# Sectoral Social Dialogue Committee for the Hospital Sector
# Working Group 1/2018
# Brussels, 21 June 2018
# Notes

**MORNING SESSION**

**08.45 – 09.15 HOSPEEM–EPSU Steering Committee**

**09.15 – 10.30 Separate trade unions' and employers' group meetings**

**10.30 – 12.30 Plenary**

The morning session was chaired by Kirsi Sillanpää, Tehy (Trade Union, Finland), Vice-President of EPSU's Standing Committee "Health and Social Services". She introduced the agenda, the objectives of the meeting and welcomed Kristine Krivmane, Policy Officer, DG EMPL, responsible liaison for the SSDC HS.

## 1. Points for information

Mathias Maucher, EPSU Secretariat and Simone Mohrs, HOSPEEM Secretariat, presented updates on the three following items indicated on the agenda.

- Tour de table – First impressions conference in Vilnius, 23 and 24 May 2018

- Mathias Maucher and Simone Mohrs presented the first teaser video of the Social Partners' conference *"A sound mind in a sound body – taking care of those who take care of us"* which took place on 23 and 24 May 2018 in Vilnius. The teaser was well received by the participants. Additional videos will be published after the summer break on EPSU and HOSPEEM websites.
- Mathias Maucher and Simone Mohrs also presented the feedback received from participants via the evaluation forms sent out after the conference. The EPSU and HOSPEEM Secretariats had received 15 responses on the evaluation form with an overall positive assessment of the conference.
- In particular, the sessions on psycho-social risks and stress at work (PSRS@W), as well as organisational climate and leadership, were highly appreciated. (Tjitte Alkema, NVZ Employers', Netherlands and Secretary General of HOSPEEM)
- It was suggested for future events that two, consecutive break-out sessions should take place, allowing participants to attend both and discuss (Anna Kukka, Tehy Trade Union, Finland)
- Now after the conference, it has to be made clear what the Social Partners would like to achieve. Concrete actions are needed and recommendations on particular aspects need to be made. (Maryvonne Nicolle, CFDT SSS Trade Union, France)
- As a practical outcome, Social Partners have to be ambitious in reducing the potential risks that health staff is exposed to on a daily basis. Therefore, a balance between the desired risk assessment and not lowering the ambitions of raising the level of safety of the health staff is essential. The ambitious goal is to raise the level of workplace safety.

It was pointed out that enforceability might lower the ambitions of Social Partners to create a safer workplace (Tjitte Alkema, NVZ Employers', Netherlands and Secretary General of HOSPEEM)

- Further action should focus on the burden of healthcare professionals. Therefore, differences and similarities have to be identified as to the demands and priorities of EPSU and HOSPEEM. Both. Social Partners want to create the safest possible environment for the health workforce. (Kirsi Sillanpää, Tehy Trade Union, Finland, Tjitte Alkema, NVZ Employers', Netherlands and Secretary General of HOSPEEM)

Different instruments for follow-up activities were discussed. The EPSU and HOSPEEM Secretariats will follow-up internally, organising an internal exchange and then will report back on it to one another.

- State of play on the Country Specific Recommendation (CSR) relevant to the healthcare and hospital sector

Simone Mohrs informed about the Country Specific Recommendations (CSR) relevant to the healthcare and hospital sector, presenting main aspects addressed by Jeroen Jutte, Head of Unit, Employment and Social Aspects of European Semester, DG EMPL, European Commission, during the HOSPEEM General Assembly on 20 June 2018. Previously, the national Social Partners had received a presentation from DG EMPL on the European Semester in the meeting of Working Group 2/2017 on 8 September 2017.

Simone Mohrs firstly highlighted the connection between the European Pillar of Social Rights (EPSR), the European Semester and the Social Dialogue, which are two "formats" to put the European Pillar into action. The economic and demographic context of the European Semester indicates that, due to the demographic shift in the EU28, the expenditure on healthcare provision will increase proportionally. This is one of the main reasons why the European Semester is currently putting an emphasis on the healthcare sector.

One way of monitoring the implementation of the EPSR is the European Semester as it provides an in-depth analysis, transparent reporting throughout the year and involvement of social partners and other stakeholders. Interesting new elements are the technical assistance provided by the European Commission (EC) as well as benchmarking and good practice exchange. The Social Scoreboard is the main monitoring tool for the Social Pillar as it aims at identifying main employment and societal challenges using headline indicators for the three categories "Equal opportunities and access to the labour market", "Dynamic labour markets and fair working conditions" and "Public support / Social protection and inclusion".

Within the last Spring Package, the 2018 CSR reflect the priorities of the Annual Growth Survey, aiming at boosting investment, pursuing structural reforms and ensuring responsible fiscal policies including on accessible health care and at supporting social dialogue. In 2018, the Commission proposes not more than 5 CSR for countries experiencing "structural imbalances" and not more than 3 for countries with no imbalances identified. Romania and Hungary received CSRs focusing on Social Dialogue.

In the Q&A- and comments-session a number of points were raised:

- The sustainability of the health sector and the accessibility of health systems have a big impact on the national policies. Therefore, Social Partners can play an active role at the sectoral level. National Social Partners should closely collaborate with the National Reform Programmes (NRP) together with the respective stakeholders at national level and the EC European Semester Officer in their country. (Tjitte Alkema, NVZ Employers', Netherlands and Secretary General of HOSPEEM)
- The national affiliates of EPSU and members of HOSPEEM are invited to check where they can be involved at the national level and do so – including via national trade union confederations or employers' organisations – if they consider that this is beneficial and that their voice can have an impact. (Kirsi Sillanpää, Tehy Trade Union, Finland)

- The French Trade Unions have been involved in this process in form of consultations. However, the CSRs continue to mention "a decrease in public spending". For the healthcare sector, this translates into shortages of the health workforce. It also has to be noted that there is a big gap between the social and employment aspects of the EPSR that has to be addressed. (Cyrille Duch, CFDT SSS Trade Union, France, Maryvonne Nicolle, CFDT SSS Trade Union, France)
- Although the European Semester is very much focused on cost, the introduction of the EPSR has brought about more social aspects since last year, for example, by means of the social scoreboard. There is an opportunity to have more impact and influence for social partners, too. (Tjitte Alkema, NVZ (Employers', Netherlands and Secretary General of HOSPEEM)

The Secretariats will disseminate the European Semester timeline after the meeting.

- State of play on revisions of EU legislation on occupational safety and health (i.e. Directive 2000/54/EC on biological agents at work)

Based on information received from the European Advisory Committee for Safety and Health (ACSH), Mathias Maucher informed the participants on the ACSH's Opinion on the Modernisation of 6 OSH Directives as regards the revision of the Biological Agents Directive. It suggests considering the following issues: the inclusion of potential risks, the definition of intended and unintended activities, notifications to national competent authorities, training, vaccinations and preventive medicine, and the interplay with other directives. On the basis of this work, the working party should assess whether further changes are necessary.

It was agreed to keep an update on the state of play of revisions of EU legislation on OSH with relevance to HOSPEEM and EPSU members[1] on the agendas of the next meetings, not least to be able to, if need be, discuss and agree about a possible (joint) reaction, input, etc.

## 2. Prevention of injuries with medical sharps

- Presentation of the final draft results and report on the online survey on the implementation of Directive 2010/32/EU on the prevention of injuries with medical sharps
- Comments by HOSPEEM and EPSU members for the finalisation of the results of the survey and future steps

Simone Mohrs and Mathias Maucher presented results and report on the Survey of Directive 2010/32/EU on the prevention of injuries with medical sharps as of mid-June 2018. The analysis of the replies by HOSPEEM members and EPSU affiliates shows that there are still existing challenges. The report is based on 28 responses (8 HOSPEEM, 16 EPSU and 3 joint responses and 1 not affiliated to either of the ESP). In total 11 HOSPEEM members, 21 EPSU affiliates and 3 organisations not affiliated to either of the ESP from 21 countries (19 EU MS plus Norway and Serbia) replied. The country with the most responses recorded (n = 4) was Norway. Countries from where two answers were received are Denmark, Finland, Germany and Lithuania. Joint answers were received from three countries, the Netherlands, Norway (with in addition to separate answers from 3 trade unions) and Sweden). A response from the Irish Employers, coordinated with the Trade Unions in the health/hospital sector, was submitted to the Secretariats past the deadline. It will be included in the final report.

Simone Mohrs and Mathias Maucher also presented the discussion section of the report, recalling key insights from the final report of the joint project on Promotion and Support of Implementation of Directive 2010/32/EU on the prevention of sharps injuries in the hospital

[1] e.g. concerning the Directive 2000/54/EC on biological agents at work (due to the interrelations with provisions of Directive 2010/32/EU) or on personal protective equipment

and healthcare sector, which took place in 2012 2013[2], the present survey's strengths and limitations and conclusions which encompass a table of potential starting points for future (joint activities) and recommendations linked to the different principles of the Directive and concerning three categories of addresses, the national and ESP, national governments and other agencies or institutions etc. in the field of OSH as well as the EC and EU-OSHA.

In the Q&A- and comments session a number of points were raised:

- This report shows the limitations of a survey run by the Social Partners, without external help such an evaluation of the effects of the Directive and such a report cannot be entirely representative. When it will be sent to the EC, it will be good to also suggest to the EC that the ESPs are ready to work with the EC in order to identify the relevant criteria. (Herbert Beck, Ver.di Trade Union, Germany)
- The main text of the report is indeed already very well written and elaborated. Therefore, the Social Partners could expect the EC to accept the request for an external evaluation eventually. However, in order to allow for a more elaborate discussion and potential agreement on the of potential starting points for future (joint activities) and recommendations, the employers would like to postpone the finalisation of the conclusion to the Plenary Meeting in November 2018. Therefore, employers would like to detach the section with "Potential starting points for future (joint activities) and recommendations" for the time being from the main report. National Social Partners should focus on the main report first and comment on potential errors there. (Tjitte Alkema, NVZ Employers', Netherlands and Secretary General of HOSPEEM)

Kirsi Sillanpää, Tehy (Trade Union, Finland), summarised the discussion and informed the national Social Partners that they are welcome to submit comments to the main report, excluding the conclusions until the 29 June 2018. After this deadline, the Secretariats will integrate the suggested changes, finalise and share the main report on 6 July 2018. It will then be disseminated to the national Social Partners and relevant European Stakeholders. In a separate e-mail, the Secretariats ask for a meeting with European Commission representatives during September 2018, in particular, Charlotte Grevfors-Ernoult, DG EMPL, Head of Unit Health and Safety, in order to discuss the joint request to the _EC to conduct an assessment of the implementation of Directive and to elaborate an implementation report. Her Unit previously updated the national and European Social Partners on planned consultations and initiatives by DG EMPL at the meeting of Working Group 2/2017 on 8 September 2017.

After the meeting with DG EMPL representatives, the Secretariats will share the outcome of the meeting with the national Social Partners and call for a final feedback on the conclusions during October 2018. In the first week of November, the joint final draft joint recommendations and actions will then be disseminated to the national Social Partners and be discussed (if possible, agreed) upon at the Plenary Meeting on 12 November 2018.

**14.00 – 16.15 Plenary (cont.)**

The afternoon session was chaired by Tjitte Alkema, (NVZ Employers', Netherlands, and Secretary General of HOSPEEM). He welcomed the speakers and Constantin-Ovidiu Dumitrescu, Policy Coordinator, Unit Performance of national health systems, DG SANTE, European Commission.

**3. Labour mobility and migration in the EU – Migration of healthcare workers within the EU**

- Presentation by ICF (Elbereth Puts, Consultant) on "Movement of skilled labour in the health sector case study report"

[2] The final report can be accessed on the HOSPEEM website here http://hospeem.org/wp-content/uploads/2013/10/Final-Report-ICF-GHK-15.11.13-EN+TW.pdf and on the EPSU website here https://www.epsu.org/sites/default/files/article/files/Final-Report-ICF-GHK-15-11-13-EN_TW-3.pdf

Elbereth Puts presented the case study report on the movement of skilled labour in the health sector within the EU and by EU citizens (insofar excluding third-country nationals and migration flows involving non-EU MS. She noted that in December 2017, both Secretariats have been previously consulted for providing content (in form of national and European case studies) and later on for feedback on the report.

The case study was part of a wider one-year study, the purpose of the study being to provide a solid evidence base on movement of skilled labour generally and present examples of actions undertaken by Member States/regions to address it. The evidence base consisted of literature review, desk research, case studies for countries (DE, ES, IE, PL, BG & RO, the Baltics) and sectors (ICT, Health) and data analysis, including EU LFS microdata. The study will feed into peer exchanges between Member States, organised by the Commission.

The issues covered: 1) Patterns: identifying the main flows of skilled labour to understand its magnitude and key characteristics (comparing low, medium and high qualifications, gender, sending and receiving countries, return; 2) Drivers: understanding the reasons behind the movement of skilled workers (push and pull factors) and the impact on the sending/receiving Member States (wages, working conditions and availability of jobs as well as Continuing Professional Development and lifelong learning); and 3) Policies: providing examples of actions to address the movement of skilled workers taken by Member States/regions (case studies from the United Kingdom, the Austrian-Czech border region, EU and global level).

Elbereth Puts concluded that data showed that most movement occurs from the East and South to the North and West. Workforce planning and retention policies are important national policy instruments to also help in addressing the problems of cross-border health worker migration for the countries losing parts of their workforce. Furthermore, there is more evidence of national sectoral strategies in receiving countries than in sending countries. The risk of healthcare professionals' outflow in bigger numbers is that of greater (health) inequalities between the EU MS and within these countries.

In the Q&A- and comments-session a number of points were raised:

- It was noted that the term "sending country" was used incorrectly as the countries do not voluntarily send their workforce abroad. This term usually refers to posted workers. The researchers should explore another terminology such as country of origin or donating countries (Jevgenijs Kalejs, Employers', Latvian Hospital Association).
- The issue of brain-drain was raised, and it was stressed how this often is the cheapest solution for the receiving countries as they don't need to invest in the professional training and VET more in general in the hospital/healthcare sector.
- The question was raised whether ambulance workers were included in the study as this particular group of workers in the United Kingdom is in particular under pressure these last years (Alan Lofthouse, Trade Union, UNISON, United Kingdom). As the study refers to the NACE code 86[3], the answer was yes.
- It was questioned whether the study includes health workforce acquiring their degree in another country other than their country of origin but returning after acquiring the degree.
- Another question was if there is a specific political agenda behind the study commissioned by the EC (Maryvonne Nicolle, CFDT SSS, France). It was suggested that the study should give an important impulse to the discussion about the financial responsibility of the EU MS and the concept of solidarity among them, especially regarding the training of healthcare professionals.
- The issue of self-sufficiency of EU MS in the healthcare sector (to improve recruitment and retention policies) was also raised. It was recalled that during the Bulgarian Presidency discussions took place on the possibility to create inter EU-funds, but this

[3] Statistical Office of the European Communities. NACE Rev.2: statistical classification of economic activities in the European Community. Luxembourg: Office for Official Publications of the European Communities; 2008. http://ec.europa.eu/eurostat/documents/3859598/5902521/KS-RA-07-015-EN.PDF

solution was not deemed feasible and did not receive sufficient political support. EU MS should create and promote settings ensuring their self-sufficiency.

- The labour mobility will be a topic of discussion in the next few years for the Social Partners (Tjitte Alkema, NVZ (Employers', Netherlands and Secretary General of HOSPEEM)

**4. Health Workforce Planning and Skills**

- Presentation by OECD Health Division (Karolina Socha-Dietrich, Health Policy Analyst) on "Feasibility Study on Health workforce skills assessment"

Karolina Socha-Dietrich presented the Feasibility Study on Health Workforce Skills Assessment. The objective of the study was to review the status of existing surveys that measure skills of health professional and identify gaps where more attention and resources will be needed to generate policy-relevant evidence on skills requirements, skills use and skills mismatch in healthcare settings. Furthermore, the study issued in February 2018 explored the feasibility of developing a standardised approach to analyse these gaps and allow international comparability, taking into account the diversity of healthcare systems and comparability across different categories of health professionals.

Karolina Socha-Dietrich elaborated on the findings of the study which shows that increasingly, healthcare professionals need to apply adaptive problem-solving skills to respond to complex and non-routine patient care issues while working in complex, multi-disciplinary and frequently stressful occupational environments. In the coming years, countries will need resilient and flexible health workers who not only have technical and clinical skills, but also cognitive, self-awareness and social skills. These skills will better enable them to monitor and assess the situation, make decisions, take a leadership role, and communicate and coordinate their actions within a team in order to achieve high levels of patient safety and efficiency, as well as to assure their own safety and job satisfaction.

Recommendations identified in the report included 1) the need to develop skills assessment instruments around policy-relevant issues identified through active participation not only of interprofessional groups but also of patient representatives, health policymakers and other stakeholders; 2) the need to organise skills assessment in relation to a number of transversal skills that are recognised as relevant for all health professionals, such as teamwork, communication, socio-cultural sensitivity, awareness of professional and ethical standards, workers' own safety and well-being, and adaptive problem solving; 3) the need to involve stakeholders in the design of the questionnaires and the identification of policy and practice relevant hypotheses to be tested by the survey.

During the discussion, the issue raised turned around the current lack of personnel, especially of nurses, in some countries (Maryvonne Nicolle, CFDT SSS, France). It was stressed that validation of acquired skills and knowledge in a practical work environment is an important element in the broader process of CPD and LLL and that related methods might be brought more in line in the EU context or at least exchanged about and that soft skills are fundamental for teamwork.

**5. Social Partner Engagement and Effectiveness in European Dialogue (SPEEED) Impact Workshop**

Before giving the floor to the SPEEED project presenters, Tjitte Alkema, NVZ (Employers', Netherlands), and Secretary General of HOSPEEM welcomed Sigried Casper, Team Leader Sectoral Social Dialogue, Unit Social Dialogue, DG EMPL, European Commission who replaced Kristine Krivmane in the afternoon session.

- Workshop and Presentation by SPEEED (Barbara Bechter, Principal Investigator, Sabrina Weber, Project Partner and Manuela Galetto, Project Partner) on "Social Partner Engagement and Effectiveness in European Dialogue in the hospital sector"

Barbara Bechter, University of Durham, presented SPEEED, a project which examines the setting of effective European Sectoral Social Dialogue (ESSD) and the functioning of European Sectoral Social Dialogue Committees (SSDCs). The study mapped similarities and differences between 39 SSDCs and investigate factors that hamper or facilitate effective dialogue. An import aspect of the study was how social partners perceive SSDCs and what factors and practices according to their opinion are effective. Different SSDC outcome measures were used to map committees: a) the proportion of SSDC outcomes that entail any follow up at the national level and b) the average number of outcomes produced per year between 2008 and 2015. Based on the two outcomes committees were classified into 4 different SSDC types. Type 1, the 'proactive social dialogue group' which also represents the hospital SSDC, type 2, the 'flexible group' and type 2a the 'sponsored dialogue group', type 3 represents the 'proactive industrial dialogue group' and type 4 the 'reactive dialogue group'. The main factors identified in the study fostering or hampering effective dialogue in SSDCs were: topics, resources, actors and trust.

Manuela Galetto, University of Warwick, presented the findings for the hospital sector. The perceived importance of different topics tackled in work programmes varies between members. However, "quality of care" "working conditions" and "skills and training" were seen as important at both national and EU sector level. Active participation in SSDCs varies between members states. Language barriers and lack of financial resources or institutional support in the member states are factors explaining differences. Generally, social partners stated in the study that they appreciate the contributions made by more active members and the work of the secretariats. With regard to the role of actors, the study showed that for new SSDC members it is difficult to understand SSDC practices and processes and support in the induction phase would be beneficial. In order to build trust, respondents of the SSDC HS mentioned the focus on facts and local realities, sharing common challenges, open discussion, inclusive dialogue, effective mediation, preparation and coordination work of the EU secretariats and separate meetings of employers and trade unions before SSDC meetings.

What social partners perceive as "effective" in SSDC and lessons learned from the project were covered by Sabrina Weber, Pforzheim University. SSDC is perceived as effective for instance when it covers topics relevant for social partners in their respective national setting when there is a certain continuity in persons and experience in SSDC, and when actors take a result-oriented and problems-solving perspective when developing joint outcomes. Social partner respondents also pointed out that "meeting in Brussels" positively shapes the interaction between social partners "back home". Some lessons learned were identified. They cover short-, medium- and long-term actions, ranging from presenting achievements and ongoing projects to other stakeholders to communicating benefits and advantages of being part of the SSDC and lastly recruiting and integrating new social partners for the European Social Dialogue.

## 6. AOB

Nobody asked for the floor. Tjitte Alkema, NVZ Employers', Netherlands and Secretary General of HOSPEEM closed the meeting by wishing all participants a great summer break.