

# **Return to Workplace**

## **Manager guide**

**June 2020**

# Introduction

- In line with the [Government guidelines](#), the council's key principle is that, subject to business and role requirements and/or personal circumstances, our staff will work from home where possible. Many of our staff have continued to work in the community throughout the pandemic and, along with all other staff, their safety and welfare is paramount. For these staff, we will rigorously apply PHE guidance to the way they work, in particular those who undertake home visits.
- For those staff not in community facing roles (or for those whose roles have until recently not been able to be fully undertaken due to service closures), as lockdown restrictions ease there will be circumstances where some staff need to return to the workplace and this document provides a framework and ways to support these staff to transition back.
- Our guiding principle is for staff to work in a “safe” environment and for concerns to be addressed and mitigated.
- To this extent, managers will play a key role in inducting team members back into the workplace in a way that suits individuals’ circumstances including personal, health and care needs.
- Services need to carry out Risk Assessments to make sure full safety measures are in place for work setting/team area. Managers are responsible for ensuring that individual and service Risk Assessments are in place and suitable. Until then, all staff are asked to continue working under current agreed arrangements.
- Returning to a workplace will require a flexible approach. In most cases, it is likely that staff will work from home for some of the week and have agreed days and times when they work out of an SCC building.
- Managers and staff will need to bear in mind that a return to workplace plan may need to revert to home working at very short notice if an individual is contacted via [Test and Trace](#) due to potential exposure to Coronavirus. Contingency measures for this will need to be factored in.

## Working practices

- Notwithstanding role specific requirements, all staff should work from home where they are able to do so. Staff should only work from an SCC building where there is a specific need, (to be agreed locally by Exec Directors/Directors).
- A maximum of 30% of staff from each service will be allowed in a workbase at any time. Managers will be expected to enforce this and consider individual personal circumstances when deciding who comes into the workbase.
- Where people do need to work from SCC buildings, services should operate a Team A/Team B system, with each team coming in on alternate days/weeks.
- Staggered start/finish times will be considered for staff who cannot work from home.
- Staff who are Shielding must work from home (in their substantive role where possible or be available for suitable redeployment where their substantive role can't be undertaken from home).
- Staff not Shielding but in a vulnerable category (as outlined in PHE guidance) must continue to work from home wherever possible. Where not possible, managers will take extra care as

identified through individual Risk Assessments. Any suitable adjustments required to work/working arrangements will be made on a case by case basis.

## Guidelines for managers

- All managers are required to carry out [Risk Assessments](#) in all settings to ascertain whether it's safe for their staff to return to a workplace. More information on this can be found on the new [‘Stay safe at work’ hub](#), which also includes Risk Assessment documents.
- As part of the Risk Assessment process, there is also a requirement for [individual assessments to be carried out for all members of staff who may be at a higher risk](#) due to underlying health conditions or other factors. This applies to staff who have continued to work from an office, residential or community setting as well as those looking to return to work/a workplace. Individual Risk Assessments must be undertaken for any member of staff who is:

- Shielding (very high-risk group)
- Vulnerable (over 70 or underlying health conditions as per PHE guidance)
- Pregnant (+/-28 weeks)
- BAME (staff or family member)

And/or where managers have concerns over the impact on individuals:

- Mental wellbeing
- Other specific concerns e.g. caring for a vulnerable relative
- It is the responsibility of all managers to complete Risk Assessments for all vulnerable staff as a priority so that a personalised risk mitigation plan can be put in place for each individual.
- Additionally, any member of staff not classified as vulnerable who has concerns about returning to the workplace can request that an individual Risk Assessment is undertaken prior to their return.
- This requires an open collaborative conversation between the staff member and line manager, aided by the HR Team and Occupational Health/ Team Prevent as required. An open-ended question like *“What can I do to help, how can we help you?”* is a good starting point.
- The Risk Assessment tool is intended to aid a structured conversation, in a safe space, exploring all potential risks. No template can fully capture the sensitivity of the discussion and it must avoid becoming rigid or a tick-box exercise. Regular review, which acknowledges concerns as understandable; validating and respecting staff is likely to promote consensus.
- Managers should gather the relevant information as outlined above, through one-to-one conversations with their staff. Managers should listen carefully to staff concerns and provide support and consider adjustments or redeployment for any staff who are identified as being at greater risk. Adjustments may include moving to a lower-risk area, undertaking lower-risk tasks, limiting exposure (for example through reducing shift lengths) and remote working.
- For data protection reasons, managers need to store the completed individual Risk Assessments in the individual's supervision record, or personnel file on the F: Drive, to safeguard their identity. Whilst it's positively encouraged that Risk Assessments are completed, if a member of staff does not wish to divulge any sensitive information with regards to ethnicity/

disability/age etc., then the assessment is not mandatory, and the individual's wishes should be respected, providing they understand the risks involved around them returning to work. Managers should encourage any staff in this position to discuss their circumstances with Occupational Health. It is recommended that managers draw the Privacy Notice at the bottom of the Risk Assessment to the individual's attention, to ensure they understand that we are fully complying with Data Protection Regulations.

- Since understanding each individual's personal circumstance is crucial, the below points outline different scenarios that managers need to be mindful about while having the one-to-one conversations.

Whether the employee;

- can continue to work from home
- needs to return to a workplace because of service need
- needs to return to a workplace because of a wellbeing need
- is transitioning back to BAU/ substantive work following redeployment
- has carer responsibilities
- has received NHS/GP advice to shield
- is pregnant
- has health issues and prefers to self-isolate
- is a member of the BAME community
- has recently suffered bereavement
- needs to use public transport to get to and from the workplace

**If staff members are feeling unwell or displaying any symptoms of COVID-19, they must not leave home to attend the workplace.**

## Office safety measures and travel

- Staff who have been identified to return to the workplace are required to follow the [Stay Safe at Work staff etiquette](#).
- All staff must adhere to social distancing guidelines and managers are expected to ensure this happens in practice.
- Meetings will continue to be virtual wherever possible. Where in-person meetings are necessary, meeting room layout must enable social distancing to be maintained. The maximum number of people per meeting in the same room will be based on latest Government/PHE advice.
- All staff should wash their hands and/or use hand sanitiser regularly.
- Staff will not be able to use hot desks or shared equipment. Additionally, people will need to use the same desk for the length of time they are in the workplace, (i.e. no desk sharing).
- [Government safer travel advice](#) is that members of staff should avoid using public transport where possible and should walk, cycle, or drive instead. If essential to use public transport, staff

should be encouraged to re-think times, routes and ways to travel in order to stay safe. Where public transport has to be used a face covering should be worn in line with Government guidance. Car sharing is actively discouraged.

- Below are location specific guidelines which need to be thoroughly read and understood by all managers and staff members returning to any of the main SCC corporate sites.
  - [Consort House, Redhill, RH1 1YB](#)
  - [County Hall, Kingston-Upon-Thames, KT1 2DW](#)
  - [Fairmount House, Leatherhead, KT22 7AH](#)
  - [Quadrant Court, Woking, GU22 7QQ](#)

## Reviewing work arrangements

- Review work arrangements regularly with members of staff to check they are comfortable and confident to sustain these.
- Be prepared to reassess in the event of staff illness or increased anxiety. If necessary, co-develop a revised return to workplace plan.

## Staff wellbeing

- Staff will continue to have access to resources to help them with stress, anxiety and other mental health needs as a result of the current circumstances.
- Full details of the mental, emotional and physical support that is available can be found at the [Coronavirus Wellbeing Hub](#). If you are aware of a wellbeing need that is not being addressed (whether for an individual or for a whole team), you can request bespoke support via the [Employee Experience](#) mailbox.
- To help facilitate wellbeing, all staff (including those Shielding) will be required to take at least one week's annual leave in every three-month period.

## Scenarios

We have detailed a selection of scenarios to help you in supporting employees to work as lockdown restrictions ease. We recognise that staff members will be in different places emotionally, mentally and physically, depending on their role during the crisis and their personal circumstances. Additionally, every situation and personal circumstance will be different, and therefore these scenarios can be used as a guide only to help inform your discussion.

### Social Isolation:

For those who are faced with social isolation, this may have had a detrimental effect on their mental health and ability to work. Managers should continue to support these individuals in maintaining contact with others in a virtual way and where possible, allow them to return to the workplace in a safe way, after carrying out comprehensive risk assessments. It should be explained that although being back in the office will allow for some social contact, social distancing must be maintained and that the amount of people in the office will be significantly lower than previously. Other options such as alternating working arrangements can be explored and the [resources/ information materials](#) will help guide the member of staff with an understanding of psychological health and coping strategies.

### **Working from home is unsuitable and/or unsafe:**

For some members of staff (who may have been working from home during the crisis), this may now be becoming unsustainable; this could be due to a number of things such as inadequate workspaces or because their home life is not safe, e.g. they are or are at risk of victims of domestic abuse. Subject to a suitable risk assessment and conversations, staff in this position should be supported to return to the workplace at the appropriate time. [This policy and guidance](#) explains how to recognise and support employees who are victims of domestic abuse.

### **Clinically extremely vulnerable and shielding:**

Staff classed as 'clinically extremely vulnerable' and who have received a letter from the NHS giving advice as a result of their condition must continue to work from home. If their role cannot be carried out from home, every effort should be made to find them an alternative work or role. They should not be asked to attend any SCC site and should follow the advice of their GP's, NHS and [Central Government](#).

### **Clinically vulnerable:**

Those who are clinically vulnerable are strongly advised not to work outside the home. They should take extra care in observing social distancing and helped to work from home, either in their current role or in an alternative role.

### **Living with someone extremely clinically vulnerable:**

Those who are living with someone who is extremely clinically vulnerable should follow the same rules as those clinically vulnerable and protect people around them. See the [Government advice](#) on protecting someone who is at risk (extremely vulnerable) from coronavirus.

### **Returning to substantive role after redeployment:**

Those returning to substantive roles should be supported and provided the space and time to get re-orientated. They are encouraged to use the skills, knowledge and insights gained from their redeployed role to enhance their work going forward. The physical return to the workplace for these individuals will be dependent on their role, service and personal requirements.