for their work and the recognition their personal contribution receives. Whilst two thirds of staff (70%) agreed that they feel valued by their immediate manager, only 42% were satisfied with the extent to which their work was valued by their organisation. Improvement is needed in the recognition aspect of feeling valued with just over half of staff (52%) reporting that they are satisfied with the recognition they receive from others for their contribution at work.

Despite improvements being needed in recognition of individual contributions at work, staff satisfaction with levels of responsibility and involvement have increased over time from 3.69 in the 2011 survey to 3.89 in 2015 (see chart 4 below). Over seventy percent (74%) of staff reported feeling satisfied with the level of responsibility they are given specifically, with 52% being involved in deciding on changes in their team, department or work area.



The majority of respondents to the survey (80%) agreed that they are “able to do [their] job to a standard [they are] personally pleased with”. Eighty-four percent of staff agreed that their role makes a difference to patients/service users, while 71% of staff agreed that they felt satisfied

with the quality of care they provide to patients. Somewhat fewer staff (58%) reported feeling able to deliver the care they aspire to, but 14% indicated that this question was not applicable to them.

Effective team working is an important component of staff experiences – and the survey showed generally favourable results for questions about team working. Over seventy percent of staff (72%) agreed that their team had a set of shared objectives. An area for improvement was evident though, with only 59% of staff reporting that they felt their team met often enough to discuss how effective the team was at working together.

Staff feeling happy with the level of support they receive from their work colleagues is high, with over eighty percent (81%) reporting that they are satisfied with this. Similarly, two in three (67%) staff were satisfied with the support that they receive from their immediate manager. Despite this positive finding, however, only 55% of staff felt that they had adequate supplies or equipment to do their job effectively. Similarly, there were concerns about the numbers of staff available. Only 31% of staff agreed that “there are enough staff at [their] organisation for [them] to do [their] job properly”, almost half of all staff (48%) disagreed or strongly disagreed with this statement. Related to this, many staff do not feel they are able to meet all the conflicting demands on their time at work: only 43% agreed that they were able to manage these demands, whilst nearly one in three (31%) disagreed.

Thirty-seven percent of staff report that they are satisfied with their level of pay. This proportion is similar to that reported in 2011-2013, and an improvement on 2014, where only 33% of staff reported being satisfied with this.

PLEDGE 2: PERSONAL DEVELOPMENT, ACCESS TO TRAINING AND SUPPORT FROM LINE MANAGEMENT

In 2015, staff report greater satisfaction with the support they receive from immediate managers compared to 2014 (3.67 in 2014 compared to 3.72 in 2015). The increase reported in this year’s survey follows the general upwards trend of staff satisfaction with managerial support since 2011 (see chart 5, below).



This year's survey also highlighted that appraisals are more common now in all trust types: 86% of staff were appraised in last 12 months. The exception to this is for ambulance trusts where this figure is only 66% and has not improved since 2011. Staff assessments of the quality of those appraisals follow a very similar pattern, for example, across all organisations 73% of staff who had had a recent appraisal said that it "definitely" or "to some extent" left them feeling that their work was valued by the organisation: in ambulance trusts, this figure was only 57%.

With regards to the quality of non-mandatory training, learning or development, of those staff who had had recent training, 82% agreed that it had enabled them to perform in their role more effectively and a similar proportion (77%) felt that the training allowed them to provide a better experience for patients or service users.

PLEDGE 3: MAINTAINING HEALTH, WELLBEING AND SAFETY

Health and wellbeing

In the 2015 survey staff were asked about a number of aspects that contribute to the overall theme of health and wellbeing – including working patterns, stress, musculoskeletal problems (MSK), and managerial and organisational interest in staff health.

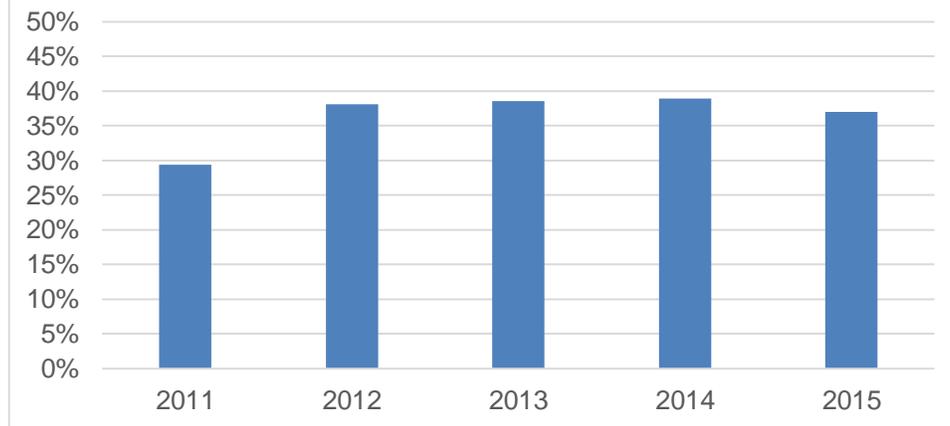
Fifty percent of staff were satisfied with the flexible working opportunities provided by their organisation. Nearly three quarters of staff (68%) reported that they did not work any *paid* overtime above their contracted weekly hours, but only 40% of staff did not work any *unpaid* overtime each week.

Staff experiences of work related stress have fluctuated over the past five years, as shown in chart 6 below. In 2015, 37% of all staff reported feeling unwell due to work related stress and pressure. Linked to this, 63% of staff reported coming to work in the last 3 months despite feeling unable to perform their duties or the requirements of their role. Despite a substantial proportion of staff attending work when unwell, the majority of staff acknowledged this was as a result of pressure from themselves (92%) rather than from other colleagues (21%) or their manager (28%).

Overall, 25% of staff reported experiencing musculoskeletal problems (MSK) as a result of work activities. This figure varied between 19% and 26% in most trust types, however staff in ambulance trusts reported much higher rates, with 42% of staff in these trusts reportedly experiencing MSK as a result of work activities.

Regarding organisational and managerial interest in staff health and wellbeing, the majority of staff reported this positively. Over sixty percent of staff (66%) reported that their manager took a positive interest in their individual health and wellbeing, and 89% said that their organisation "definitely" or "to some extent" took positive action on health and wellbeing.

Chart 6: Percentage of staff suffering work related stress in the last 12 months (Key Finding 17)



Violence and harassment

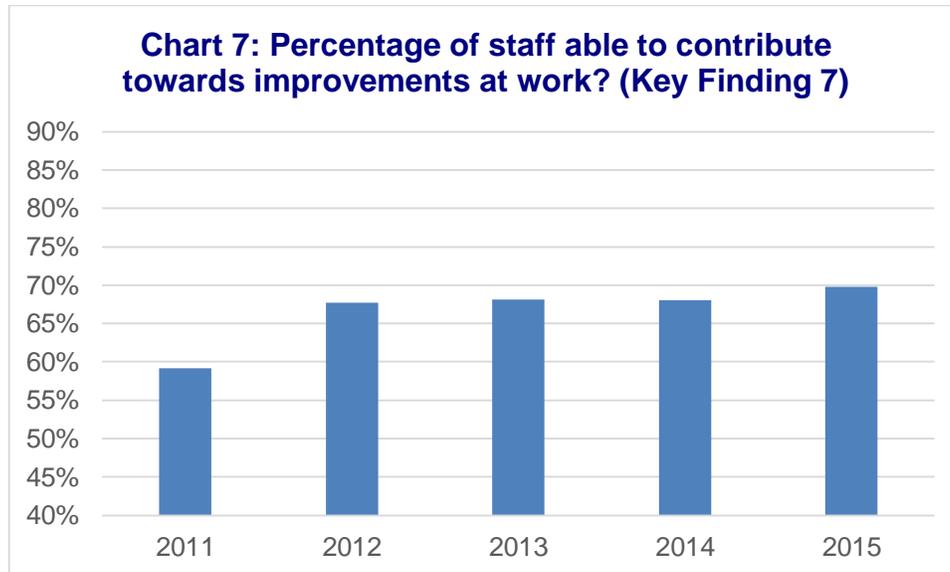
In 2015, 15% of staff reported that they had experienced physical violence from patients, relatives or members of the public in the last 12 months, a proportion which has remained at 15% since 2012. In contrast, nearly all staff who answered the survey reported that they had never experienced violence from a colleague (98%) or their manager (99%) in the last 12 months.

Whilst only 15% of staff experienced physical violence from patients, relatives or the public, the proportion of staff who had experienced harassment on at least one occasion by these groups was much higher at 28%. Across all trust types, one in eight staff (13%) reported that they had experienced harassment or bullying from their manager one or more times. Similar findings for whether staff felt that they had experienced harassment or bullying by other colleagues were reported in the 2015 survey with 18% of all staff saying this had happened to them on one or more occasions.

With regards to reporting experience of bullying and harassment, less than half of all staff (41%) answered that either they or a colleague had reported the most recent incident of this. However 64% of staff did report their most recent experience of physical violence whilst at work.

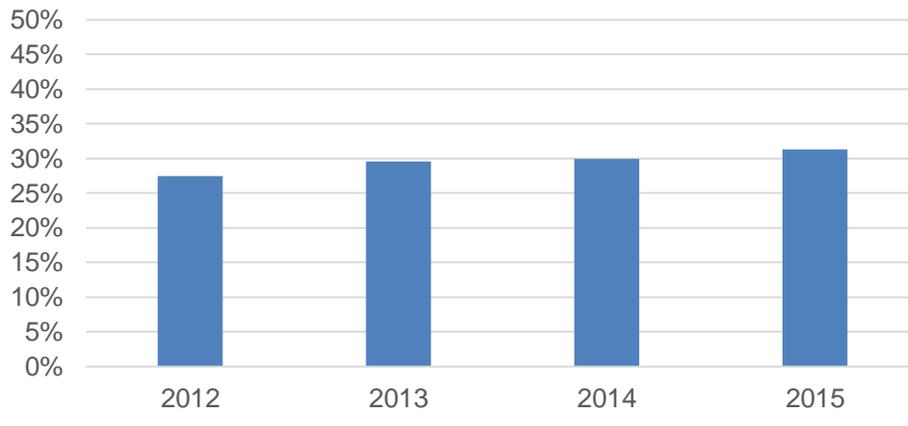
PLEDGE 4: ENGAGING STAFF IN DECISIONS THAT AFFECT THEM

Staff in the NHS should be given the opportunity to be engaged and involved in their work and decisions that affect them. In the survey, the proportion of staff reporting that they were able to contribute towards improvements has increased since 2011 (see chart 7 below). Three quarters of staff (75%) agreed that they were able to make suggestions to improve the work of their team or department, with 73% feeling that there were frequent opportunities for them to show initiative in their role. Just over half of staff (56%) felt that they were personally able to make improvements happen at work.



Staff reporting satisfaction with communication between them and senior management has been increasing since 2011 (see chart 8 below). However, whilst the trend has been increasing over time, results overall leave considerable room for improvement. Whilst over four fifths (82%) report that they know who the senior managers are at their organisation, only just over a third (38%) agreed that communication between senior management and staff was effective. Even fewer staff (32%) felt that senior management tried to involve staff in important decisions, and only 30% reported that senior managers acted on the feedback given by staff. This pattern was reflected across all trust types, with slightly more staff at mental health and learning disability trusts reporting positively to these areas (35% and 33% respectively).

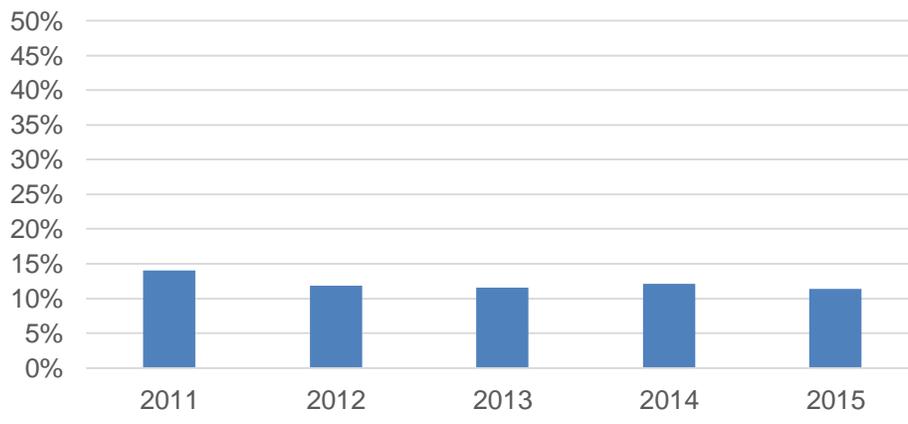
Chart 8: Percentage of staff reporting good communication between senior management and staff (Key Finding 6)



ADDITIONAL THEME: EQUALITY AND DIVERSITY

The proportion of staff reporting that they experience discrimination at work has fluctuated since 2011 (see chart 9, below). However, in 2015 only 6% of staff reported that they had faced discrimination from patients or service users. The proportion of staff reporting that they had faced discrimination from their team or managers was one percent higher at 7%.

Chart 9: Percentage of staff experiencing discrimination at work in the last 12 months (Key Finding 20)



Three in five staff members (60%) reported that they believed that their organisation acted fairly with respect to promotion or progression.

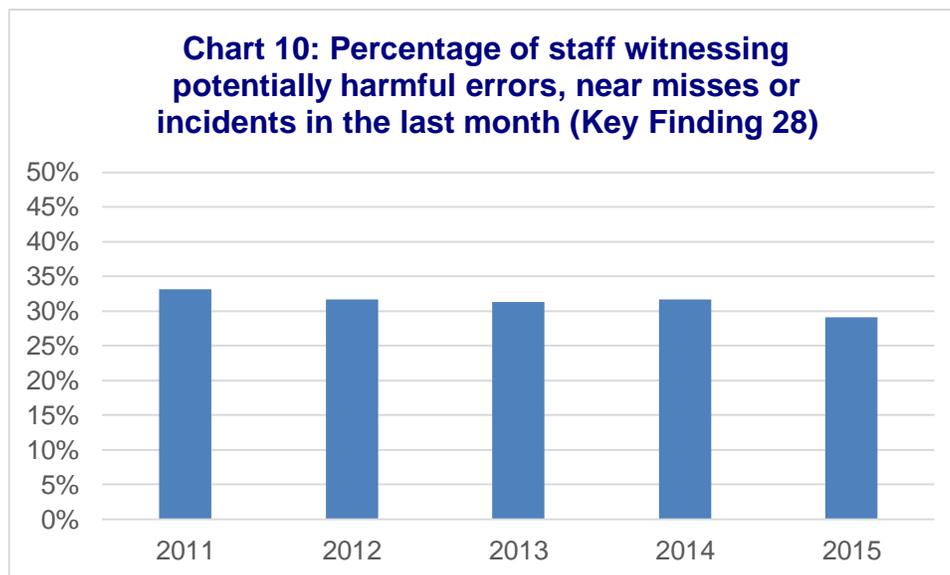
ADDITIONAL THEME: ERRORS AND INCIDENTS

The proportion of staff reporting that they have witnessed errors and incidents is the lowest it has been since 2011 (see chart 10, below). In this year's survey 17% of staff reported seeing an error or incident that could have harmed staff with a quarter of staff (25%) witnessing an

error that could have harmed patients or service users. The majority (89%) of staff who had witnessed an error or incident said that it had been reported, either by themselves personally or by a colleague.

When asked whether their organisation treated staff involved in near misses, errors and incidents fairly, less than a half of all staff (43%) reported this was the case, however 31% responded that they 'neither agree nor disagree' and 17% said they 'don't know'. Eighty-five percent agreed that their organisation encouraged staff to report these. When incidents were reported, 62% of staff felt that action was taken to prevent the error happening again, and only 7% disagreed that this was the case. In addition, 50% of staff reported that feedback was given by organisation to their staff about any changes that had been made in response to the reported error or incident, with 17% disagreeing that this happens.

Findings on staff satisfaction regarding unsafe clinical practice are similar, with 68% of staff feeling secure in raising any concerns they may have regarding clinical practice. Fifty six percent of staff had confidence that their organisation would address their concerns if they were raised.



ADDITIONAL THEME: PATIENT EXPERIENCE MEASURES

Patient and service user experience is an important element of the services that NHS organisations provide. When asked about organisational approaches to patient and service user concerns, nearly three quarters of staff (73%) agreed that their organisation acted on these when they were raised. Around three in five (58%) staff said that they receive regular updates on patient/service user experience in their team, whilst half (50%) said that this feedback was used to make informed decisions.

Appendix 1: National Key Finding scores 2011-2015

National Key Findings Scores 2011-2015					
	2011	2012	2013	2014	2015
KF1. Staff recommendation of the organisation as a place to work or receive treatment	3.51	3.57	3.64	3.65	3.72
KF2. Staff satisfaction with the quality of work and care they are able to deliver					3.92
KF3. Percentage of staff agreeing that their role makes a difference to patients / service users					90.0%
KF4. Staff motivation at work	3.82	3.82	3.84	3.83	3.92
KF5. Recognition and value of staff by managers and the organisation					3.43
KF6. Percentage of staff reporting good communication between senior management and staff		27.5%	29.6%	30.0%	31.3%
KF7. Percentage of staff able to contribute towards improvements at work	59.1%	67.7%	68.1%	68.1%	69.8%
KF8. Staff satisfaction with level of responsibility and involvement	3.69	3.83	3.84	3.85	3.89
KF9. Effective team working					3.75
KF10. Support from immediate managers	3.61	3.63	3.66	3.67	3.72
KF11. Percentage of staff appraised in last 12 months	79.8%	83.0%	84.3%	84.4%	85.8%
KF12. Quality of appraisals					3.05
KF13. Quality of non-mandatory training, learning or development					4.02
KF14. Staff satisfaction with resourcing and support					3.30
KF15. Percentage of staff satisfied with the opportunities for flexible working patterns					50.4%
*KF16. Percentage of staff working extra hours	63.5%	69.7%	70.4%	71.3%	72.7%
*KF17. Percentage of staff suffering work related stress in last 12 months	29.4%	38.1%	38.6%	38.9%	37.0%
*KF18. Percentage of staff feeling pressure in the last 3 months to attend work when feeling unwell	61.1%	64.3%	63.1%	60.6%	58.7%
KF19. Organisation and management interest in and action on health and wellbeing					3.58
*KF20. Percentage of staff experiencing discrimination at work in the last 12 months	14.0%	11.8%	11.5%	12.1%	11.4%
KF21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	89.1%	87.5%	87.5%	86.2%	86.0%

National Key Findings Scores 2011-2015

	2011	2012	2013	2014	2015
<i>*KF22. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months</i>		14.9%	14.9%	14.6%	14.7%
<i>*KF23. Percentage of staff experiencing physical violence from staff in last 12 months</i>		2.7%	2.7%	2.7%	2.0%
KF24. Percentage of staff/colleagues reporting most recent experience of violence		61.0%	60.4%	60.7%	59.4%
<i>*KF25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months</i>		29.6%	28.9%	28.5%	28.4%
<i>*KF26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months</i>		23.6%	23.2%	23.5%	24.8%
KF27. Percentage of staff/colleagues reporting most recent experience of harassment, bullying or abuse		40.5%	41.2%	41.1%	37.8%
<i>*KF28. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month</i>	33.2%	31.7%	31.3%	31.7%	29.1%
KF29. Percentage of staff reporting errors, near misses or incidents witnessed in the last month	96.4%	90.1%	89.9%	90.1%	89.5%
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents					3.70
KF31. Staff confidence and security in reporting unsafe clinical practice				3.62	3.63
KF32. Effective use of patient / service user feedback				3.64	3.68
Overall engagement score	3.61	3.68	3.72	3.71	3.78

* An asterisk indicates a key finding for which a lower score is better

Appendix 2: Notes

1. Organisations included in this briefing note

Data for the following organisation types is 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), social enterprises and scientific and technical organisations. Results for these organisations can be found in the organisation feedback reports and detailed spreadsheets available at www.nhsstaffsurveys.com.

2. Questionnaire, key findings and benchmarking groups (trust types)

To meet the needs of NHS organisations and associated bodies, the questionnaire, key findings and benchmarking groups have all undergone substantial changes since 2014. Details of these changes can be found in the explanatory document and comparability spreadsheet available at www.nhsstaffsurveys.com.

Details of the key finding calculations can be found in the document *'Making sense of your staff survey data'*, also available at the above website.

3. Eligibility criteria

For details of the criteria used to determine staff eligibility for inclusion in the 2015 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.

4. 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.

Due to the introduction of five-year comparisons into this year's national briefing, the weighting approach has been updated to additionally take 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 2015. 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.

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 2015 national briefing has been recalculated using the correct trust sizes. As the new weighting approach standardises to the

2015 respondent profile, results presented in this report should not be compared to those appearing in previous reports.

5. 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.

6. 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 staff survey co-ordination centre website: 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 2015 and 2014 national-level data for all 2015 questions and key findings, weighted using the same method as the data presented in this national briefing.