

# Foundation Trusts

# Contents

Amicus guidance to workplace reps/stewards foundation trusts	
Amicus policy	Pg. 3
Social partnership	Pg. 3-4
How will this guidance help amicus workplace reps/stewards?	Pg. 4
Will Agenda for Change apply to foundation trusts	Pg. 4
What additional 'freedoms' apply to foundation trusts	Pg. 4-5
Why is the human resource strategy so important?	Pg. 5
What should workplace reps/stewards look for in the human resource strategy?	Pg. 5
Will employees be subject to an 'Transfer of Undertakings' (TUPE)?	Pg. 5
A checklist for workplace representatives/stewards	Pg. 5-6
Employee involvement on the Board of Governors	Pg. 6
Action for workplace reps/stewards and Health Sector Branches	Pg. 6-7
Non-NHS Bodies setting up Foundation Trusts	Pg. 7
The Regulator	Pg. 7
Summary of checks and balances	Pg. 7
Commissioning services	Pg. 7-8
Action for reps/stewards	Pg. 8
Working together	Pg. 8
Useful Website addresses	Pg. 8

Appendices

Response of Kings Staff Committee to Consultation on Foundation Trusts

App. a - pg. 9-21

# AMICUS GUIDANCE TO WORKPLACE REPS/STEWARDS FOUNDATION TRUSTS

# **AMICUS Policy**

Amicus joined with other unions at the 2003 Labour Party Conference to urge the Government to think again before going ahead with plans to establish Foundation Trusts. The unions welcomed the Labour Government's unprecedented investment in the NHS but warned that pushing through Parliamentary approval of the Health and Social Care Act would heighten fears that the Foundation Trust model is ill-conceived and may result in further inequalities in the provision of health care services and between NHS employees.

It seems clear from the first batch of applications for Foundation Trust status that this has not lead to privatisation of health services. Yet there remains deep-rooted suspicion about the potential of private sector bids to set up Foundation Trusts as non-profit bodies or the transfer of Foundation Trusts to private sector management. The latter could be particularly worrying for professions seen as one step away from clinical care. (See Appendix A, Response from the joint unions of Kings College NHS Trust to the initial consultation document.)

What is certain is that their effect in terms of the delivery of healthcare is unknown.

#### **Social Partnership**

It is an unfortunate contrast that the documents outlining details of the Foundation Trusts talk much about democratic community involvement in the delivery of healthcare - not because this is a bad thing - but because there was no democratic community involvement in developing the plans. Trade unions are now recognised as important stakeholders in delivering a modern health service and yet we were not involved in the formulation of this major and controversial policy development.

So we welcome the commitment by the Prime Minister to properly consult with trade unions on modernisation of Public Services in order to achieve a more effective change. Amicus is represented on the newly established Public Services Forum and we remain committed to the Government's programme of investment and reform. But this has to be reform with the purpose of improving healthcare for working people. Reform must also avoid alienating the skilled and professional workforce essential to the delivery of healthcare services.

We want to see a third term Labour Government sustain and further boost levels of investment in the NHS. The alternative is unthinkable, namely a Conservative Government driving the promotion of individual responsibility for providing healthcare. This will certainly result in a two-tier service and an exacerbation of

health inequalities. Amicus workplace representatives/stewards are working within the first batch of approved Foundation Trusts to ensure that two tier standards, setting one hospital against another, do not materialise. Our members and workplace representatives/stewards are facing challenges within the second round of Trusts that have applied for Foundation Trusts status.

# How will this guidance help Amicus workplace representatives/stewards?

The purpose of this Guidance to workplace representatives/stewards is to provide information and a guide to action. The level and nature of local campaigns will vary however all our members employed by NHS Trusts have a common goal and that is to keep the NHS a national public service, free at the point of delivery, with fair pay and equity between professional and occupational groups. That means our workplace representatives/stewards will join, and in some cases lead, local campaigns against Foundation Trust status. Yet at the same time they will ensure that if changes do go ahead it will be with the full involvement of Amicus working for and on behalf of our members.

# Will Agenda for Change Apply to Foundation Trusts?

In unilateral meetings with Ministers, advisers and DoH Officials and at meetings convened by the Trade Union Congress (TUC) Amicus consistently pushed for a clear commitment on workforce issues.

- Foundation Trusts are not Early Implementer (EI) sites. The assessment of Agenda for Change (AfC) will be based on the monitoring facts from the twelve EI sites as agreed as well as the four pilots in Scotland.
- The proposed schedule for roll out of AfC of October 2004 will be the same for Foundation Trusts as all other health service employers. Amicus members will be balloted in September 2004 to endorse or reject AfC.
- Applications to the Secretary of State for Foundation status must demonstrate a clear commitment to AfC, this being a condition for approval.
- The relevant legislation is being amended to ensure Foundation Trusts remain in the NHS pension scheme.
- Foundation Hospitals will be able to access the National Litigation Authority's services.
- Foundation Trusts will have the freedom to award recruitment and retention premia above 30 per cent without prior approval of the new Staff Council however the justification for such action as set out in the proposed agreement applies as this is based of Equal Pay for Work of Equal Value statute and guidance.

This amounts to a commitment by Government to national terms and conditions of employment although if management transferred into private hands would this commitment be enforceable is a key question.

# What additional 'freedoms' apply to Foundation Trusts?

Chapter 8 of the Agenda for Change Proposed Agreement (www.doh.gov.uk) explains what these are. They include the possibility of 'cafeteria' benefits, in other words a pick and mix of contractual entitlements within equivalent value to the standard AfC benefits. This is still not common Human Resource practice within the UK and can be complicated to administrate. Unions have expressed concerns about

employees trading one employment entitlement off against another as hours, annual leave and paid sick leave should be a carefully balanced package and available to everybody irrespective of pressures individuals may face. The example of individual choice set out in the Proposed Agreement, greater leave entitlement but longer hours would require careful monitoring.

#### Other 'freedoms' include:

- The establishment of new team bonus schemes and other incentive schemes;
- The establishment of schemes offering additional non-pay benefits above the minimum specified elsewhere in this agreement;
- Accelerated development and progression schemes.

All potentially could put extra pay into our member's pockets but how will these additional costs be met? This is where the Human Resource Strategy comes in.

# Why is the Human Resource Strategy so important?

To get Secretary of State approval applicants for Foundation Trust Status must consult our workplace representatives/stewards on the Human Resource Strategy giving sufficient time for detailed comment, discussion and change.

Where partnership is well established there may already be agreement on what this would look like. King's College Hospital NHS Trust (Appendix B) shows an approach that is likely to be acceptable to most union representatives/stewards.

# What should workplace representatives/stewards look for in the Human Resource Strategy?

- Clear commitment to partnership working with the recognised unions
- Details of how education and training will be delivered and funded
- Concrete plans to address staff shortages
- Action to tackle institutionalised discrimination ensuring a diverse workforce at all levels of the organisation
- Close consultation with other local employers before implementing change, including recruitment and retention premia
- Commitment to best practice performance standards

# Will employees be subject to an 'Transfer of Undertakings' (TUPE)?

No. The will be no change of employment status or continuity. AfC applies and so do the criteria for breaks in service and movement between employers that are important in particular circumstances, for example when pregnant and changing jobs within the NHS.

## A Checklist for workplace representatives/stewards

- 1. Is your NHS Trust putting forward an application for Foundation Trust status? (See Appendix D)
- 2. Has Amicus been consulted on the application?
- 3. Has Amicus been consulted on the HR Strategy?
- 4. Is there time to talk about and amend the draft HR Strategy following consultation?

5. Have Amicus workplace representatives/stewards involved in consultation access to all necessary facilities, including funded backfill?

Reps/stewards should get agreements covering all five points.

# **Employee involvement on the Board of Governors**

Amicus can help mobilise members and their families to stand as community candidates for the Board and ensure that these candidates are successful in any democratic selection. To date there are very few candidates in some Foundation Trusts coming forward. This inevitably will result in poor levels of involvement by local community representatives and questions a key plank of the Government's policy to place decision-making in the hands of local people.

The Government needs to create trust by making it clear that it will resist pressure from the existing Boards of the Trust and the most powerful professional associations to dilute proposals for greater and improved democratic participation in the running of the Foundation Trusts.

It is also essential for Government to lay down guidance that will introduce openness and transparency. In the case of one applicant for Foundation status the annual finance is £300 million with 5000 staff providing complex and technical services. Support is essential to ensure inclusive and effective governance.

Staff involvement in the Board is a requirement but it is already clear that without solid organisation too few places will be allocated for employee governors. Amicus supports the view that trade union representatives should hold some or all of the places set-aside for employee governors. It is important to establish by consultation the relation between the Board of Governors and the Staff Side and Staff Side Representatives. The paid executives, for example the Chief Executive and other Directors who are already responsible for day to day management, continue in this role. It is they who decide, in consultation and by agreement with union representatives, any changes to terms and conditions of employment. The Board of Governors is involved in strategic decisions not day to day management.

# Action for workplace representatives/stewards and Health Sector Branches

- 1. Make sure that employee representatives go beyond only medical and nursing representatives by getting a sensible proportion of employee governors to ensure this is achieved, about 6 seems to be emerging good practice.
- 2. Seek agreement that employee governors are union representatives/stewards.
- 3. Establish a clearly defined remit in the Board of Governors' constitution that clearly defines the role of employee representatives and their relationship with staff side.
- 4. Secure commitment that the employee representatives will not be used as a substitute for proper consultation with staff side or to second-guess staff side decisions.
- 5. Decide on Amicus candidate/s and secure support.
- 6. Establish arrangements for Amicus representatives on the Board to report back to Amicus Health Sector Branches to enable Branches and members to monitor the accountability of the Board.

The following questions during consultation are relevant to trade union and community members:

- When will the first election of Board members take place?
- How many Board members will there be?
- What plans are in place to ensure Board representatives reflect the local population?
- Will Board meetings be open to the public?

# Non-NHS Bodies setting up Foundation Trusts

Clause 5 of the Health and Social Care Bill provides for charities and voluntary organisations to set up Foundation Trusts. The Government claim is that there is 'no route for private sector organisations to use Foundation Trust status for commercial gain'. Nonetheless Amicus reps/stewards must be vigilant in alerting the national health sector team of any proposals to establish Foundation Trusts by any organisation that is not already an NHS employer.

# The Regulator

The role of the regulator is defined as being regulation not direction. What this means in practice remains to be seen but the Regulator can intervene where there is cause for concern. The Government rejected the unions call for a democratically accountable regulatory body and have instead appointed an individual Regulator, William Moyes. The Regulator issues the licence to operate and sets the term of authorisation, which is a public document open to scrutiny. Other elements of the Regulator's role in relation to finance are within the next section.

## Summary of checks and balances

Stinging criticism of Foundation Trusts have in part led to clarification of the intended checks and balances to safeguard the public. All NHS national standards will apply to Foundation Trusts and the Healthcare Commission is the inspection and audit body as for all other NHS organisations. NHS services must be free at the point of delivery and any expansion of private health care must be matched by expansion of NHS care. Foundation Trusts can borrow money but this must be within limits set by the Regulator who has published a 'prudential borrowing code'. There are legal lock preventing 'demutialisation'. Foundation Trusts are bound by the duty of cooperation laid out in Section 26 of the Health Act 1999, which means that they must participate in the delivery of strategic services. There remains considerable concern that the new tariff system of contracting NHS services will be adopted by Foundation Trusts without the necessary infrastructure and capacity within the commissioning body, Primary Care Trusts.

#### **Commissioning services**

Primary Care Trusts (PCTs) will as now be the commissioning body but what will change is the system of charging. Amicus welcomes the new three year cycle of contracting in favour of the existing annual round of contract negotiation but we have serious concerns about 'payment by results' that will end block contracts.

The contract between PCTs and Foundation Trusts is legally binding and the new national tariffs will be phased in across the NHS. Planned introduction means that Foundation Trusts apply tariffs from April 2004 - 2005, almost all hospital activity is covered by tariffs from 2005 - 2006 and most activity from 2008 - 2009. Failure to

deliver services will result in a loss of money, conversely greater delivery will lead to increased income. The major stumbling block is the variance in cost for the same or similar activities. Surveys have shown variance to be vast and the proposed clustering of cases that are clinically similar in order that tariff can be based on the national average cost of these cases is a blunt instrument that could effectively drive down standards.

# Action for reps/stewards

Bearing this in mind Amicus reps/stewards should work alongside community groups in getting answers to the following questions:

- 1. What are the protected services i.e. the services that can only be changed with the permission of the Regulator?
- 2. What plans are there to sell assets?
- 3. Are there plans to reduce or cease some areas of activity?
- 4. Will the Trust stop providing care in areas where the national tariff (price) is too low?
- 5. In what areas are partnerships with private providers planned?
- 6. What level is private income capped at, does the Trust think that it is too low?

# **Working together**

Amicus reps/stewrads across an appliacnt Foundation Trust will need to work together as one union to ensure that all our members are involved in local campaigning. If the decision is to go ahead with Foundation Trust status Amicus reps/stewards will need to organise to ensure representation on the Board. Equally important is involvement with the staffside of the local joint committee.

This guidance shows examples from one Foundation Trust, Amicus is keen to share examples of others and welcome documents – especially consultation documents and Human Resource Strategies.

Please send these in to Reps Direct.

#### Useful web addresses

Department of Health <u>www.doh.gov.uk/nhsfoundationtrusts</u> Democratic Health Network <u>www.dhn.org.uk</u>

# Appendix A

# Response of Kings Staff Committee to Consultation on Foundation Trust

To Michael Griffin Director Human Resources From: Frank Wood Chair Staff Committee

Dear Mike,

As the consultation period is now well underway since September 8<sup>th</sup> I am responding with the staff committee views upon the document circulated.

It may be best first if I summarise our responses thus far. As you will recall these where stated at previous Joint Meetings and raised by myself at the Trust Board.

Firstly, on behalf of the constituent Trade Unions, I put forward the policy of opposition of all the affiliated organisations to the principle of Foundation Hospitals. These views where noted by the board and the Chief Executive and where put on record in the minutes of the two meetings.

However, as the Chief Executive has stated the stakeholder organisations (including the trusts staff) do not have any vote upon whether the Trust proceeds with its application.

Given that the matter is has been decided by the Trust and that progress towards FHT's is a matter for the Government the staff committee then decided to ensure that should FHT's be set up then it would be on the best terms for patients and staff.

At the Trust Board it was agreed to ensure the maximum possible constituency for staff on the Governors and 7 seats where detailed (one being a stakeholder seat nominated by the Staff Committee). Further staff committee comments regarding ensuring a diverse governors board reflecting the local area where noted by the board.

At subsequent staff committees we have agreed the staff seats would represent contract staff, that the trust will circulate electoral details and that all staff groups will be represented according to their size. The staff committee are of course delighted that the trust has so far acknowledged and supported many of its concerns.

The final concerns of the staff committee relate to the openness of both the board of governors and board of directors. We would hope that both boards hold open meetings, that minutes continue to be made available and that the staff committee retains its opportunity to attend the board of directors as an observer with the option to put forward our views.

Finally I hope that the above is a fair summary of our position on the governance issues and look forward to continuing a constructive dialogue on this issue,

Regards

Frank Wood Chair Staff Committee



Paper to: King's College Hospital Trust Board

From: Michael Griffin – Director of Human Resources

Date of Meeting: 18 November 2003

Re: Human Resources / Organisational Development Strategy

# Introduction

The 2001 HR/OD Strategy was revised over the summer in the light of the Trust Board's decision to proceed with the Foundation Trust application.

This then went out to formal consultation in September 2003. The Consultation period does not finish until the end of November 2003, so the attached document reflects the comments received to-date and there may still be some further changes in the light of other comments received. However, it is believed that most comments have already come in.

# Summary of Changes made in the light of comments received

- Our links with the local community in recruitment, training and regeneration made more explicit
- Involvement with and impact on other healthcare providers spelt out in greater detail.
- Staff involvement section expanded.
- Role and training of staff governors included.
- Additional actions and milestones incorporated.

#### **Recommendations**

The Board is requested to note the current status of the revised HR/OD strategy. The final version of the Strategy will be incorporated with the other Foundation Trust application documents, when they are considered at the Special Board Meeting in December 2003.



# **Human Resources and Organisational Development Strategy**

#### INTRODUCTION

The King's organisational policy statement, *Strengthening Partnerships (2001)* highlighted the need to develop a Human Resources and Organisational Development Strategy that, alongside other strategies, would inform the strategic direction of the Trust. The resulting strategy reflected the Government's Modernisation Agenda, which clearly identifies effective human resource management practice as critical to the delivery of a modern, patient-centred Health Service. These national requirements have been set in the context of King's and its health community.

The external context for the strategy has been laid out in King's Strategy Development Framework under the broad headings of:

- political pressure for modernisation and partnership working
- changing structures and relationships
- impact of Primary Care Trusts
- issues within GKT and GSTT
- workforce issues
- increasing patient expectations and patient involvement
- new technology
- resources

The potential of achieving Foundation Trust status enables Kings to further develop its HR/OD strategy. This is to ensure that the Trust continues to maintain high standards of employment practice, becomes the employer of choice within the local community, demonstrates its on-going commitment to the training and development of current and future staff, and secures a culture where staff are involved and participate in the future governance of the Trust. Assurances need to be given to staff, our local community and partnership organisations as to the nature of the change and opportunities that our new NHS Foundation Trust status will bring.

#### **BACKGROUND**

Specific human resources Government imperatives have been detailed in the NHS National Plan and *HR in the NHS Plan*, the Human Resources Strategy for the NHS. These have been supported by a number of policy publications including *A Health Service of all the Talents*, *Agenda for Change*, *Improving Working Lives*, *Staff Involvement*, *Looking Beyond Labels*, *Protecting Patients – Supporting Doctors*, *Vital Connection*, *Continuing Professional Development*, *Human Resources Performance Framework*, *Working Together - Learning Together*, *Keeping the NHS Local*, *and Modernising Medical Careers* and many others

The NHS Plan identifies four core themes: making the service responsive to patients; ensuring that we have a high quality workforce in the right numbers and with the right skills and diversity; focusing on performance; and working in partnership with staff, patients and other organisations and agencies to deliver the most appropriate service.

HR in the NHS Plan (More staff working differently), the NHS Human Resources Strategy, sets out the national human resources agenda which is built on the four pillars:

- 1. Making the NHS a model employer
- 2. Ensuring the NHS provides a model career through offering a Skills Escalator
- 3. Improving staff morale
- 4. Building people management skills.

King's Human Resources and Organisational Development Strategy reflects the national agenda, seeks to ensure that all aspects of the hospital are in alignment to achieve modern patient centred services, and responds to the opportunities that NHS Foundation Trust status affords.

King's has a very impressive portfolio of human resource management practices. It is strong in Occupational Health and Health and Safety practice. It has almost certainly the most extensive Training and Development unit in London. The Trust has extensive communications apparatus, both internal and external using a full range of methods from person to person to e-mail, intranet and website dissemination and response.

King's has a number of accreditations and awards. It has been an Investors in People site since 1999. It achieved Practice status following its assessment through the Improving Working Lives methodology with an average score of 4.3 and now aims to secure Practice Plus. In 2000 it received the Employer of the Year award from the Parents at Work / Lloyds TSB awards scheme. This was for Kingsflex, a breakthrough initiative to support flexible and part time working. In 2000 the Trust's HR Dept was selected as HR Dept of the Year in the Health Service Journal awards.

There is well-developed and effective employee relations machinery and a consequently strong history of industrial relations. Besides the use of regular machinery King's has also developed a mediation scheme and signed a Partnership agreement.

#### WHAT NEEDS TO DEVELOP

King's has a long history in being open and adaptive to change and there are few areas within the national agenda in which work is not already underway within the Trust. King's can be proud that it is able to demonstrate leading edge practice in most of the areas identified below. However, we cannot risk complacency as we recognise that in the fast paced world of today that leading edge practice can quickly become routine. We must be mindful of the new standards set by Government, the rising expectations of our patients and staff and the advances being made elsewhere within the Health Service. To be a model employer, fully part of the NHS, but at the

leading edge of Human Resource practices, further innovations and developments are required.

Identified below are the key areas which we need to prioritise to ensure that we secure continuous progress.

- Cultural change
- Networking Health Services
- New ways of working
- Staff Involvement and partnership working
- Education and Training
- Leadership
- Resourcing
- Valuing Diversity
- · Terms and conditions of employment
- Working environment
- Benchmarking performance
- Human Resources Department

#### CULTURAL CHANGE

King's College Hospital's strategy makes it explicit that the patient must be the focus of service delivery and not secondary to competing organisational interests. This is supported by the themes of the Modernisation Plan. The relationship with patients is required to change to encompass them as both clients and customers. Patients and carers need to be fully involved in making decisions about their treatment and supported in managing their health. This needs to involve all staff, ensuring that all staff members accept accountability for the service they deliver and for the service to which they contribute. The work on patient user involvement will be linked to the developments associated with our staff involvement programme.

There is also a need increasingly for staff to work in partnership across organisational boundaries. The move to Foundation Trust status will require the hospital and its staff to engage more directly with its stakeholders, in particular with patient and community groups and representatives. The staff membership and in particular those who put themselves forward for the governor election will provide a valuable pool of staff to draw upon for these pan Trust activities.

## • **NETWORKING HEALTH SERVICES**

We need to assess and facilitate the development needs of staff, in an environment of much higher regulation and accountability, to enable them to work both across and outside the boundaries of the hospital. Staff need to work to National Service Framework standards and within both local and regional service networks. As the largest local employer in the area, the Trust is fully committed to contributing to economic, environmental and social impact in the locality, and is already engaged in many initiatives in support of this. The key element of this network will be our active involvement with the SE London WDC and the associated Borough groups. In addition the South East and Pan London groups involving HR Directors (SHRINE), Chief Executives and Medical Directors will also provide useful forums.

We need to learn from and work with partnership organisations to ensure that seamless, high quality care is delivered. These changes will have implications for the roles and responsibilities of clinicians and managers, which will require careful evaluation in terms of organisational structure and resourcing.

#### NEW WAYS OF WORKING

We need to continue to deliver services in the manner that best meets the expressed needs of the patient, reflects the experience and ideas of staff, is evidence-based best practice, enables staff, including doctors in training, to meet the requirements of the European Working Time Directive, and is cost effective. In developing new ways of working there is a need to take full advantage of scientific and technological advances, in particular the opportunities presented by Information and Communications Technology. Partnership working will need to secure strong alliances and networks that enhance patient care delivery within the available resources. This will require more effective multi-professional team working, including the transfer of skills and responsibilities across traditional occupational boundaries, the creation of new roles, and especially the development of collective responsibility for both clinical and service outcomes. Full opportunity of the *Agenda for Change* framework will be taken to encourage these developments.

We will also need to work across organisational boundaries to drive system change to ensure the best services for our patients and the best opportunities for our staff. This may include working with Educational, Housing, Voluntary Sector, other Health and Social Care Organisations and Institutions. Lessons learnt from the Pursuing Perfection initiative will need to be shared with and allowed to influence these new working arrangements.

#### • STAFF INVOLVEMENT AND PARTNERSHIP WORKING

As an NHS Foundation Trust, we will continue to demonstrate our ongoing commitment to staff involvement and partnership working, building on our current partnership agreement with recognised Trade Unions. We will take every opportunity to ensure that staff are involved in the *Agenda for Change* implementation process, and fully engaged in all aspects of the development of our services and the management of the Trust. Our new staff involvement project funded through IWL monies will provide a framework for doing this. It is designed to operationalise the concept of staff involvement and to identify and share current best practice against the background of the national agenda.

Key to this will be feedback from staff and we will take every opportunity to obtain their views through a variety of means, including regular staff surveys, exit interviews and participation in joint consultation arrangements. Consideration will be given to suggestion ideas schemes as an additional method of receiving staff views.

Staff will be consulted as part of the NHS Foundation Trust application process, through a series of road-shows and local meetings on the HR Strategy and new governance arrangements. They will be encouraged to participate in the governance of the hospital by registering as members and electing staff representatives to the Board of Governors. We anticipate that staff governors,

with suitable training, will play an important 'championing' role within their respective constituencies and the wider hospital on key service issues.

#### EDUCATION AND TRAINING

As an NHS Foundation Hospital, we will continue to be committed to the development of our own staff and future NHS employees. We will work with the Strategic Health Authority, Higher and Further Education Institutions, SHRINE Network, NHS University and the Learning Skills Council in achieving this aim. We will continue to play a full part in the South East London Workforce Development Confederation and would expect to participate in workforce development initiatives, commissioning students, providing placements for students, and continue to receive funding for post registration and CPD activities and money for unqualified staff. We will also continue to offer appropriate training to other employers' staff who work on our site e.g. Kings College London, the PHLS and Sodexho.

We will identify workforce development needs through effective business planning within the hospital and through effective collaboration with other key partners within the local health community. We must demonstrate that all members of the workforce have a Personal Development Plan that reflects the needs of the individual and the hospital and is based on a formal appraisal of both, at least once a year. We will develop the hospital as a learning organisation through the Learning Zone, skills escalator and NVQ programmes. We will continue to develop programmes which facilitate the employment of locally unemployed or unqualified residents. We will continue to expand the range of NVQ programmes that will enable these staff to progress to qualified status (nurses, physiotherapists, occupational therapists, radiographers, medical secretaries) and to long term careers within the Service. We will also develop our Modern Apprentice Schemes into the areas of Medical Engineering, laboratories and estates.

We will develop innovative methods of delivering training and education for all staff, to reflect the need for both expansion and greater diversity in staffing and to better reflect the competing pressures of service, education and the need to reduce working hours. Quality care and continuous improvement are crucially dependent on the hospital's learning capabilities. The Knowledge and Skills Framework of *Agenda for Change* will inform individual Personal Development Plans and better align the needs of the individual with that of the role..

We need to ensure that the resources are available to facilitate the development of the workforce. In particular, to develop mechanisms to secure the wider involvement of staff in service development planning, Trust governance arrangements and new ways of working.

#### LEADERSHIP

We will put in place more robust arrangements for development and succession planning of managers and clinical leaders. We will be encouraging through leadership development a whole systems approach, where staff see their role and responsibilities in a wider context across internal and external boundaries and in a variety of teams.

It is vital that the Trust promotes a self-aware, visible and facilitative leadership presence throughout the organisation. In an environment of rapid change and high levels of conflicting demands, it will become an increasingly important part of managers and other leaders' responsibilities to define priorities and provide clarity to those in their work teams. We need to gain acceptance that all staff working in and for the hospital have personal leadership responsibilities and have the ability and opportunity to influence the quality of service and care to patients and the quality of relationships with colleagues. The Trust leadership will need to be developed to respond to the new governance environment.

#### Resourcing

We need to expand the workforce to meet current establishment and future expansion, as identified for South East London in the NHS Plan and local NSF developments. Critical areas will continue to be nurses and midwives, allied health care professionals and technical staff. Demands for medical staff will increase in order to support the NHS plans for expansion of services and to accommodate the reduction in the working hours of doctors.

We wish to position the Trust as the employer of choice for the local community and, therefore, intend to expand our Kings in the Community initiative, enabling the local population to access practitioner roles and progress through to the highest level of the organisation. Kings will continue to be reliant on national and international recruitment, but will also put greater emphasis on attracting local 'Return to Practice' and refugee professionals to fill vacancies.

The Trust's Diversity, Human Resources, User Involvement and Staff Development Strategies all recognise the importance of engaging with our local population. Some examples of initiatives underway including our award winning 'King's in the Community' project working with schools and local employers to promote interest in health issues and opportunities for future employment; our 'career escalator' which enables us to recruit local unqualified staff and offer them progress through various NVQ levels up to and including full nursing qualification, working with local unemployed people, offering tailored training to enable them to fill specific vacancies etc. Specific links are being developed with local schools exploring ways in which the Trust can help them in the delivering of their schools curriculum. We collaborate closely with the Workforce Development Confederation and Cross River Partnership on facilitating access by local people into employment.

The WDC are currently funding a joint venture between King's and another local hospital for the provision of a centre for medically qualified refugees to assist them acquire UK medical registration.

We need to enhance the quality of work experience for staff as a means for attracting and retaining high quality staff, for encouraging a positive commitment to the Trust as an employer and, thereby, improving patient care.

We will need to raise the profile for the potential of flexible working, linked to a review of service delivery and new ways of working, including the development of new roles and skills expansion.

We would expect to use the IWL Practice Plus standard as a benchmark together with the nationally recognised Investor in People standard.

We will aim by March 2006 to reduce the Trust's vacancy factor to 5%, voluntary turnover to below 12% and the Trust's sickness absence level to 3%.

#### VALUING DIVERSITY

It is our objective to ensure that the Trust is widely recognised as an organisation which values the diversity of its workforce and patients and takes action to challenge intolerant attitudes and behaviour. We need to ensure that there are no unfair or artificial barriers to entry or progression within the workforce. This means the workforce, at all levels of the organisation must reflect the diverse communities that we serve.

We need to ensure that the Trust can demonstrate its commitment to and delivery of the NHS Strategies *Vital Connection* and *Beyond Labels*. In addition we need to promote our statutory duty to eliminate unlawful discrimination, to promote equality of opportunity and to promote good race relations between people of different racial groups. The Fair Access Board Committee and the Valuing Diversity Work Groups will be important instruments for progressing this agenda.

#### • TERMS & CONDITIONS OF EMPLOYMENT

We will need to implement the national pay modernisation programmes, *Agenda for Change* and the new consultant contract, once agreed and to develop schemes, both formal and informal, which recognise and reward the behaviour and competencies that are necessary for delivering the required performance levels and modernisation agenda. This will be a joint initiative led by Trust management and Staff Side and we will ensure that the process is well communicated to help facilitate an efficient transition to the new terms and conditions. We will work closely through the aegis of the SELWDC, with other local employers and Trade Unions to share the learning of implementation.

The arrangements for the transition from NHS Trust to NHS Foundation Trust status will ensure that existing staff move across retaining their existing terms and conditions of employment, and continuity of service within the NHS will not be broken. Staff directly employed by NHS Foundation Trusts will continue to have full access to the NHS Pension Scheme, as well as the associated injury benefit scheme and compensation for early retirement benefits scheme on the same basis as other NHS employees.

The Trust will be guided in any subsequent development of its terms and conditions once *Agenda for Change* and new consultant contract are implemented by the principles it has adopted prior to Foundation Trust status. These are:-

- Ensuring that our terms and conditions are both competitive and affordable
- Ensuring that our own policies and procedures are relevant, up to date and user friendly (The policies can be accessed via the Staff Handbook in Kingsweb. These are reviewed in conjunction with the Joint Staff Committee on a rolling programme basis)
- Only changing current arrangements through consultation and agreement

- Consulting closely with other local and pan London NHS employers before implementing change particularly in the issues associated with the recruitment and retention premia.
- Seeking to be the employer of choice not through pay but through an innovative approach to human resource management and personal development. We will also exploit and capitalise on our reputation for leading edge service provision and development.

#### • WORKING ENVIRONMENT

An important plank in securing the commitment and motivation of staff will be in the Trust's demonstration of the way it values staff. The most important way of achieving this is through the quality of the relationship between staff and their individual supervisors and team leaders. The Trust will continue to invest significantly in the training of managers and supervisors in all aspects of staff relations.

Other very important areas for development include:

- The improvement of working and residential accommodation across the Trust, including adequate provision of access to properly equipped work stations and the availability of good quality affordable accommodation for those requiring hospital accommodation.
- The provision of on site staff facilities appropriate to a Trust providing a 24 hour 7 day a week service.
- Working with other local agencies to ensure the adequacy of public transport services.
- Continuing to develop and promote a range of flexible working opportunities for all staff.
- Ensure the provision of a safe and healthy working environment.
- Ensuring the availability of good quality childcare and other carer arrangements and advice.
- The Trust's decision to provide the King's club with improved facilities will be used as an opportunity to promote the Social Club to a wider range of staff and encourage the involvement of the organisation in sport and social activities.

#### • BENCHMARKING PERFORMANCE

As a NHS Foundation Trust, we will need to adhere to general employment law, other statutory obligations placed on all NHS bodies, any over-riding obligations under European law and the requirements of professional and regulatory bodies. It will be overseen by an Independent Regulator and will be inspected by CHAI against the same national standards of quality and safety as other NHS Trusts.

The Trust will continue to have access to the prescribed guidance issued by the Department of Health and to expert advice from organisations like CIPD, IDS and Croners. We will use the local SELWDC, the London-wide SHRINE network, the UK Teaching hospitals network and an international perspective gained through the Pursuing Perfection programme, to identify good performance by which we can benchmark our own. Our aim will be to ensure that we achieve upper quartile performance in all areas of our strategic objectives.

We will ensure that 'best practice' standards, such as Improving Working Lives, continue to be developed and introduced and that our performance indicators reflect the values and standards of the wider NHS culture, with appropriate monitoring and sharing of information with staff and other health care partners.

#### • HUMAN RESOURCES DEPARTMENT

We need to develop a team of highly competent and expert human resources professionals who have a sound understanding of the organisation, the needs of healthcare services within South East London and the contribution of human resource managers to advancing the quality of patient care. There needs to be effective collaboration between human resource and education and development professionals, managers, other leaders within the hospital, trade unions and our partners in the wider health community. Recognising the need to ensure that specialist HR staff are properly trained and developed with a strong sense of the need for high quality HR services and management practices throughout the Trust. In support of this the Trust will continue to participate in local and national HR Leadership Programmes and will continuously review the availability and relevance of HR management programmes available to managers throughout the Trust and in particular new managers.

We need to develop a culture in which staff including departmental colleagues, are recognised as customers. This requires us to deliver efficient and responsive services to staff and their managers, including the provision of high quality human resources management information, potentially on a collaborative basis with other Health Service employers.

The HR Department will continue to ensure that it maintains its status as a HR Department leading on good practice throughout the NHS. Opportunities will be sought to work in partnership with other NHS employers both locally and nationally over the delivery of HR services where there is a cost and service benefit to be gained.

#### **MILESTONES**

Implementation of the consultants contract	March 2004
Implementation of Agenda for Change	October 2004
Compliance with EWTD for doctors in training	August 2004
Implementation of Employees Staff Record	2006
IWL Practice Plus Action Plan	March 2004
Staff accommodation – 500 additional units off site	By March 2005
<ul> <li>On site upgrading in phases</li> </ul>	Phase 1 commencing early 2004
Leisure facility developed	March 2005
Workforce targets achieved	March 2006
Continuing reduction in violent incidents to staff	Year on Year
All staff having annual appraisals and PDPs	On going
Staff attitude survey reflects positive response to employment experiences across the board with no significant difference reflected by occupation, ethnicity, gender or seniority.	2009
The workforce at all levels fully reflecting the diversity of the communities we serve	2009

#### **CONCLUSION**

Achieving the Government's vision for the Health Service will require a significant expansion in Health Service capacity, including King's. This expansion will, of necessity, involve a very different approach to the delivery of healthcare. King's will experience a rate of change without precedence in the coming years. It will be our intention to build on the existing platform of good HR and organisational practice to ensure that we are active participants in the leadership of that change within the local health and social care community.

This strategy was widely consulted on in detail during the period of September – November 2003, both within the organisation and with the local community and Partnership Organisations.

HRStrat FH5 / MMC 7<sup>th</sup> November 2003