

Bath & North East Somerset Council		
MEETING/DECISION MAKER:	Children, Adults, Health & Wellbeing Policy Development & Scrutiny Panel	
MEETING/DECISION DATE:	18 January 2022	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	What has been the impact of Covid 19 on our workforce? (Identifying any differences between the experiences of men and women)	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report:		
None		

## **Foreword**

This report was requested by the Council's Scrutiny Panel to understand the impact of Covid 19 on women within our workforce. This has been widened throughout to focus on the impact on the workforce as a whole reflecting on differences between male and female staff where possible.

We would like to take this opportunity to thank all staff who contributed to the information within this report and who gave their time to support this work. Their honesty, openness and willingness to share their experiences was invaluable. We would also like to thank all staff across the council for their hard work and commitment to supporting residents and members of the public during these challenging times to deliver services and improve people's lives.

## **Executive summary**

Covid 19 has had a huge impact both personally and professionally on our workforce (as at 1 August 2021 B&NES employs 2802 staff, 38% male and 62% female). We have continued to provide services to our community, including new and unexpected services with little or no precedent or guidance, and had to adapt to new situations and ways of working all against the backdrop of anxiety and uncertainty about our health, safety and wellbeing and that of our residents and community.

The health and wellbeing of our workforce has been impacted significantly by Covid-19. Whilst both male and female colleagues reported the impacts on both their physical health and mental health, more female colleagues were required to shield, and have been absent from work with Covid, however this is in line with the gender split of the workforce. More female colleagues have been absent with long Covid.

We heard from many staff who have had to balance demanding job roles with demanding caring roles during the pandemic and in particular during the first lockdown; caring for small children, young adults, elderly parents, family and friends. More female staff accessed carers leave during this period and it does appear that female colleagues undertook more caring responsibilities from the experiences we heard.

The impact of Covid-19 on working arrangements has been varied and far-reaching. Staff were redeployed, undertook entirely new roles, had to work in completely new ways, often in difficult and uncertain circumstances. We heard many moving and positive stories from colleagues but we also heard just how hard, exhausting and relentless staff were finding things 20 months on. The energy and adrenalin from March 2020 has gone. The feedback from new recruits and apprentices was positive yet highlighted concerns about making connections and integration into established teams. The opportunities for new ways of working to blend remote working with collaboration and human connection were also encouraging and will need to be managed carefully. Covid-19 is still affecting our daily lives and recommendations are included at the end of this report reflecting the research that has been undertaken.

## **1. Background**

A request was made by Councillor Jess David in March 2021 to understand that impact of Covid 19 on women across Bath & North East Somerset. The Children, Adult, Health & Wellbeing Policy Development and Scrutiny Panel has requested that this work be reported back to them. A first piece of research on understanding the impact of Covid 19 based on national data has been completed and was reported back to the scrutiny panel in September 2021. This second piece of research is a much more specific piece of work looking at the impact of Covid 19 on the council's workforce, identifying the differences between the experiences of men and women.

## **2. Methodology**

The original request made a specific reference to understand the impact on women, however we have broadened out the question to consider the impact of Covid 19 on our whole workforce, identifying differences in the experiences of men and women where it is relevant or helpful to do so.

### **2.1 Review of the available data**

We have obtained and reviewed data held by the HR and Payroll database, iTrent and data held by the Health, Safety & Wellbeing team between March 2020 and August 2021 as follows:

- Sickness absence data from March 2020 onwards including Covid, Long-Covid and Mental Health sickness reasons
- Shielding data from March 2020
- Furlough data from March 2020
- Covid Individual Risk Assessment data
- Early returner risk assessment data
- Turnover data

Three workforce 'pulse' surveys were undertaken during the period listed above. However, no equalities data was captured so no analysis or comparison of this data is available. The equalities data used within this report has been pulled from data held within the council's HR Management Information System, iTrent.

## **2.2 Focus groups**

Twelve focus group discussions were held between the end of September and beginning of November 2021. Eight of these were service or theme specific (eg with care home workers or with staff who were redeployed) and four of them were mixed groups of colleagues from across the organisation who booked to attend a discussion in response to a general advert. In total 66 staff attended the focus groups (12 males and 54 females). The questions and discussions were co-ordinated by Matthew Harmer, HR Consultant and Cherry Bennett, Director of People & Policy. The discussion explored the following themes:

- Contracting Covid and/or Long Covid
- Wellbeing, mental health and anxiety impact
- Loneliness and isolation
- Worklife balance
- Caring responsibilities
- Impact on work and job roles
- Financial/job security

We are very grateful to all staff who took part in the focus groups. We opened each discussion with the question "how have the last 20 months been for you?" and we were moved and humbled by the experiences that colleagues shared with us.

## **2.3 Limitations of the data**

Focus Groups were organised in two ways, targeted and general. Targeted groups were for a set group of employees who were identified due to a specific purpose, this included shielding staff, Public Health, Residential Care Workers, Waste Services, Wellbeing Hub, New Starter, Apprentices and Heritage Services. The general group was open to all other staff who wished to share their experience and contribute to the project. Whilst all staff had the opportunity to attend a focus group a total of 66 staff from across the workforce attended and these were predominantly female colleagues (81%). The information within this report is therefore only based upon a small proportion of the workforce. There was also limited representation from some areas as a number of frontline services were restricted in attendance due to workload pressures and the need to continue delivering frontline services. In particular, colleagues working in operational roles and waste and recycling and social workers in both Children Services and Adult Social Care.

The data and statistics within this report are limited to information recorded and reportable within the council's HR system, iTrent and in our Health & Safety system in line with the functionality the system has to record data.

### **3. Council workforce**

In March 2020 when the Covid 19 pandemic was declared, the council employed 2,205 staff (1,607 FTE) – 43% male and 57% female. This number excludes casual workers. Between March 2020 and August 2021 there was one significant change in our staffing composition to note; on 1 October 2020 260 staff (20 male and 240 female) employed in three care homes and four extra care facilities transferred over to B&NES. As at 1 August 2021 the council employed 2,802 staff (1,997 FTE) - 38% male and 62% female.

The job roles across the council cover a very broad spectrum of services and work activities in a wide range of roles. We have around 1,300 staff employed in frontline operational roles as waste and recycling operatives, as Registrars, in bereavement services, in customer services and libraries, in highways, as visitor assistants in our museums and heritage services, and as support workers and care assistants in our care homes. We have around 400 staff employed in frontline social care, education and protection roles working in environmental health, public protection, mental health, children's social workers, educational psychologists, SEND support and safeguarding. We also employ around 1,100 staff in professional and support office-based roles such as planning, finance, HR&OD, IT and pensions.

When the Prime Minister announced the first "stay at home" order on 23 March 2020, most staff in frontline operational roles carried on going in to work everyday. Staff in heritage services and home to school transport were placed on furlough and some staff were redeployed into new or different roles. All other staff switched to working only from home with little to no notice. This has changed and evolved during the course of the pandemic as rules and guidance have changed and as health & safety procedures have been developed and refined.

### **4. Impact of Covid 19 on our workforce**

The data and focus group discussion analysis has been grouped into four main themes; health and wellbeing, caring roles, working arrangements and the culture of the organisation.

The first question we asked each group was "how have the last 20 months been for you?" This elicited a range of responses including: *"a roller coaster", "relentless and exhausting", "we've had purpose" "we are knackered!", "frustrating and a challenge."* *"At times it has been rewarding. I couldn't have asked anymore of any of my team. All put in 150% at least".*

For some colleagues, these focus group were the first time they had "stopped to reflect" and some managers in our care homes commented that they simply "haven't had time to process" what has been happened since the pandemic began.

## 4.1 Health and well-being

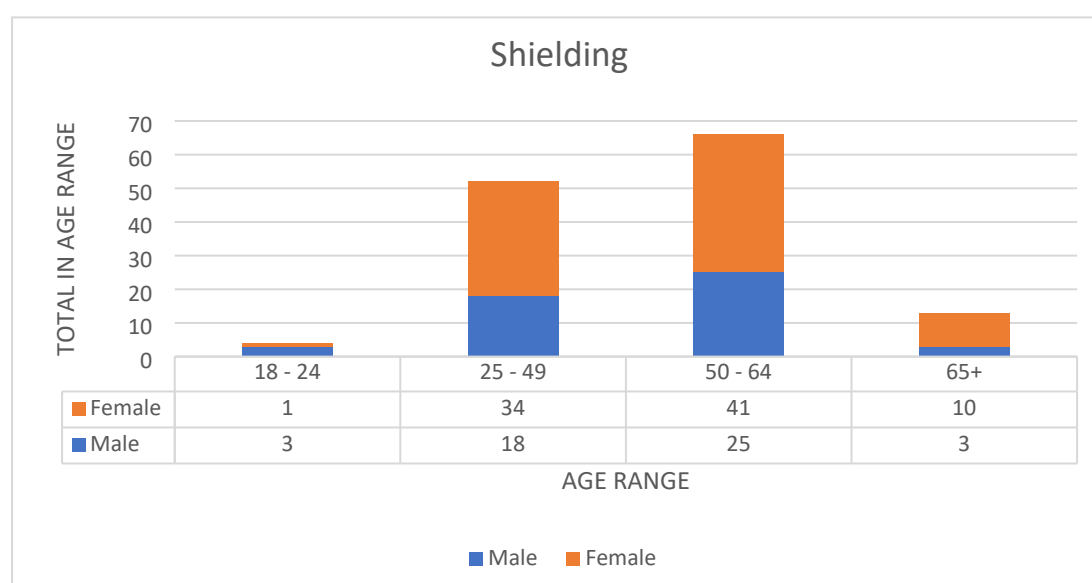
In the focus groups, we asked staff about how Covid-19 impacted on their health and wellbeing. This included both physical and mental health, the health of family and friends and the support available from the council during the pandemic.

### Shielding

While focus groups were open to all staff, a specific focus group was also arranged to hear the direct impact of Covid-19 on those who were required to shield in line with the Government's instruction due to being identified as clinically extremely vulnerable. As an organisation, managers were required to record any member of staff in their team who were required to shield.

Figure 1 below shows the age and sex of the council's workforce who were required to shield at any point during the pandemic in line with the government's instruction.

**Fig 1. Age range and sex of B&NES employees who were required to shield**



Overall, more females (86) than males (49) reported that they were required to shield. Out of the 135 shielding records 30.4% of the workforce required to shield were female within the age range of 50-64. This was closely followed by 25.2% of females aged 25-49. Within these ranges the percentage of males requiring shielding are as follows: 50-64 18.5% and 25-49 13.3%. These numbers are in proportion to the number of females and males in the organisation.

All staff who were recorded as shielding were invited to a specific focus group and out of those invited 4 members of staff attended, all of which were female. It was however noted at other focus groups held at later points that were open to all staff, shielding individuals did attend and shared their experience.

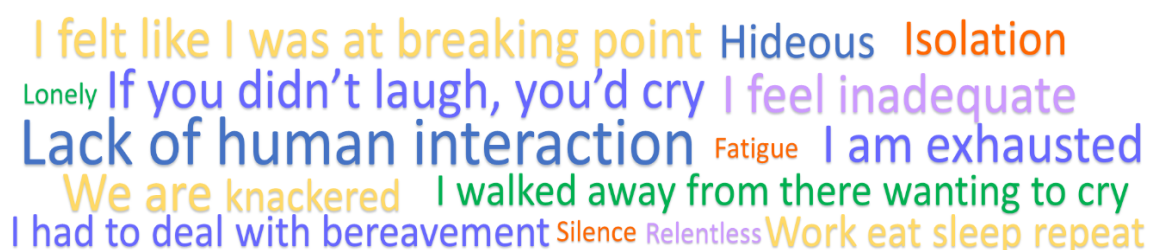
The experience of those shielding did vary and this in part was due to individual homelife set ups, particularly for those who have school aged children, however the main theme was that it had been a very difficult experience. Individuals who were required to shield shared that "there is a level of anxiety with being directed to shield but not knowing how contracting covid could affect you". This then followed the challenges of living with others who still had to continue their lives, such as children needing to go to school or partners to work or shop who

could potentially bring covid into the home. They reported these experiences having affected the mental health of both those shielding and their families. Members of the focus group shared that they have seen “mental health changes in their children, particularly around anxiety and the lack of wanting to interact with others due to the risk of transmission”.

The feeling of ‘judgement’ and the “need to share sensitive information” was also a key theme that was raised amongst staff who had to shield. As a group they shared that they felt they had to inform colleagues that they were shielding, and while at times this wasn’t a problem and they were happy to be open to others, it did also feel like they had to share such personal information, so colleagues understood any changes to their role while they were shielding. The feeling of judgement from members of the public when out in masks also impacted mental health. It was shared that they felt that once lockdown restrictions eased, and masks were only ‘encouraged’ they felt judged for wearing them when this was to keep them and others safe. One shared that it was ‘a horrible feeling to leave the house and feel laughed at’.

## Mental Health

Throughout the report mental health has been mentioned, however within this section we are focusing on the key themes that have been shared with us about people’s mental health when asked within focus groups. It has been clear throughout that Covid has impacted the mental health of us all regardless of sex. The word cloud below shows some of the key words and sentences that staff shared with us to explain their mental health throughout the pandemic.



I felt like I was at breaking point Hideous Isolation  
Lonely If you didn't laugh, you'd cry I feel inadequate  
Lack of human interaction Fatigue I am exhausted  
We are knackered I walked away from there wanting to cry  
I had to deal with bereavement Silence Relentless Work eat sleep repeat

A key theme that came out of the focus groups was the difficulties staff faced at different points during the pandemic. Although staff faced difficulties it was clear throughout that staff remained resilient to continue delivering services to residents and members of the public. We heard from colleagues, both male and female who lived on their own and they talked about how isolated they had felt at times, particularly during the first lockdown. One said “I like my own company but I have had enough of it now” and another put it simply as the “silence at times has been deafening”. One said “each lockdown was completely depressing and I felt I had no control over anything. Being on my own was very tough... I ended up working the whole time and had to find a way to stop working each day.”

Some had accessed our Employee Assistance Programme and other wellbeing support that the council offers although as one colleague told us “I do appreciate courses but it's words and not the same as being with people and having a laugh and joke”. Another told us that “all of my colleagues have been navigating varying degrees of mental health issues”.

We heard from a number of colleagues who were concerned about the long-term impact that Covid was having on the mental health of children and young people. Some commented that they had seen “negative mental health changes in their children” including “increased

anxiety and panic attacks” for example. Continuing support for parents and carers to enable them to support the health and wellbeing and in particular the mental health of those that they care for will be important for the future.

As the first full lockdown restrictions were eased in June/July 2020, desk-based staff that had so far been required to work only from home were invited to complete an Individual Covid Risk Assessment and where needed, a Wellbeing Action Plan (via Bathmind). One of the aspects of the risk assessment was to determine if staff needed to return to an office location to support their mental health.

Office locations that staff were able to return to were the Guildhall, Bath or Civic Centre, Keynsham. For a working week 23 desks were identified for early returners to use each day at the Guildhall and of this number 12 were for females (52.2%) and 11 males (47.85%). 27 desks were made available for colleagues to use at the Civic Centre. 8 of these desks were used by male colleagues (29.6%) and 19 desks were used by female colleagues (70.4%). Children Services also had early returners identified to return early to work to support the efficient delivery of frontline services. As such 54 days were assigned for Children Services staff to return to the Civic Centre. Of the early returners. 13 were for male colleagues (24.1%) and 41 were for female (75.9%). So it appears from this data that more female colleagues needed to return to an office in order to support their wellbeing although this is broadly in line with gender split of our workforce.

We heard from six female colleagues that had suffered a bereavement during the pandemic, including one who had lost a friend and colleague from the recycling team and about two others who had lost their husbands due to Covid. Others talked of the difficulties of coping with the loss of family and friends during the pandemic, restricted visiting and restricted funerals.

## **Health and physical activity**

A common theme throughout our focus groups was the limitations around physical activity and health. Many staff missed the ability to exercise as they would normally due to government restrictions. This also meant less social interaction with friends who they would often play sport with. While many staff did go out for walks and met others in line with restrictions at the time, they all commented how this wasn't the same and as such some have experienced weight gain. Others also commented on the lack of moving around during the workday. Where they would normally go to the printer, walk to a meeting, or get a drink, this movement is infrequent while at home for some. However, it was noted that many found other ways to ensure they remained active, joining online gym classes, couch to 5K and gardening.

Since March 2020 there have been three confirmed cases of long covid amongst our staff. These cases are defined by NHS England as Post-COVID Syndrome (Long COVID), whereby “signs and symptoms that develop during or following an infection consistent with COVID-19 which continue for more than 12 weeks and are not explained by an alternative diagnosis.”<sup>1</sup> All 3 of the cases in this instance have been longer than 12 weeks and colleagues have been referred to a long covid clinic and they are all female.

Excluding the records of long covid as mentioned above there were a further 311 records of Covid-19 from March 2020 up until 31<sup>st</sup> December 2021. 192 records (61.7%) were female

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<sup>1</sup> <https://www.england.nhs.uk/coronavirus/post-covid-syndrome-long-covid/>

and 119 records (38.3%) were male. While our records show 311 instances of covid-19 absence, this does not necessarily mean colleagues were unable to work. Some colleagues were able to continue working at home whilst isolating due to no or few symptoms. We are therefore unable to accurately report on days lost.

'Long covid' as a reporting measure was introduced to record those isolating for longer than the required date as set out by the government. This is because they would still not be well enough to continue working. The Council defines long term absence as absence that lasts for 4 weeks or more. Our data shows that there were 14 records of 'long covid' (excluding the 3 mentioned above) where colleagues were absent for longer than 4 weeks, 10 (71.4%) are female and 4 (28.6%) male.

Overall, even though there are more female than male employees at B&NES, it appears that female staff are more likely to be affected by "long Covid" than male colleagues.

## **4.2 Caring roles**

We heard from staff members who had caring responsibilities to fulfil in addition to and alongside their jobs. The council provides up to 5 days Carers & Dependents Leave to support staff with their caring responsibilities. During the pandemic the council increased this offer up to 10 days and also encouraged managers to support their staff to work flexibly where possible in line with service delivery needs.

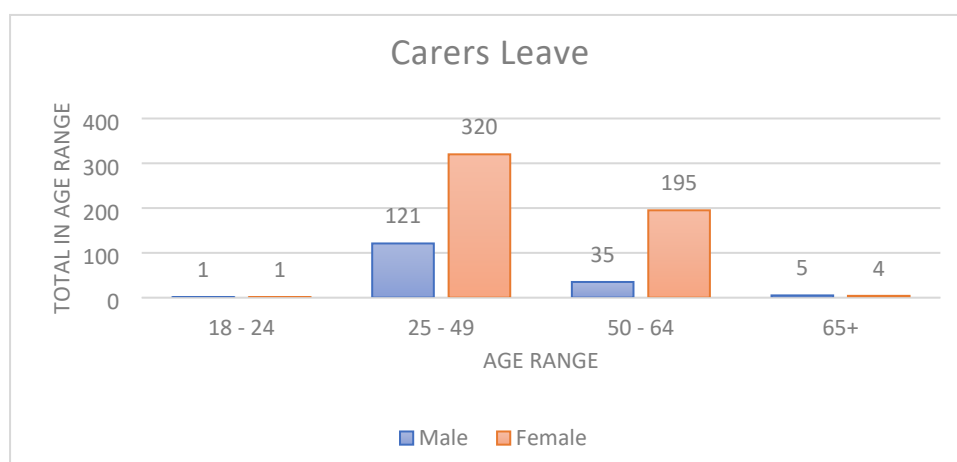
Staff members told us about both the benefits and challenges during the pandemic that they were faced with while caring for others. Staff who had children to care for shared the benefits that they had more flexibility and were able to spend more time with the family, "at the end of the day I could log off and spend time with my family", "having children helped give me structure". However, it was also highlighted that home schooling children and home working was very challenging "having to work odd hours to do both". Many of the staff sharing the challenges found it more difficult with younger aged children who were less self-sufficient. Some staff shared "you feel like you fail, not enough work, not supporting staff or doing stuff at home." And the lockdown brought additional challenges with partners who were key workers and had children to care for with some feeling like they had to decide if "my job is more important than your job". A common theme that was shared to us from parents who have school aged children was the concern and impact of mental health with staff telling us "my child was worried they would bring covid home" and "what if I don't pass my GCSE's". One colleague told us that there "was a tension between being a parent and a public servant" and "I nearly abandoned my teenage daughter" during the early part of the pandemic when they were redeployed.

Other staff in the council had caring responsibilities for elderly parents or ill partners which again brought challenges and benefits. Many found the ability to work from home a benefit, being able to shield with their vulnerable dependants and care for them. However, others were faced with difficulties and increased risks. One employee shared their flat mate had cancer and was told if they contracted covid they wouldn't survive. Messages of this nature give increased challenges on everyday living for staff who have additional responsibilities aside from their jobs to fulfil. Another staff member shared the difficulties they had in caring for an elderly relative who did not have additional support in the usual way with support groups. This put all the responsibility on to them and meant they had no respite throughout the pandemic.



The graph in Figure 2 shows the use of Carers and Dependents Leave since the beginning of the pandemic in March 2020 up until 23<sup>rd</sup> August 2021.

**Figure 2 Graph to show those accessing carers leave during the pandemic**



The data clearly shows the predominant use of leave by female staff. This suggests that females are still largely the main care giver within each home. Out of the 682 records of leave taken 76.2% of this was taken by a female employees and nearly half of this number was by those aged 25-49.

## 4.3 Working arrangements

### Redeployment

We heard from some staff who had been redeployed during the first phase of the pandemic. Some for just a short period of time in the first lockdown, and others who had effectively been redeployed into new roles in the Community Wellbeing Hub, the PPE Hub or into a newly created Track & Trace team.

Overall, the majority of those who had been redeployed talked about their experiences with a large degree of positivity, but with an equally large degree of emotion and exhaustion. They talked about working together as a “support bubble” and one colleague explained that they were “desperate to take time off but I felt if I did I wouldn't want to come back” because the work was emotionally and physically draining and “relentless”. Colleagues working in the community hub reported they that “got to know our communities really really well in a way that we never would have done in other circumstances. We have been to parts of Bath we didn't know existed. There is so much poverty that has been hidden and the pandemic exposed much more of this to us and our partners”. We heard amazing stories from colleagues in these roles about individuals in the community that they have worked with, about setting up a PPE store from scratch and calling in favours via our internal and external networks to make things happen, “using initiative and just getting on with it”. Colleagues reported a lack of management support after the initial set up period, particularly during the winter period and the second and third lockdowns.

The colleagues we spoke to who were redeployed acknowledged that it only felt voluntary in part, but that they were not formally redeployed or seconded.

Staff in Heritage Services that were redeployed into the PPE hub and the vaccine clinics reported “enjoying being at the pavilion and coming back to work seeing colleagues and keeping in touch with each other in person”.

## **Volunteering**

We also spoke to some colleagues who volunteered in different ways during the pandemic, either through the hubs or the supporting the vaccine clinics. Many noted the positive impact on their mental health and the sense of purpose it gave them. One said “I volunteered in January 2021 on top of my day job - that made such a difference, it was great to look forward to. Me and a friend signed up, it felt like normality and helped me to get through the dark nights to March”.

## **Furlough**

On the 20<sup>th</sup> March 2020 the Chancellor introduced the Coronavirus Job Retention Scheme, whereby HRMC would cover 80% of an employee's wage up to £2,500. We were able to use the furlough scheme where posts within the Council were funded by income generation. 188 colleagues were furloughed during the first lockdown and of these 137 (72.8%) were female and 57 (30.2%) were male.

We heard from colleagues in Heritage Services who were furloughed on and off during the pandemic. They shared mixed feelings about furlough: “There wasn't stress with work. It was staying at home and trying to occupy yourself which was difficult”.

## **Working from home**

Many colleagues in desk-based roles discussed the impact of working from home with us. At the start of the pandemic most staff with desk-based roles worked mainly from a council office. They may have worked from home for part of their time, but not all staff did and usually it was for less than half of their working week. Suddenly staff were expected to work only from home. The IT team mobilised quickly to provide PCs where they were needed, although this took some time. 426 office chairs have been delivered to staff over the course of the pandemic.

It was very clear that most staff are not missing commuting time, cost or stress although some talked of missing the space between home and work that a commute provides, including time to think about the day ahead or reflect on the day that has just happened. Colleagues are “grateful for the flexibility” that working from home gives and don't want to lose it, particularly as “people did sometimes frown upon those who worked at home but now this has helped”. They talked of missing the office, the social interaction and connection with their teams and colleagues from outside of their teams. Colleagues in front line teams missed the support from colleagues after dealing with a difficult case or to discuss changes in legislation and how they should be interpreted. Many commented that this was difficult to recreate virtually; “the virtual world feels forced and is not the same as making a cuppa in person”.

Working from home was identified as more difficult by those who did not have appropriate space to work in, those living in shared accommodation and those living alone. This appeared to be similar for both male and female colleagues although we spoke to more female colleagues who lived alone or with dependents. One female colleague told us “I live alone, and have no one to talk to after work. I only have one room to work in and it is hard to separate after work as I work in the dining room. Work plays on my mind much more as I can do it there and then and I now spend a lot of time working. I also have no garden so no

outside space so during lockdowns I was stuck inside, trying to cope". We heard from colleagues who had adapted their living arrangements in order to create working space; in spare bedrooms, in the corner of other rooms, using curtains to hide desk away – a number commented felt as if they were now "living at work".

We spoke to some colleagues who live in rural areas where their broadband and connectivity is poor. "IT has been hard and my connection at home is poor. I live in hamlet with bad connections and wifi. We don't have bandwidth for me, my husband and my son to all work/study at the same time." Colleagues commented on the good support from IT during the early part of lockdown and the rapid shift to zoom and virtual meetings. Some staff are still frustrated by the lack of good IT kit but those who had received the new laptops were positive about the difference it had made.

### **Working on the frontline**

One of the strong themes that came out during our focus group discussions was about how the public reaction to council colleagues in front line operational roles impacted on staff morale and motivation. Colleagues from customer services, waste and recycling, public protection, registration and our parks teams noted that "at the beginning people were very understanding, it's much less so now" (in October 2021). "People are no longer accepting covid as an excuse for poor service even though it is a factor still affecting our teams" and we have seen "frustration and bad feeling increase". Colleagues also commented on the "positive response from the public in relation to parks re health and exercise and health, and council staff feeling the value from the public about public green space and a relief that that value was noticed. But sometimes the public memory seems short-lived."

Colleagues in frontline roles described changes to their roles and responsibilities that happened overnight when the pandemic began. "It is very rare as Environmental Health Officers that we closed businesses down. Suddenly we had new legislation that businesses must shut". This was a "huge amount of pressure emotionally and mentally". Many also spoke of feeling "frightened" by the uncertainty that the virus itself caused. One colleague said "I find it emotional as I feel I have blocked the last 18 months out." I was "fortunate to come to work every day but the reality of this is it is constant. I may come in to work but it doesn't feel like work, with masks and distance etc".

### **New recruits**

We held two focus group discussions, specifically for new recruits and apprentices, to understand if their experiences differed in any way from those that had worked for B&NES throughout the pandemic. Colleagues in other focus groups had expressed concern for younger people joining the organisation and how recruitment, induction and working virtually was affecting them and their ability to "establish the social and support network that work often provides".

We heard from one recent graduate who said that she had not known any different working arrangements to the blended arrangements she found herself working in when she joined. She commented that she "found it isolating to socialise with team who are all 10 years older and all known each other for a long time" and had met each other in person rather than finding it isolating to be working from home.

The new recruits and apprentices that we heard from all commented that they had preferred online job interviews as they didn't get lost finding way around a strange town, building or office and it just generally felt less stressful. For most, their induction programmes had taken place in person but they had met new colleagues one to one rather than a big group. Most had not met all of their team colleagues in one go. It was noted that working virtually

meant “people can't see when you need some help like they would in the office” so more proactive working and management was needed.

## **Turnover**

There are many factors which affect staff turnover so it is difficult to try to understand exactly how Covid-19 has affected staff turnover at B&NES. The average rate for staff turnover during the 20 months before the pandemic (from Sept 2018 to Feb 2020) was 24%. For the 20 months since the pandemic began (from March 2020 to August 2021) the average rate for staff turnover was much lower at 15%. It should be noted that there was a significant redundancy programme taking place during the period before the pandemic. 60% of leavers during the period before the pandemic were female and 56% of leavers during the pandemic were female which is broadly in line with the % of the workforce that is female, so it is not clear that Covid 19 has impacted men and women differently in terms of job security. This position may change as the pandemic continues so will need to be monitored. Job security was not raised by colleagues in the focus group discussions.

## **4.4 Culture**

We heard some feedback from colleagues that they believed that the pandemic and virtual working had created a “culture of 'Instant Work' and things that need to be done yesterday”. When discussing working virtually one colleague said that “at home people think we are constantly contactable”. “When I am in a meeting, people phone me and message me. This is different to being in an office when I went to a meeting I was physically present and wouldn't be contacted”. “I can be bombarded and I struggle with this”. It was also reported that a culture has also been created of “back-to-back meetings”, giving little to no time for breaks in between or to get work completed. Lunch slots have also formed into lunch meetings.

## **Management**

We heard strikingly different experiences from colleagues about the management support they had received during the pandemic. One colleague reported that “supportive management is key, not everyone has this and that has highlighted management differences”. One colleague told us “my manager was amazing. I couldn't ask for more support, they went over and above and got me through a lot. Work & personal issues hard to separate but she was great”.

Colleagues reported that for some their “lowest point was January 2021. We were tired, this was the third wave, the weather was tough and we had had enough” and that they had wanted and expected “more support from senior managers”. There were other comments that senior managers were not visible enough “on the ground”. For one, they felt a “disconnect between people who do the job and those at top of the organisation”.

Another commented that they had “never felt more connected, through business continuity group and staff redeployment support” and that it “shows the breadth of work we do in the organisation and helps builds relationships”.

## **Communication**

Colleagues reflected with us that at times during the early parts of the pandemic that communications with staff were not always clear and were sometimes contradictory, particularly around the financial situation and whether staff savings were needed or not.

Staff understood the need for these messages but explained that it has caused unnecessary “panic and uncertainty at an already difficult time”.

Communicating with staff that do not have email accounts proved to be difficult during the early parts of the pandemic, particularly in operational teams and heritage services with regards to furlough and redeployment arrangements. This has also made it difficult to celebrate success with those staff too.

Overall, most of the staff we spoke to felt optimistic and positive for the future. One colleague said that they “hope we can help inform change and our vision for the future and not have it forced upon us.”

## **5 Conclusion**

Covid 19 has had a huge impact both personally and professionally on our workforce. We have continued to provide services to our community, including new and unexpected services with little or no precedent or guidance, and had to adapt to new situations and ways of working all against the backdrop of anxiety and uncertainty about our health, safety and wellbeing and that of our residents and community.

The health and wellbeing of our workforce has been impacted significantly by Covid-19. Whilst both male and female colleagues reported the impacts on both their physical health and mental health, more female colleagues were required to shield, and have been absent from work with Covid, however this is in line with the gender split of the workforce. More female than male colleagues have been absent with long Covid.

We heard from many staff who have had to balance demanding job roles with demanding caring roles during the pandemic and in particular during the first lockdown; caring for small children, young adults, elderly parents, family and friends. More female staff accessed carers leave during this period and it does appear that female colleagues undertook more caring responsibilities from the experiences we heard.

The impact of Covid-19 on working arrangements has been varied and far-reaching. Staff were redeployed, undertook entirely new roles, had to work in completely new ways, often in difficult and uncertain circumstances. We heard many moving and positive stories from colleagues but we also heard just how hard, exhausting and relentless staff were finding things 20 months on. The energy and adrenalin from March 2020 has gone. The feedback from new recruits and apprentices was positive yet highlighted concerns about making connections and integration into established teams. The opportunities for new ways of working to blend remote working with collaboration and human connection were also encouraging and will need to be managed carefully.

We have made a number of recommendations below for the Corporate Management Team to consider.

## **6 Recommendations**

1. Promote our employee volunteering programme more and create more opportunities for teams and individuals to work together, safely and support our community in different ways and settings.

2. Ensure more visible leadership to staff working on the front line from all members of CMT to hear more stories and encourage staff to share their thoughts and experiences
3. Run another series of focus groups after Easter 2022 to allow staff space to reflect, to share experiences and connect with colleagues
4. More communications highlighting to the public that Covid 19 is still affecting our services in a way that is difficult to predict and control.
5. More research and guidance for staff on effective virtual and hybrid working. How to ensure staff are managing and working effectively in these different settings for the long term.
6. Apprentice support/ Review of staff induction to align to hybrid working to ensure all staff are supported and inducted thoroughly, with additional support for Apprentices who may be taking up their first employment.
7. Continue developing and promoting our Health Champion and Mental Health First Aider support for staff – including ‘Safespace’ creating a forum to allow staff to share and talk through experiences.
8. Review our carers leave policy, benchmark, and consider keeping the additional allowance in place.
9. ‘Encourage staff more strongly to ‘take a break’ throughout the working day and to put adequate breaks and gaps between meetings (both virtual and hybrid).

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<b>Background papers</b>	<i>N/A</i>
<b>Please contact the report author if you need to access this report in an alternative format</b>	