

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors

Meeting Date: 24 May 2017

Title and Author of Paper: Staff Friends and Family Test Update Quarter Four 2016/17 - Anna Cummings, Experience and Effectiveness Officer, Commissioning and Quality Assurance

Executive Lead:

Lisa Crichton-Jones Executive Director of Workforce & OD
Lisa Quinn Executive Director of Commissioning and Quality Assurance

Paper for Debate, Decision or Information: Information

Key Points to Note:

- This paper summarises the results of the Staff Friends and Family Test Survey (FFT) administered to all staff accessing the Trust network during the period 1.1.2017 to 31.03.2017 (quarter 4 2016-17).
- The Staff FFT is administered internally in each quarter of the year, with the exception of quarter 3, when the staff FFT is administered via the national staff survey.
- There was a significant increase in response rates in the quarter compared with the previous quarter (from 31% to 40%).
- There was an 11% reduction in positive responses to the question “How likely are you to recommend the organisation to friends and family as a place to work?” from 75% to 64% compared to quarter 2.
- There was a 10% reduction in positive responses to the second question, “How likely are you to recommend our services to friends and family if they needed care or treatment?” from 84% to 74% compared to quarter 2.
- Initial results from 2017-18 quarter one (1st April 2017 to 30th June 2017) suggest that the recommend scores have since increased and the enhanced response rate has continued.
- There appears to be no seasonal pattern to results, however, there has been a number of factors occurring during the year which may have had an impact on the results.
- The Trust results from Quarter 2 (2016/17) has been benchmarked against the national results – at which time NTW was above the national average for both questions.
- Trend analysis has been included in Appendices 1-3.

- Comments received from staff in Quarter 4 have been themed and reported in Appendix 4.
- Actions undertaken by Groups in response to themes emerging from staff comments in Quarter 2 are reported in Appendix 5.

Risks Highlighted: n/a

Does this affect any Board Assurance Framework/Corporate Risks: No

Equal Opportunities, Legal and Other Implications: n/a

Outcome Required / Recommendations: for information and action

Link to Policies and Strategies: Workforce & OD Strategy

Staff Friends and Family Test (FFT) Update 1617 Quarter Four

Introduction

All Trusts are required to ask staff their responses to the two Staff Friends and Family Test (FFT) questions, which are also included with the national staff survey conducted in quarter three of each year. The two questions are:

- 1. How likely are you to recommend the organisation to friends and family as a place to work?**
- 2. How likely are you to recommend our services to friends and family if they needed care and treatment?**

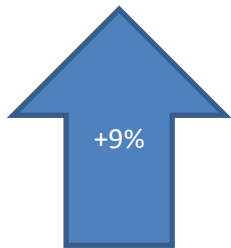
NTW provides staff with the opportunity to feedback their views on the organisation throughout the year via a range of mechanisms, such as the annual staff survey, the staff FFT (which is administered internally each quarter except in Q3), speakeasy events and the chatterbox facility.

The Staff FFT responses are published nationally, allowing for national benchmarking to take place. Internally, anonymised responses to the staff FFT are made available to managers via the Trust dashboard.

When comparing the staff FFT results from this year to last, it is important to note that there was change in approach from 2015/16 to 2016/17. In 2015/16, one third of staff were asked for their views each quarter therefore each individual was asked once during the year via the NTW process and again via the staff survey process (i.e. no more than twice in the year). In 2016/17, all staff have been asked their views in every quarter, therefore significantly increasing the volume of responses in the year.

Staff FFT Results 2016/17 Quarter 4 vs Quarter 2

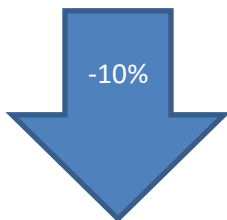
Nb the quarter 3 FFT was administered via the national staff survey therefore the Quarter 4 results are compared with Quarter 2



The number of responses to the Staff FFT questions have increased significantly when compared with quarter two (from 31% to 40%) due to a change in the way that the questions are asked when individuals log into the Trust network. In total, 2,757 staff have responded during quarter 4 (40% of those asked) compared with 1,946 in quarter two (31%).



The overall proportion of Trust staff who are extremely likely or likely to recommend the organisation to friends and family as a **place to work** have decreased significantly from 75% in quarter 2 to 64% in quarter 4.



The overall proportion of Trust staff who are extremely likely or likely to recommend our services to friends and family **if they needed care and treatment** have decreased significantly from 84% in quarter 2 to 74% in quarter 4.

Note that **initial results from 2017-18 quarter one** (1st April 2017 to 30th June 2017) suggest that the **recommend scores have since increased** and the enhanced response rate has continued. Although the quarter is not yet finished, the number of staff responding to the survey to date (as at 16.05.17) is already higher than the numbers of respondents in the previous quarter, therefore the final results for the forthcoming quarter are not anticipated to change significantly from those reported below.

Initial results to date suggest that the proportion of staff who would recommend NTW as a place to work have increased from 64% to c69% and the proportion of staff who would recommend our services to friends and family if they needed care and treatment has increased from 74% to c77%.

The organisation has experienced varying results from the staff FFT questions over the past year (shown below). There are a number of factors to be aware of when considering these results, such as:

- The impact and timing of the CQC “Outstanding” rating (1st September 2016)
- The implementation of NTW solutions
- The engagement and consultation re operational structures
- Changes to the presentation of the survey format, with answer options being presented in vertical format in 16-17 Q2 and 17-18 Q1 and a horizontal format in 16-17 Q4.

Recommend comparison:	Scores	15-16 Q4 (1/1/16-31/3/16)	16-17 Q1 (1/4/16-30/6/16)	16-17 Q2 (1/7/16-30/9/16)	16-17-Q4 (1/1/17-31/03/17)	17-18 Q1 initial results (1/4/17-16/5/17)
How likely are you to recommend NTW to friends and family as a place to work?		71%	71%	75%	64%	69%
How likely are you to recommend our services to friends and family if they needed care or treatment?		79%	81%	84%	74%	77%

Response rates analysis

Appendix 1 shows the response rates by group/directorate over time (excluding those quarters where the FFT was administered via the national staff survey). In 2016/17 quarter 4 the Trust response rate was 40%.

The lowest response rate of those staff asked via the Trust network was the Deputy Chief Executive’s Directorate (35%) and the highest response rate was the Commissioning & Quality Assurance Directorate at 64%. Note also that the Deputy Chief Executive Directorate response rate was the only area to see a reduction in response rates compared with quarter 2.

Question 1 How likely are you to recommend the organisation to friends and family as a place to work?

How likely are you to recommend the organisation to friends and family as a place to work?	Quarter 4 2015/16 %	Quarter 1 2016/17 %	Quarter 2 2016/17 %	Quarter 4 2016/17 %	Compared with the same period last year (ie quarter 4 vs quarter 4), there has been an overall reduction in positive responses to this question (from 70% to 64%) and a small increase in negative responses (from 13% to 14%).
Extremely Likely	25	28	33	21	
Likely	45	43	42	43	
<i>Total likely</i>	<i>70</i>	<i>71</i>	<i>75</i>	<i>64</i>	
Neither	16	15	13	19	
Unlikely	7	7	6	8	
Extremely Unlikely	6	5	5	6	
Don't Know	1	1	1	3	

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

Recommend as place of work? - positive response rate	Q4 1516	Q1 1617	Q2 1617	Q4 1617	<p>~ The overall reduction in positive responses from Q4 15/16 to Q4 16/17 has resulted from decreases across 6 of the 9 areas.</p> <p>~ The greatest reduction in positive responses was in the Deputy Chief Executive Directorate, while the greatest increase was in the Workforce Directorate.</p>
Trust	71%	71%	75%	64%	
Specialist Care Group	69%	69%	74%	64%	
Community Care Group	69%	71%	75%	61%	
In-Patient Care Group	67%	75%	74%	64%	
Deputy Chief Executive	84%	78%	73%	63%	
Nursing Directorate*	68%	71%	80%	69%	
Medical Directorate*	56%	69%	75%	66%	
Commissioning and Quality Assurance	81%	78%	85%	75%	
Workforce Directorate	59%	53%	67%	71%	
CEO Office	100%	63%	63%	92%	

*Note that the nursing and medical directorates are small, centralised corporate teams. The majority of nursing and medical staff are reported within the three care groups.

Appendix 2 illustrates the percentage of positive, negative and neutral responses to question 1 by group/directorate over time (Q4 2015/16 to Q4 2016/17).

Question 2 How likely are you to recommend our services to friends and family if they needed care or treatment?

How likely are you to recommend our services to friends and family if they needed care or treatment?	Quarter 4 2015/16 %	Quarter 1 2016/17 %	Quarter 2 2016/17 %	Quarter 4 2016/17 %	Compared with quarter 4 last year , there has been an overall reduction in positive responses to this question (from 79% to 74%) and an increase in negative responses (from 5% to 7%).
Extremely Likely	29	32	39	25	
Likely	50	49	45	49	
<i>Total Likely</i>	<i>79</i>	<i>81</i>	<i>84</i>	<i>74</i>	
Neither	15	12	10	15	
Unlikely	3	4	2	4	
Extremely Unlikely	2	2	2	3	
Don't Know	2	2	2	4	

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

Likely to recommend services - positive response rate	Q4 1516	Q1 1617	Q2 1617	Q4 1617	<p>~ The overall reduction in positive responses from Q4 15/16 to Q4 16/17 has resulted from decreases across 6 of the 9 areas</p> <p>~ The greatest reduction in positive responses was in the CEO Office Directorate, while the greatest increase was in the Nursing Directorate.</p>
Trust	79%	81%	84%	74%	
Specialist Care Group	79%	80%	84%	73%	
Community Care Group	82%	82%	86%	74%	
In-Patient Care Group	76%	83%	82%	73%	
Deputy Chief Executive	81%	85%	87%	72%	
Nursing Directorate*	68%	73%	83%	82%	
Medical Directorate*	67%	70%	78%	65%	
Commissioning and Quality Assurance	70%	86%	87%	78%	
Workforce Directorate	78%	83%	86%	79%	
CEO Office	100%	75%	75%	83%	

**Note that the nursing and medical directorates are small, centralised corporate teams. The majority of nursing and medical staff are reported within the three care groups.*

Appendix 3 illustrates the percentage of positive, negative and neutral responses to question 2 by group/directorate over time (Q4 2015/16 to Q4 2016/17).

Staff Comments

When responding to the staff FFT online, staff additionally have the opportunity to provide comments to complement the two mandatory questions. A simple analysis of comments received in quarter 4 has been undertaken, highlighting that the most prevalent themes raised by staff are **staffing levels** and **waiting times**.

Appendix 4 shows a breakdown of these themes by group/directorate.

The FFT results are available to managers anonymously via the dashboards. Clinical Groups and operational departments are asked to consider their results, not only for the quarter but over the time the FFT has been running to determine themes and local issues and consider actions to address these.

The Clinical Groups have considered the results which emerged from **Quarter 2 2016/17** and are undertaking actions to ensure improvement. Some of the key actions taken to address the themes by groups/directorates are listed at **Appendix 5**.

National Benchmarking Data - Update Q2 2016-2017

The table below shows the responses to the staff FFT questions from Northumberland, Tyne and Wear NHS Foundation Trust in comparison to national and regional responses.

The data below is the most recently published: Q2 2016-2017 (nb Q4 2016-2017 data is due to be published 1 June 2017).

	Responses	Workforce Headcount	Work		Care	
			Percentage Recommend	Percentage Not Recommend	Percentage Recommend	Percentage Not Recommend
National	136,404	1,147,409	64%	18%	80%	6%
NHS England Cumbria & North East Region	8,509	84,708	69%	15%	81%	6%
NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST	1,946	6,187	75%	10%	84%	4%
TEES, ESK AND WEAR VALLEYS NHS FOUNDATION TRUST	2,870	6,450	72%	13%	81%	5%

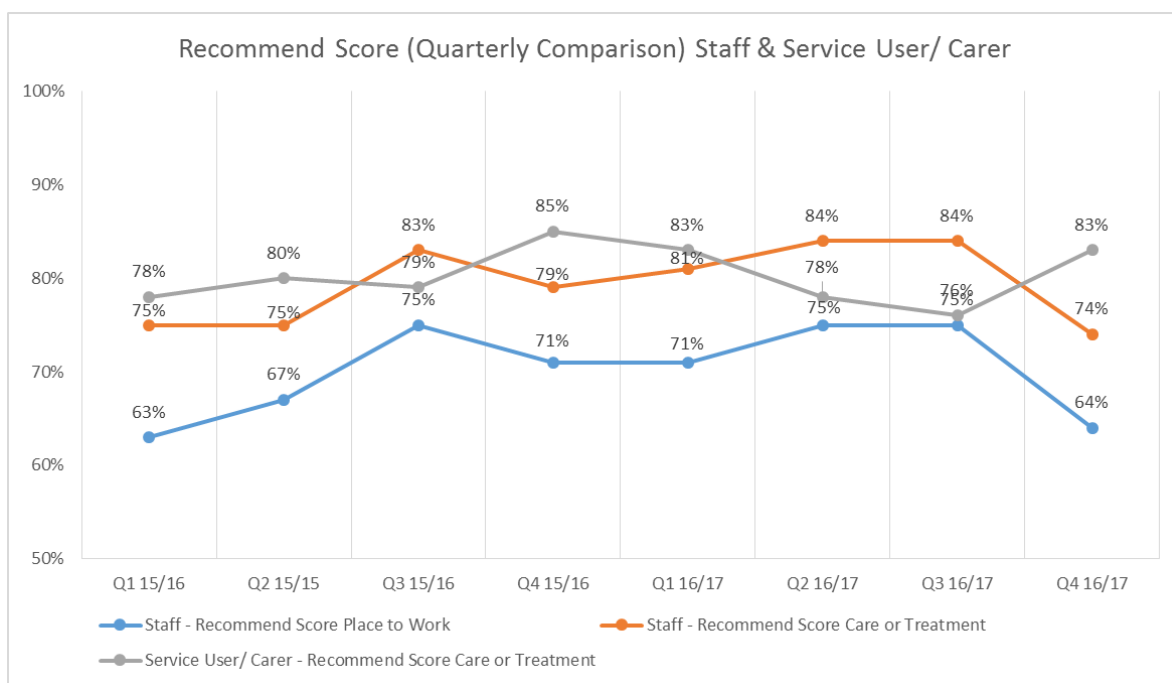
It can be seen from the table above that in quarter 2 the Trust was above the national average for both the percentage of staff who would recommend the Trust as a place to work and for those who would recommend for care and treatment. The data also shows that in quarter 2 Trust scores were above both Trusts within the local area for staff who would recommend as a place to work and as a place for care and treatment.

If the national position remains unchanged from quarter two to quarter four, at 64% the most recent (Q4) NTW results for quarter four would be in line with the national average for recommending the Trust as a place to work, and at 74%, below the national average of 80% for recommending the organisation’s care and treatment.

Initial results from 17-18 quarter one suggest that the recommend score as a place to work would remain in line with national average and the recommend score regarding our care and treatment would move closer to the national average (again, assuming the national average remains unchanged).

Staff vs Service User/ Carer Friends and Family Test Comparison

The graph below shows the recommend score from both the staff and service users/ carers FFT over a quarterly time period:



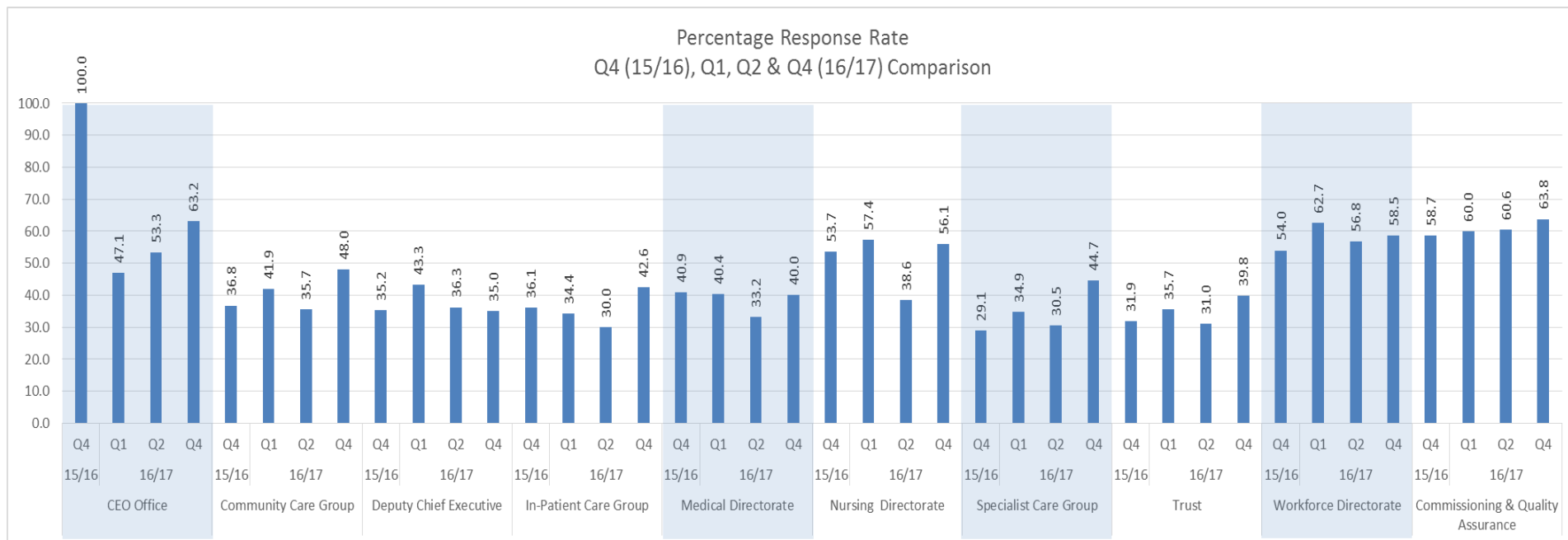
(NB Quarter 3 results taken from Staff Survey – NHS Improvement, Patient Experience Headlines Tool)

All departments are asked to consider appropriate actions in response to recent staff responses to the two Friends and Family Test questions.

Lisa Crichton-Jones, Executive Director of Workforce & Organisational Development
Lisa Quinn, Executive Director of Commissioning & Quality Assurance

May 2017

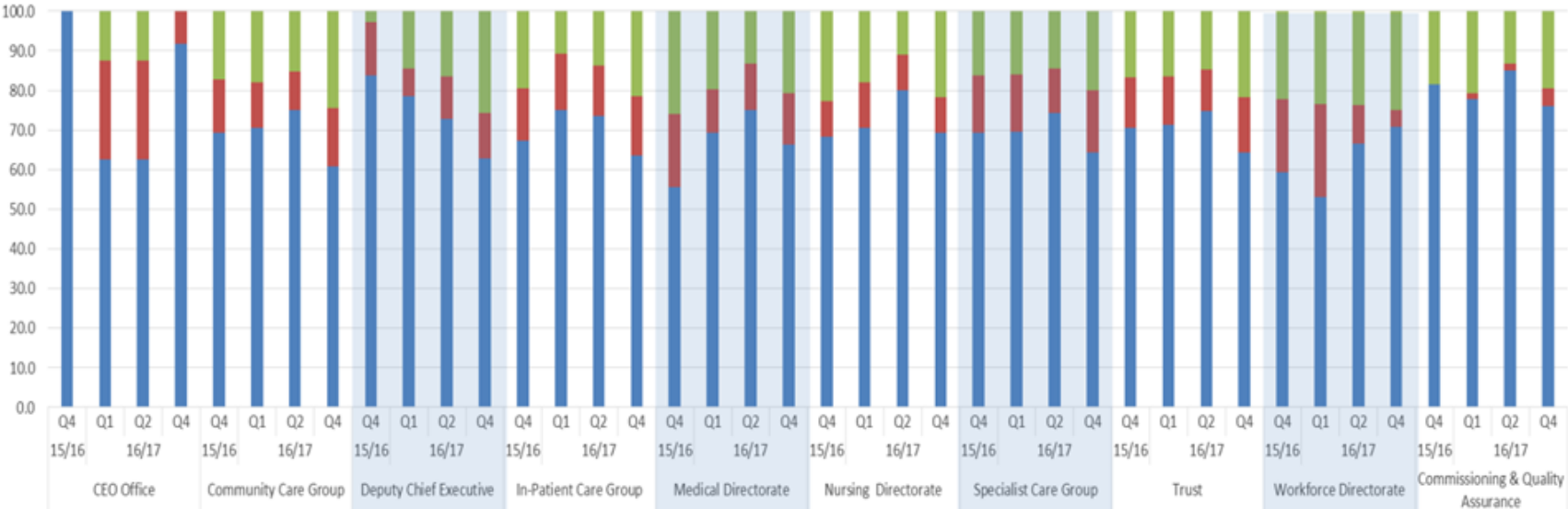
Response Rates



NB the staff FFT question was not administered internally in 2016/17 Q3 due to the staff survey being undertaken.

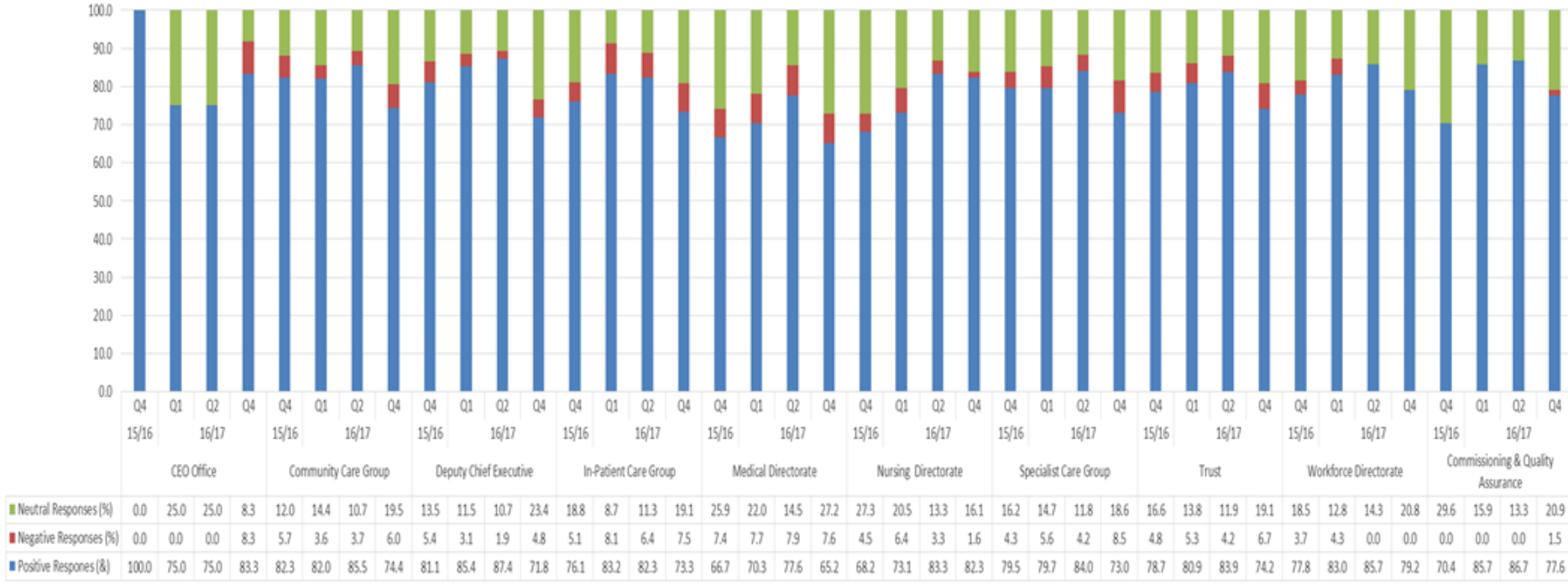
Response rate	Q4 1516	Q1 1617	Q2 1617	Q4 1617	Q4 1617 number of responses	
Trust	32%	36%	31%	40%	2757	<p>~ In Q4 response rates have increased overall from 31% in Q2 to 40%.</p> <p>~All directorates have seen an increase in response rates, excluding the Deputy Chief Executive.</p> <p>~The most significant increase in response rate was seen from the Nursing Directorate (from 39% to 56%).</p> <p><i>*Note that the nursing and medical directorates are small, centralised corporate teams. The majority of nursing and medical staff are reported within the three care groups.</i></p>
Specialist Care Group	29%	35%	30%	45%	910	
Community Care Group	37%	42%	36%	48%	845	
In-Patient Care Group	36%	34%	30%	43%	439	
Deputy Chief Executive	35%	43%	36%	35%	124	
Nursing Directorate*	54%	57%	39%	56%	124	
Medical Directorate*	41%	40%	33%	40%	92	
Commissioning and Quality Assurance	59%	60%	61%	64%	67	
Workforce Directorate	54%	63%	57%	59%	24	
CEO Office	100%	47%	53%	63%	12	

Would you recommend NTW as a Place to Work?
 Q4 (15/16), Q1, Q2 & Q4 (16/17) Comparison



	CEO Office				Community Care Group				Deputy Chief Executive				In-Patient Care Group				Medical Directorate				Nursing Directorate				Specialist Care Group				Trust				Workforce Directorate				Commissioning & Quality Assurance			
	Q4 15/16	Q1 16/17	Q2 16/17	Q4 16/17	Q4 15/16	Q1 16/17	Q2 16/17	Q4 16/17	Q4 15/16	Q1 16/17	Q2 16/17	Q4 16/17	Q4 15/16	Q1 16/17	Q2 16/17	Q4 16/17	Q4 15/16	Q1 16/17	Q2 16/17	Q4 16/17	Q4 15/16	Q1 16/17	Q2 16/17	Q4 16/17	Q4 15/16	Q1 16/17	Q2 16/17	Q4 16/17	Q4 15/16	Q1 16/17	Q2 16/17	Q4 16/17	Q4 15/16	Q1 16/17	Q2 16/17	Q4 16/17				
Neutral Responses (%)	0.0	12.5	12.5	0.0	17.2	18.0	15.3	24.5	2.7	14.6	16.5	25.8	19.6	10.8	13.8	21.4	25.9	19.8	13.2	20.7	22.7	17.9	11.1	21.8	16.2	16.1	14.4	20.0	16.7	16.5	14.8	21.6	22.2	23.4	23.8	25.0	18.5	20.6	13.3	19.4
Negative Responses (%)	0.0	25.0	25.0	8.3	13.4	11.3	9.7	14.7	13.5	6.9	10.7	11.3	13.0	14.2	12.5	15.0	18.5	11.0	11.8	13.0	9.1	11.5	8.9	8.9	14.6	14.4	11.3	15.7	12.8	12.3	10.4	14.1	18.5	23.4	9.5	4.2	0.0	1.6	1.7	4.5
Positive Responses (%)	100.0	62.5	62.5	91.7	69.4	70.6	75.0	60.8	83.8	78.5	72.8	62.9	67.4	75.1	73.6	63.6	55.6	69.2	75.0	66.3	68.2	70.5	80.0	69.4	69.2	69.5	74.3	64.3	70.5	71.2	74.8	64.3	59.3	53.2	66.7	70.8	81.5	77.8	85.0	76.1

How Likely are you to recommend NTW Services for Care or Treatment?
 Q4 (15/16), Q1, Q2 & Q4 (16/17) Comparison



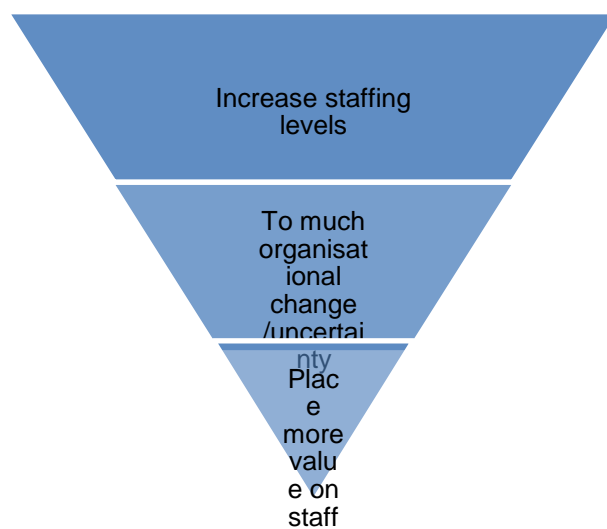
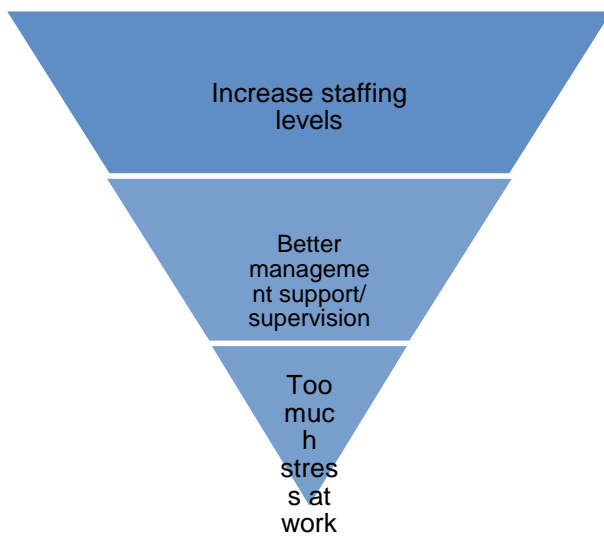
Themes arising from staff comments

(Nb: the inverted pyramid illustrates the frequency which the theme occurred – the larger the section the more frequently recurring the theme).

Question 1 - How likely are you to recommend the organisation to friends and family as a place to work?

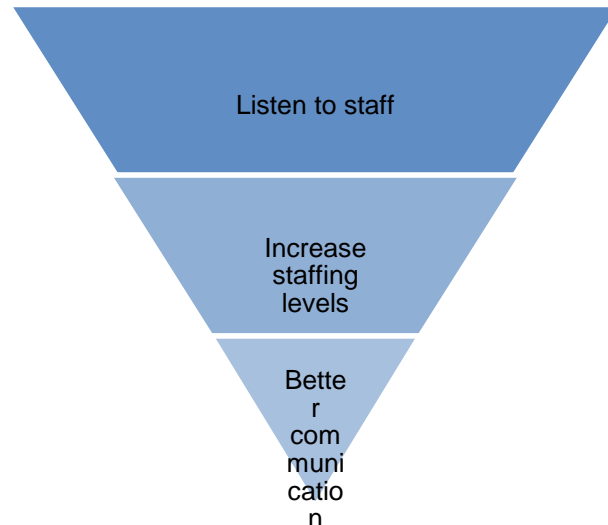
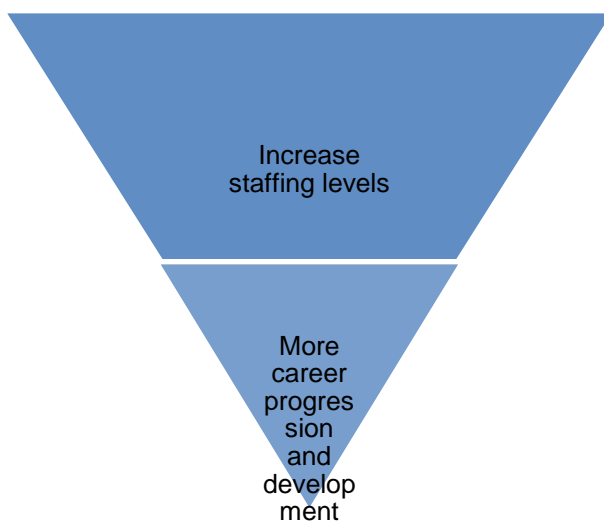
Specialist Care:

Community Care:



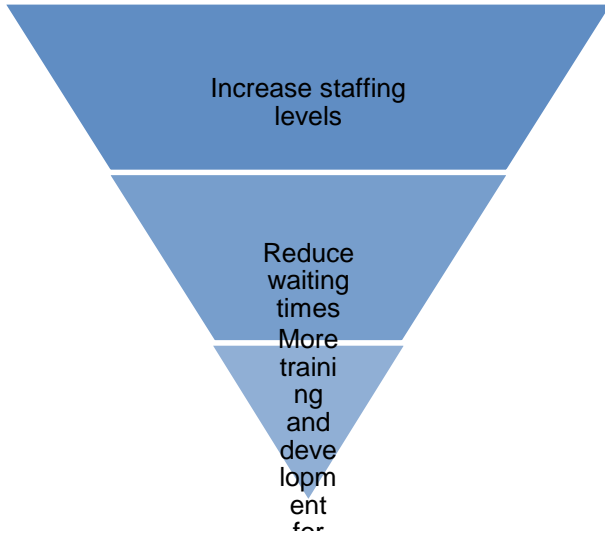
Inpatient Care:

All other:

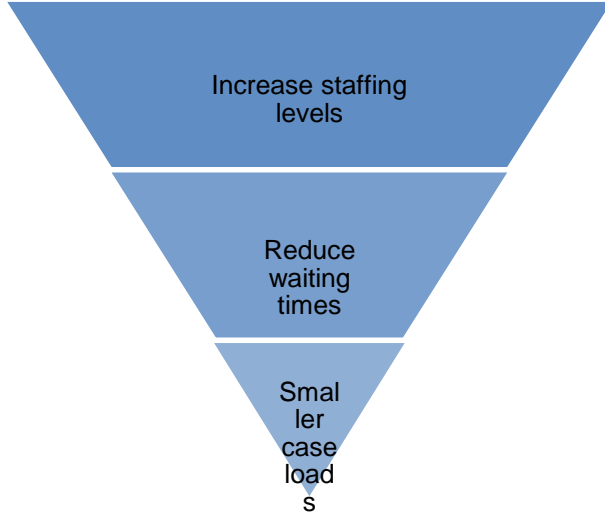


Question 2 - How likely are you to recommend our services to friends and family if they needed care or treatment?

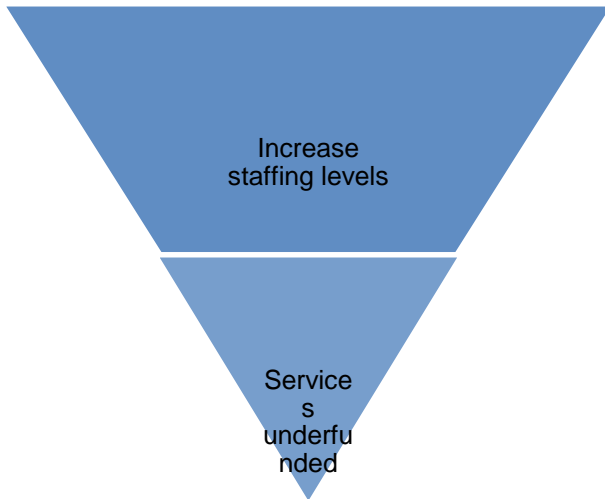
Specialist Care:



Community Care:



Inpatient Care:



All other:



Actions being taken by groups/directorates

Specialist Care Group:

Shortages of Staff and Poor Environments Inpatients

A team around the child models have been implemented on Alnwood with excellent feedback from staff. Consultation on bed reduction for Alnwood has commenced with planned improvements in staff patient ratios and working environments for staff and patients. General reduction in bank and agency usage with plans to address hot spots i.e. Redburn. PICU now has permanent staffing establishment and feedback from staff is very positive.

Strategic discussions taking place now with regards to the transfer of CYPS inpatient services onto a single site at Ferndene which will further support the teams to utilise resources more effectively.

High caseloads and pressure regarding waiting times and general workload in community CYPS increasing staff stress

Work with Meridian and team reconfiguration has now been completed with agreed activity standards and job plans for all clinical staff. Teams now focusing upon longest waits first as opposed to waiting bands as per previous CQUIN targets and the teams are making good progress.

Implementation of RiO 7 will hopefully reduce administrative burden on staff.

Developing CAMHS Experience and Enhancing Training

We have an extensive training programme in place which focusses on delivering our training priorities and which runs all year round. Feedback from training tends to be very positive.

Routine Outcome Measure (ROMs) training for all community CYPS services has been delivered via a train the trainers internal cascade programme and again evaluated extremely well.

More Communication & Engagement from Management

A number of staff engagement events have taken place over the past 3 months which have been heavily attended by staff across the whole of CYPS services. The purpose of these events was to engage staff in the strategic planning for future services and to inform staff of work being undertaken across the service.

Community Care Group:

Reduced bank and agency

Substantive posts staffing solutions. GND Clinical Nurse and HR rep at VBR meeting to support all aspects of VBR and redeployment to support service delivery. Nursing and administrative vacancies are currently running at 2.2%

Headcount is healthy and has risen slightly due to expansion of services Inc. IAPT Sunderland and TUPE of learning disability staff into Gateshead. Substantive staff have also been recruited into posts which were previously held by agency workers. However, there remains

concern around recruitment shortages into medical posts where agency locums are still being utilised.

Devolution – Collective Leadership

Staff are encouraged to attend and participate in opportunities for involvement to embed collective leadership such as Group director and Ken Tooze sessions.

Communication & Engagement from Management

A number of staff engagement events have taken place over the past 3 months which have been heavily attended by staff across community services. The purpose of these events was to engage staff in the strategic planning for future services and to inform staff of work being undertaken across the service.

Reduced waiting times

This quarter work has been done in Sunderland to reduce Non Attendance of appointments and improve waiting times. Levels of Non-attendance of appointments have dropped in the West Team Sunderland from 18% to 12%. This has enabled the teams to utilise slots more appropriately for new referrals and follow up appointments.

High caseloads and pressure regarding waiting times and general workload

We are reviewing skill mix and vacancies on a regular basis in all of the teams. We are currently scoping the use of caseload weighting tools to support the delivery of some services.

Inpatient Care Group:

Increase staffing levels/ shift patterns – the Group are currently consulting on new shift patterns for wards at SGP, the CAV and Monkwearmouth. These patterns have been piloted at have enabled us to use substantive resource more efficiently and to the benefit of the patient and use less bank and agency.

All non-registered posts have been recruited to. Qualified nursing vacancies will reduce in April 2017 with an intake of newly qualified staff and the conversion of vacant band 6 posts to band 3 posts.

Training/Career Development – the Groups nursing forums are well established and attended; they provide professional development opportunities for our qualified nursing workforce.

The Inpatient Workforce Team have recently become accredited Healthcare Leadership Model 360 degree feedback tool facilitators. Plans are in place for a first cohort of managers to get access to this. Preliminary work has started with the Trust Coach to develop a coaching skills programme for managers.