Learnings from the HSJ Integrated Care Summit 2019 Interactive Discussion Groups

Session Theme:

Slashing bank and agency costs by optimising your workforce

Session Leader:

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Questions Posed

1. Workforce management. Why is it broken? What are the key building blocks to reducing spend and improving patient outcomes?

2. Retention. Why is staff churn consistently an issue?

3. What role should technology play and why is it not playing this role today? Where are the gaps?

4. What positive actions could you take to improve workforce in your organisation?

Outcomes and Learnings

The problem in context

- **If staff continue to feel undervalued, we will face a national emergency**

Staff retention in the NHS is in crisis and trying to understand why was the first key topic for discussion. How can it be that 350,000 staff left the NHS for reasons other than retirement over the past five years? The huge recruitment drive that is happening is wasted if the NHS continues to lose good people, with recruitment much more costly than retention.

Staff satisfaction and mental health were the main areas discussed with unanimous agreement that the NHS currently does not do enough to support the mental wellbeing of their staff. Clinicians in the room commented on how sad it is that an environment is not able to be created where people want to stay, despite it being an amazing profession. They

made comparisons with their experience of working abroad in countries such as Australia, where the small things, such as a "thanking" culture or getting a coffee for a colleague made a huge difference to their experience of work.

Lantum's 2019 NHS Staff Wellbeing Survey results supported this sentiment and were a talking point, in which results showed that 40% don't feel valued, 30% don't feel supported and nearly half increasingly talk about work in a negative way. Clinicians in the discussion noted that the NHS working environment offers a lack of flexibility, poor work-life balance and an absence of acknowledgement of you as an individual, with your own plans and commitments, which consequently creates a lack of control over your working life.

Data was another talking point - especially how workforce-related data is typically used to penalise or monitor behaviour and not to support and acknowledge good performance. For example, where a staff member has cancelled shifts multiple times, the current culture is to penalise that staff member rather than recognise that this may be a sign that they may need support. This culture can be a key driver in people struggling to feel motivated in the workplace.

- **Chronic understaffing**

Many of the participants in the discussion highlighted that staff shortages were a huge driver to high agency spend within their Trusts. It was voiced that there is currently a reported shortage of 41,000 nurses (the real figure may well be more) and that those figures are likely reflected across other areas of the NHS workforce. Nurses are leaving the profession faster than they are being recruited.

A debate was had between the participants regarding how the changing behaviour of the workforce is contributing to this. It was discussed that a more flexible workforce can be a good thing: both for the individual and for the organisation. For example, a workforce that is flexible and part substantive can help allow for peaks and troughs in demand, and inflexibility is one of the key pain points for individuals work / life balance and wellbeing.

- **Levels of agency spend across the board is considered unsustainable**

Agency and bank spend across the NHS accounts for 10% of total NHS staff spending and NHS Improvement is currently heavily focused on reducing agency spend. Several participants emphasised their wish to address their organisations' high and unsustainable spend on temporary staffing. Nursing was a key area for most.

There was a discussion about what drives this and how we can tackle it. All were in broad agreement that technology plays a part in improving this but it was important not to ignore the importance of engaging the workforce and improving worker satisfaction.

- **Current technology only solves one side of the equation and does not engage the workforce**

While many organisations had adopted some form of e-rostering solutions, most had issues with their use and still used manual workarounds to fill in where the technology failed to support. There was discussion as to the inflexibility of rostering being transferred to the digital solutions, with no consideration for the needs of the individual, for example where individuals sought specific shifts to suit their lifestyle but were unable to exercise any choice around the shifts they were rostered for.

Many highlighted resistance to its implementation and questioned whether the technology itself or cultural resistance or fear of accountability might be factors in its failure. Users use technology at home but why isn't it working when it crosses the barrier to work? We need to break away from systems that are not working; but it was acknowledged that there is a resistance to change and that new systems will have the same problems. Clinicians in the room relayed their experiences, including receiving inappropriate shift requests, unmanageable email notifications, and poor support from the software companies.

Solutions proposed

Some consistent themes were raised during the discussion, highlighting the need for a variety of changes within the NHS both at organisational and individual level.

1. **A dramatic culture shift is needed**

Participants agreed that current workforce management is broken and a big culture shift is needed to make the NHS 'an employer of choice' and the organisations within it places that people want to work.

The benefits of investing in staff wellbeing were recognised by all participants. More needs to be done to stop staff, who have often been through several years of training, from leaving the service. Participants agreed that data could be used positively, both to provide better support to staff who need it, and also to thank and acknowledge the staff who are performing particularly well. Workforce management technology can deliver the data and workforce modelling insight for both better workforce management and proactively and positively engaging the workforce.

The importance of collaborative and integrated working across organisations was raised more than once, reflective of the core nature of the summit.

2. **More flexibility, but balanced with system demands**

Inflexibility was agreed to be a huge problem, not only as leading to poor mental wellbeing but also contributing to last-minute cancelled shifts (and therefore increasing agency spend on temporary staff).

Participants felt self-scheduling (where staff can select their shifts from a published rota) could be an important tool to give staff more control over their work, but highlighted the

need to balance this against system demands. It was agreed that balancing system demands and staff need for flexibility can sometimes feel at odds. One proposed solution was giving staff the ability to self schedule a set % of their shifts, on top of a mandated core requirement.

In the longer term, the aspiration would be to build a workforce platform that matches staffing to patient demand and acuity - this is work that Lantum have started to do in partnership with a US hospital and hope to translate to the UK.

3. **Using technology that puts staff first**

E-rostering only solves part of the problem. While some reported that they'd had significant success in improving shift fill rates and reducing agency spend, others had worked with technology that didn't meet the needs of the organisation or its staff.

It was agreed that staff buy-in is key to make new technology use successful. Many reported instances of staff refusing to use new technology for rostering or finding issues with it – leading to clunky workarounds. To develop something effective and sustainable, companies need to work proactively with organisations, to ensure that needs are addressed and translate to staff uptake and engagement at all levels.

The "RocketPay" next day payment service offered by Lantum was referenced as a good example of where a pain point for staff - issues with receiving payment on time- had been translated into a feature of the technology. It was agreed that the systems that will solve these problems are those that can proactively engage staff and ask what they want to see out of the systems.

Further information:

Lantum is a workforce platform that uses technology to simplify all aspects of healthcare staffing. Our flexible, easy-to-use tools empower healthcare organisations to fill their shifts and professionals to fill their diaries, without the need for agencies.

We know these tools are needed because we've looked at the figures. Healthcare organisations and professionals are losing too much time and money dealing with clunky rota management systems, unnecessary admin, and sky-high agency fees. Each year this costs the NHS at least £5 billion

As well as saving healthcare organisations money and time, we give them the ability to harness the power of the wider healthcare community. With Lantum, it's easier to collaborate, to communicate, and to share workforces across organisational boundaries.

To find out more, contact Dr Katharine Jamieson (Medical Lead) on kj@lantum.com. Or book a demo at lantum.com.