NHS National Staff Survey 2005

MAKING SENSE OF YOUR STAFF SURVEY DATA

Contents

1. The 28 key scores

The feedback reports for each trust and strategic health authority focus on 28 key areas covered by the core questionnaire (available for download from http://www.nhsstaffsurveys.com/)

These are mostly summary scores for groups of individual questions which, when taken together, give more information about the area of interest. The variables included are described below. Where the calculation of the score in 2005 has changed from previous years, this is also described.

Two types of key scores are included in the report: percentage scores, and scale summary scores. Both types were weighted to form overall trust scores (see section 3 for more information on the weighting process).

1.1 Percentage scores

These scores were calculated as the percentage of respondents who gave a specific answer to a question, or a defined set of responses to a series of questions). For example, the "percentage of staff appraised within the previous 12 months" score represents the percentage of people who responded to the question, "have you had an appraisal or individual performance review in the last 12 months?" by ticking "yes".

The composition of each percentage score is described in detail here:

Percentage of staff working extra hours
This is the percentage of staff that, in an average week, said they work longer than the hours for which they are contracted. This was calculated from those ticking at least "1-5 extra hours" to one of questions 1b and 1c in the core questionnaire.

Percentage of staff working extra hours due to pressure and demands of job
This is the percentage of staff who said that, in an average week, they work longer than the hours for which they are contracted, and give at least one of the following reasons for it: because it is necessary to meet deadlines; because it is expected by their line manager; because it is expected by colleagues; because it is impossible to do the job without doing so; or because they don't want to let down the people they work with. This was calculated from questions 1b, 1c and Q2a, d, e, g and i in the core questionnaire.

Percentage of staff using flexible working options
This is the percentage of staff who said they used at least one of the following flexible working options: flexi time; working reduced hours; working from home in normal working hours; working to annual hours; working during school term-time only; teams making their own decisions about rotas; or job sharing. This was calculated from questions 4a-g in the core questionnaire.

Percentage of staff appraised within previous 12 months
This is the percentage of staff who answered "yes" to the question, "have you had an appraisal or individual performance review in the last 12 months?". This was calculated from question 9a in the core questionnaire.

Percentage of staff having well structured appraisals within the previous 12 months
This is the percentage of staff that have had an appraisal or performance review in the previous 12 months and also answered "yes" to three questions. These questions were: "was your appraisal or performance review useful in helping you improve how you do your job?"; "did you and your manager agree clear objectives for your work during the appraisal or performance review?"; and "did the appraisal or performance review leave you feeling your work is valued by your employer?". This was calculated from questions 9a to 9d in the core questionnaire.

Percentage of staff appraised with personal development plans within previous 12 months

This is the percentage of staff who answered "yes" to the question, "in the past 12 months, did you agree a personal development plan with your line manager?". This was calculated from question 10a in the core questionnaire.

This question had changed slightly since the 2004 survey, which did not link personal development plans with appraisals but asked about them separately. For the comparison with 2003 and 2004 scores in the 2005 feedback reports, the 2003 and 2004 scores have been re-calculated to include only those respondents who had been appraised <u>and</u> had agreed a personal development plan.

Percentage of staff receiving any training, learning or development in previous 12 months

This is the percentage of staff that in the past 12 months received any form of training, learning or development from their employer. This was calculated from questions 11, 12 and 13 in the core questionnaire.

Percentage of staff saying they work in teams

This is the percentage of people who answered, "yes" to the question, "do you work in a team?". This was calculated from question 15a in the core questionnaire.

Percentage of staff working in a well structured team environment

This is the percentage of people who answered "yes" to all the following questions: "do you work in a team?"; "does your team have clear objectives?"; "do you have to work closely with other team members to achieve the team's objectives?"; and "does the team meet regularly to discuss its effectiveness and how it could be improved?". This score is based on those with 15 or fewer people in their team, and was calculated from questions 15a to 15e in the core questionnaire.

This is potentially a far more useful measure than the percentage of staff who say they work in a team, because the vast majority of NHS staff say they work in a team. However, many of these are loosely structured work groups, which do not display all of the characteristics of a team, and do not therefore benefit from the advantages of true team work.

Percentage of staff having had health and safety training in previous 12 months

This is the percentage of staff who answered "yes" to the question, "have you received health and safety training from your employer in the last 12 months?", and was calculated from question 13a in the core questionnaire.

Percentage of staff suffering work related injury in previous 12 months

This is the percentage of staff who, in the previous year, had been injured or felt unwell as a result of one of the following problems: moving and handling; needlestick and sharps injuries; slips, trips or falls; or exposure to dangerous substances. This was calculated from questions 28a to 28d in the core questionnaire.

Percentage of staff suffering work related stress in previous 12 months

This is the percentage of staff who said that, in the previous year, they had suffered injury or illness as a result of work related stress, and was calculated from question 28e in the core questionnaire.

Percentage of staff witnessing potentially harmful errors, near misses or incidents in previous month

This is the percentage of staff who, in the previous month, had witnessed at least one error or near miss that could have potentially hurt patients or staff. This was calculated from questions 25a and 25b in the core questionnaire.

Percentage of staff reporting errors, near misses or incidents

This is the percentage of staff who said that the most recent error, near miss or incident that they had witnessed was reported by themselves of a colleague. Respondents who had not seen any errors,

near misses or incidents, or did not know whether it had been reported, were excluded from the calculation. This was calculated from question 26 in the core questionnaire.

Percentage of staff experiencing physical violence from patients or relatives in previous 12 months
This is the percentage of staff who, in the previous 12 months, had experienced physical violence from patients, clients or their relatives. This was calculated from questions 29a and 29b in the core questionnaire.

Percentage of staff experiencing physical violence from staff in previous 12 months
This is the percentage of staff who, in the previous 12 months, had experienced physical violence from colleagues or managers. This was calculated from questions 29c and 29d in the core questionnaire.

Percentage of staff experiencing harassment, bullying or abuse from patients or relatives in previous 12 months
This is the percentage of staff who, in the previous 12 months, had experienced harassment, bullying or abuse from patients, clients or their relatives. This was calculated from questions 30a and 30b in the core questionnaire.

Percentage of staff experiencing harassment, bullying or abuse from staff in previous 12 months
This is the percentage of staff who, in the previous 12 months, had experienced harassment, bullying or abuse from colleagues or managers. This was calculated from questions 30c and 30d in the core questionnaire.

1.2 Scale summary scores
The remaining scores were worked out by assigning numbers to a series of responses, and calculating the average score. For example, staff intention to leave jobs was calculated in the following way:

Staff were asked the extent to which they agreed with the following three statements: "I often think about leaving my current employer"; "I will probably look for a new job in the next year"; and "as soon as I can find another job, I will leave my current employer". If they answered, "strongly disagree" to an item, they would score 1 for that item. If they answered "disagree", they would score 2; if they answered, "neither agree nor disagree", they would score 3; if they answered "agree", they would score 4; and if they answered "strongly agree", they would score 5. If a respondent were to score 2, 3 and 5 for the respective statements then their average score would be $(2 + 3 + 5) / 3 = 3.33$. The average scores for each respondent scores are then summarised for the entire trust using the weighting procedure described in section 3.

The scale summary scores are described below. All have been scientifically tested in previous work to ensure that they are reliable, that is they consistently measure the same thing. (For further details of this, and the research evidence to support the relationships described in this section, see the main national report on the 2003 NHS National Staff Survey, which is available for download at http://www.healthcarecommission.org.uk/staffsurveys/). The questions used to calculate the scales are also provided.

Quality of work life balance
The quality of work life balance score relates to staff perception of the level of commitment shown by the trust and immediate manager in helping them to achieve a balance between work and home life. It assesses the extent to which there is practical commitment to helping staff to find a good work life balance. Possible scores range from one to five, with one representing virtually no commitment from the trust, and five representing excellent commitment from the trust to helping staff achieve a good balance.

A good work life balance is associated with staff well being, low absenteeism and high retention rates.

Work life balance was calculated from questions 3a, 3b and 3c in the core questionnaire.

Quality of job design (clear job content, feedback and staff involvement)
This scale assesses the extent to which staff are performing jobs that are relatively well designed and rich in content. This includes having clear goals, providing clear feedback on performance, and giving staff the opportunity to participate in decision making. Possible scores range from one to five, with one representing jobs that are poor in design, and five representing jobs that are very well designed.

Good job design is associated with high intrinsic motivation, good performance and retention, and low absenteeism.

Quality of job design was calculated from questions 16a to 16c, 19a, 19b, and 19d on the core questionnaire. Two question that had formed part of this score in previous years, relating to changes in jobs over the past year, had been dropped from the 2005 core questionnaire, so for the comparison with 2003 and 2004 scores in the 2005 feedback reports, scores from previous years were re-calculated with only these six questions included.

Support from immediate managers
Support from immediate managers assesses the extent to which staff feel their manager or supervisor provides them with support, guidance and feedback on their work and takes into account their opinions before making decisions that affect their work. Possible scores range from one to five, with one representing very unsupportive leaders, and five representing highly supportive leaders.

Immediate managers play a highly significant role in buffering staff from stress and influencing many aspects of their work life. When supervisor support is high, staff retention is high and absenteeism is lower.

Support from immediate managers was calculated from questions 23a to 23e on the core questionnaire. One question that had formed part of this score in previous years, asking about the extent to which immediate managers make clear what the job is, had been dropped from the 2005 core questionnaire, so for the comparison with 2003 and 2004 scores in the 2005 feedback reports, scores from previous years were re-calculated with only these five questions included.

Extent of positive feeling within organisation (communication, staff involvement, innovation & patient care)
This scale measures the extent of positive feeling within an organisation, also known as organisational climate. It assesses a range of dimensions including communication effectiveness in trusts, employee involvement, innovation and patient care. Possible scores range from one to five, with one representing very poor climate, and five representing excellent climate in the trust.

Climate predicts the performance of trusts and levels of innovation. A positive organisational climate is associated also with high levels of staff wellbeing and satisfaction, themselves indicators of performance and staff retention.

The extent of positive feeling within organisation summary score was calculated from questions 25a to 25f on the core questionnaire. Two questions that had formed part of this score in previous years, asking about the effectiveness of communication in the organisation and the extent to which managers want staff to be involved with the way the organisation is run, had been dropped from the 2005 core questionnaire, so for the comparison with 2003 and 2004 scores in the 2005 feedback reports, scores from previous years were re-calculated with only these six questions included.

Fairness and effectiveness of procedures for reporting errors, near misses and incidents
Overall, this scale assesses the climate and culture of incident reporting in trusts. The scale measures the extent to which staff are aware of the procedures for reporting errors, near misses and

incidents. It also gauges whether staff feel that colleagues who are involved in such incidents are treated fairly by their trusts, and measures whether trusts are seen to encourage staff to report such incidents and whether they treat reports of such incidents confidentially. The scale also assesses the extent to which employers blame or punish people who make errors and take action to ensure that they don't happen again. Possible scores range from one to five, with one representing a poor culture of incident reporting, and five representing an excellent culture of incident reporting.

Positive climates of incident reporting enable learning and innovation in patient care. Negative climates tend to perpetuate errors, incidents and near misses.

Fairness and effectiveness of incident reporting procedures was calculated from questions 27a to 27g on the core questionnaire. The response scale (strongly disagree - strongly agree) is different from in previous years (yes/no/don't know), hence a comparison with previous years is not possible.

Perceptions of effective action from employer towards violence and harassment
Staff were asked four questions about whether their employer takes effective action if staff are physically attacked, or bullied, harassed or abused (including racial and sexual harassment). Possible scores range from one to five, with one representing the perception that the employer never takes any effective action, and five representing the perception that the employer always takes effective action.

Perceptions of effective action from employer towards violence and harassment was calculated from questions 32a to 32d on the core questionnaire. The response scale (strongly disagree - strongly agree) is different from in previous years (yes/no/don't know), hence a comparison with previous years is not possible.

Availability of hand washing materials
Staff were asked to what extent hot water, soap and paper towels, and alcohol rubs are available when they are needed by (a) staff, (b) visitors, and (c) visitors to the trust. Possible scores range from one to five, with one meaning the materials are never available to anyone, and five meaning the materials are always available to everyone.

Availability of hand washing materials was calculated from questions 33a to 33c on the core questionnaire, ignoring "don't know" responses, and multiplying the score by 1.25 to fit a scale of one to five. These questions were new in the 2005 survey, so a comparison with previous years is not possible. These questions were not asked in Strategic Health Authorities as most staff do not tend to have direct contact with patients.

Staff job satisfaction
This scale taps staff satisfaction in the following areas: recognition for good work; support from supervisors/managers and colleagues; freedom to choose methods of working; amount of responsibility; skill use and satisfaction; and the extent to which the trust is seen to value the work of staff. Possible scores range from one to five, with one representing very unsatisfied staff, and five representing very satisfied staff.

High satisfaction is associated with good performance, patient satisfaction, staff wellbeing and low levels of absenteeism and turnover.

Staff job satisfaction was calculated from questions 18a to 18g on the core questionnaire.

Work pressure felt by staff
The work pressure score assesses the extent to which staff have a workload that is larger than they can cope with, including the extent to which staff feel lack of time or resources to do their job well. Possible scores range from one to five, with one representing virtually no pressure felt by staff, and five representing extremely high feelings of work pressure.

Work pressure is the best predictor of stress in the NHS and predicts, in turn, absenteeism and poor performance.

Work pressure felt by staff was calculated from questions 16d, 16e, 16f and 19c on the core questionnaire.

Staff intention to leave jobs

Intention to leave is a measure of the extent to which staff are considering leaving their organisation, and looking for a new job either within or outside of the NHS. Possible scores range from one to five, with one representing staff who have no intention of leaving their jobs, and five representing staff who are very keen to leave their jobs.

This scale is in effect the opposite of a measure of retention, and is known to predict actual levels of retention.

Staff intention to leave jobs was calculated from questions 17a to 17c in the core questionnaire.

2. Confidence intervals

In figures 4.1 and 4.2 of the 2005 feedback reports to trusts and strategic health authorities, there is a small black line on either side of the actual trust/SHA score (this is represented numerically in tables A1.1 and A1.2). This shows the *confidence interval* - a measure of how confident we can be about the true trust/SHA score.

Since the score is based on a sample of the employees in a trust rather than everyone, the score may not be exactly the same as if everyone had responded. Therefore a confidence interval is calculated, as a measure of how accurate the sample score is. We can be 95 per cent sure that if everyone in the trust had responded, the "true" score would fall within this interval (i.e. if all staff within the trust had completed a questionnaire).

To put it another way, if the same survey were carried out many times, with the same sample size and number of respondents each time (but different samples and respondents), then we would expect the trust score to fall within this interval 95 per cent of the time.

3. Methods used for weighting scores

Trusts of the same type often have imbalances in the number of employees they have in different occupational groups. This can be for a number of reasons, for example, some trusts contract out services such as catering and cleaning, whereas other trusts supply them in house. Whatever the reason, this can potentially have a significant effect on trust results, as it is known that different occupational groups tend to answer some questions in different ways. The procedure described below ensures that no trust will appear better or worse than it should merely because of any occupational group imbalance. For example, there are some questions which managers are known to respond to more positively than other groups. A trust that has a particularly large number of managers among the respondents, might appear more positive compared with other trusts on these questions, simply because of this imbalance. The weighting procedure corrects for this.

In order to make a trust's scores comparable with other trusts of the same type, the scores from individuals within each trust were weighted so that the occupational group profile of that trust reflected that of a typical trust of its type. Occupational groups were collapsed into broader categories than had been used on the questionnaire, so "nursing" includes all types of registered and unregistered nurses and midwives, and "medical/dental" includes consultants and other medical and dental staff, including medical and dental staff in training..

The weights applied for each type of trust were determined by the frequency of responses in an average trust of that type. These are shown below.

Acute trusts:

Nursing:	39.1%
Medical / dental:	8.0%
Allied health professionals:	8.7%
General management:	1.3%
Scientific / technical:	8.4%
Admin / clerical staff:	20.0%
All other groups combined:	14.5%

Mental health and learning disability trusts:

Nursing:	44.4%
Medical / dental:	4.9%
Allied health professionals:	13.6%
General management:	1.6%
Admin / clerical staff:	16.5%
All other groups combined:	19.1%

PCTs:

Nursing:	40.2%
Allied health professionals:	16.3%
General management:	4.4%
Admin / clerical staff:	20.0%
All other groups combined:	19.1%

Primary care with mental health trusts:

Nursing:	41.9%
Medical / dental:	4.7%
Allied health professionals:	15.4%
General management:	2.5%
Admin / clerical staff:	18.8%
All other groups combined:	16.7%

Ambulance trusts:

General management: 2.3%
Admin / clerical staff: 7.0%
Paramedics: 28.5%
Ambulance technicians: 24.7%
Patient transport service: 17.8%
Ambulance control staff: 7.4%
All other groups combined: 12.3%

Strategic health authority reports are based on unweighted scores, as only one group was large enough to justify a weight (General Management).

For example, to calculate the weight to be applied to nurses in PCTs, the average proportion of nurses across all similar trusts (e.g. all PCTs) is divided by the proportion of nurses in that particular trust. So, for instance, if responses from a PCT included 40.0% nurses and 10.3% managers then each nurse's response would be weighted (multiplied) by (0.402 / 0.400); and each manager's response would be weighted by (0.044 / 0.103), and so on for each occupational group, before taking an average across all weighted responses to form the trust score.

Similarly, the confidence interval for trust scores had to be adjusted to take account of this weighting. A 95% confidence interval for a finite sample would normally be calculated by the formula:

Mean +/- 1.96 x $\sqrt{\left(1 - n/N\right)\dfrac{\sigma^2}{n}}$

where n is the sample size, N is the population size (number of employees in the trust eligible to receive a questionnaire), and σ^2 is the sample variance. Taking account of the weighting, the confidence interval is calculated in exactly the same way, except that the sample variance / sample size ratio (σ^2/n) is replaced by the weighted sample variance / sample size ratio. This is calculated by implementing the following formula:

Weighted sample variance = $\displaystyle\sum_{i=1}^{k} w_i^2 \frac{\sigma_i^2}{n_i}$

where w_i is the weight of group i (the proportion in an "average" trust), σ_i^2 is the sample variance of group i, and n_i is the size of group i in the trust.

In a few cases, there were fewer than three respondents from one of these broad groups within a trust. In these situations the calculations described above cannot be applied, so these respondents were classified as "other" and the calculation of the trust score done on the basis of the other groups (using an unbiased estimate of the missing group, based on the other trust data so the overall trust score was not affected).

For comparisons with 2003 and 2004 scores, the data from previous years was re-weighted according to the 2005 weights. This means any differences found cannot be attributed to the weighting procedure.

4. How to use the detailed spreadsheets to compare your organisation with similar organisations

The main survey feedback reports are focused on 28 key survey scores. A more complete picture of each trust's and strategic health authority's survey responses can be found in a series of Excel spreadsheets, which can be downloaded from the Healthcare Commission website: www.healthcarecommission.org.uk/staffsurveys/.

The spreadsheets contain the frequency of responses to every survey question, for every trust and strategic health authority that participated in the 2005 NHS National Staff Survey.

In the main feedback reports, trusts are benchmarked against one or more of the four major trust types: acute, ambulance, mental health or primary care trusts, and these are the classifications used in the Healthcare Commission's annual health check.

However, in the detailed spreadsheets, organisations are able to benchmark themselves against a variety of other combinations of trusts: for example, a Care Trust is able to compare its key scores and responses to every survey question with the scores and question responses at each of the other Care Trusts in England, and with the average Care Trust scores and responses. Other examples of trust clusters include small, medium and large acute trusts, children's services, primary care trusts with mental health, primary care trusts with up to 500 / 501-750 / 751 or more employees, ambulance trusts within particular regions of England and so on. The full list of possible comparisons is detailed later in this section.

There are eight separate spreadsheets, arranged as follows:

Q1-8 detailed responses.xls
This includes the responses to the core staff survey questions 1 to 8, which deal with work life balance. This covers the questions on hours worked, employers' attitudes to work life balance, opportunities for flexible working, dependants and care options, and shift working.

Q9-14 detailed responses.xls
This includes the responses to the core staff survey questions 9 to 14, which deal with appraisal, performance development plans, and training, learning and development.

Q15-20 detailed responses.xls
This includes the responses to the core staff survey questions 15 to 20, which deal with team working, staff views about job characteristics, job satisfaction and intention to leave their jobs.

Q21-24 detailed responses.xls
This includes the responses to the core staff survey questions 21 to 24, which deal with support from immediate managers, equal opportunities and discrimination, whistle blowing, and other features of working in the organisation.

Q25-28 detailed responses.xls
This includes the responses to the core staff survey questions 25 to 28, which deal with health and safety, errors and incidents and work-related injuries or illness.

Q29-34 detailed responses.xls
This includes the responses to the core staff survey questions 29 to 34, which deal with harassment, bullying and violence, and infection control and hygiene.

Q35-40 detailed responses.xls
This includes the responses to the core staff survey questions 35 to 40, which deal with demographic and work characteristics of staff completing the survey: for example, age, gender, ethnic background, years working for the organisation, and occupational group.

Key scores.xls
This includes the 28 key scores reported in the main feedback reports.

In each spreadsheet, the responses to the survey questions appear in columns D, E, F and so on. The trusts are arranged as follows in Row 6 and onwards. Trusts are listed alphabetically within each trust cluster:

Row Number	Trust Cluster	Content description
6	All Trusts	Scores for an 'average' trust in England
7	All Acute Trusts	Scores for an 'average' acute trust
8	Acute (Specialist)	Scores for an 'average' acute specialist trust
9 - 20		Scores for each of the 12 acute specialist trusts
21	Children's Services	Scores for an 'average' children's services trust
22 - 25		Scores for each of the 4 children's services trusts
26	Orthopaedic	Scores for an 'average' orthopaedic trust

Row Number	Trust Cluster	Content description
27 - 30		Scores for each of the 4 orthopaedic trusts
31	Acute Teaching	Scores for an 'average' acute teaching trust
32 - 56		Scores for each of the 25 acute teaching trusts
57	Large Acute	Scores for an 'average' large acute trust
58 - 100		Scores for each of the 43 large acute trusts
101	Medium Acute	Scores for an 'average' medium acute trust
102 - 148		Scores for each of the 47 medium acute trusts
149	Small Acute	Scores for an 'average' small acute trust
150 - 180		Scores for each of the 31 small acute trusts
181	Multi-service	Scores for an 'average' multi-service acute trust
182 - 188		Scores for each of the 7 multi-service acute trusts
189	All ambulance trusts	Scores for an 'average' ambulance trust
190 - 219		Scores for each of the 30 ambulance trusts
220	All mental health / learning disability trusts	Scores for an 'average' MH / LD trust
221	Care trusts	Scores for an 'average' care trust
222 - 226		Scores for each of the 5 care trusts
227	Community with mental health	Scores for an 'average' community with MH trust
228 - 239		Scores for each of the 13 community with MH trusts
240	Mental health	Scores for an 'average' mental health trust
241 - 284		Scores for each of the 45 mental health trusts
285	Learning disability	Scores for an 'average' learning disability trust
286 - 288		Scores for each of the 3 learning disability trusts
289	All PCTs	Scores for an 'average' PCT

Row Number	Trust Cluster	Content description
290	PCT with Mental Health	Scores for an 'average' PCT with mental health
291 - 309		Scores for each of the 19 PCTs with mental health
310	PCTs without Mental Health	Scores for an 'average' PCT without MH services
311	PCTs without MH, up to 500 employees	Scores for an 'average' PCT without MH services, with up to 500 employees
312 - 395		Scores for each of the 104 PCTs without MH services, with up to 500 employees
396	PCTs without MH, with 501-750 employees	Scores for an 'average' PCT without MH services, with 501 - 750 employees
397 - 484		Scores for each of the 98 PCTs without MH services, with 501 - 750 employees
485	PCTs without MH, with over 750 employees	Scores for an 'average' PCT without MH services, with over 750 employees
486 - 587		Scores for each of the 80 PCTs without MH services, with over 750 employees
588	All SHAs participating in survey	Scores for an 'average' SHA
589 - 613		Scores for each of the 26 SHAs

Within each spreadsheet, rows 614 - 779 then give 'average' scores for various different trust clusters, by region and by SHA, arranged as follows:

Row Number	Trust Cluster	Content description
614 - 623	All trusts by Govt Office Region (G.O.R.)	Scores for 'average' trust in each of the 9 regions
624 - 633	Acute trusts by G.O.R.	Scores for 'average' acute trust in each region
634 - 643	Ambulance trusts by G.O.R.	Scores for 'average' ambulance trust in each region
644 - 653	MH and LD trusts by G.O.R.	Scores for 'average' MH and LD trust in each region
654 - 663	PCTs by G.O.R.	Scores for 'average' PCT in each region
664 - 692	All trusts by SHA	Scores for 'average' trust in each SHA
693 - 721	Acute trusts by SHA	Scores for 'average' acute trust in each SHA
722 - 750	MH and LD trusts by SHA	Scores for 'average' MH and LD trust in each SHA
751 - 779	PCTs by SHA	Scores for 'average' PCT in each SHA

Then finally, within each spreadsheet, rows 780 - 1136 then give 'average' scores for various different staff groups, within each major trust type. These rows are arranged as follows:

Row Number	Staff Groups	Content description
780 - 818	Occupational groups (all trusts)	Scores for 'average' staff in each occupational group across all trusts
819 - 853	Demographic groups (all trusts): age, gender, disability, ethnic background	Scores for 'average' staff in each demographic group across all trusts
854 - 892	Occupational groups (acute trusts)	Scores for 'average' staff in each occupational group across all acute trusts
893 - 927	Demographic groups (acute trusts) : age, gender, disability, ethnic background	Scores for 'average' staff in each demographic group across all acute trusts
928 - 955	Occupational groups (ambulance trusts)	Scores for 'average' staff in each occupational group across all ambulance trusts
956 - 990	Demographic groups (ambulance trusts) : age, gender, disability, ethnic background	Scores for 'average' staff in each demographic group across all ambulance trusts
991 - 1027	Occupational groups (MH & LD trusts)	Scores for 'average' staff in each occupational group across all MH and LD trusts
1028 - 1062	Demographic groups (MH & LD trusts) : age, gender, disability, ethnic background	Scores for 'average' staff in each demographic group across all MH and LD trusts
1063 - 1101	Occupational groups (PCTs)	Scores for 'average' staff in each occupational group across all PCTs
1102 - 1136	Demographic groups (PCTs) : age, gender, disability, ethnic background	Scores for 'average' staff in each demographic group across all PCTs

Weighting note:
In the feedback reports the trust scores were weighted by occupational group, in order to make fair benchmarking comparisons between trusts of a similar type. However, in these detailed Excel spreadsheets, the data are unweighted. This is to enable every trust and strategic health authority to view their raw un-manipulated survey responses, although it means that the scores in the spreadsheets will sometimes vary slightly from those presented in the feedback reports. More information about the weighting strategy used for the feedback reports can be found in section 3 of this document.

5. Staff survey results that can be used to feed into trusts' assessments of Improving Working Lives

Most of the questions and key scores in the NHS National Staff Survey 2005 are directly relevant to the Improving Working Lives assessment. The following table displays 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 alongside these the survey questions and scores that are relevant to each area. Some questions and scores are relevant to more than one IWL area of good practice. The third and fourth columns indicate where in the detailed spreadsheets you can find the relevant survey question or score.

IWL area	NHS Staff Survey 2005 Key score/core question	Which spreadsheet?	Which columns?
HR Strategy & Management	Relevant questions in core questionnaire:		
	Q9a-d (appraisals)	Q9-Q14detailedresponses.xls	D - O
	Q10a-c (personal development plans)	Q9-Q14detailedresponses.xls	P - Z
	Q15a-e (team working)	Q15-Q20detailedresponses.xls	D - T
	Q17a-e (intention to leave the job)	Q15-Q20detailedresponses.xls	BE - CL
	Q21a-e (management and supervision)	Q21-Q24detailedresponses.xls	D - AM
	Relevant key percentage scores:		
	% staff appraised within previous 12 months (based on Q8a)	keyscores.xls	H - I
	% staff having well-structured appraisals within previous 12 months (based on Q8a-d)	keyscores.xls	J - K
	% staff appraised with personal development plans within previous 12 months (based on Q9a)	keyscores.xls	L - M
	% staff working in a well-structured team environment (based on Q14a-f)	keyscores.xls	R - S
	Relevant key scale scores:		
	"Staff intention to leave jobs" (based on Q17a-c)	keyscores.xls	BH - BI
	"Support from immediate managers" (based on Q21a-e)	keyscores.xls	AT - AU

IWL area	NHS Staff Survey 2005 Key score/core question	Which spreadsheet?	Which columns?
Equality & Diversity	Relevant questions in core questionnaire:		
	Q12a-f (training in equal opportunities, or awareness of race/gender etc)	Q9-Q14detailedresponses.xls	AU - BR
	Q18a-g (satisfaction with various elements of job)	Q15-Q20detailedresponses.xls	CM - EB
	Q21a-e (management & supervision)	Q21-Q24detailedresponses.xls	D - AG
	Q23a (equal opportunities)	Q21-Q24detailedresponses.xls	BR - CE
	Q6a-e (dependants)	Q1-Q8detailedresponses.xls	CO - DF
	Q35-40 (demographic profile of staff)	Q35-Q40detailedresponses.xls	D - BY
	Relevant key scale scores:		
	"Support from immediate managers" (based on Q21a-e)	keyscores.xls	AT - AU
	"Staff job satisfaction" (based on Q18a-g)	keyscores.xls	BD - BE
Staff involvement & communication	Relevant questions in core questionnaire:		
	Q16a, Q19a (clear job content)	Q15-Q20detailedresponses.xls	U, EC
	Q16b, Q18a, Q19d (feedback)	Q15-Q20detailedresponses.xls	AA, CM, EU
	Q19b, Q19c (staff involvement)	Q15-Q20detailedresponses.xls	EI, EO
	Q21a-e (management & supervision)	Q21-Q24detailedresponses.xls	D - AG
	Q22a-f (views about the way the organisation is run)	Q21-Q24detailedresponses.xls	AH - BQ
	Relevant key scale scores:		
	"Extent of positive feeling within organisation" (based on Q22a-f)	keyscores.xls	AV - AW
	"Support from immediate managers" (based on Q21a-e)	keyscores.xls	AT - AU
	"Quality of job design" (based on Q16a-c, Q22a-b, Q22d)	keyscores.xls	AR - AS

IWL area	NHS Staff Survey 2005 Key score/core question	Which spreadsheet?	Which columns?
Flexible working	Relevant questions in core questionnaire:		
	Q3a-c (employer's attitude towards work life balance)	Q1-Q8detailedresponses.xls	AY - BP
	Q4a-g (flexible working options)	Q1-Q8detailedresponses.xls	BQ - CK
	Q5 (flexible retirement)	Q1-Q8detailedresponses.xls	CL - CN
	Relevant key percentage scores:		
	% staff using flexible working options (based on Q4a-g)	keyscores.xls	F - G
	Relevant key scale scores:		
	"Quality of work life balance" (based on Q3a-c)	keyscores.xls	AP - AQ
Healthy Workplace	Relevant questions in core questionnaire:		
	Q1b-c (working additional hours)	Q1-Q8detailedresponses.xls	G - T
	Q2 (reasons for working additional hours)	Q1-Q8detailedresponses.xls	U - AX
	Q13a-d (training in health & safety related areas)	Q9-Q14detailedresponses.xls	BS - CL
	Q25a-c (witnessing and reporting errors, near misses and incidents)	Q25-Q28detailedresponses.xls	D - L
	Q26 (reporting errors, near misses and incidents)	Q25-Q28detailedresponses.xls	M - Q
	Q28a-e (work-related injuries or sickness)	Q25-Q28detailedresponses.xls	BH - BV
	Q27a-f (procedures for reporting errors, near misses and incidents)	Q25-Q28detailedresponses.xls	R - BG
	Q24a-b (whistle blowing)	Q21-Q24detailedresponses.xls	CF - CL
	Q29a-e (physical violence)	Q29-Q34detailedresponses.xls	D - R
	Q30a-e (harassment, bullying & abuse)	Q29-Q34detailedresponses.xls	S - AG
	Q31 (reporting violence or harassment)	Q29-Q34detailedresponses.xls	AH - AJ
	Q32a-d (views about employer's effective action towards violence & harassment)	Q29-Q34detailedresponses.xls	AK - BH
	Q33a-c (availability of hand washing materials)		
	Q34a-b (employer's attitude towards hand washing)	Q29-Q34detailedresponses.xls	BI - BZ
	Q34c (applicability of infection control questions)	Q29-Q34detailedresponses.xls	CA - CL
		Q29-Q34detailedresponses.xls	CM - CR

IWL area	NHS Staff Survey 2005 Key score/core question	Which spreadsheet?	Which columns?
Healthy Workplace (CONT.)	Relevant key percentage scores: % staff having had health & safety training in previous 12 months (based on q13a)	keyscores.xls	T - U
	% staff witnessing potentially harmful errors, near misses or incidents in previous month (based on Q25a-b)	keyscores.xls	AF - AG
	% staff reporting errors, near misses or incidents (based on Q26)	keyscores.xls	V - W
	% staff suffering work-related injury in previous 12 months (based on Q28a-d)	keyscores.xls	AB - AC
	% staff suffering work-related stress in previous 12 months (based on Q28e)	keyscores.xls	AD - AE
	% staff experiencing physical violence from patients or relatives in previous 12 months (based on Q29a-b)	keyscores.xls	AH - AI
	% staff experiencing physical violence from staff in previous 12 months (based on Q29c-d)	keyscores.xls	AJ - AK
	% staff experiencing harassment, bullying or abuse from patients or relatives in previous 12 months (based on Q30a-b)	keyscores.xls	AL - AM
	% staff experiencing harassment, bullying or abuse from staff in previous 12 months (based on Q30c-d)	keyscores.xls	AN - AO
	% staff working extra hours due to pressure & demands of job (based on Q1b-c, Q2)	keyscores.xls	Z - AA
	Relevant key scale scores: "Fairness & effectiveness of procedures for reporting errors, near misses and incidents" (based on Q27a-g)	keyscores.xls	AX - AY
	"Perceptions of employer's effective action towards violence & harassment" (based on Q32a-d)	keyscores.xls	AZ - BA
	"Availability of hand washing materials" (based on Q33a-c)	keyscores.xls	BB - BC

IWL area	NHS Staff Survey 2005 Key score/core question	Which spreadsheet?	Which columns?
Training & Development	Relevant questions from core questionnaire:		
	Q12a-f (Equal opportunities & awareness training)	Q9-Q14detailedresponses.xls	AU - BR
	Q11a-g (Training, learning and development)	Q9-Q14detailedresponses.xls	AA - AT
	Q13a-f (Training, learning and development in specific areas)	Q9-Q14detailedresponses.xls	BS - CV
	Q14a-l (Obstacles to accessing training, learning and development)	Q9-Q14detailedresponses.xls	DW - EF
	Q23a (Equal access to career progression & development)	Q21-Q24detailedresponses.xls	BR - BU
	Relevant key percentage scores:		
	% staff receiving any training, learning or development in previous 12 months (based on Q11-13)	keyscores.xls	N - O
Flexible Retirement, Childcare & Support for Carers	Relevant questions from core questionnaire:		
	Q5 (information about flexible retirement)	Q1-8detailedresponses.xls	CL - CN
	Q6a-e (dependants)	Q1-8detailedresponses.xls	CO - DF
	Q7a-e (care options offered by employer)	Q1-8detailedresponses.xls	DG - DZ

6. Staff survey results that can be used to feed into trusts' Health and Safety Executive audit requirements

Some of the questions and key scores in the NHS Staff Survey 2005 are directly relevant to the 6 Management Standards for Work-related Stress, launched by the Health and Safety Executive (HSE) in November 2004[1].

The following table displays each of these six standards, and lists the precise survey questions and scores that are relevant to each standard.

HSE Management Standard	NHS Staff Survey 2005 Key score/core question	Location of data Which spreadsheet?	Which columns?
Control	Q19g - To what extent do you agree with the following statement?		
	I can decide on my own how to go about doing my work	Q15-Q20detailedresponses.xls	FG - FL
Role	Q16a - To what extent do you agree with the following statement?		
	I have clear, planned goals and objectives for my job	Q15-Q20detailedresponses.xls	U – Z
Support	Q18b/d - How satisfied are you with the following areas of your job?		
	The support I get from my immediate manager	Q15-Q20detailedresponses.xls	CS - CX
	The support I get from my work colleagues	Q15-Q20detailedresponses.xls	DE - DJ

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[1] *HSE's Management Standards for Stress can be accessed at www.hse.gov.uk/stress/standards/*
"Real Solutions Real People: A manager's guide to tackling work-related stress" is available from HSE Books at www.hsebooks.com

HSE Management Standard	NHS Staff Survey 2005 Key score/core question	Location of data Which spreadsheet?	Which columns?
Change	Q19b - To what extent do you agree with the following statement?		
	I am consulted about changes that affect my work area / team / department	Q15-Q20detailedresponses.xls	EI - EM
Demands	Key scale score: "Work pressure"	Keyscores.xls	BF - BG
	Based on core questions: Q16d / 16e / 16f / 19c - To what extent do you agree with the following?		
	I cannot meet all the conflicting demands on my time at work	Q15-Q20detailedresponses.xls	AM - AR
	I am asked to do work without adequate resources to complete it	Q15-Q20detailedresponses.xls	AS - AX
	I am required to do unimportant tasks which prevent me completing more important ones	Q15-Q20detailedresponses.xls	AY - BD
	I do not have time to carry out all my work	Q15-Q20detailedresponses.xls	EO - ET
Relationships	Q19f - To what extent do you agree with the following?		
	Relationships at work are strained	Q15-Q20detailedresponses.xls	FA - FF
	Q30c/d - In the past 12 months, have you experienced harassment, bullying or abuse from your manager or supervisor, or colleagues?	Q29-Q34detailedresponses.xls	Y - AD

7. **Staff survey results that are relevant to the Healthcare Commission annual health check**

Some of the questions and key scores in the NHS Staff Survey 2005 are directly relevant to some of the Department of Health's Core Standards. These will be used by the Healthcare Commission in the 2006 annual health check..

The following table displays the relevant domains and core standards, and it lists the survey questions and scores that the Commission will use in assessing those standards. More information about the annual health check can be found at:
http://www.healthcarecommission.org.uk/InformationForServiceProviders/AnnualHealthCheck/fs/en?CONTENT_ID=4017483&chk=ub2qrx

Safety Domain			
DH Core Standard	**NHS Staff Survey 2005 Key score/core question**	**Location of data** **Which spreadsheet?**	**Which columns?**
C1. Healthcare organisations protect patients through systems that: **a).** identify and learn from all patient safety incidents and other reportable incidents, and make improvements in practice based on local and national experience and information derived from the analysis of incidents	Relevant questions in core questionnaire: Q25a to c (% staff witnessing errors, near misses or incidents; % of staff that don't know how to report errors, near misses or incidents) Q26 (% staff not reporting error, near miss or incident) Q27a to g (% staff disagreeing or strongly disagreeing with statements on trust's responsiveness to errors, near misses and incidents) Q28a to e (% staff suffering work related injury or stress in previous 12 months) Q29a to e (% staff experiencing physical violence; % staff reporting physical violence) Q30a to e (% staff experiencing harassment, bullying or abuse; % staff that didn't report harassment, bullying or abuse) Q32a to d (% staff disagreeing or strongly disagreeing with statements on trust's reaction to harassment, bullying and abuse)	Q25- Q28detailedresponses.xls Q25- Q28detailedresponses.xls Q25- Q28detailedresponses.xls Q29- Q34detailedresponses.xls Q29- Q34detailedresponses.xls Q29- Q34detailedresponses.xls Q29- Q34detailedresponses.xls	D – L M – Q R – BG BH – BV D – R S – AG AK – BH

	Safety Domain (cont.)		
		Location of data	
DH Core Standard	**NHS Staff Survey 2005 Key score/core question**	**Which spreadsheet?**	**Which columns?**
C1. (cont.)	*Relevant key scores:*		
	"% staff witnessing potentially harmful errors, near misses or incidents in previous month" (based on Q25a to b)	keyscores.xls	AF – AG
	"% staff reporting errors, near misses or incidents" (based on Q26)	keyscores.xls	V – W
	"% staff suffering work related injury in previous 12 months" (based on Q28a to d)	keyscores.xls	AB – AC
	"% staff suffering work related stress in previous 12 months" (based on Q28e)	keyscores.xls	AD – AE
	"% staff experiencing physical violence from patients / relatives in previous 12 months" (based on Q29a and b)	keyscores.xls	AH – AI
	"% staff experiencing physical violence from staff in previous 12 months" (based on Q29c to d)	keyscores.xls	AJ – AK
	"% staff experiencing harassment, bullying or abuse from patients/ relatives in previous 12 months" (based on Q30a to b)	keyscores.xls	AL – AM
	"% staff experiencing harassment, bullying or abuse from staff in previous 12 months" (based on Q30c to d)	keyscores.xls	AN – AO
	"Fairness and effectiveness of procedures for reporting errors, near misses and incidents" (based on Q27b to g)	keyscores.xls	AX – AY
	"Perceptions of effective action from trust towards violence and harassment (based on Q32a to d)	keyscores.xls	AZ - BA

Safety Domain (cont.)			
DH Core Standard	**NHS Staff Survey 2005 Key score/core question**	**Location of data** **Which spreadsheet?**	**Which columns?**
C4. Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that: **a).** the risk of healthcare acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year on year reductions in MRSA	Relevant questions in core questionnaire: Q13d (% staff not trained in infection control) Q33a to c (% staff reporting hot water, soap and paper towels, or alcohol rubs "sometimes" or "never" available when needed) Q34a to c (% staff disagreeing or strongly disagreeing: that trust does enough to promote importance of hand washing; that infection control applies to their role) ***Relevant key scores:*** "Availability of hand-washing materials" (based on Q33a to c)	Q9- Q14detailedresponses.xls Q29-Q34detailedresponses.xls Q29-Q34detailedresponses.xls keyscores.xls	CH - CL BI - BZ CA - CR BB - BC
C4. Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that: **b).** all risks associated with the acquisition and use of medical devices are minimised	Relevant questions in core questionnaire: Q28a to d (% staff suffering work related injury in previous 12 months) ***Relevant key scores:*** "% staff suffering work related injury in previous 12 months" (based on Q28a to d)	Q25- Q28detailedresponses.xls keyscores.xls	BH - BS AB - AC

		Location of data	
DH Core Standard	**NHS Staff Survey 2005 Key score/core question**	**Which spreadsheet?**	**Which columns?**

<div align="center">

Clinical and Cost Effectiveness Domain

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DH Core Standard	**NHS Staff Survey 2005 Key score/core question**	**Which spreadsheet?**	**Which columns?**
C5. Health care organisations ensure that: **b).** clinical care and treatment are carried out under supervision and leadership	Relevant questions in core questionnaire: Q21a to e (% staff disagreeing or strongly disagreeing with statements on support received from immediate manager) ***Relevant key scores:`*** "Support from immediate managers" (based on Q21a to e)	Q21- Q24detailedresponses.xls keyscores.xls	D - AG AT - AU
C5. Health care organisations ensure that: **c).** clinicians continuously update skills and techniques relevant to their clinical work	Relevant questions in core questionnaire: Q10a to c (% staff: without a personal development plan; not received training; not supported by immediate manager) Q11a to f (% staff not taken part in any form of training or development) Relevant key scores: "% staff appraised with PDPs in previous 12 months" (based on Q10a) "% staff receiving any training, learning or development in previous 12 months" (based on Q11 to 13)	Q9-Q14detailedresponses.xls Q9-Q14detailedresponses.xls keyscores.xls keyscores.xls	P - Z AA - AR L - M N - O

Governance Domain

DH Core Standard	NHS Staff Survey 2005 Key score/core question	Location of data Which spreadsheet?	Which columns?
C7. Healthcare organisations: **a).** apply the principles of sound clinical and corporate governance; and **c).** undertake systematic risk assessment and risk management	Relevant questions in core questionnaire: Q22b (% staff disagreeing or strongly disagreeing that communication between staff is effective) Q25a to c (% staff witnessing errors, near misses or incidents; % of staff that don't know how to report errors, near misses or incidents) Q26 (% staff not reporting error, near miss or incident) Q27a to g (% staff disagreeing or strongly disagreeing with statements on trust's responsiveness to errors, near misses and incidents) Relevant key scores: "% staff witnessing potentially harmful errors, near misses or incidents in previous month" (based on Q25a to b) "Fairness and effectiveness of procedures for reporting errors, near misses and incidents" (based on Q27b to g)	Q21- Q24detailedresponses.xls Q25- Q28detailedresponses.xls Q25- Q28detailedresponses.xls Q25- Q28detailedresponses.xls keyscores.xls keyscores.xls	AN - AS D – L M – Q R – BG AF – AG AX – AY
C7. Healthcare organisations: **e).** challenge discrimination, promote equality and respect human rights	Relevant questions in core questionnaire: Q12a to f (% staff not receiving training in: equal opportunities; or race, gender, harassment and bullying, or religious awareness) Q23a and b (% staff stating: trust does not act fairly with regard to career progression/ promotion; have experienced discrimination in previous 12 months as a result of ethnic background, gender, religion, sexual orientation, disability or age) Q32c and d (% staff disagreeing or strongly disagreeing: trust takes effective action to racial and sexual harassment) Relevant key scores: "Perceptions of effective action from trust towards violence and harassment (based on Q32a to d)	Q9-Q14detailedresponses.xls Q21- Q24detailedresponses.xls Q29-Q34detailedresponses.xls keyscores.xls	AU – BR BR – CE AW – BH AZ - BA

Governance Domain (cont.)			
DH Core Standard	**NHS Staff Survey 2005 Key score/core question**	**Location of data** **Which spreadsheet?**	**Which columns?**
C8. Health care organisations support their staff through: **a).** having access to processes which permit them to raise, in confidence and without prejudicing their position, concerns over any aspect of service delivery, treatment or management that they consider to have a detrimental effect on patient care or on the delivery of services	Relevant questions in core questionnaire: Q13a (% staff not receiving training in health and safety) Q15b to d (for staff working in a team % staff: with clear objectives for team; working closely in team to meet objectives; meeting team regularly) Q18b (% staff dissatisfied or very dissatisfied with level of support received from immediate manager) Q24a and b (% staff stating: do not know how to report concerns about negligence or wrongdoing by staff; no system to report concerns confidentially) Q25c (% of staff that don't know how to report errors, near misses or incidents) Q26 (% staff not reporting error, near miss or incident) Q27a to g (% staff disagreeing or strongly disagreeing with statements on trust's responsiveness to errors, near misses and incidents) Relevant key scores: "% staff receiving health and safety training in previous 12 months" (based on Q13a) "% staff working in a well-structured team environment" (based on Q15a to e) "% staff reporting errors, near misses or incidents" (based on Q26) "Fairness and effectiveness of procedures for reporting errors, near misses and incidents" (based on Q27b to g)	Q9-Q14detailedresponses.xls Q21- Q24detailedresponses.xls Q15- Q20detailedresponses.xls Q21- Q24detailedresponses.xls Q25- Q28detailedresponses.xls Q25- Q28detailedresponses.xls Q25- Q28detailedresponses.xls keyscores.xls keyscores.xls keyscores.xls keyscores.xls	BS - BW D – O CS – CX CF - CL D - L M – Q R - BG T - U R – S V - W AX - AY

Governance Domain (cont.)			
		Location of data	
DH Core Standard	**NHS Staff Survey 2005 Key score/core question**	**Which spreadsheet?**	**Which columns?**
C8. Health care organisations support their staff through:	Relevant questions in core questionnaire: Q3a to c (% staff disagree or strongly disagree: trust is committed to work life balance; immediate managers helps find work life balance; can approach immediate manager about flexible working)	Q1-Q8detailedresponses.xls	AY – BP
b). organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups	Q9a to d (% staff stating: no appraisal in previous 12 months; appraisal not useful; no clear objectives agreed; do not feel work is valued)	Q9-Q14detailedresponses.xls	D - O
	Q10a to c (% staff: without a personal development plan; not received training; not supported by immediate manager)	Q9-Q14detailedresponses.xls	P - Z
	Q12a to f (% staff not receiving training in: equal opportunities; or race, gender, harassment and bullying, or religious awareness)	Q9-Q14detailedresponses.xls	AU – BR
	Q15b to d (for staff working in a team (Q15a), % staff: with clear objectives for team; working closely in team to meet objectives; meeting team regularly)	Q15- Q20detailedresponses.xls	G - O
	Q16b and c (% staff: agreeing or strongly agreeing that often have trouble working out whether doing well or poorly in job; disagreeing or strongly disagreeing that involved in decisions)	Q15- Q20detailedresponses.xls	AA - AL
	Q18a to c (% staff dissatisfied or very dissatisfied with: recognition for work; support from immediate manager; and freedom to choose own method for working)	Q15- Q20detailedresponses.xls	CM – DD
	Q18e to g (% staff dissatisfied or very dissatisfied with: amount of responsibility; opportunities to use abilities; and extent to which work is valued)	Q15- Q20detailedresponses.xls	DK - EB
	Q21c (% staff disagree or strongly disagree: immediate manager gives clear feedback on work)	Q21- Q24detailedresponses.xls	P – U
	Q21e (% staff disagree or strongly disagree: immediate manager is supportive in a personal crisis)	Q21- Q24detailedresponses.xls	AB – AG
	Q22a to c (% staff disagreeing or strongly disagreeing: managers involve staff in important decisions; communication is effective; staff are encouraged to suggest new ideas)	Q21- Q24detailedresponses.xls	AH - AY

Governance Domain (cont.)			
DH Core Standard	**NHS Staff Survey 2005 Key score/core question**	**Location of data** **Which spreadsheet?**	**Which columns?**
C8. (cont.)	Relevant questions in core questionnaire (cont.): Q23a and b (% staff stating: trust does not act fairly with regard to career progression/ promotion; have experienced discrimination in previous 12 months as a result of ethnic background, gender, religion, sexual orientation, disability or age)	Q21- Q24detailedresponses.xls	BR – CE
	Relevant key scores: "% staff appraised within previous 12 months" (based on Q9a)	keyscores.xls	H – I
	"% staff having well-structured appraisal reviews within previous 12 months" (based on Q9a to d)	keyscores.xls	J – K
	"% staff appraised with PDPs in previous 12 months" (based on Q10a)	keyscores.xls	L – M
	"% staff working in a well-structured team environment" (based on Q15a to e)	keyscores.xls	R – S
	"Quality of work life balance" (based on Q3a to c)	keyscores.xls	AP – AQ
	"Quality of job design" (based onQ16a to c, Q19a, b and d)	keyscores.xls	AR – AS
	"Support from immediate managers" (based on Q21a to e)	keyscores.xls	AT – AU
	"Extent of positive feeling in organisation" (based on Q22a to f)	keyscores.xls	AV – AW
	"Staff job satisfaction" (based on Q18a to g)	keyscores.xls	BD – BE

Governance Domain (cont.)			
		Location of data	
DH Core Standard	**NHS Staff Survey 2005 Key score/core question**	**Which spreadsheet?**	**Which columns?**
C9. Healthcare organisations have a systematic and planned approach to the management of records to ensure that, from the moment a record is created until its ultimate disposal, the organisation maintains information so that it serves the purpose it was collected for and disposes of the information appropriately when no longer required	<u>Relevant questions in core questionnaire</u>: Q13f (% staff not received training on how to handle confidential information)	Q9-Q14detailedresponses.xls	CR - CV

Governance Domain (cont.)			
DH Core Standard	**NHS Staff Survey 2005 Key score/core question**	**Location of data** **Which spreadsheet?**	**Which** **columns?**
C11. Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare:	Relevant questions in core questionnaire: Q1 b and c (% staff working more than 11 additional hours per week, paid and unpaid)	Q1-Q8detailedresponses.xls	G – T
	Q3a to c (% staff disagree or strongly disagree: trust is committed to work life balance; immediate managers helps find work life balance; can approach immediate manager about flexible working)	Q1-Q8detailedresponses.xls	AY - BP
a). are appropriately recruited, trained and qualified for the work they undertake	Q10a to c (% staff: without a personal development plan; not received training; not supported by immediate manager)	Q9-Q14detailedresponses.xls	P – Z
	Q11a to g (% staff not taken part in any form of training or development)	Q9-Q14detailedresponses.xls	AA - AT
	Q14a to l (% staff experiencing difficulties obtaining training)	Q9-Q14detailedresponses.xls	CW - EF
	Q23b (% staff experiencing discrimination in previous 12 months as a result of ethnic background, gender, religion, sexual orientation, disability or age)	Q21- Q24detailedresponses.xls	BV- CE
	Relevant key scores: "% staff appraised with PDPs in previous 12 months" (based on Q10a)		
	"% staff receiving any training, learning or development in previous 12 months" (based on Q11 to 13)	keyscores.xls	L – M
	"% staff working extra hours" (based on Q1b and c)	keyscores.xls	N – O
	"Quality of work life balance" (based on Q3a to c)		
		keyscores.xls	X - Y
		keyscores.xls	AP - AQ

Governance Domain (cont.)			
DH Core Standard	**NHS Staff Survey 2005 Key score/core question**	**Location of data** **Which spreadsheet?**	**Which** **columns?**
C11. Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare: **b).** participate in mandatory training programmes	Relevant questions in core questionnaire: Q10a to c (% staff: without a personal development plan; not received training; not supported by immediate manager) Q11a to g (% staff not taken part in any form of training or development) Q13a (% staff not receiving training in health and safety) Q13d (% staff not trained in infection control) Relevant key scores: "% staff appraised with PDPs in previous 12 months" (based on Q10a) "% staff receiving any training, learning or development in previous 12 months" (based on Q11 to 13) % staff having had health and safety training in previous 12 months (based on Q13a)	Q9-Q14detailedresponses.xls Q9-Q14detailedresponses.xls Q9-Q14detailedresponses.xls Q9-Q14detailedresponses.xls keyscores.xls keyscores.xls keyscores.xls	P – Z AA - AT BS - BW CH – CL L – M N – O T - U
C11. Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare: **c).** participate in further professional and occupational development commensurate with their work throughout their working lives	Relevant questions in core questionnaire: Q10a to c (% staff: without a personal development plan; not received training; not supported by immediate manager) Q11a to f (% staff not taken part in any form of training or development) Relevant key scores: "% staff appraised with PDPs in previous 12 months" (based on Q10a) "% staff receiving any training, learning or development in previous 12 months" (based on Q11 to 13)	Q9-Q14detailedresponses.xls Q9-Q14detailedresponses.xls keyscores.xls keyscores.xls	P – Z AA - AR L – M N – O

	Patient Focus Domain		
		Location of data	
DH Core Standard	**NHS Staff Survey 2005 Key score/core question**	**Which spreadsheet?**	**Which columns?**
C13. Healthcare organisations have systems in place to ensure that: **a).** staff treat patients, their relatives and carers with dignity and respect	<u>Relevant questions in core questionnaire</u>: Q12a to f (% staff not receiving training in: equal opportunities; or race, gender, harassment and bullying, or religious awareness)	Q9-Q14detailedresponses.xls	AU – BR

	Care Environment and Amenities Domain		
		Location of data	
DH Core Standard	**NHS Staff Survey 2005 Key score/core question**	**Which spreadsheet?**	**Which columns?**
C20. Healthcare services are provided in environments which promote effective care and optimise health outcomes by being: **a).** a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation	<u>Relevant questions in core questionnaire</u>: Q13a (% staff not receiving training in health and safety) Q25a to c (% staff witnessing errors, near misses or incidents; % of staff that don't know how to report errors, near misses or incidents) Q26 (% staff not reporting error, near miss or incident) Q27a to g (% staff disagreeing or strongly disagreeing with statements on trust's responsiveness to errors, near misses and incidents) Q28a to d (% staff suffering work related injury in previous 12 months) Q29a to e (% staff experiencing physical violence; % staff reporting physical violence) Q30a to e (% staff experiencing harassment, bullying or abuse; % staff that didn't report harassment, bullying or abuse)	Q9-Q14detailedresponses.xls Q25- Q28detailedresponses.xls Q25- Q28detailedresponses.xls Q25- Q28detailedresponses.xls Q25- Q28detailedresponses.xls Q29- Q34detailedresponses.xls Q29- Q34detailedresponses.xls	BS – BW D – L M – Q R – BG BH - BS D - R S – AG

Care Environment and Amenities Domain (cont.)			
DH Core Standard	**NHS Staff Survey 2005 Key score/core question**	**Location of data** **Which spreadsheet?**	**Which columns?**
C20. (cont.)	Q31 (% staff who do not know how to report an incident of violence, harassment, bullying or abuse)	Q29- Q34detailedresponses.xls	AH – AJ
	Q32a to d (% staff disagreeing or strongly disagreeing with statements on trust's reaction to harassment, bullying and abuse)	Q29- Q34detailedresponses.xls	AK – BH
	Relevant key scores:		
	"% staff receiving health and safety training in previous 12 months" (based on Q13a)	keyscores.xls	T – U
	"% staff witnessing potentially harmful errors, near misses or incidents in previous month" (based on Q25a to b)	keyscores.xls	AF – AG
	"% staff reporting errors, near misses or incidents" (based on Q26)	keyscores.xls	V – W
	"% staff suffering work related injury in previous 12 months" (based on Q28a to d)	keyscores.xls	AB – AC
	"% staff experiencing physical violence from patients / relatives in previous 12 months" (based on Q29a and b)	keyscores.xls	AH – AI
	"% staff experiencing physical violence from staff in previous 12 months" (based on Q29c to d)	keyscores.xls	AJ – AK
	"% staff experiencing harassment, bullying or abuse from patients/ relatives in previous 12 months" (based on Q30a to b)	keyscores.xls	AL – AM
	"% staff experiencing harassment, bullying or abuse from staff in previous 12 months" (based on Q30c to d)	keyscores.xls	AN – AO
	"Fairness and effectiveness of procedures for reporting errors, near misses and incidents" (based on Q27b to g)	keyscores.xls	AX – AY
	"Perceptions of effective action from trust towards violence and harassment (based on Q32a to d)	keyscores.xls	AZ - BA

Care Environment and Amenities Domain (cont.)			
		Location of data	
DH Core Standard	**NHS Staff Survey 2005 Key score/core question**	**Which spreadsheet?**	**Which columns?**
C21. Healthcare services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises	Relevant questions in core questionnaire: Q13d (% staff not trained in infection control) Q33a to c (% staff reporting hot water, soap and paper towels, or alcohol rubs "sometimes" or "never" available when needed) Relevant key scores: "Availability of hand-washing materials" (based on Q33a to c)	Q9-Q14detailedresponses.xls Q29-Q34detailedresponses.xls keyscores.xls	CH – CL BI – BZ BB - BC

Public Health Domain			
DH Core Standard	**NHS Staff Survey 2005 Key score/core question**	**Location of data** **Which spreadsheet?**	**Which** **columns?**
C21. Healthcare services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises	<u>Relevant questions in core questionnaire</u>: Q34a to c (% staff disagreeing or strongly disagreeing: that trust does enough to promote importance of hand washing; that infection control applies to their role)	Q29-Q34detailedresponses.xls	CA - CR
C24. Healthcare organisations protect the public by having a planned, prepared and, where possible, practised response to incidents and emergency situations which could affect the provision of normal services	<u>Relevant questions in core questionnaire</u>: Q13b (% staff not received training for major incident or emergency)	Q9-Q14detailedresponses.xls	BX - CB