

National Quarterly Pulse Survey

Guidance for implementing and submitting results for the National Quarterly Pulse Survey

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Key principles

1. The primary purpose of the National Quarterly Pulse Survey (NQPS) is to provide a consistent and standardised approach to listening to staff at more regular intervals both nationally and locally. It provides a frequent opportunities to hear from staff to help understand employee experience and employee engagement. Ultimately the aim is to support decision making and actions for improvement with the ambition of making the NHS the workplace we all want it to be for us and our patients.
2. The National Quarterly Pulse Survey data collection has been gradually implemented since April 2021. The NHS Standard Contract was amended in April 2022 with a requirement for all trusts to implement the NQPS.
3. A flexible approach has been adopted for how organisations implement the NQPS. Data collection can happen either via the People Pulse or alternative surveys. The simplest way to run the NQPS is through the People Pulse, which includes an online results dashboard and is free for trusts to use.
4. NQPS data is to be collected in the first month of Q1, Q2 and Q4. The data is to be submitted in the second month of Q1, Q2 and Q4. For Q3 (when the annual NHS Staff Survey is undertaken) there is no requirement to undertake NQPS and submit data, although organisations may wish to do so. If organisations decide to collect NQPS data during this period, there is no requirement to submit the data centrally.
5. The survey consists of the nine questions which make up the existing engagement theme of the NHS Staff Survey, measuring motivation, advocacy, and involvement (sub-components). The results of these questions will be submitted / collected centrally. Organisations may choose to add additional questions when using their own internal surveys, however there is no requirement for results from any additional questions to be submitted centrally.
6. During each quarter (excluding Q3), all staff in an organisation must be given an opportunity to respond. Organisations are asked to achieve participation levels no lower than those from previous Staff Friends and Family Test.

7. Organisations are encouraged to collect demographic information as part of the NQPS internally to provide local insight into all staff experiences on a regular basis, however there is no requirement for these to be submitted centrally. For trusts who use People Pulse, this will be collected routinely.
8. Organisations should ensure that local staff side union representatives and staff networks are aware of the NQPS data collection, and the value of it. We would encourage collaboration on the roll out of the survey each quarter and presentation and analysis of local results.
9. Organisations need to ensure compliance with Data Protection Act 2018 and the UK General Data Protection Regulation (GDPR).
10. Organisations choosing to collect data through alternative methods than via the People Pulse (e.g. a local survey provider) need to ensure data is submitted via the [Strategic Data Collection Service](#) by the 8th day of the second month of Q1 (May), Q2 (August) and Q4 (February) unless it falls on a non-working day, in which case the deadline for submission will be on the following working day. Organisations' data submissions will need to include the breakdown of responses per each of the nine Engagement theme questions. For those using the People Pulse, this will all be done centrally so there is no need to complete the data submission.
11. Organisations are required to publish their own results locally, for instance through communications channels within the organisation. National results are available via Model Health System. From September 2022, the national NQPS results, down to organisational level will also be published on the [NHS England website](#) (inclusive of engagement theme score, and three sub-component scores – motivation, advocacy, and involvement). The data will also include a range of scores at a system level.

Introduction

1. Employee engagement has been researched in detail over the last few decades and has been proven to have strong links with positive organisational and individual outcomes. Employee engagement sub-components, in particular involvement, have been shown to have positive correlation with lower patient mortality, lower sickness levels and lower patient complaints. This follows on from a suite of studies over recent years by academics and the [Kings Fund](#), specific to the health care setting.
2. The [People Plan 2020/21- action for us all](#) committed to ensuring staff have a voice. The experience of COVID-19 has thrown into even sharper relief the need to engage with and listen to staff. This is an element of the [People Promise](#): We each have a voice that counts. The People Plan also set out the need to launch a new quarterly survey to track employee engagement on a more regular basis.
3. The National Quarterly Pulse Survey provides a consistent and standardised approach, nationally and locally, to listening to staff at more regular intervals with a robust data set. It has been supported by an ongoing desire for more regular reporting and understanding of employee engagement levels in the NHS and staff's working experience.
4. The National Quarterly Pulse Survey complements the annual NHS Staff Survey (NSS) and monthly People Pulse (see appendix 1). The NQPS responses and data are primarily for action at a local level. This will build on the yearly, granular level data available from the NSS. It is important to mention that results from NSS and NQPS will not be directly comparable, due to factors including the response rate and possible seasonal effects. The purpose of the NSS is to provide official statistical data of employee experience across all provider organisations allowing organisations to track progress over time and compare their results against national and local benchmark to a granular level of detail. The NQPS will provide a representative view of employee engagement in provider organisations on a quarterly basis, offering employee engagement trend data. There are also fundamental differences in sampling strategy between NSS and NQPS – the

NSS has a robust sampling strategy aligned to ESR data. Furthermore, NSS results are weighted whilst NQPS results are not.

5. The primary purpose of the National Quarterly Pulse Survey is to understand the working experience of staff and employee engagement more regularly and in a consistent approach, to support actions for improvement, with the ambition of making the NHS the workplace we all want it to be for us and our patients. Organisations should take ownership of their NQPS data and act on the results. The results of the NQPS should be used by providers and commissioners to celebrate success or make improvements where required. To aid further analysis, organisations may wish to collect additional information via the NQPS to make the data more useful at a local level. These results should be used alongside the Patient Friends and Family Test results, and other local intelligence, to drive improvement, working in partnership with local staff side representatives and staff networks.

Implementation

1. NHS England has adopted a flexible approach to how organisations may collect data for the National Quarterly Pulse Survey. This decision has been taken as a result of feedback received and because it is important that the NQPS is an improvement tool which works at a local level. The NQPS may be implemented via the [People Pulse](#), or through alternative surveying methods.
2. The survey will include the nine engagement theme questions from the annual NHS Staff Survey. These questions cover the three sub-components of employee engagement: Motivation, involvement, and advocacy and will be measured on a five-point scale as per the table below:

Question	Rating scale
I look forward to going to work (Motivation)	Always
I am enthusiastic about my job (Motivation)	Often
Time passes quickly when I am working (Motivation)	Sometimes
	Rarely
	Never
There are frequent opportunities for me to show initiative in my role (Involvement)	Strongly agree
I am able to make suggestions to improve the work of my team/department (Involvement)	Agree
I am able to make improvements happen in my area of work (Involvement)	Neither agree nor disagree
Care of patients/service users is my organisation's top priority (Advocacy)	Disagree
I would recommend my organisation as a place to work (Advocacy)	Strongly disagree
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation (Advocacy)	

3. Organisations should carefully consider which data collection method best suits the needs and preferences of their staff, across the range of services provided, or functions carried out, by the organisation. To collect data, trusts can choose between the following two methods:
 - People Pulse
 - An alternative survey

Although organisations are encouraged to collect data electronically, it is possible to offer some members of staff an option to respond via a paper form (not applicable when using the People Pulse to collect the data). However, it is the responsibility of an organisation to ensure data from a paper survey is transcribed electronically.

3. Gathering staff feedback via the NQPS requires dedicated resources and staff time. Due consideration therefore needs to be made to the costs, resources, staff time and expertise required for this activity.
4. Where organisations deliver the NQPS in-house, they must comply with the confidentiality and data protection requirements. It is essential that the NQPS is conducted in such a way that confidentiality is respected and given high priority. When carrying out the NQPS, organisations will need to ensure compliance with the Data Protection Act 2018 and General Data Protection Regulation (GDPR)), and the NHS Code of Practice on Confidentiality (2003). The NQPS responses must not be presented or published in a way that allows individual members of staff to be identified.
5. Where trusts are utilising data from the Electronic Staff Record (ESR) to obtain equality and diversity data, staff should be informed that their response will be linked in this way. Prior to NQPS being implemented for the first time, organisations should seek the advice of their Information Governance Manager at an early stage and ensure they have a secure legal basis to process the personal data of staff for this purpose.
6. Organisations may choose to implement NQPS in a way that best suits staff and the needs of the organisation, but they are obliged by law to honour any statements they make about anonymity or confidentiality. It will also be necessary to establish appropriate contractual arrangements with any external suppliers, if that is the preferred method of data collection.
7. The National Quarterly Pulse Survey is designed to be a tool for local service improvement. Organisations may therefore choose to use the NQPS as an opportunity to gather further information beyond that required by this guidance. Organisations should consider which additional information would be most useful to them and liaise with local staff side representatives in discussing and agreeing additional topics.

8. Organisations should collect additional information via the National Quarterly Pulse Survey to enable further breakdown of the results, i.e., by staff occupational grouping, ethnicity, etc. to evaluate representativeness of data. However, any additional questions or demographic information should not be included in the data submission. For trusts using People Pulse to administer NQPS, the analysis will be split according to demographic information through the online results dashboard.
9. All staff working within the organisation must have the opportunity to respond on a quarterly basis (excluding quarter 3) – Data is to be collected in the first month of Q1, Q2 and Q4. The National Quarterly Pulse Survey is an inclusive tool and should not be restricted to those who have a contract of employment with the organisation, for example, temporary staff can also participate in the survey.
10. There is no requirement to collect National Quarterly Pulse Survey data during quarter 3 (October), when the annual NHS Staff Survey is undertaken, although organisations may choose to do so. If organisations decide to collect NQPS data during this period, there is no requirement to submit the data centrally.
11. A [communications toolkit](#) has been created to support local promotion of the National Quarterly Pulse Survey. All of the communications assets can be found on our [National Quarterly Pulse Survey webpage](#). Some assets are more suitable to those working on site and others for digital/online settings.

Data submission

1. Regardless of the data collection method, organisations are asked to collect data in the first month of the quarter. Trusts using other methods than the People Pulse are asked to submit data by the 8th calendar day of the second month of the quarter. Where the 8th calendar day lands on a non-working day (i.e., weekend or bank holiday), the submission date will be the first working day post the 8th. This applies only to Q1, Q2 and Q4. Q3 is excluded from this requirement due to the period of fieldwork for the NHS Staff Survey. The table below shows exact dates for the data collection and submission (subject to the 8th day of the month being a working day):

	Data collection period	Data submission due date
Quarter 1 (April-June)	1-31 April	8 May
Quarter 2 (July-September)	1-31 July	8 August
Quarter 4 (January-March)	1-31 January	8 February

2. If using the People Pulse, there is no requirement for data to be submitted by trusts via the [Strategic Data Collection Service](#) (SDCS) as this will be done centrally. If using an internal survey, data will need to be submitted via SDCS by trusts.

The section below applies to trusts utilising methods other than the People Pulse.

3. After the National Quarterly Pulse Survey data has been collected (via paper forms, or electronically, for example) the response data must be entered into an Excel workbook provided for the submission of data to NHS England via [SDCS](#). The table below provides an example of the data specification requirements. The number of responses in each of the five response categories needs to be submitted for all nine engagement theme questions. This information should be displayed in a matrix to allow accurate data processing prior to publication.

	Strongly disagree/ Never	Disagree/ Rarely	Neither agree nor disagree/ Sometimes	Agree/ Often	Strongly agree/ Always	Total
"I look forward to going to work."	42	6	8	59	33	148
"I am enthusiastic about my job."						0
"Time passes quickly when I am working."						0
"There are frequent opportunities for me to show initiative in my role."						0
"I am able to make suggestions to improve the work of my team / department."						0
"I am able to make improvements happen in my area of work."						0
"Care of patients / service users is my organisation's top priority."						0
"I would recommend my organisation as a place to work."						0
"If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation."						0

4. Guidance on submission via SDCS can be found [here](#).

5. Late submissions will not be allowed due to strict turnaround time for data processing and publication. In addition, as the NQPS data collection is aligned to specific time periods in each quarter, it is important to keep to these to ensure confidence in the reliability of the data being relevant to this time period and its context.

Data publication

1. Publishing the results of the National Quarterly Pulse Survey in a consistent and transparent way is important so that improvement areas are clear to everyone and that subsequent actions can be explored collaboratively to support employee experience and employee engagement.
2. Organisations must publish their NQPS data locally, for instance through internal communications channels within a trust, to promote transparency. When publishing this data, it must be at least the same level of data that is submitted via SDCS. However, if organisations collate additional data (e.g., departmental level or demographic data) they may also choose to publish this locally. Local publications should be made available in accessible formats as required.
3. It is recommended that organisations develop a plan to publish the results of the NQPS at a local level, working in partnership with local staff side representatives. Organisations will need to consider how frequently they will communicate the NQPS results and what methods will be used to communicate these results. Organisations will need to consider both the external and internal audiences who will be interested in the NQPS results, including: Clinical and non-clinical staff; the local negotiating forum; senior managers and board members; patients and members of the public; commissioners; other local organisations and the local press.
4. National average and trust level results for the National Quarterly Pulse Survey are available via [Model Health System](#) (inclusive of Engagement theme score, and three sub-component scores – Motivation, advocacy, and involvement). The initial release of each quarter's results onto Model Health System is early in the third month of each quarter – Q1 (June), Q2 (September), and Q4 (March).
5. From September 2022, the national NQPS results, down to organisational and system level, will be published on the [NHS England website](#) (inclusive of engagement theme score, and three sub-component scores – motivation, advocacy, and involvement). Publication of this data ensures transparency around employee engagement in the NHS.

Implementation support

1. National Quarterly Pulse Survey is being implemented with support from the Staff Experience and Engagement team within the People Directorate at NHS England.
2. For general and technical queries, please email england.quarterlyss@nhs.net.
3. For information about the People Pulse, the free of charge data collection method, please email england.peoplepulse@nhs.net.

Appendix 1 – Channels for listening to staff

	Frequency	Hierarchy	Design	Official statistic	Access	Purpose	Planning	Reporting	Who uses the data
NHS Staff Survey	Annually. (fieldwork Sep- Nov).	Hierarchy set at granular level.	Intense development of questions via academics, practitioners and cognitive testing.	Yes.	Mandatory for all trusts to roll out. Open to all colleagues via individual URL (a set of eligibility criteria to protect data).	Aligned to the People Promise, it provides a rich and valuable source of data to support and inform continuous improvement and cultural change. The survey has the highest standards of quality and accuracy allowing organisational comparisons and trend data.	Longer term plans of 3 to 5 years.	Weighted and standardised, national and local reports produced over 2 months for sound benchmark comparability.	Local, regional national colleagues, and key data users such as: CQC, Pay Review Body, WRES, WDES, FTSU.
National Quarterly Pulse Survey	Quarterly (April, July, January).	Hierarchy set at organisation level.	Use of validated and correlated Employee Engagement questions.	No.	Mandatory for all trusts to roll out. Open to all colleagues.	To provide insight into Employee Engagement across the NHS in England, more regularly and in a consistent approach, to support actions for improvement.	Short term plans, actions and decisions.	Reports are dependent on local method selected. National results available in third month of the quarter.	Local, regional and national colleagues.
People Pulse	Monthly (frequency of use can be determined locally).	Hierarchy set at organisation level with breakdown into demographics. (optional local levels).	Robust core questions on Employee Experience, and flexible questions to provide an opportunity to deep dive.	No.	Voluntary for organisations. Open to colleagues, at local choice.	To provide snapshot information of Employee Experience at a given time, concentrating on feeling informed, team support, feeling supported in health and wellbeing, and feedback to leaders.	Short term plans, actions and decisions.	Reports are available four working days after each survey wave closes via a dashboard. NHS average comparison available.	Local, regional and national colleagues.

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This publication can be made available in a number of other formats on request.