

National NHS staff survey 2007

Summary of key findings



The Healthcare Commission

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Summary

This is the fifth annual national survey of NHS staff, which was conducted between October and December 2007. Almost 156,000 employees from all 391 NHS trusts in England responded to a questionnaire asking about their views and experiences of working for the NHS. This is a response rate of 54%, which is comparable with previous years.

The purpose of the survey is to look at the attitudes and experiences of NHS staff both nationally, because of the importance of the NHS, and by individual trust, so that employers can review any issues with their own staff and take action. To enable this, we have already provided each NHS trust with its own detailed report.

This report outlines the principal findings from the survey for the NHS as a whole, and includes comparisons with the results of previous surveys wherever possible. The Healthcare Commission will also publish similar summary reports for each of the main types of NHS trust (acute, ambulance, mental health, and primary care).

Safe, high quality healthcare and improvements in patients' experiences are key elements of Government policy. NHS staff clearly play a significant role in achieving these aims. The NHS Operating Framework recognises that feedback from staff can help to identify those organisational factors that contribute to improvements in the quality of services and patients' experiences of them.

Improving the experiences of staff is important. Our analysis of the relationship between data from staff surveys and patient surveys (due to be published later this year) has shown that positive feedback from staff is associated with good experiences for patients. For example, feedback from staff on issues such as managerial support, working extra hours and work-related stress, suggest that the working conditions and morale of staff impacts on the experiences of patients. Although this analysis cannot demonstrate that the experiences of staff determine those of patients, the consistent direction of the findings suggests this is likely.

The national findings reveal important progress on some issues as well as areas where further effort is required. The main findings are grouped and summarised here under five main themes.

Key findings for the 2007 NHS staff survey

Job satisfaction and staff engagement

- Job satisfaction remains high for most staff and similar to levels of recent years, despite the amount of change taking place across the NHS. This is partly due to satisfaction with the high levels of support that most staff get from their work colleagues (75% of staff were satisfied or very satisfied), as well as satisfaction with the amount of responsibility they are given (68% were satisfied or very satisfied), and the opportunities to use their skills (64% were satisfied or very satisfied).
- In terms of staff engagement, the 2007 survey results are mixed. Generally positive responses in terms of staff “always” knowing what their responsibilities are (78%) and having clear goals and objectives (62%) contrast with poorer responses on involvement, communications and being valued. Less than a quarter of staff agreed that senior managers involve staff in important decisions (23%) and that communication between senior management and staff is effective (22%). Only two-fifths (39%) of staff were satisfied with the recognition they get and only a quarter (26%) said that they were satisfied, or very satisfied, with the extent to which the trust values their work. This emerges as the single most common reason given by those thinking of leaving their jobs.

Hygiene and infection control

- Infection control is a key issue for the NHS. This year saw the continuation of a slight upward trend in the proportion of staff reporting that hot water, soap and paper towels, or alcohol rubs were available “always” or “most of the time” when they needed them (91% compared with 88% in 2005). In acute hospital trusts, the proportion of staff who responded positively was higher.
- There has also been a considerable improvement in the views of staff about their trusts’ focus on hand washing. In 2007, 82% of acute hospital staff agreed that their trust was doing enough to promote the importance of hand washing to staff and 71% to patients. This compares with 70% and 57% respectively in 2005. A higher proportion of acute staff also recognise that infection control applies to them in their role (83% in 2007 up from 74% in 2005) and more than half (53%) of all staff had received training related to infection control in the past 12 months.

Health at work

- A good balance between home and work life is an important consideration for any workforce, and has been associated with staff wellbeing, attendance at work and high retention. This year's survey found evidence of progress, with two-thirds of NHS staff (66%) working more than their contracted hours in an average week, a drop from 70% in 2006 and 71% in 2005. Nearly three-quarters (73%) of staff report that they take advantage of flexible working arrangements in the NHS.
- This year there was a notable decrease in the proportion of staff who had witnessed potentially harmful errors, near misses or incidents at their trust in the past month (31% in 2007 compared with 38% in 2006 and 40% in 2005). As in previous years, levels of reporting of such errors remained high – of the staff who witnessed such errors, 94% said they were reported in 2007 (compared with 92% in 2006).
- 17% of staff had been injured or felt unwell in the past 12 months as a result of problems at work, slightly down from 19% in 2005. A third of staff (33%) still reported suffering from work-related stress, although this too had reduced slightly from 36% in 2005.
- Research has shown that a major cause of stress at work is bullying and harassment. Over the past three years, there has been little change in the proportion of staff who have been physically attacked or abused at work in the preceding 12 months, despite campaigns to tackle these issues. Nationally, 13% of staff in the 2007 survey reported that they had been physically attacked by patients or their relatives. Twenty six per cent reported that they had been harassed, bullied or abused compared with 28% in 2006. Both of these figures are higher for staff working in ambulance services and mental health settings. A surprisingly high proportion of staff also reported that they have been harassed, bullied or abused at work by managers or team leaders (8%) and other colleagues (13%). The survey suggests that many incidents go unreported and that not all staff are confident that their trust will take effective action.

Appraisal, training and development

- Results from previous NHS staff surveys have shown that staff who had received an appraisal in the previous 12 months were more satisfied with their jobs and less likely to consider leaving. The proportion of staff receiving an appraisal or performance development review in the last 12 months (61%) has increased slightly from 58% in 2006. The proportion completing a personal development plan rose to 52% (from 48% in 2006 and 49% in 2005).
- The survey shows widespread investment in the NHS workforce. The majority (94%) of staff said they had taken part in at least one form of employer-supported training, learning or development in the past year, with most (77%) indicating that it helped them to do their job better or to keep up-to-date.

Discrimination

- Equality and diversity are at the heart of the NHS workforce strategy, and yet 8% of staff said that they had experienced some sort of discrimination at work in the previous 12 months. This is similar to the levels reported in previous years. Three per cent said they had been discriminated against on the grounds of their ethnic background – this figure rises to 12% among black and minority ethnic employees. About two-fifths of staff (39%) had received training, learning or development in equality and diversity from their employer, about one fifth (22%) having done so in the past 12 months.

Conclusions

The 2007 national survey of NHS staff found that staff were generally satisfied with their jobs and identified high levels of access to training, learning and development, appraisals, strong support from line managers, and access to flexible working opportunities. It also found improvements in responses around the promotion of good hygiene, infection control and the reporting of errors.

However, there were also areas where significant action is needed to bring about improvements. In particular, levels of violence, harassment and bullying against staff in the NHS nationally appear remarkably high. Individual employers in the NHS need to examine their results and take action to address these high levels.

The NHS also needs to do more to value staff and to engage successfully with them. Currently too few staff believe that they are involved in decision-making that affects their work, while too many believe that communication with senior management is poor.

We will use the results of this survey in our assessment of the compliance of NHS organisations against the Department of Health's core standards. The management boards of trusts, clinicians and others, should monitor closely and act on the results of their staff surveys because improvements in staff-related factors should contribute to improvements in the quality of services and patients' experiences of them. We will work closely with the Department of Health, NHS Employers and other agencies to help trusts to understand and use the detailed results from this survey and, where the survey highlights particular concerns, we will follow these up through our assessment processes.

1. Introduction

This report presents results from the fifth annual national survey of staff working in NHS trusts, which was conducted between October and December 2007. All 391 NHS trusts in England took part in the survey and 155,922 individuals returned questionnaires, which represents a response rate of 54%. The survey included staff from a wide range of grades and professions who were employed directly by NHS trusts.

The survey provides information about the attitudes and experiences of staff that is of value to local NHS managers, national policy makers, regulators and other interested parties. This information is used in different ways:

- NHS organisations are able to use the findings to inform improvements in working conditions and practices at a local level
- the Healthcare Commission uses the findings in its assessments of the performance of NHS trusts, including the annual health check
- the Department of Health uses the results to assess the effectiveness of national NHS staff policies, and to inform future developments in this area.

This report provides aggregated findings. It does not consider the results for specific types of trust or particular occupational groups. We will publish further reports providing these details after this report. Findings for individual trusts and detailed spreadsheets containing summaries by trust type and by staff group can be found on our website at: www.healthcarecommission.org.uk/staffsurveys/ along with the questionnaire used for the 2007 survey.

Section 2 of this report presents the detailed key findings for each section of the questionnaire, providing comparisons with results from previous surveys where possible.

Section 3 briefly describes the methods used in the survey and who responded to it.

The appendix to this report summarises the findings of the survey in terms of 26 'key scores' which form the basis of each trust's individual feedback report.

Notes about the findings presented in this report

- The data throughout have been weighted to correct for bias due to differing sample sizes and response rates at the participating trusts (see the summary of methodology in section 3 for more detail).
- Percentages in this report are rounded up or down to the nearest whole number, with the exception of values under 0.5%. Where the value is 0.00%, this is shown as 0%. All other values under 0.50% are shown as <0.5%.
- For some tables in this report, sums of percentages may add to more than 100% due to rounding.

2. Detailed survey findings

The NHS national staff survey was first conducted in 2003. It is informed by a substantial body of research showing that the attitudes of staff within an organisation, and their experiences of the working environment, are associated with how well they perform in their jobs. In turn, this can affect organisational performance and the care of patients. More information about the detailed model underlying the NHS staff survey can be found in the report of the 2003 survey, which can be downloaded from our website: www.healthcarecommission.org.uk/staffsurveys.

This section presents the detailed key findings for each section of the questionnaire, which are:

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2.1 Work-life balance

Working hours

We asked staff how many hours (paid and unpaid) they worked on top of their contracted hours in an average week. In total, 66% said they worked more than their contracted hours – this is slightly reduced from previous years (70% in 2006 and 71% in 2005). Overall in 2007, 31% said they worked paid extra hours, and 53% worked unpaid extra hours. Table 2.1 shows the average number of paid and unpaid extra hours worked by NHS staff in 2007 compared with previous years. It suggests that the proportions working more than five additional paid hours per week has declined.

Table 2.1: On average, how many additional hours do you work per week for this trust, over and above your contracted hours? (Base: all staff)

	Paid			Unpaid		
	2005	2006	2007	2005	2006	2007
0 hours	64%	66%	69%	44%	44%	47%
1 to 5 hours	18%	17%	17%	43%	43%	41%
6 to 10 hours	10%	9%	9%	9%	9%	9%
11 or more hours	8%	8%	5%	4%	4%	3%

Source: National NHS staff surveys 2005, 2006, 2007

Quality of work-life balance

We asked staff a series of questions to assess the extent to which they believed that their trust and their immediate manager were committed to helping them find a good balance between their work and home life. The average score in 2007 was 3.38 (scores ranged from 1 representing a 'poor' work-life balance to 5 representing an 'excellent' work-life balance). This indicates a generally positive attitude by employers towards work-life balance. It compares with a score of 3.33 in 2006 and 3.39 in 2005, which shows that there has been little change over time.

Table 2.2 shows the responses to each of the questions that were used to formulate the key score for the quality of work-life balance. Sixty three per cent of respondents felt their manager was approachable about flexible working and around half (53%) felt that their manager had helped them achieve a good work-life balance. However, staff were much less likely to agree that the trust as a whole was committed to helping its staff achieve a good work-life balance (40%). This pattern has been fairly consistent across the last three years.

Table 2.2: Statements about work-life balance (Base: all staff)			
	% agree or strongly agree		
	2005	2006	2007
My trust is committed to helping staff balance their work and home life	41%	37%	40%
My immediate manager helps me find a good work-life balance	51%	50%	53%
I can approach my immediate manager to talk openly about flexible working	65%	63%	63%

Source: National NHS staff surveys 2005, 2006, 2007

Flexible working options

Seventy three per cent of staff reported that they took advantage of at least one of the flexible working options listed in Table 2.3. This compares with 71% in 2006 and 73% in 2005. The most commonly reported options used in 2007 were working flexi-time (31%), working reduced hours (32%) and team rostering (29%). This pattern has been fairly consistent across the last three years of the survey. This year's survey saw a slight increase in the proportion of staff working annualised hours, from 16% in 2005 and 2006 to 21% in 2007.

Table 2.3: In your job at this trust, do any of the following statements about flexible working apply to you? (Base: all staff)			
Flexible working options	2005	2006	2007
I work flexi-time	33%	32%	31%
I work reduced hours (e.g. part-time)	32%	29%	32%
I work from home in normal working hours	7%	6%	7%
I work annualised hours	16%	16%	21%
I work during school term-time only	2%	1%	2%
My team makes their own decisions about rotas	27%	26%	29%
I job share with someone else	4%	4%	4%

Source: National NHS staff surveys 2005, 2006, 2007

2.2 Appraisal

Sixty one per cent of the staff surveyed reported that they had received an appraisal or performance development review in the previous 12 months. This compares with 58% in 2006, and 60% in 2005. In 2007, staff were also asked about the type of appraisal or development review they had received. Forty one per cent said they had received a knowledge and skills framework (KSF) development review, and 20% had received some other type of appraisal, performance development review or record of in-training assessment (RITA).

If staff had received an appraisal or performance development review during the past 12 months, we asked them the three supplementary questions shown below in Table 2.4. If the respondent answered “Yes” to all three questions, they were judged to have had a ‘well-structured’ appraisal. On this basis, around a quarter (24%) of appraisals were well structured. The proportion was 30% in 2006 and 32% in 2005. However, some of the wording of these supplementary questions was changed for the 2007 survey, which may partly account for some of this change. In the 2007 survey, KSF reviews were no more or less likely than other types of appraisal or review to have been well structured.

Table 2.4: Perceived outcomes of appraisal or review (Base: all staff who had received an appraisal or review in the past 12 months)

	% saying ‘Yes’		
	2005	2006	2007
Did the appraisal/review help you to improve how you do your job?	-	-	53%
<i>Was your appraisal or performance development review useful in helping to improve how you do your job?</i>	71%	69%	-
Did the appraisal/review help you agree clear objectives for your work?	-	-	76%
<i>Did you agree clear objectives for your work during the appraisal/review?</i>	86%	86%	-
Did the appraisal/review leave you feeling your work is valued by your trust?	-	-	52%
<i>Did the appraisal or performance development review leave you feeling your work is valued by your trust?</i>	62%	60%	-

Source: National NHS staff surveys 2005, 2006, 2007

Note: Questions in italic show how questions were worded in 2005 and 2006.

In 2007, 52% of staff agreed a personal development plan (PDP) as part of their appraisal, compared with 48% in 2006 and 49% in 2005. KSF reviews were no more or less likely than other types of appraisal to have led to a PDP.

Of those who had agreed a PDP in the previous 12 months, 50% had since received the training, learning and development identified in the plan (compared with 53% in 2006 and 56% in 2005). Fifty nine per cent of staff who had agreed a PDP said that their manager had supported them in accessing the training, learning and development identified in the plan (compared with 65% in 2006 and 68% in 2005). There appears to be a slight downward trend in accessing training identified by a PDP and being supported to do so. However, as Table 2.5 shows, there has also been a slight increase in the proportion of staff who said it was too early to say whether the training had been received or supported.

Table 2.5: Receipt and support of training identified in personal development plans (Base: all staff who had agreed a PDP as part of their appraisal/review in the past 12 months)

	2005	2006	2007
Have you received the training, learning or development that was identified in that plan?			
Yes	56%	53%	50%
No	19%	20%	22%
Too early to say	25%	27%	28%
Has your immediate manager supported you in accessing this training, learning or development?			
Yes	68%	65%	59%
No	14%	14%	18%
Too early to say	18%	21%	23%

Source: National NHS staff surveys 2005, 2006, 2007

2.3 Training, learning and development

Access to training, learning and development

Almost all staff (94%) said that they had taken part in at least one form of employer-supported training, learning or development in the last 12 months (compared with 95% in 2006 and 2005). It is interesting to note the drop in the proportion of staff attending taught courses and the rise in e-learning or online training between the 2005 and 2007 surveys, as shown in Table 2.6.

**Table 2.6: Training, learning and development in the past 12 months
(Base: all staff)**

	2005	2006	2007
Taught courses	67%	65%	62%
Any supervised on-the-job training	32%	31%	30%
Having a mentor	16%	15%	14%
Shadowing someone	16%	15%	15%
E-learning/on-line training	17%	20%	26%
Keeping up to date with developments in your type of work (e.g. by reading books or journals, or by attending seminars or workshops)	66%	65%	64%

Source: National NHS staff surveys 2005, 2006, 2007

Relevance of training, learning and development

We asked staff a series of questions to assess the extent to which they believed that the training, learning and development they had received in the past 12 months was relevant to their job. Of those who had received such training, about three-quarters (77%) reported that it helped them either to do their job better or to stay up-to-date with their job or professional requirements. This was a similar proportion to the 2006 survey (77%).

Of those staff who had received some kind of training, learning or development in the past 12 months, 62% felt that it had helped them to do their job better; 66% felt that it helped them to stay up-to-date with the requirements of their job; and 65% felt that it helped them to stay up-to-date with professional requirements (see Table 2.7).

Table 2.7: Thinking of any training, learning or development that you have done in the last 12 months (paid for or provided by your trust), to what extent do you agree or disagree with the following statements? (Base: all staff who had received training, learning and development in last 12 months)

	% agree or strongly agree	
	2006	2007
My training, learning and development has:		
Helped me to do my job better	63%	62%
Helped me stay up-to-date with my job	66%	66%
Helped me stay up-to-date with professional requirements	65%	65%

Source: National NHS staff surveys 2006, 2007

2.4 Support from immediate managers

We asked staff a series of questions to assess the extent to which they felt that their immediate manager provided them with support, guidance and feedback on their work, and took into account their opinions before making decisions that affected their work.

The average score was 3.60 (ranging from a score of 1 representing low levels of support from managers to a score of 5 representing high levels of support). This indicates a generally high level of support from immediate managers. It compares with 3.45 in 2006 and 3.49 in 2005, suggesting an apparent increase in perceived levels of support in 2007. However, this finding should be treated with some caution as there was a change in question ordering, which may explain part of the change in responses.

Table 2.8 shows that 71% of respondents agreed that their immediate manager encouraged them to work as a team, and similar proportions felt that he or she was supportive in a crisis (71%) or could be counted on to help with difficult tasks (67%). Just over half of staff (51%) felt their immediate manager asked for their opinions before making decisions that would affect their work (51%), and a similar proportion (53%) said their manager gave them clear feedback.

Table 2.8: Statements about support from immediate managers (Base: all staff)

My immediate manager:	% agree or strongly agree		
	2005	2006	2007
Encourages those who work for her/him to work as a team	67%	64%	71%
Can be counted on to help me with a difficult task at work	65%	63%	67%
Gives me clear feedback on my work	42%	41%	53%
Asks for my opinion before making decisions that affect my work	48%	46%	51%
Is supportive in a personal crisis	70%	69%	71%

Source: National NHS staff surveys 2005, 2006, 2007

2.5 Clear job content, feedback and staff involvement

We asked staff a series of questions to assess the extent to which they felt they had clear goals in their jobs, were given clear feedback on their performance and were given the opportunity to participate in decision making.

Table 2.9 shows that 78% of respondents always knew what their responsibilities were and 62% agreed that they had clear goals and objectives. However, only around half felt that they were either involved in (48%) or consulted over (48%) decisions that might affect their work area, team or department, and only a third (32%) said that they received clear feedback about how well they were doing. Nevertheless, only 26% agreed that they often had trouble working out whether they were doing well or poorly in their job. These findings have not significantly changed over the past three years of the survey.

	% agree or strongly agree		
	2005	2006	2007
I have clear, planned goals and objectives for my job	65%	63%	62%
I often have trouble working out whether I am doing well or poorly in this job	26%	25%	26%
I am involved in deciding on the changes introduced that affect my work area/team/department	50%	48%	48%
I always know what my work responsibilities are	77%	76%	78%
I am consulted about changes that affect my work area/team/department	51%	49%	48%
I get clear feedback about how well I am doing my job	31%	30%	32%

Source: National NHS staff surveys 2005, 2006, 2007

2.6 Extent of positive feeling within organisations

For this section of the survey, we asked staff a series of questions about the wider organisational climate, or how things felt generally within their trust. As Table 2.10 shows, only about a quarter of respondents agreed that senior managers involved staff in important decisions (23%), or that communication between senior management and staff was effective (22%). Three in 10 respondents (31%) agreed that staff were encouraged to suggest new ideas for improving services. Seventeen per cent agreed that the different parts of their trust communicated effectively with each other. Just under half the respondents (46%) agreed that care of patients/service users was their trust's top priority. (For each of the five statements shown in Table 2.10, it is worth noting that about three in 10 staff gave a 'neither agree nor disagree' response. Also, as the wording of some of the items in this series was changed substantially for the 2007 survey, direct comparisons with previous surveys are not advisable.)

Table 2.10: The following statements are about the trust where you work. For each part, please tick the box which best matches your view of the trust as a whole (Base: all staff)

	% agree or strongly agree
Senior managers here try to involve staff in important decisions	23%
Communication between senior management and staff is effective	22%
Senior managers encourage staff to suggest new ideas for improving services	31%
On the whole, the different parts of the trust communicate effectively with each other	17%
Care of patients/service users is my trust's top priority	46%

Source: National NHS staff survey 2007

2.7 Equal opportunities and discrimination

About half of NHS staff (54%) felt that their trust acted fairly with regard to career progression or promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age. Only 8% of staff felt that their trust did not act fairly; the remaining 37% gave a 'don't know' response to this question. This is a similar pattern to previous years (with 51% in 2006 and 55% in 2005 feeling that their trust acted fairly in this regard).

Just under one in 10 staff (8%) said that they had experienced some sort of discrimination at their trust in the previous 12 months (similar to levels reported in previous years). Table 2.11 shows that 3% of all staff said they had been discriminated against on the grounds of their ethnic background (12% amongst black and minority ethnic employees); 1% on the grounds of their gender (2% of men and less than 1% of women); less than 1% on the grounds of their religion; less than 1% on the grounds of sexual orientation; 1% on the grounds of disability (2% amongst staff who reported they had some sort of health problem or disability); and 1% on the grounds of age (2% of staff over the age of 50).

Table 2.11: Have you experienced discrimination at this trust in the last 12 months? If so, on what grounds? (Base: all staff)

	2005	2006	2007
Percentage answering 'Yes'	7%	8%	8%
On what grounds have you experienced discrimination?			
Ethnic background	3%	3%	3%
Gender	1%	1%	1%
Religion	< 0.5%	< 0.5%	< 0.5%
Sexual orientation	< 0.5%	< 0.5%	< 0.5%
Disability	1%	1%	1%
Age	2%	1%	1%
Other	*	3%	3%

Source: National NHS staff surveys 2005, 2006, 2007

* 'Other grounds' not asked in 2005 survey

Equality and diversity training

We asked staff whether they had received any training, learning or development in equality and diversity from their employer. Almost two-fifths (39%) of staff had received such training, more than a fifth (22%) having done so in the previous 12 months. Table 2.12 shows the relative proportions of staff receiving equality and diversity training in age, disability, gender, race, sexual orientation and religion. This question was not asked in the 2005 or 2006 surveys.

Table 2.12: Have you received any training, learning or development (paid for or provided by your trust) in the following equality and diversity areas? (Base: all staff)

	Yes	Yes, in the last 12 months
Age	29%	17%
Disability	34%	18%
Gender	28%	15%
Race	32%	17%
Sexual orientation	27%	14%
Religion	29%	17%

Source: National NHS staff survey 2007

2.8 Whistle-blowing

This question aimed to determine the number of staff who would know how to report any concerns they had about negligence or wrongdoing by staff in their organisation. Seventy eight per cent said that they would, compared with 77% in both 2006 and 2005. However, just over a third of staff (36%) said they did not know if there was a system to report such concerns confidentially (similar to levels reported in previous surveys).

2.9 Infection control and hygiene

As Table 2.13 shows, there has been a slight upward trend since 2005 in the proportion of staff saying that hot water, soap and paper towels, or alcohol rubs were available “always” or “most of the time” when staff needed them.

In more detail, 61% of staff said that hot water, soap and paper towels, or alcohol rubs were “always” available when they needed them, with a further 30% saying they were available “most of the time”. Some 52% of staff said that hot water, soap and paper towels, or alcohol rubs were “always” available when they are needed by patients or service users, with a further 26% saying they were available “most of the time”, a similar finding to previous years. It is important to note that in acute hospital trusts, the percentage of staff saying that these items are available “always” or “most of the time” is higher than the national averages reported here.

Table 2.13: Hot water, soap and paper towels, or alcohol rubs, are available when they are needed: (Base: all staff)

	By staff			By patients/service users		
	2005	2006	2007	2005	2006	2007
Always	60%	61%	61%	52%	52%	52%
Most of the time	28%	29%	30%	25%	26%	26%
Sometimes	6%	5%	5%	6%	6%	6%
Never	0%	0%	1%	1%	1%	1%
Don't know	5%	4%	4%	16%	16%	15%

Source: National NHS staff surveys 2005, 2006, 2007

In the 2005 and 2007 surveys, staff in acute hospital trusts were also asked about the efforts made by their trust to promote hand washing. The responses of staff to these questions have changed considerably since 2005. In 2007, more than eight in 10 staff in acute trusts (82%) agreed that their trust was doing enough to promote the importance of hand washing to staff, compared with 70% in 2005. In 2007, 71% of staff agreed that the trust was also doing enough to promote hand washing to patients and visitors, compared with only 57% in 2005. In addition, this survey showed that more than eight in 10 staff (83%) either agreed or strongly agreed with the statement “infection control applies to me in my role”, compared with 74% in 2005.

Table 2.14: The importance of hand washing and infection control
(Base: all staff in acute trusts)

	% agree or strongly agree	
	2005	2007
The trust does enough to promote the importance of hand washing to staff	70%	82%
The trust does enough to promote the importance of hand washing to patients, service users and trust visitors	57%	71%
Infection control applies to me in my role	74%	83%

Source: National NHS staff surveys 2005, 2007

Training related to infection control

In 2007, just over half of the staff surveyed (53%) had received training related to infection control in the past 12 months (compared with 50% in 2006 and 51% in 2005).

Table 2.15: Have you had any training, learning or development (paid for or provided by your trust) in infection control (e.g. guidance on hand washing, MRSA, waste management, disposal of sharps/needles)? (Base: all staff)

	2005	2006	2007
Yes, in the last 12 months	51%	50%	53%
Yes, more than 12 months ago	17%	19%	18%
No	23%	22%	18%
Not applicable to me	8%	9%	11%

Source: National NHS staff surveys 2005, 2006, 2007

2.10 Errors, near misses and incidents

Witnessing and reporting of errors, near misses and incidents

We asked staff how many errors, near misses or incidents they had seen in the previous month that could have hurt staff or patients/service users. In total, 31% of staff had seen at least one such potentially harmful error or near miss during that period (compared with 38% in 2006 and 40% in 2005). In more detail, 19% of staff had seen at least one error or near miss that could have hurt staff, and 25% of staff had seen at least one error or near miss that could have hurt patients. (Please note, some staff will have witnessed errors that could have hurt both staff and patients/service users). As Table 2.16 shows, in both cases these proportions are significantly lower than in 2006 and 2005. When staff had witnessed such errors, near misses or incidents in the last month, 94% of these errors had been subsequently reported. This compares with 92% in both 2006 and 2005.

In 2007, for the first time, we asked separate questions to distinguish the reporting of errors that could have hurt staff from those relating to patients. Table 2.16 shows that when staff had witnessed either type of error, near miss or incident, over 90% of these were subsequently reported, and that these were most likely to have been reported by the staff member themselves rather than by a colleague.

Table 2.16: Witnessing and reporting errors, near misses or incidents that could harm staff or patients (Base: all staff)

	Staff			Patients/service users		
	2005	2006	2007	2005	2006	2007
	27%	24%	19%	32%	32%	25%
Of the staff who witnessed an error in the last month:						
% staff saying the last error, near miss or incident they witnessed was reported:	-	-	94%	-	-	94%
by them	-	-	67%	-	-	70%
by a colleague	-	-	29%	-	-	27%

Source: National NHS staff surveys 2005, 2006, 2007

Types of errors, near misses and incidents

Table 2.17 shows that errors, near misses or incidents which could have hurt patients or service users were most frequently attributed to the clinical assessment or treatment given to the patient (45%) or to staffing levels (40%). (These questions were not asked in the 2005 or 2006 surveys.)

Table 2.17: Types of errors, near misses or incidents that could harm patients (Base: all staff that had witnessed an error, near miss or incident in the past month that could have hurt patients/service users)

% staff saying the last error, near miss or incident was due to:	
Clinical assessment/treatment given	45%
Medical equipment	19%
Staffing levels	40%
Communication	27%
Problems with admission, transfer or discharge of patients/ service users	17%
Other reasons	16%

Source: National NHS staff survey 2007

Organisational approach to incident reporting

Questions about the culture of reporting errors, near misses and incidents in trusts were used to formulate an incident reporting key score. The average score (ranging from 1 representing a very poor culture of incident reporting within the trust to 5 representing a very positive culture of incident reporting) was 3.36 (compared with 3.37 in 2006 and 3.35 in 2005). This suggests a fairly positive approach to incident reporting, which has remained consistent over the past three years.

Table 2.18 shows that three-quarters of staff (75%) felt that they were encouraged to report errors, near misses and incidents, and only a comparatively small proportion (12%) felt that reporting of errors would lead to punishment or blaming of those involved. Around half felt that the incident report was handled confidentially (54%) and that action was taken to prevent similar errors in the future (50%). However, staff were much less likely to say they were informed about (31%), or given feedback on (33%) changes made as a result of errors, near misses and incidents that occurred in their trust.

Table 2.18: Statements about reporting errors, near misses or incidents (Base: all staff)

	% agree or strongly agree		
	2005	2006	2007
My trust treats fairly those staff who are involved in an error, near miss or incident	40%	42%	41%
My trust encourages us to report errors, near misses or incidents	75%	76%	75%
My trust treats reports of errors, near misses or incidents confidentially	52%	52%	54%
My trust blames or punishes people who are involved in errors, near misses or incidents*	9%	10%	12%
When errors, near misses or incidents are reported, my trust takes action to ensure that they do not happen again	50%	50%	50%
We are informed about errors, near misses and incidents that happen in the trust	30%	32%	31%
We are given feedback about changes made in response to reported errors, near misses and incidents	33%	34%	33%

Source: National NHS staff surveys 2005, 2006, 2007

* Wording was changed slightly in 2007 for this question, from 'My trust blames or punishes people who make errors, near misses or incidents'

2.11 Health and safety

These questions asked whether staff had been injured or felt unwell as a result of various problems at work in the previous year. Seventeen per cent of staff had suffered a work-related injury due to either moving and handling, needlestick and sharps, slips, trips or falls or exposure to dangerous substances. This compares with 17% in 2006 and 19% in 2005. Table 2.19 shows that the proportion of staff reporting most of the common types of injury or illness remain unchanged year-on-year but that work-related stress, the most frequently reported problem (33%), has declined slightly since 2005.

Table 2.19: During the last 12 months, have you been injured or felt unwell as a result of the following problems at work? (Base: all staff)

	2005	2006	2007
Moving and handling	13%	12%	12%
Needlestick and sharps injuries	3%	3%	3%
Slips, trips or falls	4%	4%	4%
Exposure to dangerous substances	2%	2%	1%
Work-related stress	36%	33%	33%

Source: National NHS staff surveys 2005, 2006, 2007

About seven in 10 staff (71%) had received training in health and safety in the past 12 months, which is similar to previous surveys.

Table 2.20: Have you had any training, learning or development (paid for or provided by your trust) in health and safety (e.g. fire training, manual handling)? (Base: all staff)

	2005	2006	2007
Yes, in the last 12 months	71%	70%	71%
Yes, more than 12 months ago	20%	21%	20%
No	8%	9%	8%
Not applicable to me	1%	1%	1%

Source: National NHS staff surveys 2005, 2006, 2007

2.12 Violence, harassment, bullying and abuse

Levels of violence, harassment, bullying and abuse

This section asked staff whether they had experienced either physical violence or harassment, bullying or abuse from patients, relatives of patients/service users, other members of the public, their manager or team leader, or other colleagues in the previous 12 months.

Thirteen per cent of staff had personally experienced physical violence at work in the past 12 months from patients or their relatives, and 1% of staff had experienced physical violence from other staff members. These proportions have remained fairly stable over the past three years of the survey (13% and 1% respectively in 2006, and 12% and 1% in 2005).

About a quarter of staff (26%) had been harassed, bullied or abused by patients or their relatives in the past 12 months (compared with 28% in 2006 and 26% in 2005), and 18% by other staff members (compared with 17% in 2006 and 15% in 2005).

More detailed results, and comparisons with 2006 and 2005, are shown in table 2.21. (The questions about violence and harassment by members of the public were not asked in 2005 or 2006.) Figures on physical violence and on harassment from patients and relatives are markedly higher among staff working in mental health and ambulance trusts (see the separate reports by trust type).

Table 2.21: Percentage of staff personally experiencing physical violence, harassment, bullying or abuse at work in the past 12 months* (Base: all staff)

From:	Physical violence			Harassment, bullying and abuse		
	2005	2006	2007	2005	2006	2007
Patients	12%	13%	12%	22%	25%	23%
Relatives of patients	4%	4%	4%	17%	19%	18%
Other members of the public	-	-	2%	-	-	6%
Manager/team leader	1%	1%	1%	7%	8%	8%
Other colleagues	1%	1%	1%	11%	12%	13%

Source: National NHS staff surveys 2005, 2006, 2007

* The words 'personally' and 'at work' were added to the question text in 2007

In the 2007 survey, of those who had experienced violence from patients, their relatives or other members of the public, 57% said that this had happened once or twice in the past 12 months, 24% said it had happened between three and five times, and 15% said it had happened more than five times. These questions were not asked in 2005 or 2006.

Reporting of violence, harassment, bullying and abuse

We also asked staff whether they had reported incidents of violence, harassment, bullying and abuse. Although 82% said they would know how to report such incidents (81% in 2006; 82% in 2005), of those who had personally experienced physical violence in the last 12 months, only 66% had actually reported it (64% in 2006; 66% in 2005); and of the staff who said that they had experienced harassment, bullying or abuse in the last 12 months, only 49% had reported it (47% in 2006; 52% in 2005).

Action taken against violence, harassment, bullying and abuse

This question asked staff whether they felt that their employers took effective action after such incidents. Table 2.22 shows that only around half of staff felt that their trust took effective action after incidents of violence, harassment, bullying or abuse. However, it is worth noting that of the remaining staff, the vast majority gave a “neither agree nor disagree” response to these questions, with few staff actually disagreeing that effective action was taken by the trust (between 3% and 12%).

Table 2.22: My trust takes effective action if staff are: (Base: all staff)

	% agree or strongly agree
Physically attacked by patients, their relatives or other members of the public	53%
Physically attacked by other members of staff	55%
Bullied, harassed or abused by patients, their relatives or other members of the public	49%
Bullied, harassed or abused by other members of staff	46%

Source: National NHS staff survey 2007

Training in the prevention and handling of violence and aggression

Around a quarter of staff (26%) had received training, learning or development from their trust in the past 12 months about how to prevent or handle violence and aggression towards either staff, patients or service users. There has been no significant change in this proportion since the 2006 and 2005 surveys (24% and 26% respectively).

Table 2.23: Have you had any training, learning or development (paid for or provided by your trust) in how to prevent or handle violence and aggression to either staff, patients or service users (e.g. conflict resolution)? (Base: all staff)

	2005	2006	2007
Yes, in the last 12 months	26%	24%	26%
Yes, more than 12 months ago	21%	21%	23%
No	47%	47%	43%
Not applicable to me	6%	8%	9%

Source: National NHS staff surveys 2005, 2006, 2007

2.13 Handling confidential information

About three in 10 staff (31%) had received training in the past 12 months in how to handle confidential information about patients or service users. This proportion has dropped slightly from 32% in 2006 and 35% in 2005, although as table 2.24 shows, the proportion who received training more than 12 months ago has increased slightly and the proportion who have never received such training has fallen.

Table 2.24: Have you had any training, learning or development (paid for or provided by your trust) in how to handle confidential information about patients or service users? (Base: all staff)

	2005	2006	2007
Yes, in the last 12 months	35%	32%	31%
Yes, more than 12 months ago	26%	27%	29%
No	34%	36%	33%
Not applicable to me	5%	6%	6%

Source: National NHS staff surveys 2005, 2006, 2007

Eighty per cent of staff agreed or strongly agreed with the statement “Patient information is treated confidentially by staff in this trust”; 4% disagreed and 16% gave a “neither agree nor disagree” response. (This question was asked for the first time in 2007.)

2.14 Staff attitudes

Job satisfaction of staff

We asked staff a series of questions about how satisfied they were with different aspects of their jobs. The average score for job satisfaction (ranging from 1 representing very dissatisfied staff to 5 representing very satisfied staff) was 3.41. This indicates that staff in the NHS are generally fairly satisfied. This score compares with 3.40 in 2006 and 3.44 in 2005.

Furthermore, Table 2.25 shows that according to the 2007 survey, three-quarters of staff (75%) were satisfied with the support they got from their colleagues, and around two-thirds were satisfied with the amount of responsibility they were given (68%), the opportunities they had to use their skills (64%), and the freedom they had to choose their own methods of working (61%). However, only 39% of staff were satisfied with the recognition they received for their work, only 26% were satisfied with the extent to which their trust valued their work, and 29% were satisfied with their level of pay. (We did not ask this last question about pay in previous surveys, and therefore did not use it to calculate the overall job satisfaction score described above).

Table 2.25: How satisfied are you with each of the following aspects of your job?
(Base: all staff)

	% satisfied or very satisfied		
	2005	2006	2007
The recognition I get for good work	42%	41%	39%
The support I get from my immediate manager	58%	58%	57%
The freedom I have to choose my own method of working	64%	62%	61%
The support I get from work colleagues	76%	75%	75%
The amount of responsibility I am given	70%	69%	68%
The opportunities I have to use my skills	64%	63%	64%
The extent to which my trust values my work	28%	27%	26%
My level of pay	-	-	29%

Source: National NHS staff surveys 2005, 2006, 2007

Intention to leave

Three questions asked staff about their intentions to leave their current jobs or search for new ones, either within or outside the NHS. As Table 2.26 shows, a large minority of staff were seriously considering leaving their jobs. About a third (36%) said that they often thought about leaving their trust, about one in four (24%) thought that they would probably look for another job within 12 months, although fewer than one in five (18%) wanted to leave as soon as they could find another job. There has been no significant change in these findings over the past three years.

Table 2.26: To what extent do you agree or disagree with the following?
(Base: all staff)

	% agree or strongly agree		
	2005	2006	2007
I often think about leaving this trust	34%	36%	36%
I will probably look for a job at a new organisation in the next 12 months	24%	25%	24%
As soon as I can find another job, I will leave this trust	17%	18%	18%

Source: National NHS staff surveys 2005, 2006, 2007

We asked those staff who had indicated an intention to leave to specify the reasons for wanting to do so (more response options were provided for this question in 2007). Table 2.27 shows that 20% said they were considering leaving their jobs because they were not being valued, 15% because they would like more pay, and 15% for career development reasons.

Table 2.27: If you are considering leaving your job, please indicate why (Base: all staff who are considering leaving their jobs. Respondents can tick more than one response)

	2005	2006	2007
Career development	23%	15%	15%
Change of career	10%	8%	8%
Would like more pay	22%	15%	15%
Not being valued for my work	-	-	20%
Relationship with manager	-	-	6%
Family or personal reasons	10%	7%	6%
Health reasons	-	-	2%
End of contract	-	-	1%
Retirement	8%	4%	4%
Don't want to work in NHS	5%	6%	5%
Other reason	11%	9%	6%

Source: National NHS staff surveys 2005, 2006, 2007

Work pressures felt by staff

We asked respondents four questions about the amount of pressure they were under at work. As Table 2.28 shows, more than four in 10 staff felt that they could not meet all the conflicting demands on their time at work (42%) or did not have time to carry out all their work (47%). These are similar findings to those reported in the 2005 and 2006 surveys. While half the staff (52%) agreed that they had adequate materials, supplies and equipment to do their work, only one in four (26%) felt that there were enough staff at the trust for them to do their jobs properly. These two questions were not asked in the previous surveys.

**Table 2.28: To what extent do you agree or disagree with the following?
(Base: all staff)**

	% agree or strongly agree		
	2005	2006	2007
I cannot meet all the conflicting demands on my time at work	42%	43%	42%
I do not have time to carry out all my work	47%	47%	47%
I have adequate materials, supplies and equipment to do my work	-	-	52%
There are enough staff at this trust for me to do my job properly	-	-	26%

Source: National NHS staff surveys 2005, 2006, 2007

3. Summary of methodology

3.1 Outline of survey procedures

The survey was developed by the NHS Staff Survey Advice Centre at Aston University, and implemented locally by each NHS trust, following standard guidance. The methodology used was virtually identical to that employed in previous surveys.

All types of NHS trusts took part in the survey, including acute trusts, specialist trusts, ambulance trusts, mental health trusts, care trusts and primary care trusts.* However, the survey only included staff employed directly by the NHS, so a number of people providing NHS care were outside the scope of the survey, in particular, GPs and their staff. Other groups not included were agency and bank staff (unless they were also permanent trust employees employed in the trust) and non-executive directors. Special health authorities (for example, NHS Professionals) were also excluded.

The minimum number of questionnaires sent out depended on the number of employees in each trust. The sliding scale used means that in trusts with fewer than 600 employees, all receive a questionnaire, whereas in trusts with over 3,000 employees, 850 receive a questionnaire. Trusts could elect to survey more than this minimum number of staff, but they had to select a basic sample as detailed in the instructions in the survey guidance manual. Our national dataset is based only on responses for this basic sample. Questionnaires were sent out at the beginning of October 2007, and were followed by two reminders.

3.2 Numbers involved

In all, 391 NHS trusts in England took part in the survey. A total of 297,077 questionnaires were sent out; 8,542 of the initial respondents were found to be ineligible for the survey (mainly because they had left the trust since the trusts' staff lists were last updated), so the final eligible sample size was 288,535.

3.3 Response rates

Of the 288,535 questionnaires sent out, 155,922 were returned completed. This represents a response rate of 54.0%. Response rates varied slightly by type of trust and by region (tables 3.1 and 3.2). In some areas the response rates may have been affected by industrial action at Royal Mail.

* PCTs undergoing reconfiguration were exempt from participating in the 2006 survey.

Table 3.1: Breakdown of trust response rates by type of trust (excluding Isle of Wight NHS Primary Care Trust)

	Number of trusts	Response rate (2007)
Acute	149	51%
Acute (specialist)	20	51%
Ambulance	11	46%
Mental health and learning disabilities	59	53%
Primary care (excluding mental health)	138	59%
Primary care with mental health	13	58%

Source: National NHS staff survey 2007

Table 3.2: Breakdown of trust response rates by region

Region	Number of trusts	Response rate (2007)
East Midlands	24	55%
East of England	40	57%
London	73	51%
North East	23	54%
North West	63	52%
South Central	23	55%
South East Coast	26	55%
South West	40	59%
West Midlands	43	55%
Yorkshire and the Humber	35	55%

Source: National NHS staff survey 2007

3.4 Background details of respondents

This section describes the profile of the respondents to the 2007 NHS staff survey. These figures are consistent with those found in the previous surveys and are broadly similar to the profile of the NHS workforce.

The age and sex profile of the survey respondents is shown below.

Table 3.3: Age and sex profile of survey respondents (Base: all staff)	
Age	
16 to 20	<0.5%
21 to 30	14%
31 to 40	24%
41 to 50	32%
51 to 65	27%
Over 65	1%
Did not say	2%
Male	20%
Female	77%
Did not say	2%

Source: National NHS staff survey 2007

The ethnic backgrounds of the respondents are shown in the following table. Eighty one per cent described themselves as White British, 18% said they were from a minority ethnic group or mixed background, and 2% did not say.

Table 3.4: Ethnic group profile of survey respondents (Base: all staff)

Ethnic group	
White British	81%
White Irish	2%
Other White	3%
White and Black Caribbean	<0.5%
White and Black African	<0.5%
White and Asian	<0.5%
Any other mixed background	<0.5%
Indian	3%
Pakistani	1%
Bangladeshi	<0.5%
Other Asian	2%
Black Caribbean	1%
Black African	2%
Other Black	<0.5%
Chinese	1%
Other	1%
Did not say	2%

Source: National NHS staff survey 2007

Twelve per cent of respondents said they had a long-standing illness, health problem or disability. Of these, 41% felt that their employer had made adequate adjustments to enable them to carry out their work, 18% felt that this was not the case, and 36% said that no adjustment was required. (These questions were asked for the first time in this format in 2007.)

More than half the staff surveyed (57%) had worked for their current NHS trust or its predecessor for more than five years and a quarter (25%) for more than 15 years.

Table 3.5: Length of time worked for the trust or its predecessors (Base: all staff)

Less than a year	7%
1 to 2 years	11%
3 to 5 years	23%
6 to 10 years	21%
11 to 15 years	12%
More than 15 years	25%
Did not say	2%

Source: National NHS staff survey 2007

The occupational groups of respondents were as follows:

Occupational therapy	2%
Physiotherapy	3%
Radiography	2%
Pharmacy	2%
Clinical psychology	1%
Psychotherapy	<0.5%
Arts therapy	<0.5%
Other allied health professions	3%
Other scientific/technical	3%
Support to allied health professions	2%
Support to scientific/technical	1%
Emergency care practitioner	<0.5%
Paramedic	1%
Ambulance technician	1%
Ambulance control	<0.5%
Patient transport service	<0.5%
Medical/dental - consultant	3%
Medical/dental - in training	2%
Medical/dental - other	2%
Nurses - adult/general	17%
Nurses - mental health	4%
Nurses - learning disabilities	1%
Nurses - children	2%
Midwives	2%
Health visitor	1%
Nurses - district/community	2%
Other registered nurses	1%
Nursing assistants	8%
Social worker	<0.5%
Social care manager	<0.5%
Social care support	<0.5%
Admin and clerical	16%

Central functions/corporate services	5%
Maintenance/ancillary	5%
Public health	1%
Commissioning manager/support	<0.5%
General management	2%
Other	2%
Did not say	3%

Source: National NHS staff survey 2007

Around three-quarters of staff surveyed (74%) said that they worked 30 hours or more a week (classified as full-time for the purposes of the survey), and 24% for fewer hours than this (part-time).

3.5 Weighting of results

As explained in section 3.1, this survey was conducted with a sample of staff from each NHS organisation. Employees in smaller organisations had a higher chance of being selected for the survey and there was variation in response rates between organisations. Therefore, the results in this report are weighted so that they reflect unbiased estimates of all NHS staff in England, rather than being biased towards the responses of staff in smaller organisations and those types of trust and regions that had higher response rates. The weighting is such that responses from each trust contributed an amount to the total that was directly proportional to the number of staff employed by that trust.

Appendix

The following tables present the 26 key scores which form the basis of each trust's individual survey feedback report, together with comparison data from the 2005 and 2006 surveys.

Because of changes to questions in 2007, we recommend that readers exercise some caution when interpreting trend data for the following Key Scores:

KS5
KS10
KS16
KS23
KS25

where part of any change might be attributed to these alterations.

Full details of these changes and more information about the way in which these scores are calculated can be found in the document *Making sense of your staff survey data* which can be downloaded from our website: www.healthcarecommission.org.uk/staffsurveys/.

Table A3.1: Percentage scores, all staff

	2005 score (%)	2006 score (%)	2007 score (%)
KS1: % staff working extra hours	71%	70%	66%
KS3: % staff using flexible working options	73%	71%	73%
KS4: % staff appraised in last 12 months	60%	58%	61%
KS5: % staff having well structured appraisal reviews in last 12 months	32%	30%	24%
KS6: % staff appraised with personal development plans in last 12 months	49%	48%	52%
KS7: % staff receiving job relevant training, learning or development in last 12 months	-	77%	77%
KS8: % staff working in a well structured team environment	41%	38%	39%
KS12: % staff having health and safety training in last 12 months	71%	70%	71%
KS13: % staff suffering work-related injury in last 12 months	19%	17%	17%
KS14: % staff suffering work-related stress in last 12 months	36%	33%	33%
KS15: % staff witnessing potentially harmful errors, near misses or incidents in previous month	40%	38%	31%
KS16: % staff reporting errors, near misses or incidents	92%	92%	94%
KS18: % staff experiencing physical violence from patients/relatives in last 12 months	12%	13%	13%
KS19: % staff experiencing physical violence from staff in last 12 months	1%	1%	1%
KS20: % staff experiencing harassment, bullying or abuse from patients/relatives in last 12 months	26%	28%	26%
KS21: % staff experiencing harassment, bullying or abuse from staff in last 12 months	15%	17%	18%

Source: National NHS staff surveys 2005, 2006, 2007

Table A3.2: Scale summary scores, all staff*

	2005 score	2006 score	2007 score
KS2: Quality of work-life balance	3.39	3.33	3.38
KS9: Quality of job design - clear job content, feedback and staff involvement	3.32	3.28	3.30
KS10: Support from supervisors	3.49	3.45	3.60
KS11: Extent of positive feeling within organisation - communication, staff involvement, innovation and patient care	-	-	2.74
KS17: Fairness and effectiveness of procedures for reporting errors, near misses or incidents	3.35	3.37	3.36
KS22: Perceptions of effective action from employer towards violence and harassment	-	-	3.50
KS23: Availability of hand washing materials	4.43	4.44	4.42
KS24: Staff job satisfaction	3.44	3.40	3.41
KS25: Work pressure felt by staff	3.10	3.15	3.18
KS26: Staff intention to leave jobs	2.66	2.71	2.73

Source: National NHS staff surveys 2005, 2006, 2007

*Scale summary scores are calculated by converting staff responses to particular questions into scores; for each of the 10 key scores the minimum score is always 1 and the maximum score is 5.

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આ માહિતી વિનંતી કરવાથી અન્ય રૂપે અને ભાષાઓમાં મળી શકે છે.
મહેરબાની કરી ટેલિફોન નંબર 0845 601 3012 પર છેલન કરો.

GUJARATI

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PUNJABI

यह जानकारी विनती करने पर अन्य रूप में और भाषाओं में मिल सकती है।
कृपया टेलिफोन नम्बर 0845 601 3012 पर फ़ोन करें।

HINDI

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POLISH

Healthcare Commission

Finsbury Tower
103-105 Bunhill Row
London
EC1Y 8TG

Maid Marian House
56 Hounds Gate
Nottingham
NG1 6BE

Dominions House
Lime Kiln Close
Stoke Gifford
Bristol
BS34 8SR

Kernel House
Killingbeck Drive
Killingbeck
Leeds
LS14 6UF

5th Floor
Peter House
Oxford Street
Manchester
M1 5AX

1st Floor
1 Friarsgate
1011 Stratford Road
Solihull
B90 4AG

Telephone 020 7448 9200
Facsimile 020 7448 9222
Helpline 0845 601 3012

Email feedback@healthcarecommission.org.uk
Website www.healthcarecommission.org.uk

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