

TECHNOLOGY ENABLED CARE

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**An Ideal  
'Working from Home'  
Model for Wales**

Exploration of Lived Experience &  
Peer-Review Process of Recommendations:  
A Two-Part Study

*December 2021*

Working from Home (WFH) drastically increased during the COVID-19 pandemic due to in-person restrictions in the workplace. **Aim:** This study aims to explore the lived experience of WFH during this period and to develop an ideal WFH model for the Welsh workforce. Initial recommendations were designed by the Welsh workforce and later revised via a robust peer-review process. **Method:** Using a mixed methods approach of focus groups, surveys and an online peer-review process, data was captured from 999 Welsh working participants across NHS, social care and education services. **Results:** Five dominant themes were identified, to include 'WFH Preferences', WFH Suitability, Physical & Emotional Impacts, Travel & Commuting, and an Ideal Blended Approach. **Recommendations:** After a robust peer-review of the initial recommendations for an Ideal WFH Model, a revised seven recommendations are outlined in this report. **Conclusions:** WFH is a new concept for a significant proportion of the Welsh workforce, and therefore, ongoing evaluation and revision of recommendations is required.

## Introduction:

The offer and uptake of remote working, or more commonly known as 'working from home' (WFH), drastically increased across many working organisations and sectors in the UK during the COVID-19 pandemic. This was particularly evident for many professional roles based in the National Health Service (NHS) and social care organisations. Early in the pandemic, TEC Cymru's evaluation of video consulting demonstrated a clear benefit to the Welsh workforce and their ability to work differently. WFH provides a new way of working for many professionals, in which many were able to work in locations other than traditional office or clinic spaces [1]. It was therefore considered of importance by the research team at TEC Cymru to specifically evaluate the experience of WFH, and to explore both the benefits and challenges, and work with the Welsh workforce to co-design an ideal WFH model for the Welsh workforce.

## Aims:

The TEC Cymru WFH study had two parts:

### Part 1:

#### Exploring the Lived Experience & Design an Ideal WFH Model

Part 1 of the study aimed to explore the lived experience of WFH, and to identify the benefits and challenges associated to these WFH experiences. In addition, NHS and social care staff were asked to participate in the co-design of an 'ideal WFH model for Wales', where initial recommendations were produced.

## **Part 2:**

### **Peer Review & Revision Process of Recommendations**

Part 2 of the study aimed to obtain follow-up feedback and validation from the Part 1 study via a robust peer-review process, with the aim of adjusting and amending the initial recommendations into final recommendations which will be submitted to policy leads and stakeholders for further consideration.

## **Methodology:**

### **Design and Participants**

In March 2021, part 1 of the study was conducted. This involved a mixed methods study, which reports findings from a series of virtual focus groups and surveys that were used to explore NHS Wales and social care professionals' experiences of WFH. It also reports feedback on a proposed 'Ideal WFH Model' based on initial recommendations.

In October 2021, part 2 of the study was conducted. This involved NHS Wales, professionals from social care, education and third sector agencies who were invited to take part in an online peer-review feedback process, which asked for feedback regarding proposed recommendations for an 'Ideal Working Model' in Wales.

### **Sampling and Recruitment**

NHS Wales and social care professionals were invited to attend one of 21 virtual focus groups during March 2021, or to complete a survey replicating the same questions. Each 90-minute focus group was conducted using Microsoft Teams and facilitated by two TEC Cymru Research Assistants using a semi-structured interview schedule. Participants were recruited for the focus groups using opportunity and snowball sampling, in which an email was sent out to all NHS Wales and social care professionals inviting them to book a focus group attendance ticket on Eventbrite. Both the focus groups and survey were also advertised on TEC Cymru's Twitter account (@teccymru) and shared amongst staff and services throughout the Health Boards via professional networks. The survey was created and completed using the platform SurveyMonkey.

In part 2, participants were recruited via opportunity and snowball sampling, with an email inviting professionals to complete the survey via a link distributed to professionals via their NHS email accounts. This link was also advertised on TEC Cymru's Twitter account and shared amongst professional networks of staff in the Health Boards. The survey was created using SurveyMonkey.

## **Measures:**

The focus groups and survey from part 1 contained parallel questions, exploring professionals' experiences of WFH during the COVID-19 pandemic, which included questions on the benefits and challenges of WFH, and what an ideal WFH model would look like. For more information on the questions asked, see the full report [here](#), or see list of questions [here](#).

In Part 2, for the peer-review feedback, professionals were asked to comment as to whether they thought each of the fifteen recommendations should be a recommendation, by selecting an option of 'yes', 'no', 'maybe', 'not sure'. At the end of the survey, professionals were asked to provide any additional comments in a free text narrative box, by entering their comment and the corresponding recommendation. For the list of the full recommendations, see [here](#).

## **Data Analysis**

In part 1, both quantitative and qualitative methods were used for data analysis. Firstly, professionals' responses to multiple choice questions within surveys were analysed using descriptive methods of percentages and frequencies in SPSS. Secondly, recordings from the 21 focus groups (n=138 participants) were transcribed by TEC Cymru Research Assistants and combined into a spreadsheet with the free-text narrative responses provided in the survey (=396 participants). This data was then analysed using a thematic analysis which followed steps outlined by Braun and Clarke [2]. Firstly, the TEC Cymru research team familiarised themselves with the data by reading and rereading the text, identifying important features within the dataset to code the data. From this, initial themes were generated and then reviewed via discussions and by rereading the data to ensure that the themes were representative of the dataset. Category names were then created for each theme. Following the initial thematic analysis, the TEC Cymru research team reviewed the data once again and developed an initial set of 15 draft recommendations based on the common ideas discussed in the group.

In Part 2, the quantitative analysis investigated the percentage of professionals that responded (n=465) to each multiple-choice option for each recommendation. Additionally, important themes within the responses provided in free-text narrative

boxes were identified and used to edit the original fifteen recommendations, producing a revised set of recommendations.

### **Ethical Approvals**

Full consent was obtained from all participants. At the beginning of each survey or peer-review feedback, a statement of consent and compulsory tick box was required. During each focus group, full consent was verbally obtained. TEC Cymru obtained service evaluation approval and risk assessments for all evaluations conducted in association with the use of the NHS Wales Video Consulting Service. This was initially obtained from their host Health Board Aneurin Bevan University Health Board Research & Development Department (Reference Number: SA/1114/20), and then national approval was obtained from all other Health Boards in Wales.

### **Results:**

#### **Part 1**

#### **Lived Experiences of WFH:**

138 clinical and non-clinical NHS Wales and social care professionals attended focus groups, whilst 396 professionals completed the survey.

#### **Quantitative Analysis**

##### **Work Modality:**

55.9% of survey respondents reported to be working both at home and in their traditional workspace, whilst 36% worked solely from home and just 8.1% worked only in their traditional workplace. 65% of respondents reported to like WFH, 29.5% reported to sometimes like WFH, and 5.5% reported to dislike WFH.

##### **Impact of WFH**

Regarding the impact of WFH upon professionals' work-life balance, 63% reported to have experienced positive impacts of WFH, 14.3% reported to have been negatively impacted, 15.8% reported positive and negative impacts, whilst 6.9% reported no impacts of WFH.

In terms of the impact of WFH upon relationships with team members, 49.6% reported a negative impact whilst 50.4% reported either a positive or no impact (n=393).

Regarding their workload, 36.3% of respondents felt that WFH had impacted their workload, whilst 48.5% stated no impact and the rest reported a mixed impact or reported that the question did not apply to them (15.2%) (n=388).

Most professionals reported to take regular breaks when WFH (70.8%) whilst 29.2% reported to not take frequent breaks (n=377).

In addition, half of the sample (51.9%) reported to have experienced negative physical impacts from WFH, although almost half (41.6%) reported no positive or negative physical impacts of WFH from home and the rest reported mixed impacts upon their physical health (6.5%). 40.1% of respondents reported that their sleep had been impacted when WFH, although 59.9% reported no impacts upon sleep habits.

### **Suitability of WFH:**

Regarding space for WFH, 87.1% of professionals reported having sufficient space for WFH, whilst 12.9% did not (n=395). 75.4% of professionals also reported having adequate access to technology for WFH, whilst 13.1% did not have adequate access and 11.5% were mixed in their view of this (n=395).

When considering whether professionals were able to fulfil their professional duties whilst WFH, 66.8% of professionals reported that this was possible, 22.8% had a mixed opinion, and 10.4% stated that they could not properly fulfil their responsibilities (n=394).

### **Reduced Travel Whilst WFH**

Regarding their traditional commute to work, 16.6% of respondents reported to miss their commute, whilst 64.5% did not miss their commute and 3.5% of professionals expressed mixed feelings about their commute. 5.4% reported to still be commuting (n=386). The savings for travel minutes, parking, and expenses (per day) were reported. A total of 39,585 minutes (659 hours) were saved on travel and parking for professionals in Wales due to WFH, 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.

## Ideal Working Model

Regarding their ideal approach to working, 83.5% of respondents expressed a desire for a 'blended' approach of both home and office working, whereas 10.2% wished to work only from home, and 6.3% only at the workplace.

## Qualitative Findings:

Following the thematic analysis of focus group responses and open-narrative responses in the survey data, five main themes were identified. These will be discussed below along with additional subthemes.

### Theme 1: 'Liking' and 'Disliking' WFH

#### 1.1.1 'Liking'- Benefits of WFH

Many respondents reported to like WFH due to a range of benefits such as improved convenience, flexibility and work-life balance.

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

In addition, many respondents reported being more productive and more able to concentrate when WFH as they had less distractions than would typically be experienced in an office space.

*"Easier to concentrate away from a busy open plan office" (Management, Rhondda Cynon Taf, CTMUHB)*

Several professionals also reported feeling more comfortable in their own home compared to office spaces.

*"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 'Disliking'- Reduced Social Contact

Whilst the vast number of professionals reported to like WFH, several downsides were also identified. These often related to feeling isolated, less motivated, missing social contact and professional support from colleagues. Some professionals also experienced a negative impact upon their work life-balance, with less clear boundaries between the two.

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

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

*"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 professionals, the lack of access to digital resources such as electronic notes, records and technology contributed to why they reported to not like WFH.

*"Currently we do not have electronic patient records. This makes WFH 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 WFH would be extremely useful."*  
**(SLT, Newport, ABUHB)**

## **Theme Two: Suitability of WFH**

### **2.1. 'Physical Space' for WFH**

Most professionals reported having the necessary space within their home to work effectively and conduct their professional responsibilities.

*"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 Manager, Denbighshire).**

However, some professionals did feel that they lacked the space to effectively work from home, which was sometimes related to sharing spaces with children and other family members.



*"I'm in a two-bed flat, so my kitchen table becomes the office plus the dining room, plus the kid's 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)**

A lack of space had led several professionals to make adaptations to their home to create an appropriate working environment, with some going as far as to move house to accommodate these needs.

*"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)**

*"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)**

Several professionals also noted however that COVID-19 social distancing restrictions had reduced space in their office spaces to work safely and effectively.

*"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)**

## **2.2 Suitable 'Access' to Resources (e.g., Technology)**

Having access to the necessary resources such as technology and internet connection is essential for professionals to fulfil their professional responsibilities. Most professionals reported having sufficient access to technology and felt satisfied with the additional resources they had been offered whilst WFH.

*"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)**

However, some professionals reported lacking access to adequate technology for WFH, with several professionals having to purchase new equipment or use their own devices, which came at a personal cost for professionals.

*"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." (Informatics, BCUHB)*

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

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

## **2.1 Fulfilling Work Responsibilities**

Many professionals felt that they were able to fulfil their professional responsibilities to the same standard when WFH as when working on site.

*"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. Despite being busier, many professionals however reported feeling more focused, efficient and productive.

*"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, Denbighshire)*

However, some professionals reported struggling to fulfil their professional roles whilst WFH, often due to a lack of resources to complete their role. For example, several professionals reported having to go into the office for access to equipment or paper notes.

*"Don't have access WFH to my electronic clerking system or clinical portal so WFH 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)**

Professionals also identified the need for in person appointments for certain patient consultations, such as physical examinations or for some mental health services.

*"Especially working with mental illnesses. In order to help patient psychological presence is important to address emotions and patient concerns in non-verbal/verbal way."* **(Psychiatrist, Carmarthenshire, HDUHB)**

*"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)**

### **Theme 3: Impacts of WFH**

The narrative also highlighted impacts of WFH upon professionals' personal lives, physical health and daily routines. Impacts were both positive and negative.

#### **3.1. Learning to 'Take a Break'**

Many professionals noted the importance of taking breaks whilst WFH and ensured that they scheduled these to mimic breaks that would occur naturally in an office setting. Some professionals even found it easier to take breaks at home.

*"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)**

#### **3.1.2. Learning to 'Not Feel the Guilt'**

Whilst most professionals took regular breaks, there was often a strong sense of anxiety and guilt attached to these. Most professionals however reported this to be more common during the earlier days of WFH and had since subsided.

*"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)**

*“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)*

### **3.1.3. Still Learning to ‘Adapt’- Risks and Impacts on Emotional Health**

Whilst most professionals reported adapting to WFH overtime, negative issues such as guilt was an ongoing issue for some.

*“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)*

Some professionals also reported that increases to their workload prevented them from taking breaks whilst WFH. This was however more commonly linked to the additional demands upon services during the pandemic, rather than WFH.

*“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 WFH” (Transformation Programme Director, SBUHB)*

## **3.2 Physical Health Impacts**

Several professionals reported negative impacts of WFH upon their physical health, such as developing headaches or eye strain due to increased screen time and back pain due to inappropriate desks or chairs. Some professionals also reported decreased activity levels as they no longer needed to travel or walk to work.

*“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)*

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

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

Many professionals did however report implementing habits and strategies to minimise the physical health impacts of WFH.

*“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”* **(Psychotherapist, Carmarthenshire, HDUHB)**

*“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)**

Additionally, many professionals expressed positive physical health impacts of WFH as they had more time and flexibility to fit in exercise during the day with less time spent commuting.

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

### **3.3 Seeking Social Support**

It was widely noted that WFH has changed colleague relationships, with some professionals finding it harder to stay in contact and socialise with their colleagues compared to when they worked in the office. Reduced access to professional support from colleagues was also noted.

*“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)**

*“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)**

While this can be a challenge of WFH, many have got around this with daily or weekly virtual meetings with their colleagues, which has benefited relationships in some cases.

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

*“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 WFH. When*

*working from a base I would often only see people in passing whereas now we schedule quality time together"* **(Counsellor, CAVUHB)**

### **3.4. Sleep Patterns**

Many reported no change in their sleeping patterns whilst WFH, which was often related to implementing a good sleep schedule.

*"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)**

*"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)**

However, some professionals experienced poorer sleep whilst WFH, which was sometimes attributed to having less separation between work and sleep as some professionals completed both in the same room. Poorer sleep was also attributed to increased stress due to the COVID-19 pandemic in general, increased workloads and increased screen from WFH.

*"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)**

*"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)**

### **3.5. Diet Behaviour**

Narrative surrounding diet was also mixed. Several professionals reported to eat better whilst WFH, as they had more time to cook at home, which had also helped some professionals to save money compared to buying lunch out.

*"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)**

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

Conversely, others reported increased 'grazing' throughout the day and reduced energy to cook meals after work.

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

*"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)**

### **3.6. Daily Routines**

A significant proportion of professionals reported changes to their daily routine since WFH. Whilst some professionals attributed this specifically to WFH, others felt as though the pandemic had separately influenced their daily routines

*"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)**

*"More due to Covid than WFH 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 many, changes to their daily routine had been largely positive, and others reported successfully maintaining their normal working routine whilst WFH.

*"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)**

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

**(Physiotherapist, Gwynedd, BCUHB)**

## **Theme 4: Commuting and Travel**

Mixed responses were evident regarding the reduction in travel and commuting in the narrative.

### **4.1 Commuting to the Office**

Some professionals reported longing after their daily commute due to the time it provided to mentally transition between work and home elements of their lives. Some reported to have enjoyed the downtime that their commute provided.

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

*"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)**

However, many professionals expressed that they were able making use of the time that they saved by not having to commute.

*"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)**

*"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)**



## 4.2. Travel Miles and Savings

The reduced travel to and from work, as well as for some meetings, was associated with considerable time and monetary savings for many professionals and Health Boards. Whilst most professionals were paid for travel expenses, personal costs could still arise for 'wear and tear' to vehicles.

*"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)**

*"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 WFH."* **(Speech and Language therapist, ABUHB)**

Professionals were also positive about the environmental benefits of reduced travel.

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

As well as benefiting professionals, many also noted the benefits of reduced travel for patients.

*"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

NHS and social care professionals provided comments on how they would like the future of working to look, in order to inform an 'ideal working model' within Wales.

### 5.1. Blended Approach:

Most professionals expressed the desire for a blended approach of both WFH and office-based working moving forward. Some expressed the benefits including office-

based working allowing access to physical resources (files, printing) and face-to-face supervision or meetings.

*"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)**

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

*"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)**

*"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)**

However, professionals noted the need for further advancements to enhance WFH, such as improvements to technology, access to equipment and flexibility of working patterns.

*"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)**

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

*"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)**

## 5.2. The Importance of Choice

The narrative also displayed a desire for professionals to have the choice of where they work and when, with emphasis on the importance of flexibility 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)**

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

### Recommendations from Part 1

Based on the common themes identified within NHS professionals' comments during focus groups and survey responses, fifteen preliminary recommendations were developed for the Welsh Government by the TEC Cymru team, which aimed to outline ways to make WFH a safe and sustainable approach. In the October 2021 survey, NHS Wales and Social Care professionals were asked to provide feedback on these recommendations. The recommendations are outlined and discussed in part 2 results sections.

## Part Two:

### Peer Review & Revision Process of Recommendations

465 NHS professionals completed the peer review process. Percentages of respondents that answered with the multiple choice options of 'yes', 'maybe', 'no', and 'unsure' in regards to whether they thought each recommendation should be a recommendation are displayed in table 1.

Table 1: Percentage of NHS professionals that responded with each multiple-choice option regarding each recommendation (N=465)

Recommendation	'Yes' Responses (%)	'Maybe' Responses (%)	'No' Responses (%)	'Unsure' Responses (%)	No Response (%)
1	90.33	5.25	2.49	1.38	0.55
2	91.44	5.25	1.66	1.1	0.55
3	79.01	9.67	4.97	5.52	0.83
4	74.31	17.96	4.14	2.76	0.83
5	83.43	11.05	3.59	1.93	0
6	83.7	11.05	3.59	1.66	0
7	85.08	9.39	2.21	2.76	0.55
8	89.23	7.49	2.21	0.83	0.28
9	92.54	4.14	2.76	0.55	0
10	67.68	19.89	6.35	5.52	0.55
11	82.87	11.05	4.97	0.83	0.28
12	91.16	4.7	2.49	0.55	1.1
13	76.52	13.26	6.35	2.76	1.1
14	72.38	17.4	7.46	2.76	0
15	92.82	4.42	0.83	1.1	0.83

Analysis of free-text narrative responses are presented in turn for each of the 15 recommendations below:

#### Recommendation 1

**WFH to become part of 'normal' working and employment checks and offers. All policy and legislation need to be put into place to ensure that the WFH 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 of WFH and flexible working.**

In response to this recommendation, professionals were relatively positive when considering recommendation one. Many professionals commented that they have seen significant benefits since WFH, such as an improved work-life balance and would like WFH to be considered part of their 'normal' working pattern. Professionals also stated that WFH has provided NHS professionals with additional opportunities.

*"Significantly improved work life balance/flexible working" (Project Manager)*

*"I believe the implementation of WFH offers a superb opportunity to staff- It has changed my life" (Progress Chaser)*

Despite this, some professionals felt that the terms used within these recommendations (WFH, remote working, flexible working, agile working) should be defined for all professionals to understand them, and that WFH is difficult to implement when every individual has different needs.

*"Generally, there should be a distinction made between Remote working, Flexible working and Agile working, so that staff can understand what each means" (Administration)*

*"Individuals have personal circumstances which means that they may prefer to work at a site" (Administration)*

Other professionals felt that a move to WFH, even as a flexible and combined option with face-to-face, would be detrimental for service training purposes and requirements.

*"Face to face tuition is essential both for learning the job and for training people studying for the formal accountancy qualifications. In the finance regime this is something that is almost impossible to do over teams" (Finance Manager)*

## **Recommendation 2**

**Where possible, incorporate blended and flexible working options to all employees in Wales over and above pure WFH 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.**

In response to this recommendation, many professionals were on board with having a mix of both office and home bases in the future based on their current experiences of having a flexible working option and the choice given to them as employees.

*"I feel that an option of WFH should be available to all who are able to work in this way. I would like to see a mix of part-remote and part-office based personally. I feel that this gives a good balance and helps to reduce the impact on the environment" (Medical Secretary)*

*"Blended and flexible days at home and office should be considered"*  
**(Business Support)**

*"There should not be any pressure on staff to work from home. All staff should have the option of an office desk"* **(Consultant Paediatrician)**

*"It is important that staff have the option to work in the office at short notice (for example if their internet doesn't work unexpectedly that day or if the environment isn't suitable for working e.g., noisy children at home etc.)"* **(Senior Information Analyst)**

Some professionals suggested the need for further explanation as to who and what roles are suitable to be conducted when WFH.

*"Just need real clarity of who is suitable to work from home. If the office environment is suitable then people need to come into the office. Concerned that people can twist some of these recommendations to suit their need we must consider the need of the service as well"* **(Informatics Project Manager)**

*"I think it is essential to identify at the beginning of any recommendation that not all roles are suitable for WFH. It is also essential to recognise that not everyone can personally work from home due to the environment in which they live, they may feel more productive/safer if they attend a workplace"*  
**(Information Skills Trainer)**

*"WFH may not be an option for some roles and cause some resentment amongst staff"* **(Biomedical Scientist)**

While many professionals would like the offer of both WFH and in the office, there were concerns that this may not be available to all professionals across Wales.

*"The option of flexible working may not be open to everyone. As a physician in scheduled care half my work can be done from home, the other half requires me to be on the wards and undergo clinical duties. I have expressed my desire to flexibly work from home to my line manager and clinical manager who both refuse me this option despite having themselves the flexible working pattern I request"* **(Physician)**

*"No employee or department should be forced to work from home"* **(Analyst)**

### Recommendation 3

Any decisions surrounding WFH 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.

In response to this recommendation, many of the professionals felt that the use of a 'top-down' approach was not appropriate when considering WFH. . For many, they would prefer that employee was more involved in these decisions.

*"I don't not think it should be top-down. I think consultation with the staff is really important. The phrase 'top down' makes it seem like an organisation could make blanket decisions like 'all staff in the office 2 days a week' without taking into account individual needs and preferences"* **(Paediatrician)**

*"Top down generally infers management imposing decisions, whereas decisions should be made collectively from the bottom up"* **(Head of Rural Health and Care Wales)**

*"Staff should be given an option"* **(Admin Manager)**

There were also concerns that personal preferences of line managers would become apparent, and professionals would not have the opportunity to WFH if it was conducted in this 'top-down' manner.

*"I would have welcomed the opportunity to WFH during the COVID pandemic but unfortunately have a management structure that simply did not want to even entertain the idea despite numerous requests from myself"* **(Medical Secretary)**

*"Decision for WFH shouldn't be made top down as this will be kept at the top by managers and seniors regardless of whether it states its everyone's choice. Maybe say something that includes 'all' from the start, and that way its inclusive of all involved, not just the bosses"* **(unknown)**

*"It all seems very top down again. I had hoped this would put duty on managers to enable and support workers to work in a manner that suits them. This read as though staff shall do what suits chief executive exec and board. The pandemic showed that when senior execs were kept away things just happened to achieve aims. Perhaps remove senior managers, employees*

more competent administrators to keep things moving.” **(Public Health Doctor/ University Lecturer)**

#### **Recommendation 4**

**WFH 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 WFH worker. This includes appropriate chairs, desks and IT equipment (See [IECs infographic](#)) that mirrors that of the office.**

When considering ergonomic setups for WFH, a small number of professionals felt that employees should be offered the opportunity of an ergonomic set up, rather than provided with one before any consultation.

*“WFH staff should be OFFERED an ergonomic set up rather than be made to have them. If staff do not accept ergonomic office equipment, this needs to be recorded” **(GP, Associate Professor)***

Other professionals felt that an ergonomic set up was the responsibility of employees in ensuring they had their appropriate setups for their job roles.

*“Should also be an aspect of self-responsibility” **(National AHP Lead Primary & Community Care)***

*“Responsibility should be with the employee; we are all adults after all. I don't think any additional expense should be placed on the NHS to set people up to WFH” **(Senior Business Analyst)***

While ergonomic setups were considered pertinent to both WFH and office working, there were concerns raised that not all professionals would have adequate space for this set up when WFH.

*“To take into consideration not everyone has room for a desk and workstation at home” **(Smoking Cessation)***

*“It may be that some staff would like to work from home, but may live in a bedsit, and don't have the room/facility to be able to do this” **(Admin Manager)***

*“Not everyone has space to set up a home office” **(Audiology)***



## Recommendation 5

Further investment for WFH 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 necessity 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.

Regarding this recommendation, some professionals believed that this responsibility lies with the professionals themselves, rather than the organisation.

*"Provide where practicable but providing wi-fi at home is not the NHS responsibility, printing services. If you don't have basic infrastructure at home, then you may have to go into work. Decisions should be made on actual saving and not assumed saving." (IT Support Officer)*

*"Responsibility for 4 & 5 should be with the employee, we are all adults after all. I don't think any additional expense should be placed on the NHS to set people up to WFH." (Senior Business Analyst)*

Others agree that this investment should be implemented by health boards and relevant organisations and is key in being able to WFH sustainably, long into the future.

*"I think this is an excellent initiative and is needed. Hopeful time and space can be released that will balance the costs to WFH." (Quality & Safety Lead, Governance)*

*"IT hardware, software and IT helpdesk investment should be a priority for the UHB. WFH has made my role more efficient and cost effective. I am a much happier worker! I do not need an office in work to do my job." (Primary Care Support Manager)*

*"Not all staff have access to high-speed Wi-Fi or broadband from home, especially for those living/working in rural areas. Welsh Government needs to put the infrastructure in place to enable effective home/remote working. Welsh Government must prioritise high speed broadband to rural areas." (Counsellor)*

Financial contributions to support WFH would be beneficial and highly appreciated by many professionals.

*"A contribution towards home Wi-Fi costs would be appreciated to ensure a stable signal is provided" (Community Physiotherapy)*

*“Would there be a salary uplift to cover the increased household bills that have been inevitable since the pandemic began?” (IT)*

*“I do enjoy the feeling of safety from the reduced risk of COVID infection that is resultant by WFH, and I am glad that this change has been facilitated. However, I do feel that homeworkers should be able to claim back the additional Electricity and heating costs that are incurred through WFH.” (Physiotherapy)*

### **Recommendation 6**

**Safety of employees is paramount with employers having a duty of care to WFH workers. Health, wellbeing and physical safety should remain the upmost priority regardless of setting. Urgent WFH guidelines, advice and risk assessments need to be designed and implemented as an immediate call to action.**

Regarding this recommendation, professionals generally agreed that there should be clear guidance for the health and safety of people WFH. An important idea brought up was how many people overwork as a way of “proving they are doing the work” that is expected of them from home. Professionals would also welcome guidelines developed regarding overall wellbeing.

*“Clear guidance for health and safety for people doing exercise at home on teams would also be really helpful.” (Physiotherapist Team Lead)*

### **Recommendation 7**

**Line managers should be made responsible to set clear expectations to all WFH workers (regardless of time spent doing so) to ensure that WFH 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 WFH 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 WFH, and this should be identified and dealt with sooner than later.**

With regards to this recommendation, responses were mixed. Some professionals noted that the wording surrounding WFH needs to be reconsidered.

*“The use of agile working is much better placed rather than WFH as it gives the wrong impression.” (Senior Programme Manager)*

This ‘impression’ could be due to the possible stigma surrounding those who work from home on a regular basis.

*"It can be perceived as the easy option... but believe it is down to the individual line managers to monitor this decision."* **(Office Manager)**

Some professionals also expressed concerns that there may be bias amongst individual managers regarding WFH that can lead to a "lack of trust" with certain groups of staff that could affect this decision. Professionals emphasised how it should be recognised that everyone that works from home, works differently. A Lead Counsellor believes that *"while some staff may have a preference for remote working, it may not be in their best interest,"* regarding maintaining a professional approach to their work. Furthermore, a Research Officer commented that *"it is important that assessments should be on results not on hours spent at the computer."*

### **Recommendation 8**

**Ensure WFH 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.**

While several professionals agreed that WFH had benefited their work-life balance, some felt there had been negative impacts upon mental wellbeing. .

*"My work life balance has increased since not having to go into the office everyday"* **(Senior OD Officer)**

*"The mental wellbeing of remote workers is as important as their physical well-being and this may need line managers to adapt their ways of working."*  
**(Clinical Technologist)**

With regards to regular professional developmental assessments, a Project Manager agrees that it should *"be made available equally among all staff regardless of their physical work setting."*

However, there were concerns that this recommendation could lead to an increased workload for managers:

*"Managers also need support to manage staff remotely as this can be more time consuming and demanding than in person management and this needs to be recognised."* **(Chief Officer)**

They also felt that risk assessments should only be undertaken when deemed necessary rather than being done for the sake of it. Regular catch-up meetings were deemed a vital part of WFH, as many professionals thought that this maintained a healthy communication channel between managers and employees.

*"It is imperative that staff are supported to structure a disciplined working pattern and that regular catch up sessions are held between the manager and employee."* **(Administrator)**

*"Our team has ensured that they have put in regular catch up meetings so it doesn't feel any different to being in the office"* **(Senior Officer)**

*"There should be a clear pathway for staff to report any changes in their remote setting or health that would trigger a new risk assessment."* **(Project Manager)**

## **Recommendation 9**

**To clearly document WFH 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 (WFH or other) to ensure that WFH workers do not feel overburdened, or experience guilt or anxiety.**

While many professionals appreciated the ability to respond out of hours to emails, they acknowledged that there is no expectation for others to act the same way. The culture surrounding answering calls, emails and social media out of hours "needs to be reviewed." This along with a call for clear guidance on how to document breaks is something several professionals picked up on:

*"What happens if you take say a 30-minute break to pick up children from school, every day? How is this documented so people know that you're not available but also that people without children are confident that this is not bunking off and how the time will be made up?"* **(Project Manager)**

Most professionals agreed that there needs to be a clear outline of what is expected of them with regards to communication out of hours to ensure "fairness and transparency for all."

*"It is unfair, we dedicate so much of our own precious time to work, and work above and beyond our contracted hours, and this should not be the case. Our own time should be our time."* **(Admin Manager)**

## Recommendation 10

Many non-patient facing roles such as administrative, digital, business and finance may be better suited to WFH 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.

With regards to recommendation ten, there was a lot of negative feedback surrounding the movement of non-patient-facing roles to WFH working. Professionals believed that WFH should be offered in a blended format and as an option to all staff members, regardless of their role, and many discussed the impact it could have on team collaboration.

*"I do not believe that any employee should be able to 100% work remotely this, regardless of role and virtual team events, will result in team work being adversely affected." (Nurse)*

*"From a staff development, team building and collaboration point of view some time together in a physical location would be invaluable." (Information Manager)*

Instead, many professionals noted that all staff should have access to a blend of office and home-based working, without being made to feel that they do not welcome within office space when they do choose to work there. This move should be supported by providing IT equipment such as laptops and work phones to all WFH workers.

*"There must be a mechanism for remote working staff to attend the workplace without feeling they are imposing --there will be a need for a 'bookable space' or hot desk that can be used." (Radiographer)*

*"There should be office space available for all staff, be it a hot desk. Whole sections should not be working remotely." (IT Support Officer)*

*"It is important that all remote workers have access to office space when they require it. Adequate office space should exist to not limit attendance in the Office." (Paediatrician)*

An important element this recommendation seemed to miss was the social interactions and positive impact working in person relationships can have on workers, regardless of their role.

*“Potential for causing low morale and losing 'hubs' where staff can meet and store what they need.” (Audiologist)*

### **Recommendation 11**

**Management need to implement the importance of taking 'regular breaks' similar to that of office working expectations. WFH 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 those WFH to block out 15-30 minutes breaks in their virtual calendars to avoid over booking meetings.**

Whilst most professionals acknowledged that scheduling breaks whilst WFH is important for individuals who may be unlikely to naturally take them, many professionals noted that some employees may struggle more with staying on task when working at home, so scheduling in tasks that need to be completed is also important.

*“For some the discipline of remaining on task is more of a problem than the discipline of taking breaks. Scheduled breaks are important for those who would not otherwise take them, but may not be so helpful to those who need scheduled tasks...” (Paediatrician)*

Many professionals also noted that decisions to schedule breaks should be taken on an individual basis, with the flexibility of WFH enabling individuals to design a working pattern that suits them. However, efforts to avoid scheduling back-to-back hour-long meetings within teams should also be taken.

*“Remote working should allow flexibility rather than a fixed work/break schedule.” (Administrator)*

*“Consideration could also be made to alter the default of meeting duration to 45 mins (rather than currently to the hour) to ensure breaks between virtual meetings. It is too easy to book back-to-back virtual meetings knowing there is no travel time, but this is not good for employees' wellbeing.” (Manager)*

Finally, a number of professionals noted that both induction training and guidance from line managers should be opportunities for staff to receive support on scheduling breaks when WFH.

*“Recommendation numbers 11, 13 and 14 would all be expected to be covered by a good line manager as standard” (Quality Assurance Officer)*

### **Recommendation 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 employers. 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).**

Whilst most professionals felt that having regular updates from managers is important and beneficial, several respondents noted that this does not always happen when working at site, where it is equally important. Therefore the need for regular contact and updates when working both remotely and on site could be outlined in the recommendations. However, some professionals expressed concerns that managers may become overburdened if required to complete too many extra meetings.

*“Some of the recommendations are not necessarily even happening in the office e.g., regular staff update meetings, allocation of tasks with targets - generally workload is poorly managed in the NHS e.g., some staff have too much, others not enough.” (Administrator)*

### **Recommendation 13**

**Working relationships are an essential part of ‘being human’. When considering flexible and WFH, consider focusing working relationships around active and social collaborations, e.g., celebrating milestones or achievements in similar ways as in the office.**

Whilst most professionals welcomed the focus on supporting relationships and social interactions when WFH, several professionals commented that this should not be mandatory, as not all employees have a desire to socialise with colleagues. Again, a number of professionals noted that the responsibility to organise team events should not fall upon managers, with concerns that they may become overburdened. Professionals also noted the need to avoid Zoom/Microsoft Teams fatigue if these platforms are used for additional social activities, suggesting that occasional in person meetups may be more suitable for social events within teams.

*“Personally, I am not a fan of the ‘forced’ social relationships that seem to happen, WFH is a welcome respite!” (Paediatrician)*

*"Mindful not everyone wishes to engage with colleagues socially, important to recognise increased demands on leaders" (Allied Health Professional Lead Primary and Community Care)*

*"The recommendations around working relationships and social meetings make sense, as long as they're not mandatory/outside of work hours. After spending 8+ hours at my desk, the thought of driving 20 minutes to get to a central location and go to a pub or restaurant, taking me away from my family, is not appealing and incurs additional expense for me." (Claims Manager)*

*"It would be useful to have ideas, tips to balance out MS team fatigue - other ways to connect and get work done." (Registered Mental Health Nurse)*

#### **Recommendation 14**

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

Most professionals were positive regarding this recommendation and appreciated the importance of taking action to combat loneliness whilst WFH. Having some access to office or clinical spaces was also noted as an important strategy to help with loneliness if professionals wanted this.

*"The importance of this cannot be overstated. I have worked almost exclusively from home since March 2020. Occasional social meetings via Teams have been effective in team building and maintaining mental health." (Admin Support Officer)*

*"Recommendation 14. REALLY important. Been WFH for 18 months with little colleague contact other than emails." (Communications)*

However, some professionals pointed out that not all individuals experience loneliness whilst WFH and emphasised that they would not want organised social events within work teams to be mandatory.

*"Not everybody feels lonely when working alone - I don't! For those that do, surely the opportunities to establish social relationships lie with them - or they should have the choice not to work remotely." (Consultant Paediatrician)*



*“Choice of working at home or not is important as those who live alone can feel extremely isolated.” (Administration)*

### **Recommendation 15**

**Improvement in technology and systems that support WFH should be made a priority. For example, electronic note systems are crucial across NHS services to ensure WFH 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 WFH systems used across services and Health Boards need to have slick integration where possible to ensure a smooth process for staff, and patient care.**

Many professionals emphasised the need for improvements to IT systems, as outlined in this recommendation, noting that current IT issues often contribute to a significant amount of stress and a reduction in the efficiency of their work. However, some professionals also noted that they had observed significant improvements to the IT infrastructures over the last 18-months and felt that these had supported them in WFH very well. There were also comments that additional training may further support professionals in using technology to support WFH.

*“Training and improved tech for video consultations, access to wider IT systems like Epex and SPA to avoid any time wasted on calls” (PCCS Counsellor)*

*“However, IT issues often impact to a significant degree and I believe that underpins most stress. Digitisation of all documentation and major changes in protocols and processes should be undertaken at the earliest opportunity.” (Health Care Support Worker)*

*“A blended way of working is the way forward, however administration staff need to be better supported by being provided IT equipment, work phone etc” (Nurse)*

*“With Microsoft teams underpinning all meetings there is nothing I can’t do from home.” (Business Support)*

## Revised Recommendations

These following recommendations propose and outline an All-Wales 'blended approach' to offer dynamic working for Welsh employees where possible. Moving forward, this needs to be made available as an option to all employees that want it. Official Welsh Government guidance on WFH should be developed, such as the provision of guidance to support those new to flexible working and documenting information to employees via employee contracts

### **Revised Recommendation #1:**

In appropriate circumstances, the choice of WFH should be at the discretion of the health boards, trusts and managers, supported by their professional bodies, occupational health and employee unions. While managerial discretion is a factor, the decision to WFH ultimately should be based upon individual employee circumstances and the nature of their job role.

### **Revised Recommendation #2:**

The offer of appropriate equipment (desks, chairs, IT equipment) for WFH to support an ergonomic setup, should be made available to all staff but is not mandatory.

### **Revised Recommendation #3:**

Improve IT infrastructure (e.g., reliable WIFI, printing subscriptions, updated software and platforms). This will include prioritising improvements to technologies, which aim to better team collaboration whilst WFH e.g., shared electronic note systems. This will reduce having to double-note (electronic and paper) or retrieve files in-person from places of work. There should also be a focus on integrating platforms to streamline the work process for individuals rather than requiring them to operate across numerous systems.

### **Revised Recommendation #4:**

The offer of professional development assessments should be considered on an ad hoc basis, suited to individual employee needs. This can provide an opportunity for managers to update employees on team developments, as well as clearly defining expectations of employees whilst WFH. This could include expectations for responding to emails 'out of hours' and the importance of taking breaks, with the aim to help prevent employees from feeling overburdened, guilty or burnt out. This can also be

an opportunity for the discussion of employee progress when WFH, whilst placing no direct pressure upon employees to share difficulties if they do not wish.

**Revised Recommendation #5:**

Different individuals want different things from working relationships. Whilst some employees may want to maintain strictly professional working relationships within working hours, others may want more personal connections with colleagues and an opportunity to explore these outside of working hours e.g., new starters in longer established teams. All colleagues need to feel that they are equally supported and appreciated in their professional roles, such as receiving feedback, praise or constructive criticism.

**Revised Recommendation #6:**

Whilst some employees may be highly suited to WFH, others may find this more of a challenge. Thus, mental health and emotional wellbeing of employees should be a priority. Employees should be provided with resources to support their wellbeing on an individual basis (e.g., self-help to support wellbeing), while also considering the need for support from managers (see recommendation 4).

**Revised Recommendation #7:**

There is a need to continue to tackle the loneliness that can occur whilst WFH, given the isolation from colleagues. Regular meetings, the offer of talking lunches or work-based social media group chats can support this.

**Discussion – Part 1**

The first part of this study aimed to explore the benefits and challenges of WFH, based on the lived experiences of NHS and social care professionals during the COVID-19 pandemic, as well as to gather professionals' opinions regarding policy recommendations for the Welsh Government to create an 'ideal working model' going forward. The quantitative analysis in this study revealed that the vast majority of professionals were WFH some or all of the time (91.9%), thus reinforcing the importance of evaluating the benefits and challenges of WFH. WFH appeared to be a popular option amongst professionals, with 72.5% of professionals reporting to like it at least some of the time. Qualitative analysis highlighted several reasons for the popularity of

WFH, including increased convenience, flexibility and saved commuting time. The saved time and money associated with WFH, as well as environmental benefits, was particularly beneficial for professionals in rural areas of Wales who often had the longest commutes. The saved commuting time, which averaged at 106.7 minutes per respondent per day, also contributed to some professionals noting improvements to their daily routine and work life balance, as they were able to use this time for other purposes. Many professionals also felt confident that they could complete their professional responsibilities from home (65.7%). This may be explained by many professionals feeling that they were more productive and better able to concentrate whilst WFH, which was often attributed to having fewer distractions than when working in the office. Most professionals did however acknowledge that certain tasks, such as physical examinations or certain mental health consultations, required in person appointments, and a number of professionals felt that a lack of resources, such as not having electronic notes, inhibited their ability to fulfil professional duties from home.

Many professionals reported having adequate access to space (87.9%) and technology (75.4%) for WFH, although qualitative analysis indicated that some professionals lacked the space to work effectively at home, sometimes due to sharing spaces with other family members during lockdown. A small number of professionals reported needing to make adaptations to create a suitable WFH environment, with some going as far as to move house to accommodate this. Similarly, although most professionals were satisfied with their access to technology whilst WFH, lacking access to certain digital resources like electronic notes inhibited some professionals' work, and some professionals reported purchasing new equipment to enable them to work from home rather than being provided with this by their Health Board, thus coming at a personal cost.

Although professionals were largely positive about WFH, it is important to consider some negatives of WFH highlighted in this study. Firstly, nearly half of professionals (49.6%) reported negative impacts of WFH upon their relationships with team members, with qualitative findings indicating that reduced social contact and informal professional support from colleagues lead some professionals to feel isolated and less motivated when WFH. Although some professionals overcame this by scheduling regular meetings with colleagues to stay in touch, it appears that

measures to safeguard the emotional wellbeing of professionals may be needed. Additionally, nearly half of professionals reported negative physical impacts of WFH (51.9%), such as back pain, headaches, eye strain and decreased activity levels. Thus, guidance to help professionals protect and maintain their physical health whilst WFH also appears warranted.

The study also revealed a mixture of positive and negative impacts of WFH in several areas. For example, whilst some professionals reported negative physical impacts of WFH, some professionals noted that having more control over their office setup and more flexibility to schedule in exercise within their day, which benefited their physical wellbeing. Findings regarding sleep patterns were similarly mixed, with some professionals benefiting from having more time to sleep as a result of reduced commuting time, but others finding that having reduced boundaries between their work and home environment had negatively impacted their sleep pattern. Similarly, in terms of dietary changes, some professionals reported having more energy and time to cook healthy meals throughout their working day, whilst others reported grazing more throughout the day or feeling less motivated to cook after work. Finally, whilst some professionals noticed improvements to their work-life balance when WFH with less time spent commuting, some professionals felt that the boundaries between their work and home life had become more blurred and reported feeling as if they 'lived at work' as a result. For some professionals, the commute to and from work had helped them to reflect and provided a clearer distinction between the two elements of their day. While it is encouraging that most professionals scheduled regular breaks whilst WFH (70.8%) and acknowledged the importance of breaks in discussions, feelings of guilt attached to taking breaks was commonly reported and was an ongoing problem that some professionals were still learning to overcome.

It was also evident that the vast majority (83.5%) of professionals were keen to have continued access to WFH in a blended approach going forward, with this enabling access to the 'best of both worlds' for professionals. There was also an appetite for professionals to have more choice over where they work, with these enabling professionals to engineer a way of working that is flexible, efficient, and suited to their circumstances and wellbeing. However, based on the negative impacts of WFH upon the physical and emotional wellbeing of some professionals, it is paramount that more

guidance and support is developed and implemented to ensure that WFH is a safe and sustainable option for all NHS professionals going forward, rather than leaving those who struggle unsupported.

## Discussion - Part 2

Quantitative analysis of multiple-choice answer questions indicated that NHS professionals were less positive towards several recommendations, including recommendations 4, 13 and 14. For recommendation 4, themes identified in free-text narrative comments indicated that this may have reflected views that employees should be offered, but not automatically provided with, equipment for an ergonomic setup, partly because not all professionals have sufficient space to support this. Additionally, some professionals questioned whether it was the responsibility of the NHS or the individual to support this set up, with some concerns raised regarding the extra cost of providing equipment for professionals upon the NHS.

For recommendation 10, only 67.69% of respondents indicated that they felt this should be a recommendation. Free-text narrative comments highlighted a number of criticisms of this recommendation, with some respondents concerned that encouraging specifically non-patient facing professionals to WFH may lead to divisions within teams and negatively impact team collaboration. Instead, respondents expressed the view that all employees should have a choice in regards to where they work and should have access to some days at their work site.

For recommendations 13 and 14, only 76.52% and 72.38% of professionals agreed that these should be recommendations respectively. Free-text narrative comments for each recommendation indicated that whilst a number of professionals agreed that isolation and reduced social contact with colleagues was a concern, some respondents stressed that they did not enjoy 'forced' social interaction with colleagues and felt strongly that these events should not be mandatory. Additionally, there was concern expressed that the responsibility of organising team social events may fall upon managers, thus adding to their workload. Concerns about overburdening managers were also expressed in relation to proposed risk assessments or 'check-ins' between managers and their staff to check on employees' wellbeing when WFH. Some professionals questioned whether this responsibility should fall to

managers, and subsequently raised concerns regarding the wellbeing of managers if they gain too many additional responsibilities. Throughout the free-text narrative responses, the role of individual responsibility in looking after physical and mental wellbeing was highlighted multiple times.

Regarding recommendation 3, only 79.01% of respondents agreed that this should be a recommendation. Free-text narrative responses indicated that a number of professionals felt that individual employees should be involved in decisions regarding how they work as opposed to there being a mainly 'top-down' approach. There were concerns that personal preferences of line managers may prevent staff from having access to certain styles of working, and thus not all employees would have access to WFH or in-person/on-site working. There was also a clear preference for professionals in appropriate roles to have flexibility and choice in regards to where they work and when they take breaks, with this being noted as one of the main benefits of remote working. This highlights the need for collaboration between managers and employees when making decisions about working styles, with consideration also paid to the stance of Health Boards, professional bodies and unions, rather than a solely top-down approach.

Regarding recommendation 9, 92.54% of respondents agreed that this should be a recommendation, and free-text narrative responses also highlighted the need for clear agreement between employees and managers regarding expectations when WFH. Desire was also expressed for individuals to have choice over how they work and when they take breaks, to design a working pattern that suits them. 91.16% of respondents also agreed that recommendation 12 should be a recommendation, with the importance of employees being offered regular check-ins and updates from managers also highlighted in the free-text narrative responses. Again however, it was noted that regular updates with managers should be offered but not mandatory, to avoid overburdening managers or taking up excess time for employees that feel that they do not want or need this support.

There was also a strong consensus identified in free-text narrative comments regarding recommendations 1 and 2 of the importance of creating these recommendations to support WFH workers. The need to define key terms within the recommendations was

also highlighted several times to ensure a shared understanding of this vocabulary within the recommendations. This included terms such as 'blended working', 'flexible working', 'agile working' and 'dynamic working'.

The key issues highlighted above were subsequently used to inform changes to the recommendations. This produced seven revised recommendations and an overall objective, which aim to support NHS professionals when WFH whilst better reflecting the responses and views of survey respondents.

### **Strengths and Limitations**

This study provided an important opportunity to understand the experiences of NHS professionals when WFH, with the aim of then developing guidelines that help to ensure the safety and sustainability of WFH for NHS professionals within Wales going forward. Providing professionals with the opportunity to review the preliminary recommendations for an 'Ideal Model' of WFH also aimed to increase the validity of the recommendations by increasing the extent to which they reflect the views of professionals within Wales.

A particular strength of this study was the mixed method design. With mixed methods data collection noted to be useful in understanding contradictions and nuances in data sets (Wisdom and Creswell, 2013), the design of this study provided a deeper understanding of the mixed impacts of WFH for different professionals by better illuminating why it was more or less popular with different professionals. In part two of the study, the addition of free-text narrative boxes allowed for a more in depth understanding of why certain recommendations were more or less popular with professionals based on the percentages of professionals who responded with each multiple choice option. A further strength of the study was the remote nature of data collection, which enabled participation of NHS professionals from across Wales and meant that the data and subsequent policy recommendations reflected the views of an all-Wales sample. The validation process to fine tune the recommendations was a further strength, as this helped to ensure that the recommendations were a more valid reflection of the needs and opinions of NHS professionals.



However, it is also important to note that the virtual data collection methods deployed in both parts of this study may have excluded professionals with poorer technology or digital confidence, thus potentially missing individuals with less favourable experiences of WFH. Professionals with poorer technical abilities may have been less inclined to sign up to participate in both stages of the study based on the nature of recruitment (online opportunity and snowball sampling), which may also have skewed the dataset. However, the use of both focus groups and surveys in the first part of the study likely widened the range of respondents by providing a choice for professionals to respond in the modality that suited them.

In addition, it is important to acknowledge that part 1 of the study was conducted during a national pandemic lockdown with factors such as home schooling and forced restrictions in place, whereas part 2 of the study was conducted when these restrictions were eased. Therefore, there may be some bias in the findings, and therefore will require continued exploration.

### **Future Direction:**

The revised set of recommendations will be shared with a wide range of different organisations (Unions, Health Boards) and will continue to be revised and discussed with policy leads and the Welsh Government based on the feedback of these organisations. Additionally, TEC Cymru plans to seek input from HR sources to develop definitions for key terms within these recommendations to ensure a shared understanding of the vocabulary. TEC Cymru also aims to continue to collect data from professionals within different areas of the NHS and social care organisations, to develop and adapt similar recommendations for professionals working in different areas of healthcare over a longer period of time, as it is recognised that WFH is a new concept in Wales for many and requires an on-going evaluation process.

## References:

1. Allen, T.D., Golden, T.D., & Shockley, K.M. (2015). How effective is telecommuting? Assessing the status of our scientific findings. *Psychological Science in the Public Interest*, 16(2), 40–68.
2. Braun, V., & Clarke., V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101, DOI: [10.1191/1478088706qp063oa](https://doi.org/10.1191/1478088706qp063oa)
3. Wisdom., J & Creswell, J. W. (2013). *Mixed Methods: Integrating Quantitative and Qualitative Data Collection and Analysis While Studying Patient-Centred Medical Home Models*. Agency for Healthcare Research and Quality.

## Appendices:

Table 1. Professions and specialities of Professionals in focus groups (n=138)

<i>Professions</i>	<i>Percentage of responses</i>	<i>Speciality</i>	<i>Percentage of responses</i>
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 & Mental Health	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 & Orthopaedics	0.72%
		Other Therapies	2.17%
		Other Hospital/Community/Other	1.45%

Informatics/Digital/Program me	7.97%
Administration	2.17%
Business/Finance	2.90%
Profession only	22.46%
Unknown/Not Stated/Not Explicit Enough	3.62%

Table 2. Health Boards and Local Authorities of Staff in Focus Groups. (n=138)

<i>Health Board</i>	<i>Percentage of Responses</i>	<i>Local Authority</i>	<i>Percentage of Responses</i>
ABUHB	18.8%	Newport	2.9%
		Monmouthshire	3.6%
		Blaenau Gwent	2.9%
			6.5%
		Caerphilly	2.9%
		Torfaen	

BCUHB	8.7%	Isle of Anglesey Gwynedd Conwy Denbighshire Wrexham	0.7% 0.7% 1.4% 4.3% 2.9%
CAVUHB	30.4%	Cardiff Council The Vale	19.6% 8.7%
CTMUHB	11.6%	Bridgend Merthyr Tydfil Rhondda Cynon Taf	5.1% 3.6% 6.5%
HDUHB	8.7%	Carmarthenshire Ceredigion Pembrokeshire	6.5% 1.4% 2.9%

PTHB	2.9%	Powys	2.9%
SBUHB	9.4%	Swansea Neath Port Talbot	3.6% 0.7%
VCC	1.4%	N/A	1.4%
Other	5.8%	Other	4.3%
Blank	2.2%	Blank	5.1%

Table 3. Age and Gender of Staff in Focus Group. (n=138)

<b>Age</b>	<b>Percentage of Responses)</b>	<b>Gender</b>	<b>Percentage of Responses)</b>
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%

## Survey Demographics

Professions and local authorities of survey respondents are presented in table 4-5.

Table 4. Professions of Survey Respondents (n= 396)

Profession	Percentage of Respondents (%)
General Practice (GP)	2.3
Other Primary Care	0.5
Allied Health Professionals (Physiotherapists, psychologist, occupational therapist, dietician, orthoptist, SLT, podiatrist, prosthetist)	32.6
Mental Health/Psychiatry	4.8
Hospital	14.6
Digital/Informatics/Programme/Policy/ Finance	10.6
Management	10.4
Coordination and Engagement	6.8
Charities and Third Sector	2.8



Community	8.3
Wider Health/Social Care Team (Health Visitor, Smoking & Wellbeing / Substance Misuse, Adviser, Care Coordinator, Care Worker, Social Worker, Health & Wellbeing, Case Worker, Prevention Worker, Health Professional)	6.3

Table 5. Local Authorities of Survey Respondents (n= 396)

Locality	Percentage of Respondents (%)
Other	9.1
Wrexham	1.8
Torfaen	9.3
Glamorgan	1.8
Swansea	8.8
Rhondda	3.8
Powys	3.0
Pembrokeshire	2.8
Newport	7.3
Neath Port Talbot	4.8
Monmouthshire	1.0
Methyr Tydfil	1.3

Anglesey	0.3
Gwynedd	1.8
Flintshire	1.3
Denbighshire	2.8
Conwy	0.8
Ceredigion	1.5
Carmarthenshire	8.1
Cardiff	20.2
Caerphilly	4.0
Bridgend	2.5
Blaenau Gwent	2.0