

# TECHNICAL GUIDE TO THE 2019 STAFF SURVEY DATA

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## 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.

In February 2020 the Survey Coordination Centre publishes the national outputs for the 2019 Staff Survey. The results are primarily intended to be used by organisations to help them review and improve staff experience so that their staff can provide better patient care. 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 the 2019 questionnaire has remained the same as the 2018 version. However, some changes have been made to the reporting this year:

- A new Summary Benchmark Report (pdf) is available for each organisation, in addition to the Benchmark Reports provided previously.
- Both the Benchmark Reports and Summary Benchmark Reports include data relating to the Workforce Disability Equality Standard (WDES) and Workforce Race Equality Standard (WRES). These data are also available via the interactive dashboard.
- The local reporting allows a comparison of themes and question level data for all trusts within each ICS/STP (except ambulance trusts). This is provided via the online dashboard and also in the form of an interactive Excel tool.
- A new national free text report is available. This uses semantic and sentiment analysis to provide real insight into free text comments provided by staff.
- The Key Findings results spreadsheet will not be published this year, following the replacement of Key Findings with themes last year.
- As the Staff Survey results do not feed into the CQUIN scheme for 2019/20, the CQUIN statistics are not reported this year.

Data from previous years published as part of the 2019 survey has 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 B](#).

## 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 (q30), 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 re-coded 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), reporting harassment, bullying and abuse (q13d) and reporting errors, near misses and incidents (q16c), the following cleaning is applied to multiple responses:

- If the respondent has ticked **BOTH** “Yes, I reported it” and “Yes, a colleague reported it” then these are re-coded as 6.
- 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).

### 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 selected “Never” for q12a & q12b & q12c then their response to q12d is set to missing.
- If the respondent selected “Never” for q13a & q13b & 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 both q16a and q16b is “No” or missing then q16c is set to missing.
- If the response to q19a is “No”, “Can't remember” or missing then q19b to q19g are set to missing.
- If the response to q19f is “No” or missing then q19g is set to missing.
- If the response to q22a is “No”, “Don't know”, “Not applicable to me” or missing then q22b and q22c are set to missing.
- If the response to q28a is “No” or missing then q28b is set to missing.
- If the response to q31a is “No” or missing then q31b is set to missing.

### 3 Theme scores

Themes are summary indicators which provide an overview of staff experience which were introduced for the 2018 survey. For 2019 the reporting themes are as follows, with theme 11 new for 2019:

1. Equality, diversity & inclusion
2. Health & wellbeing
3. Immediate managers
4. Morale
5. Quality of appraisals
6. Quality of care
7. Safe environment – Bullying & harassment
8. Safe environment – Violence
9. Safety culture
10. Staff engagement
11. 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 10), 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?"

Q28b - "Has your employer made adequate adjustment(s) to enable you to carry out your work?"

**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."

Q19g - "My manager supported me to receive this training, learning or development."

**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.

## 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."

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

Q23a - "I often think about leaving this organisation."

Q23b - "I will probably look for a job at a new organisation in the next 12 months."

Q23c - "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* (q23a-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 appraisals

Q19b - "It helped me to improve how I do my job."

Q19c - "It helped me agree clear objectives for my work."

Q19d - "It left me feeling that my work is valued by my organisation."

Q19e - "The values of my organisation were discussed as part of the appraisal process."

**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.

## 6. 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.

## 7. 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.

## 8. 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.

## 9. Safety culture

Q17a - "My organisation treats staff who are involved in an error, near miss or incident fairly."

Q17c - "When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again."

Q17d - "We are given feedback about changes made in response to reported errors, near misses and incidents."

Q18b - "I would feel secure raising concerns about unsafe clinical practice."

Q18c - "I am confident that my organisation would address my concern."

Q21b - "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.

## 10. 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."

Q21a - "Care of patients / service users is my organisation's top priority."

Q21c - "I would recommend my organisation as a place to work."

Q21d - "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* (q21a, q21c, q21d). 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.

## 11. 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	2019 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				<i>no score</i>
	q15a	0	10				
	q15b	0	10				
	q28b	10	0	<i>no score</i>			
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	
	q19g	10	5	0			
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	
	q23a	10	7.5	5	2.5	0	
	q23b	10	7.5	5	2.5	0	
q23c	10	7.5	5	2.5	0		

Theme	2019 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
5. Quality of appraisals	q19b	10	5	0			
	q19c	10	5	0			
	q19d	10	5	0			
	q19e	10	5	0			
6. Quality of care	q7a	0	2.5	5	7.5	10	<i>no score</i>
	q7b	0	2.5	5	7.5	10	<i>no score</i>
	q7c	0	2.5	5	7.5	10	<i>no score</i>
7. Safe environment - Bullying & harassment	q13a	10	0	0	0	0	
	q13b	10	0	0	0	0	
	q13c	10	0	0	0	0	
8. Safe environment – Violence	q12a	10	0	0	0	0	
	q12b	10	0	0	0	0	
	q12c	10	0	0	0	0	
9. Safety culture	q17a	0	2.5	5	7.5	10	<i>no score</i>
	q17c	0	2.5	5	7.5	10	<i>no score</i>
	q17d	0	2.5	5	7.5	10	<i>no score</i>
	q18b	0	2.5	5	7.5	10	
	q18c	0	2.5	5	7.5	10	
	q21b	0	2.5	5	7.5	10	
10. 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	
	q21a	0	2.5	5	7.5	10	
	q21c	0	2.5	5	7.5	10	
	q21d	0	2.5	5	7.5	10	
11. 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 Table 3.

**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 questions. The questions which are not weighted or benchmarked are: q1, q10a, q19f, q23d-q28a and q29-q31b.

**Table 3:** Question level reporting

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

Question number	Calculation of results reported	Values reported (Response code in questionnaire)
q12a-c*	% of staff saying they experienced at least one incident of violence out of those who answered the question	2 to 5
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 basis)
q16a-b*	% of staff selecting 'Yes' out of those who answered the question	1
q16c	% of staff saying they, or a colleague, reported it out of those who answered the question excluding those who selected 'Don't know'	1,2 & 6**
q17a-d	% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question excluding those who selected 'Don't know'	4 & 5
q18a	% of staff selecting 'Yes' out of those who answered the question excluding those who selected 'Don't know'	1
q18b-c	% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question	4 & 5
q19a	% of staff selecting 'Yes' out of those who answered the question excluding those who selected 'Can't remember'	1
q19b-e	% of staff selecting 'Yes, definitely' out of those who answered the question	1
q19f	% of staff selecting 'Yes' out of those who answered the question	1
q19g	% of staff selecting 'Yes, definitely' out of those who answered the question	1
q20	% of staff selecting 'Yes' out of those who answered the question excluding those who selected 'Can't remember'	1
q21a-d	% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question	4 & 5
q22a	% of staff selecting 'Yes' out of those who answered the question excluding those who selected 'Don't know' or 'Not applicable to me'	1
q22b-c	% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question excluding those who selected 'Don't know'	4 & 5
q23a-c*	% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question	4 & 5

Question number	Calculation of results reported	Values reported (Response code in questionnaire)
q23d	% of staff saying this would be their most likely destination out of those who answered the question	1/2/3/4/5/9
q24a-b	% of staff selecting each response option out of those who answered the question	each code
q25	% of staff selecting a response falling into each of the following categories, out of those who answered the question Categories: White Mixed Asian/Asian British Black/Black British Chinese Other	White: 1 to 3 Mixed: 4 to 7 Asian/Asian British: 8 to 11 Black/Black British: 12 to 14 Chinese: 15 Other: 16
q26	% of staff selecting each response option out of those who answered the question	each code
q27	% of staff selecting each response option out of those who answered the question	each code
q28a	% of staff selecting 'Yes' out of those who answered the question	1
q28b	% of staff selecting 'Yes' out of those who answered the question excluding those who select 'No adjustment required'	1
q29	% 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)
q30	% of staff selecting a response falling into each of the following categories, out of those who answered the question Categories: Registered nurses 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: 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 function:37 Maintenance: 38 General management: 39 Other: 40 Emergency care pract.: 16 Paramedic: 17 ECA: 18 Ambulance techn: 19 Ambulance contr: 20 PTS: 21
q31a	% of staff selecting 'Yes' out of those who answered the question	1
q31b	% of staff selecting each response option out of those who answered the question	each code

\* Questions marked with asterisk are reverse scored, i.e. a lower percentage indicates a better result.

\*\* See Section 2.1 for how code 6 is assigned.



## **5 Benchmarking groups**

Thirteen benchmarking groups are used for weighting purposes and for the analyses presented in the benchmark reports:

- 1 - Acute trusts
- 2 - Combined acute and community trusts
- 3 - Acute specialist trusts
- 4 - Mental health / learning disability trusts
- 5 - Combined mental health / learning disability and community trusts
- 6 - Community trusts
- 7 - Ambulance trusts
- 8 - Clinical commissioning groups (CCGs)
- 9 - Commissioning support units (CSUs)\*
- 10 - Social enterprises – mental health\*
- 11 - Scientific and technical organisations<sup>1</sup>
- 12 - Social enterprises – community
- 13 - Community surgical services\*

Please note that benchmarking will not be conducted for organisation types with fewer than two participating organisations. In such cases, the score for the single organisation in these groups is listed as the benchmark group average, best and worst score. The benchmarking groups containing only a single organisation are identified above with an asterisk (\*).

Organisations are assigned to a benchmarking group based on the services they offer and the occupational group profile of their respondents. This means that comparisons are only made between organisations of a similar type which ensures that comparisons are fair. In the benchmark reports organisations' results are presented in the context of their benchmarking group's best, average and worst results.

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<sup>1</sup> In 2019 there was no organisation in group 11.

## 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, q19f, q23d-q28a and q29-q31b.

### 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 is 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, scientific and technical organisations 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,<sup>2</sup> 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.

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<sup>2</sup> 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 seven 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). For CCGs this is because of the relatively small size and nature of the occupational group profile within these organisations.

For historical trend data (2015 to 2018), the data are re-weighted according to the 2019 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:  $2.1 \times 1.6 = 3.36$ .

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 local results.

National outputs:

- National trend data
- National breakdowns
- National briefing
- National free text report

Local outputs:

- Benchmark reports
- Benchmark summary reports
- Benchmark data
- Local breakdowns
- WRES/WDES indicators
- Detailed spreadsheets
- ICS/STP overviews
- ICS/STP interactive Excel tool

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 trend data

Published through online dashboards, this output provides the national results for all participating trusts between 2015-2019 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
- Questions 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

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, disability, occupational group – summary, occupational group – all responses, part-time / full-time, length of service, and patient facing role. Question results are presented as single percentages (e.g. % of staff agreeing/strongly agreeing) rather than individual response options.

Similar to the ‘National trend data’, 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 has 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 trend data’ and the ‘National 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 trend data’ and the ‘National breakdowns’.

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 trend data’).

## **National free text report**

This report uses semantic and sentiment analysis to provide real insight into free text comments provided by staff.

## **7.2 Local outputs**

Local results are produced for all participating organisations.

## **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), and results relating to WRES/WDES

indicators (see [Appendix B](#)). All results included are weighted and benchmarked where appropriate, except for demographics and WRES/WDES indicators. The theme results for 2018 vs 2019 are tested for statistical significance and included in the appendix of the report. An additional directorate report, with up to two directorate breakdowns for theme scores, is optional for every organisation.

Values reported in the main benchmark reports:

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

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 summary reports

New for 2019, 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.

## Benchmark data

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 trends

- Theme details
- Question 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, disability, occupational group – summary, occupational group – all responses, part-time / full-time, length of service, and patient facing role. Question results are presented as single percentages (e.g. % of staff agreeing/strongly agreeing) rather than individual response options.

Data presented in this output is 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 and 2019 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 and 2019 trust/CCG and benchmarking group median results for q5f, q11e, q13, and q14 split by disabled staff compared to non-disabled staff. It also shows results for q28b (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) and response rate 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 eight benchmarking groups (all seven trust benchmarking groups and the CCG group).

Results included in these spreadsheets are unweighted.



## **ICS/STP overviews**

New for 2019, the local reporting also allows a comparison of themes and question level data for all trusts within each ICS/STP (except ambulance trusts). This is provided via the online dashboard and also in the form of an interactive Excel tool.

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.

## 8 Organisation historical comparability

As part of Staff Survey reporting, historical comparisons are provided for most organisations (i.e. 2015 – 2019 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 2019 survey are listed in [Section 8.1](#) below.

Also outlined in this section are the changes made to historical data as a result of identifying historical sampling errors during 2019 ([Section 8.2](#)), and organisations who have moved to a new benchmarking group for 2019 ([Section 8.3](#)). Organisations mentioned in both of these sections will still receive historical comparisons in 2019.

### 8.1 Organisations with no historical comparisons

#### Mergers

- **R0B**: South Tyneside and Sunderland NHS Foundation Trust

This organisation did not exist in prior years and was formed by the merger of RE9 (South Tyneside NHS Foundation Trust) and RLN (City Hospitals Sunderland NHS Foundation Trust)

#### **NB Historical data provided**

- **15N**: NHS Devon CCG

This organisation did not exist in prior years and was formed by the merger of 99P (NHS Northern, Eastern and Western Devon CCG) and 99Q (South Devon and Torbay CCG). Historical data has been provided as the individual organisations ran a combined survey in prior years

#### Divisions and joint surveys

- **00C/00D/00J/00K/00M**: South Collaborative

These organisations have run a joint survey in 2019, but 00C, 00K and 00M have not participated in the survey previously.

- **04E/04H/04K/04L/04M/04N**: NHS Greater Nottingham and Nottinghamshire Clinical Commissioning Partnership

These organisations have run a joint survey in 2019 but 04E and 04H have not participated in the survey previously.

- **07L/07T/08F/08M/08N/08V/08W**: NELCA

These organisations have run a joint survey in 2019, but 07L, 07T, 08F, 08M and 08N have not participated in the survey previously.

- **09C/09E/10A/10E:** NHS East Kent Clinical Commissioning Groups

These organisations have run a joint survey in 2019, but have not participated in the survey previously.

- **03V/04G:** NHS Corby CCG and NHS Nene CCG

These organisations have run a joint survey in 2019 but have not participated in the survey previously.

### Other new organisations

- **00L:** NHS Northumberland CCG
- **00N:** NHS South Tyneside CCG
- **02A:** NHS Trafford CCG
- **06L:** NHS Ipswich and East Suffolk CCG
- **11M:** NHS Gloucestershire CCG
- **15F:** NHS Leeds CCG
- **15M:** NHS Derby and Derbyshire CCG
- **99C:** NHS North Tyneside CCG
- **0CX:** NHS Midlands and Lancashire CSU

## 8.2 Changes to historical data

There are no changes to historical data for any organisations in 2019.

## 8.3 Benchmarking group changes

Organisations may lose or gain services between survey years. Such changes can mean that it is no longer appropriate to include an organisation in a certain benchmark group.

- **RXR:** East Lancashire Hospitals NHS Trust

RXR was previously in the 'Acute Trust' benchmarking group. However, the last CQC inspection report detailed that the trust provides a range of acute hospital and community services, so it has been moved to the 'Combined Acute and Community Trusts' benchmarking group for 2019.

- **RTF:** Northumbria Healthcare NHS Foundation Trust

RTF was previously in the 'Acute Trust' benchmarking group. However, as the trust continues to have a large number of community services teams, they have been moved to the 'Combined Acute and Community Trust' benchmarking group for 2019.

- **RBS:** Alder Hey Children's NHS Foundation Trust

RBS was previously in the 'Acute Specialist Trusts' benchmarking group. However, as they have a large service profile in terms of specialties of 60 service lines, a significant community and mental health provision and an A&E department, they have been moved to the 'Combined Acute and Community Trusts' benchmarking group for 2019.

- **RQ3:** Birmingham Women's and Children's NHS Foundation Trust

RQ3 was previously in the 'Acute Specialist Trusts' benchmarking group. However, as they provide a full range of acute, specialist and community services across physical and mental health, they have been moved to the 'Combined Acute and Community Trusts' benchmarking group for 2019.

- **RKL:** West London NHS Trust

RKL was previously in the 'Mental Health / Learning disability' benchmarking group. However, in September 2018 the trust changed its name from West London Mental Health Trust to West London NHS Trust. In July 2019, they inherited a service that delivers integrated care and a lot of their staffing is also already based in the community. As such, they have been moved to the 'Combined Mental Health / Learning Disability & Community' benchmarking group for 2019.

- **RRF:** Wrightington, Wigan and Leigh NHS Foundation Trust

RRF was previously in the 'Acute Trusts' benchmarking group. However, on the 1st April 2019 a number of community based services and associated staffing transferred into Wrightington, Wigan and Leigh NHS Foundation Trust. Therefore, the trust now provide both Acute & Community based services to the local population so have been moved to the 'Combined Acute and Community Trusts' benchmarking group for 2019.

## 9 Questionnaire comparability

All questions in the 2019 Staff Survey are comparable to the 2018 Staff Survey. A full list of these comparable questions can be found in table 4 below:

*Table 4: Questionnaire comparability (2018-2019)*

2018	2019	2019 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
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

2018	2019	2019 Question wording	Comparable?
q6a	<b>q6a</b>	I have unrealistic time pressures.	<b>Yes</b>
q6b	<b>q6b</b>	I have a choice in deciding how to do my work.	<b>Yes</b>
q6c	<b>q6c</b>	Relationships at work are strained.	<b>Yes</b>
q7a	<b>q7a</b>	I am satisfied with the quality of care I give to patients / service users.	<b>Yes</b>
q7b	<b>q7b</b>	I feel that my role makes a difference to patients / service users.	<b>Yes</b>
q7c	<b>q7c</b>	I am able to deliver the care I aspire to.	<b>Yes</b>
q8a	<b>q8a</b>	My immediate manager encourages me at work.	<b>Yes</b>
q8b	<b>q8b</b>	My immediate manager can be counted on to help me with a difficult task at work.	<b>Yes</b>
q8c	<b>q8c</b>	My immediate manager gives me clear feedback on my work.	<b>Yes</b>
q8d	<b>q8d</b>	My immediate manager asks for my opinion before making decisions that affect my work.	<b>Yes</b>
q8e	<b>q8e</b>	My immediate manager is supportive in a personal crisis.	<b>Yes</b>
q8f	<b>q8f</b>	My immediate manager takes a positive interest in my health and well-being.	<b>Yes</b>
q8g	<b>q8g</b>	My immediate manager values my work.	<b>Yes</b>
q9a	<b>q9a</b>	I know who the senior managers are here.	<b>Yes</b>
q9b	<b>q9b</b>	Communication between senior management and staff is effective.	<b>Yes</b>
q9c	<b>q9c</b>	Senior managers here try to involve staff in important decisions.	<b>Yes</b>
q9d	<b>q9d</b>	Senior managers act on staff feedback.	<b>Yes</b>
q10a	<b>q10a</b>	How many hours a week are you contracted to work?	<b>Yes</b>
q10b	<b>q10b</b>	On average, how many additional PAID hours do you work per week for this organisation, over and above your contracted hours?	<b>Yes</b>
q10c	<b>q10c</b>	On average, how many additional UNPAID hours do you work per week for this organisation, over and above your contracted hours?	<b>Yes</b>
q11a	<b>q11a</b>	Does your organisation take positive action on health and well-being?	<b>Yes</b>
q11b	<b>q11b</b>	In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?	<b>Yes</b>
q11c	<b>q11c</b>	During the last 12 months have you felt unwell as a result of work related stress?	<b>Yes</b>
q11d	<b>q11d</b>	In the last three months have you ever come to work despite not feeling well enough to perform your duties?	<b>Yes</b>
q11e	<b>q11e</b>	Have you felt pressure from your manager to come to work?	<b>Yes</b>
q11f	<b>q11f</b>	Have you felt pressure from colleagues to come to work?	<b>Yes</b>
q11g	<b>q11g</b>	Have you put yourself under pressure to come to work?	<b>Yes</b>

2018	2019	2019 Question wording	Comparable?
q12a	<b>q12a</b>	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?	<b>Yes</b>
q12b	<b>q12b</b>	In the last 12 months how many times have you personally experienced physical violence at work from managers?	<b>Yes</b>
q12c	<b>q12c</b>	In the last 12 months how many times have you personally experienced physical violence at work from other colleagues?	<b>Yes</b>
q12d	<b>q12d</b>	The last time you experienced physical violence at work, did you or a colleague report it?	<b>Yes</b>
q13a	<b>q13a</b>	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?	<b>Yes</b>
q13b	<b>q13b</b>	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers?	<b>Yes</b>
q13c	<b>q13c</b>	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?	<b>Yes</b>
q13d	<b>q13d</b>	The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?	<b>Yes</b>
q14	<b>q14</b>	Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?	<b>Yes</b>
q15a	<b>q15a</b>	In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?	<b>Yes</b>
q15b	<b>q15b</b>	In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?	<b>Yes</b>
q15c	<b>q15c</b>	On what grounds have you experienced discrimination?	<b>Yes</b>
q16a	<b>q16a</b>	In the last month have you seen any errors, near misses, or incidents that could have hurt staff?	<b>Yes</b>
q16b	<b>q16b</b>	In the last month have you seen any errors, near misses, or incidents that could have hurt patients / service users?	<b>Yes</b>
q16c	<b>q16c</b>	The last time you saw an error, near miss or incident that could have hurt staff or patients / service users, did you or a colleague report it?	<b>Yes</b>
q17a	<b>q17a</b>	My organisation treats staff who are involved in an error, near miss or incident fairly.	<b>Yes</b>
q17b	<b>q17b</b>	My organisation encourages us to report errors, near misses or incidents.	<b>Yes</b>

2018	2019	2019 Question wording	Comparable?
q17c	<b>q17c</b>	When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.	<b>Yes</b>
q17d	<b>q17d</b>	We are given feedback about changes made in response to reported errors, near misses and incidents.	<b>Yes</b>
q18a	<b>q18a</b>	If you were concerned about unsafe clinical practice, would you know how to report it?	<b>Yes</b>
q18b	<b>q18b</b>	I would feel secure raising concerns about unsafe clinical practice.	<b>Yes</b>
q18c	<b>q18c</b>	I am confident that my organisation would address my concern.	<b>Yes</b>
q19a	<b>q19a</b>	In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?	<b>Yes</b>
q19b	<b>q19b</b>	It helped me to improve how I do my job.	<b>Yes</b>
q19c	<b>q19c</b>	It helped me agree clear objectives for my work.	<b>Yes</b>
q19d	<b>q19d</b>	It left me feeling that my work is valued by my organisation.	<b>Yes</b>
q19e	<b>q19e</b>	The values of my organisation were discussed as part of the appraisal process.	<b>Yes</b>
q19f	<b>q19f</b>	Were any training, learning or development needs identified?	<b>Yes</b>
q19g	<b>q19g</b>	My manager supported me to receive this training, learning or development.	<b>Yes</b>
q20	<b>q20</b>	Have you had any training, learning or development in the last 12 months? (Please do not include mandatory training)	<b>Yes</b>
q21a	<b>q21a</b>	Care of patients / service users is my organisation's top priority.	<b>Yes</b>
q21b	<b>q21b</b>	My organisation acts on concerns raised by patients / service users.	<b>Yes</b>
q21c	<b>q21c</b>	I would recommend my organisation as a place to work.	<b>Yes</b>
q21d	<b>q21d</b>	If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	<b>Yes</b>
q22a	<b>q22a</b>	Is patient / service user experience feedback collected within your directorate / department?	<b>Yes</b>
q22b	<b>q22b</b>	I receive regular updates on patient / service user experience feedback in my directorate / department.	<b>Yes</b>
q22c	<b>q22c</b>	Feedback from patients / service users is used to make informed decisions within my directorate / department.	<b>Yes</b>
q23a	<b>q23a</b>	I often think about leaving this organisation.	<b>Yes</b>
q23b	<b>q23b</b>	I will probably look for a job at a new organisation in the next 12 months.	<b>Yes</b>
q23c	<b>q23c</b>	As soon as I can find another job, I will leave this organisation.	<b>Yes</b>
q23d	<b>q23d</b>	If you are considering leaving your current job, what would be your most likely destination?	<b>Yes</b>



2018	2019	2019 Question wording	Comparable?
q24a	q24a	Gender	Yes
q24b	q24b	Age	Yes
q25	q25	What is your ethnic background?	Yes
q26	q26	Which of the following best describes how you think of yourself?	Yes
q27	q27	What is your religion?	Yes
q28a	q28a	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?	Yes
q28b	q28b	Has your employer made adequate adjustment(s) to enable you to carry out your work?	Yes
q29	q29	How many years have you worked for this organisation?	Yes
q30	q30	What is your occupational group?	Yes
q31a	q31a	Do you work in a team?	Yes
q31b	q31b	How many core members are there in your team?	Yes

## 10 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 done for the NHS Staff Survey:

Number of respondents x Average time spent completing the survey

There were 497,000 responses to the 2018 NHS Staff Survey. The median completion time based on online completions was 15 minutes per survey. Therefore, respondent burden calculation results for the 2018 NHS Staff Survey are:

497,000 respondents x 15 minutes = 124,250 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 2019**;
- 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 2019;
- Staff who were on long-term sick leave (at least 90 days) on 1 September 2019;
- 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 local 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 and 2019 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 local 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 and 2019 trust/CCG and benchmarking group median results for q5f, q11e, q13, and q14 split by disabled staff compared to non-disabled staff. It also shows results for q28b (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 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**: 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](#).

Results are presented unweighted.