

<b>HEALTH AND WELLBEING POLICY</b>	
<b>Summary statement: How does the document support patient care?</b>	By providing a framework for improving and maintaining the health and wellbeing of staff.
<b>Staff/stakeholders involved in development:</b> <i>Job titles only</i>	Human Resources Policy Discussion Group
<b>Division:</b>	Organisational Development and Workforce
<b>Department:</b>	Human Resources
<b>Responsible Person:</b>	Director of HR
<b>Author:</b>	Human Resources Advisor
<b>For use by:</b>	All staff
<b>Purpose:</b>	<p>To ensure that staff and managers are aware of the impact of work on health and wellbeing and identify responsibilities in minimising negative impacts and maximising positive impacts.</p> <p>To provide a framework for managing and supporting staff where there are health and/or absence concerns.</p>
<b>This document supports:</b> <i>Standards and legislation</i>	<p>NICE public health guidance for the workplace</p> <p>Equality Act 2010</p> <p>Employment Act 2008</p>
<b>Key related documents:</b>	<p>Staff Discipline Policy, Capability Policy, Maintaining High Professional Standards in the NHS Policy, Appeals Guidance, Work Life Balance Policy, Drug and Alcohol Policy, Policy for the Management of Health and Safety and Non-Clinical Risk, Maternity, Adoption and Maternity Support (Paternity) Leave Policy, Appraisal Policy, Agenda for Change Terms and Conditions, Medical and Dental Terms and Conditions</p>

<b>Approved by:</b> <i>Divisional Governance/Management Group</i>	Employee Partnership Forum Staff Consultation
<b>Approval date:</b>	March 2018
<b>Ratified by Board of Directors/ Committee of the Board of Directors</b>	Trust Executive Committee
<b>Ratification Date:</b>	April 2018
<b>Expiry Date:</b>	March 2021
<b>Review date:</b>	September 2020
<b>If you require this document in another format such as Braille, large print, audio or another language please contact the Trusts Communications Team</b>	
<b>Reference Number:</b>	P14006

Version	Date	Author	Status	Comment
1.0	June 2014	Head of Employee Relations	Archived	
2.0	March 2018	Assistant Director of HR	Live	
3.0				
4.0				
5.0				

## Contents

1.0	Purpose .....	4
2.0	Scope.....	5
3.0	Principles .....	5
4.0	Creating Healthy Workplaces .....	5
4.1	Work/Life Balance .....	5
4.2	Breaks and Annual Leave .....	6
4.3	Promoting positive behaviours .....	7
4.4	Safe Working Practices .....	8
4.5	Manager Support .....	8
4.6	Reducing workplace stress .....	9
5.0	Absence from work .....	10
5.1	Types of absence.....	10
5.2	Reporting of absence .....	11
5.3	Certification of absence.....	11
5.4	Occupational sick pay .....	12
5.5	Sickness absence and annual leave .....	12
6.0	Return to work from absence .....	15
6.1	Return to work discussions .....	15
6.2	Supporting staff to return to work .....	16
7.0	Support for staff with disabilities and long term health conditions .....	17
8.0	Monitoring, Review and Learning .....	18

## APPENDIX A

Procedure for managing concerns regarding health and/or sickness absence .....	19
--	----

## **1.0 Purpose**

- 1.1 University Hospitals Sussex NHS Foundation Trust is striving to create a culture where everyone is passionate about delivering exceptional quality every time and “where better never stops”.
- 1.2 Our Patient First programme is our long term approach for transforming services for the better. It places the patient at the heart of everything we do. It is recognised that in order to ensure the patient receives the high quality care we strive to provide, our staff must feel healthy and well themselves. There is significant evidence linking staff health and wellbeing to patient experience.
- 1.3 Our People is one of the key strategic themes that underpins the Patient First approach. This recognises that the quality of care provided is dependent on our workforce and ensures the Trust seeks to continually improve staff experience alongside patient experience.
- 1.4 The Patient First approach also identifies expected behaviours for all staff. They are:
- Being kind
  - Being respectful
  - Being professional
  - Being compassionate
  - Being friendly
  - Teamwork

We would expect these behaviours to be demonstrated between staff and patients, managers and their staff and all staff and their colleagues. Through ensuring that all staff exhibit these behaviours in their day to day interactions we can create a positive and healthy working environment where staff feel supported by their colleagues and managers.

- 1.5 This policy seeks to provide the overarching principles for managers and staff in improving staff health and wellbeing. The policy is supplemented by guidance on a range of wellbeing issues.
- 1.6 The process in Appendix A provides further guidance on dealing with concerns regarding health and/or attendance.
- 1.7 This policy and the procedures contained in Appendix A are designed to comply with best practice and the Equality Act 2010.

## **2.0 Scope**

### **2.1 Who is covered by the policy**

- 2.1.1 This policy applies to all employees, including Medical and Dental staff, regardless of role, location or contractual status.

### **2.2 When this policy should be used**

- 2.2.1 This policy should be used across all aspects of supporting and managing staff. This will include the management of absence or health concerns.

## **3.0 Principles**

- 3.1 The Trust seeks to support staff to improve their health and wellbeing. The policy focuses on the direct impact of the workplace on health and wellbeing. This includes recognising there is an opportunity for work to positively impact an individual's health and wellbeing and the Trust should create a culture that maximizes this potential.
- 3.2 It is also important to acknowledge that some factors within the workplace can negatively impact on health and wellbeing. It is the Trust's responsibility to identify these factors where they exist and take action to mitigate or address them.
- 3.3 Managers have a key role to play in providing a workplace that supports employees' health and wellbeing. However, employees also have a responsibility to maintain their own health and wellbeing, making use of the support mechanisms available to them.
- 3.4 The Trust recognises there will be times when staff have health concerns that may affect their performance and/or attendance at work. Appendix A outlines the processes in place to support this.
- 3.5 Where there are concerns regarding health or attendance we will work with the member of staff to resolve these, offering support as appropriate. At any formal stages of the process outlined in Appendix A, employees may be represented or accompanied by their Trade Union or Staff Side representative or a work colleague.

## **4.0 Creating Healthy Workplaces**

### **4.1 Work/Life Balance**

- 4.1.1 A good work/life balance is vital in order to maintain health and wellbeing. The consideration of when an individual has achieved the right balance is a subjective

judgement and will vary from individual to individual. The Trust aims to offer employees as much flexibility as possible to achieve the right work-life balance. However, flexibility has to be balanced with the needs of the service and the requirements of the post and not all requests for flexible working can be accommodated. The Flexible Working Guidance outlines the formal procedure to go through to make a flexible working request.

- 4.1.2 Working additional hours, whether paid or unpaid can clearly impact on work/life balance and health and wellbeing. It is important that where employees choose to work additional hours this is regularly reviewed in order to ensure it is not negatively impacting on their health and wellbeing.
- 4.1.3 Where an employee feels continually under pressure to work additional hours, whether this is due to staff shortages or pressure of work, they should raise their concerns with their manager as soon as possible.
- 4.1.4 Managers have a duty to review workloads when concerns are raised and to consider options available to resolve concerns.
- 4.1.5 Any concerns about work life balance, whether from the employee or manager's perspective should be discussed as soon as possible so alternative solutions can be discussed to meet the needs of the staff member and the service.

## **4.2 Breaks and Annual Leave**

- 4.2.1 All employees should take appropriate rest breaks from work to maintain their health and wellbeing. This applies to breaks within work time, breaks between shifts and periods of annual leave away from work.
- 4.2.2. Employees have a responsibility to ensure they are taking adequate breaks during their shifts/working time. Breaks should be a minimum of 30 minutes in every shift that is more than 6 hours and a minimum of 1 hour in every shift that is 12 hours or more and will be unpaid. Shift leaders are responsible for ensuring staff take their breaks. Clearly the needs of patients must come first and staff cannot take breaks when it is not safe to do so. However, this should only occur as an exceptional circumstance. If staff are not able to take their breaks on a regular basis they should raise this with their manager.
- 4.2.3 Employees must also have appropriate rest breaks between shifts. The Working Time Regulations outline the amount of daily and weekly rest staff should take. As the Trust provides 24 hour services it is acceptable within the Regulations to have shift patterns that do not allow for the full entitlement to daily rest, provided there is an opportunity to have compensatory rest. However, in the interests of protecting individual's health and wellbeing we should endeavour to adhere to the daily rest periods set out in the regulations wherever possible. Staff who work additional shifts on the Staff Bank are responsible for ensuring they are allowing for

appropriate rest breaks between shifts when they request shifts outside of their normal working area. Staff are not able to opt out of the entitlement to rest breaks. Staff who work additional hours outside for another employer are responsible for ensuring they receive the adequate amount of rest breaks. Further guidance on working time regulations is available on the staff intranet.

- 4.2.4 Managers are responsible for reviewing the shift patterns of their staff. Electronic rostering will support managers in identifying where an employee is regularly not taking the appropriate daily rest. Managers not currently able to use electronic rostering should ensure they have systems in place to monitor the working patterns of their staff.
- 4.2.5 Employees should utilise their annual leave entitlement throughout the year to ensure they are getting regular breaks from work. For this reason employees are required not to carry out additional shifts during their statutory leave period. Further information is available in the Trust's Work Life Balance Policy.
- 4.2.6 Managers have a responsibility to monitor the distribution of annual leave during the year. If an employee is not using their annual leave appropriately managers are entitled to refuse leave requests and/or allocate leave to ensure an appropriate distribution throughout the year.

#### **4.3 Promoting positive behaviours**

- 4.3.1 The Trust has outlined expected standards of behaviour of all employees as:

Being kind, friendly, respectful, compassionate, professional and work as a team.

Demonstrating these behaviours in the way colleagues work together will help shape a healthy working environment where workplace relationships have a positive impact on health and wellbeing.

- 4.3.2 The expected standards of behaviour should be role modelled by all managers and leaders and reinforced through regular feedback to employees. This will include, but not be limited to, feedback and reflection on behaviours as part of the appraisal process. Further information is available in the Trust's Staff Appraisal Policy.
- 4.3.3 Where behaviours fall below expected standards employees should feel enabled to raise their concerns directly with the individual concerned and/or their manager. Managers should deal with any concerns around behaviours or working relationships promptly. Further advice can be found in the Trust's Dignity at Work (Bullying and Harassment) Policy.

#### **4.4 Safe Working Practices**

- 4.4.1 The Trust has a variety of systems and processes in place to ensure that staff are working in safe environments and all risks to their health and safety are minimized. The Trust's risk management system gives an opportunity for risks to be identified and mitigation to be put in place. Where incidents occur that impact on the health and safety of staff they should be recorded via the Trust's incident reporting tool. This tool allows for managers to consider incidents and review what changes should be made to prevent recurrence.
- 4.4.2 All employees have a responsibility under health and safety legislations to make someone aware of any risks they identify, as soon as possible. All managers have a responsibility to assess and manage any risks in their areas.

#### **4.5 Manager Support**

- 4.5.1 Managers are responsible for reviewing the health and wellbeing of their staff. This should start during the recruitment process with managers taking advice from Occupational Health regarding any adjustments that may be required within the workplace for an employee to be effective in their role.
- 4.5.2 Discussions about wellbeing should take place at local induction. These can include reinforcing the Trust's commitment to provide healthy workplaces and identifying any current or potential health issues that may require support and/or monitoring. For staff with ongoing health conditions it can be helpful to develop a plan for when the health condition deteriorates/relapses/has an increased absence on work. This can be particularly helpful with mental health conditions where a conversation about the plan can be more difficult at times when health deteriorates.
- 4.5.3 It is expected that managers will have regular discussions with staff about their health and wellbeing. As a minimum, and where there are no concerns, this should be covered within the annual appraisal.
- 4.5.4 Managers should create a culture where employees feel able to share circumstances in their personal lives that may impact on their health and wellbeing and be able to signpost staff to adequate support. These may include caring responsibilities, domestic abuse, financial problems or difficulties with personal relationships. Employees are not required to share details of their personal circumstances with their managers if they choose not to but must recognise that their manager cannot help support them if they are not aware. Further guidance on dealing with these issues are available on the staff intranet and throughout the Trust.



## 4.6 Reducing workplace stress

- 4.6.1 The Health and Safety Executive (HSE) define stress as “the adverse reaction people have to excessive pressure or other types of demand placed on them”. This makes an important distinction between pressure, which can be a positive state when managed correctly, and stress which can be detrimental to health.
- 4.6.2 The HSE identifies the following potential causes of workplace stress in accordance with the HSE management standards:
- **Demands** - examples are workload and exposure to physical hazards or difficult situations
  - **Control** - how much say the individual has in the way they carry out their work
  - **Support** - from peers, colleagues and managers
  - **Relationships** - with colleagues, and issues such as bullying and harassment
  - **Role** - whether the individual understands their role in the organisation and if they have conflicting roles or role demands
  - **Change** - how organisational change is managed and communicated in the organisation
- 4.6.3 The Policy for the Management of Health, Safety & Risk (non-clinical) outlines how potential causes of workplace stress will be monitored through risks assessments and stress surveys. Training on the potential causes and how they can reduce the risks associated with those causes is available to all managers and can be assessed through Human Resources. Reports on stress surveys are submitted to the Staff Health and Wellbeing group on a quarterly basis so that Trust wide trends can be identified and any required actions to reduce stress can be implemented.
- 4.6.4 The Trust recognises that staff work in environments where they may experience high levels of pressure and that due to the nature of the services provided these pressures cannot always be removed. Therefore the Trust also provides additional support for staff to identify ways to cope with these pressures to reduce any negative health impacts. These include courses on Emotional Resilience, Mindfulness, on site exercise classes, Schwartz Rounds, debriefing sessions and Staff Counselling services. Further information on these courses are available on the staff intranet.
- 4.6.5 If an employee is experiencing stress, whether due to work factors or factors outside of work, they should speak to their manager. If they do not feel able to approach their manager they should speak to their senior manager. Employees can also complete a Work Related Stress Personal Checklist, available on the staff intranet and return it to the Staff Health and Wellbeing lead.

- 4.6.6 Support is available for employees experiencing stress through Occupational Health and the Trust Counselling service. Employees reporting work related stress should immediately be referred to Occupational Health. If the cause of stress is work related the manager will work with Human Resources and Occupational Health to identify the causes and develop an individual action plan.
- 4.6.7 If a member of staff is absent from work due to stress the procedure outlined in Appendix A will be followed.

## **5.0 Absence from work**

### **5.1 Types of absence**

- 5.1.1 Health related absence - Hospital, GP, dental appointments and appointments for medical procedures should be arranged outside of staff working hours wherever possible, or at the beginning or end of their working day. If this is not achievable, it should be discussed with the manager in advance of the appointment date. It is expected that time taken off for attendance at medical appointments will be made up or taken as unpaid. In exceptional circumstances a manager may agree to paid time off to attend appointments. A record of such absences should be documented locally by the line manager and recorded as health related absence, rather than sickness absence. Excessive health related absence will be managed under the procedure outlined in Appendix A.
- 5.1.2 Unauthorised absence - Any unauthorised absence will be dealt with under the Trust's Staff Discipline Policy.
- 5.1.3 Non-Health related - With the exception of annual leave or study leave, there are a number of reasons why staff may not be able to attend work. It is important that these are identified as early as possible in order that the correct policy or process can be discussed e.g. Annual Leave, Maternity Leave, Special Leave etc.
- 5.1.4 Sickness - There are two categories of sickness absence:
- Short Term – this is absence of less than 28 calendar days
  - Long Term – any absence of 28 or more calendar days

N.B. "Days" here refers to the number of continuous calendar days over which absence extends, not just the days when a member of staff would have been due to be at work. The number of days absence is calculated from the first day of absence through to the date of return to work.

## **5.2 Reporting of absence**

- 5.2.1 Managers must set clear expectations within departments regarding the reporting of sickness absence. This will, as a minimum, include the requirement to report sickness absence with a nominated individual in advance of the time they are due to start work. Staff will be required to report absence in line with departmental protocols and will be expected to discuss with their manager the reasons for their absence and when they would expect to be able to return to work. Failure to report in line with protocols will render the absence as unauthorised and therefore will be unpaid. Breaches of reporting procedure will also be dealt with under the Trust's Staff Discipline Policy where appropriate.
- 5.2.2 Staff should advise their manager, or appropriate nominated person, as soon as they are fit to return to work to enable the period of absence to be recorded correctly. As sickness absence is recorded in calendar days rather than working days failure to report their fitness to work will result in "days off" being recorded as sickness absence.
- 5.2.3 Staff experiencing work related stress who find it difficult to maintain contact with their manager should seek support from their Trade Union Representative, work colleague or Human Resources, to agree an alternative point of contact. Alternatively, in these circumstances and where no suitable alternative point of contact can be identified staff may request that contact is maintained through a partner, carer or a close friend.
- 5.2.4 If staff become ill at work or feel it necessary to go home during a shift due to illness, their absence will be recorded and classed as an episode of sickness absence, unless they have been at work for more than half of their normal shift. In this situation, absence will still be recorded, however, statutory sick pay will not be initiated. A record of the occasions when staff leave work early due to illness will be kept by their line manager. If the manager is concerned about the number of occasions they will discuss this with the member of staff and may implement the procedure outlined in Appendix A.

## **5.3 Certification of absence**

- 5.3.1 Employees are considered to be self-certificating their absence if absent for up to 7 days.
- 5.3.2 Employees absent for more than 7 days must provide the appropriate certification (Fit Note). Certificates must be provided in a timely manner and, except in exceptional circumstances must be obtained at the time of the illness, rather than being back-dated.

5.3.3 Where an employee fails to comply with providing the relevant certificate in a timely manner may result in the absence being regarded as unauthorised and therefore unpaid. Such breaches will be dealt with under the Trust's Staff Discipline Policy.

5.3.4 Where there are concerns regarding an employee's absence and the process outlined in Appendix A is being followed, it may be necessary to request medical certification for all periods of absence, irrespective of duration. If this is required the manager will provide a letter to the employee to give to their GP explaining why a medical certificate has been requested and confirming the Trust will pay if a payment is required.

#### **5.4 Occupational sick pay**

5.4.1 Employees who are absent from work due to sickness may be eligible for occupational sick pay.

5.4.2 Sick pay is not normally payable if the absence is not considered reasonable or if the absence is caused by an accident caused by active participation in sport as a profession, or where contributable negligence is proved. Full consideration will be given to individual circumstances before any decision to withhold sick pay is made.

5.4.3 Employees must not conduct themselves in a manner which is inconsistent with their stated illness or injury or undertake any activity which in the reasonable opinion of the Trust could delay recovery, exacerbate their medical condition or compromise their return to work. The employee risks losing their entitlement to sick pay and/or formal disciplinary action may be taken in accordance with the Trust's Staff Discipline Policy, where this is identified.

5.4.4 If an employee is absent as a result of an accident where damages are received from a third party, they will not be entitled to occupational sick pay. They will still receive their sick pay as normal on the understanding they repay the full amount once damages are received.

5.4.5 In the event of absence resulting from a workplace injury or incident, the employee may be entitled to injury allowance. Further guidance on injury allowance is available on the staff intranet or through the Human Resources department.

#### **5.5 Sickness absence and annual leave**

5.5.1 If an employee is unwell during a period of annual leave and wishes to claim sickness rather than annual leave for a period within their holiday, they must make contact with their manager when they first become ill on holiday. If it is not possible to make contact with the manager, the employee should speak to a senior manager relevant to the area of work.

- 5.5.2 In addition, the employee must provide, upon their return to work, evidence of the sickness from the doctor that examined them whilst on holiday. Failure to provide this documentation will mean they are not entitled to claim occupational sick pay in lieu of annual leave. Self-certification is not acceptable in these circumstances, regardless of the duration of the absence. Medical staff should refer to the medical Annual Leave Guidance.
- 5.5.3 The employee must also advise their manager when they become fit to work again even if this is during their period of annual leave. If absent due to sickness on a statutory public holiday, there will be no entitlement to an additional day off.
- 5.5.4 Employees continue to accrue annual leave during periods of sickness absence, including long term sickness absence (sickness of 28 days or longer). If an employee wishes to take annual leave during their sickness absence they should notify their manager in the usual way for booking leave. During this time employees would be considered to be on annual leave and therefore not available to attend Occupational Health or meetings. They will also not be required to maintain regular contact with their manager during the period of annual leave but will be required to resume this on their return from annual leave.
- 5.5.5 If an employee is receiving half or no pay during a period of sickness and will not be returning to work imminently, they may make a request to their manager to take any paid annual leave which has been accrued to date. The manager will then notify the Human Resources department of the amount of hours to be utilised and retain a record locally.
- 5.5.6 When an employee is due to return to work, they may wish to use their annual leave to extend their phased return, in agreement with their manager.
- 5.5.7 In circumstances where an employee has been on long term absence for the majority of the annual leave year they are entitled to carry forward into the new annual leave year, up to 20 days pro rata statutory annual leave entitlement. This will be dependent on individual circumstances and would only usually be agreed when there is insufficient time in the current annual leave year to take their remaining entitlement. Employees should make their request to carry over leave in the usual way. Advice should be sought from Human Resources department regarding the entitlements to carry over leave in these circumstances.

## **5.6 Working elsewhere during and after sickness absence**

- 5.6.1 When an employee is unable to attend work due to sickness, they must not undertake work for any other employer or organisation, whether in a paid or unpaid capacity, or they may be at risk of committing fraud. This includes any work carried out on a self-employed basis.

- 5.6.2 In exceptional circumstances, it may be considered appropriate for work to be conducted whilst sick from the Trust. If an employee believes it is appropriate for them to continue to carry out work elsewhere during a period of sickness absence from the Trust, this must be confirmed in writing by a medical practitioner and agreed with their manager and Occupational Health in advance of such work. The manager will confirm in writing whether they are in agreement with this, in line with advice from Occupational Health and the Human Resources department.
- 5.6.3 If it is established that an employee has failed to adhere to the above, their actions may be considered as gross misconduct and formal disciplinary action may be taken in accordance with the Trust's Staff Discipline Policy. This action may also constitute a criminal offence of Fraud, contrary to the Fraud Act 2006. Such instances will also be referred to the Trust's Counter Fraud Team who will consider whether further criminal action is appropriate in respect of any offences identified.
- 5.6.4 In addition, employees are also unable to undertake any temporary/bank/overtime work for the Trust in any area for the duration of the sickness absence or following a period of short term sick for a period of seven calendar days. This period may be reduced at the discretion of the Matron/Head of Service only. This period may be extended dependent upon individual circumstances following discussions with Occupational Health and Human Resources. Where an employee has had a period of long term sick leave (28 days), the Manager should seek advice from Occupational Health about when an individual may resume working additional hours on the staff bank.

## **5.7 Monitoring absence and health concerns**

- 5.7.1 Managers are responsible for monitoring absence patterns and identifying when absence levels are a concern. The Trust has identified a number of trigger points at which point the manager should take action in line with Appendix A:
- One sickness episode of 28 days or longer
  - 5 or more episodes of sickness in a rolling 12 month period
  - A Bradford score of 300 or more in a rolling 12 month period

N.B. Bradford Score is calculated using the formula:

Bradford Score = No. of Episodes of absence x No. of Episodes of absence x No.  
of Calendar Days of absence

- 5.7.2 Pregnancy related absence should be excluded from the calculation of total Bradford score and number of episodes when considering whether a member of staff has reached one of the trigger points for absence.

- 5.7.3 Managers may also identify concerns about an employee's health where their absence has not reached one of these trigger points. Concerns may be identified through a manager's observations of an employee's behaviour or performance at work, a colleague raising concerns or the employee voicing their own concerns about their own health. The process outlined in Appendix A may be followed in these circumstances.

## **6.0 Return to work from absence**

### **6.1 Return to work discussions**

- 6.1.1 If staff are absent from work due to illness, regardless of the duration, their line manager will undertake a return to work discussion with the employee upon their return. This may take the form of a telephone conversation, particularly if employees do not see their line manager on a day-to-day basis.

- 6.1.2 The purpose of the discussion is to:

- welcome the employee back to work
- establish the reason for absence and check that they are well
- establish what the employee has done or is doing to become fit again
- determine what support and help they may need to maintain good health and wellbeing
- update them on any local or corporate information, news, changes to process/systems etc. whilst they were absent
- update them on how their work was covered during their absence, what has been done, and what work they will need to do

Where appropriate the discussion may also need to cover:

- reminding the employee of their responsibility to do all they can to be at work
- and explain the impact their absence has on the team/department

- 6.1.3 The manager should discuss the current absence record for the rolling year including a new calculation of the Bradford Score. If this exceeds the Trust trigger points outlined in Appendix A of the Trust's Health and Wellbeing Policy, an informal discussion should be held. If it does not exceed the Trust triggers, expectations should still be set for staff to understand how this will be monitored.

- 6.1.4 A record of the return to work discussion/telephone conversation will be maintained by the line manager, using the form in Appendix B. This form will also act as the employee's self-certificate if their absence is for less than 7 days.

## **6.2 Supporting staff to return to work**

- 6.2.1 Staff with health issues may require adjustments to support a return to work. A referral to Occupational Health should be made for them to provide advice on any adjustments required in the workplace. These may include a temporary reduction in working hours, a temporary change to working pattern, a temporary change to duties. The manager will meet with the member of staff to discuss the recommended adjustments and whether it is possible to accommodate these within the service. If it is not possible to make the adjustments and this would prevent a return to work the procedure outlined in Appendix A should be followed.
- 6.2.2 Where a member of staff is returning from long term sickness a period of up to 4 weeks temporary adjustments may be considered without any impact on pay. This is known as a phased return to work.
- 6.2.3 If employees require longer than 4 weeks to achieve a return to their contracted hours or full as advised by Occupational Health, the member of staff and their manager may agree a longer phased return. This extended phased return will have an end date, by which the employee should be able to work their full contracted hours and undertake a full range of duties. During the extended phased return, staff will usually only be paid for the hours actually worked. It is important to note that the procedure outlined in Appendix A will continue until the member of staff is back to work on full duties or, if possible, a permanent change in duties and/or hours has been agreed.
- 6.2.4 For a summary of the pay arrangements for a phased return to work, see below:

<b>Length of rehab plan</b>	<b>Pay arrangements for period of plan</b>	<b>Use of other benefits</b>
Up to four weeks	Contracted full pay	
Beyond four weeks	Pay will be pro rata for hours worked if below contracted hours	Can supplement income with accrued annual leave

- 6.2.5 There may be some exceptions to this, for example if staff are covered under the Disability Discrimination provisions of the Equality Act, or if the absence was due to an injury at work.
- 6.2.6 If following a temporary period of adjustments the employee remains unable to resume the full duties or hours of their role the process outlined in Appendix A should be followed.



## **7.0 Support for staff with disabilities and long term health conditions**

- 7.1 Any employee with a long term health condition or disability should be referred to Occupational Health for their advice regarding any potential issues within the workplace. This may occur at commencement of employment or at the time a health condition or disability occurs.
- 7.2 Occupational Health can advise whether they believe the provisions of the Equality Act 2010 are likely to apply. This is not a decision they can make as this can only be determined by a court.
- 7.3 One of the key provisions of the Equality Act 2010 for staff with a disability is to make reasonable adjustments to prevent them from being placed at a substantial disadvantage in all aspects of employment.
- 7.4 Reasonable adjustments that could be considered include:
- Allowing some paid time for hospital appointments
  - Agreeing higher trigger points before the processes in Appendix A are followed
  - Agreeing temporary or permanent adjustments to duties or hours
- 7.5 Human Resources and Occupational Health advice should be sought when considering reasonable adjustments to allow an employee to remain in work, improve attendance and/or return to work.
- 7.6 Employees should bring to the line managers, Human Resources or Occupational Health's attention if they believe they have a disability that may affect their attendance or ability to perform their duties, or if they consider episodes of sickness absence to be disability related.
- 7.7 Where it is identified that a member of staff is unable to carry out the full duties of their role or attend work regularly due to a disability, reasonable adjustments to the role should be considered. Further support can be accessed through the Government-funded programme, Access to Work, which aims to help disabled people stay in work. If it is not possible to make adjustments to the existing role or following adjustments the member of staff is still unable to carry out the amended duties or attend work regularly redeployment opportunities should be considered. These options should be explored with the Human Resources department, the member of staff, the line manager and Occupational Health. This should be done in line with the process outlined in Appendix A.
- 7.8 It should be noted, that sickness defined as disability related will still be monitored and managed by the Trust, however no employee should be treated unfavourably because of something connected to their disability unless it is objectively justified.

## **8.0 Monitoring, Review and Learning**

- 8.1 Sickness absence data is provided to managers on a monthly basis to aid them in their management of any absence issues. Summary level data is also provided to department managers and Divisional Boards. Sickness absence data is provided on a monthly basis as part of the Workforce report to Trust Board.
- 8.2 Health and wellbeing monitoring reports are provided to the Staff Health and Wellbeing Group on a quarterly basis. These reports include sickness absence data but also consider staff survey results, real time staff feedback and stress survey results.
- 8.3 The Employee Partnership Forum will monitor the implementation of this policy as part of its formal arrangements.

## **APPENDIX A**

### **Procedure for managing concerns regarding health and/or sickness absence**

#### **Procedure for concerns**

The following procedure will commence when a health or attendance issue has been highlighted by the manager, employee or both. This may be highlighted as part of a return to work interview, manager, colleague observations or one of the following triggers for attendance concerns:

- One sickness absence episode of 28 days or longer
- 5 or more episodes of sickness in a rolling 12 month period
- A Bradford score of 300 or more in a rolling 12 month period

It may also be appropriate at the stage of reaching these triggers to refer to Occupational Health for advice.

#### **Informal meeting**

Where an employee meets or exceeds one of the Trust triggers the manager should arrange to meet with the employee informally to discuss the recent sickness absences or health concerns and to explore ways in which the employee can be supported to improve their attendance in the future.

The meeting will provide an opportunity for;

- the manager to advise the employee of the concern regarding their level of absence or health
- the employee to identify if there is an underlying cause or underlying health condition
- the manager and employee to consider any support or assistance that can be offered to alleviate any problems identified
- the manager to consider if a management referral to Occupational Health is required
- the manager to advise the employee of the expected standards of attendance and how any further absences may be managed

A review meeting should be arranged for a maximum of two months and a summary of the meeting should be confirmed in writing.

#### **First Stage Formal Sickness meeting**

If there has not been a sufficient improvement in attendance or health concerns during the review period or a return to work date has not been agreed for an employee on long term sickness, the employee should be invited to a First Stage Formal Sickness meeting.

The meeting will provide an opportunity for:

- the manager to advise the employee of the concern regarding their continued level of absence
- the employee to provide an update on their health
- the manager to consider any support or assistance that can be offered to alleviate any problems identified
- objectives to be agreed to achieve an improvement in attendance
- discussion of Occupational Health advice that is available
- consider any short or long term adjustments to the role or working pattern required in light of Occupational Health advice
- the manager to advise the employee of the expected standards of attendance, how any further absences may be managed and the duration of the next review period (usually a maximum of two months)

The outcome of the meeting may be either to:

- To take no further action or
- Issue/reissue a First Stage Letter of Concern which will remain live for a 12 month period

A review meeting should be arranged for a maximum of two months and a summary of the meeting should be confirmed in writing.

### **Second Stage Formal Sickness meeting**

If there has not been a sufficient improvement in attendance or health concerns during the review period or a return to work date has not been agreed for an employee on long term sickness, the employee should be invited to a Second Stage Formal Sickness meeting.

Points for discussion during the Second Stage Formal Sickness meeting will be similar to that of a First Stage Formal Sickness meeting.

The outcome of the meeting may be either to:

- To take no further action, or,
- Issue/reissue a Second Stage Letter of Concern which will remain live for a 24 month period

A review meeting should be arranged for a maximum of two months and a summary of the meeting should be confirmed in writing.

### **Final Stage Sickness Hearing**

If there has not been a sufficient improvement in attendance or health concerns during the review period or a return to work date has not been agreed for an employee on long term sickness a Final Stage Sickness Hearing should be held.

The Hearing panel will be chaired by a manager who is senior to the employee's manager, and who has previously not been involved with the case. The chair will be accompanied by a Human Resources representative, also unconnected with the case.

The potential outcomes of the hearing are to:

- instigate a further review period over a defined timescale during which a specified improved attendance or ability to carry out full duties is expected from the employee. This may be supported by the issuing of a Second Stage Letter of Concern or an extension to a current Second Stage Letter of Concern. A further extension to the timescales should be the outcome in exceptional circumstances only
- consider adjustments to role, working patterns or redeployment where these have not been fully explored
- consider a combination of the above
- dismiss on the grounds of capability due to ill health and seek permanent redeployment within the notice period
- dismiss on the grounds of capability due to ill health with pay in lieu of notice

### **Timescales**

For all formal meetings invitations should be made in writing, giving the employee at least seven calendar days' notice.

The manager has the right to call a review meeting sooner than the scheduled review date if it becomes clear during the agreed review period that the absence is increasing, or if Occupational Health advises that there will be no improvement to the employee's health within a reasonable timescale which will result in a prolonged inability to carry out their full duties or a prolonged period of absence from work.

The formal stages of the procedure will normally be implemented sequentially. However, where medical advice is received that suggests no improvement will be expected within a reasonable time period, it may be appropriate to convene a Final Stage Formal Hearing without the previous stages being implemented. This should be considered in conjunction with advice from Human Resources.

### **Right of Representation**

Employees may be represented or accompanied by a Trade Union representative or a work colleague at any formal meeting with their line manager. Employees are responsible for

making these arrangements and confirming attendance with the line manager. Equally translators can be made available to staff upon request, if required.

As the process for managing absence and/or health concerns is an issue for internal resolution, legal representation is not permitted at any stage of this process.

Family members often become emotionally involved in matters of attendance and are therefore not permitted to attend any meetings with staff. However, they can be available to the employee before and after a meeting. In exceptional circumstances an employee can make a request to the manager chairing the meeting to have a family member present for emotional support. Attendance by the family member will be at the manager's discretion.

In the event that an employee is too unwell to attend a formal meeting or review, arrangements can be made for their Trade Union representative or a work colleague to attend on their behalf. Where employees fail to attend formal meetings, despite being offered alternative dates, the formal meeting may be held in their absence.

### **Dismissal**

Where an employee is dismissed on the grounds of capability due to ill health, the Trust reserves the right to notify their professional body.

Notice may be issued before entitlement to sick pay runs out. Sick pay need not be exhausted before the contract is terminated. The amount of notice to be given is in accordance with the employee's contract and will be on full pay.

The Trust reserves the right to issue contractual notice to run concurrently with a redeployment search/application for retirement on the grounds of ill health.

### **Appeal**

Employees have the right to appeal against any formal sanction issued under this procedure and should do so if they:

- Believe the outcome is unfair or unjust and can demonstrate this or
- Believe that the principles of the policy have not been applied and can evidence this

Appeals should be submitted within fourteen calendar days of the date of the outcome letter and should clearly state the reasons for the appeal. A proforma is available in the Appeal Guidance Notes.

The appeal will be conducted in line with the process outlined in the Appeal Guidance Notes.

## EQUALITY IMPACT ASSESSMENT (EIA)

### PURPOSE OF EQUALITY IMPACT ASSESSMENT

The EIA should:

- Inform the Trust if any groups are, or could be, disadvantaged by a policy, service change or reconfiguration and if so clarify/propose action to mitigate that impact
- Enable the Trust to identify where policy changes may be needed to actively promote equality and eliminate inequality
- Remind all involved in delivering services of the Trusts determination to promote equality

### Section 1 – About the Policy, Service, Function, Proposal, Strategy or Consultation

1.1 Name of Policy, Service, Function, Proposal, Strategy or Consultation	Health and Wellbeing Policy
1.2 Name of person completing this assessment (and role/department)	<span style="background-color: black; color: black;">[REDACTED]</span> Assistant Director of HR
1.3 Brief description of the aims of the policy, service, function, proposal, strategy or consultation?  (include details of who is affected by, involved in and/or benefits from it)	To ensure that staff and managers are aware of the impact of work on health and wellbeing and identify responsibilities in minimising negative impacts and maximising positive impacts.  To provide a framework for managing and supporting staff where there are health and/or absence concerns.
1.4 Which department owns the policy, service, function, proposal, strategy or consultation?	Human Resources
1.5 Is responsibility for implementation of this policy, service, function, proposal, strategy or consultation shared with another agency/department?	Yes
1.6 Does the policy, service, function, proposal, strategy or consultation have direct consequences or implications for service users and/or staff?	Yes

## Section 2 – Equality Impacts

**2.1 Have you made sure that the views of stakeholders, including key people likely to face exclusion have been influential in the development of the policy, service, function, proposal, strategy? (please indicate which)**

<b>External</b>	<b>Partners</b>	<b>Internal</b>	
Service user interviews	Care Quality Commission	Staff event	
Focus Groups	Multi Agency event	Staff interviews	
Public events	Joint Working group	Staff workshop/focus groups	
Patient experience surveys	Regional Minority network	Trust Executive Committee	
Voluntary organizations	Regional equality forum	Diversity Matters Group	
Minority group events/forums	GP Practice groups	Staff Side reps	✓
Carer Forum	Local/County Council	Staff minority forums (e.g disability, BME, sexual orientation, religion/beliefs) (please state)	
LINKs	Equality and Human Rights Commission (EHRC)		
HOSC	Other NHS Trust (please identify below)	Trust Board	
On line forums		Staff survey results	✓
Local media		Annual General Meeting	
Published research into minority needs		Other (please state)	
Census data or other external demographic reports			

**Comments:**



### Section 3 – Equality Analysis Template

To be used to analyse the effect of your policy or service on the protected groups in equality law, resulting in either:

1. removing or minimizing disadvantages suffered by people due to their protected group characteristics (i.e. gender, race, age, disability, sexual orientation, gender reassignment, pregnancy or maternity, religion or belief, civil partnership or marriage)
2. taking steps to meet the needs of people from protected groups where these are different from the needs of other people
3. no further action required

Equality law protects people on the following grounds:	Is your policy or service relevant to this area of equality or human rights?		If relevant, is the effect positive or negative		Evidence of the effect (e.g. statistics, research, surveys, results of engagement, etc)	Is further action required?	
	Yes	No	Positive effect	Negative effect		*Yes	No
Disability	✓		✓		Removing potential discrimination as a result of the sickness absence/health concern process		✓
Gender	✓		✓		Removing potential discrimination as a result of the sickness absence/health concern process		✓
Gender Reassignment		✓					✓
Race & Ethnicity		✓					✓
Religion & Belief		✓					✓
Sexual Orientation		✓					✓
Marriage and civil partnership		✓					✓
Pregnancy & Maternity		✓					✓
Age		✓					✓
Human Rights		✓					✓

\* Complete the following Equality Analysis Action Plan only for the equality grounds marked: \*Yes further action required.

Equality Analysis Action Plan								
Equality grounds ticked *yes requiring further action:	Does your policy or service:			Any action taken to date	Action to be taken	Target date	Responsible Person(s)	Expected Outcome (including monitoring arrangements)
	Discriminate?	Eliminate discrimination or promote equality?	Promote good relations between groups?					
Disability								
Gender								
Gender Reassignment								
Race/Ethnicity								
Religion/Belief								
Sexual orientation								
Age								
Marriage and civil partnership								
Pregnancy & Maternity								
Human Rights								

Equality Analysis: Equality and Diversity Lead sign off			
Signed		Date	