The NHS' Achilles' heel is staff retention – here's how tech can fix it

The NHS has a workforce crisis. More people are leaving than are joining, with the Guardian reporting last month that one in ten nursing posts, and one in 17 doctors' posts, are currently unfilled.

The retention rate is disastrous – _one in nine_ (11%) left active service in the year to September 2021. If drastic action is not taken to stem the flow of departing staff, then no amount of training or recruitment of additional clinicians will enable a safe and functional healthcare system.

Regardless of which statistics you look at, they make grim reading. The number of patient-facing NHS staff considering leaving the organisation increased by 32% from November 2020 – a statistic which is particularly concerning given staff retention was a burning platform issue long before the pandemic.

A web of factors behind high staff turnover

One of the major reasons behind staff leaving is the lack of work-life balance and control over schedules. Invariably, staff are unable to plan their personal lives as they wait for rotas to be published. Often, time off is only granted if they can convince a colleague to swap shifts with them – which is exceptionally

hard to do when many are working hours well over the contractual or recommended limits.

Moreover, NHS processes for organising staff into shifts and sourcing additional capacity are largely inefficient and outdated. Historically, many Trusts have used paper-based approaches, in-house spreadsheets and noncloud-based rostering systems, meaning rota communication regularly lacked real-time accessibility and transparency. Not only did this cause dissatisfaction among the workforce, it had severe implications for the quality of care provision.

On top of this, flexibility remains a serious issue. Many clinicians we work with at _Lantum_ say they are not allowed to work less than full time because the scheduling systems cannot cope with the complexity. As a consequence, many choose not to return, particularly after maternity leave.

Certainly, pay has not kept pace with expectations and this will be exacerbated as the country copes with the increased cost of living. What is more, when clinicians do work extra shifts, they often find themselves having to send reminders about payment or chasing down timesheets. It is frankly an insult to those who dedicate their lives to providing care for the nation.

Unsurprisingly, many chose to vote with their feet, resulting in a vicious and dangerous spiral – as more leave, the pressure to maintain standards with depleted resources builds on those who remain. Trusts often turn to agencies and temporary staff to plug gaps, an unsustainable solution which costs the NHS £4B each year and – more often than not – matches shifts to nurses and doctors who are unfamiliar with the departments they are placed in.

How to tackle the impact on the frontline

There are several ways we can address this staffing problem.

First, driving up staff retention must be placed at the heart of policy decisions. There are several relatively straightforward ways we can set about this – increasing pay across the board, paying staff on time for additional shifts, and enabling flexible working. Seeking out tools which allow managers to deliver consistent and regular recognition and rewards for going the extra mile, or taking on additional responsibilities, are all policies which would start to alleviate the current levels of workforce dissatisfaction.

Second, to make the best use of the capacity already in the system, more clinicians must be enabled to work across organisational boundaries – as more than 3,000 do via Lantum. If we can get more clincians working flexibly, we free up additional capacity to contribute to the system which may otherwise not be available. Satisfaction rates improve too – 77% of the NHS workforce are

women, and flexible working provides structure many need to plan work around family life.

The quickest way to implement these changes is through technology and tooling – and the good news is that many of the systems we require are already available. With adoption and roll out of the right tech, the NHS can become more self-sufficient and regain control of staffing issues and expenditure on expensive agency fees.

What next?

With the help of platforms like Lantum, we are seeing GPs starting to work more fluidly and sharing their time across the system – we currently have more than 31,000 clinicians on our platform. However, this practice needs to be rolled out to other staff beyond primary care for the NHS to make real progress on its crippling staff retention crisis.

Embracing modern technologies which facilitate flexible working for all staff and match available clinicians with demand has the potential to revolutionise the UK healthcare sector. Processes will become simpler, more cost effective and reduce staff workload by enabling them to focus on patient health rather than rota spreadsheets, improving satisfaction and ultimately retention in the process.

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