



*European Hospital & Healthcare
Employers' Association*

ACTIVITY REPORT

2013



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Dear HOSPEEM members,

In this activity report you will find information about the foundation of HOSPEEM, the membership structure, organizational developments, main activities and achievements of HOSPEEM.

Let me begin by recalling that 2013 was a particularly good year for HOSPEEM with an increased focus on member's priorities, the successful development of the HOSPEEM-EPSU project on the implementation of Directive 2010/32/EU on the prevention from sharp injuries in the hospital and healthcare sector, the enlargement of HOSPEEM political network of external stakeholders. In 2013 HOSPEEM has also released a new communication toolkit presenting an overview of HOSPEEM and SSDC HS activities in order to ease communication with members, partners and stakeholders.

I would like to thank all the members for their support this year. Your commitment to fill in the questionnaires to inform the HOSPEEM Secretariat about your priorities, your continuous support to the project's seminars and final conference, your contributions to elaborate the new Joint Work Programme with EPSU and to reply to the European Commission public consultation on occupational health and safety were very much appreciated.

During my mandate 2013-2015 as Secretary General I look forward to actively representing members' interests in the social dialogue and beyond in the field of industrial relations.

Enjoy your reading !

A handwritten signature in blue ink, appearing to read 'Tjitte Alkema', with a stylized flourish at the end.

*Tjitte ALKEMA
Secretary General of HOSPEEM*

> The European Hospital and Healthcare Employers' Association (HOSPEEM) was established in September 2005. HOSPEEM aims to ensure that the views of hospital and healthcare employers are properly taken into account by the EU institutions when they launch policies in the European Union (EU) that have a direct impact on management and labour relations in the hospital and healthcare sector. HOSPEEM is recognised as a Social Partner since 2006 in the hospital sector by the European Commission and takes a part in the hospital sector Social Dialogue Committee alongside the European Federation of Public Service Unions (EPSU).

> HOSPEEM was established following several years of work aimed at creating Social Dialogue in the European hospital sector that began after there was close contact between employers and trade unions in the late 1990's. The process began to gather pace in May 2000, when the Danish Social Partners, organised a conference under the auspices of the European Union's Leonardo Da Vinci programme.

> In 2002, following a sec-



ond conference of the European hospital sector Social Partners, a Joint Representative Taskforce was established with the aim of applying to the European Commission for a formal Social Dialogue Committee. Further momentum was added to the process in 2004, through a conference held by the Dutch Social Partners, which helped to identify the work areas that the hospital sector Social Dialogue could focus on.

> Up to this point, CEEP (European Centre of Employers and Enterprises providing Public Services) had been working alongside EPSU to establish a Hospital Sector Social Dialogue. However, CEEP's remit which covers the entire public sector, led to seri-

ous issues in relation to the representation criteria set by the Commission for Social Dialogue. As a result, CEEP's hospital members established HOSPEEM as a new organisation. Since its creation HOSPEEM has maintained its close links with CEEP by becoming a member.

> The process of establishment was completed in July 2006, when HOSPEEM was officially recognised by the European Commission as a Social Partner in the Hospital Sector Social Dialogue.

II. ORGANISATIONAL DEVELOPMENTS

> HOSPEEM has two bodies that govern the organisation and set its future direction. These are the General Assembly and the HOSPEEM Steering Committee.

> The HOSPEEM General Assembly has the power to modify the organisation's statutes and accept applications by potential members and observers. It also has the power to appoint and dismiss the HOSPEEM Secretary General, the two vice Secretary Generals and the HOSPEEM Steering Committee.

> The HOSPEEM Steering Committee sets the strategic direction of the organisation. It also manages and administers the association and drafts the mandates on behalf of HOSPEEM, subject to final approval by the General Assembly, for negotiations on European Social Partners' agreements. The HOSPEEM Steering Committee consists of the Secretary General, the two vice Secretary Generals plus four other members elected from the HOSPEEM membership.

> HOSPEEM also has a Board that consists of the Secretary General and the two vice Secretary Generals. The Board is involved in the day-to-day management of HOSPEEM.

> Since December 2011 HOSPEEM has had a separate body responsible for advice on its financial matters, i.e. the Financial Advisory Committee.

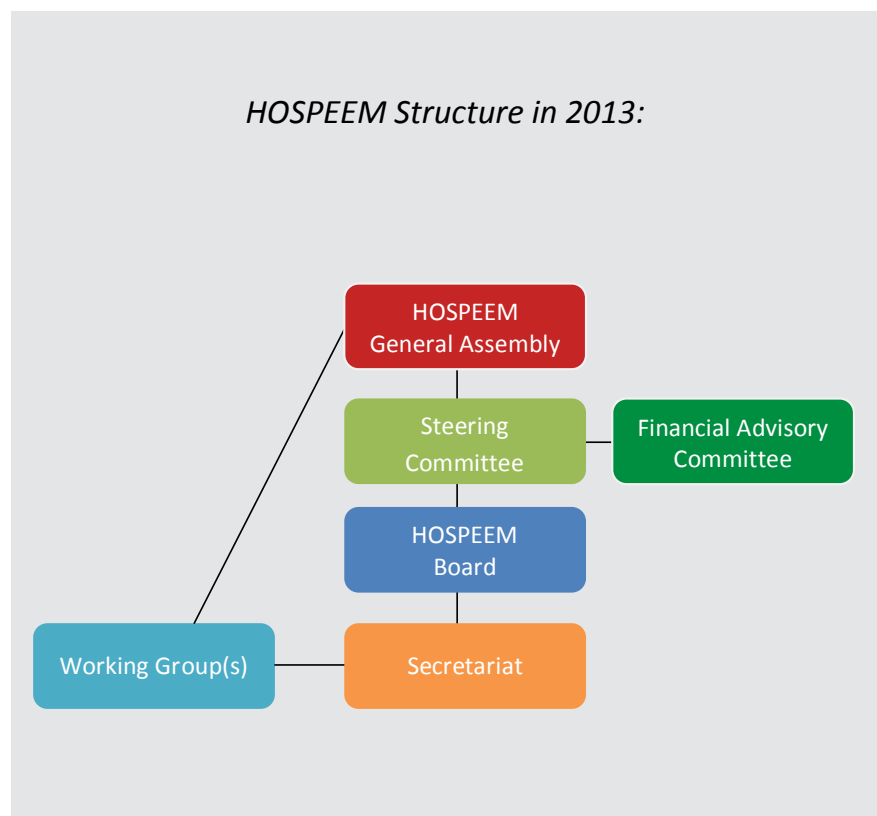
> HOSPEEM also establishes working groups on topics that merit a specific approach

> After the elections in 2012, HOSPEEM Steering Committee's composition in 2013 was as follows:

- Tjitte ALKEMA
Secretary General
- Ulrike NEUHAUSER
Vice Secretary General
- Elvira GENTILE
Vice Secretary General
- Jevgenijs KALEJS
- Bjørn HENRIKSEN
- Dirk REIDELBACH
- Elisabetta ZANON

> HOSPEEM Financial Advisory Committee in 2013 is composed of:

- John DELAMERE
- Nadège HOUDEAU
- Sigitas GRISKONIS



III. MEMBERSHIP

> One of HOSPEEM's key objectives over the coming years will be to increase its membership in order that the organisation can become even more representative in the European hospital sector Social Dialogue.

> Becoming a Member of HOSPEEM allows organisations to have their voice heard at European level, as well as the opportunity to learn from and make connections with employer's organisations from other European Member States.

> The Hospital Sector Social Dialogue also gives national employers the opportunity to take part in European level discussions and increase their influence at European level.



HOSPEEM General Assembly - 2013

> The HOSPEEM members are divided into two categories: full members and observers.

> HOSPEEM full members have the possibility to propose subjects for discussions on the HOSPEEM meetings and possess voting rights. They can be also elected to the HOSPEEM statutory bodies

> Becoming a HOSPEEM observer allows to participate in the work of HOSPEEM as an associate member without the possibility to propose subjects for discussions on the HOSPEEM meetings and without voting rights. Observers cannot also be elected to the HOSPEEM statutory bodies.

“Becoming a Member ... allows organisations to have their voice heard at European level”

The full members of HOSPEEM in 2013:

- The Austrian Hospital and Health Services Platform – Austria
- Danish Regions – Denmark
- Estonian Hospitals Association – Estonia
- CLAE – Commission of Local Authority Employers – Finland
- FEHAP - Fédération des Etablissements Hospitaliers et d'Aide à la Personne Privés Non Lucratifs - France
- VKA - Die Vereinigung der kommunalen Arbeitgeberverbände - Germany
- HSE - Health Service Executive - Ireland
- ARAN - Agenzia per la Rappresentanza Negoziabile delle Pubbliche Amministrazioni - Italy
- Latvian Hospitals Association – Latvia
- Lithuanian National Association of Healthcare organizations – Lithuania
- SPEKTER – Norway
- SALAR - The Swedish Association of Local Authorities and Regions – Sweden
- NVZ - Nederlandse Vereniging van Ziekenhuizen - The Netherlands
- NHS European Office – UK
- HIC Nadejda S.A. – Bulgaria
- Association of Czech & Moravian Hospitals – Czech Republic

The HOSPEEM observers in 2013 :

- AGE.NA.S Agenzia Nazionale per i Servizi Sanitari Regionali – Italy
- NFU - The Dutch Federation of University Medical Centers - The Netherlands

> One of HOSPEEM's key objectives is to represent the views of its members to the European institutions, including the European Commission. As a Social Partner, HOSPEEM has represented its member's views by responding formally in writing to European Commission consultations and through its networking activities with key individuals from the European Institutions. Both these methods have been successful in ensuring that the views of employers have been heard at the highest levels.



> As HOSPEEM is a recognised Social Partner in the hospital sector, the European Commission (in particular the Directorate General on Employment, Social Affairs and Equal Opportunities – DG EMPL) has an obligation, following Article 154 of the TFEU (Treaty on the Functioning of the European Union) to consult HOSPEEM on any draft proposals concerning social policies in the hospital sector. Moreover, HOSPEEM has the opportunity to give its views on open consultations relevant to the healthcare sector, such as those launched by the Directorate General on Health and Consumers – DG SANCO.

> HOSPEEM responded to several European Commission consultations on behalf of its members. HOSPEEM's responses have been formed from a consensus view of all the members on issues that are relevant to the hospital and healthcare sector. The issues were:

- DG SANCO consultation regarding Community action on health services
- DG EMPL consultation of the Social Partners on protecting European healthcare workers from blood-borne infections due to needlestick injuries
- DG EMPL questionnaire on the practical implementation of Directive 2003/88/EC concerning certain aspects of the organisation of working time.
- EC green paper consultation on the European workforce for health.
- DG EMPL first and second stage consultation of the European social partners on the protection of workers from the risks related to exposure to electromagnetic fields at work.
- DG EMPL first and second stage consultation of the European social partners on the reviewing of the Working Time Di-

rective

- DG EMPL HOSPEEM-EPSU Joint response on the proposal for a directive on the modernisation of the Directive 2005/36/EC on the recognition of professional qualifications
- DG EMPL public consultation by the EC further to the results of the evaluation of the European Strategy on Safety and Health at Work 2007-2012
- DG EMPL Joint Statement of HOSPEEM and EPSU on the new EU Occupational Safety and Health Policy Framework

> As a Social Partner, HOSPEEM has access to senior figures within the European Institutions, other relevant European organisations and stakeholders for the European hospital and healthcare sector. This means that HOSPEEM has the opportunity to put forward the views of employers on employment and industrial relation issues directly to key individuals at the EU Commission, the European parliament and the Council.

> HOSPEEM has been networking and lobbying on behalf of members in order that the views of employers are taken into account when policy is being formed. HOSPEEM has been keeping members informed in the latest developments. HOSPEEM has enabled members to feed their own priorities, concerns and good practices to the European level. In the future HOSPEEM will also seek to recruit new members so that it can represent the views of healthcare employers across Europe.

> HOSPEEM members feel it is very important that the organisation is a Social Partner and take a part in European Sectoral Social Dialogue. Being a Social Partner has many benefits for HOSPEEM and this stems from the key role accorded to European Social Partner organisations as co-legislators and influencers of European policy by the TFEU (Articles 153-155).

Article 154 of the TFEU envisages the obligatory consultation of social partners on all matters of social policy laid down in Article 153. The consultation process has two stages:

- If the Commission considers EU action advisable, it must then consult workers and employers on the content of its planned proposal.
- Before submitting proposals for new social policy legislation, the Commission has to consult workers and employers on the possible direction of EU action.

After the second stage, the European social partners can inform the Commission that they wish to open negotiations and start the process laid down in Article 155.

Article 155 addresses the negotiations through which the European social partners can conclude agreements on social policy. In this way, employers and workers have the opportunity to conclude agreements at EU level. Any agreements concluded by the European social partners will be legally binding once implemented. The implementation can take one of the following forms:

Either the European social partners ask the Council to adopt a decision (in practice, this is a directive, proposed by the Commission). In this way, the agreement

becomes part of EU law; or the social partners make their national member organisations responsible for implementing the agreement in line with the relevant national procedures and practices. These are known as “autonomous agreements”.

> As well as being consulted by the European Commission on potential legislation, the other benefits to HOSPEEM of being a Social Partner include:

- The Hospital Sector Social Dialogue committee provides a structured and regular platform for the exchange of information, the opportunity to learn from European solutions and experiences and to agree joint positions, not solely under the form of framework agreements.
- Members of HOSPEEM have the right to take an active role in negotiations and discussions on issues that are important to the hospital sector.
- Members of HOSPEEM are seen as major players (and as a source of expertise and information) in the hospital and health sector by the main European institutions.
- The ability to exercise political pressure and to have the right to participate in negotiations at European level increases the lobbying pressure and the influence of HOSPEEM members at national level.

> HOSPEEM’s high profile has enabled it to represent its member’s views effectively. Being a Social Partner has meant that the European Commission has sought the views of HOSPEEM members and has listened to their opinions. The status of Social Partner is giving HOSPEEM and its members excellent access to the European Commission and its officials.

VI. HOSPEEM SUCCESSES

> As a Social Partner, HOSPEEM has jointly taken forward several strands of work with EPSU (The European Federation of Public Service Unions), its partner in the Sector Social Dialogue Committee for the Hospital Sector.

> The working groups, projects, joint statements and conferences have demonstrated to the European Commission, the willingness and ability of employers and trade unions to work together effectively in the hospital sector.



Project to Strengthen Social Dialogue in the new Member States and candidate countries

> In 2007-2008 HOSPEEM and EPSU worked together on a project to strengthen domestic Social Dialogue in the new Member States and candidate countries. The project consisted of background research and capacity building. The underlying belief was that strengthening national Social Dialogue in these countries will improve representation from these countries in European level Social Dialogue and help Social Partners to better influence the Social Dialogue process at both national and European level.

Code of conduct on ethical recruitment

> One of HOSPEEM's main achievements has been the HOSPEEM-EPSU code of conduct on ethical cross-border recruitment and retention in the European hospital sector signed in April 2008. These voluntary guidelines focus on healthcare professionals moving to work in another European Union State and highlight the responsibilities of both employers and healthcare professionals in this process. The guidelines were shared across the European Union and implemented by HOSPEEM and EPSU members. A joint report on the implementation of the Code of conduct was published by HOSPEEM and EPSU in 2012. HOSPEEM also cooperated on recruitment and retention issues with the World Health Organization who had issued a Code of practice on the international recruitment of health personnel in 2010.

Joint declaration on health services

> In response to the European Commission's plans to publish a directive on cross-border healthcare, HOSPEEM and EPSU published a joint declaration on health services in December 2007. The declaration set out the joint view of the Social Partners on the principles upon which the management, financing and delivery of healthcare in the European Union should be based.

> HOSPEEM also responded to this draft Directive in a position statement that emphasised the importance of the principle of subsidiarity in healthcare, the need for effective prior authorisation procedures to be in place, the desire of healthcare employers to avoid unnecessary administrative burdens in relation to national contact points on cross border healthcare and data collection.

Prevention from sharp injuries in the hospital and health care sector: Framework agreement, Directive and Implementation

> HOSPEEM was concerned at the financial implications of such a directive as it would have required the use of safer needles in all situations - even where their use was not the best solution. HOSPEEM at that time was also invited to appear before the European Parliament, together with EPSU. HOSPEEM and the EPSU agreed upon a framework agreement on the prevention from sharps injuries on 2 June 2009. The framework agreement was approved by the European Commission and was signed by representatives from HOSPEEM and EPSU in 2009 in the presence of Commissioner Spidla at the European Commission. The agreement was then transposed into Directive 2010/32/EU on the prevention from sharp injuries in the hospital and healthcare sector adopted in May 2010. The deadline for the transposition of the Directive into national legislation was May 2013.

> Clause 11 of the framework agreement on the implementation of Directive 2010/32/EU stipulates that the interpretation of the agreement could be referred by the Commission to the signatory parties, i.e. HOSPEEM and EPSU. For this reason in 2012, both organisations jointly requested the European Commission to provide them with financial support for a project aimed at promoting and supporting the implementation of Directive 2010/32/EU on the prevention of sharps injuries in the hospital and health care sector. The project has been shaped in a way to allow HOSPEEM and EPSU to obtain first hand and early information on the realities of the imple-

mentation on the ground. It is aimed to increase awareness among their national members (in particular top and middle management, OSH representatives, shop-stewards), public authorities (Ministries, accident insurances, OSH institutions, etc) and other stakeholders on the possibilities and advantages of taking action to reduce risk exposure and accident rates with medical sharps.



> The joint EPSU-HOSPEEM Project to monitor and promote the implementation of Directive 2010/32/EU on the prevention from sharp injuries in the hospital and health care sector was carried out throughout 2013. 3 regional seminars and a final conference brought together about 365 participants from 25 countries to assess the transposition of the Directive into national legislation, to report on the role of social partners in this process and to identify challenges, open questions and good practice examples at workplace level. A EPSU-HOSPEEM Final Report comprising country reports for 24 EU MS and a number of non-EU countries was elaborated as well as a dissemination document to highlight the results that social partners can achieve together to identify risks and to improve safety and health at the workplace and of the patients. You find more information on the Project Webpage



Multi-sectoral Guidelines on Third Party violence: initiative and implementation

> In April 2007, the cross sector Social Partners issued a framework agreement on harassment and violence at work. A meeting between a number of sectoral employers (HOSPEEM, CEMR, CoESS, EuroCommerce) was organised and followed by a joint meeting with the trade unions (EPSU and UNIEuropa).

> HOSPEEM also organised a conference place on 22 October 2009 as part of the 'RESPECT' project, in which the multi-sectoral employers and the trade unions agreed that negotiations would follow. At the beginning of the negotiations, the employers group invited EFEE (European Federation of Educational Employers) to join them. A final agreement was made on 16 July 2010 which was warmly welcomed by the European Commission/DG Employment. On 30 September 2010, the European Commission organised an official signing ceremony of the agreement for the press.



> The organisations that were party to the multi-sectoral agreement decided to disseminate the Guidelines applying for funding from the European Commission for a project to translate the Guidelines into all EU languages, to organize three regional seminars and a final conference in 2011. HOSPEEM participated in the three workshops as well as in the final conference of this project.



RESPECT

Effective approaches to tackling third party violence in the workplace



Project supported with funds from the European Commission Under budget line 04-03-03-01

> At the Sectoral Social Dialogue Committee for the Hospital Sector Plenary Meeting of 11 December 2013, HOSPEEM and EPSU members published and adopted the report on the use and implementation of the Multi-sectoral guidelines to tackle third-party violence and harassment related to work including recommendations. Data and information from HOSPEEM and EPSU were gathered through a survey addressed to HOSPEEM members and EPSU affiliates in the first half 2013. It covers the 5 sectors that in 2010 signed the guidelines and contains recommendations. Download the report [here](#). See EPSU and HOSPEEM websites for more information.

Project to Strengthen Social Dialogue in the Baltic Countries

> In 2010/2011 HOSPEEM developed together with EPSU a project to strengthen Social Dialogue in the Baltic Countries: Estonia, Latvia and Lithuania. It was financed by the European Commission and supported by EPSU. The key result of the project was the “Riga Declaration” (in annex) signed by Baltic social partners, HOSPEEM and EPSU.



Support in elaboration and implementation of the Action Plan on EU healthcare Workforce

> HOSPEEM and EPSU were invited by the European Commission to contribute to the elaboration of the Action Plan on EU healthcare Workforce. The Action Plan is as a part of the so-called “Employment Package” issued by the European Commission to support the economic recovery across the EU. HOSPEEM has also become a collaborative partner in Joint Action, one of the main pillars of the Action Plan, which enhanced its relations with DG SANCO and the other stakeholders involved. The Action Plan was adopted in 2012 and HOSPEEM together with EPSU adopted a Joint Statement aimed at highlighting key issues of the Action Plan of interests to both organisations and expressing their point of view on its critical aspects. The strong focus of European employment and training policies on the healthcare sector was welcomed by EPSU and HOSPEEM members.



Participation in Project “Feasibility Study on the Establishment of a European Sector Council on Employment and Skills for Nursing and the Care Workforce”

> HOSPEEM contributed as a partner organisation to the Feasibility Study on the Establishment of a European Sector Council on Employment and Skills for Nursing and the Care Workforce”. The study was run by European Health Management Association under the umbrella of the European Commission. The objective of the study was to analyse the feasibility of es-

tablishing a European Sector Council on Employment and Skills for Nursing and the associated Care Workforce. In December 2012 HOSPEEM together with EPSU proposed criteria to assess the outcome of the study and possible next steps. Both organisations claim that the added value of creating the European Sector Council on Employment and Skills for Nursing and the Care Workforce has not been proven by the study. The final report was published in 2013 (see Annex).



Guidelines and examples of good practice to address the challenges of an ageing workforce” in the hospital and health care sector

The “EPSU-HOSPEEM guidelines and examples of good practice to address the challenges of an ageing workforce” in the hospital and health care sector was adopted on 23 October 2013 and signed on 11 December 2013. A number of good practice

examples are annexed to the document. A thematic webpage collecting studies, reports and presentations and a joint press release have been made available (see [EPSU](#) and [HOSPEEM](#) websites).

> Reference Frame 1: HOSPEEM-EPSU Framework of Actions “Recruitment and Retention” (2010)

- **Addressing challenges related to new skill needs and life-long learning to support a sustainable workforce management**
 - o Exchange on priority issues and objectives for revision of Directive on the Recognition of Professional Qualifications 2005/36/EC
 - o Explore the possibility of a joint HOSPEEM-EPSU contribution to the consultation run by the European Commission (until first half of March 2011)
 - o Discuss next steps in view of the Green Paper 2011 and the revision of the Directive announced for 2012 in the framework of a dedicated plenary meeting, building on the preparatory work as described above
 - o Collect and exchange good practice concerning the identification of skill needs (also related to technology/ICT/e-Health) and measures to address them in order to improve workforce planning and to promote recruitment and retention policies
 - o Explore the added value of a joint HOSPEEM-EPSU initiative on the basis of the Framework of Action to address skill gaps and to promote the development of competencies and qualifications across professional careers to meet new needs of work organisation, service delivery and patient satisfaction

- **Improve well-being of workforce at work, including work-life balance, in the context of an improved work organisation**
 - o This entails e.g. measures to improve the reconciliation of work and family obligations, working patterns, innovative work place design, technical equipment and devices alleviating physical strains, measures to prevent from and address mobbing and harassment
 - o Identify effective solutions that exist and have been or are currently negotiated and jointly developed by social partners
 - o Discuss their transferability and spreading in the framework of a dedicated plenary meeting including preparatory work

- **Encourage diversity in and work towards a balanced health workforce**
 - o This comprises e.g. a better mix of younger and older staff, initiatives to increase number of male staff and to cater for special needs of migrant workers
 - o Collect and exchange good practice of projects and policies in support of these objectives in view of producing information for decision makers and management staff
 - o Assess which policies and instruments have been further developed or set up by social partners under different regulatory frameworks, in particular in the context of a dedicated plenary meeting including preparatory actions

> Reference Frame 2: European Action Plan on the Health Care Workforce

- **Develop policies and instruments to address the challenges and new needs related to the ageing health care workforce**

- o Collating case studies and collecting good practice based on the 2006 HOSPEEM-EP­SU study “Promoting realistic active ageing policies in the hospital sector”
- o Update existing material and produce information for management and staff
- o Working towards a HOSPEEM-EP­SU agreement on the ageing health care workforce to be prepared for a dedicated plenary meeting
- o Exchange on good practice models and key elements of the planned agreement with European institutions and other stakeholders related to actions/initiatives of the European Action Plan on the Health Care Workforce
- o Explore possibilities for dissemination of results under the European Year 2012 for Active Ageing and Solidarity between Generations

> Reference Frame 3: Follow up to documents adopted and implementation of agreements concluded between 2008 and 2010 in the context of the European Sectoral Social Dialogue

- **EP­SU-HOSPEEM Code of Conduct on Ethical Cross-border Recruitment and Retention (2008)**
 - o Collect and share information on follow-up and implementation by social partners in different member states to prepare assessment agreed upon for 2012 in HOSPEEM-EP­SU work programme 2008-2010
 - o Present examples in the context of a dedicated plenary meeting to discuss good practice and existing deficits including ways to address them
 - o Explore the possibility to commission a study to map migration flows and to dress up related opportunities and challenges for migrant workers, local healthcare workforce and healthcare systems in receiving and sending countries
 - o Focus on putting together, re-analysing and updating existing material
 - o Possibility to issue an enquiry (questionnaire-based) for members and affiliates
- **Framework Agreement on the prevention from sharp injuries in the hospital and health care sector (2010)**
 - o Collect during 2011 (Social Dialogue in Baltic States Project) and 2012 information on follow-up and implementation (successes and deficiencies) by social partners
 - o Explore possibilities of setting up a project to organise a series of seminars on the implementation of the Directive 2010/32/EU during 2012, financially supported by the European Commission (leading partner: EP­SU)
- **Multi Sector Guidelines to tackle third party violence and harassment related to work (2010)**
 - o Collect information on follow-up and implementation (successes and deficiencies) by social partners in different Member States as well as of good practice examples
 - o Participate in seminars to promote awareness raising and dissemination in 2011
 - o Present suggestions for follow-up to plenary meeting

VIII. RELATIONSHIP WITH CEEP

> HOSPEEM was created by the members of the European Centre of Employers and Enterprises providing Public services (CEEP) who felt that there was a need for a separate, distinct voice on health workforce issues at European level. HOSPEEM is, since its creation, an individual member of CEEP. The two organisations collaborate closely in the European arena on all issues that concern employment and health of the European workforce. The Secretary General of HOSPEEM is currently a member of the CEEP Board of Directors and participates in the CEEP Social Affairs Board and the General Assembly meetings.

X. CONCLUSION

> In the past HOSPEEM has made major strides in being accepted as an important voice on hospital and healthcare matters at European level and enhanced its position during a period of economic turmoil ensuring that the hospital and healthcare sector continue to be properly funded. HOSPEEM is now the first port of call when the European Commission wishes to discuss matters concerning hospital and healthcare workforce issues and industrial relations. Since its involvement in shaping and implementing the Sharps Directive HOSPEEM's role as a European social partner significantly increased.

> As a recognised Social Partner, HOSPEEM has the key role accorded to European Social Partner organisations as legislators and influencers of European policy by the TFEU (Articles 153-155). This allows, and will continue to allow, HOSPEEM members a voice at the European top table.

IX. RELATIONSHIP WITH HOPE

> At its creation, HOSPEEM has established a cooperation agreement with the European Hospital and Healthcare Federation – HOPE. In this agreement, both organisations recognise each other's autonomy within their respective spheres of activities and competencies.

> The agreement also creates a framework for mutual support and lays the foundations for wider arrangements reinforcing the links between health professionals acting at European level. HOSPEEM and HOPE agree to be mutually supportive, constructive and to have a close working relationship.



> It is important that HOSPEEM continues to grow, and all HOSPEEM members will have to play important roles and give HOSPEEM their full support, if HOSPEEM is to thrive in representing its member's views.

- A. HOSPEEM (European Hospital and Healthcare Employers' Association) response to the second-phase consultation "Reviewing the Working Time Directive" under Article 154 of the TFUE
- B. HOSPEEM - EPSU (European Public Service Union) contribution to public consultation on the directive on the recognition of professional qualifications (2005/36/EC)
- C. HOSPEEM-EPSU response to the European Commission's Green Paper on Reviewing the Directive on the Recognition of Professional Qualifications 2005/36/EC
- D. HOSPEEM - EPSU Code of Conduct and follow up on Ethical Cross-Border Recruitment and Retention in the Hospital Sector
- E. HOSPEEM - EPSU Joint Declaration on health services
- F. HOSPEEM Position Statement on the Proposal for a Directive of the European Parliament and of the Council on the application of patients' rights in cross-border health-care
- G. HOSPEEM - EPSU Framework Agreement on prevention from sharp injuries in the hospital and healthcare sector
- H. Multi-sectoral Guidelines to tackle third-party violence and harassment related to work
- I. HOSPEEM – EPSU Recruitment and Retention, a Framework of Action
- J. "Riga Declaration" on Strengthening Social Dialogue in the Health Care Sector in the Baltic Countries
- K. Final report from the "Feasibility Study on the Establishment of a European Sector Council on Employment and Skills for Nursing and the Care Workforce"
- L. HOSPEEM Response to the European Commission Green Paper Consultation on the European Workforce for Health

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*European Hospital & Healthcare
Employers' Association*

HOSPEEM IS THE EUROPEAN AND HEALTHCARE EMPLOYERS' ASSOCIATION. IT REGROUPS AT EUROPEAN LEVEL NATIONAL, REGIONAL AND LOCAL EMPLOYERS' ASSOCIATIONS OPERATING IN THE HOSPITAL AND HEALTHCARE SECTOR AND DELIVERING SERVICES OF GENERAL INTEREST, IN ORDER TO CO-ORDINATE THEIR VIEWS AND ACTIONS WITH REGARD TO A SECTOR AND MARKET IN CONSTANT EVOLUTION. HOSPEEM IS AN INDIVIDUAL MEMBER OF CEEP.