

## Homeworking Considerations

### Protecting Governance, Stability & Staff Wellbeing.

This document is aimed at services who anticipate a proportion of their staff to remain or are expected to frequently work from home.

It may also be useful when planning for future restrictions being enacted, or staff who may be asked to isolate frequently.

It is designed to generate discussion within the broader management team when integrating this working model into the business as usual workstream. Managers, Clinical Leaders, HR and Governance Leads as well as IT and those with responsibility for resource planning.

It does not address the suitability of this workstream for specific clinical activity as that will be subject to local service conditions and staffing.

Each service may also like to include contingency planning suitable to their area for.

- ◆ Regionalised Lockdown
- ◆ Who as priority goes to immediate homeworking
- ◆ What can we do, working from home? Triage, booking, repeat scripts etc.
- ◆ Staff agreement of rota from home

## Home Working Considerations

Given the speed that homeworking had to be set up, in a “Get it up and we will fix later” approach. Many of the criteria we would have previously applied to assess someone’s suitability to work from home have had to be abandoned. However, if homeworking is to become the new norm employers have the same HSE duty of care and assessment of candidate suitability as in a traditional environment.

If we accept social distancing is with us for the medium term then consideration should be given to the following areas, when deciding how to maximise the resource versus space.

### Model

The mix of remote and site working should address the following issues.

- ◆ Workstream stability platform design a mix that guarantees should a remote worker lose service access, can the system compensate by re-routing.
- ◆ Peer to Peer communications and support while on a call with service user. Microsoft teams/SKYPE solution
- ◆ Secure access into required systems to the same security standards as if on site, GDPR etc
- ◆ Access to all local support documentation
- ◆ Is the remote location fit for purpose
- ◆ What tech are you supplying and what is the workers personal equipment, cost, security ownership of info.
- ◆ How do we maintain staff skills, do you rotate staff to ensure no loss of skills a week on site week at home.
- ◆ How do you deal with staff member having to isolate due to family member, can you switch them easily.
- ◆ In order to minimise direct contact do you do part day home part day site, this model has been trialled however it is not the most viable as it requires more risk, due to travel, loss of time etc.
- ◆ Do you have smaller hub sites that could be re purposed as a “call centre” and treatment pick up point only.
- ◆ Do you have a web presence that would allow front line electronic first line triage and self-filling of forms.
- ◆ How much can you do with no contact, test ordering, etc.

## Technology

Although many have been coping with mobiles and remote log in's the risks of instability of platform, security, and sustainability of this to provide an ongoing service needs to be considered, when creating your mix of remote and site working. Again, people have been tolerant of patchy connections, dropouts, and flexible call backs. However, this is likely to become a major stressor for both staff and service users. Consider:

- ◆ Minimum internet connection speeds for stability are variable but nothing below 5mb download, <https://www.speedtest.net/>
- ◆ Legal Issues around use of personal equipment including HSE, security of data, cost, and tax.
- ◆ Software compatibility across platforms and devices.
- ◆ Recording of consultations, we do not record calls however advisers can be recorded by service users and blocking software should be considered.
- ◆ Data transmission rules and issues around offshoring in cloud storage.
- ◆ <https://digital.nhs.uk/> and local IT policies should be consulted.
- ◆ How many people are accessing the same internet connection at the same time

## Staff Wellbeing

The “novelty” of homeworking has and is wearing thin for many, working from a kitchen chair hunched over a tiny tablet, dealing with other family members, chaotic connections, loss of colleague support and the mental health impact of “no off switch” when your service users are in your kitchen and in your head. The employer has the same duty of care for home and lone workers as it does for those on site, if not more. Policies will be required for many areas and consideration should be given to these areas.

- ◆ Lone worker policy adaptation or design. Given that staff may be “witness to live incidents” Listening to an assault perhaps this is essential.
- ◆ DSE assessment of working space. This does not have to be a dedicated “office” however if home working is to become a regular expectation, you have a duty to assess if the person has a quiet, work area that offers a safe stable platform and protects them from injury. <https://www.hsl.gov.uk/dse-assessments-and-healthy-working>
- ◆ Ensuring stability of teams, those working from home can quickly feel “out of the loop”. Communication and information sharing often happens in passing, in corridors and break rooms. Setting up a SharePoint or similar comms page, with daily updates, upcoming rota's etc not forgetting all the

social elements, who's birthday is it, who has a new baby and a forum for raising issues and seeking "best practice" for homeworking. So mental resilience strategies.

- ◆ Usual supervision, appraisals etc will continue but additional keep in touch is essential to support mental wellbeing, isolation and to allow unpacking. Staff chatting and discussing the angry, funny or distressing incidents of the day in break rooms or in between consultations is not thought of as a mental health tool but the loss of it has flagged to us that there is a "build up" where minor irritations are given disproportionate relevance *"I spent ages explaining everything to him and at the end he just said Well thanks for that...total sarcasm!"* Normally staff just vent this to a colleague and it is done, without the vent this becomes something that festers, 4 or 5 of these minor incident in a day build. Setting up informal chats between colleagues on messaging apps like SKYPE or Teams goes some way to alleviate this, but managers need to have a strategy for regular informal KIT and a "stressful contact" time out strategy.
- ◆ Not all staff have the same level of comfort with technology, this can leave some feeling "useless" "victimised" and "obsolete". These are all words we have heard from advisers of all ages, it is often assumed that younger staff members are more tech savvy however our experience is that is not always true. Good training in use of new tech is essential as this has been identified as our single biggest stressor for homeworking staff.
- ◆ Can and should this person be working from home. During lockdown, many people had the option of furlough or work from home and choose work from home, however this is a short term proposition. When assessing work from home policy as standard we apply criteria for suitability.
  - ◆ Level of supervision required
  - ◆ Health Physical & Mental
  - ◆ Environment- can they practice confidentiality, prevent things like RSI and be free from disturbance.
  - ◆ Willingness to work from home, impact on wider family or household and disruption
  - ◆ Shift patterns of homeworkers should also be rigorously followed as should break scheduling.

The increased cost for homeworkers should also be considered, energy use, increased broadband charges to increase bandwidth, mobile charges etc. Homeworking does provide flexibility but it cannot be seen as exploitative of good will *"Well she is at home so she can cover the back shift". "Well they are not paying travel so that offsets electricity."* Again, what has been tolerated in a national emergency with good humour is not conducive to longer term stability.

## Working from Home Resources:

<https://www.britsafe.org/products/remote-working/> Training on wellbeing

<https://www.hse.gov.uk/toolbox/workers/home.htm> Home Working Guidance

<https://portal.e-lfh.org.uk/> CPD Platforms

[https://www.microsoft.com/en-gb/microsoft-365/microsoft-teams/free?icid=SSM\\_AS\\_Promo\\_Apps\\_MicrosoftTeams](https://www.microsoft.com/en-gb/microsoft-365/microsoft-teams/free?icid=SSM_AS_Promo_Apps_MicrosoftTeams) Teams training

<https://www.nhs.uk/oneyou/every-mind-matters> Mental health resources

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