

The newsletter of the Healthcare People Management Association

## Inside

2

Excellence  
Awards 2007

Professional  
regulation

3

Ask the experts

Workforce  
planning focus

4

Conscious  
competency

Equal pay

5

Dismissals:  
key issues

6

Patient safety

7

Public mentoring

8

HR metrics

9

In the news

10

Just in time  
event review

Deborah O'Dea  
President

Alex O'Grady  
Executive Director

Hannah Barnett  
HPMA Administrator

HPMA head office  
Gothic House, 3 The Green  
Richmond TW9 1PL  
Tel: 020 8334 4530  
Fax: 020 8334 4531  
Email: admin@hpma.org.uk

# HPMA UK Conference 2007 HR - Leading success

**The HPMA UK Conference, entitled HR - leading success, this year focuses on the key role HR plays in improving patient services, governance and productivity.**

The one and a half-day programme (Thursday 7 - Friday 8 June 2007) houses the HPMA and NHS Partners Excellence in HRM awards ceremony on Thursday evening and brings together an inspiring and thought provoking programme for all healthcare HR professionals.

Practical solutions to help you add value to your working day and peerless networking opportunities, including chances to meet your branch colleagues, make the HPMA UK event an excellent return on investment for Trusts.

Our conference and award ceremony host Kwame Kwei-Armah, is an actor, singer, playwright and presenter who will guide the programme with style and just the right balance of challenge and debate.

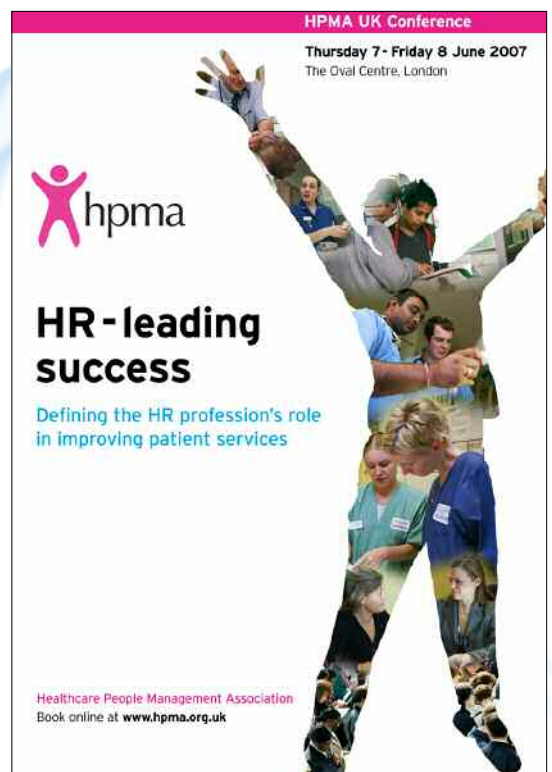
The conference keynote address, Winning for patients and staff, will be led by Clare Chapman the new Director General of Workforce at the Department of Health England in one of her very first conference presentations.

Our panel discussion on HR professionalism will be followed by Emergency Access Czar Sir George Alberti in his session on Transforming the workforce. We also welcome new HR Director of Wales, Ian Stead, and NHS Lothian HR Director Jim McCaffery as we highlight the unique UK wide nature of the association in this year's programme.


The workshop programme is also packed with opportunities to tailor the conference to your CPD aims with sessions on making successful teams, achieving a performance environment, Workforce

2009: MMC, Improving Health through HR and the challenges of foundation trust status.

To attend the conference you must be a current HPMA member, conference passes start at £170 +VAT, see [www.hpma.org](http://www.hpma.org) for further details or call 020 8334 4530.



**HPMA UK Conference**  
Thursday 7 - Friday 8 June 2007  
The Oval Centre, London

 hpma

## HR - leading success

Defining the HR profession's role in improving patient services

Healthcare People Management Association  
Book online at [www.hpma.org.uk](http://www.hpma.org.uk)

## Excellence in HRM awards competition



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.

Furthermore as organisers of the awards competition HPMA are committed to sharing best practice and to raising the profile of the HR profession.

In the year's awards programme we are pleased to announce the support of Unison, goodpractice.net, Beachcroft LLP, Health & Safety Executive, Elsevier, Department of Health England, Scottish Executive, Welsh Assembly Government, Department of Health, Social Services and Public Safety in Northern Ireland and Barkers.

Full competition details will be published and entry forms will be available online at [www.hpma.org.uk](http://www.hpma.org.uk) shortly.

Remember successful entries are those that follow

the judging criteria closely, which is made even easier in 2007 with our new electronic entry forms.

The judges will be looking for measurable achievement: financial savings such as increased through-flow of patients, improved staff retention or fewer stress-related absences, the creation of new roles, improved attendance figures or feedback from service users.

If you fully explain the impact of your project you have a greater chance of reaching the shortlisting stage, as your evidence provides the judges with a measurable indication success. Of course gathering this information does require some research, but it's a worthwhile investment.

Also, remember the basics: get a colleague to proofread your entry and ensure that your submission is easy to read and understand.

**So good luck and make sure your awards entry reaches us by Thursday 15 March 2007.**

## The future for professional regulation



In 1998 the General Medical Council put forward a proposal to periodically 'revalidate' doctors on the GMC register, and the subsequent years have led to lengthy discussions, culminating on 21 February in a Government White Paper along with a response to the fifth report of the Shipman Inquiry. The consultation has broadened in recent months to include the regulation of all healthcare professionals and the DH consultation papers 'Good Doctors, Safer Patients' and 'Trust, Assurance and Safety, The Regulation of Health Professionals in the 21st Century' published in 2006.

The White Paper published in February features landmark proposals, some of which will require primary legislative changes, which the Government plans to put into motion at the earliest opportunity.

### The proposals include:

- A requirement that all healthcare professionals must periodically revalidate their professional registration by a process which will ensure their continued fitness to practice;
- Professional regulatory bodies will be independent of the Government and led by an equal partnership of independently appointed professionals and members of the public;
- The Medical Royal Colleges will take on an

important role in determining and assessing standards for the medical specialties;

- A system will be introduced to appoint GMC Affiliates who will provide support to local employers in handling concerns about doctors and act on behalf of the GMC in ensuring that local revalidation processes are working as they should;
- The GMC will be required to change the standard of proof in fitness to practice cases from a criminal to civil standard of proof - an important step forward in moving away from the requirement to 'prove beyond reasonable doubt'.

2007 will see progress moving rapidly in the implementation of these proposals and the Government plans to establish a national advisory group tasked with overseeing the implementation of the White Paper. Medical Colleges and the professional regulators will work closely with the group to develop standards and testing methods for revalidation. For more information and copies of the consultation papers leading up to the Government White Paper go to [www.dh.gov.uk](http://www.dh.gov.uk)

**Sharon Gregory**, [www.sgtd.co.uk](http://www.sgtd.co.uk)  
for Consult GEE NHS

## Ask the experts

The HPMA has introduced a new feature into *Network*; Ask the Experts. This will give our membership the opportunity to pose any HR and legal questions to health sector employment specialists at Beachcroft LLP who will provide the expert legal opinion with commentary from experienced HR professionals based on their experience of similar issues

If you have any questions you would like to pose to the experts whether they be about legal issues such as restructuring, organisational issues or even careers advice please e-mail [lauren@chamberdunn.co.uk](mailto:lauren@chamberdunn.co.uk) or [rheenan@beachcroft.co.uk](mailto:rheenan@beachcroft.co.uk). These questions will be responded to in *Network* and on the HPMA website on an anonymous basis.

beachcroft

## Workforce planning focus

After 10 years of producing employment newsletters first for nurses and midwives, then doctors and dentists, and last but not least, allied health professionals and healthcare scientists, Chamberlain Dunn Associates has decided to launch a brand new service.


In response to readers' comments and the fact that people use the internet to access information as and when they need it, we are now offering a range of monthly reports which will each focus on a current theme. Some of the reports will cover topics specifically for each profession and some will look at more general subjects that are of interest to healthcare employers across the board.

The first issue, which will be available from the website shortly, provides a detailed analysis of the latest thinking on workforce planning for all healthcare employers. Among other things, it includes articles on the leaked draft strategy from the Government on pay and workforce, a round up of the evidence presented to the Health Select Committee on workforce planning, lessons on integrated planning from mental health services and some views on how employers should tackle the problem from David Amos, director of workforce at University College London Hospitals NHS Trust.

Just a few of the other subjects coming up this year are pay and conditions, occupational therapy, and productivity and efficiency.

For details of how to subscribe to the new reports or to buy single copies, please go to [www.health-workforce.com](http://www.health-workforce.com)

**Judith Podmore** Editor,  
*Employing Nurses & Midwives*  
*Employing Allied Health Professionals*

 chamberlain dunn

### Employing Nurses & Midwives

The online report on employment trends and data



### Employing Doctors & Dentists

The online report on employment trends and data



### Employing AHPs & Health Scientists

The online report on employment trends and data



### Employing Healthcare Professionals

The online report on employment trends and data



### 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](mailto:lauren@chamberdunn.co.uk) for submission into the newsletter. All contributors will be entered into a prize draw for a free UK conference pass.

# Conscious competency

In his regular column NHS management trainee **Bill Davis** will highlight his experiences in Australia on secondment.



I have been back from Australia for just over a month and haven't stopped to catch breath since I stepped off the plane dazed and definitely colder! Although not fully settled back into home life I am getting stuck into my new placement at Westminster PCT and enjoying a variety of interesting projects. Was it worth spending valuable NHS money on sending me to Sydney? I would say it was and not because of the tan, steaks or scuba diving.

I felt the real value of my elective at the start of my new placement. I have returned with more confidence as an HR practitioner - the direct result of being taken out of my comfort zone and being stretched personally and professionally. While away

I was forced to realise the knowledge and skills I had gained from my first two placements. It was a pleasant surprise.

To be physically taken out of your comfort zone is a powerful development tool. HSBC recognised this when they started sending their managers over to 3rd World countries to work on voluntary projects. I think it would be interesting to consider how you could recreate this kind of experience within your own organisation; taking people out of their usual environments and comfort zones and so stimulating their learning and development.

I am my hardest critic, and acutely aware that my professional knowledge needs to be deepened and broadened. This is now one of my key targets. However, wherever I end up, at whatever level, this experience has definitely been of value to me and hence the work I hope to carry out for the NHS.

It has been a new and enjoyable experience writing these diary pieces and I hope you have enjoyed reading them!

Bon voyage.

**Bill Davies**

HR management trainee, Sydney, Australia

---

## Equal pay to protect or not to protect



Most readers will be aware of the mass equal pay litigation within the NHS and many may be struggling to cope with the volume of work produced as a result. However, a recent tribunal case has made it even more difficult to manage equal pay litigation at the same time as implementing the new pay and grading system under Agenda for Change.

The case of **Bainbridge -v- Redcar** and Cleveland Borough Council (Employment Appeal Tribunal) involved pay differentials between predominantly male and predominantly female groups of employees. The disparities were due to historical bonus payments which only those in 'men's jobs' received. When challenged in an earlier Tribunal, it was accepted that some of these payments were discriminatory. That being the case, the Tribunal said it followed that the pay protection arrangements negotiated as part of the new pay and implementation systems were also discriminatory because they perpetuated unlawful

pay differences. The Council appealed but the EAT upheld the Tribunal's decision.

The EAT did recognise that an employer can still escape equal pay liability providing any discriminatory pay protection arrangements are objectively justified as a necessary and appropriate way of meeting a genuine business need. However, such situations will be rare.

So, what can health service employers do to navigate their way through this maze? Bainbridge makes pay protection unlawful only if the original payment was discriminatory and only then if it cannot be objectively justified. Therefore it is essential to conduct a detailed Equal Pay Audit to establish who is paid what, when and why and prepare to demonstrate that any pay differences, and pay protection arrangements, are objectively justified.

**Shirley Wright**, Eversheds LLP

## Redundancy: legal framework for dismissals

**With restructuring, reorganisation, costs pressures and mergers now very much part of the modern healthcare sector, many employers are making redundancies for the first time in many years. It is very important that redundancies are handled sensitively and in line with the employer's policies and procedures. The process also needs to reflect the legal framework for such dismissals.**

### **I outline below the key issues for employers:**

**1** If you are proposing to place 20 or more individuals at risk of redundancy across the organisation, there is an obligation to collectively consult with unions and/or employee representatives. Note that this relates to the number of actual employees at risk - not the number of posts involved. To avoid employers introducing staged redundancies to avoid consultation requirements, collective consultation applies where it is proposed to dismiss 20 or more employees at one establishment within 90 days.

**2** If between 20 and 99 employees are involved, the consultation must start at least 30 days before the first redundancy dismissal is due to take effect. This means 30 days before the date that the employer initially proposed as the date for dismissals. If that date subsequently changes (i.e. is brought forward or delayed), it does not alter the date on which collective consultation should have started. If 100+ employees are involved, the relevant period is 90 days.

**3** Contrary to popular belief, you do not need to actually consult for a set number of days. The consultation must start 30 or 90 days before the first proposed dismissal, but it could last for 10 days, 30 days or 70 days. It must simply be sufficient to enable meaningful consultation to take place. There is provision for "special circumstances" which might render it impracticable for the employer to comply with the collective consultation obligations in full. However, this will only be applicable in exceptional cases.

**4** The employer must disclose to the representatives: (a) reasons for the proposals, (b) number and description of employees affected, (c) total number of such employees, (d) proposed method of selection, if relevant, (e) proposed method of carrying out dismissals, including the period over which dismissals will take effect, and (f) proposed method of calculating redundancy payments.

**5** Collective consultation should try to: (a) avoid dismissals, (b) reduce the number of dismissals, and (c) mitigate the consequences of any dismissals (e.g. through redeployment).

**6** Notice of redundancy must not be issued to employees before the duty to consult collectively has been completed.

**7** Individual consultation also needs to take place in addition to any collective consultation. Individuals should have the right to be accompanied at such meetings and have the opportunity to discuss alternatives to redundancy. It is important to keep employees fully informed throughout the redundancy process.

**8** Seeking suitable alternative employment ("SAE") is an important part of any fair dismissal. You should ensure that procedures are in place for ensuring that all individuals have the opportunity to apply for any potential redeployment positions that arise. It is worth examining opportunities in the local health economy as well as within the organisation.

**9** Follow the minimum statutory dismissal procedures in redundancy cases. For example, you must provide for an appeal against a redundancy dismissal.

**10** There is now a new scheme for calculating contractual redundancy payments in the NHS, which basically amount to one month's pay for each year of employment up to a maximum of 24 months' pay. If employees unreasonably refuse SAE, they lose their entitlement to a contractual redundancy payment. It is important to be clear about the two-stage process involved. The first stage is to identify a post that, viewed objectively, might constitute SAE. If that post is refused, the second stage is to establish whether or not the refusal is unreasonable.



**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](mailto:arowland@capsticks.co.uk)

## Redundancy: legal framework for dismissals continued

**11** An example of this might be where the employer considers a job at a slightly lower salary and located at a site eight miles away to be SAE. The loss of salary, particularly if subject to pay protection, is unlikely in itself to render the post unsuitable. However, if the move to a new base would add two hours to the individual's travelling time each day, this may render it impractical for them. Conversely, another individual may live close to the new base and travelling time would not be a good reason for refusing the post.

**12** Employees aged 50 or over with five or more years' reckonable service in the NHS Pension Scheme

are entitled to premature retirement benefits if they are made redundant, provided they do not unreasonably refuse SAE. Such benefits can represent a significant cost to NHS employers and should be taken into account when considering restructuring exercises.

### In summary;

- (i) ensure that you follow the consultation requirements,
- (ii) bear in mind the relevant timescales,
- (iii) seek SAE for individuals affected,
- (iv) follow the statutory dismissal procedures, and
- (v) fully cost any redundancy exercise.

# Simple steps towards patient safety



**Angela Huxham** is an HR specialist with over 20 years public sector experience. She is currently interim HR director in the NHS acute sector.

While reviewing staff survey results for UK acute hospitals, I was struck by the 43% who, in one month alone, had seen "errors/ near misses that could hurt patients or service users". In the UK, 10.8% of hospital admissions are associated with an adverse event, at least half of which are preventable. Data like this prompted me to explore the extent of ward staff engagement in preventative activity.

Beginning with a search of patient safety literature, I found research on problem solving which distinguished between 'fixing' problems (first order solutions) and diagnosing and altering underlying causes to prevent recurrence (second order solutions). Hospital nurses' jobs present them with a great many daily problem solving opportunities and observation studies identified an 'heroic' attitude to creative resolution. Nurses' behaviour, however, was focussed on overcoming immediate obstacles which gave them a sense of competence, but which stifled their motivation to engage in action to prevent reoccurrence. Hospital 'errors', it seems, have received widespread attention but routine 'problems' of process have not.

Using a safety culture assessment tool, my study explored whether 'errors' with their obvious consequences and 'problems' without, influenced staff behaviour. I found a strong culture of both 'error' and 'problem' reporting, but staff fell short

of taking personal or team responsibility for initiating second order solutions. They were least likely to report problems which originated in another department or problems they could 'fix' with a first order solution. Whilst serious incidents initiated robust corporate investigation, routine problems were unlikely to trigger local preventative activity, despite the inefficiencies which resulted from the same problem arising over again.

### Practical steps to influence change in individual and team behaviours at the front line were identified as:

- Encouraging recognition of 'problems' as well as 'errors'
- Providing frequent opportunities for communication about problems
- Establishing a supportive environment which encourages and values staff engagement in active problem solving
- Ensuring proper attention is paid when problems are signalled
- Making root cause removal an automatic job activity

The safety culture assessment tool used in this study was a modified version of the AHRQ survey which is available on line at URL: [www.ahrq.gov/QUAL/hospculture](http://www.ahrq.gov/QUAL/hospculture)

Vincent, C.A. Neale, G. and Woloshynowych, M. (2000) 'Adverse events in British hospitalised patients: preliminary retrospective record review'. *British Medical Journal*, 322, pp. 517-519.

Argyris, C. and Schon, D. (1978) 'Organizational Learning: A Theory of Action Perspective'. Addison-Wesley Publishing, Reading, MA.

Tucker, A.L., Edmondson, A.C. and Spear, S (2002) 'When problem solving prevents organizational learning'. *Journal of Organizational Change Management*, 15 (2), pp. 122-137.

Tucker, A.L. and Edmondson, A.C. (2003) 'Why Hospitals Don't Learn from Failures: Organizational and Psychological Dynamics that Inhibit Systems Change'. *California Management Review*, 45 (2), pp. 55-72.

Sorra, J.S. and Nieva, V.F. (2004) 'Hospital Survey on Patient Safety Culture'. (Prepared by Westat, under Contract No. 290-96-0004). AHRQ Publication No. 04-0041. Rockville, MD: Agency for Healthcare Research and Quality.

## Passing it on

Dear Ali,

It is funny you mention my PDP since I am updating it at the moment. And I have struggled with it - it's just not a tool I have made the best use of in the past.

I have come across 3 different types of PDPs in my placements and although there are common components in all three, I haven't found a format I feel comfortable with yet.

Initially my development areas were very work based: effectively my work objectives. This has started to change: my most recent effort was essentially just areas from the scheme's new KSF, which I needed to progress on. Then I had a 'penny dropping' moment and refocused not on the 'right' areas, but the areas that caught my eye and interest. I just started writing, thinking very little about the structure.

One of the areas that came up was to freely follow my interests when researching and reading - wherever this may take me! Picking out articles, policies or papers that just catch my attention has helped me develop an overall picture of the NHS and the developments within the service, operationally and clinically. Even when not directly related to HR, this research helps me when working in an operational role with managers and staff.

I know I have diverged a little from your question - where I am going to position myself in the future? - but I know my development as an HR practitioner is helped by following interests outside of HR.

I would be interested in any less traditional techniques of planning personal development if you are aware of any - the traditional form doesn't really speak to me!

Best wishes,

**Bill Davies**

Dear Bill

*The point you make about a variety of different systems for PDPs is a very valid one. You'd really think that by now, the HR community would have been able to develop something that can just 'do the job' in this area - particularly as it's hardly rocket science.*

*I too have come across many different forms of PDP - mindblowing! I suspect the problem is preciousness in our own profession. Take a simple problem and make it a complicated one since amazingly enough mumbo-jumbo and jargon has never put anyone out of work - for the ultimate example, take lawyers... (except ours of course).*

*Your approach is basically correct I think since what you need to work out is essentially a traditional gap analysis (broken down into personal and professional issues). Then try to work out what success you would like if your PDP was achieved and how you are going to make that PDP happen. Another basic rule is - don't leave anything to chance (i.e. your manager!).*

*Record it how you want - this is the least important part.*

Voila! And no mumbo-jumbo...

**Ali Mohammed**



**Bill Davies**, HR management trainee, Sydney, Australia.



**Ali Mohammed**, reigning HR Director of the Year.

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

# HR Metrics - starting to learn from other sectors (and ourselves)

**One of the key themes of the recent NHS Partners/HPMA Conference in the South West of England was the renewed emphasis on measuring the achievements of the HR function. This reflects growing trends in other sectors towards human capital benchmarking, and in the need for HR managers to understand some of the financial metrics that can be applied.**

These metrics are in addition to the more usual HR measures like absence levels and turnover/resignation rates, or training time per employee,

**In other sectors these financial metrics are often:**

- wealth created by full-time equivalent (fte)
- profit per fte,
- revenue per fte,
- cost per fte and
- human capital return on investment.

The data required to calculate the metrics is often available from company annual accounts, and the methodologies are fairly straightforward. The complexities lie behind the basic ratios. An obvious one is to ensure consistency e.g. raw data needs to be drawn from the same time period, in order to make meaningful comparisons.

When these basic metrics are benchmarked between organisations, that questions can be asked like why is organisation XX higher than organisation YY against a particular measure? To ensure these comparisons have meaning the organisations compared need to have similarities in matters like services provided and/or scale. As with any benchmarking data, this is only the starting point for comparison as the outcomes will highlight areas for investigation and further questions. The data might indicate a positive relationship between the profit generated per employee and training days provided. This could be the result of the staff being better trained and therefore being more productive. On the other hand it might not be....

Some inter-organisational comparisons may be difficult to make in a single "snapshot". An example may be in comparing salary or remuneration per employee (total paybill divided by number of full-time equivalent employees) as the type of jobs covered may vary too much. However if the comparisons are made with a consistent "basket" of organisations over several time periods then considerable value may be derived from identifying relative change over time. NHS Partners long standing Absence and Labour Turnover Benchmarking service is an example of a process by which organisations can compare change in their relative ranking year on year. Obviously such data is shared on a basis of trust and is not to be used for performance management by external organisations.

Perhaps this type of "benchmarking club" presents a way forward as HR professionals move to compare greater range of metrics and to provide their boards with the information against which they can measure improved performance year on year.

They will also increasingly need to use these metrics/data to illustrate their contribution to an organisation's 'bottom-line' and establish their emerging role as a 'business partner'.

**Jean Purnell**

HR Adviser, 01275 8122663 or  
[jean.purnell@nhspartners.nhs.uk](mailto:jean.purnell@nhspartners.nhs.uk)

**References:**  
(NHS Partners HR Benchmarking Service, Sickness Absence and Labour Turnover)  
(further information from IRS Employment Review, issue no 859)

## In the news:

### **The government, NHS Employers and unions have committed to joint working by agreeing to sign up to a partnership agreement.**

All parties will work together on the implications of policy on the workforce.

In particular, the partnership will: contribute trades union and employer perspectives to the development of policy provide constructive comments on emerging policy at a formative stage contribute ideas on the workforce implications of developing policy and implementation promote effective communications between partners. Heath secretary **Patricia Hewitt** said: "The views of staff matter - staff have the knowledge and experience to know what really works and we need to harness this knowledge and engage the experience to help facilitate change. It is these messages which the trades unions brought to me in the summer."

**Karen Jennings**, head of health at public sector union Unison, said: "We are pleased with this development, it clearly shows that the government and employers have listened to us as the voice of the staff in the NHS."

"The coming months will be crucial in testing out how the new arrangement will work. Partnership working can only succeed if the government demonstrates that it is listening and taking action on staff concerns about policy direction."

NHS Employers director **Steve Barnett** said: "It is very important that employers have a say in the development and implementation of any new policies that will affect patient services or the working lives of their staff."

### **Government proposals to introduce round-the-clock medical operations have been labelled as unrealistic by doctors' leaders.**

Earlier this week, prime minister Tony Blair pledged to bring down waiting times from GP referral to treatment to an average of eight weeks. It is part of a drive to ensure no patient waits longer than 18 weeks for their operation by the end of 2008.

Some trusts are known to be considering extending operating times, with theatres set to be open in the evenings and at weekends.

But the British Medical Association (BMA) said inadequate workforce planning had already prevented extended working from happening in many parts of the NHS.

James Johnson, chairman of the BMA, said: "For surgery to be performed over extended hours, we have to have the skilled staff to do the work, and there has been no adequate workforce planning to allow this to happen."

The BMA also hit out at trusts seeking to save money by cutting funding for training. A spokeswoman said: "Training and education are increasingly being targeted for NHS cuts. Across the country, doctors are being told that they can't go on essential courses because their trusts can't afford it."

### **The majority of nurses would be willing to take industrial action if they receive an unsatisfactory pay deal this year, according to a survey.**

A poll of more than 1,000 nurses for the Royal College of Nursing (RCN) revealed that 62% respondents said they would be willing to take some form of industrial action, such as refusing to work unpaid overtime, take on extra work or go on strike if they received an unsatisfactory pay award.

The government has recommended the Pay Review Body offers nurses a 1.5% pay deal.

The 2007-08 recommended pay award is due any day now, and the RCN is urging the review body to give nurses a deal that reflects the cost of living.

Nine out of 10 nurses (90%) said their cost of living has increased faster than any increase in pay over the past year, and 86% said they would consider a 1.5% pay award unfair, given the current rate of inflation running at 3%.

Dr Peter Carter, RCN general secretary, said: "Ministers should be under no illusions - though industrial action is never a course of action we would take lightly - the RCN is not in the business of accepting a pay cut for our members."

"That so many nurses are considering industrial action is a sign of how desperate they have become."

## Just in time: Gender Equality Duty



The HPMA's Just in time workshop series continued in February with a focus on the gender equality duty. Over 40 participants from across the UK including Wales, Yorkshire, Birmingham and London gathered in Paddington for an excellent, practical workshop chaired by our executive director Alex O'Grady.

The aim of the session was to explore the practical issues involved meeting the gender equality duty and equip trusts with information, advice and tools to help them meet the April duty.

Our thanks go to the driving forces behind the event: Sue Roberts from St Mary's NHS Trust and Gary Hay from Capsticks Solicitors, who kindly donated their time to produce a packed half-day event. Gary and Sue also lead the more interactive sessions we incorporated following feedback from the first JIT disability event.

HPMA were lucky enough to be joined by Jill Evans, equality manager from Gwent Healthcare NHS Trust - Jill is an inspirational speaker who offered invaluable insight into user perspectives using examples from her consultation work and a fascinating pilot study into inequalities in mental health. With contributions from the Equality Opportunities Commission (Barbara Levy)

and NHS Employers (Paul Deemer) the delegates were treated to a broad and knowledgeable array of speakers.

**Once again we have been struck by the positive feedback from participants:**

*"...very practical and useful"*

*"very informative - good coverage of patient and employer focus"*

*"gives practical tools that you can take back to work"*

*"A good mix of speakers from different backgrounds".*

Our Just in Time programme continues with 3 new topics scheduled over the next fourteen weeks: flexible working (17 April), bullying and harassment (1 May) and age diversity (19 June). If you would like to get involved or register your interest please contact Lauren Crawford at [lauren@chamberdunn.co.uk](mailto:lauren@chamberdunn.co.uk)

Copies of all the speaker contributions from the just in time events are available as CD-ROM resources see [www.hpma.co.uk/html/future\\_conference.php](http://www.hpma.co.uk/html/future_conference.php) for a booking forms (£75+VAT).



**Jill Evans**, equality manager from Gwent Healthcare NHS Trust

### DATES FOR YOUR DIARY

- **NI HPMA branch conference 8-9 March 2007** Radisson Roe Hotel, Limavady
- **Welsh HPMA branch conference 27 April 2007** Celtic Manor Resort, Coldra Woods, Newport
- **HPMA and NHS Partners Excellence in HRM Awards Ceremony 7 June 2007** London
- **HPMA UK Conference 8 June 2007** London
- **Just in time programme:**
  - Flexible working 17 April 2007** London (with Capsticks)
  - Flexible working date tbc** Bristol (with Bevan Brittan)
  - Reorganisation and redundancy date tbc** Leeds (with Beachcroft LLP)
  - Bullying and harassment 1 May 2007** London (with Capsticks)
  - Age diversity 19 June 2007** London (with Capsticks)

See [www.hpma.org.uk](http://www.hpma.org.uk) for further details and booking forms