

NHS Wales Approach to Agile Working: Briefing and Guidance

*Aligning people, processes and connectivity
with technology, time and place to find the
most appropriate and effective ways of
working to carry out a particular task*



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1 BACKGROUND

1. BACKGROUND

In March 2020, the COVID-19 outbreak necessitated a rapid switch to home working for a significant number of NHS Wales staff.

As part of an initial review of the response to the pandemic, Directors of Workforce & OD recognised that there was a considerable amount of learning which could be captured and developed into guidance which could be used to underpin and support moves to consolidate agile working practice in a planned and sustainable way.

A task and finish group was established, led by NHS Wales Employers, with the remit to explore the benefits of agile working in the wider context and to produce guidance to support NHS Wales organisations in building their own approaches to agile working.

The importance of this work was reinforced when the Deputy Minister for Economy and Transport released a statement on embedding remote working on 14 September 2020.

The key messages from the statement are:

- To reflect and learn from the experiences during the last six months of those that have been able to work from home
- Working from home has helped to improve productivity by giving those working from home greater flexibility
- To retain the benefits of working from home
- To offer more opportunities to work from home or other locations more of the time, where it works for the individual and their employer
- Explore a network of community-based remote working hubs (*linked to Town Centre First*)
- Opportunity to make Wales a country where working more flexibly is integral to how our economy functions, embedding a workplace culture that values and supports remote working, with an aim to see around 30% of the Welsh workforce working remotely on a regular basis
- The worker voice plays an active role in shaping good working environments
- The aim is for a hybrid workplace model, where staff can work both in the office and at home, or in a hub location.

"Work is an activity we do, rather than a place we go."



2. THE PROJECT

2.1 Defining Agile Working

Aligning people, processes and connectivity with technology, time and place to find the most appropriate and effective ways of working to carry out a particular task

2.2 Scope

Given the response to COVID-19, the interest in NHS Wales moving to a more agile way of working in line with the definition above has become a real and significant concept which has been further endorsed by the aims of Welsh Government in this area.

Agile working has been recognised as offering organisations the potential to provide practical solutions to meet the evolving needs of their workforce, patients and service users whilst at the same time considering how fixed operational costs and organisations' carbon footprints can be re-profiled through positioning agile working as a part of the green recovery.

One of the key features of individuals working from home during the pandemic was that the IT and broadband infrastructure demonstrated that it is now at a level which, in the main, allows for hitherto constrained approaches and thinking on the limitations of agile working to be successfully challenged with unprecedented pace and success.

2.3 The task and finish group

A task and finish group was established in partnership which set out to explore the broader concept of agile working, recognising that whilst it very often embraces flexible working and home/remote working, it is not synonymous with these two areas although they do feature strongly within it and as a part of it. This report has therefore been constructed to outline the benefits of agile working without specifying the location from which work is undertaken.

A group focussed on how agile working could feature within the specific requirements of tasks and roles, but without the boundaries of how and where particular tasks are carried out.

In delivering this a steering group oversaw 3 workstreams which each considered a distinct theme.

The three themes were:

- Theme 1 - Remote working practicalities
- Theme 2 - Employment
- Theme 3 - What work.

The steering group and the membership of each thematic group can be found at Appendix 1.

Whilst this report reflects the totality of the outputs from each of these themes, the sequencing and presentation of their findings is reflected across the whole of the report. This is because each theme identified aspects of Agile Working which weren't necessarily sequential and exclusive to the area under consideration and therefore the report does not follow the order of the three themes.

A further key feature of the group's work was to frame agile working within a future cultural frame of reference for work as an overall activity, not a place to which people go. This fundamental shift will require the development of cultures which focus on results and performance and which do not constrain with artificial barriers such as time and attendance.

Whilst the briefing sets out the steps which can be taken to create a more agile workforce, key to its success will be the creation of cultures and systems of trust and responsibility which support and enable staff to work in an agile manner.

The primary focus will always be on meeting the needs of the service, however this doesn't mean that the traditional boundaries within which work is undertaken can't be challenged and re-imagined, as the response to COVID-19 has demonstrated.

This briefing sets out to describe ways in which the learning from that experience can be taken forward and consolidated through rethinking the dynamic of how we work and changing our relationship with space so as to improve both our efficiency and more importantly our effectiveness.

3 FINDINGS

3. FINDINGS

3.1 Determining whether a role is suitable for agile working

Most roles in the NHS will have an element that can be undertaken in an agile manner and therefore the initial consideration will need to be on whether a role or elements of a role can be performed in an agile manner.

In this context agile working can be split down into three distinct areas:

Mobile:

Working on the move

Flexible:

Can carry out their work from a variety of locations

Fixed:

Spends the majority of time in a fixed location.

When determining suitability for agile working managers should, in the first instance, break down the specific tasks of each role in order to ascertain whether these can be undertaken in a different manner rather than looking at a role in its totality.

Examples of agile working could be a laboratory technician undertaking research and audit or a surgeon undertaking outpatient appointments or CPD in an agile manner.

Whilst employees who are deemed as having a fixed base i.e. ward nurses or HCSWs would have limited scope to work agilely, managers should consider granting ad-hoc requests in situations when agile working may be appropriate i.e. mandatory training, one off audits, online learning etc.

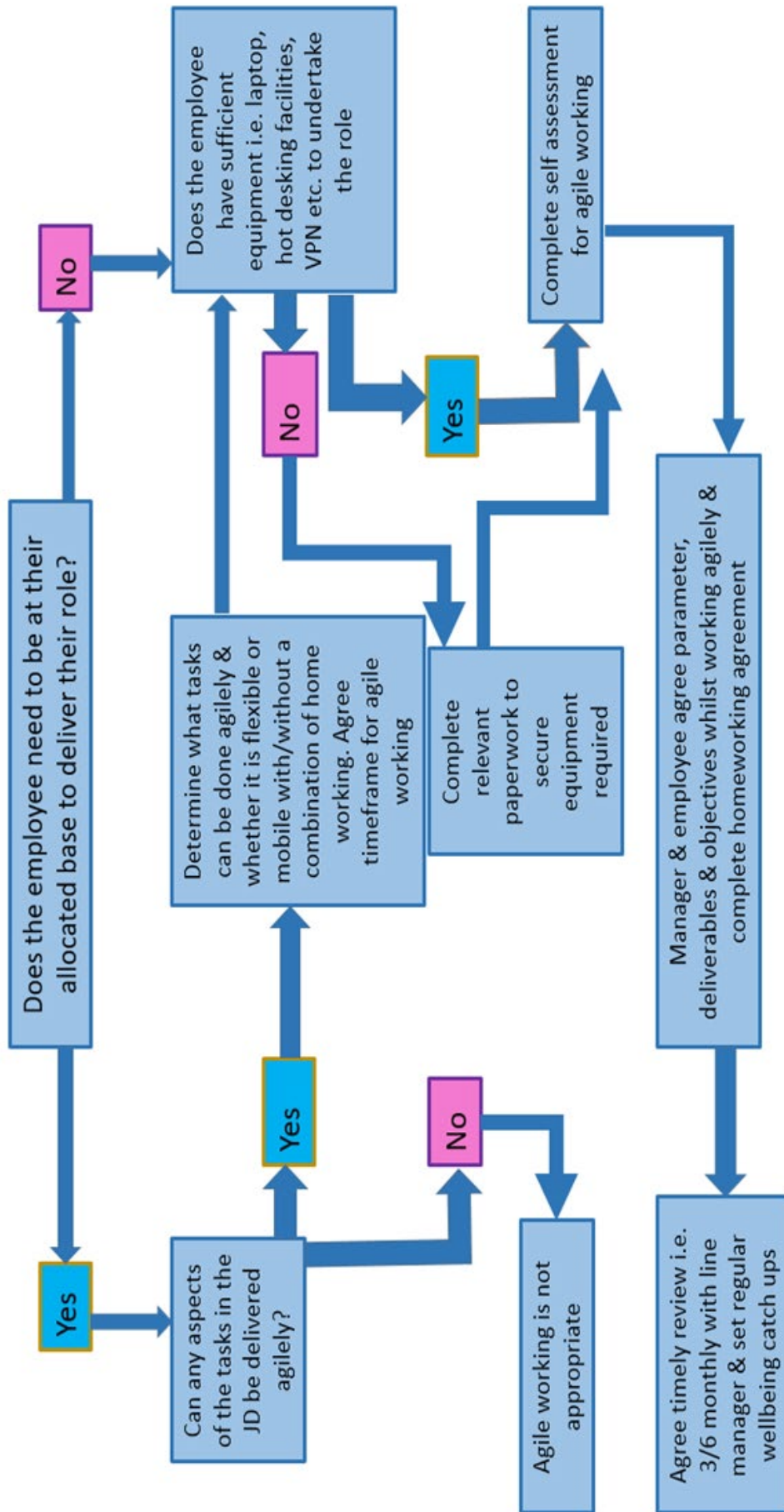
In these instances, an agreement on the parameters and expectations of working in the agile manner proposed would be all that would be required to take this forward.

The criteria to consider when making a decision would include:

1. The likely cost/benefit of any proposed arrangement
2. The quantity of work that can be realistically achieved and how this will be measured
3. The practicalities of undertaking specific tasks in an agile manner (i.e. availability of appropriate workstation, equipment, IT, information, security of data)
4. If the environment required to undertake agile work is achievable
5. Any adverse effects on the individual or other team members
6. If a trial period would be suitable and if so, for what period of time.

Suitability for agile working should be determined on a role-by-role basis and the flow chart below sets out underpinning principles to assist managers in determining what tasks of an individual role could be done in an agile or remote way e.g. laboratory workers have to spend a certain amount of time working at the "bench" in a base but audit and validation could be done remotely.





3.2 Employment considerations

For agile working to be successful at scale it will ultimately require an organisational change which advocates autonomy and self-organising individuals and teams.

Managers/leaders however, have a real opportunity to enable and support this shift in working through using the learning of “what worked” from the COVID-19 experience to describe the “big picture” of what agile working can achieve and deliver, both for the individual and the organisation, along with an emphasis on individual and team motivation, commitment and communication.

Previously this existed in a theoretical space of possibilities, whereas we now have experience of what works and where the benefits are.

The aim of **agile work-styles** is:

“...about bringing people, processes, connectivity and technology, time and place together to find the most appropriate and effective way of working to carry out a particular task. It is working within guidelines (of the task) but without boundaries (of how you achieve it).”

www.agile.org.uk/what-is-agile-working/

3.3 Benefits of a distributed (agile) workforce work-style: The employment aspect.

A desktop review of the experience and learning from organisations using agile working identified the following common and consistent key areas:

For the organisation/manager

- Increase effectiveness of activity
- Enhance staff morale, increase employee satisfaction and improve retention
- Employer of choice – capitalise on the NHS brand. Ability to grow our business with specialist posts who may not have considered roles with the NHS or in Wales

- Positions available to those often prohibited from standard office hours, e.g. carers, those with disabilities
- Focus on outputs, so increases productivity
- Enables collaboration and innovation – freedom to act and make decisions/ autonomy
- Efficiency and effectiveness of the estate – space utilisation; estates rationalisation; reconfiguration of buildings
- Improved emphasis on responding to patient and service needs outside of traditional settings
- Reduce costs and make best use of our people
- Ability to adapt for future change
- Better use of technology, driving innovation and creativity
- Increases in time spent with patients following deployment of mobile devices
- Unnecessary journeys can be reduced, even where clinical activity is increased
- Enables an active discussion/dialogue with employees to ensure options work for employee and organisation - able to consider individual circumstances of employees (vulnerable home-life/safeguarding).

For the employee

- Improved control over work-life balance
- Enables autonomy and empowerment
- Control over work and the ability to make decisions/use discretion (constrained only by governance, national agendas and operational constraints)
- Collaboration and improved team working
- Personal motivation
- Peer group communication
- Reduction in travel/commuting for training, events and meetings (reduced carbon emissions)
- Increased digital face-to-face interaction between management, staff and patients.

It is hypothesised that our Generation Y people (born since 1979) may be better adapted to the new work-styles by virtue of an early grounding in flexibility; being social net-workers and IT literate, used to change and more comfortable working anywhere.

3 FINDINGS

3.4 Potential risks of a distributed workforce

- Security of technology, files and other information
- Need to consider how we support trainees, entry-level employees and new starters to feel part of the family and become effective members of the team
- Need to support our leaders and people with the change in culture and thinking required to adapt to a new way of working. This will mean developing and understanding skill-sets and supporting capability
- Managers' perception - potential for friction between managers and employees where agile working is not supported or perceived as a less productive option
- Changing the way we work to be more outcomes focussed. Avoiding micromanagement, managers need to trust staff to deliver on objectives
- Loss of team spirit / team effectiveness and feelings of isolation
- Dealing with technology and access to the right support when working remotely
- Ability to manage performance/output
- Perception of a two-tier workforce – those that can access everything agile versus those who may only have access to changes around the way they work their hours
- Supporting individuals whose individual circumstances means agile working isn't an option
- Increased pressure to perform
- Working longer days/ hours
- Technology phobia
- Public perception
- Potential to alienate staff if there is a perception that some roles can and some roles cannot work in such an agile way.



4

WHAT NEEDS TO BE PUT IN PLACE FOR AGILE WORKING TO BE SUCCESSFUL?

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Managers and employees to work together to determine the best work-style for their role/service and their personal circumstances

- Decisions needed as to whether an application process /agreement is needed or whether it is "just the way we work here"
- Agile Styles of working agreed e.g.
 - **Mobile:** Working on the move
 - **Flexible:** Can carry out their work from a variety of locations
 - **Fixed:** Spends the majority of time in a fixed location
- Consideration of equality – one size will not fit all – what does "equality of offer" mean and how will the workforce perceive differences in job role and access to agile work-styles
- Space allocated by need not status and an emphasis on sharing not owning facilities
- Clear workspace practices
- Desks shared and not owned
- Range of alternate work settings
- Respect for an individual's circumstances - determining the extent to which agile working is a practical proposition
- Employees empowered to work across locations
- Exploitation of new technologies
- Appropriate IT infrastructure and support available (link with NWIS developments)
- Maintaining contact - Staff should be contactable during working hours

Principles/standards to support agile working

- ✓ Vision and clarity of goals with good communication supported by strong and positive leadership underpinned by modelling core values to strengthen the psychological contract
- ✓ Work takes place at the most effective locations and at the most effective times subject to business considerations to provide exceptional customer service
- ✓ Focussing on outcomes, not processes
- ✓ Everyone is in principle considered eligible for an agile work-style, without assumptions being made about individuals or roles
- ✓ People are trusted to get their job done, only constrained by governance, national agendas and operational considerations
- ✓ The employer will support this way of working by providing people with the right tools, development and support
- ✓ Understanding of the generational differences and the way different generations may have been 'brought up' in work and the perceptions of how people are expected to behave alongside ability to change with technological trends
- ✓ Agile workstyles underpin and adds new dimensions to diversity and equality principles
- ✓ Treating people as individuals, allowing them choice but also accepting that one size will not work for everyone nor will it work for all roles
- ✓ Provide employees with the opportunity/responsibility to manage their work-life balance.



5

HEALTH, WELL-BEING AND SUPPORT (individual and managerial responsibilities)

5. HEALTH, WELL-BEING AND SUPPORT (individual and managerial responsibilities)

The Health and Safety at Work Act 1974 states that an employer shall ensure, so far as it is reasonably practicable, the health, safety and welfare at work of all employees. This extends to staff who have an agile work-style and staff who may work from home or at a variety of locations.

Agile work-styles can take place in a number of environments, which may include patient's homes, your own home or public places. The supervision that can be exercised over a member of staff utilising an agile work-style or from home is limited.

Therefore, the main responsibility will be with employees to ensure that they do their work in such a way that ensures they and other people who may be affected, including other members of their household, as well as the public will not be exposed to risks that will impact on their health and safety.

Managers should be aware that some staff might be uncomfortable with change, feeling the loss of a permanent desk and the reduced face-to-face contact with colleagues. Overall, the approach should not be about enforcing people to work in a different way but about personal choice subject to operational constraints and service requirements. Individuals will need extra support during the transition period to get used to the new way of working.

Agile work-styles may not be appropriate for all staff and managers should look out for early warning signs that a team member is not working well. Managers should monitor the on-going wellbeing of staff through regular review of agile work-style arrangements.

Numerous studies have found that flexible working arrangements can have a significant positive impact on people's mental health with better sleep and lower stress levels as common outcomes. Equally, someone's mental health can have a significant impact on their ability to perform well in their job.

Promoting well-being at work must therefore be central to the support provided to agile workers with individuals supported so that they can to maintain effective work flow and productivity. Managers need to ensure that engagement is healthy and their staff are happy in their work and with their working arrangements.

When managers do not have contact with their team on a daily basis, running regular check ins and engagement interventions such as Pulse Surveys allows managers to identify when morale or collaboration changes, so they can quickly identify where to focus their time on their team's needs. Agile work-styles will however not suit everyone.

It can be an unappealing prospect for anyone who struggles with time management or for those members of staff who may require respite from the home environment (e.g. caring responsibilities or domestic abuse).

It is also easy to let work 'creep' into non-working time at the cost of family life. This blurring of lines leads to an 'always available' culture, which can then become a stressor. It is important that a work/life balance is achieved and supported by the individual's manager and not just left to the individual to resolve.



5

HEALTH, WELL-BEING AND SUPPORT (individual and managerial responsibilities)

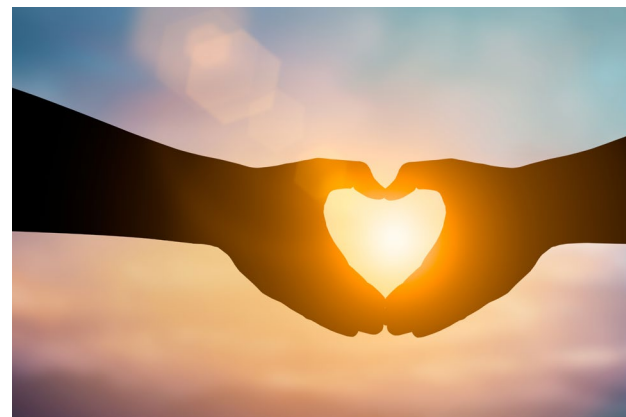
What needs to be put in place?

Support and Information

- ✓ Information, instruction and training in all areas of agile workstyles
- ✓ An opportunity for individuals to complete a self-assessment of their basic IT skills
- ✓ Induction covering different ways of working and health and safety
- ✓ Signposting to relevant web based support
- ✓ Recognition and respect for different workstyles and work practices
- ✓ Support for people with disabilities, caring responsibilities and those with a commitment or devotion to a faith.

Working practicalities

- ✓ Access to the right (ergonomic) equipment to make sure people work safely
- ✓ Acknowledgement of the different way of working including considerations for meeting etiquette and checking in and catching up with staff who are less visible
- ✓ Employees will need to be open about the pattern of their working lives and their whereabouts (diary access etc) so that teams function and provide service. The rationale for this will need to be explained and reinforced
- ✓ Equal access to the right equipment/technology so as to enable all individuals to perform their role
- ✓ Clarity that where Display Screen Equipment Policy (DSE) and/or specialist equipment is provided that the equipment will only be provided at the place where the individual predominantly works and not across multiple sites
- ✓ A commitment from individuals to keep equipment and data secure at all times.



5

HEALTH, WELL-BEING AND SUPPORT (individual and managerial responsibilities)

Health & Safety and Wellbeing

- ✓ Awareness and ensuring compliance with relevant policies to keep people safe (e.g. whether at home, office or a coffee shop)
- ✓ Individuals maintaining their responsibility to remain safe, no matter where and how they work
- ✓ Ensuring there is sufficient workspace provision at the working location
- ✓ Full awareness and compliance with lone working protocols and wellbeing assessments
- ✓ Access to wellbeing support, Peer Support and Mental Health provision
- ✓ That in the event of an incident or traumatic event occurring, face to face support is provided to the staff member in a timely manner.

Management support, leadership & culture

- ✓ Regular pulse / wellbeing surveys - linked to the All Wales NHS staff surveys
- ✓ Measures to avoid burnout and isolation – constant communication to ensure there is life-work balance and so as to avoid the blurring of lines between work and home (i.e. the expectation that people are always available)
- ✓ Clarity the employees are responsible for asking for help coupled with regular open communication
- ✓ Leaders responsible for checking in on workloads and knowing each of their team on an individual level
- ✓ Leaders supported to work in a different way
- ✓ Leaders rethinking the way they do things including meetings, support and toolkits will need to be in place to do this.

At the traditional “workplace” or base

- ✓ Functional space available that is not service or team specific which can be used by any member of staff requiring a workspace in that area
- ✓ Where possible, multi-purpose and quiet areas will to support staff in carrying out work activities
- ✓ Desk ratios determined from experience or gained from other organisations who have implemented agile workstyles.



6

LINE MANAGEMENT, SUPERVISION AND PERFORMANCE MANAGEMENT

6. LINE MANAGEMENT, SUPERVISION AND PERFORMANCE MANAGEMENT

Managers must ensure that both they and their staff fully understand how the new ways of working are successfully adopted and there should be evidence that both parties are in agreement with the new working practices. In addition, both managers and staff are responsible for ensuring that once established, the arrangements continue to work effectively and are reviewed on a regular basis.

Staff become less 'visible' when working in an agile work-style. This can create anxiety for some managers. Monitoring staff output must go beyond looking at the level of activity, and also consider other measures such as data quality, timeliness of record keeping, caseload management and other non-patient/service user related performance measures. These outputs reflect a more accurate picture than a member of staff being present at a desk at prescribed times of day.

Agile work-styles can also lead to isolation and some workers will find their mental health is affected by the lack of social contact. Good managers will be conscious of this and take steps to minimise the risk.

Scheduling regular meetings and using other methods to keep in touch: conference calls, MS Teams etc. can go a long way to keeping remote staff in the loop and feeling included. Compassionate managers will need to be attentive, understanding, empathetic and helpful.

Continuously changing environments and supporting remote teams make being a manager even harder and communication even more important than before. Managers and coaches need to thoughtfully prepare 1:1 meetings with their teams, share agendas and take notes of action items to ensure communication is as continuous and structured as possible.

When teams are working remotely, it is more important than ever people feel recognised and appreciated for the work they do and receive confirmation they are doing the right things. Nobody works in a vacuum or a silo and people still need to interact.

Working remotely effectively requires a lot of communication, self-management, and collaboration especially when working on projects over a video call.

In the "new normal", hard skills are useless without soft skills.

Agile organisations create a cohesive community with a common culture. Cultural norms are reinforced through positive peer behaviour and influence in a high trust environment, including clear accountability paired with the autonomy and freedom to pursue opportunities.



6

LINE MANAGEMENT, SUPERVISION AND PERFORMANCE MANAGEMENT

What needs to be put in place to make this effective?

Working arrangements

- ✓ The ability for the work to be undertaken independently with minimum supervision
- ✓ Regular review of the arrangements (at a minimum every year)
- ✓ The sharing of electronic calendars and contact details kept up to date
- ✓ Clarity regarding where there may be specific times of the day or week when individuals need to be contactable in order to meet service requirements
- ✓ Ability to communicate – individuals knowing how to raise problems
- ✓ Ability for all team members to be able to communicate with each other.

Personal discipline

- ✓ Ability for individuals to set own goals and priorities and to work on their own initiative
- ✓ Support for self-discipline and self-motivation
- ✓ Ability to cope with minimal face to face intervention
- ✓ If managing others, ability to set goals and priorities of others, manage appropriately and supervise delivery of service.

A shared understanding

- ✓ Managers and staff willing to engage in joint problem solving and trouble-shooting to ensure that the agile workstyle arrangements work effectively
- ✓ Time management skills – can the work be scheduled so as to deliver on time, support the management of others (if appropriate) and avoid the working of excessive hours.
- ✓ Managers to be clear to staff on how they will be managed and what is expected of them in terms of output
- ✓ Both parties being responsible for maintaining good working relationships
- ✓ Managers focussing on, and managing by deliverables and results - there is an expectation that staff working in an agile workstyle will improve efficiency and effectiveness



6

LINE MANAGEMENT, SUPERVISION AND PERFORMANCE MANAGEMENT

Line management

- ✓ Successful explanation of the concepts of managing by outcomes and appropriate methods to monitor output, mutually agreed with staff as part of the supervision process
- ✓ Informal and formal supervision mechanisms in place with staff
- ✓ Recognition of the difference between confidence and competence – managers need to ensure staff are appropriately supported
- ✓ Regular team catch ups to ensure a shared awareness of what the team is working on so everyone hears the same message
- ✓ Leaders to lead by example and support the change needed by letting go of traditional controlling management techniques.

Development

- ✓ Signposting for relevant support or learning interventions
- ✓ Access to a coach, mentor or buddy to bounce ideas and provide support.
- ✓ Opportunity for growth – development and career paths need to be obvious, accessible and attainable
- ✓ Confidence that making mistakes is OK and that learning will be the outcome.



7

SUGGESTED AGILE WORKSTYLE MODEL

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It is proposed that this could be adapted to encapsulate agility within NHS service provision.

Taken from McKinsey and Company:

Moving From: *"People need to be directed and managed, otherwise they won't know what to do and they'll just look out for themselves. There will be chaos."*

Moving To: *"When given clear responsibility and authority, people will be highly engaged, will take care of each other, will figure out ingenious solutions, and will deliver exceptional results."*

Adapting three core performance-management practices will be crucial.

Performance-management practice	What agile organizations may want to do
 Linking goals to business priorities	<p>Introduce team objectives in addition to (or instead of) individual targets</p> <p>Set objectives as a team, discuss results frequently, pivot as required</p> <p>Create transparency of targets and performance</p>
 Investing in managers' coaching skills	<p>Clarify the roles that leaders play in development and evaluation</p> <p>Focus on continuous feedback and ongoing development conversations</p> <p>Frequently collect input from multiple sources when evaluating performance</p>
 Differentiating consequences	<p>Differentiate individual contribution to team performance based on desired values, mind-sets, and behaviors</p> <p>Increase the emphasis on intrinsic motivation and nonmonetary rewards</p>

McKinsey
& Company

8

REMOTE WORKING PRACTICALITIES: WORKPLACE POLICY, HEALTH AND SAFETY, EXPENSES, TAX, POLICY, LEGAL CONSIDERATIONS

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A number of NHS policies were reviewed during the development of this document with the aim of identifying and then setting out what the key requirements and elements which need to be in place to support both employers and employees when establishing and maintaining such arrangements.

The features identified for an organisation to consider and which could form the basis of an Agile Working Policy were:

Must Haves	Required Guidance	Other considerations
<p>Clear scope and definition: broader than home-working</p> <p>Building on what we have learnt.</p> <p>Legislation: Health & Safety: DSE assessments, risk assessments, duty to provide the right equipment.</p> <p>Support provision of specialist equipment</p> <p>Working Time Directive: regular breaks and rest periods</p> <p>Equality Act: reasonable adjustments and application of policy (EIA)</p> <p>Information Governance and confidentiality.</p> <p>Managing GDPR/Sensitive data.</p> <p>Contractual: Base (consideration of scope for home to be base) Address wider implications such as HMRC regulations e.g. claiming mileage allowances</p> <p>Working hours may need to be redefined from traditional 9-5.</p> <p>Expenses: https://www.gov.uk/expenses-and-benefits-homeworking/whats-exempt</p> <p>Guidance on what expenses are already part of "ordinary" household expenditure e.g. broadband</p> <p>Insurance: requirement for staff to check arrangements</p> <p>HMRC implications.</p>	<p>Enhanced focus on eligibility for agile working: not to be defined by band or current circumstances (e.g. availability of IT Kit) Needs to include agile working for teams and individuals and consider what the outcome means for staff and patient/service user experience (Fixed roles/flexible roles/mobile roles).</p> <p>Exclusions: to be clearly stated with a review where environmental or technological factors change.</p> <p>Roles and Responsibilities: clarity on roles including responsibility of all parties in terms of communication. Some examples: Performance Management (based on outcomes), Diary Management , Lone Working.</p> <p>Mental Health in the workplace: clear guidance for when to "switch off". Requirements to take regular breaks and clarity on how, why and where individuals can engage with other team members either formally or informally</p> <p>How to let people know "if you are struggling".</p> <p>Safeguarding Consideration that home might not be a safe place.</p> <p>Mandatory training • Most aspects of mandatory training can be done remotely.</p> <p>Access to training opportunities: equal opportunities to training/development.</p>	<p>Draft formal agreements: Outline Agile Working Agreement</p> <p>Outline Risk Assessment proforma to regularly review arrangements.</p> <p>Clear process for application of agile working to include any right to appeal through appropriate procedure.</p> <p>Guidance on flexing agile working up or down aligned to local requirements.</p> <p>Outline letters to support any required contract variation.</p> <p>Interdependencies with other policies/procedures: Flexible Working Policy H&S, Hot-desk policy.</p> <p>Policy is only effective where it is accompanied by cultural change supported by an effective estates and ICT infrastructure plan.</p>



8

REMOTE WORKING PRACTICALITIES: WORKPLACE POLICY, HEALTH AND SAFETY, EXPENSES, TAX, POLICY, LEGAL CONSIDERATIONS

It was considered that an all Wales agile working policy would not be the best way forward at this stage but that organisations should build and develop, in partnership, a detailed guidance/framework to clearly set out the organisational ground rules and support transparency in line with the considerations in the table.

Such approaches should:

- Clearly articulate the “must haves:” e.g. legislation, WTD, contractual, taxation, information governance, liability and home insurance, etc
- Outline the minimum standards: e.g. provide clarity on eligibility, roles and responsibilities, application of process, ability to review arrangements regularly and wellbeing
- Importance of ensuring that those who are unable to work remotely do not feel that there is a divide of “them and us” and that flexible working patterns may need to be considered.

This needs to be set in a creative framework which can future proof the agile working agenda: e.g. providing examples of best practice, examples of learning (such as from COVID), supporting managers with application of discretion and culture shift, embed employee wellbeing into practice and create opportunities to think more creatively.

In addition, it is considered that a number of toolkits could be developed to support agile working approaches in the following areas:

- Undertaking risk assessments for agile/ remote working
- Agile work-styles checklist
- Manual handling training for staff in remote working environments
- PAT testing guidance for equipment used at home or in remote settings
- Information Governance:
 - o Security of paperwork/information
 - o Confidential waste disposal
- Guidance on equipment used solely by the employee
- Wellbeing signposting and pastoral support.



Steering group and work-stream membership

Steering Group (numbers denote membership of theme sub group)

Richard Tompkins, Director, NHS Wales Employers (Chair)

Andrew Davies, Policy and Development Manager, NHS Wales Employers

Kate Prothero, Graduate Trainee Manager, Powys tHB

Elena Holmes, Graduate Trainee Manager, NHS Wales Shared Services Partnership

Sarah Simmonds, Assistant Director of Workforce, Aneurin Bevan UHB (1)

Lesley Hall, Associate Director – Human Resources, Betsi Cadwaladr UHB (1)

Sioned Eurig, Solicitor – Legal and Risk Services, NHS Wales Shared Services Partnership (1)

Sarah Powell, Assistant Director of Organisational Development (2)

Samantha Graf, Head of Workforce and Organisational Development, NHS Wales Shared Services Partnership (2)

Kim Tovey, Senior Organisational Development Manager, Welsh Ambulance Service NHS Trust (2)

Foula Evans, Head of People and OD, Health Education and Improvement Wales (2)

Steve James, National Workforce Lead, NHS 111 Wales (3)

Ceri-Ann Lawless, Head of Workforce, Velindre NHS Trust (3)

Nicola Robinson, Deputy Head of Operational HR, Cardiff and Vale UHB (3)

Paul Summers, Cymru Wales Lead Officer for Health, Unison (2)

Nicky Hughes, Assoc. Director of Nursing (Employee Relations), Royal College of Nursing (2)

Additional Trade Union representation on workstreams**Theme 1 – Remote working practicalities**

Paul Gage, Lead NHS Officer, Wales and South West, GMB

Richard Munn, Regional Officer, Unite

Theme 2 – Employment

Paul Summers, Cymru Wales Lead Officer for Health, Unison

Nicky Hughes, Associate Director of Nursing (Employee Relations), Royal College of Nursing

Theme 3 – What work

Adam Morgan, Senior Negotiating Officer- Wales, Hereford, Worcestershire and Gloucestershire, Chartered Society of Physiotherapy

Kevin Tucker, National Officer for Wales, Society of Radiographers

Erica Stamp, Head of Member Relations (Wales), BMA

10. Considerations for how work can be determined as being suitable for remote working/agile working- experience from 111

Key considerations:

- In the first instance managers should consider introducing remote working for roles where it is practically more straightforward to do so i.e. admin staff and clinical roles where the clinician is an autonomous practitioner
- For more complex roles, undertake mapping of the tasks
- Experience from 111 highlighted that the following are considered as being suitable for remote working:
 - o Administrative roles – many admin roles across Wales worked remotely during the pandemic
 - o GP's – GP's in 111/GP OOH work remotely
 - o Consultants – a number of consultants have been successfully undertaking outpatient consultations remotely – consideration would need to be given re sub diagnostic tests
 - o Radiology – a number of radiologists are working remotely although it was noted that this requires a good bandwidth due to reporting
 - o Physiotherapists, speech and language therapists, psychologists, dieticians and podiatrists initial patient consultation and follow ups could be done remotely, would need to map out further
 - o Pharmacists – 111 pharmacists provide remote consultation, but majority of pharmacists work in a base, although several work from home. Further mapping work is required.
 - o Nurses – some nurse roles could be suited for remote working where triage/consultation could be done over the phone/internet. 111 have introduced remote working for experienced nurses. Further mapping work is required according to speciality.
 - o Mental Health practitioners/nurses – there are several pilots where MHP's provide remote consultations however this is generally done at a base. There is currently a National pilot being worked up regarding mental health assessments.



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CASE STUDY: AGILE WORKING FOR 111 CLINICAL SUPPORT HUB GP'S

11. CASE STUDY: AGILE WORKING FOR 111 CLINICAL SUPPORT HUB GP'S

Pilot

In 2018 as a result of the shortage of GP's in Wales, the National 111 Workforce lead and National 111 Clinical Lead embarked on a pilot project in collaboration with the former ABMU Health Board. The project looked at 111 Clinical Support Hub GP's being able to work remotely.

Remote working had previously been used by some Health Boards Out of Hours services during periods of escalation, but never on a longer term basis, and with advances in technology it was felt that remote working may offer a sustainable workforce solution.

As part of the pilot it was agreed that the following principles should be applied:

- GP's should have existing / recent OoH experience and in particular should have an expertise in triage and a degree of confidence in managing multiple triage queues (when considering wider regional working options)
- A set of indicators should be developed looking at triage performance; timeliness and outcomes
- Regular audits should be put in place for the whole team and the system
- Regular shifts should be undertaken (minimum of 2 a month on a weekend or 3 over a month period in the week nights).

Furthermore practical and logistical considerations were also made. These were in relation to the distance from a clinician's home or practice from the Call Centre, should the technology fail and the GP was required to attend the clinical support hub base. It was agreed that remote working could include working from within a GP Practice if it simplified IT connectivity and protected working space which was particularly relevant to more rural parts of Wales.

Voice recording was an important factor to consider because 111 GP's work on a regional basis covering several Health Boards and each Health Board used a different system.

In order to simplify the process for GP's agreement had to be made on using 1 system rather than having a clinician using a different system depending upon where the patient was registered. Accordingly as part of our governance framework ("the Collaboration Agreement") it was agreed that the red box voice recording system used in Swansea Bay Health Board would be the preferred system of choice.

Business as Usual

Following successful evaluation remote working for GP's is now an integral part of working in the 111 Clinical Support hub. Due to GP's being deemed to be independent contractors and given the IR 35 implications it was felt that implementing a specific remote working policy would not be in the best interests of all parties. Consequently GP's sign up to a protocol that they must adhere to.

As part of the protocol the following must be satisfied prior to agreeing for the GP to work:

Confidentiality: GP's should ensure that they are able to identify a safe and suitable environment for home triage which needs to be away from other members of the family due to the confidential nature of the service.

Technical: Good and reliable internet connection (min spec to be considered), with a PC or tablet that is Citrix receiver enabled. Telephony access would be equally applicable.

Business Continuity /technical failure:

If the GP is not able to log in, they will be expected to travel to the base.

Escalation: In times of escalation GP's may be required to assist during periods of high demand providing they are available.

Tenure of engagement: GP's are required to commit to work for at least 6 months after being issued remote kit.



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CASE STUDY: AGILE WORKING FOR 111 CLINICAL SUPPORT HUB GP'S

Remote Kit

The remote working kit consists of laptop, Cisco phone and router (light box) which can be plugged anywhere in the world accessing SBU Intranet and also links in to Morryston hospital switchboard with GP's being allocated an individual extension number. When the phone is used the voice recording facility starts automatically.

Benefits

Shift fill rate: We have consistently achieved a 100% shift fill rate for the last 12 months. The clinical hub GP rota is now structured so that 50% of the weekly and weekend shifts can be undertaken remotely with all remote GP's committing to undertake regular base sessions.

Recruitment: We no longer struggle to attract GPs and in a recent advert in November 2020 attracted over 70 expressions of interest.

Accessibility: The benefits of connecting to the SBU Intranet and Morryston switchboard means that GP's are able to work anywhere within the world (subject to various governance arrangements being satisfied) and we have several GP's who live and work in England in the daytime and work in 111 Wales during the Out of Hours period.

Covid 19: No shifts were lost as a result of shielding or isolation because any GP's who were due to isolate or classified as being in a shielding category were able to work remotely.

Work life balance: GP's report that they experience a better work life.

Wider MDT working: As a result of successful remote working for GP' we are now offering remote working opportunities to the wider MDT of clinicians within 111.

Barriers

The biggest barrier has been the availability of the Cisco phone and router (light box) and the time it takes to arrive once an order has been placed particularly as supplies sometimes have to be shipped from the USA.

Internet connectivity sometimes causes an issue and any regular connectivity problems results in the GP no longer being able to work remotely.

Training

Telephone consultation training is offered for clinicians working remotely in order to pick up red flags, use of questioning etc.

