TECHNICAL GUIDE TO THE 2020 STAFF SURVEY DATA

NHS STAFF SURVEY COORDINATION CENTRE

Contact details

NHS Staff Survey Coordination Centre
Picker Institute Europe
Buxton Court
3 West Way
Oxford
OX2 0JB

Tel: 01865 208 141 (9.30am – 4.30pm, Monday to Friday)
E-mail: nhsstaffsurvey@surveycoordination.com
Website: www.nhsstaffsurveys.com

Contents

1 Introduction

The NHS Staff Survey provides an opportunity for organisations to survey their staff in a consistent and systematic manner. This makes it possible to build up a picture of staff experience and, with care, to compare and monitor change over time and to identify variations between different staff groups. Obtaining feedback from staff, and taking account of their views and priorities, is vital for driving real service improvements in the NHS.

However, it is worth noting that 2020 has not been "business as usual" for the NHS workforce due to the COVID-19 pandemic. The focus of the 2020 survey was very much on understanding the different experience of staff and learning from that experience, rather than on performance management or comparisons against other organisations, who may have had very different experiences of the COVID-19 pandemic. Care should be taken when reviewing results due to the impact COVID-19 has had on NHS services.

In March 2021 the Survey Coordination Centre published the national outputs for the 2020 Staff Survey. The results are primarily intended to be used by organisations to help them learn from the different experiences of staff during the COVID-19 pandemic. The Care Quality Commission will use the results from the survey to monitor ongoing compliance with essential standards of quality and safety. The survey will also support accountability of the Secretary of State for Health and Social Care to Parliament for delivery of the NHS Constitution.

This guide contains detailed, technical information on how results are calculated and what data are presented in each output file. For a brief overview of the Staff Survey data and the reports produced, please refer to the 'Basic Guide to the Staff Survey Data', which is also available to download from http://www.nhsstaffsurveyresults.com/.

This document only relates to results in the outputs produced by the Survey Coordination Centre. A full list and details of these outputs can be found in Section 7. Organisations referring to their local results (produced by contractors) should note that certain details in this document will not be applicable to those results (e.g. weighting).

Please note that there have been some changes to the questionnaire since 2019. A summary of these changes is available to download from the Guidance section of the NHS Staff Survey website.

In addition, some changes have been made to the reporting this year:

- Four new dashboards are available this year that show the question and theme results broken down by the COVID-19 classification questions at a national and organisation level (see section 7).
- A new national free text report will be available from April 2021. This summarises the findings of two new free text questions relating to the COVID-19 pandemic (see section 7.1).
- Two local free text reporting outputs are provided for the use of individual organisations. These are an additional output designed to support the organisation to learn from their own staff's free text comments and will not be made publicly available on the results website (see section 7.2).
- Both the benchmark reports and summary benchmark reports include theme results broken down by the COVID-19 classification questions (see section 7.2).

Data from previous years published as part of the 2020 survey have been re-calculated where necessary to enable fair historical comparisons.

Details of the criteria used by NHS organisations to determine staff eligibility for inclusion in the survey are provided in Appendix A.

2 Data cleaning

2.1 Cleaning by contractors

Before submitting their data to the Survey Coordination Centre, contractors carry out data cleaning according to instructions in the contractor guidance. The cleaning process carried out by contractors is outlined below.

For most questions that require a single answer only, the data is treated as missing (i.e. left blank) if respondents have ticked more than one response option. There are a few exceptions to this general rule, as specified below.

For the occupational group question in the core questionnaire (q28), priority coding applies to multiple responses:

- Within the Registered Nurses and Midwives section, Midwives, Health Visitors or District/Community options are prioritised over Adult/General, Mental Health, Learning Disabilities and Children.
- Other types of multiple responses in the Registered Nurses and Midwives section are recoded as Other Registered Nurses.
- If General Management and another occupational group are ticked, the latter is prioritised.

For the questions on reporting physical violence (q12d) and reporting harassment, bullying and abuse (q13d), the following cleaning is applied to multiple responses:

- If the respondent has ticked either "Yes, I reported it" **OR** "Yes, a colleague reported it" and also "Don't know" then the former two responses are prioritised.
- If the respondent has ticked either "Yes, I reported it" **OR** "Yes, a colleague reported it" and also "No" then this question is coded as **missing** (i.e. blank).

For the reporting of the new question on shielding (q20d), the following cleaning is applied to multiple responses:

- If the respondent ticks either "Yes, for myself" **OR** "Yes, for a member of my household" and also 'No' then this question is coded as **missing** (i.e. blank).

2.2 Cleaning of the national dataset

Data collected and cleaned by survey contractors (as outlined in Section 2.1) is submitted to the Survey Coordination Centre that carries out additional cleaning as described below.

Out of range responses (e.g. a value of '4' for a question that only has 3 response options) are cleaned out for all questions.

For q15c, if a respondent has entered a free text comment for response option 7 ('Other') but did not tick the response box, this is set to ticked in cleaning.

There are also a number of filtered questions in the core questionnaire, i.e. questions which should not have been answered if a certain response is ticked on a preceding routing question. The

Survey Coordination Centre applies a common set of editing instructions to clean these filtered questions, as detailed below:

- If the response to q11d is "No" or missing then all of q11e to q11g are set to missing.
- If the respondent did not select any of codes 2, 3, 4 or 5 at q12a OR q12b OR q12c then their response to q12d is set to missing.
- If the respondent did not select any of codes 2, 3, 4 or 5 at q13a OR q13b OR q13c then their response to q13d is set to missing.
- If the response to both q15a and q15b is "No" or missing then q15c is set to missing.
- If the response to q26a is "No" or missing then q26b is set to missing.

Please note that data cleaning for q12d and q13d has changed for 2020 compared to previous years. Previously, if a respondent selected "Never" for q12a/q13a and q12b/q13b and q12c/q13c then their response to q12d/q13d was set to missing. However, in 2020 this has been changed to: if a respondent did not select "1-2", "3-5", "6-10" or "More than 10" for q12a/q13a or q12b/q13b or q12c/q13c then their response to q12d/q13d is set to missing.

Data cleaning rules are applied retrospectively, so all historical data reported in 2020 will be cleaned according to the new rule, rendering the trend results comparable. This includes WDES indicator 4b: Reporting harassment, bullying or abuse (q13d). Therefore, while the trend data reported is comparable, the data would not be directly comparable with results previously published.

3 Theme scores

Themes are summary indicators which provide an overview of staff experience and were introduced for the 2018 survey. For 2020 there are 10 reporting themes[1] as follows:

1. Equality, diversity & inclusion
2. Health & wellbeing
3. Immediate managers
4. Morale
5. Quality of care
6. Safe environment – Bullying & harassment
7. Safe environment – Violence
8. Safety culture
9. Staff engagement
10. Team working

All themes are scored on a 0-10pt scale and reported as mean scores. A higher theme score always indicates a more favourable result. Each theme is comprised of between two and nine questions. Where more than six questions feed into a theme (themes 4 and 9), subscales are used (see Section 3.1).

In order to achieve a 0-10pt scale for these measures, all responses for the contributing questions are rescored to fit this scale. Details of how the responses are scored for each of the questions feeding into the themes can be found in Section 3.2.

3.1 Contributing questions and calculation of theme scores

The questions contributing to each theme, as well as an explanation of how the theme scores are calculated are shown in Table **1** below.

Table 1: Questions feeding into themes & calculation of the theme score

1. Equality, diversity & inclusion
Q14 - "Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?"
Q15a - "In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?"
Q15b - "In the last 12 months have you personally experienced discrimination at work from a manager / team leader or other colleagues?"
Q26b - "Has your employer made adequate adjustment(s) to enable you to carry out your work?"

---

[1] The Quality of appraisals theme is not being calculated for 2020 as the questions that make up this theme were removed from the questionnaire.

Calculation: All participants who have replied to at least half of the questions in the theme get allocated an overall score which is the mean value of their rescored questions. The theme value is the mean score of all individuals' overall scores.

2. Health & wellbeing

Q5h - "The opportunities for flexible working patterns."

Q11a - "Does your organisation take positive action on health and well-being?"

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

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

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

Calculation: All participants who have replied to at least three of the questions in the theme get allocated an overall score which is the mean value of their rescored questions. The theme value is the mean score of all individuals' overall scores.

3. Immediate managers

Q5b - "The support I get from my immediate manager."

Q8c - "My immediate manager gives me clear feedback on my work."

Q8d - "My immediate manager asks for my opinion before making decisions that affect my work."

Q8f - "My immediate manager takes a positive interest in my health and well-being."

Q8g - "My immediate manager values my work."

Calculation: All participants who have replied to at least three[2] of the questions in the theme get allocated an overall score which is the mean value of their rescored questions. The theme value is the mean score of all individuals' overall scores.

4. Morale

Q4c - "I am involved in deciding on changes introduced that affect my work area / team / department."

Q4j - "I receive the respect I deserve from my colleagues at work."

Q6a - "I have unrealistic time pressures."

Q6b - "I have a choice in deciding how to do my work."

Q6c - "Relationships at work are strained."

---

[2] "My manager supported me to receive this training, learning or development" (q19a in the 2019 questionnaire) has been removed from the immediate managers theme as it was not asked this year. A new calculation is in place for 2020 with the theme being recalculated for previous years' data so that trend data can be shown. In the 2019 theme calculation, all participants who had replied to at least half of the questions in the theme were allocated an overall score which was the mean value of their rescored questions.

Q8a - "My immediate manager encourages me at work."

Q19a - "I often think about leaving this organisation."

Q19b - "I will probably look for a job at a new organisation in the next 12 months."

Q19c - "As soon as I can find another job, I will leave this organisation."

Calculation: This theme score is calculated based on two separate sub-scales, where participants who get a score for both the sub-scales get an overall morale score, which is the average of the two sub-scores. The theme value is the mean score of all individuals' overall scores.

The sub-scales are: *Stress* (q4c, q4j, q6a-c, q8a) and *Intention to leave* (q19a-c). Participants need to reply to at least 3/6 of the questions for *Stress*, and at least 2/3 of the questions for *Intention to leave* to get a sub-score for each. The sub-scores are the mean of their contributing rescored questions.

5. Quality of care

Q7a - "I am satisfied with the quality of care I give to patients / service users."

Q7b - "I feel that my role makes a difference to patients / service users."

Q7c - "I am able to deliver the care I aspire to."

Calculation: All participants who have replied to at least two of the questions in the theme get allocated an overall score which is the mean value of their rescored questions. The theme value is the mean score of all individuals' overall scores.

6. Safe environment - Bullying & harassment

Q13a - "In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public?"

Q13b - "In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers?"

Q13c - "In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?"

Calculation: All participants who have replied to at least two of the questions in the theme get allocated an overall score which is the mean value of their rescored questions. The theme value is the mean score of all individuals' overall scores.

7. Safe environment - Violence

Q12a - "In the last 12 months how many times have you personally experienced physical violence at work from patients / service users, their relatives or other members of the public?"

Q12b - "In the last 12 months how many times have you personally experienced physical violence at work from managers?"

Q12c - "In the last 12 months how many times have you personally experienced physical violence at work from other colleagues?"

Calculation: All participants who have replied to at least two of the questions in the theme get allocated an overall score which is the mean value of their rescored questions. The theme value is the mean score of all individuals' overall scores.

8. Safety culture

Q16a - "My organisation treats staff who are involved in an error, near miss or incident fairly."

Q16c - "When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again."

Q16d - "We are given feedback about changes made in response to reported errors, near misses and incidents."

Q17b - "I would feel secure raising concerns about unsafe clinical practice."

Q17c - "I am confident that my organisation would address my concern."

Q18b - "My organisation acts on concerns raised by patients / service users."

Calculation: All participants who have replied to at least half of the questions in the theme get allocated an overall score which is the mean value of their rescored questions. The theme value is the mean score of all individuals' overall scores.

9. Staff engagement

Q2a - "I look forward to going to work."

Q2b - "I am enthusiastic about my job."

Q2c - "Time passes quickly when I am working."

Q4a - "There are frequent opportunities for me to show initiative in my role."

Q4b - "I am able to make suggestions to improve the work of my team / department."

Q4d - "I am able to make improvements happen in my area of work."

Q18a - "Care of patients / service users is my organisation's top priority."

Q18c - "I would recommend my organisation as a place to work."

Q18d - "If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation."

Calculation: This theme score is calculated based on 3 separate sub-scales, where all participants who get a score for at least 2/3 of the sub-scales get an overall staff engagement score, which is the mean of the sub-scores. The theme value is the mean score of all individuals' overall scores.

The sub-scales are: *Motivation* (q2a-q2c), *Ability to contribute to improvements* (q4a, q4b, q4d), and *Recommendation of the organisation as a place to work/receive treatment* (q18a, q18c, q18d). Participants need to reply to at least 2/3 of the questions in a sub-scale to get a score for it. The sub-scores are the mean of their contributing rescored questions.

10. Team working

Q4h - "The team I work in has a set of shared objectives."

Q4i - "The team I work in often meets to discuss the team's effectiveness."

> **Calculation:** All participants who have replied to **both** of the questions in the theme get allocated an overall score which is the mean value of their rescored questions. The theme value is the mean score of all individuals' overall scores.

3.2 Scoring of question responses

As mentioned earlier, responses for all questions contributing to the themes are rescored to achieve a scale of 0-10. Table **2** below details the scores allocated to each response option. The scores are assigned based on outcome, so the most favourable response will be scored 10, while the worst will be scored 0. This means that scoring is different depending on how the question is phrased, for example a response of "Strongly agree" can either be the best or worst result.

Where a participant selects a response option which does not have a score assigned (labelled '*no score*'), when reporting results they will not be included in the base size for that particular question, i.e. they are treated as if they had not answered the question.

Table 2: Response scoring for the themes

Theme	2020 q no.	Score for response option 1	Score for response option 2	Score for response option 3	Score for response option 4	Score for response option 5	Score for response option 9
1. Equality, diversity & inclusion	q14	10	0				*no score*
	q15a	0	10				
	q15b	0	10				
	q26b	10	0	*no score*			
2. Health & wellbeing	q5h	0	2.5	5	7.5	10	
	q11a	10	5	0			
	q11b	0	10				
	q11c	0	10				
	q11d	0	10				
3. Immediate managers	q5b	0	2.5	5	7.5	10	
	q8c	0	2.5	5	7.5	10	
	q8d	0	2.5	5	7.5	10	
	q8f	0	2.5	5	7.5	10	
	q8g	0	2.5	5	7.5	10	
4. Morale	q4c	0	2.5	5	7.5	10	
	q4j	0	2.5	5	7.5	10	
	q6a	10	7.5	5	2.5	0	
	q6b	0	2.5	5	7.5	10	
	q6c	10	7.5	5	2.5	0	
	q8a	0	2.5	5	7.5	10	
	q19a	10	7.5	5	2.5	0	

Theme	2020 q no.	Score for response option 1	Score for response option 2	Score for response option 3	Score for response option 4	Score for response option 5	Score for response option 9
	q19b	10	7.5	5	2.5	0	
	q19c	10	7.5	5	2.5	0	
5. Quality of care	q7a	0	2.5	5	7.5	10	*no score*
	q7b	0	2.5	5	7.5	10	*no score*
	q7c	0	2.5	5	7.5	10	*no score*
6. Safe environment - Bullying & harassment	q13a	10	0	0	0	0	
	q13b	10	0	0	0	0	
	q13c	10	0	0	0	0	
7. Safe environment – Violence	q12a	10	0	0	0	0	
	q12b	10	0	0	0	0	
	q12c	10	0	0	0	0	
8. Safety culture	q16a	0	2.5	5	7.5	10	*no score*
	q16c	0	2.5	5	7.5	10	*no score*
	q16d	0	2.5	5	7.5	10	*no score*
	q17b	0	2.5	5	7.5	10	
	q17c	0	2.5	5	7.5	10	
	q18b	0	2.5	5	7.5	10	
9. Staff engagement	q2a	0	2.5	5	7.5	10	
	q2b	0	2.5	5	7.5	10	
	q2c	0	2.5	5	7.5	10	
	q4a	0	2.5	5	7.5	10	
	q4b	0	2.5	5	7.5	10	
	q4d	0	2.5	5	7.5	10	
	q18a	0	2.5	5	7.5	10	
	q18c	0	2.5	5	7.5	10	
	q18d	0	2.5	5	7.5	10	
10. Team working	q4h	0	2.5	5	7.5	10	
	q4i	0	2.5	5	7.5	10	

4 Question level results

The reporting outputs contain question level results for each question included in the questionnaire. Question level results are always reported as percentages, and while the meaning of the percentage reported for a given question is specified in the reporting outputs, a more detailed explanation of how the reported percentage is calculated for each question is provided in the table below.

Note: Certain questions are never weighted or benchmarked in the reports, because a higher or lower value does not relate to a better or worse result or because they are demographic or factual questions. The questions which are not weighted or benchmarked are: q1, q10a, q19d, q20a-d, q22-q26a, and q27a-q28.

Question number	Calculation of results reported	Values reported (Response code in questionnaire)
q1	% of staff that have contact with patients out of those who answered the question	1 & 2
q2a-c	% of staff selecting 'Often'/'Always' out of those who answered the question	4 & 5
q3a-c	% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question	4 & 5
q4a-j	% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question	4 & 5
q5a-h	% of staff selecting 'Satisfied'/'Very Satisfied' out of those who answered the question	4 & 5
q6a	% of staff selecting 'Never'/'Rarely' out of those who answered the question	1 & 2
q6b	% of staff selecting 'Often'/'Always' out of those who answered the question	4 & 5
q6c	% of staff selecting 'Never'/'Rarely' out of those who answered the question	1 & 2
q7a-c	% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question, but excluding those who selected 'Not applicable to me'	4 & 5
q8a-g	% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question	4 & 5
q9a-d	% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question	4 & 5
q10a	% of staff working part-time out of those who answered the question	1
q10b*	% of staff working additional paid hours out of those who answered the question	2 to 4
q10c*	% of staff working additional unpaid hours out of those who answered the question	2 to 4
q11a	% of staff selecting 'Yes, definitely' out of those who answered the question	1
q11b-g*	% of staff selecting 'Yes' out of those who answered the question	1
q12a-c*	% of staff saying they experienced at least one incident of violence out of those who answered the question	2 to 5

Question number	Calculation of results reported	Values reported (Response code in questionnaire)
q12d	% of staff saying they, or a colleague, reported it, out of those who answered the question excluding those who selected 'Don't know' or 'Not applicable'	1,2 & 6**
q13a-c*	% of staff saying they experienced at least one incident of bullying, harassment or abuse out of those who answered the question	2 to 5
q13d	% of staff saying they, or a colleague, reported it, out of those who answered the question excluding those who selected 'Don't know' or 'Not applicable'	1,2 & 6**
q14	% of staff selecting 'Yes' out of those who answered the question excluding those who selected 'Don't know'	1
q15a-b*	% of staff selecting 'Yes' out of those who answered the question	1
q15c*	% of staff saying they have experienced discrimination on each basis out of those who answered the question	1 (for each code)
q16a-d	% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question excluding those who selected 'Don't know'	4 & 5
q17a	% of staff selecting 'Yes' out of those who answered the question excluding those who selected 'Don't know'	1
q17b-c	% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question	4 & 5
q18a-f	% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question	4 & 5
q19a-c*	% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question	4 & 5
q19d	% of staff saying this would be their most likely destination out of those who answered the question	1/2/3/4/5/9
q20a-c	% of staff selecting 'Yes' out of those who answered the question	1
q20d	% of staff saying they have been shielding (at all, for themselves, or for a member of their household), out of those who answered the question	1,2 & 4**
q21a-b	N/A	N/A
q22a-b	% of staff selecting each response option out of those who answered the question	each code

Question number	Calculation of results reported	Values reported (Response code in questionnaire)
q23	% of staff selecting a response falling into each of the following categories, out of those who answered the question Categories: White Mixed/Multiple ethnic background Asian/Asian British Black/African/Caribbean/Black British Other ethnic group	White: 1 to 4 Mixed/Multiple ethnic background: 5 to 8 Asian/Asian British: 9 to 13 Black/African/Caribbean/Black British: 14 to 16 Other ethnic group: 17 & 18
q24	% of staff selecting each response option out of those who answered the question	each code
q25	% of staff selecting each response option out of those who answered the question	each code
q26a	% of staff selecting 'Yes' out of those who answered the question	1
q26b	% of staff selecting 'Yes' out of those who answered the question excluding those who selected 'No adjustment required'	1
q27a-b	% of staff selecting 'Yes' out of those who answered the question	1

Question number	Calculation of results reported	Values reported (Response code in questionnaire)
q28	% of staff selecting a response falling into each of the following categories, out of those who answered the question Categories: Registered nurses & midwives Nursing or healthcare assistants Medical or dental Allied health professionals (AHP) Scientific and technical Social care Public health Commissioning Admin and clerical Central functions Maintenance General management Other Emergency care practitioner Paramedic Emergency care assistant (ECA) Ambulance technician Ambulance control staff Patient transport service (PTS)	Reg.Nurses&Midwives: 24 to 31 Nursing or HA: 32 Med. or dent.: 12 to 15 AHP: 1 to 3 & 5 to 9 Sci. & techn.: 4 & 10 to 11 Social care: 33 to 35 Public health: 22 Commissioning: 23 Admin & clerical: 36 Central functions:37 Maintenance: 38 General management: 39 Other: 40 Emergency care pract.: 16 Paramedic: 17 ECA: 18 Ambulance techn: 19 Ambulance contr: 20 PTS: 21

* Questions marked with one asterisk are reverse scored, i.e. a lower percentage indicates a better result.
** See Section 2.1 for how code 4 and 6 are assigned.

5 Benchmarking groups

Each organisation that participates in the survey is assigned to a benchmarking group that includes organisations of a similar type, based on the services they offer, which ensures that any comparisons made between organisations are fair. Such comparisons use weighted data. In the benchmark reports organisations' results are presented in the context of their benchmarking group's best, average and worst results.

Five benchmarking groups are used for trusts, one for CCGs and four for other types of organisations (whose participation is voluntary) that do not fit into the first five categories.

The benchmarking groups for 2020 are[3]:

- Acute and Acute & Community Trusts
- Acute Specialist Trusts
- Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts[4]
- Community Trusts
- Ambulance Trusts
- Clinical Commissioning Groups (CCGs)
- Commissioning Support Units (CSUs)
- Social Enterprises – Mental Health
- Social Enterprises – Community
- Community Surgical Services

In the benchmark reports, the results for social enterprises are benchmarked against the most relevant trust benchmarking groups (Community Trusts or Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts as appropriate). Data for the single Community Surgical Services organisation is benchmarked against the Community Trusts group.

---

[3] Please note the benchmarking groups were reviewed during the 2020 survey and there have been some changes following this review. Acute Trusts and Combined Acute and Community Trusts were combined to form the new group Acute and Acute & Community Trusts. Mental Health / Learning Disability Trusts and Combined Mental Health / Learning Disability and Community Trusts were combined to form the group Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts.

[4] For the purposes of reporting in the dashboards, benchmark data excel and detailed spreadsheets, this benchmarking group will be abbreviated to 'MH & LD, MH, LD & Community Trusts'. It is written in full in the benchmark reports.

6 Methods used for weighting scores

In order to allow for reasonable comparisons between organisations and to account for trust size when calculating national results, the Staff Survey data are weighted. Three types of weights are used in the outputs produced by the Survey Coordination Centre:

- The **occupational group weight** is used for the benchmarking groups, and allows for a fair comparison between organisations of a similar type.
- The **trust size weight** is used to account for trust size in the national breakdowns, to ensure trust results have an impact according to the number of staff working at each trust.
- Finally, the **combined weight** combines the two above weights, thus allowing for a fair comparison between organisations of a similar type, whilst also accounting for trust size in the national results.

Details of each of these three weights and how they are calculated are provided below.

Note: Certain questions are never weighted or benchmarked in the reports as they ask for demographic or factual information. These questions which are not weighted or benchmarked are: q1, q10a, q19d, q20a-d, q22-q26a, and q27a-q28.

6.1 Occupational group weight

NHS organisations of the same type are likely to have different numbers of employees in each occupational group. This can be due to a number of reasons, for example, some organisations issue contracts for services such as catering and cleaning, while other organisations supply them in-house. These differences can have a significant effect on organisation results, as it is known that different occupational groups tend to answer some questions in different ways. For instance, managers are known to respond more positively than other groups to some questions, and an organisation that has a particularly large number of managers may have more positive results overall due to this imbalance. This is why the data are weighted. The weighting procedure described below ensures that no organisation will appear better or worse than others because of any occupational group differences.

In order to make one organisation's scores comparable with other organisations of the same type, individuals' scores within each organisation (with the exception of CCGs, CSUs and community surgical services) are weighted so that the occupational group profile of the organisation reflects that of a typical organisation of its type. Occupational groups are collapsed into thirteen broad categories,[5] where 'All Nurses' includes all types of registered and unregistered nurses and midwives, and 'Medical / Dental' includes consultants and other medical and dental staff, including those in training.

---

[5] The thirteen occupational categories used for weighting are: All Nurses, Medical/Dental, Allied Health Professionals, General Management, Other Scientific and Technical including pharmacy, Admin and Clerical, Paramedics, Ambulance Technician, Ambulance Control, Patient Transport Service, Central Functions, Social Care Staff, and Other.

The weights applied for each type of organisation are determined by the frequency of responses in an average organisation of that type. The calculations are conducted in three steps:

1. First, the proportion of each occupational group within each trust is calculated; this is the '**trust proportion**'.
2. Next, the average proportion of each occupational group within each benchmark group is calculated; this is the '**benchmark group proportion**'.
3. Finally, the benchmark group proportion (step 2) is divided by the trust proportion (step 1) for each occupational group at each trust, to create the occupational group weight.

For example, if 25% of eligible staff at an acute trust are nurses, but the average proportion of nurses across acute trusts as a whole is 40% then the weight for the nurses at this trust would be calculated as follows: 40 / 25 = 1.6. This means that all nurses' responses at this given acute trust would be weighted by 1.6.

Please note that occupational group weights are capped at 5.

The occupational group weight is only applied to social enterprises and the five trust benchmarking groups.

Data for organisations in the 'Social enterprises – mental health' group are weighted using the average occupational group proportions from the 'Mental health/learning disability trusts' group.

Data for organisations in the 'Social enterprises – community' group were weighted using the average occupational group proportions from the 'Community trusts' group.

For **CCGs, CSUs and community surgical services the data reported in the organisation benchmark reports are unweighted** (i.e. their occupational group weight is one). This is because of the relatively small size and nature of the occupational group profile within these organisations.

For historical trend data (2016 to 2019), the data are re-weighted according to the 2020 benchmark group proportions.

6.2 Trust size weight

In order to account for trusts' *size* in the national results, another weight called the 'trust size weight' is also calculated, and is applied to the national outputs. This is particularly important given some trusts run a census (inviting all their eligible staff to participate), while others run a basic sample (surveying a random sample of 1,250 eligible staff).

The trust size weight is calculated for all trusts that participate in the survey. The calculation for this weight is: total number of eligible staff / number of respondents.

For example, if a trust had a total eligible population of 11,000 staff and received 6,500 responses then the trust size weight that would be applied to each respondent at this trust would be:

11,000 / 6,500 = 1.69

Trust size weights are uncapped.

6.3 Combined weight

National level outputs which also contain results for benchmarking groups need a combined weight applied to the data, utilising both the occupational group weight and the trust size weight. This means that both occupational group differences within benchmarking groups and differences in trust size are accounted for, allowing for a representative national overview of the results.

The combined weight is produced using the following calculation: trust size weight x occupational group weight.

For example, if a case had a trust size weight of 2.1 and an occupational group weight of 1.6 then the combined weight for this case would be: 2.1 x 1.6 = 3.36.

The combined weight is uncapped, but the occupational group weight that is used to create it is capped at 5.

7 Outputs

Outputs produced by the Survey Coordination Centre fall into two categories: national results and organisation level results.

National outputs:

- National trends
- National breakdowns
- National COVID-19 breakdowns
- National briefing
- National free text report

Organisation level outputs:

- Benchmark reports
- Benchmark data
- Local Benchmarking
- Local breakdowns
- Local COVID-19 breakdowns
- WRES/WDES indicators
- Detailed spreadsheets
- ICS/STP results
- Local free text reporting[6]

The content of each of these outputs is outlined below.

7.1 National outputs

Please note national outputs are based on data from participating *trusts* only. They exclude organisations that participate voluntarily (i.e. CCGs, CSUs etc.).

National trends

Published through online dashboards, this output provides the national results for all participating trusts between 2016-2020 on all themes and questions. Results are presented for all trusts combined (national average) as well as for each individual trust benchmarking group.

This output consists of three dashboards which cover:

- Response rate
- Theme scores
- Question results - both aggregated question results: e.g. '% agreeing', which includes staff selecting both "Agree" and "Strongly agree", and response level question results: the % of staff selecting each individual response option.

---

[6] This output will not be publicly available because they contain the redacted comments that are only available for participating organisations to make use of.

Data points reported are mean scores for all the case level (individual) data which qualifies for a given group.

The one exception to this is the response rate, which is the mean score of trusts' overall response rates.

The combined weight is applied to these results, except for questions where weighting does not apply (see Section 6) and the response rates.

Please note that these dashboards include the unweighted base size on the tooltip for relevant data points (e.g. "[n=1,024]"). The base size is the number of staff that responded to the question within that group, not the number of staff that selected a particular response option.

National breakdowns

Published through online dashboards, this output presents five year trend data (theme and question level) for the national average (all trusts combined) and each trust benchmarking group, broken down by the following background information variables: gender, age, ethnicity – summary (white / BME), ethnicity – all responses, sexuality, religion, long lasting health condition or illness, occupational group – summary, occupational group – all responses, part-time / full-time, patient facing role and caring responsibilities.

Question results are presented as single percentages (e.g. % of staff agreeing/strongly agreeing) rather than individual response options.

Similar to the 'National trends', results reported in this output are mean scores for all the case level data which qualifies for a given group. Unlike the national trends dashboards that have a combined weighting applied, data presented in this output only have the trust size weight applied[7]. The purpose of the occupation weight is for benchmarking purposes (i.e. to allow organisation's scores to be comparable with other organisations of the same type). There is no benchmarking in the national breakdowns so this weight is not necessary.

Please note that these dashboards include the unweighted base size on the tooltip for relevant data points (e.g. "[n=1,024]"). The base size is the number of staff that responded to the question within that group, not the number of staff that selected a particular response option.

National COVID-19 breakdowns

Published through online dashboards, this output presents 2020 data (theme and question level) for the national average (all trusts combined) and each trust benchmarking group, broken down by the following COVID-19 classification questions (q20a-d): worked on a COVID-19 specific ward or area, redeployed, required to work remotely / from home, shielding for self, shielding for a member of household and shielding for self and/or household member.

Question results are as per the standard national breakdowns and are presented as single percentages (e.g. % of staff agreeing/strongly agreeing) rather than individual response options.

---

[7] Except results for Q20a-d which are factual questions and therefore have no weighting applied.

Similar to the 'National trends', results reported in this output are mean scores for all the case level data which qualifies for a given group. Data presented in this output have the trust size weight applied.

Please note that these dashboards include the unweighted base size on the tooltip for relevant data points (e.g. "[n=1,024]"). The base size is the number of staff that responded to the question within that group, not the number of staff that selected a particular response option.

National briefing

Published in PDF format, these slides provide a summary of the key national results (trusts only) with commentary.

Results included in the National briefing are based on results published in the 'National trends', 'National breakdowns' and 'National Covid-19 breakdowns' outputs. The base size for the questions and themes included is not specified in the briefing, but the number of responses each result is based on can be found in the 'National trends' and the 'National breakdowns'. Results used from the 'National trends' output have a combined weight applied and results used from the 'National breakdowns' and 'National Covid-19 breakdowns' outputs have a trust weight applied.

The only exceptions are the response rates reported in the briefing, which are based on the total number of eligible responses divided by the total number of eligible staff invited to participate, rather than averaging organisation response rates (as in the 'National trends').

National free text report

A summary report in PDF format will be available from April 2021, highlighting the key themes and subthemes that emerged from the free text comments at questions 21a and 21b. Detail on the method of free text analysis will be provided when the report is published.

7.2 Organisation level outputs

Organisation level results are produced for all participating organisations.

Organisation level reports

Up to three reports are provided for each participating organisation as follows:

- Benchmark report
- Summary benchmark report
- Directorate report (optional)

Benchmark reports

A PDF report in slide layout is produced for each organisation, containing organisation results for themes and questions over the last 5 years (where possible). New for 2020, theme results will be presented broken down by the COVID-19 classification questions (q20a-d). Results relating to WRES/WDES indicators are shown towards the end of the report (see Appendix B). All results included are weighted and benchmarked where appropriate, except for demographics and WRES/WDES indicators. The theme results for 2019 vs 2020 are tested for statistical significance and included in the appendix of the report.

Values reported in the main benchmark reports:

- Organisation results:
  - o '**Your org**': the organisation mean score based on all the individual responses to a given question, or based on all the individual theme scores for a given theme.
  - o '**Responses**': the number of responses from which a result is calculated. When there are less than 11 responses for the organisation, results are suppressed to protect staff confidentiality.

- Benchmarking group results:
  - o '**Average**': the median score from all the organisation mean scores within the given benchmarking group.
  - o '**Best**': the best organisational mean score from all organisation mean scores in the given benchmarking group.
  - o '**Worst**': the worst organisational mean score from all organisation mean scores in the given benchmarking group.

- Theme results – COVID-19 classification breakdowns:
  - o '**Average**': the median score from all the organisation mean scores within the given benchmarking group.
  - o '**Highest**': the highest organisational mean score from all organisation mean scores in the given benchmarking group.
  - o '**Lowest**': the lowest organisational mean score from all organisation mean scores in the given benchmarking group.

The occupational group weight is applied in the main benchmark report for organisations where applicable, except for questions where weighting does not apply (see Section 6), including the response rate and WRES/WDES indicators.

Summary benchmark reports

A PDF summary version of the benchmark report is produced for each organisation. This presents the same data as the main benchmark reports, but does not include the detailed question level reporting.

Directorate reports

An additional directorate report, with up to two directorate breakdowns for theme scores, is optional for every organisation. The optional directorate reports include unweighted data. They provide the following results:

- '**Directorate**': the mean score for each theme by directorate.
- '**Responses**': the number of responses from which a result is calculated. When there are less than 11 responses in a group, results are suppressed to protect staff confidentiality.
- '**Your org**': the unweighted organisation mean score, based on all the individual theme scores for a given theme.

Benchmark data

The 2016-2020 dataset used to create the benchmark reports are available in Excel format. This includes the list of organisations within each benchmarking group. Each tab shows the question and theme results for each organisation within the different benchmarking groups.

Local Benchmarking

These online dashboards provide the results included in the benchmark reports via our results website. There are four types of dashboards:

- Organisation overview: summary of theme results and response rate
- Theme results
- Question results - aggregated question results: e.g. '% agreeing', which includes staff selecting both "Agree" and "Strongly agree"
- ICS/STP results

Results are weighted in the same way as for the benchmark reports.

Local breakdowns

Published through online dashboards, this output provides five year trend data (theme and question level) at each organisation broken down by the following background information variables: gender, age, ethnicity – summary (white / BME), ethnicity – all responses, sexuality, religion, long lasting health condition or illness, occupational group – summary, occupational group – all responses, part-time / full-time, patient facing role and caring responsibilities.

Question results are presented as single percentages (e.g. % of staff agreeing/strongly agreeing) rather than individual response options.

Data presented in this output are unweighted.

Local COVID-19 breakdowns

Published through online dashboards, this output presents 2020 data (theme and question level) at each organisation broken down by the following COVID-19 classification questions (q20a-d): worked on a COVID-19 specific ward or area, redeployed, required to work remotely / from home, shielding for self, shielding for a member of household and shielding for self and/or household member.

Question results are as per the standard local breakdowns and are presented as single percentages (e.g. % of staff agreeing/strongly agreeing) rather than individual response options.

Data presented in this output are unweighted.

WRES data

This dashboard contains data for each organisation required for the NHS Staff Survey indicators used in the Workforce Race Equality Standard (WRES). It includes the 2017, 2018, 2019 and 2020 trust/CCG and benchmarking group median results for q13a, q13b&c combined, q14, and q15b split by ethnicity (by white / BME staff). These results are reported as four indicators which are detailed, along with their calculation, in Appendix B.

Data are presented unweighted.

WDES data

This dashboard contains data for each organisation required for the NHS Staff Survey indicators used in the Workforce Disability Equality Standard (WDES). It includes the 2018, 2019 and 2020 trust/CCG and benchmarking group median results for q5f, q11e, q13a-d, and q14 split by disabled staff compared to non-disabled staff. It also shows results for q26b (for disabled staff only), and the staff engagement score for disabled staff, compared to non-disabled staff and the overall engagement score for the organisation. These results are reported as seven indicators which are detailed, along with their calculation in Appendix B.

Data are presented unweighted.

Detailed spreadsheets

These are a series of ten spreadsheets that contain question results broken down by individual response options (sheets 1-9), response rates and theme results (sheet 10). Each sheet contains the result for each organisation, the result for each benchmarking group (the mean of all the constituent organisation results), and all trusts (the mean of all trust responses). In addition, each sheet also contains breakdowns by all of the demographic variables across all organisations and within six benchmarking groups (all five trust benchmarking groups and the CCG group).

Results included in these spreadsheets are unweighted.

ICS/STP & Region results

Interactive Excel tool

This Excel tool includes two tabs:

1. Region dashboard tab - comparison of theme scores for all trusts within each NHS England and Improvement region
2. ICS/STP dashboard tab – comparison of theme scores for all trusts (except ambulance trusts) within each ICS/STP

Tableau Dashboards

Two Tableau dashboards:

1. Region dashboard - comparison of theme scores for all trusts within each NHS England and Improvement region
2. ICS/STP dashboard tab – comparison of theme scores for all trusts (except ambulance trusts) within each ICS/STP

Occupational group weighting is applied to the data, which shows the results for each trust, the relevant benchmark group average and the best and worst trust results for the appropriate benchmark group, as reported in the benchmark reports.

Note data for organisations that complete the survey voluntarily (CCGs, CSUs, other non-trust organisations) are not included.

Local free text reporting

Available from April 2021, analysis of the responses to the two Covid-19 related free text questions (q21a & q21b) is provided in the form of two new local reports for 2020. These reports show, for an individual organisation, the results of a text analysis of the responses to each question and include the full list of comments (redacted to ensure anonymity) and an analysis of those comments by topic and tone (whether positive, neutral or negative).

Interactive free text excel workbook: An Excel workbook containing all the responses to the free text questions with codes assigned to each comment to indicate:
  a) the topic to which it relates
  b) the tone of that comment
Also included is an interactive summary chart showing the number of comments which relate to each topic and the tone of those comments.

Static free text report: Charts summarising the most common topics raised by staff in response to each question and the tone of the comments made in each topic area.

Please note that each participating organisation will receive the results of the analysis of their own staff's comments only. The interactive excel workbook and summary report will be sent directly to participating organisations and will not be published on the NHS Staff Survey results website.

More details on the method of the free text analysis will be provided when the reports are made available.

8   Organisation historical comparability

As part of Staff Survey reporting, historical comparisons are provided for most organisations (i.e. 2016 – 2020 figures are provided so that trusts can understand how their performance has changed over time). However, it is not appropriate or possible for some organisations to receive historical comparisons due to changes in their circumstances (e.g. mergers) or because they have not participated in the survey before. Organisations which will not be receiving historical comparisons for the 2020 survey are listed in Section 8.1 below.

Also outlined in this section are CCG mergers that will receive historical data (Section 8.2) and changes to the reporting of historical data this year (Section 8.3)

8.1 Organisations with no historical comparisons

Mergers

Organisation code	Organisation name	Reason for non-comparability
RA7	University Hospitals Bristol and Weston NHS Foundation Trust	Organisation did not exist in prior years. Formed by the merger of Weston Area Health NHS Trust (RA3) and University Hospitals Bristol NHS Foundation Trust (RA7).
RAJ	Mid and South Essex NHS Foundation Trust	Organisation did not exist in prior years. Formed by the merger of Mid Essex Hospital Services NHS Trust (RQ8), Southend University Hospital NHS Foundation Trust (RAJ) and Basildon and Thurrock University Hospitals NHS (RDD).
RC9	Bedfordshire Hospitals NHS Foundation Trust	Organisation did not exist in prior years. Formed by the merger of Luton and Dunstable University Hospital NHS Foundation Trust (RC9) and Bedford Hospital NHS Trust (RC1).
REM	Liverpool University Hospitals NHS Foundation Trust	Organisation did not exist in prior years. Formed by the merger of Aintree University Hospital NHS Foundation Trust (REM) and Royal Liverpool and Broadgreen University Hospitals NHS Trust (RQ6).
RH5	Somerset NHS Foundation Trust	Organisation did not exist in prior years. Formed by the merger of Taunton and Somerset NHS Foundation Trust (RBA) and Somerset Partnership NHS Foundation Trust (RH5).
RNN	North Cumbria Integrated Care NHS Foundation Trust	Organisation did not exist in prior years. Formed by the merger of Cumbria Partnership NHS Foundation Trust (RNN) and North Cumbria University Hospitals NHS Trust (RNL).

RTQ	Gloucestershire Health and Care NHS Foundation Trust	Organisation did not exist in prior years. Formed by the merger of 2GETHER NHS Foundation Trust (RTQ) and Gloucestershire Care Services NHS Trust (R1J).
TAJ	Black Country Healthcare NHS Foundation Trust	Organisation did not exist in prior years. Formed by the merger of Dudley and Walsall Mental Health Partnership NHS Trust (RYK) and Black Country Partnership NHS Foundation Trust (TAJ).
91Q	NHS Kent and Medway CCG	Organisation did not exist in prior years. Formed by the merging of 09C (NHS Ashford CCG), 09E (NHS Canterbury and Coastal CCG), 09J (NHS Dartford, Gravesham and Swanley CCG), 09W (NHS Medway CCG), 10A (NHS South Kent Coast CCG), 10D (NHS Swale CCG), 10E (NHS Thanet CCG) and 99J (NHS West Kent CCG). Last year, 09C/09E/10A/10E took part in the survey together and the others took part in the survey separately.
36L	NHS South West London CCG	Organisation did not exist in prior years. Formed by the merging of 07V (NHS Croydon CCG), 08J (NHS Kingston CCG), 08P (NHS Richmond CCG), 08R (NHS Merton CCG), 08T (NHS Sutton CCG) and 08X (NHS Wandsworth CCG). Last year, each of these organisations took part in the survey separately.

Divisions and joint surveys

Organisation code	Organisation name	Reason for non-comparability
03W/04C/04V	NHS East Leicestershire and Rutland CCG, NHS Leicester City CCG & NHS West Leicestershire CCG	04V took part in the survey as a separate organisation in 2019 but 03W and 04C did not. These organisations are running a joint survey in 2020 for the first time.
10C/15D/99M	Frimley Collaborative CCGs (NHS Surrey Health CCG, NHS East Berkshire CCG & NHS North East Hampshire and Farnham CCG)	10C and 15D took part in the survey as separate organisations in 2019 but 99M did not. These organisations are running a joint survey in 2020 for the first time.

10J/10K/10L/10V	Hampshire Partnership of CCGs (NHS Fareham and Gosport CCG, NHS Isle of Wight CCG, NHS North Hampshire CCG & NHS South East Hampshire CCG)	These organisations are running a joint survey in 2020 for the first time. None of them took part in 2019.
72Q	NHS South East London CCG	This organisation has formed as a result of the merging of 07N, 07Q, 08A, 08K, 08L and 08Q. Last year, each of these organisations took part in the survey separately. However, 72Q have confirmed that they would prefer to be treated as a new organisation and thus they will not receive historical comparisons.

Other new organisations

Organisation code	Organisation name	Reason for non-comparability
07K	NHS West Suffolk CCG	This organisation is new to the survey in 2020.
0AR	NHS North of England CSU	This organisation is new to the survey in 2020.
11X	NHS Somerset CCG	This organisation is new to the survey in 2020.
16C	NHS Tees Valley CCG	This organisation is new to the survey in 2020.
27D	NHS Cheshire CCG	This organisation is new to the survey in 2020.
84H	NHS County Durham CCG	This organisation is new to the survey in 2020.
92A	NHS Surrey Heartlands CCG	This organisation is new to the survey in 2020.
92G	NHS Bath and North East Somerset, Swindon and Wiltshire CCG	This organisation is new to the survey in 2020.
93C	NHS North Central London CCG	This organisation is new to the survey in 2020.
BHC	Bromley Healthcare Community Interest Company LTD	This organisation is new to the survey in 2020.
CSH	CSH Surrey	This organisation is new to the survey in 2020.
NLX	Sirona Care & Health	This organisation is new to the survey in 2020.

8.2 CCG mergers that will receive historical data

Some CCGs have merged to form single organisations. In circumstances where the CCGs that merged took part in the survey *as a group* in the past, we will provide comparable historical data.

The table below outlines where newly merged CCGs will receive historical comparisons.

Organisation code	Organisation name	Details on the merger
36J	NHS Bradford District and Craven CCG	Previously participated as the group 02N/02R/02W NHS Bradford City CCG, NHS Bradford Districts CCG & Airedale, Wharfedale and Craven CCG

52R	NHS Nottingham and Nottinghamshire CCG	Previously participated as the group 04E/04H/04K/04L/04M/04N NHS Nottingham and Nottinghamshire Clinical Commissioning Partnership
78H	NHS Northamptonshire CCG	Previously participated as 03V/04G NHS Corby CCG and NHS Nene CCG

8.3 Changes to historical data

Physical violence/Harassment, bullying and abuse data

As mentioned in section 2.2 data cleaning of the questions relating to the reporting of incidents of physical violence at work (q12d) and harassment, bullying or abuse at work (q13d) have been updated this year. Previously, if a respondent selected "Never" for q12a/q13a and q12b/q13b and q12c/q13c then their response to q12d/q13d was set to missing. However, in 2020 this has been changed to: if a respondent did not select "1-2", "3-5", "6-10" or "More than 10" for q12a/q13a or q12b/q13b or q12c/q13c then their response to q12d/q13d is set to missing.

Data cleaning rules are applied retrospectively, so all historical data reported in 2020 will be cleaned according to the new rule, rendering the trend results comparable. Therefore, while the trend data reported is comparable, the data would not be directly comparable with results previously published.

WDES data

The approach to calculating benchmark median scores for the WDES reporting has changed this year to align with the approach used in all other reporting. Previously, the median was calculated based on all organisations within the benchmarking group and then suppression was applied so that results for organisations where n<11 were not reported. This year the suppression was applied first and then the median calculated on those organisations whose data had not been suppressed. This matches the approach used for the WRES median calculations and other reporting metrics. The change only affects median results for ambulance trusts and CCGs.

Due to the change in data cleaning at q13d (Section 2.2), data reported for the WDES Indicator 4b: Reporting harassment, bullying or abuse (q13d) this year will not be comparable to data reported in previous years.

These changes have been applied retrospectively, so that data reported in 2020 for all years 2016-2020 has been cleaned/updated consistently and is therefore comparable.

Immediate managers theme

"My manager supported me to receive this training, learning or development" (q19a in the 2019 questionnaire) has been removed from the immediate managers theme as it was not asked this year. A new calculation is in place for 2020 with the theme being recalculated for previous years' data so that trend data can be shown. In the 2019 theme calculation, all participants who had

replied to at least half of the questions in the theme were allocated an overall score which was the mean value of their rescored questions. In 2020, all participants have to reply to at least three of the remaining five questions to be included in the calculation.

Ethnic background (Q23)

The 'Chinese and other ethnic group' section was removed in the 2020 survey. The 'Chinese' answer option was moved into the 'Asian/Asian British' section and historical data for this section were recalculated to include the 'Chinese' category so that historical comparisons can be made.

9 Questionnaire comparability

To view the **changes made to the 2020 core questionnaire** please see the document in the guidance section of our website. A full list of comparable questions can be found in table 3.

Table 3: Questionnaire comparability (2019-2020)

2019	2020	2020 Question wording	Comparable?
q1	**q1**	Do you have face-to-face contact with patients / service users as part of your job?	**Yes**
q2a	**q2a**	I look forward to going to work.	**Yes**
q2b	**q2b**	I am enthusiastic about my job.	**Yes**
q2c	**q2c**	Time passes quickly when I am working.	**Yes**
q3a	**q3a**	I always know what my work responsibilities are.	**Yes**
q3b	**q3b**	I am trusted to do my job.	**Yes**
q3c	**q3c**	I am able to do my job to a standard I am personally pleased with.	**Yes**
q4a	**q4a**	There are frequent opportunities for me to show initiative in my role.	**Yes**
q4b	**q4b**	I am able to make suggestions to improve the work of my team / department.	**Yes**
q4c	**q4c**	I am involved in deciding on changes introduced that affect my work area / team / department.	**Yes**
q4d	**q4d**	I am able to make improvements happen in my area of work.	**Yes**
q4e	**q4e**	I am able to meet all the conflicting demands on my time at work.	**Yes**
q4f	**q4f**	I have adequate materials, supplies and equipment to do my work.	**Yes**

2019	2020	2020 Question wording	Comparable?
q4g	**q4g**	There are enough staff at this organisation for me to do my job properly.	**Yes**
q4h	**q4h**	The team I work in has a set of shared objectives.	**Yes**
q4i	**q4i**	The team I work in often meets to discuss the team's effectiveness.	**Yes**
q4j	**q4j**	I receive the respect I deserve from my colleagues at work.	**Yes**
q5a	**q5a**	The recognition I get for good work.	**Yes**
q5b	**q5b**	The support I get from my immediate manager.	**Yes**
q5c	**q5c**	The support I get from my work colleagues.	**Yes**
q5d	**q5d**	The amount of responsibility I am given.	**Yes**
q5e	**q5e**	The opportunities I have to use my skills.	**Yes**
q5f	**q5f**	The extent to which my organisation values my work.	**Yes**
q5g	**q5g**	My level of pay.	**Yes**
q5h	**q5h**	The opportunities for flexible working patterns.	**Yes**
q6a	**q6a**	I have unrealistic time pressures.	**Yes**
q6b	**q6b**	I have a choice in deciding how to do my work.	**Yes**
q6c	**q6c**	Relationships at work are strained.	**Yes**

2019	2020	2020 Question wording	Comparable?
q7a	**q7a**	I am satisfied with the quality of care I give to patients / service users.	**Yes**
q7b	**q7b**	I feel that my role makes a difference to patients / service users.	**Yes**
q7c	**q7c**	I am able to deliver the care I aspire to.	**Yes**
q8a	**q8a**	My immediate manager encourages me at work.	**Yes**
q8b	**q8b**	My immediate manager can be counted on to help me with a difficult task at work.	**Yes**
q8c	**q8c**	My immediate manager gives me clear feedback on my work.	**Yes**
q8d	**q8d**	My immediate manager asks for my opinion before making decisions that affect my work.	**Yes**
q8e	**q8e**	My immediate manager is supportive in a personal crisis.	**Yes**
q8f	**q8f**	My immediate manager takes a positive interest in my health and well-being.	**Yes**
q8g	**q8g**	My immediate manager values my work.	**Yes**
q9a	**q9a**	I know who the senior managers are here.	**Yes**
q9b	**q9b**	Communication between senior management and staff is effective.	**Yes**

2019	2020	2020 Question wording	Comparable?
q9c	q9c	Senior managers here try to involve staff in important decisions.	Yes
q9d	q9d	Senior managers act on staff feedback.	Yes
q10a	q10a	How many hours a week are you contracted to work?	Yes
q10b	q10b	On average, how many additional PAID hours do you work per week for this organisation, over and above your contracted hours?	Yes
q10c	q10c	On average, how many additional UNPAID hours do you work per week for this organisation, over and above your contracted hours?	Yes
q11a	q11a	Does your organisation take positive action on health and well-being?	Yes
q11b	q11b	In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?	Yes
q11c	q11c	During the last 12 months have you felt unwell as a result of work related stress?	Yes
q11d	q11d	In the last three months have you ever come to work despite not feeling well enough to perform your duties?	Yes

2019	2020	2020 Question wording	Comparable?
q11e	**q11e**	Have you felt pressure from your manager to come to work?	**Yes**
q11f	**q11f**	Have you felt pressure from colleagues to come to work?	**Yes**
q11g	**q11g**	Have you put yourself under pressure to come to work?	**Yes**
q12a	**q12a**	In the last 12 months how many times have you personally experienced physical violence at work from patients / service users, their relatives or other members of the public?	**Yes**
q12b	**q12b**	In the last 12 months how many times have you personally experienced physical violence at work from managers?	**Yes**
q12c	**q12c**	In the last 12 months how many times have you personally experienced physical violence at work from other colleagues?	**Yes**
q12d	**q12d**	The last time you experienced physical violence at work, did you or a colleague report it?	**Yes**
q13a	**q13a**	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public?	**Yes**

2019	2020	2020 Question wording	Comparable?
q13b	**q13b**	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers?	**Yes**
q13c	**q13c**	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?	**Yes**
q13d	**q13d**	The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?	**Yes**
q14	**q14**	Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?	**Yes**
q15a	**q15a**	In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?	**Yes**
q15b	**q15b**	In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?	**Yes**
q15c	**q15c**	On what grounds have you experienced discrimination?	**Yes**
q17a	**q16a**	My organisation treats staff who are involved in an error, near miss or incident fairly.	**Yes**

2019	2020	2020 Question wording	Comparable?
q17b	**q16b**	My organisation encourages us to report errors, near misses or incidents.	**Yes**
q17c	**q16c**	When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.	**Yes**
q17d	**q16d**	We are given feedback about changes made in response to reported errors, near misses and incidents.	**Yes**
q18a	**q17a**	If you were concerned about unsafe clinical practice, would you know how to report it?	**Yes**
q18b	**q17b**	I would feel secure raising concerns about unsafe clinical practice.	**Yes**
q18c	**q17c**	I am confident that my organisation would address my concern.	**Yes**
q21a	**q18a**	Care of patients / service users is my organisation's top priority.	**Yes**
q21b	**q18b**	My organisation acts on concerns raised by patients / service users.	**Yes**
q21c	**q18c**	I would recommend my organisation as a place to work.	**Yes**

2019	2020	2020 Question wording	Comparable?
q21d	**q18d**	If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	**Yes**
-	**q18e**	I feel safe in my work.	**No (new in 2020)**
-	**q18f**	I feel safe to speak up about anything that concerns me in this organisation.	**No (new in 2020)**
q23a	**q19a**	I often think about leaving this organisation.	**Yes**
q23b	**q19b**	I will probably look for a job at a new organisation in the next 12 months.	**Yes**
q23c	**q19c**	As soon as I can find another job, I will leave this organisation.	**Yes**
q23d	**q19d**	If you are considering leaving your current job, what would be your most likely destination?	**Yes**
-	**q20a**	Have you worked on a Covid-19 specific ward or area at any time?	**No (new in 2020)**
-	**q20b**	Have you been redeployed due to the Covid-19 pandemic at any time?	**No (new in 2020)**
-	**q20c**	Have you been required to work remotely/from home due to the Covid-19 pandemic?	**No (new in 2020)**

2019	2020	2020 Question wording	Comparable?
-	q20d	Have you been shielding?	No (new in 2020)
-	q21a	Thinking about your experience of working through the Covid-19 pandemic, what lessons should be learned from this time?	No (new in 2020)
-	q21b	What worked well during Covid-19 and should be continued?	No (new in 2020)
q24a	q22a	Gender	Yes
q24b	q22b	Age	Yes
q25	q23	What is your ethnic background?	Yes
q26	q24	Which of the following best describes how you think of yourself?	Yes
q27	q25	What is your religion?	Yes
q28a	q26a	Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?[8]	Yes

[8] In 2019, the question text was "*Do you have any physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12 months or more?*". The question text was shortened and the word 'disabilities' was removed for 2020 to align with ONS wording. The question remains comparable to previous years, as does the filter question that follows (q26b).

2019	2020	2020 Question wording	Comparable?
q28b	**q26b**	Has your employer made adequate adjustment(s) to enable you to carry out your work?	**Yes**
-	**q27a**	Do you have any children aged from 0 to 17 living at home with you, or who you have regular caring responsibility for?	**No (new in 2020)**
-	**q27b**	Do you look after, or give any help or support to family members, friends, neighbours or others because of either: long term physical or mental ill health / disability, or problems related to old age?	**No (new in 2020)**
q30	**q28**	What is your occupational group?	**Yes**

9.1 Respondent burden calculation

The NHS Staff Survey complies with the Code of Practice for Statistics. Within the code, Practice V5.5 requires producers of statistics to monitor the burden on respondents providing their information. In order to achieve this, the following calculation is completed for the NHS Staff Survey:

Number of respondents x Average time spent completing the survey

There were 595,270 responses to the 2020 NHS Staff Survey. The median completion time based on online completions was 16.8 minutes per survey. Therefore, respondent burden calculation results for the 2020 NHS Staff Survey are:

595,270 respondents x 16.8 minutes = 166,676 hours spent completing the survey

Appendix A: Eligibility criteria

The following criteria were applied by NHS organisations when drawing the list of staff eligible for inclusion in the survey. After compiling this list, organisations then either took a random sample of staff, or included all staff on the list if they were conducting a census.

The staff list included:

- All full-time and part-time staff who were directly employed by the organisation on **1 September 2020**;
- Staff on fixed-term contracts;
- Staff on secondment to a different organisation, but only if they were still being paid by the participating organisation **and** had been out on secondment for less than one year;
- Hosted staff (staff seconded to the participating organisation from elsewhere, e.g. social care staff seconded from the local authority) who had a substantive contract with the organisation, but only if they were on the participating organisation's payroll, and were being paid by the participating organisation;
- Any staff member who met the above criteria who was on parental leave (maternity or paternity leave).

The staff list excluded:

- Staff who started working at the organisation **after** 1 September 2020;
- Staff who were on long-term sick leave (at least 90 days) on 1 September 2020;
- Staff on **unpaid** career breaks;
- All staff employed by sub-contracted organisations or outside contractors;
- Bank or locum staff (unless they also had substantive organisation contracts);
- Seconded staff who were **not** being paid by the participating organisation;
- Student nurses;
- Non-executive directors;
- Staff who worked under a 'retention of employment' (RoE) model.

Appendix B: Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES)

WRES data

The organisation level reporting includes data for each organisation required for the NHS Staff Survey indicators used in the Workforce Race Equality Standard (WRES). It includes the 2017, 2018, 2019 and 2020 trust/CCG and benchmarking group median results for q13a, q13b&c combined, q14, and q15b split by ethnicity (by white / BME staff). These results are reported as four indicators which are outlined below, along with their calculation:

- **Indicator 5**: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.
  - Calculation: Those who answered any of "1-2", "3-5", "6-10" or "More than 10" to q13a (i.e. any of response options 2-5), out of all those who responded to the question.

- **Indicator 6**: Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.
  - Calculation: Those who answered any of "1-2", "3-5", "6-10" or "More than 10" to q13b or q13c (i.e. any of response options 2-5), out of all those who answered either or both questions.

- **Indicator 7**: Percentage of staff believing that trust provides equal opportunities for career progression or promotion.
  - Calculation: Those who answered "Yes" to q14, out of all those who answered the question, excluding the "Don't know" response.

- **Indicator 8**: In the last 12 months have you personally experienced discrimination at work from any of the following? – Manager / team leader or other colleagues.
  - Calculation: Those who answered "Yes" to q15b, out of all those who answered the question.

Results presented are unweighted.

WDES data

The organisation level reporting also includes data for each organisation required for the NHS Staff Survey indicators used in the Workforce Disability Equality Standard (WDES). It includes the 2018, 2019 and 2020 trust/CCG and benchmarking group median results for q5f, q11e, q13a-d, and q14 split by staff with a long lasting health condition or illness compared to staff without a long lasting health condition or illness. It also shows results for q26b (for staff with a long lasting health condition or illness only), and the staff engagement score for staff with a long lasting health condition or illness, compared to staff without a long lasting health condition or illness and the overall engagement score for the organisation. These results are reported as seven indicators which are outlined below, along with their calculation:

- **Indicator 4a**: Percentage of disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:
  - Patients / service users, their relatives or other members of the public (q13a)
  - Managers (q13b)
  - Other colleagues (q13c)
    - Calculation: Those who answered any of "1-2", "3-5", "6-10" or "More than 10" to q13a/b/c (i.e. any of response options 2-5) respectively, out of all those who responded to each of the respective questions.

- **Indicator 4b[9]**: Percentage of disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.
  - Calculation: Those who answered "Yes, I reported it", "Yes, a colleague reported it", or both of those responses to q13d out of all those who answered either "Yes" or "No" to q13d.

- **Indicator 5**: Percentage of disabled staff compared to non-disabled staff believing that their trust provides equal opportunities for career progression or promotion.
  - Calculation: Those who answered "Yes" to q14, out of all those who answered the question, excluding the "Don't know" response.

- **Indicator 6**: Percentage of disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.
  - Calculation: Those who answered "Yes" to q11e, out of all those who answered the question.

- **Indicator 7**: Percentage of disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.
  - Calculation: Those who answered "Satisfied" or "Very Satisfied" to q5f, out of those who answered the question.

- **Indicator 8**: Percentage of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.
  - Calculation: Those who answered "Yes" to q28b, out of those who answered the question, excluding the "No adjustment required" response.

- **Indicator 9a**: The staff engagement score for disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.
  - Calculation: for the calculation of the staff engagement score, please refer to the details outlined for theme 10 – Staff engagement in Section 3.

---

[9] Due to the change in data cleaning at q13d (see Section 2.2), unweighted data previously published for this indicator will not be comparable to data reported in 2020.

Results are presented unweighted.

Please note the WDES breakdowns are based on the responses to q26a *Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?* In 2020, the question text was shortened and the word 'disabilities' was removed but the question and WDES results still remain historically comparable.