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HPMA are just in time again

The Gender Equality Duty comes into force on 6 April 2007 in England. Public authorities must demonstrate that they are promoting equality for women and men and that they are eliminating sexual discrimination and harassment. There have been significant changes to the specific duties since the government consultation. Are you familiar with the final version of the duties, contained in the Code of Practice?

If not, then take advantage of your HPMA membership benefits and book for our *Just in Time* event on gender equality duty. For the second *Just In Time* event on gender equality, we have again gathered an excellent group of speakers who can offer practical advice, tools and templates to make your working life easier.

The workshop follows our first and very successful event on disability equality schemes. Once again legal expert Gary Hay from Capsticks will set out the legal position for trusts facing compliance with this duty. Joining the programme from the HR perspective is HR Manager Sue Roberts from St Mary's, who will share her experiences in pulling together her trust's scheme - looking at the employment issues and providing case studies for group

discussion. The event is supported by NHS Employers and the Equal Opportunities Commission: equality and diversity manager Paul Deemer will be leading a session on developing and promoting good practice in gender equality and Barbara Limon will discuss the wider implications of the new duty. Jill Evans from Gwent Healthcare NHS Trust will also look at the service perspective and we take a step by step look at gender equality scheme framework.

The workshop offers great value to members at just £75 +VAT - **so don't delay** - let HPMA make your working life easier and book your place today.

Just In Time Gender Equality Duty Workshop

Venue: The Education Centre, St Mary's NHS Trust, Paddington, London

Date: Tuesday 6 February 2007

Time: 09.30-15.00

Download a booking form at www.hpma.org.uk/html/future_conference.php or call 0208 334 4530 for details.

2007 Excellence awards competition launched

The NHS Partners and HPMA excellence in HRM awards celebrate the best in healthcare human resources management, and are simple and straightforward to enter. Winning an excellence award is one of the best ways to raise the profile of your project, gain recognition for your creativity, effort and application.

Furthermore as organisers of the awards competition HPMA are committed to sharing best practice and to raising the profile of the HR profession.

In the year's awards programme we are pleased to announce the support of Unison, goodpractice.net, Beachcroft LLP, Health & Safety Executive, Elsevier, Department of Health England, Scottish Executive, Welsh Assembly Government, Department of Health, Social Services and Public Safety in Northern Ireland and Barkers.

Full competition details will be published and entry forms will be available online at www.hpma.org.uk shortly.

Remember successful entries are those that follow the judging criteria closely, which is made even easier in 2007 with our new electronic entry forms.

The judges will be looking for measurable achievement: financial savings such as increased through-flow of patients,

improved staff retention or fewer stress-related absences, the creation of new roles, improved attendance figures or feedback from service users.

If you fully explain the impact of your project you have a greater chance of reaching the shortlisting stage, as your evidence provides the judges with a measurable indication success.

Of course gathering this information does require some research, but it's a worthwhile investment.

Also, remember the basics: get a colleague to proofread your entry and ensure that your submission is easy to read and understand.



So good luck and make sure your awards entry reaches us by Thursday 15 March 2007.

The independent sector treatment programme: HR matters



As we move into Phase 2 of the establishment of the Independent Sector Treatment Centre Programme (ISTC) there have been a number of important changes to the HR framework agreed by the Department of Health, NHS Employers and Staff side representatives.

The aim of the framework remains to ensure that both scarce and valuable skills are retained by the NHS, and also to ensure that effective fair and transparent consultation takes place with employees who choose to work in the new ISTCs whether in substantive posts or in addition to their NHS roles.

The HR framework has been amended in the light of phase 1 experiences, and to take into account the fact that the independent sector programme is now extended to include both elective and diagnostic services.

Readers may have heard of the 'additionality' clause. This is the clause which effectively restricts ISTC providers from employing NHS staff in certain circumstances.

For the purposes of wave 2 of the ISTC programme NHS staff can elect to work for ISTC providers in a number of circumstances as detailed below;

- If they are not listed as a 'shortage speciality' in the ISTC HR Framework an individual can choose to work at any time for an ISTC provider. For those individuals who fall within the definition of shortage professions (such as pathology, occupational therapists, pharmacists, band 7 and 8 nurses...) ISTC providers will be prevented from recruiting

such staff who have worked in the NHS in the previous 6 months.

- In contrast to wave 1 schemes all NHS staff may be permitted to deploy non-contracted hours in an ISTC.
- In some circumstances, NHS staff may also work in ISTCs under structured arrangements such as secondments, thus retaining all of the benefits of NHS employment

It is in relation to the second scenario that HR practitioners in NHS Trusts may be approached by current NHS staff. The reason for this is the fact that safeguards will be in place to ensure that working hours do not exceed statutory regulations and further more NHS staff will be required to reach an agreement with their NHS employer about working in an ISTC.

The substantive NHS employer will decide whether they can support the deployment of non contracted hours bearing in mind the member of staffs actual and anticipated workload, their working pattern, and any contractual duty the employee may have to make more time available to the Trust (in the case of some medical staff)

Readers are encouraged to download a copy of the ISTC Programme Phase 2 Human Resources Framework issued in November 2006 on the NHS Employers website at www.nhsemployers.org

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

Branch spotlight

Branch spotlight is a new members section, suggested by the Welsh Branch committee.

Members are encouraged to send any news and reviews on branch activities to lauren@chamberdunn.co.uk for submission into the newsletter. All contributors will be entered into a prize draw for a free UK conference pass.

Are your HPMAs 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 HPMAs administrator Hannah Barnett on 020 8334 4530 or admin@hpmas.org.uk for details on your local branch.

HPMA MEMBERSHIP

Improving health through HRM: HPMA members invited to contribute

Employees, their skills, engagement and motivation, their communications and teamwork, and the role of HR function, are key issues for Paula Hyde and her research team at the University of Manchester. Jointly sponsored by the Healthcare People Management Association, CIPD and the Department of Health, the team are entering the final stages of their major study exploring how HRM contributes to improved patient care and performance in the NHS.

The Manchester research team has been carrying out research at the front line of the service. It has carried out interviews with a range of clinical and non-clinical staff (and non-NHS employees) in six in-depth case studies of "high-performing" and "transformational" NHS trusts. The research aims to provide examples of good practice and disseminate them around the service.

In team are holding workshops in March and would

like to hear from senior HR people working in the NHS and healthcare arena. Participants will be able to get a first insight into the research findings and contribute their thoughts on how these relate to their own experiences and challenges. These half-day workshops (10.00-13.30 followed by lunch) will be held in London (1 March), Birmingham (6 March) and Manchester (9 March). If you are interested in attending one of these FREE workshops email Nicola Peachey at n.peachey@cipd.co.uk

Further information

Article extracted from www.peoplemanagement.co.uk
Initial finding of the project www.cipd.co.uk/changeagendas
Improving Health through Human resource management: Mapping the Territory available to download at www.mbs.ac.uk/research/improving-health

The full research findings will be launched in late summer:



NI branch conference: Past, Present and Future

The Northern Ireland Branch Conference will take place earlier in the calendar this year in preparation for the major changes which are happening in the province as a consequence of re-organisation of the current Trust structures. Within the service provider section 18 trusts will re-organise into 5 and will become effective from 1 April 07. Additionally there is a raft of other significant initiatives being discussed or pending for implementation, shared services, Agenda for Change to name but two. Uncertainty within the HR profession is widespread.

The chosen conference theme this year is the *Past, Present and Future*. The NI Committee believes that in looking back at the successes in Human Resources, it will be able to provide reassurance to some of its new members that re-organisation while causing some disruption can be a major force for change and the modernisation of health and personal social services across the province.

The local Branch took the view that organising the conference in March would provide an opportunity to bring together major contributors who may be able to allay some of the concerns that Branch members might have as we approach the re-organisation deadline. As part of its preparations, the committee is delighted to say that Mr. Paul Goggins the Minister for Health Personal Services has agreed to open the conference. Billy Bateman NI Chair advises that our current HPMA president Deborah O'Dea and a past

president Elaine Way will also be speaking on day one of the conference.

The other major contributors on day one will be four of the newly appointed Human Resources Directors in the province; Eamonn Molloy, Marie Mallon, Jacinta Melough and Nuala Sherrin. Other contributors will be computer software companies RTiX and ICS Computing who have a history of working within the Health Sector:

Day 2 is primarily about the Future and HPMA is delighted to welcome Colm Donaghy Chief Executive of the Southern Health and Social Services Trust to address the conference. A session by Bridget Green from Capita and Leslie Hopkins from BBC will look at the benefits of Shared Services and this will be followed by David Bingham who as always will leave the conference with fresh challenges particularly in regard to securing service modernisation through initiatives such as Shared Service. In concluding the conference, the Northern Ireland Branch is delighted to involve HR Trainees who will provide their own interpretation of working in HR in the health and social services field.

We hope for an exciting conference and to build old and new networks which will help through the period of major re-organisation.

Billy Bateman
NI Chair



Paul Goggins, Minister for Health Personal Services.



Delegates at last years conference.

Capsticks

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

Employment law

Recently, the Court in **Helmet Integrated Systems Ltd v Mitchell Tunnard** (2006) considered whether an employee was free to prepare for competition with his current employer whilst still employed, or whether he breached his implied duty to his employer in doing so. Whilst in this case the Court held that the employee had not breached the duties under his contract of employment, much can depend upon the circumstances.

These types of issues are becoming increasingly important in the (ever more commercial) healthcare sector. Many NHS bodies face situations where consultants conduct private work for other organisations, or compete with their employer for private/NHS work through private companies. The guidance and contractual terms applicable to consultants provide that agreed NHS commitments should take precedence over private work and that private work should not result in a detriment to NHS patients or services.

If a consultant were to take active steps to prepare to enter into direct competition with his NHS employer (whilst still employed), caselaw suggests that there is a good argument that this can breach the express and implied terms of the contract of employment. The consequences of any breach would depend on the severity and could result in disciplinary action, or an injunction to prevent the consultant from competing with the employer.

Action: liaise with your consultant body to establish clear guidelines to deal with the situation where senior clinicians may compete with their employer for certain work. This could avoid potentially costly legal proceedings.

The ongoing saga of whether or not an employee on long-term sick leave is also entitled to paid annual leave under the Working Time Regulations 1998 continues. In **Inland Revenue Commissioners v Stringer**, the Court of Appeal held that such employees are not entitled to annual leave, or payments in relation to such annual leave, under the WTR. The House of Lords has now referred the case to the European Court of Justice, so watch this space...

Action: review annual leave policies in the light of the final decision on this subject.

Next month, there will be a feature on organisational change in the healthcare sector, giving guidance on the common pitfalls to avoid when undertaking a large-scale redundancy process.

Finally, a reminder that all employers in the public sector should have their gender equality schemes in place by 1st April 2007. Register your interest in the **Just in Time Gender Equality Duty Event** on 6th February 2007 with Lauren@chamberdunn.co.uk.

CDA Newsletters



The *HSJ's* New Year exclusive about the leaked Department of Health report on workforce projections suggested that a little unemployment among healthcare professionals might be a good thing. It would stop them asking for more money and taking everything for granted, it implied. In fact, it suggested, let's sever the link between service workforce needs and funding for education and leave to a market free-for-all.

Whether or not this document ever sees the official light of day, the pain of unemployment among newly qualified professionals is real enough. The Chartered Society of Physiotherapy and the Royal College of Nursing have been campaigning hard to find ways to give the newly qualified at least a taste of clinical practice before they lose interest and go to work in Tesco.

The current issue of *Employing Allied Health Professionals & Healthcare Scientists* describes the plight of newly qualified

speech and language therapists which, of course, have always been in short supply in the NHS. The Royal College of Speech and Language Therapists, as well as campaigning through lobbying and the media, has been working with SLT managers to argue the case to commissioners and other key decision makers. The current financial difficulties in the NHS do not alter the fact that there are not enough SLTs in the UK to meet patients needs.

An essential part of this is to get the debate going about the right mix of skill and experience in the SLT team. The College argues that newly qualified practitioners have a part to play in this skills mix in most SLT services.

For subscription details of all our healthcare employment newsletters go to www.health-workforce.com.

Alison Dunn
Editor in chief CDA newsletters

FROM OUR FOREIGN CORRESPONDENT

Déjà vu!



There are a lot of similarities in the strategies and policies of Sydney South West Health and the NHS. Does Improving Working Lives ring a bell? What about a focus on moving more services out into the community? I could go on for a while here.

In terms of Human Resource Management I would have to say our practice seems to be one step ahead, with Human Resources in SSWH more comparable to "personnel". The ideology, work, skills and depth of knowledge were not at the level I have experienced in NHS HR departments. The HR managers were skilled practitioners with good levels of technical ability, but they seemed to carry out little more than we would expect from an experienced HR Advisor.

One of my main projects was to develop a suite of indicators to measure the effectiveness of our workforce strategies and the performance of our workforce. I really enjoyed developing these benchmarks (I am a closet data geek!) and it made me wonder if measures exist that show the performance of our own HR Directorates, our HR workforce and the difference we make. Hard, quantitative measures. Is it possible for these to be linked to certain clinical KPIs to show the value we can add? The NHS is currently focused on improving efficiency; can we measure HR's contribution to this agenda and the efficiency of our own HR departments? Feedback is appreciated!

This smoothly leads me onto the other major issue I looked at in Australia –the Ageing Workforce. As in England, the health workforce in Australia is extremely

vulnerable, especially the nursing workforce. I know Ali Mohammed, HPMA Director of the year and my Network mentor is carrying out some interesting work on intergenerational learning. Combining two themes from this month's diary entry, I have a question, from mentee to mentor: how can we quantitatively measure the intergenerational learning which occurs and the **value** of such learning to the organisation?

I look forward to your response Ali. Over and out.

Bill Davies
HR management trainee, Sydney, Australia

Dear Bill

*The more I've got into this **intergenerational learning** thing, the more I appreciate what a real problem for the NHS it could become. As you say, we have this major EU funded research project starting here shortly and hopefully we will start to get some very quick wins just by casting a detailed (researcher's) eye on the subject. I feel sure the lessons learnt will prove of immense value to the NHS since they entirely relate to its ability to staff itself - as it is a people centred organisation, this makes this issue one of critical business importance.*

*As someone starting their career in NHS HR management, I would ask you to think about how you wish to position yourself for the future. That may seem a long way away but the number of people who can think strategically **and** operationally (we all have to do that to start with) is relatively small. Simply by asking the question you have - in the way you have, this demonstrates that you can do both. It is worth thinking about this when you put together your Personal Development Plan so that you keep the ability to use both these perspectives alive. I'd be interested to know what you put down on paper and commit to do...*

Kind regards
Ali Mohammed

In his regular column NHS management trainee **Bill Davis** will highlight his experiences in Australia on secondment.



Reigning HR Director of the Year **Ali Mohammed** takes his first public mentoring session.

New! Ask the Experts

The HPMA has introduced a new feature into *Network*; **Ask the Experts**. This will give our membership the opportunity to pose any HR and legal questions to health sector employment specialists at Beachcroft LLP who will provide the expert legal opinion with commentary from experienced HR professionals based on their experience of similar issues

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

beachcroft.

Public sector headlines:



David Amos, director of workforce at University College London Hospitals NHS Foundation.

Business leaders fear that US-style mandatory positive discrimination is on its way to the UK in the wake of a report commissioned by the government.

The University of Bristol research, published last week, called for the UK to force certain firms to employ more people from ethnic minorities. It backed the use of contract compliance, which is used in the US to set positive action timetables for firms doing business with the state.

Susan Anderson, director of HR policy at the CBI, said pressure on the government to introduce such measures was growing. "All the diversity lobby groups see positive discrimination as the answer, and this is a worry to us," she told Personnel Today.

The lessons from the US are that positive discrimination leads to more form-filling, less control over recruitment and no increase in diversity, she added. The Department for Work and Pensions commissioned the University of Bristol's Centre for the Study of Ethnicity and Citizenship to analyse the outcomes of positive action in labour markets across the world.

The report concluded: "A government committed to eradicating social exclusion can legitimately and confidently engage with an advanced programme of positive action, which includes contract compliance. The time is now right for such steps."

Jim Murphy, minister for employment and welfare reform, welcomed the report and refused to rule out enforced positive discrimination. "This research raises a number of interesting ideas," he said. "We are determined to do more to ensure that the skills and talents of those from ethnic minorities are not wasted."

A spokeswoman for the Commission for Racial Equality added: "This report is encouraging as it offers some valuable lessons and good practice that can be tailored to our labour market."

Next month, the independent Equalities Review will also recommend policy to the government. Its chairman Trevor Phillips said last month that "special measures" were needed. "Some areas of employment will never stop being all-white without new kinds of positive action," he said.

The HR director at the hospital where former Russian spy Alexander Litvinenko died last November has praised his organisation's response to the incident.

Litvinenko's body was found to have a fatal dose of the radioactive isotope polonium-210. Police are treating his death as murder.

David Amos, director of workforce at University College London Hospitals NHS Foundation Trust, said the incident had involved "huge HR issues".

"Given the nature of the incident, many staff, not just those directly involved, had health concerns," he told Personnel Today. "We had to make sure patients were reassured, through to managing the morale and motivation of all our staff."

About 80 workers at University College Hospital were tested for traces of radiation after coming into contact with Litvinenko. The tests involved analysing clothing as well as urine samples for signs of contamination.

"We did our best to reassure staff they were not in danger," Amos said.

"The hospital was particularly successful in engaging both doctors and scientists with staff to explain what the situation meant for them," he added.

The case attracted huge media interest worldwide and led to scores of journalists camping outside the central London hospital.

"We had to keep a regular flow of information to the journalists outside," Amos said. "That was important in keeping any media storm under control."

He said a good barometer of how well the organisation coped was that none of the 2,300 nurses employed at the hospital contacted their union, the Royal College of Nursing, about any concerns during or after the incident.

Survivor Syndrome

In the mid 1990s the phrase 'Survivor Syndrome' (SS) was heard in many HR departments and throughout many organisations. It is, once again, a topical issue as those staff retained at the end of the Commissioning a Patient Led NHS process face a future without many colleagues whose posts have been made redundant. It is, therefore timely to examine this syndrome again.

Survivor syndrome is used to describe the set of shared reactions and the emotional, psychological and organisational repercussions faced by those who remain employed or survive the job loss process.

There is no recorded evidence of a particular set of behaviors displayed, but it has been observed that some of the following are exhibited:

- A decrease in morale
- Increased absenteeism
- Reduced job motivation
- Reduced organisational commitment and employee engagement

Similarly there is little empirical evidence which identifies the types of staff who are most likely to be affected. What is a safe assumption though is that it will occur and will affect the organisation and the individual.

Research has identified that the following can impact on the severity of the syndrome:

- If the job loss selection procedure is conducted in mystery and ambiguity, fear and anxiety tend to become the dominant emotions of all employees.
- Loyalty to the organisation, by the survivor, seems to decrease and loyalty to work teams and colleagues seems to increase according to how the organisation treats the employees it is losing.
- Staff will need information and the amount, nature and openness of an effective communication process is a vital part of allaying anxiety.

HR plays a crucial role in any job loss programme, and along with managers will need to have received training or have the necessary experience to deal with these situations effectively. It is also essential to have an effective communication strategy designed to assist staff at all levels, and in all areas of responsibility in order to plan and adapt to the organisational changes.

All employees who remain a part of the organisation after a job loss or change programme become the new organisation. They will be responsible for its future success, therefore the need to re-instate the psychological contract and re-gain employee engagement are imperative to the future organisation.

Jean Purnell HR Adviser NHS Partners

References

Survivor Syndrome: Key Considerations and Practical Steps

HELEN WOOLFE, IES (2004)

Survivor Syndrome

ROBIN TAIT, Taylor Clarke Partnership (2004)

Reflections: the impact of downsizing on survivors – some findings and recommendations

SADRI G., Journal of Management Psychology (1996) Vol.11 No.4

The all too human side of downsizing
KETS DE VRIES M and BALAZS K, European Management Journal (1996) Vol. 14, No.2

DATES FOR YOUR DIARY

- **South West branch conference: HR – the X Factor** 1-2 February 2007
Best Western Tiverton Hotel, Tiverton
- **Just in time: Gender equality duty** Tuesday 6 February 2007
Education Centre, St Mary's NHS Trust
- **Next Birmingham & Black Country branch meeting** 26 February 2007
4.30 pm Meeting Room 9, 3rd Floor, Delta House, West Bromwich (see website)
- **NI HPMA branch conference** 8-9 March 2007 Radisson Roe Hotel, Limavady
- **Welsh HPMA branch conference** 27 April 2007 Celtic Manor Resort, Coldra Woods, Newport
- **London branch event: Shifting your HR function from good to great** March 2007
- **HPMA and NHS Partners Excellence in HRM Awards Ceremony** 7 June 2007 London
- **HPMA UK Conference** 8 June 2007 London