



## Executive Director update

Nicky Ingham HPMA

It's always inspiring to hear from our branch VPs at the HPMA Council meeting, and this month we also heard from Tom Simons at NHSE/I on their vision for the future of HR and OD in the world of health and work; and as they prepare for part two of the #BigConversation which we should all be part of (more on page 9).

So much is happening across the association, our new members' hub was launched on 20th May, International HR Day – a huge thanks to the Liaison Group and Jo Owens, Executive assistant for making it happen. Members now have a place to come together and share best practice. To access the hub, [click here](#) to create an account and set up your profile. Once logged in you'll have access to:

### Forums

Start a discussion with other like-minded professionals on areas of interest, wicked challenges, and other topics that interest you.

### Thought Leadership

View articles, and publications of interest with the option of uploading documents to share your ideas.

### Sharing Best Practice

Submit your own content and ideas, share your fabulous practices and access case studies so we can all stop reinventing the wheel.

### Events and webinars

Providing you with recordings of webinars, events, and associated slides and papers so that you can get up to speed even if you are unable to make an event.

We have taken the decision to restrict access to the hub to current HPMA Members so the forums are safe spaces for you to connect with colleagues. Take a look and do feed back to the central team, we want this to be a valuable membership resource.

<https://hpmahub.org.uk/>



International HR Day was also memorable for me this year as I joined my first tweet chat alongside Tom Simons, Chery Samuels and Dean Royles. HPMA and NHS E/I posed five questions including a call for participants to share a slice of virtual cake with a colleague! You can take a look at some of the twitter moments [here](#) – it was great fun, and I was blown away by all the engagement in our twitter chat - please watch this space for news of the next tweet chat coming soon.



Earlier in the month I joined Jack Mazzina for an episode of #inconversationwith, a podcast series from Liaison Group. We talked about embracing technology, curiosity, relationships, time and permission when it comes to professional development - you can take a listen at <https://bit.ly/3erWsUJ>



Do check out the new ProPL Hub event series, developed by Richard Saundry in partnership with the HPMA this June and July – not to mention our own FutureFocus workforce series – more details inside and on our website.

As you read this I'll be about to start shortlisting for the 2021 HPMA Awards, well done to all the members that have managed to submit or nominate – sharing your good practice is the lifeblood of our association so thank you for **#BeingLoudAndProud!**

## INSIDE YOUR MEMBERSHIP NEWSLETTER THIS MONTH

**Executive Director Update** 1

**Interview with Gareth Hardacre** 2

**To be an ally** 4

**Lifesaving education and training to implement a legislation change** 5

**Supporting HR teams to manage concerns** 7

**HPMA Awards 2021** 8

**Join Us in Developing the Future of NHS HR and OD** 9

**Help create a better workplace for our NHS people** 10

**Exploring the implications of Covid-19 on employee relations** 11

**Recruiting Globally** 12

**FutureFocus Series** 13

**Apprentices and clinical engineers take centre stage** 14

**Good career conversations are important!** 14

**Diary Dates** 15



## Meet Gareth the new VP for Wales – as we talk rugby, kindness and the benefits of the Wales Shared Services System

**Gareth Hardacre is the Director of People, OD & Employment Services at NHS Wales Shared Services Partnership (NWSSP) and the current vice-president of the HPMA Wales branch.**

Gareth started his career in the Civil Service as a Direct Entrant Executive Officer where his first project was to introduce an IT HRIS for the Wales Region. After achieving his Postgraduate CIPD, he spent 6 years in HR roles across the Department of Employment in South Wales before moving into the private sector. Gareth worked across a range of blue-chip manufacturing and hi-tech companies including Panasonic, Grundig, Senior Flexonics and International Rectifier - both in the UK and internationally, opening Greenfield manufacturing facilities in Cape Town and Swansea.

He returned to the public sector in 2005, as Head of Workforce & OD at Caerphilly County Borough Council. There, he successfully harmonised Terms & Conditions and Pay and Grading arrangements across all manual, blue collar and white-collar workers at the Council and discharging the Authorities Equal Pay liabilities of circa £30m. It was then that an old Masters student colleague encouraged him to move into the NHS. After a period at Cwm Taf UHB from 2015, as the Assistant Director of Workforce & OD, he has now come full circle; he's now back at Companies House, and one of his roles is chairing the All Wales ESR Self Service workstream - which has echoes of his first HR IT role as an executive officer in the personnel department.

Gareth is married with two children, and he recently became a grandfather. He's a keen sportsman – he almost headed into sports management from school - both Gareth and his father played against touring New Zealand All Blacks Rugby teams – Gareth for Newport RFC (Gareth played them in 1989 where the score was 54-9 (including a try!) - his father Pontypool & Cross Keys in 1963).

### **Gareth, firstly congratulations on your first Welsh Conference as VP – how did it go?**

It went really really well, and the image of people jumping up and down to Mr Motivator is a hard one for me to forget! It was a coup to get Mr Motivator; we didn't think we'd get him, but he was great, even recording a special message for the event promotion.

Different people have responded in different ways, and we've been so fortunate with the way our HPMA volunteers have pulled together and continued the branch's upward trajectory during the pandemic. This year we've seen an influx of fresh 'bodies' into the committee bringing



big enthusiasm and we really have the ability to go from strength to strength.

For instance, our recent diversity event – worked even better than a regular face to face event. We pre-recorded each of our contributors, so members could watch the content at their leisure, then we scheduled a live Q&A at end of the day: it all worked so well. It's made us think about how we can use virtual to allow more people to participate when we do finally get back together in person. (find out more about the diversity speakers in the April newsletter article).

The other event which we've managed to keep in our programme, despite the pandemic is our mock employment tribunal, facilitated by our Employment Lawyers from NWSSP. I believe it is so important to offer this, as many members will have never experienced a tribunal themselves, and the role play so clearly highlights the value of the processes we adopt. Feedback from members in bands 5, 6 & 7 is that they have now seen (almost) first-hand why certain things happen – why certain protocols are so vital.

One of the challenges as we re-engage with people in the 'new world' is how we balance these new ways of working.

### **So your HPMA team have managed to keep going throughout the pandemic – how about your team at NWSSP?**

Well it was a baptism of fire – in just three and a half weeks we transferred 1,200 office based staff to home workers. We were fortunate in that there was an OD project already in preparation but we suddenly had to deliver it at pace. There had been resistance to agile working from middle management and whilst there were some teething problems but we survived! The IT team have been outstanding – and the NWSSP team are perhaps unusual in that we haven't switched any services off during the pandemic or diverted activity – we've only added services in!

We've started new services, for instance to bring people into NHS Wales - a classic example would be moving 300 student doctors, interim FI's, coming to the end of their programme, into the workforce across Wales within a week as part of the Single Lead Employer Model. That was **2**

months ahead of time to meet the needs of the pandemic. We were able to do the same with the onboarding of 5,000 student nurses, and allied health professionals into Health Boards across Wales; allowing them to enter the workforce early to meet demands. It went smoothly.

What's different in Wales is the Health Board structure, where primary and secondary are all within the health board, so we very much take an All Wales Approach, we're able to work with stakeholders (Universities, Welsh Government, Health Education Improvement Wales) and enable things to happen at pace. A good example of this is our Nurse Student Streamlining. At first there was a resistance to the changes like the loss of interview stage, but we took the stance that if the Universities and Health Boards signed off the student as competent then there was an acceptable standard. With 92% of nursing graduates in Wales staying to work in Wales, our streamlining processes ensures there is less competition between Health Boards & Trusts removing wasted effort and duplication in the recruitment process is also reduced.

We have grown so much as an organisation, if you'd told me we would be hiring planes in Cambodia and Vietnam to fly PPE in to Wales, lining up the military to unload the cargo - I would not have believed you. But we did it. Honestly, it's been an unbelievable year; we got involved in things I would never have imagined.

We were fortunate that NHS Wales took ownership of an old LG Factory as part of its Brexit planning, that warehouse space has been so valuable during the pandemic for holding PPE stock, equipment and supplies for all the field hospitals. It has also afforded us other opportunities – for instance developing a mini manufacturing unit making up ready-made vials for intensive care wards across Wales saving much needed nursing time.

### **We asked Gareth what he puts this energy for innovation down to?**

Some has been direction, shared services would never have happened if the Minister had not said I've heard everything – and you're doing it! You do sometimes need someone to say 'go', but during the pandemic the organisations across Wales have worked well together from a workforce perspective.

I did say at the outset of the pandemic, we don't want to waste this crisis, there will be things we can get done quickly, that in normal circumstances would take 2 years. The working patterns of our NWSSP workforce has changed possibly forever. I do see a small number of staff working entirely remotely, and a small number working entirely office based but the rest will split between home and office in a hybrid split. There are parts of the workforce that can't work at home, but I expect there to be new flexibility for all. We need to take that Once For Wales opportunity forward where the whole system is pulling in one direction

but recognise there are differences across the organisations. We have 12 organisations in Wales now; 7 Health Boards, 3 trusts, and 2 special health authorities including the brand new digital service. There's a lot happening.

We've been fortunate in the respect the Welsh Government and NHS Wales has really worked in partnership. We had the track record already but we have now built on that really effectively.

### **What's next for HPMA Wales?**

Focus on HPMA - more junior and middle band development. We need to be loud and proud; people teams have delivered a hell of a lot, teams have stepped up and we need to take it forward not go back. The more senior HR leaders are the remit of HEIW together with the Directors of Workforce & OD across Wales – we're connected into that work, but our approach needs to be supporting our junior and middle tiers in building up their experience and abilities.

On reflection, I think what will strike a chord with my colleagues in workforce and OD is the need to need to look after ourselves, as a community to be able to in turn help others. Self-care is involved here, we as professionals can play that part – step into that space. And as we move out of the pandemic, we can do things differently, we can meet those new challenges. But I think it's so important to consider how we bring back kindness.

There is going to be lots more rapid change, not only technological changes but structurally too – and as a profession we need to step up and do more than we did previously. The underlying message of kindness is critical. It's reiterated in the ambitions of The People Plan in England – in Professor Michael West's work on compassionate leadership too. But it's important to take those messages and make it real – easy to say, difficult to do. If we see behaviours or practices that are poor, we must have the confidence to call them out. Moving from a command and control mode to compassionate leader overnight is something very few people can do, that's where the kindness and compassion comes in supporting that progression.

We need to take the best of pre-pandemic and best of what we have learnt in the pandemic. I see our profession as the oil in the engine – we make other things tick. And we need to do less of the 'computer says no' or the 20-page policy documents with endless tick boxes. Most people think in black and white, but a lot of our skill is in the grey; helping managers navigate through that particularly when there is conflict. We now have opportunities to work in different ways to improve the outcome for our patients and as importantly our own staff - that's why I am so enthusiastic for the future.



**#inclusiveHR** is a social movement for change to improve the experience of Black, Asian, and Minority Ethnic HR & OD professionals 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.

This month Cheryl Samuels, Deputy Director of Workforce Transformation, NHS England & NHS Improvement, shares Paul Taylor Pitt's powerful story of his personal leadership journey.



**To be an ally**  
**Paul Taylor Pitt**

Growing up gay (and white) in Scotland in the 1970s was an interesting experience. And of course by interesting I mean hard. I felt like I was the only queer boy in the world. This feeling of difference, of other-ness was my crucible of compassion. I couldn't understand why anyone would treat me badly just because of who I loved. In secondary school, the headteacher said that there were two new pupils joining, and that they were black. This was a first for us. He asked if anyone in the class would have a problem with that. Nobody said anything, but I felt a fire light inside me. I felt so angry that our permission was being sought. After he left, the kids – mostly boys – in the class started to laugh and joke about having a black kid in the school. I sat with my face burning, desperate to say something but fearful that I would put myself up for ridicule when I was already skating on thinly veiled homophobic ice. I stayed quiet, which I regret to this day.

For a while I believed that the empathy for others that developed from my queerness was enough. I called myself a feminist. A trans advocate. An anti-racist. After the murder of George Floyd in 2020, I felt enraged, but once again trapped – this time by a pandemic. I am fortunate to be part of an amazing team of colleagues, and we made space in our work days for us to talk about the Black Lives Matter movement and our own experiences of when we stood up against racism, and also when we turned away. The conversations were difficult and brilliant. It started as a group of three, and built, and grew, until we had a mass of people talking about this. We were stuck in conversation, feeling frustrated about doing nothing. I suggested that we start

a BLM Book Club, beginning with Layla Saad's "Me and White Privilege". We all started the book on the same day, working through each of the daily exercises on our own and came together at the end to compare notes.

For me, I recognised for the first time that being gay does not cancel out my white privilege. The moment of illumination came when reading the chapter on allies, where Saad says allyship is not an identity but a practice. I can't self-identify as an ally – it's up to others to determine that based on my behaviour. Of course, the behaviour and action has to be rooted in clear values, so there was a glimmer of hope, but it was still a call to action that I couldn't ignore. From the book club, we began to look more deeply into how we could be a more inclusive organization that truly demonstrates anti-racist practice. We worked with our internal BAME network and agreed to look initially at our recruitment practices. Two tangible changes that we made were to include a clear and unambiguous question about inclusion in every single interview, and that it would be a deal-breaker. We also took the decision to deliberately create the best conditions for our interviews, where people could feel most relaxed and at their best. This includes sending a copy of the interview questions in advance so that we are truly meeting the person, not their rehearsed answers.

Those are two small steps that I hope will help us to walk faster and in time take a great leap. Personally I have included an anti-racist objective in my annual appraisal and encouraged members of my team to do the same so that we can hold each other to account. There is so much more to do and I encourage my white peers to examine their privilege, not in a judgmental way but with curiosity and kindness. Treating ourselves compassionately gives us permission to treat others that way too. We need to make peace with and have ongoing awareness of our own experiences so that we can outgrow them and be a truly useful force for good in the world.



## Lifesaving education and training to implement a legislation change (Max and Keira’s Law) during a global pandemic

Cathy Miller, Legislation Implementation Project Lead Education and Governance, NHS Blood and Transport



The Organ and Tissue Donation law change has no doubt been the biggest legislative change in in the field of organ donation, in England, since the Human Tissue Act (2004).

In Spring 2020 the Organ Donation (Deemed Consent) Act (2019) was enacted, which means that all adults in England are now considered willing to be an organ and tissue donor; when they die, unless they have recorded or expressed a decision not to donate or are in an excluded group.

The aim of the law change is to increase consent for organ and tissue donation and ultimately the number of lives saved through transplantation. My role as the Education and Governance Workstream lead for the law change was to recruit a Legislation Change Team and ensure the 300 strong Specialist Nurse workforce across the UK received education and training regards the new system of organ donation.

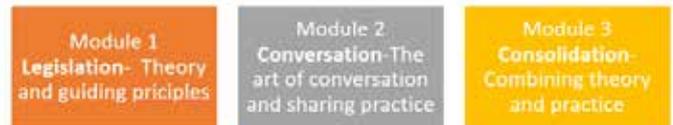
The Raison d’être to save and improve even more lives through a soft opt-out legislation was a unique and compelling case for change –with a clear driver, appealing to people’s hearts and minds of the workforce and no doubt why everyone working on the opt-out project was uniquely and exclusively supportive of the law change.

As a leader of this change, together with the Legislation Change Team (pictured below), we worked closely with the wider Professional Development and Operational teams to implement the law change. It was our joint responsibility, to provide education and training for the Specialist Nurse -Organ donation force in the new system of organ donation.



The education programme was built on principles of adult learning theory and Benjamin Blooms theoretical framework of learning. The programme was developed following a comprehensive literature review and learning from Wales, who introduced a system of deemed consent in 2015. A comprehensive and incremental training programme was designed, comprising of 3 modules beginning with the theory

of the law change, guiding principles from the Human tissue Authority and clarity around the inclusion, exclusion, and safeguard criteria. Building upon that knowledge to allow practical training sessions with professional actors encouraging shared practise amongst the Specialist Nurses who simulated and sounding out the legislation language and communication in a safe environment. This was an important aspect of the training as such conversations are conducted with acutely bereaved families dealing with a sudden tragedy. The third and final module was designed to bring together theoretical and practical aspects and consolidate the learning as shown below.



The expression “building the plane as you fly” resonated as we designed the training on evolving Codes of Practice from the Human Tissue Authority. The Codes of practice were developing as collaboration with wider clinical stakeholders and public consultation grew.

One of the most important aspects of the training development, was the need to learn and revise along the way. So, after each module was delivered, the training was evaluated, tweaked and the data was published in the British Journal of Nursing. This process of recalibrating along the way, allowed for a cycle of continuous improvement.

### Impact of the COVID Pandemic

What we didn’t account for was COVID and returning to work in Intensive Care to support our colleagues during the peak of the pandemic. As acknowledged by Lord Bethell in a House of Lords debate the impact of Covid-19 was recognised and the training of Specialist Nurses to deem consent in England would be impacted, however the expectation that deemed consent would be put into practice as soon as practicable remained and once the training was delivered each region worked within the legislation which is audited through the national NHS Blood and Transplant potential donor audit.

Our team worked tirelessly and pulled together to deliver the training across the UK (face to face and digitally), support each other in uncertain times to make a difference and ensure the campaigning undertaken by Max and his family was not in vain and those individuals waiting for a transplant had a better chance of receiving a life changing organ or tissue transplant.

The final module was re-designed and delivered virtually within an 8-week timeframe as set by the DHSC due to lockdown and the legislation change date.

Research Question:

*Was the deemed consent education and training programme for the legislation change in England implemented effectively?*

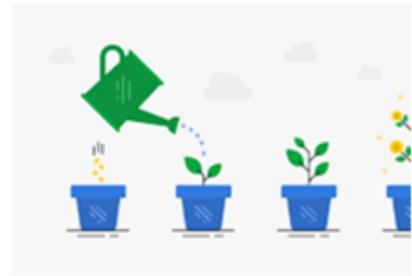
Overview of Stages 1 & 2 of the Research



- 1.1. Comprehensive Literature Review  
AND
- 1.2. Training Needs Analysis;  
Operational Survey- 'Temperature Checks'  
=  
Training Approach
- 1.3. Analysis of the module  
evaluation questionnaires



- 2.1. Analysis of on-line digital  
training footage
- 2.2. Participant Observation  
(shadowing)- convenience sample of  
28 Specialist Nurses in the Midlands  
region
- 2.3. Debrief following shadowing  
period and Semi-structured  
interview
- 2.4. Semi-structured Interviews-  
whole cohort of Specialist Nurses  
from the Midlands region



**Evaluation:**

As part of my doctoral studies, the education will be formally evaluated through participant observation in the clinical context. This will involve a period of shadowing the Specialist Nurses- Organ Donation on-call and through participant observation and subsequent semi-structured interviews (debriefs) – to understand how the education programme translates in clinical context; planning and conducting the deemed donation conversation. The research (pictured below) will make recommendations for future education and training programmes and has the potential to help other countries in the UK and globally when introducing a system of opt-out legislation for organ donation.

**Thank You:**

It was a privilege to work on the opt-out project and I'd like to pay gratitude to everyone on the project, namely the Legislation Change Team, wider professional development, and operational teams. In fact, the whole organisation was instrumental in the law change including digital learning, communications, Hub operations, the Organ Donor Registry and many many more. Above all, Max, and Kiera after whom this legislation is so duly named! Max and Kiera's Law

[https://www.youtube.com/watch?v=-\\_wLnTeSXvs](https://www.youtube.com/watch?v=-_wLnTeSXvs)



## Supporting HR teams to manage concerns with NHS Resolution's Practitioner Performance Advice service

Vicky Voller, Director of Practitioner Performance Advice and Primary Care Appeals



The Covid-19 pandemic has been one of the biggest healthcare challenges that the NHS has ever had to face, placing significant pressure on frontline services. However, the past year has also highlighted the strength of the NHS and demonstrated that by working together great things are possible, even in the most difficult of circumstances.

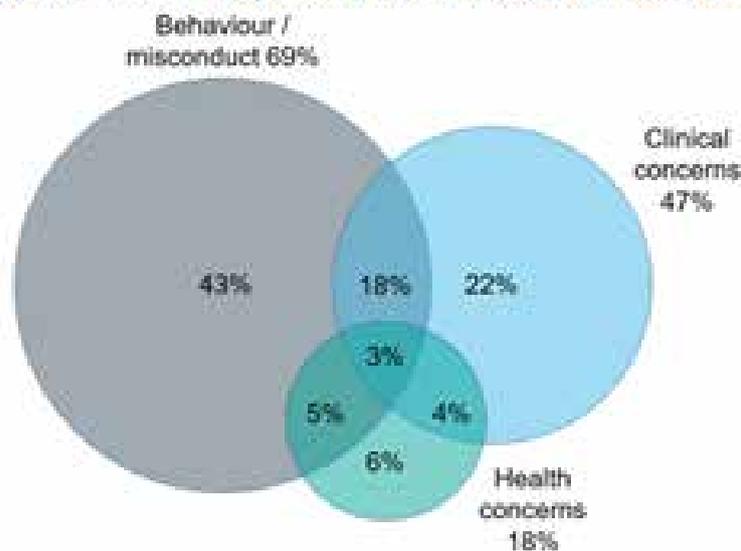
At NHS Resolution, we know that healthcare practitioners are feeling that pressure, with so many working outside their normal scope or context of practice. This can impact on a practitioner's ability and performance, put strain on working relationships or the wider team and lead to physical and mental health problems in both the short and long term.

Our Practitioner Performance Advice service offers impartial advice to healthcare organisations to support managers to resolve concerns about doctors, dentists and pharmacists quickly and fairly.

We use national frameworks (including Maintaining High Professional Standards in the modern NHS) to align with trust's local policies and help organisations navigate the most complex performance management issues. Most of our services are free to access, providing an additional expert and independent resource for managing concerns about practitioners, including:

- [Advice and support](#) (from specific advisers linked with your organisation);
- [Clinical performance and behaviour assessment](#);
- Remedial services, such as [mediation](#), [team reviews](#) and [action planning](#);
- [Exclusion advice](#);
- [Training](#)
- Our service offers many benefits to your organisation in managing concerns about practitioners, including:
- A neutral space for discussion - we're not a regulator or a clinical validation body.
- Support developed over 20 years by professionals from healthcare, legal and HR backgrounds.
- A tailored service to meet your needs and local circumstances.

### 4,038 cases by type of concern reported to Practitioner Performance Advice by healthcare organisations between 2015 and 2020



Over the last five years, the majority of cases managed by the Advice service involved concerns associated with misconduct or other aspects of practitioner behaviour. Just under half of cases involved clinical skills concerns, including issues around safety and governance. A concern around the health of the practitioner featured in just under 20% of cases, while 30% of cases related to more than one area of concern.

**Our service is available across the NHS in England, Northern Ireland and Wales, so get in touch to see how we can help you.**

Phone: 020 7811 2600

Email: [advice@resolution.nhs.uk](mailto:advice@resolution.nhs.uk)



## HPMA EXCELLENCE IN PEOPLE AWARDS

As you read this newsletter, shortlisting is hopefully underway. A huge thank you to all the volunteers from across the association – as well as our wonderful sponsors – who are poised ready to discover the wealth of good practice, innovation and inspiration you have submitted!

After phase one judging or shortlisting, where entries are scored against defined category criteria, the top three projects will progress to phase two judging or our virtual judging panels. Due to the deadline extension we are asking all entrants to hold the panel dates in their diaries – and if you are successful, you will be notified of the precise time of your panel.

### Monday 28th June:

Hill Dickinson award for education, learning and development initiative

Capsticks award for innovation

SPF award for partnership working between employers and trade

### Tuesday 29th June

HEIW award for working smarter

Browne Jacobson award for excellence in employee engagement

HST talent acquisition strategy of the year award

### Wednesday 30th June

Bevan Brittan award for wellbeing

Academi Wales award for excellence in organisational development

Team of the year category

### Thursday 1st July

Locum's Nest award for HR analytics

Director of the year

### Friday 2nd July

Mills & Reeve award for leading in equality, diversity and inclusion

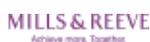
University of Bradford Award for cross-sector working

### Tuesday 20th July

Deputy Director of the Year

Very best of luck to all entrants – and in this year, more than ever thank you for making the time to submit your entry to share your best practice.

Please hold the ceremony date in your diaries – **Thursday 7 October** – the event will be free to register for members.



## Join Us in Developing the Future of NHS HR and OD

The Future of NHS HR and OD Programme is responding to the changing world of health and work by co-creating a vision for 2030 for People Services. We want NHS staff and leaders who are the customers of people services to join the next stage of this ambitious project through the Big Conversation #2.

All staff can now log on to the site and view the drafted vision statements here which have been developed from thousands of interactions, including the first Big Conversation.

The next phase of the programme involved drafting recommended changes for people services and the people profession which fell into 8 key themes:

### Strategic themes:

- Equality, diversity & inclusion
- Health & wellbeing
- Talent & leadership
- Employee experience, recruitment and brand
- Enabling themes:
- Digital & technology
- Target operating model
- Professional development for the people profession
- New ways of working.

These draft recommendations are now online and will be open to check and challenge until 6 June.

We need you to let us know which recommendations you like, which you do not and, most critically, why. If you feel anything essential is missing, please do share your views.

Please visit [www.ournhspeopleprofession.org](http://www.ournhspeopleprofession.org) to take part in developing the future.

Thank you to you all the NHS HR and OD professionals for painting a better future. Would you mind checking and challenging your vision? Join the Big Conversation.

OUR NHS  
PEOPLE  
PROFESSION

#LOOK  
FORWARD  
TOGETHER  
OurNHSPeopleProfession.org

Thank you to you professionals for Would you mind your vision? Join

I am excited to be co-creating the future of our NHS People Profession. Join the Big Conversation to check and challenge our collective vision.

OUR NHS  
PEOPLE  
PROFESSION

#LOOK  
FORWARD  
TOGETHER  
OurNHSPeopleProfession.org

I am excited to be co-creating the future of our NHS People Profession. Join the Big Conversation to check and challenge our collective vision.

OUR NHS  
PEOPLE  
PROFESSION

#LOOK  
FORWARD  
TOGETHER  
OurNHSPeopleProfession.org

As NHS people professionals, we are passionate about;

NHS



#### INCLUSION & BELONGING FOR ALL

We use our expertise, influence and skills to create inclusive cultures and equity. We value diversity and create workspaces which allow each and every individual to bring their best self to work, recognising that we are stronger when we positively address inequalities and celebrate diversity.



#### THE HEALTH & WELLBEING OF ALL OUR PEOPLE

We are caring, compassionate and the health, safety and well-being of our people is at the heart of what we do. We will provide fair, good work and ensure that working in the NHS positively impacts the well-being of our people. We are an anchor organisation and will use this to address health inequalities at work and in our communities.



#### ATTRACTING, RETAINING & DEVELOPING OUR PEOPLE

We anticipate the needs of the NHS, building a sustainable workforce. We will invest in skills and employability, working in partnership across health and social care providers. We will enable the talents of our People to flourish.



#### CREATING A GREAT EMPLOYEE EXPERIENCE

We listen, so that we can understand the diverse needs, expectations and experiences of our people. We use insights to drive improvements in the experiences of all of our people creating an individualised, personalised experience.



#### LEADING IMPROVEMENT, CHANGE & INNOVATION

We are committed to an integrated, productive, efficient and responsive workforce working seamlessly across organisational boundaries. We will enable transformation and a culture of continuous improvement, learning and innovation. We take a leading role in delivering service and workforce change and our operating model will deliver this.



#### SUPPORTING OUR PEOPLE PROFESSION

Everyone working in the People Profession will be supported to be their very best. We will encourage all to reach their full potential. This will ensure that the NHS has access to outstanding people practices.



#### DIGITALLY ENABLED SOLUTIONS

We will be skilful in the use of technology and analytics to innovate, develop and deliver great people practices.

## Help create a better workplace for our NHS people: national survey to gauge training and skills needs to support workforce development

By Jon Parry, Head of Research, Skills for Health

NHS employers and employees across the UK are being encouraged to take part in new research, to identify the current skills and training support needs of the workforce. Leading the national study, Jon Parry, Head of Research at Skills for Health, discusses how the findings will help shape a future where staff resilience and wellbeing is both nurtured and adept to meeting the demands of the service.

Over the last twelve months, NHS organisations across the UK have undergone enormous change, mobilising effective workforce innovations and flexibilities at pace, to adapt and respond to unparalleled demand. The remarkable resilience and dedication of healthcare staff to deliver care for patients and service users in the midst of such adversity is incredible but has been tested to the limits. As staff continue to face ongoing challenges due to the impact of Covid-19 as well as from pre-pandemic operating conditions, how can this resolve be strengthened and working life improved to reduce the risk of burnout, both now and in the future?

Since 2010, our academically trained research team at Skills for Health, have conducted a national research project assessing the current skills and competency needs of the entire NHS workforce. During this time, these vital findings have helped shape the delivery of workforce initiatives and people strategies, supporting employers to make evidence-based decisions and to target effective resources in their efforts to improve the workplace.

As the nation emerges from the pandemic there has never been a greater need to address the ongoing challenges of NHS workforce development and now is the time to ensure long-term plans are based on an accurate evidence-based understanding of the needs of the workforce. The upcoming NHS Bill offers an opportunity to create a truly integrated workforce and this research will help inform policy to both improve the workplace for our people and build a workforce which is better able to meet the needs of patients into the future. This year's 'Developing a Resilient Workforce Survey' is focused on improving staff's resilience and wellbeing, particularly in light of the immense trials we have all experienced in the last fourteen months. It aims to identify critical shortages, at an individual, organisational and systemic level, of cross-sector skills gaps, the impact on learning due to Covid-19, ongoing training needs, flexible and remote working, equality, diversity, and inclusion at work, as well as structural and people development requirements to support an ever-increasing complex workforce.

Change is constant, and the inability for staff to accept or adapt to it is inevitable when introducing new working practices. Having a health service that is able to look back at



Inform your future, have your say on workforce challenges today

the changes that have already taken place over the last year or so, learn from them, and translate that learning into what it means practically for future workforce resilience, is key.

The subsequent findings will form a comprehensive report to support governing bodies and NHS leaders to better understand the complex skills issues that they will need to address, in order to implement measures that will not only protect staff from pressures that pre-date the pandemic but, crucially, address the new challenges they will continue to face as a result of it.

Much of the transformation brought about by Covid-19 was forced to happen overnight. That so many staff risked their personal mental and physical health is testimony to the commitment and dedication of the workforce. Yet, while personal resilience is a wonderful characteristic, it should not be the default requirement. If we are to build a healthcare service which is better adept to meeting the challenges of the 21st century and vitally improve the health of our communities, we must first improve the workplace for our NHS people.

The future will continue to bring new layers of complexity, new challenges, and new opportunities for the sector. Our NHS workforce need the training and support which can better match this ever-increasing complexity. If we can start preparing leaders for upcoming challenges today, then tomorrow's workforce will be better equipped and more resilient to meet them.

By participating in this survey, NHS employers and employees can play their part in informing decisive action for their workforce, to both help overcome the obstacles it faces in recovering after Covid-19 and also to create a culture of workforce resilience that is vital to shaping the future of our NHS.

Have your say and complete the survey now [link](#)

The survey will be live until June 30, 2021, with the research findings published in a full public report in the autumn. For every completed survey response, Skills for Health are donating 10p to MenCap, the leading charity for people with a learning disability.

## Exploring the implications of Covid-19 on employee relations



This June and July, the PrOPEL Hub, in partnership with the HPMA, will be running a series of free events drawing on evidence gathered before and during the pandemic to explore the implications of Covid-19 for employment relations in the Health & Social Care sector across the 4 UK nations. The programme developed by Richard Saundry spans six events and feature leading experts from academia and the NHS. Visit <https://www.propelhub.org/spotlight-on-health-and-social-care-event-series/> for further details and booking links.

### **Employee Engagement and Productivity in the NHS in England (Monday 7 June, 3-4pm)**

The links between employee experience and individual and organisational performance have been well documented. However, how does this translate to a healthcare setting? How does employee engagement impact patient outcomes such as patient satisfaction, patient mortality and infection rates? What are the implications for people management in the healthcare sector?

At this webinar, Christian van Stolk, Executive Vice President at RAND Europe will explore how staff engagement is linked with both individual outcomes – such as rates of absenteeism or presenteeism – and patient and organisational outcomes such as better quality of care and financial performance.

### **Understanding Human Capital amongst Social Care Employees (Tuesday 8 June, 3-4pm)**

Non-profit organisations (NPOs) are established to fulfil a collective, public or social need and – as the name suggests – are 'not for profit!' However, NPOs now face growing competition for funding and resources to survive. To enhance their organisational value, performance and ultimately competitiveness, they are increasingly looking to progressive management strategies as a solution.

What benefits and limitations does such an approach have within an NPO? How does the requirement that NPOs be competitive and sustainable impact their ability to fulfil their original social mission?

At this webinar, Dr Martin McCracken, Research Director at Ulster University Business School and Dr Denise Currie, Senior Lecturer at Queens University Belfast, will explore what the evidence tells us and consider implications for policymakers and practitioners.

### **Wellbeing, Working Life and Coping Strategies during COVID-19 (Thursday 10 June, 3-4pm)**

The last year has thrown up numerous challenges for health and social care workers often juggling increased workloads, stressful working environments and personal responsibilities.

How has the mental wellbeing of health and social care workers been impacted and what coping strategies have they adopted during this challenging time?

At this webinar, Dr Denise Currie, Senior Lecturer at Queens University Belfast, Dr Paula McFadden, Senior Lecturer at Ulster University and Dr Jermaine Ravalier, Reader at Bath Spa University, will give a snapshot of findings from research carried out during two different phases of the COVID-19 crisis and discuss practical tips for managers, employers and regulators on how to best support their workforce through the pandemic and into a 'rebuilding phase' post pandemic.

### **Partnership working and work engagement in NHS Scotland (Monday 14 June, 3-4pm)**

Partnership working in NHS Scotland has been crucial to employment relations for more than two decades and has recently been required to pivot towards health and social care integration, and contribute to responses to the COVID-19 crisis. Research by the University of Strathclyde in partnership with NHS Scotland has assessed the impact of Partnership arrangements; and how they set the context for employee engagement strategies across the NHS and care.

At our upcoming webinar, Patricia Findlay and Colin Lindsay, Director and Deputy Director at the Scottish Centre for Employment Research at the University of Strathclyde share insights from more than a decade worth of research into partnership working in the NHS and care sector and consider the future of partnership working post Covid-19.

### **Inclusive leadership in the NHS – in conversation with Roger Kline (Friday 18 June, 11-12pm)**

In this session, Richard Saundry of the Centre for Decent Work at the University of Sheffield will be talking to Roger Kline, Research Fellow at Middlesex Business School about his extensive work in the NHS around the development of inclusive leadership. Roger will outline the case for more inclusive approaches to leadership and management and the practical steps that NHS organisations and those in other sectors can take to make this a reality.

### **Enhancing fairness and justice in people management (Friday 2 July, 1-2pm)**

This session explores the development of a Just and Learning Culture at Mersey Care NHS Foundation Trust, which has transformed the way that potential disciplinary issues are managed and had a wider impact on organisational culture. Amanda Oates, Executive Director of Workforce and Kristina Brown, Senior Lecturer in Leadership and Management at Northumbria University will discuss this innovative work and lessons for organization inside and outside the NHS.



## Recruiting Globally

Chris Addison, Head of International Division, MSI Group



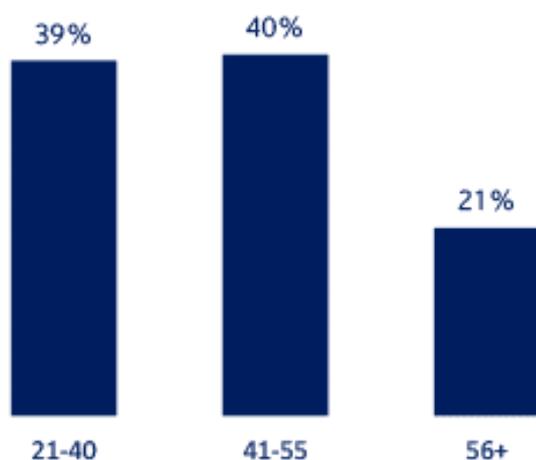
Recruiting nurses from other countries is not a new idea; successive governments have recruited healthcare staff from overseas to work in the UK since the 1930s. The demand for international nurses looks set to intensify over the coming years.

Despite the fact that there are currently a record number of nurses on the NMC register and rapidly rising numbers of students starting nursing degrees, the UK is still experiencing a chronic shortage of nursing staff and this is likely to worsen. If nurses can't be recruited in the UK, healthcare providers will either have to rely on agency staff or recruit from abroad.

In this article, we examine the key reasons for this rising demand:

### An ageing workforce

One of the key concerns for staffing in the health and care sector is that the nursing workforce is ageing - the number of registered professionals approaching retirement age is growing quicker than those under 30. This is particularly true for specialist areas such as mental health and learning disabilities and for those in primary healthcare.



With 21% of registered nurses and midwives already over 55, the healthcare sector could potentially lose nearly a quarter of its workforce in the next couple of years.

### High vacancy rates

Vacancies for NHS nurses and midwives are currently around 40,000, or 12% of total unfilled posts. The Health

Foundation estimate that this shortfall could increase to 100,000 by 2029. Nursing remains a "key area of shortage and pressure for the NHS".

Combined with the ageing nursing workforce, this high vacancy rate could lead to a crisis in UK staffing.

### The Coronavirus pandemic

The pandemic has exacerbated this situation, both by increasing the demand for and threatening the supply of nurses.

Staff shortages have been exacerbated through sick leave or the need to self-isolate. NHS England statistics show that on 6 January, 99,934 NHS staff were off sick and 49,704 of them either had coronavirus or were self-isolating.

Workplace stress and low pay has meant the number of nurses intending to leave the profession has jumped from 25% in 2019 to 35%. A study from the University of Sheffield study found that being a nurse was associated with higher stress, burnout, anxiety, depression, PTSD symptoms, psychiatric morbidity, and psychological distress compared to being another healthcare worker.

They also warned the distress among healthcare workers could last for up to three years after the initial outbreak of the coronavirus crisis in 2020.

### Brexit

Brexit is having a significant effect on nursing numbers, as nurses from the European Economic Area (EEA) are less likely to choose to work in the UK. From April to September 2019, the number of NMC registered professionals from the EEA fell by 3.2%.

In addition, many EEA nurses currently working in the UK could lose their right to remain if they have not successfully applied for settled status before June 2021. A recent report from the Joint Council for the Welfare of Immigrants suggested that one in seven EU workers still remained unaware of this requirement. With around 113,000 EU citizens currently working in the care sector, this area could be particularly hard hit.

### Staffing the future

In response to this looming staffing crisis, the Conservative government pledged to boost nursing numbers by 50,000 by 2024/25.

However, it appears that this commitment has already fallen into difficulties. The Bringing Back Staff scheme designed to enable retired staff to return to the NHS only attracted 1007 nurses out of a potential 71,000. The drive to entice more nursing students has been more successful, and there has been a 23% annual increase in nursing student numbers, but these students will not be joining the current workforce for several years to come.

#### Plugging the gap

It has been widely reported that 12,500 of the 50,000 new nurses the government has pledged to supply were to be recruited from abroad.

In fact, the UK has been relying on attracting nurses from outside of the EU for some time. Between April and September 2019, the number of NMC registered nurses from the European Economic Area fell by -3.2%, while the number of professionals from outside of the EEA grew by 5.5%.

MSI International are experts in overseas recruitment; helping our clients access the global talent pool. We deliver high-quality international staffing solutions to the NHS, private and third sector healthcare providers across the UK. If you'd like to find out more about how your organisation can benefit from overseas recruitment, please visit

[www.msiinternational.com](http://www.msiinternational.com) or contact Chris Addison, Head of International Division, on **+44 (0)207 940 6286** or [chrisa@msigroupltd.com](mailto:chrisa@msigroupltd.com).



**FutureFocus  
WORKFORCE  
WEBINARS  
NOW BOOKING**

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.

#### **HPMA FutureFocus webinar: Learning and development – Thursday 24 June (1.30pm - 4.30pm)**

Event partner THINK



Lori Niles-Hofmann, independent learning strategist  
keynote speaker

Speakers include Rachel Andrew, Head of Learning and Organisational Development, The Dudley Group NHS Foundation Trust, Will Young, Assistant Head of HSC Leadership Centre and Heather Probert, Therapy Lead, Cardiac Rehabilitation, Royal Brompton & Harefield NHS FT

#### **HPMA FutureFocus webinar: Equality, Diversity & Inclusion – Tuesday 14 September**



Tracie Jolliff, Head of Inclusive Leadership Development at NHSE/I  
Keynote speaker

Speakers include Cheryl Samuels Deputy Director of Workforce Transformation at NHS England and Rachael Tyler, Development Director, HPMA London Academy

Register at <https://www.hpma.org.uk/futurefocus/> (free for HPMA members)

## Apprentices and clinical engineers take centre stage

The virtual ceremony for the Advancing Healthcare Awards celebrating the achievements of allied health professionals and healthcare scientists, took place last week and members may be interested to learn more about two winning entries which shone the spotlight on apprentices and clinical engineers during the pandemic.

The NHS EMPLOYERS AWARD FOR OUTSTANDING ACHIEVEMENT BY AN AHP OR HEALTHCARE SCIENCE APPRENTICE, SUPPORT WORKER OR TECHNICIAN category was won this year by Donna Morris, a Trainee Biomedical Scientist based at Princess Alexandra Hospital NHS Trust, Harlow. Donna took the lead on validating 15 point-of-care SAMBA machines, designed to detect COVID-19. This has allowed the wider hospital and healthcare teams to test for COVID within the emergency department and other hospital ward areas, so improving the patient experience, turnaround time and pathway. Donna has excelled in this project normally allocated to a HCPC registered biomedical scientist. Patients can be tested at the bedside as opposed to sending a swab to the laboratory. Families are also directly involved where a carer is accompanying the patient and requires testing. The test allows for a much quicker turnaround time, typically 2 hours instead of 8 hours. This allows for a faster result, quicker discharge to community care, correct ward placement (i.e. COVID or non-COVID). It also allows for faster emergency surgery, and

an all-round reduction in patient anxiety. She said that she wanted to win this on behalf of all biomechanical scientists who are rarely seen and who have made a massive impact on so many people's lives this past year.

Global Clinical Engineering Day Team, led by Basit Abdul won the THE ACADEMY FOR HEALTHCARE SCIENCE AWARD FOR INSPIRING THE HEALTHCARE SCIENCE WORKFORCE OF THE FUTURE category for their 'Global Clinical Engineering Day' video. The video became the UK's contribution to an international celebration, at a time where the profession was under pressure to deliver support to the pandemic response. The video is a series of vignettes that can be split down and used for professional awareness, educational material and marketing. This was a deliberate and considerate decision by the team and meant that Clinical Engineers across the country will be able to make use of the content for years to come. By featuring contributions across the country, it shows a breadth of perspectives that makes the content transferable. It was also designed to introduce lay audiences to the work of Clinical Engineers.

You can discover more about the winning Clinical Engineering project in the Spring edition of [The Healthcare Science Leadership Journal](#) and all the winners in the 2021 Advancing Healthcare Awards in the [Winners guide](#)

---

## Good career conversations are important!

HPMA London Academy in collaboration with the London Deputy Director of HR Network launched 'Realising My Potential' resource hub with a wide range of information, hints, tips and prompts to support all HR and OD professionals achieve their development ambitions and career aspirations [www.hpma.org.uk/london/london-resource-centre/](http://www.hpma.org.uk/london/london-resource-centre/)

The aim of the Resource Hub, which is part of the #InclusiveHR social movement, is to support all HR and OD professionals to develop their careers in the NHS, and realise their potential. The Realising My Potential resource Hub was developed as one of the key actions coming out of our recent research into the lived experience of black, Asian and minority ethnic HR and OD colleagues. We heard from many HR and OD colleagues during the course of our research, that they are ambitious and would like to progress in their careers but that there is no clear career pathway, access to the range of roles in HR and OD or guidance on how to progress in HR and OD in the NHS.

The Resource Hub aims to support HR and OD professionals to develop their careers in the NHS by:

- Providing information on HR and OD careers, setting out a career framework and giving information on the functional areas within the workforce directorate
- Providing support on how to plan your professional development including an 'exposure model', a framework for implementing career conversations for all HR and OD professionals and links to a range of development opportunities

- Supporting equality, diversity and inclusion within the HR and OD profession with a range of resources including a diverse range of personal career journeys and cases studies from our white HR and OD leaders who are on a journey to leading more inclusive HR and OD directorates

Please visit the resource hub [www.hpma.org.uk/london/london-resource-centre/](http://www.hpma.org.uk/london/london-resource-centre/) to check out all these resources and share them with your teams and colleagues, so we start to have more balanced conversations and close the inequality gap.

The new Realising my Potential resource hub is the most popular area on the entire HPMA website with over 2,000 visits in the last 30 days – make sure you take a look!



## DIARY DATES

PrOPEL Hub/ HPMA Event Employee Engagement and Productivity in the NHS in England (Monday 7 June, 3-4pm) Register [here](#)

HPMA North West & HPMA Yorks & Humber Webinar: Social Media – Uses and Abuses, Tuesday 8th June at 10.30am more information click [here](#)

PrOPEL Hub/ HPMA Event Understanding Human Capital amongst Social Care Employees (Tuesday 8 June, 3-4pm) Register [here](#)

PrOPEL Hub/ HPMA Event Wellbeing, Working Life and Coping Strategies during COVID-19 (Thursday 10 June, 3-4pm) Register [here](#)

PrOPEL Hub/ HPMA Event Partnership working and work engagement in NHS Scotland (Monday 14 June, 3-4pm) Register [here](#)

PrOPEL Hub/ HPMA Event Inclusive leadership in the NHS – in conversation with Roger Kline (Friday 18 June, 11-12pm) Register [here](#)

HPMA North West & HPMA Yorks & Humber Webinar: Mediation – Recognising When and How to Use it – Monday 21st June at 1.30pm

HPMA FutureFocus webinar: Learning and development – Thursday 24 June at 1.30pm

Register [here](#)

HPMA Awards Virtual Judging Panels 28 June – 2 July & 20 July

PrOPEL Hub/ HPMA Event Enhancing fairness and justice in people management (Friday 2 July, 1-2pm) Register [here](#)

HPMA North West & HPMA Yorks & Humber Webinar: Investigation Training – Monday 5th July at 10am

HPMA FutureFocus webinar: Equality, Diversity & Inclusion – Tuesday 14 September

Register [here](#)

HPMA London Academy 2021/22 Programme more information click [here](#)

2021 HPMA Excellence in People Awards Ceremony: Thursday 7 October

HPMA UK Conference People Profession into the Future (virtual) Thursday 2 – Friday 3 December 2021

### 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)