



**Mike Pyrah**  
HPMA President

# There seems to be only one issue in the NHS at the moment – **MONEY** (or rather the lack of it)!

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As a chief executive of a PCT which is planning to breakeven at the end of the year (fingers firmly crossed), I feel I am able to comment on the 'financial crisis' in the NHS and the effect the management of this is having on HR managers.

Firstly, I don't support the view that the current crisis is a direct result of the three high profile 'pay modernisations'. Whilst I have no doubt that pay modernisation has increased costs; some of the criticisms I have seen, seem to completely ignore the fact that our previous systems were archaic. All NHS managers (and most clinicians) had been arguing for change for a number of years, and indeed the negotiations on the new arrangements have been going on for years, we must recognise that to 'do nothing' was not a viable option. We must accept that we now have new and more robust pay systems, which are fairer and allow more flexibility to enable roles to be tailored to the needs of patients. We must also accept that most NHS organisations have managed to introduce the new pay arrangements within their budgets.

Secondly, whilst it is important to understand the reasons why some NHS organisations have got financial problems, it is also vital that we focus on what we do next. I always remember the best piece of golfing advice ever given to me – "if you are in the rough/ bunker/ water, don't think about how you got there – think, I am where I am, and take the next shot".

I think it is vital that our HR managers think about this advice when supporting boards to address financial problems. We must avoid knee jerk reactions which we will regret, in particular we must recognise that clinical skills will be in short supply and avoid 'losing' staff. The future of the NHS is dependent on us creating 'organisations' that people want to work for.

HR managers must be at the heart of our financial recovery plans, ensuring that we engage all our staff in tackling the difficult issues.

Finally, we have to recognise that we are one of the most high profile public services, and therefore inevitably under constant public and political scrutiny – change is inevitable. It is vital that the HPMA is able to support it's members to cope with change and that we continue to try and influence our 'leaders' on the need to recognise the importance of improving/ maintaining morale and motivation: - as always we would love to hear your views.

Now I'd better get back to ensuring that we achieve financial balance and it's going to be tight...

### 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](mailto: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](mailto:admin@hpma.org.uk) for details on your local branch.

## 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.

# Healthcare is changing. Are we?

**We are delighted to announce that this year we have made some exciting changes to our annual conference.**

In the spirit of our theme this year *Healthcare is changing. Are we?* we have listened to the feedback from our members and made the following changes:

- Event reduced from three to two days
- Lower conference fees and discounts for whole HR teams attending
- Active encouragement of healthcare professionals from outside the NHS to attend.

**But we guarantee we will not lose our:**

- High quality speakers
- Challenging programme
- Practical advice
- Unforgettable evening events
- Great networking opportunities.



Chairing the conference, which will be held in the prestigious City Hall in Cardiff, is Roy Lilley, who is a regular broadcaster and writer on health, current affairs and social issues. There will also be a range of fascinating speakers taking the podium over the two days, including **Adrian Moorhouse** (pictured), Olympic gold medal winner, who will share his experiences on coaching for performance and Helen Parker, HSMC, University of Birmingham, who will run a session on social enterprise - a major influence in shaping the future of public services. And of course there will be the HPMA presidential handover - as Mike Pyrah makes way for new HPMA President and HR director of the year 2005 Deborah O'Dea.

This year, the glamorous black tie HPMA and NHS partners awards ceremony and dinner will take place on the night before the conference starts - 11 October.

## Excellence in HRM Awards 2006

11 October,  
Cardiff City Hall

see [www.hpma.org.uk](http://www.hpma.org.uk)  
or call 020 8334 4530  
for an entry form

CLOSING DATE  
FOR ENTRIES  
Wednesday 3  
May 2006

## How to win an excellence award

The NHS Partners and HPMA Excellence in HRM Awards celebrate the best in healthcare human resources management, and are simple and straightforward to enter. Winning an excellence award is one of the best ways to raise the profile of your project, gain recognition for your creativity, effort and application, demonstrate and share best practice, and raise the profile of your trust. However, it is really important that you follow the judging criteria as closely as possible. If you ignore one or more of the items, you will significantly spoil your chance of success, irrespective of how good your project may be.

**This year's judging criteria are as follows:**

1. A design based on a thorough analysis of business need
2. An underpinning evidence base for the chosen strategy
3. Excellent project management and evaluation
4. Measurable achievement of expected benefits including cost effectiveness
5. Making a difference to patient/client care
6. The potential for the transfer of learning to other organizations.

Last year many entrants failed to demonstrate clearly how their project made a difference to patient/client care. So, when preparing your entry, it is essential to keep in mind that the judges are looking for a convincing measurable achievement of the success of your project. Additionally, the judges need to be able to measure the potential for

the transfer of your project to other organisations.

How can you do this? Demonstrating in financial terms what has been achieved, if possible, is very important. Other forms of supporting data or evidence could include increased through-flow of patients, improved staff retention or fewer stress-related absences. Similarly, evidence of the creation of new roles, or attendance figures and feedback from learning development initiatives could be used to show how your ideas have made a positive difference.

Gathering this information does require some research, but it could make all the difference.

Finally don't forget the basics, such as getting someone to proofread your entry. If the content is difficult to read, or does not make sense, the judges will not be able to work out what you meant. Similarly, do not forget to include simple information that you have taken for granted, because you are so immersed in the project. This could be as basic as the purpose of the project, or the date when it began.

Once your entry is ready, do a final check against the judging criteria and the detailed entry guidelines. If you can put a tick against each point, then the effort and time you have spent will have been worthwhile.

Good luck and I look forward to reading an exciting batch of entries later this year.

**Catherine McCallum,**  
client services director, [goodpractice.net](http://goodpractice.net)

## NHS PARTNERS

## Developing talented leaders

Providing clear vision and direction is the most important characteristic of good leaders, research has shown.

The research, carried out by Reed Consulting in association with the Institute of Directors revealed the other critical success factors were:

- Being positive and able to motivate staff
- Being able to inspire staff to achieve and aim higher
- Good interpersonal and communication skills
- Being commercially astute, and able to demonstrate effective and efficient use of both financial and non-financial resources.

In the public sector, the top five critical success factors were similar with 'clear vision and direction' at the top. However, although three of the four other factors were shared with other sectors, 'commercial astuteness' was missing. It was replaced by 'approachable, listens to staff, and takes on board their views'.

This raises the question of whether leaders in the NHS nowadays can afford not to be 'commercially astute'.

One method of achieving these critical success factors is executive coaching, says Reed Consulting, although each factor may need to be approached differently to improve performance. Executive coaching is a highly personalised form of learning. It focuses on personal growth and performance improvement, and capitalises on individual strengths while overcoming weaknesses.

Research by The Work Foundation has also found that it is the 'soft' more intangible factors such as management, communication, leadership and culture that are key to high performance results. Currently, the focus of leadership is around the 'transactional' and 'transformational' aspects, but top leaders were found to be stewards of their organisation, rather than visionaries.

Another approach to development of leaders has been taken by Co-operative Financial Services. They decided that they needed a 'talent pipeline', that covered all employees and built on existing learning and development structures. It contained four development programmes:

- Employee development
- Business leadership
- Strategic development
- Development of potential at the pinnacle.

Each programme is designed to meet the special development needs of the individual which are assessed through psychometric tests and personality questionnaires. An important part of the programmes is the role of a mentor. They are allocated to participants to help them resolve any problems and work out their development needs.

In NHS Partners' experience, both the philosophy of the organisation and the special needs of the individual need to be reflected in the choice of coach used.

nhs:partners  
HR solutions in health and social care

### Further information

The Work Foundation  
[www.theworkfoundation.com](http://www.theworkfoundation.com)  
for 'Cracking the Performance Code',

IRS Employment Review, issue no 830

Reed Consulting – email  
[reed.consulting@reed.co.uk](mailto:reed.consulting@reed.co.uk)  
for the *21st Century Leadership* publication

## Things are different in the community

Although the new White Paper, *Our health, our care, our say*, a new direction for community services has something for just about everyone, the Royal College of Nursing is aggrieved that nurses don't get a specific mention.

This seems a little short-sighted as each page groans with opportunity for community nurses – it's yours for the taking, RCN. The management of long-term care, for example, is virtually synonymous with community matrons – and the enthusiastic recruitment of nurses to this role shows just how important they are becoming to community services.

However, deciding which nurses are best suited to a community matron role needs some careful thought. This month's *Employing Nurses & Midwives* summarises a report from the Primary Care Research Unit warning that you can't simply take a hospital nurse, however experienced, and put her in a community matron role. A range of support is needed if it is to succeed.

They point out that many employers have appoint-

ed nurses who have specialist knowledge of caring for long-term conditions rather than nurses who have previous community experience. Nurses say they encounter a real culture shock: the patient is in control of decisions affecting their health, patients and carers do most of the care, the support systems and infrastructures are highly complex, and the nurse has to make decisions away from her professional networks.

A checklist for employers has been compiled by the authors and is set out in the article: *Making the community matron role a success*.

If you would like a free sample copy of *Employing Nurses & Midwives*, *Employing Doctors & Dentists*, or *Employing Allied Health Professionals & Health Scientists*, call us on 020 8334 4500 or email [Hannah@chamberdunn.co.uk](mailto:Hannah@chamberdunn.co.uk)

**Alison Dunn**  
Editor-in-chief



# Bullying & harassment - zero tolerance from top down

CONSULT GEE National Health Service  
Human Resources

The Healthcare Commission has recently investigated two NHS trusts, both of whom had been accused of not sufficiently and effectively managing claims of bullying and harassment against staff. In January 2006 an encouraging review was published into the Devon Partnership Trust and the progress it has made towards reducing reports of bullying and harassment from almost one third in 2003 to around 10% in 2005. At the same time an action plan has been agreed with East Sussex Hospitals NHS Trust to develop and implement a programme of action to promote a culture of zero tolerance to bullying and harassment.

Several key messages emerge from these reports but at the top of the list are a clear and consistent demonstration of a commitment to zero tolerance for bullying and harassment by senior management in the organisation. Whilst it has long been recognised, and indeed strongly encouraged that NHS organisations should have formal and informal systems and policies in place to allow staff to make complaints, it is now becoming clear that setting acceptable standards of behaviour is an equally important aspect of tackling this issue. The Devon Partnership, along with a number of initiatives, has been commended for producing a policy on acceptable behaviour and for the introduction of a hotline for staff to raise issues directly with the chief executive.

In the action plan agreed with the East Sussex Hospitals NHS Trust, the first recommendation includes the requirement to define and differentiate clearly between bullying and strong management/leadership, and the development of a staff charter/behavioural framework with clear culture, visions and values. Therein lies a challenge for all NHS employers. No amount of clear guidance on complaints procedures will change the culture and ethos in an organisation unless from the very top down there is a clear message about what constitutes unacceptable behaviour. Unless this is clearly promulgated employees will not know when they have a right to complain, and equally will not always be clear about when they have behaved 'unacceptably' in the eyes of their employer.

For this reason I am encouraged by the recommendations of the Healthcare Commission and would urge readers to study the outcomes of these two investigations, as there are valuable lessons to be learnt when working towards combating bullying and harassment in the workplace.

Both investigations and agreed action plans are available on the healthcare commission's website at [www.healthcarecommission.org.uk](http://www.healthcarecommission.org.uk).

**Sharon Gregory**

[www.sgttd.co.uk/March 06/For Consult GEE NHS HR](http://www.sgttd.co.uk/March 06/For Consult GEE NHS HR)

## DATES FOR YOUR DIARY

- **HPMA Welsh Conference *Racing to change*** 28 April 2006, Chepstow Racecourse
- **HPMA Scottish Conference** 2 June 2006, The Hub, Edinburgh
- **Lane4 "in action" workshop** 8 June 2006, (venue tbc)
- **BMJ Careers Fair Scotland** 1 July 2006, Glasgow Thistle
- **BMJ Careers Fair Ireland** 16 September 2006, Europa Hotel, Belfast
- **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

# Employment reference disclosure

Much confusion has arisen since the advent of the Data Protection Act about the duties of an employer when asked by an individual to view an employment reference either provided by the employer or provided by a previous employer. The information commissioner's office has now provided some guidance in relation to the requirements of the Data Protection Act although employers will still need to use a certain amount of judgement when reaching a decision about disclosure.

In terms of references written by an employer and given in confidence to another potential employer, the act does not require disclosure at a request. However, the regulations are not quite as clear in relation to references received by another person or organisation. As readers will be aware, references are generally given 'in confidence' but the information commissioner's office states that you cannot and should not withhold information, which is likely to be known to the individual.

Where such prior knowledge is not clear, you are recommended to contact the referee and ask for permission to disclose the reference. Even if the referee objects to such disclosure there may still be circumstances where disclosure should be made. The guidance suggests that where the contents of the reference has had a significant impact on the individual, such as preventing them from taking up a provisional job offer, it may be appropriate to release the reference.

The information commissioner's office then goes

on to suggest that there may be situations where a referee's name and details can be withheld or where a summary of the reference can be provided and that these options should be considered.

In reality though, readers will be aware that in most cases where an individual requests disclosure of a reference, it is because they believe they have or may in the future suffer a detriment because of the contents of said reference. In such circumstances, the guidance at the moment appears to suggest that whilst it is better to obtain permission from the author of the reference before doing so, you should disclose the reference to the individual.

It is worth considering the legal situation here, in that the provider of the reference owes the recipient a duty of care under the principles of negligent misstatement if the latter suffers a loss as a result of inaccuracies in a carelessly drafted reference. Equally, an implied contractual term of trust and confidence may be breached by the provision of a misleading reference. It is worth also remembering that previous employers still have a vicarious responsibility under the discrimination legislation for acts carried out post employment, which are 'incidental' to the employment, such as the provision of references.

This is becomingly an increasingly complex area and readers are recommended to view the detailed guidance from the information commissioner and the Chartered Institute of Personnel and Development factsheet on references at [www.ico.gov.uk](http://www.ico.gov.uk) and [www.cipd.co.uk](http://www.cipd.co.uk).

CONSULT GEE National Health Service  
Human Resources



## Excellence in HRM Awards

**2006** 11 October, Cardiff City Hall

### Important Dates:

**Entry deadline:** Wed 3 May 2006

**Judging day:** Tues 11 July 2006



# New cases clarify law

*John Adsett is a lay member of tribunals and an independent consultant. He is always glad to hear of new cases and can be found on [jadsett@dialstart.net](mailto:jadsett@dialstart.net) or 07791 310379.*

The main feature of the last few weeks has been another flurry of cases relating to new grievance and disciplinary procedures. Readers of the October edition of *Network* will recall the first rush of cases and the latest crop has gone some way towards clarifying the law.

In **Shergold -v- Fieldway Medical Centre**, the employee resigned because she was unhappy with the way in which the practice manager treated her. In her resignation letter she set out her complaints in some detail and the employer responded by informing her that she was free to lodge a formal complaint if she so wished. S instead lodged a complaint of constructive dismissal. The employer's first line of defence was that S had not raised a formal grievance and tribunal found that the resignation letter had not satisfied the statutory requirement and furthermore S's tribunal application covered issues not raised in the dismissal letter. S appealed to EAT which overturned the decision on the grounds that the statutory procedure only requires that the complaint is raised in writing. There were a number of other cases with similar facts – **Thorpe -v- Poat**, **Galaxy Showers -v- Walter** and **Wamer -v- Aspland**.

And yet, both tribunal and EAT rejected the submission that a written questionnaire submitted to the employer as part of a claim under the Equal Pay Act could amount to 'a grievance' for the purposes of the new regulations. **Holc-Gale -v- Makers UK** refers to this case.

Similarly in **Piscitelli -v- Zilli Fish** EAT held that a solicitor's letter seeking a cash settlement of an employee's unfair dismissal claim did not constitute a grievance within the meaning of the regulations because it only sought financial restitution. EAT was persuaded by the fact that the solicitor's letter did not seek reinstatement or re-engagement, which would be

the normal purpose of an internal appeal.

Then again, in **Commotion Ltd -v- Rutty**, EAT decided that an employee's written request to vary her hours amounted to a grievance for statutory purposes after her employer had turned down her informal request to work flexibly.

There are times when reviewers can read a case and ask themselves, 'was it really worth it?' One such case was **Willow Oak Developments -v- Silverwood**. The employer asked its employees to sign new employment contracts that included a set of restraint clauses. Employees were not given time to consider the new clauses or seek legal advice. Nor were they told that refusal to sign would result in dismissal. At tribunal the employer argued that the dismissals were for Some Other Substantial Reason (SOSR), i.e. the refusal to accept new terms. Tribunal rejected the SOSR argument on the grounds that one of the new clauses was unenforceable; as a result the dismissals were unfair. W appealed and EAT overturned the tribunal's conclusion on SOSR, but found that the dismissals were in any case unfair.

Those NHS employers wrestling with the issue of junior doctors' working hours will be familiar with the SIMAP ruling in 2001 that said that all hours that an employee spends on the employer's premises must be counted as hours of work for the purposes of the regulations. The French government had a novel solution to the issue and enforced a law that made an arrangement for 'medico-social establishments... operating... in a non-profit making business'. As a result the first nine hours spent on call at night counted as 3 hours' work and each hour thereafter counted as half an hour. The specific challenge to this arrangement was in **Dellas -v- Prime Minister** on behalf of a teacher in a residential special needs school. Needless to say ECJ decided that the French model was incompatible with

## ADSETT'S LAW

the Working Time Directive.

The question of references is an area that can be a potential minefield, with the referee having to fulfil a duty of care to both the subject of the reference and the person requesting it. This requires a degree of balance as was highlighted in **Dike -v- Rickman**. In this case R was asked to provide a reference for D and disclosed that he was a difficult person to work with and, furthermore had been the subject of two complaints from female staff of sexual harassment. D brought a claim to High Court that the reference was negligent. D's main argument was that the definition of 'harassment' implied a degree of persistence! He lost.

DDA cases have been few and far between lately but one worthy of note was **Southampton City College -v- Randall**. In this case R, who was a lecturer, suffered problems with his voice and was diagnosed

with a condition that rendered him unable to speak properly. At about the same time, the college entered into a restructuring exercise at the end of which R was offered the choice of redundancy or ill-health retirement. He chose retirement and then put in a claim to tribunal. There it was found that the college could have devised a job for R as part of its restructuring, taking into consideration his disability. The college appealed unsuccessfully to EAT. The clear significance of this case is that it goes one step further than previous decisions in that now employers may be required to consider devising a new post for a disabled employee.

And finally the new TUPE comes in from 6 April. Are you ready? If in doubt the March IDS Brief ([www.incomesdata.co.uk/brief/fore800.htm](http://www.incomesdata.co.uk/brief/fore800.htm)) has a useful analysis.



HEALTHCARE PEOPLE  
MANAGEMENT ASSOCIATION

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.

## UK conference and exhibition 2006

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

# Healthcare is changing. Are we?

**A conference you can't afford to miss**

# Public sector headlines

PERSONNELTODAY

## Councils braced for nationwide pensions strike

Local authorities are working to ensure that services are not crippled by a proposed nationwide strike over pensions. Councils are anticipating a prolonged period of industrial unrest as public sector unions representing local government workers prepare to announce the result of a strike ballot in mid-March. The dispute centres on draft regulations that would reduce benefits for about two million members of the local government pension scheme (LGPS). Unions want local government workers to be given the same treatment as other public sector workers whose pension rights are fully protected, such as staff in the Civil Service, police officers and firefighters. They are also angry at the scrapping of the so-called 'rule of 85', which allows LGPS members to retire at 60 on a full pension if their age and years of service add up to 85. The Local Government Association has said changes to the scheme were 'both needed and necessary'.

## Public sector pensions liability rockets

The government's public sector pensions liability has risen to a record £81bn, up from £24bn last year, new Treasury figures reveal. The figure emerged in the wake of a Treasury revision of its methods of calculating public sector pension costs to reflect more closely those used in the private sector. The increases, revealed in the government's Spring Supplementary Estimates, were caused by a change in the 'discount rate' used to calculate how fast interest rates will erode the pensions bill. Previously a discount rate of 3.5% had been used: that has been cut to 2.8%. Government data suggests that the total present value of the liability to buy pensions for public sector workers in future is £540bn, but the fresh figures support independent forecasts of up to £800bn. The Treasury said: "These figures do not represent the official measure of public sector pensions liabilities. Actual cash payments due are not affected by actuarial and accounting changes to discount rates."

## Women dominate public sector workforce

The public sector workforce is increasingly female, while the balance of men and women in private sector employment has remained largely unchanged over the past 10 years, the latest Labour Market Trends survey by the Office for National Statistics shows. There has been a steadily rising proportion of women in the public sector workforce, from 60.2% in 1995 to 65.2% in 2004. In contrast, female employees in the private sector have accounted for about 40% of the total workforce since 1995. There was also a significant difference between the two sectors in terms of union membership numbers. In 1995, 60.7% of public sector workers belonged to trade unions and this figure remained relatively high at 59.3% in 2004. But just 19.9% of private sector employees were members of trade unions in 1995 and by 2004 the figure had fallen to 16.3%.

## Nurses under increasing strain as violent attacks increase

Violent attacks against nurses are increasing, and their psychological wellbeing is worsening, according to research by the Royal College of Nursing (RCN). Nearly 2,800 nurses responded to the RCN's Working Well - At Breaking Point survey, which questions nurses about their working lives and issues such as bullying and stress. Four in 10 said they had been harassed or assaulted by patients or their relatives in the past 12 months. This is an increase of 6% since 2000 - the last time the survey was conducted. The figure rises to 79% for nurses working in accident and emergency departments. Instances of bullying are also on the rise. In 2000, 17% of nurses said they were bullied or harassed at work. By 2005, nearly one-quarter of respondents (23%) had experienced bullying or harassment. Almost half (45%) of those said a manager was the source of the problem. More than two-thirds (69%) of people who reported bullying problems to their employer said they were unhappy with the outcome. The survey found 40% of nurses had varying degrees of problems with their psychological wellbeing.

## EXECUTIVE NEWS

## Executive news

Spring is upon us at last and a busy conference season awaits!

I look forward to welcoming many delegates to our conference stand at HR in the NHS and I will be using this opportunity to seek views on the future services that we offer our members. So please come with plenty of great ideas!

In conjunction with the Department of Health we will be providing the updated HR qualities framework and our team will be available to answer queries on these and other issues.

I am also looking forward to the branch conferences in Wales and Scotland in April and June and again I hope to get plenty of feedback about how we develop as a professional association.

**An update on our agenda:****Networks**

We are broadening our networks with some new commercial members to bring a fresh perspective on the challenges of healthcare delivery.

One of our new members is a company called Lane4 who provide performance development consultancy to the private and public sector, including the NHS. Their managing director, Olympic gold medallist, Adrian Moorhouse will be speaking at our conference in October in Cardiff. Adrian is an entertaining and thought-provoking speaker and his contribution to the event will be a great hit I am sure.

I also have a special request. I would really welcome the opportunity to attend a branch meeting to hear your thoughts and views on the association. If you are a branch meeting organiser, I would be delighted to receive an invitation to your next event!

If you contact me via [aogrady@tiscali.co.uk](mailto:aogrady@tiscali.co.uk) I will RSVP immediately!

**Excellence**

We are looking forward to some first class submissions for our annual Excellence Awards this year including those for the new category 'HR department of the year'.

I will be attending the advisory group for the next phase of the Manchester university research project and I am keen to use this work to develop the HR proposition for improving productivity and efficiency in healthcare.

**Partnerships**

I am in the midst of a whole range of meetings with our partners, including the Department of Health, NHS Employers and other professional associations.

I hope to develop a strategy for the association over the next couple of months which will rely heavily on your views and feedback, as well as those of our partners.

In discussion with council members and our current and future presidents, Mike Pyrah and Deborah O'Dea I want to be able to articulate clearly our plans for our future role, profile within healthcare, influence as a professional association and our future resources.

**Influence**

I am keen to ensure that as a profession we are able to maximise our influence at both local and national level.

I believe that in order to do this we need to focus on how we deliver increased productivity and efficiency in healthcare and we will be planning some events and activities to support this.

Some examples are:

- An alumni event for the HR leadership programme
- Networking for the graduate trainees
- A menu of activities and resources to support individuals in their career development.

**Finally...**

Lots of ideas – your views and opinions please!

**Alex O'Grady**

HPMA Executive Director



**Alex O'Grady**

HPMA Executive Director

## Have you renewed your membership?

For only £250 your organisation can register an unlimited number of colleagues working in people management. See [www.hpma.org.uk/html/how\\_to\\_join.php](http://www.hpma.org.uk/html/how_to_join.php) for further details.