



Mike Pyrah
HPMA President

2006 kicks off with a frantic schedule - busy times ahead

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Executive News

2006 has started off with a real burst of activity for me personally, and for the HPMA. I am now wearing three work 'hats', my day job as a PCT Chief Executive, my HPMA role, and I've taken on a project management role implementing the pending reorganization of the four PCTs across Cheshire!

As you will read in this edition of network the HPMA had a very busy January, we have:

- appointed a new Executive Director, Alex O'Grady, we are delighted that Alex has joined us,
- said farewell to Peter King our outgoing (in more ways than one) Executive Director,
- co-hosted with the Department of Health a very successful conference in Manchester, formally launching the 10 high impact HR changes,
- co-hosted with NHS Partners a very successful South West HPMA branch conference in Torquay.

The Torquay event was during a very special week for me personally, on the Tuesday before the Conference, I celebrated my 50th birthday, (a significant milestone for a PCT Chief Executive!) Unfortunately I spent most of the evening speaking to a vociferous crowd that what we argued was the right PCT configuration 4 years, was no longer the case! On Wednesday after a PCT Board Meeting I drove down to Torquay for the conference, on Friday I drove back after two nights of typical HPMA hospitality (and not much sleep), when I got home I was told that I had to go to the local Village Hall to pick up son, Christopher (6 year old bundle of joy) up from a party, when I arrived I found a hall full of friends and relations and a surprise party! Including some of the people who had kept me socializing

(hic) until 2.00am the night before!

I am not convinced that the coming months will be any less frantic for those working in HR in the NHS anywhere in the U.K., however I was really encouraged by the level of participation and optimism shown by all of those who I met in both Manchester and Torquay, I think we all recognize that it is vital that HR Managers support NHS staff and provide professional leadership through change. I will continue to promote the HPMA on my travels, however I am also looking forward to handing on the Presidential Chains (if there were any) in October to a much younger model - Deborah O'Dea, I'm not sure it's safe to carry on this level of activity at my age!

Are your HPMA colleagues getting eNetwork?

If you or any of your colleagues have experienced problems downloading, viewing or receiving the latest issues of the electronic newsletter please email Lauren@chamberdunn.co.uk at Chamberlain Dunn Associates.

BRANCH MEETINGS

Meetings at branch level take place usually on a bi-monthly or quarterly basis. They typically include speakers, presentations, social gatherings, workshops or educational activity and many branches run regular employment law updates.

Contact HPMA administrator Hannah Barnett on 020 8334 4530 or admin@hpma.org.uk for details on your local branch.

NHS Partners and HPMA Excellence in HRM Awards 2006



With the launch of the NHS Partners and HPMA Excellence in HRM Awards 2006 this month, we wanted to take this opportunity to thank our very generous sponsors who fund the competition; Department of Health England, Welsh Assembly Government, DHSSPS Northern Ireland, The Guardian, BMJ Careers, Consult GEE, UNISON, Tribal Resourcing, Elsevier Healthcare, Health & Safety Executive, Enhanced Healthcare Services, Euro RSCG Riley, Beachcroft Wansbroughs and Barkers.

Our search for excellence in human resource management in the health services will be bigger than ever before. Entries are invited in 13 categories includ-

ing a new award for Rethinking Primary Care Delivery.

The closing date for entries is Wednesday 3 May 2006. Entry forms can be obtained by calling 020 8334 4530 or visiting the website www.hpma.org.uk.

This year the awards ceremony and dinner will be held at Cardiff City Hall on Wednesday 11 October (the evening prior to the HPMA UK Conference, Healthcare's changing, are we? 12-13 October 2006).

So what are you waiting for? Start thinking about the initiatives and leaders in your organisation that deserve recognition.



CLOSING DATE FOR ENTRIES
Wednesday 3 May 2006

Excellence in HRM Awards 2006

11 October, Cardiff City Hall

see www.hpma.org.uk or call **020 8334 4530**
for an entry form

HR HIGH IMPACT ACTIONS

Care outside hospitals?

With the new White Paper, hospitals are supposed to be rapidly going out of fashion to be replaced by more delivery in the community. But from the World Health Organisation comes a reminder of just how hospital-dominated our NHS still is.

As reported in this month's *Employing Doctors & Dentists*, the UK has the highest proportion of its doctors working in hospitals of any country in Europe apart from Portugal.

The figures show that in 2002, the latest year for which data was available nearly 68% of UK doctors worked in hospitals. Only Portugal had a higher percentage at 73%. Other countries with comparably high proportions of hospital-based doctors include Austria at 67% and Norway at 64%.

At the other end of the spectrum, some countries

have less than two fifths of their physician workforce employed in a hospital setting. The Czech Republic had less than 27% and France just under 29%.

As no doubt the editors of our other two newsletters would say, effective healthcare does not equate to the number of doctors, but nevertheless the limited capacity of the GP workforce in many parts of the country must be a cause for concern in this brave new world.

If you would like a free sample copy of *Employing Doctors & Dentists*, *Employing Nurses & Midwives* or *Employing Allied Health Professionals & Health Scientists*, call us on 020 8334 4500 or email Hannah@chamberdunn.co.uk

Alison Dunn
Editor-in-chief



HR High Impact Actions



Delegates at the HPMA Conference on High Impact HR Actions.

The HPMA conference on High Impact HR Actions, which took place at the City of Manchester Stadium on 26 January, was a highly significant event with

- Andrew Foster discussing the new HR Strategic Framework for the first time
- An innovative 'market place' with stall holders showcasing examples of good practice that relate to the 10 High Impact HR Changes
- New research findings from Professor Micheal West of Aston University
- World class expert advice for Jan Roy on balanced score cards
- Duncan Brown reviewing recent research including the first phase of the HPMA/CIPD/DH sponsored research of undertaken by Manchester Business School.

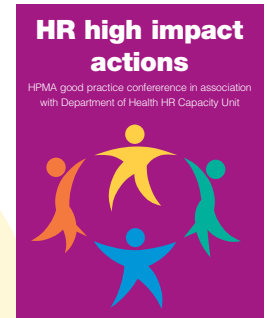


Delegates in the good practice market place.

As the demand for places at this event out-stripped availability, Peter King has penned a conference report for those who could not attend, in one of his last duties as Executive Director. The report will be circulated to HR directors across the UK in early March.

For many the take away message from the conference was how the next few years in the NHS will present fantastic opportunities for HR practitioners to rise to the challenge of improving organisational performance and the patient experience.

HPMA would like to thank all those who participated and made the event a success and to the DH HR Capacity Unit for their support and sponsorship.



A new view on Positive Action

CONSULT GEE National Health Service
Human Resources

The approach to equality in the workplace will undergo rapid changes in the coming years. The Government's Equality Bill, with its proposed Commission for Equality and Human Rights, and its requirement on public authorities to actively promote all aspects of equal opportunities in the workplace provides exciting opportunities for organisations to make some real progress in redressing past inequalities and imbalances.

Having visited the United States in 1990 and seen many examples of successful positive action programmes, I was surprised to read in the latest NHS Employers briefing that there remains very little research into the impact of positive action programmes in the UK.

NHS Employers have teamed up with Bradford University to carry out a programme of work commencing with a working definition of positive action and leading eventually to a body of evidence supporting the rationale behind such action and providing the NHS with good practice guidance.

Readers will be aware that in the UK there is no legal definition of positive action, and in the absence of such, NHS Employers has devised the following working definition;

'Positive action is a range of lawful actions that seeks to address an imbalance in employment opportunities among targeted groups that have previously experienced disadvantage, or that have been subject to discriminatory policies and practices, or that are under-represented in the workforce.'

This definition will be open to further consideration

and to some extent will be dependent on legislative changes. In the meantime NHS Employers are beginning to pull together examples of good practice from around the service. In doing so, they have developed a list of key success factors, many of which will be familiar to readers and are very similar to the list of success factors you would see to effect any cultural change in an organisation;

- Passion, drive and perseverance from the top is essential
- Encourage 'thinking outside the box'
- Take risks but be flexible and adaptable with plans
- Project management, targeted resources and long term funding are essential
- Know the local community and work in partnership in a real and meaningful way
- Share good practice and 'market' ideas inside the organisation
- Develop a strategic framework, monitor success and celebrate

For more information, or to participate in the development of resources and guidance view the NHS Employers site at www.nhsemployers.org/equality. To monitor progress on the government plans for statutory and regulatory changes go to the DTI website at www.dti.gov.uk/er/equality/index.htm

Sharon Gregory

HPMA Newsletter article for Jan 2006/Consult GEE
NHS HR/SGTD

DATES FOR YOUR DIARY

- **HPMA London & SE branch event**
Perspectives on Commissioning a patient led NHS 21 February 2006,
- **HPMA Welsh Conference** *Racing to change* 28 April 2006,
Chepstow Racecourse
- **HPMA Scottish Conference** 2 June 2006,
The Hub, Edinburgh
- **HPMA UK Conference** *Healthcare's changing, are we?* 12-13 October 2006,
Cardiff City Hall

Coming soon – disability and gender public duties

Has your organisation set-up the monitoring arrangements and action plans for its your Race Equality Scheme? Are you aware that the same will soon be required for Disability and Gender?

The Government introduced through the Race Relations (Amendment) Act 2000, a duty on public authorities to pro-actively promote race equality through Race Equality Schemes. The Government now plans to extend similar provisions to those covered in Race Equality Schemes to Disability and Gender.

In April 2005, the Disability Discrimination (Amendment) Act 2005 (DDA), introduced a public sector duty to promote equality for disabled people to be implemented in December 2006.

The general duty requires public authorities to adopt a pro-active approach, mainstreaming disability equality into all decisions and activities. This will require the implementation of a Disability Equality Scheme (DES).

With regard to employment issues, the specific duties require authorities to have information on recruitment, development and retention of their disabled employees. Generally, this will involve statistical data about the experiences of job applicants and employees.

In October 2005 the Department of Trade & Industry issued a consultation document 'Advancing Equality for Men and Women: Government Proposes to Introduce a Public Sector Duty to Promote Gender Equality'. The key proposals are expected to take effect in April 2007.

The general duty will require public authorities to have due regard to the need to eliminate unlawful discrimination, and to promote equality of opportunity between men and women.

The core obligation for public authorities will be to identify gender equality goals in consultation with employees and stakeholders and to publish a scheme setting out the goals and planned outcomes for implementing them. They will be expected to monitor progress and publish annual reports on compliance, and to demonstrate that they have taken targeted and systematic action to achieve their goals and to report on their progress.

The gender duty covers all the functions of a public authority including in such matters as private sector provision and procurement. They will need to consider the relevance of the duty to their contracts for goods and services. This may require incorporating gender equality requirements into contractual terms. In some cases, private contractors will be 'standing in the shoes' of a public authority if it delivers a service, and will become subject to the public duty in its own right.

A similar duty is expected to follow under Age Discrimination legislation although details of this have yet to be published.

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nhs:partners
 HR solutions in health and social care

References:

Disability Rights Commission: The Duty to Promote Disability Equality: Statutory Code of Practice www.drc-gb.org

'Women and Equality Unit Advancing Equality for Men and Women: Government Proposals to Introduce a Public Sector Duty to Promote Gender Equality' www.womenandequalityunit.gov.uk

'Framework for Inspectorates' and 'The Duty to Promote Race Equality Performance Guidelines for Health Organisations' www.cre.gov.uk

HPMA UK Conference 2006

Healthcare's changing, are we?

12-13 October 2006

Cardiff City Hall



Compromise and consultations

John Adsett is a lay member of tribunals and an independent consultant. He is always glad to hear of new cases and can be found on jadsett@dialstart.net or 07791 310379.

The regular reader of this column will remember words of caution about compromise agreements. Once again an employer has fallen into the trap of believing that such agreements can give blanket protection against claims. In **Hilton Hotels – v- McNaughton**, after the employee signed a compromise agreement on termination of employment, she became aware that she had redress on the grounds that as a part time worker she had been excluded from the company pension scheme. She therefore submitted an equal pay claim. Both the tribunal and EAT found that the claim could proceed as she had not known about the potential claim at the time the agreement was signed.

Stress claims are still making the headlines, with the latest being **Hone –v- Six Continents Retail**. In this case, CA held that the High Court was correct to make an award for psychiatric injury in circumstances where H was working 90 hours per week as a licensed house manager. He complained to the employer about "feeling tired" and had asked for an assistant – which were indicators that his subsequent psychiatric injury was reasonably foreseeable.

"Meaningful consultation" is a regular theme in the courts these days, often with employers getting caught out for protective awards. One that went the other way was **Amicus – v- Nissan Motor Manufacturing**, where the employer proposed to relocate 62 employees from Sunderland to Bedfordshire. Some 9 months before the move it informed the company council of elected representatives. The affected employees were also consulted and asked to indicate whether they were prepared to move. The cut-off date for responses was some 4 months before the planned move. Amicus, as the recognised trade union, complained that it had not been formally consulted and the union was finally

involved in meetings from 2 weeks before the cut-off date. The tribunal approach was to consider whether consultations started "in good time" to enable meaningful discussions to take place and found for the employer: On appeal EAT agreed.

Other recent cases where the unions did not entirely get their own way in tribunal decisions were **GMB – v- Lambeth Service Team** and **TGWU – v- Lambeth Service Team**. The London Borough of Lambeth re-awarded a contract for grounds maintenance to LST, which envisaged making approximately 50 redundancies as a consequence. A consultation period of 5 weeks commenced, but the unions claimed that the actual number of redundancies would be closer to 100, requested that the whole process be delayed and slapped in a claim to tribunal for a protective award. The employer went ahead as planned and the headcount was reduced by 53. Tribunal found that although consultation had commenced more than 30 days in advance it was not "in good time" because some essential information had not been supplied in written form. As the union had failed to respond constructively, a protective award of only 30 days was granted instead of the statutory maximum of 90. The unions appealed unsuccessfully to EAT.

Close observers of NHS cases will note that **Perkin – v – St George's Healthcare NHS Trust** reached CA, where it was found that the trust had acted reasonably in dismissing a "difficult" Director of Finance. However the procedure had been unfair because the chairman of the panel had previously discussed an "exit strategy" for P. Furthermore no right of appeal was given. However, the tribunal had applied a "Polkey" and contributory conduct reduction of 100%, which both EAT and CA found to be entirely reasonable.

THEN AND NOW

Blondin's successors?

Being a NHS manager at the start of the 21st century has much in common with Blondin, the legendary Victorian high-wire walker. Actually it's a great deal more difficult, for Blondin only had to contend with gravity. For health service managers the pressures, whilst almost as immutable as gravity, are greater; more numerous and equally inescapable.

Not only is there an ever-increasing demand for healthcare but also the capacity to respond is constrained to a greater or lesser degree by staff availability, skills, clinical developments, statutory constraints and significant changes in the way Government, patients and increasingly well-informed citizens want the services to be provided.

Against a background of:

- An ageing workforce and ageing patient population
- A much better home/life balance for many NHS staff
- The certainty for the acute sector of the loss of 10% of elective work to ISTC's,

As such, the old workforce planning mantra, "the right people with the right skills, in the right place at the right time" has seldom seemed less helpful.

Until recently, traditional workforce planning methodologies have tended to be heavily paper based, top-down driven, centrally owned, and constantly out of date. In recent years, some SHAs have provided excellent briefing and support to Trusts to facilitate effective workforce planning (for example: <http://www.county-durhamandteesvalley.nhs.uk/files/wddportrait05.pdf> is a particularly good example of a local workforce profile).

However, the task of drawing up individual plans now becomes the responsibility of the Trust. Clearly, this begs the question on how do you do it effectively, especially when workforce planning is often seen as the sole concern of the Human Resources Department, which has to reconcile internal demand with the vagaries of the labour market?

Clearly a more sustainable, systems based and responsive approach helps immensely, particularly when there are so many pressures pulling at the HR function. We have often heard it said that, "Workforce planning is not about making long-term decisions; it is about understanding the future consequences of today's decisions."

Indeed, Manpower Software has been working with a number of trusts across the United Kingdom, who are deploying a new ward and Trust wide rostering capability based on Manpower Software's Healthroster; to create an

effective, ward and trust driven rostering and work force planning solution. Broadly this is delivered in two steps:

Step 1

Introduction of Rostering to significantly reduce spend on temporary staffing. The project is supported by:

- The Executive team sponsoring the programme and providing high level ownership
- Ward level resources
- Being a cross departmental/functional programme

Step 2

The project teams then targeted workforce planning at local level by:

- Executive cross departmental workshops based on defining current and future establishment plans
- Recognition of Local Development Plans and finance as absolutely key inputs to workforce planning
- Using Healthroster to assess the current establishment position and implications for future and provide a common database to support a common view on hours, grades, budgets, actual spend and targets for all substantive and temporary staff.

Quite apart from these benefits, it also became apparent that the programme made it possible to:

- Deploy qualified staff to match patient acuity
- Greatly reduce the burden of designing rosters - thus freeing up senior nurses time
- Establish a real-time database to underpin effective workforce planning and other key HR strategic tasks if everyone was rostered
- Use the same database to inform education commissioning and develop comprehensive training and development plans
- Monitor compliance with the Working Time Directive and also accommodate differing individual work patterns arising as a result of the Improving Working Lives initiative
- Provide an accurate and constantly updated platform from which Organisational Development initiatives can be modelled in real time.

From a purely financial point of view, one of our partner trusts expects to save up to £1m a year on their agency spend whilst another is expecting a 44% reduction in bank & agency spend and a 40% reduction in overtime spend.



Executive news

I am delighted to have taken over from Peter King as Executive Director of the HPMA.

Peter will certainly be a hard act to follow and we are all grateful for his hard work and enthusiasm in developing the association into the professional organisation that we have today.

Peter, I am pleased to say will maintain his close links with us.

By way of introducing myself I would like to set out a few thoughts on the next steps for the development of HPMA. The stated purpose of the association provides the agenda:

Network

A modified membership structure has been introduced to allow us to expand our network to represent the plurality of those organisations now involved in healthcare delivery in the UK.

The opportunity for us to learn from the experiences and services of independent, voluntary and commercial organisations is one that we will be maximising in the coming months.

A number of commercial organisations, who provide a wide range of services to the NHS have expressed their interest in becoming members and we will be introducing them to the existing membership through "network" and at our conference in October.

HPMA UK Conference 2006 promises to be an outstanding event and we will be focusing on the "how" of delivery in a complex and ever changing environment.

Excellence

HR makes a significant contribution to effective healthcare delivery. Mike Pyrah our president received the first phase of the research work "Improving Health Through Human Resource Management" at our joint conference in January with the Department of Health.

The second phase of the research will involve six in depth case studies of transformational HR in Trusts and we will continue to work with Manchester University and CIPD to highlight excellent practice.

To this end our annual awards will include a new category – "HR Department of the Year".

Partnership

I will seek new partnerships and build upon our current ones to develop:

- Our profile as a professional association
- Our influence
- Our role in developing HR Capability
- Our resources to deliver membership services

Influence

In the coming months we will work to outline the HR proposition for improving health and we will identify high profile opportunities to articulate our proposition.

I strongly believe that as a professional association within healthcare we have an opportunity, particularly in this time of complex change, to work with others to shape the agenda and the key deliverables.

Across the UK we have active branches that provide exciting and usually fun networking opportunities and events. I will be visiting as many of these as I can and I look forward to meeting many old and new friends. I would like to expand our branch activities and develop our influence and "voice" at local level.

Finally...

I look forward to meeting members all over the country, to working with Mike as current President and Deborah, President elect.

I also look forward to welcoming new members.

An exciting time ahead!

Alex O'Grady

HPMA Executive Director

Have you renewed your membership?

For only £250 your organisation can register an unlimited number of colleagues working in people management. See www.hpma.org.uk/html/how_to_join.php for further details.