



University of
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Employee Relations in the NHS in the 'New Normal'

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Where opportunity creates success

Introduction

- Analysis of employment relations in the NHS across the UK
 - as the Service emerged from the height of the pandemic into a ‘new normal’ for people management.
- Reviews the management of the employment relationship to
 - better understand the longer-term implications for employment relations
 - assess how NHS organisations can better meet the resultant challenges.
- Similarities with the Covid-focussed report by Saundry (2020)

Key themes

Managing
Employment
Relations

Conflict
Management

The Line
Manager
Challenge

Staff
Wellbeing

The Challenge
for HR

Equality,
Diversity and
Inclusion

The Impact of
Cultural
Change

Method

- November 2021 and March 2022
- 229 survey responses
 - More than 90% of respondents worked in organisations with 1,000 employees or more.
 - 39% worked in Acute Trusts, 16% Combined Community and Acute Trusts, 13% in Mental Health Trusts.
 - 85% respondents were from England
 - 22% director, deputy director or head of HR roles/ 21% HRBP/ 10% employee relations managers/ 11% line managers/17% were trade union representatives.
- 22 in-depth interviews with HR leaders, senior practitioners and trade union representatives; across UK.

Key Aspects of Employment Relations



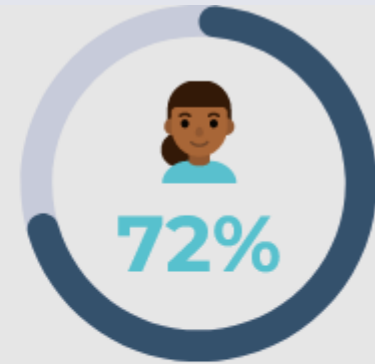
reported a good or very good relationship between management and the unions



reported a good or very good relationship between management and staff



reported a good or very good relationship between staff



felt focus on EDI was either good or very good

Managing Employment Relations



47%

Bullying and harassment will remain (a further 25% unsure)



72%

Disciplinary and grievance issues will remain bogged down in lengthy procedures



67%

Don't think line managers are well equipped to identify and resolve difficult issues



40%

think Employment relations will **remain adversarial**



44%

think most managers **will not deal with difficult issues fairly and effectively**

Conflict Management

Top Causes of Conflict

1	Poor line management
2	Personal disagreements and relationship issues
3	Capability and performance
4	Bullying
5	Misconduct (excluding bullying and discrimination)
6	Discrimination and harassment

Most Effective for Dealing with Conflict

1	Informal resolution policy
2	Internal mediation service
3	Just and learning culture
4	Grievance procedure
5	Bullying and Harassment/Dignity at Work procedure
6	Freedom to speak-up guardian
7	Discipline procedure
8	Conflict coaching
9	Bullying and harassment advisors

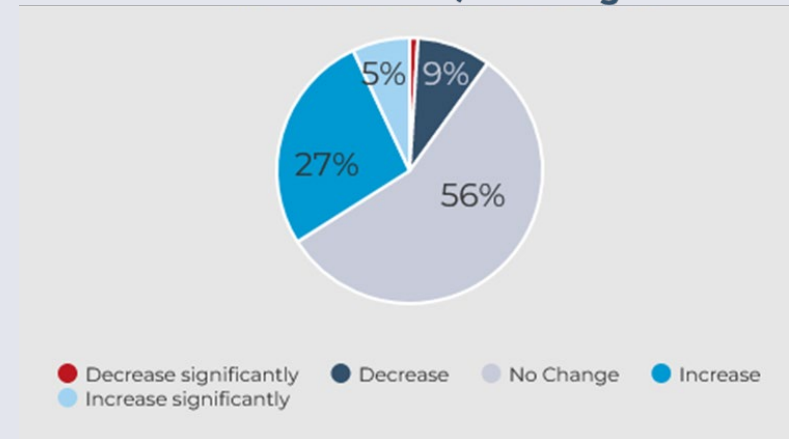
Mediation for Managing Conflict

- Mediation is a key mechanism for managing disputes:
 - ‘We have trained mediators in the organization. Then in part, what we're finding is we can't keep up with the demand. So, we had a pool of mediators, but because people have either moved on or changed roles or for whatever reason, we haven't got that many anymore. And so, we are actually just going through a process of procuring some more training for some more mediators because yeah, we can't keep up with the demand’
- Mediation key aspect of changing the culture of managing conflict
- Promoted the adoption of greater empathy and respect when dealing with disputes
- Significantly, for some employees, as noted in the literature they prefer an external mediator:
 - ‘Those individuals may feel more comfortable. They may feel it's more confidential than maybe lots of reasons that they feel an external mediator.....There are certain staff groups, doctors for example.that might want external mediators to support’

Key themes - Conflict Management in the next 12 Months

- Pre-emptive changes to policy and practices
- Managing requests for flexible working
- Greater use of mediation
- Framing within an effective culture of restorative justice and responsive leadership.
- Partnership with the unions
- Bullying and Harassment
- Other avenues for complaint

In the next 12 months, to what degree do you expect the incidence of bullying and harassment complaints (excluding discrimination) to change?



The Line Manager Challenge

1. Capacity
2. Promotion was a financial reward
3. What support can/do HR give
4. Capability and need for training and development to do the job
5. The synergy of hard v soft management that line managers need to master to deliver effective patient care - 'what we are contracted to do'
6. Intransigence and other staff issues

Support from HR for Line Managers

- Policy formation and guidance on its interpretation and Experience/understanding of the operational demands on the line manager :

‘Policy... to get them to be realised, you need to hook in with the line managers. I think after having been a nurse. What I think often doesn't happen with people, perhaps, that are writing these policies, procedures, the people leaders, is that they've never worked in a 24-hour service’

- Informal approach and the Location of HR vs staff
 - ‘HR are now working from home are therefore not approachable for staff who do not have access to computers, can I suggest that HR have a least one member of staff in the office this way staff can drop in and get their questions answered, this may prevent grievances having to go in at a later date’.
- HR is under-resourced versus HR colleagues must develop ‘resilience’ in these challenging times:
- “Resilience for the HR, training, OD and OH functions are crucial in supporting the positive improvement in employment relations. Focus on this support is also crucial”

Voice - Staff Input into Decision Making

- Individual voice - 64% of survey respondents felt confident or highly confident that enhancing employee voice will be more fully addressed going forward
 - Interlinked with relationships with line manager
- Cooperative approaches - unions, HR, management
 - *'We've had a really good relationship [with unions] and worked really well with them through COVID, including the mandatory vaccination..... meet with...reps on a fortnightly basis for half an hour and just to.....I suppose bounce around things that's going on any concerns, any issues, any cases'*
 - *'There's a there is a real commitment...to address things like...inequality and discrimination, and bad behaviour, really towards staff as well as the practical things of health and well-being, recruitment, workforce redesign, new ways of working...I think the unions are very much behind and we try and work closely together... my direct experience is quite positive because the things that we're arguing for, from a people perspective, align very much with the interests of the unions in representing their members'*

Key Themes – Staff Wellbeing



88%

felt confident or very confident that staff PPE needs will be met



71%

were confident or very confident that violence against staff will be addressed.



64%

were confident or very confident that the staff's own caring needs would be supported



59%

were not or not at all confident that safe spaces for staff to rest and recuperate would be available going forward



69%

were not or not at all confident that staff would get support to switch off from work (whether in the workplace or whilst homeworking).

Key themes – Staff Wellbeing



77%

expect Covid19
related sickness
absence to
significantly or
very significantly
impact employee
relations in the
next 12 months



69%

referrals to
occupational
health will
increase



74%

predicted that
stress-related
absence would
rise

Staff Wellbeing

- Staff as 'very tired' or 'exhausted' by their efforts in the past two years
- Can flexible work be supported? Yes but challenges, needs equity and support.
- Violence against staff:

'We've looked at physical violence a lot. But actually, sexual violence and sexual harassment seems to be fairly rife, as well in the NHS...But even just things like the what the impact that staffing levels and targets has on individual teams to work in a way that doesn't involve conflict....And I guess that translates into either people just being unhappy at work and considering leaving, or people saying that actually, I think I've, you know, formally I'm being bullied by somebody....to actually I've been a victim of violence, either through violence from staff, which is still relatively small, far more common for that to be violence by patients and families and relatives. And I think the two things do go together, that the more stress you've got somebody under the less likely they are to be able to read a situation when they're dealing with. You know, stressed and unhappy patients in hospitals or that are accessing ambulance services. And therefore, the more likely you are that that leads to it. So, I think there's a sort of continuum in a way, the more conflict you have in within teams and an individual or organisation or level, I would imagine you could draw the conclusion that would be more actual violence towards staff'

The Challenge for HR



74%

thought it likely or highly likely that further HR innovations will impact positively on employee relations



77%

think HR influence on ER strategy and practice will continue to increase



72%

think home and hybrid working will continue to cause problems within the workforce



57%

think unlikely the current 'good will' between staff and management will continue

Key Themes - Equality, Diversity and Inclusion (EDI)

- 76% survey respondents stating that the focus on EDI was good or very good
- But, need to address issues for ethnic minority staff within the Service
- Experiences from individual trusts -clear and positive initiatives undertaken.
- Going forwards no expectation that discrimination complaints will rise
- Strategic imperative:
 - ‘Certainly, as we look now to our 2022 staff survey, it's going to be a front and centre in terms of some of the measures that we're looking at as wellin terms of strategy is making a difference on the ground in terms of not just, you know, complaints or, you know, issues around harassment, discrimination, but also around equality of opportunity as we move to, you know, in terms of talent, you know how we identify talent in the organisation

The Impact of Cultural Change

- Progress in changing the culture of employee relations
- Models of strategy and practice, e.g Just and Learning Culture (JaLC); Civility and Respect toolkit
- Key concepts of ‘restorative justice’ and a ‘compassionate leadership’ approach
- Aligned with addressing:
 - Workplace conflict
 - Staff wellbeing
 - Manager capability
 - EDI
 - Patient care

Concluding thoughts – The Next 12 Months

- Absence, OH referrals and stress related sickness like to rise significantly
- Hybrid working concerns and equity
- Staff burnout and lack of staff exacerbating other issues
- Collective voice is crucial - positive relationships between the unions + management
- Line manager capability, capacity and need for support from HR
 - needs to be addressed = key issue
- Overall change in culture to a just and restorative philosophy
- Clear evidence of economic benefits of taking actions on Employment relations in the NHS, e.g Cost of Conflict

A critical assessment of the effectiveness of employee relations in the NHS in the 'new normal'

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