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Ready for change

The power of collectivity

P'nawn da Caerdyff a diolch I chi am gynnal y Gynhadadledd ardderchog hon. Yn bersonol fy hoff gais eleni oedd un Ymddiriedolaeth GIG Gogledd Ddwyrain Cymru am eu Cynllun Iaith Gymraeg. Felly rwy'n falch o ddechrau fy araith dderbyn yn Gymraeg.

Deborah O'Dea's opening address as
HPMA President at the HPMA UK Conference in Cardiff.

Good afternoon Cardiff and thank you for hosting this wonderful conference. My personal favourite application for the awards this year was North East Wales NHS Trust for their Welsh Language Scheme. Therefore I am delighted to start my acceptance speech in Welsh.

My first job as incoming president is to invite you to join me in thanking Mike Pyrah for the excellent job he has done for us as president for the last two years.

My second job is to ask you to join me in thanking Graham Urwin, who will stand down from his post as treasurer when we are able to replace him. Graham has been our treasurer and kept as solvent for the last three years.

Thirdly to offer my congratulation to our Excellence in HRM 2006 award winners and runners up.

...and of course to thank my new friend Glyns Leach for attempting to teach me Welsh.

Now is my opportunity to thank all of you for inviting me to take this important and prestigious role as president of our professional organisation.

I look forward to supporting Alex O'Grady our executive director who I know shares my passion for our profession, professional development and a professional approach in all that we do.

What a task I have. I follow a long line of excellent presidents of NAHSPO, AHHRM and HPMA. I remember when our own Sally Storey and Tracy Myhill were presidents and they are still highly active and appreciated members of the council.

I was interested to hear Neil Goodwin's presentation in relation to the importance of trusting relationships in success and achievement.

Some of my deepest and most trusted friends and relationships came from NAHSPO and AHHRM. I think that I first met people like Seamus Elliott at NAHSPO over 20 years ago. I met Charles Allen at NAHSPO - despite him working at a neighbouring trust and many others who I have relied on for support and advice, too many to mention..I even met my partner at AHHRM in Keele in 1997. Thank heavens HPMA supports and



(L to R) Roy Lilley, Ian Stead, HR Director of the Year winner Ali Mohammad from Medway NHS Trust and Deborah O'Dea, president of HPMA.

encourages networking and opportunities for the genuine relationship building that leads to success and in doing so improves patient care.

It has been a difficult year for health people. We have been leaderless for much of it in three out of the four countries. CPLNHS has seen us lose colleagues from both the Association and the NHS as a whole. Organisations have metamorphosed into new organisations and some are not settled even yet. Numbers were down in Birmingham in May, here in Cardiff, and some of our member organisations no longer exist.

We are grateful to our friends and colleagues at the HR Capacity Unit and the Employers Organisation for helping keep us focussed and the show on the road.

Finances remain tight, the uncertainty for some has not yet ended and I feel next year will be tough - but we can do tough as a profession.

There is a light on the horizon. We are delighted that we will have new professional leaders in England - Clare Chapman - and in Ireland very soon.

This offers us a time for new beginnings. Yesterday I had the opportunity to attend a branch meeting of branch secretaries and members brimming with enthusiasm and brilliant ideas on how to create a better tomorrow.

For me however the best thing about HPMA is that it is a membership association and a collective. In the 80's and 90's collectivity seemed to become a dirty word.

We were encouraged to be a nation of ruthless individuals - and something got lost in that translation - we forgot the power of collectivity: - the power that the CBI has, local chambers of commerce, that

Continued from p1

special interest groups have used to make our country 'greener' and to affect really important change like the disability discrimination act coming into being based on the social model of disability.

As a collective HPMA is empowered to stand firm for our profession and our unstinting commitment to professional development and excellent people management.

That power does not come from representing a bit of our community, a few people with a bit of an interest – but from being the association for the

whole community.

With that in mind I invite you all to join me in my quest to ensure that every HR professional, and every people manager within the service is a member of our association- it is a that with which I task myself and all of you that I represent – for the next two years. Thank you

Deborah O'Dea, HPMA President
Presidential address HPMA UK Conference,
Cardiff, 13 October 2006

'Keep in Touch' Days



Readers will be aware that the 2006 Work and Families Act, introduced on the 1 October 2006, includes the extension of paid statutory maternity leave to nine months for mothers with babies born after the 1 April 2007. Throughout this paid period mothers are also entitled to 10 'keep in touch' days. It is important to remember that this is a right rather than an obligation on the part of the employee. If employers are to see this as a positive development it may be a good idea to consider the development of some good practice guidelines for managers and their staff, whilst considering the following issues:

- The need to ensure a structure and pre agreed outcome for any days worked
- If the post is being covered by another member of staff ensure that the visit will not cause disruption or misunderstandings regarding the purpose of the 'keep in touch' day
- Childcare costs will be a major factor for lower paid staff
- Childcare is generally more difficult to arrange for odd days so be flexible and consider longer blocks of time
- This could be a good opportunity to attend in-house development opportunities
- Are there CPD opportunities which the employee may benefit from?
- If the organisation has undergone significant change since the employee was last at work

consider how you might go about updating her prior to her visit back to the work place

- Is there an important project or piece of work coming up during the employee's absence which would benefit from the input of her valuable skills and knowledge?
- Is there a peak in workload at a certain point in the employee's absence which would benefit from her attendance at that time?
- How would the employee herself like to use her 10 keep in touch days?
- What are her feelings about her absence, and how and when both she and the organisation would benefit from her attendance in the workplace?
- Are there any obstacles to her attendance which the employer can help with such as a place in the on site nursery or breast feeding facilities?
- Be flexible and open to change when making plans with your employee - remember that a year is a long time both in the life of an organisation and particularly for an employee embarking on motherhood!

For further information about the Work and Families Act 2006 go to the Department of Trade and Industry website at www.dti.gov.uk

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

Are your HPMA colleagues getting eNetwork?

If you or any of your colleagues have experienced problems downloading, viewing or receiving the latest issues of the electronic newsletter please email Lauren@chamberdunn.co.uk at Chamberlain Dunn Associates.

BRANCH MEETINGS

Meetings at branch level take place usually on a bi-monthly or quarterly basis. They typically include speakers, presentations, social gatherings, workshops or educational activity and many branches run regular employment law updates. Contact HPMA administrator Hannah Barnett on 020 8334 4530 or admin@hpm.org.uk for details on your local branch.

HPMA AWARDS

And the winner is...



nhs:partners
HR solutions in health and social care



Almost three hundred HR people, sponsors and guests gathered at Cardiff City Hall on Wednesday 11 October to celebrate the best in Healthcare Human Resources Management, jointly promoted by NHS Partners and HPMA.

Health guru Roy Lilley guided the audience through the eighteen awards with style and wit, and left plenty of time for catching up with old and new friends after the prize giving. The dancing went on till the early hours with the group 'New York, New York' – led by the award winning Central Cheshire PCT.

The overall winner category sponsored by Barkers was won by Triona Buckley and Donna Fearon from Royal Liverpool Children's NHS Trust with their 'Excellence through learning' programme. Driven by the publication of the Redfern Report in 2001 in response to the Alder Hey Hospital inquiry into organ retention, the team's programme helped the trust embark upon a journey of cultural change and major organisational regeneration. The judges considered that this patient-centred entry demonstrated an excellent, well executed project management approach, which delivered a considerable range of benefits for patients. The HPMA hopes to use this winning project as an organisation development case study, as it offers considerable transferable learning for members.

This year HR Director of the Year was Ali Mohammed from Medway NHS Trust. The judges were particularly impressed by the heart and soul approach Ali clearly takes to his professional practice as an HR director and in offering an inspirational role model to the local HR community, drawing people together to share learning. We look forward to encouraging Ali and also his fellow nominees to play important roles in future HPMA activities.

The evening had a UK flavour with all four countries represented by outstanding projects. For the first time

in several years we were able to celebrate with Scottish winners in the E-technology category. Gerry Keegan & Gerry Kelly from NHS GG&C (Partnerships) did not let the audience down – they took to the stage in their full clan kilts. The team's highly impressive entry demonstrates that national solutions can be grown from local NHS HR entrepreneurialism. Their approach has been adopted as the minimum standard across Scottish Health Boards and a rollout is now underway with planned completion by December 2008.

Special congratulations too to Jane Burtoft and the HR Directorate at Leeds Mental Health Teaching NHS Trust, who were winners of the first HR Team of the Year award. The judges described Leeds team as a shining example to the HR community at large. Their numerous achievements in the past year demonstrate every member's dedication and commitment: evidenced by the impact on their organisation.

There are obviously too many excellent projects to mention them all here but we encourage each HPMA member to take a look at the compendium of winning entries at www.hpma.org.uk and keep an eye out for HPMA good practice workshops featuring some of the successful teams at branch events in the coming months.



HR Team of the Year with sponsor Cathy Petch of Barkers.



Prize winning entries in the HPMA and Excellence in HRM Awards 2006

Overall winner of the Excellence in HRM Awards 2006

Sponsored by Barkers
Triona Buckley and **Donna Fearon**, Royal Liverpool Children's NHS Trust: Excellence through learning programme

HR Director of the year

Sponsored by Department of Health, England; Northern Ireland, Department of Health, Social Services and Public Safety; Scottish Executive and Welsh Assembly Government

WINNER
Ali Mohammed, director of HR, Medway NHS Trust

SHORTLISTED

Kieran Donaghy, director of HR, Craigavon and Banbridge Community H&SS Trust

Harbajan Singh Brar, director of HR, Barnet and Chase Farm Hospitals NHS Trust

Yvonne Warner, director of HR, Sandwell Mental Health NHS and Social Care Trust

HR Team of the year

WINNER
 Leeds Mental Health Teaching NHS Trust, HR Directorate

E-Technology Sponsored by Consult GEE

WINNER
Gerry Kelly and **Gerry Keegan**, NHS GG&C (Partnerships): Introduction of an electronic recruitment solution

HIGHLY COMMENDED

Cheryl Lee and **Jeremy Moon**, Medway NHS Trust: E-recruitment
Martin McGown and **Stephen Workman**, South Birmingham Primary Care Trust: ESR – A resounding success

Improving staff morale Sponsored by Unison

WINNER
Sheelagh Lloyd-Jones and **Helen Huelin**, Bro Morgannwg: Leap Project

HIGHLY COMMENDED

Vicky Fitzgerald and **Jane Piggott-Smith**, South Birmingham Primary Care Trust: Raising Confidence: community engagement

Recruitment and retention Sponsored by The Guardian

WINNER
Judith Mawer and **Lindsey Dyer**, Mersey Care NHS Trust: Involving service users and carers in recruitment

HIGHLY COMMENDED

Jayne Dando and **Kathryn Elias**, Cardiff and Vale NHS Trust: Recruitment and retention strategy for nursing

Organisation development and learning

Sponsored by goodpractice.net
WINNER
Triona Buckley and **Donna Fearon**, Royal Liverpool Children's NHS Trust: Excellence through learning programme

HIGHLY COMMENDED

Bronwen Bamberger and **Hanne Jakobsen**, Oxleas NHS Trust: Customer care my customer, my responsibility
Clare Garbett, **Pam Blezard** and **Adrian Moorhouse**, Surrey & Sussex SHA & Lane 4: Leadership for service improvement – performance coaching programme

The HR impact on patient care

Sponsored by Beachcroft LLP
WINNER
Caron Thomas, **Mary Williscroft** and **Annette Roebuck**, South Staffordshire Healthcare NHS Foundation Trust: Involving people with a learning disability in the staff selection process

HIGHLY COMMENDED

Richard Tompkins and **Glenys Leach**, North East Wales NHS Trust: Using a logo to identify Welsh speakers at their bedsides

Diversity and equality Sponsored by Euro RSCG Riley

WINNER
Yvonne Clarke and **Lesley Thomas**, Central Cheshire Primary Care Trust: Supporting the quality of care by employing a diverse workforce

Rethinking primary care delivery

Sponsored by Enhanced Healthcare Services
WINNER
Simon Whitehouse and **Jennifer Coley**, Central Cheshire Primary Care Trust: Challenging the way we deliver primary care: the case for telephone triage

HIGHLY COMMENDED

Christine Bamford and **Philip Sweet**, National Leadership and Innovation Agency for Healthcare: Healthier practices in partnership

Innovation in HR Sponsored by Tribal Resourcing

WINNER
Christine Mullen, **Macaila Finch** and **Maxine Adrian**, Greater Manchester Strategic Health Authority: Delivering the workforce - prepared for the future, the Manchester revolution

HIGHLY COMMENDED

Cathy Dennis and **Cheryl Davey**, Ashford and St Peter's Hospitals NHS Trust: Ashford and St Peter's Healthroster project

Best management practice in tackling workplace stress

Sponsored by HSE
WINNER
Gisela Unsworth and **Annette Gateley**, Kingston Hospital NHS Trust: Successfully utilising existing resources to make a difference to workplace stress

Agenda for Change benefits realisation

Sponsored by The Royal College of Midwives
WINNER
Simon Whitehouse and **Cathy Rowlands**, Central Cheshire Primary Care Trust: Delivering the benefits of AfC in GP Practices

Supporting medical staff

Sponsored by BMJ Careers
HIGHLY COMMENDED
Annie Elliot, LNR Healthcare Workforce Deanery: Clinical performance support unit (CPSU)
Audrey Dowd, Mater Hospital Trust: Development of medical assistant role

Shared Services Sponsored by Capita

HIGHLY COMMENDED
Beverly Palmer and **Cindy Wilkins**, Gwent Healthcare NHS Trust: The provision of HR services through a personnel helpdesk

Effective recruitment advertising

Sponsored by Elsevier
BEST ADVERTISEMENT
Sarah Barnett, East London and The City and Nicola Thew, Tribal Resourcing: Forensic personality disorder unit

BEST RECRUITMENT CAMPAIGN

Geraldine Ekinci, Northampton General Hospital NHS Trust and Jane Stewart, Tribal Resourcing: Grow with us

BEST ONLINE OR DIGITAL ADVERTISEMENT

Sue Stavrides, Powys Local Health Board: Development of a publicity portal for the county of Powys

HIGHLY COMMENDED

Andy Jones, Gwent NHS Trust and Sam Teague, Euro RSCG Riley: The grass really is greener
Claire Harris, Homerton Hospital NHS Trust and Elizabeth Hibbert, Tribal Resourcing: Dan Collins, Nightclub bouncer
Gerry Kelly, NHS Greater Glasgow and Clyde (Partnerships) with Alastair Blair, Euro Riley: No need to hide

Maximising the experience of older staff

With all the current talk of age discrimination, some interesting research by Jane Wray at the University of Hull will help employers focus on the needs of older staff who are increasingly the backbone of the service.

As Jane points out with the reduction in student nurse and midwife training places and with new graduates unable to find posts with the NHS, the expertise of older staff is essential for the future of patient care.

She argues that there is a strong business case to be made for NHS employers to pay attention to the needs of older employees. Better patient outcomes are positively correlated with higher registered nurse staffing, for example. This places nurses and midwives centre stage in developing new ways of working and in

plugging the gaps created by the EU directive on working hours.

So what do older staff need? The research found that they did not always get fair access to CDP where their needs are at least as great as younger staff. Flexible working options and a flexible approach to retirement are also desirable.

The full article appears in the November issue of *Employing Nurses & Midwives*. For subscription details of this and our other newsletters go to www.health-workforce.com

Alison Dunn
Editor in chief CDA newsletters



Coming soon! A new feature from HR management trainee, Bill Davies – from his elective in Sydney, Australia

Bill Davies is currently on the NHS HR Management Trainee Scheme having studied psychology at Warwick University and spent time teaching at Secondary School before deciding to make a career change.

His interests include golf, scuba diving and su doku! After a 9 month placement with Central and North West London Mental Health Trust working as an HR Advisor for Child and Adolescent Mental Health Services, Bill has decided to swap Paddington for Sydney as he begins a 2 month elective in Australia.

He will be joining the workforce planning team of Sydney South West Area Health Service. The service provides healthcare to more than 1.3 million people over 17 local government areas, in community and acute settings.

Some of his planned project work will focus on implementing the service's 10-year strategic workforce plan and a number of new clinical pathways. In addition he will have the opportunity to visit the Australian Department of Health's Ageing Workforce team and see how they are facing this challenge.

Bill has kindly agreed to keep a regular diary column for Network while he is abroad to let HPMA members learn a little of his experience of HR practice in Australia. **So look out for the first installment complete with swimming trunks and flip flops in the December issue!**



Branch spotlight

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

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



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

Employment law

It is clear that the new statutory dispute resolution procedures continue to cause problems for employers. Employers are risking uplifts to compensation and automatically unfair dismissals by failing to follow the statutory grievance and dismissal process. It is therefore extremely important to ensure that managers are familiar with the basic principles of the statutory procedures so that unnecessary risks and liabilities are avoided.

If an employer fails to follow the statutory dismissal procedure when it should have done so, the dismissal will be automatically unfair and compensation can be uplifted by up to 50%. If the employer fails to properly address a statutory grievance, and the employee subsequently lodges a Tribunal claim in similar terms, any compensation awarded can be increased by up to 50%. The incentive to get it right is therefore obvious.

I have highlighted below the main problem areas and how to ensure that you take adequate steps to address them

The statutory dismissal procedures apply to nearly all types of dismissals. In particular, they apply to dismissal involving non-renewal of a fixed term contract, redundancy, sickness absence, performance and conduct. However, there are limited circumstances in which the procedures need not be followed. These include where the employer would be in breach of a statutory provision if it continued to employ the individual, or where the dismissal is part of a collective redundancy process.

Action: ensure that all managers, particularly those involved in the recruitment of locum medical staff, are aware that non-renewal of a fixed-term contract constitutes a dismissal and that the statutory dismissal procedure must be followed before it expires.

The statutory dismissal procedures must be followed fully. The statutory dismissal procedure had three steps: (1) set out the potential reasons for dismissal to the employee in writing prior to any meeting; (2) meet with the employee and provide the outcome in writing; (3) give the employee the opportunity to go through an appeal process. In particular, it is important that the employee is made aware of the exact details of the potential reasons for dismissal prior to any meeting. A detailed management case should therefore be prepared in advance of any meeting. This should set out the specific allegations and the way in which, for example, the disciplinary policy has been breached. The outcome of the meeting should be confirmed in writing and the letter must highlight the right of the employee to appeal against dismissal. As highlighted,

the procedure applies to almost all dismissals, including non-renewal of fixed-term contracts, where often the minimum procedures are not followed.

Action: ensure full details of any potential dismissal and the reasons for it are given to the employee in advance of any hearing; review disciplinary and capability procedures; ensure managers are fully trained in such policies.

Ensure that you recognise a statutory grievance when you see one. To lodge a statutory grievance, the employee simply needs to complain to the employer in writing. The complaint can be in almost any form: post-it note, email or letter. Accordingly, it is important that all complaints raised in writing by employees are treated as potential statutory grievances. If there is any doubt, this should be clarified with the employee at an early stage.

Action: ensure all written complaints, no matter how informal they might seem, are treated as potential statutory grievances.

Statutory grievances do not need to be lodged by the employee himself. Statutory grievances can be lodged on an employee's behalf by a solicitor or other agent (even his GP). Even a letter from solicitors marked "without prejudice" can be a statutory grievance.

Action: raise awareness amongst managers that statutory grievances can be lodged on an employee's behalf by third parties.

It is usually necessary to hold a meeting with the employee involved in order to address the grievance. The employee should then be informed of their right to appeal against that outcome. Where the employee has left the employment of the organisation, a modified grievance procedure can be used, provided both the employer and the employee agree on this. In those circumstances, it is simply necessary for the employee to set out the grievance in writing and for the employer to respond in writing.

Action: ensure that grievance or bullying and harassment procedures reflect the statutory procedures and are followed in all cases.

These are the areas where employers still appear to be getting things wrong at present. By acting upon the action points highlighted above, you will minimise the risk of any automatically unfair dismissals and any uplifts in compensation for Claimants.

Conference review



To ensure that every HR professional and people manager working in the NHS today becomes a member of HPMA. This was Deborah O'Dea's mission for her presidency – with a little help from every member of the HPMA. Deborah closed this year's annual conference in Cardiff by thanking outgoing president Mike Pyrah and congratulating the many award - winning projects in the Excellence in HRM awards.

The 2006 HPMA UK conference took place in the magnificent Cardiff City Hall and welcomed over 200 HPMA members to debate the theme *Healthcare is changing. Are we?*

Olympic winner Adrian Moorhouse open the conference with a fascinating session on achieving high performance. The audience could only marvel at the dedication he possessed in training for three months to cut the time of his lane turns by 0.3 of a second. Yet he maintains that his biggest challenge is still leading his team at Lane4.

After updates from Paula Hyde and Duncan Brown on the Manchester Business School/DoH/CIPD research, Steve Barnett took to the stage claiming that HR in the NHS was at a crucial time and encourage delegates to look to Europe so we don't suffer another EWTD-like surprise.

A brand new session to Cardiff this year was the People's Panel. Thanks to our brilliant branch volunteers - Chris Carron (Scottish branch), Jill Evans and Judy Stafford (Welsh branch), Damian McAlister (N Ireland branch) and Judith Griffiths (Birmingham and Black Country branch) – who shared their experiences and lessons learnt.

Day one was rounded off with a special seminar on packaging your potential with Alison Riches from House of Colour. Some delegates then took dressing for effect through to the evening : special mention to our two brave Ali Babas aka Mike Pyrah and Janet Wilkinson who dressed up for the Arabian Nights themed dinner. Guests again danced, talked and drank

the night away - helped along by the fastest ever appearance of an Arabian Bazaar – complete with lanterns, sofas and hundreds of cushions.

On the final day of the conference, Neil Goodwin opened the plenary session with highlights from his research into leadership and relationship building, presenting four PCT chief executive case studies. He illustrated the value of good networks and empowered staff. He also welcomed controversy, commenting that a manager without self-awareness could not be good manager and left the audience with his warning that the NHS cannot be in the business of social employment.

Social enterprise, undoubtedly a prospect for primary care delivery, took centre stage after lunch. Helen Parker and John Hanlon set the context for the growing number of Community Interest Companies. And John Bennett shared his experiences of his award winning company and staff at PACK-IT: social enterprise, he said, is not for the risk adverse and you need to have a desire for profit – it will be what enables you to develop your staff.

Actors Robbie Swales and Helen Higham, from STEPS Drama, led an interactive session for delegates in the afternoon designed to help HR staff develop their own, and colleagues, working relationships.



Adrian Moorhouse.



The People's Panel.

Missed the conference and want to know more? Presentations from the plenary and the many excellent workshop sessions are available on the HPMA website: www.hpma.org.uk

Shared Services



The concept of shared services as a means to efficiency gains has been accepted for some time within the NHS, with initiatives around the country offering a variety of shared services. The concept of shared services can by definition encompass all services, yet how do we which will work best to drive efficiency gains when it is still 'early days'? How should they work and are existing shared services working?

A number of examples such as the Anglia Support Partnership, Buckinghamshire Shared Services, North Surrey NHS Share Services, South East London Shared Service Partnership and Worcestershire Countrywide Health Services and of course the Department of Health sponsored Shared Business Service with Xansa are amongst the most well known. It was also taken up as a key aim by Whitehall in 2005 as evidenced by the Government publishing 'Transformational Government – Enabled by Technology' in November of that year, with shared services being a key element of the strategy. This strategy takes the argument further than the efficiency gains of previous initiatives, with a greater emphasis being placed on improved citizen service which becomes the overriding goal of shared service initiatives.

What types of functions are prime candidates for a shared services approach? The answer has been, historically, support functions such as Finance, HR, IT, Legal, Procurement and Property Services. And it has been right to target these areas, as being capable of giving efficiency gains without impact on the customer facing side of the organisations involved.

But moving forward organisations can and should be broadening the scope of shared services to include frontline services, especially with the goal of improved citizen service in mind. For example, what benefits would be achieved, from both the citizen service and efficiency aspects, from a shared contact centre within a geographical area (as defined by a Strategic Health Authority perhaps) that covered all NHS services, including GPs, walk-in centres, homeopathic practitioners and acute hospitals? Taking this further, could it be linked to the local authorities in the area and what extra benefits would accrue?

Looking specifically at HR shared services, this forms part of the traditional core for most shared support services. However, in the NHS the experience of HR shared services has been somewhat mixed, so is there a secret to a successful HR shared service? The answer is probably not, but there may be lessons to be learned from other sectors. There are a number of models that have been adopted, at one end of the spectrum the shared service centre provides the full service, from the standard administration of recruitment,

payroll, training, employee development right through to HR Policy and Best Practice. At the other end of the spectrum much of the above is undertaken in-house with only a few specialist areas being outsourced, such as employee "wellness" and recruitment. Many of the approaches end up offering a hybrid of services that remain in-house being supported by a number outsourced to specialist suppliers.

The following provides examples of the areas in which any shared service should focus, and the consequent benefits that can be delivered:

- **Avoiding duplication of effort** – this includes the elimination of duplicated effort from different parts of the organisation or organisations and leads into the streamlining and simplification of processes associated with the delivery of service. Most importantly it should also include the total elimination of processes that do not add value to customer service.
- **Establishment of effective controls** – to ensure that control processes are established, with the effective involvement of the most senior management in each participating department or organisation, that align with clear and measurable objectives that have been agreed by all parties.
- **Measurement against performance objectives** – performance is measured against the agreed objectives and correctional action taken where necessary. Staff are assessed and rewarded against these same measures, thereby aligning personal and organisational development.
- **Effective information systems** – to support the internal processes above as well as the customer experience. This will include effective self service for stakeholders such as employees, patients, the public and suppliers.
- **Effective people** – by combining resources there should be an overall reduction in headcount but an increase in the specialist knowledge base, with effective cover in all areas for holidays and sickness.
- **Value for money** – the effect of all the above will be to deliver an improved service for a substantially reduced cost. Private sector experience points to potential savings of between 20% to 50%.
- **Improved service** – as a result of the above, each stakeholder, be it employee, patient, member of the public, GP or supplier, should receive a more consistent, higher quality, faster service from the new organisation. This will be facilitated by technology wherever possible, such as in the provision of e enabled self service.

CAPITA

How do you measure the effectiveness of shared services against the desired benefits detailed above? The following table is one that is used by Capita Advisory Services' consultants when analysing how well they are achieving their objectives:

Each element of the service will be marked on a scale of 1 to 5, where 1 = poor and 5 = excellent, using the following guidelines

	POOR IS	EXCELLENT IS	SCORE
Processes	Lots of duplication of effort, no documentation of processes.	Clearly documented, streamlined and efficient. Non value add processes eliminated.	<input type="text"/>
Controls	Little management information available to monitor performance. No clear objectives.	Good information regarding performance and regular monitoring and evaluation of performance, systems and processes	<input type="text"/>
Measures	Little relevant information used to evaluate whether targets have been met.	Highly relevant, detailed information is available that informs performance against the right targets.	<input type="text"/>
Information systems	Poor access to information, no website or other publicly available guides to services. Little or no self service available.	Good website and other guidance available for public. Increasing self service available.	<input type="text"/>
People	Lack of qualified advisors, undervalued administrative skills.	High quality staff, skilled in their respective areas of delivery.	<input type="text"/>
Value	Costs in line with levels prior to shared service initiative.	Target savings (set between 20% and 50% as appropriate) have been achieved.	<input type="text"/>
Service	Service levels in line with those delivered prior to shared service initiative. Customer and staff satisfaction surveys show same degree of satisfaction.	Service levels dramatically better that prior levels. Employee and customer satisfaction surveys produce consistently higher satisfaction levels.	<input type="text"/>

So how does your shared service initiative stack up against the above criteria? The HPMA and its shared services sponsor Capita Advisory Services, are both keen to promote and to recognise best practice in the shared services arena.

If you believe you're shared service operation is a winner, why not request an entry pack for the 2007 HPMA "Excellence in HRM Awards, Shared Service category" by contacting Lauren@chamberdunn.co.uk

Building a diverse workforce – including the top team



Public sector bodies have had a duty to promote race equality and have had Race Equality Schemes in operation for several years, and will now have to have Gender and Disability Duties Schemes in place over the next few months. With Age discrimination legislation also on the statute book, the whole diversity or 'equal opportunities for all' agenda is high on the priority action list.

A recent workshop run by NHS Partners explained how NHS organisations are looking to pull all these strands together and to incorporate these into Corporate Equality Duties Schemes. Some local authorities already have combined corporate schemes or a Single Equalities Scheme, integrating all these strands. Many NHS organisations are now working in close partnership with their local authority and may want to consider the same impact assessment areas for any corporate duty schemes.

The subject of diversity in the 'Top Team' is also coming under closer inspection with a drive for their make-up to reflect the local community. One area where NHS Trusts are already leading the way is in females breaking the boardroom glass ceiling. A recent gender analysis of directors on boards of PCTs shows that around 52% are female, much higher than the private sector. With the figure of around 35% in NHS Trusts (acute, general, mental

health etc), the NHS is well ahead of listed companies where the split ranged from around 2% - 7%. This may in part be explained by the fact that the overall NHS workforce is female dominant, and partly reflected in job role, as the overwhelming majority of Nursing Directors are female.

The Agencies and Public Bodies report in March 2006, found that other public sector bodies have maintained their 2004 level of around 37% of women serving on public sector boards.

Looking at the accounts of public bodies, an analysis by gender (where the information is given) found that around 6% of lead executives were female. This is very similar to those of listed companies.

NHS organisations may be more successful in gender equality than other sectors because they are more likely to have formal equal opportunities policies, and in future will have a duty to implement formal equality schemes. If this is so, it is a learning point for the private sector to match in the 21st century.

Further information see IDS Executive Compensation Review, issues no 307 and 308, and NHS Partners advice line, email – enquiries@nhspartners.nhs.uk



Just In Time Disability Equality Workshop

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

Date: 23 November 2006 **Time:** 09.30-14.00

Are you aware of the amendments to the Disability Discrimination Act (DDA) 1995 that come into force in December 2006? Has your organisation got a Disability Equality Scheme in place? Do you have a strategy for its implementation?

On the 4 December 2006 NHS organisations will have a statutory duty to promote disability equality. If you are not prepared, the HPMA is here to help you.

The Healthcare People Management Association (HPMA) half day Just in time workshop is designed to help members meet the December deadline: providing practical simple tools to take back to the workplace.

Speakers include: Gary Hay, Capsticks; Abi Reynolds, Independent HR Consultant, Phil Friend, Churchill Minty and Friend.

Drawing together leading authorities and experts on disability in the NHS - this is a unique event at a critical time. There are only 50 places available and you must be an HPMA member to attend (see www.hpma.org.uk for details on how to join if you are not currently a member).

To book your place download a booking form www.hpma.co.uk/html/future_conference.php or email Lauren@chamberdunn.co.uk for details.

Personnel Today public sector headlines:

CBI demands radical change in accountability

Good people-management, rather than sweeping cost cuts, must be at the heart of the government's 2007 comprehensive spending review, according to the CBI.

Next year's review will be the first in a decade. The UK's largest employer lobby group says the debate about public services has been too focused on cash going into services, rather than the outcomes that spending achieves.

It uses the failure to deport foreign prisoners to illustrate that "failures did not necessarily result from a lack of policy coherence, the problem lies in not having the management in place to deliver that policy".

The CBI also highlights government figures that show public sector pay growth outstripping the private sector and the economy as a whole, but with no tangible increase in productivity.

Neil Bentley, director of public services policy at the CBI, said there should be a radical change in accountability for senior public sector managers, with rewards when they get it right and sanctions when they fail.

"Every good HR professional knows that is what gives the incentive to provide good leadership performance," he told *Personnel Today*.

The briefing paper says there should be a 'risk-and-reward framework' for staff across the public sector, to reward those who innovate and deliver on goals. It calls for absence management policies to cut the average 8.5 days sick leave a year each public sector employee takes.

The top HR professional in the civil service

has told MPs she is "impressed" by the quality of leadership across Whitehall after five months in her new role.

Gill Rider, director-general of leadership and people strategy, joined the civil service earlier this year after 27 years in the private sector. It is the first time the post has been filled by someone who is not a career civil servant.

Rider was being grilled by a group of MPs on the public administration committee earlier this month as part of an enquiry into 'skills for government'. "There have been quite a number of [negative] comments about leadership in the civil service, but I have been very impressed," she said.

Rider's remit is to create a people strategy for the civil service, improve leadership and bolster the professionalism of HR. The former Accenture senior executive is responsible for implementing the Professional Skills for Government programme championed by cabinet secretary Sir Gus O'Donnell.

MPs questioned why its focus was on the senior civil service when government figures show there are 132,000 people in the public sector who are not qualified to basic numeracy and literacy levels.

"The whole purpose of employment generally is to make sure you get a match between the individual and what they are capable of doing and what the job requires," Rider said. "So it may not be a problem in the way you are articulating."

The committee's inquiry will also look at whether the civil service operates the right recruitment and training policies and how poor performance is dealt with in Whitehall.

Public Administration Committee (uncorrected evidence): www.publications.parliament.uk/pa/cm200506/cmselect/cmpubadm/uc1647-i/uc164702.htm

Personnel
today

READY FOR CHANGE

Great value! Exciting programme! Excellent networking and social events! Good exhibition! Glittering awards evening!

All the ingredients of an excellent conference!

A very big thank you to all our speakers who stimulated, informed and inspired us.

The workshop sessions were also a big success and networking around the exhibition was as popular as ever!

Congratulations to our award winners and thanks in particular to our sponsors!

There are a few particular memories that stand out for me that I would like to share:

- The sheer exuberance of the awards evening, we celebrated success in style!
- The humility of gold medal winner Adrian Moorehouse as he inspired us to be the best that we can be
- Mike Pyrah's outfit for the Arabian Nights evening – nice one Mike!
- Great ideas being generated to make our association stronger
- Deborah speaking in Welsh – she is on a mission now!
- Capsticks champagne reception – thank you guys!
- Neil Goodwin's insightful presentation on leadership in the NHS

- Steve Barnett's challenges to HR in the future.
- Zenon Consulting's drinks reception – thank you Julia!
- The People's panel – they were stars, such great insights into the "life" of HR – more please for *Network*!

These are just a sample and it was a great event and so good to see friends and colleagues from all over the UK!

A sad farewell to Mike Pyrah who has provided us with excellent leadership over the last two years but a very warm welcome to Deborah O'Dea as our new President!

I would join with Deborah in urging us all to ensure that HPMa is the professional association for all HR professionals in health and that we all encourage colleagues to play as active a part as possible in making our association stronger and as we tackle the agenda ahead, increase our influence on healthcare developments.

Finally... one last image from the conference sticks with me... Our past president, Sally Storey and Jackie Connor from BMJ Careers, reclining on the Arabian couches, sipping wine and looking like a feature from *Hello* magazine! Excellent!



Deborah O'Dea, Mike Pyrah and Julia Tybura.

DATES FOR YOUR DIARY

- **HPMA Just in time workshop: Disability Equality 23 November 2006**
St Mary's NHS Trust, Paddington
- **BMJ Careers Fair 2 & 3 December 2006**, Business Design Centre, London
- **HPMA/NHS Partners joint Southwest conference**
HR – the X Factor 1-2 February 2007 Best Western Tiverton Hotel,
Tiverton, Devon
- **NI HPMa branch conference 8-9 March 2007** Radisson Roe Hotel, Limavady
- **Welsh HPMa branch conference 27 April 2007**