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TALENT THROUGH FLEXIBILITY

FLEXIBLE WORKING IN THE NHS: THE CASE FOR ACTION

How designing roles flexibly will help the NHS find and keep talented staff

Commissioned by':

London Women's Leadership Network

NHS
London Leadership Academy

FOREWORD FROM THE NHS LEADERSHIP ACADEMY

The NHS London Leadership Academy set up the London Women's Leadership Network (LWLN) in March 2017. Since its launch we've attracted over 500 members and helped to develop strong networks and connections. We partnered with Timewise as we feel that the LWLN is so much more than just another network; our members are action-orientated individuals who want to put forward solutions to the challenges they face.

Flexible working crops up time and again as an issue which is important to the LWLN. This report gives us compelling reasons to act. There are economic drivers, like the amount spent on agency staff, and the cost of staff turnover and recruitment; workforce drivers, such as how to support a more diverse talent pipeline; and social reasons, like how the NHS can be a role model for change, providing quality part-time and flexible work. This report sets out the reasons for positive change, and begins to signpost some of the ways to make this happen.

With equality and diversity making waves in all areas of our communities, now is the time for action. Working life no longer takes place from Monday to Friday, between 9am and 5pm. By providing our staff with a more flexible working pattern, we will enable a better work-life balance for them. We hope that this report empowers you to get involved and encourages you to *be the change you want to see.*

Anne-Marie Archard
Director
London Leadership Academy

> "If you have kids, you need a partner who's flexible, or a family who can cover the childcare. If you don't have that, you can't be a nurse."
>
> **BAND 5 NURSE**

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FOREWORD FROM TIMEWISE

The NHS is facing a once-in-a-generation staffing crisis. And the situation will worsen unless it is tackled head on.

As we at Timewise know, flexible working is a key part of the solution to staff attraction and retention. We have spent 12 years helping organisations of all shapes and sizes improve their flexible working and hiring practices. This includes designing and piloting flexible jobs in sectors with complex requirements, such as retail and social care.

In the last year, we have begun working with a range of NHS Trusts[1] to scope how flexible working can enhance their ability to retain staff. We are also conducting an action research project to help NHS Trusts retain nurses within a 24/7 workplace. We have been struck by the NHS's under-developed approach to flexible working, and believe that changing this approach would create huge opportunities for retaining talented people.

Flexible working is becoming the norm across UK workplaces. 9 in 10 UK employees want or need it, and forward-looking organisations are responding by introducing it at all levels. The demand is there; the social case is clear; and the time is right for NHS Trusts, policy makers and other professional bodies to take action.

Claire Campbell
Programme Director
Timewise

1. Birmingham Children's Hospital, Nottingham University Hospital, Southampton, Guys and St Thomas, Gloucester Care Trust

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EXECUTIVE SUMMARY

The staffing crisis in the NHS has the organisation close to breaking point. Large numbers of staff are leaving, with many citing work-life balance as the primary reason. Recruitment is proving challenging, vacancies remain unfilled, and agency costs are spiralling as a result.

Yet, while flexible working is central to tackling these issues, there is no clear definition of what flexible working means within the NHS. Furthermore, the organisation tends to operate on a request-response model, in which flexibility is seen as a problem to be accommodated, rather than a way to meet the non-work needs of all staff. The variety of roles and ways of working adds further complexity, with different solutions needed for shift-based working.

The solution is to redesign jobs and working practices for all, taking into account the specific clinical and operational constraints in each profession, job role and specialty. This innovative approach to flexible job design will create role-specific flexible options, for staff at all levels, and will help the NHS:

- Reduce the number of people leaving
- Reduce the amount spent on agency staff

- Attract new staff
- Improve the gender pay gap and help women progress
- Promote local workforce inclusion and become an anchor institution.

We therefore recommend that the NHS implements a three-part Action Plan for Flexibility, to drive sustainable change:

- **Define what flexibility means**
  Develop a clear definition and vision for flexibility in the NHS.

- **Design flexible roles**
  Create flexible job design options for each profession, job role and specialty.

- **Develop a flexible culture**
  Build organisational cultures across the NHS which drive and promote flexible working at team level.

By doing so, the NHS will be able to deliver a 24/7 environment which works for everyone, whatever their other responsibilities. The result will be a dramatic increase in the organisation's ability to attract, nurture, develop and keep its hard working, talented staff.

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WHAT DOES FLEXIBLE WORKING MEAN IN THE NHS?

The recent publication of the NHS draft workforce strategy[2] highlights the need to improve approaches to flexible working. However, there is no agreed definition of what flexible working means within the NHS.

In line with legislation, all NHS organisations have a policy which recognises the right to request flexible working. However, a scan of policies communicated by Trusts and NHS Jobs (see box) demonstrates the prevailing sense that flexible working is most appropriate for people with young children or other caring responsibilities.

Flexible working in the NHS tends to be seen as a 'problem' to be 'accommodated'. It therefore needs to be rationed and requires a 'good' reason, which is usually understood to be childcare. This positions non-work needs as an inconvenient exception to the medical norm of devotion to the job, and always putting work before non-work. Requesting flexible working can make individuals feel that they are inconveniencing colleagues or letting down patients.

Given that 9 in 10 UK workers want to work flexibly,[3] this request-response approach to flexible working – waiting for individuals to ask – is extremely outdated. And it is certainly not maximising the opportunity to solve the recruitment and retention problem faced by the NHS.

A MORE PROACTIVE APPROACH TO FLEXIBILITY

The alternative is to take a proactive approach, in which employers openly explore and acknowledge all employees' work-life balance needs, based on an understanding that everyone has a life outside of work. At the same time, employers need to set out clearly the operational constraints on what is possible in different types of job. Jobs can then be designed to meet the needs of both sides – and flexibility can be made available to everyone.

The Timewise Flexibility Maturity Curve represents the journey through these different approaches – moving from a reactive request-response model to a proactive job design model.

WHAT THE NHS JOBSITE SAYS ABOUT FLEXIBLE WORKING

- **Part-time roles and job-share opportunities are often available, as well as term-time only, evening and weekend positions.**

- **The NHS may also be able to help with childcare, including nursery care, after school clubs and emergency care.**

- **If you are studying for a qualification, raising a family, or juggling other responsibilities, we will do everything we can to combine these commitments with your work.**

- **Many people in the NHS take an extended break to look after young children or other dependents who need special care.**

Source: jobs.nhs.uk

THE TIMEWISE FLEXIBILITY MATURITY CURVE

We proactively encourage it

We openly support it

We welcome it, but still reactively

We accommodate it, but only when someone asks

We tolerate it, reluctantly

1. 2. 3. 4. 5.

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2.   https://hee.nhs.uk/our-work/workforce-strategy
3.   Flexible Working: A Talent Imperative, Timewise, 2017

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EXPLORING THE MEANING OF FLEXIBILITY

One complication in the NHS is the use of the term 'flexibility' in projects to improve productivity and efficiency, often led by the use of technology. While this kind of 'flexibility for cost-cutting' can sometimes overlap with 'flexibility for work-life balance', it doesn't always do so. So it is important to be clear about which kind of flexibility is being discussed – because they will have different outputs.

In principle, flexible job design for work-life balance concentrates on when, where and how much people work. Although this works well for many jobs, including administrative and management roles within the NHS, some clinical roles present specific challenges. In a 24/7 operation such as this, working patterns are built around a shift system. This is complex and time-consuming to plan, and needs to take a range of different requirements into account.

> "I go through periods where I don't know what day it is or what's going on – you just have to fit in to the rota and cover the shifts."
>
> **BAND 6 NURSE**

In shift-based environments, work-life balance is affected by three elements:

- **The variability or predictability of the schedule.** The pressure to fill gaps in a roster means that an individual's schedule can vary dramatically from week to week. The problem for many NHS staff isn't a lack of flexibility, but too much variability, over which they have no control.

  As a result, those with personal caring responsibilities are often granted a 'flexible' working arrangement – which actually means a 'fixed' working arrangement: a special agreement which specifies particular days when the individual works, or doesn't work.

- **The degree of input or control which the individual exercises over their schedule.** This is critical for achieving work-life balance in a shift-based environment: 80% of nurses who work for agencies do so because it gives them more control over shifts.[4]

- **The amount of advance notice of the schedule.** This can vary from a whole year in some environments, such as some police and fire services, to a week or even just a day for many domiciliary care workers.

The NHS needs to find ways of tackling all three of these elements if it is to attract and retain staff who work shifts.

4.   https://www.hclworkforce.com/blog/agency-nursing-under-the-microscope/

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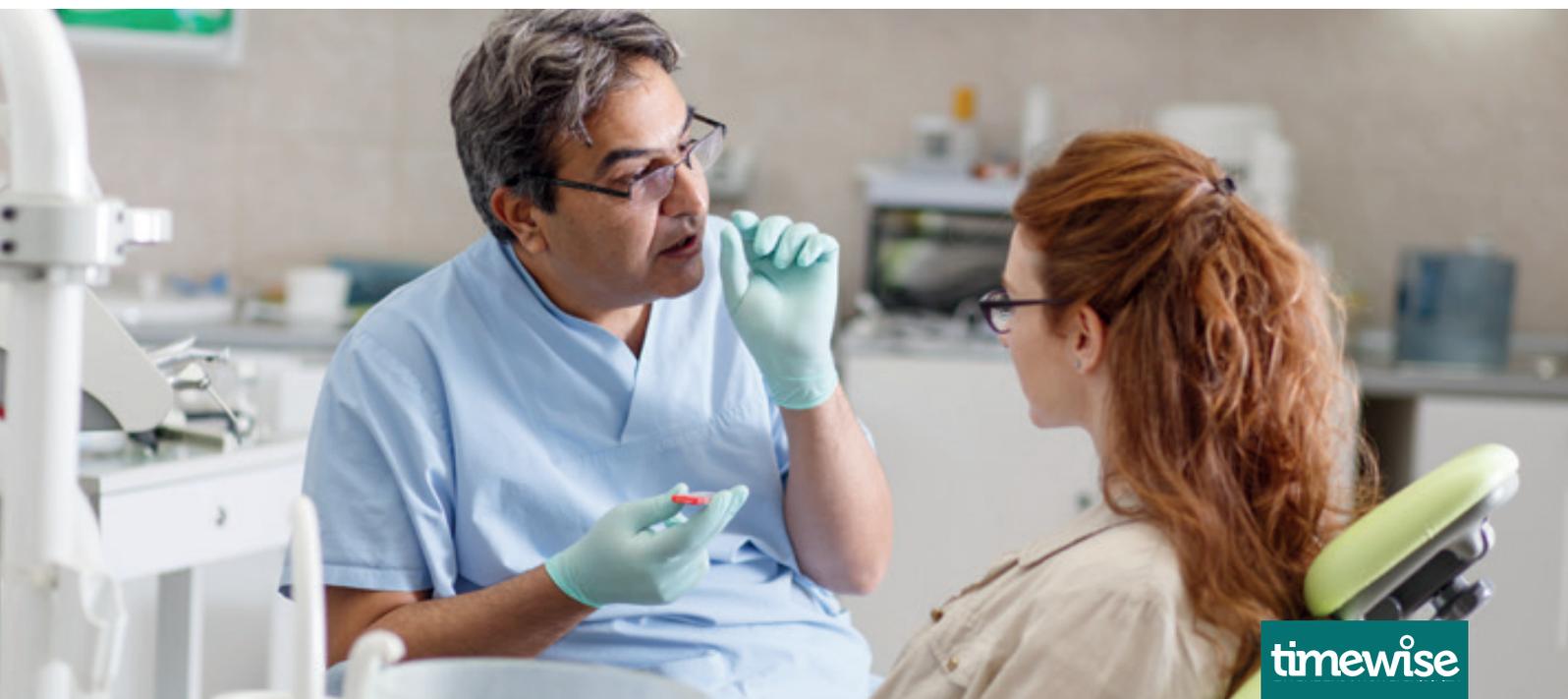
FIVE REASONS WHY THE NHS NEEDS TO TAKE ACTION ON FLEXIBLE WORKING

1. TO REDUCE THE NUMBER OF PEOPLE LEAVING

In recent years, the NHS has found it increasingly difficult to hold onto its staff – for a variety of reasons.

The NHS exit data show that the two most common reasons for leaving the NHS are retirement and relocation.[5] The continued impact of the pay cap is also an important factor.

However, poor work-life balance and a lack of flexibility are also key reasons for leaving. Indeed, **56,000 people have left the NHS since 2011 citing work-life balance as the primary reason.** [6]

A recent study examined the top five causes of job dissatisfaction for UK hospital doctors and nurses.[7] Poor work-life balance was top for doctors aged 18-45 (more important than pay), and third for doctors aged 46+, while the lack of flexibility of shifts was the second most important cause for doctors aged 18-25. For nurses, work-life balance came first for those aged under 35 (more important than pay), and second for those aged 36+ (after pay).

Improving work-life balance and access to flexible working could therefore have a direct impact on retention, particularly for younger clinical professionals, whose expectations are different from those of older generations.[8]

It is worth noting that flexible working could also be a practical way to ease into retirement, which could keep experienced staff on board for longer.

EVIDENCE FROM OTHER SECTORS

75% of employers say that flexible working has a positive effect on retention, and 73% feel it improves staff motivation.[9]

91% of female and 84% of male full-timers (across all UK industry sectors) either work flexibly already or wish they could.[10] The most common reason cited was to have more control over work-life balance.

The highest demand for flexible working comes from the youngest age group (92% of those aged under 35).[10]

In a study of flexible workers undertaken by Cranfield University:[11]

97% of managers said the quantity of work produced by their flexible workers improved or stayed the same.

93% of managers said the quality of the work produced by their flexible workers improved or stayed the same.

KEY HEADLINES FROM 2017

10,000 EU staff have left the NHS since the Brexit vote

Source: National Healthcare Executive

GPs are leaving the NHS at a rate of 400 a month

Source: The Financial Times

More nurses are leaving the NHS than joining it

Source: The Independent

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5.   https://data.gov.uk/dataset/nhs-workforce-reasons-for-leaving
6.   https://data.gov.uk/dataset/nhs-workforce-reasons-for-leaving
7.   Time to care: Securing a future for the hospital workforce in the UK Deloitte, 2018
8.   http://www.nhsemployers.org/news/2015/08/mind-the-gap-exploring-the-needs-of-early-career-nurses-and-midwives

9.   Flexible Working Provision and Uptake, CIPD, 2012
10. Flexible Working: A Talent Imperative, Timewise, 2017
11. Flexible Working and Performance Cranfield University/ Working Families, 2008

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2. TO REDUCE THE AMOUNT SPENT ON AGENCY STAFF

Despite attempts by the NHS to reduce their reliance on agency staff, the bill remains high. English providers spent £3 billion on locum doctors, nurses and other staff in 2016-17.[12]

The key element here is control: 80% of nurses doing agency work cite 'more control over shifts' as the primary reason for choosing this way of working.[13]

The result is a negative cycle for the NHS, in which staff choose agency work to get more flexibility, which reduces the number of permanent staff available, which forces managers to rely further on agency staff.
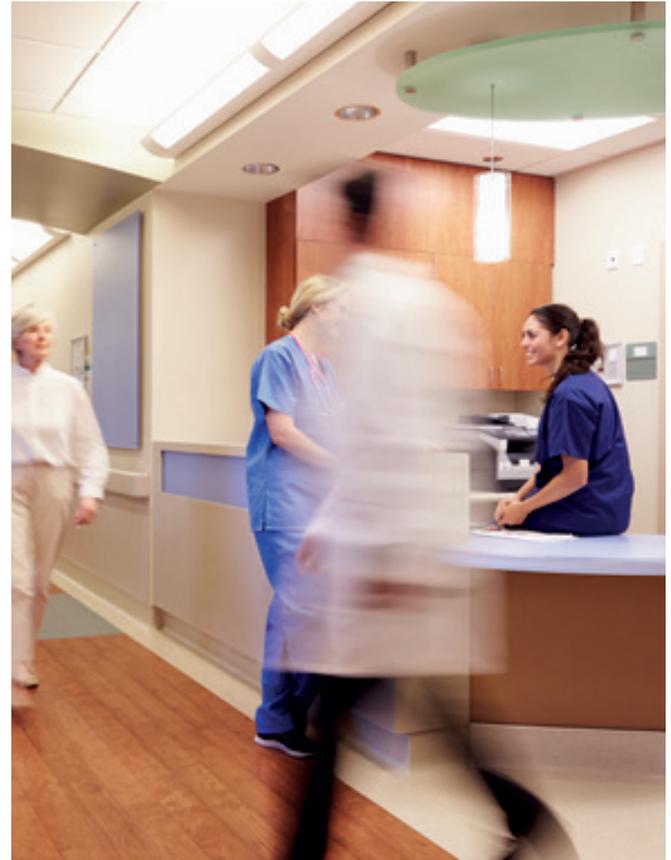
REASONS CITED BY NURSES FOR WORKING THROUGH AN AGENCY[14]

80% More control over shifts

67% More control over hours

67% Better pay rates

49% Better work-life balance

40% Experience in new area

"From the perspective of agency nursing staff, their overriding motivation for choosing this type of work is enhanced flexibility, for both those working solely as an agency nurse and those combining it with other work. The primary driver is the search for optimum control over shift work and choice over the number of hours worked."[15]

ROYAL COLLEGE OF NURSING REPORT, 2016

12. Time to care: Securing a future for the hospital workforce in the UK Deloitte, 2018

13. https://www.hclworkforce.com/blog/agency-nursing-under-the-microscope/

14. Agency nursing under the microscope: Understanding flexibility in the NHS https://www.rcn.org.uk/professional-development/publications/pub-005801

15. RCN Research Paper, 2016 https://www.hclworkforce.com/wp-content/uploads/2017/08/RCN-Research-Paper-v2-web.pdf

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3. TO ATTRACT NEW STAFF

Recent figures from NHS Improvement show a vacancy rate of 10% for nurses, 8% for medical staff and 7.5% for other staff.[16] According to Health Education England,[17] the situation is particularly bleak in London and the south-east where, for example, the nursing shortfall stands at 12.4% (compared to 6.7% in the north). There has been a 96% drop in the number of EU nurses who have registered to work in the UK since Brexit.[18]

What's more, figures from April to June 2017[19] clearly showed the difficulties faced by NHS recruiters:

- A drive to recruit 2,545 nurses in north-west London only resulted in 42 vacancies being filled – less than 2% of the number they were seeking.

- Hospitals in the Thames Valley managed to fill just five of the 1,957 nursing vacancies advertised between April and June – a success rate of 0.25%.

EVIDENCE FROM OTHER SECTORS

Although **9 in 10 UK employees want to work flexibly,**[20] the 2017 Timewise Flexible Jobs Index found that only 9.8% of jobs paying more than £20k were advertised with flexible working options.[21]

This **huge gap between supply and demand** means that organisations offering flexibility are likely to attract the best talent.

93% of job-hunters who aren't currently working would prefer to work part-time or flexibly[20].

16. https://nhsicorporatesite.blob.core.windows.net/green/uploads/documents/Performance_of_the_NHS_provider_sector_for_the_month_ended_31_December.pdf
17. https://www.hee.nhs.uk/
18. http://www.bbc.co.uk/news/health-40248366
19. https://www.theguardian.com/society/2018/jan/23/nhs-england-recruitment-crisis-nursing-vacancies
20. Flexible Working: A Talent Imperative, Timewise, 2017
21. https://timewise.co.uk/wp-content/uploads/2017/06/Timewise-Flexible-Jobs-Index-2017.pdf

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4. TO IMPROVE THE GENDER PAY GAP AND HELP WOMEN PROGRESS

The requirement by the Government Equalities Office for all organisations with over 250 staff to publish their gender pay gap has put the issue firmly in the spotlight. The NHS has some of the largest pay gaps in the public sector, with 9 out of 10 Trusts[22] reporting a gap.

Whilst there are many reasons why an organisation may have a gender pay gap, a core reason in the NHS is that there is a lower proportion of women than men in more senior, higher paid positions.[23]

Although 77% of NHS staff are female, this is not reflected at the highest levels. Many women fear that asking for flexibility will negatively affect their career progression, or feel they have to sacrifice progression in order to keep their flexibility. These attitudes can exacerbate the gender pay gap.[24]

"Old-fashioned approaches to flexibility in the workplace and a lack of support for those wishing to re-enter the labour market are stopping employers from making the most of women's talent and experience... Flexible working for all lies at the heart of addressing the gender pay gap."

WOMEN AND EQUALITIES COMMITTEE[25]

In order to secure the pipeline of female talent and address the gender pay gap, the NHS will therefore need to ensure part-time and flexible work is available at all levels.

"In the NHS, flexible working is still a privilege rather than a smart way to do things. This stops a lot of women changing roles and going for promotion as they fear this privilege will be removed. I also think that people often work much longer than their hours to justify their compressed hours to colleagues."

NHS EMPLOYEE

EVIDENCE FROM OTHER SECTORS

Women are ambitious – but need flexibility to progress. In a 2018 survey[26] of over 3,000 women aged 28-40, which asked about their career ambitions:

73% of women were actively seeking career advancement – but 42% were worried about the effect of having children on their career.

Almost all (95%) felt that having flexibility to balance the demands of career and family or personal life was important.

The Government Equalities Office and the CIPD **recommend flexible working as a key route to closing the gender pay gap.**[27]

22. https://www.theguardian.com/society/2018/mar/27/nhs-councils-gender-pay-gap-deadline
23. https://www.nuffieldtrust.org.uk/news-item/the-gender-pay-gap-in-the-nhs-the-story-so-far#the-pay-gap-and-different-quartiles
24. https://www.pwc.com/gx/en/about/diversity/iwd/international-womens-day-pwc-time-to-talk-report.pdf
25. https://publications.parliament.uk/pa/cm201516/cmselect/cmwom-eq/584/584.pdf
26. https://www.pwc.com/gx/en/about/diversity/iwd/international-womens-day-pwc-time-to-talk-report.pdf
27. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664017/Gender_pay_gap_-_actions_for_employers.pdf

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5. TO PROMOTE LOCAL WORKFORCE INCLUSION AND BECOME AN ANCHOR INSTITUTION

As the largest employer in the UK, and one of the largest in the world, the NHS is ideally placed to take a leading role in driving inclusivity in the workplace.

Trusts are well positioned to act as anchor institutions, influencing the practices of their local community by offering more flexible roles and setting an expectation that their suppliers and related networks follow suit. However, as Michael Wood explains in a report in the Local Government Chronicle:[28]

"Hospitals tick every typical characteristic of an anchor institution, yet all too rarely at present do they think or act like one. Failure to do so limits the influence the NHS can have locally, yet it can also bring negative consequences for the wider local economy."
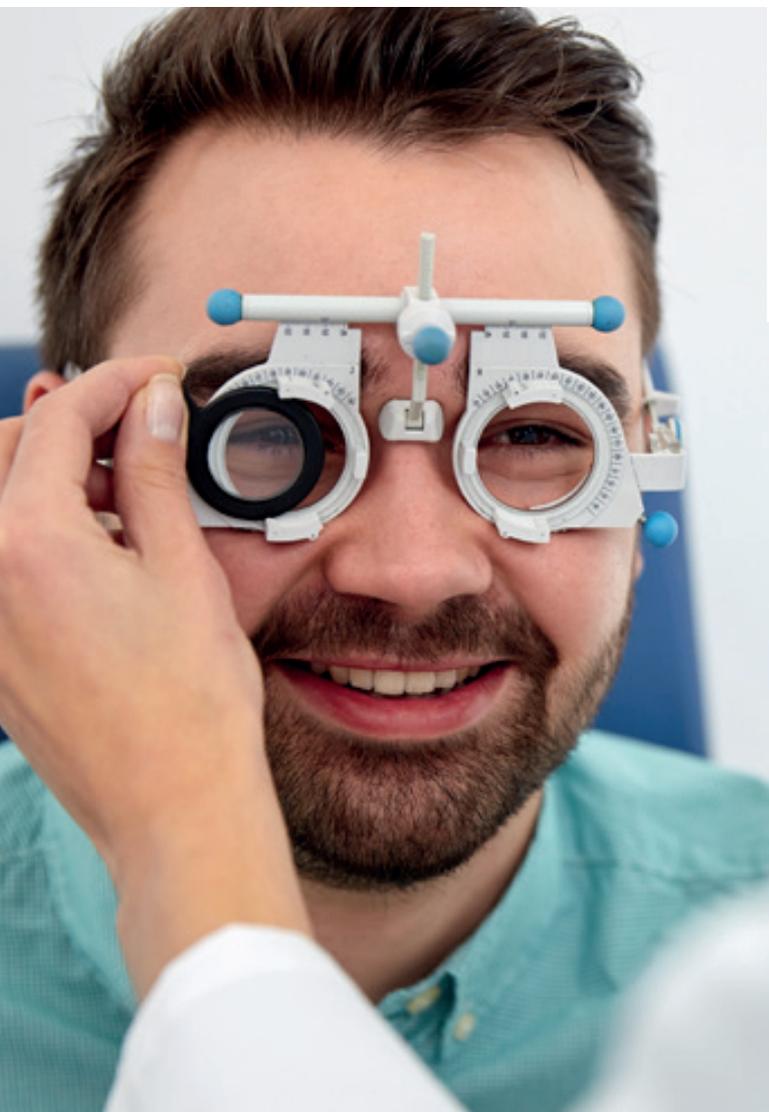
EVIDENCE FROM OTHER SECTORS

Flexible working **increases workforce participation** by a range of groups, from parents and people with other caring responsibilities to those with long-term health conditions and disabilities.

Timewise research has shown that **1.5m people are trapped in low-paid** part-time work below their skill level and 400,000 people are out of work because they can't find quality flexible jobs.[29]

Two-thirds (62%) of single parents have seen no or few jobs they could apply for advertised part-time.[30]

39% of carers have taken a less-qualified job or turned down a promotion because of caring responsibilities. 49% of carers have given up work altogether.[31]

28. https://www.lgcplus.com/services/health-and-care/michael-wood-hospitals-must-act-like-anchor-institutions/7022730.article

29. Stewart E and Pivand P, 2016, How flexible hiring could improve business performance & living standards, Joseph Rowntree Foundation

30. Gingerbread and Netmums Survey 2012

31. Carers UK, 2016, State of Carers 2016

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CURRENT FLEXIBLE WORKING PRACTICE IN THE NHS

While all NHS Trusts have a flexible working policy in place, as required by law, it is difficult to collect accurate data about how many NHS staff work flexibly. This is partly because many of the arrangements are local and informal, and also due to the lack of definition of what constitutes flexible working.

However, there is evidence from the NHS Staff Survey[32] to suggest that provision is uneven, and satisfaction with the provision similarly so.

As Table 1 shows, there is widespread variation in levels of satisfaction with opportunities for flexible working between different types of Trust, suggesting that different constraints apply. Ambulance Trusts have the lowest levels of satisfaction (41%), followed by Acute Trusts (47-52%), while Mental Health Trusts have slightly higher levels (54-56%). Community Trusts and CCGs have the highest levels (60-68%).

Variation between professions, specialties and job types is also widespread, as Table 2 shows. Again, ambulance staff have the lowest levels of satisfaction with opportunities for flexible working (33%), followed by pharmacy, medical and technical professionals (37-44%). Administrative staff do slightly better at 50%, while nurses and other clinical professionals do better still at 54-55%. The most satisfied groups are central functions and managerial staff at 62%.

Perhaps this isn't so surprising given that most NHS employers operate a request-response model; it is much easier to propose an individual flexible working solution if you work in an office. If you work in a shift-based environment, you know that having a flexible working arrangement means complications for the rota-creator and potentially unpopular shifts for your team colleagues.

TABLE 1: SATISFACTION WITH OPPORTUNITIES FOR FLEXIBLE WORKING, BY TRUST TYPE (PERCENTAGE OF STAFF)

	Average (%)	Maximum (%)	Minimum (%)
Clinical Commissioning Groups	72	94	36
Mental Health / Learning Disability Trusts	59	70	38
Combined Mental Health / Learning Disability and Community Trusts	58	64	50
Community Trusts	57	66	44
Acute Specialist Trusts	53	61	48
Combined Acute and Community Trusts	51	61	40
Acute Trusts	51	61	40
Ambulance Trusts	34	37	30

32. https://www.england.nhs.uk/statistics/2018/03/06/2017-national-nhs-staff-survey-in-england/

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> "The culture in the NHS needs to change to acknowledge that Monday to Friday, 9 to 5, is an exceedingly outdated way of working. By being flexible, we can get the best out of our staff, which has an impact on the experience we give patients and carers."
>
> **NHS EMPLOYEE**

TABLE 2: SATISFACTION WITH OPPORTUNITIES FOR FLEXIBLE WORKING BY OCCUPATIONAL GROUP (PERCENTAGE OF STAFF)

	Average (%)	Maximum (%)	Minimum (%)
Ambulance	30	69	6
Admin and support	51	93	6
Social workers and social care	59	87	31
Aligned health professionals/other clinical	56	100	14
Central functions / general management	69	100	30
Nursing	52	93	9
Medical / dental	42	88	0

This data points clearly to the need for different job design solutions for different types of job. Even among doctors, there are different constraints in different specialties, so jobs and working practices need to be designed to take specific circumstances into account.[33]

In particular, as we mentioned earlier, a different set of questions needs to be asked for shift-based jobs. Flexibility needs to be designed and refined to suit the specific needs of each role, team and workplace; what works in one profession may not work in another. More research into, or examples of, profession-specific flexibility would therefore be extremely useful.

On the following pages, we have included some examples from nursing, social care, a speech and language service and a Trust-wide approach.

33. http://www.medicalwomensfederation.org.uk/images/Download_-_MWF_-_Making_Part_Time_Work.pdf
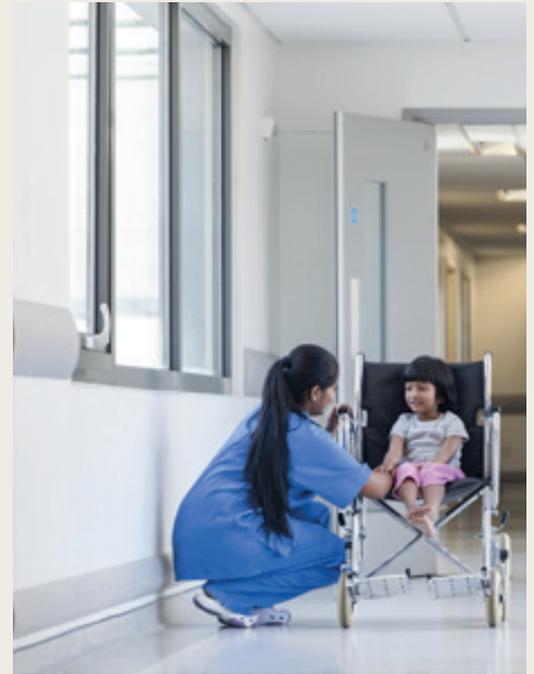
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CASE STUDY 1:

IMPROVING NURSES' INPUT INTO ROSTERS

BACKGROUND

In 2017, Timewise started an action research project on how flexible working could bring about the structural change needed to attract and retain nurses. The 18-month project, 'FLEX-Ability in Nursing', is being carried out in conjunction with Birmingham Women's and Children's Hospital, Nottingham University Hospital and University Hospital Southampton, and is supported by the Burdett Trust.

APPROACH

- The project targets one of the key elements of work-life balance for people who work in shift-based environments: the degree of input they have into their schedule.

- The approach is to create a team-based rostering process which encourages open discussion and negotiation of all work-life balance needs, not just childcare. The roster is put together by a small group of nurses on each ward, who take responsibility for ensuring that their colleagues' work-life needs are taken into account as far as possible.

- This 'lead team' collaborates not just on the rota production, but also on communicating and negotiating with the group. They also develop a better understanding of operational constraints, and of the impact of individual changes on the rota as a whole.

OUTCOMES

At the time of writing, the approach is being piloted by Birmingham Women's and Children's Hospital, after which it will be assessed and refined before being rolled out across the other two partner hospitals. However, early indications are that this approach:

- Encourages a sense of collective responsibility and cooperation in creating the roster

- Helps nurses understand how the system works, what the clinical and operational constraints are, and how their patterns affect the wider team

- Enables all staff to articulate their preferences, and improves the proportion of preferences which can be accommodated.

Regular project updates will be posted on the Timewise website.

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CASE STUDY 2:

TRAINING MANAGERS TO DEAL WITH FLEXIBLE WORKING REQUESTS

BACKGROUND

Derbyshire Community Health Services NHS Trust (DCHS) employ 4,400 staff across 133 sites. In 2017, the Trust's speech and language therapy service (SLT) set out to improve their flexible working policy, and empower team members to apply.

APPROACH

DCHS worked with union representatives to identify good practice and highlight any challenges that were standing in the way of a higher uptake of flexible working. They discovered that:

- Flexible working requests can be time-consuming to process, and take thought and compromise to resolve successfully

- Ensuring that there is enough cover across the working week can create additional challenge for managers

- Requests can sometimes be unworkable for the service, and not in the best interests of staff

- Requests to reduce the number of hours worked can lead to vacancies which either cannot be filled or make a post untenable.

In response, the Trust relaunched their flexible working policy, and set up a range of initiatives, including advising managers on how to manage their own workload and that of their teams, and introducing workplace health and wellbeing champions at key sites. They consider the following to have been key to the success of the process:

- Seeking support from senior leaders

- Empowering front-line managers to work directly with staff to balance their needs with those of the organisation

- Allocating time for managers and staff to meet, to enable a shared understanding of staff circumstances and business delivery requirements

- Encouraging managers to be creative and consider non-standard working patterns

- Ensuring that the criteria used to set e-rosters factor in flexible working arrangements.

OUTCOMES

Following the process, the Trust has reported that:

- 63% of SLT staff now have a flexible working arrangement in place

- SLT staff surveys have indicated higher rates of satisfaction than the Trust average

- Attendance levels in the SLT team are consistently above the DCHS average and retention rates are high

- Feedback from staff on their flexible working arrangements has been positive.

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CASE STUDY 3:

A GEOGRAPHICAL TEAM-BASED APPROACH TO ROSTERING COMMUNITY CARE

BACKGROUND

'Caring by Design'[34] was an action research project looking at how to enable domiciliary carers to deliver a high quality of care, while managing their own non-work responsibilities. Timewise delivered the project alongside community support provider Rathbone in 2016-17, with the support of the JP Morgan Foundation.

APPROACH

The research uncovered five structural constraints which make providing flexibility for carers particularly challenging in domiciliary care:

• The unpredictability of rotas

• The absence of slack in the system

• The requirement to work unsociable hours

• The amount of downtime in the middle of the working day

• The need to travel long distances between clients.

Timewise identified that a geographical team-based approach to scheduling could help overcome these constraints, and worked with a team at Rathbone to pilot this way of working.

By clustering support workers with a particular group of service users in a geographical area, travel times were reduced. This created room in the schedule for a weekly team meeting, where support workers' work-life needs and preferences could be discussed alongside service users' needs.

OUTCOMES

The Timewise/Rathbone pilot showed that the team-based approach:

• Gave carers greater input into their schedules, which was reflected in higher work-life balance scores

• Improved the perceived fairness of the scheduling process

• Reduced carers' intention to leave, and improved commitment to working at Rathbone

• Improved quality and continuity of care, because better teamwork and peer support increased knowledge about service users' needs.

Timewise created a seven-step process for implementing this approach, which is available for use by other care providers.

34. Caring by Design, Timewise, 2017. https://timewise.co.uk/what-we-do/research/caring-design/

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CASE STUDY 4:

IMPROVING THE FAIRNESS OF FLEXIBLE WORKING
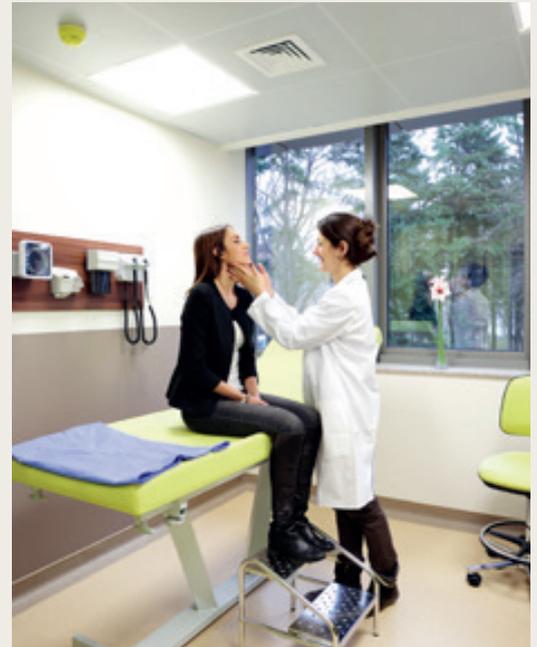
BACKGROUND

Guy's and St Thomas' Hospital NHS Foundation Trust (GST) have recently carried out a root and branch review of their flexible working policy.

The Trust became aware of a perception that unpopular shifts (such as weekends and nights) were being disproportionally allocated, and that the needs of those with flexible working arrangements (FWAs) were being accommodated at the expense of other team members.

They had previously switched from a traditional e-rostering process to a predictive rostering one, in an attempt to make the system both fairer and more efficient. However, it became clear that the switch had created its own, different difficulties, not least because staff perceived that their ability to take ad-hoc days off or swap shifts was being reduced.

The team therefore resolved to go back to basics, and look again at what they were trying to achieve through flexible working.

APPROACH

GST concluded that they needed to:

- Increase awareness around the potential for unfairness within each rostering system

- Understand how certain KPIs could be achieved by better use of flexible working (such as staff availability, allocation of leave)

- Rework their flexible working policy to incorporate regular review of all FWAs

- Build closer working relationships between ward teams, to create a better, shared understanding of the benefits for all.

WORK IN PROGRESS

At the time of writing, the refining process is ongoing. To date, the GST team have:

- Updated their flexible working policy

- Circulated practical guidance on how to make flexibility work for everyone, including clarifying what managers need to focus on

- Run a flexible working workshop for community nurses, looking at their specific flexible working challenges and how to overcome them

- Begun work in the Therapies team to develop a model for assessing the flexible status of each team

- Initiated three months of intensive support to clarify KPIs.

The intention is to reintroduce predictive rostering in September for teams for which it is appropriate, based on a clearer understanding of what GST's priorities are and how flexible working can be part of the solution.

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RECOMMENDATIONS FOR CHANGE

The inclusion of flexible working in both Jeremy Hunt's 2017 conference speech and the 2018 NHS Workforce Strategy were welcome developments. However, it appears that there is still confusion over what flexible working means in practice, and a lack of an agreed approach to implementing it.

We believe that there are three core principles which can contribute to the debate and help create robust flexible working strategies for the NHS.

- Flexible working is most successful when it is designed with the needs of both employers and employees in mind.

- Technology, whilst a useful tool in the flexible working process, is not a solution on its own.

- The variety of professions, roles and specialties in the NHS means there is no single solution which will work across the board: flexible working needs to be designed to match each specific team.

ACTION PLAN FOR FLEXIBILITY

With these principles in mind, we are proposing that key NHS organisations each need to play a part in revolutionising the approach. We have created a three-part Action Plan for Flexibility which sets out the key activities that will drive this change.

DEFINE WHAT FLEXIBILITY MEANS

Develop a clear definition and vision for flexibility in the NHS.

DESIGN FLEXIBLE ROLES

Create flexible job design options for each profession, job role and specialty.

DEVELOP A FLEXIBLE CULTURE

Build organisational cultures across the NHS which drive and promote flexible working at team level.

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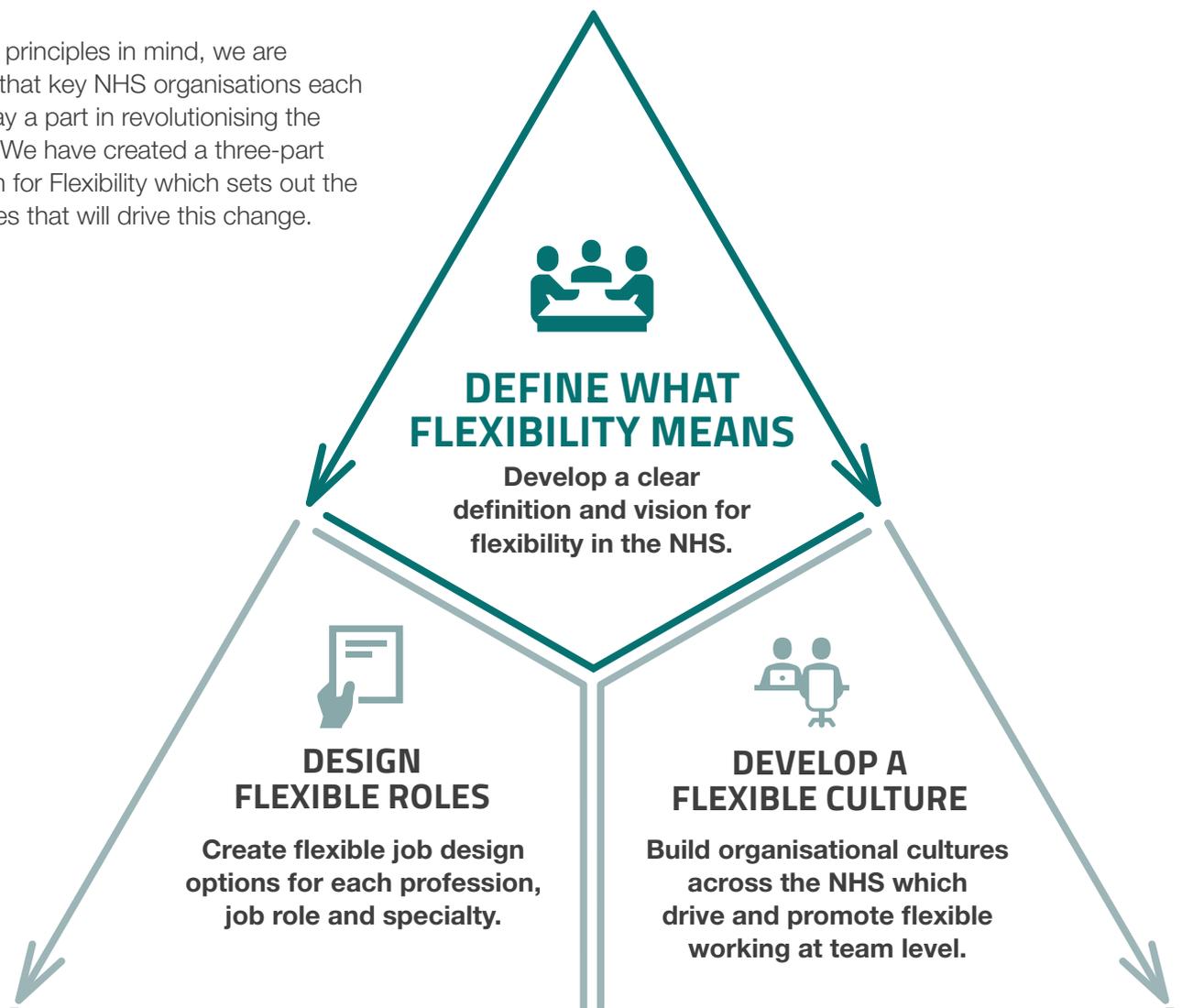
DEFINE WHAT FLEXIBILITY MEANS

TO BE LED BY NHSI/HEE

While the NHS can learn from how other organisations define and operationalise flexibility, it is critical to have a definition which is specific to the NHS context, taking both service needs and staff needs into account. The 2018 NHS Workforce Strategy presents an ideal opportunity to do this.

Workforce plans for the future need to be based on the understanding that a significant percentage of the NHS workforce want to work flexibly. Building this into how work is designed and resourced, rather than seeing it as a constraint, will result in plans which match the needs of the workforce.

DESIGN FLEXIBLE ROLES

TO BE LED BY ROYAL COLLEGES AND PROFESSIONAL BODIES

There is no single solution to implementing flexible working across the NHS. Flexible job designs and working practices need to be developed for each profession, job role and specialty, taking into account different operational and clinical constraints.

These working practices need to be developed based on an understanding that the demand for work-life balance is now the norm, not the exception. Pilot studies in each area are needed to work out the best options.

Once the pilot studies have concluded, examples of innovative practice need to be shared across each profession or specialty, between Trusts and with other employers across the NHS. By showcasing successful examples of flexible working, we will be able to challenge assumptions that certain roles or professions are unsuited to flexibility.

DEVELOP A FLEXIBLE CULTURE

TO BE LED BY SENIOR LEADERS AND HR DIRECTORS IN NHS TRUSTS AND ORGANISATIONS

Whilst the development of a vision and workforce strategy can come from the centre, local strategies are needed to implement changes in job designs and working practices. NHS Trusts and other employers have a vital role to play in upskilling leaders and managers to facilitate change.

This involves changing workplace cultures, and giving staff the skills and the permission to identify flexible working solutions which fit with the specific needs of their team. Leaders need to be supportive of flexible working in principle, and create a framework in which others can act. Staff networks and change ambassadors can also be a powerful force for organisational change.

Each employer can also develop flexible working practices for administrative and management staff, where learning from other sectors is more likely to be applicable.

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CONCLUSION

If the NHS is to tackle the current staffing crisis, and associated issues of agency expenditure and the gender pay gap, it needs to get serious about flexible working. That means moving from the current request-response model to redesigning jobs and working practices so that flexibility can be offered to all.

However, given that many roles within the NHS are shift-based, there is no single solution that will work across the NHS as a whole. So in addition to developing supportive cultures and behaviours across the organisation, leaders will need to ensure that flexible roles are designed and implemented for each profession, job role and specialty.

We are therefore calling on NHS leaders and policy makers to make defining and delivering flexible working a strategic priority. And we recommend the implementation of our three-part Action Plan for Flexibility, which sets out clear roles and responsibilities for all parts of the wider NHS team.

By doing so, the NHS will be able to offer flexible jobs that match both the needs of employees and the operational constraints of each role. It will improve work-life balance across the organisation, and act as a role model for others. And it will encourage talented, hard-working staff to stay and progress within this valuable institution.

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TALENT THROUGH FLEXIBILITY

Timewise is a multi-award winning social business and leading change agent that works to unlock the flexible jobs market in the UK. We share market insights on flexible working, job design and flexible hiring; deliver training and consultancy to help employers attract and develop the best talent; and conduct research such as our annual Flexible Jobs Index. We also run Timewise Jobs, a jobs board for roles that are part-time or open to flexibility.

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