Digital Workforce Management:

The Missing Link in the Future of Healthcare Delivery

Totalmobile

Digital Workforce Management

Mobile Working in Healthcare

Research carried out by TotalMobile on mobile working within healthcare; September 2015

This paper:

- Analyses the current job performance of workers within healthcare;
- Distinguishes the challenges/pressures faced by workers within healthcare;
- Investigates the current and past attempts their organisations have made in regards to mobile working;
- Outlines the impact that mobile working can have in the future for improvement of working processes.

Respondents included a wide variety of healthcare professionals, across Community Care, Mental Health, Acute Care and Primary Care.

TotalMobile commissioned this paper as part of research into the healthcare market, which aims to explore the challenges and pressures faced by those delivering care, how mobile working is being utilised, and the role it may play in the future.

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EXECUTIVE SUMMARY

TotalMobile commissioned this paper as part of research into the healthcare market, which aims to explore the challenges and pressures faced by those delivering care, how mobile working is being utilised, and the role it may play in the future. The findings of this paper were gathered from survey responses completed by healthcare staff, both frontline and management.

Current Job Performance

Key results discovered in this section are outlined below;

- 55% of frontline HCPs are spending less than 5 hours of their working day with patients;
- 42% of frontline HCPs are not satisfied with the amount of time spent with patients.

When taking into consideration that a standard working day is 8 hours, (even 12+ hours for some HCPs), what other tasks are taking up the other 3-7 hours of the day? It is proven to be extremely uncommon for HCPs to spend the majority of their day delivering care. Hearing these statistics may seem shocking at first, but when we uncover the multiple reasons why this is, it may not be so surprising.

Pressures/Challenges of the Job

70% of respondents struggle to, or are unable to meet the demands of their appointments each day.
The biggest challenge that management believe their team face is "use of poor technology/lack of technology" (88%). 65% of frontline HCPs cited "not enough staff/support" as their biggest challenge.
75% of management believe that "making better use of technology" would help ease these challenges.

Current Mobile Working Attempts

40% of organisations are making some sort of attempt with mobile working, however only 31% of these respondents feel that their current mobile working attempt has made a significant difference, with 10% of these respondents say that mobile working has actually made their job more difficult! How can this be? Well the methods of mobile working implemented mainly consisted of mobile phones and laptops, which do not provide a quality user experience and are not meeting the demands of the HCP.

Some challenges cited with these attempts were "loss of connection" and "can't access the information needed", which is not surprising considering the main method was laptops.

However, faith in mobile working is definitely there, with respondents hopeful about the benefits it could potentially bring. 64% of frontline HCPs hope it will "provide a higher standard of care" and 88% of management hope it will "provide a more modern way of working".

The Future

The most comprehensive result from this survey is that 86% of respondents answered "no" when asked if they could work in the same way in 5 years' time. This highlights the fact that HCPs feel there needs to be a radical change as service demands increase. Respondents were asked "what do you think needs to change to prepare the service for future demands?" and the results are;

- Less paperwork/admin tasks
- Better joined up/integrated care
- Restructure of service delivery
- Better use of technology
- More staff

When asked whether they feel that mobile working will have an important role to play in the future, only 9% said "no".

The current challenges within healthcare are having an impact on the delivery of care, so it's no wonder the outlook amongst respondents in regards to the next five years is very pessimistic. This isn't going to get better unless these issues are addressed and a radical change is made to improve the working processes in place.

The reality is that there is not one "quick fix" to solve everything, but something that can have a positive impact on how staff can deliver care is the effective utilisation of mobile working. TotalMobile has proven that authentic mobile solutions can save 1-2 hours, per HCP, per day, by removing time consuming paperwork and administrative burdens.

Through better use of the right technology, this equates to significant increases in the existing workforce capacity, allowing staff to spend more time delivering care every day, deliver a better quality of care, and better cope with the demands of their appointments, resulting in better staff morale.

1. CURRENT JOB PERFORMANCE

One of the fundamental aspects of the survey, was to determine how much time is spent with patients on an average day, and how satisfied staff are with this. Some reports show that the satisfaction levels among a trust's care staff are closely linked to the quality of healthcare it provides thus, it is vital that staff are happy that they can cope with demands of their jobs.*

1.1 Time spent with patients

The survey showed that 54% of total respondents cited that they, or their team members, spend less than 5 hours of their working day with patients. When taking into consideration that a working day for a HCP is at least 8 hours, this means that at least 3 hours per day are not being spent with patients. Not to mention the number of HCPs who work significantly more than 8 hours per day! Results are outlined in Fig. 1 below;
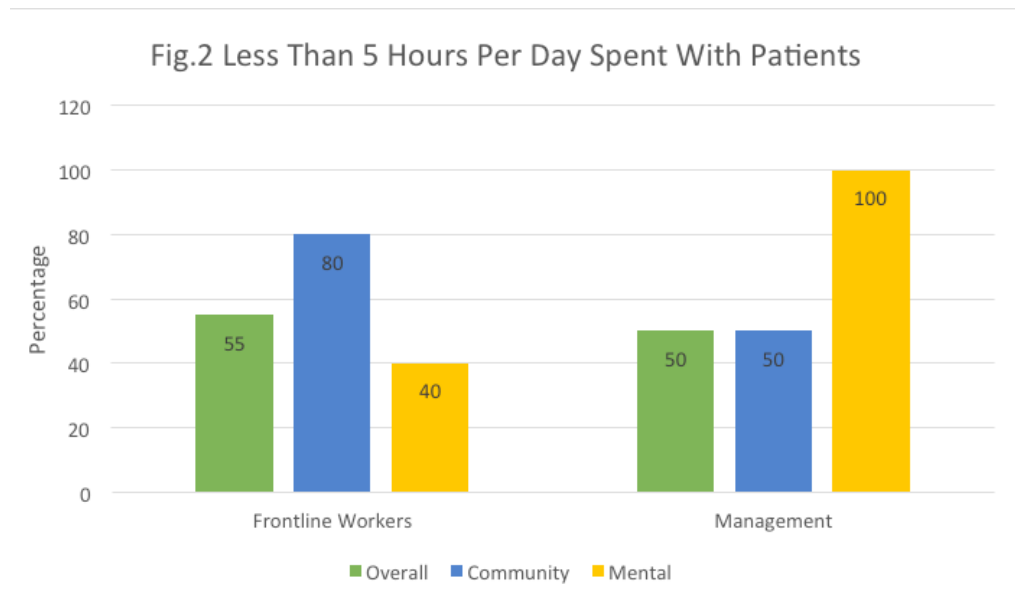

Fig. 1 Time Spent With Patients
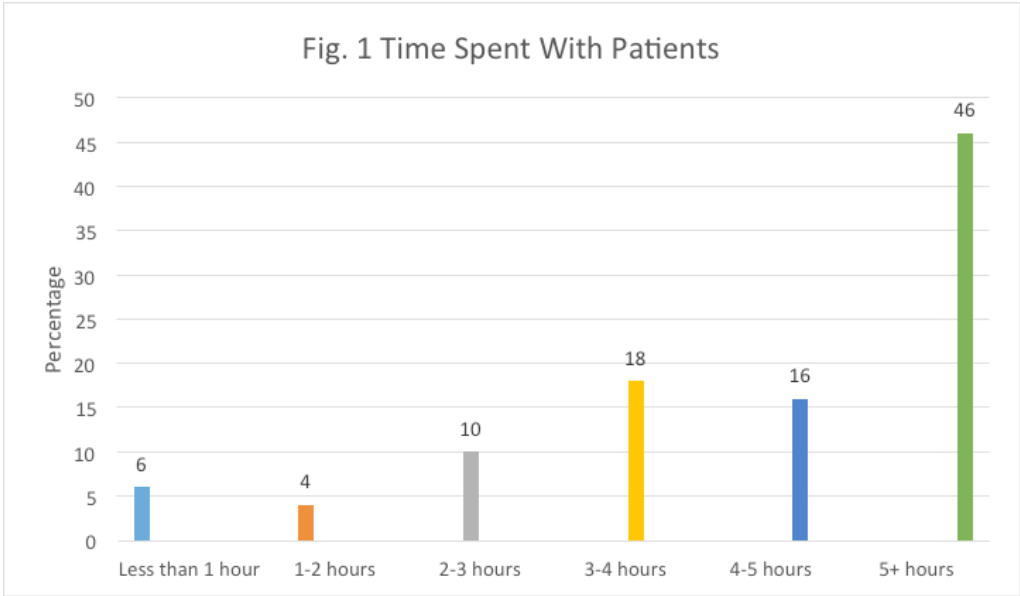
What other tasks are taking up this minimum of 3 hours?

On closer analysis, the survey showed that 55% of Frontline HCPs spend less than 5 hours of their working day with patients. When broken down further, 80% of Community Care frontline HCPs spend less than 5 hours with patients.

50% of management cited that their team members are spending less than 5 hours of their working day with patients. When broken down further, 50% of community health managers and 100% of mental health managers state that their team members spend less than 5 hours of their working day with patients. Results are compared in Fig. 2 below;

Fig.2 Less Than 5 Hours Per Day Spent With Patients

1.2 Staff Satisfaction

41% of total respondents are either not satisfied or indifferent with the amount of time they spend with patients. Results portrayed in

Fig. 3 below;

Fig. 3 Staff Satisfaction
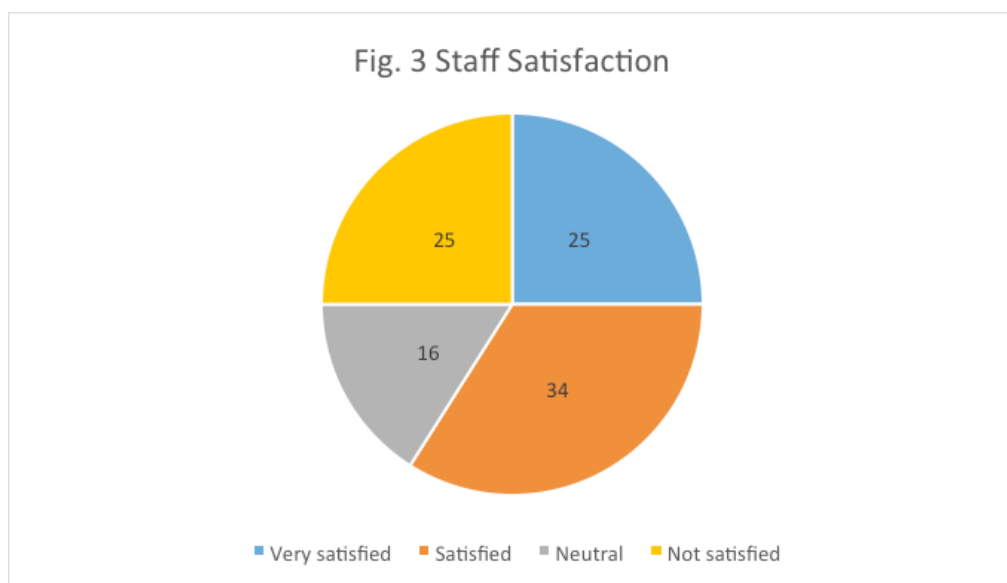
On whole, 42% of frontline HCPs are not satisfied. Again, when broken down, 50% of Community Care frontline HCPs compared to 30% of Mental Health frontline HCPs are not satisfied with the amount of time they spend with patients. 38% of management are not satisfied with the amount of time their team members are spending with patients. Surprisingly, when broken down, no Community Care managers cited that they were dissatisfied, whereas 100% of Mental Health managers said they were dissatisfied. Results are compared in Fig. 4 below;

Fig. 4 Staff Satisfaction

Respondents were asked to explain why they weren't satisfied and a few of the responses are laid out in the table below (Fig.5);

Fig.5 Reasons for Dissatisfaction

- Too much paperwork; this administration takes you away from direct patient care.
- Too much time spent at the desk completing paperwork or working on computers.
- Not enough time spent with patients therefore appointments always feel rushed.
- Doing the best with current resources.
- Not enough time with each patient but too much patient contact means burnout; catch 22.
- Not doing what I am employed to do. Instead I am an administrator – so demoralising.
- The average is too varied. Some are seeing as little as one patient per day, so have a lack of consistency.

These reasons have been repeated a number of times by respondents, especially "too much paperwork".

2.   PRESSURES/CHALLENGES OF THE JOB

A recent survey discovered that NHS staff are the most stressed public sector workers * One HCP said that she lost a stone in two weeks because she couldn't take a break on her 12.5 hour shifts. She said "we are under-resourced and definitely understaffed. We feel we are run off our feet yet only give the bare minimum of care to each person". This section will look at the struggles and pressures that HCPs face on a day to day basis, and their feelings towards them.

2.1 The struggle with appointments

70% of HCPs feel that they (or their teams) struggle to, or are unable to meet the demands of their appointments each day. This is a very shocking statistic, which shows respondents are in agreement that the demands of their appointments are too high. These figures are laid out in Fig. 6;

Fig. 6 Do you feel that you, or your team, are able to meet the demands of your appointments assigned each day?
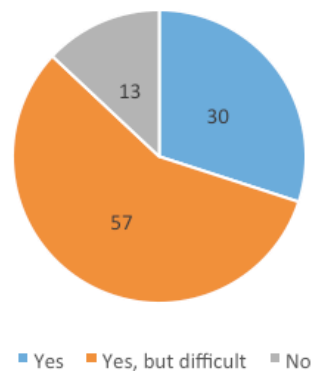
These results are broken down, by area of healthcare, in Fig. 7.

Fig. 7 Those who struggle or are unable to meet the demands of their appointments assigned each day? (Broken down by area of healthcare)
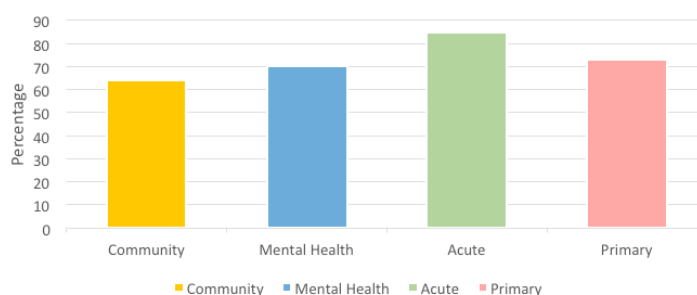
2.2   Challenges

Respondents were asked what their biggest challenges were, with the majority of frontline HCPs citing "not enough staff/support" and "too much paperwork". Full results are laid out in Fig. 8 below. Please note that respondents could choose multiple answers here;
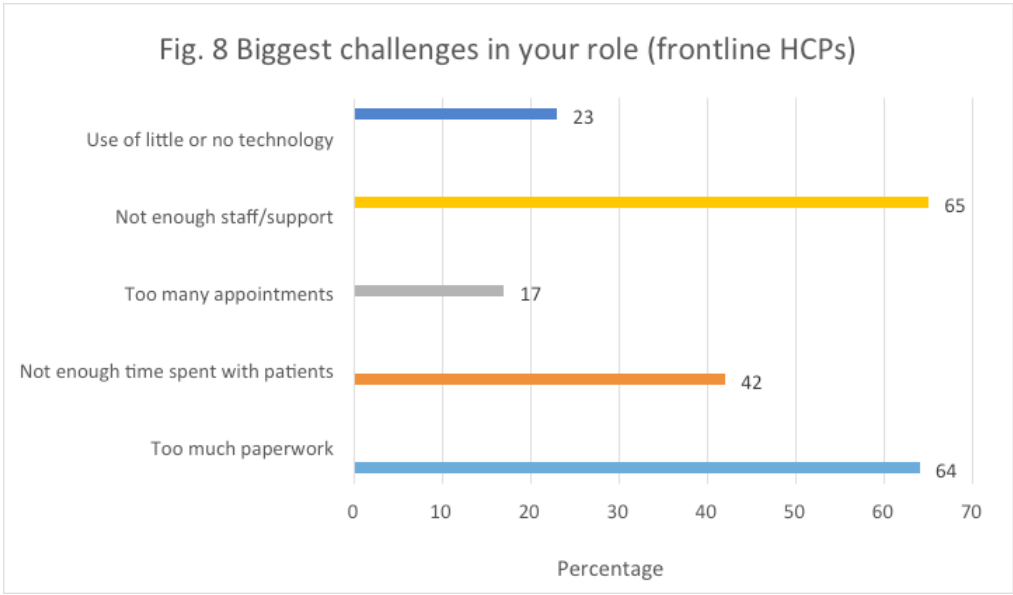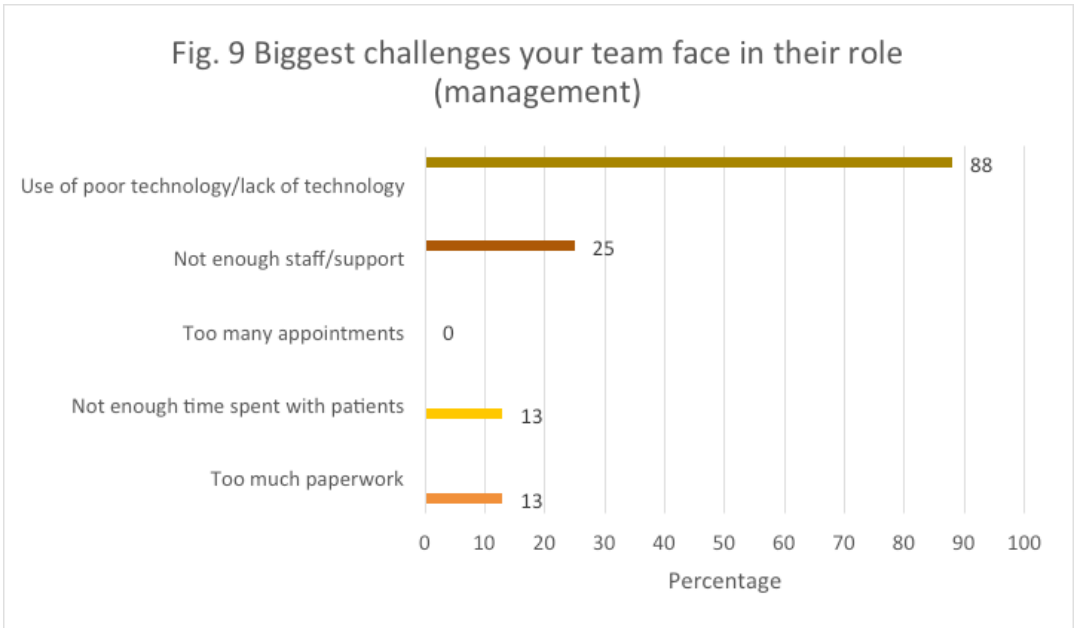
Fig. 8 Biggest challenges in your role (frontline HCPs)

Challenge	Percentage
Use of little or no technology	23
Not enough staff/support	65
Too many appointments	17
Not enough time spent with patients	42
Too much paperwork	64

Frontline HCPs also mentioned that they had "too much reliance on desktop computers, most of which does not improve the quality of care delivered to patients" and "antiquated computer systems and multiple logins".

Management were asked what they believe the biggest challenges were that their team members faced, (again they could choose multiple answers) and the results are portrayed in Fig. 9 below;

Fig. 9 Biggest challenges your team face in their role (management)

Challenge	Percentage
Use of poor technology/lack of technology	88
Not enough staff/support	25
Too many appointments	0
Not enough time spent with patients	13
Too much paperwork	13

As you can see, there is a vast difference between frontline HCPs' answers and managements' answers. 88% of management believe that "use of poor technology/lack of technology" is the biggest challenge their team face, however only 23% of frontline HCPs cited this. Only 13% of management believe that "too much paperwork" is a challenge, compared to 64% of frontline HCPs. The reason for this could be that frontline HCPs are stating what challenges they face on a daily basis, whereas management understand that better technology could potentially help solve all these challenges. This will be further discussed in the conclusion. It is interesting to note that no respondents answered "too many appointments" as a major challenge. This implies that the number of patients' appointments are not seen as being too high, but that the HCPs just don't have the time to deliver quality care to them.

Management were also asked "what are the biggest challenges that you face in your role?" and the results are laid out in Fig. 10 below. Please note that respondents could choose multiple answers here;

Fig. 10 What are the biggest challenges that you face in your role? (management)
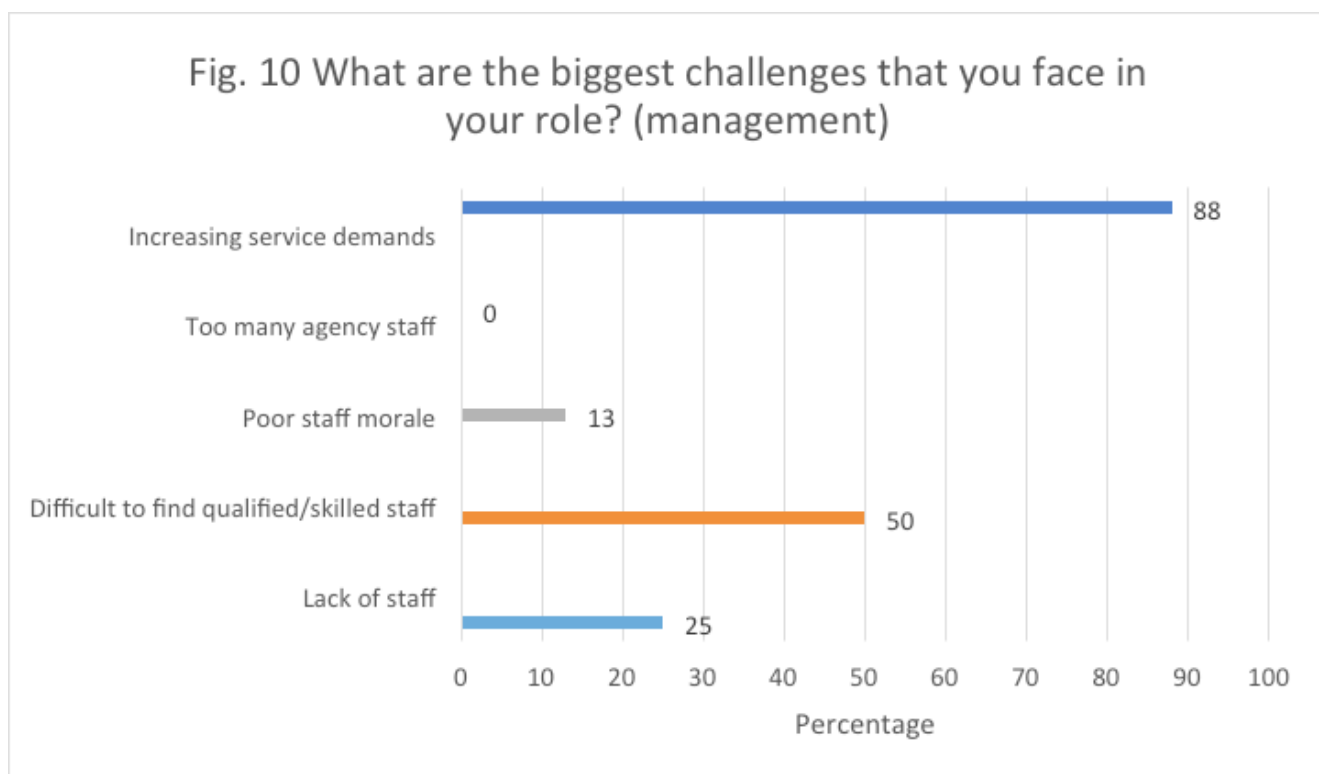
As you can see from Fig. 10 above, the biggest challenge management face is "increasing service demands" (88%). This is inevitable, with longer life expectancies and increased population. So it is not surprising that this is followed by "difficult to find qualified/skilled staff" (50%). This in turn could result in a "lack of staff" (25%) which has an impact on the delivery of care. It is very surprising that no managers cited "too many agency staff" as a challenge, when it has been highly publicised that expenditure on agency staff has become a drain on resource! We will touch on this more in the conclusion.

*3   http://www.rcn.org.uk/__data/assets/pdf_file/0005/608684/FF-report-Agency-spending_final_2.pdf

2.3   What should change?

When respondents were asked "What would you change to allow you to undertake your job to a higher standard?" the answers were undeviating (again, respondents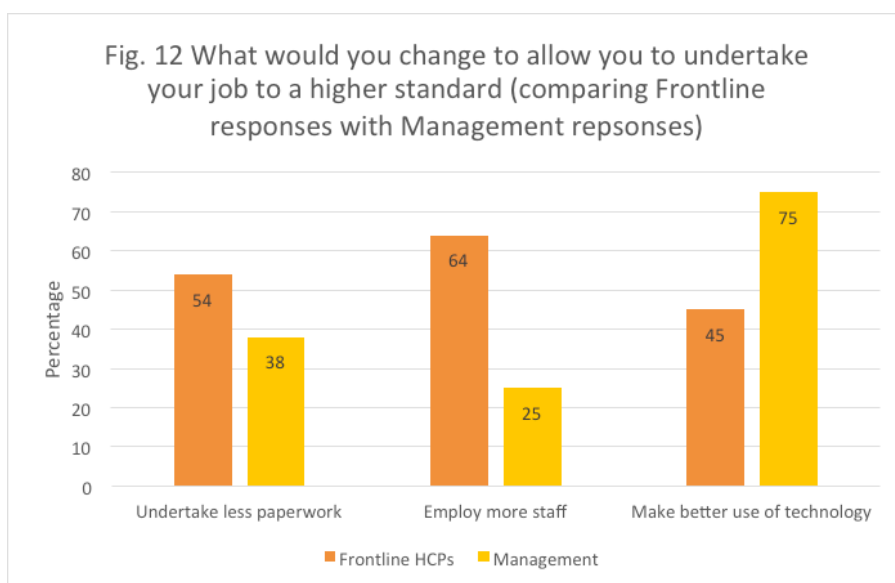 could choose multiple answers). 60% said they would "employ more staff", 52% said they would "undertake less paperwork" and 48% said they would "make better use of technology". These results are laid out in Fig. 11 below;

Fig. 11 What would you change to allow you, or your team, to undertake your/their job to a higher standard?
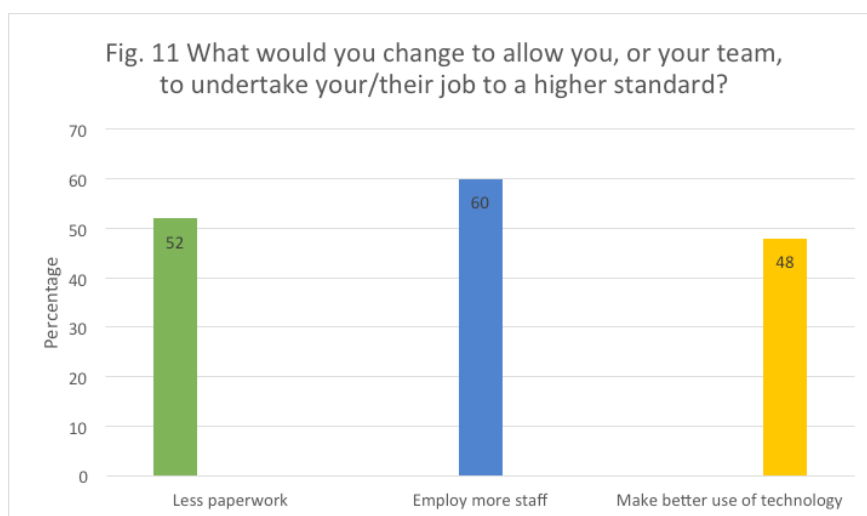
When broken down further, 64% of frontline HCPs said they would "employ more staff", 54% said they would "undertake less paperwork" and 45% said they would "make better use of technology/adopt new modern technology". This is compared to 25% of management saying they would "employ more staff", 38% saying they would "undertake less paperwork" and 75% saying they would "make better use of technology". This mirrors the opinions in Figs. 10 & 11, what frontline HCPs vs management think the biggest challenges are. This comparison is laid out in Fig. 12 below;

Fig. 12 What would you change to allow you to undertake your job to a higher standard (comparing Frontline responses with Management repsonses)

Shockingly, 65% of frontline HCPs are not satisfied that they have everything they need to deliver the highest standard of care. When asked what they feel would help, an array of responses were gathered, laid out in Fig. 13 below;

Fig.13 What do you feel would help?

- Electronic records. This would mean that information is easily available to all professionals involved in a person's care and that needs could be easily identified and addressed without them being buried under mounds of paperwork.
- Remove the need to repeat writing/typing notes.
- More clerical staff working 24/7 alongside us.
- Modern equipment, more use of technology.
- Fit for purpose IT.
- Need to be patient focused rather than target focused.
- Better communication and technology.
- Cut out journey time to collect supplies; the time saved could cover another patient visit.
- New equipment in combination with a workforce with the right skills.
- More resource and increase the length of a day to 28 hours!

Obviously the last point in the table "increase the length of a day to 28 hours" is not feasible. Or is it? Imagine being able to create time by saving each HCP a few extra hours per day? This can be achieved by freeing up time spent completing burdensome tasks, such as paperwork/admin/travel time. Mobile working can help achieve this, which will be discussed further in the conclusion of this paper.

2.4   Work/Life balance of staff

Frontline HCPs were asked "How would you describe your work/life balance?" The results are laid out in Fig.14 below;

Fig. 14 How would you describe your work/life balance?
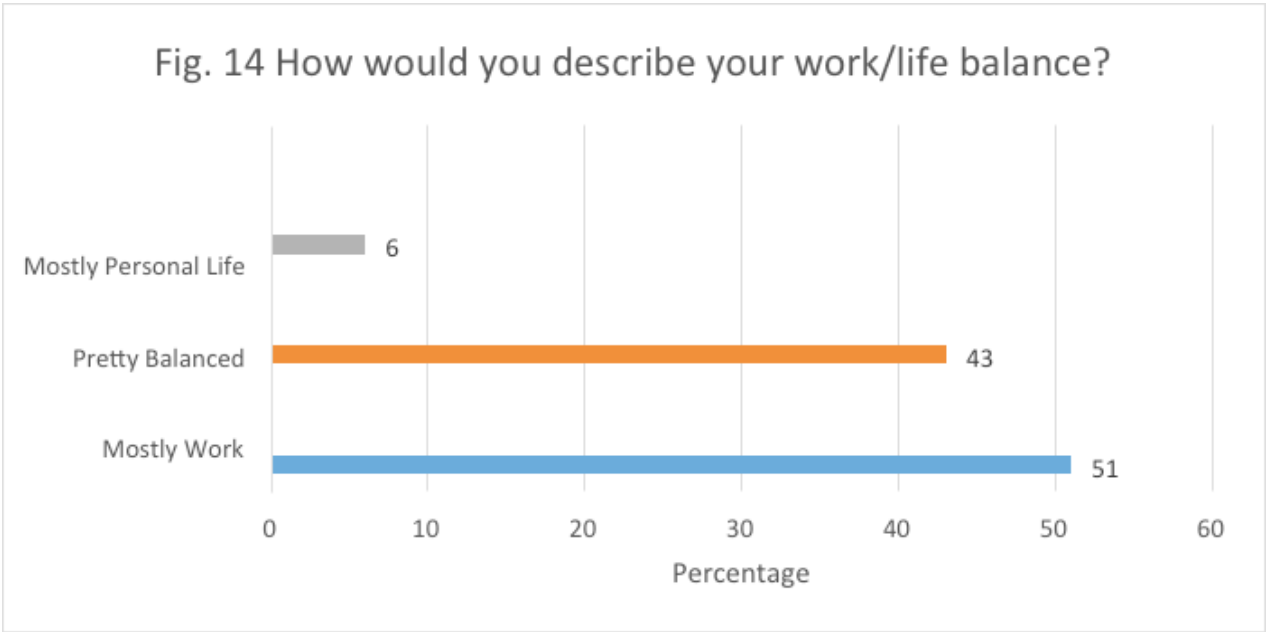
Perhaps not surprisingly, more than half of frontline HCPs cite that their life is "mostly work". One respondent even commented that the pressure and stress of working in this environment is not sustainable and is impacting on their family. This is making them consider leaving the NHS. It is widely publicised that other HCPs feel the same way. Burn out and stress are having such an impact on their own health and personal life that they no longer feel they can keep working within Healthcare. Mobile working can help bring this work/life balance back to equilibrium. It can also provide guaranteed breaks and handover times for HCPs, to reduce burn out and stress.

We touch upon the current attitudes and approaches to mobile working in the next section.

3. CURRENT MOBILE WORKING ATTEMPTS

It is widely recognised that by adopting an effective mobile working strategy, HCPs can ease many burdens, such as paperwork and other administrative tasks, and lead the way in delivering an excellent standard of care. So it was important that the survey discovered what current attempts organisations are embracing.
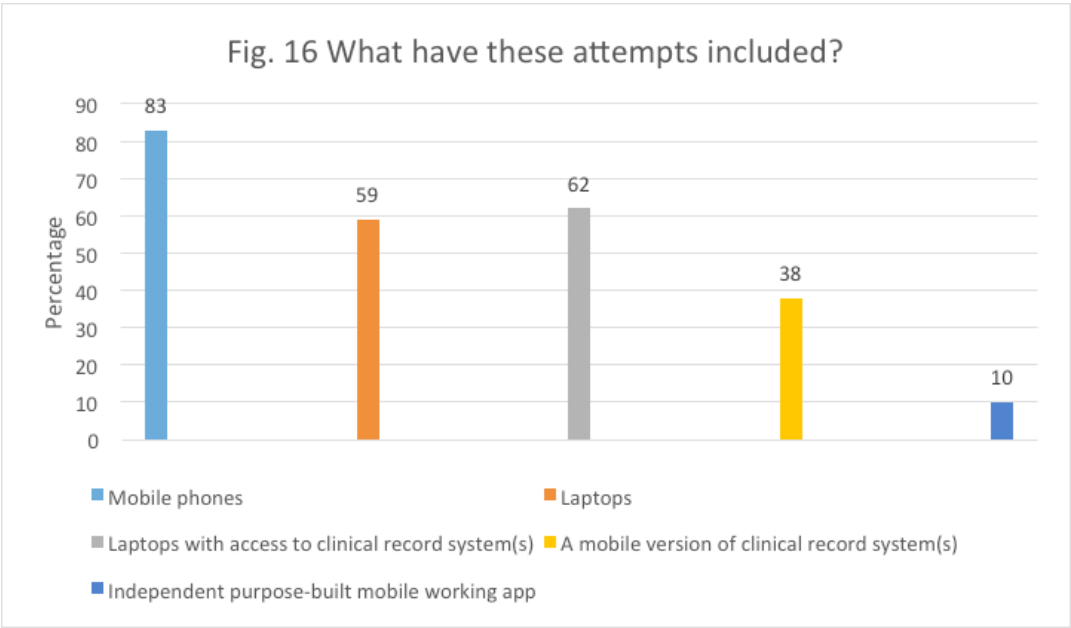
3.1 Current mobile working attempts

Respondents were asked whether their departments had made any attempts to improve the way they work with any type of mobile working. The results are portrayed in Fig. 15 below;

Fig. 15 Has your department made any attempts to improve the way you work with any types of mobile working?
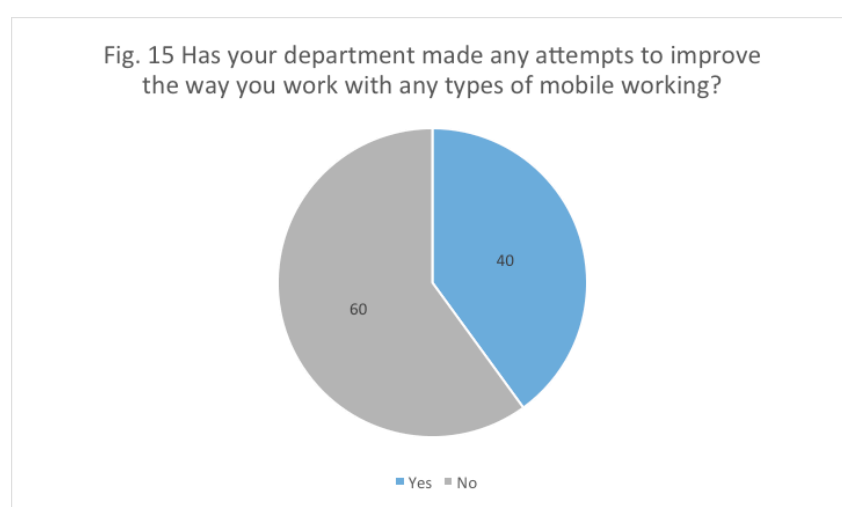
According to frontline HCPs, almost two thirds (65%) of healthcare departments have not made any attempts to improve the way they work with any type of mobile working. Compare this with only 13% of management who state this. It could be that management are more aware of back office mobile working attempts than frontline workers, and that explains this huge difference in answers. This generates the question 'what constitutes an attempt of mobile working'? Whatever these current methods, they are not obvious to the 65% of frontline HCPs that they are in fact, mobile working attempts, so this in itself implies that the attempts are not successful as it has not had an impact on the way they work. We will speak about this further in the conclusion.

However, only 31% of respondents that claimed they had made attempts towards mobile working feel that this mobile working has made a significant difference, with 10% stating that it's actually made their job more difficult! How can a mobile working project that entails investment and time, possibly provide the outcome that it makes HCP's lives more difficult? Well maybe the answer to this lies in the types of approaches organisations have taken towards mobile working.
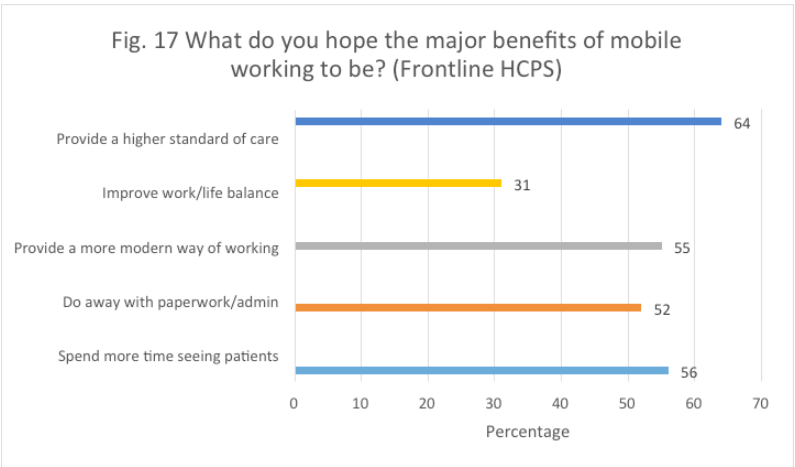
The two main attempts of mobile working included "mobile phones" (83%) and "laptops with access to clinical record systems" (62%). Only 10% cited the use of an "independent purpose-built mobile working app". Full results are laid out in Fig. 16 on the following page (please note that respondents could choose multiple options here);

Fig. 16 What have these attempts included?

A bar chart titled "Fig. 16 What have these attempts included?" with the y-axis labelled "Percentage" ranging from 0 to 90. The bars show:
- Mobile phones: 83
- Laptops: 59
- Laptops with access to clinical record system(s): 62
- A mobile version of clinical record system(s): 38
- Independent purpose-built mobile working app: 10

Legend:
- Mobile phones
- Laptops
- Laptops with access to clinical record system(s)
- A mobile version of clinical record system(s)
- Independent purpose-built mobile working app

From this chart, it is unsurprising that some respondents said that these attempts actually make work more difficult. The drudgery of lugging around heavy laptops and pulling over in their car to log into the clinical record system to gain patient information is a major burden on staff, especially frontline HCPs, plus the user experience doesn't fit the needs of a mobile worker.

3.2 Assumed benefits of mobile working

Frontline staff were asked "what do you hope the major benefits of mobile working to be" and the results are laid out in Fig. 17 below (please note respondents could choose multiple answers here);

Fig. 17 What do you hope the major benefits of mobile working to be? (Frontline HCPS)

A horizontal bar chart titled "Fig. 17 What do you hope the major benefits of mobile working to be? (Frontline HCPS)" with x-axis labelled "Percentage" from 0 to 70. The bars show:
- Provide a higher standard of care: 64
- Improve work/life balance: 31
- Provide a more modern way of working: 55
- Do away with paperwork/admin: 52
- Spend more time seeing patients: 56

The top results were "provide a higher standard of care" and "spend more time seeing patients". This is not surprising, as the fundamental role of a HCP is to deliver excellent care to patients and spend time with them to understand and provide to their needs. If they are not spending the time they need with patients due to other tasks e.g. admin, this must be very frustrating.

Management were asked the same question; "what do you hope the major benefits of mobile working to be", however their answers were a little different. Results are laid out in Fig. 18 below;

Fig. 18 What do you hope the major benefits of mobile working to be? (Management)
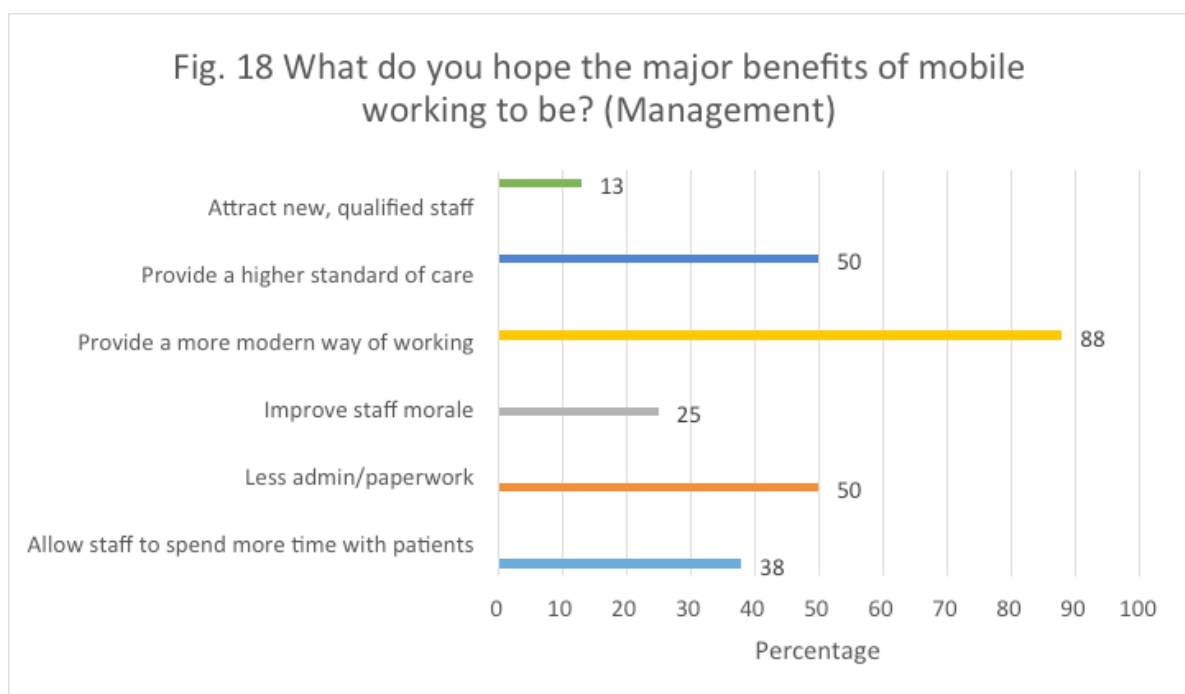
"Provide a more modern way of working" topped the scales with 88%. Followed jointly by "provide a higher standard of care" and "less admin/paperwork". Management realise that a higher standard of care needs to be provided, and paperwork needs to be eliminated, but these results show that they believe a more modern way of working could help solve this.

3.3   Challenges experienced with current mobile attempts

Respondents were asked "what challenges have you experienced with mobile working attempts". The results are shown in Fig. 19 below;

Fig. 19 What challenges have you experienced with mobile working attempts?
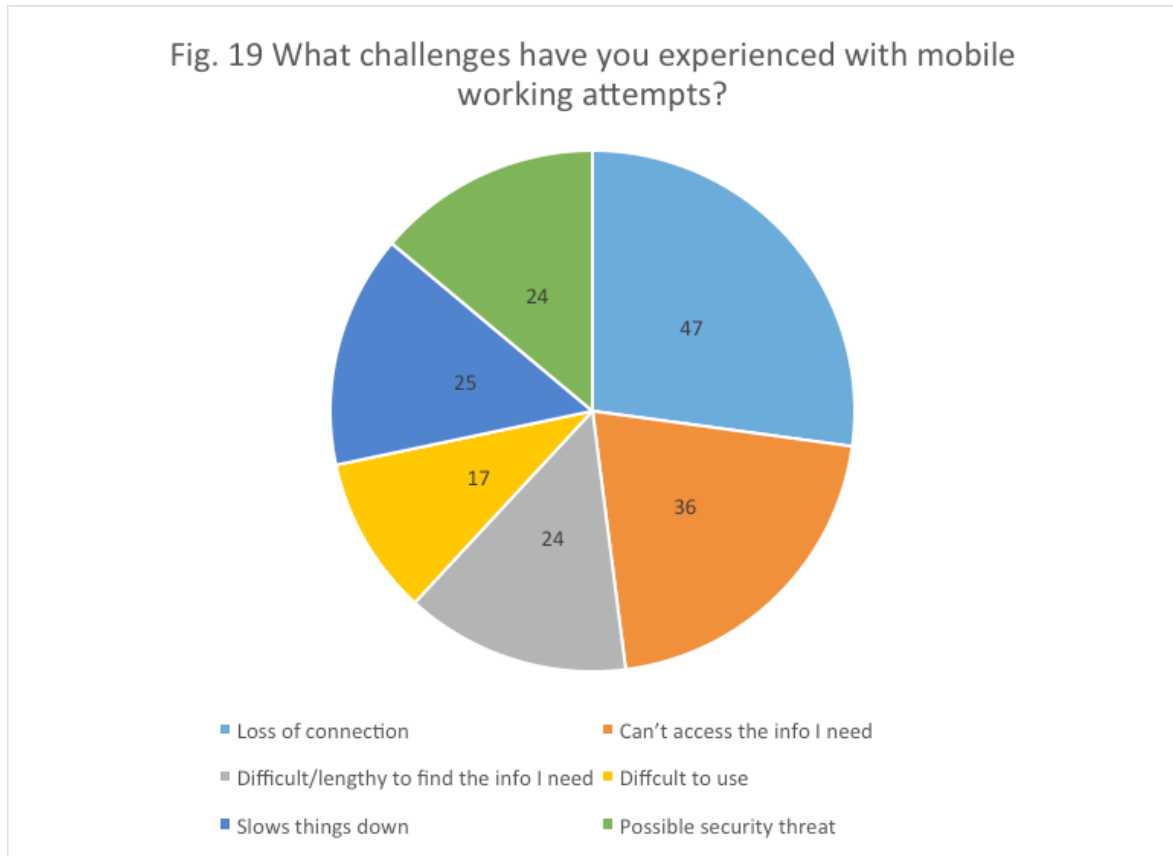
Respondents could, again, choose multiple options here and the challenge that was most common was "loss of connection" with almost half citing this. Of course mobile working needs signal in order to operate? This makes sense, but in fact, it is a very common misconception. Effective mobile working solutions do not require signal in order to work. This will be discussed further in the conclusion.

Respondents also find it frustrating that they can't access the information they need (36%). This could also be due to loss of connection, or perhaps scouring through large amounts of irrelevant information to find what they need. 25% respondents stated that mobile working "slows things down". Surely the purpose of a mobile working strategy is to speed things up and make work life easier? Again, this is explained by the type of attempts adopted.
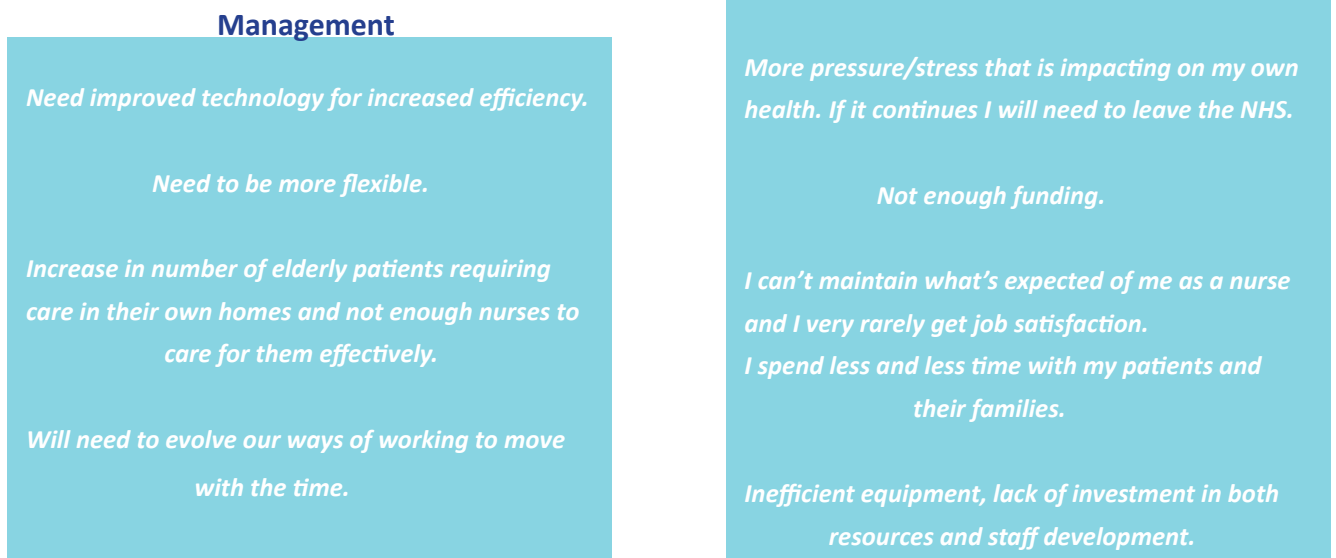
4.   THE FUTURE

The future of healthcare is quite ambiguous, however two things that are certain are budget pressures and an increasing demand on healthcare services. Two-thirds of Finance Directors are concerned that their hospital will go into deficit in 2015/16.*

4.1 Future demands

Repsondents were asked "As demands on services increase, do you feel that you will be able to work in the same way 5 years from now?" This is probably the most comprehensive result of the entire survey.

A startling 86% answered "No". It is evident that there needs to be a change with the working processes within Healthcare. When asked to provide comment on why they felt like this, the answers were pretty clear and detailed (see Fig. 20). It is worth noting that the majority of these answers were mentioned more than once.

Fig. 20 Why do you feel this?

Frontline HCPs

Longer life expectancies mean the workloads are going to increase.

There will be less staff/resources due to budget cuts.

Nurses' roles have become so wide and now have to involve wider management, therefore more approval needed and slows things down.

More pressure/stress that is impacting on my own health. If it continues I will need to leave the NHS.

Not enough funding.

I can't maintain what's expected of me as a nurse and I very rarely get job satisfaction.
I spend less and less time with my patients and their families.

Inefficient equipment, lack of investment in both resources and staff development.

Management

Need improved technology for increased efficiency.

Need to be more flexible.

Increase in number of elderly patients requiring care in their own homes and not enough nurses to care for them effectively.

Will need to evolve our ways of working to move with the time.

It is inevitable that workloads are going to increase, with longer life expectancies nowadays, and the number of people going on to pursue nursing careers is dwindling. So it is fundamental now to empower the existing HCPs and allow them to complete their job to the most efficient, and highest possible standard. This empowerment can come from implementing a mobile working strategy. This will be discussed in further detail in the conclusion.

*4   http://www.independent.co.uk/life-style/health-and-families/health-news/exclusive-nhs-faces-financial-disaster-in-2015-as-politicians-urged-to-find-radical-solution-9259915.html

Respondents were asked "what do you think needs to change to prepare the service for further demands" and the results are laid out in Fig. 21 below (please note respondents could choose multiple options here);
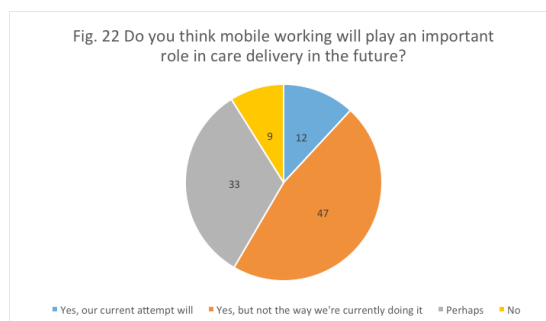

Fig. 21 What do you think needs to change to prepare the service for future demands?
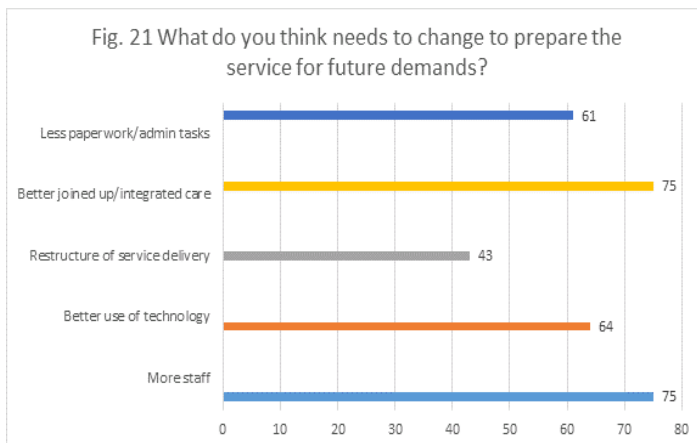
As you can see from Fig.21, the top 2 answers are "more staff" (75%) and "better joined up/integrated care" (75%). It is difficult for organisations to hire more staff, and even when they do, staff need trained up and to be given equipment, incurring additional costs, plus is it not viable for a long term solution. It is evident that there needs to be better integrated care, not only between healthcare and social care, but between all different healthcare departments. Mobile working can be the missing link to aid organisations in working towards a better integrated service.

64% of frontline HCPs believe that future demands have a need for a better use of technology. It is refreshing that these respondents are embracing the fact that the future is mobile working. It is not even the future, it is the now!
Closely followed was "less paperwork/admin tasks" with 61% and then "restructure of service delivery" with 43%. It is key to note that not as many frontline HCPs are keen for restructuring. One comment left in the survey voluntarily stated "the thought of restructuring makes me want to weep, we have had at least five years of this and it is just rearranging desk chairs".

4.2 Mobile working and the future

Finally, respondents were asked "Do you think mobile working will play an important role in care delivery in the future?" and only 9% of frontline HCPs answered "no". Full results are laid out in Fig. 22 below;

Fig. 22 Do you think mobile working will play an important role in care delivery in the future?

■ Yes, our current attempt will　■ Yes, but not the way we're currently doing it　■ Perhaps　■ No

59% firmly believe that mobile working will play an important role in care delivery in the future. 33% feel it may play an important role. Following on from the answer of "better use of technology" from Fig. 21, it is evident that mobile working is one of these technologies that should be implemented. The faith in mobile technology and the benefits it brings resonates with HCPs. It's the current strategies that organisations are adopting that are not working, with only 12% believing their current attempt will play an important role in the future.

5. CONCLUSION

Time/Satisfaction

It is proven to be extremely uncommon for frontline HCPs to spend the majority of their day delivering care. Over half of frontline HCPs cited that they spend less than 5 hours of their day with patients. Hearing statistics like this may seem shocking at first, but when we uncover the multiple reasons why this is, it may not be so surprising. It is clear that staff are having to focus on and dedicate their time to the completion of a range of other tasks (i.e. paperwork, travel etc), outside of the delivery of care.

When broken down, it is shocking that 50% of management (and 100% from Mental Health trusts!) cite that their teams spend less than 5 hours of their working day with patients. Surely no other tasks can be paramount to the direct contact with a patient? It is managers' responsibility to address this issue by looking to improve the way staff work.

It is expected, and pleasing to see, that 41% of HCPs are not satisfied with the amount of time they are spending with service users. These results show that HCPs believe their time is not as productive as it should be, as the primary role of their job should be visiting patients and delivering a high standard of care. If this is not their fundamental task during the working day, this will inevitably lead to poor staff morale and difficulty in staff retention, having a greater impact on the wider delivery of care. Both, frontline HCPs and management are concerned that most of their time is spent completing paperwork and other administrative tasks. Perhaps the other 59% feel satisfied, as they think keeping records up to date is necessary but it can be done far more efficiently than the out-dated way they are currently doing it. The burden of paperwork is well publicised; it is not a new revelation. This paperwork is clearly encroaching on the time that could be spent delivering care to patients and there is also cause to raise questions about the security and ability to access information in a timely manner.

Frontline staff are concerned about appointments "feeling rushed" therefore not building that vital relationship with patients. Some also feel 'demoralised' as they are not doing what they have been employed to do instead spending large amounts of time acting as an administrator. To devote most of your day to a desk completing paperwork, after spending years working and studying towards a nursing vocation, must be very demoralising and have wider effects on the standard of care delivered.

Pressures/Challenges

87% of HCPs feel that they (or their teams) struggle to, or are unable to meet the demands of their appointments each day. This is not from a lack of trying, but instead due to a number of burdens that have been placed upon them, especially administrative tasks. Frontline HCPs believe their biggest challenges to be "not enough staff/support" and "too much paperwork". These challenges, in turn, result in "not enough time spent with patients", which is the principal role of a nurse. It is vital to note that the delivery of care itself is not a challenge; the challenges are separate issues that are affecting the delivery of care.

However, the biggest challenge management face is not "lack of staff" but interestingly a "lack of technology". This could be due to the fact that management understand that better technology could potentially help solve all the challenges faced by their teams. Management are concerned about not having enough staff, which is made increasingly difficult due to ongoing budget pressure. This has been the issue for the last number of years and recent projections indicate that the situation is due to worsen. There is a common demand to 'do more with less' i.e. provide a higher standard of care to patients, with reducing resource. This is currently providing to be a real challenge and it is inevitable that workloads are going to increase with longer life expectancies. Plus, the number of people going on to pursue nursing careers is dwindling. So it is fundamental now to empower the existing HCPs and allow them to complete their job to the most efficient, and highest possible standard. This in turn will also provide staff, with greater job satisfaction, creating a positive image around the profession, therefore they are more likely to recommend a nursing career to others, which we know is not the case in the present day. This empowerment comes from implementing new technology, and ultimately, a mobile working strategy.

The concept of hiring more staff to help ease these challenges was particularly popular with frontline staff. Looking to increase head count does have a role, and whilst this may seem simple and a quick-fix solution, this is more likely to be a short-term "quick-fix" rather than a long-term remedy. There are already pressures on budgets, combined with a limited employable market, and this has led to difficulties around hiring more permanent staff. Perhaps the most effective way to tackle this problem is by looking into creating additional capacity in the existing workforce. It's already been established that there are a number of inefficiencies that if solved, could allow for this extra capacity to be created. This again, can be achieved by adopting better technology, which was a popular choice by management to help ease the challenges. This shows that management see technology as an enabler, and a mobile working strategy is the best enabler for frontline staff.

It is very surprising that no management cited "too many agency staff" as one of their major challenges, when it has been widely reported that the expenditure on this has increased over the last few years, to £3.3B per annum. This expenditure is so high that it has resulted in an annual cap for total agency spend for each trust, and that agency staff will have to be procured through a framework, in order to hire the best quality.* TotalMobile can help ease the burden of hiring expensive agency staff. With existing staff spending more time to care each day, this means they can visit more patients and not have the time burden of paperwork and travel.

NHS England's Digital Technology team is encouraging suppliers to sign-up to the techUK's Health and Social Care Interoperability Charter's principles and urging service providers to refer to signatories when planning their interoperability journey. NHS England has also stated that Clinical Commissioning Groups have overall responsibility for delivering a paperless NHS by 2020 and will manage any funding made available to support this ambition. TotalMobile were one of the first to sign techUK's Charter, and is already delivering an open-API paperless future today.

A number of healthcare trusts are using TotalMobile to begin their process of becoming paperless, whilst also creating efficiencies and boosting staff morale along the way.

Work/life balance

Shockingly, 65% of frontline HCPs are not satisfied that they have everything they need to deliver the highest quality of care. When they were asked what they feel would help, a variety of responses were provided. The main response that came up repeatedly was 'reduce paperwork' and 'modern equipment/more use of technology'. One respondent responded with 'increase the length of a day to 28 hours', which sounds outrageous in theory, but a similar equivalent is possible. TotalMobile is a mobile working solution that is proven to save 1-2 hours, per nurse, per day. Through better use of the right technology, this equates to significant increases in the existing workforce capacity, allowing staff to spend more time to deliver care every day and better cope with their appointments, resulting in better staff morale.

Another respondent responded with "employ more clerical staff working 24/7 alongside us". This is very interesting. If we think back to the question posed to frontline HCPs about what would help with these challenges, a majority of them answered "employ more staff". Some take it for granted they mean "employ more nurses". However, this answer indicates that some HCPs feel that they are able to complete their workloads to their full potential each day, but paperwork gets in their way. Hence if clerical staff were employed, they would meet the demands of their appointments. This allows for a different spin on the "employ more staff" answer, however as mentioned before, it is not feasible to employ more staff with imminent budget cuts.

51% of frontline HCPs would describe their work/life balance as 'mostly work'. This is not surprising. One respondent even commented that the pressure and stress of working in this environment is making them consider leaving the NHS. With already dwindling numbers of people pursuing nursing careers, the last thing needed is current HCPs having low staff morale. Why not empower these HCPs with mobile working so that they go back to loving the career that they set out to pursue in the first place?

Mobile Working

On the surface, it seems reassuring that 2 out of 5 organisations are making attempts to improve working processes through mobile working. However when delving deeper into what these attempts have consisted of, it becomes very clear that these attempts look like "quick fixes" rather than thoroughly planned strategies. The fact that so few attempts have included a purpose-built mobile solution proves this. In order for mobile working to be successful, organisations need to provide a solution that is specifically designed to meet all the needs of their mobile workers. Simply providing direct access to back office systems on a mobile device delivers a very poor user experience, not least because of connectivity problems, and often means such projects struggle to find success.

This view is proven by the fact that only 31% of respondents feel that this has made a significant difference, with 10% actually answering that these mobile working attempts actually make their job more difficult. It was mentioned previously in the paper, that requiring connectivity for mobile working was a common misconception. This is because a native solution like TotalMobile is unique in that it continues to work, even without connectivity or signal. Once the HCP has 'synced' their device for the day, they can continue to work on their mobile device without any connectivity. This eliminates any barriers that stand in the way of a HCP delivering care to patients.

It is interesting to note that 65% of frontline HCPs say their departments have not made any attempts to improve the way they work with any type of mobile working. Compare this with only 13% of management who state this. This generates the question 'what constitutes as mobile working?' Whatever these current methods, they are not obvious to the 65% of frontline HCPs that that they are, in fact, mobile working attempts. This in itself implies that the attempts are not successful as it has not had an impact on the way they work. The focal purpose of mobile working is to help ease the burdens of the HCP and allow them to complete their job as smoothly as possible. If this is not happening, the mobile working strategy (or lack of) is not working. Regardless, all respondents have high expectations of mobile working and generally believe that it will improve the way they work. They hope mobile working will allow them to provide a higher standard of care, do away with paperwork, and provide a more modern way of working.

Some challenges that respondents are facing with their current attempts at mobile working include "loss of connection", "can't access the information that I need" and "it slows things down". Surely one of the key benefits of mobile working is to speed up processes, not slow them down! Since a significant amount of respondents cited "laptops with access to clinical record system(s)" as a method of mobile working, it is not surprising that connectivity is a major issue. If they are to visit a patient who lives in an area of poor signal, the HCP would be unable to access any information about the patient on their laptop, or any solution that requires connectivity to directly access record systems. Even if HCPs have connectivity, it can be lengthy to scroll through endless information in the back office system. They require immediate accessibility to the information relevant to the client.

It is clear that organisations' current approaches are not working. Organisations need to look at providing tailored solutions designed around the needs of the staff and what they need in order to perform their jobs. It is extremely important to deploy an authentically mobile solution; that is a solution based around the mobile environment and the needs of your staff when working in a remote setting, instead of just a basic extension of an existing back office system. Placing unsuitable technology in the hands of HCPs is proven time and time again to not be effective and leads to a waste in resource and poor staff satisfaction. Only by providing an authentic mobile solution, designed around the way people work, will organisations truly experience the benefits that mobile working has to offer.

The Future

The outlook amongst respondents in regards to the next five years is very pessimistic. This isn't going to get better unless a radical change is made to improve the working processes in place. The reality is that there is not one "quick fix" to solve everything, but something that can have a positive impact on how staff can deliver better care is the effective utilisation of mobile working. It can also be a key factor in integrated care in the future. The right mobile solution can provide access to information from multiple record systems, as well as getting them in real time, therefore HCPs are always accessing the most up-to-date information, massively reducing the risk of error.

The survey highlighted that the majority of HCPs believe that mobile working will play an important role in care delivery in the future. However this will not be the case if organisations continue with their current attempts of mobile phones and laptops. An authentic mobile solution is the only way that an organisation can truly revolutionise the way in which their staff operate and will increase morale. After all, a happy workforce means a more efficient workforce.

Company Overview

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TotalMobile is a fast growing mobile software company that transforms complex service delivery within healthcare, government and industry, throughout the UK and Internationally.

Established in 1985, TotalMobile create innovative technologies that disrupt conventional ways of working. This is driven by the desire to make work not just more productive, but more enjoyable. This is achieved by providing products that people love to use.

Belfast headquartered and with staff throughout the UK, TotalMobile have a track record of delivering effective software solutions to the public sector. The latest of these is TotalMobile, a solution that enables service transformation by empowering staff with effective mobile working technology.