in conversation with….
Episode 4: Peter Cheese

Challenges, Changes and Thinking Differently: What Could Our NHS Workforce Look Like in 10 Years' Time?

Key themes:

Current and future challenges for HR in the NHS and health and social care

Wellbeing and resilience, and the importance of engaging with and listening to the workforce

Data ownership in people management

The paradox navigator as a critical management capability

The biggest strategic workforce planning challenges both today and in ten years' time

1:21: We're going to be talking about the challenges, changes in thinking differently about the NHS workforce. And in the recent HR review led by Preana Issar and Tom Simons, which I know the CIPD has been actively working with them on, two major issues emerged. One was the world of work and health care will never be the same. Given what's happened in the last 18 months or so, but also that we have a really unique moment to create a new future of our NHS. Now, my understanding is that through having a conversation on these issues, it is hoped that it creates some real inspiration in otherwise truly unprecedented times. But before we look into our crystal ball into the future, what do you think of the current people focussed strategic challenges in health and social care?

2:26: We know in workforces everywhere, there's a lot of change going on in the world of work, as you've touched on, is changing significantly, driven by many things. It's not just about technology. It's about social change, demographic change, even geopolitical change and economic uncertainty and other things as well, which affects the public sector as much as it affects the private sector. But I think that certainly from the public domain standpoint, the biggest challenges still seem to be those of staffing and the many open positions across the NHS and, of course, the pressure which the NHS has been much more broadly under. And then we've got this wider debate about more integration between social care and health care and a much more inclusive system in that regard. And these are very big, long-standing questions about our health and social care system. So without getting into all of those wider questions, I think the real challenges and certainly the challenge in front and centre for the community, of course, is about how we attract and retain the staff that we need. We make sure that the cultures across the NHS and all the different trusts in all different facets of the organisation is supportive of the people, and that we really are putting people front and centre. There's been huge pressure on the health and social care system, not just over the last 18 months, which is what's been accelerated by the pandemic, but for many years. And I think therefore, this idea of a more people-centric thinking, which I know Prerana and Tom are trying to drive through their work, supporting our communities of people in all aspects of the work across the NHS is absolutely vital. And opening up, hopefully. And we'll get onto this, I'm sure, in terms of longer-term planning, the pipelines, if you will, a future town that we need to sustain what of course, will continue to be pressures on health and social care as the demography of our country changes and as health care systems and procedures all change,

all of those things are going to continue to drive a lot of pressure on staffing and resourcing across the NHS now.

04.41: Some key words, obviously, integration, inclusion and people centric. But that pressure, it has felt, for a lot of my colleagues and my clients in health and social care in the last 18 months, a huge amount of pressure. And I think that continues now. So even before we look into the crystal ball, we still have the ever-increasing pressure. Do you have any thoughts about that in terms of wellbeing, resilience as we stand at the moment?

At the end of the day, the pandemic was a human crisis and has focused a lot more on people and, of course, the health and social care systems have formed the brunt of an awful lot of that support for all of us, so we really have to make sure we are engaging with all of our people, we're listening to them and understanding what is impacting them, we're engaging them in terms of their physical as well as their emotional wellbeing, which is a very important part of the idea of resilience, and then we are working up through the strategies that support people in those regards."

If we can't predict all of the jobs [in ten years' time], what we do know is that they're going to change, and that means they're going to change in terms of the skills needed and that we have, and that means our ability to upskill and reskill our people in all facets in the work we do becomes ever more important.

11:15: Data ownership in people management, who owns the data?

These are immense questions of trust as well, and I think any health organisation has got to address questions head-on with their people and with their consumers and customers in order to retain the trust that they must have in order to further develop these ideas of use, positive use, that data can have for all of us.

14.43: What is the role of the HR profession in the NHS's strategic narrative?

When you look at HR, it generally has its hand on all the levers that are needed, everything from what people get paid or how we are driving our supply chain, talents and skills development and so forth; yet we know in the NHS and health and social care system that these are many different factors that we have to work with and seek to influence to try and drive what, in the end, needs to be a coherent and integrated people strategy for the whole of the NHS and health and social care systems.

18.42: What are your thoughts on paradox navigator as a critical management capability

We have to move beyond the idea that there is some best practice manual [for HR] that's going to tell us how to do everything. It's more about best fit and there's the understanding as we describe it of being much more led by principles, so what are we trying to accomplish, let's start with ideas like wellbeing and inclusion. Being outcomes-driven is a way of thinking about paradox.

22.25 What do you see as the biggest strategic workforce planning issue/challenge both today and in ten years' time?

If we look across the NHS and health and social care system, we know there are huge challenges around attracting and retaining the staff we need. There are publicised job vacancies of 100,000 plus. These numbers have been at this level for a long time, and of course we've become very dependant on filling some of those positions across the NHS, from outside of the UK. The challenge that creates is whether that is long term sustainable. We can see there's pressure on recruitment supply lines – of course Brexit is part of that, but also the concern about those staff who have gone through such a difficult time over the past 18 months. Will they stay with the profession? These are real challenges with our workforce planning.

25.56: What role do you think that the HR profession in the NHS should be playing in ten years' time?

What I'd really love to see, of course, is HR genuinely taking its seat at the top table in terms of all the strategic debate about the future of health and social care, the future of the NHS, how we build the capabilities we need to sustain, and what we have to do in health and social care for all of our people everywhere.

32:07: Thank you and outro.