Flexible working webinar
10 January 2019
Webinar agenda

- Introduction and welcome
- Resources to support your approach to flexible working
- David Jackson from Twin Kingdom Consultancy on the evidence to show how flexible working influences staff retention.
- Charlotte North from Calderdale & Huddersfield NHS Foundation Trust on how a change of culture can lead to creative offers of flexible working.
- Helen Watson from Birmingham Women’s and Children’s NHS Foundation Trust on being part of the Timewise pilot looking at how flexibility in a nursing setting can be made more achievable through team-based rostering.
- Questions and answers
Introduction

NHS Employers workforce retention programme:
- Launched April 2017
- AIM: Support employers with developing their approach to addressing registered nurse turnover and improving retention.

- FOCUS:
  Supporting new starters
  Development and career planning
  Flexible working, including flexible retirement
Improving staff retention: Flexible working


What is Flexible working?

Flexible working for **ALL**

Support for flexible working
- senior leadership
- line managers

- What’s the business case?
Improving staff retention: Flexible working

The business case can include:
- benefits for employers and all employees
- What are the consequences of not offering it?
- Examples where flexible working works well - senior roles?

“An aspiration to work part time does not equate to a lack of ambition.”

Laura Smith and Jenny Allen
Director of workforce job share partnership, Leeds Community Healthcare NHS Trust
Improving staff retention: Flexible working

- Balance - rosters & flexible working arrangements.
- Common types of flexible working arrangements.
- Other resources to improve retention:
Flexible Working and Supporting Older Workers
What are we talking about?

Part Time
Compressed Hours
Homeworking
Annualised Hours
Term-Time Working
Structured TOIL
Job Sharing
Varied Hours
This isn’t just about working mothers

- At different times in our lives, flexibility is valued for different reasons.
- Flexibility is increasingly becoming a key element in employee value propositions.
87% UK nurses who are female. (For midwives it is 99.6%).

27% UK nurses who say their work and home commitments ‘always’ clash.

47% Percentage of time men spend relaxing when their partner is looking after the children.

...for women the figure falls to 16% as they use the time to do other household jobs.

1 in 4 Women aged 50-64 have caring responsibilities for an older or disabled parent.

49 The average age of becoming a grand-parent in the UK.

50 The average age of taking on caring responsibilities for a parent in the UK.
Senior role modelling is crucial.

A culture of competitive exhaustion and presenteeism damages flexible working take up.

Tolerating these views will increase your turnover levels.
FLEXIBLE WORKING
at CHFT

Charlotte North
WHAT IS FLEXIBILITY?
WHY IS IT IMPORTANT?

• Colleagues tell us work life balance/flexibility is one of the top 3 reasons for leaving the Trust (relocation and development are the other 2)
• Sandwich generation – those balancing raising children with caring for elderly parents
• Flexipreneurs- want to work part time and pursue other ambitions
• It makes financial sense to address these needs to retain staff
• Impacts on attendance
• Impacts on morale and job satisfaction
• We believe happy staff deliver more compassionate care to patients
CULTURE & BUSINESS INTELLIGENCE

• Senior leaders recognising it is better to have good colleagues working what they are willing and able to work than not have them at all
• Leading by example—senior people working flexibly
• Being creative, different offers for different stages of peoples careers/lives

• Absence overall is down from 4.45% to 3.85%
• Turnover down from 11.34% to 8.93%
• Appraisal up 71% to 93%
RECENT RETIRE AND RETURN NURSING EXAMPLES

- Matron, retired and returned on same band to lead on international recruitment.
- Lead Nurse, retired and working 30 hours twilight shifts as HOOP lead
- Band 7 ward sister, retired and returned as a full time band 5 nurse
- Band 6 retired and returning as a part time band 6 nurse

Over 130 years Nursing experience retained in the Trust with just these 4 examples
## GROWING STAFF BANK

<table>
<thead>
<tr>
<th>Staff Group</th>
<th>Headcount 1 Dec 2016</th>
<th>Headcount 1 Jan 2019</th>
<th>Change in Headcount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative and Clerical</td>
<td>296</td>
<td>437</td>
<td>141</td>
</tr>
<tr>
<td>Additional Clinical Services</td>
<td>944</td>
<td>1185</td>
<td>241</td>
</tr>
<tr>
<td>Allied Health Professionals</td>
<td>58</td>
<td>109</td>
<td>51</td>
</tr>
<tr>
<td>Add Prof Scientific and Technic</td>
<td>32</td>
<td>98</td>
<td>66</td>
</tr>
<tr>
<td>Estates and Ancillary</td>
<td>36</td>
<td>72</td>
<td>36</td>
</tr>
<tr>
<td>Healthcare Scientists</td>
<td>5</td>
<td>23</td>
<td>18</td>
</tr>
<tr>
<td>Medical and Dental</td>
<td>127</td>
<td>527</td>
<td>400</td>
</tr>
<tr>
<td>Nursing and Midwifery Registered</td>
<td>1554</td>
<td>1904</td>
<td>350</td>
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</tbody>
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Future Plans:

• Maternity returners support
• Improving retire and return process by streamlining
• Develop monthly career clinics with Exec support
• Advanced E-Roster flexibility training for ward managers
• Flexible workforce pool
FLEX-Ability

Presentation for NHSE Webinar- January 10th 2019
Helen Watson, Associate Director of Nursing, Birmingham Women’s and Children’s NHSFT
Slides with permission from Dr Charlotte Gascoigne and Professor Kerry Jones
Plan of presentation

• Focus group findings
• Literature review findings
• Design of project
• Learnings from BWCH
• Preliminary findings from pilot
• Next steps
Focus group findings
Themes from focus groups

Flexible = fixed?
- When nurses say ‘flexible working’, they generally mean ‘fixed working’

Flexibility = efficiency?
- Flexibility as a form of efficiency (saving agency costs)
- ‘Fully flexible’ staff fill rota gaps at short notice, work unpopular shifts, and make no demands for personal time
Themes from focus groups

<table>
<thead>
<tr>
<th>Predictability</th>
<th>Childcare</th>
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<tbody>
<tr>
<td>• Nurses with unpredictable shift patterns reported far lower levels of work life balance than more senior nurses and those working in specialist roles</td>
<td>• Widespread acceptance that nurses with childcare requirements get priority for flexible arrangements (i.e. fixed working patterns)</td>
</tr>
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</table>
Themes from focus groups

<table>
<thead>
<tr>
<th>Self rostering</th>
<th>Fairness</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Those with experience of self rostering appreciated the greater flexibility and control...</td>
<td>• Senior staff get priority</td>
</tr>
<tr>
<td>• ...but reluctance to take ownership of the overall roster: “that’s not my job!”</td>
<td>• NQNs or recently-promoted nurses suffer</td>
</tr>
<tr>
<td></td>
<td>• Those without children suffer</td>
</tr>
</tbody>
</table>
“If you have kids, you need a partner who’s flexible, or a family who can do care. If you don’t have that, you can’t be a nurse.”
Literature review findings
Pros of self-rostering

• Empowerment: higher perceived influence on shift pattern, sense of control (Paget-Wilkes, Teahan) – and therefore WLB (Albertsen, Bailyn)

• Where it’s well-implemented, nurses see benefits both for their personal lives and for patient care (Bailyn, Drouin, Teahan), and for health & wellbeing (Drouin)

• Enables greater change (for good reason) in rosters, and better matching of needs than mechanical system (Drake)
Cons of self-rostering

- It’s hard with large groups (Bailyn, Silvestro) because complexity too great
- Implementation is hard: some nurses try to ‘game’ the system (Bailyn)
- Requires resources to train & communicate with staff (Silvestro)
- Doesn’t solve the problem of fluctuating shift patterns: some people (40%?) prefer fixed shifts (Ingre)
Work-life balance in shift-based environments

Depends on:
1. Predictability (variability) of rota
2. Degree of input the individual has into rota
3. Advance notice of rota

How well do nurses do on these three indicators?
Design of project
Team-based or self-rostering?

Self-rostering

- Focus is on individual (self)
- Can confuse ‘requests’ with ‘rights’
- Can be ‘first come, first served’

Team-based rostering

- Focus is on team
- Encourages understanding of roster constraints
- Encourages open discussion of everyone’s work-life needs
- Trains a ‘lead team’ who share responsibility and ensure fairness
Aims of project

The project aims to improve:
1. Understanding of the roster process
2. Input into working pattern
3. Collective responsibility for making the roster work
4. Understanding of others’ work-life preferences
5. Shift preferences met
Core principles

• Every nurse has a right to work-life balance
• All nurses are involved
• Transparency and openness about preferences
• Conversation about work-life needs is encouraged
• No judgement is made about the reasons for wanting a particular working pattern
• Producing a fair rota is a collective responsibility, requiring cooperation across the ward – and understanding of operational constraints
Participating trusts

• 3 Trusts:
  • BWC from Jan 2018 – 15-month pilot to March 2019
  • NUH and UHS from June 2018: 9-month pilot to March 2019

• 7 wards

• Approximately 220 nurses
Change process

1. Engagement with senior management
2. Select ‘lead team’ on each ward
3. Upfront communication with whole ward
4. Upfront training of lead team
5. 1:1 conversations with all nurses on the ward
6. Develop the roster
# Producing the first roster

<table>
<thead>
<tr>
<th>ROTA CYCLE STAGE</th>
<th>TASKS</th>
<th>TIMING</th>
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<tbody>
<tr>
<td>Gathering staff</td>
<td>Lead team members discuss individual needs with their sub-group members</td>
<td>4-6 weeks</td>
</tr>
<tr>
<td>preferences</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rota development</td>
<td>Lead team members build rota</td>
<td>2-4 weeks</td>
</tr>
<tr>
<td>Rota approval</td>
<td>Ward manager (or other person, as per Trust policy) reviews and approves rota</td>
<td>1-2 weeks</td>
</tr>
<tr>
<td>Rota publication</td>
<td>Rota published</td>
<td></td>
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Learnings from BWC
Key learning from BWC

1. Identify lead team members who have the right balance between being assertive and being caring: change those unsuited to the role

2. More training of lead team members on how to manage dissatisfied colleagues, including role-playing tricky conversations, articulating problems, providing the right language

3. More training on how to use e-roster, how to manage operational challenges and clinical constraints
Preliminary findings from pilot
Qualitative findings

• More open conversations about work-life needs. “I feel I have permission to talk about what I need now.” [Band 5]

• Nurses take more responsibility for managing any changes. “I got a text this week saying ‘I need to change my shift, but don’t worry, I’ve already done it.’ Before, this request would have come through to me to sort out; instead, the nurse has worked with her team to find a solution. That’s a great result.” [Ward manager]

• A fairer system. “I used to take on a lot of the unpopular shifts because I didn’t have any specific caring responsibilities or a FWA.” [Junior sister]

• Better understanding of the rostering process. “I think we can all see how complicated it is to put a nursing roster together, so I think many of us are more willing to compromise.” [Lead team member]
Findings from BWC mid-pilot survey

1. Input into roster: sufficient input up from 60% to 66%; insufficient input down to 9% from 20%
2. Understanding colleagues’ WLB: up from 58% to 70%
3. Collective responsibility: now at 75%
4. Understanding of roster process: up from 65% to 85%; insufficient understanding down from 35% to 15%
5. Preferences met? 48% ‘a lot’ or ‘fully’; 29% ‘enough’; 23% inadequate
Next steps
Next steps

• Measurement of five indicators at all three hospitals to check for improvement
• Publish findings
• Produce implementation guide for other hospitals
• DHSC-funded study of predictability in nurse rostering
Flexible working webinar

Question and answer session
Resources and support

View resources, guidance and good practice on the NHS Employers website:
www.nhsemployers.org/retention

Contact us:
Jessica Scrimshaw – Programme Lead
Adam Clarke – Senior Programme Officer
Ciara Luscombe – Senior Programme Officer

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