

Case Study: Making Homeworking Work

Background

At the start of 2020, the 36 people in the Neurosurgery and Spinal Service Administration and Management teams were working happily in a large open-plan office, alongside the clinical and nursing colleagues they supported day-to-day. Occasionally someone would take a laptop and work from home – usually a manager working on a project which required some undisturbed concentration. A pretty normal setup for NBT. Then, in March, COVID turned working life upside-down. ‘Please work from home if you possibly can’ was the clear instruction from government.

Homeworking Logistics

So what to do? The team had ten laptops to share – not enough. Leanne Malpas, the team’s Support Manager, described the situation as ‘very complicated’. Many team members had not used a laptop before and the first login had to be within the hospital building, to ensure the staff member could be set up correctly. So that meant journeys to and from Southmead initially, in order to swap laptops between team members – fitted around home schooling, childcare and social distancing requirements. Priority was given to team members who were at higher risk – and everyone else swapped and shared so that the numbers in the office at any time were as low as possible. Leanne managed to get a few more laptops, so the amount of sharing laptops reduced. However, social distancing and wearing masks meant that working in the office was also not an easy option.



Making it Work

The team stayed positive and with the support of senior managers decided to make homeworking ‘work’, instead of seeing the situation simply as an emergency response.

Operations and Performance

Manager, Emma Newland, made the decision that everyone working at home should have the equipment they needed: team members were encouraged to take home a screen, keyboard or chair and set up a proper work space at home. Leanne even managed to source some fold-up desks for those who needed them. For a few, homeworking was not a viable option – so space for up to ten people to work safely was created in the office.



Working with her HR colleagues, Leanne has piloted a homeworking ‘checklist’ [[LINK](#)] which she used with each team member to review their homeworking arrangements. These conversations helped identify any concerns and document the equipment each person needs to work safely from home. Some work has to be done on site; for instance printing letters to patients. The team has set up a weekly rota for each Medical Secretary to come into the office for 2 hours to do their printing and catch up in person with their consultant colleagues.

Keeping in Touch

The team keeps in touch through weekly virtual ‘huddles’: a formal meeting on a Tuesday, and an informal catchup on a Thursday (*Joke of the day ‘why do ducks have tail feathers?.....to cover their butt quacks!’*) and the opportunity to chat with fellow team members is important to staff wellbeing.

She encourages each specialty to have their own daily catchups – with coffee, just as they would do when in the office. Team members use the Teams instant messaging function to keep in touch, and a Whatsapp group provides an informal way of connecting.

What has been the impact of the new way of working?

As well as enabling staff to work safely, whether at home or in the office, Leanne has seen an improvement in the way some tasks are delivered: for example, fewer mistakes are made in dealing with complex bookings, and she sees a more focused approach from some staff who might have been easily distracted in the office. For some staff, being able to work from home has reduced anxiety, and enabled them to manage homeschooling and caring responsibilities more easily. Clinical colleagues have mainly embraced the new way of working, although like any change, a few are finding it hard. Leanne says she does ‘a lot of chatting’ to reassure colleagues with concerns and help everyone navigate new ways of working. Leanne observes that managing teams working remotely requires a new approach. Identifying issues and acting on them quickly isn’t so easy. Drawing on previous experience managing a GP practice over three sites, Leanne’s solution is – keep talking. She encourages people to pick up the phone/use Teams if they have a question or issue – just as they would have popped across to her desk to speak to her in the office. She is proactive in keeping in touch, making sure she stops for a chat if people are in the office, picking up the phone, encouraging everyone to participate in virtual meetings.

“Fewer mistakes are made in dealing with complex bookings when working from home.”

“I like working from home as it all runs smoothly and it’s just like being in the office, but in another room”
NMSK Team Member

Looking to the Future

So does she see this as a good way of working for the future? Leanne’s view is that a mix of working from home and office-based working would be ideal, with some tasks better suited to remote working. Leanne praises her team’s flexibility and willingness to try out a new way of working, describing their attitude as exceptional. From a primarily office-based culture, within a few months they have adopted a new way of working whilst maintaining (and sometimes improving) productivity, and keeping a clear focus on staff wellbeing and teamworking. Making homeworking ‘work’ in practice.

This case study was based on an interview with Leanne Malpas, Support Manager for Neurosurgery and Orthopaedic Spines (NMSK) carried out on 24 July 2020