

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors

Meeting Date: 25 October 2017

Title and Author of Paper:

Staff Friends and Family Test Update Quarter Two 2017/18
Lisa Quinn, Executive Director of Commissioning & Quality Assurance

Executive Lead:

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

Paper for Debate, Decision or Information: Information

Key Points to Note:

- This paper includes the results of the Qtr2 Staff Friends and Family Test Survey administered to all staff accessing the Trust network via an NTW Login.
- Response rates this quarter remained at 49%.
- The trend for staff being more likely to recommend the Trust to family and friends for care and treatment than as a place to work continues. Staff continue to be less likely to recommend the Trust for care and treatment than those service users and carers responding to the FFT question.
- There was a 2% decrease in positive responses to the question “How likely are you to recommend the organisation to friends and family as a place to work?” from 70% to 68%.
- There was no change in positive responses to the question, “How likely are you to recommend our services to friends and family if they needed care or treatment?” which remains at 77%.
- There appears to be no seasonal pattern to results.
- The Trust remains above the national average for the percentage of staff who would recommend the Trust as a place to work and below the national average for those who would recommend for care and treatment.
- The actions undertaken by the Group’s to address themes which emerged from quarter 1 17/18 are reported in Appendix 4 and trend analysis has been included in Appendices 1-3.

Risks Highlighted: N/A

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

Equal Opportunities, Legal and Other Implications: N/A

Outcome Required / Recommendations: For information and action

Link to Policies and Strategies: Workforce & OD Strategy

Staff Friends and Family Test (FFT) Update Quarter Two 2017/18

1. Executive Summary

1. The proportion of staff recommending the organisation to friends and family as a place to work:
 - a. has decreased in the quarter from 70% to 68%.
 - b. remains higher than the most recently published national average of 64%.
 - c. Admin and clerical staff and allied health professionals are the staff groups most likely to recommend the organisation as a place to work, while the staff group least likely to recommend is additional clinical services.
 - d. The directorates most likely to recommend NTW as a place to work are the CEO office and Commissioning & Quality Assurance. The directorates least likely to recommend are the inpatient and community care groups.
2. The proportion of staff recommending the organisation to friends and family if they needed care and treatment:
 - a. has remained at 77% during the quarter.
 - b. is below the most recently published national average of 81%.
 - c. Allied health professionals, scientific & technical and admin & clerical staff groups are those most likely to recommend NTW for care and treatment, while the staff groups least likely to recommend are medical staff and additional clinical services staff.
3. The response rate in the period has remained at 49% of staff (those presented with FFT questions when logging onto the Trust network). Nearly 3,500 staff responded during the period.
4. Analysis of the respondents suggests that the proportion of respondees by staff group is broadly in line with the Trust staff demographic, with the exception of Estates and Ancillary staff – this may be reflective of lower access to the Trust network by employees within this staff group.
5. A significant volume of comments and suggestions from staff have also been collected and analysed.

2. Introduction

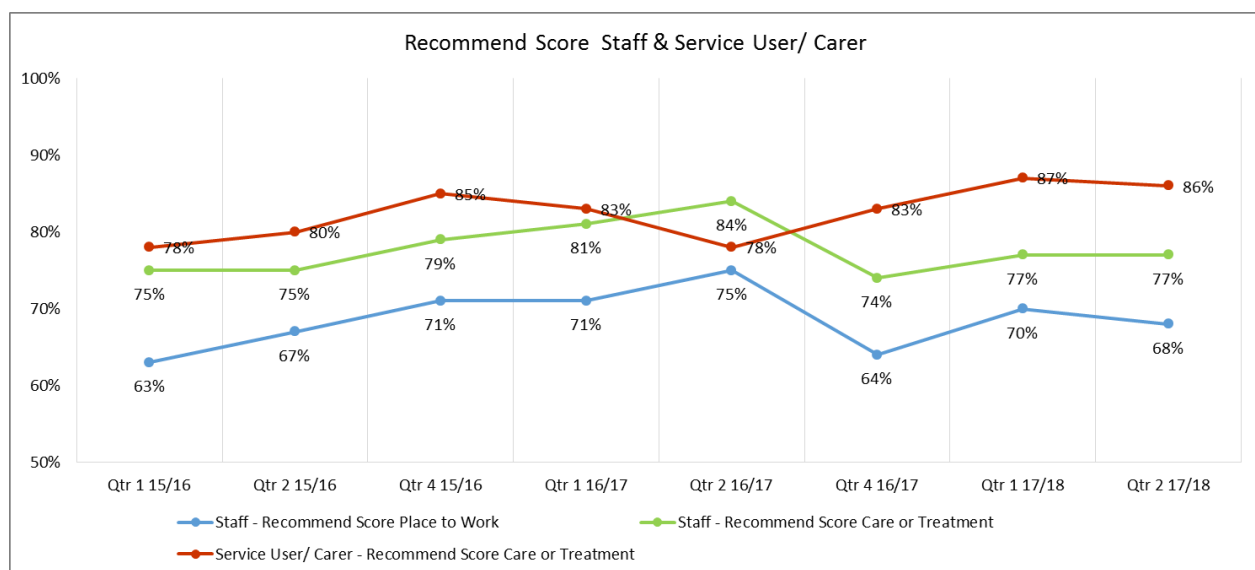
All NHS Trusts are required to ask staff their responses to the two Staff Friends and Family Test (FFT) questions, which are also included with the national staff survey conducted in Qtr3 of each year. The two Staff FFT questions are as below, with answer options ranging from 'extremely likely' to 'extremely unlikely' (6-point Likert scale, including 'don't know' option):

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

NTW provides staff with the opportunity to feedback their views on the organisation throughout the year via a range of mechanisms, such as the annual staff survey, the Staff FFT (which is administered quarterly except Qtr3), speakeasy events and the chatterbox facility. Since 16/17, all staff have been asked their views in every quarter, therefore significantly increasing the volume of staff FFT responses in the year.

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

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



NB quarter 3 results are not included above as the staff FFT is asked via the staff survey during this quarter.

3. Results for Quarter 2 - 2017/18

3.1 Response rates

Appendix 1 shows the response rates by group/directorate over time. In Qtr2 17/18 the Trust response rate was 49%, receiving a total of 3,471 responses. The lowest response rate of those staff was from the Deputy Chief Executive, Corporate Medical Directorate and NTW Solutions (45%) the highest response rate was from the Commissioning & Quality Assurance Directorate (65%).

Table 1 – Response rates by group/directorate

Response rate – proportion of responses of those offered the Staff FFT through their NTW login	Qtr 2 16/17	Qtr 4 16/17	Qtr 1 17/18	Qtr 2 17/18
Trust	31%	40%	49%	49%
Specialist Care Group	30%	45%	52%	52%
Community Care Group	36%	48%	55%	54%
In-Patient Care Group	30%	43%	52%	51%
Deputy Chief Executive	36%	35%	33%	45%
Corporate Nursing Directorate	39%	56%	57%	57%
Corporate Medical Directorate	33%	40%	44%	45%
Commissioning & Quality Assurance	61%	64%	66%	65%
Workforce Directorate	57%	59%	56%	58%
CEO Office	53%	63%	57%	60%
NTW Solutions	-	-	47%	45%

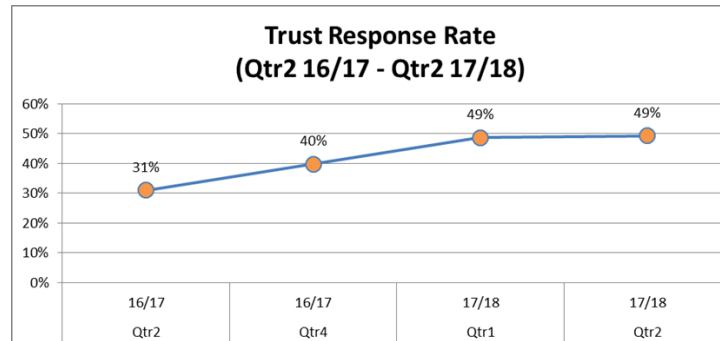


Table 2 – Breakdown by staff group of those who responded in Qtr 2

Breakdown by staff group - proportion of responses of those offered the Staff FFT through their NTW login	Response Breakdown				Proportion of Staff Group (source:ESR)
	Qtr 2 16/17	Qtr 4 16/17	Qtr 1 17/18	Qtr 2 17/18	
Add Prof Scientific and Technical	7%	7%	6%	7%	6.28%
Additional Clinical Services	20%	26%	26%	24%	30.28%
Administrative and Clerical	24%	23%	20%	20%	19.29%
Allied Health Professionals	5%	6%	5%	4%	4.31%
Estates and Ancillary	2%	2%	2%	2%	7.29%
Medical and Dental	5%	4%	4%	4%	5.14%
Nursing and Midwifery	27%	31%	29%	28%	27.46%
Other	-	-	-	11%	N/A
Total	-	-	-	100%	100%

N.B. included in the Trust total includes staff "other" within the breakdown of staff group these staff have an NTW login but are not held on ESR e.g agency staff.

3.2 Responses by answer options and recommend score

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

Table 3 shows the findings from Question 1 work question by answer.

N.B. positive responses refer to 'extremely likely' and 'likely' responses, this is also known as the 'recommend score'.

Table 3 – Responses by Answer for Question 1

Question 1 - How likely are you to recommend the organisation to friends and family as a place to work?	Qtr 2 16/17	Qtr 4 16/17	Qtr 1 17/18	Qtr 2 17/18	While comparing the Qtr2 percentages with the same period last year, there has been an overall reduction in positive responses (or recommend score) from 75% to 68%. This is a decline from the last Qtr (Qtr1 17/18) the recommend score has decreased by 2%. There has been a small decrease in negative responses compared to both the same period last year and compared to the previous quarter.
Extremely Likely	33%	21%	25%	24%	
Likely	42%	43%	45%	44%	
<i>Total Recommend</i>	<i>75%</i>	<i>64%</i>	<i>70%</i>	<i>68%</i>	
Neither	13%	19%	18%	17%	
Unlikely	6%	8%	7%	7%	
Extremely Unlikely	5%	6%	4%	3%	
Don't Know	1%	3%	2%	3%	

Table 4 shows the comparison of staff who would 'recommend' the Trust as a place to work by Group/Directorate.

Table 4 - Results table: Recommend Score for Question 1 by Group/Directorate

Question 1 - How likely are you to recommend the organisation to friends and family as a place to work?	Qtr 2 16/17	Qtr 4 16/17	Qtr 1 17/18	Qtr 2 17/18	Overall there has been a reduction in the recommend score (positive responses). When comparing Qtr2 16/17 to Qtr2 17/18, this has decreased across 7 of the 9 Directorates. Whilst there has been a decline in the recommend score Qtr1 17/18 to Qtr2 17/18 there has been an increase in the recommend score for Medical, Workforce, CEO office and NTW Solutions.
Trust	75%	64%	70%	68%	
Specialist Care Group	74%	64%	68%	67%	
Community Care Group	75%	61%	67%	66%	
In-Patient Care Group	74%	64%	69%	66%	
Deputy Chief Executive	73%	63%	72%	71%	
Corporate Nursing Directorate	80%	69%	76%	71%	
Corporate Medical Directorate	75%	66%	70%	73%	
Commissioning and Quality Assurance	85%	75%	84%	81%	
Workforce Directorate	67%	71%	65%	73%	
CEO Office	63%	92%	77%	83%	
NTW Solutions	-	-	68%	69%	

Table 5 is a comparison of the staff who would 'recommend' the Trust as a place to work by staff group.

Table 5 - Results table: **Recommend Score for Question 1 by Staff Group**

Question 1 - How likely are you to recommend the organisation to friends and family as a place to work?	Qtr 2 16/17	Qtr 4 16/17	Qtr 1 17/18	Qtr 2 17/18	Comparing the recommend scores in Qtr2 17/18 with Qtr1 17/18 there have been significant changes in 1 of the 7 staff groups, with reductions in recommend score in Additional Clinical Services whilst there have been increases in Medical and Estates. When comparing Qtr2 17/18 and Qtr2 16/17 all Staff Groups have seen a decrease in recommend score with a notable change in the Add Prof Scientific and Technical Staff Group.
Trust	75%	64%	70%	68%	
Add Prof Scientific and Technical	77%	58%	69%	68%	
Additional Clinical Services	68%	66%	68%	63%	
Administrative and Clerical	78%	69%	73%	72%	
Allied Health Professionals	79%	70%	74%	72%	
Estates and Ancillary	67%	49%	61%	66%	
Medical and Dental	72%	60%	63%	68%	
Nursing and Midwifery	71%	61%	68%	68%	

Appendix 2 illustrates the percentage of staff who would recommend, not recommend (rating extremely unlikely or unlikely) and those who are unsure (rating either neither or don't know) to question 1 by Group/Directorate over time (Qtr2 16/17 to Qtr2 17/18).

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

Table 6 shows the findings from Question 2 Care Question by answer.

Table 6 – Results table: **Responses by Answer for Question 2**

Question 2 - How likely are you to recommend our services to friends and family if they needed care or treatment?	Qtr 2 16/17	Qtr 4 16/17	Qtr 1 17/18	Qtr 2 17/18	While comparing the Qtr2 percentages with last year (Qtr2 16/17), there has been an overall reduction in the recommend score (positive responses) for this question (from 84% to 77%). This has neither being an increase or decrease from Qtr1 There has been a small increase in negative responses compared to both the same period last year and compared to the previous Qtr.
Extremely Likely	39%	25%	29%	29%	
Likely	45%	49%	48%	48%	
<i>Total Recommend</i>	<i>84%</i>	<i>74%</i>	<i>77%</i>	<i>77%</i>	
Neither	10%	15%	14%	13%	
Unlikely	2%	4%	3%	4%	
Extremely Unlikely	2%	3%	2%	2%	
Don't Know	2%	4%	4%	4%	

Table 7 is a comparison of staff who would 'recommend' the Trust for care or treatment by Group/Directorate.

Table 7 - Results table: **Recommend Score for Question 2 by Group/Directorate**

Question 2 - How likely are you to recommend our services to friends and family if they needed care or treatment?	Qtr 2 16/17	Qtr 4 16/17	Qtr 1 17/18	Qtr 2 17/18	Overall there has been a significant reduction in the recommend score (positive responses) when comparing Qtr2 16/17 to Qtr2 17/18, this has resulted from decreases across 8 of the 9 Directorates. When comparing Qtr2 17/18 against the previous quarter (Qtr1 17/18) there has been a decrease the recommend score for nearly all Directorates excluding CEO office and NTW Solutions.
Trust	84%	74%	77%	77%	
Specialist Care Group	84%	73%	75%	76%	
Community Care Group	86%	74%	78%	78%	
In-Patient Care Group	82%	73%	75%	73%	
Deputy Chief Executive	87%	72%	72%	64%	
Corporate Nursing Directorate	83%	82%	84%	81%	
Corporate Medical Directorate	78%	65%	75%	73%	
Commissioning and Quality Assurance	87%	78%	84%	81%	
Workforce Directorate	86%	79%	74%	68%	
CEO Office	75%	83%	77%	83%	
NTW Solutions	-	-	77%	80%	

Table 8 is a comparison of staff who would 'recommend' the Trust for care or treatment by Staff Group.

Table 8 - Results table: **Recommend Score for Question 2 by Staff Group**

Question 2 - How likely are you to recommend our services to friends and family if they needed care or treatment?	Qtr 2 16/17	Qtr 4 16/17	Qtr 1 17/18	Qtr 2 17/18	Comparing the recommend scores in Qtr2 17/18 with Qtr2 16/17 there have been decreases in all of the Staff Group's, most notably in the Estates group (from 91% to 78%). When comparing Qtr2 17/18 against the previous quarter (Qtr1 17/18) there has been an increase in the recommend score for 5 of the 8 staff groups excluding Additional Clinical Services, Administrative and Clerical, Nursing and Midwifery.
Trust	84%	74%	77%	77%	
Add Prof Scientific and Technical	86%	72%	79%	81%	
Additional Clinical Services	76%	74%	75%	72%	
Administrative and Clerical	87%	79%	81%	80%	
Allied Health Professionals	90%	70%	80%	81%	
Estates and Ancillary	91%	74%	75%	78%	
Medical and Dental	80%	73%	69%	71%	
Nursing and Midwifery	81%	72%	82%	77%	

Appendix 3 illustrates the percentage of staff who would recommend, not recommend and those who are unsure to Question 2 by Group/Directorate over time (Qtr2 16/17 to Qtr2 17/18).

3.3 Results by Thematic Analysis

Staff also have the opportunity to provide comments into free text boxes designed to elicit improvement suggestions for each of the mandatory questions. Staff are asked:

- 1. Please suggest any improvements to make NTW a better place to work.**
- 2. Please suggest any changes NTW can make to improve the care or treatment offered.**

Table 9 is the number of free text comments made.

Table 9 – **Number of Free Text Comments and Response Rate**

	Question 1 – 'work' question		Question 2 – 'care' question	
	No of free text comments	% of respondents	No of free text comments	% of respondents
Qtr 2 17/18	585	16.9%	511	14.7%

Approximately 32% of the staff who responded also made further suggestions as how NTW can make improvements, which is an increase of 11% from Qtr1 17/18.

In terms of the comments provided by staff regarding improvements, a full spectrum of feedback was received across a selection of themes. Several repeating themes emerged during quarter 1 and this thematic analysis is shown in Tables 10 ('work' question) and 11 ('care' question) by directorate/ group.

Table 10 – Top 5 themes for Question 1 (find full list in Appendix 4) per Group/Directorate

In-Patient Care Group - Work Question. A total of 93 comments were themed					
Theme	Total	% of Responses	Response to Staff FFT Question 1 - Work Question		
			Recommend	Not Recommend	Unsure
Staffing Levels	23	25%	57%	26%	17%
General	6	6%	33%	33%	33%
Parking / Transport	6	6%	100%	0%	0%
Communication	5	5%	20%	40%	40%
Management Support / Supervision	5	5%	20%	60%	20%

Community Care Group - Work Question. A total of 245 comments were themed					
Theme	Total	% of Responses	Response to Staff FFT Question 1 - Work Question		
			Recommend	Not Recommend	Unsure
Staffing Levels	33	13%	61%	9%	30%
Pay and Conditions (includes flexible working)	25	10%	64%	8%	28%
General	24	10%	46%	33%	21%
Working Conditions	18	7%	78%	6%	17%
Training and Development	14	6%	36%	21%	43%

Specialist Care Group - Work Question. A total of 200 comments were themed					
Theme	Total	% of Responses	Response to Staff FFT Question 1 - Work Question		
			Recommend	Not Recommend	Unsure
Staffing Levels	48	24%	54%	21%	25%
Pay and Conditions (includes flexible working)	27	14%	63%	22%	15%
Communication	14	7%	50%	21%	29%
Working Conditions	10	5%	80%	20%	0%
General	10	5%	40%	50%	10%

Table 11 – Top 5 themes for Question 2 (find full list in Appendix 5) per Group/Directorate

In-Patient Care Group - Treatment Question. A total of 74 comments were themed					
Theme	Total	% of Responses	Response to Staff FFT Question 2 - Treatment Question		
			Recommend	Not Recommend	Unsure
Staffing Levels	15	20%	67%	13%	20%
Access	5	7%	80%	0%	20%
Treatments/ Pathways	4	5%	50%	50%	0%
More Beds	4	5%	50%	25%	25%
Waiting Times	4	5%	75%	0%	25%

Community Care Group - Treatment Question. A total of 228 comments were themed					
Theme	Total	% of Responses	Response to Staff FFT Question 2 - Treatment Question		
			Recommend score	Not Recommend Score	Unsure
Staffing Levels	67	29%	64%	34%	1%
Waiting Times	37	16%	68%	32%	0%
Treatments/ Pathways	16	7%	75%	25%	0%
Patient Care	11	5%	45%	55%	0%
Access	8	4%	75%	25%	0%

Specialist Care Group - Treatment Question. A total of 202 comments were themed					
Theme	Total	% of Responses	Response to Staff FFT Question 2 - Treatment Question		
			Recommend score	Not Recommend Score	Unsure
Staffing Levels	61	30%	61%	30%	10%
Waiting Times	27	13%	78%	22%	0%
Environment / Facilities	9	4%	56%	33%	11%
Treatments/ Pathways	9	4%	56%	44%	0%
Training and Development	9	4%	44%	56%	0%

From this thematic analysis, it is evident that 'Staffing Levels' is the most prevalent improvement theme for each Group, for both questions (table 10 & 11). In relation to Question 1, 'General' emerged as a repeating theme for each Group. For both Community Care and Specialist Care, out of the top 5 prevalent themes, 'General' had the highest proportion of 'Not Recommend' answers. For Inpatient Care the lack of 'Management Support/ Supervision' caused more people to answer would not recommend (out of the top 5 prevalent themes).

In relation to Question 2 'Staffing Levels' was the main theme, however 'Waiting Times' and 'Treatments/ Pathways' were common across all three Groups. Although these themes highlight areas for improvement, some themes did not make respondents less likely to recommend the service to family or friends for treatment i.e. for Inpatient Care while 'Access' emerged as a negative theme, the 'Not Recommend' score was 0% and 80% still recommend the Trust as a place for treatment.

The FFT results are available anonymously via the dashboards. Clinical 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 and consider actions to address these.

The Groups have considered the results which emerged from **Qtr1 17/18** and are undertaking actions to ensure improvement. Some of the key actions taken to address the themes by Groups/Directorates are listed at Appendix 6.

Included below are examples of improvements comments received by staff in Qtr2 (who identified they were happy for their comments to be published):

Improvements to make NTW a better place to work:

“Improve staffing levels and communication from higher management to front line staff.”

“Listen to staff at ground level (collective leadership); Not to be hierarchical in staffing levels; Increase staffing.”

“Pay scales are ridiculous and there is very little scope to move up the banding. No motivation or incentives.”

Changes NTW can make to improve the care or treatment offered:

“Front line resources are significantly squeezed and as a consequence waiting times for community treatments are growing more difficult to access. There needs to be a better provision of community services to account for the reduction in the bed based models”

“Focus on evidence based treatment”

“Listen to family and carers about our loved ones before making decisions based on a short consultation, this will save lots of agony and heartache in the future.”

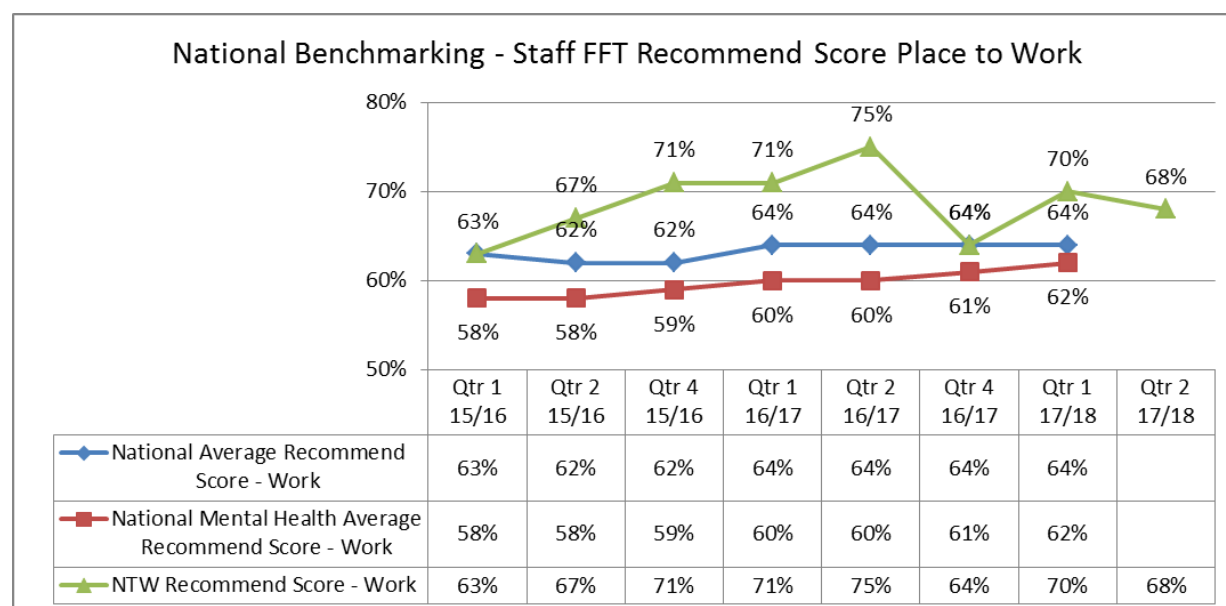
4. National Benchmarking Data - Update Quarter 2 - 2017/18

The table below shows the responses to the staff FFT questions from Northumberland, Tyne and Wear NHS Foundation Trust in comparison to the National and Local Area responses. The data below is the most recently published for Qtr1 17/18

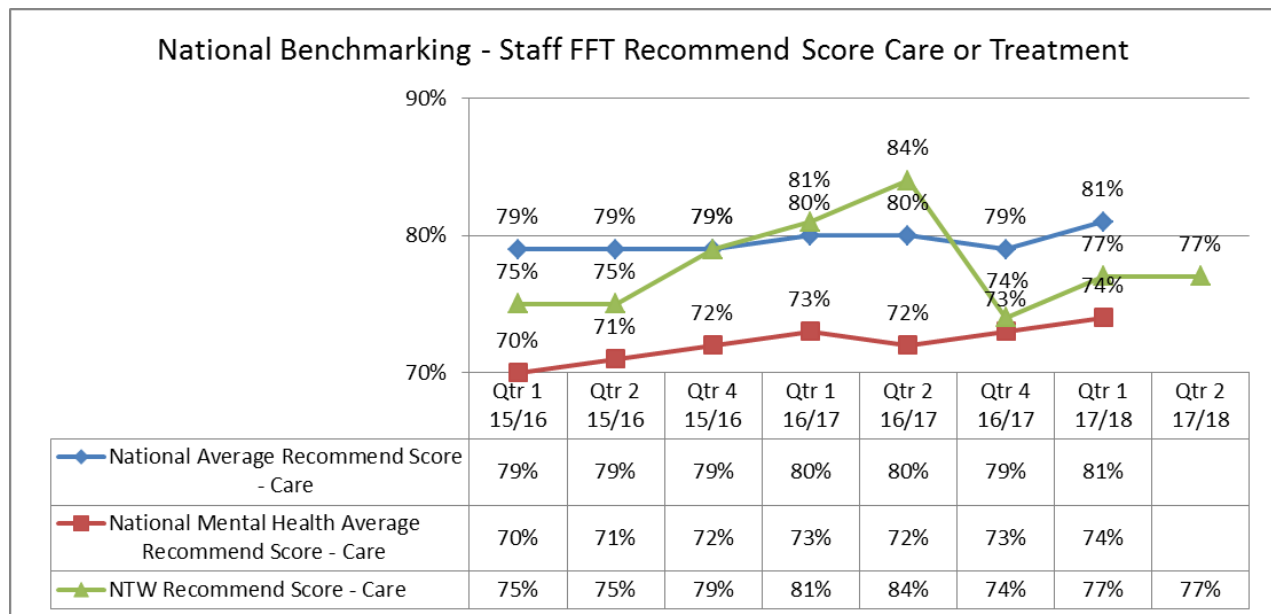
	Total Response	HSCIC Workforce Headcount	Work		Care	
			% Recommended	% Not Recommended	% Recommended	% Not Recommended
National	152,051	1,171,119	64%	17%	81%	6%
NHS England Cumbria & North East	11,992	85,629	69%	13%	82%	5%
Northumberland, Tyne and Wear NHS Foundation Trust	3,445	6,339	70%	10%	77%	5%
Tees, Esk and Wear Valleys NHS Foundation Trust	2,721	6,414	72%	12%	84%	5%

N.B. Qtr2 17/18 data is due to be published 23rd November 2017

It can be seen that in Qtr1 the Trust was above the national average for the percentage of staff who would recommend the Trust as a place to work and below the national average for those who would recommend the Trust for care and treatment. NTW results are above the regional average as a place work but below as a place for care and treatment. If the national position remains unchanged from Qtr1 to Qtr2, at 64% the most recent (Qtr2 2017/18) NTW results would be above the national average for recommending the Trust as a place to work, and at 77% be below the national average of 81% for recommending the organisation for care and treatment.



The above graph illustrates that the Trust has been above or equal to the national average, and above the sector average since Qtr115/16 for the percentage of staff who would recommend the Trust as a place to work.



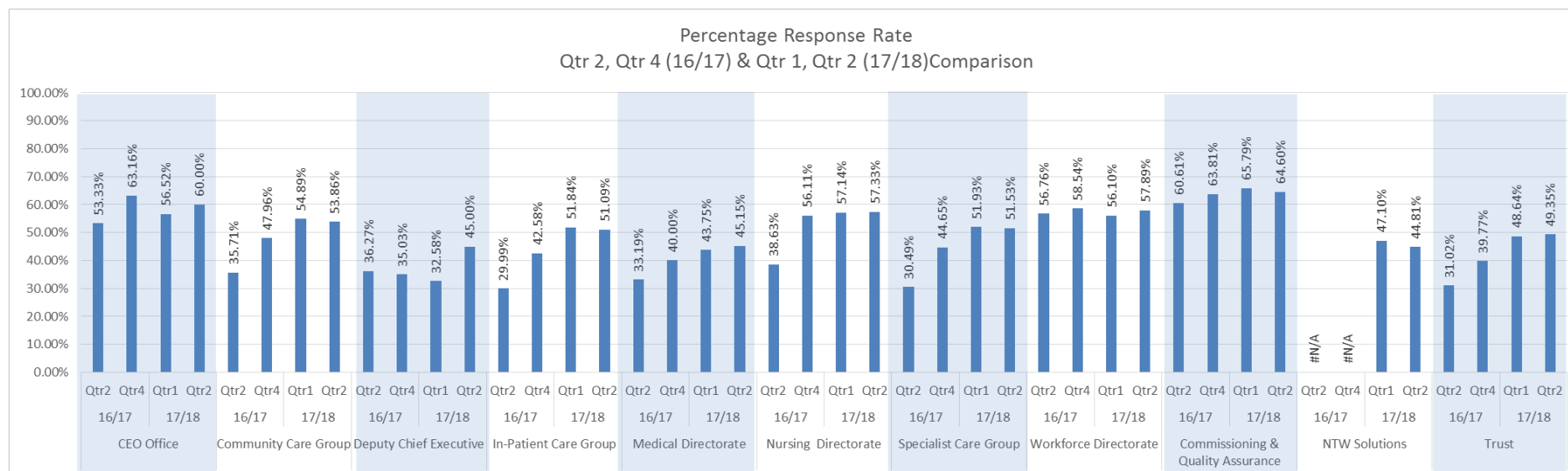
As illustrated above the Trust has been above the sector average since Qtr115/16 for the percentage of staff who would recommend the Trust as a place for care and treatment. During Qtr4 16/17 the Trust recommend score was marginally above the sector average by 1%.

5. Conclusion

All departments are asked to note their results from quarter two in conjunction with other staff feedback mechanisms, and consider appropriate actions in response to staff views.

Lisa Quinn, Executive Director of Commissioning and Quality Assurance
October 2017

Response Rates



Response rate	Qtr 2 16/17	Qtr 4 16/17	Qtr 1 17/18	Qtr 2 17/18	Qtr 2 17/18 number of responses
Trust	31%	40%	49%	49%	3,471
Specialist Care Group	30%	45%	52%	52%	1,045
Community Care Group	36%	48%	55%	54%	956
In-Patient Care Group	30%	43%	52%	51%	515
Deputy Chief Executive	36%	35%	33%	45%	45
Nursing Directorate	39%	56%	57%	57%	129
Medical Directorate	33%	40%	44%	45%	107
Commissioning and Quality Assurance	61%	64%	66%	65%	73
Workforce Directorate	57%	59%	56%	58%	22
CEO Office	53%	63%	57%	60%	12
NTW Solutions	-	-	47%	45%	121

~ In Qtr1 response rates have overall remained unchanged at 49% however there were more respondents than Qtr1 (26 more respondents).

~ 4 out of 10 Directorate's have seen an increase in response rates, the most significant increase in response rate was seen from the Deputy Chief Executive (from 33% to 45%).

~ 4 directorates have seen a decrease in response rates.

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

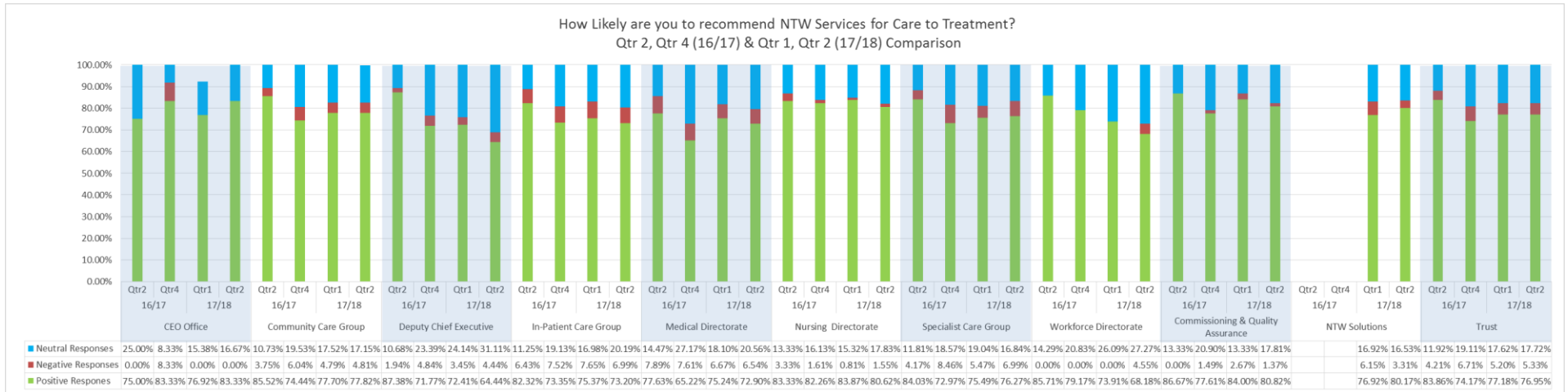
NB Trust total includes 416 staff who are not included within the breakdown at group/corporate directorate level due to a mapping issue that is being addressed.

Appendix 2

Would you recommend NTW as a Place to Work?
Qtr 2, Qtr 4 (16/17) and Qtr 1, Qtr 2 (17/18) Comparison



Appendix 3



Appendix 4

In-Patient Care Group - Work Question					
Theme	Total	% of Responses	Response to Staff FFT Question 1 - Work Question		
			Recommend	Not Recommend	Unsure
Staffing Levels	23	25%	57%	26%	17%
General	6	6%	33%	33%	33%
Parking / Transport	6	6%	100%	0%	0%
Communication	5	5%	20%	40%	40%
Management Support / Supervision	5	5%	20%	60%	20%
Pay and Conditions (includes flexible working)	5	5%	20%	20%	60%
Recruitment & Induction	3	3%	100%	0%	0%
Respect	3	3%	0%	0%	100%
Rewarding environment/ value/ praise	3	3%	33%	33%	33%
Sickness Policy	3	3%	33%	33%	33%
Working Conditions	3	3%	67%	0%	33%
Culture / Leadership of Management	2	2%	0%	50%	50%
Shift Patterns	2	2%	50%	0%	50%
Staff Attitude	2	2%	50%	0%	50%
Transparency	2	2%	50%	50%	0%
Training and Development	2	2%	100%	0%	0%
Administrative Process	2	2%	50%	0%	50%
Available resources	1	1%	100%	0%	0%
Being listened to	1	1%	100%	0%	0%
Case Loads / Work Load	1	1%	100%	0%	0%
Communication / Interaction (SU / Carer / Families)	1	1%	100%	0%	0%
Consistency	1	1%	100%	0%	0%
Equipment	1	1%	100%	0%	0%
Organisational Change	1	1%	100%	0%	0%
Senior Management Structure	1	1%	100%	0%	0%
Smoking ban	1	1%	100%	0%	0%
Use of Bank / Agency Staff	1	1%	100%	0%	0%
Use of Time	1	1%	100%	0%	0%
Stress at Work	1	1%	100%	0%	0%
Staff Retention	1	1%	100%	0%	0%
Manager's Knowledge	1	1%	0%	0%	100%
Environment / Facilities	1	1%	100%	0%	0%
Career Progression	1	1%	100%	0%	0%
Total	93	100%			

Community Care Group - Work Question					
Theme	Total	% of Responses	Response to Staff FFT Question 1 - Work Question		
			Recommend	Not Recommend	Unsure
Staffing Levels	33	13%	61%	9%	30%
Pay and Conditions (includes flexible working)	25	10%	64%	8%	28%
General	24	10%	46%	33%	21%
Working Conditions	18	7%	78%	6%	17%
Training and Development	14	6%	36%	21%	43%
Case Loads / Work Load	12	5%	25%	42%	33%
Sickness Policy	9	4%	33%	44%	22%
Culture / Leadership of Management	9	4%	56%	22%	22%
Parking / Transport	9	4%	67%	0%	33%
Rewarding environment/ value/ praise	9	4%	33%	44%	22%
Stress at Work	9	4%	33%	22%	44%
Senior Management Structure	8	3%	25%	50%	25%
Management Support / Supervision	5	2%	40%	40%	20%
Recruitment & Induction	5	2%	60%	0%	40%
Waiting Times	5	2%	100%	0%	0%
Use of Time	4	2%	25%	25%	50%
Patient Care	4	2%	50%	0%	50%
Morale	4	2%	25%	25%	50%
Transparency	3	1%	33%	33%	33%
Well-being support (classes)	3	1%	67%	0%	33%
Environment / Facilities	3	1%	67%	33%	0%
Being listened to	3	1%	33%	33%	33%
Bureaucracy	2	1%	0%	50%	50%
Communication	2	1%	0%	50%	50%
Manager's Knowledge	2	1%	0%	100%	0%
Organisational Change	2	1%	100%	0%	0%
Administrative Process	2	1%	50%	0%	50%
Career Progression	2	1%	50%	50%	0%
Job Security	2	1%	0%	100%	0%
Localised services	2	1%	50%	50%	0%
Politics	2	1%	0%	50%	50%
Treatments/ Pathways	2	1%	50%	0%	50%
Access	1	0%	0%	0%	100%
Available resources	1	0%	100%	0%	0%
Bullying and Harassment	1	0%	100%	0%	0%
Information Technology	1	0%	100%	0%	0%
Respect	1	0%	100%	0%	0%
Staff Attitude	1	0%	0%	100%	0%
Staff Retention	1	0%	0%	0%	100%
Total	245	100%			

Specialist Care Group - Work Question					
Theme	Total	% of Responses	Response to Staff FFT Question 1 - Work Question		
			Recommend	Not Recommend	Unsure
Staffing Levels	48	24%	54%	21%	25%
Pay and Conditions (includes flexible working)	27	14%	63%	22%	15%
Communication	14	7%	50%	21%	29%
Working Conditions	10	5%	80%	20%	0%
General	10	5%	40%	50%	10%
Training and Development	10	5%	80%	0%	20%
General	9	5%	56%	33%	11%
Shift Patterns	9	5%	33%	56%	11%
Management Support / Supervision	8	4%	50%	38%	13%
Culture / Leadership of Management	8	4%	13%	25%	63%
Career Progression	8	4%	13%	38%	50%
Being listened to	6	3%	67%	33%	0%
Case Loads / Work Load	6	3%	50%	33%	17%
Rewarding environment/ value/ praise	6	3%	33%	17%	50%
Morale	6	3%	33%	33%	33%
Recruitment & Induction	5	3%	40%	20%	40%
Parking / Transport	4	2%	100%	0%	0%
Available resources	4	2%	25%	25%	50%
Sickness Policy	4	2%	50%	25%	25%
Transparency	4	2%	75%	0%	25%
Use of Time	3	2%	67%	0%	33%
Respect	3	2%	33%	33%	33%
Consistency	3	2%	0%	67%	33%
Service collaboration	2	1%	100%	0%	0%
Bullying and Harassment	2	1%	0%	100%	0%
Administrative Process	2	1%	50%	0%	50%
Environment / Facilities	2	1%	100%	0%	0%
Politics	2	1%	0%	0%	100%
Organisational Change	2	1%	0%	50%	50%
Patient Care	2	1%	0%	50%	50%
Stress at Work	2	1%	0%	50%	50%
Equipment	1	1%	100%	0%	0%
Food	1	1%	100%	0%	0%
Bureaucracy	1	1%	0%	0%	100%
Senior Management Structure	1	1%	0%	0%	100%
Manager's Knowledge	1	1%	100%	0%	0%
Staff Retention	1	1%	0%	100%	0%
Waiting Times	1	1%	100%	0%	0%
Engagement	1	1%	100%	0%	0%
Information Technology	1	1%	100%	0%	0%
Total	200				

Appendix 5

In-Patient Care Group - Treatment Question					
Theme	Total	% of Responses	Response to Staff FFT Question 2 - Treatment Question		
			Recommend	Not Recommend	Unsure
Staffing Levels	15	20%	67%	13%	20%
Access	5	7%	80%	0%	20%
Treatments/ Pathways	4	5%	50%	50%	0%
More Beds	4	5%	50%	25%	25%
Waiting Times	4	5%	75%	0%	25%
Use of Time	3	4%	33%	0%	67%
Management Support / Supervision	3	4%	67%	33%	0%
Patient Care	3	4%	33%	33%	33%
Training and Development	3	4%	67%	0%	33%
Environment / Facilities	4	5%	0%	100%	0%
General	2	3%	100%	0%	0%
Respect	2	3%	0%	50%	50%
Use of Bank / Agency Staff	2	3%	100%	0%	0%
Senior Management Structure	2	3%	50%	50%	0%
Staff Attitude	2	3%	0%	50%	50%
Working Conditions	2	3%	50%	50%	0%
Pay and Conditions (includes flexible working)	2	3%	0%	100%	0%
General	1	1%	100%	0%	0%
Appointments	1	1%	100%	0%	0%
Activities	1	1%	100%	0%	0%
Parking / Transport	1	1%	100%	0%	0%
Food	1	1%	100%	0%	0%
Transparency	1	1%	0%	0%	100%
Recruitment & Induction	1	1%	100%	0%	0%
Available resources	1	1%	0%	100%	0%
Involvement & Collaboration (Carer / Families)	1	1%	100%	0%	0%
Staff Retention	1	1%	100%	0%	0%
Stress at Work	1	1%	100%	0%	0%
Privacy & Dignity	1	1%	0%	100%	0%
Grand Total	74	100%			

Community Care Group - Treatment Question					
Theme	Total	% of Responses	Response to Staff FFT Question 2 - Treatment Question		
			Recommend score	Not Recommend Score	Unsure
Staffing Levels	67	29%	64%	34%	1%
Waiting Times	37	16%	68%	32%	0%
Treatments/ Pathways	16	7%	75%	25%	0%
Patient Care	11	5%	45%	55%	0%
Access	8	4%	75%	25%	0%
Consistency	7	3%	57%	43%	0%
Use of Time	7	3%	57%	43%	0%
Available resources	6	3%	67%	33%	0%
Case Loads / Work Load	6	3%	50%	33%	17%
General	6	3%	33%	67%	0%
Training and Development	6	3%	50%	50%	0%
General	5	2%	40%	0%	60%
Service collaboration	4	2%	50%	50%	0%
More Beds	4	2%	75%	0%	25%
Communication / Interaction (SU / Carer / Families)	3	1%	33%	33%	33%
Working Conditions	3	1%	67%	33%	0%
Localised services	3	1%	67%	33%	0%
Environment / Facilities	3	1%	67%	33%	0%
Involvement & Collaboration (SU)	3	1%	67%	33%	0%
Parking / Transport	3	1%	100%	0%	0%
Administrative Process	3	1%	100%	0%	0%
Communication	2	1%	100%	0%	0%
Pay and Conditions (includes flexible working)	2	1%	50%	50%	0%
Well-being support (classes)	2	1%	50%	50%	0%
Career Progression	1	0%	100%	0%	0%
Equipment	1	0%	100%	0%	0%
Transparency	1	0%	100%	0%	0%
Senior Management Structure	1	0%	100%	0%	0%
Involvement & Collaboration (Carer / Families)	1	0%	100%	0%	0%
Appointments	1	0%	100%	0%	0%
Being listened to	1	0%	100%	0%	0%
Service Gaps	1	0%	100%	0%	0%
Organisational Change	1	0%	0%	100%	0%
Recruitment & Induction	1	0%	100%	0%	0%
Staff Attitude	1	0%	100%	0%	0%
Grand Total	228	100%			

Specialist Care Group - Treatment Question					
Theme	Total	% of Responses	Response to Staff FFT Question 2 - Treatment Question		
			Recommend score	Not Recommend Score	Unsure
Staffing Levels	61	30%	61%	30%	10%
Waiting Times	27	13%	78%	22%	0%
Environment / Facilities	9	4%	56%	33%	11%
Treatments/ Pathways	9	4%	56%	44%	0%
Training and Development	9	4%	44%	56%	0%
Communication	7	3%	57%	29%	14%
Access	6	3%	67%	17%	17%
Patient Care	6	3%	33%	50%	17%
General	6	3%	100%	0%	0%
Case Loads / Work Load	5	2%	40%	60%	0%
Service collaboration	4	2%	100%	0%	0%
Pay and Conditions (includes flexible working)	4	2%	50%	25%	25%
Communication / Interaction (SU / Carer / Families)	4	2%	50%	50%	0%
Consistency	4	2%	0%	100%	0%
Food	4	2%	100%	0%	0%
General	4	2%	0%	75%	25%
Being listened to	3	1%	100%	0%	0%
Involvement & Collaboration (Carer / Families)	3	1%	67%	33%	0%
Staff Attitude	3	1%	33%	67%	0%
Available resources	2	1%	100%	0%	0%
Administrative Process	2	1%	100%	0%	0%
Transparency	2	1%	100%	0%	0%
Parking / Transport	2	1%	50%	50%	0%
Morale	2	1%	100%	50%	0%
Information Technology	1	0%	100%	0%	0%
Management Support / Supervision	1	0%	0%	100%	0%
Culture / Leadership of Management	1	0%	100%	0%	0%
Staff Retention	1	0%	100%	0%	0%
Senior Management Structure	1	0%	0%	100%	0%
Well-being support (classes)	1	0%	0%	100%	0%
Equipment	1	0%	100%	0%	0%
Use of Time	1	0%	100%	0%	0%
Shift Patterns	1	0%	100%	0%	0%
Use of Bank / Agency Staff	1	0%	100%	0%	0%
Service Gaps	1	0%	100%	0%	0%
Environment / Facilities	1	0%	100%	0%	0%
Manager's Knowledge	1	0%	100%	100%	0%
Localised services	1	0%	100%	0%	0%
Grand Total	202	100%			

Actions being taken by Group/Directorate in response to improvement suggestions raised in Qtr1 17/18

Specialist Care:

Staffing levels -

There have been a number of bespoke recruitment campaigns to address staffing levels in particular for Neuro, Autism and CYPS. The Group has had significant organisational change which has resulted in the redeployment of staff into these areas and additional recruitment campaigns have also been required. In addition to this we have also recruited nurses through the international recruitment process but these are yet to commence with the organisation.

Sickness Absence -

Work has continued to address sickness absence at all levels across the Group, despite this work sickness has increased slightly over the past quarter. The Triumvirate has written to all staff regarding sickness promoting the Wellbeing and Health Initiatives that are on offer. The letter also advised staff of the current sickness levels within group and the cost to the organisation.

Management Restructure -

During the past year a total of 12 staff consultations have been undertaken. These have ranged from closure of wards/units e.g. Hepple House, TUPE, service redesign and shift changes. In all instances a full consultation exercise has been undertaken and in some instances pre-engagement exercises were undertaken. During the last quarter a large consultation was undertaken in Alnwood where beds were reduced and a significant number of staff were redeployed into other services. In all situations the unions are fully involved and we ensure staff are jointly supported.

In addition to the above a number of engagement events were also carried out with staff in preparation for the new locality structure.

Inpatient Care:

Staffing Levels -

The Group continue to monitor Safer Staffing levels and work with the resources available. More efficient shift patterns have been developed for Older Peoples' and Acute Wards. Sickness absence is managed robustly to ensure appropriate returns to work. Reductions in agency usage mean more consistent levels of care.

Pay and Conditions -

Pay and conditions were discussed with staff at three locality staff survey events. Staff reported that the public sector pay freeze was bad enough, especially for those at the top of their increment, but there was a feeling that over the last 6 – 9 months there was a bit of a backlash in the press about the public sector pay freeze. Whereas previously staff felt broadly supported in the media in the past, it was felt that there had been a change in this over the last 6 – 9 months.

Some nurses reflected that they would recommend their place of work (i.e. the ward) but would not recommend getting into the nursing profession.

Shift Patterns -

Staff across three localities were engaged with to develop shift patterns which help us to deliver the best care for our patients whilst also working for staff and being financially viable. Staff affected were consulted with along with staff side and the changes are in place now.

Community Care:

Increase staff levels -

The Group continue to monitor staffing levels across the services, and use short term agency to support areas where there is difficulty to recruit, whilst looking at longer term solutions to address workforce gaps in line with developing workforce plans. The group have also developed bespoke recruitment campaigns to address vacancy issues specifically in Northumberland, and have developed a nurse consultant post as part of looking at opportunities to support the medical workforce shortages.

We continue to encourage agency staff to apply for substantive posts in the group to help stability within services. However, there remains concern around recruitment shortages into medical posts where agency locums are still being utilised, and where we have advertised posts without successfully recruiting to them. We are also looking where possible across the group to recruit to innovative medical posts as through feedback from the medical workforce we understand this makes a post more attractive to potential candidates.

Reduce waiting times -

Various initiatives are ongoing within the Group to help reduce the waiting times for service users including the use of agency staff where required, but also addressing the long term enablers and reviewing pathways. We continue to review skill mix and vacancies on a regular basis in all of the teams. We are currently scoping the use of caseload weighting tools to support the delivery of some services. This work also helps in terms of reviewing our workforce shortages.

More Management Support / Supervision -

The group support the trust supervision policy of monthly clinical supervision and this is monitored quarterly through the CQC compliance group. Managers encourage staff to be open and transparent and identify through discussions in supervision any further support required, and more specialist clinical supervision if needed.

Improvements to Environment / Facilities -

The Group continually reviews its accommodation across its various community bases and work continues to be carried out where it has been prioritised on a needs basis. The Group is aware that there are pockets where accommodation is small for some of the community teams and is always looking at innovative ways of working to reduce accommodation problems. Any issues are highlighted and are led by managers at a local level to address, raising as required any issues that need to be logged on risk registers.

More Training and Development -

Across the Community Services group teams have implemented the training star which highlights the key priorities for staff within their roles. This is in addition to staff appraisal, where personal development plans are produced. In addition to this the group has had a training strategy group, where issues in relation to training and development have been fed through all levels of staff, and reviewed in the meeting. This information will be shared into new care groups.