

Features

Changes to NHS recruitment

A 60 year challenge

From a dividend of peace to clinical and commercial complexity occasionally verging on chaos, the NHS has never been out of the public interest. As the UK's health service celebrates six decades of an almost unique operation that provides the vast majority its services free at the point of use, we spoke to four NHS HR professionals about the changing face of recruitment and retention in one of the UK's largest employers.

John Kitson joined the Sheffield Regional Hospital Board as an admin trainee back in 1966. He moved into personnel in 1976, and finally retired as Executive Director of HR with Essex Rivers Healthcare NHS Trust in 2006. "The NHS enjoyed a long period of organisational stability from when it was first formed in 1948 through to 1974," he explained. "We saw significant structural changes in the 70s and 80s, the emergence of Trusts in '91, and then the first Foundations Trusts in the new Millennium.

"While there has been some fantastic improvements, the level of change has not, in itself, been productive and has added to the complexity of an already complex organisation.

"In my early days, the style of management was one of consensus within the organisational unit, particularly the hospital. There was a great deal of top-down governmental bureaucracy that fell to the Administrator, but he worked in a triumvirate with Matron, who looked after the nursing staff and the Chief Consultant who wielded a lot of power. In many cases it worked well but in others it led to lowest common denominator decision making and therefore stagnation. It was often difficult to tell who was in charge. To remedy this lack of accountability General Management was introduced during the late 80s and from then onwards it was clear where the buck stopped – with the Chief Executive.

Recruitment

"Traditionally we recruited from within at professional level, with some crossover with local government for specialist positions in management and finance.

People generally had a vocational ethos, joining to make a difference rather than for the money and I think that survives today, although perhaps not as strongly.

"Certainly up to the late 70s people saw healthcare as a job for life. We had no redundancies and people tended to live and work locally, although for the career minded, movement around the country within the NHS family was quite common. The workforce was more permanent too. There were 'temps' in London and the big cities, but mostly temporary secretaries. However, as we moved into the late 80s Recruitment and Retention Strategies became an important feature of the work of HR Directors as the NHS had to contend with increasing competition from the private sector for many groups of workers. The concept of a flexible workforce with different skills to meet healthcare needs is a product of the last decade.

Community

"Hospitals used to be communities in themselves. There was something of the 'ship riding in the stormy seas' mentality where everyone was intensely loyal to their employer (the NHS). That feeling has dissipated as ancillary and other services have been outsourced and people working in the hospital no longer have a single employer.

"However, one great gain has been the diversity of cultures that far better reflect the culture of Britain. From the early days, the NHS welcomed clinical staff from overseas to meet the huge demand for services. Now it embraces pretty much all diversity and is very forward thinking in such things as flexible work practices and life-long development.

"It's a long way from 1966 when

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recruitment adverts were frequently gender specific, there were separate and lower pay scales for female ancillary workers, smoking in the office was the norm and people were paid in cash. The organisation is so much more advanced technologically that it demands higher knowledge and higher skills of its workers all the time – and the public demands this too. I'm not sure if morale is as high as it once was, but I'd still recommend an NHS career to anyone."

"I agree with John, the NHS remains a great place to be," said Nigel Taylor, Director of Personnel and Organisational Development at Basildon and Thurrock University Hospitals NHS Foundations Trust. "If you're looking for a staid and boring role where everything stays the same, you're not for us. But if you want to work in something that's constantly changing; constantly challenging and utterly fascinating, then there's a massive diversity of clinical and non-clinical roles to choose from.

"One thing that has never changed in the NHS is the fact that people who work here can always be proud of what they do and never be embarrassed about

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their job. Many people may at some time have a personal gripe about their NHS experience, but as a nation we're proud of it and cherish the people who work within it.

"We're tarred by statistics that say there are more administrators than ever before in the NHS, but the actuality is that over 80% of NHS employees are directly or indirectly involved in patient care – and the other 20% are vital in ensuring we function effectively in a high risk environment.

"The James Robertson Justice and Hattie Jacques days of management are long gone – if they ever existed – and our management teams are much closer to the front line than ever before. Chief Consultants may be Medical Directors and Matron may be a Director of Nursing today, but their roles, like mine, take us into clinical areas every day rather than being remote from the working of our hospitals."

Recruitment – and planning recruitment needs across so many specialisms – remains a key challenge as Nigel continued. "It takes at least three years to produce a Registered nurse and five to produce a Registered doctor, so planning for our needs so far ahead inevitably is a matter of guesswork. Areas expand, advance and contract with great speed as technology and good practice moves forward, so even the best laid plans can still result in gluts of staff in some areas and shortages in others.

"It's not so bad for non-clinical staff, but their roles often follow the clinicians. The pace of clinical practice change is faster now than at any time in the NHS's history and we have to remain nimble just to keep up.

"The days of a job for life are gone, and there's a greater demand to have more skills and to keep learning new ones. Traditionally, hospitals have looked to their own to find people for roles and been reluctant to use temporary staff because of perceived quality issues. We operate in a highly regulated and high risk environment under intense public scrutiny, so no part of the NHS can afford drop its standards. Where we use temporary staff, we're looking for healthcare backgrounds and an understanding of the ethos by which we operate.

"Beyond technology, the biggest change in the last 60 years has been people's attitude to hospital staff. Patients and their families demand more and expect immediate results. The days of deference to the wishes of the doctor are gone. Our new staff joining come into healthcare already equipped with society's latest values, while changing to meet the increased expectations can be harder on people who've been here longer.

"As a Foundation Trust, we're seeing our part of the NHS in transition. We're still inherently co-operative, and act as if we're all a part of one big NHS. But we may see greater independence in business

terms in the future, with more local autonomy, more transparent competition and probably a more diffuse NHS overall."

Mental Healthcare is one area of the NHS that has undergone massive change in the recent past as the big institutions have scaled down or closed and there has been a far greater focus on care in the community – changes that have had a significant impact on the profile, and make-up of the mental health workforce, as Simon Hart explained.

The Director of HR & OD at Oxleas NHS Foundation Trust has spent more than 10 years working in Mental Health and has seen the staffing requirements change markedly. "The old institutions produced institutional people – and that went for staff as much as patients," he told *Connections*. "We had whole families working in the big hospitals, often living on site, so the job became a way of life. Too many staff didn't see patients as patients and this led in some instances to abusive practices that we could never tolerate today.

"Our staff now have to interact with a far wider range of people and need to understand and be confident in dealing with the whole range of needs of our patients. So we look for people with a much broader range of thought, skills and initiatives than would have worked in mental health in years past.

"With the emergence of mental health trusts into the wider world, ►

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we've seen a growth in non-clinical roles. Most management positions are still held by people with clinical experience – it's essential to have an understanding of both sides. But what has grown is areas such as IT and business analysis.

"As a Foundation Trust, we have to have a sharp focus on what we do and how we do it – and how we manage the money and that means bringing in and developing strong professional skills.

"One area where we've gained is that we're nowhere near as parochial as Trusts once were. Perhaps out in the rural communities, there's still a little bit of a closed shop, and promotion can still be 'dead men's shoes', but in our towns and cities, we're attracting young people looking to build careers and make themselves promotable. It means we've perhaps lost some of the community loyalty, but we continually bring in people with new, fresh ideas. One of my biggest challenges is how to keep our best people.

"We have a partnership with DHL whereby we can learn from their approaches to succession planning and talent management and our challenge is to apply our learning to produce the best for the Trust and our patients.

"Mental health has a much more diverse and skilled workforce than ever before. It may not be the sexiest part of the NHS, but it continues to attract excellent talent."

Advisory view

Rob Croft is a Category Manager for the NHS Purchasing and Supply Agency. The Agency offers strategic advice to help ensure that the NHS in England makes the most effective use of its resources by

getting the best possible value for money when purchasing goods and services. Rob specialises in temporary staffing and in recruitment services for permanent staff.

"We manage the Professional & Administrative and the Ancillary (PASA) temporary staff frameworks. These are available to the 400 NHS trusts across England and Wales to help them buy in the skilled temporary staff they need effectively. They don't have to use the frameworks, but we're pleased that almost all choose to.

"We don't really have a view on the past and its merits or otherwise as NHS PASA was formed only in 2000. Since then, we've taken the long view, building and managing frameworks that accept the inherent complexity of the NHS, but continually looking to find ways to improve the health of the nation and the value the NHS draws from its suppliers.

"The very fact we exist shows a change in the way the NHS approaches the employment market. Trusts are far more likely to deal with recruitment agencies than individual candidates, and some circumstances call for flexibility best delivered using temporary rather than permanent staff. We work to identify and build relationships with the agencies that will enable us to tap into the talent pools that are right for our NHS customers.

"We work with both Trusts and suppliers to ensure the Frameworks we have deliver the kind of resource most appropriate for the Trust's needs. Perhaps our key role is as facilitators and educators, helping people who make purchasing decisions in Trusts to understand how they best



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meet their resourcing strategies in the most appropriate way for instance.

By concentrating on what's appropriate and can be well managed, we try to move the temp v perm debate on to how the NHS can make the best use of a flexible workforce to achieve the best health outcomes at the lowest overall cost.

"We've seen a significant growth in finance and IT roles over the last two years – perhaps as the money in the NHS has got tighter and as technology has moved into almost every facet of the service. That may change in the future with a swing back to more clinical roles. But our role will be to act as expert advisers so that Trusts don't continually have to reinvent the wheel in achieving best value."

The NHS is set to remain at the heart of the UK, to be cherished, argued over and probably subject to ongoing initiativeitis. What's abundantly apparent, to those who choose to work in it, it's endlessly fascinating and challenging. ●



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