

The newsletter of the Healthcare People Management Association

Inside

2-3

London branch update: Developing High Impact HR

4

Outsourcing HR: the Emperor's clothes or realistic solution?

5

Employers look to compete on annual leave offerings

6

South West branch event: Health & Well-Being

South West branch welcomes new chair/vice president

7

Staying ahead of the game... London 2012

8

Foundation Trust workforce - what will change?

Follow through

This month I want to focus on the challenge set for us by **Jan Sobieraj** at the NHS Employers conference and reflect on how the HPMA can play a role in meeting this challenge.

Focussing on QIPP, Jan outlined two key contributions - reducing agency levels and bringing down absence rates. Jan challenged us on the 'Q' of QIPP, how we ensure that we provide compassionate care and whether patient safety is central to our HR strategies.

Jan called on us to do three things to support the delivery of safe and compassionate care:

- Increase the number and quality of appraisals
- Take a structured approach to leadership and talent management
- Develop real staff engagement.

He acknowledged these were not new but the challenge was about *'follow through'*. For Jan it was not about principles but 'making sure that what we actually know works is actually being done'. It is here the HPMA can make a real contribution and as President I have been keen to focus on supporting HR to make an impact. We even changed our branding to reflect our equivalent of Jan's *'follow through'*.

It was great to see some of our award winners showcased at the conference but we need to do more to capture the lessons of 'how' these excellent results have been achieved. We then need to provide activities which build that capacity and capability in all of us. We need to make sure our awards reflect the challenges HR professionals face and we are currently looking at how our award categories capture excellence in the areas that Jan outlined.

We also have pockets of excellence with HPMA Wales and Northern Ireland continuing to

hold events and workshops as well as build on the success of their annual spring conferences. The South West and Northern and Yorkshire are re-gaining momentum with a new Chair, Alex Nestor, in the former and additional support in the latter.

The People Management Academy in London continues to go from strength to strength. As well as the normal programme of workshops and seminars, London HR directors have produced a set of business partner competencies, deputy and assistant directors have been participating in learning sets, HR professionals have been trained in coaching skills and others have been participating in a mentoring scheme.

Our work to strengthen our regional activities is gaining momentum with our Productive Partnerships Directory offering a range of workshops and seminars to branches across the UK. Lead commercial partners have also been identified to help some of those branches which have struggled to gain momentum. The fruits of this should be seen early in the New Year and we look forward to developing this work alongside many other exciting initiatives in 2012.

As ever, if you have any views or questions about our work please get in touch at president@hpma.org.uk



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London branch update

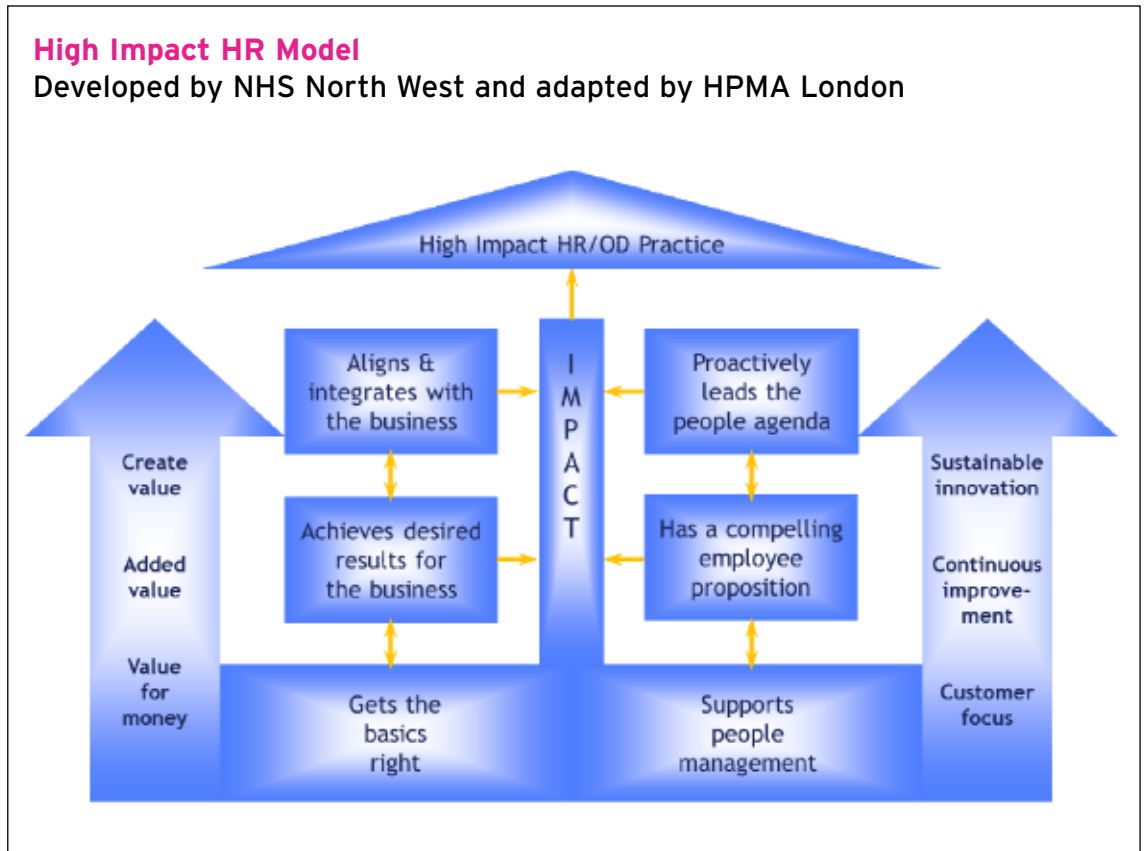
Developing High Impact HR



Diana Cliff
London Healthcare People
Management Academy

A group of HPMA members in London, mainly HRDs and deputy HRDs have completed a short piece of collaborative work, adapting NHS North West's World Class HR model and HR Business Partner competency framework. The group were keen to use the World Class HR model and the competency framework but wanted to condense it for their own use. The group would now like to share this work with other interested HPMA members.

The London group renamed the World Class HR model, the High Impact HR model and made small adjustments.



HR Business Partner Competency Framework

From the High Impact HR model, NHS North West developed an HR Business Partner Competency Framework. The aim of the original NHS North West competency framework was to provide HR Business Partners (HRBPs) and their stakeholders with clarity on what specific competencies they are required to demonstrate in their work that differentiate the role of HRBPs from any other HR role.

The London group reduced the number of competencies from eight to seven and condensed the number of elements within each competency

to around three or four elements. The scope of the original HRBP competency framework was quite wide and the group decided to keep this but noted that level 1 should be a given for all HRBPs and that most HRBPs are moving to level 2 or 3. The group also started to add measurements.

The original competencies draw on the work of Ulrich and include aspects of the six HR competencies he defines, the work of Shirley Dalziel in 'HR Business Partnering', guidance from the CIPD including the CIPD's HR Profession Map and PwC collateral from working across a range of organisations in the public and private sectors to develop HR Business Partners.

The 7 HR Business Partner competencies are:

1. Business focused
2. Personally credible
3. Strategic operator
4. Change catalyst
5. Capability builder
6. Politically astute
7. Human Resource Business Partner expert

The HR BP competency framework can be downloaded from the HPMA website.

Moving towards an effective HR Business Partner Model

The group collaborated on developing change plans for introducing effective HR Business Partner models or if they are already had HRBPs, how they would develop the HR structure and HRBP roles to ensure they were functioning as effective HRBPs.

Everyone was clear that the purpose of moving towards an effective HR Business Partner model was to improve people management and hence patient care. For most people, faced with mergers, Cost Improvement Programmes, achieving FT status and the need to achieve organisational goals clinically, financially and operationally, developing the HR function was a high priority.

The vision for everyone was seeing HRBPs offering business solutions, being at the heart of decision making and offering leading edge

expertise in an environment where workforce strategy could be linked to business strategy.

People discussed how the model was implemented and the timing was very much down to the individual circumstances and readiness of each trust.

The group spent some time discussing KPIs and whilst these were different for everyone, they included:

- Demonstrating a workforce plan aligned to workforce strategy and service strategy
- Action plans in place to deliver organisational KPIs (e.g. reducing pay spend on overtime etc)
- Evidence that HRBPs are influencing managers and are not doing HR legwork
- 360-degree satisfaction from managers.

Different models were discussed e.g. whether the HRBPs report to HR or to the division, how the centralised HR service is managed etc. We also looked at the costs that could include redundancies and the cost of retraining as well as the capital costs of new IT systems.

Many other aspects of a change plan were considered including stakeholder analysis and the barriers hindering change so that individuals could start to work on their individual action plans with a view to reviewing progress in six months' time.

Many thanks to Michelle Webb, Programme Manager from NHS North West who presented the work on the original HR Business Partner Competency Framework and to Andy Coombe from Kairos Consultancy who facilitated the process of adapting the competencies and developing change plans.

DATES FOR YOUR DIARY

- **Social Media in HR Conference** 7 December 2011 London
The CIPD are running a conference on how you can incorporate social media across a range of HR activities and utilise social tools to execute strategy. See how Big Lottery, Informa, Random House and others have done so and witnessed increased collaboration, engagement and impact.
www.cipd.co.uk/cande/social-media-in-hr/default.htm
- **Employee Engagement Conference** 24-25 January 2012 London
Get practical tools, insights and expert advice to improve employee performance, energise your workforce and deliver sustainable business results at this CIPD conference. NEW hands-on workshop day, leading speakers and plenty of time for networking.
www.cipd.co.uk/cande/employee-engagement/default.htm
- **Reshaping the Nursing Workforce: Preparing professionals for new working patterns** 22 February 2012 Central London
Now in its sixth successful year, this national conference and Policy Review TV broadcast will bring together nursing professionals and educationalists from across the UK with health managers to share innovations and examine current policies in relation to the Health and Social Care Bill, their risks and the opportunities they present.
For further information contact Jacqueline Gorman on 020 7960 6840
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Outsourcing HR: the Emperor's clothes or realistic solution?



Kelvin Cheatle
Head of Capsticks Solicitors LLP HR Advisory Service, a former NHS HR Director and Past President of the Healthcare People Management Association (HPMA)

It dawned on me the other day that, after nearly 30 years of a career in HR, I have now plied my trade in all three main sectors. I started out in Local Government, had a stint in the third sector in the 1990s and, after a long spell as an HR director in the NHS, have ended up leading an outsourced HR function in the private sector. So I feel reasonably well qualified to take a rounded view on one of the emerging issues for HR (and other support functions) today: does outsourcing work or is it a political product of these austere times?

Well, there is no doubt that the drive to outsource and share services has real momentum given the cost pressures on all organisations across the sectors. Previous large-scale attempts have faltered due to a lack of political will and because of doubts about the true value and quality of outsourced services. I was involved in a major shared service/outsourcing project in the NHS in 2005 and despite a lot of hard work it fell at the final hurdle, simply because there was no imperative for it to happen: the cold winds of change that now prevail present a very different context against which outsourced solutions must now be evaluated.

My own view is that outsourcing can work and deliver quality and cost reduction if some of the following criteria can be applied:

- Firstly, do you need a different way to deliver your HR function either because of the need to make savings, improve quality or free up organisational capacity? If you can tick at least one of these boxes, an outsourced option may be worth contemplating.
- Secondly, specify your needs very carefully and clearly. Many organisations that set off down the outsourcing route have no clear idea about what they need to be delivered, when or how. Procuring external help to define the service need is often a critical step in itself.
- Thirdly, research the market and choose your provider carefully through a rigorous process. There are a growing number of

outsourced HR solutions in the market place, but they are not all good. Choose reputable organisations with a track record of delivery who can evidence that they can meet your specification and deliver to high standards at cost reducing prices (via economies of scale or speciality).

- Fourthly; don't be afraid to diversify. Few, if any, outsourced providers can provide high quality end-to-end solutions covering all HR needs. Some excel in recruitment, others in transactional work; some in employee relations, others in consultancy and ad hoc support.

A chief executive colleague told me just last week that HR directors were becoming increasingly resistant to the outsourced model: 'Turkeys voting for Christmas' was his pithy, if slightly, jaundiced response. I don't altogether share that view, although it may be a natural reaction. Indeed, I think a far-sighted HRD will look at outsourcing (and sharing services) as a way of freeing themselves up to perform the strategic role organisations desperately need in these straightened times and, through the levering of better value and quality via the outsourced service, can actually enhance the standing of their function and role. In this sense they become commissioners rather than providers of service.

So the Emperor may indeed have some clothes, but they need to be fitted expertly to show off their real worth to avoid some of the justifiable concerns of the past.

Jobs and secondment listing

We are now listing jobs and secondment opportunities on the HPMA website. If you have any opportunities to post on the new site, please email Megan@chamberdunn.co.uk, this service is completely free to members.

Employers look to compete on annual leave offerings

Employers are planning to offer more generous annual leave allowances in order to remain competitive in difficult economic conditions, latest XpertHR research reveals.



With pay awards stuck below inflation as protracted and painful economic recovery continues, some employers are looking to increase their annual leave offering as a way to remain competitive (see chart 1). This is among the key findings of 2011 benchmarking research on annual leave entitlements from XpertHR.

Four-fifths of UK employers say they are planning to make changes in relation to holiday entitlement over the coming year. Among this group, two-thirds are taking such action so as to be competitive and/or to demonstrate good practice. In contrast, only one in 20 is planning to change annual leave entitlements to meet statutory minimum requirements.

These are among the key findings of the 2011 XpertHR Benchmarking survey on annual leave arrangements. The survey is based on responses from 335 organisations with a combined workforce of 461,513 employees, comprising a total of 653 employee groups.

Leave entitlements most generous in public sector

Across all companies surveyed by XpertHR, the median annual holiday entitlement (excluding bank/public holidays) given to employees with one year's service stands at 25 days in 2011 (see chart 2). The interquartile range is 23 to 28 days.

The modal (or most commonly occurring) annual holiday entitlement (excluding bank/public holidays) is 25 days, offered to 35% of employee groups covered

by the survey. The next most common entitlement is 20 days, offered to one in 10 employee groups.

By broad industry sector, annual leave entitlements are most generous in the public sector. The public sector median annual holiday entitlement (excluding bank/public holidays) is 27 days, compared with 25 days at private sector organisations. Bank/public holidays are given as paid leave in addition to basic holiday entitlement for more than nine in 10 employee groups.

When bank and public holidays are taken into account, the median annual leave entitlement for 2011 rises to 33 days, while the mean is slightly higher again, at 33.6 days. The public sector median annual holiday entitlement (including bank/public holidays) is 35 days, compared with 33 days at private sector organisations.

Earning the right to additional leave

Six out of 10 employee groups covered by the XpertHR benchmarking survey have the opportunity to receive additional holiday entitlement according to length of service. Such arrangements are more common at public sector organisations than in the private sector.

Across the whole economy, the median maximum number of additional days' leave that employees can receive is five.

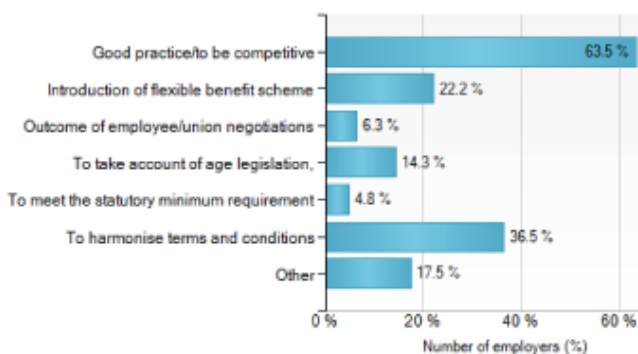
The median number of years' service required to receive any additional leave entitlement is six years, rising to 9.7 years at the mean.

XpertHR Health prides itself on being the most cost-effective online information source for good practice, compliance and benchmarking tailored for HR professionals within the NHS. Our new benchmarking service offers subscribers access to a huge resource of customisable benchmarking data.

www.xperthr.co.uk/hr-benchmarking

Chart 1

Why are you planning to make changes to your organisation's holiday entitlement?

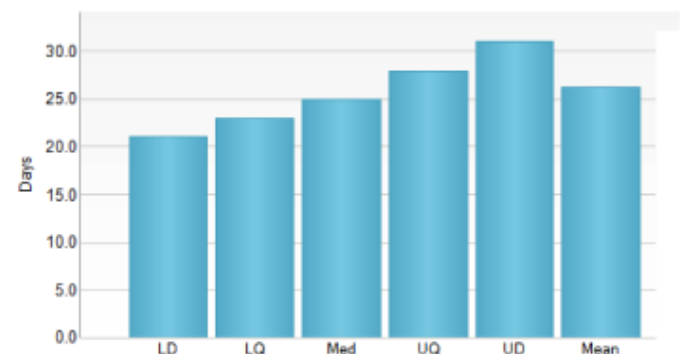


n = 63
Survey Date: 2011
Source: XpertHR Surveys

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Chart 2

What is the basic holiday entitlement for full-time employees (excluding bank/public holidays)?



n = 636
Survey Date: 2011
Source: XpertHR Surveys

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South West branch event

Health & Well-Being 20 October 2011



A successful half day conference was recently held in Taunton at which branch members and the wider HR community heard from three different speakers on how various interventions had supported staff health and well-being in the workplace.

Dr Julia Smedley, occupational health consultant, Southampton University Foundation Trust, and 2011 HPMA award winner informed the delegates about their 'Return 2 Health' programme. The programme clearly outlined the benefits of an early intervention with an employee when off work due to ill health. Training, toolkits for managers and a comprehensive communications programme for staff about 'Return 2 Health' supported the introduction of the service.

The approach demonstrated many benefits, including a significant reduction in both agency spend and sickness absence. The programme had also been subject to a robust evaluation process that had shown the impact of this programme of work.

Delegates then heard from the Audit Commission, which published the report 'Managing Sickness Absence in the NHS', earlier in the year. The report is available on the Audit Commission website www.audit-commission.gov.uk/health/nationalstudies/financialmanagement/Pages/20110210managingsickness_copy.aspx

It sets out the scale of sickness absence within the NHS, and examples of how to tackle the variations within NHS control. Sandra Prail explained how the Audit Commission is currently working with four pilot NHS Trusts in the South West to review current practices, systems and processes.

It is also supporting employers by helping to identify improvements and making practical recommendations for change by the end of November 2011.

Kim Jenkins from NHS Gloucester finally took the group through the benefits of their 'Lighten Up' programme of five DVDs and supporting activities that had been developed in Gloucestershire for staff. Kim was able to show a brief clip which summarised the DVDs via YouTube. Kim talked about the benefits that had been realised for staff and managers within Gloucestershire and delegates had an opportunity for discussion and networking with the speakers at the end of the sessions.



South West branch welcomes new chair/vice president

After nearly three years leading the HPMA in the South West, Steven Keith has recently stepped down as branch chair and been succeeded by **Alex Nestor** who is currently deputy director of HR/OD at University Hospitals Bristol NHS Foundation Trust.

Steven said: 'It has been a privilege to lead the work of the HPMA in the South West and I am proud that we have been able to hold a number of successful events designed around the needs of South West members. Whilst I need to devote more energies to supporting the implementation of the NHS reforms in the South West, I will continue to support Alex in her new role as an active branch member.'

Alex has worked in HR/OD across the South West NHS for a number of years; she is keen to build up the membership of the branch and is also looking for HR professionals to support future branch activities. She is also hoping to set a programme of events for the next 12 months, and would be interested to hear from anyone with ideas and suggestions for this.

Please contact Alex on mobile 07766 205665 or email alex.nestor@uhbristol.nhs.uk

Staying ahead of the game ...London 2012

As the anticipation surrounding the Olympic and Paralympics Games builds, many healthcare employers will be apprehensive of potential workforce issues for summer 2012. Almost all healthcare employers will encounter some issues, whether that be increased demand for time off, maintaining patient service, inappropriate sickness or misuse of the internet at work. The key to dealing with any issues is forward planning and early communication with staff so that this landmark event can be enjoyed by all.

Maintaining patient service and workforce planning

The Department of Health (DoH) has confirmed that there will be no additional budget for the NHS in relation to the Games, which will run between 15 July and 12 September 2012. The DoH has also confirmed that they do not anticipate that agency staff will be relied on to any greater extent than they are in any other holiday period. Therefore, in terms of workforce planning, it is essential that healthcare employers consider the following issues:

1. Time off for volunteers

With some 700,000 volunteers (better known as 'game makers'), including an anticipated 4,000-5,000 medical game makers, being recruited, healthcare employers are likely to encounter a number of requests from staff wishing to be released for this purpose. The DoH has recognised that this is a 'once in a lifetime' event and is a major developmental opportunity for staff. Therefore, the DoH is encouraging NHS employers to be supportive of requests.

Legally, staff wishing to volunteer have no right to time off to do so. However, the DoH has pledged its support for the Games in 2012 by agreeing to paid leave for members of staff that wish to volunteer. NHS staff who wish to volunteer must use a proportion of their annual leave to cover the absence.

Employers have a wide discretion as to when annual leave can be taken and it is imperative that healthcare employers carefully manage requests for annual leave over the summer of 2012.

Employers may wish to consider the following:

- The amount of annual leave that can be accommodated over summer 2012.

- Ask staff what their annual leave plans are for 2012 at an early stage. Game makers should be aware of whether they have been accepted, rejected or still awaiting interview by 31 December 2011.
- Remind staff that travel should not be booked until leave has been approved and that any financial loss incurred as a failure to comply with this requirement rests with them.
- Decide a fair basis for approving annual leave, whether this be 'first come first served' or a lottery basis similar to the way the Games tickets were allocated.
- Check flexible working policies to see if there are approaches which might allow staff to start early, finish later or work from home where possible.
- Become familiar with the London 2012 schedule to see where the greatest flexibility will be required. www.london2012.com/olympic-schedule

2. Increased demand

Events are also taking place outside of London, therefore, healthcare employers should consider whether there will be an increased demand for patient services at any particular time. There may be parts of the service that are less affected by the Games which can offer additional resource to a busier department. This will rely on the goodwill of staff; however, employment contracts should be checked in advance to ascertain whether there is any flexibility in the contract.

3. Team GB?

Healthcare employers should be mindful that staff may have allegiances other than Team GB (as well as none at all). In light of this, employers should be fair and consistent in their approach to the Games and ensure harmony in the workforce.



Corrine Noble
For Eversheds LLP

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 Megan@chamberdunn.co.uk at Chamberlain Dunn Associates.

Foundation Trust workforce - what will change?

beachcroft



Sarah George,
Associate - Employment
& Pensions, Newcastle
For Beachcroft LLP

On 12 October, the House of Lords rejected bids to block the controversial Health and Social Care Bill, clearing a crucial hurdle for the Government to continue its ambitious programme of NHS reforms. The Bill is intended to promote patient choice and increase cooperation and competition to improve quality of care and value for money in NHS funded services. We consider the implications for the foundation trust (FT) workforce and the practical barriers to change.

Competition

NHS costs are rising considerably quicker than the health service budget, providing one reason for increased competition in UK health service provision. FTs can expect a period of continuing workforce flux as commissioners explore expanding possibilities for competitive tendering for health services.

The Bill is intended to encourage private and third sector involvement in the health service. The main risk for FTs is the potential for gradual attrition of their services as they lose ground to new competitors. Retaining a high-quality, motivated workforce in affected areas, whilst balancing budgets, will be a significant challenge. The increased threat of competition may spur FTs to consider where savings might be made to the cost of providing NHS terms and conditions. Where services are fragmented between multiple newly-commissioned providers, TUPE might not apply to transfer employees out of FTs where their patient volumes reduce in response to the new competition. In that situation, FTs will bear the burden of resultant redundancy costs.

There is scope for optimism, however. TUPE restricts the ability of new employers to vary employment contracts (including pay) on changes in service provider. Third sector organisations may be reluctant or unable to compete with commercial and NHS providers, in their ability to sustain the cost of NHS terms and conditions.

Whilst NHS staff pensions are protected by the Cabinet Office 'Fair Deal' policy, the requirement to provide former NHS employees with broadly comparable pension rights will continue to deter bidders for whom the cost of providing those rights is prohibitive.

Co-operation

Co-operation is an alternative route to increased patient choice and value. FT's may consider

entering into joint ventures with private and public sector counterparts in order to benefit from economies of scale, which can be achieved through collaboration whilst sharing the associated risks.

The financial and competitive advantage to be had through a separate commercial vehicle that can move away from NHS terms and conditions is potentially significant. However, the ability to do so is likely to be impeded (at least in the short term) by the restrictive effect of TUPE, which limits the circumstances in which employees' terms and conditions can be changed.

FTs currently benefit from a competitive advantage in the lower cost of employer contributions to the NHS Pension Scheme compared with the contribution required from private sector providers to ensure broad comparability under Fair Deal, which is almost three times as much.

Private sector organisations may be attracted to a collaboration where they would benefit from the potential pension saving and reduced cost of delivering services.

FT's will lose this competitive edge, however, if and when the Fair Deal policy is abolished. FTs will continue to have to meet higher workforce pensions costs when compared with their private sector counterparts (whose minimum contributions are currently 6%) - removing one incentive for cross-sector collaboration.

Whilst the motivation for change in the provision of NHS funded care is clear, it remains to be seen whether there is sufficient scope for the scale of change needed to improve patient choice and provide value for money where the routes to success, through competition and cooperation, are patently opposed.