Episode 1: Dean Royles

In this episode:

Jack Mazzina 0:31

Welcome to the first episode of our In Conversation With series; a new programme of videos, podcasts and transcripts designed to give you the opportunity to hear directly from those influencing our NHS. This can be done while enjoying a coffee, or walk, or just in time away from your emails. At a time where our NHS continues to face unprecedented challenges and change, our aim with this series is to provide a platform for innovators in the healthcare industry to share ideas, recommendations, provoke thoughts, and ultimately help advance the NHS. We'd like to invite you to be part of this conversation.

My name is Jack Mazzina and I'm the Business Development Director at Liaison Workforce. Today, I'm talking to Dean Royals, who many of you will know is the current HPMA President, and also a Non-Executive Director from the NHS Foundation Trust. Today, Dean and I have been talking about how the NHS has adapted to working remotely as a result of the Covid-19 pandemic, and the challenges that could be faced in returning to the workplace. I started the conversation by asking Dean about his own experience of remote

working, whether he did that before the pandemic, and how he's adapted to working remotely over the last 12 months.

Dean Royles 1:46

Thanks Jack. And thanks for inviting me on, I'm really pleased to be to be doing this. It's good to be sharing thoughts and ideas about what has happened over the past year. It's been a new thing for me, really. Throughout my working career, there's always been the opportunity to work at home. My experience was that people would occasionally say, "I've got a report to write up", or "I've got something where I just need to concentrate and avoid distraction, I want to do that from home"; I never thought had the discipline to do that. I was a person that worked better by going into work. I was too easily distracted at home, too close to the fridge, too close to the radio. It actually became more distracting being at home, so I very rarely did it. And so, the technology was new to me - I've never done a Teams call before, never done a Zoom call, you know, the nearest we came to that was conference calls.

Jack Mazzina 3:02

What benefits do you think there's been to move some of the non-clinical staff to remote working? And what benefits have been brought to individuals and across an organisation as well?

Dean Royles 3:16

I think there have been enormous benefits of doing it. And it's strange, isn't it, to be thankful for something like a pandemic, because it's such a terrible, terrible thing, but I guess the idea of remote working, or agile working, or more flexible working, has been something that in the theory of HR has been gaining momentum, that more people should be doing it. You've got the tech companies and other people working in that way. But it's always felt like a long journey, we'll need to train people, we need to get the technology, we need to sort out what facilities people have got at home. How do we lead and manage? What the pandemic did is, pretty much overnight, really force tens of thousands of people to start working from home. So it was an absolute testbed, if you like, of the technology that was available, and whether people could work in that way. And in that way, I'm thankful for that, because it's proved that the concept can work. And I certainly think when people first started being sent home, I guess naively, I thought this might be for three, four or five weeks, something like that...and here we are. So we've even got over that.

While it was okay for a couple of weeks, it's now been long enough. You know, there's a year now in which people have done it. I think it's tested lots of lots of those sorts of ways out for people and clearly there has to be benefits for that in terms of work life balance, work life flow. People that avoided the commute, the hour or hour and a half each way, in the in the morning and evening, the time spent travelling around between different hospital sites, for example, to go and see things, that was all non-productive time. And all that has been truncated, that you can get up in the morning, start pretty much straight away and move from meeting to meeting. There's some downsides to that, because you're not necessarily getting

the thinking time, you can fall into the trap of Teams meeting or Zoom meeting after Zoom meeting, and never getting space to think - we've got some things to be learning. But I think largely, it's been a positive experience. The other thing for me as an HR professional, is it's proof that you can trust people. You know, I think there was a conservatism, about if you send people away to home, how would you know if they're working? Well, you know if they're working, because they're getting the work done. And it's not just a one day thing, is it? It's been tested over a period of time to get work done in that way.

Jack Mazzina 6:00

It's an interesting point, you mentioned there. I've worked as part of Liaison Group for nearly 12 years now and we've always worked remotely. Coming in as graduate to a company where I was all of a sudden trusted to work remotely, and nobody had sight of me, was an interesting change. But I've certainly found that working as part of a culture where you're measured on your outputs, rather than your inputs, is a great culture to have and actually, you see your staff being productive. I guess, there's always that concern that will some people take the mickey, but managers in our business, I've heard them say if you've got 20 staff who are working remotely, and there's two that maybe don't work as hard as if they were in a supervised office, you need to worry about the 18 that are working productively and enjoying it and getting that better work-life balance, rather than the two that don't. And I guess that's the challenge in HR is that we tend to deal more with the two than the 18?

Dean Royles 7:09

I absolutely agree with that. And it's always been something for me that if people I trust, they will do their job and have got a good work ethic, and if people are determined to avoid work - they could do that whether they're in the office, on a hospital site or work at home. They don't necessarily need an escape to do that. And you're right, I think, increasingly, from an HR point of view, there's that need to move away from policies that are designed for the recidivist and the people will take advantage, and start looking at policies that support the majority of people who will work hard, do a good job, are passionate, want to develop their careers, etc.

Jack Mazzina 7:52

Absolutely. I think that for the last year, this concept of presenteeism, which I've certainly observed, that within the NHS, because naturally, everybody has been office based but if you're not present there, there's an assumption that how could you be getting on with your to work?

Dean Royles 8:17

And it's interesting on the presenteeism culturally, in something like the banking sector, that idea of being seen, developing your career, being seen to do long hours, was an inherent part of the way that people spent time in the office - to show that level of commitment. And what we've seen over the last few days is a number of those sectors, saying that they're going to be closing down offices and moving people to remote working on a permanent basis. So, in some of those organisations, those sectors where that's been an important part

of the culture, seeing that shift, I think, is a really important signal about the future for agile and more remote and flexible working.

Jack Mazzina 8:59

So Dean, when people think that the NHS, they think of doctors, nurses, but there's a wide range of clinical staff, which one would assume are based on hospital sites or in the community. And, interestingly, with the COVID pandemic, it's not just changed the corporate office staff - a lot of clinicians have had to adapt their way it working. I wondered, based on your knowledge, are there any clinical staff groups which you think could work more remotely and will continue to work remotely, that perhaps didn't do pre-pandemic?

Dean Royles 9:38

Absolutely. I think it's going to change the way that we think about recruitment and retention as well. There's a very obvious thing in terms of the office-based people that work in any organisation - whether that's hospitals, the banking sector, retail - whether they can do that sort of work from home. But I think there's always been the idea that face-to-face customer/patient interface is really important and this is the only way you can do it. And yet again, what we've seen is on things like outpatients appointments, first appointments, follow up appointments, GP consultations, we've seen that what started off as telephone triage and telephone conversations before, has become much more the norm and an important part of what those clinicians do. So when you start saying, well, there's aspects of the work that can be done remotely, even if that doesn't involve patient or customer contact, then you can start to look at what are those aspects of work that don't involve that? So you might take a nurse manager, for example, they're spending a lot of time, in face-to-face contact, but there's also administration to be done, reports to write, documents to fill records, learning, development, all of which can, of course, be done remotely in a more agile way. You're mixing working at home and going into work. I think that we'll see that that trend that it might not be 100% remote working, but certainly for a huge amount of people that work in the health sector, you can see aspects of their work that can be done from home. And then things like diagnostics, radiographers, radiologists, those sorts of things where technology allows you to do that more remotely, you see that happening. The analysis of test diagnostics, those sorts of things that you can do through a screen, will sort of push in that way. So I think there's a whole way in which we do it.

And then the interesting thing for me is what that means for things like recruitment and retention, because there's some places that maybe have struggled to recruit more senior staff because of where they're based, so if someone has to do an hour and a half commute to get somewhere for a promotion, they might think twice about "does the commutes actually offset my career development or shall I stay where I am" coming through. But if you start saying, as a more senior member of staff, you can be working at home two or three days a week with long-arm supervision and more junior staff, and yes, there will be some need to get in there and see patients and staff from time to time, but if that's now two days a week and three days a week, at home or remotely, you can see that that becomes more attractive, so places that maybe struggled to recruit in some areas may find it easier, because they can adapt the way that they expect the job to be done, to be more remotely. And of course, the counter to that is those organisations that have had a ready labour market, because it's

local, they're convenient, and they're in middle of a city centre with good transport links, now need to also be thinking about working differently if they're to retain some of those people as well. I think it's a fantastic dynamic, isn't it? And certainly if you're working in HR, all that stuff about policies, procedures, how do we manage? How do we lead? How do we support? How do we motivate people? Puts all that into the pot as well. So is it makes for exciting managerial leadership roles as well.

Jack Mazzina 13:07

It does, it certainly is an exciting time for the HR profession. Will it be a race? Because as we know there's hundreds of NHS organisations, and some work faster than others, and I guess it'll be those that adapt their policies, that adopt this flexible working, that will succeed in terms of attracting and retaining their staff. And hopefully, that will be something that can be shared. And anyone struggling to be convinced that it's the right thing to do, they'll certainly see the evidence.

Dean Royles 13:50

I think what people will see now is, when we say about doing things first, it doesn't mean taking a long time to do it first. What the pandemic has shown us is we can change practice very quickly, and engage people in doing that. People won't want to be found napping on this; some people may say, "well, let's see if it works" and "will there be a return to normal?" and things like that. In the meantime, other people will be developing, changing practices and embedding new ways of working. I suspect, there'll probably be a financial drive to do this. At some point, aspects of the pandemic have got to be paid for. All those furloughed staff, the cost of supporting business and companies as you can imagine... organisations who want to reduce their cost base will see estates in particular, as a big area. If you can get 50 or 60% of your staff working at least in some parts at home, suddenly you need significantly less estate than you've got. Also hot desking and shared office space, which was important before the pandemic, now you need start to thinking about social distancing, how are we going to do that?

I think it changes everything doesn't it, it's changed the nature of work, it's changing the nature of the workplace, and it's changing the nature of the workforce.

Jack Mazzina 15:23

Absolutely. On the topic of estates, it presents both a challenge and an opportunity. And we know the NHS estate varies in terms of how modern it is and how it can be used. Does that present an opportunity to look at converting estate to having more patient beds or are we going to convert some of these old wards that were converted into offices, back again?

Dean Royles 15:52

Possibly, I mean, I suppose I was looking at more in terms of capital receipts - that some of these places are, in terms of some of the accommodation, lucrative spaces for other people. And so, the NHS and other organisations would be able to gain capital from that. But also, just the whole redesigning space and what it gets used for in terms of patient facing areas,

you can see some places being converted into that, but certainly a reduction in footprint of estate is inevitable.

Jack Mazzina 16:27

Absolutely. I'm going to move on to link to the NHS People Plan, which was published last year. I wanted to ask about your thoughts on the impact of remote working on staff burnout, and managing that work-life balance, because that's surely going to be a key aspect moving forward?

Dean Royles 17:03

Yes. I think the big question is, if you've got people that are working remotely, how do we lead and manage them? It's a huge question for all industries, but certainly in the NHS. Most people that are in a managerial or leadership role, I think have grown up in a face-to-face environment and this is maybe where we need to learn from others that have worked in that different way. So, to me, there's been a journey that we've been on, which is; when my people were first sent home, clearly I'd worked with a lot of them before. So I knew them, I knew their backgrounds, their families, their worries and their anxieties from meeting them in real life. And that was able to continue to some extent through virtual meetings - there's all that connection. But because it's now over a year, new people have joined a team that I've never seen in real life, and I've never had those sorts of opportunities over a cup of coffee and a chat, to talk about Coronation Street, or what was on telly last night. And those are important parts managerially about teamwork, and people feeling part of a team. Learning how to do that in a in a virtual environment, where you haven't necessarily got the history with the people that you that you saw in real life coming through, I think it's going to be important. To me, it is this question about "What are the new skills that managers will need to manage people that are working mostly remotely?" and "how do you lead and motivate people in that sort of environment?". I think we're going to have to look at our leadership and development programmes too, to equip people with those skills to be able to achieve some of that. And likewise, I think health and wellbeing is a really good example where we tend to think of it as health and wellbeing spaces - so we've provided areas or rooms for people to break out from during work, to go and take five minutes, and certainly there's been an acceleration of that in hospital settings to support people during COVID, but we need to be thinking more of health and wellbeing time, rather than health and wellbeing space. How do we build that into the working week for people as well? So again, it's a really interesting time, but I think it's going to involve re-looking at some of the management and leadership skills that we have and how we train and equip people.

Jack Mazzina 19:47

Absolutely, I guess for managers as well, wellbeing is something that you need to be able to spot. You can spot that when you see somebody. If somebody is not feeling their best, they're not themselves - it's easier to identify that when you see them in person, so training managers to help you spot that when you're working over Zoom - what behaviours do we look for?

Dean Royles 20:12

Yeah, I do sort of see it. Is it when people got the camera off too much? Or are blaming internet connection?

Jack Mazzina 20:42

Absolutely. I get the sense now, working alongside the NHS, that there is still a huge part of the working day role focusing on the pandemic and how we manage that, because we're not out of the woods just yet. But we're starting to see people turn and look forward to "Okay, well, what does the new normal look like?", and "how do you address backlog of waiting lists patients that perhaps we would not be able to see during the pandemic?" How do you see the HR function coping with that, because people are burnt out from having to help manage the pandemic, but it feels like there's a lot of hard work still to be done - how we're going to manage adopting to new policies, adopting the working practices, as well as addressing how we move out the pandemic moving forward?

Dean Royles 21:36

It's an interesting thing you're talking about, the People Plan and the importance of health and wellbeing being a centre to that. The operating and planning framework is just out, and that puts people recovery as the number one priority in terms of recovering the health service. And that feels intuitively right, doesn't it - if you want people to pick up the work, they themselves have got to be equipped to do that. I know, a number of people have used the Army analogy around this, where people go for a tour of service for six months, and work intensively in very difficult environments, but then come back and are expected to have some time to recover and do different things. And I think people have started to use analogy, in terms of looking on the back on COVID. I think the interesting thing for me as an HR practitioner, is that you're putting the people recovery at the heart of the recovery of services, and how we manage to mesh that together, I think, is going to be really important for the sustainability of the NHS going forward.

I think it is more than just looking at making sure that people have taken some sort of annual leave and they've taken some time to rest. I suspect there's some things that we'll be able to do around allowing more people to be taking leave over the summer period than we might normally have done to keep services going, and perhaps relying more on bank or agency staff to pick up some of that in that period to make sure that people do get some sort of break. But I think it's also important that people are managed and trusted, so that thing about autonomy and teamwork, development opportunities and feeling like I'm doing something different - I've got a stretch and I've got something to look forward to. I think these are also really important parts of the recovery. They're not necessarily as quantifiable as "did you take your leave?", but looking at the way that jobs and roles are designed, so people have got a sense of identity, autonomy, they're making a difference, they've got meaning and that they can grow and they can develop. I think that's a huge part of what I mean when we're talking about the recovery. That's part of the give back. We're fortunate in the health service that we've got people that are very passionate about what they do, and they want to get better at doing it each day. And I think if we can invest in training, development and education going forward, and see that as part of recovery, not just something that they have to do a bit like

mandatory training, but something that will help them develop and grow, I think that's a way that we can recognise some of that commitment.

Jack Mazzina 24:28

Absolutely. We all know that it's our people that make our NHS tick so it's great to see that they are at the focus of the recovery. Is there a sense in the NHS that you've got an opportunity to do things more productively and work at that faster pace?

Dean Royles 25:40

Yeah, it's back to the recruitment and retention thing. Because you haven't got the downtime of being in-between meetings, that you've got more time to do that, the danger is that people start creeping meetings to start earlier in the morning, and later in the evening, because you say, "Well, you know, you're not commuting", so you end up working more hours. So you're sweating the asset, as it were. You just do more hours in the day rather than working more effectively and efficiently. But also think that there's just something about the way that people will work that we need to be thinking differently about. It's to your point, Jack, about outputs and outcomes, rather than being seen to be there. A little over a year ago that there was, I think France, that said they wanted to stop out of hours emails, because it put pressure on people to work out of hours. And at the time, it felt like an interesting thing - how do we contain that work-life balance? And you look at that now, and you think that seems really odd, doesn't it? When does the work need to be done, particularly working remotely? If you've got somebody that's processing invoices or dealing with recruitment for example, and they want to start work at 5.30 in the morning, do a couple of hours before the kids get up, take the kids off to school, come and do two or three hours before they pick the kids back up from school, take some downtime, get kids ready for bed and do an hour later on in the day - because that works for them, not because they're pressured to do that, but because that's a way that they can do their seven hours of work in the day, then why not? If that's working for them, and it's not that you're saying I need it done at six in the morning, I need it done at eight at night - if that's working for you, and the way that you run your life, then that opens up a whole new range of things about the way that we can recruit talent into organisations, to be doing things that can work around their particular circumstances. I think we've known for some time that there are people that we see as larks, and people that we see as owls - some people that work better in the morning, some better in the evening. And as long as you've got some time for connectivity...I'm sure you know, as a lark, if I was doing majority of my work in the earlier morning, I'd be much more productive in the six hours in the morning, that I would be over eight hours working in the afternoon, just because the way that I am. But just thinking differently, and not thinking that is sort of exploitation, you know, or pressuring people to work unsocial hours, but saying, "if the work gets done, and it can be done in that way, and it suits you", it allows lots of opportunities and it's something to explore. We've got to watch that it doesn't switch into exploitation of people, but will enable people to develop their careers, take jobs that they otherwise wouldn't have taken, work more hours, gain more income than they would have done if we had said "well, you can only do this job if you turn in at the office at 8.30 in the morning, and you leave at 4.30 in the afternoon". "Well, that doesn't work for me."

Jack Mazzina 29:17

It's been a long challenge for the NHS, hasn't it with this flexible working agenda and saying "we need somebody that can work X time to X time", when actually the need is, "we need these outputs" or "we need this to happen". It's not necessarily time specific. I'm getting the sense you feel that there is a real change and culture shift in the NHS to move to this new way of thinking. Where do you think that sits? Does that start at the top? Does that need to be driven by our NHS leaders?

Dean Royles 29:52

The interesting thing for me about how does the culture change start is that I think something's been turned on its head, that's worth our consideration. I think that we've looked at drivers and enablers in an organisation, so we've seen that pathways and the way that patients access services is a driver for change. But to make that happen, we needed enablers like technology, workforce, estate, to facilitate that. The driving force was the service redesign - making it smoother for patients. And I think what we've discovered over the last year is actually it's work, estate and technology that's the driver. So, because of the pandemic, because we sent people home, we closed down the estate effectively, or lots of the estate. We sent people home to work, and gave the technology to do that. They've changed the way that work was delivered. So workforce technology and estate became a driver of change, and that has created new pathways for people to access services. And I think many would say those are more efficient and better for many patients. Not ruling out that for some people face-to-face is important, but we've clearly done things very differently. And so, I think the way that we look at what is a culture change, to be thinking of things like workforce and estate and technology as drivers of change, rather than just enablers, I think will speed up that cultural change that we've that we've got. It's something I'm still trying in my mind in terms of looking at it because it because it feels the wrong way around, doesn't it? All through my career, I've been told that workforce is an enabler, or technology is an enabler. And I think that we've seen that as the driver. It's changed the way that services were delivered. Services changed as a result of that. And I think that's fascinating stuff when it comes to culture change. Certainly from a regulatory point of view, things like NHS England and NHS improvement, them starting to see these things as drivers for change, and saying that change can happen quicker than we thought, I think should accelerate some of the cultural change.

Jack Mazzina 32:21

Yeah, it' an interesting point on how that's changed. In my own experience, I've seen the NHS culture where they've been reticent to adopt technology, because of that fear of stuff having to change, but then when they've done it, they've adopted it, and they become the biggest promoters of that change. I guess that's what we need, we need more of the people that have been there, done it, to lead the way for others to do the same.

Dean Royles 32:58

As I say, in a "war for talent", as it were, because people have experienced that you can do jobs in this way, I think organisations are going to have to respond if you want to retain your top talent, because if you don't enable people to work in that way, others will. There's a risk

that if you can do your job from anywhere, then somebody somewhere can also do your job. And that's another issue we're going to have to contend with. But I think the immediate issue for organisations is recognising that a lot of people are going to want to work differently to what they did before. They don't want to get back into the hour and a half commute. They probably do want to spend some time with colleagues in team meetings and face-to-face, but I don't think that they'll necessarily see that as the hours that we put in before. Right at the start of this conversation, I was saying I was in the camp of finding it very difficult to work from home. Now I can't imagine the idea of going in every morning at the crack of dawn, and staying that bit later just to avoid the rush hour. I just can't envisage that's the way that I'd want to work in the future.

Jack Mazzina 34:15

You're certainly a convert.

Dean Royles 34:17

Oh, absolutely, yes.

Jack Mazzina 34:19

We've covered such a broad range of topics, all linked to the way we're having to change to work. Obviously, there's guidance out there, we've got the recovery plan. But is there an overwhelming sense of "what do we tackle first?" If you were in charge, what are the three things that you think we need to prioritise in terms of adopting a new way of working, and recovering post-COVID?

Dean Royles 34:54

Big things for me are seeing things like estates, technology and the workforce as drivers for change, and not enablers that follow some point afterwards. Would that change the mindset if we start seeing things differently - saying that these are enabling follow ups that that need to happen? And then the other thing for me, speaking to HR professionals, is that three things have changed. The nature of work itself has changed - so what are the interventions that we're doing about that? The nature of the workplace has changed, and we've already touched on many of those issues today. It's not going to be the same again, there is no going back to how it was before, it's going to be different. I think responding to that quickly, understanding that change is there, and changing policies and procedures quickly is important. So you've got the nature of the work, the nature of the workplace, and the nature of the workforce has changed. We've just talked about that we've all been changed as a result of the pandemic, we've got different priorities, we've seen different ways that work can be done. And for many of us, it's quite appealing. We might not want to do it in a lockdown environment for another year, we might not want to do that 100% of the time, but we'll certainly want to be doing more of it and recognising that the commute is just unproductive time. It's that the work, workplace and workforce all changing. And, as HR and OD professionals, recognising that there's a bit of a triumvirate of things that we need to be thinking about, it's not just one or the other.

Jack Mazzina 37:05

Fantastic. I talked about this a lot - I'm holding on to the fact that there will be a time when it will be safe, and we will be able to get together again, and just how much I'm looking forward to that. And particularly in a professional capacity with NHS colleagues, because there's going to be this sense of, we need to celebrate what we've all achieved in terms of getting through the past 12 months. There needs to be that forum for people to share their experiences and things that are working well. Naturally, some people will do this better than others. And we need those to share that. So the next conferences, the next get-togethers, we might have to put them on over a full week...!

Dean Royles 38:01

I agree with you. This is a bit embarrassing now. Because, as a Yorkshireman, I'm very much into my personal space, but I'm quite looking forward to giving people a hug!

Jack Mazzina 38:20

Aren't we all? Dean, thank you so much for giving us your time, we know you're a busy man. Although maybe have a bit more time now you're working from home and you're converted to that. Thank you again from for myself and everyone at Liaison Group.

Dean Royles 38:35

Thanks very much. I really enjoyed doing it. And, you know, throughout the recording, I think we've explored some ideas that are not necessarily fully formed in my mind - it is changing. So it would be great to hear from other people and to get views and perspectives because I think the way we learn. I think from you and Liaison doing this session, it opens up the debate a bit more - and we'll learn from debating, so thanks for doing it. Thanks for hosting. It's been a pleasure.

Jack Mazzina 39:07

If you'd like to continue the conversation, get in touch with us using the contact details on this page. We'd love to hear if you would have asked anything different, or what questions you'd like to put to future NHS leaders. Also, you'd like to take part in a future edition of the series please get in touch. I've been Jack Mazzina, Business Development Director at Liaison Workforce, and I'd like to thank you for joining us.