West London Mental Health **NHS**
NHS Trust

Many viewpoints. **One vision.**

BOARD – SUMMARY REPORT

Date of Board meeting: 9th June 2009

Title of Report: Action Plan to Respond to 2008 Staff Survey

Title of Director: Executive Director of Workforce & Environment

Paper Number: WL1590

Purpose of the report:

The Board is asked to approve the enclosed action plan at Annex B with specific action relating to workforce capacity, competence, care and communication

Recommendations to the Board:

The Board is asked is asked to approve the Action Plan, and to note proposed leads, timescales and to receive regular monitoring reports as outlined in the action plan and the Bullying and Harassment workstream is included as it is derived from staff survey evidence but is subject to a separate report to the Board meeting.

Action required:

The Board is asked to approve the action plan to the 2008 Staff Survey.

Relationship with the Assurance Framework (Risks, Controls, and Assurance):
CO9 To achieve Foundation Trust equivalent status
CO1 To further develop and measure safe and high quality care

Healthcare Standards (Core / Developments):

C11: ensuring that staff concerned with all aspects of the provision of healthcare are appropriately recruited, trained and qualified for the work they undertake.

Summary of Financial and Legal Implications:
Proper Workforce utilisation and development is a key component of corporate governance and financial control.

Equality & Diversity and Public & Patient Involvement Implications:
None specific.

WEST LONDON MENTAL HEALTH NHS TRUST

ACTION PLAN TO RESPOND TO 2008 STAFF SURVEY

FROM THE EXECUTIVE DIRECTOR OF WORKFORCE & ENVIRONMENT

The Board is asked to note the contents of this report.

1   BACKGROUND

1.1   The Board will recall that they received an initial analysis of the 2008 Staff Survey at their March meeting.

1.2   A brief resume of the key findings is included at Annex A of this report. The full copy of the findings has been circulated previously to all Board members. It was noted that whilst the Trust had an improved rating from staff in some areas in overall terms the results of the survey were disappointing.

1.3   Of particular concern was the apparent inability to improve significantly in areas where major action plans had been developed and a "credibility" gap between the action the Trust was trying to take to resolve staff concerns and the confidence staff had in the Trust on key issues such as bullying or support from the managers.

2   PROCESS TO DETERMINE ACTION PLAN

2.1   It is critical therefore that if the Trust truly aspires to be seen as a leading Mental Health Trust this is reflected in the staff's view of the organisation and there is a consistent view that the organisation is learning, responding and improving as an employer.

2.2   It is not enough for these principles to be simply owned by the Board, or SDU Directors - they must be embedded in all levels of the organisation for sustained improvement to take place.

2.3   For this reason, the 2008 action plan has been built around the key themes and pledges contained in the NHS Constitution and developed in collaboration with the Trust's Senior Leader Group at a management conference in April.

2.4   These themes have been shared with staff in staff forums, the Trust Partnership Forum and other meetings since and appear to resonate with staff views. The Trust has also been discussing how to improve its Staff Survey response with other MH Trusts who appear to fair better. In these organisations a Board led but widely supported and sustained series of focused action appears to be the key.

2.5   The action plan presented to the Board therefore has five key strands to it.

3   KEY AREAS FOR ACTION

3.1   The five key areas that it is proposed will provide the key focus for the action plan areas are as follows. These are explained in detail in the proposed action plan at Annex B.

Capacity

A recurrent theme in the draft HC report, in performance activity and staff feedback is that high vacancy and turnover levels erode staff confidence, dilute the consistency of patient care and create financial pressures due to over reliance on bank and agency staff.

Whilst the Trust has generally performed well in terms of its vacancy management, there are areas of concern and hotspots that need to be addressed by a consistent level of high quality recruitment activity. Retention is also of high importance.

Competence

Having high levels of staff in post, recruited to good standards will not be enough to ensure a high quality of care and instil staff confidence by itself – we must ensure all staff have the core skills necessary to fulfil their role and provide high levels of job satisfaction.

For these reasons compliance with the Trusts statutory and mandatory training framework – another issue highlighted in the draft HC report – and comprehensive take-up of appraisal and personal development reviews are essential tools.   Whilst these are areas in which the Trust's performance has improved, it is still an area for development.

Care and Support

A consistent feature of the Staff Survey over the past four years is that whilst staff feel the Trust's Staff Health and Counselling Services provide high levels of care and support, this is not always replicated by front line management. We know our staff are often exposed to challenging patient situations and having confidence in the caring support offered by the line-manager is key.

Research by the Kings Fund in 2007 also reveals that high levels of patient care are inextricably linked with staff feeling cared for – especially at times of major untoward incidents.

The action plan will therefore focus on trying to ensure this caring support is consistently delivered by managers across the Trust.

Communication

Staff communication and understanding is a major challenge in every large complex organisation. The Trust has done much to improve its internal communication's strategy – Mental Health Matters, Team Brief, Monday and Training Matters and the Exchange all represent major steps forward – but there are still gaps in consistency and understanding that need to be addressed.

Again some of the defects are at local and team level – well managed and led teams have consistently better levels of satisfaction and performance than those where this happens in a more fragmented manner.

<u>Bullying and Harassment</u>

This is a key Board objective and is the subject of a separate paper to the Board; it is included as a Staff Survey Action as this was the source for the development of this work.

4   PROPOSED ACTION PLAN

4.1   The proposed Trust Action Plan is included at Annex B for Board discussion and approval.

4.2   Once agreed the plan will be embedded into the objectives of Executive Directors and SDU Directors and progress will be monitored through the Quarterly Performance Review meetings and the PDR process.

4.3   The Chief Executive will be setting clear expectations of this senior group of leaders that this is a key area of activity requiring personal and focused attention to ensure consistent improvement.

5   RECOMMENDATIONS

5.1   The Board is asked to approve the enclosed action plan at Annex B with specific plans relating to workforce capability, competence, caring and communication.

5.2   The Board is asked to note the proposed Leads, timescales and to receive regular monitoring reports as outlined in the action plan.

5.3   The Bullying and Harassment workstream is included as it is derived from staff survey evidence, but is subject to a separate report to the Board meeting.

Kelvin Cheatle
Executive Director of Workforce and Environment
June 2009

Key Findings/Areas of priority

Issue/priority	Work Area/Directorate with poorest score	Occupational Group with Poorest score
KF 21 - % of staff witnessing Potentially Harmful errors, near misses or incidents in the last month	• DSPD • WLF women • Ealing Acute	• Nurses • Doctors • Occupational Therapists
KF25 - % of staff experiencing physical violence from staff in last 12 months	• Ealing Acute • Hounslow Adult • WLF Women	• Nurses • Maintenance/ Ancillary
KF32 – Staff job satisfaction	• Security • WLF Men's Central • BM Men's South England • WLF Women	• Nurses • Maintenance/ Ancillary
KF33 – Staff intention to leave jobs	• WLF Men's Central • WLF Women • BM Mens London	• Nurses • Psychologists • Other AHPs
KF3 - % of staff feeling valued by their work colleagues	• WLF Women • BM Men's South of England • BM Men's London • WLF Men's central	• Nurses • General Managers • Maintenance /Ancillary
KF29 - % of staff reporting good communication between senior management and staff	• Security • WLF Women • BM Men's London • BM Men's South of England • WLF Central • WLF Men's Central • Ealing Acute	• Occupational Therapists • Psychologist • Admin and Clerical • Maintenance / Ancillary

Recommended Way Forward

The proposed way forward should be two fold:

1 In relation to the Key priority areas identified below, work should be focussed and concentrated in the particular Directorate/Work area with Localised Plans to address the necessary actions.

2 Trust wide actions in relation to the following five key areas

- Bullying and Harassment
- Competence
- Communication and Staff engagement
- Capacity
- Caring and Support

Area for Action	Action/Task	Lead	Timescale
Bullying and Harassment	- Continue work through Bullying and harassment steering Group - Act on Recommendation from MIDDX University Research findings - Design set of interventions with qualitative valuation. - Target SDUs with poorest scores - Design and Promote a Zero tolerance campaign	Director of Strategy & Performance Director of Workforce & Environment	Board approval of new protocols June 2009 Finish qualitative evaluation and Board meeting report sent 2009
Competence	- Simplify PDR process and documentation - Develop PDR on-line facility via Exchange - Ensure local monitoring - Change PDR cycle to reflect Business process/Financial year (April-March) - Develop Team objectives to link with corporate objectives - Group PDRs where appropriate	Director of Workforce & Environment	Revised procedures in place by September 2009 Monitoring report to Board September 2009

Communication and Staff engagement	• Continue CEO staff forum • Staff Survey Roadshows/Forum with corporate and SDU leads • Face to Face briefings on what the Trust and SDUs are doing in response to what staff are saying in the survey • Promote effective two way communications at every level find out what would improve staff satisfaction and improvements in care.	Director of Communications/ Executive Directors/ SDU Directors	As per Annual Schedule
Building Capacity	• Reconstitute Recruitment and Retention Forum as key Trust driver for recruitment strategies • Set individual SDU recruitment, training and retention targets via the forum for monitoring via performance review process	Director of Workforce & Environment SDU Directors Deputy Chief Executive, Director of High Secure Services	May 2009 June 2009
Caring/Support	• Develop middle management development progression to ensure managers have skills/awareness to properly support staff. • Reconstitute and communicate systems and procedures for staff support following SUIs and CIRs • Centre to publicise availability of Trusts 24/7 staff counselling and support services.	Director of Workforce & Environment SDU Directors Director of Workforce & Environment	Progress design and report to Board 2009 July 2009 July 2009