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Iechyd Cyhoeddus
Cymru
Public Health
Wales

Name of Meeting

Board

Date of Meeting

30 April 2020

Agenda item:

4.2.300420

Workforce Update (COVID-19)

Executive lead:	Rhiannon Beaumont Wood, Executive Director of Quality, Nursing and Allied Health Professionals
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Approval/Scrutiny route:	Rhiannon Beaumont Wood, Executive Director of Quality, Nursing & Allied Health Professionals The paper was received by the Gold group on the 21 April 2020.
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Purpose
To provide an update on a range of workforce matters relevant to the pandemic with a particular focus on resources for supporting staff. To provide an overview of the variations that have been made to people policies during COVID-19.

Recommendation:				
APPROVE <input type="checkbox"/>	CONSIDER <input type="checkbox"/>	RECOMMEND <input type="checkbox"/>	ADOPT <input type="checkbox"/>	ASSURANCE <input checked="" type="checkbox"/>

<p>Board is asked to receive assurance on the following:</p> <ol style="list-style-type: none"> There is an appropriate range of resources and services to support the health and well-being of staff during the pandemic; People and workforce considerations are proactively being considered linked to the recovery strategy. <p>Board is also asked to receive for information appendix A summarising the variations that have been made to people policies during COVID-19. This is provided as per the agreed governance changes to Board Committees on the 26 March 2020.</p>
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Link to Public Health Wales [Strategic Plan](#)

Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives.

This report contributes to the following:

Strategic Priority/Well-being Objective	All Strategic Priorities/Well-being Objectives
Strategic Priority/Well-being Objective	Choose an item.
Strategic Priority/Well-being Objective	Choose an item.

Summary impact analysis

Equality and Health Impact Assessment	An EHIA is not required for this paper in itself however there are a variety of assessments being completed in respect of our workforce.
Risk and Assurance	The proposals support the PHW COVID response from a workforce perspective which is a key component of the BAF.
Health and Care Standards	This report supports and/or takes into account the Health and Care Standards for NHS Wales Quality Themes Choose an item. Choose an item. Choose an item.
Financial implications	£446k of additional staff payments in 2019/20 (this doesn't take into account staff that are working on COVID19 as part of their contracted hours).
People implications	The information in the paper focusses on the support for <u>all</u> staff and managers during the pandemic. There will be a need for regular promotion and visibility of these measures during a period when large parts of the workforce are dispersed.

1. Purpose / situation

To provide an update on a range of workforce matters relevant to the pandemic with a particular focus on resources for supporting staff.

2. Background

Protecting and supporting our workforce during the pandemic is an important part of our COVID response, the scope of which also includes:

- supporting staff well-being through a range of resources
- temporary amendment of some workforce-related policies
- effective redeployment and mutual aid arrangements
- practical support and advice, e.g. home working

3. Description/Assessment

3.1 Resources and Support Available For Staff

Supporting staff well-being

It is critical we have timely and accessible support for staff wellbeing. We are in unprecedented times that will affect us all differently. The resources we have developed/under development, largely follow the phased approach set out in the British Psychological Society (BPS) Covid-19 Staff Wellbeing Group's 'The Psychological Needs of Healthcare Staff As A Result of the Coronavirus Pandemic'.

Feedback and surveys

Supporting the wellbeing of our people balances the right resources at the right time and evaluating the impact as we move through the response. We plan to measure and review our approach including regular check-ins with staff to understand: their awareness of support available and its accessibility; how it meets their needs; and how it might improve. At the end of April we will carry out a staff survey aimed at capturing feedback on communication, working practices, working environment and leadership.

Trade Unions; Staff Networks; Equality, Diversity & Inclusion

Weekly informal meetings currently take place with recognised Trade Unions, as well as ad-hoc discussions on specific issues. Formal weekly Local Partnership Forum meetings have now been scheduled on a weekly basis from week commencing 27 April.

Through the Diversity and Inclusion Manager we are engaging with staff groups including our Carer's, Disability, Women's, LGBT+ and BAME

networks. Network Chairs are being encouraged to check in with network members through Skype meetings. Information and guidance on observing Ramadan has been circulated to the BAME Network and made available to staff via the information page. The Enfys Network regularly posts updates onto their Facebook page for members and allies of the network. Plans are underway to host a “Watch Party” where topics can be viewed and discussed. An online event to mark International Day against Homophobia, Biphobia and Transphobia on 17 May is also under consideration.

Supporting Managers

We have released guidance for managers on keeping in touch with their teams and individuals. We are reviewing how data in ESR, alongside the principles of the Managing Attendance at Work policy, could and should be utilised to prompt particular contact. On 17 April a Manager’s Toolkit was released covering: an introduction to change; showing care and compassion (linking to HEIW/Kings Fund resources); a narrative to support the ‘How are you doing?’ resources; safeguarding; and temporary changes to people policies.

Coaching and Counselling

Public Health Wales has staff who are qualified coaches and counsellors and discussions have taken place to determine how these skills might be deployed to help our people, taking account of professional Codes of Conduct and Ethics, utilising and signposting to expert support services; and maintaining staff confidentiality and respect at all times. After an initial discussion, we have established a small pool of both. We are now developing a framework of additional phased support to complement our existing wellbeing offerings:

Phase 1: 24 April 2020 Coaches	Coaching for managers	Make offer to managers who may require additional support in helping teams/team members
Phase 2: 28 April 2020 Counsellors	Listening service: contact centre	Counsellors to provide an on-call/call-back listening service to colleagues in the contact centre
Phase 3: 4 May 2020 Counsellors	Listening service: open	Listening service extended to all staff identified as benefiting from additional internal support

The pools for both professional groups are limited and all services will be offered as a complement to (as opposed to replacement for) the current resources available.

Externally, Care First (self-referral) and Occupational Health counselling is available to staff where required and is included in staff guidance.

Additional resources (available to all staff)

- Wellbeing Matters toolkits
- Care First (employee assistance programme)
- Velindre Mindfulness App
- SilverCloud online Cognitive Behavioural therapy, through a partnership with Powys Teaching Health Board
- Health for Health Professionals

Temporary People Policy Adjustments

A number of workforce policies have been adjusted temporarily to support the response to COVID-19. Some of these are the result of national agreement following new legislation; others on an all-Wales basis; and some are local to Public Health Wales. It should be noted that for all-Wales adjustments, these are considered to a minimum in Public Health Wales and we have gone 'over and above' on many positions. The policies affected are below and details of each policy adjustment are at **Appendix A**.

- Flexible working
- Annual leave
- Maternity leave
- Time off for dependants
- Overtime Payments
- Statutory and Mandatory Training
- Special leave (bereavement)
- Managing Attendance at Work

Recruitment and Training

Using a rapid campaign, we recruited the following temporary resource to build resilience into the contact centres:

- 42 bank workers to predominantly Advisor roles to build resilience into the contact centres
- 10 agency workers to the night rota; some continuing to work as Call Takers during day shifts

Contact Centre Training

Training provision, using bespoke training packages, commenced on 28 February, delivered by staff from QNAHPS, Improvement Cymru and People & OD. 601 individuals have been trained and of these, 455 are currently available for the rota, predominantly in the Call Taker (183), Call Advisor (115) and Call Advisor+ (46) roles.

Workforce Mobilisation

Seeking to ensure our COVID-19 response and business critical functions have wherever possible appropriate levels of resilience, we have mobilised our staff accordingly.

Recognising the importance of mutual aid, a skills/status database has been developed to enable the effective and rapid deployment of our staff if needed. To date, we have received 19 requests for support (17 external,

2 internal). Nine requests have been approved, two were rejected and the remainder are under consideration. On 16 April, a Clinical Skills Survey was issued to registered health professionals to identify the skills we have to support the effective deployment of this staff group.

Workforce Information

As demonstrated to date, workforce information has played an important role in supporting business critical activity. Going forward, work is underway to establish an absence dashboard that will enable analysis on all COVID-19 related absence and the identification of trends, including the estimated cost of absence.

People Support +

On 30 March we launched a single point of contact for any telephone or on-line queries: People Support+. To date, email volumes currently average approximately 50 per day and telephone calls 3 per day.

3.2 Looking Ahead

The response from staff in the organisation to date has been truly remarkable, we have seen individuals and teams step into new roles/functions; IT and data developments fast tracked to a new level; changes to the estate plans to mobilise home working; development of contact centres and 24/7 services; and willingness from everyone to want to play their part in our response.

We need to celebrate when the time is right; reflect and learn from this and ensure the positives are embedded in the 'new normal' for all. Previously there have been some areas that have questioned the feasibility of flexible working, but we can now see more clearly where and how it can work effectively. Similarly, this situation has highlighted the benefit of understanding transferable and trainable skills sets required to underpin agility.

The recovery plan adopted by the Welsh government will have significant workforce implications for us and it is essential we model the various options to ensure we have the right people in the right place, at the right time, with the right skills. The need for case finding and contact tracing capacity on an ongoing basis is extremely likely, with continued demand also being placed on our on call provision. It is also clear that some of the current working arrangements are not sustainable in the medium to long term, through resources being diverted e.g. screening staff delivering testing. We need to work through the various workforce planning assumptions and utilise the additional workforce data we have captured, to enable agility and our ability to deploy resources effectively to priority areas. To ensure success, this requires a holistic, systemic review, rather than on a directorate by directorate basis.

It is recognised that our organisational culture and employee experience will have changed during this pandemic, that will impact upon our narrative on what working together really means (beyond typical team working) and examples of trust through flexible working and altering policies.

As part of our recovery plan *'to effectively respond to future public health challenges, reactivate our services in a planned way and provide the necessary support to our staff'*: we will need to look specifically at recognition; wellbeing; workforce planning; annual leave; repatriation; recruitment and absence. In the short term, our priority areas will require investment of resources in areas such as mental health to support effective repatriation and review of our workforce plans for reactivating services. Similarly, medium/longer term, it is already predicted society will not want to go back to how things were. People may want more flexible working permanently, the climate agenda will be elevated, people will re-evaluate what is important and we will need to reflect that in our Employee Value Proposition and ways of working.

The proposed year 1 deliverables of all our organisational strategies will need to be reviewed, including our People Strategy 2020-2030, which has organisation wide contributions.

3.3 Risks

As the organisation moves towards recovery, the following potential workforce related risks are highlighted, which we will be addressed and mitigated through ongoing tactical changes and the implementation of the recovery plan.

- Sense of disconnection from the organisation and its purpose – where the recovery plan will be key
- Linked to the above, the organisation may experience higher levels of attrition
- Annual leave carry over will require longer term planning to ensure a balance between staff wellbeing and business continuity
- Absence rates may be longer term than anticipated post pandemic, requiring a flexible approach to enable sustainable phased returns. Staff absence related to COVID-19 is currently at 4.2 % (81)
- The current modelling scenario for the outbreak has this 'peak' and a second one in the autumn, which will also have an impact on our annual flu fighter campaign

4. RECOMMENDATION

Board is asked to receive assurance on the following:

- There is an appropriate range of resources and services to support the health and well-being of staff during the pandemic;

- People and workforce considerations are proactively being considered linked to the recovery strategy.

Board is also asked to receive for information appendix A summarising the variations that have been made to people policies during COVID-19. This is provided as per the agreed governance changes to Board Committees on the 26 March 2020.

Appendix A COVID 19 – TEMPORARY PEOPLE POLICY ADJUSTMENTS

At the Board meeting on the 26 March 2020, the Board approved (ref paper – Board Governance Arrangements) that variation of HR policy would be approved by the Strategic Director, with oversight in place from CEO. The same paper also noted that any adaptations would be recorded and reported to the Board for assurance. Appendix A constitutes a summary of those approved changes for the Boards information.

A number of HR/People policies have been adjusted on a temporary basis to support the response to COVID-19. Some of these have been agreed on a national level following new legislation, others on an all-Wales basis and some are local to Public Health Wales. Gold team and our Board should be assured that all-Wales adjustments are considered a minimum in Public Health Wales and we have gone 'over and above' on many positions. Please note, these amendments are correct as at 16th April 2020.

Policy	Amendment
Flexible working	No formal application is required but managers should record working arrangements/adjustments and ensure colleagues are aware that it is temporary unless agreed otherwise.
Time off for dependants	Colleagues should not have to take recorded time out to support dependants and the principles of flexible working should be applied at all times. For example, starting later and finishing later to allow shopping to be done on behalf of a shielding relative, taking breaks throughout the day to help children with school work (starting earlier/finishing later/split 'shifts').
Special leave (bereavement)	Understanding that arrangements for and attendance at funerals is likely to be impacted during the outbreak, we have: <ul style="list-style-type: none"> • Noted that absence over and above the 5 policy days for the death of an immediate family

	<p>member/partner will be recorded as sickness absence and not included in review prompts</p> <ul style="list-style-type: none"> • One day's paid special leave will be allowed to attend the funeral of an extended family member (whether or not colleagues are able to attend) and an additional day can be taken at a later date if remembrance services are deferred • In the event of the death of a close friend/close colleague to COVID-19, one day's paid leave will be granted to attend a deferred service or to pay respects quietly
Annual leave	<p>Colleagues have been permitted to carry over unused annual leave from the operational year 2019/2020 to this year. Staff self-isolating or shielding following the UK or Welsh Government's advice and are not able to take planned leave can have it reinstated.</p> <p>We are awaiting a position from NHS Employers on the carryover of unused statutory leave into two subsequent years as set out in the Working Time (Coronavirus) (Amendment) Regulations 2020.</p>
Managing Attendance at Work	<p>Colleagues self-isolating in line with guidance (even if asymptomatic) must record absence as medical exclusion and this will not be included in review prompts and will be paid in full. Colleagues absent as a result of coronavirus will have that period excluded from any review prompts.</p>
Overtime Payments	<p>The overtime cap at the top of Band 7 (Agenda for Change) has been removed.</p>
Statutory and Mandatory Training	<p>Colleagues are able, during this period, to complete Fire Safety Awareness training online in the absence of classroom training sessions</p>
Maternity leave	<p>A pregnant employee who is off work within four weeks of their estimated due date due to a COVID-19 related illness will not have their maternity leave triggered early as this period of absence would not be classed as pregnancy-related.</p>