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Welcome to Clare Chapman



The Department of Health announced last week that Clare Chapman has been appointed director general of workforce for the NHS in England. Clare takes up her new post in January 2007. Clare will be joining the NHS from Tesco, where she is currently group HR director.

Our president elect Deborah O'Dea has invited Clare to the HPMA and NHS Partners Excellence awards gala dinner on Wednesday 11 October and our national conference on 12 and 13 October in Cardiff. We look forward to giving her a very warm welcome.

Clare has achieved great success for Tesco's and her people strategies, linking staff loyalty with customer loyalty, have received much professional acclaim. Her work has been focused on supporting staff values, improving turnover and strengthening partnerships with trade unions.

We look forward to supporting Clare in her new and critical role, and hope to build on the strong relationship that HPMA has with the Department of Health. We welcome the opportunity to learn from Clare's experience in other sectors.

I remember well a conversation with some GPs a little while ago, who said to me that, in their view, the Tesco health eating range had done more to reduce coronary heart disease in middle aged men than any number of NHS health promotion campaigns.

I am confident that Clare will find our conference a valuable and stimulating element of her induction into her new role. So let me remind you of what you can

expect to get out of attending the HPMA UK conference in Cardiff this October:

- Be inspired by the experience of a gold medal winning Olympian to achieve outstanding performance
- Be stimulated by unique insights into effective leadership
- Be challenged by clinicians who are leading service change
- Be motivated to build stronger and more effective relationships by Steps Drama scenario – and entertained as well!
- Be focussed on how to seize the opportunity for career development through career counselling
- Be positive about your personal impact, gaining valuable insight into how to present yourself to best effect
- Be excited by new developments, challenges, technologies and insights into the future of people management in healthcare
- Be thrilled by our Arabian nights evening!

Alex O'Grady
Executive Director

**Healthcare
is changing.
Are we?**

**UK conference and
exhibition 2006**

City Hall, Cathays Park, Cardiff
12-13 October 2006

This really is a conference
you can't afford to miss,
see [www.hpma.org.uk/pdfs/
hpmaukconference.pdf](http://www.hpma.org.uk/pdfs/hpmaukconference.pdf)
for the latest news.

DATES FOR YOUR DIARY

- **BMJ Careers Fair Ireland** 16 September 2006, Europa Hotel, Belfast
- **HPMA & NHS Partners Excellence in HRM Awards 2006 Awards ceremony** Wednesday 11 October 2006, Cardiff City Hall
- **HPMA UK Conference *Healthcare is changing, are we?*** 12-13 October 2006, Cardiff City Hall
- **BMJ Careers Fair 2 & 3 December 2006**, Business Design Centre, London
- **NI HPMA branch conference** 8-9 March 2007 Radisson Roe Hotel, Limavady

Good doctors, safer patients?



Readers involved in employment matters relating to medical staff will have been waiting for over a year for the recently published 200 page document by the chief medical officer entitled *Good Doctors, Safer Patients, proposals to strengthen the system to assure and improve the performance of doctors and to protect the safety of patients*. The report was published as a result of the 5th report of the Shipman Inquiry, which led to the postponement of GMC plans to introduce revalidation and licences to practice for all doctors.

The inquiry chaired by Dame Janet Smith cast serious doubts on the effectiveness of the proposal for the five yearly revalidation of a doctor's licence to practice. In particular, criticism was made of the NHS appraisal systems in place at that time, judging them to be an inadequate tool for detecting poorly performing doctors. Serious criticisms were also made of the GMC, with comments that the current structure and methods of working were more likely to support the interests of doctors rather than patients.

The report published this summer lists 44 recommended actions designed to ensure that a system for regulating the practice of individual doctors is created which is robust, transparent, valued by the profession and trusted by the public.

Amongst the recommendations are fundamental changes including the proposal that the standard of proof exercised by the GMC in reaching decisions about a doctors performance, health or conduct, should be a civil standard rather than the current criminal standard (i.e. beyond reasonable doubt).

Recommendations also include the extension of the role of the GMC to local employer organisations

through the creation of medically qualified licensed GMC affiliates. These GMC representatives will have the power to agree a 'recorded concern' regarding an individual doctor, which will not impose sanctions relating to registration but which will be documented and recorded by the employer and the GMC. In conjunction with Royal Colleges it is recommended that clear sets of standards should be set for each area of specialist medical practice and that the NHS appraisal process be reviewed and amended in order create a more rigorous assessment process.

Further changes include a strengthened and extended role for the Postgraduate Medical Education and Training Board and the National Clinical Assessment Service with a regulatory involvement from medical student to consultant, and processes to ensure that wherever and however a doctor has trained they meet the same clear and unambiguous standards in terms of provision of clinical care.

Changes are ahead for individual doctors and their regulators, with a clear message from the chief medical officer that whatever systems and processes are adopted they must be both respected by doctors and trusted by the public.

For further information regarding timelines for consultation and implementation refer to the DoH website at www.dh.gov.uk and watch the NHS Employers website at www.nhsemployers.org for further guidance to employers.

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

Last minute booking!

The HPMA and NHS Partners awards dinner is proving to be very popular this year with table bookings selling fast. There are two booking options available to anyone who would like to attend, you can book individual places or alternatively book a table of ten. The awards ceremony is being held on the night prior to the HPMA conference at City Hall in Cardiff on 11 October.

The highly experienced panel of judges have now decided on the winners and runners up for each category. These results will be announced to the audience at the dinner. The evening will then continue with a disco until the early hours, where you can celebrate with the finalists, judges and your fellow colleagues.

Why not stay on for the HPMA conference, which begins the next day, also at City Hall. Please contact Lucy Poore on 0208 33 44 500 or lucy@chamberdunn.co.uk for a booking form.



NHS PARTNERS

Handling references - avoiding the pitfalls

The NHS Partners advice line has taken several calls recently concerning the disclosure of references. This question seems to arise when a job has not been offered to an individual as the reference provided has been 'poor'. The individual concerned has then requested a copy of the disputed reference.

References are part of the standard recruitment practice, but are essential for the NHS as – 'NHS organisations must obtain references before making an unconditional offer of employment' (as per *Safer Recruitment – a guide for NHS employers* – see www.nhsemployers.org).

The Employment Practices Data Protection Code (see www.informationcommissioner.gov.uk), also contains advice on the subject of job applicant references.

References are normally given in confidence between employers, and applicants are usually not aware of the exact detail of the information provided. Since the introduction of certain provisions of the Data Protection Act 1998, this has been more of an issue.

Employees now have the right to gain access to references received from former employers. The duty to disclose the reference will be on the organisation that received the reference, not the organisation that gave the reference. There are potential difficulties in

any disclosure, as an employer should not supply a copy of a reference from a former employer that reveals the identity of the author of that reference, and ideally will also need to seek to obtain the consent of the giver to disclose the reference.

Many organisations have amended their reference request documentation to include a statement to the effect, that 'this reference may be disclosed to the applicant', so the author knows that this is a possibility at the outset.

However, even when such a statement is placed it would still be good practice to inform any employer that a reference is actually being disclosed. If this is done without the express permission of the author, a prospective employer will breach the confidence of the other employer and may find itself liable. On the other hand to withhold or refuse to disclose a reference to the applicant may result in a disclosure order being made by a tribunal.

In order to stay clear of all the complications around the disclosure of references, employers should ensure that references are obtained and considered by the appointing officer, before any job offers are made. To subsequently withdraw a conditional offer made, subject to satisfactory References, could cause the organisation a headache – and another call to the NHS Partners Advice line!

nhs:partners
HR solutions in health and social care

Know your needs, know your workforce

Trusts retrenching to achieve their end of year balance are using savings on temporary staffing as one means of cutting back. One is tempted to ask: what took them so long?

A raft of central initiatives over the past five years including the setting up of NHS Professionals and the work of the NHS Purchasing and Supply Agency have been aimed at helping employers cut these costs, but achievements have been limited.

In a fascinating piece in September's *Employing Nurses & Midwives*, Ian Seccombe looks at progress since the Audit Commission's report into the use of temporary nursing staff, *Brief Encounters* in 2001, in the context of the findings of this year's NAO report on the same subject. Over that period, the NHS has reduced expenditure on agency nursing staff from 7% to 3% of the total nursing spend, but the higher spend on NHS Professionals and internal nurse banks has all but made up for this.

As a result the spend on temporary nursing staff is now 9.4% of the total costs, compared with 10% in 1999-2000. While improvements have been made in

the costs and quality of temporary nursing staff, the NAO concludes that further savings can be made by better procurement and better management of permanent staff.

As Ian puts it: 'As Payment by Results and Commissioning a Patient-led NHS take effect, the ability of trusts to manage their workforce effectively will play a major part in determining whether they remain in financial balance. Irrespective of whether reliance on temporary nursing staff rises, trusts can make savings by better management of their whole nursing workforce and improving procurement of temporary staff.'

Improving the use of temporary staff, Ian Seccombe, associate fellow, Institute for Employment Studies, EN&M September 2006.

To access free of charge all the news coverage from our all healthcare employment newsletters go to www.health-workforce.com where our new Health Workforce Bulletin guides you to all the latest information. When you sign up as a registered user, you will receive fortnightly updates.

Alison Dunn, editor-in-chief, CDA employment newsletters.





Branch spotlight: Northern Ireland



Billy Bateman, Chairman of the HPMA NI branch.

The Northern Ireland branch continues to be very successful in engaging a wide cross section of members at its various events. The programme each year is designed to provide opportunity for members at all levels to come together to address key issues facing the Health and Personal Social Services Human Resources function.

At the annual general meeting, which was linked to our annual conference, Billy Bateman, the deputy director of HR in Down Lisburn Trust was appointed as the new Chairman of the branch. Billy and his committee have highlighted the importance of the branch and its members playing a full part in issues associated with the major reorganisation of our service, which is already underway. At the operational date of 1 April 2007, five new trusts will replace the current eighteen organisations. In this context the branch committee

decided to bring forward our annual conference which is normally held in May, to March 2007. This was done with the intention of seeking to involve key players in the new organisations within the conference agenda. The timing will provide an excellent opportunity to look forward and to assess the implications of this major change on human resources management in the service.

The branch has also decided that it is important to contribute formally to the debate about reorganisation and the Chairman has corresponded with the Permanent Secretary on issues that are causing concern.

In relation to the wider programme, it is the branch's intention to follow its tried and tested approach of arranging workshops, which will be open to all members. These are planned for the autumn and spring.

In Northern Ireland, annual subscriptions are paid mainly on a corporate basis with the vast majority of employing organisations holding membership of the association. The committee is conscious of the potential impact of a significant reduction in the number of organisations on the income of our branch and is currently reviewing mechanisms, which may be pursued to ensure that we sustain viability.

This year's branch conference will be held on the Thursday 8 – Friday 9 March 2007 in the Radisson Roe Hotel, Limavady. It is hoped that the programme will involve some of the most senior executives in the service in Northern Ireland and as in other years, visitors from other countries will receive a very warm welcome.

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.

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@hpma.org.uk for details on your local branch.

Age Discrimination – be prepared...

The **Employment Equality (Age) Regulations 2006** come into force on 1 October 2006. This makes discrimination on the grounds of age unlawful. However, unlike any other form of discrimination, both direct and indirect discrimination on age grounds can be objectively justified. Also remember that the regulations apply to discrimination on the grounds of someone's perceived age, as well as their actual age.

The regulations prohibit the usual types of discrimination: direct discrimination, indirect discrimination, harassment and victimisation. They also provide a set process for retiring employees and, if the set process is not followed, any dismissal is almost certain to be unfair.

Here we outline the issues for HR: Recruitment and Selection

A thorough review of recruitment and selection processes will need to be undertaken to avoid falling foul of the new regulations. In particular:

- ensure all those involved in recruitment and selection have up-to-date equal opportunities training.
- use the equal opportunities monitoring form to ask for age details, rather than the application form (which is usually examined at shortlisting stage).
- review job descriptions and person specification to remove age-related criteria. If using length of service as a criterion, think about why you might be asking for a certain number of years' experience – why do you require 5 years' experience rather than 3 or 6 years?
- avoid using age-related wording when drafting recruitment literature. Asking for a "young, dynamic" candidate, or one who is "mature, with a wealth of experience in the field", will leave you open to challenge.
- mark and record the assessment process carefully. There are likely to be an increasing number of claims around recruitment and selection, which can be notoriously difficult to defend at Tribunal. Organisations increase their chances of successfully defending such claims where there is a clear audit trail as to why a specific candidate was appointed.

This is an area where the impact of the new regulations is likely to be significant. Early, thorough preparation now will help to avoid a claim after 1 October 2006.

Terms and Conditions

Length of service criteria will be lawful where:

- (a) they are less than five years and apply to all workers; or
- (b) they are more than five years, apply to all workers and it appears that there will be an advantage by rewarding loyalty, encouraging motivation or recognising experience.

Accordingly, the impact of the legislation on terms and conditions of employment is likely to be limited

(particularly where, as in the NHS, the terms are nationally-negotiated). There is also a specific exception for enhanced redundancy payments.

HR professionals should still review pay and benefits policies and check for age-related criteria. If they exist, you should ensure that you record the benefits of such criteria and consider whether such criteria could be linked directly to experience rather than age (as service-related criteria are easier to justify than age-related criteria).

Retirement Dismissals

There is now a new set process for retirement dismissals and the upper age limit of 65 for unfair dismissal claims and redundancy payments has been removed.

There has been much discussion and concern about the new retirement procedure. However, provided employers follow the same procedure in each case, every retirement dismissal should be fair. Below is a summary of the key points:

- (a) notify the employee of the intended date of retirement, in writing, 6-12 months in advance;
- (b) at the same time, notify the employee in writing of his/her right to request to continue working beyond retirement;
- (c) if the employee requests to continue working beyond retirement, consider that request in accordance with the statutory procedure; and
- (d) retire the employee on the intended retirement date.

The dismissal will be unfair if the employee is dismissed prior to their "normal retirement date". If there is no set retirement date, this will be deemed to be 65. If the employer has a retirement age of below 65, this must be objectively justified, or any dismissal will be unfair.

Accordingly, you should ensure that your organisation has set procedures in place to deal with retirement dismissals - including some kind of diary alert system. If you get the process right, retirement dismissals should be straight-forward. However, get it wrong and compensation will follow.

Conclusion

Preparation is essential to ensure compliance with the new regulations. Training of managers is crucial, as is a thorough review of your policies, procedures and recruitment documentation. More than any other piece of legislation, age discrimination will involve a change of culture in the workplace and is an issue that needs to be addressed now.

Further information

www.agepositive.gov.uk

www.acas.org.uk/index.aspx?articleid=1044



Personnel Today public sector headlines:

Personnel
today

Clare Chapman, group personnel director at Tesco, has been appointed the new workforce director-general at the Department of Health.

Chapman, 46, currently the group personnel director of Tesco, will take up the post from the beginning of 2007 and will be responsible for workforce issues in the NHS and social care system.

She has more than 20 years experience working in HR in the UK, US and Europe including vice president of HR at Pepsico.

Health secretary Patricia Hewitt said: "Clare brings outstanding experience to the leadership team of the DoH. The quality of health and social care depends upon the commitment and dedication of more than 1.3 million NHS staff and more than 1.6 million people working in social care. I know that Clare is determined to ensure that they receive the support they need from the DoH."

Chapman said: "I am delighted to be given such a fantastic opportunity. The values of the health and social care system make it unique and I am proud to be part of a service which has such an important purpose and is internationally regarded."

Hardly any NHS trusts appear to be fulfilling all their duties under race relations legislations, the Health Care Commission has found.

A study of all 570 NHS trusts across England revealed that just seven had published information under the 2000 Race Relations (Amendment) Act on their websites.

Details of a race equality scheme and action plan setting out how the organisation will make race equality "central to all its functions" has to be published by law and reviewed every three years.

The Department of Health will now write to NHS chief executives asking for a prompt response to the findings.

Carol Baxter, head of equality and diversity at NHS Employers, said the findings clearly showed that there was a lot of work to be done to ensure that trusts are fully compliant with race relations legislation.

"Race relations is high on the agendas of more than 300 trusts that have signed up to our Positively Diverse programme which requires them to have board-level commitment to equality and diversity principles and to having policies in place to enforce them," she said.

The Commission for Racial Equality found 15 government departments were not complying with the duty, and eight of them hadn't carried out a single assessment between April 2004 and March 2005, despite developing hundreds of policies.

The government is creating an ethical recruitment code to prevent authorities and agencies hiring social workers from developing countries.

The code, which is being produced by the Improvement and Development Agency and supported by the Department of Health, is intended to stop unethical recruitment practices.

Almost 4,900 overseas social workers registered to work in England from April 2004 to April 2006. More than 900 applicants came from South Africa, followed by Australia, the US and India.

Ian Wilson, social services director at Tower Hamlets Council in east London, said UK councils should not be recruiting from developing countries, such as South Africa and Zimbabwe, where there were already severe skills shortages.

A DoH spokesman said the code was "still at its early stages" but that there was clearly an increase in the number of overseas recruits working in social care in the UK.



UK conference and exhibition

City Hall, Cathays Park, Cardiff
12-13 October 2006

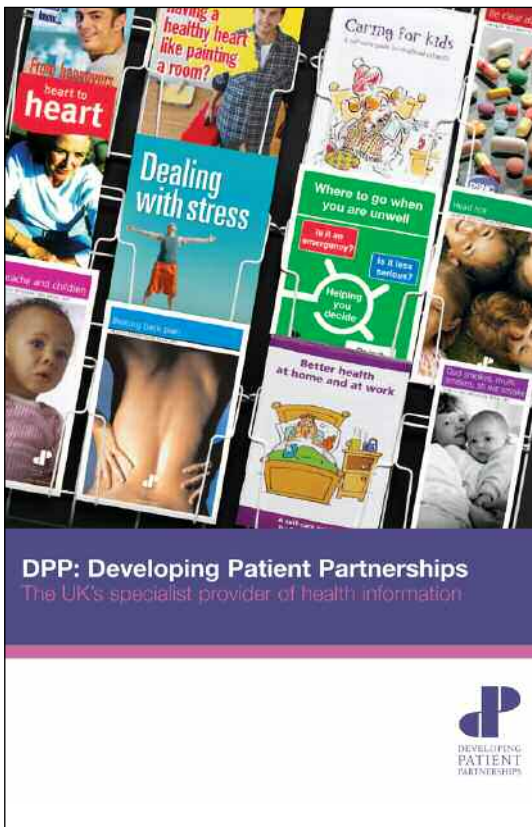
Healthcare is changing. Are we?

Don't miss this unique opportunity to debate and exchange ideas and hear our superb line up of speakers which includes Olympic gold medalist Adrian Moorhouse and broadcaster Roy Lilley.

A conference you can't afford to miss



Helping you to help your employees



Providing employees with information about how to manage everyday health problems is likely to reduce sickness absence, says health education charity Developing Patient Partnerships (DPP).

According to independent research involving a random sample of more than 1,000 adults, almost two-thirds agreed that if they had more information about managing common ailments - such as headaches or indigestion - they would be less likely to take time off work. Meanwhile almost half said they would appreciate health care information provided directly by their employer.

To help employers to meet the health information needs of their staff, DPP produces an expanding range of high quality educational materials. Partly funded by the Department of Health, the charity specialises in providing unbiased, user-tested and attractively designed leaflets, booklets and posters.

Materials cover a wide range of topics, including:

- Better health at home and work - a comprehensive guide to managing minor ailments, such as back pain, plus information about medicines, advice on giving up smoking and general well-being.
- Dealing with stress – a booklet to help people recognise, prevent and manage their stress, including information about what employers can do to support their staff.
- Working your way to a fitter day – a handy credit card sized leaflet that encourages people to incorporate a healthy diet and activity into their working day, by highlighting the benefits.
- Alcohol and you - a booklet offering practical advice on enjoying alcohol without overdoing it, helping people to avoid the many serious - and often hidden - risks associated with drinking too much.
- Pop down your local – from hangovers to heart health – a straight-talking leaflet targeted at men that highlights the range of pharmacy services available.
- Coughs, colds, flu, fever, sore throat and antibiotics – a self-care booklet on managing colds and flu symptoms.

All DPP's health information resources are road-tested by members of the public, submitted to a rigorous consultation process with an expert medical panel, and are often developed in partnership with relevant specialist organisations. The information they contain can help people to improve the management of their health, preventing illness through health promotion.



To find out more

Visit www.dpp.org.uk
or call 020 7383 6824.

From October,
you can also visit
our new health at
work website:
www.dpphealth-atwork.org.uk