

The newsletter of the Healthcare People Management Association

Inside

2,3,4
HPMA Talent Management Strategy Online Survey - Summary Report July 2009

5
HPMA Talent Management Strategy: Input from Employers

6
HPMA consultant proposals
2nd Annual Nursing Times Nursing Workforce Forum

7
Ask the experts

8
Government consults on whistleblowing

10 top tips for conducting employee investigations

9
Launching health and social care's first bespoke employer confidence survey

Nursing - Emerging Issues in 2009

10
Achieving high performance

11
Dealing with the Downturn

Kelvin Cheatle
President

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

THE AMERICAN WAY



I've been spending quite a lot of time in the USA of late and in my travels have spoken to many senior HR and health managers about leadership and retention across the pond.

The stereo typical view is that our American cousins are the epitome of the entrepreneurial culture, and hire and fire senior executives at will if performance is perceived to be less than perfect. Well - the evidence of my contacts suggests that the recession has made many organisations much more careful in reaching such decisions, as the cost of high wastage rates cannot be sustained.

At a time when NHS chief executives have a shelf life not dissimilar to a premier league football manager, perhaps the HR community needs to lead a debate about whether its time for us in the UK to rethink this tendency to 'hire and fire' at senior levels.

One senior US leader said to me only a week ago, 'nobody ever expresses doubt when these

CEOs are appointed; they are always trailed as high quality, best of field candidates. Then suddenly they become tarnished goods and the next candidate is wheeled in.'

There is no denying that such policies leave a huge cost - both financial and human - in their wake that must make most grounded HR directors feel uncomfortable. At the same time all the talk is of leadership development and talent management, so what exactly do we mean by these espoused policies? Certainly taking on a CEO position in the NHS is not for the faint hearted - managing multi million pound high risk organisations for modest rewards and with little job security is not the most attractive package, even in a recession.

So in my personal opinion I think its time for an honest debate. If we want to continue to ape the American way then a reappraisal may be due.

Kelvin Cheatle HPMA President
Director of Workforce/Environment, WLMHT

Calling all HR consultant members!

Support the HPMA by joining the new preferred supplier consultant list, complete the simple form and return to HPMA head office.

See p6 for more details or just download the form from the HPMA website www.hpma.org.uk

HPMA Talent Management Strategy Online Survey - Summary Report July 2009



A special thanks to Johanne Malin of goodpractice for preparing this report and to the 409 members and HR colleagues who contributed their time and thoughts to the survey.

The online Talent Management survey was designed to explore how HPMA might further support the **career development** of its members by soliciting input from individual HR practitioners at all levels and in all disciplines.

There were **409** responses from the following **Levels and Disciplines**:

Level/Grade:		Disciplines:	
2	3	Admin	19
3	23	CEO	1
4	26	Counsellor	1
5	45	HR	250
6	58	L&D	71
7	66	Medical	6
8	6	OD	56
8a	69		
8b	37		
8c	26		
8d	6		
9	1		
Consultant	2		
Graduate	2		
Snr Mgmt	35		

AREAS COVERED

Questions were asked to gauge the extent of existing career development, the needs of members and area where HPMA might be able to add value or provide a service. The questionnaire covered the following subject areas:

- **Roles** within the profession - what they are and the criteria for promotion
- **Career Opportunities** - extent to which opportunities are available in the NHS and where members might look for future career opportunities
- **Potential** - extent to which individuals feel their potential is being maximised
- **Career Development** - the types of activities members are doing or would like to do
- **Career Management** - the challenges in developing your own career and those of team members
- **HPMA** - how HPMA might support the development of HR professionals in the NHS

FINDINGS

Summary information of the various areas follows:

- **Roles within the profession**
93.6% know what the various jobs/roles are in their profession.
90% feel that this information is **very or moderately** important.

Information about roles is gained from the following sources:

A4C	7	NHS Jobs	5
Contract	1	NHS Websites	5
ESR	2	Org	87
Experience	106	Sources (other)	123

Sources (other) include: CILIP, CIPD, HPMA, Internet, Job Adverts, Networking, Online Services, Professional Journals, Studying

• Promotion criteria

- 73% said they knew the criteria for promotion with their profession.
- 94% feel that this information is **very or moderately** important.

Information about roles is gained from the following sources:

A4C	19	NHS Jobs	2
Appraisal	4	Org	46
Experience	57	Sources	61
Job specs	74		

• Career Development

- 62% felt that there are sufficient career development opportunities available to them in the NHS, 38% felt that there weren't.
- 81% stated that they would or might consider looking for career opportunities outside the NHS:

Sectors of choice:

Any	122
Public	84
Private	41
Third	12
Self Employed	3

Top 5 industries:

Education	20
Local Authority	11
Health	5
L&D	5
Voluntary	5

• Potential

- 70% feel that their potential is **not** or is only to **some degree** being maximised. Reasons given were:

Workload/type	14
Scope of role (limitations/skills unused)	12
Management (poor)	11
L&D opportunities (lack of)	6
Personal responsibility	4
Changes in Organisation/NHS	3
Qualifications more relevant (than experience)	2
NHS system/performance management	1
Career opportunities (lack of)	1

• Development undertaken and available

Secondments and Job Exchanges are the development activities that members would most like to undertake and are not readily available to them:

Answer Options	Have undertaken	Would like to undertake	Is available to me	Response Count
a. Formal qualifications	313	52	52	355
b. Role specific courses	265	85	84	356
c. Personal development courses	250	105	86	360
d. Coaching/Mentoring - being coached or mentored	118	141	91	313
e. Coaching/Mentoring - as a coach or mentor	123	137	62	294
f. Secondment - within the NHS	78	143	80	284
g. Secondment - outside the NHS	16	143	32	189
h. Job exchange - within your organisation	13	108	35	155
i. Job exchange - in another organisation	7	122	18	146
j. Networking - at formal events	230	68	80	312
k. Networking - informally at social events or online using forums	189	62	76	275
l. Self Directed Learning	260	61	99	335
m. Online resources	258	61	104	343
answered question				371
skipped question				38

There were many **additional** development activities that members are either undertaking or would like to:

You have undertaken

CIPD branch events
 Action Learning Sets
 Experiential Learning
 Job Shadowing
 Training others in charities
 NEBS (Dip L'ship and Mgmt)
 Wider Public Sector Workshops
 Personal Development Study Days
 Committee Membership
 Graduate Diploma - Health and Social Care
 Presenting at conferences
 MBA (Strategy, Change, HRM)
 360 degree appraisal
 Support Worker - Harassment in the Workplace
 Professional Assessment of Competence (CIPD)
 Associate at Aston University Business School
 CPP
 Advanced Dip in Business Performance Coaching
 Industry conferences
 Regional Aspiring Director programme
 NVQ
 Delivering Training

National HR Leadership Programme
 Minute Taking
 First Aid
 Running a Profit Based Organisation
 CPD Group
 Mediation training
 Community voluntary work
 Clinical Audit
 Project work
 Diversity training
 HPMA Branch Committee Member
 LQF
 Myers Briggs

You would like to undertake

Coaching qualification
 Mediation Training
 Secondment overseas
 Working with Local Authority colleagues
 Research Degree (HR)
 Psychometric Qualifications e.g. Myers Briggs
 PhD
 Local HR/Education forum with other organisations

Learning & development with other local organisations
 Management NVQ
 Shadowing or buddy schemes to learn new skills/seek advice
 Qualification in Equality & Diversity
 Delivering Leadership Development
 Updating old qualifications
 CIPD advance employment law certificate
 Team Building Exercises
 Aspiring NHS HR Directors course
 Teaching qualification
 Job Planning
 Project work
 Change Management

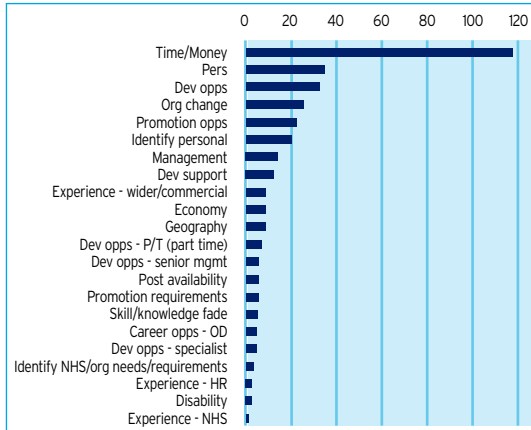
Are available to you

In house training courses
 Shadowing/short periods of work exp in other services (clinical)
 Regional training events on different topics

HPMA Talent Management Strategy Online Survey continued

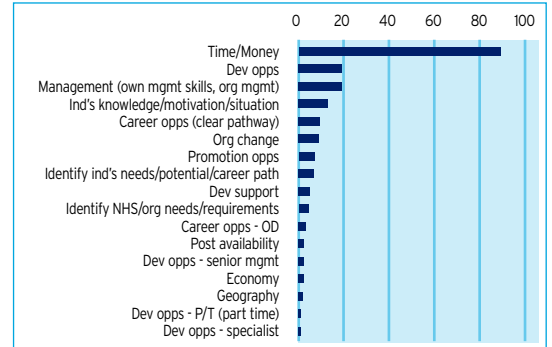
• Career management - self

The biggest challenge to career development is the limited amount, or availability of, **time and money**.



• Career management - team members

Most challenges respondents faced when supporting the development of their team members were also **time and money**. A significant number stated that **individuals' own motivation** or desire for development was an issue.



• HPMA - support

Most respondents stated that they would find all of the suggestions useful - the most valuable being an **online toolkit!**

Answer Options	Would find valuable
Database of practitioners, searchable by job role, location, areas of expertise/interest, etc	226
Job board for finding career opportunities	248
Links to provisions by other organisations e.g. CIPD, Institute for Innovation and Improvement, etc	241
Access to careers advice, career development services, etc	249
Forums to interact and share knowledge with practitioners across the UK	224
Toolkit for personal and career development e.g. online access to how to guides, management theory and models, diagnostics, personal development resources and training materials, etc	282
Answered question	343
Skipped question	66

A number of additional suggestions were offered, **coaching** being the most popular:

Coaching (mentoring, buddying)	8	Man Dev Training	1
HR dev/quals	6	Recruitment support	1
HR updates/info/research/tools	5	Rep for UK NHS	1
Secondments/Work experience	5	Work assessment	1
Events for specific levels/professions	2	Workforce planning	1
Conferences	1		

ANALYSIS AND RECOMMENDATIONS

The primary areas of concern appear to be:

- The **availability** of development opportunities
- **Looking outside the NHS** for a career opportunity
- Realisation of **potential**

The areas where HPMA could add real value are:

- Providing a **secondment/job exchange** programme
- Providing a **portal** which would provide quick and easy access to both career development information and resources that would help address issues around time, money and the availability of formal development opportunities

HPMA Talent Management Strategy: Input from Employers (London Region June 09)

Where do we source talent from?

- NHS network
- Personal Network
- Word of mouth
- 'Breaking Through'
- Advertise in People Management
- Agencies
- Gateway
- Graduate Training Scheme
- Head hunters
- NHS Jobs
- Other Trusts
- Private Sector
- Recruitment Coys (MH, Hudsons, Harvey Nash, Hays)
- Poaching
- Secondments - internal and external
- Design a role to attract the talent you want
- Ex-clinical staff
- Grow your own
- Interims
- Internal Succession Planning
- Internal talent spotting
- Staff side

What are we looking for?

- Ability to adapt
- Ability to motivate
- Ability to work in changing environment
- Business Focus/Acumen
- Can do attitude
- CIPD Qualification
- Creativity (outside the NHS box)
- Credibility
- Drive
- Drive and enthusiasm
- Energy and motivation
- Excellent communication skills
- Experience - broader than HR & NHS
- Experience - HR/ER
- Experience - NHS
- Flexibility
- Follow through
- Good at data
- Good with people
- Inspiration

- Intelligence
- Lateral thinking
- Leadership
- Ownership
- Potential
- Relevant role experience

What comps are needed in today's NHS?

- Added value
- Advance IT skills
- Analytical
- Business Focus
- Change management
- Delivering Productivity
- Equality and diversity experience
- Financial acumen/knowledge
- Focus on Productivity
- Income generation
- NHS skills, competences, experience, knowledge
- Numerate/Financially literate
- Performance Driven
- Performance/Results driven
- Political nous
- Proactive
- Process Mapping
- Project Management
- Relationship Building
- Seeing the big picture
- Service focus and improvement
- Tough mindedness
- Transformational Leadership
- Understanding our business (NHS)

What are the gaps?

- Building credibility of HR through highlighting impact
- Coaching skills
- Culture change & influence (marketing)
- Ethnicity
- Financial skills
- Gender balance
- Influencing skills
- IT skills
- Lean
- Measuring HR performance (targets, KPIs)
- Presentation skills

- Report writing
- Thinking - Commercial
- Thinking - Strategic
- Understanding neighbouring providers
- Understanding Politics
- Wider understanding of the structure the Business operates in

What do we need to do to retain talent?

- Business Partnering in the true sense
- Clear career structure, pathways and planned movement (up and sideways), faster progression
- Clear competencies
- Collaborative working
- Effective performance management
- Exposure (internal and external) to gain understanding of finance, business and commissioning targets
- Flexible working practices
- Get rid of bureaucracy - allow us to deliver
- Give autonomy
- Good service management
- High level mentorships
- HR function needs to be achieving and forward thinking
- Improved use of IT
- Development - needs analysis and invest in opportunities
- Job rotations
- Less transactional work
- Listen to gripes and do something about them
- Make them feel valued
- Money
- More time to do things properly
- Project work
- Quality appraisals
- Raise the profile, reputation and perception of HR
- Recognise success
- Reward appropriately
- Role clarity & design
- Secondments
- Succession Planning
- Variety of roles

 **GoodPractice**
for leaders and managers



The employers' input suggestions were collected during discussions at the HPMA London branch meeting in June. Thanks to branch chair Kevin Croft and Johanne Malin of goodpractice.

HPMA consultant proposals



With new funding to support branch development work the Association is keen to use the best consultant support available. So HPMA have now opened a preferred supplier list for consultant services.

The development work will hopefully be interesting and challenging, we expect opportunities to become available across the UK. In principal projects will fill in the gaps for HPMA branch and council officers who have 'day-job' commitments.

To join this list you simple need to complete an application form - questions include areas of

specialism, experience, references and confirmation of professional indemnity insurance. This pool of consultants will then be used for ad-hoc projects, based on a process of matching skills and expertise.

In light of the great work branch and council members already do in their free time, we are asking that any consultant interested in joining the preferred supplier list agrees to offer up to 2 free 'pro bono' days over the 12 month period. Download the application at www.hpma.org.uk

We look forward to developing a strong list to help take HPMA branch development to the next level.

2nd Annual Nursing Times Nursing Workforce Forum

Workforce strategies to deliver high quality nursing care
6 October 2009 London

The Nursing Workforce Forum from Nursing Times is your annual one-stop shop for nursing workforce issues. Covering all the key issues and providing unrivalled networking. If you're a nursing leader or manager, a workforce planner, an HR manager or involved in the education, training and development of nurses, it's the only workforce event you need to attend this year.

Clare Chapman, Director General of Workforce at the **Department of Health** will be delivering the keynote presentation at this important event.

Also features special post-conference seminar:

Transforming the Community and Primary Care Nursing Workforce

7th October 2009, London

Discounts available for HPMA members

www.nt-workforce.com

South & West HPMA branch AGM

Thursday 10 September 2009

For further details contact branch chair **Steven Keith** on 01823 361134 or steven.keith@southwest.nhs.uk

Ask the experts

QUESTION:

What are the plans in the Equality Bill to effectively address the gender pay gap?

ANSWER:

"Nearly 40 years after the Equal Pay Act, we still live in a society where for every pound earned by our sons, our daughters will take home less than 85 pence" (Parliamentary Briefing, Equality and Human Rights Commission May 2009).

The Commission which was established in October 2007 (and replaced the Equal Opportunities and other commissions) is working to eliminate discrimination, reduce inequality, protect human rights and to build good relations, ensuring that everyone has a fair chance to participate in society. Statistics show that the gap is wider in the private sector than in the public (a full-time gap of 21.7% compared to 13.8%) and evidence produced for the Commission in 2008 showed that far fewer private than public sector employers are taking action to close the gender pay gap by carrying out equal pay reviews (23% compared to 43%).

How is the Bill building on current legislation in order to seek to remedy the problem?

- **Material factor defence:** Under the Equal Pay Act 1970 (EqPA) an employer can only pay a man more than a woman for doing equal work, if it can prove that the variation in pay is genuinely due to a material factor that is not the difference of sex. Under the Bill, in addition to the implied equality clause on pay there will be a specific clause to protect women taking maternity leave. It also contains new, expanded, provisions concerning the "material factor" defence including a definition of indirect pay discrimination which can be objectively justified by the employer. The employer will have to show that the indirect discrimination was a proportionate means of achieving a legitimate aim.

- **Hypothetical comparators:** Under the EqPA an employee must show that their terms are less favourable than a real comparator of the opposite sex. The Bill keeps the requirement for an actual rather than hypothetical comparator. However where there is no actual comparator it is proposed that an employee could bring a claim for sex discrimination "in relation to contractual pay" under the direct discrimination provisions.
- **Transparency (secrecy clauses and gender pay reporting):** the Government believes that greater equality can be achieved by encouraging transparency and proposes to outlaw secrecy clauses any work-related term which bans employees from discussing their pay with colleagues). Subjecting an employee to disciplinary action will constitute victimisation. The Government has also indicated that from 2011 public bodies with more than 150 employees will be required to publish annual details of their gender pay gap, and ethnic minority and disability employment rates.

The Bill received its second reading in the House of Commons on 11 May 2009 and is now being considered in Committee until 7 July 2009. It is currently anticipated that it will reach the statute book in early 2010 and that some of its provisions may be brought into force from October 2010. With an election in the interim, it remains to be seen how much of the legislation will be brought into force and when.

Through the summer there will be consultation on various aspects of the Bill and leading on from this consultation the Commission will produce an annual report on the gender pay gap. It is expected that a substantial number of amendments will be tabled to give clarity to, or change the emphasis of, what is proposed. There is still a great deal of work to be done: for many, the Bill is not yet fit for purpose.

beachcroft

Further information

For further details of this case or how our specialist national equal pay unit can help you, please contact:



Rachael Heenan
rheenan@beachcroft.com

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 Lauren Crawford on 020 8334 4530 or admin@hpma.org.uk for details on your local branch.

Government consults on whistleblowing



Amanda Beaumont, associate,
Eversheds LLP
amandabeaumont@eversheds.com

Last year some 1700 claims to employment tribunals involved whistleblowing - in other words, complaints made by employees who say they have been dismissed or suffered a detriment as a result of raising concerns about malpractice or other wrongdoing.

In this type of claim employment tribunals can only rule on the unfair dismissal or detriment claim. What they cannot do is take any action or make any assessment of the underlying allegation, even in serious cases of impropriety or financial irregularity.

The government has now revealed details of proposals designed to enable allegations of impropriety in whistleblowing cases to be investigated. The proposals are set out in a consultation paper issued in July 2009 the Department for Business, Innovation and Skills (BIS).

In brief, BIS recommends that employment tribunals be allowed to pass on details of the allegations of the underlying issue in a whistleblowing claim (such as claims in relation to patient safety) to appropriate regulators. The regulator can then investigate the malpractice where appropriate.

The consultation paper lists 50 plus regulators

that tribunals will be able to refer cases to. Included on the list are the Care Quality Commission, the Healthcare Inspectorate Wales and the Scottish Commission for the Regulation of Care.

Before an employment tribunal can pass on this information, however, the employee issuing the whistleblowing complaint must have given express consent. This consent will be indicated by way of an additional tick box which will need to be added to the claim form (known as an ET1) in the event that these proposals go ahead. The tribunal can then pass on a copy of the ET1 or relevant extracts from it to the regulator if it sees fit. To minimise the risk of unfounded allegations finding their way into the public domain, tribunals will not be able to pass the allegations on to anyone else.

BIS is keen to avoid the proposed changes having a negative impact on the employment tribunal process and in particular the speed of dealing with claims. Therefore it is not proposed that the employment tribunal will be able to approach the claimant for additional details about their whistleblowing allegations. This will be a matter for the regulator to follow up as appropriate. The consultation process closes on 2 October 2009.

10 top tips for conducting employee investigations



Chris Dunford, Human Resource
Consultant, Eversheds LLP
chrisdunford@eversheds.com

Investigations into issues of discipline, grievance, capability and harassment and bullying can be time consuming and complex. From our work in conducting employee investigations for clients and training line managers and HR professionals, we have put together 10 top tips which we hope you will find useful.

1. Train your investigators in the legal framework of employee investigations, the investigation process, interviewing skills and how to collate and evaluate relevant evidence into a succinct report.

2. Take time to scope the investigation fully and be very clear on a) the specific issues/allegations you are investigating and b) the witnesses you need to interview. However, be prepared for this to change as the investigation progresses.

3. Follow the ACAS Code of Practice on Disciplinary and Grievance Procedures as well as your organisation's own procedures. Don't forget there are special procedures for dealing with concerns about doctors and dentists (Maintaining High Professional Standards in the Modern NHS). Investigate promptly, be consistent, focus on facts and allow the employee to state their case.

4. With allegations of bullying and harassment, take care to safeguard confidentiality and adjust your

approach to take account of the sensitive nature of the investigation. For example, you might allow the complainant to bring a friend or relative along to the investigatory meeting, rather than a colleague or trade union representative.

5. Before investigatory interviews brief the note taker (if you have one) and give them a copy of your script and any questions you have prepared. This will save time during the interview.

6. During the investigatory interview don't be shy in asking witnesses probing questions to get to specific details of what has happened. You can and should ask direct questions.

7. If you are interviewing someone who has raised a grievance, ask them what their preferred outcome is. You may be surprised by their response.

8. Focus on facts, not opinions or hearsay.

9. Don't forget that your conclusions must be on the balance of probabilities and not beyond all reasonable doubt.

10. Make sure your report is succinct and clear, that you refer to all relevant evidence and that it is balanced - employers often get criticised for reports that focus too heavily upon the employer's position and give little weight to the employee's representations.

Launching health and social care's first bespoke employer confidence survey

The complex world of the health and social care workforce has never had its own employer confidence survey. True it has always formed part of the large surveys carried by, for example, CIPD and Manpower, but they simply reveal broad trends and not the kind of detail that employers and workforce planners need.

Most workforce surveys in this sector are retrospective. What was your vacancy level? What was your turnover rate? Where have you encountered shortages? What is the level of job satisfaction among your staff? Has staff morale improved over the past year?

Now Health Workforce Bulletin, in partnership with HCL, is launching the health and social care sector's first bespoke employer confidence survey, which invites employers to look forward three months and twelve months. We are inviting HR directors, clinical and non-clinical managers, workforce planners and employers in all settings to be part of this by completing an on-line survey every quarter. The results will build quarter by quarter into a valuable resource to track trends and staffing fluctuations across all areas of the health and social force workforce.

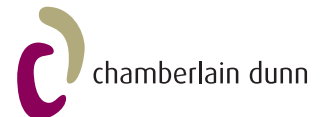
The survey is independent and confidential, and takes just a few minutes to complete. Your

details will not be used for marketing purposes. The findings will be published in a new publication HCL Health and Care Workforce Review which will also include succinct information about and analysis of workforce developments in medicine, nursing, allied health professions, healthcare science and social care. Sent to you free of charge, it aims to be an authoritative overview for busy managers.

Each quarterly survey will include standard questions about how you view the next quarter and the year ahead in terms of recruitment and retention across the various staff groups. It also includes a special section which will change each quarter and cover a topical issue. For the launch, this asks about the forthcoming public sector financial constraints and how you are likely to react to them. Want to be part of this? Register at www.health-workforce.com and we'll send you an invitation.

Alison Dunn

Editor in chief,
Chamberlain Dunn employment reports
Tel: 020 8334 4500



Nursing - Emerging Issues in 2009

The NHS Workforce Review Team recently published predictions showing that there is likely to be a reduction in trained nurses in the future and in 2020, 85 per cent of our workforce will be people who are currently employed in the NHS in some capacity. After extensive consultation the Nursing and Midwifery Council announced in September 2008 that new entrants to the profession will need to be degree level qualified in order to gain registration to practice, thus bringing nursing into line with other healthcare professions in the UK. Along with this development the NMC have also made a number of other commitments relating to a future framework for pre-registration nurse education as part of the Modernising Nursing Careers programme. These are summarised below and the profession is currently seeking to enter a dialogue with NHS employers on the impact and nature of these developments;

- Minimum award of a degree for pre-registration nursing programme
- Professional recognition on the Register denoting the field of practice
- The educational programme will be a mix of generic and field-specific learning with flexible boundaries, along with specific competencies

and outcome measures linked to progression points - this will take the form of a teaching learning and assessment framework

- The length of the programme to be a minimum of three years with a 50 per cent theory/practical split - including periods of time in community and other practice settings
- Flexibility in for stepping in and out of different aspects of the educational programme
- A period after registration for compulsory preceptorship - providing nurses with protected time for professional support
- A review of the funding arrangements for training as well as clarification regarding access routes to training and clear training pathways linked to differing access routes
- A review of clinical support roles to ensure they continue to support the delivery of high quality and safe care as nursing roles change with the advent of a new educational framework

NHS Employers have published a briefing document entitled 'The Role of the Nurse' and created an online questionnaire and are actively seeking employers' views on the current debate. For further information go to www.nhsemployers.org/nursing.



Sharon Gregory,
for Croner
www.sgttd.co.uk

Achieving high performance



Further information

For further information and support on how we can help your organisation to develop and improve, please contact Rita Sammons, Director on 0845 601 0649.

Organisational success may depend on a commitment to continuous refinement and development or on achieving radical change. In either case knowing where to start the process and where to focus effort can be difficult. Rita Sammons, Director at SOLACE Enterprises, outlines some ideas to help break negative behaviour patterns and achieve lasting change and improved efficiency.

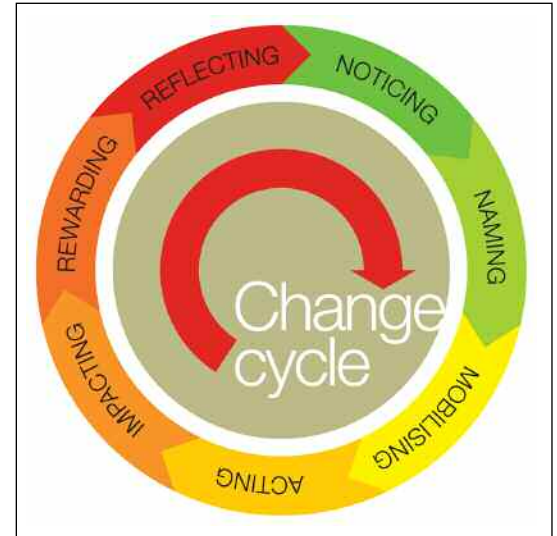
In today's complex and integrated public sector, with high expectations for cost-effectiveness, user satisfaction, community and patient engagement and end-to-end delivery, defining and delivering success is a challenge. Success in the future will look very different and organisations can't stand still or work in isolation. Achieving real organisational change means succeeding in breaking out of limiting ways of working - finding new directions and strengths while staying true to organisational values. Failure to change or ineffective change is usually characterised by a failure to think holistically; to identify (and direct) the impact of change across an organisation; to articulate new expectations; to engage staff and stakeholders.

Achieving sustained improvement in performance has 5 key components: vision, skills, resources, incentives, action plans. If one of these is missing or disconnected it can undermine the successful outcome of a change programme leaving staff confused about the direction or priorities, anxious about their own position, uncertain about what is expected of them.

One approach which can help HR staff and senior managers to understand and improve organisational effectiveness is the Change Cycle. This straightforward technique helps explore how effectively the organisation works, internal and external perceptions, and whether outcomes are being delivered effectively.

The cycle revolves around key questions:

- How well did you anticipate a change and prepare for it?
- Was change defined and understood across the organisation?
- Was sufficient capacity created to deliver change?
- Was the change process a co-ordinated and directed activity?
- How has the new approach altered behaviours? Real change, spin or business as usual?
- How has progress been measured and achieved?
- What was learnt and what are the future advantages?



Getting a real understanding on what is really happening involves talking to people across the organisation and at all levels, working with individuals and groups to explore their understanding of and response to key initiatives and through this to identify where the translation of goals and ideas gets lost, where enthusiasm and focus dissipates and where apparent change is actually just business as usual carefully disguised by those unwilling or unable to change. Our work shows us that organisations frequently get stuck in the same part of the cycle because the underpinning behaviours and issues have not been identified or resolved.

A proper understanding of the way organisation really works can help:

- release the full potential of staff
- achieve greater efficiency
- improve collaborative working
- identify ineffective or 'orphan' projects and initiatives which use resources but contribute little

We believe that by changing perspectives, you can change behaviours. By changing behaviours, you can create step-change in performance.

Inevitably much of our performance management work concentrates on the quality of leadership and strategic HR within the organisation. Effective leadership is what keeps performance on an upward curve.

How leaders behave, respond to and embrace that challenge will cement organisational attitudes, imprint values and set the tone for the change agenda. How HR both drives and enables these processes not only helps determine organisational success, it also determines the way in which the function is perceived.

Dealing with the Downturn

A recent report by the NHS Confederation looks at how the NHS should deal with the economic downturn. The report predicts that the NHS will not survive the economic squeeze unchanged but warns against following previous cost saving tactics.

Whilst NHS funding has tripled since 1997, there is likely to be a financial shortfall after 2011 where any (modest) funding increases could be outstripped by rising costs within the health service. This could leave the NHS with a real terms reduction of £8-10 billion in the three years from 2011 at a time when history tells us a recession will put additional pressures on the NHS.

The Challenge for HR

The report suggests that in order to survive the downturn the NHS, more than ever, needs strong leadership and a radical improvement in quality and efficiency.

Despite the need for increased efficiency the NHS Confederation has warned against the use of some cost saving strategies which have been used in the past. From an HR perspective, it warns against cutting training and also against restricting pay to the extent that it falls unacceptably low against market rate. Both such 'cuts' are considered likely to cause further problems with long term consequences including the exodus of staff, future recruitment, and ultimately future pay inflation. Instead the focus will be on performance and achieving efficiencies, utilising your biggest asset - the workforce.

So how should management deal with staff in a downturn? What role will HR professionals have to play in this process?

- Maintain excellent communication with staff
- Share the responsibility - encourage employee involvement
- Keep training and developing existing staff but consider innovative in-house programmes
- Robustly manage employee performance at all levels of the organisation - underperformers cost money and lower morale
- Manage absence - sickness and unauthorised absence is a significant actual and hidden cost
- Audit your policies - know your processes and train your managers to implement them effectively
- Greater use of flexible working policies

Whilst a cut in staff numbers may be unavoidable, any efficiency drive in the NHS will have to be carefully managed so as to ensure that patient care, choice and quality does not suffer and that staff and management have a clearly developed strategy which they can engage with. Now is the time, before the 2011 budget bites, to be thinking strategically and ensuring your policies and procedures are fit for purpose.

The NHS Confederation recognises that "Changes need to allow providers to strip out real costs for real cash. At some point this will mean fewer staff and keeping the best". Maintaining morale and ensuring quality will be a significant leadership challenge for the NHS as a whole, but it is clear that human resources professionals will have a crucial part to play in that process.

Bevan Brittan 



Sarah Michael
Senior Associate, Bevan Brittan LLP
sarah.michael@bevanbrittan.com

DATES FOR YOUR DIARY

- **South East Branch HPMA meeting** Kent & Medway Room, York House*
3 September 2009 09:30-14:00
* Venue is subject to change if expected numbers exceed room capacity
- **South West HPMA Branch AGM** **10 September 2009 (provisional date)**
- **2nd Annual Nursing Times Nursing Workforce Forum** *Workforce strategies to deliver high quality nursing care* **6 October 2009** London
- **NHS Employers annual conference and exhibition** **3-5 November 2009** Birmingham ICC

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 HPMA members so it's a great way to share success, ask for help or get colleagues thinking.