Gender pay: pressure to close the gap

Were you surprised to see 125 of our NHS organisations position on gender pay worsening this year? I would like to say I was but sadly I wasn't. The annual gender pay gap statutory reporting deadline for each organisation employing more than 250 people has now passed. As we saw last year, on the back of the annual reporting, there has been a flurry of media reports on how the NHS fairs with regard to the Gender Pay Gap. Let's face it – the outcome is headline grabbing news and fuels a sense of unfairness for many. With 100,000 vacancies across the NHS and retention issues we need to be promoting the NHS as the best place to work. Not waving a flag saying the NHS pays it female workforce 10% less (on average) than its male workforce.

The NHS is not alone with the work we have to do on eliminating the gender pay gap but I would argue we should be the best and leading the way across industry. An NHS that is based on the core principle of a service free at the point of delivery with values based on compassion and fairness must be equitable for all who work in it. To imagine any different is painful but the reality is the NHS is far from fair and equitable for those who work in it. We only need to look at WRES data to tell us this.

It was therefore no surprise to see our Secretary for State for Health and Social Care, Matt Hancock, speak out on this issue last week and demand an end to the gender pay gap and linking it to the need to overhaul the NHS Culture. I was pleased the link was made to culture because we know there are deeply rooted issues in the workplace with regard to equality and fairness that affect many. So whilst I am delighted more people are speaking up and out about the need to tackle the gender pay gap we mustn't just report it and talk about it, we need to take positive steps to eliminate the pay gap. As one person said to me recently, "I will get a call if I fail to deliver my annual financial plan but no one will call me about progress on closing the gender pay gap in my organisation".

I would encourage every NHS organisation to have a set of measurable actions to reduce the pay gap. HR professionals have the skills to support senior teams, using the data and appreciative inquiry to understand the specific issues each individual organisation faces. And whilst looking at gender pay gap every board should also be starting to look at their ethnicity pay gap if they are not doing this already. We cannot look at gender in isolation but must also attend to each area of inequality for our workforce.

The Health & Care Women Leaders Network, delivered by the NHS Confederation and NHS Employers is working on ways we can support employers to address the gender pay gap. The Network’s priorities include promoting flexible working, actively exploring sponsorship of women (not just mentoring), process for clinical excellence awards and recruitment processes. The Network has recently published a report on ‘Men As Allies’ because we know if men are engaged in equality issues organisations are more likely to make progress https://www.nhsemployers.org/case-studies-and-resources/2019/03/men-as-allies Membership of the network is free. Please join us and share the work you are undertaking on eliminating the gender pay gap https://www.nhsemployers.org/campaigns/health-and-care-women-leaders-network/join-us
As many presidents have done before me, I handed over the baton to the new President of HPMA last month. I am pleased to remain part of HPMA albeit rather more arm’s length as a Trustee. We all play a part and we leave our own footsteps and a little of ourselves on an organisation and their journey. So what are my reflections my time as HPMA President April 2015 - 2019?

I feel privileged to have held the position of President for an extended period during one of the most transformative periods in HPMA’s forty plus years. I have always been humbled to see the amount of work and commitment that our people, our HR people, put into supporting the healthcare workforce across the UK. They are all too often the unsung heroes who support their frontline patient-facing colleagues in our hospitals and other health care settings, ensuring that we have the right staff, with the right skills to do our best for our communities.

When I became President, I set myself some clear goals including stabilising HPMA with a strong governance framework to ensure we were accountable and effective in the use of public money; to grow and develop the branches and a national core office to run HPMA effectively and support the branches so they could do more to develop our HR people; and to develop an inspiring strategy with our community across the UK to have more impact on the employment practices of the NHS and healthcare industry.

And I was determined to achieve them. I wasn’t exactly sure how but as with all challenging journeys the first step is the hardest and sometimes you just have to believe in yourself, take those first few steps and keep moving forward. I was fortunate to have the expertise and support of others that shared this vision and were committed to the cause. In early 2015 the new posts of deputy presidents were filled by Damian McAllister, David Holmes and Joanne Marshall who have all given so much and been a great team to work with. Engaging the help of key people including Daniel Elkins who supported the governance and financial review and our colleagues from Chamberlain Dunn who have run our awards and events for many years was crucial to achieving so much. Everyone I have been privileged to work with for HPMA are passionate and believe in our core purpose and are driven to see HPMA develop and thrive. Thanks to you all.

Executive Director Update - Nicky Ingham

It’s been another busy month, two highlights to mention here; firstly the tremendous Northern Ireland roadshow and awards event ‘A whole new world - we can make this happen’ which boasted record breaking attendance. Dean and I were able to experience the branch’s wonderful hospitality - and excellent programming, thank you to Kathey Neill and Claire Smyth in particular. It was a great two days of learning and catching up with colleagues in Belfast.

My second highlight was the HPMA Excellence awards judging day - our thanks to DACBeachcroft for hosting the day in London - inspiring but exhausting! On balance we believe that the new style of interview worked very well, but we are inviting finalists and judges to share their feedback on the changes with the awards team for the full picture.

Reflections on my HPMA Presidency Deborah Tarrant

As many presidents have done before me, I handed over the baton to the new President of HPMA last month. I am pleased to remain part of HPMA albeit rather more arm’s length as a Trustee. We all play a part and we leave our own footsteps and a little of ourselves on an organisation and their journey. So what are my reflections my time as HPMA President April 2015 - 2019?

Elsewhere our team have been focusing on our annual report for trustees and of course membership renewals for 2019/20. I hope that members will do all they can to ensure subscriptions are paid swiftly and membership lists are updated. You can reach Jo Owens my executive assistant on admin@hpma.org.uk if you have membership queries.

It’s been another busy month, two highlights to mention here; firstly the tremendous Northern Ireland roadshow and awards event ‘A whole new world - we can make this happen’ which boasted record breaking attendance. Dean and I were able to experience the branch’s wonderful hospitality - and excellent programming, thank you to Kathey Neill and Claire Smyth in particular. It was a great two days of learning and catching up with colleagues in Belfast.

My second highlight was the HPMA Excellence awards judging day - our thanks to DACBeachcroft for hosting the day in London - inspiring but exhausting! On balance we believe that the new style of interview worked very well, but we are inviting finalists and judges to share their feedback on the changes with the awards team for the full picture.

It’s been another busy month, two highlights to mention here; firstly the tremendous Northern Ireland roadshow and awards event ‘A whole new world - we can make this happen’ which boasted record breaking attendance. Dean and I were able to experience the branch’s wonderful hospitality - and excellent programming, thank you to Kathey Neill and Claire Smyth in particular. It was a great two days of learning and catching up with colleagues in Belfast.

My second highlight was the HPMA Excellence awards judging day - our thanks to DACBeachcroft for hosting the day in London - inspiring but exhausting! On balance we believe that the new style of interview worked very well, but we are inviting finalists and judges to share their feedback on the changes with the awards team for the full picture.
Despite some unexpected setbacks and a period of ill health which took me out of action for a while I am delighted that during my time as President the following has been achieved: HPMA has the firm foundations that it needed, now established as a charity with a clear governance framework; a clear vision and a strategy, which continues to evolve and develop as our operating environment changes; organised finances and financial reporting; streamlined and effective administration support and IT support; a directly employed Executive Director and assistant with a central administrative function of our own.

I have seen the branches grow and develop so that we now have active branches throughout the four nations of the UK. They are delivering more development and learning to the HR profession in healthcare than ever before and the national Events programme has expanded beyond all recognition over the last few years.

HPMA is firmly on the map and actively engaged with other leading bodies (CIPD, NHS Improvement, NHS Employers, the devolved governments, colleagues in UHR and PPMA) about how we develop HR in healthcare as a profession and how we ‘Improve Health through people’

**So what’s next and what do I wish for HPMA?**

To continue to grow and develop to support our HR people as the demands of the NHS Long Term Plan change the way we work and expand our understanding of the healthcare workforce to embrace primary care; social care and the voluntary sector. To be bold and be recognized as the “go to” place not only for HR professionals but for all People Managers in healthcare. Excellent people management is crucial at a time of such uncertainty when the UK is still struggling to find a workable Brexit solution, and many of our valued colleagues from the EU are unsure whether they will remain welcome in our health system.

Above all to set the standards for leadership and people management in healthcare, to stand up and speak out to protect the health and wellbeing of our people in healthcare and influence the NHS to be a great employer. Unfortunately, I’m not sure we have witnessed a great deal of progress with this during my term as President, and my personal experience is indicative of the challenges we will face in the future. There is still too much bullying and blame dressed up as “accountability”; the development of individual leaders and organisations is still too often judged after months rather than years; and resilience is championed ahead of compassionate leadership.

I would like to think that my legacy as President is two-fold. I led HPMA's organisational transformation and leave the organisation with firm foundations which will enable it to be more and do more for the good of our communities. At the same time, I hope I have left a little of me with you in the values and behaviours of good leadership and people management that I so passionately believe in.

---

**The gender pay gap and flexible working**

The 2018 gender pay gap reports have now been published and most NHS organisations have reported similar gaps to last year and, in some cases, increases.

There are two key points to bear in mind: first, the snapshot date for the data is one day after the first reports were published and so employers had not had any opportunity to put in place their plans to address the gaps. Second, many organisations have taken a more thorough approach to the second reports and have really analysed the payments which are included. Whilst the gaps may have increased, this is likely to be because the calculations are more accurate than the first set of reports.

Many NHS employers are now focussing on narrowing the gaps through the use of positive action under section 158 of the Equality Act 2010, for example in providing support groups and networks for women to build confidence and put themselves forward for promotions and awards. The impact of these steps will only become apparent over the next two to three years.

A factor which is frequently cited as key to narrowing the pay gap is flexible working. All employees with at least 26 weeks’ continuous employment have a right to make a request for flexible working under the statutory scheme, although flexible working still seems to be viewed as a female issue. Many are calling for employers to offer more flexibility at senior levels in order to encourage women into leadership roles, which is undoubtedly a positive step. However, flexible working should also be encouraged for the benefit of male employees, both in terms of improving work/life balance and also promoting a culture of equality which in turn will contribute to the narrowing of the pay gap. The enhanced pay for shared parental leave which is now offered under section 15 of Agenda for Change is likely to encourage more men to take shared parental leave and could in turn lead to more male NHS employees requesting flexible work.

The Long Term Plan sets out a goal to make the NHS a great place to work and expressly refers to flexibility. The benefits of embracing flexible working should be threefold: it will enhance the attraction of a career in the NHS, improve retention of the existing workforce and it will reduce the gender pay gap.

**Vicky Watson, Head of Employment, Capsticks victoria.watson@capsticks.com**
AHP guide to ESR

Being immensely proud to work for the NHS, you might also like to know that the NHS is the 5th biggest employer in the world (Telegraph 2012) and you may be aware of overwhelming evidencing that organisations who perform well ensure workforce is used as a strategic asset (Cavendish review July 2013). Hear, hear, the people that make up our workforce are the people that deliver the care to patients and are also our most valuable resource, but let’s not get ahead of ourselves; how well do we and our clinical leads really know our workforce? How accurate is our workforce data?

Recently I had the opportunity to find out, having the privilege of working with the Allied Health Professionals (AHP) team within NHS England and NHS Improvement. It was clear that clinical leads wanted to know more about the workforce and the 14 professions it comprises. Clearly, I was not going to be able to do this alone and an existing AHP leaders network presented the ideal opportunity to learn more about the AHP workforce whilst sharing back workforce information.

In the majority of instances that the information I was sharing was new news balanced with an overwhelming appetite to understand more. This got me thinking and at some points puzzled, we do much to ensure our financial accounts are up to date, but why do we not approach workforce information in the same rigour given it is the NHS highest cost?

The electronic staff record (ESR) is often seen as a means to an end for payroll purposes, but it can be and is so much more. The ESR system is our people library, it tells us about our wonderful NHS workforce. We tirelessly work, often quietly and modestly ensuring ESR is accurate to deliver meaningful workforce insight, but honestly how many of us ensure we involve clinicians in this process?

By engaging with AHP leads there was an opportunity to bring them to the ESR table and share what it was all about, we developed a guide specifically for AHP leads to help them understand processes, approaches and the lingo to enable them to get closer to the system and volunteer clinical input.

At an event recently, it was so positive to hear first hand from workforce leads explaining as a result they had been approached by their AHP lead to explore ESR directly with them, who I fondly refer to as ESR pioneers. Truly AHPs into Action.

Helen Conway, Workforce Improvement Lead – NHSE & NHSI will be presenting at the HPMA annual conference in June 18 with Morgan Lowe, qualified physiotherapist and Chief Nurse Fellow at Sherwood Forest Hospitals. They will be both sharing their improvement journeys following the launch of https://improvement.nhs.uk/resources/nhs-electronic-staff-record-allied-health-professions/

Do you know someone on your team not getting their HPMA membership newsletter? Update your organisation membership list with Jo Owens by emailing admin@hpma.org.uk
Claire Vaughan - VP for HPMA Wales

Claire began her career at Welsh Government working as part of a national Inquiry team, but her first ‘proper’ human resources job was at the National Museum of Wales as a pay negotiations assistant. This is where she developed her real passion for partnership working with trade unions. Following a number of other public service HR roles, she joined the NHS and Cardiff and Vale University Health Board (it was NHS Trust then) in 2002. Over her 13 years at Cardiff, she worked as the Recruitment Manager, then a Service Group HR Manager and, for the last five years, was the Assistant Director of Human Resources.

When the opportunity to join the Welsh Ambulance Services NHS Trust presented itself in March 2015, the chance to lead development of an organisation wide Workforce, Organisational Development and Improvement Transformation Programme was too good to pass up. Soon after joining WAST she then became Executive Director of Workforce and Organisational Development, a role she has relished for the past 3 and a half years now. She was delighted to be invited to take up the role of Vice-President of HPMA Wales at the start of this year, taking over the role from her colleague Sarah Morley.

**We asked Claire a few questions in our 60 second interview:**

**If you could instantly become an expert in something, what would it be?**

Can I have two things please? I’d love to be an expert in data and data analysis, and be able to look at Pareto charts, data and graphs and see beyond the obvious. I’d also like to be an expert in behavioural science – not only fascinating stuff, but crucial to understanding and informing what is happening at individual, team and organisational level and to designing appropriate interventions to bring about positive change.

**What skills do healthcare HR professionals most need to sharpen up for the challenges ahead?**

I’m a firm believer the future of work is human and we as workforce professionals will have an increasingly vital role to play. A shift is required from more traditional people practices and modes of HR delivery where the focus has been on reactive transactions, policy application and employee relations, towards to broader, more impactful people disciplines, such as enhancing capability, developing teams, nudging behaviour change, creating the conditions for agility and wellbeing in the workforce, and modernising people practices for the new world. I see a need to equip our workforce HR professionals with a broader OD toolkit and experience, with coaching, facilitation and influencing skills, enhancing their strategic thinking (bigger picture), encouraging them to challenge and be more inquisitive, developing expertise and skills in design – be it organisational design, job design, design of systems, or processes and quality improvement.

**What are the priorities/challenges for your branch in 2019?**

Under Sarah’s leadership we have already seen the branch grow in confidence and influence, and we are delighted with the increase in numbers of workforce professionals now attending our events and the overwhelmingly positive feedback received. We have also seen an injection of new blood around the committee table, with increasing interest from colleagues around Wales asking if and how they can get involved. At the moment we are focussed on improving our communications strategy and the information available to branch members and potential future members; on ensuring our events programme is aligned to the challenges and opportunities we are facing within NHS Wales; and in developing the network and role of our enthusiastic and passionate Link Officers. On the not too distant horizon we are excited to explore how we could potentially work with the new body, Health Education and Improvement Wales (HEIW) on the development and succession planning of workforce and OD professionals in Wales. Watch this space….

**Do you have any recommendations for good reads (or listens) for members?**

I’m currently reading Adam Kay’s This is going to hurt. Secret diaries of a Junior Doctor. It was recommended to me as a fascinating, humorous and gritty insight into life on the NHS frontline … worth a read if you haven’t already!

**You recently took part in the awards judging - what stood out for you - any tips - inspiration?**

What a great privilege that was! Thanks for asking me to get involved. I was delighted to be judging the partnership working, among others. Partnership working is a real passion of mine, and there were some great examples of where closer working with trade unions had delivered real benefits to the organisation, staff and patient care. I was struck however by a sense from many that one of the biggest challenges to overcome was resistance from our own HR teams, and why that is. Does this come from an over reliance and over emphasis on policy, compliance and risk that we drum into our practitioners from an early stage in their careers? A discussion for another day I think. I was also struck by the common use of the term ‘Staff Side’ to describe our trade union relationships. If we really want to embed true partnership we need to move away from the language of ‘sides’ – it’s something that we at WAST have done, initiated by our own trade unions I would add, and who are now described as trade union partners. Think about it. Something I have also taken back to my team to think about it the fact that one of the Trust’s is now calling their HR Business Partners – People Solutions Partners … love it!
Caring For Yourself

The concept of caring for yourself is deeply rooted in our experience of delivering large scale learning interventions across multiple sites around leadership and coaching. What we have uncovered is that those people tasked with the delivery of care of the most vulnerable, seldom put their health and wellbeing needs above others. They are consistently reporting a serious lack of personal self-care, which is impacting on workplace wellbeing and sickness absence.

Our approach encourages investment in individual wellbeing, which leads to the creation of a resilient workforce, which in turn, has a positive impact on patients and carers and positively contributes to the organisation’s ability to deliver high quality care.

The story so far from Bolton NHS FT...

The aim of the project was to make a difference in supporting resilience to positively impact on patients and carers, and contribute to the Trust’s ability to deliver high quality care. Supported by the trust board and linked to the NHS 5 Year Forward Vision, we wanted to build and support accountable citizens, responsible and engaged in their own wellbeing.

Targeting staff groups with the highest sickness rates linked to anxiety, stress and depression, we used a non-traditional approach in order to engage with the hard to reach staff in the frontline and utilised local ‘know how’.

The wellbeing offering was developed on aspects of our values based leadership programme and popular Facebook group ‘Properly Selfish’, designed to increase awareness of individual’s wellbeing and take positive action to improve.

We ran 90-minute relaxed and friendly sessions (breakfast, lunch and supper clubs) – with tasty and nutritious snacks - looking at following themes:

- Properly Selfish – essentially this is about engaging in positive and healthy renewal activities…putting your own oxygen mask on first!
- Taking Notice - included a meditation session and tips of how to easily incorporate mindful moments into the day.
- Everything is fine! Focussing on our own mental health and how we can better support ourselves and others.
- Being Active – focused on connecting physical activity with joy and thinking about how to move more in their busy lives.
- Handling Our Inner Critic - Focussed on techniques to challenge and quieten our inner critic.
- Gratitude and Joy - explored benefits of gratitude and shared various practices
- Vocation and Purpose - exploring the Japanese concept ‘ikigai’ and connecting our values to what we do every day.

What was the impact?

The programme ended in November 2018, so the benefits and impact are still being measured, initial results from almost 400 workshop sessions show a marked improvement (45%) in attendance data relating to anxiety, stress and depression in the targeted staff groups (compared to 5% improvement amongst non-participants).

The January data is exciting as this is the crucial second month after the project finished indicating further implementation and embedding of micro renewals and positive habits.

The ‘ripple effect’ generated interest by staff in their wellbeing created further opportunities for Boo Coaching to support to over 60 additional staff in wellbeing and resilience.

Key learning points from participants:

- How being openly grateful can improve the emotions of those around you and yours.
- Sometimes it helps to be ‘properly’ selfish.
- Think about oneself as well as others for our own wellbeing.
- Recognising the inner voice and how to deal with it and trying to be positive.
- Learning to believe in myself.
- How to achieve Ikigai and realising happiness is my main value and learning everyone has different values and there is no right or wrong. How to break the bad habits. Having me time. Balancing work load and breaks.
- You are not productive when you are running on empty.
- The use of gratitude can help to improve relationships and health.
- It is vital for us to realise the reason that gets us up in the morning and also our values.
- To take time out for myself. Renewal is the key to good performance.

Becci Martin, Director of Coaching Boo Consulting becci@boo-consulting.com
Interim or FTC? – an HR headache

With NHS Improvement urging the organisations under its authority to move toward a fixed term contract model when employing temporary staff, many will question if this is the way to go.

From an employer perspective, fixed term contracts give definition on timescales as the candidate is employed for a pre-determined amount of time. For the purpose of forecasting and budgeting, the FTC model offers clarity for planning resource and costing. Whilst the candidate is effectively directly employed by the organisation, the organisation will be directly responsible, and in control, of making the correct tax and NI deductions.

The major benefit to the candidate is that they will have the same rights as a permanent employee, giving them greater stability. Is this an ideal temporary staffing arrangement?

Whilst many organisations and candidates would agree, there remains many in the contracting world that do not.

For many interim candidates, offering hourly or day rates are usually seen as better for them from an overall earnings or tax perspective. Many temporary workers within the public sector still retain limited company status and prefer to work as a consultant.

From the employers’ perspective, there are a lot of forgotten advantages to hiring interim staff on a day or hourly rate agreement instead of a FTC, including:

• Employers do not have a full fee up-front to take care of as with a permanent or fixed-term contract hire if using a recruitment agency; instead employers ‘pay as you go’ for the services received when there is a day or hourly rate agreed for the interim contract.
• If you do not need the interim for as long as first anticipated, or if the budget/ business circumstances change, there is more flexibility to bring an interim assignment to a close.
• If candidate commitment is a concern for the client, introducing a retention bonus into an interim role as an incentive can lower the risk of a temporary candidate leaving early and offers more security to the client at little or no extra cost.

Of course, there are always pros and cons to both options and each employer needs to carefully decide on the right approach for the requirement at hand.

Richard Haggarty, Divisional Recruitment Lead, The Finegreen Group Richard.haggarty@finegreen.co.uk
Last month was National Stress Awareness Month – an opportunity for employers to focus on causes of stress in the workplace and beyond, understand how it affects their employees and identify how both businesses and employees can manage it effectively.

There is now no shortage of evidence to show that financial worries can be a major source of stress in employees’ lives. According to Neyber’s DNA of Financial Wellbeing 2018 report, 60 per cent of the 10,000 employees it surveyed say their behaviour changes when they are under pressure financially. That behaviour shift can affect everything from workplace performance, through to relationships at home.

While money concerns won’t be the only stress triggers that employees are facing, National Stress Awareness Month was a chance to focus on some of the drivers of financial worries for employees and what employers can do to help reduce them.

Managing day-to-day costs – Borrowing money has become the norm across the UK. Neyber’s research found that 50% of employees now going into debt in order to make ends meet each month. That has contributed to pushing up the average household debt in the UK to £15,400 – an all-time high. Neyber also found that 57% of employees said that their level of pay changes month on month, making it even more difficult to meet regular financial commitments such as bills and loan repayments.

Employers can help reduce day-to-day money worries in a variety of ways. Offering discount vouchers on everyday products such as groceries can make a real difference over time, as can providing help with other essentials such as loans for travel season tickets. Using financial education to encourage employees to shop around for the best deals from utility providers and online subscription services can also help to keep costs to a minimum. Financial education can also support employees in building their budgeting skills over time.

One-off expenses – For employees who are struggling to meet day-to-day financial needs, even a relatively modest additional cost, such as replacing a washing machine or a car repair, can be a source of stress. According to Neyber’s research 32% of employees would be able to survive for less than one month should they lose their main source of income. That leaves them very exposed to the risk of falling into debt and the stress that can accompany it.

Support for regular savings through the workplace can help employees build up a financial safety net. Even putting aside a relatively small amount of money each month will quickly build into a pot of money that someone can use to cover unexpected payments. There is also a role for financial education here, to help employees explore how to borrow at low cost, should they need additional money at short notice. Understanding and monitoring credit scores is also a useful skill – the better an individual’s credit score, the wider the range of options they will have if they do need to borrow.

Ongoing debt – Neyber’s research found that one in ten people feel their finances are completely out of control, increasing to 16% of employees in the 18-24-year-old age group. A further 18% say that they are only just holding on. For those people, financial stress from ongoing debts will be a significant problem, likely to be affecting their mental wellbeing and leading them to take time off work to deal with their finances. They may have multiple loans and could even be borrowing to pay off debt elsewhere.

Helping employees in this situation consolidate all their loans into a single low-cost monthly payment can enable them to get back control of their money and reduce their outgoings. This can be coupled with financial education to help employees reduce the risk of falling into further debt in the future.

There can also be a relationship between difficulties with money management and diagnosed mental health issues such as depression and anxiety. Creating a workplace culture where employees feel they are supported if they have money worries or are struggling with poor mental health can help them feel more able to ask for help. Employee Assistance Programmes can also provide an additional avenue for employees to get help through the workplace.

Financial stresses, whether day-to-day issues or chronic debt problems, don’t go away overnight. They need a combination of the right financial products, education, self-help and positive workplace culture to make long-lasting change. The conversation started in National Stress Awareness Month – let’s be willing to carry it on.

DATES FOR YOUR DIARY

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>HPMA UK Conference</td>
<td>6-7 June</td>
<td>Hilton Deansgate, Manchester</td>
</tr>
<tr>
<td>HPMA Awards Celebration</td>
<td>6 June</td>
<td>Hilton Deansgate, Manchester</td>
</tr>
<tr>
<td>HPMA Scotland Roadshow</td>
<td>13 August</td>
<td>Glasgow</td>
</tr>
<tr>
<td>HPMA Wales Roadshow</td>
<td>10 September</td>
<td>Cardiff</td>
</tr>
<tr>
<td>HPMA North East Roadshow</td>
<td>2 October</td>
<td>Durham</td>
</tr>
<tr>
<td>HPMA South Central Roadshow</td>
<td>(October tbc)</td>
<td></td>
</tr>
<tr>
<td>HPMA North West Roadshow &amp; Regional Awards Celebration</td>
<td>28 November</td>
<td>Manchester</td>
</tr>
</tbody>
</table>

HPMA Council members & Executive Team

Dean Royles HPMA President  
Deborah Tarrant past president  
David Holmes West Midlands Vice-President & Deputy President  
Janet Wilkinson Deputy President  
Heather Barnett North West Vice-President  
Chris Carron Scottish Vice-President  
Nicky Ingham HPMA Executive Director  
Claire Smyth Northern Ireland Vice-President  
Janet Lynch London Vice-President  
Darran Armitage South West Vice-President  
Nicholas Parker Yorkshire & The Humber Vice-President  
Claire Vaughan Wales branch Vice-President  
Amanda Rawlings East Midlands Vice-President  
Morven Smith North East Vice-President  
Jo Owens HPMA Executive Assistant

Dean Royles  
Deborah Tarrant  
David Holmes  
Janet Wilkinson  
Heather Barnett  
Chris Carron  
Nicky Ingham  
Claire Smyth  
Janet Lynch  
Darran Armitage  
Nicholas Parker  
Claire Vaughan  
Amanda Rawlings  
Morven Smith  
Jo Owens

president@hpma.org.uk  
admin@hpma.org.uk  
david.holmes@bhamcommunity.nhs.uk  
janet.wilkinson9@nhs.net  
heather.barnett@mcht.nhs.uk  
Chris.carron@gov.scot  
nicky.ingham@hpma.org.uk  
Claire.Smyth4@setrust.hscni.net  
janet.lynch3@nhs.net  
darran.armitage@nhs.net  
Nicholas.Parker@anhst.nhs.uk  
claire.vaughan@wales.nhs.uk  
Amanda.Rawlings@dchs.nhs.uk  
morvensmith@nhs.net  
jo.owens@hpma.org.uk