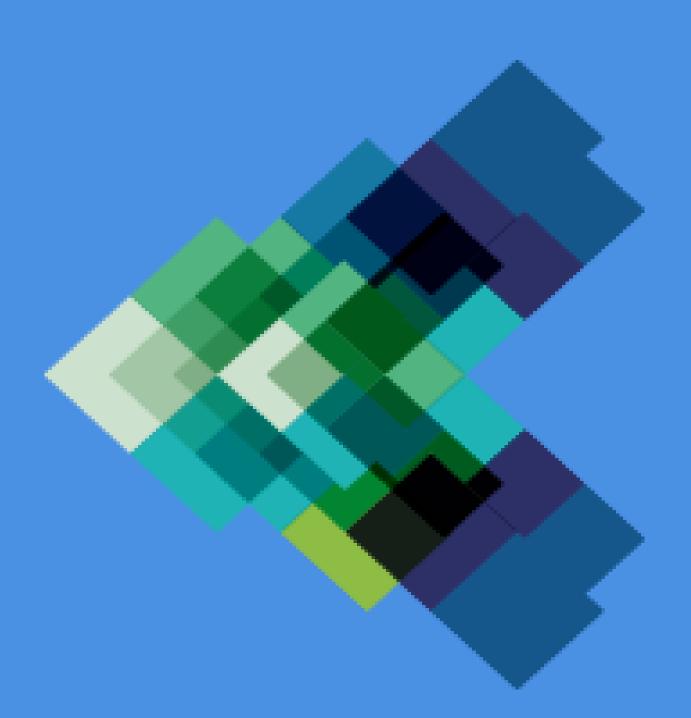
Flexible and agile working is not marginal to organisational performance, it's a cultural essential

A national survey of healthcare staff on flexible working



The Inspiring Leaders Network

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INTRODUCTION

From Kirstie Stott and Dean Royles, The Inspiring Leaders Network

There is a global workforce crisis in healthcare.

With not enough staff to meet rising demand, the World Health Organisation (WHO) estimate that by 2030 there will be a global shortage in healthcare of 18 million workers.

It is therefore no surprise that **the biggest issue facing the NHS is workforce**; staff recruitment, retention, training and support.

We not only need to attract more people to work in health we also need a new and more radical approach to people management, with flexible and agile working a core element of this.

This generational workforce challenge that is ahead of us affects everyone at all levels and almost every role in healthcare, from clinical to non-clinical staff, and all ages and genders.

This discussion paper is based on the largest national flexible working survey with healthcare staff ever undertaken, and includes discussions and insights from current leaders and those pursuing their careers.

We not only need to attract more people to work in health we also need a new and more radical approach to workforce management The survey was carried out by The Inspiring Leaders Network, working in partnership with Yorkshire and The Humber Leadership Academy.

More than **800 people** working in clinical and nonclinical roles across England responded, and the results show clearly the importance of flexible working to those working in healthcare, and the impact a lack of opportunity around flexible and agile working has.

Flexible working has to be seen as more than just reducing hours, occasionally working from home, job share or flexibility in roles. A cultural mindset shift is needed to ensure a more agile, home-based workforce can contribute to the ever-changing and ever-challenging healthcare needs of our population. A failure by policy makers and organisations to recognise and respond to this will exacerbate the problem.

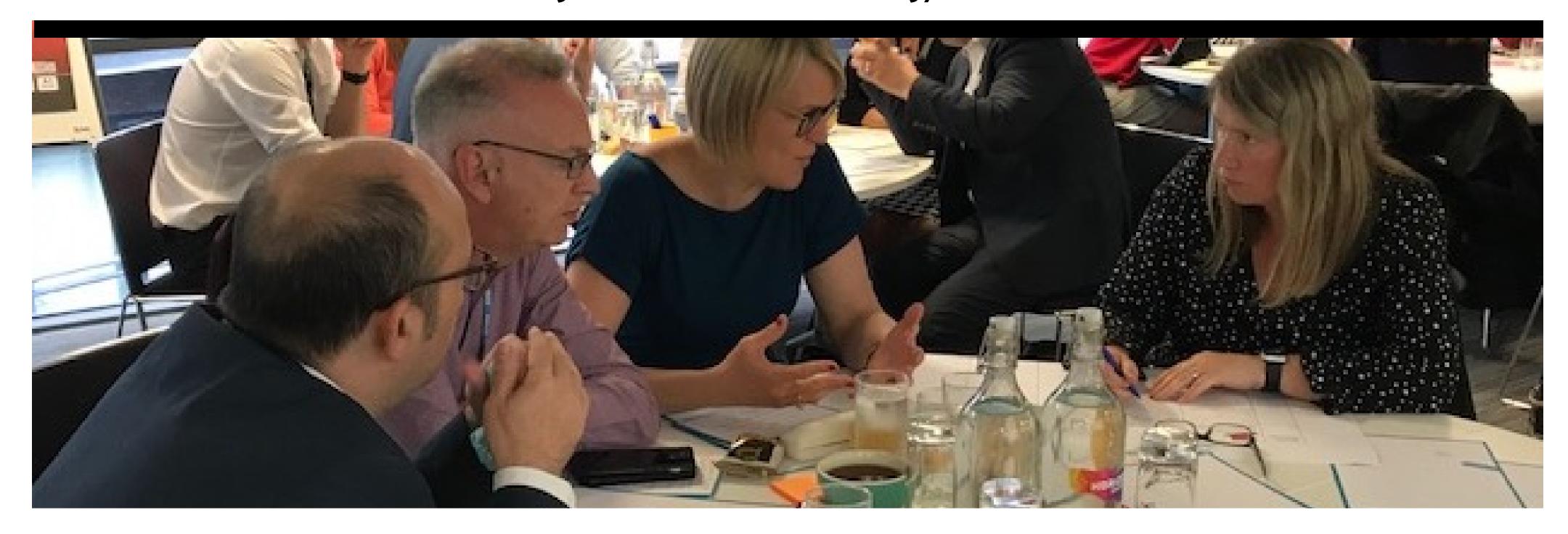
Acknowledgements:

With thanks to Yorkshire and The Humber Leadership Academy



Yorkshire and the Humber





BACKGROUND TO WORKFORCE STRATEGY IN THE NHS

The NHS Long-Term Plan sees a shift towards more integrated partnership working, collaborative working and transformation of both services and the workforce who deliver them.

The concept of ensuring care closer to home is not new, but we have not seen the transformational changes successive plans and policies have led us to believe.

This time the challenge seems even harder given the national and global healthcare crisis. The question is whether this burning platform will accelerate change or bring it to a stuttering halt.

Taking a new fresh and radical approach to workforce planning will begin to help us to meet the needs and fill the gaps and fragmentation in services that often exists in practice. However we can't simply plan for more of the same with the same type of working practices.

Many argue for population-based workforce planning, but we also have to **start planning jobs around people**, not simply hoping we can recruit more into the jobs as they are now designed.

The world of work is changing, and whilst many of us are aware of the benefits of having an agile and flexible workforce, such as productivity, efficiency, retention and recruitment, we need to shift our thinking about flexibility so it is seen as a cultural essential to thrive and sustain our services to the public.

We have not seen the transformational changes successive plans and policies have led us to believe



We have to move from 'accommodating' staff who request flexible and agile working, to developing our understanding of how work and health care can be built around the changing way that more and more people want to work.

If healthcare can't retain existing staff and attract new employees, there are plenty of other opportunities for people to take up.

The plethora of evidence, information and digital advancements are well known and if we don't fully embrace and move forward we risk alienating future potential staff and, importantly, existing staff, at a time when we should be supporting and engaging the talent of people wanting to be part of the workforce.

There are currently a significant number of vacancies across healthcare at all levels of the system. We know that there is an increasing number of people wanting more flexibility in the way they work both in terms of hours but also in terms of role.

Current demand and capacity gaps often lead to competitive practices that may be good for the organisation but have an impact on the sustainability of systems.

Taking a more flexible approach to workforce practices will enable systems to begin to really see the benefits of integrated care through more **joined up roles** and **multiform working** which will see a sharing of knowledge between services and help to **support a more holistic approach** for the people we serve.

Given we are working and living in a highly digital world it's not unrealistic to think that people will work differently and more flexibly, across sites, organisations and even sectors. As care is provided more in people's homes, so our staff can increasingly be home-based.

There are also tens of thousands of staff in support functions such as HR, Finance, Planning, Administration, IT and Informatics who don't need to be in the same place every day working a traditional '9 till 5'.

Multiform working enables and empowers people to work as a Nurse one day and in administration another, really harnessing the diversity of skills and knowledge of them as a whole person.



WHY DO THIS SURVEY NON?

The Inspiring Leaders Network have previously undertaken research into flexible working in the NHS and wanted to expand the findings to be more representative of the healthcare workforce.

The original study was of a number of Women's Networks and, whilst we know that women are often marginalised by lack of flexible working, it's important to recognise this is about the whole workforce regardless of gender, age or generation.

We need to stop thinking of flexible working as a 'women's' issue and recognise that both men and women want flexible working. Flexible and multiform working is essential for organisational and system performance with clear evidenced benefits in productively, efficiencies and health and wellbeing of the workforce.

There is now a need to develop and embrace a new narrative and mind-set around flexible working, to stretch thinking and be more innovative in a radical approach.

Fundamentally, we need a rethink about what we consider and think of as flexible working, and our thoughts attitudes and behaviours towards it.



Flexible working is so much more than just compressed hours or flexitime. Increasingly it is more around **where** and **when** people work and what they do when they are there.

There is a real opportunity to take advantage of the opportunities this offers, and to keep pace with other industries who are working differently and moving towards more workforce agility.

This is not just an issue for managers to solve, it is now about a **cultural shift** in healthcare to meet the ever-demanding workforce challenges ahead.

We need to stop thinking of flexible working as a 'women's' issue and recognise that both men and women want flexible working



KEY FINDINGS FROM THE SURVEY

The survey set out to identify the thoughts of a range of people who work in healthcare in England on flexible working. For the purposes of the survey, working flexibly was defined as 'part-time, reduced hours, agility, work from home, job share, compressed hours, flexitime, annualised hours'. What was also considered as part of the survey was 'diverse multi-form working' (sometimes referred to as multi hyphen working), offering flexibility in a role, such as taking on a mix of clinical and non-clinical duties.

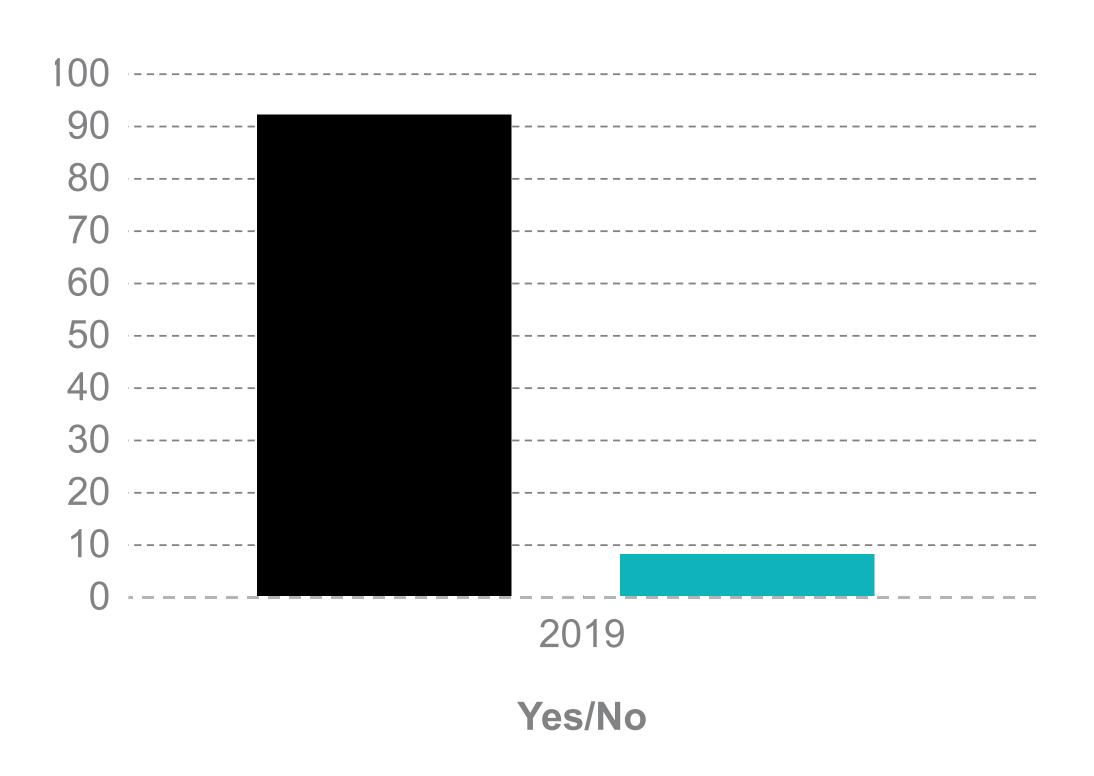
The survey was carried out electronically in March 2019 with 838 responses (nearly 45% of those approached).

The responses were from across the country, but the majority were in the North of England (71%).

96% worked in public sector healthcare, and 21% of respondents were alumni of the NHS Leadership Academy Programmes.

There was an approximate 50/50 split between clinicians and non-clinicians responding.

Is flexible working hours/place important to you?



The first thing to note was the overwhelming response to 'is flexible working hours/place important to you?'

Of the respondents, 92% said yes it was.

This is a very clear response from a significant sample across all roles, gender and geography across the NHS and is something which is therefore essential to take into account when local and national NHS organisations and systems consider their workforce attraction and retention strategies, as part of the current considerations arising from the NHS Long Term Plan.



The survey asked if, in the past, respondents had applied for a job role, which they have not taken due to lack of flexible working options. 19% said yes, and whilst this equates to 159 people it is clear that if people have accepted that lack of flexible working options is the cultural norm and the way things are done, this response doesn't capture the people who have left roles already due to this.

Moreover, it's clear from the survey that having a flexible option of work is highly important in people's next career move with 85% of respondents saying it is either very important or important, suggesting a need to ensure future roles across the system, and in organisations, are structured to maximise the potential attraction of new recruits and people looking to change roles.

When considering the workforce pipeline, agility and time. flexibility is an essential enabler. 44% of respondents said that lack of flexible working is a barrier to their career progression.

This is important to note as we develop future leadership capability in the system, and invest in development to progress, but fail to recognise the practicalities of working factors which impact on people's ability to contribute and add value. 69% of those who answered yes were women, which was broadly consistent across the regions that were surveyed.

All too often we see as the first response to a lack of women in senior leadership positions is the introduction of 'women' leadership programmes when it is clearly a system issue, not a skills issue, that is preventing career advancement.

Clearly there is a **gender disparity** in the opportunities for, and importance of, flexible working to advancing your career in the health service.

The previous survey carried out by the Inspiring Leaders Network demonstrated that job share was under-utilised with only 1.9% working this way, and this fell off completely in more senior positions. Again, this survey showed that of the 868 respondents only 3% job shared. This is a stark finding given that 42% of respondents said that they would consider a job share if it was available to them. There is a clear need to consider how this can be addressed as part of retention, recruitment and promotion strategies.

A flexible working approach should be individualised rather than taking a 'one-size fits all' approach. How one person wants to work is very much different to the next, and culturally we need to see our workforce as individuals and not groups of staff who work the same way.

What is apparent is that working flexitime and working from home/agile working was most valued by respondents, followed by the ability to work part-time

85% of respondents said it was important that there was a flexible option of work in their next career move



DIVERSE MULTIFORM WORKING

Let's implement some new thinking around flexible roles

Diverse Multiform Working (DMW) can help radicalise the way people work and help bridge the gaps in services.

DMW simply means having **flexibility in role** as well the hours/way we work. For example, enabling people to work 2 days as Matron and two days as an OD manager, possibly in a different organisation, taking on two roles instead of one.

Having a fresh and flexible approach to how we view our workforce enables staff to feel more **valued** and that they are **contributing**, supports **health** and **wellbeing** and enables people to feel more fulfilled in their roles.

With the rise of **portfolio working**, the NHS has the opportunity to fully embrace this approach whilst retaining, talent, skills, knowledge and experience.

Our workforce is multifaceted, diverse and highly skilled, and by thinking more creatively about how we work more collaboratively we can start to fill the gaps that exist and industrialise the sharing of knowledge.

The survey had a significantly positive response to DMW with 64% of those surveyed expressing an interest in working this way and there were an overwhelming 500 comments on DMW from the survey, the vast majority positive.

Giving up clinical work as you get more senior is a loss to all stakeholders

Splitting between ops and corporate functions would be great but the opportunity is limited at present. I am currently working corporately but have chosen to support an operational division over winter to retain some of my operational skills

Continuing being a clinician is of utmost importance to me, but I am also certain that I have a lot to offer as a leader. I need the opportunity to mix all these. Direct patient contact is still very important to me

This would be perfect for me. I have avoided management roles due to the difficulties combining this with clinical work

This is the way forward if the NHS is to retain experienced staff and recruit new staff





ADDRESSING THE CULTURE

The NHS has often been seen as progressive when it comes to equality, diversity and inclusion. Despite a lack of BAME representation in senior roles the NHS is still one of the country's most diverse employers.

41% of CEOs are women and a significant percentage work part-time. Many new industries are thinking radically differently about flexible and agile working, building and designing jobs around employees rather than forcing employees into existing and historic job role designs.

Agile working has its detractors with legitimate concerns about zero-hours contracts and exploitative practices for example. However, the NHS now has an opportunity to reimagine and redefine what a good and progressive employer of an agile or flexible worker can be, with employment guarantees and access to training, CPD, education and career prospects.

There are already a number of progressive employers in the NHS, innovating how they support their workforce to get the best out of them, support wellbeing and to add value. However, these are still in pockets and we now need to move towards being exemplars in this field.

There also needs to be a move from a paradoxical mind-set that people working flexibly are not doing a full job. Flexibility often seems to be tolerated and accommodated rather than promoted and encouraged; it's been suggested that people who work flexibly are often healthier, happier and more productive.

Chesterfield Royal Hospital Foundation Trust

As part of their workforce strategy and commitment to 'creating a great place to work' where people are valued, supported and appreciated, Chesterfield Royal Hospital Board of Directors are committed to creating a culture where flexible working is welcomed and encouraged and conversations start from a 'say yes' approach to flexibility.

This is aligned with the Inspiring Leaders
Network ethos of creating a 'Flexible First'
approach and is seen as a positive rather
than something to have to be
accommodated.

The Trust sees that to attract and retain people with a range of skills and experience, it helps staff to stay healthy and look after their wellbeing.

Chesterfield encourage and embrace a 'no rules' approach to flexible working and base decisions on conversations and if the service can be delivered and has no negative impact on role and health and wellbeing.

Their information guidance to staff welcomes a flexible approach to staff and offers information on different types of working alongside varied case studies including clinicians and senior managers and even a General Manager Job Share.

This is the sort of approach where the impact will be felt on the ground and will be seen positively by potential new staff and where all organisations should be aiming for.



We need to move away from thinking purely about hours worked and focus conversations around the actual work and outcomes.

With positive intent, we have viewed working outside of 'traditional hours' as something to be discouraged. For example, senior managers emailing out of hours but caveating this with there not being a need to respond to their emails out of hours if that is not a typical work pattern.

However, we know that, given the choice, a large proportion of people would like to work in a more flexible way, and this could include working early between 6-9am and after the traditional 5pm finish.

For many this would help to accommodate and manage complex lifestyles and we should be encouraging people to work in a way which meets both the service and their own personal needs. Moving the narrative from work-life balance to work-life flow.

We need to move away from thinking purely about hours worked and focus conversations around the actual work and outcomes.





IMPLICATIONS FOR POLICY, ORGANISATIONS AND SYSTEMS

A suggested way forward

Policies makers and regulators need to include flexible and agile working in assessing progressive employment practice.

Well led organisations should be able to demonstrate how their leadership enables flexible and agile working for their staff and the impact this approach has on the health and wellbeing of these staff, and the impact on patient care and service delivery.

Job adverts should actively welcome approaches to flexible working, making it clear organisations will do all they can to assimilate requests to flexible working. The assumption should be flexibility is possible in all roles.

Governments and policy makers need to see the public sector as an important area of the economy that can set the tone for flexible and agile working and in so doing attract talent to some of the most demanding and challenging jobs and roles in our society.

For too long the public sector has traded on a 'job for life' mantra. Stability and security are important, but we need individuals to see the public sector, and the healthcare sector in particular, as a job for 'their life'; a job that may change and a career that will be as agile as they are.

Organisations need to be setting the example and promoting **agile working**. There can be more home workers - particularly in support functions - and organisations and systems need to be gaining the benefits from this.

Policies and procedures around flexible working need to be rewritten and staff reassured that out of sight doesn't mean out of mind and know that they will still have access to supervision, training and career opportunities.

Trade Unions should be involved, working with employers to define progressive and agile working practices.

Managers will need training and encouragement on how to manage a more distant and flexible workforce and embrace a **new style of management** which is more facilitative and empowering to support their teams.

With a shift to **integrated working** at both place and across the wider system, workforce transformation needs to consider how agility, flexibility and multiform working can help support and bridge the gaps.

Building relationships across sectors and **collaborating** to support service need and demand will require a radical shift in **workforce agility**.

There is a responsibility of system leaders to support and rethink the way their workforce will work across traditional boundaries and how having a fresh approach to what is seen as normal practice will help enable them to recruit and retain the right people, with the right skills and mind-set to work through and in these challenging times.

For too long the public sector has traded on a 'job for life' mantra



WHAT DOES THIS MEAN FOR INDIVIDUALS AND LEADERSHIP DEVELOPMENT?

experienced staff, including many men, leaving full time employment to take up more flexible consultancy/freelance work. With senior roles being more demanding the NHS is at risk of falling short of supporting retention of this experience.

Increasingly staff have been taking up agency or bank roles to give them the flexibility and agility they seek. However this means that they often sacrifice training and development in this semi-detached form of employment. A culture of encouraging flexible and agile working can also reconnect employees, ensuring greater scope for training and development better access to career development and opportunities.

In terms of leadership development, we have put a premium on the visibility of leaders. A more agile and flexible workforce makes that even more challenging.

There will need to be a shift in how we develop both leaders and managers to become more facilitative, empowering and connected to enable them to lead and manage an agile workforce. Both will be essential and it will be important to view leadership and management development as two halves of the same whole.

Over recent years there has been a rise in Leadership development programmes will need to include information and insights on leading organisations and systems with an increasing number of staff working flexibly. This has implications for ensuring staff are connected to values, communication channels and how staff are developed and supported.

> Personal contact and face to face discussions will always be important but we need leaders to be more confident in being visible and communicating through new technology and social media. An important 'virtual visibility'





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The Inspiring Leaders Network is a fast-growing, innovative organisation which supports people to think differently, work collaboratively, increase diversity, build stronger relationships and to flourish and thrive.