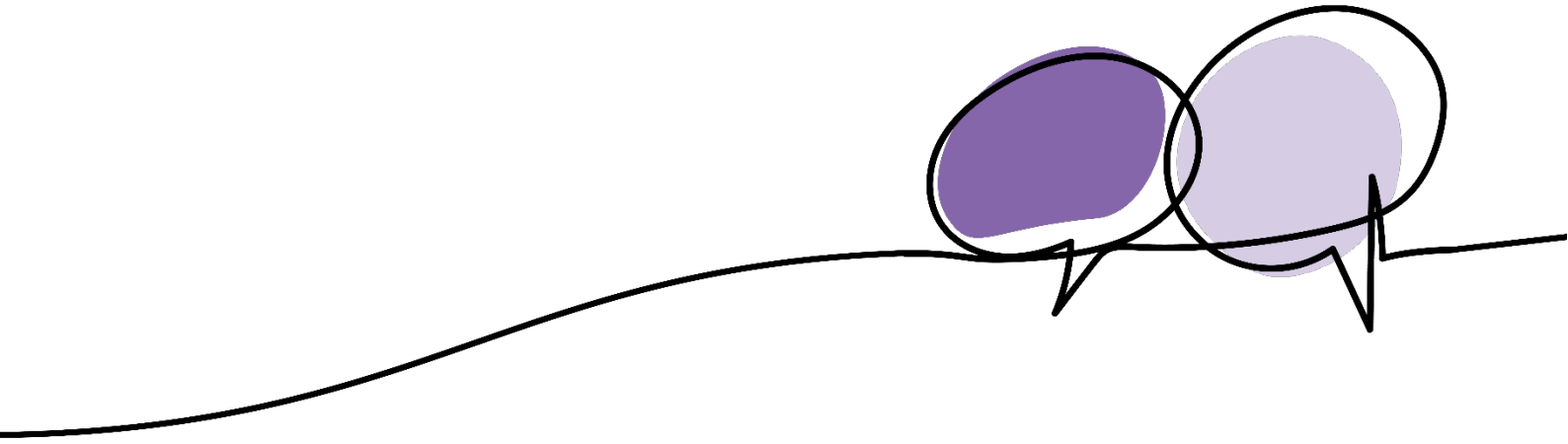
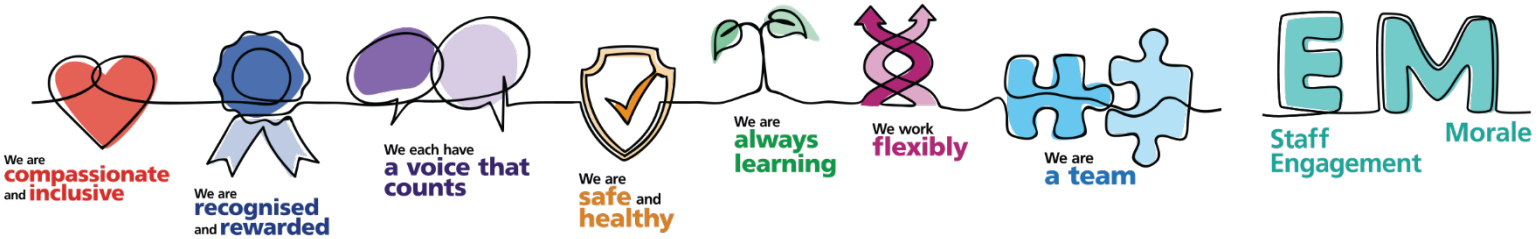
NHS Staff Survey FAQ





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General questions about the NHS Staff Survey

1. **What is the NHS Staff Survey?**
   The NHS Staff Survey (NSS) describes how our NHS people experience their working lives. Its strength is in providing a national picture alongside local detail, enabling staff voices, providing the data organisations need to improve staff engagement and experience, and tracking progress towards achieving the People Promise. The annual NHS Staff Survey is one of the largest workforce surveys in the world. This is the 24th year of the NHS Staff Survey (it has been running every year since 2003).

2. **Who owns the NHS Staff Survey?**
   NHS England own the NHS Staff Survey. The Survey Coordination Centre at Picker Institute Europe (the current contractor) and the independent Staff Survey Advisory Group support them with the implementation. The anonymised data is an official statistic* that is publicly available.

   *UK Statistics Authority defined official statistic as 'produced by an organisation named by the Statistics and Regulation Service Action 2007 and described by that organisation as an official statistic or part of a set of official statistics'.

3. **What is the purpose of the NHS Staff Survey?**
   The NHS Staff Survey collects our NHS people's views about working in their organisation. The results are used to improve local working conditions, and ultimately to improve patient care. The survey is administered annually so views can be monitored over time. It also allows us to compare the experiences of our NHS people in similar organisations, and to compare the experiences of those in a particular organisation with the national picture.

Who can take part in the NHS Staff Survey?
All NHS trusts are required to participate in the NHS Staff Survey; social enterprises, ICBs (Integrated Care Board) and other NHS organisations are welcome to take part on a voluntary basis.

Only staff working at an organisation on 1 September will be included in that year's survey; those joining after this date cannot participate until the following year. A full list of the criteria for determining eligibility is outlined in the survey guidance available on the Survey Documents page.

NHS trusts with at least 200 eligible in-house bank only workers are required to extend the survey to those workers so that their voices can be heard.

4. **Why does the survey align to the People Promise?**
   The People Promise sets out, in the words of our NHS people, the things that would most improve the working experience for us all – like health and wellbeing support, opportunities to work flexibly, and to feel we all belong, whatever our background or our job.

The people best placed to provide information against the People Promise are our NHS people through the NHS Staff Survey.

This will be the sixth year that the NSS will report on the seven elements of the People Promise as well as two longstanding themes: staff engagement and morale. The tailored questions for bank only workers are also aligned to the People Promise.

Everyone's answers will be used to better understand people's perspectives when it comes to working for the NHS and where more change is needed.

5. **Can the NHS Staff Survey questionnaire be used for other purposes e.g. by non-NHS organisations?**
   The questionnaire developed for the NHS Staff Survey, or any subset of questions from the questionnaire, may be used only with express permission of NHS England. This permission will usually be granted, provided that:
   a) The source is quoted; and
   b) The questions are not used for commercial benefit.
   Anyone wishing to use the NHS Staff Survey questionnaire for purposes other than the delivery of the national NHS Staff Survey should contact the Survey Coordination Centre at nhsstaffsurvey@surveycoordination.com.

6. **What are the changes for GPSS 2026?**
   From 2026, the General Practice Staff Survey (GPSS) is mandated through the GP contract, ensuring colleagues in general practice have opportunities to share their working experiences.

   For more information, including GPSS FAQs, please see the 2026 GPSS page.

7. **Will the ethnic background survey question be updated for 2026?**
   The ethnic background categories are currently under review and awaiting developments relating to the Preet Kaur Gill Bill on ethnicity data, including the potential addition of Jewish and Sikh categories, as well as the outcomes of Lord Mann's review into antisemitism and racism within the NHS.

How do I manage the survey?

1. **When does the survey launch each year?**
   The fieldwork for the NHS Staff Survey is carried out during the autumn with results published in the early spring of the following year. This ensures the results remain comparable and avoids the summer and winter periods when the NHS is historically at its busiest.

The questionnaire is distributed in the autumn. The precise date will vary between organisations. You should contact the Staff Survey lead in your organisation if you wish to confirm the exact date.

For more information on the key stages involved in delivering the survey, please look at the Staff Survey timeline on the FutureNHS and the guidance for organisations document available on the Survey Documents page.

2. **When does the NHS Staff Survey close?**
   It closes towards the end of November.

   For more information on the exact dates, please take a look at the guidance for organisations available on the Survey Documents page.

3. **How can my organisation select a contractor to support with the NHS Staff Survey?**
   To ensure all staff responses remain confidential, all participating organisations **must** employ an independent survey contractor to administer the survey. NHS staff complete and return their questionnaires directly to the independent contractor, which means that no one at your organisation will be able to see how an individual member of staff responds. Survey contractors will treat your completed questionnaires in strict confidence, according to the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018.

   In many organisations, the independent survey contractors also conduct the sampling, questionnaire distribution and presentation of findings.

   The following contractors are running the Survey in 2026 on behalf of participating organisations:

   IQVIA: lucinda.phillips@iqvia.com or 01246 858 857
   Picker: clientservice@pickereurope.ac.uk or 01865 208140

   The NHS Staff Survey Approved Contractors Framework expired in June 2019 and has not been replaced. The market position has moved on since the NHSE framework was provided. There are now multiple framework options that trusts could use to procure these services.

   It is now very difficult to set up separate frameworks where there are national ones for the same purpose in place.

   NHSE procurement have provided the information below:

   There are a few framework options available that can be used system wide. They are set up with an approved list of suppliers and have already been through open procurement so only require a call-off contract. As frameworks,

they have their own pre-agreed sets of Terms and Conditions to use when accessing the agreements.

- The Health Systems Support Framework (HSSF) agreement provides the NHS and its partners with access to an extensive network of accredited third-party suppliers with expertise in essential support services across a range of areas including provision of support for surveys. Details of the framework are here: NHS England » Scope of Framework with the suppliers available here: NHS England » Accredited supplier lists.
- The Crown Commercial Services Research and Insights DPS provides a route to access social, economic and market research and behavioural insights services for projects of all sizes and values. The Agreement details are available here Research & Insights - CCS and the common incumbent suppliers are also on this framework.

Where the value of spend is low (typically under £100k) it is often preferred to seek quotes outside of any framework via Contracts Finder. This means any supplier can bid and you aren't limited to the suppliers on those frameworks. Local procurement teams should be able to support with the best route to market and local changes in local finance regulations (SFI's).

4. **Where can I find the questionnaire and other survey documents?**
   The questionnaire and other survey documents are available to view on the Survey Documents page of the Survey Coordination Centre website.

5. **How many staff take part from each organisation?**
   The NHS Staff Survey is a census survey, so all eligible staff and eligible bank only workers will be invited to participate.

6. **Can the NHS Staff Survey be completed online?**
   Yes. In order to improve access to the survey, all eligible staff are offered the option to complete it online. For those receiving a paper questionnaire, a link to the online survey with a personalised login and QR code is provided so that staff can immediately access and complete the survey online if they would like to. The survey for bank only workers will not have a paper option and will be online only.

7. **Which staff groups are eligible to complete the survey?**

Staff Group	Eligible?
Substantive staff	Yes
Fixed term contract staff	Yes
Staff on secondment between NHS organisations*	Yes
Leave	
Parental leave (e.g. maternity, paternity or adoption leave)	Yes
Sickness leave (for staff who are absent for less than 12 months)	Yes

*Staff on secondment are eligible to complete the survey at either the organisation they have been seconded from or the organisation they have been seconded to depending on how long they have been on secondment. Please refer to the Sampling Handbook on the Survey Documents page of the Survey Coordination Centre website for details.

Bank only workers	Eligible?
Paid in the last six months (up to 1 September) for work or training by NHS organisation directly; and do not have a substantive contract with the same organisation	Yes
Paid by an external company e.g. NHS Professionals, Bank Partners or agency	No

Staff on honorary contracts are not eligible to participate in the survey. Extension of the eligibility criteria to honorary contracts is not practicable as staff do not hold a contract with the participating organisation. There are implications on the capacity and capability of organisations to generate staff lists through ESR (the system used by organisations to draw the staff list).

Please note that organisations can choose to survey colleagues that do not meet the eligibility criteria for their local results only. Organisations should speak to their contractors if they wish to do this.

8. **If an individual with a substantive contract has recently changed to a different job within the organisation, should the answers be in relation to their current or old role?**
   They should answer the questions in relation to the job they are currently working in.

9. **If an individual has recently joined the organisation, should they complete the questionnaire?**
   If they are new to the organisation, they should answer the questions as best they can in relation to their current job within the organisation.

   However, if their organisation is new as a result of a recent merger, and they were employed by one of the previously separate organisations, they should

answer the questions in relation to their time spent working at this new organisation and its predecessors.

10. **How long is the fieldwork period?**
    All organisations are required to have a mandatory minimum fieldwork period of eight weeks. However, it is strongly recommended that a longer fieldwork period is used, to increase response rates, representativeness, and comparability. Any organisations that believe they may struggle to meet the mandatory minimum fieldwork period should contact the Survey Coordination Centre as soon as possible.

11. **What is the legal basis for the survey?**
    The legal basis for processing personal data for NHS Staff Survey purposes is "*for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller*" (Article 6(1)(e)). Organisations undertaking the NHS Staff Survey as part of the NHS Standard Contract are therefore 'exercising official authority' in doing so.

12. **What is a 'good' response rate?**
    The intention is to encourage and enable all eligible NHS people to take part; however, evidence shows that there is not a definitive threshold level that determines a 'good' response rate.

    Therefore, higher response rates cannot automatically be assumed to imply more representative data – or a more engaged workforce. They should not be viewed as a survey outcome in and of themselves and NHS organisations should be cautious about focusing too heavily on response rates – particularly if this is at the expense of a focus on outcomes that are more important to staff, such as their self-reported engagement, morale, and working experiences.

    More information on response rates can be found on the Survey Documents page.

Communication about the survey to your staff and stakeholders

1. **What is the value in taking part in the NHS Staff Survey?**
    The more our NHS people know their organisations are listening to them and acting on their feedback, the better the outcomes for us and our patients. A lot of good work is going on but there is always room to do more and make it the best for all of us, regardless of where we work. After the unique demands of the last few years, it is more important than ever that our NHS people can share their views on their working experience and how it can be improved.

    The NHS Staff Survey is a rich source of data to support understanding our

NHS people's working experiences. You only take part once a year, but the results are used many times. The data is well used by a wide range of organisations and teams, including HRDs and subject matter experts in the local NHS, NHS England (such as temporary staffing, retention), and equality and health inequalities teams, staff experience leads, CQC, staff networks, Workforce Race Equality Standard, Workforce Disability Equality Standard, Freedom To Speak Up and National Guardians Office, Social Partnership Forum, and the Pay Review Body.

It is important that our NHS people from all backgrounds and experiences take part as we each have a voice that counts.

The Survey Coordination Centre has more guidance and assets to help you encourage your staff to take part in the Survey.

2. **Is there any information to support local communication?**
There is a communications toolkit to support organisations in promoting the survey through internal communications and engagement channels.

Building on positive feedback, the assets are regularly reviewed, and new supporting documents introduced. These include some aimed at bank only workers.

All of the assets detailed below are hosted on Survey Documents page. Some are more suitable to those working on site and others for digital/online settings. Please use them alongside the supporting documents on this website, including Frequently Asked Questions.

There is also a set of non-survey related visual assets illustrating the seven elements of the People Promise on the Employee Experience and Engagement FutureNHS workspace.

If you have any queries, please get in touch with the NHSE Staff Engagement team at england.staffsurveyengagement@nhs.net.

There are many more support materials available via the Survey Documents page on the Survey Coordination Centre website or our staff engagement FutureNHS page.

Asset	Description
Posters: **NHS Staff Survey promotion** **"Did you know …"**	A3 and A4 options, some with space for your own messaging/call to action or QR code
Social media cards	A set of cards with different messages and in contrasting designs, including some with space for your own messaging
Digital screen	To use as screen saver, Teams backdrop or on digital screens

Email signature	
Stickers	
Animation	Short film about the People Promise https://www.youtube.com/watch?v=C5dwm_vh3O0
Myth busting table	More detail to counter the misconceptions our research has found some NHS people have
Bank only worker assets	A3 and A4 posters, email signatures and social media cards
Pre-fieldwork assets	A3 and A4 posters, email signatures, social media cards and digital screens
Blank assets	A3 and A4 posters, email signatures, social media cards and digital screens

3. **Can the NHS Staff Survey questionnaire be completed in the workplace in work time?**
   Research has shown that giving a member of staff the opportunity to complete their questionnaire in the workplace during work time can boost response rates. It is the responsibility of the organisation to inform their staff whether this is acceptable. It is highly recommended that staff are allocated time to complete the survey during their working hours.

4. **Can the NHS Staff Survey be completed in a language other than English?**
   We strongly recommend organisations support all staff, including those who may struggle with written English or for whom English is not their first language, to complete the survey. This gives every member of staff equal opportunity to have their voice heard. For example, organisations may have champions or volunteers available to help staff understand and answer the questions, and line managers are encouraged to ensure that those who may need more time to answer the survey are given the time they need within their allocated working hours.

   We do not currently include a facility for translation of the NHS Staff Survey's questions into languages other than English. Whilst we always strive to make the survey as accessible and inclusive as possible, we also need to ensure that the survey maintains a robust standard of data quality and offers the best possible value for money.

   More information on questionnaire translation can be found on the Survey Documents page.

5. **Do staff have to complete the survey?**
   Participation is not compulsory, but our NHS people are strongly encouraged to use the opportunity to give their opinions and views about the organisation in which they work by completing the questionnaire. This gives each member of staff equal opportunity to have their voice heard.

It is important that as many people as possible complete the questionnaire to get a wide and representative understanding of the voice of our NHS People.

6. **Is the NHS Staff Survey anonymous and kept confidential?**
Yes. You will submit your response, or post your questionnaire, directly to the independent survey contractor appointed by your organisation. Your organisation does not have access to the responses/questionnaires or to any personal data (including names and addresses). The report that is sent back to your organisation presents the survey findings in summary form and does not reveal the identity of the staff surveyed.

   The NHS Staff Survey is run independently and is done to the highest standards of quality and accuracy.

   Some may query the fact that the questionnaire they receive includes a personalised log in or ID number. Independent survey contractors use these to ensure that reminder emails or letters are only sent to staff who have not already completed the survey and to tell them information such as the NHS trust/organisation/directorate that the person works for. This means that NHS organisations can receive reporting for a particular staff group, directorates, and departments which is essential for planning and implementing improvements. The report that is sent back to the organisation presents the Survey findings in summary form and does not reveal the identity of anyone who took part or any of their responses. To ensure anonymity, results are not provided for any group with 9 or fewer responses.

7. **Why does the questionnaire need a personalised login/identification number?**
The contractors use the personalised login/ID numbers to ensure that reminder emails or letters are only sent to staff who have not already completed the survey.

   The personalised login/ID numbers are to ensure each respondent can only respond once to give as accurate a picture of staff experience as possible.

   As staff return/submit their completed questionnaires directly to their organisation's external contractor; there is no way that anyone in an NHS trust/organisation will be able to link a respondent's data with a particular ID number or individual.

   Organisations will only receive reports of the summary survey findings. If a paper questionnaire is returned with the ID number obscured or removed, data cannot be included in the survey findings as, without the ID number, it is not possible to assign data to the correct NHS trust/organisation.

8. **Is there an app which can be used to complete the NHS Staff Survey?**
The NHS Staff Survey is mobile friendly but is not available as an app.

9. **How is the NHS Staff Survey different to other employee listening tools like People Pulse and National Quarterly Pulse Survey (NQPS)?**
   There are a number of differences; the key ones are:
   - The NHS Staff Survey provides a detailed picture of staff experience, to a greater level of granularity to other surveys, across the country annually and supports long-term actions. It is an official statistic, with a robust and evidence-based set of questions*.
   - The National Quarterly Pulse Survey complements the NHS Staff Survey data on a quarterly basis. It provides regular and consistent insight into engagement, using the nine engagement questions which are also part of the annual national NHS Staff Survey.
   - The monthly People Pulse is a more frequent survey which provides a snapshot information with almost immediate results to support actions for improvement, recognise trends and adjust existing plans.

   All three surveys provide a view of staff experience at local, regional and national level. For more information on employee listening tools please take a look at our 'Employee listening channels' page on FutureNHS.

   * Please note that the bank only element of the NHS Staff Survey is not classified as an official statistic.

10. **How are the survey questions chosen and developed?**
    The NHS Staff Survey questions have been developed to ensure sound understanding of working experience via robust and validated questions and indexes. There is a gold standard approach to developing the questions. This includes identifying high quality questions used in other surveys wherever possible, extensive engagement with experts and stakeholders, and testing with staff from many different backgrounds and roles.

    For more information, take a look at this video from Professor Jeremy Dawson on FutureNHS.

11. **What are the key changes with this year's NHS Staff Survey?**
    A key changes document is created each year to enable organisations to see the changes. This document is available via the Survey Documents page on the Survey Coordination Centre website.

How do I use the survey results?

1. **Where can I find the 2025 General Practice Staff Survey (GPSS) results?**
   The results for the voluntary 2025 General Practice Staff Survey (GPSS) were released directly to participating organisations and will not be published by NHS England.

2. **Are there any updates on when the publication date and embargo dates might be or when we will receive this information?**
   The final publication date is confirmed at least four weeks before publication. At that point we must be confident that all the data will be ready by this date and that there are no errors, in order to comply with official statistics requirements. This is quite challenging with the size of the survey and number of reporting outputs.

3. **Why are the results not available sooner?**
   The NHS Staff Survey team have developed a reporting and quality assurance infographic which provides useful information on why, as an official statistic, it takes time to publish the NHS Staff Survey results.

   The NHS Staff Survey does take time to produce due to its purpose, granularity and intricacy of the data as well as the outputs that are required. The 'what happens next' document provides explanation on the publication timescales.

   The NHS Staff Survey results are used throughout the year to understand and measure the working experiences of our NHS people. They should also be considered alongside insights from other listening tools and exercises to support a culture of continuous improvement. Actions can be taken, and decisions can be made before, and during, the early release of results under embargo.

   The National Quarterly Pulse Survey and national monthly People Pulse survey provide faster results where these are needed, and other forms of feedback can also be collected to evaluate interventions.

4. **What happens with the information collected?**
   The questionnaires are collected and checked by each organisation's independent contractors and then sent to the Survey Coordination Centre. The Survey Coordination Centre is then able to provide organisations with data to compare their performance with other organisations of a similar type and produce national statistics for NHS England.

5. **Where will the data be stored?**
   The data are stored in accordance with the UK GDPR and the Data Protection Act 2018, and follows the principles of the NHS Confidentiality Code of Practice. The survey responses are returned directly to the independent survey contractors who compile data files for submission to the Survey Coordination Centre.

   After the survey is completed, these data files are sent to the Survey Coordination Centre where they are collated and stored in secure files only accessible to the researchers conducting data analysis. The information does

not include details of the names of staff who completed the survey.

Survey contractors will store paper copies of the completed questionnaires until February when the Survey Coordination Centre conducts data checks. Once this process is complete, the contractors securely dispose of the paper copies of the questionnaires.

6. **Where can I find the NHS Staff Survey data for my organisation?**
The benchmark reports for each participating organisation can be found in the Local Results section on the Survey Coordination Centre website. Interactive results for each participating organisation can be found on the interactive results dashboard.

7. **How are organisations assigned to benchmarking groups?**
The criteria for assignment to benchmarking group depends on the service provided, these are outlined below:

    - Ambulance Trusts – includes the eleven Ambulance Trusts
    - Acute Specialist Trusts – those which meet both the following criteria:
        - Offer services only to a certain population (e.g. women or children) or for a specific clinical condition (e.g. cancer, cardiothoracic)
        - Do not have a type 1 A&E (although they may offer a limited emergency service related to the condition they specialise in)
    - Acute and Acute & Community Trusts – includes all other trusts which offer acute services
    - Mental Health/Learning Disability and Mental Health/Learning Disability & Community Trusts – includes trusts which do not offer acute services but offer mental health and/or learning disability services
    - Community Trusts – includes trusts which offer community services but neither Mental Health/Learning Disability nor acute services

    These definitions determine benchmark group membership objectively and are consistent every year to ensure comparisons can be made.

8. **When will participating organisations receive a benchmark report of the survey findings?**
Participating organisations usually receive their local benchmark report in February. These reports are distributed under embargo, with the embargo lifting once the survey results have been published by the Survey Coordination Centre. The Survey Coordination Centre will provide each organisation with reports of core survey responses appropriately benchmarked against national data. Some organisations may wish to commission an earlier organisation-level report from their survey contractors in order to work with results internally, for example in developing action plans. **Please note, the results for bank only workers are included in separate benchmark reports.**

Please also note that the benchmark reports produced by the Survey Coordination Centre are benchmarked against other organisations of a similar type – accordingly, in order to make fair comparisons between organisations in the benchmark reports, the data from each organisation will be weighted so that the occupational group profile of that organisation reflects that of a typical organisation of its type. This means that it is possible that results given in the benchmark reports produced by the Survey Coordination Centre could differ slightly from those given in any reports produced by survey contractors.

9. **Why is a breakdown report listed as 'not available' on the website?**
The breakdown reports we produce are subject to an organisation's contractor submitting its breakdown information to the Survey Coordination Centre. If you are unable to find such a report for your organisation but think that this information should be there, it is worth speaking with your contractor as they would be in a better position to explain this to you.

10. **Why are some of the breakdowns missing from the report?**
There are two main reasons why some breakdowns may be missing from the report. First, where a group has fewer than 10 responses, results are suppressed in order to protect staff confidentiality, and it is therefore not possible to show this data. The second reason why certain breakdowns may be missing is because this information has not been provided to us by the contractor.

11. **Why are the figures for my organisation different in the benchmark report compared to the breakdown report?**
The data in the benchmark reports are weighted based on the current year staff profile. The main reason that this is done is to allow for fair comparisons to the benchmark scores. The data in the breakdown reports, on the other hand is unweighted data as there are not any benchmark comparison; this would explain the discrepancy across those reports. More information on weighting can be found in the technical guide available in the Survey Documents page of the Survey Coordination Centre website.

12. **Why are directorate-level benchmark results unavailable?**
The benchmark reports provide organisational-level comparisons between organisations of a similar type. The Survey Coordination Centre does not provide sub-organisational benchmarking results, as organisations structure and define their directorates differently. As a result, directorates across organisations are not directly comparable.

    The only sub-organisational reporting published by the Survey Coordination Centre is the breakdown report.

13. **How are the People Promise element/theme scores calculated?**
You can find detail on how the scores are calculated in the technical guide. The scores are calculated using case level data so it is not possible for you to do the calculation and get the same values because the data that are

published are aggregated. This document is available via the Survey Documents page on the Survey Coordination Centre website.

14. **Why are some of the scores listed as a significantly different change even though the difference compared to the previous year is small?**
The statistical significance test considers the sample size (larger sample sizes are more likely to result in changes being statistically significant) and the actual values (a 0.10 movement on a very high or low score is more significant than a similar movement on a mid-range score) when determining significant differences.

    Rounding is another factor that can impact how similar or different two figures can look. Each score is rounded to 2 decimal places which means that figures can appear more similar or more different than they are.

    For example, a change from 8.35 to 8.15 does not necessarily represent a change of 0.20. Due to rounding the difference may actually be:

    8.3549 to 8.1450 (a difference of 0.2099) or
    8.3450 to 8.1549 (a difference of 0.1901)

    The statistical test uses the actual, rather than the rounded results.

    The results of the significance testing are provided as a guide to help data users see where there may have been ‘real’ changes in the scores year on year, and where changes are too small to be statistically significant. But we always advise that these tests are used for guidance only and that actions are based on the comparison with benchmark scores, the longer-term trends, and the context in which the survey took place.

15. **In the national briefing and national aggregate report, how is it decided whether a result change is notable compared to the previous year?**
Question results that have changed by at least 1 percentage point, and scores that have changed by more than 0.1, are highlighted: green shows improvements and red shows a deterioration. Differences below this threshold may be described as "similar", but this does not imply there is no change. Results are displayed to two decimal places. Where differences between results are shown, these are calculated before any rounding.

16. **Is it possible to locate the results for the overall top and bottom scoring organisations?**
We do not produce an output of this nature as we advise against grouping all organisations in the same way to find the overall top and bottom. Instead, we categorise the results into benchmark groups for organisations to see how they compare to similar organisations, and we would always advise comparing results in this way.

You can download the dataset which feeds into the benchmark reports from the Local Results section of this website. The data is in Excel format and shows the results for each organisation grouped into the different benchmark groups, so you can see who is performing best and worst on the different questions and themes.

Our recommendation would be to use the detailed spreadsheet available via the Survey Results page on the Survey Coordination Centre website for comparisons between organisations.

17. **Why do the averages differ between the national dashboard and the benchmark reports?**
There are several measures of averages that can be used such as mean, median and mode.

On the national dashboards, the average used is the (arithmetic) mean of all respondents within a particular organisation type (with weighting). The mean of all the responses of all people within acute trusts is taken to create the score for the acute trusts. This score is comparable between organisation types – i.e. the acute trust score is directly comparable to the score for community trusts on the national dashboards.

In the benchmark reports, we calculate the arithmetic mean of all respondents within a particular organisation – the organisation's score (with weighting). The median in the benchmark reports is then the median of those organisational arithmetic means. The median is the appropriate measure here, as it allows organisations within an organisation type to compare themselves to each other, and accounts for outliers (extremely low or high scores) as exactly 50 per cent of the values are above and below the median, whereas a mean score can be skewed by those outliers.

If you want to compare acute trusts with other types of organisation, the national dashboards are preferred (mean); whereas if you are wanting to compare an organisation to other organisations of the same type the benchmark values (medians) are preferred.

18. **Is it possible to use the staff engagement results from the NHS Staff Survey to compare against NQPS results?**
Results from NHS Staff Survey and NQPS are not directly comparable, due to factors including methodological differences, the response rate and possible seasonal effects. The purpose of the NHS Staff Survey is to provide official statistical data of staff experience across all provider organisations, allowing organisations to track progress over time and compare their results against national and local benchmarks to a granular level of detail. The NQPS provides a view of staff engagement in provider organisations on a quarterly basis. Methodological differences between NHS Staff Survey and NQPS include the sampling strategy (the NHS Staff Survey has a robust sampling strategy aligned to ESR data), and the use of weighting to increase the quality

and comparability of the data (NHS Staff Survey results are weighted while NQPS results are not).

19. **Is it possible to get the data without any identifiable information so participating organisations can have a head start with internal analysis and the action planning sessions?**
Organisations can ask their contractors about this. Contractors do provide early access to results (i.e. aggregated data) this could be as soon as two weeks after the close of the fieldwork period. Also, contractors often provide bespoke reporting outputs before the national data is published by the Survey Coordination Centre.

20. **What does 'embargo' mean?**
The NHS Staff Survey is an official statistic and the survey results must not be made public prior to the national publication date. To allow organisations that participate in the survey to make the best use of their survey results for action planning, these organisations are granted early (pre-release) access to their own results so they can receive and start to use their results ahead of the official publication date. The term 'embargo' means that organisations can use their own results internally, but that these results cannot be shared before they are published by the Survey Coordination Centre and NHS England.

The embargo guidance provides more information on what can be done during the embargo period and is available via the Survey Documents page on the Survey Coordination Centre website.

21. **Will there be any workshops or webinars on 'using the data' or key changes?**
The NHS Staff Survey team regularly hold and speak at events. For more information on previous events please have a look at 'Community sharing and good practice' on FutureNHS and for any information on future events, check out the 'upcoming events' calendar on FutureNHS.

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

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.

Organisations that have not legally merged, but are working together under a joint executive committee and want the joint leadership group to view embargoed results for the participating organisations, must contact the Survey Coordination Centre in advance.

NHS Staff Survey for bank only workers

About the NHS Staff Survey for bank only workers

This section provides more information about the NHS Staff Survey for bank only workers (NSSB).

1. **What are the similarities and differences between the NHS Staff Survey for substantive staff and the NHS Staff Survey for bank only workers?**

	NHS Staff Survey (substantive staff)	Bank only workers
Staff List	A single staff list is provided that includes substantive staff and bank only workers.	
Fieldwork period	The fieldwork for the NHS Staff Survey for substantive staff and bank only workers will be same (during the autumn).	
Invitations	Staff are sent an email with a link to the survey or a paper survey.	Bank only workers are sent an email with a link to the survey or a paper invitation with a QR link to the online survey. Optionally they can also be sent survey notifications by text.
NHS Staff Survey questions	The survey questions are aligned to the People Promise.	The survey questions are aligned to the People Promise. The questions are tailored to ensure they are appropriate for bank only workers.
Reporting	There is an established suite of reporting outputs for substantive staff including a national report, organisational reports and interactive dashboards. Data is also available at a system and regional level.	The bank only results will be weighted by eligible population size for the national reporting of the bank results. Suite of reporting outputs including a national aggregate report, organisational reports and

		interactive dashboards. Data is also available at a system and regional level.
Using the results	The data will be used by a wide range of organisations and teams, including HRDs and subject matter experts in NHS trusts and the People Directorate (such as temporary staffing, retention, WRES and WDES)	The results will be used to provide a national and organisations-level picture of the experience of bank only workers for temporary staffing teams and BWRES/WDES.

The tailored questions for bank only workers are available via the Survey Documents page on the Survey Coordination Centre website.

2. **What is the value of increasing eligibility?**

The People Promise applies to all our NHS people. Supporting our bank only workforce to take part in the NHS Staff Survey is critical to ensuring that we each have a voice that counts.

Introducing a specific survey for bank only workers, which includes the questions from the NHS Staff Survey along with some tailored questions will help to improve the working experience of bank only workers and will help influence positive changes that will ultimately improve patient experience and outcomes.

The results can be used by organisations to help with workforce planning and reducing agency spend. They can also provide more evidence around the journey that some of our NHS people can take between substantive roles, bank only roles and agency work.

Previous research suggests that bank only workers are disproportionately likely to come from ethnic minority backgrounds. The introduction of the NHS Staff Survey for bank only workers will further increase understanding of the inequalities of experience and promote a compassionate and inclusive culture.

3. **How can organisations include eligible bank workers in the NHS Staff Survey for bank only workers?**

NHS Trusts with at least 200 eligible in-house bank only workers are required to extend the survey to those workers so that their voices can be heard.

Organisations and collaboratives are asked to provide the details of their active bank only workers as part of the usual staff list they supply to their contractor. Bank only workers are able to take part in an online survey that is closely aligned to the NHS Staff Survey while still reflecting the experiences of

this specific sector of the workforce.

Organisations have chosen how they would like bank only workers to be invited and reminded about the survey. This could be via email, or a paper invitation with a QR code providing a unique link to the online survey. There is also an option of people being sent a text reminder with a link to the survey. No paper questionnaire is offered.

Full details are available as part of the survey guidance on the Survey Documents page.

4. **Why do bank only workers have a tailored survey? How was the work to develop a tailored questionnaire and agreed approach conducted?**
The development of a tailored questionnaire and agreed approach is described below:
    - For many years both bank only workers and organisations have queried why bank only workers could not be fully included in the NHS Staff Survey.
    - Bank only workers were involved in the cognitive testing for the NHS Staff Survey in 2021. The interviews revealed that a tailored version of the questionnaire would be needed to best reflect their experiences at work.
    - NHS England engaged with NHS organisations who had conducted previous research with bank only workers to learn from their experiences.
    - A working group was developed including academic advisors, Survey Coordination Centre, staff side (trade unions), temporary staffing and WRES colleagues, trusts with experience of bank surveys, and regional staff experience and engagement leads. The group reviewed the questionnaire to ensure it was suitable for bank only workers and identified the best approach for managing and rolling out the survey.
    - A survey of staff survey engagement leads was used to understand how best to manage the survey.
    - Further engagement took place with the Staff Survey Advisory Group which included stakeholders from additional groups such as CQC, Freedom to Speak Up and NHS Employers.
    - Bank only workers were involved in cognitive testing.

    All the engagement with stakeholders and feedback from cognitive testing indicated that the questionnaire for bank only workers should be tailored. Certain questions in the survey were not suitable for bank only workers, others were adapted, and some new questions were introduced to account for areas of experience exclusive to bank only workers.

5. **How do I encourage bank only workers to take part in the survey?**

Discuss your organisation's participation with your internal stakeholders (such as your temporary staffing, ESR and comms colleagues) to determine the best ways of inviting your bank only workers to participate.

New assets are added to the comms toolkit and are available on the Survey Documents page, including some suggested text for use with bank only workers and templates you can adapt for local messaging. Existing ones have also been updated.

6. **Why is a paper version of the survey not available for bank only workers?**
   There is no paper version of the survey available as most bank only workers utilise their shift working arrangements digitally, and an online only approach provides benefits such as allowing easier navigation of questions, value for money (particularly for organisations with a smaller number of bank only workers), and reducing the use of paper.

7. **Can personal details (email addresses/phone numbers) be used for invitations and reminders for the NHS Staff Survey for bank only workers?**
   Personal email addresses, home postal addresses and personal mobile phone numbers can be used so long as they are up to date and have been provided by the bank only worker for work purposes. In these circumstances, specific consent for the use of personal contact details for the survey is not required.

8. **What happens if an individual works for one organisation as a substantive staff member and for another organisation as a bank worker?**
   In this situation, the individual will be sent two surveys, one from their 'substantive trust' and one from their 'bank only trust'. This way, the individual can provide feedback for every organisation that they are actively working for or can choose which organisation(s) to feed back on.

   The feedback we have received suggests that in some areas it is rare for bank only workers to work in more than one organisation but in other areas this is much more common.
   - We are mitigating the risk that respondents may get confused after receiving more than one survey by providing contractors with additional wording that they can include on survey invitations if they wish to.
   - We understand that organisations may be concerned that this could affect response rates. Higher response rates are less important than providing bank only workers with the chance to feedback on all the organisations they have worked in. Response rates for bank only workers will be kept separate from the survey of substantive staff and

we will continue to emphasise that they only provide information about the survey - they are not findings in themselves.

9. **Is the NHS Staff Survey for bank only workers an official statistic?**
While the NHS Staff Survey results for substantive workers are already classified as an official statistic, since 2025 the results of the NHS Staff Survey for bank only workers have been considered as an official statistic in development.*

*Official statistics in development are official statistics that are undergoing a development; they may be new or existing statistics, and will be tested with users, in line with the standards of trustworthiness, quality, and value in the Code of Practice for Statistics. Both the NHS Staff Survey results for both substantive staff and bank workers must not be made public prior to their respective national publication dates, which are determined by NHS England. The results for substantive staff and bank workers will now be under embargo (see the embargo guidance on the Survey Documents page for more information).

10. **Can the results for the NHS Staff Survey for substantive staff be compared with the results for bank only workers?**
Comparisons between bank only and staff with substantive and fixed term contracts will need to take account of the different roles that staff might have, the circumstances of the people taking part, and any differences in how questions are worded.

For example, a mental health trust employs a number of bank only nurses to ensure there are enough nurses to meet the demand at all times of day. The board at the trust asks to see the results for bank only nurses compared to nurses who have a substantial contract. When looking at the results, they consider the fact that bank only workers often work different shifts patterns which place different demands on staff. They also take account of any differences in the question wording.

It is strongly advised that any comparisons between organisations, ICSs, regions and the national results will need to be made with caution as the profile of the bank workforce may differ significantly between organisations in terms of the roles filled by bank workers.

11. **What are the differences in how the NHS Staff Survey results for substantive staff and the results for bank workers survey are weighted?**
Weighting is applied the results for substantive staff to account for differences in the occupation group profile between organisations and render comparisons more reliable. Similar weighting cannot be applied to the results for bank only workers, due to greater variability within the data and smaller base sizes. Organisation-level results for bank workers are therefore presented unweighted.

Where trust results are aggregated for the national reporting of bank worker results, the data are weighted to ensure trust results have an impact according to the number of eligible bank workers working at each trust.