NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST

BOARD OF DIRECTORS' MEETING

Meeting Date: 22 July 2015

Title and Author of Paper: Staff Friends and Family Test Update Quarter One

2015/16

Lisa Crichton Jones Executive Director of Workforce & OD Lisa Quinn Executive director of Performance and Assurance

Paper for Debate, Decision or Information: Information

Key Points to Note:

- Quarter 1 2015 Quantitative information and some analysis of trends
- There is considerable symmetry and symbiosis between findings for the
 Friends and Family Test and those from the free text comments from the
 Staff Survey which takes place in Quarter 3. With the criteria being simply
 how many times an issue has been mentioned, i.e. how common is the
 response, for the first year of FFT concerns around the shift patterns and
 anxiety around organisational change were the most prevalent.
- Proposal for FFT Actions which if approved will be reformulated with measurable objectives that will provide greater assurance that actions are progressing.

Outcome required: for information only



Staff Friends and Family Test (FFT) Update 1516 Quarter One

Introduction

In April 2014, NHS England introduced the Staff Friends and Family Test (FFT) in all NHS trusts providing acute, community, ambulance and mental health services in England.

NHS England's vision for Staff FFT is that all staff should have the opportunity to feedback their views on their organisation at least once per year. It is hoped that Staff FFT will help to promote a big cultural shift in the NHS, where staff have further opportunity and confidence to speak up, and where the views of staff are increasingly heard and are acted upon.

The Staff FFT was developed by NHS England and a working group made up of representatives from provider trusts, staff side representatives and NHS Employers. For the first year, NHS England adopted a flexible approach to how organisations implemented the Staff FFT. That decision was taken as a result of feedback received and because it is important that Staff FFT is seen as an improvement tool which works at a local level.

The Trust took the approach that all members of staff for the first year of the Friends and Family Test would have the opportunity each quarter to give their views. In response to concerns about survey fatigue for the year 2015-16, the Trust has taken the approach that members of staff will get the option in one quarter of the year (based on a three-way split of alphabetical surnames) and a second chance in the NHS Staff Survey. Of note is that NHS England will this year be tendering a review of the Friends and Family Test procedures.

Response rate for Quarter 1 2015

752 members of staff completed the Friends and Family Test in Quarter 1 2015, equating to a response rate of 33.5%. 1,493 members of staff who could have completed the survey in Quarter 1 chose not to do so. Members of staff with surnames starting with the letters A-F were asked the question via the system login process. The response rate in q1 at 33.5% remains similar to the response rate of 33% in q4, with both being lower than the response rate of 37% in Q2 last year.

Trends between Quarter 1 2014 and Quarter 1 2015

Whilst it should be noted that 2014 was based on all staff having the opportunity in the survey and in quarter one 2015, 2,245 members of staff, the percentage distribution for the responses to the questions are broadly similar as illustrated below.

Q1 How likely are you to recommend the organisation to friends and family as a place to work?	Quarter 1 2014 %	Quarter 1 2015 %
Extremely Likely	22	26
Likely	40	37
Neither	17	18
Unlikely	10	10
Extremely Unlikely	8	6
Don't Know	3	2

Note that a rounding error means that Quarter 1 2015 adds up to 99%.

A breakdown of the positive response to this question by group is below:

Q1 Recommend as place of work? - positive response rate	Q2 1415	Q4 1415	Q1 1516	~ After an increase last quarter, the rate of positive
Trust	62%	66%	63%	responses to this question
Specialist Care Group	58%	66%	64%	have since decreased in Q1 to similar levels seen in Q2
Community Care Group	50%	53%	52%	last year.
In-Patient Care Group	64%	68%	63%	last year.
Deputy Chief Executive	79%	74%	82%	~Corporate services areas
Nursing Directorate	63%	67%	76%	are more likely to rate this
Medical Directorate	68%	67%	72%	question positively than
Performance and Assurance	76%	80%	71%	clinical groups.
Workforce Directorate	65%	68%	79%	
CEO Office	100%	85%	75%	

Q2 How likely are you to recommend our services to friends and family if they needed care or treatment?	Quarter 1 2014 %	Quarter 1 2015 %
Extremely Likely	24	28
Likely	48	47
Neither	16	16
Unlikely	5	5
Extremely Unlikely	2	2
Don't Know	4	2

Note that rounding error means that Quarter 1 2014 adds up to 99%.

Whilst not significant it is pleasing to note that on both questions there has been a percentage increase in responses for the 'extremely likely' category.

A breakdown of the positive response to this question by group is below:

Q2 Likely to recommend services - positive response rate	Q2 1415	Q4 1415	Q1 1516	~ Positive response to this question have seen an increasing trend Trust wide
Trust	73%	74%	75%	and in many areas of the Trust
Specialist Care Group	69%	73%	75%	The impetions care group
Community Care Group	70%	71%	70%	~ The inpatient care group results are an outlier in that
In-Patient Care Group	74%	70%	67%	the group has seen a
Deputy Chief Executive	83%	77%	93%	continuing reduction in the
Nursing Directorate	77%	83%	86%	number of positive responses.
Medical Directorate	70%	67%	72%	
Performance and Assurance	71%	76%	79%	
Workforce Directorate	81%	75%	84%	
CEO Office	80%	100%	100%	

High Level Benchmarking Data Q4 2014-2015

The table below shows the responses to the FFT questions from Northumberland, Tyne and Wear NHS Foundation Trust in comparison to the National and Local Area responses. It can be seen that the Trust is above the national average for the percentage of staff who would recommend the Trust as a place to work, but below the national average for those who would recommend for care and treatment. The data also shows for both questions the Trust is below the average amongst Trusts within the local area for staff who would recommend as a place to work or for care and treatment.

The data for all Trusts has not yet been published for Q1 2015-2016, once this data is available some more detailed analysis will be undertaken and included within the next report.

	Total Responses	Percentage Recommended - Work	Percentage Not Recommended - Work	Percentage Recommended - Care	Percentage Not Recommended - Care
National	151,605	61.7%	18.9%	77.2%	7.5%
Cumbria, Northumberland, Tyne and Wear Area Team	6,506	70%	13%	80%	7%
Nortumberland, Tyne and Wear NHS Foundation Trust	1,927	66%	15%	74%	7%

Findings

The Staff Friends and Family test has generated a considerable amount of qualitative data about how it is to work at Northumberland, Tyne and Wear NHS Foundation Trust. These data will be analysed in greater detail with advice on the process being provided NEQOS. Amongst the analysis of all the information gathered to date, will be a thorough content analysis of the free text qualitative comments to date. The Trust has been given assurances that no responses will be quoted verbatim and that content will be thematically grouped, it is therefore proposed that all information that has been gathered should be able to be analysed.

As might have been anticipated there is considerable symmetry and symbiosis between findings for the Friends and Family Test and those from the free text comments from the Staff Survey which takes place in Quarter 3. With the criteria being simply how many times an issue has been mentioned, i.e. how common is the response, for the first year of FFT concerns around the shift patterns and anxiety around organisational change were the most prevalent.

Recommendations

For many of the issues that have been raised there is a need to listen more and gain a feel for the actions that are required and a wide ownership and responsibility for seeing those actions through. Finding ways for us all to address these will have the biggest impact and will go a long to eradicating the view that the wider staff survey work never achieves anything. Information from staff survey sources, be they Friends and Family Test, or the full survey which takes place in Quarter 3, are vital to inform the wider work on engagement.

It has been requested that an additional question for staff to answer specifically in relation to the area they work in be added to the standard questions, the possibility of adding this question is being explored.

Appendix 1 details suggested actions

Appendix 2 includes qualitative data demonstrating trends

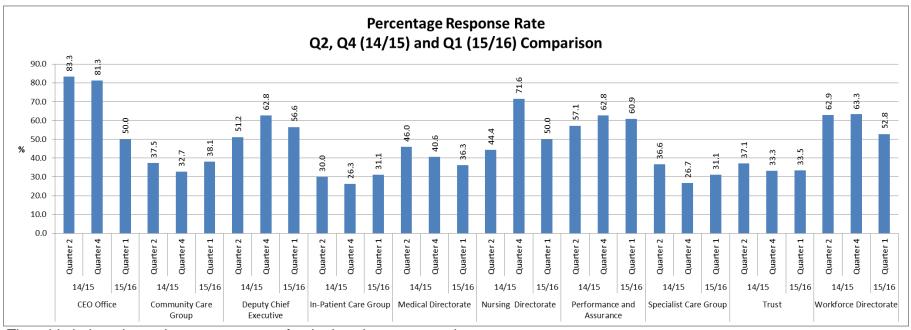
Lisa Crichton Jones Executive Director of Workforce & OD Lisa Quinn Executive director of Performance and Assurance

July 2015

Appendix 1 Suggestion Actions

Issue	Suggested Actions
Organisation blames/punishes people	Continuation and further promotion of the Don't Be a Spectator campaign,
involved in errors/near misses or incidents	Speak out Safely, Explore Introduction of independent reporting system,
	Speak in Confidence
Organisation does not treat fairly staff	Continuation and further promotion of the Don't Be a Spectator campaign,
involved in errors	Speak out Safely, Explore Introduction of independent reporting system,
	Speak in Confidence
Never/rarely does time pass quickly when I	Examination of areas where this has been highlighted as an issue and
am working	develop engagement initiatives in those areas to mitigate
Put myself under pressure to come to work	Further promotion and development of IWL initiatives
despite not feeling well enough	
Felt unwell due to work related stress in the	Campaign to lead up to coincide with Stress Awareness Day (4th
last 12 months	November 2015)
Cannot meet conflicting demands on my time	
at work	
Appraisal – left feeling work not valued	Evaluate outcomes of new appraisal system
Appraisal not helpful	
Senior managers do not try to involve staff in important decisions	Continuation of Speak Easy, initiation of Share Easy
Last experience of harassment/bullying/abuse	Representation from the Staff Survey Group onto the Physical Violence
not reported	Reduction Group
	Introduction of independent reporting system, Speak in Confidence
Senior managers do not act on staff feedback	Continuation of Speak Easy, initiation of Share Easy
Not enough staff at the organisation to do my	Exploration of these issues (TUMF?)
job properly	
Uncertainty around change/change fatigue	Need for better communication around the need for change. Use of
	Conversations/Speak Easy/OD Intervention
Expenses system difficult/inflexible to use	Review of the system
Shift system doesn't work, allow flexibility, not	Establish discussions on the review to date, dedicated listening events,
family friendly	

Appendix 2 Quantitative Data



The table below shows the response rates for the last three quarters by group:

Average response rate	Q2 1415	Q4 1415	Q1 1516 %	Q1 1516 number of responses (nb staff surname commencing A-F)	~ Clinical groups saw a decrease in response rates from Q2 to Q4 last year,		
Trust	37%	33%	33%	752			
Specialist Care Group	37%	27%	31%	181	~ In Q1 response rates have since		
Community Care Group	37%	33%	38%	248	increased to similar levels as Q2 last year in the community and inpatient groups		
In-Patient Care Group	30%	26%	31%	112			
Deputy Chief Executive	51%	63%	57%	56			
Nursing Directorate	44%	72%	50%	29	~ The response rate in the specialist		
Medical Directorate	46%	41%	36%	29	care group has increased from Q4 to		
Performance and Assurance	57%	63%	61%	28	Q1 but is not back to the same level as		
Workforce Directorate	63%	63%	53%	19	Q2 last year.		
CEO Office	83%	81%	50%	4			

NB the staff FFT question was not asked in 2014/15 Q3 due to the staff survey being undertaken.

