

Running Things Your Way

Our Plans for Becoming an NHS Foundation Trust

**'People and their Development':
Human Resources Strategy 2007-12**



Note about the terms and language used in this document

Patients, service users, clients, consumers, customers

The terms above are used throughout the foundation trust strategy documents. It should be understood that all have equal meaning to the terms patient and client that are traditionally used in health and social care settings. In this document we have attempted to use them in a context-specific way.

North Staffordshire

The term North Staffordshire is used to describe the areas of the City of Stoke-on-Trent, Newcastle-under-Lyme Borough (including its urban villages) and the Staffordshire Moorlands District. All these areas fall within the North of Staffordshire County and are traditionally served by the Trust. Where the terms 'Staffordshire' and 'Stoke on Trent' have been used simultaneously or individually this will be to make specific reference to populations within the City and County boundaries.

Membership community

The term membership community is used to refer to people on our Register of Members from the local communities of Staffordshire and Stoke on Trent, service users and carers, whether these individuals are local or come from outside of the Staffordshire and Stoke on Trent area, and the staff of the foundation trust.

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CHAPTER 1

Introduction

1.1 This document

- 1.1.1 This strategy document has been developed to support our application to become a NHS foundation trust in June 2007.
- 1.1.2 The original document was produced in 2005 and went through various drafting stages as a result of a detailed process of both internal and external consultation.
- 1.1.3 Following deferment of the application we have continued to engage with staff through an online survey, a workshop and through attendance at team meetings. Details of the process of engagement and the comments received are available in a separate document.
- 1.1.4 The overall strategy has not changed from the original submission, but this document has been refreshed to take into account progress since the previous version.
- 1.1.5 The workforce planning section has been rewritten to reflect changes in service provision and commissioner requirements.

1.2 Our purpose

- 1.2.1 Our purpose is:
- “To improve the health and welfare of local communities”
- 1.2.2 This has driven our philosophy and culture for the last 12 years. The statement is supported by a set of values and principal objectives which are set out below.
- 1.2.3 Central to achieving this purpose are the concepts of both user and carer involvement and staff

engagement and we have been evolving our practices and systems to this end. More recently we have introduced an organisational development process which seeks to realise the full potential of frontline clinical teams through self direction within a framework and to involve users and carers as team members in order to achieve improvements in the quality of services. A fuller description of the approach can be found in Section 7 of this document.

1.3 Our values

- 1.3.1 We have developed a set of organisational values in consultation with our staff. The purpose of these values is to guide and influence not only the way that we work with our service users, but also the way that we work with each other in the Trust. These values are shown in Figure 1.1 and are reflected in this strategy.

1.4 Our principal objectives

- 1.4.1 We have developed a number of principal objectives for the Trust under 5 broad headings
- customer focus;
 - business development;
 - governance;
 - workforce; and
 - finance.

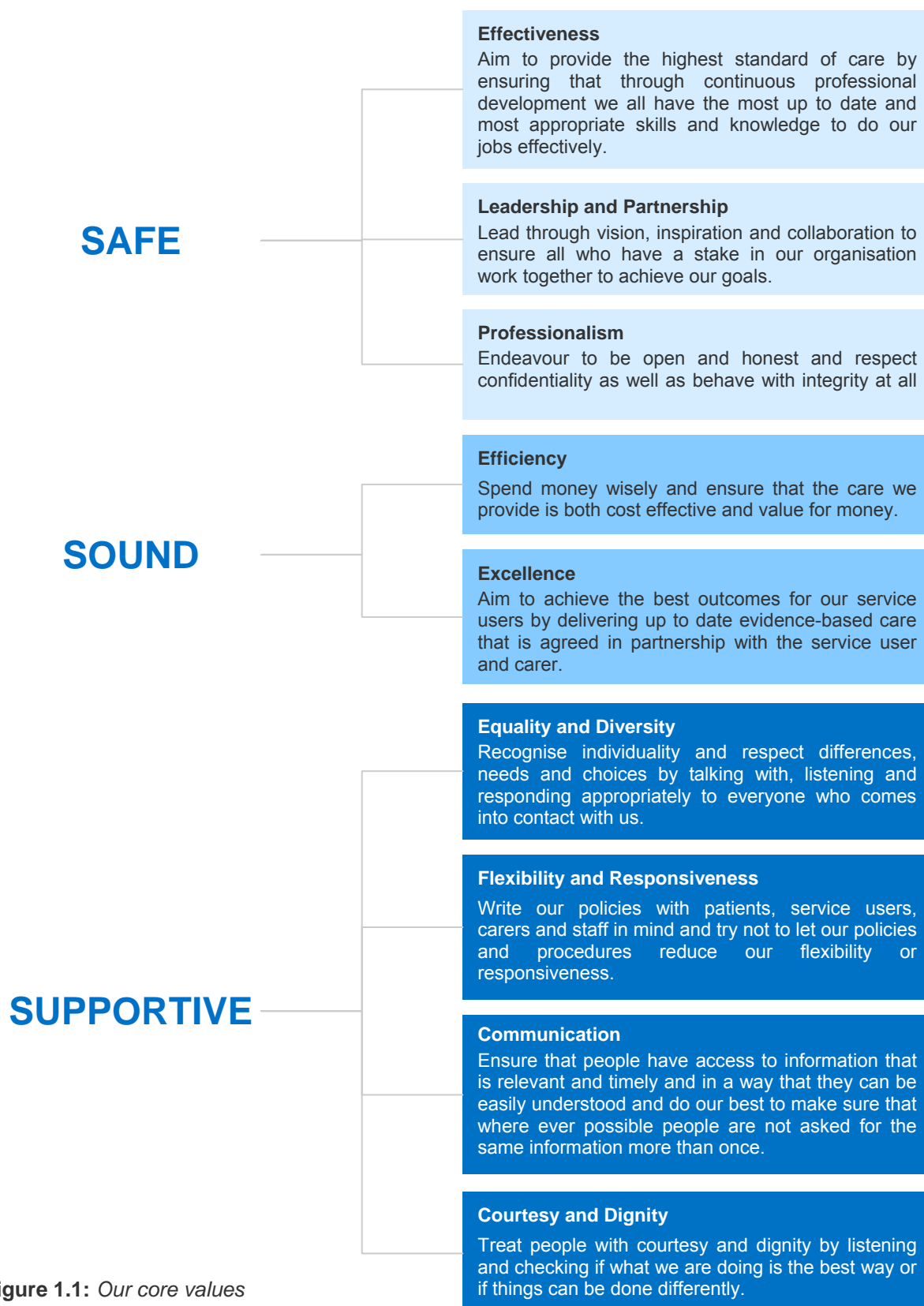


Figure 1.1: *Our core values*

1.4.2 The objectives relating to the workforce are set out in Figure 1.2.

1.4.3 Whilst this strategy is influenced by all of the principal objectives, it particularly aims to drive forward the 3 that specifically relate to the workforce. Although there is inevitably some overlap between them:

- **Chapter 5 - Your employer** addresses our need to maximise our attractiveness as an employer;
- **Chapter 6 - Your career** describes our approach to learning and development; and
- **Chapter 7 - Your team** describes how we work with teams to maximise individual contribution and to develop leadership capacity.

1.5 Why apply for foundation status?

1.5.1 In 2004 and 2005 we were rated as a 3 star trust and so were eligible to apply for foundation trust status along with other trusts providing Mental Health and Learning Disability services; albeit we currently provide an extended range of services including assessment and rehabilitation services for physically frail older people with complex needs. In 2006 we were assessed by the Healthcare Commission as ‘good’ for the quality of services and ‘fair’ for use of resources.

1.5.2 We see the creation of a foundation trust as a natural evolution for us rather than something that requires a radical change in culture. It provides an

Workforce

- 1 Maximise the Trust’s attractiveness as an employer in all relevant labour markets.
- 2 Develop and implement systems that ensure that the knowledge and skills of the workforce fully support achievement of its purpose, including compliance with all mandatory training requirements.
- 3 Develop strong leadership to ensure that the Trust’s workforce is organised in the most efficient and effective way.

Figure 1.2: *Workforce principal objectives.*

opportunity to take the concepts of user and carer involvement and staff involvement to a further level. The philosophy and thinking that lay behind our organisational development approach sits very comfortably with the concept of a foundation trust. The application process has also provided a driver for significantly improving our business focus and processes.

1.5.3 Foundation trusts have the following key characteristics:

- **part of the NHS and subject to NHS standards** legal constraints ensure they remain in the NHS, cannot be privatised, remain focussed on core services, restrict private income and cooperate with other local partners;

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- **established as Public Benefit Corporations**
greater local ownership and involvement of patients the public and staff following the model of mutual organisations or cooperatives;
 - **more democratic**
local people and staff will elect governors to sit on a Council of Governors which will help to determine the direction of the Trust; and
 - **different accountability structure**
authorised and monitored by an Independent regulator for NHS Foundation trusts (Monitor).
- 1.5.4 We are able to embark on these changes because we have a stable base both financially and in terms of our staff. There is enormous loyalty and commitment from all staff and an enthusiasm for innovation and service improvement. We have been able to recruit and retain highly skilled clinical and managerial staff, frequently against national and local shortages.
- 1.6 The benefits for staff of membership of a foundation trust**
- 1.6.1 We believe that as a foundation trust staff members would see a range of benefits:
- through membership a greater opportunity to identify with the aims of the Trust;
 - a means of demonstrating pride in the work that we do;
 - through electing staff governors onto the Council of Governors, a greater engagement in the decisions of the Board;
 - developing a stronger sense of belonging to and serving local communities;
 - enhanced communication systems;
 - greater involvement in decision making at team level;
 - closer working with users and their carers;
 - a stronger voice in shaping our future strategies; and
 - greater freedom to innovate and develop services.
- 1.6.2 We will establish systems to ensure that we regularly work with staff to identify further benefits and improvements that we can make to working lives.
- 1.7 Our success to date**
- 1.7.1 Our confidence about delivering further benefits to staff is based on our track record to date. This was set out in more detail in our preliminary application for foundation trust status. Some of our key achievements have been verified through both internal and external assessments which measure the quality of our management of people:
- holding Investors in People (IIP) for the last 8 years;
 - gaining 'Practice Plus' level in Improving Working Lives (IWL);
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- winning many national awards for health and safety;
 - scoring highly in both local and national staff surveys as a good employer;
 - scoring highly in the last 2 national Staff Surveys for the quality of our senior management leadership; being in the top 20% of Mental Health/ Learning Disability Trusts;
 - scoring in the best 20% of Mental Health trusts in 16 out of 28 measures in the 2005 staff survey;
 - being commended for our strong leadership by the, then, Commission for Health Improvement (CHI) and scoring well in their assessment of our performance on staffing and staff management; and
 - gaining Learning and Skills beacon status from the Department of Education and Skills for our Nursing Cadet scheme.
- successful recruitment to posts in shortage disciplines, including consultant psychiatrists, and overseas recruitment of nurses;
 - a wide range of service modernisation projects involving new ways of working;
 - a track record of improving staff productivity, for example, increasing activity in older people's services through enhanced community support with fewer wards;
 - a strong record of partnership working with trade unions, strengthened further through the joint implementation of Agenda for Change. Trade Unions have had a seat on the Trust Board for many years;
 - a full range of modern flexible employment policies and practices;
 - an excellent Staff Support and Counselling service has been in place for the last 10 years; and

1.7.2 There are other notable achievements to date:

- successful management of significant change programmes, including the closure of Stallington Hall and St Edwards Hospital, the creation of modernised services to take their place, and the transfer of approximately one third of our services to Primary Care Trusts;
 - a stable workforce with turnover below 10%;
 - scoring above the national average in the majority of areas covered by the Staff Survey run by the Healthcare Commission.
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CHAPTER 2

Service development strategy

2.1 A period of change

2.1.1 Over the next 2 years we will be facing a period of extensive change as local services are realigned, and the local health economy addresses serious financial deficits. However we face these changes with confidence, drawn from our successful management of significant strategic changes in recent years.

2.2 Core services

2.2.1 The trust is developing its core business in the areas of mental health and learning disabilities, particularly those which comply with national policy and local commissioning intentions. Our expertise is in providing care for individuals over long periods of time, where many agencies are involved in caring and where informal and self care are important. These services will be provided by us on our own, and in partnership with a wide range of bodies including social services, other NHS organisations, voluntary organisations, and independent sector organisations.

2.2.2 We wish to further develop a number of specialist areas including, but not limited to, repatriation of clients currently receiving services out of area, increased delivery of psychological therapies, services for people with personality disorder and interventions designed to reduce unnecessary admission to University Hospital of North Staffordshire.

2.2.3 We also recognise the importance of business systems, that the trust has a growing profile in establishing; recognising that expertise and innovation is not limited to staff with clinical

backgrounds and including those who support, advise and manage clinical services. Achieving foundation trust status will provide us with an opportunity to further develop and market these systems for the greater good of the trust and the NHS generally.

2.3 Current services not part of the medium term future

2.3.1 The service development strategy and local commissioning intentions mean that there are some of the services that we currently provide for older people that will be managed by other organisations within the local health economy. In each case the transfers will be managed in a sensitive way and through a process which involves both the staff themselves and their trade unions.

2.3.2 We will be reviewing the extent to which we are a provider of shared services to other organisations as well as the extent to which we are a receiver of such services. This review will need to be undertaken in the context of PCT reconfiguration arising from Commissioning a Patient Led NHS and be carried out with partner organisations.

2.3.3 The effect of these changes will be a reduction in the overall numbers of staff employed by us as a result of staff transferring to other organisations.

2.4 Service modernisation

2.4.1 In parallel with these changes, the Trust will be continuing the process of modernising its mental health and learning disability services, and sees significant scope for expanding and improving these. We recognise, however, that the pace of change will be significantly dependent on the ability of our local PCTs to fund any developments and on our ability to think creatively about we can improve productivity levels.

2.4.2 The Trust is confident of its ability to deliver improvements in services through a number of approaches. We will continue to seek innovation through role redesign and new ways of working. We will work with users, informal carers and partner organisations to identify who is best placed to meet specific needs; whether these are our staff, those in the statutory or voluntary sector or informal carers. We are confident of our ability to recruit and retain the specialist staff we will need, based on our success to date. We will continue to use existing approaches and where necessary to use innovative ways to attract staff to the area.

Staff Group	WTE
Medical	83
Nursing	1241
Allied Health Professionals	206
Admin & Estates	363
Support staff	77
Managers & Senior Managers	30
Total	2000

Figure 1.2: Workforce profile.

2.5 Workforce plan

2.5.1 Workforce profile

Trust currently employs a total of 2000 wte staff. Figure 2.1 shows a breakdown of the workforce profile.

2.5.2 Absence rates

Staff absence through sickness is 5.2% having reduced over the last 2 years from a level of 6.5%

2.5.3 Turnover

Annual turnover is 8.6% which is below average in benchmarking with Trusts across the West Midlands

2.5.4 Age profile

The age profile for the trust as a whole shows that 12% of the workforce are under 30 years of age, 58% are aged 30 to 49 and 30% are 50+. Within the largest staff group, nursing, 25% are aged 50+

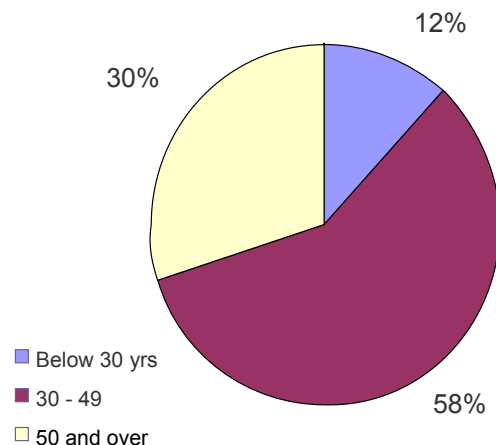


Figure 1.3: Age profile.

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- 2.5.5 In conjunction with the Strategic Health Authority, we produce a workforce plan, on an annual basis, that is designed to consider the dynamics of the current workforce including turnover, age profile and retirements. It also considers planned service changes that have emerged from our internal planning processes where clinical teams each consider their future direction. These service plans are, therefore, based on a strong staff involvement model.
- 2.5.6 One of the main functions of this workforce plan is to assist the SHA in determining the number of student places that they need to commission. For that reason the workforce projections include services that we currently manage, but may not manage in the future.
- 2.5.7 As our SDS has developed over recent months we have needed to revisit the assumptions in our standard workforce plan and have produced specific workforce projections contained in our financial model. The results of this work indicate a reduction in the workforce in the short to medium term. This is largely the net result of service transfers to and from other organisations, and the effects of commissioner disinvestment proposals. Thereafter, we expect to see the workforce numbers stabilise and changes to reflect improvements in productivity, skill mix reviews and organic growth from service developments.
- 2.5.8 There are some very clear implications for this strategy:
- the need to maintain focus and morale in those services that may be transferring to other organisations;
 - the need to manage change sensitively and support staff;
 - there will need to be a continuing drive on increasing productivity across the workforce;
 - development of new services and continuing modernisation of existing services will require the development of new skills;
 - NHS reforms and FT status will require sharper business skills;
 - we will need to attract and retain high calibre staff to work with us;
 - the process of developing new ways of working will continue;
 - we will need to continue to develop both advanced practitioner and assistant practitioner level roles;
 - we will need strong leadership skills; and
 - we will need to coach staff in understanding a changed culture and way of working, as a result of becoming a NHS foundation trust and all that this means.
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CHAPTER 3

Governance arrangements

3.1 Membership

3.1.1 Foundation trusts have been developed as Public Benefit Corporations based on the model of mutual organisations and cooperatives. The key concept behind this model is the notion of members of the public and staff becoming members of the foundation trust; thus ensuring greater ownership and control of the organisation, through electing representatives to serve as governors.

3.1.2 We have proposed that all staff will automatically become members unless they specifically opt not to be, and have written to everyone to explain what this means and provide a mechanism for opt-out, should this be the case. This mechanism has sought to ensure that there are no difficulties for staff who do wish to opt out. To date only 2 members of staff have decided to opt out and so we are confident that the application for foundation trust status has the overwhelming support of our workforce.

3.2 Council of Governors

3.2.1 The Council of Governors will be made up of members of the public and staff who have been elected to serve as governors. Additionally we have identified partner organisations such as Primary Care Trusts, Local Authorities, Universities and others who may then appoint governors on to the Council.

3.2.2 The Council of Governors has some key roles in helping to steer the direction of travel of the Trust. These can be termed advisory, guardianship and strategic. They have specific powers to:

- appoint or remove the chairman and other non executives who form part of the Trust Board;
- approve the appointment of the Chief Executive; and
- appoint or remove the trust's auditor.

3.2.3 The Council of Governors must be consulted on forward planning by directors and must meet at least once a year to receive the annual accounts and report.

3.3 Staff governors

3.3.1 We very much welcome the idea of staff governors and see it as a natural progression from our current partnership and involvement processes. We have had a Trade Union representative as a member of the Trust Board for many years now and through our organisational development programme are developing what we call "distributed leadership" roles in all of our teams.

3.3.2 We therefore have many people in the organisation who have the skills, commitment and enthusiasm to become staff governors. A crucial part of our strategy will be to ensure that these staff (and other governors) are supported, by the use of protected time with appropriate training and development to undertake their role.

3.3.3 As a result of consulting staff through a series of staff awareness and involvement sessions we have increased the number of staff governors from 3 to 5 and are proposing that this constituency should be broken down into 5 classes representing:

<ul style="list-style-type: none"> ■ medical; ■ nursing; ■ therapies; ■ administrative and management roles; and ■ support services and estates. 	<p>3.4 Management capacity</p>
<p>3.3.4 As our original application was deferred we have already been through the process of elections for staff governors and, with the exception of one category where we have a vacancy, they are in place and have been operating in 'shadow form'.</p>	<p>3.4.1 In the last year we have made a number of changes to our management and governance arrangements designed to strengthen our management capacity.</p>
<p>3.3.5 We are also in discussion with trade unions about how our current strong Partnership arrangements can best be carried forward into a foundation trust.</p>	<p>3.4.2 At Board level we have appointed 3 new non Executive Directors with a range of skills and experience specifically focussed on the needs of a foundation trust. We have appointed a new Director of Operations with wide acute sector experience in the NHS and Canada to bring a different perspective to the Trust. We have a Board Development Programme designed to further equip the Board with the skills needed to operate as a foundation trust.</p>
	<p>3.4.3 Below Board level we have realigned our operating units, have significantly strengthened our Finance Team and support for the business development function. We have commenced a development programme for general managers and recognise the need to equip managers at all levels with additional business related, financial and commercial skills through cascading this programme.</p>

CHAPTER 4

Developing this strategy

4.1 Purpose

4.1.1 The purpose of the People and Their Development Strategy is to ensure that we have:

- a quality workforce, in the right numbers, with the right skills and diversity, with shared values and organised in the right way to deliver the Trust's service development strategy.

4.2 Three key themes

4.2.1 We have had a People and Their Development strategy for the last 7 years and have based it on the national HR strategy, using many of its key concepts. We have indicated that we see the move to foundation trust as an evolution and so it follows that we do not see the need to move away from many of these concepts that have served us well. Combined Healthcare has a unique culture and ways of doing things, which we want to reflect in our strategy for the future.

4.2.2 Our plans are therefore grouped under 3 key themes:

- your employer;
- your career; and
- your team.

4.3 Structure

4.3.1 Under each of our 3 themes, we set out a series of strategic intentions through which we seek to describe the essential nature of the Trust.

4.3.2 These statements are then supported, where appropriate, by evidence that our staff have provided of our current position. This evidence has come from the most recent staff survey, from Improving Working Lives feedback and from comments made at our foundation trust staff awareness and involvement sessions.

4.3.3 Finally we set out some next steps that we propose to take.

CHAPTER 5

Your employer

5.1 Accreditation for Improving Working Lives and Investors in People

5.1.1 We were awarded Practice Plus under Improving Working Lives in 2006, We will seek to improve on the standards that we achieved.

5.1.2 We will also aim to maintain our accreditation under IIP as we have done for the last 8 years and will be assessed for re-accreditation in April 2007.

5.1.3 Current position:

- awarded IWL Practice Plus in 2006;
- in the 2005 Staff Survey we were in the best 20% of Mental Health/Learning Disability Trusts in 16 areas, better than average in 5, average in 5 and below average in only 2; and
- the 2005 Staff survey showed improvements in the majority of areas compared to 2003 and 2004;

5.1.4 Next steps:

- we will receive the results of the 2006 survey in early 2007 and will develop an action plan to address any issues that arise from this;
- we will undertake the work necessary for assessment for IIP in April 2007; and
- we will address any issues that may arise from the assessment.

5.2 Work life balance

5.2.1 We will continue to develop a culture in which everyone is valued not only for their contribution to our Trust, but also as individuals with lives outside of work. We will ensure that policies and systems are in place to enable everyone to balance the sometimes competing pressures of work and home life. This will include policies to address issues of childcare and care of older dependents and tackling any remaining areas where a long hours' culture may exist.

5.2.2 Current position:

- scored above the national position for the quality of work life balance;
- but slightly below the national position on the percentage of staff saying that they use flexible working options;
- IWL resource booklet produced, giving more information to staff;
- flexible working policy produced;

5.2.3 Next steps:

- we will monitor the take up of flexible working;
- we will continue to promote the benefits of flexible working to teams; and
- we will integrate questions about work life balance into our appraisal system.

5.3 Health and safety

5.3.1 We will continue to improve the quality of life whilst at work. This will include further work to reduce, wherever possible, the number of accidents and violent incidents, reducing the incidents of harassment and bullying, reducing the effects of organisational stress and improving the physical working environment.

5.3.2 Current position:

- in the 2005 staff survey 69% of staff had Health & Safety training in previous 12 months (below national score);
- 66% of staff work extra hours and 57% due to pressures and demands of job (below national levels and a reduction from 2004);
- 11% of staff suffered work related injuries compared to 17% in 2003 (below the national figure of 19%, but average for MH/LD Trusts);
- 38% of staff suffered work related stress (compared to 39% in 2004, but worse than national position of 35%);
- 25% of staff experienced physical violence from patients/relatives (no change from 2004 and worse than national position); and
- staff experiencing harassment, bullying or abuse from patients/relatives reduced from 27% in 2004 to 25% (below the national figure) whilst those experiencing the same from staff showed a much better position at 12% compared to 15% nationally.

5.3.3 Next steps:

- we will be monitoring the results of the 2006 survey; we will publicise the data and existing groups working in these areas will review their action plans;
- we will continue to extend the use of the Stress Audit Tool as a means of encouraging all clinical and non clinical teams to address the causes of stress; and
- we will continue with our joint training programme in conjunction with trade Unions to address the issues of bullying and harassment.

5.4 Staff involvement

5.4.1 Through the expansion of organisational development programme and through our membership scheme and other initiatives, we will ensure that staff feel able and encouraged to contribute their ideas both to the future direction of our services and to their day to day management. We will continue to create a culture in which staff are encouraged and feel able to voice their concerns.

5.4.2 Current position:

- in the 2005 Staff Survey we scored above the national score for the quality of job design which measures clear job content, feedback and staff involvement and were in the best 20% of MH/LD Trusts;

- we scored above the national score for the extent of positive feeling within the organisation, (which measures communication, staff involvement, innovation and patient care); but feedback from awareness/involvement sessions indicate that there is still more work to be done.

5.4.3 Next steps:

- we will be continuing with the roll out of our organisational development programme to devolve decision making to team level, and are extending it to non clinical teams; and
- we will be developing further ideas on how membership of a foundation trust will enhance participation and will work with our staff governors on this aspect.

5.5 Partnership with trade unions

5.5.1 We will continue to see trade unions as key partners in developing and delivering this strategy and all strategies within the Trust. The partnership has been worked on over the last 10 years and has been significantly strengthened through the joint working on the implementation of Agenda for Change.

5.5.2 We will work closely with Trade Unions to ensure that any individual or collective issues that they raise are dealt with promptly and effectively.

5.5.3 Current position:

- Trade Unions have had a seat on the Trust Board for the last 8 years;

- joint management of the Agenda for Change project;
- Trade Union representation on a range of standing groups/committees; and
- partnership agreement in place.

5.5.4 Next steps:

- we are discussing with Trade Unions how best to ensure the continued partnership working under the foundation trust governance arrangements; and
- we look forward to the introduction of Union Learning Representatives as a further extension of partnership working.

5.6 Equality and diversity

5.6.1 We will continue to promote equality and diversity as key values of the Trust and will work with key partners to promote greater representation from black and minority ethnic staff in our mental health and learning disability services.

5.6.1 Current position:

- in the 2004 Staff Survey (questions not included in 2005 national survey) 72% of staff felt we are committed to equal opportunities for all staff, compared to 67% in 2003;
- 64% said that we act fairly with regard to career progression compared to 61% nationally;
- we have undertaken training on impact assessment; but

- feedback suggests more needs to be done for administrative support staff.

5.6.2 Next steps:

- the Equality and Diversity Group will further develop their action plan;
- we will extend our programme of training on equality and diversity and on impact assessments; and
- we will review our policies and procedures in preparation for the introduction of age discrimination legislation.

5.7. Pay modernisation

5.7.1 We will continue to foster and promote new and more effective ways of working and delivering services, and will use the flexibility of Agenda for Change to develop appropriate rewards for new roles as they emerge.

5.7.2 We will use Agenda for Change to ensure that staff are appropriately rewarded for the responsibilities they carry.

5.7.3 We will continue to extend the coverage of the new consultant contract

5.7.4 Current position:

- 51% of the consultant body are on the new contract with 90% projected to be on it in 5 years;
- completed assimilation to Agenda for Change and progressing with reviews;

5.7.5 Next steps:

- we will be reviewing the opportunities to realise the benefits offered by Agenda for Change.

5.8 Communications

5.8.1 We will conduct annual staff surveys and use the Trade Union representatives, staff governors and team leads as sounding boards to identify any further enhancements that we can make to our communication systems.

5.8.2 We will ensure that we have effective systems of communication throughout the organisation to both pass information to staff and to receive feedback and ideas from them.

5.8.3 Current position:

- in the 2005 Staff Survey we scored above the national position for the extent of positive feeling within the organisation. This takes account of communications and staff involvement;
- we have introduced changes to the team briefing system and improved the staff magazine; but
- in awareness sessions staff tell us that communications could be better.

5.8.4 Next steps:

- we will be exploring how we can enhance communications with staff through our membership scheme; and

- we will be seeking views from staff on how to improve our communication processes, and acting on them.

5.9 Best practice in HR

5.9.1 We will regularly review our HR practices and policies to ensure that they remain at the leading edge of employment practice.

5.9.2 Current position:

- the Personnel team networks well with other HR practitioners locally and the Director of Personnel is the current Chair of the Shropshire and Staffordshire HR Network and is also a member of the West Midlands PCT and Mental Health Trust HR Directors Network, The team will be regularly reviewed to ensure that it has the capacity and capability to address the agenda.

5.9.3 Next steps:

- in 2007 we will complete the introduction of the Electronic Staff Record that will significantly enhance the quality of our data and data processes;
- we will integrate HR metrics into the Trust balanced scorecard and the management information pack (see section 8); and
- we will continue to benchmark with other similar organisations.

5.10 Management of change

5.10.1 We will manage the process of strategic change in a way that is sensitive to individuals' needs and wishes and involves both the individual and their Trade Union in the decision making process.

5.10.2 Current position:

- a track record of successfully managing major strategic change.

5.10.3 Next steps:

- we will review our Management of Change policy with staff and trade unions to ensure that it continues to reflect best practice.

5.11 Increasing productivity through new ways of working

5.11.1 We will continue to look for innovation and ways of adding value to the services we provide.

5.11.2 We have a track record of improving productivity through new ways of working.

5.11.3 Current position:

- increasing patient activity in older people's services by enhancing community support and bed management processes leading to the need for fewer wards;
- introduction of advanced nurse practitioner and nurse consultant roles;
- enhancing the role of nursing support staff;

-
- we have established and appointed to a post of General Manager – Service Redesign to lead on this work; and
 - expenditure on medical locums has reduced from £1.8m in 2003/4 to £0.8m in 2006/7 and is projected to reduce to £0.5m in 2007/8
- reducing sickness levels;
 - we will enhance productivity through further skill mix reviews; and
 - we will work with the Deanery on the Modernising Medical Careers process.

5.11.4 Next Steps:

- we will utilise NIMHE's document '10 high impact changes in mental health services' to focus work on service modernisation and redesign;
- we will continue to focus on

CHAPTER 6

Your career

6.1 Learning strategy

6.1.1 We have developed a Learning Strategy, which sets out our key aims. It is based on the following values:

- fairness and equity (access, identification and selection);
- flexibility (flexible learning opportunities);
- effectiveness (patient focused and learner led); and
- partnership (multidisciplinary, multi-organisational learning).

6.1.2 This strategy is supported by a Trust learning plan through which we will continue to address the training and development needs of our staff to ensure that we have a workforce that has the confidence, skills and flexibility to meet the needs of the communities to whom we provide a service.

6.1.3 Current position:

- in the 2005 Staff Survey 98% of staff had received training in the last 12 months;
- responsibility for training and development has been transferred to the Personnel Directorate;
- strengthened systems supporting mandatory training; but
- in awareness sessions staff tell us that there needs to be better access to training for some groups

6.1.4 Next steps:

- the introduction of the Knowledge and Skills Framework will greatly enhance our ability to undertake training needs analysis and to target our resources to key learning objectives; and
- implementation of ESR in 2007 will improve our training records system.

6.2 Leadership

6.2.1 We recognise the importance of leadership skills at all levels of the organisation and will develop these skills through a range of internal processes and the use of accredited external programmes.

6.2.2 Current position:

- 2004 Staff Survey (no equivalent question in 2005 survey) in the top 20% of mental health/learning disabilities trusts for the quality of senior management leadership;
- leadership and management development strategies under review;
- 360 degree appraisal being introduced for leadership roles utilising the Leadership Centre assessment tool;
- cohorts of staff have attended Clinical and non clinical leadership programmes; and
- leadership programmes being developed.

6.2.3 Next steps:

- we will further develop our leadership programmes and extend the use of the Leadership Qualities Framework; and
- we will introduce a range of development programmes for the Board, senior managers, governors and other key groups of staff.

6.3 Appraisal

6.3.1 We will continue to ensure that everyone has a regular Personal Review which utilises the Knowledge and Skills Framework to develop a Personal Development Plan linked to the team's plans and those of the Trust.

6.3.2 Current position:

- in the 2005 Staff Survey 74% of staff had been appraised in the previous 12 months (compared to 60% nationally and placed us in the best 20% of MH/LD Trusts);
- 45% said it was well structured (compared to 32% nationally and placed us in the best 20% of MH/LD Trusts); and
- 61% said they had a Personal Development Plan (compared to 47% nationally, again in the best 20% of MH/LD Trusts);

6.3.3 Next steps:

- we will continue the programme of training to support the integration of the Knowledge and Skills Framework, into the appraisal

system; and

- we will continue with the development of job outlines for the Knowledge and Skills Framework and work to increase the coverage and quality of appraisal.

6.4 Skills development

6.4.1 We will continue to ensure that we use the concept of the skills escalator to ensure that responsibilities rest at the most appropriate level of staff and that they receive appropriate training and support to carry out any enhanced roles.

6.4.2 Current position:

- track record of a range of projects focussing on changing working practices;
- wide range of new roles and teams introduced such as integrated mental health teams; and
- examples of role enhancement such as nurse prescribing.

6.4.3 Next steps:

- through or organisational development processes our teams will continue to review their working practices and through the involvement of users and carers will identify new ways of working. Skills programmes will support any changes;
- we will use the NIMHE10 high impact changes document as the basis for further reviews of working practices; and

- in particular we will develop the level of business and commercial skills within the organisation.

6.5 Career development

6.5.1 We will encourage staff to develop their careers. We will complete our current nursing cadet scheme which encourages young people into nursing and will promote our own lifelong learning scheme and the NHS Learning Accounts as ways of encouraging staff back into learning.

6.5.2 Current position:

- NVQ Centre supports a wide range of NVQs across staff groups;
- basic skills programmes in literacy and numeracy offered in conjunction with Stoke College;
- lifelong learning scheme offers financial support for personal learning not linked to work; and
- sponsorship scheme for HCSWs to enter nurse training.

6.5.3 Next steps:

- we will review the range of basic skills and NVQ courses available to staff; and
- we will continue to explore ways of opening up access to NHS careers through appropriate training schemes targeting mature students as well as younger people.

6.6 Partnerships in learning

6.6.1 We will continue to work with partner organisations such as neighbouring trusts, the strategic health authority, universities and other education providers to ensure that learning and development is delivered in the most effective way.

6.6.2 Current position:

- formal partnership agreement with local PCT;
- working collaboratively across the health economy to develop training facilities; and
- actively involved in local Partnership Board.

6.6.3 Next steps:

- we will undertake further work with partner organisations to secure improved training facilities; and
- we welcome the opportunity to work in partnership with Union Learning Representatives when the first group have been trained.

CHAPTER 7

Your team

7.1 Developing teams

7.1.1 Our development work with teams is built on evidence based research. It is designed to develop self directed teams within a framework where the framework ensures that we work and act in accordance with NHS standards and professional codes

7.1.2 It is a dynamic process that ensures that Trust requirements around service improvement and clinical effectiveness are achieved at team level; where teams working in partnership with the customer are given the knowledge and power to make decisions within clear boundaries.

7.1.3 It recognises that clinical teams have the knowledge and skills needed to improve services and gives them the tools and responsibilities to make a difference. Pursuing this managed approach to healthcare delivery is consistent with the ethos of decentralisation and local accountability that underpins the concept of NHS foundation trusts

7.1.4 It is designed to help teams, including service users and carers, agree a shared vision for the future, and identify areas for development and work together to make it happen.

7.1.5 The approach brings together three key areas:

- **team development**
giving teams, including users and carers, the permission, freedoms and support to use their knowledge, skills and experience to create and provide better services by working more effectively and innovatively together;

- **quality and governance**
enabling teams to safeguard quality by developing their ability to deliver safe and effective services based on nationally recognised standards; and

- **performance management and assurance**
ensuring that all teams deliver real service improvement by monitoring their own progress towards agreed objectives and providing assurance at team and Trust level.

7.1.6 We expect, and research suggests, that this way of working will improve our customer's experience of care and support from the Trust. A 'bottom up, top down' dynamic will in turn mean that this experience will contribute to shaping continuous improvement and help to inform and meet the Trust's strategy, objectives and ensure the safety and quality of services. It supports an integrated approach to everything we do.

7.1.7 So far local research by the Clinical Effectiveness Research Unit (CESU) has highlighted some encouraging results, specifically around a renewed sense of team working and greater flexibility to innovate.

7.2 What difference will our approach make?

- 7.2.1 The strong framework created by NHS standards and professional codes of practice is communicated and understood, enabling teams to have clarity on the freedoms open to them
- 7.2.2 Increased shared learning and innovation where exceptional good practice can be exploited throughout the Trust
- 7.2.3 More sophisticated and effective methods of involving the customer where services respond to expressed need and therefore improving the customer's experience.
- 7.2.4 The key objectives of the Trust including compliance with Standards for Better Health are met at team level and therefore embedded across the organisation.
- 7.2.5 Staff will feel more positive about working for the Trust, evidenced by greater retention and lower sickness and absence rates, more positive staff to staff and staff to customer relationships and staff performing at their best.
- 7.2.6 A synergy between the Trust's direction and activities with that of teams direction and activities created by 'bottom up, top down' involvement processes
- 7.2.7 Effective leaders that inspire and build confidence across the Trust.
- 7.2.8 A culture that positively enhances the success of the Trust.

7.3 Support

- 7.3.1 Our team development portfolio is a written guide to the various processes involved in the programme. Additionally, support will be provided to teams from the following areas:
- Organisational Development Team and systems;
 - Performance Management Team and systems;
 - Delivering Health system and training in its use;
 - Clinical Governance Team;
 - Public and Patient Involvement Team;
 - Staff Support and Counselling Service.

7.4 Evaluation and research

- 7.4.1 Our organisational development programme is being supported by a research and evaluation programme to ensure that it achieves the expected benefits and to provide an evidence base for further development. We intend to train users and carers to carry out some of this research.

CHAPTER 8

Performance Management Framework

The Trust's Performance Management Framework (PMF) plays a key role in the Trust's drive for excellence, providing a means to review and improve organisational performance by linking and aligning individual team and organisational objectives and results.

8.1 Balanced scorecard and management information pack

8.1.1 During 2006, the Performance Management Framework has been further enhanced following a comprehensive review and the introduction of a Trust specific balanced scorecard and management information pack. The main purpose of this improved system is to support the Trust in delivering its Principal Objectives, track performance, understand the balance between outcomes and target improvement.

8.1.2 The balanced scorecard has been incrementally introduced throughout 2006/7 and was formally approved by the Trust Board in December 2006 and implemented at quarter 3 2006/7 reporting. The balanced scorecard and management information pack contain a series of metrics designed to target improvement and measure performance.

8.1.3 For the workforce business priority area, a series of key performance indicators (KPIs) have been agreed, which both target improvement and measure performance, against each of the three principal objectives. Performance against the KPIs is assessed on a quarterly or monthly basis, as appropriate, and reported to the Trust Board as part of the balanced scorecard or management information pack.

8.1.4 The Workforce section of the balanced scorecard has been developed with a focus on the national HR Metrics and the key aims are to:

- review performance against a range of HR measures;
- measure the impact of HR on the performance of the organisation and the balance between priority areas; and
- compare the trust over time with other organisations through consistent benchmarking.

8.2 Key performance indicators

8.2.1 A number of key performance indicators are already operational within the balanced scorecard and will continue to be monitored regularly with a view to targeting improvement. Whilst strategic planning has been strengthened through the development and introduction of our strategic planning cycle there is a need to make further improvements through an integrated approach to planning at service level, corporate planning, workforce, activity and financial planning and their links to strategic planning cycle. The KPIs within the balanced scorecard designed to target improvement are listed below. The KPIs will be further developed as progress is made in each of these key areas:

- **KPI 12.2** - alignment of finance and workforce systems;
- **KPI 14.1** - effective Integrated workforce planning arrangements;

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- **KPI 14.2** - implementation of the ESR; and
 - **KPI 15.1** - implementation of the KSF
- 8.2.2 The balanced scorecard and management information pack contain a number of workforce related Key Performance Indicators to measure performance. The following areas are already fully operational:
- **KPI 12.6** - total staffing costs including agency, bank, locum and temporary staff spend;
 - **KPI 14.4** - level of staff satisfaction: Individuals who are thinking of leaving the Trust as they are unhappy with their current job role;
 - **KPI 14.5** - full staff survey results;
 - **KPI 14.6** - IIP accreditation ;
 - **KPI 15.2** - staff attendance against the mandatory training programme;
 - **KPI 16.1** - sickness absence; and
 - **KPI 16.2** - turnover of workforce
- 8.2.3 Additional Key Performance Indicators are contained in the balanced scorecard but are currently under development. It is planned that reporting will be improved, with improved statistical data with drill-down capability, although this reporting will be finalised following the implementation of the ESR when there will be additional data quality and assurance checks to ensure that data is robust:
- **KPI 12.5** - vacancy controls;
 - **KPI 12.7** - total staffing numbers (wte & headcount); and
 - **KPI 14.3** - establishment controls
- 8.2.4 Other areas that are regularly reviewed include the number of Consultants who have received an annual appraisal and have a PDP; the number of other staff within clinical teams who have an annual appraisal and the number of clinical teams which have completed a Training Needs' Analysis. When all KPIs listed above are fully in place, there will be a development programme to further develop indicators in the areas of: learning and development; all staff with a PDP; increasing productivity through new ways of working; equality for, and diversity of staff and staff profiles.
- 8.2.5 A final area for development is the need to ensure that there is a rigorous system of benchmarking to the staffing establishments and outcomes of other mental health trusts. This will continue to be developed throughout 2007/8.
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HUMAN RESOURCES STRATEGY

Key Points

- We have developed a Human Resources strategy that will ensure that the proposed new foundation trust has the staff and skills it needs to deliver high quality services.
- Our systems and processes ensure that staff are fully involved in planning and developing services.
- We have a performance management process that will ensure that we deliver against the strategy.



**Head Office:
North Staffordshire Combined Healthcare NHS Trust
Bucknall Hospital
Eaves Lane
Stoke on Trent
Staffordshire
ST2 8LD
Tel: 01782 273510 Web: www.nsch-tr.wmids.nhs.uk**

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