**Appendix 4**

**AGILE WORKING PERSONAL PLAN**

|  |  |
| --- | --- |
| Name |  |
| Job Title |  |

**WORK PROFILE**

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|  | Comments/issues identified and how any challenges could be overcome | |
| Is your work impacted by the location you work from? |  | |
| How much of your working time do you spend attending meetings and/or delivering business across multiple sites |  | |
| Can the CCG’s business needs and/or service still be met if the work is carried out remotely? |  | |
| Work Profile Identified | Fixed | Agile |
|  |  |
| Additional Comments |  | |

**CONSIDERATIONS FOR FIXED WORKERS**

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|  | Comments/issues identified and how any challenges could be overcome |
| How are you feeling at the moment?  You could think about:   * Your health and wellbeing * Your work/life balance * Any support you need to improve your health and wellbeing |  |
| Do you have all the equipment / resources do you require to carry out your role? |  |
| Do you require any reasonable adjustment to be made in order to be able to work safely and effectively? |  |
| Have you completed a DSE self assessment form? Were there any actions identified from this? |  |
| How often will we keep in touch and through which communication methods? |  |
| Is your ESR record up to date e.g contact details, next of kin etc. |  |

**CONSIDERATIONS FOR AGILE WORKERS**

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| --- | --- |
|  | Comments/issues identified and how any challenges could be overcome |
| Do you have any childcare or carer related issues which may impact on your role responsibilities at this time? |  |
| What are your preferences in terms of where you work from? Would any of these locations have a negative / positive impact on the delivery of your role? |  |
| How are you feeling at the moment?  You could think about:   * Your health and wellbeing * Whether working in an agile way may impact on your health and wellbeing * Your work/life balance * Any support you need to improve your health and wellbeing * How you will ensure you take regular screen breaks/physical breaks |  |
| Do you have all the equipment / resources to work remotely? If working from home do you have a quiet space to work from? |  |
| Do you require any reasonable adjustment to be made in order to be able to work safely and effectively? |  |
| How often will we keep in touch and through which communication methods? |  |
| Is your ESR record up to date e.g contact details, next of kin etc. |  |
| Are there any personal circumstances which may impact on your ability to work in an agile way? |  |
| Have you completed a DSE self assessment form? If so, were there any actions arising from this? |  |
| If working from home, have you undertaken a home working risk assessment? If so were there any actions arising from this? |  |

In maintaining this personal plan, please ensure that regular review dates are planned with your line manager. Actions or brief notes from each meeting may be recorded here.

**Employee Signature:** **Date:**

**Managers Signature: Date**

**Appendix 5**

**HOME WORKING RISK ASSESSMENT FORM**

Under the Management of Health and Safety at Work Regulations, the CCG is required to assess the risk of work activities carried out by staff working from home. This risk assessment can be carried out by the employee themselves.

The assessment will be used to to ensure that your working conditions at home comply with current best practice. Completing a risk assessment involves identifying the hazards relating to work activities carried out in the home environment and deciding whether appropriate steps (control measures) have been taken to prevent harm to the employee or anyone else who may be affected by their work.

A risk assessment will:

* Identify hazards (a hazard is anything that may cause harm)
* Decide who might be harmed and how
* Assess the risks (a risk is the chance, great or small, that someone will be harmed by the hazard) and take appropriate action to remove or reduce them as far as possible
* Record the findings
* Be reviewed from time to time to see whether further action is needed.

The form should be completed prior to commencing home working and passed to the line manager. The line manager should be satisfied that there is low risk and where appropriate, that additional control measures are in place.

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| **Name:** |  | **Date of completion:** |  |
| **Address where assessment was undertaken:** |  | **Job Title & Department:** |  |

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| --- | --- |
| **Potential hazards and suggested control measures to reduce or eliminate risks** | **Home working checklist, comments and implemented control measures** |
| 1. **Display Screen Equipment (DSE)**   See Guidance and self-assessment form in Appendix 6   * In particular, you should use the guidance to: * Check the positioning and display of your computer screen/monitor * Check the positioning and suitability of your keyboard and mouse * Check the suitability of your chair and desk.   Laptop users should consider using a separate monitor, keyboard and mouse.  DSE users should also take regular breaks | I have read the guidance and checked:   * The positioning and display of my computer screen/monitor; * The positioning and suitability of my keyboard and mouse; * The suitability of my chair and desk   And am satisfied that they are suitable and safe.  Yes/No (Delete as appropriate)  I have made the following changes:  Risk is High/Medium/Low (delete as appropriate) |
| 1. **Homeworking Environment**   See Guidance and self-assessment form in Appendix 6   * In particular, you should use the guidance to: Check that you have sufficient space on and around your desk/home work area * Check that you have appropriate lighting for your home work area (eg do you need a desk lamp) * Check that the temperature, humidity and ventilation of your home work area is comfortable for you | I have read the guidance and checked:   * The space on and around my desk/home work area; * The lighting for my home work area; * The temperature, humidity and ventilation of my home work area   And am satisfied that they are suitable and safe.  Yes/No (Delete as appropriate)    I have made the following changes:  Risk is High/Medium/Low (delete as appropriate) |
| 1. **Other Hazards**   You should ensure that:   * Tripping and falling: you are able to safely walk between your home work area and other parts of your home without risk of tripping or slipping, for example on trailing electrical cables, mats, uneven work surfaces, steps, pets or children. Use good footwear. * Fire: you are advised to have smoke detectors (regularly checked), a fire extinguisher or fire blanket and a clear escape route. * Accidents: you should be clear about how to report an accident; you are advised to have a home first aid kit. During breaks, you should take particular care when making hot/cold drinks/snacks and using knives and other sharp objects. * Electricity: your electricity supply and any electrical appliances used while homeworking should be well maintained and regularly checked; you are advised to use circuit breakers for your electrical appliances. * Noise: the noise level in your home work environment should not prevent you from being able to concentrate and carry out your work. Avoid loud music. * Manual handling: manual handling should not be necessary while homeworking; you should take care when moving/carrying your laptop and setting up your home work area. * Harmful substances: it should not be necessary for you to come into contact with any harmful substances while homeworking. * Lone working: you should maintain regular contact with your manager and colleagues while homeworking. | I have checked the potential hazards in my home and am satisfied that they are suitable and safe.  Yes/No (Delete as appropriate)  I am aware of the procedures for reporting an accident  Yes / No (Delete as appropriate)  I have made the following changes:    Risk is High/Medium/Low (delete as appropriate) |
| Overall Final Risk | High/Medium/Low (Delete as appropriate) |

Employee Signature:…………………………………………………

Date:……………………………………………………………………

Name of Line Manager:………………………………………………

Line Manager Signature:……………………………………………..

Date:……………………………………………………………………

**Appendix 6**

**DISPLAY SCREEN EQUIPMENT SELF ASSESSMENT FORM**

The purpose of the Display Screen Equipment Regulations is to safeguard employees by ensuring their working environment is comfortable, efficient and suits them and their job as required by Health and Safety legislation.

Please work through the assessment questionnaire checklist and ensure all equipment is properly positioned and adjusted for safe use. If you find a problem **please** **refer to the recommendation boxes and see if you can fix it yourself** by making the suggested adjustments.

If you find a problem which cannot be fixed by simple adjustment, please record the issue on this form and discuss it immediately with your line manager. If you think your health is being adversely affected by your computer use (i.e. if you are experiencing headaches, eyestrain, discomfort in hand/wrist/forearm, numbness, pins and needles) or if you have a health problem that makes computer use difficult please contact Occupational Health as soon as possible.

It is your responsibility to report any symptoms that persist for more than 3 days.

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| --- | --- | --- | --- |
| Surname: |  | First Name: |  |
| Location: |  | Manager: |  |
| Tel No: |  | Date: |  |

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| --- | --- | --- |
| **OFFICE FURNITURE** | **YES** | **NO** |
| Have you adjusted your chair to be comfortable and supportive? |  |  |
| Is your workstation large enough for documents/holder/monitor/keyboard? |  |  |
| Are your feet flat on the floor or supported by a footrest? |  |  |
| Are you comfortable whilst sitting at your desk? |  |  |

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| **RECOMMENDATIONS FOR OFFICE FURNITURE** |
| * The desk should be a minimum 80cm in depth. * The chair should be stable and should be sufficiently adjustable to allow the user to achieve free movement and a comfortable position. * Feet should be flat on the floor or use a footrest if needed. * A height adjustable document holder may help to reduce awkward and repetitive head/neck movement. |

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| --- | --- | --- |
| **COMPUTER SCREEN** | **YES** | **NO** |
| Are your head and neck in a comfortable position when viewing the screen? |  |  |
| Are the characters on the screen readable? |  |  |
| Is the image free from flicker and/or movement? (If no, please contact IT) |  |  |
| Are the brightness/contrast buttons appropriately adjustable? |  |  |
| Is the screen free from glare and reflections? |  |  |

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| **RECOMMENDATIONS FOR COMPUTER SCREEN** |
| * Ensure screen surface is clean. * Place the screen at a comfortable reading distance (should be approximately 45-75cm away from you). * The screen should be directly in front of you read if most of the time or to the side if you refer to it occasionally. You must always sit straight to the screen, never twisted to one side. * Ensure the keyboard is in line with the screen and you can do your main task without excessive twisting. * Text should be large enough to read easily, if not consider changing the size of the font. * Adjust brightness/contrast of screen so that characters are readable. * The screen should be free from glare and/or reflection – use of blinds may be beneficial. |

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| **KEYBOARD & MOUSE** | **YES** | **NO** |
| Are your forearms horizontal and wrists straight when typing? |  |  |
| Do you have enough space in front of the keyboard for a wrist rest or to rest your hands? |  |  |
| Are the characters on the keys readable? |  |  |
| Does your mouse feel comfortable in your hand? |  |  |
| Do you experience any physical difficulties or discomfort from using a mouse? |  |  |
| When using the mouse are your wrists and shoulders in a comfortable position close to the side of your body? |  |  |

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| **RECOMMENDATIONS FOR KEYBOARD & MOUSE** |
| * It Is recommended that wrists are straight; this may be helped by the use of a wrist support, which will also provide support for the forearm. * Minimum distance between desk edge and front of keyboard – 5cm. * Do not grip the mouse * Mouse mats with gel mounds for wrist support may be of benefit. * When not using it, remove your hand completely from the mouse. * Position your mouse so that it is close to your body to keep correct alignment of the shoulder. * If you have a shoulder problem, use of a keyboard with separate number pad may help. |

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| **LAPTOP USE** | **YES** | **NO** |
| If you use a laptop, are you free from upper limb, neck, lower back or other musculoskeletal discomfort? |  |  |

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| **RECOMMENDATIONS FOR LAPTOP USE** |
| Portable DSE equipment such as laptops and notebook computers are subject to the DSE Regulations. Advice for use with such equipment is as below.   * There may be inherent ergonomic disadvantages of using portable DSE equipment Use of a docking station or a laptop converter kit may reduce these problems. * When using portable equipment more frequent breaks and/or changes of activity are required than when using conventional PC. * Consider the manual handling aspects of your laptop use to reduce risk, such as using a backpack for transportation. * Think safety. Remember the risk of theft from your person or when the laptop is unattended. |

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| **WORK PATTERN AND PACE** | **YES** | **NO** |
| Does your work pattern and pace of work allow regular change in posture and time away from the VDU? |  |  |

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| **RECOMMENDATIONS FOR WORK PATTERN AND PACE** |
| * Alternate your work tasks so you are not sat at the computer for more than one hour at a time. Work pace should allow for this. Varying work routine is important. * Five minutes away from the computer every hour is advised as a minimum. |

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| **SOFTWARE** | **YES** | **NO** |
| Are you able to use the software on your computer and does it meet your needs at work? |  |  |

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| **RECOMMENDATIONS FOR SOFTWARE** |
| * The software should be suitable for the task and the user adequately trained in its use. |

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| **ENVIRONMENT** | **YES** | **NO** |
| Is there enough room to change position and vary movement? |  |  |
| Is the lighting suitable? |  |  |
| Are levels of noise comfortable? |  |  |
| Are levels of heat comfortable? |  |  |

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| **RECOMMENDATIONS FOR ENVIRONMENT** |
| * Consider re-organising the office layout and check for obstructions. Space is needed to move and stretch. * Users should be able to control light levels e.g. by adjusting window blinds or light switches. * Consider moving sources of noise such as printers, away from the user. * Can heating be better controlled. Circulate fresh air as possible.. |

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

If you have identified any negative responses to any of these questions you should bring these to the attention of your manager. You and your manager should identify solutions and repeat this self-assessment again.

Completed self-assessment form should be returned to your manager and placed in your personal file.

Sources of advice / support are available from:

* *Back Care Advisor*
* *Occupational Health Department*
* *Health & Safety Advisor/Risk Specialist*