

WORKFORCE STRATEGY UPDATE 2007 - 2011

1. INTRODUCTION

The Trust's strategic vision is to provide high quality mental health care to its local communities in partnership with services users, their carers and families and statutory and voluntary organisations.

This document sets out the Trust's strategic intentions with regard to its workforce and updates the previous workforce strategy that was widely consulted on in 2006. This update incorporates the national guidance for mental health trusts (Mental Health: New Ways of Working for Everyone, April 2007 Department of Health) on developing a new capable and flexible workforce, including new ways of working for Psychiatrists and Psychologists. It also focuses on the key development priorities for specific staff groups and the workforce generally, to ensure that we can effectively deliver the Trust's Integrated Business Plan [IBP], including our ambitious 5-year service improvement and development plan. The workforce strategy specifically addresses the Trust's strategic objectives to:

- Drive up the quality of our community and inpatient services
- Develop a highly skilled, motivated and culturally competent workforce
- Maximise learning opportunities for all staff, provide high quality teaching and training, and remain a centre of excellence for research;
- Develop existing and new partnerships to promote social inclusion for all our service users
- Become the Mental Health Employer of Choice for East London.

To achieve these strategic objectives we believe that the organisational culture and environment over the next five years will need to be one that:

- Puts valuing diversity and the service user and carer at the centre of everything we do
- Promotes and encourages learning from what works as well as what doesn't work
- Supports our clinical leaders and clinical staff to achieve excellence in service delivery
- Values our staff so that they can achieve their full potential
- Provides modern, accessible and fit for purpose environments for service users and staff
- Fosters continual service improvements and innovation.

The workforce strategy has six strategic aims:

- To **improve recruitment and retention** in order to have the right numbers of the right staff in place at the right time
- To **develop a highly skilled, motivated and culturally competent** workforce
- To become the **Mental Health Employer of Choice for East London**
- To **facilitate new ways of working** to ensure that the best use is being made of highly trained professionals
- To **improve workforce design and planning** to ensure the right workforce capacity
- To develop **Human Resources capacity and capability**.

For detailed information about how we will achieve our strategic workforce aims please refer to our Workforce Strategy Implementation Plan (Appendix A)

2. OUR WORKFORCE

The Trust has a funded establishment of 2340 wte staff and currently (as at May 2007) there are 2280 staff in post (2107 wte). The Trust also has over 150 staff seconded from local authorities.

In 2006/07, a review of community and inpatient services was undertaken. This identified the need to improve clinical multidisciplinary team working, recruit to vacancies to avoid reliance on agency and locum staff, increase the level of consultant and other medical input to the teams and ensure that consultant medical staff are based with the community teams for at least 3 days per week.

To deliver our ambitious 5-year service plans we will need to develop a clinically led and management supported organisation that facilitates the development of clinical leadership at all levels, in particular the multidisciplinary team level. We will also need to ensure that we develop administrative and management capacity to support clinical leaders and clinical processes but also to strengthen our business planning systems across the Trust, especially at the service delivery unit.

We will do this by focusing on the development of clinical leadership within the key clinical staff groups and the development of improved clinical working within multidisciplinary teams. The key clinical staff groups will be: medical, nursing, psychology and psychological treatment, social care and occupational therapy supported by education and employment workers.

We will also need to ensure that we have highly competent administrative staff and that we strengthen and develop our middle management staff capacity, and ensure that our corporate support services staff provide responsive and effective input to directorates.

To support the delivery of the workforce strategy and plans, the current Trust's Education, Training and Development programme is being refocused to ensure that it addresses the objectives of the Trust.

Two of the key priorities in 2007/8 will be to review the workforce implications for the Trust of NHS London's "*Healthcare for London: A Framework for Action*" and for all professionals in the light of the proposed amendments to legislation set out in the Mental Health Bill 2006; specifically the current roles of 'Responsible Medical Officer' and 'Approved Social Worker' being replaced with 'Responsible Clinician' and 'Approved Mental Health Professional'.

The 5 year service plans will result in a net increase of approximately 84 wte staff from all disciplines and recruitment for these posts is currently underway. The workforce issues for each of the staff groups are detailed below:

a) Medical

The Trust's medical workforce has increased considerably since 2003, with a current establishment of 114 consultants, 120 training posts and 41 non-consultant career posts.

We have 7 consultant psychiatrist posts vacant and, to deliver the 5-year service plans, we will require an additional 11 new consultant posts. The vacancies and new posts are currently being recruited to and based on our recent highly successful recruitment initiatives, we expect to appoint to all of these posts by the end of December 2007. In partnership with the London Deanery and NHS London, we also aim to have recruited to the non-consultant career grade, specialist training, GP training and house officer posts by the end of August 2007. This together with the new consultant appointments will mean that we will have a full establishment of medical staff to implement Years 1 and 2 of the 5-year service plans.

Following the community services review, additional consultant and other medical input was agreed for all community teams, in particular, in Tower Hamlets and City & Hackney.

In light of the New Ways of Working policy document, we have reviewed the grades and numbers of medical staff we employ and have identified the skills and competencies we require of the medical workforce. A small number of non-consultant career grades are, at present, filled by locum candidates and it is intended to review the funding for these posts to ensure that it is best spent.

The Trust will have 12 new senior specialist training posts (ST4-6) in 2007/08, some of which will be created from existing non training posts.

The priorities for the next 1-2 years are to ensure that:

- Clinical Directors strengthen and develop their leadership skills and involvement in the management of the directorate, and the setting and delivery of the directorate-wide and Trust's strategic objectives
- Consultant psychiatrists provide clinical leadership, support and comprehensive clinical input to the range of existing and new community multidisciplinary teams
- The New Ways of Working for Consultant Psychiatrists policy guidance is implemented, as agreed with commissioners

- Consultant contracts and the performance review process are aligned with the directorate and Trust's strategic objectives
- Modernising Medical Careers is implemented
- Locum posts are reduced through more effective use of other non-consultant career grades and trainees.

b) Nursing

The Trust has developed a comprehensive Nursing Strategy (Our Future, Our Vision 2007-2012), informed by the Chief Nursing Officer's Review of Mental Health Nursing 2006. At the core of this nursing strategy is the need to develop choice and to provide compassionate, empathetic and empowering care. The strategy also recognises that nurses work within a collaborative, multidisciplinary and multi-agency environment to deliver equitable person-centred care.

The key aims of the strategy are to:

- develop and support new nursing roles and skills, i.e.: based on sound evidence and outcomes, Recovery Approach principles, development of effective therapeutic relationships, improved physical well being and reduction of health inequalities
- offer flexible career pathways
- develop preceptorship, mentorship and clinical supervision
- develop clinical leadership and management skills.

The key strategy achievements and improvements to date, have included: i) development of nursing leadership, ii) supporting service user involvement and therapeutic engagement in their care, and iii) improvement in the standards of care delivered to service users.

To deliver the Nursing Strategy, a new nurse leadership structure has been developed (Strengthening Nurse Leadership and Therapeutic Engagement: June 2006) and to date, the following key appointments have already been made: i) Trust-wide Head of Nursing ii) new Corporate Nursing Leads, iii) Borough Lead Nurses iv) Modern Matrons and v) Practice Innovation Nurses. These posts are critical to the delivery of high quality service user centred care, development of clinical nursing role models and Trust-wide and Directorate-wide clinical nurse leadership.

As part of the work to develop a new nursing structure and to ensure delivery of the 5-year service plans, an inpatient review of the nursing workforce has been undertaken, based on the principles of realising the benefits of Agenda for Change. This reviewed the current resources and how they were deployed, i.e.: number and skill mix of the current workforce, and matched this against the need to deliver high quality and therapeutic nursing care within inpatient settings. The review concluded that the current financial resources were sufficient but a new type of workforce was required for the future, i.e. more clinically focussed, more expert in a range of therapeutic interventions including psychological therapies, and the need for a

broader skill mix with more unregistered practitioners such as social therapists and assistant practitioners.

We currently (as at May 2007) have 176 nursing vacancies (31 qualified and 145 unqualified) (63 City & Hackney, 39 Newham, 61 Tower Hamlets, 13 Forensic).

The Trust has reviewed the quality of clinical placements within inpatient and community settings for nurses in training and the quality of our current selection criteria for recruitment to registered nurse posts. This has identified the need to ensure that we provide more challenging and closely supervised clinical placements to ensure that we train nurses with the appropriate range of skills and experience to deliver improved inpatient care and the requirements of the nursing strategy and nursing structure. The review also resulted in a change to the selection criteria and process which tests candidates' emotional intelligence and philosophy of care as well as their technical and academic abilities. This work has meant that recruitment levels are lower than we have previously achieved but it has improved the overall quality of the nursing workforce appointed and will hopefully improve staff retention rates.

In view of the above, the priorities over the next 1-2 years will be to:

- Implement the final phase of the nursing structure and appoint a), Clinical Practice Leaders (November 2007) and Staff Nurse posts - Band 5 (December 2007).
- Implement the final phase of the review of skill mix for inpatient settings, i.e. development of highly skilled practitioners with psychological treatment and group-work skills, and the appointment of the social therapists and assistant practitioners by March 2008.
- Implement core skills training for the nursing workforce (unregistered and registered) in the areas of customer care, verbal communication, basic level psychological interventions, therapeutic care planning, physical healthcare and interventions to increase social inclusion and to tackle health inequalities.
- Ensure that the current level of vacancies is reduced to a maximum of 5% by the end of December 2007.
- Appoint Physical Health and Well-Being Coordinators in each borough to improve access to physical healthcare, screening and advice on healthier lifestyles for service users.
- Roll out the new selection criteria and selection processes for nurses across the Trust
- Continue to improve nurse training placements and supervision, ensuring that there is an emphasis on the face to face component of the role.

c) Psychological Treatment

This staff group includes Applied Psychologists (Clinical, Counselling, Forensic and Neuropsychologists), Psychotherapists (medical and non-medically qualified), Arts Therapists, Counsellors and other mental health workers who have had further

training in psychological interventions or psychotherapy (e.g. nurses, social workers and occupational therapists).

National guidance on new ways of working for psychologists, including new roles is likely to be issued in 2008. As part of the work to develop this guidance, an analysis of the effectiveness of a number of new roles that had been developed in England over the last five years was undertaken. The review identified that new roles in the future will need to:

- Fit within a clear career structure
- Be actively supervised and supported within an appropriate professional accountability framework, and
- Be integral to the aims and design of the local service.

It also suggested that the pre-qualification workforce in the NHS should be developed significantly. This would involve the creation of new roles with recruitment from the large pool of psychology undergraduates at Psychology Assistant, Psychology Associate and Senior Psychology Associate Level. Furthermore, it is envisaged that these positions should be established to deliver psychological services to a wide range of client groups and service contexts, and would also provide a distinct career pathway for pre-qualification psychologists that is linked to the pathway for applied psychologists.

As part of the development of the 5-year service plans, the Trust has reviewed whether the current resource for psychological treatment staff is effectively deployed to meet our future workforce needs. In addition, the Trust's review considered how best to ensure that our services are high quality, responsive and culturally sensitive.

The review also considered the following areas:

- psychology and psychotherapy leadership across the Trust
- implementation of the NICE guidelines and stepped care model
- improved psychological input to inpatient settings
- meeting the 18 week wait targets
- basic level training for non-qualified psychological staff
- continuing professional development for psychologists and psychological treatment staff, and
- development of arts therapies across the Trust.

The review concluded that the existing financial resource together with the 2007/08 additional investment from the East London PCTs was sufficient to deliver key elements of the above, e.g. implementation of NICE guidance, improved psychological input to inpatient settings and starting to meet the 18 week targets (based on current demand). However to achieve successful delivery of all the above areas, we would need to deploy our current resources more effectively, redesign our existing workforce by using a different skill mix, develop new roles and

attract further investment for the development of evidence-based psychological intervention and arts therapies across the Trust.

The Trust is also one of two national demonstration site pilots to improve access to psychological therapies. This is funded by the Department of Health and is a joint project with the London Borough of Newham, Newham PCT, and Mental Health Matters, a national charity. The pilot is focussed on the delivery of evidence based psychological therapies and is testing out the best way to provide these therapies, using new ways of working and the development of new roles. It is also reviewing the most effective way of providing a high quality, cost effective and accessible stepped care model of service through an integrated primary and secondary care pathway. This work will contribute to the development of the Trust's psychological treatment services in the future.

We currently have (as at May 2007) 11 psychology vacancies. There are currently no vacancies for Arts Therapy staff however the 5-year service development plans for each directorate have proposed expansion of this service by 1 Senior and 6 Arts Therapists across the Trust.

The priorities for the next 1-2 years will be to:

- Appoint to the Heads of Psychology within each of the three Boroughs to develop clinical leadership and professional accountability
- Review the range of highly specialist and specialist practitioners to ensure the most effective deployment of these specialists within each directorate. This would include them retaining a substantial clinical practice as well as providing leadership to the service and supervision to junior staff
- Ensure that we can provide equal access across the Trust to a wide range of evidence-based psychological treatments provided by appropriately trained psychotherapists
- To develop a clear training strategy for the different modalities of treatment to ensure their quality and consistent application across the Trust. This will include defining the standards of training required for basic and advanced level practitioners and developing clear career pathways within the Trust, so that practitioners can progress as they gain experience
- To develop an effective programme of Continuing Professional Development
- Improve accessibility to psychological services and develop a distinct psychology career pathway, through the appointment of Assistant Psychologists, Associate and Senior Associate grades in each directorate
- Implement NICE guidelines and enhance the overall psychological therapy capacity, by employment of 15 Psychosocial Intervention Workers and 10 new psychologist posts across the Trust
- Expand Arts Therapy services across the Trust, in line with service development plans
- Ensure that key clinical staff such as nurses, occupational therapists and social work staff have basic psychological intervention skills, through a basic and intermediate level skills training programme.

d) Occupational Therapy

Occupational Therapists currently work, and will continue to work, within all areas of mental health service provision and with people of all ages, across service sectors and agencies, acknowledging diversity. New Ways of Working (NWW) will ensure that occupational therapists continue to contribute a unique professional perspective that focuses on the whole person, embracing the individual's unique lifestyle and preferences. Enabling the person to participate in everyday activities, whether personal or occupational is central to occupational therapy. Occupational Therapists work with individuals to enable skills and abilities to access and participate in meaningful activities that they need or want to do, which will enable them to lead healthy and fulfilling lives and contribute to their community.

As success is demonstrated when service users feel that they have made the intervention themselves. It is vital that occupational therapists are able to articulate and provide evidence of the basis of their therapeutic interventions, treatment and specialist skills at all levels.

Enabling the continuous professional development of occupational therapists to meet the expectations of service users and their carers and the changing needs of the Trust is essential. This will facilitate the delivery of effective, high-quality, sustainable care in our changing communities and a requirement of registration as an Occupational Therapist.

We currently have (as at May 2007) 10.5 occupational therapy vacancies, of which 1 post is being covered by a temporary member of staff.

The priorities for the next 1-2 years will be:

- The development of a strategy for occupational therapists in mental health services
- Recruit to vacancies, in line with the above strategy.
- Reinforcing Occupational Therapist's core skills and holistic roles in occupational activities especially employment, education and leisure and promoting the recovery approach
- Exploring new roles for occupational therapists under the Mental Health Bill;
- Developing a Career Framework for Occupational Therapists reflecting both the specialist and the generic functions of occupational therapists with emphasis on clinical leadership
- Expanding the number of educational practice placements offered to Occupational Therapy undergraduates
- Strengthening roles for occupational therapists under Recovering Ordinary Lives strategy (COT, 2006).

e) Social Care

Social work makes an important contribution to mental health services and is a crucial component in their development. Social work values, skills and knowledge already encompass the approach set out in current government policy documents.

These all emphasise the need for service users to participate actively in their care. Social workers have historically sought to work together with service users and their carers in partnership. More than any other profession, their value base is most closely aligned to this approach.

There are currently (as at May 2007) 8 social work vacancies, of which 2 posts are being covered by temporary members of staff.

Key priorities over the next 1-2 years will be:

- Appointment of Head of Social Care to promote professional social work practice and research within each directorate
- To review with Local Authorities the most appropriate employment arrangement for social workers in light of the Mental Health Bill
- To ensure career pathways for social care workers including knowledge of training and development pathways e.g. post qualification development
- Develop a confident social care workforce that can deliver and promote social care and social inclusion outcomes and provide an effective contribution to multidisciplinary working
- Ensure arrangements continue to be in place for Approved Social Worker [ASW] approval and warranting and in due course for Approved Mental Health Practitioner [AMHP] approval and warranting.
- Increase the number of practice placements that are available to social work students, i.e. 15 per year across the Trust.

The above work will be undertaken in close partnership with Local Authorities who currently employ most of the social workers working in the Trust's joint health and social care teams.

f) Social Inclusion

The Trust has a range of tasks which it has broadly identified within this work stream. A review of the use of interpreters and the translation of written material will be undertaken during 2007-08. This will be linked to using plain English in Trust publications and leaflets and working with service users around English as a second language. Employment opportunities for service users and further education will be key priorities over the next 1-2 years to improve social inclusion.

Specifically we will:

- Create graduate recruitment schemes and 'grow your own' community schemes with secondment on to diploma courses.
- Ensure routes for social therapist staff through to social work and occupational therapy as well as nursing.
- Appoint 12 Employment Coaches across the Trust to provide support to the community teams in each borough.
- Appoint Equality and Diversity Coordinators in each borough to champion these issues and develop robust delivery plans.

g) Pharmacy

Pharmacy services are currently provided via three service level agreements from the three acute Trusts. In 2002, all pharmacy staff were employed by the acute trusts. In the last two years, the Trust has directly employed two specialist pharmacists for the Specialist Addictions Service and Children and Adolescent Mental Health Services. In addition, there are a further two pharmacists employed by the Trust who have developed depot medication review clinics in City and Hackney. There are no vacant posts.

The pharmacy team as a whole work towards the delivery of the modern medicines management agenda. This has been informed by the recent Healthcare Commission review, results from the national POM UK (Prescribing Observatory for Mental Health UK) and the medicines management framework as defined by the Department of Health.

The priorities for the next 1-2 will be:

- For the lead pharmacists for each locality to have a united front in implementing the medicines management agenda.
- For pharmacists to develop their clinical roles on the wards including motivational interviewing, taking medication histories, discharge counseling and the provision of medicines information.
- For the trust to recruit and employ a pharmacist for Mental Health care for Older People.
- To provide an in-house pharmacy service to the City and Hackney and Forensic Centres for Mental Health.
- To look at the possibility of providing in-house services to Tower Hamlets and Newham.

h) Administration

The current administrative arrangements that support clinical leaders and clinical processes are fragmented and not functioning effectively. There are also a significant number of administrative staff vacancies across the Trust (35 as at May 2007, of which 20 posts are being covered by temporary staff).

In view of the above, it is proposed to undertake a review of the administrative functions and develop a robust administration and management system to support multidisciplinary teams, service delivery units and directorate-wide business planning. This work will also recommend the number, type and grade of staff required to support these new functions and will produce a recruitment project plan to reduce reliance on agency and locum staff.

The review will be completed by the end of October 2007.

i) Performance Management and Business Planning

To deliver the IBP and ensure that we have robust performance management and business planning across the Trust and within directorates, we will need to develop our management capacity. We will need to develop cost effective and efficiently

delivered services at team, front-line service delivery and directorate levels to be competitive in the future. Therefore each directorate will need to have highly skilled staff to undertake a range of functions, including: performance management, information analysis, business planning, financial budgeting and management, marketing, communication, Human Resources and Information, Management and Technology.

The new structure will be agreed by September 2007 and recruitment to vacant posts will commence immediately afterwards.

Corporate Support Services

As part of the development of the IBP, fitness for purpose reviews of Corporate directorates and functions have been undertaken and some restructuring of the Finance and Estates directorates has already taken place. This work has identified the following workforce issues and priorities for the next 1-2 years:

Finance

The focus has been on developing skills and capacity in Treasury management and reporting, in line with the new Foundation Trust financial regime requirements. There is however further work to be undertaken in relation to management accounting and contracting. This is likely to require an additional post to support the contracting function and the new model contract arrangements with our key commissioners.

Human Resources

Further work on the capacity and capability of the Human Resources function is being undertaken and this detailed in section 8 of this document.

Information, Management and Technology

The review identified the need for further Trust-wide project management and facilitation skills/capacity for the integration of the existing information systems and deployment of the new RIO system. This will mainly be achieved by Bank posts, funded through the RIO business case however further work is being undertaken to identify the most appropriate employment solution, e.g. whether staff should be employed on longer term contracts.

The following additional skills and capacity will be required, i.e.: i) Data Warehouse and SQL Development, ii) Information Governance, and iii) Project Assistant (System Deployment and Transformation). Initially, this additional capacity will be funded through agreed business cases however further workforce redesign and review of the IM&T staff structure will be undertaken to determine the most appropriate permanent solution.

The additional skills and capacity required in the four Directorates are improved records management and information governance. Since this activity is primarily undertaken by administrative staff, it is proposed to include these areas within the administrative skills and capacity review detailed in section 2 (g) above. There is also a need for basic level IT literacy and information governance training for all staff and this will be addressed as part of the refocused Trust's Education, Training and Development programme.

Estates, Facilities and Capital Development

The focus has been on developing skills and capacity in capital development management and processes. This is an ongoing review, with a view to implementation of a new structure by January 2008.

With regards to estates and facilities operational management, partial implementation of a new structure has taken place with the appointment of Head of Estates and Facilities, who has the responsibility across the Trust for all operational issues associated with estates and facilities. Further appointments in line with the new E&F Operational Structure will be implemented during this financial year.

In addition to the above, further work will be undertaken on ensuring all corporate services provide responsive and effective input into directorates which leads to the support and improvement of services to our service users.

3. IMPROVING RECRUITMENT & RETENTION

For our mental health services to grow and develop, it is vital to recruit and retain good quality staff which is representative of the communities that the Trust serves.

It is also important that we improve the profile of mental health and ensure that it is seen as an attractive place to work. We will do this by showing that it provides intellectual stimulus, good career opportunities, a fair rate of pay for the job and good support networks including a family friendly working environment. If we are unable to attract staff, we will continue to waste resources on agency and locum staffing and therefore we will be unable to provide effective services for users and their carers.

In order to improve recruitment and retention, we will:

- Create a workforce across all professions and at all levels which reflects the communities which the Trust serves and offer opportunities to non-traditional sectors of the community, including people with existing or previous mental health problems
- Fully engage service users in recruiting and training our staff
- Use imaginative methods of recruiting and retaining staff
- Become the Mental Health Employer of Choice for East London
- Provide an excellent recruitment administration service which uses new technology efficiently to fully support Trust services.

We will also be working closely with our key partners, in particular, Local Authorities and other NHS Trusts, to utilise our joint effort and resources in relation to recruitment initiatives.

4. DEVELOPING A HIGHLY SKILLED, MOTIVATED AND CULTURALLY COMPETENT WORKFORCE

Central to our strategic plans will be the development of a highly skilled, motivated and culturally competent workforce. The Training, Education and Development Strategy in the Trust aims to ensure that employees have the necessary skills, knowledge and attitudes to provide the highest quality healthcare to the population served. It is also a mechanism to enable individual staff to develop their potential. In order to develop a highly skilled, motivated and culturally competent workforce, we will:

- Ensure that our education and training programme is closely aligned to the delivery of the Trust's strategic objectives
- Ensure that the Knowledge & Skills Framework (KSF) including pay gateways is fully implemented and is the key driver for personal and professional development. This will ensure that all staff achieve basic competencies
- Develop clinical leaders and multidisciplinary team working
- Develop a programme of cultural competence training and consultation for all staff
- Develop administrative and management capacity, in particular, performance management and business planning skills
- Develop staff at all levels in line with the Career Framework for Health.

5. BECOMING THE MENTAL HEALTH EMPLOYER OF CHOICE FOR EAST LONDON

Modern, flexible and supportive employment practices have a key role in motivating staff, sustaining morale and encouraging retention. The Trust fully supports the national "Improving Working Lives" agenda which seeks to support and encourage best practice in employment. The Trust has achieved the award of Practice Plus Status under the scheme.

In our progress towards becoming the mental health employer of choice we will be helped by the work-life balance, flexible working and healthy workplace policies we already have in place. In order to become the mental health employer of choice for East London, we will:

- Develop and implement progressive policies that value diversity and create a socially inclusive work environment
- Tackle violence and aggression towards our staff
- Achieve a year on year improvement in staffs' attitudes to working in the Trust
- Provide an attractive and well equipped environment in which staff are comfortable and able to work to the best of their ability

- Actively manage and improve communications with staff to ensure that staff are well informed and engaged and as a result are more motivated
- Maintain the standards of Improving Working Lives Practice Plus and embed these in the organisation
- Continue to develop and implement modern HR Policies which demonstrate that the Trust is a leading NHS employer
- Acknowledge and reward the hard work of our staff
- Provide opportunities for staff to get involved in research

6. FACILITATING NEW WAYS OF WORKING

The pressure from demand for services and insufficient supply of some professionally qualified staff means that traditional practice must be reviewed to ensure that the best use is being made of highly trained professionals. It is important that all staff look at the functions they perform and consider alternative ways that some of these can be delivered. This may involve creation of brand new roles or redesigning current roles.

Innovative new and amended roles can result in improved services for patients and more rewarding careers for staff. In order to facilitate new ways of working we will:

- Use Agenda for Change to support the capacity of our workforce to work more flexibly and to develop new roles
- Engage staff side representatives, service users and other stakeholders in the development of different ways of working
- Use examples of local and national best practice in workforce redesign
- Roll out piloted roles from the Changing Workforce Programme, including Support, Time and Recovery Workers.

7. IMPROVING WORKFORCE PLANNING AND DESIGN

Since 1999 the NHS workforce has grown by 234,000 people. It is expected that future growth will be slower and that capacity will be increased by greater productivity. To ensure the right workforce capacity, we must ensure that we do not plan in a vacuum but, rather, that we align our workforce planning with finance and activity planning so that we have the right numbers of the right people with the right skills at the right times.

In order to improve workforce planning and design we will:

- Fully implement the Electronic Staff Record and Electronic Knowledge & Skills Framework
- Develop a robust and fully effective workforce design and development programme using the NIMHE Workforce Design and Development Best Practice Guidance published in March 2003.

8. DEVELOPING HUMAN RESOURCES CAPACITY AND CAPABILITY

Effective Human Resources Management is a key component in leading and supporting change in the Trust. Human Resources management issues, such as ensuring we are able to recruit to meet the Trust's expanding services, investing in the development of knowledge and skills and providing a climate and organisational culture which promotes and encourages innovation are responsibilities of all managers, not just of the HR Department.

In order to develop human resource capacity and capability we will:

- Provide dedicated HR support to each directorate
- Review the remit of HR to ensure that the function is supporting the Trust's strategic objectives
- Increase line managers' human resource capacity and capability
- Ensure that Human Resources staff are skilled in the most up to date tools and techniques to support strategic change management.

9. CONCLUSION

This Workforce Strategy has set out how the Trust can best achieve its main priorities for recruiting, retaining, developing and deploying its workforce most effectively in the future. Adherence to its principles and practices should have a significant impact on the Trust's ability to meet its corporate objectives and deliver its strategic vision.

10. REVIEW

This Workforce Strategy and implementation plans will be reviewed on an annual basis to ensure they are reflective of the Trust's needs.

REFERENCES

1. HR in the NHS Plan - 2002
2. National Framework to Support Local Workforce Strategy Development - 2005
3. A Workforce Response to Local Delivery Plans -2005
4. North East London Strategic Health Authority - "A Workforce Strategy to Support Recruitment & Retention" - 2005
5. Department of Health Ten High Impact HR Changes
6. National Mental Health Workforce Strategy - 2004
7. A Learning and Development Toolkit for the whole of the mental health workforce across both health and social care – 2007
8. NIMHE Workforce Design and Development Best Practice Guidance – 2003.

APPENDIX A

WORKFORCE STRATEGY IMPLEMENTATION PLAN 2007-11

The priorities for the specific staff groups are detailed in Sections 2a) – 2i). The other actions are detailed below:

| Action | Target Date |
|---|---|
| Improving Recruitment & Retention | |
| Implement our Equality and Diversity Scheme and the associated action plan | Some in 2007/8 in accordance with Equality & Diversity Scheme action plan |
| Agree and implement policy for service users to be involved in all recruitment and training | 31/12/07 |
| Produce a robust plan to recruit a workforce more representative of our local communities | 31/12/07 |
| Review our recruitment administration function to ensure that we are providing the best possible service to the Trust | 31/12/07 |
| Improve quality of first contacts with the Trust of potential applicants eg Trust website, contact with HR | 31/3/08 |
| Ensure that there is expertise and capacity within the HR function to focus on developing and implementing creative ways to recruit and retain staff. | 31/3/08 |
| Create and implement attractive “house-style” for recruitment advertisements | 2008-2011 |
| Fully implement the “Routes 2 Employment” and other initiatives to offer employment opportunities for people with mental health problems | 2008-2011 |
| Implement plan to recruit a workforce more representative of our local communities | 2008-2011 |
| Identify any difficult to recruit posts and develop action plans for each one to achieve successful recruitment | 2008-2011 |
| Introduce flexible retirement options and flexible working practices to attract more mature entrants | 2008-2011 |
| Explore new technologies for recruitment and produce business plans for these | 2008-2011 |
| Review Trust recruitment and selection procedures to ensure use of best practice, e.g. competency-based interviews | 2008-2011 |
| Further reduce our dependence on agency staff while still maintaining flexibility in the way we deploy our resources by:- <ul style="list-style-type: none"> recruiting substantively to ensure no more than 5% vacancy levels maximising the use of our own staff by deploying them more flexibly refusing to re-employ our own staff through an agency having comprehensive and up to date knowledge of Trust expenditure on agency staff increasing the numbers of competent bank staff improving the quality of bank staff and developing the Trust in-house bank, possibly with a view to sharing bank staff with other Trusts, thus preventing agencies from turning inter-trust competition to their advantage | 2008-2011 |

| Action | Target Date |
|---|-------------|
| <ul style="list-style-type: none"> using the Purchasing & Supplies Agency “Agency Framework Agreements” to ensure proper governance checks are carried out on agency staff | |
| Developing A Highly Skilled, Motivated And Culturally Competent Workforce | |
| Review all corporate training activity to ensure that it progresses strategic objectives and that a substantial amount of this is delivered within teams | 31/3/08 |
| Set standards for compliance for agreeing KSF outlines/undertaking appraisals/PDPs and attendance on statutory training which will be reviewed in the quarterly performance review meetings. | 31/3/08 |
| Ensure that staff have the right skills for the implementation of new IT systems, e.g.; RIO | 31/3/08 |
| Implement KSF pay gateways | 31/3/08 |
| Create and implement a development programme for administrative and management staff | 31/3/08 |
| Implement core skills training for the nursing workforce (unregistered and registered) in the areas of customer care, verbal communication, basic level psychological interventions, therapeutic care planning, physical healthcare and interventions to increase social inclusion and to tackle health inequalities. | 2008-2011 |
| Create and implement a development programme for clinical leaders | 2008-2011 |
| <p>Ensure that the training & development programme ensures that staff have basic competencies AND</p> <ul style="list-style-type: none"> the Ten Essential Shared Capabilities using the learning materials published by NIMHE in conjunction with the NHSU and the Sainsbury Centre for Mental Health (SCMH); and, where appropriate; the Recovery Approach using the learning materials published by the Centre for Clinical and Academic Workforce Innovation (CCAWI) in conjunction with NIMHE. The Capable Practitioner Framework (SCMH 2001) which sets out the skills, knowledge and attitudes required of the mental health practitioner workforce to implement the National Service Framework (NSF) Changes to the Mental Health Bill | 2008-2011 |
| Ensure that all staff have taken part in training or consultation programmes in cultural competency | 2008-2011 |
| Review and update statutory and mandatory training | 2008-2011 |
| Ensure that the CPD programme for nurses and allied health professionals which is provided by City University and other partner colleges and universities meets the needs of staff and the wider needs of the Trust | 2008-2011 |
| Ensure that all staff with no formal qualifications are able to access development opportunities that will meet a minimum level 2 NVQ and therefore support their continued progression into more senior posts in the Trust | 2008-2011 |

| Action | Target Date |
|---|---|
| Work in alignment with the guidance offered by the Skills for Health Sector Skills Council, whose remit is to develop competence and career frameworks and map them on to recognised awards and qualifications | 2008-2011 |
| Review the commissioning of training, based on planned future need, to support new ways of working and to increase the capacity of our workforce | 2008-2011 |
| Base our commissioning on a yearly training plan developed by the Training and Development department informed by Directors and Service Managers, information from staff development review and personal development planning as well by examining current national and local priorities placed on all NHS Trusts | 2008-2011 |
| Ensure that outcomes and learning from investigations and Serious Untoward Incidents are included within Training and Development Department's annual training plan. | 2008-2011 |
| Develop staff at all levels in line with the Career Framework for Health | 2008-2011 |
| Modernise our education and training to support flexible working, where possible | 2008-2011 |
| Roll out 360° appraisal for all senior managers | 2008-2011 |
| Support and promote the role of Union Learning Representative | 2008-2011 |
| Becoming The Mental Health Employer Of Choice For East London | |
| Implement our Equality and Diversity Scheme and the associated action plan | Some in 2007/8 in accordance with Equality & Diversity Scheme action plan |
| Hold yearly Joint Staff Committee Awayday to continue the development of positive relationships with staff side representatives in order to ensure excellent employee relations in the Trust | 30/09/07 and ongoing |
| Ensure that equality impact assessments are carried out as services, policies and facilities are developed | 31/3/08 |
| Update & implement Trust Bullying & Harassment Policy and practices including access to mediation and support | 31/3/08 |
| Review the Trust's continued compliance with Improving Working Lives Practice and produce action plan to ensure that these are embedded in the Trust | 31/3/08 |
| Review and update HR Policies in line with new or revised legislation and assess how they impact on ethnic minority staff according to the requirements of the Trust's Race Equality Scheme | 31/3/08 |
| Update & implement Trust Recruitment & Selection Policy | 31/3/08 |
| Ensure that reviews are undertaken to check that pay systems are fair | 31/3/08 |
| Implement Communications Strategy to improve communications with staff | 2008-2011 |
| Review and re-implement the Trust's Staff Involvement Policy | 2008-2011 |
| Review and improve the Occupational Health Service and explore the possibility of moving towards one Service Level | 2008-2011 |

| Action | Target Date |
|--|-------------|
| Agreement | |
| Develop and implement robust action plan to achieve a year on year improvement in staffs' attitudes to working in the Trust | 2008-2011 |
| Implement Estates Strategy to provide an attractive and well equipped environment in which staff are comfortable and able to work to the best of their ability | 2008-2011 |
| Promote opportunities for flexible working | 2008-2011 |
| Research and offer meaningful non-pay benefits to our staff | 2008-2011 |
| Implement policies and practices which ensure the safety of our staff | 2008-2011 |
| Update our Staff Charter and ensure that staffs' rights and responsibilities are publicised, understood and modelled by everyone in the Trust. | 2008-2011 |
| Agree plan for locality and Trust-wide events to acknowledge and reward the hard work and long service of our staff | 2008-2011 |
| Review the Payroll Service Level Agreement to ensure quality standards are built in, and explore alternative providers | 2008-2011 |
| Undertake Post Employment and Exit Interviews in order to determine the Trusts key strengths and weaknesses from a workforce perspective. | 2008-2011 |
| Update sickness absence polices and training for managers to ensure effective recording, monitoring and supportive management of sickness. | 2008-2011 |
| Offer employees with mental health problems additional support in the workplace | 2008-2011 |
| Identify staff with competency levels beyond their role and provide mentoring, support and sponsorship with further professional training | 2008-2011 |
| Provide a clear policy and process for staff to get involved in research | 2008-2011 |
| Facilitating New Ways Of Working | |
| Develop case studies from the Trust of Agenda for Change supporting new ways of working and publicise to managers | 31/3/08 |
| Train senior HR staff in the Creating Capable Teams Methodology for Mental Health and the New Ways of Working currently being developed by the National Institute for Mental Health in England (NIMHE) and develop ways of sharing these with managers | 31/3/08 |
| Design ways to engage staff side representatives, service users and other stakeholders in the development of different ways of working | 2008-2011 |
| Research the benefits to the Trust of introducing new roles into our workforce, such as; the Support, Time and | 2008-2011 |

| Action | Target Date |
|---|-------------|
| Recovery (STR) worker, the Graduate Primary Care worker, the new black and ethnic minority Community Development Workers (CDWs), the Carer Support Workers. | |
| Support local initiatives and the roll out of piloted roles from the Changing Workforce Programme. | 2008-2011 |
| Extend roles of non-medical staff and redesign working patterns in order to adapt to provisions of the Working Time Directive. | 2008-2011 |
| Improve Workforce Planning And Design | |
| Implement basic ESR system | 31/7/07 |
| Identify how workforce planning is best provided to the Trust and implement | 31/12/07 |
| Fully implement Electronic Knowledge & Skills Framework | 31/3/08 |
| Implement all aspects of ESR | 2008-2011 |
| Introduce benchmarking to enable the Trust to assess how well we are performing against other NHS organisations. | 2008-2011 |
| Develop a robust and fully effective workforce design and development programme using the NIMHE Workforce Design and Development Best Practice Guidance published in March 2003. | 2008-2011 |
| Developing Human Resource Capacity and Capability | |
| Review the remit of the Corporate and Directorate Human Resources function | 30/9/07 |
| Place an experienced HR Manager in each locality in order to fully support their service plans (depended on office space in each locality) | 1/9/07 |
| Agree revised KSF outlines for senior HR staff including strategic change management and new ways of working. | 31/10/07 |
| Implement Human Resources function review | 31/12/07 |
| Review how investigations are carried out and how investigating officers are trained and implement action plan | 31/3/08 |
| Ensure that a senior corporate HR manager has the a lead for equality and diversity | 31/12/07 |
| Develop and implement in-team and corporate training packages for managers on a range of HR issues | 31/3/08 |
| Implement a Service Framework for Medical Personnel, including outlining service expectations, setting out and communicating responsibilities of HR, medical staff and management | 31/3/08 |
| Provide training and development to senior HR staff to meet revised KSF outlines and agree revised KSF outlines for other HR staff | 2008-2011 |
| Provide training and development to other HR staff to meet revised KSF outlines | 2007-2011 |
| Explore and implement more effective use of the intranet for the provision of basic HR advice to managers. | 2007-2011 |

