

## Rachel London

Deputy Director of Workforce

**Liverpool Women's NHS Foundation Trust**

# Flex for the Future has given us a structure and a real impetus to make change

### **Why did you apply for the NHS Flex For The Future?**

We needed a culture change. Our approach to flexible working has historically not been very receptive. New, younger entrants to the professions have higher expectations of what they want in terms of work life balance and their working environment. Attracting staff is very competitive so we needed to be more agile. Covid has shown us that we can introduce a much higher degree of flexibility for our corporate staff, so how do we reflect that for our clinical staff?

### **How did you form your change team?**

We tried to capture all our main specialities so we had a roster manager, a junior doctor, a maternity matron, a senior nurse from gynaecology and me. Everyone was enthusiastic about making significant changes.

### **Were there many different perspectives in the group?**

People's perspectives were quite interesting. Our junior doctor reflected her own challenges of trying to balance her career with her home life as a mum of young children. The hours of junior doctors might have improved over recent years but there's still the perception that you need to be present and putting in the hours. She said that it was very difficult for rotas to accommodate people having fixed days off because their colleagues have to work around them. So we became aware that the practical logistics of rota management would be really important.

### **Did you come across any other interesting perspectives?**

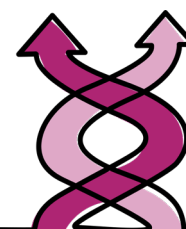
Ward based nursing, midwifery and support staff told us they work in a rigid way. They are not empowered to make changes in their roles which often leads to them feeling disengaged. So, in the project group, we said, 'Why not give them more autonomy over their working hours? And how can we practically do that?'

### **What did you find most useful about the programme?**

The materials provided on this programme were really high quality and mean that I now have a bank of resources I can refer back to whenever needed. Also, the drop-in sessions worked well. You could say, 'I'm not making any progress here, I'm feeling a bit overwhelmed.' And other people would say, 'Well, what about this? What about that?' That was very helpful.

### **What was the biggest shift you noticed?**

At the beginning, people weren't very sure about it and just thought it was an HR thing, but as we went on we saw an increased level of buy-in to the concept of flex. There was a realisation that flex is important and that we need to offer more than 'take it or leave it' with job descriptions when we're fighting to attract and retain good staff.



### **How has the programme helped?**

It has given us a structure and a real impetus to make change. When you're part of a small trust you don't have the infrastructure to help progress ideas, so this really helped. Gaining the external knowledge about flex through the course has been helpful too.

### **What changes has the programme inspired?**

It's highlighted some key areas that we weren't really thinking about. There are particular issues around community midwifery and how they could work differently, as well as challenges within the medical workforce that just weren't on our radar. So, now they've become key focus areas for us to look at.

### **What actions have you taken as a result of the programme?**

We've recently employed a retention lead midwife so I've been working closely with her on listening events so we can understand more of the issues and support staff individually. She's already gathering information on flexibility and how it could enrich people's experiences.

### **What's next?**

It is so important to get the nursing and midwifery leadership on board, but they are so busy and pulled in lots of directions. We don't want this to be an 'HR initiative' so we will be presenting our findings as a joint project approach. It's often a problem that people feel resentful if they think an initiative has been forced on them. Having nurses and midwives in our change group will be important to help with that.

### **What challenges have you come across?**

It's been the usual operational difficulties. It has been good working in a multi-disciplinary team. At the start people were perhaps too conscious of different roles / bands and didn't speak up, but soon people got used to seeing each other in a different forum.

### **How would you improve the programme?**

For us, good rostering practice is going to be a difficult issue so I'd like to see more nitty gritty examples of exactly how big departments and big organisations are making flex rosters work. It's often down to the ward manager to create their rotas but they're already under a lot of pressure. They're often on a very tight budget and having to build in time for management training, sick days and study leave so how can they accommodate different working schedules even if they want to? It's a struggle and I'd like to see how other people are making it work.

### **What advice would you give to any other organisations considering the programme?**

I would say keep tight control and scheduling of your project team meetings and make sure that people prioritise fitting the meetings into their schedules. Otherwise, it becomes a bit of a logistical nightmare.

### **Would you recommend NHS Flex For The Future to others?**

Absolutely. I've found it very positive. In terms of quality of delivery, materials and speakers I've found it to be very high quality.

