

The Haematology Workforce

cross-cutting specialty | clinical and laboratory work | liaison work | emotional labour burden.

We analysed the current workforce across the four nations

Our workforce faces a set of wide-ranging issues:

- Substantial vacancies/ frozen positions
- High retirement rates
- A lot of variation in distribution/population
- Low ratio consultants: other workers
- Discrimination and favouritism at work
- Substantial part time workforce
- Unpaid hours
- Working through poor physical & mental health

Unseen work is not recorded in current NHS workforce models:

- collected activity does not equal workload
- liaison haematology
- transfusion work

Emotional labour is significant and unaccounted for, which also underestimates workloads:

37% find work emotionally exhausting
20% professionals suppress concerns daily

Staff also don't have time for: quality improvement, professional development, research

To counter these issues, we support various ways to rethink the Haematology workforce

The '**expert team**' (group of skilled workers, with defined roles) rather than current Christmas Tree model (small group of highly skilled workers delegating tasks to those with fewer qualifications and less experience) - improves workloads, safety and workers' quality of life, while keeping a proficient workforce

Development of a **main service line** (current workforce, majority of workers) and a **workforce development line** (reduced pace, focus on training, ideal for returners and/or part time workers)

Decluttering work – need to decrease: filling in for others, workload intensification, over delegation, redundant data collection, redundant policies, poor IT and organisational infrastructure

Planning with a **flexible, part time workforce** in mind

Ensuring that the time needed for **emotional labour** is added into current planning

How will BSH use this data to better support our membership?

Policy	Further research	BSH programmes	Solutions	Empower Membership
Discussions with policy makers & modellers across four nations	Quantifying liaison haematology and transfusion work	Expand programmes to address needs: e.g. Education, networking, grants, mentoring, supporting research, supporting career progression for scientists	Repository for case studies of good practice	Create toolkits for members for advocating locally
Working with other stakeholders	Continue to refine and update our workforce models		Support trials or implementation of solutions at the local level	Sharing ideas and initiatives

TO CONTACT US WITH EXAMPLES OF GOOD PRACTICE, QUESTIONS OR STORIES

PLEASE CONTACT: externalaffairs@b-s-h.org.uk
www.b-s-h.org.uk/advocacy/workforce-project

“You can't run a good hospital without a good haematology department”