Your Voice Counts:
Staff Well-Being during COVID-19

August 2020

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Executive Summary

The scale of COVID-19 meant the Trust had to adapt to provide clinical care and manage clinical risk in novel ways in order to ensure the safety of patients and staff across all services. Where possible services were fully or partially closed and staff (substantial, bank, temporary, students) were redeployed to services deemed essential. Furthermore staff were advised to work flexibly where possible whilst still meeting the needs of staff and service users. Changes occurred in how teams worked and communicated, and how managers supported staff and provided leadership. Therefore it was imperative to understand how the pandemic and changes to their way of working had affected staff.

The aim of the project is to understand the impact the changes made in response to the pandemic have had on working across the Trust, and identify which of the changes the workforce feels are worth retaining going forward. This was achieved by:

1. Asking staff to complete a questionnaire focusing on various aspects of their working life.
2. Holding an online conversation to better understand the consequences of the changes made to how services work with each other and with service users and carers.

Between 17 June and 9 July 16% (524) of the Trust's 3330 staff members engaged in the conversation which consisted of a gateway questionnaire and six conversation questions:

1. What could we learn and take forward from this time?
2. What has been most difficult for you at work since the start of the COVID-19 pandemic?
3. What has been most important for you at work over the COVID-19 period?
4. What has changed for you in a positive way at work since the start of the COVID-19 pandemic?
5. What more can we do to support your wellbeing in the future?
6. What wellbeing support have you valued the most and why?

In total 3547 contributions were made, 227 (6.4%) ideas, 284 (8.0%) comments, and 3036 (85.6%) votes. The conversation was analysed using Thematic Analysis, based on Braun and Clarke's 6-step framework (2006). The analysis identified three themes and nine sub-themes:

Theme	Sub-Themes
Working Flexibly and Staff Well-being	1. Benefits of Greater Flexibility 2. Challenges Experienced with Greater Flexibility 3. IT Issues and Support
Leadership and Management	1. Managers Facilitating Autonomy 2. Increased Connectivity with Organisation 3. Equity in the Workplace
Communication and Implementation of Practice Changes	1. New Starters/ Students 2. Temporary Redeployment 3. Personal Protective Equipment

Based on the results from this and previous conversations (primarily the Culture Conversations and Staff Surveys) there are numerous learnings for the Trust and the following areas are put forward for recommendations:

Theme 1: Working Flexibly and Staff Wellbeing

Sub-theme	Recommendation	Responsible Group/Team
Benefits of greater flexibility Challenges experienced with greater flexibility	Flexible working has considerable benefits and should be maintained. However detailed guidance is needed for clarity, fairness/consistency and supporting work/life balance.	Return to Work Group
IT Issues and support	Implementation of Care Director has been challenging (see separate report for recommendations). There are issues with VMWare; the system is viewed as not easy to use and not fulfilling user's needs.	IT

Theme 2: Leadership and Management

Sub-theme	Recommendation	Responsible Group/Team
Managers facilitating autonomy	Developing our managers to lead well, consistently and creating a sense of ownership within teams is crucial to our staff feeling valued. During the Pandemic governance and decision-making was simplified and clear outcomes specified resulting in many people feeling more autonomy and empowered to implement changes that have benefited patients. Autonomy and ownership of decision making needs to lie with frontline professionals as much as possible.	Discuss with Workforce Group
Increased connectivity with organisation	Considerable gains made in compassionate leadership and this needs to continue and be developed through easy access/visibility/engagement for staff across all Senior Leaders.	Learning and OD
Equity in the Workplace	Bullying and harassment is still seen as an issue in our Trust. Staff are asking for robust actions to be taken via speedy processes.	Discuss with Workforce Group

Theme 3: Communication & Implementation of Practice Changes

Sub-theme	Recommendation	Responsible Group/Team
New Starters/Students	Adapting new starter processes to address the needs of those working flexibly is required.	Discuss with Workforce Group
Temporary Redeployment	Redeployment has been seen as challenging (predominantly more for clinical staff over corporate). This is being evaluated and recommendations will be made separately.	Redeployment Group
Personal Protective Equipment	Provision of wellbeing initiatives have been hugely valued and where possible need to be maintained such as PPE changing rooms.	Wellbeing Group and Estates

As the NHS responds to considerable challenges brought on by COVID-19, the views of staff helped to evaluate how well the Trust responded. The results identified three themes and nine sub-themes, with considerable similarities to previous conversations. Taking into consideration the comments from the current and previous conversations, recommendations have been made for each of the three themes.

Introduction

The COVID-19 pandemic is placing unprecedented challenges on NHS. In order to ensure the safety of patients and staff all services across had to adapt to provide clinical care and manage clinical risk in novel ways. Services which could be closed or partially closed were identified and staff (substantial, bank, temporary, students) were redeployed to services which were likely to experience increased demand. In other areas staff were advised to work flexibly to continue meeting the needs of staff and service users. The significant number of changes had a considerable on impact, who had to adapt quickly to changing circumstances at work and at home. The changes had impacts across many of the domains that make up the framework developed by The Institute for Healthcare Improvement (IHI) (Figure 1). Changes occurred in how teams worked and communicated, managers had to support staff and provide leadership using remote working technologies such as Zoom and Microsoft Teams. Therefore it was imperative to understand from staff how the pandemic and changes to their way of working had affected them. Additionally to understand if any changes should be adopted by the Trust going forward to improve the way services work with each other and engage with service users and carers.

Figure 1: IHI Framework for Safe, Reliable and Effective Care (adapted from Frankel et al. 2017). (A description of the components of the framework is available in Appendix 1)

Aims and Objectives

The aim of the project is to understand the impact the changes made in response to the pandemic have had on working across the Trust, and identify which of the changes the workforce feels are worth retaining going forward. This was achieved by:

1. Asking staff to complete a questionnaire focusing on various aspects of their working life.
2. Holding an online conversation to better understand the consequences of the changes made to how services work with each other and with service users and carers.

Methods

The online conversation took place using the Your Voice Counts crowdsourcing platform (https://yourvoicecounts.org.uk/welcome-to-your-voice-counts). The platform works as a digital

workshop, bringing people together to build insight, agree plans and inspire action. Unlike a face-to-face workshop, our online conversations provide us with a virtual room that is not constrained by size, timing or location. It means more people can have their say at a time that suits them from wherever they are whilst the conversation is live.

Each staff member is provided with their own login information; this enables the Trust to capture demographic information of people who login to the platform, such as team, gender, ethnicity, etc., however this information is not linked to the comments or votes. The benefit of this approach is that it allows us to identify participation in the conversation across the Trust to ensure that we are making decisions based on representative voice of our people, whilst still maintaining confidentiality and anonymity of staff, and thereby encouraging honest feedback from staff.

The conversation took place between Wednesday 17 June and Thursday 9 July and consisted of two parts:

Part 1: Gateway Questions – these were questions asked of staff relating to their well-being during the pandemic. These questions had to be answered before staff were able to take part in the conversation. The list of questions asked is in Appendix 2.

Part 2: Conversation Questions – these were the questions posed to staff as part of the conversation:

1. What could we learn and take forward from this time?
2. What has been most difficult for you at work since the start of the COVID-19 pandemic?
3. What has been most important for you at work over the COVID-19 period?
4. What has changed for you in a positive way at work since the start of the COVID-19 pandemic?
5. What more can we do to support your wellbeing in the future?
6. What wellbeing support have you valued the most and why?

Every member of staff across the Trust was invited to take part in the conversation. A full staffing list was taken from ESR (to include Bank Staff and Fixed Term Temporary Staff) and uploaded to the Your Voice Counts platform, totalling 3330 staff.

Results

Gateway Questionnaire Results

Seventeen questions were included in the gateway questionnaire. Some of these questions relate to themes which were identified as part of the thematic analysis, in those cases the results from the gateway questionnaire are presented alongside the thematic analysis results in the next section. The results of the remaining gateway questions are presented below. The full set of results for the gateway questionnaire can be found in Appendix three.

Furthermore, we were able to link some of the questions to those asked in the 2019 Staff Survey and therefore have comparable data to see how staff feel currently vs. when they answered the survey in October-November 2019. Additionally the responses are presented for the Trust overall, as well as split by clinical and non-clinical staff to allow for a comparison.

Overall staff stated they felt it was easy asking for help, and bringing up tough issues within the Trust, with comparable results for clinical and non-clinical staff (Figure 2). There was more variation in results between clinical and non-clinical staff for recognition of their skills and talents, with clinical staff feeling lower levels of recognition; however overall the results suggest an increase (59%) compared with the 2019 Staff Survey (52%) (Figure 2).
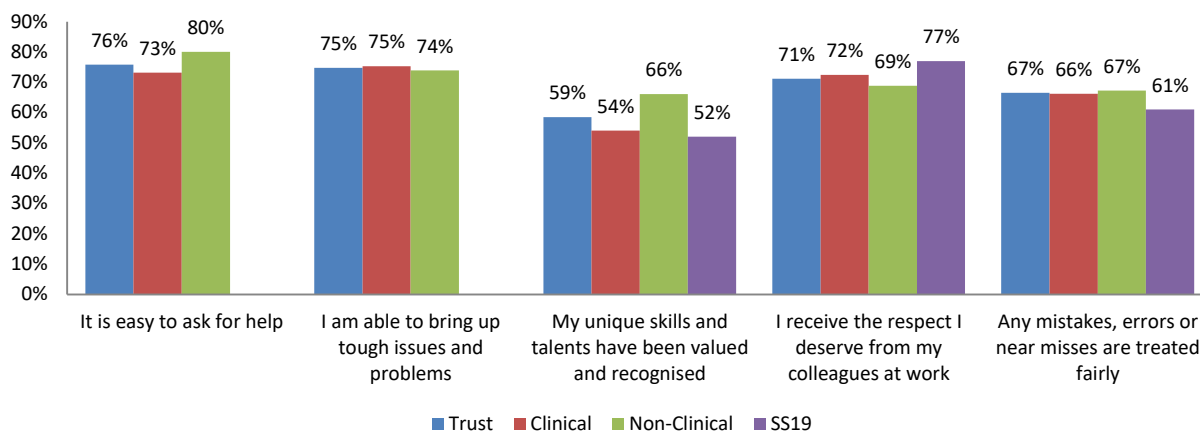

Figure 2: Results of Gateway Questions 2a to 2e

Regarding the use of video conferencing, the vast majority of staff (91%) had used some form of video conferencing at home, suggesting the transition to using services such as Zoom or Microsoft Teams was fairly straightforward for the majority of staff (Figure 3). Only 6% stated they had not used video conferencing.
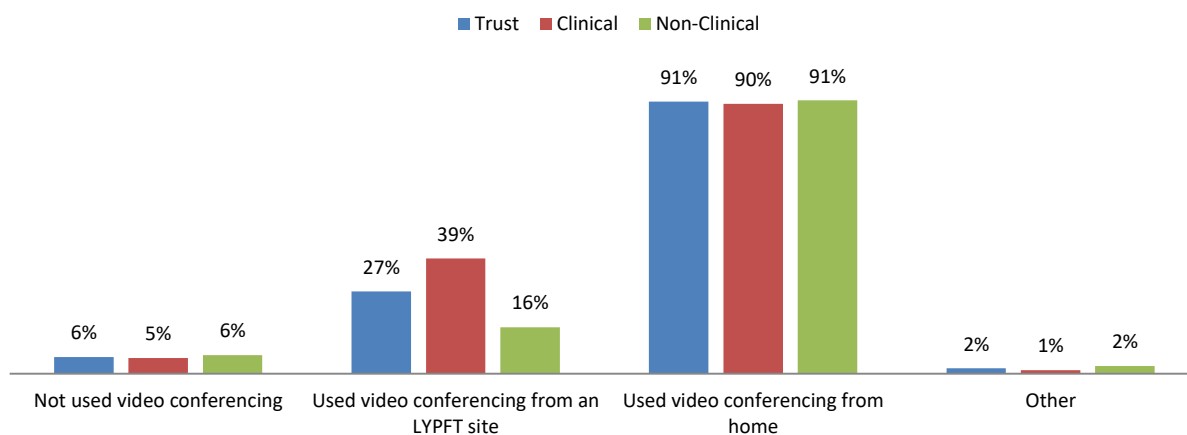
Figure 3: Use of Video Conferencing within the Trust

Furthermore when asked about their experience of video conferencing, the majority of staff reported a positive experience (Figure 4). There were some areas where issues were raised, such as running meetings efficiently (72%) and whether staff agreed video conferencing was an effective substitute to face-to-face meetings (65%). However, given the recent change in working practices, these are areas

that are likely to improve going forward as staff become accustomed to technology and develop new ways to utilise video conferencing effectively.
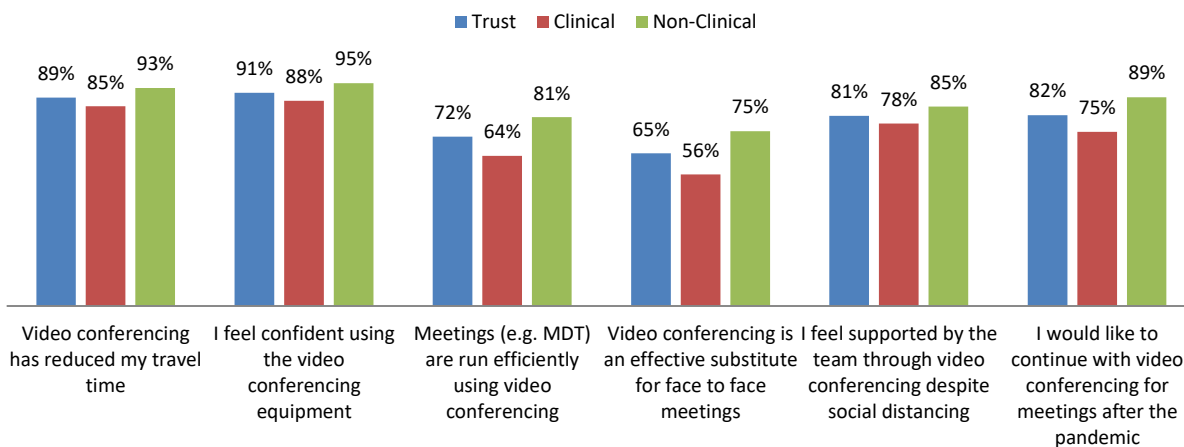

Legend: Trust ■ Clinical ■ Non-Clinical

	Video conferencing has reduced my travel time	I feel confident using the video conferencing equipment	Meetings (e.g. MDT) are run efficiently using video conferencing	Video conferencing is an effective substitute for face to face meetings	I feel supported by the team through video conferencing despite social distancing	I would like to continue with video conferencing for meetings after the pandemic
Trust	89%	91%	72%	65%	81%	82%
Clinical	85%	88%	64%	56%	78%	75%
Non-Clinical	93%	95%	81%	75%	85%	89%

Figure 4: Experiences of video conferencing

When asked how the new ways of working has impacted staff and various parts of their job the results indicated minimal impact in most areas (Figure 5 – lower is better). The main area impacted was ensuring the safety and wellbeing of service users, which is understandable as the lack of face-to-face contact can limit assessment of body language, and the quality of video calls can limit how effectively body language and facial expressions can be interpreted. As such staff would have to rely more on the words use and vocal inflections, which is a change to how they previously worked.
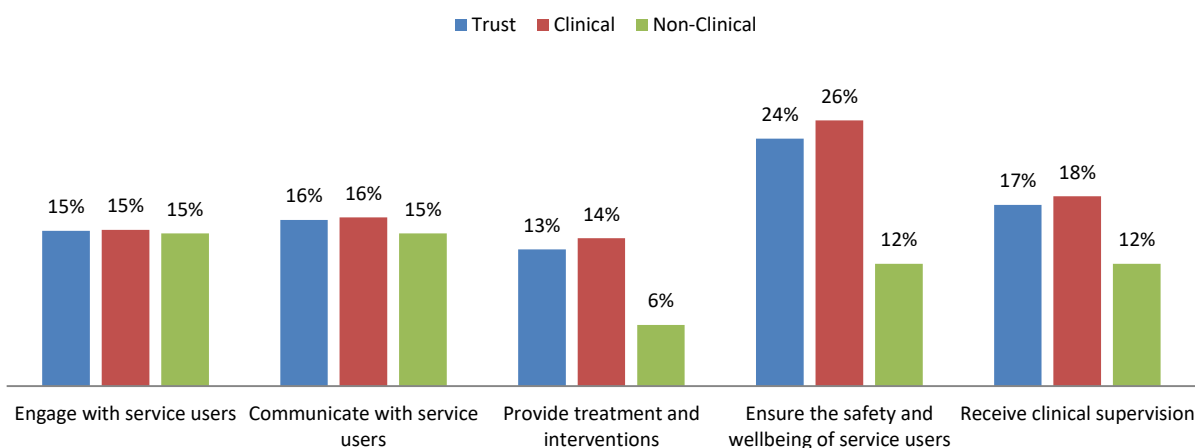

Legend: Trust ■ Clinical ■ Non-Clinical

	Engage with service users	Communicate with service users	Provide treatment and interventions	Ensure the safety and wellbeing of service users	Receive clinical supervision
Trust	15%	16%	13%	24%	17%
Clinical	15%	16%	14%	26%	18%
Non-Clinical	15%	15%	6%	12%	12%

Figure 5: How the new ways of working has impacted aspects of work

Overall the results from the above gateway questions indicate a positive experience by staff from the changes that have been implemented.

Conversation Questions: Descriptive Results

Between 17 June and 9 July 16% (524) of the Trust's 3330 staff members engaged in the conversation. In total 3547 contributions were made, 227 (6.4%) ideas, 284 (8.0%) comments, and 3036 (85.6%) votes.

Participation in the conversation split by staff demographics is provided in Table 1, along with the percentage of staff within the Trust. As mentioned, demographic information is captured to help us understand the level of engagement across the Trust to identify if we are reaching all teams and staff sub-groups; however this demographic information is not linked to any of the comments or votes, ensuring staff confidentiality and anonymity.

The results indicated that 8% of participants are classed as Additional Clinical Services, whereas in the Trust they account for 33% of staff (according to ESR; Table 1). When considering band, 16% of participants were Band 8 and above compared with only 7% in the Trust. It should be noted that the results in Table 1 includes all forms of engagement with the conversation; i.e. active participants (those who added ideas, comments or voted) and spectators (those who only read ideas/comments).

Table 1: Percentage participation compared with percentage of staff in the Trust and from the first Culture Conversation in October 2019 (C1-2019)

Key	Red = +5% Over-represented in conversation		Orange = -5% Under-represented in conversation	
Breakdown	**Latest %**	**All Trust %**	**C1-2019 %**	
Staff Group				
• Professions/Scientific/Technical	16%	6%	33%	
• Additional Clinical Services	8%	33%	6%	
• Admin & Clerical	39%	22%	22%	
• AHP's	5%	5%	6%	
• Estates & Ancillary	1%	2%	2%	
• Medical	5%	6%	6%	
• Nursing	25%	26%	25%	
Banding				
• Band 1/2	7%	13%	14%	
• Band 3	13%	26%	26%	
• Band 4	10%	7%	7%	
• Band 5	13%	15%	15%	
• Band 6	18%	17%	17%	
• Band 7	16%	8%	8%	
• Band 8 and above	16%	7%	8%	
• Board	1%	1%	1%	
• Consultants	3%	2%	2%	
• Speciality Registrar/Doctors	3%	5%	4%	
Gender				
• Female	74%	72%	71%	
• Male	26%	28%	29%	
Ethnicity				
• White British/Other	80%	75%	80%	

• White Mixed	2%	2%	1%
• BAME	16%	20%	17%
• Not Declared	2%	3%	2%
Disability			
• Not Disabled	73%	76%	87%
• Disability (not declared)	21%	19%	7%
• Disabled	6%	4%	6%

Thematic Analysis

The conversation was then analysed using Thematic Analysis, based on Braun and Clarke's 6-step framework (2006). The data corpus for the analysis was the 511 ideas and comments from staff across the six questions; analysis was undertaken by the authors (SS and VS). The data were coded separately by SS and VS, for which they adopted an inductive (bottom up) approach to identify semantic themes, using a realist approach. This approach ensured the analysis provided an overview of the conversation and allowed for a divergence of opinion to be captured.

After the individual coding was completed, the codes were combined and discussed. As part of this SS and VS referred back to the data corpus to ensure the codes were accurate and all contributions had been represented. Where there was disagreement regarding the coding, the coders engaged in discussion and adjusted the coding. Once the coders were in agreement that all contributions had been coded, the codes were reviewed to identify themes and sub-themes. Themes were identified using Buetow's (2010) saliency criteria; which assess the frequency (the recurrence of themes) and the importance of themes. Buetow defined importance as themes that "advance understanding or are useful in addressing" the proposed question. Frequency alone does not indicate importance, and an important theme may not recur often; therefore it is the coders' interpretation of the data which determines which codes are and are not important (Braun and Clarke 2006). The analysis identified three themes and nine sub-themes (Figure 6).

Figure 6: Thematic Map of the Your Voice Counts Data

Theme 1: Working Flexibly and Staff Well-Being

The first theme related to Working Flexibly; however analysis indicated that staff used many different terms when referring to the flexible working, some of these included "*working from home", "virtual working",* and *"remote working".* Yet review of the descriptions indicated they were all referring to the ability to work away from the office, typically at their home. Data from HR indicates that approximately 200 staff are flexibly working of the 3300 staff in the Trust (6.1%). However, 72% of the 475 staff who answered the gateway questionnaire said they had been required to work remotely during the COVID-19 outbreak. This might be due to the proportion of staff who are Admin and Clerical that took part in the conversation (39%), compared with how many are Admin and Clerical in the Trust overall (22%). The gateway questionnaire asked staff for some more information about how they were working remotely (Figure 7). The theme consisted of two sub-themes.
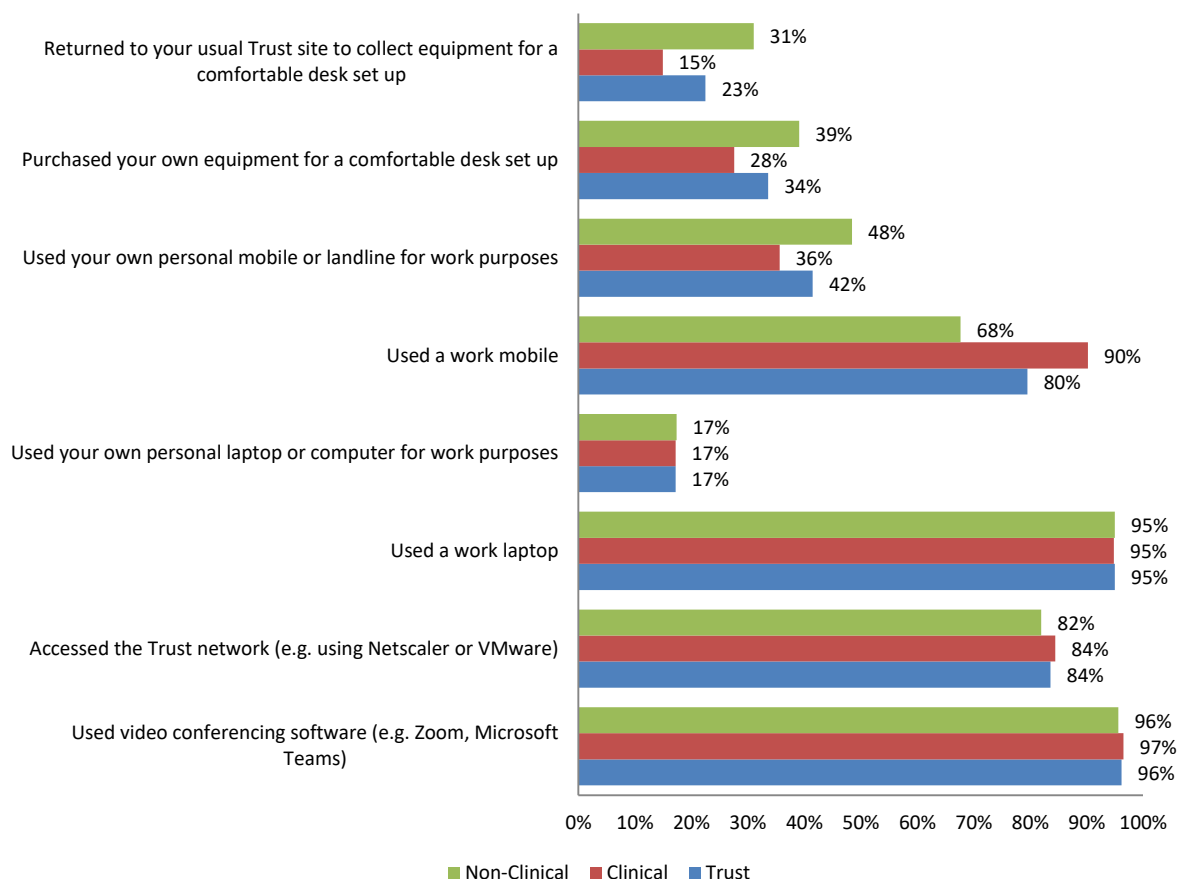
Figure 7: How staff are working remotely

Sub-Theme 1.1: Benefits of Greater Flexibility

The general view from staff was that working flexibly was beneficial, and the benefits are applicable to staff and the Trust overall. With regards to staff the benefits included:

> *"Working from home has greatly improved my work/life balance, job satisfaction and well-being."*

> *"I feel that this time out of the office working from home has been a huge benefit. Less distractions from colleagues, but still being contactable via email and phone and if necessary video call, have all been positive moves forward."*

> *"I am more productive, can focus for longer periods of time and still feel connected to colleagues through efficient zoom meetings."*

This is supported by results from the gateway questions, in which staff were asked about the advantages of remote working and many of the comments mirror the responses given with 'reduced travel time' proving the greatest advantage, followed by increased flexible working (Figure 8).
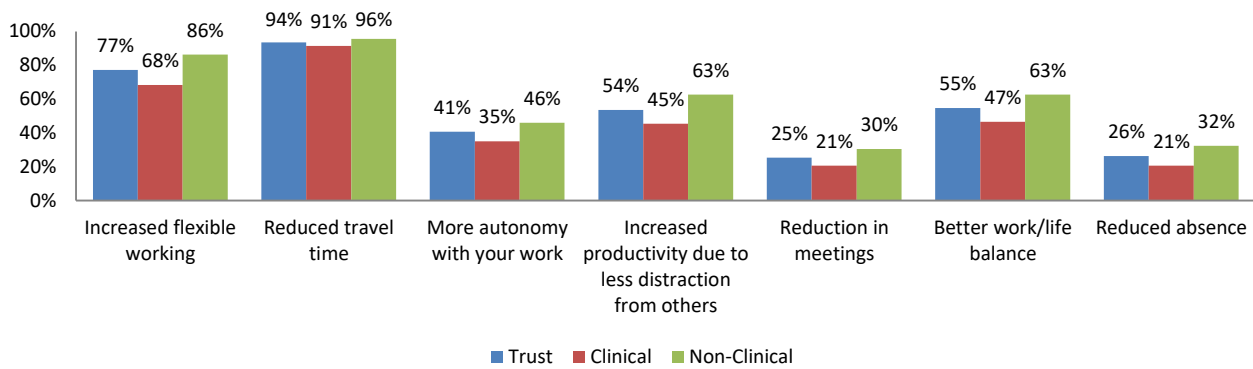
Figure 8: Advantages of remote working

Other comments mentioned reduced stress from long commutes into work, issues around parking at Trust sites, and the reduction in the carbon footprint from staff not travelling between sites for meetings. Some members of staff also promoted the benefits to the Trust, which paralleled the benefits to staff, such as reduced requirements for buildings and office space, reduced staff expenses from travelling, increased productivity as staff were less stressed and spent less time travelling between sites for meetings:

> *"It could also lead to less clashes with meetings, If someone is required at one site for example and they have a meeting elsewhere that would take 30-45 minutes to travel to, they could now attend both meeting via Zoom and not have the stressful commute and time issues in between. Creating a much calmer and probably productive working environment."*

Furthermore, staff commented that working flexibly and being able to connect using video conferencing allowed them to engage with other services and organisations:

> *"I have found that it's been easier to connect with other departments and organisations in the city through video conferencing. The new situation has brought different groups of people together which has been great for cross-fertilisation and sharing ideas and good practices."*

Additionally the use of technology allowed staff to feel closer to their teams in a way not possible via telephone:

> *"Since we started using zoom for team meetings and 1:1's I have felt closer to the team and more assured that other members of the team are doing ok. Before we had phone calls and I feel like you can't connect in the same way - being able to see the person you're talking to really helps"*

Some teams also arranged "*regular Zoom chats outside of work to help us keep connected, especially with our redeployed staff*", others went further and arranged "*a couple of wine chats and quiz session*s" which allowed them to reconnect with staff. Given the aforementioned benefits the general consensus was for the Trust to "*continue to support this going forward for those who prefer working remotely*":

> *"Flexible working works for everyone-the service can continue to be delivered, but in a way which improves the health and wellbeing of staff. I hope this continues post-pandemic!"*

"Working from home has greatly improved my work/life balance, job satisfaction and well-being. I hope the Trust will continue to support this going forward for those who prefer working remotely"

Sub-Theme 1.2: Challenges Experienced with Greater Flexibility

Despite staff commending the move to working flexibly and the reported benefits, some staff members also reported a number of challenges that they experienced whilst adapting to new ways of working. The challenges experienced by staff fall into three areas: i) work-life balance; ii) feeling disconnected; iii) financial pressures.

In terms of work-life balance, since the lockdown began some staff have found it difficult balancing their work life with their home responsibilities and own self-care. In the gateway questionnaire, 39% of staff said their working hours had increased while working remotely. Some of this was due to the increase in meetings:

"I often find that the Zoom meetings are back to back throughout the day, they are starting early and finishing late leaving little time for 'admin' type work emails etc. This work then starts to be done in the evening and whilst it was fine for the first few months is starting to take its toll."

"The boundaries between work and home have become very blurred and the idea of a nine-to-five working day is impossible as work time bleeds into early mornings, evenings and non-working days."

An increase in workload, either due to staff shortages:

"My workload has significantly increased. I have been doing overtime every week, feeling drained, exhausted and overworked. I am aware that I am not the only member of staff in this situation. Workload has increased on account of lack of staff in our team due to redeployment and staff sickness. We have been asked to cover other colleagues' work, which has been unmanageable."

"Workload has significantly increased for CMHT staff during this time, due to staff redeployment to the wards and sickness. There has been a lack of thinking and planning here about the impact on service users and staff."

Or staff feeling some members of the team are not "*pulling their weight*":

"Several staff members have commented positively that working from home has been much better for them as they can also juggle childcare at the same time…but it can be galling for team members who don't have young children to have to pick up the slack for members who are providing childcare when they should be working."

Or conversely staff feeling the need to be in front of their screen all day:

"It feels a little like you need to be at your screen all day so people know you are working! we need to do something about this and give people permission to stop for a break in the day, maybe more guidance."

This impact on work-life balance appears to be exacerbated by many staff reporting that they feel isolated and disconnected from their team, despite the availability of various communication methods.

65% of staff said they felt a lack of personal connection, 41% said there had been less collaboration and 68% of staff had experienced reduced interaction with their team members or service users:

> *"I have been working from home, but also shielding. I have found the lack of contact difficult, no weekly 'how you doing?' from manager, weeks can go by without contact, unless I get in touch. I have struggled with my mental wellbeing and felt isolated from work."*

> *"I have felt isolated and a lack of connection to the service while working from home. I've often not been sure of what's going on at a service level."*

> *"I haven't had access to supervision since this started which has been a problem for me"*

Potentially the speed with which working flexibly was implemented and the increase in demands on teams meant that agreement had not been established as to "*how we were going to communicate or check-in early on.*"

> *"Things have understandably had to move fast but working from home has meant a lack of opportunity to discuss things or be involved in any of the thinking and planning about changes affecting our team."*

Overall this led to some staff struggling with their mental health:

> *"I have been in tears over this myself - I feel I am either neglecting my work or my children and also have zero time for the self-care we are advised to take."*

Additionally, one person in particular noted other stressors related to remote working. As noted above, there are financial benefits to the Trust with more staff working flexibly; however it seems these costs are transferred over to staff in other ways:

> *"alongside the positives comes the negatives primarily re: financial matters - what with home schooling, partner off work, and myself redeployed and working from home the electricity bill plus other household finances have more than doubled i.e. internet use, lighting, TV, radio, music, cooking/eating - basically just living; whereas these would not be in use were we all at work and school - without an end in sight, times are hard enough; the constraint of increased bills brings stress, tension and pressure and we haven't got to the Winter months yet."*

Being at home also meant 26% of staff felt some decreased productivity due to distractions such as childcare, other family members, or household tasks.

Overall the theme highlights the benefits and challenges of flexible working, and how these may manifest and change overtime. The initial positives of not having to travel to meetings were later viewed as important parts of the day to take breaks:

> *"Those daily interludes with colleagues or travel between meetings was more valuable than I ever realised."*

Some of the issues appear to be down to a lack of support from colleagues and/or managers, or a lack of awareness that different people would respond differently based on their circumstances:

> *"The key difficulty for me has been my immediate manager not acknowledging the level of stress I felt and was under. There was a sense that we have to put that to one side and concentrate on how we are going to staff the ward. Of course I understand this stance. All ward managers are and continue to be under such stress but I cannot support it. I felt insignificant and insulted."*

Sub-Theme 1.3: Information Technology Issues and Support

IT was an area where staff consistently expressed the same views with 40% of staff saying they had difficulty accessing Trust systems remotely, such as poor VPN connection:

> *"The way remote working is set up is tricky - I can't access shared drive without going through VM ware which is not always accessible and drops out, I can't attach to email unless I go via VM ware and this can get really confusing at times; I end up emailing myself documents - this set up needs to be made simpler"*

> *"Struggling to access stuff because of issues with specifically VMware"*

There were also comments raised in relation to the deployment of Care Director, with staff referring to the move from PARIS to Care Director as a "*nightmare*" and it not being what staff expected "*and does not fulfil half of what we were led to believe it would*":

> *"I've had recurrent difficulties accessing Care Director remotely-reporting these back in the hope they can be addressed for future working from home."*

There also appeared to be a disconnect between what staff were experiencing and staff felt managers were reporting the transition from Paris to Care Director:

> *"Our teams have also found it unhelpful that leaders have been congratulating themselves on how smooth the transition has been and how well the new system is working, despite the fact that this has not been the case at all!!!"*

It is unclear if these issues were due to Trust-side server issues, or staff members own internet connection, or partially related to a gap in knowledge or training; though it was raised that the issues associated with Care Director were a risk "*in many respects - patient safety, staff health and well-being, impact on staff burnout, overtime, morale and sickness. It has also resulted in a lot of wasted time that could have been put to better use.*"

Further information regarding the staff views of Care Director can be found in the Care Director Evaluation report.

Theme 3: Leadership and Management

A common theme across the conversations was staff views of management and leadership in response to the pandemic. Largely staff felt that there was variation between managers in the timeliness of their response:

> *"Some managers used their initiative and others were waiting to be 'told' what to do. I heard a colleague describe it as 'sitting in a burning building waiting for someone to tell us to get out'. Most of the staff already knew what needed to be done, as the Government had released statements saying everything was to close and everyone should stay home."*

Sub-Theme 3.1: Managers Facilitating Autonomy

Despite the frustration some staff felt from the variation between managers in their response, staff overall were very pleased about the increased autonomy they experienced as a result of the changes to how they worked, referring to it as "*new found independence", with staff found this empowering and felt supported by managers:*

> *"We were granted significant autonomy to make changes to our ways of working to ensure the safety of our staff and service users. This was effective and empowering to be part of. Decisions were made by those at the 'front line' who had the best understanding of the specific needs of the particular service and were supported by managers."*

> "*I have enjoyed having the autonomy to work my usual hours with flexible start and finish times."*

Data from the gateway questionnaire further highlighted this. We have seen an increased response in the majority of these questions from the 2019 Staff Survey response. The only slight decline was in managers asking for staff opinion before making changes. We know that this may be due to the command/control status the Trust was in (Figure 9).
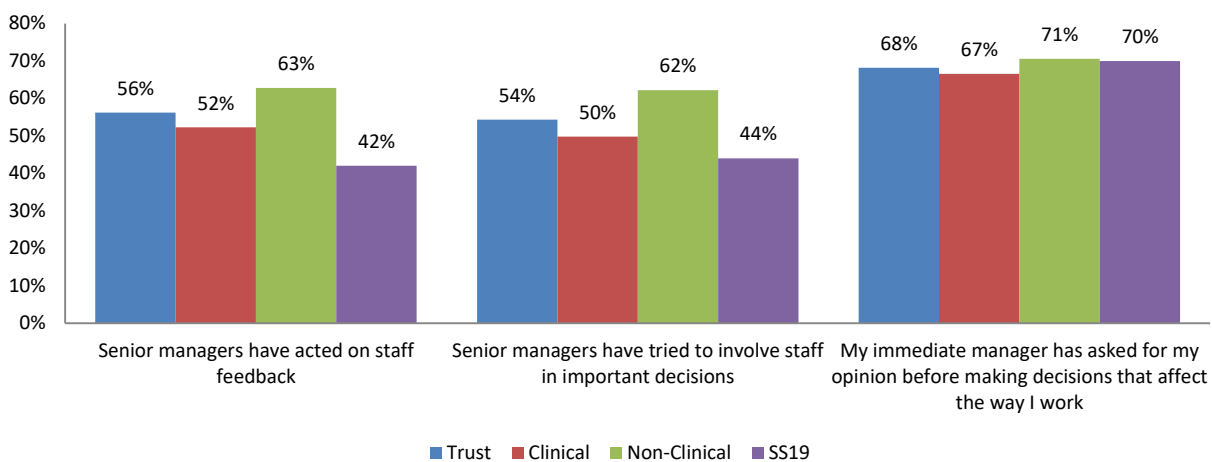

Figure 9: Experience of leadership and management during the lockdown

However, this autonomy did not last in all areas, with staff reporting that as things settled down, things returned to the old ways of working:

> *"As the acute phase has passed it appears that we have reverted to a more 'top down' model of decision-making with those at the front line having little/no 'voice' and changes being enacted at a painfully slow pace. This is disheartening and disempowering to those whose interventions in the early days were widely praised"*

Staff understood the need for a management/leadership model, however they felt that "*decisions should (and can) be made at all levels of that structure - not everything needs a 'rubber stamp' from people higher up the organisation*" and they giving more autonomy to staff would actually free up time for managers to "*focus on what they need to do.*"

Sub-Theme 3.2: Increased Connectivity with Organisation

As mentioned the pandemic changed many parts of how the Trust operates, this included communication with staff. As part of the communication strategy daily update emails were sent to staff with up-to-date information regarding current guidelines, Trust process and procedure updates and information on staff well-being; additionally Sara held weekly updates via Zoom. The increase in communication and greater visibility of the board was welcomed by staff in helping them to feel more supported (Figure 10).
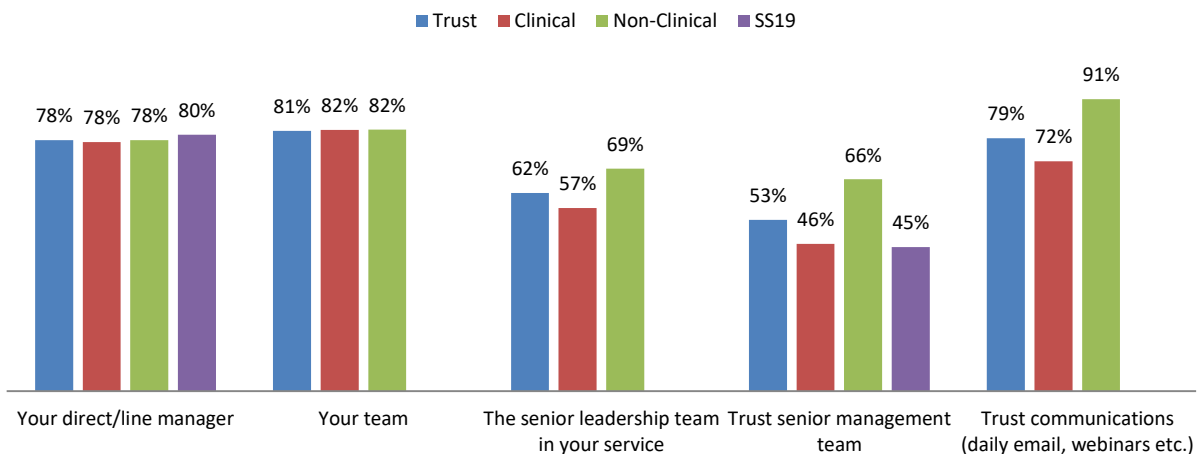
Figure 10: How supported you have felt by the following during the Covid19 outbreak

> *"Many more common folk have seen Sara on zoom and had a chance to interact. It is hugely empowering to know that senior leadership team is in touch with what matters to the frontline staff and responsive to our feedback."*
>
> *"The weekly briefings have helped me to feel much more connected to the Trust."*
>
> *"Her [Sara's] weekly briefings are a really good way to have that connection especially when working from home - nice to see familiar faces. It would be good to have the briefings delivered by other Directors who could use the time to focus on updating us on their areas."*

Furthermore it was noted how strong the leadership had been during the pandemic and how much closer staff felt to each other and the board:

> *"I too have found Sara genuine and really compassionate. In many ways this crisis has brought us a lot closer - certainly in acknowledging /validating the challenges and anxieties many faced during this pandemic."*
>
> *"Sara's style and approach throughout this time has helped me when work has been high or low, when I have had other home responsibilities, when I've had to shift my day to accommodate things. Sara has demonstrated all of our Trust values. If you do get to speak to her directly, she puts you at ease quickly, is*

never judgemental and ensures you have support. This is what I look for in a leader."

"Upon speaking with colleagues at other organisations and the lack of interaction they have had with their Chief Exec & Senior Team I feel very lucky to have Sara as our Chief Exec."

This prompted some staff to ask "*what other ways are there that she and other board members can be more visible in the future?".* It appears that greater visibility of the Board has a positive impact on staff moral and their feeling of being connected to the Trust. This links back to an earlier theme where some staff stated they felt isolated whilst working from home. The data from the gateway questionnaire highlighted just how informative staff found the different modes of communication during the Trust's COVID-19 response (Figure 11).
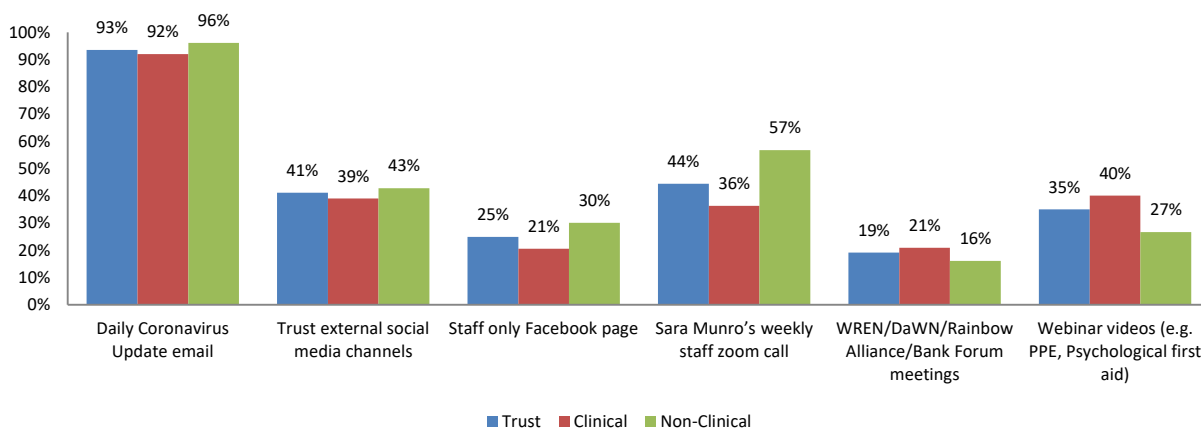
Figure 11: How informative you have found the following communication channels

It is important to note that while the figures for the staff only Facebook page and Sara Munro's zoom call may look quite low, the majority of staff had said they did not use these modes of communication to stay informed. For example, 71% of staff said they did not use the Facebook page and 54% did not access Sara Munro's call. This means that while the responses to these tools were not negative (only 4% found Facebook unsupportive and 1% found Sara's call unsupportive), it does highlight where staff are choosing to access their information.

A separate report on the communication during the COVID-19 response is being produced for the Communications team and can be shared widely too.

Sub-Theme 3.3: Equity in the Workplace

A recurring theme from previous staff surveys and the Culture Conversation has related to the bullying and harassment experienced by staff, and this was again raised. Based on the comment the culture of bullying and harassment continued during the lockdown and in some cases increased:

"Bullying continues to be a problem, especially from some managers. During lockdown this has continued and increased. The Trust appears to be woefully inadequate in terms of dealing with bullies. There is a lack of action taken to

address the problem, bullies are allowed to operate with impunity, are protected and rewarded with promotion. What does this say about the values of the organisation we are working in...?"

"There has also been an increase in what I would describe as slanderous remarks from some people, while people are at home there is a pressure to do even more work to show you are not slacking, and some colleagues making digs at others during these times, with absolutely no knowledge of what that person might be going through, personal issues, work issues, private issues, and yet it's so easy to just make assumptions and throw stones. It can't be allowed to continue."

Based on the comments it seemed as though staff did not feel comfortable raising their concerns, and where they did they were often met with threats:

"Staff were told to do as they were told or they would lose their job. You were not given a chance to say anything. Some of the colleagues had children at home some with underlying health issues still they were told that they will be deployed if not they would lose the job. Without any money it was difficult and some ended up taking the risk with their health."

This comment is a contrast however to the gateway questionnaire data which showed 76% of staff would feel secure raising a concern. This is an increase of 4% from the 2019 Staff Survey results (Figure 12).
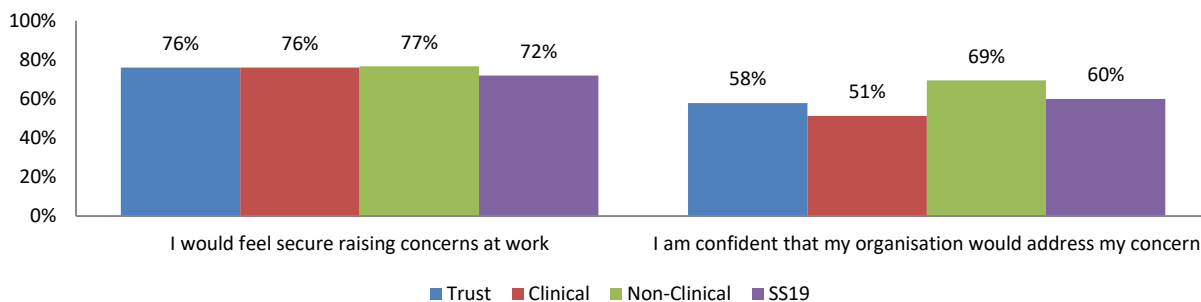
Figure 12: How secure would you feel raising a concern

It was acknowledged that managers are under additional stress; however this was no reason for taking out their frustration on staff "*who are stressed and vulnerable*" and compelling people to work in a situation "*that I knew for me was unsafe*". If managers are unable to cope with the demands of having a team, it was suggested they delegate:

"If managers are too overloaded or feel unable to address they should at least acknowledge it and delegate to senior staff."

Theme 4: Communication and Implementation of Practice Changes

The final theme looks at the practice and processes within the Trust, and how these altered during the lockdown and the impact this had on staff. As part of this some staff found some of the terminology used confusing:

"I had little knowledge about the terminology structure and process that comes into action in business continuity status. It has taken me a while to understand

things that if I had known at the beginning might have helped me feel less bewildered and more in touch with what was happening operationally."

Sub-Theme 4.1: New Starters/Students

Recruitment of staff continued during the pandemic and new recruits started work as the Government lockdown was announced. The conversation highlighted that starting a new job during the pandemic has been challenging for new employees, in terms of learning about the new role and getting to know colleagues, which in turn had a negative impact on their mental health:

> "*I joined the trust at the end of March and have worked remotely from this date. I have really struggled with working from home and learning my role. I would have benefitted from a structured induction and more information about key stakeholders etc. A virtual induction would have also been beneficial. I have felt quite isolated in my new role and it has been more difficult to build working relationship with my team, and stakeholders."*

> "*Starting a new job during covid-19 has been difficult and has caused many unsettling feelings. Without any clear guidance or support from my manager has left me feeling anxious, stressed, exhausted and emotionally drained at times. Information over load comes to mind but nobody to discuss this with."*

> "*I've felt alone and left to one side without any consideration or communication and devalued. Not a great a start."*

Related to this was concern for students and the pressure they were put under despite not having completed their training:

> "*I am concerned about the student experiences on the wards. It feels very unfair to count them in the numbers and not have the time to spend training them. Just because they are 3rd year students on paper does not mean they have all fully developed the skills to work autonomously. I appreciate all the help they have given to the wards and agree with them being paid but still feel they should be given enough supernumerary time to be taught the skills and have them assessed properly."*

Sub-Theme 4.2: Temporary Redeployment

As part of the Trust's response, staff were temporarily redeployed to services deemed to be essential to ensure patient and staff safety, meet clinical need, and manage clinical risk. Seventy-seven out of 475 (16%) participants responded "Yes" to the Gateway question regarding redeployment. The respondents were asked to rate three statements based on their experiences of redeployment during the COVID-19 pandemic. The statements and responses are shown in Figure 13. The data shows a high percentage of respondents were positive (strongly agree and agree) about their experience of redeployment than respondents that (disagree and strongly disagree) with the statements. Detail analysis of temporary redeployment data is available in a separate report.
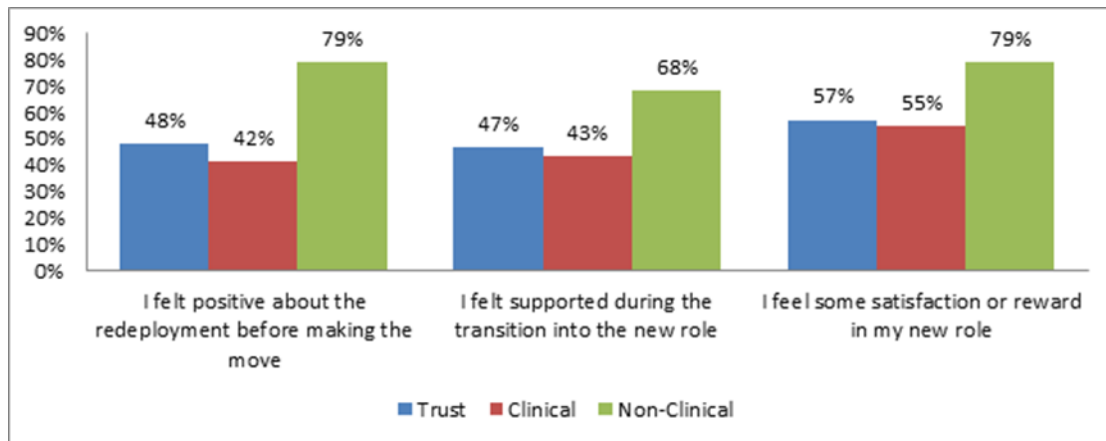
Figure 13: Staff responses to statements relating to redeployment

There have been strong positive and negative responses to the process of redeployment. The positive responses recognise the contribution the redeployed staff make to the team, the learning that they will take back with them into their substantive role and that the knowledge and experience can help professional development. Indicating that redeployed staff helped to bring different perspectives to the work and there is an improved appreciation for how other teams work:

> *"Although at times it felt challenging, the skill mix/differing experiences that redeployment brought has been an asset to established clinical areas. The opportunities to discuss innovation, share skills and build networks have been invaluable and something we should promote and actively create going forward."*

> *"Redeployment has been tricky for those affected, so it's really welcome to hear that we've made a difference & our input valued."*

> *"I was redeployed and although I was nervous at first in joining a new team it has been really positive."*

> *"I have been fortunate in being redeployed to the wards and have found this to be a very positive experience. It was great to be able to spend time in different services despite the circumstances. I would like to suggest that reciprocal relationships are developed so that people who have taught and supported the redeployed staff are afforded the opportunity to shadow their colleagues in their* substantive roles. I feel that this would only be a fair swap! This would be a good idea going forwards for learning opportunities and to foster cross team workings."

The hosting teams that participated in the conversation were positive and appreciated the time the redeployed staff spent on their wards, although it would have been challenging for the host teams to frequently induct new staff. The comments show camaraderie and teamwork between people who had never worked together before and came from different clinical backgrounds.

> *"We have been extremely lucky with the brilliant redeployed staff we have been allocated. They are extremely appreciated by our team and the patients too, and they have done some brilliant work. The skill mix has definitely been enhanced and it has provided us with new energy".*

> *"It will be really sad to see them go as they have become part of the team."*

> *"The redeployed staff have brought a new wealth into our service, we have such a mix of skill and experience and I feel honoured to have shared this time with some wonderful colleagues from other services."*

The challenging experiences regarding redeployment generally related to a perceived lack of consultation and feeling disconnected, unsupported or devalued. Redeployment was necessary to manage the demands that were made on priority clinical areas; however staff that were redeployed had to manage change of base and clinical area on top of the changes that accompanied living with the pandemic. The impact of several changes at once affected people differently:

> "*I felt very stressed being redeployed. Redeployed staff haven't been consulted enough. I was just asked to move, no one asked me if I wanted to*"

> *"Having experienced redeployment myself, communication has been poor and decision making has not been as transparent as I would have liked. There has seemed to be a disconnect between what is asked by the central redeployment team and the experiences of those on the ground".*

> *"Is very painful for those of us who have found redeployment to be a difficult, frustrating and distressing experience (for many different reasons), and the style/tone of communication means that these feelings and experiences are invalidated - we should 'just get on with it'."*

Further information regarding the staff views of temporary redeployment can be found in the redeployment evaluation report.

Sub-Theme 4.3: Personal Protective Equipment

The requirements of social distancing and use of Personal Protective Equipment (PPE) to protect both staff and service users was part of Trust's implementation of incident control processes to help manage the pandemic. PPE was the main topic of conversation in relation to infection control and it was mentioned more frequently. This section will focus on respondents' experience of PPE. There were two questions on PPE in the gateway section of the survey; 259 (56%) out of 475 respondents said that they have used PPE as part their day to day role. Participates were asked where they accessed information about what PPE they should be using at work (Figure 14). The majority of respondents stated they received the correct PPE and received training on how to use them correctly.
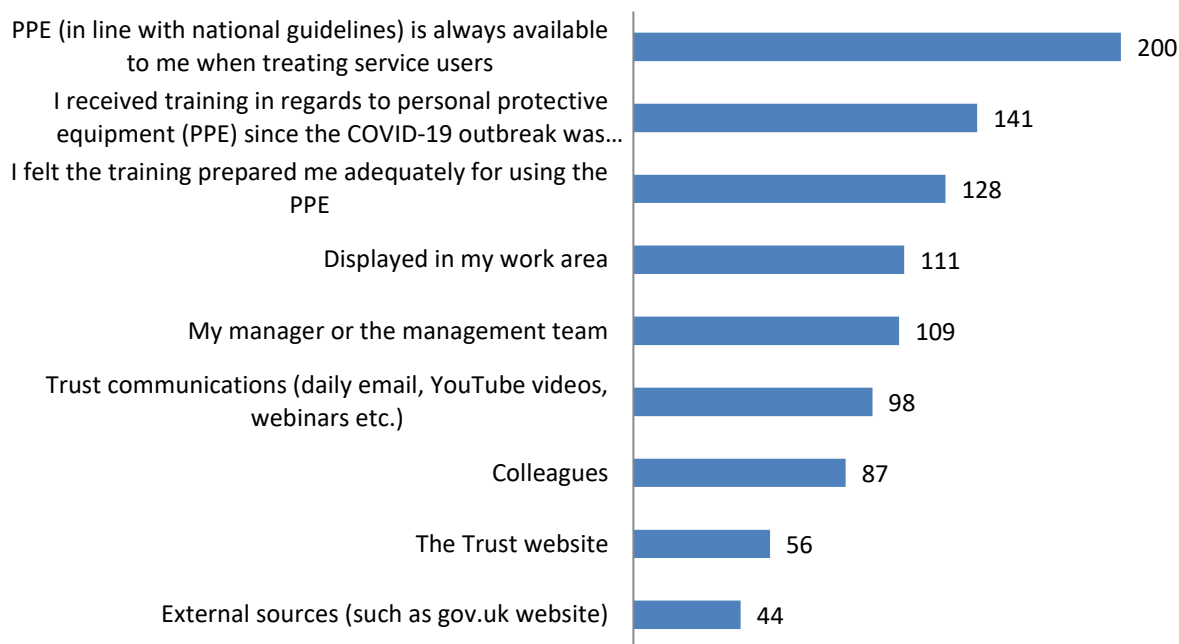
PPE (in line with national guidelines) is always available to me when treating service users	200
I received training in regards to personal protective equipment (PPE) since the COVID-19 outbreak was…	141
I felt the training prepared me adequately for using the PPE	128
Displayed in my work area	111
My manager or the management team	109
Trust communications (daily email, YouTube videos, webinars etc.)	98
Colleagues	87
The Trust website	56
External sources (such as gov.uk website)	44

Figure 14: Where respondents access information about what PPE they should be using at work (N= 259). Respondents could tick more than one option

Within the conversation, comments regarding PPE fell into four categories, i) communication, ii) access to PPE; iii) issues with using PPE; iv) other.

The comments initially highlighted mixed views about clarity of communication as regards to PPE. A number of respondents felt there were inconsistent messages about PPE. This may have occurred during a period that the department of Health changed/modified PPE advice which the Trust had to follow.

> *"From the onset of the pandemic it was an anxious time for all. From should we wear PPE and being told we didn't need to; to then treat everyone as if they are COVID".*

> *"PPE guidance and supply was slow. Getting scrubs was a slow process. PPE not of a good quality."*

As well as an initial lack of clarity regarding the use of PPE, staff also commented that initially access to and use of PPE had been a challenge for them but overall access to PPE improved as supply of PPE increased in the Trust:

> *"Now we have access to COVID swabbing, antibody testing and adequate PPE things seem a lot better."*

> *"It's been really important to have access to the right PPE."*

> *"I think the Strategic Development Team have done an amazing job in setting up a service to coordinate PPE supplies across the trust. I've found them all to be supportive, reactive and most helpful in all the communication I've had with them. After initial setting up issues, they have sought to improve the service, and ensure the clinical team I work in, has an adequate supply of PPE at all times. I have nothing but praise for them."*

The availability of PPE was dependant on what was distributed by the Government and it was out of the Trust's control, estates and procurement teams worked closely with services to ensure adequate PPE were available.

There were also comments regarding the difficulties in working whilst wearing PPE, in terms of the physical impact and resultant discomfort caused:

> "*You simply can't do the same amount of work dressed up in PPE as in the past.*"

> "*Wearing the PPE was challenging. The extra time, increased body temperature, attempting to communicate with service users was exhausting but of course unavoidable.*"

> "*By wearing the masks and goggles/face shields, this has considerably altered the communication we have with the service users. Some of people we support use non-verbal communication and rely on facial expressions. They have adapted to their staffs new way of working wearing it but it does definitely restrict communication.*"

Finally, other issues raised were the lack of suitable space to change into uniform and PPE, and being asked not to wear face mask:

> "*It also does not allow for a clean donning and doffing room for staff members, somewhere they can change PPE and quickly perform hand-hygiene.*"

> "*The first time I had to go in, I was a bit surprised because I was wearing a mask and was immediately told to remove it when I got to reception.*"

Discussion and Conclusion

The conversation was designed to explore the impact the changes made in response to the pandemic have had on working across the Trust, and identify which of the changes the workforce feels are worth retaining going forward. This was achieved by holding an online conversation which also included a gateway questionnaire.

The descriptive analysis indicated that between 17 June and 9 July 16% (524) of the Trust's 3330 staff members engaged in the conversation. In total 3547 contributions were made, 227 (6.4%) ideas, 284 (8.0%) comments, and 3036 (85.6%) votes. However, the staff demographic data includes staff who were active participants (contributing ideas, comments and votes) and spectators (those who just read the ideas and comments).

The initial review of the conversation indicated considerable overlap between the six questions posed to staff. Therefore the data from both questions were combined and analysed using thematic analysis, adopting Braun and Clarke's 6-step framework (2006). The purpose of the analysis was to gain an overview of the conversation that took place, and identify key themes that were important to the staff taking part in the online conversation. The analysis identified three themes and nine sub-themes.

There was also overlap between this conversation and the first conversation undertaken as part of the Culture Collaborative. In both conversations autonomy in the workplace, work-life balance, and equity in the work-place were mentioned. With regards to autonomy, in the culture conversation staff were requesting additional autonomy and freedom to independently. Analysis of the current data indicated that, albeit for a short period of time in some services, staff did experience and increase in autonomy

and it was great appreciated; allowing staff to feel valued and trusted to make decisions. For work-life balance and equity in the workplace the picture was largely similar to the previous conversation. Staff felt that during the lockdown they struggled to maintain a work-life balance, potentially due to the reduced separation between home and work at a staff were working flexibly.   In fact many commented that they found it hard juggling their work and home lives, leaving little, if any, time for self-care; this in turn negatively impacting their well-being. Finally for equity in the workplace, the data suggested staff were still experiencing bullying in the workplace. Some even commented that they felt the bullying had increased, which may be indicative of managers not being fully equipped at handling the additional stress brought on by the Trust-wide changes.

When comparing the comments against the IHI Framework (Figure 1, page 6), it was noted that many of the components from the model were discussed in the conversation associated (Leadership, Psychological Safety, Teamwork and Communication, and Negotiation). This suggests the framework provides a useful method use going forward to improve the Trust's culture for staff and patient well-being.

Strengths and Limitations

The strengths of the project are that the conversation had an engagement rate of 16%, which is the third highest after the first culture conversation (21%) and the conversation on Community Redesign Proposals (17%). This indicates the topic is important to staff and they are willing to participate in conversations to enact changes for the betterment of the staff. The analysis followed the 6-step framework proposed by Braun and Clarke (2006), and the authors adopted a data driven approach for the identification of themes at a semantic level. This reduces bias that may arise from forcing data to fit a particular framework/model. Related to this, there is sufficient consistency in the discussions to support the identified themes, as evidenced by the quotes (Lewis and Ritchie 2003).

Although the thematic analysis did identify important themes, there are still some limitations. Firstly, although inductive analysis methods were adopted, the themes are identified based on the knowledge, experience and interpretation of the authors; therefore they may be subject to some bias and may indicate a lack of reflexivity (Palaganas *et al.* 2017). However this was mitigated by having two individuals involved in the analysis who coded the data independently to minimise any influence. Secondly, the analysis was based on an online conversation of 16% of the Trust's staff. As such it is feasible that if a different cohort of staff took part in the conversation, the identified themes may be different.

Recommendations for the Trust

Based on the results from this and previous conversations (primarily the Culture Conversations and Staff Surveys) there are numerous learnings for the Trust and the following areas are put forward for consideration:

Theme 1: Working Flexibly and Staff Wellbeing

Sub-theme	Recommendation	Responsible Group/Team
Benefits of greater flexibility Challenges experienced with greater flexibility	Flexible working has considerable benefits and should be maintained. However detailed guidance is needed for clarity, fairness/consistency and supporting work/life balance.	Return to Work Group

IT Issues and support	Implementation of Care Director has been challenging (see separate report for recommendations). There are issues with VMWare; the system as not easy to use and does not fulfilling user's needs.	IT

Theme 2: Leadership and Management

Sub-theme	Recommendation	Responsible Group/Team
Managers facilitating autonomy	Developing our managers to lead well, consistently and creating a sense of ownership within teams is crucial to our staff feeling valued. During the Pandemic governance and decision-making was simplified with clear outcomes specified, resulting in many people feeling more autonomy and empowered to implement changes that have benefitted patients. Autonomy and ownership of decision making needs to lie with frontline professionals as much as possible.	Discuss with Workforce Group
Increased connectivity with organisation	Considerable gains made in compassionate leadership and this needs to continue and be developed through easy access/visibility/engagement for staff across all Senior Leaders.	Learning and OD
Equity in the Workplace	Bullying and harassment is still seen as an issue in our Trust. Staff are asking for robust actions to be taken via speedy processes.	Discuss with Workforce Group

Theme 3: Communication & Implementation of Practice Changes

Sub-theme	Recommendation	Responsible Group/Team
New Starters/Students	Adapting new starter processes to address the needs of those working flexibly is required.	Discuss with Workforce Group
Temporary Redeployment	Redeployment has been seen as challenging (predominantly more for clinical staff over corporate). This is being evaluated and recommendations will be made separately.	Redeployment Group
Personal Protective Equipment	Provision of wellbeing initiatives have been hugely valued and where possible need to be maintained such as PPE changing rooms.	Wellbeing Group and Estates

Conclusion

As the NHS responds to considerable challenges brought on by COVID-19, the views of staff helped to evaluate how well the Trust responded. The results identified three themes and nine sub-themes, with considerable similarities to previous conversations that have taken place on the platform. Taking into consideration the comments from the current and previous conversations, recommendations have been made for each of the three themes.

Appendices

Appendix 1: Components of the IHI Framework

Component	Icon	Description
Psychological Safety		Creating an environment where people feel comfortable and have opportunities to raise concerns or ask questions
Accountability		Being held to act in a safe and respectful manner, given the training and support to do so.
Teamwork and Communication		Developing a shared understanding, anticipation of needs and problems, and agreed-upon methods to manage these as well as conflict situations
Negotiation		Gaining genuine agreement on matters of importance to team members, patients and families
Continuous Learning		Regularly collecting and learning from defects and successes
Improvement and Measurement		Improving work processes and patient outcomes using standard improvement tools, including measurements over time
Reliability		Applying best evidence and minimising non-patient-specific variation, with the goal of failure-free operation over time
Transparency		Openly sharing data and other information concerning safe, respectful, and reliable care with staff and partners and families
Leadership		Facilitating and mentoring teamwork, improvement, respect and psychological safety

Appendix 2: Gateway Questions

Coronavirus Response: How has it felt and what can we learn?

Organisation

1. Please rate the following statements based on your experiences of working at the Trust throughout the Covid19 outbreak:

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
I would feel secure raising concerns at work	☐	☐	☐	☐	☐
I am confident that my organisation would address my concern	☐	☐	☐	☐	☐
Senior managers have acted on staff feedback	☐	☐	☐	☐	☐
Senior managers have tried to involve staff in important decisions	☐	☐	☐	☐	☐
My immediate manager has asked for my opinion before making decisions that affect the way I work	☐	☐	☐	☐	☐

2. Please rate the following statements with regards to the team culture and leadership you have experienced during the pandemic:

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
It is easy to ask for help	☐	☐	☐	☐	☐
I am able to bring up tough issues and problems	☐	☐	☐	☐	☐
My unique skills and talents have been valued and recognised	☐	☐	☐	☐	☐
I receive the respect I deserve from my colleagues at work	☐	☐	☐	☐	☐
Any mistakes, errors or near misses are treated fairly	☐	☐	☐	☐	☐

3. Please rate the following statements based on how supported you have felt by the following during the Covid19 outbreak:

	Fully	Somewhat	Neutral	Somewhat	Extremely

	supported	supported		unsupported	unsupported
My direct/line manager	☐	☐	☐	☐	☐
My team	☐	☐	☐	☐	☐
The senior leadership team in my service	☐	☐	☐	☐	☐
Trust senior management team	☐	☐	☐	☐	☐
Trust communications (daily email etc.)	☐	☐	☐	☐	☐

4. Please rate the following communication channels based on how informative you have found them:

	Very informative	Somewhat informative	Neutral/ I don't use it	Somewhat uninformative	Extremely uninformative
Daily Coronavirus Update email	☐	☐	☐	☐	☐
Trust external social media channels	☐	☐	☐	☐	☐
Staff only Facebook page	☐	☐	☐	☐	☐
Sara Munro's weekly staff zoom call	☐	☐	☐	☐	☐
WREN/ DaWN/ Rainbow Alliance/ Bank Forum meetings	☐	☐	☐	☐	☐
Webinar videos (e.g. PPE, Psychological first aid)	☐	☐	☐	☐	☐

Personal Protective Equipment

5. Are you required to use PPE as part of your day to day role?

☐ Yes ☐ No

If you have answered 'No', please skip to question eight

6. Where do you access information about what PPE you should be using at work? Please tick all that apply.

☐ Displayed in my working area

☐ My manager or the management team

☐ Colleagues

☐   Trust communications (daily email, YouTube videos, webinars etc.)

☐   The Trust website

☐   External sources (such as gov.uk website)

☐   Other (please state) :_____

7. Please rate the following questions:

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
I received training in regards to personal protective equipment (PPE) since the COVID-19 outbreak was declared	☐	☐	☐	☐	☐
I accessed training in the Trust by Video/Face to Face/Accessing standard operating procedures	☐	☐	☐	☐	☐
I felt the training prepared me adequately for using the PPE	☐	☐	☐	☐	☐
PPE (in line with national guidelines) is always available to me when treating service users	☐	☐	☐	☐	☐

The new way of working

8. Have you been required to work remotely during the Covid19 outbreak?

☐   Yes, all the time   ☐   Yes, some of the time   ☐   No

If you have answered 'No', please skip to question 12

9. Please tick all of the following that apply. While working remotely I have:

☐   Used video conferencing software (e.g. Zoom, Microsoft Teams)

☐   Accessed the Trust network (e.g. using Netscaler or VMware)

☐   Used a work laptop

☐   Used your own personal laptop or computer for work purposes

☐   Used a work mobile

☐   Used your own personal mobile or landline for work purposes

☐   Purchased your own equipment for a comfortable desk set up (this could be a computer mouse, back support for your chair etc.)

☐   Returned to your usual Trust site to collect equipment for a comfortable desk set up

10. There are advantages that can come from remote working. Please tick any of the following which you have found beneficial:

☐   Increased flexible working

☐   Reduced travel time

☐   More autonomy with your work

☐   Increased productivity due to less distraction from others

☐   Reduction in meetings

☐   Better work/life balance

☐   Reduced absence

☐   No positives experienced

11. It is also recognised that remote working comes with its challenges. Please tick any of the following which you have found challenging:

☐   Lack of personal connection

☐   Reduced interaction with team members or service users

☐   Accessing Trust systems remotely (i.e. Staffnet etc.)

☐   Increased working hours

☐   Less collaboration

☐   Decreased productivity due to more distractions from other sources (e.g. family members, household tasks etc.)

12. We want to know more about your use of video conferencing during the outbreak. Please tick all that apply. I have:

☐   Not used video conferencing

☐   Used video conferencing from an LYPFT site

☐   Used video conferencing from home

☐   Other (please state): _____

If you have answered 'not used video conferencing', please skip to question 14

13. Please rate the following questions based on your experiences of video conferencing during the Covid19 outbreak:

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
Video conferencing has reduced my travel time	☐	☐	☐	☐	☐
I feel confident using the video conferencing equipment	☐	☐	☐	☐	☐
Meetings (e.g. MDT) are run efficiently using video conferencing	☐	☐	☐	☐	☐
Video conferencing is an effective substitute for face to face meetings	☐	☐	☐	☐	☐
I feel supported by the team through video conferencing despite social distancing	☐	☐	☐	☐	☐
I would like to continue with video conferencing for meetings after the pandemic	☐	☐	☐	☐	☐

Delivering intervention and treatment

During the Covid19 outbreak, our clinical staff may have changed the way they work and interact with service users.

14. Do you have contact with service users/patients as part of your job?

☐   Yes   ☐   No

If you have answered 'no' please skip to question16

15. Please rate the following questions as to how the new way of working has impacted the way you:

	A lot better	A little better	No change	A little worse	A lot worse
Engage with service users	☐	☐	☐	☐	☐
Communicate with service users	☐	☐	☐	☐	☐
Provide treatment and interventions	☐	☐	☐	☐	☐
Ensure the safety and wellbeing of service	☐	☐	☐	☐	☐

users

Receive clinical supervision	☐	☐	☐	☐	☐

Redeployment

16. During the Covid19 response have you been redeployed to another role in the Trust outside of your substantive position?

☐   Yes   ☐   No

If you have answered 'no', that is the end of your survey. **Thank you for taking part.**

17. Please rate the following questions based on your experiences of redeployment during the Covid19 pandemic:

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
I felt positive about the redeployment before making the move	☐	☐	☐	☐	☐
I felt supported during the transition into the new role	☐	☐	☐	☐	☐
I feel some satisfaction or reward in my new role	☐	☐	☐	☐	☐

Thank you for taking part.

Appendix 3: Gateway questionnaire results

The results are displayed in the same format as the Staff Survey results. For example, question 1a shows that 76% of staff would feel secure raising concerns at work. This figure is an amalgamation of those answering either 'strongly agree' or 'agree' to the question.

No.	Question	Trust Response	SS19 Result	Clinical Staff	Non-Clinical Staff
1a	I would feel secure raising concerns at work	76%	72%	76%	77%
1b	I am confident that my organisation would address my concern	58%	60%	51%	69%
1c	Senior managers have acted on staff feedback	56%	42%	52%	63%
1d	Senior managers have tried to involve staff in important decisions	54%	44%	50%	62%
1e	My immediate manager has asked for my opinion before making decisions that affect the way I work	68%	70%	67%	71%

No.	Question	Trust Response	SS19 Result	Clinical Staff	Non-Clinical Staff
2a	It is easy to ask for help	76%	N/A	73%	80%
2b	I am able to bring up tough issues and problems	75%	N/A	75%	74%
2c	My unique skills and talents have been valued and recognised	59%	52%	54%	66%
2d	I receive the respect I deserve from my colleagues at work	71%	77%	72%	69%
2e	Any mistakes, errors or near misses are treated fairly	67%	61%	66%	67%

No.	Question	Trust Response	SS19 Result	Clinical Staff	Non-Clinical Staff
3a	How supportive was your direct/line manager	78%	80%	78%	78%
3b	How supportive was your team	81%	N/A	82%	82%
3c	How supportive was the senior leadership team in your service	62%	N/A	57%	69%
3d	How supportive was the Trust senior management team	53%	45%	46%	66%
3e	How supportive were the Trust communications (daily email, webinars etc.)	79%	N/A	72%	91%

No.	Question	Trust Response	SS19 Result	Clinical Staff	Non-Clinical Staff
4a	How informative was the Daily Coronavirus Update email	93%		92%	96%
4b	How informative was the Trust external social media channels	41%		39%	43%
4c	How informative was the Staff only Facebook page	25%		21%	30%
4d	How informative was Sara Munro's weekly staff zoom call	44%	N/A	36%	57%
4e	How informative were the WREN/DaWN/Rainbow Alliance/Bank Forum meetings	19%		21%	16%
4f	How informative were the Webinar videos (e.g. PPE, Psychological first aid)	35%		40%	27%

5	Are you required to use PPE as part of your day to day role?	55%	N/A	79%	17%
6	Where do you access information about what PPE you should be using at work (tick all that apply):	N/A		N/A	N/A
6a	Displayed in my work area	43%		42%	29%
6b	My manager or the management team	42%		39%	32%
6c	Colleagues	34%	N/A	32%	16%
6d	Trust communications (daily email, YouTube videos, webinars etc.)	38%		34%	42%
6e	The Trust website	22%		21%	6%
6f	External sources (such as gov.uk website)	17%		15%	13%
7a	I accessed training in the Trust by Video/Face to Face/Accessing standard operating procedures	55%		58%	35%
7b	I received training in regards to personal protective equipment (PPE) since the COVID-19 outbreak was declared	54%	N/A	58%	26%
7c	I felt the training prepared me adequately for using the PPE	49%		52%	32%
7d	PPE (in line with national guidelines) is always available to me when treating service users	77%		82%	39%
8	Have you been required to work remotely during the Covid19 outbreak?	72%	N/A	61%	89%
9	While working remotely I have…(tick all that apply)	N/A		N/A	N/A
9a	Used video conferencing software (e.g. Zoom, Microsoft Teams)	96%		97%	96%
9b	Accessed the Trust network (e.g. using Netscaler or VMware)	84%		84%	82%
9c	Used a work laptop	95%		95%	95%
9d	Used your own personal laptop or computer for work purposes	17%		17%	17%
9e	Used a work mobile	80%	N/A	90%	68%
9f	Used your own personal mobile or landline for work purposes	42%		36%	48%
9g	Purchased your own equipment for a comfortable desk set up (this could be a computer mouse, back support for your chair etc.)	34%		28%	39%
9h	Returned to your usual Trust site to collect equipment for a comfortable desk set up	23%		15%	31%
10	There are advantages that can come from remote working (tick all	N/A	N/A	N/A	N/A

	that apply) :				
10a	Increased flexible working	77%		68%	86%
10b	Reduced travel time	94%		91%	96%
10c	More autonomy with your work	41%		35%	46%
10d	Increased productivity due to less distraction from others	54%		45%	63%
10e	Reduction in meetings	25%		21%	30%
10f	Better work/life balance	55%		47%	63%
10g	Reduced absence	26%		21%	32%
11	It is also recognised that remote working comes with its challenges (tick all that apply):	N/A		N/A	N/A
11a	Lack of personal connection	65%		68%	61%
11b	Reduced interaction with team members or service users	68%		78%	58%
11c	Accessing Trust systems remotely (i.e. Staffnet etc.)	40%	N/A	47%	32%
11d	Increased working hours	39%		40%	37%
11e	Less collaboration	41%		48%	32%
11f	Decreased productivity due to more distractions from other sources (e.g. family members, household tasks etc.)	26%		30%	21%
12	We want to know more about your use of video conferencing during the outbreak (tick all that apply)	N/A		N/A	N/A
12a	Not used video conferencing	6%		5%	6%
12b	Used video conferencing from an LYPFT site	27%	N/A	39%	16%
12c	Used video conferencing from home	91%		90%	91%
12d	Other	2%		1%	2%
13a	Video conferencing has reduced my travel time	89%		85%	93%
13b	I feel confident using the video conferencing equipment	91%		88%	95%
13c	Meetings (e.g. MDT) are run efficiently using video conferencing	72%		64%	81%
13d	Video conferencing is an effective substitute for face to face meetings	65%	N/A	56%	75%
13e	I feel supported by the team through video conferencing despite social distancing	81%		78%	85%
13f	I would like to continue with video conferencing for meetings after the pandemic	82%		75%	89%
14	Do you have contact with service users/patients as part of your job?	59%	84%	86%	19%
15	The new way of working has	N/A	N/A	N/A	N/A

	impacted the way I…*				
15a	Engage with service users	15%		15%	15%
15b	Communicate with service users	16%		16%	15%
15c	Provide treatment and interventions	13%		14%	6%
15d	Ensure the safety and wellbeing of service users	24%		26%	12%
15e	Receive clinical supervision	17%		18%	12%
16	Have you been redeployed to another role outside of your substantive position?	16%	N/A	20%	11%
17a	I felt positive about the redeployment before making the move	48%	N/A	42%	79%
17b	I felt supported during the transition into the new role	47%		43%	68%
17c	I feel some satisfaction or reward in my new role	57%		55%	79%

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