

NHS Staff Survey Embargo guidance

The process for collecting, developing, assuring, and publishing the NHS Staff Survey (NSS) including the NHS Staff Survey for Bank Only Workers (NSSB) is conducted in accordance with the Code of Practice for Official Statistics. This process typically takes place between December to March for NSS and December to April for NSSB. To support organisations to use their results as soon as possible, they are granted early access to their own results before national Staff Survey results publication. This means that organisations can use their own results internally, but these cannot be shared externally until they are published by the Survey Coordination Centre (SCC) and NHS England.

Due to this, all survey data released to participating organisations prior to the official publication date is provided under embargo. Whether provided by their survey contractor or by the SCC, all data are subject to this embargo and cannot be shared externally. **Please note the NHS England Staff Survey Team do not see any survey results until the survey publication, please do not share your results with the team as this will be a breach of the embargo.** All participating organisations and survey contractors are required to adhere to embargo terms.

Provided below is detail on the terms of the embargo and its purpose. Also below is further information on how results can be used before publication within organisations and by teams so that the cycle of listening and taking action can continue with minimum interruption or delay.

Why do we have an embargo, who sets its terms, and why can data not be shared before it is published?

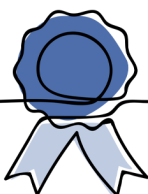
The NHS Staff Survey results are an Official Statistic and the NHS Staff Survey for Bank only workers is an Official Statistic in development. This means the surveys are run, and the results produced, in accordance with [the Code of Practice for Statistics](#) (the Code), as set out by the UK Statistics Authority (UKSA). The Code is based around three principles:

- Trustworthiness
- Quality
- Value.

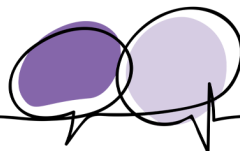
People Promise



We are
compassionate
and **inclusive**



We are **recognised**
and **rewarded**



We each have
a voice that
counts



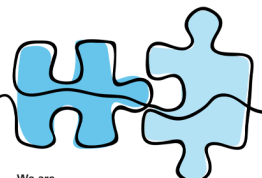
We are
safe and
healthy



We are
always
learning



We work
flexibly



We are
a team

Public value is at the centre of the Code, and compliance with it gives users confidence that the NHS Staff Survey data and statistics are of high quality and are produced by people and organisations that are trustworthy.

To comply with the Code and ensure these principles are met, the survey results should be released in an orderly fashion that is open, transparent and promotes confidence. The results should also be produced in a way that is impartial, independent, and published as soon as they are ready.

Organisations are granted access to their own results around one month before publication. This is offered as a benefit to support organisations in using their latest results as soon as possible and to help prepare for when they are officially published. This early release under embargo is permissible as the public benefit likely to result from this access outweighs any potential detriment to public trust in the Official Statistics likely to result in doing so. The value in organisations being able to see and act upon their results as soon as possible is recognised and their early use, within the terms of the embargo, is encouraged.

However, sharing results ahead of general release beyond the terms of the embargo risks tipping the balance between public benefit and public trust in the survey's results and how they have been produced. In support of this, sharing results beyond the terms of the embargo and therefore ahead of their public release is not permitted by the Code. This is as it would be seen to be undermining the public's confidence in the NHS Staff Survey and its results. For more information on the Code, please see the [UKSA website](#).

What are the terms of the embargo?

During the embargo period, which is between fieldwork closing and publication of the latest results, survey results received by a participating organisation must not be made publicly available in any capacity (e.g. on social media) or shared with any person or organisation external to the participating organisation including with an Integrated Care Board (ICB) or across an Integrated Care System (ICS).

Further guidance on how results can be used and shared internally during the embargo period is provided in later sections of this document.

What data is covered by the embargo?

All data and results relating to the survey are covered by the embargo. This includes the content of the reports released under embargo by the SCC (the benchmark and optional breakdown reports) and any reporting produced by survey contractors.

Please note that, during fieldwork, organisations may share their ongoing response rates to help encourage staff to participate. Once the survey has closed, however, and response rates take their final form, they are then also subject to the embargo so must not be shared externally before the publication date.

How can results be used internally before publication?

The NHS Staff Survey is there to listen to staff and take action in response, so results can and should be used in numerous and varying ways, based on

organisational ambitions, needs, expertise and capacity. Therefore, results can and should be used ahead of publication to progress internal work relating to measuring and improving staff experience, and where early access to the results means this work can be progressed in as timely way as possible. Results cannot be used in work spanning beyond the organisation.

The form of this internal work will differ across organisations. Examples of how results may be used and shared internally ahead of publication include:

- **Planning** - For example, to inform an upcoming workforce strategy at the organisation and/or to shape an annual refresh of a local People Strategy.
- **Improvement** - For example, to highlight positive staff experience and evidence the impact of specific actions which have been taken to improve it.
- **Operational decision making** – For example, to identify variation in staff experience and inform action to reduce it.

More detailed examples covering each of the above, together with how results may and may not be shared with contractors, are provided later in this document.

Who can the results be shared with internally before publication?

Organisations are provided with their own results ahead of publication so that they can be used internally to support timely work on employee experience. As such, results can and should be shared with internal staff who are responsible for measuring and improving staff experience at the organisation, and who can progress this work earlier via having access to the results before publication.

Widescale sharing of results internally ahead of publication (e.g. sharing with large groups of staff via internal engagement activities) is not recommended without a clear rationale and plan, because it increases the risk of a breach. In all cases, it is recommended that you keep a log of access wherever possible.

Results cannot be shared with any internal staff not responsible for measuring and improving staff experience. This includes sharing for unrelated purposes or for information only.

Can we share our results with an external contractor?

Yes, if an organisation is working with an external contractor during the embargo period to help understand and use the results, that external contractor may be considered a part of the organisation to which it is under contract and the survey results can be shared with them during this period, so long as they are made aware that the data is under embargo with which they must act in accordance. Sharing should be limited to the data necessary for this purpose and the data should be shared with only those personnel who need access for this purpose.

Can we share our results with the NHS Staff Survey contractor providing our local reporting?

The benchmark reports produced by the SCC include both the organisation's own results and those of the national benchmarking group. Therefore, organisations

should not share their benchmark report with their contractor during the embargo period, unless they have been commissioned to work with them on their results as described above. This is because the reports contain unpublished national results that the contractor does not have access to.

If an organisation wishes to check an apparent anomaly between the results reported by their contractor (their local reporting) and those in their benchmark report, they may contact their contractor to discuss this, but they should not share their benchmark report or any part of that report (including screenshots) when they do so. Please note that the results in an organisation's benchmark report can differ slightly from those reported by survey contractors within their own local reporting due to weighting, and this may explain any discrepancies found.

Can we share our results with another organisation we are due to merge with?

Organisations are provided with their own results under embargo ahead of publication so that they can be used internally to support timely work on employee experience. In support of this, where organisations are to merge with one another no more than three months after the release of the NHS Staff Survey benchmarking reports under embargo, a report for one constituent organisation may be shared with staff at the other constituent organisation(s). For example, if embargoed benchmarking reports are shared 10 February, organisations merging from that date until 10 May could share those reports.

Reports under embargo may only be shared with senior leaders e.g., boards and senior Human Resources and Operational Delivery staff who working to support staff experience and putting actions in place through the merger. Please see the section on "How can results be used internally before publication" within this embargo guidance for further examples of this.

To enable reports to be shared for this purpose, all individual organisations involved must seek written approval from their information governance leads within their organisations. Individual survey contractors must then be informed, and the Survey Coordination Centre must then be contacted with both the written approval and the assurance that individual survey contractors have been informed, in order to ask for confirmation that embargoed reports can be shared.

If the merger is to take place more than three months after the benchmarking reports have been released under embargo, these reports may not be shared. Merging organisations are encouraged to use previously published NHS Staff Survey results together with results from other listening tools such as the National Quarterly Pulse Survey, the People Pulse and local intelligence from other channels, until the next set of annual NHS Staff Survey results are published for organisations that they are due to merge with. This should allow approximately three months to review the latest published results against the existing intelligence and, if necessary, adjust plans to support staff experience.

What happens if the embargo is breached?

The embargo is in place to comply with the Code and ensure the NHS Staff Survey results adhere to its principles. If results are shared externally during the embargo period, even if unintentionally, this constitutes a breach of the embargo.

In the event of a breach, participating organisations and survey contractors should notify the SCC immediately for their awareness. The SCC will notify NHS England and the organisation will be asked to take appropriate action to limit the spread of any data shared. Once made aware, the SCC will remain in regular conversation with the organisation for progress updates while actions remain ongoing. Depending upon the nature of the breach, the completion by the organisation of a full report of the circumstances leading up to the breach and the actions taken may be requested by the SCC. It may also lead to an enquiry. As the embargo is in place to safeguard the results before publication, failure to adhere to it would jeopardise early access in the future, potentially meaning that results would not be shared with organisations prior to the publication date in future years.

If you have any questions around the embargo, please contact the Survey Coordination Centre at nhsstaffsurvey@surveycoordination.com.

Examples of using results internally ahead of publication

Example 1: Action planning

Sharing breakdown report level results with organisation leaders so they can start to build action plans for their own areas

- What results would be shared and why – the minimum amount of data necessary, such as the headline findings and changes in the People Promise element and theme scores and key questions, shared with a clear rationale for use.
- With whom would they be shared – identify a list of staff involved in the work and record a list of staff to track access.
- How would they be shared – via a secure method with clear notification that the results are unpublished and not for wider sharing without first checking with a nominated lead for the work.

Example 2: Improvement

Sharing the WRES/WDES results with workforce equality leads to allow them to identify areas for improvement

- What results would be shared and why – the minimum amount of data necessary, shared with a clear rationale for use.
- With whom would they be shared – identify a list of staff involved in the work and record a list of staff to track access.
- How would they be shared – via a secure method with clear notification that the results are unpublished and not for wider sharing without first checking with a nominated lead for the work.

Example 3: Operational decision making

Sharing data on intention to leave with workforce planning teams and professional leads to input into a staff retention strategy

- What results would be shared and why – the minimum amount of data necessary, such as nursing results with the nursing function and key leaders (e.g., matrons), shared with a clear rationale for use.
- With whom would they be shared – identify a list of staff involved in the work and record a list of staff to track access.
- How would they be shared – via a secure method with clear notification that the results are unpublished and not for wider sharing without first checking with a nominated lead for the work.

Examples of how the embargoed results should not be shared

Sharing more data than is needed for the identified purpose:

- Sharing a full set of embargoed results with colleagues who only need a subset of them for their work.

Sharing data with staff who do not need to or cannot act on it before publication:

- Sharing generic emails to groups of staff (even at management level) about the results if those staff do not need the results for specific activities ahead of publication.
- Sharing results (including response rates) via internal communications channels for information or promotion.