

TECHNICAL GUIDE TO THE 2022 STAFF SURVEY DATA

NHS STAFF SURVEY COORDINATION CENTRE

Version 1.1

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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.

The national outputs for the 2022 Staff Survey are published by the Survey Coordination Centre in spring 2023. The results are primarily intended to be used by organisations to help review and improve staff experience. The Care Quality Commission use the results from the survey to monitor ongoing compliance with essential standards of quality and safety. The survey also supports 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 www.nhsstaffsurveys.com.

For the first time in 2022 participating organisations were invited to extend eligibility for the NHS Staff Survey to their 'bank only' workers. NHS workers without a substantive contract who had worked for the organisation as part of an in-house or shared bank were eligible to take part, using a tailored version of the questionnaire. **Please note that information relating to the results for bank only workers is reported separately, and this technical document relates only to the survey results for staff with substantive contracts.**

Furthermore, this document relates only 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 the results produced by their contractors should note that certain details in this document will not be applicable to those results (e.g. weighting).

Please note that there have been some minor changes to the questionnaire since 2021. A summary of these changes is available to download from the [Guidance section](#) of the NHS Staff Survey website.

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

- This is the first year for which trend data is presented for the People Promise elements that were introduced in 2021.
- The benchmark reports have been redeveloped and now include trend data for sub-scores, in addition to scores and questions.
- Reporting reflects that Integrated Care Boards (ICBs) have now replaced CCGs.
- The directorate reports have been renamed breakdown reports.

Data from previous years published as part of the 2022 survey have been re-calculated where necessary to enable fair historical comparisons.

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

2 Data cleaning

2.1 Cleaning by contractors

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

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

For the occupational group question (q33), priority coding applies to multiple responses:

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

For the questions on reporting physical violence (q13d) and reporting harassment, bullying and abuse (q14d), the following cleaning is applied to multiple responses:

1. If the respondent has ticked **BOTH** “Yes, I reported it” **AND** “Yes, a colleague reported it”, they are assigned a code 6, indicating “Reported both by self and a colleague”, regardless of what else they have ticked.
2. 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.
3. If the respondent has ticked either “Yes, I reported it” **OR** “Yes, a colleague reported it” and also “Not applicable” then the former two responses are prioritised.
4. 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).
5. All other combinations of responses are 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 which 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 q16c, 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 q11e is set to missing.
- If the respondent did not select any of codes 2, 3, 4 or 5 at q13a OR q13b OR q13c then their response to q13d is set to missing.
- If the respondent did not select any of codes 2, 3, 4 or 5 at q14a OR q14b OR q14c then their response to q14d is set to missing.
- If the response to both q16a and q16b is “No” or missing then q16c is set to missing.
- If the respondent did not select code 1 at q21a then their responses to q21b, q21c and q21d are set to missing.
- If the response to q30a is “No” or missing then q30b is set to missing.

Data cleaning rules are applied retrospectively, so all historical data reported in 2022 will be cleaned according to the current rules, rendering the trend results comparable.

3 People Promise elements and theme scores

In 2021 summary indicators were introduced to provide an overview of staff experience in relation to the seven elements of the People Promise:

Summary indicators provide an overview of staff experience in relation to the seven elements of the People Promise:

1. *We are compassionate and inclusive*
2. *We are recognised and rewarded*
3. *We each have a voice that counts*
4. *We are safe and healthy*
5. *We are always learning*
6. *We work flexibly*
7. *We are a team*

Summary scores are also calculated for two of the ten themes reported prior to 2021:

- Staff Engagement
- Morale

Each People Promise element score and theme score is based on between two and four sub-scores¹, with each sub-score calculated from the responses to between one and nine questions (see [Section 3.1](#)).

All summary indicators - the People Promise element scores, theme scores and sub-scores - are scored on a 0-10pt scale and reported as mean scores. A higher score always indicates a more favourable result.

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 summary indicators can be found in [Section 3.1](#).

¹ With the exception of People Promise element 2 “We are recognised and rewarded” where the score is calculated directly from the question responses.

3.1 Contributing questions

The questions contributing to each People Promise element and theme are shown in Table 1 below, along with the sub-scores they feed into.

PP element 1: *We are compassionate and inclusive*

Compassionate culture

- Q6a - "I feel that my role makes a difference to patients / service users."
- Q23a - "Care of patients / service users is my organisation's top priority."
- Q23b - "My organisation acts on concerns raised by patients / service users."
- Q23c - "I would recommend my organisation as a place to work."
- Q23d - "If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation."

Compassionate leadership

- Q9f - "My immediate manager works together with me to come to an understanding of problems."
- Q9g - "My immediate manager is interested in listening to me when I describe challenges I face."
- Q9h - "My immediate manager cares about my concerns."
- Q9i - "My immediate manager takes effective action to help me with any problems I face."

Diversity and equality

- Q15 - "Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?"
- Q16a - "In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?"
- Q16b - "In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?"
- Q20 - "I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc)."

Inclusion

- Q7h - "I feel valued by my team."
- Q7i - "I feel a strong personal attachment to my team."
- Q8b - "The people I work with are understanding and kind to one another."
- Q8c - "The people I work with are polite and treat each other with respect."

PP element 2: *We are recognised and rewarded*

- Q4a - "The recognition I get for good work."
- Q4b - "The extent to which my organisation values my work."
- Q4c - "My level of pay."
- Q8d - "The people I work with show appreciation to one another."
- Q9e - "My immediate manager values my work."

PP element 3: *We each have a voice that counts*

Autonomy and control

- Q3a - "I always know what my work responsibilities are."
- Q3b - "I am trusted to do my job."
- Q3c - "There are frequent opportunities for me to show initiative in my role."
- Q3d - "I am able to make suggestions to improve the work of my team / department."

Q3e - "I am involved in deciding on changes introduced that affect my work area / team / department."

Q3f - "I am able to make improvements happen in my area of work."

Q5b - "I have a choice in deciding how to do my work."

Raising concerns

Q19a - "I would feel secure raising concerns about unsafe clinical practice."

Q19b - "I am confident that my organisation would address my concern."

Q23e - "I feel safe to speak up about anything that concerns me in this organisation."

Q23f - "If I spoke up about something that concerned me I am confident my organisation would address my concern."

PP element 4: *We are safe and healthy*

Health and safety climate

Q3g - "I am able to meet all the conflicting demands on my time at work."

Q3h - "I have adequate materials, supplies and equipment to do my work."

Q3i - "There are enough staff at this organisation for me to do my job properly."

Q5a - "I have unrealistic time pressures."

Q11a - "My organisation takes positive action on health and well-being."

Q13d - "The last time you experienced physical violence at work, did you or a colleague report it?"

Q14d - "The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?"

Burnout

Q12a - "How often, if at all, do you find your work emotionally exhausting?"

Q12b - "How often, if at all, do you feel burnt out because of your work?"

Q12c - "How often, if at all, does your work frustrate you?"

Q12d - "How often, if at all, are you exhausted at the thought of another day/shift at work?"

Q12e - "How often, if at all, do you feel worn out at the end of your working day/shift?"

Q12f - "How often, if at all, do you feel that every working hour is tiring for you?"

Q12g - "How often, if at all, do you not have enough energy for family and friends during leisure time?"

Negative experiences

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?"

Q13a - "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?"

Q13b - "In the last 12 months how many times have you personally experienced physical violence at work from...Managers?"

Q13c - "In the last 12 months how many times have you personally experienced physical violence at work from...Other colleagues?"

Q14a - "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?"

Q14b - "In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...Managers?"

Q14c - "In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...Other colleagues?"

PP element 5: *We are always learning*

Development

- Q22a – “This organisation offers me challenging work.”
- Q22b – “There are opportunities for me to develop my career in this organisation.”
- Q22c – “I have opportunities to improve my knowledge and skills.”
- Q22d – “I feel supported to develop my potential.”
- Q22e – “I am able to access the right learning and development opportunities when I need to.”

Appraisals

- Q21a – “In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skill Framework (KSF development review)?”
- Q21b – “It helped me to improve how I do my job.”
- Q21c – “It helped me agree clear objectives for my work.”
- Q21d – “It left me feeling that my work is valued by my organisation.”

PP element 6: *We work flexibly*

Support for work-life balance

- Q6b – “My organisation is committed to helping me balance my work and home life.”
- Q6c – “I achieve a good balance between my work life and my home life.”
- Q6d – “I can approach my immediate manager to talk openly about flexible working.”

Flexible working

- Q4d – “The opportunities for flexible working patterns.”

PP element 7: *We are a team*

Team working

- Q7a – “The team I work in has a set of shared objectives.”
- Q7b – “The team I work in often meets to discuss the team’s effectiveness.”
- Q7c – “I receive the respect I deserve from my colleagues at work.”
- Q7d – “Team members understand each other’s roles.”
- Q7e – “I enjoy working with the colleagues in my team.”
- Q7f – “My team has enough freedom in how to do its work.”
- Q7g – “In my team disagreements are dealt with constructively.”
- Q8a – “Teams within this organisation work well together to achieve their objectives.”

Line management

- Q9a – “My immediate manager encourages me at work.”
- Q9b – “My immediate manager gives me clear feedback on my work.”
- Q9c – “My immediate manager asks for my opinion before making decisions that affect my work.”
- Q9d – “My immediate manager takes a positive interest in my health and well-being.”

Staff Engagement (theme)

Motivation

- Q2a – “I look forward to going to work.”
- Q2b – “I am enthusiastic about my job.”
- Q2c – “Time passes quickly when I am working.”

Involvement

- Q3c – “There are frequent opportunities for me to show initiative in my role.”
- Q3d – “I am able to make suggestions to improve the work of my team / department.”
- Q3f – “I am able to make improvements happen in my area of work.”

Advocacy

- Q23a – “Care of patients / service users is my organisation's top priority.”
- Q23c – “I would recommend my organisation as a place to work.”
- Q23d – “If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.”

Morale (theme)

Thinking about leaving

- Q24a – “I often think about leaving this organisation.”
- Q24b – “I will probably look for a job at a new organisation in the next 12 months.”
- Q24c – “As soon as I can find another job, I will leave this organisation.”

Work pressure

- Q3g – “I am able to meet all the conflicting demands on my time at work.”
- Q3h – “I have adequate materials, supplies and equipment to do my work.”
- Q3i – “There are enough staff at this organisation for me to do my job properly.”

Stressors

- Q3a – “I always know what my work responsibilities are.”
- Q3e – “I am involved in deciding on changes introduced that affect my work area / team / department.”
- Q5a – “I have unrealistic time pressures.”
- Q5b – “I have a choice in deciding how to do my work.”
- Q5c – “Relationships at work are strained.”
- Q7c – “I receive the respect I deserve from my colleagues at work.”
- Q9a – “My immediate manager encourages me at work.”

3.2 Calculation of summary indicators (PP elements, themes and sub-scores) from the contributing questions

As mentioned earlier, responses for all questions contributing to the summary indicators 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 least favourable 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 most positive result (for example in response to “*I feel valued by my team*”) or the least positive result (e.g. in response to “*I often think about leaving this organisation*”). Where a participant selects a response option which does not have a score assigned (labelled ‘ns’), 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 also details how the sub-scores, People Promise elements and themes are calculated from the question scores. Sub-scores are calculated where an individual has answered sufficient contributing questions. People Promise element and theme scores are calculated where sufficient sub-scores have been calculated for that individual.

Table 2: Response scoring for People Promise elements, themes and sub-scores

People Promise Element / Theme	Sub-score	Q no.	Score for response option...					
			1	2	3	4	5	9
<p style="text-align: center;"><i>Element 1</i></p> <p>We are compassionate and inclusive</p> <p>Calculated as the mean of the sub-scores where at least three of the four sub-scores have been assigned.</p>	<p>Compassionate culture</p> <p>Calculated as the mean of the question scores where at least three of the five questions are answered.</p>	q6a	0	2.5	5	7.5	10	ns
		q23a	0	2.5	5	7.5	10	
		q23b	0	2.5	5	7.5	10	
		q23c	0	2.5	5	7.5	10	
		q23d	0	2.5	5	7.5	10	
	<p>Compassionate leadership</p> <p>Calculated as the mean where at least three of the four questions are answered.</p>	q9f	0	2.5	5	7.5	10	
		q9g	0	2.5	5	7.5	10	
		q9h	0	2.5	5	7.5	10	
		q9i	0	2.5	5	7.5	10	
	<p>Diversity and equality</p> <p>Calculated as the mean where at least three of the four questions are answered.</p>	q20	0	2.5	5	7.5	10	
		q15	10	0				5
		q16a	0	10				
		q16b	0	10				
	<p>Inclusion</p> <p>Calculated as the mean where at least three of the four questions are answered</p>	q7h	0	2.5	5	7.5	10	
		q7i	0	2.5	5	7.5	10	
		q8b	0	2.5	5	7.5	10	
q8c		0	2.5	5	7.5	10		
<p style="text-align: center;"><i>Element 2</i></p> <p>We are recognised and rewarded</p> <p>Score calculated as a mean where at least three of the five questions are answered.</p>	None	q4a	0	2.5	5	7.5	10	
		q4b	0	2.5	5	7.5	10	
		q4c	0	2.5	5	7.5	10	
		q8d	0	2.5	5	7.5	10	
		q9e	0	2.5	5	7.5	10	

People Promise Element / Theme	Sub-score	Q no.	Score for response option...					9	
			1	2	3	4	5		
<p><i>Element 3</i> We each have a voice that counts</p> <p>Calculated as the mean of the sub-scores where both of the sub-scores have been assigned.</p>	<p>Autonomy and control</p> <p>Calculated as the mean where at least five of the seven questions are answered</p>	q3a	0	2.5	5	7.5	10		
		q3b	0	2.5	5	7.5	10		
		q3c	0	2.5	5	7.5	10		
		q3d	0	2.5	5	7.5	10		
		q3e	0	2.5	5	7.5	10		
		q3f	0	2.5	5	7.5	10		
		q5b	0	2.5	5	7.5	10		
	<p>Raising concerns</p> <p>Calculated as the mean where at least three of the four questions are answered</p>	q19a	0	2.5	5	7.5	10		
		q19b	0	2.5	5	7.5	10		
		q23e	0	2.5	5	7.5	10		
		q23f	0	2.5	5	7.5	10		
		<p>Health and safety climate</p> <p>Calculated as the mean across seven questions, but only scored where at least three of the first five questions are answered.</p>	q3g	0	2.5	5	7.5	10	
			q3h	0	2.5	5	7.5	10	
q3i	0		2.5	5	7.5	10			
q11a	0		2.5	5	7.5	10			
q13d	10		10	0	ns		ns		
q14d	10		10	0	ns		ns		
q5a	10		7.5	5	2.5	0			
<p><i>Element 4</i> We are safe and healthy</p> <p>Calculated as the mean of the sub-scores where all of the sub-scores have been assigned.</p>	<p>Burnout</p> <p>Calculated as the mean where at least five of the seven questions are answered.</p>	q12a	10	7.5	5	2.5	0		
		q12b	10	7.5	5	2.5	0		
		q12c	10	7.5	5	2.5	0		
		q12d	10	7.5	5	2.5	0		
		q12e	10	7.5	5	2.5	0		
		q12f	10	7.5	5	2.5	0		
		q12g	10	7.5	5	2.5	0		
	<p>Negative experiences</p> <p>Calculated as the mean where at least six of the nine questions are answered.</p>	q13a	10	0	0	0	0		
		q13b	10	0	0	0	0		
		q13c	10	0	0	0	0		
		q14a	10	0	0	0	0		
		q14b	10	0	0	0	0		
		q14c	10	0	0	0	0		
q11b		0	10						
q11c	0	10							
q11d	0	10							

People Promise Element / Theme	Sub-score	Q no.	Score for response option...					9
			1	2	3	4	5	
<p style="text-align: center;"><i>Element 5</i> We are always learning</p> <p>Calculated as the mean of the sub-scores where both of the sub-scores have been assigned.</p>	<p style="text-align: center;">Development</p> <p>Calculated as the mean where at least three of the five questions are answered.</p>	q22a	0	2.5	5	7.5	10	
		q22b	0	2.5	5	7.5	10	
		q22c	0	2.5	5	7.5	10	
		q22d	0	2.5	5	7.5	10	
		q22e	0	2.5	5	7.5	10	
	<p style="text-align: center;">Appraisals*</p> <p>Calculated as the mean where at least two of the three questions are answered</p>	q21b	10	5	0			
		q21c	10	5	0			
		q21d	10	5	0			
	*Note: If a respondent has not received an appraisal ('no' at Q21a) an Appraisals sub-score of 0 (zero) is assigned.							
	<p style="text-align: center;"><i>Element 6</i> We work flexibly</p> <p>Calculated as the mean of the sub-scores where both of the sub-scores have been assigned.</p>	<p style="text-align: center;">Support for work-life balance</p> <p>Calculated as the mean where at least two of the three questions are answered.</p>	q6b	0	2.5	5	7.5	10
q6c			0	2.5	5	7.5	10	
q6d			0	2.5	5	7.5	10	
<p style="text-align: center;">Flexible working</p> <p>Calculated as the mean where the single question is answered.</p>		q4d	0	2.5	5	7.5	10	
<p style="text-align: center;"><i>Element 7</i> We are a team</p> <p>Calculated as the mean of the sub-scores where both of the sub-scores have been assigned.</p>	<p style="text-align: center;">Teamworking</p> <p>Calculated as the mean where at least five of the eight questions are answered.</p>	q7a	0	2.5	5	7.5	10	
		q7b	0	2.5	5	7.5	10	
		q7c	0	2.5	5	7.5	10	
		q7d	0	2.5	5	7.5	10	
		q7e	0	2.5	5	7.5	10	
		q7f	0	2.5	5	7.5	10	
		q7g	0	2.5	5	7.5	10	
		q8a	0	2.5	5	7.5	10	
	<p style="text-align: center;">Line management</p> <p>Calculated as the mean where at least three of the four questions are answered.</p>	q9a	0	2.5	5	7.5	10	
		q9b	0	2.5	5	7.5	10	
		q9c	0	2.5	5	7.5	10	
		q9d	0	2.5	5	7.5	10	

People Promise Element / Theme	Sub-score	Q no.	Score for response option...						
			1	2	3	4	5	9	
<p style="text-align: center;"><i>Theme</i> Staff engagement</p> <p>Calculated as the mean of the sub-scores where at least two of the three sub-scores have been assigned.</p>	<p style="text-align: center;">Motivation</p> <p>Calculated as the mean where at least two of the three questions are answered.</p>	q2a	0	2.5	5	7.5	10		
		q2b	0	2.5	5	7.5	10		
		q2c	0	2.5	5	7.5	10		
	<p style="text-align: center;">Involvement</p> <p>Calculated as the mean where at least two of the three questions are answered.</p>	q3c	0	2.5	5	7.5	10		
		q3d	0	2.5	5	7.5	10		
		q3f	0	2.5	5	7.5	10		
	<p style="text-align: center;">Advocacy</p> <p>Calculated as the mean where at least two of the three questions are answered.</p>	q23a	0	2.5	5	7.5	10		
		q23c	0	2.5	5	7.5	10		
		q23d	0	2.5	5	7.5	10		
	<p style="text-align: center;"><i>Theme</i> Morale*</p> <p>Calculated as the mean of the sub-scores where at least two of the three sub-scores have been assigned.</p>	<p style="text-align: center;">Thinking about leaving</p> <p>Calculated as the mean where at least two of the three questions are answered.</p>	q24a	10	7.5	5	2.5	0	
			q24b	10	7.5	5	2.5	0	
			q24c	10	7.5	5	2.5	0	
<p style="text-align: center;">Work pressure</p> <p>Calculated as the mean where at least two of the three questions are answered.</p>		q3g	0	2.5	5	7.5	10		
		q3h	0	2.5	5	7.5	10		
		q3i	0	2.5	5	7.5	10		
<p style="text-align: center;">Stressors</p> <p>Calculated as the mean where at least five of the seven questions are answered.</p>		q3a	0	2.5	5	7.5	10		
		q3e	0	2.5	5	7.5	10		
		q5a	10	7.5	5	2.5	0		
		q5b	0	2.5	5	7.5	10		
		q5c	10	7.5	5	2.5	0		
		q7c	0	2.5	5	7.5	10		
		q9a	0	2.5	5	7.5	10		

*Note: The calculation for the Morale theme changed in 2021. Previously the score was calculated as the average of two sub-scores: Stress and Intention to leave. Since 2021 the theme has been calculated from the average of three sub-scores:

- Thinking about leaving (identical to the previous Intention to leave sub-score)
- Work pressure (new in 2021)
- Stressors (similar to the previous Stress sub-score but incorporating an additional question)

4 Question level results

The reporting outputs contain question level results for each question included in the questionnaire. The online dashboards show the full breakdown of all response options for each question. However, in much of the reporting question level results are reported as a single percentage. While the meaning of the percentage reported for a given question is specified in the reporting outputs, a more detailed explanation of how the reported percentage is calculated for each question is provided in the table below.

Note: Certain questions are never weighted or benchmarked in the reports, either because a higher or lower value does not relate to a better or worse result or because they are demographic or factual questions. The questions which are not weighted or benchmarked are: Q1, Q10a, Q24d, Q25a-c, Q26a-c, Q27, Q28, Q29, Q30a, Q31a-b, Q32a-b and Q33.

Question number	Calculation of results reported	Values reported (Response code in questionnaire)
q1	% of staff that have contact with patients / service users 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-i	% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question	4 & 5
q4a-d	% of staff selecting 'Satisfied'/'Very Satisfied' out of those who answered the question	4 & 5
q5a	% of staff selecting 'Never'/'Rarely' out of those who answered the question	1 & 2
q5b	% of staff selecting 'Often'/'Always' out of those who answered the question	4 & 5
q5c	% of staff selecting 'Never'/'Rarely' out of those who answered the question	1 & 2
q6a	% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question, but excluding those who selected 'Not applicable to me'	4 & 5
q6b-d	% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question	4 & 5
q7a-i	% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question	4 & 5
q8a-d	% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question	4 & 5
q9a-i	% 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 'Agree'/'Strongly Agree' out of those who answered the question	4 & 5
q11b-e*	% 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-g*	% of staff selecting 'Often'/'Always' out of those who answered the question	4 & 5
q13a-c*	% of staff saying they experienced at least one incident of violence 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 'DK' or 'NA'	1, 2 & 6 ²
q14a-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
q14d	% of staff saying they, or a colleague, reported it, out of those who answered the question excluding those who selected 'DK' or 'NA'	1, 2 & 6 ²
15	% of staff selecting 'Yes' out of those who answered the question	1
q16a-b*	% of staff selecting 'Yes' out of those who answered the question	1
q16c*	% of staff saying they have experienced discrimination on each basis out of those who answered the question	1 (for each code)
q17*	% of staff saying they have seen any errors, near misses, or incidents that could have hurt staff and/or patients/service users in the last month	1
q18a-d	% of staff selecting 'Agree/Strongly Agree' out of those who answered the question excluding those who selected 'Don't know'	4&5
q19a-b	% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question	4 & 5
q20	% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question	4 & 5
q21a	% of staff selecting 'Yes' out of those who answered the question excluding those who selected 'Can't remember'	1
q21b-d	% of staff selecting 'Yes, definitely' out of those who answered the question	1
q22a-e	% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question	4 & 5
q23a-f	% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question	4 & 5
q24a-c*	% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question	4 & 5
q24d	% of staff saying this would be their most likely destination out of those who answered the question	1/2/3/4/5/9
q25a-c	% of staff selecting 'Yes' out of those who answered the question	1
q26a-c	% of staff selecting each response option out of those who answered the question	each code

² See [Section 2.1](#) for how code 6 is assigned

Question number	Calculation of results reported	Values reported (Response code in questionnaire)
q27	% of staff selecting a response falling into each of the following categories, out of those who answered the question Categories: White Mixed/Multiple ethnic background Asian/Asian British Black/African/Caribbean/Black British Other ethnic group	White: 1 to 4 Mixed/Multiple ethnic background: 5 to 8 Asian/Asian British: 9 to 13 Black/African/Caribbean/Black British: 14 to 16 Other ethnic group: 17 & 18
q28	% of staff selecting each response option out of those who answered the question	each code
q29	% of staff selecting each response option out of those who answered the question	each code
q30a	% of staff selecting 'Yes' out of those who answered the question	1
q30b	% of staff selecting 'Yes' out of those who answered the question excluding those who select 'No adjustment required'	1
q31a-b	% of staff selecting 'Yes' out of those who answered the question	1
q32a-b	% of staff selecting each response option out of those who answered the question	each code
q33	% of staff selecting a response falling into each of the following categories, out of those who answered the question Categories: Registered nurses & midwives Nursing or healthcare assistants Medical or dental Allied health professionals (AHP) Scientific and technical Social care Public health Commissioning Admin and clerical Central functions Maintenance General management Other Emergency care practitioner	Registered Nurses & Midwives: 24 to 31 Nursing Ass. or HCA: 32 Medical or dental: 12 to 15 AHP: 1 to 3 & 5 to 9 Sci. & technical: 4 & 10 to 11 Social care: 33 to 35 Public health: 22 Commissioning: 23 Admin & clerical: 36 Central functions: 37 Maintenance: 38 General management: 39 Other: 40 Emergency care pract.: 16

Question number	Calculation of results reported	Values reported (Response code in questionnaire)
	Paramedic Emergency care assistant (ECA) Ambulance technician Ambulance control staff Patient transport service (PTS)	Paramedic: 17 ECA: 18 Ambulance technician: 19 Ambulance control: 20 PTS: 21

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

5 Benchmarking groups

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

The benchmarking groups for 2022 are:

- Acute and Acute & Community Trusts
- Acute Specialist Trusts
- Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts³
- Community Trusts
- Ambulance Trusts
- Integrated Care Boards (ICBs)
- Commissioning Support Units (CSUs)
- Social Enterprises – Mental Health
- Social Enterprises – Community
- Community Surgical Services

Trusts are assigned to benchmarking groups according to the following criteria:

- *Ambulance Trusts* – includes the eleven regional Ambulance trusts.
- *Acute Specialist Trusts* are 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).
- All other trusts which offer acute services are assigned to the *Acute and Acute & Community* benchmark group.
- All trusts which do not offer acute services but offer mental health and/or learning disability services are assigned to the *Mental Health/Learning Disability and Mental Health/Learning Disability & Community* benchmarking group.
- All trusts which offer community services but neither MH/LD nor acute services are assigned to the *Community Trusts* benchmarking group.

The remaining five benchmarking groups are used for organisations whose participation in the survey each year is voluntary, including Integrated Care Boards which have replaced CCGs in 2022.

In the benchmark reports, the results for social enterprises are benchmarked against the most relevant trust benchmarking groups (Community Trusts or Mental Health & Learning Disability and

³ For the purposes of reporting in the dashboards, benchmark data excel and detailed spreadsheets, this group is abbreviated to 'MH & LD, MH, LD & Community Trusts'. It is written in full in the benchmark reports.

Mental Health, Learning Disability & Community Trusts as appropriate). Data for the single Community Surgical Services organisation is benchmarked against the Community Trusts group.

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, Q24d, Q25a-c, Q26a-c, Q27, Q28, Q29, Q30a, Q31a-b, Q32a-b and Q33.

6.1 Occupational group weight

NHS organisations of the same type are likely to have different numbers of employees in each occupational group. This can be due to a number of reasons, for example, some organisations issue contracts for services such as catering and cleaning, while other organisations supply them in-house. These differences can have a significant effect on organisation results, as it is known that different occupational groups tend to answer some questions in different ways. For instance, managers are known to respond more positively than other groups to some questions, and an organisation that has a particularly large number of managers may have more positive results overall due to this imbalance. This is why the data are weighted. The weighting procedure described below ensures that no organisation will appear better or worse than others of a comparable type 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 ICBs, CSUs and Community Surgical Services) are weighted so that the occupational group profile of the organisation reflects that of a typical organisation of its type. Occupational groups are collapsed into thirteen broad categories,⁴ where 'All Nurses' includes all types of registered and unregistered nurses and

⁴ 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.

midwives, and 'Medical / Dental' includes consultants and other medical and dental staff, including those in training.

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

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

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

Please note that occupational group weights are capped at 5.

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

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

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

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

For historical trend data (2018 to 2021), the data are re-weighted according to the 2022 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, regional and system level outputs.

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 three categories: national results, local results and regional/system-level results.

National outputs:

- National dashboards
- National briefing
- Detailed spreadsheets

Local outputs:

- Benchmark reports and optional breakdown reports
- Benchmark data
- Local dashboards
- Detailed spreadsheets

Region and system-level outputs:

- Region/system dashboards
- Detailed spreadsheets

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. ICBs, CSUs etc.).

National dashboards

Published online, these dashboards provide the national results for all participating trusts on all People Promise elements, themes, sub-scores and questions, including trend data for 2018-2022 where available.

Results are presented for all trusts combined (national average) as well as for each individual trust benchmarking group.

Data points reported are mean scores for all the case level (individual response) data that feeds into a given result. The exception to this is the response rate, which is the mean score of trusts' overall response rates.

The data are weighted, except for the response rates and those questions where weighting does not apply (see [Section 6](#)).

This group of outputs consists of six dashboards, as follows:

Name	Description	Weights applied
2022 Summary – scores	Summary view of the 2022 People Promise element and theme scores	Combined weight
Overview - scores	Overview of the results for each People Promise element, theme and sub-score.	Combined weight
Breakdown - scores	People Promise elements, themes and sub-scores down by the following background information variables: <ol style="list-style-type: none"> 1. Gender 2. Age 3. Ethnicity – summary (white staff / staff from all other ethnic groups combined) 4. Ethnicity – detailed (all responses) 5. Sexual orientation 6. Gender identity 7. Length of service 8. Religion 9. Long-lasting health conditions or illnesses 10. Occupational group – summary 11. Occupational group – detailed (all responses) 12. Part-time / full-time 13. Patient facing role 14. Responsibility for caring for children 15. Look after others with LTC 16. International recruitment 17. Worked in a Covid-19 specific ward or area 18. Redeployed due to the Covid-19 pandemic 	Trust size weight only ⁵

⁵ The purpose of the occupation weight is for benchmarking purposes (i.e. to allow organisation's scores to be comparable with other organisations of the same type). There is no benchmarking in the national breakdowns so this weight is not necessary.

Name	Description	Weights applied
	19. Required to work remotely/from home due to the Covid-19 pandemic	
Overview - questions	Overview of the results for each question, showing the summary result, e.g. '% agreeing', which includes staff selecting both "Agree" and "Strongly agree".	Combined weight
Detailed - questions	Results for each question showing the proportion of staff selecting each individual response option.	Combined weight
Breakdown - questions	<p>People Promise elements, themes and sub-scores down by the following background information variables:</p> <ol style="list-style-type: none"> 1. Gender 2. Age 3. Ethnicity – summary (white staff / staff from all other ethnic groups combined) 4. Ethnicity – detailed (all responses) 5. Sexual orientation 6. Gender identity 7. Length of service 8. Religion 9. Long-lasting health conditions or illnesses 10. Occupational group – summary 11. Occupational group – detailed (all responses) 12. Part-time / full-time 13. Patient facing role 14. Responsibility for caring for children 15. Look after others with LTC 16. International recruitment 17. Worked in a Covid-19 specific ward or area 18. Redeployed due to the Covid-19 pandemic 19. Required to work remotely/from home due to the Covid-19 pandemic 	Trust size weight only ⁵
Response rates	Average (mean) of the trusts' response rates.	None

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 dashboards. The base size for each of the questions and scores included is not specified in the

briefing, but the number of responses each result is based on can be found in the National dashboards. Results are weighted as in the dashboards.

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.

7.2 Local outputs

Local results are produced for all participating organisations.

Local reports

Reports are provided for each participating organisation as follows:

- Benchmark report
- Breakdown report (optional)

Benchmark reports

A PDF report is produced for every organisation and contains organisation results for People Promise elements, themes, sub-scores & questions. Five-year trends are shown for all People Promise elements, themes and sub-scores and any questions where comparative trend data are available. All results are weighted & benchmarked where appropriate (i.e. non-evaluative questions are not weighted or benchmarked).

People Promise element and theme results are also presented broken down by the Covid-19 classification questions (q25a-c). Results relating to WRES/WDES indicators are shown towards the end of the report (see Appendix B).

The People Promise element and theme results for 2021 vs 2022 are tested for statistical significance and included in the appendix of the report.

Values reported in the 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 scores for a given summary indicator (People Promise element, theme or sub-score).
 - **'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.
- People Promise elements, themes and sub-scores – Covid-19 classification breakdowns:
 - **‘Average’**: the median score from all the organisation mean scores within the given benchmarking group.
 - **‘Highest’**: the highest organisational mean score from all organisation mean scores in the given benchmarking group.
 - **‘Lowest’**: the lowest organisational mean score from all organisation mean scores in the given benchmarking group.

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

Breakdown reports (formerly known as Directorate reports)

An additional breakdown report, with up to two breakdowns (e.g. by directorate, staff group etc) for People Promise elements and theme scores, is optional for every organisation. The optional breakdown reports include unweighted data. They provide the following results:

- **‘Breakdowns’**: the mean score for each People Promise element and theme by the organisation-specific breakdown.
- **‘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 scores for a given People Promise element or theme.

Benchmark report Excel data

The 2018-2022 datasets used to create the benchmark reports are available in Excel format. This includes the list of organisations within each benchmarking group. Each tab shows the question and summary score results for each organisation within the different benchmarking groups.

Local dashboards

Published online, these dashboards provide the results for each participating organisation and benchmark data on all People Promise elements, themes, sub-scores and questions, including trend data for 2018-2022 where available.

The occupation group weight is applied, except for those questions where weighting does not apply (see [Section 6](#)), the response rates, and where no benchmark data are shown (in the breakdowns dashboards).

This output consists of six dashboards, as follows:

Name	Description	Weights applied
2022 Summary – scores	Summary view of the 2022 People Promise element and theme scores	Occupation group weight

Name	Description	Weights applied
Overview – scores	Overview of the results for each People Promise element, theme and sub-score.	Occupation group weight
Breakdowns – scores	<p>People Promise elements, themes and sub-scores down by the following background information variables:</p> <ol style="list-style-type: none"> 1. Gender 2. Age 3. Ethnicity – summary (white staff / staff from all other ethnic groups combined) 4. Ethnicity – detailed (all responses) 5. Sexual orientation 6. Gender identity 7. Length of service 8. Religion 9. Long-lasting health conditions or illnesses 10. Occupational group – summary 11. Occupational group – detailed (all responses) 12. Part-time / full-time 13. Patient facing role 14. Responsibility for caring for children 15. Look after others with LTC 16. International recruitment 17. Worked in a Covid-19 specific ward or area 18. Redeployed due to the Covid-19 pandemic 19. Required to work remotely/from home due to the Covid-19 pandemic 	None
Overview - questions	Overview of the results for each question, showing the summary result, e.g. '% agreeing', which includes staff selecting both "Agree" and "Strongly agree".	Occupation group weight
Detailed - questions	Results for each question showing the proportion of staff selecting each individual response option.	Occupation group weight
Breakdowns - questions	<p>People Promise elements, themes and sub-scores down by the following background information variables:</p> <ol style="list-style-type: none"> 1. Gender 2. Age 3. Ethnicity – summary (white staff / staff from all other ethnic groups combined) 4. Ethnicity – detailed (all responses) 5. Sexual orientation 6. Gender identity 7. Length of service 8. Religion 9. Long-lasting health conditions or illnesses 10. Occupational group – summary 11. Occupational group – detailed (all responses) 	None

Name	Description	Weights applied
	12. Part-time / full-time 13. Patient facing role 14. Responsibility for caring for children 15. Look after others with LTC 16. International recruitment 17. Worked in a Covid-19 specific ward or area 18. Redeployed due to the Covid-19 pandemic 19. Required to work remotely/from home due to the Covid-19 pandemic	
Response rates	Average (mean) of the trusts' response rates.	None

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.

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 2018-2022 results for indicators 5, 6, 7 and 8 split by ethnicity (White staff / Staff from all other ethnic groups combined). 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 2018-2022 results for indicators 4a, 4b, 5, 6, 7, 8 and 9a split by staff with a long-lasting health condition or illness and staff without a long-lasting health condition or illness. 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 spreadsheets that contain question results broken down by individual response options (split by questionnaire section), People Promise element, theme and sub-score results.

The sheets contain the results for each organisation, the results for each benchmarking group (the mean of all the constituent organisation results), and the results for all trusts (the mean of all trust responses). In addition, they also contain breakdowns by all of the demographic variables across organisations and within the benchmarking groups.

Results included in these spreadsheets are weighted to match those reported in the outputs detailed above. The weighting used for a given result is also shown within the output itself.

7.3 Region/system-level outputs

The Region and system-level outputs are displayed across Tableau dashboards:

Region dashboards

- The region dashboards incorporate disaggregated organisation level results with benchmarking for People Promise elements, themes and sub-scores and aggregated whole region results for People Promise elements, themes, sub-scores, questions, and response rates.

ICS dashboards

- The ICS dashboards incorporate disaggregated organisation level results with benchmarking for People Promise elements, themes and sub-scores and aggregated whole ICS results for People Promise elements, themes, sub-scores, questions, and response rates.
- Data for Ambulance trusts are not included in ICS results as these trusts can cover more than one ICS.

Note that data for organisations that complete the survey voluntarily (ICBs, CSUs, other non-trust organisations) are not included in either the region or system-level dashboards.

Results by organisation (disaggregated results)

Occupational group weighting is applied to the disaggregated organisation level 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. Trust weighting is applied to the aggregated data for a whole Region/ICS.

in either the region or system-level dashboards.

Aggregated results for regions/ICs

Trend data for 2020-2022 are presented where appropriate.

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

The data are weighted where appropriate using the Trust size weight only, except for the response rates and for those questions where weighting does not apply (see [Section 6](#)).

The regional and ICS outputs consist of eight dashboards, as follows:

Name	Description	Weights applied
Scores by organisation	A view of the scores for the Trusts within a region	Occupational group weight
Summary - scores	A view of all of the People Promise Element and Theme scores for 2022	Trust size weight
Overview - scores	Overview of the results for each People Promise element, theme and sub-score.	Trust size weight
Breakdowns - scores	<p>People Promise elements, themes and sub-scores down by the following background information variables:</p> <ol style="list-style-type: none"> 1. Gender 2. Age 3. Ethnicity – summary (white staff / staff from all other ethnic groups combined) 4. Ethnicity – detailed (all responses) 5. Sexual orientation 6. Gender identity 7. Length of service 8. Religion 9. Long-lasting health conditions or illnesses 10. Occupational group – summary 11. Occupational group – detailed (all responses) 12. Part-time / full-time 13. Patient facing role 14. Responsibility for caring for children 15. Look after others with LTC 16. International recruitment 17. Worked in a Covid-19 specific ward or area 18. Redeployed due to the Covid-19 pandemic 19. Required to work remotely/from home due to the Covid-19 pandemic 	Trust size weight
Overview - questions	Overview of the results for each question, showing the summary result, e.g. '% agreeing', which includes staff selecting both "Agree" and "Strongly agree".	Trust size weight
Detailed - questions	Results for each question showing the proportion of staff selecting each individual response option.	Trust size weight
Breakdowns - questions	<p>People Promise elements, themes and sub-scores down by the following background information variables:</p> <ol style="list-style-type: none"> 1. Gender 2. Age 3. Ethnicity – summary (white staff / staff from all other ethnic groups combined) 4. Ethnicity – detailed (all responses) 5. Sexual orientation 6. Gender identity 	Trust size weight

Name	Description	Weights applied
	<ul style="list-style-type: none"> 7. Length of service 8. Religion 9. Long-lasting health conditions or illnesses 10. Occupational group – summary 11. Occupational group – detailed (all responses) 12. Part-time / full-time 13. Patient facing role 14. Responsibility for caring for children 15. Look after others with LTC 16. International recruitment 17. Worked in a Covid-19 specific ward or area 18. Redeployed due to the Covid-19 pandemic 19. Required to work remotely/from home due to the Covid-19 pandemic 	
Response rates	Average (mean) of the trusts' response rates.	None

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.

8 Organisation historical comparability

As part of Staff Survey reporting, historical comparisons are provided for most organisations (i.e. 2018–2022 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 2022 survey are listed in [Section 8.1](#) below.

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

8.1 Organisations with no historical comparisons

Mergers

Organisation code	Organisation name	Reason for non-comparability
RH8	ROYAL DEVON UNIVERSITY HEALTHCARE NHS FOUNDATION TRUST	Organisation did not exist in prior years. Formed by the merger of the Royal Devon and Exeter NHS Foundation Trust (RH8) and Northern Devon Healthcare NHS Trust (RBZ).
RM3	NORTHERN CARE ALLIANCE NHS FOUNDATION TRUST	Organisation did not exist in prior years. Formed by the merger of the Salford Royal NHS Foundation Trust (RM3) and Pennine Acute Hospitals NHS Trust (RW6).
RWK	EAST LONDON NHS FOUNDATION TRUST	Due to historical errors with drawing the sample in previous years the data for this organisation will not be comparable prior to 2022.
QE1	NHS LANCASHIRE AND SOUTH CUMBRIA ICB	Organisation did not take part in 2021, either as an ICB, a CCG or a group of CCGs
QF7	NHS SOUTH YORKSHIRE ICB	Organisation did not take part in 2021, either as an ICB, a CCG or a group of CCGs

QHL	NHS BIRMINGHAM AND SOLIHULL ICB	Organisation did not take part in 2021, either as an ICB, a CCG or a group of CCGs
QM7	NHS HERTFORDSHIRE AND WEST ESSEX ICB	Organisation did not take part in 2021, either as an ICB, a CCG or a group of CCGs
QOX	NHS BATH AND NORTH EAST SOMERSET, SWINDON AND WILTSHIRE ICB	Organisation did not take part in 2021, either as an ICB, a CCG or a group of CCGs
QRL	NHS HAMPSHIRE AND ISLE OF WIGHT ICB	Organisation did not take part in 2021, either as an ICB, a CCG or a group of CCGs
QT1	NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB	Organisation did not take part in 2021, either as an ICB, a CCG or a group of CCGs
QU9	NHS BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST ICB	Organisation did not take part in 2021, either as an ICB, a CCG or a group of CCGs
QUA	NHS BLACK COUNTRY ICB	Organisation did not take part in 2021, either as an ICB, a CCG or a group of CCGs
QWO	NHS WEST YORKSHIRE ICB	Organisation did not take part in 2021, either as an ICB, a CCG or a group of CCGs
QYG	NHS CHESHIRE AND MERSEYSIDE ICB	Organisation did not take part in 2021, either as an ICB, a CCG or a group of CCGs

ODF	NHS SOUTH, CENTRAL AND WEST CSU	Organisation did not take part in 2021
NAX	EAST COAST COMMUNITY HEALTHCARE	Organisation did not take part in 2021

8.2 ICBs mergers that will receive historical data

On 1 July 2022 42 Integrated Care Boards (ICBs) were legally established, replacing clinical commissioning groups (CCGs). Following the transition, many staff previously employed in the CCGs transferred to the newly formed ICB. In cases where the equivalent CCG or an equivalent group of CCGs took part in the survey in 2021 and the workforce was largely unchanged as a result of the transition to an ICB, the 2022 results for the ICB will be compared with the historical data for the CCG or group of CCGs.

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

Organisation code	Organisation name	Previously took part as:
QGH	NHS HEREFORDSHIRE AND WORCESTERSHIRE ICB	NHS Herefordshire and Worcestershire CCG (18C)
QH8	NHS MID AND SOUTH ESSEX ICB	NHS Mid Essex CCG ; NHS Thurrock CCG ; NHS Basildon and Brentwood CCG ; NHS Castlepoint and Rochford CCG ; NHS Southend CCG (06Q/07G/99E/99F/99G)
QHG	NHS BEDFORDSHIRE, LUTON AND MILTON KEYNES ICB	NHS Bedfordshire, Luton and Milton Keynes CCG (M1J4Y)
QJ2	NHS DERBY AND DERBYSHIRE ICB	NHS Derby and Derbyshire CCG (15M)
QJG	NHS SUFFOLK AND NORTH EAST ESSEX ICB	NHS West Suffolk CCG ; NHS North East Essex CCG ; NHS Ipswich and East Suffolk CCG (06L/06T/07K)
QJK	NHS DEVON ICB	NHS Devon CCG (15N)
QJM	NHS LINCOLNSHIRE ICB	NHS Lincolnshire CCG (71E)

QK1	NHS LEICESTER, LEICESTERSHIRE AND RUTLAND ICB	NHS East Leicestershire and Rutland CCG ; NHS Leicester City CCG ; NHS West Leicestershire CCG (03W/04C/04V)
QKK	NHS SOUTH EAST LONDON ICB	NHS South East London CCG (72Q)
QKS	NHS KENT AND MEDWAY ICB	NHS Kent and Medway CCG (91Q)
QMF	NHS NORTH EAST LONDON ICB	NHS North East London CCG (A3A8R)
QMJ	NHS NORTH CENTRAL LONDON ICB	NHS North Central London (93C)
QMM	NHS NORFOLK AND WAVENEY ICB	NHS Norfolk and Waveney (26A)
QNC	NHS STAFFORDSHIRE AND STOKE-ON-TRENT ICB	NHS Cannock Chase CCG ; NHS East Staffordshire CCG ; NHS North Staffordshire CCG ; NHS South East Staffordshire and Seisdon Peninsula CCG ; NHS Stafford and Surrounds CCG ; NHS Stoke on Trent CCG (04Y/05D/05G/05Q/05V/05W)
QNQ	NHS FRIMLEY ICB	NHS Frimley CCG (D4U1Y)
QNX	NHS SUSSEX ICB	NHS Brighton and Hove CCG ; NHS West Sussex CCG ; NHS East Sussex CCG (09D/70F/97R)
QPM	NHS NORTHAMPTONSHIRE ICB	NHS Northamptonshire CCG (78H)
QR1	NHS GLOUCESTERSHIRE ICB	NHS Gloucestershire CCG (11M)
QRV	NHS NORTH WEST LONDON ICB	NHS North West London CCG (W2U3Z)
QSL	NHS SOMERSET ICB	NHS Somerset CCG (11X)
QT6	NHS CORNWALL AND THE ISLES OF SCILLY ICB	NHS Kernow CCG (11N)
QUY	NHS BRISTOL, NORTH SOMERSET AND SOUTH GLOUCESTERSHIRE ICB	NHS Bristol, North Somerset and South Gloucestershire CCG (15C)
QVV	NHS DORSET ICB	NHS Dorset CCG (11J)
QWE	NHS SOUTH WEST LONDON ICB	NHS South West London CCG (36L)
QWU	NHS COVENTRY AND WARWICKSHIRE ICB	NHS Coventry and Warwickshire CCG (B2M3M)

QXU	NHS SURREY HEARTLANDS ICB	NHS Surrey Heartlands CCG (92A)
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9 Changes to historical data

No changes have been made to the historical data for 2022.

Historical benchmarking data for 2019 has been revised for the Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts, and Community Trusts benchmarking groups. This is due to a revision in the occupation group weighting to correctly reflect historical benchmarking group changes. Historical data is reweighted each year according to the latest results and so historical figures change with each new year of data; however it is advised to keep the above in mind when viewing 2019 historical results released in 2022.

10 Questionnaire comparability and survey changes

To view the [changes made to the 2022 core questionnaire](#) please see the document in the guidance section of our website. A full list of comparable questions can be found in table 3.

The vast majority of the questionnaire remained unchanged between 2021 and 2022.

However, the following caveats should be kept in mind:

- Question 17 (“In the last month have you seen any errors, near misses, or incidents that could have hurt staff and/or patients/service users”) is a new question for 2022, but similar to one asked in 2019.
- The following questions have been reinstated for 2022, having last been asked in 2020:
 - Question 18a (“My organisation, treats staff who are involved in an error, near miss or incident fairly.”)
 - Question 18b (“My organisation encourages us to report errors, near misses or incidents.”)
 - Question 18c (“When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.”)
 - Question 18d (“We are given feedback about changes made in response to reported errors, near misses and incidents.”)

Due to the gap in the trend data and the significant redevelopment of the questionnaire in 2021, trend results will not be reported for these questions.

- Question 30b is no longer comparable with data from previous years due to a wording change. The question previously asked whether the employer had made ‘adequate adjustments’: this question now asks about ‘reasonable adjustments’.

Table 3: Questionnaire comparability (2021-2022)

2021	2022	2022 Question wording	Comparable?
q1	q1	Do you have face-to-face, video or telephone 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	There are frequent opportunities for me to show initiative in my role.	Yes
q3d	q3d	I am able to make suggestions to improve the work of my team / department.	Yes
q3e	q3e	I am involved in deciding on changes introduced that affect my work area / team / department.	Yes
q3f	q3f	I am able to make improvements happen in my area of work.	Yes
q3g	q3g	I am able to meet all the conflicting demands on my time at work.	Yes
q3h	q3h	I have adequate materials, supplies and equipment to do my work.	Yes
q3i	q3i	There are enough staff at this organisation for me to do my job properly.	Yes
q4a	q4a	The recognition I get for good work.	Yes
q4b	q4b	The extent to which my organisation values my work.	Yes
q4c	q4c	My level of pay.	Yes
q4d	q4d	The opportunities for flexible working patterns.	Yes
q5a	q5a	I have unrealistic time pressures.	Yes
q5b	q5b	I have a choice in deciding how to do my work.	Yes
q5c	q5c	Relationships at work are strained.	Yes
q6a	q6a	I feel that my role makes a difference to patients / service users.	Yes
q6b	q6b	My organisation is committed to helping me balance my work and home life.	Yes
q6c	q6c	I achieve a good balance between my work life and my home life.	Yes
q6d	q6d	I can approach my immediate manager to talk openly about flexible working.	Yes

2021	2022	2022 Question wording	Comparable?
q7a	q7a	The team I work in has a set of shared objectives.	Yes
q7b	q7b	The team I work in often meets to discuss the team's effectiveness.	Yes
q7c	q7c	I receive the respect I deserve from my colleagues at work.	Yes
q7d	q7d	Team members understand each other's roles.	Yes
q7e	q7e	I enjoy working with the colleagues in my team.	Yes
q7f	q7f	My team has enough freedom in how to do its work.	Yes
q7g	q7g	In my team disagreements are dealt with constructively.	Yes
q7h	q7h	I feel valued by my team.	Yes
q7i	q7i	I feel a strong personal attachment to my team.	Yes
q8a	q8a	Teams within this organisation work well together to achieve their objectives.	Yes
q8b	q8b	The people I work with are understanding and kind to one another.	Yes
q8c	q8c	The people I work with are polite and treat each other with respect.	Yes
q8d	q8d	The people I work with show appreciation to one another.	Yes
q9a	q9a	My immediate manager encourages me at work.	Yes
q9b	q9b	My immediate manager gives me clear feedback on my work.	Yes
q9c	q9c	My immediate manager asks for my opinion before making decisions that affect my work.	Yes
q9d	q9d	My immediate manager takes a positive interest in my health and well-being.	Yes
q9e	q9e	My immediate manager values my work.	Yes
q9f	q9f	My immediate manager works together with me to come to an understanding of problems.	Yes
q9g	q9g	My immediate manager is interested in listening to me when I describe challenges I face.	Yes
q9h	q9h	My immediate manager cares about my concerns	Yes
q9i	q9i	My immediate manager takes effective action to help me with any problems I face	Yes
q10a	q10a	How many hours a week are you contracted to work?	Yes
q10b	q10b	On average, how many additional PAID hours do you work per week for this organisation, over and above your contracted hours?	Yes

2021	2022	2022 Question wording	Comparable?
q10c	q10c	On average, how many additional UNPAID hours do you work per week for this organisation, over and above your contracted hours?	Yes
q11a	q11a	My organisation takes positive action on health and well-being.	Yes
q11b	q11b	In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?	Yes
q11c	q11c	During the last 12 months have you felt unwell as a result of work related stress?	Yes
q11d	q11d	In the last three months have you ever come to work despite not feeling well enough to perform your duties?	Yes
q11e	q11e	Have you felt pressure from your manager to come to work?	Yes
q12a	q12a	How often, if at all, do you find your work emotionally exhausting?	Yes
q12b	q12b	How often, if at all, do you feel burnt out because of your work?	Yes
q12c	q12c	How often, if at all, does your work frustrate you?	Yes
q12d	q12d	How often, if at all, are you exhausted at the thought of another day/shift at work?	Yes
q12e	q12e	How often, if at all, do you feel worn out at the end of your working day/shift?	Yes
q12f	q12f	How often, if at all, do you feel that every working hour is tiring for you?	Yes
q12g	q12g	How often, if at all, do you not have enough energy for family and friends during leisure time?	Yes
q13a	q13a	In the last 12 months how many times have you personally experienced physical violence at work from patients / service users, their relatives or other members of the public?	Yes
q13b	q13b	In the last 12 months how many times have you personally experienced physical violence at work from managers?	Yes
q13c	q13c	In the last 12 months how many times have you personally experienced physical violence at work from other colleagues?	Yes
q13d	q13d	The last time you experienced physical violence at work, did you or a colleague report it?	Yes
q14a	q14a	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public?	Yes
q14b	q14b	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers?	Yes

2021	2022	2022 Question wording	Comparable?
q14c	q14c	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?	Yes
q14d	q14d	The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?	Yes
q15	q15	Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?	Yes
q16a	q16a	In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?	Yes
q16b	q16b	In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?	Yes
q16c	q16c	On what grounds have you experienced discrimination?	Yes
-	q17	In the last month have you seen any errors, near misses, or incidents that could have hurt staff and/or patients/service users?	No
-	q18a	My organisation treats staff who are involved in an error, near miss or incident fairly.	No
-	q18b	My organisation encourages us to report errors, near misses or incidents.	No
-	q18c	When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.	No
-	q18d	We are given feedback about changes made in response to reported errors, near misses and incidents.	No
q17a	q19a	I would feel secure raising concerns about unsafe clinical practice.	Yes
q17b	q19b	I am confident that my organisation would address my concern.	Yes
q18	q20	I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc).	Yes
q19a	q21a	In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?	Yes
q19b	q21b	It helped me to improve how I do my job.	Yes
q19c	q21c	It helped me agree clear objectives for my work.	Yes
q19d	q21d	It left me feeling that my work is valued by my organisation.	Yes
q20a	q22a	This organisation offers me challenging work.	Yes

2021	2022	2022 Question wording	Comparable?
q20b	q22b	There are opportunities for me to develop my career in this organisation.	Yes
q20c	q22c	I have opportunities to improve my knowledge and skills.	Yes
q20d	q22d	I feel supported to develop my potential.	Yes
q20e	q22e	I am able to access the right learning and development opportunities when I need to.	Yes
q21a	q23a	Care of patients / service users is my organisation's top priority.	Yes
q21b	q23b	My organisation acts on concerns raised by patients / service users.	Yes
q21c	q23c	I would recommend my organisation as a place to work.	Yes
q21d	q23d	If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	Yes
q21e	q23e	I feel safe to speak up about anything that concerns me in this organisation.	Yes
q21f	q23f	If I spoke up about something that concerned me I am confident my organisation would address my concern	Yes
q22a	q24a	I often think about leaving this organisation.	Yes
q22b	q24b	I will probably look for a job at a new organisation in the next 12 months.	Yes
q22c	q24c	As soon as I can find another job, I will leave this organisation.	Yes
q22d	q24d	If you are considering leaving your current job, what would be your most likely destination?	Yes
q23a	q25a	In the past 12 months, have you worked on a Covid-19 specific ward or area at any time?	Yes
q23b	q25b	In the past 12 months, have you been redeployed due to the Covid-19 pandemic at any time?	Yes
q23c	q25c	In the past 12 months, have you been required to work remotely/from home due to the Covid-19 pandemic?	Yes
q24a	q26a	What of the following best describes you?	Yes
q24b	q26b	Is your gender identity the same as the sex you were registered at birth?	Yes
q24c	q26c	Age	Yes
q25	q27	What is your ethnic group? (Choose one option that best describes your ethnic group or background)	Yes
q26	q28	Which of the following best describes how you think of yourself?	Yes
q27	q29	What is your religion? Are you...	Yes

2021	2022	2022 Question wording	Comparable?
q28a	q30a	Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?	Yes
q28b	q30b	Has your employer made reasonable adjustment(s) to enable you to carry out your work?	No
q29a	q31a	Do you have any children aged from 0 to 17 living at home with you, or who you have regular caring responsibility for?	Yes
q29b	q31b	Do you look after, or give any help or support to family members, friends, neighbours or others because of either: long term physical or mental ill health / disability, or problems related to old age?	Yes
q30a	q32a	How many years have you worked for this organisation?	Yes
q30b	q32b	When you joined this organisation, were you recruited from outside of the UK?	Yes
q31	q33	What is your occupational group?	Yes

11 Respondent burden calculation

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

Number of respondents x Average time spent completing the survey

There were 636,348 responses to the 2022 NHS Staff Survey. The median completion time based on online completions was 16.51 minutes per survey. Therefore, respondent burden calculation results for the 2022 NHS Staff Survey are:

636,348 respondents x 16.51 minutes = 175,102 hours spent completing the survey

Appendix A: Eligibility criteria

The following criteria were applied by NHS organisations when drawing the list of staff eligible⁶ 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 2022**;
- Staff on fixed-term contracts;
- Student nurses, as long as they were employed by the organisation on 1 September 2022;
- 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) 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;
Staff seconded to the participating organisation from another NHS organisation who did not have a substantive contract with the participating organisation and/or were not on the organisation's payroll but had been seconded for at least 12 months.
- Any staff member who met the above criteria who was on sickness leave of up to 12 months on 1 September 2022.
- Any staff member who met the above criteria who was on parental leave (maternity or paternity leave).
- Any staff member who met the above criteria who was suspended.

The staff list excluded:

- Staff who started working at the organisation **after** 1 September 2022;
- 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);
- Staff who were on long-term sick leave of more than 12 months on 1 September 2022;
- Seconded staff who were **not** being paid by the participating organisation, unless these staff had been seconded from another NHS organisation and had been working at the participating organisation for at least 12 months;
- Student nurses who were not employed by the organisation on 1 September 2022;

⁶ In some cases, survey contractors may have surveyed groups of staff not eligible for the national survey e.g. staff working for wholly owned subsidiaries, but their results are excluded from the national reporting.

- 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 2018 - 2022 trust/ICB and benchmarking group median results for q14a, q14b&c combined, q15, and q16b split by ethnicity (by White staff / Staff from all other ethnic groups combined). 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 q14a (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 q14b or q14c (i.e. any of response options 2-5), out of all those who answered either or both questions.
- **Indicator 7⁷:** Percentage of staff believing that organisation provides equal opportunities for career progression or promotion.
 - Calculation: Those who answered “Yes” to q15, out of all those who answered the question.
- **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 q16b, out of all those who answered the question.

Organisation results presented are unweighted. National results are weighted to account for trust size.

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 2018-2022 organisation and benchmarking group median results for q5f, q11e, q14a-d, and q15 split by staff with a long-lasting health condition or illness compared to staff without a long-lasting health condition or illness. It also shows results the staff engagement score for staff with a long-lasting

⁷ Due to the change in the reporting of Q15 (see [Section 8.3](#)), data previously published for this Indicator 7 will not be comparable to data reported in 2020.

health condition or illness, compared to staff without a long-lasting health condition or illness and the overall engagement score for the organisation, including results for q30b for staff who have long-lasting health conditions. Please note the WDES indicators will no longer show trend results for q30b (for staff with a long-lasting health condition or illness only) due to a change in the question wording for 2022.

The Workforce Disability Equality Standards are reported as seven indicators which are outlined below, along with their calculation:

- **Indicator 4a:** Percentage of staff with a long-lasting health condition or illness compared to staff without a long-lasting health condition or illness experiencing harassment, bullying or abuse from:
 - Patients / service users, their relatives or other members of the public (q14a)
 - Managers (q14b)
 - Other colleagues (q14c)
 - Calculation: Those who answered any of “1-2”, “3-5”, “6-10” or “More than 10” to q14a/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 staff with a long-lasting health condition or illness compared to staff without a long-lasting health condition or illness 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 q14d out of all those who answered either “Yes” or “No” to q14d.
- **Indicator 5⁸:** Percentage of staff with a long-lasting health condition or illness compared to staff without a long-lasting health condition or illness believing that their organisation provides equal opportunities for career progression or promotion.
 - Calculation: Those who answered “Yes” to q15, out of all those who answered the question.
- **Indicator 6:** Percentage of staff with a long-lasting health condition or illness compared to staff without a long-lasting health condition or illness 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.

⁸ Due to the change in the reporting of q15, data published prior to 2021 for Indicator 5 will not be comparable to data reported in 2021 and 2022. Please note that historical data outputs for the NHS Staff Survey prior to 2021 will show the old calculation of q15.

- **Indicator 7:** Percentage of staff with a long-lasting health condition or illness compared to staff without a long-lasting health condition or illness saying that they are satisfied with the extent to which their organisation values their work.
 - Calculation: Those who answered “Satisfied” or “Very Satisfied” to q4b, out of those who answered the question.
- **Indicator 8⁹:** Previously this indicator reported percentage of staff with a long-lasting health condition or illness saying that their employer has made adequate adjustment(s) to enable them to carry out their work. In 2022 the wording of q30b was changed from ‘adequate adjustment(s)’ to ‘reasonable adjustment(s)’ therefore this question is no longer comparable.
- **Indicator 9a¹⁰:** The staff engagement score for staff with a long-lasting health condition or illness, compared to staff without a long-lasting health condition or illness and the overall engagement score for the organisation.
 - Calculation: for the calculation of the staff engagement score, please refer to the details outlined for theme 10 – Staff engagement in [Section 3](#).

Organisation results are presented unweighted. National results are weighted to account for trust size.

Please note the WDES breakdowns are based on the responses to q30a *Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?* In 2020, the question text was shortened and the word ‘disabilities’ was removed but the question and WDES results still remain historically comparable.

⁹ Due to the change in the question wording to Q30b for 2022, data published prior to 2022 for Indicator 8 will not be comparable. Trend data for this question will not be published in reporting outputs for the 2022 Staff Survey.

¹⁰ Please note that the calculation of this score means that the results based on all staff may differ from those presented in other outputs where weighting has been applied.