hpma

JULY 2020 NEWSLETTER

NHS

Happy 72nd Birthday

Black Lives Matter

Nicky Ingham, *Executive Director, HPMA*

On behalf of HPMA, we support our BAME members during this current time and beyond. As an organisation we will not tolerate racism and hate crime. Our diversity of membership makes a huge difference, each day to the communities you serve.

I personally find it disturbing to hear the stories of how my BAME colleagues are treated by patients, by colleagues and by managers. It may sound ignorant for me to think, that everyone is the same and is treated the same. Sadly, I know this is not the case and it challenges me. Everyone is diverse in their own way and contributes difference to their daily lives, making the services we deliver more unique, and meeting the varying needs of our patients, service users and each other.

We will continue to work to support anti-racism and stop hate crime working with our members and key stakeholders. Never has it been more important to shout out about racism, if you see it say it, encourage colleagues to do the same, it is unacceptable that people are treated differently.

As a membership association and charity we have an important role in tackling systemic and structural racism, we want to achieve lasting change for our members and colleagues. There is power in collective action, and we must seize the opportunities for forging understanding and improving representation across our events, committees, and leadership. I am really pleased to share articles this month from Dr Fatima Tresh, Dr Doyin Atewologun and Ricky Somal and their reflections on the Black Lives Matter movement.

Let's stand united and confront the culture that is within our healthcare system and beyond, let's stop the spread of race-related hatred and stand together.

We stand with you and for you.

The value of lived experience research in tackling systemic racism

Dr Fatima Tresh (left) **& Dr Doyin Atewologun** (right)

Recent global events have spotlighted the racial inequalities that persist in our societies and institutions. Emerging research shows that people of Black, Asian and Minority Ethnic (BAME) backgrounds are more likely to die of COVID-19 than White people, and racial biases have contributed to this. The murder of George Floyd in the U.S, and the subsequent global #BlackLivesMatter movement has turned our attention to alarming statistics highlighting the disproportionate impact of systemic and institutionalised racism on Black people, from the criminal justice system, education and medical care to employment and leadership, not just in the US but in the UK as well. As evidence-based practitioners we often cite these statistics to convey the scale of barriers to racial equality, but it is our ability to shed light on the lived experience that enables us to address the structural and systemic racial biases in organisations that create and perpetuate these barriers.

In this article we describe the value of moving beyond statistical data to help address these injustices and highlight 3 reasons why understanding the lived experience of BAME individuals is valuable for both the individual sharing their experience and those who want to do something about it. Statistical data provides the evidence required to understand the extent of the problem but has limitations for exploring experiences with meaningful depth. While quantitative research spotlights the what (e.g. what is the differential impact of COVID-19 on Black, Asian and Minority Ethnic (BAME) communities compared to White communities?), qualitative research (such as interviews and focus groups) spotlights the how (e.g. how do employer responses to the Black Lives Matter movement affect a sense of belonging for Black, Asian and Minority Ethnic (BAME) employees?). Both approaches provide valuable insights, but qualitative research captures individuals' process, interpretations, experiences, everyday realities and the meaning that they place on these which provides richness and context to our understanding.

There have been calls for 'more research and more reviews' in an attempt to address systemic racism in the UK. We are not advocating 'context free' status reviews. Instead, when it comes to understanding the perspectives and experiences of a particular group (e.g. to improve the promotional and developmental opportunities for BAME NHS workforce professionals) focus groups and interviews can provide a psychologically safe space to disclose on sensitive experiences and express unfiltered suggestions for actionable change.

Three key benefits of understanding the lived experience are:

1. Voice and visibility for underrepresented individuals

The stories and everyday experiences that we internalise are often based on the 'majority', that is experiences relating to being White in a White-dominant context. Insights from the minority lived experience enables voice and visibility for those who are otherwise underrepresented. By listening to, engaging with and acting on a different narrative, the White (often male) 'default' experience is challenged as the 'norm' and minority ethnic individuals who have shared their experience are empowered, included and valued.

2. Enables shared and unique experiences within a group to be recognised

When we talk about race and ethnicity, we often subsume all minority ethnic individuals into one 'BAME' category. However, spotlighting unique and diverse experiences within this group challenges implicit assumptions regarding the homogeneity of minority communities. An intersectional perspective (i.e. thinking about others' multiple and interconnected identities) can help us to appreciate the nuance in minority ethnic experiences. For example, it sheds light on how societal stereotypes, behavioural expectations and power dynamics manifest differently in individual experiences (e.g. Asian Muslim women compared to Black Christian women or Asian Muslim men).

3. Provides witnesses and personal accountability

Storytelling is impactful and thought-provoking. The connection that we build with others when we hear their personal stories stimulates empathy. Research has shown that perspective-taking increases with empathy, and perspective-taking is an effective method for reducing

personal bias. Many White senior leaders we work with talk in a more compelling, authentic way about changing their cultures by using examples of stories of exclusion they have heard from their minority ethnic colleagues. By sharing the lived experience, we humanise the statistical data to make tangible the everyday experiences of minority ethnic colleagues, from micro-aggressions to perceptions of invisibility, experiences which are not evident to many without explicit effort.

Overall, the process and outputs from lived experience in your context offer untapped insights, additional nuance, and compelling data to drive accountability. The disruptions caused by Covid-19 and the global awakening to social injustice give the opportunity for leaders to gather this type of valuable evidence for practical action.

Dr Fatima Tresh is a Business Psychologist and Consultant at Delta Alpha Psi, leadership and inclusion consultancy and Visiting Fellow, Cranfield School of Management. Fatima can be contacted on FatimaT@deltaalphapsi.com and via Twitter @FatimaTresh.

Dr Doyin Atewologun is a Chartered Organisational Psychologist, Director of Delta Alpha Psi, leadership and inclusion consultancy and Dean of the Rhodes Scholarships at Oxford University. Doyin can be contacted on DoyinA@deltaalphapsi.com and via twitter @DrDoyina

Delivering Workforce Race Equality in the Context of Covid-19 and Beyond

Ricky Somal
Associate Director of Organisational Development
Isle of Wight NHS Trust

When, if not 2020, will we provide equity for our staff, who have been in the NHS DNA since its conception - our BAME Workforce?

The business case for change

Review

The Workforce Race Equality Standard (WRES) and NHS Staff Survey published on NHS Trust websites highlight critical considerations are required for workforce race equality as evidence states that compared to white people, ethnic groups:

- are less likely to be successful in recruitment and selection;
- are seriously under-represented within the NHS at senior managerial and Board positions;
- are more likely to enter the formal disciplinary process;
- are more likely to experience harassment, bullying or abuse from other staff;
- are more likely to experience discrimination at work from colleagues and their managers and;
- are less likely to believe that their organisation provides equal opportunities for career progression.

Reflect

Please reflect on the following questions in regard to workforce race equality in your organisation:

1. What does race equality mean to you as an individual; your team and your organisation?
2. When you attend a board, divisional, service or team meeting, is it representative of people from ethnic groups?
3. How does your team review its diversity performance and actions to improve it?
4. Is your perception of ethnic groups influenced by generalisations and stereotypes?
5. When you witness negative, racist, or rude comments about ethnic groups do you challenge it?
6. Do you actively consider the impact of peoples lived experience of discrimination and/or racism on social mobility and health and wellbeing?

Re-focus

The NHS constitution is very clear: 'Everyone Counts' be they patients or staff. This means the NHS needs to consider the outcomes that different people experience; taking different or extra steps to improve access and design services so that their health outcomes and experience are equitable.

To truly be an ally of diversity and inclusion, we must take action to tackle all forms of unlawful discrimination, inspire confidence of equal opportunity and foster good relations. This includes tackling overt and structural forms of racism to the subtle and unconscious bias that impact so many people every day.

A methodology for change

Corporate Responsibility (CR) includes a framework of actions which contribute to sustainability, which in turn can used to demonstrate due regard to human rights, employment practices (learning and organisational development; employee relations; diversity and inclusion; and health and wellbeing) and community involvement and development.

Adopting the 6Es model (DEFRA, 2011) to improve WRES performance begins with Explore and is the starting point for looking at behaviour and organisational options. The following four Es of Enable, Encourage, Engage and Exemplify can help organisations to consider a range of possible workforce race equality interventions. The effectiveness of actions must all be reviewed through Evaluate.

Enable – Two critical questions when working with the board and senior leadership teams are (a) how to influence these key decision-makers to develop the visions and values that acknowledge the importance of integrating race equality into core business, and (b) to put those strategic decisions in place.

Encourage – Understanding people's motivation for workforce race equality is essential and people are encouraged when there is feedback on performance. This can be achieved through (i) Board Accountability – management of WRES via the Board Assurance Framework (BAF) and Trust Risk Register; (ii) Organisational Development - design and integrate a 'well-led' architecture for workforce race equality; and (iii) Leadership Development - Identify how to influence, persuade and encourage understanding of workforce race equality across middle and senior leader levels.

Engage - Common themes that comprise effective engagement that emerged from the government report 'Engaging for Success' (MacLeod & Clarke, 2009) can be adapted to focus on workforce race equality:

- Visible leadership providing a strong strategic narrative about the organisations approach to workforce race equality.
- Provide coaching to managers in relation to their role and responsibility to WRES.
- Building insight (multi-methods approach) of the lived experiences of ethnic groups within the workforce and co-producing solutions;
- Organisational integrity – the values are reflected in day-to-day behaviours.

Exemplify - Leaders have an obligation to lead the way in terms of their behaviour and making diversity and inclusion core to their business objectives. The design of an Equality Standard model by Ricky Somal helped transform the delivery of diversity and inclusion resulting in positive measurable change at Southern Health NHS Foundation Trust from 2016-2019. High impact actions included delivering regular CPD to senior and middle leaders in regard to workforce race equality providing tools and resources to spark local conversations and transformation.

Evaluate - To measure the impact of any intervention it is important to return to the initial plans for change. This shows the importance of goals being set as part of the overall organisational strategy to improve WRES performance. The introduction of a balanced scorecard is useful in integrating an evidence based approach to workforce race equality.

The responsibility of change

How can the Organisation improve WRES performance?

- Chair and CEO of NHS organisations to have an appraisal objective linked to WRES performance
- All NHS organisations to have a 20% target of BAME representation on Trust Board by 2025
- Divisional Directors of NHS organisations to be the responsible officer for Divisional WRES performance and managed via Appraisal
- NHS Organisations to analyse internal promotion rates (secondments and acting up positions) by Race and published in annual PSED data and action plan reports
- NHS Organisations to conduct independent 'Exit' interviews for BAME staff; a focus on equal opportunity in career progression; discrimination and bullying and harassment.

How can an Ally improve WRES performance?

To truly be an ally of diversity and inclusion, we must take action to tackle all forms of unlawful discrimination, inspire confidence of equal opportunity and foster good relations. This includes tackling overt and structural forms of racism to the subtle and unconscious bias that impact so many people every day.

My advice for an 'Ally' at any level of an organisation is to focus on 3 personal objectives:

- Tackling unlawful discrimination – achieved through action to improve understanding of the impact racism can have on social mobility and health inequality.
- Promoting good relations– delivered through healthier communities and by action to engage ethnic communities in the planning, delivery and evaluation services.
- Advancing equal opportunity – from improved monitoring of ethnicity, better dissemination of information and good practice, and improved knowledge about race equality and the experiences of black people in our communities and in the workplace.

Time to trade in the old HR model?

Roger Kline, *Research Fellow, Middlesex University Business School*

The response to Covid 19 demonstrated the resilience, flexibility and commitment of NHS staff at every level, especially given that we were 100,000 staff short when it started.

But it also has raised difficult questions for Boards which have implications for HR directors.

Firstly, why was the NHS generally so slow to undertake statutory risk assessments (the Management of Health and Safety at Work Regulations (2006) and the Personal Protective Equipment (Enforcement) Regulations (2018) not to mention Equality Impact Assessments which could have significantly reduced the levels of staff infection? How was it possible that up to 89% of staff infection likely arose through occupational exposure (link - https://www.medrxiv.org/content/10.1101/2020.05.12.20095562v2) yet the most risk prone area (ICU) experienced no deaths at all?

Secondly, why, when risk assessments were implemented, was their primary focus on individual risk assessments rather than to minimise risk by focusing on the health of the individuals at risk. Too many HR teams appear not to have reacted quickly enough to the risks being widely discussed informally and on social media by BME staff in particular? It is a fact that many BME staff felt unable or unsafe to raise concerns about risks they faced, the widespread sense of being disproportionately redeployed into riskier areas. There were numerous reports of agency and contractor staff (disproportionately BME in some Trusts) not being fully included in safety measures. How many PPE (and FIT) were apparently so much poorer for BME staff than for other staff?

Going forward how can the NHS best address the contrast between poor staff survey and workforce data on staff treatment (bullying, discrimination) and the evidence that how staff (all staff) are treated and engaged is central to good patient care and safety, organisational effectiveness and staff health and well-being?

HR directors might reasonably respond, in part, by pointing out the immense daily pressures they face (and faced) from the growing gap between service demand and available resources at a time of pandemic. But I suggest there are wider issues.

HR is still largely committed to a paradigm that prioritises policies, procedures and training at the core of addressing staff concerns and changing organisational culture though research demonstrates that such a model has deep flaws (link https://www.acas.org.uk/seeking-better-solutions-tackling-bullying-and-ill-treatment). In most organisations staff have little confidence that grievances and disciplinary processes are fair or effective. Just look at the contrast between staff survey data on bullying and the tiny number of complaints raised and upheld. Almost a third of BME staff do not think there are equal opportunities for career progress and progression yet almost no complaints about interview outcomes are raised, and even less are upheld.

"Action plans" on discrimination and bullying emphasise training and unconscious bias training even though the evidence base that this, in isolation, will change behaviours is thin (link https://www.cfa.harvard.edu/cfawis/Dobbin_best_practices.pdf). There is a rich evidence base on such topics but it is not well known enough, though there are several signs that innovative local practice from some outstanding HR practitioners suggests a quite different approach can work.

The profession suffers from no meaningful self-regulation, as the recycling of HR directors whose acts and omissions should be an embarrassment, demonstrates. But there are deeper questions both about its strategic function (link https://www.employment-studies.co.uk/resource/strategic-human-resource-management-back-future) and its application of the evidence base that exists. Documents such as the Interim People Plan do seek to build on that evidence base but delivery requires an honest discussion about why HR has not sufficiently embraced the research evidence, has no effective repository of good practice, and often shies away from difficult questions such as why is progress on race equality and bullying so slow?

Such progress is certainly possible, but we need to urgently reflect on how best to move forward or we risk returning to a Business As Usual that was simply not good enough.

Where is the PPE for the emerging economic crisis?

A guide for creating a fair, just and learning culture within your trust

David Liddle, *CEO, The TCM Group5*

NHS and key workers were on the front line during the pandemic. Their work was inspiring and the sense of appreciation from across our society was moving and powerful. As we leave the public health crisis (for now at least), and we face the prospect of a once in a lifetime economic crisis, our leaders, and managers will form the new front line. The question is this, are they able to withstand everything that is about to be thrown at them?

One thing is for certain, UK management enter this 'new normal' with a poor track record when it comes to measures such as employee wellbeing, engagement, productivity, diversity, and conflict resolution. I am not blaming managers here - we simply do not invest in our managers and leaders to the levels that they need. Technical skills still trump people skills, IQ still trumps EQ, control still trumps collaboration, bureaucracy still trumps simplicity, and a desire for retribution still trumps a desire for learning.

Following the tragic death of Amin Abdullah in February 2016, Baroness Dido Harding's letter to NHS trust and NHS foundation trust chairs and chief executives in May 2019 set out numerous challenges. However, other than some tinkering at the edges, precisely the same conditions exist now, as they did when Amin Abdullah killed himself. It can, and it will happen again unless the NHS engages in some seriously radical thinking about how it handles complex people issues.

People, Performance and Engagement: PPE for the post pandemic recovery.

NHS leaders and managers need PPE to do their jobs effectively. I'm not talking about face masks and gloves, I'm talking about the skills our managers need to put People first, to drive up Performance and to lead a culture of Engagement. People, Performance and Engagement is the PPE the NHS needs for the post pandemic recovery. Only by equipping our leaders and managers with this new form of PPE can they possibly hope to manage the challenges that lay ahead. And perhaps one of the most challenging issues that will test the mettle for NHS leaders and managers is the management of conflict.

Managing conflict in the new normal

The management of conflicts, bullying, disputes or disagreements (call it what you will), has perplexed human resources professionals, line managers, employee reps and organisational leaders across the NHS for many years.

Much like the coronavirus, unresolved conflict and incivility at work can be an invisible killer. For those involved, directly or indirectly, conflict can generate untold amounts of fear, stress isolation and anxiety. High profile and tragic cases, such as the death of Amin Abdullah, have demonstrated that employee's mental health is affected and in the most serious cases, people have been known to take their own lives. In the NHS, increasing levels of data are suggesting a direct relationship between incivility in the workplace and patient mortality. For more information about the impact of incivility in the NHS, please visit the website of a truly wonderful organisational called Civility Saves Lives. https://www.civilitysaveslives.com/

The potential causes and sources of incivility and conflict in the 'new normal' are vast. Here are just three of the factors causing strife within NHS trusts right now:

- Remote working and modified working practices are leading to a loss of team spirit and a breakdown in communications.
- Perceptions of unfairness, loss of control, feeling undermined and unequal distribution of resources is leading to a breakdown in trust between employees, managers, and trust leaders.
- Underlying exhaustion, stress and trauma is leading to irrational responses to situations and a rapid escalation of disagreements into full blown disputes.

To spot, prevent and resolve these conflicts, the NHS needs to urgently embrace a new normal comprising of a new set of management skills: conflict competence, emotional intelligence, positive psychology, nudge theory, principled negotiation, and dialogue building. These skills are not rocket science and they can have a major and lasting impact. The challenge is that these skills often exist in opposition to a rigid, divisive, and confrontational HR policy framework.

The HR paradox

The HR paradox that so many of us can see, but which seems to be so hard for HR to recognise, is that the policies they have designed to resolve conflict and to create psychological safety at work make conflicts much worse and make people much less safe. The traditional HR policies, processes, and procedures offer a blunt instrument for managing conflict at work. They are binary and reductive, believing that there must right or wrong and a winner and a loser in every case. They provide a mirage of justice and an illusion of fairness.

The reality of what I call the GBH processes (grievance, bullying, harassment) and disciplinary procedures is that they perpetuate a negative, damaging, and corrosive tone within NHS workplaces. They undermine trust, infantilise the workforce, sow the seeds of division, impede creativity and hurt people. The paradox that haunts many an NHS employee is that the very policies designed to resolve workplace issues, make them a lot worse.

From grievance to resolution

Finally, the modern Triumvirate as I nobly refer to them (HR, unions, and managers), should collaborate to reframe their divisive GBH and disciplinary policies. The whole process should be repurposed with emphasis on early resolution between the parties with supported resolution processes include mediation, restorative conversations, coaching and mentoring – a Resolution Framework.

I have worked with major hospitals, banks, insurance firms, universities, police forces, and councils to help them develop an overarching Resolution Framework which replaces their Discipline and Grievance Procedures. These organisations are ready for the new normal and they are equipping their people with the PPE they need to face the uncertain times ahead. Good for them, I stand on my metaphorical doorstep and salute their efforts, Now where's my saucepan?

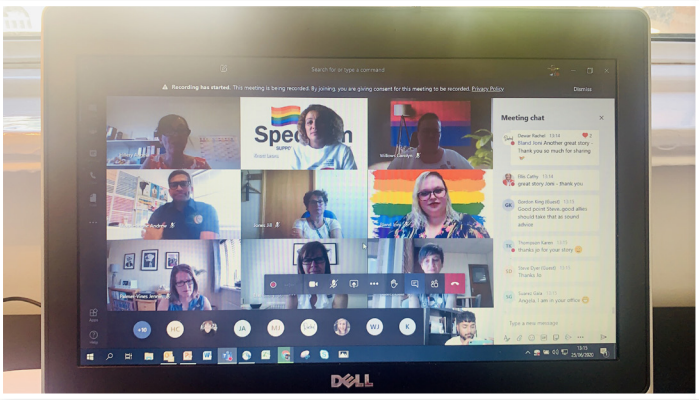
David Liddle is CEO of award-winning culture change, conflict management and leadership development consultancy, The TCM Group. He is author of 'Managing Conflict: a practical guide to resolution in the workplace.' (2017) CIPD/Kogan Page6. In 2014, David published the Model Resolution Policy™ which has been adopted by NHS trusts across the UK to replace their traditional grievance and discipline procedures.

David is running a webinar on 22nd September to explore the practical steps that NHS trusts can take to reframe resolution and to embed a fair, just and learning culture. This webinar will include several case studies and guest speakers. Please click **here** for more details and to register https://zoom.us/meeting/register/tJ0ucOysqDMiG931n66cBkhBMIE7-sooFRzq

NHS Virtual Pride

With Pride events being cancelled this year NHS England and NHS Improvement's LGBT+ Staff Network organised 'NHS Virtual Pride' on Friday 26th June (6 – 9pm). The family friendly broadcast was shared on twitter, facebook and Microsoft Teams - full of music, drag, poetry, DJs, comedy, and a few messages of support from some familiar faces!

At Leicester Partnerships Trust, Spectrum, the staff support group for LGBT+ colleagues, hosted their very own internal **#NHSVirtualPride** celebration on 25 June 2020 ahead of the online event on the following day! The team championed their inclusive organisation where employees can bring their true selves to work. **#PrideOfLPT**



Across the NW trusts flew their rainbow flags at HQs and in front of hospitals, to demonstrate a commitment to LGBTIQ Pride. With many promoting Virtual Pride via Twitter and Facebook, including live posts, and video messages from Chief Executive Officers.

Poster and email promotional campaigns began across Trusts and CCGs in the build up weeks ahead of Virtual Pride, as colleagues enjoyed quizzes, sharing images of last year's Pride and hosting Zoom Pride Parties.

Images from the pdf doc Virtual pride

In Wales Pride Cymru's will be a 'Virtual Big Week' from 24 – 30 August - so we will hopefully share some of the collaborations in our September issue, but members should look out for **#pridecymru #virtualbigweek2020** on social media.

HPMA adapting under lockdown

Our branches and national events team have had to adapt their event planning in lockdown. From virtual AGMs to online coaching to a great selection of webinars – they are all striving to bring great content and networking to members.

Within three days of lockdown being announced the HPMA London Academy switched to deliver a fully virtual programme. The Academy team reviewed the content of all the planned development events with training providers to adapt the content to the immediate challenges facing workforce colleagues. The sessions were all delivered using Zoom technology and delivered in 90-120 minute time slots. The Academy team also recognised the need for increased networking to enable the rapid sharing of information and experiences. Fortnightly Strategic HR and OD Network sessions were introduced and have been very well attended with participant numbers ranging from 40 – 70 at each meeting. Each session is themed around a covid related development theme and colleagues use the Zoom breakout facilities to share their ideas and challenges.

In addition to the delivery of the enhanced development programme the Academy team asked all the training providers if they could volunteer to provide rapid laser coaching to support colleagues through the crisis. A coaching register with 19 experienced coaches was produced and to date 49 colleagues have received coaching.

Finally it has been very important to continue to deliver the aspirant leadership programmes, particularly as so many colleagues have developed new skills and confidence in stepping up to support organisations through this time. The aspirant HR/OD Business Partner development programme has been adapted for virtual delivery and will commence in July and the aspirant Deputy HR Director talent pool is now receiving applications.

A flavour of the programme delivered over the last three months is outlined below

Date	Development Session	Places offered	Places filled	Waitlist	# in session
20 March	HR response to COVID - DAC Beachcroft	200	197	0	120
27 March	Aspirant Deputy Director talent pool module	18	18	0	15
30 March	Strategic HR and OD Network session with theme of supporting staff health and wellbeing through these times	100	100	28	76
1 April	Developing as an HRBP	33	32	0	22
7 April	Developing individual and team resilience	38	38	40	27
15 April	Developing emotional intelligence	50	47	0	24
20 April	Covid 19 legal session	180	99	0	44
21 April	Strategic HR and OD network session themed around leading humanely through these times	100	50	0	31
28 April	Developing coaching skills	100	51		18
29 April	Aspirant Deputy Director talent pool module	18	18	0	14
5 May	Strategic HR and OD network session themed around planning for the next steps	100	60	0	41
13 May	Developing individual and team resilience	38	38	44	21
	Total Places	975	748	112	453

HPMA London Academy are experiencing a 61% attendance rate, and are striving for 65% (well above the industry standard of 50%). The brilliant feedback from attendees include,

'The most seamless webinar I have been to..'

'Such a valuable resource, the HPMA sessions are brilliant and most welcome at this time..'

'To be able to spend time thinking of my own development and career and not just COVID has been amazing…'

It's no wonder sessions are booking up in as little as 24 hours!

In the North East, the team have a strong legal webinar programme for members extending into 2021. Members from outside the region are able to join these session (listed in the table) where spaces are available.

hpma North East & Cumbria Branch

Event	Date	Details
Managing Attendance during Covid and beyond **Amy Millson, Legal Director** **Hills Dickinson LLP**	**15th July 2020**	**Microsoft Teams Webinar** **Book online**
Whistleblowing and the Pandemic **Andrew Davison, Head of Employment – North** **Hempsons LLP**	**16th July 2020**	**Skype**
Returning to work during and after the Pandemic **Andrew Uttley, Associate - Employment** **Capsticks Solicitors LLP**	**22nd July 2020**	**Microsoft Teams Webinar**
Trying to get back to business as usual with disciplinary, grievance and attendance management hearings, during Covid and beyond **Amy Millson, Legal Director** **Hills Dickinson LLP**	**5th August 2020**	**Microsoft Teams Webinar**

Wales held their very first virtual AGM on 29 June, as members from across Wales were joined by President Dean Royles. Vice president of the Welsh branch Claire Vaughan took the opportunity to say thank you and reflect on a great 18 months of activity, increasing popularity of events and a solid financial platform to build future ambitions. We look forward to more virtual events in the weeks and months ahead.

hpma Wales/Cymru Branch

The NW branch have been delighted with the take up of their webinar programme, with many events selling out and exceeding expectations. They have some great sessions lined up for July but you'll have to be quick.

hpma North West Branch

14 July Productive conversations in challenging times with Enact Solutions book online - https://www.hpma.org.uk/2020/06/25/webinar-productive-conversations-in-challenging-times-tuesday-14th-july-2020/

29 July Managing hidden disabilities with The Design Group book online - https://www.hpma.org.uk/2020/06/25/webinar-managing-hidden-disabilities-friday-july-29th-2020/

All HPMA members are invited to **'Reflections on Covid 19 – Are you still on mute?' on 14 July,** a live chat with Dean Royles and Nicky Ingham with moderator Shelly Rubenstein (booking link - https://www.hpma.org.uk/2020/06/25/live-chat-personal-insights-and-lessons-learned-from-covid-19/?page=CiviCRM&q=civicrm%2Fevent%2Fregister&id=696&reset=1), and visit www.hpma.org.uk for all the latest news on events. We hope to bring you news on the HPMA Awards Programme and HPMA UK Conference in the coming weeks.

Embracing new technologies to move towards a new normal in the NHS

Jack Mazzina, *Business Development Director, Liaison Workforce*

Covid-19 has accelerated the use of technology platforms in the NHS, in order to respond to the pandemic and find new approaches to working. As the coronavirus has made change move quickly, we are yet to see what best practice for NHS workforces will look like in a post Covid-19 environment. However, the use of technology will be essential for HR directors and workforce management teams to consider as they move past Covid-19.

Instant workforce communication

Communication platforms are likely to become vital for NHS workforces in collaborating and data sharing. In March, Microsoft announced that it was making its MS Teams platform available for free to NHS users for three months, with NHS Digital rolling it out to all NHS mail users. The messaging and conferencing app has proved to be a useful tool for connecting NHS workers working remotely, in NHS buildings, or within the community, being used to facilitate 973,072 private online chats between March 22nd–28th according to NHS Digital.

It is currently unknown whether NHS Digital intends to maintain use of the platform at the end of the period, and what the cost will be for licenses to allow access at trusts and health boards across the UK. However, the ability to share and discuss patient data and engage with services users and colleagues on a secure platform will be a vital tool in the new normal of operational activity.

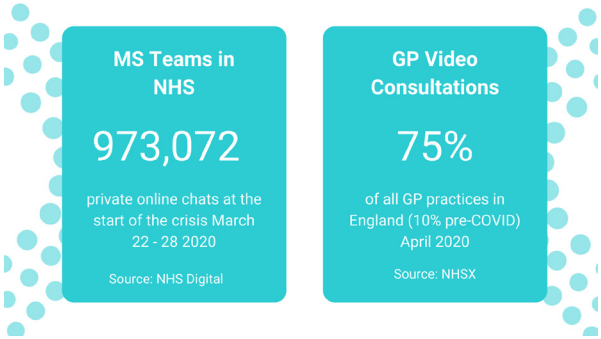
Alternative ways to consult

A briefing notice sent by NHSx also cleared the use of commercial, off-the-shelf communication and video conferencing platforms to be used for patient consultations, where it reduced the risk of Covid-19 cross-infection. Tools including WhatsApp, FaceTime and Skype were all considered acceptable for use "where there is no practical alternative and the benefits outweigh the risk." Post Covid-19, whilst this solution will not be beneficial to all patient groups, it is likely that those who are regular tech users, or those with limited time or access issues, will wish to continue making use of this method for GP and other consultations, again marking a shift to a new normal which embraces advances in technology.

In April, it was reported by Tara Donnelly, Chief Digital Officer at NHSX, that over 75% of all GP practices in England had held video consultations with at least some of their patients, in comparison to less than 10% prior to the Covid-19 outbreak, whilst over 50,000 people had spoken to their hospital doctor via video during the month; "This has happened at an incredible pace, and for the vast majority of patients this is the first time they've had a clinical consultation in this way."

Using technology to advance care

Here patient consultations and medical discussions can also take place remotely, the embracing of technology for the advancement of caring for those in need can truly be appreciated. When such a tool is put to effective use, it is hard to see that this will revert back to previous working methods once the world begins to move on from the coronavirus, leading to sustainability in the use of technology to advance the NHS' expertise and workforces.



Liaison Workforce's Business Development Director, **Jack Mazzina**, says;

"Many NHS organisations have had to embrace new technology to enable their workforces to adapt to new working practices. Where this has assisted productivity and avoided lulls in service provision, it appears likely that the changes will become permanent or be worked into the new every day for trusts.

Since the outbreak of Covid-19 in the UK, we have been working with a number of NHS trusts and health boards to develop regional collaborative banks to allow the effective deployment of staff throughout regions, in order to maintain staffing levels despite coronavirus-related absence reducing teams at short notice. These can be built quickly, usually within a two-week period, and shows one of the working technology systems being employed to take a view of workforce needs and how they can be met with existing resources, alongside people analytics, workforce demand planning and other purpose built devices."

For further guidance on workforce support solutions, please contact Liaison Workforce on 0845 603 9000 or email: info@liaisongroup.com To obtain a copy of Liaison Workforce's full report, please click here: Covid-19 – An Opportunity for a New Normal in the NHS.

Delving into the World of Virtual Learning

Sarah Montgomery and Nicola Boyle, *Delve*

Like many small businesses, the last few months have been a rollercoaster for Delve with a mix of uncertainty and worry as well as the opportunity to think differently about the future. We've had to quickly adapt to using technology to facilitate learning which has stretched us out of our comfort zone into new territory.

We've spent hours researching good practice in online facilitation and signing up for ironically disengaging webinars titled 'How to engage learners virtually'. This has helped us to find our style and combine what we instinctively know will work with how not to do it. Despite our trepidation delivering our very first virtual session, the feedback was that we enabled participants to work virtually at a pace that suited them and that it was as though we were actually in the room with them. Suddenly all the stress of our digital learning journey seemed worth it!

So what have we learned about what works well?

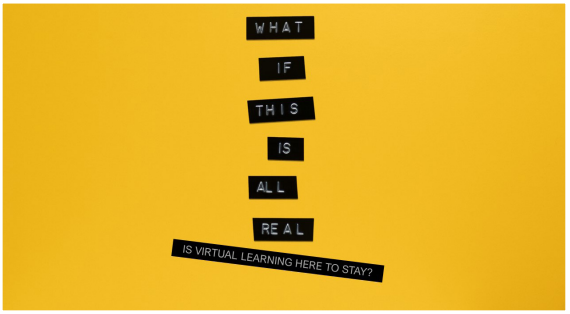
- Keep it engaging. We normally pride ourselves on using minimum PowerPoint and engaging people through involvement and discussion. However, we've quickly discovered that for virtual delivery, we need more visual aids to keep people's interest going with a mix of animated slides, group discussion and opportunities to get involved through polls, break out rooms and chat functions.
- Make sure everything works! There is nothing worse than tech issues at the start of the session. To avoid this, have a practice run with some trusted people to test out the functionality, check your slides work effectively and that your internet connection is efficient. We've learned the hard way that despite having super-fast broadband and WiFi, the connection is always better if you are plugged in!
- It helps enormously for 2 people to facilitate. This way, one person can focus on the technology, ensuring people are accessing the platform in the right way as well as capturing notes and keeping an eye on the chat function. The other person can then concentrate on facilitating the session and engaging with the group effectively without techy distractions.
- Walk people through the technology. Ensure that people understand the functionality of the platform you are using from the start – how to use chat, raise your hand, access breakout rooms are all anxieties people may have if they're not used to learning in this way. We always get online 20 minutes before the session to support anyone that needs it.
- Two and a half hours is the absolute maximum to keep people engaged. And even then, you need regular breaks.

It's impossible to turn a session you'd normally deliver in a day into the same timeframe online so you need to think differently about how you encourage a more self-directed approach for some of the content and only deliver what you absolutely need to on virtual groups. Your face to face content will take more than a few tweaks to deliver it virtually.

- Acknowledge everyone's current reality. A lot of people are working from home but with the added distractions of children, partners, pets and deliveries, so it's important that people feel comfortable to engage in their learning. Acknowledging that it's okay for distractions and that if people need to deal with these, how they can mute themselves and return when they can.

The Delvers are now using our learning to design virtual leadership programmes for some of our customers. If you are sitting here thinking, this is only short term and classroom learning will be back soon, it is likely to be a while before this happens and the flexibility and benefits of virtual delivery could far outweigh the cost of face-to-face delivery as we move into a different future of learning.

Get in touch on sayhello@delveod.co.uk, our twitter handle is @DelveOD where we share blogs and insights and our website is www.delveod.co.uk



Holidays and holiday pay: the latest

Emma Pattenden, *Principal Associate*

MILLS & REEVE

New rules on carrying forward annual leave

In late March, an emergency change was made to the Working Time Regulations to allow holiday entitlement to be carried forward in limited circumstances during the coronavirus crisis.

Recognising that the pandemic was putting acute pressure on essential services, the rule that prohibits carrying forward the core four week holiday entitlement has been relaxed on a temporary basis. The exception allows carry forward for up to two years beyond the end of the relevant leave year. It applies only where it was "not reasonably practicable" to take that leave "as a result of the effects of the coronavirus".

Front-line workers in the NHS working during the first wave of the virus should have little difficulty in satisfying these requirements if they had leave cancelled and their holiday year ended either during the crisis, or soon after the worst had passed. However it would be different if there was still a significant portion of the holiday year left after the acute pressure on NHS resources had subsided.

The Government's view on how these new provisions should be interpreted is set out in Guidance on holiday entitlement and pay during the coronavirus published by the Department of Business Enterprise and Industrial Strategy in May. Both this guidance and NHS Employers guidance on covid and annual leave emphasise that employers should always take into account the health needs of their workers, and where at all possible they should be encouraged to take their holiday in the year in which it falls due. However, only the courts can establish a definitive interpretation of these new provisions.

There is no equivalent prohibition against carrying forward any additional holiday in excess of four weeks, so these new provisions do not apply to this additional entitlement. The rules on carrying forward this additional leave continue to be governed by the relevant terms of the employment contract.

A new reference period for calculating holiday pay for some workers

In certain situations, the Working Time Regulations require an averaging calculation to determine holiday pay. Typically this applies to workers on variable shifts, or with no normal working hours. As from 6 April the reference period for these workers has been increased from 12 to 52 weeks.

In the NHS, holiday pay is largely determined contractually under paragraph 13.9 Agenda for Change. Agenda for Change now requires a 52 week reference period for workers without normal working hours, though in other cases this continues to be three months (or any other locally agreed period).

Cases in the pipeline

It is currently unclear when purely voluntary overtime needs to be included the calculation of holiday pay. In a case involving NHS ambulance staff, the Court of Appeal ruled that such overtime should normally be included. It said that this was not only a requirement of EU law as far as the core four week entitlement is concerned, but was also required by paragraph 13.9 Agenda for Change. The employers, represented by Mills & Reeve, are appealing against both rulings to the Supreme Court. The hearing is due to take place next year.

Another important holiday pay case will also be heard by the Supreme Court next year. This second case is an appeal from the Northern Ireland Court of Appeal. The issue that will most interest employers in the rest of the UK concerns backdating claims for underpaid holiday pay. If there have been multiple underpayments of wages by an employer, workers have three months from the last underpayment in the "series" to bring a claim. A few years ago the Employment Appeal Tribunal said that if there was a gap of three months or more between two successive underpayments, this brought the "series" to an end. This ruling severely limited the value of back-dated claims for many workers, though an over-riding limit of two years' backdating was introduced by separate legislation in 2015. The Supreme Court will be asked to decide whether this ruling was correct.

Finally, we are waiting to hear whether a third holiday pay case will make it to the Supreme Court. This case, involving a term-time only music teacher with no fixed hours, is about how her holiday pay should have been calculated. Last year the Court of Appeal said that the employers should have used the designated reference period in the Working Time Regulations to calculate her holiday pay, rather than rolling it up in a supplement to her hourly rate, which was calculated on the assumption that her working hours were spread evenly throughout the year. Assuming the Court of Appeal's ruling is not overturned on appeal, it is likely to require the holiday pay of many casual workers, including bank workers in the NHS, to be re-assessed.

National research confirms Covid-19 impact on UK's healthcare workforce unrelenting

Skills for Health

A nationwide survey completed by 2500 respondents from across the sector, to identify insights into the impact of Covid-19 on the UK's health and care workforce, has been conducted by Skills for Health.

The invaluable research, gathered in June, struck a chord with thousands of NHS staff wanting to have their voices heard on the significant changes to their health, ways of working, skills and training needs, and organisational life, that will impact the future of the healthcare sector for years to come.

Over 50% of respondents reported staff have suffered from a negative effect on mental health due to the pandemic, and a further one third of respondents indicated their physical health had deteriorated.

The lasting impact on the health and wellbeing of our health workforce might not be fully realised until the virus has truly been beaten, and long-term health implications may still develop further down the line.

As the Sector Skills Council for Health, Skills for Health asked for insights from those working on the front-line and in HR and Senior Management roles within NHS Trusts, to help understand the possible effects of the pandemic on staff, to support the development of the sector's future needs.

With thousands of staff returning to the NHS to help meet the sudden increased demand on the service, it was unsurprising, many stated that recruitment has, and would continue to increase as a result of the pandemic. Sadly, subsequently, skills and talent would also be lost as additional staff leave the profession, due to the exponential pressure of working through the pandemic.

It was reported that further reasons talent and skills will be depleted, is tragically due to staff members lives taken by the virus, and those whose health has been so severely impacted, they can no longer work.

These are just some of the preliminary findings from this vital research. Skills for Health's in-house Research and Evaluation division are working with workforce experts to delve deeper and analyse the results, which will be published in an upcoming report, of which, individuals can pre-register to receive.

The outcomes thus far not only emphasise deep-rooted issues around the health and wellbeing of staff due to Covid-19, but also highlight the skills and training requirements for the future to begin to rebuild.

Training and development needs were a key focus, with remote working, and leadership skills identified as crucial factors that NHS organisations need to consider resetting, in both the short and long-term.

In support of the extraordinary efforts of the NHS workforce, Skills for Health pledged to donate 10p for every survey response to NHS Charities Together, raising £250 for their continued contribution to NHS staff and volunteers caring for Covid-19 patients.

Jon Parry, Head of Research and Evaluation, Skills for Health said:

> **"We are committed to our core mission of helping employers to develop a more skilled, productive and flexible workforce; this includes the provision of research and insights to support employer ambitions. By undertaking this important research, which received thousands of responses, we can seek to understand some of the challenges facing employers and staff due to Covid-19. We're delighted with the response, highlighting a clear need for an evidence-based approach to rebuild a sustainable, healthy and valued workforce with the critical skills required post COVID-19."**

Register today to receive the Covid-19 Workforce report by visiting skillsforhealth.org.uk/rebuild

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