



# **A warm welcome from the HPMA East of England Branch**



## **HPMA - With you, for you.**

The Healthcare People Management Association is the professional voice of HR in healthcare.

Set up over 40 years ago, we now have over 4,000 members ranging from HR directors and deputy directors through to trusts and CCGs.

Our aim is to support and develop HR staff to improve the people management contribution in healthcare and ultimately improve patient care.

We have a strong branch network that covers the whole of the UK, and we set and promote the highest standards in HR practice.

# HPMA East of England



**We recognise the importance of how we as a branch can help support our members within the OD, Workforce and HR communities**

Annesley Donald, Deputy Director of Workforce at Cambridge University Hospitals became Vice President for the branch in early 2020. The branch continues to grow, with partners from Mills & Reeve and CMP sitting on the committee.

Our aim is to keep developing the branch, creating a hub for high quality events and development programmes, aimed at reaching as many different people, in different roles and organisations as possible. We want to be able to provide our members with the opportunity to come together, network and learn from one another.

**Themes for future events include:**

International Recruitment, HR Careers in the NHS, Psychological Safety, Mindfulness and reflective practice  
BP Business partnering development programmes

**We continue to welcome new members to the branch. Also, if you are interested in joining the East of England HPMA Committee, please contact Annesley Donald or Amy Bushen.**

# Flexible Working

## The Perspective of an Acute Trust

*September 2020*



Cambridge  
University Hospitals  
NHS Foundation Trust

# Flexible working; a plotted history.....

- In the 1930s economist John Maynard Keynes predicted that, by now, we would be working 15-hour weeks, supported by the growth in technology.
- In 2018 ACAS reported that, whilst half of UK employers offer flexible working arrangements, just 10% of UK workers have such arrangements in place.
- Research by the Chartered Institute of Personnel Development (CIPD) found that, whilst many UK organisations offer flexible working to staff, culturally it is seen as a privilege; something to reward staff with, rather than being a mechanism to improve efficiency and productively.
- The benefits of flexible working are well documented;
  - increased staff engagement and morale
  - reduced absenteeism
  - increased recruitment attraction
  - reduced turnover
  - increased productivity.
  - a more inclusive culture
  - better balance work and home life.

# Flexible working at CUH...pre COVID - 1

*“The current range of flexible working opportunities for staff at CUH includes:*

- *Compressed hours*
- *Term time only contracts*
- *Job share*
- *Fixed rosters*
- *Annual leave purchase scheme*
- *Special time out”*

*In addition, the Trust has a highly successful Staff Bank with over 4000 registrants, offering the opportunity to work across the Trust with a range of different shift patterns”*

- A 2018 review of flexible working practice in CUH identified that those in management and administrative roles as well as those working within corporate functions worked the most flexibly, with compressed hours being the most popular contract in place compared with other flexible working options.
- Across the whole workforce, 72% of staff are contracted work full time. Term time only contracts and those requesting special time out were the least utilised options with less than 100 staff across the organisation taking up either of these options in 2018. With regards to fixed rosters, across the organisation, 4.6% of healthcare support workers and 5.9% of nursing staff had these in place.
- The 2018 National Staff Survey results indicate that 59.7% of CUH staff are satisfied with flexible working opportunities available to them (57% in 2017).

# Flexible working at CUH...pre COVID - 2

## Organisational Culture

- As part of the 2018 Trust review of flexible working, managers of both clinical and non-clinical areas were asked to provide their views. A summary of their comments is provided below;
  - Many managers in non-clinical areas reported that flexible working is a useful tool to recruit and retain experienced and knowledgeable staff. They felt that they could accommodate most requests, which tend to be for part time working or compressed hours.
  - Whilst managers in clinical areas recognised the benefit of flexible working, they felt the need to provide continuity of care across a full range of shifts restricted what could be offered to staff.
  - Some outpatient clinic managers reported that staff working set days had a direct benefit to patient care, providing continuity and strong working teams
  - Many managers perceived flexible working as a tool to reward staff when Agenda for Change does not allow for financial rewards.
  - Some managers felt that not agreeing flexible working requests can be seen by staff as unfair and punitive. They felt that the “first come, first served” basis of allocation (as per legislation) could sometimes seem unfair.
  - The review identified that some managers held certain beliefs around flexible working and the types of roles you could have. One example of this was a manager believing that you could only have a management role if you worked for more than 27 hours per week.

# Flexible working - organisational maturity

In their 2018 report, *Flexible working in the NHS: The Case for Action* Timewise represented stages of organisational maturity in terms of its approach to flexible working. It moves from a reactive request-response model to a proactive stage whereupon there is deliberate job design to incorporate and reap the benefits of flexible working:

## *The Timewise flexibility maturity curve*

- 1. We tolerate it, reluctantly*
- 2. We accommodate it, but only when someone asks*
- 3. We welcome it, but still reactively*
- 4. We openly support it*
- 5. We proactively encourage it*

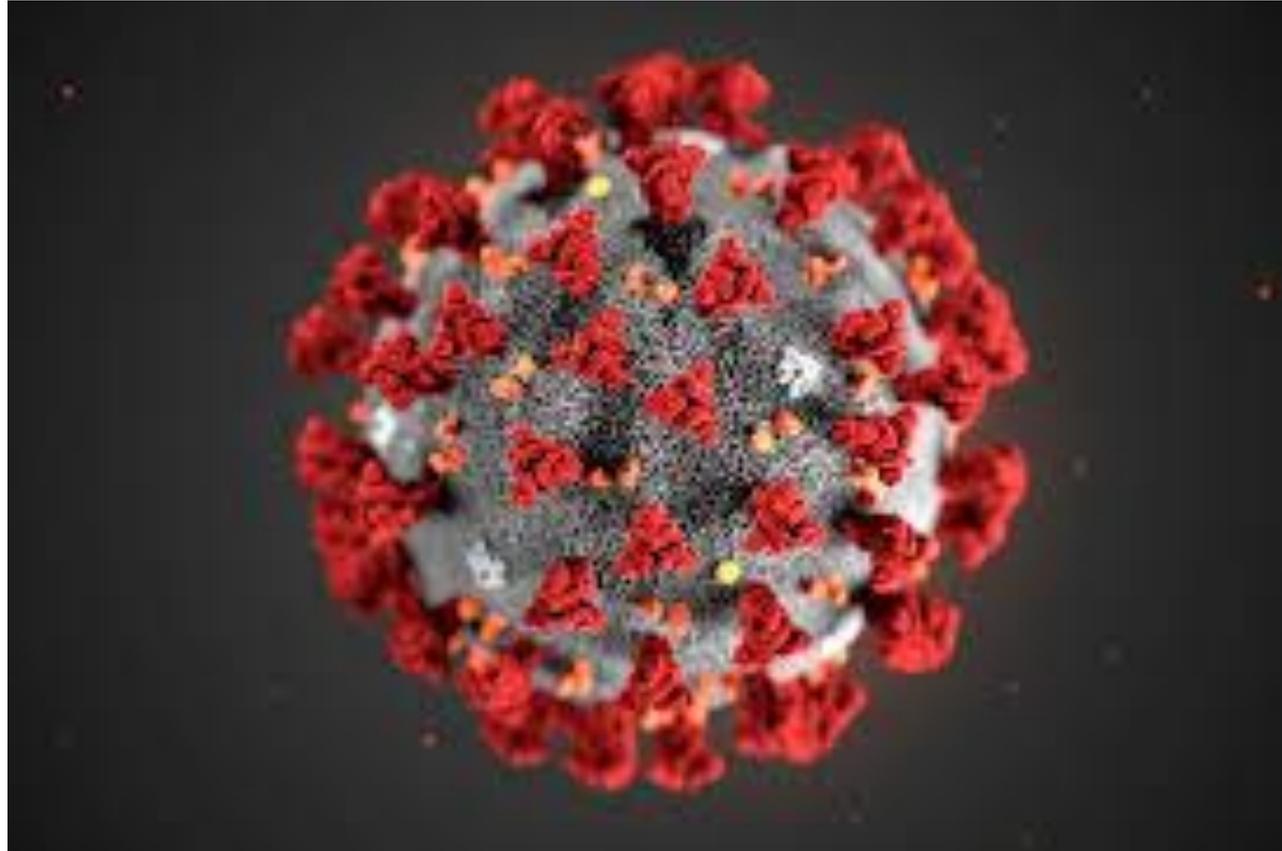
# Discussion point 1

1. Prior to the COVID pandemic, what did flexible working mean in your organisation?
2. Prior to the COVID pandemic where would you have placed your organisation on the Flexible working organisational maturity scale?

## *The Timewise flexibility maturity curve*

1. *We tolerate it, reluctantly*
2. *We accommodate it, but only when someone asks*
3. *We welcome it, but still reactively*
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And then, this happened ....



# In response to COVID

- On 16 March 2020, in response to the global COVID 10 pandemic, the Prime Minister, Boris Johnson stated that people should “start working from home where they possibly can”. The messaging has changed over time, but social distancing remains, and new ways of working continue to be the focus of much attention.
- The Trust subsequently encouraged staff to work from home where possible in order to reduce footfall to the site, limit the usage of public transport (where a reduced service was in operation). The Trust has also complied with national guidance on ensuring COVID secure environments were possible through the cessation of face to face training, meetings.

## Challenges and constraints

- CUH does not have a long standing culture of remote working
- Digital infrastructure – both hardware and software was an issue
- Knowledge and expertise
- maintaining/developing a sense of team and positive working culture when individuals dispersed
- Equity of offer
- Health and well being support for those working remotely

# Opportunities and Challenges

Opportunities	Challenges
Support for staff with a health vulnerability and unable to work on-site due to COVID 19	Investment in digital offer both software and delivery at pace
Reduced foot-fall to site during COVID 19 supporting social distancing, access and travel	Staff adapting to new ways of working, including skilling up managers to work with staff who are not site based
Decreased presence on site giving increased space (essential office/meeting and ? repurposing to clinical space)	Development of a cultural shift from expectation of on-site presence to positive acceptance and encouragement of remote working
Decreased pressure on access and travel	Maintaining staff health and wellbeing
Increased staff flexibility to support equality, access and work/life balance	People like to meet/socialise in person and miss that interaction
Recruitment attraction nationally and internationally	People having the technical skill to work through virtual platforms
Preparedness for Addenbrooke's 3 – new ways of working	Cost of moving to a new way of working (hardware, repurposing of space etc.) vs identification of cost saving
Innovation in ways of working virtually and digitally - e.g. virtual clinics	Trust systems such as telecommunications
Increased accessibility to communications using digital platforms	

# What our staff said

*CUH Reflects* (local staff survey):

- 65% of staff in the Trust answered yes they have been supported to work from home
- 10% worked from home occasionally and 19% said most of the time
- Discrepancy in support to work from home between BAME and White staff
- Discrepancy in support to work from home for Disabled staff
- Lower pay bands scored lower in terms of support to work from home (higher pay bands reported better)
- Results suggest the older you are the more supported you are to work from home

So, the themes...

- Those supported to work remotely appear to have appreciated the opportunity, particularly those that did a mixture of remote working and coming on-site
- Some staff felt that there was inequity in opportunity to work – some felt obliged to come in when it was feasible for them to work remotely
- IT was an issue, initially BYOD had restricted access and there has been confusion re the best platforms for remote working

# Working Arrangements

Whether temporary, in response to the global COVID 19 pandemic, or long term, employees may be broadly considered in the categories below. Individuals may move between categories as a result of changes to role requirements and personal circumstances including health.

- 1) Ad hoc work at home
- 2) Community worker who is on/off site
- 3) Regular home worker (some days each week, on a permanent basis)
- 4) Regular home working (temporary)
- 5) On site worker with no home working

All staff should be able to access IT equipment to undertake job wherever they work, and the exact package of support will be dependant on the working arrangements for the individual.

# CUH Ambition – Phase 1

## 1: Response to COVID 19

- All meetings, conversations and training should be held remotely/virtually unless they are essential and cannot be undertaken in any other way than face to face (with social distancing in place). Our position on this is unlikely to change before March 2021. This means that remote working, including from home and virtual working on-site is, therefore, how the Trust will be for the foreseeable future.
- Many of us will still need to be on-site in order to deliver our work. This does not mean that we don't work virtually where possible.
- As a group we have heard a strong request for a clear steer on how our virtual working ambition works in reality, for access to technology and skills to make this ambition a sustainable reality.
- We also aware that there are different views about what virtual working has permitted / made possible and what has not worked so well. Some teams and managers are way ahead in making the ambition who are making virtual working a reality.
- This will require us all to think innovatively and act differently, making a conscious decision to actively work remotely/virtually, using technology to make this ambition a reality.
- The Trust will support this immediate response through the development of:
  - a) Strong digital enablement
  - b) A clear articulation of policy, particularly regarding hardware, software and other offers of support
  - c) Inclusion of remote working opportunities in adverts and contracts of employment
  - d) Development of practical support to enable successful, high quality virtual working.

# Discussion point 2

1. Reflecting on the impact of the COVID pandemic, has your organisation changed
  - a) Flexible working practices
  - b) Culturally in terms of flexible working
  
2. Where would you put your organisation now on the flexible working organisational maturity scale?

MILLS & REEVE

Achieve more. Together.

# Homeworking – Key Issues

Stuart Craig - Partner

September 2020



The work-from-home revolution is only just beginning

**Has working from home given us all back ache?**

We're not all going to be working from home, nor should we. Here's why

*Gene Marks*

**One in three office workers want to continue working from home after coronavirus threat is over, survey reveals**

- The study showed a demand for more flexible working, up from a tenth in 2019
- The survey found 32% of people expecting to at least partially work from home
- It comes as Boris Johnson on Friday urged Brits back to deserted High Streets

**MILLS & REEVE**

Achieve more. Together.

**HOME DISCOMFORTS** Horrifying model  
with hunchback and bloodshot eyes  
reveals what you could look like if you  
keep working from home



# Agenda

- Short-term – homeworking and the pandemic
- Longer term – more homeworking as a new normal?
- Practical considerations

# Short-term – homeworking and the pandemic

- Government Guidance on ‘Working during the coronavirus (COVID-19) outbreak

## 4. Work from home

Everyone who can work from home should do so.

To help your people work from home you should:

- provide the equipment they need, for example a computer, phone and videoconferencing facilities
- keep in regular contact with them, making sure you discuss their wellbeing

# Short-term – homeworking and the pandemic

- ONS Report on ‘Coronavirus and homeworking in the UK: April 2020’
  - In April 2020, 46.6% of people in employment did some work at home.
  - Of those who did some work from home, 86.0% did so as a result of the coronavirus (COVID-19) pandemic.
  - Of those who did some work from home, around one-third worked fewer hours than usual (34.4%), and around one-third worked more hours than usual (30.3%).
  - Women were slightly more likely to do some work at home than men, 47.5% and 45.7% respectively.
  - People aged 16 to 24 years were less likely to do some work from home than those in older age groups.

# Short-term – homeworking and the pandemic

- NHS Employers guidance for the NHS.
- Employers should enable and support their staff to work from home wherever possible.
- In particular administrative functions and some primary care and outpatient-facing roles.
- Still have a duty of care, including ensuring appropriate health & safety
- Support employees' wellbeing.
- Give guidance to managers supporting remote workers.

# Longer term – more homeworking as a new normal?

- According to recent CIPD research 37% of employees will be working from home on a regular basis once the crisis is over.
- 45% of employees expect to work more flexibly going forward.
- More flexible working requests?
- Homeworking as a reasonable adjustment – harder to argue that it isn't a reasonable adjustment?

# Practical considerations

- Contractual provisions
- Data protection
- Health and safety
- Equipment
- Insurance
- Tax

# Contractual provisions

- Place of work
- Hours of work
- Expenses
- Illness
- Confidentiality
- Equipment
- Discipline and grievances
- Right to enter
- Trial period
- The right to revert
- Termination

# Data protection

- Employers need to take appropriate measures.
- Data privacy impact assessment.
- Specific training for employees around obligations.

# Health & safety

- An employer is responsible for an employee's welfare, health and safety, "so far as is reasonably practicable" (section 2(1), Health and Safety at Work etc Act 1974).
- Employers must conduct a suitable and sufficient risk assessment of all the work activities carried out by their employees, including homeworkers, to identify hazards and assess the degree of risk.
- In particular consider:-
  - Stress
  - Equipment
  - Electricity
  - Accidents

# Tax

- A homemaker who is an employee may be entitled to claim a deduction against taxable income for certain household expenses and travel costs (sections 336 and 337, Income Tax (Employment and Pensions) Act 2003 (ITEPA)) but the criteria are strict.
- Payments by employers to reimburse employees for reasonable additional household expenses incurred while working at home under homeworking arrangements have been exempt since 6 April 2003 (section 316A, ITEPA) subject to conditions.
- See EIM 32760 and EIM 32374

# Tax – Overseas home workers

- Some employers have allowed overseas employees to work from home overseas during the pandemic.
- Potentially complicated tax and NIC consequences! Particularly if long-term.
- Will the employee continue to be tax resident in the UK?
- Will the employee also be subject to income tax in the home country?
- Can the employee still pay NICs?
- Specialist tax advice likely to be required

# Overseas home workers (cont)

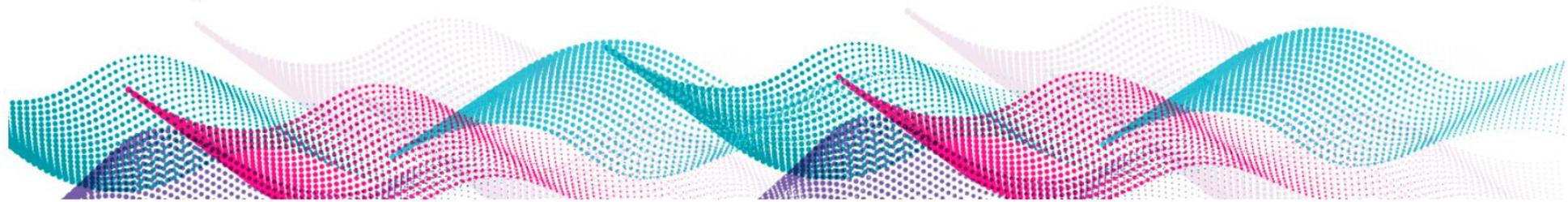
- Also potentially complex employment law issues:-
  - Which country's law is applicable?
  - In which country's courts or tribunals should any dispute be determined?
  - What is the territorial scope of any UK employment statute?
  - Could local employment laws also apply?

# Summary

- Continued homeworking in the short term
- Greater long term homeworking
- Make sure your contract of employment has appropriate provisions
- Do your policies and procedures need updating?



**HPMA EXCELLENCE IN  
PEOPLE AWARDS 2020**  
**THURSDAY 1 OCTOBER**  
**VIRTUAL CEREMONY**



<https://www.hpma.org.uk/awards-2020/>

## Future Events

Which 3 topics would be of most interest to you for future events?

- Organisational development
- Equality, diversity and inclusion
- Career development
- Legal updates
- Managing workforce analytics
- Mock Employment Tribunal
- International recruitment
- Policy development
- Organisational change
- Organisational culture
- The People Plan



**Thank you**