



Does our approach to Talent Management need to change in light of the changing expectations of next generation leaders?

Thursday 14th April, 2016

How was the session managed?

The event was facilitated by Deputy Director of the East Midlands Leadership Academy (EMLA), Lyndsay Short, with an introduction to the context for the day by Anna O’Kane, Transformation Lead. The group split into two and were asked to consider the two following questions:

1. To what extent do you agree with the need for a generational talent management and succession planning approach?
2. If the psychological contract for each generation is subtly different - what do we need to do differently on our attraction, retention and talent development approach?

Attendance and participation

The event was reasonably well attended (18 participants). Amongst the audience there was representation from the East Midlands Leadership Academy, a range of NHS Trusts and independent leadership consultants. Their names are listed later in the document.

What we learned

Observation of the event was undertaken by Liz McIntyre, Communications Lead at the East Midlands Leadership Academy who reviewed the materials produced by each group. What follows is a summary of the emergent themes.



To what extent do you agree with the need for a generational talent management and succession planning approach?

Much research has been done into generational differences in terms of working styles and preferences. An example includes work by Birmingham's Children's Hospital (entitled "Mind the Gap"), although this specific example focuses on the nursing population only.

The group acknowledged changes in national policy which have forced an increase in retirement age. The impact of these changes inevitably leads to a more generationally diverse workforce.

The group considered whether a generational talent management approach is appropriate given that guiding talent management principles state there should always be a person focused approach. That is, any approach to talent management should involve effective talent conversations and meaningful appraisals rather than a 'broad brush' strategy based on known generational motivations and behaviours.

There was recognition amongst delegates that a planning strategy that focuses on generational groupings has both strengths and weaknesses. Its strength is that it addresses the needs of specific groups with an economy of scale, while the weakness is that it encourages segmentation which could be counterproductive. The group's discussions around this focused broadly on generations X and Y concluded that individuals that fall into generation X want to work *with* leaders, while those who identify as being part of generation Y are more keen to create cross system relationships. The assertion was therefore that generation Y want and value two way communication and equal professional standing more than their generation X counterparts - meaning that a very different approach to talent management is required.

Given the wide range of the ages of individuals working within the NHS workforce, the Think Tank considered what systems leadership meant for talent management. Systems Leadership in its broadest form should also be related to systems within specific organisations and the complex makeup of the workforce. Talent management strategies need to be approached with this in mind.

The group concluded that a generational approach was too crude. It needs to be acknowledged and accepted that whilst there are thematic preferences for each group, people are individuals and should be treated as such.

There was a general consensus that the NHS focuses very little on succession planning and that perhaps individuals are not always well supported in talent conversations. Areas of subsequent work should focus more on individualised talent management and career development planning.

If the psychological contract for each generation is subtly different - what do we need to do differently in our retention and talent development approach?

Comparisons between the private and public sector were high on the agenda as the group discussed retention and talent development with an acknowledgement that the public sector tends to focus on the 'here and now'. It was considered that leaders within the NHS are making assumptions about why young people join the NHS. Whilst it is largely considered that individuals join based on values such as 'wanting to make a difference', perhaps it should be considered that young people come into the NHS knowing it to be one of the biggest and most diverse networks in the world - one that has the potential to provide them as individuals with many opportunities. Assuming that this is the case, the group agreed that the environment

needs to change in order to support and reflect that.

The group considered the approaches of private vs public sector and suggested that the following is an accurate reflection of focus:

Private sector:

Staff - stock - sales

Public sector:

Targets - 'customers' - staff

Capturing and retaining talent is a business driver in the private sector and while the NHS cannot offer comparable financial incentives, it should be recognised that those coming into the NHS do so for a reason which usually relates to their personally held values. The group strongly agreed that there needs to be an accountability with employers that ensures that they are both giving and getting the most from every individual in the workforce by identifying their individual drivers and motivations.

The group considered changing the current NHS 'narrative' and asked if the message given to those joining needs to be more realistic and honest about the nature of the work – the real message should be that it's hard! It was acknowledged that generation X and Y both seek challenge and this would likely be appealing to them, as would the multi-faceted makeup of the organisations that provide an array of different opportunities. The group discussed the Territorial Army (TA) advert and the reference to transferable skills. They suggested that this approach may also work for attracting new talent to the NHS.

Delegates considered if the psychological contract was in fact different from generation to generation while acknowledging that 'loyalty' to an organisation appeared to be different.

Older generations are likely to ask 'What can I do for your organisation?' while younger generations are more likely to consider 'What can your organisation do for me?'

Younger generations appear to have a need for conversation and without good appraisals, talent management and giving them the confidence to suggest and try new things - they are likely to disengage in a short space of time.

Shared ambition was a common theme of the discussion. The group talked about ownership and sharing the aim and goals of the organisation so that each individual felt that they had a part to play in achieving the ambition. The group then considered but reached no conclusion on the 'how' of doing this and agreed that historically, the NHS has focused much more on the 'why'.

Culture repeated as a strong theme with participants agreeing that organisations with a good workforce retention record are those that do well in establishing a values driven culture. Diversity statements are exceptionally important and it's key that an organisation has its own values, not just staff who have their individual values. People need to have a sense of belonging and to feel a shared sense of purpose and motivation with their employers

Comparisons were made to the military and to the police force, both of which invest in the individual rather than the role. It was agreed that the NHS often does the opposite and that people are defined by their band and job title.

The recruitment process itself generated lengthy discussion amongst the group with agreement that job descriptions are extremely task focused and rarely person or skill set-centred. There is a common belief amongst leaders in the NHS that new members should fit into a team. The group questioned whether it would actually be better to appoint those that didn't and therefore widen the diversity of NHS teams. It

was also broadly agreed that individuals are being disadvantaged by the use of assessment centers as these do not lend themselves to promote the attributes of leaders with more introverted preferences. The NHS is therefore missing out on a valuable pool of talent.

Recommendations

The group suggested the following recommendations for anyone interested in considering the impact of generations on talent management strategies.

1. Nurture talent by helping to create learning organisations. Staff ‘passports’ would provide opportunities for increased knowledge which would be taken back into teams and consequently improve care pathways.
2. Treat staff as individuals and find their ‘motivational drivers’. This can only be done through spending real time with them and having meaningful appraisals.
3. The recruitment process needs to be reviewed to ensure that it becomes more person-focused rather than task and skills driven.
4. Reinforce the organisational values that encouraged existing staff to join the NHS. Meaningful poster campaigns that communicate, ‘why you should work here’.
5. Return to nursing schemes to be introduced to bring back lost knowledge and skills of those that have left the profession.
6. Offer coaching to leaders around how they can improve their talent management conversations.
7. Empower staff by developing organisations that are less risk averse and which allow individuals to take personal responsibility and accountability in their role.

Reflections

How is this topic relevant to your area of work?

What surprises you about this “Think Tank” topic?

What have you learned from this summary?



How has it/ will it change your own leadership practice?

If you keep a professional portfolio you might like to use this reflection as evidence towards revalidation or reregistration.

With thanks to our contributors

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