

Redeployed staff

Within Older Adult and urgent care, we have had quite a lot of redeployed staff into our service and initially. We had some real teething problems around that, issues around people not feeling safe and not feeling comfortable in our environment. We picked this up in discussions around training and we do feel there is more we need to do around training for people coming in redeployed. We are very grateful to have staff redeployed into the service, but if we have to redeploy staff again, there are lots of things we have learned, such as staggering staff coming in and putting on a local induction. We need to ensure that people coming into our service get a better experience, but also that we give them the resources that allow them to be useful to the service.

Ifti: Yes, we need to ensure both of those things and I'm just wondering whether, in our 'lessons learned', if we have captured the specific issues that you're describing in relation to redeployed staff. I too, like you, have my fingers crossed by we know that we potentially have second waves coming, so learning these sorts of lessons are vital. It's also worth thinking about general preparation we can put in place for redeployment in an everyday situation.

Estates/working from home

Our estates is a big issue moving forward because, as managers, we are absolutely wanting to provide 100% support to our staff coming back who have been away shielding, but our issue is space. We want to bring them back but we can only have so many people in offices so we just don't have the space. Getting that balance between bringing people back and having people that are actively going out on visits and being in the offices at the same time is really challenging. Also, as a crisis team coming back together as a team at the end of the day to discuss those really complex cases we have is really important, but working from home doesn't really lend itself to crisis teams because we don't know what we are getting through the door on a daily basis and things can change any minute. We know that working from home has been a focus but that is very challenging within a crisis service.

Home working from a DRRT perspective is difficult as we have to ensure we are meeting our 4 hour response time, our geographical area is vast and many staff don't live within the locality which adds further travel time. That coupled with time to appropriately triage the referral and fact find before going out, makes it difficult to meet our 4 hour response time.

Ifti: I think that is a really fair point and I think there is an emerging point around urgent and unplanned care, and planned care and the environment needed to deliver those two different services. Of course estates is key, but one thing we need to be doing is reviewing all of our estates and the current usage as it may well be that there are groups of people, corporate services for example, who could be asked to work from home more and we could then use the space for those urgent and unplanned care services who need more space than is currently available. The bits that lend themselves to great leadership are around looking how we support those colleagues back into

the workplace and how we do that compassionately, and how we flex our working patterns and reduce the number of people that are in at any one time.

An added problem is that the technology just isn't there to support us. We are in a position now where as a crisis team we are having to send people home to work and just trying to ring in for handovers and getting everyone up on teams and us Paris at the same time is a challenge because the technology isn't there. There is a delay; Paris is very slow, which is an added stress in an already challenging time.

Ifti: I think you're quite right in that there are lots of things that support how we work differently, such as the speed and reliability of IT and these things are absolutely key so I think we need to hook your team up with our IT team in order to get some feedback about connectivity issues.

I think this issue is across the board, not just in areas such as the High Peak, I know if you speak to colleagues working on Ward 1, there are ongoing issues with Paris being incredibly slow and it is taking colleagues up to an hour to log an assessment because Paris keeping going down or freezing. In both our inpatient and community settings, we are really struggling with connectivity.

Ifti: Mark is this something that we have logged with the IMT as a known issue that we are working on?

Mark: Not specifically, so we will take that forward and I'll have a chat with Peter (IT) to see whether he's got it on his radar.

It has been logged and Peter Charlton and Peter Sanderson are aware of it and have made a couple of attempts to resolve the issues on Ward 1, without any luck so far but they have got some plans to try again and they are doing their best to find a resolution.

Internet connections at these areas, we have fed them back through IT, we found out about them through the Attend Anywhere Project and they are working on them. What we have been advising is where possible is if people could use their phones as a hotspot to get over some small issues. We are having problems with having to disconnect from remote access to dial into teams. It's the same for Attend Anywhere. As part of the Attend Anywhere project, we have had conversations with IT, they are on the project team and are fully aware of the issues that it has. And they are working with Arden Gem to sort out a resolution so that we don't have to disconnect or connect from Swivel. From an AA perspective we don't have timescales for that.

Natter time

I think there is also an added issue for those working from home of loss of informal support to decompress from the difficult conversations they are having throughout the day.

Ifti: I think this is really important and it's also about personal resilience and those informal conversations in the office and in the kitchen really do help with that.

Absolutely and I think we have lost some of that at the moment both within teams and between teams. The random chats with colleagues in the kitchen, as well as chats with the team about a specific piece of work have been lost. I have been talking with the community teams about how they are continuing to interact with people whilst working at home and I know there is some fantastic work being done in terms of using Teams for catch ups both formally and informally, so there is some great stuff being done.

I find as a manager working from home some days and coming in to the office on others, I ring in on the days I'm at home to check everything is Ok and just to let the team know I am here, but I find that because staff think you're busy, they are less likely to ring me to have a bit of an informal supervision or discussion. I think some of it is colleagues getting used to a different way of working and learning that ringing your manager when they're working at home is okay.

Ifti: I think that's a really fair point. It's almost if your office door is open, people will just pop in and say something to you. My main concern is that if colleagues are 'saving things up' to talk to you about when you're in the office, they may be worrying about them in the meantime, when actually a quick conversation might resolve it for them. We therefore need to think about how we operate an open-door policy in a different way.

If it is deemed safe for shielding staff to return to work, how would it work for them staff?

Ifti: It's all well and good for the government to end the shielding programme but how do we safely return people to work particularly when the environment that people are working in would involve teas going into care homes and for me this is because the answer to this it's got to be done through the health risk assessments and it's got to be through a conversation with the manager about the best way to go about returning people to work.

Mark: With Shielding nothing really has changed for those people coming back who have been shielding so it's about how we support them through the health risk assessment process. We've also got a bit of a briefing for managers where we've tried to define and describe COVID secure areas which is obviously sorts of buildings orientated but also what we are classing as COVID free areas which are then useable or a bit of a prompt for individual discussions with colleagues about what these areas are and therefore where they may be able to be placed to work so that will still mean there are a number of areas where colleagues who perhaps through the health risk assessment process may need a level of adaption and protection that they won't be deployed back into specific areas so there should be something coming out today. I think we're very mindful of the fact that we don't want to undo all of the really good work that we've tried to do to make sure we protect staff as well as we can do so.

The briefing won't cover every single scenario so if there's some feedback or there's some subtleties for specific service areas, so for example care homes, please let us know. If there are any issues that a manager can't resolve, you can escalate those to your Service Manager.

The added complication with premises is that we have to adhere to both DCHS guidance and DHCFT guidance throughout the time and it has been confusing for staff

Mark: What the COVID pandemic has done is really exposed where we're reliant on other organisations for things like premises so I think it's something we're just going to have to work through. It's really crystallised for all of us that if we are not the owner of that building then we become the second or third people on the list to be considered rather than the first people. I think that is more pronounced particularly in the north of Derbyshire and we have got some issues in South Derbyshire and the city. It is something we are working through in how we regain a bit of control particularly for any premises where we are not able to support our colleagues to help the premises they require. We don't have an answer currently but we are actively working on this to help you as best we can.