



Saxton Bampfylde

Road to Recovery

Integration, inclusion and innovation
in the Healthcare sector

After a period of unprecedented change and challenge for the healthcare sector there is much to reflect upon to help aid recovery. In this reflection we believe that there must be a clear emphasis on learnings – what worked and what didn't – and how these can be integrated in to delivering meaningful and people-centred models for the future.

Saxton Bampfylde is delighted to bring you a short series of interviews from senior leaders across a range of health and care settings to discuss and demonstrate the importance of learning, challenging and innovating to make a positive impact in their own organisations, and more broadly across the sector. We are very grateful to each interviewee who has generously and honestly shared their experiences and learnings with us.

Kate Jarman

Director of Corporate Affairs, Milton Keynes University Hospital and Co-Founder of Flex NHS

Kate Jarman is director of communications and corporate affairs at Milton Keynes University Hospital and co-founder of Flex NHS, a movement to promote and enable flexible working in the NHS. Kate co-founded Flex NHS and teamed up with social media influencers and grass-roots campaigners to make flexible working more accessible to the 1.5 million staff working in the NHS. Flex NHS champions flex for all and promotes a better work/ life balance as a vital part of recruiting and retaining staff now and in the future.

Kate has worked in the NHS for more than 15 years, leading communications teams and working across corporate affairs portfolios. Prior to joining the NHS, Kate worked in the criminal justice system, leading communications and media planning and responses for major police investigations and criminal trials. Kate is particularly interested in open, inclusive communication and engagement with staff, service users and communities and is passionate about equal opportunities and representation for women in the NHS.

Kate, your career started outside of the NHS. How do you think this changes your perspective on your Trust and the sector?

I joined the NHS in 2007 from the police. I had also worked in the private sector. It was very different – the police force has a unique culture and way of working and is markedly different to the NHS. The police has a command and control system and the NHS, while it might slip into this through necessity such as during the pandemic, does not have the same approach.

There are parallels, for example uniformed staff or officers versus 'civilian' staff and different professional hierarchies and groups which exist within both. However, interestingly, over the last couple of years COVID has broken down some of those hierarchical siloes at pace, creating a flatter structure. Since I joined the NHS has evolved hugely, particularly culturally. Although there are stubborn areas which have not changed and it is important that we don't lose sight of those.

You co-founded Flex NHS in 2018. Can you tell us more about it and why you set it up?

Flex NHS was born out of desire to provide people a platform to talk and amplify voices within the NHS. It was also looking to get flexibility for people in different ways, whatever the job or role.

In 2018 I was blogging and having conversations on Twitter about being a working parent and that is where I met my co-founder colleague Aasha Cowey, who was coming back from maternity leave and speaking about the challenges that brings. I come from Corporate Affairs and Aasha is in

Digital Transformation and it provided us with different perspectives and skills to move it forward, particularly from the perspective of working parents.

At this time there were events happening where people talked about these challenges. It was interesting and empowering to hear them talk about the issues, but most of those speaking were senior leaders and therefore they had agency and could largely dictate their own time. That really reinforced a desire for us to widen the conversation and do something for the people who don't have agency – the bulk of the 1.5 million people in the NHS who are timebound and time constrained.

Quite quickly we teamed up with influencers - journalists, campaigners, social media influencers - who were doing campaigning work around flexibility in other sectors. We also talked to people in other sectors about what they did well, how we could borrow ideas and help to make it work. We have also thought about what people can learn from us and it turns out they can learn quite a bit from the NHS.

We worked closely with the construction industry for example, as they are very committed to increasing flexibility to get more women in to the sector, as well as addressing the high levels of suicide in the sector.

We are delighted that The NHS People Plan changed terms and conditions for NHS employees to make flexible working a day one right. The Government was focusing on flexibility in its Employment Bill 2022 to also make this a statutory requirement, but that Bill has been delayed. The NHS is further ahead on the terms and conditions but it would help everyone if this was supported by law.



What advice would you have for anyone who wants to establish a campaign?

It is important to find the people working in your space. We found that people were incredibly generous with their time and platforms and looking at how we could work together. There is lots of opportunity through social media, as that democratises power and gives people the ability to wield influence and opportunity. Campaigning is emotionally and physically exhausting as it is normally something one feels really strongly about, so it is important to team up and collaborate.

My top campaigning tips are:

- Don't try to do everything all at once.
- Take a break.
- Get a team.
- Learn from others.

The NHS is sometimes regarded as a bit of an outlier on flexible working. Is this fair?

My view is quite split on this. In some ways there is real flexibility and this can work very well for certain people. However, I think what is more challenging is the level of flexibility at the margins of those shift patterns. The NHS has a way to go to be flexible at the margins of its day and how do we accommodate those needs. Everyone knows the NHS has to cover a 24/7 shift pattern, but we need to have more conversations to take place more collaboratively and

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effectively about making flexible working work. We need to give more agency to more people who don't normally have it.

The intersection of flexibility, ability and disability is an interesting one. One of the barriers of flexibility is having to pass a moral bar to get what you need. We try not to talk in a way of: 'my need is greater than your need': it is just something that should be offered to all. The consistency is not there yet in the NHS and can stop people moving or progressing.

We are often quite paternalistic about people's working patterns and the belief that someone must be in the office or working environment to be productive. That needs to change for non-clinical staff, but we also need to offer greater levels of parity for clinical staff too. That is something we have to tackle to make it work for the staff and the service.

What do you think needs to change in order for flexible working to be more widely embraced?

The legislative requirement is one tool and the Employment Bill moving forward would have helped as it removes a barrier to flexibility. Without flexibility there is a risk of stagnating the employment market and that particularly stops women, carers and those with disability progressing.

There should be more commonality and consistency of approach across key sectors so we know which are bastions of good practice. Consistency and cogency across the policy world would be a powerful leader for change. People generally have little knowledge about their employment rights until they need to use them. At that point they are usually terrified, anxious or very stressed and reaching a crisis point and I think making people more aware and giving greater accessibility to their rights is very important.

How can greater inclusion through flexible working be achieved in your view?

The particular intersection between flexibility and inclusion is caring – as a carer of any description; ability and accessibility; and increasingly affordability are all really important. We are already starting to see challenges with people faced with increased cost of living and travel costs going up.

Broadly, the inclusion agenda is massive and there is still a very significant challenge ahead of us. The gender and ethnicity pay gap, for example, is still very apparent and real. It is important to say that flexibility isn't the panacea but it is one way of making progress towards closing those gaps. We have to be intentional about it and explicit about what we are doing to make it happen and why.

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Do you think there are things other sectors could learn from the NHS in how it manages its people?

We are the biggest employer in the UK and the third largest employer in the world. The NHS is an extraordinary achievement of 1.5 million people and many more working around it. We give ourselves a very hard time about what we do and what we manage. I think what we need to focus on is what can be achieved with shared passion and purpose. That is what the NHS has in spades. We all know why we turn up and do the long hours. That vision of combined purpose is really powerful and motivating in any organisation.

It is also very important that we highlight how and why we are offering jobs and a profession for life. It is one of my passions and this focus on lifelong flexibility is really important. We want to pick people up at the start of their career and keep them until they retire. Being able to excite them as one employer, to invest in them, develop talent and encourage them to go on and be brilliant in the industry is so important.

This is a challenge in many public sector organisations. We know that people aren't staying and leaving in increasing numbers and we really need to think about why. We won't be able to recruit our way out of that problem: we need to retain our way out of it.

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What would your advice to the Secretary of State for Health and Social Care be when it comes to workforce challenges facing the system?

We absolutely need a workforce plan and strategy and we do need to know what the recruitment landscape will look like.

But, if I only had one thing to discuss I would focus on retention, to emphasise the important infrastructures which people need to come to work in the NHS and wider care sector, and to think about really holding on to and developing staff.

I am like a broken record on this but so many of the basics in the NHS are still rubbish for staff. There is very little to no parking at work, lack of meal breaks, or even toilet breaks. We must be able to tackle those points explicitly and say they are not acceptable. We have invested a lot of time and money in our staff and we need and want to keep them. We must treat people like the very special assets that they are or we will have no service.

We just can't recruit and train fast enough; we can only retain hard enough to get through the next few years. We are doing recruitment internationally, but we are in a global crisis workforce-wise and we need to be part of a global solution, we can't be a net taker, rather than a net giver.

Our Health Practice Team

At Saxton Bampfylde we know the importance of game-changing leadership appointments for the health and care ecosystem. Our dedicated team are proven partners in supporting critically-strategic appointments at the most senior Executive and Non-Executive levels in the Health & Care sectors. From start-up healthtech businesses to leading NHS Trusts; from private healthcare businesses to national institutes and emerging NHS system leaders.



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Our Track Record Includes:

University Hospitals Leicester NHS Trust, Chief Executive

Newcastle-upon-Tyne Hospitals NHS Foundation Trust, Chief Executive

Surrey County Council and Surrey Heartlands ICS, Joint Executive Director of Adult Social Care

Hampshire Hospitals NHS Foundation Trust, Chief Operating Officer

Countess of Chester Hospital NHS Foundation Trust, Chief People Officer

University Hospitals Bristol and Weston NHS Foundation Trust, Medical Director

UK Research and Innovation, Chief Executive

Medical Research Council (MRC), Executive Chair

Department for Health and Social Care, Chief Scientific Advisor

Deloitte, Clinical Partner

HCA Healthcare UK, Chair and Advisory Board

University College London Hospitals NHS Foundation Trust, Chair

North West London Acute Provider Collaborative, Chair

North West London Integrated Care System, four Non-executive Directors

University Hospitals of Derby and Burton NHS Foundation Trust, Chair; Non-executive Director