

# Mission Impossible...

From the preparation meetings the facilitators knew this round was going to be a tough one: a panel made up of clinical and corporate staff, coming together from different perspectives to talk about a highly emotive subject – staffing. Whilst people knew this wasn't a forum for problem solving we were aware that with high levels of vacancies people desperately wanted solutions.

Due to diary difficulties the panel had not been able to all meet together, so although they knew the summary of each other's stories, this would be the first time they had heard them spoken out loud by their colleagues.

As everyone took their seat people shared their apprehension. The hospital was on black alert and the impact of short staffing levels was only too apparent.

As Jenny, the senior nurse, began to talk the faces of the audience shifted from interest and curiosity to concern and distress as she described the feeling of dread when she walked round the wards to speak to managers about their staffing levels and the agency budgets that they all knew wouldn't cover the shortfall. A quiet and composed leader, her voice began to shake as she talked of an overwhelming sense of failure when she couldn't provide the resources for her staff and watched as teams "ran ragged" to meet the needs of their patients. "It breaks my heart" she says – her voice breaking at the same time.

She shares her frustration at her weekly budget meeting with her finance colleague whom she feels angry and resentful towards as they challenge her expenditure on agency staff, even though she knows it isn't their fault.

Recruitment campaigns are run, novel posts created and flexible-working options offered but she feels stuck and overwhelmed. The sense of responsibility for the care of her staff and in turn their ability to deliver care that, "I would want for my own mum" has now led to sleepless nights with images of the faces of her team. "This was not why I came into nursing" she says, more to herself than the audience.

And then the panel member from the finance team speaks...

Steve is the second most senior member of the finance team who has been in the organisation for many years and has sat across the table from many of the staff in the audience to discuss financial issues.

His face troubled, he turns to Jenny and says, "I never realised just how much you took this home with you".

Turning back to the room he describes how he has been in NHS finance for over 20 years and he, like his colleagues, chose to work in the public sector because of the values they hold. That for them the role of finance is to find ways to use the money available to support clinical colleagues to deliver the best care for patients. A frequent member of the on-call executive, he shares how he regularly walks the clinical areas to understand first hand what staff are experiencing and, as he speaks, you can hear the admiration and concern he holds for his clinical colleagues. The audience are totally focused on him as he shares his distress at the current financial position of the NHS and the pressure felt at every level to deliver efficiencies that provides very little room for manoeuvre. How he and his colleagues worry about the 'ask' of staff and the relentless pressures they are under. He says he's had enough and announces this is his last day at the hospital sharing that, for the first time in his career, he has thought about leaving the NHS. He feels that finance has been reduced to a mere accounting task, providing spreadsheets for unrealistic performance reviews to be submitted centrally to track expenditure.

The audience are so still, eyes fixated on him – a member of staff who had told the facilitators before the round that he was leaving after 10 years in the organisation has tears rolling down his cheeks. Steve finishes by saying what has kept him and many of his colleagues going was the work they do to raise money for the hospital charity, “It is the only good thing I think I do now” he says looking down.

The silence is palpable. The atmosphere in the room is of overriding sadness, empathy and concern for their colleague.

We move to our third member – Mary, a junior doctor who shares her story of her first day of being on call when her immediate colleague had rung in sick and, despite significant effort, no locum could be found.

She describes a demanding shift where her bleep is constantly buzzing, running from one area to another desperately trying to meet all the demands placed upon her whilst trying to prioritise. She shares her sense of frustration and at times irritation, as people shout at her or tut in her earshot. Having been advised by her registrar that she wouldn’t be able to rely on him as he was busy elsewhere, she describes the feelings of being alone and, at times, out of her depth. Nursing colleagues in the room look uncomfortable, sharing later how guilty they felt at the possibility that they might have been that person chasing the junior doctor – torn between the needs of their patient and what was a reasonable request of medical colleagues.

Mary reflects, “that’s just how it is – and it’s the same everywhere” citing a friend in a different organisation who was waking regularly at night with panic attacks due to the level of responsibility and unsure where to go to for help. The mood in the room shifts again from sadness to anger with frowns appearing on the faces of the audience, “I’m so mad” one of the audience said later when the panel had finished.

As Mary finishes the attention shifts to our final member of the panel – Lyra, the recruitment lead.

Although she knew the stories, hearing them out loud had overwhelmed her. Speaking through the tears, Lyra looks at her colleagues and says, “I am so sorry”. Explaining that her role was recruitment for the organisation she demonstrates the impact of when responsibility sits heavily on your shoulders – something each member had reflected implicitly in their stories culminating in the display of emotion by the last panel member. A member of the audience jumps up and hands her a tissue and, taking a breath she shares how colleagues in workforce are trying to find innovative ways to address shortfalls in staffing. This is against a backdrop of national shortages and the recent impact of the Brexit announcement. Her story demonstrates, in the midst of severe challenges, the satisfaction of finding the ‘right’ person for the job and the impact this has on the wider team and organisation. In times of real difficulty, creativity and determination to focus on what could be done has helped her and her team to stay optimistic and realistic. Watching what their clinical colleagues are facing drives her and her team to work late into the evening and at weekends to recruit people. She finishes with a gentle challenge of how important it is to give new people joining the organisation a sense of optimism so that they will want to stay. This is heard and as the round opens up to the audience, the conversation moves from anger to compassion to a sense of pride. Pride in the fact that despite the different roles, the panel, and thus the organisation, is filled with people who are committed to finding ways to deliver the best services they can in difficult circumstances and that through support and understanding of each other, hope, resilience and optimism arise.