

FOI 0364/2023 Response

Request

Dear Sirs/to whom it may concern,

Under the Freedom of Information Act 200, I hereby wish to make an application to obtain a copy of the Staff Feedback Survey report that was conducted by Simon Johnson (Engagement Consultant) in December 2022.

***Clarification: It was the Staff Feedback Survey report that was conducted by Simon Johnson (Engagement Consultant) in December 2022 which was commissioned by BSMHFT but involved respondents including myself from BCHC (as I work at HMP Birmingham for Primary Care).

I would like a copy of the final full report and also a copy of the information that was stored by Simon Johnson under a tab on his laptop detailing my response during the meeting. This request pertains to the information I divulged as part of the feedback interview which took place on 15/11/22 at 13:00-14:00. I am aware that a named tab had been created on Simon's laptop to document & store my comments to later collate a report from this information to identify common themes.

Response

Please see below for the requested staff feedback survey report.

Please note that as mentioned in previous correspondences, the data in relation to your comments that were stored by Simon Johnson will be managed and responded to as a Subject Access Request (SAR). This is because the information relates to your personal information.

Dear Colleagues,

Thank you for taking the time to speak to Simon about your experience of working in offender health. This work was commissioned to explore the experiences of our staff so that it will maximise the engagement and involvement to drive quality and safety within offender health, enhancing the experiences of both staff and service users. As a senior leadership team, we have all heard the feedback from Simon. We are determined to work with you all to transform a cultural change which is locally led and supported by both organisations. We have full faith in Dave to lead this piece of work locally with the support of prison management.

Hardip and I do visits to prison, and we are available to meet anybody if needed. Please contact Sue Tombs who will help us to arrange the meeting.

Feedback from Simon Johnson

I would like to thank the staff members that took time out of, what I know to be, your very busy days and I hope that you felt that it was a justified use of time.

I had some quality conversations with you, and I was able to work out, through your openness and candidness, a number of themes that came through clearly. It is worth stating that some of those themes were polar opposites of each other, which was a theme in itself – that depending on how you feel you are being treated or your personal preferences, as to your opinion. Of course, this does not make it easy to decide a best way forward, when people sometimes want different things. An example of this could be whether your role is one where you are less affected by other people's decisions in comparison with those in roles making the decisions.

Regarding resource, I spoke with many of you about a sad irony. Many people mentioned that the workforce numbers are tight and how that affects you and the patients. The irony comes in, as I said to some of you, that this is not going to improve if people continue to describe (as many did to me) their working experience.

It is not unusual for me to hear feedback from staff talking about things that effectively relate to behaviour and I shall always be very clear to organisations that behaviours must be managed, from recognition for excellence to robust management of the unacceptable. Anything less disengages staff and will allow a culture that says inappropriate behaviour is okay around here, and that is not a message any organisation should be complicit to.

The challenge for me in this particular piece of work was the fact that there were a number of employer organisations potentially involved, although all the feedback I had came from BCHC staff and BSMHFT staff. There were various ways to provide me with feedback and they ended up coming from face to face or Teams one to one meetings, via a survey I ran or through email/anecdotal routes. The difficulty was sometimes there was crossover of feedback and may relate to either employer, and it was important for me to try and be as clear as I could be which area the feedback was coming from.

I have to say that what shone through, was people's love for the actual job and often the enjoyment of working in what can be a very fulfilling environment.

I had a Teams call with the Senior Leadership Teams across the healthcare providers on 17.1.23 to cover the feedback, ensuring to protect all individual's specific stories and rolling these up into themes. They were highly professional and receptive, even though some of it was especially hard to hear.

To give you all an idea as to how detailed the feedback was, it took more than 90 minutes of only me talking to cover it, giving it enough attention to make some points very clear, whilst trying to get the balance right.

There was a lot to cover, and I have suggested that the detailed document I went through is shared with you all for transparency, but as a summary it included the following in alphabetical order:

Accountability – this covered various points but essentially related to there sometimes being an attitude of “that’s not my job it is yours” and not always being proactive, especially relating to things like ordering replacement items, quite within the gift of most staff but deemed to be for someone else to do

BCHC – I was very clear with the senior leadership of BCHC about the amount of feedback that pointed to very specific concerns that exists within its own staff. In hearing the feedback there needs to be a review as to how HR interacts with senior leadership to ensure that staff concerns are heard and understood in the future.

It is my understanding from the SLT on the call that work is underway to address some already known concerns and a commitment to review this feedback in detail and work with the SLT in BSMHFT to be joined up in approach.

Behaviours – needless to say there was a lot to cover in this particular section and the feedback I provided ranged from the good, the bad and the ugly. This included hearsay, gossip, passion for the work, poor timekeeping, not addressing concerns or known issues but also some staff talking about recent changes in leadership offering hope and even the fact I had been asked to talk to staff, was seen very much as a good thing (assuming it leads to positive change).

BRT/Nursing – the feedback here related to the challenge relating to changes in roles and also the ongoing difficulty of covering hatches or moving away from the day to day role, more than is comfortable for some staff. This was an example of a polarised viewpoint as some feedback spoke of a willingness to help but it feeling like advantage is being taken to others feeling there is not a willingness but a reluctance to help, when the tender was based on all sides pulling together. This does need ironing out to find a happy balance but any unacceptable behaviours addressed where the reluctance is, in fact, obstruction.

There were concerns raised about the Wellness Clinic not happening as regularly as it is meant to and the impact of that on process and the potential health and wellbeing of the patients.

The Mental Health Team provided various feedback but in the main (with some helpful suggestions for improvement) spoke of supportive leadership and an open culture, where they felt safe to speak up. There was conflicting feedback relating to the relationship with BCHC and how Primary Care Nurses sometimes behave towards Mental Health Nurses, and in a way that they feel they are treated in an inferior way, which was not acceptable as each has a key role to play.

Communication – there was various feedback relating to there being more focus required to communicate effectively and efficiently, with a range of options for staff to give and receive messages.

Cranstoun – no specific feedback was provided.

Development – this was varied, with some positive examples provided but also some concerns regarding opportunities, especially for Health Care Assistants. There was further feedback stating that some staff felt that people had been promoted too quickly in the past and were not always the best person for the job, with nepotism and favouritism suggested.

Equality, Diversity and Inclusion – unusually there was not a tremendous amount of feedback relating to this topic, but what there was mainly came from the white British staff talking about the feeling that things did not always seem balanced and there being fairness for all but not at the expense of not addressing things in someone not white, for fear of being seen to be discriminating. There was good feedback relating to disability and being treated fairly.

General – this is the section where I cover numerous themes that did not fall within a specific topic but I felt was important to include and the overall document should be reviewed (as with all the sections) for further details but had themes such as the challenges of working across multiple organisations (including within prison staff). There was some feedback relating to pathways that was captured for further review as it related to process. Staff health and wellbeing and the need for a space to find calm/sanctuary. This section also talked about the feeling that staff within the prison, working within healthcare, were often left feeling overlooked/under regarded or poor relations to the wider organisation. This felt especially true at the height of the Covid pandemic, where staff felt they were not allowed to work from home (when they felt they could/should have) or not seeing any senior leadership from the executive/Board – thus, feeling uncared for.

Leadership – there was a lot of feedback here that related to a sometimes polarised view as to what styles people preferred, due to some changes within BSMHFT, but the overall sense I got from the feedback is that there is a mainly positive view that recent changes could offer hope and opportunity to change for the better. Past leadership was either spoken about in a way that the previous style suited them or not. And that was very clearly the case, with the higher proportion saying that the previous leadership had a downside from there being clearly favoured people, a lack of empowerment and that the way it was led was very top down and in a quest to meet high standards seemed somehow dictatorial. There was admiration also in there for the way the tender was approached but that certain aspects promised regarding the tender (and a subsequent review of how it was going) had not happened and needed to.

There was feedback relating to the importance of ongoing leadership development and a range of feedback relating to leadership behaviours that widely related to supportive at BSMHFT but there being some behaviours where (to some) it felt “laddish” and that needed to be reined in somewhat.

Pharmacy – the feedback here was mainly positive but some indications that the previous comment relating to leadership sometimes spilled into this area, with caution regarding ‘banter’ that did not meet with everyone’s approval. That said, Pharmacy feedback spoke of great work in addressing issues and turning around some past culture that was not okay for the better. Pharmacy also cited the fact that they are 1 of other Pharmacies within the organisation and that they are often overlooked, in the same way that Prison Services is and that this needed to change.

Recognition – staff about the importance of recognition and that this needed to be meaningful, genuine and ongoing.

Resource – a hot topic of conversation regarding the national issue recruiting to post some roles but also the importance of retaining good staff, whilst managing the underperformance of others appropriately. There was regular feedback regarding the importance or welcoming joiners warmly and with a good induction/joining process but also a robust leavers process that gathers feedback from those that voluntarily leave and makes changes or takes actions when that reason could have been prevented.

Values – there was positive feedback relating to the inclusion of this in the appraisal process but that there needed to be more emphasis on those values in day to day transactions with people.

Recommendations

Within the very detailed document that covers all of the feedback, which was covered during the Teams call with the SLT I mentioned earlier (and hopefully you have access to) I placed suggestions, comments and recommendations for improvement. So, there were many there and these should be referred to. But as an overall set of recommendations, I would suggest the following:

1. Review the entire original document with all the feedback and the survey results and pull out as many quick wins as is possible from it and put them in place
2. Create a working group to include SLT from both BCHC and BSMHFT, along with a range of staff at all levels to look at the overall feedback and agree which take priority on an agreed basis, this should be an ongoing group and as recommendations are achieved and completed others are added from the original feedback provided
3. BCHC to review its own feedback in great detail and consider what actions need to be taken.
4. Behaviours that have been identified in individuals must be addressed but it is recommended that focus is placed on the values and behaviours of the organisations, clearly detailing what is expected and what the consequences are for failing to meet them, along with following up on those consequences
5. The SLT and staff across any employer working for a healthcare provider to work together, with the absolute focus on cohesion and teamwork
6. Spend time on how best to fix the resource issue so that no staff is lost to avoidable voluntarily leavers and retaining the best

My final comment is to thank you for your trust in me and your transparency towards me. The successful change will not come if you hand this over to your senior leaders, whilst I have every faith in them to take this seriously, much of this work sits with every one of **you** and that **you** will make the difference. See the good in your colleagues, see their positive intentions or seek to understand where you are unclear, stop gossiping and all be excellent team players. Seek feedback and offer it where you are impressed or where you feel you can help a colleague to be even better.