Return to on-site work and COVID-19 impact survey interim report: RTOSW and F2F Teaching

Executive summary

This report presents arguments for remote teaching and measures to help both teaching staff in doing their job from home and those who have to be on-site for practical courses to ensure that they are protected from COVID-19.

Our arguments are informed by data from the Oxford UCU return to on-site work and COVID-19 impact survey that we ran between 30 June and 18 August 2020, using JISC as a survey tool. This data was first presented in an interim report circulated to members on 7 October 2020. The survey had 824 respondents: 91 respondents identified working in a classroom or a seminar room, 190 in laboratories or research facilities, 68 in libraries or museums, and 454 in an office; multiple workplaces were identified in our survey. The survey also includes responses from 56 postgraduate researchers (PGRs).

Several other groups were identified based on questions in the survey. Among these respondents, we have identified those with vulnerabilities (151 respondents), those living with someone with a vulnerability (144 respondents), those having a disability (199 respondents), non-EU citizens (107 respondents), those having caring responsibilities (293 respondents), staff already working on-site (153 respondents), those with a contract ending on 31 December 2020 (77 respondents), and staff thinking of leaving their jobs (250 respondents).

Our arguments are based on discussions with H&S experts and University of Oxford H&S representatives and staff members, and are informed by current scientific advice and understanding of the virus. We also reference UCU, SAGE and independent SAGE recommendations. Our recommendations are as follows:

Recommendation 1:

In order to ensure the health and safety of students and staff, teaching should, in the first instance, be done remotely. Furthermore, f2f teaching policies should be revisited before Hilary term, incorporating lessons learned from Michaelmas term.

Recommendation 2:

For those students and staff who have to be on-site, regular testing should be ensured, independent of symptoms.

Recommendation 3:

Enhanced cleaning should only be the responsibility of trained staff specifically employed for that role

Recommendation 4:

Ensure adequate ventilation of indoor spaces, including by regularly testing ventilation rates. Monitor ventilation filters and sewage water to identify groups with infected individuals and prevent an outbreak.

Recommendation 5:

The University and colleges should ensure disposable face coverings are available at all building entrances.

Recommendation 6:

Academic and support staff involved in student welfare should not bear the responsibility for the health and safety of students, financial or otherwise.

Recommendation 7:

The University and colleges needs to ensure that staff has all the equipment needed for working from home.

Recommendation 8:

Line managers and departments need to consult with staff and communicate return to on-site work policies.

Recommendation 9:

Staff needs more support from their line managers and departments to manage remote working.

Recommendation 10:

Equality should be taken into consideration when health and safety measures are implemented during the ongoing COVID-19 pandemic.

Recommendation 11:

Staff must be consulted on how they are involved in the responsibility of teaching and training PGRs.

Introduction

With over 14,000 staff and over 24,000 students, the University of Oxford is a place of work and study for a quarter of the population of Oxford. Hence, the safe return to on-site work and study is a public health concern.

A survey[1] carried out by the UCU shows only a third of university town residents want face-to-face teaching to resume on campus. More than half (57%) think that students coming to their towns will result in lockdowns. Furthermore, the Coronavirus data briefing from Prof Chris Whitty, Chief Medical Officer (England), and Sir Patrick Vallance, Chief Scientific Advisor, on 21 September 2020,[2] clearly showed that COVID-19 cases are increasing in the UK and could lead to a total of 50,000 new daily cases by mid-October.

Substantial teaching that could otherwise have been done remotely (e.g. the majority of tutorial teaching), is now being undertaken in person during Michaelmas. We note the strong recommendation of SAGE on 21 September, that 'all university and college teaching to be online unless absolutely essential'. We maintain that such in person teaching should revert to online as soon as possible, and that teaching plans in Hilary term are revisited so that the unnecessary situation we are currently experiencing is not repeated next term.

The government has suggested that students may be required to quarantine for two weeks before returning home at the end of term.[3] Where students could revert to online teaching, we would support them isolating now, and returning home to continue their studies safely earlier, rather than being locked in on campus all term.

With this in mind, we strongly recommend work from home and remote teaching.

[1] *The Observer*, Online Edition, 20 September 2020. <accessed 21 Sep 2020>
[2] 10 Downing Street Coronavirus data briefing, YouTube, 21 September 2020 <accessed 21 Sep 2020>
[3] Ministers plan pre-Christmas Covid lockdown for English universities, Guardian, 14 October 2020 <accessed 28 October 2020>

1. Remote Teaching

UCU has backed recommendations from the Independent SAGE committee calling for online teaching as a default position for university teaching.

SAGE guidance argues that safe provision of student education needs to be based on a hierarchy of risk, which includes reducing in-person interaction and the development of clear strategies for testing and tracing, with effective support to enable isolation.[4] The Independent SAGE response goes further, with a recommendation to minimize in-person teaching and learning from the start of term, except for lab- and practice-based programmes, with regular review points.[5]

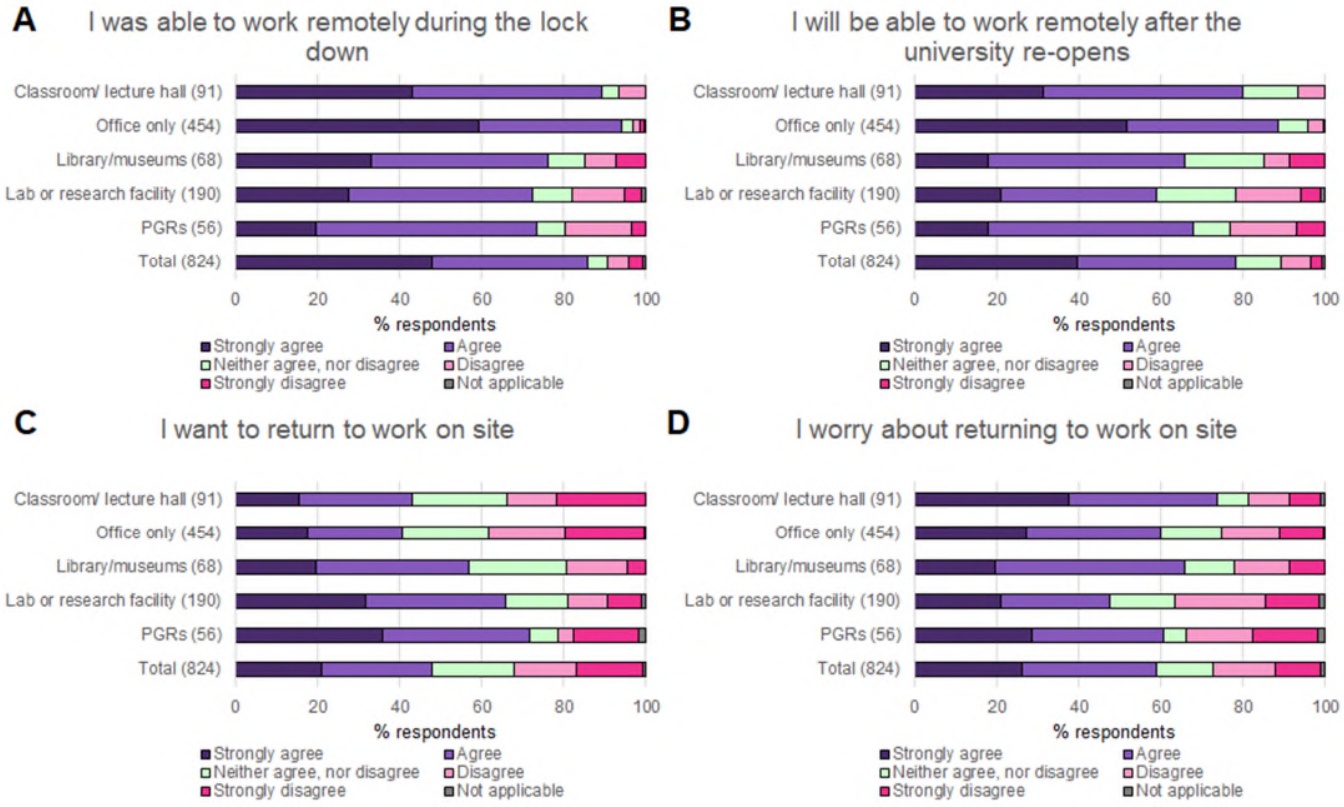

Figure 1: Responses to the statements (A) "I was able to work remotely during the lock down" (B) "I will be able to work remotely after the University re-opens" (C) "I want to return to work on site" (D) "I worry about returning to work on site" filtered based on the indicated workplace. Numbers in parentheses indicate the number of respondents in each group.

Lessons must be learned from those universities and educational institutions elsewhere who opened early with on-campus teaching. In the US, increasing numbers of universities are moving

[4] SAGE Principles for Managing SARS-CoV-2 Transmission Associated with Higher Education, 3 September 2020 <accessed 21 Sep 2020>

[5] Independent SAGE response to SAGE "Principles for Managing SARS-CoV-2 Transmission Associated with Higher Education", The Independent SAGE Report 12, 9 September 2020 <accessed 21 Sep 2020>

online due to increased infection rates among students[6] following a resumption of in-person instruction this autumn semester. For example, the University of North Carolina (UNC) at Chapel Hill had 100 students test positive for COVID-19 in the first week of the new autumn semester, with the positive test rate jumping from 2.8 to 13.6% within a week.[7] In the UK, as of 29 September, the University of Manchester had 130 cases.[8] As of 8 October, several university towns registered more than 500 cases among students: Newcastle[9], Leeds[10], Manchester[11], Sheffield[12].

Our survey data demonstrates that teaching and office staff feel they were able to work effectively from home during lockdown and can continue to do so after the University re-opens. These staff groups presented the lowest rates of willingness to return to on-site work and highest degree of concern about their return. (Figure 1).

2. Regular Testing

Recorded cases in the UK are currently on the rise, with cases doubling every 7-8 days.[13] The government has been widely criticised for failing to ensure systems for testing and tracing are adequate to meet rising demand.[14] According to researchers writing in *The BMJ*, the key is to curb community transmission and then provide frequent testing.[15]

Given that cases are rapidly rising among the university-age population,[16] there is concern that the University of Oxford's COVID-19 plans will be inadequate to suppress spread when students return and interact with other students, staff, and members of the public.

[6] More US Universities Move Online After Increasing COVID-19 Cases, The College Post, 4 September 2020 <accessed 21 Sep 2020>
[7] University of North Carolina Goes Remote After Virus Cases Spike, The College Post, 18 August 2020 <accessed 21 Sep 2020>
[8] COVID-19 daily statistics, University of Manchester website <accessed 29 Sep 2020>
[9] Perilous moment as over 1600 students in Newcastle test positive total figure higher than epidemic peak, The London Economic <accessed 9 Oct 2020>
[10] Leeds university: More than 550 coronavirus cases, BBC <accessed 9 Oct 2020>
[11] COVID-19 daily statistics, University of Manchester website <accessed 9 Oct 2020>
[12] COVID-19 daily statistics, University of Sheffield website <accessed 9 Oct 2020>
[13] REACT-1: real-time assessment of community transmission of coronavirus (COVID-19) in August 2020, Department of Health and Social Care Official Statistics, 11 September 2020 <accessed 21 Sep 2020>
[14] UK coronavirus: Keir Starmer says test-and-trace system 'on verge of collapse' – as it happened, Guardian, 9 September 2020 <accessed 21 Sep 2020>
[15] Covid-19: re-opening universities is high risk
BMJ 2020; 370, 01 September 2020
[16] Policy Paper Slides to accompany coronavirus press conference: 9 September 2020, Prime Minister's Office, 10 Downing Street <accessed 21 Sep 2020>

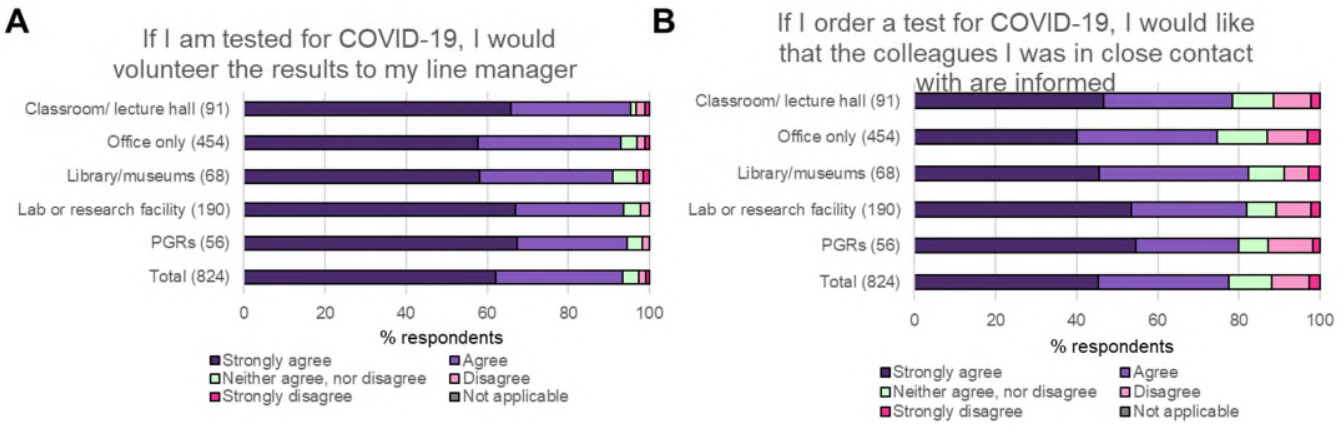

Figure 2: Responses to the statements (A) "If I am tested for COVID-19, I would volunteer the results to my line manager" (B) "If I order a test for COVID-19, I would like that the colleagues I was in close contact with are informed" filtered for the indicated workplace. Numbers in parentheses indicate the number of respondents in each group.

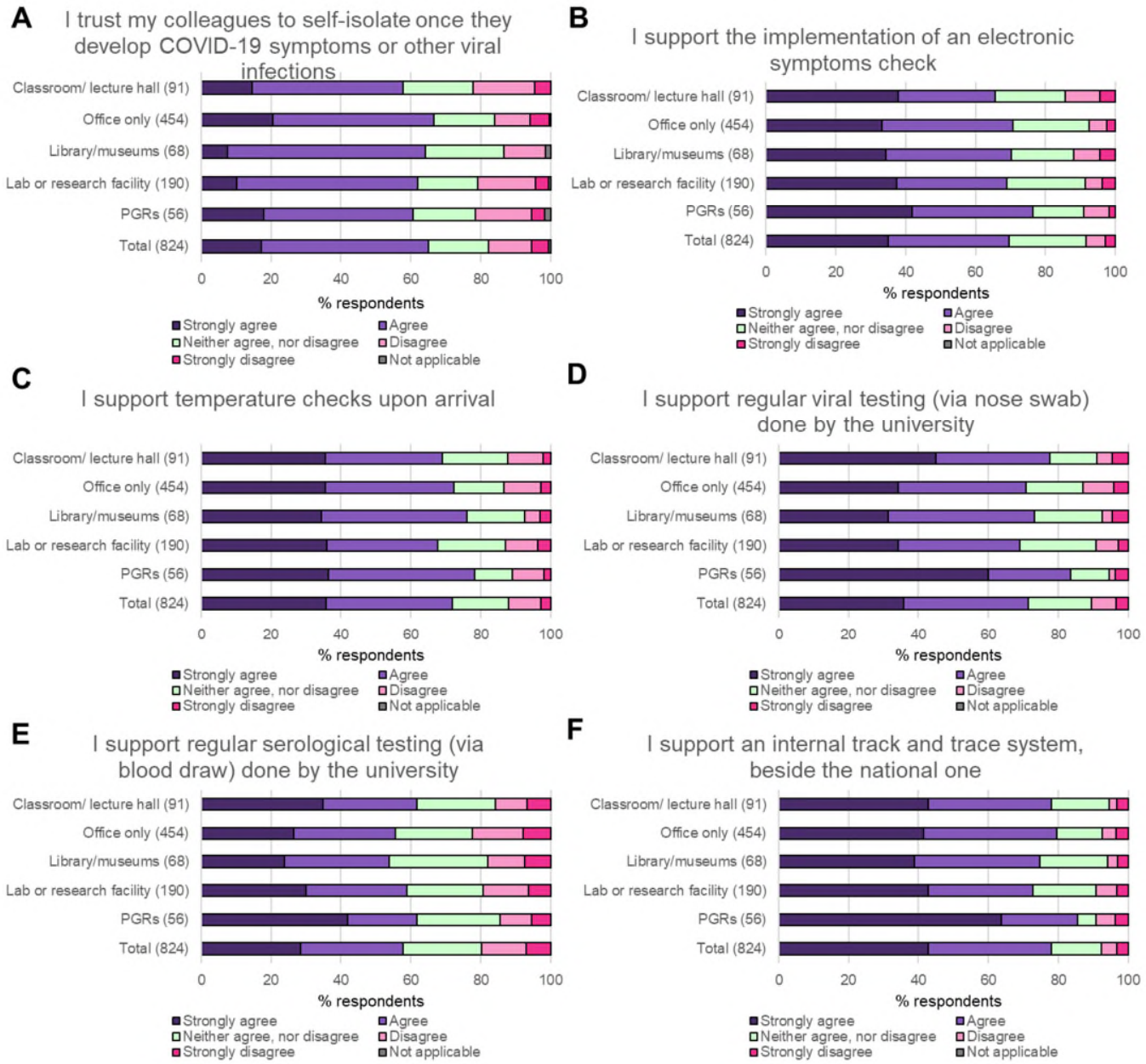

Figure 3: Responses to the statements (A) "I trust my colleagues to self-isolate once they develop COVID-19 symptoms or other viral infections" (B) "I support the implementation of an electronic symptoms check" (C) "I support temperature checks upon arrival" (D) "I support regular viral testing (via nose swab) done by the university" (E) "I support regular serological testing (via blood draw) done by the university" (F) "I support an internal track and trace system, beside the national one" filtered for the indicated workplace. Numbers in parentheses indicate the number of respondents in each group.

The University's in-house COVID-19 testing service provides free testing for people with symptoms, with contact tracing to be undertaken by Public Health England (PHE).[17] Furthermore,

[17] Testing for COVID-19: Early Alert Service, University of Oxford website, Last updated 22 September 2020 <accessed 22 Sep 2020>

the target number of tests provided through this service is 200 per day,[18] which is insufficient for 24,000 students and 14,000 staff members. In addition, individual NHS numbers are required to register for such a test, which will put incoming international staff and students at a disadvantage since it can take many months to obtain an NHS number.

Testing only symptomatic individuals does not provide adequate surveillance. Current data suggest that up to 80% of infections are mild or asymptomatic.[19] In one population where large-scale testing was conducted, more than 40% of the population had no symptoms.[20]

Studies have shown that the viral load of asymptomatic individuals is the same as for symptomatic patients, and that asymptomatic individuals, who will not be encouraged to test under the University's system, will therefore still be capable of transmitting the virus, unaware they are infected.[21]

Universities and colleges in the US are implementing widespread regular testing in an attempt to identify asymptomatic cases among the student and staff population, and at least one UK University (Cardiff) is asking all students to take a saliva test upon arrival.[22] Several studies have estimated that testing every two or three days would provide sufficient reliability to allow for successful test and trace to keep outbreaks below 5% of the population.[23]

Without frequent and accurate testing, universities will need to prepare for significant student and staff absences due to the government requirement for those with suspected symptoms to self-isolate for up to 14 days. One model estimated that, together, self-isolation, contact tracing, universal mask wearing, daily testing of 3% of the university population, and moving large classes (30 or more students) online, would keep infections to 0.3% of the population in 95% of simulations.[24]

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[18] Preparing for Michaelmas term slides, Staff Gateway <accessed 21 Sep 2020>
[19] Covid-19: four fifths of cases are asymptomatic, China figures indicate, BJM 2020; 369 ; Coronavirus disease 2019 (COVID-19), WHO situation report 46 <accessed 21 Sep 2020>
[20] Whole-town study reveals more than 40% of COVID-19 infections had no symptoms, Imperial College website <accessed 20 Sep 2020>
[21] Clinical Course and Molecular Viral Shedding Among Asymptomatic and Symptomatic Patients With SARS-CoV-2 Infection in a Community Treatment Center in the Republic of Korea, JAMA 2020.3862
[22] Cardiff University is asking students to have one of its saliva Covid-19 tests when they arrive, Wales Online, 1 September 2020 <accessed 21 Sep 2020>
[23] Study: Controlling COVID-19 Outbreaks in Residential Colleges Requires Frequent Testing, Yale Insights, 16 July 2020 <accessed 21 Sep 2020> ; Assessment of SARS-CoV-2 Screening Strategies to Permit the Safe Reopening of College Campuses in the United States, JAMA Netw Open. 2020;3(7)
[24] Simulating COVID Spread in College Setting, Inside Higher Ed, 22 June 2020 <accessed 21 Sep 2020>

Cheaper, faster, and more reliable saliva-based tests are becoming more readily available, and at least one UK University (Exeter University) has bought tens of thousands of such tests.[25]

The University of Oxford's policy on testing puts the responsibility on staff members to self-isolate if they exhibit symptoms and arrange for testing at the University testing sites. They are required to inform their departmental HR team and their line manager / PI / supervisor of the results. When they order a test, they will be encouraged to ask their employer to alert colleagues with whom they have been in close contact. If the test is positive, test and trace will be the responsibility of PHE, not the University.

Survey respondents overwhelmingly agreed that they would inform their line manager about testing, and they were generally in agreement that they would want contacts to be informed if they order a COVID-19 test, but significant minorities (20% or more) expressed uncertainty through strong disagreement with this (Figure 2).

The Oxford UCU survey also reveals concern regarding self-isolation, with upwards of 40% of staff members expressing uncertainty to strong doubt that colleagues will comply with the policy (Figure 3 A)

Survey respondents also expressed support for more widespread testing organised by the University. There is strong support (around 80%) for an internal track and trace system alongside the national one, in particular among PGRs. There is also large support (around 75%) for electronic symptoms checks and regular viral testing (Figure 3). Although there is broad support for temperature checks upon arrival, comments on our survey indicated that cautiousness is needed when considering ovulating or menopausal women who might have a higher body temperature. Moreover, a number of survey respondents expressed concern about cycling to work and having their temperature checked immediately after exercise, risking a false-positive result.

It should be emphasised that rapid testing regimes, such as those surveyed by us in Figure 3, are NOT designed to provide a clinical diagnosis – they are expressly for screening for infectivity. The purpose of rapid tests is to identify asymptomatic individuals who, without testing, would be freely circulating in the community because they are unaware of their infectiousness. Individuals who test as infectious would be encouraged to self-isolate and, if they subsequently exhibit symptoms, would be able to sign up for the University testing service.

As a result, we need regular – at least every three days, based on the current scientific consensus[26] – viral testing of all students and staff who are coming on-site. No face-to-face

[25] Saliva-based coronavirus tests come to market, Financial Times, 9 September 2020 <accessed 21 Sep 2020>; Oxford Nanopore Technologies partners with UK Government to roll out LamPORE, a new generation of COVID-19 test, Oxford Nanopore website, 3 August 2020 <accessed 21 Sep 2020>

[26] COVID White Paper - The University of Oxford's approach to COVID-19 testing: Principles, current plans and future testing strategies, September 2020 <accessed 21 Sep 2020>

teaching should be done without having a negative test within the previous three days. To achieve this, the University needs to increase its testing service to more than 200 tests a day and to reduce the number of staff and students who need to be on-site. We also need to ensure that international staff and students are not prevented from accessing campus testing as a result of having to acquire an NHS number. Finally, we need a campus-wide track and trace system.

3. Enhanced Cleaning

Scientific evidence suggests that indirect transmission through fomites contaminated by respiratory secretions is possible.[27] If transmission via surfaces were to occur, researchers have argued that it would most likely take place when an infected person coughs or sneezes directly onto the surface, with someone else touching that surface soon (within 1–2 h) after the cough or sneeze.[28]

University departments are arranging for the frequent cleaning of surfaces to prevent the spread of the virus. For spaces that will be used for face-to-face teaching, the University expects that staff and students will clean their surroundings before and after use. The policy states that:

Individuals, including tutors/lecturers and students, may be provided with products to clean their own immediate work areas before and after sessions. Teachers and supervisors should be asked to ensure that at the end of any sessions under their supervision, all appropriate areas are cleaned in line with local policy, and any waste disposed of appropriately.

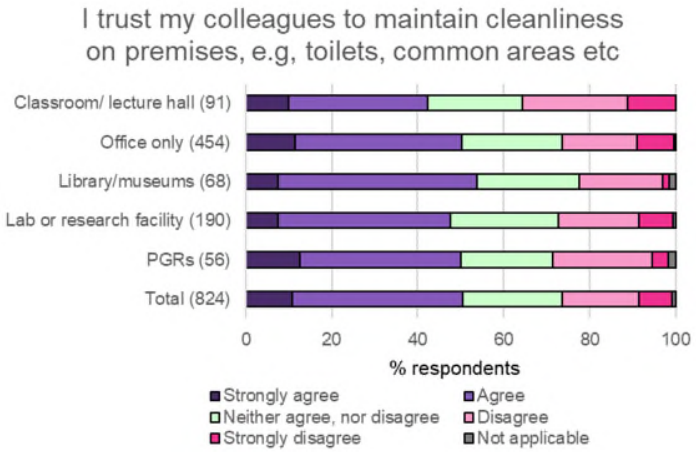

Figure 4: Responses to the statements "I trust my colleagues to maintain cleanliness on premises, e.g., toilets, common areas etc" filtered for the indicated workplace. Numbers in parentheses indicate the number of respondents in each group.

The above places the responsibility for cleaning on teaching staff. Teaching staff have expressed concern about being made responsible for cleaning work areas and ensuring students also

[27] Transmission of COVID-19, European Centre for Disease Prevention and Control, 30 June 2020 <accessed 30 Sep 2020>

[28] Exaggerated risk of transmission of COVID-19 by fomites, The Lancet, 30 July 2020

maintain cleaning regimes, in particular in a context where there is a lack of clarity about legal liability in the case of a classroom being determined to be the site of viral spread.

Our survey demonstrates that only half of the respondents trust individuals to maintain cleanliness regimes. Among teaching staff, the trust is lower (Figure 4).

4. Office Ventilation and Water Supply

Scientific evidence overwhelmingly indicates that aerosol spread is important in viral transmission. Thus, the primary risk focus should be on mitigating transmission through reducing face-to-face teaching. Ventilation and maximum occupancy rates are complicated by the fact that assessment must be made on a room-by-room basis.

There is concern among teaching staff that ventilation of rooms is untested. Staff are being told that opening windows will provide sufficient ventilation, but it is not clear how this procedure will be maintained under colder outside temperatures.

A regular testing regime of different types of facilities under different actual rates of occupancy would provide evidence of adequate ventilation. Regular measurements of the CO_2 levels is an easy way to check whether a room is well ventilated.[29] Air cleaners or air purifiers have also been shown to capture particles of bacteria and viruses.[30]

In addition, regular testing of the filters of these purifiers and/or the filters of the room ventilation system (if present) can be performed to see whether an infected person was on-site. This measure is cheaper than testing each individual in a group and can lead to the identification of groups in which one infected individual was present.

Similarly, sewage water coming from colleges and buildings can be checked for viral particles to prevent an outbreak, as is done at UC San Diego[31] and the University of Arizona.[32]

[29] How to use ventilation and air filtration to prevent the spread of coronavirus indoors, The Conversation, 10 August 2020 <accessed 21 Sep 2020>
[30] Effectiveness of In-Room Air Filtration and Dilution Ventilation for Tuberculosis Infection Control, Air & Waste Manage. Assoc. 46:869-882
[31] A New Kind of College Exam: UCSD Is Testing Sewage for COVID-19, Voice of San Diego, 7 September 2020 <accessed 21 Sep 2020>
[32] University of Arizona says it prevented COVID-19 outbreak by testing students' FECES and finding coronavirus in dorm's sewage wastewater, Daily Mail, 28 August 2020 <accessed 22 Sep 2020>

5. Face Coverings

The University has produced a face coverings policy[33] that took into account many of the points raised by UCU H&S reps. However, there are areas of concern that require clarification.

We acknowledge that the University will offer two reusable face coverings per member of staff. However, staff have also requested that face masks be made available to staff and students in case their face covering cannot be used or is not on their person. Some departments like the Nuffield Department of Medical Sciences are providing face masks for everyone working on-site.

Given the environmental impact of disposable masks, it has been suggested that such masks be made available mainly as a stopgap measure. This is also supported by the Oxford UCU survey, the results of which show strong support for the need of face coverings across all settings, with 70-80% of respondents expressing a desire for the University to provide face coverings to staff (Figure 5). Also, the environmental impact should be communicated to staff and students to encourage the use of face coverings while still offering the option of face masks.

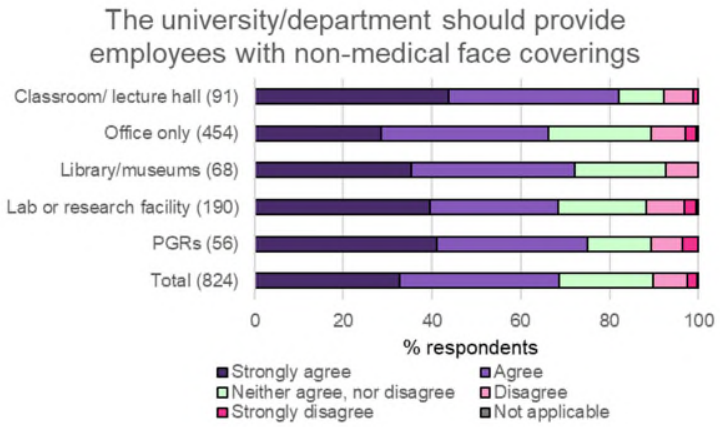

Figure 5: Responses to the statement "The university/department should provide employees with non-medical face coverings" filtered based on the workplace. Numbers in parentheses indicate the number of respondents in each group.

Moreover, comments to our survey from teaching staff show a need for transparent face coverings to ensure proper communication with students based on facial expressions and nonverbal cues. Understanding students' facial expressions is also important for teaching staff. The transparent face coverings should be tested before being provided to students and staff as we received reports that not all commercial transparent face coverings are fit for purpose. This proper communication, without having a face covering or mask obscuring facial cues, can be achieved easily through remote teaching with the help of a teaching assistant.

[33] Face coverings policy, University of Oxford website <accessed 21 Sep 2020>

6. Tutors and Lecturers

Figure 6: Responses to the statements (A) "In order to ensure social distancing, I will be willing to work during weekends" (B) "In order to ensure social distancing, I will be willing to work in the evenings, 18:00-23:00" (C) "In order to ensure social distancing, I will be willing to work in the mornings, 6:00-8:00" (D) "In order to ensure social distancing, I would support working in shifts of 4 h/ 6 h / 8 h" filtered for the indicated workplace. Numbers in parentheses indicate the number of respondents in each group.

UK Universities are bound by a duty of care towards their staff and students.

Teaching staff are understandably concerned that they may be in breach of their duty of care responsibilities should face-to-face teaching result in an increase in COVID-19 infection rates among students and staff. As a result, the University should communicate clearly to staff the legal risks they may face.

There are also concerns that face-to-face teaching in a context of rising infection rates will result in increasing numbers of staff and students either self-isolating or on sick leave. The University should take every precaution to ensure that students and staff are able to continue working through the pandemic, with reduced face-to-face teaching being one of the main mediation strategies.

Staff working in classrooms, lecture halls, and office facilities have expressed low rates of interest in flexible working arrangements to ensure social distancing, while at the same time expressing support for continuing to work from home. In contrast, lab and research facility staff and PGRs (who generally work in research positions) have expressed a higher degree (mostly above 40%) of acceptance of flexible working conditions to ensure social distancing (Figure 6).

In order to reduce interactions that might lead to increased infections, the University should encourage flexible working arrangements in labs and research facilities to further reduce capacity, in particular while teaching is taking place in those labs.

One measure proposed by the University to ensure social distancing in courses and seminars was dividing the class into several groups and giving repeat classes. However, this will increase the workload of teaching staff. In addition, for research and teaching staff, repeat lectures will lead to less time spent on the research required to progress their careers. Remote teaching would solve both the problem of working in the evening or at the weekend – where it was not done before the COVID-19 pandemic – and the increased workload due to repeat classes

7. WFH Equipment

As previously noted (see section 1), lecture and office staff generally expressed the view that they were able to work from home. However, Figure 7 shows that small minorities reported reduced access (around 20%) to critical equipment (laptop/computer, software, internet, etc). Lab and research facilities staff (and PGRs) reported reduced or no access to laboratory equipment, and library staff had reduced or no access to libraries, archives and special collections.

It is therefore clear that the University must prioritise on-site working for lab and research facility and library/museum staff, while de-emphasising on-site working for lecture and office staff.

At the same time, the University must ensure that all staff which requires working from home are given access to critical equipment to facilitate their working from home.

One area of concern for home working is access to appropriate seating. Large majorities of staff reported no or reduced access to office chairs and desks (Figure 8). Workplace safety legislation requires that employers provide seating for employees that is suitable and safe,[34] and, in the context of increased home working, the University must ensure that home workers have access to appropriate office chairs.

[34] Seating at work, Health and Safety Executive, 1997 <accessed 21 Sep 2020>

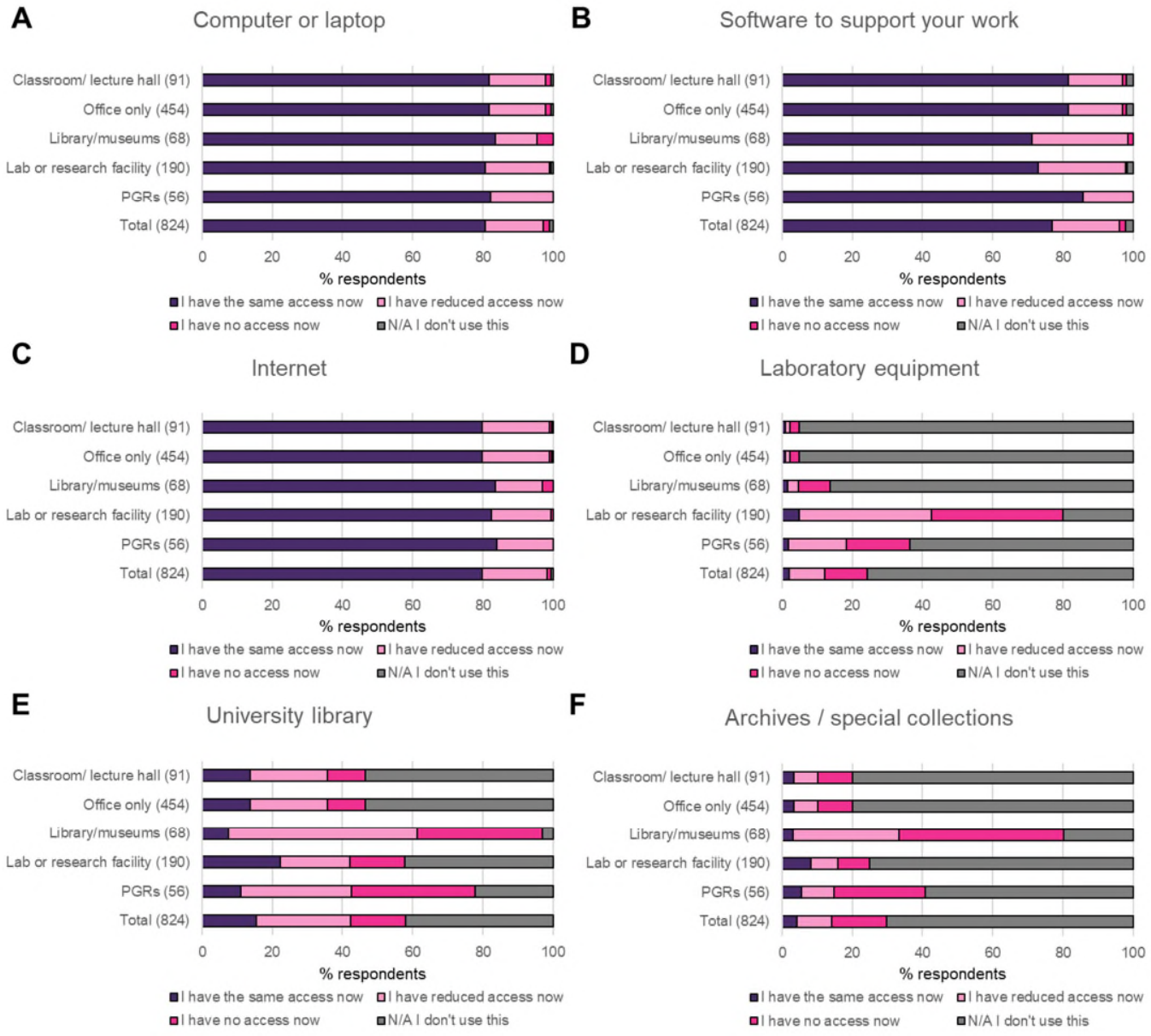

Figure 7: Responses to the statement "Please identify the tools that you typically use to support your work and whether you currently have access to these during the COVID-19 pandemic" (A) "Computer or laptop" (B) "Software to support your work" (C) "Internet" (D) "Laboratory equipment" (E) "University library" (F) "Archives/ special collections" filtered for the indicated workplace. Numbers in parentheses indicate the number of respondents in each group.

We are concerned that working from home without proper office equipment for a prolonged period, as was the case between March and August 2020, and looks increasingly likely from September 2020 onwards, will lead to an increase in occupational health issues (chronic back pain, carpal tunnel syndrome, etc.).

Since the University recently cut funds from Occupational Health, leading to the removal of six physiotherapy sessions offered to those with musco-skeletal disorders, we are concerned that the

lack of appropriate office desks and chairs could lead to staff members having back and other physical injuries, which could be compounded without easy access to appropriate physiotherapy.

We received reports from several departments – Said Business School, Ashmolean Museum Nuffield Department of Medical Sciences, Nuffield Department of Orthopaedics, Rheumatology and Musculoskeletal Sciences – that staff was allowed to take their office chairs home. However, this is only a good solution if staff have a car or live near to their workplace.

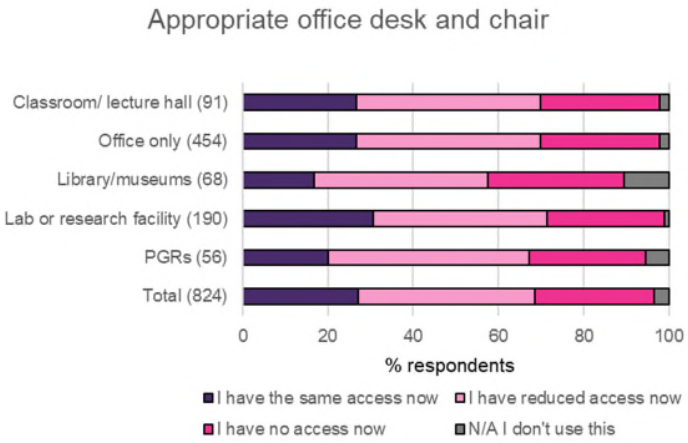

Figure 8: Responses to the statement "Please identify the tools that you typically use to support your work and whether you currently have access to these during the COVID-19 pandemic appropriate office desk and chair" filtered based on indicated workplace. Numbers in parentheses indicate the number of respondents in each group.

8. Policy Consultation and Communication

The University is asking staff and students to adjust to new ways of working that result from the impacts of COVID-19. To maintain significant changes in everyday habits requires trust and constant communication. Unfortunately, based on the UCU survey, this trust seems to be lacking.

While relatively high levels – more than 60% – of those already working on site or in labs and research facilities agree with the statements "I feel properly consulted about return to work on site by my line manager" and "I feel that my concerns about return to work on site are taken into consideration by my line manager", office and teaching staff have notably lower levels of agreement (30-45%), as shown in Figure 9. (As a good practice example, the Head of Safety and Security at the Ashmolean Museum has been running excellent RTOSW sessions for staff returning to on-site work to underline the need for COVID-safe working practices.)

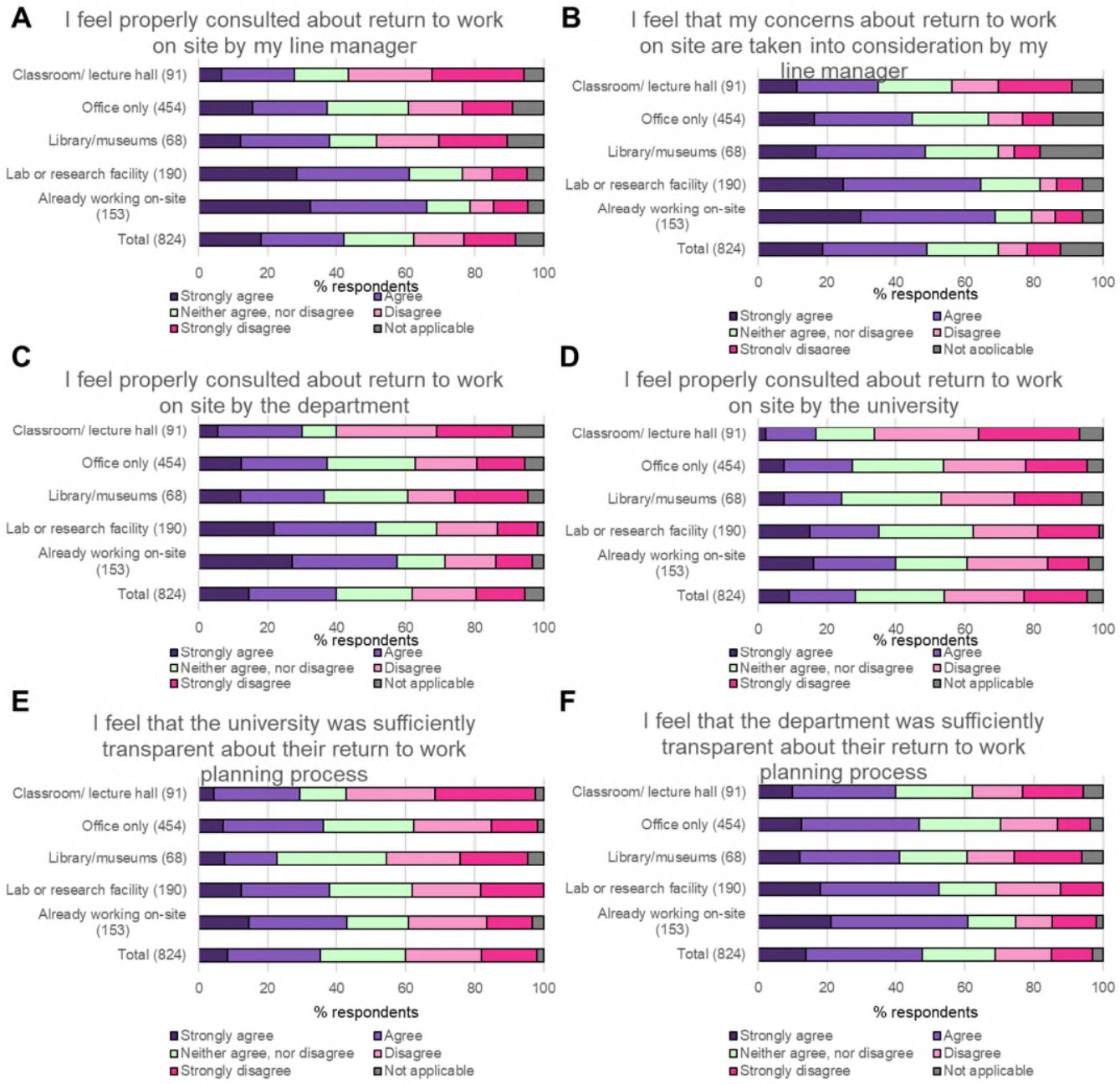

Figure 9: Responses to the statements (A) "I feel properly consulted about return to work on site by my line manager" (B) "I feel that my concerns about return to work on site are taken into consideration by my line manager" (C) "I feel properly consulted about return to work on site by the department" (D) "I feel properly consulted about return to work on site by the university" (E) "I feel that the university was sufficiently transparent about their return to work planning process" (F) "I feel that the department was sufficiently transparent about their return to work planning process" filtered for the indicated workplace. Numbers in parentheses indicate the number of respondents in each group.

When asked, "Since the COVID-19 outbreak, did you consider leaving the University?", almost 30% of survey respondents agreed, with the majority saying they thought so more than once (Figure 10). Of those who considered leaving, almost 30% cited the University's response to the

pandemic as a reason, while 44% feel that they cannot accomplish their career plans at the University of Oxford.

Departments and the University will need to work hard to recover this loss of trust. In order to achieve this goal, the University must take into consideration the concerns of staff and the recommendations of UCU, SAGE, and Independent SAGE to reduce in-person interaction, in particular in the current circumstance of rising caseload numbers and failures in the national test and trace system.

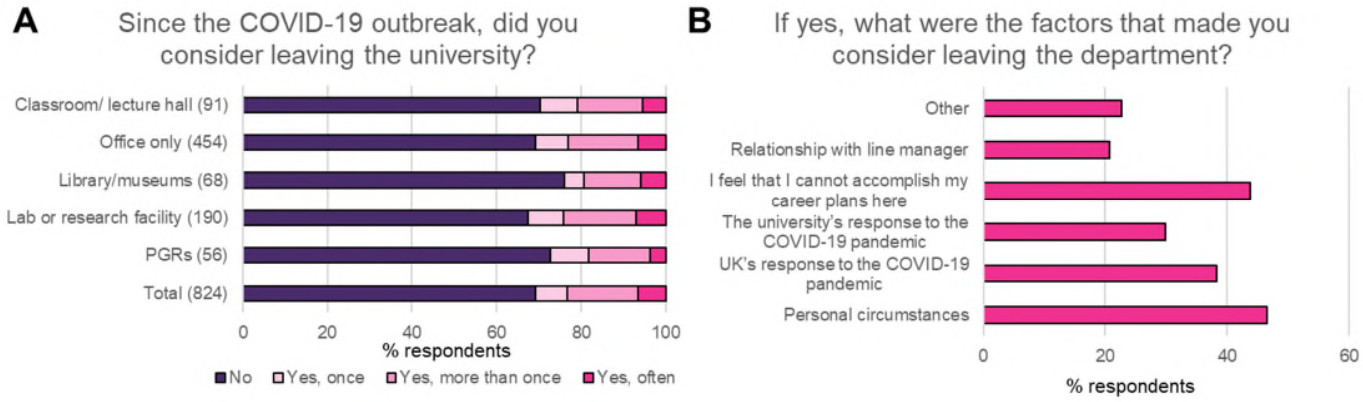

Figure 10: Responses to the statements (A) "Since the COVID-19 outbreak, did you consider leaving the university?" filtered based on the indicated workplace (B) "If yes, what were the factors that made you consider leaving the department?" Numbers in parentheses indicate the number of respondents in each group.

9. Remote Working Support

Figure 10 also shows that more than 20% of survey respondents cite the relationship with their line manager as a reason for considering leaving. Looking into how line managers (Figure 11) and departments (Figure 12) supported staff working remotely, we can draw some conclusions to improve continuing remote work and online teaching.

First, although the majority feel supported by their line managers during the remote work time, 40% still felt that their line managers did enough to put them in contact with their colleagues.

Second, teaching staff feel least supported by their line managers and their responses are very similar to the group of people who are thinking about leaving the University. If the University of Oxford wants to keep their excellent teaching staff, it must ensure that they are adequately supported by their line managers.

Third, there was a general feeling that departments provided insufficient support for their teaching staff. Moving forward, departments should engage with teaching staff more often and provide adequate support.

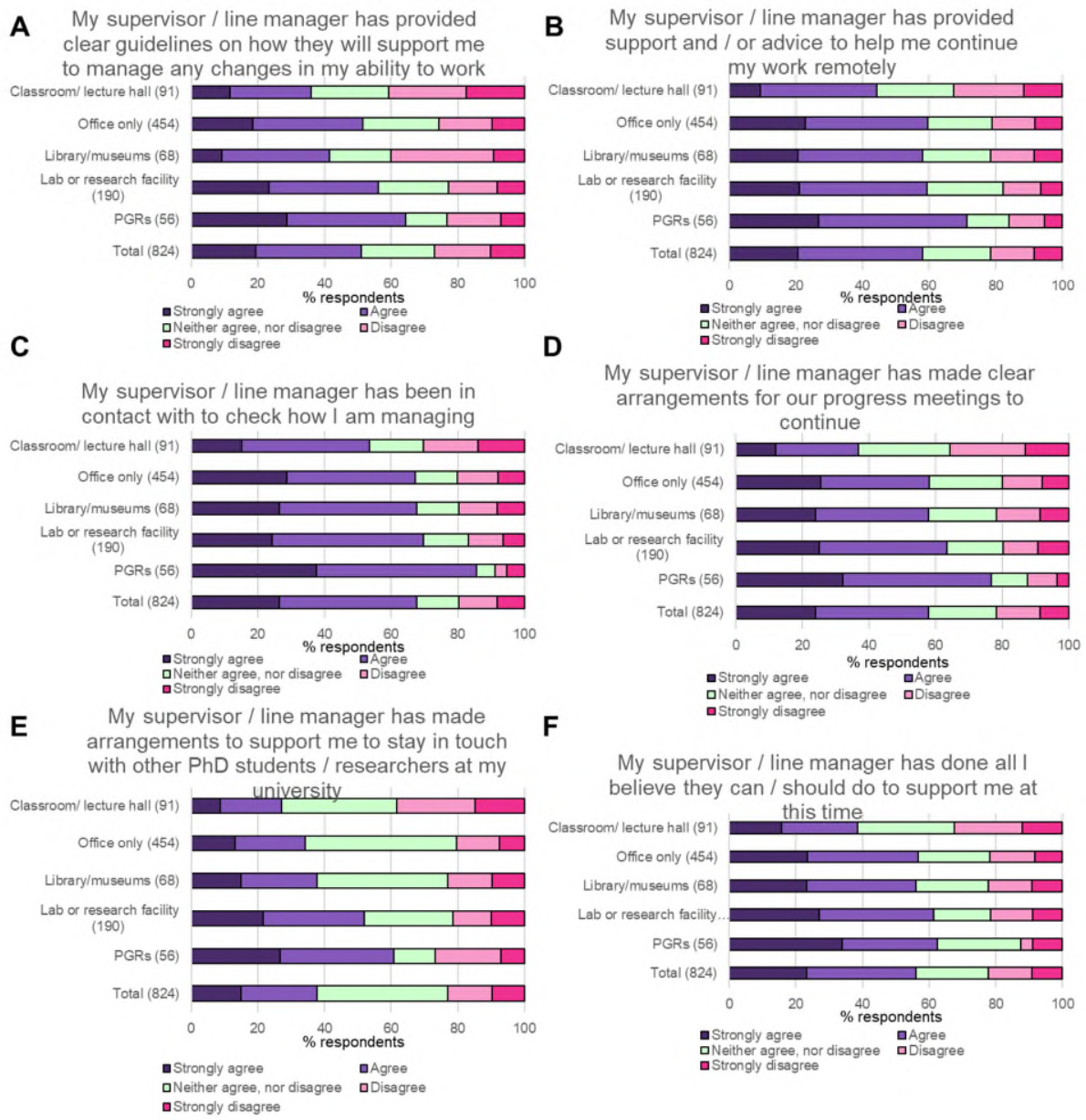

Figure 11: Responses to the statements (A) "My supervisor / line manager has provided clear guidelines on how they will support me to manage any changes in my ability to work" (B) "My supervisor / line manager has provided support and / or advice to help me continue my work remotely" (C) "My supervisor / line manager has been in contact with to check how I am managing" (D) "My supervisor / line manager has made clear arrangements for our progress meetings to continue" (E) "My supervisor / line manager has made arrangements to support me to stay in touch with other PhD students / researchers at my university" (F) "My supervisor / line manager has done all I believe they can / should do to support me at this time" filtered based on the indicated workplace. Numbers in parentheses indicate the number of respondents in each group.

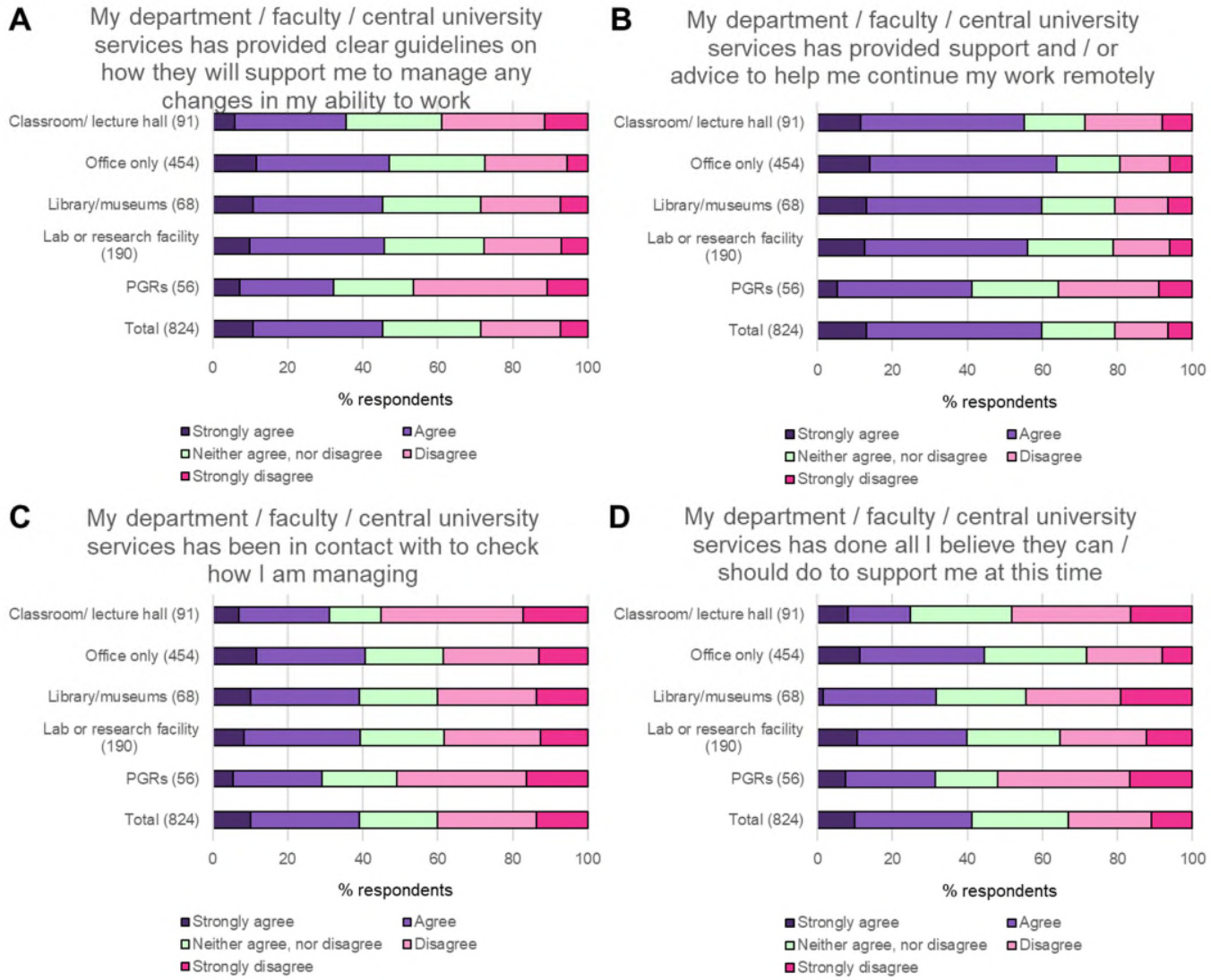

Figure 12: Responses to the statements (A) "My department / faculty / central university services has provided clear guidelines on how they will support me to manage any changes in my ability to work" (B) "My department / faculty / central university services has provided support and / or advice to help me continue my work remotely" (C) "My department / faculty / central university services has been in contact with to check how I am managing" (D) "My department / faculty / central university services has done all I believe they can / should do to support me at this time" filtered based on the indicated workplace. Numbers in parentheses indicate the number of respondents in each group.

10. Equality

We have only partial results for groups with increased risk of being affected during the pandemic, and a fuller report will follow in the near future. However, we present here some of the analysis done on the data we collected to draw some preliminary conclusions for people at increased risk. This includes people with a disability or a vulnerability, living with someone with a vulnerability, having caring responsibilities, or being non-EU citizens. However, we cannot separate large enough subgroups with these characteristics within the teaching staff. This is why we present survey results for these subgroups independent of the identified workplace.

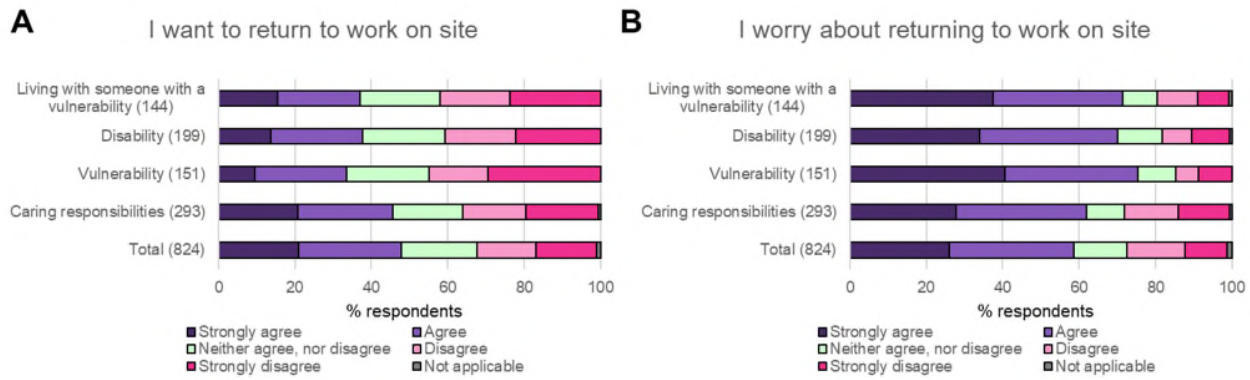

Figure 13: Responses to the statements (A) "I want to return to work on site" (B) "I worry about returning to work on site" filtered based on characteristics such as having caring responsibilities, a vulnerability, a disability or living with someone with a vulnerability. Numbers in parentheses indicate the number of respondents in each group.

First, only a minority of survey respondents with disabilities or vulnerabilities or living with someone with a vulnerability want to return to on-site work, while the vast majority of respondents from these groups worry about returning on-site (Figure 13).

Second, fewer respondents with disabilities or vulnerabilities feel supported by their line managers (Figure 14) or departments (Figure 15) than the average survey respondent. In addition, only one third of staff with vulnerabilities responding to our survey feels consulted about the return to on-site work by their line managers. This trend of not feeling consulted or feeling the return to on-site work policies are not transparent enough are reinforced by the data summarised in Figure 16.

Third, Figure 17 shows a minority of staff responding to our survey identified "Assistive technology" as necessary for their work. The University has a duty to ensure that all staff have access to proper assistive technology, whether this was identified before the pandemic, or has been newly identified for ideal and productive remote work. For example, teaching staff with tinnitus – a hearing illness affecting 13.2% of UK's population[35] – might have coped during in-person teaching, but might need better speakers and higher quality computer equipment for optimal remote teaching, not to mention more support for creating an adequate social environment to ease the symptoms.[36] All in all, each condition is different and the University must invest in reasonable adjustments to reduce stress and ensure efficiency and productivity during remote work.

[35] The number of people living with tinnitus in the UK higher than previously thought, British Society of Audiology <accessed 21 Sep 2020>

[36] The positives and negatives of working remotely with tinnitus, British Tinnitus Association <accessed 21 Sep 2020>

Figure 14: Responses to the statements (A) "My supervisor / line manager has provided clear guidelines on how they will support me to manage any changes in my ability to work" (B) "My supervisor / line manager has provided support and / or advice to help me continue my work remotely" (C) "My supervisor / line manager has been in contact with to check how I am managing" (D) "My supervisor / line manager has made clear arrangements for our progress meetings to continue" filtered based on characteristics such as having a vulnerability, a disability, being a non-EU citizen, thinking about leaving current job or having a contract ending before the end of the year. Numbers in parentheses indicate the number of respondents in each group.

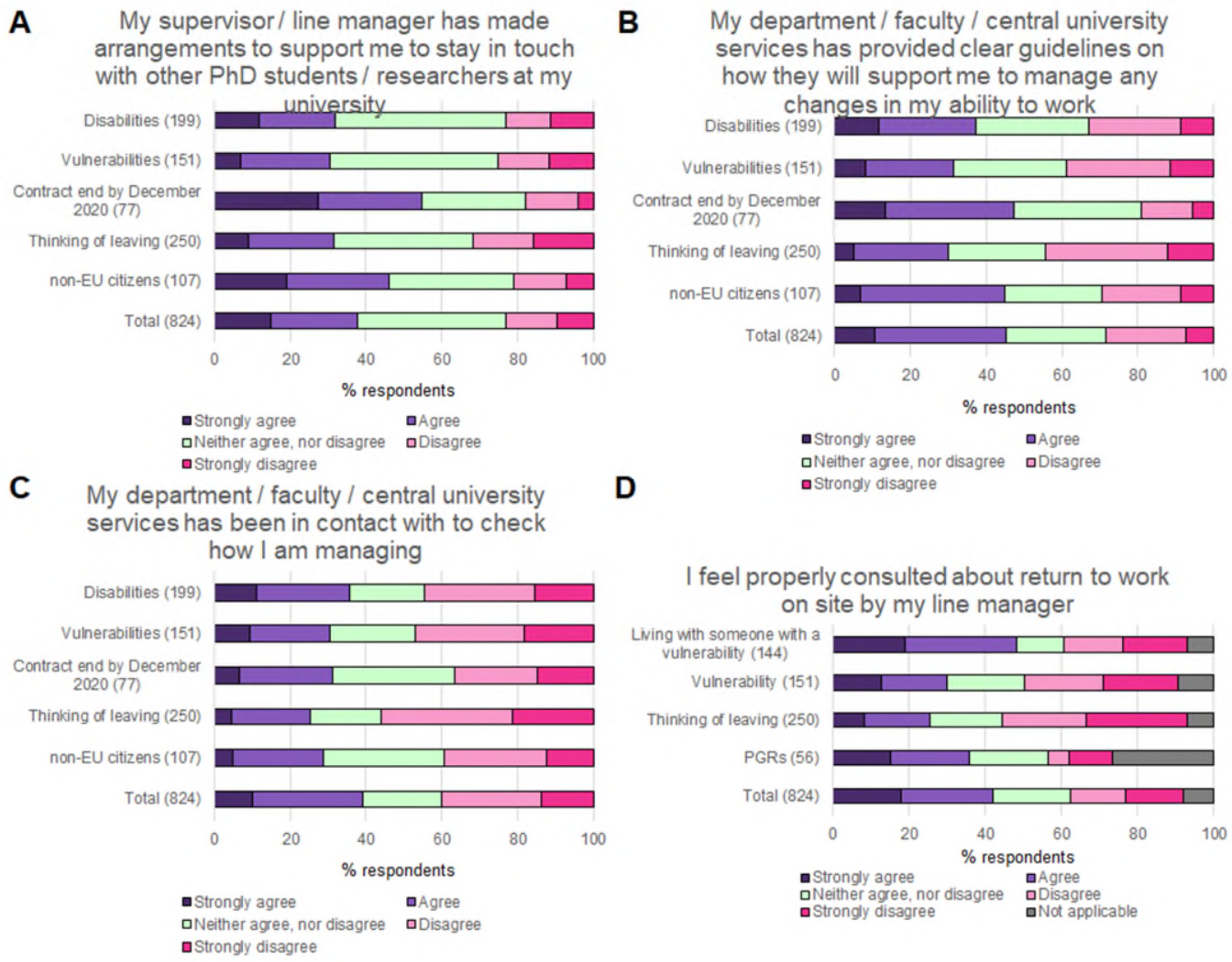

Figure 15: Responses to the statements (A) "My supervisor / line manager has made arrangements to support me to stay in touch with other PhD students / researchers at my university" (B) "My department / faculty / central university services has provided clear guidelines on how they will support me to manage any changes in my ability to work" (C) "My department / faculty / central university services has been in contact with to check how I am managing" (D) "I feel properly consulted about return to work on site by my line manager" filtered based on characteristics such as having a vulnerability or living with someone with a vulnerability, having a disability, being a non-EU citizen, thinking about leaving current job or having a contract ending before the end of the year. Numbers in parentheses indicate the number of respondents in each group.

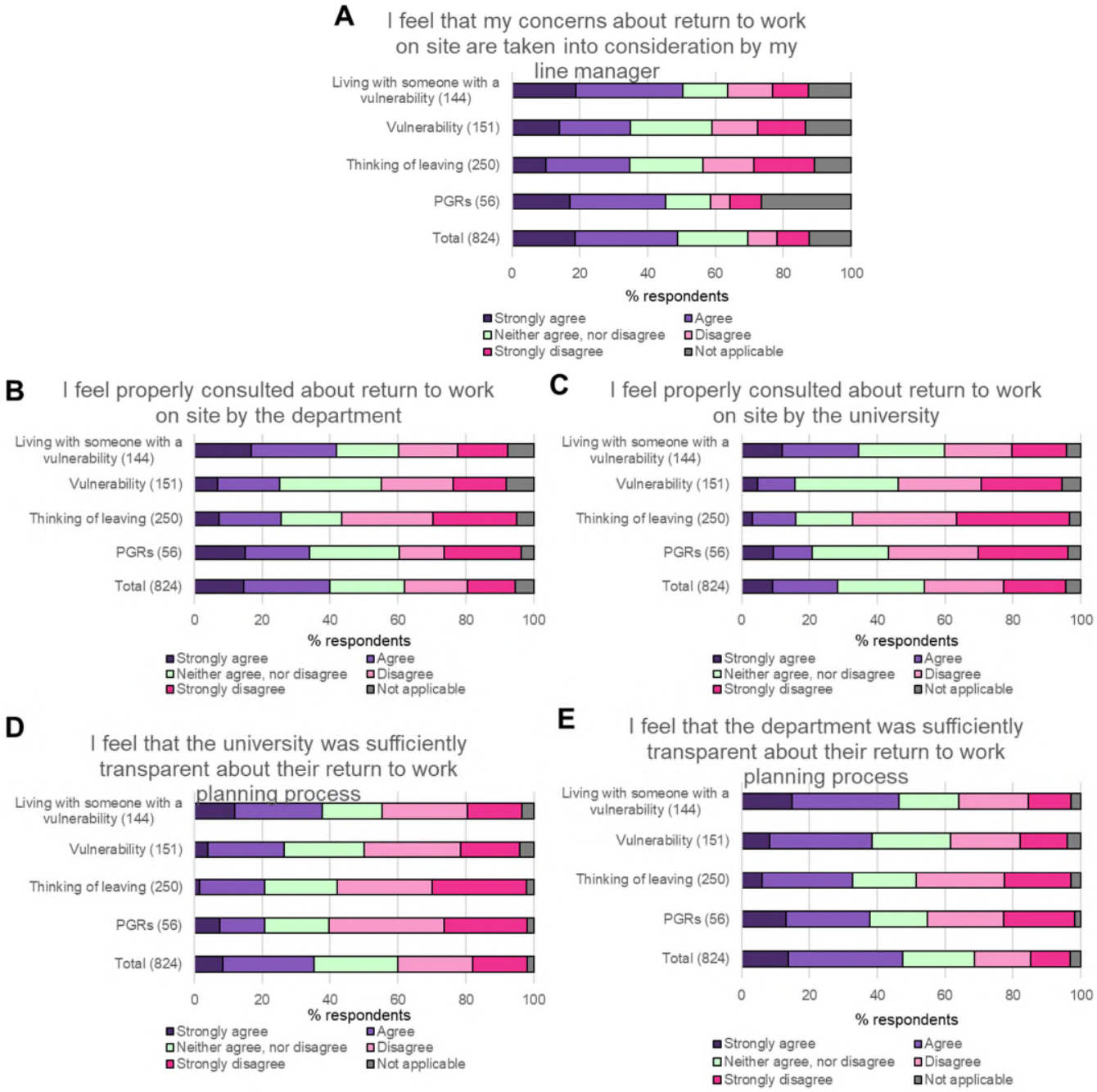

Figure 16: Responses to the statements (A) "I feel that my concerns about return to work on site are taken into consideration by my line manager" (B) "I feel properly consulted about return to work on site by the department" (C) "I feel properly consulted about return to work on site by the university" (D) "I feel that the university was sufficiently transparent about their return to work planning process" (E) "I feel that the department was sufficiently transparent about their return to work planning process" filtered based on characteristics such as having a vulnerability or living with someone with a vulnerability, having a disability, thinking about leaving current job or being a postgraduate researcher (PGR). Numbers in parentheses indicate the number of respondents in each group.

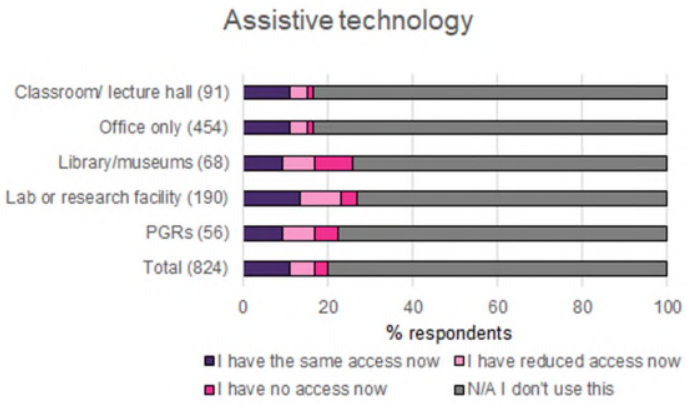

Figure 17: Responses to the statement "Please identify the tools that you typically use to support your work and whether you currently have access to these during the COVID-19 pandemic: Assistive technology" filtered for the indicated workplace. Numbers in parentheses indicate the number of respondents in each group.

11. Staff Consultation on supervision duties

The University has communicated to postgraduate researchers (PGRs) that they should expect a normal MT20 start. Where there is competition for work/lab spaces, those managing access to these spaces need to be aware of the repercussions of any restriction to workplaces, especially on whether the student will be able to complete their studies and lab training within their allotted time.

We also need to ensure that PGRs feel safe in their workplace and are adequately supervised. For example, those managing access to buildings need to ensure that a student has adequate in-person supervision at the time that they are in a lab. This needs particular attention when a lab is using a shift pattern and where some supervisors may be working from home.

Moreover, in some departments, PGRs can only be on-site when their day-to-day supervisor or a postdoc-buddy is also on-site. As a consequence, postgraduate researchers' teaching/training becomes the responsibility of staff working on-site. This is why staff must be consulted on how they are involved in the responsibility of teaching and training PGRs and how this responsibility affects their own on-site work.

We need specific guidelines for protecting our PGRs' safety and ensuring that their needs are being met without prejudicing their education and career goals, but without shifting the responsibility entirely on staff. These guidelines should be based on a survey of PGRs to identify, among others, the minimum requirements that should be met in terms of building access and supervision.

In the meantime, some conclusions can be drawn from our survey in which we had 56 PGRs as respondents:

- Three quarters of PGRs were able to work from home and will be able to work from home after the University re-opens (Figure 1 A & B)
- A majority of PGRs want to return to work on-site, even though they are more worried than the average survey respondent about returning to on-site work (Figure 1 C & D)
- PGRs support viral testing and an internal track and trace system more strongly than the average survey respondent (Figure 2)
- PGRs showed more flexibility in shift patterns than the average survey respondent (Figure 6)
- PGRs need access to laboratory equipment, University library and Archives / Special collections. Furthermore, the University has to ensure that PGRs have a proper desk and chair to avoid back injuries (Figure 7)
- The majority of PGRs feel they haven't been properly consulted about the return to on-site working. This is why we are requesting that PGRs are further consulted on the return to on-site working through a survey. This would prevent staff supervising PGRs from bearing all responsibility related to training and supervision of other PGRs (Figure 9)
- Almost 30% of PGRs responding to our survey considered leaving their positions during the lockdown (Figure 10)
- PGRs have felt more supported by their supervisors during the lockdown than the average survey respondent. However, they would also benefit from additional arrangements to stay in touch with other PGRs and researchers, and more overall support from their supervisors (Figure 11)
- PGRs do not feel supported by their department/ faculty or central University; they score below the average survey respondent in this respect (Figure 12)