



# **Policy:** HR053 – Agile Working Policy

| Executive Director Lead         Director of People |                           |  |
|--|---------------------------|--|
| Policy Owner                                       | Deputy Director of People |  |
| Policy Author                                      | HR Business Partner       |  |

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|-------------------------|------------------|
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| Ratified By             | PEOPLE COMMITTEE |
|                         |                  |
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#### Summary of policy

The purpose of this policy is to set out a number of principles and practical guidance in relation to Agile working for both managers and staff. This policy aims to provide specific guidance whilst signposting staff to other policies which are relevant to Agile working

| Target audience | Team SHSC                   |  |
|-----------------|-----------------------------|--|
|                 |                             |  |
| Keywords        | Agile Flexible Home Working |  |

#### Storage & Version Control

Version 2.0 of this policy is stored and available through the SHSC intranet/internet. This version of the policy supersedes the previous version (1.0) Any copies of the previous policy held separately should be destroyed and replaced with this version.

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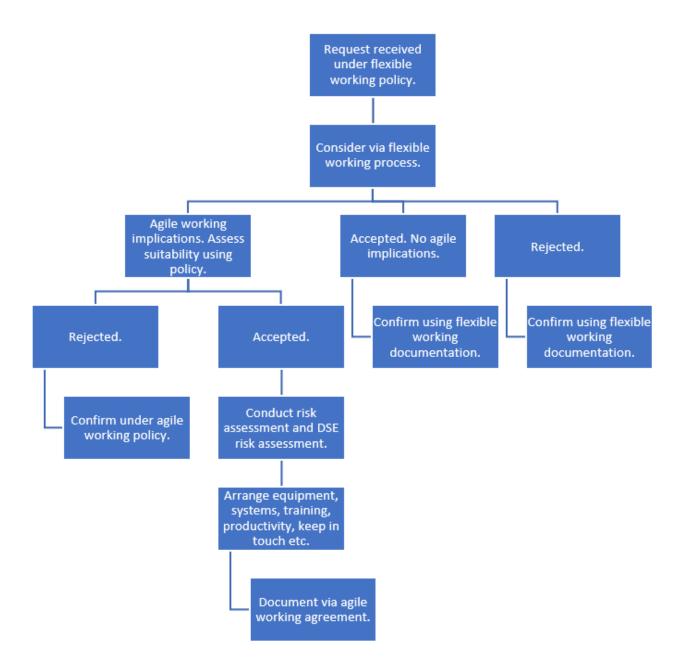
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### Version Control and Amendment Log

| Version<br>No. | Type of Change               | Date    | Description of change(s)  |
|----------------|------------------------------|---------|---|
| 0.1            | New draft policy created     | 09/2021 | New policy commissioned by EDG on approval of a Case for Need.  |
| 1.0            | Approval and issue           | 02/2022 | Amendments made during consultation, prior to ratification.   |
| 2.0            | Review / approve / issue     | 04/2023 | Early review of new policy using<br>evaluation from Leaving Fulwood and<br>other stakeholders. Changed "Trust"<br>to "SHSC" throughout. Wording<br>improved and some text removed for<br>clarity and ease of understanding.<br>Appendices refreshed for ease of use.<br>No fundamental changes necessary. |
| 2.1            | Review on expiry of policy   | 02/2026 |   |
| 3.0            | Review / approval /<br>issue | MM/YYYY |   |

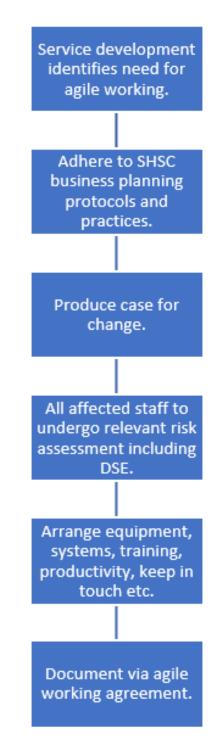
### **AGILE WORKING FLOW CHART 1**

Where request is made by employee.



### **AGILE WORKING FLOW CHART 2**

Where SHSC has a service need



### Introduction

Sheffield Health and Social Care NHS Foundation Trust (hereby known as SHSC) recognises that providing staff with the ability to work in an Agile manner will allow for more effective and efficient ways of working. Agile working is not just related to working from different locations or at different times. It is about gaining the benefit of utilising technology to change work practices and to work differently to increase the effectiveness of the service and deliver benefits to SHSC and its service users.

Agile working also has environmental benefits and contributes to SHSC's Green/Sustainability Plan, as well as opening up recruitment to a wider pool of potential workers.

The ability to work effectively across different locations is supported by agile/remote technology which provides the ability to access information regardless of location, and leads to less down time.

Agile working should eliminate some of the barriers to meeting the needs of those who are served by SHSC and provide an element of choice to the service user regarding how they wish to be engaged with. It is about bringing people, processes, connectivity and technology, time and place together to find the most appropriate and effective ways of working to carry out a particular task. It is working within the guidelines of the task, but without the boundaries of how to carry out the task.

It requires the development of a culture of focusing on results and performance and removing artificial barriers such as time and attendance.

It requires the development of a culture of focusing on results and performance and removing artificial barriers such as time and attendance. The Agile changing of a mind set to a culture based on Agile SHSC and personal responsibility. The primary focus must be on meeting the needs of the service within boundaries which are agreed between the manager and member of staff.

### 1. Purpose

The purpose of this policy is to set out a number of principles and practical guidance in relation to Agile working for both managers and staff. This policy aims to provide specific guidance whilst signposting staff to other policies which are relevant to Agile working.

### 2. Scope

This policy is applicable to all staff who may work in an Agile manner. Agile working may incorporate an element of home working, and this policy therefore applies to staff who may also work from home occasionally, for long periods or as permanent home workers.

Agile working can result from individuals making requests, or from decisions reached about delivery of services in a different way.

Requests from staff to work in an Agile manner will be managed by SHSC's Flexible Working Policy. Service improvements which introduce Agile working practices will be managed through SHSC's Organisational Change policy.

This policy may have an impact on staff from other organisations, including seconded staff who work closely with SHSC. Managers need to take account of this when setting boundaries for Agile working.

Several other policies are referenced from this policy, section 9 refers, and the intent of this policy is to extract the main points which relate to Agile working and not to replicate the content from them. This will mitigate the risk of providing conflicting information where other policies are changed. It also ensures that the wider context of this policy is maintained, as the use of excerpts may cause confusion when taken in isolation.

| Term                       | Definition   |
|----------------------------|--|
| Agile Working              | Bringing people, processes, connectivity and technology, time and place together to find the most appropriate and effective way of working to carry out a particular task. |
| Flexible Working<br>Policy | Governs the requests of an employee to work flexibility and supports the Agile working arrangements within the organisation  |
| Home:                      | The normal place of permanent residence.   |
| Home Worker                | Where the contract is for home working and this is regarded as the work base.  |
| Home Working:              | A situation where an employee makes use of their home as a workplace instead of, or in addition to, SHSC's premises  |
| Hot Desking                | Where there are designated desks which can be used by anyone and/or replace a permanent desk   |
| Lone working:              | Any situation or location in which someone works without a work colleague nearby; or when someone is working out of sight or earshot of another work colleague.            |

### 3. Definitions

| Normal Working<br>Hours:      | The hours that are traditionally required to be worked within that service area  |
|-------------------------------|--|
| Occasional Home<br>Working:   | Where home is used as a workstation, possibly for a few hours, to complete a specific task e.g. to write a report or policy away from the office/service environment.  |
| Outside normal working hours: | Hours worked outside of those traditionally regarded as normal within that service area  |
| Off-site:                     | Anywhere away from premises where SHSC undertakes its main healthcare work activities, i.e., GP surgeries, clinics, other SHSCs and hospitals, patient's homes, residential accommodation or home.               |
| Work:                         | This is the normal and routine activities that you would be expected to undertake<br>under your contract of employment if you were on duty at any of SHSC's<br>premises or sites where SHSC work is carried out. |

### 4. Details of the Policy

The work activity normally covered by this policy is that which can be carried out in accordance with SHSC policies, eg administrative and clerical activities, remote patient contact etc. It does not cover work where there is a requirement to operate machinery (other than DSE), the use of chemicals, hazardous or infectious substances and no significant moving & handling activities.

All face-to-face patient contact must be conducted in an appropriate setting and never in a staff member's home environment.

The success of Agile working relies on all involved taking personal responsibility to be present when required, to deliver their work effectively, and request support to enable this to happen. This means that arrangements should be made for the provision of appropriate childcare, eldercare, pet-care, or any other similar domestic or business activity so that the ability to perform work effectively is not impacted by having these other responsibilities during working time.

### 6 Responsibilities, Accountabilities and Duties

### 6.1 Chief Executive

The Chief Executive has overall responsibility for ensuring that measures are taken to ensure that Agile working is implemented in a manner which is consistent with this policy. The accountability for implementation of these measures is devolved to Directors, and Heads of Service.

### 6.2 Directors/Heads of Service

Directors/Heads of Service are responsible for ensuring that:

- A culture of Agile working is promoted and that barriers to Agile working are reduced.
- Service managers and team managers are supported to implement/promote the development of an Agile working culture and that they are supported to implement the guidance which is outlined in this policy and are provided with appropriate resources and training.
- Adequate resources are made available to support service improvements which rely on Agile working.
- Audits are commissioned as appropriate to determine the effectiveness of Agile working agreements.

#### 6.3 Information Governance Manager

The Information Governance (IG) Manager is responsible for ensuring that:

- IG related policies reflect the requirements of this policy.
- Information, support, and advice is provided in relation to IG elements of Agile working.

### 6.4 Information Technology Team

The Information Technology team is responsible for ensuring that:

- The Trusts IT infrastructure is maintained in a manner which will reasonably prevent security breaches resulting from Agile working.
- Where appropriate, software and other upgrades/updates to SHSC equipment are provided to ensure the equipment meets all security requirements.
- Appropriate technical support is provided to the staff on how to use any equipment provided, to connect and stay connected to systems which are needed to deliver their work.

### 6.5 Line Managers/ Service and Team Managers

Line Managers/Service and Team Managers are responsible for ensuring that within their areas of their responsibility: -

- Agile working is promoted, and the feasibility of the use of Agile working is considered as part of service development/improvement activity.
- Requests for Flexible working are progressed in accordance with SHSC Flexible Working policy. Where this includes an Agile element, eg home working, that the Agile Working Policy is applied, including the development and agreement of an individual Agile Working Agreement
- Ensure that staff who work in an Agile manner are provided with appropriate equipment and training to carry out their duties, and that records of training are retained.
- Maintain a local equipment asset register so that records can be updated and the use of assets can be monitored.
- Consider issues related to maintaining productivity, quality, health, safety and security before implementing Agile working arrangements.
- Ensure all appropriate assessments are undertaken as outlined in this policy before the commencement of any Agile working.
- The concepts of managing by outcomes have been successfully explained to staff and appropriate methods to monitor output have been mutually agreed as part of the supervision process.

- Maintain communication with all staff, ensuring that staff are briefed and encouraged to be part of the team and that staff who work in an Agile manner continue to receive regular supervision in line with SHSC policy.
- Direct and/or face to face support is provided in a timely manner in the event of an incident or traumatic event occurring.
- Ensure that Agile working is monitored through regular review such as appraisal, supervision and ad-hoc checks.
- Seek advice and assistance from SHSC specialists, eg the health and safety team and Back Care Advisory Service to ensure a safe and healthy working environment including the use of reasonable adjustments where appropriate.
- Ensure that staff are aware of their responsibility to adhere to this policy and the principles which underpin Agile working.
- Review Agile working arrangements in line with this policy.

#### 6.6 All Staff who work in an Agile manner.

All staff who work in an Agile manner are responsible for ensuring that:

- They work together with their manager to develop an agreement to support how they can work in an Agile manner and take responsibility to deliver outcome-based measures of performance.
- Complete the risk assessments related to home and Agile working and agree actions to mitigate risk where required.
- Once agreed, adhere to the Agile working agreement and subsequent reviews.
- All measures set out in this policy and any other measures requested by SHSC are complied with.

• They keep up to date with issues/working practices within their working area by maintaining appropriate communication with their manager and other staff.

• They attend meetings, training, and supervision, including face to face attendance when requested.

• They take reasonable care of IT equipment/SHSC property, including safe return when leaving, and they familiarise themselves with the relevant content of this policy.

• Any loss, theft, or damage to SHSC IT equipment or the loss of confidential information is reported to the Police and to the SHSC immediately, which may entail contacting the on-call senior manager of the SHSC outside of normal working hours.

• To identify and report any issues to their manager related to Agile working arrangements in line with this policy

### 6.7 Human Resources Business Partnering Team

HRBP Team members are responsible for ensuring that: -

- Managers are provided with advice and support in relation to HR issues in the application of this policy, ensuring that fairness and consistency is applied.
- Supporting managers and staff to develop and promote a culture of Agile working and barriers to Agile working are identified and reduced.
- Other related HR policies reflect the requirements of this policy.

### 7. Procedure/Implementation

SHSC will support and promote Agile working where this is practicable and where it supports its strategic objectives to develop high standards of care, quality and value. Key factors to take into consideration are set out below of which some are detailed further in the appendices.

- Communication
- People
- Information Governance
- Health, Safety and Security.
- Information Technology and Equipment
- Working Environment.

#### 7.1 Communication- Key issues

In an Agile working environment communication becomes even more vital to ensure SHSC can provide safe and effective services. It is recognised that there are several communication methods available, and individuals have their own preferences. Managers should adapt to both the needs of the individual and the team in their methods of communication.

Agile working provides opportunities to consider more efficient and effective means of communication and staff should be provided with a suitable mobile telecommunications solution. It is important to acknowledge the role of both formal and informal communications, the limitations of these and adopt new communication strategies including the use of technology.

Staff may become detached from their manager and team, and technology such as Skype and MS Teams can play a role in ensuring communication channels remain open. This technology can be adopted to supplement and replace some traditional face to face meetings, reducing travel to base and creating more 'time to care' for clinical staff. Some meetings will feature a blend of face to face and use of technology. However, it is essential that time is built in to enable face to face meetings and communication to take place at an appropriate level. Informal communication channels are also important to keep teams together.

### 7.2 **People- Key issues**

Any **formal** changes to working arrangements will need to be made in accordance with legislation and introduced using the SHSC Organisational Change policy.

Managers should be aware that some staff may be uncomfortable with change, feeling the loss of a permanent desk and the reduced face to face contact with colleagues. They will need extra support during the transition period to get used to the new way of working. Agile working may not be appropriate for all staff, and managers should use the risk assessment to identify support required and observe for early warning signs that a team member is not working well. Both managers and staff must be willing to engage in joint problem solving to ensure that the Agile working arrangements work effectively. Both parties are responsible for maintaining good and effective working relationships.

Managers must conduct formal supervision and should utilise informal supervision to ensure that staff are coping with their Agile working arrangements.

Managers must ensure that both they and their staff fully understand how the new ways of working can be successfully adopted and there should be evidence that both parties are in agreement with the new working practices. In addition, both managers and staff are responsible for ensuring that once established, the arrangements continue to work effectively and are reviewed on a regular basis.

Agile working relies on managers going beyond looking at the level of activity, but also considering other measures such as data quality, timeliness of record keeping, caseload management and other non-patient/service user related performance measures. These outputs reflect a more accurate picture than a member of staff being present at a desk at prescribed times of day. Service provision and responsiveness should also inform Agile working boundaries and any agreements related to Agile working. Agile working must not adversely impact the provision of services; therefore, managers must ensure that they have systems in place to ensure that requests for services can be maintained, with adequate levels of front-line staff available for duty at any one time.

There may be specific times of the day or week when individuals need to be contactable in order to meet service requirements. Expectations should be made clear within the Agile working agreement. Staff will then have a clear framework to work to. It is advisable to plan and agree a work programme for staff so that other team members are aware of an individual's working patterns, current location and contact arrangements. Hours of work must be agreed in advance allowing staff the right to privacy out of hours enabling staff to separate work and non-working time.

Where a manager has concerns related to staff performance and Agile working, they have the discretion to review if Agile working is appropriate and where necessary may bring an agreement to an end, or temporarily suspend the agreement until performance standards are met.

The on-going wellbeing of staff should be monitored through regular review of Agile working arrangements by managers.

#### 7.3 Information Governance – key issues

Staff must ensure that all information (including any information that is held on computer, mobile phone or other device) is secure and cannot be accessed by other parties. Failure to keep information secure will be considered as a serious matter with breaches due to negligence or misconduct being dealt with under the SHSC Disciplinary Policy. Staff working in an Agile manner must adhere to the SHSC policies in relation to sensitive and confidential information.

Under no circumstances will any other person other than those authorised by SHSC be allowed to access any equipment provided. Any non-SHSC controlled working environment should be assessed by the user of the equipment for any perceived Information Governance (IG) risks and these should be addressed prior to the commencement of Agile working. Examples of IG risks include potential to:

- Accidentally breach patient confidentiality.
- Disclose sensitive data to unauthorised individuals or allowing them to see this.
- Lose sensitive information.

- Damage SHSC's infrastructure and e-services through the spread of untapped malicious codes and viruses whether intentionally or by accident.
- Intentionally or unintentionally create a hacking opportunity through an unauthorised internet access point.
- Intentionally cause other operational or reputational damage

Staff working in an Agile manner should be made fully aware of their information governance responsibilities to SHSC and must maintain the security and confidentiality of documents as set out in the Trust's Information Governance Policies and must ensure that mandatory information governance training is kept up to date. Further information is contained in appendix 4.

### 7.4 Health, Safety and Security – Key issues

The Health and Safety at Work Act 1974 is the primary legislation covering this area of employment in the UK. This states that an employer shall ensure, so far as it is reasonably practicable, the health, safety, and welfare at work of all employees. This extends to staff who work in an Agile way and presents challenges as a result. However, staff have their own responsibilities under the Act and as such will need to ensure that they do their work in a way as to not impact detrimentally on others, including members of their own household and the public.

Staff must take measures to control risks whenever they are working in an Agile manner, with due reference to SHSC health and safety policies which may be relevant - the main points are outlined below.

### **Display Screen Equipment Policy (DSE)**

It is each staff member's responsibility to make a judgement as to whether the environment that they are working in is conducive to ensuring their on-going health needs are met, considering the factors that are presented in SHSC's Policy for Display Screen Equipment.

#### **Electrical Safety Policy**

Equipment used by staff working in an Agile manner must be safe to use and not give rise to any significant risks to health and safety. Any equipment provided by the SHSC must be maintained in efficient working order and in good repair. The equipment should be inspected and tested in accordance with the Low Voltage Electrical Safety Policy. Staff are responsible for regularly inspecting their equipment and for reporting faults.

#### Lone Working Policy

Reference should be made to SHSC's Lone Working Policy, and any precautionary measures agreed for Agile workers should be documented in the Agile Working Agreement. Examples of these are:

- All electronic diaries are up to date and are as accurate as possible, enabling a staff member's most recent location to be checked.
- A robust 'buddy' system or similar is used to allow staff to call in routinely to confirm that they are safe.
- A lone worker device must be used where the job role has been risk assessed and a device has been deemed necessary.

### Back Care and Manual Handling Policy

Agile working may involve moving and carrying additional loads such as a laptop and papers. A dynamic risk assessment must be carried out and if a risk is identified then measures must be taken to reduce the risk. Staff should refer to their Moving and Handling Back Care Advisor for advice. Reference should be made to the Back Care and Manual Handling Policy for further information.

#### **Fire and Security Policies**

Staff working in an unfamiliar environment must familiarise themselves with the security and fire safety arrangements for the area. This includes fire safety notices, exit routes, fire assembly points and lockdown arrangements for the building. Reference may need to be made to SHSC's Fire Safety and Security policies for further information.

#### **Driving at Work**

Reference must be made to the SHSC Transport Policy for information relating to using own or SHSC vehicles for carrying out work. The risk assessment form in appendix 8 sets outs some measures to reduce the risk.

Staff may undertake short periods of computer work from within the car provided it is stationary and the engine is not engaged. This is done at the discretion of the staff member and should be limited to short periods, having assessed the risk of doing so, and in line with guidance on the use of portable display screen equipment.

#### First Aid at Work

Staff working in an unfamiliar environment must familiarise themselves with the location of first aid kits and qualified first aiders within the area. Refer to the SHSC First Aid at Work policy for further information.

Further information on health, safety and security issues is contained in appendices 5 and 7 and a risk assessment for Agile Working is contained in appendix 8.

### 7.5 Information Technology and Equipment – Key Issues

All staff identified as Agile workers will be provided with appropriate mobile IT and support equipment to enable them to fulfil their role. This will include laptop, screen, mouse, and other equipment if necessary, as part of a reasonable adjustment. Items such as desks and chairs will not be provided for the home and other non-SHSC supported areas.

Specialist equipment will be provided to staff should an assessment deem this necessary; however, this equipment will be provided at the place where they predominantly work and not across multiple sites.

Staff working in an Agile manner in non-SHSC supported buildings will be provided with training to enable them to assess their environment and to determine if it is suitable to work in an Agile manner.

All equipment provided by SHSC is the property of SHSC or its Partners. Staff allocated equipment to support them in their role are responsible for ensuring its security while it is in their possession. Equipment which is the property of SHSC should not be personalised or de-faced (avoid the use of stickers etc.) as equipment may be used by another staff member upon its return.

In the event of equipment being out of operation or unavailable for any reason, staff should log an incident with the Trust's IT helpdesk desk and follow local Business Continuity arrangements.

If equipment is stolen, the theft must be reported to the police and a crime reference number obtained before logging an Incident Report. Any repairs or replacement of equipment as a result of breakages is to be funded from the service.

#### 7.6 The Agile Working Environment - Key issues.

Agile working can take place in a number of environments, which may include staff members' own homes, public places and 'hot-desk' areas provided by the SHSC or other partner organisations.

In order to support staff to work in an Agile manner SHSC will adapt the use of functional space for some buildings. Functional space can be defined as space that is not service or team specific and can be used by any member of staff requiring a workspace in that area. Where possible, multi-purpose and quiet areas will also be provided to support staff in carrying out work activities.

Desks which are designated as a hot desk should not contain any personal belongings such as photographs, plants, mugs etc. All desks should be cleared when vacated after each period of work as they should be available to use by other staff.

Before leaving the desk, where required, staff should use a disposable wipe, where appropriate and provided, to clean the desk and any equipment enabling the next person to start working.

Lighting and heating within the working environment is subjective and is the responsibility of the staff member to ensure that this adequate for them to work safely without having a detrimental impact on their health. When working from home, the cost of lighting and heating is to be borne by the staff member.

This is also the case with broadband connectivity, unless the role is a designated home worker, and arrangements have been made as part of the recruitment process. If this causes unnecessary hardship, practical options will be explored to support the staff member to work effectively, for example the staff member may be asked to work from one or more of SHSC's premises.

Where refurbishment/reconfiguration work is undertaken on the Trust's existing estate these principles will also be adopted.

### 8 Development, Consultation and Approval

- This policy has been written as a direct response for the need to review working practices post-Covid and aims to utilise learning and best practice which has delivered benefits to services and staff.
- Consultation has taken place with colleagues in Information Governance, IT, Staff side and Managers.
- The policy has been reviewed by the Leaving Fulwood Group and was utilised in this project.
- The policy has been ratified at PGG.

### 9 Monitoring arrangements

| Area for Monitoring                                    | Methodology                    | Who by  | Reported<br>to                      | Frequency  |
|--|--------------------------------|---|-------------------------------------|------------|
| Employee relations<br>associated with Agile<br>working | Monitoring<br>(HR<br>Database) | Deputy Director of<br>of People                               | Relevant Care<br>Group<br>meetings. | Monthly    |
| Numbers of<br>incidents<br>linked to Agile<br>working. | Monitoring<br>incident forms   | Health & Safety<br>Lead. Information<br>Governance<br>Manager | Health and<br>Safety<br>Forum       | Bi-monthly |

### **10** Implementation Plan

| Action / Task  | Responsible<br>Person | Deadline | Progress<br>update |
|--|-----------------------|----------|--------------------|
| Upload policy onto Jarvis and remove old one                 | HRBP                  | 1 April  |                    |
| Briefing note on changes for managers and HR team members    | HRBP                  | 30 April |                    |
| Update Management training session to reflect policy changes | HRBP                  | 30 April |                    |

### **11** Dissemination, Storage and Archiving (Control)

The policy and associated guidance are available on SHSC Intranet. For employees without access to the Intranet please send request for health and safety related policies and information to the contacts below.

| Version | Date added to<br>intranet | Date added<br>to internet | Date of<br>inclusion in<br>Connect | Any other<br>promotion/<br>dissemination<br>(include dates) |
|---------|---------------------------|---------------------------|------------------------------------|---|
| 1.0     | February 2022             | February<br>2022          | February<br>2022                   | Agile working<br>workshops for<br>managers – various        |
| 2.0     |                           |                           |                                    |   |
| 3.2     |                           |                           |                                    |   |
| 4.0     |                           |                           |                                    |   |

### 12 Training and Other Resource Implications

- The policy will be implemented via awareness workshops for managers and information briefings for staff members.
- New employees will receive a briefing as part of their induction process.
- At the outset of any work taking place to move services towards Agile working, all staff will be provided with the opportunity to review their basic IT skills and access training where required.
- Training on all new IT solutions deployed to facilitate Agile working will be provided at the time of deployment of the equipment with ad hoc follow up support also available.
- Some staff may benefit from other training such as time management to increase their personal productivity.

- As a SHSC policy, all staff need to be aware of the key points that the policy covers. Staff can be made aware through:
  - Training specific to Agile working
  - Team Meetings
  - One to One meetings/supervision
  - o SHSC wide emails

### 13 Links to Other Policies, Standards (Associated Documents)

- Back Care and Manual Handling Policy
- Data and Information Governance Policy
- Display Screen Equipment Policy
- Domestic Violence Policy
- Equal Opportunities and Dignity at Work Policy
- Flexible Working Policy
- Fire Safety Policy
- First Aid Policy
- Health & Safety Policy
- Incident Management Policy and Procedure
- Information Management Systems and Technology Policy
- Lone Working Policy
- Mobile Devices Policy
- Security Policy
- Violence and Aggression Policy
- Working Time Regulations Policy

### 14 Contact Details

| Title             | Name           | Email                         |
|-------------------|----------------|-------------------------------|
| Health and Safety | Samantha       | Samantha.crosby@shsc.nhs.uk   |
| contact           | Crosby         |                               |
| IG contact        | John           | John.wolstenholme@shsc.nhs.uk |
|                   | Wolstenholme   |                               |
| IT contact        | Andrew Male    | Andrew.male@shsc.nhs.uk       |
|                   |                |                               |
| HR contact        | Debra          | Debra.butterworth@shsc.nhs.uk |
|                   | Butterworth    |                               |
| Staff side        | Julie Marsland | Julie.marsland@shsc.nhs.uk    |
|                   |                |                               |

### 15. References which are not contained in above policies

Institute of Occupational Safety and Health (IOSH) Managing Remote Working

Health and Safety Executive Guidance for Employers on Health and Safety for Homeworkers (INDG226 (rev1) - 8/11)

Business Link (via Valuation Office Agency) Guidance for Employees Working from Home

### 16. Appendices

Equality Impact Assessment

- Appendix 1 Principles and Potential Benefits of Agile Working
- Appendix 2 Defining Agile Working
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### **APPENDIX 1** - Principles and Potential Benefits of Agile Working:

### Principles

Agile working is not prescriptive in its application i.e. one size does not fit all; but it is underpinned by key principles which should be evident in all decisions taken and all new ways of working. It should be used as a tool to maximise efficiency, improve service delivery, develop relationships and improve outcomes for patients, service users, their families and carers as well as staff.

Agile working aims to support SHSC's Aims and Values by:

- 1. Putting the patient/service user at the centre of all decision making/solutions. Service provision should always come first when considering Agile working boundaries and agreeing expectations with staff.
- 2. Empowering clinicians by providing access to information at the point of contact to support them in delivering timelier, safer and more patient centred care.
- 3. Embracing a culture of innovation; encouraging staff to develop new working practices which focus on improving outcomes for patients/service users.
- 4. Focusing on delivering quality outcomes and improving performance, rather than on artificial measures of success such as whether someone is visible during 'work hours'
- 5. Developing both a responsive and proactive workforce, able to meet the needs of our service users whenever and wherever they come into contact with our services; by removing barriers such as connectivity, travel, time and reliance upon specific physical locations where possible.
- 6. Emphasising the importance of staff wellbeing; particularly in creating an improved work/life balance by providing opportunities for staff to work in different ways.
- Adopting the use of functional space across all SHSC buildings, enabling staff to work in an environment which is conducive to the task they are completing.
   A 'clear desk' approach is to be implemented across all designated Agile working areas, and no designated team space will be provided to Agile working teams, ensuring sufficient hot-desking facilities are available across localities.
- 8. Promoting equity across professional groups and teams. Agile working is not hierarchical, staff will receive a package which enables them to adopt new ways of working within the remit of their role.
- 9. Supporting teams through the change to an Agile working model to ensure best practice and lessons learned are shared and embedded into core business. All services will work with the Organisational Development team to develop their own vision for Agile working which will form the basis of their new working practices.
- 10. Making SHSC a provider of choice for service users and carers by utilising technology to aid safer and speedier decisions and encourage collaboration on assessments and treatment plans.
- 11. Making SHSC an employer of choice and ensuring competitiveness in the marketplace for recruitment purposes.

The adoption of Agile working has the potential for SHSC to realise efficiencies which will provide a platform for delivering increased productivity to meet higher demands on services working with reduced or static budgets, while continuing to deliver quality outcomes.

Agile working can also provide SHSC with opportunities to provide value added services, to patients/service users, their families, and carers as well as partner organisations, through quicker more proactive sharing of information and intelligence, via the ability to access clinical information at the point of contact and work from a diverse range of locations amongst members of the wider multi-disciplinary team and its partners.

In addition, the development of new Agile working practices will directly support other SHSC initiatives such as Transformation and Estates Strategy plans and supporting SHSC's commitment to sustainability through a reduction in unnecessary mileage and production of paper documentation.

The benefits can include:

• Increases in productivity can be achieved, as demonstrated by increases in contact activity.

• Increases in time spent with patients following deployment of mobile devices – using laptops can increase the amount of time clinicians could spend with patients.

- Unnecessary journeys can be reduced, even where clinical activity is increased.
- Time spent travelling can be reduced.
- Data duplication can be reduced significantly, freeing up clinical time.
- Savings in referrals can be achieved.
- Savings in admissions can be achieved.

### **APPENDIX 2 - Defining Agile Working**

The table below shows some characteristics of an Agile versus fixed style of working

| Agile   | Fixed   |
|---|---|
| <ul> <li>Spend most of their time<br/>working in different places.</li> <li>Work on the move carrying out<br/>assessments in patient / service<br/>user homes.</li> <li>Working predominantly at<br/>home</li> <li>Work is not location<br/>dependent.</li> </ul> | <ul> <li>Care has to be provided in one location due to its nature, eg inpatient unit.</li> <li>Spend most of their time working at a fixed desk or location (c. 90%)</li> <li>Have specific equipment needs to enable them to perform their role effectively.</li> </ul> |

When determining the appropriate style of working the following will be taken into account:

- The most effective way of providing the service.
- The effect on the ability to meet service demand.
- The ability to organise work among staff.
- The impact on work quality or performance.
- Rotas of individual departments.
- Whether the job can only be carried out in an office environment
- Performance related issues discussed between the manager and staff.

### Agile working and Home working

Agile working may include occasional working from home or working from home for a full day or longer.

It may be in the interests of SHSC and staff for staff to occasionally work from home, for example the timing of appointments might mean that it advantageous for staff not to travel to their base. There is no expectation that staff must work from/at home and the arrangement must be mutually beneficial to both SHSC and staff member. Note that all home working is subject to management approval and is voluntary, unless recruitment designates the home as a work base.

Working from home for any amount of time has significant implications. The home becomes a place of work and all Health and Safety Regulations apply to the home environment, and a number of other factors may apply which are set out below: -

**Insurance**– SHSC's insurance indemnifies staff who work from home (whilst undertaking SHSC work) as if they were working in a SHSC building. Equipment owned/provided by SHSC is covered by SHSC's existing insurance policy. There may be other insurance implications and staff are responsible for checking/advising their insurance company of their home working arrangements and, if applicable, taking out an appropriate policy to cover any additional risks.

**Tenancy Agreements and Leases**- Staff renting or leasing property should refer to the terms of their agreement to check if the Landlords or Council consent is required to work from home. If there is any doubt the landlord or Council should be approached. Staff should also check their tenancy/mortgage agreements to ensure there are no provisions that prohibit home working.

**Business Rates** - It is unlikely that staff who work for short periods from home will be liable for business rates. Refer to the attached link.

https://www.gov.uk/introduction-to-business-rates/working-at-home

**Tax Relief** - SHSC will not meet any additional costs that staff may incur when working from home unless this has been agreed as part of a recruitment process, ie for a designated home worker. Income tax relief is available which can provide some contribution to costs of home working.

#### Agile Working and Flexible Working.

If a staff member wishes to work flexibly then the application should be made via SHSC's Flexible Working Policy. If the request to work flexibly encompasses an element of Agile Working, the Agile policy should be referred to so that due consideration can be given to this, for example, where a staff member makes a flexible request to work from home, relevant parts of this policy should be adhered to, including the creation of an Agile Working Agreement.

The adoption of Agile working can provide an opportunity for workload to be managed in a different way. Provided service provision is unaffected and agreed outputs are achieved or exceeded this may provide an opportunity for some degree of flexibility on an ad-hoc basis.

### **APPENDIX 3 - People Related Considerations**

### Introducing Agile Working

Introducing Agile working into a service represents a change to working practices and therefore, SHSC Organisational Change Policy should be utilised. Every change management situation is viewed differently by individuals involved in the process. Whilst some staff will openly embrace change others may strongly resist change.

Managers should recognise and overcome the fears of those individuals who strongly fear change. Managers should consult HR for support during any change management process.

#### Individual Request – Assessing Suitability

Agile working suits some people more than others. If a request to work in an Agile way is received the manager will need to consider whether this is a workable solution considering the suitability of the staff member to work in such a way. The following personal attributes are required to make home working successful:

- Ability to work independently with minimum supervision.
- Ability to communicate knowing when and how to raise problems.
- Ability to communicate with team.
- Ability to set own goals and priorities and work on own initiative.
- Time management skills can they schedule their work so as to deliver on time, manage others if appropriate and avoid working excessive hours.
- Self-discipline and self-motivation
- Ability to cope with minimal face to face intervention.
- If managing others, ability to set goals and priorities of others, manage appropriately and supervise delivery of service.

#### **Review of Agile Working arrangements**

Line managers will continually review the performance and wellbeing of Agile staff in line with the SHSC's Policies and via Supervision.

The Agile Working Agreement represents a temporary change to the Contract of Employment and as such needs to be reviewed periodically, and at any time should issues arise. All Agile Working Agreements must be reviewed after the first three months to ensure that both parties continue to find the arrangement satisfactory.

The Agreement should then be reviewed regularly by the line manager and staff member to ensure it still meets the needs of the SHSC and the member of staff.

The Agreement can be terminated at any time by giving reasonable notice should the needs of the service require this, or alternatively if the arrangements aren't working, eg the staff member is struggling to perform to the required standard.

**Hours of Work and Availability** – Hours of work should be agreed in advance as part of the Agile Working Agreement. It is also important to note that during working hours, all staff must be able to attend a base or service user home to respond to service need, unless dispensation for this has been given by their manager.

### Use of Private Vehicles for Business Purposes and Claiming Expenses

All staff will continue to have nominal base for travel claims purposes and the agreed rules on mileage apply. Staff working in an Agile manner can claim travel expenses only when the home to base mileage has been exceeded. This is automatically calculated on the expenses system for staff who use this system.

The location of the team/service manager and/or colleagues is not relevant for the purpose of allocating the nominal base. While a nominal base will be used for the purpose of travel claims staff should be encouraged to work from alternative locations which aid improved efficiency, reduce mileage and travel time and enable them to deliver a more effective service. Staff who have a lease car should check with payroll how this may be affected by Agile working.

Payroll must be informed of a change to a staff member's nominal base. The decision to change a staff member's nominal base rests with the manager.

### **APPENDIX 4 - Information Governance, Technology and Management**

The Key points set out below are taken from the Trust's Information Technology, Information Management, and Information Governance policies.

SHSC issue portable devices, including but not limited to laptops, mobile phones and encrypted memory sticks must be always kept secure. Staff are reminded that they have a legal obligation to store information safely, to protect it from loss, destruction, or damage. This requires storage that is secure against theft and damage, and the protection of systems from computer fraud and virus attacks.

Paper records containing sensitive information such as personal identifiable data (PID) or business sensitive information should be stored and carried in line with the Trust's Policies. Staff transporting sensitive information should ensure it is discreetly/securely packaged and staff must remain aware of any threats to information security in their immediate vicinity. Consideration should always be given to circumstances where it is appropriate to transport and store information, and where possible this should be minimised. In instances where paper records/documentation is taken home, staff should ensure it is only done so if there is no other option and authorisation should be sought in advance. All hardcopy information must be kept secure and securely transported (in the boot of a car- but not overnight) to a SHSC base on the next scheduled visit/review, it should then be disposed of in the normal way with the other confidential waste that is produced. Nothing containing sensitive information is to be thrown away with normal household rubbish.

Electronic information must be password protected. In addition, all sensitive data and any data containing personal information should be encrypted. All mobile devices provided by SHSC are encrypted prior to distribution to staff. Staff should never use a device to store sensitive information that is not encrypted.

Staff should never use their home computer or personal laptop for working with any data related to patients, staff or SHSC confidential work unless they are using an SHSC approved solution.

It is the responsibility of all staff to ensure that confidentially is always maintained. To do so staff must maintain an awareness of their surroundings and the threats to information security in their immediate vicinity, this includes use of a mobile phone with other persons in hearing distance of the call.

### **APPENDIX 5 - Health and Safety Requirements**

Agile working can pose additional risks to staff and there are additional responsibilities under Health and Safety Legislation on both the SHSC and staff. The following requirements must be met:

| What the law requires  | Responsibilities of staff   | SHSC's responsibilities   |
|--|---|---|
| Health, Safety & Welfare<br>Employers have a duty to<br>protect the health, safety<br>and welfare of workers   | Ensure a dynamic self-risk<br>assessment is carried by the<br>staff of the work activities and the<br>working area.   | Provide support to staff to<br>enable them to carry out<br>dynamic risk assessments in<br>all areas related to Agile<br>working.                      |
| <b>Driving</b><br>Employers have a duty to<br>reduce the risk of work<br>related driving.  | Comply with SHSC policies on driving SHSC vehicles and the use of private vehicles at work  | Manage the risk to staff who are driving whilst at work.  |
| Electrical Equipment<br>Employers are responsible<br>for the maintenance of<br>electrical<br>equipment   | To regularly inspect and report<br>any concerns about the safety or<br>condition of electrical equipment  | Ensure electrical equipment<br>provided by SHSC for work<br>use is inspected and tested in<br>accordance with SHSC's<br>Electrical Systems policy.    |
| Display Screen<br>Equipment (DSE)<br>Employers have a duty to<br>ensure display screen<br>equipment used is safe and<br>does not adversely affect<br>the user's health | Complete an assessment in accordance with SHSC DSE policy to identify any adjustments or equipment required   | Provide training to staff to<br>enable them to carry out<br>dynamic risk assessments in<br>accordance with the DSE<br>Regulations and SHSC<br>Policy. |
| New and Expectant<br>Mothers<br>Employers are required to<br>risk assess new and<br>expectant mothers who<br>work in an Agile manner                                   | Staff who are pregnant or have<br>given birth in the previous 6<br>months, or who are breast<br>feeding must inform their line<br>manager so that a risk<br>assessment can be completed | Ensure that the appropriate<br>risk assessment is undertaken<br>as per SHSC policy, and a<br>copy is retained on the<br>personal file.                |

| First Aid<br>Employers are responsible<br>for the provision of a basic<br>First Aid kit  | Take steps to prevent accidents<br>by ensuring the work-area<br>remains safe, and report any<br>concerns or risks to line<br>manager.   | In accordance with the SHSC<br>Policy on First Aid at Work-<br>provide a basic first aid kit if<br>requested.   |
|--|---|---|
| Accidents<br>Employers have a duty to<br>ensure they are informed of<br>work-related accidents,<br>incidents, injuries, and<br>dangerous occurrences                       | Take steps to prevent accidents<br>by ensuring the working area<br>remains safe. In the event of an<br>accident/incident, this must be<br>reported using SHSC's incident<br>reporting system. | In accordance with SHSC<br>Incident Reporting Policy,<br>follow up on any actions<br>required and review whether<br>Agile working is still<br>appropriate for the member of<br>staff. |
| Lone Working<br>Employers are required to<br>risk assess lone working<br>environments and<br>implement measures to<br>reduce risks as far as is<br>reasonably practicable. | Take steps to reduce the risk of<br>lone working by completing the<br>Lone Working risk assessment  | Implement lone working<br>procedures identified in<br>SHSC's Lone Working Policy  |
| <b>Moving and Handling</b><br>Employers have a duty to<br>assess risks from object<br>handling and to reduce the<br>risks as far as is reasonably<br>practicable.          | Take steps to reduce the risk of<br>moving and handling by<br>completing the risk assessment.<br>Reference must also be made to<br>SHSC's DSE Policy.   | Ensure that any action<br>identified by the risk<br>assessment is followed up, for<br>example provision of<br>'backpacks'.  |
| <b>Fire and Security</b><br>Employers have a duty to<br>implement measures to<br>reduce the risks from fire so<br>as far as is reasonably<br>practicable.                  | building and not escorted by a  | Provide policies, guidance and training to staff.   |

As the supervision that can be exercised by the SHSC over a member of staff working from some Agile environments and home is limited, staff have the main responsibility to ensure that they do their work in a way as to ensure that they and other persons who may be affected, including other members of the household as well as the public, will not be exposed to risks to their health and safety.

It is acknowledged that staff may see an increase in moving and handling associated with carrying both IT and clinical equipment and this requires dynamic risk assessments to be carried out by staff which may result in the provision of additional equipment by SHSC e.g., Backpack or trolley bag.

### New and expectant mothers

SHSC must take account of risks to new & expectant mothers. These risks may come from display screen equipment use, driving at work, moving, and handling and other health and safety issues outlined in the New and Expectant Mothers risk assessment which can be found on the Health and Safety pages of the Intranet. Further support and advice can be sought from the Occupational Health and Wellbeing at Work team, Moving and Handling Advisers or Health and Safety Manager.

New and expectant mothers may be impacted by the adoption of Agile working within SHSC. The ability to have greater control over the management of their workload both in terms of appointment/meeting management, and the ability to work remotely could positively support staff during pregnancy and their return to work following maternity leave.

### **Display Screen Equipment - Portable electronic devices.**

Tablets and other portable devices are regarded by SHSC as DSE and as such are covered by the DSE Regulations. Care must be taken when using DSE for example continuous use of a portable device can lead to wrist and shoulder conditions. Neck strain is also a key concern, but this risk can be reduced by elevating the device and avoiding lap-level viewing. In addition to the advice provided in the SHSC Display Screen Equipment Policy, other tips are listed below:

• Use the tablet flat or slightly angled to ensure your wrists are not in awkward positions.

- Use a light touch interacting with the screen.
- Avoid glare on the screen. Keep it clean so you can see the display.
- If you have to lean forward to view the screen, enlarge the image or text.
- Try to place the tablet on a surface rather than holding it.
- If you use the keypad for prolonged periods, consider using a wireless keyboard.

• For extended reading, use a stand or tilt the tablet, reducing the need to bend your head.

### **APPENDIX 6 - Agile Working Agreement Form**

| Name of Staff Member: |  |
|-----------------------|--|
| Job Title:            |  |
| Department/ Team:     |  |
| Line Manager:         |  |

The completion of this form confirms that the above-named member of staff, together with their line manager, has properly considered all issues relevant to Agile working as detailed within the Agile Working Policy as set out below. A copy of this form is to be retained on the staff member's personal file as it represents a contract amendment. All Agile working arrangements are subject to regular review. Abuse of the arrangement or concerns relating to performance would lead to these arrangements being terminated without notice.

| Agreed work style for job rol  | e:   | Occasional home working/ hot desking<br>[confirm all that apply]   | y/ mobile working |  |
|--|--|--|-------------------|--|
| Nominal base:  |  |  |                   |  |
| Contracted working hours:  |  |  |                   |  |
| Core service hours:  |  | [Specify here core service hours/ scop<br>working hours in order to identify flexib  |                   |  |
| Agile Equipment Issued:  |  | Laptop/ tablet/ notebook/ smartphone/ smartcard/<br>3G/4G card/ VPN Licence/ equipment bag/ laptop<br>stand [Delete as applicable]   |                   |  |
|  |  | Comments   | Agreed            |  |
| Has the member of staff read<br>and understood the Agile<br>Working Policy, the<br>principles underpinning Agile<br>Working and completed the<br>health and safety risk<br>assessments set out in<br>appendix 7 and 8? | change in way<br>support more<br>base points,<br>documentation<br>engaging patie | Reinforce expectation that Agile working requires a change in way of working. Where appropriate it can support more efficient and effective travel, use of base points/ hot desk areas, completing documentation during patient appointments and engaging patients in this process (unless rationale about why this was not appropriate) |                   |  |
| Is the staff member<br>complaint with mandatory<br>Information Governance [IG]<br>training requirements?   | If not, agree pl<br>commenceme   | Y/N  |                   |  |
| Is the staff member trained to<br>use all allocated Agile<br>equipment efficiently?  |  |  | Y/N               |  |

|  | Comments  | Agreed |
|--|---|--------|
| Does the staff member have   | Examples include:   | Y/N    |
| a health condition which<br>requires additional specialist<br>equipment?                   | Back care issues and need for specialist chair.   |        |
| Has the condition been<br>assessed and advice<br>received about reasonable<br>adjustments? | By Occupational Health or other specialist, eg Access<br>to Work                          | Y/N    |
| If so, is this equipment<br>restricted to certain bases<br>where they can work from?       | Include restriction details e.g. sites where equipment is available for them to work from | Y/N    |
| How will performance be  | Examples include:   | Y/N    |
| measured and outcomes monitored ?  | - Activity levels   |        |
|  | - Data quality  |        |
|  | - Record keeping entry timeframes   |        |
|  | - Service KPI's   |        |
|  | - Caseload size   |        |
| How will communication   | Examples include:   | Y/N    |
| between line manager and staff member be maintained  | - Monthly supervision   |        |
| ?  | - Weekly scheduled meeting/ discussion  |        |
|  | - Ad hoc contact  |        |
|  | - Team meetings   |        |
|  | - Use of Video conferencing and text/chat platforms                                       |        |
| What are the mechanisms in   | Examples include:   |        |
| place for informal support from the wider team?  | Team meetings   |        |
|  | Use of Video conferencing and text/chat platforms   |        |
|  | Shared contact numbers for advice and consultation  |        |

| How will the staff members<br>safety be monitored when<br>lone working? | Examples:<br>- Electro<br>accurate as po<br>be checked by<br>- Robust<br>- Lone w | Y/N  |  |
|---|---|--|--|
|   | •   | orker to be contacted after each visit -<br>at the base after the visit. |  |
| Are there any other considerations worth noting?                        | • •   | agreement reached to work outside of<br>to caring responsibilities       |  |
| Signed: [staff member]  |   |  |  |
| Date:   |   |  |  |
| Signed: [Line Manager]  |   |  |  |
| Date:   |   |  |  |
| Agile Working Agreement re  | view date:  |  |  |

## **APPENDIX 7 – Home Working Risk Assessment**

| Name:  |                     |                    |     |        |                    |                    |
|--|---------------------|--------------------|-----|--------|--------------------|--------------------|
| Care Group:  |                     |                    |     |        |                    |                    |
| Home address:  |                     |                    |     |        |                    |                    |
| Telephone  | Landline:           |                    |     |        | Mobile:            |                    |
| 1. Documentation   | <u> </u>            |                    | Yes | No     | Action             | s/Comments/Details |
| Have any risk assessment undertake been brought to you                       |                     | •                  |     |        |                    |                    |
| 2. Property  |                     |                    | Yes | N      | Action             | s/Comments/Details |
| Do you need to check any res<br>your insurance company/ mo<br>refers)?       |                     | -                  | 100 |        |                    |                    |
| Are there any hazards/issues to your home, i.e. steep drive                  |                     | -                  |     |        |                    |                    |
| Are there any hazards/issues<br>equipment/materials at the p<br>restrictions | that would affect   | t storage of SHSC  |     |        |                    |                    |
| 3. Fires   |                     |                    | Yes | N      | Action             | s/Comments/Details |
| Is a smoke alarm fitted to your  | home? (Strongly     | recommended)       |     |        |                    |                    |
| Have you tested the smoke all  | .,                  |                    |     |        |                    |                    |
| Are all exit routes available/cle  | ear and free from   | obstruction?       |     |        |                    |                    |
|  |                     |                    |     |        |                    |                    |
| 4. Work Area/Environment   |                     |                    | Yes | No     | o Action           | s/Comments/Details |
| Is there sufficient space to do  |                     |                    |     |        |                    |                    |
| Is there enough light (natural of  |                     | our work safely?   |     |        |                    |                    |
| Is the temperature comfortable   |                     |                    |     |        |                    |                    |
| Can the temperature be raised  | d or lowered to su  | it?                |     |        |                    |                    |
| Is the ventilation adequate?   |                     |                    |     |        |                    |                    |
| Can windows be opened/fan u required?  | ised to assist with | ventilation if     |     |        |                    |                    |
| 5. Slips/Trips/Falls   |                     |                    | Yes | No     | Action             | s/Comments/Details |
| Are floor coverings in safe/sou  | ind condition?      |                    |     |        |                    |                    |
| Is the work area and walkways trailing cables, lifted carpets, u             |                     | zards i.e.         |     |        |                    |                    |
| 6. Work Station & DSE/VDU  |                     |                    | Yes | N      | Action             | s/Comments/Details |
| Have you completed a DSE as environment?                                     | ssessment for you   |                    |     |        |                    |                    |
| 7. Electrical Safety   |                     | Yes                | N   | Action | s/Comments/Details |                    |
| Do you visually check equipr heating before use?                             | ment for damage     | and signs of over- |     |        |                    |                    |
| Does all SHSC provided equip   | oment have a Tes    | t sticker?         | X   |        |                    |                    |
| 8. Carbon monoxide   |                     |                    | Yes | No     | Action             | s/Comments/Details |

| Is the heating appliance reg<br>solid fuels)  | gularly se | erviced         | l (appl | licabl | e if gas, oil, or |        |             |             |          |         |
|---|------------|-----------------|---------|--------|-------------------|--------|-------------|-------------|----------|---------|
| Do you have a Carbon Mo<br>for solid fuels) Note for a b<br>fitted to an outside wall the | /pe ga     | pliance that is |         |        |                   |        |             |             |          |         |
| 9. Working Alone  |            |                 |         |        | Yes               | No     | Actions/Com | nments/E    | Details  |         |
| Have you seen/read and ur<br>Policy?  | nderstoo   | d the S         | SHSC    | Lone   | Working           |        |             |             |          |         |
| Has a lone worker risk asse   | essment    | been o          | carried | d out? | ?.                |        |             | -           |          |         |
| Have you read and under within the Lone Working Ris                                       |            |                 |         | s/cor  | ntrols identified |        |             |             |          |         |
| 10. Security  |            |                 |         |        |                   | Yes    | No          | Actions/Con | nments/E | Details |
| Can your home be secured by suitable means?   |            |                 |         |        |                   |        |             |             |          |         |
| 11. Accident/First Aid  |            |                 |         |        |                   | Yes    | No          | Actions/Con | nments/D | Details |
| Are you aware of the proce health?  | dure of r  | eportir         | ng acc  | cident | s/injuries/ill    |        |             |             |          |         |
| Have you got access to a fi   | rst aid ki | t?              |         |        |                   |        |             |             |          |         |
| 12. Adaptations related to  | DDA/E      | quality         | y Act ı | requi  | irements          | Yes    | No          | Actions/Con | nments/E | Details |
| If applicable, have you an requirements needed in the checklist?                          |            |                 |         |        |                   |        |             |             |          |         |
| 13. Any Other Comments  | Related    | l to Ho         | me Y    | our V  | Norking Enviro    | onment | -           |             |          |         |
|   |            |                 |         |        |                   |        |             |             |          |         |
| 14. Assessment Sign off   |            |                 |         |        |                   |        |             |             |          |         |
| Assessment Completed b  | oy:        |                 |         |        |                   |        |             |             |          |         |
| Signature:  |            |                 |         |        |                   |        |             |             | Date:    |         |
| Line Manager (LM):  |            |                 |         |        |                   |        |             |             |          |         |
| Approved by LM:   | YES        |                 | NO      |        | Signature:        |        |             |             | Date:    |         |

|   |      |      |           |                  |          | LIKELIHOOD |                |                   |
|---|------|------|-----------|------------------|----------|------------|----------------|-------------------|
|   | 72   | 115  |           | VERY<br>UNLIKELY | UNLIKELY | LIKELY     | HIGH<br>LIKELY | ALMOST<br>CERTAIN |
| APPENDIX 8 - Agile Working Risk Assessment form |      | NEGL | GIBLE     | LOW              | LOW      | LOW        | LOW            | LOW               |
|   | ĭ    | MI   | IOR       | LOW              | LOW      | LOW        | MEDIUM         | MEDIUM            |
|   | VERI | SEF  | ous       | LOW              | MEDIUM   | MEDIUM     | MEDIUM         | HIGH              |
|   | S    | SE   | ERE       | LOW              | MEDIUM   | MEDIUM     | HIGH           | HIGH              |
|   |      |      | ry<br>Ere | MEDIUM           | MEDIUM   | HIGH       | HIGH           | HIGH              |

| Risk Assessment for Agile Working |  |                    |                  |  |
|-----------------------------------|--|--------------------|------------------|--|
| Care Group                        |  | Team<br>Department |                  |  |
| Assessment Date                   |  | Review Date        | Reference Number |  |

This **example** risk assessment identifies the hazards, risks and control measures associated with Agile working. The Agile working approach within the SHSC covers working from any location, including from stationary vehicles for very short durations. This example identifies key areas to be considered and generic control measures. <u>It must</u> <u>therefore be customised to reflect and meet teams/staff Agile working activities and individual arrangements</u>. This form should be kept with supervision/appraisal records or stored in line with your own local arrangements and made available for review and for audit purposes. Refer to the SHSC Agile Working Policy for further information.

| What are the<br>hazards       | Who might be<br>harmed and<br>how?   | What existing control measures are in place to reduce / prevent the risk? | Considering<br>existing<br>controls, what<br>is the current<br>risk level | Further Action to be<br>taken to control the<br>risk?                                      | Assigned<br>to | Completed<br>by whom &<br>when |
|-------------------------------|--|---|---|--|----------------|--------------------------------|
| (i.e. what can<br>cause harm) | (e.g. staff,<br>patients,service<br>users, members<br>of the public,<br>etc. and the<br>significant<br>risk(s))? | (i.e. what are you already doing?)  | (i.e. high,<br>medium or low –<br>use the matrix<br>above)                | (i.e. only record<br>action/additional controls<br>measures you are going to<br>implement) |                |                                |

| Choff Cuitability   | Choff:                         | A greated A gillo Marting A greater and in place which   |  |
|---------------------|--------------------------------|--|--|
| Staff Suitability   | Staff: -                       | Agreed Agile Working Agreement in place which            |  |
| (e.g. existing III- | Adverse effect                 |  |  |
| health of           | on individuals                 | <ul> <li>introductory period to Agile working</li> </ul> |  |
| employee)           | existing health                | <ul> <li>contact/trace procedures,</li> </ul>            |  |
|                     | through isolation              | supervision and communication                            |  |
|                     | from the team or               | arrangements   |  |
|                     | lone working                   | <ul> <li>relevant risk assessments</li> </ul>            |  |
|                     | e.g.                           | completed and shared.                                    |  |
|                     | <ul> <li>Stress</li> </ul>     |  |  |
|                     | related/                       | Agile working to cease immediately if Staff's health     |  |
|                     | depression                     | is considered to be at risk.                             |  |
|                     | <ul> <li>Individual</li> </ul> |  |  |
|                     | health issues                  |  |  |
|                     |                                | Appraisals and regular formal and informal               |  |
|                     |                                | meetings with manager/team meetings are                  |  |
|                     |                                | scheduled – and must be attended                         |  |
|                     |                                | Staff must raise any concerns immediately to their       |  |
|                     |                                | line manager.  |  |
| Incorrect set-up of | Staff (Defined                 | All "Defined" DSE users must complete the SHSC           |  |
| workstation         | DSE Users) -                   | DSE e-learning and the self-assessment for Agile         |  |
| and/or equipment    | ,                              | working locations (i.e. primary location). Staff         |  |
| (i.e. Poor posture  | Headaches                      | must set up workstation on arrival at work location      |  |
| adopted)            | Musculoskeletal                | in accordance with SHSC DSE training.                    |  |
| , ,                 | disorders e.g.                 |  |  |
| Working for         |                                | working areas or team hubs equipment such as             |  |
| prolonged periods   | and wrist strain               | footrests, gel wrist and mouse mats are available        |  |
| of time (Defined    |                                | for use. Staff must raise any concerns with their        |  |
| DSE User)           |                                | manager if the necessary adjustments are not             |  |
|                     |                                | available at the agreed work locations                   |  |
|                     |                                | available at the agreed work locations                   |  |

| What are the<br>hazards                      | Who might be<br>harmed and<br>how?   | What existing control measures are in place to reduce / prevent the risk?   | Considering<br>existing<br>controls, what<br>is the current<br>risk level | Further Action to be<br>taken to control the<br>risk?   | Assigned<br>to | Completed<br>by whom &<br>when |
|--|--|---|---|---|----------------|--------------------------------|
|  |  | Whenever changes are made to Agile working<br>arrangements, including new equipment provided,<br>DSE will be reassessed.<br>Suitable work equipment for Agile role is provided.<br>This includes: laptop /tablet, wheeled suitcase /<br>backpack / laptop bag for transportation, etc.<br>All equipment is detailed and agreed in the<br>employee Agile working agreement. All<br>equipment provided is used only for intended use<br>and by those trained or authorised to use it. |   |   |                |                                |
| Use of electrical equipment                  | Staff –<br>Fire, burns,<br>electrical shock  | All portable electrical equipment provided by the SHSC is used and inspected/ tested in line with SHSC policy. Staff must undertake a visual pre use check before using equipment and raise any defects on SHSC equipment to their manager. Faulty equipment must not be used.  |   |   |                |                                |
| Moving and<br>handling items of<br>equipment | Staff –<br>Risk of manual<br>handling injuries<br>Musculoskeletal<br>disorders e.g.<br>neck, back, arm<br>and wrist strain | Transportation of equipment and office supplies is<br>covered as part of the employee Agile working<br>agreement (for example, Lightweight carrying<br>case provided to carry laptops or tablet pc's<br>between working locations)<br>Information to be taken to Agile working locations<br>to be kept to a minimum – store remainder at<br>normal base or home   |   | (Where applicable, staff to<br>undertake manual<br>handling training. Where<br>necessary, a specific<br>manual handling risk<br>assessment must be<br>conducted as per Policy.) |                |                                |

| What are the<br>hazards  | Who might be<br>harmed and<br>how? | What existing control measures are in place to reduce / prevent the risk?  | Considering<br>existing<br>controls, what<br>is the current<br>risk level | Further Action to be<br>taken to control the<br>risk? | Assigned<br>to | Completed<br>by whom &<br>when |
|--|------------------------------------|--|---|---|----------------|--------------------------------|
| Loss/theft/<br>damage of<br>valuables and/or<br>equipment and<br>storage when<br>travelling in car<br>or not working in<br>normal office<br>location | verbal<br>aggression               | Manager to discuss and identify and agree ways<br>of minimising risk with Staff when at locations and<br>travelling between locations.<br>No confidential information is to be left in vehicle.<br>Equipment must be stored in boot out of sight.<br>Staff are responsible for checking their own car<br>insurance.<br>Staff not to carry cash or valuables unnecessarily<br>or leave on display. Staff to keep own valuables<br>e.g. handbags with them at all times, use lockers<br>at Agile working locations if provided. In the event<br>property or cash is targeted, do not challenge the<br>situation and release the valuables. Contact<br>manager/police |   |   |                |                                |

| Undetected<br>accident,<br>stress/depression/<br>onset of Individual<br>health issue<br>Verbal/physical<br>abuse by<br>customers/ public.<br>Theft. | Staff –<br>Unreported/<br>investigated.<br>accidents or<br>injuries<br>Risks to<br>personal safety<br>Sense of<br>isolation<br>from<br>organisation<br>Individual health<br>issues which<br>may make it<br>unsafe for<br>person to work<br>alone/ or<br>undertake<br>certain activities<br>alone | Staff must report any accidents / incidents that<br>happen out of or in connection with work.<br>Manager must investigate and take action in<br>accordance with SHSC Policy.<br>Staff must familiarise themselves with the<br>emergency arrangements for the venues they<br>work from (i.e. fire evacuation and first aid).<br>Staff are supported following an incident as<br>appropriate. Arrangements are in place as per<br>known medical conditions. Advice from OH is<br>sought as required. Implement team local<br>arrangements and procedures for Staff who work<br>Agile (lone working and contact/ trace<br>procedures). Staff must carry ID and sign in at all<br>premises. Regular face to face contact with<br>manager, one to ones and colleagues All<br>information shared with Agile workers as those<br>based in office work environment.<br>Agile workers are included in Team Briefings.<br>Personal safety training provided to staff where<br>required. |  |  |
|---|--|---|--|--|
| Working in and<br>travelling to other<br>locations<br>including meeting<br>with the public<br>e.g.<br>patients' homes                               |  | Where appropriate the manager should implement<br>lone working arrangements in accordance with the<br>Lone Working Policy. Staff must dynamically<br>assess the suitability of working from all locations<br>and raise any concerns to their manager<br>immediately.<br>Discuss types of situations that may pose risks<br>(e.g. initial visits to patient homes or other<br>premises which may be out of office hours) and<br>provide any necessary safe systems of work to<br>staff.<br>Manager must be made aware of any out of hours<br>or late working so arrangements can be put into<br>place.<br>Managers must ensure that staff know the number  |  |  |

| What are the<br>hazards   | Who might be<br>harmed and<br>how?   | What existing control measures are in place to reduce / prevent the risk?  | Considering<br>existing<br>controls, what<br>is the current<br>risk level | Further Action to be<br>taken to control the<br>risk? | Assigned<br>to | Completed<br>by whom &<br>when |
|---|--|--|---|---|----------------|--------------------------------|
|   |  | and who to contact for advice in difficult situations<br>and out of office hours, later arrival at<br>appointments. There must be an agreed system in<br>writing for contacting and tracing/contacting staff.<br>A record of staff vehicle registrations must be<br>maintained as this will be required by police in the<br>event of an staff member going missing. Staff to<br>plan route and take the telephone number of<br>someone to contact and have a plan of action if<br>difficulties arise |   |   |                |                                |
| Working in cars -<br>Potential hazard<br>to other road<br>users.<br>Theft of valuables<br>Limited space | Staff and other<br>road users –<br>Poor working<br>posture leading<br>to<br>musculoskeletal<br>disorders when<br>using laptop. | The vehicle must be parked in a safe location in<br>accordance with highway code and road traffic<br>laws.<br>Working in a vehicle is only permitted for short<br>periods of time (no more than 1 hour).<br>Staff must adjust vehicle seat to achieve a suitable<br>sitting position.<br>Doors of car to be locked.  |   |   |                |                                |
| Driving at work   | Staff and other<br>road users.<br>Risk of a road<br>traffic collision.   | Refer to the HSE guidance document- Driving at<br>Work.<br>In poor weather –only make essential journeys.<br>Maintain vehicles regularly Check tyre inflation at<br>least once a month. Top up screen wash.<br>Eyesight checks and other health concerns.<br>Adjust headrest position, don't use mobile phone.<br>Managers to check staff vehicle M.o.t, driving<br>licence details etc. as per the SHSC Policy for the<br>approval of the use of private vehicles and<br>expenses.                  |   |   |                |                                |

| Working from | Staff- numerous | Refer to appendix 7. |  |  |
|--------------|-----------------|----------------------|--|--|
| Home         | risks- appendix |                      |  |  |
|              | 7 refers.       |                      |  |  |
|              |                 |                      |  |  |

| Name of Assessor | Signature |  |
|------------------|-----------|--|
|                  |           |  |

| Name of Manager responsible for activity / | Signature |  |
|--|-----------|--|
| process                                    |           |  |
|  |           |  |

### Appendix A

#### **Equality Impact Assessment Process and Record for Written Policies**

Stage 1 – Relevance - Is the policy potentially relevant to equality i.e. will this policy <u>potentially</u> impact on staff, patients or the public? This should be considered as part of the Case of Need for new policies.

| NO – No further action is required – please sign and date the following statement. | <i>I confirm that this policy does not impact on staff, patients or the public.</i> | YES, Go    |
|--|---|------------|
| I confirm that this policy does not impact on staff, patients or the public.       | Name/Date:  | to Stage 2 |
|  |   |            |

**Stage 2 Policy Screening and Drafting Policy** - Public authorities are legally required to have 'due regard' to eliminating discrimination, advancing equal opportunity and fostering good relations in relation to people who share certain 'protected characteristics' and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don't know and note reasons). Please see the SHSC Guidance and Flow Chart.

Stage 3 – Policy Revision - Make amendments to the policy or identify any remedial action required and record any action planned in the policy implementation plan section

| SCREENING<br>RECORD        | Does any aspect of this policy or potentially discriminate against this group? | Can equality of opportunity for<br>this group be improved through<br>this policy or changes to this<br>policy? | Can this policy be amended so that it works to enhance<br>relations between people in this group and people not in<br>this group? |
|----------------------------|--|--|---|
| Age                        | Νο   | Yes – supports working longer  | NA  |
| Disability                 | Νο   | Yes – supports reasonable<br>adjustments   |   |
| Gender<br>Reassignment     | Νο   | NA   |   |
| Pregnancy and<br>Maternity | Νο   | Yes – can support pre and post pregnancy   |   |
| Race                       | Νο   | NA   |   |

|                                  | No | NA |  |
|----------------------------------|----|----|--|
| Religion or Belief               |    |    |  |
|                                  | Νο | NA |  |
| Sex                              |    |    |  |
|                                  | No | NA |  |
| Sexual Orientation               |    |    |  |
| Marriage or Civil<br>Partnership | Νο |    |  |

Please delete as appropriate: - No changes necessary.

Impact Assessment Completed by: Debra Butterworth Name /Date 23 March 2023

### Appendix B

**Review/New Policy Checklist** This checklist to be used as part of the development or review of a policy and presented to the Policy Governance Group (PGG) with the revised policy.

|     |   | Tick to confirm              |
|-----|---|------------------------------|
|     | Engagement  |                              |
| 1.  | Is the Executive Lead sighted on the development/review of the policy?  | /                            |
| 2.  | Is the local Policy Champion member sighted on the development/review of the policy?  | /                            |
|     | Development and Consultation  |                              |
| 3.  | If the policy is a new policy, has the development of the policy been<br>approved through the Case for Need approval process?   | NA                           |
| 4.  | Is there evidence of consultation with all relevant services, partners and other relevant bodies?                               | Yes                          |
| 5.  | Has the policy been discussed and agreed by the local governance groups?  | Yes                          |
| 6.  | Have any relevant recommendations from Internal Audit or other relevant bodies been taken into account in preparing the policy? | Local SHSC<br>experts        |
|     | Template Compliance   |                              |
| 7.  | Has the version control/storage section been updated?   | Yes                          |
| 8.  | Is the policy title clear and unambiguous?  | Yes                          |
| 9.  | Is the policy in Arial font 12?   | Yes                          |
| 10. | Have page numbers been inserted?  | Yes                          |
| 11. | Has the policy been quality checked for spelling errors, links,   | Yes                          |
|     | accuracy?   |                              |
|     | Policy Content  |                              |
| 12. | Is the purpose of the policy clear?   | Yes                          |
| 13. | Does the policy comply with requirements of the CQC or other relevant bodies? (where appropriate)                               | NA                           |
| 14. | Does the policy reflect changes as a result of lessons identified from incidents, complaints, near misses, etc.?                | From operating the procedure |
| 15. | Where appropriate, does the policy contain a list of definitions of terms used?   | Yes                          |
| 16. | Does the policy include any references to other associated policies and key documents?  | Yes                          |
| 17. | Has the EIA Form been completed (Appendix 1)?   | Yes                          |
|     | Dissemination, Implementation, Review and Audit Compliance  |                              |
| 18. | Does the dissemination plan identify how the policy will be implemented?  | Yes                          |
| 19. | Does the dissemination plan include the necessary training/support to ensure compliance?  | Yes                          |
| 20. | Is there a plan to<br>i. review<br>ii. audit compliance with the document?  | Yes                          |
| 21. | Is the review date identified, and is it appropriate and justifiable?   | Yes                          |