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# **A critical reappraisal of the effectiveness of employee relations in the NHS**

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## About this Paper

This report draws from research commissioned by the HPMA (Healthcare People Management Association) and (Conflict Management Specialists), CMP.



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# Executive Summary

This report covers the findings of an NHS-wide study on the state of employee relations in the NHS commissioned by the HPMA and CMP.

Drawing on 211 survey responses and 33 in-depth interviews with HR leaders, senior practitioners and trade union representatives, this report critically reviews key elements of the management of the employment relationship to better understand the longer-term implications for employment relations and assess how NHS organisations can better meet the resultant challenges.

In particular, the project will focus on the management of conflict within the NHS and the options available for its earlier resolution. Crucially, it critically assesses which dimensions of 'good work' have an impact on key measures of employee relations and the degree to which a change of people management culture within the NHS is acting as a catalyst for these enablers.

## **The overall state of employee relations in the NHS**

Overall, respondents felt that, despite the impact of the pandemic and the ongoing staffing and financial pressures on the NHS, the relationship between NHS organisations, their employees and their representatives remained quite positive. There were several mitigating factors, however, that impacted on this relationship. Of statistical significance from the survey, was the positive impact of effective employee voice within trusts and boards. This 'voice', done in the right way, supports the good relations between management and unions; and this was felt right across the sample of interviewees. This demonstrated the value of a collective voice in the NHS as it manages the challenges of improving employee engagement, motivation, wellbeing and, therefore, productivity. A tripartite approach was also particularly evident in the successful macro level involvement of the unions at national and service level in health strategy in Wales, Scotland and Northern Ireland. Other key determinants of effective employee relations, such as equality, diversity and inclusion (EDI), pay and conditions, health and wellbeing and work organisation did figure in the interviews; however, in relation to the survey data, they were proved not to be statistically significant. In contrast, statistical analysis of the survey data did reveal a significant relationship between employee relations and the effectiveness of line managers.

## **The impact of cultural change in the NHS**

The adoption of a 'just' and restorative' cultural approach, is resulting in positive outcomes in many trusts and boards across the UK. Where 'blame' for poor service delivery, and the consequential conflict, is attributed less to the actions of the individual but rather to systemic flaws in the organisation.

Nevertheless, there is still evidence of some barriers to its further success, for instance, resistance to change in certain types of departments and amongst some line managers. In resonance with the 2022 study, and Saundry and Unwin's (2021) report for ACAS, the research has similarly identified opportunities to address the causes of conflict that will have real cost benefits for the NHS. For instance, in terms of solutions for conflict,

and linking back to a more informal and nuanced approach to managing conflict that the 'just culture' is intended to bring, informal resolution and mediation were seen as the most important resolution channels. This further reflected other key research in the NHS that emphasises the need for line managers to have the ability, time and, therefore, confidence to deal more informally with workplace disputes (Saundry and Wibberley, 2023).

## **The key role of the line manager in employee relations**

The role of the line manager with respect to facilitating effective employee relations was a key theme throughout the analysis. This was evidenced in the respondents overwhelmingly stressing the improvement of line manager capabilities as a fundamental priority for their organization in the next 12 months. The research also found that the line manager was cited as the main reason for workplace conflict.

Crucially, the study suggests that changing the nature of employee relations, through a culture of no blame, and a just and learning approach to people management, can only be successful when several key aspects of line management in the NHS have been fundamentally addressed. The first of these is to ensure that line managers have the capability to carry out their people management role effectively. This means that they must have appropriate training and development and support by HR colleagues on an ongoing basis, whilst recognising that role still needs a level of autonomy to be effective. Secondly, line managers, who are often 'squeezed' between the expectations from above and below, have the capacity, in terms of time, to also manage their operational duties and people tasks together. Realistic expectations of the line manager from their team, their senior managers and HR must reflect this. The study further confirmed that NHS organisations also need to identify future managers with the necessary skills, knowledge and awareness, and give them opportunities to refine that capability, before promotion, in addition to the support they need when in post. Rather than as the research also highlighted, promote a person solely because they 'were the next in line' or because of their technical or operational competence alone. Taking this more strategic and nuanced approach to selecting, developing and supporting managers, the research suggests, will give line managers greater confidence to successfully manage the ever-changing employment relationships within the NHS.

# Introduction

This report covers the findings of an NHS-wide study on the state of employee relations in the NHS commissioned by the HPMA and CMP. It explores the nature of the management of the employment relationship in the NHS and the challenges faced in ensuring its effectiveness. In particular, the project focuses on the management of conflict within the NHS and the options available for its earlier resolution. Crucially, it critically assesses which elements of 'good work' have an impact on key measures of employee relations and the degree to which a change of people management culture within the NHS is acting as a catalyst for these enablers.

Building on the findings from our previous study<sup>1</sup>, this report details how key topics and related variables identified in the extant employee relations literature were tested through a number of hypotheses on the state of employee relations in the NHS. This provided the opportunity for an in-depth statistical analysis of relationships between key variables, both input and output, to test the legitimacy of the devised hypotheses. For instance, the potential impact of effective line management and the management of workplace conflict on the state of employee relations are investigated.

Furthermore, the impact on employee relations of EDI, employee wellbeing, job design, and employee voice are also tested. In terms of context, the influential Messenger Review (2022) and the NHS 15-year workforce development plan (2023), and major strategic people resourcing documents across the UK<sup>2</sup> were key sources that informed the variables chosen for the survey, as was the seven dimensions model of good work developed by the CIPD<sup>3</sup>. In line with the recognised people management challenges facing the NHS, employee recruitment and employee retention also figure as key potential output variables in the survey. Key themes identified in the survey analysis were also then investigated in more depth through a series of interviews with a cross section of senior respondents from across the NHS.

Overall, the adoption of a 'just' and restorative' cultural approach, which seeks to attribute 'blame' for poor service delivery and the consequential conflict, less on the individual and rather on systemic flaws in the organisation, is resulting in positive outcomes in many trusts and boards across the UK. However, there is still evidence of some barriers to its further success, for instance, resistance to change in certain types of departments and amongst some line managers.

Crucially, in resonance with the 2022 study and Saundry and Unwin's (2021) report for ACAS<sup>4</sup>, the research has similarly identified opportunities to address the causes of conflict that will have real cost benefits for the NHS. For instance, in terms of solutions for conflict, and linking back to a more informal and nuanced approach to managing conflict that the 'just culture' is intended to bring, informal resolution and mediation were seen as the most important resolution channels. This reflected other key research in the NHS that emphasises the need for line managers to have the ability, time and, therefore, confidence to deal more informally with workplace disputes<sup>5</sup>.

In terms of the statistical analysis of the survey data, from the seven dimensions of good work, the variables of employee voice and the role of the line manager were proven to be statistically significant in relations to ensuring effective employee relations. These relationships were further evidenced by the support for the value of collective voice,

through the trade unions, across the interview sample. The most significant variable found in the study, the role of the line manager, was reiterated by all interviewees. Albeit this also revealed the more nuanced nature of this role. Nonetheless, training and development in terms of improving capability, sufficient time, or capacity, to carry out people and operational tasks effectively together, resulting in greater confidence in the line manager was an underpinning finding of this study. This was reinforced by the need for a more strategic approach to recruiting, promoting and developing people suitable for the demands of the role, rather than, for instance, relying on their technical skills alone.

With a sample of this size, we cannot definitively assert the overall degree to which findings can be generalised or how representative they are of the Service as a whole. However, there was a clear consistency in the views of the survey respondents and the subsequent interviewees on the key issues that emerged from the research. Therefore, it is reasonable to suggest that the findings based on the research, and as reviewed in the discussion that follows, do offer real insight into the current dynamics of employee relations within the NHS. Furthermore, the report offers a valuable understanding of the implications for employee relations policy and practice as the Service moves forward.



# Context

There are several key NHS strategic documents which give context to our discussion<sup>6</sup>. These strategic documents set out how the NHS recognises the key role of their staff, and crucially their wellbeing in the planning of future service delivery. This also includes how the notion and practice of 'compassionate' leadership figures in that strategy. A couple of influential documents are of particular note in relation to the analysis, albeit with their focus on the NHS in England. The distinct approaches to health service delivery across all the four home nations also informed the study and its outcomes.

## Messenger Review 2022

The government commissioned Messenger review on leadership in the NHS offered, significantly in the context of this study, several key recommendations including:

- Targeted interventions on organisational values through new, national entry-level induction for all who join health and social care.
- Positive equality, diversity and inclusion (EDI) action
- A single set of unified, core leadership and management standards for all managers.
- Training and development, and more effective appraisals system and recruitment and talent management to underpin these standards<sup>7</sup>

## 15-year workforce development plan 2023: Long term work plan (LTWP)<sup>8</sup>

The Long-term workforce development plan, which primarily focuses on employee recruitment and retention, raises a series of issues which have implications for employment relations in the NHS. The need for the NHS workforce to grow and evolve is evidenced by the fact that there were over 112,000 vacancies across the NHS workforce in March 2023<sup>8</sup>. Furthermore, it is already recognised that workload is one of the pressing issues in the NHS, (People Promise<sup>9</sup> 2020/2021). By improving culture, leadership and wellbeing, the government's long term workforce planning aspires to reduce the number of staff leaving the NHS by up to 130,000 over the next 15 years<sup>8</sup>. This is whilst acknowledging that attracting and retaining a highly engaged workforce is becoming more challenging as the NHS is operating in an increasingly competitive labour market.

Overall, the aim is that retention will be improved by ensuring staff can work flexibly, have access to health and wellbeing support, and work in a team that is well led<sup>8</sup>. This was identified particularly in relation to the key role of the line manager in managing conflict and how HR initiatives and practices are instigated which improve employee relations.

EDI is another key issue, given that the NHS workforce is the most diverse it has ever been. For example, nearly 25% of staff come from an ethnic minority background<sup>10</sup>. This increase clearly has implication for managing EDI concerns, and as noted in the plan,

NHS staff, learners and volunteers do not always have an equally good experience of work in the NHS<sup>8</sup>. Staff Wellbeing and the key role of managers in its positive attainment was also an area of action highlighted in the plan. Where it was stated that:

**‘Compassionate and inclusive behaviours of leaders are essential in supporting staff to deliver care for patients. Managers, both clinical and non-clinical, and people professionals will have a key role to play’ (LTWP 2023).**

A fundamental element of the plan has been with respect to retraining and reskilling of non-standard staff and retirees. Furthermore, the plan also asked the fundamental question of ‘do trusts recognise the key role of line manager in this type of culture change?’ In that, given that the new culture will be driven by managers, how are managers in the NHS trained? Further, are they equipped to drive the change?

## **Distinctive approaches to employee relations within the home nations**

Culture change in the context of all the four home nations also figures in the discussion that follows. This is particularly in relation to working with the unions. In Scotland, Wales and Northern Ireland, for instance, there appeared to be a much clearer role for a tripartite relationship, certainly than with respect to the UK government as a whole. In addition, the devolved governments have their own labour market strategy in relation to work and employment. Its influence is further evident in terms of NHS strategies in Northern Ireland, Wales and Scotland for improving employee wellbeing, engagement, training and development as part of their plans for enhancing patient care.<sup>11</sup>

In Wales, for instance, one of the key Ministerial priorities in enhancing the health of the population is through ‘supporting the health and care workforce’<sup>12</sup>. Specifically, there is a recognition of the challenges this brings with respect to supporting staff, in that:

- ‘The health and care workforce has been at the forefront of adapting to technology but also changing how they work’.
- ‘Across all services, workforce capacity and resilience are a recurring concern. Agile workforce planning will be required to address periods of peak demand and surge alongside robust workforce planning for ongoing sustainable delivery of services across the whole system’<sup>12</sup>

A key aspect of achieving these aims has been the promotion of compassionate ‘effective, inclusive, collective, systems’ leadership

Where, ‘The Compassionate Leadership Principles point the way to leading and working compassionately together across health and social care which is the most powerful way we can nurture the health and happiness of the staff who offer care in Wales. It is also the most powerful way we can promote the health and happiness of the people and communities of Wales now and in the future’<sup>13</sup>.

Similarly, in pursuit of better health and wellbeing for the people of Scotland, the NHS is exercising its ‘values to create an environment where employees can thrive and deliver great services’, through:

- ‘Care and compassion in how we work and treat each other’
- ‘Dignity and respect when we deal with other people and how they behave’.

- 'Quality and teamwork when we work together'.
- 'Openness, honesty and responsibility to help make decisions'<sup>14</sup>.

Key initiatives like these are also echoed in Northern Ireland, where the government recently launched a new health and wellbeing framework for staff working within Health and Social Care. With the Health Minister recognizing staff as the system's 'greatest strength', he stressed that:

'The framework provides a valuable resource to assist HSC employers in improving staff health, wellbeing and safety at work. It will help build upon the significant health and wellbeing services and support currently provided and will foster behaviours and practices that promote health and wellbeing for all staff'<sup>15</sup>.

## **Good work**

Within this context, and drawing on the literature review, the CIPD seven dimensions of good work<sup>16</sup> offered a valuable framework for capturing both the key inputs and outputs considered in the statistical analysis for this study, and the specific items/questions within those dimensions:

### **1 Pay and benefits.**

### **2 Contracts**

### **3 Work-life balance**

### **4 Job design and the nature of work**

### **5 Relationships at work**

### **6 Employee voice**

### **7 Health and wellbeing**

# Summary of the literature review

An extensive critical review was undertaken of the extant academic and practitioner literature on which the hypotheses and methodological model that follow were subsequently based. A summary of the relevant sources and their link to the variables that underpin the statistical analysis is set out in appendix A. Figure 1 sets out the key concepts covered in the review and crucially the potential variables that will inform the hypotheses to be tested.

A number of key NHS strategic documents<sup>18,19</sup> also informed the chosen hypotheses to be tested and the concomitant variables and survey instrument design:

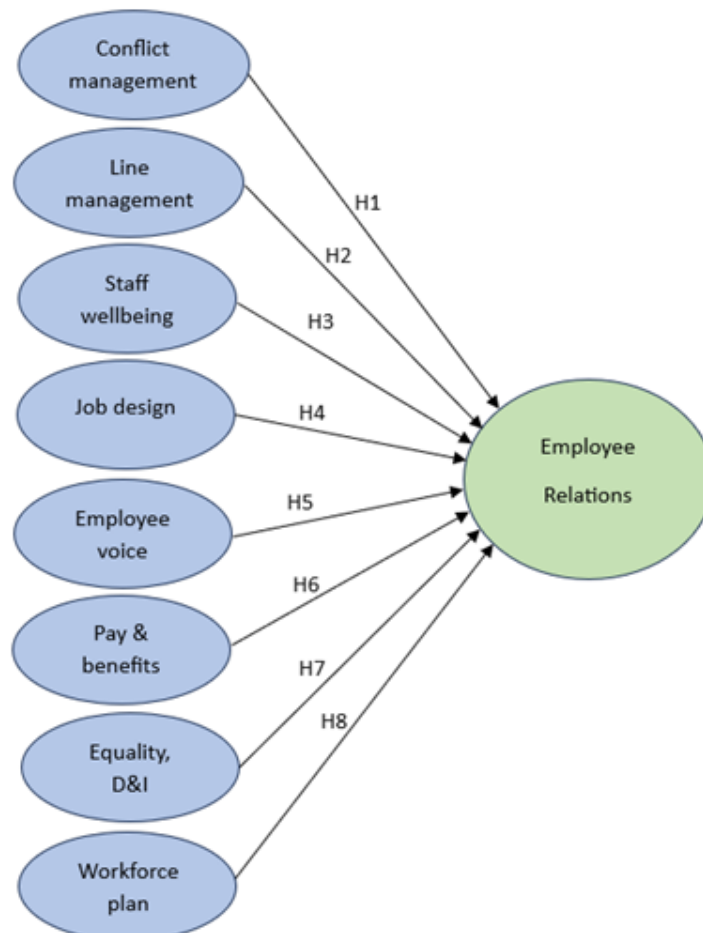
- Conflict management
- The role of the line manager
- Staff wellbeing
- Job design
- Employee voice
- EDI
- Staff contracts
- Pay and benefits

# The hypotheses

Based on the literature review, we devised the following hypotheses, which are illustrated in Figure 1:

1. Effective conflict management has a positive effect on employee relations.
2. Good line management improves employee relations.
3. Staff wellbeing has a positive effect on employee relations.
4. Effective job design has a positive effect on employee relations.
5. Employee voice has a positive effect on employee relations.
6. Appropriate pay and benefits have a positive effect on employee relations.
7. Equality, diversity, and inclusion improve employee relations.
8. Effective workforce planning has a positive effect on employee relations.

**Figure 1. Hypotheses**



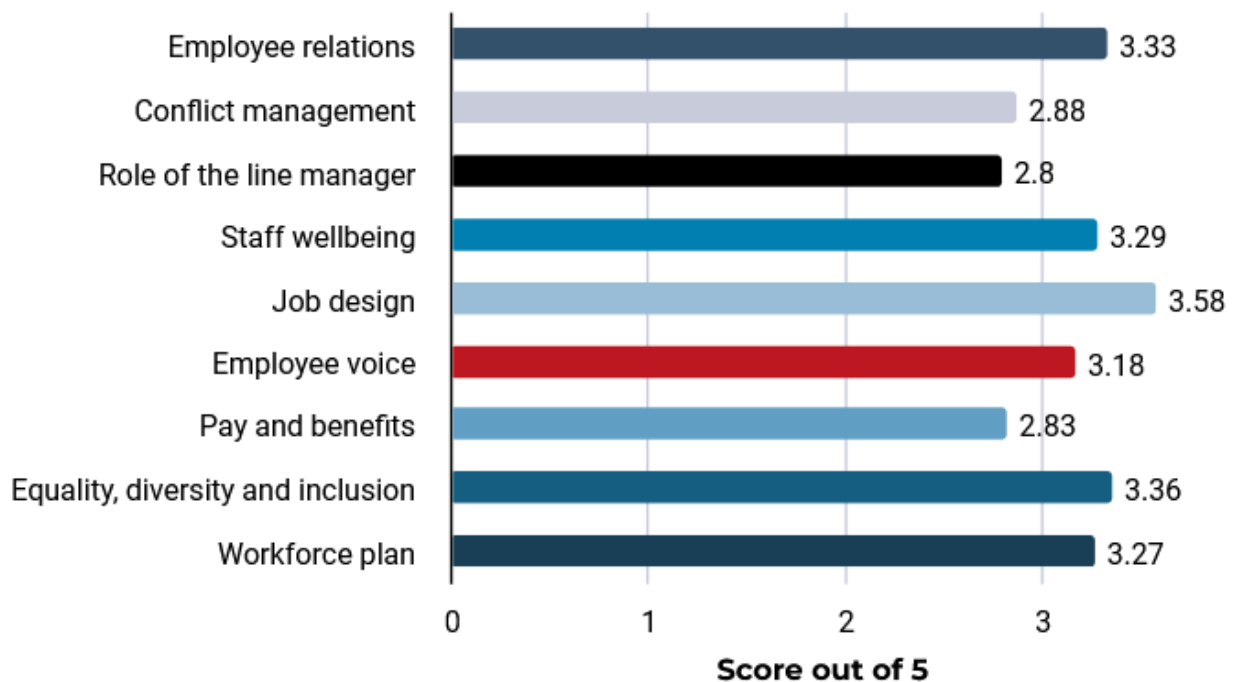
# Survey findings

The survey findings are discussed in two main sections: (1) descriptive statistics, including comparisons to 2022 data, and (2) testing the hypotheses. The chosen methodology for the study is discussed in Appendix A.

## Descriptive statistics

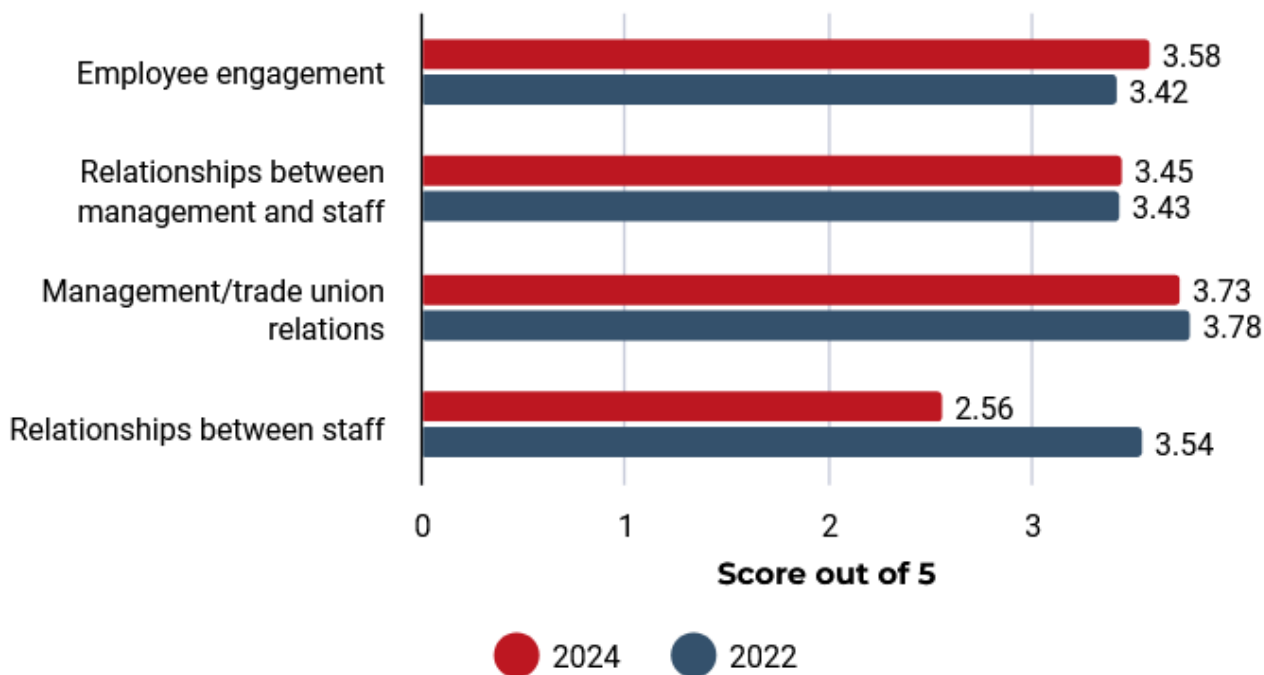
The first step was to examine the descriptive statistics, which in this case are the average (mean) scores given to the survey items out of 5. As the response scale ranged from 1=Very Poor, through to 5=Very Good, scores above the neutral response of 3 can be seen as positive, and scores below 3 as negative. The full descriptive statistics are included in appendix table 2. Mean scores aggregated for each factor can be seen in figure 2, below. The factors with the highest scores are job design, EDI, and employee relations, while positive scores can also be seen for staff wellbeing, workforce planning, and employee voice. Thus, overall, participant perspectives of these issues were positive. On the other hand, perspectives of conflict management, role of the line manager, and pay and benefits were more negative.

**Figure 2. Factor mean scores (n=211)**



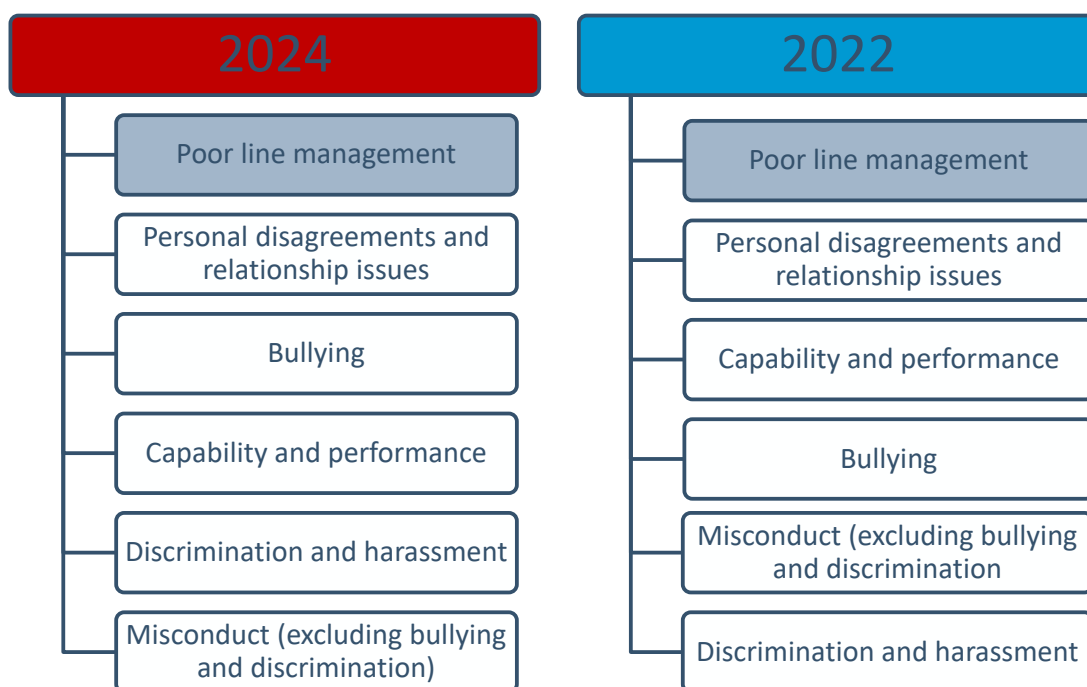
As several key survey questions were consistent with those for the 2022 report, it was possible to compare responses between the two survey waves. The scores for the items relating to the employee relations factor can be seen in figure 3. There is little difference in scores for the first three items between the two waves, although employee engagement, and relationships between management and staff were slightly more positive in 2024 and management/trade union relations were slightly more negative. However, responses for the relationships between staff were considerably more negative in 2024.

### Figure 3. Comparing 2022 and 2024 employee relations responses



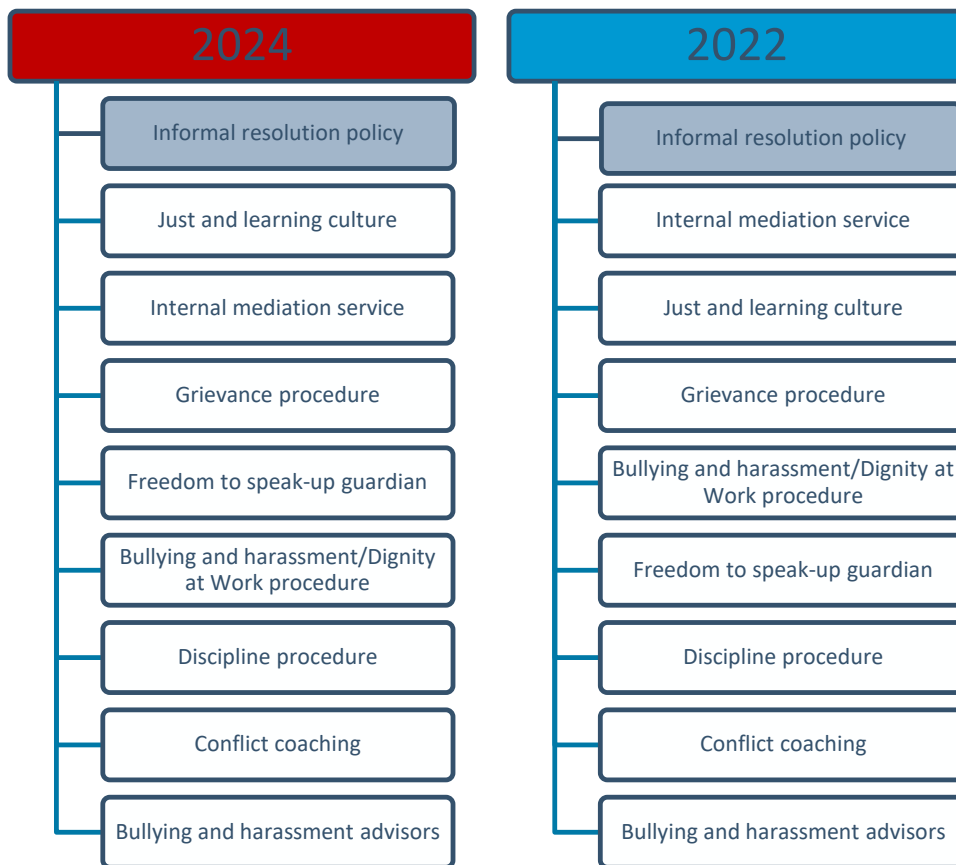
The perceived causes of conflict remained similar to the 2022 report, as detailed in Table 2. More specifically, poor line management and personal disagreements, and relationship issues were again ranked 1 and 2. This is consistent with the lower scores given to the role of the line manager and relationships between staff, noted above. Bullying and capability swapped places in the middle rankings, as did the lower ranked issues of discrimination and harassment, and misconduct.

### Table 2. Ranking causes of conflict



As illustrated in Table 3, the rankings of conflict resolution strategies also remained broadly similar, with informal resolution policy again ranking first as the most favoured strategy. Just and learning culture and internal mediation services swapped places in second and third. Freedom to speak-up guardians and bullying and harassment/dignity at work procedures also swapped places in fifth and sixth. The other strategies retained the same rankings.

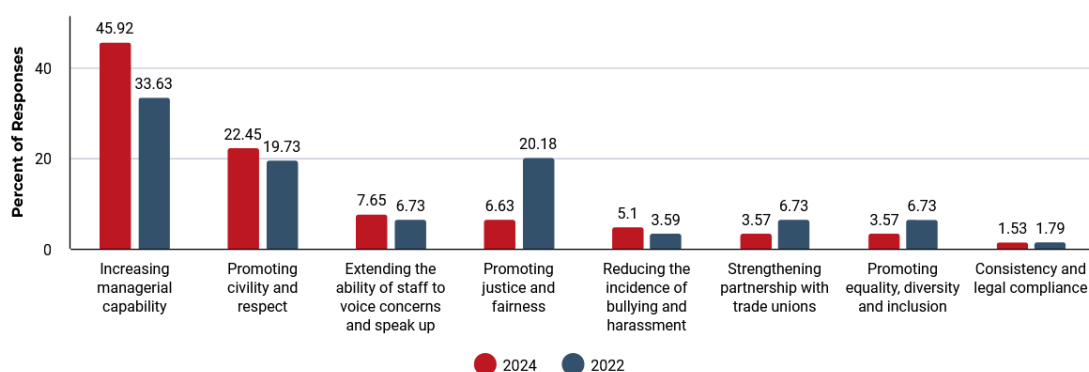
**Table 3. Ranking conflict resolution strategies**



When asked what they think the main priority for employment relations in their organisation should be over the next year, participants stressed the need for increasing managerial capability. This is consistent with the lower scores given to the role of the line manager, as noted above. While this was also the most frequently noted organisational priority in the 2022<sup>20</sup> report, the number of participants giving this response has increased from around one-third (33.63%), to almost half (45.92%), making it clear just how big a concern managerial capability in the NHS has become. The other big change in responses from 2022 was promoting justice and fairness, which was seen as the top priority by far fewer participants in 2024.



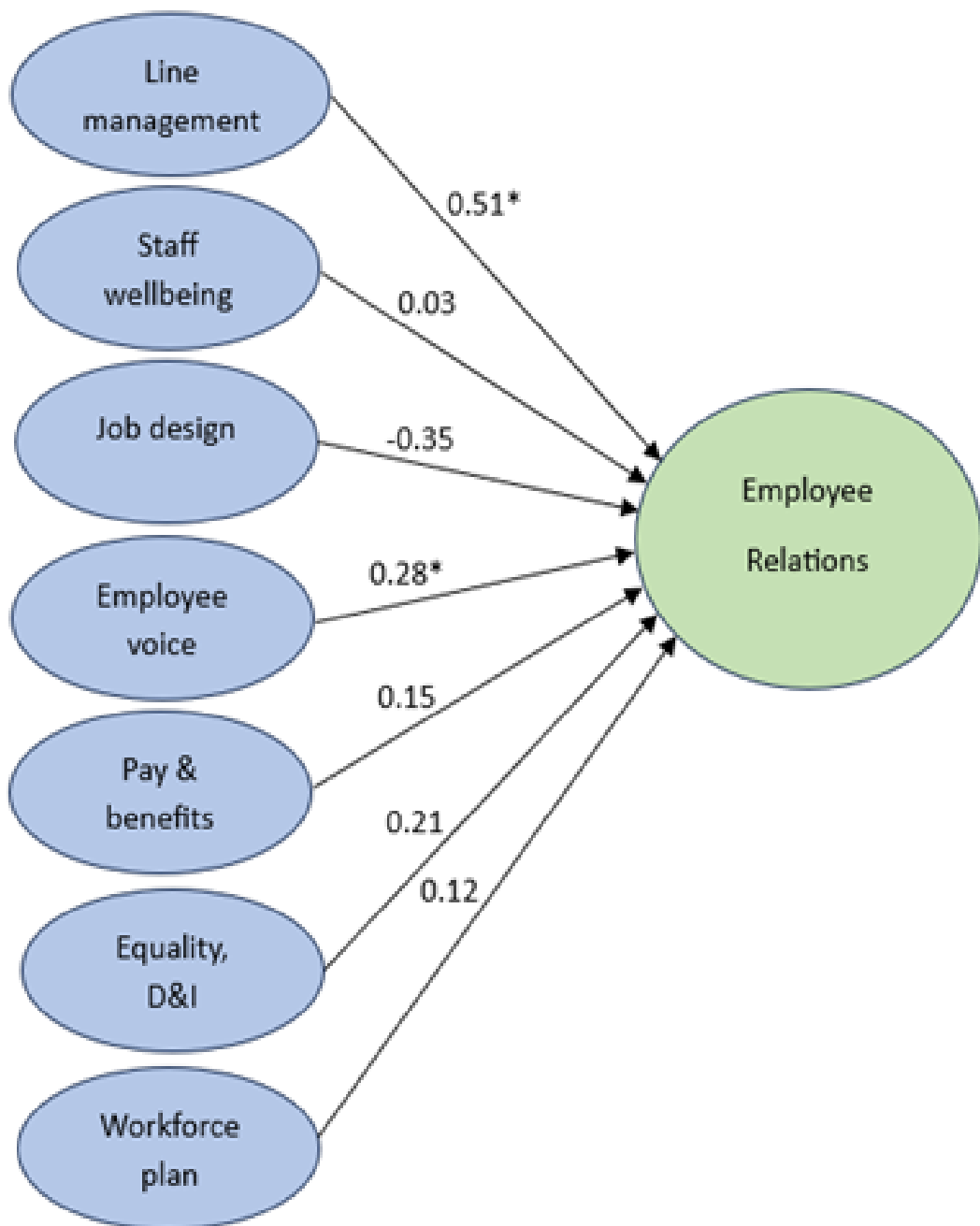
## Figure 4. Employee relations priorities



The final stage of the survey analysis was to test the hypotheses. After checking the robustness of the measures (appendix tables 3 and 4), items in bold in appendix table 2 were retained for the analysis. Conflict management was removed at this stage as the survey responses did not meet the thresholds for internal consistency.

As displayed in figure 5, line management and employee voice were most powerful in explaining employee relations, and these results were also statistically significant (meaning that they are unlikely to be explained by chance). As such, we can confirm hypotheses 2 and 5, in that good line management and employee voice both have a positive effect on employee relations. Other results were not statistically significant meaning that we cannot rule out the possibility that they do not have a relationship with employee relations. That line management has the strongest relationship with employee relations is not surprising, given that participants expressed their concern for the standard of line management, and the need for increased managerial capability throughout the survey.

**Figure 5. Hypothesis results.**



Note: \*=p.<0.05. For robustness tests and the full results, see appendix tables 3-6.

# Interview findings

## Embedding a cultural change in employee relations: Reviewing the progress two years on

The effectiveness of culture change in employee relations within the NHS, with a key focus on dispute management, was investigated in depth at the interview stage. Mindful, as noted in the original critical review of the literature, that it has long been argued by both practitioners and academics that organisations need to develop a more strategic and genuinely person-centred system for conflict resolution<sup>21</sup>. Overall, findings would appear to also align well with the key people objectives of the latest NHS England's strategy for priorities and operational planning guidance.<sup>22</sup>

Echoing the 2022 study, research findings revealed evidence of continuing progress in changing the culture of employee relations within and across trusts and health boards in the UK. Similarly, models of strategy and practice, such as 'the just and learning culture' and 'compassionate leadership'<sup>23</sup>, again figured regularly in discussions with respondents and appear to be increasingly adopted as a part of an overall framework for driving change in people management approaches more generally in the NHS. Interestingly, in comparison to 2022, the civility and respect programme was little cited. Replaced, for instance, with reference to other initiatives such as 'civility saves lives' and a 'kind life'<sup>24</sup>.

Further, the term 'just and learning culture' became almost a catch phrase amongst all respondents to describe these different initiatives adopted across trusts and boards. However, the underlying aims, values and ethos of these initiatives, in terms of more equitable processes and outcomes, respect for all and learning from practice were consistent in their articulation by all interviewees. For all respondents the ethos was based on focussing firmly on more fairly executing the process and not just the outcomes. As one typical person stated remembering that any dispute was about individuals:

**'If you went and asked a ward manager what is just and learning culture about? What's fair and just culture about, they would sort of say well actually if something goes wrong, then rather than just looking at that individual or what they have done wrong, they look at the wider factors around what is, what has influenced that error to happen, what are the system factors, what was that person's motivation? Were they setting out to cause harm or have they made a human error along the way?' (Interviewee 28).**

Crucially, for most respondents, a further key objective of the new culture was the 'psychological safety' for employees to feel they could speak out. Furthermore, that it is done through a more compassionate approach to how disputes are managed, without assuming blame and looking rather to systemic causes.

Significantly, in terms of evidence for broader support of such initiatives, almost 30%

of survey respondents cited 'promoting justice and fairness' or 'promoting civility and respect' as the top employee relations priority for their organisation in the coming 12 months. Furthermore, a Just and Learning Culture was ranked 2nd out of the nine most appropriate approaches to resolving conflict in the survey, topped only by adopting 'an informal' approach to resolution of disputes. These findings again resonate with those of the survey analysis of 2022. Overall, all interviewees had some experience of an ongoing change in the nature of employee relations in their respective organisations, at the least in terms of a more equitable process for managing disputes, albeit at different stages of development.

## **Introduction of culture change**

In discussing how it has been introduced in their organisation, the actual meaning of transformative just culture was articulated in many ways but generally all interviewees saw the essence, particularly of the process, as being 'no blame', uncovering 'systemic faults', the use informal solutions where possible, and redressing power imbalance between disputants. In practice, this was achieved by embedding this ethos in all policy and practice and in delivering programmes of training and awareness for all organisation members, to better understand its overall objectives of a 'just culture'.

As one OD specialist related her experiences of introducing the culture change:

**'We were discussing in this just culture group....coming up with some aims and some values for all of our policies. And when you talk about blame, our policies are riddled with blame. Our policies are riddled with language that is against the colleague as opposed to about a concern. So, our focus was really about changing up the language of the policies. Now we knew that wasn't a culture change in itself. That was just the right framing for when concerns were raised. But there was also a big job there about how. Bring people on the transformational culture journey and how that's framed now' (Interviewee 33).**

As another succinctly put it, to focus on, 'Not just the outcome but the process'. In concurrence, for another typical interviewee, it was to recognise the pressure on the individual:

**'What plays on my mind a lot is the length of time it takes for us to resolve issues with people, i.e. grievance and disciplinary. I just find it unbelievable that we let things go on the way that we do. And for me, there's people involved in those processes, and it must be the worst time of their life when they're involved in that, no matter what's happening. And so, I feel like that's something that really needs addressing very quickly' (Interviewee 2).**

As a potential driving force for the changes advocated, most interviewees articulated the need for a just and learning culture to have a real impact on the care of patients. In addition, in terms of 'selling' the benefits, and reassuring sceptics, of a new approach, most interviewees felt that the emphasis of the culture change on the informal is not in contradiction to applying more formal routes when necessary: As one typical respondent stressed, *'certain allegations should never be dealt with informally. If I'm*

*being bullied, for example, or if I've been discriminated against, that's not appropriate for informal resolution' (Interviewee 31). Nonetheless, another concern for some respondents was that 'there's something about people's desire for there to be punishment' that needs to be allayed. Further objections to the changes cited by interviewees, included, if someone is 'just cultured' they can get away with things that under the more formal previous approach would not happen. Conversely, for others, people complained that the new culture saw:*

**'An introduction of bias, as some people would get away with something other people wouldn't, which again, you know the old way of doing something was everyone would be investigated all the time, whereas what happened under just culture was you might get investigated, you might not'(Interviewee 27).**

Ownerships of the changes was an issue raised by many respondents:

**'There's a lot of people who just think, oh, this is HR, this is led by them. They need to own it and we don't. It's another thing that they're trying to get us to do. So, it's taken a while to say well actually there's a great benefit to you and all of us by doing that' (Interviewee 21).**

As highlighted in the review of the literature, who owns the management of culture change is a key issue. Where arguably it is, to different degrees, the responsibility of all organisational members but driven by overall values articulated by senior management and supported by HR in its implementation.

## **Working with the unions**

In terms of making culture change work, by disseminating its aims and actually putting it in practice, the vast majority of interviewees cited union partnership as key to success. For one typical respondent 'We all see ourselves as being one part of one team'. This was in accord with the results of the survey where, as we have seen, union management relationships were seen as generally positive despite the industrial action that had and continued to take place in the NHS.

Crucially, the notion of a tripartite approach, by government, management, and the unions at national level, is firmly embedded in workforce development and planning in the NHS in Wales, Scotland and Northern Ireland. Though not as developed, English respondents also spoke of working together at trust level and through regional and national level social forums. Given the success of social partnership, certainly in the other home countries, this augurs well for this approach across all home nations going forward. This is most certainly so given the new government's commitment to quite radical changes to workers' rights<sup>25</sup>. The implications of these changes were actually referred to by a number of respondents as context for the cultural changes discussed. As one respondent explained, there is a strong relationship with its unions across the country that reflects the positive changes in employee relations taking place in the NHS in Wales:

**'So, we we've got a really strong social partnership. We've got an**

all Wales Partnership forum which is trade unions, employers and government come together four times a year and then there's a smaller group which is the Business Committee, which is like a subcommittee of the Partnership Forum, the National One and that meets fortnightly and they're responsible for signing off all of the ones for Wales policies' (Interviewee 18).

Similarly, in Scotland the ethos of working together was clear:

**'It's not a perfect model but I think it it's worked for us in Scotland and actually I think we have to do it more...Our trade union colleagues will always know a lot more than we do about what our staff are feeling and thinking, and we need to tap into that rather than resisting it'** (Interviewee 29).

There were also many examples of close working relations in England in relation to introducing change. For example, for one senior manager working for an Integrated Care Board, partnership with the unions is:

**'Getting a sense of where we're at from an engagement perspective and we've been working really closely in co-designing with the workforce, all our values, our culture. So, people have got that voice. We've just developed a cultural action plan...They're no pushovers, but we have got good solid relationships. We involve them in virtually everything they're involved in every policy right of every organisational change... They've shaped, you know, they've been involved in shaping all our processes'**(Interviewee 12).

Similarly, for a very senior HR manager at an English trust,

**'We're also working with our staff side colleagues at the moment because we're moving away from having a grievance policy and having more of a resolution policy and we have been, we have been rolling out respectful resolution training across the organisation as well and that's kind of nipping things in the bud in the early stages and our staff side have been involved with that as well... we've been talking about this afternoon then giving the Union reps more knowledge and understanding of how to make these ideas work'** (Interviewee 15).

## **Barriers to cultural change**

In contrast to a partnership approach at trust level, some interviewees suggested differences between departments in terms of introducing cultural change. Occupational and geographical particularities were evidenced in these differences, for instance, resistance to changes by some professional groups and employees at certain sites within the trust. Support by senior leadership to drive the agenda across the trust or board was also seen by all as crucial. However, there were examples where change of leadership at the top meant that this championing was not always the case. As one

interviewee reflected on her experience, 'if nobody takes ownership, it won't happen'.

A key barrier to success, which is discussed in detail below, was the attitude and competence of line managers in embracing the new approach to employee relations and its execution. Most colleagues felt that the existing issues around line managers' capability, capacity and therefore confidence to undertake HR tasks, such as dispute investigation and resolution were barriers to culture change. For instance, in not being able to carry out the necessary in-depth informal investigations or, conversely, because some managers believed employees were no longer held to account in the new system. As one typical respondent put it:

**'Tend to think when you start talking about an open just and learning culture, a blameless culture, where there's no accountability, there's no, you know, there's no way of holding anyone to account and there's, you know, people can get just get away with anything is essentially what managers have started to go to. And particularly we had one service group who were very resistant to the new disciplinary policy simply because it removed a verbal warning (Interviewee 4).**

Despite as they further argued:

**'So yeah, there was a lot of resistance from management around that. But actually, when we were back and showed them well, actually your absence levels are still high even though you're using verbal warnings. So, people still go off sick and you're telling us that, you know, people are still X amount of people X percentage of your attendance'(Interviewee 4).**

However, many respondents saw the cultural change as an opportunity to address these issues by integrating the rationale for the new approaches and their execution into new and existing programmes of training and development for managers. This was for instance in reference to utilising resources from NHS England as part of that training<sup>26</sup>

Similarly, relating to the issue of the 'accidental manager' and the continued influence of Covid, the need for this training and development was exacerbated by the promotion of managers during Covid who had not had the time to more fully undergo appropriate training and development. As one senior HR managers explained:

**'Covid came and basically everything went to command and control. During that period, we had some very, very experienced senior and middle managers retire. And a lot of new managers coming through that were just thrown into COVID and thrown into command and control' (Interviewee 15).**

Although not reported as a major factor going forward, for some Covid also had a further impact on the management of conflict, which we will discuss further below. In that respondents on occasion spoke in terms of the legacy of Covid:

- People reverting to more bureaucratic approaches to disputes.
- Also, issues bubbling only resolving now after Covid
- People being 'less tolerant' and suffering 'burnout'

## Sub-themes of culture

In addition, sub-themes also emerged in the analysis and linked in particular to objectives from the NHS 15-year workforce development plan<sup>27</sup>. For instance, in relation to retaining retirees and increasing demand for flexible working. Significantly, in line with the plan, most people spoke of flexibility requests being looked on favourably, dependent on operational needs. Further, and with respect to a key objective of the 15-year plan, the vast majority of respondents reported that their organisations were actively utilising the retention of retirees to retain scarce skills and knowledge and cover staffing needs.

In particular, and in resonance with a further key objective of the 15-year plan, the management of foreign colleagues, and ensuring a 'sense of belonging'<sup>28</sup> for these new colleagues figured strongly in discussions. The challenge of assimilating these workers into the NHS culture, given often very different cultural norms and, therefore, behaviours of these colleagues, led to the notion of increasing 'cultural competence' or awareness becoming necessary for home workers and their managers. As one HRD manager explained:

***'I'll go into a team so everybody gets the training so they can all change their behaviour. And we do talk about the importance of cultural competence, especially as we are internationally recruiting and have been for many, many years' (Interviewee 2).***

Similarly, another senior HR manager's contribution captures well the type of challenges cited by the interviewees in integrating and managing colleagues from different cultures:

***'We also have had nurses that were recruited into us maybe like 20 years ago from the Philippines and they have settled in {our town} and they're very much a group that {have done well} in the organisation and are very, you know, they both want to work here and are very respected in their, in their professions, etcetera. The tensions are from the complaints that we've had...from patients around....Multi groups speaking in their native languages in clinical areas and patients complaining that they felt they were talking about them. And they may well have been, who knows? And that's because there's definitely been complaints about that. There's been complaints about sort of shared staff areas. Where perhaps foreign languages are being talked in the staff room that might exclude people' (Interviewee 8).***

To further assimilate foreign colleagues, a respondent from Northern Ireland describes well the process in their trust:

***'My trust particularly relies quite heavily on international recruitment, and we have an international recruitment team who helps find them homes before they get here, who helps them establish networks with colleagues, maybe from their home country or from other countries. We have a diversity and ethnic minority network that they can join to socialise, and we have they have evenings where they celebrate***



different cultures, you know, like a potluck sort of thing where they bring different dishes from their nation and things. And everyone's welcome to that. It's kind of open and it moves around our trust quite large geographically. But yeah, that there's ongoing support and training in place for colleagues who are coming in internationally. And I do feel like that there's a real engagement scores and our engagement surveys from international colleagues are always really strong' (Interviewee 4).

## The role of the line manager

Line managers play a central role in maintaining effective employee relations within the NHS. Both academic and practitioner literature emphasise the critical role of line management as an essential link between senior management and frontline staff. Positioned at the organisational level closest to employees, line managers are responsible for translating strategic objectives into practical, operational practices. As a result, the work of frontline managers has consistently been identified as a key factor influencing the quality of employment relations<sup>29</sup>, fostering positive workplace relations<sup>30</sup>, and contributing to a range of organisational outcomes, including performance, absenteeism, employee commitment, support for change, and overall satisfaction<sup>31</sup>. The fact that many of these remain constant issues in the day-to-day management of NHS organisations raises the question of whether line managers are effectively managing their staff, and what might be the key challenges they face in trying to deliver positive workplace relations. Previous research has identified line management as a significant barrier to effective employee relations<sup>32</sup>, particularly due to a lack of confidence in performing HR-related tasks.

### Context: A root cause of employee relations challenges?

The key findings of this research align with the outcomes of our previous studies. While concerns about the capacity and capability of line managers to effectively fulfil their roles have been reiterated, our findings offer a more nuanced view. Drawing on Bennett et al. (2020)<sup>33</sup>, we argue that attributing employee relations issues solely to line managers oversimplifies the complex interplay between line managers and the broader organisational context in which they operate, as the latter 'is central to the study and practice of employment relations'<sup>33</sup>. The findings of this research clearly indicate that line management continues to be seen as a challenge in ensuring effective employee relations. In order for us, however to reach definitive conclusions on the solutions to these challenges, it is crucial to first recognise the broader service-level context within which line managers currently operate, including pressures for performance, limited support, and pragmatic limits on time and resources. Our respondents were hesitant to attribute employee relations challenges solely to the ineffectiveness of line managers, noting more structural issues, including, senior management and governmental policy they point out that 'line managers do a good job in an impossible situation' (survey comment) and that:

**'There's a narration of relational difficulties and it's very much presented as people as the problem. (...) The people are this, the people are that. But actually, when you look at it, it's the environmental and the structural' (Interviewee 17).**

The high-pressure work context was identified as a key factor contributing to conflict. Respondents noted that growing work pressures and the need to meet financial and operational targets, amid an already stressed and stretched workforce, exacerbates tensions and strains relationships. This, in turn, can increase the likelihood of conflict. Although it is often 'easy to blame the line managers' (Interviewee 18), rather than the detrimental impact of working in a 'pressure cooker' (Interviewee 7) environment, which manifests itself in increasingly stressful situations and cannot be overlooked.

Working within this type of environment becomes increasingly problematic when line managers face the added challenge of balancing multiple demands. Being tasked with maintaining positive employee relations, they struggle with trying to prevent breakdown of relationships while - 'having their hands tied (...) with capital spend being capped' (Interviewee 7) in 'a climate of underfunding, low pay and therefore low stability' (survey comment):

**'So, you're trying to manage the service, but if you've lost your agency spend to top up your service. Then your existing workforce are even more stretched than they were before because we don't want to be ...in the business of cancelling people's leave etcetera. And (..) that puts pressure on and then people's behaviours then come out in different ways where they probably don't mean to do that. That then causes that conflict between people. So, it's all driven through different ways(...) I don't think people mean to be disrespectful (...) but the stresses and the strain of the of working in the organisation just manifests itself in the wrong way sometimes' (Interviewee 26).**

Our respondents highlighted that the primary barriers to good employee relations need to be addressed at the level of root causes; particularly core components of the psychological contract such as 'fair compensation and adequate resources' (survey comment). They pointed out that real improvements in employee relations can only happen 'if the basics are in place', 'for the 'benefits of initiatives aimed at improving teamwork and conflict management to (...) become more evident' (survey comment). Some respondents expressed concerns about the futility of efforts to enhance collaboration and overall employee-organisational relationships without first tackling these fundamental issues:

**'There are a lot of action plans and attention around remedial action i.e., when the damage is done but very little focus on prevention of dissatisfaction, burnout, toxic cultures and poor relationships and behaviours. Very little being done to design work and roles to address the demand and workload issue (...) and asking staff what will help to treat the impact is merely a perpetual and futile attempt to treat the symptoms whilst continuing to ignore the cause' (Survey comment).**

### **Line Managers: Navigating Paradoxes**

While the wider context was consistently highlighted by our respondents as particularly challenging, they also emphasised that line managers are required to act as paradox navigators. This becomes even more challenging when 'the strategic aims of the organisation and the financial controls are at odds with the operational elements' and, more precisely, with the experience of 'structured antagonism', mainly due to the divergent interests of senior management and staff' (survey comment). Line managers' unique position 'squeezed'<sup>34</sup> between top management and employees– having to respond to expectations from different directions, thus compromising their ability to fulfil people management duties. Caught between competing demands, 'pulled by their boss and (...) pulled by their team' line managers must navigate 'in built conflict' while simultaneously manage the day-to-day operations in a highly pressured environment, making their role 'especially difficult' (Interviewee 10).

## Limited Capacity

The pressure on their capacity is exacerbated by the increasing devolution of responsibility for HR practices to line managers. Previous research has suggested that the potential benefits of such devolution have been constrained by line managers' general lack of skills, confidence, and capability<sup>35</sup>. However, attributing the challenges of effective people management solely to individual managerial shortcomings overlooks several critical factors highlighted by our respondents. Consistent with previous studies<sup>36</sup>, increasing responsibilities, leading to time constraints and limited overall capacity, were identified as factors contributing to a decline in the overall quality of line management work. Respondents described the demands and expectations placed upon line managers as 'just unrealistic', often resulting in managers having not enough 'time to gain their skills because they're hitting the ground, running at the pace in which the clinical model is running (...) Whilst we've put leadership programmes on and (...) we do individual coaching, we do mentoring and all the rest of it. That's all well and good, but if you're operating at 100 miles an hour'... (Interviewee 25).

Furthermore, the key theme of limited capacity has also been consistently highlighted by our respondents with respect to the intensification of time pressures when 'more layers' of work have been added to already stretched line management without 'providing them with the backup to do the bit that they need to do', leading to a 'very reactive'(Interviewee 14) rather than proactive way of managing difficult situations.

## Hybrid Managers: Balancing Competing Identities and Loyalties

The effectiveness of line managers can also be negatively impacted when they are required to balance both clinical and managerial responsibilities, as we note further below in relation to dual career ladders. Two key themes emerged consistently across all interviews: first, the lack of preparedness for people management among clinicians transitioning into line management roles, and second, the prioritisation of clinical duties. Many respondents questioned whether clinically excellent practitioners 'will ever be good managers' (Interviewee 27), expressing concerns about the increasing trend of promoting clinicians into operational roles without the necessary skills and 'no real management training' (Interviewee 5). This lack of preparation and development is seen as a recurring issue, with newly promoted managers often left unsupported: 'We just go well done. Off you go, you've got promoted, bye (...) you're on your own' (Interviewee 18).

Furthermore, clinicians in managerial roles must navigate the difficult task of balancing their clinical responsibilities with their managerial duties, often prioritising patient care based on their direct experience in this area. Rather than a shortfall in their abilities, this reflects the challenge of managing competing demands within a 'hybrid manager' role. A more contextual and holistic understanding highlights the interplay of different professional identities and loyalties as clinician-managers are accountable not only to their supervisors but also to their peers. Pulled in different directions, hybrid managers tend to focus on meeting their professional obligations in patient care, especially when 'their times are maxed out with back-to-back appointments with patients, (...) because they have a clinical role and they see that their primary responsibility is to deliver that clinical service to patients because there's a waiting list, there's a backlog (...) There's pressure to get those numbers through and that's a pressure that gets looked at more than whether you're managing well' (Interviewee 16).

A lack of adequate preparation for various aspects of the line management role directly affects the capability and, consequently, the confidence of these hybrid managers in

handling people management tasks. Despite being well-positioned to address and mitigate interpersonal conflicts, many line managers, unprepared and lacking key skills, tend to avoid confronting difficult situations. Many hybrid line managers are not only 'inexperienced, but also feel threatened by people who speak out and (...) question their decision making' (Interviewee 19). This combination of insufficient preparation, conflicting demands, and lack of confidence results in less 'thorough assessments or doing things properly' (Interviewee 19) and avoiding "nipping problems in the bud" at an early stage:

**'I think sometimes and that's why we do facilitate a conversation is if they're able to nip it in the bud when things start and they've got the skills and the confidence, what we are finding is people are definitely not feeling confident' (Interviewee 7).**

Unprepared and 'abandoned', hybrid line managers who 'struggle with confidence' (Interviewee 2) resort to a strategy of avoidance. This approach leads to delays in early, less formal interventions, negatively impacting the escalation of conflicts and disputes. This aligns with themes identified in the literature<sup>37</sup>, where, in the context of HR devolution, managers are expected to address difficult issues proactively. Paradoxically, however, the evidence suggests a reluctance to engage early in such matters as our respondents highlighted that:

**'The NHS sometimes quickly jump to disciplinary, which sometimes it's like actually if you manage that individual more effectively, we wouldn't have been here. We're in the process of developing a real intensive line manager development programme in order to help people to deal with early intervention, deal with under performers, deal with, poor conduct. I think if we deal with early intervention and it's good line management, you should be meeting with your staff on a regular basis. You should be providing feedback' (Interviewee 12).**

## **Confidence and the HR - Line Relationship**

A lack of confidence, stemming from insufficient preparation, resulting in a reluctance to handle difficult situations, also contributes to line managers' over reliance on HR. Our findings indicate that many line managers attempt, with varying degrees of success, to shift the responsibility for handling difficult issues back to HR. While seeking HR involvement becomes the preferred approach for managing employment relations, it undermines the intended benefits of devolving people management responsibilities from HR to line managers. Theoretically, increased involvement of line managers in people management, alongside HR support—particularly in the early stages of devolution—should foster a collaborative HR-line partnership. However, our findings suggest that such partnerships are rare, with line managers remaining dependent on HR support and 'look for policies to provide black and white answers or look to HR to tell them exactly what to do' (survey comment) in essence requiring HR professionals to continue playing an 'interventionist 'hand-holding' role'<sup>38</sup>. A recurring theme in our data is a dynamic akin to a 'tug of war', where line managers attempt to shift people management responsibilities back to HR, while HR seeks to return these duties to line managers without relying on overly instrumental approaches:

**'We've had some push back from managers that they haven't got time**

**to do that. Haven't you know, it's not that really their job. I would argue ... It's absolutely the bread and butter of being a manager. It isn't about those clinical decisions. It's about how you treat people in the workplace. It's about how you respect each other, how you foster that kind of culture of you know, everyone being looked after, everyone feeling psychologically safe in the workplace'(Interviewee 27).**

Which it can be argued, such an approach to people management would, crucially, also improve the delivery of clinical services. However, the reluctance of line managers to address poor performance, manage difficult issues, and resolve conflicts must be understood not only at an individual level but, more importantly, in the context of broader organisational factors. Lacking adequate preparation and confidence, many line managers feel ill-equipped to implement HR policies and remain apprehensive about being held accountable. This dynamic can lead to a 'parent-child' relationship (survey comment), with HR professionals, where line managers rely heavily on specific instructions and detailed policies to compensate for their lack of confidence and mitigate their fears.

### **Misalignment of Expectations and Blurred Lines of Responsibility**

A key theme identified by our respondents was the lack of clarity surrounding line managers' responsibilities, leading to misaligned expectations between HR colleagues and line managers. Respondents noted that when the lines of responsibility are blurred and expectations are not clearly defined, line managers often do not view people management as part of their core responsibilities:

**'I think we need to have much more clarity around the parameters within which they can work and operate. I think that's quite blurred at the minute. So, there's a lot of, well, I thought he was dealing with it. Well, no, it's not my job. I'm only a team leader. And, well, what about him and you know. I think they could do with there being more clarity'(Interviewee 24).**

Throughout all interviews, the necessity of enhancing line managers' skills, in order in part to lessen this blurring of responsibility, has been consistently highlighted. All respondents have acknowledged the existing skills gap and indicated that they are at various stages of addressing the need to improve line managers' capabilities. Various initiatives have been implemented, ranging from providing easier access to relevant information to offering more training and coaching for line managers. One of the most obvious and frequently used strategies to address the lack of skills among line managers has been to make processes and procedures readily available and accessible. For some HR practitioners, this involves embracing the 'digitalisation agenda' (Interviewee 22), with the understanding that managers are more likely to engage with policies that are straightforward, less cumbersome and not time-consuming to locate, read, and comprehend:

**'Eventuality because otherwise it would be, you know, 47 volumes or something. Because it's also very important that policies are as simple as possible and as easy to understand as possible, and don't go on in great big tomes of writing and so on, because that's when people fall foul of them as well. You know, because there's something on page 402 that**

## they've not read' (Interviewee 22).

While HR practitioners consider providing quick access to information as an essential component of supporting line managers our data suggests there is some scepticism regarding the usefulness of this type of information. Firstly, respondents questioned whether managers have sufficient time to read lengthy bulletins:

**'I bet a lot of people don't read it in any detail, any detail. So, you can, yeah, you can develop the case studies. It's getting people to read them' (Interviewee 9).**

Secondly, they challenged the effectiveness of written policies and guidelines in improving line managers' skills:

**'With the best will in the world, policies or guidelines in many ways, and you know I always said rules were there to be bent. I was never sure about breaking them, but they were there to be bent and there will always be a situation that doesn't fit well, in a policy and the, you know, the policy says this, but this don't really fit with that. And is it covered somewhere else? No' (Interviewee 10).**

Importantly, simply developing policies and guidelines for line managers to follow becomes problematic when these policies are overly prescriptive and not operationally practical. This challenge is compounded when realistic time frames are not considered, even while ensuring compliance with legislation:

**'When we develop policies, we always do them in conjunction with the service. They have to be operationally sensible together with legally compliant. (...) we need to ensure that all policies are not too ambiguous, that we're being consistent, but to make sure that we are covering as many bases as possible, it can't be prescriptive. It's not possible (...) but all policies need to be operationally sensible. (...) Don't say a letter, an outcome letter needs to go out within three days when we know it's not, it's not going to be possible. And (...) that all suspension investigations needs to be completed within two weeks. It's not possible. I need to get five days' notice for a hearing or a meeting, so I'm not going to get it done within two weeks' (Interviewee 11).**

Crucially, for the majority of interviewees, focusing solely on providing policies and guidelines does not substitute for proper training of line managers. The knowledge and skills required to effectively implement these policies must be developed to equip managers with the necessary tools to successfully fulfil their roles. Some respondents reported that whilst the policies are available, they do not cover all eventualities, *'tend to very black and white' and thus cannot replace 'formal training along the lines of (...) this is how you manage an episode of sickness, (...) capability issues or disciplinary issues'* (Interviewee 13).

Training managers on how to implement policies and providing more hands-on support has been highlighted as a fundamental factor of building their confidence and this was particularly strongly emphasised in relation to hybrid managers, who are expected to

'just magically become effective managers without any training (...), but they start off as band six (...) trying to manage often quite difficult situations' (Interviewee 32).

### **NHS Dual Career Ladder: A root Cause of Accidental Management?**

Recognising that many individuals promoted to management are neither prepared nor willing to become managers, practitioner literature has introduced the term 'accidental manager'<sup>39</sup>, to describe individuals who, despite lacking the skills or desire to manage others, find themselves in management roles. Townsend et al.'s (2012) study<sup>40</sup>, focused on the health sector, found that hybrid managers often reported "falling into the role by accident" and concluded that these unprepared managers remain relatively unsupported, struggling to effectively fulfil their responsibilities. Similar findings were reported in Bennett et al.'s (2022) review<sup>41</sup> of employee relations in the NHS, and our current data confirms the widespread tendency of appointing individuals to managerial positions based on their performance in clinical roles:

**'We have a really bad habit of saying wow, he's a really good band 5 nurse, let's make him a matron rather than actually he's showing real leadership potential as a band 5 nurse, let's make him a matron. (...) We need to stop appointing people on the basis of the performance in the current job. And start appointing them for their potential to do the next one. (...) Having then appointed them into that role for which they currently display no aptitude or attitude we then don't train them properly. There's no, three-month induction programme to your first managerial role that trains you to be a manager (...) beyond the mechanical, this is how you lock down a roster you don't learn to deal with a staffing issue until you've got one' (Interviewee 30).**

There is increasing recognition that technically proficient clinicians may not be well-suited to transition into managerial roles without adequate experience and relevant training. Numerous issues have been highlighted by our respondents, including 'a lack of managerial exposure' (Interviewee 9), evident within 'a large cohort of service managers, matrons, for example, who were promoted, but perhaps lack some of those skills and competency' (Interviewee 29) leading to questionable arrangements 'when really junior people doing people's appraisals of those who do not report to them' (Interviewee 2). Our respondents noted that excellence and experience in the clinical domain may not necessarily translate to effective managerial performance, as these roles require a distinct set of skills and capabilities.

**'People might be the best clinician, the best nurse. And they want to make that step into people management, making sure that actually that is the right step for them, and they possess all of the right skills and it's not, it's not a given because somebody's done 10 years in a particular role, and they've reached the top of that actually will the next logical step is people management. Well, if that might not be right, what's right for them, they might be amazing in different capacities' (Interviewee 22).**

The current NHS dual job ladder fails to adequately recognise and reward excellent clinicians, leaving them with no choice but to pursue management roles if they wish to advance. There is 'no accident' in clinicians becoming managers; this outcome is a direct result of the organisation's underlying structure and hierarchy, a concern raised by



several of our respondents:

**'We need to think differently because there isn't money in the system and actually could that role be done by two different people, one looking at this one looking at that. But rather than having one person do everything, why aren't we looking at different solutions for it? Introduction of new roles, different skill mixes. Working in a different way that kind of is a bit more efficient, or if we need to stick to certain models because that's our Commission service and that's what we need to do' (Interviewee 27).**

While traditional structures often restrict the availability of alternative career progression paths for clinicians aspiring to advance, some organisations create opportunities for those who wish to avoid 'falling into managerial roles':

**'So, essentially it's basically saying, you know, we're going to look after you, and we're going to recognise we're going to reward you. It's quite a generic thing, but they've provided some national funding for people, for individuals to come into organisations and do projects around retention. And what we're looking at is trying to create a diversified portfolio. So, it becomes the norm for our staff to work 2/3 of their time in their core clinical role, but that more people have an opportunity to work 1/3 of their time doing something else, let's say quality improvement, governance, infection prevention, whatever. Just that diversified portfolio that I think for people who work in, corporate sort of roles, they have the opportunity to create that for themselves' (Interviewee 28).**

A key factor in understanding the 'accidental manager' phenomenon within the NHS (and beyond) is the poorly structured dual career ladder, based on the assumption that the most capable individual employee will have the greatest impact on organisational performance in a managerial role overseeing others. This system often results in high-performing individuals taking on managerial responsibilities, while reducing their focus on the technical or clinical tasks in which they previously excelled. With no option to choose between advancing within the clinical domain or transitioning into management, these individuals are promoted into managerial positions. Interestingly, our respondents emphasised that management candidates need a more accurate understanding of the roles they are applying for. It is crucial that aspiring managers fully comprehend the expectations and, at the very least, consider the realities they may encounter in the position. For instance, they must be prepared to deal with difficult situations, such as when 'all of a sudden (...) they become 'responsible for three people wanting an annual leave on the same day, but you can only give two and somebody never works this Sunday (...) it's people and people management's hard' (Interviewee 8). A comprehensive understanding of the line manager role would help prevent individuals 'sleepwalking into those jobs' and clinicians 'looking longingly out of the office and say, how did I get here?' (Interviewee 21).

## Promotion and Recruitment for Line Management Roles

This raises an important question of whether the current system of promotion and recruitment for line management roles is fit for purpose:

**'Are the right people being selected, are the right people being promoted? So no, on the whole I don't think so. Partly are we to blame? We offer some very transactional training about how to put an advert on NHS jobs, how to do recruitment training in terms of giving people the practical skills (...)When I am invited to interviews, (...) I'm always really shocked at some of the behaviours and what people think is right or wrong and. Yeah, I've locked it up with our director to say that there's a real gap there. On the whole appointing the right people to the right jobs, a lot of those other issues will fall into place. And I don't think that we're getting that right' (Interviewee 21).**

While managerial positions are viewed by some clinicians as a career progression that offers greater compensation, it becomes particularly important for organisations to recruit and select candidates more effectively by 'testing all of the skills when they're interviewing and assessing people and not just the technical skills' (Interviewee 7). Our respondents raised concerns about the effectiveness of current recruitment practices and highlighted the limitations of current recruitment practices, including too much focus on technical/ clinical questions instead of looking for the evidence of more relevant skills and competencies and 'overly simplistic' and 'inadequate' for a meaningful selection process use of scoring and metrics for candidate selection (Interviewee 8) The need for improvements in these processes has been acknowledged and some organisations 'are looking at all different ways that' they 'can get the best out of candidates in that assessment process' and working on revising 'job descriptions, person specs to make sure that they're correct' for assessing candidates 'against those person specs because it often falls down there'(Interviewee 2).

Amending the recruitment process to better identify and promote suitable candidates is a high priority on the HR practitioners' agenda. Some respondents felt that organisations could enhance their focus on investing in individuals before they secure promotions by offering training 'if they have shown the aptitude, (...) the enthusiasm, the interest. (...) so that by the time' they 'get that managerial role', they 'can pretty much hit the ground running' (Interviewee 30).

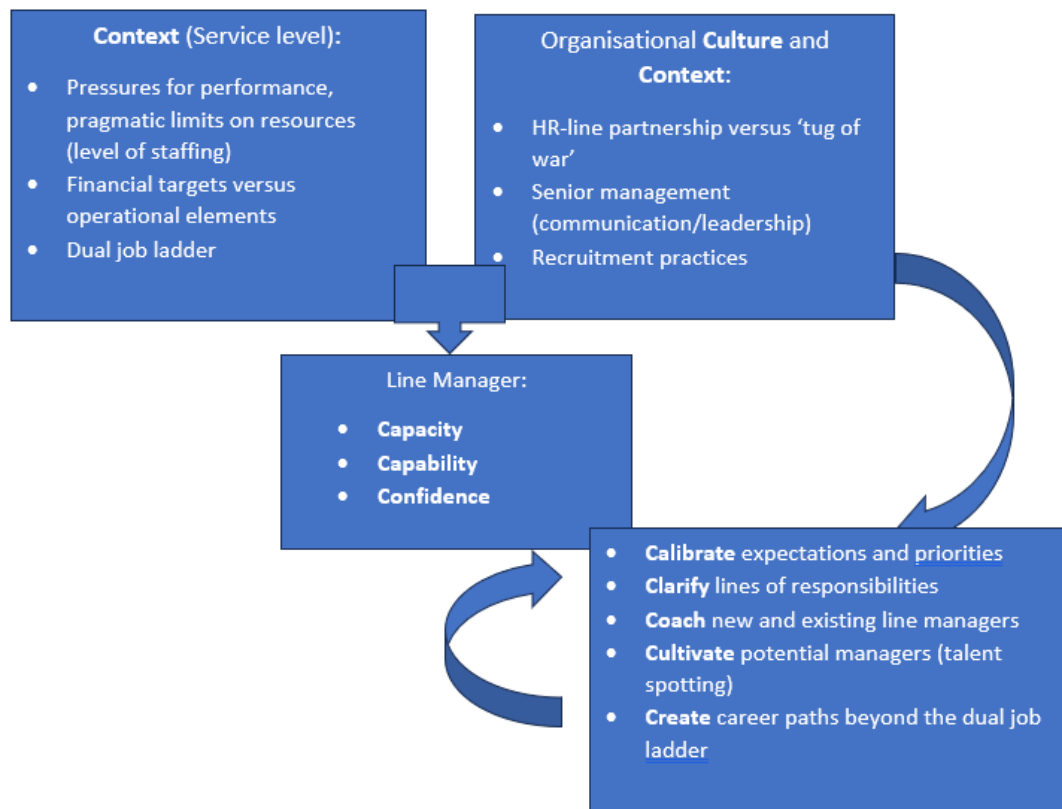
Other organisations pilot specific interventions such as the "Scope for Growth" programme:

**'We've been piloting a tool that's come from the NHS England leadership Academy(...)it's called Scope for Growth and I based a lot of that through my training that I've done around really just getting people to think what about their development and their career structure? Is it that they're wanting to do because it's not always about moving around jobs. Sometimes it's (...) the scope to broaden where you are at the minute, (...) are you looking for to get a little bit deeper into the expertise in your role or are you ready now to take on new challenges**

and want a completely different direction so that's sort of the basis of the training?' (Interviewee 26).

Drawing on the issues arising from the discussion on the role of line managers, figure 6 sets out how its complexity and dynamics can be better understood and the challenges to enhance its effectiveness be addressed.

## Figure 6: The complexity of line management in the NHS



## Conflict in the NHS

The 2022 report presented an unsurprising view of conflict management highlighting that line management and personal relationships were key causes of conflict. The survey data from this year's study suggested that remains the same. However, qualitative interviews gave a more nuanced view of the conflict in the view of our participants, taking into account the complexities of working in the NHS and the impact that has on staff.

We explored the more specific managerial tensions that result in conflict, one significant source of conflict was the attitude of managers, especially during periods of organisational change.

**"One of the biggest themes at the moment is behaviour and that's categorised several different ways. But one of them is the attitude of managers" (Interviewee 16).**

This issue was compounded when new managers attempted to enforce management practices that were perceived as heavy-handed.

**“The manager that they’ve replaced hasn’t been that effective and they then try to properly manage and then people say that is heavy-handed” (Interview Transcript 16).**

This indicates common experiences of differing perceptions of management styles and a lack of management capabilities can lead to conflict alongside the challenges of adapting to new leadership, particularly during periods of change.

More specifically, participants suggested some managers were ill-equipped to manage staff due to the poor take-up of training and a lack of confidence to transact their management role as highlighted in a previous section. Poor management, in particular, communication, was frequently cited as a major cause of conflict. As one interviewee stated, “lack of communication tends to be a big one” (Interviewee 21). This includes not only the failure to communicate effectively but also recruiting people who lack the skills to manage others.

Poor communication can allow conflicts to “bubble along for years” without resolution, as people lack the “appetite or the skills or the courage” to address conflict (Interviewee 21). The inability to ‘nip conflict in the bud’ (Interviewee 2) resulted in the escalation of workplace conflict and the heightening of the cost of conflict on the NHS.

The aftermath of the COVID-19 Pandemic offers some mitigation for the experiences of line managers, as challenging staff levels combined with many experienced staff leaving the NHS accelerated managers into new roles without experience, development or preparation for management roles. This resulted in line managers struggling with “having challenging conversations with staff around expectations in behaviours” (Interviewee 17). This coupled with burnout and high levels of pressure adds to a challenging diet of circumstances for even the most experienced managers and a huge challenge for those entering their first management role.

Burnout and highly pressured environments also contribute to strained personal relationships as low staff levels add to a pressurised environment.

**“We either just don’t have the number of staff we need to get work done, which piles pressure on people” or because “we’re just not using them well” (Interviewee 30).**

Pressure also led to staff snapping under the strain, resulting in personal disagreements that if unresolved, contributed to conduct-related conflict. Another critical factor is the lack of collaborative working among staff. Some participants suggested that strained personal relationships and individualised approaches to work resulted in staff not working collaboratively and tensions between different approaches at work.

**“We have quite a lot of conflict where you’ve got people who don’t want to do something in a particular way” (Interviewee 18).**

Mirroring the issues highlighted in relation to subcultures above, the multicultural nature of the workforce adds another layer of complexity, with diverse backgrounds leading to different expectations and communication styles combined with historical legacy command and control cultural issues and a lack of respect for differences in culture, religion, and roles can exacerbate conflicts (Interviewee 24) and offers further examples of how personal disagreements can result in conflict. This reaffirms the need for all boards and trusts to consider ‘cultural competency’ training, as discussed earlier in this

report.

## Costs of Conflict

The costs of conflict go beyond the financial costs and result in an impact on employees and culture when participants described the impact conflict has on their organisations. Although the financial implications of conflict are significant:

**“An average cost investigation in our organisation was 20 grand, so every time you press the button that was 20 grand gone” (Interviewee 1).**

This figure underscores the substantial direct costs associated with conflict resolution processes. As noted by Saundry and Unwin (2021), the suspension of clinical staff, further exacerbates financial strain by removing essential personnel from the workforce and necessitating costly temporary replacements (Interviewee 18). Despite conflict’s profound and damaging impact on employees, some participants highlighted the NHS’s protected sickness rights meant that employees could take extended sick leave, resulting in increased financial costs for the organisation.

**“Once you’ve worked two years, you’re six months full-time sickness and then half pay for another six months” (Interviewee 20).**

This leads to higher variable pay usage, including agency costs, which are significantly more expensive than regular staffing (Interviewee 29). This quote emphasises the financial impact of prolonged absences due to conflict, and that policies can make it “very easy for people to just step out and actually to not have to consider stepping back in” until the financial impact becomes significant, which can take several months. Some participants highlighted the delay in financial repercussions as an additional reason for extended periods of absence, increasing costs for the NHS.

However, citing financial costs can overlook the grave human consequences of conflict and the profound psychological and mental impact on employees, contributing to increased sickness absence and turnover. Some participants cited that conflict can lead to long-term harm to employees, particularly those involved in bullying cases “that can cause lasting damage to individuals’ well-being and professional lives” (Interviewee 18), whilst others highlight the impact on the people involved and the team:

**“It really impacts on people’s sense of wellness, ... both the parties that are kind of centred to that situation, but also the impact that has on the rest of the team. So I mean, .. I think it’s limitless really in terms of the impact that that can have when it starts to kind of become unhealthy and go wrong” (Interviewee 22).**

The cultural and psychological costs of conflict are also substantial. Participants described how conflict can erode workplace culture, leading to low morale, increased stress, and a poor organisational reputation. The deterioration in workplace culture was seen to create a vicious cycle, where unresolved conflicts lead to further issues and a toxic work environment which ultimately negatively impacts operational performance. Examples include where staff are lost due to conflict-related issues, temporary staffing is often required, incurring higher costs but also disrupting team dynamics. Additionally, conflict can lead to slower decision-making and a lack of trust between trade union

colleagues and management, further hindering organisational effectiveness. In resonance with the key issues that the culture change in the NHS is seeing to address, some participants drew out the broader impact of conflict, and the harm to the overall culture of the organisation, describing how the ineffective management of conflict can result in fear of disciplinary processes which can stifle openness and transparency. As we saw earlier in the section on culture change, the analysis of participants' views on and experience of conflict management indicated that the sample of NHS boards and trusts, while all on the same trajectory, were on different points on that strategic and practical change. Furthermore, ineffective management of conflict then leads to increased workplace stress and a higher incidence of grievances and disciplinaries, compounding the harm, financial costs, negating morale and further straining organisational resources. This highlighted the challenges for exponents of a change to a 'no blame' culture and the reality for practitioners having to implement this on the ground.

## Dealing with conflict

In line with the aims of the new culture of people management, participants felt that proactive management and early intervention are crucial in mitigating the costs of conflict by embracing restorative and just and learning approaches to conflict management. This report, and also reflected in the outcomes of the 2022 study, showed that informal approaches are the most appropriate ways of dealing with conflict, however, this relies on the managers ability to transact such approaches at the right time. Participants described how informal approaches to conflict often prevent issues becoming more serious and requiring more formal intervention,

**“We very much advocate and support informal resolution to conflict in the workplace” (Interviewee 22).**

Returning to a key overall theme of the study, informal resolution requires managers to have the skills and confidence to facilitate discussions, highlighting that many managers lack the “capacity, headspace, [and] skills” to handle conflicts informally, leading to a reliance on formal processes (Interviewee 27). This indicated a need for better training and support for managers to effectively manage conflict at an early stage.

Restorative approaches focus on repairing harm and rebuilding relationships and to create a learning culture where conflicts are addressed through open dialogue and mutual understanding. Some participants described that restorative practices can be robust and involve challenging discussions and are not just about “everyone being comfortable and being nice” but can lead to significant outcomes, including the possibility that some individuals may leave the organisation if it becomes apparent that it is not the right fit for them (Interviewee 17). This highlighted the potential for restorative practices to address deep-seated issues and lead to meaningful resolutions.

However, participants also felt that restorative approaches can be challenging for managers, describing a lack of confidence among staff in using these methods, and the requirement for ongoing support and supervision from people professionals. This suggests that while restorative practices have potential, they need a strong framework and continuous support to be effective.

Despite their benefits, participants highlighted how informal and restorative approaches face several challenges, particularly the requirement for managers and staff to have the necessary skills and confidence to facilitate discussions and handle conflict effectively,

pointing to the risk that these approaches may not be taken seriously or may be seen as less rigorous than formal processes. Some participants also highlighted the need to double down on the cultural shift in the NHS and reinforce the value of informal and restorative approaches to conflict to better persuade and win over people who choose not to engage with early resolution steps. In concert with another key finding on the value of staff's collective voice, participants also drew on the importance of partnership working to support informal and restorative approaches. They emphasised the importance of support from trade union colleagues and staff side representatives and ensuring a "Partnership working approach" is embedded throughout the leadership of the organisation. In that, having trade union colleagues who believe in early resolution can be "hugely powerful" and crucial for the success of informal and restorative approaches.

Mediation within the NHS has been a topic of considerable debate, with various perspectives highlighting both its potential benefits and significant challenges. Regarding its effectiveness, the experience of some participants demonstrated that its success was dependent on engagement and implementation. Primarily the success of mediation was dependent on the extent that "both parties buy into it" (Interviewee 13), highlighting a fundamental limitation in many trusts. Although widely recognised as an important way to deal with conflict, a further limitation was the commitment from those experiencing conflict and the training and support for those facilitating mediation, stressing the consequences if structures and culture is not in place:

**"There were a lot of managers out in the organisation who were attempting mediation without having any support from HR or OD. So they'd call something mediation, they'd bring two people into a room and they attempt something. But it really wasn't mediation and often it left things in a worse state".**

Another significant challenge is the availability of mediators. It was noted that "the availability of mediators has largely dried up" because mediators, who often volunteer from different parts of the organisation, are too busy (Interviewee 29). This shortage of mediators was seen by participants as a major challenge to resolving disputes, as mediation services were previously more utilised and therefore effective. The lack of available mediators limited some trusts' ability to offer timely and effective mediation services. Given the challenges with mediation and cultural moves towards a more restorative approach, some trusts had been "leaning more into restorative approaches recently rather than mediation" (Interviewee 13). Restorative approaches focus on repairing harm and rebuilding relationships and follow broader steps to enact culture change in the NHS. (Interviewee 2)

However, using the appropriate mechanism to solve disputes whether through informal approaches, steps using restorative approaches, mediation or more formal procedures can result in reluctance and, at times uncertainty about the right approach to use. Participants highlighted that reluctance from staff around the use of mediation was apparent, highlighting the challenges of putting policy into practice,

**"So one of the things, again, I've been trying to inject into our early resolution policies that is, I won't say mandated mediation, but it's how that works. And I think there's a reluctance from my staff, colleagues to do that because it's not always appropriate".**

Alongside knowing what the appropriate use of ways of dealing with conflict was for the type of conflict being experienced, the opinions given below were a minority view as most interviewees did see the value of mediation in resolving personal issues. Moreover the issue is that people need to know what mediation is for and isn't

**“I don't think it ever works that well for personal differences. Mediation could work very well if it's something technical like us on the news. The example like I know a land border dispute or something, you know where you know, you know, the garden fence situation, you know, mediation back, you know, because that is sort of black and white is technical. It's factual. Whereas if it's like a personality clash or individuals clashing. You know you can't change someone's perception. You can't force someone to apologise. You can't force someone to recognise that they've. You know, do something bad or you know, it's very difficult with. People you know where it's emotional”.** (Interviewee 13)

Or an over-reliance on processes impacting the confidence of manager to resolve conflict at its earliest point,

**“People have become reliant on those processes to resolve conflicts and so that's where they shy away from it and don't have the confidence. So in one way it's good to have it, but in another way, I think it makes it easier for people to shy away and hand it to someone else to deal with”.** (Interviewee 2)

This suggests encouraging managers to get involved early and address issues requires support, training and time for managers to develop a good understanding of methods to deal with conflict and how to transact these methods.

In closing, the centrality of employee disciplinary investigation in an ethos of a fair, equitable and just workplace culture has been increasingly recognised across the NHS. However, of particular note, is work of the employee wellbeing team at the Aneurin Bevan University Board in Wales and their research on 'avoiding employee harm'. Which recognises that whilst investigations are a key part of rigorous performance management policy and practice, this cannot be at the expense of the wellbeing of those 'under investigation'<sup>42</sup>.



# Conclusions

## The evidence suggests that the ongoing strategy of a culture change in terms of managing people across the NHS is having some notable success.

The evidence suggests that the ongoing strategy of a culture change in terms of managing people across the NHS is having some notable success. Interviewees generally reported that the move towards a 'no blame' just approach to dispute resolution, which focus less on perceived individual failure and more on systemic causes of poor service delivery, is taking hold across trusts and boards. As a context for a broader change in people management in the NHS, it served as a useful backdrop for assessing other elements of employee relations.

Firstly, the statistical analysis of the relationship between effective employee relations and several potential enablers, linked to the key dimensions of 'good work' (CIPD, 2023), revealed that employee voice was a statically significant determinant. Given also, the broad support across the interview sample for working with the unions, this clearly reinforced the value of collective voice in decision making in the NHS at all levels. The close and effective working of government, NHS management and the unions in Wales, Scotland and Northern Ireland is further testimony to the efficacy of this approach.

Interestingly, echoing findings elsewhere in the study, comparison between respondents' views from the 2022 and 2024 surveys showed that for the main overall measures of good employee relations of employee engagement, relationships between management and staff and management/trade union relations scores remained largely positive. However, responses for the relationships between staff were considerably more negative in 2024. In addition, further comparison between 2022 and 2024 revealed that the top two ranked reasons for workplace conflict remained line managers and then personal disagreements and relations issues. Crucially, and in resonance with the underlying objectives of the culture change in the NHS, the top three ranked solutions for managing conflict remained: an informal resolution policy, a just and learning culture and the use of mediation. Finally, for both the 2022 and 2024 cohorts of survey respondents the most pressing and immediate employee relations action for their employer was to increase line manager capabilities.

Other key variables, such as EDI, Pay and Conditions, Health and wellbeing and work organisation, whilst proving not to be statistically significant from the survey data, still figured in the interviews and remain key elements of people management to address. In line with key objectives of the 15-year WFD plan, there was evidence that trusts and boards were actively managing the retention of potential retirees through flexible working to help retain their key and scarce skills and knowledge. Furthermore, in resonance with another key WFD plan objective, requests for flexible working more generally, where possible, were also looked on favourably across our sample. Similarly, in order put into practice the plan's aim of greater inclusiveness for colleagues from abroad, there was clear evidence of programmes to support foreign workers. Some trusts and boards were also promoting a 'cultural competence' amongst all staff, to better understand the culture variations, and, therefore, the associated values and

behaviours of colleagues that sometimes lead to conflict and misunderstanding, across the intersectionality spectrum of equality and diversity.

The other statistically significant enabler of 'good employee relations', and a key theme for all of the study, was the role of the line managers in employee relations. As we have seen, culture change and the context of employee relations are central elements of another key aspect of managing the employment relationship in the NHS. Were, although there is no 'one size fits all' approach to addressing the challenges of effective line management, our findings indicate that the increasingly strategic devolution of responsibility for HR underscores the centrality of line managers' roles in facilitating HRM practices.

In closing and in resonance with a key issue the culture change seeks to address, conflict in the NHS is multifaceted, encompassing financial, operational, cultural, and psychological consequences. Addressing conflict requires a comprehensive approach, including better training for managers, proactive conflict resolution strategies, and fostering a supportive and open workplace culture. By understanding and addressing conflict, the NHS can improve its overall efficiency and employee well-being.

Conflicts within the NHS stem from a variety of sources, including managerial attitudes, lack of collaboration, post-COVID workforce changes, burnout and staff shortages, resistance to change, insufficient training for managers, poor communication, historical and cultural issues, and staff shortages. Addressing these issues requires a multifaceted approach, including enhanced support and training for managers, fostering a collaborative work environment, and providing resources to help staff manage stress and adapt to change.

Informal and restorative approaches to conflict management within the NHS offer valuable tools for addressing conflicts early and promoting a positive workplace culture. Mediation in the NHS has the potential to be a valuable tool for conflict resolution, but its effectiveness was contingent on several factors. The willingness of parties to engage, proper support and training for mediators, and the appropriate use of mediation are all critical. Encouraging early intervention and reducing reliance on formal processes could also help in managing conflicts more effectively. However, their effectiveness depends on the skills and confidence of managers, ongoing support, and a cultural shift towards valuing these methods. The involvement and support of trade union colleagues and staff side representatives are also critical to the success of these approaches.

# Recommendations

To improve the effective management of employee relations in the NHS, the findings of this study highlight the need for trusts and boards to address a number of key issues:

- **Employee voice:** Both as a statistically significant element of good employee relations revealed in the survey analysis, and as echoed in the subsequent interviews, giving employee voice, particularly collective, is seen as a key aspect of people management and practice. To maintain and enhance this invaluable relationship, we would recommend that all NHS organisations fully involve their trade union partners in the reassessment and implementation of the recommendations that follow.
- **Line Managers' Capacity and Role:** Line managers face significant pressures and demands that limit their ability to focus on HR related tasks, exacerbated by devolved HR responsibilities. NHS organisations need to plan initiatives to ensure that line managers have the time for skill development and effective people management.
- **Hybrid Managers' Challenges:** Clinicians transitioning into line management roles frequently struggle due to a lack of preparedness and relevant training. This issue is prevalent in the NHS, where promotion is frequently based on clinical performance rather than managerial aptitude. Therefore, senior leaders need to manage by example and ensure that their middle managers are accessing development opportunities. Also, that people management capabilities are more regularly reviewed as part of the performance management framework for middle/senior managers.
- **Training and effective HR line-partnership:** Hands-on training remains necessary to build confidence among line managers. Providing policies and guidelines is insufficient without developing managers' skills to implement them.
- **However, crucially, given that** the training around managing challenging conversations, conflict management and building interpersonal skills, appears to not be fully achieving its objectives, we would recommend assessing the impact of the training that is being provided and consider re-developing it to be much more impactful. (See Urwin and Saundry's latest research on conflict management training<sup>43</sup> )
- **Evaluation of Recruitment Practices:** Current recruitment practices often fail to adequately assess managerial potential; these practices need evaluating in order to reduce the occurrence of the promotion of unprepared individuals.
- **Investment in Development:** Similarly, results suggest that there is a

need for greater investment, in terms of time and resources, in potential managers before their promotion to develop individuals for managerial roles through training and preparation, rather than assuming they are ready.

- **The key role of mediation.** Given that workplace mediation is seen by the vast majority of respondents as a valuable vehicle for effective dispute resolution, we would recommend that organisations reassess their use of mediation, with the view to increasing its utilization in the workplace.

- **Recognising the importance of effectively managing the overall process of discipline investigations** and, crucially, identifying the potentially adverse outcomes for staff members. We would recommend that trusts and boards promote greater awareness of 'avoiding employee harm' when undertaking those investigations

- Linked to this is the need to develop and roll out **training for managers** to better understand the aims of mediation and, crucially, to learn how to use mediation skills and its mindset in their everyday work e.g. More effectively using empathy, questioning skills etc.

- Drawing on the key finding that the differing values and resultant behaviours of colleagues can lead to misunderstanding and conflict, we would recommend the development of '**cultural competency**' programmes for implementation across the NHS that encompass a better understanding of the recognised protected characteristics and their intersectionality.

# Appendix A

**Table 1. Literature Review**

Source	Concept(s)	Variable
<p>For comparison with previous study's findings (Bennett et al., 2022)</p> <p>A critical assessment of the effectiveness of employee relations in the NHS in the 'new normal'</p> <p>Tony Bennett, Adrian Wright, Gemma Wibberley and Mary Lawler</p> <p>The Impact of Covid-19 on Employment Relations in the NHS 2020 Richard Saundry</p> <p>View of respondents on 'five key aspects of managing the employment relationship'</p>	<p>5 key variables of ERs</p>	<p>Employee engagement</p> <p>Mgt-staff relations</p> <p>Mgt-union relations</p> <p>Inter-staff relations</p> <p>EDI strategy</p>
<p>CIPD 2023b Effectiveness of line manager Townsend et al (2012) 'accidental manager' 'Squeeze managers' (Bajorek, 2020; Bevan and Cooper, 2022)</p> <p>'Devolution' Renwick, 2003;Kavaas et al. (2014)</p> <p>Black Report, 2009; Taylor Report, 2017)</p>	<p>Line manager effectiveness</p>	<p>Capability</p> <p>Capacity</p> <p>Suitability</p>
<p>Op de Beeck, S., Wynena, J. and Hondeghem, A. (2016) HRM implementation by line managers: explaining the discrepancy in HR-line perceptions of HR devolution International Journal of human resource management Vol. 27, No. 17, 1901-1919, <a href="http://dx.doi.org/10.1080/09585192.2015.1088562">http://dx.doi.org/10.1080/09585192.2015.1088562</a></p>	<p>Perceptual discrepancy</p>	<p>Level of mutual understanding</p> <p>Clarity of roles in people management</p>

<p>Saundry, R., Fisher, V. and Kinsey, S. (2020)          Disconnected human resource? Proximity and the (mis)management of workplace conflict Human Resource Management Journal (Between the line and HR)</p>	<p>Proximity</p>	<p>HR support</p>
<p>Messenger review (2022)</p>	<p>Recruitment          Retention          Training and development</p>	<p>new, national entry-level induction for all who join health and social care.          Positive (EDI) action          A core leadership and management standards for all managers.          Training and development, more effective appraisals system and recruitment and talent mgt. (Bosch, 2022).</p>

<p>15-year workforce plan (2023)</p>	<p>Recruitment and retention</p> <p>Training and development</p>	<p>the involvement of staff in decision making process</p> <p>Effective EDI strategy and practice</p> <p>Flexible working and retention</p> <p>Staff Wellbeing and key role of managers in its positive attainment</p> <p>retraining and reskilling in relation to retention and indeed recruitment of non-standard staff and retirees</p>
<p>NHS equality, diversity and inclusion improvement plan (2023)</p> <p>Attracting supporting and retaining a diverse NHS workforce (2023)</p> <p>Nishii (2013); CIPD (2019) Gorton (2018) Sayce (2021)</p>	<p>Impact of EDI policy and practice on recruitment and retention</p>	<p>Discrimination exists in the NHS.</p> <p>Degree minorities are valued and supported.</p> <p>Equality of opportunity</p> <p>All voices are heard</p>

<p>Carnegie UK Trust (2018) Measuring good work: The final report of the measuring job quality working group, Carnegie Trust UK.</p>		
<p>CIPD (2018) The road to good work. Discussion paper CIPD Publications, London</p>	<p>The 7 dimensions of good work</p>	<p>Pay and benefits. Contracts</p>
<p>CIPD (2020) Good work index 2020, CIPD Publications</p>		<p>Work-life balance Job design and the nature of work</p>
<p>CIPD (2020) Good work index report appendix 1, CIPD Publications</p>		<p>Relationships at work</p>
<p>Associate variables</p>		<p>Employee voice</p>
	<p>Health and wellbeing</p>	
	<p>Motivation</p>	
	<p>Measures of effectiveness</p>	<p>Job satisfaction  Employee performance</p>



<p>Employee wellbeing</p> <p>Bevan and Cooper (2022) Clifton and Harter (2021)</p> <p>Impact on productivity</p>	<p>Drivers and strategies</p>	<p>Recognises the key role of line manager.</p> <p>relationship with productivity</p> <p>Message that workforce health is an asset.</p> <p>Make sure everyone in your organisation knows their strengths.</p> <p>Upskill managers to move from boss to coach.</p> <p>Make wellbeing part of career development conversations.</p> <p>Overreliance on policies, programmes and perks</p>
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<p>Organisational culture</p> <p>NHS People Promise</p> <p>Future of work (Cheese, 2021)</p>	<p>a new culture of dispute management within organisations (Saundry et al., 2013; Saundry, 2019). a 'just' and 'fair' approach to resolving conflict through 'compassionate leadership' (NHS, 2021). talk openly about 'the real reasons' for many disputes within trusts (Francis, 2015). just system of conflict management (Dekker et al, 2022) Saundry 2020 Bennett et al's (2022)</p>	<p>releasing staff from the rigidities of bureaucracies, command and control hierarchies, and relentless top-down scrutiny and control. through compassionate leadership</p>
<p>A critical assessment of the effectiveness of employee relations in the NHS in the 'new normal'</p> <p>Tony Bennett, Adrian Wright, Gemma Wibberley and Mary Lawler (2020)</p> <p>The Impact of Covid-19 on Employment Relations in the NHS 2020 Richard Saundry</p> <p>Saundry and Latreille, 2016; Wibberley et al., 2023) and beyond (Bennett et al., 2020</p>	<p>Causes of workplace conflict</p> <p>Approaches to dealing with workplace conflict.</p>	<p>Causes</p> <p>Consequences</p> <p>Solutions</p>
<p>Mediation and changing the nature of dispute resolution.</p> <p>(Saundry et al., 2013; Hann and Nash (2020) (Latreille and Saundry, 2015).(Saundry et al., 2023).</p>	<p>ADR</p>	<p>Role of ADR</p> <p>Changing the culture of culture management</p>

<p>Recruitment and retention</p> <p>Shakeel and but (2015) an integrated set of variables</p> <p>Better recognition and support of non-white ethnic staff is a significant issue. Woolf et al., (2023) Ryan, (2023)</p> <p>, Ryan (2022) asks 'why is management still a dirty word in the NHS'. He argues that this is one reason why it is hard to recruit and promote to (Zhang et al., 2020)</p>	<p>key drivers for staff attrition and retention</p> <p>Recruitment drivers and barriers</p>	<ul style="list-style-type: none"> <li>• Time pressure.</li> <li>• Shortages of staff/resources.</li> <li>• Working hours.</li> <li>• Psychological demands.</li> <li>• Effort not recognised by employer.</li> <li>• Lack of part-time/flexible working.</li> <li>• Pay.</li> <li>• Red tape and bureaucracy</li> </ul> <p>(Weyman et al., 2019)</p> <p>Support:</p> <p>new starters</p> <p>Late career staff</p> <p>International colleagues</p> <p>NHS staff retention plan (2023)</p>
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## Table 2. Descriptive statistics

Factor		Item	Mean (SD)
Employment relations	1	Employee engagement	3.58 (0.92)
	2	<b>Relationships between management and staff</b>	3.45 (0.88)
	3	Management/trade union relations	3.73 (0.97)
	4	Relationships between staff	2.56 (0.79)
Conflict management	1	Management work closely with staff and unions to resolve conflict informally	3.45 (0.99)
	2	Employment relations are adversarial (R)	3.05 (1.03)

	3	Disciplinary and grievance issues are characterised by slow and lengthy procedures (R)	2.10 (0.98)
	4	Bullying and harassment are a problem in this organisation (R)	2.81 (1.03)
	5	The recent industrial action has not affected the overall employee relations environment	3.03 (1.10)
	6	Staff are encouraged to develop their own conflict management skills	2.84 (0.99)
Role of the line manager	1	<b>Line managers deal with difficult issues fairly and effectively</b>	2.65 (0.95)
	2	Line managers are well equipped to identify and resolve difficult issues	2.77 (1.16)
	3	<b>Staff are well-supported in their jobs by their immediate bosses</b>	3.25 (0.82)
	4	<b>Line managers encourage and support staff development</b>	3.44 (0.87)
	5	Line managers have the time to do their job effectively	2.18 (0.99)
	6	Line managers have the confidence to do their job effectively	2.52 (0.95)
Staff wellbeing	1	Over the last 12 months, staff in my organisation have experienced a physical injury caused by work (R)	3.73 (1.02)
	2	Over the last 12 months, staff in my organisation have experienced anxiety or depression caused by work or where work was a contributing factor (R)	2.09 (1.03)
	3	<b>My organisation takes staff health and wellbeing at work seriously</b>	3.88 (1.09)
	4	<b>Over the last 12 months, staff in my organisation have been subject to abuse, threats, violence, or bullying/harassment in the course of their work (R)</b>	2.44 (1.01)
	5	<b>Strategies are in place to deal with staff wellbeing issues at my workplace</b>	3.96 (1.02)
	6	<b>Addressing employee stress is a wellbeing priority for our organisation</b>	3.67 (1.19)
Job design	1	<b>Staff skills are a good match for the skills needed to do their jobs</b>	3.24 (0.96)
	2	Staff would like to have more control over the way they work	3.87 (0.76)

	3	<b>My organisation offers good prospects for career progression</b>	3.32 (1.00)
	4	<b>The work that staff do is meaningful</b>	4.07 (0.88)
	5	<b>The training staff receive from the organisation helps them cope with their job duties</b>	3.38 (1.02)
Employee voice	1	<b>Managers at my workplace keep employees informed about important changes in the organisation</b>	3.18 (0.99)
	2	<b>Managers at my workplace involve employees/employee representatives in decision making</b>	3.06 (1.00)
	3	<b>Managers at my workplace listen to concerns raised by trade unions and staff associations</b>	3.62 (1.02)
	4	<b>There are limits to the extent to which staff can voice work-related concerns to line managers (R)</b>	2.85 (1.03)
Pay and benefits	1	<b>Staff get paid appropriately when considering their responsibilities and achievements</b>	2.89 (1.20)
	2	Staff receive appropriate entitlements from their jobs. For example, holiday pay and sick pay, workplace pension, and maternity/paternity pay	4.05 (1.01)
	3	<b>Staff receive appropriate non-wage benefits from their jobs. For example, health and travel schemes, high street discounts, and tax breaks</b>	3.20 (1.21)
	4	<b>Pay and benefits have kept up with the cost of living</b>	1.93 (1.08)
	5	<b>Staff get paid appropriately when considering the rising cost of living</b>	2.07 (1.13)
Equality, diversity and inclusion	1	<b>The focus on EDI is a strength of my organisation's employee relations</b>	3.45 (1.01)
	2	Management has specific and measurable EDI objectives to which they are held individually and collectively accountable	2.55 (1.05)
	3	<b>My organisation acts fairly regarding career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age</b>	3.45 (1.04)
	4	<b>My organisation acts fairly regarding recruitment, regardless of ethnic background, gender, religion, sexual orientation, disability or age</b>	3.67 (0.99)

	5	<b>My organisation supports international staff to have a sense of belonging</b>	3.72 (0.92)
Workforce plan	1	<b>In my organisation, staff are willing to stay for the foreseeable future</b>	3.15 (0.93)
	2	In my organisation, staff are willing to work beyond retirement age	3.45 (0.83)
	3	There are options for retirees to come back in flexible, contracted roles or as part of the temporary staffing workforce	4.18 (0.72)
	4	We are dependent on staff working additional hours, beyond those stated in their contracts (R)	2.11 (0.96)
	5	<b>Recruitment processes in my organisation are efficient, fair and effective</b>	3.43 (1.11)
	6	<b>The process for the recruitment and promotion to line manager roles is rigorous, fair and open</b>	3.33 (1.07)
Notes. 1. Items in bold were used in the final analysis. 2. R=item was reverse coded for analysis.			

### Table 3. Cronbach's Alpha

Factor	Cronbach's Alpha
Role of the line manager	0.74
Staff wellbeing	0.88
Job design	0.71
Employee voice	0.70
Pay and benefits	0.79
Equality, diversity and inclusion	0.74
Workforce plan	0.73

**Table 4. Correlations**

	MGR	WB	JD	VOI	PAY	EDI
MGR	1					
WB	.404***	1				
JD	.536***	.501***	1			
VOI	.374***	.331***	.484***	1		
PAY	.204**	.153*	.241***	.268***	1	
EDI	.476***	.405***	.501***	.424***	.276***	1
WFP	.509***	.413***	.618***	.494***	.269***	.662***

**Table 5. Regression**

Outcome variable	Predictor	Unstandardised	Standard Error	Standardised
EMP	MGR	0.51*	0.21	0.35
	WB	0.03	0.10	0.04
	JD	-0.35	0.42	-0.22
	VOI	0.28*	0.14	0.22
	PAY	0.15	0.10	0.10
	EDI	0.21	0.30	0.09
	WFP	0.12	0.40	0.06

Notes. 1. EMP=Employee relations; MGR=Line management; WB=Staff wellbeing; JD=Job design; VOI=Employee voice; PAY=Pay and benefits; EDI=Equality, diversity and inclusion; WP=Workforce plan. 2. \*=p.<0.05.

**Table 6. Model fit**

Index		
Comparative Fit Index (CFI)	0.916	
Standardized Root Mean Square Residual (SRMR)	0.087	
Root Mean Square Error of Approximation (RMSEA)	0.059	

# Methodology: Sample and methods

The research was carried out between December 2023 and July 2024. The project had three main stages. The first was a review of relevant existing practitioner and academic employee relations literature. To contextualise this, the research design and analysis were also informed by a review of several key NHS people management reports and national strategic documents<sup>17</sup>.

From this, key variables and their relationship were tested through a series of hypotheses as set out in section 5. From this the questionnaire was designed and the online survey undertaken. A cross-section of 211 HR practitioners, managers and union representatives completed the survey.

In terms of respondents to the survey, 44% worked in 7000+ organisations, 32% in 4000 to 7000 and 19% in 1000 to 4000. Over 47% worked in Acute Trusts, a further 18% in Combined Community and Acute Trusts and 9% in Mental Health Trusts.

**Table M1. Participant characteristics**

	N	%
<b>Total sample</b>	<b>211</b>	<b>100</b>
<b>Type of NHS organisation</b>		
<b>Acute Trust</b>	<b>100</b>	<b>47.39</b>
<b>Integrated Community and Acute Trust</b>	<b>38</b>	<b>18.01</b>
<b>Mental Health Trust</b>	<b>20</b>	<b>9.48</b>
<b>Community Trust</b>	<b>8</b>	<b>3.79</b>
<b>Integrated Care System (ICS)</b>	<b>3</b>	<b>1.42</b>
<b>Clinical Commissioning Group</b>	<b>2</b>	<b>0.95</b>
<b>Other</b>	<b>40</b>	<b>18.96</b>



<b>Number of staff in organisation</b>		
7000+	92	43.6
4000-6999	69	32.7
1000-3999	41	19.43
251-999	7	3.32
51-250	1	0.47
1-50	1	0.47
<b>Role in organisation</b>		
HR Business Partner	53	25.12
Associate Director/Head of HR	34	16.11
Director	23	10.9
Line Manager	21	9.95
Deputy Director	20	9.48
Employment Relations Manager	18	8.53
Trade Union Officer or Representative	10	4.74
Other	32	15.17

In contrast, the occupational sample was quite diverse. Over a third of respondents held director, deputy director or head of HR roles, while just over one quarter were HR business partners. A further 8% were employee relations managers, 10% were line managers. Disappointingly, less than 5% were trade union representatives.

Informed by the variables model and hypotheses the survey explored nine main areas:

- Employee relations
- Conflict management
- The role of the line manager
- Staff wellbeing
- Job design
- Employee voice
- Pay and benefits
- EDI
- Workforce planning

Each of these areas was examined by 4-6 survey items, which asked participants to indicate their level of agreement on a scale between 1 and 5, with 5 being the highest level of agreement (very good/strongly agree). Please see appendix table 2 for a more comprehensive list of survey measures.

Key themes that needed a more in-depth investigation were then integrated into the interview plan and explored in a series of 33 semi-structured interviews with senior HR practitioners, senior managers and trade union representatives. These included respondents from England, Northern Ireland, Scotland and Wales. Interviews lasted between 30 and 60 minutes and were conducted through Microsoft Teams online meetings. All interviews were transcribed and then thematically analysed.

With a sample of this size, we cannot definitively conclude the overall degree to which findings can be generalised or how representative they are of the NHS as a whole. However, there was a clear consistency in the views of the survey respondents and the subsequent interviewees on the key issues that emerged from the research. Therefore, it is reasonable to suggest that the findings based on the research, and as reviewed in the discussion that follows, do offer real insight into the current dynamics of employee relations within the NHS. Furthermore, the report offers a valuable understanding of the implications for employee relations policy and practice as the NHS moves forward.

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