

NHS Staff Survey – Basic guide for 2020 results

NHS STAFF SURVEY COORDINATION CENTRE

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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, compare and monitor changes in staff experience 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 improvements in the NHS.

The results are primarily intended for use by organisations to help them review and improve their 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.

In March 2021 the Coordination Centre published results from the 2020 NHS Staff Survey for participating organisations. This ***NHS Staff Survey – Basic guide for 2020 results*** outlines some fundamental information about the survey results: whose responses are included in the data, what types of results are presented and how, an explanation of benchmarking groups and weighting, and an overview of the different outputs.

If you require further information you may wish to review the ***Technical Document*** (available to download from www.nhsstaffsurveyresults.com). This document contains more detailed technical information about the survey results such as how themes are constructed, how weights are calculated and a summary of the historical comparability of questions.

2 Who is included?

The 2020 NHS Staff Survey was conducted between September and November 2020. Each organisation had a mandatory fieldwork period of at least two months.

The survey is compulsory for all NHS trusts and voluntary for other NHS organisations such as Clinical Commissioning Groups and Social Enterprises.

Each participating organisation drew a list of eligible staff based on their records on 1st September. The full eligibility criteria, including staff who are not eligible for the survey, is outlined in Appendix A of the ***Technical Document***, however the key criterion was that staff had to be substantively employed and paid by the organisation at the time (on a full- or part-time contract) to count as eligible. After compiling this list, organisations either took a representative random sample of 1,250 from the eligible staff list (***basic sample***), or sent the survey to all staff on the list if they were conducting a ***census***. Organisations also had the option to conduct an ***extended sample*** of their choice, this had to be more than 1,250 and also had to be drawn randomly from the full eligible staff list, to ensure it was representative. Organisations who had less than 1,250 eligible employees on 1st September had to conduct a census sample.

3 What type of results are presented?

The Staff Survey outputs report two types of measures: summary indicators (theme scores) and question level data.

3.1 Themes

The themes are summary scores for groups of questions, which taken together give more information about each area of interest. They are worked out by assigning values to responses (on a scale from 0 to 10) and calculating their average. All values reported relate to an average (mean) score, where a higher score indicates a more favourable outcome for the given indicator.

3.2 Question results

Beside the summary indicators, question level results are also included in a number of reporting outputs. Question results are always presented as percentages. In each instance where question level results are presented, the exact meaning of a given percentage is indicated. For example, a graph axis may specify that the values presented relate to the “% of staff selecting 'Satisfied'/'Very Satisfied'”. It is worth noting that for certain questions a higher percentage is a worse result than a lower percentage: for example, when looking at the “% of staff experiencing violence”, the lower the percentage, the better the result.

***Note:** to protect staff confidentiality the Coordination Centre does not report results for groups of less than 11. When less than 11 responses feed into a result, that particular value will be suppressed, regardless of what type of measure it is.*

4 Benchmarking groups

NHS organisations vary significantly in the services they provide and relatedly, the challenges they face. 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 and ensures comparisons are fair. In the benchmark reports organisations' results are presented in the context of their benchmarking group's best, average and worst results.

4.1 Trust benchmarking groups

Trusts participating in the survey are assigned to one of the below benchmarking groups depending on the services they provide:

- Acute and acute & community trusts
- Acute specialist trusts
- Mental health & learning disability and mental health, learning disability & community trusts
- Community trusts
- Ambulance trusts

Benchmarking groups for organisations that participate voluntarily are detailed in the [Technical Document](#).

4.2 Data weighting

Despite grouping organisations together based on service provision and occupational group profile, NHS organisations of the same type are still likely to have some differences in the numbers of respondents in each occupational group.

These differences can occur for a number of reasons. One example is that some organisations may sub-contract services such as catering and cleaning, while other organisations supply them in-house. These differences between trusts 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 responses from managers may have more positive results simply because of this imbalance. For this reason, the data are weighted to account for occupational group differences at organisations within benchmarking groups. The weighting procedure limits the impact of occupational group differences on results and works to create a 'level playing field'.

In order to make one NHS trust's scores comparable with other trusts of the same type, individuals' scores within each trust were **weighted** so that the occupational group profile of the organisation reflects that of a typical trust of its type. For organisations taking part voluntarily (i.e. non-trust organisations) results are not typically weighted (for details on this please refer to the [Technical Document](#)).

When organisation results are presented with benchmarking information for trusts, the organisation data is always weighted, except for questions where a higher or lower value does not relate to better or worse result (i.e. q1, q10a, q19d, q20a-d, q22-q26a and q27a-q28 are not weighted).

The data weighting process is detailed in the [Technical Document](#).

5 Summary of key survey outputs

The outputs of the NHS Staff Survey reported by the Coordination Centre fall into two categories: national and local (i.e. organisational level) results. Documents are published on our [main website](#) and on our dedicated [results webpage](#).

A brief summary of each output type is included below, while full details can be found in the [Technical Document](#).

5.1 National results

National outputs are based only on data from participating *trusts*. They exclude organisations that participate voluntarily.

National trends: Published through online dashboards, it provides the national results for all participating trusts between 2016-2020 on all themes and questions. Theme scores,

response rates and question results will be presented for all trusts combined (national results) and for each individual trust benchmarking group.

National breakdowns: Published through online dashboards, five year trend data (theme and question level) is presented for the national results (all trusts combined) and each trust benchmarking group, broken down by various background information variables (e.g. gender, age, ethnicity, disability etc.). Question results are presented as single percentages (e.g. % of staff agreeing/strongly agreeing) rather than individual response options.

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

National briefing: Published in PDF format, this output provides a summary of the key national results (trust results) from the survey with narrative.

National free text report: Published in PDF format in April 2021, this output is a summary report highlighting and commenting on differences in responses to the two free question (q21a and q21b) by a number of demographic, COVID-19 related and other classifications. Detail on the method of the free text analysis will be provided when the report is published.

5.2 Local results

Benchmark reports: A PDF report produced for every organisation, containing organisation results for themes and questions over the last 5 years (where possible). All results included are weighted & benchmarked where appropriate. An additional directorate report, with up to two directorate breakdowns for theme scores, is optional for every organisation. The benchmark reports also contain data required for the NHS Staff Survey indicators used in the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES).

Benchmark summary reports: A PDF summary version of the benchmark report, produced for every organisation containing results for themes over the last 5 years (where possible) and the WRES and WDES data.

Benchmark data: These online dashboards provide the results included in the benchmark reports via our results website.

Local breakdowns: Published through online dashboards, five-year trend data (theme and question level) at each organisation is broken down by various background information variables (e.g. gender, age, ethnicity, disability, occupational group etc). An additional dashboard displays a comparison of the data for organisations within an ICS/STP (excluding CCGs and ambulance trusts).

Local COVID-19 breakdowns: Published through online dashboards, this output presents 2020 data (theme and question level) at each organisation broken down by the following COVID-

19 classification questions (q20a-d): worked on a COVID-19 specific ward or area, redeployed, required to work remotely / from home, shielding for self, shielding for a member of household and shielding for self and/or household member.

Detailed spreadsheets: 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 six benchmarking groups - all five trust benchmarking groups and the CCG group.

ICS/STP & Region results: Comparison of themes and question level data for all trusts within each NHS England region and for all trusts (except ambulance trusts) within each ICS/STP is provided in the form of an interactive Excel tool. The comparison within ICS/STP areas is also provided in the form of an online dashboard.

Free text analysis

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

Interactive free text excel workbook: An Excel workbook containing all the responses to the free text questions with codes assigned to each comment to indicate:

- a) the topic to which it relates
- b) the tone of that comment

Also included is an interactive summary chart showing the number of comments which relate to each topic and the tone of those comments.

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

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

Detail on the method of the free text analysis will be provided when the results become available.