



network

The Newsletter of the Association of Healthcare Human Resource Management



Elaine Way
UK President

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No Let Up

The holiday season is upon us but the pace of work in HR management in healthcare doesn't seem to ease up these days. However I hope you manage to get a break before the pace really heats up with the implementation of Religious Discrimination legislation, the new Disciplinary and Industrial Tribunal processes. Continued implementation of Agenda for Change, the Knowledge and Skill Framework, Practice Plus... and so on!! But do make time for the Torquay Conference and take the opportunity to refresh your skills and knowledge or at least leave the day-to-day behind for a while.

Home Computing Initiative

We mentioned the HCI in the April copy of NETWORK, this government initiative seeks to encourage computers in every home. There are big cost savings benefits for both employers and employees. Potentially saving 40% to 50% on computers. All employees with a home computer significantly increases the options for distance learning and communications. There are a wide range of HCI providers.

Although this initiative is catching on in some parts of the NHS – e.g. East Elmbridge and Mid Surrey PCT were overall winners of the HR in the

NHS Good Practice Awards for their application of the initiative – the potential has by no means been fully exploited. Some detailed information and guidance is available in electronic form from the London office maria.kunc@nhsplondon.co.uk.

HR Grading in Agenda for Change

This project aimed at ensuring the grading of HR posts in the NHS properly reflect the demands and requirements of HR jobs in the NHS continues and we are now at the stage where we wish to grade a range of 'typical HR posts' as models. We especially need examples of job descriptions at the following levels deputy HR director, senior HR manager, HR manager, HR officer and any specialist roles will also be of help e.g. workforce Planners, OD practitioners. All jobs descriptions will be given anonymity. If you can help send a job description to Maria at the London Office.

Watch this Space

Soon to be announced are the successful bidders for the joint CIPD/DoH/AHHRM research on Improving Healthcare through HR.

Peter King, Executive Director AHHRM (Elaine Way is currently away).

New venue for AHHRM and NHS Partners Awards night

News of a change of venue for the awards night in London. Finalists will now be treated to a glittering night at the prestigious Café Royal, 68 Regent Street, London (near Piccadilly Circus) as our numbers have swelled.

The judging for the awards has now been completed with deliberations over the effective recruitment advertising category at the People Management offices earlier this month. Our thanks go to our hosts and also our judges who donated their time and expertise.

If you would like to join the celebrations on Thursday 9 September 2004 tickets are available at just £95 plus VAT – members, past winners and potential sponsors are all very welcome. Simply call the conference hotline on 020 8334 4525 to book your place.

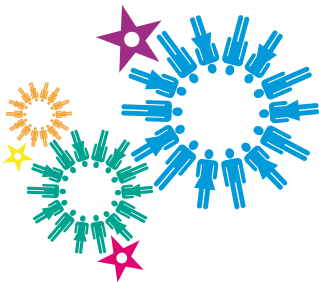
The winners will be announced in the next issue of Network.

AHHRM
UK Conference
2004

Imperial Hotel, Torquay

29 September

- 1 October 2004



RELEASE THE MAGIC IN YOUR PEOPLE

Bookings for AHHRM's UK conference are still flooding in but there are still plenty of places. If you have never come along to the event before, – this is the year to try; quality speakers, key players from the HR world, all the hot topics debated and plenty of networking opportunities. It's THE independent healthcare HR conference.

Although the Imperial hotel is now fully booked, there are still rooms at the excellent 4* Grand Hotel across the bay which offers great value accommodation and you need not worry about getting to the conference venue as AHHRM will

be running a free conference shuttle for delegates.

The exhibition, a vital part of the conference experience, is almost fully booked and this year we have a number of new faces – HMT systems, *The Lancet*, Zircadian, Barkers, *Personnel Today*, BBL Medical and the National Workforce Information and Planning Programme – plus the new NHS Employers Organisation will be launching at the event (see the Consult GEE article on p4).

So don't delay book your place in Torquay by calling the conference hotline on 020 8334 4525.

Keeping radiology in the picture

As we build up to the AHHRM/NHS Partners Awards dinner in September, an article in the latest issue of *Employing Allied Health Professionals and Health Scientists* reminded me of last year's brilliant overall winner. The team from West Sussex tackled a longstanding shortage of radiographers and radiologists by changing ways of working and introducing assistant and advanced practitioners, and rightly carried off the top prize.

The judges liked the entry so much because the team realised that had to think creatively about the problem of staff shortages and not simply blame the national situation. Radiographers are of course key people in keeping waiting lists and waiting times down in many specialties.

The dynamic Amanda Wylie, who is leading England's national strategy for recruitment, retention and return for radiography, writes in the July issue: 'There is a lot of work being done nationally to ensure that we keep recruiting and retaining our

talent and that we help returners come back to work. We need this national effort to be maximised and the only way this can happen is if the service helps at local level.'

With so much emphasis on recruiting and retaining doctors and nurses, the key roles played by AHPs and health scientists has often been overlooked. But this is changing fast. This issue also includes a fascinating piece by Stephen Shiel from Ashford and St Peter's Hospital in Kent about how they tackled the problem of high turnover of pathology staff.

Alison Dunn, Editor in Chief

What are you waiting for?

If you would like to see a sample copy of *Employing Allied Health Professionals and Health Scientists*, or one of our other newsletters *Employing Nurses & Midwives* and *Employing Doctors & Dentists*, call us on 020 8334 4500 or email justin@chamberdunn.co.uk.



Employment update

Court of Appeal makes motive paramount in whistleblowing cases

For a person to be protected by whistleblowing legislation, disclosures must be made in good faith with the main motive of the person disclosing information being to remedy the wrong that has occurred, according to the Court of Appeal. In the case of *Street v Derbyshire Unemployed Workers' Centre* the court said that whistleblowers often have mixed motives, and it is only when the 'dominant or predominant motive for making [the disclosure] was for some ulterior motive' that the disclosure ceases to be in good faith.

The Public Interest Disclosure Act covers people at work raising genuine concerns about crime, civil offences, miscarriage of justice, danger to health and safety or the environment and the cover up of any of these. It applies whether or not the information is confidential and extends to malpractice occurring overseas.

CRE rejects inclusion in single equality body

The Commission for Racial Equality (CRE) has voted to oppose government plans to merge it with other anti-discrimination bodies into a single equality body. A White Paper in May proposed the creation of an Equality and Human Rights Commission, covering race, gender, disability, age and religion. CRE chairman Trevor Phillips is said to fear that a merger would send the wrong message to ethnic minorities and create unnecessary upheaval.

Official figures show healthy rise in NHS staff numbers

New government figures show that there are big increases in the numbers of doctors and nurses training and working in the NHS. There has been an increase of 529 GPs in the three months leading to March, and an increase of 2,660 since September 1999. There has also been an estimated increase of qualified nurses by 10,000 in the six months between September 2003 and March 2004. The latest training figures show that NHS Plan training targets have been exceeded for nurses. The target was 5,500 more nurses and midwives to be entering training each year by 2004, with last year seeing an increase of 5,577. It is estimated that 25 per cent of NHS nurses will leave in the next five years.

End to two-tier workforce in sight as Government does deal with unions

The Government has agreed to end the 'two-tier workforce' in the public sector after agreeing a deal with the unions.

Under present arrangements, private sector contractors in the public sector can be employed under worse pay and conditions than their public sector counterparts. The agreement, with the Transport & General Workers' Union (T&G) and Unison, would mean that staff recruited when a service is outsourced would have to be employed on terms no less favourable than those assured to staff who are transferred.

Two-tier workforces in local government were banned last year, but health secretary John Reid had previously blocked changes to the NHS on the grounds it would make reform of the public services more difficult.

The T&G hailed the agreement as a 'historic breakthrough', and said that many of those who suffered the most from being employed by contractors, on poorer pay and often no pension, were women.

Defra to transfer 330 jobs in IT outsourcing deal

The Department for the Environment, Food and Rural Affairs (Defra) has signed a £400m, seven-year outsourcing deal with global IT giant IBM. Defra said it had contracted IBM to 'deliver an IT-enabled strategy for change, improving the department's internal process leading to better services for customers'. Around 330 Defra IT staff will transfer to IBM when the contract begins in October.

GP part-time potential is just what the doctor ordered

Growing numbers of young doctors are opting to become GPs because hospital careers offer fewer opportunities to work part-time, according to the British Medical Association (BMA). The research of 490 doctors who graduated in 1995 also highlights concerns about patient care when new limits on junior doctors' hours are introduced in less than two weeks' time. Almost three-quarters of the doctors surveyed are either working part-time (25 per cent) or would like to in future (45 per cent).

For more on these stories and breaking news visit the award-winning www.personneltoday.com. Or search for a particular subject on www.personneltoday.com/archives. Personneltoday.com is the 2004 Interactive Business and Professional Magazine of the Year, awarded by the Periodical and Publishers Association (PPA)

PERSONNELTODAY

The new NHS Employers' Organisation – A shift in the balance of power?

In October 2004, the NHS Confederation will launch a new employers organisation for the NHS in England. Andrew Foster, Director of Human Resources for the NHS, has been quoted as saying 'we are doing this because the NHS is so complex that decisions that affect employment are best made by employers themselves.' The Employers' Organisation is being set up as a wholly owned subsidiary company of the NHS Confederation with a remit to devolve ownership and responsibility for the HR agenda to NHS employers within the collective framework of the employer's organisation.

In summary, the organisation will:

- Conduct national negotiations on pay and terms and conditions
- Represent employers views
- Support employers through advice, guidance, information and networking
- Promote the NHS as an employer of choice

How will devolution happen?

The new employers' organisation will be made up of the following three parts:

- An Assembly – a fully representative body gathering views from NHS organisations, steering policy and carrying out specific pieces of work through taskforces and project groups
- A Policy Board – a smaller group elected from and by the Assembly which will be the key decision making group, determining strategic direction and appointing to negotiating bodies
- A Business Team – a small team comprised mainly of the NHS Confederation and Employers' Organisation Directors, established to fulfil legal obligations in relation to financial management and corporate governance

The Employers' Organisation has yet to finalise arrangements for the membership of these groups (consultation with the service ended on 16 July 2004) but it is likely that representatives will be

appointed to the Assembly and Policy Board for a three year fixed term of office. The NHS Confederation has committed to ensuring that geography, sector, profession/job role and size of employer are all sufficiently represented. Representatives will be chosen using a transparent and fair process, which may involve a combination of peer nominations, elections or more formal selection processes.

How will HR practitioners be kept informed locally?

It is likely that geographical representation and establishment of local links will be through Strategic Health Authorities and where appropriate SHRINE networks. Each SHA patch is likely to have a number of Employers Organisation representatives who will have the following responsibilities:

- Gathering views from their geographical patch through e-mail networks
- Feedback views and intelligence from the service to the Employers' Organisation Board and Assembly
- Develop policy views by meeting locally and inviting local employer membership where appropriate

What happens next?

Final details will be published by the NHS Confederation on structure and governance arrangements at www.nhsconfed.org The Employers' Organisation will commence work in October and to maintain regular two-way communications with the service a website will be set up and regular electronic communications will be available as well as a range of events. You may even be contacted directly for your specific views on the HR agenda! Could this represent a real shift in the balance of power?

A full explanation of the NHS Employers' Organisation will be given at the Torquay Conference in September.

NHS PARTNERS

National NHS Staff Survey 2003

The Healthcare Commission announced the results and recommendations from its 2003 NHS staff survey on 29 July 2004. The Commission explained that not only will each organisation's results be incorporated into their star ratings, but they will also be assessed on the action taken to address the key issues identified. The Commission's recommendations are therefore very important for NHS employers.

Overall the results showed that contrary to articles in the popular press, NHS staff are generally satisfied with their jobs and feel their employer supports them in achieving a good work life balance.

One of the particular things the survey sought to do was to identify which factors had the greatest impact on staff attitudes and their intention to leave an organisation. According to this analysis the particular issues that employers need to investigate and address as a priority are:

- The high levels of violence, harassment and bullying, especially in ambulance and mental health trusts.
- The high levels of errors, incidents, work related injuries and stress.
- Better implementation of people management policies, such as appraisal and team working. The survey found for example that only 60% of staff had been given appraisals and only 36% of these said they were effective. Employers would therefore need to ensure appraisals were being carried out, as well as improve their quality.
- Reducing work pressure and improving the work-life balance of staff groups which are under pressure.
- The organisation climate, through for example better communication and staff involvement.

The survey results also showed that staff who feel they get support to balance their work and private lives have higher levels of job satisfaction and were less likely to look for other jobs. There also appeared to be a link between working extra hours and a higher risk of injury, harassment and violence.

There were however significant differences

between trust types and staff groups, which the Commission said, means that employers need to analyse their individual results and identify their own priorities for action.

The full report and results are available on the Healthcare Commission's website:
www.healthcarecommission.org.uk/NationalFindings/Surveys/fs/en

NHS Partners' Research & Information division will also be holding a series of regional survey briefing sessions in August, to outline the results of the 2003 survey and the changes being made, to help employers prepare for the 2004 survey.

If you would like further information about the free briefing sessions, please contact Jo Beaumont on 01423 720 212 or by e-mail on jo.beaumont@nhsprl.co.uk

John Northrop

Director of Research & Information,
NHS Partners

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Legal update

You read it here first! Hot off the press this month is the Court of Appeal ruling in **Mickle -v- Nottinghamshire County Council**, which ruled that constructive dismissal did amount to 'dismissal' within the meaning of Section 4 (2) of the Disability Discrimination Act (DDA). There was previously some confusion on this point because whilst the Sex Discrimination Act (SDA) refers to constructive dismissal, neither the DDA or Race Relations Act (RRA) do so.

Still on the subject of DDA the House of Lords decision in **Archibald -v- Fife Council** could prove to be far-reaching. In this case the ruling was that when an employee becomes incapable of performing his or her job, then the employer will be under a duty to make 'reasonable adjustments' which could include transferring the employee to an existing post at a slightly increased salary. This duty went even further than allowing the employee to apply for the job and appointing if successful at competitive interview and actually thought that the employer should have transferred her straight into the available post.

Readers are reminded that the new rules on disciplinary, dismissal and grievance procedures come into force on 1 October this year. As at the first week of this month employment tribunals were still awaiting guidance on how the procedures should be applied. Very much a case of watch this space....



John Adsett is an independent HR consultant and lay member of tribunals sitting at London East. He is interested to hear of new cases and his contact details are on his company website at www.adsettassociates.co.uk or tel 07791 310379.

Members consultation – the story so far!

A steady stream of comments on the review of the purpose and name of AHHRM have been arriving via email at our London office.

Just to recap the review group have proposed a revised purpose for the Association which will be to:

- Bring together all those working within people management within healthcare services in a UK wide network.
- Promote excellence in workforce management, development and leadership within healthcare services
- Work in partnership with other organisations to benefit patients through workforce management, development and leadership
- Influence on behalf of professionals and practitioners working within people management in healthcare services

Also it is proposed to involve members more directly in the management of the Association and to create a structure more suitable to our growing size and status. These proposals include the creation of an executive group, special interest groups, policy and advisory group.

Changes in the running of the association are to include opportunities for members to be directly elected to the UK Council, formal establishment of two branch liaison meetings.

Finally it is proposed that our name should change to the Association of Healthcare People Management with the day-to-day practice of using 'the HPM'. Full details are in the Review paper that has been sent to all members by email and in the July edition of eNetwork.

Comments so far have been overwhelmingly supportive of the proposals. Complete support for the structure proposals and the revised purpose although it has been helpfully pointed out the we should specifically mention patients in the purpose.

The majority are in favour of the change of name it has however drawn some comment – 'what was wrong with NAHSPRO'(sic) surely some mistake... 'does People Management adequately cover the whole family of HR work e.g. OD practitioners?'.....'when HPM is literally explained the Healthcare People Management does not make sense – perhaps use the HPMA'.

As the name appears to be the only issue of contention, albeit a minority issue, we have put a new question on the website – you can vote for or against the change of name.

The date for comments in general has been extended since last NETWORK and is now 13 August 2004 – so comment if you wish and vote on the website. All comments will be considered by the following the consultation period.

DATES FOR YOUR DIARY

● **AHHRM & NHS Partners Excellence in HRM awards**

Café Royal, London
9 September 2004

● **Leadership through executive HRM reunion**

28-29 September 2004, Torquay

● **AHHRM UK Conference**

Release the magic in your people
Imperial Hotel, Torquay 29 September-
1 October 2004

● **AHHRM Welsh branch Conference**

HR nobody does it better
20-22 April 2005