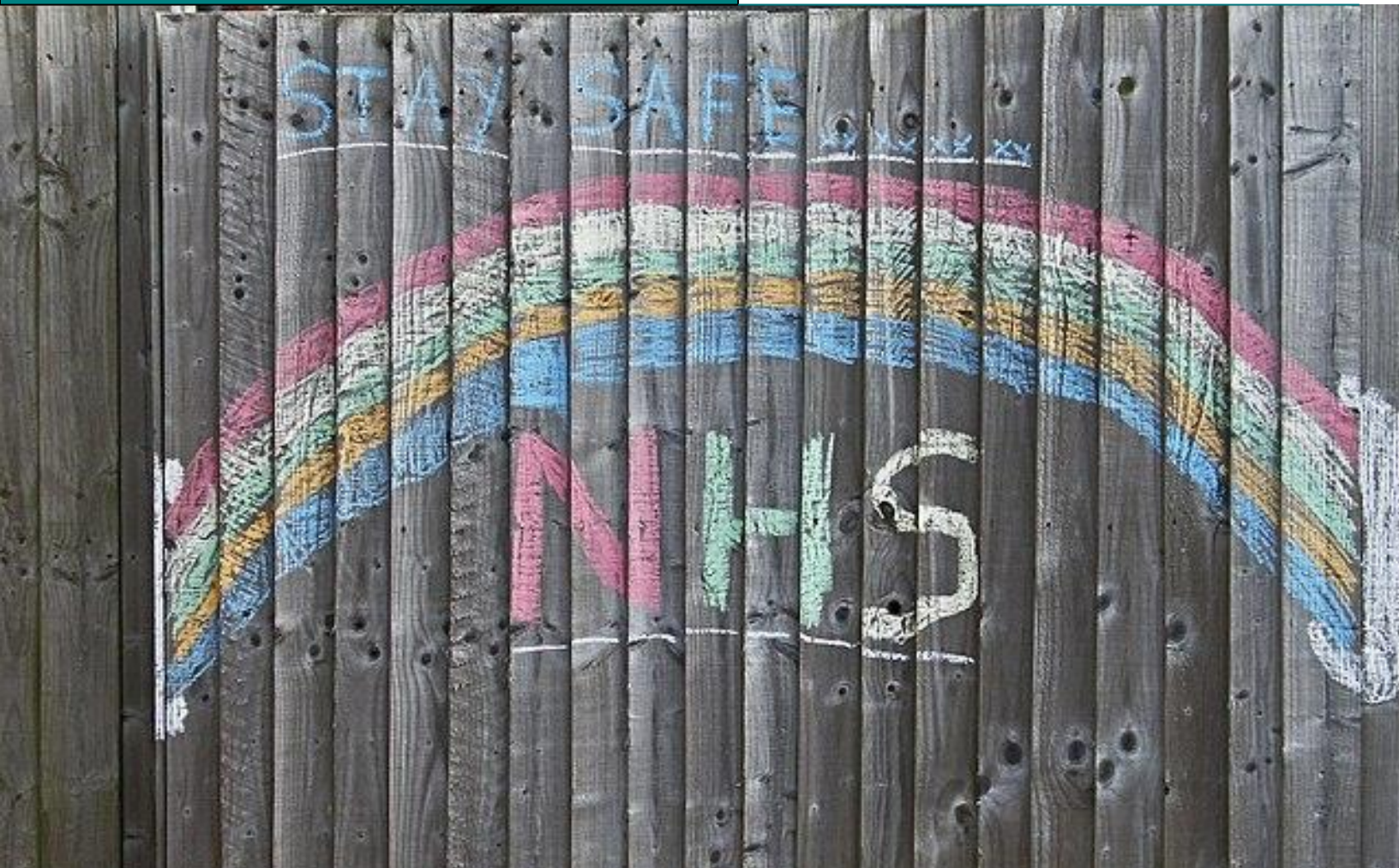


October 2020



The Impact of Covid-19 on Employment Relations in the NHS

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Executive Summary

This report provides a detailed analysis of the impact of the first wave of the Covid-19 pandemic on employment relations in the NHS across the UK. Drawing on 235 survey responses and 20 in-depth interviews with HR leaders, senior practitioners and trade union representatives, it explores the extent of workplace conflict during the initial phase of the pandemic, examines the longer-term implications for employment relations and assesses how NHS organisations can meet the consequent challenges.

Before the pandemic

A largely positive picture of improving employment relations emerged from the research. More than three-quarters of respondents rated employee engagement, staff relationships and management staff relationships as either good or very good. Interview respondents reported an increased focus on attempts to build positive relationships and deepen engagement.

There was evidence of significant investment in initiatives and innovation designed to manage conflict and improve workplace experiences. Eighty-five per cent of organisations had Freedom-to-speak-up Guardians, 79% operated internal mediation services while just over one-third of respondents reported developing a 'Just and Learning Culture'. However, it was less clear whether such initiatives were always integrated into systemic and strategic approaches.

Although respondents reported a commitment to working with staff and unions to resolve difficult issues as early as possible, just over 75% of respondents still felt that disciplinary and grievance issues were often bogged down in lengthy procedures. Moreover, there was a clear view that some HR practitioners in the NHS were more comfortable policing procedural and legal compliance than encouraging proactive and creative resolutions.

There were widespread concerns as to whether managers, often working under intense operational pressure, had the skills and confidence they needed to deal with complex people management challenges. The response of line managers to such situations was seen as an important source of conflict. Only one-third of respondents felt that managers were well equipped to resolve difficult issues and just 4 in 10 agreed that most managers dealt with such issues fairly and effectively.

The impact of Covid-19

More than 8 in 10 survey respondents agreed that Covid had a 'detrimental impact on the health and well-being of staff' in their organisations. In addition to staff delivering Covid care, others had to change working patterns, roles and priorities in a rapid and fundamental way. This was particularly true of HR departments which quickly redirected resources to engage in a wide range of activities including: staff recruitment, redeployment, welfare provision, communication, and monitoring of data.

Fifty-seven per cent of respondents reported increased stress-related absence during the pandemic while nearly two-thirds saw an increase in referrals to occupational health. While those working in patient facing roles were particularly affected, there was also more widespread anxiety over exposure to the virus, exhaustion from heavy workloads during shifts and concerns over childcare. A number of respondents reported concerns among BAME staff that they were being exposed to unnecessary risk.

There was a significant reduction in observable conflict. In part this was due to most disciplinary and grievance cases being suspended during the pandemic but the majority of respondents also felt that teamworking had improved as increased camaraderie and solidarity meant that differences were put aside

to work towards a common goal. When issues did arise, they were more likely to be dealt with quickly and informally.

Respondents also pointed to a number of indirect benefits. First, communication improved as the importance of keeping staff regularly informed and engaged was recognised by senior management. This was helped by the use of new technology, with regular online staff briefings and the use of pulse staff surveys on a range of issues. Second, partnership working was strengthened, with HR and staff side representatives working closely through the pandemic. Third, most respondents felt that the potential value of HR and the importance of people issues more generally had been highlighted by the pandemic.

As the first wave of the pandemic began to recede, there was evidence of an uptick in conflict. This was partly due to disciplinary and grievance cases being reactivated but there was also a suggestion that interpersonal issues that had been put to one side as staff came together to fight Covid-19 were beginning to resurface. One in five respondents pointed to increased bullying and harassment complaints, while some cited lower levels of tolerance and increases in grievances from BAME staff.

Stress-related absence and occupational health referrals continued to rise even as the virus slowed during the summer of 2020 despite the slowing of the virus. This reflected concerns that longer-term impacts of working under intense psychological and other pressures will increasingly surface. Many respondents talked about staff being tired and exhausted, while staff who shielded during the height of the pandemic were often anxious about returning.

Responding to the pandemic

In response to the employment relations impacts of Covid-19, there has been an emphasis on staff wellbeing with greater resources devoted to occupational health and both NHS organisations and private providers investing in increased counselling capacity. The close working relationships between unions and management have also been sustained and were seen as a priority by a majority of respondents. Furthermore, interviews pointed to a renewed focus on equality and diversity, triggered by concerns over the disproportionate impact of Covid-19 on BAME staff and patients.

Respondents suggested that Covid-19 had reinforced the importance of staff wellbeing and engagement. Therefore, efforts were continuing to maintain improved communication and use channels of employee voice to monitor experiences of work. While command and control approaches had been necessary at the height of the pandemic, it was argued that there was a need to return to more inclusive and compassionate approaches to leadership.

The need to develop managerial skills and capability emerged as the dominant priority for research participants. To some extent the pandemic had exposed a deficit of 'softer' people skills, however, an increased demand from managers themselves for support and coaching was also reported. It was argued by some respondents that leadership development programmes often neglected the tools and techniques that managers needed to identify, address and resolve challenging people issues.

At an operational level, respondents pointed to significant challenges in returning to more normal staffing arrangements. This involved managing the return of employees who had shielded but often still felt anxious about returning to the workplace. In addition, although working from home had significant benefits, for some roles this was not feasible in the longer term, creating a potential for conflict. Moreover, returning redeployed staff to their original teams and roles could trigger longstanding interpersonal problems. In the longer term, the potential removal of additional Covid-19 funding meant that difficult decisions were inevitable.

While the first wave of the pandemic highlighted the critical role of HR in protecting and promoting positive relationships at work, respondents agreed that there was a limited window of opportunity to secure the place of HR at the centre of organisational strategy. More broadly, they stressed the importance of embedding key developments including improved communication, greater organisational agility, creative use of new technology, enhanced employee voice and deeper stakeholder partnerships.

Although the research identified widespread innovation in the development of initiatives designed to manage conflict, it also indicated a need for a more integrated and strategic approach. This involves using an array of resources (for example Freedom-to-speak-up Guardians, trained mediators, coaches, occupational health specialists, HR and trade union representatives) in a targeted way, to identify and resolve individual issues, address problems within teams and, perhaps most importantly, build managerial capacity and capability. In addition, there is a strong argument for greater co-ordination, collaboration and learning across the NHS, particularly in England.

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1. Introduction

The management of employment relations has become an increasing area of concern for NHS organisations in recent years. More specifically there is growing acceptance that a range of issues, including bullying and harassment, and the unnecessary use of disciplinary suspensions, has a negative impact on staff wellbeing and that this can, in turn, undermine patient care. For example, Lewis and Kline have estimated that bullying and harassment in the NHS costs the taxpayer over £2bn every year¹. Consequently, the NHS has become a centre for innovation through workplace mediation, conflict management systems², Freedom-to-speak-up Guardians and 'Just and Learning Cultures'³.

In some respects, innovation has been triggered by a challenging operational context with working relationships strained by the intense pressures created by limited funding, scarce resources and growing demand. In this environment, the Covid-19 pandemic has created a new set of extreme and unique pressures. The impact on staff working in the NHS has already been well documented. For example, a survey of women workers in health and social care conducted by the Health and Care Women Leaders Network found that almost three-quarters of respondents *'reported that their job had a greater negative impact than usual on their emotional wellbeing as a result of the pandemic'*⁴. Overall, the research pointed to the negative impact on physical and mental health and the need for support if burnout was to be minimised in the longer-term. A BMA survey of its members working in Scotland found that 1 in 4 were suffering from depression, anxiety, stress, burnout, emotional distress, or other mental health conditions, as a direct result of the pandemic⁵.

However, the extent to which Covid-19 has affected the quality of relationships between staff has been less well documented. Commentary from the Kings Fund has pointed to problems associated with command and control approaches to management. Trimble has argued that while these may have been necessary during the pandemic, they have also tended to minimise consultation and collaboration. Consequently, staff feel isolated and cut adrift. Moreover, she reports anecdotal evidence that *'equality leads and middle managers have found themselves unable to speak about difficult issues, describing how they are often heard as challenging rather than helpful in raising questions'*⁶. Importantly, this has the potential to undermine some of the positivity around joint purpose developed as the NHS had responded to the pandemic. Furthermore, Charles and Ewbank have argued that the pandemic has underlined the need for *'leaders at all levels in health and care must prioritise developing cultures of compassion, inclusion and collaboration to improve care for patients and create high-quality workplaces for staff.'*⁷

These arguments are reflected in the 2020/2021 People Plan for the NHS in England⁸ which outlines some of the positive responses to Covid-19. These include more emphasis on health and wellbeing and greater agility in decision-making, stronger local partnerships and more 'system working'. It also claims that NHS leaders have 'stepped up' to address the inequalities revealed and accentuated by the pandemic by *'role modelling compassionate, inclusive leadership through open and honest conversations*

¹ <https://www.tandfonline.com/doi/abs/10.1080/09540962.2018.1535044>

² <https://www.nhsemployers.org/case-studies-and-resources/2017/11/building-conflict-competence>

³ <https://resolution.nhs.uk/wp-content/uploads/2019/07/NHS-Resolution-Being-Fair-Report-2.pdf>

⁴ <https://www.nhsconfed.org/resources/2020/08/covid19-and-the-female-health-and-care-workforce>

⁵ <https://www.bma.org.uk/bma-media-centre/long-term-impact-of-covid-on-nhs-must-not-be-underestimated>

⁶ <https://www.kingsfund.org.uk/blog/2020/05/impact-covid-19-working-relationships>

⁷ <https://www.kingsfund.org.uk/publications/covid-19-road-renewal-health-and-care#workforce>

⁸ <https://www.england.nhs.uk/ournhspeople/>

with teams, creating calls to action for boards, and strengthening the role of BAME staff networks in decision-making’.

The plan itself proposes a very wide range of actions including:

- Greater emphasis on safety and well-being including a greater focus on addressing bullying and harassment and the appointment of wellbeing guardians
- Fostering a listening, speaking up culture through Freedom to Speak Up Guardians and training to develop Just and Learning Cultures
- Modelling compassionate and inclusive leadership behaviours
- Investment in leadership development, digital line management training and greater diversity in talent management

Importantly, it is argued that the NHS needs to harness the energy, creativity and drive demonstrated in responding to the pandemic to make *‘real and lasting change for our people’*.

However, there has been little empirical research into the implications of Covid-19 for employment relations in the NHS. This research report (sponsored by the HPMA, CMP Resolutions and Selenity) begins to fill this gap by drawing on the views of HR practitioners and leaders in the NHS to: explore the extent of workplace conflict during the first wave of the pandemic; assess the longer-term implications for employment relations; and consider how NHS organisations can meet the consequent challenges.

2. Sample and methods

The research was carried out between July and September 2020 as the first wave of the Covid-19 pandemic began to slow. The project had three main elements. The first was a review of any existing research, grey literature, press and other reports relating to any employment and staffing impacts of Covid-19 in the NHS. This informed the development of an online survey which was distributed to HR practitioners and managers in the NHS through the HPMA and other partner organisations.

The survey explored four main areas: existing capacity for the management of workplace conflict; nature and extent of conflict prior to Covid-19; impact of Covid-19 on working relationships; and strategies to deal with the employment relations consequences of Covid-19. There were 235 responses to the survey. More than 90% of respondents worked in organisations with 1,000 employees or more. Almost one-third (31%) worked in Acute Trusts and a further 20% in combined community and Acute Trusts. Around 15% of respondents held Director or Deputy Director roles, just over 30% were HR Business Partners with a further 15% in other HR managerial roles.

The themes that emerged from the survey were then explored in a series of 20 semi-structured interviews with senior HR practitioners, managers and trade union representatives. These included respondents from England, Northern Ireland, Scotland and Wales. Interviews lasted between 30 and 60 minutes and were conducted by video-call and telephone. All interviews were transcribed and then analysed thematically. Although the research makes no claims to being either generalizable or representative, the issues raised through the questionnaire and then explored in the semi-structured interviews were remarkably consistent. Consequently, the data set out in the report below can be argued to provide important insights into the impact of the initial phase of Covid-19 on employment relationships in the NHS and the longer-term implications for the management of HR and employment relations.

3. Employment relations before Covid-19

3.1 Relations and relationships – an improving picture?

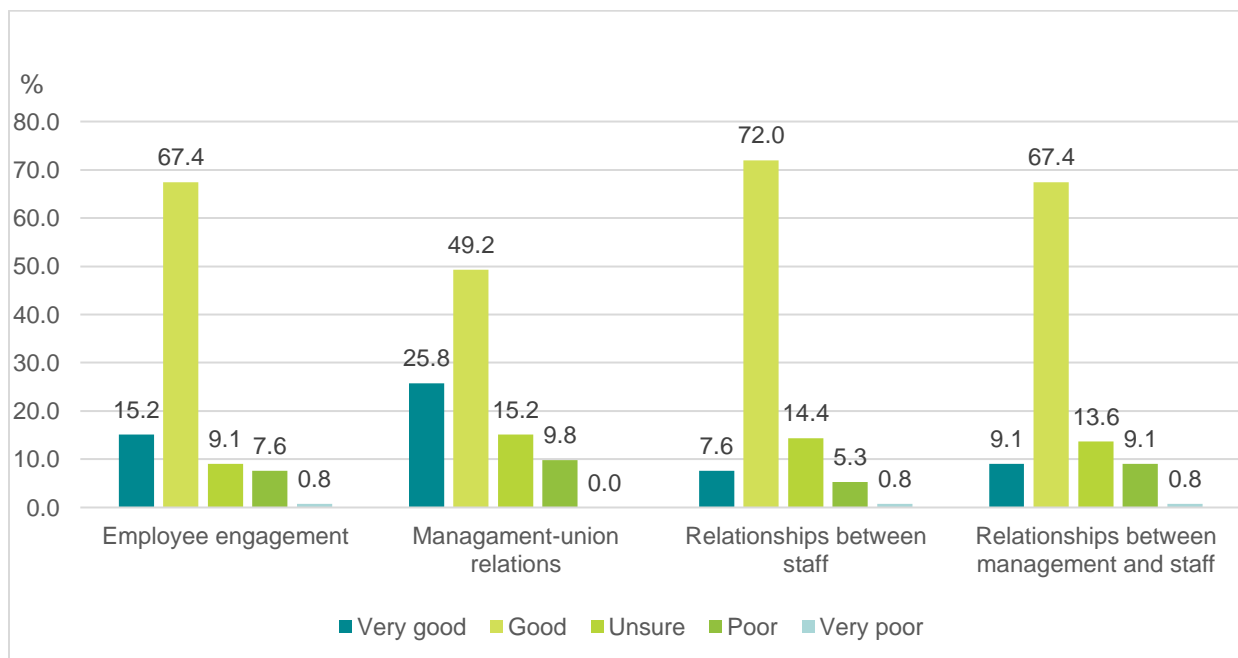
In broad terms, the research paints a largely positive view of employment relations in the NHS prior to the pandemic. As Figure 3.1 shows, there was a remarkable degree of consistency against the four different measures in our survey. More than three-quarters of respondents rated employee engagement, staff relationships and management staff relationships as either good or very good. This was also supported by interview respondents who argued that there had been increased focus on building positive relationships and boosting employee engagement in recent years.

As the following quotes from senior HR practitioners demonstrate, this had created a sense of optimism in many organisations ahead of the pandemic:

The organisation felt very hopeful, and it felt busy and efficient, and we as an organisation knew the journey, and the direction of the travel (Interviewee 3)

‘...there was real positive buzz about that we were on our, as we say, journey to outstanding. I think people understand the values, people feel connected (Interviewee 4)

Figure 3.1 – Employment relations before Covid-19



However, it was also pointed out that relationships could vary significantly from area to area within a single organisation. For both survey respondents and interviewees this was often a result of managerial skills, capability and consequent behaviours, which we discuss in more detail in section 3.3 below.

Perhaps more worryingly, this could also be linked to the broader culture within respondent organisations with leaders sometimes setting a negative example, which managers at lower levels then replicated:

I do think here we have a bullying culture...at a senior level in the organisation we have a group of people who behave in a very direct way because they're very results driven. That filters down, I think that then affects the way middle managers manage their staff. (Interviewee 10)

3.2 Management and unions – a partnership approach

Respondents were also largely positive about relations between management and unions. Interestingly more than one in four respondents cited these as 'very good'. This again was backed up by interview data with HR practitioners identifying partnership working as key to developing positive relationships. This was in respect of both collective issues, such as negotiating change, and also in underpinning informal and creative approaches to conflict resolution:

[Staff-side representatives] ring me and say 'We're starting to get some phone calls from A&E what's going on? Can we have a conversation about how we stop this getting to a grievance stage?' We try and head things off and that works really well. (Interviewee 10)

Nonetheless, this was also seen to vary depending on the trade union involved and the approach of local and regional union representatives. From a union perspective, although relationships at a senior level were seen to be positive, respondents felt that this was not always reflected 'on the ground' and that dealings with local management could be more adversarial which in turn reflected heavy-handed approaches to discipline and capability. A senior union representative who reported working closely and in a productive way with senior managers argued that their relationships with middle and line managers tended to be adversarial:

In the nicest way possible it was adversarial, based on the fact that we felt that employee relations were too heavily relied on. We felt that disciplinaries were too heavily relied on as a way of compensating for staff not having to be managed properly. (Interviewee 14)

3.3 Conflict – a case of capability?

In order to get an idea of the pre-Covid-19 employment relations environment, we asked survey respondents to rank the main causes of conflict. Figure 3.2 (below) illustrates the findings and (not surprisingly) shows that the most cited trigger for conflict was personal disagreement and relationship breakdown.

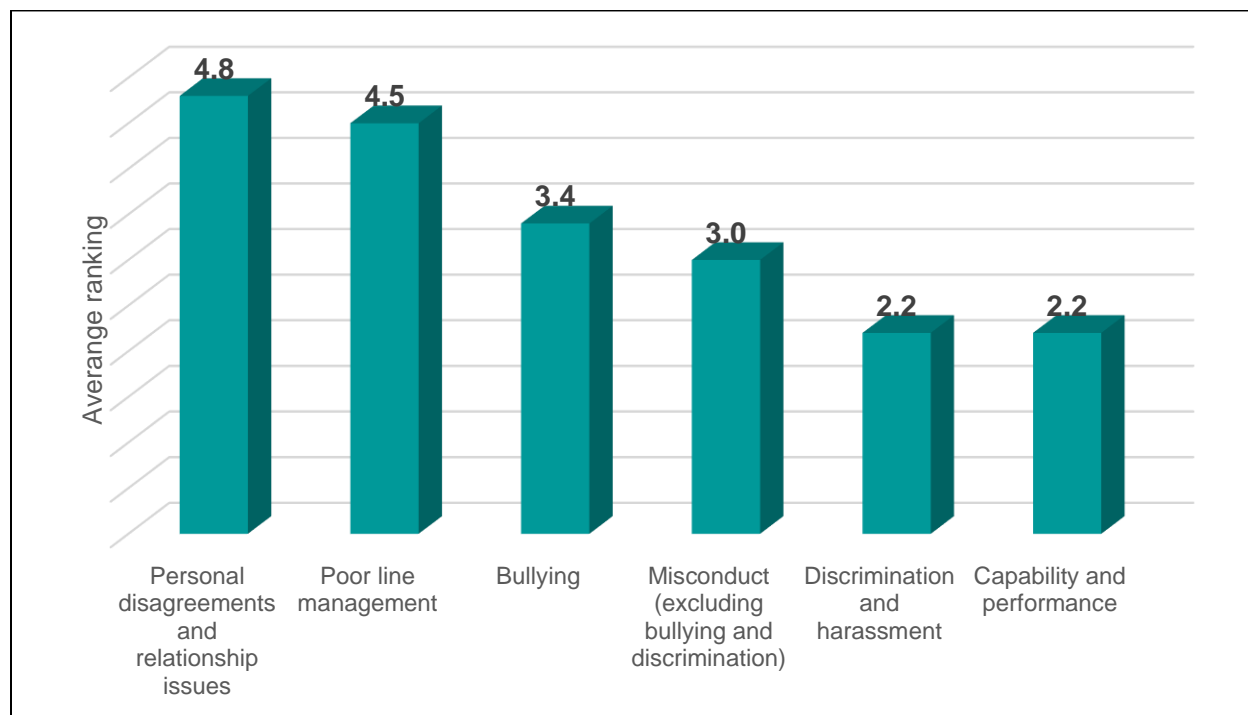
However, the second most important cause (by some distance) was 'poor line management'. While respondents acknowledged that intense operational pressures within the NHS made the management of people particularly challenging, the issue of managerial skills and capability was a recurring theme throughout the research. Indeed, only just over one third of survey respondents (38%) were able to agree with the statement 'line managers are well equipped to identify and resolve difficult issues'.

Respondents pointed to a number of problems. First, staff were often promoted into managerial roles based on clinical or technical expertise and therefore lacked the confidence to deal with difficult personnel issues:

It never ceases to amaze me sometimes how ineffective some managers can be, and actually I don't believe it's their fault, I think they're given responsibility because they are good at their clinical

jobs...I think our recruitment and retention processes are pretty poor. We don't reward the right things (Interviewee 1)

Figure 3.2 – Causes of conflict



Second, as the following quote suggests, there was also a view that good people management skills were less likely to be recognised and rewarded than short-term operational objectives which were more visible:

A manager here said to me, 'at the end of the day we're running a business'...I didn't like it, I just said 'at the end of the day our business is people'. You ignore that at your own cost (Interviewee 10)

Third, a number of respondents argued that while NHS leadership development had been of a very high quality it sometimes neglected the fundamental building blocks of effective people management:

Going on a Leadership Academy course will give you the theory sometimes but we all know that theory is very different when you come to put it in practice (Interviewee 2)

Fourth, it was argued that managers at lower levels often did not 'stick around long enough' to build high-trust relationships with their teams and the experience of dealing with complex and challenging people management issues which could help develop confidence:

I think the more experienced [managers] are a bit more creative...it's down to experience as well as confidence in doing it...others need absolute hand holding and are scared to even speak to their staff. I think that's down to individual competence and confidence (Interviewee 12)

Of course, this masked a large degree of variability. Those respondents working in organisations with well developed and systematic training programmes for line managers tended to be more positive about their ability to identify, address and resolve difficult issues. Moreover, there was evidence that, prior to the onset of the pandemic, organisations had already or were seeking to develop training for managers which addressed the need to have the skills needed to have difficult conversations:

We have recognised that whilst we have a really good culture in the organisation, our managers require further investment and support surrounding management skills. This is predominantly for our middle and entry level managers (Survey respondent)

Respondents felt that where managers had been trained this had been effective and had a positive impact. However, this was not always straightforward. Training was not always compulsory and there was a widely held view that often courses addressing conflict resolution attracted those managers who were interested and were more likely to have good skills already. Consequently, voluntary provision did not reach areas of the organisation that needed it most. In addition, operational pressures meant that traditional classroom training could be difficult to sustain.

In response to these challenges, there appeared to be an increasing focus on HR Business Partners playing an active coaching role in building managerial confidence and creativity. This involved much closer working between HR practitioners and managers and a more proactive approach to addressing skill deficits which could be the root of negative relationships within teams and the source of damaging conflict.

Nonetheless, there was also a recognition that building capacity in this way was a strategic issue both at the level of the organisation and across the NHS. There were concerns from a number of respondents that senior leadership support for 'basic' skills development was not always forthcoming with more senior managers often dismissive about their own training needs. More broadly, there were also calls for more integrated and joined up approaches, particularly in the NHS in England:

The real criticism of the NHS for me is that every individual Trust runs its own management training, you've then got stuff that they buy from formal providers elsewhere, and you've got the stuff that the NHS leadership academy runs. None of it's joined up or consistent (Interviewee 1)

3.4 The quest for informal resolution

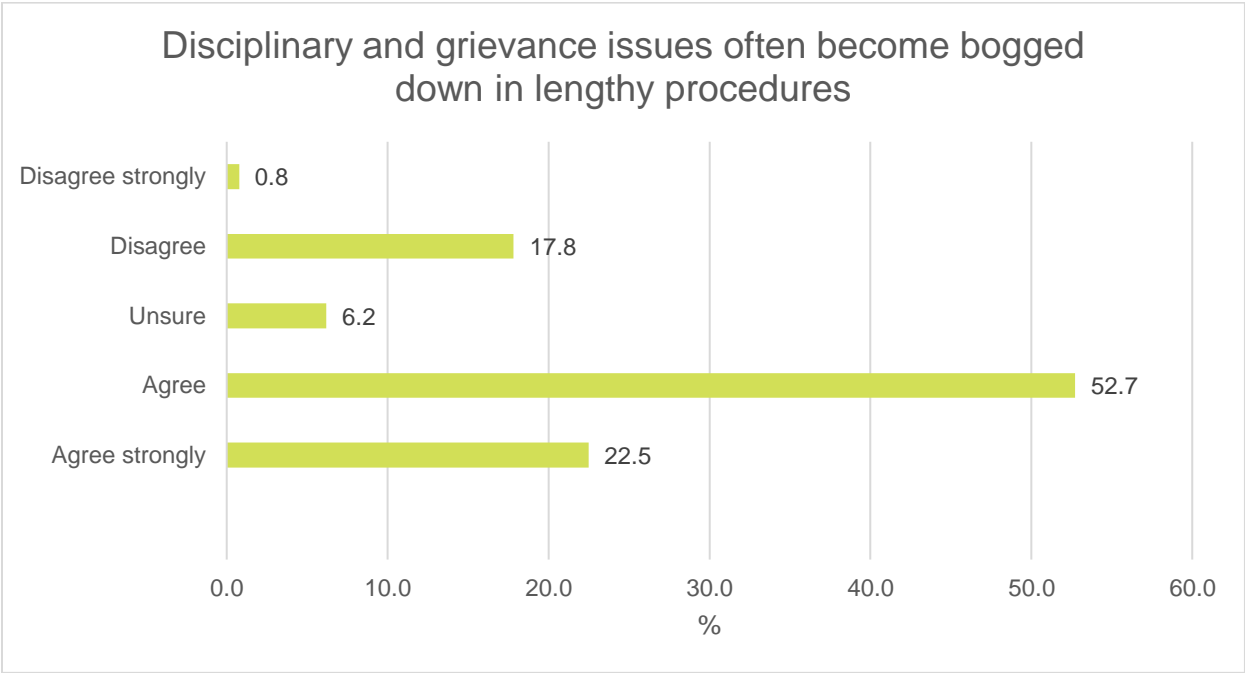
Problems related to managerial capability were also identified as a significant barrier to the promotion of early and informal resolution of conflict. As discussed at the start of this report, a long-standing challenge for NHS organisations has been to find ways of addressing and resolving difficult workplace issues without the impacts often associated with conventional procedural approaches. Although there was a clear commitment to more early and informal resolution with almost 8 out of 10 respondents agreeing that they 'always work closely with staff and unions to resolve conflict informally', the results of this were less apparent. As figure 3.3 shows, despite all the innovation outlined above, three-quarters of respondents still felt that disciplinary and grievance issues often became bogged down in lengthy procedures.

Interviewees suggested a number of reasons for this: first as already discussed, managers who lacked confidence tended to revert to process and procedure:

Limited development in leadership creates managers who work to policy with little consideration of informal routes. Alternatively, junior managers lack confidence to apply policy and some issues are ignored or excused. (Survey respondent)

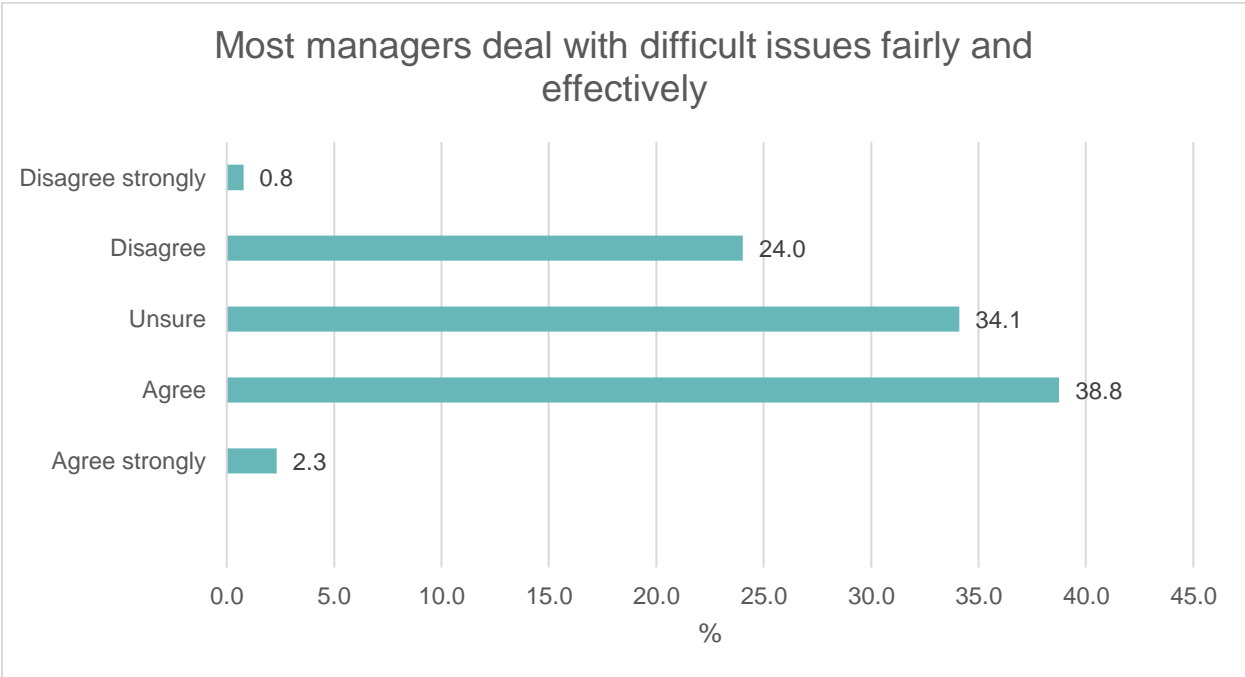
Managers don't take ownership in managing conflict at the early stage and believe it is someone else's responsibility. That unfortunately is the culture. There needs to be a robust process of early resolution before formal procedure and managers need to manage. (Survey respondent)

Figure 3.3 – Discipline and grievance



Second, the management of risk in a highly regulated environment encouraged more formal approaches. This also had implications for the extent to which dispute resolution processes were considered to be fair and just, which in turn were critical in underpinning trust and engagement. This was also reflected in the fact that just 4 in 10 respondents agreed that ‘most managers deal with difficult issues fairly and effectively’ (see figure 3.4 below).

Figure 3.4 – Line managers – fairness and effectiveness



Third, there was a view that HR practitioners were sometimes more comfortable in ensuring procedural compliance and complexity rather than more resolution-focused approaches:

There is a fairly big chunk of people that don't grapple, get a grasp on things early enough and I'm not sure that our HR teams historically have really been sufficiently confident to coach people in that direction. (Interviewee 9)

Although, this was changing, the continuing dependence of line managers on HR advice made it difficult for practitioners to adopt a more proactive stance:

There are some [HR practitioners] who would be very keen to think outside the box, think of new solutions. There are others that are less comfortable with that. Part of that is because there has historically been an ethos of HR says... well I'm ok to do that because HR told me to do this It's partly to do with that blame culture. (Interviewee 18)

3.5 Innovation and change in employment relations

As we argued at the beginning of this report, workplace conflict and a traditional reliance on conventional procedural approaches have far-reaching and potentially negative consequences for staff wellbeing and ultimately for patient care. Perhaps because of this, the NHS across the UK has become a centre for innovation. This includes the use of workplace mediation, Freedom-to-speak-up Guardians and perhaps most recently 'Just and Learning Culture', which specifically addresses the negative impacts of unnecessary disciplinary action, investigation and suspensions using a restorative approach.

This was clearly reflected in both survey findings (see figure 3.5) and interview data. In addition to conventional procedures, our survey revealed that 85% of organisations had Freedom-to-speak-up Guardians and 79% had internal mediation services - a much higher level than found more widely among UK employers. Just over a half of respondents reported having an informal resolution policy (although this may reflect a general promotion of informal resolution rather than a specific mechanism as such).

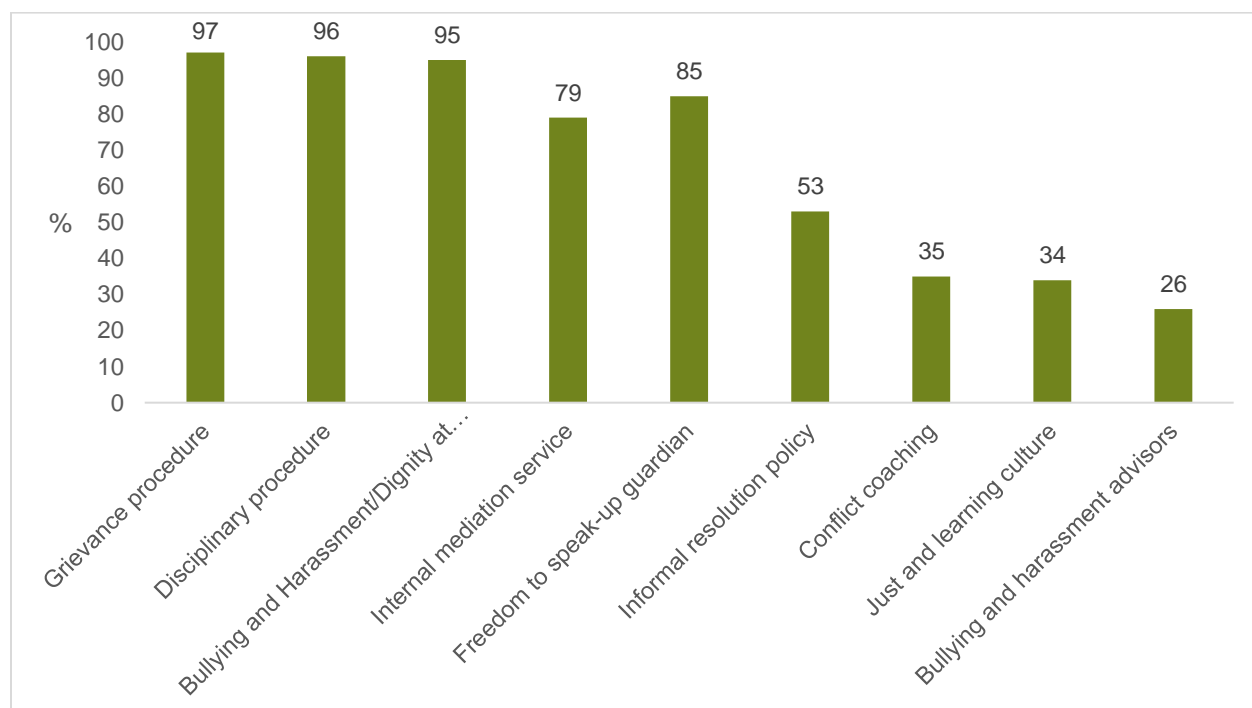
Around one-third of respondents claimed that their organisation had a 'Just and Learning Culture' approach with a number of others indicating that they were in the process of developing this reflecting the 2020/21 People Plan for the NHS in England. A key feature of this was developing a process to consider, review and internally challenge decisions to suspend and investigate staff who would otherwise be subject to lengthy and often difficult disciplinary procedures. It was also underpinned by the importance of listening to the experiences and stories of staff:

We started listening to the staff stories, and we were pretty horrified, so we then said we've got to turn the culture round. I've seen a completely different way of doing business and I believe in it. I really do believe in it. (Interviewee 3)

More broadly, there was evidence of organisations beginning to embed these principles in the training and development of managers and leaders:

We have been coaching and influencing managers, to think about things, not make knee jerk decisions and we've virtually eradicated suspensions in one Trust (Interviewee 5)

Figure 3.5 – Dispute resolution mechanisms



In addition, there was a significant emphasis on the role of Freedom-to-speak-up Guardians. A number of respondents reported increased investment in developing this crucial role:

We're just in the process of rolling out further Freedom-to-speak-up advocates across the organisation so people have more channels to speak to us. (Interviewee 7)

About 18 months ago we took the Freedom-to-speak-up post and made it a substantive post - it's paid. So, we now have someone who works 4 days a week on this agenda. (Interviewee 13)

The introduction of Freedom-to-speak-up Guardians was widely felt to have had a positive impact, particularly where they worked closely with HR and union representatives:

Our recently revised grievance policy incorporates informal resolution and our Freedom-to-speak-up Guardian is accessible and well known. There is a good relationship between HR & the Freedom-to-speak-up Guardian, partly because he knows I am a trained mediator. (Survey respondent)

However, it was perhaps less clear whether the initiatives discussed above were always located within an integrated and strategic framework. While some interviewees stressed the need for local solutions to problems which reflect specific organisational contexts, others pointed to a danger of ad hoc and competing approaches which could limit the dissemination of effective practice. There appeared to be greater co-ordination in the devolved nations, although this was undoubtedly helped by the smaller scale of operations compared to the NHS in England. Nonetheless, the development of the 'Once for Scotland' initiative which has pulled together varying policies and processes to produce a consistent and strategic approach to employment relations, potentially offers a model for greater collaboration and learning.

4. The Impact of Covid-19 on Employment Relationships

4.1 Covid-19 and staff wellbeing

As has already been documented elsewhere, the onset of the Covid-19 pandemic has had far-reaching implications for NHS staff and their organisations. Some 81% of respondents to our survey agreed that Covid had a 'detrimental impact on the health and wellbeing of staff' in their organisations. For many, this was the direct effect of working in patient-facing roles. This was described in stark terms by a senior manager in relation to staff working in the community in an area of the UK with a particularly high level of infection:

On the ground if you listened to the staff, they were just terrified. Terrified. (Interviewee 3)

While those most affected were staff delivering frontline Covid care, others, including those in support functions, had to change working patterns and priorities rapidly and profoundly. In addition, all organisations had to cope with large numbers of staff self-isolating, shielding and/or who were ill with the virus. Not surprisingly, the height of the pandemic saw increases in stress-related absence and occupational health referrals. Fifty-seven per cent of respondents reported increased stress-related absence during the pandemic while nearly two-thirds saw referrals to occupational health rise.

While this particularly affected those working under extreme pressure on the 'frontline', there was evidence that there was considerable anxiety over: potential exposure to the virus; the need to balance work and caring responsibilities; and changes to policy and procedures:

The increase has largely been due to the pressures arising from the Covid-19 pandemic due to lack of PPE or irregular supplies initially, anxiety and worry over the spread of the virus at work and at home and exhaustion from heavy workload during shifts. (Survey respondent)

Large numbers of staff feeling uncertain about risks, policy & procedure changes and challenged outside of work e.g. childcare has led to significant increase in stress related absences. (Survey respondent)

Anxiety about Covid increased with colleagues fearful of attending work. This resulted in stress related absence and an increase in referrals. (Survey respondent)

While the shift to remote working for many staff had some benefits (which we discuss in more detail below) there is little doubt that there were also negative effects. Staff could feel disconnected from the workplace and for those living alone, the social structure of work was crucial:

There is loneliness, and stress and anxiety building because of remote working as a full-time job is challenging in a clinical and educational context. (Interviewee 9)

We've also had some people as well who really struggled with their mental health, you know, people that live alone. That really coming into the office is their social environment, those people have really struggled. (Interviewee 15)

Interviewees also explained that HR departments refocused their attention to deal with the largescale redeployment of staff, recruitment, communication, welfare and monitoring of data. This placed significant

stress on HR practitioners who were faced with completely reorientating their work and operating under extreme pressure:

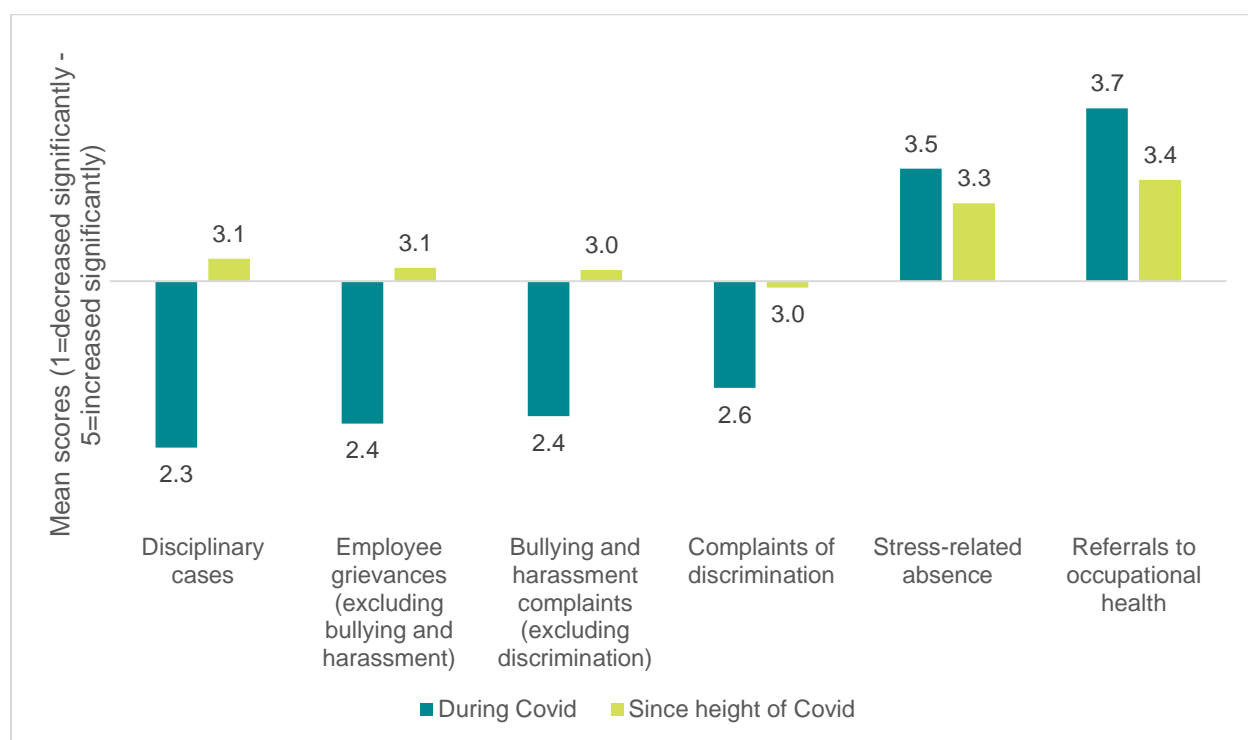
There was a huge impact on HR across the system. Trying to get people back into work. Tonnes and tonnes of reporting, the government set up that return to work thing where they were getting people to sign into it then they were supposed to be cascading it down, but it was a nightmare to begin with. (Interviewee 17)

There is nothing new about the responsibilities of an employer in having to do a risk assessment, it's just that we're having to do it on a scale that we've never known before (Interviewee 2)

4.2 Conflict and camaraderie

Figure 4.1 provides a graphical representation of changes in the incidence of workplace issues during and after the height of the first wave of the crisis.

Figure 4.1– Workplace issues during and since the height of the first wave of Covid 19



As we discussed in the previous section, there was a surge in sickness absence and referrals to occupational health as the pandemic developed. However, there was a general reduction in conflict. For example, two-thirds of respondents reported that the number of disciplinary cases reduced, while 59% reported fewer employee grievances. This was partly due to decisions taken at a national level to suspend formal employment relations cases:

The ER team had a lot of their cases paused until September whilst the pandemic was at its height in line with the Social Partnership Forum letter and agreement with the unions. Most issues were because staff were tired or stressed and were mainly resolved informally. (Survey respondent)

Interviewees described assessing caseloads and making decisions on which cases could be suspended and which (often for reasons of staff wellbeing) needed to be progressed. This was often done in close consultation with trade union representatives – a good example of how partnership enabled more effective responses to Covid-19. However, almost all interviewees agreed that there had been increased camaraderie and solidarity and greater teamwork – a sense of working together that meant that differences were forgotten or put to one side.

Most staff have rallied and attempted to do their best for patients and clients and felt good about making a significant difference... priority being patients and clients. (Survey respondent)

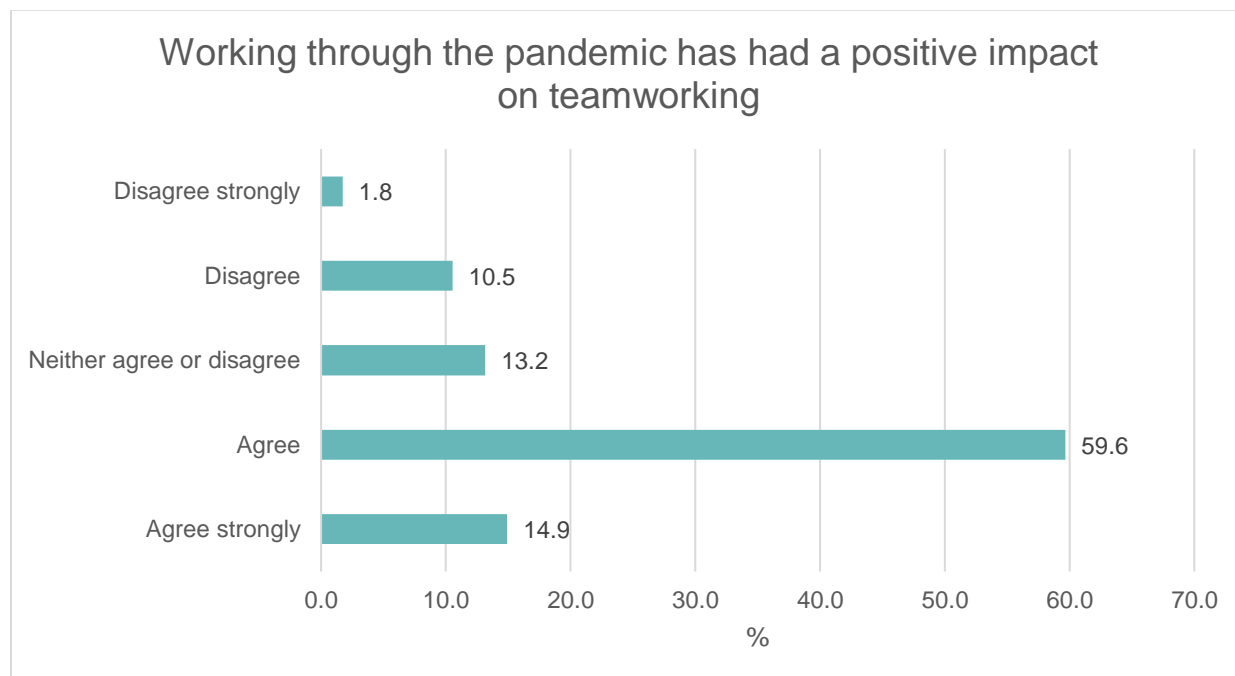
People were looking out for each other and themselves far more than they normally do. (Interviewee 6)

It was also clear that visible support from the wider community played an important role in strengthening the sense of solidarity that developed during this period and creating a sense of job satisfaction:

There was also great support from the community as well so NHS staff got to travel free on public transport, there was lots of donations of stuff for staff so there was that whole, there was a very good strong community around that and generally people seemed to be quite happy to come to work... It was quite good because there was a lot of camaraderie and fighting the fight. So there was a lot of good team working and support for each other. (Interviewee 8)

This was reinforced by survey results showing that almost three-quarters of respondents agreed that ‘working through the pandemic has had a positive impact on teamworking’ (see figure 4.2). Similarly, 6 out of 10 respondents felt that relationships between staff and management had also been strengthened.

Figure 4.2 - Teamworking



4.3 Agility and flexibility

The increased sense of teamworking also filtered through into greater organisational agility and flexibility. Both management and union respondents welcomed the fact that complex actions that might previously have taken months were completed in days. These included establishing helplines and developing web resources for staff wellbeing. Furthermore, staff were more prepared to work and react flexibly:

We're all people aren't we so you absolutely had clinical teams forget their normal boundaries between teams, pulling together, we created new teams, from all over the place. (Interviewee 4)

I'm quite proud of how people responded in terms of changing their job role rapidly, putting things in place - we had supermarkets, we had free washing. The amount of things people did in order to support and to realign themselves into a different project was brilliant. (Interviewee 14)

There was also evidence that the pressure of the pandemic necessitated the removal of barriers between different functions encouraging more systemic and integrated approaches:

We started working very closely across the system, sharing these health and wellbeing resources and opportunities that we had managed to get hold of. There was a lot of sharing across the system, it kind of opened up the system's doors. (Interviewee 17)

Interestingly, in light of the discussion of managerial confidence earlier in the report, some respondents argued that the urgency of the situation prompted managers to resolve staff issues more quickly and informally, and address issues that under other circumstances they may have ignored or managed formally through procedures. Therefore, managers were more likely to have difficult conversations and perhaps less likely (in some organisations at least), to fall back on the constant reassurance of HR:

People have had to have difficult conversations that they were probably reluctant to do but had no choice, and that has given them the confidence to think Well I've done that and I can keep doing it. (Interviewee 10)

I think there's a bit of reflection to be done by some of the managers about things that they get fussed about. Actually, are they that important? (Interviewee 8)

At the same time, there was a sense that staff were likely to be more 'psychologically flexible' – a little more tolerant of both colleagues and managers. One organisation that had invested in building conflict management capacity, including management training over a number of years and more recently had engaged in a programme designed to boost team resilience, argued that this had been extremely valuable in responding to the pressures of Covid-19:

I use that term psychologically flexible, I think you had to be flexible and move with a very fast changing landscape and that sense of trying to keep resilience going within the teams, within the relationships has been so important, it's what helps teams to get through this. (Interviewee 16)

4.4 Communication, engagement and partnership

A recurrent theme within the interview data was the importance of improved communication and the effective use of new technology. This had three main dimensions: first, in some services it had allowed organisations to maintain treatments (online) to patients in a safe way:

The impact has been particularly positive because we've been able to continue to deliver clinical care throughout the pandemic and to activity levels greater than what we used to be able to deliver

face to face. From the beginning of the pandemic we were able to, very rapidly with good technology, shift our clinical workforce and higher education workforce to working remotely. So 85% of the workforce at home. (Interviewee 7)

Second, communication within and between teams had improved, particularly where staff were working from home. Meetings were more regular, information flowed more easily and employee voice was enhanced. Third, there was a widespread view among interview respondents that organisation level communications had improved significantly and had been critical in sustaining some of the positive engagement we noted earlier in the report. The rapidly changing nature of the crisis and the developing response required a constant flow of information, guidance and advice. From an HR perspective, this involved establishing advice lines and FAQs that were constantly updated. However, perhaps the most notable change had been the increased visibility and accessibility of senior leaders.

The comms team here just pulled a blinder, they basically had an executive doing a video every single day of key issues. So the comms to and from the Executives out to the organisation was extremely consistent, very very clear and people used it and valued it, because that's been the feedback that we've had. (Interviewee 13)

As this quote implies, there was broad agreement among respondents that more active communication strategies helped to increase staff engagement. Previously, involvement in briefings from senior management would be limited to those who could attend. These may have a live stream, but those away from the venue would often be cut-off and unable to participate in a meaningful way. New technology created an equality of accessibility and increased the connection between senior leaders and all levels of staff.

Interview respondents also agreed that close partnership working between management and unions had been a key element in responding to the employment relations challenges thrown up by the pandemic. The frequency of meetings with unions had been increased and there was ongoing consultation over key issues – in a number of cases unions were explicitly involved in the decision-making structures developed during the pandemic:

We established a multi-disciplinary team based around a daily call and took a fairly bold decision early on to invite the trade unions to that discussion as well. So we have one union rep sits in there with us, daily so that's done wonders for the employee relations. There are no surprises going on because they're in the incident with us. (Interviewee 9)

This not only helped to reduce the potential for conflict but also further strengthened trust. While other organisations had less formal structures in place, the overwhelming view was extremely positive:

We have a really amicable relationship with staff-side and our staff-side colleagues were really fantastic. I mean some organisations I know were having daily comms with staff side to keep everybody on the same page. We didn't need to, because our staff-side Chair particularly just was there to smooth the edges and make sure things were happening and getting comms through, it was very supportive (Interviewee 13)

4.5 HR and the Pandemic

The rapid response of HR functions in NHS organisations to the Covid-19 outbreak was outlined earlier in the report. However, both survey and interview respondents felt that this had potentially changed perceptions of HR among staff and underlined the strategic importance of people management issues.

The wide range of activities that HR practitioners were involved with at the height of pandemic were summed up by a senior HR leader who explained that they were involved in extensive recruitment, massive redeployment, monitoring and provision of data, staffing helplines, compiling FAQs, developing psychological support services and setting up 'wobble' rooms and even being involved with the distributions of donations from the public. While it could be argued that there was a danger of this cementing a traditional view of HR as the solver of organisational problems, they argued that in fact *'HR became very central, because they were seen as the to-do people'*.

At one level, it allowed HR to develop a human face, away from the negative associations of policy and procedure, disciplinaries and grievances:

So you could really feel camaraderie, you could absolutely feel it and we had a staff welfare team that set up, we delivered food to them, we delivered drinks to them, we kept them watered, fed and cared for. (Interviewee 4)

However, the role of HR was not solely reduced to welfare with the same interviewee working as part of the Trust executive team developing strategic responses to the crisis:

In March when we went into lockdown we made the decision that we would still come into work...We felt that we had worked for years to say, back office is as important as front office. (Interviewee 4)

Although the primary focus in the pandemic response was the importance of the clinical skills needed to combat the virus and treat desperately ill patients, the crisis also revealed the importance of the wide range of skills involved in ensuring that complex organisations can continue to function:

It was recognised that we had the skills that were needed to do some of those roles, that the clinical people didn't have, and actually the clinical people were doing the clinical roles that they were supposed to be doing, but there was recognition that actually there are people within this organisation who have skills that we need. (Interview 18)

Consequently, there was a widespread view among respondents that the potential contribution of HR had been recognised in some organisations in which it had been previously marginalised as a 'back office' function. This potentially created a window of opportunity for HR to place people issues at the heart of the strategic agenda:

I think, what we did was to show that actually workforce is fundamental to your business and without workforce you haven't got a business. I tried to use the opportunity to promote workforce as best I could really, promote the endeavors of the team generally. (Interview 19)

4.6 After the clapping stops...the return of conflict?

As figure 4.1 showed, there was some evidence that conflict suppressed during the initial pandemic response began to resurface as the first wave of the virus subsided during the summer of 2020. In some organisations, there was a significant upsurge in grievances:

We have seen a sharp increase in bullying complaints and work is being done in conjunction with staff-side and the Freedom-to-speak-up Guardian to address this. (Survey respondent)

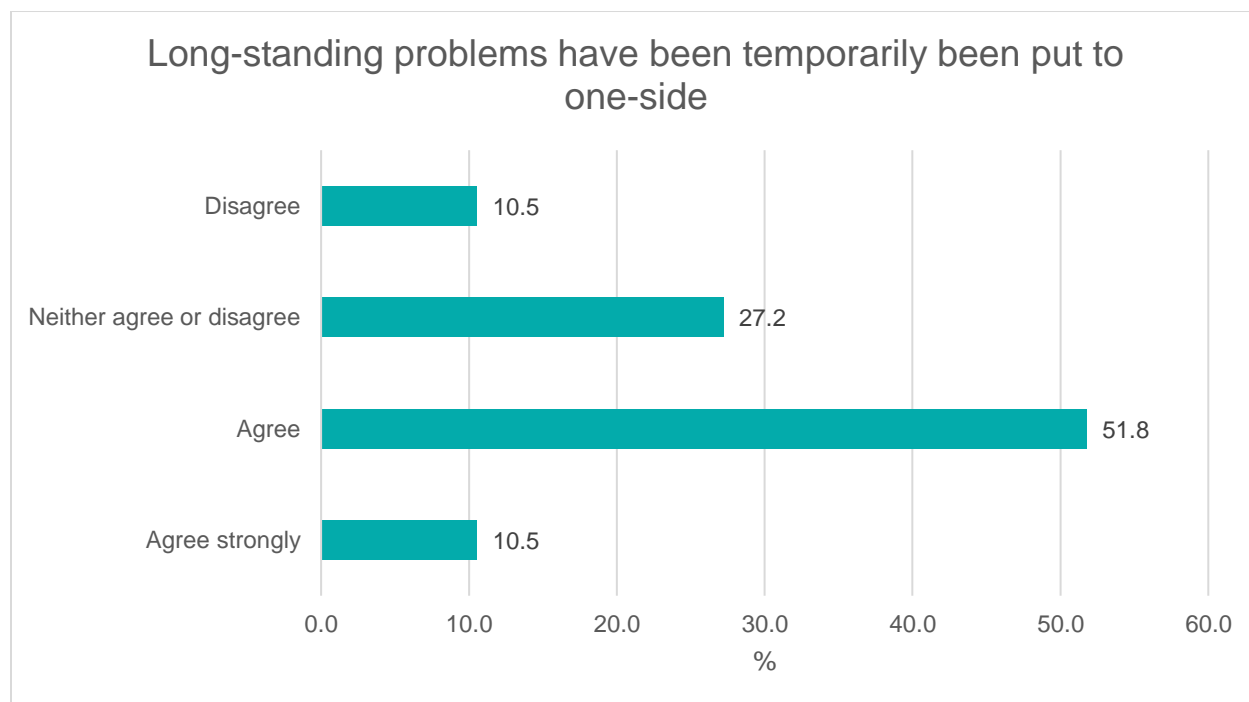
We had just a massive peak of grievances, I've never seen it so busy, we must've had about 30 maybe more, of cases; grievances, disciplinaries it just went absolutely crazy (Interviewee 12)

I have seen an increase in issues of inter-personal relationships and people are raising issues that may even be historical and bringing them forward for investigation. Our investigations doubled in one month, grievances are increased, as have the complaints and grievances from BME members of staff. (Survey respondent)

While the broader picture was less dramatic, respondents were beginning to see signs that the consensus which developed to respond to Covid-19 was fragile. One-quarter reported increased numbers of disciplinary and grievance cases, and one in five cited higher numbers of bullying and harassment complaints. A particular concern was the need to address issues of inequality and discrimination in the light of the view that the virus had exposed discrimination against BAME staff.

As figure 4.3 shows, there was broad agreement among survey respondents that long-standing problems were temporarily put-aside during the pandemic with the implication that they are likely to resurface as normality returns. Indeed, a majority of respondents (53%) did not believe that Covid-19 would have a lasting effect on employment relations, while only 22% disagreed with this contention.

Figure 4.3 – Impact on long-standing problems



There was a sense that the tolerance evident at the peak of the crisis in April and May 2020 was beginning to wear thin. Moreover, problems caused in connection with redeployed staff returning to their existing teams had the potential to create or reignite team-based conflicts:

As we have been coming out of lockdown and services resume with staff who were redeployed returning to their home departments, we have seen an increase in internal disputes and requests for 'team building / OD interventions'. Team conflict has increased (Survey respondent)

HR practitioners were particularly concerned that while shielding, redeployment and working from home were inevitable, returning to some normality would be extremely challenging, with the potential for conflict.

At a basic level, managing a return to work for those who have been shielding or working from home could be fraught with problems:

The biggest problem we've had is getting people who've been off, getting them back to work...when the government did all that thing, about, stay at home, don't go out... the psychology of that was about frightening people so much to get them to comply. But actually, the downside of that is how do you undo that? (Interviewee 10)

In addition, while government funding had allowed organisations to cover the work of shielding employees, it was unlikely that this would be sustainable in the longer term, making some very difficult decisions inevitable:

If you've got a condition but you're a surgeon and that's what you're trained to do but actually you can never work in a Covid environment, what are we going to do with you? You don't think we've got many of those cases but we have got a number of people who we actually can't redeploy because we're just not sure what to give them (Interviewee 13)

4.7 Trauma and fatigue – the long-term impact

The data from our survey also suggested that stress-related absence and occupational health referrals continued to rise despite the slowing of the virus, with almost half of survey respondents reporting increases since the height of the first wave of the pandemic. This reflected a concern expressed by a number of respondents that longer-term impacts of working under intense psychological and other pressure will increasingly surface:

As a health system, there is enormous amounts of unidentified trauma that is going to emerge. I believe that those that have worked in intensive care environments and been around the high levels of death and extreme circumstances that Covid has present will come in very many different ways. If the system as a whole is not ready to respond to that, there will be a lot of staff who will be very poorly, unable to care for themselves, or others. Sounds very bleak doesn't it? (Interviewee 7)

Moreover, respondents reported issues related to the return of workers who shielded during the height of the pandemic:

There's definitely a Covid fatigue and stress around coming back to work and we've been trying to encourage people, just to come on site even when you're not in work, just so you get it over and done with. (Interviewee 12)

However, perhaps the most dominant theme within our interviews revolved around fatigue - many respondents talked about staff being tired and exhausted, raising important questions about the ability of the NHS to respond to a further sustained outbreak:

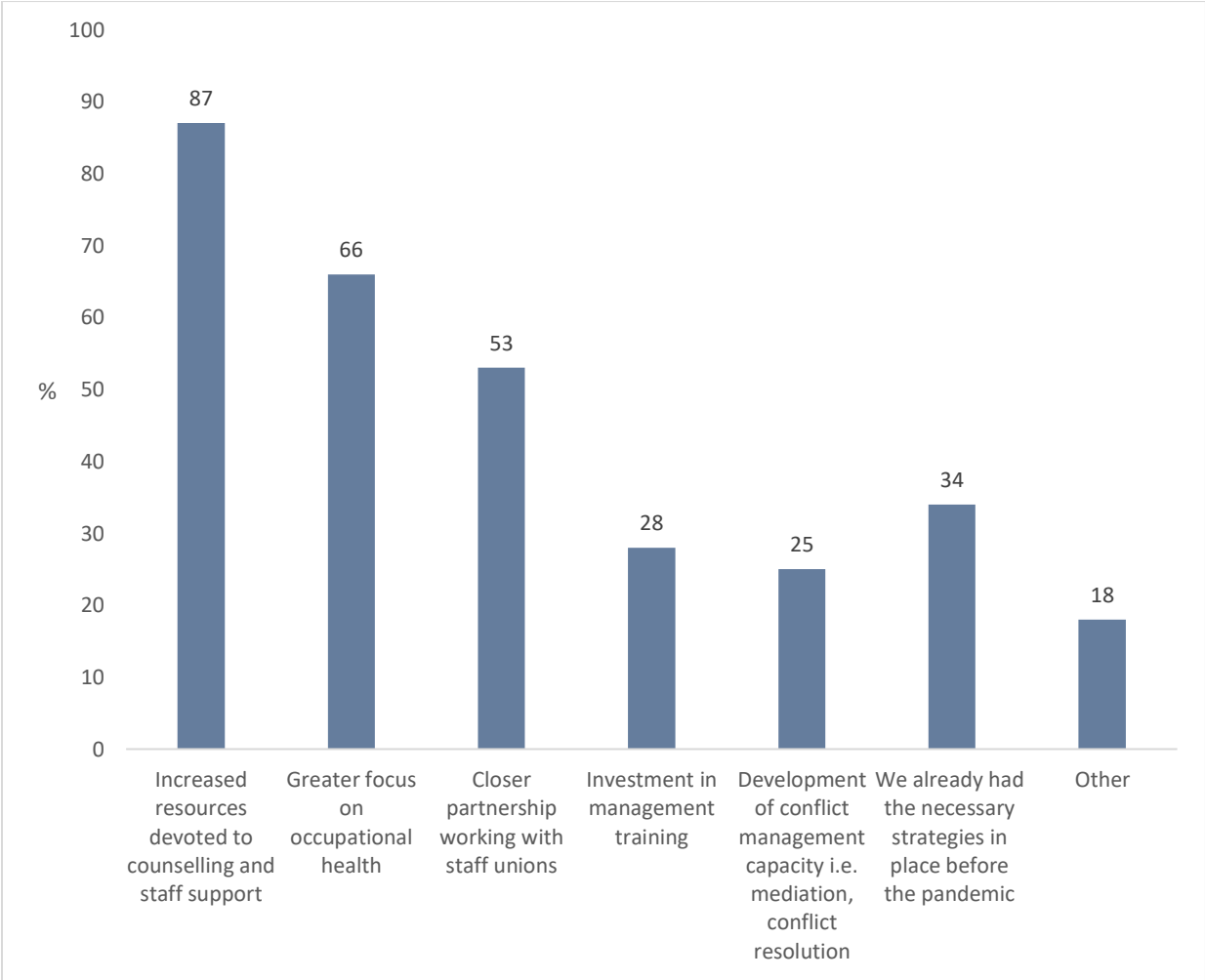
The word I hear most I suppose is fatigue. Staff are fatigued, and yet continue to be asked to do more. (Interview 18)

5. Responding to the pandemic

5.1 Wellbeing, partnership and the role of HR

As Figure 5.1 illustrates, organisations have responded to the issues raised by the pandemic through a wide range of initiatives. Perhaps not surprisingly there has been a focus on staff wellbeing with greater resources devoted to occupational health and both NHS organisations and private providers investing in increased counselling capacity. The survey results also pointed to a renewed emphasis on partnership working between management and unions, building on the effective working relationships that had been important through the height of the virus.

Figure 5.1 - Strategies to address issues raised by Covid-19



There were a wide range of other initiatives mentioned by survey respondents. These included the development of 'sanctuary spaces' and projects such as 'Together In Mind' a wellbeing and mental health project connecting and supporting the North Central and North East London health and social care workforce which provides a range of online resources, help and guidance for staff. Furthermore, interviews

pointed to a renewed focus on equality and diversity, triggered by concerns over the disproportionate impact of Covid-19 on BAME staff and patients:

The focus on Covid disparities in health impacts raised the issue of inequalities - in health and in workforce. The CEO has extended an offer - an open door - to any staff who want to come and speak to him about what its like to work here. A few have taken up this offer and their experience is not what we would want for any person working here at the Trust - the intention is to create some 'staff stories' through listening events to powerfully address these issues - via better recruitment training, coaching, introducing reverse mentoring, supporting a 'thriving' staff network - so far we have a menopause, LGBTQA+ and BAME Staff Network. We will be launching a Veterans and a Disability Staff Network shortly. (Survey respondent)

Interestingly, one third of respondents felt that they already had the necessary strategies in place but, as discussed above, there was a clear sense from the interview data that Covid-19 had reinforced the importance of staff wellbeing and engagement. In some respects, this meant a renewed focus on basic HR issues:

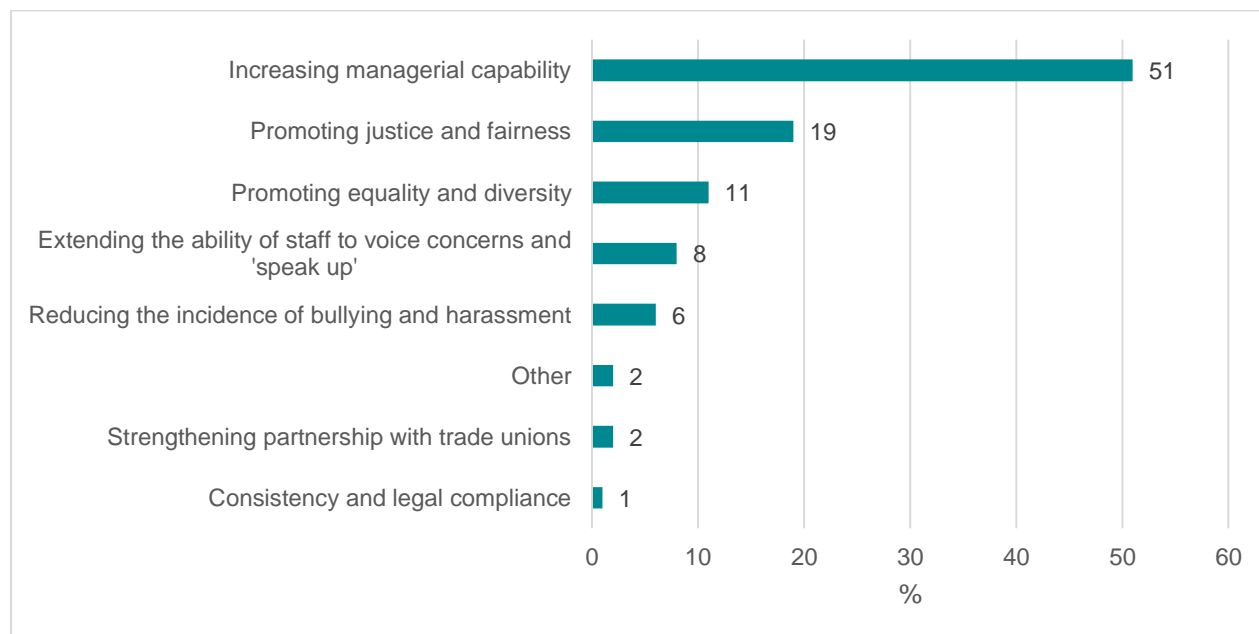
This is about keeping people healthy and at work. Let's be very open about that, there is a lot about resilience, but it's about what staff need and some of that is actually having the opportunity to go and take annual leave. (Interviewee 18)

Consequently, as argued earlier in section 4.5, HR issues were increasingly seen as core organisational priorities, providing HR practitioners with an opportunity to secure real changes to improve the working experiences of NHS staff.

5.2 Key challenges and future priorities

In terms of the main employment relations priorities for NHS organisations over the next 12 months (figure 5.2 below), the majority of survey respondents identified increasing managerial capability, reflecting the concerns outlined in section 3.3. above.

Figure 5.2 - Main priority for employment relations over the next year?



Nineteen per cent saw the promotion of justice and fairness as the main priority while 11% highlighted equality and diversity. In particular, there appeared to be a welcome emphasis on developing what are often referred to as 'softer' people skills vital to managing difficult staff issues. In some cases, these were being embedded into wider ranging leadership development programmes but there also seemed to be a shift towards compulsory training. In addition, there were examples of organisations developing a range of online tools to help managers through challenging situations and focusing on the provision of more personalised development:

What we're doing is we're creating some bite size training, around compassionate leadership, inclusive leadership, how to do a good appraisal, very short, snappy sweet creative offers. (Interviewee 14)

Well actually you finish a course, you might need an intervention or some specific coaching, you might need a masterclass, mentoring, shadowing, there's all these different interventions. So, we put a personal development programme around the managers. (Interviewee 19)

Importantly, issues of capability often overlapped with wider issues. For example, in one organisation, the inequalities exposed by the pandemic had created an impetus for wider action to combat bullying and harassment and deepen employee engagement:

'The recent focus on BAME inequalities has focused the organisation's attention on improvement across a range of issue, one being B&H. The intention is to work with the BAME Staff Network and LGBTQA+ Staff Network on a campaign around civility and respect. In addition, we are investing in development of the ED&I Steering Group members - coaching, training, development - and to see this through a regulatory lens and a staff engagement lens'. (Survey respondent)

Interview respondents also raised repeated concerns over the command and control approach to organisational decision-making that had been widely used during the pandemic. While this meant that decision-making was centralized and top-down, this was seen as necessary given the scale of the crisis:

Decision making was taken out of everybody's hands and probably things were imposed that weren't challenged, and that control and command approach was ok at the beginning because it was needed (Interviewee 11)

However, respondents were apprehensive about the extent to which this had meant that *'decisions are being made at speed but not always with a lot of evaluation'*. Therefore, they argued that there was a need to return to a more inclusive style of management:

As we come into a calmer time, we're having to sort of say, we're not necessarily in that same battle rhythm that we were in the height of the pandemic and there are due processes that we need to follow (Interviewee 13)

Furthermore, there was a danger that command and control could encourage behaviours which could have negative implications if sustained. This reflected a key challenge for the HR profession in ensuring that some of the positive developments that had emerged during the height of the pandemic were not lost in the eventual return to some sort of normality. This was neatly summed up in the following quote from a senior HR leader:

We did work together and we did share, and that's great, because in crisis you have to do that or you won't survive. But it's trying to harness that crisis activity and make it sustainable which is more challenging isn't it? (Interviewee 19)

There was certainly evidence of respondents being engaged in reviews looking at how good practice could be embedded in the future, both at an operational and a strategic level. Furthermore, organisations were placing a significant emphasis on gathering the views of staff, particularly in relation to wellbeing. However, there was real concern that if positive changes were not secured quickly that improvement would be difficult to sustain, particularly if resourcing pressures intensified:

My concern is that we're just going to go back into a whole load of organisational changes all over the place unless we can really grab that common purpose about what we're after and what our objectives are (Interviewee 9)

However, for some respondents, this 'common purpose' was not always evident, particularly within the NHS in England. While there was undoubtedly a wide range of positive and creative initiatives to improve employment relations, there was also a need for greater collaboration and co-ordination:

People do their own things, they develop their own policies, they commission their own resources...competition is quite prominent, and that is often to the detriment of patients (Interviewee 7)

6. Conclusion

One of the most notable features of the Covid-19 pandemic has been the demonstrable support of the public for NHS staff and all those working in health and social care. However, the centrality of healthcare to peoples' lives also means that in good times and bad, NHS organisations face close scrutiny. This places intense pressure on the management of people due to the inextricable links between the skills and behaviours of staff and patient care. Consequently, the traditional approach to employment relations in the NHS has tended to prioritise the management of risk and the application of procedure, often with significant negative impacts on staff. In recent years, there has been a welcome and growing acknowledgement of the critical connection between staff wellbeing and engagement and patient care. This has been reflected in an increased emphasis on developing new ways of managing potential disciplinary and grievance issues, and addressing damaging workplace behaviours. Our survey confirmed this positive direction of travel and it could be argued that this was a key ingredient in the resilience shown by NHS organisations during the pandemic.

It is also clear from our research that in facing up to the existential threat posed by Covid-19, organisations innovated in a range of ways with positive results:

- decision-making became more agile and previous boundaries between teams and functions were put to one side
- management and unions developed even closer partnership working
- communication at all levels improved markedly, often making use of new technology in creative ways
- increased emphasis was placed on listening to staff experiences and developing channels of employee voice
- significant investments were made in capacity to provide improved psychological support and to promote the wellbeing of staff

From the perspective of HR, there was also a perception that the strategic importance of good people management had been increasingly recognised by senior leaders.

However, a variety of important challenges remain. Most immediately, our research pointed to the impacts of the pandemic on NHS staff in terms of fatigue, exhaustion and longer-term psychological damage. Perhaps the most frequent comment made by respondents was that 'people are tired'. This inevitably raises concerns over the effects of a second wave of the virus and the importance of maintaining investment in the support mechanisms that organisations have developed.

The continued pressures of responding to the pandemic also threaten to expose deficits in skill and confidence among line and middle managers. Despite significant investment in leadership development, managerial capability is still the biggest obstacle to building positive and resilient employment relationships in the NHS. There is also a challenge for HR practitioners, some of whom still feel more comfortable regulating the behaviours of managers rather than acting as champions for proactive and resolution-focused approaches to conflict.

Senior organisational leaders have a key role to play in recognising the central importance of recruiting, developing and rewarding good people managers. Moreover, our research confirmed concerns over the impact of Covid-19 on leadership style. While command and control approaches to management are necessary in responding to crises, there is a danger that this embeds behaviours that prevent collaboration, drown out dissenting voices and ultimately undermine compassion and inclusivity.

Finally, the research suggests there is a clear need for greater integration of HR and employment relations initiatives within organisations and also at a national level. The 2020/21 People Plan for the NHS in England provides a much-needed focus on compassionate leadership, improved management skills and cultures that emphasise fairness and justice. However, the scale and scope of its recommendations and actions required of organisations risks an uneven and fragmented response. Although the complexity of the NHS is an undoubted problem, the coordinated and strategic approach to employment relations developed in the 'Once for Scotland' programme is a potential model for the future.

In many ways the golden thread linking the health and wellbeing of NHS staff and patient care has been brought into sharp focus by the pandemic, highlighting the importance of HR in protecting and promoting positive relationships at work. However, in the face of a second wave of Covid-19, some of the progress described in this report is inevitably fragile. Consequently, it is more important than ever that the NHS seizes the opportunity to embed the value of good people skills and promote cultures that emphasise fairness and justice. But perhaps most importantly the NHS and its leaders need to reaffirm the importance of staff wellbeing and engagement as core strategic priorities.