

NHS Staff Survey 2020

National Free Text Commentary



2020 National Free Text Commentary

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1. Introduction and background

- The NHS Staff Survey is one of the largest workforce surveys in the world and has been conducted every year since 2003.
- It asks NHS staff in England about their experiences of working for their respective NHS organisations.
- The 2020 survey asked a series of quantitative questions but also gave staff an opportunity to add to this in their own words by providing feedback in response to two free text questions:
 - Q21a. Thinking about your experiences of working through the Covid-19 pandemic, what lessons should be learned from this time?
 - Q21b. What worked well during Covid-19 and should be continued?
- This document provides an overview of the feedback gathered from participating staff to highlight areas of importance to those staff.



- 2020 saw an unprecedented year for the health and social care sector, with the outbreak of the global Covid-19 pandemic.
- This had an impact on the NHS and it's people in different ways and we know that the last year will not have been the same for everyone.
- It's important that at both a national and local level, we can uncover the best practice that really made a difference to people, but also get a clear picture of what could have been better.
- The two free text questions included in this year's survey have enabled us to do that.
- These questions were intentionally open-ended to allow our NHS people to tell us what was most important to them.
- By asking the questions this year, it provides a valuable resource to reflect on the achievements and learnings from the time and to inform recovery.
- It must be noted, however, that the questions were not designed to measure and compare how well different organisations were performing but can be used to provide insight around the different experiences that staff had.

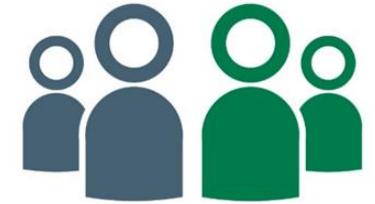
2. Structure of the commentary

- This commentary presents analysis that has been undertaken on the free text comments from the 2020 survey.
- We received a significant amount of responses from staff telling us about their experience in their own words providing a valuable amount of data.
- Whilst this commentary will not be able to tell the story of every staff member, it is intended to give some insight into the experiences of staff that can help explain the ‘why’ when trying to understand the ‘what’.
- This commentary will help organisations to consider how they can explore their own local data to really understand the breadth, depth and nuances of experience for their own staff members.



How did we analyse the data?

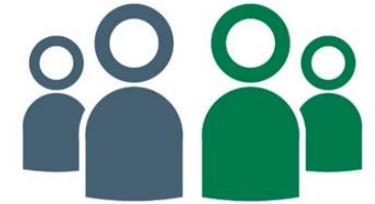
- The number and size of the comments is too large for each comment to be individually coded by an analyst.
- Instead, we undertook the analysis using an advanced, AI-powered text analysis tool where computer algorithms are used to decide what the data is telling us.
- Utilising this approach has allowed the data from all organisations who take part in the NHS Staff Survey to be analysed together in a consistent way so that results can be used at both a national level as well as by individual organisations.
- This analysis enables comments to be organised into 18 'topics', over 150 'subtopics' and 'sentiment scores'. The topics and subtopics tell you what a comment was referring to. For example, 'health and wellbeing' is a topic and 'morale' is a subtopic of that.
- Finally, the sentiment score tells you whether the comment has a positive, negative, or neutral tone. For more information, please refer to Appendix: glossary.
- Please note, many of our NHS people wrote about more than one thing in their response to the questions. In these cases, their response has been broken down into more than one comment.



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How did we analyse the data?

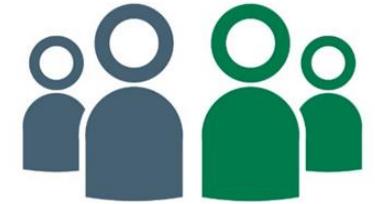
- Whilst a machine learning approach is useful when there is a large volume of data, as is the case with the NHS Staff Survey, it cannot always take account of the content or nuance of a particular response in the same way an analyst can.
- Whilst we have undertaken multiple quality assurance checks to ensure the machine learning approach is performing as highly as possible and made adjustments to account for context where possible, results will never be 100% accurate. Several things can influence this, for example:
 - Where words are synonymous or have multiple meanings. For example "Teams" may refer to groups of staff or Microsoft Teams, and it may be hard to distinguish which is being referred to in some cases.
 - Typos, spelling errors, short forms and case changes (as the system is not case sensitive). For example, "it" and "IT" may be hard to differentiate in some instances.
 - Question phrasing can impact sentiment analysis. "What should be learned" and "What went well" may direct responses to be more negative and positive. This can mean some typical markers of tone are absent from responses.



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How can you use this commentary to understand staff experience?

- In the appendix we have provided charts for both question 21a (What lessons could be learned) and Q21b (What worked well) that shows the main topics, subtopics and the associated sentiment from the analysis.
- Each organisation has also received a similar PDF report with their own results. Organisations are also provided with an interactive Excel workbook with details of the organisation's full redacted free text comments.
- We would recommend using the national commentary to provide an overview of what our NHS people thought about working through the Covid-19 pandemic. This information adds vital context to the experiences that have been collected and measured within the NHS Staff Survey.
- The organisation report provides the same information within an organisation. When comparing the national and organisational picture it is worth thinking about the local context and using your local data to explore the experiences of your staff on what mattered most to them.



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3. Who did we hear from?

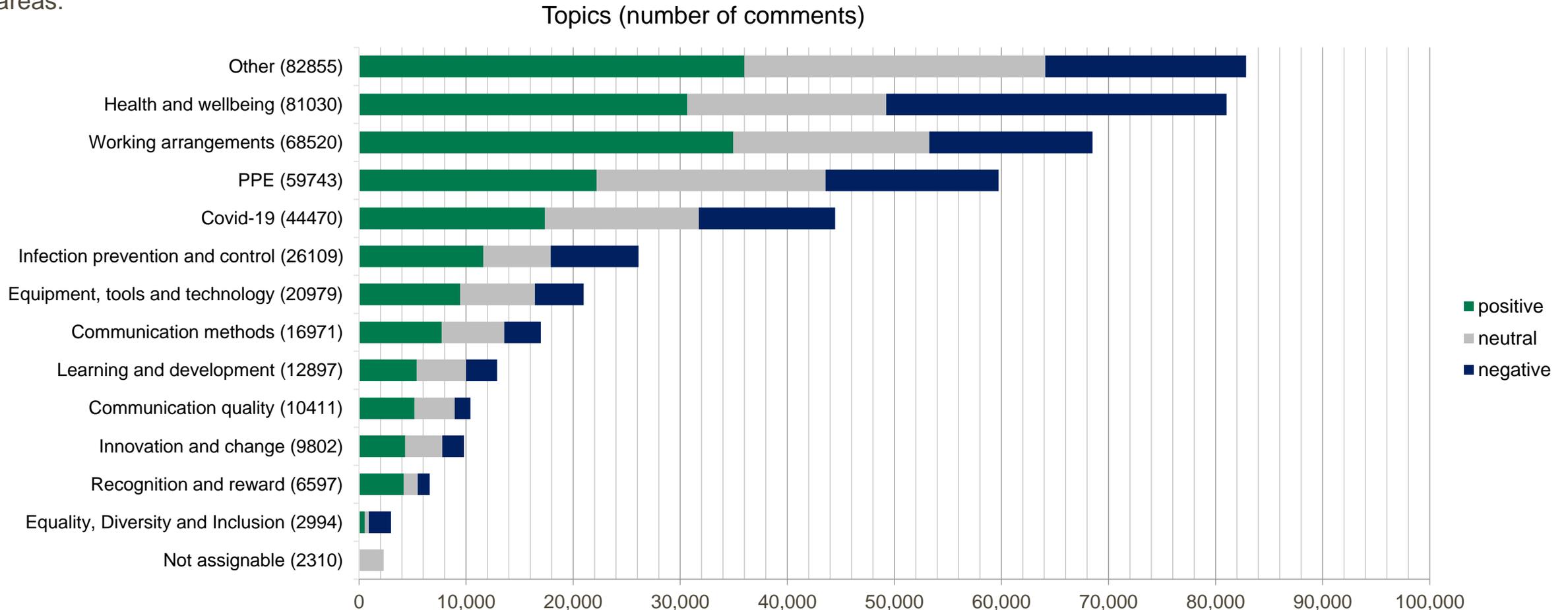
697,149 comments were received from staff:

- 60% of respondents gave feedback in response to Q21a (what lessons should be learned) which equates to c.360,000 comments
- 57% of respondents gave feedback in response to Q21b (what worked well) which equates to c.340,000 comments
 - This proportion was highest within Acute and Acute Community Trusts, which accounted for 456,562 comments in total.
 - We had more feedback from women than men but over 26,000 comments from staff who either preferred to self identify or preferred not to say.
 - Feedback was highest amongst nurses (including healthcare assistants) with over 230,000 comments received from this staff group.
 - Feedback was received from staff of a variety of ethnic backgrounds with over 70,000 comments received from Asian or Asian British staff members and over 37,000 comments from Black, African, Caribbean and Black British staff.
 - Over 146,000 comments were given by staff who indicated that they had a long term condition.
 - Over 200,000 comments were received from staff who had caring responsibilities.

4. What did staff say?: overview of topics and subtopics

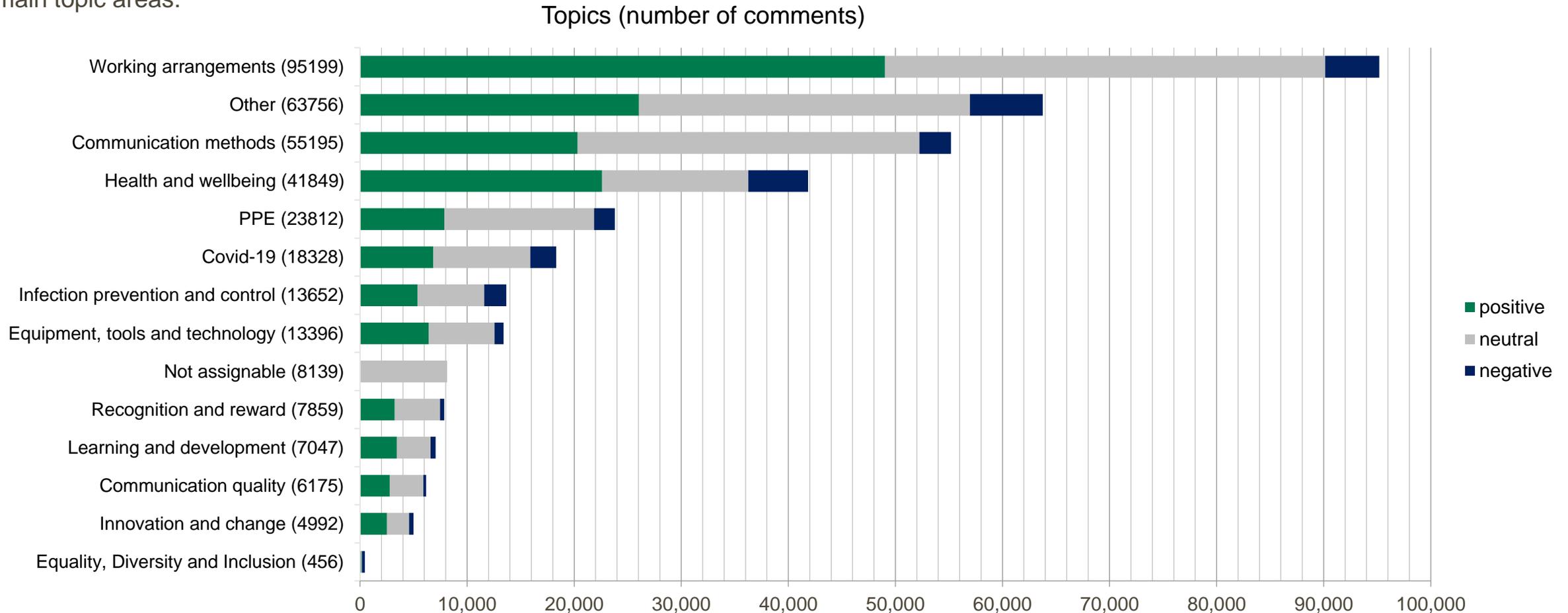
What lessons should be learned?

Q21a asked staff to focus on their experience and where they felt lessons could be learned. The chart below shows the different topics that staff told us about. Please note that the 'other' topic refers to a range of subtopics containing comments that were not felt to fit within the main topic areas:



What worked well and should be continued?

Q21b asked staff to focus on their experience and what they felt worked well and should be continued. The chart below shows the different topics that staff told us about. Please note that the 'other' topic refers to a range of subtopics containing comments that were not felt to fit within the main topic areas:

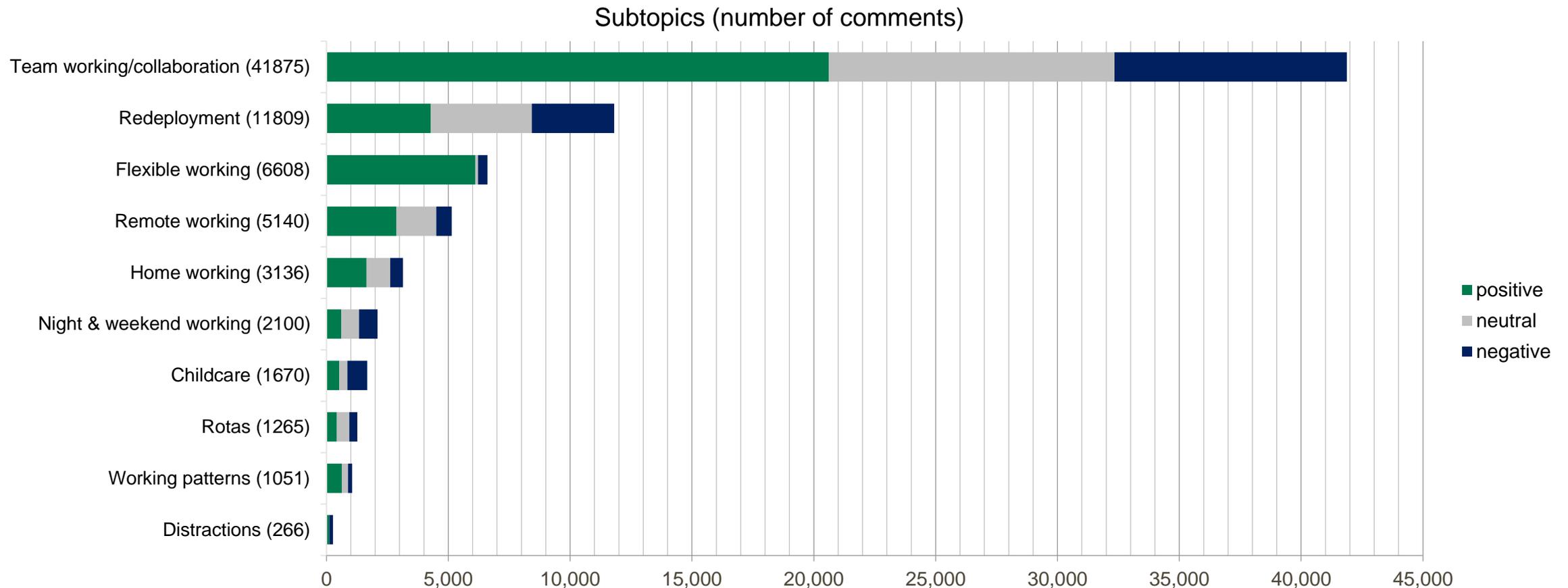


- Looking at the two previous charts, it is evident that there are a number of common topics with regards to what staff felt worked well and areas for where lessons should be learned.
- Given the volume of data received from staff, it is not possible to focus in detail on all of these topics in this briefing. However, we will focus on two topics: Working arrangements and Health and Wellbeing.
- These two topics were consistently mentioned by staff when considering what lessons should be learned and what had worked well. The 2020 national survey data also highlighted that some of the key questions around both working arrangements and health and wellbeing had improved this year.
- In addition, the subtopics for both these main topics tallied highlighting that these are not only areas that staff were positive about but also areas that could be considered further in terms of future improvements.
- The next few slides in this commentary will explore both these topics in more detail in order to provide some insight into how staff felt about these two key areas whilst working through a pandemic.
- Due to the volume of data provided by staff, it is not possible to review every comment. The analysis and commentary presented on the following slides was undertaken by identifying a random sample of comments for each topic/ subtopic, reviewing each comment in full and undertaking a thematic analysis of the content.

5. Topic focus: working arrangements

What lessons should be learned?

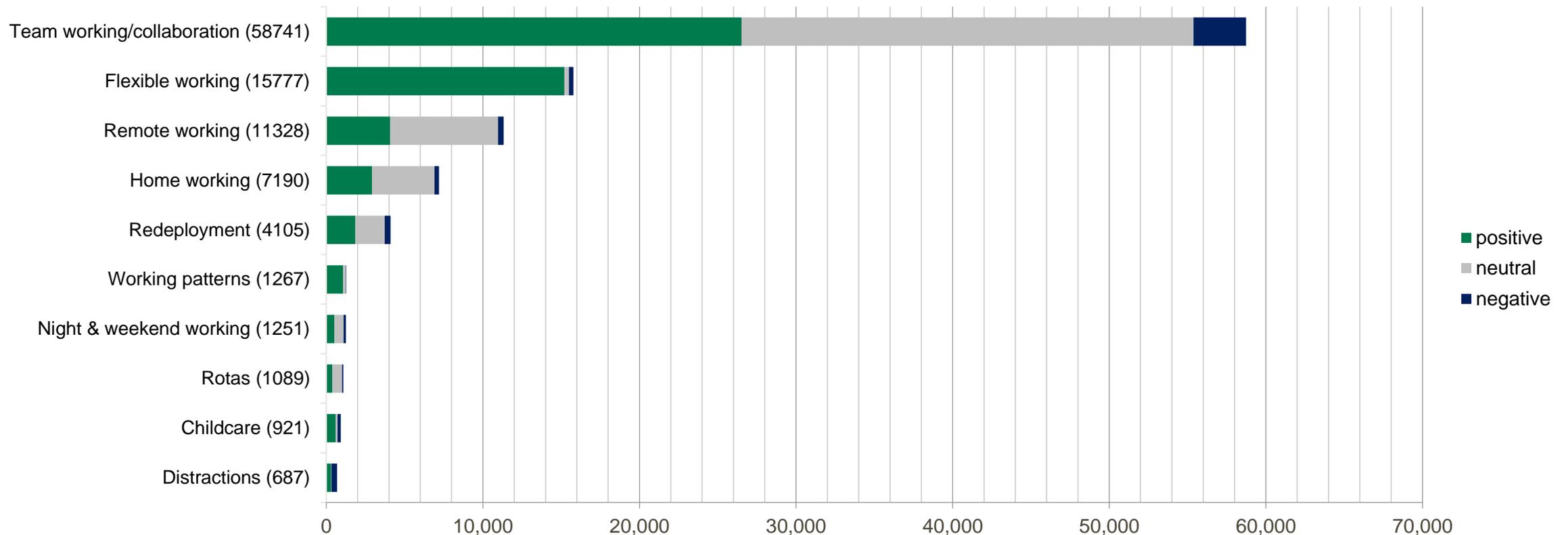
In response to Q21a, the chart below illustrates the range of different subtopics that staff mentioned, in regards to working arrangements, and how they felt about those specific aspects with regards to what lessons they felt should be learned.



What worked well and should be continued?

In response to Q21b, the chart below illustrates the subtopics identified in the staff feedback on areas that worked well and should be continued regarding working arrangements. From this chart and the chart on the previous slide, it is clear that there are common subtopics in both areas.

Subtopics (number of comments)





What lessons should be learned?

Team working/ collaboration was the most common subtopic for staff when expressing areas that they felt should be learnt from and what had worked well. Interestingly, with regards to the lessons to be learned, the feed back from staff in this area showed a higher proportion of positive comments. However, whilst there were more positive comments from staff, particular areas of improvement can be identified in the feed back that was given which focussed on continuing the cross team/ departmental collaboration experienced and greater collaboration with external organisations to help support staff and services:

“Collaboration across medical specialities - sadly, this has not been sustained.”

“Rota changes should be done in collaboration with staff.”

“Going forward more collaboration from different Trusts to ensure some services can continue even if numbers are fluctuating.”

“During COVID-19 teams pulled together and felt a sense of common purpose. During restoration people / teams have become very insular and the great collaboration has been lost.”

“Better communication with staff regarding constantly changing roles/working patterns.”

“To ensure more consistency around decision making and working collaboratively. Decisions should not be made in silo without consulting other affected areas of the business to ensure a consistency of approach.”

What worked well and should be continued?

In response to what worked well, a high proportion of comments from staff were positive in nature reflecting the benefits that staff felt from a collaborative approach between colleagues and teams. Areas that staff highlighted in particular related to the support they experienced from colleagues and the overall sense of camaraderie and team spirit from the teams around them especially at a time of increased concern for the wellbeing of their colleagues and patients:

“Ability to deliver whatever the situation, all pulling together – teamwork.”

“The experience taught me that no matter what level or banding you are, the hard work and team efforts by ALL staff made an awful situation more bearable.”

“Decision making became easier and much quicker. Better team working.”

“Staff pulled together to do the best in an incredibly challenging situation.”

“There was a lot of collaborative working and this should be encouraged to continue.”

“Team working relationships were built between different professions and non professionals, causing better recognition of other roles in the healthcare teams.”

What lessons should be learned?

The pandemic impacted the NHS and its staff in a number of different ways, especially the requirement to adapt practices and respond flexibly to staff needs. Working arrangements understandably changed for some staff with a focus on the adoption of flexible working, sometimes in organisations where this had not been prevalent before. Whilst there was considerable positive commentary from staff on flexible working practices adopted by organisations, other comments suggest that flexible working was not adopted universally either across all organisation types or within organisations themselves:

“Flexible working and home working throughout covid seemed very unfair. There are many departments that are still allowing people to work from home a few days a week. Some of us were never given that opportunity even though our work could have been done remotely. I appreciate that some roles do not allow this however there were many that could have been done remotely.”

“Government encouraging workers to work from home where possible but leadership team not putting logistics in place to allow staff to WFH.”

“Introduction of flexible working would have helped staff members who were scared and uncertain about the extent of the pandemic.”

“To be more open thinking about working practices, COVID forced us to work differently allowing more flexible working from home etc.”

What worked well and should be continued?

For staff who were able to adopt flexible working within their roles, the benefits identified within the comments were focussed on a number of areas such as staff achieving a better work life balance, flexibility to accommodate personal needs and perceived efficiencies:

“Flexible hours saved the day.”

“Flexible working actually offered efficiencies and the ability to invest more hours in work with only nominal personal/social life compromise.”

“Flexible working, allowing people to attend work at times that work better for themselves and their families.”

“Flexibility for staff with childcare issues.”

“Working flexibly and remotely. Staff do not need to be office/clinic based to give good health care, unless there are specific needs.”

“Often managers stop flexible working requests because they are not of the “normal” the pandemic has forced managers to regarding look at the needs of the service and think outside the usual box limitations, only to prove that good work can be completed remotely.”

Experience of staff who worked remotely: what lessons should be learned?

Whilst staff did comment positively on the benefits they experienced as a result of remote working, a number of comments also highlighted some of the challenges with remote working. In particular the speed at which the transition to remote working practices occurred, what systems or practices may need to be considered in future to enable remote working for staff and the impact on individuals:

“Decision making as regards sudden transfer to remote working - felt rushed and not flexible to patient needs/ or inclusive to staff's preferences.”

“Induction of new starters when working remotely probably needs more planning than usual.”

“Patient notes in my area are predominantly paper this makes home working much more difficult, electronic records would enable services to work fully wherever they are based.”

“We are working remotely with patients and this makes us much more isolated which is difficult.”

“Find a way to deal with the sense of isolation felt by remote working.”

“IT issues seem to be ongoing while working remotely. Maybe a more robust system, to handle the amount of remote worker activity, could be achieved for the future.”

Experience of staff in patient facing roles who worked remotely: what lessons should be learned?

Staff who had patient facing roles but were required to remote work provided some useful insight into the particular challenges they experienced when trying to provide continued services to patients. The comments focussed on ensuring that IT equipment provision was suitable and fit for purpose to continue providing high quality care to patients whilst operating remotely, adequate training for staff in using new technologies to deliver care and ensuring good communication with patients:

“We were quick to move to remote working (appropriately), but it has been a slow process to restart services due to the amount of paperwork and risk assessments. As a clinician it is much harder to do my job now than it was pre COVID. I am expected to perform at least 100% of my clinical performance whilst working on restarting services, risk assessments etc. with no extra support, and no extra time.”

“Ensuring there is sufficient IT equipment and support available to support tele-health and remote working. Consulting more with frontline staff about ways they need to work with specific client groups.”

“At the beginning of the pandemic, many staff were trained using an online platform called 'Attend Anywhere'. This would enable us to offer effective care if practitioners and patients were unable to come in for a face to face appointment, which has often been the case during the pandemic. If Attend Anywhere, or anything similar, is to play a role in service delivery while this pandemic continues, then the training needs to be much better. “

“There are some client groups where it just isn't appropriate to do reviews/assessments over digital. So much of the subtle details we look for as SLT's are often difficult to see over digital, especially with children who have severe learning difficulties.”

Experience of staff who worked remotely: what worked well and should be continued?

Interlinked with flexible working was the importance of remote working and the benefits that it gave staff during a particularly challenging time. Staff feedback focussed on the ability to remote work and the positive experience it gave them not in only in terms of achieving a better work life balance but also recognising the benefits to the organisation, services and patients:

“Remote working and being trusted to work remotely was a big change and made a massive difference. I felt more productive.”

“Working remotely was a fantastic arrangement that made sure everyone stayed safe during the pandemic.”

“Maintaining certain degree of remote working/flexibility what greatly enhances work/family balance.”

“Facilitation of working from home and remote working created new possibilities for future service delivery in some areas.”

“Working remotely has allowed us to be more responsive to what patients actually want in terms of frequency of therapy.”

“The new way of working actually allows us to improve certain skills and also new learn skills.”

Experience of staff in patient facing roles who worked remotely: what worked well and should be continued?

Where staff who were in patient facing roles and who were working remotely, a number of comments focussed on the importance of having adequate IT support to ensure that patient care could continue being delivered to a high standard. Other areas of remote working that were positive experiences for staff in patient facing roles related to the ability to undertake virtual assessments and opportunity to visit patients in their own homes:

“Showing that the NHS can work in different ways and that we can cope with change and adapt quickly. Virtual assessments and regular phone contact with patients has been invaluable.”

“Virtual and remote consultation worked very well and should be continued.”

“Once new laptops and teams was provided, carrying out assessments and welfare checks was easy to complete ensuring that work could be completed with patients.”

“Remote patient consultations give me an opportunity to see patients in their own homes and I feel that this often adds more useful information.”

“Microsoft Teams has been a useful tool during this pandemic for our role, as usually we would be in care homes etc. Completing assessments. It could reduce some of the travel time in the future, but should be used with consideration of whether or not it is appropriate to assess those we have never met using these means.”

What lessons should be learned?

Redeployment was an important area that staff fed back on with both constructive perspectives and positive examples. Staff expressed a number of areas of consideration for organisations should staff need to be redeployed in future which focussed on ensuring that all services had sufficient staffing, better communication and provision of support for staff who had been redeployed:

“Better communication when redeploying staff into completely different areas of work so that everyone knows what is expected of them.”

“Think about how we communicate better with staff who have been redeployed to other areas. Clearer understanding of who manages staff when they move areas. Be mindful of who is redeployed.”

“Staff feel unsure and anxious about the need to be redeployed.”

“Staff need to feel valued and respected when they are redeployed or given new roles. Team morale can drop when staff do not feel well supported.”

“Better strategy when redeploying staff would have helped to ensure we had the right expertise in the right places.”

“At the start of the pandemic, we were not informed that we are going to be redeployed ahead of time. It was at short notice. I hope they will accept opinions about redeployment areas, where people want to be and consider it the next time they will deploy people.”

Experience of staff who were redeployed: what lessons should be learned?

For staff who had been redeployed during the pandemic, a number of comments related to the importance of preparing staff for possible redeployment, ensuring continued communication with redeployed staff, consideration of the balance between staff members 'day jobs' and their role during redeployment, and supporting the transition back to their previous role once redeployment had finished:

“I was redeployed into the hospital for a few months at the beginning of the pandemic.....However, the return to my normal role was a little more difficult as i had to adapt to home working and IT systems.”

“More regular redeployment reviews WITH staff instead of without them, include them in the decisions and reviews, however remotely/minimal. It is unfair to have decisions made about you without including your views/wishes.”

“Better consideration of peoples 'day jobs' before being sent on redeployment, workloads became unmanageable, very stressful and quality of work impacted while still trying to cover all responsibilities.”

“Whilst I was aware that I would be redeployed due to my clinical knowledge, the process was slow and this felt frustrating as I wanted to go and support quickly. It would be useful to now think about what could happen with a future wave of covid and how staff could be prepared now for redeployment based on the experience we had from the first wave. ie skills matrix completed, and pre done of where those staff could go and have screening completed in preparation.”

“I was redeployed for some of the time during COVID-19 and was not familiar with the staff in the department and who to report to etc. I feel that some sort of short introduction to the way the department works and the staff who you will be working with would be very helpful in these circumstances.”

What worked well and should be continued?

Whilst redeployment was concerning for some staff, others positively commented on the gratitude of having staff redeployed to support the adaptability of those staff in learning new skills and the positive practices adopted by some organisations that helped redeployment be successful (e.g. buddies, supervisory support and training):

“Having staff redeployed in the community to help us was fantastic.”

“Redeploying people to areas needed to help and let people gain new experiences..”

“Redeployed staff - very needed and very helpful. We would have drowned even more without them, made a big difference.”

“Staff who were redeployed adapted to change quickly and effectively. Education and training opportunities were well organised.”

“Supervision support offered while redeployed was really helpful. It gave you someone to talk to about worries and also some really good advice about what to do and how to be proactive.”

“The fact redeployed people were buddied up with a regular member of staff on the ward was good, when It happened.”

Experience of staff who were redeployed: what worked well and should be continued?

In particular, redeployed staff commented positively on the ability to broaden their skills in a different clinical environment and the sense of team spirit that they experienced during their redeployment:

“Being redeployed to working on a Ward situation instead of out in the Community as services were suspended for a short time - this was a great opportunity for learning”.

“Opportunity to work in the main hospital and learn new skills.”

“That we are one big team and that we need to work like a team all the time not just in a pandemic. I was redeployed to help with the stroke unit therapy team and it was great to feel apart of a wider team. I think we need to work as a team more.”

“A team made up of many redeployed staff came together all with one common aim which was to help our patients. Team spirit kept morale up”

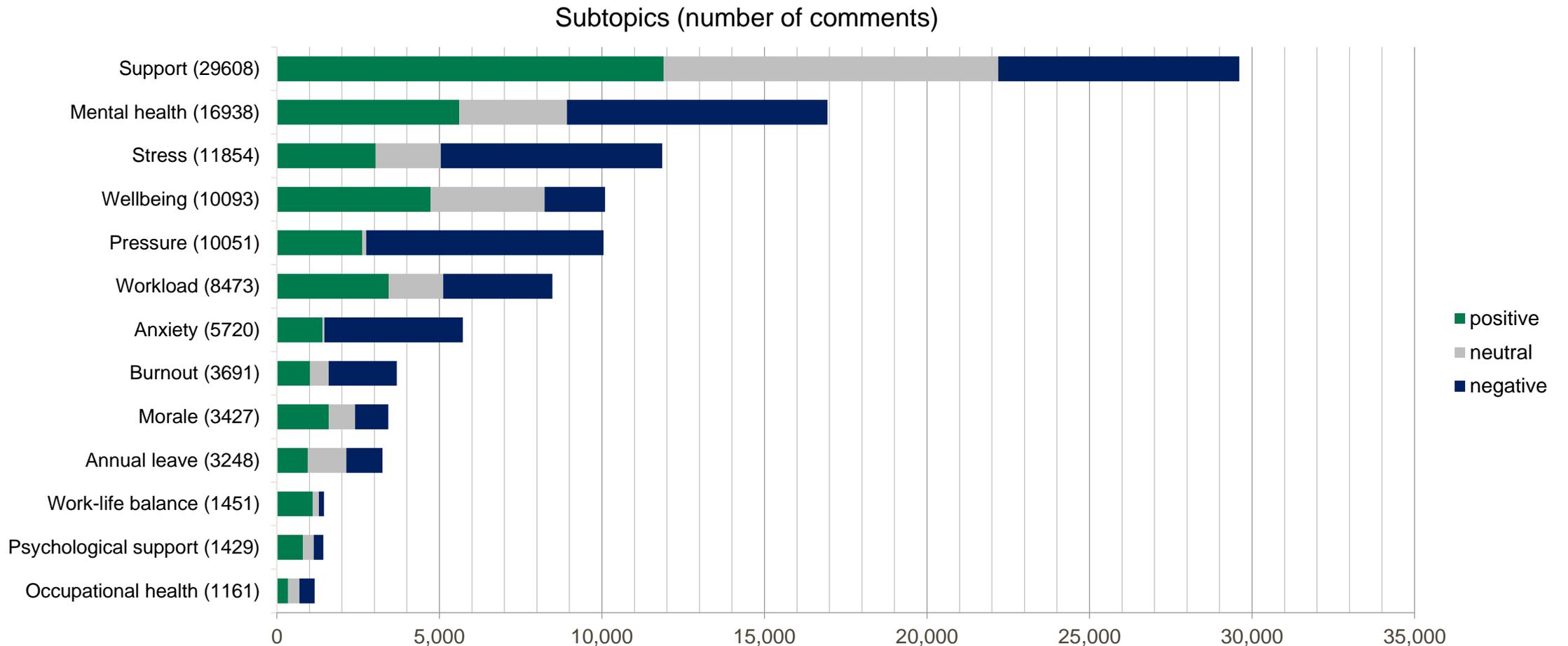
“I cannot fault the staff members at the hospital I was redeployed to. The "line" I was in was absolutely amazing. The support I received from them was impeccable. I was very grateful for them throughout.”

“Staff redeployment worked well as it helped with patient load and allowed others from different specialities learn about what was going on and gave them the opportunity to gain experience in an area they were unfamiliar with. Senior support at this time was vital, especially when learning on-the-job having no prior experience in adult care/adult ITU.”

6. Topic focus: Health and Wellbeing

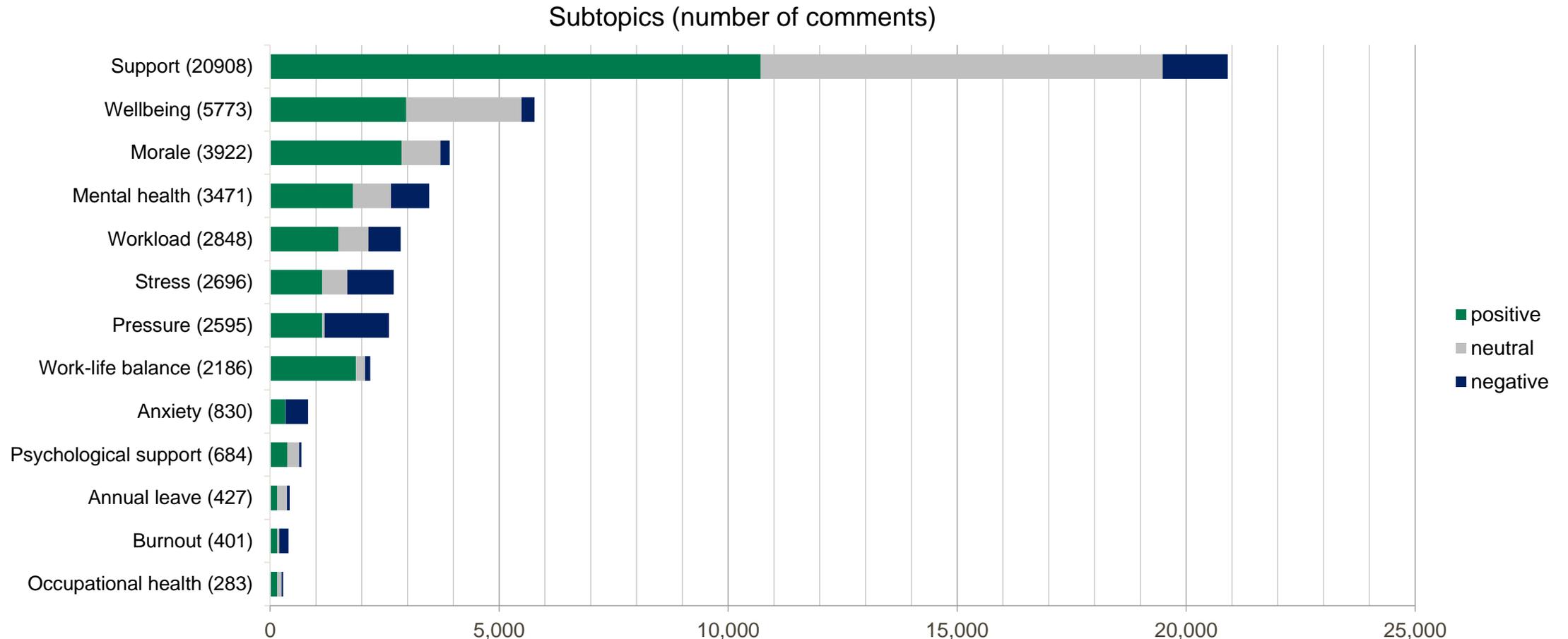
What lessons should be learned?

In response to Q21a, the chart below illustrates the range of different subtopics that staff mentioned, in regards to health and wellbeing, and how they felt about those specific aspects with regards to what lessons they felt should be learned.



What worked well and should be continued?

In response to Q21b, the chart below illustrates the range of different subtopics that staff mentioned, in regards to health and wellbeing, and how they felt about those specific aspects with regards to what worked well and they would like to see continue.



What lessons should be learned?

Whilst a number of staff did comment positively on the support they received or was available to them, some comments identified areas that could be considered in future for supporting staff with their health and wellbeing. These comments focussed on acknowledging both the individual impact and the wider organisational picture, ensuring communications were provided and avoiding staff from feeling isolated:

“One size doesn't fit all - staff managed this experience in very different ways and need variety of tools to support staff health and wellbeing.”

“No matter what level Covid is at we are expected to work regardless with no additional support either emotionally, physically or financially.”

“Staff are going to be affected by this for a long time - not just during the acute crisis. Considering what changes need to be made at an organisational level - especially how to support teams/departments/wards - is important - not just looking at issues from an individual level.”

“Feeling isolated and no clear information about expectations and how to get appropriate support. “

Experience of staff who were redeployed: what lessons should be learned?

Support for redeployed staff, regarding their wellbeing, was particularly commented on. The experience of staff suggested that greater consideration needed to be given to the individual impact of redeploying staff and consideration of individual's preferences, clearer and more consistent communication on redeployment to avoid raising anxiety of staff and a clear plan for debriefing staff after redeployment:

“Employee's mental state of mind when being redeployed to places that are alien to them. Take into consideration, employee's personal circumstances before redeploying to frontline COVID-19 wards.”

“Being redeployed into an area of clinical practice that is less familiar to your usual job role is daunting, and highly pressurised.”

“As I was redeployed to an area I have never worked in with no notice from managers, better communication and support should have been given, as well as a risk assessment.”

“We also received emails advising we were being redeployed and then quickly would get another one from someone else saying we weren't and to ignore the first email. Understandably, this caused a bit of worry and uncertainty.”

“Proactive plans in place for debriefing all staff redeployed to ICU in any role, rather than groups having to seek support afterwards or risk being lost back in their previous environment and discovered further down the line, never having had the proactive support offered to reflect on their experiences with others.”

What worked well and should be continued?

A number of the comments from staff focussed on how well individuals, teams and organisations had supported each other throughout the pandemic. Particular areas of focus were the visibility and support from senior managers, the value of staff being listened to and the services that organisations provided to support their staff.

“Wellness centre and indicatives to support staff were appreciated and should be continued if possible.”

“Supporting staff with well being and opportunities from organisational development team for debrief/reflection sessions.”

“Well being areas and supporting staff to take breaks (even if not 'scheduled' breaks).”

“Supporting the staff, talking to them and listening to them.”

“Opportunities to talk and the psychological support group that was offered.”

“Presence of manager/senior leaders is a source of good moral support for the workforce.”

“I like the focus on wellbeing. It shouldn't be an afterthought. Things like the wobble room and the hospital chaplaincy supporting staff was very good.”

Experience of staff who were redeployed: what worked well and should be continued?

Staff who were redeployed during the pandemic commented on the importance of having a strong team to support them in their new role or area, the need for regularly checking in with staff to address concerns and ensuring that staff felt valued for their contribution:

“Teamwork, I was redeployed to a very supportive team and we all worked well, caring for the patients and each other. We had a particularly supportive ward manager. As a team, all the staff that were redeployed kept in touch and supported each other and we continue to do so on return to our own jobs.”

“When it was time, I saw the Trust pull together to support one another when it was most crucial. Managers fighting on behalf of their staff when staff members were quite shaken up about being redeployed.”

“HELP service for those redeployed - good support/debrief sessions.”

“I think the friendliness of wards where staff were redeployed to, and that feeling of supporting each other, should be continued. I think ITU got their leadership right in that most of the redeployed nurses felt valued and were checked on regularly.”

“The matron for critical care was always visible, checking on individuals to make sure they are ok and actively seeking to resolve issues as they arose - this was massively good for morale. I felt that all the critical care nurses were extremely supportive and patient with us redeployed staff.”

What lessons should be learned?

Workload was an important area that staff fed back on. Where staff felt that lessons should be learned, the comments focussed on a fair and balanced distribution of workload, the importance of support during periods of increased workload, staff levels and how to adapt quickly to situations:

“Better organisation of distribution of additional work and staff to help with the increased workload.”

“The need for balanced workload to be delegated between team members, with clear deadlines and sufficient detail of required work.”

“That line managers need to be more aware of the workload of staff and how they are dealing with this along with the change to home life.”

“To stop and remind each other about self care. To remember that certain teams aren't always readily available to react due to an increase in workload. Be patient and be kind to each other.”

“How to quickly act and prioritise workload. To be proactive.”

“Act quickly to keep staffing levels appropriate to workload - allow homeworking when and where possible.”

“We were expected to run our current workload and also support a new COVID-19 workload which was stressful for all involved.”

What worked well and should be continued?

Whilst staff did identify areas that could improve, with regards to workload, a number of comments from staff were positive about how workload had been managed. Comments focused on collaborative working & team work to help with workload, proactive planning to manage the day-to-day workload of staff, positives of remote working and different ways of providing care:

“Staff working together from different areas. Production or huddle boards to show daily problems and daily workload.”

“Daily workload management - moving staff to places of need and getting feedback through the day from team members to facilitate this.”

“We worked very well as a team and had weekly meetings to discuss the workload and capacity. Work from home worked well even though coming into work does increase the social aspects of the job and lifts the spirit as a team.”

“Better inter-team communication with more regular cross-team meetings to discuss caseload and staffing.”

“There are a number of positive outcomes in terms of use of virtual consultations/ home videos used as part of assessment and consultations/parents expectations of some virtual input, but with my caseload there has to be some face to face assessment as not everything can be seen/heard from a video consultation.”

What lessons should be learned?

Occupational health support was a key area that staff commented on with regards to health and wellbeing. The feedback from staff on this support was mixed and whilst there were positive experiences, some staff commented on where improvements could be made. In particular, staff commented on ensuring that risk assessments were fit for purpose, sufficient staffing for occupational health teams, and consistent advice being given by occupational health teams:

“Occupational health were over whelmed with the number of staff who needed advice, very difficult to speak to anyone directly to clarify process for staff isolating.”

“Provide more occupational health staff - they were unable to meet demand.”

“Thinks about the areas that aren't immediately apparent as needing resourcing e.g. occupational health, who have taken an enormous strain with trying to help and risk manage frightened staff while continuing with the usual work.”

“Clear and universal advice from Occupational Health regarding symptoms, isolation and shielding. There has been conflicting advice given out from different people within the same department.”

“For clearer guidelines for people with health issues who could be quite unwell if they had Covid-19. The Occupational Health risk assessments are not easy to understand”

What worked well and should be continued?

Where occupational health support had been beneficial to staff, alongside the other mechanisms provided to them to support with their health and wellbeing, staff focussed on the value of having occupational health support and the importance of these colleagues' involvement:

“Occupational health COVID line - everyday.”

“These following statements went absolutely fantastic and to be continued: occupational health departmental service.”

“Encouraging support and information received from Occupational Health.”

“Occupational health ringing regularly when off with a positive COVID test, feeling support through this difficult time.”

“Within the organisation the Occupational Health Service and Covid 19 helpline have been very helpful and supportive to staff.”

What lessons should be learned?

Morale was a key area of commentary with staff focussing on where lessons should be learned. These areas centred on acknowledging and recognising the emotional and physical impact on staff, the importance of clear and consistent communication and information provision, and the recognition of the importance of every staff members contribution regardless of role:

“Important to recognise the toll it takes on staff to adapt to huge amounts of changes, and how emotionally and physically exhausting this is. Continue to praise and reward these efforts in order to keep staff morale up.”

“Staff morale has declined on a daily basis. Staff well-being has been completely overlooked as the focus has remained entirely on waiting list numbers/targets and audit data.”

“Making multiple changes to the structure and purpose of Teams in a pandemic is not good for staff morale. Changing a team overnight is neither safe nor in the best interest of patients, this is mainly aimed at community Teams who were turned upside down as well as receiving 40+ redeployed staff that we were expected to train in 3 days.”

“The impact of constantly changing guidance on staff morale and sense of worth. Communication and explanation for the changes could be improved.”

“Acknowledgement of staff not on the frontline would improve morale. For those behind the scenes in admin roles often feel forgotten and unappreciated when their role is just as vital.”

What worked well and should be continued?

Whilst some staff identified areas that required improvement in supporting and raising staff morale, a number of staff commented on their experience and what had worked well for them, their teams or wider organisation. The feedback highlighted the importance of communication whether it was from leadership or within and between teams, care packages, apps to support staff mental health, introduction of 'recharge rooms' for frontline staff and the sense of family amongst colleagues:

“The weekly communication from the Executive team is very much appreciated and I see this as part of team-building and morale boosting strategy.”

“Sharing of daily information to all staff members via a new letter kept everyone informed. It was also great to read inspiring stories to keep staff morale up. The trust invited everyone to download and app "shiny minds". This helped staff with their own well-being.”

“Investing in building team morale by more frequent video calls to check in on one another.”

“The Trust and ward have given us care packages which have been a lovely boost for morale.”

“The availability of the 'recharge rooms' as well as the 'recharge boxes' were a big morale boost and should be made available to all staff members.”

“Team morale remained good. People in work family kept each other going, despite the work pressures.”

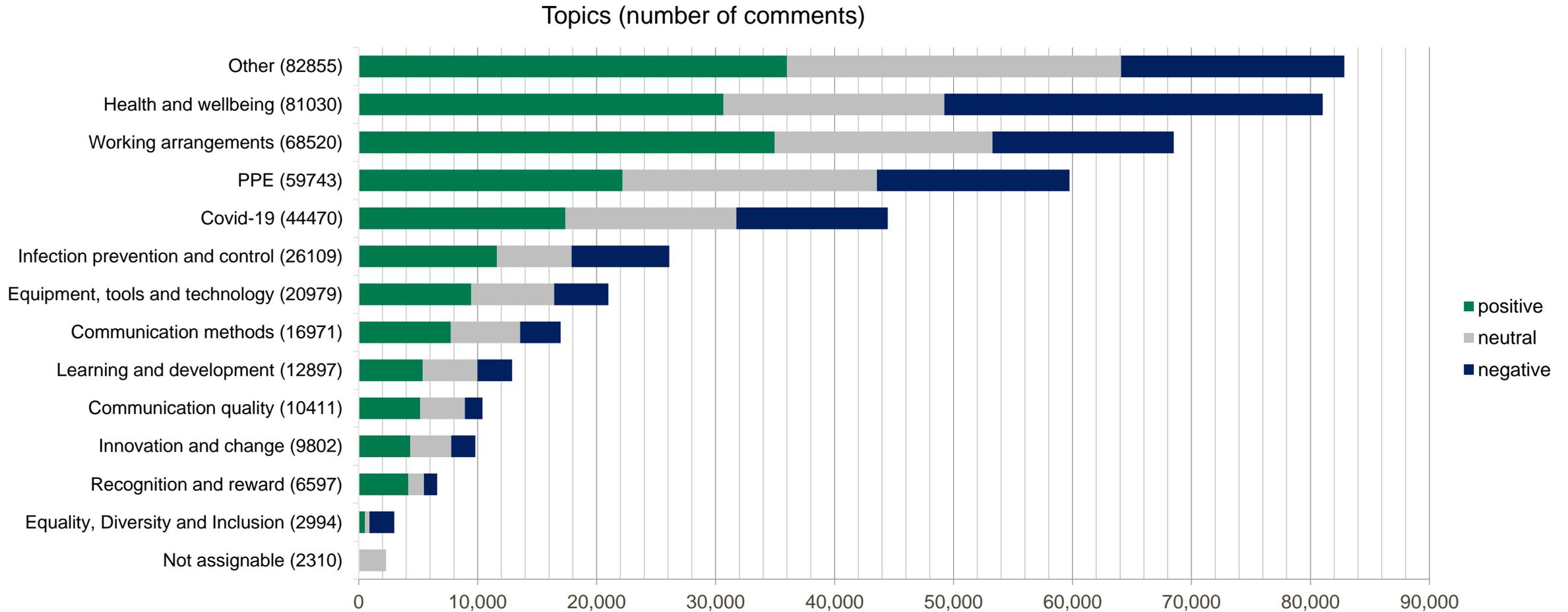
7. Appendix: topics and subtopics charts

Q21a Thinking about your experience of working through the Covid-19 pandemic, what lessons should be learned from this time?



Common topics and tone (Q21a)

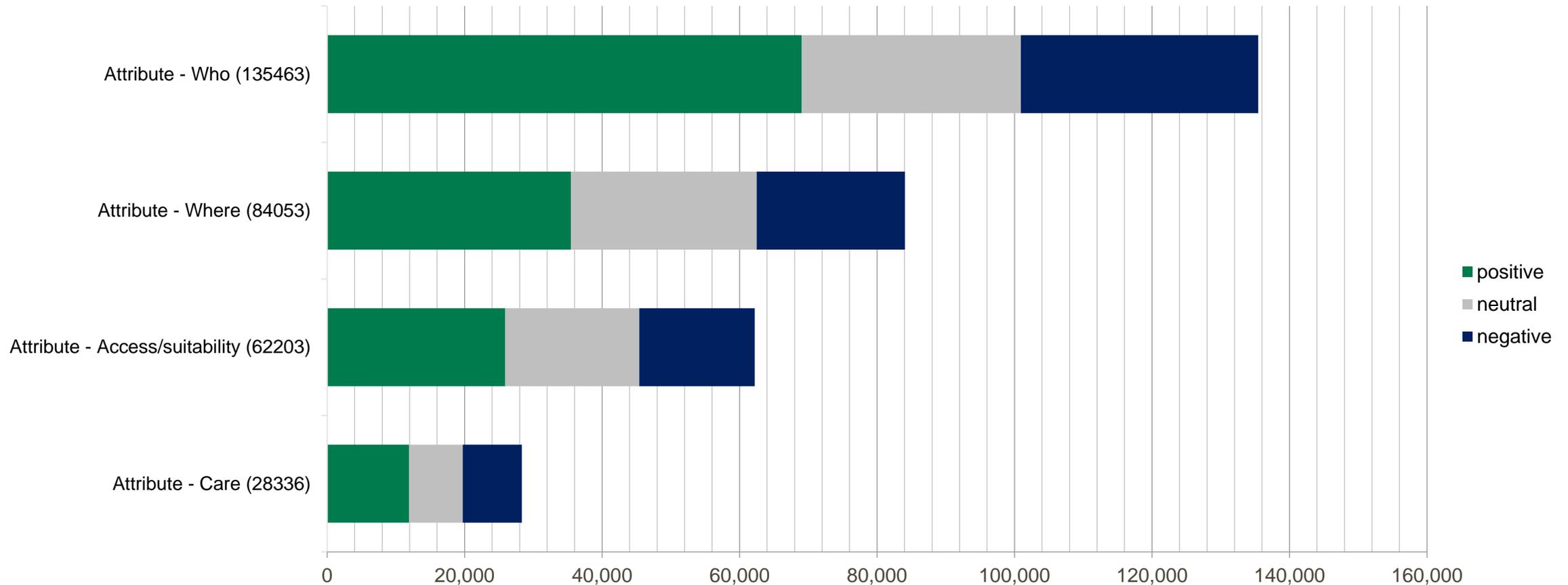
Q21a. Thinking about your experience of working through the Covid-19 pandemic, what lessons should be learned from this time?



Common topics and tone (Q21a) - Attributes

Q21a. Thinking about your experience of working through the Covid-19 pandemic, what lessons should be learned from this time?

Topics (number of comments)

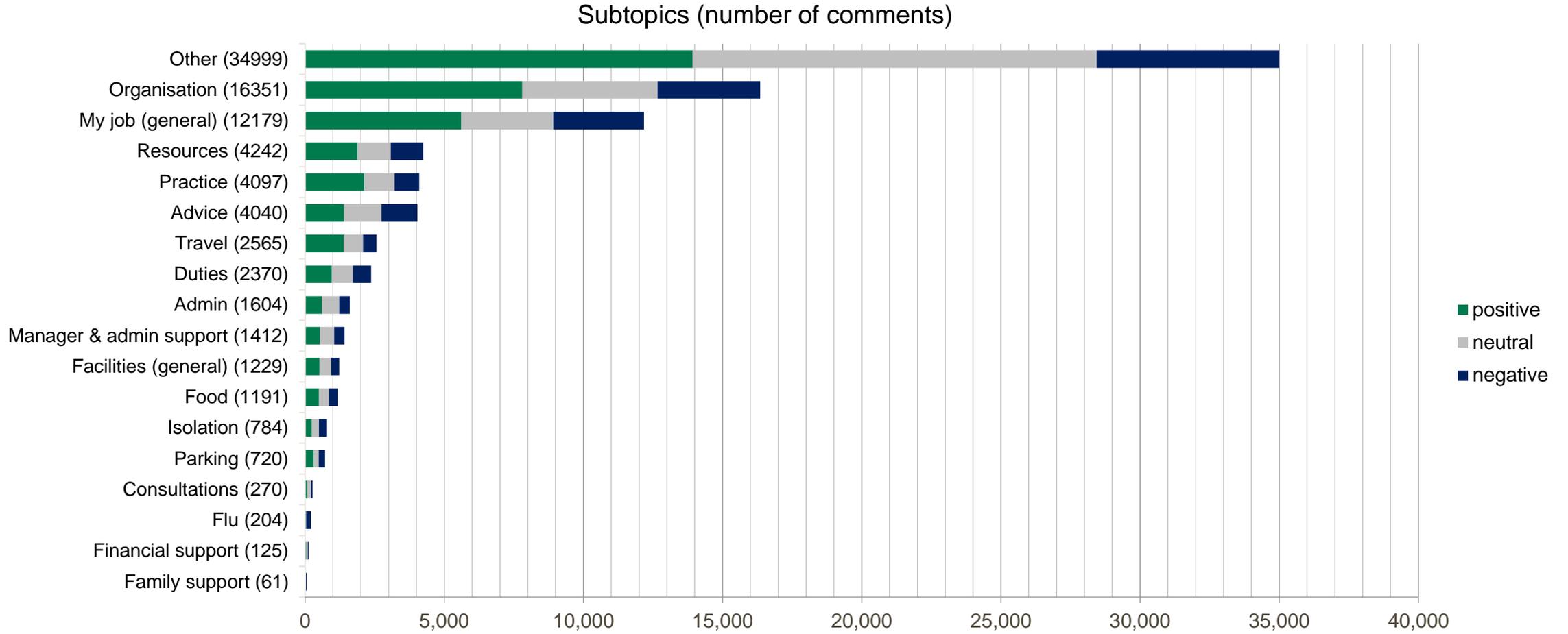


In the chart above, the 'Attribute- Access/ suitability' topic contains comments that relate to access to/ provision and suitability of broader areas (e.g: equipment, staffing, information) that do not relate to a specific topic or subtopic.

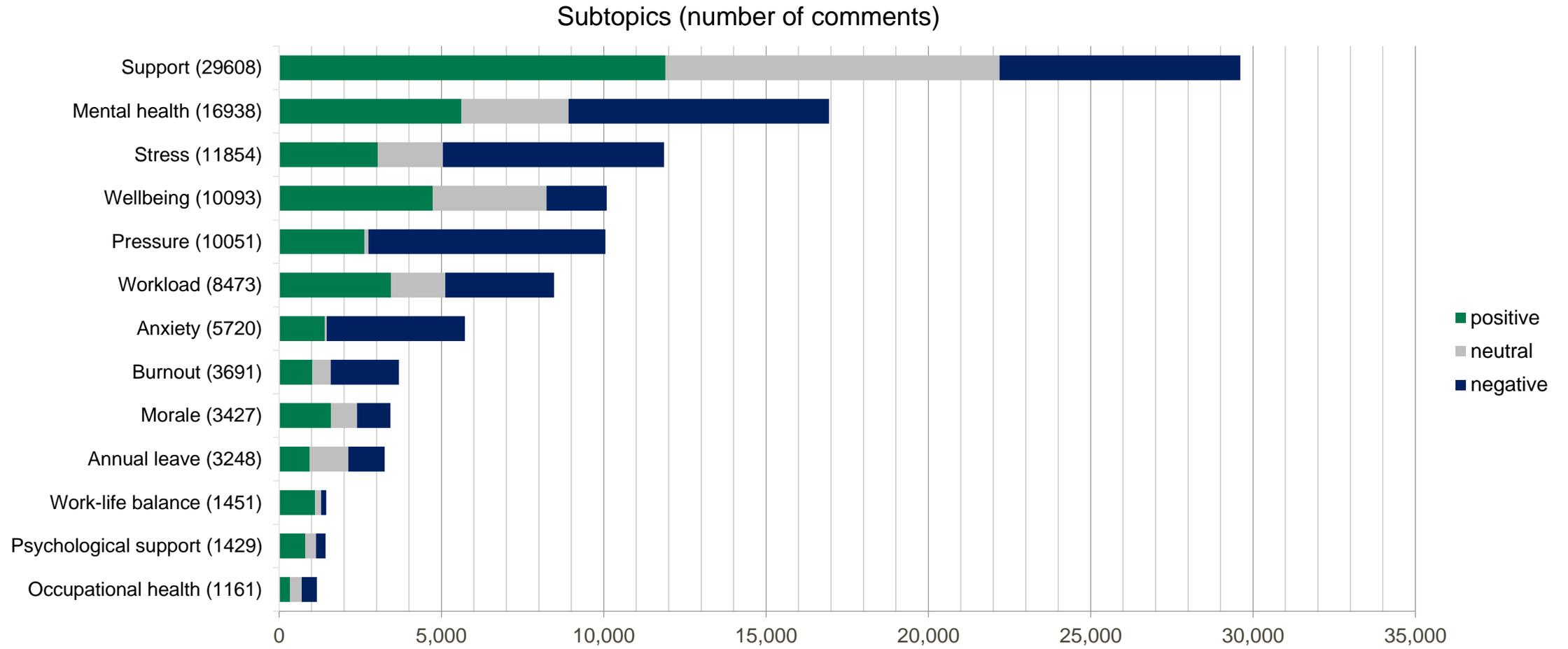


Topic: Other (Q21a)

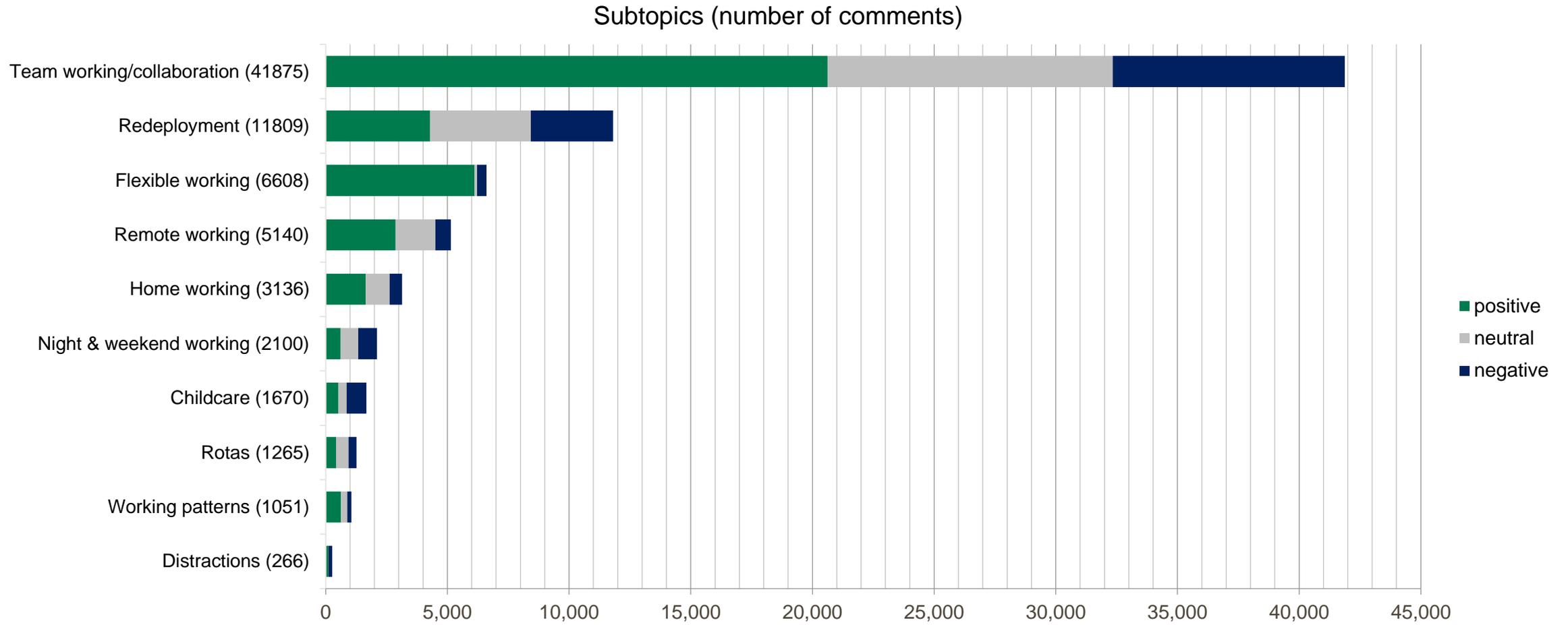
Q21a. Thinking about your experience of working through the Covid-19 pandemic, what lessons should be learned from this time?



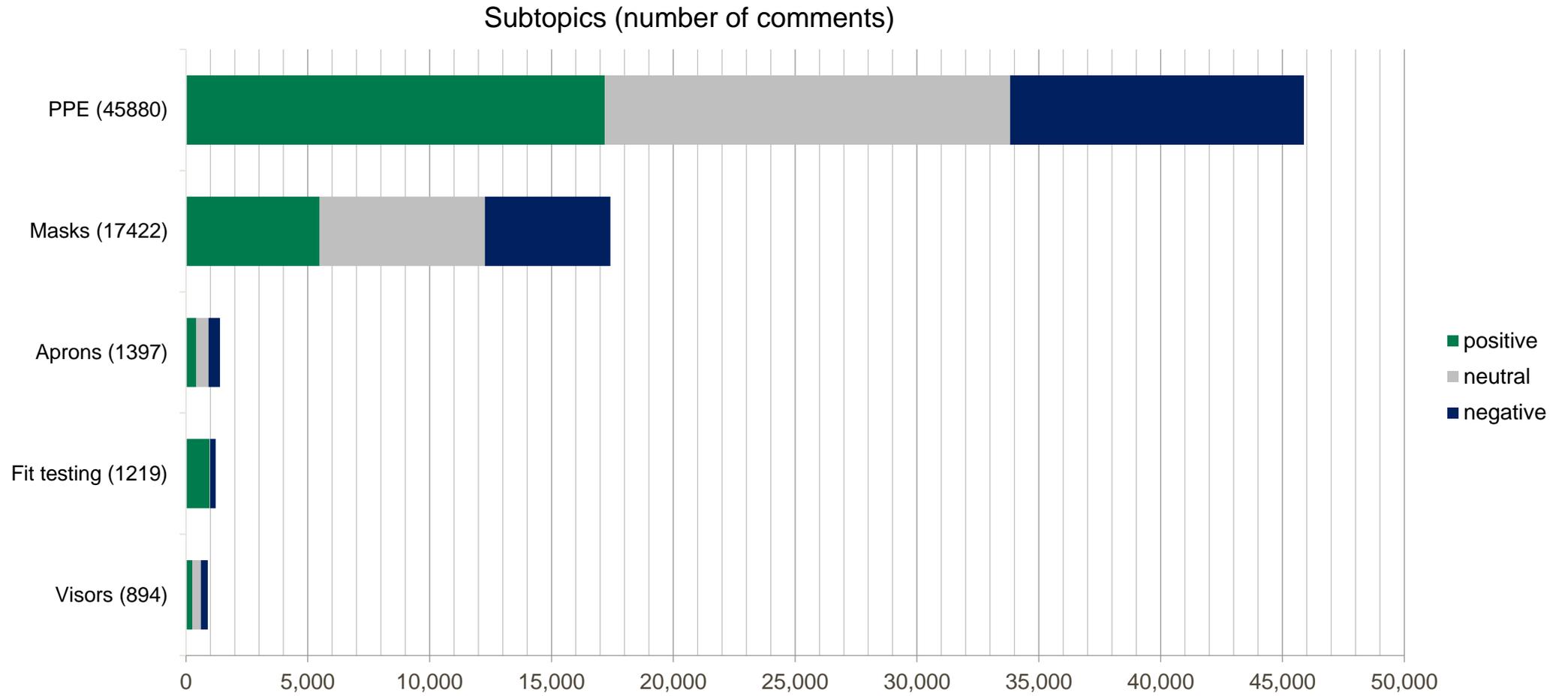
Q21a. Thinking about your experience of working through the Covid-19 pandemic, what lessons should be learned from this time?



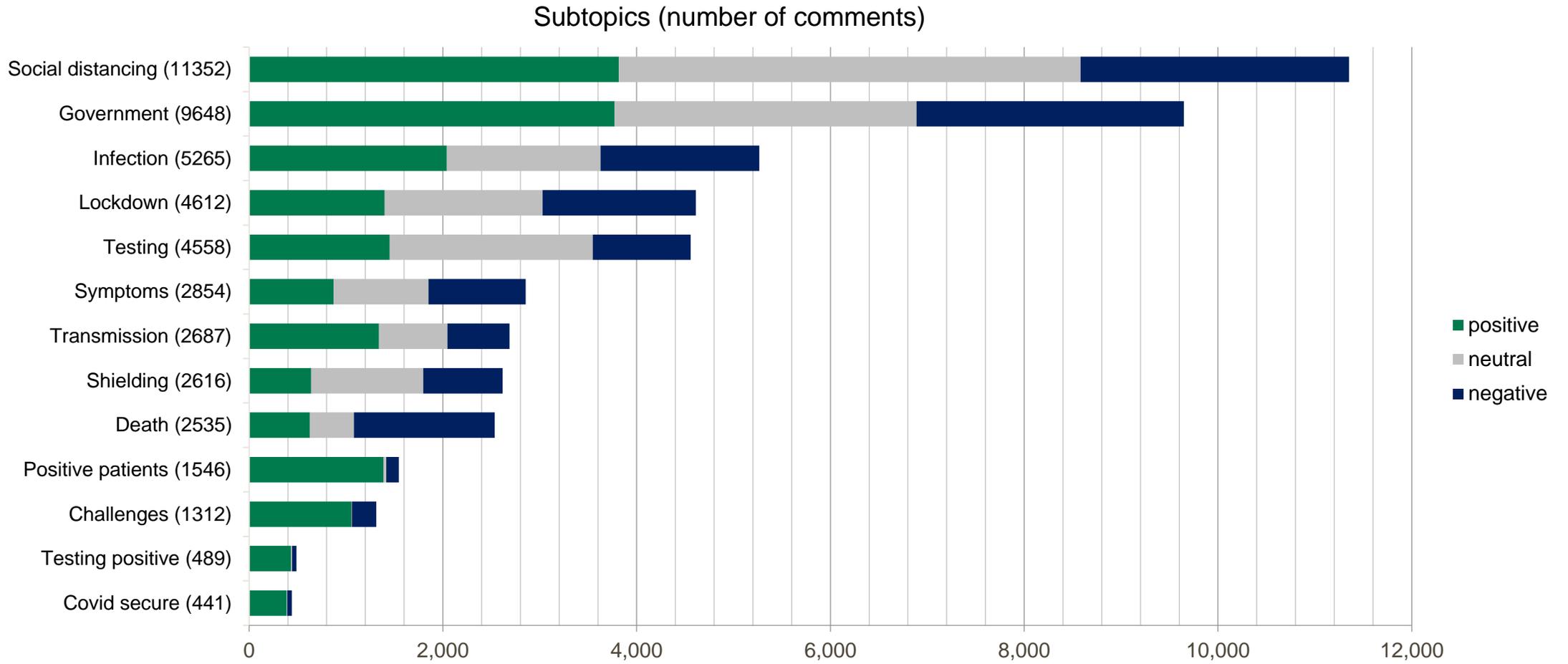
Q21a. Thinking about your experience of working through the Covid-19 pandemic, what lessons should be learned from this time?



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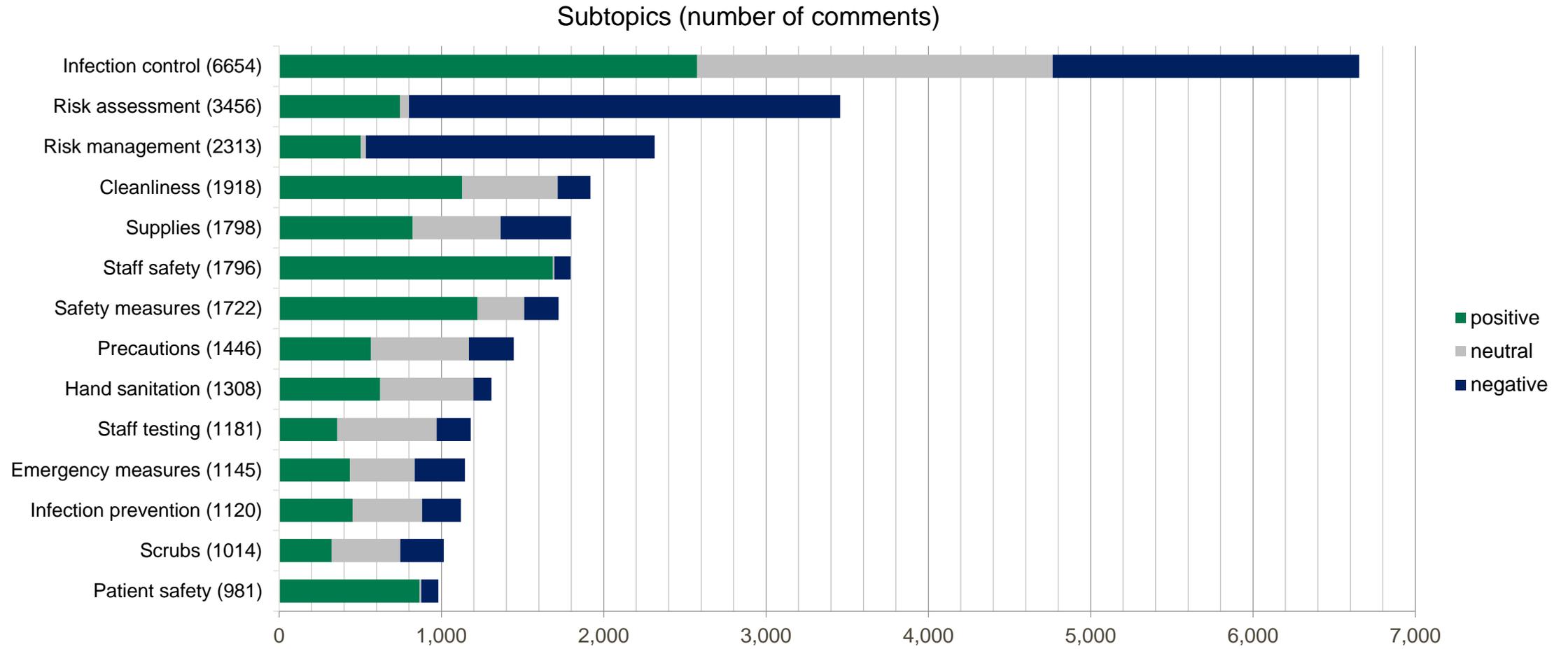


Q21a. Thinking about your experience of working through the Covid-19 pandemic, what lessons should be learned from this time?



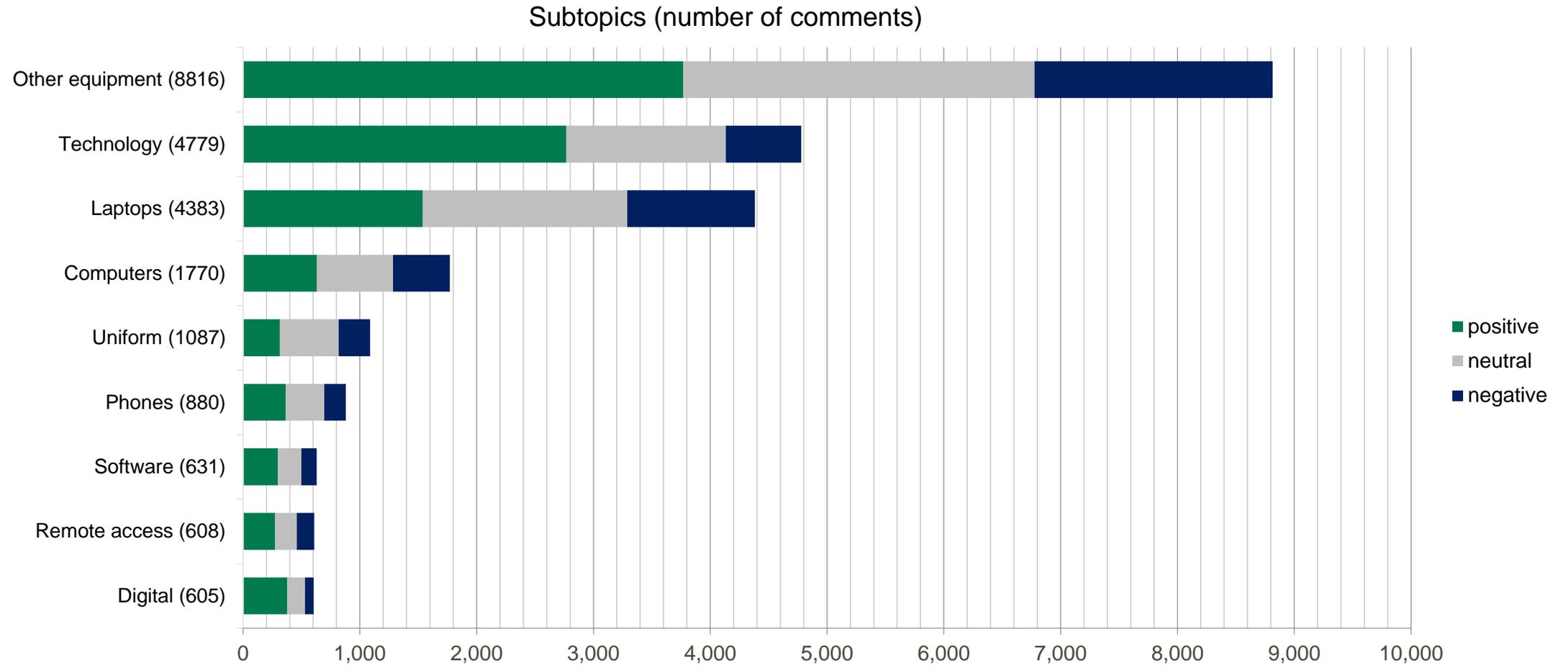
Topic: Infection prevention and control (Q21a)

Q21a. Thinking about your experience of working through the Covid-19 pandemic, what lessons should be learned from this time?



Topic: Equipment, tools and technology (Q21a)

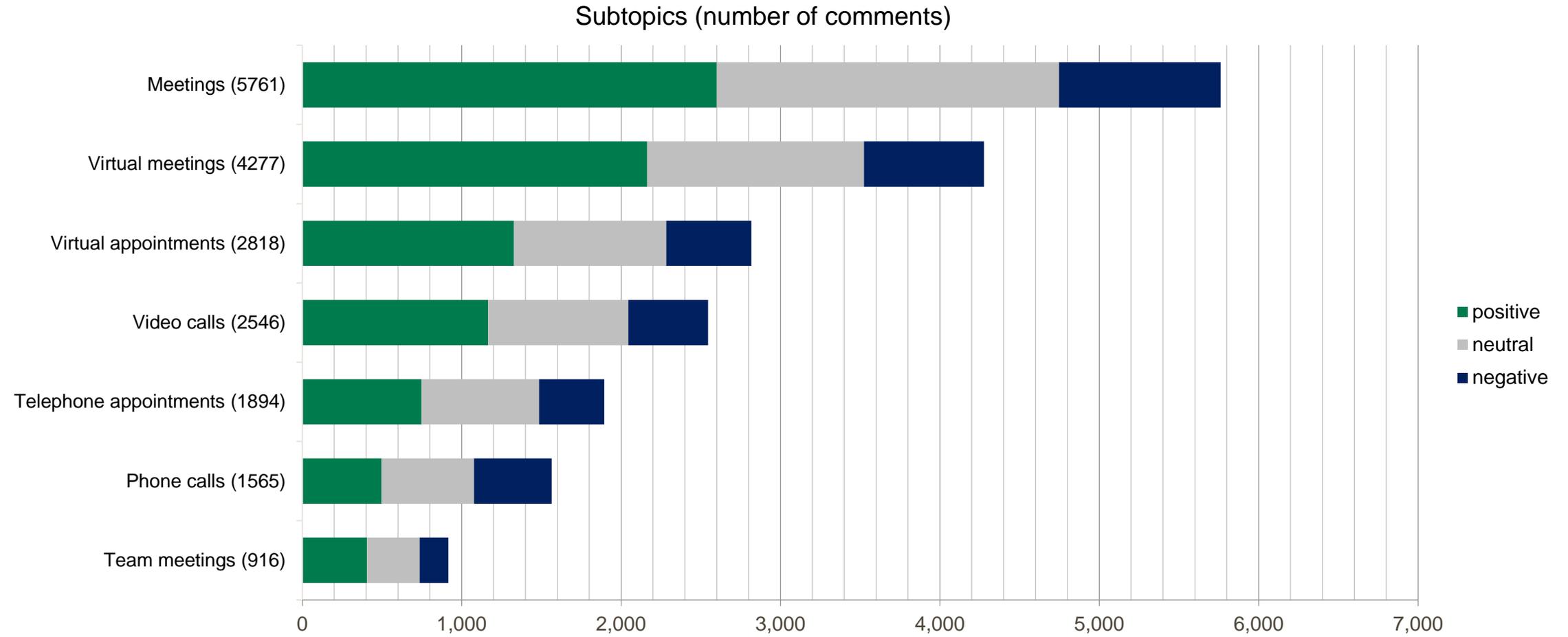
Q21a. Thinking about your experience of working through the Covid-19 pandemic, what lessons should be learned from this time?



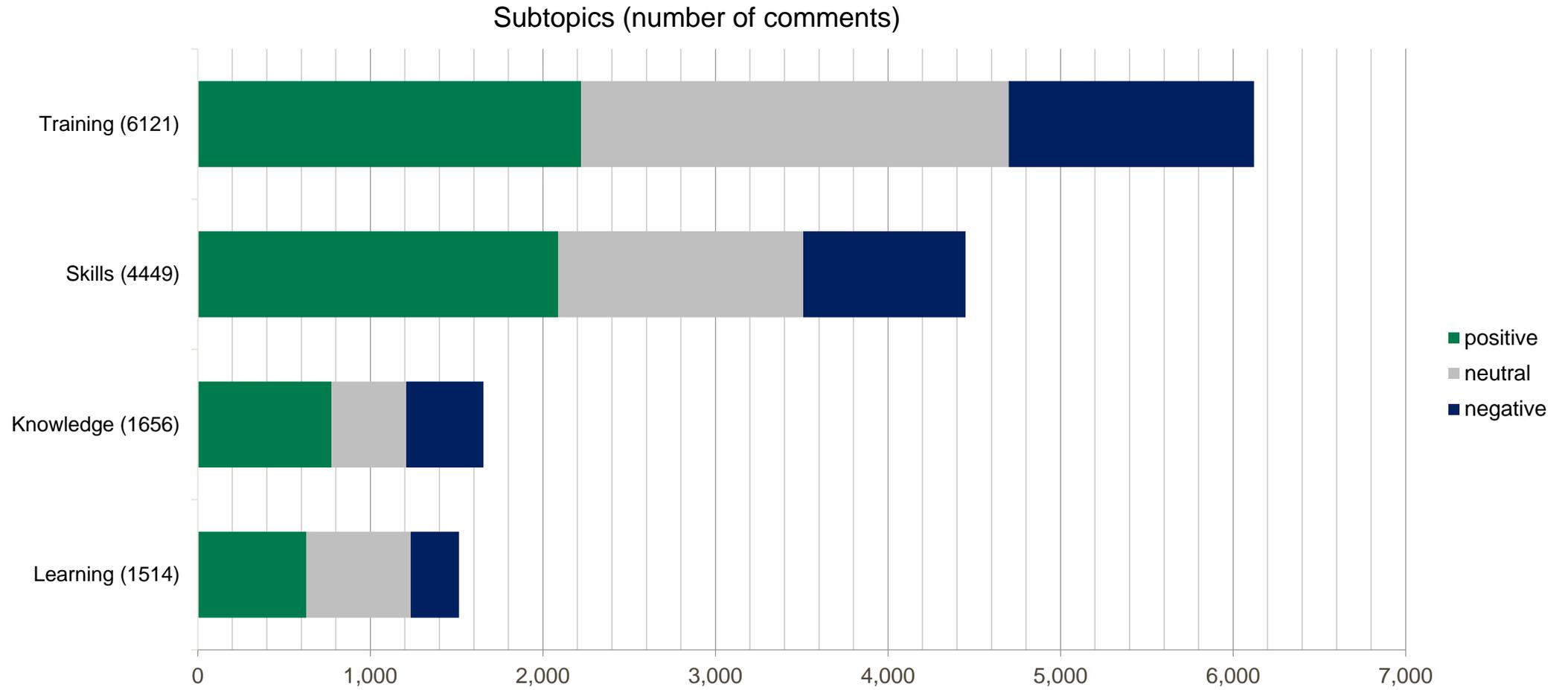


Topic: Communication methods (Q21a)

Q21a. Thinking about your experience of working through the Covid-19 pandemic, what lessons should be learned from this time?

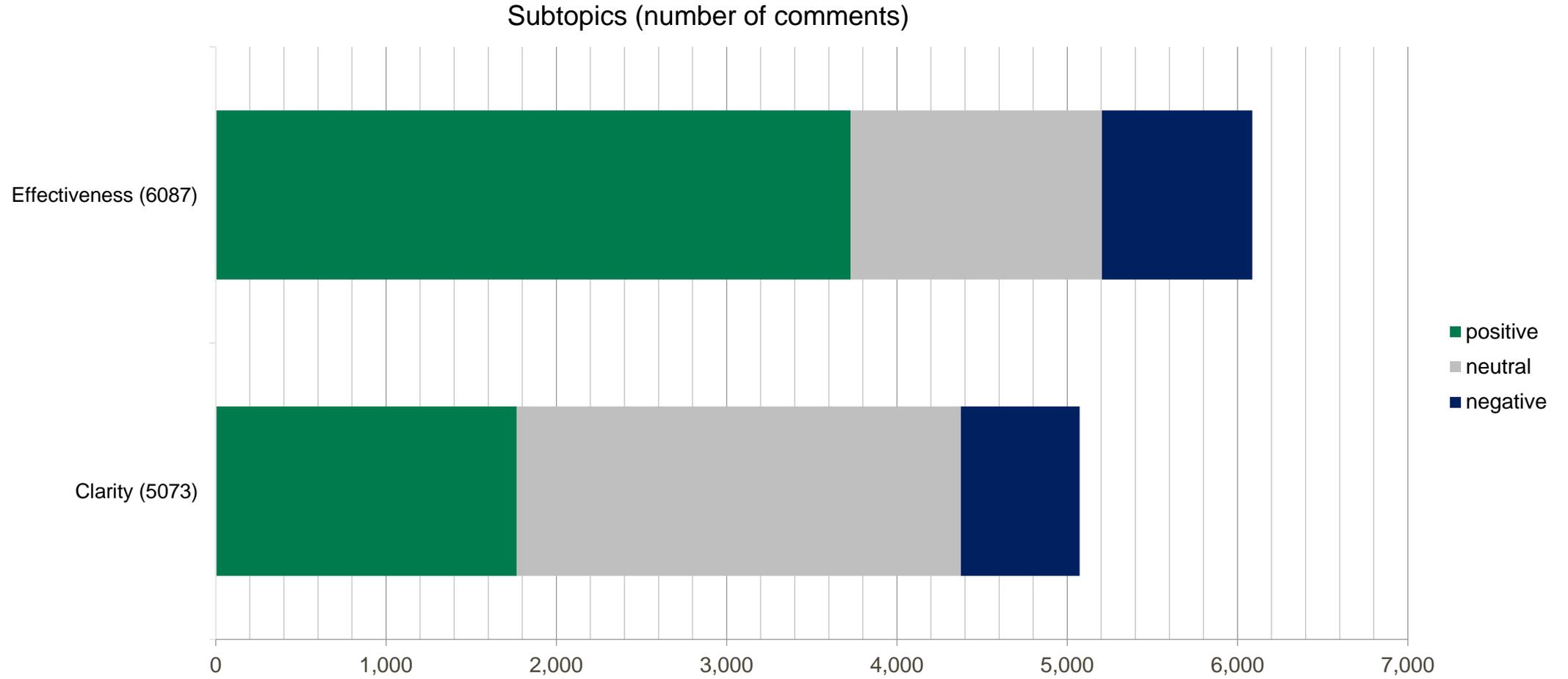


Q21a. Thinking about your experience of working through the Covid-19 pandemic, what lessons should be learned from this time?

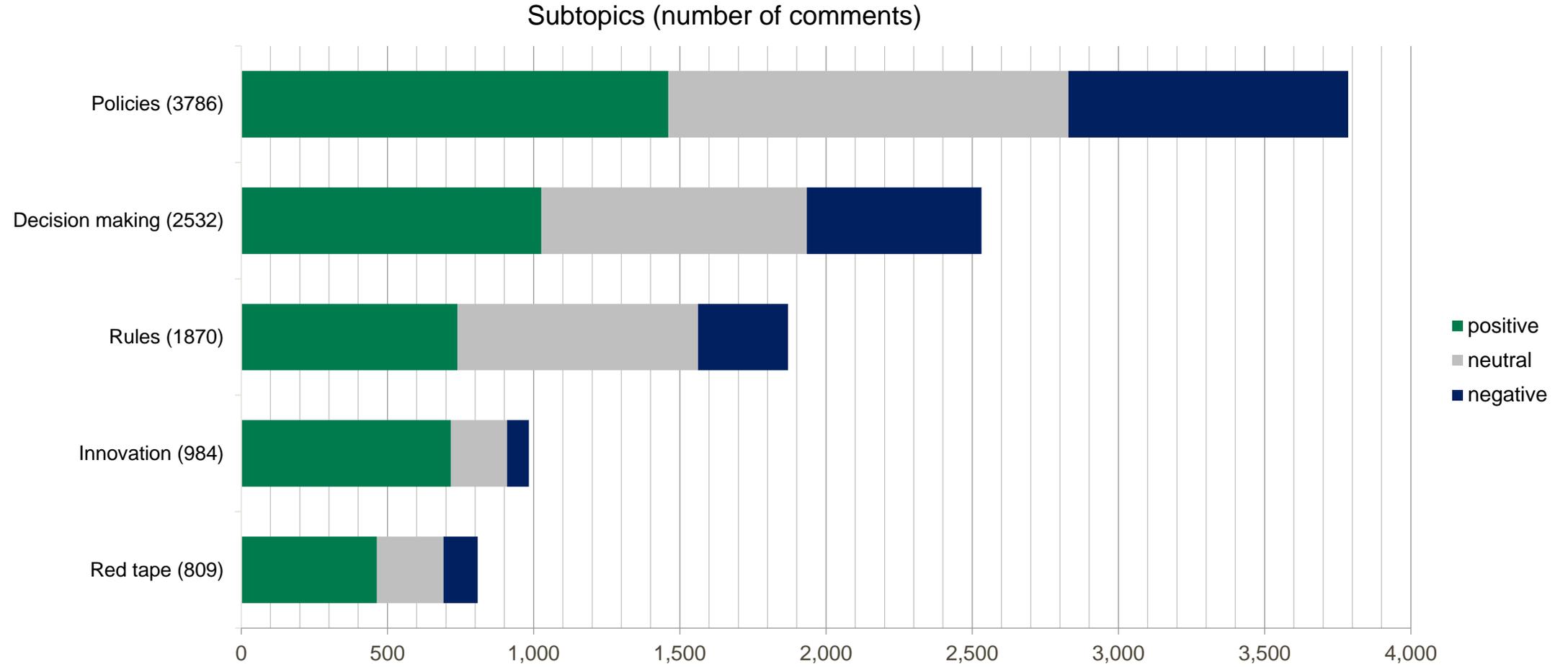


➤ Topic: Communication quality (Q21a)

Q21a. Thinking about your experience of working through the Covid-19 pandemic, what lessons should be learned from this time?



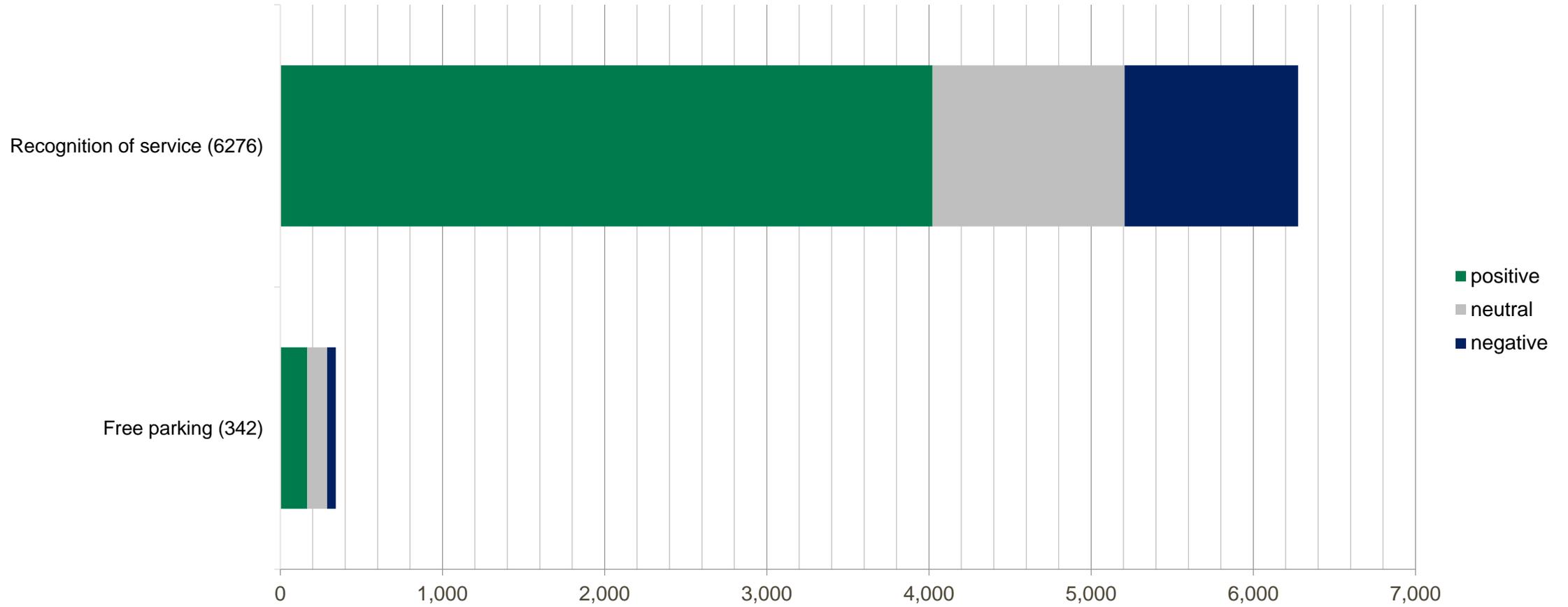
Q21a. Thinking about your experience of working through the Covid-19 pandemic, what lessons should be learned from this time?



➤ Topic: Recognition and reward (Q21a)

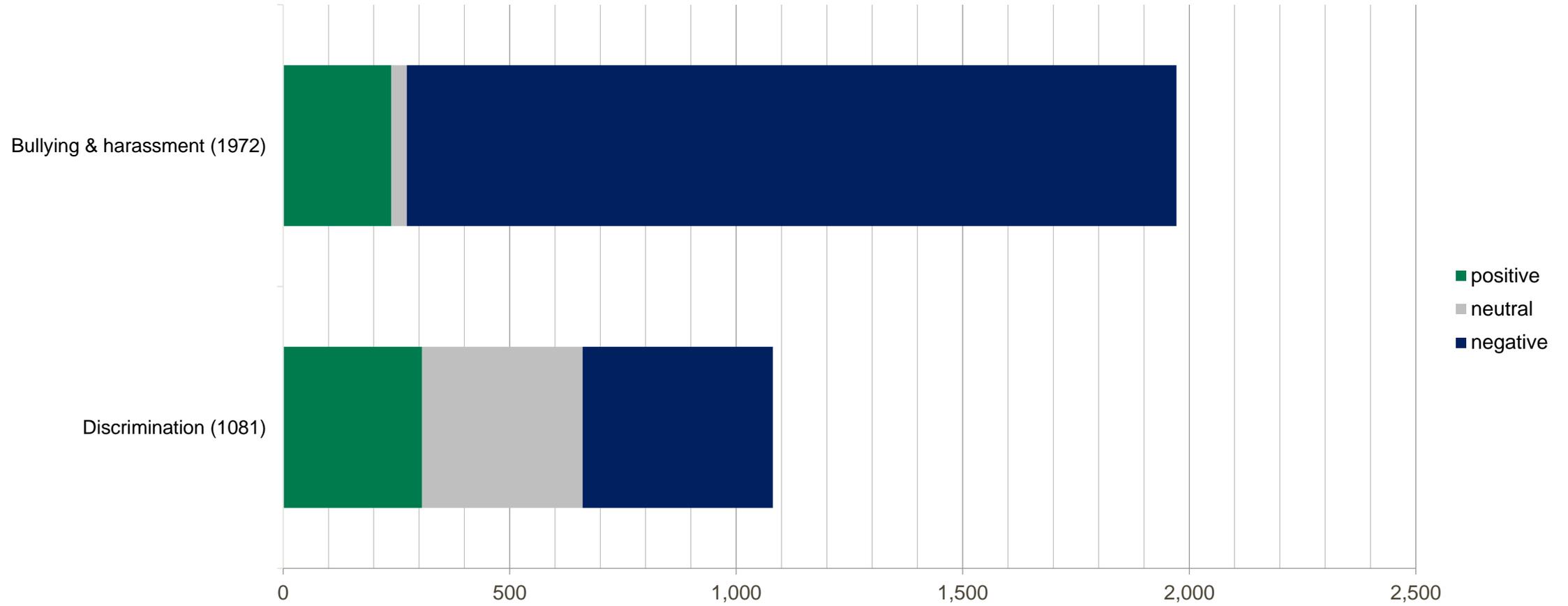
Q21a. Thinking about your experience of working through the Covid-19 pandemic, what lessons should be learned from this time?

Subtopics (number of comments)



Q21a. Thinking about your experience of working through the Covid-19 pandemic, what lessons should be learned from this time?

Subtopics (number of comments)

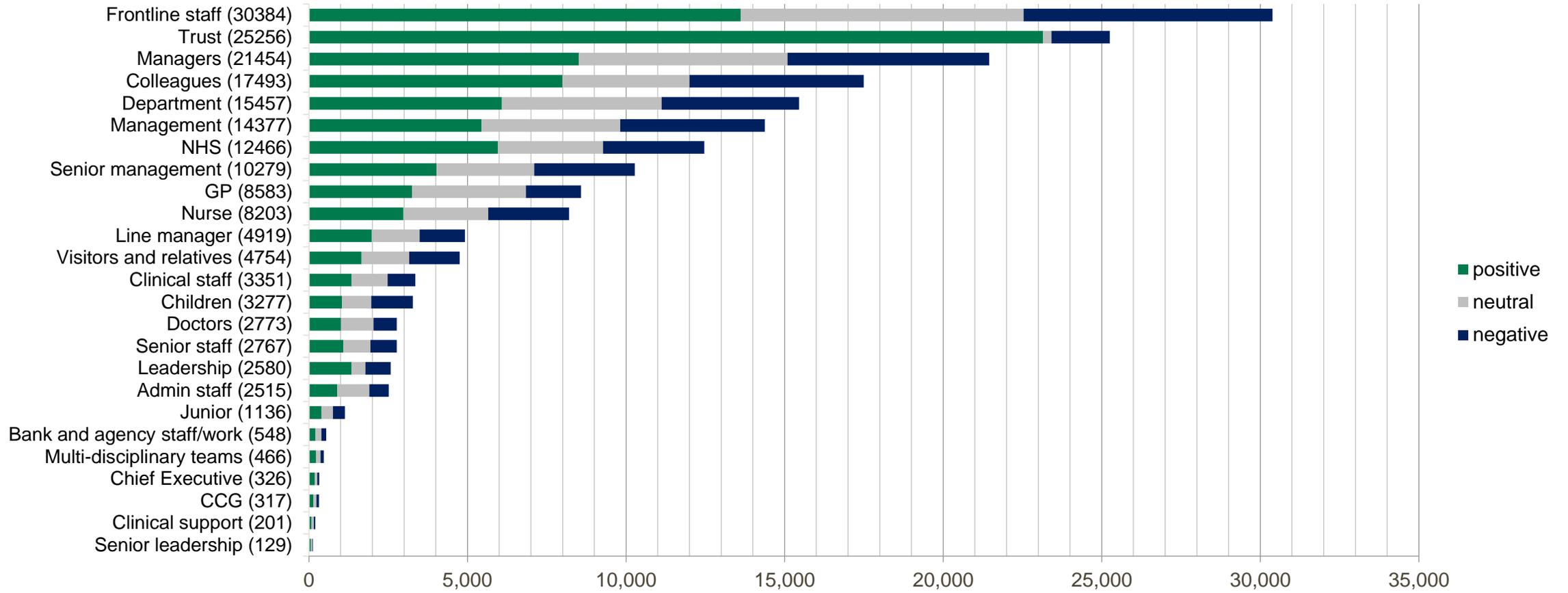




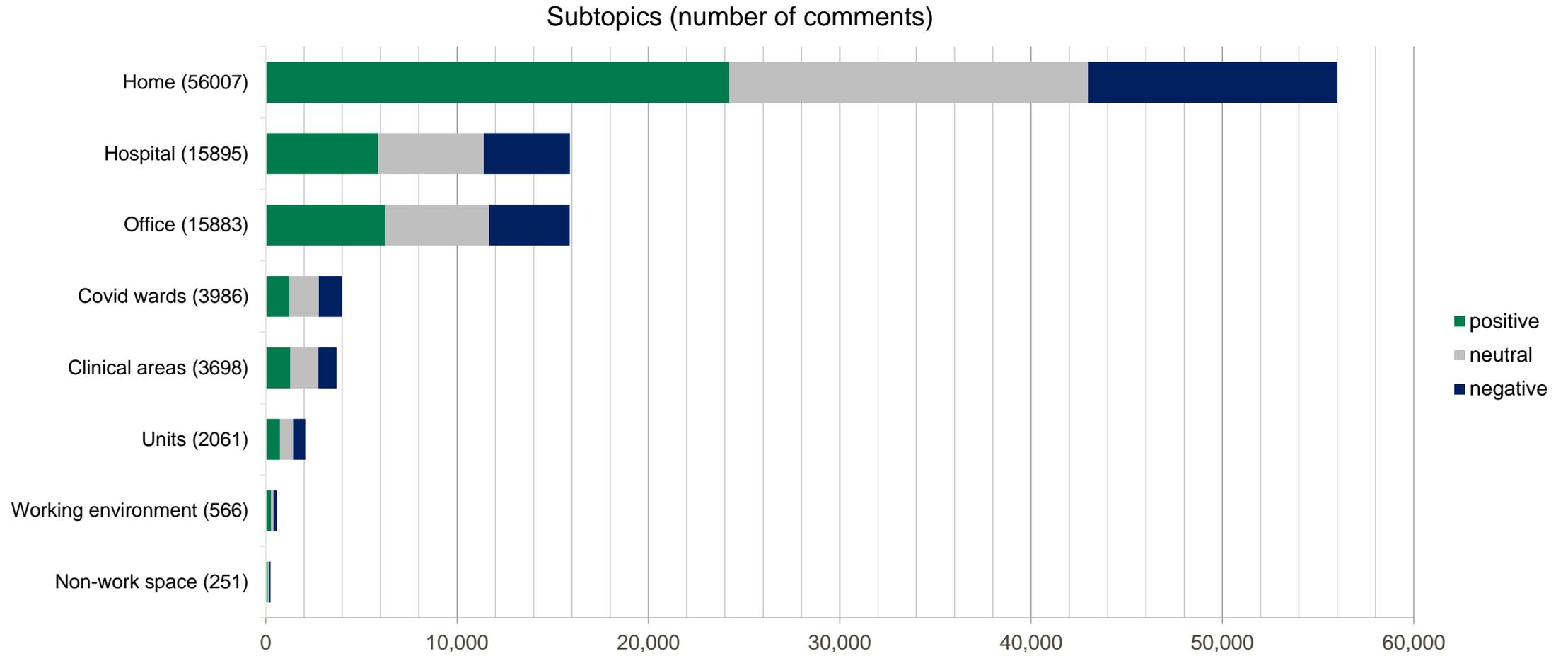
Topic: Attribute - Who (Q21a)

Q21a. Thinking about your experience of working through the Covid-19 pandemic, what lessons should be learned from this time?

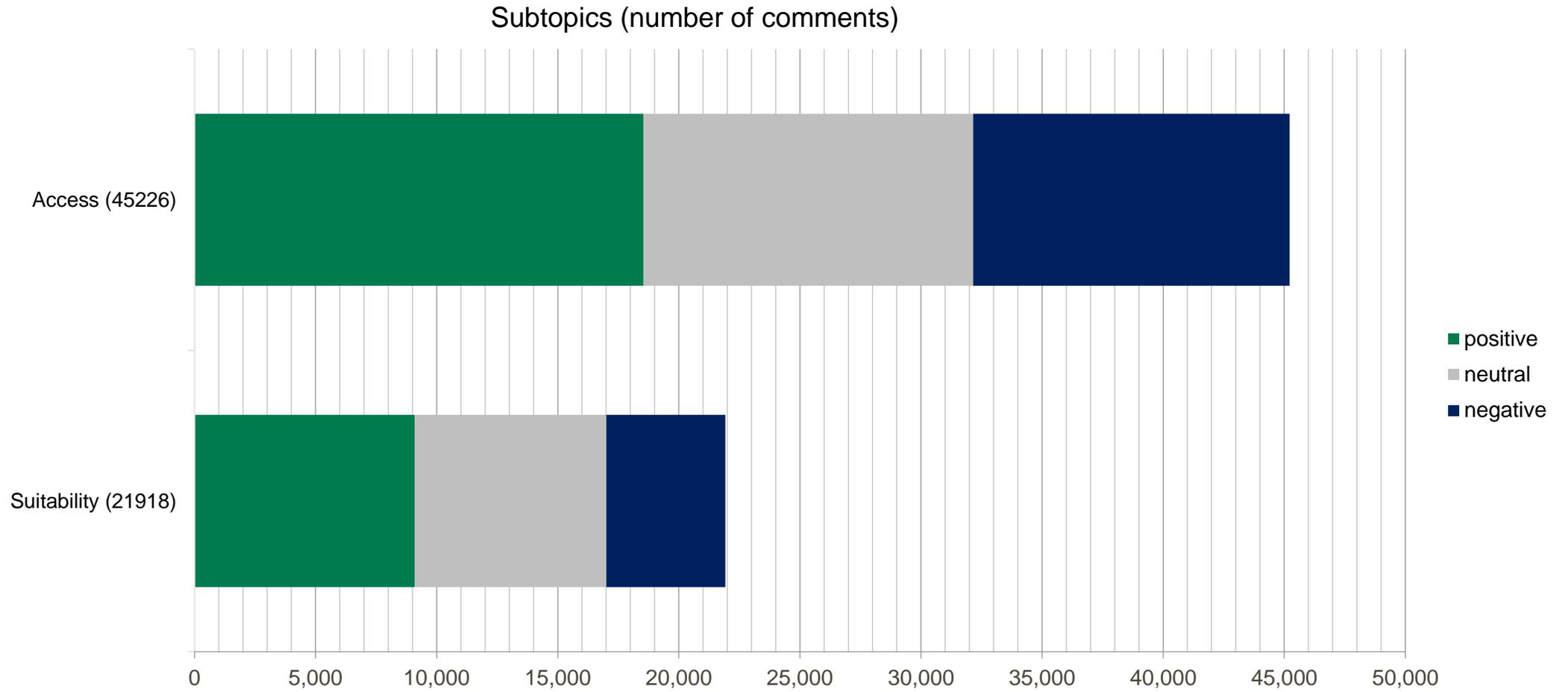
Subtopics (number of comments)



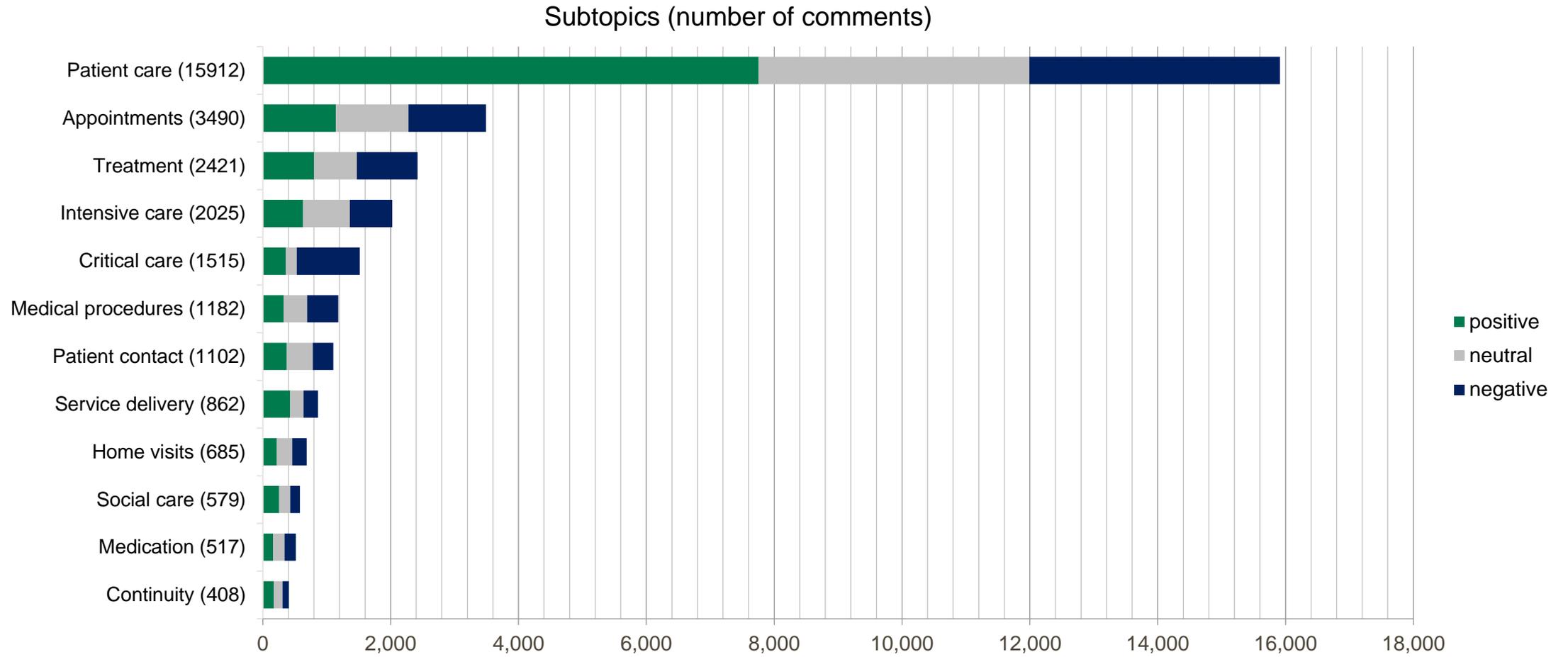
Q21a. Thinking about your experience of working through the Covid-19 pandemic, what lessons should be learned from this time?



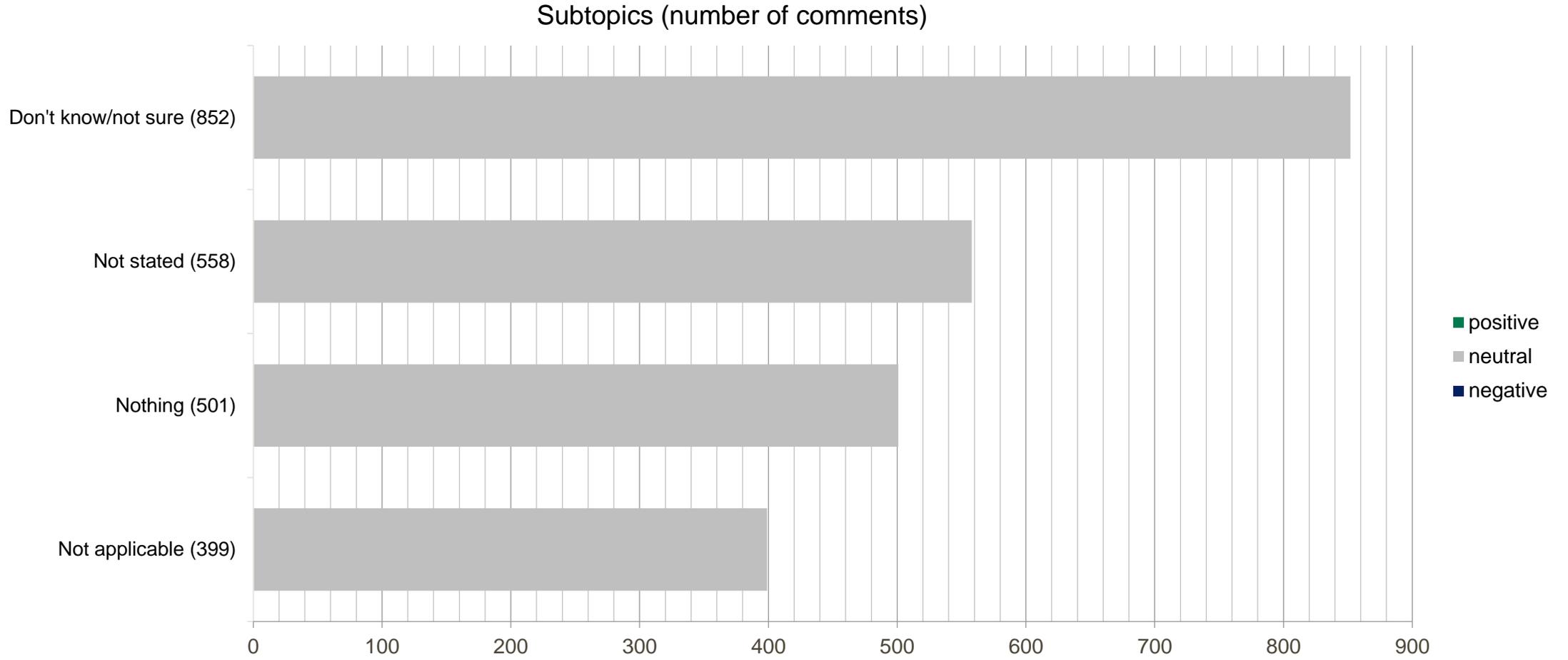
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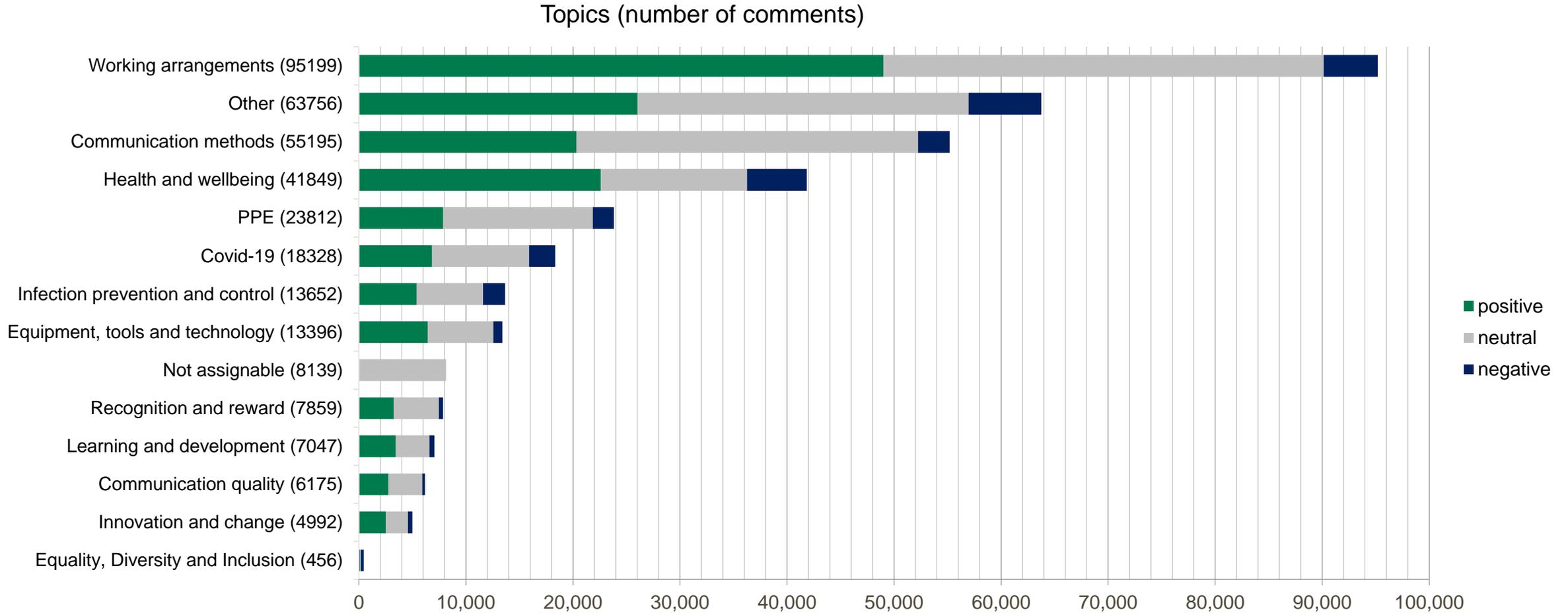


**Q21b What worked well during Covid-19
and should be continued?**



Common topics and tone (Q21b)

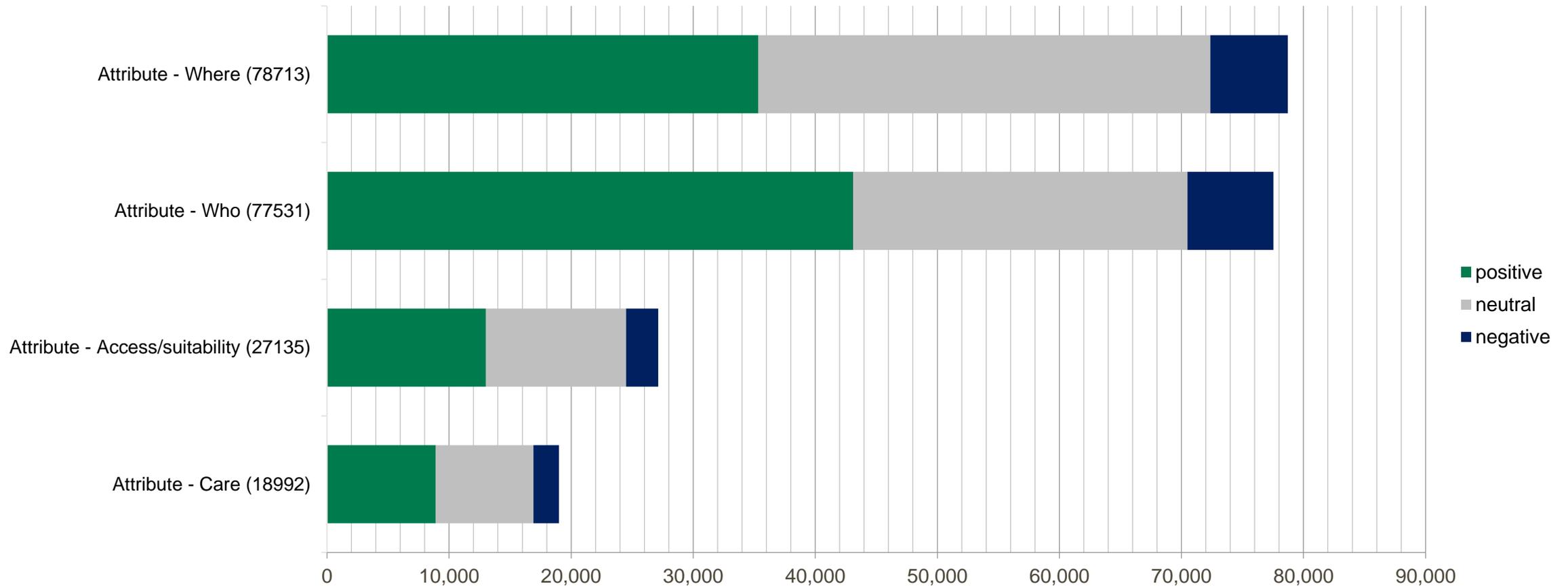
Q21b. What worked well during Covid-19 and should be continued?



Common topics and tone (Q21b) - Attributes

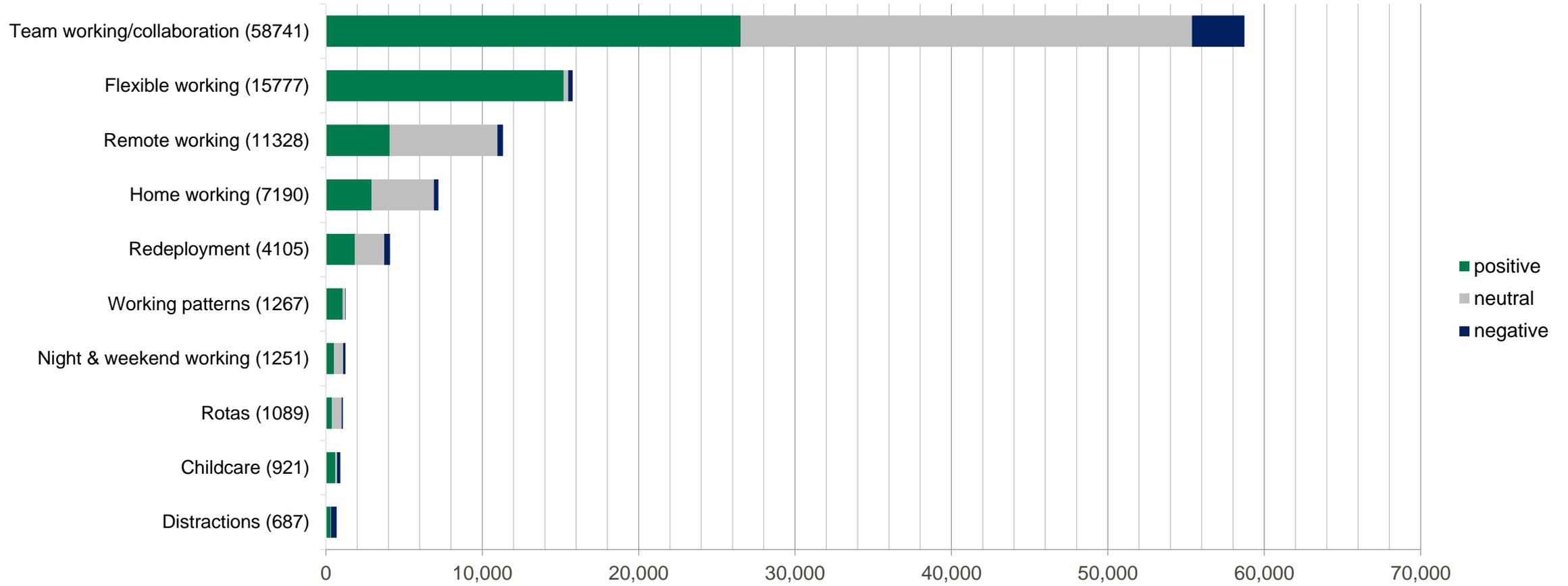
Q21b. What worked well during Covid-19 and should be continued?

Topics (number of comments)

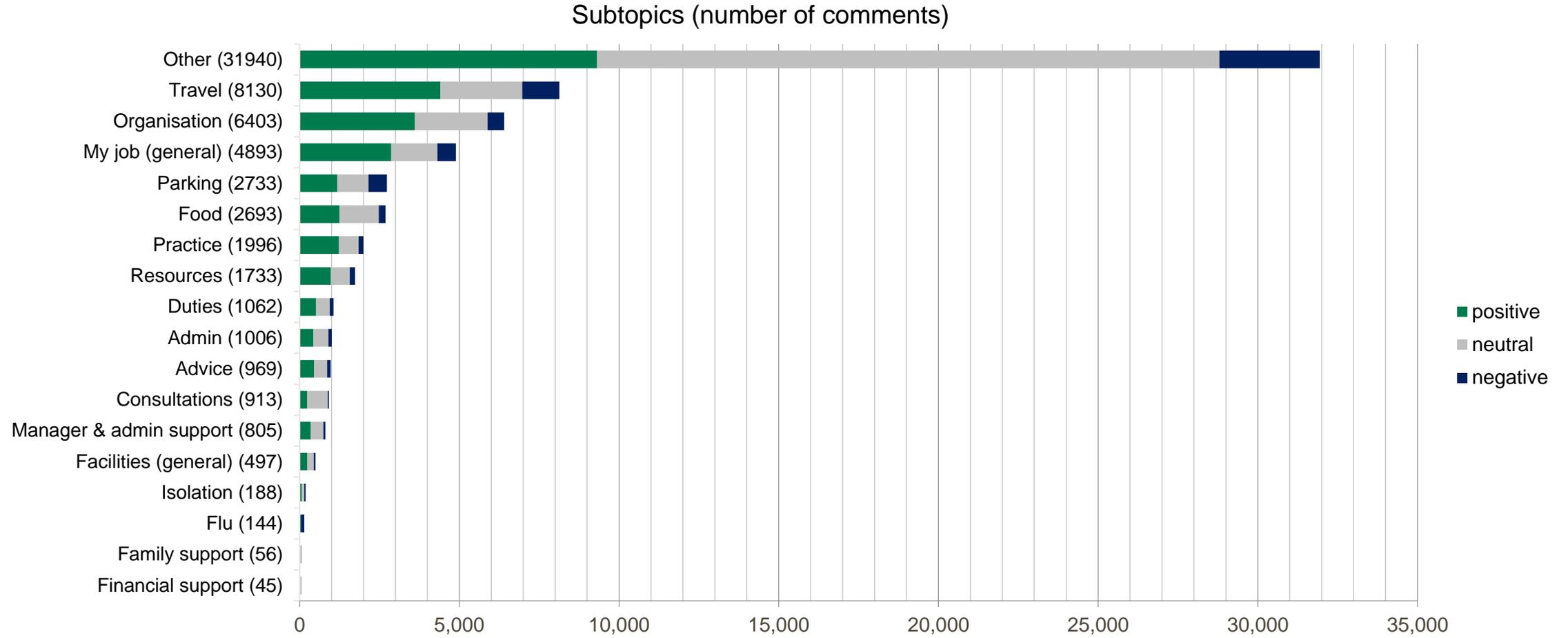


Q21b. What worked well during Covid-19 and should be continued?

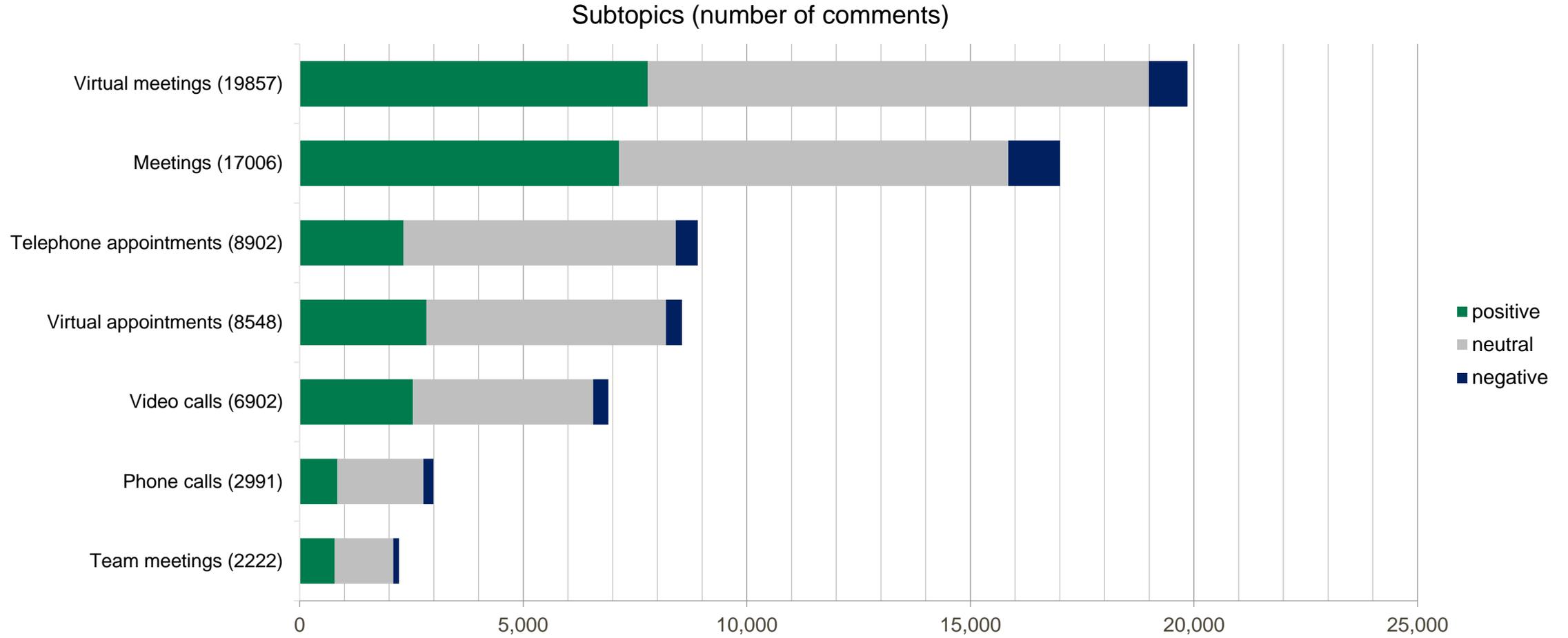
Subtopics (number of comments)



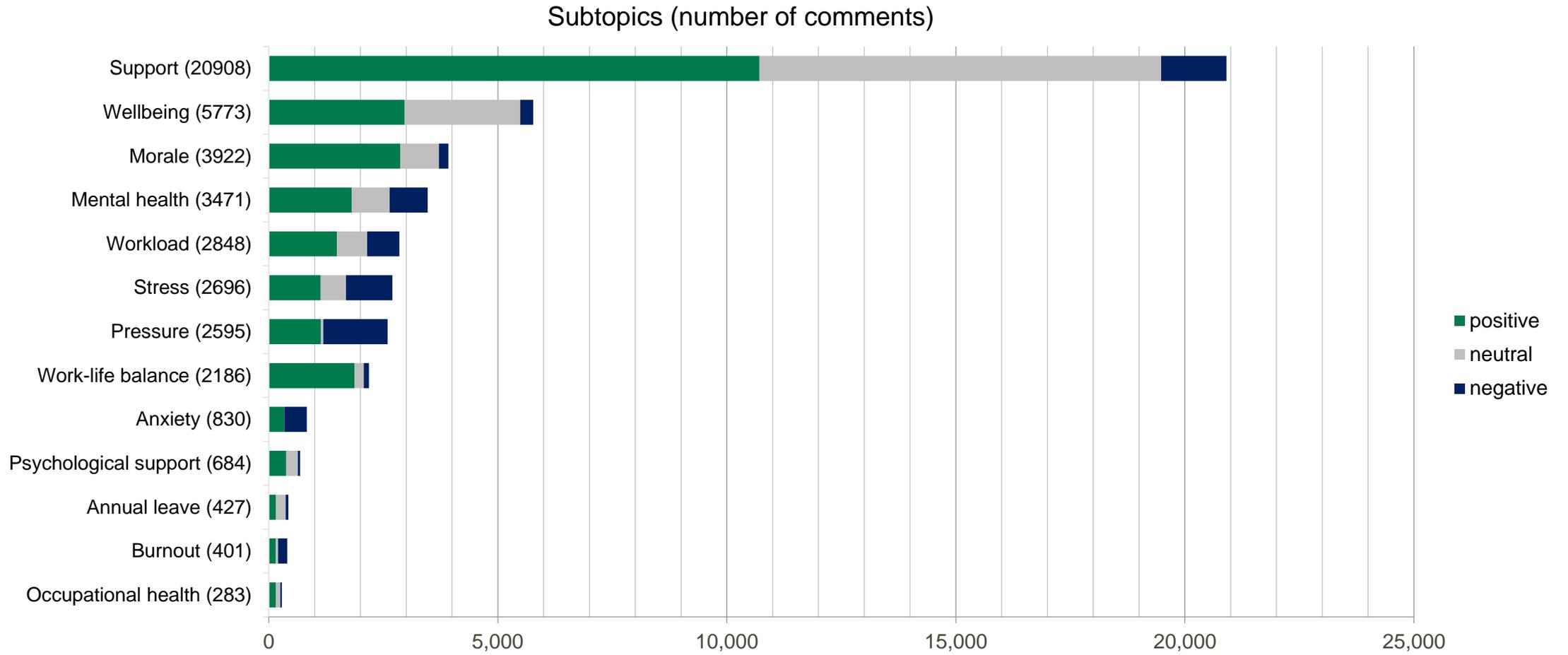
Q21b. What worked well during Covid-19 and should be continued?



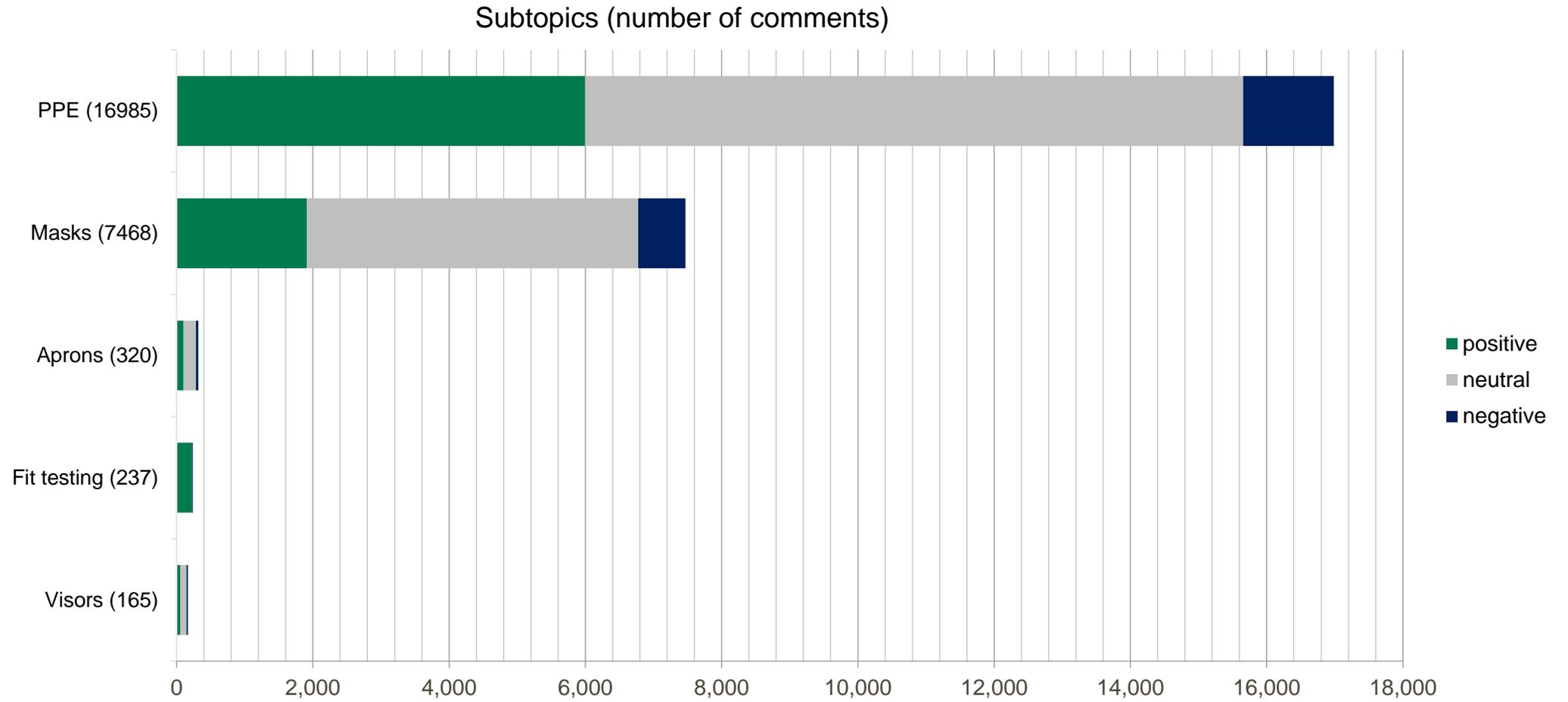
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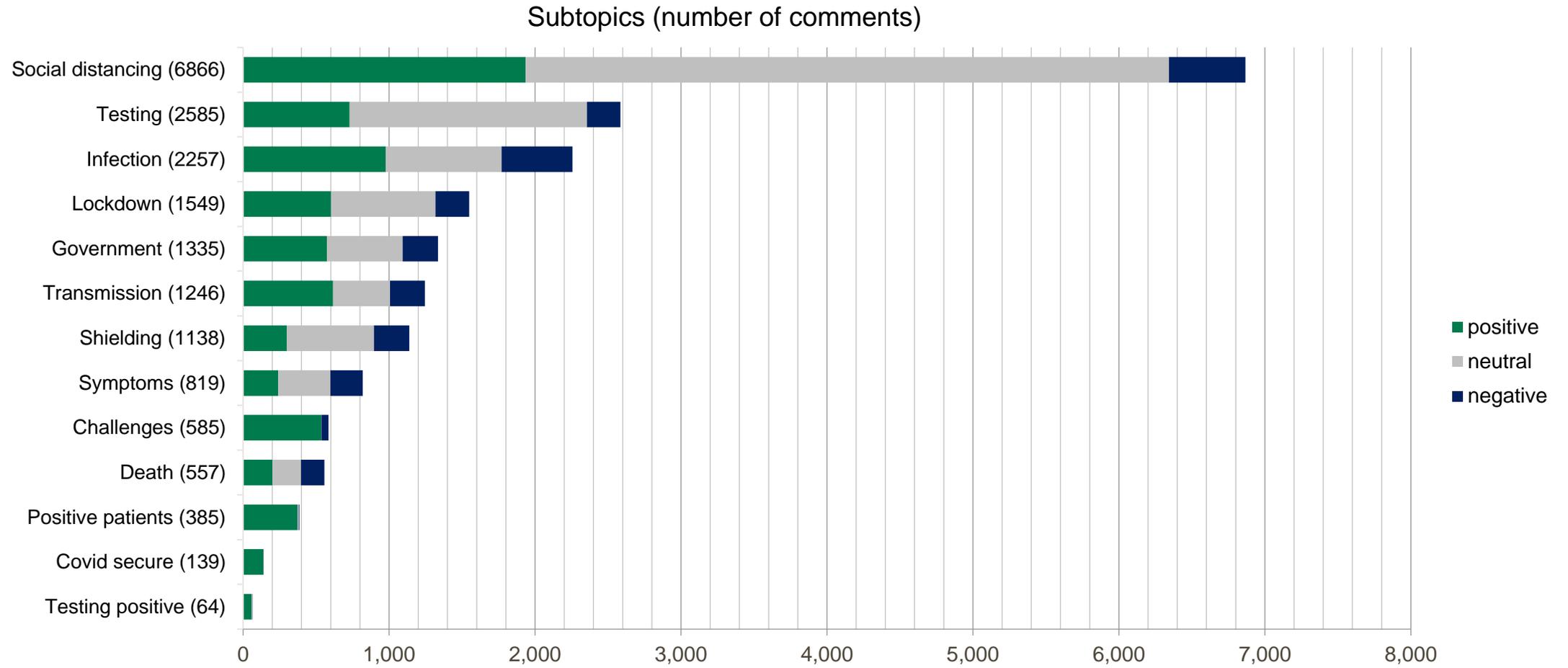
Q21b. What worked well during Covid-19 and should be continued?



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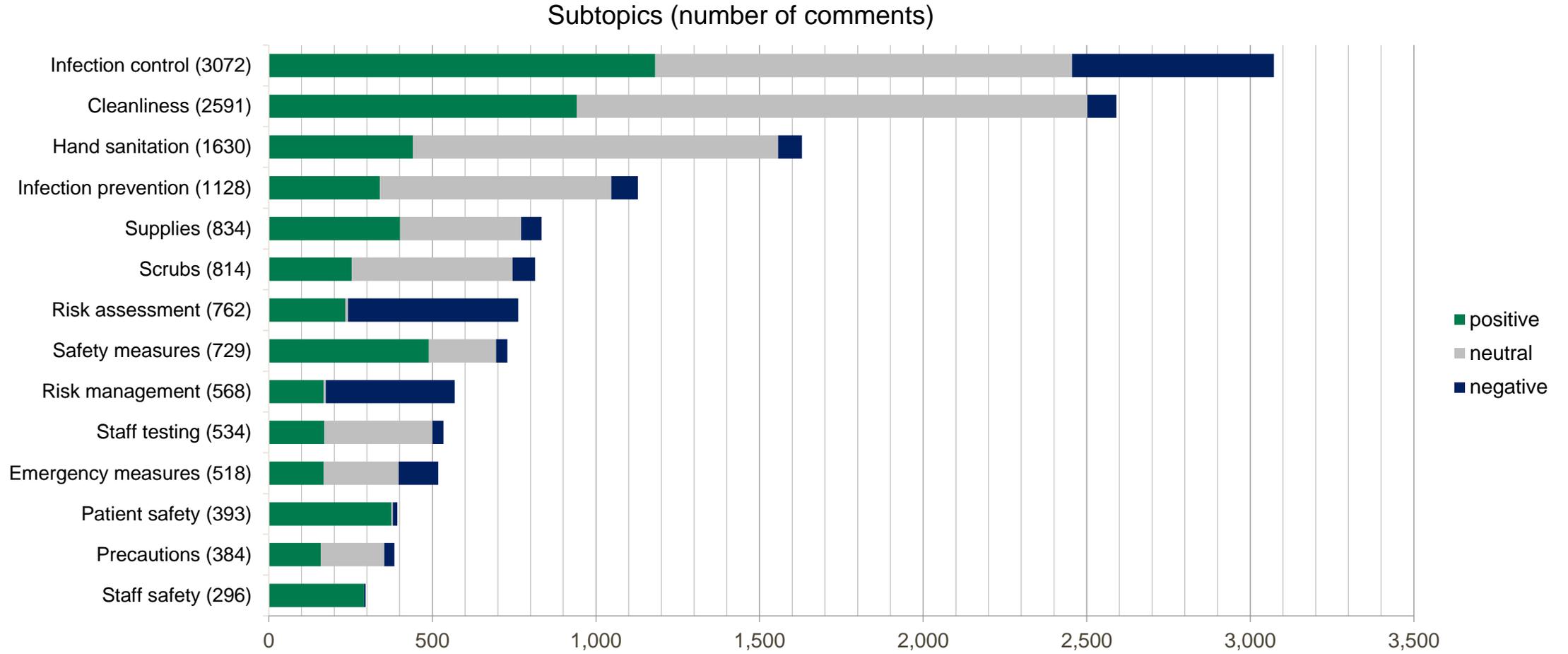


Q21b. What worked well during Covid-19 and should be continued?



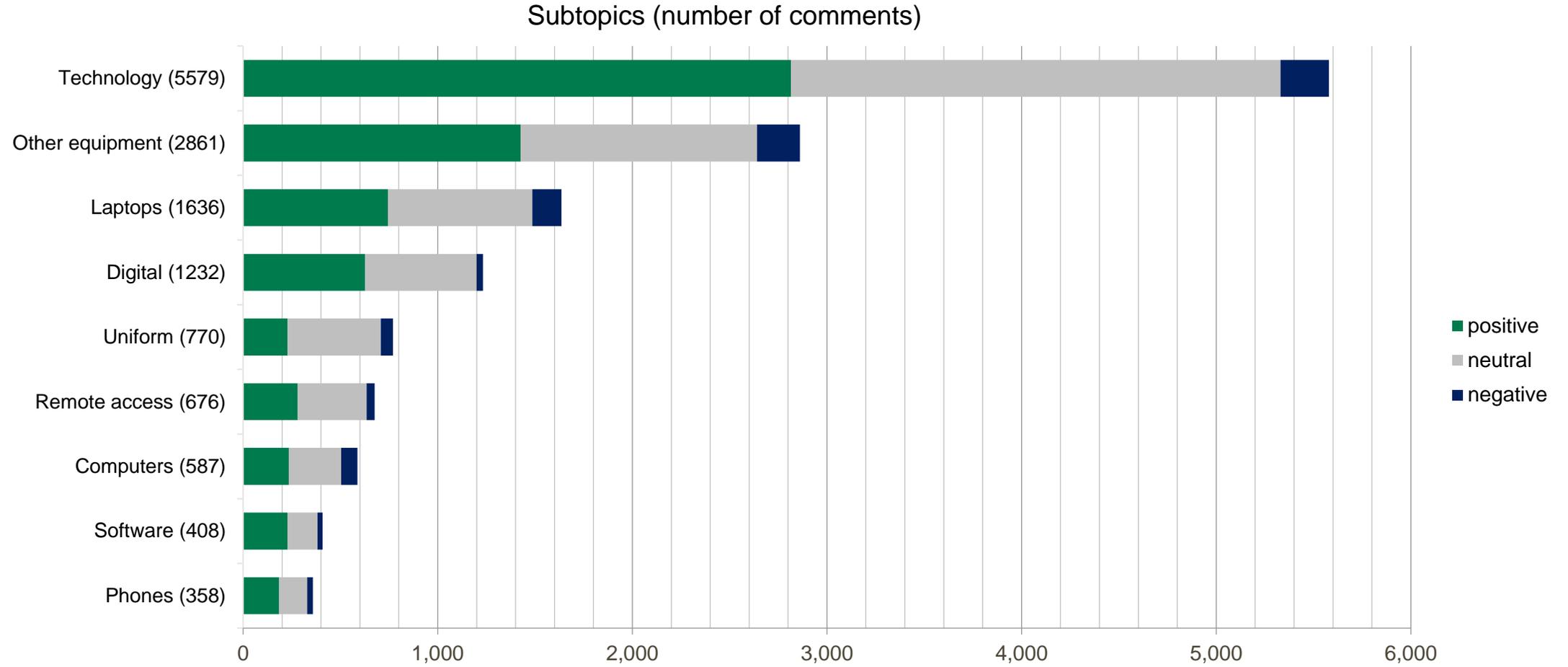
Topic: Infection prevention and control (Q21b)

Q21b. What worked well during Covid-19 and should be continued?

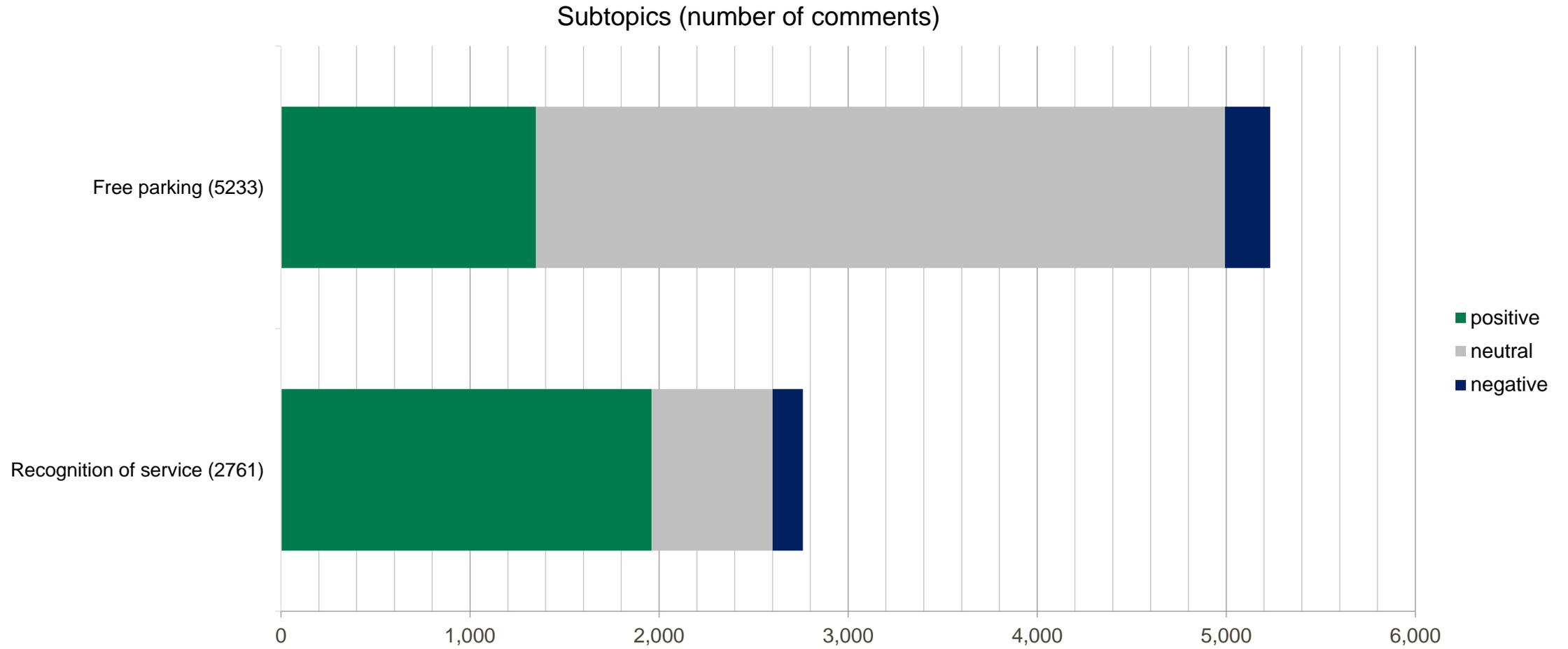


Topic: Equipment, tools and technology (Q21b)

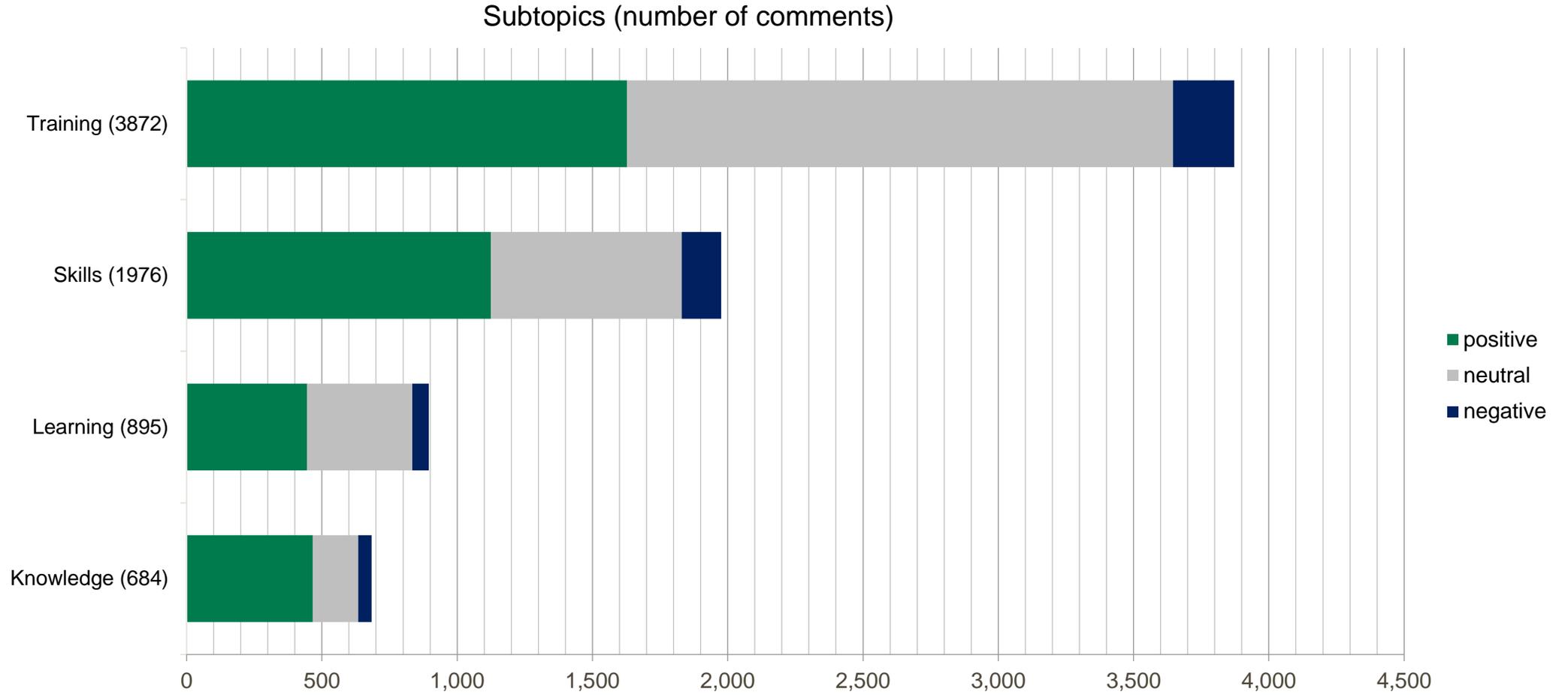
Q21b. What worked well during Covid-19 and should be continued?



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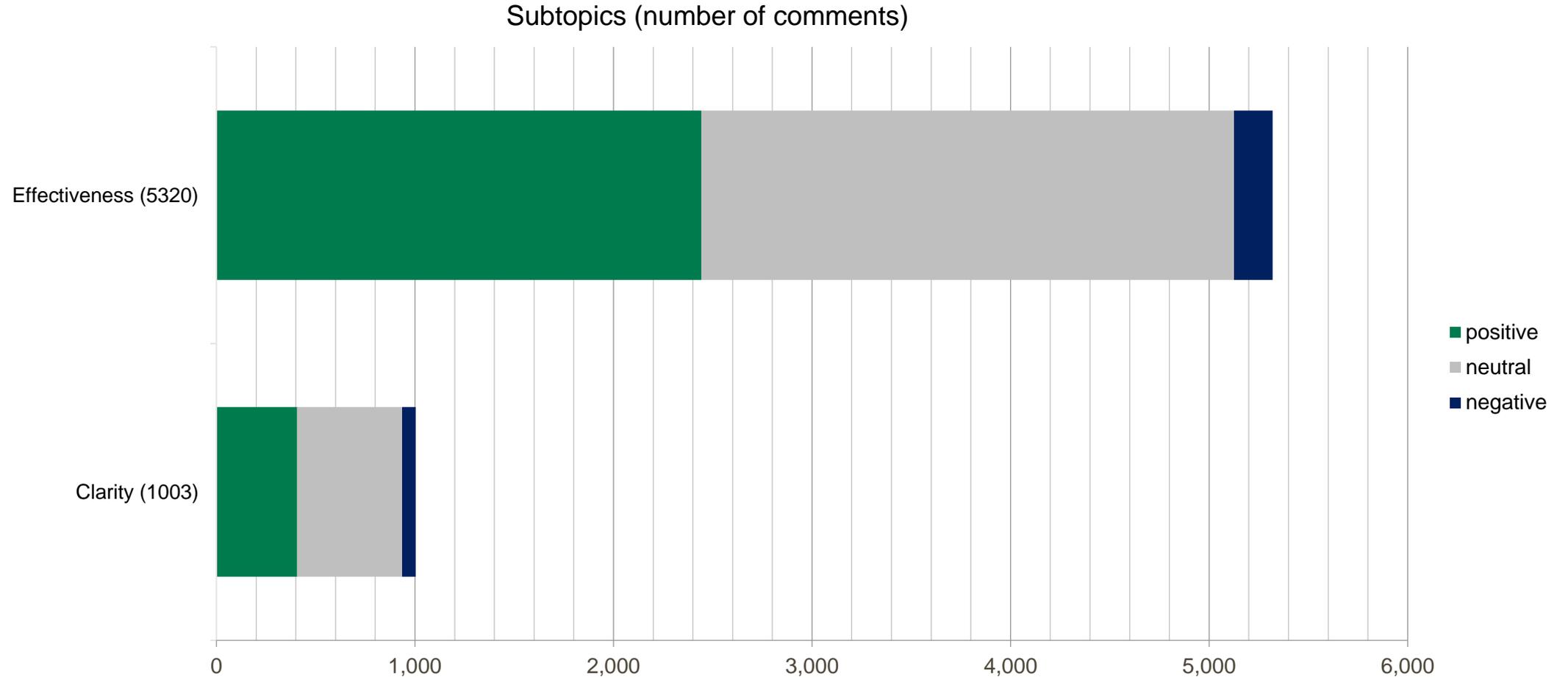


Q21b. What worked well during Covid-19 and should be continued?

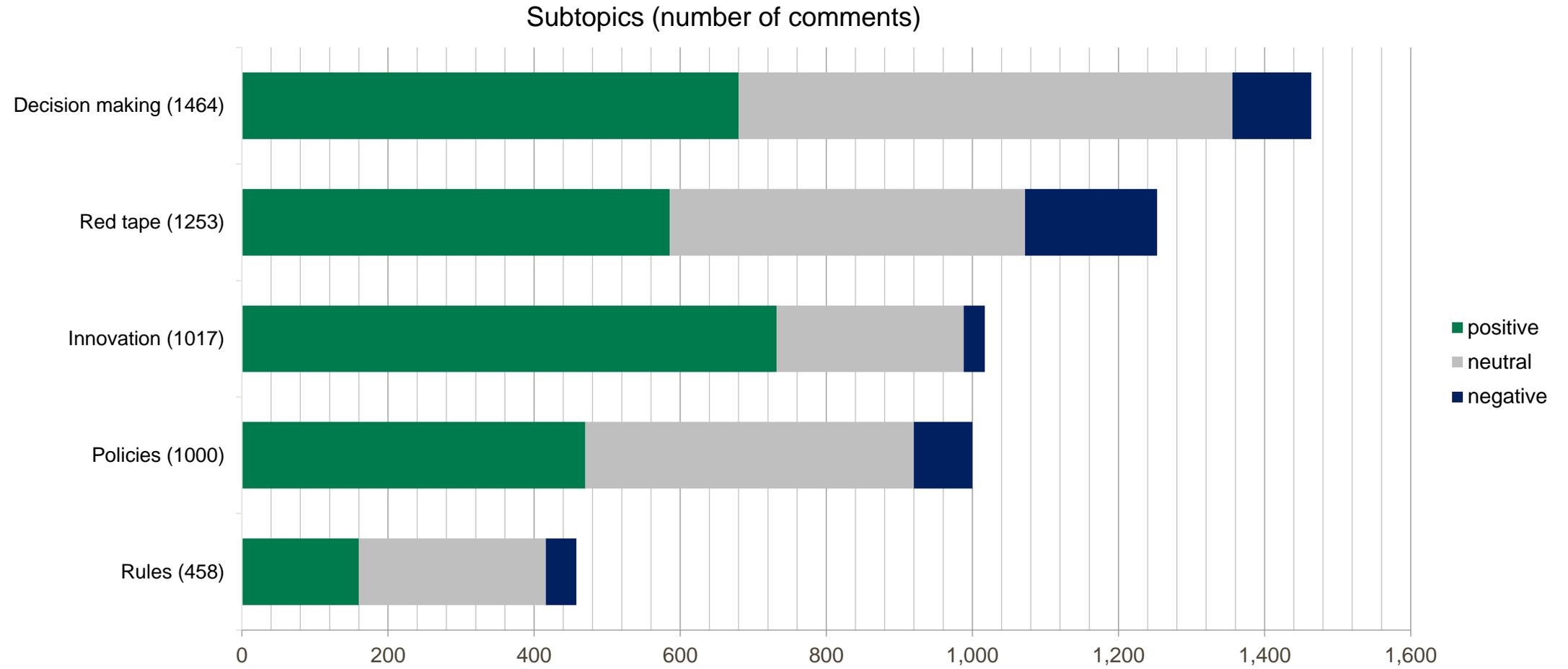


➤ Topic: Communication quality (Q21b)

Q21b. What worked well during Covid-19 and should be continued?

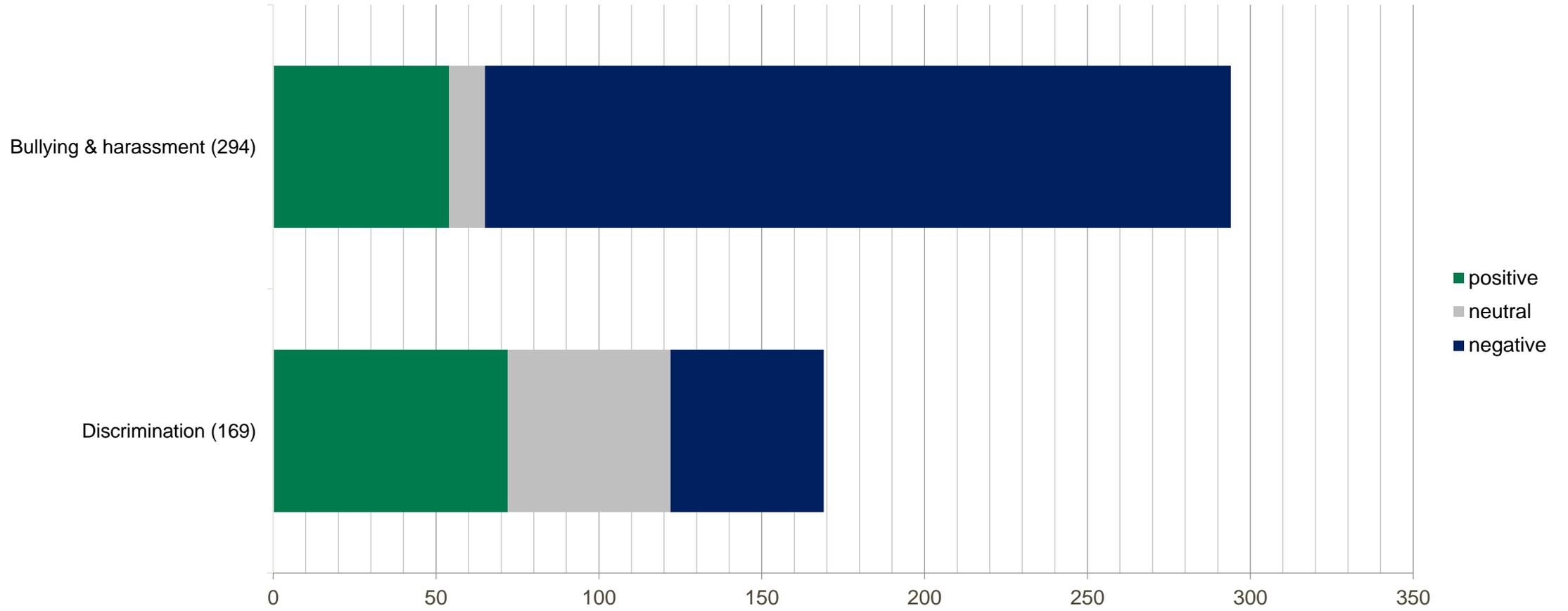


Q21b. What worked well during Covid-19 and should be continued?

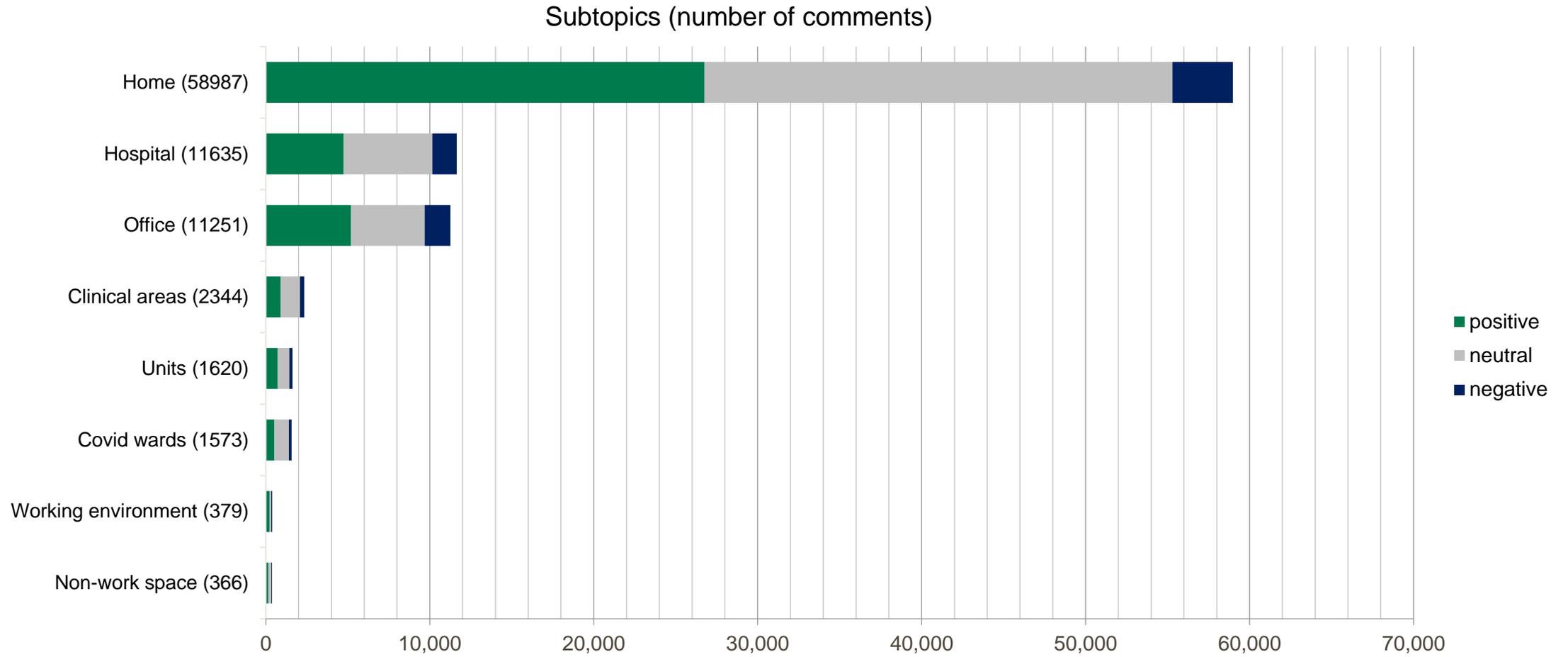


Q21b. What worked well during Covid-19 and should be continued?

Subtopics (number of comments)



Q21b. What worked well during Covid-19 and should be continued?

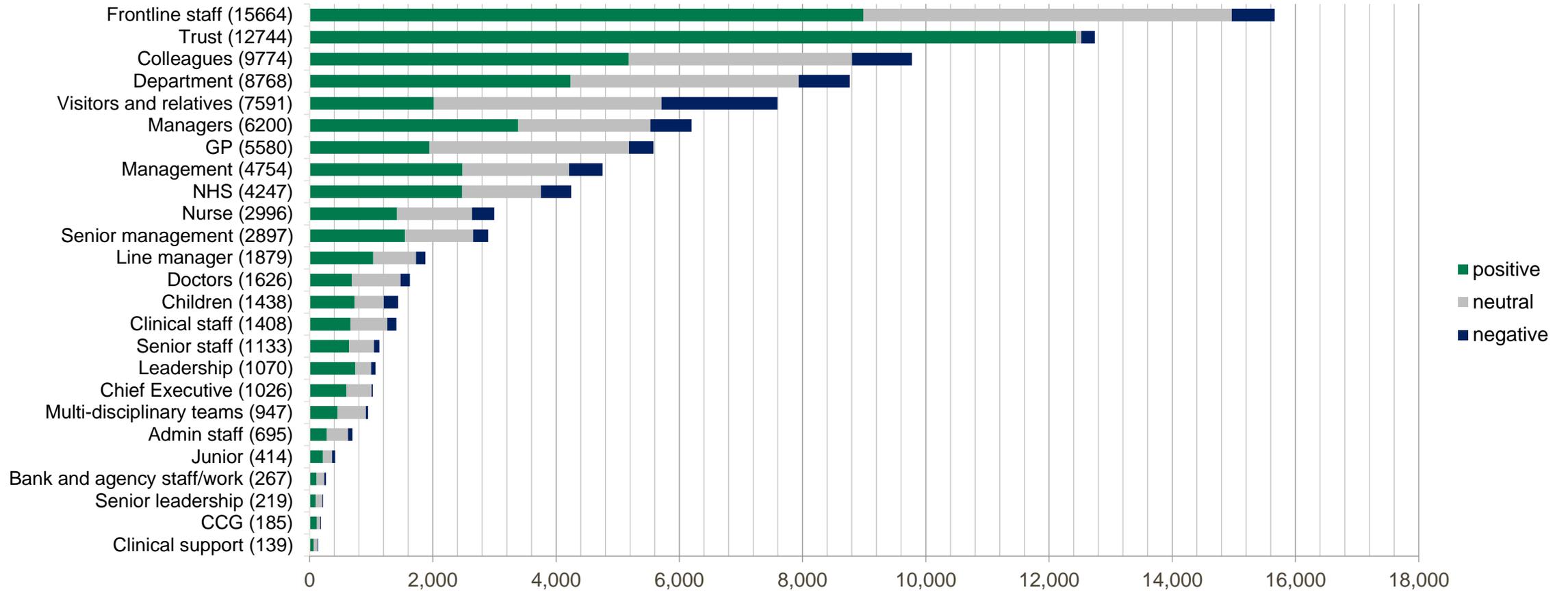




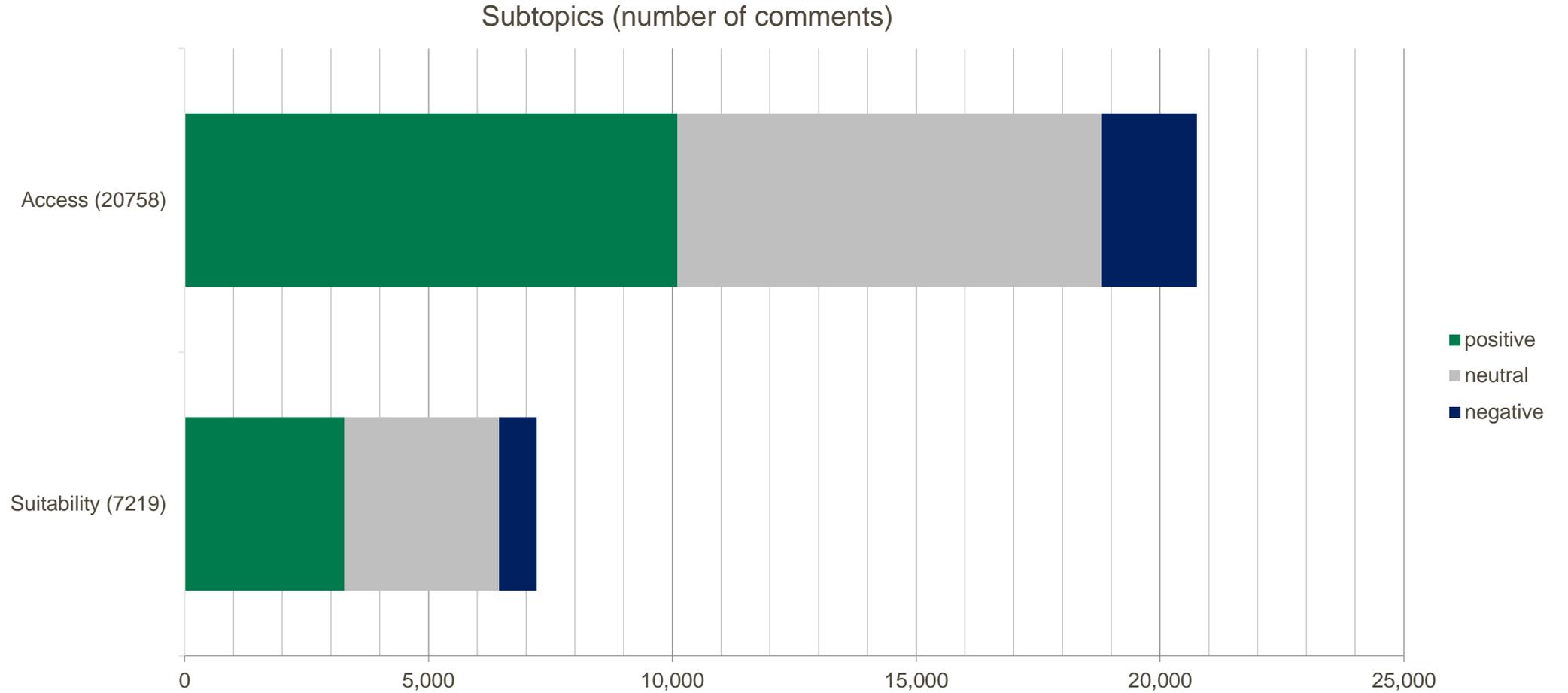
Topic: Attribute - Who (Q21b)

Q21b. What worked well during Covid-19 and should be continued?

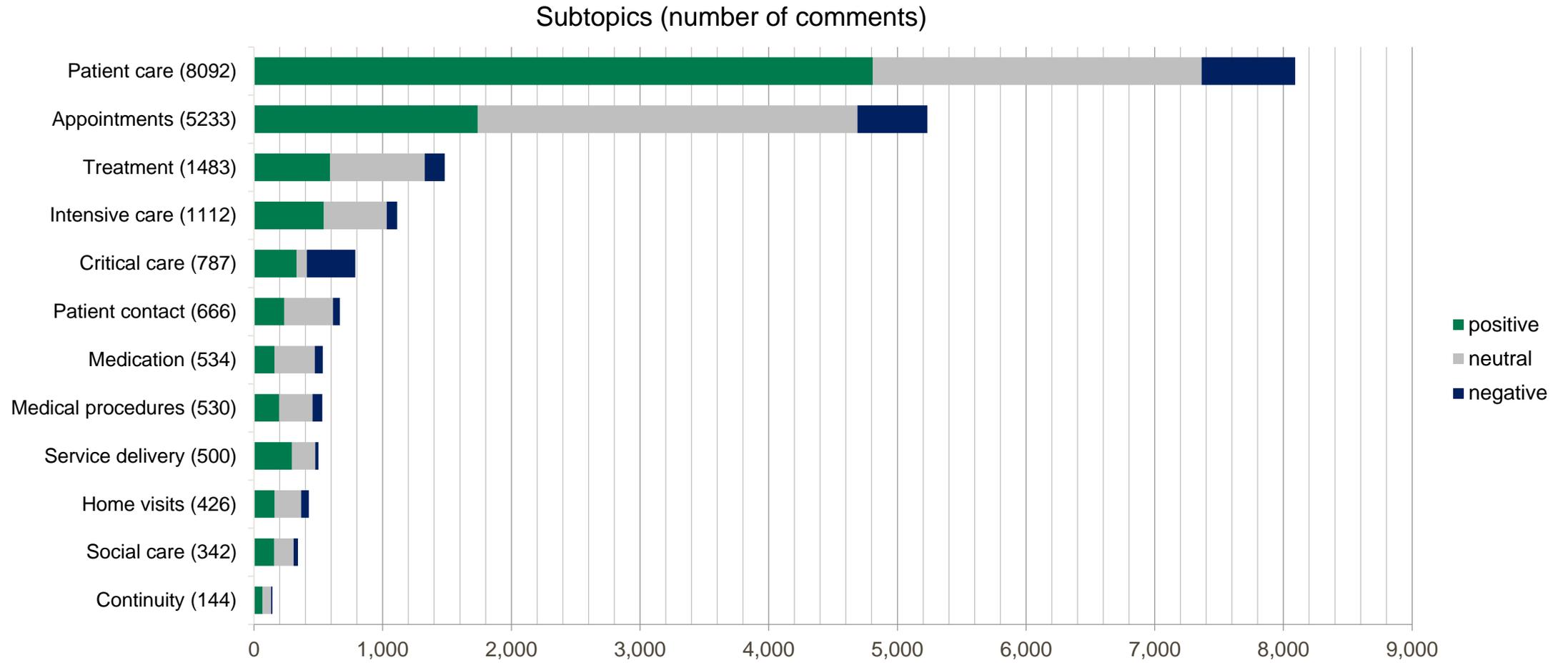
Subtopics (number of comments)



Q21b. What worked well during Covid-19 and should be continued?



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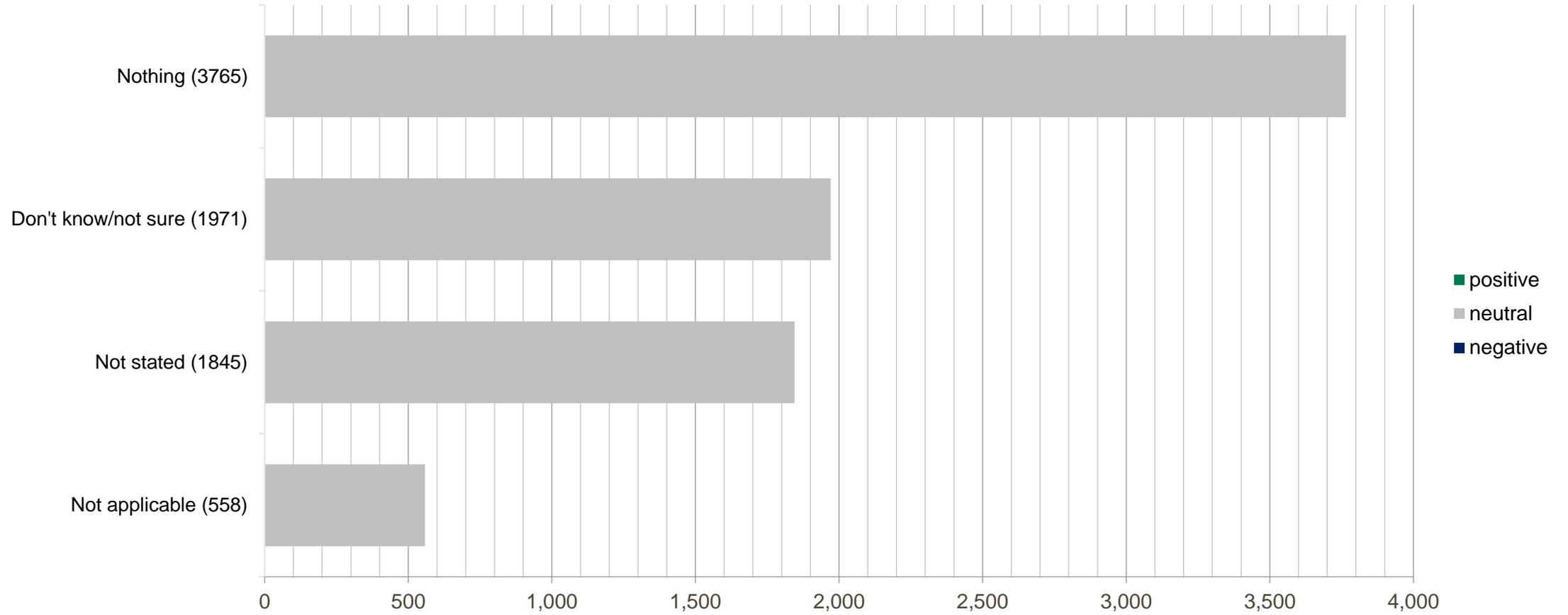




Topic: Not assignable (Q21b)

Q21b. What worked well during Covid-19 and should be continued?

Subtopics (number of comments)



8. Appendix: glossary

Semantic analysis

Semantic analysis is a technique that lets us identify the most common subject areas in response to a question – i.e. what staff are talking about.

It works by splitting each comment into small pieces of text, called “mentions”. A mention contains information about *one specific subject*, called a “subtopic” – e.g. “I worked from home”. We then group similar topics together into “topics”, to create an overview of feedback.

As individual comments often touch on a variety of subjects, each comment may be assigned to more than one topic and/or more than one subtopic. Some subtopics are labelled “attribute” as they provide additional context around the subject, such as who the comment related to.

In the example comment below, there are three separate mentions, each assigned to different subtopics:

“I worked from home and had a few connection issues but I found my line manager was really understanding”

Subtopic: *Home working*

Subtopic: *Remote access*

Subtopic: *Line manager*

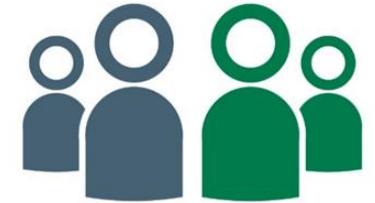
Subtopic: *Support*

Topic: *Working arrangements*

Topic: *Equipment, tools and technology*

Topic: *Attribute - Who*

Topic: *Health and wellbeing*



NHS Staff Survey

Sentiment analysis

Sentiment analysis focuses on the tonality of feedback – i.e. whether it is positive or negative, and how strongly people feel about a particular subject. We use two levels of sentiment analysis:

- **Tone:** identifying whether a mention is positive, negative, or neutral.
- **Score** (strength of sentiment): a measurement of how positive or negative the mention is.

Tone scores work on a scale from -1 (as negative as possible) to 1 (as positive as possible). 0 is neutral (factual statements with no tone).

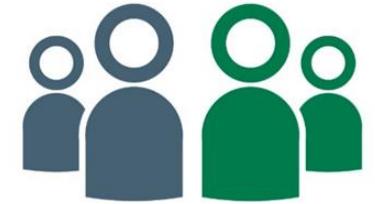
In the example below two of the three mentions contain sentiment information: the positive mention has a score of 0.62, meaning it is very positive; the negative mention has a score of -0.19 meaning it is only slightly negative.

"I worked from home and had a few connection issues but I found my line manager was really understanding"

Tone: neutral
Score: 0

Tone: Negative
Score: -0.19

Tone: Positive
Score: 0.62



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Terms used in this commentary:

- **Topic:** grouping of similar mentions that together create an overview.
- **Subtopic:** a mention that contains information about one specific subject.
- **Tone:** identifying whether a mention is positive, negative, or neutral.
- **Sentiment:** a measurement of how positive or negative the mention is.
- **'Attribute' topics:** topics which provide context about the comment, such as who it relates to (Attribute - Who) or what type of care was being discussed (Attribute - Care).
- **'Unassigned' topic:** groups together comments where there is no meaningful content or which could not be assigned (e.g. "Don't know" or "Not sure").



➤ For further information...



For more information about the NHS Staff Survey please visit our website:

www.nhsstaffsurveys.com

Our results website provides data from the survey via interactive dashboards:

www.nhsstaffsurveyresults.com

If you have any questions about any aspect of the NHS Staff Survey please do not hesitate to get in touch with the **Survey Coordination Centre**:



nhsstaffsurvey@surveycoordination.com



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