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Kevin Croft  
President

HPMA head office  
The Old Candlemakers  
West Street, Lewes BN7 2NZ  
Tel: 020 8334 4530  
Fax: 020 8334 4531  
Email: admin@hpma.org.uk

# A good year, but more to do

Last January I set out a vision of focusing the HPMA on building capability, practice and impact. To do this I set out five objectives for delivering the future:

- Understand the need
- Develop and promote an attractive offer
- Build our capacity and capability
- Design the operating model
- Strengthen external relationships and partnerships.

We've made some good progress, much of which has been built on some very productive dialogue with commercial partners at the President's reception in March. This led to the *Productive Partnerships Initiative* where we've been working with commercial partners on branch support, development activities, using technology and developing member benefits.

In terms of branch support, we now have commercial partners helping branches develop their activities and programmes. We're hopeful this will allow those branches who have struggled to develop activities for local members offer a full programme next year.

One of the most exciting outputs, in developing and promoting an attractive offer, is the creation of the Productive Partnerships Directory. This is a directory of activities (i.e. workshops, masterclasses and seminars) that HPMA commercial partners are willing to run at no or low cost for branches. This allows branches to select from a menu of high quality activities and provides a focus for discussions about building HR capacity and capability. I want to publicly thank partners who have worked with us on this offer which is a great opportunity for branches to support the development of their members.

Another adventure has been using the available technology to bring members together. In October

we had our first HPMA webinar where members from across the UK joined colleagues from Right Management to consider the issue of Creating an Integrated and Sustainable Wellbeing Strategy. Our next webinar, on talent management, is on the 24th January so please join us for this exciting addition to our programme.

The Excellence in HR awards continued to be the jewel in our crown and another good demonstration of support from commercial partners. This year we had the added bonus of winners being showcased at the NHS Employers conference and we are looking to build on this collaboration with NHS Employers this coming year. Again I would like to thank those who sponsor awards and make the evening such a success. This starting gun for entering this year's awards is fired with the publication of this newsletter so please get your entries in.

Our established relationships continue to flourish and I would like to thank those commercial partners who have supported HPMA over many years, through thick and thin, and look forward to working with you again this year. It has also been exciting to link up with new partners who can connect with our vision and are willing to work alongside us. Again I look forward to developing our relationship further in the coming year.



As ever, if you have any comments or ideas please get in touch at [president@hpma.org.uk](mailto:president@hpma.org.uk). I look forward to another productive year.

Kevin Croft  
HPMA President

Productive Partnership Initiative  
directory 2011



# Northern Ireland branch

## HPMA Workshop on Engaging People



HPMA Northern Ireland Branch held a workshop on 7th December 2011 on Engaging People which was delivered by Walter Bradley from Dale Carnegie.

The aim of this workshop was to enable participants to improve staff engagement within their areas and to become more motivating and inspirational managers.

The session began by requiring attendees to list the challenges facing the service during 2012 and beyond. It was then highlighted that by engaging your team and being both inspiring and motivational, organisations will be more able to meet the challenges that are being faced.

Walter then went through the triangle of success, which comprises skills, attitude and knowledge. It was highlighted that attitude is the most important element of this triangle and then stressed that managers should ensure they demonstrate a 'can do' positive attitude within their areas.

The importance of ensuring that teams operate outside their comfort zone was discussed and Walter instilled genuine fear across all attendees when he announced that he had placed a marker under one attendee's seat and that they would have to go to the front of the room and sing karaoke to everyone! I have never seen so many worried looking HR professionals in a room before. The purpose of this was to show how it felt to be taken



Walter Bradley (second from left) with HPMA NI committee members.

to the edge of the comfort zone. Thankfully no such marker was placed under anyone's seat; however, it was noted by all that it was a very good, if not scary, illustration of this point!

Attendees were then taken through how to build trusting relationships and given really good and helpful advice in relation to how to do this successfully.

The HPMA would wish to congratulate Walter on his delivery of this extremely helpful and interactive workshop, which was felt by the attendees to be both really timely and very useful.

### DATES FOR YOUR DIARY

#### HPMA webinars: Open to ALL HPMA members

**Harnessing Talent and Unleashing Potential** 24 January 2012 10 at 11.30am

Delivered by Lisa Stone from Right Management.

**Demonstration: HR Business Partner Competencies and Orion Partner's HR Success Kitbag and Think Business e-learning tool** 31 January 2012 12 at 13.30pm

Introduced by Deborah Tarrant, Director of Workforce and Corporate Affairs at The Royal Marsden NHS Foundation Trust and facilitated by Orion Partners.

#### London People Management Academy Events

**Improving HR Impact: Sharing Good Practice on Productivity** 17 January 2012 8.30am to 17.15pm

Open to London members.

**Moral Dilemma in a Perfect Storm: Masterclass for HRDs and senior HR Practitioners**

22 February 2012 8.30am to 10.00pm

Facilitated by Dr Maureen Dalziel and Julia Tybura.

Open to London HRDs and Senior HR practitioners.

**Improving Staff Engagement for Better Health Outcomes**

6 March 2012 9.00am to 16.00pm

Sessions by Right Management, TMP Worldwide and Bridget Juniper and Julia Tybura.

Open to London members.

For all webinars and events shown here, please contact [diana.cliff@edu.london.nhs.uk](mailto:diana.cliff@edu.london.nhs.uk) for more details or to book and receive joining instructions.

## Employer's liability for victimisation of whistleblower

The recent announcement that the NHS constitution is to be amended to protect whistleblowers once again places the issue of whistleblowing firmly in the spotlight and highlights the fact that more needs to be done to encourage staff within the NHS to speak out against bad practice. The case of *NHS Manchester v Fecitt and others* provides another illustration of the fact that workers who blow the whistle can suffer significant disadvantage as a result, and may find themselves without a remedy.

### The facts

Mrs Fecitt and two colleagues worked as nurses in a walk-in clinic in South Manchester. They discovered that a colleague, S, did not have the qualifications that he was professing to have, and took steps to inform senior management. This caused a divide between the three nurses and their colleagues, some of whom sided with S and accused Mrs Fecitt and the others of a 'witch hunt' against S. Relationships within the team subsequently broke down and this led to considerable departmental dysfunction.

The nurses lodged grievances about their treatment, and NHS Manchester found that they had been subjected to isolation and prejudice. Mrs Fecitt and the second nurse were subsequently redeployed to a different department within the organisation, whilst the third nurse, who was engaged on a casual basis, was not offered any further shifts by NHS Manchester.

The three nurses presented claims to the Employment Tribunal on the basis that they had suffered a detriment as a result of having made a protected disclosure, contrary to the Employment Rights Act 1996. The case eventually came before the Court of Appeal.

### The Court of Appeal decision

It was accepted that Mrs Fecitt and her colleagues had made a protected disclosure, and that the disclosure had been made in good faith. One of the key issues that the Court of Appeal had to consider was whether NHS Manchester could be held responsible for the victimisation that the nurses had suffered at the hands of their colleagues.

In its defence, NHS Manchester argued that the victimisation that the nurses were alleged to have suffered had been perpetrated by employees

of the organisation and not by NHS Manchester itself. It argued that the whistleblowing legislation is designed to protect whistleblowers from being subjected to detriment by their employers; however, it does not make it unlawful for workers (colleagues) to victimise whistleblowers.

In response, Mrs Fecitt argued that NHS Manchester was vicariously liable for the acts of its employees and could, therefore, still be held responsible for the alleged victimisation.

The Court of Appeal agreed with NHS Manchester and held that an employer could not be vicariously liable for the acts of victimisation of its employees where the employees themselves had not committed any legal wrong.

Accordingly, the claims of Mrs Fecitt and her colleagues were dismissed.

### Implications for employers

This decision, which represents a departure from the courts' previous stance on this issue, is in one respect a welcome one for employers. In many cases, it may be possible for an employer to argue that detrimental treatment of a whistleblower was the act of its employee(s), rather than of the employer itself, and thus escape liability. However, recognising that its decision would mean that whistleblowers might be seen to receive inadequate protection, the Court of Appeal called on the government to close the loophole in the current legislation to ensure those who speak up receive the protection envisaged by the whistleblowing legislation. If the NHS's aims to foster a culture of openness and root out problems are to be achieved, it is to be hoped that the government addresses these concerns and ensures that staff are free to speak out against malpractice without fearing reprisals.



Andrew Davidson  
Capsticks Solicitors LLP

The University of Oxford research project entitled '*Developing a High Performance Nurse Support Workforce in Secondary Healthcare*' is inviting HPM to nominate a representative to sit on its steering group (see *Network* Oct 2011, p4). The project is running for eighteen months, and participation will involve receiving and commenting on findings and material emerging from the project as well as attending a single steering group meeting in Spring 2012. **If you are interested in doing this, please email [ali@chamberdunn.co.uk](mailto:ali@chamberdunn.co.uk)**



Healthcare People Management Association

# Excellence in HRM Awards 2012

## Its 2012! Could you be a gold medal winner?

The HPMA Excellence Awards have been recognising and rewarding outstanding work in healthcare human resource management for over twenty years.

Winning projects, large and small, have made a real difference to patient care and influenced HR practice in healthcare and beyond.

We are looking for Olympic qualities: enthusiasm, innovation, strength, leadership, partnership, generosity, influence, sustainability, engagement, imagination, simplicity, flexibility, focus, passion, dedication, commitment and touch of entrepreneurial spirit.

Tell us how you, your team or your HR director has made a difference.

Dates for your diary

Closing date for entries	12.00 Friday 30 March 2012
Judging panels for shortlisted teams	Thursday, 3 May 2012
Awards ceremony	Thursday, 28 June 2012

[www.hpmaawards.org.uk](http://www.hpmaawards.org.uk)



# This year HPM, together with our generous sponsors, welcome entries across 11 categories.

NHSdiscounts.com

## CATEGORY 1

### NHS DISCOUNTS AWARD FOR STAFF ENGAGEMENT AND LEADERSHIP THROUGH CHALLENGING TIMES

An HR project or strategy that has led to employees being more intellectually and emotionally committed to the goals of their organisation.

NHS Discounts have been providing staff with benefits for 12 years, with over 1m registered users, and is available free to all NHS employees and now also Foundation Trust Members. It is totally committed to supporting staff engagement through its arrangements with over 420 NHS Trusts, which now includes support for Foundation Trusts to recruit and engage with their members, through their extensive range of benefits for staff including discounted shopping, dedicated help lines, insurance and financial benefits, holidays, and motoring services. [www.nhsdiscounts.com](http://www.nhsdiscounts.com)



## CATEGORY 2:

### CAPSTICKS AWARD FOR INNOVATION IN HR

A cutting edge, creative initiative within any sphere of HR management that has led to improved practice.

Capsticks is the UK's leading specialist healthcare law firm. We act for over 200 healthcare clients, including NHS trusts and health authorities, national advisory bodies and independent healthcare providers. Our specialist lawyers have the skills and experience to help you achieve your goals, because they know the healthcare business inside out. At a time of unprecedented change in the healthcare environment, with large-scale restructuring, we are helping organisations achieve significant workforce savings as well as the best possible value from the legal advice they receive.



## CATEGORY 3

### SOCIAL PARTNERSHIP FORUM AWARD FOR PARTNERSHIP WORKING

An initiative that demonstrates employers working in partnership with trade unions and other stakeholders in the processes of formulating, consulting, implementing and evaluating issues related to the provision of health or social care.

The Social Partnership Forum is a tripartite arrangement between the Department of Health, NHS Employers and NHS Trade Unions. Its role is to discuss, debate and involve partners in the development and implementation of the workforce implications of policy. Effective partnership working brings important benefits for both employers and staff and can have a positive influence on the patient experience. The best performing organisations have staff who are engaged with their employer and motivated by the work they do.



## CATEGORY 4

### NHS PLUS AWARD FOR EXCELLENCE IN IMPROVING EMPLOYEE HEALTH AND WELLBEING

A project concerned with improving the health and wellbeing of staff to boost business performance.



The NHS Health at Work Network comprises over 95% of NHS occupational health services in England and is dedicated to improving the health of NHS staff through policy influence, sharing best practice and working collaboratively. NHS Plus works in partnership with Government and the Network to increase the quality and delivery of health and work services and supports the Governments' broader Health, Work and Wellbeing Strategy through; helping develop the NHS as a model employer; delivering services to other public sector bodies and smaller businesses and supporting the development of quality occupational health practices. [www.nhsplus.nhs.uk](http://www.nhsplus.nhs.uk)

Health at Work Network



## CATEGORY 5

### HEALTHCARE PERFORMANCE AWARD FOR BEST COACHING AND PERSONAL DEVELOPMENT STRATEGY

A strategy that invests effectively in the development of their people through coaching to maximise the potential of individuals and/or teams to the benefits of patients through improved performance.

Healthcare Performance was established by two doctors with over 30 years' experience in clinical governance and medico-legal work, Healthcare Performance helps healthcare organisations get the best from their clinical staff and doctors by maximising their potential.

#### Our holistic approach covers:

Prevention: workshops to support team or organisational development, covering areas such as communication skills, leadership and career planning. Diagnosis: evaluations of dysfunctional teams and individual assessments, as well as the effectiveness of management systems.

Treatment: we work with individuals and dysfunctional teams to provide coaching, mediation and team development. Forensics: audits and investigations into disciplinary matters, bullying and serious untoward incidents. [www.healthcareperformance.co.uk](http://www.healthcareperformance.co.uk)



## CATEGORY 6

### AWARD FOR BEST PRACTICE AND INNOVATION USING ESR

Initiatives that demonstrate innovation and best practice use of the NHS Electronic Staff Record (ESR) system within an organisation.

The NHS Electronic Staff Record (ESR) is the only successful, national IT solution for healthcare to be delivered on time and on budget across England and Wales. To date it remains the world's largest integrated HR and Payroll system, paying more than 1.4 million NHS employees, which equates to 7% of the population in England and Wales. This groundbreaking project is delivered in true partnership by the NHS and McKesson, and is the complete workforce management solution for a 21st Century NHS. [www.mckesson.co.uk](http://www.mckesson.co.uk)

For more information and the details of the criteria for each category please go to [www.hpmaawards.org.uk](http://www.hpmaawards.org.uk)



**CATEGORY 7:**  
**GATEHOUSE AWARD FOR EXCELLENCE IN ORGANISATIONAL DEVELOPMENT**

An OD initiative or project that has significantly benefited the organisation through improved effectiveness or viability.

GateHouse has been delivering delivering bespoke learning and development programmes to public and third sector organisations throughout the UK for over twenty years. It specialises in management, leadership, personal skills, finance and budgeting, and project management. Its 18-strong faculty of course leaders and associates are all highly experienced in these sectors and can deliver inspiring programmes to audiences of all levels. [www.GateHouseCourses.com](http://www.GateHouseCourses.com)



**CATEGORY 8:**  
**NLIAH AWARD FOR EQUALITY AND DIVERSITY**

A project or initiative that demonstrates progress in addressing the equality or diversity challenges within an organisation

The National Leadership and Innovation Agency for Healthcare (NLIAH) supports NHS Wales in working towards the provision of a world class health service by delivering better quality and safer patient services. NLIAH focuses on five key strategic themes: Workforce Development, Leadership & Organisational Development, Partnership Development, Service Improvement and the Quality Improvement Plan (QIP). NLIAH has set up strong UK and international links with leaders in these fields and places a strong emphasis on shared learning and collaborative working.

MILLS & REEVE

**CATEGORY 9**  
**HR DIRECTOR OF THE YEAR**

A UK healthcare HR director demonstrating excellent leadership and an outstanding contribution to the HR profession over the past 12 months.

Mills & Reeve is the UK's leading top tier healthcare specialist with offices in Birmingham, Cambridge and London. We have a network of 10 specialist health partners and a team of over 100 dedicated healthcare lawyers advising hundreds of different organisations. Our expertise is at a national as well as a local level. Our multidisciplinary strength allows us to provide clients with the best possible solution to any challenge they might be facing; tackling the issues as a whole, rather than in isolation. From primary care to procurement, we cover it all through smart, strategic and effective advice.



**CATEGORY 10**  
**HR TEAM OF THE YEAR**

This award is supported by Department of Health, Social Services and Public Safety in Northern Ireland, Welsh Government and The Scottish Government. A UK healthcare HR team working together and achieving exceptional things over the past 12 months.



The Department of Health, Social Services and Public Safety (DHSSPS NI), one of twelve Northern Ireland Government Departments, has devolved responsibility to oversee the management and delivery of the health service to the people of Northern Ireland. The Department is responsible for over 70,000 professionals working in health and social care, ambulance and the fire service and has an annual budget of approximately £4 billion. The Welsh Government is the devolved Government for Wales. The Welsh Government cares about the health and well being of everyone living in Wales. This includes treating disease and addressing the social, economic and environmental influences that affect health and well being. The Scottish Government (SG) is the devolved government for Scotland with responsibility for most of the issues of day-to-day concern to the people of Scotland, including education, transport, justice and health. The SG's Health Workforce Directorate aims to support the development of a world class workforce for NHS Scotland, focused on delivery and best value, so that the health, quality of life and wellbeing of people in Scotland are improving continuously.

DAC beachcroft.

**CATEGORY 11**  
**PRESIDENT'S AWARD FOR OUTSTANDING LIFETIME ACHIEVEMENT**

Awarded to an individual who has made contributions of outstanding significance to the field of healthcare human resource management.

Offering expert guidance on all aspects of employment and pensions law within the NHS, DAC Beachcroft is one of the most progressive commercial law firms in the UK. We have the largest health employment team nationally and we've handled every kind of health employment issue you may come across. We've earned a reputation for being at the very top of our game. We are straight talking, no-nonsense and completely focused on getting the job done in a cost-effective way that works for you whether you are a national or local NHS bodies, private provider or social enterprise organisation. The Legal Directories ranks us as Number 1 of leading law firms in the health and social care sector. [www.dacbeachcroft.com](http://www.dacbeachcroft.com)



**OVERALL WINNER**

The category winner which in the opinion of the judges deserves this special accolade. You may not enter this category directly. Category winners may be nominated by the judging panels.

NHS Professionals is the largest provider of managed flexible workforce services to the NHS with around 40,000 nurses, doctors, administration and clerical and other healthcare professionals signed to its bank; placing approximately 2 million shifts a year, recruiting over 1,000 flexible workers a month and providing reliable flexible workers to around 80 NHS Trusts across England. We help our clients implement tactical measures to improve workforce efficiency and productivity as part of an overall workforce strategy. Comprehensive and detailed management information and access to budgetary control mechanisms within the technology platform are all part of the service.

# How to enter

1. Visit [www.hpmaawards.org.uk](http://www.hpmaawards.org.uk) and follow the links to register for the awards programme
2. Review the categories, criteria and submission questions and decide which best fits your project or initiative
3. Prepare your entry offline (eg using a word processing package)
4. Check you have followed word limits, and fully answered each question, reflecting the listed criteria
5. Ask a colleague to double check your submission
6. Confirm that your head of department or nominated director (for HR director of the year) is happy to endorse the entry
7. Complete all necessary administrative details
8. Cut and paste your entry onto the website
9. Make a final check that all details are correct (as you cannot return to your submission to make any amendments) and submit your entry
10. Check you receive the automatic email confirming your submission. If not, contact the awards team and we will confirm its status.

You can enter as many different projects as you wish, but please do not enter more than one category with the same project.

## Judging process and rules of entry

1. Entries must be submitted online by 12 noon on Friday 30 March 2012.
2. The judges reserve the right to re-allocate an entry to a different category, if appropriate.
3. Entries will be initially assessed against the judging criteria set out (appendices will not be considered).
4. All entrants must be available on 3 May 2012, as people who are shortlisted are invited to present their project to the judging panel in London.
5. Winning entries will be published in a variety of media. We regret that we cannot give feedback on entries that are not shortlisted.

The judges' decision is final.

## Previous winners

You can review the HPMA award winners' compendium online at [www.hpma.org.uk](http://www.hpma.org.uk) and find out more about the shortlisted teams, projects and initiatives from last year's competition.

## Contact us

These awards are organised on behalf of the Healthcare People Management Association (HPMA) by Chamberlain Dunn: The Old Candlemakers, West Street, Lewes BN7 2NZ

t 020 8334 4500 f 020 8332 7201 w [www.chamberlainedunn.com](http://www.chamberlainedunn.com)

If you have any questions relating to your entry please contact [megan@chamberdunn.co.uk](mailto:megan@chamberdunn.co.uk) or call 020 8334 4530

# The importance of a flexible workforce



Jenny Hargrave is NHS Professionals' director of workforce strategy. She is available for workshops through the HPMA.

For more information please contact [toni.ourourke@nhsprofessionals.nhs.uk](mailto:toni.ourourke@nhsprofessionals.nhs.uk)

Around the country trusts are being forced to review their workforce budgets and to reassess how and where they allocate their ever-shrinking resources. Individual workforces will need to be used more flexibly to cope with the emerging service reconfigurations and redesigns in the changing health and social care arena.

As with the introduction of any service redesign, transitional arrangements are likely to result in a high level of uncertainty, which will have an impact on accurate workforce planning. In addition, we are only just beginning to experience the development of new Service and Education Commissioning infrastructures, which will see transfer of responsibilities and budgets into local commissioning and Local Education and Training Board (LETB) groups.

As these groups begin to establish and embed themselves, there will undoubtedly remain a period of flux while the operational service providers and commissioners test the impact of these redesigned services across traditional primary, secondary and social care boundaries.

Anecdotal evidence from NHS acute hospitals around the country suggests that currently length of in-patient stays are increasing. Acute trusts had reconfigured their workforce plans based on forecast and planned increase in acuity levels, offset by reduced length of stay. In reality, demand for a flexible, temporary workforce has increased recently by approximately 25% year on year in NHS Professionals' acute trust clients, and is continuing to rise.

Predicted discharge planning mechanisms and admission prevention activity, particularly for patients with long-term conditions have either not embedded, or community and social care capacity levels have been unable to support earlier discharge. Discussions with NHS Professionals' client trusts in both community provider and acute sectors, suggest that there remains a very high level of uncertainty around how individual patient-centred care pathways are to be managed, with the new clinical commissioning groups becoming instrumental in defining these over time. It therefore seems likely that this current state of flux will remain for some time to come.

With diminishing budgets, coping with this increasing workload is a real challenge. The need to mitigate for the risks created by reforms was recently recognised by the health secretary and one clear risk is the unexpected peak in workforce demand. Hospitals are being required to be more productive, juggling complex health needs and

longer in-patient stays, against a backdrop of uncertainty over future commissioning and financial constraints. These make substantive workforce planning a daunting prospect.

The most obvious response to a need to reduce workforce budgets is to cut additional hours delivered by flexible bank and agency staff. While theoretically this should have a positive fiscal impact, in reality it is often these very measures that result in short notice, high-cost escalations to an expensive agency solution, since the impact on patient safety must be factored in. Flexible workers are a vital component in the care provided on wards and no review of budgets will be complete unless spend on substantive and flexible workers are considered together.

When NHS Professionals works with a trust it deploys in-depth Management Information tools to look at safety and finance, analysing unfilled shifts, comparing bank and agency spend comparisons against booking reasons and lead times. In this way, the local NHS Professionals team can work with the trust to help them establish a flexible workforce that will reduce spend with a positive impact on patient safety.

Understanding demand is the key to this process. By rigorously interrogating shift booking and shift fill patterns it is possible for NHS Professionals to forecast likely demand and plan in advance. Every recommendation and action, all the way back to recruitment, is based on this evidence. For example, working closely with client trusts, NHS Professionals identifies local workforce development requirements and implements programmes to recruit and retain flexible workforce in the local health economy. These may be newly qualified nurse preceptorship programmes, care support worker development or even 'supported return' for registered nurses. Unable to commit to substantive posts, this experienced and skilled workforce is too often lost to the NHS. However, this approach gives the trust a supply of flexible workers with proven knowledge of, and commitment to, the trust.

NHS Professionals also supports development of substantive workers available in the trust; for example, rapid response teams to staff escalation areas are supported by our flexible workers who are familiar with the ward environments, releasing substantive staff to other areas.

These are just a few examples of the many innovative ways that NHS Professionals works in partnership with our client trusts to enable effective use of substantive and temporary workforces, help reduce spend and improve patient safety.

## Public sector HR is mostly female

Public sector HR departments are now nearly two-thirds female, according to latest XpertHR Benchmarking research on HR careers.

Three-quarters of UK HR professionals (75.1%) taking part in XpertHR's HR careers survey are female.

However, public sector HR departments are less likely to be female-dominated than those in the private sector. Just under two-thirds of public sector HR professionals (63.3%) are female. This compares with 79.6% in private sector services and 75.4% in manufacturing and production companies.

These are among the key findings of latest XpertHR research into HR careers, based on responses from 668 UK HR professionals, more than one in five of whom work in the public sector. The survey looks at the composition of the UK HR profession, and at UK HR professionals' career experiences.

### What does it take to get ahead in HR?

XpertHR asked respondents for their views on career advancement in HR:

- *'CIPD qualifications are vital for advancement in the HR profession.'*

More than two-fifths agree with this view, while a further quarter strongly agree. Public sector HR professionals put a stronger emphasis on the value of CIPD qualifications than those in the private sector.

- *'It is more important to have sound business knowledge than HR experience when taking up a senior HR position.'*

More than one-quarter of respondents agree with this proposition, while one in eight strongly agrees. Public sector HR professionals place

much less value on sound business knowledge than their private sector counterparts do.

### Was your first job in HR?

Just under one in five HR professionals say they began their career in HR. This figure rises sharply at the most senior level of the profession. One in four HR directors says their first job was in HR. However, only one in six HR managers says their first job was in HR.

By broad sector, HR professionals in the public (19.3%) and manufacturing (19.2%) sectors are more likely than those in services (17.8%) to have started out in HR.

### Would you choose HR again?

Overall, UK HR professionals appear generally satisfied with their choice of profession. Three-fifths say that they would choose HR if they could start their career over again (see chart).

By sector, HR professionals in the public sector appear least satisfied with their lot. Only just over half of public sector respondents would choose HR again. This compares with more than seven-tenths of HR professionals in manufacturing and three-fifths of those in services.

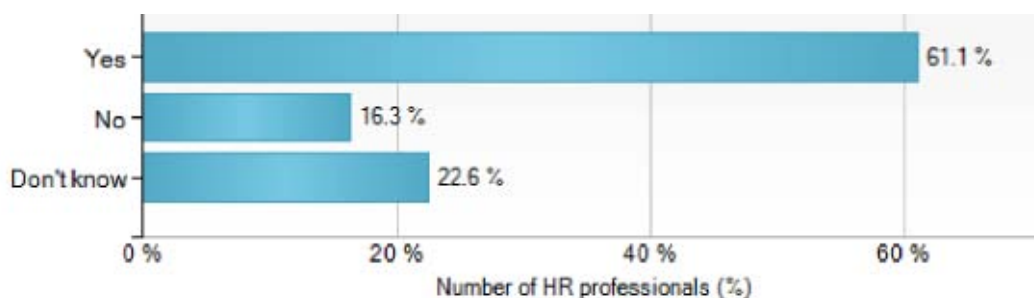
By HR job level, the most senior postholders are generally the most likely to say that they would choose HR again. More than two-thirds of HR directors (67.6%) would do so, compared with three-fifths of HR managers (62.3%) and HR advisors (61.3%), falling to only half of HR officers (50.9%).



XpertHR Health prides itself on being the most cost-effective online information source for good practice, compliance and benchmarking tailored for HR professionals within the NHS. Our new benchmarking service offers subscribers access to a huge resource of customisable benchmarking data.

[www.xperthr.co.uk/hr-benchmarking](http://www.xperthr.co.uk/hr-benchmarking)

### If you could start your career over again, would you still choose HR as a career?



n = 668  
Survey Date: 2011  
Source: XpertHR Surveys

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# HPMA Wales Autumn Event

## Employee Engagement: Enhancing Competence and Confidence



*'Engagement is being mentioned more frequently and I felt I needed a better understanding. You have given me that so thank you for an excellent event.'*

*'Very timely, useful and practical session with tools I can use and share with my team back at the ranch!'*

*'The engagement workshop has been very beneficial in terms of clarifying my thoughts around how to use engagement, with some practical tools as well as theoretical concepts.'*

This full day workshop took place on 4th November in the All Nations Centre, Cardiff, and we were all warmly welcomed by Debbie Morgan, chair of HPMA Wales, and director of Workforce & OD at ABMU Health Board. Debbie set the outline for the day, that at the end of the workshop we would be able to:

- Define what employee engagement means
- Understand the different drivers of engagement
- Be aware of best practice
- Identify the steps to take to build and enhance employee engagement.

### Identifying new ways to engage the workforce

The first part of the workshop was led by Dr Neil Wooding, director of Public Services Management Wales. Neil has an astonishing amount of knowledge and insight and he had some simple and powerful messages. We know that in NHS Wales we need a workforce that is ready, willing and able to deliver the business - demonstrating outstanding world-class performance - but Neil's question was 'what kind of engaged workforce do we want to create?'

Within the past two decades we have a more interdependent, globalised economy, a shift from the skills to the knowledge economy, a greater emphasis on different ways of working and a seismic shift in the nature and type of work we undertake. This was further emphasised by a short video called 'Shift Happens' that sharply brought home the speed of change all around us, which is largely due to technology. On top of that, within the past two years we have had a fiscal crisis, a reduction in the benefits and virtues of working for public services and a demoralised workforce. Jobs that are being done today may not exist in five or even two years' time. So, Neil's message was, thinking about what we require the future workforce to be, how will we need to change the way we engage people?

After a short reflective session about levels of engagement, Neil resumed his presentation which was about developing an employee value proposition or working out 'the deal'. At the end of this extremely thought-provoking and

inspirational first part of the workshop we were equipped with tools for developing our own deals in our own organisations and for setting the stage for optimal engagement.

### Maximising, building and maintaining employee engagement

For the second part of the workshop, Sally Russell, managing principal consultant at Right Management had the unenviable job of following Neil's session, which in actuality was a perfect pragmatic complement. Sally's session was very interactive (always a good idea after lunch!) and we worked enthusiastically at our tables, firstly we were tasked with defining employee engagement in our organisations and coming up with a couple of definitions. It is always interesting to hear colleague's perceptions and experiences, and Sally went on to show us some research findings from the UK that correlated with some of the comments.

We explored the key drivers of engagement and identified exactly what it is that is being measured. Further activity in our groups consisted of reflecting on building a culture that supports engagement and completion of an employee engagement checklist so that we could evaluate just how well our organisations are doing.

The whole event was rounded off with a facilitated reflection session using a traffic light activity for us to reflect on what we were going to do back in our own organisations as a result of our learning experience during a totally absorbing, enlightening and enjoyable day.

## Medical revalidation

**Medical revalidation** is the process in which all licensed doctors will be required to regularly participate to demonstrate that they are up-to-date, fit to practise and should retain their licence to practise in the UK. The introduction of the Responsible Officers Regulations, in January 2011, provided a driver for designated NHS employers to develop plans to ensure organisational readiness for the implementation of statutory revalidation requirements, currently due in force at the end of 2012.

In November, the NHS Employers organisation, which has been working in conjunction with the GMC, the NHS Revalidation Support Team (RST) and the Department of Health, issued the *"Medical revalidation: what employers need to know and do"* briefing for NHS employers to ensure they are equipped with the tools needed to implement appropriate policies and processes, prior to revalidation.

### It is important to ensure that:

- **Action plans** are developed, mapping your organisation's route to readiness by late 2012
- **Pre-employment processes** and contractual documentation are reviewed and, where appropriate, amended to ensure that appointment and continued employment of doctors is conditional upon registration and successful revalidation of a licence to practise, and a satisfactory assessment of any Recorded Concerns.
- **Policies on appraisal** are in place that meet revalidation requirements. NHS employers should consider whether work is needed to raise doctors' awareness of such policies and procedures and where they can be accessed, to ensure all doctors have the opportunity to participate effectively in them.
- **Responsible officers (ROs)** should have been appointed by now. ROs have a legal obligation to evaluate fitness to practise and monitor performance and conduct of doctors for whom they are responsible. ROs should now be identifying doctors with whom they have that 'prescribed connection'. HR professionals may need to support ROs in tracking the annual appraisal of them. NHS employers should consider amending ROs contracts of employment to reflect their statutory responsibilities and should ensure that ROs attend national revalidation training.
- **Appraisal** processes are reviewed and consideration given to the resources required

to deliver revalidation e.g. the number of appraisers needed to support annual appraisal. NHS organisations will also need to ensure that appraisers are suitably trained for the task.

- **Interaction with MHPS** - the early identification of concerns about doctors - is a core revalidation aim. NHS employers should already have systems for recognising and responding to concerns about doctors - typically, through local procedures developed in line with Maintaining High Professional Standards in the Modern NHS (MHPS). Employers should ensure they set clear expectations, identify issues early and be able to determine the reason for any concerns (e.g. health). Importantly, managers must understand and select the most appropriate route of redress to achieve proper resolution.
- **Supporting information** that demonstrates fitness to practise will be required from doctors undergoing appraisal and revalidation. NHS organisations should consider whether existing clinical governance systems are an effective source of evidence and how they can assist doctors to access and store their portfolio.
- **Effective partnerships** across organisational boundaries will be key to the revalidation of doctors practising with more than one employer (e.g. locums) and for ensuring access to, storage and transfer of the supporting information needed from each area of work. RST is currently piloting such a process, and results are anticipated in early 2012.

Whilst revalidation has been in the pipeline for over a decade now there is still considerable work to be done to ensure organisational readiness for late 2012. NHS employers should focus their attention on the key areas outlined above to ensure they are well positioned to meet the challenge.

beachcroft



Sarah George,  
Associate - Employment  
& Pensions, Newcastle  
For Beachcroft LLP

## Medical revalidation: next steps in 2012



Sharon Gregory,  
for Croner  
[www.sgttd.co.uk](http://www.sgttd.co.uk)

Along with a summary and outline of the current position, the latest medical revalidation update published by NHS Employers in November, outlined the following key steps to implementation:

- **November 2011** - the General Medical Council (GMC) consulted on revisions to Good Medical Practice - a key document setting out the standards against which doctors will be assessed for revalidation and the revalidation regulations that will form the basis for how revalidation will be managed once introduced.
- **December 2011** - the GMC was due to publish a national high-level roll out plan (at time of going to press).
- **January 2012** - the GMC will launch its new employer liaison service and Strategic Health Authority clusters will begin rolling out appraiser training.
- **March 2012** - the GMC will begin communicating with doctors and their responsible officers (RO) to ensure that all doctors have a 'prescribed connection' with a RO. This may be a more complicated process for doctors with more than one employer and locums.

- **April 2012** - a final Organisational Readiness Self Assessment (ORSA) will be carried out by all employers in order to identify any particular urgent actions necessary prior to revalidation implementation. Actions may include matters such as ensuring all appraisers are trained and that all doctors have access to the supporting information they will be required to demonstrate within the new appraisal framework.
- **Summer 2012** - a recommendation will be made to the Secretary of State based on the outcome of the ORSA in England and a decision about readiness for implementation will be made.
- **Late 2012** - assuming a positive outcome from the ORSA, legislation will be enacted by the Secretary of State to make participation in revalidation a legal requirement for all doctors in England.

Readers are encouraged to keep up to date with the latest developments via the NHS Employers ([www.nhsemployers.org/revalidation](http://www.nhsemployers.org/revalidation)), GMC ([www.gmc-uk.org/revalidation](http://www.gmc-uk.org/revalidation)) and Revalidation Support Team websites ([www.revalidationsupport.nhs.uk](http://www.revalidationsupport.nhs.uk))

## Changes to the employment framework in 2012



Sharon Gregory,  
for Croner  
[www.sgttd.co.uk](http://www.sgttd.co.uk)

Three important actions were announced at the end of last year, which will impact on HR in the NHS; firstly the business secretary, Vince Cable's proposals to reform employment relations, secondly the Government's newly published response to the Consultation on Resolving Workplace Disputes, and thirdly the content of the Chancellor of Exchequer's autumn statement delivered on 29 November 2011.

**The Chancellor of Exchequer's autumn statement contained the following key points:**

- When the current NHS pay freeze comes to an end in April 2013, pay awards will be set at an average of one per cent for the following two years
- The government will be considering and consulting on changes to the TUPE regulations early in 2012
- The government will also consult on the content of anonymised 'fit note' data to be published from 2012 in order to encourage innovation in the occupational health sector.

**Further changes expected in 2012 relating to the business secretary's proposals are:**

- The qualifying period for claiming unfair dismissal will rise from one to two years
- The introduction of the concept of 'protected conversations' with consultation to commence in early 2012
- The introduction of a 'rapid resolution scheme' for claims simple enough to be resolved within three months
- Employers breaching employment rights may face new financial penalties
- All employment disputes are likely to be required to use ACAS pre-claim conciliation services before going to tribunal
- A change to the 'portability' of CRB checks in order to allow individuals to 'carry' them to new employers within a regulatory framework
- More flexibility around the maternity and paternity framework in order to allow more flexibility for working parents.

Readers are encouraged to regularly review the news pages of the NHS Employers website at [www.nhsemployers.org](http://www.nhsemployers.org) in order to remain up to date regarding legislative and regulatory changes in 2012.