

TECHNOLOGY ENABLED CARE

tec
CYMRU

**NHS Wales Video Consulting
Service**

Remote Working:
Lived Experiences & Policy
Recommendations for a Future
Dynamic Workforce

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Summary

The offer and uptake of remote working (or working from home) drastically changed during the COVID-19 pandemic in terms of routine acceptance or normality of doing so, with a significant increase of endorsement across many working organisations and sectors in the UK. This was particularly evident within professional roles based in the National Health Service (NHS) and social care and third sector agencies in the United Kingdom (UK).

As a relatively new concept of working for many, it was considered crucial by TEC Cymru to first evaluate the progress of remote working during this time, and second, to create recommendations for an 'ideal remote working model', in order to ensure that the NHS and social care workforce, for whom TEC Cymru support, were best set up physically, mentally and sustainably. Therefore, TEC Cymru facilitated 21 virtual focus groups and a replicated survey from a total of 534 NHS and social care staff members to discuss their experiences of working models during the pandemic, while also exploring what their 'ideal remote working model' should look like going forward to build a future dynamic workforce. From this, the following findings were identified:

- The majority of NHS and social care staff like to work remotely (or from home), however some prefer to be in the office (or clinical space) across specialties.
- The suitability of remote working varies for staff members due to factors including appropriate home/office space for remote working, access to technology and being able to fulfil professional responsibilities.
- The impacts of remote working are important to consider, such as the ability to take regular breaks throughout the day, the physical impact of working remotely (on the mind and body) and how remote working can impact daily routines.
- Commuting and travel were discussed in-depth by staff with a wide range of benefits attached now that they are able to work remotely more so than previously.
- Going forward, the majority of NHS & social care staff would prefer a blended approach of remote and office work, with a takeaway message that this offer needs to be evolved from employee choice, and appropriate for each working individual.

The completion of this study has enabled TEC Cymru to gain a better understanding of remote working, and develop recommendations to implement within NHS Wales and social care for future remote working opportunities and protect the future workforce in Wales e.g., physical and emotional safety, access to devices and advancements in technology and setting clear expectations of remote working.

Background Literature

While front-line departments in the National Health Service (NHS) were stretched to their limits during the COVID-19 pandemic, with rapidly increasing hospital admission rates and direct impacts from COVID-19¹⁻², other areas within the NHS also had to adapt their services. Ensuring staff and patient safety was a priority for all during this time to minimise infection risk, thus, there was an increase in staff members working remotely (also known as working from home). This remote working style was rarely observed within the NHS prior to the pandemic, and so the shift in the levels of remote working during 2020-2021 were stark. From the NHS England Staff Survey³ in 2020, 36% had been working remotely due to the COVID-19 pandemic. This was the first year that there was a need to survey remote working.

Remote working can be defined as a flexible way of working regardless of location, often remote at home away from existing offices and with no physical, social interaction with colleagues. Interactions are achieved using technologies and communication platforms that are more readily available as digital advancements are made⁴. In 1981 in the United Kingdom, only 1.5% of workers reported working remotely, this figure had since tripled to 4.7% in 2019. Due to the pandemic, this rose from 5.7% in January 2020 to 43.1% by April 2020⁵. Previously, remote working could be regarded as an 'alien concept' within the NHS with only a very small percentage of staff able to complete their professional role from home, often within exceptional circumstances, despite a growing want and need for remote working often being expressed by the NHS workforce⁶. Flexible working however, which is the ability to be flexible in regard to hours worked and when, was reported at 54% in 2019, and rose to 57% in 2020³.

Research into remote working spans outside of the NHS. When considering other companies⁷, remote working has been a viable option for staff for some time where employers believe that by allowing employees to be flexible in their work and conduct their professional roles remotely, it benefits the organisation in many ways, such as a

greater work-life balance and a reduction in workplace stress⁸⁻⁹. In addition, a number of employees reported greater levels of productivity when working at home than in their usual place of work¹⁰. In a recent workplace survey¹¹ for companies that have embraced these working styles as part of their organisation, up to 64% are working remotely 'at least some of the time'.

Looking further afield than the NHS allows us to consider possible benefits *and* challenges associated with remote working that NHS staff may have faced in their introduction to remote working. At present, the environment is in a dilapidating state with an increasing population and environmental issues having negative effects. The use of remote working is a benefit to the environment due to the reduction in travel and parking¹², but also as employees are commuting less, not only does this reduce transport-related carbon emissions¹³⁻¹⁵, it can also save NHS trusts funds on staff travel expenses.

Research outside of the NHS suggests that employers perceive their own monetary saving on travel to be extremely beneficial¹⁶. This has also been the case within healthcare. Clinicians and patients within NHS Wales between March 2020 and November 2020 reported a travel time saving of 5,539 hours and 55 tonnes of CO₂ since the national video consulting (VC) service went live in early March, thus helping to neutralise carbon levels¹⁷. This reduction in travel and carbon continues to grow as both clinicians and patients continue to utilise VC¹⁸. Remote working has also allowed for direct contact between staff members to be dramatically reduced¹⁹, key in ensuring safety for individuals and the NHS at this time in reducing COVID-19 risk but also general infection rates.

Challenges to remote working may include difficulty separating work-home life and possible negative impacts on wellbeing. In some instances of remote working, there are some concerns reported of blurred boundaries between our work and home lives. For some individuals, they feel as though digital technologies that are used to facilitate remote working are available 24/7 and therefore causes problems for individuals to switch off from work 'after-hours' and feel that they are obliged to always be available to their colleagues²⁰. This is a cause for concern linked to employee wellbeing whereby working longer hours could contribute and result in burnout^{8, 21-22}. Not only this, but wellbeing can be impacted by remote working due to increases in loneliness and isolation due to less social interaction with colleagues⁷.

The difficulty of work-life balance can increase with additional factors such as children being within the home. Data¹⁵ suggests that 67% of participants with young children felt that household tasks were the biggest challenge working remotely. As stated, remote working has increased since the impact of COVID-19 and therefore these challenges may be associated with remote working presently, as opposed to remote working outside of a global pandemic. As schools and childcare were also impacted by COVID-19, it is important to note the significant effect that this may have had on individuals working from home^{15, 23}. While the advantageous outcomes of other organisations using remote working are transferrable and can be utilised into the NHS and healthcare settings²⁴, it is important to acknowledge the perceived challenges associated with remote working too.

While traditionally expectations within the NHS were for staff to be on-site working, previous research suggests that a number of NHS staff would have preferred the opportunity to be able to work from home and/or have flexible working, and could see this addition to have many of the benefits stated including the increased productivity and flexibility that is reported²⁵⁻²⁶.

There are a number of possible reasons that can help to explain why NHS staff have never had the full opportunity to work from home such as management not allowing remote working or no capacity to do so, concerns around whether staff were 'trusted' to work from home²¹, and there seemingly never being a full need to have this option. A massive overhaul of services would also be required to implement working from home, including an overhaul of the IT software and systems²⁷⁻²⁸.

The COVID-19 pandemic did however swiftly force the NHS to rapidly change the way in which staff worked. Introductions of technology can sometimes be slow within the NHS with much resistance²⁹, but the pandemic ensued that technologies had to be available at pace²⁹⁻³⁰. The rapid roll out of VCs within the NHS, particularly in Wales³¹, enabled NHS staff to have a remote consultation method to use with patients that could be accessed within the office, but also key, accessed remotely at home.

Technologies such as VC were needed in ensuring that NHS staff could complete their professional roles remotely. Alongside VC, appropriate and adequate technological devices, supporting working relationships with colleagues and management and also confidence in their ability to complete their role away from their standard office, was

key³². While there are a number of basic requirements to be able to work from home as highlighted³³, these are not always provided or readily available to NHS staff, meaning that there are disparities across services and health boards. As there are varying levels of available technology, support, and other working from home factors, there is not a 'one-size fits all' for NHS staff working from home and therefore, experiences of staff can be expected to be contrasting. Not only this, but remote working requires a change and shift in behaviours and structural patterns across organisations^{21, 34}.

Aims of Study

The COVID-19 pandemic presented an unforeseen opportunity for remote working to be explored in real-time across a wide range of NHS and social care professions in Wales. Due to this, TEC Cymru set out to explore the benefits and challenges of remote working based on the lived experiences of NHS and social care staff working from home during the pandemic. Within this enquiry, staff members were asked to help TEC Cymru design and inform the Welsh Government of an 'ideal working model' with policy recommendations to help develop a future dynamic workforce for Wales.

Method

Two types of data collection methods were used to capture the lived experience of remote working in Wales. This included the offer to attend one of the 21 virtual focus groups during March 2021, or completing a survey that replicated the same questions asked in the focus groups for those unable to attend.

The focus groups were run virtually using Microsoft Teams by two TEC Cymru research assistants with a semi-structured interview schedule (see appendix A) with each group running for 90 minutes. Opportunity and snowballing sampling were used to recruit participants for the focus groups. This involved an email sent out to all NHS Wales staff and social care contacts directing them to book a focus group attendance ticket on EventBrite, which had 21 time slot options over a one month time period (March 2021). In addition, the focus groups were advertised on TEC Cymru's social twitter account (@teccymru). Alongside the focus groups was the 'Remote Working: Pros, Cons and Ideal Model' [survey](#), which replicated the focus group questions. This was completed by participants who were unable to attend a focus group. The survey was completed through SurveyMonkey and again, was recruited through a snowballing sampling

method, which was made available on social media and to be shared amongst staff and services throughout Health Boards and NHS and social care networks.

Description of Remote Working Survey

A survey was developed to capture the experiences of remote working amongst professionals in Wales, particularly in the health care and social sectors. Questions were designed to replicate the questions asked in the focus groups, in order to capture specific experiences that professionals had encountered during the shift from office work to working at home. Firstly, respondents were asked to state what their occupation was, their local authority, and their current remote working status. They were asked if they liked remote working, with the response options "Yes", "No", or "Sometimes". They were also asked to state if they had adequate space for remote working (Yes/No), if they had adequate technology, and if they took regular breaks during their day.

Narrative boxes were provided in addition to these multiple-choice questions for respondents to expand upon their response if necessary. Narrative responses were used to capture respondents' experiences with fitting remote working with other responsibilities, separating work from home life, the impact of remote working on working relationships, if they missed their typical commute to and from work, and whether they were able to fulfil their roles and responsibilities from home. They also were asked about the impact upon their workload, and any changes to routines, and experiences of physical impacts or sleep changes resulting from remote working. Finally, respondents were asked to state how their travel had been impacted, in terms of minutes, time to park, and expenses that had been saved when working from home.

Results

A total of 21 focus groups were conducted with 138 clinical and non-clinical NHS Wales and social care staff members. In addition, a total of 396 participants completed the replicated survey.

Focus Groups

The focus groups and free-text narrative comments within the survey were analysed thematically as seen in Braun and Clarke³⁵. The data was transcribed, initially coded and key themes that became apparent were identified. Demographics, specialities and professions of staff that completed the focus groups were recorded and analysed and can be found below in Tables 1-4.

Table 1. Professions and specialities of staff focus groups.

Professions	Percentage of responses (N = 138)	Speciality	Percentage of responses (N = 138)
Counsellor	15.2%	General Practice	0.72%
Dentist/Dental Nurse	1.4%	Primary Care	0.72%
Dietitian	2.2%	Dental Health & Ortho	1.45%
Doctor	8%	Anaesthetics	0.72%
Drama Therapist	0.7%	Audiovestibular Medicine	1.45%
Family Therapist	0.7%	Cancer Services	0.72%
Management	19.6%	Clinical Genetics	0.72%
Nurse	3.6%	Diabetes and Endo	2.17%
Occupational Therapist	8.7%	Medicine	1.45%
Pharmacist	0.7%	Neurology & Neurosurgery	2.17%
Physiotherapist	7.2%	Occupational Medicine	9.42%
Psychologist	4.3%	Paediatrics & Child Health	4.35%
Speech and Language Therapist	10.9%	Palliative Medicine	0.72%

Informatics/Digital/Programme	4.3%	Pharmacy	0.72%
Administration	2.9%	Plastic Surgery	0.72%
Business	3.6%	Psychiatry & MH	25.36%
Unknown/Not Stated/Not Explicit Enough	1.4%	Rehabilitation	0.72%
Other	4.3%	Respiratory Medicine	0.72%
		Rheumatology	0.72%
		Surgery	0.72%
		Trauma & Ortho	0.72%
		Other Therapies	2.17%
		Other Hospital / Community / Other	1.45%
		Informatics / Digital / Programme	7.97%
		Administration	2.17%
		Business/Finance	2.90%
		Profession only	22.46%
		Unknown / Not Stated / Not Explicit Enough	3.62%

Table 2. Areas lived in by staff in focus groups.

Type of Area	Percentage of Responses (N = 138)
City	24.6%
Town	38.4%
Village	28.3%
Country	6.5%
Other	2.2%

Table 3. Health Boards and Local Authorities of Staff in Focus Groups.

Health Board	Percentage of Responses (N = 138)	Local Authority	Percentage of Responses (N = 138)
ABUHB	18.8%	Newport	2.9%
		Monmouthshire	3.6%
		Blaenau Gwent	2.9%
		Caerphilly	6.5%
		Torfaen	2.9%
BCUHB	8.7%	Isle of Anglesey	0.7%
		Gwynedd	0.7%
		Conwy	1.4%
		Denbighshire	4.3%

		Wrexham	2.9%
CAVUHB	30.4%	Cardiff Council	19.6%
		The Vale	8.7%
CTMUHB	11.6%	Bridgend	5.1%
		Merthyr Tydfil	3.6%
		Rhondda Cynon Taf	6.5%
HDUHB	8.7%	Carmarthenshire	6.5%
		Ceredigion	1.4%
		Pembrokeshire	2.9%
PTHB	2.9%	Powys	2.9%
SBUHB	9.4%	Swansea	3.6%
		Neath Port Talbot	0.7%
VCC	1.4%	N/A	1.4%

Other	5.8%	Other	4.3%
Blank	2.2%	Blank	5.1%

Table 4. Age and Gender of Staff in Focus Groups.

Age	Percentage of Responses (N = 138)	Gender	Percentage of Responses (N = 138)
18-25	0.7%	Female	84.8%
26-35	13.8%	Male	13.8%
36-45	29.7%	Prefer not to say	0.7%
46-55	32.6%	Blank	0.7%
56-65	21.7%		
66+	1.4%		

Surveys

For the survey data, a quantitative analysis was also completed using SPSS; the narrative responses were converted to quantifiable responses. For example, for the question, “Do you miss your traditional (if applicable) commute to and from work? e.g., time to reflect on your day” narrative responses were recoded to “Yes”, “No”, “Mixed”, or “N/A/Still Commuting”. Respondents’ professions were also analysed and arranged in 11 different categories.

These are split as following, and displayed by professional split and category, in Table 5.

- General Practitioner (GP),
- Other Primary,
- Allied Healthcare Professionals (AHPs, Therapies),
- Mental Health (MH) & Psychiatry,
- Hospital,
- Digital/Informatics/Programme/Policy/Finance (DIPPF)

- Management & Professional,
- Coordination & Engagement,
- Charities & Third Sector,
- Community,
- Wider Health/Social Care Team

Table 5. Professions of Staff Survey Responses.

Profession Category	Percentage of Responses (N = 396)	Professions
General Practice (GP)	2.3%	GPs
Other Primary	0.5%	Pharmacy
AHPs	32.6%	Physiotherapists, psychologist, occupational therapist, dietician, orthoptist, SLT, podiatrist, prosthetist
MH/Psychiatry	4.8%	Psychotherapist, Psychiatrist
Hospital	14.6%	Counsellor, Audiologist, Radiotherapist, Clinical Specialist, Continence, Nurse, Clinical Scientist, Doctor/Consultant, Special Care Dentist, Neonatologist, Paediatrics, Pathologist, Trauma & Ortho, Neurologist, Genetic Counsellor, Autism Service
Digital/Informatics/ Programme/Policy/Finance	10.6%	Public Health, Project, Contracts Officer, Data Analysis / Research / Information, Trainer, Health & Safety, Patient Experience, Policy, IT, Finance
Management/Professional	10.4%	Management, Clinical Lead, Communications Manager, Director, Professor, Executive Officer
Coordination & Engagement	6.8%	Coordinator / Development Officer, Support Officer / Worker, Communications Officer, Business Partner, Engagement, Partnership Officer, Performance Officer, Digital Event Officer

Charities & Third Sector	2.8%	Charity, Welfare Rights Adviser, Shared Lives
Community	8.3%	Health Visitor, Smoking & Wellbeing / Substance Misuse, Adviser, Care Coordinator, Care Worker, Social Worker, Health & Wellbeing, Case Worker, Prevention Worker, Health Professional
Wider Health/Social Care Team	6.3%	Administration, Porter, Library Assistant

Quantitative Findings

Overall findings from the quantitative aspects of the Remote Working Survey are highlighted below and split by local authority. The data has also been analysed and separated by the specific professions and employment areas recorded within the survey.

Local Authority

Figure 1 displays the percentage of responses from each area of Wales (Local Authority).

Figure 1. The percentage of respondents from each Local Authority in Wales.

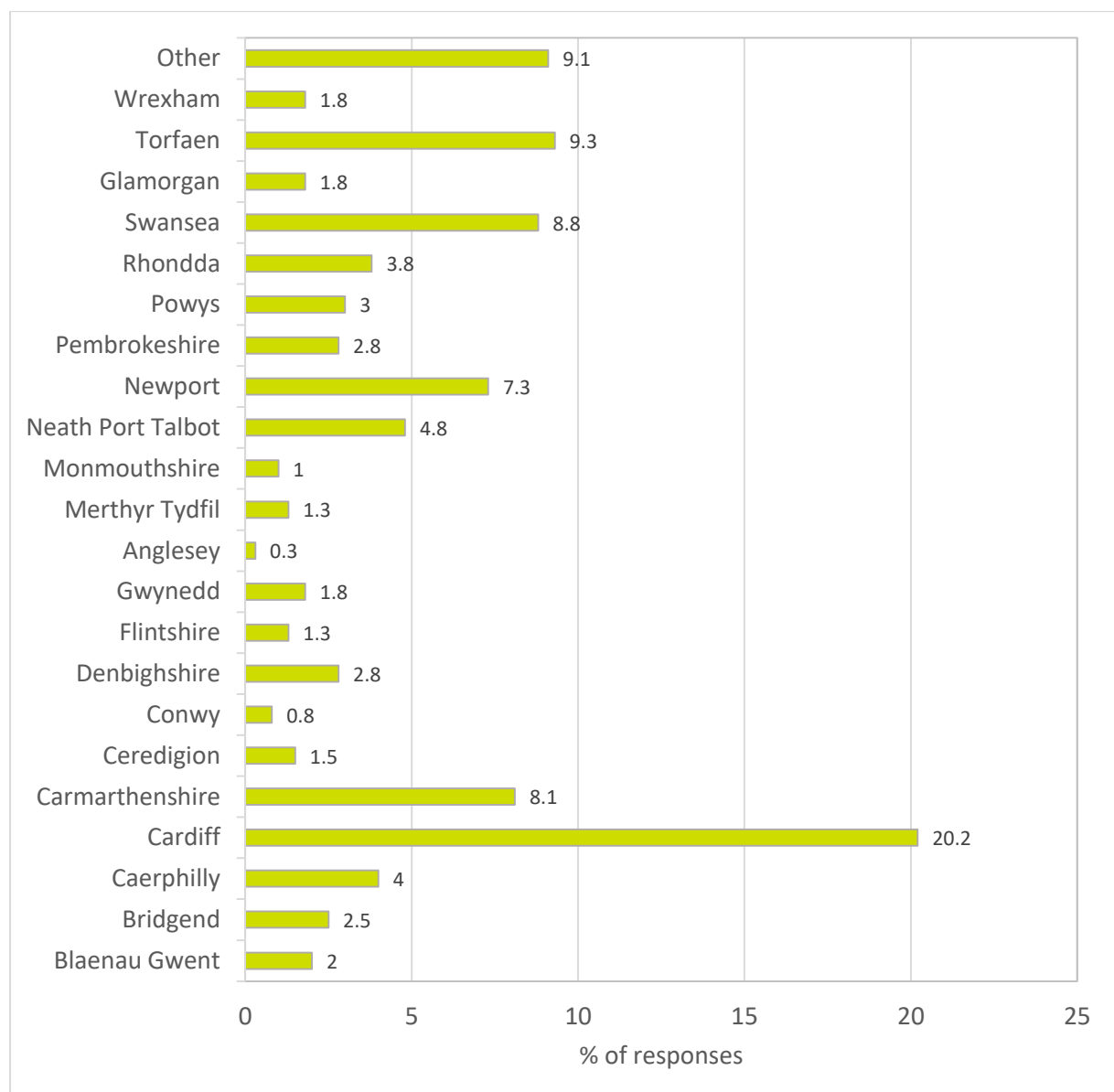
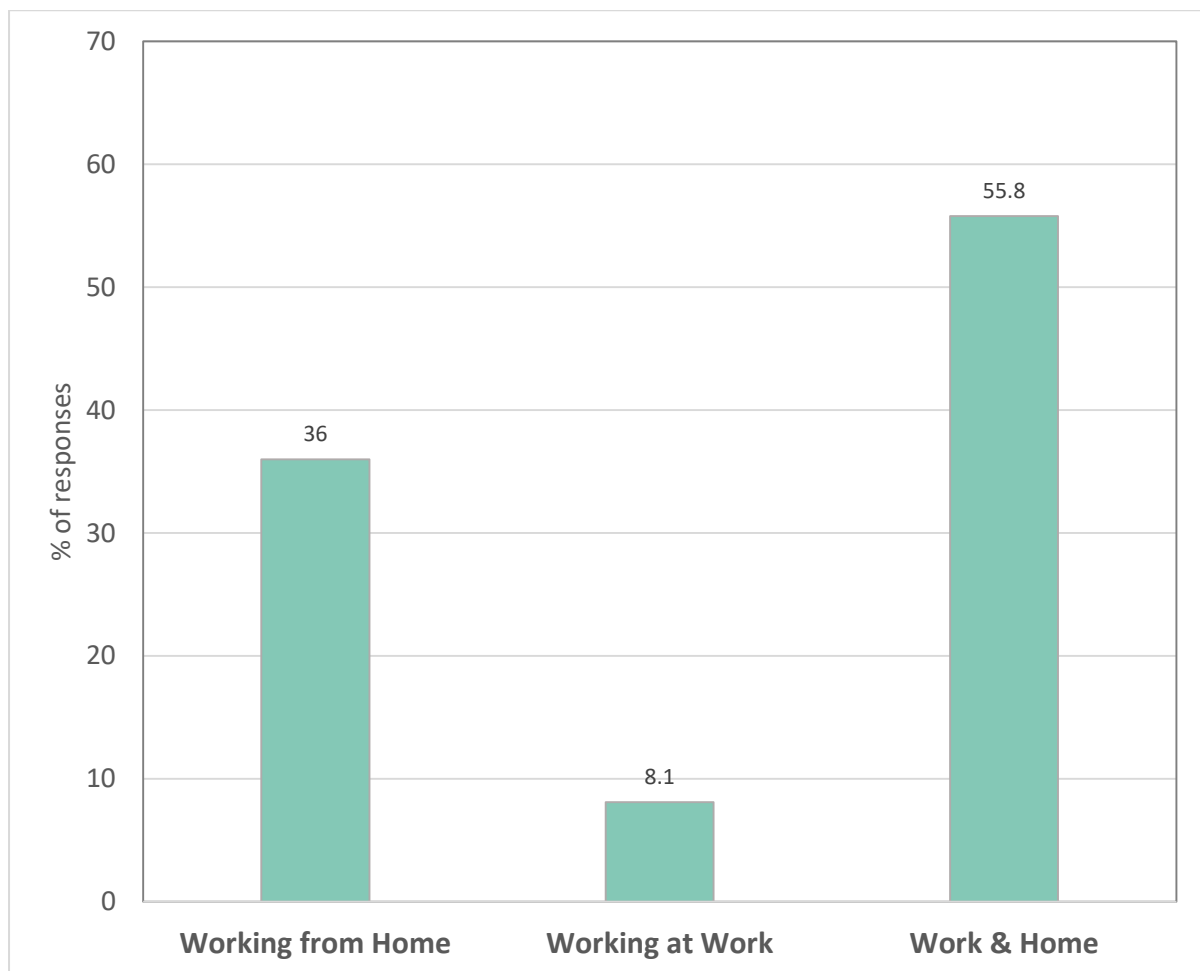


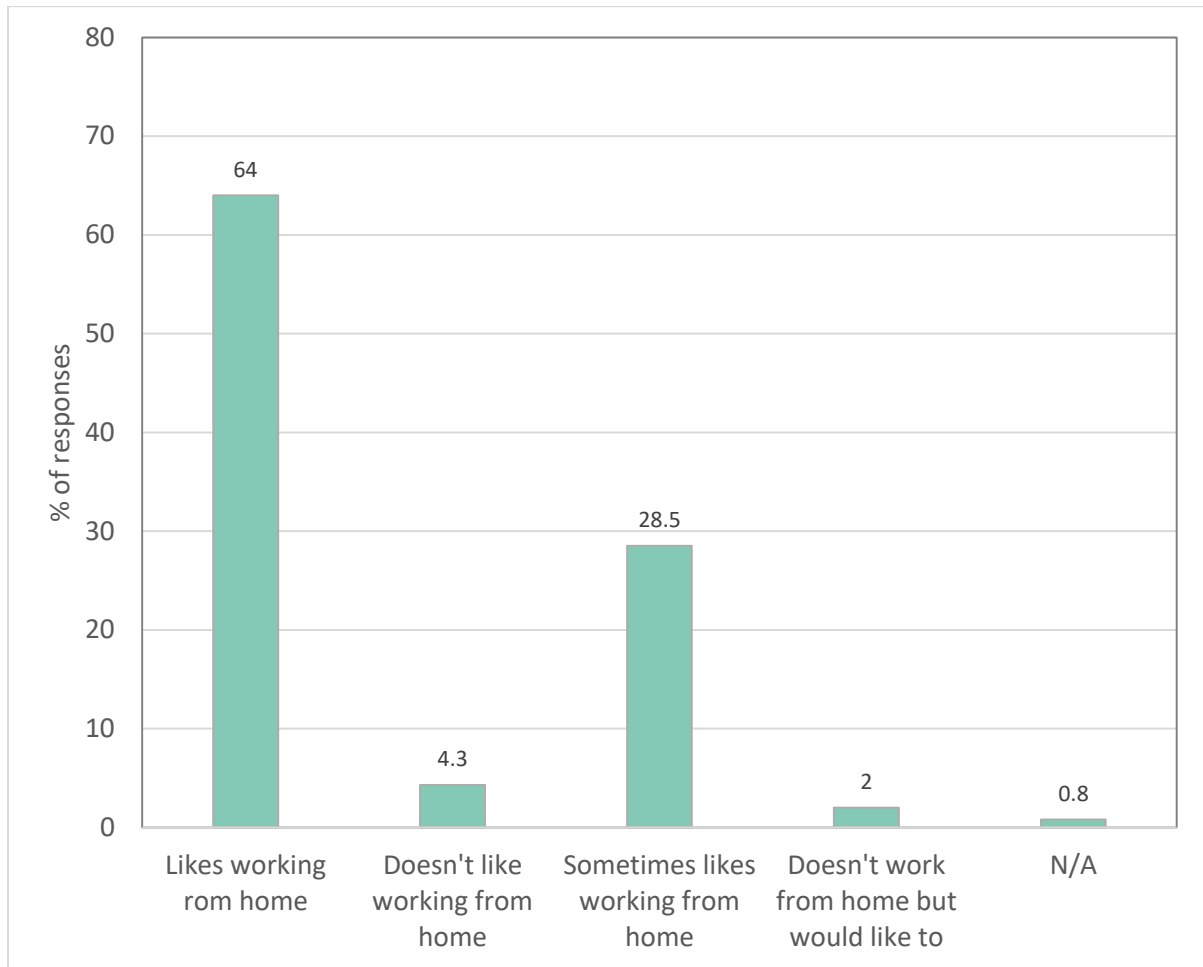
Figure 2 demonstrates that the majority (**55.8%**) of respondents were working both at work and at home. There was a larger proportion working just at home (36%) compared with just at work (8.1%).

Figure 2. The proportion of respondents (N = 394) working from home, work, and both.



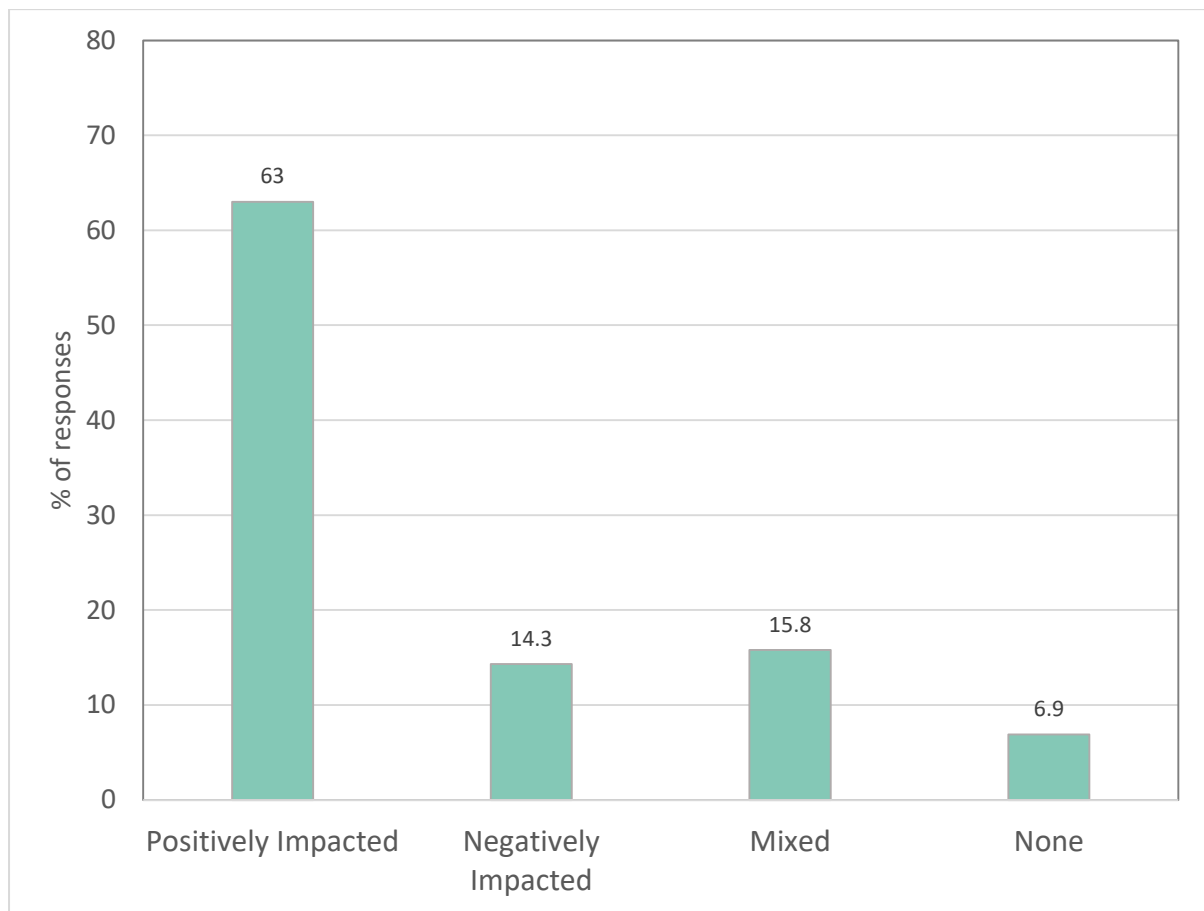
It was revealed that **64% of 394 respondents like working from home**, only 4.3% do not like working from home, and **28.5% stated they sometimes like it** (2% do not work from home, 0.8% N/A) (Figure 3).

Figure 3. The proportion of respondents who like, don't like, sometimes like remote working



Respondents were asked whether their work/life balance had been impacted by remote working, and responses were categories into “Positively Impacted”, “Negatively Impacted”, “Mixed Impacts”, and “No Impacts”. **Positively, 63% stated that they had experienced the positive impacts of remote working.** This is displayed in Figure 4.

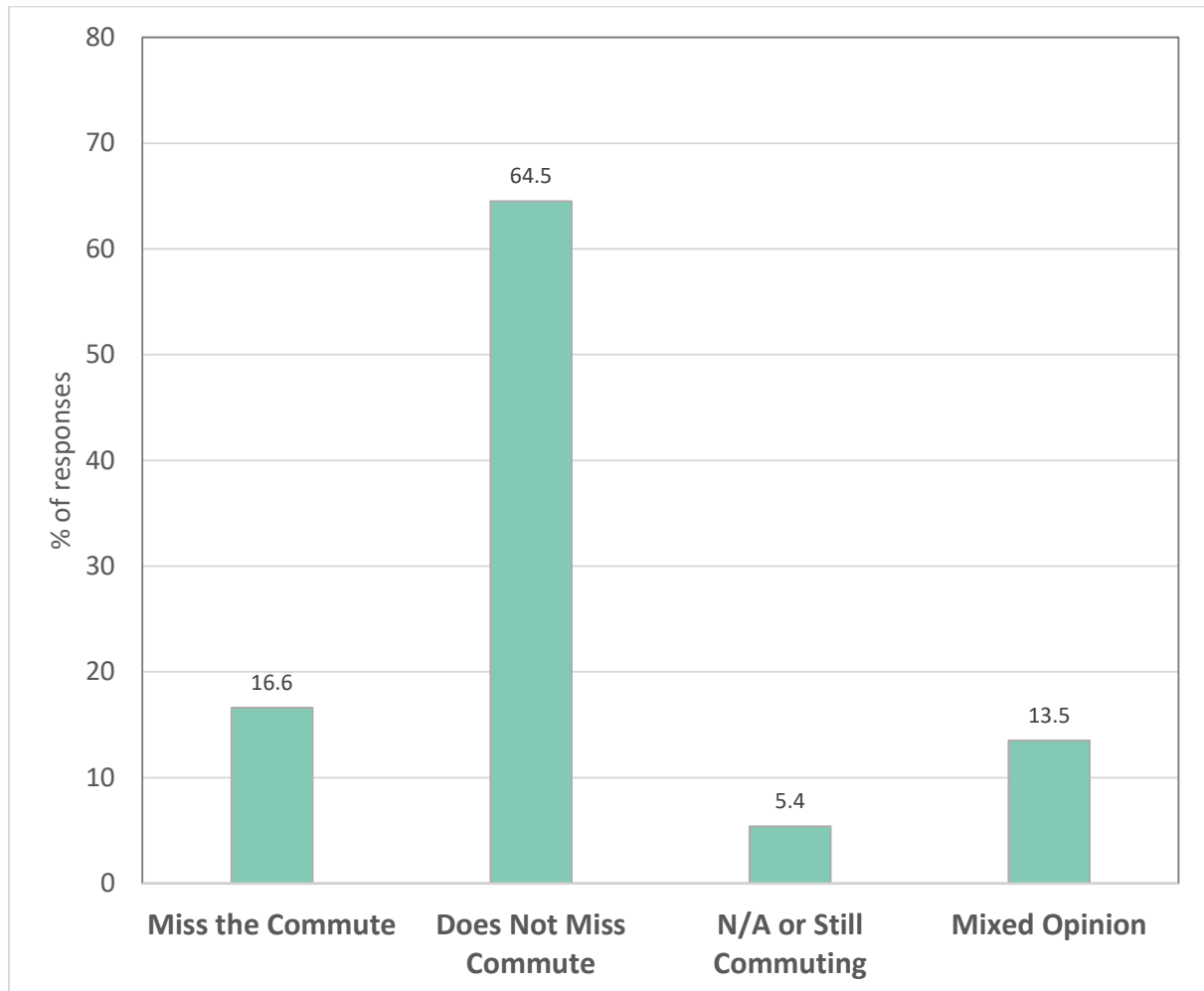
Figure 4. The proportion of respondents (N = 392) who have experienced impacts



Considering working relationships with team members, responses (N = 393) were arranged into two categories, these were “Negatively Impacted Relationships” and “No Impacts or Positively Impacted Relationships”. It was revealed that almost half of the responses detailed **negative impacts (49.6%)** and half reported no impacts or **positive impacts (50.4%)**.

Interestingly, only 16.6% of respondents stated that they missed their traditional commute to work, whereas **64.5% said they did not miss the commute** (Figure 5).

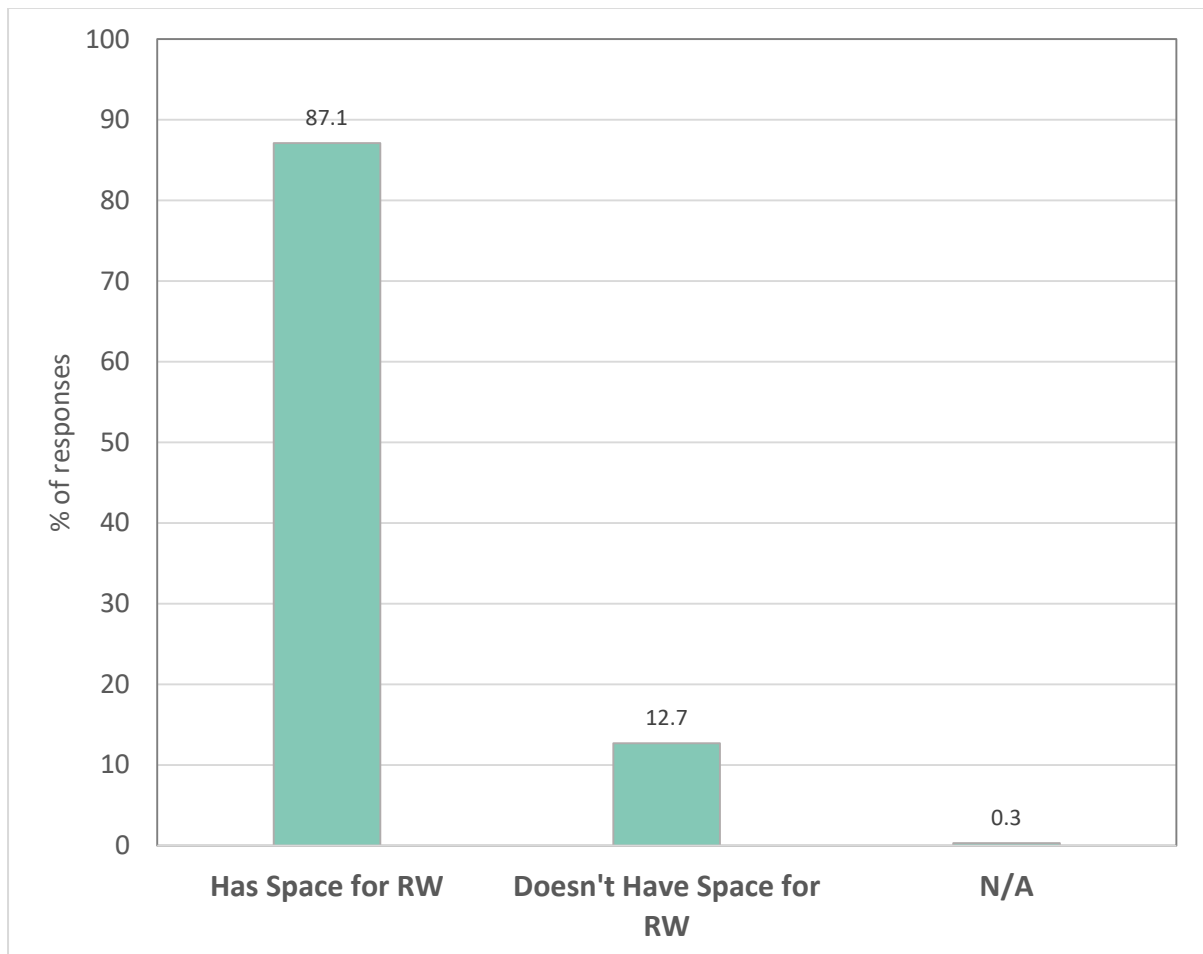
Figure 5. The proportion of respondents (N = 386) who miss the commute to work, do not miss the commute, feel mixed about this topic, or are still commuting.



Suitability of Remote Working

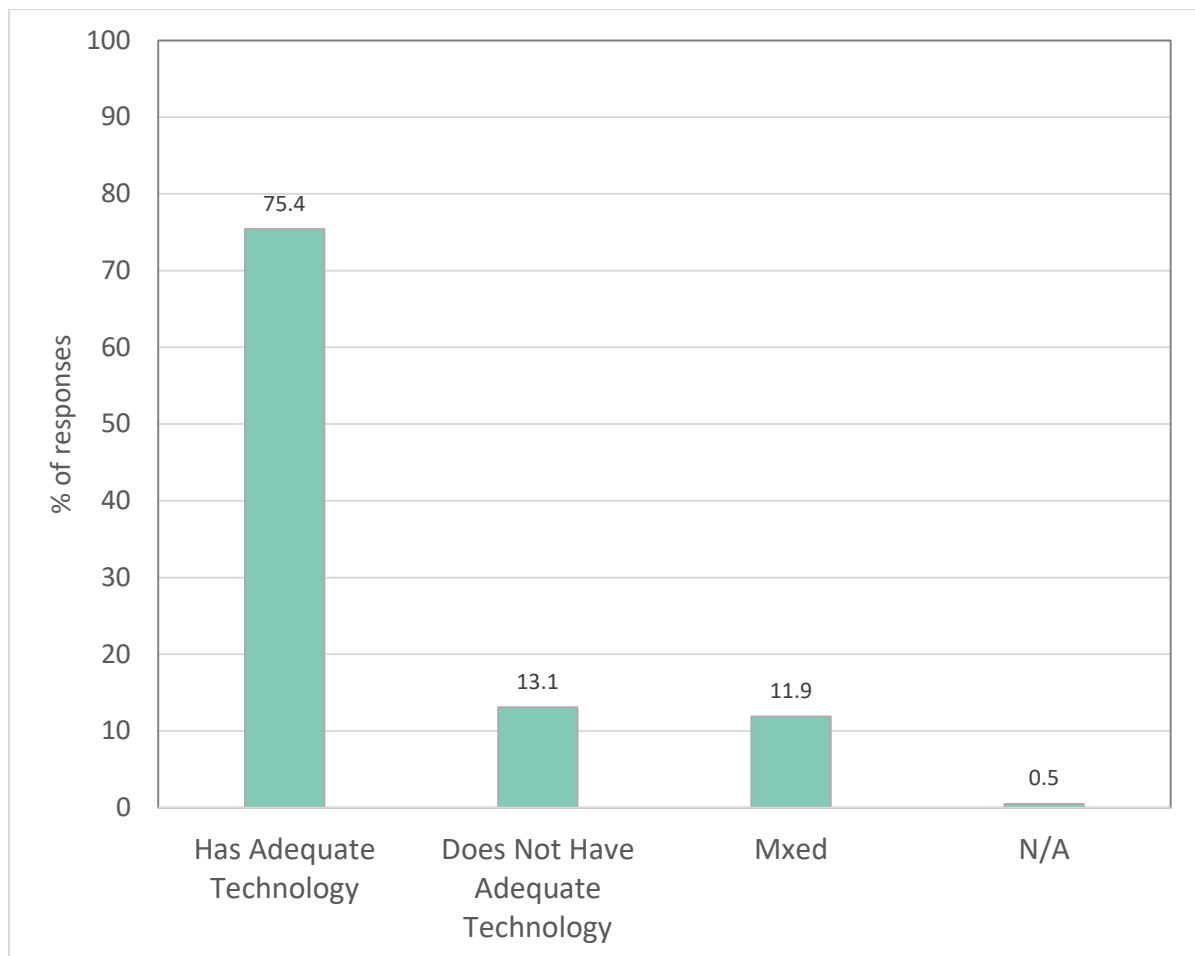
Interestingly, the majority of professionals have **sufficient space to engage in remote working (87.1%)** (Figure 6). Although a small proportion do not have sufficient space (12.7%), it is still vital to consider these individuals.

Figure 6. The proportion of respondents (N = 395) who do and do not have sufficient space for remote working (RW).



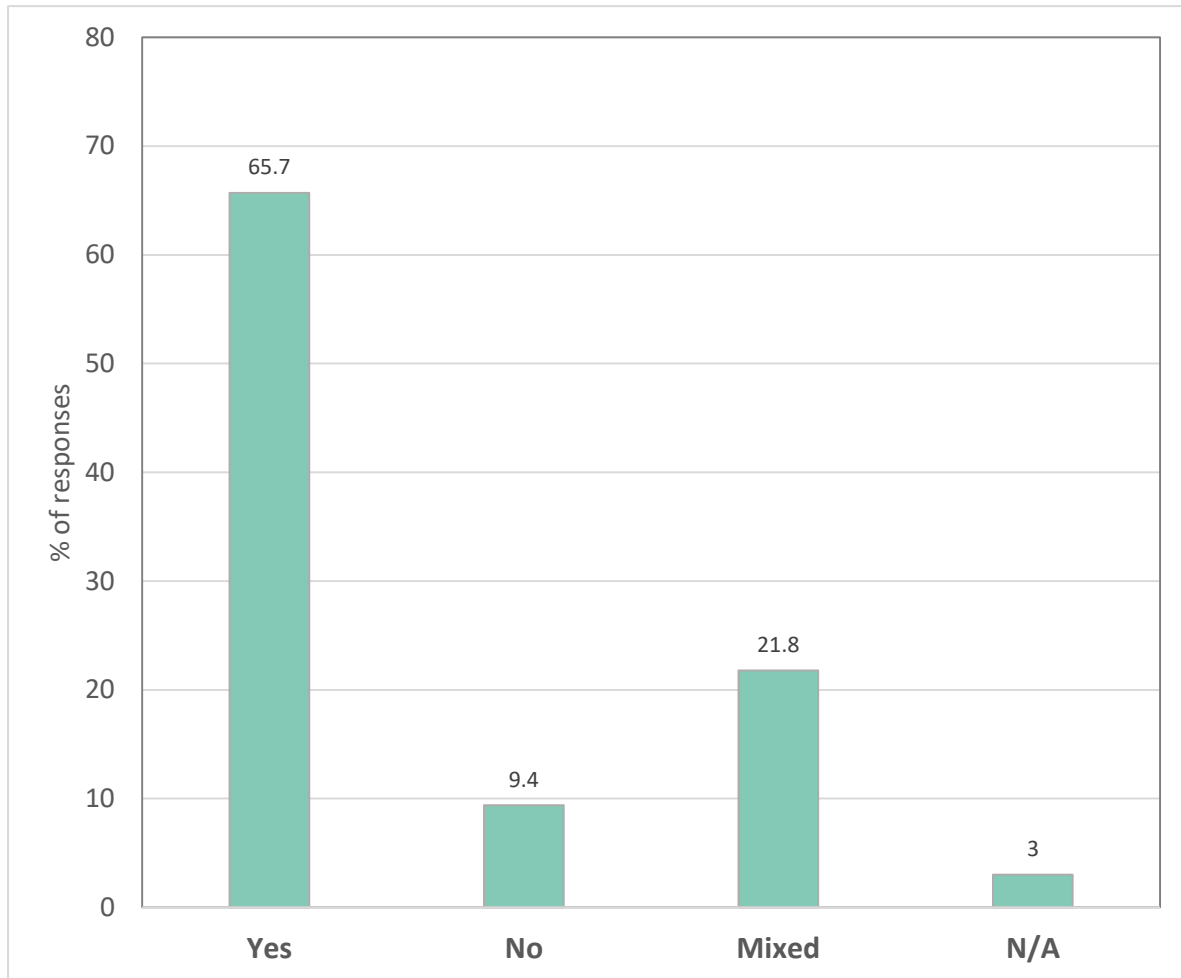
Also, **75.4% stated they had adequate access to the technology** they required to work sufficiently from home, although **13.1% did not**, and 11.9% were mixed in their view of this (Figure 7).

Figure 7. The proportion of respondents (N = 396) who have or haven't got the access to adequate technology.



Furthermore, **65.7% were able to fulfil their professional responsibilities and duties** while working remotely, and although 21.8% stated a mixed opinion on their ability, only **9.4% stated they could not fully fulfil their responsibilities** (Figure 8).

Figure 8. The proportion of respondents (N = 394) who were able to or unable to fulfil their professional responsibilities and duties while working remotely.



Impacts of Remote Working

A total of **36.3% of respondents have seen that remote working has impacted their workload**, whether that is positive or negative impacts, although **48.5% stated that their workload had not been impacted** throughout the period of home working (Figure 7).

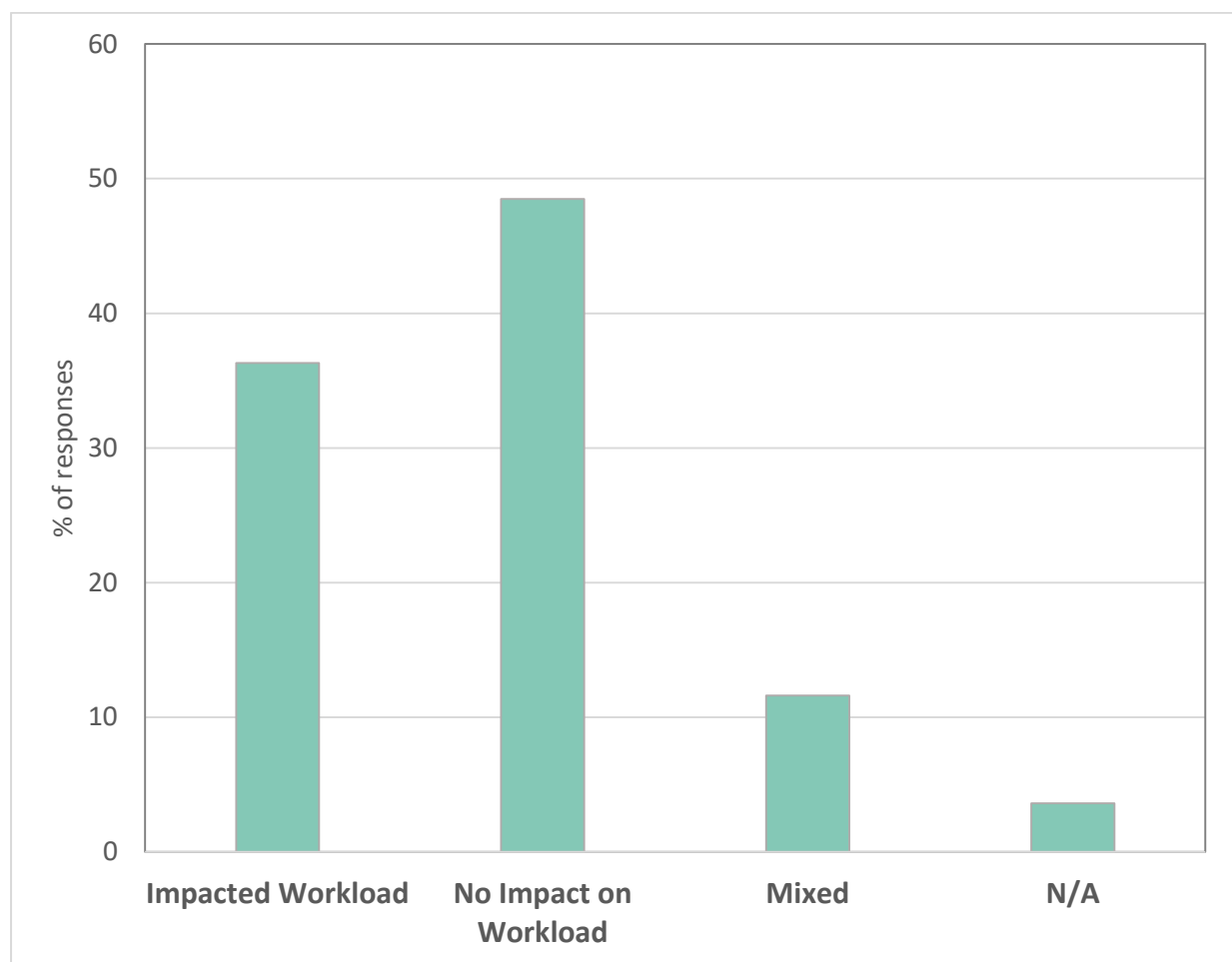
Most respondents (N = 377) **take regular breaks when working from home (70.8%)**, compared with **29.2% of individuals who do not take regular breaks**.

In addition to this, **half of the sample (51.9%) reported experiencing negative physical impacts** due to remote working, and **almost half (41.6%) report no physical impacts**

or positive impacts (e.g., more time for exercise). The remaining respondents stated mixed views of the physical impacts of remote working.

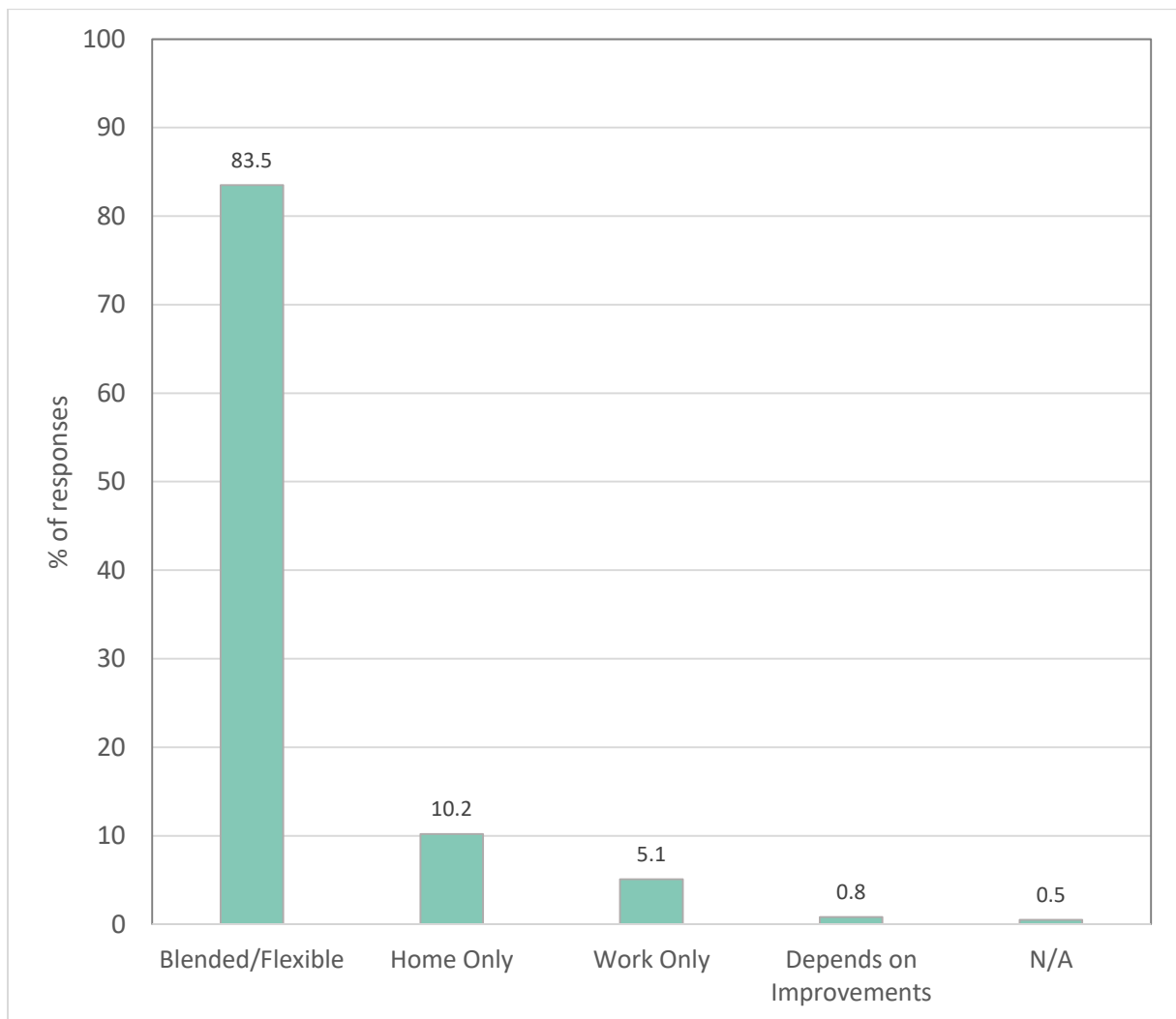
Also, **38.1% stated their sleep had been impacted** when working from home, although **over half (58.8%) reported no impacts on sleeping habits**. On the other hand, normal daily routines had been affected for 61.9% of 388 respondents.

Figure 7. The responses to whether respondents' (N = 388) workloads had been impacted by remote working.



When asked to describe their ideal working model, the majority of respondents (83.5%) stated they would prefer to have a “blended approach” to working, that is, the choice to work from home and at work as and when they require. There were smaller proportions of respondents who wished to work solely from home (10.2%) or solely at work (5.1%).

Figure 8. The responses to respondents' (N = 388) describing their ideal working model.



Travel, Parking & Expenses

The savings for travel minutes, parking, and expenses (per day) are displayed in Table 6. A total of **39,585 minutes** (659 hours) were saved on travel and parking for professionals in Wales due to remote working, which equates to an average of **61.13 minutes travel** and **45.6 minutes parking** per respondent, per day (a total of 106.7 minutes each person per day). In addition, £2,284 that would have been spent on expenses was saved, which on average is **£6.66 per person**, per day claimed back from NHS Wales or social care services.

Table 6. The descriptive statistics for travel savings across the entire sample.

	Travel Minutes	Parking Minutes	Expenses (£)
Sum	23350	16235	2284
Mean (SD)	61.13 (42.17)	45.60 (129.05)	6.66 (23.78)
Min	0	0	0
Max	240	600	250
Total Responses	382	356	343

Please note: The next section is split up into 11 categories of respondents' professions, as following:

- General Practitioner (GP),
- Other Primary,
- Allied Healthcare Professionals (AHPs, Therapies),
- Mental Health (MH) & Psychiatry,
- Hospital,
- Digital/Informatics/Programme/Policy/Finance (DIPPF)
- Management & Professional,
- Coordination & Engagement,
- Charities & Third Sector,
- Community,
- Wider Health/Social Care Team

General Practice (GP)

There were **9 survey responses** from GPs. Of these, 2 were based in Cardiff, 1 Carmarthenshire, 1 Ceredigion, 1 Flintshire, 1 Neath Port Talbot, 1 Rhondda Cynon Taf, 1 Swansea, and 1 in Torfaen.

Remote Working Status:

A total of 55.6% of respondents were working from work/clinical base, and the remainder (44.4%) were working both at work and at home. **There were no GPs who were working solely from home.** Only one respondent stated they liked working from home (12.5%), and one did not like working from home. **The majority, 62.5% (5 respondents), reported that they like working from home, sometimes.**

Impacts of Remote Working:

Impact	Percentage (%) of Responses	Frequency (Freq)
Work/Life Balance		
Positively Impacted	37.5	3
Negatively Impacted	25.0	2
Mixed	37.5	3
Total		8
Relationship with team		
Negatively Impacted	37.5	3
No Impact/Positively Impacted	62.5	5
Total		8
Miss the Commute		
Yes	14.3	1
No	71.4	5
N/A or Still Commuting	14.3	1
Mixed	0	0
Total		7
Workload		
Impacted	37.5	3
Not Impacted	50	4

Mixed	12.5	1
N/A	0	0
Total		8
Physical Impacts		
Impacts/Negative Impacts	28.6	2
No Impacts/Positive Impacts	71.4	5
Mixed	0	0
N/A	0	0
Total		7
Routines Changed		
Changed	0.0	0
No Change	100.0	7
N/A	0.0	0
Total		7
Sleep		
Impacted	0	0
No Impact	100.0	7
Mixed	0	0
N/A	0	0
Total		7

Suitability of Remote Working

Suitability	Percentage (%) of Responses	Frequency (Freq)
Adequate Space		
Yes	88.9	8
No	11.1	1
N/A	0	0
Total		10

Adequate Technology		
Yes	77.8	7
No	11.1	1
Mixed	11.1	1
N/A	0	0
Total		9
Able to Fulfil Duties?		
Yes	66.7	6
No	22.2	2
Mixed	11.1	1
N/A	0	0
Total		9
Takes Regular Breaks		
Yes	100.0	5
No	0	0
Total		5

Ideal Working Model

87.5% of GPs stated that their ideal working model would be a **blended or flexible** approach to work, with part time work at home and part time working from work. Only one person (12.5%) stated they would like to work solely from work.

Travel & Expenses

A total of 105 minutes of travel were saved due to remote working for GPs, an average of **17.5 minutes** per respondent. In addition, £41 in expenses were saved, which equates to **£8.20 per person**, on average.

Allied Healthcare Professionals (AHPs; Therapies)

There was a total of **129 responses** from professionals who were AHPs, constituting 32.6% of the total sample. Most respondents (19.4%) were from the Cardiff area, followed by Swansea (12.4%), and Newport (10.1%).

Remote Working Status:

Of the AHPs in the current sample, **63% were working from home and work - a blended approach**. 24.4% were working solely from home, and 12.6% from work. A total of **55.5% of respondents stated that they liked working from home**, with an additional 34.4% who like working from home sometimes. Only 5.5% do not like working from home.

Impacts of Remote Working:

Impact	Percentage (%) of Responses	Frequency (Freq)
Work/Life Balance		
Positively Impacted	61.7	79
Negatively Impacted	16.4	21
Mixed	14.8	19
None	7.0	9
Total		128
Relationship with team		
Negatively Impacted	57.5	73
No Impact/Positively Impacted	42.5	54
Total		127
Miss the Commute		
Yes	16.9	21
No	58.1	72
N/A or Still Commuting	11.3	14
Mixed	13.7	17
Total		124

Workload		
Impacted	34.1	43
Not Impacted	48.4	61
Mixed	12.7	16
N/A	4.8	6
Total		126
Physical Impacts		
Impacts/Negative Impacts	63.0	80
No Impacts/Positive Impacts	29.9	38
Mixed	3.1	4
N/A	3.9	5
Total		127
Routines Changed		
Changed	65.6	82
No Change	32.0	40
N/A	2.4	3
Total		125
Sleep		
Impacted	34.4	43
No Impact	62.4	78
Mixed	0.0	0
N/A	3.2	4
Total		125

Suitability of Remote Working

Suitability	Percentage (%) of Responses	Frequency (Freq)
Adequate Space		
Yes	86.6	110
No	13.4	17

N/A	0	0
Total		127
Adequate Technology		
Yes	64.1	82
No	19.5	25
Mixed	16.4	21
N/A	0	0
Total		128
Able to Fulfil Duties?		
Yes	50.8	64
No	15.9	20
Mixed	32.5	41
N/A	0.8	1
Total		126
Takes Regular Breaks		
Yes	65.3	79
No	34.7	42
Total		121

Ideal Working Model:

90.6% of AHPs stated that they would like a blended/flexible approach to working, whereby they work from work and home when required. 4.7% stated they would like to work solely at work, and 1.6% solely at home. 2.4% stated that they would like to work from home, but this depends on improvements and advancements.

Travel Savings:

As a result of remote working, a total of **8,466 minutes were saved** that typically take respondents to travel to work, which is an average of **67.73 per person** (total responses = 125). Additionally, AHPs saved £749 in **expenses, £6.94 per person**.

Mental Health and Psychiatry

There were **19 responses** from professions relating to mental health (MH) and psychiatry. Most respondents in this care category were from the Carmarthenshire area (31.6%).

Remote Working Status:

A total of **73.7%** of professionals in Mental Health & Psychiatry **were working from home and work - a blended approach**, with 5.3% working just at work, and 21.1% working just from home. **84.2% stated they liked working from home**, 5.3% sometimes liked working from home, and only 10.5% (2 respondents) did not like working from home.

Impacts of Remote Working:

Impact	Percentage (%) of Responses	Frequency (Freq)
Work/Life Balance		
Positively Impacted	73.7	14
Negatively Impacted	5.3	1
Mixed	21.1	4
None	0	0
Total		19
Relationship with team		
Negatively Impacted	47.4	9
No Impact/Positively Impacted	52.6	10
Total		19
Miss the Commute		
Yes	15.8	3
No	73.7	14
N/A or Still Commuting	0	0
Mixed	10.5	2
Total		19

Workload		
Impacted	38.9	7
Not Impacted	61.1	11
Mixed	0	0
N/A	0	0
Total		18
Physical Impacts		
Impacts/Negative Impacts	36.8	7
No Impacts/Positive Impacts	57.9	11
Mixed	0	0
N/A	5.3	1
Total		19
Routines Changed		
Changed	57.9	11
No Change	36.8	7
N/A	5.3	1
Total		19
Sleep		
Impacted	44.4	8
No Impact	50.0	9
Mixed	0	0
N/A	5.6	1
Total		18

Suitability of Remote Working

Suitability	Percentage (%) of Responses	Frequency (Freq)
Adequate Space		
Yes	89.5	17
No	5.3	1
N/A	5.3	1

Total		19
Adequate Technology		
Yes	66.7	12
No	27.8	5
Mixed	5.6	1
N/A	0	0
Total		18
Able to Fulfil Duties?		
Yes	73.7	14
No	5.3	1
Mixed	21.1	4
N/A	0	0
Total		19
Takes Regular Breaks		
Yes	68.4	13
No	31.6	6
Total		19

Ideal Working Model:

84.2% of respondents in MH & Psychiatry stated that they would **like a blended/flexible approach to working**. 10.5% reported wanting to work from just home, and 5.3% just work.

Travel Savings:

Overall, a total of 1105 minutes were saved due to remote working, **a mean of 69.06 minutes**. As well as this, £300 was saved in expenses, which is **£18.75 per person** in this care category (N = 16).

Hospital

There was a total of **58 respondents** from professions based in Hospital specialties. Of these, 36.8% were located in the Cardiff area, 19.3% in Swansea, and 10.5% in Newport.

Remote Working Status:

A total of **73.7% were working both at work and at home – blended approach**. An additional 22.8% were working just at home, and 3.5% were just at work. **71.9% stated that they liked working from home**, and 21.1% stated they sometimes like working from home. Only 3.5% did not like working from home, and 3.5% also said they do not but would like to work from home.

Impacts of Remote Working:

Impact	Percentage (%) of Responses	Frequency (Freq)
Work/Life Balance		
Positively Impacted	66.7	38
Negatively Impacted	10.5	6
Mixed	14.0	8
None	8.8	5
Total		57
Relationship with team		
Negatively Impacted	47.4	27
No Impact/Positively Impacted	52.6	30
Total		57
Miss the Commute		
Yes	9.1	5
No	70.9	39
N/A or Still Commuting	0	0
Mixed	20.0	11
Total		55

Workload		
Impacted	26.8	15
Not Impacted	66.1	37
Mixed	7.1	4
N/A	0	0
Total		56
Physical Impacts		
Impacts/Negative Impacts	39.3	22
No Impacts/Positive Impacts	57.1	32
Mixed	3.6	2
N/A	0.0	0
Total		56
Routines Changed		
Changed	60.7	34
No Change	37.5	21
N/A	0.0	0
Total		56
Sleep		
Impacted	35.7	20
No Impact	62.5	35
Mixed	0.0	0
N/A	1.8	1
Total		56

Suitability of Remote Working

Suitability	Percentage (%) of Responses	Frequency (Freq)
Adequate Space		
Yes	89.5	51
No	10.5	6

N/A	0	0
Total		57
Adequate Technology		
Yes	66.7	38
No	15.8	9
Mixed	17.5	10
N/A	0	0
Total		57
Able to Fulfil Duties?		
Yes	61.4	35
No	7.0	4
Mixed	31.6	18
N/A	0	0
Total		57
Takes Regular Breaks		
Yes	66.7	36
No	33.3	18
Total		

Ideal Working Model:

80.7% of professionals in Hospital sectors stated they would like to work from home and work at work (blended approach), whereas 14% stated they simply wanted to work at home, and 5.3% wanted to work at work.

Travel Saved:

A total of 3,139 minutes were saved as a result of remote working, typically taken to travel. This equates to an average of **58.13 minutes per respondent** (N = 54). Only £43 was saved in Hospital, which is **£0.88 per person** (N = 49).

Digital, Informatics, Programme, Policy & Finance (DIPPF).

There was a total of **42 responses** from professionals in Digital, Informatics, Programme, Policy, & Finance (DIPPF). 19.0% of these were located in Cardiff and 14.3% Torfaen.

Remote Working Status:

A total of **73.8% of respondents in this category were working just from home**, and only 26.2% were working both at work and at home. No respondents were working just at work. **71.4% of these like working from home**, and 26.2% sometimes like working from home. Only one respondent (2.4%) does not like working from home.

Impacts of Remote Working:

Impact	Percentage (%) of Responses	Frequency (Freq)
Work/Life Balance		
Positively Impacted	68.3	28
Negatively Impacted	12.2	5
Mixed	19.5	8
None	0	0
Total		41
Relationship with team		
Negatively Impacted	46.3	19
No Impact/Positively Impacted	53.7	22
Total		41
Miss the Commute		
Yes	31.7	13
No	56.1	23
N/A or Still Commuting	2.4	1
Mixed	9.8	4
Total		41
Workload		
Impacted	46.3	19
Not Impacted	36.6	15

Mixed	9.8	4
N/A	7.3	3
Total		41
Physical Impacts		
Impacts/Negative Impacts	45.2	19
No Impacts/Positive Impacts	42.9	18
Mixed	2.4	1
N/A	9.5	4
Total		42
Routines Changed		
Changed	71.4	30
No Change	28.6	12
N/A	0	42
Total		
Sleep		
Impacted	48.8	20
No Impact	48.8	20
Mixed	0	0
N/A	2.4	1
Total		41

Suitability of Remote Working

Suitability	Percentage (%) of Responses	Frequency (Freq)
Adequate Space		
Yes	81.0	34
No	19.0	8
N/A	0	0
Total		42

Adequate Technology		
Yes	81.0	34
No	7.1	3
Mixed	11.9	5
N/A		0
Total		42
Able to Fulfil Duties?		
Yes	78.6	33
No	4.8	2
Mixed	7.1	3
N/A	9.5	4
Total		42
Takes Regular Breaks		
Yes	69.0	29
No	31.0	31
Total		42

Ideal Working Model:

78.6% of individuals stated they would like a blended/flexible approach to working, whereas 21.4% stated they would like to work from home only. No professional wanted to work just at work.

Travel Savings:

A total of 3,315 minutes were saved for individuals in DIPPF professions (n = 42), which is an average of **78.93 minutes per person**. Also, £246 in expenses was saved, **£6.47 per person**.

Management and Professional

A total of **41 respondents** were categorised as Management and Professional. Most were from Cardiff (24.4%), Torfaen (17.1%), and Carmarthenshire (12.2%).

Remote Working Status:

A total of **56.1% of respondents were working from home**, whereas 36% were working at both work and home (blended). Only 4.9% of professionals were working just at work. **70.7% of these liked working from home**, and 26.8% sometimes like working from home. Only one respondent (2.4%) stated they did not like working from home.

Impacts of Remote Working:

Impact	Percentage (%) of Responses	Frequency (Freq)
Work/Life Balance		
Positively Impacted	48.8	20
Negatively Impacted	9.8	4
Mixed	31.7	13
None	9.8	4
Total		41
Relationship with team		
Negatively Impacted	41.5	17
No Impact/Positively Impacted	58.5	24
Total		41
Miss the Commute		
Yes	17.7	7
No	73.2	30
N/A or Still Commuting	0	0
Mixed	9.8	4
Total		41

Workload		
Impacted	42.5	17
Not Impacted	37.5	15
Mixed	20.0	8
N/A	0	0
Total		40
Physical Impacts		
Impacts/Negative Impacts	57.5	23
No Impacts/Positive Impacts	40.0	16
Mixed	2.5	1
N/A	0	0
Total		40
Routines Changed		
Changed	66.7	26
No Change	33.3	13
N/A	0	0
Total		39
Sleep		
Impacted	45.0	18
No Impact	52.5	21
Mixed	2.5	1
N/A	0	0
Total		40

Suitability of Remote Working

Suitability	Percentage (%) of Responses	Frequency (Freq)
Adequate Space		
Yes	85.4	35

No	14.6	6
N/A	0	0
Total		41
Adequate Technology		
Yes	90.2	37
No	2.4	1
Mixed	7.3	3
N/A	0	0
Total		41
Able to Fulfil Duties?		
Yes	85.4	35
No	2.4	1
Mixed	12.2	5
N/A	0	0
Total		41
Takes Regular Breaks		
Yes	75.6	31
No	24.4	10
Total		41

Ideal Working Model:

80% of respondents stated they would prefer the option to work both at work and at home (blended approach), whereas 17.5% would like to work just at home, and 2.5% just at work.

Travel Savings:

A total of 2,119 minutes were saved for Management and Professionals, an average of **52.98 per person** (n = 40). Additionally, £70 was saved in expenses (mean of **£1.89** for 37 respondents).

Coordination and Engagement

There was a total of **27 respondents** for Coordination and Engagement. The majority were from Torfaen (25.9%).

Remote Working Status:

A total of **55.6% of respondents were working from home**, and 44.4% were working both at work and at home. There were no respondents who were working just at work. **70.4% of these liked working from home**, and 25.9% sometimes liked working from home. However, one respondent (3.7%) did not like working from home.

Impacts of Remote Working:

Impact	Percentage (%) of Responses	Frequency (Freq)
Work/Life Balance		
Positively Impacted	66.7	18
Negatively Impacted	22.2	6
Mixed	11.1	3
None	0	0
Total		27
Relationship with team		
Negatively Impacted	51.9	14
No Impact/Positively Impacted	48.1	13
Total		27
Miss the Commute		
Yes	22.2	6
No	55.6	15
N/A or Still Commuting	7.4	2
Mixed	14.8	4
Total		27
Workload		
Impacted	20.8	8

Not Impacted	42.3	11
Mixed	23.1	6
N/A	3.8	1
Total		26
Physical Impacts		
Impacts/Negative Impacts	57.7	15
No Impacts/Positive Impacts	30.8	8
Mixed	11.5	3
N/A	0	0
Total		26
Routines Changed		
Changed	66.7	18
No Change	29.6	8
N/A	3.7	1
Total		27
Sleep		
Impacted	48.1	13
No Impact	51.9	14
Mixed	0	0
N/A	0	0
Total		27

Suitability of Remote Working

Suitability	Percentage (%) of Responses	Frequency (Freq)
Adequate Space		
Yes	88.9	24
No	11.1	3
N/A	0	0
Total		27

Adequate Technology		
Yes	88.9	24
No	3.7	1
Mixed	7.4	2
N/A	0	0
Total		27
Able to Fulfil Duties?		
Yes	70.4	19
No	3.7	1
Mixed	11.1	3
N/A	14.8	4
Total		27
Takes Regular Breaks		
Yes	80.8	21
No	19.2	5
Total		26

Ideal Working Model:

77.8% of respondents stated they would like a blended approach to working, whereas 14.8% would like to work solely from home, and 7.4% just from work.

Travel Savings:

A total of 1,179 minutes were saved that would typically take respondents (n = 27) to travel to work, a mean of **43.67 minutes**. Also, a total of £1,495 in expenses was saved, which on average is **£8.09 per person**, n = 23).

Charities and Third Sector

There was a total of **11 responses** for Charities & Third Sector professionals. The majority (36.4%) were based in Caerphilly.

Remote Working Status:

A total of **45.5% of respondents in Charities and Third Sector care were working from home**, and 54.5% were working from both home and work. No respondents were working solely from work. Of these, **54.5% stated that they liked working from home**, and 45.5% sometimes liked working from home.

Impacts of Remote Working:

Impact	Percentage (%) of Responses	Frequency (Freq)
Work/Life Balance		
Positively Impacted	90.9	10
Negatively Impacted	9.1	1
Mixed	0	0
None	0	0
Total		11
Relationship with team		
Negatively Impacted	45.5	5
No Impact/Positively Impacted	54.5	6
Total		
Miss the Commute		
Yes	9.1	1
No	63.6	7
N/A or Still Commuting	0	0
Mixed	27.3	3
Total		11
Workload		
Impacted	36.4	4

Not Impacted	54.5	6
Mixed	9.1	1
N/A	0	0
Total		11
Physical Impacts		
Impacts/Negative Impacts	54.5	6
No Impacts/Positive Impacts	45.5	5
Mixed	0	0
N/A	0	0
Total		11
Routines Changed		
Changed	63.6	7
No Change	27.3	3
N/A	9.1	1
Total		11
Sleep		
Impacted	9.1	1
No Impact	90.9	10
Mixed	0	0
N/A	0	0
Total		11

Suitability of Remote Working

Suitability	Percentage (%) of Responses	Frequency (Freq)
Adequate Space		
Yes	90.9	10
No	9.1	1
N/A	0	0
Total		11

Adequate Technology		
Yes	90.9	10
No	9.1	1
Mixed	0	0
N/A	0	0
Total		11
Able to Fulfil Duties?		
Yes	70.0	7
No	10.0	1
Mixed	20.0	2
N/A	0	0
Total		10
Takes Regular Breaks		
Yes	63.6	7
No	36.3	4
Total		11

Ideal Working Model:

90.9% of respondents stated that they wanted a blended approach to work, and one person (9.1%) stated they wanted to work solely at home.

Travel Saved:

A total of 640 minutes of travel were saved for respondents in Charities & Third Sector, a mean of **64 minutes per person**. In addition, £67 in expenses was saved, with a mean of **£6.70 per person**.

Community Care

There was a total of **33 responses** from Community care, with the majority being located in Carmarthenshire (15.3%), Blaenau Gwent (12.1%), and Cardiff (12.1%).

Remote Working Status:

A **total of 42.4% of respondents in Community Care were working from home**, and 51.5% at home and at work. Only 6.1% stated they were only working at work. **66.7% reported that they like working from home**, and 27.3% sometimes like working from home. 6.1% stated they did not like working from home.

Impacts of Remote Working:

Impact	Percentage (%) of Responses	Frequency (Freq)
Work/Life Balance		
Positively Impacted	59.4	19
Negatively Impacted	18.8	6
Mixed	18.8	6
None	3.1	1
Total		32
Relationship with team		
Negatively Impacted	54.5	18
No Impact/Positively Impacted	45.5	15
Total		33
Miss the Commute		
Yes	15.6	5
No	75.0	24
N/A or Still Commuting	0	0
Mixed	9.4	3
Total		32
Workload		
Impacted	46.9	15

Not Impacted	43.8	14
Mixed	9.4	3
N/A	0	0
Total		32
Physical Impacts		
Impacts/Negative Impacts	46.9	15
No Impacts/Positive Impacts	53.1	17
Mixed	0	0
N/A	0	0
Total		32
Routines Changed		
Changed	56.3	18
No Change	43.8	14
N/A	0	0
Total		32
Sleep		
Impacted	53.1	17
No Impact	43.8	14
Mixed	3.1	1
N/A	0	0
Total		32

Suitability of Remote Working

Suitability	Percentage (%) of Responses	Frequency (Freq)
Adequate Space	81.2	26
Yes	18.8	6
No	0	0
N/A		32
Total		

Adequate Technology		
Yes	81.8	27
No	15.2	5
Mixed	3	1
N/A	0	0
Total		33
Able to Fulfil Duties?		
Yes	81.8	27
No	6.1	2
Mixed	6.1	2
N/A	6.1	2
Total		33
Takes Regular Breaks		
Yes	78.1	25
No	21.9	7
Total		32

Ideal Working Model:

81.3% of professionals in Community Care stated they would like to have a blended/flexible approach to working. 12.5% stated they would like to work just from home, and 6.3% just at work.

Travel Savings:

A total of 2096 minutes were saved due to remote working (**mean of 63.52**), as well as £560 of expenses saved, which is the equivalent of **£18.06 per respondent** (n = 31).

Wider Health & Social Care Teams

A total of **25 respondents** were from the Wider Health & Social Care Teams. 12% were from Carmarthenshire, 12% from Neath Port Talbot, 12% from Rhondda Cynon Taf, and 12% were from Wrexham.

Remote Working Status:

A total of **64% of respondents were working from both work and home – a blended approach**, whereas 24% were working solely from home and 12% solely from work. **60% of these stated that they liked working from home**, and 32% sometimes liked working from home. No respondents did not like working from home.

Impacts of Remote Working:

Impact	Percentage (%) of Responses	Frequency (Freq)
Work/Life Balance		
Positively Impacted	64.0	16
Negatively Impacted	12.0	3
Mixed	4.0	1
None	20.0	5
Total		25
Relationship with team		
Negatively Impacted	26.0	9
No Impact/Positively Impacted	64.0	16
Total		25
Miss the Commute		
Yes	8.3	2
No	66.7	16
N/A or Still Commuting	8.3	2
Mixed	16.7	4
Total		24
Workload		
Impacted	32.0	8

Not Impacted	48.0	12
Mixed	8.0	2
N/A	12.0	3
Total		25
Physical Impacts		
Impacts/Negative Impacts	50.0	12
No Impacts/Positive Impacts	37.5	9
Mixed	0	0
N/A	12.5	3
Total		24
Routines Changed		
Changed	40.0	10
No Change	60.0	15
N/A	0	0
Total		25
Sleep		
Impacted	28.0	7
No Impact	60.0	15
Mixed	0	0
N/A	12.0	3
Total		25

Suitability of Remote Working

Suitability	Percentage (%) of Responses	Frequency (Freq)
Adequate Space		
Yes	96.0	24
No	4.0	1
N/A	0	0
Total		

Adequate Technology		
Yes	88.0	22
No	0	1
Mixed	4.0	0
N/A	8.0	2
Total		25
Able to Fulfil Duties?		
Yes	64.0	16
No	8.0	2
Mixed	24.0	6
N/A	4.0	1
Total		25
Takes Regular Breaks		
Yes	81.8	18
No	18.2	4
Total		22

Ideal Working Model:

66.7% of respondents stated that their ideal working model would be a **blended/flexible approach**. 12.5% also stated they would like to work solely from home, and 16.7% solely from work.

Travel Savings:

A total of 901 minutes of travel was saved because of remote working, an average of **37.54 minutes**. Only £16 of expenses were saved, however, which equals a mean of **£0.73 per respondent** (n = 22).

Results of Qualitative Survey Data

Focus Group and Survey Narrative

In addition to the quantitative data outlined above, the qualitative data captured in the 21 focus groups, and the open-narrative within the surveys have allowed for NHS and social care staff experiences to be explored in-depth, beyond that of 'tick boxes'. This will be discussed in this section, based on the five dominant themes that emerged, with additional sub-themes and sub-categories.

Interestingly, both sets of qualitative data mirror and support each other across the themes, and that of the quantitative data discussed above. Furthermore, across specialities, regardless of staff ranging from clinical and non-clinical professions, and across a range of NHS, social care and third sector agencies, similar views emerged across the themes. This suggests that remote working has more to do with the 'task in hand' rather than specific to any speciality or employer type of role. It is important to keep this in mind.

1. Welsh Workforce Preference

- 1.1 'Liking' and 'Disliking' Remote Working
 - 1.1.1 Like= Weighing up the Benefits
 - 1.1.2 Dislike = Balancing the Social Aspects
 - 1.1.3 Dislike or Difficulty, Benefits Vs Service Shortfalls

2. Suitability of Remote Working

- 2.1 Physical Space for Remote Working
- 2.2 Access to Technology
- 2.3 Fulfilling Professional Roles & Responsibilities

3. Physical and Emotional Impacts of Remote Working

- 3.1 Taking a Break
 - 3.3.1 Learning to Take a Break
 - 3.3.2 Learning to Stop the Guilt
 - 3.3.3 Still Learning to Adapt- Emotional Risk Factors
- 3.2 Physical Health Impacts
- 3.3 Seeking Social Support
- 3.4 Sleep Patterns
- 3.5 Diet
- 3.6 Daily Routine

4. Commuting and Travel

- 4.1 Commuting Remotely to the Office
- 4.2 Travel Miles and Savings

5. Ideal Working Model

- 5.1 Blended Approach
- 5.2 The Importance of Choice

Theme 1: Welsh Workforce Preference

1.1 'Liking' and 'Disliking' Remote Working

As highlighted within the quantitative data in the above section, many NHS and social care/third sector employees (64%) report to 'like' remote working (or working from home) when compared to working within their normal office space. This workplace preference of working remotely is similarly highlighted within the qualitative narrative.

1.1.1 'Like' – Weighing up the Benefits

"Certain tasks are more convenient from home." (GP, Carmarthenshire, HDUHB)

"I also have a degree of flexibility providing I continue to meet objectives... plus I am prepared to drop into the odd Microsoft Teams meeting here & there on my days off too, as it is just the time of the meeting..." (Management, Torfaen, ABUHB)

"Has allowed me to establish a much better work, life balance" (Management, Rhondda Cynon Taf, CTMUHB)

"I find that I have a better work life balance" (Physiotherapist, SBUHB)

"Feel more productive, safer and better work-life balance... Also able to be more flexible in hours to offer patient appointments as now work evenings." (Counsellor, Newport, ABUHB)

"...no longer have to worry about home deliveries etc" (Management, Torfaen, ABUHB).

In addition, the ability to be more productive and have improved concentration throughout the remote working day was often reported, which was generally

associated to having less distractions or interruptions that would be typically experienced in a busy office space.

“Easier to concentrate away from a busy open plan office” (Management, Rhondda Cynon Taf, CTMUHB).

“I am able to concentrate better at home” (Physiotherapist, CTMUHB)

“Less commuting time, more quiet space, less distractions, more home comforts.” (Physiotherapist, SBUHB)

“I am definitely a fan of working from home. I find my working week to be far more productive as I have no commute and much less distraction that travelling to a place of work would bring” (Management, Torfaen, ABUHB).

“I have found that I do a lot more work when working from home - I can contact more patient by phone, and have been very productive when working at home. There is less distractions- less interruptions.” (Physiotherapist, Gwynedd, BCUHB)

There were also reported benefits of feeling more relaxed within their own home compared to the office, which in some circumstances contributed to improvements in workforce health and wellbeing.

“Feels more relaxed in my own home” (Management, Torfaen, ABUHB)

“Less travel, less stress... Better able to manage health needs - chronic health condition” (Counsellor, Newport, ABUHB)

“Overall health is better - the building has lighting that causes frequent migraines and inconsistent temperature which means most work days were very uncomfortable.” (Management, Rhondda Cynon Taf, CTMUHB).

1.1.2 'Dislike' = Balancing the Social Aspect

Whilst the vast majority of employees report to prefer working remotely, a small number report that they 'disliked' working from home. This was generally associated to feelings of isolation or missing out on social contact. It was also reported that they

felt they lacked professional support from colleagues, and for some, experienced feeling less motivated working from home compared to an office-base.

"I find it isolating and do not think it is healthy. I miss social contact."
(Occupational Therapist, SBUHB)

"Working from home you don't have access to wider team immediately for support with urgent visits." **(GP, Neath Port Talbot, SBUHB)**

"I find it very difficult and stressful managing my home and work responsibilities without the separation of "going to work". **(Psychiatrist, Carmarthenshire, HDUHB)**

"I hate working from home and really want to be able to go into work. I find it very difficult to focus and motivate myself at home; I benefit a lot from face to face interaction with my colleagues and patients, and the stimulation and more varied nature of being in a workplace." **(Psychologist, Carmarthenshire, HDUHB)**

One employee noted that they 'do not like remote working' as it can leave you feeling as if you are 'living at work'.

"Initially very frustrating as home working set up was inadequate and failed to give me access to everything I need. It can cause barriers i.e. if not visible in work people assume you are not working, and vice versa sometime people assume you are still working when on annual leave or when you've finished for the day. Can make you feel like you are living at work" **(Dietitian, CAVUHB)**

1.1.3: 'Dislike' or 'Difficulties'? Benefits vs. Service Shortfalls

For some employees, the lack of access to digital resources such as digital notes, records and technology were seen to be the reason some staff reported to not like working from home.

"Currently we do not have electronic patient records. This makes working from home difficult and a clinical risk." **(Dietitian, Neath Port Talbot, SBUHB)**

"I do not have access to a work laptop or phone so I have to use my personal devices but I do not like this. I also do not have a suitable table or chair. If I had

the correct equipment, I think the option of working from home would be extremely useful.” (SLT, Newport, ABUHB)

Theme 2: Suitability of Remote Working

While remote working for many individuals can be extremely beneficial and yield many positive aspects, it is important to ensure that remote working is suitable for that individual and also their professional role when considering whether or not the employee has the space or ability to work remotely. In addition, the appropriate access to technology they may require, and also whether or not they are able to fulfil their professional work responsibilities, clinically or otherwise, is essential to consider. The following sub-themes discuss this in more depth.

2.1: ‘Physical Space’ for Remote Working

Having the physical space available to work remotely as stated, is crucial when working away from the office. As the quantitative data suggests many of those within this sample felt that they ‘did’ have the physical space within their home to conduct their work, and carry out their professional roles remotely and successfully. This was also an emerging theme in the qualitative data.

“I know some of my colleagues have separate large screens and some have separate bedrooms that they can use as an office.” (Occupational Therapist Assistant, Social Services)

“I worked from home in a previous role so already had experience, space, & kit (suitable desk, monitors etc)” (IT Specialist, Anglesey, BCUHB)

“I am lucky to have a room for this, otherwise I think it would be more difficult” (Community Advisor, Swansea)

“Fortunately had setup a workspace prior to Covid” (Clinical Scientist, SBUHB)

“I have sufficient space and also plan on improving this space if we're allowed to continue home working” (Specialist Nurse Practitioner, Carmarthenshire, HDUHB)

“I have 3 screens set up with whiteboard, pin board and reference books all in the same room (my desk is bigger than the one in work).” (Systems Support Manger, Denbighshire)

Despite this, some of the employees felt that they 'did not' have adequate space to work from home.

"We were told we could have whatever equipment we needed across the board. I was initially provided with an extra screen for my laptop but that didn't work for me because I didn't have the space" **(Occupational Therapist Assistant, Social Services)**

"I have a spare room which I have put a desk in although it can be claustrophobic there." **(Outreach Worker, Charity/Third Sector, Carmarthenshire)**

"It can be more uncomfortable due to inadequate seating" **(Community Care Worker, Torfaen, ABUHB)**

Some employees also report to have been working in cramped environments with the rest of their family feeling the struggle too. This is eased slightly if children are not in the house.

"I'm in a two bed flat, so my kitchen table becomes the office plus the dining room, plus the kids entertainment space and everything else. I haven't got the separation but it reduces the stress and improves my work life balance, as long as my kids aren't in the house with me." **(Physiotherapist, SBUHB)**

"Normally it would be easy, but with two children doing school from home, it has been very difficult." **(Consultant, CAVUHB)**

"3 children in higher education also currently studying from home. I work in the kitchen." **(Hospital Consultant, SBUHB)**

"Competing with others for same space at home" **(Pharmacist, CAVUHB)**

"Although this can be inconvenient at times for other household members." **(E Learning Digital Event Officer)**

One particular issue raised from a number of staff is that due to the COVID-19 pandemic, there is now less room within their office sites to work safely, even if they did wish to return to the office.

"I had a huge battle just to get the laptop, so in terms of anything else even actually in the office we've had to have Perspex screens put up around each desk space. So, the amount of space we've got isn't sufficient to be able to safely work." (Highly Specialised SLT, CTMUHB)

2.1.1 Physically 'Moving the Space' or 'Making Adaptations' to Suit

Despite the pandemic, and its unplanned nature of changing to remote working for many, it is important to note as we move forward that by not having adequate space to work remotely can seriously impact on how employees conduct their professional role, and more support is likely to be needed if alterations are required.

For example, it was interesting to observe that some staff were required to move house during the pandemic to accommodate this need.

"But I have to say, when I moved house, we now have a room that's allocated as a study area and it sounds a bit dramatic, but it was part of our reasoning for moving house because we realized it will probably be the way when moving forwards." (Physiotherapist, ABUHB)

"I've actually moved house because we needed more room to work from home. My partner also works from home quite a lot and obviously the kids have been at home as well quite a lot doing school work. We originally had a 3 bedroom house so we didn't have a spare room to turn into an office so we bought a cabin bed for one of the children and put a desk underneath his bed and basically kick him out of his bedroom every day and say this is the office during the day and your bedroom at night. So we actually moved in December because we thought this is going to go on for a long time and it's never going to back to normal and I think we are always going to be expected to do some sort of home working and we can't work in a child's bedroom for the rest of our lives. So we actually made the decision to move to a bigger house where we've got a room to turn into an office which is quite drastic but we felt that it was something we needed to do because we never felt like we were going to be able to go back into the office 100% of the time" (Senior Business Analyst, BCUHB)

For those where 'moving' is not a possibility, some staff report to have made other changes or adaptations to their home to create the space and working environment they need for their professional roles. For others, this is still an ongoing process.

"I've had to try and create a working space because it's every day, it couldn't be on the dining table every day. Now I'm using a little desk table and I've reorganised my room maybe two or three times in the last year to try and get things to fit but it doesn't really fit. I'm still working on making it a workable space." **(Digital Story Teller)**

"I had to create a small space into an office to separate home and work life. It isn't ideal but there isn't any choice at present." **(Psychologist, Pembrokeshire, HDUHB)**

2. 2 Suitable 'Access' to Resources (e.g. Technology)

Similarly to having suitable space available for remote working, having 'access' to the required resources such as technology or internet is also essential. While the majority of staff report that they 'did' have adequate access to technology they needed to complete their professional roles, this was not the case for everyone.

"I agree, technology has been a barrier from the start and continues to be a barrier for me." **(SLT, ABIHB)**

"These issues with the technology make things even harder." **(SLT, CAVUHB)**

"We've had to upgrade our Wi Fi but even still there's some systems that I need access to which require a good network connection and some days, that's not always the case. So that can be a little bit frustrating." **(Informatics, BCUHB)**

"It is really awful, these are the resources you need. Even the IT, who were totally reliant on working at home on technology, didn't have the resources they needed and couldn't help us, because they're also working from home without the things they need." **(Paediatrics Continence Nurse Specialist, PTHB)**

"Poor internet connection is problematic." **(Health Visitor, Neath Port Talbot, SBUHB)**

Nevertheless, other staff members report to be satisfied with the technology access they have been provided with while working from home.

"It is very convenient especially with remote access to CITRIX, Meetings via TEAMS and therapy consultations via Attend Anywhere. I don't have to worry about booking clinic rooms which are in short supply and always over-subscribed." **(Psychologist, SBUHB)**

"I have been able to borrow some equipment (laptop raiser) from the office" **(Occupational Therapist, Flintshire, BCUHB)**

"Yes, I have a laptop and phone provided by work and I also use my personal tablet for more flexible working." **(Development Officer, SBUHB)**

In some instances however, staff have had to rely on their own devices and other technology that was not provided for them by their Health Board or service. This has come at a cost for many, such as using their own laptops, printers and so on.

"I wasn't given any equipment, I use my own phone and computer, I already had quite a good chair and desk because my husband and I wanted to have that space at home." **(Occupational Therapist, CTMUHB)**

"I sometimes need to use my own printer at my own cost which I am not keen on" **(Occupational Therapist, Flintshire, BCUHB)**

"It is my own equipment - the NHS has not supplied hardware but has supplied software to allow homeworking" **(GP, Torfaen, ABUHB)**

"I do not like using my personal devices. I am not able to get full functionality of Office 365 on a personal device and am not able to complete many of my tasks as I do not have access to clinical workstations (CWS) at home. Also, not having a work mobile makes it harder to contact patients as they are reluctant to answer a withheld number and I am not able to leave a number for them to call back" **(SLT, Newport, ABUHB)**

Some staff even purchased their own equipment to use specifically for their remote working.

"I have not been given any equipment or support and so I had to source my own PC and use my own mobile for patient phone calls" (Physiotherapist, Rhondda Cynon Taf, CTMUHB)

"Yes, bought my own technology and it works just fabulously. The NHS laptop is too small, underpowered and restrictive" (Media Development Officer, Caerphilly, ABUHB)

"I had to buy it myself. Powys LHB refused to meet all pandemic costs." (GP, PTHB)

"Despite requests I have had to buy a laptop £700 no help from NHS, I have to use my personal mobile phone & data (no help from NHS). As it's not an NHS laptop I am not allowed to get technical help from NHS - all which was+ is stressful esp. in lockdown. A Citrix fob for remote working was provided." (Psychotherapist, Carmarthenshire, HBUHB)

However, issues with purchasing private devices comes with problems such as privacy, which was also reported by some employees.

"I need a VPN really and some way of accessing patient records. I also use my own computer which is fast filling up memory wise and I don't like the thought of having professional and personal use on my own laptop" (Physiotherapist, Newport, ABIHB)

2. 3 Fulfilling Work Responsibilities

During the pandemic, many services were forced to make significant changes to their working ways. However, it is important to ensure that as we move forward, being able to fulfil professional responsibilities and duties while working 'should not' differ in quality, regardless of work location preferences.

Fortunately, the quantitative data suggests that over half of NHS and social care staff felt as though they were able to conduct their work remotely and were able to fulfil their responsibilities regardless of the change in location. This is supported in the narrative data also, but it is important that we ensure this continues.

"I had full access to WPAs for other clinical information. I was able to complete communications based assessments and reviews, and decide when a patient needed to return for face-to-face work. It also allowed time to undertake a lot of background organisation work via the Attend Anywhere platform" **(Special Care Dentist, SBUHB)**

"I used virtual consulting via attend anywhere. All my notes are now kept electronically." **(Psychologist, Neath Port Talbot, SBUHB)**

"Remote access to Citrix, TEAMS and Zoom and virtual consultation services like Attend Anywhere facilitate this very easily." **(Consultant, CAVUHB)**

"I am able to fully access records and I am still contacting patients over calls or video, completing virtual assessments." **(Physiotherapist, CAVUHB)**

An increase in meetings and appointments was also noted within the narrative. While staff are busier with this uptake, many feel that they are more focused, more efficient and that they are a good use of time in getting their work completed.

"More meeting but better use of time and work is completed" **(IT, CTMUHB)**

"There may be a few more meetings - because they're easier to set-up and attend, but they tend to be more focused, so it's a gain overall." **(Support Worker, Denbigshire)**

"A lot more virtual meetings and educational meetings. Better communications between specialties within paediatrics and neonates across all health boards in Wales" **(Neonatologist, ABUHB)**

"More meetings but they are shorter. Better more efficient use of time." **(GP, Ceredigion)**

"Better use of time. For some clients, seeing them more frequently for shorter sessions has worked well. It has been easier to set up urgent MDTs virtually, rather than wait for people to get together face to face" **(SLT, Carmarthenshire, HDUHB)**

Many were able to complete their professional roles from home, but do need to go in for practical equipment or to transfer patient notes.

"I am able to access the same resources as I would at home apart from equipment and practical demo equipment. I have to call into the office for this as it is a shared resource." **(Occupational Therapist Powys, PTHB)**

"I use paper notes, so I have to transfer them from my admin base to access at home. I can access clinical information systems though and shared drives, although the VPN can be extremely slow sometimes." **(Psychologist, Gwynedd, BCUHB)**

However, not all staff have had this experience, with some expressing that it has been difficult to fulfil all of their professional responsibilities while working away from the office. This has been difficult due to not being able to access everything that is needed to complete their role.

"Don't have access remotely to my electronic clerking system or clinical portal so working from home full time is not possible without these." **(Dietician, CAVUHB)**

"No access to diaries or letter templates on tablet. This is possible on laptop. Not able to support junior staff with hands on teaching". **(Physiotherapist, CAVUHB)**

"Can't access medical notes. can't access my saved files: if I could do these things I could probably work 2 days a week form home without it impacting on the team - and I would be more productive" **(Psychologist, CAVUHB)**

Following this is also the need for in person, face-to-face appointments at times which are needed for physical examinations of patients.

"I'm unable to carry out an adequate physical examination, even when using Attend Anywhere, and this plays a big part in my role as a physiotherapist." **(Physiotherapist, SBUHB)**

“Cannot fulfil all my clinical roles from home as I need to visit patients and see patients with junior staff for their training.” (Physiotherapist, HB unknown)

A number of staff members working within mental health services felt that they could not fulfil their role remotely, similarly to those clinicians needing to conduct a face-to-face appointment.

“Especially working mental illness. In order to help patient psychological presence is important to address emotions and patient concerns in non-verbal/verbal way.” (Psychiatrist, HDUHB)

Theme 3: Impacts of Remote Working

When looking at the quantitative findings, just under half of staff members (48.5%) reported that their professional workload has not been impacted by working remotely, with 36.3% feeling as though their workload has been impacted, whether that be positive or negative.

However, remote working is reported to impact on employee's personal lives. For example, the narrative suggests that there are some physical impacts associated to working remotely such as that of sleep, diet and daily routines – both positively and negatively. The importance of support and how to seek this when working remotely has also been raised by staff members and how to ensure they are regularly taking breaks during their working day to mirror those that would have occurred within the office.

3.1 Learning to ‘Take a Break’

During the remote working day it is important to take frequent breaks, particularly away from screens and digital devices. The quantitative findings suggest that 70.8% of staff members are taking regular breaks, but there is a reported 29.2% that do not take frequent breaks throughout the day.

“I take micro breaks to stretch, mini breaks for comfort and longer breaks between big tasks and meetings” (Volunteering Manager, CAVUHB)

“I need to take breaks between appointments, or I won't give each person my best attention.” (Counsellor, Torfaen, ABUHB)

"I make sure I step away regularly, and I shut my laptop down for a proper lunchbreak" (Support Officer, Caerphilly, ABUHB)

"I make sure I have lunch break away from the computer which I didn't always do in the office" (Occupational Therapist, PTHB)

"I always ensure I move around every hour or so just to stretch. And I definitely take a lunch break, whereas in work I often work through, because I can manage my time so much more efficiently without distractions" (SLT, Newport, ABUHB)

3.2 Learning to 'Not Feel the Guilt'

Worryingly, for those reporting to be taking regular breaks, there was however a strong sense of anxiety and guilt attached with 'taking of breaks'. However, this was reported to be a feeling felt in the earlier days of remote working, and employees state that they learned to weigh up this negative feeling with traditional memories of 'time in the office where they would be chatting to colleagues'

"More so then, when it first started, I'd feel guilty being away from my desk." (Principle Finance Officer, Wider Health/Social Care Team, Newport, ABUHB)

"I think I've got past that I don't have a guilt anymore I don't look at it as hours because I could be in the office on my days in and we find that we chit chatting with the managers I'm not getting any productive work done when I'm home and I feel like I need half an hour to have a cup of tea or to get something done I think that my overall productivity is better, or higher cause I'm not answering phones and now the kids are back in school I'm getting more work done." (Clinical Scientist, EAT Services, CAVUHB)

"I think increasingly in recent weeks I've consciously made an effort to take breaks and to not feel guilty about them. Initially I used to think 'why am I stopping working I have nothing to stop for?'. However, I recognised that when I was at work, I would fill a lot of that mental downtime by talking to colleagues or walking from one side of the building to the other." (Paediatric consultant PICU, CAVUHB)

"I've tried to get into a proper pattern of working with breaks. To begin with it was very unsettling and disorganised." (Professor, Neath Port Talbot, SBUHB)

“Once there is the acceptance that you do not need to feel guilt when you are not at your computer this works well.” (Occupational Therapist, PTHB)

3.3 Still Learning to ‘Adapt’- Risk & Impacts on Emotional Health

While the majority of staff members have learned to let go of the negative feelings such as ‘guilt’, there is still a struggle for some employees. This suggests more work is needed to ensure that the workforce is protected from emotional harms and negative psychological health impacts.

“I experience more guilt when I’m working from home. So if I do go out for a walk, I feel that I shouldn’t be doing that and that I’m taking advantage.”
(Systematic Psychotherapist, CTMUHB)

“Yes I try to take screen breaks - though of course there is anxiety regarding expectations from employers if not responding to emails quick enough!”
(Clinical Specialist, HB unknown)

“I generally feel uncomfortable taking breaks in clinic because I worry about what patients and other staff think.” **(Audiologist, Merthyr Tydfil, CTMUHB)**

Some staff members reported that they ‘do not’ take frequent breaks like they once would during the day as they are now experiencing lots of meetings within their working day.

“In my old role I could take regular breaks freely because I didn’t have as many scheduled meetings, in my new role there is an extraordinary amount of meetings and they all run into each other. Sometimes you even need to decline meetings because you need to leave a break just for you to go to the toilet, it can be quite full on.” **(Consultant Physician, CAVUHB)**

“Not very good at taking breaks. Stop to make lunch then eat while working. Would love to have time to get out for a short walk but that never materialises.”
(Psychiatrist, Bridgend, CTMUHB)

“Trying to take short breaks, but often the days are filled with back to back appointments and meetings on Attend Anywhere or Teams, with little chance for any break in between. At worst, I have sat on sofa from 9 am to 6 pm almost without moving or any break, which is not great. Am learning from this, and

now trying to space appointments out better to allow for short breaks in between. We are especially learning that it is too draining to be staring at screen and engaging with people for endless hours without a break, so this year is a slight improvement on last." **(Psychologist, Pembrokeshire, HDUHB)**

"Initially my workload was greater covering for redeployed and sick team members. I have more meetings now than ever before." **(Development Officer, CAVUHB)**

In regards to meetings, some narrative suggests that staff are having significantly more meetings now, during the pandemic, than pre-pandemic which has impacted staff members' ability to stop for a break.

"Due to pandemic more work and more meetings but likely due to COVID than working from home. Better use of time since working at home" **(Dietician, Wrexham, BCUHB)**

"Due to pandemic more meetings and emails. More paperwork due to pandemic." **(Research Nurse, CAVUHB)**

"I have many more meetings and more work. This is to do with the pandemic rather than working from home" **(Transformation Programme Director, SBUHB)**

3.2 Physical Health Impacts

Remote working is reported to have had a negative impact on physical health such as too much screen time impacting on headaches and eye strain, or inappropriate desks and chairs impacting on back pain. A call for safety measures and occupational health checks for remote workers is needed.

"Another thing I'm struggling with now is that I don't have a proper desk and chair at home so I work on my dining table so I struggle with back problems. I asked my manager if I could get a proper office chair because I'm sat on it all day but I've got to go in and have an OT assessment before I can get the chair. So it's not just the technology, I don't have a dedicated working space at home." **(Psychology, CAVUHB)**

"It would help if we had health & safety or occupational health check desk appropriate for posture etc, as I have physical problems & nothing provided to

adjust as necessary. (Didn't use desk or laptop at home previously)."
(Psychotherapist, Carmarthenshire, HBUHB)

"Stiffness in the neck and back pain despite having invested my own money into a proper adjustable office chair and desk" **(Physiotherapist, PTHB)**

"Neck and back pain from hunching over a laptop all day. Eyesight has deteriorated too, as using glasses more to read comments on screen during video calls." **(Psychologist, Denbighshire, BCUHB)**

"Back pain and pain through my hips from sitting in a non-adjustable chair"
(Torfaen, ABUHB)

"Back pain and my eye sight has been really impacted going from only needing glasses now and again to having to wear them all the time now."
(Outreach Worker, Carmarthenshire)

"Yes. MSK pain as sat all day at a computer." **(GP, PTHB)**

Some members of staff report to have implemented strategies and habits to ensure the physical impacts to their health are minimised as much as possible when working remotely.

"Ergonomic set up at home - helped to reduce repetitive stress syndrome, and also helps to feel free to stand sometimes making calls etc. without potentially distracting other folk office" **(Psychiatrist, HDUHB)**

"I find my home more comfortable than office because the set-up is for me only, rather than hot desking and sharing with numerous people" **(SLT, Newport, ABUHB)**

"The posture as a results of home working is less than ideal. I would often get up and perform some stretching movements to avoid / prevent back pain."
(Neonatologist, Newport, ABUHB)

In addition, remote working for some staff members can mean that they are quite sedentary during the day, as opposed to the travelling or moving between appointments that they are used to.

"My biggest negative is that I don't move anymore unless I go downstairs to make myself a cup of tea which doesn't happen often so I have put on weight from not moving. I could do something about that with my extra time that I'm not travelling so I don't have an excuse but yes I am less mobile." (SLT, ABUHB)

"Less active as not walking round office or to and from meetings." (Dietician, HB unknown)

"Less incidental exercise e.g. from walking to settings from car, walking around schools, buildings etc" (SLT, Caerphilly, ABUHB)

"Less active as not walking round office or to and from meetings" (Dietician, HB Unknown)

"Less walking. Using public transport/walking to get to the office and to every meeting I used to have in both Cardiff and Vale was very good for physical health (not always so for mental health). I compensate by going for walks in local park" (Social Worker, The Vale of Glamorgan, CAVUHB)

Despite this, within the quantitative data, 41.6% report no physical impacts from remote working, and did in fact report more positive physical impacts. These positive impacts on physical health were reported as having more time for exercise during the day than staff did previously due to the flexibility of remote working, which impacts on their levels of physical strength and fitness.

"Have become fitter. More time available at end of day for exercise. Less sitting in car - better on posture." (Physiotherapist, CAVUHB)

"Better as I am able to go for a walk on my lunch break!" (Clinical Specialist, HB unknown)

"Yes - now taking part in exercise a lot more as have more time for this and feeling more energised." (SLT, CAVUHB)

"I tend to exercise now on lunch use the running machine" (Occupational Therapist, PTHB)

The narrative suggests that staff members were also more positive and motivated when it came to their physical health.

“In fact I feel more positive and motivated” (Physiotherapist, Rhondda Cynon Taf, CTMUHB)

“I have had more time to focus on my physical health” (Occupational Therapist, Torfaen, ABUHB)

“Easier to be able to go on a run in the morning” (Radiotherapist, SBUHB)

In addition to this, members of staff with pre-existing health conditions also report improvements in these types of conditions such as spinal issues and back pain, due to being able to work remotely. The narrative surrounding improved health conditions links with the importance of having the appropriate workspace within the home to work remotely.

“It has improved things as I have a spinal issue and I can walk about more, which I could never of done face to face with patients” (Psychotherapist, CAVUHB)

“Less back pain at home than at work as I am able to use a standing desk set up which my work has not been able to facilitate at the office” (Research Nurse, CAVUHB)

“I suffered from back pain prior to lock down and my employer's provided me with a standing desk after a DSE assessment” (Rhondda Cynon Taf, CTMUHB)

3.2 Seeking Social Support

Remote working has changed working and colleague relationships. For those individuals that have been working at home fully, it has been a challenge for some to stay in contact and socialise with their colleagues in the same way they would if they were in-person.

“Business meetings have dried up. I feel in the dark about plans for change. Small pods and hubs meet regularly and clinical work is discussed when needed. I miss the ad hoc encounters with staff. I get these infrequently when in the office. I keep in touch with core members and we communicate regularly so nothing is totally lost.” (Physiotherapist, Carmarthenshire, HDUHB)

While this can be a challenge to working remotely, many have got round this with daily or weekly virtual meetings with their colleagues.

"Yes, it can sometimes feel isolating. When in the office the team can often know when you are having a difficult telephone conversation and are there to support this. Having Microsoft Teams can often help in this situation and knowing that there is an option to continue having face to face conversation with work colleagues if needed." **(Development Officer, Torfaen, ABUHB)**

"Teams and WhatsApp groups have helped" **(Administrative Officer, Neath Port Talbot, SBUHB)**

"We have a weekly team meeting and i generally see everyone in person each week - the administrative staff prefer to have a clinician present rather than reaching by phone but that has always been the case in a community service" **(Psychiatrist, Caerphilly, ABUHB)**

"My relationships with colleagues have stalled while not seeing people face to face however i have put in place weekly calls with my team to ensure there is regular communication." **(IBD Network Manager, CAVUHB)**

A number of responses also covered the fact that staff members now have a stronger team and better working relationships due to the technology on offer and available.

"Regular meetings/catch ups via video have enabled me to me to stay in touch with colleagues in a way that didn't happen when not remote working. When working from a base I would often only see people in passing whereas now we schedule quality time together" **(Counsellor, CAVUHB)**

"The working relationship has remained good and with some team members, I think it has improved. On TEAMS, you can't really hide if it's just a small number meeting. It's also easier to make time for a quick meeting on TEAMS, rather than booking a room, coming back from another meeting etc. It's just easier. It's more inclusive too. We have an office in North Wales and now, they are not the only ones joining meetings remotely. It seems to have levelled everything off and they now feel more included." **(Policy Officer)**

It does still feel isolating and far-removed for some individuals, this is particularly the case when the rest of the team are working from the office, and it is not as easy to seek that support.

"Very very isolating and has a significantly negative impact on my ability to complete tasks effectively. Very negative impact on my mental health."
(Psychologist, Denbighshire, BCUHB)

"Have felt forgotten about/left out occasionally" **(Administrative Officer, Neath Port Talbot, SBUHB)**

"I feel more disconnected, lack a sense of belonging as I work with other healthcare professionals and feel more professionally isolated more than ever."
(Psychologist, Pembrokeshire, HDUHB)

"Yes, it has been difficult as most of my team do not remote work. I have missed out on some communication and at some points have felt 1 or 2 steps behind the rest." **(IBD Network Manager, CAVUHB)**

Many also commented on how different conversations are with colleagues when they are virtual. There appears to be less 'small talk' and 'leaning over desks for general chit-chat'. Virtual meetings can be challenging when trying to achieve this.

"We are all feeling more isolated and hard to keep up to date with each other / share experiences" **(Dietitian, HDUHB)**

"I also see far less of people incidentally and now have to set up meetings with people if I need to see them. Feel less like a team member now than ever."
(Psychologist, Pembrokeshire, HDUHB)

3.4 Sleep Patterns

Over half of the NHS and Social Care staff reported no impact on sleeping habits, with 38.1% suggesting that remote working did in fact impact their sleep. For those where sleep was no concern, this was due to being able to implement a good sleep schedule and being able to wind down in the evenings.

"Improved sleep - feel less harassed by working and commuting all day - less happens when I don't go into an office. I have more time to unwind and don't

have to rush to get up for a commute in the morning. My sleep schedule is the best it has ever been" **(Volunteering Manager, CAVUHB)**

"I get so much done that I go to bed earlier and have better sleep on the days I work from home - when I work in dept I usually have non clinical/project stuff to do at home and guilty of overworking and then can't wind down" **(Physiotherapist,, Newport, ABUHB)**

"Sleep better. Although I go to bed later but that is because I can get up later because I don't have the morning prep or commute to factor in." **(Support Officer, Torfaen, ABUHB)**

For others, their sleep improved due to having more control when working remotely and improved mental wellbeing in other areas also impacting their sleep positively.

"I go to sleep at a more reasonable time, I sleep well, I wake up more easily. Sometimes I will not sleep well if I haven't done another physical exercise but I am more able to control that with remote working" **(Occupational Therapist, Flintshire, BCUHB)**

"If anything, it's better as I don't have to get up as early!" **(Psychologist, Neath Port Talbot, SBUHB)**

"I sleep better as my mental wellbeing is improved" **(Dietician, SBUHB)**

"I get to have more sleep when working from home! Yay!" **(Community Recovery Practitioner, Newport, ABUHB)**

As stated sleep was a concern for some staff members where they were working from their bedroom. Working from the same room they needed to sleep in meant there was no real separation from work and staff found it hard to 'switch off'.

"I was struggling for a period when I was working in my bedroom and that's when the boundaries got really blurred. I found it a lot more difficult and my sleep wasn't as good." **(Pharmacist, CAVUHB)**

"I've found it more difficult to sleep while working from home, potentially due to the greater difficulty in 'switching off' from work but also because there's

been fewer recreational / leisure activities to distract as a result of lockdowns"

(Data Analyst, HB unknown)

Staff also reported that their sleep had been impacted by COVID and the stress this has created around isolation from being social with friends and family.

"Much worse which I attribute to less exercise and less natural light and fresh air - not moving between and around buildings - as well as covid related stress."

(Psychologist, Denbighshire, BCUHB)

"Not specifically from the home working but from the general isolation I have found I am waking early recently and feeling more tired than usual. this has been an accumulative response to being separated from friends and family and social events." **(Physiotherapist, Carmarthenshire, HDUHB)**

A number of staff reported to have woken during the night with sleep disturbances which could be attributed to a large workload and staring at a computer screen for the majority of the day.

"I have had the occasional poor night's sleep, which I put down to sitting at a screen all day." **(Physiotherapist, SBUHB)**

"Yes - sleep has been disturbed especially when workload has been heavy and unable to 'switch off'. At times too tempting to have everything to hand and log into laptop to do work, check other work has been completed, etc."

(Psychologist, Pembrokeshire, HDUHB)

"Significant sleep disturbances - waking up at the same time each night with the same nightmares" **(Public Affairs Manager, Management, Carmarthenshire, HDUHB)**

In some instances when staff moved to a different room within the home this challenge lessened and sleep improved.

"Now I have moved into a different room and have a separate space, it has made it easier for me and there is less disruption with sleep" **(Pharmacist, CAVUHB)**

3.5 Diet Behaviours

Narrative surrounding diet was also mixed. Some individuals felt that they now eat better throughout the week as they the time to stop and cook during the day, and take time for exercise.

"I love making my own lunch and being able to sit in the garden or go for a walk when weather is good" **(Charity Director Wales, Charity/Third Sector, Cardiff)**

"I ensure I take a proper lunch break to go for a walk and take mini breaks here and there to stretch/put on laundry etc" **(Development Officer, Ceredigion, HDUHB)**

"Take time to move, and get a drink to stay hydrated as I would in clinic" **(SLT, CAVUHB)**

"Better exercise routine, using my 30 min commute time to go for walks in morning and evening. Better eating habits as access to my own kitchen." **(Physiotherapist, SBUHB)**

"I definitely graze and snack more at home, I eat a lot more on working from home days. But I also have more scope to get out after work or before work for exercise." **(Psychologist, BCUHB)**

"I eat more regularly - which is a good thing. I exercise more frequently because there is more time. I drink less wine as I am less stressed / worn out at the end of the day." **(Volunteering Manager, CAVUHB)**

While others felt as though they were 'grazing' throughout the day and did not have the energy or effort to cook the meals they once were. This went further for some members of staff where they feel they have gained weight during their remote working, tied in with COVID restrictions that may have stopped their normal physical activities.

"I feel like I'm constantly grazing throughout the day and not eating proper meals because I'm inundated with meetings or being too lazy to cook. Whereas before I would always prepare my food the night before to make sure

that I had my food, my husband's food and my child's food ready for the next day." **(Informatics, BCUHB)**

"Yes I have put on 2 stone in weight and have back ache. Long working hours and COVID restrictions have stopped my physical activity" **(Transformation Programme Director, SBUHB)**

"I have eaten more while working from home however am working on improving that." **(IBD Network Manager, CAVUHB)**

"Less physical movement, weight gain, headaches" **(Occupational Therapist, Neath Port Talbot, SBUHB)**

"Weight gain and mild back/knee pain, in part due to a more sedentary working environment. Also, due to the longer hours of working and the ability to work wherever e.g. on the sofa rather than sitting at a desk." **(Psychologist, Caerphilly, ABUHB)**

"My diet is probably worse at home, I'm more organised in packing a lunch for work but tend to snack more at home." **(Dietitian, SBUHB)**

A number of staff numbers have also noticed a change in habits while working remotely.

"Comfort eating has increased. Alcohol consumed more frequently but in low quantities." **(Psychologist, BCUHB)**

"I veer between drinking and teetotalism/ veganism and carnivorism. I find I get a boost of a month where I behave and eat spectacularly well and then lose the grip." **(Public Affairs Manager, Carmarthenshire, HDUHB)**

The narrative also suggests that certain staff have been able to save money while working remotely as they have not spent money on lunch during their working day like they would have within the office.

"I find when working from home I eat breakfast which I don't normally do and again have saved a sufficient amount of money from not buying something for lunch when at the office." **(Community Safety Advisor, Torfaen, ABUHB)**

"Save money on buying lunch. Eat more fruit for snack." **(Fundraising Manager, Charity/Third Sector, Caerphilly, ABUHB)**

“My exercise has increased, I have saved on food as I eat at home instead of buying lunch” (Psychotherapist, Carmarthenshire, HDUHB)

3.6 Daily Routines

For those working remotely, this can alter and sometimes disrupt daily routines. In the quantitative findings, 61.9% felt as though their 'normal' daily routines had been impacted since implementing remote working.

“I make sure I get change into new clothes everyday, by doing that I have separated the bedroom from work and even though I work in the kitchen it is an office area.” (Procurement, BCUHB)

“I don't watch the news before I start work because that would put me into the worst mood and I would downward spiral for the rest of the day.” (Health Visitor, SBUHB)

While the above narrative suggests that remote working has impacted routines, others felt as though the pandemic has separately influenced their daily routines.

“But often more related to lockdown than working from home.” (Management, Carmarthenshire, HDUHB)

“More due to Covid than remote working as such - needing a closer watch on weight and blood pressure since gym exercise not available, and tending to eat & drink more when rattling around at home instead of usual pursuits.” (IT, Anglesey, BCUHB)

For some, their daily routine is now more beneficial that they are able to work from home due to the flexibility they are able to incorporate throughout the day.

“So the flexibility of having to work from home has been so beneficial for me because I can take half an hour off after having a hypo attack and then I can just work more that evening or if I'm having a good day I build up two or three hours of toil and then I can take that back on another day then when I'm not feeling very well.” (Specialist Reablement Physiotherapist, SBUHB)

"It just provides more flexibility, I can fit work around my life and my children more effectively. I am also a lot more productive as there's less distractions."

(Psychologist, HB unknown)

A number of employees did not notice a change or any issues in their daily routine, and were able to stick with their normal working routine while working remotely.

"I have made a conscious effort to stick to my typical working routine in terms of the time I get up, start work, take lunch etc."

(Sales and Commercial Manager, Torfaen, ABUHB)

"No issues - I keep to regulated time tables and start and finish on set times."

(Physiotherapist, Gwynedd, BCUHB)

"No still get up at same time when remote working Clothing has changed though - smart top & comfy trousers!"

(Consultant Physician, BCUHB)

Theme 4: Commuting and Travel

A large and significant aspect when considering working life within the NHS and social care is the commuting and travelling undertaken by staff. For many, commuting can take up a vast amount of time each day when travelling to and from the office. For some, this is also combined with travel undertaken during the day between hospital sites and patient homes within the community.

There is a mix of responses when examining commuting and travel narrative. A number of NHS and social care staff miss this travel time as it was used as a way to switch-off from work mode before coming home in the evenings, and for others, preparing themselves in the morning with this commute before work begins. For many however, the reduction in this travel time has been a welcome change, and are now using this time for other things within their daily routine such as exercise before/after work.

4.1: Commuting Remotely to the Office

When working remotely there is a significant decrease in commuting. For those within this sample, 16.6% reported to have missed their traditional commute to work. This narrative helps to explain the reasons why staff may miss their commute to work including finding the transition to work into home life more challenging.

“What I find quite difficult is jumping straight from work into family life straight away without having that gap of even 20 minutes of the travel time.” **(Senior Business Analyst, Informatics, BCUHB)**

“Yes, that is valuable time to give me headspace and a break from home which can be intense during lockdown with just 2 of us in the house.” **(Dietitian, Neath Port Talbot, SBUHB)**

“Yes, a chance to prepare for the day and rest the mind at the end of the day. This seems to be missing when working from home and just turning off the computer and walking downstairs at the end of the day.” **(Occupational Therapist, Carmarthenshire, HDUHB)**

“Yes, I have always used this time to separate the two.” **(Counsellor, CAVUHB)**

Other members of staff miss the reflection element that their commute gave them.

“Yes on some occasions as it provides time to switch off from work and reflect and it was the indicator for the start and end of the day.” **(Occupational Therapist, Torfaen, ABUHB)**

“Yes, the walk into work was a good way to separate work from home” **(Project, Carmarthenshire, HDUHB)**

“Yes, have little time for thinking and reflection now. Also gave me space to think about emails/reports/formulations, etc.” **(Psychologist, Pembrokeshire, HDUHB)**

It was a chance for some staff to really appreciate the little things such as nature and listen to their music or podcasts.

“Yes! I love listening to music or a podcast on my way into/ home from work. It helps me switch off and get into the right mindset. It can be a bit stressful if there is traffic, but for the most part I really miss it. It creates a bit of a barrier between home and work that I feel like is really important.” **(Research Assistant, Neath Port Talbot, SBUHB)**

“Yes seeing the scenery, red kites flying overhead. Observing the seasons. The beauty of each day. It is not the same looking out of the kitchen window the

pause between work and home was helpful too" **(Dietitian, Carmarthenshire, HDUHB)**

"Yes. It's an easy and pretty 10-15 min drive which gives me a separation between work and home". **(Psychiatrist, HB unknown)**

"Yes, time to relax, reflect and listen to professional podcasts (development time)" **(Physiotherapist, Bridgend, CTMUHB)**

Despite this, the vast majority (64.5%) did not miss their commute into the office or place of work. They felt that the reduction in their daily commute allowed them to have more time to focus on work tasks and also more energy due to not having to travel or commute, ensuring they can utilise this time.

"There is no travel time or anything. So, if you have to finish something off for work or work a bit longer you don't mind so much because you're not travelling then to go home from work so you're more inclined to do a bit more." **(Fertility Service Administrator, Obstetrics and Gynaecology, SBUHB)**

"You have that extra energy because you haven't used it in your travel and in your commute." **(PA to Interim Head of Nursing, Psychiatry and Mental Health, HDUHB)**

Other staff members agreed with this and felt that without their commute, they were starting their working day more relaxed.

"My commute can be an hour everyday so it is nice not to have that and I can relax more instead of getting wound up behind the wheel." **(Nutrition and Dietetics, SBUHB)**

While one clinician did note they tend to work longer hours when remote, they felt this was acceptable as it fed into the travelling time that they no longer do, and work more efficiently within the home.

"I do long days from 8-6 when I should be doing 8:30-4:40 but sometimes I will finish it earlier. I feel fine about working a bit longer because that's my travelling

time and I am so much more efficient at home.” **(Speech and Language Therapist, ABUHB)**

4.2 Travel Miles and Savings

As stated, many staff members were also travelling during their working day to many areas to see patients within their homes, community sites or other hospitals. For these clinicians, there has been a considerable saving of both travel miles, time and monetary savings. The vast majority of NHS and social care staff would also have to travel considerable amounts for meetings prior to the majority of staff working remotely.

“In some meetings I would have to travel somewhere in mid Wales so I would spend a few hours travelling there and back for a meeting that might just be for morning. So that is ideal to carry on virtually because it doesn't make any sense to be there in person” **(Occupational Therapist Lead, SBUHB)**

“Due to the size of our county and health board, meetings are usually very difficult face-to-face because it can often be a 3 hour journey from one end of Powys to the next. VC has meant that I don't need to drive or travel as much, now that it's all been online.” **(Paediatrics Continence nurse specialist, PTHB)**

Utilising virtual meetings where appropriate means savings on the environment, and that staff members are able to save on travel time.

“Reduced carbon footprint and must have reduced my employers travel expense bill since virtual working started.” **(Management, Torfaen, ABUHB)**

While NHS staff are paid expenses for these journeys, there are still costs associated with using personal vehicles and the ‘wear and tear’ to vehicles over time. The narrative suggests that staff are aware that Health Boards and trusts would be seeing significant savings from employees working remotely.

“Health boards must have saved a lot of money already on not paying travel expenses so everybody should have headsets and a laptop so it's all about funding for remote working.” **(Speech and Language therapist, ABUHB)**

“And if there's any way to save money it's on travel expenses because it is easy to reduce costs there.” **(Occupational Therapist Lead, SBUHB)**

Staff members also commented that their team leaders and managers are more accepting that there is less of a need to travel during the working day now due to remote working.

"I feel like the travelling now is a waste of my time. I think the team and the managers accept that a lot more now, they can see we can do the job anyway wherever we are." **(Clinical Scientist, EAT services, CAVUHB)**

In some instances there is less pressure to be in the office for certain members of staff as they are often travelling across services and Health Boards.

"Because we're an all-Wales team there's a lot of travelling out and it's just meant that there's not as much pressure to be in the office." **(Clinical Scientist, EAT services, CAVUHB)**

While travel savings have been beneficial for NHS staff, they also note how this has impacted patients and decreased their need to travel to appointments. Ultimately this helps to ensure that appointments can fit into daily lives for patients and reduces risks surrounding travel.

"Absolutely, there has been a travel reduction for myself and for my patient. It saves them having time off of school and work and in those three and a half hours you're at less risk and safer from not going down dangerous roads." **(Paediatrics Continence nurse specialist, PTHB)**

"It gives clients and clinicians a lot more flexibility and more access. For example, I used to have a patient who had to take two buses to get to me and then two buses back which is a whole day out for one appointment. So the blended working approach will be something that everybody likes." **(Psychologist, ABUHB)**

Theme 5: Ideal Working Model

A large part of the focus groups and survey objectives were centred on what NHS and social care staff want and need for a dynamic future working model in Wales. This was discussed in regard to creating an 'ideal working model', with NHS and social care staff at the forefront with their lived experiences and recommendations.

The narrative suggests a shared aspiration for a blended approach for the ideal working model in Wales. That is, a mix of both remote and office working, which is

flexible, and dependent on both individual and service needs. Not only this, but there is an overarching emphasis of staff having the choice of where to work, and when – with the removal of management dictation or demands.

5.1 Blended Approach

A blended approach of both remote and office work was the most common answer when discussing an ideal working model with NHS and social care staff.

“Definitely for me to have at least one day of the week, maybe two if there was space to work in the office and the rest from home” **(Nutrition and Dietetics, SBUHB)**

“I agree I love the flexibility however I think there will be a mixture between office and home working. As our organisation rents an office in a government building we’re very dictated on the amount of people we can have in there.” **(Business Operations manager, VCC)**

“Part office, part home would be the best for work-life balance” **(Physiotherapist, Rhondda Cynon Taf, CTMUHB)**

“A blended approach. I like the peace and quiet at home. The office was always very noisy with lots of distractions. I would like to continue to work from home but have the opportunity to access the office when appropriate - such as supervision, or small team meetings. We could then go for lunch or a coffee which would be good for wellbeing and peer support” **(Occupational Therapist, SBUHB)**

“I would welcome the best of both worlds, as any zoom meetings might as well be done at home; but my Pts are best served by seeing me face-to-face” **(Counsellor, CAVUHB)**

Many wanted a blended approach, or at least hot-desking within the office so that they could access the office for resources (e.g., files, printing) and the ability to have meetings or supervision when necessary.

“Fulltime home working with option to have a hot desk in office if needed e.g. printing/ meetings etc.” **(Triage Officer, Blaenau Gwent, ABUHB)**

“All home based with access to an office on occasions” **(Counsellor, CAVUHB)**

"I would prefer all home based working with the occasional office day and regular contact" **(Administration, Neath Port Talbot, SBUHB)**

Others want to be able to complete the administrative roles remotely.

"My job has an administrative element - I would prefer to be able to complete admin tasks at home but have a work office space to liaise with colleagues and attend all clinical appointments with patients." **(Physiotherapist, CAVUHB)**

"Office based but flexibility to do notes/reports from home as and when because there can be less distractions at home to do those things." **(Occupational Therapist, SBUHB)**

For some, there still needs to be advancements made in ensuring remote work (across video and phone) is slick.

"A blended approach with our current setup is what I'd like to continue with. In an ideal world if we could get phone sorted out and get something like net calls so people could operate our advice service from wherever they were working then we could have people working remotely a lot more than we can currently cope with." **(Pharmacist, CAVUHB)**

"I'm not sure what lies ahead for us, I know that telephone counselling has shown to be really effective so I definitely think that is a way forward and that will save a lot of money from not paying for rooms or GP surgeries." **(Primary Care Mental Health support services, ABUHB)**

As part of this blended approach, some employees feel as though managers should be adjusting work patterns and placement for employees with children to ensure work is flexible in those situations.

"Managers should be making reasonable adjustments for those with young children and have the flexibility to work with that." **(Counselling Manager, CAVUHB)**

Others believe that for this blended approach to work going forward, there needs to be improvements and advancements made to the technology that is required when working remotely.

"Better technology. That is the one thing that frustrates me every time is the technology issues. I can cope with everything else, but appropriate technology and the right equipment to effectively deliver sessions is the biggest one."
(Counsellor, HB unknown)

"The technology needs to be better and also we need the updated software to be able to do that, which can actually handle these new platforms that we are trying to use." **(Paediatric SLT, CAVUHB)**

"It's so hard to judge body language and facial expressions, especially as I'm focused on the presentation and not looking at the people I'm presenting too. Maybe we could develop technology that enhances facial expressions or social cues." **(Paediatrics Continence nurse specialist, PTHB)**

This goes further for some clinicians with a need for technology to be provided by the Health Board, so self-purchased devices and technology are not required to be used when working at home. Not only this, but there are some instances where staff are still having to go into the office to collect resources such as printing.

"I would like to see some equipment that works because using my own phone or iPod isn't right. I do some work with the perinatal mental health team and they are shocked that I haven't been given something to make my life easier."
(Consultant obstetrician, CAVUHB)

"I'm happy to carry on with blended working, they were happy to send us home but it's the technology that lets us down. I would need a laptop, which is a challenge when you only have one laptop per family. Maybe also an allowance to purchase printer ink for use at home so I don't have to go into the office for printing. Supplying hardware is something I'm going to need going forward." **(Nurse primary MH team, HDUHB)**

5.2 The Importance of Choice

From the findings surrounding future work within the NHS, there is a noticeable requirement from staff that they are able to have the choice of where they work and when, as flexibility is seen to be key going forward.

“For me it's having that flexibility where one week I might want to be in the office 5 days and another week I might not want to be in at all, I like not having the pressure to having to stick to a rigid routine and the signs are that this is how they will carry on.” (Clinical scientist EAT services, CAVUHB)

“I think it's that acceptance of the blended approach but also the acceptance that it isn't black and white, there isn't a right way and there isn't a wrong way, and what will work for one person might not work for somebody else, it's that flexibility that we need.” (SLT, CAVUHB)

“In some ways I do think that the flexibility can be helpful because if I've had a really rough night and I haven't been able to sleep and I'm really struggling to wake up in the morning then I can start half an hour later and finish half an hour later.” (SLT, BCUHB)

“Finding that balance is part of what this transition is about and finding a balance that works for every individual is difficult because it's different for everyone. We're working this way and there is an understanding of flexibility from them but it is different for everyone and everyone's got different life situations.” (Counsellor, HB unknown)

Other members of staff comment on this flexibility being beneficial when specific hours are needed or for school runs.

“Compressed hours or reduced working hours. 1 day perhaps working from an office or co-working space.” (Public Affairs Manager, Carmarthenshire, HDUHB)

“Blended approach and flexibility to work around school runs works really well for me” (Occupational Therapist, Neath Port Talbot, SBUHB)

This blended approach allows for staff flexibility which was noted on numerous occasions within the data. As seen in the quotes, it is the flexibility of no two weeks being the same that needs to be encapsulated in the ideal working model.

Moving forward, the NHS and social care will now need to encapsulate the working practices that have been useful during the pandemic such as remote and flexible working and build upon them into the future³³. Embedding these changes along with the traditional NHS organisational practices that we know, revolutionising traditional expectations, and moving forward with the working changes occurring across society will allow for a hybrid and flexible working approach³⁶ where appropriate and sought after.

The shift in working practice needs to be sustainable, thus TEC Cymru have established a series of recommendations based on the data collected and discussed. These recommendations will aid the implementation of remote working into the NHS and other health and social care areas.

Recommendations

Based on this data, there is a clear want and need for an 'All Wales Approach' to ensure a future dynamic workforce is proposed for Wales. This translates to a proposed call for an:

“All-Wales Dynamic Working & Blended Approach for Our Welsh Workforce 2021”

This section provides recommendations based on the analysed data in this report, to inform the Welsh Government and to propose for changes in legislation and policy on future working opportunities that are fair and consistent across all workforce sectors in Wales. These recommendation seek to propose an easy implementation of an all-Wales blended model of working.

TEC Cymru's 15 Recommendations:

1. Remote working to become part of 'normal' working and employment checks and offers. All policy and legislation needs to be put into place to ensure that the remote worker is as well set up, physically, mentally and sustainability as they would do in-person. e.g., incorporate guidance for new starters where their roles may cover some level remote and flexible working.
2. Where possible, incorporate blended and flexible working options to all employees in Wales over and above pure remote working or pure office working. This recommendation should be in line with an All-Wales 'blended approach' offer of dynamic working for all Welsh employees, moving forward.
3. Any decisions surrounding remote working, or an All-Wales blended working approach, should be made top-down – thus made across the health boards, trusts and organisations with input from all, including managers, professional bodies, occupational health, health and safety services and employee unions.

This should not only be the decision of one, e.g., a manager. In addition, these decisions are based on individual employee circumstances, preferences and choice of work, noting the importance that these decisions and choices are flexible and may require to be changed over time.

4. Remote working staff should have an ergonomic set up (designed to suit human needs and comforts) that is done so safely and efficiently to avoid any 'physical risk' to the remote worker. This includes appropriate chairs, desks and IT equipment (See infographic) that mirrors that of the office.
5. Further investment for remote working resources needs to be put in place e.g., standing desks or adjustable office chairs, improved WIFI, printing subscriptions, updated software and platforms, which are all necessities for employers to conduct and complete work from home. The savings gained from less office space, travel expenses, and staff sickness are all monetary savings on NHS and social care services, therefore these additional investments are just that - an investment rather than an additional cost.
6. Safety of employees is paramount with employers having a duty of care to remote workers. Health, wellbeing and physical safety should remain the utmost priority regardless of setting. Urgent remote working guidelines, advice and risk assessments need to be designed and implemented as an immediate call to action.
7. Line managers should be made responsible to set clear expectations to all remote workers (regardless of time spent doing so) to ensure that remote working staff know exactly what is expected of them, and specific roles and deadlines are clearly set out, and more importantly, met. If clear expectations are not well communicated, or deadlines are not met, there should be clear remote working protocols in place to deal with such issues or formal grievances in a timely manner. It is important to recognise that not all workers are able to work remotely, and this should be identified and dealt with sooner rather than later.

8. Ensure remote workers are properly managed and supported via their line managers and other colleagues. Regular risk assessments and professional developmental assessments should be undertaken on a regular basis (if not more often) to ensure that health and wellbeing issues are identified and documented, and that professional development or promotional opportunities are offered to all (and fairly distributed), regardless of physical working setting.
9. To clearly document remote working cultures and policies e.g., the expectations of responding to work communication (e.g. emails) 'out of hours'. This needs to be clearly outlined to all types of workers (remote or other) to ensure that remote workers do not feel overburdened, or experience guilt or anxiety.
10. Many non-patient facing roles such as administrative, digital, business and finance may be better suited to remote work offers, partially at least. It would be beneficial to any type of service to allocate physical office space to those who 'most' need it. It should be considered a move of these types of positions remotely as we move forward.
11. Management need to implement the importance of taking 'regular breaks' similar to that of office working expectations. Working from home can be seen to be more intense than physically being in the office where breaks can often occur naturally so this needs to be emphasised from the top. A tip is to encourage remote working staff to block out 15-30 minutes breaks in their virtual calendars to avoid over booking meetings.
12. ALL colleagues need to feel that they are equally supported and appreciated in their professional roles. Tip - have regular meetings to ensure support is provided and fed down to employees. Keep all staff regularly and equally updated on any work-related issues to ensure all employees feel included (as they would do in the office).
13. Working relationships are an essential part of 'being human'. When considering flexible and remote working, consider focusing working relationships around

active and social collaborations, e.g., celebrating milestones or achievements in similar ways as in the office.

14. A need to continue to tackle the loneliness that can occur within the workplace, particularly in isolation from colleagues when working remotely (see example: <https://www.campaigntoendloneliness.org/>). Tip - This can be achieved through regular social meetings and/or meaningful (non-work based) contact between colleagues and managers.

15. Improvement in technology and systems that support remote working should be made a priority. For example, electronic note systems are crucial across NHS services to ensure remote and flexible working can be achieved with ease. This is an urgent enhancement and should be of priority to allow staff members to share notes (where appropriate) without having to double-note (electronic and paper) or retrieve files in-person. In addition, platforms such as video consultation and other remote systems used across services and Health Boards need to have slick integration where possible to ensure a smooth process for staff, and patient care.

Owners & Authors of the Data

Owners:

This Data Is the Ownership of Technology Enabled Care Cymru and their Funders The Welsh Government.

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The data was collected, analysed & written up by TEC Cymru's in-house Research & Evaluation Team.

Referencing the Data:

When using the data as a source please reference the authors and main owner (TEC Cymru) of the data appropriately.

For example:

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Appendix A: Focus Group Schedule

Timeline of remote working:

1. Have you ever worked from home before?
2. At what stage during the pandemic did you start being able to work from home?
3. Would you continue home working if you were able to do so?
4. Management plans for you to move back to office/clinic – how they feel about this?

Personal/ interpersonal impact:

5. What impact has remote working had on your work/ life balance?
 - Easy access to green space during the day
6. How has your travel been impacted by remote working? Probe for estimate miles & time parking (take a rough cost estimation).
7. Expenses claimed in your job (again, rough cost estimation).
8. How has your home-life been impacted by remote working? (e.g., relationships, children, hobbies, social life)
9. How you find the change to remote working has impacted your wellbeing (e.g., burnout, isolation)
10. How do you fit remote working in with other responsibilities?
11. Has your relationship with the rest of your team been impacted now you're remote working? (e.g., isolation, maintaining friendships, maintaining working relationships)

Logistics:

12. Do you have the space for remote working?
13. Does the technology you have adequately facilitate remote working? (e.g., did you have to personally invest in equipment/ were you sent home with equipment)
14. Are you able to fulfil your clinical responsibilities from home?
15. Has your workload been impacted since working from home? (e.g., more/less appointments etc.)
16. Are you able to take regular breaks during the day now you're working from home?
17. How do you manage finishing work for the day and starting your evening?
18. Design your ideal working model

In addition:

- Physical Health – impacts diabetes/cardio vascular/ physical movement & impacts/back pain due to poor set up at home.
- Drinking / addictions / other complications (have they increased?)
- Sleep patterns / dreams / routines
- Eating behaviours (better/worse/ and probe how?)
- The traditional commute / for some it's the best part of their day (and they miss this) e.g., to get headspace and time to reflect on day (especially high pressured jobs). Missing this reflection/separation of work/life – probe on this and find out what that use to do/what they do instead to do this and reflect.