



AUGUST 2021 NEWSLETTER

## Open letter to The Rt Hon Sajid Javid MP, Secretary of State for Health

Dear Secretary of State

The Healthcare People Management Association (HPMA) would like to welcome you into your new role as SOS for Health and Social Care. Even without a pandemic, this is a crucial role leading an NHS that provides services based on clinical need, not ability to pay, and a social care sector in need of radical reform.

The HPMA is a charitable organisation that represents HR and Organisational Development Professionals working in the NHS and the broader health and care sector. We have been active for over 40 years and aim to work constructively with the government to ensure a focus on the effective management and leadership of people enabling them to provide the best possible care for patients and service users. We know HR and OD staff provide vital support in recruiting, selecting, training, developing, and managing a workforce that work in organisational cultures that allows them to thrive and provide safe and compassionate care.

The HR and OD community in the NHS and social care have, like so many others, worked tirelessly over the last 16 months, working collaboratively with clinicians providing hands-on care and working in partnership with trade unions to ensure staff has been deployed and supported to maximise organisation responses to the pandemic. They have also worked innovatively and creatively to emphasise and provide support for the health and well-being of staff in a wide variety of healthcare settings, helping them give their best.

We know that without a workforce, there is no healthcare, and our collective response to supporting staff as we move from managing the pandemic to the recovery of staff and services will set the tone for how we retain and recruit staff in the future. We know that you will be pressed to increase the pay award to doctors and nurses who, given the way they have had to respond magnificently to the pandemic, and we would support that. However, we also urge you to recognise that healthcare is about teamwork those providing hands-on care can only do so effectively with the help and support of those working behind the scenes like those in HR and OD and that any pay award should apply equally to all staff to build on that camaraderie and teamwork that has served us so well over the last year.

We know how busy you will be but would be very happy to meet with you or your ministers when time permits to highlight how our members can be valued and supported to provide the essential work they do in ensuring these fundamental services are safe and effective for our citizens that access services when care and compassion are what mattered most.

We wish you every success in this role.



**Nicky Ingham** *Executive Director*



**Dean Royles** *President*

*Healthcare People Management Association*

### INSIDE YOUR MEMBERSHIP NEWSLETTER THIS MONTH

**Making Diversity Real**

**FutureFocus EDI**

**Hostile ADR Visa**

**Policy Spells Woes for  
NHS Workers**

**Supported  
Employment**

**Programmes in NHS  
Trusts for Young  
People with  
Disabilities**

**Long Covid**

**Record numbers of  
healthcare workers  
speak up to Freedom  
to Speak Up  
Guardians**

**Liaison Workforce's  
digital vaccine rollout  
platform shortlisted  
for supplier award**

**HPMA UK Conference**

**HPMA Awards Meet  
the Finalist webinars**

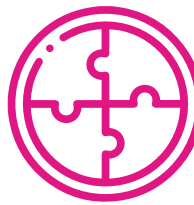
**Diary Dates**



**HPMA EXCELLENCE IN  
PEOPLE AWARDS**

**VIRTUAL CEREMONY  
7 OCTOBER 2021**

**SIGN UP HERE TO ATTEND**



The **#inclusiveHR** is a social movement for change to improve the experience of Black, Asian, and Minority Ethnic HR & OD professionals and colleagues within the NHS. We want to close the compassion gap and advance equality, diversity and inclusion and lead with credibility as a HR & OD profession. In a series of monthly articles, curated by Cheryl Samuels, Deputy Director of Workforce Transformation, NHS England & NHS Improvement, we will share case studies and personal leadership journeys with HPMa members. In our latest article, Kelvin Cheatle shares his personal journey as a workforce leader, reflecting on how much he continues to learn about equality, diversity and inclusion.



### **Making Diversity Real**

*Kelvin Cheatle, Director of Workforce, Kingston Hospital NHS Foundation Trust*

Up on the wall of my office are two HPMa Awards from my time as HRD at West London MHTrust – both for Diversity in 2007. I hold them dear because I loved my time at WLMHT and it brought back happy memories of when we used to celebrate in person and propped the bar up until ridiculous hours! But the other day I was visited by a clinician from an ethnic minority background who asked me “does having those awards make you any better at understanding ED and I?” It wasn’t said in a challenging way but it made me stop and think – does having an award or any other accolade make me a better Workforce Director and does it enable me to lead the EDI agenda any better? Arguably the answer is no and another story highlights the dilemma.

I was talking to a group of staff about the vaccine on a call; they were vaccine hesitant and from a variety of backgrounds and I had made the assumption- quite wrongly- that their hesitancy was simply about culture, but in fact the reasons for hesitancy ran much deeper. Some had health issues; some knew people who had experienced the vaccine negatively; some had not been able to access proper information they could understand; some were just genuinely nervous. These two stories brought home to me that there is no substitute for the lived experience. I can try to be empathetic; I can try to understand; I can always listen. But until I know how and what these colleagues are living with I can’t really understand until I go further and truly walk in their shoes – at least in the workplace.

It runs deeper still of course. Like most Trusts we have challenges around bullying and it has become apparent some staff put up with behaviours from the public that they really shouldn’t. Some of this is down to personality but some is about cultural differences. Our Philippine staff are incredibly caring and supportive people and they see it almost as their duty to put the patient or relative first, no matter what is thrown at them. When I asked them why they tolerated some of these behaviours they looked rather shocked - it was second nature to them to tolerate and accept, even when their interests were jeopardised. I think we assume that staff from these different backgrounds and cultures will become acclimatised and, to a degree, homogenised to our way of thinking and behaving – but it’s a big mistake to assume this will happen quickly or even at all as it’s simply “not their way”.

So my long journey of understanding ED and I is far from complete. Next week I’m doing a walkabout with a group of staff in a service area that faces these challenging public interfaces and I’m going to really try to be “in their shoes”. None of this is about being “politically correct” – it’s simply about learning and trying to understand the richness and many layers of Diversity. So how am I going to put all this into practice? Well like most Workforce leaders I’m trying to focus on improving our WRES, WDES and delivering our ED and I plans. We have just appointed 25 Diversity Champions to ground and reference our work and I will be listening to them. We completed round 1 of reciprocal mentoring just before COVID and I found that experience so helpful – so I will be carrying that grounding into round 2. And on a more prosaic level I will be challenging our conventional practice: is there a better way of resolving a formal grievance or disciplinary issues? It’s a daily challenge to my own thinking.

Meantime I’m keeping those awards close and up on my wall – not to proclaim success but to remind me it’s a long, long road and I’m still learning.



## FUTURE FOCUS WORKFORCE WEBINARS NOW BOOKING



### Hostile ADR Visa Policy Spells Woes for NHS Workers

*Abhinav Raj, political correspondent,  
[Immigration Advice Service](#)*

Over the past four years, the Home Office has approved just 218 Adult Dependent Relative (ADR) visas for the elderly relatives of the NHS workforce.

This hostile immigration policy has compelled NHS staff to resign from their positions and return to their native countries to care for the elderly dependent.

The NHS staff comprises 170,000 non-British citizens, out of which 64,000 are of Asian origin – many of which have elderly relatives that require medical care.

According to the ADR visa policy, medical practitioners, nursing staff among others in the UK must satisfy myriad stringent criteria before their parents from their native countries are allowed entry into the country – a legal system that's driving many immigrant NHS workers out of the UK.

Until July 2012, an elderly dependent of an NHS medic in the UK was only required to prove that they were subject to "the most exceptional compassionate circumstances" – however, the visa policy has since undergone dramatic changes such that medical practitioners who joined the NHS workforce several years ago now find it arduous, if not impossible, to bring their elderly parents to the UK. The elderly dependent of foreign-born nationals seeking an ADR visa is now required to provide evidence sourced from a local doctor or healthcare provider that they are unable to receive suitable care in their home countries.

Out of the thousand ADR visa applications made between 2017 and 2021, [only 35](#) were granted in the first attempt. This occurrence has driven many foreign healthcare workers to resign from their positions and return to their home countries to care for their elderly parents, and left many others in limbo.

The British health service – since its genesis – is no stranger to [migrant](#) workers. With many doctors torn between caring for their elderly relatives back in their home countries and furthering their career in the NHS, the hostile ADR [visa policy](#) has introduced a sentimental dilemma in a major section of the workforce.

The visa policy has led to consistent outcries for reform in the healthcare community. In March, hundreds of prominent

medics including former presidents of the Royal College signed an [open letter](#) to the government calling for a review of the "inhumane" amendments to the visa policy ratified by the Home Office in 2012.

Currently, the British Medical Association, British Indian Nurses Association, British Association of Physicians of Indian Origin (BAPIO), Association of Pakistani Physicians of Northern Europe (APPNE) and the Royal College of GPs are spearheading a joint effort to call for a review and overhaul of the ADR visa rules. The bodies warn of a mass exodus of skilled medical professionals at a time of need if necessary changes to the policy are not introduced.

BAPIO chairman Professor J.S. Bamrah has continually underscored the unjust nature of the ADR rules. Bamrah went as far as to say that the rules are a 'slap in the face' for hardworking medical professionals tirelessly serving the NHS. "The emotional dilemma that migrant doctors and nurses face from being unable to support elderly parents in their native countries while serving the NHS is not to be underestimated. The Government needs to see this suffering, show humanity and compassion and change the ADR rules", said Bamrah in a statement to [iNews](#).

The House of Lords in May this year witnessed a debate on the existing ADR visa policy. Labour Party representative Lord Parekh called for the government to 'take a second look' at the modifications to the ADR policy proposed by BAPIO.

"Given the significant costs for the UK taxpayer and additional pressures elderly dependents can place on our health and social care systems, our route for adult dependents seeks to ensure only those who need to be physically close to and cared for by a close relative in the UK are able to settle here", [commented](#) a government spokesperson.

"The rules must strike the right balance between ensuring those who need support can come here, without placing additional pressure on the health and welfare services which would need to be funded by taxpayers more widely."

The NHS staff are the backbone of the healthcare industry in the UK. In their altruistic pursuit to provide the country with their tireless service, it's only reasonable to assume that the country must do its bit to help them look after their loved ones.

*Abhinav Raj is a political correspondent for the [Immigration Advice Service](#), a UK-based organization of immigration solicitors that provides [Indefinite Leave to Remain \(ILR\) services](#), [Visa assistance](#) for prospective migrants and [pro-bono legal counsel](#).*



## Supported Employment Programmes in NHS Trusts for Young People with Disabilities: Piecing the Puzzle Together

*Ian Kessler Professor of Public Policy and Management and Richard Griffin Professor of Healthcare Management, Kings Business School*

Barely half of adults with a disability are in employment, the proportion falling to as low as one in five for those with severe learning disabilities and autism. These figures generate concerns not only for those individuals, but for their families, for the state agencies managing their welfare and for employers seeking to recruit talent. The NHS has traditionally been at the forefront of developing an inclusive workforce, the NHS Long Term Plan mentioning the importance of Trusts, as 'anchor institutions', creating employment opportunities for those with disabilities. Examples of 'good practice' are at hand in Trusts that have introduced DFN Project SEARCH and Health Education England's (HEE) Project Choice supported employment programmes for young people with Special Education Needs Disabilities (SEND). And yet NHS engagement with this activity remains patchy. Despite inspirational examples, the take up of the DFN Project SEARCH and Project Choice programmes is only around thirty of NHS England's 250 Trusts.

In a new report commissioned by HEE, Ian Kessler and Richard Griffin both from King's College London and Amanda Griffin for the West London Alliance explore the state of supported employment in NHS Trusts for young people with disabilities, including work experience, traineeships, internships, and supported apprenticeships. Conducted in early 2021, the study aimed to provide insights and guidance on the development of such programmes and contribute to their take-up. The research involved interviews with over thirty practitioners and ten Trusts, exploring the various actors involved in establishing programmes; why and how they were introduced and with what impact; and how such schemes had fared in the context of Covid-19.

The report highlights examples of supported employment programmes being introduced through the efforts of passionate individual champions. This reflects the scope to readily resource such programmes by drawing down funds associated with the Education, Health and Care Plan (EHCP) often available to young people with SEND. The introduction of programmes on a sustainable basis and at scale, however, involves at least four main actors – host employers, local authorities managing the EHCP, supported employment providers, with their job coaches, and colleges and schools acting as a conduit for students onto the programmes. Connecting these actors remains a complex process, in some cases usefully facilitated by dedicated leads within a council, as, for example, at Liverpool City Council, or across authorities as with the West London Alliance.

The design of supported employment programmes follows a standard format: for example, supported internships track the academic year, providing a combination of work placements and study opportunities. Additionally, the report notes novel attempts to link different types of programmes: for example, work experience leading to an internship in the West London NHS Trust and interns progressing to supported apprenticeships at Hampshire Hospitals Foundation Trust.

The report presents the development of a supported employment programme as a cycle, with Trusts learning from experiences. An initial objective to meet 'corporate social responsibilities' and develop a workforce reflective of the local community, quickly gives way to more tangible benefit realisation not only for the young person, who typically finds a route into employment, but also for the Trust able to establish to a new pipeline of enthusiastic, commitment and often highly skilled employees. More generally the report highlights the positive cultural change brought about these individuals. As one Trust manager noted, "Putting a student (with SEND) in, it becomes really difficult to say that you hate your job and don't like coming in, when someone with Down Syndrome next to you is saying, 'This is the best thing I have ever done in my life'. It is transformational. It makes people think differently about their behaviours and values."

This is not to distract from organisational challenges: stereotypes and prejudices still need to be confronted while the practical issues of resourcing placements and mentors remain. But often there is a pool of good will within the existing workforce towards such programme, deepened as myths are 'busted' and employees directly engage with the young people. The value placed by Trusts on their supported employment programmes is reflected in the efforts made to persevere with them during the pandemic. Framed by national operational plans developed by DFN Project SEARCH and Project Choice, steps were taken to re-organise teaching and placements, if necessary, extending involvement in the programme into the new academic year. Sadly, though for many Trusts the issue is not about preserving a supported employment programme but starting one in the first place. The Report concludes with a series of recommendations directed at different levels of NHS and aimed at furthering the start-up of such programmes and ensuring that young people with disabilities do not become lost in the uncertainties of the post-Covid labour market.



## Long Covid

Alison Dunn, Chamberlain Dunn

To help to understand the impact of long COVID and what can be done to support people to return to work, HPMA members already have access to excellent resources from, among others, NHS Employers, the Society of Occupational Health and the Faculty of Occupational Medicine.

The understanding of long COVID is evolving and the news is welcome that the National Institute for Health Research has allocated [£20 million to 15 research projects](#) to enhance understanding of the condition, from diagnosis and treatment through to rehabilitation and recovery.

We at Chamberlain Dunn have been working with the charity PoTS UK to raise awareness of postural tachycardia syndrome generally and, in particular, about its link with long COVID, as there are increasing reports of people developing PoTS after COVID infection. HPMA members may appreciate this information about one aspect of long COVID that staff may be trying to cope with.

Quite a lot is known about PoTS and specialist treatment is available if hard to access. It is a long term health condition that was recognised and named in 1993. When affected people stand up (and sometimes when they sit up), their blood vessels are unable to narrow efficiently to maintain their blood pressure. To compensate for falling blood pressure, the heart races and other changes occur within the body. Consequently, people experience many symptoms when upright including heart palpitations, dizziness, fatigue, difficulty concentrating, chest pains, sweating, shaking, abdominal pains, other gut problems, headaches and fainting.

### **An employee has informed me that they have PoTS. What does this mean?**

The condition varies from person to person. Your employee may have difficulty in standing for long periods of time, may have a tendency to faint or feel faint, and may suffer with fatigue. PoTS is a predominantly invisible condition and many of the symptoms experienced are not evident to others unless highlighted by the person themselves. While this can sound alarming, many PoTS patients lead healthy lives, and their condition has minimal impact on work. Not every employee will require adjustments at work and with effective communication between you and your employee, appropriate solutions can be found to most of the common issues faced by PoTS patients in the workplace.

### **Is PoTS a disability?**

The severity of PoTS can vary from person to person so there is no one answer to this question. A person is considered to be disabled if they have a physical or mental impairment that has a substantial and long-term negative effect on their ability to do normal daily activities. Employers have a duty to make reasonable adjustments and must ensure that the affected person is

not subjected to bullying or harassment.

### **What sort of adjustments may be necessary?**

Employers should discuss any requirement for adjustments with employees, and keep it under review.

Below is a list of potential adjustments which could be considered. As PoTS symptoms can fluctuate over time, adjustments may only be required for a limited period.

- **Fluids** - Most affected people need to drink 2-3 litres or more of fluids throughout the day. They will need to keep a water supply nearby and may require frequent toilet trips.
- **Food** - Many patients need to make adjustments to their diets such as eating 5 or 6 times throughout the day. Some people have special diets due to food allergies and intolerances.
- **Temperature regulation** - Heat is a common trigger for PoTS and a temperature-controlled environment is helpful.
- **Posture** - One of the most common triggers for PoTS is prolonged standing (or sitting). Patients benefit from being able to change position regularly. Roles which require long periods of standing may need to be adjusted so that the employee can sit down. It may be necessary for patients to elevate their legs whilst sitting or lie down flat at times.
- **Fatigue and Pacing** - Due to fatigue, it may be necessary for affected people to pace their activities, having regular short breaks. Some employees find it easier to work from home, therefore eliminating the extra fatigue caused by the commute, or work more flexible hours in order to better manage their fatigue.
- **Exercise** - Although exercise usually makes people with PoTS feel more unwell for hours afterwards, it is also a key part of treatments for most, and essential to keep patients healthy. Affected people need to make time in their week outside of work to exercise and recover afterwards. It may seem surprising to colleagues that people with PoTS take exercise and yet have difficulty with simple tasks like standing up for only short periods of time. Managers can help greatly by supporting their colleagues in understanding this.
- **Shift work** - PoTS patients often experience difficulties with sleep and fatigue. Regular working hours can be helpful.
- **Transport** - Busy buses, trains and underground tubes which can be excessively hot and lack seating are a common trigger of symptoms. Working from home where possible can be helpful, especially on highly symptomatic days. For some, a disabled parking space and wheelchair access may be necessary.

## Will people with PoTS need to take time off work?

Many people with PoTS are able to work regularly and require little or no sick leave due to their PoTS. Some more severely affected people may require sick leave during flare ups. Most people with PoTS will need to attend medical appointments for review, even if their condition is well managed. Regular medical reviews can in turn prevent sickness absence. Even if it is not the employer's normal practice to pay employees who take time off to attend medical appointments, it may be reasonable to make payment in the case of an employee with a disability.

## If I make adjustments for an employee with PoTS, what does that mean for other staff?

As can be seen from the examples above, most adjustments that can support employees who have PoTS require minimal impact on the workplace and indeed other staff. Through effective communication, both with the employee who has PoTS and other colleagues, most workplace issues can be easily resolved. Legislation also protects employers who make adjustments for their employees. Section 13(3) of the Equality Act 2010 for example, makes it clear that it is not discriminatory against other employees to give special treatment to a disabled employee.

A leaflet with more information can be found [here](#). [www.potsuk.org](http://www.potsuk.org)

---

## Record numbers of healthcare workers speak up to Freedom to Speak Up Guardians



The National Guardian's Office published the latest [Annual Data Report](#) last month, which analyses the themes and learning from the speaking up data shared by Freedom to Speak Up Guardians.

There are over 700 Freedom to Speak Up Guardians supporting healthcare workers to speak up about anything which impacts on their ability to do their job. The number of cases brought to them last year represent a 26 percentage point increase on the previous year (16,199 cases). Freedom to Speak Up Guardians have handled over 50,000 cases since the National Guardian's Office first started collecting data in 2017.

Eighteen percent (18%) of cases involved an element of patient safety or quality of care – down five percentage points from 2019/20. The proportion of cases (30.1%) involving elements of bullying and harassment was also lower, (35% in 2019/20). These decreases are a continuation of a trend identified last year.

Whilst the proportion of cases which indicated detrimental treatment for speaking up has slightly decreased (3.4% in 2019/20 to 3.1% in 2020/21), over the course of the year the percentage of cases involving detriment increased from 2.7% in Q1 (April to June 2020) to 3.5% in Q4 (January to March 2021).

Similarly the decrease in the percentage of cases which are raised anonymously has slowed, with 11.7% being raised anonymously. With an increased number of cases, that means the actual numbers have increased overall. This remains a concern, as workers speaking up anonymously may be an indicator of fear and mistrust in the system.

Throughout the pandemic, workers have spoken up to Freedom to Speak Up Guardians about safety issues including staffing levels, PPE, social distancing, support for workers isolating, shielding or suffering from long Covid, and increased stress and exhaustion. In response to this feedback from Freedom to Speak Up Guardians, the National Guardian's Office has updated its guidance on recording cases and reporting data, adding a worker safety category.

Dr Henrietta Hughes OBE, National Guardian for the NHS, said, "In this time of crisis, Freedom to Speak Up Guardians made sure that workers knew they were still listening and still there to support them. Over 84% of workers who gave feedback said that they would speak up again.

"In the past five years, Freedom to Speak Up Guardians have handled over 50,000 cases. That is 50,000 opportunities for organisations to learn and improve. The impact of the work of guardians is outstanding and has moved the dial on the speaking up culture in the NHS and the whole healthcare sector.

"Yet, just as we see improvements, the pandemic has also highlighted how much more needs to be done. When leaders listen and act, great improvements can be made. Conversely, when leaders are defensive or victimise workers who speak up, it has a chilling effect on the whole system, putting patients and workers at risk of harm."

For more information or interviews contact: [comms@nationalguardianoffice.org.uk](mailto:comms@nationalguardianoffice.org.uk)



## Liaison Workforce's digital vaccine rollout platform shortlisted for supplier award

*Rob Little, Regional Account Director, Liaison Workforce*



Liaison Workforce has recently been shortlisted for the Innovation Agency's NHS in the North Excellence in Supply Awards in the field of Innovation, for their work in developing Cheshire's Vaccination Bank, which provides an effective solution to the challenge of managing the region's vaccination workforce.

To successfully deliver the vaccination programme in the Cheshire region, a huge coordination of clinical and administrative workers was essential. A solution was required to ensure staffing to support the rollout could be provided as quickly and as smoothly as possible, despite ongoing pressures in the NHS as a result of the pandemic.

Liaison Workforce developed and implemented an innovative digital infrastructure to support the establishment and management of an effective Vaccination Bank at speed, going from the first conversation to a live system in just two weeks.

Responding to the need for an effective platform to manage the essential vaccine workforce of clinical workers, administrative support and volunteers, Liaison Workforce worked with Cheshire CCG, Mid Cheshire Hospitals NHS Foundation Trust, and NHS Midlands & Lancashire Commissioning Support Unit, and enabled collaboration between other system partners including Integrated Care Partnerships, local councils, 18 Primary Care Networks (PCNs) and 79 GP practices to support the delivery of the vital vaccination programme across Cheshire from early 2021.

Within the first two weeks of the bank being live, over 1,000 clinical and administrative professionals and clinical volunteers were registered to ensure shifts were filled and the programme could be supported safely and effectively.

This reduced pressure on GPs enabled Covid-19 vaccines to be administered across 18 initial locations quickly and to the most vulnerable groups in the community.

To find out more, please visit Liaison Workforce's website at <https://liaisongroup.com/case-study/bank-developed-at-speed-to-support-covid-19-vaccination-rollout/>

The NHS in the North Excellence in Supply Awards 2021 will take place online on 23 September 2021. To find out more, please visit: <https://www.innovationagency.nhs.uk/excellence-in-supply-awards-2021>

---

## HPMA National Conference: People Profession into the Future

Once again the national conference will be virtual, on the Airmeet platform. This last year or so has certainly made sure that our NHS people services are as central to the workforce as our frontline services. As an organisation we have taken the opportunity to magnify the amazing work that is happening in our organisations across the UK. As President Dean Royles says, we must now really start to embrace the opportunities that lie ahead. Join us for the 2021 national conference to take a look at what the future holds for the people profession. Keynote speakers will include Professor James Buchan, senior visiting fellow at the Health Foundation's REAL Centre and Adjunct Professor, University Technology, Sydney; Prerana Issar, Chief People Officer NHSEI; David Miller, Chief People Officer, The Scottish Government and Tom Simons, Chief HR & OD Officer, NHSEI.

The conference is free to attend for members.

**Thursday 2 & Friday 3 December**  
**Virtual Conference**

[BOOK HERE](#)



Event Partner  
**SALARY FINANCE**

Click on advert below to book



**WEBINAR | meet the finalists**  
9 SEPTEMBER 2021, 12 – 1 PM  
**LOCUM'S NEST AWARD FOR HR ANALYTICS**

**FINALISTS:**

- Manchester Foundation Trust: Staff absence / availability analytics and forecasting during a pandemic**  
Manchester University NHS Foundation Trust / Camburg Collective
- HR Analytics – The Way Forward**  
Stockport NHS Foundation Trust
- Workforce Scorecard and Insights Report**  
Humber Teaching NHS Foundation Trust

Chaired by:  
**Dr Ahmed Shahrobani**  
Co-Founder, Locum's Nest



**WEBINAR | meet the finalists**  
23 SEPTEMBER 2021, 12 – 1 PM  
**SOCIAL PARTNERSHIP FORUM AWARD FOR PARTNERSHIP WORKING BETWEEN EMPLOYERS AND TRADE UNIONS**

**FINALISTS:**

- Partnership working at its best**  
South West Yorkshire Partnership NHS Foundation Trust
- Nursing Cadet scheme in Wales**  
Royal College of Nursing
- Just and Learning Culture**  
Cornwall Partnership NHS Foundation Trust
- Menopause at work: working together to improve staff experience**  
Nottingham University Hospitals NHS Trust

Chaired by:  
**Sara Gorton,**  
UNISON head of health



**LONDON ACADEMY ONLINE CONFERENCE**

**REJUVENATE & INNOVATE:  
WHAT'S NEXT FOR THE HR & OD PROFESSION**

**22ND SEPTEMBER  
2021**

**LIVE ON ZOOM AND  
STREAMING  
FOR ACCESSIBILITY  
FOR ALL**





## Calling members in Wales



The Advancing Healthcare Awards Wales 2021 will recognise and celebrate the important and innovative work of healthcare scientists and allied health professionals across Wales. Please encourage colleagues to enter one of the eight categories including leadership and change management sponsored by HEIW, and outstanding achievement by an apprentice, support worker or associate sponsored by the Welsh Government.

This is a great opportunity for people working in these professions to showcase their work and raise their profile, particularly in light of their important contribution during the pandemic. The submission deadline for entries is 5pm Friday 10 September 2021 and the winners will be announced at a virtual ceremony on 26 November. To find out more and to enter please click [here](#).

## FutureFocus Webinar: Equality, Diversity and Inclusion

Tuesday 14 September 2021



[BOOK HERE](#)

The FutureFocus Workforce Series is a series of extended national webinar events bringing members across the UK together to hear expert keynote sessions and panel discussions as well as giving the opportunity to share good practice in smaller breakout sessions. Thanks to our commercial partners, these events are free for members to attend. The second in the series will open with a focus on Equality, Diversity and Inclusion on Tuesday 14 September via Zoom, with event partner Bright Horizons and keynote Tracie Joliff, Head of Inclusive Leadership & System Development at NHSEI. She strategically leads the inclusion portfolio of work for Leadership and Life-long Learning as well as being a member of the EDI function for the NHS People Directorate. Best known for her inspiration and insight in relation to progressing social justice and inclusion across systems; Tracie facilitates the design and development of effective and ethical leadership strategies, which have at their heart social justice, inclusion and sustainability. She is a contributing author and visiting professor, seeing herself as a positive disrupter of the status quo and a global citizen.

Book your place now [here](#) and keep your eyes on Twitter and your emails for more programme information and FutureFocus webinars coming soon.

**EVENT PARTNER:** Bright Horizons is dedicated to providing the best in class work+family solutions. Alongside the provision of great childcare solutions, today we are dedicated to supporting employers enable the holistic combination of work and family; ensuring their working parents and carers are amongst the most engaged and productive members of any team.

The business now globally encompasses approximately 1,100 nurseries, over 10,000 emergency childcare and back-up care providers and works with more than 1,150 of the world's leading employers providing a full range of work and family support. Our bespoke services address the practical, wellbeing and cultural needs of organisations and individuals.

With operations in the US, UK, India and the Netherlands, we specialise in supporting multi-national clients. We have a strong commitment to corporate sustainability, which we approach through our Bright Horizons Foundation for Children. We act as a trusted partner, provider and advisor on strategies for combining work+family. This plays a key part in attracting, engaging and retaining clients' talented employees. To find out more click [here](#)

## DIARY DATES

[HPMA Webinar: Creating Inclusive Workspaces – Wednesday 25th August at 11am](#)  
Presented by Amy Milson, Legal Director at Hill Dickinson

[HPMA Webinar: Being Equipped to Step Up to the Next Level in Leadership – Wednesday 1st September at 1pm](#) Presented by Diane Wilkinson, MD at [Connecting to Excellence link](#)

[HPMA Webinar: Intervening with Grace – Getting Impact at a Board/Executive Meeting – Thursday 2nd September at 1pm](#) Presented by Diane Wilkinson, MD at [Connecting to Excellence](#)

[HPMA Awards Meet the Finalist webinar Social Partnership Forum award for partnership working between employers and trade unions \(Thursday 23 Sept 12- 1pm\)](#)

[HPMA Awards Meet the Finalist webinar Locum’s Nest award for HR analytics \(Thursday 9 Sept 12-1pm\)](#)

[HPMA FutureFocus webinar: Equality, Diversity & Inclusion – Tuesday 14 September](#)  
[Register here](#)

[HPMA London Academy Online Conference Rejuvenate & Innovate – what’s next for the HR & OD profession? 22 September 9am – 4pm \(open to everyone in HR and OD working in an HPMA London Academy member organisation.\)](#)

[2021 HPMA Excellence in People Awards Ceremony: Thursday 7 October](#)

[HPMA FutureFocus webinar: Recruitment with event partner Doc2UK 14 October](#)

[HPMA & NAMPS FutureFocus webinar: Medical Workforce coming soon](#)

[HPMA UK Conference People Profession into the Future \(virtual\) Thursday 2 – Friday 3 December 2021 with event partner Salary Finance](#)

### HPMA COUNCIL

David Holmes Deputy President and West Midlands Vice President

Heather Barnett North West Vice-President

Chris Carron Scottish Vice-President

Vivienne Toal Northern Ireland Vice President

Craig de Sousa London Vice-President

Annesley Donald East of England Vice-President

Claire Vaughan Wales branch Vice-President

Gareth Hardacre Wales branch Vice-President

Amanda Rawlings East Midlands Joint Vice-President

Alan Shepperd North East Vice-President

Victoria Downing-Burn South West Vice-President

Zoe Lintin East Midlands Joint Vice-President

Jenny Allen Yorkshire & The Humber Joint Vice President

Laura Smith Yorkshire & The Humber Joint Vice President

### HPMA EXECUTIVE TEAM

Dean Royles HPMA President

Nicky Ingham HPMA Executive Director

David Holmes Deputy President

Janet Wilkinson Deputy President

Sarah Morley Deputy President

Jo Owens HPMA Executive Assistant  
[admin@hpma.org.uk](mailto:admin@hpma.org.uk)

HPMA National events team  
[nationalevents@hpma.org.uk](mailto:nationalevents@hpma.org.uk)