



Time to look forward

Dean Royles.
President HPMa

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MAY 2021 NEWSLETTER

Milestones. We have had a year of them. All plotting the terrible toll the pandemic has taken. The first lockdown, ten thousand deaths then twenty thousand deaths, rising infection rates, European comparisons and benchmarks, thousands furloughed, unemployment rates, one-hundred thousand deaths. Graphs and charts. Next slide please. The second and third lock downs.125,000 deaths.150,000. milestones became a part of our daily lives. Relentless and sombre.

More recently the milestones have taken a more optimistic tone as vaccines have been rolled out. Cohorts 1 to 5; 1 million vaccinated, 10 million vaccinated, targets met, new cohorts. 30 million have first vaccine, 10 million with second vaccine. Twenty percent of adults fully vaccinated. Amongst them, the vast majority of health care staff.

Milestones have marked our personal and working lives like never before, from the anxiety of the global pandemic being declared to the light at the end of the tunnel of a successful vaccination campaign and the steady, hopefully permanent, exit from lockdown. These milestones have recoded the past. It is something we will never forget, from the loss of family, friends and colleagues, to the impact on so many other lives through job losses, isolation, unemployment and deteriorating mental health. Now we, as healthcare people professionals have the opportunity and, indeed the duty to look forward. The responsibility to not only work through the recovery phase of the pandemic for staff and for services, but to look ahead to a reshaped, more confident profession. The workforce profession has taken its rightful place at the board table, not just in the NHS but across many sectors who have also contended

with supporting staff through furlough and temporary and permanent business closures, and like you working through creating covid secure workplaces as the very essence of work, the workplace and the workforce has changed irrevocably.

You, working in healthcare, have done an incredible job that we know won't get the full recognition it deserves. As a profession we are used to keeping out of the limelight and letting, often demanding that others take the credit, building confidence amongst patients and citizens. That is what effective support functions do, quietly, confidently and expertly. The arrangements you have put in place to support those with direct patient care, to help ensure their health and wellbeing and supporting them through what will be the most difficult years of their careers. The selflessness you have demonstrated has been humbling to experience. But it feels the right time for me to encourage you to be just a little bit selfish as we look ahead.

I know we are not out of the pandemic yet, but you know, that time spent on ensuring your own recovery and your own mental and physical health and wellbeing is an investment, not a cost. It will be time well spent. Just as importantly, we have probably not had the time or the headspace to pay attention to our ongoing professional development. Although there has been lots of learning on the job this last year!

In England, the National HR and OD review will soon be nearing completion and I know many of you have contributed to the engagement events. We at the HPMa have been actively involved in a number of workstreams and in each of these we have highlighted and emphasised the importance of investing in the

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development of our profession. It has been said that there is always a silver lining and maybe for us the stars will line up in a way that means we can consolidate what has been achieved and secure the investment we need to make the NHS people profession not only confident in the past but secure and sustainable in the future. In the rest of the UK, countries will be looking ahead too, acknowledging remarkable work of the healthcare people profession, and the HPMA as a UK wide body will play our part in sharing good practice, wherever we find it (notably in our [HPMA Excellence in People Awards 2021](#) and also the the [HPMA Wales Summer Event 'Recognise and Reflect'](#)). We will continue to convene and facilitate events and resources that take pride in what you have achieved and prepare us all for what will be a challenging few years, but proud of what has been achieved and optimistic for more investment in the development of our profession.

Given the career defining year that has passed I for one am hopeful and pleased to be thinking about a brighter future. I hope you are too. As your professional body we are chuffed for all you have achieved and privileged to be supporting you again in the months and years to come. Thank you.

Dean Royles

President HPMA



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.



The series will open with a focus on Learning & Development on Thursday 24 June via Zoom, with event partner Think and keynote Lori Niles-Hofmann - a senior learning strategist with over 20 years of L&D experience across many industries, including international banking, management consulting, and marketing. Her specialization is large-scale digital learning transformations. Lori is passionate about helping organisations navigate through the ambiguity of change.

More about our FutureFocus: Learning & Development event partner Think:

We've been supplying leading-edge Learning Management Systems in Healthcare for 15 years, and are deeply proud that 200,000 staff and managers in 40 NHS Trusts use our systems to manage their learning, compliance, appraisal, supervision, and CPD.

Working with Healthcare during the pandemic, we've created innovative new solutions to further support virtual learning, health and wellbeing plans, and 360 feedback processes. NHS clients trust our responsive, solution-focused, collaborative services, and our ESR experience in Acute, Mental Health, Community, Ambulance, and CSU settings.

Watch this [1-minute video](#) for a quick overview of our NHS LMS features and benefits.

We have won [Compliance](#) and [Best Healthcare Implementation](#) awards, based on our case studies and feedback from our NHS clients.

We are delighted to be appearing with Lori Niles-Hofmann (an incredibly authoritative and experienced EdTech voice), and to be sponsoring the event to support the brilliant work done by the HPMA.

<https://twitter.com/thinklearninghq>

[Think Learning | LinkedIn](#)

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

Surveys are Your Best Prescription for a Healthy Diversified Workplace

Pat Newson, Content & Communications Specialist, WorkTango



A recent Equality, [Diversity and Inclusion study](#) sponsored by HPMA stressed how addressing significant concerns around the progression of minority employees within the national healthcare systems is “business critical.” More so, one could argue, it’s life and death critical.

The lives of people young and old, people of different cultures, people who speak different languages, people who identify as LGBTQ+, or who observe different beliefs, people who live with neurological or physical disabilities, or come from a spectrum of socio-economic backgrounds—and any [intersectionality](#) or combination therein—their lives depend on it.

A moment lost in translation or misinterpretation or sheer ignorance could be the difference between the successful or tragic outcome of a medical emergency. It can impact a patient’s ability to understand and comply with care instructions. Or dissuade people from seeking care or divulging concerns altogether.

A [report](#) issued by the UK Government Equalities Office, for example, found a notably high level of dissatisfaction with health services among LGBTQ+ people. Authors of the report fault “a lack of knowledge among medical staff about the health needs of LGBTQ+ people, specific concerns with mental and sexual health services and, among transgender people, concerns with the gender identity services provided by the NHS.”

[Statistics](#) tell us:

Around 1.3 million people were employed by NHS trusts and clinical commissioning groups in England at the end of March 2020.

- White people made up 77.9% of staff
- Asian people made up 10.7%
- Black people made up 6.5%
- People from “Other” made up the balance 2.6%

And whilst (77%) of the NHS workforce is made up of women, less than half hold senior roles—a universal problem recently making headlines in Canada. With urgency surrounding the backlog of surgeries postponed for COVID-19 related needs, [CTV](#) reported female surgeons face rampant gender-based referral discrimination, and large pay gaps as a result. Interviewed surgeons agreed this bias and other inequities are not only gender-based, but extend to other groups including practitioners of colour, LGBTQ+, and new graduates.

Dr. Samantha Hill, President of the Ontario Medical Association noted how, “when you have a diverse workforce, patients do better. You ask different questions and research, you approach things with a different lens ... so the absence of any given group, whether it’s women, or a specific racialized community, or LGBTQ+, means that we are weakening our capacity to provide care for patients.”

Moreover, as a [report](#) by McKinsey found, gender-diverse companies (healthcare institutions and services included) outperform peers by 15% whilst ethnically-diverse executive teams are 35% more likely to do the same.

You can’t improve what you don’t measure

What is your organization’s demographic makeup?

How do employees feel about diversity, equity, and inclusion in their workplace?

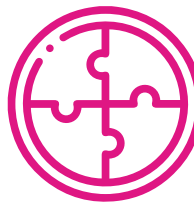
Simple, easily-accessible diversity, equity, and inclusion [surveys](#) are a springboard to better understanding the sentiment of your employees and, achieving the kind of diverse thinking required to take your healthcare organization to the next level.

It’s a matter of understanding the differences between Black, Asian, Chinese, Pakistani, Bangladeshi and other ethnic or visible minority cultural nuances. Understanding the difference between diversity (inherent characteristics such as race, age, gender, sexual orientation and disability), equity (if equity-seeking groups have equitable opportunities to advance and grow), and inclusion (how each employee experiences their day-to-day work world—and taking actions that place a premium on the value of every person and what they have to offer).

By regularly looking at progress in aggregate and by operational divisions, by leaders, activities and teams—if comparisons suggest something’s amiss, management can respond. A potential recruiting and hiring bias, for instance, may become apparent across or in pockets of your organization. Data trends might flag concerning promotion and retention numbers in one or more marginalized groups.

Surveys let you see parts of the organization where employee sentiment is very low or noticeably high and dig deeper to understand troubled and exemplary areas of the organization. Collecting, analysing and reporting on progress is how barriers are removed and an authentic and measurable commitment to diversity and belonging triumphs

WorkTango’s 2021 Diversity, Equity and Inclusion Guide paints a comprehensive landscape, shares the kinds of questions you need to ask, and spells out a framework to help your organization achieve goals. You can obtain a copy [here](#).



The **#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 David Grantham's personal leadership journey.



Getting my teeth into racism & privilege

David Grantham,
*Chief People Officer, Royal Free
London NHS Foundation Trust*

I've never thought myself someone who'd discriminate. I am an advocate of equality and fairness. However, I'm increasingly conscious that I've not been doing enough. My attitude to race, diversity and inclusion has been challenged by events, and has changed. I'm 'well educated' but I know I didn't learn much about black or other cultures and people's history in school. It's perhaps understandable, I come from a small town which didn't have much diversity of colour, or much else - there were (apparently) no gay people like myself either. There's a parallel - I didn't learn about us either.

We learned nothing of Africa, except Egypt and its incredible irrigation and architecture. Of course, that the Pharaoh's were toppled by Romans too. Imperialism, occupation and the slave trade and the later emancipation of nations was omitted. No-one talked of the greatness of black people - Florence Nightingale not Mary Seacole, Roger Bannister not Jesse Owens, Alexander not Severus. History should be taught with perspective and must include some ugly truths. We did study *To Kill a Mockingbird*, which influenced me. At one point I was keen to become a lawyer - like Atticus Finch quietly righteous and pursuing justice. My days of youthful passion for changing the world. Atticus's motivations are now debated. In modern parlance he had 'white privilege' and, at least in my eyes, used it to good purpose.

The first black man I remember is Mr Paul, our dentist. At 52 I've pretty good teeth, no fillings and one root canal treatment. I do attribute this to his good care. I don't know if I remember him because he was our dentist or because he was black. I can't name a later dentist though. Now I've also thought about him. What

was it like for him back in the early 70s? A black dentist in a very, very white working class town. Why there, without much of a black community and not, say, a city? Was he one of the Windrush healthcare workers helping the NHS? I'll never know his story. Thinking about him provides a perspective, albeit speculated, that isn't my own. And not enough has changed from the discrimination and disadvantage he faced. Covid and BLM have highlighted this. I've been reflecting on what I can do. I'm in a position to. I've worked hard to get here and have my own 'white privilege' and access. It gives me influence and power. So, I want to exercise this carefully and in the cause of tackling inequality.

Increasingly want data - to examine decisions through the lens of inequality and the difference something might make. We say we've been doing that, indeed have a statutory duty to, but too often not with much rigour or true understanding. I'm also I think noticing more, being more inquisitive. So, I'm also speaking to more people different to me, listening to other voices and perspectives. I'm still learning.

In my brief stint at the London Nightingale Hospital I noticed how entirely white the leadership team that came together was, so predominantly were the clinical leadership designing the pathways of care. Unconscious bias in action in the face of an emergency. In pulling teams together quickly it was people 'like us'. But looking deeper what is the make-up of our ICU workforce? Is it as diverse as it should be? Are other parts of our workforce?

It's not just in leadership that ethnic minorities are under-represented but specialties and specialisms too. I'm also making sure I help, mentor and support black and ethnic minority colleagues. I'm also talking about race, recognising that I won't always use the right words, will offend some (not intentionally) and my language might be clumsy or unknowing but my intentions are in the right place. It helps to take an imaginary viewpoint from Mr Paul for the dignity, respect and compassion everyone deserves to enjoy.



Inclusive Recruitment

*Catherine Wills, Assistant Director,
NHS Employers*

At NHS Employers, we have recently published our 'Inclusive Recruitment: Leading Positive Change' [report](#). This report was commissioned by NHS England/Improvement and is aimed at HR managers across the NHS in the UK who are supporting their organisations in recruitment. We outline a range of different interventions that could be implemented in line with overhauling recruitment practices and processes in response to the People Plan and have formatted this so it can be considered against six key themes of recruitment: Job creation, person specification and job descriptions, adverts, interviews, onboarding and talent management.

The 2020/21 People Plan outlines recruitment as a priority area. In 'Belonging in the NHS' the plan makes commitments to overhauling recruitment processes to make sure the workforce is reflective of the community, regional and national labour markets, including agreeing diversity targets and addressing bias in processes. In 'Growing for the Future' the plan also describes increasing local recruitment and growing apprenticeships.

Throughout the report, we have examined case studies from across sectors, including the rail industry, the private sector and the NHS, and demonstrated a real evidence base for the tangible impact initiatives can have. We selected a range of case studies where organisations have been formally recognised through awards, national research or benchmarking, in terms of inclusive recruitment, and through this report some consistent messages emerge on the below themes:

- Peer Networks – many of the case studies evidence learning from peers within their own and/or other sectors. Programmes such as the Partners Programme provided through NHS Employers, aimed at board members, equality leads, HR professionals, service improvement leads and organisational development leads provides this space for colleagues in the NHS, and continues beyond the 12 month programme via an alumni group of support.

- Community Engagement – several of the case studies are explicit about the importance of knowing your local community and labour market. They demonstrate how for them, working closely with community organisations supported better understanding of barriers and therefore improved access right from the outset with job design and advertising, through to talent management and progression. This is especially relevant given the current economic climate and impact COVID has had on particular groups such as our younger people whose uptake in unemployment related benefits has increased by 119% in the last 12 months.

- Use of Data – All of the case studies provide evidence of impact, using data to measure the starting point through to tracking progress and knowing what success would look like. Tools such as the NHS Employers 'Measuring Up' can support comparing your current workforce data to your local population.
- Staff networks and StaffVoices – Many of the case studies cite how they have worked to build the capacity of their staff networks, there is further advice and guidance from NHS Employers here.

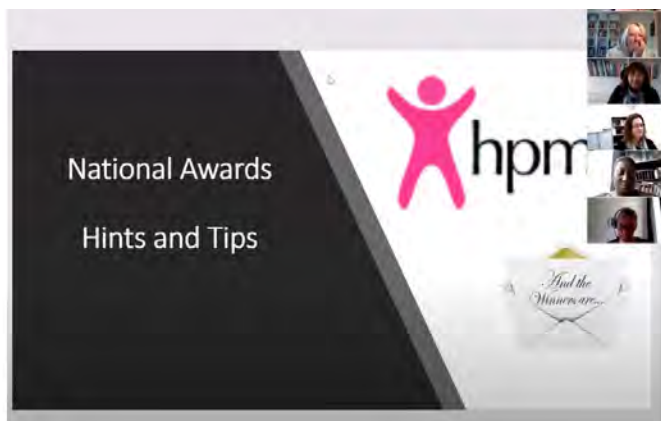
Overall however, the most prominent feature across all case studies, is that impactful results in the area of equality, diversity and inclusion do not happen when interventions are deployed in isolation and are the result of a holistic approach from organisations, and a commitment to overhaul and review their systems and processes.

We will continue to promote, showcase and celebrate some of the work underway across the NHS throughout the forthcoming Equality and Diversity Week: 10-14th May. Please get in touch for support and advice in moving this agenda further forward for your organisation.



The annual HPMA Excellence in People Awards recognises and celebrates the work of HR, OD and workforce professionals across the UK. Never has it been so important to recognise and celebrate our achievements, showcasing our profession as the cornerstone of the supportive and empowering cultures we will need as we move from the management of the pandemic to the recovery of our people and our services.

This is your opportunity to shine. Please encourage colleagues to enter and nominate others. Please stand up and be proud.



Don't forget to view last month's Awards Hints & Tips webinar with Nicky Ingham, Shelly Rubinstein and Lisa Crichton-Jones

KEY DATES

Entry deadline Tuesday 25th May (no extension possible)

Live judging panels 28 June – 2 July (virtual)

Virtual Awards Ceremony Thursday 7 October

1. CAPSTICKS AWARD FOR INNOVATION

A cutting edge, creative initiative within any sphere of HR, OD or workforce management that has led to improved practice.



2. SOCIAL PARTNERSHIP FORUM AWARD FOR PARTNERSHIP WORKING BETWEEN EMPLOYERS AND TRADE UNIONS

This award will be given to an initiative that fully demonstrates the benefits of true partnership working between employers and trade unions in the provision of health and social care.



3. BROWNE JACOBSON AWARD FOR EXCELLENCE IN EMPLOYEE ENGAGEMENT

Awarded to an organisation that has significantly improved patient care and has happier, more motivated and more productive workforce through improved staff engagement.



4. ACADEMI WALES AWARD FOR EXCELLENCE IN ORGANISATIONAL DEVELOPMENT

An OD initiative or project that has significantly benefited the organisation through improved effectiveness or viability.



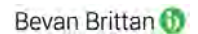
5. LOCUM'S NEST AWARD FOR HR ANALYTICS

This category recognises how the analysis of workforce data delivers insight, which generates action, leading to better decision making and better business performance. Don't be intimidated by the term 'analytics', we are not only looking for big data projects with complex tools and huge investment. Your project could have brought performance insight by simply providing a new way of looking at, collecting or utilising key data in a new way.



6. BEVAN BRITTAN AWARD FOR WELLBEING

This award recognises organisations who can demonstrate how specific employee health, fitness or wellbeing initiatives are making a positive impact on staff satisfaction, motivation, health or productivity.



7. MILLS & REEVE AWARD FOR LEADING IN EQUALITY, DIVERSITY AND INCLUSION

Awarded to an organisation that has significantly improved diversity and can demonstrate impact on governance, recruitment and/or promotion.



8. HILL DICKINSON AWARD FOR EDUCATION, LEARNING AND DEVELOPMENT INITIATIVE

We are looking for entries that demonstrate a strong link between L&D initiatives and key business goals, including leadership programmes at all levels. An organisational culture that promotes learning, focuses on talent and performance, uses innovative delivery approaches and encourages openness among employees about their development needs.



NEW CATEGORY

9. HST TALENT ACQUISITION STRATEGY OF THE YEAR AWARD

This new award recognises that talent acquisition goes beyond recruitment and that organisations need to be more forward-thinking in planning, executing, measuring and ultimately delivering a workforce strategy that supports their dynamic staffing needs. Entries can range from one-off projects for temporary staffing including collaborative staff banks, international recruitment initiatives or workforce solutions implemented during the pandemic that have been adopted as part of an organisation's overall talent acquisition strategy. Entries will be required to explain their strategy and how they utilised key components of a talent acquisition strategy including planning, employer branding, candidate experience, strategic sourcing or technology to achieve a successful outcome supported by relevant metrics that illustrate how implementation and outcome have been monitored and measured.



10. UNIVERSITY OF BRADFORD AWARD FOR CROSS-SECTOR WORKING

Increasingly solutions are not developed or delivered by one sector alone whether public SME, or private, or a combination, but require cross-sector collaboration or there is a solution developed by one sector which is then utilised and implemented in another. This award is for a project, product or service across sectors that, has had a measurable impact and delivered real outcomes for health service clients or customers.



11. HEALTH EDUCATION AND IMPROVEMENT WALES (HEIW) AWARD FOR WORKING SMARTER

This award is looking for projects, programmes or initiatives that demonstrate how workforce teams have worked 'smarter', to save money while still improving quality, safety and patient care. It could be use of technology, a change in workforce strategy or the development of new models of care. We're searching for highly transferrable initiatives that address the need in every healthcare HR team across the UK to improve efficiency and reduce costs.



12. HEMPSONS RISING STAR AWARD

The rising star award aims to recognise up-and-coming workforce practitioners that are set for a bright future. Entrants can self-nominate or be nominated by a senior manager. Candidates must have worked for a minimum of two years in HR, OD or workforce (but not necessarily in current role) and present evidence of their contribution to the business. The entrant should be below the level of deputy director or equivalent.



13. DEPUTY DIRECTOR OF THE YEAR

Category sponsored by NHS England and NHS Improvement

Awarded to a UK healthcare deputy director (or equivalent role) demonstrating an outstanding contribution to their employer, the sector and the workforce profession over the last 12 months.



14. DIRECTOR OF THE YEAR

Category sponsored by NHS England and NHS Improvement

A UK healthcare Workforce director demonstrating excellent leadership and an outstanding contribution to the workforce profession over the past 12 months. . See our director of the year gallery to view past winners of this award [here](#).



15. TEAM OF THE YEAR

Category sponsored by NHS England and NHS Improvement

Awarded to a UK healthcare workforce team working together and achieving exceptional things over the past 12 months.



16. PRESIDENT'S AWARD FOR OUTSTANDING LIFETIME ACHIEVEMENT

Sponsored by DACBeachcroft

Awarded to an individual who has made contributions of outstanding significance to the field of healthcare workforce management. Take a look at 10 years of this lifetime achievement award for inspiration [here](#).



Go to hpma.awardsplatform.com to enter & www.hpma.org.uk/hpma-awards-2021 to download winners guides from previous years and the 2021 Infosheet with criteria and submission question details on all the categories.

If you have a query or question please call 0300 365 5560, and make sure you follow us on twitter [@HPMA_National](#) and [@HPMAAWARDS](#).

Awards organised by HPMa National Events Team at [Chamberlain Dunn](#)

The Complete Guide to Employee Diversity, Equity, and Inclusion Surveys

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WHERE TO START YOUR DEI JOURNEY:
A Guide to Employee Diversity, Equity, and Inclusion Surveys

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CASE STUDY: Barts Shielders

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using a “celebrity interview” technique to spotlight work of key directorates (e.g. Infection Prevention & Control).

Informal ways included: a social newsletter; a closed Facebook group with active representation from Employee Well-being, HR Policy team and Trade Unions; Singing space; and a series of blogs/videos. We posted lanyards and badges from the “ShieldUs³” campaign to staff.

We produced simple ‘How-to’ guides⁴ and training session to managers delivered rapidly after notification that shielding was pausing/lockdown was easing

We supported the organisation by providing virtual facilitation to collect learning from the first surge. We ran sessions with specific workforces (e.g. students working as HCSW); specific teams (e.g. Bereavement team); joint clinical teams with patients (“What does remote care look like for me”) and conducted semi-structured interviews with key leaders.

What did we achieve?

3 regular virtual spaces that connected with over 410 staff (from a possible 648⁵)

- 32 Shield connect meeting
- 23 Next Steps sessions
- 7 managers series training (177 managers)

In those spaces, participants reported:

- 84% feeling heard
- 87% feeling valued
- 87% feeling respected
- 91% would recommend to a colleague

A range of informal ways of connecting

- 21 Newsletters
- 408 ShieldUs packs sent
- 9 Singing spaces
- * Delivered 18 online facilitation with other teams
- * The report of themes identified by the project will be submitted to the All Party Parliamentary Group⁶

What were the key outcomes?

1. Shielding staff reported strong feelings of inclusion, belonging and empowerment, resulting in improved wellbeing and experience.
2. Avoidance of adverse mental health outcomes for an extremely isolated, diverse group of staff.
3. Proactive problem solving: early identification of policy problem areas; reduced barriers to accessing organisational support. HR and Trade Unions are learning to work together in different ways, in service of better staff experience
4. Capability building – staff reported personal and professional development for them and their departments through attendance.

What was our challenge?

At the beginning of the pandemic, the government sent “advice to shield” letters to people with underlying health conditions considered to be at very high risk of severe illness from COVID-19¹. In the first surge, this affected 648 Barts Health staff.

Social and emotional networks are a clear protective factor against mental distress². Covid19 altered the amount of time people physically spent with social support networks, reducing the protective aspect of these networks.

There was a concern about the emotional impact shielding would have on affected staff.

What was our aim?

We believe that community and new networks could develop in the virtual world using high quality virtual facilitation.

We aimed to

1. Quickly catalyse community
2. Provide psychologically safe spaces
3. Cultivate relationships for social support
4. Grow new support networks
5. Grow capabilities and know-how of Barts Health staff to virtually engage
6. Harness talents and abilities of shielding staff.
7. Provide professional development opportunity
8. As we have developed, we would also include:
9. Empower front-line staff to make decisions in their local area
10. Provide a mechanism to address workforce involvement and satisfaction

What did we do?

Liberating Structures (LS) are facilitation tools designed to include everyone: by unleashing potential; participation in decision making; and shaping next steps. We used these as the building blocks to involve our new community in shaping the actions they identified.

We ran a few early sessions using LS and invited shielding staff, clearly stating it was an invitation, not an expectation to attend. From the staff that joined, we created a core group to action ideas.

We created formal and informal virtual spaces to connect. Initially we ran weekly support sessions (Connect). As the pandemic progressed, a need to keep up-to-date emerged, so we opened fortnightly information session (Next Steps),

What were the key themes and impact?

Shielders experienced multiple mental stressors

Grief, bereavement and death were amplified: Fear about catching Covid, as well as the biographical disruption⁷ it caused. For BAME staff, as well as a heightened personal risk, the impact of pandemic in other countries, and loss of family members in different continents, was keenly felt.

Guilt, loss, anger, shame and stigma appeared frequently when talking about home teams. Staff felt helpless in their inability to support team members who were facing extensive trauma and [we are now recognising] moral injury⁸.

The variable experience of HR policy by staff is a consistent theme. 'Next Steps' and Facebook created a real-world collaboration between HR, Employee Well-being Service and Trade Unions (TU) partners to respond together in an early and pre-emptive manner e.g. intelligence from shielders was used to clarify guidance.

There remain difficulties for how front-line staff work from home, (Access to hardware/ equipment; the instability of our WiFi network, impacting access to patient databases). Senior staff have resources to navigate ICT services to resolve issues, or purchase personal equipment. Digital literacy, digital inequality and the drive for presentism⁹ highlight challenges for how the NHS will adapt as an employer in the post-Covid world.

This project was selected as one of the finalists in the HSJ Awards 2020 NHS Workforce Race Equality category. If your organisation has a case study to share we encourage you to enter the HPMA Awards 2021 or drop us a line with your article for the next newsletter.

1 <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>

2 Bowling Alone: The Collapse and Revival of American Community, Robert D. Putnam (New York: Simon & Schuster, 2000)

3 <https://shieldus.org.uk/>

4 "Using Digital Technology" "How to return safely to site" and for managers "Top Tips to support shielding staff"

5 Membership of the group was complex, depending on how the category was defined on health roster, if managers chooses shielding or Work from Home, and changes in inclusion criteria.

6 <https://appg-vulnerablegroups.org/>

7 Bury, Michael Chronic illness as biographical disruption, Sociology of Health and Illness Vol. 4 No. 2 July 1982

8 Shale, Sarah Moral injury and the COVID-19 pandemic: reframing what it is, who it affects and how care leaders can manage it BMJ Leader 2020; 4:224-227.

9 Defined as "the tendency to stay at work beyond the time needed for effective performance on the job" Simpson, R. (1998). Presenteeism, power and organizational change: Long hours as a career barrier and the impact on the working lives of women managers. British Journal of Management, 9, S37-S50.

doi:10.1111/1467-8551.9.s1.5

Enter the Social Partnership Forum Award for partnership working between employers and trade unions

The SPF is proud to sponsor the 2021 HPMA Excellence in People award for partnership working between employers and trade unions. This award celebrates initiatives that exemplify the benefits of employers and trade unions working together to overcome challenges and develop solutions.

This year it is more important than ever to celebrate the brilliant work of our employers and trade unions in

responding to the COVID-19 pandemic. The 2021 ceremony will go ahead virtually, as with the 2020 awards, in October 2021 and the SPF is looking for entries to the SPF award for partnership working between employers and trade unions.

Take a look at the following three questions.

- Do you have an initiative that shows the benefits of partnership working?
- Was there partnership working with trade unions from the outset?
- Has it made a real difference to staff experience/service delivery/patient care?

If the answer is yes, then submit an entry. The closing date for entries is 25 May 2021 at 5pm.

Take a look at the SPF guide to submitting a winning entry, and please do encourage others to consider entering the awards and use our promotional slide to do this.

Visit the HPMA [website](#) to find out more about this year's awards, and how to submit an entry.



Celebrating excellence in people with the Locum's Nest HR Analytics Award

As we begin to recover from a turbulent year in healthcare, never has it been more important to recognise our achievements. From the rapid implementation of digital solutions to the roll out of a nationwide vaccine, NHS staff continue to go above and beyond the call of duty to stop the spread of Covid-19.

The team at Locum's Nest are delighted to sponsor the Award for [HR Analytics HPMA HR Analytics Excellence in People Awards](#); a chance to celebrate the work of HR, OD and NHS workforce professionals in the UK, who have continued to support and empower an inclusive, people-first culture at a time where healthcare workers have been under immense pressure. For that reason, it's even more important we recognise these teams' enormous contribution.

Locum's Nest Award for HR Analytics

Over the years, digital solutions have empowered HR and OD teams to better manage people and solve common HR and workforce challenges such as information sharing, retention rates and employee wellbeing. Whilst the NHS has commonly struggled to reap the full benefits of this technology, the pandemic forced healthcare organisations to re-evaluate their people management. HR and OD professionals worked tirelessly to accommodate for flexibility and government regulations whilst instilling improved staff wellbeing schemes, quickly implementing innovative solutions such as [Locum's Nest Intelligence](#) to help NHS HR teams forecast future workforce needs based on built-in system analytics and insights

This year, Locum's Nest are proud sponsors of the HPMA HR Analytics Award which recognises how the analysis of workforce data delivers insight, which generates action, leading to better decision making leading to safer staffed wards and improved patient care.

Previous winners and finalists of the HPMA HR Analytics Award include Warrington and Halton Teaching Hospitals for "Supporting our Quality, People, and Sustainability Framework", Northamptonshire Health and Care Partnership for "The Importance of Information Sharing" and Wrightington Wigan and Leigh NHS Foundation Trust who developed an engagement model based on psychological theory and practice, a twofold approach consisting of an organisational survey and a local level teams programme.

Of the 2020 winners, Northamptonshire Health and Care Partnership, the judges were really impressed by



**LOCUM'S NEST
AWARD FOR HR
ANALYTICS**



the ambition, scope and scale of this project. The team overcame the challenge of securing and working with data from various organisations keeping a focus on the long-term impact and potential of the project.

We're not only looking for big data projects with complex tools and huge investment. As experts in workforce management, we understand the power of streamlining data management. By simply providing a new way of looking at, collecting or utilising key data, we can completely optimise performance and quality of care. We're therefore on the lookout for teams and individuals who have successfully improved the effectiveness of their HR management through innovation, no matter how big or small.

Maria Elisseou, Locum's Nest Chief Operating Officer says "The people behind HR Analytics have been fighting the pandemic in their own way: their crucial work enables identification of workforce gaps to ensure better staffed wards, prioritisation of recruitment areas to ensure better quality of care delivered, more proactive focus on employee engagement."

HPMA HR Analytics Award 2021 criteria:

- Alignment of the analytics project with business objectives
- Clarity on the impact of the project, and the use of qualitative and/or quantitative data
- Overcoming barriers to collecting and analysing data
- A deeper level of understanding from data to analysis, onto insight
- A logical approach to delivering the analysis, and reporting
- Evidence of better decisions and performance increase as a result of new analysis

See the full criteria and submission questions [here](#).

Good luck!

[Locum's Nest](#)

Following their launch of Outcomes-Based Staffing, a paradigm shift set to transform health and care workforce planning, Patchwork Health is hosting a live webinar and Q&A on "Staff retention: How to give workers flexibility without compromising on workforce planning." The event will take place Thurs 27th May 2021, 9:30-10:30am.

Sign up to the [webinar](#) (spaces are limited) to hear insights from a panel of NHS Trust Directors on this critical topic. Ahead of the webinar, Patchwork CEO Dr Anas Nader gives a short introduction on how giving workers flexibility does not equate to employers having to compromise on workforce planning. And how with the right technology, employers can provide structured flexibility that accommodates for workers' needs as much as possible - all whilst balancing predictability over workforce planning.

When it comes to the NHS, every single one of its 1.3 million staff members plays an essential role. This has never been more publicly recognised than over the past year; with all staff going above and beyond, day after day.

However, this tireless dedication under relentless pressure takes its toll. According to the most recent NHS Staff Survey, a third are planning to leave their current NHS organisation. This can, and must, change.

To avoid an impending staffing crisis, it's time to create a new way for staff to thrive in their NHS careers. Currently, they are worn out by rigid rotas and rostering frameworks, as well as hindered by a shortage of opportunities to have careers that accommodate their personal situations or enable them to explore alternative training pathways or portfolio careers.

That's why, we need to make 'worker-centric' staffing a reality across the NHS.

What is worker-centric staffing?

Worker-centric staffing means putting the human at the heart of workforce planning.

In such a system, flexible working is the default. It makes genuine flexible working a reality; driving up wellbeing and retention, delivering better outcomes for staff and their patients. And, crucially, this can all happen whilst protecting the employer's ability to stay in control of their workforce planning.

Patchwork's commitment to pioneering a new approach to worker-centric staffing means our intelligent technology and smart algorithm accommodates for worker preferences around flexibility as much as possible - to optimise for their

wellness whilst balancing the imperative need for employers to have predictability over their workforce planning to ensure utmost patient care.

Currently, workers have no control over their schedules - often not a single preference or circumstance can be taken into account. Whilst it won't be possible to cater for each and every preference, our smart technology allows employers to move from our current 0% reality, to a point where at least for example 60% of preferences could be reflected, safely.

We believe that the most efficient, inclusive and cost-effective workforce model is one in which staff can have a say in how their schedules are built, and vacant shifts are filled by collaborative staff banks underpinned by digital passporting; allowing people to work wherever their skills are needed most.

This is a model capable of tackling the core drivers of burnout and staff exit, enabling staff to take an empowered approach to their careers and wellbeing.

Flexibility and empowerment come hand-in-hand

Worker-centric staffing is inherently decentralised, with automated scheduling systems removing a heavy admin burden from managers and also giving workers more autonomy.

By empowering workers - giving them greater ownership of their schedules, their careers and their personal data - employers demonstrate how much they value their staff, improving retention and morale.

Crucial to this empowerment process is the right user-friendly, interoperable technology to support this new era of staffing. This is why we developed the Patchwork Worker Portal and mobile app. Tools such as these accelerate user adoption of the new system by giving workers the power to safely self-roster, as well as greater financial empowerment, through the ability to access their wages as soon as they earn them.

Making systems work for managers too

When building a worker-centric staffing model, the needs and priorities of managers and senior leaders must be given equal consideration. Many members of the Patchwork team have spent years employed by the NHS, and we understand that any new initiative must be fully interoperable end-to-end, carefully designed to reduce the workloads of managerial staff, and have a rapid, low-input roll-out with ongoing support.

Laying the foundations for a stronger NHS

We're proud to be ushering in a new era of staffing which puts the individual at its heart.

By harnessing the latest digital scheduling innovations and data-backed tools, and by leveraging system insights to empower and retain workers and drive efficiencies, together we will create an NHS made stronger by the power of its people.

Sign up to the webinar (spaces are limited): "Staff retention: How to give workers flexibility without compromising on workforce planning".

Staff retention: How to give workers flexibility without compromising on workforce planning

📅 27th May

🕒 9:30am - 10:30am

🗣️ Live Q&A

REGISTER NOW



Claire Scrafton

Deputy Director of HR at St Helens & Knowsley Teaching Hospital NHS Trust



Dean Royles

President of the HPMA and Non-Executive Director, Humber Teaching NHS Foundation Trust



Sue Hodgkinson

Head of NHS Partnerships, Patchwork Health



Dr Anas Nader

CEO & Co-founder, Patchwork Health

People Power as your Resilience Strategy

Zoe Wood, Associate,
ibex gale



 **ibex gale**

a fresh approach to people management

Over the last year we have all had to deal with the challenges of living through a pandemic, but for those in the NHS this has been compounded by vast amounts of additional work, on top of business as usual.

I can talk about this from my own first-hand experience of working within the NHS in a senior HR role at the start of the pandemic. When I think back to early 2020, adrenaline took us through what we all initially thought would be a relatively short-term crisis situation where 'business as usual' had to slow down. But the day-to-day could only take a back seat for so long. We found ourselves having to respond to all the continued challenges of the pandemic, alongside the 'day job' which increasingly required our attention. As time has gone on this has continued, but the initial adrenaline has long worn off.

I have such enormous admiration for the many people I have worked with across the NHS, they have been through some incredibly tough times and are remarkably still smiling! So when we talk about resilience, I can safely say that these are some of the most resilient people I have come across.

I spoke to some of my NHS HR colleagues about how they've felt during the past year. They described the positives

of being able to enact change quickly, working closely with colleagues, supporting one another and their pride in the NHS. They identified the lows as the constant feeling of not knowing the right answer, and having to rapidly become an expert in so many things that aren't HR as we know it (e.g. PPE, social distancing, isolation rules, vaccinations.) But I was most interested in what has kept them going throughout this period. The overwhelming response to this was colleagues, friends and the coming together as an HR function.

So what is resilience? The ability to bounce back, to keep going? The ability to adapt and respond in the face of adversity? One thing I am sure is that resilience is not just a personal attribute. It is so heavily reliant upon our environment. This could be the team we work with, our friends, our family or our wider networks. These people help us reflect, provide someone to laugh or cry with, give us that reality check when we need it and encourage us when we are feeling low.

This is where I believe the NHS is strong. All around there are teams of people with a common sense of purpose, strong values around caring for people and a real understanding of the importance of working together, which provides such an important basis for resilience. However, I

have also observed that within HR we are often so focussed on supporting everyone else, we don't always consider ourselves, and it is so important that we take the time to do this.

Face-to-face contact provides that most obvious indication of how people are feeling, and there will be many that haven't had the time to network with colleagues in quite the same way as before, so it is important to have things in place to recognise and compensate for this, particularly as we move towards a world where some forms of remote working will be here to stay.

At ibex gale we all work remotely and so have come up with strategies to strengthen our networks. For example, rather than starting our weekly team meeting by launching into the business-as-usual discussions, we are kicking off with a quick check in on how people are feeling by using a 'traffic light +' approach:

Gold everything is amazing!

Green things are ticking along really well

Blue things are okay generally

Amber I am okay but under some pressure

Red I'm not in a good place

It's a simple step but it's a good habit to get in to. It's not about going into solution mode for people then and there, nor is it about turning our team meeting into a counselling session, but it helps us take a quick temperature check and then we can reach out and help one another outside of the meeting.

Another way of helping people recognise and reflect on the networks they have to support their resilience is to get them to take a few minutes to write them down. It helped me to recognise who I have around me, to appreciate how they all contribute to my wellbeing and resilience, and also to consider what I can offer to them. It also served as a reminder of those relationships or networks that perhaps I haven't accessed or cultivated enough.

For me, resilience is not about making people tougher or making them work harder; it is about recognising when it is feeling hard; about knowing when to ask for help, and realising who you have around you for this. It is about putting the right mechanisms in place for you to look after yourself and most of all, for me, the key to resilience is appreciating and utilising those relationships and networks. We have so many of these already and it's good to remind ourselves of this.

And to my NHS colleagues, keep up the amazing work and look after yourselves and one another.

You can't be what you can't see

In the newly launched [Healthcare Science Leadership Journal](#) from the Academy for Healthcare Science, Arthi Anand describes the barriers to leadership and suggests some solutions for the healthcare science professions.

One key cause she identifies is a lack of sponsorship when BAME staff are looking to advance their careers. Sponsorship in the sense of a formal relationship focused on advancing the protegee. Anand asks that healthcare science leaders should intentionally develop processes that go beyond their familiar circles to offer development opportunities, including secondments and special projects to a broader, diverse group that is representative of the workforce.

Anand closes saying, "Championing diversification in healthcare science leadership is crucial to shaping policies that take account of the needs and perspectives of diverse users of the NHS. It will improve patient and staff experiences and address health inequalities. As the NHS faces workforce shortfalls and responds to changing patient need, there is a clear and urgent imperative to focus on strategies that draw leadership from across its diverse pool of talent".

Taking a broader look at the UK scientific profession in a [recent article](#) in The Observer, Aarathi Prasad points to a near-absence of scientists who identify as black reiterating like Anand, that UK science is not even close to reflecting the peoples that it serves.



How to Design an Engaging Virtual Classroom



John Kilroy, CEO Flex Labs



Images – depending on space – logo and author photo

With the pandemic driving a sudden digital transformation across all sectors, learning & development staff have found themselves tasked with creating engaging and effective learning experiences for remote learners.

When it comes to designing and facilitating live online learning, it's important to treat the preparation and delivery a little differently than you would for traditional classroom sessions.

Your content needs to be redesigned and restructured to avoid falling into presentation mode and end up delivering a webinar.

What's the difference? Webinars are passive online sessions, designed to deliver information to a large audience. Virtual classrooms are designed to facilitate a learning experience for a small group. Virtual classrooms are interactive, and an emphasis on activities and discussions creates a more active learning experience than a webinar.

Designing the Blended Learning Experience

When designing a virtual classroom, it's important to think about the full blended learning experience; don't look at the virtual classroom in isolation. The learning blend consists of the virtual classroom session, the self-paced learning and the social learning.

Self-paced learning includes the pre- and post-session independent learning that happens as learners flow in and out of a virtual classroom. It could involve learners doing any of the following:

- Accessing online resources
- Completing individual activities and exercises
- Reflecting on their learning outcomes
- Personal action planning
- Completing course assessments

In terms of social learning, you can use things like forums to allow participants to do any of the following:

- Post questions in advance of the virtual classroom
- Share their reflections and personal learning objectives
- Share the outputs of independent activities or exercises
- The trainer can also use social learning to provide participants with personalised feedback

Virtual Classroom Design Principles

1. Keep it highly interactive. Give your learners exercises, discussions and Q&As. This keeps them focused and creates a more enjoyable learning experience.
2. Give your learners self-paced learning to explore before they enter the virtual classroom. This takes the burden off the facilitator to deliver content, who can instead focus on keeping the session light and interactive.
3. An existing 1-day classroom training session typically splits into two virtual classroom sessions.
4. Each session should be 90 mins – 2 hours long, with no more than 2 topics covered – keep your virtual classroom content light!
5. The focus should be on context not content – use practical examples, stories and case studies to bring the learning to life.
6. Keep the group sizes to 10 – 15 people. Larger groups impact the ability to both keep the session interactive and facilitate effectively.
7. If you've asked your learners to complete self-paced learning ahead of the session, take the time to debrief this in the session, giving them an opportunity to discuss and ask questions.
8. Set up next steps for learners at the end of the virtual classroom, so they know what self-paced learning or social learning they need to do before the next session.
9. In summary, the key is to design and deliver a live online experience where learners are active rather than passive - which increases their engagement and minimises distractions.

Flex Labs are offering HPMAs members free access to the Flex Labs 'Getting Started in Digital Learning' course. A self-paced online course, you can explore around 6 hours of interactive videos and learning assets, with a digital learning toolkit that gives you all the templates and supporting resources you need to design and run your online sessions. To access simply click Enrol Now on the course page linked below, create a free account and then input the coupon code HPMAs:

<https://www.flexlabs.io/getting-started-digital-learning-design-course>

New 'Realising My Potential' hub launched

Cheryl Samuels, Chair of the London Deputy Directors of HR network & Deputy Director of Workforce Transformation, London Region, NHS England & NHS Improvement and Rachael Tyler, Development Director, HPMA London Academy

In April the HPMA London Academy launched the '[Realising My Potential resource hub](#)' which brings together a wide range of information, hints, tips and prompts to support all HR and OD professionals achieve their development ambitions and career aspirations.

There are approximately 2,400 HR and OD professionals in the NHS within London, the majority of whom are female.

The ethnicity data confirms that 45% are from a black, Asian or minority ethnic background and the inequalities we see elsewhere in society are replicated in the HR and OD profession. There is less representation of black, Asian and minority ethnic colleagues at senior manager levels. By listening to colleagues in our profession we are able to raise the bar for all HR & OD professionals irrespective of protected characteristics and develop a resource that creates greater transparency, accessibility and equality of opportunity. Providing clarity about career pathways and existing development opportunities will support a more diverse and inclusive profession that can lead by example.

The resources on the hub have been developed in response to the feedback received from HR and OD colleagues through the annual learning need analysis and from the research commissioned jointly with HR Directors and Deputy HR Directors to understand the lived experience of our ethnic minority HR and OD colleagues. The London team pledged to develop clearer career pathways and development opportunities to support HR and OD professionals to achieve their potential. To do this HR and OD colleagues need high quality career conversations linked to the provision of a wide range of development opportunities, at each stage of their career path. The hub resources will support both managers and staff to achieve this. The aim is that the resources they will become an integral part of the personal/professional development and career planning process.

The resources are divided into the following sections. Take your time to work through each of these sections and use the hints, tips, prompts, information and inspiration from others to take proactive steps forward:

- Functional areas
- Career pathways
- Planning your professional development
- Preparing for career conversations
- Equality, diversity and inclusion and your career
- My career story
- Journeys to inclusion
- HPMA London Academy development programmes

Further resources

[The 'Realising My Potential' resource hub](#) is a dynamic site and the team have pledged to continually update and add to it, and welcome members feedback and ideas.



“The Deputy Directors Network and the London HPMA Academy want all HR and OD professionals to feel empowered and knowledgeable, with ‘the know how’ to develop their careers as they wish. In creating this clarity, information, shared lived experience, hints, tips and frameworks we create a sense of hope and drive amongst HR and OD professionals to be the best version of themselves. Knowledge is power and together line managers and staff have the opportunity to use the resources hub to have meaningful career conversations in a more balanced way that means both parties get the best out of the appraisal and objective setting process, that nurtures talent and supports diverse succession planning for the future.”

DATES FOR YOUR DIARY

HPMA Wales Summer Event 'Recognise and Reflect' Tuesday 4 May (booking through link officer)

HPMA North West & HPMA Yorks & Humber Webinar: The Big Questions – Thursday 6 May at 10.30am
[more information](#)

HPMA Excellence in People Awards Entry Deadline: Tuesday 25 May

HPMA North West Webinar: Some Other Substantial Reason Dismissals – Wednesday 26 May at 10am [more information](#)

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

HPMA North West & HPMA Yorks & Humber Webinar: Mediation – Recognising When and How to Use it – Monday 21 June at 1.30pm [more information](#)

HPMA FutureFocus Workforce: Learning & Development Event partner Think Thursday 24 June Book [here](#)

HPMA Excellence in People Awards Live judging panels: 28 June – 2 July (virtual)

HPMA North West & HPMA Yorks & Humber Webinar: Investigation Training – Monday 5 July at 10am [more information](#)

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

2021 HPMA Excellence in People Awards Ceremony: Thursday 7 October

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