# Hybrid Working Policy

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# DOCUMENT TRACKING SHEET

| | **Hybrid Working Policy** |
|---|---|

| Version | Status | Date | Issued to/approved by | Comments |
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| 0.2 | Draft | 11/01/22 | | |
| 0.4 | Draft | 28/01/22 | JMG | Updated with comments from JMG, Jane Roe, Jenny Cogger, Clinical task and finish group, Martine Mccahon |
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## RELATED POLICIES/PROCEDURES/SOPs/forms/leaflets

| | |
|---|---|
| http://i-connect.kmpt.nhs.uk/document-library/virtual-consultations-for-clinical-and-therapeutic-consultations-policy/7180 | |
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## SUMMARY OF CHANGES

| Date | Author | Page | Changes (brief summary) |
|---|---|---|---|
| 31/03/22 | GG / TP | | SOP changed to policy and tracking list updated |
| January 23 | | | Review date extended |
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# CONTENTS

## 1   INTRODUCTION

1.1   KMPT has two working styles:

   (1) Fixed, where roles and duties have to be undertaken at one or more specified locations, not at home (e.g. ward based staff) and where flexible working is offered;

   (2) Hybrid, where an employee can split their time between different locations including the workplace (e.g. office, hospital or GP surgery) and remote working (e.g. home) and where flexible working is offered.

1.2   This is KMPT's policy for hybrid working. It should be read with the flexible working policy, which is available for staff in all working styles, and the hybrid working tool kit. It provides guidance to support all staff, including managers and employees, in how to work under a hybrid working model.  It does not cover changes to working hours or patterns as this is covered in the flexible working policy.

1.3   Not all roles can be subject to hybrid working (e.g. those in fixed working roles on inpatient wards). Flexible working patterns are still available and hybrid working will apply for some work elements such as e-learning and training. The needs of the patient and therefore the service are paramount and patient safety must always be considered first.

1.4   This policy is subject to regular review and guidance may change.

## 2   WHO DOES THIS POLICY APPLY TO?

2.1   This policy applies to all staff, including those recruited as an out of county worker. It also applies to sessional workers.

## 3   WHAT IS HYBRID WORKING?

3.1   Hybrid working is a type of flexible working where an employee splits their time between different locations including the workplace (either a KMPT or partner site) and remote working. It is not permanent home working.

3.2   It brings together people, processes and technology to find the most appropriate and effective ways of working.

## 4   OBJECTIVES OF HYBRID WORKING

4.1   The objectives of hybrid working are to:

- improve staff wellbeing by offering more opportunity to work creatively and flexibly
- make cost savings by reducing our non-clinical sites/estate
- ultimately maintain the quality and safety of care people receive.

If these objectives cannot be achieved, hybrid working cannot be agreed.

# 5 STANDARDS AND PRINCIPLES FOR HYBRID WORKING

5.1 **KMPT's standards for hybrid working are:**

5.1.1 **Clinical teams (e.g. community teams) - 60% workplace / 40% home**

The manager or leadership has responsibility for ensuring rotas are in place to guarantee effective, safe, high quality multidisciplinary team working. Patient safety and the needs of the service should always be priority when setting rotas.

5.1.2 **Support/Corporate services teams - 20% workplace / 80% home**

The manager has responsibility for ensuring rotas are in place to guarantee effective, safe, high quality team working

5.1.3 **Fixed roles (e.g. ward based roles) – hybrid for some elements**

It is not feasible to adopt hybrid working on a day to day basis for fixed roles but hybrid working can be adopted for some work such as e-learning and training

5.2 This will be pro-rata for part-time or flexible working hours to be applied.

5.3 **KMPT's principles for hybrid working**



Our hybrid working principles help us to determine how best to work...

**To deliver brilliant care**
To the people who use our services by being responsive and flexible to their needs

**To get the best out of yourself**
For your wellbeing and work life balance

**To ensure effective, safe and high quality team working**
Clinical staff work 60% in clinical setting
Support services work 20% in an office
Fixed location staff (e.g. ward staff) can do some work like e-training from home

**To be more efficient**
To reduce our non-clinical estate by 25%
To reduce unnecessary travel costs

**To support others**
To collaborate, work well in a team and to help others develop

**To contribute to a greener society**
To reduce our carbon footprint and make our buildings greener and sustainable

**To be effective**
Work efficiently and productively, using digital to achieve the best outcomes

...to live our values and achieve our strategic objectives

# 6 GUIDANCE ON AGREEING HYBRID WORKING

6.1 Arrangements for hybrid working should be agreed between individuals and their managers at a team level. Agreements should cover:

- the standards for hybrid working
- the hybrid working principles, in particular the wellbeing of staff and the quality and safety of care to service users must be achieved
- consideration about what parts of the job can be done at home and what parts of the job must be done on work premises.

6.2 Roles eligible for hybrid working are set out in Appendix 1 and in item 5.1 of this policy.

6.3 All staff agreeing hybrid working must complete the home working checklist and home working risk assessment (see Appendix 2).

6.4 Whilst the Trust is encouraging hybrid working it is not a legal requirement for KMPT to offer staff, nor is it a right in terms of contractual arrangements.

6.5 Hybrid working arrangements can be temporary, long-term or permanent. They offer flexibility about where, or how a role is carried out.

6.6 The needs of KMPT will take precedence. Any agreement can be terminated if the needs of the service can no longer be met and a notice period to end the hybrid working arrangement should apply.

6.7 Any requests for different working arrangements outside of this protocol need to be agreed via the relevant line management arrangements and in line with relevant HR processes set out in this document.

6.8 Effective hybrid working relies on trust between the organisation, managers and employees.

6.9 A review of hybrid working arrangements must be carried out for any employee who cannot easily or effectively work from home. For instance, there may be home environments, personal reasons, specialist equipment or health requirements preventing home working. If required, it is the organisation's responsibility to offer an appropriate fixed site option to enable that member of staff to work effectively. Arrangements would need to be managed on a local basis and the manager and employee would need to work through how any measures identified would work on a practical day to day basis, seeking advice as required.

6.10 Staff who are part of a team not working in a hybrid model can discuss and agree with their manager if hybrid working is an available option. This does not affect a person's right to be considered for flexible working under the Trust's flexible working policy.

6.11 For out of county staff the split of time at home / in the workplace will be agreed on a case by case basis.

6.12 **Homeworking toolkits for managers and employees**

6.12.1 The Trust has created home working toolkits to help managers and staff agree hybrid working and understand the actions they both need to take.

## 7 GENERAL PRINCIPLES EXPLAINED

**Technology**

7.1 Staff will no longer have their own dedicated desk or office to work from and teams will not have dedicated areas. An online desk and room booking system will be available to staff through i-Connect.

7.2    Technology will enable staff to work effectively and efficiently by accessing information whether they are at home or in a workplace. Technology should be the default option e.g. teleconferencing / video conferencing.

7.3    Equipment will be provided by the Trust in line with the needs of the role. Individual equipment needs will be included in the home working checklist.   The standard equipment list provided by the Trust is detailed in the home working checklist.

**Housekeeping**

7.4    Housekeeping rules must be agreed between the manager and member of staff.  It is the member of staff's responsibility to work within these agreed rules and adhere to the Trusts' employment and health and safety policies.

7.5    Clean desk principles must be adopted by all staff. When an individual has finished working at a desk they should leave it clear and clean it.  Staff are responsible for cancelling room bookings if they are not needed.

7.6    Booking protocols should be clearly stated and accessible in each building.

7.7    Each building will have an administrator to oversee the room booking and appointment process, and to ensure someone is responsible for day-to-day control of the premises, health and safety, fire wardens and first aiders.

7.8    In buildings providing clinical services it is recommended that existing arrangements for locally managed room bookings continue to apply pending the development of a Trust wide room and desk booking system.

**Clinical space**

7.9    It is recognised that clinical staff will need dedicated, private space. This must be balanced with the need to maximise the use of Trust facilities so buildings and rooms will be open to all staff.

7.10   Single office space consultation rooms will continue to be available based on the requirements for dedicated clinical space.  This will be managed by staff on site with responsibility for room allocation. This may result in different accommodation arrangements being in place across different services and localities; for example, Inpatient Consultants may require access to off ward space to ensure personal wellbeing and carry out clinical activity.

7.11   Where practicable, all clinical treatment space and clinical office space will be open for booking to a range of services when not in use for dedicated clinical consultations.

**Meaningful in person time**

7.12   Staff are expected to work a percentage of time, excluding sickness and annual leave, in a Trust building unless agreed otherwise.

7.13   Best use of the time spent on site is crucial to deliver the benefits of hybrid working. Time spent on site will be set out by the team leadership and be organised and purposeful.

7.14 COVID-19 may have increased numbers of staff with a disability working more from home to reduce their exposure. Managers should be mindful that for staff who work in this way their physical interaction with colleagues is reduced which may cause feelings of isolation. If an individual is vulnerable to poor mental health this may exacerbate it. An individual's ability to undertake physical activity may also be restricted.

7.15 Clinical teams have a set of principles set out in Appendix 1 for frequency of face to face appointments vs digital (video/telephony)

## 8 HUMAN RESOURCES

8.1 Staff performance will continue to be reviewed and monitored through annual appraisals and supervisions. Staff should have a minimum of 4 in person supervisions annually; the remaining can be delivered virtually.

8.2 Visibility of staff in the workplace will not be a measure of productivity for those working in a hybrid model. Staff will be measured against agreed outcomes and objectives.

8.3 Homeworking contracts will not be offered. Staff will only work from home all the time if there is an exceptional circumstance e.g. pandemic, significant incident or personal circumstances. Arrangements will be reviewed depending on the needs of the service and individual.

8.4 Any member of staff who has different arrangements to this policy (e.g. works more often at home, or those who don't live in the county) must have a letter outlining the agreement signed off by the team manager and relevant Director with a copy put in the person's electronic personnel file. This arrangement will be reviewed annually in line with this policy.

8.5 Hybrid working arrangements must be reviewed, including the health and safety self-assessment form, when circumstances or requirements change for the employee, manager or service.

8.6 Staff will still be contracted to have a Trust site as their work base and will only be able to claim mileage from an allocated base for work trips. Home to base mileage will always be excluded.

8.7 Equipment will be provided in line with the provisions detailed in section 11 of this policy. It will be the responsibility of the employee to attend a Trust site to collect or return equipment or to have equipment repaired and maintained.

**Refusal of the request**

8.8 An employee's request for hybrid working should be supported where possible. A manager should only refuse a request for valid service or organisational reasons, where one or more of the following apply:

- Adverse impact on service delivery and quality
- Adverse impact on work colleagues

- Outcome of the health and safety self-assessment (self-assessment form to identify and assess risks to home or hybrid working arrangements) shows that hybrid working cannot be supported

8.9     If the request is refused, the decision including reasons for that should be confirmed in writing within 7 calendar days.

## Appeal process

8.10    The employee will have a right to appeal within 14 calendar days against the decision to refuse the request. When exercising this right, the employee must identify the reason for their appeal.

8.11    Any appeal against the decision made will be undertaken in line with the KMPT Appeal process.

## Outcome

8.12    Following the appeal process, the employee will be notified of the outcome. This should include the rationale behind any decision taken in response to the employee's grounds for appeal.

## Request by employer

8.13    Where a manager or the trust would like staff to change their work location, they should have a conversation with these colleagues in the first instance. Any significant change to a staff contract will require consultation under the Trust change policy.

## Staff who refuse to come into the office

8.14    It is imperative staff follow this protocol to ensure they do not inadvertently breach their contract with the organisation. If staff refuse to come into the office without a valid reason, this will be unpaid and it could result in disciplinary action.

8.15    Managers will listen to staff concerns and work with staff and HR to take appropriate steps. HR advice should be sought as each case may be different, e.g. ill health, performance or disciplinary, and there would be a need to assess the situation and advise accordingly.

8.16    Where an individual is not able to work under a hybrid arrangement, the relevant policy/procedure would be followed depending on the circumstances of each individual case.

## Staff wellbeing

8.17    Staff wellbeing is a priority for successful hybrid working. Managers and leaders are expected to build in routine time for teams to come together face to face and online. Both managers and staff are encouraged to refer to the Toolkits which will set out sources and ways in which employees can be supported whilst working in a hybrid way.

**Travel expenses**

8.18   Claiming travel expenses will remain in line with the Trust's Travel and Miscellaneous Expenses Policy and the cost of travel between home and a permanent base is not allowed.

## 9   HEALTH AND SAFETY

9.1   The Trust has a duty under the Health and Safety at Work Act 1974 to ensure the health and safety of its workforce.

9.2   It is the employee's responsibility to take reasonable care of their own health and personal safety while working for the Trust from any site including home.

9.3   All staff should be aware of the Trust's health and safety policy.

**Risk assessments for hybrid working**

9.4   Anyone working from home must complete a home working risk assessment (http://i-connect.kmpt.nhs.uk/trust-departments/nursing-governance/health-safety) to ensure that homes are a suitable work environment. Safety concerns linked to home working should be discussed with the line manager. Full time office work may be required to ensure safety.

9.5   Risk assessment forms are reviewed at least annually or when there are significant changes to the existing home working environment. It is the employee's responsibility to request an earlier risk assessment review.

9.6   Risk assessments that identify management or staff actions will be reviewed at supervision until such time as the issues or actions are resolved. From that point, risk assessments will move to an annual review.

9.7   An employee's home workspace should meet health and safety requirements.

9.8   The risk assessment process includes a display screen equipment (DSE) assessment. This should also be added to an employee's personal file. Where adjustments have been identified, these must be considered and, where possible, actioned.

## 10   EQUIPMENT

10.1   The Trust will provide and maintain equipment to staff to work from home, which will remain Trust property.

10.2   Staff are responsible for ensuring equipment supplied is appropriate for their home working space. They should report any concerns about equipment to their local administrator or manager.

10.3   An equipment list is part of the home working checklist to keep an up-to-date record.

10.4   If a member of staff requires specialist equipment in the workplace they should contact the site administrator to determine if this is available.

10.5    The trust is required to provide reasonable workplace adjustments for staff working in a KMPT site and at home. If an employee has health and wellbeing requirements these will be considered when looking at equipment wherever possible. These should be discussed with the employee's line manager as part of the home working risk assessment.

10.6    Trust supplied electrical equipment requires regular PAT testing, a dated PAT testing label is affixed to all Trust equipment indicating the date by which the equipment must be Tested. This means the employee will need to take the equipment to a designated Trust building when it is necessary for this to be done. Any electrical equipment items owned by the employee and used in the course of their duties (for example extension cable, fan, etc.) are all used at their own risk and liability. They are not Trust supplied equipment and are exempt from PAT testing and the Trust is not liable if these items fail in any way. Prior to plugging electrical equipment in, the user shall be responsible for visually checking the wires and plug for any signs of damage. Any Trust supplied electrical equipment exhibiting signs of damage must not be used and immediately reported to the IT Help Desk for replacement or repair.

10.7    Should home working arrangements stop or the employee's employment ends, all property will need to be returned to the Trust and agreed with the line manager. This is in line with the KMPT Leavers process.

## 11  INFORMATION GOVERNANCE

11.1    Employees are required to operate to the Trust Information Governance and Records Management policies regardless of working in the office, at home or elsewhere. Guidance and links to the relevant policies can be found on the information governance pages: http://i-connect.kmpt.nhs.uk/trust-departments/information-governance

11.2    This includes ensuring that all desks and screens are kept clear and any confidential information is kept out of sight of other individuals.

11.3    Employees working from home should not connect their Trust laptop to other networked devices such as printers. Staff should only print from a Trust site.

**APPENDIX 1    CLINICAL DECISION MAKING (MAKING BEST USE OF HYBRID WORKING)**

Whilst a combination of virtual (digital and telephony) and face to face is deemed clinically safe, determining the need for a face to face versus a digital therapeutic interaction will be based on the following:

- Type of intervention - assessment may need to be face to face whilst a follow up review could be a virtual interaction

- Clinical presentation and level of risk

- Discussion with the person receiving treatment and clinical formulation of recent presentation

- Routine versus urgent/crisis response

Clinicians will determine when a person needs a face to face visit guided by discussion with the patient and/or family or referrer, the risk assessment, clinical formulation including historical presentations and any clinical uncertainty and interactions they have with the person.

When the level of risk changes, this may also indicate that a face to face contact is required even if digital appointments have been the preferred choice

For patients on Active Review and who are waiting for Memory Assessment Services telephone is the main form of communication in line with the relevant clinical Standard Operating Procedures (SOPs)

During assessment or a clinical appointment, the clinician can make the choice of face to face over digital if the clinical risk outweighs a preference by the patient for digital.

Alternate methods of urgent contact for patients during crisis must be considered other than telephone contacts to ensure the method of contact is appropriate for the patient.   Face to face contacts should be offered if appropriate.

It is a requirement to ensure an element of face to face contact continues in some if not all service areas. Each care group will have their own Standard Operating Procedure which outlines minimum standards and operational procedures at a service level for face to face versus digital appointments.  However, all teams will operate to minimum standards for face to face appointments as set out in Table 2 below.

A minimum standard of 3 months is required for a face to face review for all patients on CMHT and CMHSOP caseload (excluding Active Support and routine Memory Assessment Service).  Complex dementia patients with BPSD and associated risks should be seen at a minimum of 3 months on a face to face basis.

If patients refuse a booked face to face appointment, this should be discussed and clinically assessed before a decision is made to change the appointment to a digital or telephone appointment.

If staff cannot complete an arranged face to face appointment which is required due to some form of absence, the appointment must be re-arranged at the earliest convenience and the patient contacted to be informed of rationale for appointment change and the new date for next appointment

**MINIMUM STANDARDS FOR FACE TO FACE WORKING ACROSS KEY SERVICE AREAS**

Table 2 sets out the principles for minimum standards for face to face working across key service areas, which is subject to review.

It is accepted that some service users may request less or more frequent face to face appointments. A clear rationale for not working to the guidelines set out below is required when fewer face to face appointments are being offered and to be recorded in the patient's care and crisis plans.  Minimum standards are issued as guidance and will always be based on the patient situation, preference, risk assessment and clinical judgement of the best way to engage with patients.

Table 1:

| SERVICE | FREQUENCY of FACE to FACE CONTACT | ISSUES/ RATIONALE |
|---|---|---|
| Early Intervention in Psychosis | Every third appointment or within 3 months depending which comes first | Frequent face to face is required due to nature of service and required interventions |
| Crisis Resolution and Home Treatment | Red patients - every appointment<br>Amber patients- every other appointment<br>Green patients - every third appointment | |
| Initial Interventions - CMHT | First appointment and last appointment | To ensure effective engagement in programme and support good discharge processes |
| Psychiatric Appointment and Review - CMHT | First appointment and every 3 months | Unless clinically indicated a more frequent face to face is required, due to presentation and risk |
| Psychiatric Appointment and Review - CMHSOP | First appointment and every 3 months | Unless clinically indicated a more frequent face to face is required, due to presentation and risk |
| Forensic Outreach and Liaison Service | Every second appointment or monthly depending which come first | Due to the complexity of risk a face to face is needed every month |
| Perinatal mental health community team | Every assessment and then in line with SOP | |
| Complex Emotional Difficulties - Therapeutic Community | Every appointment | Due to complexity of therapeutic community working this must be face to face |

All teams are expected to update their Standard Operating Procedures clearly documenting the team response to face to face and virtual appointments to ensure staff know and understand what is expected of them.

## INTERVENTIONS – GROUP OR INDIVIDUAL

The rapid introduction of digital solutions for clinical delivery has enabled clinicians to provide therapeutic input virtually. Where this is clinically appropriate staff are encouraged to use video via Attend Anywhere and Lifesize

Telephone can be used for assessment and review (with video the preference) but not for individual group or therapy sessions

Active Support and Memory Assessment Services are more telephony based in line with the relevant operational procedures.  It is essential that a good mix of digital (telephone and video) options is maintained for routine initial memory assessments.

A balance of virtual clinical delivery versus face to face is needed.

Each care group have their own Standard Operating Procedures (SOP) which detail how they will deliver each group.  The individual SOPs will show the best method for each group based on experience.

**Please note**:  when clinically indicated, groups should be delivered virtually and must provide proven good outcomes for patients.

# Home working checklist for hybrid working

| Name | |
|---|---|
| Job title | |
| Line manager's name | |

- All colleagues working from home must complete this checklist with their line manager
- It should be completed alongside reviewing the working from home toolkit
- Each section must be signed by the member of staff after discussion with their line manager
- The line manager should add a copy of this to the employee's personal file and iLearn record

The Trust does not commit at this time to purchasing any equipment identified within this risk assessment. Equipment purchased will be based on individual needs agreed during discussion with the employee and their line manager.

| Section one: Health and safety | Signed by staff member (after discussion with manager) |
|---|---|
| Complete the home working risk assessment plus display screen equipment assessment (DSE). Once completed, place a copy on staff members iLearn record: http://i-connect.kmpt.nhs.uk/trust-departments/nursing-governance/health-safety/ | |
| Confirm that the Health and Safety Policy reminder, including fire safety has been discussed. | |
| Has the accident reporting process been discussed? | |
| Is all mandatory training relevant to health and safety up to date? | |

| Section two: Equipment | |
|---|---|
| Do you have a laptop? | ☐ Yes  ☐ No |
| If yes, please provide asset number of laptop: | |
| Do you have a mobile phone? | ☐ Yes  ☐ No |
| If yes, please provide model and number: | |

| Equipment supplied by KMPT<br>*(NB. Only equipment provided by KMPT should be included in this section. If staff decide to purchase any equipment themselves, the cost will not be reimbursed)* | |
|---|---|
| Laptop | ☐ Yes  ☐ No |
| Laptop raiser | ☐ Yes  ☐ No |
| Adjustable height monitor screen | ☐ Yes  ☐ No |
| Headset with microphone | ☐ Yes  ☐ No |
| Keyboard | ☐ Yes  ☐ No |
| Mouse | ☐ Yes  ☐ No |
| Suitable height desk | ☐ Yes  ☐ No |
| Adjustable office chair | ☐ Yes  ☐ No |

| Have you been provided with all the equipment you need to enable you to work at home? | ☐ Yes  ☐ No |
|---|---|
| If no, please provide details of the equipment you still require based on the above list | |
| **Working on site** | |
| Have you been provided with all the equipment you need to enable you to work in the office? | ☐ Yes  ☐ No |
| If no, please provide details of the equipment you still require based on the above list | |
| There is a requirement to make sure your laptop/desktop is regularly connected to VPN to make sure updates are pushed out to your machine. You may be required to be on site for this to happen. | Signed by staff member when discussed with manager: |
| Equipment PAT testing requirements reminder – in order to comply with PAT testing requirements, you will need to ensure that your equipment is made available on site when required | Signed by staff member when discussed with manager: |
| **Note to manager**: Please ensure that details of equipment held by the employee are recorded and a record kept on their personal file. | |

| **Section three: Information governance** | **Signed by staff member** (after discussion with manager) |
|---|---|
| Data Protection and Confidentiality Policy http://i-connect.kmpt.nhs.uk/document-library/data-protection-and-confidentiality-policy/2272 | |
| Confidentiality code of practice reviewed http://i-connect.kmpt.nhs.uk/document-library/confidentiality-code-of-practice/435 | |
| Is all mandatory training relevant to information governance up to date? | |

| **Section four: Managing work performance** | **Signed by staff member** (after discussion with manager) |
|---|---|
| Work objectives and expectations agreed (to be included in appraisal process) | |
| Performance measures agreed | |
| Agreed how and when you will work in the office and as a team | |

| **Section five: Health and wellbeing** | **Signed by staff member** (after discussion with manager) |
|---|---|
| Do you have any medical conditions or specific equipment requirements that need to be taken into consideration? | ☐ Yes  ☐ No |
| If yes, please provide details | |

| | |
|---|---|
| Any personal circumstance considerations discussed (e.g. child care arrangements, disability adjustments, caring responsibilities, etc.) | |
| Working pattern agreed – including number of days at home/office | |
| Hours of work and breaks discussed | |
| Communication – agreed methods for staying in touch and frequency | |
| Signposting to resources available on i-connect to support health and wellbeing completed http://i-connect.kmpt.nhs.uk/trust-departments/nursing-governance/your-wellbeing.htm | |

# Home working checklist declaration

Please sign the declaration below to indicate that you have completed and agreed this checklist with your line manager.

| Declaration |
|---|
| **We have discussed all the elements of this checklist and I can confirm that:**<br>• I know my responsibilities in terms of maintaining a safe home working environment<br>• I am clear about my responsibilities about data protection and confidentiality<br>• I understand that the contractual terms and conditions of my employment continue to apply<br>• I understand that all Trust policies and procedures continue to apply whilst working from home<br>• I am clear about what's expected in relation to performance, communication and reporting of issues and incidents<br>• I know my responsibilities about maintaining my own health and wellbeing<br>• I have been signposted to the resources on i-connect and am aware I should raise any issues about my health and wellbeing if they arise<br>• I understand that this arrangement will be reviewed on an annual basis (or more frequently if required) and could be ended, with a reasonable period of notice, if the requirements of the service or organisation mean that the working from home arrangement can no longer be accommodated or that it is necessary to support me in the performance of my role<br>• I understand that a request to move away from a hybrid working arrangement will be accommodated wherever reasonably practical, but cannot be guaranteed.<br>• I know I have a responsibility to advise my manager immediately of any concerns about the office equipment I have been issued for use in my home; and that it is my responsibility to make sure that if I have concerns about using this equipment, I will stop using the equipment and arrange for a further review of my home working risk assessment with my line manager<br>• I know when I leave the Trust I am responsible for returning all equipment provided by the Trust |

| Name: | | Signature: | | Date: | |
|---|---|---|---|---|---|

| Line manager's name: | | Signature: | | Date: | |
|---|---|---|---|---|---|

| Date of review: | |
|---|---|