

AGILE WORKING POLICY

		POLICY		
Reference	HR/0049			
Approving Body	Joint Staff Partnership Forum			
Date Approved	25th April 2023			
For publication to external SFH website	Positive confirmation received from the approving body that the content does not risk the safety of patients or the public:			
	YES	NO	N/A	
	X			
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Consultation Undertaken	Joint Staff Partnership Forum			
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Date of Environmental Impact Assessment (if applicable)	N/A			
Legal and/or Accreditation Implications	Equality Act 2010 Health and Safety and Work etc Act 1974 The Health and Safety (Display Screen Equipment) Regulations 1992 The Management of Health and Safety at Work Regulations 1999			
Target Audience	All Individuals who may work on an agile basis i.e. from home; this includes people who have yet to start with Sherwood, but for whom agile working maybe in place upon the start date			
Review Date	April 2025			
Sponsor (Position)	Director of People			
Author (Position & Name)	Head of People Partnering and Operations			
Lead Division/ Directorate	Corporate			
Lead Specialty/ Service/ Department	People Directorate			
Position of Person able to provide Further Guidance/Information	Head of People Partnering and Operations			

Associated Documents/ Information	Date Associated Documents/ Information was reviewed
N/A	N/A
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APPENDICIES

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1.0 INTRODUCTION

- 1.1 Agile working is an arrangement in place between a manager and employee about where they work and on what ratio work this is undertaken, dependent upon the needs of a service.
- 1.2 Sherwood Forest Hospitals NHS Foundation Trust is committed to take all reasonable, practicable steps to provide an appropriate working environment to enable staff to undertake their role effectively and without risk to their health, safety or welfare, where appropriate in the context of the business needs.
- 1.3 The Trust also recognises the impact that agile working can have in attracting and retaining employees.
- 1.4 In order to support the increasingly diverse needs of the Trust and its workforce, this document sets out the approach, requirements and advice relating to implementing agile working across the Trust, where this is a possible option.

2.0 POLICY STATEMENT

- 2.1 The purpose of this policy is to set out the criteria and arrangements for agile working and to provide a framework for a consistent approach across the organisation.
- 2.2 The Agile Working Policy is not appropriate for instances where regular flexibility of working patterns is required for personal reasons and may change terms and conditions of employment; the Flexible Working policy should be considered for these purposes. This policy does not negate or supersede the Trust's Flexible Working Policy.
- 2.3 It is accepted that not all roles across the Trust are suitable for agile working. Line Managers should consider each situation on its own merits, applying the principles of fairness and consistency whilst ensuring the overriding business needs and other requirements can be appropriately met.
- 2.4 If there are disagreements relating to the agile working arrangements, attempts should be made to resolve this informally in the first instance. Individuals can appeal against the decision not to grant the request. A full explanation of the reason for the appeal will need to be stated and sent to a higher line manager within 14 days of the decision not to approve the request. The higher line manager will arrange to meet with the staff member and will write to them within 14 days with the outcome of the decision.

3.0 DEFINITIONS/ ABBREVIATIONS

For the purposes of this policy:

3.1 Agile Working

This is working flexibly from a location in addition to the base of work identified as Sherwood Forest Hospitals within an employee's Terms and Conditions of Employment. Any additional location can be worked from on an ad-hoc basis and will not replace the main base of work. Agile working seeks to find the most appropriate and effective ways of carrying out a particular task. It is working within the boundaries of the task but without the boundaries of how to carry out the task and utilising technology to change working practices and work differently. Any agile working arrangement is agreed between an employee and manager about where they work and on what ratio.

4.0 ROLES AND RESPONSIBILITIES

4.1 People Directorate

The People Directorate will provide consistent advice and support in relation to the Agile Working Policy.

4.2 Line Managers

Line Managers must consider all requests in line with this policy, ensuring flexibility, openness and constructiveness in all discussions and agreements about agile working, remaining focussed on the needs of the service.

Arranging for provisions of the appropriate equipment needed by the employee to ensure they can work securely, effectively and safely when working agilely.

Periodically reviewing agile working arrangements

Ensuring the employee is clear on the expectations of them and that effective communication is maintained with individuals.

Ensure that sufficient management arrangements are in place to support Individuals working on an agile basis. This will include ensuring Individuals are not isolated and that regular one to one meetings are in place.

Ensure compliance with Health and Safety and Information Governance Policies and Procedures.

5.0 APPROVAL

5.1 This policy will be approved by the Joint Staff Partnership Forum and People Cabinet

6.0 DOCUMENT REQUIREMENTS

6.1 Eligibility of Agile Working

- 6.1.1 All employees may request to work on an agile basis.
- 6.1.2 Line Managers have the responsibility to consider any request and make any decision based on section 6.2 of this policy.
- 6.1.3 There may be instances where agile working is not appropriate for the role and this needs to be communicated at the earliest opportunity.
- 6.1.4 Agile working is not a substitute for flexible working, nor is it a contractual right or a permanent arrangement.
- 6.1.5 In circumstances where an employee requires regular flexible working patterns for personal reasons, the Trust's Flexible Working Policy will be considered

6.2 **Individual Suitability**

- 6.2.1 It is recognised that some Individuals may be unable to work in an agile manner because their home environment, other circumstances or their role make it impractical. The experience of agile working can be very different to on-site working and it is important that individuals are suited to this. The role requirements and the needs of the service may also prevent agile working.
- 6.2.2 The decision on whether to support Individuals to participate in agile working rests with the relevant line manager. It must be stressed that the needs of the department / Trust and the service it provides for must be the primary, determining factor in any agreement for agile working.
- 6.2.3 Before any decision is made, the following should be considered to make agile working successful:

This list is not exhaustive, and discussions must be on an individual, case by case basis

Needs of the Service

- The most effective way of providing the service and continuity of meeting service demand,
- There must be no adverse effects on the level, quality and accessibility of the service,
- There should be no increase in workload for other Individuals as a result of agile working, although task allocation amongst the team may change,
- Agile working should be carried out at times when the employee is not required to be on site as determined by an individual's line manager. However, there may be occasions when an employee is requested to be on-site at short notice and it is

required that every effort is made to attend, e.g. covering sickness absence, critical incident etc. This list is not exhaustive.

The Job Role

- The nature of the work and its suitability to agile working.
- Location dependency and whether the job can only be carried out on Trust sites.
- Appropriate arrangements must be made for the staff member to supervise any other staff for which they are responsible. Careful consideration must be given to the impact on these staff.
- Performance standards, in terms of quality, quantity and monitoring the achieved work.
- If managing others, ability to set goals and priorities of others, manage appropriately and supervise delivery of service.

The Individual

- The staff member should carefully consider the impact of agile working on their personal circumstances and decide whether they are suited to this form of working.
- The line manager should take into account that the individual's wellbeing, as agile working on a regular basis may leave individuals feeling isolated or lonely.
- Whether the staff member has completed all the necessary on-site training for the post.
- Performance related issues discussed between the manager and staff.
- Time management skills – can work be delivered on time, manage others if appropriate and avoid working excessive hours.
- Reasonable adjustments under the Equality Act 2010.

The Environment

- It must be safe for the work to be carried out at location other than on-site at Sherwood Forest Hospitals, including lone working considerations.
- Individuals are responsible for ensuring that they have an adequate internet connection to work agilely. The use of public Wi-fi is discouraged.
- Individuals must be able to work in a quiet and confidential environment without distractions.
- It is not possible to care full time for a dependant whilst agile working. If another person is caring for a dependant during work time, then a suitable separate room must be available for working.
- Arrangements to protect confidential information must be in place.

6.3 Process for Agreeing Agile Working

6.3.1 The Trust provides the opportunity to request to work agilely to all staff. However, there is no automatic right to this; the decision is based on practicality and service need, as per section 6.2.

6.3.2 The request must be made to the Line Manager, giving adequate notice before the date the individual would like to commence agile working. The request must be made directly to the line manager.

- 6.3.3 Similarly, line managers may make a request for teams to work agilely.
- 6.3.4 The individual and their Line Manager must meet, either face to face, by telephone or virtually to discuss and agree expectations and arrangements, including frequency of agile working.
- 6.3.5 If the Line Manager declines the request after considering section 6.2, the reasons should be provided verbally to the individual and in writing, confirming any particulars of the agreements, including supervision communications or any team / department specifics.
- 6.3.6 Line Managers have a primary responsibility for maintaining service effectiveness and quality. A request to work agilely may be declined if there are specific service-related grounds, including;
- Burden of additional costs;
 - Detrimental effect on patient care / customer service;
 - Inability to reorganise work among existing staff;
 - Detrimental impact on quality; and/or
 - Detrimental impact on performance. Any member of staff who feels their request has been unreasonably refused should discuss their concerns with their Line Manager.
- 6.3.7 If the staff member feels the arrangement is not working, they should be able to return to site based working arrangements if they wish, as agreed by their Line Manager.
- 6.3.8 All agreements should be reviewed every 3 months to ensure appropriateness
- 6.3.9 All relevant risk assessments, remote working self assessments and VDU assessments must be completed. See the Agile Working guidance document for the relevant assessments.
- 6.3.10 Agile working as a result of a Government guidance or critical incident
- 6.3.11 The process for implementing home working as a result of Government guidelines or a critical incident may occur outside of arrangements set out in this document where agile working implementation is required to be established quickly. In this situation, as quickly as is reasonably practicable, the working from home risk assessment must be completed.

6.4 Ending the Agile Working Agreement

- 6.4.1 The withdrawal of agile working will be at the Trust's and managers discretion.
- 6.4.2 If the individual wishes to bring agile working to an end, they should speak to their Line Manager. Any current Government restrictions or critical incidents will need to be taken into consideration as appropriate.
- 6.4.3 Sherwood Forest Hospitals may decide to end a staff members agile working arrangement, giving one month's written notice of the withdrawal.

- 6.4.4 Where capability, conduct or health and safety issues arise, the Trust may withdraw agile working and require staff to return to working on Sherwood Forest Hospitals site.
- 6.4.5 If an individual moves role within Sherwood Forest Hospitals, they will be required to agree a new arrangement with their new manager. The request will be considered in the context of their new role. This means that the new arrangements may be different to current arrangements.

6.5 Reasonable Management Requests

- 6.5.1 Individuals have a duty to comply with any reasonable management request whilst working agilely, which may include alternative working arrangements as requested or required by the manager, Service, Division/Directorate or Trust. This may include attending meetings or carrying out duties as requested at other designated locations of Sherwood Forest Hospitals or other off-site locations where this is considered a safe environment by the Trust.
- 6.5.2 There may be occasions when an employee is requested to be on-site at short notice and may be asked to attend to cover sickness absence, a critical incident etc. This list is not exhaustive.

6.6 Health and Safety

- 6.6.1 The Health and Safety at Work Act 1974 requires all employers to ensure as far as reasonably practicable the health, safety and wellbeing at work of all employees. SFH extends this duty of care to Individuals working on an agile basis. This also places an obligation on staff working on an agile basis i.e from home to ensure they take reasonable care not to expose themselves or others to risks to their health and safety. All staff should be aware of health and safety requirements as provided in the Trust's Health and Safety Policy.
- 6.6.2 Reasonable adjustments for long term health conditions or disabilities previously implemented in the workplace must be applied to any working environment, with the Trust fully funding the cost. This may result in further Occupational Health / DSE / Access to Work assessments to ensure provisions are fit for purpose at home. Issues should be managed on a case by case basis.

6.7 Equipment

- 6.7.1 Any equipment provided must be used in accordance with the Trust's Information Security Policy.
- 6.7.2 Any damaged, lost or stolen equipment, especially if the equipment contains documentation or data belonging to the Trust, must be reported and managed in accordance with the Incident Reporting Policy (DATIX) and where required, the Information Governance Policy.

6.7.3 Staff will be held responsible for the loss or damage to equipment where requirements of the Information Security Policy have not been observed. The matter may also be investigated in accordance with the Disciplinary Policy which may lead to formal action.

6.8 Information Governance and Security

6.8.1 All data must be processed, managed and stored in line with the Data Protection Act 2018. Individuals are responsible for ensuring the security and confidentiality of all Trust property and data information, files, documents etc (written and digital) within their possession.

6.8.2 The Trust's Information Governance and Information Security Policy must be implemented by all Individuals. In particular, it is the responsibility of all members of staff to ensure the safety and security of information containing personal data and access by unauthorised individuals is not permitted at any time.

6.8.3 Staff are responsible for ensuring that the security and confidentiality of information is maintained whilst in their care and it is important to note that records must be stored and carried securely, not carried loosely and must not be left unattended in transit.

6.8.4 Staff should be aware of Trust Safe Haven procedures when transferring any confidential data and consideration should always be given to the business need for transporting or moving records as this increases the risk of data loss.

6.8.5 Individuals must provide assurance they are able to work in a suitable environment to maintain the confidentiality of Trust data (personal and non-personal). This includes consideration of others that may be in the environment, e.g. relatives.

6.8.6 Individuals must ensure that when using equipment e.g. MS Teams / Zoom / video conferencing / conference call / telephone / e-mail that they are in a confidential space that cannot be overheard or seen.

6.8.7 Where there is a breach of confidentiality or loss of data or information asset, this must be reported and managed via the incident reporting process (via DATIX) and in accordance with the Risk Management and Assurance Policy.

6.8.8 Staff will be held responsible for the confidentiality and security of information where requirements of the Data Protection Act 2018 and Information Governance Policy have not been observed. The matter may also be investigated in accordance with the Disciplinary Policy which may lead to formal action.

6.9 Personal Security

6.9.1 To ensure safe lone working, Individuals should be familiar and adhere to the Trust's Lone Working Policy.

6.9.2 Face to face meetings should not take place at home. Service users / Stakeholders must never meet at staff homes.

7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Agile working arrangements	Line Managers and Supervisors	Reviews such as general communications, ad hoc checks, supervision, appraisals.	Regularly	Service / Division

8.0 TRAINING AND IMPLEMENTATION

There is no specific training needed for manager and supervisors to implement this policy. There are guides and tips of supporting home working described within the policy and appendices.

9.0 IMPACT ASSESSMENTS

Delete/ amend as applicable:

- This document has been subject to an Equality Impact Assessment, see completed form at Appendix 1
- This document is not subject to an Environmental Impact Assessment

10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

Evidence Base:

- Equality Act 2010
- Health and Safety at Work Act 1974
- The Health and Safety (Display Screen Equipment) Regulations 1992
- The Management of Health and Safety at Work Regulations 1999

Related SFHFT Documents:

- Capability Policy
- Disciplinary Policy
- Data Protection and Disclosure Policy
- Email and Internet Policy
- Equality and Diversity Policy
- Flexible Working Policy
- Health and Safety Policy
- Information Security Policy
- Information Governance Policy
- Leave Policy
- Lone Worker Policy
- Moving and Handling Policy
- Reasonable Adjustments Guidance
- Risk Management and Assurance Policy
- Safe Haven Procedure
- Special Leave Guidance
- Sickness Absence and Wellbeing Policy

11.0 KEYWORDS

N/A


12.0 APPENDICES

- List all appendices here or refer to list in contents table

APPENDIX 1 - EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Name of service/policy/procedure being reviewed: Agile Working Policy			
New or existing service/policy/procedure: New			
Date of Assessment: 21st April 2023			
For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)			
Protected Characteristic	a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?	b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?	c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality
The area of policy or its implementation being assessed:			
Race and Ethnicity	N/A	N/A	N/A
Gender	N/A	N/A	N/A
Age	N/A	N/A	N/A
Religion	N/A	N/A	N/A
Disability	This policy has the potential to positively impact on the health of staff e.g. those with a disability or long-term health condition by supporting Individuals to continue to work in a more conducive manner. This may be considered as a reasonable adjustment.	Monitoring of the implementation of this policy will be required to ensure it does not exclude or disadvantage any group in its application process or implementation	N/A

	There is no evidence to show that this policy excludes disadvantages or marginalised groups.		
Sexuality	N/A	N/A	N/A
Pregnancy and Maternity	This policy has the potential to positively impact Individuals who are pregnant or on maternity leave and can be used in conjunction with the pregnancy risk assessment and/or returning to the workplace	N/A	N/A
Gender Reassignment	N/A	N/A	N/A
Marriage and Civil Partnership	N/A	N/A	N/A
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	This policy has an inclusive approach for home working and Individuals in these groups are offered the same opportunities to access and implement this policy.	Provisions are within the policy for purchasing equipment.	N/A
What consultation with protected characteristic groups including patient groups have you carried out?			
<ul style="list-style-type: none"> • 			
What data or information did you use in support of this EqIA?			
<ul style="list-style-type: none"> • Consultation with partnership organisations across the Nottinghamshire Integrated Care System (ICS). 			
As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?			
<ul style="list-style-type: none"> • No 			

<p>Level of impact</p> <p>From the information provided above and following EQIA guidance document Guidance on how to complete an EIA (click here), please indicate the perceived level of impact:</p> <p>Low Level of Impact</p> <p>For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.</p>
<p>Name of Responsible Person undertaking this assessment: Jacqueline Read, Head of People Partner and Operations Team</p>
<p>Signature: </p>
<p>Date: 21st April 2023</p>

