

The newsletter of the Healthcare People Management Association

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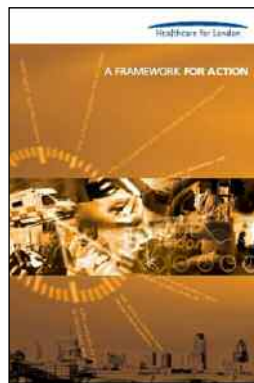
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Healthcare for London - a framework for action



Lord Ara Darzi and his publication 'A framework for action'.

In 1944, the Ministry of Health, as it then was, published a report on the state of the nation's medical schools and education. One of the Government's many considerations was whether there needed to be investment in London's teaching hospitals and whether facilities should be transferred across the city or even amalgamated. The hospitals' argument for no change was based on tradition (as many had been where they were for generations), accessibility for non resident staff and adjacency to railway stations, and the reluctance of patients to go far from their homes.

Sixty years later the NHS is at it again. Lord Ara Darzi has responded to the commission from NHS London to produce a framework for action in order to make excellence uniform, tackle inequalities and raise the quality and safety of patient care in the Capital. His view is that this plan will bear fruit because clinicians have been involved, it is based on what Londoners' have said they wanted, all politicians can give support as it is about quality, and it is both visionary and practical. Its relevance is not confined to London as its author has now joined the Government and been charged with doing the same for England.

If only one case for change can be made, it is that how stroke patients are treated can be transformed. Technological advances have made

interventional treatment, not just rehabilitation, an option, if done soon after a stroke's onset. Speed, skills and kit are of the essence - saving lives and dramatically improving morbidity. However, this would mean having only seven hyper-acute sites and ambulances driving patients past their nearest hospital.

Those who wish to defend inequality and inefficiency have already started to voice their opposition. The premise of this ten year plan is basically a clinical one, so there is a chance that those who wish to preserve the status quo could lose the argument. However, success rests heavily upon human resources professionals and trade unions taking the argument out to staff to inspire and engage, reinforce the fact that patients' interests should drive change and that people will be supported. Feeling uncertain is understandable and great management will need to prevail.

A workforce strategy is crucial to success. Initial themes have been identified which include; investment in training for ambulance staff, rationalisation of non-medical education and training providers, promoting cultural awareness and understanding of inequalities, development of new roles, a workforce shift from acute to the community, and finding ways to produce incentives to promote and reward productivity gain.

Put it another way, historians will consider 2007-2017 to have been a successful period of change if those responsible for human resources management play their full part in this dramatic opportunity to improve the quality and comprehensiveness of patient services.

David Amos
Director of workforce,
UCLH



'Staff engagement, smelling the coffee and changing the culture - with HR playing a leading role'



Tracy Myhill, Personnel Director, Gwent Healthcare NHS Trust.

In the last issue of *Network* I mentioned my lead role in service improvement and cost reduction with HR being centre stage in developing and implementing a significant Service Improvement and Cost Reduction Programme.

By taking an Organisational Development approach to the significant task that faced us we have been able to deliver significant culture change as well as save millions of pounds. This culture change has placed the Trust in a much healthier position to face the challenges both in reducing costs and improving services that, like all of us, it will face for years to come.

This month I will share some of my reflections on our experience and how little things can make a big difference in changing culture.

We have a saying - '*smelling the coffee*' which was our internal barometer to gauge whether people really understood the financial challenges we faced and if they were 'up for it' in terms of making the difficult choices and implementing difficult decisions to bring the Trust into financial balance in a sustainable way and, at the same time, improving Trust performance and improving services.

'*Smelling the coffee*' was used to describe our assessment of people's commitment to and understanding of the challenges ahead. If the chairman wanted a 'free' lunch for the Board we would ask if he was *smelling the coffee*, if the Medical Director wanted to take people away for a development event overnight at an expensive venue we would ask the same question, if a manager's only option to improve performance was a significant bid... the same question? When we identified individuals or groups who we felt were not *smelling the coffee* then we would offer to *take them for a coffee*, some we would suggest needed to have a *bath in coffee*! Three simple words but very powerful and a huge contributor to the cultural change we needed to see. We all know what we mean now when these words are mentioned!

Staff engagement and involvement in helping us to achieve the £21m savings programme was crucial and we addressed 100's and hundreds of staff, managers and trade unions across the organisation to help them to *smell the coffee*. We held Staff Creativity Workshops where individuals were given both the space and time to generate ideas for cost saving. Many of the original savings schemes were generated this way in positive and upbeat events. The staff, clinicians and trade unions involved had ownership of the plan. This approach was generated by the staff and ratified by the manager rather than the traditional generation of financial recovery plans, which start with the Board and cascade down. We had rules for the workshops, you could not say - *we have done that before - that won't work - no-one*

will support that - etc etc. You could say - tell me more about that idea, what would it look like, how might we progress that etc etc. Enforcing the rules was needed even to finance staff in the audiences but well worth it and very powerful.

We needed to stand firm on occasions and that was very important especially for every member of the Exec Team. We all needed to be drinking the same coffee!! We had some wobbles along the way with this but invested time and effort to ensure that each one of us held the line corporately often in really difficult circumstances. This was crucial in terms of the organisation knowing that we were all together on this sand that it was not going away, a 'fad' that would blow over.

Implementing some of the 'softer targets' identified by the workshops which meant no more working lunches or obligatory coffee at meetings and tighter controls on office moves, furniture and computer equipment and stock controls were important cultural signals. These areas are often seen as the 'tip of the iceberg' in terms of financial recovery but were vital measures to make the financial situation real to staff at all levels of the Trust.

Receiving and giving open and honest feedback to clinicians, managers, staff and trade unions was another key phase in changing culture and the CEO personally spent time across the Trust giving and receiving feedback on the financial recovery plans. The key to the success of these was never giving false reassurance about the seriousness of the financial deficit or funding issues. When asked will we lose jobs, people etc we said yes upfront.

The Trade Unions played an important role in helping change the culture and supporting staff during very difficult periods. Monthly 'special' financial meetings were held in addition to the normal trade union partnerships to allow ongoing dialogue which focussed only on the financial change plans and their impact.

One of the most important aspects of changing the culture has been implementing the plans. Seeing changes in structure and process that everyone knew needed to happen, but somehow the organisation had not had the appetite for previously, made financial recovery very real and very personal.

As I said last month we are on a journey with lots more to do but from where we are now these are my reflections on some of the things I think have contributed to changing the culture in our organisation.

Additionally I must say that having HR in the driving seat in itself gave out a significant message to the organisation that things would be different.

Tracy Myhill,
Personnel Director, Gwent Healthcare NHS Trust

HPMA HR Development Programme

We are pleased to announce that work has begun on the HPMA HR Development Programme, and we are currently establishing a working group from across the membership to identify the desired outcomes for the programme.



We have identified 4 development steps on the proposed programme:

Stage 1 HR Graduate Trainee (or equivalent) to HR Manager

Stage 2 HR Manager to Deputy HR Director

Stage 3 Deputy HR Director to Board Level HR Director

Stage 4 Board Level HR Director to Chief Executive

Our overall aim is to enable HR professionals at each level to interact and influence the 'business' of health. Feedback from membership suggests that HR professionals don't always engage as they might with matters that are broader than staffing issues.

For example, feedback suggests that possible areas for such development focus could be:

- Productivity
- Dealing with talent
- Succession planning
- Corporate responsibility

The working group will include representation from each branch and from every development stage. Initially our working group volunteers will be asked to help identify some outcomes for development activity (business, patient and HR leadership). We estimate a commitment of 2-3 hours over a 3-week period.

We recognise that it is critical that the programme is aligned to health outcomes. So our aim is a programme where participants 'graduate' with skills that make a difference to patient care and their wider teams.

If you would like to be part of a pioneering programme for HR, to establish a radical and influential programme for today's NHS agenda, contact your local branch chair to register your interest. Branch nominations must be received by **Friday 17 August** (by email to lauren@chamberdunn.co.uk).

If you have any further questions please do not hesitate to contact Lauren Crawford (020 8334 4530 or lauren@chamberdunn.co.uk).

Using new providers to revolutionise primary care

Government and policy makers have been making noises about new forms of provision in primary care for as long as most GPs can remember - but up till now progress towards this goal has only occurred at the margins. There are of course options open to pioneering PCTs keen to work with enterprising GPs to produce exciting new ways of delivering community-based services. These include using GPs with special interests, contractual alternatives to general medical services and social enterprise models.

But the problem is few PCTs seem to have grasped the potential of commissioning such approaches or earmarked the funding necessary to achieve them; and few GPs are chomping at the bit to provide them. But, as we describe in the July issue of *Employing Doctors & Dentists*, there are signs that this may be changing with, for example, the Fairness in Procurement Programme which is slowly chipping away at the monopoly of the traditional GMS model. Various schemes in the

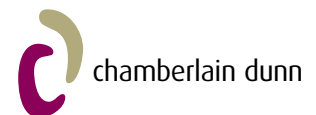
north west of England involving alternative provider medical services are plugging gaps in conventional GP services.

This *Primary Care* themed issue of EDD explores the opportunities and the obstacles in developing primary care services and asks why practice-based commissioning hasn't taken off. The primary care 'revolution' much heralded throughout the Blair years has yet to make a real impact on patient services and the employment patterns of doctors in the community.

To sign up for regular free news updates and for subscription details of all our healthcare employment reports go to www.health-workforce.com Each report is now available for purchase separately at £19.95.

Alison Dunn

Editor in chief, Chamberlain Dunn employment reports



The office move



Not many HR professionals would list the office office move as their most satisfying activity in terms of facilitating good HR practices. However, in my experience, the office move provides a number of opportunities for HR practitioners to positively influence employee relations in the organisation.

It is likely that your managers will be focussed on logistics and all the positive benefits of the move such as;

- More modern office facilities and more space
- A chance to file and clear clutter
- An opportunity to create more imaginative and ergonomically effective working spaces for staff
- An opportunity to improve customer service by redesigning work systems and practices

However it is more probable that the issues of concern to your staff are more likely to include some or all of the following matters;

- How will I get there?
- Is the public transport system regular and reliable?
- How will I drop off and pick up my children on the way?
- I am worried that I will be further away from my children's schools/elderly relatives should I be needed urgently
- I choose not to drive in order to reduce my carbon footprint but my only option is to drive to the new premises - will my employer offer me any alternative travel options?
- Will the office be open plan and if so how will I manage confidential work phone calls?
- Will there be places in my new open plan offices to break out and socialise with colleagues?
- Will I have a window - I cannot cope without natural light?
- My sinuses are badly effected by air conditioning - is anyone going to discuss with me how I will cope with the air conditioning system in the new office?

All of the above concerns have regularly been raised in my experience facilitating the people management aspects of many office moves. As an HR practitioner it can sometimes be difficult to ensure management commitment to resolving all of these issues. It is important to bear in mind that you will never achieve 100% satisfaction amongst all of your employees.

However, the advice I provide to my clients is to follow the basic principles listed below in order to ensure that you listen, consult, adapt your plans accordingly and ensure a successful office move;

- **Consult** - and do so meaningfully by seeking views on matters that can realistically be adapted after due consultation - for example the internal layout of open plan offices and decisions regarding social areas in the new office layout.
- **Allow time to prepare** - allocate time within the working week for employees to declutter current office space so that they approach the move with a positive attitude.
- **Support new travel arrangements** - consider providing season ticket loans, temporary petrol allowances to cover additional mileage and other such arrangements
- **Temporary flexible working arrangements** - over a prescribed period of time allow those with longer and more complex travel arrangements to start or end the day at differing times depending on their travel arrangements. For those with caring responsibilities disrupted by the move, allow flexible start and finish times for a few months - giving time to adjust to or make alternative arrangements.
- **Listen to everyone** - frustrating as it may be, even those labelled as the organisational complainers can sometimes act as the 'sounding boards' for those with very valid complaints.

And finally, for those about to embark on an autumn office move, ensure that you consult with your joint staff consultative committee within the Trust. By ensuring their engagement and commitment to your plans you will ensure a smooth and successful office move.

Sharon Gregory, www.sgtd.co.uk
for Consult GEE NHS

Cultural Competency Toolkit unlocks the door for West London MH Trust

On my first day at Broadmoor Hospital as a rookie HR Director back in 1996, a Board colleague said to me, "nothing changes quickly in mental health - acceptance is a slow burner". In many ways that prophesy has been true for the organisation Broadmoor is part of, West London Mental Health Trust, and for its wider acceptance in the health community.

We were thrilled and elated to win the Diversity and Best Overall categories at this year's HPMA awards and this success too has been a long time coming.

The Cultural Competency Toolkit (CCTK) is something we are proud of because it is an HR initiative that directly impacts on and enhances patient care, but also because it goes to the heart of what Mental Health is all about. That's because the toolkit has to be not only truly diverse in its content to relate to our many patient groups, but also quite low key to be accepted: glitz doesn't wash well in our environment!

The CCTK is the product of work by our Diversity Unit (led by Bernie Collins) and the Chaplaincy (Rev Derek Barnes) who painstakingly researched and refined their subject to create the toolkit over a two year period.

Given this long gestation period and its low key approach, you can imagine our joy when HPMA President Deborah O'Dea said that it "set the standard" for publications of its kind. It felt like we had arrived as a Trust but also that in our slightly understated way, we were now accepted alongside our more illustrious colleagues as national award winners.

I'm not suggesting for a minute that colleagues in the HR community haven't been welcoming to us. Indeed I'd particularly like to thank Deborah and her HPMA colleagues for being so generous and encouraging to us - particularly last year when we entered for 5 categories and came in 36th! But it is a reality that mental health is seen as lower down in the health pecking order and that is in some ways reflected in our view of ourselves - we are proud of what we do, but not used to being in the spotlight.

As for the CCTK itself, it is not of course a wholly new idea, drawing together information about cultures, religions, food, festivals, dignity, dress and many other cultural issues into one accessible portfolio. But the execution and delivery was I think what made it attractive and its reception in the organisation has been amazing and, partly due to the HPMA awards I'm sure, externally...well, we can't print enough copies to satisfy interest!

So thank you from all of us at WLMHT for the warm reception; we look forward to being part of the HPMA set up and the big challenge now, of course, is how to make the short list for 2008 awards!

Kelvin Cheatle, HR Director, WLMHT



Kelvin Cheatle, HR Director, WLMHT.

For more information on WLMHT's CCTK please contact: Bernie Collins, Diversity Lead on 020 8354 8638 or Bernie.Collins@wlmht.nhs.uk

Clinical academic consultants

In recent years, the management of clinical academic consultants has been brought under the spotlight by the Redfern inquiry and the subsequent Follett report recommending changes to management practices.

More recently, however, the question that has troubled Universities and NHS bodies engaging clinical academics is a financial one.

In 2005 the VAT Tribunal ruled, in the case of *University of Glasgow v HMRC* that, where clinical academic staff employed by the University provided patient care in NHS organisations, there was a supply of staff from the University to the NHS. This sort of supply is normally liable to VAT at the standard rate.

The case caused some consternation as, until now, it had generally been thought that these arrangements would not attract VAT.

In March 2007, following discussions with HMRC, a *Memorandum of Understanding* was agreed between the Department of Health, NHS Employers, the Universities and Colleges Employers Association (UCEA) and other interested parties.

In summary, the Memorandum says that arrangements will not normally attract VAT if:

- the employee is engaged in teaching and/or research as well as the delivery of patient care
- the substantive and honorary contracts are separate contracts of employment

- the contracts are based on or equivalent to the model contracts agreed by UCEA and NHS Employers
- each employer itself discharges its duties and responsibilities as an employer
- the employee is made aware of their duties and responsibilities to both/all their employers
- each employer follows its own procedures regardless of any decisions/action taken by the other(s); e.g. dismissal by one employer does not automatically result in dismissal by the other(s).

Although the Memorandum stresses that each employer is expected to make its own decisions regarding matters such as discipline and dismissal, pay progression and leave, it is clear that joint working is necessary to manage such issues. The Memorandum recommends that the relevant university and NHS body agree a protocol for joint working, the key features of which should be that:

- appraisals are undertaken jointly;
- contracts have interdependency clauses triggering a review if the other contract is terminated; and
- the parties ensure procedures are in place for dealing with any concerns.

An outline model protocol has been prepared to provide a framework for co-operation between universities and NHS Trusts as employers of clinical academic consultants.

Emma Swan, Eversheds LLP
emmaswan@eversheds.com



Ask the experts

beachcroft

The HPMA has introduced a new feature into Network; Ask the Experts. This will give our membership the opportunity to pose any HR and legal questions to health sector employment specialists at Beachcroft LLP and our panel of HR professionals.

If you have any questions you would like to pose to the experts whether they be about legal issues such as restructuring, organisational issues or even careers advice please e-mail lauren@chamberdunn.co.uk or rheenan@beachcroft.co.uk. These questions will be responded to in Network and on the HPMA website on an anonymous basis.

QUESTION: I've read about the Government's recent consultation regarding workplace dispute regulations. What was the consultation about?

Rachael Heenan, Health Employment Partner at Beachcroft LLP replies:

A surprising range of views emerged from Beachcroft clients and lawyers in response to the government's consultation on the reform of workplace dispute resolution including the controversial statutory dismissal and grievance procedures.

After a range of meetings with clients from all sectors and internal discussions the Employment Group formulated a response which included the following key messages:

- overly prescriptive regulation clearly has not worked and has resulted in the unnecessary escalation of disputes and polarisation of the parties' positions at a very early stage, often when the matter would otherwise have had a good chance of being resolved informally;
- employers should be encouraged to follow basic principles of fairness in dismissing people;
- employees should be encouraged to raise their grievances internally before taking them to employment tribunals;
- mediation can only work effectively if it is voluntary;
- any national mediation or advice service must be properly funded and resourced;
- ACAS is the obvious choice for authorship of guidance on workplace disputes;

- automatic penalties are universally unpopular particularly when they arise from minor procedural infringements;
- tribunals should be able to take into account the conduct of both parties in
 - dealing with grievance and disciplinary matters within the workplace;
 - attempting to settle workplace disputes;
 - conducting litigation when disputes cannot be settled;when they make awards of compensation and deal with questions of costs;
- however tribunals are best placed to make these assessments in lights of all the relevant facts and circumstances. The guidance on which they draw could take the form of statutory Codes (such as the ACAS Code) but should not be incorporated into statute as such.

Meanwhile the Government has now made it clear that the statutory procedures will be abolished in their current form. It will include appropriate measures in the Employment Simplification Bill which was recently announced as part of the forthcoming legislative programme. Whether it opts for wholesale abolition or attempts to retain parts of the procedures which proved to have some merit remains to be seen. ACAS itself, in its own response cautions against a 'one-size fits all' approach but clearly favours non-statutory guidance. Employers organisations such as the CBI have commented that the existing ACAS Code is too complex for many employers and needs to be shortened and simplified.

We await the Government detailed proposals following the consultation.

If you have any queries arising out of this issue, please contact **Rachael Heenan** on 0113 251 4714 or rheenan@beachcroft.co.uk.

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.

People and money: Developing a productivity measure

The overarching theme for the 'People and money' workstream is the improvement of working relations between Trust finance and HR teams. Poor communication between these professional groups was identified as a failing in the Health Select Committee on workforce planning, and encouraging better understanding and integration is a priority for HPMA.

But where will we start?

One of the hardest questions for healthcare Trusts to answer is - So just how productive is my organisation? It seems that many colleagues have worked on quantifying productivity but there is no universal model or series of measures adopted by the healthcare community as a whole to answer that question.

With the launch event in the 'People and Money' workstream, Healthcare People Management Association (HPMA) sets out to help Trusts answer just that question. Joined by our commercial partners PricewaterhouseCoopers (PwC), we will engage groups of HR, and finance professionals and clinicians to develop a model or series of measures to define Trust productivity.

The event programme will begin with a pilot workshop in Wales with five Trusts. These volunteer Trusts will complete a data questionnaire (eg personnel employed in each service division, agency spend, sickness absence rates, mortality rates) which will provide data sets that can then be used to test existing models and measures of productivity.

Facilitated by PwC, the finance and HR contributors from the pilot Trusts will debate and evaluate current productivity models and measures - identifying trends, anomalies, benefits and failures. The aim of

the one-day workshop will be to further develop the productivity measure or series of measurements that are fit for purpose.

In the second phase of the programme, the outcomes of the pilot event will be shared with the wider HPMA membership at a seminar event. It is hoped that this event will provide an opportunity to recruit volunteer Trusts for workshop events across the UK to further develop the model and it's applications in Northern Ireland, Scotland and England.

HPMA contributors will write up and publish the outcomes of the pilot in *Network and People Management*. Trust data will be anonymised in all reporting.

Timeframe:

Preparation of questionnaire

Mid August-Mid September

Circulation of questionnaire to pilot Trusts

Mid September

Deadline for questionnaire returns

End of September

Analysis

End of September-Early October

Pilot workshop event

Early October

HPMA have also discussed the pilot project with Adrian Whittle of NHS Employers and lead for the new national workforce productivity forum. We hope to share the learning from this project with the forum group. For more details on the national workforce productivity forum see www.nhsemployers.org/workforce/workforce-2768.cfm#NHS-40253-7

Autumn Just in time workstream

HPMA are looking for topic suggestions for the up coming Just in time programme.

Our Just in time workstream provides practical solutions to today's problems, to reduce workload while maintaining and implementing the highest possible professional standards in the form of low cost half-day workshops. Attendees have reassured us that they have found the events not just as the help we intended, but also as great development and networking opportunities.

We have run successful events on gender equality and disability discriminations, but we need direct input from the membership for the next series to ensure we are meeting your needs.

So if you have a suggestion for a Just in time topic please contact admin@hpma.org.uk or call 020 8334 4530.

HPMA Webwatch

We are always keen to follow-up suggestions from members, so in this month's *Network* we bring you a new section on useful websites & online resources. In future issues we would really like to see members sharing their own sites and resources. So if you have a suggestion or nomination to share, please contact lauren@chamberdunn.co.uk

Here is this month's eclectic mix:

Talent management

From the Chartered Institute of Personnel Development (CIPD), *Talent management: understanding the dimensions*, draws on the existing literature, discussions with HR specialists and consultants, and exploratory discussions with case study organisations. The work is part of a larger ongoing research project on talent management.

www.cipd.co.uk/subjects/recruitment/general/_timgtdim.htm

NHS Reform

An interesting research publication from Thinktank Reform subtitled 'The empire strikes back'. You can browse across the whole health section at

www.reform.co.uk/website/health.aspx

Succession planning

An introductory factsheet from CIPD offers basic guidance by examining background material, looking at the main features of modern succession planning and considering the role of HR.

www.cipd.co.uk/subjects/hrpract/general/success-plan.htm

A summary piece from the Institute for employment studies asks how well is succession planning standing up to the uncertainty of business life today and the assumption that talented individuals will manage their own careers?

www.employment-studies.co.uk/summary/summary.php?id=372

Productivity indicators

This website is designed to help local NHS organisations do this. It is based around 15 high-level indicators of efficiency that identify potential areas for improvement in efficiency. These indicators can be used locally to help inform planning, to inform views on the scale of potential efficiency savings in different aspects of care and to generate ideas on how to achieve these savings. The indicators are supported by a web-based tool, NHS Indicator Explorer, which has been developed in partnership with the NHS Institute for Innovation and Improvement, the Department of Health and Dr Foster Intelligence.

www.productivity.nhs.uk/index.asp

Help with gaining FT status

The Department of Health guide to developing HR systems and practices. This guide is designed to help aspirant and applicant foundation trusts in the development of the leadership and HR components of their Integrated Business Plan.

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_077171

Corporate responsibility

The supermarket giant Tesco outlines their approach to corporate responsibility, focusing on economy, the environment, society and charities and fundraising.

www.tescocorporate.com/page.aspx?point-erid=32B0E699AB1A4CCC8D018E763CAF120D

HPMA is the only professional association designed for you and your HR team

We are the professional voice of HR in healthcare. Our purpose is to maintain and develop the people management contribution to healthcare in the UK.

If you or your organisation are not currently HPMA members but you would like to learn more about the benefits of membership, visit www.hpma.org.uk/html/how_to_join.php and download a membership form or call Lauren Crawford on 020 8334 4530 for further details.

Employment law developments

This month, we have a round up of the significant developments in employment law in the past couple of months.

Statutory Procedures

As many of you will be aware, the new statutory dismissal and grievance procedures have caused numerous problems for employers and the courts alike. From a recent DTI review, it appears that the statutory procedures will be abandoned, with the statutory grievance procedure being replaced with incentives to try to encourage parties to resolve employment disputes at an early stage.

The DTI has also recently started consultation on alternatives to the statutory dismissal procedures and three alternative options are being considered. The first of these is a simply reversion to the position prior to the dismissal procedures being introduced. The second would require Tribunals to make findings to reflect the balance of procedural and substantive unfairness in dismissals, with compensation being adjusted accordingly. The third option is to change the law so that if (despite procedural defects) an individual would have been dismissed in any event, the dismissal will be deemed to be fair. The government has currently expressed a preference for the second option. Watch this space!

Action: continue to ensure that you comply with the statutory dismissal procedures for all dismissals (including non-renewal of fixed term contracts) and that you deal with all written complaints in accordance with the statutory grievance procedure..

In *McMenemy v Capita Business Services Ltd*, the Court of Session confirmed that an employer who does **not** give a part-time employee pro-rata days off work to reflect Monday Bank Holidays is not guilty of discrimination under the Part-Time

Workers Regulations. Mr McMenemy worked Wednesdays, Thursdays and Fridays. His employer allowed people to take Bank Holidays off, but only if they actually worked the Bank Holiday. The Court held that, to fall within the scope of the Regulations, treatment must be **solely** on the grounds of the worker's part-time status. As the employer would have treated a full-time worker who did not work on a Monday in the same way as the part-time employee, Mr McMenemy's claim failed.

Action: review your policy on annual leave for part-time workers in the light of this case.

In *Royal Bank of Scotland v McAdie*, the EAT held that an employer was not prevented from fairly dismissing an employee on the grounds of ill-health, even when the employer's conduct was at least partly responsible for the employee's inability to work. There is sometimes a misconception that, when an injury has been caused by work (such as stress or a back injury), the employer is prevented from fairly dismissing the employee. This case makes it clear that that is not the case.

Action: review sickness absence policies to ensure that the position on work-related injuries is made clear.

Finally, in *BMA v Chaudhary*, the Court of Appeal overturned a decision of the Employment Tribunal that the BMA had indirectly discriminated against and victimised an Asian member in refusing to support his race discrimination claims against medical regulatory bodies. In doing so, the BMA successfully overturned an award of over £800,000.

Capsticks

Andrew Rowland is a Partner at healthcare employment law specialists Capsticks. Andrew welcomes your comments or queries on the issues covered in the update; contact him on 020 8780 4740 or by email at arowland@capsticks.co.uk

Letters and contributions

Network is your membership newsletter so we always welcome comments, articles and news from any of our members.

You can send contributions directly through to the production team (lauren@chamberdunn.co.uk) or call 020 8334 4530 for an informal chat first.

The newsletter is published every month and circulated to all HPMAs members so it's a great way to share success, ask for help or get colleagues thinking.

Contributions for the September issue should be sent to lauren@chamberdunn.co.uk by 4pm Tuesday 4 September 2007.

All newsletter content is subject to editorial approval by the executive director Alex O'Grady.

In the news:

Medical profession must be more female friendly

Female doctors are failing to reach their potential because the NHS's commitment to flexible working schemes has waned, the UK's top health adviser has warned.

In his annual report, chief medical officer Liam Donaldson said medical career paths and working conditions needed to become more female friendly.

Despite a rising number of women in the workforce, official statistics show that for the past eight years the percentage of female medical professionals working part-time has remained static at about 8%.

Donaldson said money ring-fenced for the expansion of childcare had become part of general NHS budgets and could be a "soft target" when it came to making cuts. He said the availability of flexible training posts had also fallen.

In the NHS childcare strategy launched in 2000, the government committed to providing more nurseries and subsidised places.

However, only one in 20 facilities is open at weekends, and waiting lists are often very long.

"These impediments will obstruct the progression of talented women in whom much has been invested, and jeopardise the success story of increased numbers of women entering the workplace," Donaldson said.

£100m funding boost

Health services in the UK will get a major boost through an annual allocation of £100m of additional funds to tackle skills gaps and shortages.

Skills for Health, the sector skills council for the public, private and voluntary healthcare sectors, has signed a joint investment framework, a rolling three-year agreement, with the strategic health

authorities and the Learning and Skills Council.

Funds will be allocated to healthcare staff working in bands 1 to 4; funding apprenticeships, Skills for Life, and other skills development and qualifications at Levels 2, 3 and 4.

Junior health minister Ann Keen said: "This agreement shows we value the health workforce and is evidence of our commitment to their training and development.

"For those working in the healthcare sector it will mean increased opportunities and better prospects; for employers, it will ensure a higher skilled, more flexible workforce; and for patients, it will result in improved levels of service and care," Keen said.

CBI calls for primary care reform

The CBI has called for changes to doctors' hours after an official report showed GPs were working up to seven hours per week less than 15 years ago.

Health authority the Information Centre revealed that the nine in 10 GPs who have taken advantage of new contracts to drop out-of-hours work put in an average of 36.3 hours per week in 2006-07.

This compares to an average of 43.5 hours for doctors when the last survey was carried out in 1992 at that time they had 24-hour responsibilities.

CBI director of public services, Neil Bentley, said: "This survey demonstrates yet again that the current system of primary healthcare needs reform. The government must make this a priority".

Last week, it was revealed that 10 million people cannot book a doctor's appointment more than 48 hours in advance, and that millions of days of work are lost a year because of inflexible GP hours.

The CBI called for better access to GPs for employees, including better out-of-hours opening of surgeries.

Personnel
today

DATES FOR YOUR DIARY

● **NHS Employers annual conference and exhibition 2007:**
leading workforce thinking

9-11 October 2007 ICC, Birmingham
www.nhsemployers.org/2007

● **ESR Benefits Realisation events:**

London (13 & 14 September - 2 events), Bolton (3 October) & York (5 October)