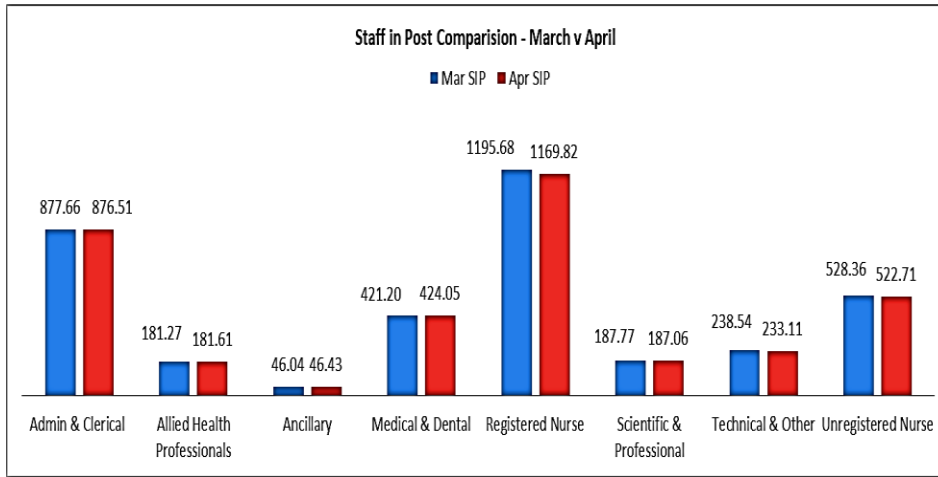# Board of Directors – May 2015
Workforce Report – April 2015 Position

1.0 **Budgeted Establishment, Staff in Post and Vacancies** – Source ESR & Financial Ledger

Staff in Post Comparison - March v April

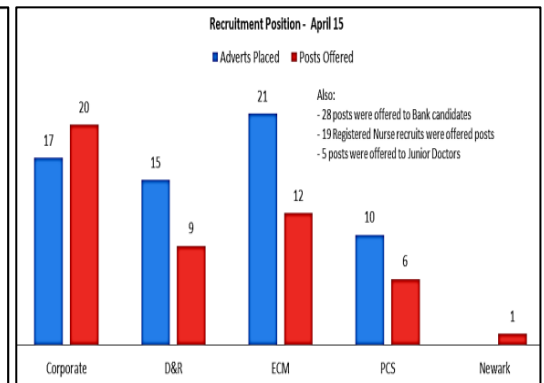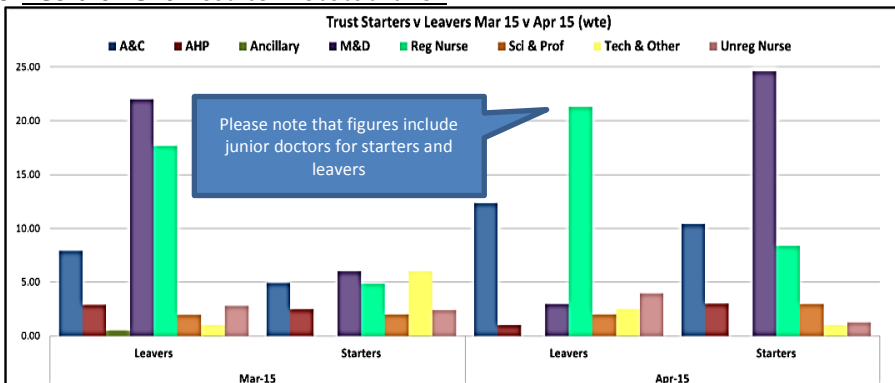| Staff Group	Mar SIP	Apr SIP
Admin & Clerical	877.66	876.51
Allied Health Professionals	181.27	181.61
Ancillary	46.04	46.43
Medical & Dental	421.20	424.05
Registered Nurse	1195.68	1169.82
Scientific & Professional	187.77	187.06
Technical & Other	238.54	233.11
Unregistered Nurse	528.36	522.71

Movement in Month
- **Staff in post** for April 2015 was **3641.29 wte's**, a decrease of 35.23 wte's, the reduction is due to a high number of leavers within the Registered Nurse staff group. See section 3.0 for further detail.
- **Budgeted establishments** for the 15/16 financial year have not yet been signed off by the divisions which has meant that vacancy rates cannot be reconciled. Work will continue throughout June to ensure that all budgets are accurate for June Board meeting.
- The Trust will continue to progress with known Medical and Registered Nurse vacancies.

Whilst the Trust has been unable to report on budgeted establishments and vacancies the below areas remain a concern based on March 2015 information:
- **Registered Nursing:** EAU; Sconce Ward (NWK); Stroke Unit; Ward 52; Ward 33
- **Risk** – There are 10.9 wte Medical vacancies in A&E Medical (32% of budget), 4 Consultant vacancies remain with 1 Locum Consultant due to commence 1st June 2015 and 1 Consultant is currently being employed via a limited company to cover 1 vacancy. Work is being undertaken to appoint substantively for 6.9 wte Specialty Doctor level vacancies, the Trust continue to work with specialist agencies to attract candidates to posts out to advert currently.
- **Risk** – 3.2 Consultant vacancies remain within Geriatrics, a recruitment and retention premium has now been agreed and an advert placed via NHS jobs after an unsuccessful advert via the BMJ, the Trust has also instructed an agency to undertake head hunting.
- **Risk** – There were 4.1 wte Consultant Radiologist vacancies at the end of April, the recruitment strategy has now been developed and has been sent out to the division for comment. The Trust intend to advertise for a Breast Radiologist once the job description has been approved with the intention to interview at the end of June 2015. Further vacancies will be advertised in June with an interview date for September 2015. As a temporary measure the Trust has engaged with the A&E agency who are looking to source a locum for a 12 month period. The department spent £60k on variable pay during April.

2.0 **Recruitment** – Source NHS Jobs and ESR

Trust Starters v Leavers Mar 15 v Apr 15 (wte)

Please note that figures include junior doctors for starters and leavers

Recruitment Position - April 15

	Adverts Placed	Posts Offered
Corporate	17	20
D&R	15	9
ECM	21	12
PCS	10	6
Newark		1

Also:
- 28 posts were offered to Bank candidates
- 19 Registered Nurse recruits were offered posts
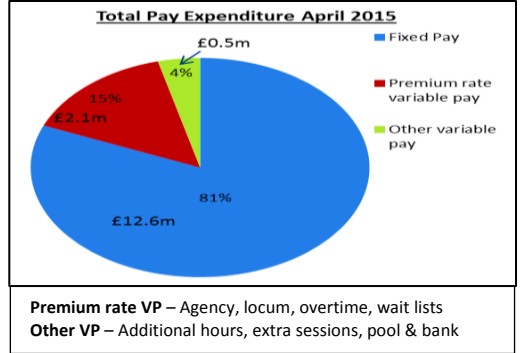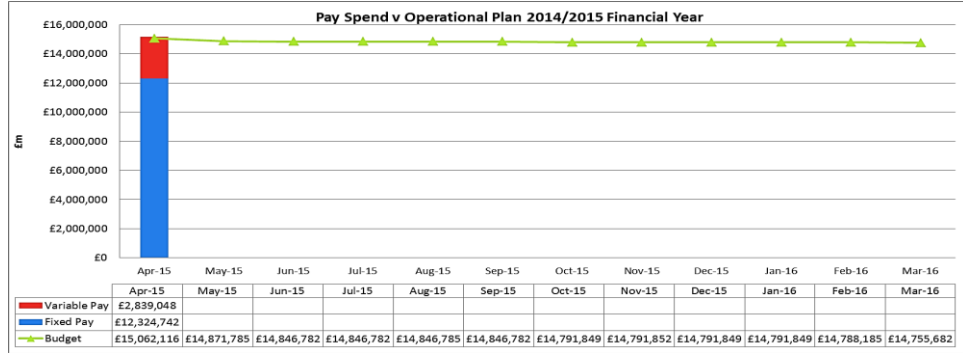- 5 posts were offered to Junior Doctors

Movement in Month
- **63 adverts** were placed throughout April 2015, compared to 81 in March.
- **100 posts were offered to candidates** throughout April 2015, this compared to 101 posts in March 2015. 19 offers were made to Registered Nurses, and 28 offers were made to Bank Health Care Support Workers and Admin staff, the Trust continues to strengthen the pool of available staff within the Bank office in a bid to eliminate reliance upon agency staff for Admin and Health Care Support Worker roles.
- At the end of April there were **143 candidates within the recruitment system** compared to 54 in March 2015, **18** of those candidates had breached the 3 week pre-employment check target, **13%** compared to 24% in March 2015.
- Reasons for breaches for pre-employment checks were delays in receiving references and candidates providing proof of DBS.
- **Starters** – There were 51.67 wte starters during April 2015 this compared to 28.70 wte's in March. There were 8.36 wte Registered Nurse recruits that commenced employment with the Trust in April compared to 4.85 wte's in March, 1 of the Registered Nurses was an international recruit. There were 5 wte Consultant starters during April in Radiology, Pathology, Respiratory, Microbiology and Paediatrics.
- **Leavers** – There were 46.10 wte leavers during April 2015 compared to 56.86 wte in March. Of the 46.10 wte's 21.27 wte's were Registered Nurses (14.57 wte Band 5) (17.68 wte's March 2015, 10.59 wte's due to retirements), a continued unexpected high number. 15.15 wte's were voluntary resignations and 5.73 wte's were due to retirements, 3.60 wte's were flexi retirees who will return to employment within the next month. The monthly average Registered Nurse leaver rate during the 2014/2015 financial year was 9.62 wte's.

- **Action** – 15 Registered Nurses were recruited as a result of the open day on the 25th April 2015, 13 candidates were external and 2 were recruited internally, all pre-employment checks are currently being finalised.
- **Action** – The Trust continues work within the East Midlands Streamlining group to streamline recruitment processes for candidates, the Trust is in the process of mapping out internal recruitment processes to mirror agreed regional processes.
- **Risk** – Registered Nurse leavers have increased during March and April, work is being undertaken to understand reasons for leaving and formulate plans to improve retention. The Trust also continues work to agree contracts for international Registered Nurse recruitment.
- **Action** – Robust recruitment plans have been developed for Registered Nursing recruitment; the contract with international recruitment agencies are being finalised.

3.0 Pay Spend – Source Financial Ledger

Pay Spend v Operational Plan 2014/2015 Financial Year

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Variable Pay	£2,839,048											
Fixed Pay	£12,324,742											
Budget	£15,062,116	£14,871,785	£14,846,782	£14,846,782	£14,846,785	£14,846,782	£14,791,849	£14,791,852	£14,791,849	£14,791,849	£14,788,185	£14,755,682

Total Pay Expenditure April 2015

Premium rate VP – Agency, locum, overtime, wait lists
**Other VP** – Additional hours, extra sessions, pool & bank

*** Please note that these figures exclude reserve funding and Facilities (Medirest)

**Fixed Pay - Budget v Spend**

Variable Pay - Budget v Spend
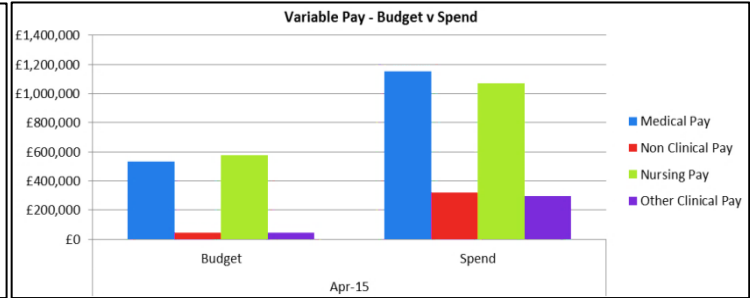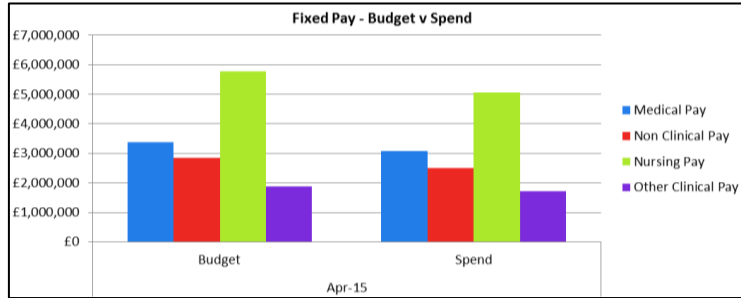
- **Pay budget** for April 2015 was **£15.06m**, with **pay spend** totalling **£15.16m**, an *overspend of £101k*. Pay spend increased by £21k in month.
- **Fixed Pay** was **£12.32m** in April, *underspent* by £1.54m.
- **Variable Pay** was **£2.83m** in April 2015, compared to **£2.53** in March 2015, an *overspend* of **£1.64m**.

Top 3 areas of variable pay (VP) spend:

- **A&E Medical - £221k** – As outlined above the department have vacancies being covered by agency staff and additional hours, a reduction in variable pay spend is expected in June when the Locum Consultant commences in post. An international Specialty Doctor commenced employment on the 15th March and will be upgraded to a Consultant after a 3 month induction . There are Specialty Doctor vacancies being covered by additional hours and agency.
- **Junior Doctor KMH - £189k** – The Trust continues to utilise extra cover to meet the increased demand at a premium rate of variable pay for Registrars and Junior Medics. Additional doctor cover has been put in place for the hospital at night provision. There are also a number of employee relations issues which are being managed in accordance with Trust policies and procedures.
- **Geriatrics (HCOP Medical) - £146k** – The vacancies outlined above continue to be supported by agency staff, this is likely to continue until the Trust can recruit to vacancies substantively.
- **Action** – The Engagement of Temporary Staff Policy has now been implemented and the Trust expect to see a reduction in variable pay expenditure as an outcome, compliance with the policy will be audited.


Variable Nursing Pay 2015/2016 Financial Year — YTD total - £1.07m
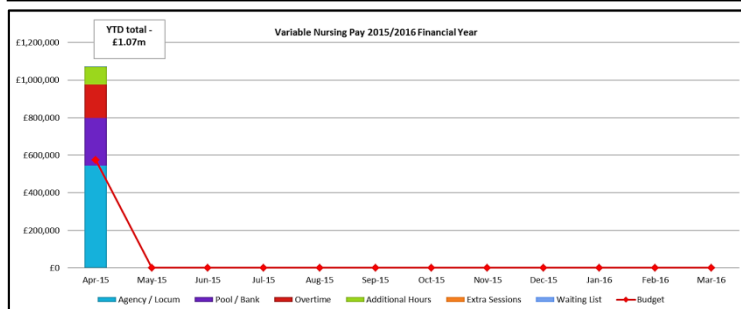
Nursing VP was £1.07m an increase of £100k in month. Agency spend decreased by £55k totalling £545k. Bank spend increased by £136k totalling £252k. Additional hours and overtime payments also increased by £28k during April totalling £272k. EAU was the highest area of agency spend in April (£79k) with the Stroke Unit being the second highest (£75k), these spends are reflective of the number of vacancies outlined above.

Variable Medical Pay 2015/2016 Financial Year — YTD total - £1.15m
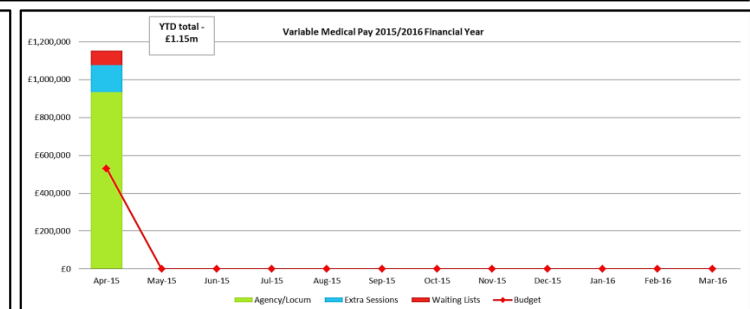
Medical VP was £1.15m in April 2015; this was an increase of £232k in month. Agency costs increased by £186k during April totalling £933k in month, high areas of spend are outlined above. £75k spend was incurred for waiting lists during April with the main areas of spend being within Gastro (£20k), Anaesthetics (£11k) and General Surgery (£7k).
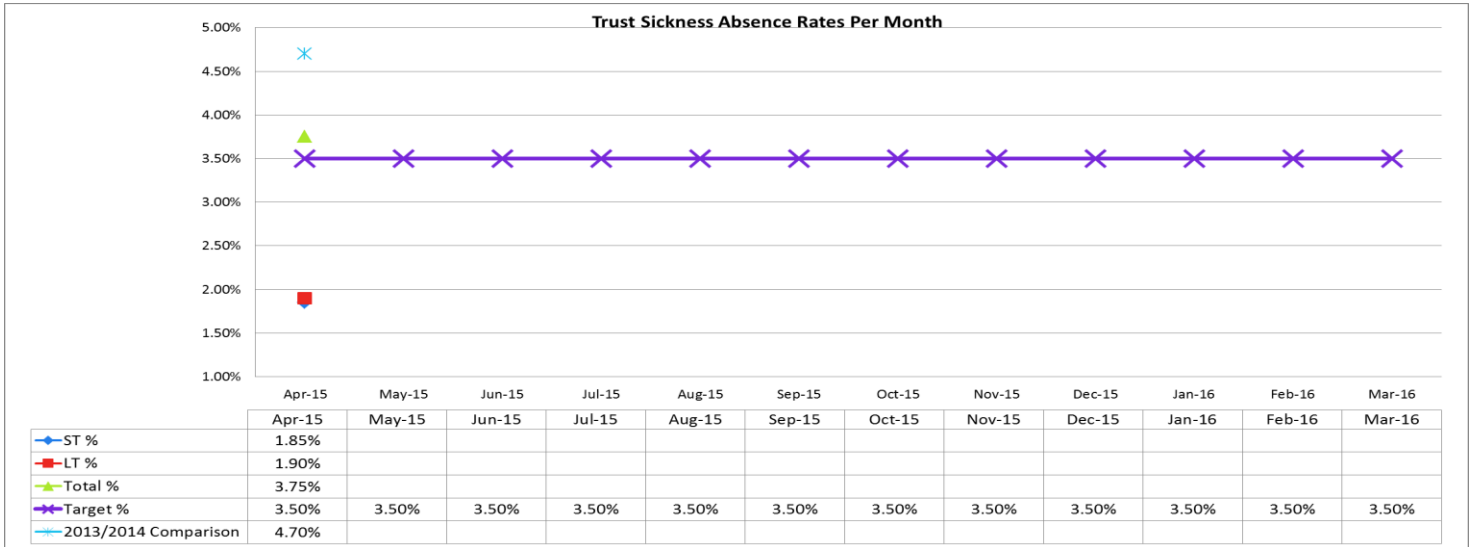

Variable Other Clinical Pay 2014/2015 Financial Year — YTD total - £293k
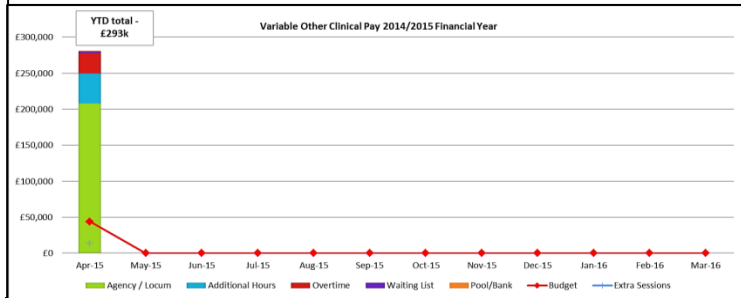
Other Clinical VP – Totalled £293k in month an increase of £34k. Agency spend increased by £12k totalling £207k in month with the highest areas being Fernwood Community Unit (£23k) where additional cover is needed to provide 7 day services and Clinical Chemistry (£21k) where there are 5 vacancies being covered by agency staff. Additional hours payments totalled £41k during April with the highest area being the Day Nursery (£6k). Overtime payments totalled £21k with Pharmacy being the highest area to cover 9 wte vacancies.

Variable Non Clinical Pay 2014/2015 Financial Year — YTD total - £320k
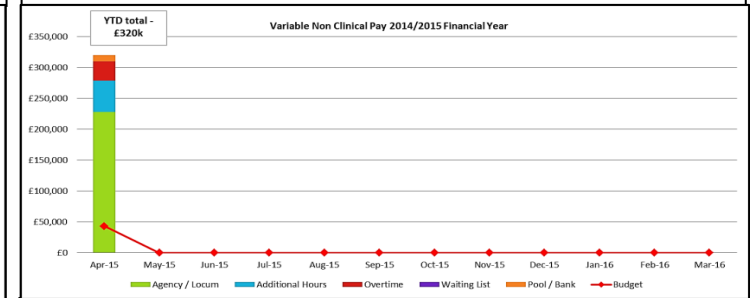
**Non Clinical VP** – Totalled £320k in April 2015, a decrease of £65k in month. Agency spend totalled £228k in month which was a decrease of £46k, the highest areas for agency spend were Turnaround (£123k), Executive Directors (£33k). Additional hours payments totalled £50k in month a decrease of £2k compared to March with the highest area being A&E (£5k). Overtime payments totalled £31k in month which was a decrease of £22k.

4.0 Sickness Absence – Source ESR

Trust Sickness Absence Rates Per Month

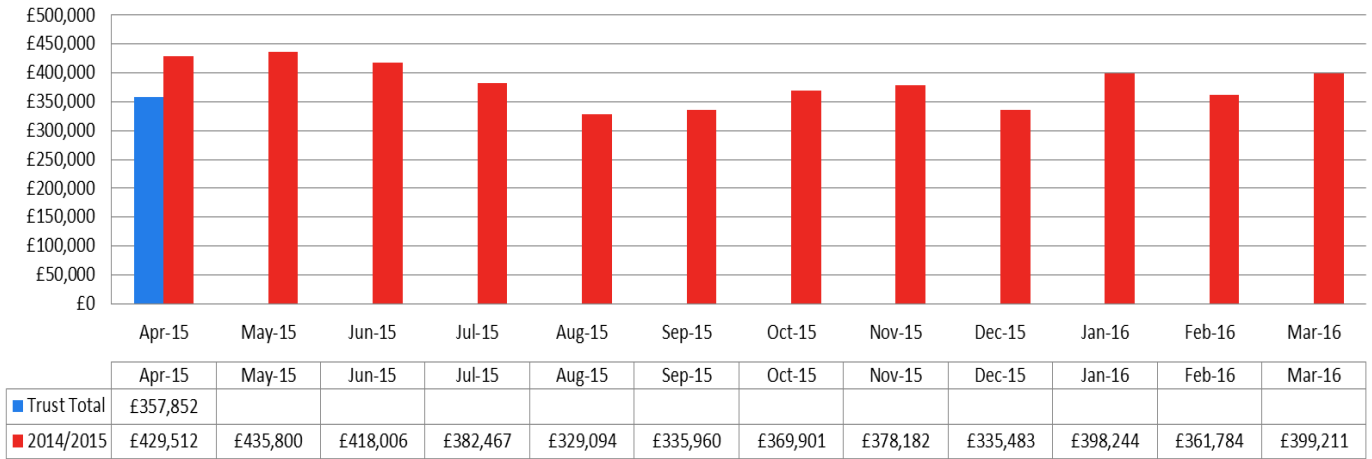|	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
ST %	1.85%											
LT %	1.90%											
Total %	3.75%											
Target %	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%
2013/2014 Comparison	4.70%											

- The Trust sickness rate decreased for a consecutive month in April to 3.75% from 3.96% in March 2015. The sickness absence rate is lower than the 2014/2015 trend (4.70% April 14).
- Short term sickness stood at 1.85%, a 0.32% decrease in month.
- Long term sickness increased by 0.10% to 1.90%.
- There were 473 episodes of sickness absence in April 2015 compared with 593 in March 2015.
- The Trust lost 4081.47 working days in April 2015 compared with 4507.29 in March 2015.
- Having reviewed sickness levels against areas with high vacancies in general there does not seem to be any correlation during April.
- Appendix 1 outlines the Trust's Sickness Absence Action plan in order to continue to reduce sickness absence during the 2015/2016 financial year. This includes the Stress Action plan and Newark Action Plan.

Sickness % Per Division - March v April
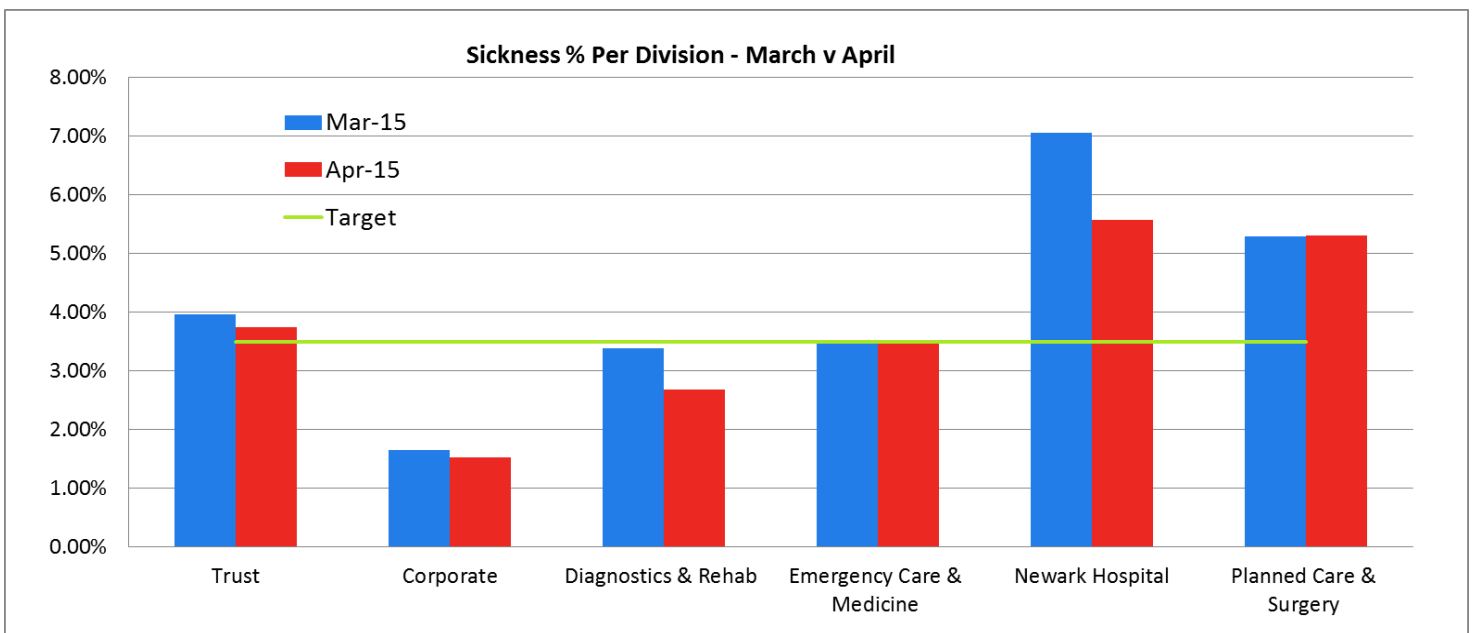
Actions per Division

- **D&R** – Meetings have taken place between Business Partners and managers within KTC Nursing and Pharmacy with regards to Monday being the highest first day absent within the department. It has been agreed that all individuals will be monitored for trends and information will also be cascaded within the department to raise awareness within the teams. Radiology had a number of short term cases during April, on review at Confirm & Challenge meetings all triggers and meetings have taken place in line with Trust policy.
- **ECM** – Areas of concern include **Endoscopy NWK (11.06%)**, **Stroke Unit (3.41%)** and **Ward 44 (7.90%)** – to address concerns action plans have been put in place via Confirm & Challenge meetings which incorporates all levels of management within the division. The Assistant HR Business Partner is meeting with managers on a regular basis to review cases and provide training and coaching on the policy and procedure. Focus is also being given within the division to Junior Doctor sickness to ensure that cases are being managed in line with Trust policy.
- **Newark** – Continues to be challenged with long term sickness cases which are all supported by the Assistant HR Business Partner. Focused work is being undertaken in MIU to support better work life balance to avoid long term sickness.
- **PCS – Theatres (7.98%)** has been an area of challenge for the division in recent months with sickness being impacted by use of overtime to mitigate use of agency staff, there are also a number of staff who are recovering from surgery or due to have surgery on long term sick. Joint work is being undertaken by HR and Theatre Managers to enable staff to return to work as soon as possible. **Ward 14 (9.31%)** has also been identified as an area for concern with a new Ward Leader coming into place who is now reviewing all sickness absence and receiving coaching on a 1:1 basis from HR. Sickness absence will be discussed as an agenda item at the next PCS Divisional Board meeting, master classes also continue to be rolled out and 1:1 meetings are taking place regularly with areas of high sickness absence.

Paying Staff for Sickness Absence Trust Total (comparisons between financial years)
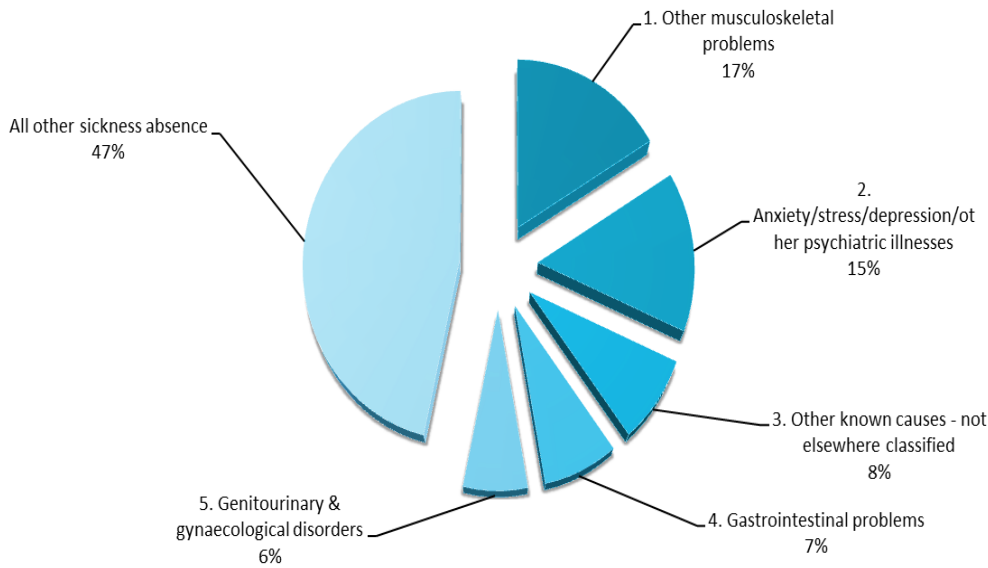

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
■ Trust Total	£357,852											
■ 2014/2015	£429,512	£435,800	£418,006	£382,467	£329,094	£335,960	£369,901	£378,182	£335,483	£398,244	£361,784	£399,211

- The cost of paying salary to absent staff was **£357k** in April 2015.

Trends & Themes

- Monday was the highest first day absent in April with 114 171 absence beings reported on a Monday (24%) compared to 171 in March 2015 (29%). The Registered Nurse staff group reported the highest number of episodes on a Monday (37 episodes, 32%)
- Per whole time equivalent staff in post, the cost of sickness absence stands at £98 for the period of April 2015.
- Per whole time equivalent staff in post the number of working days lost for the period April 2015 was 1.12 working days, this compares with 1.40 working days in the same period of 2014/2015 financial year.

April Top 5 Sickness Absence Reasons - compared to all other sickness absence

- 1. Other musculoskeletal problems 17%
- 2. Anxiety/stress/depression/other psychiatric illnesses 15%
- 3. Other known causes - not elsewhere classified 8%
- 4. Gastrointestinal problems 7%
- 5. Genitourinary & gynaecological disorders 6%
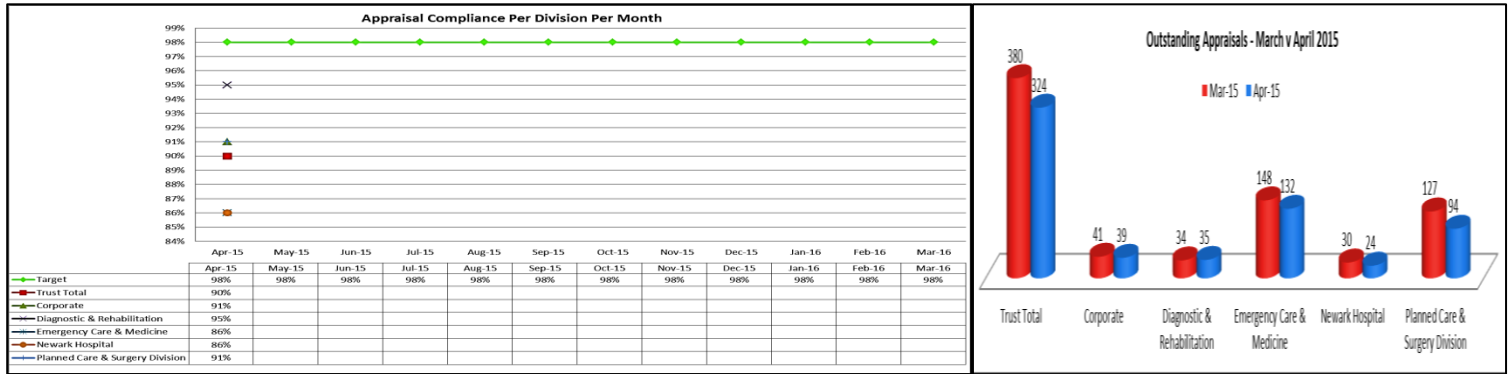- All other sickness absence 47%

Other musculo skeletal problems was the highest reason for sickness absence during April 2015 with anxiety stress and depression being the second highest.

An action plan has now been developed for stress/anxiety related issues as an outcome of the Stress Focus Groups that took place during the 2014/2015 financial year and is being implemented within the divisions via HR Business Partners working closely with line managers.

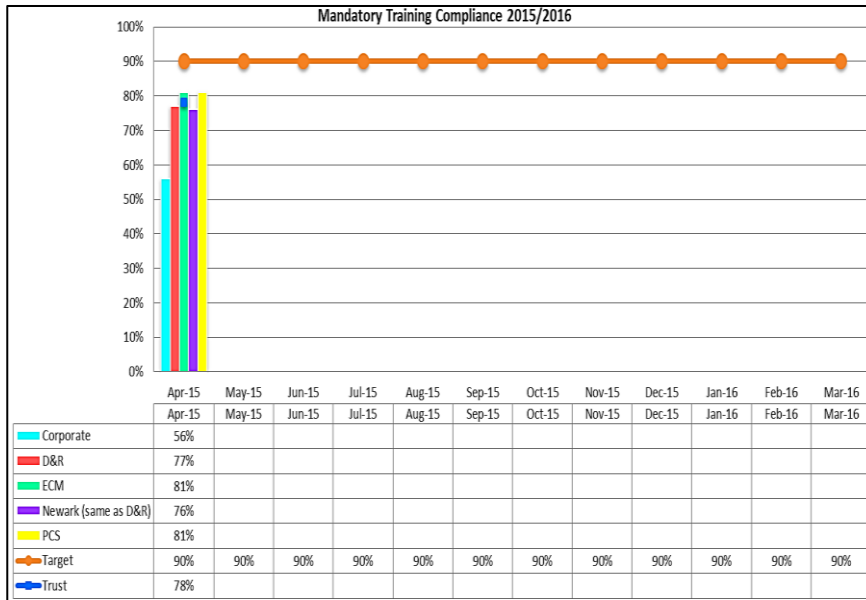## Highest First Day Absent - March v April Comparison

WTE Days Lost
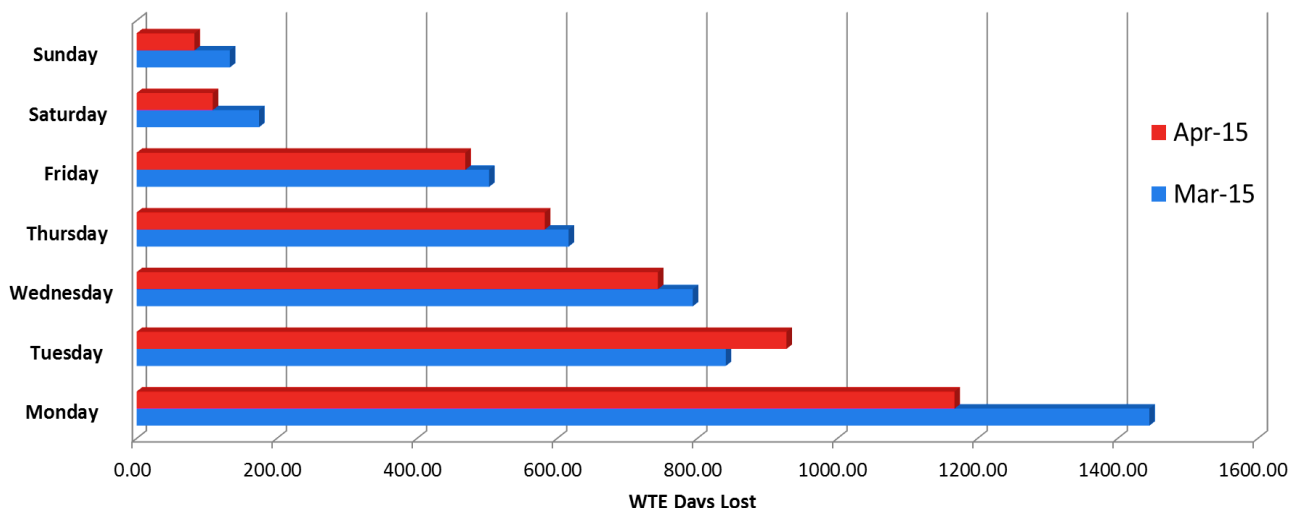
5.0 Agenda for Change Appraisal Compliance – Source ESR and Manager Returns

Appraisal Compliance Per Division Per Month

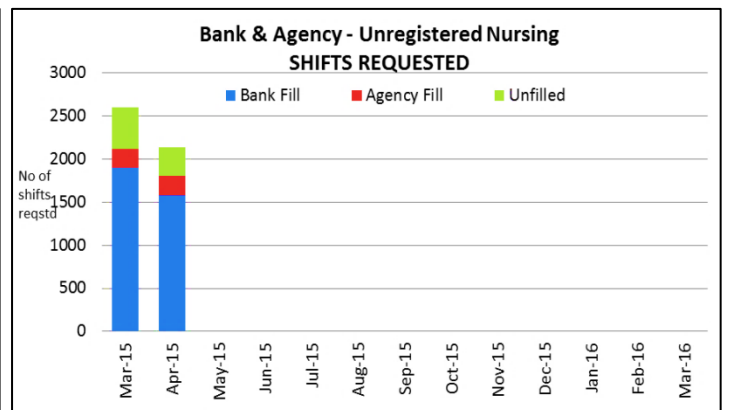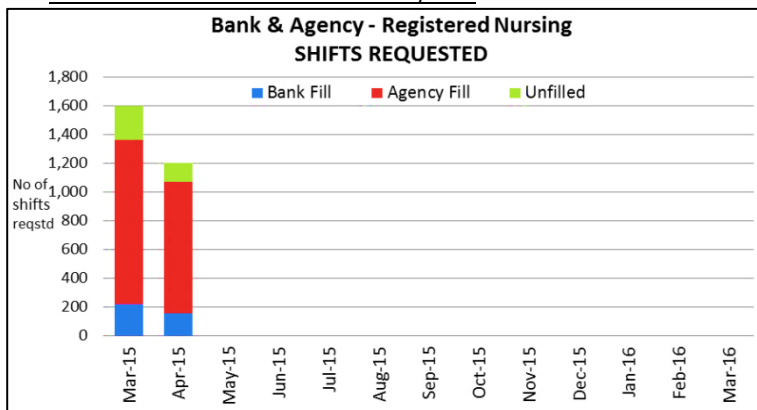|	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Target	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
Trust Total	90%											
Corporate	91%											
Diagnostic & Rehabilitation	95%											
Emergency Care & Medicine	86%											
Newark Hospital	86%											
Planned Care & Surgery Division	91%											

Outstanding Appraisals - March v April 2015

- Appraisal compliance **increased by 2%** in April 2015 to **90%**. The 98% compliance target continues to be driven within the divisions.
- There are now **324 appraisals outstanding** compared with 380 in March 2015.
- Corporate increased appraisal compliance by 1% in month.
- D&R maintained the 95% compliance and continue to be 3% away from the 98% target.
- ECM have made improvement and have increased appraisal compliance by 2%.
- Newark also made improvement and increased compliance by 3% in month.
- PCS have increased compliance by 3% in month.
- External auditors are currently undertaking a review of appraisal information and documentation and results are due during May 2015.

6.0 Mandatory Training – Source ESR

Mandatory Training Compliance 2015/2016

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Corporate	56%											
D&R	77%											
ECM	81%											
Newark (same as D&R)	76%											
PCS	81%											
Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Trust	78%											

The Trust's mandatory training compliance at the end of April was 78%, a decrease of 5% in month. The decrease is due to the Trust's new mandatory training requirements that came into effect from the 1st April 2015 which requires certain staff groups, predominantly admin and clerical staff, to undertake new mandatory training requirements that they previously had not been required to undertake. These new requirements are the main reason that the overall Trust compliance rate has decreased. The new requirements have had to be included in the Mandatory Training Policy to comply with new national guidance relating to mandatory training. Most of these new training requirements are available through our e-learning platform and can be accessed 24/7. Releasing staff to attend mandatory training courses due to clinical pressures and sickness contains to remain challenging. From January 2015 to April 2015, a total of 1012 places were lost from staff having booked onto a mandatory update course but then not turning up on the day.

7.0 Nurse Bank – Source Nurse Bank System

Bank & Agency - Registered Nursing SHIFTS REQUESTED

Bank & Agency - Unregistered Nursing SHIFTS REQUESTED

The number of requested shifts for April decreased by 853 shifts for Registered and Unregistered Nurses, 52% of those requests were filled by bank staff (increase of 1% in month), 34% by agency (increase in 1%) and 14% went unfilled (decrease of 3%). 64% of the requests were for Unregistered Nurses compared to 60% in March 2015.

The Nurse Bank transferred from using the SMART e-Rostering system to the new Health Roster Bank Staff system from 1st April 2015. Fill rates have remained stable throughout the transfer. From the 1st May 2015 the Nurse Bank has been renamed Temporary Staffing Office and have commenced managing Admin & Clerical bank and agency bookings from this date also, throughout June & July work will be continuing to enhance the recruitment to Admin & Clerical Bank.

The advert for Bank Registered Nurses runs continuously in NHS Jobs, the advert for Bank Health Care Support Workers runs bi-monthly (next due out 1st Friday in June).

8.0 Employee Relations – Source ESR

Employee Relations Cases - April 2015
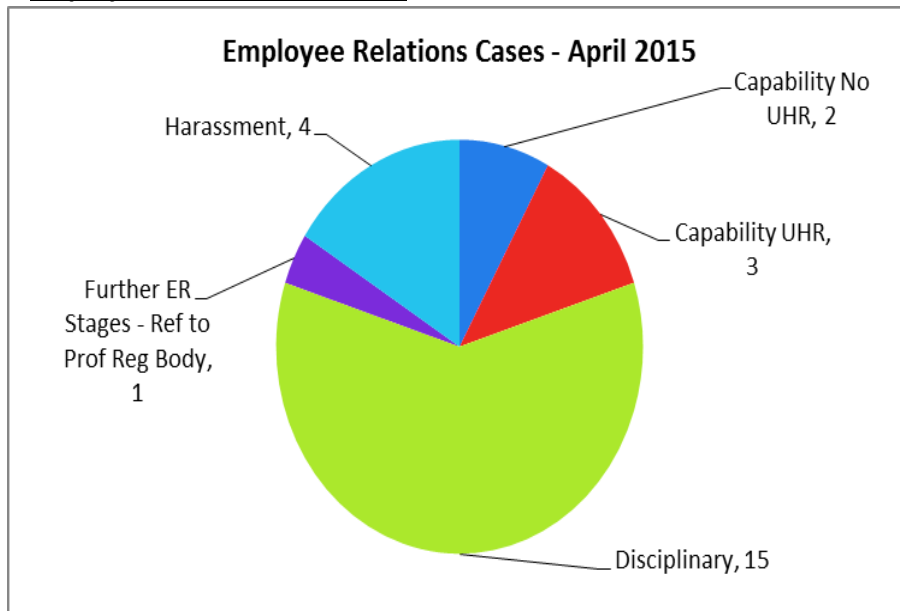
The pie chart shows that there were 25 employee relations cases on-going at the end of April 2015 compared with 25 in March 2015. The disciplinary cases include investigations and those due to go to a hearing. UHR stands for underlying health reason.

Information Governance Investigations - There are currently 12 disciplinary investigations taking place with regards to IG breaches. The number of cases has increased since the Fairwarning System has been implemented at the Trust which monitors staff activity with patient records.

9.0 HR Update

9.1 Workforce & Agency Intensive Support Team
The Trust continues to work with Monitor's workforce and agency intensive support team to pilot a project to support the reduction on the dependence of agency staff and the cost of variable pay, this work will feed into the Turnaround work in reducing pay spend.

9.2 Engagement of Temporary Staffing Policy
The Engagement of Temporary Staffing Policy has now been implemented across the Trust, this ensures tighter controls when managers are booking temporary staff.

9.3 Allocate Health Rostering
1st Bank pay was processed successfully through Health Roster for payment in May. New authorisation levels for Bank & Agency are being addressed and are being incorporated into the electronic system, ongoing work around Temporary Staffing taking place with the Recovery Team The first 4 units to use Health Roster are up and running with the system and no longer use SMART. ITU will be Live on Health Roster with their 1st Roster date being 3rd August. Full Roll out plan for Health Roster has been produced and awaiting approval. Further training dates have been scheduled for clinicians on the Job Plan system. Delays identified with the inputting of job plans due to the complexity. Junior Drs will be on Health Roster for the August period.

9.4 Silver Award – Supporting Reservists
The Trust has been awarded a Sliver Award by SABRE (Supporting Britain's Reservists and Employers) for its commitment to supporting employees who are also Reservists for the Armed Forces. The Trust are pleased to announce this achievement and further work will be undertaken to formalise Reservist support during the 2015/2016 financial year by initially implementing a policy.

9.5 Engagement Strategy
A draft engagement strategy has been developed and has been circulated for consultation, once finalised the strategy will be presented to the Workforce & OD Committee.

9.6 NHS Redundancy Arrangement – Changes from 1st April 2015
Staff who are made redundant should receive one month's pay per year of reckonable service, with a maximum of 24 months' pay (only full years of reckonable service can be counted when calculating redundancy pay as employment for part of a year should be disregarded).
A month's pay, subject to a total annual earnings floor of £23,000 and cap of £80,000, will be either an amount equal to 1/12th of the annual salary at the date of termination or 4.35 times a week's pay whichever is more beneficial to the employee (the average month has 4.35 weeks).

9.7 Friends & Family Test
The Trust's results for the Friends and Family Test have now been published and detail is available in **Appendix 2.**

9.8 Equality & Diversity Week
The Equality & Diversity week took place from the 11th-15 the May with a stand to promote equality and diversity taking place on the 13th. The stand was well attended with representatives from the Derbyshire Constabulary, Unions, Chaplaincy and many more.

Sherwood Forest Hospitals **NHS**

NHS Foundation Trust

Sickness Absence Management Action Plan

To support the reduction of both long term and short term sickness absence at the Trust, the HR Team working in partnership with managers and Occupational Health will promote commitment from all areas to achieve the Trust's sickness absence target of 3.5%.

Action	Lead	Timeline	Outcome	Progress Update	RAG Rating
Increase awareness of Sickness Absence management through master classes, training and 121 coaching.	Assistant HR BP/ HR BP Training Officer	In place	To increase skills, knowledge and awareness of Procedure to reduce sickness absence levels.	On-going	🟩
Compliance with policy e.g. Return to work interviews, completion of documentation	Ward Leaders, Deputy Ward Leaders, Managers, Assistant HR BP/ HR BP & Workforce Information Team	Quarterly	Compliance with policy	Quarterley audit spot-checks in partnership with the Workforce Information Team	🟧
Focused work on Sickness Absence Hot-Spots	Assistant HR BP/ HR BP & Workforce Information Team	In place	Managers to be informed of Hot-Spot areas and Assistant HR Partner to follow-up managers to determine appropriate course of action.	Monthly progress updates via confirm and challenge, Divisional Board and performance meetings	🟩
Ensuring sickness absence is recorded and closed down in a timely manner Chasing managers via open ended sickness absence reports Reitrate at confirm and challenge, in the training and sickness absence master classes	Assistant HR BP/ HR BP & Workforce Information Team	In place	To ensure that sickness absence is being recorded and closed down which will ensure accurate figures. Potentially reducing sickness absence % across the Trust. This will also improve as Allocate E-Rostering is rolled out across the Trust	On-going	🟩
Embed the Trust's Stress Action Plan	Assistant HR BP/ HR BP/ Managers	Launch June 2015	To ensure managers and employees are aware of strategies	Monthly reviews at Board and Performance	🟥
Focus on the most common reasons for	Assistant HR BP/ HR	In-place	To understand the most	On-going	🟧

sickness absence	BP/ Managers/ Workorce Information Team/ OH		common causes for sickness absence and work with OH to develop strategies		
Strengthen interface with Occupational Health	Assistant HR BP/ HR BP Occupational Health Team	Immediate effect	Make use of face-to-face meetings where necessary. Organise case conferences with difficult cases. Encourage managers to speak directly to Occupational Health for clarification.	On-going	
Suitable Alternative Employment Register / Redeployment	Assistant HR BP/ HR BP/ HR Reception	In place	Ensuring that is fully explored during LTS meetings and employees are placed on the SAER at the appropriate time and that this is effectively managed and documented	On-going	
Explore Temporary redeployment with department, divisions and across the Trust	Assistant HR BP/ HR BP/	In place	To get employees back to work quicker and reduce % of sickness absence across the Trust	On-going	
Monthly Divisional Confirm and Challenge meetings	Assistant HR BP/ HR BP/ Managers	In place	To coach managers and to ensure that managers are addressing sickness absence in their areas and are aware of KPI's.	On-going	
Promote Staff Health and Wellbeing	Assistant HR BP/ HR BP/ Managers/ Staff Support & Benefits Co-ordinator	Immediate effect	To increase awareness of health and wellbeing strategies	On-going	
Flu Vaccination	Occupational Health / Divisions / Departments	Annually	Promote the recently agreed meal deal for the flu vaccination so that as many people can have the flu jab as possible, supporting retention of staffing levels over the winter period.	Autumn 2015	
Communication / Promotion	Executive Team / Senior Managers / Managers / HR	Immediate effect	Encourage departments to be proactive in promoting staff awareness of absence	On-going	

	Managers		levels through inclusion of absence information within monthly briefings, newsletters and departmental meetings. This will ensure that all employees are aware that absence is being monitored and will heighten awareness of the cost and impact of their absence.		🟧
Divisional Monthly Sickness Absence Data	Workforce Information Team	Immediate effect	Divisional sickness absence information to be collated in one document split into short term and long term sickness absence. Divisional Dashboards to be available to managers.	Monthly basis	🟩
					🟩
Promote the Trust's resilience training which is offered by OH	OH Senior Managers / Managers / HR Managers	In place	To reduce stress cases and improve employees well-being.	On-going	🟧
Mentally Healthy workplace training	Training and Development	In process	To educate managers and employees on mental health.	Under review	🟥

Quarter 4 – Staff Friends and Family Test (FFT) Summary Report

Background

The Staff FFT was undertaken throughout March 2015. Survey Monkey was used and the survey was available via the intranet and on-line. Recognising that it is difficult for staff in clinical areas to access a computer in work time hard copies of the FFT were taken to a number of wards and work areas. In addition to the two FFT questions staff were asked:

- to say what staff health and wellbeing meant to them;
- their opinion of existing support services and the information available on the Trust's intranet; and
- to make suggestions regarding what further things the Trust could do to support the health and wellbeing of staff.

385 staff responded. Number of responses received via each mode of collection

SMS	Electronic tablet/kiosk	Paper survey at work	Paper survey sent to home	Telephone survey	Online survey	Other	
0	0	181	0	0	204	0	385

The responses to the two FFT questions in the format required for submission to Unify are shown below. The results were submitted in April.

Quarter 4 (March) 2015 Staff FFT Results	1. Extremely likely	2. Likely	3. Neither likely nor unlikely	4. Unlikely	Extremely unlikely	6. Don't know	7. No response	Total
"How likely are you to recommend this organisation to friends and family if they need care or treatment"	99	167	64	25	17	4	9	385
"How likely are you to recommend this organisation to friends and family as a place to work"	68	130	93	45	37	7	5	385

It should be noted that the Trust has faced significant challenges over the last year including unprecedented demand for services and heightened media attention.

Staff FFT

The results have been analysed and triangulated with the; 2014 NHS Staff Survey findings, information from exit interviews throughout the year and the stress focus groups held in December 2014 and March 2015. The findings have been used to inform the development of the Staff Survey Action Plan. Implementation of this action plan will improve the staff experience, leading to improved staff satisfaction and wellbeing and support high quality care.
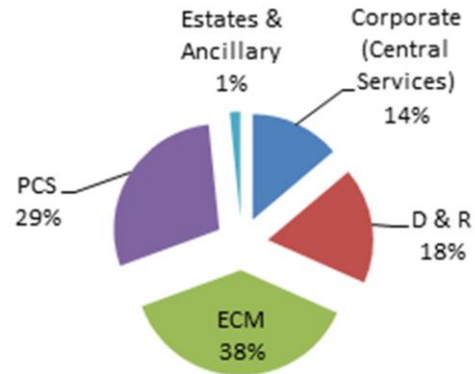
Staff Health & Wellbeing

The findings from this pulse survey have been analysed and will be shared with the Staff Health & Wellbeing Committee and other relevant groups. In this way the information can be used to inform strategies and actions such as the Staff Health & Wellbeing Strategy and work plan.
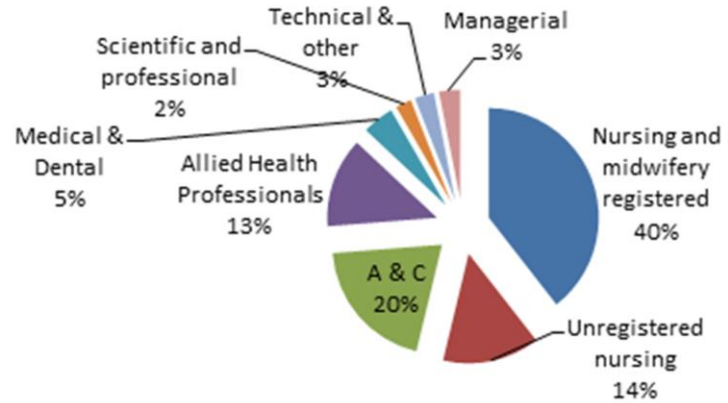
Monitoring

Progress will be monitored and reports will be submitted to the OD and Workforce Committee.

Response rate by division

- Estates & Ancillary 1%
- Corporate (Central Services) 14%
- PCS 29%
- D & R 18%
- ECM 38%

Response rate by staff group

- Technical & other 3%
- Managerial 3%
- Scientific and professional 2%
- Medical & Dental 5%
- Allied Health Professionals 13%
- A & C 20%
- Nursing and midwifery registered 40%
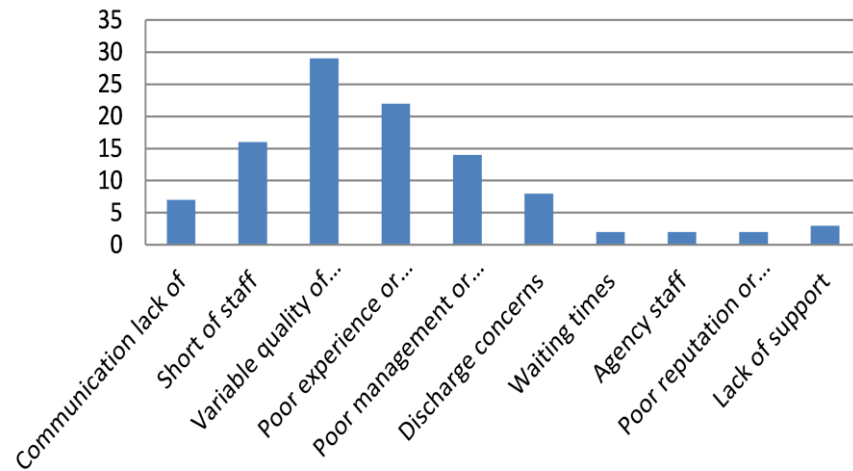- Unregistered nursing 14%

Below are the main reasons staff gave for their response to the question "How likely are you to recommend this organisation to friends and family if they needed care or treatment?"

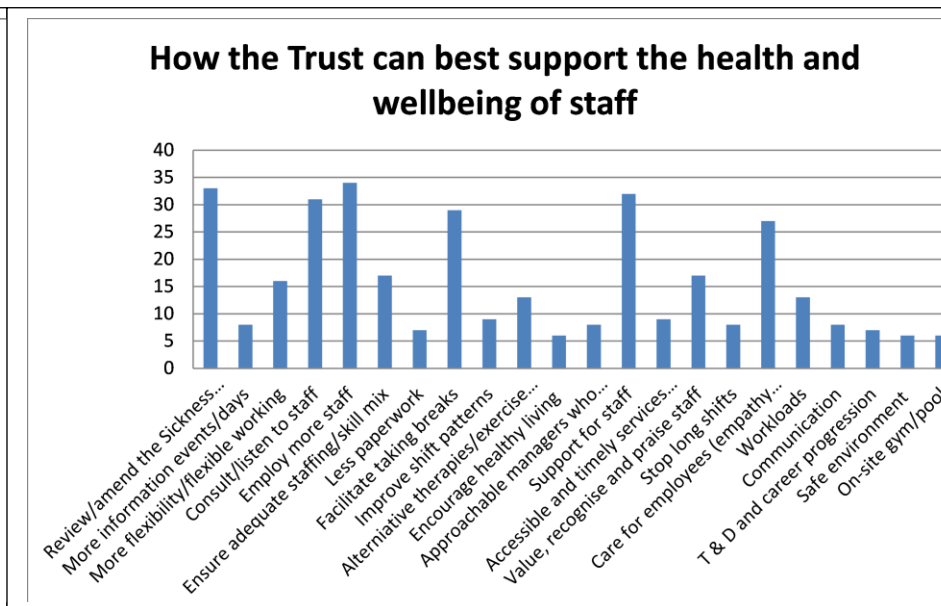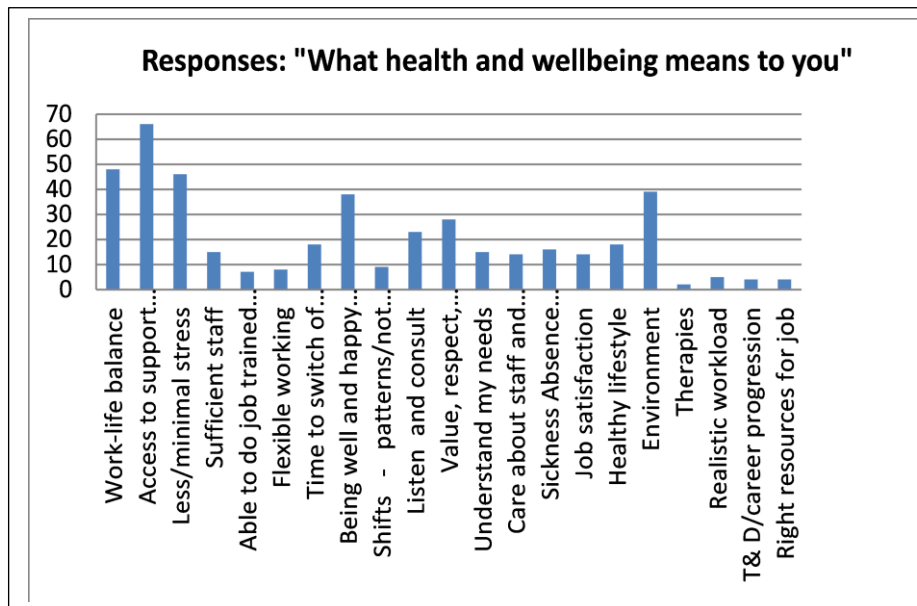### Reasons likely to recommend the Trust as a place to receive treatment
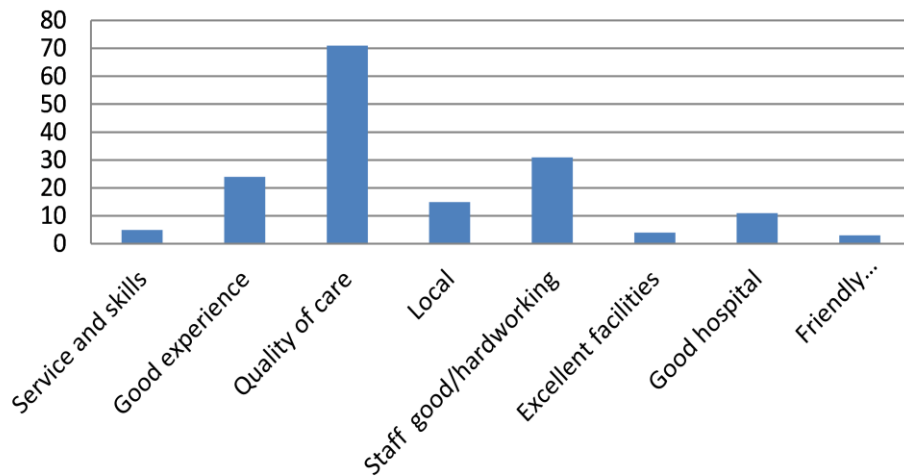
Reasons unlikely to recommend the Trust as a place to receive treatment

Below are the main reasons staff gave for their response to the question "How likely are you to recommend this organisation to friends and family as a place **to work?**"

Reasons for recommending the Trust as a place to work

Reasons for not recommending the Trust as a place to work
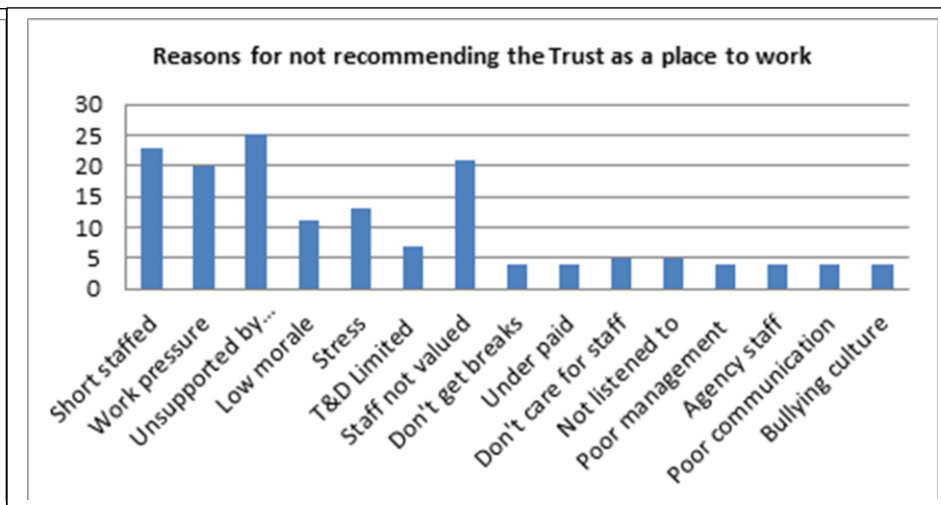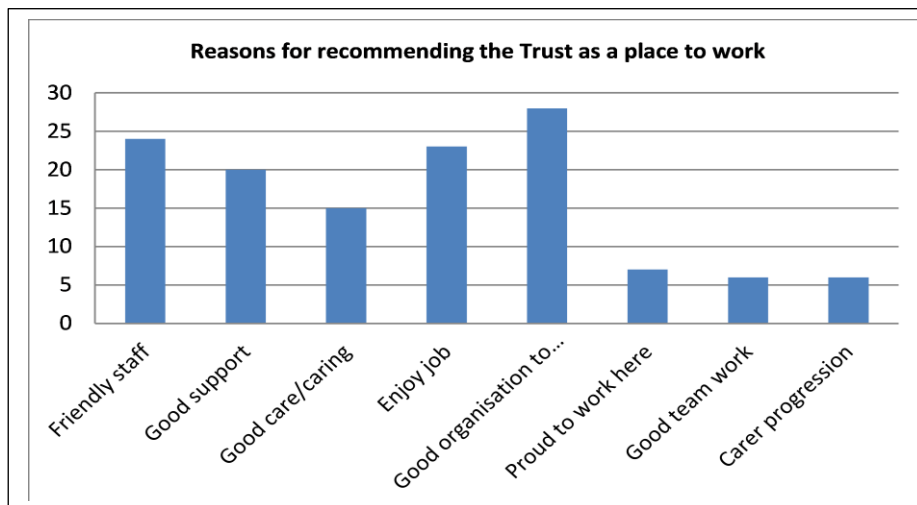
The additional question asked in the Q4 Staff FFT focused on staff health and wellbeing in order to understand; what this meant to staff, how the Trust can best support the health and wellbeing of staff and to identify how useful staff found existing resources and information. The following graphs summarise the responses:

Responses: "What health and wellbeing means to you"

How the Trust can best support the health and wellbeing of staff

Helpfulness of these services

Categories (top to bottom): Staff Support & Benefits, H & S, Access to discounted gym..., Moving & Handling, Infection Prevention and..., Staff Counselling, TED opps, Flu Vaccination, OH Drop-in Sessions, OH

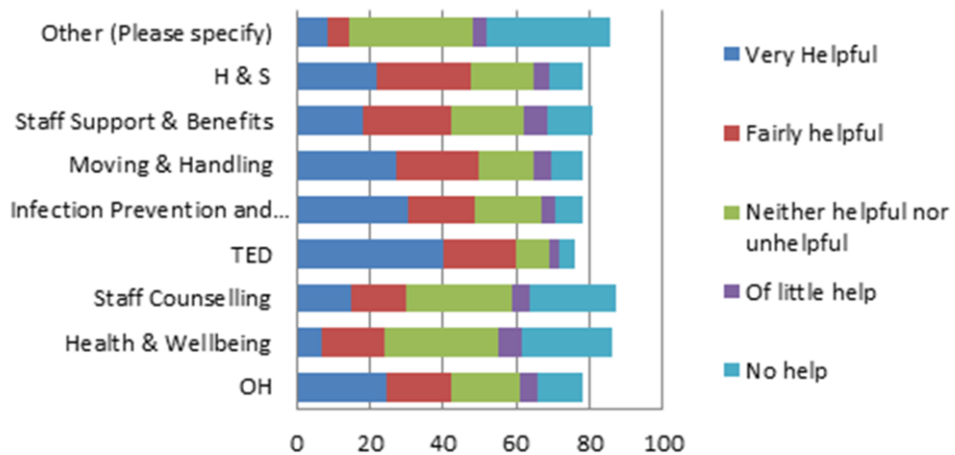Legend: Very Helpful, Fairly helpful, Neither helpful nor unhelpful, Of little help, No help, Not used
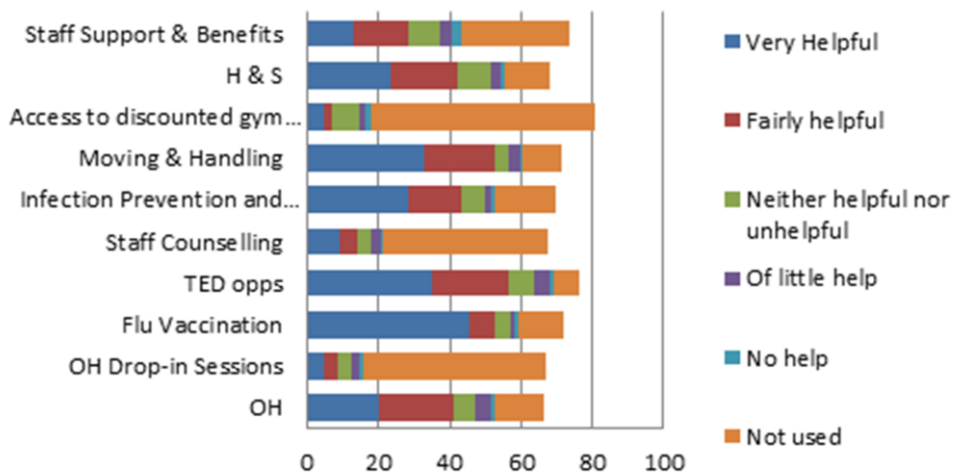
% staff using these sections of the intranet

Categories: OH, Health & Wellbeing, Staff Counselling, TED, Infection Control, Moving & Handling, Staff Support &..., Health & Safety, Other
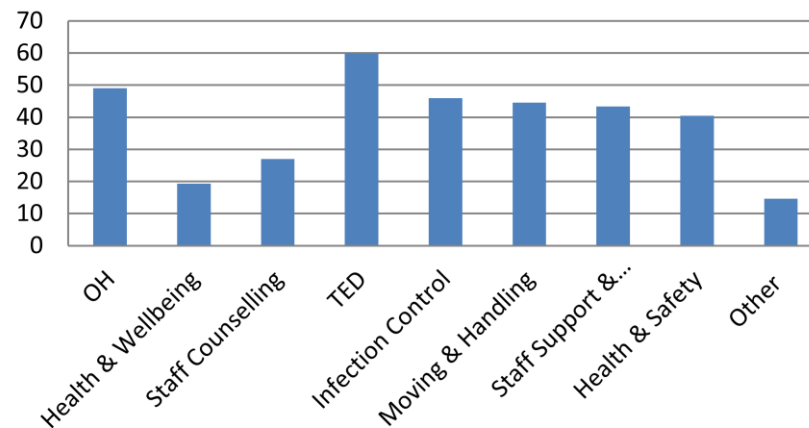
Helpfulness of these sections of the intranet

Categories (top to bottom): Other (Please specify), H & S, Staff Support & Benefits, Moving & Handling, Infection Prevention and..., TED, Staff Counselling, Health & Wellbeing, OH

Legend: Very Helpful, Fairly helpful, Neither helpful nor unhelpful, Of little help, No help

How the Trust can best support the health and wellbeing of staff

Categories: Review/amend the Sickness..., More information events/days, More flexibility/flexible working, Consult/listen to staff, Employ more staff, Ensure adequate staffing/skill mix, Less paperwork, Facilitate taking breaks, Improve shift patterns, Alternative therapies/exercise..., Encourage healthy living, Approachable managers who..., Support for staff, Accessible and timely services..., Value, recognise and praise staff, Stop long shifts, Care for employees (empathy..., Workloads, Communication, T & D and career progression, Safe environment, On-site gym/pool