

NHS Staff Friends and Family Test

Guidance for implementing,
submitting and publishing the Friends
and Family Test for NHS Staff



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NHS Staff Friends and Family Test

Guidance for implementing, submitting and publishing the Friends and Family Test for NHS Staff

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Key principles of the NHS Staff Friends and Family Test

The key principles of the NHS Staff Friends and Family Test (Staff FFT) are summarised below.

Implementation

- Staff FFT is to be implemented from April 2014.
- The primary purpose of Staff FFT is to support local service improvement work.
- A flexible approach has been adopted for how organisations implement Staff FFT.
- Staff FFT data is to be collected and submitted quarterly for Q1, Q2 and Q4 after the end of each quarter. For Q3 (when the annual NHS staff survey is undertaken) there is no requirement to undertake Staff FFT, although organisations may wish to do so.
- A proportion of staff should have the opportunity to respond to Staff FFT in each of the three quarters, with all staff having the opportunity once per year, as a minimum requirement. Organisations may provide all staff with the opportunity to respond each quarter if they so wish.
- When undertaking the Staff FFT, staff should have the opportunity to respond to two FFT questions. The wording and ordering of the questions must be the same as set out in this guidance. The response scale set out in this guidance must be used.
- The Staff FFT must include at least two free text follow-up questions, one after each fixed-response question.
- Organisations are encouraged to collect equality and diversity data as part of Staff FFT.
- Organisations can collect additional information through Staff FFT to support local service improvement.
- Organisations may source their own third party supplier for Staff FFT, or deliver it in-house.
- Organisations may choose to implement their Staff FFT confidentially or anonymously, but they are required to inform staff how their data will be used and honour any statements they make. When carrying out Staff FFT, organisations will need to ensure compliance with the Data Protection Act (1998), and the NHS

Code of Practice on Confidentiality (2003).

- Organisations should ensure that local staff side union representatives are fully involved in discussions about the introduction of the Staff FFT including the presentation and analysis of results; setting priorities for service improvements; identification of any additional questions and communication of the results to staff and external parties.

Data submission

- Organisations must submit data to NHS England in quarter 1, quarter 2 and quarter 4, which includes:
 - the breakdown of responses for each question.
 - the total number of responses for each collection method.

Publishing

- Organisations must publish their own results locally.
- NHS England will publish the results nationally, following the month of submission.

1. Introduction

All NHS organisations providing **acute, community, ambulance** and **mental health services** are required to implement the Staff Friends and Family Test (FFT) between 1 April and 30 June 2014. NHS England intends to introduce Staff FFT to other NHS organisations at a later date.

This guidance aims to support those who will be administering the Staff FFT and outlines the requirements for implementation, data submission and data publication.

Respecting equality and diversity are core NHS values. The development of the policies and processes cited in this document are based on the desire to eliminate discrimination, harassment and victimisation; to advance equality of opportunity; and to foster good relations between all staff groups.

1.1. Background

The Prime Minister announced the introduction of the FFT in May 2012, with two broad aims of:

- encouraging improvements in service delivery – by “driving hospitals to raise their game”.

- increasing transparency by enabling patients and the public to readily access and compare scores for different providers and services – to “give everyone a really clear idea of where they can get the best care”.

The introduction of the FFT was based on recommendations from the Nursing and Care Quality Forum after consulting frontline nurses, care staff and patients. The FFT has been further supported by the Government and a commitment to roll-out the test in all NHS funded services was shown in the NHS Mandate (2012).

Patient and Staff FFT results were the first two measures in the high level scorecard in the NHS England Business Plan (2013): *“Our guiding principle for success is receiving positive feedback from patients and NHS staff on whether they would recommend treatment at their hospital to their friends and family.”* (Foreword of the NHS England Business Plan, 2013/14 – 2015/16).

1.2. What is the Friends and Family Test?

The FFT is a simple feedback tool which allows patients and staff to give their feedback on NHS services. The FFT asks how likely patients and staff are to recommend the services they have received, or work in, to friends and family who need similar treatment or care to that which they have received or deliver. Participants respond to FFT using a response scale, ranging from “extremely unlikely” to “extremely likely”.

The FFT currently uses an adaptation of the “net promoter score” (NPS), a research technique developed by industry. The NPS subtracts the proportion of responses that are “neither likely nor unlikely, unlikely, and extremely unlikely” from the proportion of responses that are “extremely likely”, to produce a score for the provider between -100 and +100.

In light of feedback received on the use of the NPS, further work is being undertaken to understand the best format for publishing Staff FFT data. Further details will be provided on this prior to the first publication of data.

However, the FFT is much more than just a score. It strengthens staff and patients voices and acts as a catalyst to ask Why? – ‘Why have we been awarded this score?’ and ‘What does this feedback tell us?’

1.3. Benefits of the Friends and Family Test within NHS-funded services

The real strength of the FFT is the rich source of data that can be used locally to highlight and address concerns much faster than more traditional survey methods. Organisations must provide at least one free text follow-up question after each FFT question, to give respondents an opportunity to provide more detailed feedback about their organisation.

By using the results from this test, alongside other sources of staff and patient feedback and intelligence, the FFT will help to ensure that NHS

employers/organisations will be informed and empowered to understand, celebrate and build on what is working well in their service areas and also to quickly tackle areas in need of attention.

The results of the FFT are available in a more timely fashion than traditional survey methods, so that managers can take quick, practical action. The experience of patient FFT so far tells us that many issues are easily solved, but they can have a big impact on patient experience. In addition, the positive comments can help to raise and maintain the morale of hard working staff.

The patient FFT has already enabled over 1.5 million people to have their say across England, providing local hospitals with vital feedback and playing an active role in helping to shape and improve the services the NHS provides now and in the future.

1.4. The development of the Staff Friends and Family Test

A subgroup of the NHS Staff Survey Advisory Group (SSAG) was established to oversee the development of the Staff FFT. The SSAG sub-group included representatives from NHS England; NHS Employers; Trade Unions and provider organisations.

The Staff FFT was piloted in four organisations throughout December 2013 and January 2014. A working draft version of the guidance was disseminated widely in December 2013 and comments on the guidance were collated and reviewed by NHS England and the SSAG subgroup. In addition, views were sought from academic experts working in the field of staff engagement.

In light of concerns raised about the frequency of data collection, and the use of the NPS, the key principles of Staff FFT outlined in the working draft guidance have been revised.

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. Some fantastic improvements have already been seen through the patient FFT, simply from hospitals listening to, and acting on, patient feedback.

NHS England will be reviewing the Staff FFT after the first year of implementation to understand which approaches have worked most effectively in terms of giving staff a voice and driving improvements for both staff and patients.

1.5. The importance of the Staff Friends and Family Test

There is a clear association between positively engaged staff and positive patient experiences¹. Research has shown a relationship between staff engagement and individual and organisational outcome measures, such as staff absenteeism and turnover, patient satisfaction and mortality; and safety measures, including infection rates. The more engaged staff members are, the better the outcomes for patients and the organisation generally. It is therefore important that the staff voice is strengthened, as well as the patient voice.

A variation of the FFT has been used in the NHS staff survey since 2009 and it is one of nine questions that form the overall Staff Engagement Index. Research undertaken by a team of independent researchers on behalf of the Department of Health², examined the relationship between staff engagement and patient experience. Drawing on data from the annual NHS staff survey and other sources, the research demonstrates that patient satisfaction is significantly higher in trusts with higher levels of employee engagement. The results show that the main driver for this is the “advocacy” element of employee engagement: the extent to which staff are committed to their organisation and to which they recommend their trust as a place to work or receive treatment. The report concludes that “advocacy” (recommending the trust) has the highest correlation with patient satisfaction.

Further analysis³ of the NHS staff survey question “*If a friend or relative needed treatment, I would be happy with the standard of care provided by this Trust*” found a significant relationship to this question and all potential outcome measures. Higher trust scores on this question were related to: better quality of services, quality of financial management and patient satisfaction. Similarly, high trust scores were linked to lower absenteeism in the trust, as well as lower patient mortality. The report concludes that significant relationships were found for all of the investigated associations, indicating that a certain link exists between “advocacy” and performance in the NHS.

The FFT (or a variation of it) for NHS staff is therefore a useful tool to highlight local issues to management on a regular basis.

Good staff engagement should include full involvement of local staff side representatives throughout the life cycle of the Staff FFT. Staff side representatives have an invaluable role to play in working in partnership with employers to identify areas for improvement and implementing change.

¹ West M and Dawson J (2012) Employee Engagement and NHS Performance. London: Kings Fund.
<http://www.kingsfund.org.uk/sites/files/kf/employee-engagement-nhs-performance-west-dawson-leadership-review2012-paper.pdf>

² West M et al (2011) NHS Staff Management and Health Service Quality: Results from the NHS Staff Survey and Related Data. Lancaster University Management School, the Work Foundation and Aston Business School
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215455/dh_129656.pdf

³ West M et al (2011) Staff Advocacy and NHS Trust Performance: Advocacy of Treatment as a predictor of trust level outcomes Lancaster University Management School, the Work Foundation and Aston Business School
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215462/dh_129653.pdf

1.6. Staff Friends and Family Test and the annual NHS staff survey

The Staff FFT is not designed to replicate the annual NHS staff survey; it is designed to complement the survey and give a more up-to-date picture of staff experience.

The annual NHS staff survey is an extremely valuable tool, providing more detailed information about staff experience. However, there is a time lag between fieldwork and the publication of the results. Staff FFT provides a more frequent 'temperature check' during the interim periods of the annual survey. Organisations can access the results in a timely manner and use the feedback to make local improvements. The real power of the Staff FFT is the free text comments which give the NHS quick and honest feedback from staff about what is working well in their organisation and what could be improved.

Staff FFT data is not comparable in the same way as the results of the annual staff survey, but the results may be used alongside other evidence to inform decision making.

It is important to be clear that the purpose of the Staff FFT is not to conduct an official assessment or performance measure of services. There are regulatory and performance mechanisms in place to undertake that activity.

1.7. The Friends and Family Test for service improvement

The primary purpose of the FFT is to encourage improvements in service delivery. Organisations should take ownership of their FFT data and act on the results. The results of the Staff FFT should be used by providers and commissioners to celebrate success or make improvements where services do not live up to expectations.

As Staff FFT is primarily designed to be a tool for local improvement, organisations may wish to collect additional information via the Staff FFT to make the data more useful at a local level.

The Staff FFT results should be used alongside the patient FFT results, and other local intelligence, to drive improvement, working in partnership with local staff side representatives.

1.8. Implementation of the Friends and Family Test across NHS-funded services

The FFT for patients was launched across all acute hospital inpatient and accident and emergency departments in April 2013, and maternity services in October 2013.

The test will be implemented across patient General Practice and community and mental health services by the end of December 2014; and across the rest of NHS funded services by the end of March 2015.

NHS England is committed to ensuring that the Staff FFT is implemented in all NHS trusts providing acute, community, ambulance and mental health services between 1 April and 30 June 2014.

1.9. CQUIN

CQUIN documentation for 2014/15 has been published. There is a national CQUIN for Staff FFT worth 30% of the FFT CQUIN. There is no response rate target linked to CQUIN. For further information see: <http://www.england.nhs.uk/wp-content/uploads/2014/02/sc-cquin-guid.pdf>

2. Overall approach

For the first year, NHS England has adopted a flexible approach to how organisations may implement Staff FFT. This decision has been taken as a result of feedback received and because it is important that Staff FFT is an improvement tool which works at a local level.

NHS England will be reviewing Staff FFT after the first year of implementation to understand which approaches have worked most effectively in terms of strengthening the staff voice and driving improvements for both staff and patients.

In summary:

- The Staff FFT includes two simple questions. Staff respond using a scale between “extremely likely” and “extremely unlikely”.
- Staff should also have the opportunity to provide a free-text comment after each FFT question.
- All staff working within the organisation should have the opportunity to provide their feedback via Staff FFT once per year, as a minimum requirement.

2.1. Who should be offered the Friends and Family Test?

All staff working within the organisation must have the opportunity to provide their feedback via Staff FFT once per year, as a minimum requirement.

The Staff FFT is an inclusive feedback tool and should not be restricted to those who have a contract of employment. The Staff FFT should also be open to others who work on site, or provide services in the organisation (e.g. catering staff). Organisations should also consider offering Staff FFT to volunteers who regularly provide services within the organisation.

2.2. What are the questions?

The question must be presented in the following order and format:

“We would like you to think about your recent experience of working in <the organisation>.

- How likely are you to recommend <this organisation> to friends and family if they needed care or treatment?
- How likely are you to recommend <this organisation> to friends and family as a place to work?"

The following response scale below must be used for each question:

- Extremely likely
- Likely
- Neither likely nor unlikely
- Unlikely
- Extremely unlikely
- Don't know

It is a requirement that organisations provide a free-text follow-up question after each of the fixed response questions above. This is to enable staff to provide more detailed feedback, should they wish. Two simple questions, one after each of the fixed response questions, such as: 'What is the main reason for the answer you have chosen?' is recommended.

The responses to the free-text questions are not submitted to NHS England or published nationally.

The number and type of additional follow up questions can be determined locally. Organisations may wish to take the opportunity to seek views on both the good things about the organisation and areas which could be improved, but it is important that the Staff FFT remains a simple, short, quick feedback tool.

2.3. When should staff be offered the Friends and Family Test?

Staff FFT data is to be collected for quarter 1, quarter 2 and quarter 4.

Organisations may decide which staff are offered the Staff FFT during each quarter, and may decide to employ a random sample, a targeted sample, or a census approach.

A proportion of staff should have the opportunity to respond to Staff FFT in quarter 1, quarter 2 and quarter 4, with all staff having the opportunity once per year, as a minimum requirement.

Organisations may decide when, during each quarter, to offer the Staff FFT and how long to leave the test "open" for staff to respond. It is important that organisations allow a fair and reasonable amount of time for staff to respond to the Staff FFT.

Staff included in the FFT for a particular quarter should have the opportunity to respond before the end of that quarter period. For example, in Quarter 1 (April – June 2014): staff should have the opportunity to respond **before 30 June 2014**.

Organisations may conduct Staff FFT on a more frequent basis, should they wish. If organisations collect Staff FFT data more frequently, this data should not be submitted nationally.

2.4. Do we conduct Staff FFT in addition to the annual staff survey?

There is no requirement to collect Staff FFT data during quarter 3, when the annual staff survey is undertaken, although organisations may choose to do so. If organisations decide to collect Staff FFT data during this period, it should be included in the data submission for quarter 4.

3. Data collection

3.1. Methods

Organisations may choose their own data collection methodology and may select a range of different methods to encourage participation from all staff groups.

Organisations should carefully consider which data collection methods best suit the needs and preferences of their staff, across the range of services provided, or functions carried out, by the organisation.

Due consideration should be given to the costs and resource implications of each data collection method. Examples of possible data collection methods are listed below:

- **On-line methods:** staff are given a web address/link which they can use to complete their Staff FFT online, via a laptop, tablet device, personal computer or smart phone.
- **Email methods:** staff are sent a web link to the Staff FFT via email and complete it online, via a laptop, tablet, personal computer or smart phone. Consent to contact staff via this method is required.
- **SMS/Text message:** staff are sent an SMS/text message and text their responses back using the number provided. An SMS/text message service must provide the opportunity to send free text, follow-up questions. Consent to contact staff via this method is required.
- **Telephone methods:** staff are given a free-phone telephone number and are asked to call this number to complete their Staff FFT. Alternatively, the staff member is called on their landline/mobile phone and asked to participate in the Staff FFT. Telephone methods may be conducted by a telephone interviewer or via an automated (voice recognition, touch button recognition) system. Consent to contact staff via this method is required.

- **Smart phone applications:** staff are given the details of a web-application, install the application via the relevant store and complete the Staff FFT via their smart phone device.
- **On-site tablet devices:** staff have access to a tablet device on-site and are given instructions how to complete the Staff FFT using the device provided.
- **'Voting booth' kiosks or hand held voting devices:** voting booths or hand held voting devices may be used to allow staff to complete the Staff FFT via a voting controlled system.
- **Onsite paper-based form or post-card:** staff are given a paper-based form/post-card on-site and complete the Staff FFT manually. The paper form/postcard can be completed on site and handed back or posted into a secure box. Alternatively, staff may complete it at home and hand back or post back at a later date. Clear instructions on how to return the form must be provided.
- **Postal form or post-card:** staff are sent a paper-based form/post-card to their home address and complete the Staff FFT at home. The paper form/postcard can be handed back or posted back at a later date. Clear instructions on how to return the form must be provided.

3.2. Encouraging participation

Publicising the Staff FFT within the organisation will help to raise awareness of the programme amongst staff, which can help to boost response rates. Posters, leaflets and information cards will be designed by NHS England and will be made available to all organisations. These materials can be edited by organisations to assist with local communications activities.

Organisations should take appropriate measures to ensure that only bona-fide staff respond to the Staff FFT and that they only respond once at the given opportunity.

3.3. Use of third-party suppliers / in-house

Organisations may conduct the Staff FFT in-house, or commission an external supplier to carry out the work for them. Gathering staff feedback via the FFT 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.

Where organisations deliver the Staff FFT in-house, they must comply with the confidentiality and data protection requirements as set out in this guidance (paragraph 3.7).

3.4. Optional additional questions

The Staff FFT is primarily designed to be a tool for local service improvement. Organisations may therefore choose to use the Staff FFT 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.

Organisations may collect additional information via Staff FFT to enable further breakdown of the results, i.e. by staff occupational grouping; directorate/department/site; length of service; or any other information regarding the staff members' employment within the organisation.

Organisations may also include additional questions on topics of particular interest. The number and type of additional questions can be determined locally, but it is important that the Staff FFT remains a simple, short, quick feedback tool.

Organisations may choose to ask a different module of questions per quarter, focusing on different themes, for example: organisational culture; staff morale; bullying and harassment; whistleblowing; staff health and well-being; reasonable adjustments.

Organisations may choose to include questions from the Question Compilation Tool (<http://109.109.129.176/NHSQuestGen/>). This tool includes a bank of questions, designed and tested by the NHS Staff Survey Co-ordination Centre. This may help organisations to select additional questions of particular local interest. Other question bank tools may also be used.

If additional questions are to be included, it is important that the Staff FFT questions are presented in the same way and order as set out in the guidance. It is also important that the Staff FFT questions are positioned at the start, to avoid the responses being affected by any preceding questions.

Responses to any additional questions should not be included in the data submission to NHS England and will not be published nationally.

3.5. Existing staff feedback mechanisms/surveys

The Staff FFT may be integrated with, or used alongside, an organisation's existing staff surveys/feedback mechanisms, as long as the data collection meets all the requirements set out in this guidance.

If the Staff FFT is to be used within an existing survey/feedback tool it is important that the two FFT questions (and free text follow up questions) are asked in the **correct order**, and alongside each other **at the start of the survey**. The data must also be collected within the required timescales and submitted to NHS England by the required dates.

3.6. Equality and inequalities

In line with employer obligations according to the Equalities Act 2010, it is recommended that organisations collect equality and diversity information as part of their Staff FFT.

Providers have discretion on how this is achieved, but this could be in two ways as follows:

- Equality and diversity questions may be included in the Staff FFT itself: whereby staff may select the appropriate category from a range of given responses.
- Organisations may use existing data to link responses to the relevant equality and diversity categories.

Whichever method is chosen, organisations need to ensure compliance with data confidentiality and data protection legislation, as set out in paragraph 3.7.

Equality data, and other evidence, will help NHS organisations to monitor their staff in terms of the nine protected characteristics, this will be essential in responding well to the public sector Equality Duty of the Equality Act 2010. The nine characteristics given protection under the Equality Act 2010 are:

- Age
- Disability
- Ethnicity
- Sex
- Gender Reassignment
- Marriage and Civil Partnership
- Pregnancy and Maternity
- Religion or Belief
- Sexual Orientation

For more information, please see section 7 within the link below:

<http://www.equalityhumanrights.com/advice-and-guidance/new-equality-act-guidance/equality-act-guidance-downloads/>

3.7. Confidentiality and data protection

It is essential that the Staff FFT is conducted in such a way that confidentiality is respected and given high priority. When carrying out the Staff FFT, organisations will need to ensure compliance with the Data Protection Act (1998), and the NHS Code of Practice on Confidentiality (2003). The Staff FFT responses must not be presented or published in a way that allows individual members of staff to be identified.

Organisations may choose to implement Staff FFT 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.

Where Trusts are utilising data from the Electronic Staff Record (ESR) to obtain equality and diversity data for FFT responses, every member of staff must be informed that their response will be linked in this way. Prior to Staff FFT 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.

Organisations must provide open and transparent documentation to every member of staff detailing how ESR data will be used. The Caldicott Guardian within the organisation will be required to sign off that the solution for Staff FFT meets the requirements of the Data Protection Act (1998) and the NHS Code of Practice on Confidentiality (2003). There is no requirement for the Caldicott Guardian to provide this assurance in cases where Trusts are only utilising ESR data to identify a random sample of staff to undertake Staff FFT. Organisations must have in place a mechanism to deal with staff objections to this use of the ESR.

4. Data capture and data submission

4.1. Local data capture and analysis

After the Staff FFT 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 (further details about the submission requirements are set out below).

The free text responses, and any additional information collected via the Staff FFT, do not need to be submitted to NHS England.

Organisations may wish to enter the data onto local systems, or use additional tools for internal processing, manipulation and analysis of the data and free text comments.

Free text comments provide the most valuable data to organisations, as this identifies what is working well and areas for improvement. Organisations should consider how to use this data to best effect, to ensure that issues are being identified and action taken.

4.2. Data submission requirements

The Staff FFT data collected must be submitted to NHS England in the required format, as set out below.

The data must be submitted to NHS England via Unify2 using the Excel workbook provided by NHS England. Screen shots of the workbooks are provided below.

The table below provides an example of the data specification requirements. The number of responses in each of the six response categories should be submitted for both questions. This information should be displayed in a matrix to allow an

identification of how the response to one question is related to the response to the other question.

For example, in the table below 214 staff said that they would be “likely” to recommend the organisation as a place to work. Of these 214 responses, 42 also said they would be “likely” to recommend the organisation to friends and family if they needed care or treatment, while only 2 said they would be “Extremely unlikely” to recommend the organisation for care or treatment.

Organisations are therefore required to submit the number of staff who responded using each of the 36 possible combinations of response categories across the two questions. Where a respondent has only answered one of the questions they should be recorded as having ‘no response’ for the other question.

Only the data requested in the workbook should be submitted. Additional Staff FFT questions and free text responses must not be submitted to Unify2.

FFT Staff survey
Organisation: ABC

		"How likely are you to recommend our services to friends and family if they needed care or treatment?"						Total	
		1 - Extremely likely	2 - Likely	3 - Neither likely nor unlikely	4 - Unlikely	5 - Extremely unlikely	6 - Don't know		No response
"How likely are you to recommend the organisation to friends and family as a place to work?"	1 - Extremely likely								
	2 - Likely	66	42	75	13	2	15	1	214
	3 - Neither likely nor unlikely								
	4 - Unlikely								
	5 - Extremely unlikely								
	6 - Don't know								
	No response								
	Total								

Organisations are also required to submit the total number of responses made using each mode of collection, as per the example provided below.

Number of responses received via each mode of collection							Total
SMS/ Text/ Smartphone app	Electronic tablet/ kiosk	Paper/ Postcard	Paper survey	Telephone survey	Online survey	Other	
250	0	0	0	0	450	75	775

The tables shown are for illustration purposes only and further information will be provided on Unify2.

4.3. Data completeness

NHS England will produce an estimate of data completeness by comparing the total number of responses to Staff FFT with a proxy for the total number of people who could respond to Staff FFT. NHS England will estimate the total number of people who could respond to Staff FFT, based on the workforce statistics, published by the Health and Social Care Information Centre. This data will be collected centrally by NHS England and does not need to be provided by the organisation.

For this reason, there is no response rate target for Staff FFT.

Data completeness will be reviewed by NHS England during the first year of implementation.

4.4. Deadlines for submission of data

Organisations are required to upload their Excel workbooks for data collected during each quarter by the **20th working day of the month after the quarter end**. The submission dates for the first year of Staff FFT are detailed below:

Quarter Period	Submission date to NHS England
Quarter 1 (April – June 2014)	28 July 2014
Quarter 2 (July – September 2014)	28 October 2014
Quarter 4 (January – March 2015)	28 April 2015

To note: if organisations decide to collect Staff FFT data in quarter 3, this data should be included in the submission for quarter 4.

4.5. Late submissions

Staff FFT data which is not submitted by the 20th working day may form part of the return in the following quarter. The assumption is that this will be the exception, and will form a small proportion of the following quarter's data submission. Should the late returns form more than 10% of the following quarter's data submission, authorisation will need to be agreed with NHS England in advance.

The late returns will not need to be identified as such and can be an integral part of the following quarter's submission. Data which is older than this must not be submitted as part of a central return.

5. Publication requirements

Publishing the results of the Staff FFT in a consistent and transparent way, both locally and nationally, is important so that:

- all audiences can understand and have confidence in the findings;
- NHS professionals can use the results to ensure continuous improvements in the quality of care;
- Commissioners and regulators have access to a useful source of information.

5.1. Local publication

Organisations are required to publish their Staff FFT data locally. Organisations must publish the same data locally that is submitted to NHS England. Organisations may publish the free text comments locally in an anonymised format.

It is recommended that organisations develop a plan to publish the results of the Staff FFT at a local level, working in partnership with local staff side representatives. Organisations will need to consider how frequently they will communicate the Staff FFT 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 Staff FFT 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.

Organisations may present their Staff FFT results locally as a percentage score, i.e. X% of staff that participated and responded likely or extremely likely.

Local publications should be made available in accessible formats as required.

5.2. National publication

The data submitted to NHS England will be published quarterly by NHS England, following the month of the submission.

The national publication dates will be confirmed at a later date.

NHS England will publish:

- the breakdown of responses for each question;
- the total number of responses for each collection method.

NHS England has received a lot of feedback about how Staff FFT results should be presented. There is a need to undertake further work to understand the best format for publishing Staff FFT data. Further details will be provided on this prior to the first publication.

To note: the collection of Staff FFT and the requirements for data submission will permit the results to be calculated and presented as both a percentage score (as per the NHS annual staff survey) or as a NPS (as per patient FFT).

Complete data sets, will be available on the NHS England website at www.england.nhs.uk.

6. Service improvement

The most important aspect of the Staff FFT is making use of the results to encourage improvements in service delivery. It is essential that the feedback received via the Staff FFT – both the scores and the free-text comments – is used to set priorities for service improvement and to create a more responsive, patient-centred service.

The Staff FFT results should be used alongside other local intelligence to drive service improvement. It should then be possible to monitor progress over time. It is important that organisations respond to the feedback received and publicise any actions taken as a result of the feedback received.

7. Further information

Further information is available on the FFT web pages at:
<http://www.england.nhs.uk/ourwork/pe/fft/>

8. Implementation support

8.1. Support

Implementation support will be handled through NHS England via the four regional offices and the contacts will be the regional leads. Contact details are provided below.

Staff FFT general enquires: england.staff.friendsandfamilytest@nhs.net

Regional contacts:

North:	Hazel Richards	hazel.richards1@nhs.net
Midlands & East:	Lyn McIntyre	lyn.mcintyre1@nhs.net
London:	Yvonne Franks	yvonne.franks@nhs.net
South:	Paul Johanson	pauljohanson@nhs.net

9. Frequently asked questions

A list of frequently asked questions have been prepared and are available on the NHS England website:
<http://www.england.nhs.uk/wp-content/uploads/2014/02/fft-faqs-staff-28-02.pdf>

Appendix A: The Friends and Family Test in a Wider Context

Policy Context

On the 25th May 2012, the Prime Minister announced the introduction of the NHS FFT to improve patient care and identify the best performing hospitals in England.

The introduction of the test was based on recommendations from the Nursing and Care Quality Forum who also made a number of other proposals after consulting frontline nurses, care staff and patients.

The Prime Minister said:

“To really make sure that patients get the right care, we’re moving ahead quickly on one of their [the Nursing and Care Quality Forum] main recommendations: the Friends and Family Test. In every hospital, patients are going to be able to answer a simple question: whether they’d want a friend or relative to be treated there in their hour of need. By making those answers public we’re going to give everyone a really clear idea of where to get the best care – and drive other hospitals to raise their game.”

Subsequently, the FFT has been further supported by the Government and a commitment to roll-out the test to wider NHS services was shown in both the mandate from the Government to the NHS Commissioning Board (now NHS England), published in November 2012, and subsequently in November 2013 and the NHS England Business Plan, “*Putting Patients First*” published in April 2013.

Levers and Incentives

The NHS Standard Contract for 2014/15 requires that Providers of NHS funded services undertake the Friends and Family Test, as per the FFT guidance. CQUIN guidance for 2014/15 incentivises the following elements of patient FFT:

- Implementation in other NHS funded services
- Partial and full early implementation in other NHS funded services
- Increases in response rates

More detailed information can be found here: <http://www.england.nhs.uk/wp-content/uploads/2014/02/sc-cquin-guid.pdf> and <http://www.england.nhs.uk/nhs-standard-contract/>

The Quality Premium for CCGs also references the FFT in the following ways:

- Action planning to address issues that emerge from FFT feedback in 2103/14

- Achievement of action plan milestones
- Supporting co-ordination of roll out of FFT in 2014/15 across a local health economy

More detailed information can be found here: <http://www.england.nhs.uk/ccg-ois/qual-prem/>

Public Equality Duty

All organisations should be mindful of their responsibilities under the Public Sector Equality Duty in the Equalities Act 2010. There are also obligations under the NHS Constitution to ensure that the approaches chosen meet the duty to promote equality through the services they provide, and to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people when carrying out their activities.

The overall approach to the Staff FFT will help to ensure that feedback is representative, but it is important that adjustments are built into the system to allow and encourage responses from groups that might otherwise not take part. It might be necessary to offer more than one solution to avoid under-representation of certain groups.