

The newsletter of the Healthcare People Management Association

Inside

2

Smoking ban and the Law

Expectant fathers: new paternity rights under the spotlight

3

HSE Management Standards for tackling work-related stress

4

Coping with change

5

London calling

In the news

6

Flexible working: strategy rules before and after 1 April 2007

7

New software solution from Consult GEE
HPMA Conference preview

8

Awards sell-out!

Deborah O'Dea
President

Alex O'Grady
Executive Director

Hannah Barnett
HPMA Administrator

HPMA head office
Gothic House, 3 The Green
Richmond TW9 1PL
Tel: 020 8334 4530
Fax: 020 8334 4531
Email: admin@hpma.org.uk

HR - leading success!

Healthcare People Management Association started life some 30 years ago in the form of the National Association of Health Service Personnel Officers. The NHS is the largest employer in the western world and HPMA is delighted to have a 30-year heritage as the professional association and independent voice of HR professionals that represent such a large proportion of the UK workforce.

Celebrating 30 years of our professional organisation, this year's conference is something special, with a truly excellent group of speakers. We particularly want to welcome Ian Stead, Neil Goodwin, David Bingham, Greig Aitken and of course Clare Chapman to her first UK HPMA conference.

Just one of the innovations delegates will see at this year's conference is a new cross-branch competition - our commercial members challenge the branch teams with a variety of testing tasks against the clock.

And we are confident of exploiting our independent position as our celebrity chair, actor and playwright Kwame Kwei-Armah, will be using his own experiences on *Newsnight* to thoroughly question our panellists on HR professionalism and workforce planning.

Our conference, like all HPMA conferences is aimed not just at HR directors, but to follow one of our core missions as an association, to help develop all HR professionals in the NHS. HPMA is the professional voice of HR in healthcare. Our purpose is to maintain and develop the people management contribution to healthcare in the UK. Supported by an 11 strong branch network, we set and promote the highest standards in people management in healthcare.

Finally can we express our thanks to our commercial members, exhibitors and sponsors for their tireless support, which allows the association to bring low conference packages to our members.



Kwame Kwei-Armah.



Clare Chapman.



HPMA UK Conference
Thursday 7 - Friday 8 June 2007
The Oval Centre, London

hpma

HR-leading success

Defining the HR profession's role in improving patient services

Healthcare People Management Association
Book online at www.hpma.org.uk

A smoking ban and the law



On 1 July this year the Health Act 2006 comes into full force with a requirement upon employers to provide smoke-free premises, places and vehicles. Workplaces and premises open to the public are to be smoke free if the premises are enclosed or substantially enclosed. Smoking must not be permitted in company cars used by more than one person, and the law requires non-smoking signs to be placed so that they are clearly visible.

In terms of the rights of employees who continue to smoke there remains no requirement upon employers to provide designated smoking rooms to allow smoking in the workplace.

Those who consider themselves disabled by their addiction under the Disability Discrimination Act 1995 will have no recourse to the law. The Act specifically excludes nicotine addiction as a disability.

There has never been a right to smoke in the workplace as established by **Dryden v Greater Glasgow Health Board** (1992, IRLR 469) when an employee unsuccessfully attempted to claim constructive dismissal following a workplace smoking ban.

Acas has some useful tips for employers on dealing with the sorts of issues which they may now face when implementing a total workplace smoking ban.

Acas supports the suggestion of a defined break for smokers allowing them to smoke outside of the workplace premises. This in itself could cause employers some difficulties when non-smokers feel deprived of such breaks for non smoking purposes.

Acas also advocates the use of Occupational Health services and the NHS Quitline to support employees who continue to smoke. It is important to remember when dealing with employees who smoke that it is the non-smoking employees who are protected by the health and safety legislation, not those who continue to smoke.

Whilst it may be good people management practice to do all that you can to support and encourage smoking employees to quit, it is also important to remember the rights of other staff and the fact that the law requires the employer to implement the total ban without exception. In fact, breach of the legislation amounts to a criminal offence as well as attracting heavy fines.

Readers are encouraged to consider the good practice guidance on the Acas website at www.acas.org.uk.

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

Expectant fathers: new paternity rights under the spotlight



At present, working fathers of newborn children are allowed by law to take two weeks' paid paternity leave within eight weeks of the birth. However, the government plans to increase this entitlement considerably so that it compares more favourably with maternity leave.

Under the proposed new law (likely to be introduced in April 2009 at the earliest), fathers will have the right to take up to 26 weeks' additional paternity leave ('APL') during the second six months of their child's life. Paternity pay during APL will mirror the prescribed rate for Statutory Maternity Pay, i.e. the rate paid after the first six weeks of maternity leave.

To qualify for APL, a number of conditions must be satisfied, including the following:

- the worker must be the father of the child, or the husband or partner (which would include a same-sex partner) of the child's mother, and be responsible for the upbringing of the child.
- Similar rights will also be introduced for adopters.

- the worker must be employed for 26 weeks as at the 15th week before the baby is due;
- the child's mother must have been entitled to Maternity Allowance or Statutory Maternity Pay; and
- the mother must have gone back to work.

Many employers raised concerns about the administrative burden of operating the scheme. In response, the DTI has recently proposed that the father's employer will not have to carry out any checks with the mother's employer. Instead, parents will self-certify their eligibility, with the father giving at least eight weeks' notice of any intention to take APL. This 'light touch' approach should go some way towards addressing employer's concerns, especially given the government's estimate that only 4%-8% of eligible employees will take up their right to APL.

Shirley Wright, Partner
shirleywright@eversheds.com

HSE Management Standards for tackling work-related stress

Implementing the Standards in the Healthcare Services Sector

This article provides a brief introduction to the HSE Management Standards for tackling Work-related Stress (the Standards) with a short summary of HSE's work to promote take up of the Standards (or equivalent) process throughout the Health Services Sector. A future article will focus on feedback from some of the organisations participating in this initiative.

So why tackle Stress?

- Apart from moral and financial reasons (Sickness absence costs the NHS £1bn/year - DoH estimate), employers have a legal duty of care for the Health, Safety and Welfare of their employees [HSWA 1974] and a duty to carry out (and act on the findings of) risk assessments for workplace hazards, which include work related Stress (WRS)
- There are close links between reducing staff stress and improved provision of patient care
- Approximately 30% of all sickness absence in the NHS is attributable to Stress.

The HSE definition of stress is

'The adverse reaction people have to excessive pressure or other types of demand placed on them.'

HSE Management Standards for work-related stress

Many organisations consider Work-Related Stress (WRS) as too complicated to tackle. With this in mind, HSE developed Management Standards for six areas of work identified by research as potential stressors - Demands, Control, Support, Relationships, Role and Change. The Standards are accompanied by a process that provides a practical risk assessment based approach to tackling WRS. By comparing themselves against the Standards, organisations can work with employees and their representatives, to identify potential causes of stress and tackle them by applying good management practice.

Since launching the Standards in 2004, HSE has been working to raise awareness and promote their use, initially focussing on five key sectors that statistically show the highest incidence of WRS - Health Services, Local Government, Central Government, Education and Financial Services.

So far, HSE's approach has not been enforcement led, instead working in partnership with NHS Employers, Acas and others to actively provide access to guidance and help. However, HSE is refining its inspection and enforcement approach in the light of feedback from activity so

far and a programme of targeted inspections in the is planned for 2007/2008.

The HSE implementation plan has two phases.

Phase One

For Phase one, HSE supported 21 NHS trusts and Health Boards (Trusts) to implement Standards process. Specially trained HSE inspectors worked through the process with individual Trusts, with support from Occupational Psychologists and Acas Senior Advisors if needed.

Participating Trusts have provided data, case studies and provided a valuable insight for the wider introduction of the Standards in phase two.

Phase Two

Since April 2006, HSE, has been pro-actively encouraging take up of the Standards or equivalent by the remaining NHS and Independent Healthcare providers. The size of the sector means HSE is unable to provide the same model of support as in phase one. Instead, a series of free Healthcare sector specific regional 'Healthy Workplace Solutions' workshops was delivered in partnership with NHS Employers through Autumn 2006. The workshops addressed the importance of managing sickness absence with a focus on tackling WRS by practical application of the MS process.

Continuing HSE support for Trusts attending workshops includes

- A dedicated helpline
- A series of regional Masterclasses to be delivered during 2007
- Advice on selecting practitioners for trusts wishing to take that route.

If there is sufficient demand, HSE may run further workshops in spring 2008. If your organisation did not attend last year but would be interested please email your contact details to health.stress@hse.gsi.gov.uk

For further information:

The Management Standards and associated guidance and tools are available free via the HSE website at www.hse.gov.uk/stress/standards.

HSE Infoline: 08701 545500

Stress Programme Team
HSE, Rose Court, 2 Southwark Bridge,
London SE1 9HS



Coping with change



Deborah O'Dea
President, HPMA

Discussion at a recent dinner with fellow board members inevitably turned to the troubling question of NHS reforms and Tony Blair's achievements as prime minister.

There was a lot of debate as to whether we needed politicians to set us in the right direction on patient-centred care. There was general agreement, regardless of political affiliation, that this had been a cultural change for the better - and that it would not be reversed by any future administration.

Throughout my career, I have been dedicated to ensuring everything the health service does is about the patient. So I am particularly interested in the concepts of patient focus and patient-centred care.

Blair's legacy is an NHS of patient satisfaction surveys, public and patient involvement forums and other means of involvement, together with more honesty when we get things wrong.

A question of priorities

Patients tell us they want empathy and understanding; they want to be treated as individuals, not processed in a sausage machine. In the past, we have questioned whether this is really what patients wanted most, or whether safe, high-quality care was more important. In our more patient-centred world, we are growing to understand that they expect safe, high-quality care as a given, and want individual care and understanding as well.

For our part, human resources practitioners translate this into a number of interventions. We focus on education and learning, the knowledge and skills framework and performance appraisals, creating the environment and culture that supports, develops, encourages and rewards staff for meeting patients' needs. We also consider how we can recruit staff with a positive attitude and attributes that deliver patient-centred care.

Last year I was delighted to be involved in giving a national human resources award for excellence to a trust that had developed a person specification, using symbols to enable patients and clients with learning difficulties to participate in recruitment.

Good intentions

One of the main objectives of Modernising Medical Careers was to ensure all junior medical staff are fully competent in all areas of their practice, aptitude, knowledge and skills, including softer skills associated with attitude, communications and the personal touch.

The medical training application service was meant to deliver best practice in recruitment, especially equality of opportunity. Despite laudable ideals, the process appears to have gone wrong, causing so much concern that it has even reached the Commons and brought doctors onto the streets

in protest - while everyone has forgotten how poor the previous process was.

Even if it had worked as planned, the very things it sought to change would still have been a massive challenge.

What strikes me yet again is how difficult change is for people. And it is no less difficult when our intentions are absolutely right and serving the patients' best interests. I have heard some differential debate as to the responsibility we bear towards individual doctors, and here I think is the interesting question.

The recruitment selection process is just that: it discriminates in the selection of one potential member of staff over another. Competition for jobs produces winners and losers - we cannot always guarantee people what they want.

The size of the task in relation to Modernising Medical Careers has necessarily left us with large numbers of frontline staff facing uncertainty all at once, with many feeling they will lose out. This unsettling time will continue for many people for some time. Doctors fear difficult decisions will have to be made between finding employment in their speciality of choice and living in their location of choice. Life-changing personal decisions are hanging on the views of an interview panel.

These fears may turn out to be unfounded. After all, it is the process that has changed, not a reduction in the number of posts, but it is the waiting and not knowing that is difficult.

Back to basics

In 1954, Abraham Maslow identified a hierarchy of human needs, the most basic being food and shelter. He referred to these as prepotent needs.

Maslow suggested that the human condition forces us to satisfy these needs before we can turn our attention to much else. Lack of job security is very threatening to food and shelter needs and, if Maslow is to be believed, that insecurity must be threatening to patient care.

While medicine has always been a meritocracy, and we are not in a position to guarantee all staff the jobs they want, we have a duty to reduce this insecurity in the system as soon as possible.

Great efforts have been made to get Modernising Medical Careers back on track. The health secretary has set up an independent review under the chairmanship of Peninsula medical school dean Professor Sir John Tooke. He and his team are excellent people who will do a thorough job. This leaves the rest of us free to stop attributing blame and debating what should have happened, and to pull together across professional boundaries to get doctors into jobs and patients treated.

The Department of Health, NHS Employers,

deaneries, royal colleges, the Postgraduate Medical Education and Training Board, the British Medical Association and others are working around the clock to ameliorate this situation, but they need support from the front line. First, they need us to recognise the complexity of finding appropriate solutions.

Everyone has their own pet solution, and every

single one of those solutions comes with a different set of problems attached. Our job is to get security and certainty back into the system as quickly as we can.

This article first appeared on the HSJ website in the opinion section www.hsj.co.uk/healthservice-journal/pages/Ool070531odea

London calling

The London & South east branch of the HPMA has now split and the new London branch chair David Amos has announced two new events for members based in the London region.

- Launch event "London calling" Wednesday 26 Sept UCLH, Warren Street
- Award winning ideas from London Wednesday 28 Nov UCLH, Warren Street

Members interested in joining the new branch committee should contact Malcolm Davies on malcolm.davies@uclh.nhs.uk

The new London branch team are determined to get develop a strong branch network and would like to develop initiatives such as a networking buddy system where members are 'buddied up' with colleagues across the region to share ideas, tools and good practice.

In the news:

The government has set aside £4.3bn in funding for the training and development of the NHS workforce.

The Department of Health and the Department for Education and Skills announced the arrangements for the management of the training budgets by strategic health authorities. The new figure represents an increase of 3.6% over 2006-07 and excludes student grants.

Health authorities will work with higher education institutions on investment planning based on long-term workforce needs already agreed with the Department of Health.

Health minister Lord Hunt, said: "This agreement represents a significant commitment to the training of our next generation of healthcare professionals. It is important that the NHS has the freedom to manage training so that workforce development reflects the healthcare needs of the local population.

The Royal Institute of Public Health (RIPH) is launching a qualification specifically targeting workers with an interest in helping people adopt healthier lifestyles.

The 'Understanding Health Improvement' qualification was developed following strong public response to

the government's White Paper on health last year.

Dr Alan Maryon-Davis, RIPH chairman, said: "This new qualification is a significant opportunity for anyone interested in promoting good health to get started on the skills ladder of helping people adopt healthier ways of living."

People who work in pharmacies, care homes, leisure centres, supermarkets and schools all have a role to play, he added.

The National Union of Teachers has refused to rule out joint strike action with civil servants and NHS workers in September as the wait to hear from government on pay continues.

The School Teachers' Review Body wrote to the government more than a month ago asking that September's biennial pay rise be reviewed in the light of inflation.

With the NUT still waiting to hear the response, it has opened talks with fellow public sector unions such as Unison and the Public and Commercial Services Union (PCS) to consider joint action.

PCS general secretary Mark Serwotka last week said that September could see widespread industrial action, with incoming prime minister Gordon Brown's speech at the Labour Party conference a possible target.

Personnel
today

Flexible working: statutory rules before and after 1 April 2007

beachcroft

If you would like more information about any of these issues or any issues relating to our health employment expertise, please contact **Rachael Heenan** rheenan@beachcroft.co.uk at Beachcroft LLP or call her on 0113 251 4714

Date	Before 1 April 2007	After 1 April 2007
Nature of the right	From April 2003 there has been a statutory right to request a contract variation in certain circumstances.	The nature of the right will be the same.
Who can apply?	<p>In order to make a request an individual must:</p> <ul style="list-style-type: none"> • be an employee; • have a child under six, or under 18 in the case of a disabled child; • be either the child's mother, father, adopter, guardian or foster parent, or married to or the partner of the child's mother, father, adopter, guardian or foster parent; • have worked with their employer continuously for at least 26 weeks at the date the application is made; • make the application no later than two weeks before the child's sixth birthday or 18th birthday in the case of a disabled child; • have or expect to have responsibility for the child's upbringing • be making the application to enable them to care for the child; • not have made another application to work flexibly under the right during the past twelve months. 	<p>On 1st April 2007 the right will be extended to employees who are or expect to be caring for an adult who:</p> <ul style="list-style-type: none"> • is married to, or the partner or civil partner of the employee; or • is a near relative of the employee ie parent, parent-in-law, adult child, adopted adult child, sibling (including in-laws), uncle, aunt grandparent and step-relative; or • falls into neither category but lives at the same address as the employee. <p>All other relevant qualifying conditions will be the same i.e. employee must:</p> <ul style="list-style-type: none"> • have 26 weeks' continuous employment; • make application for the purpose of caring; • not have made another application to work flexibly during the past twelve months.
What changes can be sought?	<p>Eligible employees are able to request:</p> <ul style="list-style-type: none"> • a change to the hours they work; • a change to the times when they are required to work; • to work from home; <p>Covers working patterns such as annualised hours, compressed hours, flexitime, homeworking, job-sharing, self-rostering, shift working, staggered hours and term-time working.</p>	The position will be the same for all requests.
The procedure	<p>Up to the employee to make a considered application in writing. Only able to make one application a year under the right.</p> <p>Accepted applications will mean a permanent change to the employee's own terms and conditions of employment unless otherwise agreed between both parties.</p> <p>Within 28 days of receiving the request, the employer must arrange to meet with the employee. The employee can, if they want, bring with them a worker employed by the same employer as a companion.</p> <p>Within 14 days after the date of the meeting the employer must write to the employee to either agree to a new work pattern and a start date; or to provide clear business grounds as to why the application cannot be accepted and the reason why the grounds apply in the circumstances and set out the appeal procedure.</p> <p>All time periods can be extended where both the employer and the employee agree.</p>	The position will be the same for all requests.

<p>Grounds for refusal</p>	<p>The reason for the rejection must be one or more of the following business grounds:-</p> <ul style="list-style-type: none"> ● The burden of additional cost to the business; ● Detrimental effect on the ability to meet customer demand; ● Inability to reorganise work within existing staffing; ● Detrimental impact on quality; ● Detrimental impact on performance; ● Inability to recruit extra staff; ● Insufficiency of work during the periods the employee proposes to work; ● Planned structural changes. <p>The employer must provide a sufficient explanation to the employee of why one or more of the above grounds applies and why that results in a refusal of the request.</p>	<p>The position will be the same for all requests.</p>
<p>Can an employee appeal against the decision?</p>	<p>Yes. The procedure provides an employee with the right to appeal against their employer's decision within 14 days of being notified of it. The appeal process is designed to be in keeping with the overall aim of the right of encouraging both employer and employee to reach a satisfactory outcome at the workplace.</p>	<p>The position will be the same for all requests.</p>

Exclusive HPMA conference preview! New software solution from Consult GEE

Consult GEE is launching a new software service and we are delighted to offer a preview for HPMA members at this year's UK conference. We will be offering free demonstrations at the Consult GEE stand (17) for anyone wishing to take advantage of this exclusive preview.

The new software solution will enable HR practitioners to:

- Ensure all employees and line managers read important communications including HR policy.
- Provide proof in the event of litigation or tribunal that adequate information and training has been provided to employees.
- Help NHS organisations to reduce the cost of expensive litigation allowing resources to be invested into patient care.

- Enable HR practitioners to offer cost-effective training and empower employees and line managers through the delivery of guidance and e-learning material to improve the delivery of patient-led services.
 - Provide management information about the success of training spend.
 - Save time and resources on costly administrative tasks.
- Don't miss this exclusive preview - visit Consult GEE at Stand 17 at the HPMA UK conference 2007.**



Visit us at stand 17 at this year's HPMA UK Conference for a demonstration or email robert.head@thomson.com for more information.

DATES FOR YOUR DIARY

- **HPMA and NHS Partners Excellence in HRM Awards Ceremony** 7 June 2007 London
- **HPMA UK Conference** 8 June 2007 London
- **NHS Employers annual conference and exhibition 2007: leading workforce thinking** 9-11 October 2007 ICC, Birmingham

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@hpm.org.uk for details on your local branch.



Awards sell-out!

The seventeenth annual HPMA and NHS Partners Excellence in HRM Awards are a sell-out. We have over 310 guests attending the gala dinner on Thursday 7 June with HR leaders and colleagues from across the UK set to celebrate the excellence of our profession.

We would like to thank everyone who has been involved in the organisation of the wonderful awards programme. In particular Beachcroft for their support in providing wonderful premises which made even the final shortlisting a memorable occasion. We would like also to thank the many judges themselves. Judging these entries is a most uplifting but onerous task.

This year we had some of the most outstanding entries we have ever seen. The electronic version of the awards compendium will be available to all members on the HPMA website from Monday 11 June.

Remember that each category in the competition is judged upon its own merits by an independent judging panel, which includes the sponsor. So it is possible for organisations to win one more than one award. We believe this is correct because each entry must be judged on its own merits. The judging panel chairs then decide which of the winning entries is the very

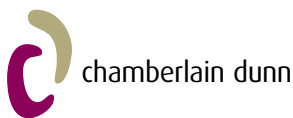
best of all - the coveted prize of overall winner.

During the past few years the HR community in the NHS has delivered the GP contract, Improving Working Lives, The consultant contract, Agenda for Change a plethora of re-organisations and now Modernising Medical Careers.

Many of these interventions were necessarily transactional HR, needing expert introduction to produce a fine platform upon which to build a modernised NHS.

Some HR practitioners bemoaned their fate at needing to concentrate on the introduction of transactional foundation work. Others, those in this room, did at least their fair share in this regard, plus the day job and in addition have found the time, energy and inspiration to develop excellent projects and programmes of work to take their organisations forward.

So we would like to congratulate all the project teams that have reached this year's final. They cannot all be the outright winner, but all deserve our admiration and respect for the excellence in human resources management that they represent. Good luck to all the finalists and to our wider membership - a reminder to look out for future HPMA events that will highlight this good practice in the coming year.



To find out more about our vast healthcare workforce resource, go to www.health-workforce.com or visit our stand and fill in your details to take advantage of this FREE trial.

HEALTH WORKFORCE BULLETIN

Tracking employment trends in healthcare

FREE TRIAL for HPMA members

Now on-line to give you high quality, independent editorial content, but faster and cheaper than ever before.

The highly respected Chamberlain Dunn healthcare employment newsletters – independent, succinct, authoritative – are now on-line to give you speedier delivery, regular updates and easier access to our comprehensive archive.

Employing
Nurses & Midwives



Employing
Doctors & Dentists



Employing
AHPs & Health Scientists



*If you decide to take out a subscription to any one of these report series, you receive four issues of our generic report *Employing Healthcare Professionals*, absolutely free.*

www.health-workforce.com