

National NHS Staff Survey 2005

Guidance Notes

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National NHS Staff Survey 2005 Guidance Notes

Introduction

The main purpose of these Guidance Notes is to guide trusts, PCTs and Survey Contractors through the practical steps of conducting the National Staff Survey. The guidance notes are separated into two main sections.

Part One - Introduction to the National Survey

- 1.1. Background to the survey
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- 1.3. Summary of minimum survey requirements for Strategic Health Authorities
- 1.4. Timetable for the survey
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- 2.1. Key survey contact within the trust
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- 2.12. Reports of the survey findings
- 2.13. Ethical considerations

The appendices contain templates of the letter to accompany the questionnaire, the reminder letters, as well as details of information and documents to be transferred to the Advice Centre. They also include a list of changes to the Core questionnaire from 2004, details of questions that can be used for the Health and Safety Executive Stress Audit and Improving Working Lives, and some instructions for carrying out basic operations in Excel (necessary for the sampling stage).

An Advice Centre web site and advice line is available for the National Staff Survey.

- Web site: www.nhsstaffsurveys.com
- Advice Line: 0121 359 2491 (9.30am – 4.30pm, Monday to Friday).
- E-mail: enquiries@nhsstaffsurveys.com

Researchers from the Advice Centre will provide practical support and advice to the trusts as they conduct the survey.

PART ONE: INTRODUCTION TO THE NATIONAL SURVEY

1.1. Background to the survey

In 2003, the Commission for Health Improvement (CHI), in conjunction with the Department of Health, appointed Aston University to develop and pilot a new national NHS staff survey, and to establish an Advice Centre and web site to support that process. The three organisations worked in partnership to consult widely with NHS staff about the content of the survey, under the guidance of a stakeholder group, which had representatives from Staff Side, CHI, DH, HR Directors, Strategic Health Authorities and the NHS workforce.

The purpose of this survey was to collect staff views about working in their local NHS trust. The intention was that it would replace the need for trusts to carry out numerous staff surveys – it was designed to replace trusts' own annual staff surveys, the Department of Health 10 core questions, and the CHI Clinical Governance Review staff surveys. It was intended that this survey would be implemented annually, and cover the needs of CHI, DH and trusts. Thus, it would provide information both for deriving national performance measures (including star ratings) and for helping the NHS, at both a national and local level, work towards Improving Working Lives.

After a pilot study in five trusts, the survey was implemented in full in the autumn of 2003. Every NHS trust in England took part, with nearly 370,000 staff sent questionnaires. 56% of these responded, and the data was analysed by the Advice Centre at Aston University. The survey was repeated in 2004, with an even higher response rate – 60% of all staff sent questionnaires returned a completed questionnaire.

Each year, all trusts receive a feedback report that compares their scores with those of all trusts of a similar type nationally. In addition to this, reports on key survey findings are published each year. All these reports, together with spreadsheets of detailed responses to the 2003 and 2004 surveys from each trust and summaries of groups of trusts, are available online at <http://www.healthcarecommission.org.uk/staffsurveys/>.

CHI has now been replaced by the Healthcare Commission, which took over responsibility for the survey in 2004. The survey will continue to be operated as an annual survey.

1.2. Summary of minimum survey requirements for trusts

It will again be obligatory for all NHS trusts in England to implement the survey with a sample of their staff in the Autumn of 2005.

All trusts must follow a standard methodology, as described in detail later in these guidance notes, and must fulfil the following minimum requirements:

- A self-completion questionnaire with a random sample of staff
(see **section 2.6** for more details on sampling)
- The questionnaire must contain the full set of Core questions
(see **section 2.3** for more details on the questionnaire)

- A staff survey communication strategy must be implemented
(see **section 2.7** for more details on internal communication)
- Questionnaires (each labelled with a unique staff ID number) to be distributed to selected staff, with at least two reminders being sent to non-responding staff (2nd reminder to be accompanied by a 2nd copy of the questionnaire)
(see **section 2.10** for questionnaire distribution procedures)
- An external organisation must be appointed to act as a survey contractor. As a minimum, this organisation should be responsible for receipt of completed questionnaires, data entry and editing, and provision of this data to the Advice Centre. It is strongly recommended that trusts use one of the Approved Survey Contractors
(see **section 2.2** for details of the Approved Contractors)

There are a number of additional ways in which trusts can adapt the survey to their local needs:

- trusts may conduct a survey with a larger staff sample or census
- trusts may select additional questions from an Optional Question Bank
- trusts may include a limited number of their own Local questions on other topical issues

More detail about all these survey elements can be found later in **sections 2.3, 2.4, 2.5 and 2.6**.

1.3 Summary of minimum requirements for Strategic Health Authorities

Strategic Health Authorities, Workforce Development Confederations and other NHS employers are also encouraged to conduct the survey, although it is not compulsory that they do so.

A separate version of the questionnaire has been produced this year for Strategic Health Authorities. It is almost identical to the trust version, although references to “your trust” have been replaced with references to “your Strategic Health Authority” or “your SHA”.

If SHAs participate in the survey, and require an Advice Centre feedback report, then all the minimum requirements set out above in section 1.2 apply. If minimum requirements are not fulfilled, it might not be possible for the Advice Centre to include the SHA data in its benchmarked national data set. The one possible exception to this is the use of an external survey contractor, as we appreciate that the cost of employing a survey contractor this year for very small SHAs might be prohibitive. However, we would still strongly recommend the use of an Approved Contractor, as the use of an external contractor is the only way to truly guarantee to staff that no one from the trust will see their completed questionnaires.

N.B. All section 1.2 minimum requirements, including use of an external survey contractor, are compulsory for trusts.

1.4. Timetable for the survey

Questionnaires should be distributed no later than the week commencing 3rd October 2005, but may be sent out up to a month before this if that is more convenient for trusts (e.g. to attach the questionnaires to payslips).

Three weeks after the initial mailing (w/c 24th October if the initial mailing was w/c 3rd October), trusts should distribute a first reminder letter to all staff who have not yet returned a questionnaire.

A second reminder letter, together with an extra copy of the questionnaire, should be distributed to non-responding staff a further three weeks later (w/c 14th November, if the initial mailing was in w/c 3rd October).

Survey data should be transferred to the Advice Centre during the week commencing 12th December 2005.

The Advice Centre will produce reports of national results and trust level results in late February / early March 2006. Trusts are, however, able to commission reports based on their own data from their contractors, which can be developed prior to the standard reports they receive from the Advice Centre.

A detailed timetable for the survey can be found at the beginning of **PART 2** (page 8).

1.5. Changes since the 2004 survey

There have been relatively few changes to the survey procedures since the 2004 survey. The main changes that affect trusts and contractors are listed below:

- Contractors should now record the date of questionnaire receipt on the Excel data sheets to be returned to the Advice Centre (see **section 2.9**)
- Optional question data should also be recorded on an Excel data sheet to be returned to the Advice Centre (see **section 2.11**). For the first time this year, the Advice Centre will be providing Trusts with benchmarks from the Bank question results from the Basic Sample of staff
- Trusts now have the option of TWO within-trust breakdowns (e.g., directorate and location) to be included within the Advice Centre feedback reports (see **section 2.4**)
- It is recommended that trust logos are included in covering letters. This helps staff to know that the survey is supported by the trust, and allows any staff working in more than one trust to identify easily which trust they should be responding about
- We are no longer requiring ethnic group information for individual respondents. Rather, we will be requesting a summary of the ethnic group profile in each trust at a later stage (see **section 2.4**)
- Contractors should inform the Advice Centre of the number and nature of queries to their advice line on a weekly basis during the survey period (see **section 2.10**)

- The occupational group question in the survey has been expanded this year, and we have introduced some editing rules for contractors, to be followed when individuals give more than one response (see **section 2.11**)
- The honorary contract for use when questionnaires are to be sent to home addresses has been expanded. This is now downloadable from the Advice Centre web site (www.nhsstaffsurveys.com) (see **section 2.5**)
- Due to some respondents' confusion in previous years over the meaning of the word "organisation", this has been replaced in this year's questionnaire by the word "trust". This means that SHAs will have a slightly different version of the questionnaire, which may have an impact on the cost of conducting surveys in SHAs.

1.6 Health and Safety Executive Stress Audit

As in 2004, the questionnaire includes questions which can be used for the purposes of the Health and Safety Executive's (HSE) stress audit, and the HSE has agreed that trusts will **not** need to carry out a separate survey to cover this. Details of the questions which map onto the HSE standards can be found in **Appendix 8**.

1.7. Merging PCTs

Over the coming months, many PCTs will be merging to form larger organisations. This clearly has major implications for the survey in these PCTs, as mergers will often be happening during the survey period. There are two ways in which PCTs that are merging can proceed:

1. Merging PCTs could combine the staff lists of the merging organisations, and draw a joint sample from this joint staff list.

A single, combined feedback report would then be produced by the Advice Centre in February 2006. This single staff survey approach across merging PCTs might be the preferable option if the merger were well under way by the time the survey period starts

2. Merging PCTs could continue to run separate surveys at each PCT. This might be the preferable option if the merger were not due to take place until 2006

If the second option is taken and separate PCT surveys are conducted, the merging PCTs would then have two choices: they could either opt to receive separate feedback reports for each PCT from the Advice Centre in February 2006, or could ask for a single report, which combines the results from each merging PCT.

The decision about which of these options to use **is up to each set of merging PCTs**. However, the decision made should be communicated to the Advice Centre along with the sampling information – no later than October 14th (see **section 2.6**).

It is also **strongly advised** that sets of merging PCTs use the same survey contractor.

1.8. Immediate preparation for the October survey

There are a number of key tasks that should be started as soon as possible, to help ensure that organisations are ready to conduct the survey:

- updating of the trust staff database, including accuracy of work address information (or home address information if applicable – see section 2.4), in preparation for selecting the staff sample (see **sections 2.4, 2.5**)
- making contact with the Advice Centre, to let them know which members of staff will be responsible for the survey implementation (please see **section 2.1**)
- making contact with an Approved Survey Contractor, who will be able to help the trust with the preparation for and implementation of the survey (see **section 2.2**)

Please see **page 3** for contact details of the Advice Centre.

PART TWO: STEP BY STEP INSTRUCTIONS

The following step-by-step instructions are designed to guide trusts, PCTs and Survey Contractors through the survey procedures.

An Advice Centre, based at Aston University, has been set up to support the whole process. You will have access to the Advice Centre throughout the National Staff Survey period. See **page 3** of these Notes for information on how to contact the Advice Centre.

The timetable of steps necessary for survey implementation is given in the following table:

Date	Step of Survey Implementation	By whom?	Section in Guidance Notes
By mid-August	Identify two individuals within the trust who will take responsibility for the survey and inform the Advice Centre of the contact details of these people	Trust	2.1
w/c August 29 th	Ensure staff lists are comprehensive and up to date	Trust	2.5
By end August / early September	Appoint a survey contractor to help with the survey implementation	Trust	2.2
By w/c September 12 th	Agree the precise division of labour between trust and contractor (e.g. who is responsible for sampling, printing, packing survey materials ready for distribution, taking receipt of completed questionnaires, monitoring response rates etc)	Trust and contractor	2.2
By w/c September 12 th	Decide on the precise content of the questionnaire, and communicate this to contractor (all trusts must include the Core questions)	Trust	2.3
By w/c September 12 th	Decide on what within-trust breakdown (e.g. directorate, department or location) should be used, and ensure that this information is included in the staff list	Trust	2.4
By w/c September 19 th	Communicate with trust staff. Arrange some internal publicity within the trust about the forthcoming survey. Include intention to distribute questionnaires to home addresses if applicable.	Trust	2.7
By w/c September 26 th	Arrange printing of the various survey documents - questionnaires, letters, reply-paid envelopes (each questionnaire to be printed or labelled with a unique staff identification number to help with monitoring	Trust or contractor	2.9

response rates and targeting reminders)

By w/c September 26 th	Inform the post room(s) of the forthcoming questionnaire distribution and reminders, ensuring that they are aware of the importance of the survey and the likely volume of post	Trust	2.7
By w/c September 26 th	Set up honorary contracts with contractor if home addresses are to be used for questionnaire distribution	Trust and contractor	2.5
w/c October 3 rd ¹	Arrange distribution of questionnaires to the selected sample via the internal post or home addresses	Trust or contractor	2.10
Weekly during survey period	Monitor response rates to this first mailing, and make use of the unique ID numbers on returned questionnaires to record which members of staff have not yet responded	Contractor	2.10
Weekly during survey period	Inform Advice Centre of ongoing response rates, and the number and nature of helpline queries received	Contractor	2.10
w/c October 10 th	Inform Advice Centre of the total number of staff eligible to receive the survey, and the size of the Basic Sample selected. Merging PCTs should also inform the Advice Centre of decisions about whether they are proceeding with the survey jointly or separately	Contractor	2.6 / 1.7
w/c October 24 th ²	Three weeks after the initial mailing, arrange distribution of a reminder letter to all staff who have not yet returned a questionnaire	Contractor and trust	2.9
w/c November 14 th ³	Three weeks after the first reminder letter, arrange distribution of a 2nd copy of the questionnaire to all non-responding staff, together with a reminder letter and another reply-paid envelope	Contractor and trust	2.10
w/c December 12 th	Arrange for data from the completed questionnaires to be keyed or scanned, and to be transferred to the Advice Centre in the prescribed format	Contractor	2.11

2.1. Key survey contacts within trust

At the start of the process, it is important to identify two people within the trust who will take responsibility for the survey and communication with the Advice Centre and survey contractor. Although it is likely that only one of these will actually have

^{1,2,3} Or earlier date: see **section 2.9**

responsibility for the survey, the previous surveys have showed that contact between the Advice Centre and trusts was far smoother where there were two named contact people, as there were fewer delays due to sickness or absence etc.

If your trust has not already informed the Advice Centre of the names and contact details of these individuals, it should do so at the earliest opportunity.

2.2. Approved Survey Contractors

We are strongly recommending that trusts appoint one of the seven Approved Survey Contractors to support them. These contractors have been fully vetted by the Healthcare Commission, and have proved that they are able to provide a high quality service whilst offering value for money. They all took part in the 2003/2004 surveys with great success.

As a result, it is **not** necessary for trusts to conduct their own lengthy and costly individual tender exercises.

All seven Approved Contractors have been briefed in detail by the Advice Centre, and will be in close liaison with Advice Centre staff throughout the survey period. Furthermore, all Approved Contractors have contracts with the Healthcare Commission, under which they guarantee the provision of a high quality service.

The seven Approved Contractors are:-

- Maritz
- MORI
- NHS Partners' Research & Information
- Picker Institute Europe
- Quality Health
- RBA Research
- Taylor Nelson Sofres

Contact details for these seven organisations can be found in **Appendix 7**. More detailed information about them, including their quotations for providing the survey services can be found in the Service Level Agreement which is available on the Advice Centre web site. Although there are some differences between the contractors, in general they all offer similar services at similar prices.

When using an Approved Contractor, trusts can select from a menu of services, including:

- Providing advice and support to trusts in selecting the staff sample
- Printing questionnaires, covering letters and reminders
- Packing up survey materials, ready for internal distribution by the trust
- Handling receipt of completed questionnaires, and liaising with trusts about non-responses and the distribution of reminders*
- Providing support to ensure good response rates
- Data entry and transferring the cleaned data to the Advice Centre*
- Analysis and reporting of findings (n.b. the Advice Centre will be providing each trust with a basic set of tables with the core question findings in late February / early March 2006)

(* it is mandatory that these elements are handled by an external contractor for confidentiality reasons)

The precise work to be carried out by the approved contractors will vary from trust to trust. While some trusts may choose to appoint a contractor to conduct the whole survey, others may wish to do some of the work themselves in order to keep costs down.

When deciding on what parts of the process to use the contractor for, it is worth remembering that the use of an approved contractor can help to limit the burden on trust staff time. The amount of staff time needed to co-ordinate a large-scale survey is often under-estimated. In particular, organising the printing and packing of survey materials, can be very time-consuming tasks, and can take trust staff away from their usual work.

Although we strongly recommend using an Approved Contractor, it is recognised that some trusts may choose to use a non-approved contractor. If this is the case, it is **essential** that the instructions contained in the following pages are followed diligently by the contractor. This is necessary to ensure all trusts are producing results that are comparable. It is also important that any non-approved contractors make contact with the Advice Centre, so that they can be contacted directly in case of any queries, and that data may be passed between the contractor and Advice Centre without compromising respondent confidentiality.

2.3. The Questionnaire

The next important step is to decide on the precise content of the questionnaire to be used in your staff survey. The questionnaire has three potential components, only one of which is compulsory:

- A set of Core (compulsory) questions, which must be asked in all trusts
- A set of Bank (optional) questions
- Local questions

All trusts must include the full set of Core questions in their questionnaire, but also have the option of selecting additional questions from an Optional Question Bank. These can be put together using a Compilation Tool available on the Advice Centre web site (see **section 2.3.4**). It is hoped that the Core and Bank questions will cover all the key staff issues for the majority of trusts. However, trusts also have the option of including additional Local questions, to cover issues of particular local interest.

2.3.1. Core Questions

The Core questions cover:

- Work-life balance
- Appraisals & Personal Development Plans
- Training, Learning and Development
- Team Working
- Errors and Incidents
- Questions about respondents' jobs (including involvement in decision making, work pressure, job satisfaction and intention to leave)
- Management and Supervision

- Organisational Climate
- Equal opportunities
- Whistle-blowing
- Harassment and Bullying
- Infection Control and Hygiene
- Background Details.

There have been a number of changes to the Core questionnaire, including the addition of two questions on training, learning and development, and two on infection control and hygiene. A small number of questions have been dropped from the Core questionnaire, but have been retained as Bank questions. These changes are all listed in **Appendix 10**.

2.3.2. Inclusion of Bank questions

The optional Bank questions cover:

- Type of shift working
- Length of time to travel to work
- Further issues on Training, Learning and Development (protected time, benefits received from training, climate for training, training on giving advice re: alcohol, drugs)
- Access to counselling services and occupational health services
- Agenda for Change
- Cleanliness, comfort and safety of the work environment
- Smoking policy
- Provision of healthy living options and advice for staff
- Access to IT
- Methods of communication from trust
- Pay and conditions
- Types of patient worked with
- Directorate, division, department or location in which the employee works**

These questions have been designed by the Advice Centre, the Healthcare Commission and Maritz Research, and, like the Core questions, have all been piloted successfully in NHS trusts. Documents containing the Core questions only, and the Bank questions only, are separately available on the Advice Centre website.

** Although a question has been included in the Optional Bank to collect information about the directorate, division, department or location of each staff member, a much better way of ensuring accurate analysis of results by directorate, department etc is for the trust to include it in the original staff list used at the sampling stage (please see **section 2.4** for detailed instructions about how to do this). This is a much more reliable way of ensuring the information is available and correct for each staff member (e.g. in past trust surveys, staff have not always been sure in which directorate they work). The Advice Centre will use directorate / department information on the staff list to present up to two directorate level breakdowns of trust results in the standard feedback report in February 2006. We would therefore strongly recommend that this method is chosen, rather than using the Optional Bank question. However, the bank question can be used as a fallback option, if it proves too difficult for the trust to include the information on the staff list.

Please note that the precise wording of the Bank question about directorate / division / department will need to be amended to suit the local trust structure. The

Compilation Tool enables you to insert the desired question and answer categories. There is space for up to 12 different categories.

If this optional directorate / department question is used, it **may** still be possible for Advice Centre reports to include results by this breakdown. Please ensure that contractors include all relevant information (breakdown used and codes used) when communicating this information to the Advice Centre.

2.3.3. Inclusion of Local questions

If there are additional staff issues which are very important locally, then it is up to trusts, and their appointed survey contractors, to design any additional Local questions. As far as possible, these local questions should be of a similar style to that of the Core and Bank questions, to retain consistency within the questionnaire. These should be designed on separate pages, but then added to the pages of the PDF generated by the compilation tool, so that all questions can be printed within a single booklet. Decisions about the inclusion of specific local questions should be made, and communicated to survey contractors, by the week beginning 12th September.

Please note however, that according to the terms of the Ethical Approval granted by MREC North West Board for the National Staff Survey, trusts are required to submit any additional Local questions for approval by their Trust Management Board. (All Core and Optional Bank Questions are already fully ethically approved for use nationally, and do not need to be submitted for further approval in this way. For further details about ethical approval, see **section 2.13**).

2.3.4 Creating the questionnaire for your trust

Once it has been decided which questionnaire elements are required for use in the trust, the questionnaire can be generated using the Questionnaire Compilation Tool on the Advice Centre website (www.nhsstaffsurveys.com). The Compilation Tool inserts Bank (optional) questions into the appropriate place on the questionnaire. A username and password (chosen by individual users) need to be entered, to enable identification of each questionnaire, allowing it to be saved and retrieved.

Trusts will have already been sent a PDF file of the 12-side Core questionnaire, with an electronic copy of these guidance notes. This should be used for reference only, and **not** for printing and sending out. If your trust has not yet received these documents, please contact the Advice Centre as soon as possible. The Compilation Tool on the Advice Centre web site (described below) should be used for creating the questionnaire to be sent out – this will allow the insertion of the name, and return address, of an external survey contractor (essential to guarantee confidential treatment of staff responses).

The Compilation Tool can be used to:

- specify the address to which completed questionnaires must be sent (i.e. the postal address of the survey contractor)
- specify a telephone helpline number that the contractor may have set up to answer staff queries
- select optional Bank questions for inclusion in the questionnaire
- alter the type of organisation mentioned in the questionnaire from “trust” to “SHA” for use by Strategic Health Authorities.

Once all the required elements have been selected, the questionnaire can be generated by the click of a button, "Generate PDF". This produces the questionnaire in a PDF format, which can then be saved on the website, saved to disk, or printed. It is important to check the questionnaire contains the desired Bank questions, and that the instructions on the front cover (in particular return address and helpline number) have been generated correctly.

2.3.5 Length of the questionnaire

As mentioned earlier, the Core questionnaire is 12 A4 sides in length. Clearly, the inclusion of additional non-Core questions will increase the length of the questionnaire.

It is recommended that, if further Optional Bank or Local questions are added, the questionnaire should be limited to a maximum of 16 A4 sides. A questionnaire that is longer than this will have an adverse effect on response rates.

2.4 Breakdown of results by directorate / department / site

The Advice Centre trust feedback report can, if trusts wish, include up to two breakdowns by directorate, department or location. This will enable trusts to compare, for example, the responses of staff from different directorates. In order to achieve this, sufficient information needs to be included on the staff lists supplied to contractors.

Section 2.5 goes through each step involved in preparing a staff list for the survey.

Before this staff list preparation begins, trusts need to decide on a suitable departmental or directorate breakdown (for use in analysis of the survey findings).

1. Each breakdown should have mutually exclusive and comprehensive categories, i.e. each member of staff should be included in one, and only one, of the categories in each breakdown.
2. These categories may be directorates, or departments, or locations, or any similar type of breakdown that is appropriate for the trust. Examples of the types of breakdowns that trusts might wish to include are shown below:
 - An acute trust spread across a number of locations may wish to have a breakdown of staff responses by location
 - A mental health trust that has a particular interest in differences between occupational groups (other than those already provided in the questionnaire) may wish to have a breakdown by staff group
 - A PCT with teams of staff based in several locations may wish to have a breakdown by clinical base
 - A care trust may choose to have a breakdown by directorate; and may also want to compare the responses of staff who are seconded from the local authority, with the responses of other trust employees
 - Trusts that employ substantial numbers of shared service staff (i.e. staff offering services both to the employing trust and to other trusts in the area) may want to have such staff separately identified as a staff group for analysis in the report, so may choose this as a one of their breakdowns

3. If such breakdowns are required in the Advice Centre report, then careful thought needs to be given to the design of the categories, to ensure that a large enough number of staff are contained in each category.

The Advice Centre report will focus on the Basic Sample of 850 or fewer staff (see section 2.6.1); and in order to maintain confidentiality for individual staff members, the Centre report will not provide feedback on any group from which there are 10 or fewer responses. Therefore, the directorate or department categories should be designed in such a way that there will be a minimum of 20 staff in the Basic Sample. For trusts with a Basic Sample of 850, this is approximately **2.5%** of the sample, so categories should represent a **minimum** of 2.5% of the staff list. For trusts with smaller Basic Samples, this should be adjusted accordingly.

In general we would recommend a limit of 12 categories to a breakdown (e.g. 12 directorates, 12 locations). If there are substantially more than this, we would recommend that the trust combine some of the smaller categories.

We recommend that trusts talk directly to their survey contractors (or the Advice Centre) at an early stage about the precise design of their directorate / department breakdown(s). This will help to ensure that trusts' later analysis and reporting requirements can be met.

(Please note: there is a limit to the breakdown possible in the Advice Centre report, which will focus on the Basic Sample only, but if the trust is conducting the survey with a larger staff sample, then more detailed directorate analysis may be possible. Again, trusts should talk directly to their survey contractors about this when they are preparing their staff lists for the survey).

4. Once suitable directorate / department categories have been agreed, each member of trust staff will need to be assigned to an appropriate category.
5. Some trusts may want their survey contractor to organise separate batches of questionnaires for different sites within the trust, to help with internal distribution. If so, then the site needs to be clearly identified on the staff list for each staff member. (In some cases, site may be the same as directorate / department). Again, it is recommended that trusts talk directly to their survey contractors about how best to identify site on the staff lists.
6. Information on the directorate / department breakdown required should be sent to the Advice Centre by the survey contractor **before the data transfer deadline** (no later than December 9th). The Advice Centre will supply each contractor with a template for this information. This will ensure the breakdown of results can be generated on the reports without delay.

Now please see **section 2.5** for more information about preparation of the staff lists for sampling.

2.5. Preparation for Sampling

2.5.1 Preparation of Staff Lists

One of the first steps towards conducting the staff survey is to compile a list of all staff that are eligible for the survey. This needs to be carried out by a member of

trust staff, who is familiar with both the structure of staff records, and the computer programme Microsoft Excel. **Please note that preparation of this staff list is the responsibility of the trust, not of the contractor.**

This list should include:

- all full time and part-time staff who are **directly employed** by the trust on September 1st
- trust employees on all types of contract
 - permanent
 - fixed period
 - locum
 - temporary
 - seconded staff (e.g. social care staff seconded from the local authority), but only if they are on the trust payroll
 - hosted staff who have a substantive contract with the trust

The list should exclude¹:

- staff who are on long-term sick leave or maternity leave on September 1st
- all staff employed by sub-contracted organisations or outside contractors
- bank staff (unless they also have substantive trust contracts)
- seconded staff who are on the payroll of another organisation (e.g. social care staff who are on the payroll of the local authority)
- student nurses
- non-executive directors

Care should be taken to ensure that:

- no eligible staff members have been omitted from the list; (this could potentially happen if, for example, staff records are kept separately for different departments or sites within the trust)
- the list does not contain duplicate names
- all ineligible staff have been excluded from the list
- records are up to date as of September 1st, including address information

If HR provision is shared between multiple trusts, then it is important that staff lists are separated in such a way that a separate sample can be drawn for **each trust**, not one overall sample for the provision. The staff list for each trust should be consistent with the instructions above.

The exception to this is for PCTs which are merging, who may decide to combine staff lists to draw a single sample (see **section 1.7**). If this is the case, then care should be taken to ensure that the lists are in exactly the same format before they are combined.

The staff list should be in Excel spreadsheet format, with one employee per row. The first row should be used for column headings (Name, Staff Group, Address etc.), and

¹ If trusts want to use the questionnaire to survey some of these excluded groups, they may do so as long as they do **not** form part of the Basic Sample. To do this, it is recommended that trusts follow these Guidance Notes to draw the Basic Sample, and then add on other staff groups afterwards. That way, responses from staff groups that are supposed to be **excluded** from the National Staff Survey will not be fed back to the Advice Centre (this would compromise the comparability of survey results between trusts). Please note, however, that authorisation should be obtained to survey any employees of external organisations.

there should be no blank rows. **Each employee should appear only once on the spreadsheet.** For each employee, the spreadsheet should contain the following information:

- Full name
- Sufficient address details (for internal distribution where staff have a permanent work address, or home address if not – see below)
- Directorate, department or division (or whatever breakdown or breakdowns are required for the report – see **section 2.4**)
- Location (if the questionnaires are to be separated into batches for different post rooms – see **section 2.10**)
- Job title *
- Staff Group *

If the address provided is a work address, it needs to be sufficiently detailed to enable a questionnaire to be sent to each individual via the internal mail.

As in 2004, it is now permissible to send questionnaires to home addresses of staff who do not have a permanent work address. If this is to be done, home address information for these staff needs to be included in the list. For more information on sending to home addresses, please see **section 2.5.2**.

In 2005, we are not requesting that ethnic background information is included on the staff lists. However, the Advice Centre will be requesting a summary of the ethnic profile of trust employees at a later date during the survey process

The asterisked information above is not absolutely essential, but would be extremely valuable both in monitoring response rates. It could also be used by the survey contractor for analysis purposes, although it will not be included in the standard Advice Centre report. Information on job title may be used to help improve the occupational group question in subsequent years.

For further details of how staff lists should be formatted within Excel, see steps (a) to (c) of the instructions in **section 2.6.3**.

2.5.2 Use of home addresses – ethical considerations

If questionnaires are being sent to home addresses of any staff members, there are three steps that will need to be taken by trusts to comply with the ethical approval decision granted.

1. To ensure there is no invasion of privacy, trusts should communicate to their workforce that ethical approval has been granted to deliver questionnaires to the home addresses of some of their staff on the grounds that there is no permanent point of contact for these staff in the trust; and furthermore that a named person in the trust is available for any of their staff to contact should they object to this procedure. The named person will then ensure that any objecting staff member's home address is not included on the sampling data base, and internal distribution would then be used for such staff. A template for this communication is included on the Survey Documents page of the Advice Centre web site (www.nhsstaffsurveys.com).
2. The letter that accompanies the questionnaire will contain a clause to explain that staff who are unable to be contacted easily at their work base have been sent

the questionnaires at their home addresses. A version of this letter can be found in **Appendix 1**.

3. Any trust which is using an external survey contractor for sampling and/or questionnaire distribution, and that wishes to distribute questionnaires to home addresses should set up an **honorary contract** between the trust and one or two people who are already employed by the external contractor. Under the terms of this contract, one or two named employees of the contractor become unpaid employees of the trust (while continuing to be employees of the external contractor) during the period in which the survey is carried out. It is then permissible for the contracted employee to be given staff contact details for the sole purpose of sending out questionnaires and reminders to staff. The external contractor must be registered under the Data Protection Act and appropriate steps must be taken to protect employee confidentiality (in the case of the Approved Contractors, these procedures are already in place). A sample honorary contract, with recommended text, can be downloaded from the Survey Documents page on the Advice Centre web site (www.nhsstaffsurveys.com).

Please note that questionnaires should **not** be sent to home addresses of staff who have a work address to which they frequently report.

2.6. Selecting the Staff Sample

It is important that random sampling is used to select the Basic Sample. Random sampling provides a statistically valid way to gather data from a manageable portion of the population. It allows us to take results obtained in the sample and use them as our best estimate of what is true for the relevant population.

Once the staff list has been compiled in Excel, it will need to be passed to the survey contractor (if appropriate), or the person in your trust responsible for sampling, who will then take responsibility for drawing the staff sample.

All trusts must select a random sample of employees, in accordance with the following detailed instructions. This sample is referred to as the Basic Sample throughout these instructions. The size of this Basic Sample will depend on the size of the trust, as explained below.

Some trusts may want to conduct the staff survey with a larger sample than is required, or conduct a Census within the trust. This is perfectly acceptable. However, please note that in such cases, it is still necessary to randomly select (and later be able to identify) the Basic Sample, according to the instructions below. It is only the data provided by this Basic Sample which will be fed back to the Advice Centre, and will be used by the Advice Centre, the Healthcare Commission and the Department of Health.

2.6.1. Determining the size of the Basic Sample

The size of the Basic Sample is determined by the number of employees in the trust eligible to receive a questionnaire (i.e. the number of people on the staff list identified in **section 2.5.1**). This varies in order to guarantee a similar degree of accuracy in the results for all trusts. The Basic Sample sizes are:

Staff eligible to receive questionnaire	Basic Sample size
Up to 600	Census
601-1000	600
1001-1500	700
1501-2000	750
2001-3000	800
Over 3000	850

2.6.2 Relative merits of surveying the Basic Sample alone, a larger sample, or a census

The advantages of conducting the survey among the Basic Sample alone are that it keeps costs to a minimum, and also limits the burden upon staff time. The minimum sample sizes have been designed to ensure that the survey findings will give a statistically representative picture of the views of all staff in the trust.

If trusts are considering surveying a larger staff sample or conducting a census, the advantages would include the possibility of more detailed sub-group analysis (e.g. more accurate results by directorate or occupational group), and would give more staff the opportunity to give their opinions. However, the disadvantages are increased costs and increased burden on staff time.

n.b. If a trust surveys more than the Basic Sample, it is **very important** that the Basic Sample is still selected in the way described below, and that the full specified survey procedures are implemented. It should be remembered that only data from the Basic Sample will be transferred to the Advice Centre, and it is only this data which will be used by the Healthcare Commission to develop national measures.

2.6.3. Selecting a random sample of staff

The following steps give detailed instructions of how to draw a random sample using Excel. For further details about performing general tasks in Excel (such as deleting rows or columns) please see **Appendix 5**.

a) Row 1 to be used for column headings

The first row should be for column headings, such as "Name", "Address", "Site" etc.

b) One employee per row

Each subsequent row (beginning with row 2) should contain the details of one employee. Any blank rows, or rows containing other information (e.g. sub-headings) should be deleted. (See figure 1 for example.)

	A	B	C	D	E	F	G	H
	Forename	Surname	Job Title	Directorate	Ethnic group	Internal address		
1	Ann	Baker	Trainee Operating Dept Practr	Clinical and Life Support	A	Maternity Services		
2	Mary	Bartlett	RSCN	Woman & Child Services	A	Out-patients - Med. & Surg.		
3	Linda	Beaverstock	Clerk/Receptionist	Woman & Child Services	H	4X - Coronary Care Unit		
4	Carol	Beavis	Medical Records Clerk	Clinical and Life Support	A	Paediatrics G1S/G1M		
5	Angela	Bennett	Midwife	Woman & Child Services	B	Plaster Room		
6	Debra	Blaker	Operating Dept Practitioner	Clinical and Life Support	A	Theatre		
7	Michelle	Bodman	Maintenance Assistant	Facilities Service Unit	A	1Z - Medical		
8	Doreen	Bradley	Staff Nurse	Clinical and Life Support	A	Ward 9 - Surgical		
9	Colin	Brickwood	Hearing Therapist	Surgery	D	5Y - Surgical		
10	Harold	Briggs	Trainee Health Care Assistant	Medical Services	C	Thorpe Ward		
11	Elizabeth	Bull	Clinical Nurse Leader	Clinical and Life Support	A	Oral Surgery Clinic		
12	Colleen	Cantle	Buyer	Finance Directorate	B	Ward 3 - Elderly Medicine		
13	Barbara	Cardall	Medical Secretary	Woman & Child Services	N	Paediatrics G1S/G1M		
14	Eileen	Chambers	Student Medical Technical Offi	Clinical and Life Support	A	Accident and Emergency		
15	Joyce	Cockcroft	Locum Consultant	Medicine	A	Maternity Services		
16	Phillip	Cottle	MLS0 1	Clinical and Life Support	A	2Z - Stroke Unit		
17	Janet	Cousins	Clerical Officer	Surgery	A	Thorpe Ward		
18	Anthony	Coventry	Porter	Facilities Service Unit	A	Ward 2 - Elderly Medicine		
19	Elaine	Cox	Maintenance Chargehand	Facilities Service Unit	A	3Y - Medical		
20	Janet	Dalimore	Nurse Bank Manager	Medical Services	A	4Y - Surgical		
21	Edna	Dawson	Nursing Auxiliary	Surgery	A	Maternity Services		
22	Carol	Day	Consultant	Medicine	A	Ward 2 - Elderly Medicine		
23	Andrew	Day	Locum Consultant	Medicine	A	Ward 3 - Elderly Medicine		
24	Lynn	Doman	Staff Nurse	Clinical and Life Support	A	Ward 2 - Elderly Medicine		
25	Joanne	Flower	Midwife	Woman & Child Services	A	Out-patients - Med. & Surg.		
26								

Figure 1: An example of a data file ready for sampling

c) *Remove any irrelevant data*

Delete any columns containing data irrelevant to the sampling, which will not be of any use later in the process (e.g. pay scale). However, please keep any information about job title or staff group, as this will be very useful in analysing the survey findings, and will also enable organisations to detect any problems with the response rates of particular staff groups during the survey period. Also, information on directorate / department / division / location (as discussed in **section 2.4**) should be retained throughout.

d) *Insert a random number generator column*

Go to the first blank column. Give it the heading "Random" by inserting this in the first row. This column will be the random number generator, necessary to do the sampling.

e) *Generate first random number*

In the second cell of the "Random" column (i.e. the row containing the details of the first employee) enter the text "= rand()" (without the quotation marks). Press Enter, and this should generate a random number between 0 and 1 (see figure 2).

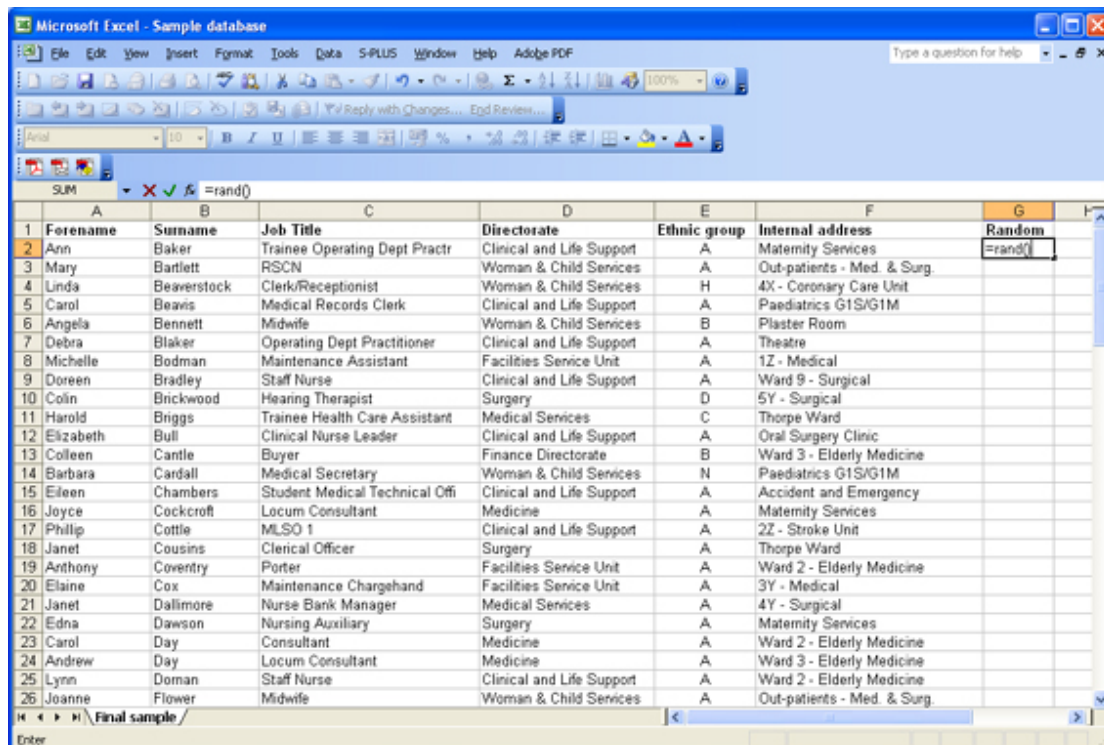


Figure 2: Generating random numbers

f) Repeat this random number generation for all cells in that column

The simplest way to do this is to click on the first random number cell, then click on the small black square at the bottom-right corner of the cell. Then drag this down to the last row containing employee details. When the mouse is released, a random number between 0 and 1 is generated for each cell.

g) Sort the data from lowest to highest random number

Return to the top of the list. Highlight all columns by clicking and dragging across the column headers (either letters – A, B, C etc. – or numbers – 1, 2, 3 etc.). Then click on “Data” > “Sort”. Ensure “Header row” is selected. Then use the first drop down menu under “Sort by” to choose the row entitled “Random” (see figure 3). Click OK.

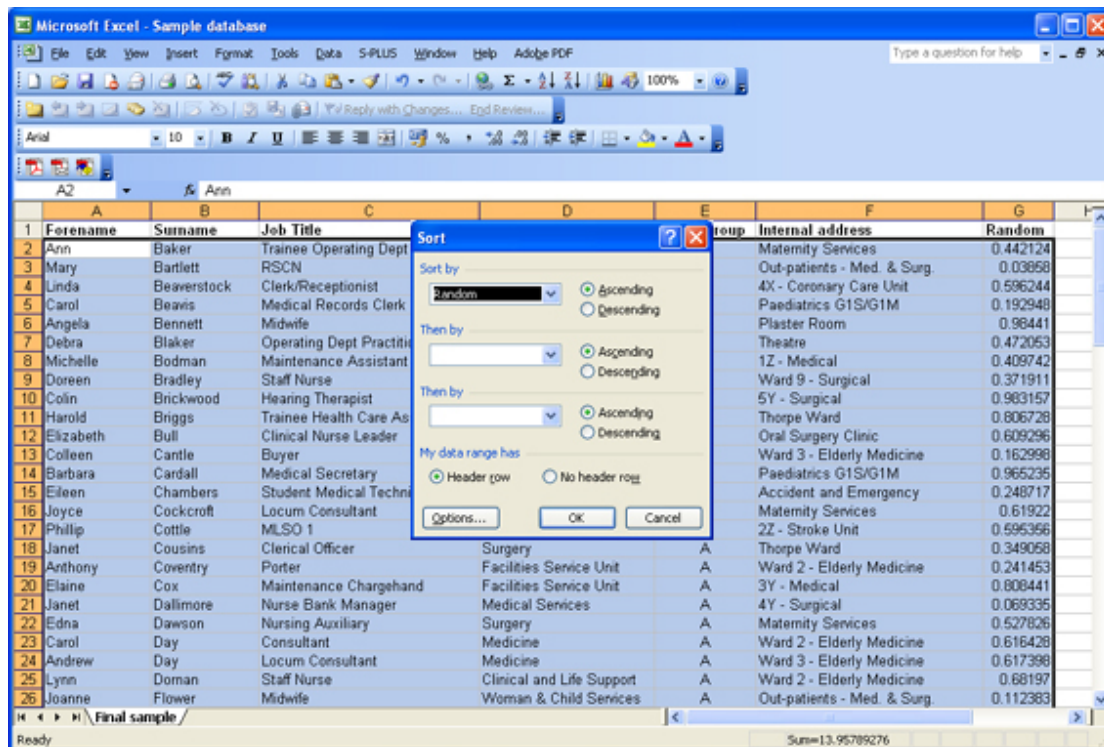


Figure 3: Sorting the data into a random order

h) Select the staff to participate in the survey

The data should now have sorted itself into a random order. The next stage is to select your staff sample. If there are to be x employees in the survey, select the first $x + 1$ rows (including the column heading row), by dragging over rows 1 to $x + 1$.

Please note here:

- if you are only planning to survey the Basic Sample, x will be the minimum sample size, as stipulated in **section 2.6.1**.
- if you are planning to conduct a survey with a larger sample of staff, then the x referred to above should be this larger number
- if a census is desired, you should select all rows

Copy and paste this information (as appropriate) into a new worksheet. Delete the "Random" column from this new worksheet.

i) Each selected employee to be allocated a unique identification number

In the new worksheet containing only the selected employees, you now need to add ID numbers to the data. Choose the first blank column in the new worksheet. Give it the title "ID Number". In the first cell of this column (beneath the column heading cell), enter the value "1". Make a note of the location of this cell: for instance, if it is column G, row, 2, the location is G2. If it is column 6, row 2, the location is R2C6.

j) Allocate consecutive ID numbers to each selected employee

In the cell below this, enter the text " $= G2 + 1$ " (without the quotation marks), substituting for G2 if appropriate (see figure 4). This should generate the value "2" when you press enter. Click back on this cell, and click on the small black square at the bottom-right corner of the cell. When released, a sequence of ID numbers from 1 to x should be generated.

	A	B	C	D	E	F	G
	Forename	Surname	Job Title	Directorate	Ethnic group	Internal address	ID number
1	Ann	Baker	Trainee Operating Dept Practr	Clinical and Life Support	A	Maternity Services	
2	Mary	Bartlett	RSCN	Woman & Child Services	A	Out-patients - Med. & Surg.	
3	Linda	Beaverstock	Clerk/Receptionist	Woman & Child Services	H	4X - Coronary Care Unit	
4	Carol	Beavis	Medical Records Clerk	Clinical and Life Support	A	Paediatrics G1S/G1M	
5	Angela	Bennett	Midwife	Woman & Child Services	B	Plaster Room	
6	Debra	Blaker	Operating Dept Practitioner	Clinical and Life Support	A	Theatre	
7	Michelle	Bodman	Maintenance Assistant	Facilities Service Unit	A	1Z - Medical	
8	Doreen	Bradley	Staff Nurse	Clinical and Life Support	A	Ward 9 - Surgical	
9	Colin	Brickwood	Hearing Therapist	Surgery	D	5Y - Surgical	
10	Harold	Briggs	Trainee Health Care Assistant	Medical Services	C	Thorpe Ward	
11	Elizabeth	Bull	Clinical Nurse Leader	Clinical and Life Support	A	Oral Surgery Clinic	
12	Colleen	Cantle	Buyer	Finance Directorate	B	Ward 3 - Elderly Medicine	
13	Barbara	Cardall	Medical Secretary	Woman & Child Services	N	Paediatrics G1S/G1M	
14	Eileen	Chambers	Student Medical Technical Offi	Clinical and Life Support	A	Accident and Emergency	
15	Joyce	Cockcroft	Locum Consultant	Medicine	A	Maternity Services	
16	Phillip	Cottle	MLSO 1	Clinical and Life Support	A	2Z - Stroke Unit	
17	Janet	Cousins	Clerical Officer	Surgery	A	Thorpe Ward	
18	Anthony	Coventry	Porter	Facilities Service Unit	A	Ward 2 - Elderly Medicine	
19	Elaine	Cox	Maintenance Chargehand	Facilities Service Unit	A	3Y - Medical	
20	Janet	Dalimore	Nurse Bank Manager	Medical Services	A	4Y - Surgical	
21	Edna	Dawson	Nursing Auxiliary	Surgery	A	Maternity Services	
22	Carol	Day	Consultant	Medicine	A	Ward 2 - Elderly Medicine	
23	Andrew	Day	Locum Consultant	Medicine	A	Ward 3 - Elderly Medicine	
24	Lynn	Doman	Staff Nurse	Clinical and Life Support	A	Ward 2 - Elderly Medicine	
25	Joanne	Flower	Midwife	Woman & Child Services	A	Out-patients - Med. & Surg.	
26							

Figure 4: Assigning ID numbers

k) Fix the ID number values, by replicating them in the next column

This stage is very important to ensure that each selected employee is permanently linked to a unique ID number.

Highlight (select) all the ID numbers, along with the column heading. Click on “Edit” > “Copy”. Then click on the first cell to the right of this column (in the first row), and click “Edit” > “Paste Special”. Click on “Values” and “OK”. This will replicate the ID numbers. Delete the original column of ID numbers; these are liable to change if the file is re-sorted.

l) Specify the Basic Sample

The Basic Sample should consist of employees beginning with ID number 1. For instance, if the Basic Sample size is 750, the Basic Sample should comprise ID numbers 1 to 750. As it will be necessary to feed back an anonymised version of the Basic Sample file to the Advice Centre, it is necessary (either at this stage or later) to separate these individuals into a new worksheet.

m) Quality checks on sampling procedure

Before questionnaires are distributed, it is necessary to double-check that the Basic Sample has been selected and identified correctly. Please conduct the following checks on the sample:

- each member of the Basic Sample has an allocated ID number
- no ID numbers are duplicated
- the Basic Sample does not include any bank staff, staff working for external contractors, non-payroll staff or non-executive directors
- the sample appears to be in a random order (i.e. it is not structured so that all occupational groups are together, or it is in alphabetical order)
- the proportion of staff in different staff groups or departments (where this information is available) appears appropriate for the trust – for example, if 50%

of a trust's employees are nurses, then approximately 50% of the sample should be nurses as well

n) Retention of staff list and Basic Sample

It is highly important, at this stage, to make sure the file has been saved. The Advice Centre will carry out some random checks on sampling procedures during October and November. Therefore, it is necessary to keep Excel files containing the original staff list, and the Basic Sample, in case they are requested by the Advice Centre, until the end of 2005. The list containing the Basic Sample, including directorate / department information, should be retained for logging of responses by the contractor (if the sampling has been conducted by the trust, this should be passed to the contractor at this stage).

o) Transfer of sampling information to the Advice Centre

The total number of staff eligible to receive the survey, and the size of the Basic Sample selected, should be e-mailed to the Advice Centre no later than October 14th. Merging PCTs should also communicate to the Advice Centre at this point whether they are conducting the survey jointly or separately (see **section 1.7**). If the sampling was conducted by the trust, the name and contact details of the person responsible for the sampling in the trust should be included, in case the Advice Centre have any sampling queries later on. If the sampling was conducted by the survey contractor, contractors should inform the Advice Centre of this.

2.7. Pre-survey communication with staff

It is important that trusts communicate with staff during September to inform them of the launch of the third national staff survey. Research evidence shows that good communication can improve survey response rates, and help to counter the negative feelings experienced when staff feel over-surveyed.

The communications exercise should explain to all staff in your organisation:-

- the purpose of the survey
- the ways in which survey findings can be used to improve staff's working lives
- in particular, the ways in which last year's survey findings were used within the trust
- how and when staff will be receiving a questionnaire
- how and when staff will get feedback on this year's results

It also provides an opportunity to alert staff to some of the issues in the survey. In particular, the survey includes questions on "Appraisals or individual performance development reviews" and "Personal development plans". It is possible that some trusts may use different terminology for these HR practices, and staff would not recognise the terms. If trusts suspect that this is the case, the pre-survey communication should alert staff to the equivalence between the terminology used in their trust and the terminology used in the survey.

As mentioned above, it will be important to mention results from the trust's previous staff surveys, and any action the trust has taken on the basis of the results. Staff are more motivated to take part in surveys if they can see a tangible outcome from the findings, or if their views are acknowledged through trust communication. Examples of how trusts have used the previous results to inform policies include: introducing a "holiday club" to help improve work-life balance, introducing monitoring of appraisals to ensure all staff are appraised, improving staffing levels in areas that are "high-risk"

in terms of violence from patients (such as A & E), introduction of a team-based working policy across the organisation, and adapting work-life balance policies so that they are all-inclusive.

The communication exercise also provides an opportunity to thank staff for taking part in the survey (and for taking part in last year's survey if that has not already been done).

The trusts that gained the best response rates in 2004 tended not to rely on a single method of communication with their staff, but to use multiple communication methods. Examples of these include posters, flyers, specialist "National Staff Survey Bulletins", newsletters and e-bulletins, articles in trust magazines, and staff briefings. The trusts with the lowest response rates tended to rely on one strategy only.

Some trusts – including the trust with the highest response rate in 2004 – included an action plan developed from the 2003 survey with the 2004 questionnaire, to show how results from previous surveys had been used.

Examples of ready-made materials that can be used to publicise the forthcoming staff survey within trusts and PCTs are available to download from the Advice Centre web site. These include briefing notes for managers, text that can be used in internal bulletins and team briefings, flyers that could be distributed with pay slips, and posters advertising the survey. These examples of materials may be amended to suit local trust needs.

Please note that it is a requirement under the Data Protection Act 1998 that trusts inform staff that they are administering a survey.

For more details on the types of communication strategy used in trusts with high response rates, a separate document, "**Methods for improving response rates**", is available on the Survey Documents page of the Advice Centre web site, www.nhsstaffsurveys.com.

2.7.1. The Post Room

Keeping the Post Room informed about the forthcoming survey is particularly important, as the staff there will play a crucial part in the internal distribution of questionnaires and reminders. During the 2003 and 2004 surveys, there were delays in some trusts due to questionnaires getting stuck in post rooms. This was often due to post room staff being unaware of the importance of the survey timetable, which sometimes resulted in reminder letters being received by staff at the same time as questionnaires. Please see **section 2.10** for further information about the survey distribution procedures.

Research after the 2004 survey showed that post rooms were often unaware of the survey, or could not remember it specifically. Trusts where the post room staff had been fully briefed by the survey lead in the trust, and were in ongoing contact with that lead, tended to achieve higher response rates.

The document "**Methods for improving response rates**" (available on the Advice Centre web site) includes a section on advice for communicating with post rooms.

2.8. Boosting response rates

The survey procedures detailed in these Guidance Notes have been designed as far as possible to maximise response rates: clear questionnaire layout, ensuring staff work addresses are up to date for internal questionnaire distribution; targeted reminders; mailing out 2nd copies of the questionnaire to non-respondents; timely publicity of the forthcoming survey; good internal staff communication; telephone helplines for staff; and use of approved contractors experienced in achieving high postal survey response rates.

There are a number of other ways in which trusts and survey contractors can help to maximise the survey response rates. Some of these have been discussed in **section 2.7**, and all are discussed in detail in the document '**Methods for improving response rates**', which can be found on the Advice Centre website on the [Survey Documents](#) page. This document is based on the 'best practice' of trusts that achieved the highest response rates in the NHS National Staff Survey 2004.

In summary, recommended measures include:

1. Giving the staff survey a high profile within the trust, both before, during and after the survey (through the use of posters, flyers, emails, staff briefings and so on) – see **section 2.7**
2. Explaining clearly to staff the purpose of the survey, how this year's survey results will be used, what changes were made as a result of the previous staff surveys in 2003 and 2004, and sending out a clear message that trust management supports the survey – see **section 2.7**
3. Ensuring a smooth internal distribution process for questionnaires and reminders (e.g. through close contact with the post room both before and during the survey period – see **section 2.7.1**)
4. Identifying "survey champions" within the trust, who can help with monitoring early response rates, and looking at ways during the survey period of encouraging response among low-responding staff groups and departments
5. Seeking to get local press coverage for the staff survey, to increase interest and awareness (the Healthcare Commission will be organising a press release about the National Survey in early October, so there should be some coverage in the national press)
6. Allowing staff to complete the questionnaire during working time.

The trusts with the best response rates in 2004 tended to use multiple methods to boost their response rates, including articles in staff newsletters, e-mails and e-bulletins, core briefing, and tracking of response rate by department / division (to see where boosting was particularly needed). In contrast, the trusts with the lowest response rates tended to rely on just one or two methods of boosting response rates. Details of particular strategies employed by trusts with high 2004 response rates can be found in the '**Methods for Improving Response Rates**' document.

A clear demonstration to staff that senior management support the survey can be very important. Several of the trusts with the best response rates in 2004 included messages from senior management in direct connection with the survey (either

included in the survey packs themselves, or communicated via posters, emails or memos).

Another factor that can help response rates is feeding back results, and developing action plans, from previous surveys. **All of the five trusts with the best response rates in 2004 had developed an action plan after the 2003 survey, and communicated this to staff before the 2004 survey had begun.** It is not enough simply to have developed an action plan however. The important thing is to make sure that staff are aware of this plan – in 2004, although some of the trusts with the lowest response rates had developed action plans, it was clear that the staff in these trusts were unaware of this.

The overall target is to achieve a 60% response rate to the National Staff Survey, and it is hoped that most trusts will achieve this in 2005. Last year an overall national response rate of 60% was achieved, and two thirds of trusts in England achieved rates of 60% or higher.

While there will be no penalties for trusts not achieving a 60% response rate, it is very important that efforts are made to achieve as high a response rate as possible. Without this, the survey results cannot be said to be representative of the trust as a whole, and it will be these results that will be used by both the Healthcare Commission and the Department of Health to feed into national performance measures in 2006.

The results of your survey may be affected by a number of external events at either the national or local level. For example, your trust may have recently undergone a merger or some other large organisational change. It is important to record any such events so that your results can be interpreted in the light of such influences, and when year-on-year comparisons are made, external circumstances may be taken into account.

2.9. Printing of questionnaires, covering letters and reminder letters

2.9.1. Questionnaires

The questionnaire compilation tool described in **section 2.3** should be used to create a PDF document containing the Core and any Bank questions for a particular trust. Any Local questions should be designed on separate pages, and added to the end of the pages of the PDF document before printing to form a single document.

The questionnaire has been designed in black, white and green, and should therefore be printed in colour, rather than black and white. Experience has shown that the overall look of a questionnaire, including the use of colour, helps to raise survey response rates.

The green colour used in the questionnaire is Pantone 5753C, or R:102 G:102 B:0. The light green used for the bands at the top of each question is a 50% tint of the same colour.

Questionnaires should be printed as A4 booklets (i.e. a 12-side questionnaire would be 3 folded A3 sheets, stapled in the centre).

All selected staff within a Trust should receive an identical questionnaire, in terms of content and format. The only difference between questionnaires distributed to different individuals should be in the ID number assigned during the sampling

procedure (see **section 2.6.3**). There is an “Office Use Only” box on the front page of the questionnaire for this number to be printed or labelled.

2.9.2. Covering and reminder letters

There are three different types of letter / card, designed for use in the survey:

- a covering letter, which should accompany the questionnaires and a reply-paid envelope (which should be printed with the return address) in the first mailing
- a first reminder letter / card, to be sent to non-respondents three weeks later
- a second reminder letter, which should accompany a second copy of the questionnaire and another reply-paid envelope sent to non-respondents a further three weeks later

The text for these three letters has been prepared by the Advice Centre, and is downloadable from the Advice Centre web site. The text is also given in Appendices 1 to 3.

The Advice Centre has obtained ethical approval for this text. If you make any substantial alterations to the text, you will need to seek the approval of your local Trust Management Board. However, the text allows the insertion of a return address and telephone number for which no additional approval is necessary. It also allows the inclusion or exclusion of a sentence about use of home addresses for questionnaire distribution, where appropriate. The text also includes a sentence giving a number for visually impaired staff to complete their questionnaire verbally over the telephone. All Approved Contractors have agreed to this; if non-approved contractors are able to provide this service then they should insert their own helpline number here, or otherwise insert the Advice Centre number.

In addition, this year it is possible to add a short paragraph to explain how the trust or SHA has used results from previous surveys. This has been shown to help boost response rates.

All letters should be printed on paper headed with the Healthcare Commission logo. On the basis of feedback after the 2004 survey, **it is recommended this year that trust logos are also added to letters** – this both assures staff that the trust is supporting the survey, and provides clarity for any staff working in multiple trusts about which trust they should be answering. For merging PCTs that are conducting the survey jointly, the new joint logo (if available), or both PCT logos, should be included. The Healthcare Commission logo and signature are being sent to trusts and Approved Contractors with the electronic copy of these guidance notes.

When calculating the number of questionnaires to be printed, you will need to allow for sending out second copies of the questionnaire with the 2nd reminder letters. Printing costs can be unnecessarily high if a second print-run is required, so it is worth ensuring that the first print-run is sufficiently large to allow for contingencies. As a rule of thumb, it is advisable to multiply the number of staff in the sample by 1.7 to obtain the number of questionnaires likely to be required. So, if the number of questionnaires you intend to send out is 850, then you might want to print 850×1.7 , or approximately 1,500 copies.

It should also be noted that for each questionnaire that is printed, a first class reply-paid envelope should be printed also. These envelopes should be printed with the address to which questionnaires are to be returned (i.e. that of the survey contractor).

2.9.3. Recycled paper requirements

It is a requirement that all paper used in the publication of the NHS staff surveys, including questionnaires and corresponding letters, must conform to government requirements for the use of 100% recycled paper with a minimum post-consumer waste content of 80%. It is further recommended that the paper used is uncoated and of standard A4 size.

2.10. Distribution and receipt of questionnaires, and prompting non-respondents

Survey documents should be distributed to employees with permanent work addresses using the internal post (or other internal distribution mechanisms). Where staff members do not have permanent work addresses, documents may be distributed to home addresses, subject to the procedures described in section 2.4.2 being in place.

Survey contractors may be used to prepare the survey packs, each labelled with a unique ID number, ready for internal distribution by the trust. It is recognised that many trusts are based on multiple locations, each with its own post room, and in these cases it is preferable that survey packs be arranged into separate batches for the separate locations. It is the responsibility of trusts to ensure that contractors have sufficient information (provided with the staff list) to enable them to do this (see **section 2.5**).

The three survey distribution stages are summarised below:

- w/c October 3rd¹ - staff survey packs containing a questionnaire, covering letter and reply-paid envelope, to be distributed to all selected staff (each questionnaire marked with a unique identification number, in order to monitor response and target reminders)
- w/c October 24th² - reminder letters, to be distributed to selected staff who have not yet returned a questionnaire
- w/c November 14th³ - a second reminder letter, accompanied by a second copy of the questionnaire and pre-paid return envelope, to be distributed to selected staff who have still not yet returned a questionnaire

Printing instructions for the various documents can be found in **section 2.9**.

As mentioned earlier, the Post Room(s) will play a crucial part in the internal distribution of questionnaires and reminders. It is important therefore to inform the Post Room(s) that their work load will increase over the survey period, and that they will be the heart of the questionnaire distribution centre. Our previous experience of distributing surveys has shown that it is useful to have the name of a key contact person in (each of) the Post Room(s), and to thank the Post Room staff for the extra work involved.

¹ or up to three weeks earlier

² or three weeks after initial mailing

³ or six weeks after initial mailing

In particular, the Post Room(s) should be warned in advance of the three distribution stages outlined above.

However, the distribution process should not be left to the Post Room staff alone. During the 2004 survey, the trusts with the best response rates had survey leads within the trusts who took ownership of the distribution process themselves, and kept in close contact with the Post Room staff, to ensure that distribution went smoothly and according to timetable. In some high response rate trusts, the survey leads also nominated individuals at each key site or department to take responsibility for 'receiving' the packs of questionnaires, and to re-sort questionnaire packs, if necessary, to take account of staff members who had moved to a different department.

Please note: We would advise both trusts and survey contractors to monitor this distribution closely during the survey period. In past surveys, mailing out of the various survey packages has been delayed because Post Room staff were unsure of the distribution timetable.

2.10.1. Taking receipt of completed questionnaires

Each questionnaire should be marked with a return address to which staff should send their completed questionnaires. As mentioned earlier, this should be the address of an external survey contractor, and preferably an Approved Contractor. The contractor should log the return of each questionnaire according to its unique ID number and the date when it was received.

At the end of the sampling process (**section 2.6**), an Excel file containing the names and ID numbers of the sample should have been saved, and passed to the contractor if the sampling was done by the trust. When a completed questionnaire for a particular ID number is returned, this should be noted on the Excel file by typing "C1", "C2" or "C3" in the cell immediately to the right of the ID number (**N.B. this is a new procedure this year**).

- "C1" should be used when the questionnaire was returned **before** the respondent received a reminder letter
- "C2" should be used when the questionnaire was returned **after** the respondent received the first reminder letter, but **before** the second reminder letter
- "C3" should be used when the questionnaire was returned **after** the respondent received the second reminder letter

(It is acknowledged that sometimes it may be unclear whether reminder letters had been received before the questionnaire was returned. As a rule of thumb, assume that questionnaires returned up to and including a day after reminder letters have been sent out, were returned **before** the recipient received the reminder.)

Please use the following codes to record the different types of staff response, against the appropriate ID numbers:

Response code	Type of response
C1	Completed questionnaire returned before the respondent received a reminder letter

C2	Completed questionnaire returned after the respondent received the first reminder letter, but before the second reminder letter
C3	Completed questionnaire returned after the respondent received the second reminder letter
B	Blank questionnaire returned
REF	Staff member explicitly opted out / refused to take part
INEL	Staff member ineligible for survey (e.g. no longer working at the trust, or not directly employed by the trust)
N	Questionnaire not returned (reason not known)

For staff members who contact the trust or contractor to explicitly opt out of the study, or turn out to be ineligible for the survey, no more reminder letters should be sent.

If a questionnaire is received in such a state that the ID number has been removed or made illegible, this questionnaire should not be included in data transferred to the Advice Centre. However, the occurrence should be noted, and the number of questionnaires returned without legible ID numbers should be reported to the Advice Centre with the response rates.

2.10.2. Monitoring response rates, and sending out reminders

This log of questionnaire returns against ID numbers will enable contractors to monitor response rates during the survey period.

For example, it may become apparent, using this log, that a particular department has a very low response rate compared with others. If this is the case, it will be worth exploring the reason for that low rate. It might be that distribution in that department has not taken place as planned, or it may be necessary to further publicise and promote the survey within that department. Contractors should ensure that they have systems set up to enable such monitoring.

The log of questionnaire returns against ID numbers should also be used to target reminders at non-responding staff.

First reminder

Three weeks after the questionnaires are distributed, a reminder letter or card needs to be sent to all staff who have not yet returned a questionnaire (i.e. those ID numbers for which no questionnaire has been logged). Please note that the first reminder should be in a sealed envelope.

Please do not send reminders to staff whose questionnaires have already been logged.

Second reminder

Three weeks after the first reminder letter (six weeks after the initial questionnaire mailing), a further survey pack should be distributed to staff who have still not responded.

This survey pack should contain a reminder letter, a 2nd copy of the questionnaire (marked with each staff member's unique ID number) and a 2nd reply-paid envelope.

Please do not send survey packs to staff whose questionnaires have already been logged.

2.10.3. Informing the Advice Centre of ongoing response rates (New for 2005)

Please keep the Advice Centre informed of progress with response rates during the survey period. If the Centre is made aware of problems with response rates at an early stage, Centre staff may be able to offer advice and help in raising the response.

It is the responsibility of survey contractors to inform the Advice Centre of response rates on a weekly basis (every Thursday), from the week commencing October 3rd onwards. Please also inform the Advice Centre of the dates that questionnaires and reminder letters were sent out, so that the effect of the reminders can be monitored.

2.10.4. Informing the Advice Centre of advice line queries (New for 2005)

Contractors should also keep the Advice Centre informed of queries received by their advice lines on a weekly basis. In addition to the update on response rates each Thursday (during the survey period), contractors should inform the Advice Centre of:

- the types of queries received by the advice line during the previous week (e.g. concerns about confidentiality, unsure how to answer questions) , and
- the number of each type of query received.

2.11. Data entry and data transfer to the Advice Centre

– instructions for the survey contractor

The deadline for transfer of data to the Advice Centre is Friday 16th December.

This section gives information for contractors about how sample data, and data from returned questionnaires, should be entered and transferred to the Advice Centre. It is the responsibility of the contractor to enter data from returned questionnaires into two given Microsoft Excel files (one for Core questions and one for Bank questions), and then to return this data to the Advice Centre at Aston University by 16th December.

For the first time this year, data from optional Bank questions (excluding the directorate / department question, if used) should be returned to the Advice Centre. National benchmarks for these questions will then be provided by the Advice Centre after the survey, to allow trusts to analyse their results in a more meaningful way. A separate Excel template is being made available to contractors to enter this data.

If it is clear that there will be a delay in transferring the data to the Advice Centre, please alert the Advice Centre at the earliest opportunity. However, in order to meet the analysis and reporting requirements for the Healthcare Commission and trusts, we are reliant upon the vast majority of trusts meeting the target deadlines.

The data to be returned by this date includes 3 files:

- The anonymised staff sample file (Excel), containing records of which staff have and have not returned questionnaires

- Two questionnaire data files (Excel), containing data from returned questionnaires (one file contains Core questions, the other Bank questions)

In addition, the final response rate should be reported to the Advice Centre along with this data. The response rate is defined as the proportion of questionnaires distributed which are returned completed with clear ID number. However, the number and proportion of:

- blank questionnaires returned
- questionnaires returned without legible ID number (if trust identification is not possible, a total number for all trusts should be reported)
- staff members who explicitly opted out / refused to take part
- staff members who were reported as ineligible for survey should also be reported.

Note that the final trust response rate may be recalculated by the Advice Centre, to ensure that all response rates are calculated in precisely the same way.

2.11.1. Staff Sample File

This is an Excel file compiled during the sampling and questionnaire receipt stages, as described in **sections 2.5 and 2.10**. The file should only include members of the Basic Sample, and should also include:

- ID number
- whether or not, and when, they returned a questionnaire (or were ineligible, or refused to take part) – recorded as described in section 2.10
- directorate / department etc. of staff (whichever breakdown or breakdowns are being used for the standard Advice Centre feedback report)
- job title if available. This information will be used for refining occupational group categories in future surveys

This file should be anonymised, i.e. staff names should be removed.

2.11.2. Questionnaire Data File

Data from returned questionnaires must be entered into a fixed, consistent electronic format. It is important that the data is entered *exactly* as indicated in these instructions; if there are discrepancies then it may lead to mistakes in the data analysis.

The data returned to the Advice Centre should **only** include members of the Basic Sample. It should also include only data from the Core and Bank questions, not Local questions.

Method of data entry

Two templates for data entry are downloadable at www.nhsstaffsurveys.com. These templates are Microsoft Excel worksheets, containing column headings for each question on the questionnaire – one for the Core questionnaire, and one for Bank questions. The data from each questionnaire should then be entered into a single row on these worksheets. All data from each contractor should be entered on a single pair of worksheets, except where there are over 10,000 responses, in which case data should be entered on as few worksheets as possible.

Data may be entered directly into these template worksheets, or may be copied from another worksheet. One template includes Core questions first, and the other Bank questions, so contractors may find it easier to enter the data into another worksheet

in questionnaire order, and then transfer the Core and Bank questions into their respective places in the templates.

Note that the Bank questions in the template appear in the same order in which they appear in the Compilation Tool. However, since trusts are extremely unlikely to use ALL Bank questions, there is likely to be some blank space between questions. **Question numbers on this template refer to the version of the Optional questions that is downloadable from the Advice Centre web site.**

Data should mostly be entered as numbers rather than words. The first column is for a Trust ID code, and should include the three-letter NHS code of the trust for which the respondent works.

The ID number of the questionnaire should be entered in the second column. On the Core questionnaire template, the third column is for the first directorate / department information (coded **numerically** – i.e. with one number for each category), and the fourth for the second breakdown (if used). The fifth column should be used for the respondents' job titles, where these were available from the original staff list (or left blank otherwise).

Codes to be entered for the different question options are printed in small type on the questionnaire, adjacent to the relevant tick-boxes. The only exceptions to this are:

- three questions where respondents have the option to write in an answer – a separate column is provided within the Excel file for this information to be entered (see also later section on data cleaning)
- the general comments box at the end, which should be entered into the final column as text, and in normal sentence case. These should be entered verbatim, except that names of individuals should be removed, and obscenities deleted (or asterisked out). If any other information is given that could lead to identification of the respondent, then **these comments should be withheld and not entered.**

There are some scenarios when questionnaires do not contain data in the expected format:

- Any questions left unanswered should be left **blank** in the Excel file.
- For most questions requiring a single tick only, if respondents have ticked more than one response at those questions, the data should be treated as missing (i.e. left blank)
- The one exception to this is the occupational group question (question 40 in the trust Core questionnaire¹). For this question, see the rules on data cleaning later in this section.

Data checking

It is important that the following data entry checks are carried out on the Basic Sample data in each trust:

- has the data been entered accurately? (this can be done by double-entering the data from a proportion of questionnaires, or directly comparing the hard-copies of the questionnaires to the entered data; if data is scanned, the latter check is also possible)

¹ Question 39 in the SHA version of the Core questionnaire

- has the data been entered in the right columns in the data entry worksheet? (it can be easy to enter the correct data, but in an incorrect column). This is particularly important for Bank questions
- for each question, have valid values been entered? (e.g. for a question with answer category values 1-5, check that there are no entered values outside this range)
- does the file for transfer to the Advice Centre contain all completed questionnaires from the Basic Sample? (checks should ensure that no data from a Basic Sample staff member have been excluded from the file; and also that all data from non-Basic Sample staff members have been excluded)

The Advice Centre will be conducting some random quality checks on data entry during January 2006. This means that some randomly selected specific questionnaires (identified by ID number) may be requested from contractors, and these will be checked against the data provided. Therefore, it will be necessary to retain all hard copies of questionnaires until at least the end of February 2006.

Data cleaning

The following instructions are for Approved Contractors, and for other contractors scanning (rather than keying) their questionnaire data.

There are a number of filtered questions in the core questionnaire, and the following rules should be applied, when scanning or cleaning the data.

Sometimes, a member of staff may have given inconsistent responses to a set of filtered questions (e.g. the appraisal question, which is Q9 in the Core questionnaire). For example, they may have said "No" to an initial filter question, but rather than following the instruction to skip onto a later question, they have answered the follow-up questions.

Taking the appraisal question as an example, the following rules should be applied:

- If 9a is left blank, but there are answers given at 9b, 9a should be imputed as yes
- If 9a is given as "no", but there are answers given at 9b, both questions should be set to missing (i.e. left blank)

These rules should be applied to all questions with filter instructions – shown in green italics on the questionnaire.

For the write-in questions, if it is clear from the written response that a different category should have been ticked (e.g. at question 36 in the trust Core questionnaire¹), if someone writes in "Chinese", which is a category in its own right), then the response should be changed appropriately.

As mentioned earlier, for most questions requiring a single tick only, if respondents have ticked more than one response at those questions, the data should be treated as missing (i.e. left blank). However, for the occupational group question (question 40 on the Core questionnaire²), priority coding should be applied to multiple responses:

¹ Question 35 in the SHA version of the Core questionnaire

² Question 39 in the SHA version of the Core questionnaire

- Within the Registered Nurses and Midwives section, prioritise **Midwife, Health Visitor or District/Community** over **Adult/General, Mental Health, Learning Disabilities or Children**
- For other types of multiple responses in the Nurses (Registered) section, re-code as “Other registered nurses”
- If two occupational groups are ticked, including **General Management**, prioritise the other occupational group

2.11.3. When the data has been entered

If a contractor is returning data from only one trust, please save the staff list Excel file as the three-letter NHS code of the organisation from which the data came appended by “sample”, so that it can easily be identified by the Advice Centre. For example, for a trust with NHS code AAA this would be “AAA sample.xls”. Contractors that are returning data from multiple trusts in the same worksheet should save the file with the name of the contractor. If multiple sheets are used, these should be given separate numbers, e.g. “Organisation1.xls”, “Organisation2.xls” etc.

All files should also be password protected, with the password being assigned by the trust or contractor and sent to the Advice Centre in a **separate e-mail**.

2.11.4. Transferring the data

Please send the data on a floppy disk, or CD, to:

NHS National Staff Survey Advice Centre,
AMIRS,
Main Building 252,
Aston Business School,
Aston University,
Aston Triangle,
Birmingham B4 7ET

Please also e-mail the data to the Advice Centre at m.r.carter@aston.ac.uk, together with the following information:

- the overall response rate for the Basic Sample at each trust
- total number of valid responses received at each trust (i.e. those from the Basic Sample with data entered)
- the number of blank questionnaires returned for each trust
- the number of ineligible staff contacted for each trust
- the number of questionnaires returned with ID number removed (overall – obviously not possible for each trust)
- the overall number of questionnaires checked and errors found, contained within the text of the e-mail

Contractors who are conducting surveys for many trusts may return the data in bulk, as long as:

- the total size of any e-mail is no more than 5MB
- both documents for any trust, and the response rate & data checking information for that trust, are contained within a single e-mail (although passwords should be given in a separate e-mail).

2.12. Reports of the survey findings

The Advice Centre will provide a report on the survey results for each trust. These will include frequencies of staff responses to all Core questions, summary scores for all scales, some breakdown of scores within trusts, and guidelines for interpretation of scores. All scores will be benchmarked against data for all trusts nationally and for similar types of trust. The reports will be similar to last years', except that some key scores will be altered to reflect the recent changes in the questionnaire. Examples of trust feedback reports from the two previous survey years can be found online at <http://www.healthcarecommission.org.uk/staffsurveys/>.

These benchmarked reports will be sent to trusts, and published on the Healthcare Commission web site, during February / March 2006. A short report on the national data will be published in March 2006; further analysis on the national survey data will be published in the summer of 2006.

In addition, the Advice Centre will provide benchmarks for the Bank questions in March 2006, so that trusts which used these can compare how they did with other trusts nationally.

Some trusts may want to commission additional analysis of their own data, or early analysis of the trust level data, before the Advice Centre reports are published¹. This must be negotiated separately with their survey contractors or data analysts.

As soon as the trust report of the 2005 staff survey is available, staff should be informed about they can access the results. This will show staff that their contribution is valued, and will help response rates in future surveys (see **section 2.8** for further information).

To assist trusts in interpreting and using their results, the Healthcare Commission will be running a series of regional workshops in March 2006. Guidance will be given on how to interpret the survey results, how to use the results to inform the development of local action plans, and how to communicate the survey findings and action plans to trust staff.

2.13. Ethical considerations

Aston University were awarded ethical approval for the development of the National Staff Survey by the MREC North West Board.

Trusts are required through the 1998 Data Protection Act to inform their staff that they are being surveyed. Trusts are at liberty to choose the most appropriate forms of communication for their trust to enact this request.

Trusts are not required to submit any local questions through their local LREC board. However, they are required to submit local questions for approval through their Trust Management Board. The Core and Bank questions provided by the Advice Centre, however, require no further approval.

¹ (Please note: In order to make fair comparisons between trusts in the Advice Centre reports, the data from individuals within each trust will be weighted so that the occupational group profile of that trust reflects that of a typical trust of its type. Therefore it is possible that results given in the Advice Centre reports will differ slightly from those given in reports from contractors, even if only the Basic Sample was analysed in those cases).

The Advice Centre is aware of the ethical implications of handling and storing sensitive data. Space has been allocated to ensure that data will be stored in locked accommodation. The data will be analysed on secure IT equipment that has strict password entry. The Advice Centre is ultimately responsible to Aston University for the handling of sensitive data.

Appendix 1

Covering letter to be sent to employees w/c October 3rd (or earlier)

[Sections in blue are to be altered according to each trust's/contractor's needs]

Dear Colleague,

NHS National Staff Survey

We are writing to ask for your help with the 2005 National NHS Staff Survey, which is being conducted by researchers from [contractor], Aston University and the Healthcare Commission. [Your name was selected at random from a list of all staff working for your trust.] [Please note that some staff who do not frequently report to a permanent work address may have been sent a questionnaire at their home address.]

The survey asks for your views about work and the [trust] for which you work. The aim of the survey is to help the NHS to provide better care for patients and improve the working lives of staff. Your [trust] will be able to use the survey to inform improvements in working conditions and practices at a local level. The Healthcare Commission will use the survey findings in their reviews of the NHS, and in their annual Health Check, as part of the assessment of your trust's compliance with Department of Health core standards. The survey results will also enable the Department of Health to assess the effectiveness of national NHS staff policies (such as training and flexible working policies) and to inform future developments in this area.

Results from the two previous national surveys, in 2003 and 2004, can be accessed online at www.healthcarecommission.org.uk/staffsurveys/. A similar survey is being conducted in all trusts in England this year, which will enable us to observe any changes in staff views and experiences over the past year. This is an important way of ensuring that NHS staff views regularly feed into local and national policies. Therefore we would urge you to complete this questionnaire, even if you took part last year.

[A SHORT PARAGRAPH MAY BE ADDED HERE TO SHOW HOW RESULTS FROM PREVIOUS SURVEYS HAVE BEEN USED IN THIS TRUST.]

Your participation in the survey is entirely voluntary. However, by completing the questionnaire, you will provide valuable information which will be used to improve NHS working practices and patient care. The results of this survey will only be truly representative if all selected staff complete and return the questionnaire.

Your answers will be treated in the strictest confidence. No one from your trust will see your completed questionnaire or be able to identify an individual's responses. The completed questionnaires will go straight to [contractor], an independent survey organisation. Your personal data are held in accordance with the Data Protection Act 1988, and the principles of the NHS Confidentiality Code of Practice. Your work contact details have been passed to [contractor] only so that they can send you this questionnaire and process your response. [Contractor] will process your answers in confidence and keep them separate from your contact details. All name and address information relating to this survey will be destroyed within a maximum of three months of completion of the survey.

The [contractor], Aston University and the Healthcare Commission will produce anonymous statistics from the responses for each NHS Trust taking part in the

survey. The results will be presented in summary reports, in which no individual's answers can be identified.

We very much hope you agree to take part, and would be grateful if you could return your completed questionnaire, to [\[insert return address\]](#). Blind or visually impaired staff may complete the questionnaire over the telephone, by calling the [\[Advice Centre / Contractor name\]](#) helpline on [\[0121 359 2491\]](#) / [\[contractor helpline number\]](#).

If you have any questions or comments about this survey, you can find out more by logging onto the Staff Survey Advice Centre web site (www.nhsstaffsurveys.com), or by calling [\[the Survey Helpline on 0121 359 2491 \(available 10-4 on weekdays\)\]](#) [\[if contractor or trust helpline is available, insert detail here\]](#).

Many thanks for your help with this important survey.

Yours sincerely,
Lorraine Foley
Head of Information and Analysis
Healthcare Commission

[\[TRUST CHIEF EXECUTIVE'S SIGNATURE MAY ALSO BE ADDED\]](#)

Appendix 2

Reminder letter to be sent 3 weeks after original questionnaire

Dear Colleague,

NHS National Staff Survey

About three weeks ago we sent you a questionnaire seeking your opinions about working in the NHS. [Your name was randomly selected from a list of all staff working for your NHS trust.]

If you have already completed and returned the questionnaire, please accept our sincere thanks, and we apologise for this reminder. If you have not received a copy of the questionnaire, or have any other queries, please contact [Contractor name] on [Contractor number].

If you have not yet completed the questionnaire, please do so today and return it to [insert address here]. It is only by hearing the views of as many staff as possible, that we can assess the success or otherwise of NHS working practices and policies.

Many thanks for your participation.

Yours sincerely,

Lorraine Foley
Head of Information and Analysis
Healthcare Commission

[TRUST CHIEF EXECUTIVE'S SIGNATURE MAY ALSO BE ADDED]

Appendix 3

Reminder letter to be sent three weeks after first reminder

Dear Colleague,

NHS National Staff Survey

About six weeks ago, we sent you a questionnaire asking about your experiences of working in the NHS. Many staff have already completed and returned this questionnaire, and if you have done so, please accept our sincere thanks.

The results of this national survey – the third time such a national survey has taken place – will be extremely valuable to the Healthcare Commission, the Department of Health and your local trust, for improving patient care and the working lives of staff. This annual survey is an important way of ensuring that NHS staff views regularly feed into national and local NHS policies.

If you have not yet returned your questionnaire, we are writing again because of the importance that your questionnaire has for helping to get accurate results. Although we sent questionnaires to a wide range of staff in the trust, it is only by hearing from everyone in the sample that we can be sure that results are truly representative. We have enclosed another questionnaire in case you have misplaced the original one.

We would like to reassure you that information released to the trust will be in a form that protects individuals' anonymity, and any report of the trust survey will be written in summary form, in which no individual's answers can be identified. As the questionnaires are sent directly to [\[contractor\]](#) - an independent survey organisation, no-one from your trust will see your completed questionnaire, or be able to identify an individual's responses.

If you have any queries relating to the survey, please call the [\[contractor name / Advice Centre\]](#) helpline on [\[contractor number / 0121 359 2419\]](#). Blind or visually impaired staff may complete the questionnaire over the telephone, by calling the same number.

Many thanks in anticipation of your help.

Yours sincerely,

Lorraine Foley
Head of Information and Analysis
Healthcare Commission

[\[TRUST CHIEF EXECUTIVE'S SIGNATURE MAY ALSO BE ADDED\]](#)

Appendix 4

Summary of files/information to be transferred to the Advice Centre

Document/Information	How returned	By when	By whom	Where in guidance notes
Name/contact details of two people responsible for the survey in the trust	E-mail	As soon as possible	Trust	Section 2.1
Number of staff in trust eligible to receive questionnaire; size of Basic Sample	E-mail	By October 14 th	Trust or contractor	Section 2.5
Name and contact details of person responsible for sampling	E-mail	By October 14 th	Trust or contractor	Section 2.5
Decision on whether survey is conducted jointly or separately (merging PCTs only)	E-mail	By October 14 th	Trust or contractor	Section 1.6
Response rates during the survey period, dates of questionnaire and reminder mailings, and summary of queries to advice line	E-mail	Weekly after questionnaires are sent out	Contractor	Section 2.9
Details of directorate etc. breakdown	E-mail	By December 9 th	Contractor	Section 2.4
Data documents (Staff sample file, Questionnaire data file)	By post, and as attachment to e-mail	By December 16 th	Contractor	Section 2.10
Other information – final response rate & number of completed questionnaires received, number of blank questionnaires returned, number of questionnaires returned with ID number removed, number of ineligible staff contacted, number of questionnaires checked, number of errors found, password for data files	E-mail	By December 16 th	Contractor	Section 2.10
Questionnaires for data checking	By post (recorded delivery)	On request from Advice Centre	Contractor	Section 2.10
Staff list and sample	Attachment to e-mail	On request from Advice Centre	Trust or contractor	Section 2.5

Appendix 5

Detail of how to perform some procedures in Excel

- (a) *Inserting a blank first row*
Click on the top, left hand cell (usually 'A1' or 'R1C1') and then "Insert" > "Rows". This should insert a blank row, which can be used for headings.
- (b) *Deleting rows*
To delete a row, highlight it by clicking on the row number at the extreme left-hand end of the row, and click on "Edit" > "Delete".
- (c) *Deleting columns*
Deleting a column is done in the same way as deleting rows (see b).
- (d) *Selecting multiple rows*
Place the mouse pointer over the row number of the first row you wish to select (on the far left hand side of the worksheet). Click and drag down to the row number of the last row you wish to select. When the mouse is released, these rows should then be highlighted.
- (e) *Copying and pasting multiple rows into a new worksheet*
When rows are selected, click on "Edit" > "Copy". Open a new worksheet by clicking "File" > "New". Paste in the rows by clicking "Edit" > "Paste".

Changing the cell reference style from 'R1C1' to 'A1'

Some operations are easier to carry out with the 'A1' style of cell reference, rather than the 'R1C1'. To change this, click on "Tools" > "Options", then the "General" tab, and uncheck "R1C1 reference style".

Password protecting files

To make sure that a file can only be accessed by someone who knows a password, click on "File" > "Save As". Then click on "Tools" > "General Options". Enter a password which will protect the file before saving it.

Appendix 6

Development of the survey

2005 NHS National Staff Survey

In Spring 2005, the Healthcare Commission, together with NHS Employers, conducted a consultation exercise, to seek feedback on the content of the 2005 NHS national staff survey. One of the key aims was to maintain stability in the survey from year to year in order to ensure that there is good national and local trend data. However we were also aware that there were topics of interest to trusts and other stakeholders that were not covered by the 2004 survey. Trusts were asked for their thoughts about the questions that should stay in the survey, which should be removed, and which should be added. The overall aim was to ensure that the NHS National Staff Survey continues to meet local as well as national data needs.

As a result of this consultation, and feedback from within the Healthcare Commission, Department of Health and other national NHS bodies, the questionnaire was reviewed and revised by Maritz research, who developed and tested a set of new questions for the 2005 survey.

Following this consultation and testing procedure, four entirely new questions have been added to the questionnaire, and several others changed. For details of these changes, see **Appendix 10**. A document "**Questionnaire Changes in 2005**" which explains the reasons for these is available on the Advice Centre web site.

Appendix 7

Contact Details of Approved Contractors

Maritz

Contact: Emma Frodin / Wendy Goodier / Carly White
Telephone: 01628 895305
e-mail: efrodin@maritz.co.uk; wgoodier@maritz.co.uk
Maximum survey capacity: 50 trusts

MORI

Contact: Helen Rice / Claire Gevaux
Telephone: 020 7347 3000
e-mail: helen.rice@mori.com; claire.gevaux@mori.com
Maximum survey capacity: 200+ trusts

NHS Partners' Research and Information

Contact: Cheryl Kershaw / Aimi Blueman
Telephone: 01423 720212
e-mail: cheryl.kershaw@nhspartners.org.uk; aimi.blueman@nhspartners.org.uk
Maximum survey capacity: 300 trusts

Picker Institute Europe

Contact: Nick Richards / Sheena MacCormick
Telephone: 01865 208100
e-mail: nick.richards@pickereurope.ac.uk; Sheena.MacCormick@pickereurope.ac.uk
Maximum survey capacity: 200+ trusts

Quality Health

Contact: Reg Race / Mandy Moore / Kerry Hibberd
Telephone: 01246 856263
e-mail: reg.race@quality-health.co.uk; mandy.moore@quality-health.co.uk;
kerry.hibberd@quality-health.co.uk;
Maximum survey capacity: 200+ trusts

RBA Research

Contact: Joanna Bottomley / Natalie Metcalf / Tina Dodds
Telephone: 0113 285 6300
e-mail: joanna.bottomley@rba-research.co.uk
Maximum survey capacity: 200 Trusts

Taylor Nelson Sofres

Contact: Pooja Sachdev
Telephone: 020 8967 4259
email: pooja.sachdev@tns-global.com
Maximum survey capacity: 50 trusts

More detailed information about the Approved Contractors, including their quotations for providing the survey services can be found in the Service Level Agreement which is available on the Advice Centre web site (www.nhsstaffsurveys.com).

Appendix 8

Questions for use in the Health and Safety Executive Stress Audit

The Core questionnaire includes questions to fulfil the Health and Safety Executive's (HSE) stress audit. Details of the questions which map onto the HSE standards can be found in the following table. The HSE has agreed that trusts will **not** need to carry out a separate survey to cover this.

HSE Stressor	Question number (core questionnaire)	Question text
Control	19f	I can decide on my own how to go about doing my work
Role	16a	I have clear, planned goals and objectives for my job
Relationships	30c, d	In the past 12 months have you experienced harassment, bullying or abuse from any of the following? (c) manager/team leader (d) colleagues
Relationships	19e	Relationships at work are strained
Demands	16d	I cannot meet all the conflicting demands on my time at work
Demands	16e	I am asked to do work without adequate resources to complete it
Demands	16f	I am required to do unimportant tasks which prevent me from completing more important ones
Demands	19c	I do not have time to carry out all my work
Change	19b	I am consulted about the changes that affect my work area / team / department
Support	18d	I am satisfied with the support I get from my work colleagues
Support	18b	I am satisfied with the support I get from my immediate manager

Appendix 9

Questions that can be used in trusts' assessments of Improving Working Lives

Most of the questions in the NHS Staff Survey 2005 are directly relevant to Improving Working Lives. The following table takes each of the seven areas of good practice, as listed in the IWL Standard (2000) and referred to in the IWL Practice Plus National Audit Instrument, and lists the precise core survey questions that are relevant to each area. Some questions and scores are relevant to more than one area of good practice. There are a number of additional questions available in the optional Bank, which are also relevant to Improving Working Lives. All the optional questions can be downloaded from the Advice Centre web site (www.nhsstaffsurveys.com).

IWL area	NHS Staff Survey 2005 core questionnaire question numbers (trust version)
HR Strategy & Management	Q9a-d (appraisals) Q10a-c (personal development plans) Q15a-e (team working) Q17a-e (intention to leave the job) Q21a-e (management and supervision)
Equality & Diversity	Q12a-f (training in equal opportunities, or awareness of race/gender etc) Q18a-g (satisfaction with various elements of job) Q21a-e (management & supervision) Q23a-b (equal opportunities) Q6, 35, 36, 39 ¹ (demographic profile of staff)
Staff involvement & communication	Q16a, Q19a (clear job content) Q16b, Q18a, Q19d (feedback) Q16c, Q19b (staff involvement) Q21a-e (management & supervision) Q22a-f (views about the way the organisation is run)
Flexible working	Q3a-c (employer's attitude towards work life balance) Q4a-g (flexible working options) Q5 (flexible retirement)

¹ Q 6, 34, 35, 38 in the SHA version of the Core questionnaire

Healthy Workplace	<p>Q1b-c (working additional hours) Q2 (reasons for working additional hours) Q13a, b, d (health & safety training) Q24a-b (whistle blowing) Q25a-c, 26 (witnessing and reporting errors & near misses) Q27a-g (incident reporting) Q28a-e (work-related injuries or sickness) Q29a-e (physical violence) Q30a-e (harassment, bullying & abuse) Q31 (reporting violence or harassment) Q32a-d (views about employer's effective action towards violence & harassment) Q33a-c (availability of hot water, soap, towels & alcohol rubs) Q34a-c (promotion of hand washing)</p>
Training & Development	<p>Q11a-g (Training) Q12a-f (Equal opportunities & awareness training) Q13 (Training in specific areas) Q14 (Barriers to training) Q23a (Equal access to career progression & development)</p>
Flexible Retirement, Childcare & Support for Carers	<p>Q5 (opportunities for flexible retirement) Q7a-e (care options offered by employer)</p>

Appendix 10

Changes to questions in the Core Questionnaire

A number of changes have been made to the questionnaire since the 2004 survey. These changes were based on extensive consultation with trusts, strategic health authorities, the Healthcare Commission, the Department of Health, and other stakeholders. An explanation of the reasons behind these changes is given in the document “**Questionnaire Changes in 2005**”, available on the Advice Centre web site, and is being circulated to all trusts, SHAs and contractors.

2005 question numbers refer to the 2005 trust Core questionnaire.

New questions added

Question number	Content of question
13	Training in specific areas
14	Difficulties in access to training
33	Infection control and hygiene
34	Infection control and hygiene

Questions dropped (all are still available as Bank questions)

Question number (2004)	Content of question
10	Training for people conducting appraisals
13	Number of days on taught courses
14b	Number of teams worked in
15b, 15c	Access to occupational health and counselling services
19e	Increased responsibilities over previous year
22e, 22h	Job design items
23b	Supervisor support item
24	Senior management leadership
25a, 25f	Organisational climate items
38	Bank shift working

Questions altered

Question number (2005)	Alterations made
1a	Answer options are reduced to a simple full time vs. part time categorisation
1b, 1c	Upper two categories: “21-25 hours” and “more than 25 hours” combined into one category: “more than 20 hours”
4	Focus of question changed from awareness of flexible working options to use of flexible working options Definition added to flexi-time Flexible retirement moved to question 5 Working during school term-time only added
5	Question combined with number 4

6	Question moved from background details Text amended to more clearly identify carers Includes dependants living elsewhere "Other dependant(s)" category added
7	Now asked only of those with dependants
11	"Secondment" deleted as an option "Keeping up to date with developments in your type of work" added as an option
15	Part b deleted
17	Additional category "Would like more pay" added
22f	Question now refers to "standard of care", for clarification
23b	Expanded to ask about discrimination on the basis of six separate issues
25a, 25b	Response options simplified to yes/no
27	Some questions about feedback added. Response changed to a 5-point scale (strongly disagree to strongly agree)
40	Several occupational group categories expanded

In addition, some terminology has changed consistently through the questionnaire. All references to "organisation" or "employer" have been replaced by "trust" or "SHA" as appropriate, and all references to "manager" or "supervisor" have been replaced by "immediate manager". "Performance review" has become "performance development review". "Training" is referred to throughout as "training, learning and (or) development". "Errors and near misses" is consistently expanded to "errors, near misses or incidents".