

NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST

BOARD OF DIRECTORS' MEETING

Meeting Date: 28 October 2015

Title and Author of Paper: Staff Friends and Family Test Update Quarter Two 2015/16

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Paper for Debate, Decision or Information: Information

Key Points to Note:

- This paper includes the results of the quarter two Staff Friends and Family Test Survey
- In the last 3 months, many clinical areas have seen an increase in the number of positive responses to the question “How likely are you to recommend the organisation to friends and family as a place to work?” while many corporate services areas have declined.
- Overall the number of positive responses to the second question, “How likely are you to recommend our services to friends and family if they needed care or treatment?” has remained the same this quarter compared to last quarter. Increases have been seen in the inpatient care group, while there have been decreases in positive responses across a number of corporate services areas.
- The Trust result from quarter one have been benchmarked against the national results – NTW is the same as 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.
- NHS England have recently announced a review of the FFT
- Comments received from staff in quarter two (with consent to publish) have been included in Appendix 1 (page 6).
- Trend analysis has been included in Appendix 2 (page 13).

Date for completion: n/a

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

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.

NTW's approach to the Staff FFT is that all staff should have the opportunity to feedback their views on the organisation at least twice per year, once via the staff survey, and once again throughout the year. Other staff feedback mechanisms continue alongside the FFT tool, such as speakeasy events, Conversations, and the chatterbox facility.

Last year, all members of staff were asked to complete the staff FFT each quarter. This year, in response to concerns about survey fatigue, 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.

Response rate for Quarter 2 2015

818 members of staff completed the Friends and Family Test in Quarter 2 2015, equating to a response rate of 31%. 1,815 members of staff who could have completed the survey in Quarter 2 chose not to do so. Members of staff with surnames starting with the letters G – O were asked the question via the system login process. The response rate in Q2 at 31% is slightly lower than the response rate of 33% in Q1, with both being lower than the response rate of 37% in Q2 last year.

Trends between Quarter 2 2014 and Quarter 2 2015

Whilst it should be noted that in Q2 2014 all staff had the opportunity to take part in the survey, in Q2 2015, 2,633 members of staff were asked to take part, the percentage distribution for the responses to the questions are broadly similar as illustrated below:

How likely are you to recommend the organisation to friends and family as a place to work?	Quarter 2 2014 %	Quarter 2 2015 %	Compared with last year, there has been an overall increase in positive responses to this question (from 62% to 67%) and a decrease in negative responses (from 19% to 13%).
Extremely Likely	22	28	
Likely	40	39	
Neither	16	17	
Unlikely	11	7	
Extremely Unlikely	8	6	
Don't Know	3	3	

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

Recommend as place of work? - positive response rate	Q2 1415	Q4 1415	Q1 1516	Q2 1516	~ in the last 3 months, many clinical areas have seen an increase in the number of positive responses ~ some corporate areas have seen a decline in positive responses this quarter (note the Transforming Corporate Services Consultation has taken place during quarter 2).
Trust	73%	74%	63%	67%	
Specialist Care Group	69%	73%	64%	68%	
Community Care Group	70%	71%	52%	56%	
In-Patient Care Group	74%	70%	63%	70%	
Deputy Chief Executive	83%	77%	82%	84%	
Nursing Directorate	77%	83%	76%	68%	
Medical Directorate	70%	67%	72%	60%	
Performance and Assurance	71%	76%	71%	70%	
Workforce Directorate	81%	75%	79%	63%	
CEO Office	80%	100%	75%	100%	

How likely are you to recommend our services to friends and family if they needed care or treatment?	Quarter 2 2014 %	Quarter 2 2015 %	Compared with last year, there has been a small overall increase in positive responses to this question (from 73% to 75%) and a decrease in negative responses (from 8% to 6%).
Extremely Likely	24	29	
Likely	49	46	
Neither	15	15	
Unlikely	6	3	
Extremely Unlikely	2	3	
Don't Know	4	4	

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:

Likely to recommend services - positive response rate	Q2 1415	Q4 1415	Q1 1516	Q2 1516	
Trust	62%	66%	75%	75%	~ Overall the number of positive responses has remained the same this quarter compared to last quarter. ~Increases have been seen in the inpatient care group, while there have been decreases in positive responses across a number of corporate services areas.
Specialist Care Group	58%	66%	75%	74%	
Community Care Group	50%	53%	70%	72%	
In-Patient Care Group	64%	68%	67%	80%	
Deputy Chief Executive	79%	74%	93%	82%	
Nursing Directorate	63%	67%	86%	71%	
Medical Directorate	68%	67%	72%	60%	
Performance and Assurance	76%	80%	79%	74%	
Workforce Directorate	65%	68%	84%	68%	
CEO Office	100%	85%	100%	88%	

A number of comments from staff were entered into the free text comment box in response to both questions and these are included as Appendix 1. Analysis of the comments has determined the following broad themes;

- Staffing Issues/levels
- Criticisms about and Suggestions for Service Improvement
- Estates Issues
- Bureaucracy
- Positive Comments
- Communication
- Training
- Staff Concerns
- Workforce Issues
- Organisational Change
- Shift Patterns
- Sickness Issues

The FFT results are available via the dashboards. Groups and operational departments are again 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. Actions for improvement should be identified and groups are being asked to report, via their quarterly Q+P report, on progress to date and work in hand. Community Services will be reporting at the October meeting.

NHS England have recently announced a review of the FFT, closing at the end of October. Information is being sought as to added value, areas of duplication and frequency.

High Level Benchmarking Data Q1 2015-2016

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 the same as 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 Q2 2015-2016.

	Total Responses	HSCIC Workforce Headcount	Percentage Recommended - Work	Percentage Not Recommended - Work	Percentage Recommended - Care	Percentage Not Recommended - Care
National	145,096	1,149,328	63%	18%	79%	7%
NHS England Cumbria & North East	8,410	80,253	70%	14%	83%	6%
NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST	752	6,040	63%	16%	75%	7%
TEES, ESK AND WEAR VALLEYS NHS FOUNDATION TRUST	3,024	5,949	74%	12%	84%	5%

Appendix 1 Free Text comments from Staff Friends and Family Test

Appendix 2 includes qualitative data demonstrating trends

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

October 2015

Staff FFT Detailed Breakdown: Quarter 2

Treatment Answer Comment	Improvement for Treatment
A Deaf Advisor should be employed within the Trust to teach Deaf awareness and assist care teams in providing care plans in DVD format	1 - use less bank/agency staff 2 - get more reliable full time staff who won't go sick constantly 3 - reduce the amount of paperwork/duplication and seemingly pointless tasks to free up time to engage with patients!!
Clients unwilling to move on, no incentive.	All excellent
Difficultly to comment given size of the organisation and variations in facilities and care provided. Some areas I would be extremely other areas I would not	allow each ward to use a shift cover that best suits needs of individual ward not a generic one, as no matter what cover offered for every ward there is a response nurse on both day and night shift. an ethos of thinking of reasons to accept a referral rather than refuse a referral
Fernedene, Fraser: The staff are amazing with the young people and it is a pleasure to see how much time and commitment they give to help the young people. The care and treatment the young people receive here on Fraser is second to none. For my family I would privately commission a full Psychiatric assessment and depending on the problem possibly an assessment by a Chartered Clinical Psychologist and then I would argue strongly for care and treatment based on NICE guidelines. have staff training in classrooms as its easier understood and it sticks better rather than reading a screen	an increase in staffing levels so that staff can spend more quality time treating patients an increase in staffing levels-I know this is virtually impossible due to our current governments attitude to the NHS but this would bring down waiting times and reduce the enormous pressure on staff leaving them better able to support patients. As I have never used the service, I am unable to comment Be more Deaf Aware.
I have not experienced any care or treatment, so therefore would not be able to recommend one way or another. I started to work for the trust last year and within a few months of starting my partner became a service user within the trust after a motorcycle accident. The staff were fantastic and the care he received was excellent I couldn't fault them. I think it can vary much depend on which nurse you get as to how good the care is as there is such a spectrum of people working in the trust. I think some care more than others. I would only recommend something that I had used or experienced myself. As I have not used NTW services I would therefore not be able to recommend them. If friends and family want treatment for mental health problems in this area then there's no choice but to have it from NTW so the question is largely pointless in addition services there is a lack of understanding of the chaotic lifestyle someone in addictions suffers people need reeducating!! It is very difficult to answer this question for the whole of NTW - I know very little about services outside my own locality and service area.	Be tougher in negotiation with commissioners about what is doable and not. Community treatment teams need to be better trained and supervised and need the time to attend to these issues better catering facilities for patients to use. why does cafe close at 2.00 pm currently there is no where for people to go with family or friends. Better changed management. Better communication. Better follow up services
It is worth being mindful that the people attempting to deliver the interventions and support are responsible not only to NTW but to their code of professional ethics..... I feel that some decisions are becoming harder and harder to rationalise to those that use our services. more specialist training, more skills offered to staff at lower bandings	Better integration across operational services to develop the offer to our most vulnerable patients (e.g. people with learning disabilities). Better response from Crisis - to look at how we deal with urgent cases - often appears uncaring, uncompassionate. Realise can't admit everyone but sometimes feels that not doing the best for patient - i.e. if in crisis or taken O/D then often told to go home. Bottle what NTW does, and how it does 99% of things a sell it to almost every other Trust! car parking spaces there isn't enough next to the rosewood building
More trained full time staff to care for patients (no agency) my 15 year old grandson who has ADHD and ASD has been left without key person for months my daughter has had to involve Pals to assist.	Employ more clinical psychologists into CYPs and use their expertise in clinical supervision and training to skill up the nursing workforce. Clinical Psychologists provide excellent value for money in both direct and indirect work. Employ more staff
Nursing levels on inpatient units have improved greatly in my opinion within my directorate this is making a big difference to patient care as time is available and tasks can be shared qualified nurses should not have so much computer work to do. they are relying more on support workers to let them know how a patient is so they can write up their progress notes. Staffs are friendly and ensure good standards of care.	Find alternatives to closing beds and downsizing services. Reduce the overheads which don't seem to diminish Do not protect managers who let the service down Listen to your clinical staff, not only hear them focus on locality needs, taking care back to the community. give experienced staff the time to spend with their patients rather than on a computer crossing Ts and dotting ls good standard of care Greater inclusion of NICE recommended treatments
The acute services have managed to arrange this system for their patients. I feel it is long overdue within CYPs. The inpatient wards I work/ed into provide very good service to the patients. the staff are all well trained friendly and caring the standards of care that I have seen on wards that I work on are very high.	Have a higher number of staff on the wards. Having fewer points of contact and a more integrated sharing of information
The treatment contract would also help the service users understand that staff are there to help and not be obstructive as they seem to think (especially when the service user is told something they don't like/want to hear). These types of pressures become extremely difficult for staff to deal with in the medium to long term and I'm convinced that this contributes directly to poor levels of medium to long term sickness, which in turn heaps even more pressure on the remaining staff. It certainly feels as if this is ignored by senior management, with staff feeling very undervalued at present. THIS MUST CONTRIBUTE HEAVILY ON PATIENT EXPERIENCE OF CARE. You can breathe in a Caring, Compassionate & empathetic atmosphere where you go within the Trust!	Having more staff and being able to have more quality time to spend with clients. child friendly meals.Meals have been a going problem in the eyes of the young people. Concentrate on delivering better lines of communication between the PCP (which sounds good on paper but does not appear to be set up properly yet) and in-patient services. I'm sure that neither party understands each others roles completely and we certainly don't have a cohesive working relationship. It also feels quite demoralising to know that all the desperately hard work that is put in by staff within elderly organic services appears to count for less and less these days and that unless the results you achieve from assessment fit in with social care's views on the need of the patient, they don't get what they need. Continue to work on providing compassionate care across all diagnoses and increasing understanding of the whole person through collaborative formulation Deaf awareness training should be provided to all staff. Staff should know how to book and work with a qualified BSL interpreter. Holistic personalised care in my view is paramount for any patient and in the past sometimes this has appeared to have been shadowed by targets / mandates / models Hopefully with the new ways of working (transformation etc) individualised care will be reinforced enhancing rather than impeding a patients journey I am not a clinician thus not qualified to comment upon treatments

Treatment Answer Comment	Improvement for Treatment
	I believe that Assessment and intervention within the trust has become too resource led and reflects reduced resources. We should all be highly critical of a government that is underfunding health and social care while offering tax cuts.
	I know it is an ongoing problem throughout the trust how ever staffing levels need to improve on wards with regards nursing staff and support workers, especially on older age wards where personal care needs can be much greater but also behavioural demands can be greater.
	I believe patient safety could be improved by ensuring that all qualified staff who are administering medications are NOT interrupted unless in emergencies during this task. This must be enforced either through further staff training or the wearing of a ' Do not disturb during medication round' apron type garment as I have seen worn on acute wards at another trust.
	Further support worker training with regards physical health monitoring and common conditions such as heart attacks, type 1 diabetes etc would also improve patient safety and care as these staff are mostly undertaken monitoring of such things and if the understanding is poor then sometimes information is not fed back to the doctor. It would also help staff feel more confident in managing patients especially in older age, with more complex co-morbidities.
	I think some of the issues arising from the transformational process have meant a significant lack of attention, and lack of resources to fulfil the treatment needs of those in the community. As this comes in fruition it is becoming harder and harder to provide a quality service.
	improve response times in crisis and for treatment
	Improve services for inpatients at ST G, no cash point machine, canteen only takes cash/communal areas vvery exposing if someone is in distressed or meeting outside of wardss with their family need a family friendly area- bring back kiff kaff.
	No accessible bus service , shuttle service lots of patients and visitors money being spent on taxis into town seems unfair as already likely on low income , could a portered subsidised service be set up at set times 10.am 12.00 3.00pm 5.00pm sure staff would also use this
	improve staffing levels
	Improve staffing levels to improve overall quality of care.
	Improve waiting times
	increase day services
	have community eating disorder nurses
	Increase in staffing ratios on older persons wards
	increase staffing levels
	It would be good to see some investment in community services provision as the bed based services reduce. Referral rates to community services have risen sharply over past few years. with little increase in numbers of staff to manage this
	less agency/bank workers
	less doctors and more specialist nurses in Clinical Director roles
	Less time spent on dashboards and computers and more time doing what we are supposed to be trained to do-Looking after patients
	Listen to staff and act on their concerns/recommendations.
	Targets to be truly client driven/focussed with decisions made by frontline staff, carers and patients rather than remote managers.
	look at waiting areas in community services, make them more pleasant and in some cases larger so all service users are able to have a seat while waiting, as some pop in without appointment and have to wait to be seen.
	Make it patient orientated like it used to be and not money orientated like it is now . Cut down on free treatment for asylum seekers charge them.
	make the systems less complicated. Reduce waiting times.
	making services similar across parts of NTW so people are offered the same service regardless of area they live in.
	managers talk to staff more ,less paper work or computer work give us more time to spend with patients please
	More beds as patients often have to go out of area which causes a lot more distress for families and patients.
	more care and more consideration and understanding of service users
	more community nurses
	More community nurses would reduce waiting times. Due to lack of resources nurses (and other community staff members) are overwhelmed with work pressures, there is no 'thinking time' which transfers to patient and impacts on care. Add to this staff on sick leave with no cover which equates to even more pressures.
	More focus on quality patient intervention rather than other distractions.Acute wards can be very intimidating environments particularly when patients have access to illicit substances.
	More frontline staff and less management.
	more homely feel to the wards
	more inpatient beds
	more involvement and support for carers/families. Such as group work which can involve the whole family or primary carer.
	more staff
	more staff
	More staff on the wards
	More staff through out the band scale. I bigger budget off the government.
	more staff to be able to spend time with service users to enhance recovery time
	more supervised training for staff
	more support in the community; better trained community staff in psychological therapies such as CBT
	More therapeutic input
	MORE timely assessment and intervention process.#
	being able to contact staff
	More trained full time staff to care for patients (no agency)
	Move clients on more quickly, look at restrictive practices (which is getting out of hand).
	No personal experience of services-Not able to comment

Treatment Answer Comment

Improvement for Treatment

	<p>patient specific documentation to be completed only ie staff asked to complete documentation with no relevance to their needs just because of the mental health trust we are in (i work in neuro rehab), therefore taking nurses time away from the patients, therefore only benefiting the trust not the patient.</p>
	<p>Prioritise availability of clinicians for clinical care activity.</p>
	<p>Provide more services in rural area's</p>
	<p>Provide services more locally so that treatment can be delivered in better time and more effectively.</p>
	<p>Reduce bureaucracy and Rio work to allow staff concentrate on patient care and treatment.</p>
	<p>Reduce pressure to discharge patients so quickly!</p>
	<p>Smaller caseloads for staff so that they can give the patients and their families the time and attention they deserve.</p>
	<p>spend the money on patients...not on mobile phones(iphones ipads etc)to many things to mention</p>
	<p>stop changing things when they are not broken ie shift patterns</p>
	<p>Stop concentrating on targets and check ratings and concentrate on the patients and shop floor feedback from the frontline support staff who actually know what they are talking about.</p>
	<p>Stop reducing the number of beds available within the North East.</p>
	<p>The current treatment system is perfect and suitable for individuals.</p>
	<p>the lack of nursing staff is putting a strain on staff resulting in poor care not up to the standards i would like to give</p>
	<p>The patients we deal with are often using substances/alcohol or have mental health issues and can be volatile, they should be made to understand that staff are there for their benefit to help them overcome their addictions or help them understand why they act the way they do. All patients should sign a treatment contract that states they must attend all appointments (as their is a big DNA rate) which in turn means safer prescribing and issuing of medication which would hopefully help to cut down on the number of deaths attributable to drugs/alcohol abuse.</p>
	<p>The Roll out of an appointment reminder system for patients. At the best of times ordinary people forget things. Imagine how challenging it is to organise yourself and remember appointments for yourself and your children when you have a mental illness and are trying to support a child with mental health problems- The tool (the brain) you depend on to organises yourself and manage time may not be working as well as it should. This is the case for alot of the service users in child and adolescent mental health. A text request for confirmation of attendance or a reminder a day or 2 before the appointment date would help patients remember appointments.</p>
	<p>to continue to provide appointments with in a time manner</p>
	<p>to employ more staff</p>
	<p>To have enough staff resources would help any Trust</p>
	<p>to have positive and enthusastic attitude which is impossible in the elderley sector due to working in a dog eat dog envoiroment with management as transparent as a bin liner.</p>
	<p>To make sure that there is enough staff on duty to cover the ward and to be able to spend time to interact with patients and there relatives, and to be available to answer any questions or concerns they may have before there treatment.</p>
	<p>Treat people nicely, no stigmatization</p>
	<p>waiting lists are long and systems not well set up so that patients fall through gaps. When they are seen how ever I beleive they recieve a good quality of care.</p>
	<p>Waiting times</p>
	<p>more acute beds for mental health settings</p>
	<p>We need to renegotiate the South of Tyne CYPS contract and have a realistic discussion with the commissioner about what is possible for the money on offer. When NTW went through the tendering process we agreed to offer unlimited amounts of treatment and restructured entry to the service which exposed it to unlimited demand. The service is overwhelmed, cannot retain staff and in a desperate attempt to hit targets is hiring people who do not have the required skill, consequently quality of care is suffering.</p>
	<p>We work in trust for the care of patients, I have noticed that it is more about hitting targets than the clients</p>

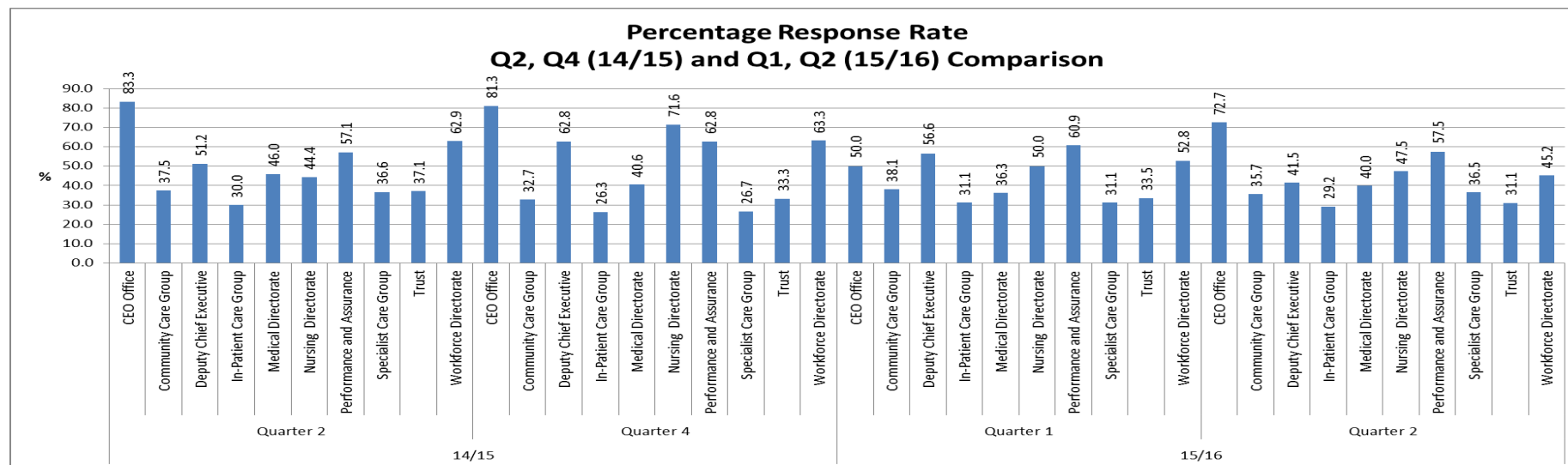
Work Answer Comment	Improvement for Work
a little bit of equity might improve moral	1 - don't employ a shift pattern that is not in place for all as it causes so much annoyance that some have to stick religiously top it and other wards seem to do what they want. 2 - same for the dress code, why is it in place on some wards and not others? it is reflected by the dress bank/agency staff turn up in depending on what experiences they have had in other areas of NTVW A mentorship programme for junior managers is encouraged but difficult to identify would like to make this more robust
All information should be made accessible in British Sign Language (BSL). The FFT BSL information is not fully accessible for Deaf people, only the introduction to the smiley faces is accessible to Deaf people. The rest of the information has not been interpreted Ferndene, Fraser: This is a brilliant place to work. All the staff are brilliant and the young people are at the heart of everything they do. Management are amazing, very helpful and easy to work along side which makes any place to work better.	Again increase staffing levels and reasses unrealistic targets (particularly within IAPT services) as this leaves practitioners burning out and feeling very undervalued. What we are expected to do is not reasonable in any way shape or form if the client is to remain at the heart of care- currently productivity targets minimise the time we have to consider client care. Again more staff
HR process still needs to be more efficient, takes too long and we end up losing appointed candidates as they take up jobs elsewhere as they get no feedback on where they are in the process. I am fortunate that I have a very good team and excellent managers. I haven't been with the Trust that long but have enjoyed every minute of it. I have a great line mgr. who is very fair. Sometimes it is a little frustrating when it takes so long for anything to happen or for a process to be put in place but as a Trust we are trying to move forward.	All staff encountered are pleasant. Although there seems to be a sense of improving the patient experience and this should be the aim of any service. How ever the changes seem to be without research or based on a recognised evidence base. There seems to be a steamroller attitude to change. Teams are having to manage with dwindling numbers and any voice of concern seems to be treated with a sense that they are a barrier to what is seen "by all" as the best way to achieve the perfect patient experience. Moral is low and staff feel devalued and under pressure that any decision they make will be on their heads only. appropriate large enough space for protected breaks at ferndene
I think this needs revision.	more ward shared space for young people esp redburn
If friends and family want to work in mental health in this area then there's no choice but to work for NTVW so the question is largely pointless	
It would depend on the circumstances of the friend or relative but I would advise anyone thinking about setting out on a long term career that the outlook for pay and conditions is not good and performance demands only ever seem to increase. Most professional roles now involve as much admin as patient contact and one is obliged to work unpaid overtime to keep up with targets and invest ones own money in training and development if you want to progress. The future of the NHS is very uncertain and job security is no longer good. The Trust is also less family friendly than it was with new shift patterns and demands for flexibility having a negative impact on family life. The canteen is more expensive and since the essential car user allowance was abolished I am unhappy about using my car for Trust business at the measly mileage rate. Only Medical practitioners and Directors appear to have a strong bargaining position. Previous experience indicates that the Trust was a better place to work under a Labour Government. Many senior managers have been told about the CYPSS tender debacle but change never comes. More trained full time staff to care for patients (no agency) Nice place to work. staff encourage you to contribute for implementation of high standards of care.	Back to the 12hr shift pattern. 3 days one week 4 the next Be tougher in negotiation with commissioners about what is doable and not. Community treatment teams need to be better trained and supervised and need the time to attend to these issues: failure to be realistic in negotiations leads to downward pressure on frontline clinicians better catering facilities. better working hours the shifts are not family friendly! better pay would always be a bonus
No career progression or job satisfaction NTVW and in particular Human Resources need to listen more.	
Also can so called voluntary surveys not be shoved down the throats of the staff especially as IT can not remove this survey from the computers after the survey period has ended. NTVW are a supportive work environment	communication, trust should be more helpful when staff have illness i recently a year ago had ex husband die my kids dad yet i was told i didnt meet criteria to have compassionate leave so i took week sick which i would not normally do but we are caring with our patients but dont get it back in time of need, i worked 35 years for trust and had very little sick changed shift to help ward at drop of hat how do you think that made me feel if a friend hadnt swapped hols with me when my brother was found dead in kent two years ago i would not of be able to attend his funeral either, when staff poorly arithis or back pain we want to work but some staff frigten to say that are ill due to sickness policy and the fact they may be cant do their job so could loose employment yet the five cs are all about compasion commitment etc senior staff dont show this to staff ward team do we work for each other not senior managers some cant say a good word but are on your back to critise devaluing you.
Our mental health matters too.	Community treatment teams - parking and hot desking makes coming into work more stressful - wondering whether or not I will find a parking space or a space to work in - this stress is not needed in your day to day working life. Better use of space in teams to provide enough desks, and more thought to be given to staff parking.
Shout Lady About 'How Things Are', and 'How Things Need to Change, and Change Quickly'	Continue to listen to staff opinions in relation to staffing and shift patterns which meet needs of patients on individual wards.
Staff morale low on most wards, staff leaving or retiring. Staff feel that they are not "nursing" any more and restrictive practice is having a negative impact. Surevey fatigue is the reason I have not completed this up until now. Also, my surname begins with the letter H, so why have I been included in the A to F category? thank you	Create a SIMPLE system whereby staff can 'buy' up to two weeks leave (i.e. unpaid leave) to help with school holidays. Devolve decision-making to localities, stop the centralised approach. This is outdated in the current climate of localised services. Allow teams to come up with how they could work most efficiently and effectively, and allow them to implement these changes. Disorganised from teaching of medical students to teaching of doctors. Unfair pressure placed on doctors to fill vacant rota slots and even when they are filled I find locum pay is not paid promptly! Emphasis on targets tends to produce a stick approach and makes staff feel under valued and afraid of being disciplined.
the NHS is a very stressful enviroment to work in at the present time	In speciality (child psych) I am wondering about the choice of staff employed - there is a lack of admin, so that all staff run far under capacity of seeing patients due to doing admin. They also cannot use time well because of lack of rooms to see parinrs in. Also I wonder if there is an over emphasis on employing nurses rather than psychologists and other higher trained specialists. Employ more staff.
the working hours are not good at all, getting home at 9pm then you get up the next day at 6am why couldnt they have made a late shift after a long day! There are positives too. The recent shift to trying to open up communication and open and transparent conversations is warmly welcomed.	fairness across the board review if recruitment process i.e. is interview the best or only way to get best person for the job?
This is my view based on my current role however could change significantly if i worked elsewhere	For management to be more open and honest with staff. they are clearly sitting on information regarding transition of services and not feeding this back to staff in an open way

Work Answer Comment	Improvement for Work
With the current transformation programme in corporate services it is difficult to recommend as a place to work in terms of job security but in terms of job satisfaction I would definitely recommend it.	For processes and regulations to be fair. Admin, AHP are often not treated the same as medics for example i.e. in regard to requesting holiday, dresscode, processes.
	Be a lot more user friendly towards all
	Better communication at all levels and between all departments.
	better communication loops back to the frontline staff.
	better management who actually know what they're doing
	Get management to treat staff better for the work they do
	Give nurses more support to carry out quality nursing interventions instead of focus being on "ticky boxes" and documentation.
	have made suggestions for three decades give up.
	Have more flexible shifts as the shift at the moment are difficult and long.
	holiday cards issued in more advance so family time can be planned
	HR are not very good, sending emails with confidential info to the wrong people.
	I do not think NTW value their nursing staff. This is reflected in the central recruitment process. I have been nursing for more than twenty years, yet at interview I was shepherded through a series of mundane tests asking irrelevant questions such as how much paint would be required to decorate a day room, or who was my favourite soapstar. At interview, I was asked whether I would consider any band 6 job and when I asked where they might be I was told I would be put into a pool and allocated at a later date; a job lottery! I feel this was humiliating and dehumanising and I do not understand why other disciplines, such as Band 6 Occupational Therapist posts do not have to endure the same process if this system is so successful. I know the central recruitment team are award winning, but I am curious to know on criteria their success is measured.
	I have not been provided a basic requirement of a desk in the consultation rooms. I am having to stand to work on my laptop or keep it on my knees. My clinics run all day from morning to evening first patient at 9.30 am and last at 4pm. There is fierce opposition from managers to provision of a desk in the consultation room. I do not have a named admin staff who I can rely on for my work. Managers are pushing for having no paper diaries without listening to my concerns and without explaining how it will be better than current system of paper diary as a backup to prevent double booking appointments when Rio diary only talks one way and there is a time lag of hours between rio and outlook synchronisation.
	I think the responsibility to pay ratio isn't right at the moment, banding doesn't really give an insight of either experience, qualifications or ability, let alone accountability or responsibility.
	I also think the balance within management structure; between being very pragmatic and fulfilling its obligations to the trust vs caring and fulfilling its duty of care, is sometimes a little off. Though I do recognise that this is a hard balance to maintain.
	I'm very happy in my post
	improve staff safety
	acknowledge staff's hard work
	re-affirm boundaries re: policies
	improve staffing numbers
	In my experience it is a good place to work, maybe better lunch facilities i.e. a room to go and sit while having lunch.
	In my experience management are more concerned to report a service runs well, instead of actually looking at how or who carries out activities.
	personal agenda is priority.
	Increase the salary for apprentices!!
	It's a big trust and that makes it very centralised in management.
	There is little leadership but plenty of management.
	Keep parking free for staff please
	lack of support from senior management erosion of support and benefits
	Less bureaucracy. Less uncertainty about jobs
	Less change and less boxes to tick, staff to be listened to, more staff.....
	less paperwork and a review of R/O as the system is very dated and often crashes and not that user friendly.
	less uncertainty about the future of services would improve staff morale. I would not recommend currently working in the community team as a care co-ordinator because of increasing pressure leading to staff burnout.
	Listen to concerns of staff regarding change and how it could be managed better with less confusion, average workload, less time and better result.
	Look at central recruitment, feedback is that staff are wanting to work in one area of their choice, not to be placed anywhere.
	Maintain the additional training that is required to maintain the standards that is governed by the C.Q.C Requirements.
	Make office spaces equal and fair, ensure priority parking areas are given over to community based staff rather than static all day parkers.
	Make your employees feel needed
	More fairness needs to be seen across the board (from the Trustees, Directors, Chairman down to grass roots employees such as admin, domestics and porters since we are always being told there is no divide between the ranks and everyone follows the same rules. I have seen/heard that this is not always the case. If there are rules/regulations then they should apply to all staff regardless of their positions within the company or not to/by anyone.
	more honest communication between different professions
	more investment in IT systems.
	More opportunities for development.
	More opportunity to share practice with other services/settings both within and outside of the Trust.
	More parking spaces.
	All staff on the same wage "BAND".
	A reasonable wage increase every year.
	more staff on the wards

	<p>more support for staff</p> <p>appears to be a culture of easily replaced staff- staff morale low</p> <p>More trained full time staff to care for patients (no agency)</p> <p>more training</p> <p>NTW as an employer are continuing to develop in all areas.</p> <p>willing to work with the employees and are more open about proposed changes/ redesign of services.</p> <p>NTW can be a good employer whilst not being perfect. Like any employer there are things we do wrong as well.</p>
	<p>NTW is a large trust with its main business being MH - sometimes one size does not fit all and more tailored / individualised approach could be adopted when delivering mandates throughout the trust eg stat and mand training, / some documentation</p> <p>I have to say that this has been improved lately however I felt the message was still worth reinforcing</p> <p>Nurse Bank staff to get personal supervision and opportunities to expand training.</p> <p>pay rise in line with inflation</p>
	<p>perks of the job eg paid dinner 30 mins</p> <p>healthy staff so many smoke and are overweight</p> <p>standards are poor nursing not respected vocation</p> <p>Removal of hot desking systems. It is not productive and I feel disorganised and stressed as a result.</p>
	<p>Replace RIO with system that does not crash so often, is searchable and has a better interface.</p> <p>Restore the essential car allowance, subsidise canteen prices. Build more offices for clinicians to be able to work quietly without distractions and not have to compete for clinical consultation rooms. Reduce caseloads. Abandon the gaming of targets. Employ more Qualified staff and invest more in training. Lower the normal retirement age to 60. Give me half a day a week of elective time to study, research and teach.</p> <p>Restore the courtyard garden at Grange Park Clinic.</p> <p>Retrospectively subject directors to the same pay restraint as other staff and use the extra money to improve facilities.</p>
	<p>Review sickness policy, ie number of absences and backdating a new policy! This does not respect and value committed and highly skilled employees and has potential for more people to come into work when they are ill.</p> <p>Planned surgery and convalescence should not be treated in the same way as ordinary absence through illness.</p>
	<p>same as above</p> <p>Scrapping the new uniform policy. Patients have also stated they are against this and that casual but smart dress code is more relaxing for themselves.</p> <p>Stop reducing the number of male staff on male wards.</p> <p>Senior management/decision makers taking time to spend with and talk to frontline workers to gain a better understanding of our work, and the pressures we are under. This would help to inform better decision making re service priorities and systems for management of care.</p> <p>Shift patterns could be better. TAER system is very tiring and means minimal time off on weekends. It also means extra AL days sometimes need to be taken in order to have a full week off if working weekends.</p> <p>Staffing levels could be improved - we should not have to rely on bank and agency staff.</p> <p>Shift patterns.</p>
	<p>Sort out HR and training. They are not fit for purpose and a drain on clinician's time. Just returned from a 60 mile round trip to attend training where the training did not turn up. Total waste of time.</p> <p>sports groups after work would be great</p> <p>START RESPECTING STAFF MORE!</p> <p>stop changing things that aren't broken there's a good thing going at the minute so nothing needs changed from a nursing assistants point</p> <p>stop penny pinching around staff terms and conditions...it lowers morale</p> <p>support staff to manage change more effectively and listen when they say they are stressed</p> <p>That hard truths staffing levels are in place.</p>
	<p>The accommodation is desperately inadequate to run a CAMHS service, doctors are housed in overcrowded open plan offices where they spend a lot of time doing admin tasks.</p> <p>The full integration of community & social care would bring about so many efficiency gains there would be a lot more money in the system to provide better care, from better facilities!</p> <p>The hot desk situation in CYPs is dire. People can't think or have enough personal space. Work productivity is seriously undermined.</p> <p>Mobile kit is leading to major musculo-skeletal issues for staff and we should be proactive in getting workplace physio and workplace exercise.</p> <p>Stress is high due to demand vs capacity issues.</p> <p>Give professions who are not doctors or nurses more of a voice. Staff do not always feel valued.</p>
	<p>The Trust in theory has complied with most working Directives.</p> <p>The workforce team need to be made aware of Deafness, Deaf culture and BSL. They need to make reasonable adjustments to allow Deaf people to apply for jobs in their own language, which is a visual language.</p> <p>Barriers such as written exams need to be addressed.</p>
	<p>There are a lot of good things that are happening in the trust. I know a number of things that are challenging are currently already being considered. The provision of greater clinical space for assessment. Office space for consultants to enable the varied roles that they have to undertake. Moving in and out of private rooms is not always practical. Particularly for those of us with mobility issues or those of us who have to use specialised equipment in order to carry out our jobs due to disability. Certain aspects of our role such as supervision, appraisal do need us to be able to access our computer and desk but in a private space. The current arrangements make this very difficult.</p>
	<p>to continue with the training to the same level or higher could only benefit trust</p> <p>to employ more staff</p>

Work Answer Comment	Improvement for Work
	Transfer the holiday commitment over from other NHS Trusts or make it clear that starting mid month will lose your holiday commitment for that month
	Treat staff as you treat patients; i.e. openness and honesty; communicate better; at times we are 'seen to be doing things' (ticking boxes) rather than doing things that make a positive impact on patients.
	treat staff like people
	Treat staff like people instead of numbers.
	Whilst no one comes to work solely out of sainthood and money is tight everywhere there are a vast majority of staff who actually care about the patients. This resource is being touted and praised not only in bulletins but in planning etc. It is a great pity then that their input regarding improving things for the patient experience and recovery is diluted because of "corporate" reasoning.
	Whilst progress is being made I still feel that often staff are an afterthought and that finance comes ahead of staffing needs and staffing levels.

Quantitative Data

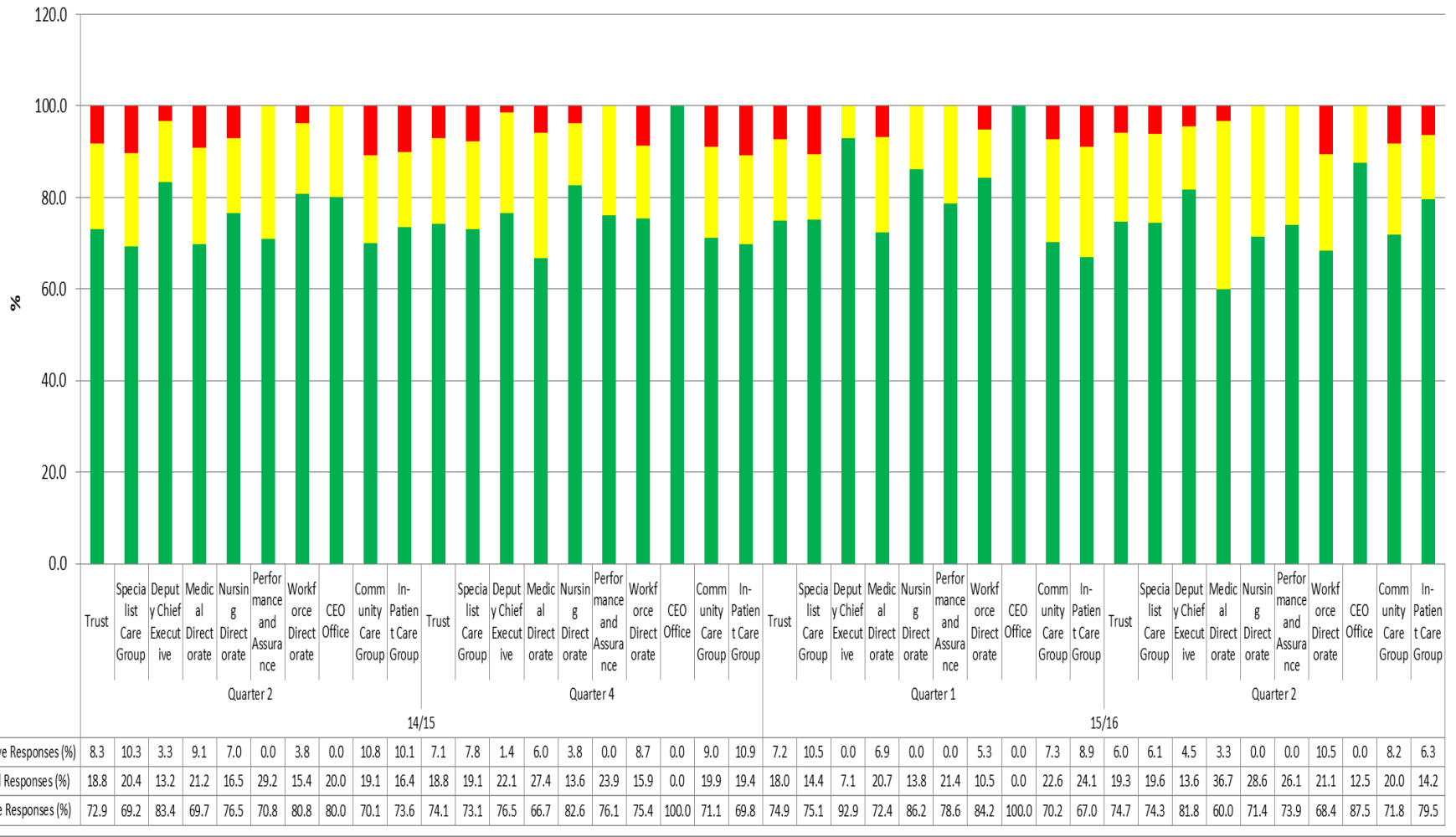


The table below shows the response rates for the last three quarters by group:

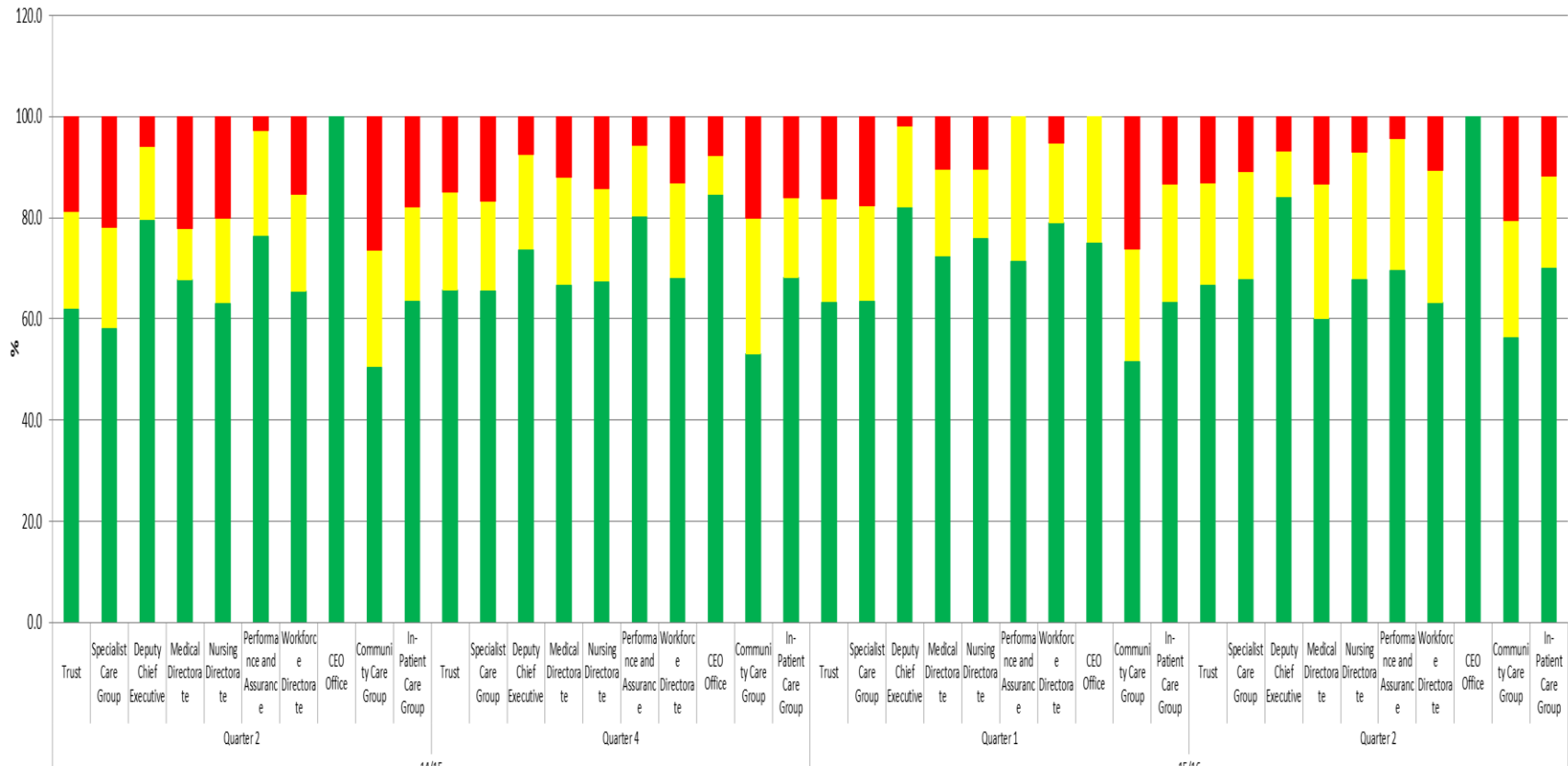
Average response rate	Q2 1415	Q4 1415	Q1 1516	Q2 1516	Q2 1516 number of responses (nb staff surname commencing G-O)	
Trust	37%	33%	33%	31%	818	~ In Q2 response rates have decreased overall from 33% to 31%.
Specialist Care Group	37%	27%	31%	37%	230	~The specialist group saw a significant increase from 31% to 37%.
Community Care Group	37%	33%	38%	36%	220	
In-Patient Care Group	30%	26%	31%	29%	127	
Deputy Chief Executive	51%	63%	57%	42%	44	
Nursing Directorate	44%	72%	50%	48%	28	
Medical Directorate	46%	41%	36%	40%	30	~The deputy chief executive and workforce departments saw significant decreases in response rates
Performance and Assurance	57%	63%	61%	58%	23	
Workforce Directorate	63%	63%	53%	45%	19	
CEO Office	83%	81%	50%	73%	8	

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

How Likely are you to recommend NTW Services? Q2, Q4 (14/15) and Q1, Q2 (15/16) Comparison



Would you recommend NTW as a place to work ? (Q2, Q4 (14/15) and Q1, Q2 (15/16) Comparison



	14/15										15/16																													
	Quarter 2					Quarter 4					Quarter 1					Quarter 2																								
	Trust	Specialist Care Group	Deputy Chief Executive	Medical Directorate	Nursing Directorate	Performance and Assurance Directorate	Workforce Directorate	CEO Office	Community Care Group	In-Patient Care Group	Trust	Specialist Care Group	Deputy Chief Executive	Medical Directorate	Nursing Directorate	Performance and Assurance Directorate	Workforce Directorate	CEO Office	Community Care Group	In-Patient Care Group	Trust	Specialist Care Group	Deputy Chief Executive	Medical Directorate	Nursing Directorate	Performance and Assurance Directorate	Workforce Directorate	CEO Office	Community Care Group	In-Patient Care Group										
Negative Response (%)	18.7	21.9	6.0	22.2	20.0	2.8	15.4	0.0	26.5	17.9	15.0	16.6	7.5	11.9	14.1	5.6	13.0	7.7	20.1	16.1	16.4	17.7	1.8	10.3	10.3	0.0	5.3	0.0	26.2	13.4	13.1	10.9	6.8	13.3	7.1	4.3	10.5	0.0	20.5	11.8
Neutral Response (%)	19.3	20.0	14.6	10.1	17.0	20.8	19.2	0.0	23.0	18.6	19.4	17.8	18.8	21.4	18.5	14.1	18.8	7.7	26.8	15.7	20.3	18.8	16.1	17.2	13.8	28.6	15.8	25.0	22.2	23.2	20.3	21.3	9.1	26.7	25.0	26.1	26.3	0.0	23.2	18.1
Positive Response (%)	62.0	58.1	79.5	67.7	63.0	76.4	65.4	100.0	50.5	63.5	65.6	65.5	73.7	66.7	67.4	80.3	68.1	84.6	53.1	68.1	63.3	63.5	82.1	72.4	75.9	71.4	78.9	75.0	51.6	63.4	66.6	67.8	84.1	60.0	67.9	69.6	63.2	100.0	56.4	70.1