

EXECUTIVE SUMMARY
REPORT TO THE BOARD OF DIRECTORS
HELD ON 19 FEBRUARY 2014

Subject	Director of HR Report
Supporting TEG Member	Mark Gwilliam
Author	Mark Gwilliam/Rhian Bishop
Status¹	N

PURPOSE OF THE REPORT

To provide the Board of Directors with an update on the following:-

- Flu vaccination rates
- Friends & Family Testing

KEY POINTS**Flu Vaccination**

The Trust has achieved a flu vaccination rate for front line staff of 76.5% compared to a target of 75%.

Friends & Family Testing

Following the findings of the Francis report, NHS England has decided to introduce the staff Friends and Family test (FFT), additional to the annual staff survey.

From 1st April 2014 all NHS acute trusts are required by NHS England to undertake friends and family testing of **all staff every quarter** as a minimum. Staff must be asked whether they would recommend the Trust to family and friends.

Conducting Staff Friends and Family testing at STHFT are as follows:

Quarter 1 & 2

Postcards will be distributed to **all** staff to be posted back to Capita for analysis. There will be a telephone option for staff with special needs.

Quarter 3 & 4

Postcards will be distributed to all ancillary and maintenance staff where there are particular difficulties with computer access and remaining staff will be sent a link to allow them to complete the survey on line or via smart phone.

IMPLICATIONS²

AIM OF THE STHFT CORPORATE STRATEGY 2012-2017		TICK AS APPROPRIATE
1	Deliver the Best Clinical Outcomes	✓
2	Provide Patient Centred Services	✓
3	Employ Caring and Cared for Staff	✓
4	Spend Public Money Wisely	✓
5	Deliver Excellent Research, Education & Innovation	

RECOMMENDATIONS

The Board of Directors are asked to note the contents of the paper.

APPROVAL PROCESS

Meeting	Date	Approved Y/N
TEG	12.2.14	Y

¹ Status: A = Approval
A* = Approval & Requiring Board Approval
D = Debate
N = Note

² Against the five aims of the STHFT Corporate Strategy 2012-2017

SHEFFIELD TEACHING HOSPITALS NHS TRUST

STAFF FRIENDS AND FAMILY TESTING

BOARD OF DIRECTORS

19 FEBRUARY 2014

1. Introduction

There is evidence to show a strong correlation between good staff engagement and positive patient outcomes.

The overall staff engagement score calculated for every Trust from the annual NHS staff survey results comprises 3 elements – staff involvement, advocacy and motivation. Currently there are 3 advocacy questions in the NHS staff survey, they are:

- Care of patients/service users is my Trusts top priority?
- I would recommend the Trust as a place to work?
- If a friend or relative needed treatment, I would be happy with the standard of care provided by this Trust?

In 2013/14 the response to the question, “if a friend or relative needed treatment, I would be happy with the standard of care provided by this Trust”, was used as a CQUIN measure. This required Trusts to demonstrate an improvement or being in the top quartile.

Following the findings of the Francis report, NHS England has decided to introduce the staff Friends and Family test (FFT), additional to the annual staff survey. Although in the NHS England business plan the FFT was originally intended to be monthly, however, following a visit of NHS England representatives to Sheffield Teaching Hospitals it was agreed that this would be too onerous for Trusts and therefore would be undertaken quarterly instead. Additionally, the Director of HR & OD has written to NHS England, FFT Lead, to express his concerns re. the application of the FFT test and suggested an alternative approach (see attached letter).

However, from 1st April 2014 all NHS acute trusts are required by NHS England to undertake friends and family testing of **all staff every quarter** as a minimum. Staff must be asked whether they would recommend the Trust to family and friends

- For treatment and as a place to work using a scale of ‘extremely likely’ to ‘not at all’ likely.
- Supported by two free text questions giving the reasons for their answers

The survey must be anonymous and confidential with Trusts able to ask staff additional questions if they so wish.

The national guidance will not be finalised until the end of February. Albeit, recent discussions have indicated that there is a possibility that Trusts which undertake a full census staff survey may be exempt from undertaking a separate Friends and Family survey in quarter 3. However, this is dependent on the questions in the staff survey being amended to reflect the Friends and Family questions. It should be noted that the quarterly staff friends and family testing is intended to be undertaken for a shorter period of time e.g. a month and does not have the reminder regime of the staff survey. Unlike the patient survey the same population will be surveyed more regularly and there is a strong possibility of survey fatigue. It is therefore expected that this will have a potential impact on response rates for both the quarterly Friends and Family test and the annual staff survey.

2. SCORING

Previously the staff friends and family test scores in the staff survey have been the percentage of staff who answered 'agree' and strongly agree' added together i.e the percentage of staff who gave a positive response. In future the staff FFT will be using 'a net promoter score' whereby only the 'extremely likely' responses are counted as positive. This may result in a less positive score for many Trusts.

It has not yet been decided where NHS England will publish this data but it is clear that it will be important to communicate to staff the results of the quarterly test and what actions the Trust is taking.

3. CQUIN

The requirement for the CQUIN in 2014/15 is to establish a testing and reporting mechanism to report on the first quarter's results by 1st July 2014. Trusts that can demonstrate this requirement will receive 30% of FFT set up costs. In future years, it is expected, but not yet confirmed, that the CQUIN will be dependent on the response rates and/or demonstrating an improvement in the net promoter score.

4. CONDUCTING STAFF FRIENDS AND FAMILY TESTING AT STHFT

The requirement of quarterly friends and family testing for all staff coupled with the need to ensure that the survey is anonymous and the ability to interpret the free text data, will be the most useful in the development of action plans. As with the annual staff survey, the Trust will contract with Capita, to support the administration of the survey. Unlike the staff survey, where it is the responsibility of the survey provider, the data will be submitted to NHS England by the Trust. There will also be a significant amount of work to be undertaken internally by the Learning and Development and Workforce Information/ESR teams e.g. preparation of staff lists, distribution of surveys, dealing with staff queries etc as well as feeding back results to appropriate departments, liaising with departments and producing reports on action taken.

Quarter 1 & 2

Postcards will be distributed to **all** staff to be posted back to Capita for analysis. There will be a telephone option for staff with special needs.

Unlike the staff survey it is possible to have a mixed mode with some staff groups able to complete their staff surveys on line. For example:

Quarter 3 & 4

Postcards will be distributed to all ancillary and maintenance staff where there are particular difficulties with computer access and remaining staff will be sent a link to allow them to complete the survey on line or via smart phone.

As with quarter 1 & 2, a telephone option will be available for staff with special needs.

To complete the FFT testing online, email addresses are required to be entered into ESR in preparation for online surveying from quarter 3. It should be noted that it is anticipated that the NHS staff survey will move to an online survey in 2015 which will require email addresses for all staff.

MG/RB Feb 2014

Human Resources
Northern General Hospital
Herries Road
SHEFFIELD
S10 2SB

Our Ref: MG/JS

Tel: 0114 2714061

Fax: 0114 2266431

Samantha Riley
Head of Insight
NHS England

2 January 2014

Dear Samantha,

Re - Staff Friend and Family Testing

Further to your letter of 19 December we wish to express our concerns regarding the current proposal for the staff friends and family testing.

Whilst we are absolutely committed to improving staff engagement within our organisation and keen to seek feedback from our staff in order to drive service improvement we do not believe that this is the most appropriate way forward as it is likely to have a detrimental impact on ability to engage effectively with our workforce.

A requirement to survey all staff every quarter will place a huge administrative burden on Trusts at a time when we are trying to ensure greater efficiency in the service. Your covering letter states that there is a requirement to ask staff two questions but as the guidance states there is also a requirement for a follow up free text question.

As you state, it is the free text questions that will provide the most useful information to drive service improvement, however to be of use to Trusts, this needs to be as specific as possible whilst acknowledging the need to maintain anonymity so it needs to be targeted and collected at a more local level.

We believe the staff friends and family test would be far more effective if it was targeted quarterly at sections of the workforce ie. work areas or staff groups. That said, we are disappointed to note that the proposal made at the SPF for sections of an organisation to be reviewed quarterly, resulting in all staff being targeted at least once a year, has not been followed through as we believe this would be far more practical and could be incorporated into local staff engagement work.

Unlike the patient population, the staff population is relatively static and so we are more likely to experience 'survey fatigue' as many suggestions for improvements will take time and resources to implement and staff will not perceive that action has been taken before the next survey is undertaken.



In hospital and in the community

proud to make a difference

We are particularly concerned about quarter 3 where there is the expectation we will survey all staff for the friends and family test at the same time as we are undertaking the annual NHS staff survey. This is likely to have a detrimental impact on the NHS staff survey response rate as not only is there the potential for confusion but many staff will not undertake two surveys and will be more likely to opt for the shorter friends and family test questions. Therefore, there is a real risk that the wider staff engagement and cultural issues in the NHS staff survey are diluted.

We were also disappointed to note the plans to use the net promoter 'not at all likely to extremely likely' scoring which means that the scoring is not directly comparable with the scoring for the friends and family test questions in the staff survey. It will not be beneficial to move away from the percentages used in the staff survey scoring which are easily understood by both staff and the public to one which is not. In the current economic climate and during a period of significant organisational change in the NHS there is a real risk that there could be potential negative scores for the FFT as a place to work which could be taken out of context by the media.

The ability to use mixed modes to undertake the friends and family testing is a positive step forward even if some Trusts don't yet have the IT infrastructure or technology to make best use of this and we welcome that approach.

Thus in summary we would ask you to reconsider the proposed frequency, methodology, and scoring of the staff friends and family testing in order to provide useful information to support our current staff engagement, in a way that keeps our staff engaged with the process, rather than collecting information that we will not be able to fully utilise.

Yours sincerely



Mark Gwilliam
Director of Human Resources & Organisational Development