Dudley and Walsall Mental Health Partnership Trust

Workforce Strategy

November 2009
The Trust recognises that its workforce are its greatest asset and being able to attract, develop and retain the best workforce with the ability to embrace change is the only way to achieve the Trust’s aspirations.

The Workforce Strategy underpins the Trust’s Clinical and Social Care Strategic Vision and Organisational Development plan. It is aligned to the aims of the organisation and takes account of:

– The Trust’s aspiration to achieve increase organisational autonomy
– National and local agendas
– Regional SHA strategy on Investing for Health and Investing for the Workforce
– The national strategy for Mental Health Services (New Horizons)
– Workforce data and demographics
– New Ways of Working in Mental Health
– Improved efficiency and productivity

Commissioning intentions are not yet fully developed and may impact on priorities for workforce development
Key Messages

The organisation anticipates that service improvement will focus on all aspects of quality providing safe and effective services which are improved in response to patient and carer experience. ‘Recovery is not just about what services do to or for people. Rather, recovery is what people experience themselves as they become empowered to manage their lives in a manner that allows them to achieve a fulfilling, meaningful life and a positive sense of belonging in their communities’ (NIMHE 2005).

The size of the workforce will contract over the next five years. The workforce will need to be responsive to the changing environment and capable of being deployed flexibly. To achieve consistently high quality services and improve efficiency and productivity within tight financial constraints will require the workforce to develop key behaviours as well as embracing new ways of working and changes in skill mix.

The key workforce planning issues are

– Creating one organisation (from two different predecessor organisations) with clear understanding of clinical and social care strategic vision and Trust values.
– Redesign of services to improve quality and respond to the new Mental Health care pathways and Stepped Care model
– Commissioning intentions for Mental Health Service particularly in light of the anticipated budget deficit for both Dudley and Walsall PCT and pressure on Local Authority budgets

Partnership working with all stakeholders in particular:

– Developing a new way to embrace service users and carers in developing and improving services
– Collaboration with Dudley and Walsall Local Authorities under the section 75 agreement and secondment of staff into an integrated service.
– Integrated clinical teams and a flexible multi-disciplinary workforce to achieve new ways of working based on patient pathways
– Introduction of Care Pathways for mental health services and productivity improvement and pathways project
– Shared understanding of Stepped Care model
– Better use and quality of accommodation and Information Communication Technology creating more flexible working
– Increased use of IT, technology and electronic processing requiring greater IT competencies for all staff
The Vision …

The organisation’s vision is one of a Recovery oriented service and to be the Service of Choice, the Partner of Choice and the Employer of Choice. It will build an organisation and partnerships which recognise that Recovery is achieved Better Together by creating an integrated network of culturally capable services and support.

Strategic Intentions

1. Better Together - Services and Quality

2. Better Together - Resources and Partnerships

3. Better Together - Employer of Choice

Core Values – NHS Constitution

- Respect and dignity
- Commitment to quality of care
- Compassion
- Improving lives
- Working together for patients and service users
- Everyone counts

Enablers … Supporting delivery mechanisms

- Leadership
- Quality and Safety
- Innovation and Improvement
- Patient and Carer Experience
- Workforce and Training
- Information and Technology
- Productivity and skills
<table>
<thead>
<tr>
<th>Core NHS Values</th>
<th>What it means as a Trust</th>
<th>What it means as a Patient</th>
<th>What it means as a member of Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respect and Dignity</td>
<td>We value each person as an individual, respect their aspirations and commitments in life, and seek to understand their priorities, needs, abilities and limits. We take what others have to say seriously. We are honest about our point of view and what we can and cannot do. We challenge stigma, value difference and promote equality.</td>
<td>I am involved in decisions about my care and treatment</td>
<td>My views are sought and listened to. My personal development is as important to the Trust as it is to me. My differences and the contribution I can make are recognised. I am consulted with on big picture changes and on local changes.</td>
</tr>
<tr>
<td>Commitment to Quality of Care</td>
<td>We earn the trust that is placed in us by insisting on quality and striving to get the basics right every time: safety, confidentiality, professional and managerial integrity, accountability, dependable service and good communication. We welcome feedback, learn from our mistakes and build on our successes.</td>
<td>Staff take time with me and explain my treatment/care properly</td>
<td>We take responsibility for our own actions. We provide a safe environment which is conducive to recovery. We observe and feedback on care standards. We learn from errors or near misses and look for opportunities to improve services.</td>
</tr>
<tr>
<td>Compassion</td>
<td>We find the time to listen and talk when it is needed, make the effort to understand, and get on and do the small things that mean so much – not because we are asked to but because we care.</td>
<td>Staff notice when I am anxious or upset and take time to talk to me</td>
<td>We care enough to make a difference. We demonstrate our caring and compassion in the way in which we communicate, take time with patients and carers and how we deliver services. We understand the concerns of patients and carers and take time to give them reassurance, to understand their care plan and help them understand how to access services and support.</td>
</tr>
<tr>
<td>Core NHS Values</td>
<td>What it means for the Trust</td>
<td>What it means for Patients and Service Users</td>
<td>What it means for Staff</td>
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<tr>
<td>Improving Lives</td>
<td>We strive to improve health and wellbeing and people’s experiences of the NHS. We value excellence and professionalism wherever we find it – in the everyday things that make people’s lives better as much as in clinical practice, service improvements and innovation.</td>
<td>The services I receive help me to live a more fulfilled life and to determine my personal goals The way I am treated makes me feel like I a partner in determining my care needs not a patient</td>
<td>My work life balance and personal development are important to the Trust Work provides me with challenge, the opportunity to grow and to make a difference Practice ‘recovery’ principles increasing the service users personal control where possible</td>
</tr>
<tr>
<td>Working Together for Patients</td>
<td>We put patients first in everything we do, by reaching out to, patients, staff, carers, families, communities, and professionals outside the NHS..</td>
<td>staff spend time with us and our families The focus is on patient care Organisations work together to eliminate duplication and we understand how to access services There is continuity of service and no need to explain things several times</td>
<td>Bureaucracy is minimised and we understand the reason for governance requirements We all take personal responsibility for the resources we use and ensure we use our time productively for the benefit of patients Put patients at the centre in deciding who should provide them with services and breakdown traditional professional boundaries</td>
</tr>
<tr>
<td>Everyone Counts</td>
<td>We use our resources for the benefit of the whole community, and make sure nobody is excluded or left behind. We accept that some people need more help, that difficult decisions have to be taken – and that when we waste resources we waste others’ opportunities. We recognise that everyone has a part to play in making ourselves and our communities healthier.</td>
<td>We want to start looking after own health, and to have choices about how to do this without putting the service under more pressure We don’t always need to see a doctor to get the support we need</td>
<td>Making it easier for everyone to access our services and reaching out to those who don’t. Providing culturally sensitive services The views and contributions of all staff, irrespective of grade, occupational group or qualifications are valued and listened to Power differentials are minimised</td>
</tr>
</tbody>
</table>
## 1. better together - services and quality

<table>
<thead>
<tr>
<th>Pledges</th>
<th>Expectations for the Strategy</th>
<th>Deliverables</th>
</tr>
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| 1. Quality services | • Ensure all staff are appropriately qualified and trained  
• Engage our workforce in developing and designing services  
• Empower front line staff to make decisions to meet patients’ individual needs  
• Increase understanding of safeguarding of vulnerable adults and children  
• Achieve clinical outcomes quality measures | • Robust recruitment processes (C11a)  
• OD and service development programme (Staff survey)  
• Improved patient experience |
| 2. Patient experience | • Develop a focus on high standards of customer care  
• Ensure staff are trained to work in partnership with expert patients and carers  
• Increased knowledge and understanding of dementia and learning disabilities  
• Identification of ‘Overall Rehabilitation Goals’ for clients  
• Improved outcomes of patient survey | • Customer care programme  
• Service users involved in the delivery of customer care training  
• Input from service users and carers experience evidenced in training programmes and induction  
• Recovery Training programme focused on rehabilitation principles. |
| 3. Respecting diversity and culture | • Ensure all services developed are culturally sensitive and take account of the changing demography of the region  
• Ensure staff have the knowledge and skills to respond to individual patients needs  
• Provide an environment which supports dignity of the individual | • Equality Impact Assessments  
• Equality and Diversity training  
• Essence of Care |
| 4. Safe and clean environment | • Infrastructure and environment will be designed to enable high standards of safety and cleanliness  
• All staff working with patients will operate in a safe manner  
• Staff will take pride in ensuring a clean environment and ensuring patients and visitors adhere to best practice  
• Incidents and HCAI will be reported speedily and learning from incidents will be effectively shared | • Accommodation and Estates Review  
• Control of Infection Programme  
• Mandatory Training (C11b) standards achieved  
• Professional Registration maintained  
• Quality standards in cleaning contracts and individuals’ objectives |
| 5. Integrated Pathways | • Work with Local Authority/ Acute and Third Sector providers to improve end to end services and reduce duplication of assessment  
• Respond effectively to the integration of budgets and workforce | • Joint appointments  
• Integrated services under section 75 agreement  
• Children’s Trust Board  
• Social Care Partnership Forum |
## 2. better together – resources and partnerships

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</tr>
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</table>
| **Your Health, Your care, Your say** | • Patients, service users, carers and staff will have a say in the way in which services are developed and delivered | • Membership strategy  
• Partnership working with Staff side  
• Service user and carer involvement strategy |
| **Develop the right high quality training and education** | • Partnership working with the Deanery, Higher and Further Education to ensure educational and skills programmes are commissioned and developed to meet future needs  
• Partnership working with Locality Stakeholder Board to leverage access to workforce development and deliver successful bids for funding  
• Trained service users provide service user–led education and training  
• Trained peer professionals | • Service users trained to deliver learning for staff  
• Provide high quality training posts for medical staff, psychology, nursing and occupational therapy  
• Appropriate preceptorship programmes  
• Participation in NHS graduate scheme  
• Partners with Dudley college and Walsall college for admin apprenticeships |
| **Local Jobs for Local People** | • Work with Job Centre Plus to promote local jobs for local people  
• Promote public services as the employer of choice  
• Create access routes to employment and progression  
• Support access to employment for people with mental health | • Partner with Job Centre Plus  
• Work Experience Programme  
• Apprenticeships  
• Assisted employment schemes  
• Achievement of PSA 16 targets |
| **Partnerships with Third Sector** | • Work with partner organisations to develop cross sector learning and development opportunities  
• Increase access to funding | • Carers organisations  
• Third sector organisations e.g. Mind and Rethink |
| **Right resources** | • The Trust will produce a five year workforce plan linked to the long term financial model.  
• The Trust will continuously review its skill mix and overall workforce numbers  
• The Trust will assess commissioners intentions to ensure that major changes in the make up or numbers in the workforce are properly managed. | • Workforce plan  
• Section 75 secondment agreements  
• Managing Organisational change Policy  
• Redeployment and Retraining  
• Talent Management |
| **Most suitable suppliers** | • Contract with suitable organisations where specialist skills or greater economies are better managed by an external organisation  
• Contractual arrangements provide added value and high quality  
• Provide shared services to other organisations where the Trust has the skills and competence to add value | • Robust contracting process  
• New service requirements assessed for suitability to contract out or reason to deliver in house.  
• HRBC, Occupational health and payroll service provided to other clients |
## 3. better together - employer of choice

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<th>Pledges</th>
<th>Expectations for the Strategy</th>
<th>Deliverables</th>
</tr>
</thead>
</table>
| **1. Respect diversity** | • Staff will be treated and treat each other with dignity and respect  
• Increased number of peer professionals  
• Put measures in place to increase diversity at all levels within the workforce  
• Address issues of discrimination or bullying and provide support for staff  
• Staff will be involved in the development of services which are sensitive to individual needs | • Dignity at Work (Anti Harassment and Bullying) Policy  
• Apprenticeships and skills escalators  
• Mentorship and buddyng  
• Harassment advisors  
• Equality Impact Assessments  
• Service users involvement in learning and development |
| **2. Engage and Involve staff** | • Strong Partnership working with staff side  
• Engage our workforce in developing and designing services  
• Empower front line staff to make decisions to meet patients individual needs  
• Clinical engagement at all levels  
• Personal responsibility and accountability understood and held at all levels | • Staff side consultation and negotiation forums  
• Team Brief  
• OD and Service Improvement Programme  
• Professional leadership forum  
• Multi professional team working |
| **3. Provide good leadership and management** | • Develop skilled leaders with vision to drive quality, improvement and innovation  
• Develop clinicians as leaders  
• Provide clear responsibilities for leaders and managers in the development of their staff  
• Managers and leaders behave in a way which is consistent with the vision and values of the organisation | • Define competencies and behaviours for Trust leaders  
• John Adair’s action centred leadership model defines approach to leadership  
• Leadership diagnostic and development for Board.  
• Leadership programmes for clinical leaders, Senior management and operational leaders  
• Talent Management |
| **4. Provide learning and development for all staff** | • IWL Practice Plus standards retained  
• Provide and commission high quality education and training  
• Blended Learning  
• Sign up to the Skills Pledge to ensure all staff have the opportunity to obtain qualifications to level 2  
• Demonstrate commitment to Widening Participation | • All staff to have a personal development plan to meet their KSF or professional requirements  
• KSF embedded in organisation  
• Organisation training needs analysis  
• E – Learning tools  
• Essential skills strategy |
| **5. Modernise medical careers** | • Prepare for medical registration  
• Maximise skill mix to deliver vision of person centred care  
• Develop leadership for clinical and managerial roles  
• Ensure sufficient capacity | • Implementation of new SAS contracts  
• Develop strategies to address shortage in SAS doctors  
• Succession plan for ageing workforce and skill shortages |
| **6. Support a healthy workforce** | • Improve attendance and reduce stress  
• Flexible working options are widely available and used  
• Staff with mental health or learning disabilities are supported  
• Reasonable adjustments are made for staff with disabilities | • Provide advice to staff on healthy lifestyles  
• Provide healthy eating options in staff restaurants  
• Occupational Health and counselling services  
• Supported reintroduction to work policy |
Workforce Plan 2009 - 2014

– As at 30 September 2009 the Trust employed 1233 staff with a fte of 1099.8. In addition the Trust manages 161 Social Care staff (141.1 fte).
– This figure will reduce over the next 5 years in response to the state of public finances. 53.37% are clinical staff and this proportion is expected to remain at a similar level or increase as support services are streamlined.
– A five year workforce plan is reviewed and updated annually. This will take account of changes to services commissioned, transfer of services to or from other providers, productivity improvements and new ways of working.
– Dudley and Walsall Mental Health Trust’s vision is to be a Recovery orientated service. This means the workforce developing appropriate knowledge of the key values, skills and behaviours to facilitate recovery through the use of Overall Rehabilitation Goals.
– The Clinical and Social Care Strategic Vision sets out areas for innovation including aspirations to develop new specialist services e.g. Eating disorders. The workforce will need to acquire and develop new competencies.
– The Trust will also redesign both organisational structures and clinical services to improve quality and efficiencies.
– The workforce profile is reported to the Trust Board annually.
– The Productivity Improvement and Pathways Project will lead to a reorganisation of work e.g. Clinical administration may help to free up clinicians as clinical roles are redesigned, alternatively new technological solutions may be found.
– Pathways will change the ways patients enter, exit and are managed in service.
– The Trust will undertake a wider review of productivity to embrace all roles within the Trust and this will support redesign and ensuring that adding value to patient care is the primary focus.

![Workforce by Occupation Group 30 September 2009](chart1)

![FTE % by Services](chart2)
<table>
<thead>
<tr>
<th>Occupational Group</th>
<th>Average WTE</th>
<th>Annualised Leavers WTE</th>
<th>Turnover %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admin &amp; Estates</td>
<td>223.03</td>
<td>18.78</td>
<td>8.42%</td>
</tr>
<tr>
<td>Managers</td>
<td>27.19</td>
<td>2.00</td>
<td>7.36%</td>
</tr>
<tr>
<td>Medical</td>
<td>91.95</td>
<td>9.70</td>
<td>10.55%</td>
</tr>
<tr>
<td>Nursing &amp; midwifery</td>
<td>417.79</td>
<td>19.37</td>
<td>4.64%</td>
</tr>
<tr>
<td>Others</td>
<td>7.00</td>
<td>0.00</td>
<td>0.00%</td>
</tr>
<tr>
<td>Scientific, Therapeutic &amp; Technical Staff</td>
<td>67.92</td>
<td>14.82</td>
<td>21.82%</td>
</tr>
<tr>
<td>Support Staff</td>
<td>240.24</td>
<td>17.19</td>
<td>7.15%</td>
</tr>
<tr>
<td><strong>Whole Trust</strong></td>
<td><strong>1075.12</strong></td>
<td><strong>81.86</strong></td>
<td><strong>7.61%</strong></td>
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</tbody>
</table>
## Sickness Absence Oct 08 – Sept 09

### Annual cost of sickness £1,890,872

![Sickness Rates by Occupation Group](chart.png)

<table>
<thead>
<tr>
<th>Occupation Group</th>
<th>% Sickness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admin &amp; Estates</td>
<td>3.92%</td>
</tr>
<tr>
<td>Managers</td>
<td>3.41%</td>
</tr>
<tr>
<td>Medical</td>
<td>3.28%</td>
</tr>
<tr>
<td>Nursing &amp; Midwifery</td>
<td>6.12%</td>
</tr>
<tr>
<td>Others</td>
<td>1.03%</td>
</tr>
<tr>
<td>Scientific, Therapeutic &amp; Technical</td>
<td>4.47%</td>
</tr>
<tr>
<td>Support Staff</td>
<td>8.24%</td>
</tr>
<tr>
<td>Whole Trust</td>
<td>5.69%</td>
</tr>
</tbody>
</table>
Key Workforce and Policy Drivers

- New Horizons – National Strategy for Mental Health
- Implementing Recovery model
- Modernizing Medical Careers and implementation of all recommendations of the Tooke Report (2007).
- Next Stage Review and A High Quality Workforce (June 2008)
- Leitch Report, Widening Participation agenda
- Valuing People and Death by Indifference
- Care Pathways and the use of HONOS as the tool to determine appropriate pathways.
- New Ways of Working and improved access to psychological therapies
- EWTD.
- Demographic changes within the region. Workforce to reflect the diverse communities they serve. Services should be culturally sensitive to individual patient and service user needs and the workforce should be able to respond to their needs.
- Connecting for Health – implementation of Lorenzo (patient administration system) replacing four existing systems with significant implications for the ways in which clinicians and administrators work and the skills required.
- Move to cost and volume contracts and potential for introduction of a mental health tariff
The following information underpins the five year workforce plan and informs the workforce strategy. This will be reviewed annually.

• **World Class Commissioning Financial Assumptions**

• **Workforce Profile**
  – Occupation by Service area linked to Long Term Financial Model

• **Demographics**
  – Supply and Demand in the Black Country (NHS West Midlands and LSC)
  – Ethnicity by Occupation
  – Disability by Occupation
  – Gender by Occupation

• **Succession Planning**
  – Age by Occupation

• **Capacity Planning**
  – Audit of existing skills and organisational capacity for Workforce Planning
  – Sickness absence by service area and occupation
  – Turnover by service area and occupation
  – Changes in Skill Mix and Delivery
  – Commissioning Intentions